Len + email

VANCOUVER SAFE INJECTION ROOM (VSIR)

The question of minimum requirements regarding methadone and detox/rehab services should be explored. Frankfurt, Holland and Australia all had higher per-capita detox/rehab beds and diversified low threshold oriented methadone programs. We could face creating a cluster-fuck like the NEP if we don't explore necessary conditions.

SAFE INJECTION ROOM (SIR) RESEARCH SUMMARY:

(Lindesmith handout)

LEGAL ISSUES:

(Canadian HIV/AIDS Legal Network)

"In 1997, the *Controlled Drugs and Substances Act* (CDSA) was proclaimed. In general, under the CSDA the *unauthourized* possession, manufacture, cultivation, trafficking, export, and import of substances listed in several Schedules appended to the CDSA constitute criminal offences. Currently, those Schedules list cannabis, heroin methadone, cocaine, barbiturates, amphetamine, and a large array of other substances as "controlled." In addition, under certain circumstances it is an offence to seek or obtain a "controlled" substance from a practitioner, such as a physician. Finally, the CDSA makes it a criminal offence to possess, import, export, traffic, etc, not only the drugs themselves but also "any thing that contains or has on it a controlled substance and that is used ... in introducing the substance into a human body." This means that if a syringe or other equipment used for injecting drugs contains residue of a drug, that equipment is a "controlled substance' and the person with the syringe could be found guilty of possession....

"From a purely legal perspective, professionals who tolerate or permit illegal drug use on the premises may be prosecuted under the *Controlled Drugs and Substances Act* (CDSA) or face professional discipline such as fines or the suspension or revocation of their licenses.

Criminal Liability

1. Staff at health care or other social services may be liable for possession under the CDSA if they know that an illegal drug is present on their premises and if they have some measure of control over the drug. Staff who collect used syringes or drug paraphernalia that contain residue of illegal drugs may also be found guilty of possession.
2. Staff who store a patient/resident's illegal drugs and provide them at specific intervals could likely be convicted of **trafficking.** The term "traffic" is broadly defined in the CDSA to include selling, administering, giving, transferring, sending, or delivering an illegal substance. It is also a criminal offence to "offer" to do any of the above acts.
3. Staff permitting or tolerating drug use may be a liable for aiding or abetting a person to commit a crime. Aiding is providing assistance in the commission of a crime, while abetting means being at the crime and encouraging the commission of the offence.
4. Staff may also be liable for criminal negligence. This may occur if, by tolerating or facilitating the possession of drugs, the staff member caused or contributed to the bodily harm or death of the patient. It must be proved that the accused did something or failed to do something that he or she had a legal duty to do. For example, staff at health-care facilities likely have a duty to protect the well being of patients. It must also be proved that the conduct of the staff member was a "marked departure" from the standard of behaviour expected of the "reasonably prudent person in the circumstances".

Civil Actions

Professional codes of conduct may prohibit health-care professionals from allowing patients to ingest or inject illegal drugs. Physicians, nurses, and other health-care providers may be subject to disciplinary measures by the bodies that govern their professions.

A facility or employee might also face civil liability for allowing or tolerating the possession of illegal drugs. For example, if a hospital allowed a patient to possess and use illegal drugs in the hospital, and the patient suffered harm the hospital might be found liable for negligent care of the patient. The extent of the duty would vary with the type of institution. A hospital or treatment facility staffed by medical personnel would have a greater responsibility than would a residential facility that simply houses drug users."

Regardless, the likelihood of arrest for staff remains minimal beyond a symbolic action on behalf of the VPD, which would be preceded by ample warning if the coalition has made an honest attempt to solicit the support of the community, the police, and local government representatives. The greatest resistance to the implementation of the VSIR will be by existing services and community groups.

ISSUES TO BE CONSIDERED:

- Integration of medically trained staff (MTS) & peer role models (PRM) to supervise all injections and revive overdoses (the street nurses are an obvious ally)
- Warning emergency medical services to highlight immediate response need for Narcon
- Integrate evaluative research to explore the benefits of SIR in Vancouver
- We should consider contacting the newly created 'Main & Hastings Group' composed of police, service providers (DEYAS), VANDU members, and the Carnegie Centre. The VSIR could possibly have an immediate and positive impact on the open drug scene at Main and Hastings. This is also an indirect way in which to include the police (The Arnhem police use a points system to avoid relying on enforcement – this is only noted here for consideration by the Main & Hastings group)
- An emphasis should be placed on recruiting VSIR participants that are representative of major HEP C/HIV growth groups: IDU women in the sex trade & off reserve aboriginal populations
- A specific block of time could be set aside for women only (this is used at most of the SIRs)
- Tourist based industries could be contacted for financial support (banks in Frankfurt were early supporters of harm reduction programs)
- Integrate a methadone program (Royal Oak has an outreach component) on the planning committee
- Encourage the integration/cooperation of the police in the operation of the VSIR
- Maintain flexibility for relocation of VSIR if selected location(s) is found to be unsuitable
- The bathroom must be able to open from the outside
- Direct phone lines to the police and ambulance service

RULES OF OPERATION:

- No dealing in, or sharing of, drugs
- Signing of a declaration confirming that they are presently over 18 years of age

- Users must clean up their site after fixing
- Free injecting equipment (1-millimeter syringes, spoons…)
- 20-60 minute maximum stay
- No loitering near the VSIR
- Clients must wash their hands on entering and leaving the injecting room
- No assisting other clients in injecting
- A VSIR staff must be present in the injecting room at all time
- Precise records of number of needles, number of injections, overdoses, abscesses and the number of times emergency services are called must be kept (easily integrated into the evaluative methods section)
- Some form of proof of residency within the area is required

MINIMUM MANDATORY REQUIREMENTS: (NSW report)

THAT any injecting room conform to minimum standards of operation which provide:

- That a location chosen for the VSIR make an honest attempt to solicit the support of the community, the police, and local government representatives;
- That the VSIR be as much as a multi-purpose facility as possible with an integrated education and information role, offering access to primary health care and a gateway into treatment
- That an intensive education campaign be undertaken around the VSIR location in advance of opening

Additional requirements:

- The full range of sterile injecting equipment should be available in the injecting room as should a means to ensure appropriate and safe disposal of used equipment;
- The injecting room should be adequately staffed by trained health workers;
- Entry criteria should be in place;
- An injecting room should be located in an area where public injecting is currently a problem, and the area chosen must be on an accessible public transport route
- The hours of operation of the injecting room need to have minimal impact on the local community;
- All services offered by an injecting room need to be provided free of charge;
- An advisory group consisting of key stakeholders needs to be set up to oversee the establishment and running of any injecting room. The success of any innovative program in injecting drug use is reliant on the co-operation and support of police, health workers and the community

PHYSICAL NEEDS:

- Stainless steel tables for injecting (easier to clean)
- 1-millimeter syringes
- candles
- sterile water

- spoons
- paper towels
- cotton pads
- alcohol swabs
- Band-Aids
- rubbish bins
- oxygen
- ligatures

PHYSICAL OPTIONS

1. Rent and renovate a new site(s)
2. Modify an existing location(s)
3. Rent/purchase a mobile site(s)

SCHEDULE

Sunday	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**
midnite	midnite	midnite	midnite	midnite	midnite	midnite
MTS&PRM	MTS&PRM	MTS&PRM	MTS&PRM	MTS&PRM	MTS&PRM	MTS&PRM
6am	6am	6am	6am	6am	6am	6am
MTS&PRM	MTS&PRM	MTS&PRM	MTS&PRM	MTS&PRM	MTS&PRM	MTS&PRM
noon	noon	noon	noon	noon	noon	noon

On Welfare day the VSIR would be open from 11am to noon on the next day. The VSIR would be open 84 hrs/wk. Staffing would be by a MTS & PRM.

Compensation for volunteers could vary from none to a $100 monthly honorarium for agreeing to staff 12 hours a month (could be reduced with additional volunteers) **(approx. $2,700/monthly)**

Revenue could be sought for a volunteer coordinator/coordination could be assumed by an existing agency which has the capacity/…

EVALUATION/RESEARCH COMPONENT:

– explore utilizing a combination of the existing VIDUS questionnaire template and the questionnaire used in Frankfurt (available on request) to encourage comparative analysis (opens question of whether IDU research 'subjects' have any ownership of information on their lives or is it owned by the researchers) the data would be augmented by the results of the VANDU Study which is essentially a 'survey' of the current drug scene and living conditions. *Do not utilize traditional data collection methods or sources of producing knowledge – no universities or traditional funders. They are the ones that got you into this situation and will be just dying to flood in after you've done all the hard work*

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Biographical data:

- Age, sex, marital data, nationality, primary residence, housing, educational level, current job

Drug use patterns:

- Age of start, prevalence of use, drug use (nicotine, alcohol, cannabis, LSD, heroin, prescription drugs illegal/legal, speed, ecstasy, crack); and use of drugs in combination (see table)

	Last 24 hours	**Last Week**
None		
Alcohol (Alc)		
Marijuana (M)		
Cocaine (Co)		
Crack (Cr)		
Heroin (H)		
Alc/M		
Alc/Co		
Alc/H		
Alc/M/Co		
Alc/M/H		
Alc/H/Co		
Alc/M/H/Co/Cr/		
Co/Cr		
M/Co		
M/H		
M/H/Co		
M/H/Co/Cr		
Co/Cr		
H/Co		
H/Cr		
H/Co/Cr		

We would also like to examine the frequency of consumption for each item.

HOUSING:

- Homeless, emergency accommodation, street, staying with friends, lodging of their own, with partner, shared place, own home, staying in hotel (DTES, list name and length of present residency), parents/family, amount spent on residency over past 3 months

HEALTH ISSUES:

Hepatitis/Liver trouble, Heart/Circulation, Lungs/bronchial trouble, Stomach/bowels, Cold/influenza, Toothache/dental, Abscess, AIDS, Seizures, Overdoses (never, once, 2-5 times, 6-10 times, >over ten times), Depression, Other