



Winnipeg Regional
Health Authority
Caring for Health

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À l'écoute de notre santé

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The Hon. Tony Clement, P.C., M.P.
Minister of Health
Room 278 Confederation Building
House of Commons
Ottawa, ON K1A 0A6

Dear Minister,

I am writing you today regarding INSITE, North America's first supervised injection facility. This program, which started as a three-year study in September 2003, has produced very impressive results. Data indicate that INSITE has reduced public injections, reduced the transmission of bloodborne infections like HIV and hepatitis C, reduced the number of injection-related infections, and most significantly, resulted in zero overdose fatalities (out of 453 overdoses at INSITE). This is strong evidence of the success this project has had in reducing harm to drug-users.

I understand that, despite its successes, INSITE is at risk of closing down, as the facility's existence requires an exemption under Section 56 of the Controlled Drugs and Substances Act which must be renewed in September 2006 in order to continue operating as a supervised injection facility.

I also understand that published scientific evidence of INSITE's contribution to the public health of Canadians has already been brought to your attention. In my professional opinion, the evidence clearly demonstrates the positive impact of INSITE, both in improving public health and in decreasing crime.

Although we do not yet have a supervised injection facility in Winnipeg, we are closely observing INSITE's ongoing successes and the Winnipeg Regional Health Authority is supporting similar harm reduction practices. For example, we have been providing safer crack use kits to users of crack cocaine since August 2004. The specific objectives of this program are similar to INSITE and include:

1. Increasing outreach worker contact with crack cocaine-using clients including those who do not use other harm reduction services.

2. Decreasing the frequency of crack pipe-sharing among crack users, thus reducing the potential risk of transmitting bloodborne pathogens like hepatitis C and HIV.
3. Decreasing the frequency of burns/open sores that result from crack smoking.

A preliminary review of our program indicates that all three objectives are being met. Although there was some initial public concern that the program would encourage use of crack cocaine, there is no evidence to suggest that this has happened and no scientific reason to believe it would.

The WRHA believes that harm reduction strategies must be integrated into a broader drug use prevention and street health promotion strategy which should include several initiatives such as safer sex counseling, condom distribution, and a strong emphasis on programs to assist users of illicit drugs to overcome their addictions when they are ready to do so. In fact, INSITE has also demonstrated that their interventions are leading to an increase in the number of drug users who choose to enter detoxification programs and addiction treatment.

Harm reduction approaches have repeatedly been proven successful and cost-effective in the long-term prevention of HIV and hepatitis C in marginalized populations. I hope that INSITE's experience will speak for itself as you review the appropriate legal exemptions required for this innovative and valuable program to continue.

Yours sincerely,

Pierre J. Plourde, M.D., FRCPC
Medical Officer of Health

Cc: Libby Davies, MP Vancouver East
INSITE
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