

Thank you for the opportunity to speak to this committee. I am presenting in my role as Director of Implementation & Partnerships at the British Columbia Centre on Substance Use. However, my knowledge on this topic is informed by my previous employment as Director, Problematic Substance Use Prevention in the Population and Public Health Division of the British Columbia Ministry of Health, a position I held for fourteen years, from April 2003 to February 2017. During my time at the Ministry, I led the development of prevention and harm reduction policies, which have been supported politically by the British Columbia provincial government, as well as, of course, evidentially by robust scientific research findings.

The federal government's Bill C-37, introduced as part of the new Canadian Drugs and Substances Strategy, is a welcome shift towards a public health approach to substance use and addiction issues in Canada. I would like to comment specifically on two important public health interventions that may be supported by its passage, both of which are likely to have important impacts in reducing drug overdose deaths, which have been a public health emergency in BC over the past year.

In particular, I want to speak to amendments to Section 56 of the *Controlled Drugs and Substances Act*, which gives the federal Health Minister the power to authorize exemptions for activities involving substances procured outside the legal pharmaceutical supply chain (i.e., "obtained in a manner not authorized under this Act").

One of my files at the Ministry of Health was policy development for supervised consumption services, which for the past 14 years have been offered at Insite and the Dr. Peter Centre, Vancouver's two such services.

When Insite was opened in 2003, there was considerable debate in the local community about its merits. However, the scientific research evaluations that were conducted for the next several years corroborated evidence from a range of European countries that supervised consumption services reduce overdose deaths, reduce risk behaviours that lead to blood-borne pathogen transmission, reduce public disorder and inappropriately discarded injection-related litter.

At the same time, they function as a point of contact for primary health care and mental health and addiction services, and they do not increase crime or have other negative community impacts. Economically speaking, they are a very cost-effective public health intervention, both saving money and saving lives. For these reasons, many of the local opponents to Insite became among its biggest supporters after it got up and running.

As you know, the previous federal government was not receptive to the scientific evidence on harm reduction, and after losing a Supreme Court of Canada case that recognized the health benefits of supervised consumption services, it put in place legislation that superficially complied with the ruling but in practice made it extremely difficult for provinces and territories to expand these services.

Bill C-37 is a welcome change to more easily allow for health authorities to apply for exemptions for supervised consumption services; however, it could go much further still. Ideally, there would be a devolvement of responsibility to P/Ts for the decision about whether or where to establish supervised consumption services in the context of a public health emergency. Broadly, I believe that the establishment of these kinds of health services should be a provincial health and public safety matter, and should no more involve the federal government than decisions about where to locate immunization clinics during a communicable disease outbreak.

The other intervention that can help address the opioid overdose crisis in British Columbia and other parts of Canada is also something that Section 56 exemptions could potentially allow for: street drug testing, or drug checking. However, this is not a service that would necessarily, or even ideally, be located at a supervised consumption service as specified by the Section 56 amendment.

Drug checking refers to a harm reduction service that allows people to submit samples of street-acquired drugs to have them chemically analyzed and to receive information about the results of the tests. Drug checking has both a harm reduction benefit, inasmuch as it allows for more informed decision making by individuals, and public health surveillance benefits, as it allows for authorities to monitor the illegal drug market.

Drug checking services originally emerged in the nightlife/dance festival community, in response to deaths from contaminated “ecstasy,” and are now available as a public health service in a number of European countries. As you can imagine, in the context of fentanyl adulteration in the illegal opioid market, there is potential to save lives if people could have their drugs checked to determine what is in them. However, these should not be limited only to patrons of supervised consumption services, but more broadly accessible to consumers who may seek ways to submit samples by mail or anonymously at a community-based drop-off depots.

In Canada, drug checking interventions are currently limited by the potential application of the *Controlled Drugs and Substances Act*, which prevents provincial laboratories or public health clinics from accepting samples of controlled substances for drug checking purposes.

I urge you to consider whether the proposed amendment to Section 56 is adequate to allow for provinces and territories to establish drug checking as a public health service. It can be an important part of a continuum of harm reduction responses to illegal drug use, especially in the context of the current opioid overdose crisis.

Drug checking contributes to improved self-determination by providing basic consumer safety information to people who use drugs, allowing them to make more informed decisions about whether, where, how much, and with whom to use. Drug checking also gives public health and

public safety officials a means to collect and assess information about illegal drug markets, the monitoring and surveillance of which are otherwise notoriously difficult.

In sum, drug checking services create a mechanism of accountability between the consumers of street drugs and those who supply them, which currently does not exist in the unregulated illegal drug market. This has the potential to shift the overall illegal drug marketplace, reducing adulteration or contamination. When consumers of street drugs are able to have their drugs tested for purity and quantity, they are empowered to boycott and stop patronizing those dealers who sell poor-quality or adulterated products.

Thank you for the opportunity to present my perspectives to you today. I welcome any questions you may have.