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March 30, 2017

**Standing Senate Committee on Legal and Constitutional Affairs**

C/o Jessica J. Richardson  
Committee Clerk  
Standing Senate Committee on Legal and Constitutional Affairs  
Senate of Canada  
Ottawa, ON K1A 0A4  
[Jessica.Richardson@sen.parl.gc.ca](mailto:Jessica.Richardson@sen.parl.gc.ca)

Dear Standing Senate Committee Chair and Members:

**Re: Bill C-37, An Act to Amend the Controlled Drugs and Substances Act and to make related amendments to other Acts**

I am writing in my role as Medical Officer of Health, and on behalf of Toronto Public Health (TPH), which is Canada's largest public health agency, serving 2.8 million people in the city of Toronto.

Toronto is one of several Canadian cities planning to implement supervised injection services (SIS) as part of an evidence-based, comprehensive spectrum of health services for people who inject drugs. These plans come at a time of unprecedented overdose deaths in Toronto, in particular opioid-related deaths.

Toronto Public Health, along with the South Riverdale Community Health Centre and the Queen West-Central Toronto Community Health Centre, is in the process of implementing small-scale SISs as part of their existing harm reduction programs. In December 2016, the three organizations submitted applications for a Section 56 exemption under the current *Controlled Drugs and Substances Act (CDSA)*. As a result, these exemption applications were subject to the requirements established by the previous federal government through Bill C-2.

Toronto Public Health welcomes Bill C-37 as a replacement to the current legislation for supervised consumption services. In April 2015, the City of Toronto Board of Health made a submission to the Standing Senate Committee on Legal and Constitutional Affairs outlining concerns with Bill C-2. Our Board of Health deemed the exemption application requirements in Bill C-2 to be excessive, and disproportionate to what is required for any

other health service. The Board also felt that Bill C-2 undermined the Supreme Court of Canada ruling on supervised injection services.

We are therefore generally pleased to see that the proposed changes to the CDSA are more in line with the application criteria recommended by the Supreme Court, specifically:

*"An application for an exemption...shall include information...regarding the intended public health benefits of the site and information, if any, related to:*

- (a) the impact of the site on crime rates;*
- (b) the local conditions indicating a need for the site;*
- (c) the administrative structure in place to support the site;*
- (d) the resources available to support the maintenance of the site; and*
- (e) expressions of community support or opposition."*

Overall, we support an approach that is reasonable and consistent with what is required for other health services serving people who use drugs. In that regard, we urge you to consider removing item "a" from the application criteria. Health services, be they hospitals or supervised injection services, cannot influence or control crime that occurs in the vicinity nor should they be responsible for these activities. The main goals of SIS are to reduce the spread of infectious diseases such as HIV and hepatitis, reduce the number of fatal drug overdoses, and bring people into contact with other health and social services. These services have also been shown to help reduce community issues such as public drug use and discarded needles, but they are not in a position to directly affect crime rates writ large.

It is reasonable to require applicants to demonstrate the need for supervised consumption services as well as the organizational capacity to operate such a service. Ensuring that sufficient funding is in place to operate the service also seems reasonable at first blush. However, requiring this as a precondition may create an unintentional barrier to implementation. Some funders may want to be assured that the federal government will issue an exemption before a commitment of funding is made. We encourage the government to consider adding some flexibility to this criteria to ensure that implementation is not unnecessarily delayed or obstructed.

With respect to item "e", we agree that when implementing SIS, which is still a relatively new health intervention, some community engagement is helpful to inform local residents and businesses about the service, how it will operate, and mechanisms for addressing any issues. This process is part of being a "good neighbour" and benefits everyone involved. However, we encourage the government to limit this input to the local neighbourhood as the most relevant group of stakeholders.

Bill C-37 also notes that the Minister *"may give notice...of an application for an exemption...(and) indicate the period of time — not to exceed 90 days — in which members of the public may provide the Minister with comments."* We again encourage the government to limit input to members of the public within the local neighbourhood in which the service is to be located. This is not a requirement for any other type of health service and we question the utility of inviting input from people who have little or no knowledge of the service or the community in which the service will be located. We further encourage the

government to limit the time period to no more than 30 days. The process for implementing SIS is already very time consuming, and in the context of the current opioid crisis occurring in communities across Canada, unnecessary time delays should be avoided.

Supervised injection services are a key component of the *Toronto Overdose Action Plan*, and may well be for other communities developing local plans to address the opioid overdose crisis. We applaud the federal government's actions to date to try and reduce the number of people dying from these preventable deaths, including Bill C-37. We support putting measures in place for implementing supervised consumption services that are reasonable and accountable, and also expeditious.

We appreciate your consideration of our input, which is intended to help strengthen Bill C-37, and wish you well with your deliberations.

Yours truly,

A handwritten signature in black ink that reads "Eileen". The signature is fluid and cursive, with a large initial 'E' and a long, sweeping tail.

Eileen de Villa, MD, MBA, MHSc, CCFP, FRCPC  
Medical Officer of Health

copy: Councillor Joe Mihevc, Chair, Toronto Board of Health