The Right Honourable Stephen Harper, Prime Minister of Canada 80 Wellington Street Ottawa, Ontario K1A 0A2

By facsimile: 613-941-6900

August 8, 2006

Dear Prime Minister Harper:

Re: Insite

I write on behalf of the British Columbia Civil Liberties Association (the "Association"), Canada's oldest and most active proponent of civil liberties. This letter addresses the Vancouver supervised injection facility known as Insite. Insite has operated for the past three years under an exemption from the provisions of the *Controlled Drugs and Substances Act*. That exemption is set to expire in September, 2006, unless it is renewed by your government. On behalf of the British Columbia Civil Liberties Association, I urge you to direct the Minister of Health to allow Insite to continue its good work.

Rarely does a government program, particularly one so controversial at its inception, receive the volume of near-unanimous positive acclaim that Insite has garnered. The supervised injection project has been repeatedly studied, with peer-reviewed results published in many journals, and been found to be a tremendously successful and positive program. Civic leaders, community groups, law enforcement and public health officials all support the continuation of the program for a very simple reason: it has been proven to succeed in its harm-reduction mission.

In the time that Insite has been open, it has:

- Saved lives by preventing fatal overdoses;
- Prevented the spread of communicable diseases such as HIV/AIDS and Hepatitis C;
- Resulted in increased community safety by reducing the incidence of breakins and thefts while not increasing the incidence of other crimes;

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- Increased the numbers of addicts seeking detoxification and treatment programs including making almost 2000 referrals to addiction counseling services;
- Reduced the frequency of public injecting and the amount of injection-related litter; and,
- Been an economic success because the long-term savings on health care costs associated with decreased levels of communicable diseases more than offset the cost of the program.

These are all critical successes in reducing the harm associated with addiction and the ancillary unintended negative consequences of utilizing criminal prohibition as the primary means of controlling illegal substances.

Critically, and in response to the most frequent criticism of the supervisedinjection concept, Insite has not acted as an incentive to drug use nor has it increased the rates of relapse among ex-injection-drug-users. Put another way, continuing to allow Insite to do its work is not, as some have suggested, akin to the government condoning use of illegal drugs. Quite the contrary – the message delivered by Insite is that the government is committed to providing an environment in which injection-drug users can reduce the harm to themselves and their community while representing a crucial point-offirst-contact for referrals into treatment and detoxification programs.

Insite, while not a perfect solution to the problems associated with problematic drug use within a prohibition paradigm, does represent a significant step in the right direction. And, based on the scientific evidence, Insite must be hailed as a major success story and an example of a successful public policy initiative.

Continuing the Insite program also fits into the Conservative Party of Canada's "guiding principles" as articulated on the CPC's website. Insite achieves a balance between fiscal accountability (it is a relatively inexpensive program that yields significant economic benefits such as reduced long-term health care costs), progressive social policy and individual rights and responsibilities. It also represents a proper government response to those "who require assistance and compassion" in dealing with their problematic substance use. As well, Insite represents the provision of quality health care services to those who are unable to pay.

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In the Association's view, Insite should be granted a further exemption pursuant to section 56 of the *Controlled Drugs and Substances Act*. As you know, the original exemption was granted to allow Insite to operate as a scientific research study. Because the evidence of its success is so clear, the Association believes that a new, permanent, exemption should be granted on the basis of medical need or on the basis that continuing to allow Insite to operate is "otherwise in the public interest." At worst, the current exemption should be renewed for an additional three-year period. This program is too important and too successful to allow it to close.

Sincerely,

Kirk I. Tousaw, J.D., M.A. Chair, Drug Policy Committee