

TORONTO STAFF REPORT

April 28, 2003

To: Board of Health
From: Dr. Sheela V. Basrur, Medical Officer of Health
Subject: Harm Reduction Programs Targeting Drug Users in the City of Toronto

Purpose:

This report outlines the various harm reduction programs in the City of Toronto that target drug users.

Financial Implications and Impact Statement:

There are no current financial implications resulting from the adoption of this report.

Recommendations:

It is recommended that:

- (1) the Board of Health endorse this report and forward it to the Community Services Committee;
- (2) the Medical Officer of Health and the Commissioner of Community and Neighbourhood Services report back to the Board of Health and Community Services Committee on a process, including possible sources of funding, to initiate a municipal drug framework and strategy for the City of Toronto based on the four pillars of prevention, treatment, enforcement, and harm reduction; and
- (3) the appropriate City Officials be authorized and directed to take the necessary action to give effect thereto.

Background:

At its meeting of October 1, 2, and 3, 2002, Toronto City Council adopted a report from the Commissioner of Community and Neighbourhood Services titled 'City of Toronto Homeless Initiative Fund – Allocations Report 2002' and requested that the Medical Officer of Health "submit a report to the Community Services Committee, in consultation with the Commissioner of Community and Neighbourhood Services, outlining harm reduction programs that target drug users that the City of Toronto funds or that are provided by outside agencies." (1) This report briefly outlines the various harm reduction programs in the city that target drug users and proposes that a process be initiated to develop a comprehensive municipal drug framework and strategy. This report has been prepared in consultation with staff from Community & Neighbourhood Services.

Comments:

Harm Reduction Definition:

According to the definition officially adopted by Toronto City Council in June 2001, harm reduction (HR) is "a holistic philosophy and a set of practical strategies that seek to reduce the harms associated with drugs." (Appendix 1) The term generally applies to any drug policy, program, or strategy that attempts to reduce the harms related to drug use while at the same time not requiring abstinence from drug use. Harm reduction, however, has ranged from anything that fits the very broad, all-encompassing goal of reducing harms, to more specific strategies that target illicit drug users and that do not require abstinence. (2,3,4)

Strategies to address drug-related problems can be categorized into four pillars: prevention, treatment, enforcement, and harm reduction. The first pillar, "prevention", primarily involves providing co-ordinated and evidence based education and awareness raising activities related to drug use/abuse and related impacts. "Treatment", the second pillar, involves providing drug users and addicts with a continuum of necessary interventions and supports (e.g. medical care, detox, and counselling services) to help users reduce, and eventually, abstain from drug use. The third pillar "enforcement" involves law enforcement officials (at all levels of government) working in collaboration with others (e.g. health professionals) to enforce laws, increase public safety, reduce crime, and co-ordinate access to available programs and services for drug offenders. The fourth and final pillar "harm reduction" is the focus of this report and is discussed below. This four-pillar approach provides a promising framework for effectively and comprehensively addressing drug use and the related harms. (5)

Key Characteristics Of Harm Reduction:

Harm reduction is a highly pragmatic and successful approach to addressing community-wide drug problems. This approach is primarily based on the understanding that abstinence or quitting drugs is not necessarily a realistic option for all drug users. As such, focus is placed on reducing the health, social and economic harms related to drug use, both to users and to others around them. Emphasis is placed on more pressing, feasible, and achievable results (i.e. reducing

immediate harms) as opposed to focussing on the longer-term goal of abstinence. Harm reduction considers the broader community perspective, as opposed to just the individual one. Harm reduction strategies, for example, offer practical, cost-effective approaches to reducing crime, improving the health and functioning of communities, providing entry points to accessing health and social services, and improving overall community safety. Finally, harm reduction strongly emphasizes other key ethical, philosophical, and practical values and principles including self-determination, respect, and social justice. (2,3,4,6,7)

Other characteristics that make harm reduction work are its simplicity and practicality, its strong emphasis on outreach and advocacy, its emphasis on the elimination of barriers and the facilitation of access to essential health and social services (particularly to socially marginalized individuals and groups who need it most), and its broad and inclusive nature. All of these features can enhance acceptance and ownership of programs and services, thereby increasing their effectiveness. Finally, harm reduction recognizes the important role of and the impact of the broader economic, social, and structural determinants of health (e.g. poverty and homelessness) and it seeks to address these determinants instead of only addressing the drug use itself. (2,3,4,6,7,8,9)

History Of Harm Reduction:

Harm reduction was first introduced in Europe and Australia in the early eighties when it was recognized that abstinence-based efforts, although appropriate for some drug users, were not effective for everyone and that focussing on eliminating and/or reducing consumption ignored the more immediate harms related to continued use. Harm reduction approaches arose out of the need to address basic health concerns of illicit drug users such as preventing infections and promoting health. Strategies initially began with needle exchanges -- largely in response to concerns related to the spread of HIV infections among injection drug users. In Canada, harm reduction strategies have been around since the mid- to late-eighties with needle exchange services being offered as early as 1987. Strategies later expanded to include services such as methadone maintenance treatments and other services. Today, there is a broad range of harm reduction initiatives that span the continuum of care. (2,3,4,6,7,9,10,11,12)

Support For Harm Reduction:

Currently, there is widespread and growing support for harm reduction in Canada and internationally. In Canada, harm reduction is recognized at the federal level as a key goal in Canada's Drug Strategy as a "realistic, pragmatic, and humane approach" that is part of a balanced approach to addressing drug problems. Various federal, provincial, and territorial governments also currently fund and support harm reduction programs. Harm reduction was also the subject of a recent federal/provincial/territorial report, which represents broad consensus in support of harm reduction across various governmental and non-governmental stakeholder groups. In addition, there are number of drug strategies currently underway which include harm reduction as a key component. These include Canada's Drug Strategy, Ontario's draft Alcohol and other Drug Health Promotion/Prevention Framework, and the Federation of Canadian Municipalities' Municipal Drug Strategy project. Most recently, there have been various initiatives at the federal level including the work of the Senate Special Committee on Illegal

Drugs and the House of Commons Special Committee on Non-Medical Use of Drugs – both of which supported the use of specific harm reduction strategies. (12,13,14,15,16)

Provincially, Ontario Boards of Health are mandated under the Mandatory Health Programs and Services Guidelines to ensure the provision of, and access to, particular harm reduction strategies (e.g. needle exchanges). Many groups and agencies within and outside the City of Toronto support and implement harm reduction activities. Among these is the Centre for Addiction and Mental Health (CAMH), which recently developed its own harm reduction position. CAMH's position recommends that harm reduction principles be used to guide public policy and it calls upon governments to fund and support the development, implementation, and evaluation of a wide range of harm reduction programs. Finally, harm reduction is a component of the drug prevention efforts of other Canadian municipalities including the City of Vancouver, which includes harm reduction as one of four key pillars in its drug framework. (5,9,17)

Examples Of Harm Reduction:

Examples of harm reduction strategies include needle exchanges, drug substitution/maintenance services, tolerance areas (e.g. safe injection facilities), and education on safer injection practices. Other examples include outreach, counselling, support services, housing services, and referrals. Initiatives such as law enforcement, reforming drug laws, and correctional policies and strategies (e.g. drug treatment courts) also fit along the harm reduction continuum. Over the last two decades, many new, innovative strategies have been developed in an attempt to find effective methods of addressing various harms related to drug use. (2,3,4,11)

Broadening Application Of Harm Reduction:

While the concept of harm reduction is most-often used in relation to illicit drug use, it is increasingly being used to address harms due to licit drugs (e.g. alcohol and tobacco) as well as other factors. Examples include alcohol server intervention training, responsible drinking policies/programs (e.g. Low Risk Drinking Guidelines and Municipal Alcohol Policies), alcohol harm reduction programs (e.g. Toronto's Seaton House Annex program), as well as tobacco harm reduction strategies such as nicotine-based chewing gums and skin patches. (2,3,4,8,9)

Closely related to the concept of harm reduction is that of *Risk Reduction*. Often used in fields such as Injury Prevention and Sexual Health Promotion, risk reduction focuses on decreasing risks and harms (e.g. of injuries and/or sexually transmitted infections) while at the same time acknowledging and allowing for a certain amount of risk as normal, necessary and/or even inevitable. Finally, people use numerous harm and/or risk reduction strategies daily in every aspect of their lives although these parallels are often not recognized. (18)

Effectiveness Of Harm Reduction:

Research evidence has shown harm reduction strategies to be effective in preventing blood-borne diseases, reducing risky behaviours, preventing overdoses, reducing drug-related morbidity and mortality, improving community safety, and addressing other drug-related problems. These successes can be attributed to the characteristics of harm reduction work that facilitate and

support individuals' access to programs and services without requiring them to abstain from drug use. Evidence also shows that harm reduction is both effective and cost-effective. A recent Canadian federal government report noted that preventing one case of HIV infection, for example through providing needle exchanges, saves Canadians about \$200,000 in medical care costs down the road. Other significant benefits of using harm reduction strategies include increased community safety and overall reductions in various problems related to drug use including reductions in crime, public nuisance, and littering. As well, there is increased engagement of marginalized and at-risk individuals and groups. (3,4,8,9,11,13)

Research shows that traditional policies and approaches to controlling the supply of and demand for drugs have not been effective on their own in addressing drug problems. A recent Canadian study involving injection drug users found that supply-side policies targeted at controlling illicit drugs use did not necessarily have any impact on injection drug use nor did they have an impact on the perceived availability of drugs. Furthermore, these policies appeared to have had no measurable public health benefits. Harm reduction, combined with prevention, treatment, and enforcement strategies, provide a practical, comprehensive and balanced alternative to such single strategy approaches. (8,13,14,19,20)

Finally, there is no evidence to support that harm reduction strategies encourage or legitimize drug use, that they lead to increased drug use or drug activity, or that they result in increases in other socially undesirable factors such as crime and/or drug related debris (e.g. discarded needles). Furthermore, supporting or favouring harm reduction strategies does not mean legalizing illicit drug use for everyone. (4,8,11,13)

Harm Reduction As A Response To Drug Use In Toronto:

Current drug use rates, trends and practices indicate the need for harm reduction strategies in addressing drug-related harms. In Toronto, although drug use among the general adult population has remained stable over the past twenty years, there have been some fluctuations during this period. Currently, cannabis is the most commonly used illicit drug among both adults and youth. Past-year use of other illicit drugs such as heroin, hallucinogens, solvents, stimulants, and sedatives however, remains low. When it comes to crack and cocaine use, past year levels of use among Toronto's general population also remain low (about 1%). Other notable Toronto drug use trends include the increasing popularity of designer drugs and widespread poly-drug use. And although considered a licit drug, alcohol use is prevalent and continues to be the most commonly used psychoactive substance in Toronto. (21,22,23)

Among specific populations, however, drug use rates and patterns vary. For example, the use of certain drugs (e.g. cannabis, hallucinogens, and MDMA/ecstasy) among youth has increased over the last ten years. Crack cocaine continues to be the most popular drug with the injection of crack becoming more prevalent among the street involved population (estimated to be about 15,000). A recent Toronto study of needle exchange clients estimates that 70% of injection drug users reported injecting crack in the six months prior to the study and about 66% reported injecting heroin. These trends are troubling particularly due to the increased injection-related risks of spreading Hepatitis C and HIV infections. (23)

Various other public health concerns related to the above trends include harms due to the questionable and declining purity of drugs; adverse interactions between drugs; hazardous use practices (e.g. sharing needles); risk of overdoses; users engaging in risky behaviours while under the influence of drugs (e.g. unprotected sex, impaired driving); spread of other infections (e.g. tuberculosis), as well as drug related violence and crime.

Other Problems Related To Drug Use:

The economic and social costs of substance use are substantial. In 1992 alone, the total costs of alcohol, tobacco and illicit drugs in Ontario was estimated to be \$7 billion – with alcohol accounting for the majority of costs. The largest costs were due to medical costs with other significant costs including law enforcement, hospitalization, as well as other direct and indirect costs. Although substantial, these costs do not account for the numerous intangible personal and social costs (e.g. pain and family disruption) to individuals, families and communities. Furthermore, alcohol and drug use have been strongly linked to other problems such as violent crimes (including those visited upon drug users) many of which are attributable to this use. (14,24,25,26,27,28)

Drugs and drug-related problems are of concern to members of the public, as well as to governments, health and social service professionals, law enforcement officials, and others. Ninety six percent (96%) of Canadian municipalities recently surveyed indicated drug abuse to be a serious problem in their communities. Furthermore, Health Canada has identified injection drug use as a major concern for large Canadian cities. In Toronto, community safety and drug issues have been identified as top concerns on a number of occasions by various City of Toronto bodies including by the Taskforce on Community Safety. As well, over half (58%) of youth recently surveyed identified drug activity as having a medium to high impact on their sense of personal safety. These concerns are being addressed by various groups within and outside of the City. In addition, community safety issues have been integrated into various City initiatives including the City's Official Plan, the Social Development Strategy, the Economic Development Strategy as well as in the Strategic Plan. (10,16,29,30,31)

Drug Prevention Within The City Of Toronto:

The Community and Neighbourhood Services (CNS) Department is responsible for a large proportion of the City's drug prevention activities. Within CNS, Toronto Public Health (TPH) carries out the bulk of this work as part of meeting its provincial mandate. Other divisions such as Shelter, Housing, and Support (SHS) are also involved in drug prevention / harm reduction work and these various efforts build upon one another. Most of these activities fit under the broad definition of harm reduction. A brief description of harm reduction activities within the City of Toronto is attached in Appendix 2.

Harm Reduction Strategies Outside The Corporation:

In addition to the various municipally led initiatives mentioned above, there are many groups across Toronto that are involved in harm reduction work. These groups range from small,

independent, grass-roots groups to larger, more established agencies and institutions such as hospitals, community health centres, clinics, detox centres, halfway houses, jails, and various drug treatment programs. (See Appendix 2).

The Need For A Unifying Drug Prevention Framework And Strategy:

It is important to view harm reduction in the context of a broader framework. There are numerous drug prevention, treatment, enforcement, and harm reduction initiatives across the City of Toronto. Although there are a few groups (e.g. Research Group on Drug Use) currently co-ordinating aspects of this work, there is no unifying framework to guide and/or co-ordinate all efforts. Many current initiatives in the city are working towards the same or similar goals. There is, however, a need to establish a unifying framework to articulate and to establish a common vision and goals for the entire city and to ensure strategic alignment of efforts. This will involve identifying the various existing initiatives, establishing or strengthening linkages and partnerships, clarifying goals and priorities, integrating various components, and building on successes and/or synergies. Specific strategies can then be established to provide clear guidance in achieving the identified common vision.

A municipal drug framework and strategy would serve a number of specific purposes including: creating forums for sharing of information, facilitating the sharing of limited resources, assist in soliciting support and commitment (including financial and other resources) from governments, promoting accountability, and guiding decision-makers based on sound research. Above all, a framework would assist in establishing a context within which co-ordinated, effective drug prevention work can occur and it would facilitate a balanced, integrated, and more comprehensive approach to addressing drug problems in Toronto. The need for and the importance of having a drug framework and strategy are reflected in several initiatives highlighted in this report (e.g. Canada's Drug Strategy, the FCM's Municipal Drug Strategy Project, the Ontario's Alcohol and other Drug Health Promotion/Prevention Framework, and Vancouver's 4 pillars framework). These initiatives all speak to a growing consensus on the importance of, and the need to have, a comprehensive, co-ordinated, and integrated drug framework and strategy in order to effectively address drug-related problems/harms in our cities.

Conclusions:

Harm reduction is an effective, pragmatic way to reduce the various harms related to drug use. As outlined in this report, there are numerous harm reduction initiatives currently being offered across the city of Toronto. However, harm reduction should be an important component of a broader, comprehensive, and co-ordinated city-wide approach that includes and balances prevention, enforcement, treatment, and harm reduction initiatives. Currently, the City of Toronto does not have a unifying drug framework and strategy.

It is therefore, recommended that the Commissioner of Community and Neighbourhood Services and the Medical Officer of Health, in collaboration with other key stakeholders including Toronto Police Services and CAMH, initiate a process to develop a municipal drug framework

and strategy for the City of Toronto based on the four pillars of prevention, treatment, enforcement, and harm reduction.

Contact:

Ida Hersi
Health Education Consultant
Planning & Policy, Health Promotion – Healthy Lifestyles
Toronto Public Health
Phone: (416) 338-7942
Fax: (416) 392-1357
E-mail: ihersi@toronto.ca

Liz Janzen, Regional Director
Family Health/Healthy Lifestyles, South Region
Toronto Public Health
Tel: (416) 392-7458
Fax: (416) 392-0713
E-mail: ljanzen@toronto.ca

Dr. Sheela V. Basrur
Medical Officer of Health

List of Attachments:

- Appendix 1: Harm Reduction Definition / Key Principles. City of Toronto Harm Reduction Facilities Working Group.
- Appendix 2: Harm Reduction Activities In The City Of Toronto

References:

1. City of Toronto. (2002). Clause 10 contained in Report No. 8 of The Community Services Committee titled "City of Toronto Homeless Initiative Fund – Allocations Report 2002."
2. Canadian Centre on Substance Abuse National Working Group on Policy (1999) Harm Reduction. Concepts and Practice. A Policy Discussion Paper. Ottawa: CCSA. <http://www.ccsa.ca>.
3. Riley, D. & O'Hare, P. (2000). Harm Reduction: Policy and Practice, Prevention Researcher 7 (2), 4-8. www.canadianharmreduction.com/facts_riley.php
4. Single, E. (1996). The Concept of Harm Reduction and its Application to Alcohol. Canadian Centre on Substance Abuse. 6th Dorothy Black Lecture, Charing Cross and Westminster Medical School, University of London, October 1996. <http://www.ccsa.ca/docs/hr-uk-1.htm>
5. City of Vancouver. (2001). A Framework for Action. A Four-Pillar Approach to Drug Problems in Vancouver.
6. City of Toronto. (2001). Harm Reduction Facilities Working Group. Key Findings and Recommendations from the Interim Report.
7. Drug Policy Alliance. (2002). Reducing Harm: Treatment and Beyond. <http://www.lindesmith.org/reducingharm/>
8. CAMH. (1993) Harm Reduction: A New Approach To Alcohol And Drug Problems. <http://sano.camh.net/geninfo.harmen.htm>.
9. CAMH. (2002). CAMH Position On Harm Reduction: Its Meaning And Applications For Substance Use Issues.
10. Health Canada. (2001). Harm Reduction And Injection Drug Use: An International Comparative Study Of Contextual Factors Influencing The Development And Implementation Of Relevant Policies And Programs.
11. City of Toronto Department of Public Health. (1996). Innovative Strategies In Substance Abuse Prevention And Treatment.
12. Health Canada. (2001). Reducing the Harm Associated with Injection Drug Use in Canada.
13. House of Commons Special Committee on Non-Medical Use of Drugs. (2002) Policy For The New Millennium: Working Together To Redefine Canada's Drug Strategy. Report Of The Special Committee On Non-Medical Use Of Drugs.

14. Senate Special Committee on Illegal Drugs. (2002). Cannabis: Our Position for A Canadian Public Policy.
15. Government of Canada. (1998). Canada's Drug Strategy.
16. Federation of Canadian Municipalities. (2000). Municipal Drug Strategies in Canada.
17. Ministry of Health (1997). Mandatory Health Programs and Services Guidelines.
18. Waal, Helge. (2000). Risk Reduction As A Component Of A Comprehensive, Multidisciplinary Approach To Drug Abuse Problems. Report to Cooperation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group), Council of Europe.
19. Basham, Patrick. (2001). Re-Evaluating The "War On Drugs". Sensible Solutions To The Urban Drug Problem. The Fraser Institute Digital Publication. April 2001.
20. Wood, Evan., et al. (2003). Impact Of Supply-Side Policies For Control Of Illicit Drugs In The Face Of The AIDS And Overdose Epidemics: Investigation Of A Massive Heroin Seizure. Canadian Medical Association Journal. January 21, 2003; 168 (2).
21. Adlaf, E. M., Ialomiteanu, A. (2002). CAMH Monitor eReport: Addiction and Mental Health Indicators Among Adults in 2001, and Changes Since 1977. CAMH Research Document Series No. 12. Centre for Addiction and Mental Health. http://www.camh.net/research/pdfs/CM2001_epireport_v5.pdf
22. Adlaf, E. M., Paglia, A. (2001). Drug Use Among Ontario Students. Findings from the OSDUS 1977-2001. CAMH Research Document Series No. 10. Centre for Addiction and Mental Health. http://www.camh.net/research/pdfs/osdus2001_DrugReport.pdf
23. Research Group on Drug Use. (2002). Drug Use in Toronto 2001.
24. Addition Research Foundation. (1996). The Economic Costs of Alcohol, Tobacco, and Illicit Drug Abuse in Ontario: 1992. Media Highlights. <http://sano.camh.net/announce/htscost.htm> (12/11/2001).
25. Single, E. et al. (1996). The Costs of Substance Abuse in Canada. The Canadian Centre on Substance Abuse.
26. Single, E. et al. (2000). The relative risks and etiologic fractions of different causes of death and disease attributable to alcohol, tobacco and illicit drug use in Canada. The Canadian Medical Association Journal. June 12, 2000; 162:1669-75.

27. Campbell, C., Devon Dodd, J. (1993). Fact Sheet: Family Violence and Substance Abuse. Information from The National Clearinghouse on Family Violence Family Violence and Substance Abuse. Health Canada.
28. Parnanen, K., et al. (2002). Proportions of Crimes Associated with Alcohol and Other Drugs in Canada. Canadian Centre on Substance Abuse.
29. City of Toronto Task Force on Community Safety. (1999). A Community Safety Strategy for the City of Toronto.
30. City of Toronto. (2003). Toronto Youth Profile 2003.
31. City of Toronto Task Force on Community Safety. (2000). Toronto's Community Safety Strategy: Turning Words Into Action To Make Toronto Safer.