

Supervised Injection Services for Toronto: Next Steps

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Board of Health
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What is harm reduction?

- Measures that reduce the harms associated with substance use for individuals, families and communities.
- Part of a comprehensive approach to substance use along with prevention, treatment and enforcement.

- Distribution of sterile needles and other safer drug use supplies
- Safer drug use education
- Overdose prevention (naloxone)
- HIV and hepatitis C testing
- Vaccination
- Opioid substitution treatment (e.g., methadone)
- Counselling
- Referrals to drug treatment, housing, income support and other services



What is a Supervised Injection Service (SIS)?



Supervised injection services are health services that provide a safer and hygienic environment where people inject pre-obtained drugs under the supervision of a nurse.

International, peer-reviewed research find SISs:

- Reduce overdose deaths
- Reduce behaviours that transmit HIV/hepatitis
- Increase use of detox and drug treatment
- Reduce public drug use
- Reduce publically discarded needles
- Are cost-effective
- Do not increase crime in the area around SIS

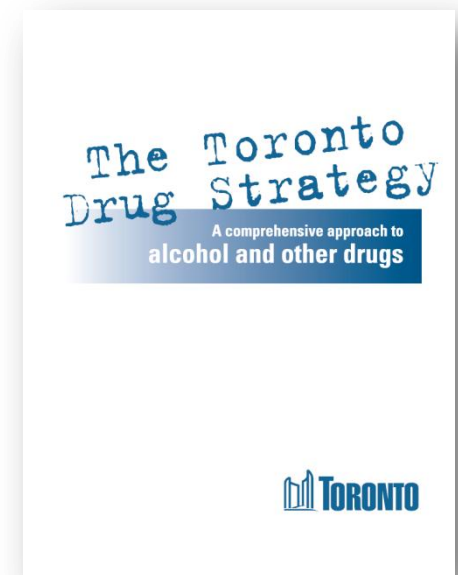
Services offered at SISs

- A hygienic place to inject
- Provision of sterile supplies
- Safer drug use education
- Supervision of injection
- Ensure injection supplies are not shared
- Safe disposal of all injection supplies
- Monitoring for adverse drug reactions
- Overdose intervention
- Referrals to other health and social services (e.g., detox, drug treatment, housing)

Supervised Injection Services

- Over 90 operating in Europe, Australia and Canada, with more being planned (e.g., Montreal).
- Originally implemented to address both public safety (public drug use) and public health (risk of overdose and blood-borne infections) issues.
- Models include: standalone, integrated, and mobile.

- Toronto Drug Strategy (2005) is based on the integrated components of prevention, harm reduction, treatment and enforcement.
- Recommended a needs assessment and feasibility study for supervised consumption services in Toronto.



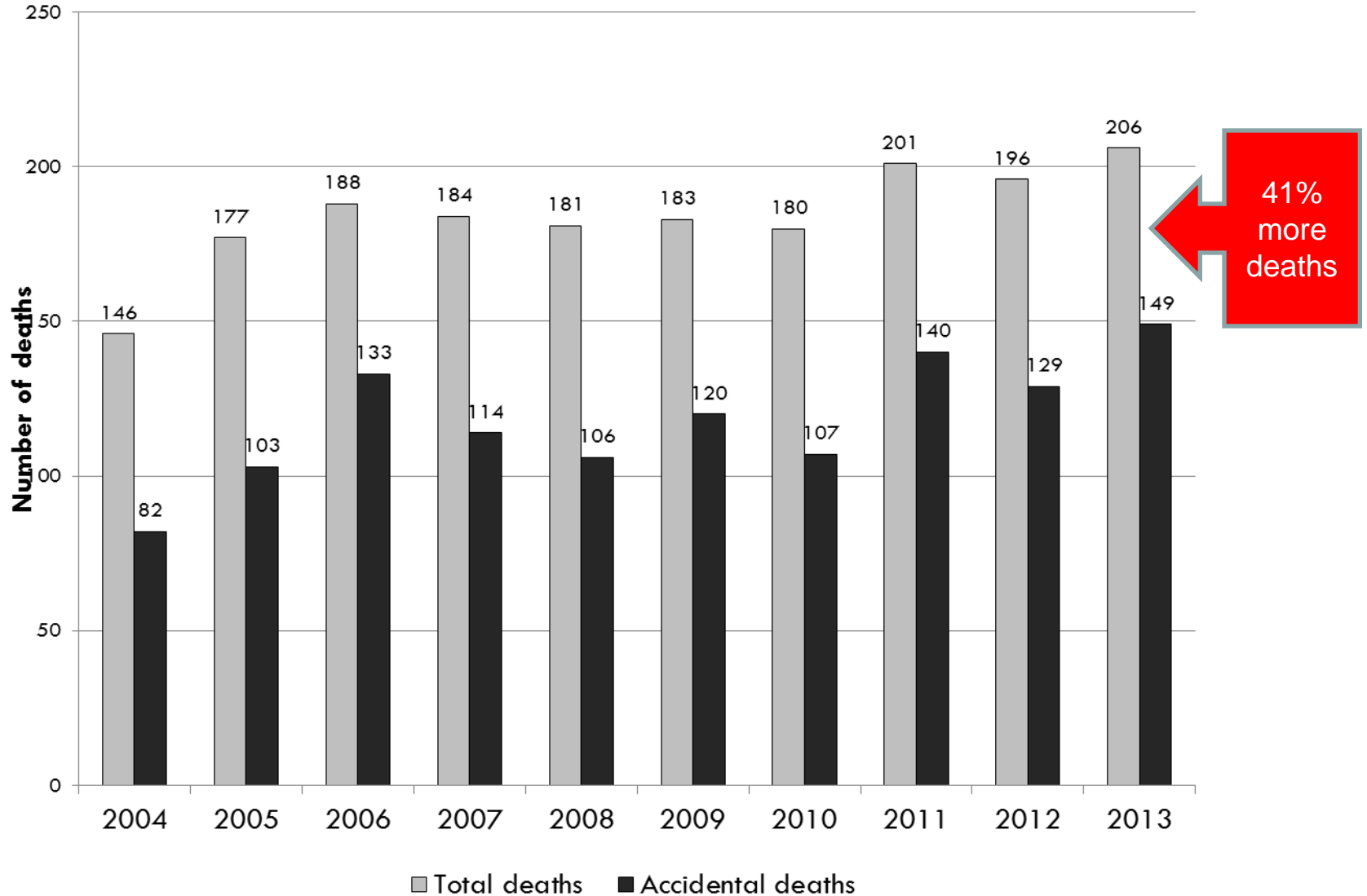
- Toronto & Ottawa Supervised Consumption Assessment (TOSCA) Study (2012)
- Recommendations:
 - Toronto would benefit from multiple SISs
 - model – integrated into existing health services serving people who inject drugs
 - programs should be evaluated
- Board of Health supported implementation of this integrated model in Toronto (2013).



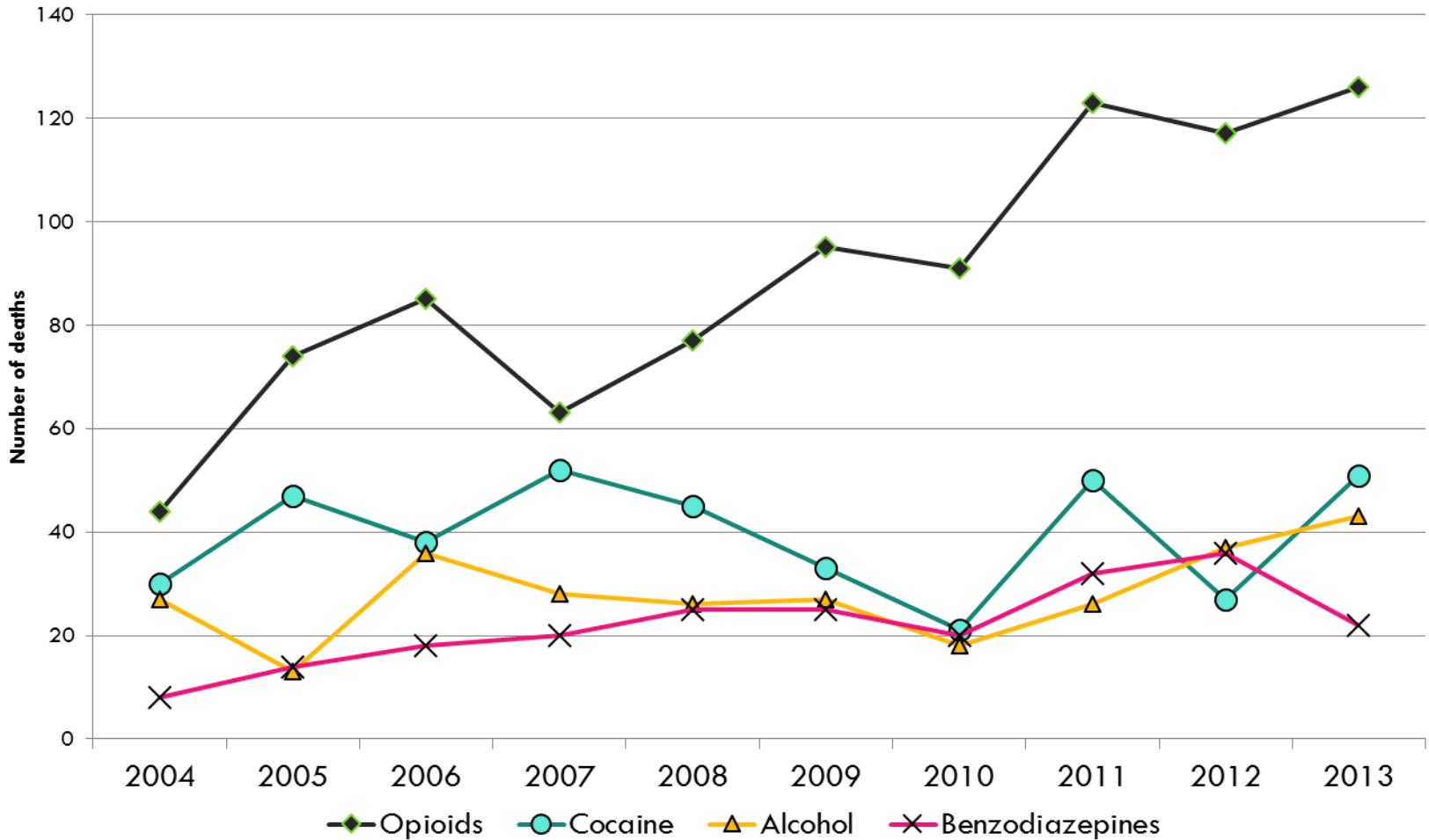
Need for SIS in Toronto

- 41% increase in overdose deaths (2004-13)
 - rise in opioid deaths – heroin, fentanyl, etc.
- High demand for harm reduction services:
 - over 100,000 client visits (2015)
 - almost 1.9 needles distributed (2015)
- Harm reduction client service profile:
 - 61% hepatitis C positive
 - 5% HIV positive

Drug-induced deaths in Toronto 2004-13



Accidental deaths in Toronto caused by most frequently lethal drug types, alone or in combinations



- Three agencies plan to add small-scale SIS to their existing health services for people who inject drugs:
 - Toronto Public Health, The Works
 - Queen West-Central Toronto Community Health Centre
 - South Riverdale Community Health Centre
- Agencies are coordinating program and policy development.

Rationale for service locations

- High rates of injection drug use and associated risk behaviours (e.g., frequent injection, overdose, public injection).
- Distribute 75% of all needles in Toronto.
- Delivered harm reduction for over 20 years.
- Demonstrated capacity to deliver health and harm reduction services to people who inject drugs.

- High service volume (2015):
 - TPH, The Works: 14,000 client visits + 800,000 needles distributed
 - Queen West: 15,000 client visits + 300,000 needles
 - South Riverdale: 22,000 client visits + over 320,000 needles
- 1/3 of clients report public injection
- Clients say they want and would use a SIS

Integrated service model

- The SIS will be added to existing program space. No change to exterior of premises.
- Most service users will be existing clients.
- Clients will have access to a continuum of health and harm reduction services tailored to their needs.
- People will not travel very far to use a SIS.
- The services will be evaluated.

Dr. Peter Centre, Vancouver





How will the service work?

- Client arrives with pre-obtained drugs (waiting rooms will be available)
- Assessed for program eligibility
- Brought into SIS room and given sterile supplies and safer use education
- Nurse provides supervision in the SIS room, and provides medical intervention, if necessary
- On to “chill out” room for observation of any negative drug reactions
- Referrals to health/social services, as required

- Section 56.1 (3) of the *Controlled Drugs & Substances Act* outlines extensive criteria for exemption applications
 - Supporting data
 - Detailed site plans, program policies/protocols
 - Financial plan
 - Links with drug treatment services
 - Letters of opinion and strategies to address concerns
 - Results of community consultation

Community consultation

- Consultation is an important part of implementation.
- Agencies are coordinating efforts.
- External group will facilitate public meetings + online survey.
- Opportunity to identify participants for ongoing community advisory groups.
- Consultation results will be reported to Board of Health in July 2016.



Expected outcomes

- Supervised injection services will not eliminate harmful drug use – they are one part of a continuum of care.
- Overall, we expect SIS will improve health outcomes for clients and reduce community impacts of injection drug use.

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