



## STAFF REPORT ACTION REQUIRED

### Implementing Supervised Injection Services in Toronto

<b>Date:</b>	June 16, 2016
<b>To:</b>	Board of Health
<b>From:</b>	Medical Officer of Health
<b>Wards:</b>	All
<b>Reference Number:</b>	

#### SUMMARY

A supervised injection service (SIS) is a health service that provides a safe and hygienic environment where people can inject pre-obtained drugs under the supervision of a nurse. More than 90 SISs are operating worldwide. The *Toronto and Ottawa Supervised Consumption Assessment (TOSCA)* study concluded that Toronto would benefit from multiple supervised injection services that are integrated into existing health services already serving people who inject drugs.

The TOSCA report concluded that conditions in Toronto warranted implementation of SIS. Between 2004 and 2014 there was a 77% increase in the reported number of people dying from overdose in Toronto – from 146 in 2004 to 258 in 2014, the highest annual number to date. Of particular concern is the role of opioids such as heroin and fentanyl in these deaths. There is a high demand for harm reduction services in Toronto with over 100,000 client visits and almost 1.9 million needles distributed in 2015.

In March 2016, the Medical Officer of Health (MOH) reported to the Board of Health (BOH) that Toronto Public Health (The Works), Queen West-Central Toronto Community Health Centre (Queen West), and South Riverdale Community Health Centre (South Riverdale) are proposing to add small-scale SIS to their existing clinical health services. The BOH supported initiation of a coordinated community consultation, with a request to report back on the results to the BOH in July. This report responds to that request.

The three health care organizations worked together to align consultation efforts. Plans were developed with input from the ward councillor that included common and organization-specific activities. An external vendor was retained to facilitate and report on certain activities, including public meetings, focus groups and an online survey. Input was gathered about SIS in general and for each of the three locations regarding perceived

benefits and concerns about SIS, and suggestions of how to address concerns. A large majority of respondents identified benefits associated with SIS (between 84 and 96% depending on location), including reducing overdoses and the risk of infectious diseases such as HIV, reducing public injection and increasing the use of other health and social services. Concerns were identified by between 14 and 36% of respondents (depending on location). Respondents could identify both benefits and concerns. Concerns included a potential increase in crime and community safety issues, negative behaviours of service users, and a negative impact on community reputation. Strategies to address concerns raised included establishing community advisory committees, ensuring sufficient waiting room space and service delivery hours, developing police protocols, and active monitoring and evaluation. A summary of program proposals for each of the organizations seeking to implement SIS were developed, and are included in the appendix of this report.

Legal operation of an SIS in Canada requires an exemption under section 56.1 (2) of the *Controlled Drugs & Substances Act* (CDSA), which is granted by the federal Minister of Health. The exemption application includes an extensive list of documentation and letters of opinion from various stakeholders, including the municipal government. This staff report seeks support from the BOH and City Council to implement integrated SIS at the three health organizations named in this report, authority for the BOH and MOH to submit an exemption application to the federal Minister of Health and for the BOH to advocate for capital and operational funding from the provincial government.

## RECOMMENDATIONS

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### **The Medical Officer of Health recommends that:**

1. The Board of Health support the implementation of small-scale supervised injection services at Toronto Public Health (The Works), Queen West-Central Toronto Community Health Centre and South Riverdale Community Health Centre;
2. The Board of Health and the Medical Officer of Health submit and complete Health Canada's application form for "a Section 56.1 exemption for medical purposes under the *Controlled Drugs and Substances Act* regarding activities at a supervised consumption site";
3. The Board of Health forward this report to City Council and request City Council to request the City Manager to provide the letter required by clause 56.1(3)(c) of the *Controlled Drugs and Substances Act* indicating that Council supports the implementation of small scale supervised injection services at Toronto Public Health (The Works), Queen West-Central Toronto Community Health Centre and South Riverdale Community Health Centre;
4. The Board of Health provide a copy of this report to the provincial Minister of Health and Long-Term Care and request him to provide the letter required by clause 56.1(3)(b) of the *Controlled Drugs and Substances Act* in respect of small scale

supervised injection services at Toronto Public Health (The Works), Queen West-Central Toronto Community Health Centre and South Riverdale Community Health Centre;

5. The Board of Health provide a copy of this report to the Chief Medical Officer of Health for the Province of Ontario and request him to provide the letter that is required by clause 56.1(3)(g) in respect of small scale supervised injection services at Toronto Public Health (The Works), Queen West-Central Toronto Community Health Centre and South Riverdale Community Health Centre;
6. The Board of Health provide a copy of this report to the provincial Minister of Community Safety and Correctional Services and request him to provide the letter required by clause 56.1(3)(h) of the *Controlled Drugs and Substances Act* in respect of small scale supervised injection services at Toronto Public Health (The Works), Queen West-Central Toronto Community Health Centre and South Riverdale Community Health Centre;
7. The Board of Health request the Ministry of Health and Long-Term Care, to fund 100% of the capital and operational costs for implementation of small-scale supervised injection services at Toronto Public Health (The Works), Queen West-Central Toronto Community Health Centre, and South Riverdale Community Health Centre;
8. The Board of Health direct the Medical Officer of Health to submit a comprehensive program proposal to the Ministry of Health and Long-Term Care, requesting capital and operating funding for Toronto Public Health (The Works) to implement supervised injection services; and
9. The Board of Health urge the Ministry of Health and Long-Term Care to increase capacity (spaces and diversity of program options) in the drug treatment system in Toronto to enable on-demand access for people seeking help, including clients of supervised injection services.

### **Financial Impact**

There are no financial impacts from this report.

### **DECISION HISTORY**

At its meeting of October 24, 2005, the Board of Health approved the Toronto Drug Strategy report and the recommendations for action contained therein, including to conduct a needs assessment and feasibility study for supervised consumption sites.

<http://www.toronto.ca/legdocs/2005/minutes/committees/hl/hl051024.pdf>

At its meeting of December 5, 6, and 7, 2005, Toronto City Council approved the Toronto Drug Strategy report and the recommendations for action contained therein, including a needs assessment and feasibility study for supervised consumption sites.

<http://www.toronto.ca/legdocs/2005/agendas/council/cc051205/cofa.pdf>

On July 10, 2013, the Board of Health approved a report from the Medical Officer of Health supporting implementation of supervised injection services in Toronto.  
<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2013.HL23.1>

On September 22, 2015, the Board of Health approved a report from the Medical Officer of Health on trends, prevention and response for overdose in Toronto. The report highlighted concerns about the rise in drug-induced deaths in Toronto over the last decade, in particular deaths due to opioids (e.g., heroin, prescription opioids).  
<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2015.HL6.4>

On March 21, 2016, the Board of Health approved a report from the Medical Officer of Health indicating that three health services in Toronto are planning to add small-scale supervised injection services to their existing clinical services, outlining the process for implementation, and seeking Board of Health support to begin stakeholder consultations.  
<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2016.HL10.1>

## **ISSUE BACKGROUND**

The 2012 *Toronto and Ottawa Supervised Consumption Assessment (TOSCA)* study concluded that Toronto would benefit from multiple supervised injection services that are integrated into existing health services already serving people who inject drugs [1]. A supervised injection service (SIS) is a health service that provides a safe and hygienic environment where people can inject pre-obtained drugs under the supervision of a nurse. More than 90 SISs are operating worldwide, including two in Vancouver. Health services in Montreal are awaiting federal approval to implement multiple SISs in that city. Health services in Ottawa are considering implementation, and needs assessments are underway in London and Thunder Bay. See Appendix A for additional information about SIS, including international evidence demonstrating the efficacy of these health services.

The TOSCA study found sufficient conditions in Toronto to warrant the establishment of SISs. Toronto-based research finds that 61% of people who injected drugs in the six months prior to the study tested positive for hepatitis C, and 5% tested positive for HIV [2]. Between 2004 and 2014 there was a 77% increase in the reported number of people dying from overdose in Toronto – from 146 in 2004 to 258 in 2014, the highest annual number to date. Of particular concern is the increasing role of opioids such as heroin and fentanyl in these deaths [3]. There is a high demand for harm reduction services in the city. Toronto Public Health (TPH) and 47 community agencies provide harm reduction supplies at over 80 service locations. In 2015, there were 104,952 client visits to these programs, and almost 1.9 million needles were distributed along with other sterile injection supplies.

In March 2016, the Medical Officer of Health (MOH) reported to the Board of Health (BOH) that Toronto Public Health (The Works), Queen West-Central Toronto Community Health Centre (Queen West), and South Riverdale Community Health Centre (South Riverdale) are planning to add small-scale SIS to their existing clinical health services. The BOH approved a recommendation directing TPH to participate in a coordinated community consultation with the community health centres (CHCs) to meet

federal requirements, and to report the results to the BOH in July. This staff report responds to that request, and seeks support from the BOH and City Council to implement integrated SIS at the three health agencies.

## **COMMENTS**

Injection drug use is associated with significant public health risks including overdose and the transmission of blood borne diseases such as HIV and hepatitis. Supervised injection services have been implemented worldwide to reduce these and other health harms as well as to reduce the impact of open drug use on local communities.

### **Process for implementing supervised injection services**

Legal operation of an SIS in Canada requires an exemption under section 56.1 (2) of the *Controlled Drugs & Substances Act* (CDSA), which is granted by the federal Minister of Health. Without an exemption staff and clients are subject to criminal laws that prohibit the possession and trafficking of controlled substances (e.g., heroin, cocaine). In June 2015, the federal government amended the CDSA adding an extensive list of criteria for the supervised injection service exemption application, including the following:

- scientific evidence supporting the need for SIS generally as well as the need in their specific area (e.g., data on drug use, infectious disease rates and other risk factors, rates of overdose, crime statistics, drug-related litter, where available);
- detailed site plans, including security measures;
- detailed operational policies and procedures (e.g., clinical protocols, staff roles and responsibilities, guidelines, safe disposal of drug use supplies, safety measures, information management);
- financial plan;
- links with drug treatment services;
- letters of opinion by a range of stakeholders, including provincial Ministers of Health and Public Safety, Chief Medical Officer of Health, local government, Chief of Police, professional colleges for physicians and nurses, measures to address any concerns raised; and,
- the results of consultations with a range of community groups such as residents and business associations, schools, churches, etc., including measures to address any concerns raised.

Organizations seeking an exemption under 56.1 (2) of the CDSA must submit an application to the federal Minister of Health. It is recommended that the BOH and MOH submit an application for "a Section 56.1 exemption for medical purposes under the *Controlled Drugs and Substances Act* regarding activities at a supervised consumption site." The federal Minister of Health assesses each application and makes a determination as to whether to approve the exemption. To date, Health Canada has issued exemptions for a specified period of time (one or more years) at which point the operator is required to renew their application.

TPH (The Works), Queen West and South Riverdale are each developing an exemption application for their respective organizations. The exemption application will require a letter from the City of Toronto and key provincial officials, including the Chief Medical

Officer of Health, the Minister of Health and Long-Term Care, and the Minister of Community Safety & Correctional Services. Queen West and South Riverdale have requested the BOH to make the request for these letters on their behalf. Once the required documentation is collected TPH (The Works), Queen West and South Riverdale will submit their exemption applications to Health Canada, tentatively in fall 2016. Each organization will operate independently, but they are working together to coordinate efforts and operational details for the services and will emphasize this collaborative approach in the federal submission.

### **Community consultation process**

The Section 56.1 (2) exemption application requires a report of community consultations in the area where the SIS will be located. A summary of the overall consultation results is outlined below. In addition, each organization has prepared a report specific to their consultation efforts (see Appendices B, C and D).

The three health care organizations worked together to align consultation efforts. They developed a consultation plan, with input from the ward councillor that included common activities as well as organization-specific components to address the unique needs of each community. An external vendor (MASS LBP) was also retained to organize, host, and report on the results of certain aspects of the consultation activities across the three locations (see report at [www.toronto.ca/health](http://www.toronto.ca/health)).

Community consultations took place from March 22 through mid-May 2016. The key objectives were to:

- a) Capture and analyze input and commentary from the community on SIS services being proposed for their local community;
- b) Document the suggestions made by the stakeholders to address their concerns raised during the consultation process; and,
- c) Provide information to the community about supervised injection services to help inform their input on the issue.

Consultation activities included an online survey, public events (town halls/open houses), focus groups and information sessions. Activities were promoted via posters, emails, social media/web postings, communications initiated by the agencies, ward Councillors, and direct outreach to local organizations and associations. In addition, all City Councillors received information about the online survey to promote with constituents in their wards.

### **Consultation Findings**

#### **Online survey**

The online survey gathered input about perceived benefits and concerns as well as strategies to address concerns related to SIS. The questions were not mutually exclusive; respondents had the option to comment on both benefits and concerns. In addition, respondents could comment on SIS implementation in Toronto in general or on one of the three proposed locations specifically.

As noted below, a large majority of respondents identified benefits associated with SIS (84 to 96% depending on the location of the SIS). Concerns were identified by 14 to 36% of the respondents (depending on the location).

- 1285 surveys were completed regarding SIS implementation in general. Of these respondents, 96% thought providing small-scale SIS in Toronto would be beneficial; 14% expressed concerns about the addition of these services.
- 205 surveys were completed for Queen West. Of these respondents, 84% thought providing small-scale SIS would be beneficial; 35% expressed concerns about the addition of these services.
- 213 surveys were completed for South Riverdale. Of these respondents, 86% thought providing small-scale SIS would be beneficial; 33% had concerns about the addition of these services.
- 143 surveys were completed for TPH (The Works). Of these respondents, 86% thought providing small-scale SIS would be beneficial; 36% had concerns about the addition of these services.

### **Public meetings and focus groups**

The three organizations determined the type and format of public meetings and focus groups to meet the unique needs of each community. This included town halls/public meetings, open houses, information sessions and tours of the facilities. Focus groups/small discussion meetings were also held to gather opinions of groups with common interests such as local businesses, existing clients of the agencies, organizations who provide harm reduction services, representatives of health and social service providers and parent/school board representatives.

### **Benefits**

Overall, key themes related to the perceived benefits of implementing SIS included:

- Health benefits such as reducing the risk of infectious diseases such as HIV and hepatitis C;
- Reduction in fatal overdose and the health impacts of non-fatal overdose;
- Reduction in public injection in alleyways, public washrooms and stairwells;
- Reduction in needle stick injuries related to inappropriately discarded used needles in public garbage cans and garbage cans in public washrooms;
- Reduction of discarded injection drug use equipment;
- Increase in uptake of other health, social, drug treatment services;
- Increased safety within the community;
- Reduction in social isolation and stigma for people who inject drugs; and,
- Lower burden on first responders/health care system.

### **Concerns**

Overall, key themes related to perceived concerns of implementing SIS included:

- Increase in crime in the area of the services, including drug use and trafficking;
- Potential disruptive client behaviours in the neighbourhood following injection;

- Community safety, including personal safety, especially concerning children;
- Decrease in business profits due to safety issues; and,
- Negative impact on reputation of the community, neighbourhood cleanliness due to discarded needles, and decreases in property values.

Some potential service delivery issues were also raised. Harm reduction clients voiced concern about possible overcrowding and lineups; a concern echoed by some local businesses with respect to possible loitering outside the service. Some expressed concern about having adequate hours of operation and enough spaces for people to inject. Diverse opinions related to the role of police were expressed. Some were concerned that an increased police presence may deter people from using the SIS. Others felt more police in the area would give the impression that the neighborhoods were not safe, while others wanted to see an increased police presence.

### **Strategies to address concerns**

The three organizations used the advice from the community in the development of strategies to address concerns raised, including:

- **Community advisory committee:**  
The role of the advisory committee would be to identify any ongoing concerns about the operation of the SIS, and to suggest ways to address those concerns. Representation would include, but not be limited to, Business Improvement Areas (BIAs) and/or other businesses in close proximity to the service, local schools (student and parent association and staff), local residents' association(s), clients of the harm reduction service; Toronto Police Service, local health and social service providers and staff of the harm reduction service (ex officio).
- **Service delivery practices:**  
Ensuring sufficient waiting space inside the service and regularly monitoring of loitering outside the location is critical both for clients and the surrounding community. Clients will be encouraged to remain after their injection to provide the opportunity to monitor for signs of overdose and to intervene where necessary. This would also address concern about a perceived increase in adverse behaviour in the neighborhood associated with people who had used drugs at the SIS. All injection supplies used in the SIS would be disposed of safely. In addition, each organization has a plan to enable people either using or finding a used needle outside the service to safely dispose of them. Enhanced plans could include needle drop boxes located outside the health care organization.

In order to comply with the federal exemption process, each organization is required to submit a proposal with details regarding capacity and operational hours. The organizations would monitor patterns of use to identify the need for future adjustments or expansion. Each organization plans to continue to engage and inform the community regarding the development and operation of the proposed service.

- **Police presence in the neighborhood:**  
To ensure adequate and appropriate police presence in the vicinity of the SIS, protocols will be developed with the Toronto Police Service was suggested. These



protocols would determine issues such as the proximity of police to the SIS to ensure client are not deterred from using the SIS, while still addressing any crime in the neighborhood. Overall, there was support for a community policing approach, and the three organizations will collaborate with Toronto Police Service in development of the protocols.

- **Evaluation and monitoring of the service:**

The monitoring of service use patterns and volumes as part of the evaluation process is important to help identify any concerns and inform strategies to address them on an ongoing basis. Each organization would coordinate efforts and conduct robust program evaluations that would include the collection of baseline data before service initiation, and regular monitoring post-implementation.

### **Other stakeholder consultation**

The federal exemption application requires letters of opinion from a range of other stakeholders such as the Chief of Police, the College of Physicians & Surgeons of Ontario, the College of Nurses of Ontario, and the provincial Chief Medical Officer of Health. The MOH has requested letters from these officials. The College of Nurses of Ontario has provided a letter stating that the SIS activities including "the establishment of a therapeutic nurse-client relationship, assessment and management of health care needs, health teaching, disease prevention, and health promotion, are activities that fall within nursing's scope of practice." And further that, "the College's expectation is that the activities carried out in these SISs are in accordance with the legislation and the College's standards of practice and guidelines to ensure safe and ethical care at all times." Letters would also need to be obtained from the Minister of Health & Long-Term Care and the Minister of Community Safety & Correctional Services. Pending a decision from the Board of Health, requests would be made of these officials as well.

A large and diverse group of civic leaders, community service providers, and individual community members voiced their support of SIS implementation in Toronto following the public announcement of these plans in March 2016. Supporters included the Centre for Addiction & Mental Health, the Registered Nurses Association of Ontario, the Toronto Drug Users Union, Ontario Association of Community Health Centres, and mumsDU. Other groups have independently articulated their support, including the Toronto Catholic District School Board, which passed a motion in April 2016 supporting implementation of SIS at the three Toronto agencies.

### **Program proposals**

TPH (The Works), Queen West and South Riverdale have each developed a program proposal summary for the SIS at their organization (see Appendices E, F, and G). The summaries provide details about the following:

- organization overview;
- location;
- demonstration of need;
- capacity to deliver SIS;
- proposed SIS service model;
- days/hours of operation;

- staffing;
- budget;
- community relations; and,
- evaluation and monitoring.

The three health services are in locations that have high rates of injection drug use and associated high-risk behaviours (e.g., frequent injectors, incidence of overdose, public injection) in their community and among their service users. Together, these agencies provide three quarters of all sterile needles distributed in Toronto. They also have a demonstrated capacity to provide health and social services and supports to people who use drugs, and have been doing so in their communities for 20 years.

Each SIS would be integrated into the existing program space with no change to the exterior façade of the building. The services would be small in scale with Queen West providing three injection booths, South Riverdale three to four, and TPH (The Works) five. The services would have dedicated supervisory and program staff, including nurses, counsellors, and peer workers. The days and hours of service would vary with the CHCs offering hours similar to their current hours of operation. The Works is seeking to expand hours to allow for seven day-a-week access from 10:00am to 10:00pm, to meet anticipated service needs and to address potential concerns identified through the community consultation.

The SIS program models are similar across the three agencies, which have been working together to ensure consistent program delivery. Clients would come to the organization with pre-obtained drugs. They would undergo a short assessment to determine the drug being injected, overdose history and/or concerns, injection-related health issues, etc., and then be directed to the supervised injection space. Upon arrival at the injection room, they would be provided with sterile injection equipment. They would perform their injection under the supervision of a nurse, dispose of all injection equipment in a biohazard container and clean their space. After injection, clients would be encouraged to use the post-injection space, enabling monitoring for any adverse drug reactions. All clients would be offered overdose education and support for any injections taking place in the community. Access to other services at the organization or in the community would be facilitated by the staff, including drug treatment, and take-home harm reduction supplies such as biohazard containers.

With respect to the SIS proposed at TPH (The Works), the City's Insurance and Risk Management section has confirmed that these services are an insured activity under the parameters of the City's existing medical malpractice insurance coverage. It is therefore recommended that the BOH support the implementation of small-scale supervised injection services at TPH (The Works), Queen West, and South Riverdale, and that the BOH urge City Council to also support implementation of SIS at these health services.

## **Funding**

Each of the three health services has developed a program budget for their SIS (see Appendices E, F, and G). Budgets for each program reflect program capacity, hours of operation, staffing levels, and organizational wage grades. The estimated annual operating budget is \$692,000 for TPH (The Works), \$508,000 for Queen West, and \$573,000 for South Riverdale. As community health centres, funding for Queen West and South Riverdale falls under the Toronto Central Local Health Integration Network (TC-LHIN), and funding arrangements would need to be negotiated through the LHIN. As this is a health service, TPH would seek funding from the Ministry of Health and Long-Term Care. One-time capital renovation costs for are estimated at \$150,000 for TPH (The Works), \$100,000 for Queen West, and \$100,000 for South Riverdale. Both Queen West and South Riverdale have potential access to external funding for evaluation. TPH (The Works) would require an estimated \$250,000 for a multi-year external evaluation.

It is therefore recommended that the BOH request the provincial government, including the Ministry of Health & Long-Term Care, to support implementation of small-scale supervised injection services at TPH (The Works), Queen West-Central Toronto Community Health Centre, and South Riverdale Community Health Centre, and fund 100% of the capital and operating costs of these health services. And further, that the BOH direct the MOH to submit a comprehensive supervised injection services program proposal for Toronto Public Health to the Ministry of Health and Long-Term Care, including a request for a letter to include in the federal exemption application, and 100% provincial funding for capital and operating costs for this health service

## **Evaluation and monitoring**

The three agencies would coordinate and conduct robust program evaluations of their SIS as part of ongoing quality assurance. Development of the evaluation would include consultation with people using the service and other community stakeholders measure service impacts and satisfaction indicators. Baseline data would be collected prior to service initiation and at regular intervals post-implementation.

## **Access to treatment services**

Organizations across Toronto deliver a broad range of services to reduce the harms of substance use. The three health agencies seeking to implement SIS have strong relationships and partnerships across the service system to help ensure coordinated and effective care for their clients. Timely access to drug treatment, including withdrawal management, is critical for people who use drugs and want to stop or reduce their drug use. However, there is not enough capacity in the existing treatment system in Toronto, and people often face long waiting lists. Providing treatment at the moment when an individual is motivated to take this step is crucial. Long delays or lack of access to treatment options that best meet an individual's needs may discourage them from seeking help. It is therefore recommended that the BOH urge the Ministry of Health and Long-Term Care to increase capacity (spaces and diversity of program options) in the drug treatment system in Toronto to enable on-demand access for clients of supervised injection services.

## **The broader response to drug use in Toronto**

The TOSCA study recommended that implementation of SISs be considered within the context of a comprehensive drug strategy. The Toronto Drug Strategy provides a comprehensive municipal action plan for alcohol and other drug use in this city. Under the strategy, action is being taken across the areas of prevention, harm reduction, treatment and enforcement, the details of which are outlined in a biennial status report available at [www.tph.to/drugstrategy](http://www.tph.to/drugstrategy). Supervised injection services will not eliminate harmful drug use, but they are a part of the continuum needed to respond to this issue.

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### **SIGNATURE**

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Dr. David McKeown  
Medical Officer of Health

### **ATTACHMENTS**

Appendix A: Overview of Supervised Injection Services  
Appendix B: Toronto Public Health (The Works), Community Consultation Summary  
Appendix C: Queen West – Central Toronto Community Health Centre, Summary of Community Consultation Results  
Appendix D: South Riverdale Community Health Centre, Summary of Community Consultation Results  
Appendix E: The Works – Toronto Public Health, Supervised Injection Service Program Proposal Summary  
Appendix F: Queen West – Central Toronto Community Health Centre, Supervised Injection Service Program Proposal Summary  
Appendix G: South Riverdale Community Health Centre, Supervised Injection Service Program Proposal Summary

## REFERENCES

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1. Bayoumi, A., Strike, C. et al. (2012). *Report of the Toronto and Ottawa Supervised Consumption Assessment Study*. Toronto: ON.
2. Challacombe, L. et al. (2013) *Toronto I-Track Report. Enhanced Surveillance of Risk Behaviours and Prevalence of HIV and Hepatitis C Among People Who Inject Drugs*. University of Toronto. Toronto: ON.
3. Office of the Chief Coroner for Ontario, 2015.
4. Fischer, B., Rehm, J., Kim, G., Robins, A. (2002) *Safer injection facilities (SIFs) for injection drug users (IDUs) in Canada*, Canadian Journal of Public Health, 93 (5), 336-338.
5. See research summary in Toronto Drug Strategy Implementation Panel (2013). *Supervised Injection Services Toolkit*. Toronto: ON.
6. Leece, P. et al. (January 25, 2016) Process Evaluation of Preventing Overdose in Toronto (POINT) Program.
7. Supplemental data based on the TOSCA Study, provided as a personal communication, May 2014, by A. Bayoumi. Derived using geographic data for the years 2004-2008, using multiple administrative health databases including: National Ambulatory Care Reporting System, Discharge Abstract Database, Ontario Public Drugs Benefit Program, and physician billing claims.
8. Challacombe L and Millson P. 2012. Toronto I-Track Report. Queen West Central Toronto Community Health Centre Site Report. Public Health Agency of Canada, March 2012.
9. Supplemental data based on the TOSCA Study, provided as a personal communication, May 2014, by A. Bayoumi. Derived using geographic data for the years 2004-2008, using multiple administrative health databases including: National Ambulatory Care Reporting System, Discharge Abstract Database, Ontario Public Drugs Benefit Program, and physician billing claims.
10. This return rate may be because SRCHC collects needles obtained from other agencies in Toronto and/or needles that were privately acquired.
11. Gender & Drug Use Study. COUNTERfit Harm Reduction Program. South Riverdale Community Health Centre & The Dalla Lana School of Public Health, University of Toronto. Toronto: September 2014.
12. Challacombe L and Millson P. 2012. Toronto I-Track Report. South Riverdale Community Health Centre Site Report. Public Health Agency of Canada, March 2012.
13. South Riverdale CHC COUNTERfit program stats, prepared for the AIDS Bureau, MOHLTC. 2015.

## **Appendix A: Overview of Supervised Injection Services**

### **Role and goals of SIS**

A supervised injection service (SIS) is a health service that provides a safe and hygienic environment where people can inject pre-obtained drugs under the supervision of trained staff. In Canada, nurses provide this supervision. In addition to supervised injection, services at a SIS can include the provision of sterile injection supplies, overdose prevention and intervention, education, medical and counselling services, and referrals to drug treatment, housing, income support and other services.

The main goals of these health services are to reduce the spread of infectious diseases such as HIV and hepatitis, reduce the number of drug overdoses, bring people into contact with other health and social services, and reduce community issues such as public drug use and discarded needles [4].

### **Evidence for SIS**

International research on the impact and outcomes of SIS has demonstrated they are beneficial for people using the service and the broader community. Specifically SISs:

- reduce overdose deaths and save lives;
- reduce behaviours that cause HIV and hepatitis C infection, such as the sharing of previously used needles or other injection supplies;
- reduce unsafe injection practices;
- increase use of detox and addiction treatment services;
- are cost-effective;
- reduce public drug use;
- reduce the amounts of publicly discarded injection equipment;
- do not increase crime in the area surrounding a service [5].

### **Toronto and Ottawa Supervised Consumption Assessment Study**

An independent group, led by senior researchers at the University of Toronto and St. Michael's Hospital, conducted a study on the need for and feasibility of supervised consumption services in Toronto and Ottawa. In April 2012, the results of this study were released in the report entitled, the *Toronto and Ottawa Supervised Consumption Assessment Study* (TOSCA). Key recommendations of the TOSCA report include:

- Toronto would benefit from multiple supervised injection facilities.
- An optimal model is a fixed service integrated within an existing organization that already works with people who inject drugs.
- A strong evaluation plan is needed.
- The supervised injection facility should have clearly established rules.
- The process to establish a supervised injection facility should be part of a comprehensive drug strategy.

### **Target population**

People who inject drugs are among the most marginalized and vulnerable groups in our community. Many cannot access mainstream health services because of the stigma and discrimination they experience. Harm reduction services such as SIS are designed to

provide welcoming and non-judgemental services to this population. People who inject drugs also include populations who are at an even higher risk for disease transmission, injury, violence, and other health and social harms because of their social location and lack of service access, including Indigenous Peoples, sex workers, transgender, etc.

### **Rationale for service locations in Toronto**

The three agencies seeking to implement small-scale SIS in Toronto are Toronto Public Health (The Works), Queen West - Central Toronto Community Health Centre and South Riverdale Community Health Centre. All three organizations are well established and have been delivering harm reduction services to people who inject drugs for over 20 years. Clinical and support services available onsite include safer injection supplies, safer drug use education, overdose prevention, HIV and hepatitis testing, primary health care (e.g., immunization, wound care), opioid substitution treatment, counselling, and referrals to other health/social services.

These agencies are in locations that have high rates of injection drug use and associated high-risk behaviours (e.g., frequent injectors, incidence of overdose, public injection) in their community and among their service users. Together they provide three quarters of all sterile needles distributed in Toronto. At each health care organization, the SIS will be added within the existing program space. There will be no visible change to the exterior of the premises.

### **The integrated program model**

There are different SIS program models around the world, including standalone services, mobile services and services that are integrated into multi-service health settings. For Toronto, the TOSCA study recommended the integration of SIS with fixed site (as opposed to mobile) health services that are already serving people who inject drugs. This program model was endorsed by the Board of Health in July 2013. Health Canada also supported this integrated approach when it granted the Dr. Peter Centre in Vancouver federal approval to operate in January 2016.

Adding supervised injection to existing clinical services being provided to people who inject drugs helps ensure that a continuum of health interventions are available for this vulnerable group. The SISs in Toronto would operate in this way. Providing a sterile and safe place to inject at a needle distribution program is important because often when people have obtained their injection supplies they want to inject right away. Providing SIS onsite also eliminates the potential for people to use nearby public spaces to inject (e.g., washrooms, alleyways, stairwells). In that regard, supervised injection is beneficial for the community as well as for the individual. It is expected that the majority of people accessing the SIS will be current clients of existing harm reduction programs. The SIS may also serve people in the area who are not using these services providing an opportunity for staff to engage with them and link them to other health services.

There are sometimes concerns that an SIS will attract people from other parts of the city. However, research has shown that individuals will only travel short distances to use this service. The TOSCA study found that in Toronto, about half of people who inject drugs surveyed said they would not travel more than 10 blocks to use a SIS.

**SIS and municipal zoning:**

Medical services, other than hospitals, are considered a commercial use, often referred to as a medical office. As such, a medical service or office is permitted in commercial zones but not residential zones. A medical office is also permitted in some light industrial zones. From a zoning perspective, a SIS, operated as a medical service, may be located in an area that is zoned for commercial use. Zoning regulates the use of land, along with the height, bulk, size, floor area, spacing and location of buildings. Zoning regulations are applied to the use of land and the physical form it takes. Zoning is not applied to people who use the space. In the case of supervised injection services, zoning is focused on the use of the premises and not the individual using the premises.



## **Appendix B: Toronto Public Health (The Works), Community Consultation Summary**

### **Background**

The Works is a program of Toronto Public Health and was established in 1989 for people who injected drugs as a public health response to the potential spread of HIV. The Works is located on the main floor in the flagship Toronto Public Health building at 277 Victoria Street along with the TB Program, STI/HIV follow up, the Dental program and many other Toronto Public Health Services. A robust set of harm reduction services are offered by a multi-disciplinary team, including Public Health Nurses, Counsellors, management staff and clerical support. Additionally, The Works acts as the central harm reduction hub for the city of Toronto, responsible for the recruitment, training, support and provision of harm reduction supplies to 46 community agencies throughout Toronto.

In 2015, the Works recorded over 14,000 client visits and distributed over 800,000 needles representing over 40% of the total needles distributed in the city of Toronto that year. It is estimated that The Works has between 3,500 and 6000 individual clients.

### **Services Provided**

A full range of harm reduction services are offered by The Works, including the distribution of harm reduction supplies, an opioid substitution program (methadone and suboxone are prescribed and case management is offered), testing for HIV, Hepatitis and syphilis, selected vaccines, nursing care, education on safer drug use, counselling, support, wound care, overdose prevention including the distribution of naloxone (an opioid overdose antidote) and referrals to a range of services, including housing, drug treatment, and financial assistance.

### **Consultation Process**

#### **Goals:**

1. To provide information about the proposed service
2. To gather information regarding:
  - Benefits
  - Concerns
  - How to mitigate concerns and ensure benefits are achieved.

#### **Time Frame:**

The consultation process for The Works occurred between March 22<sup>rd</sup> and May 9, 2016.

#### **Overall Promotion of Consultation Activities:**

A web site ([www.toronto-sis.ca](http://www.toronto-sis.ca)) was designed to promote all of the consultation activities. Consultation options were promoted on the main web page for Toronto Public Health and on The Works web page. The Downtown Yonge Business Improvement Association (BIA) and the Garden District Residents' Association were provided with links to the online survey and the flyer promoting the town hall meeting.

## Consultation & Engagement Activities

### 1. Town Hall Meeting:

On April 20, 2016, a Town Hall meeting open to members of the public was held at the Church of Holy Trinity located within two blocks of the proposed site. A total of 63 people were recorded as attending (more may have attended without registering) with representation from the Garden District Residents' Association, Ryerson University, Cadillac Fairview, the Downtown Yonge BIA, clients of The Works, and representatives of health, social and harm reduction agencies.

The Town Hall was promoted in a variety of different ways for different target audiences as follows:

- Councillor Wong Tam's Office: promotion to local MP and MPP, residents' associations, Downtown Yonge (BIA), Ryerson University
- Residents associations: Distributed via email directly to them and posted on their web site
- Downtown Yonge BIA: Distributed to their offices, posted on their web site, flyers were distributed by hand to businesses in the close vicinity of The Works
- General Public: Posted on the Toronto Public Health website and the toronto-SIS.ca website
- Ryerson University
- The Works clients: Promoted at the Client Advisory Committee, flyer posted at The Works location
- Social and health service agencies: Direct mailing of the flyer to over 50 harm reduction agencies as well as community workers from organizations serving people who use drugs in Toronto, promotion at a meeting of the Needle Exchange Coordinating Committee (representatives of the 46 community agencies under contract with Toronto Public Health for the distribution of harm reduction supplies).

### 2. Focus Groups:

The following focus groups were held:

- **Works Client Advisory Committee** – This group consists of 12 clients of The Works and provides advice and consultation on The Works services and operations on an ongoing basis.
- **General Works Clients** – a group of 10 clients of The Works, selected on the basis of gender, drug of choice, method/route of drug use.
- **Needle Exchange Coordinating Committee** – This group consists of representatives of each of the 46 community agencies under contract with The Works for the distribution of harm reduction supplies.
- **Community Agency Stakeholders** – A group of 12 people representing key social, health and/or harm reduction agencies.
- **Hotel Stakeholders:** A group of seven people representing hotels within the close proximity of The Works (this focus group was also attended by representation from Cadillac Fairview Corporation Limited and Ryerson University).

### 3. Stakeholder Meetings

The following smaller, more informal meetings were held where information regarding the proposed SIS was presented by the Manager of The Works and questions about the service were answered:

- **Special Interest Group:** Representatives of the Downtown Yonge BIA, Garden District Residents' Association, 10 Dundas, Dundas Square Management staff and Ryerson University
- **Downtown Yonge BIA Board of Directors**
- **St. Michaels Choir School:** Approximately 30 parents of children enrolled at the school attended a meeting where the proposed service at The Works was discussed.
- **Ryerson University:** Two sessions were provided, with attendance by the President of the University, faculty, two representatives of the Student Union, the Assistant Vice-President of Communications, Government and Community Engagement, Campus Security, Risk Management
- **Dundas Square Management Board:** A presentation and discussion group was held with the members of the Board
- **Garden District Association:** Tour of The Works for selected members of the Association
- **Toronto Police Service - 51 Division:** Superintendent and Inspector
- **Cadillac Fairview Corporation:** Vice President, Operations Ontario Portfolio and Clive Baxter, Senior Vice President and Portfolio Manager Ontario Portfolio.

### 4. On-Line Survey:

The on line survey was promoted in a variety of ways, including:

- Promotion to Ryerson students and faculty
- Promoted to clients of The Works via a poster and through cards distributed through the injection supply kits provided at all Works venues (outreach and in house/fixed site)
- Promoted to members of the Needle Exchange Coordinating Committee, Toronto Harm Reduction Alliance, Research Group on Drug Use.

### Results of the Consultation

The following is a summary of the benefits, concerns and strategies to address the concerns based on input from approximately 200 different individuals.

#### Benefits:

Overall, people consulted regarding the addition of SIS at The Works saw the benefits of such a service, including:

- A reduction in fatal overdose and the health impacts of non-fatal overdose
- A reduction in the spread of infectious diseases (i.e. HIV/Hepatitis C)
- A reduction in public injection in alleyways, public washrooms and stairwells
- A reduction in needle stick injuries related to inappropriately discarded used needles in public garbage cans and garbage cans in public washrooms
- A reduction of discarded injection drug use equipment
- Increase in health outcomes for those using the service

- Increase in uptake of other health, social, drug treatment services
- A reduction in social isolation and stigma for people who inject drugs
- Lower burden on first responders and on the health care system.

## Concerns & Response Strategies

### 1. Neighborhood Impact

The Works location was selected for a variety of reasons, including the high volume of client visits, the fact that The Works offers a robust array of harm reduction services and distributes a high volume of safer injection supplies. During the consultation process, people who currently use The Works felt that having SIS at The Works would increase the use of other Works services, including the opioid substitution program, naloxone, testing and vaccination, overdose education and harm reduction supplies. Additionally, The Works already has developed a trusting relationship with clients, resulting in quick and ongoing uptake of SIS.

Some stakeholders, specifically those representing business, schools and residents' associations expressed concern about the proximity of The Works to schools and businesses. There were concerned that the inclusion of SIS to The Works would have a negative impact on business, tourism and young people in the neighborhood. Specific concerns included:

- **Increase in people who inject drugs in the area of the service:** There were concerns expressed that the implementation of this service would result in additional people who use drugs and others experiencing homelessness and/or mental health issues coming to the neighborhood and that this would disrupt shoppers, students and/or people who work in the area.
- **Increase in adverse behaviour in the neighborhood:** Concerns were expressed regarding the potential for an increase in people who had used drugs at the SIS exhibiting negative and disruptive behaviours when on the street after injection.
- **Increase in drug trafficking in the vicinity of The Works:** People expressed concern that the implementation of the SIS would attract drug dealers to the community.
- **Increase in crime in the area:** There was the impression that the implementation of this service would increase crime in the neighborhood.

### Strategies to address concerns regarding possible neighborhood impacts:

While the current literature on the impact of SIS in other communities demonstrates no increase in crime or other negative community impacts, the following strategies are recommended:

- **Establishment of a Community Advisory Committee:** The role of the Advisory Committee would be to identify ongoing concerns about the operation of the SIS and suggest strategies to deal with concerns. Representation would include, but not be limited to:

- Downtown Yonge BIA and/or other businesses in close proximity to The Works
  - Ryerson University – student association and staff
  - Local residents' association(s)
  - Clients of The Works
  - Toronto Police Service – 51 Division
  - Local health and social service providers
  - Staff of The Works (ex officio)
- **Evaluation and monitoring of the service:** Monitoring of service usage patterns and volumes were seen as important to understanding the demand for service on an ongoing basis. Information will be collected on number of people accessing the service, days and times of visits, overdoses occurring in the SIS, external referrals and other ancillary services provided. Additionally, the collection of baseline data regarding discarded needles, crime statistics, etc. will be initiated prior to implementation and regularly monitored post implementation. A robust evaluation designed to collect information about service impact and to collect information from stakeholders regarding ways to address concerns will be undertaken.
  - **Designated SIS contact person:** In order to ensure prompt and effective response to community concerns related to the operation of the SIS, The Works will assign a staff person who will act as the community SIS contact person.
  - **Sufficient waiting space:** In order to address concerns about additional people who use drugs loitering in the area around The Works, sufficient waiting space will be created and overflow space inside The Works will be utilized if and when necessary.
  - **Post-injection observation space:** The post-injection space was considered by many in the consultation process to be important in the reduction of disruptive behaviour in close proximity to the SIS after injection. Encouraging people to remain after injection will provide the opportunity to monitor for signs of overdose and intervene where necessary. This space will be safe and welcoming to encourage optimum utilization. Clients will be consulted on the design of the space to ensure that it is welcoming and utilized effectively.
  - **Regular monitoring of the street outside The Works:** Having either staff or peers regularly monitoring the street outside The Works is another way of mitigating concerns about additional people on the street in close proximity to the site. If clients are found to be loitering they would be asked to either leave or take advantage of other internal waiting space.
  - **Sufficient Program Capacity:** Another way to ensure that the SIS has minimal impact on the streetscape is by ensuring sufficient program response. The program will have a capacity of five injection booths with operational hours of 10:00 a.m. to 10:00 p.m., seven days a week. We will monitor patterns of use to identify the need for future expansion should excess demand be demonstrated.

- **Zero-Tolerance Drug Trafficking Protocol:** The Works current has a "code of conduct" including zero tolerance for drug trafficking, in or near The Works. SIS users will be required to sign a service agreement and abide by the SIS code of conduct, which will outline the rights and responsibilities of SIS service users, including prohibited behaviours such as drug trafficking, solicitation of any kind, display of weapons, etc.

## 2. Increase in discarded needles in the neighborhood

International literature on SIS shows that the implementation of SIS results in a reduction of discarded needles in the neighborhood, however, some people felt that there could be an increase in discarded needles.

### **Strategies to address concerns about an increase in discarded needles:**

- **Safe disposal:** All injection equipment used in the SIS would be safely disposed of in easily accessible biohazard containers located in each injection booth.
- **Needle drop boxes:** These boxes would be located outside The Works and in alleys and other public locations historically experiencing high rates of discarded needles in the vicinity of The Works. The boxes will enable people either using or finding a used needle to safely dispose of them when the SIS is closed.
- **Continued education of Works and SIS clients about safe needle disposal.**

## 3. Lack of readily available information about The Works

Throughout the consultation, it became evident that many people were not aware of the services currently offered by The Works, highlighting the need for better information sharing on an ongoing basis.

### **Strategies to address concerns about a lack of information about The Works:**

- **Information sharing:** A variety of methods, including tours of The Works, social media posting, attending meetings of the Community Police Liaison Committee, the BIA, Ryerson University, etc. would be utilized as venues to share SIS implementation and operational information at The Works.

## 4. Increase in police presence in the neighborhood

Diverse concerns were expressed regarding policing and SIS. Some people were concerned that the implementation of this service would result in increased police presence which could deter people wanting to use the SIS. Some felt an increase in police presence would give the impression the neighborhood is unsafe. Still others felt there would be a need for increased police presence post SIS implementation. Overall, there was support for a community policing approach to the SIS.

### **Strategies to address concerns about increased police presence:**

- **Protocols with police:** To ensure adequate and appropriate police presence in the vicinity of the SIS, the idea of protocols with Toronto Police Service was suggested. These protocols would delineate how close police would be to the SIS

in order to not deter clients from entering to use the service, while still addressing crime in the neighborhood.

## **Appendix C: Queen West – Central Toronto Community Health Centre, Summary of Community Consultation Results**

### **Background**

Queen West is an accredited community-based health and wellness service governed by a Board of Directors. We are one of 73 Community Health Centers (CHCs) across Ontario, all of which have inter-professional teams of service providers including physicians, nurse practitioners, social workers/counsellors, health promoters and community workers. For over 40 years, Queen West has worked to improve the health and well-being of individuals and communities who are at risk and/or face barriers to accessing high quality health care services and supports. Priority is given to low-income people, adults and youths who are homeless and street-involved, people living with substance use issues, people living with mental health issues, immigrants and refugees. In 2015/16 Queen West served almost 5,000 unique clients (i.e. registered clients of the health centre).

For 20 of our 40 years of operation, Queen West has been providing harm reduction services to clients living with substance use issues. In 2015, as part of our harm reduction services, we received almost 10,000 visits to our fixed-site needle distribution program, recorded over 5,000 contacts with clients accessing our street outreach programs, provided over 6,000 referrals to health care and other services, completed 32 community clean ups, and distributed almost 300,000 sterile needles – the third largest amount of needles distributed by a single needle distribution program in Toronto. Queen West’s harm reduction program has approximately 3,000 service users, representing a combination of registered and non-registered clients, and encompassing a range of drug use methods.

### **Harm Reduction Services Provided**

Queen West provides a broad range of interdisciplinary, integrated services and programs to its harm reduction clients, including medical and dental care, health promotion, counselling, mental health, wellness groups, addiction services/supports and practical supports (i.e. ID clinic, voicemail, legal and housing). In addition, we provide referrals to a range of services and supports, such as housing and drug treatment.

The services that fall under the rubric of our harm reduction program include the following:

- Distribution of harm reduction supplies (fixed site and mobile service);
- Outreach and education on safer drug use practices and disease/illness prevention (such as HIV/AIDS prevention);
- Overdose prevention, including the distribution of naloxone, an opioid overdose antidote;
- A drop-in space for clients of our harm reduction services;
- HIV and Hepatitis C supports, treatment and education;
- Anonymous HIV testing;
- Wellness groups;
- Advocacy and community engagement and development; and,



- Ongoing support/capacity building for peers, staff and external service providers.

### **Consultation Process**

Queen West undertook a public consultation process to gather input and feedback about the plan to add a small-scale supervised injection service (SIS) to its existing services.

#### **Goals:**

1. To provide information about the proposed service.
2. To gather information regarding:
  - Benefits
  - Concerns
  - How to mitigate concerns and ensure benefits are achieved.

#### **Time Frame:**

Consultation regarding the addition of SIS took place from March 23<sup>rd</sup> to May 9<sup>th</sup>, 2016. Consultations will continue with specific populations and agencies in late May and June, 2016.

### **Overall Promotion of Consultation Activities**

A website was designed to promote all of the public consultation events and opportunities to provide of feedback ([www.toronto-sis.ca](http://www.toronto-sis.ca)). In addition, the Queen West consultation activities and detailed information regarding the proposed SIS, including a detailed FAQs and relevant reports and news articles, were promoted on the websites of Councillors Layton and Cressy, and on a dedicated SIS page on Queen West's website. Consultation activities were also promoted via display boards/tables and reception desks in the Centre, on social media (Twitter and Facebook), and via emails sent directly to the membership of the 14 Division Community Police Liaison Committee and a number of other health and social service agencies.

Queen West staff also promoted the consultations during presentations about the proposed service to the Addictions Service Provider Working Group, the GTA Community Health Centre ED's Network, and the West-end Premature and Preventable Deaths Working Group. Finally, flyers promoting the Town Hall meeting were hand delivered by Councillor Layton's and Cressy's offices to every house and business from Queen to King, Bathurst to Niagara, Bathurst to Augusta, and specific areas north of the Centre (Queen to Dundas, South of Alexandra Park to Queen, over to Augusta and up to Grange Ave). Queen West staff also distributed focus group invitation flyers a second time by hand to local businesses within a block radius of the Centre.

### **Consultation & Engagement Activities**

Opportunities for consultation and engagement included a public meeting, four open house events, an online survey, four focus groups, and numerous stakeholder engagements. Below are the details of these activities:

- **Public Meeting:**

On April 14, 2016, an open public meeting was held at the Scadding Court Community Centre, located about two blocks from the proposed site. Approximately 80 people attended, including representatives of local Residents' Associations, local

business owners, Queen West BIA, West Queen West BIA, clients of Queen West, representatives of health, social service and harm reduction organizations, and members of the general public. Councillors Layton and Cressy hosted the meeting, and local MP Adam Vaughan as well as staff from MPP Han Dong's office were in attendance.

The public meeting was promoted in a variety of ways for different target audiences as follows:

- Councillor Layton's and Cressy's Offices: Promotion via their websites, newsletters, and social media, distribution of flyers to every household and business in the close vicinity of the Centre (as detailed above), and outreach to the local MP and MPP, Residents' Associations and Business Improvement Areas (BIA), and school Trustees.
- West Queen West BIA: Distributed information about the meeting to their members and posted information on their website.
- General Public: Information flyers posted via social media, on the Queen West website, in the health centre and on the [www.toronto-sis.ca](http://www.toronto-sis.ca) website.
- Queen West clients: Information flyer posted via social media, on the Queen West website, in the health centre, on the [www.toronto-sis.ca](http://www.toronto-sis.ca) website, and at Queen West outreach locations.
- Social and health agencies: Direct emailing of the flyer to over 50 agencies in the surrounding area and others serving similar client populations, and promotion at the Community Health Centres' (CHC) meeting of the 17 CHCs in the Toronto Central Local Health Integration Network catchment.

- **Focus Groups:**

The following focus groups were held:

- **Queen West Primary Care Clinic Clients** – This group consisted of 12 diverse clients who are not users of harm reduction services and/or members who do not identify as people who use drugs.
- **Queen West Harm Reduction Clients** – A group of 10 clients selected on the basis of gender, drug of choice, method/route of drug use and declared potential users of the service.
- **Business Improvement Association Members** – A group 7 people representing five local businesses within close proximity of the Centre, including businesses from the two BIA's – the West Queen West BIA, and the Queen West BIA.
- **Community Agency Stakeholders** – A group of 7 people representing key social, health and/or harm reduction agencies.

- **Stakeholder Meetings**

The following smaller, more informal consultation meetings were held with local stakeholders. At each meeting, the Executive Director of Queen West presented information regarding the proposed SIS services and responded to questions and concerns. At some of the meetings, the local Councillor and representatives from Toronto Public Health were in attendance as well, and also presented information and

responded to questions and concerns about the service. The following stakeholder meetings were held:

- **St. Mary's Catholic Church** – meeting with church representatives sharing information about the proposed SIS and discussion about the programs and services at the Centre and neighbourhood issues related to homelessness
  - **St. Mary's Elementary School Principal and Toronto Catholic District School Board Trustee** – meeting with principal and Jo-Ann Davis, Trustee for Ward 9
  - **Toronto Police Service - 14 Division, Community Police Liaison Committee** – Queen West is a member of the Committee and presented twice to the membership about the SIS proposal
  - **Evangel Mission** – presentation at Board meeting on programs and services and the proposed SIS
  - **Provincial CHC Executive Directors** - participated in presentation by South Riverdale Community Health Centre on the proposed SIS
  - **Queen West staff and Board of Directors** - presentations and discussions with staff and Board of Directors
  - **Queen West clients** - information about the proposed SIS was shared with clients during specific programs, such as the Hepatitis C support group
- **Online Survey:**

The online survey yielded a total of 205 completed responses regarding the proposal to add a small-scale SIS at Queen West. The survey was promoted in a variety of ways, including:

    - Promoted to clients of Queen West via a poster, through cards distributed throughout the Centre and outreach locations, Queen West web site and social media. Paper copies of the survey were also made available at each of the open house events.
    - Promoted to stakeholders (i.e. residents, Resident Associations, BIAs, local businesses, and health and social service agencies) via sis-toronto.ca, Queen West and Councillor Cressy's and Layton's web sites, emails (recipients were encouraged to share widely) and flyers
    - Promoted to participants at all consultation events (public meeting, focus groups, and open house events)
    - Promotion to 40 local businesses via door-to-door canvassing
  - **Harm Reduction Open House Events:**

Queen West hosted four harm reduction open houses at our 168 Bathurst location every Wednesday evening in April 2016. Guests were invited to learn about Queen West's many health and social services, see renderings of the proposed SIS space, visit Queen West harm reduction room and learn about the on-site harm reduction distribution program, and see the space that would be used for the proposed SIS. Staff was on-hand to speak about how the service would work and to answer questions and address concerns. A video of the Medical Officer of Health's presentation to the Board of Health regarding the proposed SIS was screened, and participants were invited to visit an information station with further information and documentation,

including Queen West's SIS FAQ sheet, annual report, service brochure, and harm reduction program information, as well as various reports from third parties, such as the Board of Health, independent researchers, and the media.

Guests were then encouraged to speak with staff at discussion tables in order to help Queen West understand how members of the public perceived the benefits and drawbacks of a SIS in the area, and to document the suggestions that community members had concerning how to mitigate concerns and ensure benefits. In addition, two laptops were set up for individuals who wanted to fill out the online survey. Over the course of the four open houses, 24 individuals visited Queen West.

- **Individual Communication:**

Queen West received numerous emails from community partners offering support and congratulations, and there were similarly supportive messages posted by community members on the Centre's social media feeds. In the immediate days and week after the announcement of our location as a potential SIS location, there were several media stories which included local business representatives offering supportive commentary about the need for an SIS, particularly linked to the concerns they have about public injection drug use and discarded needles. We also received a few phone messages from clients of the Centre who do not identify as people who use drugs, who congratulated Queen West for being "bold" in proposing a SIS, which they felt would respond to a need they see as clients of the Centre. We received one email from a resident expressing concern about the location of the proposed SIS and its proximity to a nearby school, worried about the safety of the children. Queen West responded to this resident, speaking to the need for the service, the evidence about safety, the risk of publicly discarded needles, and how the service is being designed and implemented. The resident replied and noted that with the implementation of the safety measures, they are "now in agreement that this [SIS] is a benefit to all."

## **Results of the Consultation**

### **Benefits:**

The majority of people consulted saw value in opening a SIS at Queen West. There was widespread agreement amongst almost all participants in every consultation that the addition of a SIS would likely have a strong positive impact on SIS users. Of the 205 survey respondents, 84% (173 individuals) replied that they thought providing small-scale SIS would be beneficial. These benefits include the following:

- A reduction in the risk of infectious diseases such as HIV/AIDS and Hepatitis C (78% of survey respondents)
- A reduction in fatal overdose and the health impacts of non-fatal overdose (76%)
- Increase in health outcomes and uptake of other health, social and drug treatment services (77%)
- A reduction in public injection in alleyways, public washrooms and stairwells (72%)
- A reduction of discarded injection drug use equipment (76%)
- Increase safety within the community (62%)
- Lower burden on first responders and on the health care system (59%)

In addition, a number of survey respondents and focus group participants felt that a SIS would reduce social isolation and stigma for people who inject drugs.

### **Concerns & Response Strategies:**

A smaller number of participants expressed concerns for the community and for potential service users regarding the addition of these services; of the 205 survey respondents, 35% had some concerns. Some community members who voiced concerns were not opposed to the idea of establishing SISs in Toronto in general, but felt that the specific planned location was not appropriate. As well, many of those with concerns were not apprehensive specifically about the proposed SIS, but rather the more general issues related to the concentration of street homelessness, alcohol/drug use and mental health issues among those who are currently using the public spaces around the Centre, and related disruptive behaviour that creates safety concerns for all involved.

Queen West's strategy to respond to and address these concerns includes service delivery and design provisions for the SIS, informed by research, evidence, and best practices from existing SISs elsewhere in Canada and in the world. The strategy will also include enhancements to existing practices at the Centre and the creation of new mechanisms for monitoring, improving and evaluating the service.

#### **1. Neighbourhood Safety & Business Impact Concerns:**

- **Location:** Some neighbourhood residents, local businesses and parents of children who attended nearby school expressed concern about the proximity of SIS to schools and businesses. People were concerned that the inclusion of this service would have a negative impact on businesses and on children in the neighbourhood. Of the 205 survey respondents, 24% voiced concerns regarding the SIS having a negative impact on the reputation/image of the community and 18% were concerned with a decrease in property values.
- **Increase in disruptive behaviour in the neighbourhood and negative impact on personal safety, especially for children, and disruptive behaviour and theft in local business:** Concerns were expressed that people who had used drugs at the SIS might exhibit negative, confused, aggressive, or disruptive behaviours when on the street after injection, possibly due to intoxication and/or mental health issues. Concerned participants were generally anxious that these disruptive behaviours might intensify in magnitude or severity because more street-involved individuals would be drawn to seek services at Queen West. Some local businesses were concerned about increase in loitering, aggressive/disruptive behaviour in and around their businesses and theft – all of which are already on-going issues especially in the evening. Of the 205 survey respondents, 22% were concerned about a decrease in personal safety, and 17% were concerned about the safety of their children and dependents. A further 28% voiced concerns regarding an increase in the presence of people who use drugs in the neighbourhood, 22% were concerned about an increase in drug trafficking, 19% about an increase in crime, 10% were concerned about a decrease in business/profits.

- **Overcrowding and lineups:** Harm reduction clients voiced concerns of possible overcrowding and lineups when accessing the SIS, some local businesses also expressed similar concerns.

**Response strategies to address the above noted concerns:**

- **Community Advisory Committee:** Queen West proposes to create a Community Advisory Committee, whose role would be to identify any ongoing concerns about the operation of the SIS and to suggest ways to deal with concerns. Representation would include, but not be limited to:
  - Local BIAs and/or other businesses in close proximity to Queen West
  - Local Residents' Association(s)
  - Local school representatives
  - Clients of Queen West, including clients of the proposed service (i.e. people who inject drugs)
  - Toronto Police Service – 14 Division
  - Local health and social service providers
  - Board members and staff of Queen West (ex officio)
- **Designated SIS Contact Person:** Queen West will have a designated contact person who community members can contact (email/phone) with concerns and who would be available to facilitate a response, community meetings may be convened in response to issues flagged that have broad community impact or implications.
- **Sufficient Waiting Space:** Queen West will ensure that there is sufficient waiting space for users of the proposed SIS to address concerns about additional people who use drugs loitering around the Centre. Queen West also plans to use its current harm reduction needle distribution space as an over-flow waiting area to reduce the potential for disruptive behaviours in existing reception areas.
- **Post Injection Observation Space:** The post injection observation space, situated within the SIS area itself, is expected to reduce disruptive behaviour in close proximity to the SIS after injection. The main purpose of this space is to monitor clients for any adverse drug reactions, including overdoses. Clients will be encouraged to remain in this space for a certain time immediately following injection.
- **Sufficient Program Capacity & Service Hours:** Participants in almost every consultation brought up the issue of opening hours. Many suggested that the proposed SIS should operate during extended business hours, ensuring that the needs of potential SIS users are met. In addition, a few business representatives suggested that if the SIS were to be implemented, it should remain open well into the evening, after most of the nearby organizations that serve street-involved individuals are closed. People also expressed concern about ensuring the SIS has sufficient capacity. Queen West proposes a capacity of 3 injection booths with operational hours of 10:00 a.m. to 8 p.m. (Monday – Thursday) and 10:00 a.m. to 5 p.m. (Friday) and 10:00 a.m. to 2:00 p.m. (Saturday) in order to align with need and other programs and services offered at the Centre. Maximum time limits will

be imposed for using the SIS to ensure a smooth flow of people and avoid overcrowding and lineups. Queen West will monitor patterns of use to identify any need for future expansion; should excess demand be demonstrated we will explore expansion of service hours with our funders and will evaluate this need with service users.

- **Access to Services and Supports:** Queen West will ensure effective integration of the SIS with other Queen West services and seamless connections and low-barrier access to health, social and drug treatment services. This will be achieved through various means such as providing SIS users with an entry point that will allow them to access the vast array of programs and services through established pathways both internally and through external partners, aligning SIS hours of operation with other programs and services offered at the Centre and providing specialized training to staff and peer workers.
- **Needle Drop Boxes:** Evaluations of SISs elsewhere have shown that these services lead to a decrease in discarded drug use equipment in the surrounding neighbourhood. Nonetheless, Queen West proposes to install needle drop boxes around the Centre as well as in key areas in the neighbourhood with high drug use and/or high rates of discarded drug use equipment in order to further decrease discarded equipment, especially when the SIS is closed.
- **Regular Monitoring of the Street outside Queen West:** Queen West staff or peers will regularly monitor loitering outside the Centre, in order to mitigate concerns about additional people loitering on the street outside. Currently, Queen West staff monitors the area via security cameras during hours of operation. Queen West will evaluate how and where cameras are positioned to determine if any changes are needed, and we will assess the need for increased lighting. Queen West Client Support Workers and Community Security Workers will continue to monitor the area and address any safety issues occurring in front of Queen West building, as they do currently.
- **Zero-Tolerance Drug Trafficking Protocol:** Queen West has a respect policy and a zero tolerance for drug trafficking, including selling drugs on or near the Centre (anyone observed selling drugs will be asked to leave immediately). This will be explained to potential SIS users who will be required to sign a service agreement and abide by the SIS code of conduct. The SIS code of conduct outlines the rights and responsibilities of SIS service users and covers a wide range of prohibited behaviours such as drug trafficking, solicitation of any kind, display of weapons and sharing of injection equipment.

## 2. Policing Presence & Needs:

- **Increase in Police Presence in the Neighbourhood:** There were concerns expressed in two different ways regarding policing. Some were concerned that the implementation of a SIS would result in increased police presence, which could deter people wanting to use the SIS and other health centre services due to fear of being profiled, intimidated, or arrested. On the other hand, some of those with concerns about safety, and some representatives of local businesses, felt that

increase policing, or a change in approach to policing, would be necessary. In particular, some businesses representatives felt that police response to emergency calls is slow or indifferent.

### **Response strategies to address the above noted concerns:**

- **Protocols with Police:**

To ensure adequate and appropriate police presence in the vicinity of the SIS, Queen West proposes to develop protocols with Toronto Police Service. These protocols would delineate how close police could come to the proposed SIS, balancing the desire to not deter clients from entering to use the service with the need to address crime in the neighbourhood. Queen West will continue to dialogue with police through the Community Police Liaison Committee (CPLC) and other mechanisms. Queen West will also provide SIS users with information about their legal rights and relevant results of any discussions between Queen West and local police divisions. Additionally, Queen West will convene quarterly community meetings in the first year of the service and/or as needed when issues of broad community concern are flagged, with the police, other community service providers in the area and local businesses in order to respond to any emerging issues and concerns related to community policing that are linked to our clients and/or street-involved people. This will be in addition to the ongoing community accountability through the Community Advisory Committee.

### **3. Concerns regarding acceptance & exclusion of service users in neighbourhood**

- **Increase in People who Inject Drugs in the Area of the Service:** It was noted that tension already exists regarding what was characterized as the aggressive or disruptive behaviour of people who congregate near Queen West CTCHC and who experience some combination of under-housing and homelessness, poverty, drug or alcohol use and mental health issues. There were concerns expressed that the implementation of this service could increase the number of these individuals congregating in the area and lead to a decreased sense of personal safety for some and an increase in disturbances in local businesses. Additionally, a few people with concerns expressed the view that the community is already doing its fair share to host organizations that provide services for street-involved individuals and that adding a SIS could impact the reputation of the neighbourhood.
- **Increase in Stigmatization and Isolation of People Who Use Drugs:** In contrast, there were concerns expressed by harm reduction clients and primary care clients that people who use drugs could experience an increase in stigma, policing and isolation due to a negative backlash from the community, deterring people from using the SIS and possibly primary from accessing health care services.

### **Response strategies to address the above noted concerns:**

- **Information Sharing:** Queen West will regularly reach out and engage the community in a planned and thoughtful way to ensure they are provided with



updates; Queen West will act quickly to address any issues or concerns as they arise. A variety of methods are being considered for sharing implementation and operation information (including health and safety protocols and mechanisms) and for gathering input, including: sharing information via the Queen West web site and display boards within the health centre; attending meetings of the Community Policing Liaison Committee (CPLC), the BIAs, local Residents Associations, etc.; hosting community meetings; and providing tours of the SIS. A few people also encouraged the health centre to invite community members to visit the service and engage with its users, in an attempt to demystify and humanize drug use.

- **Evaluation of the Service:** Queen West will undertake careful monitoring and evaluation of the service in order to address ongoing concerns. This will include the collection of baseline data before service initiation and regular monitoring after implementation. Additionally, the program will collect service utilization data and patterns of service use including but not limited to monitoring the number of people accessing our harm reduction services, needles distributed, discarded needles collected, overdoses prevented, internal/external referrals provided and concerns/complaints received as well as ambulance use and crime stats. Queen West will regularly reach out to the community with updates, and act quickly to address any problems. Many participants were confident that these results would demonstrate the program's success.

## **Appendix D: South Riverdale Community Health Centre, Summary of Community Consultation Results**

### **Background**

South Riverdale Community Health Centre (South Riverdale) is an accredited, community-based health and wellness organization that is governed by a Board of Directors. South Riverdale is one of 73 Community Health Centres across the province, all of which have inter-professional teams of service providers including physicians, nurse practitioners, social workers/councillors and community workers. South Riverdale has been providing primary health care, as well as health promotion programs and other services that address the social determinants of health for nearly 40 years. South Riverdale directs its services to specific health areas and priority populations: urban health (substance use, mental health challenges), newcomers & families, and chronic conditions (diabetes, asthma). In 2015/16, South Riverdale served almost 9,000 unique clients. For nearly 20 years South Riverdale has also offered harm reduction services and programming to people who use drugs. In 2015, South Riverdale recorded over 22,000 visits to its harm reduction program and distributed over 335,000 sterile needles, the second largest amount of needles distributed in Toronto. South Riverdale's harm reduction program has over 3,000 service users.

### **Harm Reduction Services Provided**

South Riverdale currently offers comprehensive harm reduction services and programming for people who use drugs including: distribution of harm reduction supplies, education on safer drug use, naloxone distribution, primary health care, hepatitis C treatment and support, counselling, case management, practical supports (legal, income, housing), referrals to external services/supports, group programming (cooking, art), and community initiatives. South Riverdale has one of the city's only harm reduction programs for women. It also offers its services through mobile after-hours delivery to the city's east end and through its Satellite Site program which provides support at secondary locations (community agencies and in people's homes).

### **Consultation Process**

#### **Goals:**

1. To provide information about the proposed service
2. To gather information regarding:
  - Benefits
  - Concerns
  - How to mitigate concerns and ensure benefits are achieved.

#### **Time Frame:**

Formal consultation regarding the addition of SIS took place from March 23<sup>rd</sup> until May 12, 2016. Consultations will continue with specific groups and additional agencies in May/June.

## Promotion of Consultation Activities:

South Riverdale's consultation activities were promoted in a variety of ways for different target audiences as follows:

- **General:** “Planning for SIS” page created for South Riverdale website with Open House flyer and link to survey. Background documents about proposed service, FAQ created specific to South Riverdale and translated into simple and traditional Chinese also provided on website. Online survey and Open House flyer sent to South Riverdale members by email and posted frequently to South Riverdale Facebook page (325 followers), South Riverdale twitter (2,000 followers) and distributed via Centre for Social Innovation listserv (10,000 members). Flyers and info about survey distributed at South Riverdale Earth Day event.
- **South Riverdale clients and staff:** SIS information displays on each floor of health centre and in elevator. Open House flyers and survey info posted throughout health centre and copies left at each reception area and in harm reduction office. Presentations to clients as part of group programming (see below for details) and at staff team meetings. Specific FAQ for staff created and distributed via email.
- **Local Residents:** Distribution of Open House information via Councillor Fletcher’s email newsletter and at offices of South Riverdale's MPP & MP. Beach Mirror article with Open House dates highlighted. Flyer posted on multiple Facebook pages: I Am a Leslievillian (6,000 members), Leslieville Residents Association (3,000), Friends of Leslieville (1,300), Riverdale Mom’s (290), The Riverdale I Stand In (330), Heward Street Residents Group. Flyers distributed by hand to residents of Heward Avenue (98 homes).
- **Local Businesses:** Distributed flyer via the Leslieville BIA and Riverside membership list serves and posted on the Leslieville BIA Facebook group. Distributed by hand to businesses in close vicinity.
- **Local Schools:** Flyer posted on Morse Street Jr. Public School Parents’ Facebook page, distributed at a parent council meeting and posted at school. Flyers distributed at Bruce Jr. Public School and via their newsletter (distribution 227). Presentation and discussion at Bruce parent council (20 attendees) and Morse parent council (30 attendees) on proposed service.
- **Health & Social Agencies:** Distribution of flyer and survey info in person or by email to numerous agencies and individuals including: presentation on SIS at a provincial community health centre association Executive Director’s meeting, presentation to Addictions Service Providers Working Group, Don Valley Greenwood Health Link leads meeting, Ralph Thornton Centre, presentation to Toronto Central LHIN staff.

Through all of its consultation activities, South Riverdale consulted with approximately 600 individuals.

## Consultation & Engagement Activities

- **Open House Events:**  
Between April 12<sup>th</sup> and May 5<sup>th</sup>, South Riverdale held series of six Open House Events at the Health Centre. Five of these took place on Thursday evenings from 5 to

7 pm with one held on a Saturday from 2 to 4 pm. South Riverdale board, community members and staff were available to provide information, answer questions, and give tours. Materials and displays about SIS were created and background documents made available. A video of the Medical Officer of Health's presentation at the Board of Health on March 21/16 was screened at all of the Open House events and the Medical Officer of Health attended the first Open House on April 12<sup>th</sup> where he gave an overview of the need and rationale for SIS in Toronto. Approximately 135 people attended overall with representation from local residents, government and businesses, Michael Garron Hospital, Pape Library, East Toronto Legal Clinic, Mustard Seed, Ralph Thornton Centre and social service agencies.

- **Focus Groups:**

The following focus groups were held:

- **South Riverdale Clients and Members** – clients who use SRCHC programs/services other than the harm reduction program and/or members who do not identify as people who use drugs
- **South Riverdale Harm Reduction Clients** – current SRCHC harm reduction clients and potential SIS service users
- **Local Businesses** – business owners/representatives in close proximity to the Health Centre
- **Community Agencies** - a group of 12 people representing key social, health and/or harm reduction agencies from across the city.

- **Stakeholder Meetings:**

In addition to the consultation activities overseen by MASS LBP, the following smaller, more informal meetings/presentations were held by the CEO and/or the Director of Programs & Services where SIS information was presented and feedback collected. The following stakeholder meetings were held during the consultation period:

- **South Riverdale Clients:** presentations and discussions with: Chinese Women's Cancer Support Group, Chinese Diabetes Support Group (x 2), Chinese Peer Nutrition Group, Chinese New Mom's Group, Newcomer Mom's Group, Seniors Wellness Group (approx. 75 clients total).
- **Leslieville BIA:** meeting with Chair and staff, tour of SRCHC
- **Bruce Jr. Public School Parent Council:** presentation at meeting attended by Principal and parents (approx. 20)
- **Morse Street Jr. Public School Parent Council:** presentation & discussion at meeting (approx. 30)
- **East Toronto Legal Clinic:** presentation at board meeting
- **TDSB Trustee Ward 15:** meeting with Jennifer Storey
- **Provincial CHC Executive Directors:** presentation and discussion
- **Toronto Police Service – 55 Division:** meeting and tour of SRCHC with Community Liaison representative
- **Councillor Paula Fletcher:** meetings, attended multiple Open House events
- **Councillor Mary Margaret McMahon:** meeting and tour

- **Peter Tabuns, MPP:** attended Open House
- **Julie Dabrusin, MP:** attended Open House
- **Individual Communications:**  
 South Riverdale received dozens of emails offering congratulations, support and assistance from both community partners and local residents. It received two emails where mainly concerns were expressed. South Riverdale responded to each communication with a response to the specific question(s) or concern(s), the provision of additional information and with invitations for individual meetings and/or additional communication. The invitation to connect directly with South Riverdale’s CEO and/or Director of Programs & Services was promoted on the agency’s SIS FAQ and was reiterated throughout the consultation process.
- **On-Line Survey:**  
 The online survey was promoted in a variety of ways as detailed above. Paper copies of the survey were also made available at each of the Open House events. Overall, 213 responses were received that were specific to the service at South Riverdale.

## **Results of the Consultation**

### **Benefits:**

Overall, the majority of people consulted regarding the addition of SIS at South Riverdale saw the benefits of such a service. For example, of the 213 survey responses specific to South Riverdale, 86% replied that they thought providing small-scale SIS in Toronto would be beneficial. In addition, over 500 people signed a petition in support of SIS at South Riverdale and a “Leslieville Supports SIS” group was started on Facebook (44 members). Some of the benefits expressed by consultation participants included:

- Reduction in fatal overdose and the negative health impacts of non-fatal overdose
- Reduction in the spread of HIV and hepatitis C
- Improved access to other health and social services for service users
- Reduction in public injection
- Reduction of discarded injection drug use equipment
- Reduction in social isolation and stigma for people who inject drugs
- Lower burden on first responders/health care system
- Increase in community safety.

### **Concerns & Response Strategies:**

Where concerns and differences of opinion existed they were consistently brought forward with compassion and with an overall willingness to hear the evidence and to trust South Riverdale's demonstrated capacity for reducing the harms association with drug use. Of the on-line survey respondents specific to South Riverdale, 33% had concerns about the addition of SIS. Both online and in person, concerns were expressed for both the community and for potential service users. Many of the strategies suggested include service model designs that South Riverdale had adopted from best practice SIS designs elsewhere and/or are practices currently in place or that could be enhanced at the Centre.

## 1. Community Safety Concerns

- **Increase in people who inject drugs in the area of the service leading to disruptive behaviour in the neighborhood or theft at local businesses:**  
Concerns were expressed that the service would increase the number of service users in the neighbourhood leading to an increase in theft and/ or aggressive/disruptive behaviour in the vicinity, including loitering in front of South Riverdale and service users leaving the Centre under the influence of drugs.
- **Increase in drug selling in the vicinity:** This concern relates to #1 which presumes an increased number of people who use drugs in and around the Health Centre but also to the fact that the nature of the service requires that clients obtain and bring drugs. Participants also expressed concern that due to the illegal nature of drug use/production, South Riverdale will not be able to guarantee the purity of drugs brought to the SIS, which contributes to adverse events.
- **Decrease in personal safety, especially for children:** Community members expressed concerns about potentially disruptive behaviour caused by an increase in individuals experiencing homelessness, poverty, drug or alcohol intoxication in the service vicinity. Some South Riverdale clients had particular concerns about sharing space inside the Centre with people who use drugs (many of whom were unaware of South Riverdale's current harm reduction program). Concerns were also expressed that the service might be viewed as encouraging drug use, particularly with children. Some consultation participants felt that the service should not be located within a few blocks of any school.
- **Limited hours of service:** Concerns were expressed re: establishing a service that was only open during South Riverdale's current hours of operation for fear that it would not meet client or community safety needs.

### **Suggested and/or planned strategies to address community safety concerns:**

- **Community Advisory Committee:** The role of the Committee would be to identify any ongoing concerns about the operation of the SIS and to suggest ways to deal with concerns. Consultation participants recommended that South Riverdale build relationships and increase communication with neighbouring businesses and residents which this would facilitate. Representation would include but not be limited to:
  - Leslieville BIA and/or other businesses in close proximity to South Riverdale
  - Local Residents' Associations/Groups
  - Clients of the proposed service (i.e. people who inject drugs)
  - Toronto Police Service – 55 Division
  - Local health and social service providers/partners
  - Representatives from nearby schools
  - South Riverdale Board Member and Staff (ex officio)
- **Post-Injection Observation Space:** South Riverdale has plans in its service model to include and encourage clients to use a post-injection 'chill out' space.

The main function of this space is to monitor clients for any adverse drug reactions; however, we also anticipate that it will be important in the reduction of disruptive behaviour in close proximity to the SIS after injection.

- **Sufficient Waiting Area Space:** South Riverdale has plans in its service model to include an additional and separate waiting area for the SIS which should address concerns about additional people who use drugs loitering in front of the building. This separate waiting area should also mitigate concerns by some South Riverdale clients regarding personal safety and disruptive behaviours in existing common waiting areas at the Centre that an increase in SIS service users might create.
- **Designated SIS Contact Person:** It was suggested that a number of concerns could be partially addressed by the establishment of a designated contact person who community members could call with concerns and who would be available to help mediate any issues and monitor the public space outside and around the Health Centre.
- **Zero-Tolerance Drug Selling Policy:** Current harm reduction clients of the Centre suggested that South Riverdale continue to enforce its zero-tolerance policy toward selling drugs on or near the premises, which has been effective. This will be explained to all potential SIS users who will sign a code of conduct agreeing to this policy.
- **Increased Lighting:** It was suggested that increased lighting around South Riverdale would alleviate some of the concerns related to personal safety.
- **Integrated Access to Services and Supports:** South Riverdale will ensure effective integration of the SIS with other Health Centre services and supports including low-barrier access to health and social services.
- **Service Hours:** South Riverdale's initial plan was to offer SIS during our current hours of operation. We will explore expansion of service hours with our funders and will evaluate this need with service users. Previous service needs assessments have told us that SIS is needed and will be used during our current hours of operation.

## 2. Concerns regarding quality of life in the community or for service users

- **Loss of reputation for the neighbourhood:** Some participants feel that the reputation of the neighbourhood or overall quality of life might decrease as a result of increased social problems perceived to be generated by the SIS.
- **Public backlash:** A number of participants were concerned that negative opinions about SIS might hamper implementation and/or increase stigmatization of service users.

### **Suggested and/or planned strategies to address concerns about quality of life issues:**

- **Communication & Information Sharing:** Many community members and South Riverdale clients were unaware that South Riverdale operates one of the City's largest harm reduction programs. It was suggested that South Riverdale should better publicize the ways in which it is already working to mitigate the negative impacts of drug use for both individuals who use drugs and the community. It was also suggested that South Riverdale should more broadly communicate the positive community safety benefits of SIS already demonstrated by extensive research, which have shown that many of the concerns raised are not likely to materialize. This might further address concerns about both backlash and community reputation by highlighting the compassionate, progressive and inclusive nature of this service, which participants also reported as a benefit of SIS for the community.
- **Evaluation of the Service:** An evaluation of the service was seen as a mechanism to address and monitor a variety of concerns. South Riverdale is working with the Ontario HIV Treatment Network to secure funding and design a rigorous evaluation of the proposed service. South Riverdale will also engage its own internal quality improvement and evaluation capacities to carefully monitor the implementation and outcomes of the SIS service. Communicating the results of any evaluations will be key to service improvement and community acceptance.

### **3. Concerns about Police Presence & Needs**

- **Increased police presence:** An increase in police presence was suggested as a way to mitigate some of the above concerns, however, it was also noted by an equal number as a possible deterrent since an increased police presence would discourage service users from accessing the service.

### **Suggested and/or planned strategies to address concerns about police presence:**

- **Protocols with Police:** To ensure that there is an adequate level of police presence around the SIS, the idea of protocols with Toronto Police Service was suggested. These protocols would delineate how close police would be to the SIS in order to not deter clients from entering to use the service, while still addressing crime in the neighbourhood. South Riverdale will build on its current good relationship with the police and will harm reduction training to its frontline officers.



## **Appendix E: The Works-Toronto Public Health, Supervised Injection Service Program Proposal Summary**

### **Organization Overview**

The Works was initiated in 1989 as a public health response to concerns about the spread of HIV for people who inject drugs. The Works is a program of the Communicable Disease Control section of Toronto Public Health. Services are provided by a multi-disciplinary team comprised of Public Health Nurses, Counsellors, Management and clerical support. In addition to providing a full and robust set of harm reduction services directly to their clients, The Works acts as the harm reduction hub in the city by recruiting, training, supporting and providing harm reduction supplies to 46 community agencies throughout the city of Toronto.

### **Services Currently Provided**

The Works offers a full range of harm reduction services including the distribution of harm reduction supplies, education on safer drug use, an opioid substitution program (methadone and buprenorphine/naloxone) are prescribed and case management is offered), nursing care, counselling, support, wound care, overdose prevention and response including the distribution of naloxone (an opioid overdose antidote) and referrals to a range of services, including housing, drug treatment, and financial assistance.

### **Location**

The SIS will be securely and discretely located within existing program space at The Works on the main floor of the Toronto Public Health headquarters at 277 Victoria Street with no change to the exterior of the building.

### **Statement of Need**

In 2015, The Works distributed over 800,000 needles to people who inject drugs. Additionally, there are an average of 1000 visits to The Works each month. Because the majority of services provided by The Works are anonymous, it is very difficult to estimate the annual number of Works clients, however, a range of 3500 – 6000 individual people are thought to be current users of the Works Services.

- The Works is located in an area with one of the highest densities of drug-related hospital and emergency room admissions in the city.[1]
- 43% of respondents from the Works reported being treated in an emergency department, and 18% had been admitted to a hospital in the six months preceding the study.[2]
- An evaluation of The Works naloxone program clients showed that almost one-third (30.7%) had experienced an opioid overdose in their lifetime and 22.2% had experienced more than one in the previous year. Overdose risk is increased when regular opioid use is interrupted by periods of abstinence. Daily use was reported by almost two-thirds (63.8%) of current opioid users, and almost half (47.8%) of these daily users reported periods of abstinence of three or more days in the past year. One-third (34.2%) of current opioid users reported a past overdose with opioids.[6]

- 83.7% of naloxone program clients reported ever having witnessed an overdose. Overdose most frequently occurred in a private residence (70.59%), followed by a shelter and hotel (17.6%). In over half (58.8%) of the occasions reported, heroin was being used. The second most common opioid involved in the overdose was oxycodone/Oxycontin (23.5%).[6]
- EMS were called in less than one-third (29.4%) of opioid overdose situations.[6]
- 36% of Works clients reported injecting in public places (e.g., washrooms, alleyways) and 13% reported injecting *most often* in a public place in the past six months.[2]
- People inject in ‘riskier’ locations in the absence of safe, secure housing. Less than half (47%) of Works clients lived in stable housing, and 78% had lived in unstable housing in the 6 months preceding the study.[2]

### **Capacity**

Based on the current number of visits to The Works and estimated clients, we are proposing a capacity of five (5) booths. We have estimated that there would be a maximum of 10 injections per hour or 120 injections per day.

### **Days/Hours of Service Delivery**

The service at The Works will operate from 10:00 a.m. to 10:00 p.m., seven days a week.

### **Staffing**

As per the requirement for the Section 56 Exemption to the *Controlled Drugs & Substances Act*, every injection must be supervised by a nurse. In order to ensure that there is a nurse available for each of the 14 shifts per week, we require four (4) nurses. The nurses will also be required to provide advice regarding safer injection technique, assess for signs of overdose and intervene in an overdose situation. Additionally, one (1) Counsellor will be available to provide counselling, support and referrals to a variety of health and social services and to manage the after injection space. A Supervisor will be hired to ensure adherence to policies and procedures required for the service operation and Health Canada requirements for the exemption and for clinical supervision. Peers will be involved in supporting the program on an ongoing basis, including the after injection space, monitoring of the waiting area and conducting outreach to promote the service to their peers.

### **Service Description**

Clients will enter the main doors of The Works office at 277 Victoria Street with pre-obtained drugs. They will undergo a short assessment to determine the drug being injected, overdose history and/or concerns, injection-related health issues, etc., and will be directed to the supervised injection space. Upon arrival at the injection room, they will be provided with sterile injection equipment, including appropriate size and gauge syringes, water for mixing drugs, a cooker, alcohol swabs, filters and tourniquets. They will perform their injection under the supervision of a nurse, dispose of the used injection equipment in a biohazard container and clean their space. After injection, they will be encouraged to use the post-injection space, enabling monitoring for any adverse drug reactions. All clients will be offered overdose education and support for any injections taking place in the community and a naloxone kit will be provided where the client is using opioids. Access to other Works services will be provided, including counselling,

support and referrals to other health, drug treatment and social services. Take-home harm reduction supplies, including biohazard container will also be provided.

### **Community Advisory Committee**

A Community Advisory Committee will be established with the goals of identifying and addressing any ongoing concerns about the operation of the SIS. In addition, this mechanism will create constructive working relationships with stakeholders in the community. Representation would include but not be limited to:

- Downtown Yonge BIA and/or other businesses in close proximity to The Works
- Ryerson University – student association and staff
- Local Residents' Association(s)
- Clients of The Works
- Toronto Police Service – 51 Division
- Local health and social service providers
- Staff of The Works (ex officio)

### **Evaluation and Data Collection**

An evaluation of the service will be conducted to identify any issues or ongoing concerns and recommend ways to address them. The evaluation would include consultation with people using the service and other community stakeholders and will look at service impacts and satisfaction indicators.

Baseline data regarding discarded needles, public injection and other relevant indicators will be collected prior to service initiation and at regular intervals post implementation. Monitoring data on patterns of use of the site, drugs being injected, impacts of the service in the community, demographic data of service users, referrals and the uptake of other Works services will be collected and analyzed.

## **Appendix F: Queen West – Central Toronto Community Health Centre, Supervised Injection Service Program Proposal Summary**

### **Organization Overview**

For over 40 years, Queen West has worked to improve the health and well-being of individuals and communities who are at risk and/or face barriers to accessing high quality health care services and supports. For 20 of those years, Queen West has been providing harm reduction services to clients living with substance use issues. Priority is given to low-income people, adults and youths who are homeless and street-involved, people living with substance use issues, people living with mental health issues, immigrants and refugees.

Queen West provides a broad range of interdisciplinary, integrated services and programs including medical and dental care, health promotion, counselling, mental health and addiction services/supports, harm reduction (including distribution of harm reduction supplies, HIV and harm reduction outreach and education, overdose prevention, harm reduction drop-in, and ongoing support/capacity building for peers, staff and external service providers), HIV and Hepatitis C supports, treatment and education, anonymous HIV testing, wellness groups, practical supports (ID clinic, voicemail, legal and housing), illness prevention, advocacy, and community engagement and development. In addition, we provide referrals to a range of services and supports, such as housing and drug treatment.

### **Location/Catchment Area**

Queen West's services are available for people living in a catchment area that includes Dovercourt to Yonge and College to Lakeshore. Service area restrictions do not apply for individuals who are homeless, under-housed, uninsured or accessing our dental or homeless and harm reduction team services. Catchment is a guide and will not be used to prevent client's choice of provider.

### **Statement of Need**

Queen West serves a significant number of people who inject drugs, including people who lack stable housing, utilize emergency departments due to drug use, and engage in high-risk behaviours such as sharing injection equipment and injecting alone, frequently, and in public. Their harm reduction clients have reported that they want and would use a SIS. Compared to the city overall, there are disproportionately high numbers of people who inject drugs within Queen West's catchment area, as well as higher rates of emergency department visits due to drug use in Toronto [7]. Another Toronto-based study found that a significant amount of Queen West service users who inject drugs are injecting in public [8]. Over 1/3 reported public injecting in the previous six months, and 15% said that they inject in public most often [8]. Almost a third reported injecting every day, and 29% reported regularly (from one to three or more times a week) [8]. Twelve percent reported injecting with needles used previously by someone else and almost 1/2 reported borrowing other injection paraphernalia (i.e. water, cookers, etc.) [8]. Eleven percent had overdosed, 42.5% had evidence of a current or past infection with hepatitis C, and over half reported not having stable housing [8].

In 2015, as part of our harm reduction services, Queen West received almost 10,000 visits to their fixed-site needle distribution program, recorded over 5,000 contacts with clients accessing their street outreach programs, provided over 6,000 referrals to health care and other services, completed 32 community clean ups, and distributed almost 300,000 sterile needles – the third largest amount of needles distributed by a single needle distribution program in Toronto. Queen West’s harm reduction program has approximately 3,000 service users, representing a combination of registered and non-registered clients, and encompassing a range of drug use methods. These statistics are clear indicators that Queen West is an ideal location for a supervised injection service.

### **SIS Service Description**

Queen West is planning to add a small-scale nurse led supervised injection service to its existing health services for people who inject drugs. The service will be located on the ground floor within the agency's existing program space with no change to the exterior of the building. The space for the service will include an intake/reception desk, room for assessment and treatment, an injection room with three supervised injection booths and an adjoining post-injection room totaling about 500 square feet of space.

Clients will arrive at the service with pre-obtained drugs. Each person will be assessed to ensure they are eligible for the service and will undergo a pre-injection assessment to determine their individual needs and current risk of drug overdose or other harm. Participants’ current health status, behaviour, level of intoxication, current drug use patterns, and safer injection knowledge /abilities will be assessed at every visit, and they will be asked about the type and amount of drug they intend to use at each visit. Upon completion of the assessment they will be given sterile injecting equipment and instruction on safer injecting practices. A nurse will then supervise their injection in a room dedicated for this purpose (i.e. injection room), and intervene in the case of any medical emergencies. Once the individual has injected their drugs they will be directed to a post-injection room, for users of the services only, where they will continue to be observed for any negative drug reactions. In addition, injection-related first aid will be provided by the nurse (i.e. wound care). Clients of the service will have direct referral access to the Centre’s health, dental, counselling and wellness programs and will also receive information and referrals to external health, social and drug treatment supports/services.

### **Days/Hours of Service Delivery**

Hours of operation would be 10:00 a.m. to 8:00 p.m. Monday – Thursday, 10:00 a.m. to 5:00 p.m. on Fridays and 10:00 a.m. to 2:00 p.m. on Saturdays, to align with need and other programs and services offered at the Centre.

### **Capacity**

Based on the current number of visits to the Queen West Harm Reduction service and estimated injection drug use clients, a capacity of three (3) booths is proposed. Queen West has estimated that there would be a maximum of 6-8 injections per hour or 60-80 injections every day (average 10 service hours per day).

## **Staffing**

The service will be staffed each shift by one (1) FTE nurse, one (1) FTE coordinator/health promoter, and other harm reduction workers, including one (1) FTE peer worker (maximum two shifts per day). This team will be supported by the Director of Community Health and Development. The navigation of clients accessing the SIS will be managed by staff in the service, harm reduction staff and client support workers.

## **Community Advisory Committee(s) and other plans for addressing community concerns**

The role of the Advisory Committee will be to identify any ongoing concerns about the operation of the SIS and to suggest ways to deal with concerns. Representation would include, but not be limited to, local BIAs and/or other businesses, residents' association(s), schools and health and social service providers, and Board, clients and staff of Queen West, and Toronto Police Service (14 Division). In addition, Queen West will have a designated contact person who community members can call with concerns and who would be available to facilitate a response. Queen West will also regularly reach out and engage the community in a planned and thoughtful way to ensure they are provided with updates and that concerns are addressed quickly. A variety of methods, including sharing information via Queen West web site and display boards within the health centre, attending meetings of the Community Policing Liaison Committee, the BIAs, local residents' associations, etc., hosting community meetings and providing tours of the SIS will be utilized to share implementation and operational information (including health and safety protocols and mechanisms) and gather input.

## **Evaluation and data collection**

Queen West is a member of a research project to evaluate the feasibility of SIS models in Ontario, led by investigators at the Ontario HIV Treatment Network (OHTN). The SIS will be carefully monitored and evaluated. This would include the collection of baseline data before service initiation and regular monitoring after implementation. The program would also collect service utilization data, patterns of service use, referrals provided and service user demographic information.

## **Appendix G: South Riverdale Community Health Centre, Supervised Injection Service Program Proposal Summary**

### **Organization Overview**

South Riverdale Community Health Centre (South Riverdale) is an accredited community-based health and wellness organization that is governed by a Board of Directors. South Riverdale is one of 73 Community Health Centres across Ontario, all of which have inter-professional teams of service providers including physicians, nurse practitioners, social workers/counsellors, health promoters and community workers. South Riverdale has been providing comprehensive primary health care, as well as health promotion programs and other services that address the social determinants of health in East Toronto for nearly 40 years. South Riverdale directs its services to specific health areas and priority populations: urban health (substance use, mental health challenges), newcomers & families, and chronic conditions (diabetes, asthma). In 2015/16, South Riverdale served nearly 9,000 unique clients. Many of South Riverdale's clients are low-income and/or have complex health issues and needs including mental health and substance use issues.

### **Location**

South Riverdale CHC is located in Toronto's east end with locations on Queen St East and Danforth Avenue and has 90 service access points. The geographic boundaries of the South Riverdale's catchment area includes the centre line of O'Connor Drive in the north to the lake in the south, Coxwell Avenue to the east, and west to the Don River. The population of South Riverdale's catchment area is approximately 130,000 or about 5% of the population of Toronto and is home to a culturally diverse range of income earners. The proposed service will not have any geographic restrictions.

### **Need for Supervised Injection Service**

Compared to the city overall, there are disproportionately high numbers of people who inject drugs within South Riverdale's catchment area, as well as higher rates of emergency department visits due to opioid or cocaine use in Toronto [9]. In 2015, South Riverdale's harm reduction program (COUNTERfit) provided services to over 3,000 unique individuals who use illicit drugs and distributed over 300,000 sterile needles with a return rate of 102% [10]. In addition to needle distribution, COUNTERfit also distributed nearly 50,000 stem kits (for safer inhalation). In 2015, South Riverdale had over 22,000 harm reduction service user visits, offered over 65,000 services and made over 2,600 external referrals. South Riverdale participated in the Toronto Ottawa Supervised Consumption Site Needs Assessment Study (TOSCA) and its service users reported that they wanted and would use a supervised injection service. A 2014 study of South Riverdale harm reduction clients found that more than 1 in 10 had experienced an overdose in the past six months [11]. An earlier study found that a significant amount of South Riverdale service users who inject drugs are injecting in public. Almost one third reported public injecting in the previous six months, and 9% said that they inject in public most often [12]. The same proportion of South Riverdale's harm reduction clients do not have stable housing [13].

The goal of this new service is to save lives, reduce the risk factors leading to transmission of infectious diseases such as HIV and hepatitis C, provide a welcoming and non-judgmental health care environment that engages people who inject drugs in other health services and supports, and improve community safety.

### **Capacity to deliver SIS**

South Riverdale has a demonstrated capacity to provide innovative and comprehensive health and social services and supports to people who use drugs. The health centre currently runs one of the largest harm reduction supply distribution programs in the city. South Riverdale is well equipped to address the needs of people who use drugs and has been doing so for nearly 20 years. Services and programming for drug users at South Riverdale currently includes: needle and stem kit distribution, safer drug use education, naloxone distribution, outreach, hepatitis C treatment and support, group programs (cooking, art), practical supports (legal clinics, income assistance), primary health care, health promotion and community initiatives. South Riverdale runs one of the city's only harm reduction programs for women. In addition to offering sterile supplies, safer drug use information and referrals from its office at the Health Centre at Queen Street East, it also offers these services through its Satellite Site program which provides support at secondary locations (community agencies and in people's homes). The Centre also runs a mobile after-hours deliver service in South East Toronto. South Riverdale has won awards and is an acknowledged community innovator and leader in providing evidence-based and community-driven harm reduction services and programs.

### **Proposed SIS Service Model**

The supervised injection service will be discreetly and securely located within the existing harm reduction program space on the main floor of the Community Health Centre location at 955 Queen Street East. Individuals who wish to use the SIS will be directed to a separate SIS intake area where they will be assessed for eligibility, sign a code of conduct, and will receive sterile injecting equipment and safer injection information. Each person will be assessed to ensure they are eligible for the service and will undergo a pre-injection assessment to determine their individual needs and current overdose risk. Service users' health status, behavior, level of intoxication, current drug use patterns, safer injection knowledge/ability, will be assessed at every visit.

The injection room will be supervised at all times by a nurse and will have three to four private booths for people to inject at any one time. There will be a post-injection assessment room where people will be asked to wait so that they can be observed and treated for any negative drug reactions or receive injection related first aid (i.e. wound care). In addition to harm reduction services and supports, clients of the SIS will have access to the comprehensive range of programs and services offered at SRCHC, including primary health care, mental health support and counseling, case-management, and health promotion. Connections to internal as well as external services and resources will be available to SIS clients through established pathways and SRCHC's extensive network of service partnerships.



### **Days/Hours of Operation**

The service will initially operate Monday-Thursday, 9 am to 8 pm, Friday 9 to 5 pm, and Saturday 10 to 1 pm to align and allow for integration with other programs/services offered at the Centre. Expanded service hours will be explored, dependent on need and funding.

### **Capacity**

Based on the current number of visits to South Riverdale's Harm Reduction office and estimated injection drug use clients, a capacity of 3-4 booths is proposed. South Riverdale estimates there would be a maximum of 6-8 injections per hour or approximately 70 injections per day (average 10 service hours per day).

### **Staffing**

The service will be staffed each shift by one (1) FTE nurse, one (1) FTE coordinator/social worker and one (1) FTE peer/harm reduction worker (maximum two shifts per day). The team will be supported by Centre's current Harm Reduction Program Coordinator, COUNTERfit team and by the Manager of the Urban Health Team.

### **Community Relations**

South Riverdale will have structures in place to ensure smooth implementation of the service and address ongoing concerns. A Community Advisory Committee will be established with diverse stakeholders and a designated SIS staff person will be identified to quickly respond to and mediate any issues. The purpose of this committee will be to identify and suggest strategies to address any ongoing concerns. A designated space on South Riverdale's website will provide ongoing information and updates. South Riverdale staff will continue to be available to attend BIA, school parent council and other community meetings to provide updates and address any issues. Tours of the SIS space will be offered to share information and increase public awareness about the nature and benefits of the service.

### **Evaluation**

South Riverdale has plans to carefully evaluate and monitor the proposed service and has been working researchers at the Ontario HIV Treatment Network to develop a research project that will evaluate the feasibility and outcomes of this service. South Riverdale will also utilize its own internal quality improvement and evaluation capacities to carefully monitor the implementation and outcomes of this service. This will include pre/post implementation data, patterns of service use, referrals provided and service user demographics.