



STAFF REPORT ACTION REQUIRED

Supervised Injection Services for Toronto: Next Steps

Date:	March 7, 2016
To:	Board of Health
From:	Medical Officer of Health
Wards:	All
Reference Number:	

SUMMARY

Injection drug use is associated with important health risks, including overdose and the transmission of blood borne diseases such as HIV and hepatitis. Supervised injection services have been implemented around the world to help reduce these and other health harms.

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 reducing overdoses and the spread of infectious diseases they also increase access to other health and social services, and reduce public drug use and discarded needles. In 2012, the *Toronto and Ottawa Supervised Consumption Assessment Study* concluded that Toronto would benefit from multiple SISs that are integrated into existing health services already serving people who inject drugs. In 2013, the Board of Health approved a recommendation from the Medical Officer of Health supporting implementation of this integrated SIS model in Toronto.

Three health services in Toronto are planning to add small scale SIS to their existing clinical services to improve health outcomes for clients. These agencies are Toronto Public Health through The Works program, Queen West - Central Toronto Community Health Centre, and South Riverdale Community Health Centre. These organizations are well established in their communities and have been delivering harm reduction services to people who inject drugs for many years. They currently serve clients with high rates of injection drug use and associated high-risk behaviours (e.g., frequent injectors, incidence of overdose, public injection).

The addition of supervised injection to existing services in all three organizations is expected to improve health outcomes and reduce the community impact of injection drug use.

This report outlines the process for SIS implementation and seeks BOH support to begin stakeholder consultations, to meet federal requirements. Results of the consultations and next steps for this initiative will be reported to the BOH in July 2016.

RECOMMENDATIONS

The Medical Officer of Health recommends that the Board of Health:

1. Direct the Medical Officer of Health to participate in a coordinated community consultation with Queen West - Central Toronto Community Health Centre and South Riverdale Community Health Centre on the integration of supervised injection services into existing clinical health services; and,
2. Direct the Medical Officer of Health to report to the Board of Health at its July 2016 meeting on the outcome of community consultation and strategies that address any concerns related to the implementation 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 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 BOH 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, 2015 the BOH approved a report from the Medical Officer of Health on trends, prevention and response for overdose in Toronto.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2015.HL6.4>

ISSUE BACKGROUND

The Board of Health (BOH) and City Council approved the Toronto Drug Strategy (TDS) in 2005. The TDS is a comprehensive municipal drug strategy based on the integrated

components of prevention, harm reduction, treatment, and enforcement. Among its 68 actions, the TDS recommended a needs assessment and feasibility study for supervised consumption (injection and inhalation) services, taking into account the decentralized nature of drug use in Toronto. An independent team of experts conducted this research culminating in the release of the *Toronto and Ottawa Supervised Consumption Assessment Study* (TOSCA) in April 2012.¹ This study concluded that Toronto would benefit from multiple supervised injection services that are integrated into existing health services already serving people who inject drugs.

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. The first SIS opened 30 years ago in Bern, Switzerland. Today there are more than 90 SISs worldwide, in the Netherlands, Germany, Switzerland, Spain, Luxembourg, Denmark, Norway, Australia and Canada.² Supervised injection services are also being planned in France and Portugal. There are two SISs in Canada, both in Vancouver. Insite, in the Downtown Eastside is operated by the Vancouver Coastal Health Authority, and the Dr. Peter Centre operates a small SIS that is integrated into their multi-service HIV program. Health services in Montreal are awaiting federal approval to implement multiple SISs. In Ontario, community health services in Ottawa are considering implementing SIS, and needs assessments are underway in London and Thunder Bay.

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.³

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.⁴

As concluded in the TOSCA study, there are sufficient conditions in Toronto to warrant the establishment of SIS. 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.⁵ Between 2004 and 2013 there was a 41% increase in the reported

number of people dying from overdose in Toronto – from 146 in 2004 to 206 in 2013, the highest annual number to date. Of particular concern is the increasing role of opioids, such as heroin and fentanyl in these deaths.⁶ Research about injection drug users in Toronto found that 8 out of 10 people reported injecting alone, and 29% reported having an overdose in the six months prior to the study.⁷

There is a high demand for harm reduction services by people who inject drugs. Toronto Public Health (TPH) and 47 community agencies provide harm reduction supply access at over 80 service locations across the city. 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 July 2013, the BOH approved a recommendation from the Medical Officer of Health urging the provincial government to fund the integration of SIS into existing provincially funded clinical health services in Toronto, including funding for program evaluation. At the same time, the TDS Implementation Panel, which is the leadership group for the drug strategy, released a comprehensive toolkit to assist with effective implementation of SIS in Toronto (available at www.tph.to/drugstrategy).

The purpose of this report is to inform the BOH that three health services in Toronto are planning to add supervised injection to their existing clinical services for people who inject drugs. This report outlines the process for SIS implementation, and seeks BOH support to begin stakeholder consultations. Results of the consultations and next steps for this initiative will be reported to the BOH in July 2016.

COMMENTS

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

Organizations planning to add supervised injection services

Three health services in Toronto are planning to add small scale SIS to their existing clinical services to improve health outcomes for clients. These agencies are Toronto Public Health through The Works program, Queen West - Central Toronto Community Health Centre and South Riverdale Community Health Centre. Together these agencies will provide SIS for the area of the city with the highest concentration of people who inject drugs. The agencies are coordinating program and policy development to ensure consistent and effective service delivery.

All three organizations are well established and have been delivering harm reduction services to people who inject drugs for many 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. At each agency, the SIS will be added within the existing program space. There will be no visible change to the exterior of the premises.

Rationale for Service Locations

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, the three services provide three quarters of the sterile needles distributed in Toronto. These agencies also have a demonstrated capacity to provide health and social services and supports to people who use drugs.

Specific indicators of local need are outlined below:

Toronto Public Health, The Works

- In 2015, The Works recorded almost 14,000 client visits and distributed over 800,000 needles along with other safer injection supplies.
- A recent study of clients at The Works found that 21% of clients injected daily, and 16% injected regularly (once or twice a week) in the past month.⁸ The most frequently injected drugs were Oxycontin/Oxycodone (56%), cocaine (55%), heroin (49%), and morphine and crack cocaine (44%).⁹
- Among clients of The Works, 36% reported injecting in public places (e.g., washrooms, alleyways) and 13% reported injecting “most often” in a public place in the past six months.¹⁰
- A recent evaluation of the Preventing Overdose in Toronto (POINT) program at The Works found that almost one-third (28%) of participants had experienced an opioid overdose.¹¹
- Clients of The Works participated in the TOSCA needs assessment study and clients reported they wanted and would use an SIS.

South Riverdale Community Health Centre (SRCHC)

- In 2015, SRCHC provided services to over 3,000 unique individuals who use illicit drugs. In 2015, there were over 22,000 client visits and over 320,000 sterile needles were distributed.
- A 2014 study of SRCHC harm reduction clients found that more than 1 in 10 had experienced an overdose in the past six months.¹²
- A 2012 study found that a significant number of SRCHC service users who inject drugs inject in public. Almost a third of clients reported injecting in public in the previous six months, and 9% said that they inject in public “most often.”¹³
- Compared to the city overall, there are disproportionately high numbers of people who inject drugs within SRCHC’s catchment area, as well as higher rates of emergency department visits due to opioid or cocaine use.¹⁴
- SRCHC participated in the TOSCA needs assessment study and its service users reported that they wanted and would use a SIS.

Queen West - Central Toronto Community Health Centre (QWCHC)

- Annually, QWCHC provides services to over 3,000 individuals who use drugs.
- In 2015, there were almost 10,000 visits to the QWCHC fixed-site needle distribution program and over 5,000 street outreach contacts with almost 300,000 needles distributed.
- Compared to the city overall, there are disproportionately high numbers of people who inject drugs within QWCHC's catchment area, as well as higher rates of emergency department visits associated with drug use.¹⁵
- A 2012 study found that a significant number of QWCHC clients are injecting in public.¹⁶ Over a third of clients reported public injecting in public in the previous six months, and 15% said that they inject in public "most often."¹⁷
- Almost a third of clients reported injecting every day, and 29% reported injecting regularly (from one to three or more times a week).¹⁸
- Queen West - Central Toronto clients participated in the TOSCA needs assessment study and reported that they wanted and would use a SIS.¹⁹

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 the 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 will operate in this way. Clients will arrive at the program with their pre-obtained drugs. Appropriate waiting areas will be available. Each person will be assessed to ensure they are eligible for the program. The clients will then be brought into the SIS room where they will receive sterile injecting equipment and instruction on safer injecting practices. A nurse will supervise the injection and provide medical assistance, as necessary. Once the individual has completed their injection they will be directed to another room where they continue to be monitored for any negative drug reactions. They will also receive information and referrals for other harm reduction, health and social services.

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.

The College of Nurses of Ontario has confirmed that the activities associated with supervised injection – establishing a therapeutic nurse-client relationship, assessment and

management of health care needs, health teaching, disease prevention and health promotion – fall within nursing’s scope of practice.

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. When establishing a new SIS there are sometimes concerns that it 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.²⁰

As with any health service, program evaluation will be an important component of SIS implementation, and all three agencies will develop evaluation plans as part of their commitment to ongoing quality assurance.

Requirements to implement supervised injection services

In Canada, the legal operation of an SIS requires an exemption under section 56 of the *Controlled Drugs & Substances Act* (CDSA), which is granted by the federal Minister of Health. Without an exemption staff and clients of the service are subject to criminal laws that prohibit the possession and trafficking of controlled substances such as heroin and cocaine.

In June 2015, the federal government passed into law the *Respect for Communities Act*, which sets out extensive criteria for exemption applications, 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, and measures to address any concerns raised; and,
- 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.

Toronto Public Health (The Works), Queen West - Central Toronto Community Health Centre and South Riverdale Community Health Centre are in the process of developing Section 56 exemption applications. The intention is to submit the three applications together to Health Canada in fall 2016. Each agency will operate independently, but they

are working together to coordinate efforts and operational details for the services and will emphasize this collaborative approach in their federal submission.

Funding for supervised injection services at Toronto Public Health will be sought from the Ministry of Health and Long-Term care.

Stakeholder consultation

The Section 56 exemption application process requires community consultation in the area where the SIS will be located. Engaging with the community when establishing programs such as SIS is an important part of ensuring effective services. Consultation provides an opportunity to present accurate information about how the service will work as well as to hear and respond to any community concerns. The *Supervised Injection Services Toolkit*, developed by the TDS Implementation Panel, supports a community engagement process that includes local community and other stakeholders in the city to ensure effective implementation. Community engagement strategies include consulting with local residents, businesses and other key stakeholders, and establishing a community reference group for ongoing communication and to ensure a mechanism is in place to address any issues that may emerge over the longer term.

Toronto Public Health, Queen West - Central Toronto Community Health Centre and South Riverdale Community Health Centre are each responsible for consulting with relevant stakeholders in their communities. However, the agencies will work together to ensure a consistent approach. Each of the ward Councillors will also be involved in the development of the consultation plan for their area. An external group with expertise in community engagement will be hired to conduct local town halls and focus groups for the three area consultations, and will host an online survey as an additional mechanism for community input. The consultation process will also be used to solicit participation in an ongoing community reference group for each program area. A report summarizing community input will be submitted to the July 2016 BOH meeting, along with details about next steps in the SIS implementation process.

It is therefore recommended that TPH participate in a coordinated community consultation with Queen West - Central Toronto Community Health Centre and South Riverdale Community Health Centre on the integration of supervised injection services into existing clinical health services. And further, that TPH report to the Board of Health at its July 2016 meeting on the outcome of the community consultation and strategies that address any identified concerns.

Supervised injection within 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.

There are many organizations across the city, including Toronto Public Health, delivering a broad range of services to reduce the harms of substance use. Supervised injection services will not eliminate harmful drug use, but they are one part of a continuum of strategies to reduce harm and improve health outcomes. The agencies planning to add supervised injection are committed to working with other organizations across the service system to ensure coordinated and effective care for their clients. All three organizations have a long history of collaborative partnerships with a broad diversity of service providers that will provide a strong foundation for this work.

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SIGNATURE

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- ⁴ See research summary in Toronto Drug Strategy Implementation Panel (2013). *Supervised Injection Services Toolkit*. Toronto: ON.
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- ⁶ Office of the Chief Coroner for Ontario, 2015.
- ⁷ Public Health Agency of Canada (2006). *I-Track: Enhanced Surveillance of Risk Behaviours among People who Inject Drugs. Phase I Report*. Public Health Agency of Canada.

⁸ Challacombe, L. et al., 2013

⁹ Challacombe, L. et al., 2013

¹⁰ Challacombe, L. et al., 2013

¹¹ Leece, P. et al. (January 25, 2016) *Process Evaluation of Preventing Overdose in Toronto (POINT) Program*.

¹² *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.

¹³ Challacombe L and Millson P. (2012). *Toronto I-Track Report. South Riverdale Community Health Centre Site Report*. Public Health Agency of Canada, March 2012.

¹⁴ 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.

¹⁵ 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.

¹⁶ Challacombe L and Millson P. 2012. *Toronto I-Track Report. Queen West - Central Toronto Central Toronto Community Health Centre Site Report*. Public Health Agency of Canada, March 2012.

¹⁷ Challacombe and Millson, 2012. *Queen West - Central Toronto Central Toronto Community Health Centre Site Report*.

¹⁸ Challacombe and Millson, 2012. *Queen West - Central Toronto Central Toronto Community Health Centre Site Report*.

¹⁹ Bayoumi, et al., 2012

²⁰ Bayoumi et al., 2012