Supervised Injection Services for Toronto: Next Steps

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What is harm reduction?

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

• Distribution of sterile needles and other safer drug use supplies
• Safer drug use education
• Overdose prevention (naloxone)
• HIV and hepatitis C testing
• Vaccination
• Opioid substitution treatment (e.g., methadone)
• Counselling
• Referrals to drug treatment, housing, income support and other services
What is a Supervised Injection Service (SIS)?

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

International, peer-reviewed research find SISs:

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

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

- Over 90 operating in Europe, Australia and Canada, with more being planned (e.g., Montreal).

- Originally implemented to address both public safety (public drug use) and public health (risk of overdose and blood-borne infections) issues.

- Models include: standalone, integrated, and mobile.
Toronto Drug Strategy (2005) is based on the integrated components of prevention, harm reduction, treatment and enforcement.

Recommended a needs assessment and feasibility study for supervised consumption services in Toronto.
Background

• Toronto & Ottawa Supervised Consumption Assessment (TOSCA) Study (2012)

• Recommendations:
  o Toronto would benefit from multiple SISs
  o model – integrated into existing health services serving people who inject drugs
  o programs should be evaluated

• Board of Health supported implementation of this integrated model in Toronto (2013).
Need for SIS in Toronto

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

Office of the Chief Coroner for Ontario, compiled by Toronto Public Health
Accidental deaths in Toronto caused by most frequently lethal drug types, alone or in combinations

Office of the Chief Coroner for Ontario, compiled by Toronto Public Health
Implementing SIS in Toronto

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

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

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

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

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

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

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

• Supervised injection services will not eliminate harmful drug use – they are one part of a continuum of care.

• Overall, we expect SIS will improve health outcomes for clients and reduce community impacts of injection drug use.
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