



CITY OF HAMILTON
PUBLIC HEALTH SERVICES
Clinical & Preventive Services

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	September 19, 2016
SUBJECT/REPORT NO:	Supervised Injection Sites: Evidence and Proposed Next Steps (BOH16037) (City Wide)
WARD(S) AFFECTED:	City Wide
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RECOMMENDATION

- (a) That staff be directed to bring a request through the 2017 capital budget process for a needs assessment and feasibility study for one or more supervised injection sites in Hamilton, including but not limited to:
 - (i) Technical and any other data needed to support an application for exemption under the *Controlled Drugs and Substances Act* (e.g., data on drug use, infectious disease rates and other risk factors, rates of overdose, crime statistics, drug-related litter),
 - (ii) Data on potential impact, including potential health, social and community impacts and anticipated cost-effectiveness and/or cost-benefit,
 - (iii) Feedback from stakeholder and community engagement,
 - (iv) Recommendations on whether or not a supervised injection site or sites should be opened in Hamilton, and if a recommendation for one or more supervised injection sites in Hamilton is made, the recommended number

of supervised injection sites, geographical location(s), and model type (integrated, standalone, or mobile),

- (v) Details of how the requirements for the application process to apply for an exemption under the *Controlled Drugs and Substances Act* will be met,
- (b) That staff be directed to conduct a survey prior to the 2017 budget deliberations to seek general feedback from the Hamilton community on supervised injection sites; and,
- (c) That this report fulfils the request of the motion made at the Board of Health meeting on February 18, 2016 "that staff be asked to report back to the Board of Health on the use and effectiveness of safe injection site programs across the country" and that this item is removed from the outstanding business list.

EXECUTIVE SUMMARY

Supervised injection sites (SISs) are locations where people take pre-obtained drugs and inject them in a clean and supervised environment. Staff at SISs are able to respond quickly and effectively to overdoses and can link injection drug users to other health and social support services. As a harm reduction measure, SISs do not require the cessation of injection drug use, but work to minimize the risks associated with injection drug use. SISs do not promote drug use, but support health equity and health as a human right. This report is not asking the Board of Health to approve SISs, but to better understand the need in the community and whether SISs would be an effective service to support individual and community health in Hamilton.

Harms associated with injection drug use are many and include the spread of infectious diseases, death from overdose, poor mental health and addictions, unstable housing, incarceration, injection-related litter, and the degradation of public spaces. These harms impact both the individual and the community.

In Canada, two SISs exist, Insite and the Dr. Peter Centre, both of which are located in Vancouver, British Columbia.

SISs have been shown to:

- Attract marginalized and high risk people who inject drugs;
- Decrease fatal and non-fatal overdoses;
- Decrease unsafe injection practices like syringe sharing;
- Promote public order by decreasing public injection and injection litter;
- Promote addiction treatment;
- Be cost-effective; and,
- Be successfully accepted by people who inject drugs, local residents, and the police.

SISs have not been shown to:

- Shift drug use to different neighbourhoods;
- Increase drug injecting;
- Increase drug trafficking or crime in the surrounding area; and,
- Decrease the overall number of people who inject drugs.

Alternatives for Consideration – Not applicable

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: There is no financial impact to the recommendations of this report; however, if a feasibility study is approved, the estimated cost is expected to be \$250,000 based on the Toronto and Ottawa Supervised Consumption Assessment (TOSCA) Study and Ontario HIV Treatment Network feasibility studies for London and Thunder Bay and could be completed in approximately 12 months.

Staffing: There is no impact to current staffing levels.

Legal: There are no legal implications to the recommendations.

HISTORICAL BACKGROUND

This report is in follow-up to a motion made at the February 18, 2016 Board of Health (BOH) meeting where staff were asked to report back to the BOH on the use and effectiveness of safe injection site (SIS) programs across the country.

The *Respect for Communities Act* passed in June 2015 amended the *Controlled Drugs and Substances Act* and describes the information to accompany an application to the federal Minister of Health for an exemption to the *Controlled Drugs and Substances Act*. This includes:

- Scientific evidence demonstrating that there is a medical benefit to individual or public health that supports the need for an SIS (e.g., data on drug use, infectious disease rates, rates of overdose, crime statistics, and injection-related litter, where available);
- Letters of opinion from the local government of the municipality where the SIS will be located, the local Chief of Police, provincial Ministers of Health and Public Safety, provincial Chief Medical Officer of Health, professional colleges for physicians and nurses, including responses to any concerns raised;
- Results of consultations with stakeholders;
- Links with drug treatment services;
- Site plans with security measures;
- Operational policies and procedures; and
- Financing plan.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

There are no direct legal implications as a result of this report. However, should the recommendation be approved, PHS staff will work with legal counsel to ensure all necessary requirements are met to allow for an application to be submitted for an exemption under section 56 of the *Controlled Drugs and Substances Act*.

SISs require a legal exemption under section 56 of the *Controlled Drugs and Substances Act* in order to operate lawfully in Canada. Insite, the first SIS in Canada has a complex legal history and currently operates under a section 56 exemption which was originally awarded in 2003 and temporarily extended in 2006 and 2007. In 2008, the Minister of Health denied Insite's application for a new exemption. Insite commenced a court action in an effort to stay open. At trial, the British Columbia Supreme Court struck down the provisions of the *Controlled Drugs and Substances Act* that dealt with possession and trafficking, finding that they violated the claimants' rights under s. 7 of the *Charter*, but suspended the declarations of invalidity for one year to allow time for federal law to become aligned; he granted Insite a constitutional exemption, permitting it to continue to operate free from federal drug laws.

The Attorney General of Canada appealed this decision. The appeal was dismissed by the British Columbia Court of Appeal in 2010, holding that the doctrine of interjurisdictional immunity applied. The Attorney General then filed an appeal with the Supreme Court of Canada. In 2011, the Supreme Court of Canada dismissed the Attorney General's appeal and ordered the Minister of Health to grant an exemption to Insite under section 56 of the *Controlled Drugs and Substances Act*. Thus, Insite continues to operate legally in Vancouver. Full details of the legal status of Insite are available at: <http://supervisedinjection.vch.ca/legal-status/legal-status> (Vancouver Coastal Health 2016a).

In January 2016, Canada's only other SIS, the Dr. Peter AIDS Foundation in Vancouver, was granted a section 56 exemption under the *Controlled Drugs and Substances Act* for 2 years which will allow for its continued legal operation (Vancouver Coastal Health et al. 2016a).

RELEVANT CONSULTATION

Licensing – the City of Hamilton does not license drug stores or medical facilities, so no licensing issues were identified.

Community and Emergency Services, specifically the Neighbourhood Action Strategy and Emergency Medical Services, were made aware this report was being brought to the BOH and that if approved engagement with their programs and services would be needed as part of the consultation process.

Legal Services reviewed and approved legal content for this report.

Other organizations (e.g., The AIDS Network, Wesley Urban Ministries, and Shelter Health Network) that provide services to people who inject drugs were made aware of

this report and have provided support through the accompanying video that will be shown at the BOH meeting.

Consultation with the Hamilton Police Service is in progress.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

The Injection Drug Problem in Canada

Injection drug use is a significant health and social issue in Canada. Approximately 0.3% of the Canadian population (estimated 89,855 people 15 years and older) injects drugs (Challacombe 2016), but the health and social consequences are far more significant than this number suggests. Almost any drug can be liquefied for injection; commonly injected drugs in Canada include: cocaine, heroin, combinations of cocaine and heroin (“speedballs”), amphetamines, opioids, and anabolic steroids (Canadian Centre on Substance Abuse 2005; Potier et al. 2014).

The latest results from the 2013 Canadian Tobacco, Alcohol and Drugs Survey (CTADS), which includes injection and non-injection drugs, demonstrated that 2% of Canadians (458,000 people) used at least one of five illicit drugs in the past 12 months (cocaine or crack, speed, ecstasy, hallucinogens or heroin) with rates of use higher in men and people 15-24 years of age (Government of Canada 2015). A significant number of people in the same study also reported harm related to illicit drug use (Government of Canada 2015).

Table 1 shows harms associated with injection drug use (Centers for Disease Control and Prevention 2016; Potier et al 2014; Urban Health Research Initiative 2009). People who inject drugs (PWID) are more likely to be infected with bloodborne infections like human immunodeficiency virus (HIV) and hepatitis C. Data from I-Track, a national surveillance system of people who inject drugs, show that 11% have HIV, 68% have hepatitis C, and up to 10% have both (Challacombe 2016). The prevalence of skin infections in people who inject drugs is 10-30% (Lloyd-Smith et al. 2008a). All of these conditions have significant impacts on the health care system.

From a population health perspective, higher rates of HIV are of particular concern as spread can occur to individuals or groups of people who do not inject drugs through sexual spread. Publicly discarded syringes and other injection-related litter pose potential harms in communities in and around places where injection drug use is more common.

Table 1 – Harms Associated With Injection Drug Use

	Individual	Community/ Population
Health	<ul style="list-style-type: none"> • Infectious diseases (HIV, Hep C, Hep B, STIs, TB) • Non-fatal and fatal overdose • Wounds, skin abscesses • Infective endocarditis (infection of the inner layer of the heart that can damage heart valves) • Poor mental health and addictions • Death 	<ul style="list-style-type: none"> • Spread of infectious diseases • Costs to the health care system
Social	<ul style="list-style-type: none"> • Unstable housing • Inability to work • Involvement in the sex trade • Incarceration • Drug-related crime 	<ul style="list-style-type: none"> • Drug-related crime • Injection litter • Degradation of public spaces

- HIV –Human Immunodeficiency Virus
- Hep C – Hepatitis C Virus
- Hep B – Hepatitis B Virus
- STIs – Sexually Transmitted Infections
- TB - Tuberculosis

What Is A Supervised Injection?

A supervised injection site (SIS), supervised injection facility (SIF) or drug consumption room (DCR) is a place where people can inject pre-obtained drugs or substances in a clean environment where trained staff are available to provide aid, education, support, and referrals (Bayoumi et al. 2012). These sites are typically restricted and regulated (Potier et al. 2014). An SIS is a harm reduction measure that does not focus on stopping drug use, but on minimizing the hazards associated with drug use.

Approximately 90 SISs exist world-wide in Europe, Canada, and Australia with most being located in Europe (Wood et al. 2004a; European Harm Reduction Network 2014).

Three main models of SISs exist:

1. *Integrated* – most common type globally; offer other services on site (e.g., food, showers, counselling, addiction treatment services) (e.g., Dr. Peter Centre, Vancouver and Insite in its current form);
2. *Specialized* – services directly related to drug consumption only (original Insite when piloted); and
3. *Mobile* – a vehicle with injection space that can move to various locations; typically sees fewer clients than fixed sites (e.g., Barcelona and Berlin) (European Monitoring Centre 2015).

Inside an SIS, a client arrives with pre-obtained drugs. In Canada, while in an SIS, the client and the staff in the SIS cannot be arrested for possession or trafficking of drugs.

The client can obtain safe injecting equipment that can include materials used for injection (e.g., needle, syringe, tourniquet, alcohol swab) and materials used to prepare the drug for injection (e.g., cookers and spoons, filters, sterile water). A safe and quiet spot is available for injection and clients are asked to wait following injection so that they can be monitored. Health care staff, typically nurses, monitor for any problems following injection of the drug, such as overdose, and can intervene early and obtain appropriate medical care. Basic primary care to treat wounds and provide immunizations is often available at SISs. Other staff, such as counsellors, peer support workers, and social workers may be present to engage with clients on issues such as finding stable housing or entering treatment for drug addiction.

Goals of Supervised Injection Sites

Supervised injection sites typically have the following goals:

- Decrease acquisition and spread of infectious diseases;
- Decrease non-fatal and fatal overdose;
- Decrease injection-related risks through safer self-injection practices;
- Decrease social nuisance of public drug use and consequences, including injection litter; and
- Increase engagement in medical care and addiction treatment for a particularly marginalized and high-risk group (Wood et al. 2004a; Potier et al. 2014; Vancouver Coastal Health 2016b).

In the short-term, SISs aim to save lives and improve public order, with the potential for engaging clients in addiction treatment and cessation of drug use over the long-term.

Effectiveness of Supervised Injection Sites

A significant body of research exists related to SISs. Most of the studies are based on Insite in Vancouver (Canada) with a smaller number from Sydney (Australia) and Europe (Potier et al 2014).

1. People who inject drugs who use SISs are highly marginalized and at high risk (Potier et al. 2014)

Clients of SISs have been found to be highly marginalized and at high risk for poor health outcomes (Potier et al. 2014), including street-involved youth (Hadland et al. 2014). They tend to use drugs more frequently, often injecting daily, injecting in public, and having more episodes of overdose (Potier et al. 2014). Syringe sharing is common and they have a higher risk of becoming infected with HIV, hepatitis B and hepatitis C (Wood et al. 2005a), and higher levels of HIV and hepatitis C than the general population (Potier et al. 2014).

2. SISs decrease fatal and non-fatal overdoses (Potier et al. 2014)

The impact of an SIS on non-fatal and fatal overdoses was studied extensively at Insite. Rates of fatal overdoses were compared within 500 meters of Insite to the

rest of Vancouver and were found to decrease by 35% after Insite opened compared to 9% in the rest of the city (Marshall et al. 2011). Researchers also found that Insite did not increase overdoses in frequent users of the facility (Milloy et al. 2008a).

Since 2003, Insite has had over 3.0 million visits. In almost 5,000 overdoses at the facility, there have been zero deaths (Vancouver Coastal Health 2016c). It has been estimated through mathematical modelling that Insite prevented as many as 12 (range 8-51) overdose deaths per year during a four-year study period (Milloy et al. 2008b).

SISs also reduce the burden on emergency medical services and the health care system. In Sydney (Australia), the number of calls for ambulances due to overdose was 68% lower during the hours the SIS was open (Potier et al. 2014). At Insite, many of the overdoses were managed in the SIS and did not require paramedic attendance and transportation to hospital (Kerr et al. 2006a).

3. SISs decrease unsafe injection practices like syringe sharing (Potier et al. 2014)

A study from Insite on over 1000 people who inject drugs showed that 75% injected more safely as a result of visiting Insite (PetRAR et al. 2006). Prior to the opening of Insite, many people who injected drugs were sharing syringes. Following the opening of the facility, people who inject drugs using Insite were 70% less likely to share syringes than those not using the facility (Kerr et al. 2005). Of particular interest, in a study involving over 100 HIV-positive Insite users, there were no reported instances of syringe lending among those who used Insite exclusively (Wood et al. 2005b).

Regular SIS users have also been found to more frequently use sterile injection materials (Potier et al. 2014) which can decrease the risk for developing skin and other infections. A study at Insite showed that Insite users had lower rates of injection-related skin infections (6-10%) compared to typical rates of 10-30% (Lloyd-Smith et al. 2008b).

An increase in condom use has also been seen in those who use SISs (Marshall et al. 2009; Potier et al. 2014), which could help to decrease the spread of sexually transmitted infections

4. SISs promote public order by decreasing public drug use and its consequences (Potier et al. 2014)

SISs have been shown to decrease injection in public spaces (e.g., parks, washrooms, alleys), publicly discarded syringes and other injection-related litter

(Potier et al. 2014). Numbers of publicly discarded syringes, injection-related litter and people injecting publicly were compared before and after the opening of Insite. Significant decreases in all were found in the area around Insite after it opened (Wood et al. 2004b).

No increase in crime, violence or drug trafficking has been found around SISs (Potier et al. 2014). A study over 10 years in Sydney (Australia) found no increase in offenses related to the trafficking or consumption of drugs in the areas around the SIS (Potier et al. 2014). Similarly, crime rates for drug trafficking, assaults, robberies, vehicle break-ins and theft were studied before and after the opening of Insite. There was no statistically significant change (Wood et al. 2006a).

5. SISs do not increase the number of people who inject drugs and can promote addiction treatment (Potier et al. 2014)

Studies conducted at Insite have shown that an SIS can promote stopping injection drugs and entering addiction treatment (DeBeck et al. 2011; Wood et al. 2006b; Wood et al. 2007). Importantly, there was no increased rate of relapse into injection drug use among former users and no decrease in the rate of stopping drug use by current users as a result of Insite (Kerr et al. 2006b). Insite has also not served as a “gateway” or point of entry into injection drug user as the average Insite user has injected drugs for 16 years (Kerr et al. 2007). SISs can also increase access to primary health care (Potier et al. 2014).

6. SISs are cost-effective (Potier et al. 2014)

A number of studies of cost-effectiveness and cost-benefit have been conducted at Insite and for proposed SISs in Toronto, Ottawa and Montreal. All of these studies are based on mathematical modelling. Insite has been estimated to prevent 35 new cases of HIV and almost 3 deaths per year from HIV with a societal benefit of greater than \$6 million per year after program costs were taken into account (Andresen et al. 2010). Another study showed Insite to have an incremental savings of \$14-18 million and 920-1,070 life years gained over 10 years (Bayoumi and Zaric 2008).

SISs in Toronto and Ottawa are predicted to be cost-effective based on a \$50,000 per quality adjusted life year (QALY) threshold (Enns et al. 2015), which is a commonly used standard in health care cost-effectiveness studies. SISs in Montreal would also be expected to be cost-effective and prevent 11 cases of HIV and 65 cases of hepatitis C per year resulting in a net cost-savings of \$686,000 for HIV and \$800,000 for hepatitis C for each additional SIS each year (maximum 3 SISs) (Jozaghi et al. 2013).

7. SISs have been successfully accepted by users, local residents and local police (Potier et al. 2014)

People who inject drugs have a high willingness to use SISs if they are available (Potier et al. 2014). Reasons for SIS use included a place to inject safely and quietly, ability to avoid injection in public spaces where police or personal safety may be of concern, previous episodes of overdose, and the need for help with injection (Potier et al. 2014). Reasons to not use an SIS included restrictions on sharing drugs and helping other people who inject drugs inject in the SIS, wait times, distance, and the presence of police in the surrounding area (Potier et al. 2014). Women in particular may benefit from SISs as they provide a “safe, temporary refuge from the dangers of the street-based drug scene” (Fairbairn et al. 2008). Local police have been key partners in supporting Insite through referrals. A study showed that 17% of Insite users reported being referred to the facility by police (DeBeck et al. 2008).

Studies have also been conducted on local residents and show high levels of acceptance of SISs (Potier et al. 2014). Less drug use, syringes and injection-related litter were the most commonly cited reasons for support (Potier et al. 2014). However, despite overall support, some residents have felt an SIS gives a negative impression in the community and myths persist around SISs fostering drug use, attracting drug dealers, and increasing crime, all of which have been disproven through other studies (Potier et al. 2014).

Supervised injection sites have not been shown to:

- Shift drug use to different neighbourhoods as people who inject drugs will generally travel only very short distances to use an SIS (Wood et al. 2004a);
- Increase drug injecting (Potier et al. 2014);
- Increase drug trafficking or crime in the surrounding area (Potier et al. 2014); or
- Decrease the overall number of people who inject drugs (Potier et al. 2014). This latter point emphasizes the need for a comprehensive public health approach to drug and substance misuse which includes education and prevention strategies that stop people from beginning to use drugs (BOH 16035).

More details on the evidence-base for SISs can be found in Appendix A.

The following groups support SISs as an effective, evidence-based harm reduction measure:

- Canadian Medical Association
- Canadian Nurses Association
- Canadian Public Health Association
- Public Health Physicians of Canada
- Urban Public Health Network

- Association of Ontario Health Centres
- Registered Nurses Association of Ontario

Supervised Injection Sites In Canada

Insite

Insite, the first legal supervised injection site in Canada, opened in Vancouver's downtown East Side in 2003. It is operated by Vancouver Coastal Health and PHS Community Services Society (a non-profit organization). While originally a specialized site that offered only services related to supervised injection, it has become an integrated service site that houses Onsite, a detoxification treatment facility.

Insite currently has 13 injection booths and provides clean injection equipment to clients. Primary care, addiction services, and links to housing are all available. Staff include nurses, counsellors, mental health workers, and peer support workers.

As part of Insite's initial approval for exemption under the *Controlled Drugs and Substances Act*, a rigorous scientific evaluation was conducted. Insite is the best-studied SIS globally and has demonstrated that there are many benefits to SISs and no evidence of negative effects.

Further information is available on the Insite website: <http://supervisedinjection.vch.ca/>

Dr. Peter Centre

The Dr. Peter Centre is located in Vancouver and operated by the Dr. Peter AIDS Foundation in partnership with Vancouver Coastal Health. It has provided supervised injection services since 2002, but was only granted an exemption under federal law in January 2016.

The Dr. Peter Centre operates under an integrated model and supports people living with HIV who have complex health and social issues, such as mental illness and addictions. They have a residential HIV/AIDS care facility as well as a day program.

Further information is available on the Dr. Peter website: <http://www.drpeter.org/en/>

Proposed SIS locations in Canada

Vancouver is interested in expanding their supervised injection services and many other municipalities in Canada are interested in SISs.

In Toronto, the Board of Health and City Council have supported integrating 3 SISs into existing services through Toronto Public Health's The Works (harm reduction program for people who use drugs), South Riverdale Community Health Centre, and Queen West – Central Toronto Community Health Centre. An exemption from the federal Minister of Health under the *Controlled Drugs and Substances Act* will need to be obtained in order to legally open one or more SISs.

In Ottawa, the Sandy Hill Community Health Centre wants to add supervised injection services to its building at Rideau and Nelson streets. They have conducted community consultation on the issue and the Ottawa Board of Health has voted to support this proposal. Next steps will include an online public opinion and input survey that was launched in the summer of 2016 and stakeholder meetings through the fall of 2016.

In 2015, Montreal applied for an exemption to the *Controlled Drugs and Substances Act* for 3 SISs integrated within community organizations. As of July 28, 2016, no approval has been granted, but once granted, Montreal hopes to provide these services at the end of 2016 or early 2017.

London (Ontario) and Thunder Bay are undergoing feasibility studies of providing supervised injection services. These cities were chosen by the Ontario HIV Treatment Network for study due to high rates of injection drug use and overdoses.

Victoria (British Columbia) is also looking to establish an SIS and in July 2016 was invited by the federal Minister of Health to apply for an exemption from the *Controlled Drugs and Substances Act* for an SIS.

Federal Minister of Health, Dr. Jane Philpott, in public comments, has signalled support for SISs, including a visit to Insite in 2016.

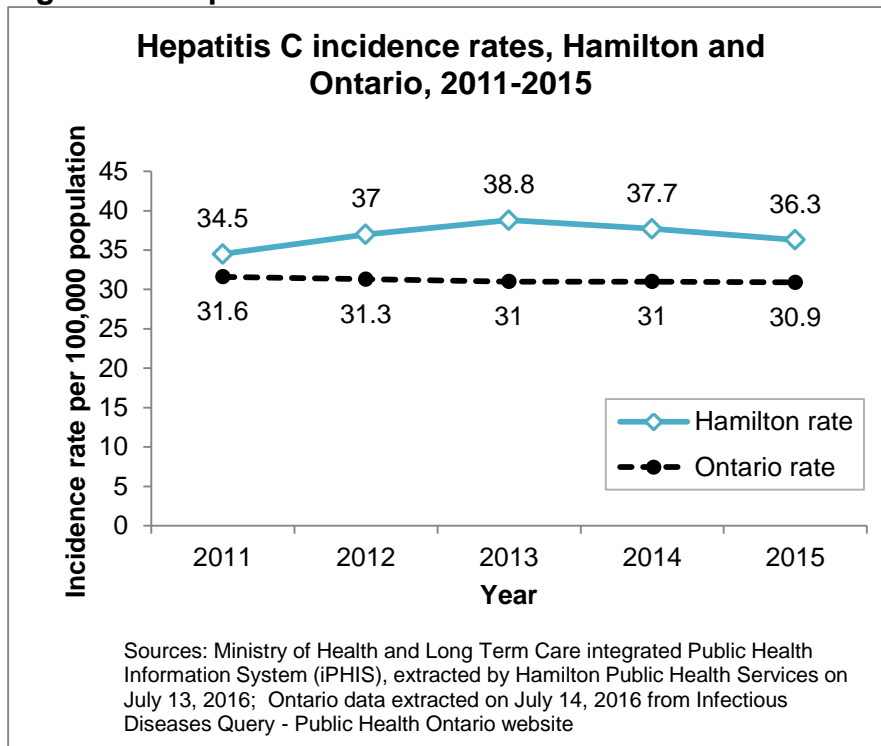
Appendix B provides further information on SISs in Canada and globally.

Potential Benefits of A Supervised Injection Site In Hamilton

Hepatitis C

An important public health goal of SISs is to decrease unsafe injection practices to limit the spread of hepatitis C and HIV in the community. Between 2011 and 2015, approximately 200 new cases of hepatitis C were diagnosed per year in Hamilton. This rate is slightly higher than the Ontario rate (Figure 1).

Figure 1 – Hepatitis C Incidence Rates In Hamilton and Ontario, 2011-2015



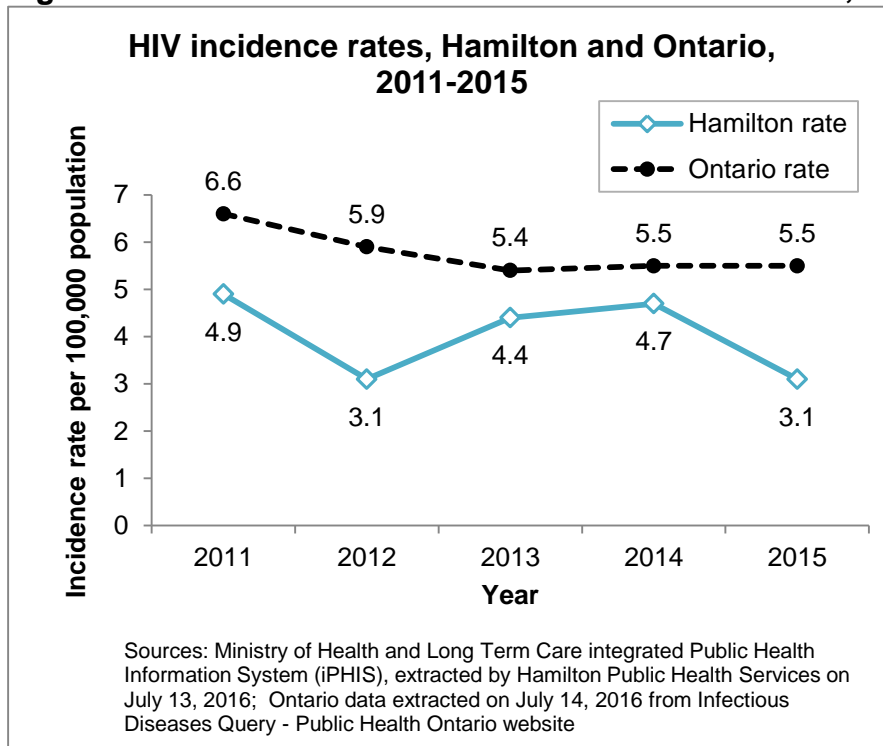
PHS collects information on all newly diagnosed cases of hepatitis C in Hamilton in order to understand risk factors. The most commonly reported risk factor was injection drug use (89%). Sixty-four percent of injection drug users reported sharing needles.

Hepatitis C is a serious liver disease. On average, between 2004 and 2011, 11 Hamiltonians died each year from chronic hepatitis C. The death rate from hepatitis C in Hamilton was generally similar to the rest of Ontario

HIV

In Hamilton, between 2011 and 2015, an average of 22 new cases of HIV were diagnosed each year. The rate in Hamilton was slightly below the rest of the province during this time period (4.0 per 100,000 vs. 5.8 per 100,000, respectively) (Figure 2).

Figure 2 – HIV Incidence Rates In Hamilton and Ontario, 2011-2015



Similar to hepatitis C, PHS collects risk factor information from new HIV cases. In Hamilton, injection drug use was reported among 6% of new HIV cases between 2011 and 2015. Overall in Ontario 4.6% of new HIV cases report this risk factor.

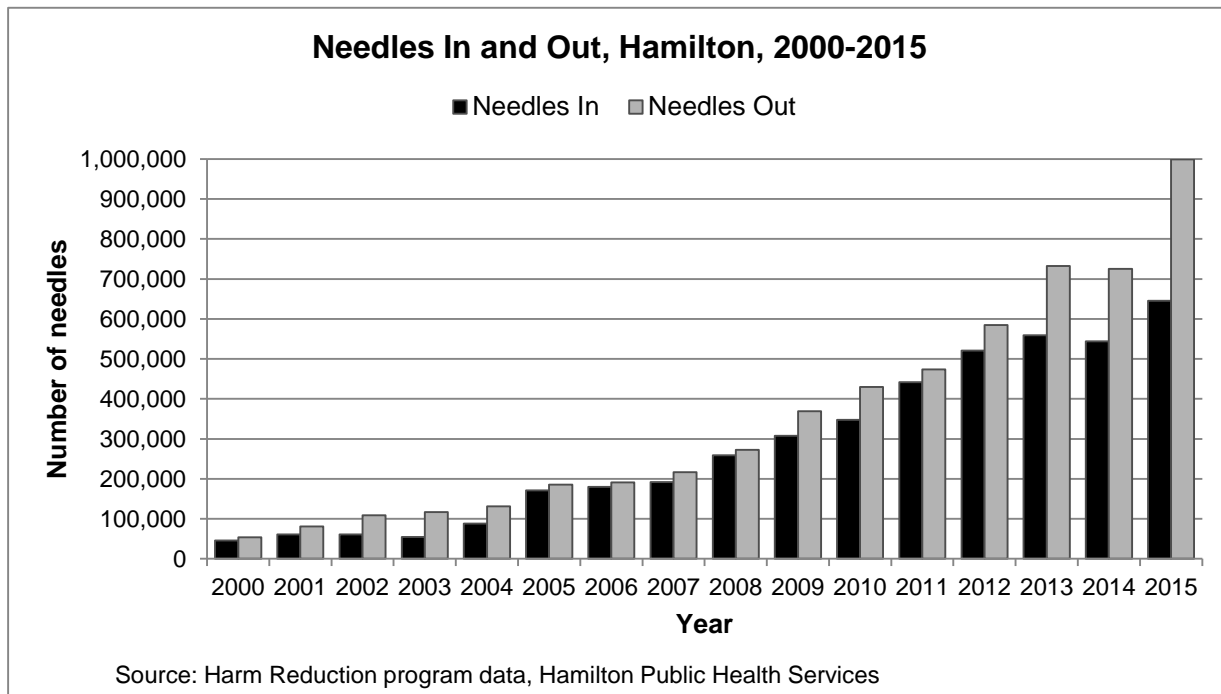
On average, about 6 people died from HIV each year in Hamilton between 2007 and 2011. When standardized for age, the rate of deaths from HIV in Hamilton is similar to Ontario.

Harm reduction measures, such as needle syringe programs and SISs, have the potential to decrease the risk of acquiring hepatitis C and HIV through injection drug use and sharing of syringes.

Hamilton’s needle syringe program

PHS operates a needle syringe program that provides clean needles and other injection equipment needed for safer injection drug use and collects used needles for disposal. Since 2000, the need for safer injection supplies has increased in the community and in 2015 approximately 1,000,000 clean needles were given out and over 600,000 taken in for proper disposal (Figure 3).

Figure 3 – Needle Syringe Program With Needles Given Out and Taken In, 2000-2015



More recently, PHS has tracked needles retrieved from the community through the “Community Points” program. In 2014, 18,273 needles were retrieved and 21,651 in 2015. Data from the City of Hamilton Customer Contact Centre showed that in 2015, 251 calls were received for sharps or needles found in the community. From January 1 to July 10, 2016, 150 calls were received. More than 50% of calls related to sharps or needles come from wards 2 and 3.

The above data suggest that Hamilton has not yet reached saturation for distribution of clean injection equipment through the needle syringe program. SISs would be an additional measure that could support a needle syringe program meaning safer injections for individuals and less injection litter in the city. SISs also have an added benefit over a needle syringe program in that individuals can be connected with health and social support services, including addiction treatment.

SISs represent an opportunity to support the harm reduction pillar of a comprehensive public health approach to drug and substance misuse in Hamilton (BOH 16035). They are also aligned with PHS’ mandate under the Ontario Public Health Standards to ensure priority populations have access to harm reduction services to reduce the spread of sexually transmitted infections and blood-borne infections. As SISs target highly marginalized populations with significant risks to health, they also support health equity. Overall, this aligns with the City of Hamilton’s 2016-2025 strategic plan with the

vision “to be the best place to raise a child and age successfully” and the priority of “healthy and safe communities”.

Proposed Next Steps

Staff are proposing to bring forward a request through the 2017 capital budget process that would support the necessary needs assessment and feasibility study for a future application for exemption to the *Controlled Drugs and Substances Act*. Staff would also conduct a survey prior to the 2017 budget deliberations on general feedback from the Hamilton community on SISs. This report is not asking the Board of Health to approve SISs, but to better understand the need in the community and whether SISs would be an effective service to promote individual and community health in Hamilton.

ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN

Healthy and Safe Communities

Hamilton is a safe and supportive city where people are active, healthy, and have a high quality of life.

APPENDICES AND SCHEDULES ATTACHED

- Appendix A to Report BOH16037 – Supervised injection sites: a literature review on effectiveness
- Appendix B to Report BOH16037 – A global scan of supervised injection sites

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