



# INFORMATION REPORT

<b>TO:</b>	Mayor and Members General Issues Committee
<b>COMMITTEE DATE:</b>	November 25, 2016
<b>SUBJECT/REPORT NO:</b>	Supervised Injection Sites Needs Assessment and Feasibility Study Capital Budget Request (BOH16057) (City Wide)
<b>WARD(S) AFFECTED:</b>	City Wide
<b>PREPARED BY:</b>	Jessica Hopkins (905) 546-2424, Ext. 3055
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## Council Direction:

At the September 19, 2016 Board of Health meeting, staff were directed to:

- (a) 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,

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*OUR Vision: To be the best place to raise a child and age successfully.*

*OUR Mission: To provide high quality cost conscious public services that contribute to a healthy, safe and prosperous community, in a sustainable manner.*

*OUR Culture: Collective Ownership, Steadfast Integrity, Courageous Change, Sensational Service, Engaged Empowered Employees.*

- (iii) Feedback from stakeholder and community engagement, with a greater emphasis on areas that might potentially house a Safe Injection Site,
  - (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), and
  - (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, engage and communicate with constituents in those areas that might potentially house a Safe Injection Site, in future; and
- (c) That this report fulfils the above direction to staff and these items will be removed from the Board of Health Outstanding Business List.

**Information:**

**Supervised Injection Site Community Survey**

***Background***

Public Health Services (PHS) conducted a community survey on supervised injection sites (SISs) from October 5 to 26, 2016 (see Information Update October 5, 2016 – Supervised Injection Sites Survey).

The survey was shared broadly with the public in the following ways:

- City of Hamilton website [www.hamilton.ca/VAN](http://www.hamilton.ca/VAN) ,
- Media Release announcing survey, and intention of the survey,
- @CityofHamilton Twitter account sharing 8 Tweets from October 5, 2016 to October 26, 2016 generating 28,482 impressions, 68 retweets, 27 likes, 213 URL clicks,
- Paid print advertisements in the Hamilton Spectator,
- Poster and survey distributed to community partner organizations, including health and social service providers, shared the survey link through their networks and with clients,

- PHS worked with Councillors from Wards 2 and 3 to share the survey link with their local neighbourhood associations/planning teams and business improvement association (BIA) leads in Wards 2 and 3,
- Information was also shared at “The State of Our Neighbourhoods” event on October 5, 2016 where multiple neighbourhood groups were in attendance,
- PHS developed posters, and service cards advertised the survey at clinic spaces, particularly with people who inject drugs, and
- PHS outreach workers made survey available in alternate (paper based) formats to clients.

### **Results**

A total of 1,690 people from all age groups and all areas of the city completed the survey. Of those, 84% were supportive of the possibility of having SISs in Hamilton. The best models were felt to be an integrated model where supervised injection services are available with other services (89%) or mobile services that could travel to clients (62%).

The top benefits of an SIS were felt to be: 1) to decrease the risk of injury and death from overdose (84%), 2) to lower the risk of infectious diseases like HIV, AIDS and hepatitis C (84%), and 3a) to connect people who inject drugs or their family members with health and social services, 3b) to decrease public drug use, and 3c) to decrease publicly discarded needles (each 80%).

Potential harms of an SIS were felt to be: 1) more people who use drugs in the area (40%), 2) a negative impact on the image or reputation of the community (40%), and 3) concerns about property values (39%). Ideas to help decrease these concerns included: 1) evaluating the services to see what is or isn't working, sharing results with the community and taking action (72%), 2) giving out information on the goals of an SIS and how it can help the community (70%), and 3) having a community group to work on issues related to an SIS (47%).

A full description of the survey results is available in Appendix A.

### **Capital Budget Request**

During the Board of Health and Council discussions related to BOH16037 – Supervised Injection Sites: Evidence and Proposed Next Steps, concerns were raised about the potential cost of a study. In the report, the estimated cost was \$250,000. Staff committed to exploring other opportunities to minimize the impact on the municipal levy.

***Basis for Initial Estimate***

The initial estimate of \$250,000 was based on information from the Toronto and Ottawa Supervised Consumption Assessment (TOSCA) study and the Ontario HIV Treatment Network feasibility studies for London and Thunder Bay. This was based on a maximum cost with complete outsourcing of the study to an external organization.

To complete the study in 12 months, a study coordinator and research assistant would need to be hired, along with consultation services for geographic information systems (GIS) analysis, health economics, biostatistics, and peer researchers. Staffing costs contributed to more than 80% of the total cost of the study.

The advantages to completely outsourcing the study through a contract would be to avoid any need to re-prioritize PHS work to support the study and the perception of increased neutrality or objectivity of an external group. The disadvantage to outsourcing the study is the increased cost.

***Revised Estimate***

The revised estimate to conduct the study is \$92,000. The study would be completed by the end of 2017 with final results available in Q1 of 2018.

PHS has been able to bring down the cost of the study and impact on the municipal levy by forming a partnership with McMaster University's Master of Public Health (MPH) program and the McMaster Institute for Healthier Environments (MIHE). See the attached letter of support for this initiative in Appendix B.

Staff costs remain the major driver for the cost of a study. However, the total amount has been mitigated by creating suitable research projects for Master-level students, obtaining in-kind support for supervision of research students, and by PHS doing some of the study work in-house.

A total of six Master-level students will be provided with a living wage stipend to work with two peer researchers to conduct the study. Faculty supervision will occur through appropriate staff at PHS and McMaster University. PHS will undertake the study management, health promotion and engagement for the study, and some of the data analysis.

The advantages of this approach include decreasing the study's cost, deepening our research partnership with McMaster University, and providing a unique, community-based educational opportunity for Master-level students. Disadvantages of this approach include the need to re-prioritize some PHS work (no service level impacts will

occur as the services being used primarily support internal staff), and the potential for some people to perceive the research team as being less objective as it involves City staff.

In order to mitigate concerns regarding the objectivity of the research team, a steering committee will be formed and will include representation from appropriate scientific experts, organizations that work with people who inject drugs and could potentially provide SIS services, councillors from wards most likely to host SISs, police, community and business members from wards most likely to host SISs, and people who inject drugs who would potentially use SISs.

### ***Additional Sources of Funding Explored***

Staff contacted the Ontario HIV Treatment Network for funding as they are currently funding studies in London and Thunder Bay. They are not able to provide any funding at this time, but are looking into the ability to support other communities in conducting studies by creating a toolkit with survey and focus group questions, along with other supporting materials.

Research grants were considered, but not pursued due to a lack of feasibility. There are three main reasons for the lack of feasibility: 1) timelines, 2) eligibility criteria, and 3) low chance of success. Research grant applications take months of work in advance and decisions follow after reviews that may take several months; this is much longer than the capital budget timeline. Secondly, grants often have very specific themes or eligibility criteria, so options for application are limited due to the highly specific nature of the study in order to meet the requirements to apply for an exemption under the *Controlled Drugs and Substances Act*. Lastly, the success rate for grants is very low with the number of applications far exceeding the available funding.

### ***Outstanding Financial Questions***

During previous discussions, questions have been raised regarding potential operating costs of one or more SISs. These costs will be estimated if SISs are recommended for Hamilton and would be presented to council for consideration. It is challenging to estimate the cost at this point in time as the model, size (e.g., hours of operation and number of clients seen per day), and partnerships with other organizations would need to be determined.

Questions regarding cost-savings (e.g., to the health care system) have also been raised. These would be determined during the study and presented to council when results are available.

**Appendices / Schedules Attached**

Appendix A to Report BOH16057 – Supervised Injection Site Community Survey  
Results

Appendix B to Report BOH16057 – Letter of support (McMaster University)