



INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	December 4, 2017
SUBJECT/REPORT NO:	Supervised Injection Site Study Update BOH17004(a) (City Wide) (Outstanding Business List Item)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Elissa Press (905) 546-2424, Ext. 7117 Rosemarie Maver (905) 546-2424, Ext. 3284 Laura Bourns (905) 546-2424, Ext. 3571
SUBMITTED BY & SIGNATURE:	Laura Bourns, MD, CCFP, FRCPC Public Health Physician Public Health Services Department Michelle Baird Director, Planning and Business Improvement Division Public Health Services Department

Council Direction:

This information report provides the findings from the Hamilton Supervised Injection Site Needs Assessment and Feasibility Study. The Outstanding Business List item; "That staff report back to the Board of Health with a report on their findings of the Supervised Injection Site study by December 4, 2017" resulting from the March 20, 2017 Supervised Injection Site Study Update BOH17004, can be removed from the Outstanding Business List.

Information:

Drug and substance misuse is an important public health issue that has significant impacts on those injecting drugs and the greater community; these impacts include fatal and non-fatal drug overdoses, the spread of infectious diseases (including HIV and hepatitis C), and the production of injection drug litter and degradation of public spaces.

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.

This report provides an overview of supervised injection site (SIS) models, the current context and the landscape for SISs in Ontario and nationally, and a summary of key findings from the Hamilton Supervised Injection Site Needs Assessment and Feasibility Study (SIS NAFS) (Appendix A).

A review of the evidence and background information on supervised injection sites is contained in previous BOH reports BOH16037 (Supervised Injection Sites: Evidence and Proposed Next Steps, September 18, 2016), and BOH17004 (Supervised Injection Site Study Update, March 20, 2017).

Supervised Injection Sites & Supervised Consumption Sites

SISs are legally sanctioned locations where people can bring pre-obtained drugs and inject them in a clean and supervised environment. A supervised consumption site (SCS) is a broader term than SIS and refers to a site where individuals may be permitted to take drugs through injection, ingestion and/or inhalation. This report presents information related to SCSs that only allow for injection drug use; for clarification purposes, the term SIS will be used for the remainder of this report.

The main objectives of an SIS include:

- a) Reduce the number of fatal and non-fatal drug overdoses;
- b) Reduce the spread of infectious disease (e.g., HIV and hepatitis C) amongst people who inject drugs;
- c) Connect people who inject drugs (PWIDs) with other health, social and treatment services; and,
- d) Create a safer community by reducing drug use in public places and discarded needles.^{1, 2}

Research has demonstrated the benefits of SISs for local communities and PWIDs. SISs are part of a larger harm reduction approach that reflects the values of social justice, including the right to access health care while ensuring that people who use drugs are treated with respect.¹ Research has shown that supervised injection services can reduce public drug use and unsafe injection practices, as well as lower transmission rates of HIV and hepatitis C.¹

Worldwide, there are currently over 90 SISs operating.² In Canada, an exemption under section 56.1 of the Controlled Drugs and Substances Act (CDSA) is required in order to legally operate an SIS. As of November 17, 2017, twenty-three sites have been approved for exemptions. Fourteen sites with approved exemptions are currently operating and offering services in Canada. In Ontario, three sites have been approved in Toronto and two sites in Ottawa. One approved site in Toronto and one in Ottawa are currently offering services, while an additional approved site in Ottawa is operating

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.

an interim site, while their permanent site is undergoing renovations.³ Appendix B provides additional information on approved sites in Canada.

Models of SISs

Supervised injection sites can differ in design and services offered. Models include:

- Fixed stand-alone sites operate independently from other existing services, with a focus on supervised injection and harm reduction (e.g. providing clean injection supplies, education on safe drug use, observation after drug injection, and, management of emergencies). These sites may be closely linked with other organizations to facilitate referrals to other health and social services;
- Integrated sites are located within health or social service sites, and provide ancillary care and services such as primary care, addictions treatment, housing, and other social supports, in addition to services provided at a stand-alone site; and,
- Mobile outreach sites are modified vehicles that travel pre-determined routes during designated times, and park in designated locations in order to provide a space (usually one to three injection booths) to inject drugs and provide harm reduction services.²

Executive Summary:

Hamilton Supervised Injection Site Needs Assessment & Feasibility Study

Public Health Services in partnership with McMaster University's Master of Public Health Program conducted a study to determine whether there is a need for SISs in Hamilton and what factors could facilitate or be barriers to establishing SISs in Hamilton. The study which included surveys, key informant interviews, focus groups, and analysis of health and crime data, took place from May 2017 to August 2017.

The objectives of the Hamilton SIS Needs Assessment and Feasibility Study (SIS NAFS) were to:

- Determine the need for one or more SISs in the City of Hamilton;
- Determine the feasibility of one or more SISs for Hamilton, including the recommended number, geographical location(s), and model type (integrated, stand alone, or mobile); and,
- Involve the community and stakeholders in consultation and discussions about issues associated with drug use in Hamilton, and the feasibility of supervised injection sites as a measure to improve health among people who inject drugs.

A summary of methods and results of the Hamilton SIS NAFS are presented here. The full study report which includes study methods, results, discussion and recommendations is appended (Appendix A).

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.

Methods

Qualitative methods including focus groups, key informant interviews, and surveys, were used to understand the issue of illicit drug use, and the health and social impacts it has in Hamilton. Twenty-seven key informant interviews were held with stakeholders including individuals from social service organizations, government and municipal services, police and emergency services, health care, businesses, and PWIDs. Ten focus groups with service providers, PWIDs, and community members who do not identify as using drugs were conducted. One hundred and six surveys were completed by PWIDs. Both PWID and community stakeholders, who did not identify as injecting drugs provided input on the perceived need of SISs in Hamilton, as well as the services and characteristics that should be offered. Respondents to the survey for PWIDs provided insight into whether they would access the services offered by an SIS. Community stakeholders provided their perspective into the acceptability and feasibility of SISs.

Summary of Results

Drug Use in & Health impacts in Hamilton:

- Accidental fatal and non-fatal overdoses are increasing yearly. In 2016 there were 43 opioid-related accidental deaths reported in Hamilton, which was four times higher than 2007;
- Opioids have had considerable impact on health care utilization, with opioid-related hospitalization rates (23.3 per 100,000 for 2016) almost double the provincial value (13.5 per 100,000 for 2016); as is the rate of emergency department visits (52.8 per 100,000 in Hamilton versus 31.7 per 100,000);
- Paramedic responses for drug use are most concentrated in the downtown;
- The incidence of new hepatitis C cases in Hamilton in 2016 (40.9 cases per 100,000) was 30% higher than the provincial rate (31.1 cases per 100,000);
- Between 2004 and 2012, an average of 11 Hamilton residents died every year due to chronic hepatitis C;
- The number of new cases of HIV has been increasing since 2012 with an average of 22 new cases diagnosed each year since 2012; and,
- Between 2007 and 2011 an average of six Hamiltonians died every year from HIV.

Injecting alone and public drug use were common occurrences among PWID survey respondents:

- The most common place for respondents to inject drugs was their own residence (76%), followed by public washroom (54%) and a relative or friend's place (51%); and,

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.

- At least once in the last six months:
 - Two thirds reported injecting in public or semi-public areas such as parks, alleyways or public washrooms; and,
 - 84% of respondents reported injecting alone and 43% reported needing help with injection.

Nearly half of PWID respondents (45%) reported not knowing where to get a clean needle at the time they wanted to inject, and one in eight respondents had knowingly injected with used needles.

There is a high demand for injection drug use related harm reduction services in Hamilton:

- Between January 2017 and August 2017, 1017 naloxone kits were distributed by the Hamilton Overdose Prevention & Education (HOPE) program; 250 people reported being revived by these kits; and,
- In 2016, approximately 1.2 million clean needles were distributed and 730,000 used needles were returned for safe disposal. The numbers of needles distributed have continued to increase since the inception of Hamilton's Needle Syringe Program.

Crime Rates

Data provided by Hamilton Police Service indicate that between 2012 and 2016 the highest rates of drug related crime occurred in downtown Hamilton, approximately north of Hunter Street, south of Burlington Street, and between Queen Street and Wellington Street. These crimes include possession, trafficking, and loitering events related to controlled substances that do not include cannabis.

Key informant interviews, focus groups and PWIDs surveys

There was a high level of awareness of the issue of drug misuse in Hamilton, and a high level of acceptance for a potential SIS among PWIDs, community members and stakeholders.

Acceptance of an SIS

- 100% of key informants recognized there is a drug problem in Hamilton, and 76% thought the community would be agreeable to the implementation of an SIS, if not immediately, then over time; and,
- The majority of PWIDs (80%) surveyed as part of the study would access supervised injection sites if they were available, while 9% would consider it.

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.

Model

- The majority of respondents stated Hamilton would benefit from one or more SIS(s) and that additional integrated sites should be considered based on implementation of the first site, monitoring for need, and the interest and willingness of service providers and users to have additional sites; and,
- Preference was given by the vast majority of respondents for an integrated SIS with other services available (e.g. harm reduction, mental health, health services, drug and addictions counseling and treatment, and social services).

Location

- Among PWIDs the most common response for a preferred SIS location was 'downtown'; downtown is most commonly defined as the area flanked by Queen Street (west), Barton Street (north), Ferguson Avenue (east) and Main Street (south); and,
- Among stakeholders, injection drug use was also perceived to be concentrated in downtown Hamilton; after downtown, areas most frequently mentioned as concerns included the east end, the north end, and the mountain.

Perceived benefits of an SIS included:

- Improved safety of PWIDs and the community;
- Improved health and well-being of PWIDs;
- Improved access to health care and social services for PWIDs; and,
- Reduced burden on health care and community services.

Perceived drawbacks of an SIS included:

- Encouraging continued drug use instead of treatment;
- Potential increase in drug use and first time drug use;
- Threat to neighbourhood safety (e.g. increase in crime);
- Challenged social perceptions (goes against personal and professional values and beliefs; conflicts with the law related to illicit drug use);
- Where to locate an SIS (NIMBYism – '*not in my back yard*'); and,
- Costs, being supported by tax payer dollars.

Suggestions provided by participants for addressing concerns about SISs included: providing education to dispel myths and highlight the benefits of SISs; increased drug education; offering information sessions; holding proactive; and, transparent public consultations for planning for SIS operations and when logistical concerns arise.

While it is crucial to understand the concerns raised by stakeholders and community members, it is important to note that research done on the impact of existing SISs in Vancouver, B.C.; Sydney, Australia; and Germany, have not found any evidence of

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.

SISs leading to an increase in public drug use or in the number of people who use drugs.¹ Evidence shows that the majority of SIS users are long-time users and that the establishment of an SIS does not lead to an increase in first-time drug use. A 2007 study examining the duration of injection drug use among 1065 users of InSite reported the median years of injection drug use as 15.9 years.

Only one individual reported using Insite for a first injection.⁴ Contrary to encouraging use, numerous studies have found that SISs result in decreased public drug use⁵⁻⁸ and increased uptake of detox and other addiction services.⁸⁻¹² Research has also not found evidence of negative impacts from SISs on communities, including increases in drug-related crime or publicly discarded needles and injecting supplies.^{1,5,6,8,13}

Recommendations of the Study

Based on the findings of the study, the SIS NAFS made five recommendations. These recommendations are presented here and in BOH17004(b) – “Recommendations for Supervised Injection Sites in Hamilton” for endorsement by the BOH.

1. Hamilton would benefit from one or more supervised injection sites. Epidemiological and community data describe a need for additional strategies to decrease death and disability as a result of injection drug use and its consequences. The Hamilton community largely supports SISs as a strategy to support people who inject drugs and community members who inject drugs would be willing to use an SIS.
2. Hamilton should implement one integrated supervised injection site located in the area flanked by Queen Street (west), Barton Street (north), Ferguson Avenue (east) and Main Street (south).
 - The site should be integrated within an existing health or social service agency that already provides harm reduction services to people who inject drugs;
 - The lead organization of the site should determine optimal hours of operation based on resources, capacity, and need, understanding that surveyed users would prefer to access a site between 8 a.m. to noon and 8 p.m. to 12 midnight; and,
 - The site should provide harm reduction and basic health services.
3. Additional integrated sites should be considered based on implementation of the first site, monitoring for need, and the interest and willingness of service providers and users to have additional locations.
 - Potential areas to monitor include Hamilton’s east end and mountain areas.
4. Geographic areas outside of Hamilton’s downtown core could be serviced with a mobile supervised injection site.

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.

Injection drug use is a city-wide issue. While a fixed site in the downtown core will serve many, strategies to address equity of access should be considered.

- Further investigation should be conducted to understand the optimal route and timing;
 - Ways to incorporate integrated services into a mobile service delivery model should be further explored; and,
 - The potential for additional mobile units should be considered based on monitoring for need and the interest and willingness of service providers and users to have additional units.
5. Implementation and evaluation plans should be developed by the lead service agency for the SIS in consultation with other service providers, potential clients, and the community.

Study Costs

Council (through General Issues Committee) approved \$92,000 for a Supervised Injection Site needs assessment and feasibility study (SIS NAFS) to be conducted in 2017 (BOH 16057). As a result of the revised SIS application requirements from the introduction of Bill C-37, Public Health Services was able to reduce estimated study costs from \$92,000 to \$62,000. The projected total costs for completion of the study, including report publication are approximately \$55,400.

Summary

Drug and substance misuse is an important public health issue that has significant impacts on those injecting drugs and the Hamilton community. The health and social impacts from drug misuse in Hamilton demonstrated by SIS NAFS include increasing numbers of fatal and non-fatal drug overdoses, the spread of infectious diseases including HIV and hepatitis C, the creation of injection drug litter, the degradation of public spaces, and the concern for neighbourhood safety.

Results from the Hamilton Supervised Injection Site Needs Assessment & Feasibility Study conclude that Hamilton would benefit from one or more supervised injection sites, preferably an integrated site within an existing health or social service organization located within the downtown area. If an SIS were available, the SIS NAFS also provides evidence that the community would be largely accepting of an SIS and that the majority of PWIDs surveyed as part of the study would access them.

Research clearly indicates that supervised injection services can reduce public drug use and unsafe injection practices, as well as lower transmission rates of HIV and hepatitis C.¹ Illicit drug-related overdose is a recognised contributor to morbidity and mortality among PWIDs, and in many countries is the leading cause of death among PWIDs.¹⁴ Research indicates that SISs are an effective way to prevent overdose deaths.^{1,8,11,14,15}

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.

While InSite reports 6,440 interventions for overdoses since opening in 2003, there have been no deaths at the site.¹¹ Supervised injection sites are part of a larger harm reduction approach that reflects the values of social justice, including the right to access health care and to ensure that people who use drugs are treated with respect and are able to receive care that maximizes their well-being.¹

These goals are an important part of the four-pillared approach of the Hamilton Drug Strategy that is being developed, and align with the new Ontario Standards for Public Health Programs and Services.

Related Reports

- BOH16035 – A Comprehensive public health approach to drug and substance misuse;
- BOH16037 – Supervised injection sites: evidence and proposed next steps;
- BOH 16057 - Supervised Injection Sites Needs Assessment and Feasibility Study Capital Budget Request;
- BOH17004 – Supervised Injection Site Study Update;
- BOH17021 – Bill C-37 and Supervised Injection Sites; and,
- BOH17004(b) – Supervised Injection Site Study Update.

APPENDICES ATTACHED

Appendix A to Report BOH17004(a) - The Hamilton Supervised Injection Site Needs Assessment and Feasibility Study

Appendix B to Report BOH17004(a) - Approved Supervised Consumption Sites in Canada (as of October 24, 2017)

REFERENCES

1. Supervised Injection Services Working Group (June 2013). Supervised Injection Services Toolkit. Toronto: Toronto Drug Strategy. Retrieved from: <http://www.toronto.ca/legdocs/mmis/2013/hl/bgrd/backgroundfile-59914.pdf> (accessed 2017-Sep-13).
2. Steering Committee for the Supervised Consumption Services Guidelines (2017). Supervised Consumption Services: Operational Guidance. British Columbia Centre on Substance Use. Retrieved from: <http://www.bccsu.ca/wp-content/uploads/2017/07/BC-SCS-Operational-Guidance.pdf> (accessed 2017-Sep-13).
3. Government of Canada (2017-May-26). Applying for a supervised consumption site. Retrieved from: <https://www.canada.ca/en/health->

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.

- canada/services/substance-abuse/supervised-consumption-sites.html (accessed 2017-Nov-20).
4. Kerr T., Tyndall M.W., Zhang R., Lai C., Montaner J., Wood E., (2007). Circumstances of first injection among illicit drug users accessing a medically supervised safer injection facility. *American Journal of Public Health*; 97(7): 1228-1230.
 5. Petrar S., Kerr T., Tyndall M.W., Zhang R., Montaner J., Wood E., (2007). Injection drug users' perceptions regarding use of a medically supervised safer injecting facility. *Addictive Behaviors*, 32: 1088-1093.
 6. Wood E., Kerr T., Small W., Li K., Marsh D.C., Montaner J., Tyndall M.W. (2004). Changes in public order after the opening of a medically supervised safer injecting facility for illicit injection drug users. *Canadian Medical Association Journal*, 171(7):731-734.
 7. Stoltz J.A., Wood E., Small W., Li K., Tyndall M., Montaner J., Kerr T. (2007). Changes in injecting practices associated with the use of a medically supervised safer injection facility. *Journal of Public Health*, 29(1):35-9.
 8. Potier C., Laprevote V., Dubois-Arber F., Cottencin O., Rolland B. (2014). Supervised injection services: what has been demonstrated? A systematic literature review. *Drug and Alcohol Dependence*, 145: 48-68.
 9. Wood E., Tyndall M.W., Zhang R., Stoltz J.A., et al. (2006). Attendance at supervised injection facilities and use of detoxification services. *New England Journal of Medicine*, 354:2512-2514.
 10. Wood E., Tyndall M.W., Zhang R., Montaner J.S., Kerr T. (2007). Rates of detoxification service use and its impact among a cohort of supervised injecting facility users. *Addiction*, 102: 916-919.
 11. Vancouver Coastal Health. Insite user statistics. Retrieved from: <http://www.vch.ca/public-health/harm-reduction/supervised-injection-sites/insite-user-statistics>. (Accessed 2017- Nov- 3).
 12. DeBeck K., Kerr T., Bird L., Zhang R., Marsh D., Tyndall M., Montaner J., Wood E. (2011). Injection drug use cessation and use of North America's first medically supervised safer injecting facility. *Drug Alcohol Dependence*, 113(2-3):172-6.
 13. Wood E., Tyndall M.W., Lai C., Montaner J., Kerr T. (2006). Impact of a medically supervised safer injecting facility on drug dealing and other drug-related crime. *Substance Abuse Treatment, Prevention, and Policy*, 1(1):13.
 14. Kerr T., Tyndall M.W., Lai C., Montaner J., Wood E. (2006). Drug-related overdoses within a medically supervised safer injection facility. *International Journal of Drug Policy*, 17(5): 436-441.
 15. Milloy M.J., Kerr T., Tyndall M., Montaner J., Wood E. (2008). Estimated drug overdose deaths averted by North America's first medically-supervised safer injection facility. *PLoS One*, 3(10): e3351
 16. Marshall, B., Milloy M., Wood E., Montaner J., Kerr T. (2011). Reduction in overdose mortality after the opening of North America's first medically supervised

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.

safer injecting facility. A retrospective population-based study. *Lancet*, 2353-2357.