



CITY OF HAMILTON
PUBLIC HEALTH SERVICES
Communicable Disease Control & Wellness Division

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	December 4, 2017
SUBJECT/REPORT NO:	Supervised Injection Site Study Update BOH17004(b) (City Wide)
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:	Elizabeth Richardson MD, MHSc, FRCPC Medical Officer of Health Public Health Services Department

RECOMMENDATION

- (a) That the Board of Health express support for community organizations that are submitting an exemption application to Health Canada and the Ministry of Health and Long-Term care to operate a Supervised Injection Site if:
- (i) Their application falls in line with the recommendations of the Hamilton Supervised Injection Site Needs Assessment and Feasibility Study;
 - (ii) It includes practices, policies and procedures to ensure community safety and order, for the community and immediate area surrounding the site; and,
 - (iii) It includes plans for ongoing community engagement and feedback, and evaluation of the site;
- (b) That the Board of Health endorse recommendations of the report "Hamilton Supervised Injection Site Needs Assessment & Feasibility Study":
- (i) Hamilton would benefit from one or more supervised injection sites.

- (ii) Hamilton should implement one integrated supervised injection site located in the area flanked by Queen Street (west), Barton Street (north), Ferguson Ave (east) and Main Street (south).
 - a. The site should be integrated within an existing health or social service agency that already provides harm reduction services to people who inject drugs.
 - b. 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 12 noon and 8 p.m. to 12 midnight.
 - c. The site should provide harm reduction and basic health services.
 - (iii) 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.
 - a. Potential areas to monitor include the East End and Mountain.
 - (iv) Geographic areas outside of Hamilton's downtown core could be serviced with a mobile supervised injection site under the following conditions:
 - a. Further investigation should be conducted to understand the optimal route and timing.
 - b. Ways to incorporate integrated services into a mobile service delivery model should be further explored.
 - c. 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.
 - (v) 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; and,
- (c) That the Board of Health endorse Public Health Services to support a Supervised Injection Site with the provision of in-kind harm-reduction resources and staff support. Any identified staffing and resource implications would be brought back to the Board of Health for approval and/or endorsement.

EXECUTIVE SUMMARY

This report and recommendations are in response to the Board of Health (BOH16037) motion dated September 19, 2016 which directed staff to bring a request through the

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.

2017 capital budget process for a supervised injection site (SIS) needs assessment and feasibility (BOH16057), and a motion at the March 2017 meeting (BOH17004) to report back at the December 4, 2017 Board of Health meeting.

Results from the “Hamilton Supervised Injection Site Needs Assessment & Feasibility Study” (SIS NAFS) provide evidence to support the need for at least one supervised injection site in Hamilton. The study found that one third of persons who self-identify as injecting drugs do so at least daily, and one in eight users reported knowingly injecting with needles already used by others. Injecting with previously used needles increases one’s risk of being infected with a blood born infection, i.e. hepatitis C and/or HIV. The study also identified needs that a SIS could address, such as informing users of where to access sterile injection supplies; nearly half (45%) of respondents reported not knowing where to get a clean needle. A significant number (two in three) of injection drug users reported injecting in a public or semi-public area at least once in the last six months; public injection has potential consequences for users and the community.

Hamilton’s rates of fatal and non-fatal opioid overdoses, emergency department visits and overdoses have increased substantially over time, and the incidence of hepatitis C is higher in Hamilton than the provincial average. Implementing an SIS(s) in Hamilton has the potential to effectively address some of these issues by decreasing unsafe injection practices like needle sharing, decreasing overdoses, and promoting public order by decreasing public injections and litter.^{1,2}

An SIS is both necessary and desired by people who live in Hamilton. Among the 106 Hamilton SIS NAFS survey participants who self-identified as using injection drugs in the previous six months, 94% thought Hamilton would benefit from two or more sites, and 80% of survey respondents reported they would use an SIS if one were established. All 27 community members and stakeholders who participated in key informant interviews recognized there is a drug problem in Hamilton, and 76% thought the community would be on board with an SIS, if not immediately, then over time. The full report is appended to BOH17004(b) Supervised Injection Sites Needs Assessment and Feasibility Study (Appendix A).

The Government of Canada supports operating supervised consumption sites for a medical or scientific purpose, or if in the public interest, through exemptions under section 56.1 of the *Controlled Drugs and Substances Act*.³ An SIS is a health service that provides a safe and hygienic space where people can bring their own illicit substances to inject under the supervision of trained workers.

Without an exemption, staff and clients are subject to criminal laws that prohibit the possession and trafficking of controlled substances (e.g. heroin, crystal meth).¹ In order to be granted an exemption, an organization must successfully demonstrate they are able to meet eight requirements aligned with five factors (Appendix A).³ The Hamilton SIS NAFS provides the foundation for an application by demonstrating there is a high

level of community support and a need for one or more SIS(s). Recommendations for the site(s) are substantiated by the SIS NAFS report.

Public Health Services (PHS) utilizes a comprehensive public health approach to drug and substance misuse comprised of four pillars, prevention, treatment, enforcement, and harm reduction (for more information about the four pillared approach see BOH16035, “A Comprehensive Public Health Approach to Drug and Substance Misuse”). SISs can aid public health goals for reducing harms related to injection drug use at the individual and community level, promoting equity in access to health services, and maximizing positive health outcomes. An SIS is part of a comprehensive harm reduction approach to drug and substance misuse and complements other harm reduction services currently offered in Hamilton including distribution of safe inhalation kits, clean needles and naloxone distribution.

Hamilton PHS believes SISs are an important element to address the harms of injection drug use in our city, as well as a way to promote access to health and social services.

Alternatives for Consideration - Not Applicable

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: The recommendation is for PHS to provide ‘in-kind’ support to a community organization operating an SIS, including staff time to provide support for an SIS application(s), and if approved, staff time to provide harm reduction services, and provincially funded supplies such as clean needles and naloxone. The type and amount of staff support for offering harm reduction support at an SIS would be determined in conjunction with the operator of an SIS, based on needs, alignment with PHS services, and the model and logistics of the SIS. If there are any financial impacts for PHS, they will be brought back to the Board of Health for approval and/or endorsement.

The Board of Health is not being asked for funding to run an SIS, as any organization submitting an application would also submit a request for capital and operations costs to the provincial Ministry of Health and Long-Term Care (MOHLTC).

Staffing: Recommendations presented here, would include ‘in-kind’ staffing support from PHS to provide evidence and advice to support an interested community organization(s) in completing and submitting an exemption to operate an SIS. PHS is also seeking endorsement to provide harm reduction and mental health services to a potential SIS; these staffing supports could include, but not are limited to, point of care testing for HIV, needle syringe program, and naloxone distribution and training. The type and amount of staff support would be determined in conjunction with the operator of an SIS, based on needs, alignment with PHS services, and model and logistics of the SIS. If there are any needs to increase staffing, they will be brought back to the Board of Health for approval and/or endorsement.

Legal: There are no anticipated legal risks to the Board of Health for endorsing these recommendations. For an organization operating an SIS, an exemption granted under section 56.1 of the Controlled Drugs & Substances Act would protect against being charged with trafficking or possession. Legal counsel should be obtained, however, by any organization looking to operate an SIS to ensure that no potential risks or liabilities have been overlooked.¹

HISTORICAL BACKGROUND

In February 2016, PHS was directed by the Board of Health to report on the effectiveness and use of supervised injection sites.

A report was brought back to the Board of Health in September 2016, (BOH16037) in response to the February 2016 motion; this report included a global scan of SISs and a literature review of the evidence on the effectiveness of SISs. In response to the report, the Board of Health directed PHS to conduct a community survey to seek general feedback of supervised injection sites, and to bring forward a request to the 2017 capital budget process for a supervised injection site needs assessment and feasibility study. The online survey that was conducted in October 2016 found 84% of community members who responded to the survey were in support of SISs in Hamilton. In December 2016, Council (through General Issues Committee) approved \$92,000 of funding for PHS to conduct a needs assessment and feasibility study on SISs in collaboration with McMaster University's Master of Public Health Program.

The study costs were subsequently revised to \$62,000 (BOH17004) and the study completion date revised from Q1 of 2018 to Q4 of 2017, to take into account changes to the federal exemption process that occurred as a result of Bill C-37. Final study costs are projected to be approximately \$56,000.

Bill C-37 came into effect on May 18, 2017, and streamlined and simplified the application process for establishing supervised consumption sites by reducing application criteria from 26 to eight requirements, aligned with five factors:

- 1) The impact of the site on crime rates;
- 2) The local conditions indicating a need for the site;
- 3) The administrative structure in place to support the site;
- 4) The resources available to support the maintenance of the site; and,
- 5) Expressions of community support or opposition.³

The SIS Needs and Feasibility Assessment study provides evidence to address the requirements to demonstrate local conditions indicating a need for the site, expressions of community support or opposition, and data on baseline crime rates.

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.

The “Health Canada – Supervised Consumption Sites Application Process” (Appendix A) provides an overview of the current exemption application process.

In February of 2017, the MOHLTC established an SIS program, in addition to existing harm reduction programming. The SIS program includes a provincial application and review process for SIS applicants to request provincial funding for capital and operational costs, pending a federal exemption. Organizations applying for a federal exemption to operate an SIS need to notify and provide a copy of their federal application to the MOHLTC. They are also required to submit a separate application to request provincial funding.

The final study report, appended to BOH17004(a), summarizes the findings of the SIS NAFS and the study’s recommendations; it also fulfills the Board of Health requirements for a report back on the study to be provided by the December 4, 2017 Board of Health meeting (BOH17004).

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

Regulatory Considerations

An SIS would have to demonstrate “compliance with relevant legislation such as the Occupational Health and Safety Act, the Labour Relations Act, the Ontario Human Rights Code, and the Accessibility for Ontarians with Disabilities Act (as addiction is recognized as a disability in Ontario under the law).”¹ If an SIS is integrated into an existing health or social service, as recommended, these policies and procedures should have already been addressed.

College of Nurses of Ontario

The College of Nurses of Ontario confirms that activities related to supervised injection are part of the nursing scope of practice.⁴

At this point in time the exemption process under Section 56 of the Controlled drugs and Substances Act only allows licensed medical and health professionals the authorization to supervise injections within supervised consumption sites. However, the federal government is in the process of reviewing the Act’s restrictions, including those that restrict peer staff and other allied professionals.²

City of Hamilton Zoning provisions

Any organization making an application to operate an SIS within the City of Hamilton would need to ensure that the SIS is being located in an area that is appropriately zoned and in compliance with applicable by-laws.

RELEVANT CONSULTATION

During the course of the feasibility study, 27 key informant interviews, 10 focus groups, and 106 surveys with people who identified as injecting drugs were completed. Included in key informant interviews and focus groups were individuals and officials from social services, government and municipal services, police and emergency services, health care, business associations, and community members - including both people who do and do not inject drugs. The surveys were conducted with persons who self-identified as having injected drugs in the previous six months. Key findings, full study methods and results from these consultations can be found in Report BOH17004(a) "Hamilton Supervised Injection Site Needs Assessment and Feasibility Study."

Consultations on the SIS NAFS also occurred with Community and Scientific Advisory Groups that were formed to provide oversight to the study. The Scientific Advisory Group (SAG) included experts in the fields of public health and epidemiology, healthy environments, geography, criminology, qualitative and quantitative research, community engagement, addictions research, infectious diseases and Indigenous health research. The group's role included providing technical and scientific advice on study methods, analysis, and interpretation of results.

The Community Advisory Group (CAG) brought together community representatives including people with lived experience, neighbourhood, business, and supporting associations and organizations, representatives from government, and health and social service providers. This CAG provided input on study planning, methodology, conduct, and interpretation of results.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

Injection drug use has significant negative health and social impacts, including overdoses, the transmission of blood borne infections, specifically HIV and hepatitis C, public drug use and drug litter (discarded needles).^{1,2} There is substantial research that supports SISs as an effective means to reduce these risks, while not having any negative impacts on local communities.^{1,2,6} Research also supports that SISs increase uptake of detoxification and treatment, and do not contribute to an increase in crime rate.^{1,2,6} Hamilton PHS will continue to monitor the prevalence of illicit drug use and misuse in Hamilton, the incidence of fatal and non-fatal overdoses, blood borne infections and drug-related risks, and demand for enhanced harm reduction services.

Prior research also suggests that SISs are cost effective as they promote safer injection practices which subsequently lead to a reduction in new HIV and hepatitis C cases that result in substantial lifetime health care system costs.^{6,7,8} A recent study looking at costs of supervised injection sites in Toronto and Ottawa reported that one facility in Toronto would cost \$33.1 million in undiscounted direct operating expenses over 20 years, but would save \$42.7 million in health-care costs because of an anticipated reduction in HIV

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.

and hepatitis C infections.⁸ Estimates used to determine potential savings were conservative since they did not include other infections associated with intravenous drug use and the costs involved in treating and hospitalizing patients who overdosed.⁸

ALTERNATIVES FOR CONSIDERATION - *Not applicable*

ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN

Supporting a supervised injection site is in line with our mission “to provide high quality cost conscious public services that contribute to a healthy, safe and prosperous community, in a sustainable manner” and supports our vision “to be the best place to raise a child and age successfully.”

Community Engagement & Participation

Hamilton has an open, transparent and accessible approach to City government that engages with and empowers all citizens to be involved in their community.

Healthy & Safe Communities

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

Built Environment & Infrastructure

Hamilton is supported by state of the art infrastructure, transportation options, buildings and public spaces that create a dynamic City.

Our People & Performance

Hamiltonians have a high level of trust and confidence in their City government.

APPENDICES AND SCHEDULES ATTACHED

Appendix A to Report BOH17004 (a) - Health Canada – Supervised Consumption Sites Application Process

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). British Columbia Centre on Substance Use. Supervised Consumption Services: Operational Guidance. Retrieved from: <http://www.bccsu.ca/wpcontent/uploads/2017/07/BC-SCS-Operational-Guidance.pdf> (accessed 2017-Sep-13).
3. Government of Canada (26 May 2017). "Applying for a supervised consumption site," Retrieved from: <https://www.canada.ca/en/health-canada/services/substance-abuse/supervised-consumption-sites.html> (accessed 2017-Oct-25).
4. Government of Canada. (18 May 2017). "Royal Assent of Bill C-37 - An Act to amend the Controlled Drugs and Substances Act and to make related amendments to other Acts." https://www.canada.ca/en/health-canada/news/2017/05/royal_assent_of_billc-37anacttoamendthecontrolledddrugsandsubstan.html, (accessed 5 Oct 2017).
5. Registered Nurses' Association of Ontario (2008). "RNAO supports access to harm reducing health care services, including INSITE." Retrieved from: <http://rnao.ca/policy/political-action/rnao-harm-reduction-access> (accessed 2017-Oct-25).
6. Potier, C., Laprévote, 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.
7. Bayoumi, A.M., Zaric, G.S. (2008). The cost-effectiveness of Vancouver's supervised injection facility. *Canadian Medical Association Journal*, 179(11); 1143-1151.
8. Enns, E.A., Zaric, G.S., Strike, C.J., Jairam, J.A., Kolla, G., Bayoumi, A.M. (2016). Potential cost-effectiveness of supervised injection facilities in Toronto and Ottawa, Canada. *Addiction*, 111(3); 475-489.