



INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	July 12, 2018
SUBJECT/REPORT NO:	Supervised Consumption Sites in the City of Hamilton (BOH18021)(City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Melissa Biksa (905) 546-2424, Ext. 6672 Kris Nagel (905) 546- 2424, Ext. 7102
SUBMITTED BY:	Elizabeth Richardson Medical Officer of Health, Public Health Services – Office of the Medical Officer of Health Healthy and Safe Communities Department
SIGNATURE:	

Council Direction:

City Council at its meeting on May 9, 2018 approved the following “That the appropriate staff from Public Health be requested as a priority to engage with both Hamilton Health Sciences and St. Joseph’s Hospital on the feasibility of housing a supervised consumption site in their hospital(s), as a means of addressing the opioid (and other drug) overdose crisis in Hamilton.”

Information:

Opioid misuse within Hamilton continues to be a significant public health concern. In 2017, 87 Hamilton residents died from opioid overdose. This corresponds to a rate of 15.3 per 100,000 population. The 2017 mortality rate from opioid overdose in Hamilton was 72% higher than the 2017 provincial rate and 65% higher than Hamilton’s 2016 rate¹. Between January 1, 2017 and May 21, 2018 there were 590 opioid-related paramedic calls within Hamilton, primarily within Wards 2 and 3 (see Table 1). In 2018, most of these suspected cases were male (71%), with an average age of 37 years old.

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.

Table 1: Opioid-Related Paramedic Calls, January 1, 2017- May 21, 2018²

Ward	Count	Percentage
1	21	3.7%
2	221	38.7%
3	146	25.6%
4	49	8.6%
5	33	5.8%
6	10	1.8%
7	17	3.0%
8	21	3.7%
9	17	3.0%
10	7	1.2%
11	7	1.2%
12	4	0.7%
13	13	2.3%
14	1	0.2%
15	4	0.7%
Total	571	100.0%

Note: 19 out of 590 opioid-related paramedic calls during this time period are unable to be mapped.

Addressing this complex public health problem requires a multi-pronged approach. Public Health Services (PHS) is currently working with community partners in the creation of a city-wide drug strategy based upon the four pillar approach to minimizing the harms from substance use. The four pillar approach focuses on (i) prevention, (ii) treatment, (iii) enforcement and (iv) harm reduction (BOH16035). As part of the city-wide drug strategy, supervised consumption sites are an identified need in order to reduce harms from substance use within Hamilton.

Supervised Consumption Sites

Supervised Consumption Sites (SCS) are legally sanctioned locations where people can bring pre-obtained drugs and consume them in a clean and supervised environment. A SCS is a broader term than Supervised Injection Sites (SIS), which has been discussed in earlier Board of Health (BOH) reports (BOH16037, BOH17004 (a)). A SCS refers to a site where individuals may be permitted to take drugs through injection, ingestion and/or inhalation. Smoking of drugs is not permitted within a SCS. For clarification purposes, the term SCS will be used for the remainder of the report as it will be the intended operational model within Hamilton.

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.

SCS differs from an Overdose Prevention Site (OPS). An OPS is a temporary supervised consumption site funded by the Ministry of Health and Long-term Care for up to 6 months while a community works to open a permanent site.

Hamilton currently has one (1) OPS located within Hamilton, Urban Core Community Health Centre at 71 Rebecca St. This report addresses the operation of a permanent SCS within Hamilton.

Operating a SCS requires an exemption from the prohibition of possession and trafficking of controlled substances under s. 56.1(1) of the Controlled Drugs and Substances Act. The Act provides for exemption at the discretion of the federal Minister of Health, for the establishment of a SCS for medical purposes. Without an exemption staff and clients of the SCS are subject to criminal laws that prohibit the possession (Section 4 of CDSA) and trafficking (Section 5 of CDSA) of controlled substances (e.g., heroin, cocaine).

The federal Minister of Health assesses each exemption application and decides whether to approve the exemption. Each proposed SCS is considered on a case-by-case basis, on its own merits. When reviewing an application, the Minister of Health must consider whether denying an exemption would cause deprivation of life and security of the person that are not in accordance with the principles of fundamental justice.³

The benefits of Supervised Consumption Sites have been previously discussed in Reports (BOH16037) and (BOH17004(a)). In general, SCSs have the following goals:

- Decrease acquisition and spread of infectious diseases;
- Decrease non-fatal and fatal overdoses;
- Decrease injection-related risks, such as the development of wound infections 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^{4,5,6}.

SCS in Hospitals

At City Council's direction, staff from PHS have engaged with representatives from both Hamilton Health Sciences (HHS) and St. Josephs' Healthcare Hamilton (SJHH) on the feasibility of housing a permanent SCS within their existing hospital facilities.

On June 22, 2018, HHS and SJHH released a joint communique to the Medical Officer of Health (See Appendix A). From a feasibility perspective, both hospitals expressed

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.

that they do not have the capacity to house a permanent SCS site within any of their facilities.

In addition to capacity issues, hospitals have not been seen as a desired choice to access harm reduction services for people who inject drugs.

Hospitals have been viewed as a high risk environment by people who inject drugs both because of the expectation of abstinence from drug use, and the inability to practice harm reduction while admitted⁷. Service provision can also be affected due to legislative restrictions under the Public Hospitals Act (1990) which requires hospitals to register and collect identifying information for individuals accessing services. Collection of personal health information has been an identified deterrent for individuals using harm reduction services⁸.

Operation of a SCS in the City of Hamilton

As recommended in BOH17004 (b), PHS has been supporting interested community agencies with evidence and advice to inform their exemption applications. Currently, there are three (3) community agencies that have submitted or expressed intent to submit an exemption application to the federal government to operate a permanent SCS. Current opioid use, and morbidity and mortality data would support the operation of multiple SCS locations within the City of Hamilton.

De dwa da deha nye>s Aboriginal Health Centre submitted an exemption application to the federal government on May 10, 2018. They are working to secure a location within Ward 2 and their application is in the review stage. This organization is exploring a location to operate a health centre that will encompass supervised consumption services, as well as other services. It is the intention that the SCS will serve the indigenous as well as the non-indigenous population. Community consultation is a requirement for approval of any SCS application.

Wesley Urban Ministries is finalizing an exemption application to submit to the federal government to operate a mobile supervised consumption site. The exemption application is anticipated to be submitted in the near future.

Urban Core Community Health Centre has expressed intent to submit an exemption application at their new site to be built in Ward 3 at Cannon St. East & Wellington St. North. Urban Core Community Health Centre is currently operating a temporary Overdose Prevention Site at 71 Rebecca St. in partnership with Shelter Health Network. Provincial funding for this site has been secured until November 30, 2018, with the opportunity to renew.

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.

Operation of either a temporary or permanent supervised consumption site by any agency is dependent on funding from the Ministry of Health and Long-term Care. A new Progressive Conservative provincial government assumed power on June 29, 2018. At the time of writing of this report, there has been no direction from the Ministry of Health and Long-term care that funding for these harm reduction programs will change.

Appendices Attached

Appendix A to BOH18021 – Letter from HHS and SJHH on Permanent SCS at Hospital

Footnotes

¹ Office of the Chief Coroner of Ontario, extracted from the Public Health Ontario Interactive Opioid Tool, May 23, 2018. [Note: Note: 2017 mortality data are preliminary and are subject to change.]

² Hamilton Paramedic Services. Opioid Call Data. Available online at: <https://www.hamilton.ca/public-health/reporting/hamilton-opioid-information-system-opioid-overdoses>

³ Canada (A.G.) v PHS Comm. Serv. Soc., 2011 3 S.C.R. at para 152 and 153.

⁴ Potier C, Laprévote V, Dubois-Arber F, Cottencin O, Rolland B. Supervised injection services: what has been demonstrated? Drug and Alcohol Dependence. 2014;145:48-68.

⁵ Wood E, Kerr T, Montaner JS, Strathdee SA, Wodak A, Hankins CA, Schechter MT, Tyndall MW. Rationale for evaluating North America's first medically supervised safer-injecting facility. Lancet Infect Dis. 2004a;4:301-306.

⁶ Vancouver Coastal Health (a). Supervised injection site – legal status. Retrieved from: <http://supervisedinjection.vch.ca/legal-status/legal-status> [accessed 2018-May-31].

⁷ R. McNeil et al, 'Hospitals as a risk environment: An ethno-epidemiological study of voluntary and involuntary discharge from hospital amongst people who inject drugs, Social Science and Medicine, 105 (2014).

⁸ Public Hospitals Act 1990 (Regulation 965) Hospital Management s.11.3; 12.1; 13.3