Ontario Harm Reduction Conference
April 30 to May 2, 2017
Toronto, Ontario

Views expressed in the attached document do not necessarily represent those of the Ministry of Health and Long Term Care or those of Kingston Community Health Centres. If you have any questions related to the document, you are encouraged to contact the source.
SIS in Toronto

Queen West Central Toronto Community Health Centre
South Riverdale Community Health Centre
The Works, Toronto Public Health
Over the course of a decade in Toronto:

Elected officials, public health leaders, media, and others moved from studying to endorsing supervised injection

Police moved from strongly opposed to supportive
Toronto Board of Health and City Council strongly support supervised injection services

Applications submitted for services at 3 facilities
TOSCA - questions

• What is the distribution of drug use, risk behaviours and drug-related health problems
• Will SCS’s be used, by whom?
• What is the epidemiology of blood-borne infections & risk factors
• Where are people who use drugs are located in Toronto and Ottawa
• What is the social and political environment for SCS
• Will investment in SCS yield good value for the money that is spent
How many people will use a facility?

• Willingness to use an injection facility (79%)
• Would travel up to 1 km but not more (72%)
• Assume no travel >5km
• Assume facilities located in regions with highest absolute number of people who use drugs
• Estimated proportion of whole drug using population who would use a facility
Recommendations

1. Both Toronto and Ottawa would benefit from implementation of supervised injection facilities
2. The optimal model for a supervised injection facility is a fixed facility that is integrated within an existing organization
3. A strong evaluation plan is an essential component of any implementation plan
4. A supervised injection facility should have clearly established rules
5. Insufficient evidence to support a recommendation to implement a supervised smoking facility
6. The process to establish SIF should be part of a comprehensive drug strategy
Toronto Process and Milestones

**October 2014**: Change in mayor of Toronto

**March 2016**: The Works, Toronto Public Health, Central Toronto Queen West Community Health Centre and South Riverdale Community Health Centre announce plans for small-scale, integrated supervised injection services at 3 facilities

**March 2016**: Board of Health supports public consultation process

**Spring 2016**: Community consultations prove largely positive
Toronto Process and Milestones cont.

**July 2016:** Police Chief expresses support

**July 2016:** Board of Health and Toronto City Council support implementation of the 3 proposed supervised injection services, seek 100% provincial funding

**August 2016:** proposals submitted to Ministry of Health

**December 1, 2016:** The 3 services submit exemption applications for federal approval

**January, 2017:** Minister of Health announces support for Toronto and Ottawa sites and will fund
The Consultation

• An independent consulting company was hired to do the consultation
• People were asked to identify benefits and concerns and suggestions on how to mitigate concerns
• Each site did their own consultations with the assistance of the consulting firm
• Combination of “town hall”, open houses, small group meetings, focus groups
“Do you think that small scale SIS would be beneficial?”

<table>
<thead>
<tr>
<th>Location</th>
<th>Number of Respondents</th>
<th>% Reporting Benefits</th>
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<tbody>
<tr>
<td>Toronto in General</td>
<td>1285</td>
<td>96%</td>
</tr>
<tr>
<td>Queen West – Central Toronto CHC</td>
<td>205</td>
<td>84%</td>
</tr>
<tr>
<td>South Riverdale CHC</td>
<td>213</td>
<td>86%</td>
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<tr>
<td>Toronto Public Health – The Works</td>
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Respondents could report both benefits and concerns
“Do you have any concerns about the addition of small-scale supervised injection services at (insert location)?”

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Respondents could report both benefits and concerns
Perceived benefits include:

- Health benefits e.g. reducing the risk of infectious diseases such as HIV/AIDS and Hepatitis C
- Reduction in fatal overdose and the health impacts of non-fatal overdose
- Reductions in public injection in alleyways, public washrooms and stairwells
- Reductions in discarded injection drug use equipment
- Increases in uptake of other health, social and drug treatment services
Perceived concerns include:

- Increase in crime in the area of the services, including drug use and trafficking
- Potential disruptive client behaviours in the neighbourhood following injection
- Community safety, including personal safety, especially concerning children
- Decrease in business profits due to safety issues
- Negative impact on reputation of the community, neighbourhood cleanliness due to discarded needles, and decreases in property values
- Diverse opinions on role of police “potential impact of policing related to the sis”
Design of the SIS

- Adequate waiting space inside and monitoring to prevent loitering outside
- Encourage people to stay after injection to monitor for signs of overdose
- Ongoing monitoring of operational hours
- Safe needle disposal
Proposed Service Response

- Sufficient capacity
- Sufficient waiting space
- Post injection space/programming
- Service level agreements i.e. treatment, detox
- Community Advisory Committees
- Designated staff person for community response
- Monitoring and evaluation
- Information sharing with stakeholders
The model for Toronto

• Total of 12 spots at 3 downtown Toronto locations: South Riverdale CHC, Central Toronto - Queen West CHC, and The Works, Toronto Public Health

• Embedded in existing facilities with substantial harm reduction programming

• Coordinated yet separate (3 exemption applications)

• Coordinated through joint meetings for 2+ years – policies and procedures and process to and after implementation

• Coordinating model development, hours, budget, staffing, training, development of policies and procedures and timing

• Coordinated communications
Key factors in success

• Established harm reduction programs in key neighborhoods
• History of partnership between public health and the community in the delivery of harm reduction services
• Local needs assessment and feasibility study
• Toronto Public Health support
• Local government support including Toronto Drug Strategy and mayor
• High level of philosophical support from the community
Key factors in success cont.

• Organizational readiness

• Common language and key messaging and controlling the message from the beginning

• Process and support provided by Public Health in the process i.e. communications, linkage to the political process, other staff resources assigned i.e. consultants for consultation process

• Support from the community – we are all working together for the same outcome
Key factors in success cont.

• Involvement of people who use drugs, family members, clergy, politicians, public health and community agencies
• Support from InSite, Dr. Peter, others across Canada
Challenges

• Exemption requirements
• Community consultation process
• Some community opposition - The Works beside Ryerson University, faces tourist area and CHCs in neighborhoods with some resident and business opposition
• Funding, staffing, policy and procedure development with a new program
The Works – Toronto Public Health

• Services offered:
  • Harm reduction supply distribution through fixed site, van, 46 community agencies. Distributed over 2.12 million needles in 2016
  • Opioid substitution
  • Nursing
  • Naloxone
  • Counselling, support
Results of the Works consultation

• 195 participants (50 local residents, 80 employees of nearby businesses, 25 clients of The Works, 20 parents of children at nearby schools, 20 university students

• Majority of participants believed that a SIS at The Works would benefit both clients of The Works and the community

• To ensure success – “chill out” space, management of wait times, drug testing and strong connections to other services i.e. treatment, detox

• Some saw no benefit

• Concerns about increased discarded needles, dealing, drug use, people being high and unpredictable in the area

• Some felt the location was inappropriate for the area – tourism, Ryerson, Eaton Centre
The Works – SIS model

• The Works offers a comprehensive range of harm reduction services, hr supply distribution, opioid substitution, nursing, testing, naloxone
• Located in TPH flagship building, central Toronto, tourist, Ryerson, Eaton Centre
• 5 SIS spots
• 7 days a week 12 hours a day
• Staffing – 5 PHNs, 3 Counsellors, 1 Supervisor (NP)
• Peers throughout
• Extensive renovations required
Our site plan
Queen West - CTCHC

Vision
A model of urban health care for people where and when they need it.

Priority Populations
• People living in poverty
• Homeless & at risk adults and youths
• People living with mental health issues
• People who use substances
• Immigrants & Refugees
Harm Reduction Services:

- Harm reduction drop-in (Mon-Fri) – fixed site
- Harm reduction supply distribution & return
- Education, support, overdose prevention & advocacy
- Community outreach program
- Hepatitis C support program & treatment
- TRIP (Youth programming)
- Niwin Wendaanimka – Indigenous wellness program
- Anonymous HIV testing
- Internal referrals to connect clients to clinical, counselling, case management & health promotion
- External referrals (methadone, drug treatment, etc.)
Harm Reduction Service Delivery - 2015

- 287,666 needles distributed
- 113% returned rate of used needles (2014)
- 80,342 stem kits distributed
- 9,491 visits to fixed site needle exchange (HR room)
- 5,372 street outreach contacts
- 6,243 referrals to health care & other services
- 32 community clean ups
- 2 off-site primary care & harm reduction clinics
Results of the Queen West Consultation

• **205 survey respondents:** 35% had some concerns; 84% believed that providing SIS at Queen West would be beneficial

• **Concerns:** overcrowding/line ups, stigmatization of PWUDs; proximity to schools/businesses; increase police presence; concentration of homelessness and clients with alcohol/drug use, mental health issues; theft; disruptive behaviours & drug dealing in the area

• **To ensure success:** community advisory committee; designated SIS contact person; community engagement & info sharing; evaluation of SIS; dedicated waiting area & management of wait times; “chill out” space; strong connections to internal/external services (i.e. primary care, counselling, harm reduction, treatment, detox, etc.); zero tolerance for drug trafficking; monitoring of street area outside Centre & needle drop off boxes in area
Queen West – SIS model

- Integrated into existing continuum of health & harm reduction services
- Located on the 1st floor near building entrance & accessed via the lobby
- Hours: Mon – Thurs, 9 am - 8 pm; Fri, 9 am - 5 pm; Sat, 10 am - 2 pm
- Staffed: SIS manager, nurses, health promoters & harm reduction peer workers
- Space (extensive renovations required):
  - Waiting & check-in area
  - Private intake, assessment & treatment room
  - Injection room (4 booths)
  - Post-injection room (chill out lounge)
Our site plan

POST-INJECTION OBSERVATION

SIS STAFF HUB

ASSESSMENT & TREATMENT

INJECTION BOOTH (4)

CHECK-IN & WAIT AREA

ENTRY

WAITING