

**PROPOSED SUPERVISED INJECTION SERVICE (SIS)
AT SANDY HILL COMMUNITY HEALTH CENTRE
FREQUENTLY ASKED QUESTIONS**

WHAT IS IT YOU ARE PROPOSING TO DO?

The Sandy Hill CHC has submitted proposal to expand its services to people who use drugs to include supervised injection services (SIS). SISs exist all over the world using a variety of different models. The model of our service will be small-scale and integrated into our existing programs and services. SISs have been shown to save lives by reducing overdose deaths and drug use practices which can lead to disease transmission or other health problems. There is also a lot of evidence to show how they reduce public drug use, drug litter and do not contribute to increased crime. SISs also connect marginalized people in our community to other health and social services.

Health Canada is responsible for granting the necessary exemption to the Controlled Drugs and Substances Act to operate a SIS. The Sandy Hill CHC will implement an evaluation plan that will help us to ensure that the SIS is accessible to those who need it and have minimal impact on other programs and services as well as the local neighbourhood.

If you have more questions or concerns, you can contact

David Gibson

Rob Boyd

Executive Director

Oasis Program Director

613 789-1500

613 569-3488 xt. 2112

WHAT IS A SUPERVISED INJECTION SERVICE?

A supervised injection service is a health service that provides a hygienic environment where people can inject pre-obtained illicit drugs in the presence of trained staff. SISs are staffed by nurses, program workers, people with lived experience and others who can provide education about safer injecting, overdose prevention/intervention, health care services and linkages to other services in the Centre and in the community. At SHCHC, we would integrate this service into the existing complement of health services we offer so that people who inject drugs at the SIS can also seek primary care, health promotion, case management, Housing First services, substance use and mental health counseling, addictions medicine treatment, access to safer injecting and smoking equipment & drop-in services in addition to referrals to other community services offsite.

WHY PROVIDE SIS?

Extensive research of SISs has demonstrated that they reduce overdose deaths, reduce behaviours that can cause HIV or Hep C infection (sharing of needles or other injection supplies), increase use of primary health care, social, and substance use treatment services, are cost-effective, reduce public use and discarded drug equipment, and do not contribute to more crime in the area near the service.

In September 2011, the Supreme Court of Canada recognized that SISs decrease the risk of death and disease with no discernible negative impact on the public safety around the service and that the operation of these health services is in accordance with the principles of fundamental justice.

DO SISs ALREADY EXIST?

Yes, there are currently two SISs in Vancouver, Canada: within the Dr. Peter Centre, an HIV/AIDS service organization which provides SIS to clients living with HIV, as one part of its other health services and Insite, a stand-alone facility that is the largest of its kind in the world, designed to meet the specific needs of the neighbourhood in the Downtown East Side of Vancouver. SISs started in Europe and there are now over 90 worldwide.

Montreal has recently been approved to operate three SIS's. Health Canada is currently reviewing 10 applications: a mobile service in Montreal, three locations in Toronto, four additional locations in British Columbia, and ours in Ottawa. There are two other CHCs in Ottawa who are developing an exemption application: Somerset West CHC and Ottawa Inner City Health. Hamilton, Thunder Bay and London are also considering offering SISs in their communities. Altogether there are around 20 communities across Canada working to establish an SIS.

WHY A SIS AT Sandy Hill CHC?

The 2012 Toronto and Ottawa Supervised Consumption Assessment (TOSCA – conducted by researchers at U of T and St. Michael's Hospital) assessed the need and feasibility of SISs in Toronto and Ottawa. The study found that Ottawa would benefit from having two sites and that these should ideally be integrated into existing health services that are already working with people who inject drugs.

According to Ottawa Public Health there are between 1500 and 5600 people who inject drugs in Ottawa. Ottawa has the highest rate of HIV (13%) and Hep C (73%) amongst people who inject drugs in Ontario (Ottawa Public Health, Harm Reduction Needs Assessment, Technical Report). Fatal and non-fatal overdoses are also a concern in Ottawa. There are approximately 48 drug-related deaths in Ottawa each year, 40 related to drug overdose and 8 related to infectious disease deaths (TOSCA, 2012).

TOSCA reported that 29% of people who inject drugs had overdosed in the previous six months. Other overdose research in Ottawa shows that 911 is called less than 50% of the time when an overdose occurs amongst people who inject drugs.

The emergence of illicit, powdered fentanyl on the streets in Canada (including here in Ottawa) has amplified public health concern that there will be a dramatic increase in overdose deaths if we do not take additional measures to prevent them. A SIS is considered a critical part of a comprehensive overdose response.

The Participatory Research in Ottawa Understanding Drug use (PROUD) study showed that **75%** of people who inject drugs would use a SIS if the service were available in Ottawa. A second study showed that of those who would use a SIS, **83% said they would use one at the SHCHC.**

The SHCHC has the busiest harm reduction supply distribution service in Ottawa. Annually, we provide over 95 000 syringes to approximately 700 people who inject drugs and nearly 22, 000 glass stems to over 1100 people who smoke crack.

Our service is integrated within the Oasis Program which is one of the largest and most comprehensive harm reduction based services in Ontario. Other Oasis services include a Drop-in/health promotion centre, a walk in medical clinic, primary care, HIV and hepatitis C treatment, methadone and buprenorphine treatment, case management services and mental health and addictions counselling.

The Oasis program has approximately 35 000 service contacts a year with people living with or at risk of HIV and hepatitis C who experience barriers to accessing health care due to their severe substance use and mental health disorders.

SHCHC was invited to be part of a research project to evaluate the effectiveness of SIS models in Ontario, led by investigators at the Ontario HIV Treatment Network (OHTN). A grant proposal was submitted in October 2016 to the Canadian Institutes of Health Research. We should find out if the grant is accepted in the spring of 2017.

SHCHC Board of Directors has endorsed the idea of SIS services at SHCHC and has tasked the Senior Management Team to bring forward an application for exemption to operate a SIS in our building at 221 Nelson Street. We view SIS services as a partial solution to some of the most egregious aspects of injection drug use in our community: overdose, HIV and hepatitis C, and public injecting.

WHY WOULD SOMEONE USE A SIS?

People use SISs for a variety of reasons. In focus groups and interviews with people who use drugs, as part of the TOSCA and PROUD studies, people said the primary reasons they would use a SIS were that they could use drugs in a safe and clean place where they would have less risk of being robbed, assaulted, being arrested or confronted by the police; would have access to sterile and new drug use equipment and be able to safely dispose of used drug equipment; and have access to health professionals and support staff. Overdose intervention was also a commonly reported health-related reason. In Ottawa, 75% of people who use drugs report they would be willing to use a supervised injection service, 55% said they would use it daily. People who inject in public and people who had experienced homelessness were more likely to say they would use a SIS. We anticipate that most of the people who would use a SIS at our Centre are already accessing other services here.

WHAT IS THE PROCESS/TIMELINE FOR THIS SERVICE AT SHCHC?

In order to operate an SIS, SHCHC has to apply to Health Canada for an exemption from the Controlled Drugs and Substances Act—Section 56. The Canadian government is currently considering amending the law to reduce barriers to operating a SIS in Canada as part of their response to the national opioid and overdose crises. The Provincial Minister of Health and Long Term Care has committed to funding supervised injection services at our Centre but we do not know how much funding will be provided. We will be working with both levels of government to ensure that services are available as soon as possible.

HOW WILL IT WORK HERE? WHAT WILL IT LOOK LIKE?

The SIS will operate within the Oasis Program in our existing building in order to provide rapid access to other programs and services and reduce costs for the service by taking advantage of the existing infrastructure in our Centre.

Individuals who wish to use the SIS will be directed to our needle/syringe and crack pipe program staff for intake where they will be assessed for eligibility and must agree to adhere to the SIS code of conduct. In addition, the nurse will perform a pre and post injection assessment of each individual's current health status, needs and risk of overdose. Assessments will also allow for an opportunity to engage SIS participants in harm reduction teaching, primary health care and substance use treatment services.

The injection room will have 5-6 private injection stations, which will minimize the pre-injection wait time while providing ample room for accessibility, privacy, minimizing conflict potential and to allow staff room to assist individuals who overdose or experience other adverse drug using events. Hours of service are dependent on our ability to secure additional resources. We are proposing to operate the service 8 am to 8 pm, 7 days a week. At maximum, we estimate a SIS at Sandy Hill could serve 80-150 people per day the majority of whom are already accessing services at the Centre.

The injection stations will be separated to offer maximum privacy so that the participants cannot see each other, their injection practices or their drugs, but open so that a nurse can supervise/observe. Upon entering the injection room, individuals will receive sterile injecting equipment, and safer injecting counselling and information, then they will be directed to an injection station.

The nurse will provide injection-related first aid and link directly to the Oasis clinic for clinical assessment/treatment and basic primary care needs. In the event of an overdose, the nurse will lead the intervention, supported by the Junction Worker.

As well, there will be a post-injection assessment service in the Oasis Drop in where people will be asked to wait so that they can be observed for any negative drug reactions. We hope to secure resources to employ people with current or past experience with injection drug use to assist with drop in tasks, to watch for signs of people in distress, and to facilitate access to other services in the Centre and in the community.

The SIS will be discreet and well-integrated within our current location. All staff will be provided with a thorough orientation to the service and will be supported to provide guidance to clients who are coming in for this service. In addition, Oasis staff will be provided with training and orientation appropriate to their role with the SIS.

HOW WILL THIS IMPACT OUR CURRENT SERVICES AND CLIENTS?

Additional staff and funding will be sought when we are granted an exemption to run the service. The proposed SIS will operate on our first floor with service users using the main entrance (as they currently do for existing Oasis services). The SHCHC will use a Mobile Greeter position to assist in monitoring waiting rooms and the immediate vicinity of our entrance and during times the SIS is operating. Some methadone and buprenorphine services may be moved to the 4th floor Health Services team for those who do not wish to access this service in the same program as the SIS. Additional resources will be sought to enable the use of “peer workers” in the Drop-in in post-injection observation and support.

We expect that many of the people who will use the SIS are already clients of SHCHC, and that it is only a small incremental step from picking up supplies to use drugs to using those drugs in a private injection room in the SHCHC.

WON'T THIS SERVICE TRIGGER PEOPLE WHO ARE TRYING TO QUIT USING DRUGS?

SHCHC believes that the decision to stop using drugs is as much a right as the decision to use them. The concern that harm reduction programs might trigger clients who are trying to stop using drugs was the most common opposition when Community Health Centres first began hosting needle and syringe distribution programs in the 1990's, it was an identified concern when the Oasis Program moved in to SHCHC in 2007 and again when methadone services were integrated within the Oasis Program in 2011.

Individuals who are trying to stop using drugs (including alcohol) are constantly barraged by a host of triggers in popular culture and the general environment. People who want to stop using drugs learn about their triggers and prepare themselves for these inevitabilities. SHCHC provides a wide range of services oriented toward supporting clients who are trying to manage or stop their drug use—this will continue within the context of an SIS on site.

We have conducted consultations specifically with individuals who use our services who are further along in their recovery and we will be undertaking an assessment of our common space (waiting areas) and practices to determine what additional changes we could make ensure access to our services for the wide variety of people who use our services.

WILL THE POLICE TARGET SIS USERS?

In Vancouver, the police support SIS and do not target people coming in/out of the SIS sites. Ottawa Police Services have reviewed our exemption application and have expressed their opinion that our proposed security is “inadequate”. They did not offer any specific recommendations on how to improve the security presence. They did not provide any evidence to back up their claim that there would be an increase in crime, drug dealing and public nuisance around our Centre. Ottawa Police have always been a key partner of the SHCHC and we are committed to engaging with them to ensure the police understand why and how the service will operate, and to clarify respective roles and responsibilities, promote effective communication, resolve early friction and conflicts, and continue to build positive relationships between police and staff working in harm reduction services. SHCHC will also seek to work with the City in taking the lead to engage the Ottawa Police, Public Health and Paramedic Services.

WHAT WILL THE NEIGHBOURS THINK?

Many of our partner agencies are already supportive of this expansion of our harm reduction services, which we have learned through our various networks, presentations and ongoing dialogues. However, when people hear about a SIS in their community there are sometimes concerns about public safety and/or a negative impact on property values. There is no evidence that SISs or other harm reduction services promote or increase drug use or contribute to more crime in neighbourhoods where they are located. In fact, most studies of the impact of SISs find that occurrences of things like thefts, vehicle break ins, discarded needles and drug use in public spaces decrease after SISs are established. SHCHC has been offering harm reduction services in our community for over 25 years. Property values continue to rise and Sand Hill continues to be a safe and desirable place to live.

We met with community members and key stakeholders in a series of consultations in April – mid May 2016. Participants had an opportunity to tour the SHCHCs harm reduction and treatment services, ask us questions or express concerns and to provide feedback on how to improve our model of care.

WHERE CAN I GET INFORMATION ABOUT SIS & DRUG USE IN OTTAWA?

The Toronto Ottawa Supervised Consumption Assessment Study report can be found here: <http://www.stmichaelshospital.com/pdf/research/SMH-TOSCA-report.pdf>

The Ontario HIV Treatment Network (OHTN) Rapid Response Service entitled “*What is the Effectiveness of Supervised Injection Services?*” can be found here: <http://www.ohtn.on.ca/Pages/Knowledge-Exchange/Rapid-Responses/Documents/RR83-Supervised-Injection-Effectiveness.pdf>

Participatory Research in Ottawa Understanding Drug use (PROUD) data releases can be found here: <http://theproudproject.com/category/proud-out-loud/>

Ottawa Public Health 2013 technical document to support Ottawa's Harm Reduction Strategy can be found here: <http://ottawa.ca/calendar/ottawa/citycouncil/obh/2013/03-18/Report%20C%20-%20Supporting%20Document%202%20-%20EN.pdf>

Supervised Consumption Sites, status of applications <https://www.canada.ca/en/health-canada/services/substance-abuse/supervised-consumption-sites.html>