

TO: Chair and Members of the Board of Health

FROM: Dr. Gayane Hovhannisyanyan, Acting Medical Officer of Health
Laura Di Cesare, Acting Chief Executive Officer

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SUPERVISED INJECTION SERVICES FEASIBILITY IN MIDDLESEX-LONDON

Recommendation

It is recommended that the Board of Health:

- 1. Receive Report No. 005-17 re: “Supervised Injection Services (SISs) Feasibility in Middlesex-London” for information;***
- 2. Endorse recommendation number 1 from the Ontario Integrated Supervised Injection Services (SIS) Feasibility Study for London, Ontario; and***
- 3. Direct staff to explore the next steps in assessing the feasibility of the integrated SIS model in London and potential locations.***

Key Points

- The SIS feasibility study results indicate that all key stakeholders interviewed were supportive of SIS although they had differing opinions on the location and model of SIS. Over 80% of the study participants in London expressed a willingness to use SIS.
- Injection drug use continues to be associated with severe morbidity, mortality and significant health care burden due to overdose and HIV, Hepatitis C and other infections in Middlesex-London.
- Supervised injection services (SIS) reduce unsafe injection practices, rates of HIV, hepatitis C, injection related wounds and infections, and fatal and non-fatal overdoses.

Background

The [Supervised Injection Services Feasibility study](#) released on February 8, 2017 was conducted in London, Ontario in 2016 to explore the potential willingness to use Supervised Injection Services (SIS) and what would be the envisioned services among local people who inject drugs (PWID), in addition to acceptability and feasibility of SIS from community stakeholders’ perspectives. Given the ongoing challenges associated with injection drug use in this setting, as well the evidence indicating that SIS prevent harms associated with injection drug use and promote health among PWID, two recommendations were made: it was recommended that SIS be implemented in London (1); SIS be integrated within existing services and implemented in Old East and/or Downtown London (2).

A SIS is a health service that provides a safe and hygienic environment where people can inject pre-obtained drugs under the supervision of trained staff SIS have been implemented in Europe, Australia and Canada to help reduce the harms of injection drug use. Currently over 90 SISs are operating worldwide. There is extensive evidence supporting the positive public health and safety outcomes of these services. Among people who inject drugs, supervised injection services help reduce rates of HIV, hepatitis C, injection related wounds and infections, and fatal and non-fatal overdoses. While supervised injection services don’t solve the complex and long-standing problems associated with substance use, they help reduce health risks and can be part of a larger strategy to address addiction, and can help get people into addiction treatment.

Among 199 survey participants in the Feasibility Study, 86% participants reported willingness to use a SIS if one were available, while only 7% said they would not be willing to use such services. Participants also reported high rates of injecting in public or semi-public spaces, with 72% stating that they had done so in the previous six months. Risks for infectious disease transmission were also evident, with 22% participants noting

that they had borrowed and/or loaned used syringes in the previous six months. One in four participants reported a history of non-fatal overdose.

The overall overdose/alcohol toxicity rate in the Middlesex-London region in 2015 was 6.0 per 100,000 people versus the provincial rate of 5.1 per 100,000 (preliminary data from Coroner's office). Emergency Medical Services (EMS) in London-Middlesex administered 47 doses of naloxone in 2015 and 31 doses as of October in 2016 when responding to 9-1-1 calls for overdoses, and rates of emergency department visits for opioid-related issues were 1.5 times higher than the Ontario average. Demand for treatment remains high with rates of those seeking treatment for methamphetamine use also being higher than the provincial average (See Board of Health Report 032-14). Further, 234 naloxone kits have been distributed from the Middlesex-London Health Unit (MLHU), Regional HIV/AIDs Connection and London Intercommunity Health Centre between June 2014 and December 2016. Use of these kits resulted in 17 reported successful resuscitations (See [Board of Health Report No. 062-16](#)).

Fifty-eight new diagnoses of HIV were reported in Middlesex-London in 2016, surpassing the total number of cases diagnosed in all of 2015 (42). Approximately 70% of new diagnoses are attributed to the "Injection Drug Use" category for 2016). Additionally, Hepatitis C continues to be an issue, with 231 cases reported in 2016. Invasive Group A Streptococcal disease has been on the rise in PWID as well, with 7 cases in PWID in 2015 and 28 cases in PWID in 2016. Infective endocarditis also continues to be important health issue affecting PWID, with a case-fatality rate in the range of 30-40% (See Board of Health Reports [No. 040-16](#) and [No. 051-16](#)). There is a high demand for harm reduction services in Middlesex-London with over 2 million needles distributed yearly through the CounterPoint program.

Legal operation of an SIS in Canada requires an exemption under section 56.1 (2) of the Controlled Drugs & Substances Act (CDSA), which is granted by the federal Minister of Health. The Respect for Communities Act, introduced in 2015, requires 26 criteria when seeking an exemption under Section 56. One of the key requirements under the Act is community engagement. The current application includes an extensive list of documentation and letters of opinion from various stakeholders, including police, regulatory agencies and the municipal government. The Act is currently under revision with an objective to simplify the application process.

The Health Unit believes that SIS can be important part of the comprehensive Community Drug and Alcohol Strategy to address harms associated with unsafe injection practices, and we would like to ask the Board of Health to direct MLHU staff to explore the next steps in assessing the feasibility of the integrated SIS model in London.

This report was prepared by Shaya Dhinsa, Manager of Sexual Health.



Dr. Gayane Hovhannisyan, MD, MHSc, CCFP, FRCPC
Acting Medical Officer of Health



Laura Di Cesare, CHRE
Acting Chief Executive Officer