The Business Case for Supervised Consumption in London, Ontario

September 2018

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Cite reference as: Middlesex-London Health Unit (2018).
The Business Case for Supervised Consumption in London, Ontario
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Acknowledgements

This report would not have been possible without the diligent work of Shaya Dhinsa, Manager of Sexual Health, Middlesex-London Health Unit. In addition, Gerry Macartney CEO of the London Chamber of Commerce provided key strategic input.

Executive Summary

The Opioid Crisis

Like many major cities in Canada, London, Ontario is in the midst of a drug crisis which has resulted in significant health, social and financial costs that are borne directly by our residents, local municipalities and the province. Over 400 Londoners have lost their lives to overdose in the past decade, there have been tens of millions of dollars spent on the treatment of infectious disease associated with drug use, and there are concerns about both the public consumption of drugs and discarded needle waste being found in the community. New solutions are urgently needed to not only control the financial pressures on government, but to help those who are affected to receive rehabilitation, prevent overdose deaths, stop the spread of disease, and reduce harm to the broader community.

The Opportunity

Supervised Consumption Facilities (SCFs) are designed to provide a safe, supervised space where people can consume drugs they obtained on their own and receive information about, and referrals to, health and social support services in the community. While clients *are not* provided with drugs at the site, they do receive sterile injecting equipment and instruction on safer injecting and / or consumption practices.

A healthcare provider supervises the clients' injection / consumption in a room dedicated for this purpose and can intervene in the case of any medical emergencies. Clients dispose of injecting equipment waste prior to leaving the consumption room, before being directed to a waiting room where they will continue to be observed for any negative reactions.

The connection with the healthcare provider is key; not only because a relationship can develop with the client, but because they can also provide referrals to support services including outreach workers, addiction services, housing and withdrawal management, when the client is ready to take that step.

The Benefits

The benefits of SCFs are clear and supported by research literature and the experiences in other jurisdictions. These benefits include:

- Preventing overdose deaths;
- Limiting the spread of infectious disease;
- Increasing the use of detox programs and addiction treatment;
- Reducing the sharing of needles and other injection equipment;
- Reducing public disorder; and,
- Increasing safer injection behaviours.

Concerns

Several potential risks associated with SCFs have become common points of debate among members of the public and in the media. Some of the concerns expressed during the community consultations held in London were:

- Increased presence of people who use drugs in the neighbourhood;
- Increased drug trafficking in the area;
- Negative impact on reputation or the image of the community;
- Decrease in property values;
- Increased drug use;
- Decline in neighbourhood cleanliness / quality of life; and,
- Decreased personal safety.

While these concerns have not been demonstrated in the empirical evidence generated to date, they do require further follow-up and attention.

Costs

SCFs can generate cost savings when the analysis takes into account their capacity to reduce the transmission of blood-borne diseases, namely HIV and hepatitis C, and their role in reducing infections such as Endocarditis and invasive Group A Streptococcal (iGAS).

In terms of real dollars, annual operating costs are approximately $1.2M. This is funded through the Ministry of Health and Long-Term Care, which is the largest beneficiary of the cost savings associated with prevented illness. These dollars provide the means to staff, equip and operate an SCF facility.

Another significant cost is political capital. SCFs are controversial interventions that seek to help a marginalized population within the community who often face extreme stigmatization. It takes leadership and the ability to navigate controversy to successfully rally the community around this kind of intervention.

Background

Canada is experiencing a serious and growing opioid crisis. In 2016, there were 2,946 apparent opioid-related deaths across the country and it is expected that this count will rise (Public Health Agency of Canada, 2018). Like many major cities in Canada, London, Ontario has felt the burden of this crisis through increasing health, social, and financial costs. In London specifically, over 400 residents have lost their lives to overdose in the past decade.

London has a large population of injection drug users, believed to be one of the largest in the country relative to its population. While the exact size of the population of people who inject drugs (PWID) remains largely unknown, it has been estimated that there are approximately 6,000 PWID in London (about 2% of London's total population of 385,000) (Middlesex-London Health Unit, 2017).

Death rates have been fluctuating in Middlesex-London since 2005. The highest rate of deaths related to opioid toxicity was seen in 2012 (Public Health Ontario, 2017). In Ontario the death rate has been slowly increasing. The most recent data from 2015 and 2016 indicates that the rate of opioid-related deaths in Middlesex-London has been similar to that of Ontario (between 5 and 6 deaths per 100,000 people) (Public Health Ontario, 2017).

Additionally, in 2016, the rates of invasive Group A Streptococcal (iGAS) infections, HIV, and Hepatitis C infection were significantly higher in Middlesex-London when compared to provincial rates, and these increases were felt to be related, in part, to the use of injection drugs by community members (Middlesex-London Health Unit, 2018).

In June 2016, the Middlesex-London Health Unit (MLHU) declared a public health emergency due to the increase in the number of HIV and other infections in London. On December 7, 2017, and as a new strategy to address the opioid crisis, Health Canada issued an exemption to Ontario's Ministry of Health and Long-Term Care to establish temporary Urgent Public Health Need Sites (referred to as Overdose Prevention Sites) in Ontario. The Overdose Prevention Sites (OPS) were to be established for a time-limited basis (3-6 months), with the possibility of extension (Ministry of Health and Long-Term Care, 2018).

In collaboration with Regional HIV/AIDS Connection (RHAC), London's Temporary Overdose Prevention Site (TOPS) opened on February 12th, 2018 and became the first legally-sanctioned site of its kind in Ontario. TOPS is intended to:

- Prevent overdose deaths;
- Reduce the spread of infectious disease;
- Increase access to harm reduction services;
- Reduce unsafe consumption practices;
- Potentially reduce health care costs;
- Minimize the burden on the health care system;
- Reduce the amount of discarded needles and syringes found in public spaces (and the risks associated with potential injury); and,

- Improve access to other health and social services (Ministry of Health and Long-Term Care, 2018).

In the months since the facility opened, nearly ten percent of the client population has been referred to rehabilitation. In the first 150 days of operation alone, 150 people were successfully connected to addictions treatment. As of August 31, 2018, there have been 31 overdoses at the facility, most of which were fentanyl-related – with none resulting in death.

New diagnoses of HIV are also on the decline, even though testing rates continue to increase. Endocarditis, an infection of the lining of the heart which is associated with injection drug use, previously cost London hospitals approximately $7 million per year, yet clinicians have reported a decrease in the occurrence of this disease as well.

Due in part to the positive outcomes that have been observed so far, the London Chamber of Commerce and Downtown London Business Improvement Area have both indicated their support for supervised consumption services. Their letters of support are appended to this document.

As of June 2018, there were 30 supervised consumption sites approved to operate in Canada; of these, 10 were in Ontario, and another 10 open site applications were awaiting federal approval (Government of Canada, 2018). These sites can offer services ranging from supervised injection, to intranasal and oral consumption, to referrals or information on health and social services, including housing services, primary health care, and addictions support.

Multiple studies have been conducted to explore the impact and effectiveness of supervised consumption services, both on the people they are intended to serve, as well as the broader community in which they operate. The majority of these studies have been conducted in British Columbia (BC) where the first legal supervised drug injection site in North America, Insite, was founded in 2003. Research conducted in BC has shown multiple benefits that have resulted from the implementation of a supervised consumption facility, including:

- Overdose deaths averted (Milloy, Kerr, Tyndall, Montaner, & Wood, 2008);
- Increased use of detox programs and addiction treatment (Tyndall et al., 2006; Wood, Tyndall, Zhang, Montaner, & Kerr, 2007);
- Reduction in syringe sharing and rushed injections (Stoltz et al., 2007);
- No negative changes in community drug use patterns, including injection drug use (Kerr, Small, Moore, & Wood, 2007; Kerr et al., 2006; Kerr, Tyndall, et al., 2007);
- Reduction in public disorder (Wood et al., 2004);
- Increases in safer injection behaviours (Small, Wood, Lloyd-Smith, Tyndall, & Kerr, 2008; Stoltz et al., 2007); and
- No increase in drug-related crime (Myer & Belisle, 2018).

A systematic review by Potier, Laprevote, Dubois-Arber, Cottencin, and Rolland (2014) reviewed 75 articles related to SCFs. Of these articles, 85% originated from Vancouver, BC or Sydney, Australia. This review further demonstrates the benefits of the implementation of SCFs. The research literature on SCFs demonstrated that these sites were effective in attracting people who inject drugs, promoting safer

injection conditions, increasing access to additional services such as primary care, and reducing the frequency of overdoses. The research also found that these services do not increase drug injecting, drug trafficking or crime in the vicinity of the facilities, in addition to reducing the amount of public drug injections and improperly discarded syringes.

However, the TOPS is, as its name indicates, temporary. The class exemption that has been granted by the province of Ontario will expire on September 30th 2018. The OPS/SCF review being conducted by the Minister of Health and Long-Term Care is expected to be completed by the end of September, at which time the Ontario Government's decision whether or not to renew the exemption, or the funding for these sites, will be made.

To address the need for a permanent SCF in London, an Ontario Integrated Supervised Injection Site Feasibility Study was conducted by the Ontario HIV Treatment Network in 2016. This study explored the potential willingness to use supervised injection services (SIS) among local people who use injection drugs in Middlesex-London. A total of 199 PWID participated in this study. In total, 170 (86%) participants reported a willingness to use SIS, if one was available, while another 14 (7%) said they would not be willing to use SIS. Overall, the study demonstrated a high rate of willingness to use SIS in Middlesex-London, if one were available (Ontario HIV Treatment Network, 2017).

To meet the requirements of Health Canada's application process for an SCF, a community consultation process was conducted in November and December of 2017 to better understand the local needs, benefits, concerns and recommendations, in order to inform a potential site location and operations (Centre for Organizational Effectiveness, 2018). This consultation had 2,145 survey responses, 334 community participants and 56 focus group participants. The consultation found that Londoners want to support people who use drugs and saw the benefits of a SCF across a wide range of domains, including those outlined in this business case.

It is clear that supervised consumption services alone will not solve the drug crisis that this community currently faces. As such, London is on the cusp of launching a comprehensive Community Drug and Alcohol Strategy. The Middlesex-London Community Drug and Alcohol Strategy (CDAS) is a long-term comprehensive strategy to address substance use in London and the surrounding area based on a four pillar philosophy of prevention, treatment, harm reduction and enforcement. The CDAS partnership consists of more than 30 committed community partner organizations representing diverse sectors inducing health and social services, education, enforcement, municipalities, business, and people with lived expertise.

This business case further articulates the need for SCFs in the Middlesex-London area, focusing on three significant challenges: overdoses, infectious disease and harms associated with drug use.

Addressing these challenges associated with the opioid crisis through an investment in SCFs would have a tangible impact on the community. Most importantly it would save lives; but it would also reduce the healthcare costs associated with drug use, improve neighbourhood safety, improve health outcomes, and reduce the spread of infections such as HIV.

Overdoses

Current Situation

The number of overdoses continues to rise with the arrival of new and highly toxic forms of opioids such as fentanyl and carfentanil. Between August 1st and 31st, there were 23 overdoses at the Temporary Overdose Prevention Site. Fortunately, all were reversed due to interventions by staff members who were on-site.

Data on non-fatal overdoses is limited, and is not collected in a systematic way. Many people who use drugs will experience a non-fatal overdose, but may not seek medical attention. This is especially true of those who use illicit drugs and often experience stigma and discrimination in the health care system. One available indicator of non-fatal overdoses is the number of emergency department visits and hospital admissions for opioid-related issue.

The number of Emergency Department visits has generally been higher in the Middlesex-London region than the rest of Ontario since 2004 and increasing since 2014; in fact, there were 188 overdose-related Emergency Department visits in 2016 (Middlesex-London Health Unit, 2018). Hospitalizations for overdoses have also been increasing over time in both Middlesex-London and Ontario. Yet, in recent years, the rate in Middlesex-London has been increasing at a greater pace than the rest of the province (Middlesex-London Health Unit, 2018).

In 2013, Middlesex-London EMS responded to 602 drug overdoses-related calls, averaging more than one overdose per day (Middlesex-London Health Unit, 2014). Furthermore, in the Ontario Integrated Supervised Injection Service Feasibility Study Report conducted in London, participants identified that one in four (25%) reported a history of overdose (Ontario HIV Treatment Network, 2016).

The local opioid market has historically been dominated by diverted prescription drugs (Middlesex-London Health Unit, 2014). With the introduction of prescribing guidelines in September, 2017, it was expected that the availability of prescription opioids would decrease, and that more potent versions of illegally produced drugs such as fentanyl and carfentanil would become more common locally. This change could lead to an increase in the number of opioid overdoses and deaths.

In October 2016, the Minister of Health and Long-Term Care released a “Strategy to Prevent Opioid Addiction and Overdose” (Opioid Strategy), which included ongoing work to: enhance data collection and surveillance; modernize prescription and dispensing practices; improve access to high-quality addiction treatment services; and enhance harm reduction services and supports (Ministry of Health and Long-Term Care, 2016). On June 12, 2017 and in order to support implementation of the Opioid Strategy’s harm reduction pillar, the Minister of Health and Long-Term Care announced that funding would be provided to boards of health to build on existing harm reduction programs and services, and to improve local opioid response capacity and initiatives (Ministry of Health and Long-Term Care, 2017).

Current Services Provided

On February 12, 2018, London's Temporary Overdose Prevention Site (TOPS) was opened in collaboration with Regional HIV/AIDS Connection (RHAC). Since then, TOPS has seen more than 7,000 visits by 2,000 unique individuals. As of September 16, 2018, there have been 31 overdoses at the facility, most of which were fentanyl-related – with no deaths.

The number of naloxone kits distributed in the Middlesex-London region has steadily increased since 2014. Naloxone is a drug which can reverse the effects of an opioid overdose long enough for that individual to get medical attention and care. There was also a steep rise in the number of people reporting that they had administered naloxone in 2017. Regional HIV/AIDS Connection in collaboration with the Middlesex-London Health Unit and several community agencies across the city provide harm reduction services, which include, but are not limited to, the distribution of safer drug use supplies and naloxone, safer drug use education and referrals to agencies that provide addiction treatment.

Impact of SCF on Overdoses

Research evidence has reported that Supervised Consumption Facilities improve access to overdose care and reduce the number of overdose fatalities (Ontario HIV Treatment Network, 2014). A study conducted at Insite, one of Vancouver's SCFs, reported that each year staff intervene in two to 12 potentially fatal overdoses (Milloy et. al, 2008). Studies from Europe have reported a decline in overdose fatalities after SCFs had opened (Dolan et al., 2000). In Australia, the number of ambulance calls related to overdose emergencies has been reported to decline significantly after an SCF had opened and calls had continued to remain lower during the hours the site was operating (Salmon, van Beek, Amin, Kaldor, & Maher, 2010).

Kerr, Small, Moore, and Wood (2007) reported that the Vancouver sites provide opportunities for PWID to reduce the risks of overdosing, when compared to if they were to inject alone. Participants acknowledged that if an overdose were to occur in a public space, it may be less likely for an onlooker to intervene and seek medical attention for the person who had overdosed. They noted the benefit of having medical staff directly at Insite, who could recognize and assist if an overdose were to occur there, rather than at a public location, such as an alleyway or behind a dumpster (Kerr, Small, et al., 2007).

Infectious Disease

Current Situation

In February 2016, an investigation was initiated by the Middlesex-London Health Unit to understand the increase in new cases of HIV because of concerns raised by local Infectious Diseases (ID) physicians. In the first six weeks of 2016, six new cases of HIV were reported to MLHU. This was considerably higher compared to what had been observed previously.

The investigation began with identifying the number of cases and rate of HIV compared to similar jurisdictions and Ontario, in general. Additional data was requested from Public Health Ontario (PHO) to understand whether this increase could be explained by other factors, such as an increase in HIV testing in London. MLHU also determined in which population(s) the new infections were occurring. MLHU was able to confirm that the HIV rates were, in fact, increasing in Middlesex-London. On the contrary, HIV rates across the province had been declining over the past decade. PWID have, at their highest, represented just under 10% of new HIV cases in Ontario. In contrast, two-thirds of new HIV cases in Middlesex-London were attributed to PWID (Middlesex-London Health Unit, 2018).

Simultaneously, an investigation of hepatitis C (Hep C) was initiated by MLHU to understand whether there was a similar pattern in terms of risk factors and trends over time. The rate of Hep C in Middlesex-London has been higher than the provincial rate for several years; however, the rates have been stable in recent years (Middlesex-London Health Unit, 2018). While HIV and Hep C investigations were underway, MLHU began an investigation of Invasive Group A Streptococcal (iGAS) cases. As a result of this investigation, an iGAS outbreak was declared in May of 2016. This outbreak is ongoing and shares similar characteristics with HIV and Hep C outbreaks and it is predominantly concentrated in the PWID population. In addition, ID physicians also reported a concerning increase in cases of infective endocarditis in the PWID population. In 2008, there were less than 200 total days of hospital stay due to injection drug use-associated infective endocarditis, in comparison to approximately 2,000 total days in 2015. The estimated healthcare costs due to endocarditis alone were estimated at $7.7 million in 2015, or $112,150 per case.

In addition to outbreak investigations, MLHU consulted with key local stakeholders who provide services and support to people living with HIV, such as Regional HIV/AIDS Connection, London Intercommunity Health Centre (LIHC) and ID physicians. Stakeholder consultations and meetings were also organized by MLHU to inform key organizations on the alarming increase in HIV cases and to understand their perspectives on the potential causes of this rise. National and international experts and other public health units were consulted, as well as research evidence and best practice guidelines on preventing HIV among PWID.

The lifetime costs for a single case of HIV are estimated at $1.3 million (Kingston-Riechers, 2011). Based on this finding, London's HIV outbreak would have an estimated cost of $50 million. Hepatitis C (single course treatment) costs $70,000. London's HIV outbreak prompted MLHU to declare a public health emergency in June of 2016. The intent was to raise awareness among key stakeholders and the community about the outbreaks affecting vulnerable people and, more specifically, PWID. To address this public health emergency, a number of key strategies were implemented, including the development of an HIV Leadership Team with representation from key organizations in Middlesex-London. They aimed to

create a comprehensive strategy to respond to these outbreaks and request support from the Public Health Agency of Canada, in the form of a field epidemiologist to assist with the investigation.

What MLHU knows thus far is that this public health emergency is multifactorial and requires a multi-pronged approach to addressing the interwoven issues.

Current Services Provided

In response to the public health emergency, and through consultations, the Middlesex-London Health Unit and community stakeholders identified the lack of tailored outreach services to facilitate access to HIV "treatment as prevention" or addiction services for hard-to-reach HIV-positive individuals. Following an internal review of effective strategies to address HIV in PWID, internal resources from MLHU were reallocated to form a small street level outreach team, made up of three staff: a team lead, an outreach nurse, and an outreach worker. The purpose of the street level outreach team is to enhance access to HIV treatment for vulnerable populations experiencing difficulties in accessing traditional services.

In September 2015, The "My Care" program was implemented at London Intercommunity Health Centre in collaboration with the St. Joseph's Infectious Diseases Care Program. The "My Care" program team includes a registered nurse, a nurse practitioner, a social worker and a physician. The program's objectives include: identifying at-risk individuals living with HIV and engaging and retaining individuals through a novel flexible outreach model of HIV care. This program has been very successful in not only engaging and providing treatment, but also in maintaining viral load suppression among HIV-positive patients who historically have had difficulty maintaining adherence to treatment. However, due to the absence of sustainable funding, the LIHC has suspended the intake of new HIV-positive patients since August 2016. At that time, the clinic had a client roster of 56 patients. Currently, the My Care Program has 48 clients enrolled in care.

Addiction services are an important part of a comprehensive strategy for increasing adherence to HIV treatment and improving the quality of life of PWID. The uptake of these services, especially opioid maintenance therapy, among HIV-positive individuals who have concurrent addiction disorders, positively influences the likelihood of adherence to HIV treatment. The situation in London appears to be unique in that there is a high rate of concomitant opioid and crystal methamphetamine use. While addiction services are available through Addiction Services of Thames Valley, the Canadian Mental Health Association (CMHA) and independent physician providers in London, there is a lack of service coordination and of capacity for low-threshold comprehensive addiction services geared toward high-risk PWID. According to the Ontario Integrated Supervised Injection Site (OISIS) survey, only 5% of 199 PWID surveyed received addiction services in the previous six months, and 8% reported difficulty accessing addiction services (Ontario HIV Treatment Network, 2017).

Impact of SCFs on Infectious Diseases

The literature suggests that SCFs can prevent the spread of blood-borne infections, reducing the rate of new diagnoses and the burden on the healthcare system. Findings from a prospective study of an SCF in Montreal suggest that 11 cases of HIV and 65 cases of Hepatitis C can be prevented each year (Jozaghi, Reid, & Andresen, 2013). Salmon, van Beek, Amin, Grulich and Maher (2009) estimated that the annual cost savings from the number of HIV infections prevented at InSite in Vancouver was between $2.85 million and $8.55 million.

Indirect Harms Associated with Drug Use

Current Situation

Between 2008 and 2012, London Police Services responded to an average of 730 incidents per year related to drug possession, and an average of 230 calls per year related to trafficking, distribution and possession of controlled drugs and substances (LexisNexis, 2018). Additionally, the Ontario Integrated Supervised Injection Services Feasibility Study, that gathered data from 199 people who use drugs in the Middlesex-London region, identified injection in public spaces and discarded drug use equipment as indirect harms associated with drug use (Ontario HIV Treatment Network, 2017).

In Middlesex-London, there is a high percentage of people who use drugs in public spaces, which often results in discarded drug equipment. Out of the 199 people who were surveyed, 72% of participants reported injecting drugs in public spaces in the last six months (Ontario HIV Treatment Network, 2017). Public drug use also presents potential harm to people who use drugs, through the use of unsafe consumption practices, which can increase the risk of overdose and the spread of diseases, such as hepatitis C and HIV.

Discarded equipment, such as used needles, pose a potential risk of injury for those who use public spaces where people inject drugs. In 2016, according to data provided by RHAC, there were over 3 million needles distributed along with other sterile injection equipment in the Middlesex-London region, of these approximately 1.8 million used needles were returned.

Current Services Provided

Regional HIV/AIDS Connection in collaboration with the Middlesex-London Health Unit and several community agencies across the city provide harm reduction services to people who use drugs. These services include, but are not limited to, distribution of safer drug use supplies and naloxone, safer drug use education and referrals to agencies that provide addiction treatment.

RHAC's Counterpoint Needle Syringe Program is funded by MLHU, the AIDS Bureau, and the Ministry of Health and Long-Term Care. This service has been acknowledged as one of the busiest needle exchange programs in Ontario. According to data provided by RHAC, in 2016, there were 17,140 interactions with Counterpoint clients, more than 3 million needles and syringes distributed from both fixed and mobile delivery programs, and over 6,000 used sharps containers recovered.

Despite the Counterpoint program, there is an urgent need to increase the availability of harm reduction supplies across London and Middlesex County. MLHU and RHAC are currently working together to enhance harm reduction services and increase the availability of supplies through small fixed satellite sites, as well as increasing hours of operation and the availability of harm reduction supplies on weekends.

Impact of SCFs on the Indirect Harms Associated with Drug Use

Other jurisdictions that have implemented SCFs have demonstrated the impact of these facilities in reducing the number of incidents and calls related to drug possession, trafficking and distribution and possession of controlled drugs and substances, as well as a reduction in the indirect harms associated with drug use.

Research conducted in Sydney, Australia has shown that there was no increase in the rates of robbery, theft, drug-related loitering or drug-related incidents in the vicinity following the opening of a SCF (Freeman et al., 2005). Other studies have also demonstrated the impact of these facilities in Sydney. Salmon, Thein, Kimber, Kaldor, and Maher (2007) found that after five years of operation, local business owners reported a significant reduction in public drug use and discarded drug equipment, as well as no change in drug dealing in the vicinity of the facility. Findings related to a reduction in public drug use and discarded drug equipment are consistent with a study conducted in 2007 in Vancouver by Petrar et al. This study found that people who use drugs reported less public drug use and less discarded drug equipment following the opening of InSite, North America's first SCF (Petrar et al., 2007). Similar findings have been shown in another study that demonstrated that the opening of Insite was associated with reductions with public drug use and discarded drug equipment in the facility's neighbourhood (Wood et al., 2004). Lastly, survey results related to SCFs in Europe have also demonstrated that these sites had also led to reductions in public drug use and discarded drug equipment in their respective communities (Kimber, Dolan, & Wodak, 2001).

Given the research gathered about SCFs in other jurisdictions, it is clear that the implementation of these facilities would have a high potential to reduce drug-related incidents, public injection, and discarded drug equipment in Middlesex-London.

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Appendix A – Letters of Support

From: Janette MacDonald [mailto:janette@downtownlondon.ca]
Sent: April-20-18 2:40 PM
To: Christopher Mackie <Christopher.Mackie@mlhu.on.ca>
Subject: Fwd: Mobile Supervised Consumption Facility

Chris:

Downtown London acknowledges the severity of the opiod crisis and our members are affected by it on a day to day basis.

We obviously want to be part of the solution to save lives, provide social justice and economic resiliency.

We would support a mobile site in principal as long as there is a permanent site that is set up to offer wrap around services to ensure that the affected population are provided with every opportunity to receive treatment and counselling.

If the permanent site is located at one of the proposed locations on Simcoe or York St the downtown area would still have to be serviced and a mobile site - with the locations carefully selected with consultation from our members and adjusted as issues or more appropriate locations arise. Then we can offer our support for a mobile site.

We look forward to working with you to save lives.

Best regards,

Janette.

Janette MacDonald,
CEO and General Manager.
Downtown London
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Office: 519 432 8389
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June 28, 2018

His Worship Mayor Matt Brown and Members of City Council
The City of London
300 Dufferin Avenue
London, Ontario, N6A 4L9

Dear Mayor Brown and Members of Council:

Re: Principle Based Support for Supervised Consumption Sites

The London Chamber of Commerce (Chamber) on the recommendation of its Government Affairs Committee would like to voice its support for certain guiding principles regarding the establishment of Supervised Consumption Sites (formerly known as Safe Injection Sites) in the City of London.

As you are no-doubt aware, London is currently facing a drug crisis. In the words of Dr. Chris Mackie (London/Middlesex Medical Officer of Health), we are a medium sized city, with a big city drug problem. In December of 2017, the Minister of Health and Long Term Care recognized the existence of a "public health emergency in Ontario due to the opioid crisis, and formally requested that the federal government allow Ontario to approve and fund overdose prevention sites".

By way of background, an Opioid Crisis Working Group was formed in 2017, including representatives from The City of London, Middlesex-London Health Unit, Regional HIV AIDS Connection (RHAC), London InterCommunity Health Centre (LIHC), Addiction Services of Thames Valley, London Police Service, London CARes, Southwest LHIN, London Health Sciences Centre (LHSC), EMS, as well as an Indigenous community leader and a person with lived experience. Council endorsed the Committee in September of 2017.

The health unit has applied for a federal exemption to open two supervised consumption sites – a place where people can go to use drugs with medical professionals nearby, or to be connected with support services – in London.

The city already is home to a temporary overdose prevention site, the first of its kind in Ontario, which is a short-term version of a permanent supervised facility. Since opening in February, the overdose prevention site has served nearly 700 different people. Recently, a record-setting 59 people came through its doors in one day.

In addition to connecting vulnerable residents with support services, both the short and long-term sites are expected to help reduce the number of needles littering city streets and public spaces. That's one of the benefits for the wider community, according to Dr. Mackie. However, there are many other benefits that professionals cite that can accrue to public health in a community. These include:

- Reduction in drug consumption within public places — eg. bathrooms, alleyways, civic spaces and parks
- Reduction in infectious diseases that impose public health risks — eg. HIV, Hepatitis C

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- Reduction in overdose emergency room visits and associated costs
- Reduction in overdose deaths
- Health supports for vulnerable populations that are engaged in drug use
- Referrals and navigation to drug addiction, detox and other related support services
- Safety for persons using drugs, during their high when they can be vulnerable
- Reduction in public disorder during their high
- Opportunity for community connections
- Teaching of clean consumption practices
- Reduction in the number of used needles disposed in public places

London's clean needle distribution program currently distributes approximately 3 million needles per year – more than the City of Toronto. Often times these needles are discarded, which causes problems for local business owners, families and organized sports participants not to mention the poor image it portrays to those visiting our city.

Statistics on drug related deaths and complications in London are among the worst in the province including:

- 40 fentanyl related deaths per year
- 80-90% of all new HIV cases due to infected needles
- 30-40 deaths per year caused by drug induced endocarditis (a serious heart infection)

This can only harm our ability to attract new businesses and capital to our region.

In addition to the human cost of the current drug epidemic, it also takes a massive toll on our economy. In terms of health care costs and lost productivity, endocarditis costs our economy $7 million per year, while a single case of HIV costs 1.3 million.

While much attention has been paid to opioids (eg. heroin, oxycodone, morphine, hydromorphone, fentanyl), other drugs such as stimulants (eg. cocaine, methamphetamine, and ecstasy) and depressants (eg. alcohol) also represent a major part of the drug addiction and overdose crisis. Not only can drug addiction undermine an individual's mental and physical health, it can generate associated community health risks that have created overlapping drug-related crises in the London community:

- Overdose — emergency care and death
- HIV infection
- Hepatitis C infection
- Infective endocarditis
- Needle recovery
- Public drug use

Given all that is at stake, we believe it is important that Supervised Consumption Sites be established within the city as the research on the matter is quite clear that these sites help to get drug users off the streets and help save lives. Since Insite, Vancouver's first Supervised Injection Site opened 13 years ago, overdose deaths in 500 m radius of the facility have decreased by more than 35%. And while there have been overdoses at the centre, there have been no deaths. Furthermore, research shows those who use Insite have a 30% greater chance of entering long term addiction treatment and detoxification programs.

We support the recommendation of Dr. Chris Mackie that the city establish two permanent sites and one mobile site.

A study in Vancouver found that there was no increase in crime once a Supervised Consumption Site was established. Additionally, a major review of Europe's drug consumption rooms commissioned by the EU's European Monitoring Centre for Drugs and Drug Addiction found that not only was there no increase in crime but there was a decrease in the level of "public nuisance" after they were opened.[i] As London's own Chief of Police stated, the drug addiction problem in the city is not something that we can arrest our way out of.

Despite the positive research however, we understand that there is a great deal of anxiousness surrounding these sites. Those who live or do business in areas where potential sites may be located, will naturally wonder how such sites will affect them and any potential negative impact should be minimized. For this reason we recommend that the following principles be developed and adhered to in the establishment of such sites:

1. A comprehensive communication and engagement strategy for all affected stakeholders including owners of surrounding businesses.
2. The development of a neighbourhood safety plan in collaboration with the community and affected neighbourhoods which includes perimeter security.
3. Develop a model that works on the principles of human kindness because when people are treated like animals, they tend to act like animals.
4. Ensure that the After Care Room has the resources to link individuals with support services to help solve issues such as homelessness, mental health conditions, and drug and alcohol rehabilitation.
5. An effective needle waste collection plan.

Respectfully,

Gerry Macartney, CEO
London Chamber of Commerce
Copies: Chamber Board of Directors, Government Affairs Committee

[i] https://www.dublininquirer.com/wp-content/uploads/2015/08/consumption_rooms_report.pdf

Appendix B – Steps to Ensure a Positive Impact on Neighbourhoods

While research indicates that supervised consumption services have a positive impact on public disorder in neighbourhoods where they are placed, the Middlesex-London Health Unit and partners have taken additional steps to ensure that London's Temporary Overdose Prevention Site has a positive impact. These steps will be used for permanent sites as well.

Facility Design:

- Adequate waiting space to eliminate loitering
- Aftercare room so that clients are not put directly back on the street after using
- Crime Prevention Through Environmental Design (CPTED) review conducted in partnership with London Police Services, with findings implemented prior to opening
- Fire Safety Plan in place
- All municipal and provincial safety requirements met
- Security cameras
- Additional lighting

Service Design:

- Security Guard to patrol the perimeter of the site
- Code of Conduct for clients. People who use the facility are very committed to helping it be successful and sustainable. As such, they have been helpful in ensuring a positive impact on neighbours. The Client Code of Conduct ensures that clients commit to:
  - Respect others while on site
  - Help create and maintain a safe place
  - Not cause physical harm to other participants or staff
  - Not deal, exchange, share or pass drugs to anyone else on-site or in the immediate area
  - Not use alcohol, smoke or ingest drugs other than by injection while on-site
  - Reduce harm by not sharing rigs or equipment, disposing of used supplies in the sharps container, and not walking around with uncapped rigs
  - Not display weapons or money on-site or in the immediate area
  - Not bring outside conflicts into the site
  - Not engage in solicitation of any kind on site or in the immediate area
  - Respect the property and privacy of others in the site and in the immediate area
  - Follow the reasonable directions of staff
  - Bring concerns or complaints to the attention of the Responsible Person In-Charge
- Staff equipped with two-way radios
- Frequent needle sweeps of the immediate area and surrounding neighbourhood
- Regular meetings with neighbouring businesses and residents to address any issues that may arise.

Staff are continually monitoring for any unexpected issues and adjusting the service to meet the needs of both clients and the broader community. This dual commitment is seen as crucial to long-term success.