



Community
Drug Strategy

Communications Tool Kit

Who is the Community Drug Strategy?

The Community Drug Strategy represents more than 25 community partners from community agencies including health, social services, education, police, justice, and emergency services.

Purpose Statement

The Community Drug Strategy has created a Communications Tool Kit to provide consistent messaging related to substance misuse in our area. Any section of the tool kit can be shared amongst community partners to help inform and educate Greater Sudbury about substance misuse.

What's inside!

A Community Drug Strategy Key Messages

B Supervised Consumption Services Questions and Answers

C Supervised Consumption Services Needs Assessment and Feasibility Study Questions and Answers

D Glossary of Terms

E References

** In Ontario, Supervised Consumption Services are now referred to as Consumption Treatment Services.*



Community Drug Strategy

Key Messages

What you need to know about stigma, harm reduction, and supervised consumption services

The Community Drug Strategy envisions a community working together to improve the health, safety, and well-being of all individuals, families, neighbourhoods and communities in Greater Sudbury by creating a society increasingly free of the range of harms associated with substance misuse.

The Community Drug Strategy is built on four principles: enforcement, treatment, harm reduction, and health promotion.

There are three commonly discussed topics when it comes to drug use and drug-related harms: stigma, harm reduction, and supervised consumption services. Further detail on each of these is found below.

Stigma

Stigma is the use of negative stereotypes to judge or discriminate. As a community, reducing stigma and creating safer and more inclusive spaces for all are important for the health and well-being of everyone.

Stigma can:

- Add to isolation.
- Discourage people who use drugs to seek support or treatment.
- Reduce the quality of care experienced by people who use drugs.
- Have a major impact on the quality of life of people who use drugs, people in recovery, and families of people who use drugs.

What you can do:

- Listen to the stories of individuals and seek to understand their views
- Change how we talk about substance misuse (Health Canada, <https://www.canada.ca/content/dam/hc-sc/documents/services/substance-abuse/prescription-drug-abuse/opioids/stigma/substance-use-eng.pdf>)

Treating people who use drugs with dignity and respect can improve health outcomes.

Harm Reduction

Harm reduction is just that...ways to reduce harm from potentially dangerous activities.

We all practise harm reduction in a variety of ways every day, from wearing a seatbelt to refrigerating our food.

Within the Community Drug Strategy

Harm reduction is a set of non-judgmental policies and practises that aim to provide or enhance skills, knowledge, resources, and support for people so that they can live safer, healthier lives. The aim is to reduce the health, social and economic costs of drug misuse, without necessarily reducing drug consumption. Supervised consumption services are an example of a harm reduction initiative.

Being community-based, user-driven, and non-judgmental is respecting the rights of the individual and addresses the differences of health and well-being in the drug using community. Not everyone is ready or able to enter treatment at any given time. Until people are ready and able to seek treatment, harm reduction programs work to:

- reduce risks
- improve health
- connect people with other key health and social services

Harm reduction works best when it is part of a community strategy.

Supervised Consumption Services

Supervised Consumption Services are controlled spaces where people can consume drugs under supervision in a clean and safe environment. People are provided sterile supplies and are supervised by trained staff including health professionals. People who use the service can also receive basic medical care and referrals to other health and social services.

Research has demonstrated these services:

- Reduce deaths and hospital visits due to overdose or drug related emergencies.
- Reduce transmission of infectious diseases such as hepatitis C and HIV.
- Increase access to addiction treatment and counselling services.
- Increase access to basic health care services (e.g. wound care, immunizations).
- Reduce the number of publically discarded syringes.
- Decrease public consumption of illegal drugs.
- Are cost-effective for health systems.

However, communities cannot do this alone. We need to work together with all levels of government to support people with addictions.

** In Ontario, Supervised Consumption Services are now referred to as Consumption Treatment Services.*



Public Health
Santé publique
SUDBURY & DISTRICTS

705.522.9200



705.675.9171

Learn more at phsd.ca/cds.



Supervised Consumption Services Questions and Answers

What are supervised consumption services?

Supervised consumption services are controlled spaces where people can consume drugs under supervision in a clean and safe environment. People are provided sterile supplies and are supervised by trained staff including health care professionals. People who use the service can also receive basic medical care and referrals to other health and social services. Supervised consumption services are legal in Canada with federal government approval.

Supervised consumption services **do not** provide drugs to people.

How do these services work?

People arrive with their own drugs. They are given equipment and education on safe drug use practices. When the person uses their drug, trained staff supervise them and will act if a medical emergency takes place. Once the drugs have been used, the individual is brought to a waiting room to be observed for any medical emergencies or overdoses. Information about other health services, social supports in the community, and referrals are also available.

What is the purpose of supervised consumption services?

Supervised consumption services respect an individual's choices and support equal health and health access for all. There has been a lot of research done on the benefits these services offer for communities and people who use substances. The four main goals of these services are to:

- Save lives by reducing the number of deaths and drug overdoses.
- Reduce the spread of infectious diseases, such as HIV and hepatitis C, amongst people who inject drugs.
- Provide primary health care services, addictions treatment, and social services to those who use drugs.
- Create a safer community by reducing substance misuse in public spaces.

How have supervised consumption services helped other communities?

In other communities, these services have been shown to:

- reduce opioid overdoses and hospital visits
- reduce opioid overdose deaths
- reduce infectious disease such as HIV, hepatitis C
- increase access to basic health care services such as wound care
- reduce public consumption of illegal drugs
- reduce publicly discarded syringes
- decrease unsafe injection practices (e.g. syringe sharing)
- increase access and referrals to health and social services (including detoxification and substance treatment)
- improve the health of people who use drugs
- be cost-effective solutions for health systems

These services have **NOT** been shown to:

- shift drug use to different neighbourhoods
- increase rates of intravenous (IV) drug use
- increase drug-related crimes

What else is being done to address substance misuse in Greater Sudbury?

The Community Drug Strategy is focusing on working to improve the health, safety, and well-being of all individuals in Greater Sudbury by reducing the amount of substance misuse and creating a society that is more free of harms linked with substance misuse.

The Strategy is also:

1. Increasing access to programs that promote safer substance misuse practices such as:

- **The Point** – a free and confidential program that provides harm reduction supplies and services to people who use drugs. Sterile equipment is provided for safe injection practices, and clients are welcome to return used items to these locations. Education is provided about safer drug use and safer sex.
- **Réseau ACCESS Network** – provides services for people who use drugs. Offers education, outreach and harm reduction services; safe injection and inhalation supplies; referrals to addictions treatment centres; testing services; hepatitis C treatment; referrals for HIV treatment; support and counselling; and advocacy.
- **Sudbury Action Centre for Youth (SACY)** – offers a program that provides referrals to health agencies, home visits, harm reduction supplies, and family liaison to people who use drugs. Education is provided on addiction lifestyle, harm reduction, safer sex practices, and safe disposal of drug use supplies.
- **Ontario Aboriginal HIV/ AIDS Strategy** – a provincially mandated AIDS service organization that provides outreach and support services, through regional outreach workers, to off-reserve Aboriginal People who are living with or affected by HIV/AIDS. **B2**

2. Increasing the distribution of naloxone in our community. Naloxone is available at various pharmacies and agencies in the Sudbury and Manitoulin districts. Find out where to get a naloxone kit at: <https://www.ontario.ca/page/get-naloxone-kits-free>.
3. Providing yellow toxic disposal bins throughout Sudbury to encourage people to throw away used supplies to reduce harm. To learn where the bins are located go to: <http://www.ohrdp.ca/find/community-disposal-bins-ontario/>.
4. Educating and encouraging residents to safely dispose of used supplies by following the instructions in the Community Drug Strategy safe needle disposal video at www.phsd.ca/cds.
5. Educating and raising awareness to all community members about the harms related to substance misuse. Learn more at www.phsd.ca/cds.
6. Reducing stigma and developing empathy towards people who use drugs. A related video can be found at <https://www.youtube.com/watch?v=anVjeCL0vBo>.
7. Providing support, direction, and treatment to individuals who are seeking to improve their health.
8. Conducting a study to determine if supervised consumption services are needed.

Are there supervised consumption services in other communities?

Yes. There are more than 90 supervised consumption services worldwide.

There are over 25 sites (not including interim sites) approved for exemption in Canada. In Ontario, 10 sites have been approved and are providing services. For a list of sites learn more at <https://www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/status-application.html#app>

Would supervised consumption services increase substance misuse?

No, there is no evidence that these services promote drug use or lead to an increase in first-time drug use. People do not start using drugs because these services are offered. These services are mostly used by people with a long history of drug use.

When might supervised consumption services be in place in Greater Sudbury?

A study will soon begin to determine whether or not supervised consumption services would be a solution for some of our drug issues in Greater Sudbury. The study will be overseen by the Community Drug Strategy, jointly led by Public Health Sudbury & Districts, and Greater Sudbury Police Service, in partnership with various community partners. The study will be expected to take approximately one year to complete after the approval of the ethics application.

Where would these services be located?

The exact location of the services in Greater Sudbury will be informed by the study.

Would these services bring more crime to communities?

Supervised consumption services do not contribute to more crime. There is considerable research on this subject. For example, in the neighbourhood around *InSite* in Vancouver, there has been no increase in crime.

Who is going to participate in the study, and how will they participate?

The study will have three parts:

- in-person interviews with people who use drugs
- online surveys for anyone living in Greater Sudbury
- focus groups with a variety of people who live, work and service Greater Sudbury

How can I share my feedback?

- Share your thoughts by emailing drugstrategy@phsd.ca.

** In Ontario, Supervised Consumption Services are now referred to as Consumption Treatment Services.*



Public Health
Santé publique
SUDBURY & DISTRICTS

705.522.9200



705.675.9171

Learn more at phsd.ca/cds.



Supervised Consumption Services Needs Assessment and Feasibility Study Questions and Answers

What is the goal of the study?

The goal of this project is to identify local needs and explore if supervised consumption services would be a solution for some of the drug issues in Greater Sudbury.

What are supervised consumption services?

Supervised consumption services are controlled spaces where people can use drugs under supervision in a clean and safe environment. People are provided sterile supplies and are supervised by trained staff including health care professionals. People who use the service can also receive basic medical care and referrals to other health and social services.

Why is this research important?

Given the rise in opioid-related overdoses, supervised consumption services have been shown to reduce overdoses, infections, and deaths related to drug use.

What will the study help us understand?

This study will help us to understand the current needs of people who use drugs, the needs of our community, as well as the impact of drug use in our community. The findings will be used to determine whether there is a need for supervised consumption services, as well as the ideal conditions under which services could operate in Greater Sudbury.

If the findings show that there is a need for supervised consumption services, the results of this study will also help to inform recommendations and next steps.

Who will be conducting the study?

The study will be overseen by the Community Drug Strategy for the City of Greater Sudbury. The Community Drug Strategy represents more than 25 community partners from community agencies including health, social services, education, police, justice, and emergency services.

The study will be supported by the Community Advisory Committee and the Research/Technical Working Group who will provide advice on planning, research, and communicating the results.

What are the timelines for the study?

The study is expected to take approximately one year to complete after the approval of the ethics application. During this time, we will be talking with partners including community residents, community partners, and people who consume drugs. When the data collection ends, community forums will be held to release study results, answer questions, and ask for feedback.

Contacts

drugstrategy@phsd.ca

** In Ontario, Supervised Consumption Services are now referred to as Consumption Treatment Services.*



Public Health
Santé publique
SUDBURY & DISTRICTS

705.522.9200



705.675.9171

Learn more at phsd.ca/cds.



Glossary of Terms

Consumption Treatment Services (CTS): Provide integrated, wraparound services that connect people who use drugs to primary care, treatment, and other health and social services. *In Ontario, provincially funded Supervised Consumption Services are now referred to CTS.*

Harm Reduction: Policies, programs, and practices that aim to reduce the adverse health, social and economic consequences of the use of drugs, without first requiring abstinence.

Illegal Drugs: Illegal drugs are usually produced (grown or manufactured) for sale on the street and used mainly for recreational purposes. They are often chemical products or other substances that when ingested, produce a mind-altering effect.

Naloxone: Naloxone (also known as Narcan) can temporarily reverse the effects of an opioid overdose that may cause a person to stop breathing.

Opioids: Are drugs with pain relieving properties that are used primarily to treat pain. Opioids can also induce euphoria (feeling high), which gives them the potential to be used improperly. Opioids can be prescribed medications and can be illegally produced and obtained.

Overdose: Describes the ingestion or application of a drug or other substance in quantities greater than are recommended or generally practiced. To assist in de-stigmatization, certain communities have adopted the term **Poisoning** or **Toxicity**.

Symptoms of opioid overdose include when someone cannot stay awake, walk or talk, are breathing slowly or not at all, have a limp body, not responding to noise or knuckles being rubbed hard on their breastbone, snoring or gurgling sounds, pale or blue skin – especially on their nail beds and lips – they feel cold, tiny pupils (pinpoint) or their eyes are rolled back and vomiting.

Prevention: A policy or program aimed at delaying, reducing or preventing substance use.

Recovery: A process whereby people work to improve their own health and wellness and to live a meaningful life in a community of their choice while striving to achieve their full potential.

Stigma: Negative attitudes and beliefs about a group of people due to their circumstances.

Substances: Refers to all psychoactive drugs both legal and illegal, including but not limited to alcohol, tobacco, cannabis, opioids and other forms of drugs such as cocaine.

Supervised Consumption Services (SCS): Are controlled spaces where people can consume their own drugs by various routes such as inhalation, injection, oral and intranasal. These are permanent facilities that have been granted the exemptions to section 56.1 of the *Federal Controlled Drugs and Substances Act* to operate.

Supervised Injection Services (SIS): Are controlled spaces where people can inject their own drugs under supervision in a clean and safe environment. These are permanent facilities that have been granted exemptions to section 56.1 of the *Federal Controlled Drugs and Substances Act* to operate.



Public Health
Santé publique
SUDBURY & DISTRICTS

705.522.9200



705.675.9171

Learn more at phsd.ca/cds.



References

- Public Health Ontario. Interactive opioid tool: Opioid-related morbidity and mortality in Ontario. August 14, 2018. <http://www.publichealthontario.ca/en/dataandanalytics/pages/opioid.aspx#/trends>.
- Health Canada. National Report: Apparent Opioid-Related Deaths in Canada (released June 2018), Retrieved August 15, 2018: <https://www.canada.ca/en/public-health/services/publications/healthy-living/national-report-apparent-opioid-related-deaths-released-june-2018.html>
- Health Canada. Drug Analysis Service: Summary report of samples analyzed, January 1 to March 31, 2018. Retrieved August 15, 2018: <https://www.canada.ca/en/health-canada/services/health-concerns/controlled-substances-precursor-chemicals/drug-analysis-service/drug-analysis-service-summary-report-samples-analysed.html#a3>
- Kolla G, Kenny K, Dodd Z, Boyce N, Ovens S, Chapman L, Johnson M, & Panter B. (May 2018). Impacts of an Unsanctioned Overdose Prevention Site in Toronto: A Preliminary Analysis. Public Health 2018: Canadian Public Health Association Annual Conference, Montreal, Canada.
- Geoff Bardwell, Ayden Scheim, Sanjana Mitra et al (2017). Assessing support for supervised injection services among community stakeholders in London, Canada. *International Journal of Drug Policy*, 48:27-33, doi: 10.1016/j.drugpo.2017.05.009.
- Jennifer Ng, Christy Sutherland, Michael R. Kolber (2017). Does evidence support supervised injection sites? *Canadian Family Physician*, 63:866.
- Mary Clare Kennedy, Mohammad Karamouzian, Thomas Kerr (2017). Public health and public order outcomes associated with supervised drug consumption facilities: a systematic review. *Current HIV/AIDS Reports*, 14: 161-163, 2017. DOI: 10.1007/s11904-017-0363-y.
- Eva A. Enns, Gregory S. Zaric, Carol J. Strike et al (2016). Potential cost-effectiveness of supervised injection facilities in Toronto and Ottawa, Canada. *Addiction*, 111:3, 475-489, March 2016. DOI: <https://doi.org/10.1111/add.13195>.
- Carol Strike, Jennifer A. Jairam, Gillian Kolla et al (2014). Increasing public support for supervised injection facilities in Ontario, Canada. *Addiction*, 109(6), 946-953. doi.org/10.1111/add.12506.
- Chloe Potier, Vincent Laprevote, Francoise Dubois-Arber et al (2014). Supervised injection services: What has been demonstrated? A systematic literature review. *Drug and Alcohol Dependence*, 145: 48-68, Dec. 1, 2014. DOI: <https://doi.org/10.1016/j.drugalcdep.2014.10.012>.

Brandon D. L. Marshall, M-J Milloy, Evan Wood et al (2011). Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: a retrospective population-based study. *The Lancet*, 377(9775):1429–37. doi.org/10.1016/S0140-6736(10)62353-7.

Martin A. Andresen, Neil Boyd (2010). A cost-benefit and cost-effectiveness analysis of Vancouver's supervised injection facility. *International Journal of Drug Policy*, 21(1): 70-76. doi: 10.1016/j.drugpo.2009.03.004.

Ahmed M. Bayoumi, Gregory S. Zaric (2008). The cost-effectiveness of Vancouver's supervised injection facility. *CMAJ*, 179(11):1143–51. DOI: <https://doi.org/10.1503/cmaj.080808>.

M-J S. Milloy, Thomas Kerr, Mark Tyndall et al (2008). Estimated drug overdose deaths averted by North America's first medically-supervised safer injection facility. *PLoS ONE* 3(10): e3351, doi: 10.1371/journal.pone.0003351.

R. Alan Wood, Evan Wood, Calvin Lai (2008). Nurse-delivered safer injection education among a cohort of injection drug users: evidence from the evaluation of Vancouver's supervised injection facility. *International Journal of Drug Policy*, 19(3): 183-188. doi: 10.1016/j.drugpo.2008.01.003.

Evan Wood, Mark Tyndall, Ruth Zhang et al (2007). Rate of detoxification service use and its impact among a cohort of supervised injecting facility users. *Addiction*, 102(6):916–9. DOI: 10.1111/j.1360-0443.2007.01818.x.

Jo-Anne Stoltz, Evan Wood, Will Small (2007). Change in injecting practices associated with the use of a medically supervised safer injection facility. *Journal of Public Health*, 29(1): 35-39. doi: 10.1093/pubmed/fdl090.

Evan Wood, Mark W. Tyndall, Julio S. Montaner et al (2006). Summary of findings from the evaluation of a pilot medically supervised safer injecting facility. *CMAJ* 175(11): 1399-1404, doi: 10.1503/cmaj.060863.

Karen Freeman, Craig G.A. Jones, Don J. Weatherburn et al (2005). The impact of the Sydney Medically Supervised Injecting Centre (MISC) on crime. *Drug and Alcohol Review*, 24(2): 173-184.

Thomas Kerr, Mark Tyndall, Kathy Li et al (2005). Safer injection facility use and syringe sharing in injection drug users. *The Lancet*, 366(9482):316–8. DOI: 10.1016/S0140-6736(05)66475-6.

Thomas Kerr, Sanjana Mitra, Mary Clare Kennedy Ryan McNeil (2017). Supervised injection facilities in Canada: past, present, and future. *Harm Reduction Journal*, 14: 28.

Evan Wood, Thomas Kerr, Will Small et al (2004). Changes in public order after the opening of a medically supervised safer injecting facility for illicit injection drug users. *CMAJ*;171(7):731–4.

Sudbury & District Health Unit. (2013). I-Track Survey: Enhanced Surveillance of Risk Behaviours and Prevalence of HIV and Hepatitis C Among People who Inject Drugs: Sudbury Report Phase 3. Sudbury, ON: Author

