Supervised Injection Services Toolkit

Toronto Drug Strategy
June 2013

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This report was prepared by the Toronto Drug Strategy's Supervised Injection Services Working Group whose members included the following:

Gord Perks	City Councillor and Chair, Toronto Drug Strategy Implementation Panel
Raffi Balian	Representative, Toronto Drug Users Union
Zoe Dodd	Representative, Toronto Drug Users Union
Richard Elliott	Executive Director, Canadian HIV/AIDS Legal Network
Randy Franks	Staff Inspector, Drug Squad, Toronto Police Service
Diana Grimaldos	Community member
Dr. Curtis Handford	Addictions Medicine, St. Michael's Hospital
Shaun Hopkins	Manager, The Works, Toronto Public Health
Greg Khaymov	Youth representative
Dennis Long	Executive Director, Breakaway Addiction Services
Robert McKay	Peer representative, Toronto Harm Reduction Task Force
Lynn Anne Mulrooney	Senior Policy Analyst, Registered Nurses' Association of Ontario
Dr. Rita Shahin	Associate Medical Officer of Health, Toronto Public Health
Roslyn Shields	Senior Policy Analyst, Centre for Addiction and Mental Health

Please note: This report represents the best advice of the members of the Supervised Injection Services Working Group. It does not constitute formal endorsement by the organizations or groups they represent.

Policy and administrative support was provided by the Toronto Drug Strategy Secretariat:

Susan Shepherd, Manager
Johanne DeCastro, Support Assistant
Stephanie Venneri, Masters of Social Work Intern

Thanks also for the assistance and contributions of the following:

Camille Arkell, Dala Lana School of Public Health, University of Toronto
Dr. Ahmed Bayoumi, St. Michael's Hospital and University of Toronto
Chris Buchner, Vancouver Coastal Health
Maxine Davis, Dr. Peter Centre, Vancouver
Brent Granby, West End Residents Association
Laura Hanson, Regent Park Community Health Centre
Jann Houston, Toronto Public Health
Wes Regan, Hastings Crosstown Business Improvement Association
Tina Sahay, Toronto Public Health
Dr. Carol Strike, Dala Lana School of Public Health, University of Toronto
Scott Thompson, Vancouver Police Department
Dan Werb, University of British Columbia

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www.toronto.ca/health/drugstrategy

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1. Purpose of the Toolkit

The purpose of this toolkit is to provide information and resources to assist when considering whether to provide supervised injection services (SIS) in Toronto. 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. In Canada, nurses provide this supervision.

This toolkit is intended for use by decision makers, potential service providers, and other community stakeholders. A working group of the Toronto Drug Strategy Implementation Panel developed the toolkit.[1] The content draws on relevant policy and research, input from diverse stakeholders in Toronto, expertise from SIS operators and stakeholders in Vancouver, and input from external reviewers. While this toolkit is focused on the Toronto context, it is anticipated that much of the content will be relevant for other communities.

2. Background

Controlled Drugs and Substances Act

Canada's *Controlled Drugs and Substances Act* (CDSA) generally prohibits the unauthorized possession of controlled substances that are listed in schedules to the Act. However, section 56 of the CDSA allows for the federal Minister of Health to issue an exemption for all or any of the provisions of this legislation if it is considered "necessary for a medical or scientific purpose or is otherwise in the public interest."[2]

In September 2011, the Supreme Court of Canada ordered Canada's federal Minister of Health to grant the clients and staff of Vancouver's supervised injection site (InSite) an extended exemption from the *Controlled Drugs and Substances Act* (CDSA). The result is to allow this health service to continue operating without the risk that its clients or staff might be prosecuted for the crime of possessing prohibited drugs.[3]

Overview of the Supreme Court of Canada decision

The Supreme Court ruled that the sections of the CDSA that prohibit the possession of a controlled substance (e.g., illicit drugs) prevented a person who was dependent on those drugs from accessing health care at InSite and violated their rights under the *Canadian Charter of Rights and Freedoms*. Specifically, the Court found that the Minister's decision to deny an exemption from the CDSA to InSite would have the effect of extending a blanket prohibition on drug possession to people using InSite. This violated the constitutional rights to life,

[1] The Toronto Drug Strategy Implementation Panel is a multi-sectoral leadership group that provides strategic direction and oversight to implementation of the Toronto Drug Strategy (TDS). The TDS is a Council-approved strategy to address the harms of alcohol/other drugs based on the integrated components of prevention, harm reduction, treatment and enforcement.

[2] Controlled Drugs and Substances Act (S.C. 1996, c. 19)

[3] Canada (Attorney General) v. PHS Community Services Society, 2011 SCC 44, Supreme Court of Canada.

liberty and security of person because it means the risk of criminal prosecution would keep people from getting health services that could prevent death (e.g., by overdose) or other serious health consequences (e.g., blood-borne infections such as HIV or hepatitis C from using non-sterile supplies). In other words, ensuring access to such health services had to outweigh the government's objective of criminalizing drug possession.

The Supreme Court also ruled that on future applications for such exemptions, the Minister must exercise his or her discretion within the constraints imposed by the *Charter*, "aiming to strike the appropriate balance between achieving public health and public safety." The ruling also states that the Minister "should generally grant an exemption "where a supervised injection site will decrease the risks of death and disease and where there is little evidence of a negative impact on public safety, in accordance with principles of fundamental justice."[4]

The Court outlined five broad factors to be considered in making a decision about whether to issue an exemption from the CDSA to "any person or class of persons" applying for one in order to operate a SIS without risk of criminal prosecution. The Court did not say that these five factors are requirements, nor did it rule that all five had to be addressed or satisfied in each case. Rather, the Supreme Court said that *if* there is any evidence about these factors, the Minister must consider that evidence in exercising his or her discretion about whether to issue an exemption to the person or organization applying for it. The factors are as follows:

1. the impact of such a facility on crime rates;
2. local conditions indicating a need for such a supervised injection site;
3. the regulatory structure in place to support the facility;
4. the resources available to support its maintenance; and,
5. expressions of community support or opposition.[5]

The Supreme Court of Canada ruling is available at: http://canlii.ca/t/fn9cf

The *Controlled Drugs and Substances Act* is available at: http://laws-lois.justice.gc.ca/eng/acts/C-38.8/. [See sections, 4(1) and 5(1)].

Proposed federal legislation

On June 6, 2013, the federal government introduced Bill C-65, which outlines the process and documentation it will require from groups seeking an exemption from the CDSA to operate a SIS. This legislation is still pending. In the interim, organizations seeking to implement SISs will need to decide whether they will submit applications based on the requirements as set out in the legislation.

The proposed legislation is available at: http://www.parl.gc.ca/HousePublications/Publication.aspx?Language=E&Mode=1&DocId=6211134&File=4

[4] Canada (Attorney General), *ibid.*
[5] Canada (Attorney General), *ibid.*

Other guidance documents

The BC Ministry of Health has developed an SIS guidance document for that province, which has information that may be helpful for organizations seeking to implement SISs in other parts of Canada. This document is available at: http://www.health.gov.bc.ca/cdms/pdf/guidance-document-for-sis-in-bc.pdf

Summary of Research on Supervised Injection Services

International research about the impact and outcomes of supervised injection services has demonstrated that these health services are beneficial for both people using the service and the broader community. The research shows that SISs:

- Are actively used by people who inject drugs, including people at higher risk of harm;
- Reduce overdose deaths and save lives;
- Reduce behaviours that cause HIV and hepatitis C infection, such as the sharing of previously used needles or other injection supplies;
- Reduce unsafe injection practices;
- Increase use of detox and addiction treatment services;
- Are cost-effective;
- Reduce public drug use;
- Reduce the amounts of publicly discarded injection equipment; and,
- Do not contribute to more crime in the area surrounding a service.

A summary of research related to these areas can be found in Appendix A.

Toronto and Ottawa Supervised Consumption Assessment Study

The Toronto and Ottawa Supervised Consumption Assessment Study (TOSCA), released in April 2012, examined whether Toronto and Ottawa were in need of supervised consumption facilities, as well as the feasibility of these services in each city.[6] The study made five recommendations regarding supervised injection services in Toronto, specifically:

1. Toronto would benefit from several supervised injection facilities.
2. An optimal model is a fixed service integrated within a pre-existing organization.
3. A strong evaluation plan is needed.
4. The supervised injection facility should have clearly established rules.
5. The process to establish a supervised injection facility should be part of a comprehensive drug strategy (based on the integrated components of prevention, harm reduction, treatment and enforcement).

A detailed summary of the TOSCA research findings and recommendations can be found in Appendix B and C. The full report is available at http://www.toscastudy.ca/Home.html.

[6] Bayoumi, A., Strike, C. et al. (2012) *The Toronto and Ottawa Supervised Consumption Assessment Study*. Toronto, ON.

3. Guiding Principles

The following principles could be used to inform SIS policies and practices as well as to assist with communications with community and other stakeholders:

Access and Equity
The program is accessible physically, geographically and philosophically, and is welcoming to all people who require the service. Program structure and practices do not impede the potential for a supervised injection service to meet objectives and improve client health.

Community Engagement
The service works collaboratively with its stakeholders, including people who use drugs, partnering agencies, community residents and other neighbours to promote open communication about the service and its operations in order to ensure successful integration in the community.

Comprehensive, Coordinated & Integrated
The service is part of a comprehensive drug strategy and integrated into a continuum of services to reduce the harms of substance use.

Confidentiality
Policy and program measures are in place to ensure the privacy of people using the service.

Evidence-based
Services are based on research and practice experiences that are effective. A full range of evidence sources are valued.

Harm Reduction
Services are client-centred and low-threshold (few requirements for participation), and provide a supportive, non-judgmental environment. The focus is on providing harm reduction supplies and education to reduce the harms of drug use (e.g., preventing disease transmission and overdose), build trusting relationships to keep people connected to services, connect people to primary health care (e.g., wound care, immunization) and other supports and services in the community (e.g., drug treatment, housing).

Inclusive
The meaningful participation of diverse people with lived experiences of injection drug use is valued and included throughout the consultation, development, implementation, operation and evaluation stages of the service.

On-going evaluation
The service is subject to ongoing evaluation to ensure that what is offered is relevant and responsive to the diverse and changing needs of people who inject drugs, as well as to measure any community impacts.

Social Justice
Policies and practices reflect human rights, including the right to access health care, to ensure people who use drugs are treated with respect both within the service and in the community, and that people are free from discrimination in using supervised injection and other health services.

4. Demonstration of Local Need

The TOSCA study concluded that Toronto would benefit from three supervised injection services. However, the report does not specify locations other than to suggest that they be situated in areas where people who inject drugs can easily access them, and integrated within health services that are already working with this population. Organizations seeking an exemption under the federal *Controlled Drugs & Substances Act* will need to outline the conditions that indicate the need for an SIS in their area. They will also need to demonstrate expertise in the delivery of health services for people who inject drugs.

The BC guidance document outlines that government's expectations regarding demonstration of need, which may be useful for applicants in Toronto and other parts of Canada, specifically:

- Number and scope of other drug-related support services;
- Number of injection drug-related deaths and hospitalizations in the city (e.g., overdose, endocarditis, abscesses);
- Rates of blood borne infections (e.g., HIV, hepatitis C);
- Number of interactions between outreach health professionals (e.g., street nurses, Assertive Community Treatment team members) and people who engage in injection or other non-medical drug use;
- Estimates of local rates of drug dependence or other problematic substance use;
- Clinical or patient-focused rationale to provide SIS, including if applicable, risk management for SIS as continuity of care;[7] and,
- Counts of inappropriately discarded drug injection equipment.

Toronto data
Related to the markers outlined above, the TOSCA study provides city-wide data about injection drug use in Toronto, specifically:

- Rates of injection drug use, including by gender, type of drug injected, and frequency of injection;
- Injection practices, including whether people injected alone or with someone else and needle sharing;
- Public injection drug use;
- Rates of HIV and hepatitis C infection;

[7] British Columbia Ministry of Health (2012), *Supervised Injection Services, Guidance Document*.

- Incidence of overdose and related emergency room use;
- Rates of sexual risk behaviours;
- Willingness to use an SIS; and,
- Factor's influencing an individual's decision to use an SIS;

Detailed statistics and references for each of these measures can be found in Appendix B. The TOSCA report also contains maps of Toronto with some drug use information at a neighbourhood level (see Section 6 of TOSCA), including:

- Where people who use drugs live (cocaine and opioid use only), and
- Where drug overdoses occur.

Toronto Public Health collects and analyzes data from the Office of the Chief Coroner of Ontario about drug-related deaths in Toronto. This information is available through the Toronto Drug Strategy Secretariat at 416-338-3585 or drugstrategy@toronto.ca.

Local/neighbourhood-level data

Data specific to the local area where a proposed SIS is to be implemented will also need to be provided in an application to the federal government. Some of the data listed above may be difficult to obtain at a neighbourhood level. Health services that already deliver harm reduction services to people who inject drugs will have information specific to their clients. Researchers and/or Toronto Public Health may be able to assist with obtaining other health data from sources such as the Institute for Clinical Evaluative Services (ICES).

5. Public Safety

Describing the local context of drug-related harms and providing information about any public safety issues in the neighbourhood surrounding a proposed SIS location will be an important consideration. The need to balance public health and public safety considerations was an objective highlighted in the Supreme Court of Canada's ruling.

Common public safety concerns related to SISs include the following:

- An increase in the number of people who use drugs to the area;
- An increase in public drug use;
- An increase in drug-related crime; and,
- An increase in publicly discarded needles and other injecting supplies.

Researchers in Vancouver, B.C., Sydney, Australia, and Germany, have examined the impact of SISs on these public safety issues, and have found no such impacts. In these communities, incidence of public drug use and discarded drug use supplies decreased, and there have been no increases in drug-related crime. See Appendix A for more details.

It is not the role of health services to reduce crime nor is this a reasonable expectation. However, it is important to acknowledge potential public safety concerns and be proactive about putting mechanisms in place to address them, building on existing efforts. The Community Support section of this report provides more information about this topic. Appendix H provides examples of public safety measures that could be included as part of an overall evaluation framework to monitor any issues over time.

The City of Toronto has an interactive, online tool with a wide range of indicators that can be mapped at a neighbourhood level, including population demographics, health and social services, and public safety. This tool is available at http://map.toronto.ca/wellbeing/. It is important to note the limitations of drug offence statistics as they are primarily a reflection of police enforcement efforts. It is also difficult to capture the context or nature of drug-related crime. The underlying factors driving this type of crime are often issues of poverty, unemployment and social exclusion rather than the drug use itself.[8] A Statistics Canada study of police-reported crime found that offences most often associated with drug-related incidents were minor (e.g., one-third for failure to comply with an order or breach of probation, and one-third for property offences).[9]

6. Communications

Communications Strategy

A comprehensive communications strategy is an important step in the process of establishing an SIS as well as operating this type of health service over the longer term. The strategy should be proactive and transparent to ensure people are well informed. Effective communication is a specialized skill and involving experts in the field is recommended.

Target audiences for a communication strategy include potential clients of the service, local residents and businesses (and related associations), other service providers, elected officials, and the general public. It is helpful if the communication strategies speak to concerns anticipated from specific stakeholders. For example, framing an SIS service rationale like a business case (e.g., cost-effectiveness from a business perspective) may be as meaningful to local businesses as articulating the public health and safety benefits.

Overall goals of an ongoing SIS communications strategy include the following:

- To provide information about what the service is, how it will operate, and why it is being implemented in that particular community;

[8] Drug Scope. *How much crime is drug-related?* Retrieved online: April 9, 2013 at http://www.drugscope.org.uk/resources/faqs/faqpages/how-much-crime-is-drug-related

[9] Statistics Canada (2007). *Trends in police-reported drug offences in Canada*. Retrieved online: April 9, 2013 at http://www.statcan.gc.ca/pub/85-002-x/2009002/article/10847-eng.htm#a5

- To provide information about demonstrated health outcomes of SISs (e.g., prevention of deaths, improved health outcomes, behaviour change such as reduced needle sharing, referrals to other services);
- To provide information that addresses public safety concerns (e.g., no increases in public drug use, discarded supplies or crime);
- To articulate the role of the SIS within the continuum of health services for people who inject drugs;
- To provide information on associated costs, including cost savings from averted illnesses such as HIV and hepatitis; and,
- To communicate the mechanisms in place to address any community concerns.

A list of *Frequently Asked Questions* that can be customized for use by individual SISs is attached in Appendix D. Information about stakeholder support for SISs in Toronto, which should inform any communications strategy, is discussed in the Community Support section of this report.

Media

A media strategy is an important component of a communication strategy. Opening an SIS in any city, including Toronto, will generate considerable media interest. Preparations include developing key messages, determining the types of media strategies to use, and identifying spokespeople for media interviews. Providing spokespeople with media training is recommended.

Media will also want to interview potential clients of the SIS. While personal stories are often an effective way to convey the purpose and benefits of a program, supporting clients who are willing to be interviewed is critical to ensure they are not exploited through this process. Ensuring client privacy and confidentiality is paramount.

Tours of the service

Prior to opening an SIS to clients, the operating agency may consider holding an open house and inviting the local community, media, elected officials and interested members of the public. Seeing how the SIS is set up and how it will operate may help to satisfy curiosity as well as alleviate any concerns about how the program will work.

Based on the experiences of existing SISs, there will be ongoing requests to visit, not only from the media, elected officials and the public, but also from other agencies and communities looking to implement similar services. Planning in advance for how to deal with these requests is a consideration. Some SISs offer limited or timed tours during hours when the service is not open to clients.

7. Community Support

The Supreme Court of Canada listed community support as one of the factors the federal Minister of Health should consider in a decision to grant an exemption under the CDSA. It is important to note, however, that the Court did not say there must be a consensus or support from all stakeholders in the community, in order to get an exemption. Rather, the court stated that, if there is any evidence about this, the Minister should consider it. Demonstrating support from a diverse range of community stakeholders is advisable.

Community stakeholders could include the following:

- People who inject drugs (current and former)
- Local residents and residents associations
- Local businesses and business associations
- Elected officials (e.g., municipal, provincial, federal representatives for that ward/riding)
- Public health units, professionals and associations
- Service providers (e.g., health, mental health, social service, shelter, housing).

Community engagement

Health care providers are not legally required to consult with the community before opening a service. However, given the controversial nature of SISs and the limited public knowledge about these services, it is advisable to develop community engagement strategies to help ensure effective operation of the program.

An approach that has been used effectively in Vancouver and with related health services such as methadone maintenance treatment programs is to set up a community advisory committee. Membership of the committee could include the stakeholders listed above. Ideally, the committee is established during the program planning stage to be proactive in addressing any community concerns. Once the program is operating, the committee would still be beneficial for communicating to the broader community how the service is going, and for addressing any emerging issues in the community.

Overall, community advisory committees can help:

- Plan services that meet the needs of clients while also addressing community concerns;
- Communicate the public health and public safety goals of the program;
- Communicate how the program will work;
- Provide a mechanism where community members can bring their concerns;
- Provide a mechanism for developing solutions to any community issues that arise; and,
- Participate in the development and implementation of service evaluation and monitoring.

The Centre for Addiction and Mental Health has produced a community planning guide for establishing methadone maintenance treatment programs, which has relevant advice for supervised injection services. The guide recommends strategies for building public support and increasing acceptance, including how to establish a community advisory committee. The guide is available at http://knowledgex.camh.net/policy_health/substance_use/mmt_community_guide/Pages/default.aspx. Another resource with practical strategies is the *Yes in My Backyard! Toolkit*, which is available at www.pivotlegal.org

Organizations seeking to implement SISs may also want to consider developing a Rapid Response Protocol for dealing with urgent community issues as part of an overall management plan that demonstrates their commitment to being a "good neighbour."

Stakeholder support for SISs in Toronto

The TOSCA study examined public opinion about SISs through phone surveys and focus group discussions. The 2009 CAMH Monitor phone survey asked residents to rate their level of agreement with specific SIS goals. The results found that 56% of Ontarians *strongly agreed* with SISs if they can demonstrate they reduce neighbourhood problems related to injection drug use; 13% *strongly disagreed*.[10] For Torontonians in this survey, reducing neighbourhood problems was the goal resident's agreed with most. Forty-eight percent of survey respondents *strongly agreed* with SISs if they show reductions in overdose and infectious diseases and increased contact with health and social workers (14-18% strongly disagreed).[11] A third of survey participants (31%) *strongly agreed* with SISs if goal is to encourage safer drug use; a similar number (28%) *strongly disagreed*.[12]

The attitudes of Ontarians appear to have changed over time, perhaps as a result of learning more about Vancouver's SIS through the media. Between the 2003 and 2009 versions of this CAMH phone survey, there was an increase in the percentage of people who *strongly agreed* with all SIS goals.[13]

The focus groups conducted for the TOSCA study found most stakeholders had mixed-opinions about SISs, neither completely agreeing nor disagreeing with them, and were willing to hear both sides of the issue. Individuals with mixed opinions indicated they would take a more definitive position if concerns about one or more of the following areas were resolved:

- A better understanding of SIS evidence;
- A demonstrated need for an SIS;
- An understanding of the relationship between SISs and broader health and social response to drug use;

[10] Ialomiteanu, A.R., et al. (2011) CAMH Monitor eReport: Addiction and Mental Health Indicators Among Ontario Adults, 1977-2009 (CAMH Research Document Series No. 31). Toronto: Centre for Addiction & Mental Health.
[11] Ialomiteanu, A.R. (2011), *ibid.*
[12] Ialomiteanu, A.R. (2011), *ibid*
[13] Ialomiteanu, A.R. (2011), *ibid*

- Evidence about potential impact on homes, businesses and the community; and,
- The proposed SIS implementation design.[14]

Further, stakeholders who believed SISs are a solution only for very severe drug problems did not think they were needed in Toronto.[15] Stakeholders who believed drug issues are complex said the best solution is a comprehensive health and social response, including access to treatment, housing, mental health and primary health care.[16]

Understanding public opinion about SISs, which is still a new idea to many people, is helpful for informing community engagement and communication strategies. More details on public opinion data in the TOSCA study can be found in Appendix B.

8. Regulatory Considerations

- **Provincial legislation**
  As with any health service, operation of an SIS will have to demonstrate compliance with relevant legislation such as the *Occupational Health and Safety Act*, the *Labour Relations Act*, the *Ontario Human Rights Code*, and the *Accessibility for Ontarians with Disabilities Act* (as addiction is recognized as a disability in Ontario under the law). In the case of an SIS application being made by an existing health service, it is expected that these policies and procedures will already be in place.

- **Colleges of Nurses of Ontario**
  In Ontario, the College of Nurses of Ontario regulates the profession of nursing. While in many SISs around the world staff are trained, non-regulated staff, in Vancouver the practice is for nurses to supervise injections. It is expected that the federal government will require similar oversight by regulated health professionals in any additional SISs established in Canada.

  The College of Nurses of Ontario has stated that the activities associated with supervised injection services – establishing a therapeutic nurse-client relationship, assessment and management of health care needs, health teaching, disease prevention and health promotion – fall within nursing's scope of practice[17], according to a February 19, 2013 letter from Executive Director of the College of Nurses of Ontario.

[14] Bayoumi, A,, Strike, C. et al. (2012),*ibid*.
[15] Bayoumi, A., Strike, C. et al. (2012),*ibid*.
[16] Bayoumi, A., Strike, C. et al. (2012),*ibid*.
[17] The Nursing Act, 1991, describes the practice of nursing as "the promotion of health and the assessment of, the provision of care for and the treatment of health conditions by supportive, preventive, therapeutic, palliative, and rehabilitative means in order to attain or maintain optimal function."

In 2011, the Canadian Nurses Association produced a document that discusses harm reduction practice issues for nurses, including supervised injection (pages 35-39). The report entitled, *Harm Reduction and Currently Illegal Drugs: Implications for Nursing Policy, Practice, Education and Research*, is available at:
http://www2.cna-aiic.ca/CNA/documents/pdf/publications/Harm_Reduction_2011_e.pdf

Another useful practice resource for nurses working with people who inject drugs is *Bevel Up: Drugs, Users, and Outreach Nursing,* which is available in both English and French at:
http://www.onf-nfb.gc.ca/eng/collection/film/?id=55345

- **City of Toronto Zoning provisions**
  From a zoning standpoint, medical services, other than hospitals, are considered a commercial use, often referred to as a medical office. As such, a medical service or office is permitted in commercial zones but not residential zones. A medical office is also permitted in some light industrial zones. From a zoning perspective, a SIS, operated as a medical service, may be located in an area that is zoned for commercial use.

  Zoning regulates the use of land, along with the height, bulk, size, floor area, spacing and location of buildings. Zoning regulations are applied to the use of land and the physical form it takes. Zoning is not applied to people who use the space. In the case of supervised injection services, zoning is focused on the use of the premises and not the individual using the premises.

- **Other legal considerations**
  Organizations seeking to implement SISs are advised to consult with their legal counsel to identify and plan for any potential risks or liabilities. Criminal liability should not be an issue for organizations that have been granted a federal exemption under the *Controlled Drugs and Substances Act.* The relevant areas of this Act as it pertains to SISs are Sections 4(1) and 5(1), which prohibit the possession and trafficking of a controlled substance.

9. Program Design & Clinical Services

There are a variety of SIS models worldwide, including standalone facilities, integrated programs and mobile services. For Toronto, the TOSCA study recommends integrating SISs into existing community health services that are already working with people who inject drugs.

The program design of any SIS should, of course, respond to the needs of the individuals who will be using the service in that community. In that regard, involving potential SIS clients in the service planning, implementation and evaluation process is essential. Organizations seeking to implement integrated SISs will also need to consider how the service fits within and complements the

other services provided by that agency. Articulating the role of the SIS within the broader continuum of health services for people who inject drugs in Toronto will also be important, not only as part of an exemption application to the federal government but also as part of an effective SIS communication strategy.

The program design process is also an opportunity to be proactive in building in measures to address any anticipated community concerns. This could include, for example, ensuring adequate waiting room space to reduce the potential for line-ups occurring outside the health service. Waiting rooms also afford privacy and confidentiality for individuals using the SIS.

Comprehensive program design includes a clear articulation of the program's goals and objectives, provision of direct and/or ancillary services as well as operational policies and procedures that set out who does what, when, how and why. Clinical protocols should also be developed that clearly set out the clinical practice guidelines, supervision and documentation related to the main service areas of the SIS. Areas for consideration regarding service planning, including clinical protocols, can be found in Appendix E.

Consulting with and/or visiting existing SIS operators is a valuable way to learn about effective service delivery and lessons learned. Operators may also be willing to share operational policies and procedures to avoid new service providers starting from scratch.

Program budget

The cost of implementing an SIS will depend on many factors, including the type of service model used (standalone, integrated, mobile), the capacity of the service, hours of service, level of in-kind support and resources. A budget template is attached in Appendix F, for reference. Organizations seeking to implement SISs may also want to consult their insurance broker to determine potential impacts to insurance rates.

10. Police Protocols

Police are among the community stakeholders to be considered in establishing an SIS. The main concern for police is the public safety and community crime and disorder of the area surrounding an SIS, not the health service itself. In Vancouver, the police were involved in the planning of InSite, and operational plans and protocols were put in place to clarify the role of police with respect to the SIS. This included outlining procedures for occasions when police need to enter the SIS (e.g., emergency access, fresh pursuit), and procedures for police response outside the SIS.

Vancouver police have considerable discretion with respect to drug use and drug possession, including seizure of drugs, and arresting and charging individuals.[18] Their procedure in dealing with someone who is injecting drugs within a four-block radius of the SIS is to "direct the drug user to attend the SIS to avoid a future contact with police."[19] It is anticipated that similar protocols may be used by other police forces.

The police and InSite's operators also set up an alternative dispute mechanism with biweekly meetings. This process was effective in promoting communication, resolving early frictions and conflicts, and building positive relationships between the police and the staff working at the SIS.

Information about the Vancouver Police Department's role with respect to supervised injection services is outlined in an RCMP Gazette article available at: http://www.rcmp-grc.gc.ca/gazette/vol74n1/vol74n1-eng.pdf. Involving local police in the planning of an SIS is recommended to ensure the police understand why and how the service will operate, and to clarify respective roles and responsibilities.

11. Performance Measures

Analyzing program success involves comparing data on what actually happened to what was planned or intended. Ongoing collection of performance measurement data can be used to identify/flag areas of increasing or decreasing performance that may warrant further investigation or evaluation.

The creation of performance measures - specific measures that quantify the amount of activity or the achievement of outcome, helps assess progress. The Results-Based Accountability framework is one tool to guide the creation of performance measures by asking three critical questions:

- How much was done?
- How well was it done?
- Is anybody better off?

The development of performance measures and ongoing data collection from the beginning of the program will establish baseline measures with which to compare progress over time. Performance measurement results are useful not only for accountability to funders but to communicate health and social impacts of the SIS to local stakeholders, and to inform program policies and procedures over time. A range of individual, and community measures that represent public health and public safety issues would provide a comprehensive performance measurement strategy.

[18] Vancouver Police Department, *Supervised Injection Site*, PowerPoint presentation by Inspector Scott Thompson.
[19] Vancouver Police Department, *ibid.*

The SIS program logic model (Appendix G) can set the stage for developing performance measures by including measures of not only *how much was done*, but also *how well it was done,* and *is anyone better off*? (see Appendix H for examples of performance measures).

The number and scope of performance measures should be determined by the length of time the program has been in operation. Influencing behaviour change and measuring long term outcomes in a meaningful way takes time, and may need to be extended for several years. Partnerships with local academics and researchers with expertise in the areas of harm reduction, injection drug use, and performance measurement is a recommended strategy.

APPENDICES

Appendix A: Summary of Research about Supervised Injection Services

This section summarizes research in the following areas:

1. Use by injection drug users, including people at higher risk of harm
2. Reduction in overdose deaths
3. Reduction in behaviours that cause HIV infection, including the sharing of used needles
4. Reduction in unsafe injection practices
5. Increased use of detox and other addiction treatment services
6. Cost effectiveness
7. Reduction in public drug use
8. Reduction in publically discarded injection equipment
9. Not contributing to more crime in the area.

1. Supervised injection services are actively used by people who inject drugs, including people at higher risk of harm

Research Findings	Location	Sources
• In a study of 760 users, 57% reported that they used the service for some or most of their injections. • The need for supervised injection services greatly outnumbers the availability of these services. Even running at capacity, InSite is only able to accommodate 5% of all the injections that take place in Vancouver's Downtown Eastside. • InSite has successfully engaged high-risk drug users who are at a greater risk of overdose, becoming infected with HIV and other blood-borne diseases. Researchers used data from the Vancouver Injection Drug Users Study (VIDUS), and identified that 45% of this group began using the service after it opened, and these individuals were more likely to: be younger, homeless, inject in public, be daily heroin or cocaine users, and to have recently experienced an overdose.	Vancouver CANADA	Stoltz, J.A., et al. (2007). Changes in injecting practices associated with the use of a medically supervised safer injection facility. *Journal of Public Health 29: 35 - 39* Health Canada. (2008). *Vancouver's InSite service and other Supervised injection sites: What has been learned from research?* Final report to the Expert Advisory Committee on Supervised Injection Site Research. Wood, E. (2005). Do supervised injecting facilities attract higher-risk injection drug users? *American Journal of Preventive Medicine*, 2005; 29(2): 126-130.

Research Findings	Location	Sources
• Frequent and daily users of InSite are individuals who are not currently engaged in other addiction services, and are more likely to be homeless, engage in public drug use, and be at the highest risk for overdose and infection of HIV	Vancouver CANADA	Wood E, et al. (2006). Service uptake and characteristics of injection drug users utilizing North America's first medically supervised safer injecting facility. *American Journal of Public Health*. 96(5): 770-773.
• The majority of local drug users are registered with the SIS in Sydney. Estimates on the size of the IDU population in Kings Cross suggest that more than two-thirds had visited the SIS. The study also estimates that 1 in 10 injections occurring in the region occur at the SIS, and that this may be attributed to the capacity of the service, which is much lower than the prevalence of injection. • In the first year of the SISs operation, a study was undertaken which focused on the characteristics associated with frequent attendance. These characteristics included: previous attendance at the local health service for drug users, injecting any drug other than amphetamines, engagement in sex work, injecting at least daily, and having a history of injecting in a public place. • Further evaluations of the service confirmed that frequent attendance was associated with homelessness, history of public drug use, being a client of a local health service for drug users, involvement in sex-trade, and being identified as an at-risk youth.	Sydney AUSTRALIA	Kimber J, et al. (2008). Estimating the size and dynamics of an injecting drug user population and implications for health service coverage: comparison of indirect prevalence estimation methods. *Addiction*; 103(10): 1604–1613. Kimber, J., et al. (2003). The Sydney medically supervised injecting centre: Client characteristics and predictors of frequent attendance during the first 12 months of operation. *Journal of Drug Issues, 33 (*3), 639-648. MSIC Evaluation Committee. (2003). *Final report of the evaluation of the Sydney Medically Supervised Injecting Centre*. Sydney: AU.
• On average, 500-600 different drug users visit this Frankfurt consumption room each week. It supervises approximately 2,650 injections weekly. On average, clients use the service five times per week.	GERMANY	Happel, V. (2000). Konsumräume – eine effektive Massnahme zur Schadensminimierung bei DrogengebraucherInnen und BürgerInnen. Akzeptanz - Zeitschrift für akzeptierende Drogenarbeit und humane Drogenpolitik, Vol. 8, No. 1. *Schwerpunkt Konsumräume*. Münster: Akzept Bundesverband, pp. 30–36. As cited in: Hedrich, D. (2004). *European report on drug consumption rooms*. Lisbon: EMCDDA.

Research Findings	Location	Sources
• In a study of clients of 18 different consumption rooms in Germany, 84% of people interviewed reported use of the service more than once a week: 51% of this group reported daily use.	GERMANY	Poschadel, S., et al. (2003). *Evaluation der Arbeit der Drogenkonsumräumein der Bundesrepublik Deutschland: Endbericht im Auftrag des Bundesministeriums für Gesundheit*. Das Bundesministerium für Gesundheit und Soziale Sicherung (Schriftenreihe Bd 149). Baden-Baden: Nomos-Verlags-Gesellschaft. As cited in: Hedrich, D. (2004). *European report on drug consumption rooms*. Lisbon: EMCDDA.
• Supervised injection services attract highly disadvantaged people who are highly marginalized, inject regularly, and are Hepatitis C positive.	SPAIN	Bravo, M.J., et al. (2009). Use of supervised injection facilities and injection risk behaviours among young drug injectors, *Addiction, 104*(4), 614-619.

2. Supervised injection services reduce overdose deaths

Research Findings	Location	Sources
• Between 2001 and 2005 one-third of all overdose deaths in Vancouver occurred within 500 metres of InSite. After InSite opened, fatal overdoses decreased in this area by 35%.	Vancouver CANADA	Marshall B.D.L., 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. *Lancet*. Published online April 18, 2011. DOI: 10.1016/S0140-6736(10)62353-7.
• Prompt medical attention at InSite has prevented, on average, 12 overdose deaths per year.		Milloy, M. S., et al. (2008). Estimated drug overdose deaths averted by North America's first medically-supervised safer injection facility. *PLoS One*, *3*(10), e3351.

Research Findings	Location	Sources
• To date, there have been no fatal overdoses at InSite. • In addition to preventing fatal overdoses, Vancouver's SIS has been found to address social processes and injecting practices that contribute to overdose risk. As an alternative to public injecting, study participants identified that the service decreases the need to rush during the injection process and reduces the risks associated with injecting alone or with stranger.		Kerr, T., et al. (2007). A micro-environmental intervention to reduce the harms associated with drug-related overdose: Evidence from the evaluation of Vancouver's safer injection facility. *International Journal of Drug Policy,* 18 p.37-45.
• MSIC has managed more than 4,400 drug overdoses without a single fatality. • There has been an 80% reduction in the amount of ambulances called to the area since the SIS was established. This sharp decrease may also be influenced by the shortage of heroin in Sydney during this time period in addition to the services offered by the SIS.	Sydney AUSTRALIA	Sydney Medically Supervised Injecting Centre. *Report to NSW Health*. August 2011. National Centre in HIV Epidemiology and Clinical Research. (2007). *Sydney Medically Supervised Injecting Centre evaluation report 4: evaluation of service operation and overdose-related events.* University of New South Wales: Sydney, AU.
• In Hannover, Saarbrücken, Frankfurt, and Hamburg, decreases in drug-related deaths followed the establishment of the facilities in all four cities.	GERMANY	Bundeskriminalamt (2003). *Rauschgiftjahresbericht Bundesrepublik Deutschland 2002*. Wiesbaden: BKA. As cited in: Hedrich, D. (2004). *European report on drug consumption rooms*. Lisbon: EMCDDA.

3. Supervised injection services reduce behaviours that cause HIV infection, including the sharing of used needles

Research Findings	Location	Sources
• People who use InSite are 70% less likely to share needles than those who do not use the facility. • Study participants who were HIV positive and reported exclusive use of InSite for IV drug use reported no instances of sharing used syringes. • Condom use among IV drug users who use InSite has increased since their participation in the program, reducing the risk of transmitting STIs such as HIV.	Vancouver CANADA	Kerr T, et al. (2005). Safer injection facility use and syringe sharing in injection drug users. *Lancet*. 366 (9482): 316-318. Wood E, et al. (2005). Factors associated with syringe sharing among users of a medically supervised safer injecting facility. *American Journal of Infectious Diseases*. 1(1): 50-54. Marshall B, et al. (2009). Condom use among injection drug users accessing a supervised injecting facility. *Sexually Transmitted Infections*. 85(2): 121-126.
• While rates of newly infected people with HIV and HCV in Sydney have increased, rates of new infections in the area surrounding the SIS remained stable.	Sydney AUSTRALIA	MSIC Evaluation Committee. (2003). *Final report of the evaluation of the Sydney Medically Supervised Injecting Centre*. Sydney, AU.
• Three cross-sectional surveys conducted between 1990 and 2001 show decreasing levels of acceptance of sharing injection supplies as a practice, the actual sharing of injection supplies, and an increase in condom use.	Berne SWITZERLAND	Minder Nejedly, M and Bürki, C.M. (1999). *Monitoring HIV Risk Behaviours in a Street Agency with Injection Room in Switzerland*. Dissertation at the Medical Faculty of the University in Berne, 1999. Reyes Fuentes, V.C. (2003). *15 Jahre Fixerraum Bern. Auswirkungen auf soziale und medizinische Aspekte bei Drogenabhängigen*. Dissertation at the medical faculty of the University in Bern, under the supervision of Dr medRobert Hämmig. As cited in: Hedrich, D. (2004). *European report on drug consumption rooms*. Lisbon: EMCDDA.

4. Supervised injection services reduce unsafe injection practices

Research Findings	Location	Sources
• People who use InSite are 3 times more likely to use sterile water; 2.8 times more likely to clean their injection site before using; more than twice as likely to safely dispose of their used syringes; and 2.8 times more likely not to rush through the injection process. • People who rely on others to inject their drugs are more likely to share needles and be infected with HIV. 48% of people in one study reported receiving safer injecting education at InSite. Women in particular have been benefiting from these educational services and reducing risks associating with injecting. • Participants in research studies that aimed to understand the perspectives of service users on the impacts of education about safer injecting practices commonly shared that "the overall environment at the facility encouraged them to adopt safer practices and to make a habit of using them both within and outside of the facility".	Vancouver CANADA	Stoltz JA, et al. (2007). Changes in injecting practices associated with the use of a medically supervised safer injection facility. *Journal of Public Health*. 29(1): 35-39. Wood R.A., et al. (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. Fast D., et al. (2008). The perspectives of injection drug users regarding safer injecting education delivered through a supervised injecting facility. *Harm Reduction Journal*. 5(1): 32.
• 41% of service users reported making changes to their injecting practices since engaging with the SIS. • There has been a reduction in the frequency of injection-related health problems among SIS clients.	Sydney AUSTRALIA	MSIC Evaluation Committee (2003). *Final report of the evaluation of the Sydney Medically Supervised Injecting Centre*. Sydney, AU.
• After 4-6 months of service use, clients reported that due to the safer use education provided by the service, they had increased their knowledge about hygiene and drug use safety, in addition to reporting taking fewer risks while using.	Arnhem NETHERLANDS	Linssen, L., et al. (2001). *Gebruiksruimten. Een systematisch overzicht van de voorziening en de effecten ervan*. Series: Resultaten Scoren. Utrecht: Trimbos Instituut. As cited in: Hedrich, D. (2004). *European report on drug consumption rooms*. Lisbon: EMCDDA.

Research Findings	Location	Sources
• 90% of consumption room users reported positive changes in their drug use and drug-use related risk behaviours since accessing service. This included a decrease in public use, improved hygiene and cleanliness.	Rotterdam, NETHERLANDS	Zurhold, H., et al. (2001). *Drogenkonsumräume. Gesundheitsförderung und Minderung öffentlicher Belastungen in europäischen Grossstädten*. Freiburg: Lambertus. AND Van der Poel, A., et al. (2003). Drug consumption rooms in Rotterdam: an explorative description. *European Addiction Research*, 9, 94–100. As cited in: Hedrich, D. (2004). *European report on drug consumption rooms*. Lisbon: EMCDDA.
• Use of SISs in Germany has a strong relationship with a reduction in health risk behaviours. One in five German clients stated they had altered their injection practices because of an increased awareness of hygiene and safety since attending an SIS.	GERMANY	Stoever, H. (2002). Consumption rooms - A middle ground between health and public order concerns. *Journal of Drug Issues*, 32, 597-606.

5. Supervised injection services increase use of detox and other addiction treatment services

Research Findings	Location	Sources
• InSite clients who were in contact with an addictions counsellor were more likely to enter into an addictions treatment service. • Between January 1 and December 31, 2010, 5,268 clients of InSite were referred to other social and health services, the majority of which were for detox and addiction treatment.	Vancouver CANADA	Vancouver Coastal Health Supervised Injection Site User Statistics. http://supervisedinjection.vch.ca/research/supporting_research/user_statistics (Accessed on January 18, 2013)

Research Findings	Location	Sources
• The opening of InSite was associated with a 30% increase in detoxification service use and an increase in the rates of access to long-term addiction treatment. • In one study, 95 participants who were clients of InSite reported stopping injection drug use for at least six months.	Vancouver CANADA	Wood, E., et al. (2007). Rates of detoxification service use and its impact among a cohort of supervised injecting facility users. *Addiction,* 102, 916-919. DeBeck K., et al. (2011). Injection drug use cessation and use of North America's first medically supervised safer injecting facility. *Drug and Alcohol Dependence*. 113 (2-3): 172-176.
• More than 9,500 referrals to health and social service providers have been made since the service opened. Half of these were to addiction treatment services. • Almost 75% of the people registered with the SIS had not previously accessed any local health services. • 11% of the SIS clients have been referred to addiction treatment services. Those that access the service more frequently are more likely to be referred to treatment and follow through with the referral. • Those accessing services from the SIS are more likely than other injection drug users to access addiction treatment services.	Sydney AUSTRALIA	Sydney Medically Supervised Injecting Centre. Fact Sheet http://www.sydneymsic.com/images/resources/images/factsheetoct2011.pdf MSIC Evaluation Committee. (2003). *Final report of the evaluation of the Sydney Medically Supervised Injecting Centre*. Sydney, AU.
• 54% of participants in a survey across Germany's consumption rooms reported being referred by staff of the service to further drug treatment and social services. 23% of these referrals were made to detox services.	GERMANY	Poschadel, S., et al. (2003). *Evaluation der Arbeit der Drogenkonsumräume in der Bundesrepublik Deutschland: Endbericht im Auftrag des Bundesministeriums für Gesundheit*. Das Bundesministerium für Gesundheit und Soziale Sicherung (Schriftenreihe Bd 149). Baden-Baden: Nomos-Verlags- Gesellschaft. As cited in: Hedrich, D. (2004). *European report on drug consumption rooms*. Lisbon: EMCDDA.

6. Supervised injection services are cost-effective

Research Findings	Location	Sources
• On average, InSite prevents 35 new cases of HIV and 3 deaths each year, providing a societal benefit of approximately $6 million per year. The benefit cost ratio is 5:1. • Looking at the outcomes of a decrease in needle sharing, an increase in safer injection practices and an increase in referrals to methadone maintenance treatment, the net health care savings from the use of InSite are estimated to be more than $18 million. • InSite's supervised injection services and syringe exchange program reduce the incidence of HIV infection. Preventing infections is associated with $17.6 million dollars in health care cost savings, greatly exceeding the operating costs of the facility which are approximately $3 million per year.	Vancouver CANADA	Andresen, M.A., Boyd, N. (2010). A cost-benefit and cost-effectiveness analysis of Vancouver's supervised injection facility. *International Journal of Drug Policy,* 21(1) p.70-76 Bayoumi, A.M., Zaric, G.S. (2008). The cost-effectiveness of Vancouver's supervised injection facility. *Canadian Medical Association Journal.* 179(11). Pinkerton, S.D. (2010). Is Vancouver Canada's supervised injection facility cost-saving? *Addiction, 105(8),* 1429-1436.
• The SIS is estimated to save at least $658,000 per annum. • Only 0.8 of a life would need to be saved each year for the SIS to be cost- neutral.	Sydney AUSTRALIA	KPMG. (2010). *Further evaluation of the Medically Supervised Injecting Centre during its extended trial period (2007– 2011): final report*. Sydney: AU. SAHA International Limited (2008) *Final report: economic evaluation of the Medically Supervised Injecting Centre at Kings Cross (MSIC).* SAHA: Sydney.
• Hospital admission is 10 times more likely for overdoses occurring in the street in comparison to overdoses that occur in SISs in which low level and immediate intervention can be administered.	Frankfurt GERMANY	Integrative Drogenhilfe. Jahresbericht 1996. Frankfurt: Integrative Drogenhilfe, 1997. As cited in: Kimber, J., Dolan, K., & Wodak, A. (2005). Survey of drug consumption rooms: Service delivery and perceived public health and amenity impact. Drug and Alcohol Review, 24, 21-24.

7. Supervised injection services reduce public drug use

Research Findings	Location	Sources
• Observations were made to count the number of people publically injecting in the vicinity of InSite prior to the opening of the SIS and 12 weeks following. The opening of the service was associated with a reduction in the number of people injecting in public spaces. • Out of the 1082 Injection Drug Users who were enrolled in the Scientific Evaluation of Supervised Injecting (SEOSI) cohort, 71% reported that the use of InSite had resulted in less outdoor injecting.	Vancouver CANADA	Wood E., et al. (2004). Changes in public order after the opening of a medically supervised safer injecting facility for illicit injection drug users. *Canadian Medical Association Journal*, 171(7): 731-734. Petrar, S., et al. (2006). Injection drugs users' perceptions regarding use of a medically supervised safer injection facility. *Addictive Behavior,* Aug 21.
• Almost half of the clients surveyed reported public injecting in the month prior to their registration with the service. • 42% of SIS clients reported that their next injection would have occurred in a public space (i.e. street, park, public washroom) if the SIS was not available.	Sydney AUSTRALIA	MSIC Evaluation Committee (2003). *Final report of the Evaluation of the Sydney Medically Supervised Injecting Centre*. Sydney: AU.
• Over 80% of SIS clients in Rotterdam reported that they used less often in public after becoming registered with the service.	Rotterdam NETHERLANDS	Van der Poel, A., et al. (2003). Drug consumption rooms in Rotterdam: an explorative description. *European Addiction Research*, 9, 94–100.
• Out of a sample of 616 drug users in Hamburg, who were recruited from the SIS and in the open drug scene, 50% reported that the SIS had been their 'most frequent location' for drug use in the past 24 hours. 30% of people attributed the reduction in their public drug use to the availability of rooms at the SIS.	Hamburg GERMANY	Zurhold, H., et al. (2001). *Drogenkonsumräume. Gesundheitsförderung und Minderung öffentlicher Belastungen in europäischen Grossstädten*. Freiburg: Lambertus. As cited in: Hedrich, D. (2004). *European report on drug consumption rooms*. Lisbon: EMCDDA.

8. Supervised injection services reduce the amount of publically discarded injection equipment

Research Findings	Location	Sources
• Since the opening of InSite, there has been a significant decrease in the amount of injection-related litter such as discarded syringes, syringe wrappers, etc. • Out of the 1082 injection drug users who were enrolled in the Scientific Evaluation of Supervised Injecting (SEOSI) cohort, 56% reported the service had resulted in a reduction in unsafe syringe disposal.	Vancouver CANADA	Wood E., et al. (2004). Changes in public order after the opening of a medically supervised safer injecting facility for illicit injection drug users. *Canadian Medical Association Journal*, 171(7): 731-734. Petrar, S., et al. (2006). Injection drugs users' perceptions regarding use of a medically supervised safer injection facility. *Addictive Behavior,* Aug 21.
• The number of publically discarded needles in the area has been reduced by 50% since the SIS opened.	Sydney AUSTRALIA	National Centre in HIV Epidemiology and Clinical Research. (2007). *Sydney Medically Supervised Injecting Centre evaluation report 4: evaluation of service operation and overdose-related events.* University of New South Wales: Sydney, AU.
• Survey's completed with residents in the neighbourhood surrounding a SIS in Netherlands before and after the establishment of the service found that local residents noticed a decrease in the amount of publically discarded syringes following the opening of the service.	Venlo NETHERLANDS	Biesma, S. and Bieleman, B. (1998). *De Daeke in gebruik. Evaluatie Opvang en Adviescentrum en gebruiksruimte De Daeke in Venlo*. Groningen-Rotterdam: Intraval. Linssen, L., de Jong, W. and Wolf, J. (2001). *Gebruiksruimten. Een systematisch overzicht van de voorziening en de effecten ervan*. Series: Resultaten Scoren. Utrecht: Trimbos Instituut. As cited in: Hedrich, D. (2004). *European report on drug consumption rooms*. Lisbon: EMCDDA.

9. Supervised injection services do not cause an increase in drug-related crime

Research Findings	Location	Sources
• There has been no significant increase in drug related crimes since the opening of InSite. There was a decrease in vehicle break-ins and vehicle thefts, confirming that the service has not contributed to a crime increase in the surrounding neighbourhoods. • An analysis of Vancouver City Police dispatch data found no increase in drug crime, violent crime or property crime following the opening of InSite.	Vancouver CANADA	Wood E., et al. (2006). Impact of a medically supervised safer injecting facility on drug dealing and other drug-related crime. *Substance Abuse Treatment, Prevention, and Policy*, 1(1): 13 Boyd, N., et al. (2008). *Final report-Public order and supervised injection facilities: Vancouver's SIS.* Vancouver, BC.
• Establishing the SIS did not lead to an increase in drug-related problems with crime or public loitering. • Crime data was analyzed from January 1999 to September 2002 and did not show evidence of an increase in robbery or theft following the opening of the SIS. • A 2010 study found rates of robbery and property crime fell since 2001 in Kings Cross where the SIS is located. The study also looked at drug offences and apart from the possession of cocaine, which increased in both Kings Cross and the rest of Sydney, rates of drug-related offences have been stable. This included an analysis of the area around the SIS where no patterns of increased drug offenses were found.	Sydney AUSTRALIA	MSIC Evaluation Committee. (2003). *Final report of the evaluation of the Sydney Medically Supervised Injecting Centre*. Sydney, AU. Freeman, K., et al. (2005). The impact of the Sydney medically supervised injecting centre (MSIC) on crime. *Drug and Alcohol Review*, *24*(2), 173-184. Fitzgerald, J., et al. (2010). Trends in property and illicit drug crime around the Medically Supervised Injecting Centre in Kings Cross: an update. *Crime and Justice Statistics*, *51*, 1-6.
• Analysis of police data on crime such as burglary, aggression and threats, were analyzed by the Department for Strategic Studies at police headquarters in Geneva. The study looked at different areas of the city before and after establishment of the consumption room. Results found no increase in the level of crime following the establishment of the SIS.	Geneva SWITZERLAND	Benninghoff, F., et al. (2003). *Evaluation de Quai 9 'Espace d'acceuil et d'injection' à Genéve: période 12/2001–12/2000.* Lausanne: Institut universitaire de médecine sociale et préventive. As cited in: Hedrich, D. (2004). *European report on drug consumption rooms*. Lisbon: EMCDDA.

Appendix B: Summary of the Toronto & Ottawa Supervised Consumption Assessment Study Research Findings for Toronto

This section summarizes Toronto-specific data in the following areas:

1. Injection drug use and associated health issues
2. Use of supervised injection services
3. Public opinion about supervised injection services.

1. Injection Drug Use and Associated Health Issues

Rates of injection drug use

- The majority of people who inject drugs (85-90%) inject both cocaine (including crack) and opiates.
- Approximately 1 in 5 respondents reported injecting a combination of cocaine and heroin. The same number of respondents also reported injecting amphetamines or methamphetamines.
- Injection frequency is similar among men and women.
- 27% of adults and 41% of street-involved youths injected at least one a day. [1]
- Approximately 1 in 4 street-involved youth who use drugs in Toronto reported injecting either crack cocaine or opiates. [2]

Injection practices

- 65% of respondents who inject with other people reported that they most commonly injected with a close friend.
- 30% of respondents who inject with other people reported that they most commonly injected with a regular sex partner.
- Approximately 8 of 10 people who inject drugs in Toronto reported that they injected drugs alone at least once in the past 6 months.
- 21 to 27% reported that they injected with somebody they did not know at all or did not know well.
- 18% or approximately 1 in 5 people who inject reported that they used needles that had already been used by someone else.
- Women were more likely than men to report injecting with used equipment.
- 20% of people who inject drugs reported that someone else used their needles occasionally or sometimes. [1]
- 42% of street-involved youth who inject drugs reported giving others their used needles. [2]

Public injection drug use

- 54% of people who inject drugs reported doing so in a public place such as a washroom or stairwell.
- 46% of people reported that they had injected on the street or in an alley in the 6 months prior to being interviewed
- For 13% of people, the most common place to inject was in a public place such as a public washroom.

- For 11% of people, the most common place to inject was in an alley. [1]
- More than 15% of street-involved youth reported injecting in a park, public washroom, parking lot, street or alley. [2]

Rates of HIV and Hepatitis C

- The prevalence of hepatitis C among injection drug users in Toronto is 70%.
- The prevalence of HIV among injection drug users in Toronto is 3%. [1]

Rates of injection drug overdose

- 29% of people in Toronto who use drugs reported experiencing an overdose in the last 6 months.
- Rates of overdose were higher among people who inject drugs (29%) than among people who smoke drugs (12%).
- 1 in 6 people had been to an emergency room or admitted to hospital because of an overdose.
- Rates of overdose requiring an emergency room or hospital visit was twice as high among injection drug users (20%) than among people who smoke drugs (10%). [1]

Rates of sexual risk behaviour

- Among people who use drugs in Toronto who reported being sexually active, approximately half reported their last sexual activity included using a condom. [1]

2. Use of Supervised Injection Services

Willingness to use a SIS

- 76% or 3 out of 4 people who inject drugs reported that they would use a SIS in Toronto.
- Men and women were equally likely to report that they would use a SIS.
- People who inject drugs in public places and who experience homelessness were more likely to report that they would use a SIS.
- More than half of respondents indicated that they would use a SIS always or usually.
- Only 14% reported that they would only use a SIS occasionally. [1]

Factors influencing a person's decision to use a SIS

- The most commonly cited reasons for using a SIS included:
  - To prevent and treat overdose
  - To use drugs in private
  - To get sterile equipment and safely dispose of equipment
  - Not having a place to use drugs
  - To receive temporary shelter from the elements
  - To speak with health professionals or other clients of the service.
- The main reasons why people reported they would not use a SIS included:
  - Fear of police and surveillance of a facility
  - Feelings of paranoia inside a facility

- Already having a place where they can use drugs
- A preference for using alone
- Concerns about behaviour of other clients
- Concerns about people seeing them enter the facility

Factors influencing a person's decision to use a SIS

- Other factors that were indicated by people who use drug include:
  - Location and proximity of the facility
  - Intensity of withdrawal symptoms
  - Housing status
  - Wait times at the facility [1]

3. Public Opinion

Public support for supervised injection services (SIS)

- Approximately 3 out of 5 Ontario residents have ever read, seen or heard information about SISs.
- Ontarians were more likely to agree with implementing a SIS if the goals are to reduce negative health consequences, increase contact with health and social workers, or to reduce neighbourhood problems related to drug use.
- In Toronto, reducing neighbourhood problems related to injection drug use was the most common reason residents agreed with the implementation of a SIS.
- Fewer people agreed with implementing a SIS if the goal is to encourage safer drug use among people who inject drugs.
- Among those who have mixed opinions about SISs, they indicated that they would take a more definitive position if concerns were resolved regarding: a better understanding of SIS evidence; a demonstration of need for a SIS; understanding the relationship between SIS and broader health and social responses to drug use; evidence about potential impact on homes, businesses, and the community; and proposed implementation design for the SIS.
- A pilot project that includes extensive community consultation and a comprehensive evaluation plan was recommended among those in favour of implementing a SIS. It was also recommended that evaluations look at outcomes related to drug trafficking, assaults, and other drug-related crime and that the evaluation results be publically disseminated. [3]

Stakeholder groups support for SISs

- Stake holder groups most often endorsed the following reasons for implementing a SIS in their community:
  - Improve the safety of people who use drugs
  - Reduce the transmission of HIV and HCV
  - Provide sterile supplies for injecting and to facilitate their proper disposal
  - Connect people who use drugs with health and social services
  - Reduce publicly discarded needles and other drug-use supplies
  - Improve public or neighbourhood safety

- Stakeholder groups most often shared the following concerns about implementing a SIS in their community:
  - People who use drugs will congregate around the facility
  - Drug dealers will congregate around the facility
  - The neighbourhood with a SIS will be a less desirable place to live, shop and run a business
  - People who use drugs will not use the service
  - A SIS is not wanted in the community
  - A SIS will not solve addiction problems and will encourage people to keep using drugs. [3]

Reference:

As cited in: Bayoumi, A., Strike, C. et al. (2012). *Report of the Toronto and Ottawa Supervised Consumption Assessment Study*. Toronto: ON.

1. Public Health Agency of Canada (2006). I-*Track: Enhanced Surveillance of Risk Behaviours among People who Inject Drugs. Phase I Report*. Public Health Agency of Canada.
2. Barnaby L, et al. (2010). *Homelessness & Health: Homeless Youth Speak Out About Harm Reduction The Shout Clinic Harm Reduction Report*, Toronto: ON.
3. Ialomiteanu, A.R., et al. (2011). *CAMH Monitor eReport: Addiction and Mental Health Indicators among Ontario Adults, 1977-2009 (CAMH Research Document Series No. 31).* Toronto: Centre for Addiction and Mental Health.

Appendix C: Summary of Toronto & Ottawa Supervised Consumption Assessment Study Recommendations for Toronto

1. Toronto would benefit from several supervised injection facilities

- Findings suggest that this would address the frequent sharing of drug use equipment and public drug use.
- People who use drugs reported that they would use a supervised consumption facility regularly.
- Toronto would benefit from several facilities.
- Several services considered to be optimal to address dispersed patterns of drug use.
- People who used drugs as well as community members reported a preference of several sites as opposed to one central location.

2. An optimal model is a fixed service integrated within a pre-existing organization

- To ensure that the facilities provide access to other health and social services and to prevent duplication of services.
- Will address concerns about establishing new relationships with people who use drugs, will not increase visibility of a facility, and will address client privacy and community impact.

3. A strong evaluation plan

- A well-defined evaluation plan that includes clear objectives is needed.
- Should assess the impact of the service: the number of people who visit and how often, the proportion of clients of the facility who use drugs, patterns of drug and sex related risk behaviours over time, the rates of HIV, hepatitis C and B infections over time, and the incidence of fatal and non fatal overdose over time.
- Should consider impacts and changes at the community level: public litter, visible drug use, congregation of clients around facility, drug related crime and arrests, property values and local business viability.

4. The supervised injection facility should have clearly established rules

- Rules should balance the needs of client and the surrounding community needs but not impede the services ability to improve the health of clients.
- Decisions about rules need to be made considering the local context in which each facility operates.

5. There is insufficient evidence to support a recommendation to implement a supervised smoking facility
• Current research indicates people who smoke crack cocaine would use these facilities but more research is needed to quantify changes in short-term behaviour, long-term health benefits, and models that allow smoking and injecting within a single facility. • If supervised smoking is allowed within a single facility, research indicates that separate rooms for smokers and injectors are likely to be most accepted by service users.
6. The process to establish a supervised injection facility should be part of a comprehensive drug strategy
• A comprehensive strategy should be designed to address the health and well-being of the individual and the wider community and be inclusive of the four pillars of prevention, harm reduction, treatment and enforcement. • Resources should not be diverted from existing effective programs in order to implement new initiatives. • Implementation must be transparent and include effective mechanisms for community input.

Reference:

Bayoumi, A., Strike, C. et al. (2012). *Report of the Toronto and Ottawa Supervised Consumption Assessment Study*. Toronto: ON.

Appendix D: Frequently Asked Questions about Supervised Injection Services

This document is intended to assist with communication about supervised injection services for a broad range of audiences, including the general public, elected officials, other service providers, etc.

1. **What is a supervised injection service (SIS)?**
   A supervised injection service is a health service that provides a hygienic environment where people can inject pre-obtained illicit drugs under the supervision of trained staff.[1] SISs are staffed by nurses, counsellors, peer workers and other experienced workers who provide supervision, education about safer injecting practices, overdose prevention/intervention, sterile injection equipment, and medical and counselling services. SISs are often provided as an adjunct to existing services (e.g., needle exchange, testing and immunization, primary health care) at agencies already working with people who inject drugs.

   Supervised injection services usually have four main goals: [1, 2]
   1) To reduce the spread of infectious diseases (e.g., HIV, hepatitis) amongst people who inject drugs;
   2) To reduce the number of drug overdoses;
   3) To bring people who inject drugs into contact with other health, social, and treatment services;
   4) To reduce issues in the community such as drug use in public places, and discarded needles.

2. **Are supervised injection services legal?**
   In Canada, legally sanctioned SISs operate through an exemption under Section 56 of the *Controlled Drugs and Substances Act* (CDSA). Exemptions are granted by the federal Minister of Health in situations deemed "necessary for a medical or scientific purpose or is otherwise in the public interest."[3]

   In September 2011, the Supreme Court of Canada issued a ruling allowing for the continued operation of Canada's first legally-sanctioned SIS (InSite), in Vancouver, and opened the door for future exemption applications under the CDSA. The Supreme Court decision recognized that SISs decrease the risk of death and disease with little evidence of any negative impact on public safety, and that the operation of these health services is "in accordance with principles of fundamental justice."

3. **Are there SISs elsewhere in the world?**
   SISs originated in Europe, with the first facility opening in Switzerland in 1986.[18] There are now over 90 SISs worldwide, operating in Germany, Luxembourg, The Netherlands, Norway, Spain, Switzerland, Australia and

Canada. Canada has two SISs, both located in Vancouver, B.C. InSite, which opened in 2003, provides SIS to people in the Downtown Eastside neighbourhood. The Dr. Peter Centre, which opened in 2002, provides SIS to patients of this HIV health service. Following Canada's Supreme Court decision supporting the continued operation of InSite, other cities in Canada (e.g., Montreal) are considering implementing SISs.

4. Is there any research to support SISs?

Over the last two decades there has been considerable research about SISs and their benefits for individuals and the community. International research on the impact and outcomes of supervised injection services has found that these services:

- Are actively utilized by injection drug users, including high-risk individuals
- Reduce behaviours which cause HIV/HCV infection, such as the sharing of previously used needles
- Reduce unsafe injection practices
- Increase use of detox and addiction treatment services
- Reduce public drug use
- Reduce the amounts of publically discarded injection equipment
- Do not contribute to more crime
- Reduce overdose deaths, and,
- Are cost-effective (reduce costs elsewhere in health care system).

See Appendix A in this report for research details and citations.

5. Does Toronto need a SIS?

The Toronto and Ottawa Supervised Consumption Assessment Study, released in 2012, assessed the need and feasibility of SISs in Toronto and Ottawa, and concluded that Toronto would benefit from three supervised injection services. [1] The study also recommended that any SISs be integrated into existing health services that are already working with people who inject drugs (i.e., not a standalone site).

6. Why do we need an SIS if we already have needle exchange programs?

Needle exchange programs provide an important range of services and supports for people who use drugs, including sterile drug use supplies, safer drug use education, overdose prevention information, wound care, testing for infections and vaccinations, counselling, and referral to other services. There is a strong body of research on the effectiveness of needle exchange in preventing infectious diseases such as HIV and hepatitis.

While staff in needle exchange programs do provide education about safer injecting practices and overdose prevention, they do not supervise injections nor are they able to intervene if someone overdoses after they have left the service. It is common for people to want to inject fairly soon after they have acquired their drugs and obtained sterile supplies. In the absence of a safe

place to inject people often turn to public spaces. In a Toronto-based study, approximately 50% of people who inject drugs reported doing so in public washrooms, stairwells, on the street or in alleyways. [1] Public injecting is not only an issue for people who are homeless. People living in shared accommodation, shelters, temporary housing or rooming houses may fear losing their housing if they inject on the premises and so turn to public spaces.

7. **Why is this service being implemented in my neighbourhood?**
   The TOSCA study recommended three SISs for Toronto but it did not specify locations. An SIS is being implemented in this neighbourhood because there has been an identified need for this type of health intervention. A significant number of people who inject drugs are already using the health services in the agency providing the SIS, including needle exchange and primary health care. The addition of supervised injection is one more health intervention to help reduce the rates of HIV and Hepatitis C infections among people who inject drugs.

   Toronto has the highest rate of people who use drugs in Ontario, and the prevalence of infectious diseases is high amongst people who inject drugs in our city. The prevalence of Hepatitis C is around 70%, and HIV is 3%. Fatal and non-fatal overdoses are also a concern in Toronto. A recent study found that 29% of people who inject drugs reported having overdosed in the previous six months. [1]

8. **Won't the SIS just attract more people who use drugs into our community?**
   One of the concerns expressed about SISs is that they will attract large numbers of people who use drugs into a neighbourhood. However, research has found that people who inject drugs will only travel short distances (i.e., a few city blocks) to use health services.[18] The TOSCA study found that location was a factor in whether someone would use an SIS in Toronto. Participants said they would not travel far to get to a supervised injection site. [1]

9. **Will the SIS contribute to more crime in our neighbourhood?**
   Supervised injection services do not contribute to more crime in a neighbourhood. They are established in neighbourhoods where there is a need, usually where drug use is already having an impact on the community. There is considerable research on this subject from SISs in Canada, Europe, and Australia. In the neighbourhood surrounding InSite in Vancouver, there has been no increase in crime since its opening, and there was actually a reported decrease in vehicle break-ins and thefts.[10] Australian studies have confirmed this finding and shown an overall decrease in crime related to drug use/supply, drug use in public spaces and loitering. [11,12] In Geneva, police looked at a number of specific types of crime, such as theft

and burglary, and also found no increase in the level of crimes following the establishment of the SIS in that city.[13]

10. How will the SIS work?

The SIS will be integrated into a health service that is already working with people who inject drugs. Each service may operate slightly differently, but generally speaking, people will arrive at the program with pre-obtained drugs. Each person will be assessed to ensure they are eligible for the program. They will receive sterile injecting equipment and instruction on safer injecting practices. The individual will be supervised by a nurse as they inject their drugs, and the nurse would be available to intervene in any medical emergencies. Once the individual has injected their drugs they will move on to a "chill out" room where they will continue to be observed for any negative drug reactions. They will also receive information and referrals about other health and social supports and services, either at the existing health service or elsewhere in the community.

11. Who will be using the service?

The majority of people using the SIS will be clients who are already accessing services at the agency offering the service. Because SISs are designed to serve some of the most marginalized members of our community, this may also mean that the service will connect with people who are not using health services in the community.

12. How does the SIS fit into the City of Toronto's drug strategy?

Toronto has a City Council-approved strategy that provides a comprehensive approach to alcohol and other drugs based on the four integrated components of prevention, harm reduction, treatment, and enforcement.[5] Action in each of these areas is needed to effectively reduce the harms of substance use in our community. Action is being taken across each of these areas. Implementation of SISs in Toronto would represent an addition to the spectrum of health services already being provided to people who use drugs. Details about the implementation of the Toronto Drug Strategy are provided every two years in a status report available at www.toronto.ca/health/drugstrategy.

13. Why don't you just add more treatment services?

A one-size-fits-all approach is not effective in addressing the harms of drug use in our community. Toronto needs a comprehensive range of services to meet a variety of needs. We need harm reduction services to provide health services to people who are actively using drugs, and treatment for people who want to reduce or stop using drugs. In Toronto, there are not enough treatment options or spaces available. Some programs have long waiting lists, and more investments are needed to meet demand. However, treatment is not a panacea. Not all approaches work for everyone. Some

people will stop using drugs on their own, and some will struggle with addiction for many years moving in and out of treatment many times.

One of the outcomes of SISs is that they connect people to health services, including treatment. Research from InSite in Vancouver found clients who were in contact with the service were more likely to enter addiction treatment services than those who were not. During a one-year period, the SIS referred over 5,000 people to other social and health services, the majority for withdrawal management (detox) and addiction treatment.[6]

14. Won't the SIS just encourage more drug use?

People do not start injecting drugs because of the availability of supervised injection services. There is no evidence that SISs or other harm reduction services promote drug use. SISs are used primarily by people with a long history of injection drug use. Studies find that the average client of an SIS has been injecting for 16 years. [16] Research has also demonstrated that SISs do not cause people to relapse (e.g., to start using drugs after a period of abstinence) or prevent people from stopping drug use altogether. [17]

15. Why should public funds support this?

Supervised injection services are cost effective. Injection drug use can have serious health implications when performed with equipment that is unsafe and unhygienic or when injections are rushed as often happens when done in public spaces. People who inject drugs are at a greater risk for contracting infections such as HIV, which has a lifetime medical cost of about $150,000 per person.[8] People with limited access to health services also have lengthier stays in hospital. It is estimated that illness attributed to drug use accounts for 352,121 days of acute care in hospital each year. [7] In 2002, illicit drug use accounted for more than $1.1 billion in direct health care costs in Canada. [7]

Because SISs provide people with a trusted and regular connection to health services, they can help prevent many long-term health issues that result in significant costs to the health care system. Research from InSite in Vancouver has found the service saves money through a reduction in health care costs, and improves the life expectancy of people using the service. [9]

16. How will the SIS affect property values in our neighbourhood?

There is no research that looks specifically at the correlation between SISs and property values. However, research examining neighbourhood impacts of addiction and mental health supportive housing programs has found no evidence that these programs have a negative impact on property values.[14] In a Toronto study on supportive housing, which included services for people with addictions, property values actually increased during the period of study, along with a reduction in crime.[15]

17. How will the SIS deal with community concerns?

SIS operators want to be good neighbours and to work with local community members to address any public safety concerns, both before and after the service opens. Establishing a community advisory committee is an effective way to identify and respond to community concerns in a proactive way. The agency may also have a Rapid Response Protocol in place for dealing with urgent community issues.

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Appendix E: Budget Template

Below is a draft budget template that can be used to estimate operating and capital costs.

Staffing	Cost Per FTE/Sq Foot	Total/Year
Registered Nurses		
Client Support Workers		
Admin/Support/Reception		
Manager/Supervisor		
Rent		
Supplies/Other		
Insurance		
Total Operating Budget		
Community Engagement, Education & Legal Fees		
Renovations/Furniture		
Total Capital/One Time		
Total Budget		

Appendix F: Program Design & Clinical Services

Comprehensive planning for any health service, including supervised injection services, requires attention to a broad range of factors. Key to successful planning and implementation is the inclusion of people who will be using the service. *Nothing About Us Without Us* is a useful resource to assist in this process, which is available at: http://www.aidslaw.ca/

Some key areas for consideration in planning SISs are outlined below:

Program design:

- Service philosophy and principles (i.e., harm reduction)
- Hours of operation (e.g., hours per day/week)
- Gender-or other population-specific spaces or hours
- Service catchment area
- Physical design of the program area, including:
    - Number of injecting spaces
    - Design of injecting spaces
    - Provision of a waiting room
    - Provision of a "chill out" room (i.e., to monitor people after injection and intervene if drug reactions/overdose)
- Staffing:
    - Regulated health care workers, such as nurses, as well as people with lived experience, including peer workers, etc.
    - Key qualifications (e.g., non-judgemental, approachable, experience working with people who inject drugs)
    - Staff: client ratios
    - Ongoing education and training (e.g., harm reduction approach, anti-oppression framework, first aid, CPR, interpersonal boundaries)
    - Supervision

The *Ontario Best Practices Recommendations for Needle Exchange Programs* report contains recommendations for physical location design that would also apply to SISs, including:[20]

- Accessibility (e.g., barrier-free entrance, friendly and welcoming atmosphere when clients enter (e.g., peer workers).
- Size (e.g., sufficient space for multiple clients to enter, leave and interact with staff and other clients).
- Comfort (e.g., space for clients to sit, relax and speak with each other).
- Privacy (e.g., enclosed office spaces for counselling, medical testing, staff and clients to make telephone calls for referrals, appointments or other private matters).

[20] Strike, C., et al. (2006). *Ontario Best Practice Recommendations for Needle Exchange Programs*.

Health and Social Services:

- Safer injecting supplies
- Safer injecting education
- Safe disposal education and supplies (e.g., sharps disposal)
- Overdose prevention supplies and education(e.g., naloxone)
- Primary health care (e.g., HIV and STI testing, wound care)
- Other safer drug use supplies (e.g., safer crack use)
- Condoms and safer sex education
- Pill testing
- Counselling
- Peer support
- Outreach
- Showers, washrooms
- Food and beverages
- Clothes
- Shelter (day, overnight)

Best practices for many of the above direct service areas can be found in the *Ontario Best Practices Recommendations for Needle Exchange Programs* report (2006), which is available at: http://www.health.gov.on.ca/english/providers/pub/aids/reports/ontario_needle_exchange_programs_best_practices_report.pdf

Ancillary Services and Referrals:

The following services could be provided by the SIS operator, another part of the agency operating the SIS if it is within a multi-service organization, or by referral to an external agency. SIS operators may want to negotiate formal service agreements with partner agencies for the provision of ancillary or referral services.

- Withdrawal management
- Methadone and other substitution therapies
- Drug treatment
- Legal advice
- Housing supports
- Employment and education supports
- Income support (Ontario Works, Ontario Disability Support Program)
- Translation services

Operational policies and procedures:

- Admission/eligibility criteria:
    - Registration required, in what form
    - Attendance recording and tracking
    - Minimum age
    - Residency requirement

  - Current users only
  - Women who are pregnant
  - Clients who have children with them

- Clinical Protocols:
  - Nursing assessment
  - Supervision of injection
  - Risk reduction education
  - Overdose intervention
  - Wound care
  - Immunization
  - HIV/STI screening
  - Emergency procedures
  - Addiction counselling and other referrals

- Employee Health and Safety:
  - Safe handling and disposal of all biohazards (e.g., injecting supplies)
  - Universal precautions (e.g., prevent/respond to needlestick injuries)
  - Calls for emergency services (e.g., ambulance, police)

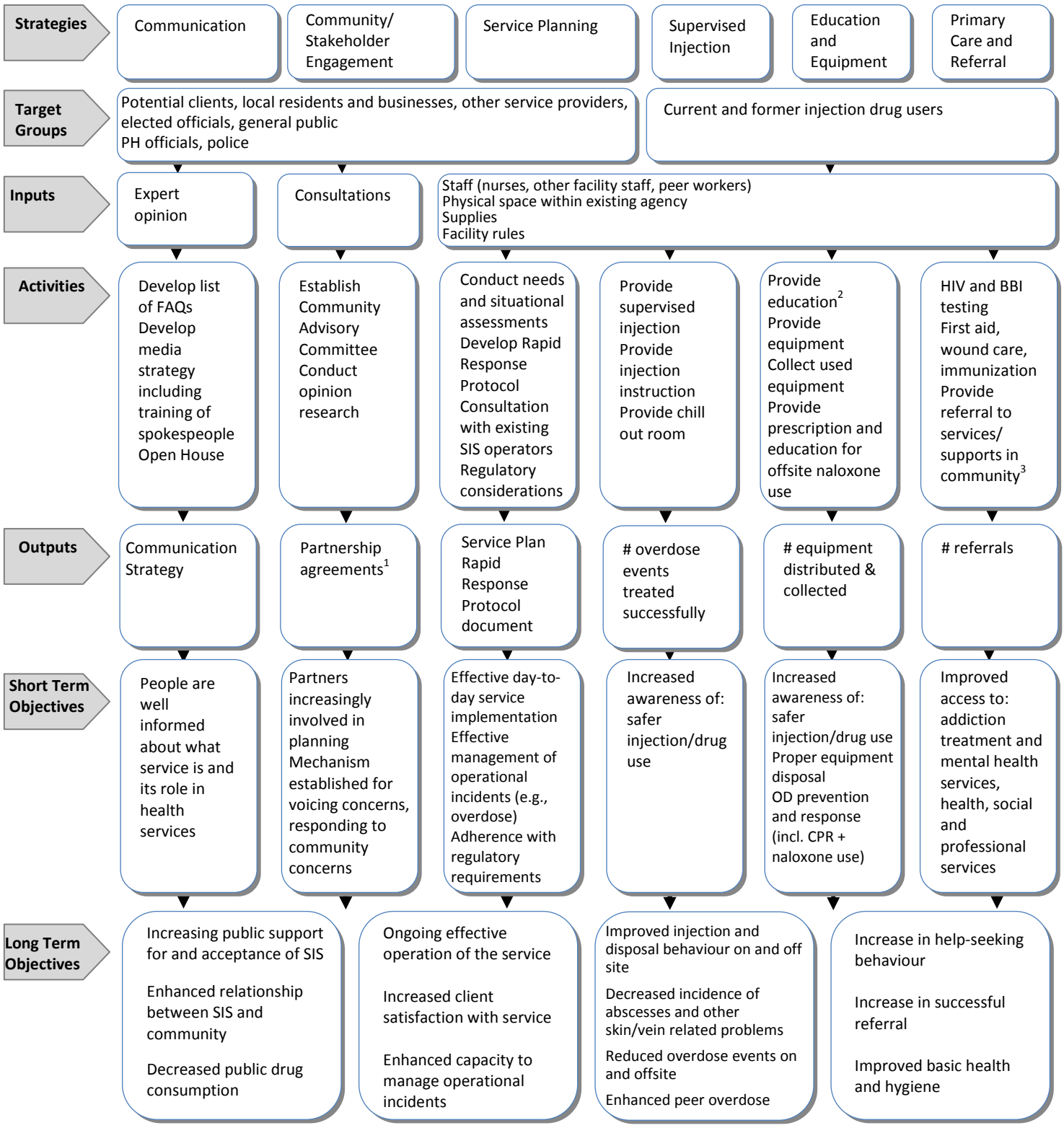
- Service rules:
  - Restrictions on allowing intoxicated users to inject
  - Restrictions on body sites where people can inject
  - Restrictions on types of drugs allowed to inject
  - Requirements to report drug being injected
  - Restrictions on dealing drugs onsite
  - Sharing of drugs between clients
  - Time limits, length of time limit (some services schedule people who take a long time to inject at the end of the day to prevent bottlenecks)
  - Limit on number of injections per visit
  - Assisted injection
  - Verbal or physical violence
  - Expulsion for breaking rules (e.g., violence, not capping needles)
  - Length of expulsion
  - Dispute resolution process

Note: Service rules, which are important for the safe and effective operation of any SIS, should be made with considerations for the accessibility and relevance to the local drug culture (e.g., restricting the sharing of drugs within the facility may contradict practices of pooling resources to purchase drugs and sharing, resulting in the 'splitting-up' of drugs outside the facility).

- **Administration:**
  - Collection of program statistics
  - Handling, storage and disposal of any drugs left behind by clients

- Service agreements with partnering agencies
- Good neighbour practices
- Rapid response protocols for addressing community/neighbourhood concerns
- Designated community liaison representative

Appendix G: Supervised Injection Services Program Logic Model



1 Partnership agreements include those with health and social service providers and community stakeholders, including law enforcement
2 Education includes: how to use the injection equipment, proper injection techniques, overdose prevention and response education (incl. CPR), disposal of drug use equipment
3 Referral to detox, rehab, methadone maintenance therapy, counselling, mental health services, primary care, HIV/HCV treatment, social services, basic needs support

Appendix H: Performance Measures

The following performance measures flow from the logic model outlined in Appendix G.

How much did we do?

- Characteristics of service users
  - Age and gender
  - History of injection drug use (length of use, drugs used, etc.)
  - Patterns of drug-and-sex-related risk-behaviours
  - Housing status
- Communication strategy developed
- Program Design and Clinical Services developed
- Rapid Response Protocol document
- # meetings with community partners
- # surveys conducted to gather public opinion
- Service utilization patterns
  - Number of people
  - Frequency of use
  - Number of new and existing clients of the broader health service
  - Services accessed on site
  - Reasons for using service
- # tests for HIV and other blood borne illnesses
- # vaccines
- Amount of drug equipment collected
- # overdose events treated successfully
- Service referral patterns (# and type of referrals)

How well did we do it?

- % clients satisfied with service
- % clients aware of safe injection drug use, proper equipment disposal, HIV/HCV/HBV status
- % clients knowledgeable about overdose prevention and response
- % clients knowledgeable of CPR and naloxone use
- % of clients with improved access to treatment, support, professional and socials services
- % of repeat clients
- Reasons for using service
- % public understand role of SIS
- Views of local stakeholders and the general public
- # and % of partners involved in planning
- Mechanism established and utilized for voicing concerns and responding to community concerns
- 100% adherence with regulatory requirements

Is anyone better off?

- Degree of successful referral
  - % understand importance of referral
  - % motivated to attend referral
  - % attended one visit
  - % attended repeat visits
- % reporting help-seeking behaviour
- % exhibiting basic health and hygiene
- % of peers responding effectively to overdose offsite
- Health impacts:
  - Incidence of HIV, hep C, hep B infections
  - Incidence of fatal and non-fatal overdose
  - Incidence of abscesses and other skin/vein related problems
- Influence of SIS on public order issues such as:
  - Public injection
  - Drug-related litter and loitering
  - Congregation of clients around the service