Report of the Toronto and Ottawa Supervised Consumption Assessment Study

April 11, 2012
Supervised Consumption Facility

• A legally sanctioned health facility that offers a hygienic environment where people can use illicit drugs under the supervision of trained staff
• Injecting, smoking, or both
• 90+ facilities internationally, including Vancouver
Toronto and Ottawa

- 2005 Toronto Drug Strategy: Needs assessment and feasibility study for supervised consumption sites
- Subsequently, Toronto and Ottawa Supervised Consumption Assessment Study (TOSCA)
- Independent project
- Included Ottawa, which has the highest rate of new HIV infections among people who inject drugs in Ontario
Research Methods

• Focus groups & interviews with multiple stakeholders
• Public opinion survey
• Geographic analyses
• Analysis of administrative health data and survey
• Mathematical modelling
• Cost-effectiveness analyses

• Most comprehensive assessment of potential supervised consumption sites ever undertaken
• www.toscastudy.ca
Recommendation 1:

Both Toronto and Ottawa would benefit from implementation of supervised injection facilities.
Recommendation 1

• Both Toronto and Ottawa have sizable numbers of people who use drugs
• Sharing of drug use equipment and public drug use is common
• We project that Toronto would benefit from implementation of 3 supervised injection facilities; Ottawa would benefit from implementation of 2 supervised injection facilities.
Recommendation 1

- Projections based on considerations of
  - The number of people who use drugs in each city
  - Their geographic location
  - The projected use of supervised injection facilities
  - The demonstrated decrease in risky behaviours among clients of other supervised injection facilities
  - The associated projected long-term costs and health benefits, including the prevention of HIV and hepatitis C infections
HCV Infections Averted Per Year

Average Number of Hepatitis C Infections Averted Per Year

Number of Facilities

Toronto

Ottawa

Source: Modelling Study
HIV Infections Averted Per Year

Source: Modelling Study
Recommendation 1

• Multiple sites, rather than one
• Similar approach used to establish needle and syringe programs, methadone clinics
• Located close to where people use drugs
• People who use drugs do not want a single site that will focus opposition
• Community members preferred multiple facilities to minimize impact on local neighbourhoods
Recommendation 2:

The optimal model for a supervised injection facility is a fixed facility that is integrated within an existing organization.
Recommendation 2

- Integration and close linkages with existing organizations offering a broad range of services
- Provide access to needed health and social services and referrals
- Do not duplicate what is already available
- Addresses concerns about
  - establishing a relationship with people who use drugs as clients
  - the visibility of a facility within a community
  - privacy for clients
  - community impact.
Recommendation 2

There are a number of services that might be considered for supervised injection sites or consumption rooms. How important are these to you?

<table>
<thead>
<tr>
<th>Service</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing staff for medical care</td>
<td>305</td>
<td>(80)</td>
</tr>
<tr>
<td>Food</td>
<td>261</td>
<td>(69)</td>
</tr>
<tr>
<td>Toilets</td>
<td>254</td>
<td>(67)</td>
</tr>
<tr>
<td>Drug counsellors</td>
<td>214</td>
<td>(56)</td>
</tr>
<tr>
<td>Urgent detox beds</td>
<td>204</td>
<td>(54)</td>
</tr>
<tr>
<td>Showers</td>
<td>202</td>
<td>(53)</td>
</tr>
<tr>
<td>Social workers</td>
<td>193</td>
<td>(51)</td>
</tr>
</tbody>
</table>

Source: Toronto I-Track
Recommendation 2

• We do not recommend mandating attendance at ancillary services
• Mandatory attendance may discourage supervised injection
Recommendation 2

• Mobile facilities might extend access for to hard-to-reach populations
• But we did not find a strong desire for a mobile service among people who use drugs in either city
• The evidence base for mobile sites is limited
Recommendation 3:

A strong evaluation plan is an essential component of any implementation plan.
Recommendation 3

• A supervised injection facility must have a well-defined evaluation plan
• Plan must include clear objectives and specify the actions to be taken if the objectives are not achieved.
• Evaluation indicators should assess:
  – The number of people who visit the facility
  – How often they visit
  – The proportion of people who use drugs who are clients of the facility
  – The patterns of drug- and sex-related risk behaviours over time;
  – Rates of HIV, hepatitis C, and hepatitis B infection over time
  – Rates of fatal and non-fatal overdoses over time
Recommendation 3

“I would support it under the conditions that it be brought in on a contract, with specific criteria around public safety and around success, under a variety of headings, that prevention of overdose, prevention of transmission of diseases, and bringing people into treatment, and if it didn’t meet those, perhaps look at another strategy that would work better.”

(Toronto resident)

Source: Focus Groups
Recommendation 3

• The evaluation plan should also consider impacts at a community level, including changes in
  – Public litter
  – Visible public drug use
  – The congregation of clients around a facility
  – Drug-related crime and arrests
  – Property values
  – Local business viability.
Recommendation 4:

A supervised injection facility should have clearly established rules.
Recommendation 4

- Based data from:
  - Systematic review of scientific literature
  - Survey data for Ottawa SIF study
  - Stakeholder interviews & focus group discussions

- Among 47 SCFs worldwide, there is variation in the rules imposed within SCFs

- Rule focus: operating hours, time limits, registration, residency requirements, onsite behavioural expectations, drugs consumed
Rules reported by SCFs

Source: Systematic Literature Review
Recommendation 4

• Stakeholders cautioned about the need for:
  – Rules that balance needs of clients & community
  – Rules that ensure safety of clients and staff
    
    You have to instil that there has to be respect, not only to the staff and from staff, but also between participants. There is just no other way to operate. (Toronto healthcare provider)

• Rules - not impede the potential for a SIF to meet objectives & improve client health
  – E.g., Identification requirements
Recommendation 4

- Stakeholders typically focused on rules about:
  - **Time limits to ensure access for clients**
    
    *You know, some people may smoke a piece and they want to tell you their life story…Do your drugs and get out and make room for the next guy. (Ottawa person who uses drugs)*
  
  - **Behavioural expectations for safety and comfort**
    
    *But in there, you’re there to do drugs, you’re not there to deal, you’re not there to make friends, you’re not there to exchange pieces, you’re there to do your drugs. (Ottawa person who uses drugs)*
  
  - **Voluntary versus mandatory counselling**
    
    *Nobody wants a counsellor standing over you. …Saying, ‘This is what you should be doing.’ …But it [counselling] should be available if people want it. (Toronto people who use drugs)*
Recommendation 4

• Stakeholders typically focused on rules about:
  – Anonymity and privacy to encourage attendance
    You come in anonymously, you leave anonymously. (Toronto person who uses drugs)
  – Age restrictions – very mixed opinions
    Maybe age sixteen. You can quit school at sixteen, you can drive a car at sixteen. (Toronto person who uses drugs)
    I was on the street when I was fourteen. (Ottawa person who uses drugs)
  – Assisted injection – very mixed opinions

• Consider local context when deciding rules
Recommendation 5:
Insufficient evidence to support a recommendation to implement a supervised smoking facility
Recommendation 5

• Based on data from:
  – I-track and survey data for Ottawa SIF study
  – Stakeholder interviews & focus group discussions

  ▪ Limited scientific evidence available about the impact of SSF on risk behaviours and longer term outcomes of disease transmission

  ▪ Intention to use SSFs - 58% to 84%
Use of a supervised smoking facility in Toronto

<table>
<thead>
<tr>
<th>Would you use a supervised room for safer crack smoking?</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All (n=450)</td>
<td>288 (64)</td>
</tr>
<tr>
<td>People who inject drugs (n=238)</td>
<td>139 (58)</td>
</tr>
<tr>
<td>People who smoke crack cocaine (n=212)</td>
<td>149 (70)</td>
</tr>
<tr>
<td>Men (n=316)</td>
<td>201 (64)</td>
</tr>
<tr>
<td>Women (n=131)</td>
<td>85 (65)</td>
</tr>
</tbody>
</table>

Source: 2006 Toronto I-Track Survey
The analysis by gender excludes transgendered people.

Use of a supervised smoking facility in Ottawa

<table>
<thead>
<tr>
<th>Would you use a supervised room for safer crack smoking?</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All (n=245)</td>
<td>154 (63)</td>
</tr>
<tr>
<td>Men (n=177)</td>
<td>112 (63)</td>
</tr>
<tr>
<td>Women (n=68)</td>
<td>42 (62)</td>
</tr>
</tbody>
</table>

Source: Leonard, DeRubeis and Strike, 2008
Recommendation 5

- 25% of people who smoke crack said that they would not use an SCS
- Stakeholder data about intended frequency of utilization sheds some doubt on frequency a SSF would be used

Really, I can run behind a building and do a quick puff (Toronto person who uses drugs)

- Low frequency use of a SSF may limit potential to change behaviours & influence health outcomes
- Best service model for people who smoke drugs like crack is unclear
Recommendation 5

- Many injectors also smoke drugs like crack
- Many people who injected drugs (74%) would use a facility with injecting & smoking rooms
- Offering supervised smoking within a SIF injecting facility may increase utilization and potential impact on behaviours and outcomes.

That, I think, would be the best. Same site, but in separate rooms. (Ottawa person who uses drugs)

- Investigation of the design and impact of a mixed service model is warranted.
Recommendation 6:

Process to establish SIF should be part of a comprehensive drug strategy
Recommendation 6

• Based data from:
  – Stakeholder interviews & focus group discussions
  – Public opinion data

• Strategy to address the health & wellbeing of the individual & broader community

• Four pillar approach – prevention, treatment, enforcement and harm reduction

And I think the community would be more receptive, from our drug strategy work, as long as harm reduction was connected to treatment options and housing and all of those other things. (Ottawa advisory group participant)
Recommendation 6: Comprehensive drug strategy

• Address stakeholder concerns about other underlying health and social problems experienced by people who use drugs.
• Work collaboratively & not duplicate existing resources
• Do not divert resources from effective programs

I wouldn’t want to see like sort of a one-shot deal or somebody trying to do it all on their own. I’d like to see a collaborative effort, and it would include maybe tackling some of those more difficult issues. (Toronto city employee)
Recommendation 6

- Some always opposed
- Over 50% - Toronto & Ottawa - support SIFs
- Increased support 03-09
Recommendation 6

- Consult other cities but implement for Ottawa & Toronto contexts

What do they have in Vancouver and what works and doesn’t work are the things that I would be wondering myself. I don’t know how to run a safe injection site...I’m not a public health person. So before I would want to give advice on conditions that I think would be good for Ottawa, I would like to know what others are doing so I could see, would that work in our community or not? (Ottawa resident)
Recommendation 6

- Clearly articulated SIF goals and objectives to assess role and fit within larger drug strategy
- Transparent implementation plans
- Mechanisms for stakeholder input

I think it’s important to get people involved. Just like a lot of people are ignorant, they don’t know what’s going on. Especially people who sort of went through a change like we’ve have. We’ve been through a lot in this community. And I think community input’s important. I think it would get rid of a lot of the fear and anger. And that’s one thing our community lacks, is consultation. (Toronto resident)

- Location is important for all stakeholder who want to be consulted
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