An evidence-based response to overdose deaths

Ontario is in the midst of an overdose emergency. The Registered Nurses' Association of Ontario (RNAO) welcomed[1] the announcement by Health Minister Christine Elliott that, after a ministry review of the evidence, supervised consumption services (SCS) would continue to operate as Consumption and Treatment Services (CTS).[2 3] Do you agree with RNAO that the provincial government must continue to use an evidence-based approach to this crisis by expediting the authorizing and funding of these services across the province where they are needed to save lives?

Toronto's Medical Officer of Health, Eileen de Villa, describes the public health emergency of opioid-related deaths as "the defining health crisis of our time."[4] In Canada, between January 2016 and June 2018 there were 9,078 opioid-related deaths.[5] In Ontario, there was a 45 per cent increase from 867 deaths in 2016 to 1,265 deaths in 2017.[6] Preliminary data from January to June 2018 attribute 638 deaths to apparent opioid-related deaths in Ontario.[7] This means that despite the dedication and efforts of many health professionals, peer workers, and community volunteers, more than three Ontarians die each day, on average, from opioid overdose.[8] The government must respond to opioid poisoning as the public health emergency that it is.

Supervised consumption services save lives

Supervised consumption services (SCS), whether they are supervised injection services (SIS), overdose prevention services (OPS), or consumptions and treatment services (CTS), are vital health services that help keep people alive in a context of increasingly dangerous drug supply. These services allow people to inject previously-obtained drugs under the supervision of registered nurses (RN), nurse practitioners (NP), and other trained health workers, who provide sterile supplies, overdose prevention and management, as well as other health and social support services.

These services prevent fatal poisonings by quickly administering oxygen and/or naloxone. They enable health professionals and outreach workers to build relationships with people who use drugs. By meeting with people in a non-judgmental and compassionate way, these services support people with addictions to access primary health care, treatment, and rehabilitation services, if and when they are ready to do so.[9 10]

To support the clinical practice of nurses and others working with people who inject drugs, RNAO released the best practice guideline (BPG) *Implementing supervised injection services* in February 2018.[11] Like all RNAO BPGs, it was developed using a systematic review of evidence

and extensive consultation with an expert panel, including people with lived experience. The 11 recommendations cover a range of topics, including integrating peer workers and health and social services into programming, as well as aligning future locations and operations according to local population needs.

Supervised consumption services in Ontario

For more than a decade,[12] RNAO has raised awareness of and advocated for this public health issue. In 2011, RNAO joined a nursing coalition in support of keeping open Insite, Vancouver's first sanctioned SIS, and was granted intervener status by the Supreme Court of Canada. [13] [14] From 2013 to 2016, RNAO urged the Ontario government to increase its response to the opioid crisis by opening and funding SIS/OPS[15] [16] and legalizing and strictly regulating drugs,[17] and made the case for SIS before the Toronto Board of Health supporting SIS.[18][19] RNAO has been steadfast in urging evidence-informed drug policy be implemented.

After an extensive review[20] [21] [22] of an intervention already proven to be effective,[23] [24] [25] Health Minister Christine Elliott announced that "Consumption and Treatment Services (CTS) would replace the former Supervised Consumption Services and Overdose Prevention Site models."[26] CTS is described as a "new, enhanced approach to treatment services" and includes additional requirements related to administrative processes and responding to community concerns.[27] RNAO welcomed the news that the 16 existing SIS and OPS services that were open as of Oct. 22, 2018 could continue to operate as they undergo the CTS application process.[28] Also welcome was the news that three sites (St. Catharines, Thunder Bay and Toronto) previously approved and then put on hold by the Ministry of Health and Long-Term Care (MOHLTC)[29] would be permitted to open their facilities while they submit new applications under the revised guidelines.[30] Minister Elliott notified temporary OPS sites that they would be able to continue to operate through the end of 2018.[31] The MOHLTC expects that approved sites could begin their transition to the new model in January 2019, with all approved sites expected to be in place by April 2019.[32]

In order to be approved as a CTS, federal approval from Health Canada for an exemption to Section 56.1 of the *Controlled Drugs and Substances Act* is a "necessary condition," as well as additional requirements under Ontario's CTS program.[33] Escalated requirements as articulated in the initial CTS model[34] [35] have generated increased workloads, uncertainty, and fear among those already struggling to respond to this public health crisis.[36] [37] [38] [39] Particular requirements of the CTS program identified by the jury at the Bradley Chapman inquest as potential barriers to access include: proximity requirements; the public consultation requirement; the decision to limit the number of sites at 21 for the province; and requirements regarding pathways to services.[40]

While outreach, education, and engagement with the community can have many benefits, requiring local municipal support and consultation with police, business associations, and community groups is problematic. The Region of Waterloo (Kitchener, Waterloo, and Cambridge) and Windsor illustrate some of the challenges of mandatory municipal support. Although there are an estimated 4,000 people in the Waterloo Region who use drugs,[41] escalating opioid-related deaths[42] and emergency department visits,[43] in April 2018, the City of Cambridge passed a temporary by-law prohibiting SCS and/or OPS in the downtown core.[44] [45] After the

public health unit identified the two most appropriate SCS locations for Cambridge as being in the downtown core, the mayor and local councilors continued to vehemently oppose these proposals over the summer,[46] and all five mayoral candidates declined to support SCS during the fall 2018 campaign.[47] A citizen-led group called "A Clean Cambridge" organized a public demonstration[48] to protest against SCS as it would "ultimately lead Cambridge down the troubled path experienced by other cities."[49] Like Kitchener-Cambridge-Waterloo, Windsor had a higher rate of opioid-poisoning visits to emergency departments in 2017 than Toronto and Ottawa.[50] Even when the city of Windsor was shocked by four opioid-related deaths over a 24-hour period, including a shelter employee, the mayor of Windsor and the chief of police are opposed to SCS.[51] In fact, police Chief Al Frederick threatened to criminally charge anyone using drugs at an OPS and to charge staff working at an OPS with drug trafficking.[52]

Harm reduction, including SCS, is an essential part of a comprehensive approach to the overdose crisis. As MOHLTC develops and interprets its specific requirements for the CTS program, RNAO urges the province to streamline and expedite the application and approval process. As with any public health emergency, it is critical that the health system be able to respond nimbly and with sufficient resources to prevent more Ontarians from dying.

RNAO's evidence-based response to overdose deaths ASK

Do you agree with RNAO that the provincial government must use an evidence-based approach to this crisis by expediting the authorizing and funding of Consumption and Treatment Services (CTS) across the province where they are needed to save lives?

- Immediately increase access to CTS where needed.
- Streamline and expedite the CTS application process to preserve and increase access to this life-saving health service.
- Invest sufficient funding in the CTS program to help prevent deaths from overdose. It is also critical to provide funding and support for the treatment services mandated by the CTS model, including addressing the current shortage of treatment, recovery resources and mental health and addiction services across the province.

NOTES FOR RNAO LEADERS

They say, we say
This section is for RNAO leaders only. It provides additional information and suggested responses for statements we may receive about this issue.

What are supervised consumption services (SCS)?

Supervised consumption services (SCS) are essential health services that provide a non-judgmental and hygienic environment where people can inject, inhale, or ingest pre-obtained drugs under the supervision of nurses, peer workers, and other trained staff. The commonly identified goals are: to reduce the number of drug overdoses; to reduce the spread of infectious infections such as HIV and hepatitis; to bring people who inject drugs into contact with other health, social, and treatment services; and to reduce issues in the community such as drug use in public places and discarded needles.[53]

SCS are staffed by RNs, counselors, peer workers, and other experienced workers who provide supervision, education about safer injecting practices, overdose prevention/intervention, sterile injection equipment, and health and counseling services. The peer-reviewed evidence is clear that these services are saving lives and meeting these goals in a cost-effective way.[54]

Does SCS encourage more drug use?

No. 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 primarily used 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.[55]

Why can't people just go to rehab and get treatment instead?

This is a public health crisis. More than 1,265 people died in Ontario in 2017 as a result of opioid poisoning. From January to June 2018, there were 638 deaths in Ontario.[56] SCS help to prevent deaths from overdose from an increasingly contaminated drug supply that may contain fentanyl or carfentanil (used by vets on very large animals like elephants). For many people, harm reduction services that are non-judgmental and treat people with respect can provide an entry-point to other health and social services, including treatment. Dead people will never have the chance to go to treatment.

Isn't the evidence really kind of sketchy? Didn't I hear that a recent study raised doubt about the effectiveness of SCS?

There is over-whelming, robust evidence that SCS are effective and an important part of a comprehensive response to drug use.[57] Two decades of international research on the impact and outcomes of SIS has found that they:

- Are actively used by injection drug users, including high-risk individuals
- Reduce overdose deaths
- Reduce behaviours which cause HIV and hepatitis infections such as sharing of previously used needles
- Reduce unsafe injection practices
- Increase use of detox and addiction treatment services
- Reduce public drug use
- Reduce amount of discarded injection equipment in public areas
- Does not contribute to more crime
- Are cost-effective by reducing costs elsewhere in the health system[58]

The consensus is that the evidence supports SCS as being effective in meeting public health objectives including reducing overdose-induced mortality and morbidity as well as the other outcomes described above.[59] [60] [61] The one study[62] that cast doubt on these findings was published online in August 2018 and was retracted in September 2018 by the *International Journal of Drug Policy* with the consent of the authors. Two critical reviews and additional commissioned independent assessments found methodological weaknesses that "resulted from honest human error in the use of methods."[63]

What is the difference between SCS, SIS, OPS and CTS?

Supervised consumption services (SCS) or supervised consumption sites (SCS) may, depending on the site, permit use of substances by: injection; inhalation (smoking); oral and intranasal (consuming pills and snorting).[64] Different types of SCS include those that are: integrated within existing health and social services; specialized stand alone service that focuses on supervised consumption; a mobile service that serves a smaller number of people who use drugs across a wider geographical area.

SCS or supervised injection services (SIS) are permanent sites authorized by the federal government under an exemption from the *Controlled Drug and Substances Act* (e.g., Toronto Public Health – the Works, South Riverdale CHC, Ottawa Inner City Health--King Edward site).[65] These legally sanctioned sites require a community consultation as part of the process.

Overdose prevention services or sites (OPS) or temporary overdose prevention sites (TOPS) were announced in Ontario in January 2018 after Health Canada issued an exemption from federal law to enable provinces to establish OPS quickly in response to the opioid crisis.

Applicants already engaged in providing harm reduction services completed an abbreviated form reflecting a simplified process and received a decision from the Ministry of Health and Long-Term Care (MOHLTC) within 14 days.[66] The process to open an OPS did not require community consultation. Many sites that provided temporary OPS services under the provincial exemption were able to open quickly while also undergoing the lengthy federal SCS application process.[67]

The **Consumption and Treatment Services (CTS)** program was announced by the MOHLTC on October 22, 2018 as a replacement for the former SCS or SIS and OPS.[68] An overview of CTS explains that it "will provide integrated, wrap-around services that connect clients who use drugs to primary care, treatment, and other health and social services. The new program will also include requirements to address community concerns, and ensure ongoing community engagement and liaison where CTS are established."[69] In addition to being granted a federal exemption to Section 56.1 of the *Controlled Drugs and Substances Act*, applicants must meet additional requirements under Ontario's CTS program application.[70]

What did I hear about a maximum of 21 CTS?

When the CTS program was announced, Minister Elliott stated that the province "wants to see no more than 21 overdose prevention sites in operation in Ontario."[71] [72] The challenge is that this limit has already been reached by the 16 SIS/OPS sites currently operating, the three sites that were put on hold, and two permanent SIS sites that were approved on October 31 in London.[73] RNAO's concern is that in the midst of an unrelenting crisis there must be enough people and resources to reach all of those in need across this vast province.[74] Other communities that have identified an urgent need include Barrie,[75] [76] Hamilton,[77] Peel,[78] [79] Peterborough,[80] Sault Ste. Marie,[81] Waterloo Region,[82] [83] and Windsor.[84]

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