

# Consumption and Treatment Services (CTS)

## A HARM REDUCTION PROGRAM



## Questions & Answers

### **What are Consumption and Treatment Services (CTS)?**

CTS are part of a health care service that allows people to use their own drugs under the supervision of medically trained workers.

Individuals are also provided with sterile consumption supplies, education on safer consumption, overdose prevention and intervention, medical and counselling services, and referrals to drug treatment, housing, income support and other services.

### **What is the difference between Supervised Injection Services, Supervised Consumption Services, and Consumption and Treatment Services (CTS)?**

The federal government's program (legal exemption for consumption of illegal substances) includes all methods of taking a substance and the term "Supervised Consumption Services" has always and continues to be used. The provincial program (funding to operate) started out as Supervised Injection Services, covering injection only, and then changed to Supervised Consumption Services similar to the federal government, and is now the Consumption and Treatment Services program. The CTS title reflects including all methods of taking a substance as well as the wrap-around services to support people who use substances to get the help they need.

### **What are the risks associated with drug use?**

There are many harms associated with drug use including the spread of infectious diseases, accidental death and injury from overdose, poor mental health, unstable housing, substance use-related litter, and the degradation of public spaces.

### **What is addiction?**

People struggling with addiction to substances are unable to stop despite knowing the impact the drug has on them, their families, and their communities. Many people who are addicted to drugs have experiences of childhood trauma including abuse or neglect, struggle with mental health, or became dependant on a drug as a result of an injury.

### **Why do we need harm reduction?**

Harm reduction is one pillar of a four-pillar approach that includes prevention, treatment, harm reduction, and justice and enforcement. Harm reduction reduces the risks of substance use including the spread of infections like hepatitis and HIV as well as accidental overdose (death).

Harm reduction services are open to all people who use substances, at any stage of their substance use.

People who are dependent upon substances may not want or be able to quit, or they may continue to relapse into substance use. Harm reduction emphasizes the importance of treating all people with respect, dignity and compassion, and recognizes the stigma surrounding illicit substance use and the societal judgments often experienced by those who use these substances. An important part of harm reduction is to build trust to support people in accessing services in order to improve their lives over the long term.

Work needs to be in place in all four pillars, working together (integration), in order to make an impact on the complex opioid situation.

### **What is the purpose of Consumption and Treatment Services?**

CTS are part of a larger harm reduction approach that supports health equity and health as a human right. Research has demonstrated benefits of CTS for communities and people who inject drugs. These services have four main goals:

1. Save lives by reducing the number of fatal and non-fatal drug overdoses
2. Reduce the spread of infectious diseases like HIV and hepatitis C amongst people who inject drugs
3. Connect people who use drugs with primary health care services, addictions treatment, and social services like housing and other supports
4. Create a safer community by reducing drug use in public spaces and providing options for proper needle disposal

### **How do these services work?**

Clients arrive at a CTS location with their own drugs. They are given sterile consumption equipment and instruction on safer consumption practices. A medically trained professional supervises their consumption in a room dedicated for this purpose, and intervene in the case of a medical emergency. Once the individual has injected/snorted/orally consumed their drugs, they are directed to a waiting room where they continue to be observed for any negative drug reactions. They also receive information and referrals about other health and social supports and services at the agency or elsewhere in the community.

### **Are Consumption and Treatment Services legal?**

Yes. In Canada, the legal operation of CTS requires Federal Government approval, granted by the federal Minister of Health for legal exemption under section 56 of the Controlled Drugs and Substances Act (CDSA).

### **Are there other Consumption and Treatment Services locations?**

Yes. The first Consumption and Treatment Service opened 30 years ago in Switzerland. Today, there are more than 90 Consumption and Treatment Services worldwide, including in Europe, Australia and Canada. There are a number of sites across Canada, which can be found on [Health Canada's](#) website.

## What has been the experience in other places?

Consumption and Treatment Services have been shown to:	Consumption and Treatment Services have NOT been shown to:
<ul style="list-style-type: none"> <li>• Serve marginalized and high risk people who inject drugs;</li> <li>• Decrease fatal and non-fatal overdoses;</li> <li>• Decrease unsafe consumption practices like syringe sharing;</li> <li>• Promote public order by decreasing public consumption and substance use-related litter;</li> <li>• Promote addiction treatment;</li> <li>• Be cost-effective; and,</li> <li>• Be successfully accepted by people who inject drugs, local residents, and the police.</li> </ul>	<ul style="list-style-type: none"> <li>• Shift drug use to different neighbourhoods because of site location;</li> <li>• Increase drug injecting; and</li> <li>• Increase drug trafficking or crime in the surrounding area.</li> </ul>

## Why does Waterloo Region need Consumption and Treatment Services?

The individual health and community impacts from problematic drug use demonstrate a need for additional services and strategies in Waterloo Region.

- Accidental opioid-related deaths have increased substantially in Waterloo Region. Up-to-date overdose data in the Region can be found on the [Waterloo Region Integrated Drug Strategy \(WRIDS\) website](#).
- Drug-related emergency department visits, opioid-related paramedic service calls, and hospital admissions have sharply increased in the last five years.
- The rate of opioid-related deaths in Waterloo Region has been higher than the provincial average since 2016.
- There is a high demand for harm reduction services such as needle syringe programs and naloxone kits. In 2017, Public Health and their community partners handed out 4,703 naloxone kits and distributed over 700,000 needles.
- Public drug use can contribute to the number of needles discarded in public places. When people who inject drugs were surveyed, 75.6% of people said they had injected drugs in a public place in the last six months.

The addition of these services in Waterloo Region has the potential to effectively address some of these issues by decreasing unsafe consumption practices like needle sharing that can spread disease, decreasing death and disability from overdose, and decreasing public consumptions and substance use-related litter by providing a clean and safe place for people to use drugs.

## **What else is being done to address drug issues in Waterloo Region?**

Many organizations across Waterloo Region deliver a broad range of services to reduce the harms of drug use. These services include prevention programs, harm reduction services, withdrawal management, and treatment programs.

Public Health, along with community partners, continue to support a comprehensive four pillar approach to drug and substance misuse through the Waterloo Region Integrated Drugs Strategy. This includes:

- **Prevention** – e.g. addressing root causes of drug use, supporting parents and youth with information about the dangers of substance use
- **Harm Reduction** – e.g. Increasing needle recovery and disposal options
- **Treatment** – e.g. Rapid Access Addiction Medical Clinics
- **Enforcement and Justice** – e.g. Enforcement focus on drug trafficking; Good Samaritan Drug Overdose Act

For more information, visit the Waterloo Region Integrated Drugs Strategy website at <http://www.waterlooregiondrugstrategy.ca/en/home/>.

The Waterloo Region Integrated Drugs Strategy has also launched a Special Committee which brings together community leaders to tackle opioid issues through the development of a Community Opioid Response Plan using the four-pillar approach. This approach builds on existing work in the community and strengthens integration to reduce opioid-related harms and overdoses.

For more information on the Waterloo Region Opioid Response Plan, visit <https://www.regionofwaterloo.ca/en/health-and-wellness/opioid-response.aspx>.

## **Why don't we just add more treatment services?**

Harm reduction programs such as CTS are important parts of a comprehensive strategy to improve community outcomes related to substance use. Harm reduction services aim to link people who use drugs to services and supports to improve their health, and treatment services are needed for people who want to reduce or stop using drugs. A continuum of support is needed because people may fall in and out of treatment and recovery, or may not be ready to stop using drugs.

Health Canada and the provincial Ministry of Health recognize the need for both types of services. While Public Health has a mandate to support harm reduction strategies, treatment services and funding for treatment services are supported through different health services and provincial branches. Locally, harm reduction service providers and treatment service providers work together through the Waterloo Region Integrated Drugs Strategy to ensure our approaches are coordinated and funding is maximized.

## **What was the process that led to the opening of CTS in Waterloo Region?**

Region of Waterloo Public Health and Emergency Services conducted a feasibility study for CTS that included the following phases:

**Phase 1** of the study identified that CTS would serve a need in our region. A link to the full report from Phase 1 can be found by visiting <http://bit.ly/2Huzn0r>.

**Phase 2a** of the study involved identification of candidate locations in Waterloo Region as well as operating model for the sites, including: primary care, addiction services, and social services

**Phase 2b** of the study involved development of a “Made in Waterloo Region” model through stakeholder consultation, identifying the community vision for CTS and how operations and partnership with support the vision. The results of the vision session were used to guide the planning for CTS in Waterloo Region

**Phase 2c** of the study took place in early 2019 and involved hearing from the community on the candidate sites. Through public consultation sessions and an online survey, the community had the opportunity to identify benefits and concerns of the candidate site locations and how concerns can be mitigated.

**Phase 3** of the study took place in spring 2019 and provided a summary of full site assessments and recommendation to proceed with an application to have CTS in Waterloo Region.

### **Where is CTS located?**

Local data on paramedic service calls, overdose deaths, and the demand for harm reduction services, as well as findings from local research (people with lived experience of drug use, key harm reduction stakeholders, and interest groups) showed that these services are needed most in Central Kitchener and in South Cambridge. Region of Waterloo Public Health, in partnership with Sanguen Health Centre, was granted a federal exemption to operate CTS in Waterloo Region at 150 Duke Street West in Kitchener. Sanguen Health Centre is responsible for the daily operations of the site, while Public Health provides leadership, administrative support, and community engagement.

### **Are Consumption and Treatment Services supported by the federal and provincial governments?**

Supervised Consumption Services are supported by the federal government. As shared on the Government of Canada website, “consistent with the Government of Canada’s commitment to harm reduction, in May 2017, legislative changes to support the establishment of Supervised Consumption Services were made to streamline application requirements to obtain the exemption to the Controlled Drugs and Substances Act that is needed to operate a site. This is in recognition of the evidence that shows that, when properly established and maintained, Supervised Consumption Services save lives and improve health”. In the fall of 2018 Health Canada reviewed its approach to Supervised Consumption Facilities to make it easier for communities to address the immediate health crisis. Municipalities and not-for-profits can now apply for a federal exemption. No letter of support is required from the Provincial Minister of Health, however, there is no federal funding available to support consumption programs.

In October 2018, the provincial government announced the Consumption and Treatment Services program, replacing the previous Supervised Consumption Service program and

identifying additional criteria for funding. The sites need to be accessible by foot as they related to high areas of need.

**Will Consumption and Treatment Services encourage more drug use?**

No, CTS do not promote drug use. People do not start injecting drugs because of the availability of CTS. There is no evidence that harm reduction services promote drug use. Evidence shows that the majority of people who use CTS have used drugs for a long time and that the establishment of CTS does not lead to an increase in first-time drug use. Research has also found that CTS do not cause people to relapse (e.g. start using drugs after a period of abstinence) or prevent people from stopping drug use altogether.

**Would Consumption and Treatment Services increase crime in our neighbourhood?**

CTS do not contribute to more crime. They are located in neighbourhoods where there is a demonstrated need, where drug use is already having an impact on the community.