

Consumption and Treatment Services (CTS)

A HARM REDUCTION PROGRAM



Questions and Answers

What is the difference between Supervised Injection Services, Supervised Consumption Services, and Consumption and Treatment Services?

The words used to refer to Consumption and Treatment Services have changed in the time that Waterloo Region has been conducting a feasibility study of services in our community. 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 new title reflects including all methods of taking a substance and 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 are Consumption and Treatment Services?

Consumption and Treatment Services 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 purpose of Consumption and Treatment Services?

Consumption and Treatment Services are part of a larger harm reduction approach that supports health equity and health as a human right. Research has demonstrated benefits of Consumption and Treatment Services 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 Consumption and Treatment Services location with their own drugs. They will be given sterile consumption equipment and instruction on safer consumption practices. A medically trained professional will then supervise 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 will be directed to a waiting 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 at the agency or elsewhere in the community.

Are Consumption and Treatment Services legal?

Yes. In Canada, the legal operation of Consumption and Treatment Services 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 over 25 services (not including interim services) approved for exemption in Canada – 16 of which are currently operational and offering services in Canadian cities. In Ontario, four services have been approved in Toronto and three in Ottawa.

A complete list of the status of the services in Canada 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">• Serve marginalized and high risk people who inject drugs;• Decrease fatal and non-fatal overdoses;• Decrease unsafe consumption practices like syringe sharing;• Promote public order by decreasing public consumption and substance use-related litter;• Promote addiction treatment;• Be cost-effective; and,• Be successfully accepted by people who inject drugs, local residents, and the police.	<ul style="list-style-type: none">• Shift drug use to different neighbourhoods because of site location;• Increase drug injecting; and• Increase drug trafficking or crime in the surrounding area.

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 each year in Waterloo Region. There were 23 opioid related deaths in Waterloo Region in 2015. This number rose to 38 in 2016, and it is estimated there were 85 overdose deaths in 2017.
- Drug-related emergency department visits, hospital admissions have sharply increased in the last five years.
- Between January and November 2017 there were 797 opioid related paramedic service calls with a high concentration of the calls coming from Central Kitchener and South Cambridge.
- 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?

Both harm reduction programs like consumption and treatment services 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 and Long-Term Care 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.

Is Waterloo Region opening a Consumption and Treatment Service?

Region of Waterloo Public Health and Emergency Services is currently conducting a feasibility study for Consumption and Treatment Services.

Phase 1 of the study identified that Consumption and Treatment Services would serve a need in our region. It included a review of data relating to consumption drug use in the Region, overdose related deaths, overdose related emergency department visits, and opioid related paramedic service calls. The study also included broad community consultation with community residents, harm reduction service providers, people who inject drugs, and key stakeholder groups in the region. A link to the full report from Phase 1 can be found on the Public Health website or 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. If endorsed, Region of Waterloo Public Health, in partnership with Sanguen Health Centre, will apply for a federal exemption to operate Consumption and Treatment Services in Waterloo Region. Sanguen Health Centre will be responsible for the daily operations of the sites in Waterloo Region and Public Health will provide leadership, administrative support, and community engagement. The service will also be supported by our community partners in the following ways:

- Primary care support provided by Langs Community Health Centre (Cambridge location) and Kitchener Downtown Community Health Centre (Kitchener location)
- Treatment services (counselling, program navigation and access) provided by the House of Friendship
- Opioid Replacement Therapy services intake provided by the Canadian Addiction Treatment Centres (CATC) through their Towards Recovery Clinic and Ontario Addiction Treatment Centre clinics

The candidate locations for Consumption and Treatment Services in phase 2a were:

- 115 Water Street North, Kitchener
- 150 Duke Street West, Kitchener
- 149 Ainslie Street North, Cambridge (this location has since been removed from consideration)
- 150 Main Street, Cambridge

Phase 2b of the study involved development of a “Made in Waterloo Region” model through stakeholder consultation, identifying the community vision for Consumption and Treatment Services and how operations and partnership with support the vision.

Five key themes were identified for a vision for Consumption and Treatment Services in Waterloo Region:

- Safe and Inclusive Community for Everyone

- Safe Places to Live and Sleep
- Accessible and Appropriate Services
- Reduce Overdose and Overdose Deaths
- Problematic Substance Use is Seen as a Health Issue

Many services, supports and partnership were identified as being needed as part of the site operations to help realize the practical vision and the following ideas were prioritized:

- Having onsite or defined and accessible referral pathways to addiction and trauma counselling
- Having needle recovery teams in place to ensure neighbourhoods surrounding a CTS site are safe for community members
- Having onsite access or nearby access to primary care that can provide health care to complexly marginalized populations
- Having a site that is well-designed and inviting for clients where they can feel a sense of belonging
- Having access to housing supports including day-time rest spaces and onsite access or referral to supportive housing beds
- Having consumption services
- Providing services 7 days a week to increase accessibility for clients
- Staffing the site with trained personnel to assist with overdoses
- Establishing a Community Advisory Group to allow community members and services providers to guide how the site operates

Through stakeholder consultation the following common elements of a model of Consumption and Treatment Service were identified:

- Welcoming design - the philosophy of Consumption and Treatment Services should be friendly, inclusive, and non-judgemental to help clients and potential clients feel welcome. To achieve this, people with lived experience should be engaged and involved in the approach, design, and ongoing operations of a site
- Safety for clients and community - all community members, including those accessing and not accessing Consumption and Treatment Services as well as service providers, feel safe in their community. The site would contribute to this vision by being a safe place for people to use substances leading to a reduction in public drug use and incidents of “unsupervised” consumption sites, for example, use in public washrooms. Processes would be in place to ensure community member’s concerns are heard and addressed in a timely manner such as improper needle disposal, or other safety concerns
- Community support – public support that is informed by transparent operations and ongoing public education was identified as being significant to the success of Consumption and Treatment Services. The site operations should aim to forge new and sustained relationships between site staff, clients, community members, partners, and other stakeholders. This would lead to a reduction in stigma related to addiction and support of the site in the community
- Client-centred - Consumption and Treatment Services should utilize a client-centered approach which focuses on the needs of the person as opposed to the needs of a service, treats a person with dignity and respect, and involves the person in decisions about their health

- Access to services – the site should include all of the mandatory components for Consumption and Treatment Services and support access to other services that are needed through referral

The results of the vision session are being used to guide the ongoing planning for Consumption and Treatment Services in Waterloo Region

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

Phase 3 of the study planned for spring 2019, pending Regional Council approval, would provide a summary of full site assessments and if appropriate, recommendation to proceed with an application to have Consumption and Treatment Services in Waterloo Region.

Where would these services be located?

Approval to move forward with Consumption and Treatment Services has not been received. However, 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) shows that these services are needed most in Central Kitchener and in South Cambridge. It is recommended that these services be integrated within an existing health or social service agency that already provides harm reduction services to people who inject drugs, as well access and referral to other health and social services.

The proposed locations as of January 2019 are:

- 115 Water Street North, Kitchener
- 150 Duke Street West, Kitchener
- 105 Victoria Street North, Kitchener
- 150 Main Street, Cambridge

If endorsement is received from Regional Council, Public Health and Sanguen Health Centre will apply to operate Consumption and Treatment Services at one location in Kitchener and one in Cambridge.

Can we set up a site for people who use drugs in other ways like smoking or swallowing?

Services operating in Ontario have been established according to the provincial Consumption and Treatment Services program which provides funding for supervised injection. The original focus on injection is in line with research that shows injection as the riskiest form of drug use due to fast entry of the drug into the blood stream compared to other forms of consumption. Some of the recently funded services in Ontario are permitting oral drug use (swallowing) or intranasal drug use (snorting) on site as no additional site modifications are needed. This is possible because the federal exemption covers all forms of drug administration. The costs associated with accommodating safe smoking are not covered under the provincial program.

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, the new provincial government announced the Consumption and Treatment Services program, replacing the previous Supervised Consumption Service program and identifying additional criteria for funding. Existing sites must reapply to continue to be funded and communities with new applications need to submit them well in advance of April 2019. The Ministry of health and Long-Term Care has also indicated that there will be a cap of 21 sites for the province and that evidence based need will inform the number of locations per Region. The sites need to be accessible by foot as they related to high areas of need.

Why not mobile Consumption and Treatment Services?

The research from the Consumption and Treatment Services feasibility study indicated that the needs of our community would be best met by pursuing up to three Consumption and Treatment Services locations in Waterloo Region, including one each in the central areas of Kitchener and South Cambridge, as a starting point to support access for people who inject drugs and to prevent concentration of services in one area.

Service Integration and Fixed Locations

Integrated services at a fixed location were preferred over mobile services by community members who would access the site. There was also strong support for service integration within a Consumption and Treatment Service model across all respondent groups. Service integration means that these services are connected to other health and social services within the same location or close-by. This includes access to counselling and addiction treatment options, which were seen as essential by all respondents including those who use substances. Service integration is not well supported by a mobile option, as mobile services provide supervised consumption and referral but don't offer further onsite services. The need for a consistent location that aligns with use and overdose patterns, and has reliable hours was established through the study.

Federal and Provincial Applications for Consumption and Treatment Services

Legal exemption from the Federal government will be provided based on local research that demonstrates the needs of the community and that the services will be used, as per the

application requirements. Service integration is required to receive funding from the Provincial government. The status of the provincial funding program is currently pending.

Mobile Services

Existing mobile services are used for outreach to supplement fixed locations when need has been established in the community and when community members have indicated that they would access the service if offered. Integrated services at a fixed location were preferred in our community. Similarly, integrated services provide a level of anonymity in that people are not aware which service is being accessed, whereas mobile services can be stigmatizing for those accessing them. For these reasons, mobile services alone are not recommended for our community but may be explored as a supplement to fixed services where the potential benefits of this mode of service may outweigh its disadvantages (e.g. a more dispersed population of users). The main differences between fixed and mobile services are summarized below:

Fixed model	Mobile model
<ul style="list-style-type: none"> • Service integration is a key component of fixed services, including access to basic needs, social support, counselling and treatment. • Less visibility/more discreet from a client perspective as there may be multiple services offered at one location • Provide access to people from the surrounding area who need support 	<ul style="list-style-type: none"> • Limited space will limit the amount of service integration that can occur • More obvious presence of a mobile site (i.e. bus or van) • May support reaching less densely populated areas; however issues of stigma will need to be explored

Will Consumption and Treatment Services encourage more drug use?

No, Consumption and Treatment Services do not promote drug use. People do not start injecting drugs because of the availability of Consumption and Treatment Services. There is no evidence that harm reduction services promote drug use. Evidence shows that the majority of people who use Consumption and Treatment Services have used drugs for a long time and that the establishment of Consumption and Treatment Services does not lead to an increase in first-time drug use. Research has also found that Consumption and Treatment Services 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?

Consumption and Treatment Services 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.

There is considerable research on this subject. For example, in the neighbourhood around Insite in Vancouver, there has been no increase in crime and actual decreases in vehicle break-ins and thefts. Australian studies have found decreases in drug-related crime, public drug use, and loitering.

Why don't we set up Overdose Prevention Services instead?

The new provincial government's Consumption and Treatment Services program does not support Overdose Prevention Services. Existing Overdose Prevention Sites need to reapply as Consumption and Treatment Services. The federal government now allows for municipalities and not-for-profits to apply for an exemption for Overdose Prevention Services, however they do not provide funding.

Overdose Prevention Services provide an expedited response to address overdose fatalities for communities with greatest need. They are intended to be temporary measures (approvals are for three or six months) that are focused on supervised drug use and are not provision of additional supports or services beyond naloxone training and distribution. Some communities have used these services to provide an immediate response to overdoses while Consumption and Treatment Services studies are being completed. The differences between Overdose Prevention Services and Consumption and Treatment Services are described here:

Consumption and Treatment Services	Overdose Prevention Services
<ul style="list-style-type: none">• On-going health care service to address health needs of people who use substances including fatal overdose prevention	<ul style="list-style-type: none">• Temporary (three or six month) service to prevent fatal overdose only
<ul style="list-style-type: none">• Must be integrated with other services including first aid, referral to services	<ul style="list-style-type: none">• Minimal service integration required
<ul style="list-style-type: none">• Funding supports capital expenditures (renovations) and ongoing costs	<ul style="list-style-type: none">• No government funding
<ul style="list-style-type: none">• Community consultation required as part of application	<ul style="list-style-type: none">• No community consultation required beyond permission from land owner

If Consumption and Treatment Services decrease deaths, why has the number of deaths in Vancouver increased after Insite opened in 2003?

Absolute overdose deaths (death counts) are not a valid way to measure the success of Consumption and Treatment Services because they are reported:

- Out of the context of population growth
- As a count and not a rate
- Out of the context of the shifting landscape of substance use

The appropriate measure of success of Consumption and Treatment Services is the prevention and reversal of overdoses, rather than death counts.

The population of Vancouver grew by 21.5% since the opening of Insite. With such a dramatic increase in population, there would be an increase in the number of deaths.

Studies that use mortality rates (the measure that should be used given the growth in the population), rather than number of deaths, have found a decrease in mortality rates pre and post Consumption and Treatment Services implementation in Vancouver. Number of deaths may have gone up but the proportion of people dying is less.

The landscape of substance use has shifted since the opening of Insite in Vancouver and the factors that contribute to opioid addiction have changed dramatically in that time period. Data regarding deaths needs to be understood within the context of changes in availability of opioids and contamination with fentanyl that has contributed to an increase in addiction, overdose, and death.

Consumption and Treatment Services are meant to prevent deaths and save lives. The appropriate measure of success is the prevention and reversal of overdoses, not the number of deaths. Prevention and reversal of overdose are the indicators reported by services in operation, as well as number of visits and occurrence of deaths at the site. Insite has never had an overdose death since it has been in operation. And from 2015 to 2017 they have reversed over 4,500 overdoses.

Valid Insite Indicators used for reporting

Year	Overdose Interventions	Visits	Unique Visits
2015	768	263,713	6,532
2016	1,781	214,898	8,040
2017	2,151	175,464	7,301