Agence de la santé et des services sociaux de Montréal

Toward supervised injection services

Report of a feasibility study on the implementation of regional supervised injection services in Montréal

Summary report

Québec

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Richard Lessard, Carole Morissette

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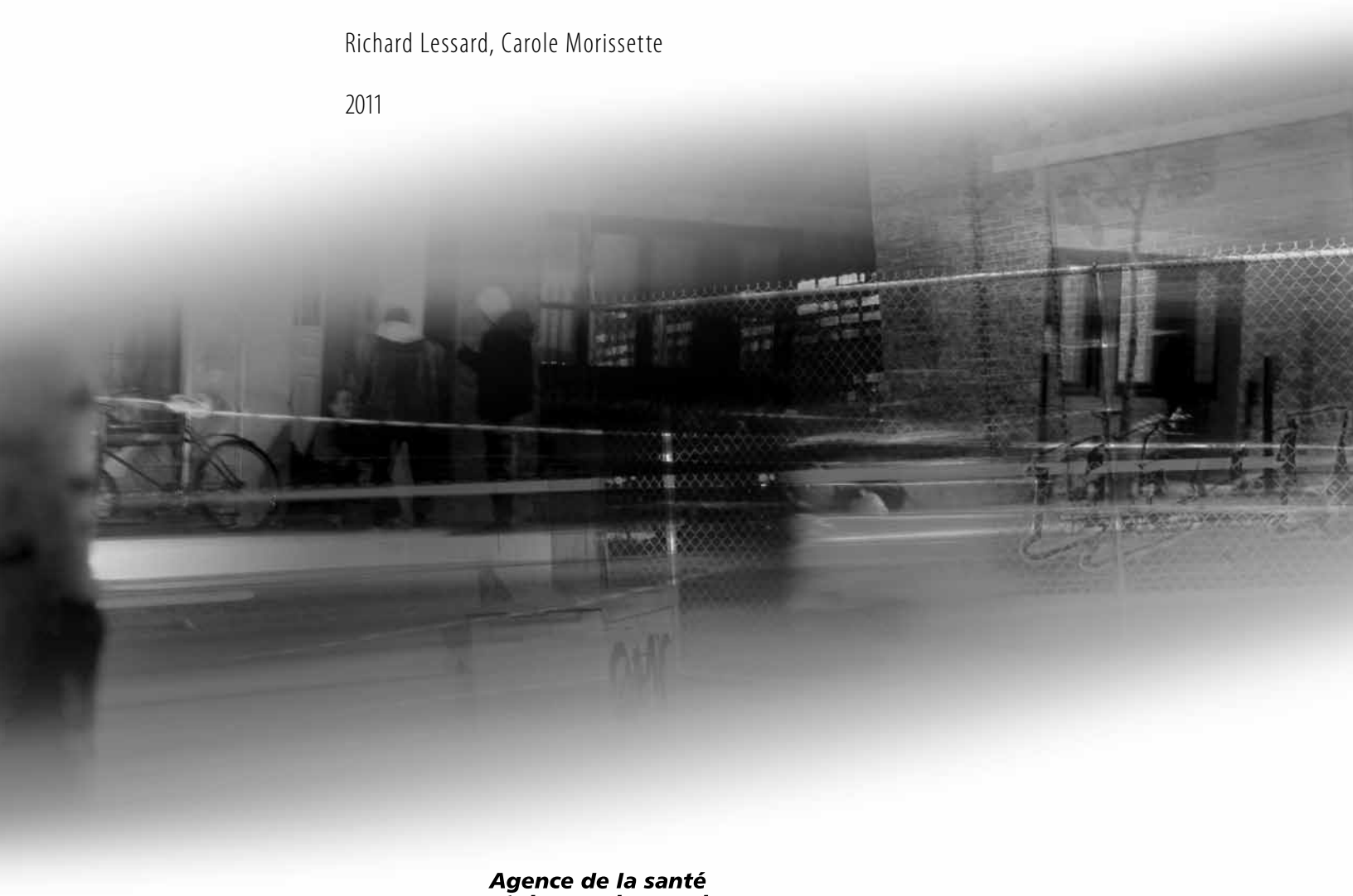

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Note

The people and organizations consulted or who participated in the study process share some of the points of view expressed here but do not necessarily endorse all statements in this report nor its conclusions. The Direction de santé publique respects their opinions and thanks these individuals for their contributions and the time they gave to the process.

A WORD FROM THE DIRECTOR

Infections caused by hepatitis C virus (HCV) and human immunodeficiency virus (HIV) are having devastating effects throughout the Island of Montréal. The consequences and complications of these viruses are very serious. These infections especially affect people who inject drugs, one of the most vulnerable groups in our society. Moreover, since 2005, deaths from drug-related overdoses have been increasing.

The situation has evolved over the past 20 years and new phenomena have emerged, such as modification and diversification of substances used for injection. Consequently, we need to review our practices and define strategies adapted to injection drug users (IDU) as well as to the new contexts. One of these strategies is the implementation of supervised injection services (SIS), which have been shown to be effective at preventing sexually transmitted and blood-borne infections (STBBI) and at harm reduction.

In December 2010, following the release of a report on the growing number of STBBI in Montréal, especially among IDU, a steering committee was setup to identify the conditions that would lead to the implementation of regional SIS in Montréal. Over the past few months, several regional and local stakeholders have been called upon to participate in working groups or consultations to identify a single or several regional services delivery models and measures to enhance social acceptability of SIS implementation. In terms of legal feasibility, the Supreme Court of Canada decision on Insite—the supervised injection facility in Vancouver—rendered on 30 September 2011, paves the way for these services to be added to programs for IDU as a medical and public health response to the health problem that is addiction and to its health risks.

This report describes the work of the various committees participating in the feasibility study, as well as the issues and conditions related to the implementation of SIS, as defined by the principal stakeholders in Montréal. It addresses several recommendations to the president and CEO of the Agence de la santé et des services sociaux de Montréal (Agence de Montréal), in particular the recommendation to go ahead with the implementation of regional SIS. Indeed, the first step would be to provide a coordinating structure for the region whose mandate would include applying for an exemption, in conformance with the criteria listed in the Supreme Court of Canada decision.

The feasibility study resulted in significant mobilization of the health and social services network and of many partners, which is an essential requisite.

By placing SIS implementation in the contexts of reducing health inequalities and social integration, in a way that complements the range of services already part of the continuum of services offered by the Agence de Montréal, we hope to improve the health of IDU and the quality of life in neighbourhoods where SIS will be located.

Director of Public Health

Richard Lessard, M.D.

Introduction

Supervised injection services (SIS) are medical and nursing services provided in response to addiction, which is a disease. In countries where these services are legal, they are offered in places where injection drug users (IDU) can inject drugs they bring in themselves in a clean and safe environment, under the supervision of qualified medical, nursing and psychosocial staff. These services complement other available services.

Two objectives

SIS have two objectives: to help prevent diseases and deaths among people who inject drugs, and to reduce social inequalities in health that affect one of society's most vulnerable groups. This is why the feasibility study was included in the regional public health action plan and, more specifically, in the strategy to fight sexually transmitted and blood-borne infections (STBBI).

Feasibility study

While awaiting the Supreme Court of Canada's decision and in response to the 2010 report of the Director of Public Health, the Agence de la santé et des services sociaux de Montréal (Agence de Montréal) embarked on a feasibility study, as mandated by the Ministère de la Santé et des Services sociaux du Québec (MSSS) in 2003. The objective of the study was to identify and evaluate the conditions that would allow SIS to be added to existing services in Montréal.

A steering committee was assigned to carry out the study. The committee was composed of representatives from health institutions and community-based organizations, public safety and municipal authorities, an IDU advocacy group, and local social development tables. Two working groups tasked with examining organizational issues and conditions for social acceptability undertook the process that led to this current report.

The Supreme Court of Canada decision

The decision rendered by the Supreme Court of Canada on 30 September 2011 confirmed the legal nature of Vancouver's Insite. This supervised injection site demonstrated that the service can save lives and improve drug users' health while having no negative effects on the neighbourhood. In Québec, the Minister of Health and Social Services has acknowledged that this decision paves the way for other similar services, under certain conditions.

Documented benefits of the service

Aside from Insite, whose results served as the basis for the Supreme Court decision, there are over 90 supervised injection sites worldwide including in several European countries, Canada and Australia. Although there are a variety of models, it is generally acknowledged that the service offers the following benefits:

- It succeeds in reaching the most marginalized, high-risk IDU.
- It helps prevent overdoses and related deaths.
- It acts as a protective factor by providing sterile injection equipment and a safe place to inject and teaching safer injection techniques, and thus contributes to reducing the human immunodeficiency virus (HIV) and hepatitis C (HCV) epidemics. It does not encourage initiation into injection.
- It helps stabilize the state of health of users by offering other services such as HIV and HCV screening, vaccination, primary care, and referral to detoxification, addiction treatment or substitution programs.
- It relieves some of the pressure on emergency services (ambulance transportation, hospitals) by fostering on-site overdose management.
- It alleviates negative impacts on public order by reducing drug use in public places as well as associated nuisances (discarded syringes, for example). It does not cause an increase in the number of drug-consumption related offences.

Why SIS in Montréal?

The reasons that justify implementing SIS in Montréal are very succinct: the epidemic of infections caused by HIV and HCV, and the excess mortality among IDU.

HIV affects a significant number of Montrealers who inject drugs and its rate of transmission is very high. Cocaine use, the drug most often injected in Montréal, is a major determinant of HIV transmission, as is sharing used needles. HCV infection is also having devastating effects: 7 in 10 IDU have been exposed to the virus and its transmission does not appear to be slowing. Few of these people receive treatment despite the availability of effective medication. The health consequences of HCV and HIV are extremely serious, even fatal.

Excess mortality among IDU has to be better documented. However, the data on hand indicate that the problem in Montréal is alarming. According to a preliminary analysis of the Coroner's data, the annual number of deaths due to overdose of injectable drugs has increased significantly, from 51 for the years 2000–2005 to 72 for the period 2006–2009. Although cocaine ranked first among drugs detected, prescription opioids seem to have contributed the most to this increase. Moreover, a Canadian study of 253 individuals co-infected with HIV and HCV, most of whom are IDU, has shown that the mortality rate in this group, whose average age is 45, is 18 times higher than in the general population; the main causes of death are overdoses and chronic liver diseases. The mortality rate in Montréal street youth aged 14 to 25 years is also higher than among other young people in this age group; suicide and overdoses are the two main causes of death.

Currently available services

The situation—aggravated by concomitant physical and mental health problems, and social problems such as homelessness, precarious socioeconomic conditions and social exclusion—requires diverse strategies. The 2010-2015 regional public health action plan includes such strategies within a continuum covering health promotion, prevention, protection and treatment of chronic diseases (HIV, HCV), drug addiction and mental health. These interventions are centred on empowerment of IDU, development of capacity to reach them and adapt services to their needs, distribution of sterile injection equipment, and reduction of discarded syringes.

Access to sterile injection equipment is central to the prevention of HIV and HCV transmission and of other health problems such as abscesses, cellulitis and endocarditis. Access to such equipment is possible mostly thanks to over 40 community-based organizations and sites in the health and social services network (RSSS) known as centres for access to sterile injection equipment (CAMSI). Currently, 28 CAMSI in 10 health and social services centre (CSSS) territories participate in the regional monitoring system; in 2010-2011, they had already recorded almost 67,000 visits. Only 5.1 % of these visits were people from outside Montréal (other cities, provinces or countries). In 2010-2011, despite the fact that visits from residents from all CSSS territories were recorded in CAMSI, the majority were residents from CSSS Jeanne-Mance (56%), Lucille-Teasdale (22%) and du Sud-Ouest–Verdun (7%).

In 2010-2011, 973,000 needles were distributed in Montréal, almost three-quarters of them in fixed sites in community CAMSI. However, to cover actual needs, 15 million needles should be distributed yearly.

Services offered in RSSS institutions and community organizations provide a solid base from which complete regional services could be delivered. Community-based organizations in particular are top-notch partners, not only because of their expertise in several areas but also because they are more likely to come into contact with the IDU clientele. Using strategies that have proved successful, such as the mobilization and participation of IDU, these organizations expend much effort to reach the most marginalized users, often in the streets and their environments. Distribution of sterile and protective equipment, health education (on topics such as risk reduction and mental health), referrals to other services, social reintegration, and advocacy are all areas of action for community-based organizations. However, despite the pertinence of existing services, it has become essential to add SIS if we are to reach our public health objectives.

Public policies concerning drugs and the harm reduction approach

Despite the evidence upon which the Supreme Court based its decision, supervised injection services are met with resistance in society, as are other harm reduction measures (substitution treatment, prescribed heroin, accessible sterile equipment). According to the Global Commission on Drug Policy, repression of users distracts from other public health measures designed to prevent HIV transmission, overdose deaths, and morbidity linked to drug use. These individuals should be treated as patients, not as criminals.

Harm reduction is a pragmatic approach that acknowledges the inevitable nature of psychoactive substance use in society and the limits of a prohibitory approach. It is based on humanistic values of tolerance and respect for human rights. In practice, the interventions and services that follow call into question individual and social values that set zero tolerance against reduction of risks associated with drug use. These values are behind such unease and raise various issues.

Issues linked to implementation of SIS in Montréal

The proposed regional service offer includes adding SIS to existing services, and guarantees to provide high quality professional and community services. It meets the requirements for management of public spaces. Overall, the regional service offer reflects the pursuit for a balance between meeting the needs of one of the most vulnerable populations which is often marginalized, and societal acceptability of this response.

In other words, the following questions emerge: Is the proposed service acceptable to the target population, or do IDU intend to use the service as defined? Are SIS acceptable to society, or can they and the community be reconciled?

1. Is the proposed service acceptable to the target population, or do IDU intend to use the service as defined?

Most IDU who were interviewed during the consultation would use SIS if they were available in Montréal. Their intentions vary significantly according to where they live most of the time and where they inject most often. The proportion of IDU who would use SIS is highest among individuals who live and inject elsewhere than in an apartment or house. In general, the rules that are set are not barriers to using the service.

A low-threshold entry requirement is one of the three main principles recognized, along with integration across a continuum of services and involvement of IDU; these elements guide the regional service offer. It supposes that barriers to service utilization by the most marginalized individuals are reduced to a minimum. By encouraging optimal service attendance, low threshold provides a way to reach out to individuals who are the most difficult to access, including those who inject in public places. This involves respecting each person's choices and pace; accepting people as they are, without passing judgement; providing an anonymous registration system; offering medical supervision of injection and nursing care to the greatest number of IDU; and, at all times, protecting the privacy of individuals and confidential information.

Moreover, many measures have been planned to foster acceptability of the service without compromising the safety of users, workers and other citizens. They comprise the following: management protocols, including for people with mental health problems, that cover collective prescriptions and service corridors to emergency services; access to other resources (e.g. detox and addiction treatment); peer involvement; safe facilities; a regulatory framework; and good management of user traffic.

2. Are SIS acceptable to society, or can they and the community be reconciled?

Two essential conditions for implementation of SIS in Montréal emerged from a series of consultations on the medical and nursing nature of these services, and on a multisite model (as opposed to single-site). Of the two conditions, site location is unquestionably the most important. Indeed, many people are concerned about a honey-pot effect, where drug traffickers and addicts are drawn to a site. Moreover, the situation in downtown Montréal is particularly problematic: poverty and homelessness hinder large revitalization projects and hamper efforts to polish the city's image. Some merchants and business leaders report that they are struggling with security problems in and around their shops or businesses. Mental health problems can cause incivility and outbursts, which have become intolerable to these individuals. Finally, injection in public places and the needles left behind are some of the nuisances that everyone would like to see eliminated; people are particularly concerned about children being exposed to such practices.

The issues that SIS raise regarding public space are not so different from those arising from programs for IDU in general. Although it is true that SIS do not eliminate criminality, homelessness or mental health problems, they do have the potential to reduce some of their manifestations. By proposing medical and nursing services and a multisite approach, SIS will be part of the continuum of diverse services offered, such as treatment of infections caused by HIV and HCV, of addiction and of mental health problems. These services rely on the experience of community-based organizations working with IDU and the expertise of health and social services in working with addiction and marginalized individuals. The Direction de santé publique de l'Agence de Montréal considers that, although they will not solve all the problems, the proposed SIS will not have negative effects on quality of life in boroughs or communities, as has been documented in several studies.

We can also count on the cooperation of Urgences-santé and the city of Montréal's police service (SPVM). When dealing with drug addiction, paramedic ambulance technicians are often confronted with individuals who refuse transportation or who do not have the capacity to give informed consent. Paramedics are of the opinion that having nurses in SIS who can follow-up with users who refuse transportation will lessen the medical problems and dangers associated with such refusals. The organization is ready to prioritize training its members on specific items and to formalize agreements regarding procedures to follow in case of complications.

For its part, the SPVM has defined certain conditions for collaboration. In short, the police service recommends cooperative coexistence among partners, that is, a balance among prevention, treatment and care, law enforcement and harm reduction. Thus, even within the legal context in which SIS would operate, the SPVM would continue to play its role in the war on drugs and in relation to people associated with criminal groups everywhere in its territory, including around potential future services. The SPVM rejects the idea of establishing zones of tolerance around the sites; in fact, the police service must respond to calls from the population, whether these calls are linked directly or indirectly with SIS users. The SPVM hopes that site workers will engage and actively participate in preventing or solving problematic situations related to cohabitation. The police is open to encouraging IDU to go to SIS to avoid their injecting in the streets. Facilitating conditions include training workers, improving relations among workers from all sectors, follow-up of service implementation, information sharing (including with citizens), improving dialogue between the various organizations and the police. The reservations expressed by the SPVM regarding SIS do not challenge the idea of users accessing services designed to help them.

Moreover, cohabitation mechanisms known to be effective and included in community programs must be maintained and strengthened. They include, for instance,

- a code of conduct (or set of rules forbidding any form of trafficking, enticement or violence on site or around SIS) which must be understood by users to ensure good neighbour relations are maintained;
- assigning a resource person responsible for communications as well as for regular rounds to pick up used needles to minimize public nuisances;
- involvement of IDU, to be encouraged in all its forms;
- collaboration involving community groups, RSSS institutions and police forces;
- social mediation based on discussions among parties (residents, businesses, institutions and IDU) to solve disputes and encourage cohabitation centred on respect of various lifestyles. "Good neighbour" committees, a mechanism known to work in social mediation, is an alternative to calling in forces of law and order.

The Director of Public Health has also suggested other coordination and follow-up measures for SIS implementation in Montréal.

Recommendations

Given the many studies conducted over the past 10 years that recommend considering implementing SIS in Montréal, the anticipated positive impacts on the HIV and HCV epidemics and on deaths due to overdose that threaten IDU, the incentive for better use of treatment services, the real potential for reducing public nuisances, and the expected absence of negative effects on public order;

given also that the current process demonstrates the legal feasibility, the capacity of community and RSSS partners to organize services in the most affected areas, the realistic nature of the conditions for social acceptability and collaboration identified by the stakeholders consulted, as well as the significant mobilization of all partners and support of the professional orders concerned;

the Director of Public Health recommends that the president and CEO of the Agence de Montréal follow up on the feasibility study and oversee the implementation of SIS in Montréal, as quickly as possible.

The recommendations can be used to formulate a regional service offer that meets public health objectives as well as quality and acceptability criteria:

- Reduce STBBI transmission and help protect the health of the population
- Prevent overdose fatalities
- Guarantee to provide high quality professional and community services
- Fulfil all the conditions for management of public space that is acceptable to all stakeholders concerned.

Recommendation 1

Implement a network of integrated SIS

The Director of Public Health recommends adding supervised injection services to existing services by creating a network of SIS that integrates RSSS services and those offered by community-based organizations that work with IDU. The complementary nature of their mandates and roles, value of their respective expertise, and their collaboration constitute the conditions required to implement such a network.

➔ *What is proposed?*

It is proposed that SIS, which would add medical and nursing services to existing services, rely on close collaboration between the RSSS and community-based organizations to significantly improve the coherence and continuity of preventive interventions. As such, the contribution of health professionals, especially physicians and nurses, is indispensable. The services would be based, on the one hand, on the mandatory presence of nurses in service locations (including community groups) and, on the other hand, on agreement protocols between the RSSS and community-based organizations and on harmonization of their approaches.

SIS implementation would put at the forefront stakeholders who have both the mandate and the expertise that would enable them to offer a service that meets professional quality standards as well as criteria that ensure accessibility to the greatest number of people requiring such a service. These stakeholders could include the following: CSSS, Médecins du monde (MDM), Centre Dollard-Cormier – Institut universitaire sur les dépendances (CDC – IUD), Centre de recherche et d'aide aux narcomanes (Cran), Centre hospitalier de l'Université de Montréal (CHUM), and community-based organizations working to prevent STBBI among IDU. These institutions and organizations will have not only to obtain the support of management and boards of directors but also of clinical administrations such as the council of physicians, dentists and pharmacists, and directors of professional and nursing services.

Recommendation 2

Adapt the service by way of fixed sites and a mobile unit

Given the evolving needs, the mobility of the clientele, the specific characteristics of the territories targeted, the clinical capacity of the teams, and social acceptability, the Director of Public Health recommends two intervention models: fixed sites and a mobile unit. The service should be adapted to the needs of the most marginalized IDU and be flexible enough to reach them.

➔ *What is proposed?*

It is proposed that the fixed sites be located in RSSS institutions and community organizations that based on an agreement with the RSSS, would integrate medical supervision of injection and nursing care into the services they already offer. The majority of these sites would mostly see people who already use their services. The mobile unit would be more appropriate for priority sectors where a fixed service could not be offered initially, due to a lack of appropriate clinical capacity or low social acceptability. The mobile unit would thus complement the

fixed sites. Its flexibility would provide many advantages: follow clienteles as they move around, supplement the service offer where demand is greatest, choose sensitive areas and sectors were no night services are available.

Territories where adding SIS is deemed a priority are evaluated according to health needs and use of existing services, projections of user traffic, preferred mechanisms for managing public spaces and existing available resources. According to current data, the territories of CSSS Jeanne-Mance, Lucille-Teasdale, du Sud-Ouest–Verdun and de la Montagne would likely be the first to be targeted.

Recommendation 3

Provide the region with a team of physicians and nurses

The Director of Public Health recommends that a regional team be set up, formed of physicians and nurses who have experience with people with addictions. The goal is to create a synergy and a development model for this practice that should be supported with tools and protocols to ensure optimal service quality.

➔ *What is proposed?*

A team dedicated solely to SIS could support the work of professionals and caregivers at the different sites and supervise nursing services. In addition, the team could help combat isolation and foster knowledge transfer. Nurses would be on site at all times in institutions or community-based organizations where SIS would be located. They would play a critical role within the local multidisciplinary team.

CSSS Jeanne-Mance could be mandated with regional clinical organization, in close partnership with physicians and nurses who have substantial experience in outreach with marginalized populations, such as professionals from the Médecins du monde team. Their respective experience in the field of addiction is particularly recognized. The new team could also provide support to other territories with less pressing needs. The mandate would require adding new resources.

Recommendation 4

Build capacity in community-based organizations

The Director of Public Health recommends that community groups working with IDU be key partners in SIS implementation.

➔ *What is proposed?*

In the prospect of adding SIS, organizations dedicated to IDU will have to set up spaces that meet safety criteria, accommodate users, guide them through the service trajectory and monitor them during the respite period. Additional human and material resources will be required, whether for reception tasks or for peer involvement; these resources would strengthen the organizations' capacity to meet expectations and play their roles properly.

Recommendation 5

Coordinate implementation of an integrated SIS network

Taking into account the results of the feasibility study and the involvement of various partners, the Director of Public Health recommends to the president and CEO of the Agence de Montréal to proceed with the work required to implement an integrated SIS network and to provide the region with a coordinating structure.

➔ *What is proposed?*

Coordinated implementation of the SIS network in Montréal should ensure regional and local cohesion as well as harmonization of the initiatives related to such implementation.

The Director of Public Health recommends that the Agence de Montréal set up a **regional coordination committee** for the implementation of the integrated SIS network. The main tasks of the committee, under the responsibility of the Agence de Montréal, would be to establish a budget for capital expenditures and operations, and to apply for an exemption from the *Controlled Drugs and Substances Act*, in conformance with the criteria listed in the Supreme Court of Canada's decision. Of course, both the funding and the exemption are essential conditions for effective implementation of the integrated SIS network. Moreover, the committee would ensure the efficient operation of the network through agreements made with the various partners and successful collaboration with the City of Montréal and the SPVM, in particular. To assist it in its tasks, the committee could also create other **working groups**, who would monitor implementation, and **local committees**, who would follow up on implementation in each targeted territory.

It is also recommended to set up an **advisory committee** formed of representatives from various sectors. The committee's mandate would be to track how implementation evolves and to advise other committees on issues pertinent to the services operating smoothly.

Finally, it is highly recommended to develop a permanent mechanism for collaboration among the SPVM, neighbourhood police stations, the City and its boroughs, and the organizations and institutions involved in the integrated SIS network.

Recommendation 6

Track the process and impacts of implementing the integrated SIS network

The Director of Public Health recommends that a surveillance and monitoring framework be put in place to track implementation. Three objectives should be met:

- Track the SIS implementation process
- Be aware of the use of SIS and user satisfaction
- Evaluate the public health and public order impacts of SIS and determine if the service meets the objectives

➔ *What is proposed?*

A first phase of implementation lasting two years is proposed for the fixed sites and mobile unit. The objective is to evaluate user traffic and satisfaction in each site where SIS are implemented and adapt service provision and organization based on attendance.

During the implementation phase, particular focus would be on the partnership among RSSS institutions and other stakeholders since the success of SIS implementation will depend on optimization of current collaborations. In this regard, processes by which users are directed to addiction treatment and mental health services should be closely followed, as should management of impacts on the community.

Quantitative and qualitative methods could be used to track the implementation process, evaluate user satisfaction, document partnership agreements, record obstacles and complaints emanating from the community as well as solutions considered. A surveillance and monitoring framework should be developed in conjunction with several partners; the results, shared with the various committees, could primarily serve to support the coordination committee's implementation mandate.

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