Corporation of the City of Cambridge
Special Council Meeting
No. 6 - 18

Monday, March 26, 2018
Historic City Hall - 46 Dickson Street
7:00 p.m.
Closed Session at 6:00 p.m. – Cambridge Room
AGENDA

Meeting Called to Order

Consideration of Matters in Closed Session

Recommendation

THAT in accordance with Section s.239 (2) (c) of the *Municipal Act*, 2001, Council convene in Closed Session to consider the following subject matter:

1) A proposed or pending acquisition or disposition of land by the municipality (property in Ward 4).

Council to Rise from Closed Session

Recommendation

THAT Council reconvene in open session.

Disclosure of Interest

Presentation

1. Councillor Mann and Councillor Monteiro, re: item 1, Supervised Injection Services – Review of Canadian Sites

Delegations

1. Hsiu-Li Wang, Associate Medical Officer of Health & Karen Quigley-Hobbs, Director of Infectious Diseases, Dental and Sexual Health, Region of Waterloo, re: item 1, Supervised Injection Services – Review of Canadian Sites

2. Dan Clements, For a Better Cambridge, re: item 1, Supervised Injection Services – Review of Canadian Sites

3. Tara Mondou, re: item 1, Supervised Injection Services – Review of Canadian Sites

Reports

Office of the City Manager

1. Supervised Injection Services – Review of Canadian Sites PP. 3-32

   Recommendation

   THAT report 18-014(OCM), re: Supervised Injection Services – Review of Canadian Sites – be approved;

   AND THAT report 18-014(OCM) be forwarded to the Region of Waterloo as feedback related to report PHE-IDS-18-04 – Waterloo Region Supervised Injection Services Feasibility Study – Findings from Phase 1 (February 27, 2018 Community Services Committee).

Report from Closed Session

Confirmatory By-law

35-18 - Being a by-law of the Corporation of the City of Cambridge to confirm the proceedings of the Council of the Corporation of the City of Cambridge at its special meeting held the 26th day of March, 2018.

PASSED AND ENACTED this 26th day of March, 2018.

Close of Meeting

To:	COUNCIL	Meeting Date: 3/26/18
Subject:	Supervised Injection Services- Review of Canadian Sites	Report No: 18-014(OCM)
From:	Councillor Mike Mann Councillor Frank Monteiro Brooke Lambert, Director of Corporate Strategy Cheryl Zahnleiter, Internal Auditor Dennis Purcell, Chief Building Official Susanne Hiller, Director of Communications	File No: NA

RECOMMENDATION(S)

THAT report 18-014(OCM), Supervised Injection Services – Review of Canadian Sites, be received for information;

And THAT, the report be forwarded to the Region of Waterloo as feedback related to report PHE-IDS-18-04 - Waterloo Region Supervised Injection Services Feasibility Study – Findings from Phase 1 (February 27, 2018. Community Services Committee).

EXECUTIVE SUMMARY

Purpose

- Recognizing that the provision of health services lies within the jurisdiction of the Regional Board of Health (Region of Waterloo), the purpose of this report is to inform City Council of the findings of an internal review conducted on six Supervised Injection Services sites across Canada.
- This report does not take a position on whether or not supervised injection services should be implemented in Cambridge – rather it outlines the key

themes and findings of the review.

- This report identifies key considerations as well as possible mitigation strategies related to potential concerns that may be expressed by the community.
- This report has been prepared as information for City Council in advance of a decision by the Region of Waterloo Community Services Committee related to the Supervised Injection Services Feasibility Study.

Key Findings

- Communities across Canada are dealing with the opioid crisis and problematic drug use – there are many best practices that can be shared and that can inform the local response in Cambridge.
- Supervised Injection Services is one health services tool that is being explored by many communities. It is a controversial topic with the need for a broad community dialogue that looks both at needs of the clients and the needs of the surrounding community.
- Ongoing communication, education and strong partnerships are key to developing mitigation strategies that address the concerns of the community where SIS is implemented.
- If the Region proceeds to the next stage in the Feasibility Study, it is suggested that they work with the municipalities to establish location criteria and further consult with the City and surrounding community with respect to the identification and review of potential location options.

Financial Implications

- There are no financial implications associated with this report.

BACKGROUND

Over the past several years communities across Canada have begun to collectively voice their concerns surrounding the harmful impacts of opioid use. Increasing rates of death associated with substances containing fentanyl have led to a concerted effort federally, provincially and locally to address the key elements of this public health emergency.[1] Evidence suggests there has been a steady increase in opioid-related harms in Ontario for more than a decade. Since 2003, the number of deaths has increased 136 per cent; more than 850 Ontarians died from opioid-related causes in

[1] https://news.ontario.ca/mohltc/en/2017/12/taking-action-to-prevent-opioid-addiction-and-overdose-1.html

2016.[2] In 2017, from January – October, there were 1,053 opioid related deaths, compared with 694 in the same time period in 2016. [3]

In August of 2017, Cambridge Mayor Doug Craig brought together a cross-section of community stakeholders to initiate the development of a coordinated local response to the emerging crisis surrounding opioid use. The development of the "Community Outreach Task Force" was a pivotal decision to both acknowledge the impact this crisis was having as well as mobilize the various partners needed to effectively address it. In Waterloo Region, 2017 saw 71 fatal suspected overdose deaths – 29 of them in Cambridge.[4,5]

As part of this effort, the City committed to:

- Build on the existing foundations and initiatives in place;
- Create strong linkages among the various community assistance organizations and support each other in their various roles;
- Develop and promote a collective approach to address the complex challenges associated with the issues at hand.

Given the wide-spread nature of the opioid crisis and the complexity of the social and health issues surrounding it, one of the key challenges is the review and implementation of potential interventions (strategies, policies and programs) that can make a meaningful difference.

In Waterloo Region, a collaborative response has been coordinated by a number of partners as part of the Waterloo Region Integrated Drugs Strategy.[6] The strategy, developed by a 26-member Task Force of the Waterloo Region Crime Prevention Council in consultation with more than 300 citizens and service providers, draws on a framework that incorporates 5 approaches across 99 recommendations. The recommendations, spanning public education, health care, and government policy, are intended to have positive health, social, and financial outcomes.

The 4 Pillars of the WRIDS are:

- Harm Reduction;
- Prevention;

[2] Opioid-related mobidity and mortality in Ontario. Interactive Opioid Monitoring Tool. Province of Ontario. http://www.publichealthontario.ca/en/DataAndAnalytics/Pages/Opioid.aspx

[3] New data show spike in Ontario opioid deaths in 2017. Globe and Mail. March 7. https://www.theglobeandmail.com/news/national/new-data-show-spike-in-ontario-opioid-deaths-in-2017/article38233469/

[4] Waterloo Region Overdose Bulletin #4. http://www.waterlooregiondrugstrategy.ca/wp-content/uploads/2018/02/DOCS_ADMIN-2602710-v2-Waterloo_Region_Overdose_Bulletin_-_January_2018-1.pdf

[5] Regional Police release report on overdoses and deaths in 2017. 570 News. January 12, 2018. http://www.570news.com/2018/01/12/regional-police-release-report-overdoses-deaths-2017/

[6] http://www.waterlooregiondrugstrategy.ca

- Recovery and Rehabilitation; and
- Enforcement and Justice.[7]

On June 6th, 2017, Community Service Committee of Regional Council endorsed a recommendation to explore the need for **supervised injection services** as one component of a comprehensive harm reduction strategy for Waterloo Region. This would form part of the broader WRIDS implementation (see Regional Report PHE-ID-18-04). The first phase of this exploration was to conduct a feasibility study, to determine whether there was a need for supervised injection services in the Region.

A working group was also created to assist Public Health in the completion of the feasibility study. This working group included public health staff, harm reduction services providers, community service providers, housing representatives, Waterloo Regional Police Services and members of the community with lived experience.[8]

What are supervised injection services (SIS)?

Supervised injection services (SIS) provide a safe and clean environment for people to use their own drugs under the care of trained staff. Currently there are over 90 supervised injection service locations operating worldwide in the Netherlands, Germany, Switzerland, France, Spain, Luxembourg, Denmark, Norway, Australia, and Canada, including Vancouver but most recently in Ottawa and Toronto.[9]

Supervised injection services are being considered by the Region because research shows they:

- Prevent fatal overdoses;
- Facilitate access to treatment, recovery and other health and social services;
- Reduce sharing of needles and the spread of blood-borne infections; and
- Reduce drug use and improper disposal of needles in public places.

Waterloo Region Supervised Injection Services Feasibility Study

Over the Fall of 2017, the Region of Waterloo conducted a feasibility study including a broad cross-section of stakeholders in the community (through a community service, consultation sessions and focus groups). The preliminary results of this study were resented to the Community Services Committee of Regional Council on February 27th.[10]

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[7] The fifth principle is integration.

[8] Waterloo Region Supervised Injection Services Feasibility Study – Findings from Phase 1. PHE-IDS-18-04. February 27, 2018. Community Services Committee.

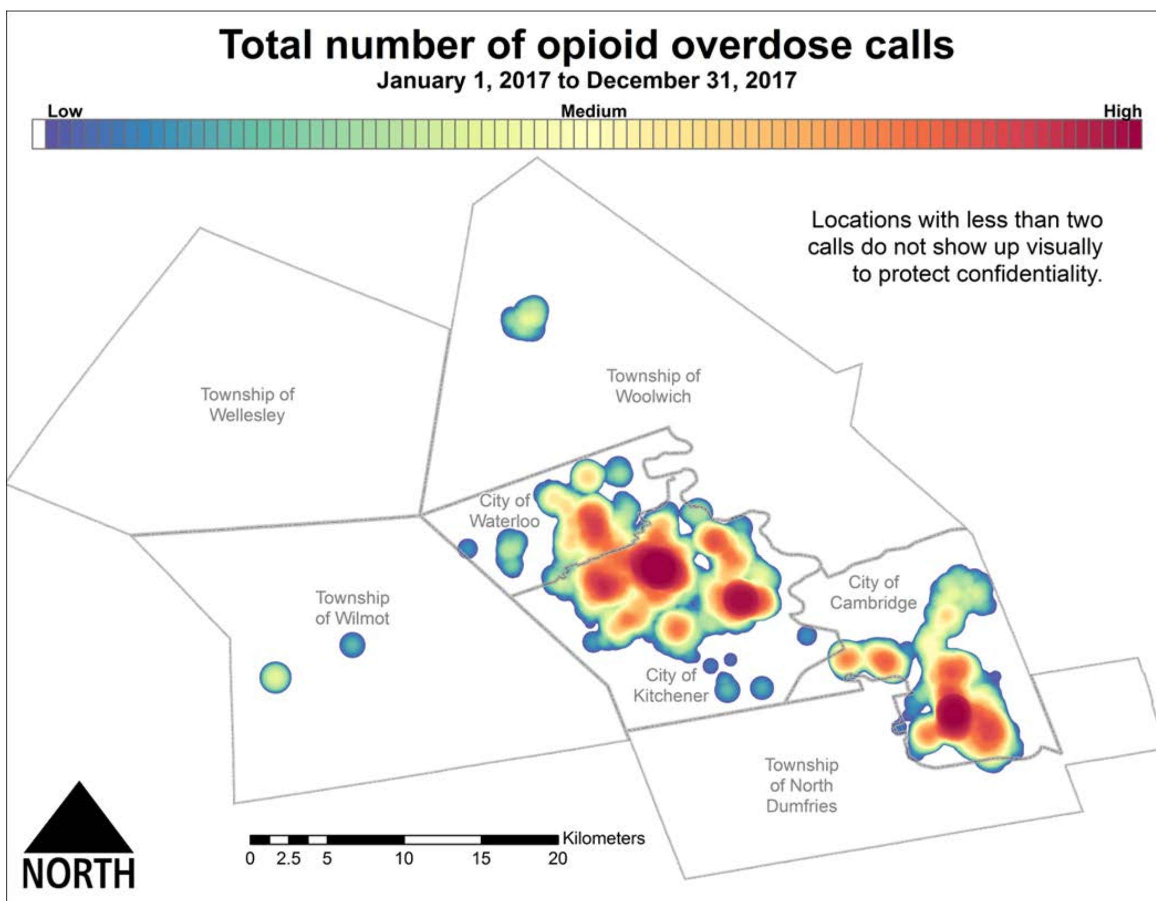
[9] More information can be found on the Waterloo Region Integrated Drugs Strategy website: www.waterlooregiondrugstrategy.ca.

[10] Waterloo Region Supervised Injection Services Feasibility Study – Findings from Phase 1. PHE-IDS-18-04. February 27, 2018. Community Services Committee.

Some of the key findings included:

- An estimated 4,000 people in Waterloo Region inject drugs;
- Half of respondents inject drugs daily and 75.6 reported injecting publically in the last six months;
- The most commonly reported reason for public drug use was homelessness;
- Injecting is happening most often in central Kitchener and south Cambridge;
- 78.6% people reported injecting drugs alone, increasing risk of fatal overdose across the community;
- Crystal methamphetamines and hydromorphone use are the most common;
- Most respondents (78%) believed they had taken a drug that was cut with another substance and 40 % reported they were trying to use crystal methamphetamines at the time;
- 39% had overdosed and half had administered naloxone to someone who was overdosing;
- Most people who inject drugs (86.3 %) said that they would use or might use supervised injection services if they were available in Waterloo Region.

Figure 1 – Total number of opioid overdose calls[11]



[11] Source: Update on Opioid Data. Region of Waterloo Community Services Committee. March 20, 2018.

Paramedic Services responded to 795 opioid-related calls in 2017, up from 197 calls in 2015. This represents a 303.6 per cent increase in the number of opioid related overdose calls in Waterloo Region between 2015 and 2017. Figure 1 shows that while opioid related overdose calls are received from across the Region (although locations with less than 2 calls do not show up visually to protect confidentiality), there were more calls from Central Kitchener and South Cambridge, compared to other areas. [12]

Based on the findings of the first phase of the feasibility study, it was recommended that the Region:

- Further pursue supervised injection services as an intervention to prevent fatal opioid overdoses;
- Further pursue the integration of these services with other health care and social services;
- Look at implementation of three supervised injection services in Waterloo Region as a starting point to support access for people who inject drugs and to prevent concentration of services in one area:
  - Two supervised injection services – in Central Kitchener and one in South Cambridge; and
  - A third supervised injection service site location or type (potentially mobile).

Following the presentation of this report, the Regional Community Services Committee committed to undertake additional public consultation in advance of any decision for further investigation of supervised injection services within the region.

City of Cambridge – Supervised Injection Services Fact Finding

Recognizing that the provision of health services lies within the jurisdiction of the Regional Board of Health (Region of Waterloo), there has nevertheless been considerable dialogue and debate concerning the need for supervised injection services locally. Several questions and concerns related to broader community impacts have been identified by residents, the business community and other stakeholders in the City of Cambridge. In response to this, Mayor Craig requested that members of Council and staff work together to gather additional information from communities in which these sites have been implemented.

It was determined that hearing directly from those currently operating a site as well as partner agencies and neighbourhoods would be a valuable resource.

[12] Waterloo Region Supervised Injection Services Feasibility Study – Findings from Phase 1. PHE-IDS-18-04. February 27, 2018. Community Services Committee.

As such, site visits to the following SIS locations were conducted:

- The Works - Toronto, ON (January 25, 2018)
- Ottawa Public Health SIS - Ottawa, ON (March 2, 2018)
- Cactus - Montreal, QC (March 5, 2018)[13]
- London Temporary Overdose Prevention Site, London (March 9, 2018)

In addition, conference calls were held for the following sites in British Columbia:

- Insite - Vancouver, BC (February 6, 2018)
- Mobile Vehicle - Kamloops, BC (February 7, 2018)

Councillors Mann and Monteiro participated in each of the site visits and conference calls, in addition to city and regional staff. The site visits and calls were focused on gaining a better understanding of the following issues:

- What does an SIS look like? What does it include and how can it be operated?
- How does an SIS site fit within the broader harm prevention/reduction approach? What is its objective/purpose?
- What is the impact to the people in the neighbourhood? Residents, Business Improvement Areas ("pre" and "post" implementation)?
- What are the implications for law-enforcement, crime and neighbourhood security?
- What has been the impact in terms of needle debris and loitering outside the site.

For more information on the discussion questions, please see Attachment 1.

Findings

Over the course of five weeks, members of council and city and regional staff met with or had discussions with six municipalities that have implemented SIS in their communities. Insights from a range of stakeholders were shared, including, public health officials, front-line service providers, emergency service providers, law-enforcement, municipal staff, political representatives and representatives from the surrounding business community.

This report includes the following information for consideration:

- A high level description of the operations for each site and different models;
- A summary of the key themes identified throughout all of the discussions, including: potential community impacts, lessons learned and best practices; and
- A review and analysis of all the findings to inform some key considerations related to the broader community discussion.

[13] Also has a mobile site "L'Anonyme".

SIS Operations Overview

A review of several different SIS models was undertaken – all of which would be considered “sanctioned” under federal and provincial legislation. This included permanent and temporary sites, as well as “mobile” operations. It should be noted that an informal visit was made to the site of one unsanctioned “pop-up” site located in Moss Park in Toronto. This visit was not part of the official review, although several observations were made within the context of this broader discussion.

As part of their own review, Ottawa Public Health prepared a “Comparison of three Supervised Consumption Service (SCS) models”. This document provides an overview of the benefits, consideration and successes & cost analysis for the three primary “sanctioned” models:

- Fixed-Integrated within existing health services;
- Fixed-Specialized stand-alone services; and
- Mobile.

For more information, please see Attachment 2.

How does an SIS site really operate?

One of the main questions that this review was intended to address is to understand how an SIS works from an operational perspective.

The general process common to all of the sites that were visited is as follows:

- Client goes through an anonymous intake process;
- Client waits in a waiting area until a station is available;
- When a station is available, the client is invited into a different room that is outfitted with mirrored stations;
- Clean needles and associated items for injections are made available to reduce the transmission of blood-borne diseases;
- Client sits at the station and is overseen by a health care professional (and possibly a social or peer worker) while he or she injects the substance that he or she has brought with him or her;
- Information on and assistance with treatment options are available;
- Basic health care services, particularly wound care and STI testing, are also available;
- When the client has completed the injection, he or she is then led into a “chill” space where he or she may rest. In some facilities, water and food items may also be available, as well as peer workers to build and establish relationships; and
- Client leaves at his or her own discretion.

While all of the sites visited were somewhat different and tailored to their own specific context, there were several common elements of note:

- **SIS sites are health care sites.** SIS sites operate similar to a walk-in medical clinic. Professional staff are on hand (both medical, social workers and peers), and sterile equipment and facilities are provided. Care is client-led and anonymous (ensured by unique client codes). Efforts are made to ensure that the design and flow of the site are suitable to the needs of the clients and staff working there. This includes the waiting area, in-take space, injection room and aftercare or "chill" space. It also includes controlled access, security measures, sight lines and clear protocols and procedures. Operating hours are also tailored to the unique needs (not usually a 9 – 5 operation). If there are multiple sites in an area they will often work together to ensure as much coverage as possible. The mobile option can be a good way to augment service from fixed sites – for example operating "on-demand" when the fixed site is not open.

- **Services meet clients where they are in their individual journey.** The basic premise of SIS is offering a safe, non-judgmental space where people know they can get help if they want it.[14] While each team approaches the relationship building process in a different way, the underlying philosophy is respect for the individual and their right to personal autonomy. There is a focus on helping clients "stabilize", thus allowing them to consider possible treatment options. Clients bring their own drugs and inject themselves (in all but the London temporary site, where couples are allowed to use together). Further, there is an understanding of the stigma surrounding drug use and how past interactions with institutional services may influence how people interact with the system. Efforts are made to make people know they are welcome and valued – and information gathered from the clients themselves can be important to identify trends and dangers related to specific substances as they arrive on the streets.

- **SIS is often integrated with other services and supports.** Best practices suggest that SIS be integrated as much as possible with other medical, harm reduction, and social services – creating a "wrap-around" approach. This includes things like existing needle syringe programs, methadone clinics, sexually transmitted infection (STI) testing, wound care, solution-based counselling, outreach services and emergency care diversion.[15] Out of the six sites surveyed, all had implemented the service in a way that would allow for as

[14] In Ottawa, an evaluation of the Interim OPH SIS site indicated that 97 % of surveyed clients reported that they find that they inject in public or alone less often.

[15] In Ottawa, this is called the "Targeted Emergency Diversion (TED)" program. Operated at the SIS location adjacent to the Shepherds of Good Homeless Shelter.

much integration as possible. Even the temporary London site, even though technically not required, adhered to this standard with wrap-around services. This ensured that the referral path and access to treatment could be streamlined and fast-tracked. For example, in Montreal, it was noted that two treatment beds are reserved for people who decide to seek treatment while visiting the SIS (at all times).

- **SIS is just one part of the overall drug strategy.** While an SIS can be an important tool to address the immediate crisis facing a community with respect to unintentional overdose and death, it is not a solution in itself. Each of the communities stressed that a responsive, coordinated, integrated and adequately resourced suite of treatment and rehabilitation options needs to co-exist. Several sites also stressed that the SIS would ideally located throughout communities in a more dispersed and decentralized manner – one site is rarely adequate to meet the needs.

- **Decentralization and multiple locations of services**. Several sites also stressed that SIS services would ideally be located throughout communities in a more dispersed, multi-location and decentralized manner – one site is rarely adequate to meet the needs. For example, in Vancouver there are now 5 other sites to work serve different populations (one women only site). In addition, several locations (Montreal, Toronto and Vancouver) spoke of the use or suggested use of mobile sites as a complement to the fixed sites as a way of reaching people in areas not directly served. This is in contrast to the use of a mobile site (Kamloops) as the only option, where operational challenges and the vehicle's "symbolic" presence may have increased stigma, therefore reducing attractiveness on the part of the client.

- **There is no "red zone" related to police enforcement.** While it seems to be a common perception that Police Services do not enforce the law within a specified radius of SIS, this is in fact not true in the places reviewed. Rather, police work with the SIS and the community to enforce the law as required, while maintaining discretion with respect to the people who are using drugs. Focus is placed on the supply side related to illegal substances and enforcement of other criminal activities. Partnership and communication is an important part of this relationship. In London, for example, clients are asked directly to be respectful in terms of refraining from drug activity outside the site or from being disruptive to neighbours.

A summary of the respective operations is provided in Attachment 3.

Community Impact and Discussion - Key Themes

In addition to the operational considerations noted above, several consistent themes related to the broader community emerged from the various stakeholder discussions. These themes have been summarized below:

- **Responding to the opioid crisis – saving lives.** The opioid crisis has a significant impact on communities across Canada. Increasing numbers of overdoses and deaths combined with a rise in visible social challenges (for example, homelessness, poverty and mental health) has initiated debate and action at various levels of government. In many respects, the challenges are the same ones that have been identified in the City of Cambridge – including needle debris, problematic drug use and undesired social behaviour in core areas. It is also evident that the discussion surrounding SIS is part of a complex response that many communities are currently considering. Ultimately, each of the communities highlighted the fundamental rationale for SIS as a tool to address the existing health crisis – a means for saving lives first.

- **Significant community interest & advocacy.** The implementation of SIS is not a clear-cut decision. All of the communities we spoke to indicated that there is a high level of interest, passion, varying perspectives and a willingness to mobilize both "for" and "against" SIS. It was also acknowledged that the issues are complex and challenging. While drug use is common within many communities, it is often hidden and does not reach the profile that the current crisis has generated. While various harm reduction practices had been operating for many decades in existing locations (such as provincially mandated needle syringe programs), the rise in needle debris and discussions around SIS have led to increased scrutiny of existing and proposed services, especially in the neighbourhood context. Alternatively, the crisis has also motivated individuals or groups to seek the creation of harm reduction strategies in the form of "unsanctioned injection sites" if it was felt that the "sanctioned" options were not being pursued quickly enough.

- **Education and consultation.** Every community that has implemented SIS has done so in a context of extensive education and consultation with key stakeholder groups, including residents, businesses and the community at large. A variety of proactive approaches were used, both at the initial "feasibility" or background study stages and as part of the actual implementation, including once the site was opened. Some strategies included:

- The Creation of an Advisory Committee in the vicinity of the SIS (including businesses, neighbourhood associations, municipalities and other partners);
- Presentations to Council, municipal government, community groups and agencies (e.g. local school boards);
- Strong relationships with BIAs and immediate neighbours;
- Community forums, open houses, town halls and tours of the SIS; and
- Ongoing media availability and on-line resources.

- **Creating partnerships.** The implementation of SIS in the communities has been enabled by the creation of strong partnerships between a variety of agencies and key stakeholders. Each of the communities emphasized the need for early and ongoing dialogue among the partners. This includes public health, the municipalities, law enforcement, and service providers. Once decisions to move forward were made, many stated that strong political leadership was critical. In many cases, the foundations for these partnerships were laid during the years previous through preliminary work. For example, Ottawa Public Health had begun feasibility work in 2016 but was still in the process of working towards an application for a permanent SIS site. When a partner organization called the Sandy Hill Community Health Centre received its approval, Ottawa Public Health worked with them under their exemption to open an "Interim" permanent site on Clarence St. It was a common theme that the opioid crisis experienced throughout 2017 hastened the implementation of sites throughout Ontario and in smaller communities like Kamloops, BC.

- **Mitigating concerns.** In each of the communities surveyed, there was recognition of the significant community concerns expressed around the issues of public substance use, impact to business, needle debris, and homelessness, concentration of crime and lack of security. Interestingly, while these challenges had existed in neighbourhoods before the implementation of SIS, there was a heightened concern that these issues would increase in magnitude with the introduction of SIS. As a result, communication with the surrounding neighbourhoods and clearly demonstrating the mitigation measures in relation to specific concerns was a critical component (needle debris sweeps, security, fast-tracked rehab options).Further, partnerships were again employed to develop some of the mitigation solutions employed (such as the various approaches to needle clean-up employed by sites, public health, municipalities and agencies).[16]

[16] This includes the peer outreach models employed by Ottawa and Vancouver (Needle Hunters and Spikes on Bikes, respectively) and the proactive clean-ups done by the Yonge BIA and City of Toronto.

- **Measuring impact.** An important element is the ability to understand the impact of the SIS both from the health perspective (lives saved) but also how the implementation has impacted the community. As such, communities commented on the prevalence of drug use and associated challenges in certain areas before the sites were developed – in many cases this is why certain locations were chosen. The need to collect a range of data (on crime rates, drug usage, overdose and other impacts) and evaluate changes over time is key. Communities are doing this in different ways, looking at indicators such as number of needles found around sites, and even door to door surveys with residents following the SIS opening (in Ottawa). It was strongly recommended that this be a part of the conversation from the outset.

Considerations for the Local Context

With the presentation of Phase 1 of the SIS Feasibility Study to the Community Services Committee in February, there is now an opportunity for additional engagement and dialogue. Local evidence demonstrates that Cambridge, like many communities across the country, is in the midst of a significant health crisis.

Further, as communities consider permanent "sanctioned" sites, it should be noted that the option for the implementation of temporary sites – both "sanctioned" and "un-sanctioned" exists.

Overdose Prevention Sites

On December 7, 2017, the Federal Minister of Health issued a statement announcing that the Ministry of Health and Long-Term Care had been granted a request for a class exemption to the Controlled Drugs and Substances Act that would allow the province to approve applications for temporary overdose prevention facilities. The goal of the Overdose Prevention Program is "to prevent overdose and overdose death by establishing time limited sites that offer only core overdose prevention services". The facilities are stated to be "one step in what has been and will continue to be a concerted and urgent [provincial] response to this [opioid] crisis".[17]

Following this, the Province of Ontario announced new funding provisions for temporary "sanctioned" services (Overdose Prevention Sites). Overdose Prevention Sites are also locations where a person can use drugs under the supervision of a health care, social worker or peer worker. However, they are different from SIS in that:

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[17] Provincial Announcement on Overdose Prevention Sites. Report PHE-IDS-18-01. Community Services Committee. January 9, 2018.

- They are considered to be temporary (3 – 6 months), subject to the possibility for extensions;[18]
- They do have more flexibility (for example – oral consumption is allowed, not just injection);
- Service integration is not included in Overdose Preventions Sites, though communities like London, chose to integrate services as much as possible through innovative partner arrangements;
- The application process is much shorter than SIS applications, and the consultation requirements are significantly reduced; and
- Applications for these sites may be made by agencies or partners who are already serving the drug-using population and the Ministry of Health has committed to very short turn-around times (14 days) with a 4 day period for municipal comment. **Municipal approval, either at the lower-or upper-tier level, is not required.**

Funding for the Overdose Preventions Sites is shot-term to address immediate need during the time when a community may be considering implementing the permanent SIS (although this is not a requirement).

Further, this funding is separate from the funding for ongoing or permanent Supervised Injection Services. As a result, there is still the need to establish a longer-term solution to meet demand when the temporary funding ends. One benefit of a temporary site that is established first is that it would give a community a chance to assess the impact and effectiveness over a short-term period. Information gathered from a temporary site would be useful in informing a future SIS site, should one be established.

For example, in London, the sites saw over 400 visits in the first three weeks of operation, and reported that there have been few complaints due to the proactive mitigation plan. Recently, the City of Guelph announced the opening of a temporary Overdose Prevention Site for a six month period.[19]

Unsanctioned Overdose Prevention Sites

In addition to the possible implementation of Overdose Prevention Sites, communities must also be aware of the potential for advocates to implement “un-sanctioned” sites. These have been implemented in Ottawa and Toronto (for example Moss Park), are often run by peers and volunteers, with the expressed aim of saving lives in the absence of other options. While sanctioned sites have now been opened in Toronto, Moss Park continues to operate in an area where drug use and debris has historically

[18] Evidence of municipal/and or community support may be required to receive an extension.
[19] 6 Month overdose prevention site to open in Guelph. CTV News Kitchener. Tuesday March 13, 2018.

been prevalent.[20] Given these sites are initiated and operated independently, municipal authorities have little advanced notice they may be planned in an area – and they do not operate under any regulatory framework. Consequently, it may be beneficial for a regional discussion on the potential implementation of all the temporary options (sanctioned and unsanctioned) for overdose prevention in order to bring the partners together and ensure the broader engagement of the community as part of the process.

Moving forward

Based on the survey of several communities where implementation of SIS has occurred, it is suggested that the following be considered by the Region and/or any partner agencies if there is a decision to move forward with the review of SIS options within Waterloo Region and Cambridge. This would include the review of where SIS could be located and how it would be implemented.

- **Increased community consultation & education.** Consultation and education is one of the most important elements related to the discussion around supervised injection sites but also drug use more broadly. Several approaches should be considered, including:
  - Holding facilitated discussions that present SIS within the context of the broader harm reduction and treatment strategies offered locally and help to identify the specific concerns and potential mitigation strategies;
  - Establishing ongoing forums for community partners to provide feedback, advise, and develop mitigation strategies related to the implementation of SIS in a specific location. This could include the establishment of an Advisory Committee as contemplated or open neighbourhood meetings as in Montreal. Tours of the location were an especially helpful strategy employed elsewhere;
  - Specific education related to the types of drug use that is prevalent within the community – for example, understanding the different impacts of opioid use vs. substances like crystal methamphetamines (use patterns and behaviour);
  - Expansion of the targeted prevention education programs aimed at youth and their parents. Partnerships between the schools, community recreation sites, and neighbourhood associations could be helpful in this regard; and

[20] Cambridge Councillors and staff informally visited Moss Park on the morning of January 26, 2018 as part of the review of the Toronto context. Observations suggest that there is less of a focus on cleaning-up needle debris in the area, than exists near the sanctioned site "The Works" in Yonge and Dundas Square.

- Targeted education with local businesses – specifically related to the services available for those who are street involved, understanding drug use and behavioural impacts, recognizing overdose, de-escalation training as well as whom to call in difficult situations.

- **Establishment of location criteria and consultation with the city regarding potential location options.** The consistent message from the communities surveyed is that location is key. Both from the perspective of ensuring the site achieves its healthcare/service objectives – and that the impacts are considered and balanced from the neighbourhood perspective. In London and Toronto, the BIAs have been generally supportive, but both stressed that the establishment of criteria and more of an opportunity to participate in the discussion of options would be beneficial. Further, there needs to be an understanding of the community vision for an area – and a realistic acknowledgement of challenges that exist (outside of the implementation of the SIS).[21] If the Region proceeds to the next stage in the Feasibility Study, it is suggested that they work with the municipalities to establish location criteria and further consult with respect to the identification and review of potential location options.

- **Understanding the neighbourhood context**. Before any decisions on locations are made, it is suggested that the partners conduct a full analysis of the following land-uses and services with-in a 500 meter radius (general 5-10 minute walk) of the proposed SIS locations. This would include:
  - Location of other social services and supports in the area;
  - Location of sensitive uses (schools, day-cares, etc.);
  - Location of public spaces and other community gathering places and the extent to which areas support special events and other public programming;
  - Understanding of the residential character and population and density of the area (existing and planned), including type of housing stock (affordable, market rate, single family or multi-residential);
  - Understanding the commercial character of the area (existing and planned), including types of businesses, times of operation, and other considerations; and
  - Location of transit services and key routes (inter-city, regional, etc).

- **Identification of community concerns and a clear mitigation plan.** As part of the discussions, there was several common concerns expressed associated with

[21] It was noted that the social challenges and problematic drug use often exist in a neighbourhood before the implementation of SIS. Hence the SIS is more of a symptom, than a cause - meaning other strategies continue to be required to address negative impacts like needle debris, criminal activity or behavioural issues.

the implementation of SIS. These concerns and possible mitigation strategies are noted below:

- **A concern that SIS would attract drug use and increase criminal activity.** To address these concerns, strong relationships need to exist between law enforcement and the community in which SIS operates. Neighbourhoods should not become "red-zones" where criminal activity exists unchecked. Rather, discretion should be used by law enforcement to deal with crime, while at the same time supporting those using drugs to do so in a more safe environment (and not in public) where they can still access help if they choose to. Further, the implementation of proactive needle recovery programs (by public health authorities, municipalities, partner agencies and the SIS themselves) is seen to be an effective way to address the issue of improper needle disposal.

- **A concern that neighbourhoods will become stigmatized and that there will be impacts to investment.** Often SIS is implemented where challenges already exist. That said, several of the sites noted that they would like to SIS part of a broader community-wide approach to healthcare, making it more widely accessible to people who inject drugs throughout the community. In fact, many sites spoke of the difficulty of servicing people using "behind closed doors" in less dense suburban areas – which could be up to 60% of users in some cases. The mobile option can be one way to address this issue – as could the implementation of models where peers work with those in their immediate neighbourhood (for example as a resource in a multi-residential area) in an effort to reduce the dangers of people using alone. Further, it is suggested that a "virtual" peer program could be investigated, which could allow people to access support through the use of electronic forms of communication.

- **Exploration of mobile options.** While mobile options (for example, vans or recreational vehicles) have the advantage of service multiple locations in a "non-fixed" way, they can have challenges associated with them. This includes, increased stigma and visibility, the lack of wrap-around services available, lower capacity, and in some cases operational issues (heating, travelling during winter, etc.). Discussions suggest that the mobile option can be a very good way to augment a fixed-service, but is not always sufficient on its own.

- **Measuring impact.** Given most communities are in the early stages of SIS implementation, all stressed the importance of having good data available in advance of SIS commencing operations (to form a base-line), and then afterwards. Completing an annual review of need, effectiveness and impact to

the community is critical. In fact, in Ottawa, Public Health conducted a door to door survey in order to gather resident feedback regarding the service only a few months after it had begun operating. This very proactive approach provides information that can be used to address any concerns early on in order to facilitate a better integration of the service into the community and measure how things change over time. Data collection should include not only use, overdose interventions information, but also information related to other services in the area, crime rates, needle debris and other key indicators.

Like many communities across Canada, the City of Cambridge is in the midst of a challenging public dialogue surrounding the opioid crisis, drug use and potential solutions. By summarizing the findings from a review of several Supervised Injection Services (both from Ontario and BC) this report seeks to provide additional information for consideration.

ANALYSIS

Strategic Alignment:

PEOPLE To actively engage, inform and create opportunities for people to participate in community building – making Cambridge a better place to live, work, play and learn for all.

Goal #1 - Community Wellbeing

Objective 1.2 Support and facilitate community access to services related to health, wellness and personal development.

The Region is currently considering the implementation of supervised injection services as one strategy to help combat the opioid crisis locally. This is an important issue for potential clients and the surrounding community. Providing information to assist City Council in their response to this initiative addresses this objective to “support and facilitate community access to health services”. Further, the City continues to engage the community as part of the Community Outreach Task Force and Sub-Committees and is represented on the Special Committee on Opioid Response as part of the Waterloo Region Integrated Drug Strategy.

Comments

This report outlines key themes and considerations that have been identified by the review of other SIS sites. No recommendations have been made – however it is suggested that the report be forwarded to Regional Council as part of the public input process related to Community Service report **PHE-IDS-18-04.**

Existing Policy/By-Law:

The applicable regulatory framework is provided by Federal Legislation under the Controlled Drugs and Substances Act (CDSA). Supervised consumption facilities (including Supervised Injection Services) and Temporary Overdose Prevention sites receive an exemption from the CDSA such that people can bring their pre-obtained illiciit drugs and consume them in a sterile and safe environment.

With respect to a sanctioned Temporary Overdose Prevention Sites, any applications submitted by a local agency will be forwarded to the City for comment (within a four day period). Approval is granted or denied by the Province – Ministry of Health and Long Term Care.

The City of Cambridge has no exisiting policy or by-law that addresses either the permanent or temporary implementation of Supervised Injection Services, Overdose Prevention Sites or unsanctioned sites.

It should be noted that any decisions related to the exploration of permanent SIS is the jurisdiction of the Regional of Waterloo Board of Health (Regional Council). Applications for permanent sites would also be submitted to the Province for the decision.

Financial Impact:

NA

Public Input:

This report considers feedback received as part of the Community Outreach process as well as previous community dialogues surrounding the implementation of SIS. The questions posed as part of this review also reflect this input.

Internal/External Consultation:

City of Cambridge staff consulted with the Region of Waterloo Public Health to review the questions posed as part of this analysis. ROW staff were also invited to participate in the site visits and calls to gather additional information that could inform their work.

CONCLUSION

Based on the survey of several communities where implementation of SIS has occurred, it is suggested that the following be considered if there is a decision to move forward with the review of SIS options within Waterloo Region and Cambridge. Including:

- Increased community consultation & education;
- Establishment of location criteria;
- Identification of community concerns and a clear mitigation plan;
- Exploration of mobile options; and
- Measuring impact.

It is also suggested that if the Region proceeds to the next stage in the Feasibility Study, that they work with the municipalities to establish location criteria and further consult with the City and surrounding community with respect to the identification, analysis, and review of potential location options.

SIGNATURE

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ATTACHMENTS

Attachment 1 - SIS Visit Discussion Questions

Attachment 2 - Comparison of three Supervised Consumption Service models (Ottawa Public Health)

Attachment 3 - Summary of Operational Review

Attachment 1 - SIS Visit Discussion Questions

Observation/Exploration Framework

These questions provided an outline to help frame the discussions held with each municipality. They were developed based on input from a cross section of stakeholders, including Council, the public and city and regional administration.

Operational Overview:

- Why was this site opened in this areas and are you seeing a difference? If so, how?
- What is the mandate of the site? What services are provided at the site? Are there other associated services?
- How are services integrated – onsite, referral, service pathways?
- What is the flow at the site? Are people gathering outside, lining up. Are there enough cubicles to accommodate people? Are there times of day when they can't accommodate everyone? What are the busiest times of day?
- Are drugs provided? Do people bring own substances?
- What do the facilities include? Hours of Operation?
- Do clients typically observe a waiting period before leaving?
- Is there peer support available at the sites? What is the extent of the peer support?
- What is the proportion of people using the facility that are having conversations about rehabilitation and recovery?
- Are you providing services beyond those recommended by the province? If yes, is it important to do so?
- How many people use the services? Weekly? Daily? Where do the clients come from?
- Where are overdoses occurring in the community?
- Are people still using elsewhere? If yes, why?
- What was the consultation process like with the neighbourhood before the site was implemented? Communication? Engagement?
- What has the response been from the surrounding community since implementation?
- What challenges have you encountered to open and operate the site?
- Have staff found more or less needle litter around the site since opening.
- How have the services impacted key indicators?
    - public drug use
    - fatal overdoses prevented
    - referrals to other supports
- If you could implement an SIS today, how would you do it? What would be different – what would be the same?)

Community Impact Observations:

1) Neighbourhood:
   - What was the neighbourhood like before the introduction of the SIS site?
     - Drug Use
     - Litter
     - Crime
     - Safety
   - What is the neighbourhood like now?

2) Business:
   - What was the neighbourhood like before the introduction of the SIS site?
     - Drug Use
     - Litter
     - Crime
     - Safety
     - Business
   - What is the neighbourhood like now?

3) Public Safety (Police)
   - How have police services been involved in the SIS discussion and implementation?
   - Crime rates before, Crime rates after? (Call, incidents, what types?)
   - How is the decriminalized area around/ no-enforcement area managed? What are some of the impacts of this on drug activity? Use, dealing, other crimes? Reported/Not reported.
   - What solutions have you implemented or considered to address any expected or unexpected issues?

Document 3 - Comparison of three Supervised Consumption Service (SCS) models

Model	Benefits	Considerations	Successes & Cost Analysis
1. **Fixed-Integrated within existing health services** • The most common type of SCS[1] • Physically located within addiction service centres, alongside other services such as needle and syringe services, testing for blood-borne infections (HIV and HCV), drug treatment, primary care, housing, and other social services etc.[1]	• Often seen as "best practice" because service users can access a wide range of services in one location[1] • May be more socially accepted if integrated into places already serving people who inject drugs[1] • Pre-established trust/ relationships with clients/people who use drugs[2]	• Co-location of people using SCSs as well as people accessing harm reduction, opioid substitution therapy or other treatment could be a trigger for relapse for those in various stages of recovery[1] • Important that service is set up close to where people use drugs[2] • Multiple locations rather than one central service may be needed to respond to community need[2]	Documented successes include: ✓ Reduced overdose deaths ✓ Reduced sharing of needles (reduced risk for HIV and hepatitis C) ✓ Reduced public injecting ✓ Increased use of withdrawal and treatment services ✓ Decrease in publicly discarded needles[2] • Research conducted in Ottawa estimated that one SIS would prevent approximately 6-10 HIV infections and 20-35 HCV infections per year, projected healthcare cost savings are significant[2]. (Lifetime health care costs for someone living with HIV are approximately $250,000 CAD[2] and $64,694 for someone living with hepatitis C[2].) • The cost of opening a supervised injection/consumption service (similar to Vancouver's Insite) in either Toronto or Ottawa was estimated to be an annual fixed cost of $1.5 million – based on the
2. **Fixed-Specialized stand alone services** • Focus is on providing a supervised, hygienic location for people to inject/consume drugs[1] • Usually set up close to other services for people who use drugs and located near open drug scenes[1] • Staff are available to refer service	• All people accessing the service are likely at a similar place in their drug use (i.e. all actively using), this provides a level of comfort for those accessing services and reduces trigger risks for those who may be trying to reduce use, who are in	• Services available on site are more limited to supervised injection/consumption, and therefore rely on referral and/or partnerships with other community service providers[1] • Risk that people "get lost in transition" (i.e. a client interested in accessing wound care is referred to treatment but because they have to	

Model	Benefits	Considerations	Successes & Cost Analysis
users to other community services like opioid substitution, drug treatment, primary care, housing, etc.[1]	treatment, or in recovery[1] • Referral and link to other services is still available, just not on- site[1]	go to another service location they don't end up making it there) • Important that service is set up close to where people use drugs[2] • Multiple locations rather than one central service may be needed to respond to community need[2]	supervised injection service portion of Insite (Insite's entire annual budget is $3 million)[4] • From current literature reviews and discussions with partners we know that this is likely an overestimation of the actual cost of integrating a SCS within currently established services
3. Mobile • Currently limited number of mobile SIS worldwide: ○ Montreal, Kelowna (Canada) ○ Barcelona (Spain); ○ Berlin (Germany); and ○ Denmark (Copenhagen) • All operate as adjunct to a fixed service operating in their respective cities[1] • The mobile services use a specially fitted van with 1-3 injection booths to move location across a city in the course of a day/night[1]	• Avoids making one building the focus of activity[1] • Can increase accessibility for people using drugs across a city[1] • Has potential to reach more hidden populations[2] • Has potential to reach more transient people, people who feel uncomfortable attending a fixed supervised injection facility, and people who do not want to travel to a fixed facility[2] • Can complement, connect and add	• Lower service capacity (a mobile service serves fewer people than fixed locations) [1] • Cost-Effectiveness: has lower throughput but requires similar levels of staffing and costs as fixed site, therefore cost/ client in mobile service is inevitably higher[1] • May be more difficult for law enforcement to ensure public safety in surrounding area compared to fixed services[2] • May have less predictable schedules/ hours of operation/availability for a given location with need compared to a fixed service[2] • Not able to provide	• Due to the rarity of mobile supervised injection services globally, there is limited evidence documenting costs and successes

Model	Benefits	Considerations	Successes & Cost Analysis
• Typically offers a range of harm reduction services including needle and syringe services, testing for blood borne infections (HIV and HCV), and referral to services as listed above[1]	value to fixed services[1]	the same scope of basic medical care and other services as fixed services[2]	

References

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3. See Research Summary in Toronto Drug Strategy Implementation Panel (2013). Supervised Injection Toolkit. Toronto, ON. Available: http://www.toronto.ca/legdocs/mmis/2013/hl/bgrd/backgroundfile-59914.pdf
4. Potential cost-effectiveness of SIF in Toronto and Ottawa, Canada. Enns et al. Addiction research Report. Society for the Study of Addiction.) 2015
5. Kingston-Riechers J. The economic cost of HIV/AIDS in Canada. 2011. http://www.cdnaids.ca/files.nsf/pages/economiccostofhiv-aidsincanada/$file/Economic%20Cost%20of%20HIV-AIDS%20in%20Canada.pdf
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8. Bayoumi et al. The Cost Effectiveness of Vancouver's supervised injection facility. Cmaj 2008;179(11):1143-51)

Attachment #3

Summary of Operational Review

Municipality/ Population (2016 Census)[1]	Site Visited /Opening Date – Lead Agency	Model Employed & Services Offered	# of Booths/ Hours of Operation/ Staffing	Daily Visits/ Client Profile	Overdose Intervention/ Referrals	Neighbourhood Context
Toronto, ON Population: 2,731,571	The Works - 277 Victoria Street[2] Opened November 8, 2017[3] Operated by Toronto Public Health[4]	Permanent Supervised Injection Service Integrated with other Harm Reduction Services (needle syringe program, methadone clinic, STI testing, wound care, solution counselling).	5 Booths 10 am – 10 pm, 6 days per week. 3 Staff at all times (nurse, outreach, social worker).	Approx. 70 visits per day. 75% male, ages 25-45.	74 Interventions[5]	Located in Yonge & Dundas Square – busiest intersection in Canada (pedestrian and vehicular traffic). High density, mixed use residential and commercial – several nearby post-secondary institutions. Major tourist attraction and shopping destination (Eaton Centre). Downtown Yonge BIA represents approx. 2000 businesses and property owners.[6] Coordinated City and BIA response to previous needle little issues. BIA and police have worked together coordinating peer outreach programs and resources (Supporting People on the Streets – SPOTS). Training for business owners. Safe and Inclusive Streets Strategy.
Ottawa, ON Population: 934,243	Ottawa Public Health Supervised Injection Services – 179 Clarence St.[7] Opened September 26, 2017 Operated by Ottawa Public Health.	Permanent Supervised Injection Service (Interim Location under Sandy Hill Community Health Application). Other Harm Reduction Services (needle syringe program, methadone clinic, STI testing, wound care). Outdoor “vending machine” for harm reduction supplies.	2 Booths 9 am – 9 pm, 7 days per week. 1 nurse, plus other support staff.	Approx. 25 visits per day. 85% male, ages 18-69.	5 Interventions[8] 85% of clients received additional health services. 24% of clients provided with referrals for additional services.	Located in the ByWard Market and Lowertown Area of Ottawa – a major mixed use residential, commercial area including the Rideau Centre and University. Includes various tourist destinations and historical neighbourhoods. Within close proximity to three homeless shelters and another SIS location “The Trailer” operated by Ottawa Inner City Health adjacent to one such shelter (Shepherds of Good Hope). This site operates 24/7 and sees approximately 139 clients per day and is integrated with other social/health services, including an Emergency Department Diversion Program. There is much collaboration between the two sites[9]. Conducted an evaluation at 3 month mark – went door to door to survey neighbours. Just over 50% were supportive. Still concerns re. petty crime, panhandling. Evaluation was done at the time an unsanctioned “pop-up” was still in operation. Multi-faced approach to needle disposal – 75 disposal boxes, City response and “Needle Hunters” peer model.
London, ON Population: 383,822	TOPS – 186 King St.[10] Opened February 12, 2018 Operated by London-Middlesex Health	Temporary Overdose Prevention Site (Sanctioned). Other harm reduction services offered (Needle Syringe Program). Partnered with other service organizations to staff “aftercare” room and help connect people with treatment options if requested (addictions, etc).[11]	4 Booths Mon-Fri 10 am – 4 pm. Sat/Sun 11am – 4 pm. 1 nurse, peer, social worker.	Approx. 14 visits per day. 70% male, 30% female. Mobile delivery (NSP) 20 % male, 80% female.	2 Interventions[12]	Located in the Downtown London BIA on King St. this is a mixed use commercial and residential area. Assessment continues to grow despite challenges that have been experienced in the area with respect to street involved. Temporary SIS is 3 Blocks from closest shelter. Have been responsive to neighbourhood concerns – review behaviour expectations with clients each visit. Partners encouraging people to use the site rather than at home alone or publically. Harm reduction van available (for Needle Syringe Program only).

[1] 2016 Census Profile. City Subdivision. http://www12.statcan.gc.ca/
[2] Was already an existing location of harm reduction services.
[3] Opened temporarily in a trailer earlier in the year.
[4] Toronto Public Health. https://www.toronto.ca/community-people/health-wellness-care/health-programs-advice/supervised-injection-services/
[5] 22 In 2017. From Jan 3, 2018 to March 10, 2018 there were 38 overdoses requiring oxygen support, 14 overdoses requiring naloxone and oxygen.
[6] http://www.downtownyonge.com/
[7] Was already an existing location of harm reduction services.
[8] As of January 22, 2018. Interim OPH SIS Evaluation Results.
[9] Ottawa Public Health Report. Harm Reduction and Overdose Prevention – Follow-up Report. January 29, 2018.
[10] Was already an existing location of harm reduction services.
[11] Seven partner agencies supporting aftercare program.

Montreal, QC Population: 1,704,694	Cactus Montreal – 1244 rue Berger.[13] Opened June 19, 2017 Operated by Sante Montreal (Public Health).	Permanent Supervised Injection Service. Other Harm Reduction Services (needle syringe program, methadone clinic, STI testing, wound care, outreach services).	10 Booths 4 pm – 4 am Sun – Thurs. 4 pm – 6 am Fri/Sat. 4 staff (2 peers/social worker and 2 nurses).	Approx. 50 -100 visits per day.	20 Interventions[14]	Located in the Downtown of Montreal. Motivation for the site included public drug use and needle debris within the high density, mixed use commercial area. Several residential developments bordering on Cactus entry-way (off back alley). Operates in conjunction with another site "Spectre de Rue" which has 4 booths and see approx. 30 visits per day. Complemented by the mobile SIS option "L'Anonyme" (Van with two booths).
Vancouver, BC Population: 631,486	Insite – 139 East Hasting St. Opened in 2003 Operated by Vancouver Coastal Health.	Permanent Supervised Injection Service. Other Harm Reduction Services (health services, basic wound car/primary care, overdose outreach team). Partnerships with other groups (clinical and support staff). On second floor of building is "Onsite" (detox service).	13 Booths 9 am – 3 am. 2 nurses and 3-4 other support staff, peers.	415 visits per day (avg - 2017) 72% male, 28% female.	2151 Interventions[15] 6440 interventions without deaths since opening. In 2016, 517 clients referred to "Onsite"- detox.	The Downtown Eastside (DTES) one of the city's oldest neighbourhoods – it is a very dense, concentrated area. It has a reputation as an area that has struggled with levels of drug use, poverty, mental illness, sex work, homelessness, and crime. However, it is also known for its strong community resilience and history of social activism. The Vancouver BIA Partnership represents 22 Business Improvement Areas in Vancouver and is an active partner advocating for solutions to the opioid crisis locally.[16] The need has supported the opening of 5 additional OD prevention sites, including those run by peers. Some for women only. Some offering suboxone or hydromorphone therapies. Needle debris has been a long-standing issue, however tends to be reduced around the sites. Site operators also do regular maintenance. "Spikes on Bikes" – peer based recovery that also does outreach. City is also involved (Streets and Sanitation).
Kamloops, BC Population: 90,280	Kamloops Mobile Unit 2 locations: (North Shore – 433 Tranquill Rd., South Shore – 569 Seymore St.) Opened July 2017 Operated by Interior Health.	Mobile Overdose Prevention Unit (Recreational Vehicle). Parked on the sites of partner agency (ASK Wellness) offering other services; outreach to surrounding area, overdose prevention and response, naloxone kits, harm reduction supplies, primary care (wound, foot and burn care services), counselling and referral to treatment and other medical services. Outreach services are also key.	2 Booths North Shore – 11:30 – 3 pm Tues – Frid. South Shore – 3:30 pm – 7:30 pm (Tues – Frid), 11:30 – 7:30 (Sat) 2 Staff (Nurse and Social Worker).	4 – 8 visits per day.	None	A traditionally conservative community – recognition that it was a different context from Vancouver. Were experiencing social disruption due to drugs, panhandling, and nuisance. A large influx of people with the 2017 Forest Fires. SIS travels to two locations – North Shore and South Shore. This was a key element in getting the service approved. Demonstrated need in two areas (two historical cores of Kamloops). The Mobile is a very visible symbol of the challenge faced by the community – Agency Partner where the mobile unit is parked has received increase attention and focus. Complementary services offered as part of partner agency. Continue work with a multi-agency "Community Action Team". Outreach workers connect with people and do sweeps for needle debris.

[12] Requiring oxygen only.
[13] Was already an existing location of harm reduction services.
[14] In 2017 there were approx. 20 overdoses, a quarter of which needed Naloxone. All of them needed oxygen.
[15] 2017 Numbers.
[16] Vancouver BIAs Demand Expansion of Opioid Treatment Options. Press Release. Sept 28, 2017. Vancouver BIA Partnership.