

HALIFAX

P.O. Box 1749
Halifax, Nova Scotia
B3J 3A5 Canada

Item No. 15.1.2
Halifax Regional Council
December 10, 2019

TO: Mayor Savage and Members of Halifax Regional Council

SUBMITTED BY:

Original Signed by 

Jacques Dubé, Chief Administrative Officer

DATE: November 6, 2019

SUBJECT: Supervised Consumption/Overdose Prevention Site

ORIGIN

October 2, 2018 Regional Council

That Regional Council request a staff recommendation report outlining the impacts of supporting overdose prevention sites within HRM, outlining;

1. Municipal supports, service impacts (including HRP), zoning and planning policies;
2. Community and community safety impacts, and the possibility of community engagement opportunities;
3. A jurisdictional scan of other municipalities who have overdose prevention sites, and how they have accommodated them; and
4. Work with the provincial government and stakeholders to recognize potential supports and partnerships.

LEGISLATIVE AUTHORITY

Section 7A of the *Halifax Regional Municipality Charter*

- 7A The purposes of the Municipality are to
- (a) provide good government;
 - ...
 - (c) develop and maintain safe and viable communities.

Part XIII, Planning & Development, of the *Halifax Regional Municipality Charter*

RECOMMENDATION ON PAGE 2

RECOMMENDATION

It is recommended that Halifax Regional Council direct the CAO to formalize discussions with the provincial government, community partners and other stakeholders regarding HRM's participation in the co-development of a municipal drug strategy.

EXECUTIVE SUMMARY

Supervised consumption sites (SCSs) provide hygienic environments where people can consume their own drugs under supervision. They engage high-risk and marginalized individuals who use substances, providing critical pathways to other health and social services. The goal of these facilities is to save lives, while also reducing the health, social and economic harms of problematic substance use on individuals, families and communities. Overdose Prevention Sites (OPSs) operate similarly to SCSs, though can be set up more rapidly, and many are only meant to serve as a temporary response to an immediate or emerging crisis. Several communities however, have used OPSs as a step toward establishing SCSs.

Over the past three years, the number of SCSs in Canada has jumped from two (in Vancouver) to 48 across Canada. Their rapid surge reflects a concerted effort to respond to the rising magnitude of the opioid crisis: a harm reduction approach to reduce the impact of the crisis on overdose deaths, emergency services, health, social and economic systems. In September of 2019, Atlantic Canada's first OPS opened in Halifax's North End.

This report summarizes findings from research on municipal supports for SCSs, identifies service and community impacts, and considers how the Municipality can work with other levels of government and key stakeholders to ensure the success of this innovative approach to health care.

The research suggests municipalities can support SCSs through a broad array of measures including data collection and monitoring, ensuring municipal plans and policies do not serve as barriers, and working with stakeholders on site specific supports to successfully integrate SCSs into the community. Municipal collaboration and leadership can help successfully integrate the site and promote positive community impacts of SCSs (such as reductions in fatalities, overdoses, public consumption, needle debris, and public disorder). Crucially, municipal leadership can also help reduce the stigma associated with this type of health care service.

More broadly, to mitigate the impacts of problematic substance use—including, but not limited to opioids—many municipalities across Canada have co-developed Municipal Drug Strategies with other levels of government and community partners. Across Canada, MDS have proven to increase stakeholder collaboration and alignment of the various dimensions of drug policy and substance use, promoted better use of data to inform such policies, and have helped to reduce the stigma faced by people living with addictions.

In response to Council's motion, the discussion of this report is organized into four sections; Part I outlines municipal supports and impacts; Part II looks at community impacts and engagement; Part III provides insight into how other jurisdictions have accommodated supervised consumption facilities; and Part IV discusses current state and potential future collaboration models among other levels of government and community partners.

BACKGROUND

SCSs as a Harm Reduction Approach to the Opioid Crisis: National Context

Between January 2016 and March 2019, more than 12,800 Canadians died because of an apparent opioid-related overdose.¹ The primary cause of this tragedy continues to be a contaminated drug supply. The federal government has positioned SCSs to help address the harms associated with opioid fatalities and problematic substance use under Canada's Drugs and Substances Strategy.² SCSs fall under the

strategy's harm reduction pillar, which acknowledges that not everyone is able or willing enter treatment, and thus focuses on reducing the risks associated with substance use. SCSs provide space for self-administration of illicit drugs under supervision by a professional or peer.³ While SCSs vary widely in their operational capacities, they all strive to reduce overdose fatalities and disease transmission through increasing access to health and addiction care. Organizations interested in opening an SCS must apply to Health Canada for an exemption from the Controlled Drug Substances Act and agree to a rigorous monitoring process, if approved.⁴

The opioid crisis in Halifax: Trends and responses

In Nova Scotia's Central zone (of which HRM comprises 95%), opioid fatality rates have remained relatively stable over the past decade averaging 5.02 per year between 2009-2018,⁵ especially in comparison to increasing rates in other jurisdictions in Canada. This difference is due largely to the prevalence of pharmaceutical opioids on the local market.⁶ There is risk of increased deaths and overdoses if the substance supply shifts, especially if a newly contaminated substance supply includes fentanyl or its analogues. According to recent research by NS Department of Health and Wellness, the likelihood of this happening is high.⁷

In July of 2019 the Federal government granted HaliFIX Overdose Prevention Society (HaliFIX) a one-year exemption to operate an OPS in Halifax based on what it terms an Urgent Public Health Need (UPHN).⁸ The UPHN site exemption was granted in response to rates of fatal overdose and infectious disease (primarily HIV).⁹ The site opened in September of 2019. Under the rules of federal exemption, the site can only operate Monday through Saturday mornings.¹⁰ Extended hours are permitted at the end of each month.¹¹ Under the terms of the exemption, the supervised consumption service must be offered at 2158 Gottingen Street, co-located with Direction 180.

The site benefits from co-location with Direction 180, an opioid treatment program of the Mi'kmaw Friendship Centre. Clients have access to the full range of health care services provided by Direction 180, as well as access to medical staff in the event of an emergency. The site is also supported by Mainline Needle Exchange,¹² along with Mobile Outreach Street Health (MOSH) outreach teams who provide harm-reduction and primary health-care services for homeless, insecurely housed and street-involved individuals.¹³

Halifax's site also benefits from the support of Dr. Peter Centre (Canada's first SCS, operating since 2002 in Vancouver's West End).¹⁴ The Centre provides Halifax's staff and volunteers with on-site capacity and skills-building sessions, staff training modules, and operating policies and procedures.

DISCUSSION

Part I: Municipal supports and service impacts

In Nova Scotia, primary responsibility for health care services rests with other orders of government. However, municipalities take the lead in enforcement and community safety/prevention related to substance use. HRM's land use by laws regulate where substances can be produced/sold/consumed. The enforcement of the Controlled Substances Act, and more broadly, community safety is led by Halifax Regional Police (HRP). Halifax's Public Safety Strategy recognizes the role the Municipality plays in mitigating the harms associated with problematic substance use, and identifies several action areas, discussed in further detail in Part IV of this report.

Zoning and land use planning

Halifax's Regional Municipal Planning Strategy (RMPS) sets out Council's overarching goals for managing the growth and development of communities under the guiding principle of diversity and

inclusion. SCSs¹ fall under the category of health care service in municipal planning documents, and are permitted in commercial, institutional and mixed-use zones according to land use by-laws. Given the guiding principle of the RMPS, HRM will continue to consider safe consumption facilitates as health clinics, or institutional uses. Staff note that the site must strictly comply with federal regulation for SCS operation, including a comprehensive review of finances, location, staffing, data collection and monitoring, and operational policies and procedures. Existing land use policies and zoning will ensure that sites are only considered in areas that permit health clinics or institutional uses. The Municipality can provide input concerning proposed locations and site selection criteria, however, Municipal input occurs on a case-by-case basis through the federal review process, rather than attempting to establish specific siting policies and regulations within HRM's official planning documents.

Part II: Community Impacts

SCSs are an innovative approach to health care in that they are designed to mitigate the negative impacts of drug use at both the individual *and* community level by changing the environment in which problematic drug use occurs. In the short term, SCSs can reduce public consumption of drugs, needle debris, and public disorder by providing a supervised space for people who use drugs to consume them. In the longer term, SCSs can reduce the negative social and health impacts associated with drug use by providing wrap around support for hard to reach individuals to access other health and social services thereby reducing costs associated with substance use on health, social, economic and justice systems.

To be effective, SCSs are most often set up in areas where there is existing public drug use and in close proximity to their target population. Research shows that to be effective, clients will travel no more than 800 metres (5-10 city blocks) to access services. They are aimed at people who have limited contact with the health care system, and often those who are homeless, previously incarcerated, and/or precariously housed. Thus, Halifax's site like most across Canada, is located near concentration of populations who will primarily use them. As noted above, the federal exemption also states that the site must be co-located with Direction 180, where harm reduction services are well-established in the community.

At a community meeting organized by 902 Man-Up in April of 2019, area residents raised personal safety concerns and location-related concerns, specifically that the planned site is too close to the New Horizons Baptist Church, the Delmore "Buddy" Daye Learning Institute, two daycares and a public park.¹⁵ Many residents also equated the location to ongoing manifestations of systemic racism: the proximity to key African Nova Scotian establishments, the lack of attention to community needs and the historical placement of "undesirable" services in the community.

Across Canada, representatives of Business Improvement Associations (BIAs) have reiterated the economic-viability-related concerns.¹⁶ Locally, the North End Business Improvement District raised concerns about the impact such a site would have on local businesses. Correspondence sent to the CAO, and to Mayor and Council, reflect similar community concerns.

There is a lack of quality research related to causal relationship between business vitality and proximity to SCSs. However, research does show that SCSs reduce public consumption, decrease needle debris in the area, and do not negatively impact crime rates, all factors contributing to a more positive commercial environment.

Despite the evidence, perceptions that SCSs decrease community safety are common. Concerns about community impacts such as increased drug trafficking, litter, and public disorder are generally unfounded in research on existing SCSs, summarised in the research findings below.¹⁷ Research from other jurisdictions suggest meaningful community engagement strategies help to mitigate the fears associated with SCSs by identifying specific areas of concern and working with stakeholders to address these through education, outreach and/or prevention initiatives.

¹ In the remainder of this report SCS refers to both Supervised Consumption sites and Overdose Prevention Sties.

Public drug use

SCSs have the capacity to accommodate drug use that would otherwise take place in public. Efforts to avoid detection take users to vacant and unsafe locations and increases users' vulnerability to victimization, disease, or overdose. In other jurisdictions, surveys of residents and businesses near a facility, along with surveys with SCS clients, have all documented decreases in public injecting.¹⁸

Drug-related littering

Studies suggest that the volume of injection-related equipment and debris, including discarded needles/syringes, typically decreases or remains stable after the opening of a SCSs.¹⁹ Research with people who use drugs show reductions in unsafe disposal after becoming facility clients.²⁰ Similarly, surveys of residents and businesses near facilities have documented perceived decreases in discarded syringes and injection-related litter.²¹

Crime and drug trafficking

Studies have drawn on local police data to assess whether the presence of a supervised consumption facility contributes to crime. Researchers found no impact on crime rates in either direction.²² Because safe consumption facilities tend to be located near pre-existing drug markets, it is difficult to claim that the existence of such sites leads to drug dealing. The situation is further complicated by facility clients that may be user-dealers who also sell or exchange drugs near the premises in addition to other locations.²³

Induced drug use and 'honey-pot effects'

Research suggests that people do not start injecting drugs because of the availability of supervised consumption services. Such facilities are used primarily by people with a long history of injection drug use.²⁴ Research has also demonstrated that the presence of a SCS does not cause people to relapse or prevent people from stopping drug use altogether.²⁵

As noted above, most people who use drugs will only travel short distances (up to ten city blocks) to use SCS services.²⁶ Accordingly, the likelihood of these sites leading to a higher concentration of problematic substance use in the area is low.

Part III—Cross Jurisdictional Approaches

Municipal involvement

Municipal involvement with SCSs differs depending on the scope of authority conferred to the municipality from other orders of government.²⁷ While all municipalities experience the economic, health, and social impacts of problematic substance use on the communities they serve, their role in SCSs is typically a shared or complementary one, since primary responsibility for the approval and delivery of harm-reduction services rests with other orders of government. Nevertheless, given impacts on service delivery and quality of life, municipalities across Canada have been actively involved in a variety of capacities including as conveners, coordinators, educators, and direct service providers (policing and municipal works).

In addition, a few Canadian municipalities are considering changes to, or have amended, planning documents to restrict the location of SCSs.²⁸ Land use restrictions on harm-reduction services, including safe consumption facilities, cannot discriminate and must meet legitimate planning purposes.²⁹ Using municipal planning documents to control the location of a health service could be construed discriminatory.

Best practices and mitigation strategies

Experience in other jurisdictions suggests that regular dialogue and cooperation between key local actors, especially health workers, police, local business and nearby residential communities is critical to success not only of SCSs, but problematic substance use in general.³⁰ The best practices and mitigation strategies captured in Attachment B reflect a coordinated and cooperative approach to planning, siting and operating safe consumption sites.

The range of activities captured in Attachment B may entail direct or indirect municipal involvement.³¹ Approaches differ across the country. Activities funded/coordinated/convened by the municipality in one jurisdiction may be undertaken by other stakeholders in another location. What is key is that roles and responsibilities are carefully delineated and explicit protocols and guidelines for stakeholder collaboration are established.

PART IV: Current and future avenues for partnership and collaboration among stakeholders

Current situation

In tandem with the opening of the OPS in Halifax, a group of stakeholders convened to build relationships and discuss ways to ensure all members of the community feel safe in the area. Halifax Regional Police (HRP) and the Public Safety Advisor are members of this committee (See Attachment A). This group has been meeting regularly since approval of the OPS in mid 2019. HRP is also monitoring incident data in geographic proximity to the site to help establish evidence of impact on crime and disorder pre and post implementation

Future Avenues: Municipal Drug Strategies (MDSs)

The roots of the opioid crisis and other substance use issues are complex and intertwined, highly influenced by local political, social and cultural components that traverse multiple jurisdictions and sectors.³² In 2001, Vancouver completed the first integrated drug strategy in Canada to share data, coordinate resources, policy and best practices among stakeholders.³³ Since that time, municipalities across Canada have begun to develop their own drug strategies and plans.³⁴

The Federation of Canadian Municipalities sees municipal drug strategies as vehicles to promote multi-sectoral dialogue and planning to address local substance use issues through a set of goals, actions and measurable outcomes and indicators.³⁵ MDSs are co-developed with all levels of government, community partners, and people with lived experience. While tailored to each community, they combine at least four key pillars to achieve a comprehensive, strategic approach to drug policy and substance use: prevention/community safety, harm-reduction, treatment, and enforcement. Such strategies build on private and public-sector work already taking place in the community and focus on actions that can be taken at the local level.

In Halifax, different layers of government, community-based organizations and private sector groups all contribute to preventing, preparing, and responding to problematic substance use. Yet the approaches undertaken by these sectors are often uncoordinated, at times with competing or conflicting outcomes and goals. Thus, while responses to the escalating negative impacts of opioids and other substances on individuals, families, and communities have been endorsed through municipal and provincial strategies and frameworks (Halifax's Public Safety Strategy and Nova Scotia's Opioid Use and Overdose Framework), there is currently no structure to cultivate shared accountability, evidence, or action.

At the municipal level, the Clairmont reports (2008, 2014) soundly demonstrate the entrenched relationship between problematic substance use, crime and victimization. Regional Council recognized the Municipality's role in mitigating the negative impacts of substance use, when it unanimously approved the Municipality's Public Safety Strategy, which includes several relevant priority areas:

Priority Area 1.4: Build child and youth resilience

- *Action 16.* Help children/ youth build confidence, resistance and effective decision-making skills concerning drug and alcohol use

Priority Area 4.3: Reduce harms associated with alcohol and drugs

- *Action 65.* Promote responsible sale and use of alcohol and cannabis to curb harmful patterns
- *Action 66.* Address underage drinking, fake IDs, violence, vandalism and sexual acts connected to licensed establishments.
- *Action 67.* Reduce youth exposure to alcohol and cannabis promotion in municipally owned and/or operated facilities and at municipal events.

- *Action 68.* Intervene at early contact points with health, criminal justice, and social care services to prevent escalation of drug use
- *Action 69.* Suppress existing and emerging markets of dependence-inducing drugs.
- *Action 70.* Improve drug users' access to treatment and harm reduction support (particularly entrenched, long-term opiate users).

Priority Area 4.4: Decrease interpersonal violence, abuse, and neglect

- *Action 74.* Work to change environmental factors and social norms known to contribute to gendered violence (sexism, media and marketing practices, technology, harmful use of alcohol and drugs etc.).

To advance implementation, the Public Safety Advisor has been in dialogue with Nova Scotia Department of Health and Wellness, the Nova Scotia Health Authority, the IWK, and the Halifax Regional Police. Exploratory discussions have included identifying potential avenues for external funding to advance priorities, and the co-development of a shared strategy to enable stakeholders to align priorities, refine knowledge, data, and best practices, clarify roles and responsibilities, and ensure accountability by all stakeholders.

FINANCIAL IMPLICATIONS

There are no financial implications associated with this report. All current activities as outlined in this report are funded in existing operating budgets. Should discussions regarding the creation of a Municipal Drug Strategy result in additional financial considerations for HRM, they would be incorporated in future budget deliberations.

RISK CONSIDERATIONS

There are a number of risks associated with this topic as outlined in the Discussion section of this report. Formal discussions on the creation of a Municipal Drug Strategy would further mitigate the risks.

COMMUNITY ENGAGEMENT

In writing this report, staff contacted public health officials, front-line service providers, first-responders, municipal staff, and business associations in several municipalities.³⁶ Staff spoke with local stakeholders including the Province (Health and Wellness; Health Authority, IWK), Halifax Regional Police, Man-Up, North End Business Association (NEBA), HaliFIX, Direction 180, and Dr. Peter Centre. Staff also attended a public meeting hosted by 902 Man Up, attended by members of the North End community and HaliFIX representatives.

ENVIRONMENTAL IMPLICATIONS

There are no environmental implications.

ALTERNATIVES

Regional Council could choose to direct staff to continue to engage stakeholders on an ad-hoc basis for specific substance use issues as they arise.

ATTACHMENTS

Attachment A HaliFIX Overdose Prevention Site Community Advisory Committee

Attachment B Table 1: Cross-jurisdictional overview | best practices and mitigation strategies

A copy of this report can be obtained online at halifax.ca or by contacting the Office of the Municipal Clerk at 902.490.4210.

Report Prepared by: Amy Siciliano, Public Safety Advisor, 902-490-4177

ATTACHMENT A

Terms of Reference

HaliFIX Overdose Prevention Site Community Advisory Committee
September 2019 to July 2020

Mandate

Mission & Mandate of the Community Advisory Committee is to ensure the success of this Urgent Public Health Need Site in the North End of Halifax. By creating a meaningful dialogue with the community by having representation by having members of the indigenous community, African Nova Scotian Community, Halifax Regional Police, Local Businesses, Faith-Based Organizations, Community Based Organizations & former or current substance users. Advising the executive of any concerns coming from the community while supporting the mission of HaliFIX Overdose Prevention Society in reducing overdose fatalities & bloodborne pathogens such as HIV & HCV while making suggestions on how to effect change within the community that benefits both the clients of the site and the public.

Scope

The HaliFIX Overdose Prevention Society Community Advisory Committee ("Community Advisory Committee") is responsible for advising on community impacts related to the site. Being a liaison for the respected demographics to ensure that the community can voice their concerns on external matters in regards to the site keeping in mind that the internal operational decisions are run by the HaliFIX Overdose Prevention Society Executive Committee and are to there to improve the quality of lives of substance users.

Membership

The HaliFIX Overdose Prevention Society Executive Committee will appoint the members of the Community Advisory Committee to represent key stakeholders within the community. The appointments will be based on the recommendations of representatives from the following organizations:

- Halifax Regional Police
- Mi'kmaw Native Friendship Centre
- Representatives from the African Nova Scotian Community
- Representatives from the Business Community
- Representatives from the substance using community
- Faith-based Organizations
- Community-based Organizations
- Residents of the North End
- HRM Public Safety Advisor

Roles

The Community Advisory Committee will decide on the acting roles of the members including Chair, Co-Chair, Secretary & Community Liaison.

Responsibilities

Specific responsibilities of the Community Advisory Committee include but are not limited to:

- Providing advice on the development of ongoing community development building for the North End of Halifax and for people who use substances;
- Making recommendations for building relationships with other key stakeholders in the community to ensure that the Overdose Prevention Site fits into the landscape of the community;
- Reviewing reports on user compliance and other activities of the Overdose Prevention Site; and
- Advising on written agreements associated with the Overdose Prevention Site.
- Making recommendations on exploring all long-term options for funding & a permanent location for a facility after the one year Urgent Public Health Need Exemption. Integrating a peer lead, on-demand, community-based detox to provide accessible treatment options for substance users.

Recommendations and Decision-making

Recommendations to the HaliFIX Overdose Prevention Society Executive Committee will be made by consensus.

- It is desirable that recommendations are acceptable to all Community Advisory Committee

members; therefore, the process should be continued until a consensus is achieved.

- If a consensus in the Community Advisory Committee cannot be reached on an issue that requires action by the Overdose Prevention Site, The HaliFIX Executive Committee will be advised.

Meetings

Meetings will be held monthly at first if everything is going well then depending on the consensus of the group we may switch to bi-monthly or quarterly. Meetings will take place in person on a decision decided by the Community Advisory Committee.

Quorum

Decisions from the Community Advisory Committee will be made on a consensus-based model, if consensus cannot be made the committee will implore a majority quorum advising the Executive Committee that a consensus could not be reached.

Duration

The Community Advisory Committee will remain in place until July 3rd 2020 or until such time as the HaliFIX

Overdose Prevention Society Executive Committee authorizes an alternative governance structure.
APPROVED BY COMMITTEE ON OCTOBER 3, 2019

ATTACHMENT B

Table 1: Cross-jurisdictional overview | best practices and mitigation strategies

Issue	Best Practices / Mitigation Strategies
Community consultation (pre-approval)	<ul style="list-style-type: none"> • Canvassing residents/businesses door-to-door (multi-block radius of the facility).³⁷ • Offering virtual tours of the proposed service delivery space(s) at community agencies (for residents, businesses, and police-service beat and community liaison officers). • Hosting information meetings with community and business associations in the immediate vicinity and, by request, in surrounding neighbourhoods. • Conducting a survey through the municipal web-portal (targeting broader community). • Ensuring individuals with lived experience, and their family/support-network, are engaged in developing the safe consumption facility. • Integrating culturally-based/sensitive engagement practices. • Implementing a communication plan that articulates how community consultation informed site-selection/design and operational decisions.
Community engagement (post-approval)	<ul style="list-style-type: none"> • Developing a comprehensive implementation strategy that integrates recommendations stemming from community consultation. • Designating an individual to serve as a liaison with the city/public to address any emerging issues or community concerns.³⁸ • Instituting a Good Neighbour Agreement (GNA) or other mechanism to formally negotiate/articulate stakeholder expectations/roles.³⁹ • Establishing a Community Advisory Committee (CAC) or similar mechanism to facilitate ongoing stakeholder communication.⁴⁰
Education	<ul style="list-style-type: none"> • Holding facilitated discussions that present supervised consumption within the context of the broader harm reduction and treatment strategies offered locally. • Educating local businesses/residents on signs of overdose, prevalent drug-types, use patterns and differing drug-induced behaviours (e.g. opioids vs methamphetamines).⁴¹ • Providing local businesses/residents with de-escalation training and emergency contacts. • Delivering harm reduction training for police officers.⁴² • Educating persons who use drugs on: detox/addiction treatment options; safe injection techniques; wound care; blood-borne disease transmission; safe debris disposal. • Communicating the purpose/intent of the Good Samaritan Drug Overdose Act to facility clients and the public.⁴³ • Instituting/expanding child/youth-targeted drug-prevention/education programs. • Providing comprehensive training for facility staff on trauma, violence and stigmatization.
Site selection	<ul style="list-style-type: none"> • Undertaking qualitative research/stakeholder surveys to assess need, potential uptake, and site design preferences. • Conducting a site assets/risks assessment as part of the site-selection process. • Locating near (10-15-minute walk) area(s) of highest reported drug use. • Situating within an area already experiencing public drug use. • Maintaining facility separation from: (a) commercial areas that rely on foot-traffic; (b) parks/pedestrian corridors; (c) daycares, schools and child/youth-serving agencies; (d) police stations, jails and courthouses.⁴⁴ • Locating near public transportation (<5-minute walk to transit stop). • Locating near (10-15-minute walk) complementary health and social services (mental health care, primary care, palliative care, opioid withdrawal support). • Providing municipally owned property as the facility location.⁴⁵

Site design	<ul style="list-style-type: none">• Creating an inclusive site that respects individual needs/experiences/contexts of clients including: LGBTQ2+; Indigenous; women; sex trade involved; diverse languages and cultures; and persons with disability.• Incorporating an after-care/chill-room; secure/discrete entryway; co-located wrap-around services; on-site security; interior/exterior surveillance;⁴⁶ a confidential waiting area;⁴⁷ showers; laundry facilities; lockers.• Ensuring rapid ingress/egress by first-responders (police/fire/ ambulance).• Resourcing the facility to deliver/provide ancillary services, including: food; phone/Internet access; postal addresses.• Resourcing the facility to deliver health-services, including: immunization; communicable disease screening; wound care; vein care; abscess management; chronic illness management; and psychosocial treatment interventions.
Public injection	<ul style="list-style-type: none">• Instituting outreach teams to work with people who publicly use drugs near the facility.⁴⁸• Supporting discretionary policing practices that prevent open drug scenes but do not deter addicts from using the facility.⁴⁹• Matching facility capacity/hours of operation to client usage patterns and demand.• Supplementing fixed-location facilities with mobile safe consumption operations.⁵⁰• Staggering facility hours of operation to improve coverage (assumes multiple facilities).• Limiting the time clients can use drug consumption booths (in one sitting).• Exploring assisted injection (under pilot-project conditions/authorizations).
Drug-use related litter	<ul style="list-style-type: none">• Installing needle-disposal boxes/sharps containers in the right-of-way.⁵¹• Maintaining a list of 'hot spots' where improperly disposed needles/syringes are found.• Instituting needle/syringe collection team(s) to sweep the area near the facility.⁵²• Implementing a facility-hotline to field needle/syringe related calls.⁵³• Launching a media-campaign and/or releasing a guide to advise residents/businesses what to do if they discover improperly disposed needles/syringes.⁵⁴• Instituting a pharmacy-based needle/syringe 'take-it-back' program.⁵⁵• Educating/incentivizing facility clients to properly dispose of needles/syringes when injecting drugs in public spaces or in private.• Maintaining a web-based map of needle-disposal boxes/sharps containers installed in the right-of-way.⁵⁶• Providing sterile drug-use-equipment for on-site injections at the facility.⁵⁷• Collecting and disposing of needles/syringes and drug-paraphernalia at the facility.• Distributing sharps containers to facility clients and neighboring residents/businesses.• Instituting a fire-station-based needle/syringe disposal program.⁵⁸
Crime prevention	<ul style="list-style-type: none">• Creating a dedicated police unit to liaise with businesses/residents/facility staff.• Instituting a framework/protocol to guide interactions between police and facility staff.⁵⁹• Implementing private security patrols in the facility's neighbourhood.⁶⁰• Remotely monitoring activities outside the facility (security cameras).• Implementing a (municipally funded) CPTED improvement fund.⁶¹• Increasing corporate security at municipally-owned properties near the facility.• Prohibiting drug dealing or drug-sharing inside/outside the facility.⁶²• Instituting CPTED improvements at parks/public spaces near the facility.• Targeting enforcement near the site and redeploying patrol teams.⁶³
Overdoses	<ul style="list-style-type: none">• Non-attendance or the use of (police) discretion in attending non-fatal overdoses.• Informing drug users about dangerous batches of street drugs.⁶⁴• Allowing greater use of discretion by officers policing people who use drugs.⁶⁵• Distributing take-home naloxone kits to facility clients.• Offering drug-checking services to facility clients.⁶⁶

Public
disorder

- Implementing a code of conduct for facility clients.⁶⁷
- Instituting a chill-out protocol and dedicated recovery/chilling space (inside the facility).⁶⁸
- Designating a facility-based outreach staff-person to intervene in cases of on-street drug-induced psychosis/public disorder.
- Deploying an outreach team to coordinate access to a range of medical, shelter, housing, and addiction programs.⁶⁹
- Increasing the number of public washrooms near the facility.
- Instituting a cross-functional municipal team to respond to 311/911 calls-for-service relating to the facility.
- Increasing frequency of sidewalk-pressure-washing and street-sweeping near the facility.⁷⁰
- Securing the facility operator's commitment to responsible business practices through business licensing.⁷¹

Measurement
and
evaluation

- Establishing a measurement/evaluation baseline prior to the facility opening.
- Planning for ongoing developmental evaluation from a continuous quality improvement lens inclusive of monitoring of on-site and off-site/community/local environment issues and changes, usage, review of policies and procedures.
- Developing an evaluation framework focused on outcome and impact assessment that are anchored on clear objectives, goals and measures of success.
- Tracking drug-related crime rates, including: drug trafficking, robbery, break and enter, vandalism, shoplifting, theft from auto, fraud, prostitution, panhandling and selling of stolen property.⁷²
- Tracking health impacts, including: rates of blood-borne infections; incidence of fatal/non-fatal overdoses; use of detox/addiction treatment services; and patterns of drug-related risk behaviours.
- Tracking drug-markets and drug-use, including: client demographics; visits; drugs consumed; and incidence of drug contamination/adulteration.
- Tracking public nuisance and public disorder indicators, including: public drug use; drug-related litter; public defecation/urination; and public displays of psychotic behaviour.
- Monitoring safe consumption site best-practices in other jurisdictions.
- Conducting periodic site reviews/evaluations and publicly disseminating/acting on the results.⁷³

Endnotes

- ¹ Special Advisory Committee on the Epidemic of Opioid Overdoses. National report: Apparent opioid-related deaths in Canada (January 2016 to March 2019). Web Based Report. Ottawa: Public Health Agency of Canada; September 2019. <https://health-infobase.canada.ca/datalab/national-surveillance-opioid-mortality.html>
- ² Health Canada. 2019. Supervised Consumption Sites, explained. (Ottawa, Government of Canada). <https://www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/explained.html>
- ³ See [International Network of Drug Consumption Rooms](#) for an overview of international supervised drug consumption practices and a dynamic map showing sites across the world.
- ⁴ Exemptions are granted on a temporary bases for SGSs typically for 1-3 years, upon which they can be renewed if the conditions for the exemption are met.
- ⁵ Province of Nova Scotia. (2019) Opioid Toxicity Deaths in Nova Scotia. Retrieved from: <https://novascotia.ca/opioid/>
- ⁶ Kirkland, S., Ploem, C., Dikaios, K. (2016). *Program Evaluation for Mainline Needle Exchange: Contributing to a Harm Reduction Landscape in Nova Scotia*. Halifax, NS: Atlantic Interdisciplinary Research Network: Social and Behavioral Issues in Hepatitis C and HIV/AIDS. Available from: http://www.airn.ca/uploads/8/6/1/4/86141358/mainline_evaluation_report_final_2027.pdf
- ⁷ Nova Scotia Department of Health and Wellness. (August 2019). *Opioids: Nova Scotia Report*. Halifax, NS: Government of Nova Scotia.
- ⁸ HaliFIX is a coalition of activists, health-care professionals, academics, former addicts and community leaders committed to bringing the first overdose prevention site to Halifax. See their [Twitter](#) link for details. See also [HaliFIX moves ahead on Halifax's first overdose prevention site](#) and [Group wants to set up Halifax overdose prevention site 'one way or another'](#). The HaliFIX coalition is currently in the process of incorporating HaliFIX as a non-profit society in Nova Scotia (see [here](#)).
- ⁹ See [New HIV cases could double this year in Nova Scotia](#).
- ¹⁰ These hours of operation were chosen to accommodate homeless and street-involved clients who would typically be exiting shelter facilities at that time of the morning.
- ¹¹ These month-end extended hours are intended to accommodate increased site usage/demand when social assistance cheques are issued.
- ¹² Mainline Needle Exchange is a harm-reduction project of the Mi'kmaq Native Friendship Centre. A partner in Halifax's SGS, they are funded provincially to remove discarded needles from public places. .
- ¹³ The MOSH team is a collaborative primary health care team of two full-time nurses, half-time occupational therapist, half-time administrative support and 12 hrs of physician care per week. See [here](#) for additional details.
- ¹⁴ The project will establish a forum and other processes to gather and distribute knowledge to allow for sharing of evidence and lessons learned on supervised injection and related health services across the country. See [Public Health Harm Reduction Project](#).
- ¹⁵ See [Group wants to set up Halifax overdose prevention site 'one way or another'](#).
- ¹⁶ Staff contacted the representatives from the following Business Improvement Associations (BIAs): Downtown Yonge BIA (Toronto); International BIA (Calgary); Kingsway BIA (Edmonton); London BIA (London); Red Deer BIA (Red Deer); Victoria Park BIA (Calgary).
- ¹⁷ See [Supervised Consumption Services Literature Review; Overview of International Literature: Supervised Injecting Facilities and Drug Consumption Rooms; Supervised Consumption Sites — Injection Drug Use — A Bibliography](#).
- ¹⁸ See [Overview of International Literature: Supervised Injecting Facilities and Drug Consumption Rooms](#) and [y: European Report on Drug Consumption Rooms](#).
- ¹⁹ Critics have argued that available research has not adequately controlled for factors that may influence littering, including weather, police activity, availability of drugs, availability of syringe drop-off boxes and debris clean-up campaigns. See [Review and Discussion of Public Safety Research on Supervised Injection Sites](#)
- ²⁰ See [Changes in public order after the opening of a medically supervised safer injecting facility for illicit injection drug users](#) and [Reports of needles have dropped since opening of Edmonton's supervised consumption sites](#).
- ²¹ These have included both random-sample telephone interviews and street-intercept interviews. See for example [Report of the Independent Working Group on Drug Consumption](#).
- ²² See [Trends in property and illicit drug crime around the medically supervised injecting centre in Kings cross: an update](#) and [Further evaluation of the medically supervised injecting centre](#)
- ²³ Retail-level drug dealers are frequently also people with substance use disorders. See [A Review and Discussion of Public Safety Research on Supervised Injection Sites](#)
- ²⁴ See [Circumstances of First Injection among Users Accessing Medically Supervised Safer Injection Facility](#).

- ²⁵ See [Impact of a medically supervised safer injection facility on community drug use patterns](#) and [Attendance at supervised injecting facilities and use of detoxification services](#).
- ²⁶ See [Report of the Toronto and Ottawa Supervised Consumption Assessment Study](#).
- ²⁷ Legislation for municipalities in other provinces often gives them different responsibilities than those conferred on Halifax under the HRM Charter. Differences in authority often influence the nature and degree of municipal involvement with safe consumption sites. For example, some municipalities have authority over public health or housing.
- ²⁸ Including [Red Deer](#); [Nanaimo](#); [London](#); and [Cambridge](#). Cambridge has commissioned a [Supervised Consumption-Services Planning Study](#).
- ²⁹ Efforts by the cities of Belleville, London, Tillsonburg and Hamilton to regulate harm reduction facilities (through zoning) have been challenged on discrimination/human rights grounds. See [Human Rights Commission Letter \(Belville\)](#), [Human Rights Commission Letter \(London\)](#) and [Human Rights Commission Letter \(Tillsonburg\)](#).
- ³⁰ See [European report on drug consumption rooms](#).
- ³¹ Some of the best practices and mitigation strategies are not within the scope of municipal authority/activity. They are included for the sake of completeness.
- ³² Hajdu, P. 2015. Key Factors Contributing to Political Adoption of Municipal Drug Strategies: A Review of Three Canadian Cities. Unpublished Master Thesis, University of Victoria, BC;
- ³³ For an overview of municipal drug strategies and common elements, see [Learning from Ontario's municipal drug strategies](#); also [B.C.'s Drug Overdose Alert Partnership](#).
- ³⁴ Including [Abbotsford](#), [Edmonton](#), [Guelph](#), [Hamilton](#), [Lethbridge](#), [London](#), [Muskoka](#), [North Bay](#), [Oxford](#), [Peterborough](#), [Richmond](#), [Strathcona](#), [Sudbury](#), Kenora, Wellington, Chatham-Kent, Haliburton, Kawartha Lakes, Northumberland (HKLN), Windsor, [Thunder Bay](#), [Toronto](#), [Vancouver](#) and [Waterloo](#).
- ³⁵ The Federation of Canadian Municipalities (FCM) Big-City Mayors' Caucus launched a task force to share drug-strategy-related best practices. See [Mayors' task force on opioid crisis](#). FCM also developed a [Model Municipal Drug Strategy](#).
- ³⁶ Interviews were conducted with stakeholders in jurisdictions with temporary or permanent safe consumption facilities including: Calgary, Edmonton, Lethbridge, London, Ottawa, Red Deer, Toronto and Vancouver.
- ³⁷ See [Community support for a supervised consumption site \(Ottawa\)](#).
- ³⁸ See [Red Deer city council gives final approval for supervised drug consumption site](#).
- ³⁹ See [Good Neighbor Agreement Policy \(Surrey\)](#).
- ⁴⁰ The City of Edmonton, for example, has instituted a Supervised Consumption Services Liaison Committee which meets quarterly. See [Community Impact of the Streetworks Supervised Consumption Services](#).
- ⁴¹ See [Supporting People on the Streets \(SPOTS\) Handbook](#) and [Supporting People on the Streets \(SPOTS\) Program](#).
- ⁴² Confronting stigma among law enforcement allows first responders to better serve as a conduit to treatment and harm reduction services. See [Law Enforcement Roundtable on the Opioid Crisis \(2018\)](#) and [Police training to align law enforcement and HIV prevention](#).
- ⁴³ The Good Samaritan Drug Overdose Act amends the Controlled Drugs and Substances Act ("CDSA") to exempt both victim(s) and witnesses from being charged or convicted of the offence of simple possession of drugs when emergency help is sought for an overdose, if the evidence in support of the offence was obtained or discovered as a result of seeking assistance or remaining at the scene. See [About the Good Samaritan Drug Overdose Act](#).
- ⁴⁴ Proximity to these facilities may dissuade perspective clients from using the facility due to a heightened fear of surveillance/arrest.
- ⁴⁵ The City of Nanaimo, for example, made available an existing four-storey, 66-unit building (leased by BC Housing and operated by Canadian Mental Health Association). See [Nanaimo rezoning application no. RA379](#).
- ⁴⁶ Crime prevention through environmental design (CPTED) principles can be employed to ensure the site is designed to allow for clear views into the entire property (from the site itself and the public realm) to discourage loitering/drug trafficking on the property and the opportunity to prey on those leaving the facility in a vulnerable state.
- ⁴⁷ Facility waiting areas and vestibules should be adequate to avoid line-ups/waiting outside of the facility.
- ⁴⁸ For example, Calgary's [Downtown Outreach Addiction Partnership](#) (DOAP), an outreach team, responds to the needs of vulnerable individuals at the street level.
- ⁴⁹ Street-level policing activities have been found to displace people who use drugs away from harm reduction and health promotion services, and exacerbate risky injection practices among street injectors, including rushing injections and injecting with used syringes See [The impact of a police presence on access to needle exchange programs](#) and [Police and public health partnerships: Evidence from the evaluation of Vancouver's supervised injection facility](#). Some police departments have adopted operational guidelines that endorse discretionary practices and support police referrals to safe injection facilities. For example, the Vancouver Police Department (VPD) has established a comprehensive departmental drug policy that frames drug use as a public health issue. See [Vancouver Police Department Drug Policy](#).
- ⁵⁰ For a discussion of mobile operations, see [Mobile supervised consumption services in rural British Columbia](#).
- ⁵¹ See [Edmonton tweaks safe needle program to meet demand](#).

⁵² Approaches to litter collection vary. Depending on the jurisdiction, public health authorities, the municipality, partner harm-reduction agencies and/or the facility itself may field needle/syringe debris pick-up teams. See [Alpha House](#) (Calgary), [Spikes on Bikes](#) (Vancouver) and [Needle Hunters](#) (Ottawa). The City of Red Deer, in conjunction with the province, finances needle pick-up undertaken by the local Business Improvement District.

⁵³ For example, Lethbridge's [needle pick-up hotline](#) operates 8:30 am to 9:00 pm daily (except for statutory holidays). Facility staff members will arrive within an hour to pick up reported debris.

⁵⁴ See [Needle disposal guide](#).

⁵⁵ See [Ontario Sharps Collection Program](#).

⁵⁶ See [Needle drop box locations in Red Deer](#).

⁵⁷ When people who use drugs participate in less borrowing and lending of used needles, there is less opportunity for HIV and hepatitis C transmission to occur. Access to sterile equipment reduces the likelihood of facility clients contracting blood-borne pathogens and thereby reduces the risk of infection associated with a need-stick injury.

⁵⁸ See [Found needles](#).

⁵⁹ Experience elsewhere suggests involving local police in the planning of a safe consumption facility helps to ensure that police understand why and how the service will operate, and to clarify respective roles and responsibilities.

⁶⁰ For example, facilities in Sydney and Zurich employ security guards. See [Feasibility Study on 'Supervised Drug Consumption' Options in the City of Victoria](#).

⁶¹ Calgary has made funding available to residents/businesses implementing CPTED improvements to their properties.

⁶² Clients can be prohibited from using a facility for attempting to deal, purchase or share drugs. See Vancouver Coastal Health's [Overdose Prevention Site Manual](#) (Appendix B).

⁶³ See [Crime and disorder near supervised consumption facility](#).

⁶⁴ Early warning systems alert health and other authorities to changes in drug market and/or consumption patterns. When necessary, these systems can be linked to targeted information campaigns to alert drug users to the hazards of contaminated or adulterated drugs. See [Harm Reduction: A British Columbia Community Guide](#)

⁶⁵ Street-level policing activities have been found to displace people who use drugs away from harm reduction and health promotion services, as well as exacerbate risky injection practices among street injectors, including rushing injections and injecting with used syringes. See [The impact of a police presence on access to needle exchange programs](#) and [Police and public health partnerships: Evidence from the evaluation of Vancouver's supervised injection facility](#).

⁶⁶ Insite (Vancouver's supervised injection facility) was the first to pilot drug-checking in Canada. See [Drug checking at Insite shows potential for preventing fentanyl-related overdoses](#).

⁶⁷ See Vancouver Coastal Health's [Overdose Prevention Site Manual](#) (Appendix B).

⁶⁸ If the aftercare room is too small or has a time limit on it, clients may be out in the community before they are ready.

⁶⁹ See Calgary's [Downtown Outreach Addictions Partnership \(DOAP\) Team](#).

⁷⁰ Pressure washing may be necessary to clean away feces/urine resulting from public defecation/urination.

⁷¹ Licensing is used by some cities to help minimize community impact (relative to noise and disorder, loitering, criminal activity and other behaviour issues). Failure to abide by the terms of the license could constitute grounds for suspending/revoking the business license or imposing new conditions on the licensee. See [Business license bylaw for supervised consumption site](#); [Approval for supervised drug consumption site](#); and [City of Red Deer Land Use Bylaw 3357/2006](#).

⁷² See [Crime and disorder near supervised consumption facility](#).

⁷³ See [Community Impact of the Streetworks Supervised Consumption Service](#) and [Evaluation of Overdose Prevention Sites: Campbell River, Courtenay, Cowichan Valley, and Port Alberni](#)