



**City of Kingston
Report to Council
Report Number 19-008**

To:	Mayor and Members of Council
From:	Lanie Hurdle, Commissioner, Community Services
Resource Staff:	Cheryl Hitchen, Social Policy and Strategic Community Development Manager
Date of Meeting:	December 18, 2018
Subject:	Consumption and Treatment Services – Street Health Centre

Executive Summary:

The purpose of this report is to provide Council with background information relating to the temporary Overdose Prevention Site (OPS) that has been operating since July 2018, at Kingston Community Health Centre's (KCHC) Street Health Centre (SHC).

This program has served over a hundred individuals since opening. Kingston Police confirm that they have been monitoring the types of calls for service in the area of the current OPS, both before and after it opened in July 2018. There have not been any significant changes as a result of the OPS nor have they received complaints about its location.

Due to recent provincial changes, KCHC has to submit an application before the end of 2018 to the Provincial Government for approval and funding to continue providing these services. This submission requires a motion of support from City Council but does not require any financial support from the City.

Recommendation:

That City Council support the continuation of supervised consumption services at Kingston Community Health Centre's Street Health Centre location.

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Authorizing Signatures:

ORIGINAL SIGNED BY COMMISSIONER

Lanie Hurdle, Commissioner, Community Services

ORIGINAL SIGNED BY CHIEF ADMINISTRATIVE OFFICER

Gerard Hunt, Chief Administrative Officer

Consultation with the following Members of the Corporate Management Team:

Jim Keech, President & CEO, Utilities Kingston	Not required
Desirée Kennedy, Chief Financial Officer & City Treasurer	Not required
Denis Leger, Commissioner, Corporate & Emergency Services	Not required

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Options/Discussion:**The Need**

Kingston, Frontenac Lennox and Addington (KFL&A) Public Health have provided the following epidemiological data to support the need for supervised consumption services in Kingston.

KFL&A has not been spared by the consequences of the opioid epidemic. In fact, this region has been hit harder than many communities with higher rates of both morbidity and mortality. Opioid-related deaths in Ontario have risen fairly steadily from a rate of 3.7/100,000 in 2007 to 6.2/100,000 in 2016, and then spiked to 8.9/100,000 in 2017. Conversely, the KFL&A death rate remained relatively stable between 2007 (5.2/100,000) and 2015 (4.0/100,000) with an average of 5 deaths per 100,000 per year, but increased to 7.9/100,000 in 2016 and then to 12.1/100,000 in 2017. In 2017, KFL&A ranked 9th out of the 35 Ontario public health units for highest opioid-related death rate.

Provincially, over the past ten years, the rate of opioid-related emergency department visits has risen from 17.5/100,000 in 2007 to 31.7/100,000 in 2016, and then swiftly increased to 54.6 visits per 100,000 population in 2017. In the KFL&A jurisdiction, rates have fluctuated between 26.6 and 45.4 visits per 100,000 population between 2007 and 2016, but 2017 saw a dramatic increase to 91 visits per 100,000 population.

Kingston's Overdose Prevention Site (OPS)

In the spring of 2018, KCHC submitted an application to become Kingston's first temporary OPS. With the support of KFL&A Public Health, Frontenac Paramedic Services, Kingston Police and HIV/AIDS Regional Services (HARS), KCHC was able to submit a strong application to the Ministry of Health and Long Term Care (MOHLTC).

To assess community reaction to the OPS, two surveys were conducted – one with local businesses and one with local residents. Results indicated that 74% of local businesses surveyed and 84% of local residents surveyed support the existence of the OPS at SHC.

Since July 3, 2018, SHC (a part of KCHC) has been operating a temporary OPS. Since then, the site has been used more than 700 times by 102 unique individuals. Each month, the number of individuals accessing the site continues to increase, demonstrating the development of trust and rapport amongst people who use substances.

Each day, OPS staff consists of one Paramedic from Frontenac Paramedic Services; further complimented by Harm Reduction Workers from SHC and HARS, as well as Community Support Workers, who are individuals with lived experience. Staff working at the site provide support and supervision to individuals using substances through injection, oral or nasal routes of consumption. All staff are trained to recognize and respond to adverse events, including opioid overdose, as well as provide education relating to safer consumption practices.

Numerous internal referrals have been made to wrap-around care supports, including Street Health's Rapid Access Addiction Medicine (RAAM)/Primary Care team, and Practical

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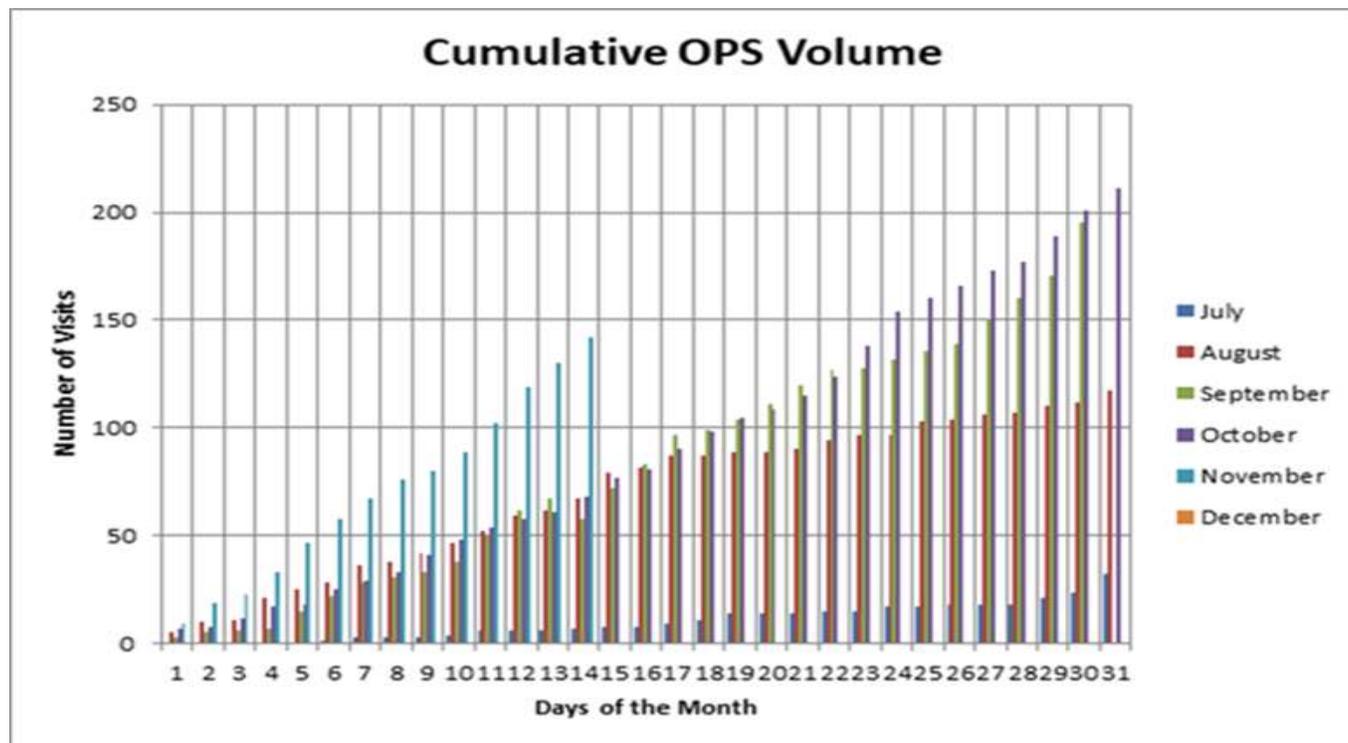
Assistance supports. Additionally, there have been a number of external referrals to community partners such as Home Base Housing, Detox and Kingston Health Sciences Centres.

OPS staff are well suited to provide harm reduction education and health counselling supports, while the Paramedic has the additional capability to provide primary care/first aid services which have been well utilized.

Both the City’s Call Centre and Kingston Police confirmed that there has been no increase or changes in calls since the OPS began in July. There have also been no reported concerns about the location of the OPS from the local residents or businesses.

The following chart provides a clear demonstration of continual increase in OPS volume since opening nearly 6 months ago. As of November 14, 2018, the OPS has already exceeded the number of visits for the entire months of July and August combined.

Figure One: OPS Utilization 2018 – Street Health Centre



SHC points out that the number one substance used in Kingston’s OPS is Crystal Methamphetamine. For the period of July 3rd - November 14th, Crystal Methamphetamine consumption accounted for approximately 46% of all supervised consumptions, with an additional 4% involving Crystal Methamphetamine used in conjunction with an opioid (speedball). Individuals consuming Crystal Methamphetamine require far more behavioural/emotional supports from staff, which also means that the duration of the engagement and referral to additional services can take longer (compared to individuals consuming opioids). For communities experiencing a higher prevalence of Crystal

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Methamphetamine consumption, the need for adequate staffing support is paramount, and significantly changes the required staffing compliment to ensure that the OPS service runs efficiently and safely.

Consumption and Treatment Services

In July 2018, Christine Elliott, the Deputy Premier and Minister of Health and Long Term Care, announced a review of Ontario's Supervised Consumption Services (SCS) and OPS. As a result of the review, the Ontario government is moving forward with a re-purposed program for SCS and OPS, referred to as Consumption and Treatment Services (CTS). The new delivery model would not only be equipped to reverse overdoses, it would also include connecting people who use substances to primary care, treatment and rehabilitation, and other health and social services. Existing operators can apply to continue delivering services under this planned new model.

SCS, OPS and CTS are harm-reduction programs designed to reduce overdoses and other harms associated with substance use. These programs play an integral part in a comprehensive public health approach to addressing harms associated with substance use and complement other prevention, harm-reduction, treatment and enforcement strategies. Research suggests that safe consumption sites and their accompanying services provide help to inform peoples' consumption practices such as:

- reduce the amount of substances used by individuals accessing the site
- reduce the frequency in which people use substances through connection to additional services and supports
- provide safe conditions for people to consume substances
- reduce the risk of transmission of blood borne infections
- provide information to reduce high risk behaviours associated with substance use
- enhance access to primary health care, substance use disorder treatment and social services
- reduce public disorder and public injecting while increasing public safety
- reduce overdose-related deaths (it is worth mentioning that there has not been a single overdose fatality at any SCS worldwide)
- reduce health care costs through prevention of disease transmission, overdose deaths, emergency department visits and involvement of emergency medical visits

In order for KCHC to operate CTS at SHC, they must reapply to the Province for approval and funding under the new model. Applications are due to the Ministry by December 31, 2018. The application process requires a motion of support from the local municipal Council. Many community organizations including Kingston Police, Frontenac Paramedic Services, KFL&A Public Health, Addictions and Mental Health Services (AMHS), HARS and Youth Diversion have provided written letters to support the continuation of supervised consumption services in Kingston.

While CTS have proven to be critical to the health and safety of individuals in the community, it is only one component of a Community Drug Strategy being led by Public Health for the

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Kingston, Frontenac, Lennox and Addington region. Consultation with a range of community stakeholders is currently taking place and a draft should be completed early in 2019.

External Partners Consulted

The following external partners have been consulted on this report: Dr. Kieran Moore, Medical Officer of Health, KFL&A Public Health; Chief Antje McNeely, Kingston Police; Susan Stewart, Director, Chronic Disease and Injury Prevention, KFL&A Public Health; Nadia Zurba, Program Manager, Street Health Centre, KCHC; and Travis Mitchell, HCV Community Liaison/OPS Coordinator, Street Health Centre, KCHC.

Existing Policy/By-Law:

Not applicable

Notice Provisions:

Not applicable

Accessibility Considerations:

The Street Health Centre building is fully accessible and meets all of the requirements of the A.O.D.A.

Financial Considerations:

CTS are approved and funded through the Province. The on-site service provided by Frontenac Paramedic Services is paid for through the program's operating budget. Adjunct support services by community partners' is covered within those agencies' own operating budgets. No financial support from the City of Kingston is being requested.

Contacts:

Cheryl Hitchen, Social Policy and Strategic Community Development Manager 613-546-4291 extension 4806

Other City of Kingston Staff Consulted:

Not applicable

Exhibits Attached:

Not applicable