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**REPORT TITLE:** **Supervised Consumption Services in Peel via an Urgent Public Health Need Site**

**FROM:** Nancy Polsinelli, Commissioner of Health Services  
Kate Bingham, MD MSc CCFP(EM) FRCPC, Acting Medical Officer of Health

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## **RECOMMENDATION**

- 1. That the Commissioner of Health Services and the Chief Financial Officer and Commissioner of Corporate Services be granted authority to establish an interim Urgent Public Health Need Site for supervised consumption services in Peel; and**
- 2. That the Commissioner Health Services and the Chief Financial Officer and Commissioner of Corporate Services be authorized to directly negotiate and enter into a service agreement, including any necessary ancillary documents, with Moyo Health and Community Services to operate the site, in accordance with the Region’s Procurement By-law 30-2018, as amended, on business terms satisfactory to the Commissioner of Health Services and the Chief Financial Officer and Commissioner of Corporate Services, and on legal terms satisfactory to the Regional Solicitor; and**
- 3. That Peel Public Health and Moyo Health and Community Services complete site-specific neighbourhood engagement during the Urgent Public Health Need Site location selection process; and**
- 4. That the implementation of these services for up to two years (24 months) at the cost estimate of \$5.8 million be funded from the Tax Rate Stabilization Reserve for operating expenditures and Tax supported Capital Reserve, with no net impact; and**
- 5. That Peel Public Health work with Moyo Health and Community Services to apply to Health Canada for a site-specific exemption from subsection 56(1) of the *Controlled Drugs and Substances Act* for an Urgent Public Health Need Site; and**
- 6. That the report of the Commissioner of Health Services and Acting Medical Officer of Health, listed on the July 7, 2022 Regional Council agenda titled “Supervised Consumption Services in Peel via an Urgent Public Health Need Site”, and resolution be forwarded to the City of Brampton, Town of Caledon and City of Mississauga; and**
- 7. That that the Regional Chair, on behalf of Regional Council, write to the Minister of Health and the Associate Minister of Mental Health and Addictions to advocate for permanent, sustained provincial funding for supervised consumption services in**

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**Peel as part of the Region's ongoing advocacy for sustainable funding as articulated in the Regional Mental Health and Addictions Advocacy Strategy; and.**

- 8. That a copy of the letter to the province be sent to Peel-area Members of Provincial Parliament, the Association of Local Public Health Agencies, and the Association of Municipalities of Ontario.**

### **REPORT HIGHLIGHTS**

- Drug toxicity related harms and deaths are at crisis levels in Peel. This public health issue has worsened over the past seven years and has been exacerbated during the COVID-19 pandemic.
- In December 2019, Regional Council endorsed the Peel Opioid Strategy in response to increasing drug-related harms and deaths in the community. As part of the Harm Reduction Pillar of the Strategy, Regional Council also endorsed the Peel Supervised Consumption Site Needs Assessment and Feasibility Study which identified a need for supervised consumption services in Peel. Council directed Peel Public Health to work in partnership with Moyo Health and Community Services on next steps.
- Per Council direction, a Planning and Implementation Table has been established to support planning for supervised consumption services in Peel; co-chaired by Peel Public Health and Moyo Health and Community Services.
- Based on the work of the Planning and Implementation Table, staff is seeking approval for interim Regional funding of up to \$5.8 million for supervised consumption services via an Urgent Public Health Need Site in Peel for up to 24 months.
- In parallel, advocacy and application for permanent and sustained provincial funding will ensue. Advocacy for supervised consumption services will also be incorporated into the Regional Mental Health and Addictions Advocacy Strategy.
- Direct negotiation with Moyo Health and Community Services is recommended to support more timely availability of supervised consumption services given Moyo's experience and expertise in harm reduction. Moyo is a trusted organization with people who use substances in Peel and has been providing services in Peel for almost three decades.
- Upon Council approval, Public Health staff will work with Moyo to undertake site-specific neighbourhood engagement, search for and identify a suitable site location, and inform the respective local municipality on the proposed site location.
- Focused, two-way outreach and engagement with all stakeholders will be critical to the successful planning, site-selection, launching and operating phases of this project.
- Following negotiation of the operational contract and necessary agreements; operations are aimed to commence by early 2023.
- Staff will report back to Council in the first half of 2023 to provide an update on the site-specific community engagement, the operations of the interim Urgent Public Health Need Site, and the status of application for sustained provincial funding.

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## **DISCUSSION**

### **1. Background**

#### **a) Substance Use in Peel**

Opioid-related deaths continue to rise. In the last five years (2017-2021) 654 individuals in Peel have died. These deaths are primarily impacting young adults aged 25-44. The

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increasingly toxic drug supply in Peel has led to a dramatic increase in deaths due to fentanyl and fentanyl analogues. While death data are often reported as a key indicator for drug-related harms, this is only a proportion of total harm, as non-fatal overdose can lead to serious, long-term health impacts (e.g., hypoxic brain injury, peripheral neuropathy, renal failure). For every fatal overdose there are approximately 20-30 non-fatal overdoses<sup>1</sup>.

For over half of opioid-related deaths in Peel in 2021, there was no one present at the time of the incident who could intervene (e.g., administer naloxone – the medication used to reverse the effects of opioids, call 911). Even when others are present to intervene in an overdose, people who use substances are often reluctant to call 911. Although the *Good Samaritan Drug Overdose Act* was enacted in 2017, providing some legal protections for individuals who are at the scene of an overdose when police arrive, fear of criminalization and widespread societal stigma still act as barriers to calling 911. Among clients of Public Health’s Harm Reduction Program and affiliated community partners, fewer than 1 in 5 reported calling 911 when they used naloxone.

Eighty-five per cent of respondents to the Peel Supervised Consumption Site Needs Assessment and Feasibility Study (“Peel SCS Study”) reported using drugs in public at least once in the last six months, with 47.2% of respondents using in public usually or always. Using drugs in public may be due to homelessness or having nowhere safe to use drugs. Some individuals use drugs in public to increase the likelihood of someone finding them and responding to an overdose, should they experience one.

Many clients served by Peel Public Health’s Harm Reduction Program are seeking information on injection-related medical care (e.g., abscesses, cellulitis, difficulty finding a vein). Societal stigma prevents many individuals who use substances from connecting with health care providers about substance-related medical issues.

The most common reasons for using / considering using supervised consumption services identified by Peel SCS Study respondents were:

- the ability to remain safe from being seen by police;
- the ability to use substances indoors and not in public;
- the ability to see health professionals;
- the prevention of overdoses; and
- access to sterile substance-use equipment.

### **b) Peel Opioid Strategy and Harm Reduction Interventions**

One of the four pillars of the Peel Opioid Strategy is the Harm Reduction Pillar, which aims to reduce negative consequences for people who use substances such as preventing overdoses and exposure to blood-borne infections (e.g., HIV, hepatitis B and C). Strategies within this pillar include operational interventions intended to more immediately save lives, as well as system-level advocacy and policy changes that address the broader determinants of health. Supervised consumption services (SCS) are one of the interventions within the Harm Reduction Pillar.

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<sup>1</sup> Darke S, Mattick RP, Degenhardt L. The ratio of non-fatal to fatal heroin overdose. *Addiction* 2003; 98: 1169–71.

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On December 12, 2019, linked to the Harm Reduction Pillar of the Peel Opioid Strategy, Peel Regional Council endorsed the Peel SCS Study and directed Peel Public Health to collaborate with Moyo Health and Community Services (“Moyo”; previously the Peel HIV/AIDS Network) to convene a planning and implementation group to facilitate stakeholder discussions and community consultations on supervised consumption services in Peel (Resolution 2019-1132).

Following the COVID-19 pandemic, an SCS Planning and Implementation table co-chaired by Moyo and Peel Public Health, was established in March 2022 to support the planning for supervised consumption services in Peel. This Table is currently comprised of Peel service providers that are actively involved in work related to harm reduction and drug strategies and serve people who use substances. Representatives from the Peel Drug Users Advisory Panel also sit at this table to ensure planning incorporates perspectives of people with lived/living experience of substance use. The Planning and Implementation Table informed the development of the recommendations in this report.

Engagement of the Peel Regional Police (PRP) in SCS planning is also ongoing. Discussions with PRP relate to strategies to support community safety at and around the site, relationship building, and community safety indicators that will inform the SCS evaluation and future SCS in Peel.

Refer to Appendix I for list of members of the SCS Planning and Implementation Table.

Moyo has established expertise and experience in harm reduction and plays a leadership role in facilitating collaboration between service providers (e.g., through facilitating the Peel Harm Reduction Committee and the Peel Integrated Drug Strategy). Moyo is trusted by people who use substances in Peel and has consistently shown interest and capacity to operate supervised consumption services if funding were available.

The Peel SCS Study identified a need for supervised consumption services in Peel and recommended that the following areas for SCS sites be considered:

1. Downtown Brampton
2. Cooksville, Mississauga
3. Mobile sites to service less densely populated areas of the Region, based on need and capacity.

Data from paramedic responses where naloxone was administered continues to be consistent with the findings of the Peel SCS Study. Staff will continue to monitor opioid surveillance data to identify areas of need and consider various SCS operational models to inform the planning of future SCS services that address different geographic needs throughout Peel.

## **2. Supervised Consumption Services**

As part of a harm reduction approach, supervised consumption services (SCS) are low-threshold health care services where people can use their own drugs in a safe, hygienic environment under the supervision of knowledgeable, non-judgmental, trauma-informed staff and receive basic health care, harm reduction teaching and counselling, and necessary referrals. An SCS prevents fatal overdoses and reduces the spread of blood-borne infections (e.g., HIV, Hepatitis C) by decreasing high-risk behaviour and unsafe injection practices, such as needle sharing. These services also reduce public drug use and

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improperly discarded drug use equipment, connect clients to other social and health services (e.g., housing, employment assistance, food programs), and reduce the strain on other emergency medical services.

Core services of an SCS site include:

- Supervision of drug consumption and emergency response to adverse events/drug overdoses
- Harm reduction information and counselling
- Injection-related first aid (such as wound, vein and abscess care)
- Disease screening/testing
- Assessment and referral to primary health care and social services, including drug treatment
- Distribution and return/safe disposal of injection equipment and other harm reduction supplies
- Naloxone distribution and training

Currently, there are 38 SCS sites in Canada with the first opening in 2003. Since 2017, 22 sites have been established in 10 communities across Ontario. Additional communities continue to pursue this overdose prevention intervention. Recent research estimated the population level effects of SCS and other similar services (i.e., overdose prevention sites) in Ontario and British Columbia. Findings indicated that emergency department visits and hospitalization rates declined faster in areas with these services in Ontario compared to areas without these services.<sup>2</sup> In British Columbia, these services were found to reduce opioid-related paramedic calls and emergency department visits.<sup>3</sup>

A federal exemption under section 56(1) of the *Controlled Drugs and Substances Act* is required to operate SCS. In response to increasing needs and challenges presented by the pandemic, various jurisdictions are utilizing an expedited and lower-barrier process to receive an exemption under section 56(1) of the *Controlled Drugs and Substances Act* to operate an Urgent Public Health Need Site (UPHNS). This is a temporary alternative to the more comprehensive federal exemption process for the authority to operate SCS. Several jurisdictions have taken advantage of this expedited process, including Toronto, which incorporated SCS within their shelter system. The UPHNS process provides an opportunity to address the urgent need for overdose prevention in Peel.

Separate from the federal exemption and to support communities in need of SCS in Ontario, the provincial government offers funding for up to 21 Consumption and Treatment Sites (currently 17 are funded through this process). Based on the significant application requirements (e.g., extensive consultations, site location, comprehensive wrap-around supports), and recent experience of other jurisdictions, the provincial funding application process is expected to be lengthy. Moyo, with support from Peel Public Health, intends to pursue provincial funding for sustainable SCS in Peel when requirements have been met.

### 3. Proposal for SCS in Peel

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<sup>2</sup> Panagiotoglou D, Lim J. Using controlled interrupted time series to estimate the population-level effects of Ontario's recently implemented overdose prevention sites and consumption and treatment services. 2021.

<sup>3</sup> Panagiotoglou D. Evaluating the population-level effects of overdose prevention sites and supervised consumption sites in British Columbia, Canada: Controlled interrupted time series. 2022.

## **Supervised Consumption Services in Peel via an Urgent Public Health Need Site**

Public Health recommends a phased approach that allows smaller-scale supervised consumption services to be made available more immediately via an Urgent Public Health Need Site (UPHNS) (Phase One) while providing time to pursue sustainable provincial funding and complete more robust community consultations to inform longer-term SCS in Peel (Phase Two).

### **a) Phase One – Interim SCS**

Following Regional Council approval, staff will move forward with the next steps in the planning and establishment of SCS in Peel. The planned approach over the next several months is outlined below.

#### **I. Site Selection**

Efforts to identify a suitable location for the UPHNS are ongoing. Geographic areas being explored for potential sites are informed by the Peel SCS Study, ongoing opioid surveillance data, and input from stakeholders. The intent is to secure a site that can accommodate onsite core supervised consumption services, as noted above (provided by Moyo), and primary and episodic clinical care (e.g., wound care, foot care, etc.), provided by WellFort Community Health Services (“WellFort”) as a subcontractor under Moyo. Depending on site capacity, some support services will be available onsite (e.g., mental health services) with strong referral pathways to other supportive health and social services, including housing.

Site selection is being done with careful consideration of multiple factors to balance needs of SCS clients and the surrounding community. (See Appendix II for additional information on site selection considerations). Site-specific neighbourhood engagement will occur as outlined in the next section. The local municipality where the proposed Urgent Public Health Need Site is to be located will be informed of the results of the site-specific neighbourhood engagement prior to commencement of operations.

#### **II. Community Engagement**

Focused outreach and two-way engagement with stakeholders are critical to the successful planning, site selection, launching and operating phases of this project. Best-practice methods to obtain stakeholder inputs in other jurisdictions include stakeholder meetings, surveys, and site walk-throughs, among others. Throughout all phases of the project, information to raise awareness and understanding of the community benefits of SCS, address myths and provide project progress updates will also be shared with stakeholders. See Appendix III for the groups of stakeholders and phases of community engagement.

#### **III. Operations**

The Region of Peel will contract Moyo as the lead UPHNS operator. Moyo will enter into a lease agreement for the UPHNS site and will subcontract WellFort as clinical lead. The lead operator (Moyo), with support from Peel Public Health, will pursue the necessary federal approval to operate a UPHNS. It is expected that the UPHNS will be operational by early 2023. In addition to the site selection process and community engagement noted above, ensuring operational readiness will include completing

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necessary site renovations, hiring and training staff, establishing safety and security policies and procedures, as well as obtaining the federal exemption.

### **b) Phase Two – Ongoing SCS**

Future planning of supervised consumption services beyond an interim site will require sustained provincial funding. An application to the provincial Consumption and Treatment Services (CTS) funding program or other available funding will be pursued.

Ongoing SCS will be informed by monitoring data and lessons learned from the interim UPHNS. Consideration will be given to a combination of fixed, mobile, and/or integrated SCS with other health and social services. Regular data monitoring of drug-use related harms will continue to inform the location of any future service expansion to ensure service provision in geographic areas in need.

Staff will engage an external consultant in accordance with the procurement by-law to facilitate broader community consultations, in line with CTS program requirements, to inform recommendations for ongoing SCS.

Planning for Phase Two, including the application for provincial CTS funding, will occur in parallel with establishment of the interim UPHNS, dependent on staff and operator capacity. Staff will report back to Council in Fall 2023 with an update and recommendations for longer-term SCS in Peel.

## **4. Monitoring and Evaluation**

A responsive and appropriate evaluation of the UPHNS will be designed to inform program related decision making and provide insight into future iterations of SCS in Peel (i.e., Phase Two).

In collaboration with the operator of the site and key community partners, Peel Public Health will support and develop an evaluation framework that is anchored on program objectives. The evaluation will assess the implementation and effectiveness of the UPHNS.

The evaluation will commence after the UPHNS has been established and is operational, with collection of baseline data ahead of program implementation. The UPHNS program evaluation will inform the development of a future model for sustainable supervised consumption services in Peel to address client and community needs.

## **RISK CONSIDERATIONS**

If the planned actions outlined in the Peel Opioid Strategy and the Peel SCS Study are not implemented, this may be perceived as inaction by the Region of Peel on a significant public health issue resulting in a decline in the public's trust and confidence, especially among those with lived/living experience of substance use or addiction, their family and friends, as well as providers serving this population.

Without immediate intervention, rising opioid-related deaths and non-fatal overdoses in Peel are expected to continue to increase unabated. Providing interim funding to more immediately operationalize supervised consumption services via an Urgent Public Health Need Site will help to reduce the impact of the toxic drug supply and save lives. It will also enable staff to work with

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key partners to design sustainable supervised consumption services to ensure this lifesaving intervention remains available in Peel.

There is a risk that securing a suitable site location may take longer than planned given the current real estate market and planned site-specific neighbourhood engagement and hence commencement of site operation may be delayed. Several months have been allocated to allow time for the necessary next steps to be completed. Collaboration, flexibility, and commitment will be essential to facilitating the next steps in the process and ensuring timely operational readiness.

Some stakeholders will oppose the establishment of supervised consumption services even with engagement, outreach, and mitigation strategies. For successful SCS operations, champions and community leaders will be essential to manage and respond to opposition. Furthermore, opportunities will be provided for input and ongoing dialogue and relationship/capacity building between the operator and impacted parties. Monitoring and evaluation of the SCS is pertinent for adjusting in response to community needs.

The province has authority to fund the Consumption and Treatment Services Program. With the Region of Peel stepping in on an interim basis to address the needs of the substance using community without a guarantee of sustained provincial funding, there is a risk that the province will continue to underinvest in Peel. Advocacy is ongoing and must continue to secure appropriate levels of permanent funding from the province to support sustainable SCS in Peel and across the province. Staff will continue to advocate for Peel's fair share of funding through the Region's Mental Health and Addictions Advocacy Strategy.

### **PROCUREMENT IMPLICATIONS**

This is a non-competitive contract award. In accordance with Procurement by-law 30-2018, section 5.2.5 - the required goods and services are to be supplied by a particular Vendor having special knowledge, skills, expertise, or experience. Regional Council approval is required.

### **FINANCIAL IMPLICATIONS**

Phase one of an interim Urgent Public Health Need Site for a 24-month period is expected to cost \$5.8 million dollars based on a detailed forecast. This includes \$732 thousand in one-time expenses for modifications to the space, furniture and equipment, and consultation for community engagement.

Annual operating costs would be \$2.6 million dollars in year one and \$2.5 million in year two. The annualized impact will depend on the start of the program and the hiring timelines. A portion of the costs will be incurred in 2022 to support community engagement, securing a site, and preparation for clinic start-up. The detailed operational costs will be reported as part of the 2023 budget. The majority of the operational costs are for staffing of the site by the operator. Two temporary Region of Peel staff positions are needed to support the program implementation and operations.

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Staff are seeking approval to use funding from the tax stabilization reserve for operating and tax supported capital reserve with no net impact for interim regional funding for a fixed supervised consumption site.

Estimated expenditures:

<b>Annual Projected costs (000's)</b>	<b>Year 1</b>	<b>Year 2</b>
Supplies, services and rent	\$543.5	\$543.5
Internal charges	57.0	25.0
Salaries and Wages, Moyo	1,712.6	1,712.6
Salaries and Wages, ROP	260.4	260.4
<b>Total Operating Budget</b>	<b>\$2,573.5</b>	<b>\$2,541.5</b>
Community consultations	50.0	
Equipment and Furnishings	681.8	
<b>Total one-time</b>	<b>\$731.8</b>	
<b>Total expenses</b>	<b>\$3,305.3</b>	<b>\$2,541.5</b>

## CONCLUSION

Given the notable risks and impacts related to drug toxicity and related harms, this report seeks Council approval to establish an interim Urgent Public Health Need Site in Peel. Upon Council endorsement, necessary next steps include searching and securing a suitable site, consulting with surrounding community members and local municipal Council and completing the necessary operational planning. The interim site would be operated by Moyo Health and Community Services and funded by the Region of Peel for up to 24 months while steps are taken to secure provincial funding.

Staff will report back to Council in the first half of 2023 to provide an update on the site-specific community engagement, the operations of the interim Urgent Public Health Need Site, and status of application for sustained provincial funding.

## APPENDICES

Appendix I – Supervised Consumption Site Planning and Implementation Table Members  
Appendix II – Urgent Public Health Need Site Selection Considerations  
Appendix III – Community Engagement Approach

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## **Supervised Consumption Services in Peel via an Urgent Public Health Need Site**

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