Agenda – Executive Policy Committee – December 7, 2022

REPORTS

Item No. 13 City of Winnipeg Supervised Consumption Site Support Review Process

WINNIPEG PUBLIC SERVICE RECOMMENDATION:

1. That this report be received as information.

ADMINISTRATIVE REPORT

Title: City of Winnipeg Supervised Consumption Site Support Review Process

Critical Path: Executive Policy Committee – Council

AUTHORIZATION

Author	Department Head	CFO	CAO
C. Guest	C. Schmidt	N/A	M. Jack

EXECUTIVE SUMMARY

Drug overdose/poisoning continues to increase year over year. The rates of death and harms associated with overdose/poisoning are also on a steady rise. The street drug supply is unregulated, unpredictable, toxic, and often deadly. This affects community members, families, loved ones, and relatives. Overdose/poisonings cause an increased strain and demand on Winnipeg Fire Paramedic Service and Winnipeg Police Service resources, the entire healthcare system, and many other community organizations. People that are dealing with substance use often feel alone and at times feel they have nowhere to turn.

In Canada, possession of controlled substances is prohibited under the Controlled Drugs and Substances Act, and an exemption under the Act is required to operate a supervised consumption site for medical purposes. Currently, Winnipeg does not have a supervised consumption site where people that use drugs can access safe supplies, drug testing services, peer-led support services, culturally-appropriate treatment/care options and, most importantly, a supervised place where people who use drugs can be monitored and receive immediate care in the instance of an overdose/poisoning.

Sunshine House has received an exemption from Health Canada to operate a mobile overdose prevention site (OPS) where they will provide harm reduction supplies and drug testing services, as well as assistance to community members who experience an overdose/poisoning by administering naloxone. The OPS will be established in a traditional RV (motorhome) and will be mobile throughout the Downtown, Point Douglas, West Broadway, and West End Neighborhoods. While an OPS offers supervision and support, it is designed to be dispatched on an urgent basis and does not offer all of the services of a supervised consumption site (such as primary care, access to treatment, etc.).

This report outlines the process and parameters the City could use to review any request for letters of support by Community Based organizations seeking Health Canada exemptions.

RECOMMENDATIONS

1. That this report be received as information.

REASON FOR THE REPORT

On May 26, 2022, Council concurred in the recommendation of the Executive Policy Committee, as amended, and adopted the following:

3. That subject to the approval of Recommendation 1, to allow for a whole of government approach, that the Public Service be directed to report back in 120 days with a process to review requests for letters of support by Community Based Organizations in Winnipeg who wish to apply to Health Canada for an exemption from provisions of the Controlled Drugs and Substances Act. The process developed by the Public Service should not overburden organizations in their application process but rather afford the entire Public Service an opportunity to ensure organizations making an application have the resources they need to provide the support for the four pillars and six policy and practice recommendations, as outlined in Attachment A and B.

IMPLICATIONS OF THE RECOMMENDATIONS

There are no implications associated with receiving this report as information.

HISTORY/DISCUSSION

The Government of Canada reported a total of 30,843 apparent opioid deaths between January 2016 and March 2022. This is approximately 21 deaths per day. During the first two years of the pandemic, there was a 91% increase in apparent opioid toxicity deaths (April 2020 – March 2022, 15,134 deaths) compared to the two years before (April 2018 - March 2020, 7,906 deaths). In 2021, 407 Manitobans lost their lives to illicit drugs. Winnipeg Fire Paramedic Service paramedics continue to see increasing responses to substance use incidents involving opioids. The administration of naloxone continues to increase, often requiring higher doses to deal with an increasingly toxic and deadly street drug supply.

In Canada, possession of controlled substances is prohibited under the Controlled Drugs and Substances Act. To operate a supervised consumption site for medical purposes in Canada, an exemption under section 56.1 of the Act is necessary. Currently, Winnipeg does not have a supervised consumption site where people that use drugs can access safe supplies, drug testing services, peer-led support services, culturally-appropriate treatment/care options and, most importantly, a supervised place where people who use drugs can be monitored and receive immediate care in the instance of an overdose/poisoning.

Supervised consumption sites and overdose prevention sites can save lives while reducing emergency response incidents. They also increase access to primary care, detox/addiction care, housing, and nutrition counselling and provide a sense of community for people who use drugs. Accessing supervised consumption sites and overdose prevention sites has proven to reduce the spread of infectious diseases, such as HIV and hepatitis, while reducing public drug use and discarded equipment.

Requests for letters of support could be directed to the office of the CAO for dissemination to the required City departments for review based on established regulations, by-laws, and the guidelines within this report. Departments would submit their input, which would be collated to form the City position and the applicable response provided to the applicant.

Departmental reviews should align with:

1. The “four pillar approach,” which includes treatment, harm reduction, enforcement and prevention.

2. The establishment of supervised consumption and overdose prevention sites that are consistent with Health Canada guidelines (attached to this report is a guideline for the establishment of supervised consumption sites [Annex A], and a guideline for the establishment of overdose prevention sites [Annex B]).

The City of Winnipeg could support community-based organizations in Winnipeg that wish to apply to Health Canada for an exemption from provisions of the Controlled Drugs and Substances Act and review such requests for support based on the following factors:

1. That community-based organizations apply for an exemption under the recommendations outlined within this report and the attached document.
2. That the City of Winnipeg operates in a supportive role in regard to the creation and management of supervised consumption sites.
3. That the organizations adhere to all applicable building codes, by-laws, and fire code requirements and the City assists in ensuring the process does not overburden the application.
4. That community-based organizations consider mobile consumption services to ensure that clients are able to access supports regardless of geographic location.

The City could also require organizations to provide or connect individuals to substance use treatment and recovery as part of the development of any supervised consumption site.

In the preparation of this report, community feedback was received from the Manitoba Harm Reduction Network, Sunshine House, the Norway House Cree Nation Consultant Advocate, and a Clinical Nurse Specialist from the Winnipeg Regional Health Authority.

FINANCIAL IMPACT

Financial Impact Statement Date: Nov 04, 2022

Project Name:

City of Winnipeg Supervised Consumption Site Support Review Process

COMMENTS:

There are no financial impacts arising from the recommendations in this report.

John Hall FCMA, CGMA
Financial Controller
Fire Paramedic Service

CONSULTATION

This Report has been prepared in consultation with: N/A

OURWINNIPEG POLICY ALIGNMENT

03: ECONOMIC PROSPERITY
OBJECTIVE 3. Address poverty as an unacceptable and costly outcome of systemic barriers, through collaboration with the community and government bodies.

04: GOOD HEALTH AND WELL-BEING
OPBJECTIVE 1. Enable access to basic needs for good physical and mental health.

05: SOCIAL EQUITY
OBJECTIVE 3. Build social cohesion through community development solutions, coordinated, effective partnerships and responsive service delivery.

WINNIPEG CLIMATE ACTION PLAN ALIGNMENT

N/A

WINNIPEG POVERTY REDUCTION STRATEGY ALIGNMENT

Goal 1: Equity and a Culture of Caring are Demonstrated through Strategy Implementation and Systems Change

D. The city advocates for and pursues partnerships to implement the Strategy.

Goal 4: Community Well-Being Supports for those in Greatest Need are Increased

A. The immediate needs of residents experiencing homelessness or at risk of homelessness are met through collaboration with community partners and other levels of government.

C. Strategic partnerships to connect people to needed supports are developed.
The city adopts a Harm Reduction approach to reduce the harms of substance use for residents.

SUBMITTED BY

Department: Winnipeg Fire Paramedic Service
Division: Paramedic Public Education
Prepared by: Cory Guest, Paramedic Public Education Coordinator
Date: November 4, 2022
File No: N/A

Attachment: Canadian Standards Association Z1650:21 *Paramedic response to the opioid crisis*, Annex A and B

Annex A (informative)
Guidelines for support of supervised consumption sites

Note: *This Annex is not a mandatory part of this Standard.*

A.1

A supervised consumption site's location should be selected such that it is easily accessible to the intended users of the site.

Note: *Supervised consumption sites are protected under a Federal regulation exemption from drug laws within the rules of the exemption.*

A.2

All supervised consumption sites should provide a non-discriminatory environment where people can consume drugs.

A.3

Supervised consumption sites should include the following:

a) permanent shelter with private cubicles for consumption;
b) universal washrooms;
c) harm reduction supplies (e.g., gloves, sharps containers, pipes, 1 cc and 0.5 cc syringes, needles, foil, citric acid, sterile waters, alcohol prep pads, cookers, tourniquets);
d) oxygen tank, supplies (e.g., airways, barrier device, bag-valve-mask, oxygen mask);
e) naloxone kits;
f) poisoning and overdose response procedures;
g) health care staff and service access offering treatment of skin infections and wounds, and peer support;
h) communicable disease testing services;
i) rapid drug detection equipment (e.g., strips and spectrometers), harm reduction education materials (e.g., vein care, central line cleaning procedure, infection and prevention control, injection techniques, and overdose prevention); and
j) referrals to other agencies for ongoing health care and social support services such as opioid agonist therapy, withdrawal and detoxification treatment, and mental health and housing supports.

A.4

Supervised consumption sites will benefit from having employees with lived experience on staff. People with lived experience will have personal knowledge of the local environment and neighbourhood, and they will be better equipped to help individuals access resources within the local community.

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Annex B (informative)
Guidelines for support of overdose prevention sites

Note: *This Annex is not a mandatory part of this Standard.*

B.1
Overdose prevention sites should be selected such that they are easily accessible to the intended users of the site.

B.2
All overdose prevention sites should provide a non-discriminatory environment where people can consume drugs.

B.3
Overdose prevention sites should include the following services, personnel, and procedures:

a) roof or covering for the area (temporary shelter);
b) universal washrooms;
c) table(s) and chairs that can be easily cleaned;
d) harm reduction supplies (e.g., gloves, sharps containers, pipes, 1 cc and 0.5 cc syringes, needles, foil, citric acid, sterile waters, alcohol prep pads, cookers, tourniquets) and information to minimize spread of infectious diseases;
e) oxygen tank, supplies (e.g., airways, barrier device, bag-valve-mask, oxygen mask);
f) naloxone kits;
g) poisoning and overdose response procedures;
h) basic health care on site or referral to other agencies; and
i) fire extinguisher.

B.4
Volunteers or employees at overdose prevention sites should have lived experience. People with lived experience will have personal knowledge of the local environment and neighbourhood and they will be better equipped to help individuals access resources within the local community.

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