

Recommendations from the

# Toronto Residents' Reference Panel on Supervised Injection Services

“The Residents’ Reference Panel process gave each of us the opportunity to develop a more informed understanding of the issues, to voice our own opinions and ideas, and to better understand the opinions and ideas of others.

Despite our diverse perspectives about the establishment of supervised injection services in Toronto, we all share a common goal of making Toronto a better place to live, work, play, and raise families.”



Welcome

Toronto Resident Reference Panel  
on Supervised Injection Service

Ontario  
Ministry of Health  
St. Charles  
Hospital



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## **Recommendations from the Toronto Residents' Reference Panel on Supervised Injection Services**

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# Why this Matters

**Last summer Toronto’s Medical Officer of Health, David McKeown, announced his support for a specialized pilot program within an appropriate health care facility that would provide supervised injection services to people with severe drug addictions. In many countries, including Canada, the provision of supervised injection services has emerged as an important, if controversial, strategy for reducing the personal harm caused by intravenous drug use.**

Dr. McKeown’s support was based on an extensive series of public health studies, including the Toronto and Ottawa Supervised Consumption Area (TOSCA) Study completed by researchers at St. Michael’s Hospital in 2012. This report called for the opening of these services as part of a comprehensive drug strategy that includes law enforcement, addiction prevention, and drug treatment services.

Formally, the decision to permit, locate and fund a supervised injection facility in Toronto rests with the city, province, and federal government. Informally, the decision will be influenced by the broader court of public opinion, as well as the perspectives and concerns of local residents. In a democratic society, this is not only right but also just.

As a city, it’s important that we talk with one another about difficult issues including how we respond to ongoing illegal drug use and its personal and social consequences. It’s also important that we talk about these difficult issues skillfully in ways that are open, respectful and fair.

The purpose of the Toronto Residents’ Reference Panel on Supervised Injection Services was to examine this issue from a public perspective. This report is intended to support potential planning discussions concerning supervised injection services in Toronto by identifying the prospective concerns of residents and describing a consultation process that would provide sufficient opportunities for city residents to become better informed and to express their views.

The thirty-six members of the Citizens’ Reference Panel have provided a valuable service in outlining a roadmap for this conversation. They have attempted to balance what they perceive are the potential concerns of some Toronto residents with contrasting perspectives on the health needs of injection drug users.

In many respects they have waded into some of the thorniest of political dilemmas — how majorities respond to the needs of often marginalized sub-groups, and what to do when the concerns of some conflict with the interests of others.

The panelists were specifically asked not to speak on behalf of Torontonians by either endorsing or rejecting the prospect of supervised injection services in the city. Should a proposal to open a site be made, this task will fall to oth-

ers. Instead the role of the panel was limited to setting out the ground rules for addressing likely concerns and conducting a fair public conversation.

In their task, I believe they have done an admirable job.

Inevitably, some may see their guidance as an added burden that, if adopted, could risk perpetuating stereotypes regarding illicit drug use and users. Others may be angered, believing that these services enable drug use at the expense of tougher law enforcement, expanded addiction prevention programs or better access to treatment, and that any public discussion concerning these services only increases the likelihood of normalizing illegal drug use.

These concerns merit further dialogue because as our era so ably demonstrates, public attitudes are elastic and evolving — towards drug use, poverty, and mental health, amongst many other social mores and conditions. Today many are increasingly inclined to view addiction as a disease rather than as a moral failing, and as the consequence of other important factors including genetic predisposition as well as prior trauma and abuse.

I would encourage the reader to carefully consider the guidance the panel has provided. Their recommendations are not binding, but they are instructive. Cumulatively, they provide an important vantage point on contemporary attitudes towards drug use in Toronto, and how these attitudes might well be most productively addressed.

I give full credit to the members of the Reference Panel who gave generously of their time and fully exercised their citizenship to tackle a difficult, highly-charged issue with sensitivity and care.



**Peter MacLeod**  
Chair  
Toronto Residents' Reference Panel  
on Supervised Injection Services





# What Policy Makers Should Know: Purpose and Summary of Findings

**In January 2014, 7,500 central Toronto households received a letter inviting them to volunteer to become one of thirty-six randomly selected members of the Residents' Reference Panel on Supervised Injection Services. The members of the Panel met over four Saturdays to learn about these services, discuss their implications, and ultimately provide guidance to government and stakeholders regarding an effective process to solicit community input and respond to prospective public concerns.**

This project was commissioned by St. Christopher House, a Toronto non-profit social service agency, and received funding from the Toronto Central Local Health Integration Network (LHIN).

The recommendations contained in this report are not binding, but they do provide a roadmap for policy-makers responsible for navigating an important public health issue that is of significant public interest.

Both the federal government and the Supreme Court of Canada have recently taken up the issue of Supervised Injection Services (SISs), and each has affirmed the significance of community input as an important basis for an application to receive an exemption to the Controlled Drugs and Substance Act (CDSA). This exemption is required for these services to operate legally.

It is within this context that the Residents' Reference Panel was created. It provided a representative cohort of central Toronto residents the opportunity to push past top-of-mind opinion and put forward detailed recommendations that describe a citizen-centred approach to gathering community input and responding to public concerns.

Over the course of their meetings, the members of the panel became familiar with Toronto's drug strategy, the purpose and efficacy of SISs, and recent peer-reviewed research concerning these services. Findings from these studies indicate that these services are likely to provide a safer alternative to drug use in public places, reduce the chance of death from accidental overdose, lessen the risk of HIV and hepatitis C infection, and decrease the occurrence of street use.

Members of the panels also heard from a variety of stakeholders — some of whom disputed the findings of this research, and presented strong contrasting perspectives concerning SISs and harm reduction strategies in general. The panelists also met with members of a current and former injection drug user advisory group, and hosted a roundtable meeting that was open to the public.

The purpose of this exercise was not to assess the costs or benefits of SISs, nor to take a view on the desirability of these services in Toronto.

Instead, the report focuses squarely on describing how Toronto residents believe the public should be consulted and how their concerns could be addressed. The recommendations contained here are the product of careful deliberation. With the exception of those few issues described in the minority reports found in the appendix, these recommendations represent a consensus view of the panel members.

The panel's work was supported by the Current and Former Drug User Advisory Group. This group met three times: once to learn about the panel; once to meet with the panel for a Q+A session; and once to respond to the panel's recommendations. Their feedback is summarized in the appendix to this report.

This section provides an overview of the panel's findings. The full recommendations of the panel, which were drafted by its members, appear in a separate section of this report.

### **The decision to open a supervised injection service (SIS) should require community input but not public consent**

Panelists did not recommend that local residents or the public at large have any direct veto over SISs in Toronto. No one should be required to hold a local referendum on the proposed SIS, and even large petitions expressing public opposition should not necessarily prevent the service from opening.

Panelists appreciate that most members of the public are not experts in how to deliver effective services to people who inject drugs. Clinicians and policy makers should be the ones deciding, based on the best available clinical evidence, whether or not a SIS is the right service for this group of people.

### **Public concern would be reduced if the proposed SIS was to be located within an existing health care facility that already serves the needs of individuals who inject drugs, in an area with regular pedestrian traffic**

Panelists predict that some local residents would worry that a SIS could increase drug usage or trafficking in the immediate vicinity of a facility, and that this could result in increased theft and other crime. They also believe that local businesses may feel they would be adversely affected by a nearby facility. Though research suggests this is unlikely, panelists anticipate these issues will be top-of-mind for some local community members.

Panelists agreed that there would be less public concern if the proposed SIS was to be located within an existing health care facility that already serves the needs of individuals who inject drugs. This would reduce the concern that the SIS would drastically change the number and behaviour of injection drug users in the nearby area. Panelists also agreed that if the proposed SIS was to be located in an area with regular pedestrian traffic, it would help reduce concerns about increased crime, public injection, and public disturbances.

Panelists acknowledge that they are not experts in designing services for injection drug users, and so cannot fully evaluate the impact these design choices would have on the quality of service available at the pro-

posed SIS. Nevertheless, they counsel that decision makers take their advice into consideration.

### **Any SIS established in Toronto should be part of a balanced and coordinated approach to drug use**

Panelists see the benefit of using prevention, treatment, enforcement, and harm reduction initiatives together to address the negative consequences of drug use in Toronto. They urge the prospective service provider to collaborate with partners so that the proposed SIS is closely integrated with complementary local efforts that use all four of these approaches. In particular, they recommend addressing public concerns about:

- Potential public safety issues by arranging for appropriate local policing efforts, informed by local input.
- The potential for increased injection drug use amongst users of the SIS by promising to actively promote treatment options at the SIS.
- The potential for increased drug use amongst local youth by arranging youth-focused drug prevention programs in the local neighbourhood.

Panelists believe efforts to inform and consult the public should also be coordinated amongst multiple parties. Most panelists anticipate that a prospective service provider is unlikely to have adequate resources or expertise to prepare the educational materials, consult the public, and evaluate the SIS in the manner described in the panelists' recommendations. Importantly, the panel recommends that the provincial government fund the consultation process they lay out in their report. Though the panelists believe the service provider has a responsibility to look for the necessary resources and foster the necessary partnerships with relevant organizations, they also suggest that these other organizations – for example, Toronto Police Services, Toronto Public Health, the Ontario Ministry of Health and Long Term Care, the Toronto Central Local Health Integration Network, and university-based researchers – take responsibility for helping to respond to public concerns with SISs in Toronto.

### **The first SIS established in Toronto should be executed with a high degree of public transparency and oversight**

SISs are new to Toronto, touch on controversial public issues, and require a legal exemption to operate. Because of this, panelists believe it is reasonable for special assurances to be put in place. In particular, assurances should address concerns about whether decisions are being made based on best available clinical evidence, whether public money is being spent appropriately, and whether enough is being done to mitigate any negative consequences the SIS may have on those in the nearby area.

Panelists think a prospective service provider should notify nearby residents, businesses, and organizations about their intentions to establish a SIS, and provide them with information about the opportunities to learn more and the opportunities to provide feedback.

Panelists expect a prospective service provider and its partners to provide members of the public with access to comprehensive, accurate,

understandable information about the SIS and the rationale for establishing it. Panelists agree that providing information will help dispel some unfounded assumptions about drugs and addiction and reassure members of the public that nothing important is being hidden from them.

The panel also recommends establishing Toronto's first SIS as a pilot project accompanied by a rigorous evaluation program. Given that SISs are a relatively rare services and given they would be opening in a new environment, panelists think some members of the public will remain unconvinced by current research into their effectiveness and their impact on surrounding communities. They believe it is reasonable to ask that the first SIS be closely evaluated to examine whether promised outcomes are being achieved. Panelists recommend that continued public funding be linked to clear metrics established in the evaluation program. These actions will help reassure the public that the prospective service provider has little incentive to overstate the expected benefits or understate any potential detrimental consequences. They will also help reassure concerned residents that if their major fears are proven true, the SIS will cease operations.

**Any SIS established in Toronto should, in partnership with other responsible parties, consult local residents about the perceived negative consequences of a SIS and measures that could address them**

Panelists believe that when members of the public risk being indirectly impacted by the SIS, their voices deserve to be considered by decision makers. They expect that there will be instances where the interests of non-drug-injectors can be safeguarded without unduly compromising the health care provided to injection drug users. Panelists agreed that in such instances it is important that the responsible party host meaningful public consultations. Appropriate issues for public consultation suggested by the panel include site surveillance and loitering rules, needle disposal options in the surrounding area, the proximity of the SIS to facilities for children and youth, local cleanup efforts, SIS evaluation plans, and local policing practices. Panel members acknowledge that the influence of these consultations would be limited if implementing the public's recommendations would have a disproportionately negative impact on the quality of health care provided to SIS clients.

In order to involve the public, panelists recommend that a prospective service provider organize several different consultation opportunities for local residents and others. These should be held in the three to five months leading up to the submission of a proposal for exemption from the Controlled Drugs and Substances Act. After releasing information about the proposed SIS to the public and notifying nearby residents and businesses, the prospective provider should provide an avenue for members of the

public to send in written submissions. Panelists also recommend that the prospective provider organize two open public meetings, if sufficient funding is available. Finally, they urge the service provider to set up meetings with organizations that represent important constituencies and with groups who face barriers to participation – including people who inject drugs and street-involved individuals.

Panelists also concluded that members of the public, especially local community members, should have a means of raising issues that may arise after a SIS is established. They recommend establishing two open channels of communication for this feedback: a phone line that allows any interested individual to raise an issue and be directed to the relevant information or decision-maker, and one or more formal advisory panels that include representation from different segments of the community.

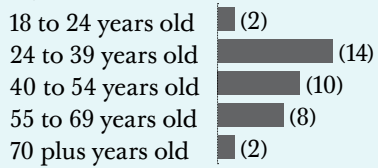


**THE MEMBERS OF THE RESIDENTS' PANEL**

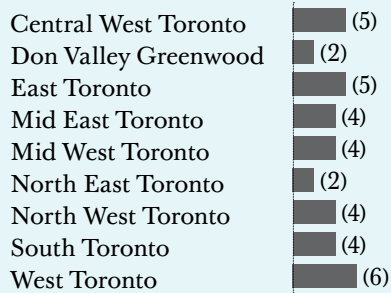
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# Meet the Members of the Toronto Residents' Reference Panel on Supervised Injection Services

The thirty-six randomly selected members of the Toronto Residents' Reference Panel on Supervised Injection Services broadly match the demographic profile of the Toronto Central LHIN's catchment area. They were volunteers and received no compensation. You can read about each of them, in their own words.

**Abigail Kelly:** I'm a high school teacher in the Toronto region. I volunteered to be on the Residents Reference Panel because I'm concerned by the increase of drug culture I see among our youth. I also appreciate the grassroots, democratic voice created by the panel as we work together on what it means to live in a healthy, compassionate society.

**Brenda Boyd:** I have worked mainly in office support services and sales in both the public and private sectors. Among my many interests are art, voice, writing, and female human rights. It is a privilege to participate as a member of the Toronto Residents' Reference Panel on Supervised Injection Services, thereby contributing to a meaningful democratic undertaking surrounding the subject of illegal substance use and harm reduction.

**Dan Hershfield:** I am a writer and performer with an Honours BA in political science from McGill and an MFA in creative writing and theatre from UBC. Outside of my time in Montreal and Vancouver, the first few years of my life in Winnipeg, and a few tours as an improviser (the BC interior and the Caribbean), I am a life-long Torontonian. I participated on this panel because of a long-held belief that being involved in one's community is how you earn the right to complain about it, and I really cherish being able to complain about it. For more information about me, I suggest Google.

**David Spencer:** I'm a single, thirty-one year-old commercial construction site supervisor and I currently reside in North York. I'm a former Canadian Forces soldier and Toronto Street medic, and I've lived in Toronto since 2003, although I'm originally from Hamilton. My interests include politics, dogs, cars, airsoft, fishing, hiking, and snowboarding. When I'm not working, I can usually be found relaxing in my garden, walking my foster dogs, and mowing my lawn.

**Dorothy (Lee-Ann) Howell:** I am committed to helping marginalized people make positive lifestyle changes. For almost ten years, I have assisted people at risk of conflict with the law, addiction problems, and mental health issues reintegrate into society. As a case manager, I have had the opportunity to encourage and empower many marginalized people to take control and shape the direction of their lives, one small change at a time. My desire to be a part of the Toronto Residents' Reference Panel on Supervised Injection Services was influenced by seeing an increase in discarded used needles on the ground of my community. I feel that if there was a SIS in the vicinity, injection users would use it, thereby reducing or eliminating discarded used needles on the ground. My concern is children, pets, and wild animals getting pricked by a needle and contracting a disease such as HIV or Hepatitis. Participation on the Panel has been a rewarding experience and I now feel better informed about the pros and cons of SISs.

**Elena Iourtaeva:** Before settling in Toronto, where I live with my husband and our cat Plato, I lived in Moscow, Paris and Geneva. In Canada, I have worked as a bilingual IT support representative in the insurance sector, as a sports and events photographer, and as a research assistant. I hold a BA in art history and visual studies from the University of Toronto and am currently pursuing an MA in medieval studies at the same university.

**Eric Sabiti:** I am originally from Ottawa and graduated with Honours Bachelor of Social Science with specialization in public administration from the University of Ottawa. Since I graduated, I have worked in the public sector for five years in a public policy and research capacity. I moved to Toronto to pursue a Masters in Public Policy and Law at York University. I am an avid sports fan and enjoy playing basketball and hockey. During my leisure time, I enjoy fitness, eating cultural foods across the GTA, and travelling the world. I love how vibrant the city of Toronto is and hope to work as a lobbyist here one day.

**Irv Kirstein:** Irv is a resident of the Toronto Central LHIN's catchment area.

**Iva Velicokic:** I am a first-time condo owner and a proud new Toronto resident. As my commute is a brief walk to Toronto's downtown core, I am exposed to Toronto's street scene on a daily basis. I thought that getting involved in the panel would be a great opportunity to help serve my community, as I try to volunteer as much as possible. I also attended university at a downtown Toronto campus, so my love affair with the city began when I first set foot on campus. In my spare time, I love to travel as much as possible, read, and stay active.

**Jacobus (Jim) Versteegh:** I am married with four adult children. I recently retired from the Canadian Foreign Service after 40 years and numerous assignments abroad in Europe, South and Central America, the United States, and Asia, including, most recently, in Hong Kong. I've also had various assignments in Ottawa, including as

Director, Refugee Policy and Programs for the Canada Employment and Immigration Commission and as Director, Personnel, International Region, Citizenship and Immigration Canada.

**Kate Duncan:** I am a parent, teacher and advocate with a life-long commitment to community development, universal and accessible health-care, meaningful civic engagement and social justice. I have followed with interest the single example of legal SISs in Vancouver and believe strongly that all concerned communities should be supported in participating in the processes for such options. Having lived in and provided primary health care to a community deemed "higher risk", I am very pleased to be involved with the Toronto Resident's Reference Panel on Supervised Injection Services.

**Katie Bayley:** I have lived in Toronto for two years. I work for a developer in their sustainability department. My job is to make sure our condo developments are built responsibly. I lived in Botswana for four months and saw first-hand the impacts of HIV/AIDS. I thought this panel would be a great opportunity to learn about the issues surrounding injection drug use and available support programs.

**Karen Woodside:** I have lived in Toronto for fifty years. Originally from Saskatchewan, I went to high school and university in Vancouver and received a Bachelor of Science from UBC. Afterwards, I trained as a registered medical laboratory technologist and worked for over twenty years in Toronto and Vancouver hospitals and private laboratories. My interest in being part of this panel stems from my medical background and the fact that during my career some of the patients I saw were injection drug users. For several years since retiring, I've volunteered at Out of the Cold in downtown Toronto. I'm an avid reader, and I love gardening and playing badminton. I have two adult children, who have both worked in the health sector.

**Kevin McKee:** A native Torontonian, I am a communications professional with close to thir-



ty years experience in journalism, public relations, and corporate communications. I have held senior management and executive positions in Toronto, New York, and Silicon Valley. When offered a Green Card and the chance to remain in the US, I declined, knowing I wanted to return to my hometown. Having worked and backpacked extensively around the world, my respect for Toronto has only grown. With a strong interest in politics, my involvement on the panel was a simple decision because it deals with issues of great relevance to my city and community. The chance to interact with a broad cross-section of other members of the public and sector professionals has been both intellectually stimulating and personally rewarding.

**Khalid Ahmed:** I was born, raised, and educated in Pakistan. I pursued a Bachelor of Science in Physics and Maths, and then further education related to the business I was in at the time. I then completed a Diploma in airlines sales & marketing from the IATA Aviation Training & Development Institute. I started my career in a travel agency in Riyadh, Saudi Arabia, and then moved on to sales and accounts at two major airlines. I became a permanent resident of Canada in 2008, and started working at a local travel agency in my very first week in the country; I am still working with them to this date. In 2010, I became a licensed real estate agent and am also working actively as a real estate professional. I am a member of the RC Flying Club of Toronto, enjoy playing cricket, swimming, and many other outdoor activities.

**Leah Johnson:** I am a happily married mother of five little children and I enjoy the ups and downs of my stay-at-home-mother career. I love ice skating, jogging, and any time spent giggling with children. I get to live my life addiction-free due to the teachings of my parents, my religion, and my education. I hope to be able to provide a clean, safe, fun environment for my children and the rest of the rising generation to inherit right here in our beautiful city. I believe children and youth should only have to deal with appropriately-sized problems such as, what to play at recess or what grade they will get on their math test. Children

and youth should not have to deal with the stress of avoiding drug dealers/sex workers and continually saying no to such people. With appropriate care, restrictions and guidelines we can keep Toronto a safe place for our children and youth.

**Liam Lacey:** I am a film critic for the Globe and Mail, where I have covered the arts for thirty-five years. Most of my initial ideas about drugs came from writers and musicians who wrote and sang about the drama of addiction. Later, I met artists who had experimented with hard drugs, including some who later died from overdoses, but these seemed more like personal tragedies than social ones. I gained a different perspective when I lived in Vancouver in the early nineties, when the Lower East Side was an entirely heroin-ravaged community. In 2002, I interviewed filmmaker Nettie Wild for her documentary, “Fix: Story of an Addicted City,” about the campaign to establish Canada’s first supervised injection site, which introduced me to these issues. When I received an invitation to participate in this panel, shortly after the overdose of actor Phillip Seymour Hoffman, it seemed a good time to learn more and offer some help.

**Luc Bavet:** I grew up in a number of cities around the world, mainly living in downtown communities where the evidence of drug use is more visible. My academic studies caused me to become increasingly interested in the subject of drug use as a health, rather than criminal, issue, and I feel a moral obligation as a Canadian and a Torontonian to investigate this subject further. As I prepare to expand my family and consider raising children in a downtown area – where drug use is a clear reality – I am more and more interested in the many questions that surround the issue.

**Marial Addaril-Depoe:** Hello! I’m Marial Addario-DePoe, a 19 year old proud Torontonian. I’ve lived in this city my whole life and am very happy to have been apart of something that will benefit it and its citizens. I graduated from a performing arts high school and spent those years training in opera and had intended to follow that

passion into university. In my time out of high school however, I developed another love and passion for helping people and am very excited to be going into Social Work. I received the invitation to this panel by mail and was immediately interested in the opportunity to be apart of a process that tackles such a complex and important issue. The knowledge and experience I've gained while working on the panel has been exceptional and will serve me well as I start my studies. I had a great time, met some great people and most importantly I'm very proud of the work we achieved together.

**Mark Tuohy:** I am a high school guidance counsellor. Before becoming a counsellor, I taught English for six years. I have travelled extensively and taught in several other countries. I am a life-long Toronto resident and currently reside in the neighbourhood of Parkdale.

**Matthew Otten:** I'm twenty-five years old and I live in Liberty Village. I was born and raised in central Etobicoke and grew up with two older brothers. I attended Bishop Allen Academy, the high school were my father was (and still is) a teacher. In 2006, I left home for the University of Guelph, where I studied marketing management, eventually receiving a Bachelor of Commerce in 2011. Just weeks after finishing my final exam, I began my career in marketing and product development at a company in the auto care industry, where I work today. For the past three years, I have lived on my own in a condo and in my spare time, I'm interested in cars, technology, photography, and real estate. I'm also an avid road cyclist.

**Meg Kwasnicki:** I first came to Toronto thirteen years ago to pursue a Master of Arts in ethnomusicology at York University. My hometown is Vancouver, but I love Toronto and have lived in three very different neighbourhoods here. I work for a national charity as a knowledge manager.

**Michael Bennett:** I was born in Fredericton, New Brunswick and I moved to Toronto in 1987 to attend university. I've lived here ever since. I

have a Bachelor of Arts (Honours Political Science) degree from the University of New Brunswick and a Law degree from Osgoode Hall Law School at York University. I was called to the Ontario Bar in 1992. Currently, I work as a senior legal counsel at the Ontario Securities Commission. Since 1990, I have lived in five neighbourhoods in downtown Toronto, including Parkdale, Jarvis-Wellesley, and Cabbagetown. In those areas, I have seen the tensions that often arise between street-involved people and local residents and businesses. For this reason, I was interested in the work of the panel.

**Michael Kocian:** I grew up in west Toronto in the former City of York. I lived in the area my whole life, attending local schools until 2002 when I dropped out of school. Returning to school in 2004, I eventually completed my OSSD and was accepted to the Business Management program at Ryerson University. From 2006 to 2010 I attended Ryerson, ultimately earning a Bachelor of Commerce. While attending Ryerson, I did some business consulting work, worked part-time at a law firm, and was a student member of the academic integrity council. From 2010 to 2013, I attended Osgoode Hall Law School, Graduating with a JD in 2013. While at Osgoode, I volunteered at the Woodgreen debt and bankruptcy clinic, working with other law students and volunteers from the finance sector to help community members with financial and legal problems. Throughout my education, I came to realize that it was a great privilege and opportunity it was given and developed a strong desire to continue to engage in helping and contributing to my community.

**Nancy Campbell:** I was born and raised in Toronto and I have three children and one grandchild. I have a degree from George Brown College in human services counselling and I've worked with marginalized individuals for most of my working life. I volunteer on many committees in the community and currently live in East Toronto.

**Norma Falconer:** I was born out in the east end

of Toronto to ordinary parents. After the war, we were moved to emergency housing in Milton. I was subject to segregation and bullying at the high school I went to, but fortunately, we soon moved over to Keele and the 401, where I began volunteering in the Church for Young People. I met and married Tom. We had some great trips all over the world on our motorcycle. Sadly, he died sixteen years ago from alcoholism and that is why I am interested in these discussions.

**Robert Wiggins:** I was born in Toronto on Brunswick Avenue and I lived with my mother and father until my parents separated. Then I went to a foster home because my dad couldn't look after me, until my sister came back to Toronto from New York and helped him raise me. Now, I'm the only one left in my family. I've been married twice, and have four children. I worked at the Addiction Research Centre for twenty-five years and I think that while I was there I helped get two girls off drugs - that's something I'll be proud of until the day I die. I live in the west end, and I like to sing karaoke once a month on the weekends. I think that this reference panel is a good opportunity to do something interesting instead of sitting at home and watching TV.

**Ross Hainsworth:** I am a 60-year old single man. I was admitted to the University of Toronto Law School in 1975 and obtained an LL.B. in 1978. I was called to the Ontario Bar in 1980. I was duty counsel in the criminal courts in Toronto in 1982 and 1983, and was enrolled as a legal officer in the Canadian Forces in 1987. My experience in the legal profession since 1991 has been very unusual. I was the first legal officer in the Canadian Forces ever to be court-martialed (as a result of trying to prevent the wrongful conviction of my client at his own court-martial). The resulting conflict is on-going 23 years later, and has political, as well as legal, components. I am motivated to participate in this panel because I understand that politicians make decisions based on many factors, including public opinion.

**Sarah Robertson:** I am originally from Nova Scotia where I went to Dalhousie University and majored in International Development and Social Anthropology. I moved to Toronto in 2009 to go to Humber College. Since graduating I have worked in Southern Africa doing project management in the health and community development sectors. I wanted to participate in the residents panel as I believe in the value of community dialogue and to learn more about treating addiction as a health versus criminal issue. I currently live in Forest Hill.

**Sheila Banerjee:** I am a lifelong Toronto resident and a Mindfulness-based psychotherapist, parent, and performance artist. I have a commitment to anti-oppression and harm reduction principles, and longtime involvement in projects that foster authentic interpersonal relating and which work for consensus.

**Susan Ward:** I hold a Bachelor of Science degree in psychology from York University. I went to nursing school for two years but did not complete my degree. I took skating, swimming, badminton, tennis, and skiing lessons when I was young. I have followed figure skating for many years and I have traveled to many countries throughout my life. As a result of my education and life experiences, I am interested in reading, learning, and understanding psychology related to people's mental health, including addiction. I joined the panel because I was interested in sharing my thoughts on this important issue.

**Tom Shannon:** I am a happily married father of two school-aged children. I work as a project manager in transportation systems. I am a competitive bridge player, a long time vegetarian and enjoy fishing in summer and winter. I was interested in this panel because as a regular blood donor, Canadian Blood Services often asks questions about injection drug use and hepatitis.

*Due to unforeseen circumstances, two members were unable to complete the Toronto Residents' Reference Panel on Supervised Injection Services.*



# The Report of the Toronto Residents' Reference Panel on Supervised Injection Services

What follows is the Report of the Toronto Residents' Reference Panel on Supervised Injection Services. The report was drafted by the members of the panel during their meetings, and was subsequently circulated to each member for their input, revisions, and approval. This process was completed with the assistance of panel staff. Commentary from individual members is included in the appendix.

## WHO WE ARE

We are a dedicated group of volunteers from across the Toronto Central Local Health Integration Network's (LHIN) catchment area.

Our involvement in this process began when we each received one of the 7,500 invitations mailed to randomly selected households in the catchment area. Of the 265 respondents, we were the lucky thirty-six individuals randomly selected to represent the residents of the Toronto Central LHIN on the Toronto Residents' Reference Panel on Supervised Injection Services.

We are 18 women and 18 men, volunteers selected to represent the age profile and geography of central Toronto. We have a wide range of personal experiences, perspectives, and work backgrounds—we are parents, business people, educators, students, media workers, underemployed, retirees, community developers, and more. Before joining the panel, some of us had knowledge about injection drug use and SISs; some of us did not. The Residents' Reference Panel process gave each of us the opportunity to develop a more informed understanding of the issues, to voice our own opinions and ideas, and to better understand the opinions and ideas of others. Importantly, we understood that as members of the Toronto Residents' Reference Panel, we had not been called upon to decide whether SISs should be opened in Toronto — in fact the process did not include an opportunity to make recommendations on this question. Instead, our job was to make recommendations about how to

identify and address potential public concerns about any proposal for a SIS in Toronto.

## WHY WE VOLUNTEERED

Despite our diverse perspectives about the establishment of SISs in Toronto, we all share a common goal of making Toronto a better place to live, work, play, and raise families.

We also share a desire to participate meaningfully, learn, and be involved in thoughtful, public, democratic processes.


This was a unique opportunity for us to learn something new, to hear from our neighbours and fellow community members, and to have an impact on an important public issue.

## WHAT WE LEARNED

We learned a considerable amount in a relatively short period of time. Over the course of four Saturdays, we heard from a range of community representatives, health care experts, advocates, local businesses, harm reduction service providers, researchers, academics, and public safety and police personnel. We also learned from each other.

We were provided with a variety of news articles and reports about injection drug use and SISs. Though many of our readings focused on the InSite facility in Vancouver, British Columbia, others examined facilities in Europe and Australia.

We also hosted a Public Roundtable Meeting where we heard, and learned, from other inter-



ested members of the public. Many of the roundtable participants were harm reduction service providers, representatives of different community organizations, and current or past intravenous drug users.

### **OUR TASK**

We had not been called upon to decide whether SISs should be opened in Toronto. Rather, our mandate was: “to learn about the impacts

of injection drug use in Toronto and how those impacts are currently addressed; understand the different perspectives of Toronto residents concerning the location and operation of potential SISs in the city; and propose recommendations to government on actions and guidelines for addressing public concern regarding these facilities.” We had only four days to accomplish these tasks, and we believe we have succeeded in providing reasonable guidance on behalf of all residents of central Toronto.

# Guiding Principles for Public Input

The panel was asked to develop a set of principles for public input into supervised injection service (SIS) that they believe should be followed should an organization in Toronto seek authorization to provide such services. They are listed in no particular order.

## **A PROCESS WITH INTEGRITY**

Public input into SISs should be obtained through a comprehensive range of processes that, taken together, provide all who wish to participate with an open and accessible avenue to do so. This is important because it diminishes exclusion, contributes to community ‘buy-in’, helps establish a process that is trusted and seen to have integrity, and leads to greater community acceptance of decisions.

## **BALANCED, REPRESENTATIVE PARTICIPATION**

Public consultation about SISs should begin with organized, active recruitment of participants so that a broadly representative group of relevant stakeholders is involved. The consultation process should encourage key constituencies (residents in close geographic proximity, demographic groups, specifically impacted groups, etc.) to participate. It should also take into account differences in power among stakeholders because if it does not, marginalized people may have diminished influence. Seeking out relevant constituencies, including marginalized people, as part of the consultation process will make it fairer and create more support for the outcome of the process.

## **INFORMED LEARNING**

Public input into SISs should come through a process of consultation that begins with participatory education. Community input into SISs should be informed by the best available evidence and collected through a process that encourages learning and reflection. Members of the public should have opportunities to learn

about and discuss potential risks and benefits of SISs, the evidence about the potential impacts, and the extent, limitations, and valid criticisms of current research. Members of the public should learn from (and discuss these issues with) key partners and stakeholders, such as health-care providers, police, government representatives, community organizations and injection drug users.

## **CONSTRUCTIVE CONVERSATION**

Public input into SISs should be the product of clear and respectful conversation. To that end, the consultation should:

- Have clear goals, include specific information about the role of the consultation in the decision-making process and provide precise instructions about the role of participants in the consultation.
- Have skilled presenters and facilitators who can help set a respectful tone and keep the conversation focused and constructive.
- Acknowledge that there are different perspectives and interpretations, and include a broad spectrum of perspectives in the conversation.

## **ONGOING CONSULTATION**

If a SIS is approved, there should be regular (at least bi-annual) opportunities for community input. Ongoing consultation is important because it can build trust between community members and service providers, encourage ongoing accountability around any decisions, and prevent and resolve conflicts.



## **INFLUENTIAL INPUT**

Policy-makers should seek out and carefully consider community recommendations about how to acceptably implement SISs during the approval

process and during the ongoing operation of any SIS. This is important because it will motivate citizens to participate actively and constructively.



# Consultation Roadmap

This panel was asked to develop a hypothetical consultation roadmap for decision makers to use as guidance when considering an application to open a supervised injection service (SIS) in Toronto.

## GENERAL COMMENTS

The following is a proposed consultation roadmap that we recommend be followed by any organization applying to open a SIS in Toronto. Though we designed it to be detailed and comprehensive, we do not intend individual components of the roadmap to serve as rigid roadblocks should they not be appropriate or necessary in specific cases. We believe the process we describe is appropriate when seeking to set up a single, small SIS inside an existing health care facility. If applying to set up a different service, it would be appropriate for the consultation to be expanded or reduced in proportion to the size and potential public impact of the proposed service. We did not examine the question of setting up a supervised inhalation service — questions about such services are outside of our mandate.

When developing this consultation roadmap, we considered what would be an appropriate timeframe for the consultation process. If the consultation was too short, there would be insufficient opportunity for community members to become informed and to process the information they've received, there would be less chance of influencing the proposal, and the process could inflame conflict unnecessarily. If the consultation was too long, there would be a lack of momentum, the public would lose interest, and the potential benefits of a SIS could be unnecessarily delayed by the slow consultation process. The proposed timeframe is notional and can be adjusted if necessary to benefit the integrity or quality of the process.

We believe an effective consultation process is critical for public acceptance of a SIS. To ensure the consultation is thorough and comprehensive, we recommend that, if the provincial govern-

ment was seriously considering whether to fund the SIS, the cost of the consultation process be borne by the provincial government and granted to the prospective service provider. We developed this roadmap assuming that such funding would be made available. A prospective service provider should be held to a standard that reflects available funding. If sufficient funding is unavailable to accomplish all that is recommended here, the prospective service provider should still seek to achieve the goals of our recommendations, although through more cost-effective mechanisms.

When scheduling dates and timelines for the public consultation, we concluded that important milestones should not take place in mid-summer, around the winter holidays, or on statutory holidays, and that public meetings should be rescheduled if severe weather makes it overly difficult for interested community members to attend.

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### Phase One: Preliminary Outreach (Consultation Prior to Day One)

Before the prospective service provider publicizes its intent to open a SIS, we recommend that the prospective service provider notify and/or communicate with:

- The Toronto Central LHIN and/or the provincial health ministry;
- The relevant federal, provincial, and municipal elected representatives;
- Toronto Public Health;
- Toronto Police Service;
- Nearby health care providers; and
- Other key stakeholders, as appropriate.

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## Phase Two: Public Consultation, Part One (Day One- Day 45)

We suggest that public consultation be approached in four ways: *information, active engagement, open public meetings, and written submissions*.

► **Milestone A: Public release (i.e. 'Going live') (Day One)**

### INFORMATION

Once the prospective service provider decides to publicize its intent to set up a SIS, we urge that they make information available to the public in the form of:

- An information package for the public;
- A flyer with accurate and essential information;
- A media kit; and
- A website.

We agreed the information package ought to contain:

- An outline of the decision making process and approvals required for the opening of the SIS;
- An outline of the consultation process and details about the open public meetings and the written submission process;
- Information about the intended operation of the proposed SIS, including key operating policies;
- A description of the rationale for the service and the chosen address;
- A description of the history of the prospective service provider and its future goals;
- Information about the Toronto Drug Strategy (and actions being taken in Toronto to strengthen all four of its components — prevention, enforcement, treatment, and harm reduction);
- Information about possible public concerns and proposed responses of the prospective service provider and/or its partners;
- A list of issues the prospective service provider is especially interested in receiving feedback about;
- A list of any important nearby facilities, if

any, that would potentially be affected by the operation of the SIS (e.g. schools, daycare centres, community centres, etc.);

- Information about the prospective service provider's intention to set up an advisory committee with representation by experts and community members;
- Direction to relevant publicly available scientific reports (including the TOSCA study, global case studies, and diverse interpretations of the current research on SISs, including any substantiated criticisms of the research that has been published by Canadian governments or in peer-reviewed journals); and
- Contact information to reach (a) knowledgeable public liaison(s), including a phone number.

We believe the information package should be available on the website, in a printed version at public facilities (e.g. community centers) within ten blocks of the intended location, and available to be mailed by request to those without internet access. We ask that efforts be made to make this information accessible to significant language groups in the area.

We suggest that the flyer contain essential information about the proposed service and the consultation process (the open public meetings and written submission process), as well as the website and the public liaison. We agreed that the flyer should be sent out to local residents and posted around the community.

We suggest that a media kit be prepared that contains information designed for interested members of the media.

We envisaged that the website would contain copies of the one-pager, the information package, and the media kit.

We believe the website and telephone contact should provide the opportunity to submit questions in advance of the in-person consultations.

### ACTIVE ENGAGEMENT

We advise the prospective service provider to actively reach out and set up meetings with all relevant constituencies and organizations, such

as the local business improvement area(s) (BIA), the local resident association(s), injection drug users, local police, and local parent-teacher associations at local schools. The provider should use these meetings to encourage participation in the other streams of the consultation process and to collect feedback from these groups.

### **OPEN PUBLIC MEETINGS**

We recommend that the prospective service provider set up two open public meetings. The goal of these meetings should be to offer information to interested members of the public as well as to record public feedback. We encourage the prospective service provider to partner with key public stakeholders and together 'lay out the case' for the SIS to the audience. The panel of speakers could include the prospective service provider, health care officials, police, political representatives, the funder, etc. At the meeting, the public should be able to learn about the topics included in the information package. We recommend that a trusted/skilled third party, not the prospective service provider, moderate these meetings. Feedback should be recorded.

### **WRITTEN SUBMISSIONS**

We agreed that the prospective service provider ought to call for, and accept, submissions from any interested parties.

- ▶ **Milestone B: First open public meeting (approx. 15 to 30 days after day one)**
- ▶ **Milestone C: Release of interim report (approx. 15 to 25 days after first open public meeting)**

We suggest that an interim report summarize what has been heard so far through the three consultation activities, provide additional information about the proposal and SISs if required, describe the prospective service provider's ideas about how public concerns raised so far might be addressed and list any specific issues that would benefit from additional public feedback. The interim report should be accessible to all relevant constituencies.

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### **Phase Three: Consultation, Part Two (Day 45-80)**

Active engagement continues during phase three.

- ▶ **Milestone D: Second open public meeting: (approx. 15 days after the release of the interim report)**

The second open public meeting is a further opportunity to record public responses, and should be similar in format to the first meeting so those not able to attend the first meeting can learn what was presented there. The meeting should include presentation of the findings of the interim report.

- ▶ **Milestone E: Deadline for written submissions (approx. 20 days after second public forum)**

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### **Phase 4: Synthesis and Next Steps (Day 80-110)**

After the deadline for written submissions, the prospective service provider should review all feedback received through the consultation and include a response in their proposal to the federal government.

We recommend that at this point in time, the prospective service provider also finalize the structure and membership of an advisory committee that would provide ongoing oversight and accountability to the community if the SIS is approved. We concluded that the advisory committee ought to have a mixed membership that includes expert and community representatives (including people who do not inject drugs). We suggest the advisory committee include an individual skilled in monitoring and liaising with police in order to encourage cooperation between the SIS and the police.

- ▶ **Milestone F: Final proposal submitted to the federal government (approx. 30 days after final deadline)**



# Recommendations for Gathering and Addressing Public Concerns

The panel was asked to identify potential important public concerns with SISs and recommend actions for gathering and addressing them. The panel was instructed to include only recommendations they believe are reasonable to expect of the prospective service provider for a SIS and/or its partners. Though these recommendations are both comprehensive and detailed they are not intended to exclude other considerations that may be identified at a later date. They are to be used as guidelines offered by citizens who are not experts in the relevant policy areas, and any that cannot be fully addressed for legitimate reasons should not necessarily be allowed to derail the approval process. Though the panel divided into five working groups focused on different issue areas, the recommendations of each working group are ratified by the panel as a whole.

## 1. *The Effectiveness of Supervised Injection Services in Toronto*

### **How we reached agreement on these recommendations**

We, the effectiveness working group, based our recommendations for addressing potential public concerns on several assumptions:

- That a SIS consultation process would inform stakeholders about the four components (prevention, enforcement, treatment, and harm reduction) of the Toronto Drug Strategy and that SISs would be discussed through the lens of harm reduction.
- That experts will help determine relevant, meaningful measures and indicators for evaluating any SIS in Toronto.
- That any SISs set up in Toronto are likely to be small facilities within existing health care facilities, as has been laid out in the recommendations of the Toronto and Ottawa Supervised Consumption Assessment (TOSCA) Report and the recommendation of the Toronto Board of Health.

Though our recommendations discuss the evaluation of a pilot SIS, we do not address the criteria by which a decision would be made to extend or terminate a pilot SIS.

### **How we believe different sources of input should be prioritized by decision makers when seeking to address public concerns in this issue area:**

1. Public health officials, including academic researchers and EMS first responders
2. Residents within 5 blocks of a proposed location (tied)
2. Local business owners (tied)
2. All residents of Toronto (tied)
3. Police
4. Toronto residents who inject drugs
5. Taxpayers (municipal and provincial)
6. Moral advocates

### *Notes:*

- *Listed from most important to least important.*
- *Each working group was asked to roughly apportion the weight that they believe decision makers, when seeking to address concerns in their issue area, should give to the input that from different sources. Listed sources were proposed by panelists as additions and modifications to a base list provided by the facilitation team. The results are presented as a rank-ordered list of sources. These lists are not stand-alone recommendations. Instead, they are presented in the report to help explain the thinking behind the working group's*

recommendations. Many sources listed in these tables overlap (i.e. a resident who injects drugs may also be a local business owner). In such cases, input can be distinguished by considering the reason the individual is offering that input (i.e. because they are someone who injects drugs? or because they are a local business owner?).

- Moral advocates refer to those who put forward a perspective based on notions of what is 'fair', 'right', 'just', 'moral', etc.

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### Issues identified by the panel:

1. The unique drug use patterns and geography of Toronto make it difficult to find well-studied models of suitable SISs operating elsewhere in the world. Some members of the public may lack confidence that the proposed model of SIS will succeed in meeting the needs of Toronto drug users while addressing the interests of other community stakeholders.
2. Elected officials, public health and safety officials, and community stakeholders are likely to struggle to reach a broad consensus about the most important objectives for a SIS and measures for evaluating its effectiveness.
3. Efforts to measure and monitor the effectiveness and efficiency of a SIS, if it were created, may be challenged by the nature and limitations of collecting certain data, such as changing patterns of drug use, rates of disease and overdose, enrollment in treatment and service programs, and overall effects on the public health system. Depending on how the evaluation is designed, some members of the public may be concerned that the findings of the evaluation will be limited.

### Response recommended by the panel:

#### **Information provided when the SIS is proposed:**

We advise the prospective service provider to present community stakeholders with relevant examples of existing SISs around the world in order to establish a common understanding of

the objectives, as well as the benefits and limitations of the different service models.

We urge the prospective service provider to inform residents and community stakeholders about the objectives of existing SISs in other cities, as context for their own proposal.

We believe the prospective service provider should provide the public with a prioritized and well-explained list of their own objectives in establishing a SIS in Toronto. We call on the prospective service provider to make this information public prior to meeting with Toronto residents and community stakeholders, and to make use of the pre-existing research on SISs (e.g. the TOSCA report) to explain their objectives.

We recommend that the researchers investigating the SIS create and publicize a framework for data collection that would measure and monitor the service's effectiveness.

#### **Consultation about the proposed SIS:**

We urge the prospective service provider and affiliated researchers to establish an evaluation advisory panel as part of the application development process that would consist of both experts and public/community stakeholders and would provide advice and guidance on:

- Establishing a SIS model suitable for Toronto's needs;
- Determining the objectives and benchmarks that would be measured against in the evaluation;
- Establishing a proposed data collection framework that would help determine whether objectives are being achieved; and
- Disseminating the findings of the evaluation to the public, if the service is approved.

The exact number and composition of the evaluation advisory panel will depend on the needs of the researchers. We encourage prospective service provider to inform relevant stakeholders (e.g. local community, local businesses, drug users, etc.) of the advisory panel members' expertise, roles, and responsibilities with respect to the SIS project.

We recommend that the prospective service provider and the researchers seek feedback from stakeholders about what they believe constitutes

success or failure for a SIS, their priorities for a SIS, and what they think the expected outcomes of a SIS would be – through a variety of methods as set out in the consultation roadmap.

**Commitments to ongoing consultation if the SIS is approved:**

We think the service provider and researchers should seek ongoing feedback, advice, and guidance from the members of the evaluation advisory panel.

We call on the service provider to work with the researchers to publicly disseminate the findings of the research in a user-friendly, unbiased manner, along with data that can be released without compromising confidentiality. We expect that the service provider and researchers would acknowledge the limitations of the research. We suggest that findings be disseminated via the agency’s website, at community meetings, and through neighbourhood circulars.

We believe the advisory committee referenced in the consultation roadmap, which includes representatives of all stakeholders (residents, local business improvement area, public health and outreach agencies, police, people who inject drugs, etc.), should help verify that data collection will lead to an accurate assessment of the

effectiveness of the SIS and that data collection and findings are made transparent to the public.

**Other commitments concerning the proposed SIS:**

If decision makers decide to establish a SIS in Toronto, we urge to establish the first Toronto SIS as a pilot project that is evaluated through a data collection framework. We believe this assessment should be done by independent third party researchers. We recommend that findings about the pilot:

- Are used to determine whether any permanent SISs should be funded in Toronto. Modifications to the pilot program based on findings should be publicized and their effectiveness should be monitored.
- Guide the design, implementation, and evaluation of any future SISs in Toronto.

We encourage the researchers to use baseline data from myriad sources in Toronto— public health organizations, harm reduction programs, community service agencies, and outreach programs — in order to set targets and measure the impact of the service. We also encourage the researchers to use creative ways to engage homeless, marginalized people, and drug users in gathering data.

## 2. The Impact of Supervised Injection Services on Public Safety

### How we reached agreement on our recommendations

We, the public safety working group, reached agreement through careful discussion. We agreed that existing harm reduction and methadone clinics should be considered as relevant case studies in any robust, unbiased research program about the potential public safety impact of small SISs in Toronto, as small supervised injection facilities are an untested format in Ontario, and those small facilities that exist in Vancouver (e.g. at the Dr. Peter Centre) have yet to be rigorously researched.

We felt it was important that community members have the opportunity to express their public safety concerns, and that if a SIS were created, they have access to information about public safety incidents (police statistics, street cleaner reports, etc.) related to the SIS and the surrounding community.

We feel that certain stakeholder groups require special consideration when there is an effort to establish a SIS. We feel that children are one of these important stakeholder groups, especially when determining whether a location is appropriate for a SIS, since children may be particularly vulnerable to inadvertent contact with drug paraphernalia. (We do not consider contact with intravenous drug users a public safety issue. Potential community concerns with this issue are explored by the neighbourhood working group).

### How we believe different sources of input should be prioritized by decision makers when seeking to address public concerns in this issue area:

1. Residents within five blocks of a proposed site
2. Police
3. Residents who inject drugs
4. Local business owners (tied)
4. Public Health officials (tied)
5. Taxpayers (municipal and provincial)
6. Residents within three kilometers of a proposed site (tied)
6. Residents of Toronto (tied)
6. Moral advocates (tied)

#### *Note:*

*Listed from most important to least important*

### Issues identified by the panel:

1. Members of the public are likely to be concerned about the possibility of increased public presence of drug dealers and increased crime (e.g. violent crime and assaults, property crime, prostitution) in the area near the SIS, with a specific focus on the impact on, and involvement of, local children and youth.
2. Members of the public are likely to be concerned about the potential impact of a SIS on

personal safety and also on feelings of safety in the community.

### Response recommended by the panel:

#### **Information provided when the SIS is proposed:**

We believe the community should be provided with access to:

- Accurate information and research (with valid limitations acknowledged) about the impact on crime of InSite and other SISs.
- Research on both the impact of small and large SISs on perceptions of personal safety in the surrounding area.
- Robust and balanced research on the public safety impact of current methadone/needle exchange/injection drug-related harm reduction programs in Toronto.

#### **Consultation about the proposed SIS:**

We recommend the public be involved in assessing and discussing the level of police patrol required if a SIS were to be approved. This discussion should be based on available before-and-after data about changes in crime and changes in policing practices related to the creation of:

- Existing supervised injection facilities



around the world, and

- Toronto methadone clinics, needle exchanges, and injection-drug related harm reduction services.

**Commitments to ongoing consultation if the SIS is approved:**

We recommend that the service provider commit that if the SIS is approved, they will set up a hotline for residents to call to request information and report public safety complaints or concerns.

**Other commitments concerning the proposed SIS:**

We believe that the following commitments on the part of the prospective service provider would help address public concerns:

- Propose to locate the SIS in areas meeting the following criteria:
- There is already regular foot traffic, so there are eyes on the street that can help prevent the occurrence of crime and public injection.
- It is a reasonable distance from schools and other child-friendly settings.
- There are, or may be, a relatively high number of people who inject drugs already.
- Commit to including appropriate site surveillance, including cameras, and back up surveillance with sufficient enforcement.

*Note: panelists acknowledge that they do not have the medical expertise to assess how much these actions would impact on the quality of health care provided at the SIS, and that this expertise will inform the decision about whether to take these actions.*

We recommend the researchers described by the effectiveness working group commit to organizing ongoing evidence-based research on the impact of SISs on public safety in Toronto.

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**Issue identified by the panel:**

Members of the local community are likely to be concerned about the possible increase in discarded needles, which would pose a health risk to the general public.

**Response recommended by the panel:**

**Information provided when the SIS is proposed:**

We recommend that the public be provided with access to existing information and research on the impact of InSite and other SISs on discarded needles.

**Ongoing consultation if SIS approved:**

We recommend that residents of impacted neighbourhoods be consulted about possible changes to cleaning needs (such as an increase in general litter as well as discarded needles).

**Other commitments concerning the proposed SIS:**

We suggest that the service provider or its partners commit to providing needle disposal areas in public spaces neighbouring the service.

We recommend the SIS commit to following the best practices for safe needle collection and disposal already established in Toronto's extensive needle exchange program.

We recommend that the service provider commit to helping organize ongoing community clean-up efforts, as needed.

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**Issue identified by the panel:**

Members of the local community are likely to be concerned about the potential of an increased police presence in the area, and the impact of policing on the neighbourhood.

**Response recommended by the panel:**


**Consultation about the proposed SIS:**

We recommend that police be included in the consultation process from the beginning.

**Other commitments concerning the proposed SIS:**

We believe the Toronto Police Services should commit to focusing on community policing and empowering neighbourhood watch organizations to work with police.

We recommend that police work with the service provider to build police skills concerning harm reduction, and clarify acceptable police practices vis-à-vis the SIS and its users.



We suggest that the service provider make service users aware of acceptable and unacceptable police practices when police stop people who they suspect are in possession of illegal drugs.

We also recommend that the service provider make service users aware of the behaviours that the police will be vigilantly enforcing in the vicinity of the SIS.

### 3. The Impact of Supervised Injection Services on the Surrounding Neighbourhood

#### How we reached agreement on our recommendations:

We, the neighbourhood working group, focused on the primary concerns of people who do not inject drugs who live, work, play and learn in, as well as those who derive their livelihood from, the neighbourhood where a SIS would be located. We felt that the concerns of injection drug users, while important, were not our working group's primary concern when looking at the specific neighbourhood issues we were focused on and were better addressed by other groups with expertise in this population. Therefore we did not focus on the concerns of people who inject drugs as part of our neighbourhood-related recommendations.

When developing our recommendations, we listened to the views of other panelists and tried to develop language that was acceptable to all. Our responses to the issue of the potential impact on children and youth were somewhat contentious. Some members of the larger panel identified overlap between our responses and those of the public safety working group. We felt it was critically important for our working group to highlight specific responses to this issue, in spite of their contentious nature, because members of this working group believe the needs of vulnerable children and youth in the neighbourhood where a SIS could be located should be paramount.

#### How we believe different sources of input should be prioritized by decision makers when seeking to address public concerns in this issue area:

1. Residents within ten blocks of a proposed site
2. Local businesses
3. Police
4. Public Health officials (equal)
4. Taxpayers (equal)
5. Residents within three kilometers of a proposed site

#### Notes:

- Listed from most important to least important
- Some group members felt special consideration should be given to homeowners as a subcategory of local residents.

#### Issue identified by the panel:

Members of the local community are likely to be concerned that the SIS could impact children and youth by increasing contact with drug dealers, serious drug users and drug activity in the neighbourhood.

#### Response recommended by the panel:

##### Information provided when the SIS is proposed:

We recommend that the prospective service provider communicate a clear policy on minimum age requirements and first time use for the SIS.

##### Consultation about the proposed SIS:

We recommend that residents within ten blocks, local businesses, police and public health officials be consulted about whether the proposed SIS is a reasonable distance from schools and other places frequented by children and youth. We also recommend that the City of Toronto involve the public in determining zoning requirements that set any SIS in Toronto a reasonable distance from schools and other places frequented by children and youth\*.

\*The Ontario Human Rights Code includes the right to equal treatment with respect to services, goods and facilities, without discrimination because of disability (including substance dependence). The Ontario Municipal Board has ruled that the Human Rights Code prohibits by-laws and planning instruments that have discriminatory effects on groups protected by the Code. The OMB's ruling suggests that if Toronto seeks to establish a by-law that restricts access to services for people with substance dependence, it will likely be expected to demonstrate that the by-law was established in good faith, was reasonable, and that real and substantial efforts were made to accommodate the needs of persons who were adversely affected.

We believe hours of operation should be informed by consultations with residents within ten blocks, local businesses, police, and public health officials.

**Commitments to ongoing consultation if the SIS is approved:**

We recommend that an appropriate organization run age-appropriate educational programs in local neighbourhood schools. These programs should help children, youth and parents understand what the SIS is, and also focus on drug abuse prevention. It is important these programs be designed so that they are effective at preventing the abuse of drugs.

**Other commitments concerning the proposed SIS:**

Commit to observe the City of Toronto zoning requirements determined by the consultation described above that set SISs a reasonable distance from schools and other places frequented by children and youth.\*

We believe that the prospective service provider can help address public concerns by committing to enforce a minimum age requirement for use of the SIS.

*Note: panelists acknowledge that they do not have the medical expertise to assess how much these actions would impact on the quality of health care provided at the SIS, and that this expertise will inform the decision about whether to take this action.*

We recommend that the service provider work with its partners and the local community to help implement neighbourhood mitigation strategies, such as a neighbourhood watch, that help keep the incidence of drugs being offered to children and youth in the neighbourhood to a minimum. We urge the researchers described in the effectiveness working group to regularly monitor the incidence of drugs being offered to children and youth in the neighbourhood so that additional actions can be taken if increases are observed.

If research and monitoring shows evidence of increased drug dealing, sex trade recruitment, and other illegal activity involving children and

youth in the neighbourhood, we recommend that the Toronto Police Services be encouraged to more aggressively enforce the law in the immediate area surrounding the site as well as the wider neighbourhood because the protection of vulnerable children and youth should come first. *(See note above about how this prioritization of vulnerable children and youth is not necessarily shared by the broader panel).*

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**Issue identified by the panel:**

Members of the local community are likely to be concerned that the SIS could possibly increase in number and visibility of homeless and serious drug users in the neighbourhood

**Response recommended by the panel:**

**Information provided when the SIS is proposed:**

We recommend that the neighbourhood be provided with evidence of the local need for SISs and local injection drug use.

We recommend that the neighbourhood be provided with accurate research (with any research limitations clearly stated) from other SISs about whether drug users come to the service from outside the neighbourhood.

We recommend that everyone in the neighbourhood, including residents and businesses within ten blocks of the proposed service location, be provided with details of the proposal and the history and vision of the service provider *(see Consultation Roadmap)*.

**Commitments to ongoing consultation if the SIS is approved:**

We recommend that the service provider commit to providing residents, businesses, police, and health services within ten blocks of SIS with notification of any major change in policy at the SIS.

We recommend that the service provider and its partners establish a responsive hotline that connects neighbours to someone who can quickly address neighbourhood disturbances if and

when they occur (e.g. police, crisis workers, etc.), even when the service itself is not in operation. This hotline should also be a way for the neighbourhood to raise with the service provider other concerns they may have.

**Other commitments concerning the proposed SIS:**

We believe that the following commitments on the part of the prospective service provider would help address public concerns:

Locate the SIS only within existing health care facilities that already serve homeless and/or injection drug user population.

Implement measures to deter all forms of loitering outside the facility that houses the SIS.

*Note: panelists acknowledge that they do not have the medical expertise to assess how much these actions would impact on the quality of health care provided at the SIS, and that this expertise will inform the decision about whether to take these actions.*

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**Issue identified by the panel:**

Members of the local community are likely to be concerned that the SIS could potentially impact on property values, business traffic and business profits.

**Response recommended by the panel:**

**Information provided when the SIS is proposed:**

We recommend that the neighbourhood be provided with research about the impact of SISs on property values, as well as on business traffic and profits. This could include, for example, an assessment from a property appraiser.

**Consultation about the proposed SIS:**

We recommend that hours of operation, signage, user registration requirements, and street level visibility of the service be determined through discussions that involve residents, local business, the service provider, and public health officials.

We recommend that the prospective service provider explore options for appropriate mitigation or compensation of potential negative impacts on property values and business profits (if proven) through two-way consultation with property owners, business owners, and business improvement areas.

**Other commitments concerning the proposed SIS:**

We did not list compensation as a commitment because we felt it was not a reasonable expectation. Instead, we listed it as a consultation item because we thought it was more reasonable and feasible to do so.

## 4. The Impact of Supervised Injection Services on Drug Use in Society

### How we reached agreement on our recommendations:

In many ways, we found the issue of how SISs could impact drug use a challenging one. We believe there is little or no scientific evidence that suggests a SIS could increase drug use. That said, it was important to us that something be done to address potential public concerns that SISs might even inadvertently contribute to increased drug use.

Knowing that these effects (if any) would be hard to find and quantify, we settled on a four-pronged strategy for addressing potential public concerns about a SIS contributing to increased drug use.

The first prong focuses on seizing the opportunity offered by the establishment of potential SIS (if this occurs) to conduct research that tests the hypothesis held by some members of the public that SISs could cause increased drug use.

The second prong focuses on encouraging public education about addiction in order to address any misunderstandings that may feed these concerns.

The third prong focuses on having the SIS encourage service users to pursue treatment opportunities, thus making it harder for members of the public to believe that this service could increase drug use.

The fourth prong focuses on ensuring that the lines of communication with all stakeholders be kept open, so concerns about an increase in drug use continue to be taken into account.

In this way, we hoped to encourage the development of knowledge, encourage education, pre-emptively address remaining potential concerns, and be prepared for ongoing discussions on these issues.

### How we believe different sources of input should be prioritized by decision makers when seeking to address public concerns in this issue area:

1. Residents within five blocks of a proposed site (tied)
1. Residents who inject drugs (tied)
1. Police (tied)
1. Public Health officials (tied)
2. Residents within three kilometers of a proposed site (tied)
2. Residents of Toronto (tied)
3. Moral advocates (tied)
3. Taxpayers (tied)
4. Relatives of Drug Users (tied)
4. Youth (tied)
4. Local businesses (tied)

#### *Note:*

*Listed from most important to least important.*

### Issue identified by the panel:

Some members of the public are likely to be concerned that a SIS might de-stigmatize or possibly even glorify drug use in society, leading to increased temptation for drug use among non-users.

### Response recommended by the panel:

#### **Information provided when the SIS is proposed:**

We suggest that, as a preliminary step, a prospective service provider and its partners disseminate general information on why people use drugs and any research available on how facilities around the world that provide SISs have affected the rate of drug uptake among non-drug users.

We encourage a prospective service provider and its partners to share materials showcasing the reality of drug use and drug addiction with the public in order to decrease potential glorification of drug use for non-users. Materi-

als (e.g. video, literature, brochures) should be appropriate to the age of the target audience and designed based on best practices concerning how to effectively deter drug use.

**Consultation about the proposed SIS:**

We recommend that the open public meetings described in the consultation roadmap, include an opportunity for the service provider to better understand the perceptions and fears about drug use in the community. There should be opportunities for participants to ask questions and provide feedback that can influence the design of the proposed SIS or of other Toronto Drug Strategy efforts.

**Commitments to ongoing consultation if the SIS is approved:**

We recommend that one feature of the community hotline recommended by other working groups include access to a live individual that has the ability to answer questions about the nature of addiction and the objectives of the SIS as they relate to drug use in society. The purpose of such access would be educational, and also to keep an open avenue of communication between the community and the site for the discussion of concerns about drug use.

We suggest that researchers undertake random polling in the local neighbourhood before and after the establishment of the SIS to track how perceptions about drug use held by individuals who do not use the service have changed since the establishment of the service. The findings should be shared with the service provider in order to support their public outreach efforts. We also recommend that the findings be distributed to the public at large so they can understand how the site's operation has affected the perceptions of drug use in a negative, positive or neutral way.

**Other commitments concerning the proposed SIS:**

We believe that the prospective service provider can help address public concerns by committing to actively promote available treatment options, such as rehab programs, counseling, and

drug treatments (methadone) to service users.

*Note: panelists acknowledge that they do not have the medical expertise to assess how much this commitment would impact on the quality of health care provided at the SIS, and that this expertise should inform the decision about whether to take these actions.*

We recommend that the service provider commit to working with partners to establish and maintain lecture tours at schools and community centers that use best practices to discourage the audience from using drugs — they could, for example, including speakers who have suffered adversely from drug use/addiction. We also recommend that the service provider commit to coordinating with partners who support the education of youth by distributing materials that discourage drug use — they could, for example, describe the harmful consequences of drug use and addiction.

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**Issue identified by the panel:**

Some members of the public are likely to be concerned about the possibility that a SIS could enable and/or entice current drug users to use more heavily.

**Response recommended by the panel:**

**Information provided when the SIS is proposed:**

We suggest that the prospective service provider involve current drug users as presenters in the public education efforts in order to increase awareness about drug use behavior and whether that behavior is likely to change after a site has opened for operation.

We recommend that the service provider or one of its partners make literature available about SISs worldwide which includes information about whether or not they have changed the quantity of injected drug use in their cities and communities. We also recommend that one feature of the community hotline recommended by other working groups include access to a contact person who can summarize the information in

this literature.

We recommend that the service provider or a relevant government body assure the public, through the provision of literature, that harm reduction is not the only measure being utilized to address drug use, but is rather one of four components (prevention, enforcement, treatment, and harm reduction) of the drug use strategy.

***Commitments to ongoing consultation if the SIS is approved:***

We recommend that the researchers described in the 'effectiveness' section conduct an anonymous survey to investigate the usage frequency of injec-

tion drug users before the service is operational. This survey would establish a baseline that would be used as part of a study about whether the SIS has led to increased injection drug use.

Once the SIS is operational, we recommend that the researchers anonymously survey SIS users about:

How frequently they use the SIS (in order to track any changes in their frequency of use, compared to the baseline).

Whether they have availed themselves of treatment options advertised at the SIS.



## 5. Other Issues Related to Supervised Injection Services

### How we reached agreement on our recommendations:

Given provincial healthcare dollars are limited, we recognize funding and fiscal responsibility may be of primary importance for members of the public when the government is considering any new service. This was the major issue we identified that did not fit in the topics identified by other working groups.

We agreed that the direct cost of a SIS should be publicized as part of any SIS proposal. Though we recognize there may be indirect costs or savings caused by a SIS, we also understand that these may be more difficult to identify precisely.

In our four Saturdays, we heard many perspectives and were presented with plenty of data (including data about the financial implications of SISs), some of which was contradictory. Because these diverse and sometimes contradictory perspectives exist, our recommendations emphasize collaboration among different service providers (especially between health service providers, police, and municipal officials) in order to heighten transparency and accountability to the public-at-large.

We also considered the impact of SISs on the image of Toronto. We recognize that the actual effect on Toronto's image will be difficult to quantify and the interpretation of any available data may be subjective. Whereas we believe that it is not necessarily the purview of any service provider to consider its impact on the perceived image of the city, we felt it was important that we address this concern in our recommendations since people may turn out to have strong views on this issue.

### How we believe different sources of input should be prioritized by decision makers when seeking to address public concerns in this issue area:

1. Businesses (tie)
1. Public Health officials (tie)
2. Residents of Toronto
3. Residents within five blocks of a proposed site
4. Police (tie)
4. Health Providers and Funders (tie)
4. Taxpayers (tie)
5. Residents within three km of a proposed site (tie)
5. Residents who inject drugs (tie)
5. Moral advocates (tie)

#### *Note:*

*Listed from most important to least important.*

### Issue identified by the panel:

Some members of the public are likely to be concerned about limited healthcare dollars, the costs associated with any proposed SIS, the funding sources, and the mechanisms that will ensure fiscal responsibility.

### Responses recommended by the panel:

#### **Information provided when the SIS is proposed:**

We believe the prospective service provider should publicly disclose the operational budget of the proposed SIS.

We believe researchers should publicly disclose the goals and measurable indicators for determining the success of the SIS.

We expect the government funder to publicly disclose data on the cost of the proposed service, additional costs or costs savings that they predict will be borne by other service providers due to the SIS, where the money is coming from and any implications for the budgets of other municipal and health care services.

#### **Consultation about the proposed SIS:**

We recommend that the prospective service provider and the government funder ensure that avenues are made available to respond to the financial information presented (*see Consultation Roadmap*).

We urge the prospective service provider to consult with police, the municipality and other

health service providers to explore possible budget implications of opening a SIS.

**Commitments concerning the proposed SIS:**

We recommend that the service provider, on an annual basis, complete and report a cost-benefit analysis that provides an update on the achievement of program goals. This report should bring together research findings about the health outcomes for service users, the impact on surrounding neighbourhood, and the costs and/or savings to the healthcare system due to the SIS.

We strongly encourage the municipality, police, and health officials to collaborate to measure the costs of all services that are associated with the creation of the SIS and publicize the results.

We expect the service provider to comply with the rigorous financial procedures already put in place by the Toronto Central LHIN for organizations that receive provincial health funding.

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**Issue identified by the panel:**

Some residents of Toronto are likely to be interested in the potential impact of SISs on the image

of Toronto (positive or negative).

**Response recommended by the panel:**

**Why we included this issue**

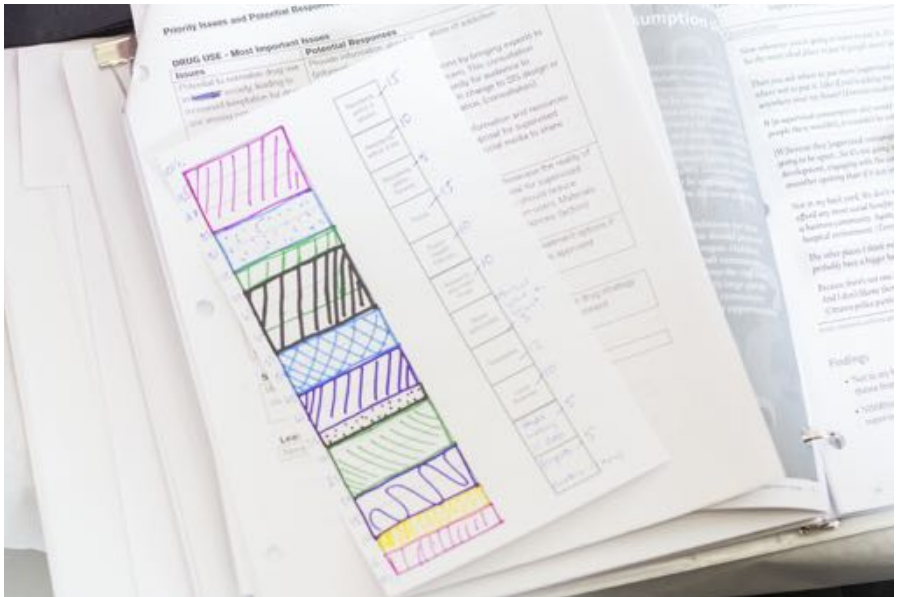
We anticipate that the impact of SISs on the image of the city will be a concern for a variety of stakeholders — including Toronto residents, businesses, and tourism related industries.

**Challenges**

We believe addressing this issue is a challenge, since a city's image is a subjective issue, and the causal connection between a SIS and a city's overall image is difficult to establish. Even if people were to agree that the SIS was associated with Toronto's image, different individuals will differ in their interpretation of whether this is positive or negative for the image of the city.

**What consideration do we suggest**

The image of any city is extraordinarily complex. A SIS would be only one of many factors that contribute to a city's image. We encourage future decision makers to consider the impact of a SIS on the city's image, but to keep this complexity in mind.





# Understanding the Reference Panel Process

The Toronto Residents' Reference Panel on Supervised Injection Services is a body of 36 impartial, randomly selected residents from within the catchment area of the Toronto Central Local Health Integration Network (LHIN). Over four Saturdays during the winter of 2014, the panel met to accomplish its stated task, which was to “to learn about the impacts of injection drug use in Toronto and how those impacts are currently addressed; understand the different perspectives of Toronto residents concerning the location and operation of potential supervised injection services in the city; and propose recommendations to government on actions and guidelines for addressing public concern regarding these facilities.”

The Toronto Residents' Reference Panel on Supervised Injection Services is a project of St. Christopher House, a multi-service neighbourhood centre that works with diverse people of all ages in Toronto's west end to promote personal and social change in order to achieve a safe, healthy and accepting society for all. St. Christopher House sought and received funding for the Reference Panel from the Toronto Central LHIN. The panel process was designed, organized and staffed by a Panel Secretariat, and overseen by the Reference Panel Advisory Group.

The work of the Reference Panel was also complemented by the Current and Former Injection Drug User Advisory Committee. Organized by staff at St. Christopher House, this committee met on three occasions: once to be introduced to the process, once to speak directly with members of the Reference Panel and once to respond to the Reference Panel's recommendations. That response is included as an appendix to this report.

## **SELECTION PROCESS: THE CIVIC LOTTERY**

The 36 members of the Toronto Residents' Reference Panel were selected by civic lottery. A total of 7,500 invitations were sent to randomly selected residences throughout the Toronto Central LHIN region in early January 2014. The invitations were transferable to anyone aged 18 or over living in that residence.

The letter invited recipients to volunteer four full Saturdays to meet, learn, discuss, and ultimately recommend actions and guidelines that could help to address public concerns regarding SISs in Toronto.

More than 265 people responded to the invitation, either volunteering to be part of the panel or sending their regrets but requesting to be kept informed about the process. Elected municipal, provincial, and federal representatives, as well as employees of St. Christopher House and the

Toronto Central LHIN, were ineligible to apply. From the pool of eligible volunteers, 36 panelists were randomly selected in a blind draw that balanced three criteria: the selection guaranteed gender parity, matched the age profile of the Toronto Central LHIN's region, and ensured geographic representation from across the LHIN.

The candidates' ethnicity, income, educational attainment or other attributes were not factored into the selection process. These attributes typically emerge proportionate to the general population during a civic lottery. In short, the panel was composed in such a way as to deliver good demographic diversity and to ensure that it was broadly representative of the residents of central Toronto.

## **OVERVIEW OF THE USER PANEL'S ACTIVITIES**

The program of the Toronto Residents' Reference Panel was held over four Saturdays during the winter of 2014 and was designed to move through three distinct phases.

A learning phase ensured that each panelist had the opportunity to become better informed about the issues at hand. Twenty experts and community representatives were invited to participate as guests and offered panelists important insights.

During the deliberation phase, panelists selected and defined guiding principles for public input into SISs, identified potential public concerns with these facilities, suggested mechanisms for consulting the public if such a facility was proposed, and discussed actions that could help address public concerns. In this phase, panelists were asked not only to bring forward their personal perspective, but to work towards common proposals that were in the best interest of all central Toronto residents.

Members also hosted an Open Roundtable Meeting, where interested members of the public came to share their perspectives and inform the work of the panel. Lastly, a third and final recommendations phase required panelists to work together to explain and justify in detail their shared recommendations.

### **Day One: Saturday, February 22, 2014**

On the morning of Day One, the 36 members of the Toronto Residents' Reference Panel on Supervised Injection Services gathered at the Li Ka Shing Knowledge Institute in downtown Toronto. They were greeted warmly by panel coordinators and given their binders of material for the day – readings, handouts, and other important panel documents.

At 9:00 am, Sophia Ikura of the Toronto Central LHIN and St. Christopher House's Maureen Fair welcomed the members to the Panel's first day, sharing their excitement about the process and thanking the panelists for participating. Sophia told the panelists that it was "a dream to hear firsthand from people who are becoming informed about the issue" and Maureen reminded the group that there are "no right answers" – the Panel was meeting to solve a problem together.

Next, Panel Chair Peter MacLeod, responsible for guiding the meetings

from the front of the room, explained the reference panel process to the group and urged panelists to think on behalf of the people they were representing – the 1.15 million residents of the Toronto Central LHIN region. Peter emphasized that the Panel had not been convened to pass judgment on the merits or desirability of SISs. Rather, their role was more nuanced: to advise government on how to reasonably address public concerns about these services, if a health service provider decides to propose a specific facility in Toronto.

After the Panel Chair's remarks, the panelists took to the atrium of the Li Ka Shing Knowledge Institute, imagining the space as a miniature map of Toronto and standing in the approximate location of their home. They introduced themselves and shared their thoughts about receiving the letter and their reasons for volunteering for the panel. While several panelists volunteered because of their work in social services or health care, many more were motivated to participate simply by a desire to learn about the subject and a sense of civic responsibility.

Karen Urbanoski, a researcher at Toronto's Centre for Addiction and Mental Health, was the first expert to address the group. She spoke about drug use and drug addiction, explaining that although the majority of people who experiment with drugs and alcohol do not get addicted, there are between 80,000 and 120,000 regular users of injection drugs in Canada. Karen also discussed the various explanations of addiction, suggesting that the two traditional views – that addiction is either a physiological disorder or a moral and psychological failing – do not seem to adequately capture the nuance of addiction.

Following Karen's presentation, Susan Shepherd, the manager of the Toronto Drug Strategy Secretariat, briefed the panel on drug policies and strategies. She explained the "Four Component" approach to drug policy, which is made up of four integrated components: Prevention, Harm Reduction, Treatment, and Enforcement. SISs fit into the harm reduction component, but the key to a good drug strategy, Susan argued, is that none of these components is emphasized at the expense of the others; they are designed to work together. Panelists actively engaged with both speakers, jumping in with questions and sparking an animated discussion.

After getting to know one another better over lunch, the panelists reconvened to hear from three more distinguished speakers. Professor Emeritus Peggy Millson, of the University of Toronto's Dalla Lana School of Public Health, spoke about injection drug use in Toronto. Although sharing needles has declined over the years, she explained that HIV rates have held steady and that Hepatitis C remains very common among injection drug users in the city. Next, Shaun Hopkins, manager of "The Works," the City of Toronto's harm reduction program, spoke to the Panel about the history and present of the city's efforts to reduce the harms associated with injecting drugs, including: needle exchange programs, methadone treatment, and peer-based drug overdose prevention kits. Panelists learned, for example, that the city distributed over one million clean needles to injection drug users in 2010, and that Toronto's long history with needle exchange is likely one of the reasons that Toronto's HIV rates are low com-

pared to similar cities. Donna May then shared the story of her daughter's addiction, mental illness, and eventual death due to complications arising from her substance use.

The Panel Chair asked these three speakers to provide some ideas for addressing public concerns about SISs. Shaun responded that it's important to gather the input of people who use harm reduction services already. For Peggy, most crucial was that the public be equipped, through education, to make decisions based on evidence rather than ideology. Donna agreed, adding that substance users are poorly understood by the broader public and that better education can address this problem.

Following these presentations, members of the Panel took thirty minutes to digest the day's material thus far. Working in small groups with staff facilitators, they shared something they knew that hadn't been mentioned so far and something surprising that they had learned from the guest speakers.

Fortified by a quick coffee break, the panelists settled back in for the day's last set of speakers. InSite's Tim Gauthier – the clinical coordinator at North America's only legally sanctioned SIS – spoke to the Panel from Vancouver via video conference. He explained the history of SISs, from their introduction in the Netherlands to the public health crisis in Vancouver's Downtown Eastside that sparked the creation of InSite in 2003. Tim also gave an overview of the rules and daily operations of the facility, and mentioned that although InSite's main purpose is to prevent overdose deaths, they also educate drug users. Next, Dan Werb, an epidemiologist and researcher of the impact of supervised injection facilities, spoke to the group about the current research findings about InSite. For example, he shared that the number of fatal overdoses within 500m of InSite dropped significantly after the facility opened and that the number of public injections surrounding the facility decreased in the 12 weeks following InSite's establishment.

Tim and Dan's presentations provoked a lively discussion and panelists asked a number of questions, particularly regarding the enrollment of InSite users in treatment programs and the Vancouver public's response to the facility.

Next, members of the Panel worked with facilitators at their tables to brainstorm guiding principles for public input into SISs; these guiding principles would inform the Reference Panel's work over their next three meetings. A representative from each table shared their ideas with the rest of the Panel. Tired but invigorated by the day's learning, panelists headed home shortly after 5:00pm to share their new knowledge with family and friends.

#### **Day Two: Saturday, March 8, 2014**

Despite subway track closures and transit delays, members of the Toronto Residents' Reference Panel on Supervised Injection Services arrived at the Li Ka Shing Knowledge Institute early on Saturday, March 8, ready for their second day of learning. During the two weeks since their first meeting, panelists spoke to family and friends about what they had



learned on Day 1 and were eager to share the feedback they had received.

Panel Chair Peter MacLeod started the day by reoriented the group to their task — designing a reasonable community consultation framework that will be used if a specific supervised injection facility is proposed, and suggesting reasonable ways that public concerns can be addressed — and explained where their work fits into the existing policy framework surrounding this topic. He explained that if a federal Health Minister were to reject an application to open such a facility on the grounds of inadequate evidence of public consultation, the Supreme Court could turn to their report as a guiding document on reasonable community consultation. He also explained that the provincial government, if asked to fund a SIS in Toronto, would likely take into account the guidance described in the panel’s report.

The Panel Chair also took a moment to go over the results of a survey that members of the panel completed at the beginning of Day One. Survey questions were the same ones included in public opinion polling in Toronto about SISs and documented in the TOSCA Study. The results of the panel survey showed that the panel’s views broadly matched those of Toronto at large — that they were not uncharacteristically supportive or uncharacteristically opposed to SISs in Toronto.

The panel’s first guests for day two were three prominent public health experts. Dr. Ahmed Bayoumi and Prof. Carol Strike, the authors of the Toronto and Ottawa Supervised Consumption Assessment Study (TOSCA), explained their research and the process that led them to recommend opening three supervised injection facilities in Toronto. Ahmed and Carol’s research recommends that these services should not be standalone facilities; rather, they should be integrated into existing healthcare facilities.

Then Dr. David McKeown, Toronto’s Medical Officer of Health, described how Ahmed and Carol’s work had led him and the Toronto Board of Health to publicly recommend that the province fund a pilot SIS in Toronto. He shared that he had watched the development of the scientific evidence concerning SISs, and that the research had convinced him of the value of such a service: “In my professional opinion,” he told the Panel, “the evidence is there: a SIS can reduce the community impact of drug use.” David also spoke about why he concurred with Ahmed and Carol that a SIS in Toronto should be integrated into an existing health care facility.

These presentations provoked a flurry of questions from panelists, particularly surrounding the issue of funding and the cost-effectiveness of SISs. David suggested that there is a vast difference in cost between establishing a standalone site – such as Vancouver’s InSite, with a yearly budget of three million dollars – and designating a room within an existing healthcare facility as a supervised injection area. Integrating SISs into existing clinics would require far less funding, the three speakers agreed, and would fit the needs of Toronto’s injection drug users better than would a larger and more centralized facility.

After thanking the guest speakers, panelists worked in small groups

on a warm-up activity focused on identifying and categorizing important stakeholders — the community members who might need to be involved in any public consultation if a SIS is proposed.

Before breaking for lunch, the Panel heard from Mike McCormack, an experienced law enforcement officer and the President of Toronto’s police union, the Toronto Police Association. So far, the panel had heard from several public health researchers, but Mike was the first to bring the policing perspective to the conversation. He told the group unequivocally that the Toronto Police Association does not support the InSite model of harm reduction, and shared some statistics about how frontline police in Vancouver view InSite. Mike argued that any extra funding for addiction services in Toronto should be put towards treatment — his work in Regent Park had taught him that incarceration was often not helpful, and that what people needed most was treatment for their addiction. He argued that further research is required to make the case that SISs are a wise investment for a city like Toronto.

Panelists responded actively to Mike McCormack’s presentation, asking a number of questions about the police perspective on the value of harm reduction strategies. Lunch came next, and several panel members took the opportunity to chat informally with Mike during the meal.

Following lunch, the Vice President of the Drug Prevention Network of Canada, Gwen Landolt, spoke to the Panel about abstinence-based drug strategies. Gwen brought a different point of view than many of the earlier speakers. She explained that compassion for users of injection drugs and their families must be paramount, but SISs and other harm reduction programs are “based on the mistaken belief that harm can be reduced.” Rather than devoting resources to harm reduction, Gwen argued that drug courts — which offer treatment programs to people who inject drugs — were a better solution. Gwen also spoke out against the research indicating that InSite reduces disease transmission and overdose fatalities, arguing that some aspects were not scientifically rigorous. Gwen’s presentation, which disputed some of what the panelists had heard on Day 1, sparked a lively back-and-forth with panelists.

The afternoon’s next group of speakers, Dennis Long of Breakaway Addictions Services and Mark Garner and Pauline Larsen of the Downtown Yonge Business Improvement Area (BIA), focused in on how to involve the community in addressing the needs of those with addictions. Dennis spoke about moving his methadone clinic to a new location, and the initial challenges of becoming an accepted component of the community while still managing to meet the needs of his clients. Mark and Pauline explained the BIA model, and how retail businesses can be brought into efforts to improve the “wellness of community,” not just the “wellness of business.”

Some of the members of the panel challenged Dennis’ position that, when it comes to sensitive issues like providing methadone in a community setting, “you almost have to provoke the first storm of community reaction, let it run its course, and not back down on your principles.” Some panelists suggested that a more collaborative and education-based consul-

tation process would be preferable. Dennis acknowledged the importance of collaboration, especially when it came to helping people understand what his clinic does, but made clear that the service provider shouldn't give community members the false impression that they have "the right to say no".

After a quick coffee break, the members of the Reference Panel rolled up their sleeves for another small group activity: brainstorming and then making a first attempt at prioritizing potential community concerns about the establishment of a SIS in Toronto. In order to prevent unnecessary overlap, each group focused in on a different 'issue area' –'public safety' or 'drug use in society', for example.

The day closed with panelists meeting with the members of the Current and Former Injection Drug User Advisory Group. Members of that group explained their daily experiences living with addiction and shared their thoughts about public concerns with SISs in Toronto. Panel members asked plenty of clarifying questions, and came away with a richer understanding of who a SIS might serve in Toronto.

Panelists had much to reflect on after their second day. They'd heard that the centralized InSite model wasn't necessarily a good fit for Toronto. They'd learned that despite the relative consensus regarding the value of SISs among public health officials, other stakeholders hold significant concerns about SISs in Toronto. And they'd had a chance to meet with individuals who might benefit (or have benefitted) from such a service. Their job now was to begin developing ideas for how to reasonably address public concerns.

### **Day Three: Saturday, March 22, 2014**

Having spent two days focused on learning about SISs in Toronto, panelists returned on Day Three ready to begin developing their own recommendations.

The day began by returning to the list of guiding principles for public input produced by panelists on Day One. When the panel examined the many suggestions they had produced during that earlier activity, they found that nearly every small group brainstorm had come up with the same six distinct ideas. So the panel split into six small groups, with each small group tasked with drafting a definition for one of these six ideas. These definitions became the core of the guiding principles that are included in the panel's final report.

Next, the panel organized itself into five themed working groups, each focused on different potential public concerns with SISs: one focused on public safety issues, one on local neighbourhood issues, one on concerns about drug use in society, one about the effectiveness of a SIS in Toronto, and one for any other potential issues. Each group examined the relevant concerns brainstormed during Day Two, chose the ones they believed were most important, and began developing potential responses that a prospective service provider, a researcher, or a government agency could take to help address these important concerns. Facilitators worked quickly to capture on sticky notes and flipcharts the many ideas that panelists had

thought of over the course of the first two days.

After a quick coffee break, panelists continued their work fleshing out potential responses, pushing each other to consider whether an idea was the most effective way to address the potential concern, whether sufficient resources would be available, and whether there were downsides or risks that came with undertaking these ideas. By the end of the morning, each group had drafted up a series of preliminary ideas that they wanted to take forward to their final meeting on Day Four.

Lunch gave panelists an opportunity to recharge in advance of the afternoon's main event – the Open Roundtable Meeting. The Open Roundtable Meeting was an opportunity for any interested member of the public to share their input with the panelists, and for panelists to test and refine the ideas they had begun developing earlier that day. Over the course of the previous several weeks, panel staff had been promoting the meeting to Toronto Business Improvement Areas, Resident Associations, public health practitioners, and faith groups. Also invited were all those who volunteered to be a member of the Reference Panel but were not selected in the civic lottery. And panelists themselves had been distributing flyers and inviting their friends and families to attend.

In teams of two and three, panelists fanned out across the atrium of the Li Ka Shing Knowledge Institute, each team taking responsibility to guide discussion at one of the many roundtables set out to accommodate the new guests. Each team carried a large sheet of guiding questions, and a template for taking notes on their conversations. Tables were themed, so that as guests arrived, they could choose a table that would be discussing the topic that interested them most.

Once the guests had arrived, Camille Orridge, CEO of the Toronto Central LHIN, and Maureen Fair, Executive Director of St. Christopher House, welcomed the 65 guests who had taken time out of their afternoons to support the work of the Reference Panel. After some brief explanatory remarks from the Panel Chair, each table dived into the discussion, sharing their knowledge of injection drug use, SISs, potential public issues, and mechanisms for gathering and addressing public concerns. Attendees were encouraged to get up and change tables once they'd sufficiently explored the topic being discussed, and there was plenty of movement over the course of the next 60 minutes.

To end the Open Roundtable Meeting, select members of the Reference Panel were asked to share a summary of their tables' discussions with all those in attendance. Other guests were also asked to share their reflections on the discussions they had had. Some guests felt that the guiding questions were too focused on identifying and addressing potential public concerns with SISs, rather than providing an opportunity to discuss the potential benefits. Others were encouraged that a public discussion about SISs was occurring, and looked forward to seeing the results of the Reference Panel's deliberations.

Once the Open Roundtable Meeting was over, members of the Reference Panel took a moment together to debrief what they'd learned. Some were disappointed that those who had chosen to attend were mostly from

within the public health community and strongly supportive of SISs, rather than unaffiliated community members; others felt this was understandable, given the fact that no specific SIS has been proposed in Toronto. Yet all felt they had gained valuable insights from their discussions.

As the day came to an end, the facilitation team promised to type up and circulate the results of the day's earlier activities. Members were encouraged to take some time in advance of Day Four to review the work accomplished so far and come to the next meeting prepared to finalize the panel's recommendations.

#### **Day Four: Saturday April 5, 2014**

Having diligently completed their homework, many members of the panel arrived for Day Four full of ideas, suggestions and questions to share with the other panelists. Returning to their working groups, panelists dove into their work. Working groups were asked to reexamine their current recommendations and confirm that they thought these were reasonable expectations to place on a prospective service provider, on researchers, and on governments. Any that they deemed unreasonable were to be put aside.

Next, working groups sorted their recommendations into four categories: 'Information provided when the SIS is proposed', 'Consultation about the proposed SIS', 'Commitments to ongoing consultation if the SIS is approved', and 'Other commitments concerning the proposed SIS'. By examining the results, many working groups realized they were missing important aspects of their recommendations.

While working groups sought to complete and clarify their recommendations comprehensive, one member of each joined together to form the 'Consultation Roadmap' working group. Their job was to weave together the various recommendations concerning consultation that had been proposed at each of the tables in order to create a coherent whole.

Mid-morning, everyone paused to hear what each working group had accomplished and to provide each other with feedback. Each working group presented what they had written so far, and the other members shared their reactions, questions, and suggestions for improvements.

Following the plenary session, each working group spent time carefully refining and elaborating on their work while also addressing and incorporating what they had heard from the rest of the panel. After lunch, a small group of volunteers broke off to draft the preamble and finalize the guiding principles.

As the afternoon progressed, panelists rushed to articulate as clearly as possible all aspects of their recommendations, conscious that their work would form the backbone of their final report. Panelists took another opportunity to hear updates from the working groups and share feedback on their progress, before diving back into their task.

And before long, time was up. The tables worked up until the last moment to put finishing touches on their recommendations. And then with senior staff from St. Christopher House and the Toronto Central LHIN present, a representative from each working group took the podium and read their section out loud. A warm round of applause from the

whole room followed each section.

Once the draft had been presented, Sophia Ikura and Maureen Fair thanked the panel for their impressive work on behalf of the Toronto Central LHIN and St. Christopher House respectively. Both assured panelists that their final report would be read carefully by those inside and outside of government who are interested in understanding how to approach public concerns about SISs in Toronto.

To end the day, Sophia and Maureen presented each member of the panel with a 'Certificate of Public Service' and thanked them for their dedication. The Panel Chair, in his closing remarks, reminding panelists that their work would be edited by the facilitation team and sent out to them for further suggestions and final approval before being released. Any panelist who felt they were not in agreement with the consensus reached by the panel were invited to submit a 'minority report' to be included in the final document.

And then the panel was complete. The panelists said their goodbyes and headed for home, exhausted but proud of what they had accomplished together.

### **Next Steps**

After their final meeting, the panelists worked by email and phone to finalize and approve the Final Report of Toronto Residents' Reference Panel on Supervised Injection Service, with the support of the Panel Secretariat. After reviewing the report's final text, panelists were asked to complete a poll that assessed their confidence in the process and the final outcome. The results of that poll are included here.







# Appendix

## MINORITY REPORTS

All perspectives were welcomed and encouraged during the proceedings of the Reference Panel. This section is reserved for those panel members who endorsed the findings of the final report but felt compelled to include their own commentary or points of disagreement with the consensus position.

**Dan Hershfield:** Though largely unspoken, we settled pretty early upon the idea that for a public consultation to be effective, it has to address the concerns of the most skeptical and the most opposed. This is not unreasonable. People are naturally risk-averse. When changes to the status quo are proposed, people often need to be assured that things aren't going to get worse before they can consider how things might get better. Our report was designed with this in mind.

This approach, however, had some drawbacks. In addressing every possible concern we could imagine with great vigour, we have created a list of recommendations that are all individually justifiable but taken as a whole could prove exceedingly onerous. Speaking (possibly) only for myself, I would request that any future use of these recommendations not allow the ideal to be the enemy of the good. Our recommendations are thorough and should all be given due consideration, but should some prove unfeasible, their omission or alteration should not be taken as any sort of proof of a failure of the process.

There was also a price to be paid by this approach in terms of how we framed certain issues and the language that we used. In considering various negative outcomes, we often seem to be anticipating them. Furthermore, since no steps would need to be taken to mitigate against positive outcomes, we tended not to bother articulating those possibilities. Consequently, without necessarily intending to, we have painted a grim picture.

That is why I thought it was worth noting that for every potential harm we pointed out, there also exists the possibility of a benefit. Moving an outdoor activity indoors could improve public safety and neighborhood perception, regular access to treatment options could decrease overall drug use, decreased infection rates could lead to net government savings, and the list goes on. For the reasons articulated above, the content and style of the report are appropriate to the task we were charged with. But I thought it was important to include somewhere for future readers that all the possibilities we covered are just that. Not inevitabilities. Not even likelihoods. Just possibilities.

**Minority Report from an Anonymous Panelist:** We were not presented in our meetings with the big picture that the supporters for these supervised injection sites aim to legalize illegal drugs as well as prostitution. The intent to legalize drugs has been stated in the Supreme Court case concerning InSite under VANDU's cross-appeal as well as in the Vienna Declaration. When I mentioned this in the meetings the facilitation team had no memory of this. Along with legalizing drugs comes legalizing prostitution because that is how drug users pay for their drugs. So, any discussion about legalizing drugs must include discussion about legalizing prostitution. An article in *Maclean's* magazine states that 85% of Toronto injection drug users want SIS so that they can be safe from being seen by police. I believe this goes right along with the overall push to legalize drugs. I got the chance to speak with several drug users during the panel meetings. They were quick to share stories about the police they encounter. They spoke of the dreaded sound of "horse hooves" as they tried to sleep at night.

I am not sure that Torontonians are ready to legalize drugs. I know we cannot handle it. There are some people who can try drugs and not become immediately addicted. That does not mean that everybody can be that strong. It also does not mean that the strongest cannot fall to addiction later when life takes a turn for the worst. The only way to ensure that a person does not become addicted to an addictive substance is abstinence. Torontonians are prone to many forms of addictions.

We were presented with 16 speakers representing different details of supervised injection sites and drug use. Only two of the speakers were openly against SIS. The External Advisory Committee (EAC) commissioned by Health Canada was not represented by a speaker, because a member was out of town on one of the weekends. We were offered lots of reading on the subject of supervised injection sites. The reading including completely misrepresented citations of others' research. The reading also included research with no limitations cited, even though a committee (the EAC as mentioned above) put together by the Minister of Health had published research showing severe limitations to this very research. The severe limitations have been posted on the Health Canada website. I expect that in the future the research presented in Toronto will always include all published limitations. The research in support of SIS was extremely low quality. It looked good at a glance, but closer inspection revealed serious problems. MASS LBP, the academic advisor, and the LHIN would not investigate the problems with the research in a satisfactory way. Anything less than a thorough investigation of the material presented to us is completely dishonest. Academic honesty and excellency should always be striven for, especially when mistakes, and low-quality are suspect.

The research presented to us was so defective that I began to wonder if much of it were done in a way similar to the one mentioned to us by a drug user during our roundtable meeting. The roundtable meeting was almost completely filled by injection drug users. The ones sitting at my table were

all associates.

One mentioned casually to the others, “I am doing a study on overdosing would you like to come”. Another asked hopefully, “are you providing the drugs?”. The first responded, “no”. The second quickly replied, “no way, I’m not coming. Not interested.”. End of discussion.

I wonder how many of the studies we were presented with were put together under similarly casual circumstances.

I do not remember being presented with information about international groups, such as the WHO, some of which were formed to oppose supervised injection sites. I am sure they could have presented some public concerns that we did not hear about. I also do not remember being presented with the issue of murders, suicides and assassinations that can accompany drug use; this may concern the public. Nor did we discuss the gangs, with all of the violence and crime they represent, that always seem to surround drug users.

All of our panel meetings happened to be between the center of harm reduction and the St. Michael’s Hospital that serves as the Emergency Room for harm reduction. We met in a room with glass windows on two sides. During the meetings and on the way to the meetings I viewed and experienced a lot of the harm reduction side effects. I saw for the first time in my life somebody smoking from what could have been a ‘crack pipe’. I could not get on the nearby streetcars without being harassed by beggars. I also viewed people across the street trying to go to church, that were stopped on their way in by beggars looking for money. I saw many times people coming in off the street and heading straight for the food or the coat racks (sometimes people search pockets for valuables). I also saw lots of police. There were police officers in cars and on foot waiting and watching. They have lots of increased work when harm reduction sights are put in. More work equals more money for the police, but they are not interested in supervised injection sites.

I believe Torontonians are already experiencing a heavy toll from harm reduction. I hope that effective prevention programs such the “Strengthening Families” program will be given preference to increasing harm reduction programs. The harm reduction programs run on the idea that people cannot be stopped from doing illegal drugs so they need to be supported in it. However, the prevention program mentioned above actually prevents the next generation of addicted users from starting drugs and has other side effects such as reducing ADHD problems. It is currently implemented in Toronto by CAMH. It has such small funding that only a few families are helped each year. A CAMH sales representative came to our home the other night and had not heard of this program, but she mentioned things like “marginalized, stigmatized people”. There may be a huge public concern if Toronto continues to increase the size of its harm reduction programs with neglect to effective drug prevention programs.

As a panel member, I urge decision makers to investigate the quality of the research presented in favor of supervised injection sites before making

any decisions regarding putting these facilities in Toronto.

I spent about 100 hours studying the research with my husband, who is familiar with looking through research papers. We saw letters to the editor presented and quoted as peer reviewed research. We saw lies misquoting other papers. We also noticed severe limitations in some of the research methodology and interpretation of results. During our panel meetings, we were not advised of the limitations and weaknesses of the research being presented by SIS advocates, including concerns expressed in 2008 by an External Advisory Committee commissioned by Health Canada. MASS LBP did their best to remedy the poor presentations, by letting us know that limitations existed, but only late in the panel process and only when they were asked specifically to do so.

Decisions for health and public safety should not be made in Toronto without a thorough and honest investigation of this research. The problems with this research are not that it is difficult to do research in the health and public safety field; that is true, but good research has been carried out in spite of those difficulties, even some in the context of drug abuse harm reduction. The problems are with the specific results presented to panelists, which are difficult to trust given the concerns about the way those studies were carried out, interpreted, and cited to panelists.

**Michael Bennett:** I wanted to reiterate many of the recommendations in the chapter of the report on “neighbourhoods”.

If governments wish to fund one or more supervised injection sites (SIS) in Toronto, then the “path of least resistance” would presumably be to locate each SIS in a building or on a street that contains facilities that already provide similar services for street-involved people (e.g., needle exchange programs, methadone programs, etc.).

However, if local residents and businesses express strong opposition to a proposed SIS being located in their neighbourhood, governments should require the operator of the proposed SIS to find another location. Alternatively, governments should implement safeguards and other measures to address the concerns of local residents and businesses.

The concerns of ordinary people who live, work, play, go to school, earn their livelihood or raise their children in a neighbourhood, should be paramount.

**Ross Hainsworth:** Participation in the Toronto Residents’ Panel on Supervised Injection Services was an interesting and educational experience for me. I did not know anything about Vancouver’s InSite experience, or the Canadian legal framework allowing supervised injection services, or other world-wide supervised injection site experiences or, indeed, the extent of illegal drug use in Toronto.

It was clear to me after hearing from the experts who made presentations to the Panel throughout the first two of the four Saturday meetings (including some drug users themselves) that Toronto generally, and not

just illegal drug users themselves, would benefit from the establishment of one or more supervised injection sites.

Injection of illegal drugs is a difficult and thorny problem that does not allow a single solution. Toronto is now a diverse, multicultural city that needs to explore solutions to its illegal drug use problem. I was shocked by the number of overdose deaths in Toronto over a ten-year period. After hearing from the experts and illegal drug users themselves, there was no doubt in my mind that one or more supervised injection sites in Toronto would, over the long term, save lives, make available a wider range of treatment options for illegal drug users, and facilitate the safe use of illegal drugs by drug users and addicts.

My main concerns before the panel's meetings was that supervised injection sites would increase the use of illegal drugs in Toronto and attract illegal drug users and sellers to Toronto. I am satisfied after hearing from the presenters and drug users themselves that none of these things would happen. I am also satisfied that young people, schools, children, small businesses, and residents would not be adversely affected by a supervised injection site in their immediate neighbourhood.

Having said this, I would take a more aggressive approach than that recommended by the Residents' Panel, though I would maintain a way for residents to access any relevant information.

The ultimate objective is to establish one or more supervised injection sites in Toronto. To do that the federal Minister of Health must grant an exemption from the legislation. I would notify Torontonians generally of an application to the Minister of Health through newspapers and radio. I would listen to opponents and undertake ways to educate those opponents, such as maintaining an information website.

However, I would not institute an ongoing consultation process with residents prior to the application to the Minister of Health, or after the application had been granted. I would maintain a means to respond to complaints from members of the public about the operation of the site or sites after the site/sites have been established – this would be the extent of the consultation I would recommend. I am mindful of the costs involved in an ongoing consultation process - I would want to keep the costs to a minimum.

After the establishment of a site or sites I would make information publicly available at the same website about the operation of the site or sites and, of course, comply with any condition that might be attached to the exemption granted by the Minister of Health.

## **FINAL PANELIST SURVEY**

After receiving the final text of this report, members were asked to complete an anonymous survey that assessed their confidence in the panel process and the accuracy of the final report. Their answers are included here.

### **The readings provided a helpful and balanced introduction to many of the issues related to the implementation of Supervised Injection Services.**

strongly agree:	17 panelists (55%)
somewhat agree:	10 panelists (32%)
somewhat disagree:	2 panelists (6.5%)
strongly disagree:	2 panelists (6.5%)

### **The guest speakers represented an adequate and appropriate range of perspectives.**

strongly agree:	12 panelists (39%)
somewhat agree:	16 panelists (52%)
somewhat disagree:	1 panelist (3%)
strongly disagree:	2 panelists (6.5%)

### **The Panel's small group activities provided a reasonable opportunity for all members of the panel to be heard, express their views and influence the recommendations.**

strongly agree:	23 panelists (74%)
somewhat agree:	7 panelists (23%)
somewhat disagree:	0 panelists (0%)
strongly disagree:	2 panelists (3%)

### **The moderator displayed professionalism and neutrality in overseeing the deliberations of the Panel.**

strongly agree:	28 panelists (93%)
somewhat agree:	1 panelist (3%)
somewhat disagree:	0 panelists (0%)
strongly disagree:	1 panelist (3%)

### **The facilitation team displayed professionalism and neutrality in assisting the deliberations of the panel.**

strongly agree:	27 panelists (87%)
somewhat agree:	3 panelists (10%)
somewhat disagree:	0 panelists (0%)
strongly disagree:	1 panelist (3%)

**I believe the facilitation team treated all members of the panel with respect.**

strongly agree:	28 panelists (90%)
somewhat agree:	3 panelists (10%)
somewhat disagree:	0 panelists (0%)
strongly disagree:	0 panelists (0%)

**I believe sufficient care was taken to ensure all panelists had adequate opportunities to express their perspectives.**

strongly agree:	20 panelists (64.5%)
somewhat agree:	11 panelists (35.5%)
somewhat disagree:	0 panelists (0%)
strongly disagree:	0 panelists (0%)

**I believe the final report of the Residents' Reference Panel accurately reflects the deliberations and consensus of the members of the Panel.**

strongly agree:	18 panelists (60%)
somewhat agree:	10 panelists (33%)
somewhat disagree:	1 panelist (3%)
strongly disagree:	1 panelist (3%)

## **RESPONSE OF THE CURRENT AND FORMER INJECTION DRUG USER ADVISORY PANEL**

The Current and Former Injection Drug User Advisory Group was organized by St Christopher House to support and respond to the work of the Toronto Residents' Reference Panel on Supervised Injection Services.

St. Christopher House recruited members of the Advisory Group through their own services and through peer organizations. The advisory group met three times in winter and spring of 2014.

The first meeting introduced members to the Toronto Residents' Reference Panel on Supervised Injection Services and the role of the Drug User Advisory Group. It also provided members with an opportunity to discuss the viability of SISs in Toronto.

For the second meeting, volunteer members of the advisory group acted as guest speakers during the second day of the Residents' Reference Panel on Supervised Injection Services. Advisory group members shared their perspectives on SISs in Toronto and answered questions from panelists.

The third meeting was held one week after the final session of the reference panel. The Advisory Group was presented with a detailed summary of the reference panel's recommendations, and asked to share their reactions. The discussion has been summarized and included here.

Members of the Advisory Group had a variety of reactions to the recommendations proposed by the reference panel. For some, the recommendations were excessive and heavy-handed. These members suggested that the recommendations were motivated by fear and stereotypes of injection drug users, and sometimes by a voyeuristic interest in the private health care of others. The concerns described in the report were generally unfounded and sometimes even laughable. Expecting such actions of service providers was fundamentally unjust, they suggested, since it makes it harder for service providers to offer services to an underserved population. They thought, for example, that it would be courteous to notify neighbours and provide them with information about the SIS, but did not think the service provider should be required to do so. Authorities should treat SISs similar to how they treat other health or harm reduction services.

Some members suggested that taking the actions recommended by the panel ran the risk of increasing public concern. By taking all of these actions, they wondered, would the public start to think that there was actually something to be worried about? And would some members of the public think that they had the right to stop the SIS from opening, even though they did not? Advisory group member did not think the prospective service provider should appear to be hiding anything from the public, but that when it comes to communication and consultation, less may end up being better than more.

Other members saw it differently. These members agreed that the fears and concerns described by the reference panel are not likely to materialize, especially if the SIS is established within an existing health care facility. But these members thought that many of the steps described by the



members of the panel would help reassure concerned members of the public, and that in the long run this would help build understanding and acceptance about harm reduction services for drug users. These members supported recommendations about sharing research, given that they believe current research addresses nearly all of the concerns listed by the members of the panel. Though they acknowledged that these recommendations went beyond what would be required of other new health and harm reduction facilities, they felt the public is likely to react to Toronto's first SIS differently than to more established health services. Though the recommendations may not be completely fair – a symbol of the unnecessary social control exercised over marginalized people – these members thought it would be strategic for governments and potential service providers to give the recommendations serious consideration nonetheless.

Partly, this disagreement between members rested on whether they thought these recommendations would be easy or difficult to implement. Members who responded positively to the recommendations thought they would be relatively easy to implement, especially if funding was provided by the provincial government, as the panel recommended. Others thought that governments were not likely to provide sufficient financial support, and that some of the recommendations (such as the evaluation plans) would be prohibitively expensive to implement.

Members of the advisory group also discussed several specific recommendations.

Members all agreed that recommendations to locate the service away from schools and other child-friendly settings were unfounded. Members assumed that SISs in Toronto would be located within existing health facilities, and believe that immediate neighbours are unlikely to notice changes in the surrounding area. If the zoning bylaws allow for a health facility at that location, then there shouldn't be a problem with having a SIS in those locations as well.

Similarly, members agreed that recommendations to discourage all loitering near the SIS were too strict. For one, they didn't see how one could distinguish between those coming to the multi-service health facility to use the SIS and those coming for other purposes. In the case of a community health centre, members of the advisory thought that it was important that clients were able to spend time together outside the facility. This helped build community amongst clients and strengthen their relationships with service providers.

Members concluded that recommendations concerning site security were reasonable, given that current health facilities already use security cameras and other forms of security on site. That said, they highlighted that anonymity for those seeking to use the SIS is critical and should not be compromised. Members also accepted the recommendation about encouraging clients of the SIS to seek treatment, as long as it was not presented as a requirement and as long as the choice of the client would be respected.

Members felt that any communications about the proposed SIS should be designed to highlight that this was one service among many offered

by the organization, and was a relatively modest extension of well-established harm reduction services that have benefited Toronto for years. For example, they suggested that the webpage recommended by the reference panel should not be a standalone site. Instead, it should be integrated into the existing website of the health facility as one of the many services offered there.

Finally, members raised concerns about having a minimum age requirement at the facility. They thought if a young person came to use the SIS and was turned away, they would likely inject drugs anyways, likely in a less safe manner. For this reason they thought minimum age policies should be flexible, and that ID should not necessarily be required to access the service.

### **Members of the Current and Former Injection Drug User**

#### **Advisory Group:**

Frank Coburn

Peter Leslie

Kathy Pinheiro

Jim Meeks

Two members who chose to remain anonymous

## **REFERENCE PANEL PRESENTERS**

**Karen Urbanowski, Centre for Addiction and Mental Health and Dalla Lana School of Public Health at the University of Toronto.** Karen is a scientist in the Social and Epidemiological Research Department at the Centre for Addiction and Mental Health (CAMH), and an Assistant Professor at the Dalla Lana School of Public Health at the University of Toronto. After finishing her PhD in 2010, she held a research fellowship at the Center for Addiction Medicine at Harvard Medical School. Her research interests focus on the social epidemiology of substance use and addiction, and the role of treatment in recovery.

**Susan Shepherd, Manager, Toronto Drug Strategy Secretariat, Toronto Public Health.** Susan is the Manager of the Toronto Drug Strategy Secretariat, the staff team that supports implementation of the City of Toronto's drug strategy. Susan has 17 years of policy experience with the City of Toronto, working in the areas of substance use, poverty, homelessness, and food security. She has a BA in Psychology and a Master's degree in Social Work. Prior to joining the City of Toronto, Susan was a front-line worker in the community-based service sector. She has spoken extensively at local, national and international conferences on evidence-based approaches to reducing the harms of alcohol and other drug use. Susan also teaches a course in harm reduction policy at York University.

**Peggy Millson, Professor Emeritus, Dalla Lana School of Public Health, University of Toronto.** Peggy is a Professor Emeritus in the Dalla Lana School of Public Health at the University of Toronto and a physician with a specialty in Public Health and Preventive Medicine. She has been researching HIV, addiction, and harm reduction since 1990. She is also a member of the team that wrote the "Best Practices for Needle Exchanges in Ontario" document, and also participated in the recent production of a national Needle Exchange Best Practice document. Since 2003, Dr. Millson has been the Ontario Principal Investigator for the Public Health Agency of Canada's I-Track studies on HIV and HCV prevalence and risks among people who use drugs.

**Shaun Hopkins, Manager, The Works, Toronto Public Health.** Shaun is the Manager of The Works – the city department that provides harm reduction services, including the distribution of needles, crack kits, and condoms to at-risk populations. She has a Bachelor of Social Work degree and has worked in community development and addictions during her career. In her 23 years as the Manager of The Works, Shaun has been involved in the development of Best Practices for Needle Exchange programs in Ontario and Canada, the creation of the Ontario Harm Reduction Supply Distribution Program, and several research studies related to drug use and harm reduction. Shaun also developed the first peer-based naloxone (overdose prevention) program in Ontario

**Donna D. May, Founder, Jac’s Voice — On Living with Addiction and Mental Illness.** Donna is a speaker, writer, and advocate working to bring her personal experiences with addiction and mental illness to the people who need it most. Her daughter, Jacquilynne (“Jac”), died on August 21, 2012 after a long battle with illnesses caused by her addiction. Since her daughter’s death, Donna has committed herself to breaking down the stigmas surrounding mental illness and addiction and to giving others the knowledge and resources they need to deal with their loved ones’ struggles with these diseases. Donna is an active member of a number of organizations that address addiction and drug use across the city and country, including the Toronto Drug Strategy team, the Legislation and Regulation Committee of the Canadian Centre for Substance Abuse, the Toronto Research Group on Drug Use, and the Toronto Overdose Response Research Project.

**Tim Gauthier, Clinical Coordinator, InSite, Vancouver Coastal Health.** Tim began working in harm reduction and addictions in 2008, as a student nurse at Vancouver’s InSite – North America’s only Supervised Injection Site. He graduated from the University of British Columbia with a Bachelor’s degree in Nursing in 2009, and has remained at InSite in a full-time capacity since then. Recently, Tim received the UBC Young Alumni Award for his work at InSite, and the advocacy work he did surrounding the Supreme Court of Canada hearings on Supervised Injection Services. He is currently mid-way through a Master’s degree in Nursing, and is working to reduce the many barriers addicts face in attempting to access primary health care. He is particularly interested in the affect of shame on current addictions management. Tim lives in New Westminister, British Columbia with his partner and four children.

**Dan Werb, Urban Health Research Initiative, British Columbia Centre for Excellence in HIV/AIDS.**

Dan is an epidemiologist and policy analyst with expertise working in the fields of HIV, addictions, and drug policy. Dan is senior Research Assistant at the Urban Health Research Initiative at the BC Centre for Excellence in HIV/AIDS, where he focuses on investigating trajectories of injection drug use among street-involved youth and people who inject drugs in Vancouver, Canada. His research interests are wide-ranging and include the effect of drug law enforcement on public health, adherence to HIV antiretroviral therapy among people who inject drugs, discretionary policing, and drug market violence. He is a former research fellow at the Senlis Council, a European drug policy lobby group, and has worked as a journalist, reporting on drug policy and public health. Dan will soon join the Division of Global Public Health at the University of California, San Diego as a post-doctoral fellow.

**Dr. Ahmed Bayoumi, Centre for Research on Inner City Health (CRICH).**

Ahmed is a medical doctor and holds a M.Sc. in clinical epidemiology from the University of Toronto. He is a scientist at the Centre for Research

on Inner City Health (CRICH), a clinical epidemiologist and health services researcher, and an adjunct scientist at the Institute for Clinical Evaluative Sciences who has extensive experience studying access to care for people living with HIV. He also teaches in the University of Toronto Medical School and, along with Carol Strike, was one of the principal investigators of the TOSCA report. Of his many research interests, Ahmed is particularly concerned with the cost-effectiveness of public health policies, including harm reduction strategies.

**Dr. Carol Strike, Dalla Lana School of Public Health, University of Toronto.** As a health services researcher, Carol uses qualitative and quantitative research methods to evaluate service delivery models for illicit drug users. Her current projects focus on client-provider relationships and the service utilization patterns of vulnerable populations. Some of these projects include examining the delivery and operation of low threshold methadone programs, the impact of policy changes on access to methadone maintenance treatment, treatment issues for individuals with cannabis-related problems, and the use of emergency rooms by suicidal and marginalized men. The focus of her prior research has been: HIV prevention programs, violence and health, analysis of administrative health care, and general population survey data. Carol also works directly with community groups to evaluate their programs and design research projects to meet information needs. Along with Dr. Ahmed Bayoumi, Carol was one of the principal investigators of the TOSCA report.

**Dr. David McKeown, Medical Officer of Health, Toronto Public Health.** David is the Medical Officer of Health for the City of Toronto and Executive Officer of the Toronto Board of Health. He leads Toronto Public Health, Canada's largest local public health agency, which provides public health programs and services for 2.7 million residents. He is a physician specialist who has worked in the public health field for more than 25 years. Dr. McKeown has also served as Medical Officer of Health for East York, the City of Toronto prior to amalgamation, and the Region of Peel. He is an Adjunct Professor in the Dalla Lana School of Public Health at the University of Toronto and, as Toronto's Medical Officer of Health, has been an outspoken advocate for healthy public policy and the reduction of health inequities.

**Mike McCormack, President, Toronto Police Association.** Mike has been the President of the Toronto Police Association (TPA) since 2009 and represents over 8000 uniformed and civilian members. The TPA is the largest municipal police association in Canada and the fourth largest in North America. Mike has been a member of the Toronto Police Service for over 27 years and has worked in Primary Response, the Major Crime Unit, the Detective Office, and the Street Crime Unit. Mike has strong family ties within the policing community and has family members serving with the Ontario Provincial Police and the Toronto Police Service. His father, Wil-

liam J. McCormack, was Chief of the Metropolitan Toronto Police Service from 1989 to 1995.

**Gwen Landolt, Vice President, Drug Prevention Network of Canada.** Gwen graduated from the University of British Columbia's Faculty Law and has had an extensive legal career in private practice, as Crown prosecutor, and as a lawyer with the federal government. She is also a long-time pro-life activist and a co-founder of Toronto Right to Life, the Coalition for Life, and REAL (Realistic, Equal, Active, for Life) Women of Canada, which is one of Canada's largest and most reliable pro-family organizations. Gwen is a past President and current Vice President of the Drug Prevention Network of Canada. Most importantly, Gwen is a wife and mother.

**Dennis Long, Founding Director, Breakaway Addictions Services.** Dennis is the founding director of Breakaway Addictions Services, and addiction treatment centre focused on harm reduction. He received a B.A. (Fine Arts/Film) from York University, a Master's in Social Work from the University of Toronto, and a certificate in Non-Profit Management from the Schulich School of Business at York University. Dennis serves on the Board of Directors of Addictions and Mental Health Ontario, the City of Toronto Drug Strategy Implementation Panel, the Minister of Health's Expert Committee on Narcotic Addiction, and has also served on the Minister's Methadone Advisory Task force. He teaches at the University of Guelph-Humber and McMaster University, and has lectured at York University and Georgian College. Dennis speaks regularly on harm reduction, youth treatment, and drug policy at conferences and symposia in Canada and internationally.

**Mark Garner, Executive Director, Downtown Yonge Business Improvement Area.** Mark is the Executive Director and Chief Staffing Officer for the Downtown Yonge Business Improvement Area. His peers consider him a community builder, urbanist, and advocate for the revitalization and health of urban, downtown areas. Mark has a wealth of BIA experience and an extensive background in business development, strategic planning, and operations in the public and private sectors. He also has municipal experience as manager of business and economic development, working on foreign direct investment projects in Canada. Mark has worked directly on the transformation of numerous downtowns in recent years and applies a model of collaboration, stakeholder, and community engagement in achieving a common vision for community building.

**Pauline Larsen, Senior Economic Development Manager, Downtown Yonge BIA.** Building on a background in economic analysis and journalism, Pauline has spent the past two decades working in the field of urban and property research, based first in Johannesburg, South Africa, and then in Toronto. In Toronto, she has focused on research and strategy work for clients in the not-for-profit sector and her range of professional interests include urban revitalization and performance measurement, urban social

issues, the Business Improvement Area (BIA) model of urban management and advocacy, resource development, and strategic planning. She has worked with the Downtown Yonge BIA for close to seven years on research and strategic initiatives, the award-winning Retail Recruitment Program, and the rollout of a pedestrian and vehicle counting system along Yonge Street. In October 2013, she assumed her current position as Senior Economic Development Manager.

## READING MATERIALS

In advance of their meetings, the organizing team provided optional reading materials to panelists so they could familiarize themselves with some of the issues that would be discussed over the course of the panel.

Addiction: an Information Guide. Centre for Addiction and Mental Health. 2010. (selections)

“Balancing Health and Safety: Vancouver’s Supervised Injection Site.” Inspector Scott Thompson, Vancouver Police Department. *RCMP Gazette* Vol. 74. No. 1. 2012.

“B.C. injection site exempt from drug laws: Supreme Court.” *The National Post*. 30 September 2011.

“Change my mind: Should Taxpayers Support Drug Users?” Colin Mangham and Dan Werb. *The Huffington Post Canada*. 14 June 2012.

Chualo, George. “Memoir: boxing champ George Chualo describes his family’s heartbreaking battle with heroin.” *Toronto Life*. July 2013.

“Commentary by Ottawa Police Chief Charles Bordelau on Supervised Injection Services.” Ottawa Police Department (news release). 28 September 2013.

“Dr. Peter Centre applies for exemption for 12-year-old supervised injection site.” *Metro News*. 13 February 2014.

Federal Bill C-2: The Respect for Communities Act. Introduced 17 October 2013 by Minister of Health Rona Ambrose. (selections)

“The Fix” (podcast). *The Walrus magazine*. September 2013.

“Insite: Safe Supervised Injection Site.” (youtube) Vancouver Coastal Health.

“The mind of a heroin addict: the struggle to get clean and stay sober.” *The Guardian*. 11 February 2014.

“My life without drugs.” Russell Brand. *The Guardian*. 9 March 2013.

“No to drug injection sites in Toronto.” *The Toronto Sun*. 21 July 2013.

Report of the Toronto and Ottawa Supervised Consumption Assessment Study. St. Michael’s Hospital and University of Toronto Dalla Lana School of Public Health. 2012. (selections)



- Salmon, Allison M. et al. "Five years on: What are the community perceptions of drug-related public amenity following the establishment of the Sydney Medically Supervised Injecting Centre?" *International Journal of Drug Policy* 18 (2007): 46-53.
- "Safe Injection Sites: Toronto's Stakeholders and their Concerns." (infographic). Maclean's. 10 July 2013.
- "Staff Report: Supervised Injection Services in Toronto." Toronto Medical Officer of Health. 21 June 2013.
- Substance Use in Toronto: Issues, Impacts, and Interventions. City of Toronto. 2005. (selections)
- Supervised Injection Services Toolkit. Toronto Public Health. 2013. (selections)
- "Toronto's board of health becomes first governing body in Ontario to endorse drug injection sites." *The Globe and Mail*. 10 July 2013.
- Toronto Drug Strategy. Toronto Drug Secretariat. 2005. (selections)
- "Toronto data reveals hundreds of discarded syringes." *The Toronto Star*. 15 August 2013.
- "Vancouver clinic wants federal approval to provide drug-injection services." *The Globe and Mail*. 13 February 2014.
- "Vancouver's InSite service and other Supervised Injection Sites: What has been learned from research?" Health Canada. 2008. (selections)
- Wellbeing Toronto map of drug arrests. City of Toronto (website) [www.toronto.ca/wellbeing](http://www.toronto.ca/wellbeing)
- "What's wrong with a new methadone clinic on a quiet Toronto street?" *The Globe and Mail*. 24 June 2011.

## **PROJECT PARTNERS**

### **About St Christopher House**

St. Christopher House has been a neighbourhood centre in west end Toronto since 1912. We work with diverse individuals, families and groups to promote personal and social change in order to achieve a safe, healthy and accepting society for all. St. Christopher House is a secular organization and is strongly committed to community development in all aspects of our work.

### **About the Panel Advisory Group**

The Panel Advisory Group was set up to oversee the Reference Panel and help ensure that it was focused, balanced and fair. The advisory group was asked to review the invitation letter, the proposed curriculum goals, the guest speakers to be invited, the program schedule and the reading materials sent out to members of the panel. The advisory group was made up of:

**Andreas Laupakis:** Executive Director of the Li Ka Shing Knowledge Institute of St. Michael's Hospital, and Canada Research Chair in Health Policy and Citizen Engagement

**Adalsteinn Brown:** Director, Institute of Health Policy, Management & Evaluation at the Faculty of Medicine, University of Toronto, and Chair of Public Health Policy at the University of Toronto's School of Public Health

**Dan Werb:** Postdoctoral Fellow at UC San Diego School of Medicine and senior Research Assistant at the Urban Health Research Initiative at the BC Centre for Excellence in HIV/AIDS

**Maureen Fair:** Executive Director, St. Christopher House

### **About MASS LBP**

MASS LBP is a new kind of advisory firm that works with forward-thinking governments and corporations to make better decisions while deepening and improving their efforts to engage and consult with citizens. Fundamentally we believe in people. Given the opportunity to participate in a thorough, fair, and inclusive process, citizens are ready to provide constructive advice, offering officials the intelligence, perspective, and sensitivity that difficult public issues require.

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Welcome

Toronto Resident  
Reference Panel  
on Supervised  
Injection Service





*Planning  
Resource*

Recommendations from the  
**Toronto Residents'  
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Final Report | June 2014  
Issued by St. Christopher House