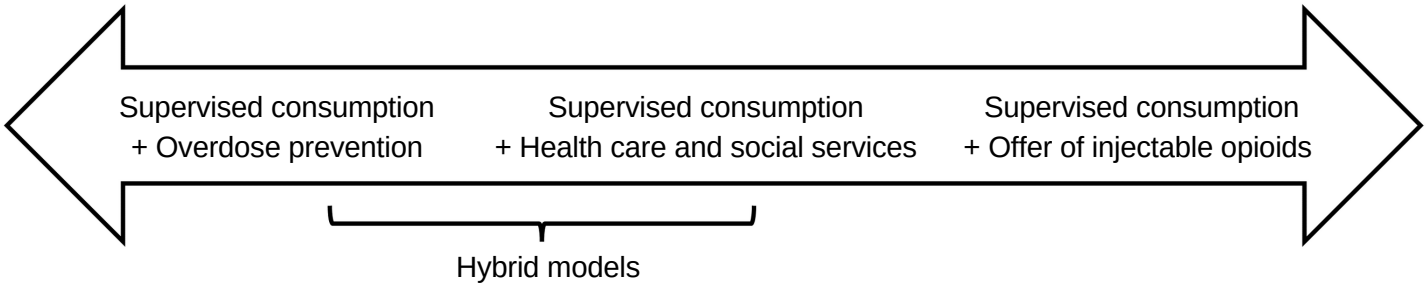
WHAT ARE THE MONITORING AND REPORTING REQUIREMENTS IN SUPERVISED CONSUMPTION SERVICES?

OVERVIEW OF THE CANADIAN CONTEXT

The first two supervised consumption services (SCS) in Canada opened in 2002 (Dr. Peter Centre, Vancouver) and 2003 (Insite, Vancouver). There are now more than 50 in the country (1). SCS provide a safe space for people to use substances where trained staff can respond to overdoses and medical emergencies (2). Depending on the SCS model, routes of substance consumption may vary and other services may be available on site.

There are different SCS models that fall on a continuum of services. At one end are temporary overdose prevention sites operating out of tents as well as those integrated with existing services. The primary function of these sites is overdose response and prevention. Staff includes harm reduction workers and peer workers. At the other end of the continuum are the few sites that allow for the supervised use of injectable opiates. The primary function of these sites is to provide a safe alternative to illicit substances through a nursing or medical prescription. On site staff is site-dependent, but generally includes harm reduction workers, peer workers, and nurses. Physicians and pharmacists are also involved, but are not necessarily on site. Finally, in the middle of the continuum is the "classic" model pairing supervised illicit substance use with an offer of other services provided by harm reduction workers, peer workers, and nurses. Since 2016, there has been an increasing number of "hybrid" models where service offerings vary.



The policies governing SCS have evolved over the years and through changes in both federal and provincial governments. The monitoring and reporting requirements arising from these policies have also undergone some changes. The purpose of this policy brief is to provide an overview of these requirements.

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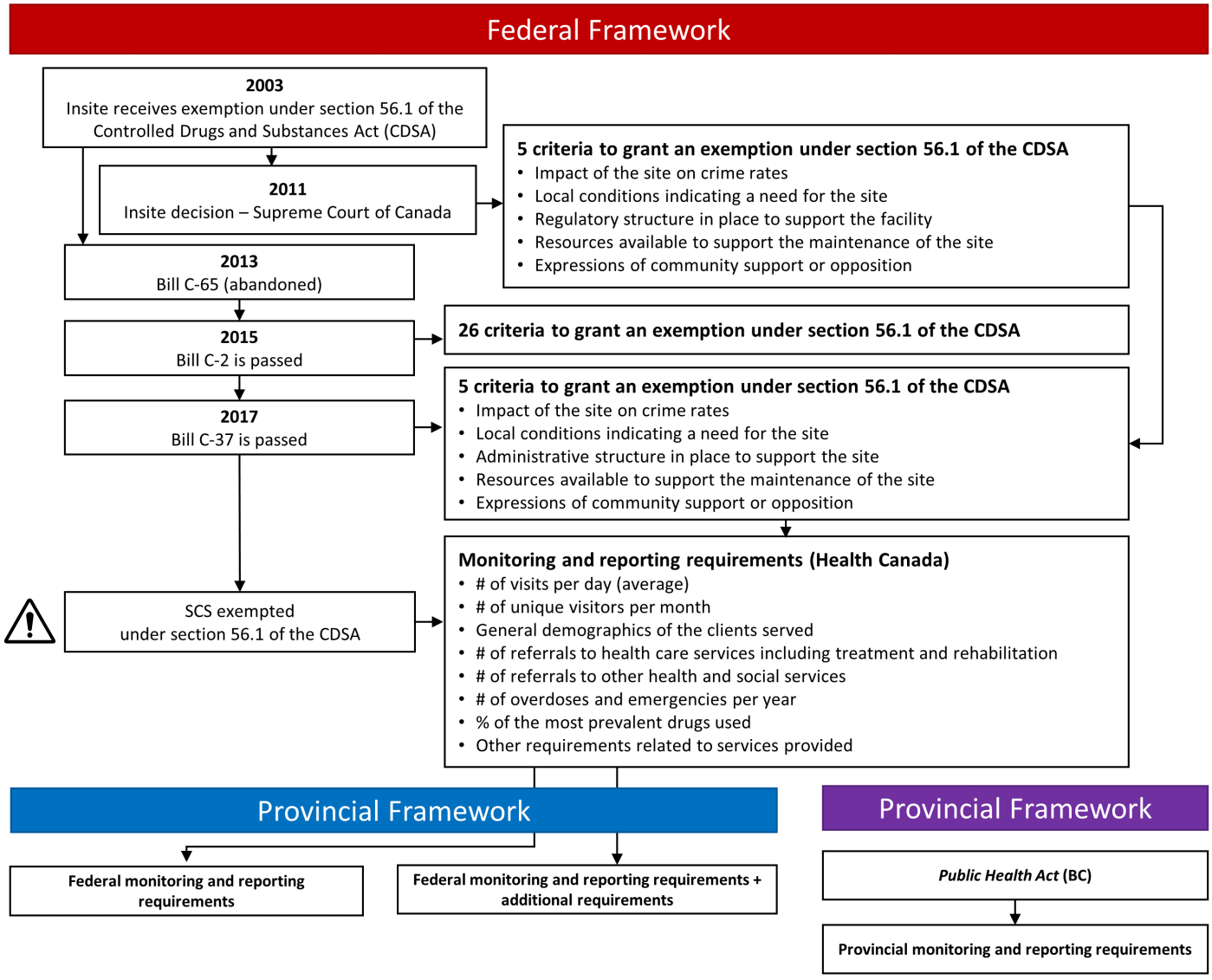
METHODOLOGY

This policy brief is based on a four-step environmental scan. First, we completed a review of the scientific literature and compiled a summary of the indicators cited in that literature. Then, we completed a review of the grey literature including the laws, policies, regulations and frameworks needed to understand the current requirements. Based on this review, we developed a chronology of the policies governing SCS in Canada. Finally, we summarized the monitoring and reporting requirements arising from these policies at both the federal and provincial levels.

POLICIES GOVERNING SCS IN CANADA

In order to understand the monitoring and reporting requirements, one must first understand the evolution of the policies that govern SCS at the federal level. Until 2016, only the federal framework allowed SCS to operate legally.



*Another exemption mechanism exists under subsection 56(1) of the CDSA to allow rapid implementation of temporary sites for urgent needs, such as during the COVID-19 pandemic. More infromation **here**.*

FEDERAL FRAMEWORK

The federal framework is based on the Controlled Drugs and Substances Act (CDSA), which comes under the Ministry of Health. The CDSA includes an exemption mechanism (section 56.1)⚠ for medical, scientific or public interest purposes. The federal framework therefore provides for an exemption application process administered by Health Canada (3) — a process that, once completed, allows for the opening of a SCS.

To understand this framework, it is important to know that it is rooted in the Supreme Court of Canada's decision in the Insite case. The 2011 decision sets out 5 criteria to be considered when reviewing an exemption application (4). The transposition of the Insite criteria into a legislative framework took place in 3 stages through 2 governments. In 2013, the then federal government developed Bill C-65, but it was abandoned due to a prorogation of Parliament (5). Two years later, it was finally passed as Bill C-2. The legislation included 26 criteria and faced much criticism for the administrative burden it placed on applicants. In 2017, a new government passed a bill (C-37) seeking to simplify the exemption process by simply reusing the 5 criteria set out in the Insite decision. Since the adoption of this legislation, about 40 SCSs have received an exemption (6).

Under the federal framework, monitoring and reporting requirements are part of the exemption process. With a Health Canada exemption, there are monitoring and reporting requirements related to visits, service user demographics, overdoses and emergencies, most commonly used drugs on site, and referrals to treatment and support services. The data collected is submitted to Health Canada to maintain the exemption (7). Depending on the services provided on site, for example, if drug testing is authorized, other requirements may be added on a case-by-case basis.

PROVINCIAL FRAMEWORK

At the provincial level, there are three possible options :

1. The first option, to have provincial requirements only, applies exclusively to overdose prevention sites in British Columbia.

2. The second option, to adopt the requirements of the federal framework, applies to all provinces and all SCS, regardless of where they fall on the continuum.

3. The third option, to add provincial requirements to the federal framework, is unique to the provinces of Ontario and Alberta.

These distinctions are important because monitoring and reporting requirements are a funding condition at the provincial level.

Provincial Requirements: *Overdose Prevention Sites in British Columbia*

In 2016, following the declaration of a province-wide public health emergency, the then Minister of Health issued a ministerial order allowing the opening of overdose prevention sites in British Columbia (8). These sites are therefore covered by the *Public Health Act*. Although they do not have to meet the requirements of the federal framework, they still need to declare the monthly number of visits and overdose events to provincial health authorities (9).

Federal Requirements: *Different SCS, Same Framework*

Because the exemption process falls under federal jurisdiction, all SCSs must meet the monitoring and reporting requirements imposed by Health Canada. From the oldest SCS in the country to the newest, these requirements are adopted by the provinces and used as a funding condition.

Additional Federal Requirements: *The Case of Ontario and Alberta*

Ontario and Alberta have developed their own requirements in addition to those included in the federal framework. These new requirements place particular emphasis on referral to treatment and support services, as well as community consultation. Sites that do not comply with the new requirements have their funding threatened.

ONTARIO: In 2017, two non-sanctioned overdose prevention sites opened in Ottawa and Toronto. In January 2018, Ontario receives a provincial exemption to implement overdose prevention sites (10). The Ontario Ministry of Health developes its own guidelines to oversee these sites and their funding (11). In 2019, following a change in government, new requirements are introduced and a hybrid model is created: Consumption and Treatment Services (CTS).

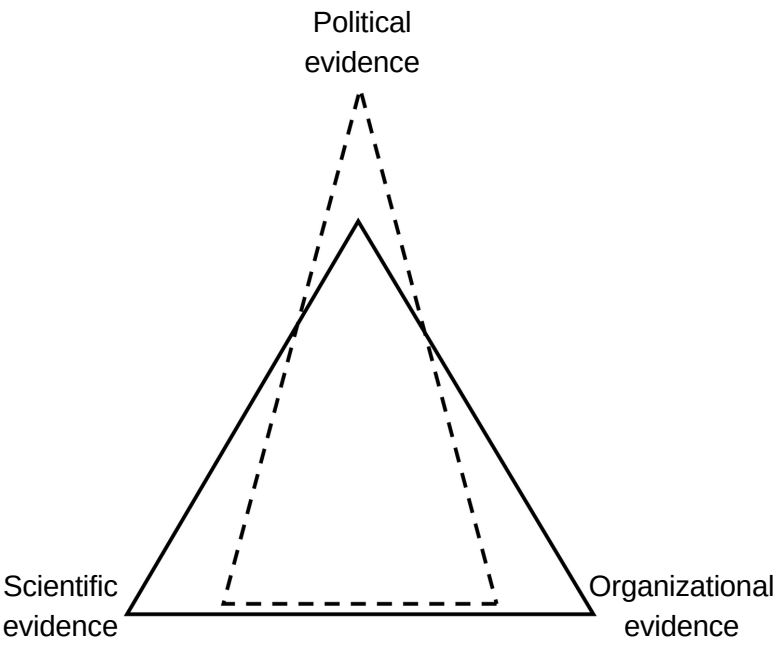
This new model includes requirements related to provision of wrap around services and treatment, access to complementary health or social services, the accessibility of the facilities, the presence of on site health professionals, the inclusion of peer workers, the proximity betwen CTS and schools, removal of inapropiatly discarted supply, as well as engagement and liaison efforts (12).

ALBERTA: Until recently, SCS that were granted a health exemption were required to adhere to federal requirements. In 2020, a newly elected government commissioned a socio-economic review of the province's SCS (13). Following the release of this report, which was highly criticized for its methodological flaws (14), new provincial guidelines for SCSs came into effect. These guidelines apply to all SCS.

Essentially, Alberta is imposing new requirements in terms of referral pathway to recovery oriented services, access to washrooms, community engagement, staff training, on site health professional presence, clinical practice standards, critical incidents reporting, staff criminal record checks, needle debris mitigation, data management, and recording of service user personal health numbers (15).

REQUIREMENTS AND EVIDENCE

According to Klein (16), three types of evidence should be considered when developing evidence-based policy: scientific evidence produced by researchers; organizational evidence, including knowledge from fieldwork and service provision; and finally, political evidence, including the attitudes of policy makers and the public. All three types of evidence should be considered equally.



With respect to monitoring and reporting requirements for SCS, there is an imbalance between the three types of evidence (see figure). At both the provincial and federal levels, changes in requirements reflect the government in power much more than scientific or organizational evidence.

Moreover, the situation in Ontario and Alberta demonstrates that the addition of provincial requirements can become a strategy used by conservative governments that oppose SCS to limit or cut funding. It can also be used to force SCS to change their philosophy and service delivery.

In comparison, scientific and organizational evidence appears to have little weight compared to the monitoring and reporting requirements of SCS. In our literature review, we noted similarities between both federal and provincial requirements and the indicators used in the research (17,18,19,20,21). However, we also found that the requirements are not always supported by scientific and organizational evidence. For example, requiring data related to referrals to treatment and support services does not necessarily reflect the purpose of SCS. In other words, the goal of SCS is not to promote abstinence, but to adopt a harm reduction approach. It is through this approach that SCS users may decide to start treatment, not because we emphasise treatment referral (22).

The predominance of political evidence keeps monitoring and reporting requirements in a state of dormancy, while new practices and a diversification of the SCS continuum have developed in parallel. Restoring the balance between organizational, scientific, and political evidence would allow for the exploration of new requirements to better document service delivery and protect the mandate of SCS. To our knowledge, no studies have been conducted on the monitoring and reporting requirements currently in place and their impact on SCS, which makes for a significant gap in the literature. More research and consultation with SCS, service users and service providers is needed to ensure that the selection of these requirements is truly evidence-based.

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