



The Regional Municipality of Durham Information Report

From: Commissioner & Medical Officer of Health
Report: #2023-INFO-47
Date: June 2, 2023

Subject:

Consumption and Treatment Services Application Overview

Recommendation:

Receive for information

Report:

1. Purpose

1.1 To provide information on the application process for Consumption and Treatment Services (CTS) in Ontario to support individuals that use opioids and other drugs.

2. Background

2.1 [Canadian](#) and [international](#) evidence demonstrates that supervised consumption services help to save lives, connect people to social services, serve as pathways to treatment and lower rates of public drug use and infectious diseases associated with shared needles.

2.2 The federal government (Health Canada) remains responsible for granting exemptions to Section 56.1 of the *Controlled Drugs and Substances Act* (CDSA) to operate [Supervised Consumption Services \(SCS\)](#).

2.3 Ontario augments Health Canada's SCS program to include requirements for treatment and support services (herein referred to as Consumption and Treatment Services [CTS]).

2.4 In October 2018, the Ministry of Health and Long-Term Care announced a new [CTS model](#) to replace the former Supervised Consumption Services and Overdose Prevention Site models established by the previous government.

2.5 In 2019, Lakeridge Health, John Howard Society of Durham Region and Durham

Region Health Department (DRHD) partnered to complete a [public consultation regarding CTS](#), including a [public survey](#) to assess the need for a CTS in Durham Region.

- 2.6 At its meeting on May 4, 2023, the Health & Social Services Committee inquired as to whether municipal consent is still required in order for a local CTS to be established.

3. Current Status

- 3.1 Organizations applying for a CTS must also [apply to Health Canada for an exemption to Section 56.1](#) of the CDSA to operate supervised consumption services.
- 3.2 Applicants who apply to the [CTS funding program](#) typically apply simultaneously to the CTS program and to [Health Canada for the CDSA exemption](#).
- 3.3 Mandatory services include supervised consumption and overdose prevention services, access to addictions treatment services, primary care, mental health, housing and/or other social supports, and harm reduction services.
- 3.4 CTS are not to be concentrated in one area or neighbourhood, and proximity to similar services is to be considered. Additionally, proximity to childcare centres, parks and/or schools (including post-secondary institutions) is to be considered.
- 3.5 CTS operators will be required to support ongoing community engagement and liaison initiatives to address local community and neighbourhood concerns on an ongoing basis.
- 3.6 The Ministry of Health (MOH) accepts applications for CTS on an ongoing basis. The [Consumption and Treatment Services: Application Guide](#) provides information and guidance on the provincial CTS program requirements and application process.
- 3.7 CTS applications are assessed based on the following program criteria:
- a. Local conditions (mortality/morbidity data, proxy measures for drug use).
 - b. Capacity (to provide treatment and consumption services).
 - c. Proximity (to similar services, and to childcare centres, parks, and schools, including post-secondary institutions).
 - d. Community support and ongoing community engagement.
 - e. Accessibility.
- 3.8 Eligible applicants include Community Health Centres (CHC), Aboriginal Health Access Centres or similar incorporated health care or community-based organizations that can offer the full range of mandatory services.
- 3.9 The applicant must either be the proprietor of the site or submit a letter of permission from the proprietor with the application.

3.10 It is encouraged that sites offer consistent hours of operation, seven days per week. Proposed hours should be based on the local context and consultation with community stakeholders, local community groups, and persons with lived experience.

3.11 Applicants must meet minimum site requirements:

- a. Provide a floor plan indicating where:
 - Service intake, consumption, and post-consumption care (i.e., aftercare room) will be located
 - Other mandatory services will occur
 - Hand hygiene sink and foot wash station will be located
 - Accessible washrooms will be located.
- b. Verify the facility meets municipal by-laws and provincial regulations for accessibility.
- c. Verify the site meets MOH design standards for a consumption service.
- d. Verify physical safety and security measures are in place to ensure client, staff and community safety including:
 - Provincial and municipal safety requirements
 - Fire safety plan
 - Security plan
 - Paramedics and other first responders have access to the consumption and post-consumption (i.e., aftercare) rooms
 - Occupational health and safety requirements
 - Infection prevention and control requirements.

3.12 Community consultation is a requirement of the federal CDSA exemption application and does not have to be carried out separately for the Ontario program application, provided the consultation meets provincial requirements.

- a. Examples of consultation tools include, but are not limited to:
 - Door-to-door or other canvassing (e.g., flyers)
 - General email account (to receive feedback and respond to inquiries)
 - Information meetings/open houses
 - Presenting at community associations or other meetings
 - Survey
 - Website, including opportunities for individuals to submit feedback.
- b. At a minimum, the following stakeholders should be consulted on the CTS:
 - Health and social service stakeholders (e.g., addictions treatment, mental health, housing)
 - Local businesses and/or business associations

- Local citizens and/or community groups
- Local municipality
- Police and other emergency services
- Public health (local board of health)
- Persons with lived experience.

3.13 As part of their application, applicants:

a. Must submit a consultation report that provides:

- Who was consulted
- A summary of feedback from each stakeholder group
- Concerns raised by stakeholder groups, if any
- How concerns will be addressed.

b. Must obtain and submit local municipal council support (i.e., council resolution) endorsing the CTS

c. Should submit other evidence of support for the CTS. This can include, but is not limited to:

- Letters of support from partnering organizations, local businesses and/or other stakeholders
- Board of health resolution.

d. Applicants must also submit a community engagement and liaison plan which outlines how the community will be engaged on an ongoing basis. The plan may include:

- Follow-up(s) after initial consultations
- Public education about CTS
- Engagement mechanisms to identify and address community concerns on an ongoing basis.

3.14 Applicants must submit a budget which provides a breakdown of all the operational costs, including a brief description and rationale for the quantity and cost for each item requested.

3.15 Operational cost items can include: salaries and benefits, supplies and services, and program, administrative, phone and IT expenses. The program will fund up to a maximum of 10 per cent of the total operating budget for administrative and IT expenses. Operating costs will be assessed against comparative provincial services of similar size and scale.

3.16 As part of the monitoring and reporting requirements, CTS operators will be required to report on [pre-established indicators](#) on a monthly basis.

4. Conclusion

- 4.1 Completed CTS application forms and accompanying documents should be submitted to: Addiction and Substances Unit, Health Protection, Policy and Partnerships Branch, Office of the Chief Medical Officer of Health, Public Health, Ontario Ministry of Health.
- 4.2 As in the past, DRHD will continue to assist and support the preparation of CTS applications, and if approved, with the implementation and evaluation of CTS.

Respectfully submitted,

Original signed by

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