

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
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Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE File Number: ACS2019-OPH-HPS-0003

SUBJECT: NEXT STEPS IN HARM REDUCTION AND OVERDOSE PREVENTION

**OBJET: RÉDUCTION DES MÉFAITS ET PRÉVENTION DES SURDOSES –
PROCHAINES ÉTAPES**

REPORT RECOMMENDATIONS

That the Board of Health for the City of Ottawa Health Unit:

- 1. Receive this report for information; and**
- 2. Approve the next steps for Ottawa Public Health's harm reduction program, as outlined in this report.**

RECOMMANDATIONS DU RAPPORT

Que le Conseil de santé de la circonscription sanitaire de la ville d'Ottawa :

- 1. prenne connaissance du présent rapport à titre d'information;**

2. approuve les prochaines étapes pour le Programme de réduction des méfaits de Santé publique Ottawa décrites dans le présent rapport.

EXECUTIVE SUMMARY

Since 2017, Ottawa Public Health (OPH) has intensified its work with various partners to prevent, prepare for and respond to substance use and opioids in the community. This work aligns with the Ottawa Board of Health's 2016 adoption of a guiding principle with respect to enhancing harm reduction services, as well as with the more recently approved strategic directions of promoting mental health and reducing health and social harms of substance use, and of driving prevention across the health care system.

While the 2019 [Ottawa Community Action Plan: Comprehensive Mental Health and Substance Use Strategy – Focus on Opioids](#) highlights OPH's role in preventing substance use, decreasing stigma that acts as a barrier to care, and in supporting integrated mental health, addiction and social services, this report focuses on the harm reduction elements of the plan.

Given OPH's long-standing role in coordinating harm reduction activities across the City, OPH's harm reduction program is a key contributor to advancing the recommended actions from the Ottawa Community Action Plan. These actions, which are based on inputs from community partners, people with lived and living experience and local experts, are being used as a framework to guide the next steps of OPH's harm reduction program.

Next Steps

Integrate harm reduction approach and practices across allied service partners

- Evidence and locally-identified needs suggest that there is value to building harm reduction capacity with low-income housing providers (e.g. rooming houses), health system partners - including hospitals and primary care, as well as festival and event planners.

Explore expansion of programs and services to address the toxic drug supply

- Working with partners, OPH has submitted a joint application to Health Canada to implement a 'safer supply' program that seeks to decrease the risk of accidental overdoses by providing access to prescribed pharmaceutical opioids and further connecting appropriate people who use drugs to integrated, wrap-around health,

social and treatment services. OPH's role in this pilot is to provide overall project coordination, leadership, and evaluation support across all participating agencies.

Increase harm reduction reach to those not accessing existing services

- Epidemiologic data indicates there is risk of overdose across the City of Ottawa and middle-aged men who are unemployed are at greater risk, often dying in their homes without someone present who could administer naloxone.
- OPH will continue to work with community partners, people with lived/living experience (PWLE), and other affected populations identified by surveillance data to identify local harm reduction and overdose prevention/response service needs, tailor interventions to specific demographics and audiences to ensure efforts to reduce stigma and increase access to mental health, addiction and harm reduction services are prioritized, as well as explore opportunities for collaboration to address identified gaps, such as in access to social services.

OPH's Supervised Consumption Service (SCS)

- Given the ongoing local overdose context, and that the 179 Clarence Street site experiences high traffic volumes for harm reduction supplies, consults, support services and referrals to treatment, under a transition plan, OPH will continue to offer harm reduction services using cost-shared funding and provide supervision of substances using 100% municipal substance use-related funding.
- As of January 1, 2020, OPH will return to service hours that fit within the funding envelope. Supervised consumption will be provided as part of the continuum of care for clients picking up harm reduction supplies who are at risk of overdose.
- OPH recognizes that a shift in operating hours will have an impact on clients currently accessing services, as well as on other SCSs. As such, a transition plan for clients is being developed with partners. It includes facilitating referrals from the 179 Clarence Street site by physically accompanying clients to other SCS and positioning OPH staff onsite at other SCS for a temporary period, as needed.
- OPH remains the lead for Ottawa's Needle and Syringe distribution program, providing the greatest volume of supplies out of the 179 Clarence Street location (38% more needles distributed when compared to the next highest distributing fixed site), and will continue to draw on the practical experience of operating supervised consumption to facilitate best practices, collaboration and evaluation across other SCS in Ottawa. Evaluation will assist in determining ongoing need for the program,

particularly following renovations of a neighboring Consumption and Treatment Service.

RÉSUMÉ

Depuis 2017, Santé publique Ottawa (SPO) a renforcé sa collaboration avec ses différents partenaires en vue de prévenir la consommation de substances et la présence d'opioïdes à Ottawa, de s'y préparer et d'intervenir à cet égard. Ce travail cadre avec un principe directeur adopté par le Conseil de santé d'Ottawa en 2016 concernant l'amélioration des services de réduction des méfaits, de même qu'avec les orientations stratégiques plus récemment approuvées de promotion de la santé mentale, de réduction des effets néfastes de la toxicomanie sur la santé et la société et de prévention dans l'ensemble du système de santé.

Tandis que le [Plan d'action communautaire d'Ottawa 2019 : Stratégie globale en matière de santé mentale et de toxicomanie – Accent sur les opioïdes](#) souligne le rôle de SPO dans la prévention de la consommation de substances, la réduction de la stigmatisation qui fait obstacle aux soins et de soutien aux services intégrés de santé mentale, de toxicomanie et de services sociaux, ce rapport met l'accent sur les éléments de réduction des méfaits du plan.

Compte tenu du rôle de longue date de SPO dans la coordination des activités de réduction des méfaits à l'échelle de la ville, son Programme de réduction des méfaits joue un rôle clé dans la prise des mesures recommandées dans le Plan d'action communautaire d'Ottawa. Ces mesures, qui reposent sur les commentaires de partenaires communautaires, de gens ayant une expérience concrète et d'experts locaux, servent de cadre pour guider les prochaines étapes du Programme de réduction des méfaits de SPO.

Prochaines étapes

Harmoniser la philosophie et les pratiques de réduction des méfaits entre les fournisseurs de services partenaires

- Les données et les besoins relevés localement indiquent qu'il est judicieux de travailler à renforcer la capacité en matière de réduction des méfaits auprès des fournisseurs de logements pour les personnes à faible revenu (p. ex. maisons de chambres), des partenaires du système de santé, y compris les hôpitaux et les établissements de soins primaires, et des organisateurs de festivals et d'événements.

Étudier les possibilités d'élargissement des programmes et des services pour lutter contre l'approvisionnement en drogues toxiques

- En collaboration avec différents partenaires, SPO a soumis une demande conjointe à Santé Canada en vue de mettre en place un programme d'approvisionnement « plus sûr » qui vise à diminuer le risque de surdoses accidentelles par l'accès à des opioïdes prescrits, de qualité pharmaceutique, et un meilleur accès à des services sociaux, de santé et de traitement complets et intégrés pour les personnes qui consomment des drogues. Le rôle de SPO consiste à assurer la coordination globale du projet pilote et à encadrer les organismes participants.

Accroître la portée des initiatives de réduction des méfaits auprès des personnes qui n'utilisent pas les services

- Les données épidémiologiques révèlent qu'il existe un risque de surdoses à Ottawa et que les chômeurs d'âge moyen y sont plus vulnérables, y succombant souvent chez eux, sans que personne ne soit présent pour administrer de la naloxone.
- SPO continuera de collaborer avec des partenaires communautaires, des gens ayant une expérience concrète et les différentes populations que désignent les données de surveillance pour déterminer les besoins à l'échelle locale en matière de services de réduction des méfaits et de prévention des surdoses et d'intervention à cet égard, pour adapter les interventions à certains groupes démographiques afin que le travail de réduction de la stigmatisation et d'amélioration de l'accès aux services soit prioritaire, ainsi que pour étudier les possibilités de collaboration en vue de remédier aux lacunes relevées.

Services de consommation supervisée de SPO

- Compte tenu de la situation en matière de surdoses à Ottawa et que le centre du 179, rue Clarence continue d'accueillir une importante clientèle souhaitant se procurer du matériel de réduction des méfaits et obtenir des services de consultation et de soutien et de l'aiguillage en matière de traitement, dans le cadre d'un plan de transition, SPO continuera d'offrir des services de réduction des méfaits dans ce centre en utilisant un financement à coûts partagés, et les services de consommation supervisée en utilisant un financement municipal à 100%, liée à la consommation de substances.
- À partir du 1^{er} janvier 2020, SPO reviendra à des heures de service conformes à l'enveloppe de financement et offrira des services de consommation supervisée

dans le cadre du continuum de soins pour les clients à risque de surdose qui viennent chercher du matériel de réduction des méfaits.

- SPO sait qu'un changement dans ses heures de services aura des répercussions sur l'accès des clients aux services, ainsi que sur d'autres services de consommation supervisée. C'est pourquoi elle travaille à élaborer un plan de transition pour la clientèle avec ses partenaires. Ce plan facilitera notamment l'aiguillage grâce à un accompagnement physique des clients vers d'autres services de consommation supervisée et à la présence de personnel de SPO sur place pour un certain temps, au besoin.
- SPO demeure responsable du programme d'échange d'aiguilles et de seringues d'Ottawa, fournissant le plus grand volume de matériel distribué par le centre du 179, rue Clarence (38 % plus d'aiguilles distribuées par comparaison au deuxième plus important centre de distribution fixe) et continuera de miser sur son expérience d'exploitation d'un service de consommation supervisée pour favoriser les pratiques exemplaires, la collaboration et l'évaluation dans d'autres services de consommation supervisée d'Ottawa. L'évaluation permettra de déterminer la pertinence du programme, en particulier à la suite de la rénovation d'un service de consommation supervisée du voisinage.

BACKGROUND

The Ottawa Board of Health has had ongoing discussions about opioids and harm reduction services since April 2016. At the June 2016 meeting, the Ottawa Board of Health received a [report](#) that discussed problematic substance use in Ottawa, and the consequent impacts on residents across their lifespan and from all socioeconomic levels. In that report, Ottawa Public Health (OPH) presented epidemiological data and literature related to substance use in Ottawa, demonstrated the need for the expansion of harm reduction services, and presented the notion of Supervised Consumption Services (SCS) – a well-established public health intervention – as one option to address problematic substance use in the community. In appreciating OPH's provincially appointed role as the core Needle Syringe Program (NSP) for Ottawa, the Ottawa Board of Health adopted a guiding principle with respect to enhancing harm reduction services in Ottawa, which states that:

Ottawa Public Health supports initiatives that seek to improve access to harm reduction services, including Supervised Injection Services, for people affected by problematic substance use. Further, OPH encourages its community partners to actively seek opportunities to bring forward coordinated, timely and evidence-

based proposals, individually or collaboratively, and commits to partnering where possible, on such initiatives.

In September 2017, in response to an increasing number of overdoses in Lowertown¹, OPH brought forward a [proposal](#) to begin operating a time-limited interim SCS at its 179 Clarence Street location, under the Sandy Hill Community Health Centre's (SHCHC) Health Canada exemption. This proposal was accepted and in February 2018, the Ottawa Board of Health approved OPH's [recommendation](#) to operate a SCS by submitting a request to the Ontario Ministry of Health (OMOH)² for ongoing base and one-time capital funding (100%).

OPH received one year of operational funding for the 2018 fiscal year, but capital funding was not approved. As such, OPH's SCS continues to operate in the original physical space as when it first opened.

On March 29th, 2019, the OMOH advised that on-going operating funds for OPH's SCS would not be available beyond March 31st, 2019. In conversation with the OMOH, OPH was informed that its SCS was not aligned with the new OMOH Consumption and Treatment Services (CTS) guidelines, largely because of its proximity to other nearby SCS - most notably the Ottawa Inner City Health (OICH) site at the Shepherds of Good Hope (SGH), which is 240 meters away and which provides more comprehensive clinical services. Additionally, the OMOH indicated that public health units are uniquely positioned to provide a population health approach to address the opioid crisis, beyond clinical one-on-one interventions. While provincial funding for OPH's SCS was terminated, the OMOH did provide the three other Ottawa SCSs with ongoing operational funding under the CTS model. Further, the province supported plans to expand CTS capacity at other sites, either through extended hours of service or an increased number of booths to be added with capital funding.

Given the volume of harm reduction supplies dispensed from OPH's 179 Clarence Street location, and the number of clients using the SCS, OPH decided to continue operating its SCS to allow for the development and implementation of a transition plan to mobilize partners and minimize impact to clients. During this time, OPH met with

¹ As documented in previous reports, the increase in overdose statistics was demonstrated by Ottawa Paramedic Services reported number of naloxone administrations, the number of suspected drug overdose-related emergency department (ED) visits, the number of suspected opioid overdose deaths to which the Ottawa Police Service attended, and anecdotal information from community groups and other service agencies.

² In June 2019, the Ministry of Health and Long Term-Care was split, creating the Ministry of Health and the Ministry of Long-Term Care. The Ministry of Health is responsible for funding decisions with respect to SCS.

OMOH contacts to discuss alternative funding options and the overall capacity of SCS in Ottawa.

OPH was able to work with Health Canada and the Federal Minister of Health to secure six months of funding to continue operating its SCS while developing a transition plan with partners. This funding expires in mid-November. Health Canada has clearly stated that longer-term funding from Health Canada will not be possible.

In addition to OPH's SCS, there are currently three other SCS in Ottawa: SHCHC, OICH/SGH and the Somerset West Community Health Centre (SWCHC). In conversations with these partners, all are reporting that their services are working at full capacity. OICH has received capital funding from the Province to renovate its site, which will increase capacity from thirteen to sixteen booths. This renovation is expected to take place during the winter of 2019/2020. Please see Table 1 below for a summary of local SCS hours of services and service utilization.

Table 1: Ottawa SCS, hours of services, number of booths, average number of client encounters per week, and number of clients per booth per hour, 2019

SCS	Hours of Service	Number of booths	Average # of client encounters per week in 2019 (Jan-Jun)	Average # of client encounters per booth per hour
Ottawa Public Health (Clarence St)	9 AM to 9 PM	2	174	1.0
Ottawa Inner City Health/Shepherds of Good Hope (Murray St)	24 hrs per day	13	1128	0.5
Sandy Hill CHC (Nelson St)	8 AM to 8 PM	5	277	0.7
Somerset West CHC (Eccles St)	8 AM to 8 PM	6	469	0.9

Total	26	2048	0.6
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The decrease in hours of operation of the two booths at the 179 Clarence Street location may be offset with an increase of three booths at the Murray Street location once renovation at that site are completed, which is expected to be in May 2020.

Since opening in September 2017, there have been over 14,000 visits to the SCS for more than 500 individual clients³. Many clients received health services or referrals during their SCS visit. Over 790 health services were provided for clients (including testing and treatment for sexually transmitted and blood born infections, wound care, naloxone training, etc.). SCS staff have also facilitated over 560 referrals for health, social and addictions services. Most referrals were for health care (46%), social services and mental health supports (32%), and addictions services (22%).

The SCS also responded to over 200 encounters that required enhanced monitoring and clinical intervention following the consumption of drugs. These interventions divert clients from requiring paramedic or emergency department services, which is estimated to have saved the health care system at least \$200,000.

Overdoses in Ottawa and across Ontario

In 2018, there were a total of 82 opioid-related deaths in Ottawa. This is a 28% increase from the 64 opioid-related deaths in 2017, which itself was a 60% increase from 40 such deaths in 2016⁴. Among the deaths in Ottawa in 2018, 87% (71 deaths) were accidental⁵. Of these accidental deaths:

- Fentanyl and fentanyl analogues contributed to almost three-quarters of deaths (73%);
- Individuals were almost twice as likely to be male as female (61% versus 39%);
- Those aged 25 to 44 followed by those aged 45 to 64 were most affected (51% and 41% respectively);

³ Includes OPH SCS program data from September 26, 2017 to March 31, 2019

⁴ Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; 2019. Available from: <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool>

⁵ Coroner's Opioid Investigative Aid, May 2017 to March 2019, Office of the Chief Coroner for Ontario, extracted August 8, 2019.

- 62% were known to be unemployed;
- Two thirds of deaths (66%) occurred in the deceased person's home and in just over half of incidents (55%), no one was present who could intervene; and
- Resuscitation was attempted in 44% of the deaths, and naloxone was reported to be used in 23% of deaths.

These proportions are similar to what has been seen provincially. In Ontario, 25.9% of deaths from June 2017 to July 2018 can be attributed to pharmaceutical opioids alone, either prescribed to the deceased person or diverted⁶.

The past ten years have also seen a near quadrupling in the rate of opioid overdose emergency department (ED) visits, from 11.8 per 100,000 population in 2010 to 43.1 per 100,000 in 2018. Hospitalization rates for opioid overdoses have more than doubled in the same period (4.6 to 8.7 per 100,000 from 2010 to 2018). Additionally, opioid-related mental health ED visits contributed 40.6 visits per 100,000 population in 2018⁷.

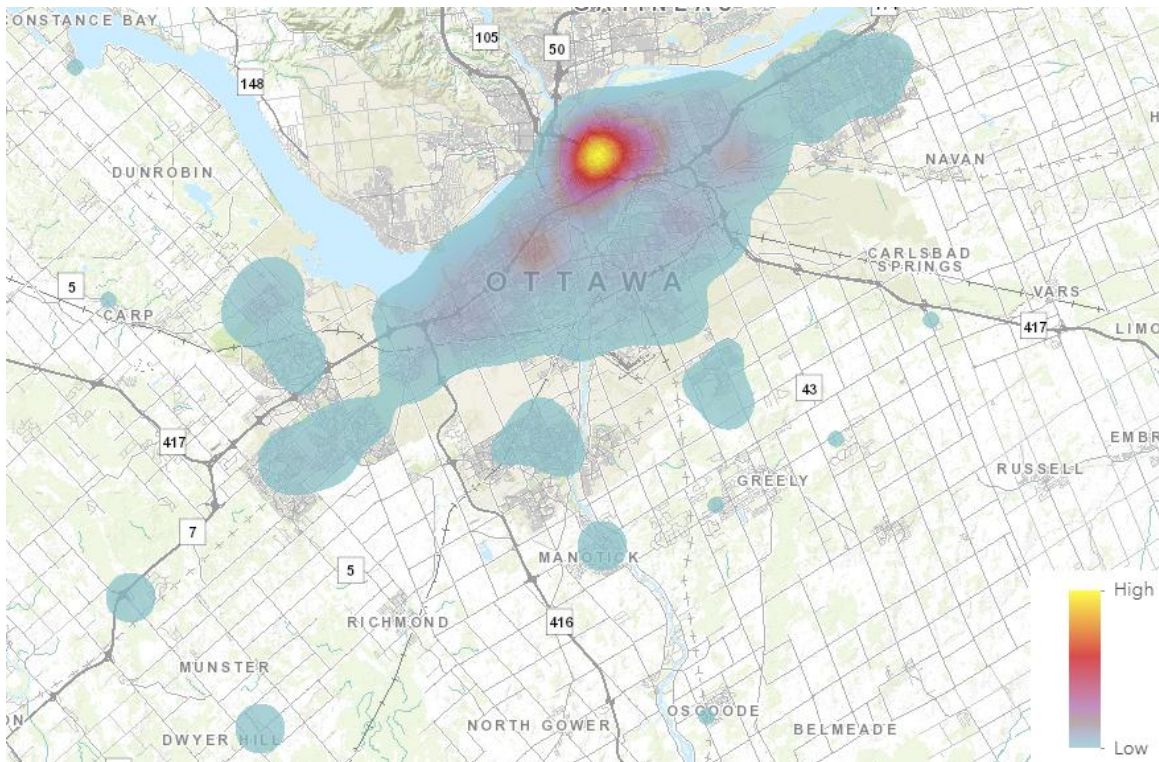
Examining opioid overdose emergency department visits in 2018 by the postal code of residence shows that a larger number of visits were from residents in the downtown core, however overdoses occur across the city's geography (Figure 1)⁸.

⁶ Ontario Agency for Health Protection and Promotion (Public Health Ontario); Office of the Chief Coroner; Ontario Forensic Pathology Service; Ontario Drug Policy Research Network. Opioid mortality surveillance report: analysis of opioid-related deaths in Ontario July 2017-June 2018. Toronto, ON: Queen's Printer for Ontario; 2019.

⁷ Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; 2019. Available from: <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool>

⁸ Unscheduled emergency department visits, National Ambulatory Care System (2018). Ontario Ministry of Health and Long-Term Care IntelliHealth Ontario. Extracted Oct 2, 2019

Figure 1: Accidental opioid-related overdose emergency department visits across Ottawa. 2018*



* Emergency department visits are mapped to the centre of 6-character postal code areas; coloured regions are not exact locations of residences. Rural areas are more affected by this displacement because postal code areas are larger.

The data above confirms the continued hazard of the toxic drug supply in Ottawa and the need for cross-city initiatives to prevent and respond to overdose.

Local drug checking data from the SHCHC's drug checking program also indicates that illicit fentanyl, fentanyl analogues or other synthetic opioids as an ongoing risk as they were found in 96.7% of street drugs submitted that were bought as opioids and in 42.2% of drugs bought as stimulants.

Health Canada – Substance Use and Addictions Program

In July 2019, Health Canada announced new funding for programs to enhance the response to the opioid crisis and other emerging issues. This initiative aims to provide approximately \$50 million in annual funding to other levels of government, community-led and not-for-profit organizations to respond to drug and substance use issues in Canada. Funding will be provided for a wide-range of evidence-informed and innovative problematic substance use prevention, harm reduction and treatment initiatives across

Canada at community, regional and national levels. This includes a funding stream that will support initiatives designed to address the contaminated illegal drug supply in Canada. One approach is to provide pharmaceutical-grade opioids as alternatives to illegal street drugs, which is also referred to as “safer supply” initiatives. The efficacy of these programs is supported by multiple domestic and international studies that have shown reduced mortality, decreased crime rates, and improved connections to housing and social supports⁹.

Mental Health, Substance Use and Treatment

The Champlain Local Health Integration Network (LHIN) remains the coordinating agency for mental health and addictions services in the Champlain Region¹⁰. Across Ottawa, the LHIN has recognized an urgent need for additional addiction services over the past several years. As such, the LHIN has been collaborating with service providers to fund the expansion of existing services and create new harm-reduction programs. This includes the expansion of substance use treatment options to expand Rapid Access Addictions Medicine (RAAM) clinics in Ottawa. A RAAM clinic is a walk-in clinic that provides treatment on demand, including opioid agonist therapy (OAT), counselling and referrals to community programs. There are currently two RAAM clinics operating in Ottawa – one at the Royal Ottawa and another at the SHCHC.

Additional funding has expanded access to OAT through organizations providing services to people with the highest rates of opioid overdose, homeless and/or vulnerably-housed people who have complex mental health, addiction and chronic health conditions. OAT is now available through:

- Somerset West Community Health Centre to support its SCS;
- Centretown Community Health Centre to support its Urban Health Clinic; and
- Ottawa Inner City Health to support its Managed Opioid Program.

Montfort Renaissance’s coordinated addictions access service, Service Access to Recovery (SAR), has also built strong partnerships with the RAAM Clinics and other OAT services in Ottawa. As a result of additional LHIN investments, and the

⁹ Toolkit for Substance Use and Addictions Program Applicants Stream 2 – Increasing Access to Pharmaceutical-Grade Medications. August 2019.

¹⁰ A map of the areas covered by the Champlain LHIN is available on their website: <http://www.champlainlhin.on.ca/>

redevelopment of their access model, clients can now be triaged, screened, and assessed within a few days, if not the same or next day.

These investments are improving the integration of addictions and mental health services across the continuum of care for clients and families in Ottawa.

There are other current initiatives that are aimed at supporting more integration of mental health and addictions services, such as work funded by the LHIN and led by The Royal about coordinated access and by Wabano for Indigenous health services. Further, the Ontario Health Teams are prioritizing populations facing mental health and substance use challenges and they are meant to bring an approach that is centred on meeting the patients' needs in a collaborative, coordinated way. OPH is at the table in these health system planning discussions and is working to identify metrics to measure progress as part of the Community Action Plan, with a Focus on Opioids.

Naloxone Distribution and Overdose Prevention and Response Training

The Province continues to make naloxone, a drug that can temporarily stop the effects of opioid drugs, more widely available, including a no-cost option to the public through pharmacies. Currently, there are over 200 participating pharmacies providing free naloxone in Ottawa, which can be located through OPH's Stop Overdose Ottawa website (StopOverdoseOttawa.ca). Ottawa has been successful in widely distributing naloxone through participating pharmacies. In 2018, over 20,000 naloxone kits were dispensed by pharmacies to residents, among the highest rates of per capita Naloxone distribution in Ontario¹¹.

In addition, as the core Ontario Naloxone Program (ONP) coordinator in Ottawa, OPH has increased availability of take-home naloxone kit programming by partnering with community agencies that serve populations at high-risk of overdose (i.e. community health centres, shelters, treatment agencies, emergency departments, etc.). In 2018, OPH and its 13 ONP partners trained over 4,000 people who use drugs, as well as their family and friends, to administer naloxone, dispensing 5,500 naloxone kits. OPH received over 650 reports back from clients that a naloxone kit was used to respond to a suspected opioid overdose in the community.

Overdose Prevention and Response Taskforce (OPRT)

¹¹ Ontario Prescription Opioid Tool. Accessed October 2019.

https://public.tableau.com/shared/RFHXK6YMC?:display_count=yes&origin=viz_share_link

OPH continues to chair the OPRT, whose membership is comprised of representatives from OPH, community health agencies, hospitals, pharmacies, emergency services, mental health providers and the regional coroner's office¹². Taskforce members work together to promote information sharing, data collection, and outreach, including important messages for the public (e.g. the signs of an opioid overdose), as well for residents with friends or family members who choose to use drugs (e.g. knowing the signs of an overdose, carrying naloxone, calling 9-1-1).

The OPRT maintains the "Ottawa Inter-agency Opioid Overdose Cluster Response Plan," which outlines the operational responses of all partner organizations to a cluster of opioid overdoses in the City. Further, the OPRT also developed and maintains an early warning and enhanced local surveillance system, which includes real-time qualitative and quantitative indicators and complementary information on local illicit synthetic opioid risk. Surveillance information is posted for the public on StopOverdoseOttawa.ca.

DISCUSSION

Recommendation 1: That the Board of Health for the City of Ottawa Health Unit receive this update for information.

The background section of this report provides an overview of the current state of harm reduction and overdose prevention services in Ottawa as well as an update on recent developments in this regard. Accordingly, it is recommended that the Board of Health receive this update for information.

Recommendation 2: That the Board of Health for the City of Ottawa Health Unit approve the next steps for Ottawa Public Health's harm reduction program, as outlined in this report.

Since 2017, and building on its capacity as the core Needle Syringe Program for Ottawa, OPH has intensified its work with various community partners, seeking to prevent, prepare for and respond to substance use and opioids in the community.

¹² Members of the Ottawa Overdose Prevention and Response Task Force include: Ottawa Public Health, Ottawa Paramedic Services, Ottawa Police Service, Ottawa Fire Services, OC Transpo, The Ottawa Hospital, The Royal Ottawa Hospital, Montfort Hospital, Queensway Carleton Hospital, The Children's Hospital of Eastern Ontario, Rideauwood Addictions and Family Services, The Office of the Regional Coroner, Coalition of Community Health and Resource Centres, Respect Pharmacy, Champlain Local Health Integration Network, Ottawa Carleton Detention Centre, Ottawa Carleton Pharmacist Association, Direction de santé publique, Centre intégré de santé et de services sociaux de l'Outaouais.

This work aligns with the Ottawa Board of Health's 2016 adoption of a guiding principle with respect to enhancing harm reduction services, as well as its more recently adopted strategic directions of promoting mental health and reducing health and social harms of substance use, and of driving prevention across the health care system.

Comprehensive Mental Health and Substance Use Strategy – Focus on Opioids

While SCS is an evidence-based component of any comprehensive approach to working with people who inject drugs, OPH also recognizes that substance use exists across a spectrum, ranging from abstinence to beneficial or nonproblematic use, to potentially harmful use, to the development of dependence or substance use disorders. Substance use *prevention* is core public health work and is related to OPH's mental health promotion initiatives. People commonly experience co-occurring mental health concerns and problematic substance use. Positive mental health, which is associated with better overall health, resilience and the ability to cope with life's challenges, is an important protective factor in preventing the onset or worsening of mental health disorders and problematic substance use¹³. The concurrent treatment of both substance use and mental health disorders leads to better outcomes.

In 2019, co-leadership between OPH, The Royal and the Community Addictions Peer Support Association (CAPSA), brought people with lived/living experience (PWLE), as well as partners and stakeholders with varying perspectives and expertise, together through a series of events to discuss issues and ideas for action on opioids, substance use and mental health. In February 2019, The Ottawa Summit on Opioids, Substance Use and Mental Health brought together almost 200 participants to share their perspectives and to discuss and vote on ideas for actions to prevent problematic substance use and promote mental health in Ottawa. Collaboratively, the [Ottawa Community Action Plan: Comprehensive Mental Health and Substance Use Strategy - Focus on Opioids](#) - was developed.

The [Ottawa Community Action Plan](#) on Mental Health and Substance Use with a Focus on Opioids has been developed with sponsorship from OPH, The Royal, CAPSA and the Canadian Center on Substance Use and Addiction (CCSA). This plan aligns partners and actions to make tangible improvements in mental health and reduce the harms from substance use, with a focus on opioids, across the lifespan. The identified goals of the plan include:

1. Preventing stigma and problematic substance use;

¹³ Ottawa Public Health. Status of Mental Health in Ottawa. June 2018. Ottawa (ON): Ottawa Public Health; 2018

2. Emerging harm reduction initiatives that can reduce harms associated with opioid use; and
3. Collaborating and integrating across the system to increase access and uptake of mental health, substance use and social services.

Summit participants agreed that new and emerging harm reduction initiatives are an important part of the Ottawa Community Action Plan.

OPH's harm reduction program is a key contributor to advancing the recommended actions from the Summit, which include:

1. Facilitating integration of harm reduction approach and practices across allied service partners (i.e. primary care, hospitals, shelters, mental health and addictions treatment services, etc.);
2. Exploring new/expansion of programs and services to address the toxic drug supply, including "safer supply" initiatives; and
3. Exploring additional opportunities to increase access to overdose prevention and other harm reduction services for those not currently being reached (i.e. peer-based services, targeted outreach to high risk housing, etc.).

These actions, which are based on inputs from community partners, PWLE and local experts, are being used as a framework to guide the next steps of OPH's Harm Reduction Program. This work also acknowledges that public health plays a unique role in responding to the opioid crisis, given its mandate to take a population health approach and focus on prevention.

Next Steps for OPH's Harm Reduction Program

A. Integrate a harm reduction approach and practices across allied service partners

In May 2019, OPH engaged Public Health Ontario (PHO) to request evidence on population-level harm reduction strategies to inform priority setting and program planning. This action was taken to ensure that OPH's harm reduction programs focus on broader population-level work, especially on activities that public health may be uniquely positioned to lead. The annotated bibliography from PHO included studies that examined interventions for overdose prevention and response, including building harm reduction capacity with:

- low-income housing providers such as rooming houses;
- health system partners, including hospitals and primary care; and
- festival and event planners.

Incorporating the evidence from PHO and local input from the Ottawa Community Action Plan, OPH is working to build healthy public policy, create supportive environments, and strengthen community action across allied service providers. Facilitating the integration of harm reduction approach and practices across sectors will serve to remove barriers, decrease stigma and provide unique opportunities to engage populations at increased risk of overdose and other harms from drug use.

Notably, OPH has worked with partners at The Royal (Ottawa's mental health hospital and service provider) to formalize harm reduction policy and services, including take-home naloxone kits and safer drug use supply distribution within their programs and services. The goal of this work is to reduce the risk of health-related harms and overdose among people who are at increased risk upon discharge from substance use treatment programs. Additionally, The Royal facilitates ongoing substance use and concurrent disorder training for OPH's harm reduction team, and the programs have established direct referral pathways and scheduled outreach services. Partnerships like this help bridge the gap between mental health and substance use services, ensuring clients are at the centre of care and are provided access to the wrap-around services they need.

OPH will expand these types of capacity-building partnerships across other service providers, including other hospitals, shelters/high-risk housing providers, and other health care and social service partners, particularly those that serve people who are at increased risk of overdose. Working to ensure harm reduction education and interventions are integrated across the entire continuum of services for people who use drugs will increase local capacity and OPH's ability to reach a broader population of people who use drugs through established partnerships across the city of Ottawa.

B. Explore expansion of programs and services to address the toxic drug supply

Ottawa, like many other cities in North America, is experiencing a toxic drug supply, prompting local health care providers to consider adding safer supply alternatives for their patients.

In September 2019, the Canadian Medical Association Journal released a national guideline recommending that injectable opioid agonist treatment (OAT) be considered

for individuals with severe, treatment-refractory opioid use disorder and ongoing illicit (non-medical or illegal or both) injection opioid use¹⁴. Safer supply initiatives seek to offer a lower barrier service model, providing accessibility and flexibility for clients, including less restrictive eligibility requirements and additional medication options, which enables reach to a broader population of people who use drugs.

Locally, in partnership with Respect RX Pharmacare, Recovery Care Ottawa, OICH, SWCHC, and SHCHC, OPH has submitted a joint application in response to Health Canada's call for proposals for agencies to implement a safer supply program. If successful, this pilot will span over four years and will aim to provide services to approximately 500 clients who are at the highest-risk of overdose and in need of treatment for opioid substance use disorder. Health Canada expects to announce approvals in December 2019, with expected start dates by January 2020.

This initiative seeks to decrease the risk of accidental overdose and improve health by providing access to prescribed pharmaceutical opioids and further connect people who use drugs to integrated, wrap-around health, social and treatment services.

OPH's role in this pilot would be to provide overall project coordination and leadership across all participating agencies, including the establishment of a local Safer Supply Community of Practice. As the local health unit and the core harm reduction program for Ottawa, OPH possesses the organizational knowledge and capacity to coordinate this multi-faceted pilot project. With experience in coordinating city-wide programs and initiatives, OPH is well-situated to collaborate with community partners and has the required expertise to facilitate evaluation and fulfill the requirements of the lead organization.

In order to advance this work, Ottawa Inner City Health, Respect RX pharmacy and local physicians have recently started approximately thirty clients on a safer supply pilot. Clients have reported that they are less likely to resort to criminal activity to obtain their drugs, which has allowed them to focus on their health and wellbeing, including getting stable housing, and that their risk of overdose from illicit drugs has significantly reduced. Partners have worked closely with Ottawa Police Services to address concerns about diversion of the prescribed drug and the safety for the people receiving prescriptions.

¹⁴ Fairbairn N, Ross J, Trew M, Meador K, Turnbull J, MacDonald S, Oviedo-Joekes E, Le Foll B, Goyer M, Perreault M and Sutherland C. Injectable opioid agonist treatment for opioid use disorder: a national clinical guideline. CMAJ September 23, 2019 191 (38) E1049-E1056; DOI: <https://doi.org/10.1503/cmaj.190344>

C. Increase harm reduction and overdose prevention reach for those not accessing existing services

OPH's planned work to support the integration of a harm reduction approach across allied service providers further increases accessibility of harm reduction and overdose prevention and response services in the community. Reducing stigma and building a harm reduction approach by providers already serving at risk individuals provides increased opportunity to reach those who have been unable or unwilling to access more traditional harm reduction services. OPH will continue to collaborate with community partners and people with lived/living experience (PWLE) to identify harm reduction and overdose prevention/response service needs for priority populations and to explore additional opportunities for collaboration to address identified gaps. One such key priority identified in the Community Action Plan was to enhance the meaningful engagement of PWLE in the design, front-line service delivery and evaluation of harm reduction and health services. This ensures the increased accessibility of services and the likelihood that those most marginalized and isolated may be reached.

As an example of more work that needs to be done in this area, OPH currently partners with the City's Community and Social Services Department and Ottawa Community Housing to provide harm reduction outreach, including naloxone training and distribution, to residents living in rooming houses and social housing. These partnerships have increased access to a population of people experiencing harms from drug use who may have otherwise gone unreached.

Based on surveillance data for opioid overdoses, OPH will work with people who are seasonally unemployed as this population has a higher-risk for overdose. In addition, as data continues to demonstrate that men are more likely to overdose, OPH will look to tailor interventions to specific demographics and audiences to ensure efforts to reduce stigma and increase access to harm reduction and treatment services are prioritized.

OPH's Supervised Consumption Service

Since April 2019's change in provincial funding, OPH has been in regular conversations with harm reduction partners, including the three other SCSs, OPH employees and people who use OPH's SCS, to discuss service delivery options moving forward. There is acknowledgment that public health needs to play a unique role in responding to the opioid crisis, given its mandate to take a population health approach, and that the individual and clinical expertise for the treatment of opioid use disorder is better situated with addictions specialists in the community.

With the existence of a local toxic drug supply and ongoing health-related issues to opioid overdoses in Ottawa, particularly in Lowertown, OPH will continue to provide some harm reduction services, including SCS, at 179 Clarence, with a transition plan, at least until renovations are completed at the OICH site and subject to future review. OPH's 179 Clarence Street location continues to experience high traffic volumes, as evidenced by the significant quantity of harm reduction supplies, consults, supports and referrals provided to clients.

In keeping with OPH's guiding principle on harm reduction that encourages all partners to use an evidence-based approach, OPH is approaching the provision of supervised consumption within its harm reduction drop-in as a standard of care for clients. Ongoing evaluation of OPH's SCS has revealed that although some of OPH's SCS clients access multiple SCS in the city, some clients are only accessing one available service for a variety of reasons, including location and service model preference. Clients have cited the following reasons for choosing to use the services at OPH: preferring a smaller, quieter service environment; and a therapeutic setting that is able to offer additional nursing and social worker support.

On January 1st, 2020, OPH's Harm Reduction drop-in at 179 Clarence Street will reduce service hours to fit the base budget of the harm reduction program. Expenses eligible under the *Ontario Public Health Standards* related to harm reduction programming will be funded by the provincial/municipal funding envelope for harm reduction, however services associated with supervision of substances will be funded using existing substance use-related 100% municipal funding. The 100% municipal contribution is equivalent to 1 full-time nurse and the total cost-shared harm reduction funding is approximately \$1.4M in base funding.

OPH recognizes that a shift in operating hours will have an impact on clients accessing services as well as on other SCSs. As such, OPH has engaged clients and neighbouring SCSs to develop and support a transition plan, which includes facilitating referrals by physically accompanying clients to other SCS and positioning OPH staff on-site at other SCS for a temporary period, as needed. These methods were successful when transitioning services from Overdose Prevention Ottawa (OPO) to OPH and Shepherds of Good Hope in the summer of 2017.

The harm reduction team will continue to monitor local neighbourhood as well as city-wide needs and adjust operations as appropriate to ensure services are responsive and that OPH has the capacity to focus on city-wide, systems change that prevents

substance use, advances harm reduction and promotes integrated mental health, addictions and social services.

As described above, OPH will do more work to enhance harm reduction capacity across the entire health care system, as well as with partners serving people who are at higher risk for overdoses. This work aligns with the Board of Health's guiding principle in harm reduction, feedback from the community through the Community Action Plan relating to mental health and substance use with a focus on opioids, as well as OPH's strategic initiatives on mental health and substance use and driving prevention in the healthcare system.

RURAL IMPLICATIONS

There are no rural implications associated with this report.

CONSULTATION

Many community partners were consulted in the development of the Ottawa Community Action Plan: Comprehensive Mental Health and Substance Use Strategy - Focus on Opioids, which shaped the specific actions listed for reducing harms in the community. Clients who attend OPH's SCS were also consulted about preferred service hours for OPH's SCS. CTS providers in Ottawa, the local Business Improvement Association and Community Associations were consulted through an existing Consultative Group for the Needle and Syringe Distribution and Retrieval Program.

LEGAL IMPLICATIONS

There are no legal impediments to receiving the information as set out in recommendation 1 and no legal impediments to implementing recommendation 2. OPH receives approval from Health Canada to operate its supervised consumption service under the *Controlled Drugs and Substances Act*. OPH currently has approval to operate until May 31, 2020 but is required to renew any time there is a change to service hours.

RISK MANAGEMENT IMPLICATIONS

There are no risk management implications associated with this report.

FINANCIAL IMPLICATIONS

Funding from the OMOH for OPH's SCS was discontinued on March 31, 2019. Since then, Health Canada has provided six months of temporary funding. The planned approach will be partially supported by base funding for harm reduction (eligible

expenses) and partially supported by existing substance use-related 100% municipal dollars (consumption supervision). As such, there are no financial implications to OPH's existing budget. If Health Canada funding for the safer supply project is successful, OPH will establish financial MOU with partnering agencies to allocate funding based on details in the proposal and will update the Ottawa Board of Health as needed.

ACCESSIBILITY IMPACTS

There are no direct accessibility impacts associated with this report.

DISPOSITION

Following Board approval, staff will implement the next steps as described in this report.