

# Creating a safer downtown for all:

## Improving services for people who use drugs in Ottawa



Final report

April 2022

*Prepared by the Sandy Hill Community Health Centre.*

*This is a plain language version of the original report.*

## ***Acknowledgements***

The Sandy Hill Community Health Centre would like to thank those with lived and living experience of marginalized substance use for the generous sharing of their ideas and perspectives during a very challenging time in their community.

We would also like to thank the Board of Directors of Crime Prevention Ottawa for the opportunity to dedicate resources to support our community in addressing safety concerns.

Learn more about Sandy Hill Community Health Centre programs: [shchc.ca/programs/oasis](https://shchc.ca/programs/oasis).



## Executive summary

The Sandy Hill Community Health Centre conducted research to better understand what has led to decreased safety and sense of safety in downtown Ottawa for people who use drugs, organizations that work with them and local neighbourhoods that provide services to them.

This project was done in two phases. It took more than two years to complete because the COVID-19 pandemic affected our capacity to lead the project. Also, we needed more time to make sure that shelters and services, as well as people who use drugs, could take part.

In Phase 1, we consulted with service providers who identified projects they were working on in response to the safety concerns of staff, clients and the community. These discussions helped us develop the survey for Phase 2, which involved surveying people who use drugs.

The research team at the Sandy Hill Community Health Centre:

- Used a more emergent design strategy (adapting to new ideas during the research phase) to decide on the projects to do
- Addressed key aspects of the project as opportunities came up
- Moved the consultation of people who use drugs to year 2 of the project
- Drew on recent community meetings to identify key themes

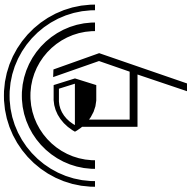
**In the first year (Phase 1)**, we identified actions that looked promising. Our organization and community are now working on initiatives that we think will help to ease the challenges of offering downtown services for people who use drugs, neighbours, staff and service providers.

**In the second year (Phase 2)**, we created an advisory group of people who use drugs who have been marginalized. They helped us to create and carry out a survey of people who use drugs to get their ideas and feedback.

We also created a short interview guide for agency staff. The guide was used to get input on staff safety and the safety of people who use drugs who access these services.

## Recommendations

It is important to recognize that these recommendations come within the context of the existing criminalization, stigma and poverty of marginalized people who use drugs, and that continued advocacy to address the root causes of these harms is necessary. After a review of the feedback, we recommend the following projects, each of which is explored in the report:



### Expand safe spaces for people who use drugs

Because some drug use remains stigmatized, create more safe spaces where people who use drugs can gather. Ideas include:

- Improve safety of existing programs through enhanced staff support
- Add security and lighting around drop-in facilities
- Expand supervised consumption services outside the downtown core
- Increase service availability on weekends and evenings to both indoor and outdoor spaces
- Involve people who use drugs to design and implement safe spaces



### Implement a peer ambassador program

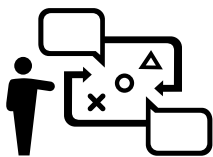
Start an outreach program staffed by people who use drugs that connects with people in public spaces. Goals could include:

- Connect people to the services they need
- Meet their practical needs such as access to food, naloxone kits, or referrals to services
- Re-set the expectation that people who use drugs will dispose of their used drug equipment responsibly through needle return boxes and harm reduction agencies as was the case in years leading up to the changes in the drug supply



### Develop a peer-involved training program for security and police

While some drug use remains criminalized which leads to stigma, involve people who use drugs to develop and pilot a training program for security and police. Focus on the impacts of criminalization on safety and how to interact with people who use drugs in an effort to help improve safety and minimize harm.



### Run education and training on working with people who use crystal meth

Investigate best practices from other regions and develop strategies to improve the safety of people who use methamphetamines and staff who work with them. Crystal meth is a recent arrival to the unregulated drug market in Ottawa. We don't have a lot of experience in how to meet the needs of people who use it.



### **Provide storage for the belongings of people who are homeless**

In the absence of access to housing, provide personal storage for homeless people. Theft of personal belongings is a significant form of victimization for people who use drugs and are living in shelters or living rough. This can often lead to violence. Access to public lockers has been reduced with the closing of the Greyhound Bus station. Offer fanny packs or money belts to protect high value personal belongings like phones, cash or drugs.



### **Hold monthly memorials for staff and community members at different agencies**

Create more opportunities for staff and community members to come together to remember and to celebrate those who have died. Explore an online legacy project where people can go to remember loved ones.



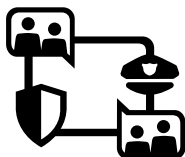
### **Plan community clean-ups by people who use drugs**

Organize community clean-ups that are done by people who use drugs. The service could include garbage and harm reduction equipment to support local communities that experience an increase in drug-related litter.



### **Offer recreational activities for people who use drugs**

Provide opportunities for people who use drugs to get involved in recreation activities. Examples include art, sports and music.



### **Provide safe spaces for people who use drugs and police to learn more about community concerns and talk about how to improve safety**

Within the context of criminalization, stigma and poverty, coordinate small group discussions between people who use drugs and frontline Ottawa police officers. Focus discussions on the safety of people who use drugs and how police activities either support or hinder this priority. Also discuss how the behaviour of some people who use drugs (for example, crimes committed to acquire drugs or public drug use) impacts the work of police and the perception of safety in the neighbourhood.

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**We suggest doing more consultations on these project ideas to set priorities, improve practices and generate new ideas.**



# Project description: Creating a safer downtown for all

## PHASE 1: 2020 – Literature review and group consultations

### Purpose of the project

The purpose of this project is to better understand what has led to decreased safety and sense of safety in downtown Ottawa for various groups:

- People who use drugs
- Organizations that work with them
- Local neighbourhoods that provide services to them

Phase 1 of the project included conducting a review of the existing literature surrounding these issues and consulting with service providers who work with marginalized people who use drugs. A summary of the literature review is found in Appendix A.

### IN THIS REPORT

**Neighbourhood** is the area comprising the people who live and work near services for marginalized people who use drugs

**Community** is the group of marginalized people who use drugs

## What is causing the problem?

Based on the group consultations in Phase 1, we noted these changes in downtown Ottawa:

- **Changes to the drug supply:** Opioids are more harmful and more people are using crystal meth.
- **Changes in enforcement:** There are more police in the ByWard Market, creating a displacement effect where the people and behaviours are relocated to nearby neighbourhoods.
- **Changes in availability:** More people are intoxicated in the area now that the Beer Store on Rideau Street has closed and alcohol is sold in grocery stores.
- **Changes in services:** There is more drug use around supervised sites because services are over capacity and because of physical distancing restrictions during COVID-19.
- **Changes in housing:** There is a lack of affordable housing, causing people to be displaced.

### These changes are having various impacts:

#### *Impact on people who use drugs*

The impact on people who use drugs includes:

- An increase in victimization, including robbery and assault
- A need to carry a weapon for protection
- A higher risk of opioid overdose
- Fewer indoor public spaces due to COVID-19 limits
- Reduced access to services (some have closed or have reduced capacity due to COVID-19 limits)
- A drug supply that is hard to predict
- Less money for drugs during COVID-19 lockdowns when it's harder to panhandle

#### *Impact on the neighbourhood*

The impact on the neighbourhood includes an increase in:

- Open drug use and drug dealing
- Intoxicated people in the area
- Property crime
- Public toileting (this was an issue before COVID-19 restrictions and became urgent with the lack of public facilities during lockdowns)
- Plans changing to avoid gatherings of people
- Needles found around businesses

#### *Impact on staff*

The impact on staff who work with people who use drugs includes:

- Vicarious (second-hand) trauma (distress from hearing multiple stories of trauma that impact the mental health of the listener)
- Compassion fatigue (feeling of “burnout” that can result from feeling helpless in the face of multiple client deaths or system failures beyond the worker’s control)
- Normalizing behaviours (reviving people after drug overdoses)
- Moral distress (limiting hours of service and being unable to meet client needs due to COVID-19 measures)
- Going from a relational to a transactional intervention (no time to connect with people and too much focus on getting them in and out quickly)
- Overall mental health impacts of being an essential worker in a pandemic (for example, supporting clients who have fears about COVID-19 while experiencing some of the same, and the added exposure risk from providing face-to-face services, combined with the fear of infecting loved ones)

**Note:** It was not part of this project to find out if external data could confirm stakeholders’ sense of safety concerns such as crime levels, public nuisance issues or victimization. We do not have the data we need in these areas.

Based on the group consultations we did in Phase 1, we saw eight emerging (new) practices:

### 1. Safer Supply

**Safer Supply is based on standard public health practices of replacing a harmful product with a non-harmful one:** for example, providing clean drinking water where water is contaminated and not good for people to drink.

The concentration of drugs in the unregulated market varies. For newer substances, such as fentanyl and variants called analogues, minor changes in dosage can be lethal because they are so toxic.

Safer Supply programs aim to make people depend less on the unregulated market. These programs give access to pharmaceutical-grade opioids by prescription.

In Ottawa, Safer Supply is offered in the Sandy Hill/Vanier and in Somerset Wards.

This is different from opioid agonist treatment (methadone, buprenorphine/naloxone) where daily dosing is controlled by the prescriber (the dose must be taken orally, sometimes witnessed by pharmacist). The goal is to prescribe just enough that cravings are eliminated, and the person is not oversedated.

With Safer Supply, the person who uses drugs can take the drug any way they choose, including injection, whenever they choose. They can choose a goal of getting high. The goal is to reduce dependence on the toxic unregulated market, reduce overdose risk and connect people to services to support stabilization.

The Ontario HIV Treatment Network has an excellent summary of the current state of evidence and need: [Possible benefits of providing safe supply of substances to people who use drugs during public health emergencies such as the COVID-19 pandemic.](#)

### 2. Empowering residents and businesses with knowledge

**Local programs help to reduce the sense of helplessness that residents and businesses feel** when they are dealing with people facing homelessness, poverty, mental health issues and substance use.

During our Phase 1 consultation, Centretown Community Health Centre, Somerset West Community Health Centre and Operation Come Home described initiatives that provide information, support and resources to empower residents and businesses, including the [Who to call fact sheet for local residents.](#)

### 3. SafeGrowth model

**The SafeGrowth model “builds community capacity with annual neighbourhood plans and permanent, problem-solving teams networked together throughout the city.”** – [SAFEGROWTH](#)

The Lowertown Community Resource Centre has been part of a resident-led crime prevention project based on the SafeGrowth model.

### 4. Drop-in spaces

**Drop-in spaces create a sense of belonging and community for people who use drugs.** Peer-led drop-ins are important. People who use drugs need outdoor greenspace to get together socially.

In the last few years, the Drug Users Advocacy League partnered with social services agencies such as the Lowertown Community Resource Centre and the Sandy Hill Community Health Centre to run peer-led drop-in spaces, but those spaces are no longer available.



## 5. Neighbourhood policing

The Ottawa Police Service has started up its neighbourhood policing program again. The goals are to build relationships with people and services and to create a sense of safety in the neighbourhood.

Carleton University is evaluating the impact of neighbourhood policing.

## 6. Employee wellness

Agencies have set up wellness committees. These led to activities like grounding groups and animal therapy. A grounding group is a form of therapy that allows participants to reset their minds, return to the present and regain their composure. This helps nurture wellness.

## 7. Reporting crimes

The Ottawa Police Service encourages local residents and businesses to report crimes. This helps planners know where more neighbourhood police services are needed.

## 8. Traffic patterns

Changes to motor vehicle traffic patterns can help prevent too many people from crowding one area.

For example, changing a cul-de-sac back into a 4-way intersection could deter too many people from gathering. This is a solution that local residents have proposed.



The group consultations in Phase 1 shone a light on three new emergent (unexpected) practices:

### 1. Safer Supply Ottawa

A Safer Supply Ottawa program was created and funded as of June 2020.

#### **Who was involved?**

Recovery Care Ottawa, Somerset West Community Health Centre, Ottawa Inner City Health, Sandy Hill Community Health Centre and Ottawa Public Health.

#### **What was the goal?**

To increase the number of people on Safer Supply from a small pilot of 30 to 300 participants within nine months.

#### **How does it work?**

With this approach, people take pharmaceutical opioids prescribed by a physician or nurse practitioner instead of drugs bought in the unregulated market. The person receiving the medication has full control and can use it however they want.

Prescribing pharmaceutical opioids aims to reduce overdose and death by giving people a reliable supply of opioids of known concentration.

#### **How was it evaluated?**

The project was evaluated by a third-party researcher. One indicator was personal safety.

#### **What was the outcome?**

The project hit its targets in the first six months. Other potential outcomes included increased access to health and social services, decrease in crimes of acquisition and decrease in victimization. Health Canada has invited the program to apply for a two-year funding extension.

### 2. Structured peer-reflection group for staff

A structured peer-reflection group was started for staff who work on the frontlines of the opioid crisis.

#### **Who was involved?**

The Sandy Hill Community Health Centre started a structured peer-reflection group for staff who work in the Consumption and Treatment Service at the supervised consumption site. They are at the frontlines of the opioid crisis in Ottawa. Through their work, they are exposed to physical, psychological and emotional safety risks.

Directors and supervisors at the Sandy Hill Community Health Centre who oversee programs and services for marginalized people who use drugs were trained in the program *Resisting Burnout & Vicarious Trauma with Connection: The Zone of Fabulousness*. The training is based on promising practices developed by [Vikki Reynolds](#) that are used in Vancouver's Downtown East Side. It is meant for staff working in harm reduction during the opioid crisis.

#### **How does the peer reflection group work?**

Groups of six to eight staff meet three times a month with an outside facilitator who is trained and supervised by Vikki Reynolds. The facilitator identifies themes during check-in and gives space for reflection. The discussion also includes compassion fatigue and trauma-informed care. It encourages staff to take work-related issues back to their supervisors.

### 3. Neighbourhood Resource Teams

The [Neighbourhood Resource Teams](#) with the Ottawa Police Service initiative could potentially improve safety and feelings of safety for some parts of the community and the neighbourhood. Teams are collecting data to show impact and may expand the use of teams within Ottawa. This initiative started before this research project began.



## PHASE 2: 2021 – Advisory group and survey

### INTRODUCTION

The Sandy Hill Community Health Centre received funding from Crime Prevention Ottawa to consult people who use drugs and senior managers of organizations that serve people who use drugs. The funding was used to find strategies to improve the safety of these two groups.

Addressing the safety needs of people who use drugs is critical for sustainable solutions to the neighbourhood issues identified in Phase 1. People who use drugs need to be meaningfully involved in planning and implementing recommendations as it will increase buy-in from their community and encourage more people to get involved. Addressing the safety needs of this group facilitates involvement in future projects.

The aim was to recommend projects to put in place in Ottawa to improve the safety of people who use drugs and the agency staff who support them.

The Sandy Hill Community Health Centre created an advisory committee of people with experience of marginalized substance use. They helped to develop and carry out a survey for people who use drugs to get their ideas and feedback on strategies that could help.

We created a short interview guide for agency representatives to get their input on staff safety and the safety of people who use drugs who access their services.

### **Forming the advisory committee**

**Initial consultation:** Before this project began, a community leader met with the project lead and a senior manager at the Sandy Hill Community Health Centre to outline ideas to address concerns about safety near the Sandy Hill Community Health Centre. Key themes included community, belonging, purpose, grief and hope through action.

The leader explained: *“A bunch of us consider ourselves to be ‘Sandy Hillers,’ but we have lost our community and we need to find ways to bring it back. We are seeing more aggressive behaviour and disrespect for property.”*

Someone suggested that they try a model with two-hour meetings. The first hour would give advice on the project. The second hour would offer support to Community Health Centre staff.

Unfortunately, the first leaders became unable to participate in the project. This highlights the major challenges a community faces when it is hit hard by many long-term crises.

**Identifying the advisory committee:** To move the project forward, we recruited a group with lived experience that was not as severely impacted as those who are actively involved in the current scene in our community.

- Staff identified potential advisory committee members; they were approached individually.
- Staff proposed candidates from the known community of people who use drugs, based on perceived ability to participate, to help develop and to carry out the survey.
- In proposing candidates, staff considered gender and Indigenous representation.
- Candidates were invited to join.
- COVID-19 restrictions and potential candidates’ limited access to technology meant the group was smaller.

The advisory committee included three community members plus two staff to facilitate. They met every two weeks at first, then once a week to meet deadlines.

Time and space were given at each meeting for people to talk about how public health measures to control the pandemic were affecting them.

### **Developing the survey**

Facilitating staff, advisory committee members and management created a short survey. Here are some key points:

- The advisory committee discussed new safety issues for people who use drugs. This created a shared understanding to prepare for discussions with survey respondents. It explored ways that community-based interventions could help address the safety of people who use drugs.
- The survey was one double-sided page. It included open-ended questions and structured discussion prompts. Questions explored people’s sense of safety from violence, reasons they do or do not feel safe, what is helping in the community, and gaps that could be filled to improve safety.
- Respondents were asked to comment on ideas from the advisory group: did they feel the suggestions were helpful? They could also add comments to each suggestion.
- The survey listed services that people who use drugs can access. Respondents were asked how the services could be safer.
- Space for more comments was given at the end of the survey.

### ***Doing the survey***

The survey was carried out by three members of the advisory committee and two other peers.

- Most of the surveys were done at the Sandy Hill Community Health Centre.
- Clients were approached outside the Centre and invited to complete the survey indoors in a private space or outdoors with a survey administrator.
- Respondents were given \$20 in gift cards for taking part in the survey.
- Interviews usually lasted for 10 to 30 minutes.
- Surveys were done using a semi-structured interview. Questions gave discussion prompts to encourage respondents to share their ideas for projects or recommendations for community-based interventions aimed at the safety of people who use drugs.

### ***Analyzing the survey data***

- Two staff members did a thematic review of the surveys, with each person reviewing half of the survey.
- After the themes were identified, management reviewed all surveys for missing information.
- Ideas were sorted into two groups:
  - **Solutions to address systemic issues** (such as shortage of affordable housing)
  - **Solutions to put in place at the community level** (see the recommendations in this report)
- Some ideas were placed in both categories, depending on the scale of the intervention.

### ***Survey of organizations that serve people who use drugs (key informant survey)***

Project staff contacted senior management of agencies that work with people who use drugs to identify key informants for the survey.

- Managers from six agencies participated.
- Questions included the safety of people who use drugs in their programs and how managers mitigate safety concerns for staff who work in their agencies.

### ***Analyzing the key informant survey data***

There were not as many respondents for this survey compared to the survey of people who use drugs. For this reason, results were not divided into themes. Instead, they were grouped under broad headings based on the questions.

## Findings from the survey

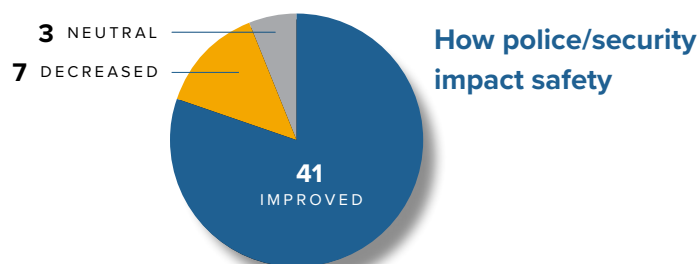
### SURVEY OF PEOPLE WHO USE DRUGS

#### Do you feel safe from violence?

RESPONSE	NUMBER OF RESPONDENTS
Yes, I feel safe	27
No, I don't feel safe	38
Sometimes I feel safe	34
<b>TOTAL</b>	<b>99</b>

#### What helps with sense of safety?

Among the answers given, 51 respondents mentioned security or police. Of them, 41 said their presence improved feelings of safety, 7 said it decreased feelings of safety and 3 were neutral:



#### Recurring themes

Safe places	Sense of belonging	Impact of isolation
Practical support (food, clothing, other equipment)	Vulnerability of people who use drugs	Increase in violence among people who are street involved
Lack of community resources	Inconsistent drug supply	Capacity of security personnel to work with vulnerable people
Mental health, substance use and erratic behaviour	Stigmatization of drug use and homelessness	Risks linked with places to use drugs (at home, in public, at safe consumption sites)
Impact of COVID-19 restrictions on marginalized people	Theft (in shelters, when intoxicated, etc.)	

#### What is known to help?

Drug use with others	Safe Supply programs	Drop-ins
Security services*	Lights and cameras	Volunteer opportunities
Police intervention*	Bystander/community intervention	Relationships with security and police personnel
Clean-up of paraphernalia (addresses community perceptions)	Supervised consumption sites	Community outreach

\*Refers to services that help people who use drugs feel safer

## Systemic solutions

More affordable housing	More security presence	Access to bathrooms
More safe consumption sites, including mobile sites	More shelter spaces/co-ed shelters	More police intervention for violent crimes and theft
Decriminalize/legalize drug use and possession	More women's shelters and safe spaces for women	Safer camping and alternatives to shelter
More drop-ins and longer drop-in hours	Easier access to appropriate mental health services	More capacity and supplies for street outreach (food, clothing, other equipment)
Designated camping sites	Easier access to appropriate addiction services	Easier access to safer supply programs

## Ideas and recommendations for community intervention

Check-ins for vulnerable people (isolated, frequently victimized, often on police radar)	More capacity and supplies for street outreach (food, clothing, other equipment)	Training programs for frontline staff on supporting people experiencing safety issues
Personal storage for street-involved people	Designating safe places to go when concerned about safety	Alternatives to police presence at supervised consumption sites
Safe camping/alternatives to shelter	Bystander intervention training for community, staff, peers, etc.	Transportation to mental health services
Encampment support services	Peer ambassador program	Accessible women's services
Programs on the weekend for food and social opportunities	Workshops on self-care and self-improvement	Lighting for places where violence is common at night
Training for security personnel on sensitivity and working with vulnerable populations (designed in collaboration with peers)	Community discussion and awareness campaigns about drug use, homelessness, stigma, vulnerability, drug policy impacts on health and safety outcomes and behaviour	Organization of cleaning of public/semi-public places to remove garbage and drug paraphernalia
Access to phones	Recreational programs like hobbies and crafts for people who use drugs	Education of public on what a trauma-informed community looks like

# SURVEY OF PEOPLE WORKING FOR ORGANIZATIONS THAT SERVE PEOPLE WHO USE DRUGS

## Client safety

<i>Key strategies used to create a safe environment for people who use drugs</i>	<i>Comments of respondents</i>
<p>Maintain a consistent client base</p> <p>Provide practical care</p> <p>Ensure that people have a space to be themselves</p> <p>Have quieter spaces for people who get overstimulated/triggered easily</p> <p>Give people a clear understanding of policies and procedures for themselves and staff</p> <p>Work within a trauma-informed approach</p> <p>Be consistent and transparent when working with people who use drugs</p> <p>Involve people who use drugs in creating safe spaces</p>	<p>Most commented that their clients felt safe in the programs, but this was always qualified by factors just outside their program limits where that sense of safety ended for people who use drugs. One respondent asked, “Is there anywhere our client base truly feels safe? If not, what can we do to change this?”</p> <p>A few indicated that they could do better to provide a safe space and were in the process of learning from people with more experience.</p> <p>One suggestion was for direct dialogue between their agency and people who use drugs to help break down barriers and increase the sense of safety.</p>

## Staff safety

<i>Suggested measures to keep staff physically safe</i>	<i>Suggested measures to keep staff psychologically or emotionally safe</i>
<p>Offer training in non-violent crisis intervention</p> <p>Provide personal protective equipment, such as panic buttons</p> <p>Establish infection prevention and control measures such as sharps disposal</p> <p>Provide communication tools such as walkie talkies or cell phones</p> <p>Allow staff to work in pairs</p> <p>Provide security services</p>	<p>Ensure access to management during operating hours</p> <p>Provide staff with opportunities for timely debrief</p> <p>Provide clinical supervision</p> <p>Hold community of practice meetings with the team</p> <p>Implement supportive human resource policies for paid time off and access to an Employee Assistance Program</p> <p>Provide professional development opportunities</p>



<i>Other suggestions</i>	<i>General comments</i>
<p>Hold monthly memorials for staff and community members</p> <p>Provide access to traditional Indigenous medicines and ceremonies</p>	<p>Most recognized that more needed to be done to ensure staff safety</p> <p>Some acknowledged the challenges of being overwhelmed by client needs and public health measures as a barrier</p>

## Key recommendations emerging from the consultations

<i>Project ideas</i>	<i>Agency-level ideas</i>
<p>Provide training on how to work better with people who use crystal meth and are having psychotic symptoms. How do we help them come down safely? How do we help them be safe around others?</p> <p>Offer peer support programs</p> <p>Ensure better sharing of information about harm reduction services in Ottawa</p> <p>Offer more paid opportunities for people who use drugs to participate</p> <p>Provide more recognition of knowledge and skills of people who use drugs</p> <p>Ensure safe opportunities for people who use drugs to interact with police to learn more from each other</p>	<p>Offer spaces for people to have privacy</p> <p>Give more access to safer supply and less use of unregulated drug market</p> <p>Provide safe, monitored spaces for people to sleep</p>
	<i>System solutions</i>
	<p>Provide housing-based case management services offered through supervised consumption and treatment services</p> <p>Provide more 24-hour supervised consumption and treatment services throughout the city</p> <p>Ensure community-based housing that is attached to services</p> <p>Offer more harm-reduction spaces for women, especially those leaving domestic violence</p>

## Survey limits

The survey of people who use drugs led to many recommendations, but some limits affected the findings:

- The advisory committee had only three members, so many groups were not represented, such as non-Indigenous racialized people and transgender people.
- Advisory committee members carried out most of the surveys. Having more people on the committee might have meant the survey could be done in more contexts. (The upside of a smaller group was that the survey was done more consistently.)

To solve these limits, we plan to hold focus groups with people who use drugs to review the findings and get more ideas around the recommendations.

## Recommendations for potential projects

It is important to recognize that these recommendations come within the context of the existing criminalization, stigma and poverty of marginalized people who use drugs, and that continued advocacy to address the root causes of these harms is necessary.

The consultation gave us some possible projects to put in place. We will bring these ideas back to local stakeholders using focus groups or 1-on-1 meetings to help us set priorities, improve practices and generate new ideas.



### Expand safe spaces for people who use drugs

Because some drug use remains stigmatized, create more safe spaces where people who use drugs can gather. Ideas include:

- Improve safety of existing programs through enhanced staff support
- Add security and lighting around drop-in facilities
- Expand supervised consumption services outside the downtown core
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### Implement a peer ambassador program

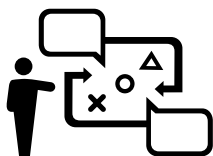
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- Connect people to the services they need
- Meet their practical needs such as access to food, naloxone kits, or referrals to services
- Re-set the expectation that people who use drugs will dispose of their used drug equipment responsibly through needle return boxes and harm reduction agencies as was the case in years leading up to the changes in the drug supply



### Develop a peer-involved training program for security and police

While some drug use remains criminalized which leads to stigma, involve people who use drugs to develop and pilot a training program for security and police. Focus on the impacts of criminalization on safety and how to interact with people who use drugs in an effort to help improve safety and minimize harm.



### Run education and training on working with people who use crystal meth

Investigate best practices from other regions and develop strategies to improve the safety of people who use methamphetamines and staff who work with them. Crystal meth is a recent arrival to the unregulated drug market in Ottawa. We don't have a lot of experience in how to meet the needs of people who use it.



### **Provide storage for the belongings of people who are homeless**

In the absence of access to housing, provide personal storage for homeless people. Theft of personal belongings is a significant form of victimization for people who use drugs and are living in shelters or living rough. This can often lead to violence. Access to public lockers has been reduced with the closing of the Greyhound Bus station. Offer fanny packs or money belts to protect high value personal belongings like phones, cash or drugs.



### **Hold monthly memorials for staff and community members at different agencies**

Create more opportunities for staff and community members to come together to remember and to celebrate those who have died. Explore an online legacy project where people can go to remember loved ones.



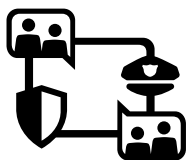
### **Plan community clean-ups by people who use drugs**

Organize community clean-ups that are done by people who use drugs. The service could include garbage and harm reduction equipment to support local communities that experience an increase in drug-related litter.



### **Offer recreational activities for people who use drugs**

Provide opportunities for people who use drugs to get involved in recreation activities. Examples include art, sports and music.



### **Provide safe spaces for people who use drugs and police to learn more about community concerns and talk about how to improve safety**

Within the context of criminalization, stigma and poverty, coordinate small group discussions between people who use drugs and frontline Ottawa police officers. Focus discussions on the safety of people who use drugs and how police activities either support or hinder this priority. Also discuss how the behaviour of some people who use drugs (for example, crimes committed to acquire drugs or public drug use) impacts the work of police and the perception of safety in the neighbourhood.

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**We suggest doing more consultations on these project ideas to set priorities, improve practices and generate new ideas.**

# Appendix A: Literature review

During Phase 1 of this project, our research team undertook a literature review to guide our thinking and uncover evidence to support our recommendations.

Little research has been published on safety and health concerns from the perspective of

- people who use drugs
- staff who work with them
- neighbourhoods near services that support people who use drugs

This report relied heavily on grey literature (information that is found outside of traditional channels) and emerging practices, rather than evidence-based practices. No country in the world has ever faced a drug safety crisis like the unregulated fentanyl crisis before now. We must look at models or approaches that we can draw parallels from and then build evidence. Some key items from the literature review include:

## ***Drug markets***

In the book, [Illegal Markets, Violence and Inequality](#), authors Jean Daudelin and Jose Luiz Ratton outline characteristics of peaceful versus dysfunctional (violent) drug markets:

- A **covert drug market** operates through a private home and is typically a small, non-competitive market where people pay in cash for drugs. Most buyers are not dependent on the drugs they buy and use them recreationally.
- An **overt drug market** operates in public spaces. It is usually larger and competitive. Everyone knows where to go, and anyone can purchase drugs from them. They operate partially on debt (people pay for drugs later) because the people buying are often poor and dependent on the drugs.

Overt drug markets are typically the concern of police because people in these markets tend to use violence to deal with conflicts. There are not many tools that police can use, and enforcement tends to cause markets to move. Also, growing evidence suggests that drugs are not the issue: drug policy is. Enforcement efforts to disrupt overt markets increase street violence and have no impact on the price or availability of drugs on the street as new suppliers move in. See, for example, the publication, [“Effect of Drug Law Enforcement on Drug-Related Violence: Evidence from a Scientific Review.”](#)

It is important to keep the two types of markets in mind when thinking about ways to reduce or eliminate violence in an unregulated market. Working to discourage markets that lead to violence will likely improve overall neighbourhood and community safety.

## ***Harm reduction practices***

There is little research on the challenges of practicing harm reduction from the perspective of health services, neighbourhood and community groups, and business improvement areas. Building on previous research, Mancini et al. used semi-structured interviews to explore people’s perceptions of harm reduction practices. They interviewed 21 harm reduction workers and 15 stakeholders from a community in the mental health housing program. Community health education on safety was limited. The results are detailed in the article, [“Consumer and Practitioner Perceptions of the Harm Reduction Approach in a Community Mental Health Setting.”](#)

### ***Trauma-informed practices***

In 2018, the Registered Nurses' Association of Ontario published an evidence-based report called, [Implementing Supervised Injection Services](#), that included safety topics for nurses, healthcare workers and people with lived experience. Recommendations included giving healthcare workers crisis and suicide intervention training that would be effective when they are engaging with people who inject drugs in a cultural safety and trauma-informed practice.

There is a lot of research on the topic of vicarious trauma, a profound shift in worldview in helping professionals when they work with people who have experienced trauma. Helpers notice that their fundamental beliefs about the world are altered and possibly damaged when they are exposed to traumatic material over and over. See, for example, [Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors](#).

### ***Compassion fatigue***

Closely linked to vicarious trauma is compassion fatigue. This is the profound emotional and physical erosion that takes place when helpers are unable to refuel and regenerate. See, for example, [Compassion Fatigue: Psychotherapists' Chronic Lack of Self Care](#).

Knowing that traditional employee wellness strategies would not be as effective in an ongoing crisis, the AIDS Bureau and Hepatitis C Secretariat of Ontario used the [AIDS Bereavement and Resiliency Project of Ontario](#) to support harm-reduction agencies to develop tools and skills to support their staff. There are many parallels between the opioid crisis and the AIDS pandemic. These include helpers dealing with suffering and multiple loss while working within systems of care that often take away the rights of the people they are supposed to help.

### ***COVID-19 impacts***

These challenges got worse with the COVID-19 pandemic. Services were shut down or modified to follow public health directions. Social isolation has had a major negative impact on marginalized people who use drugs, as many organizations were closed during lockdown. Lack of access to basic human needs including food, physical contact and public toilets during lockdowns was dehumanizing. As a result of closed borders, there was a disruption in the drug supply. The Canadian Centre on Substance Use and Addiction noted this issue in their alert, [Changes Related to COVID-19 in the Illegal Drug Supply and Access to Services, and Resulting Health Harms](#).