

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
6 November 2023 / 6 novembre 2023**

**Submitted on October 26, 2023
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**Submitted by
Soumis par:**

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Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE File Number: ACS2023-OPH-HPP-0005

SUBJECT: Ottawa Public Health Update on Ottawa's Overdose Response Strategy

OBJET: Santé publique Ottawa – Mise à jour sur la Stratégie d'intervention aux surdoses à Ottawa

REPORT RECOMMENDATIONS

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

- 1. Receive, for information:**
 - a. An update on the strategic work by community partners and Ottawa Public Health on overdose prevention and response across the lifespan and next steps; and**
 - b. Ottawa Public Health's collaborative efforts to inform system and service planning through the Ottawa Mental Health, Addictions and**

Substance Use Health (MHASUH) community dashboard and improve timely surveillance of the drug toxicity crisis through the overdose reporting tool; and

- 2. Request that the Chair of the Board of Health write a letter to the Ontario Minister of Health and the Minister of Children, Community and Social Services (MCCSS) recommending that they:**
 - a. Increase sustainable funding for the Healthy Babies, Healthy Children program to support perinatal mental health, substance use health and Infant and Early Childhood Mental Health (IECHMH), including the prevention of adverse childhood events;**
 - b. Advance the Regional Coroner's report recommendations that align with Public Health Ontario's Evidence Brief to expand drug checking services in Ontario towards safer drug supply;**
 - c. Explore innovative options to expand availability and access to health, mental health, addictions and substance use health services, including harm reduction services, such as supervised consumption services, across geographical areas to ensure that urban, suburban and rural residents have access to these services;**
 - d. Increase sustainable funding for harm reduction service providers to scale up community outreach services to address concerns of neighbouring communities, including peer-based programs, to support both resident and client engagement, connection to services, and harm reduction supply retrieval programming;**
 - e. Advance the Regional Coroner's report recommendations to update Provincial regulations and sustainable funding for safer inhalation services available throughout the year, to work towards reducing deaths caused by inhalation of substances;**
 - f. Implement the Canadian Centre on Substance use and Addiction (CCSA) call to action for grief and trauma support for people who use drugs, their family members and loved ones, harm reduction workers, and community members affected by substance use, to support people negatively impacted by the drug toxicity crisis through increased sustainable funding;**

- g. Support Ontario Health to prioritize the collection and use of sociodemographic data (SDD) to better inform equitable system and service planning; and
 - h. Increase sustainable funding for First Nations, Inuit and Métis Mental Health Teams, Inuit Family Health Teams, and the Ottawa Aboriginal Coalition Indigenous Mental Well-Being Strategy to enhance mental health and substance use health supports and services for First Nations, Inuit and Métis communities, including the development of new Indigenous Family Healing Lodge(s); and
3. Direct the Medical Officer of Health to share this report and data with the City's Community and Social Services Department to inform their Community Safety and Well-Being Plan, which includes the following priority areas identified through consultation: Mental Well-Being; Housing; Financial Security and Poverty Reduction; Gender-Based Violence and Violence Against Women; Discrimination, Marginalization and Racism; and Integrated and Simpler Systems.

RECOMMANDATIONS DU RAPPORT

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

- 1. Reçoive, à titre d'information :
 - a. Une mise à jour sur le travail stratégique effectué par les partenaires communautaires et Santé publique Ottawa relativement à la prévention des surdoses et l'intervention en la matière tout au long de la vie, ainsi que sur les prochaines étapes; et
 - b. Les efforts de collaboration de Santé publique Ottawa pour éclairer la planification des systèmes et des services par le biais du tableau de bord communautaire sur la santé mentale, les dépendances et la santé liée à la consommation de substances et pour améliorer la surveillance opportune de la crise de toxicité des drogues grâce à l'outil de signalement des surdoses; et
- 2. Demande à la présidente du Conseil de santé d'écrire à la ministre de la Santé de l'Ontario et au ministre des Services à l'enfance et des Services sociaux et communautaires pour leur recommander :

- a. **D'augmenter le financement durable du programme Bébés en santé, enfants en santé pour soutenir la santé mentale périnatale, la santé liée à la consommation de substances et la santé mentale des nourrissons et des jeunes enfants (SMNJE), y compris la prévention des expériences négatives durant l'enfance;**
- b. **Faire avancer les recommandations du rapport du coroner régional qui s'alignent avec la fiche d'information de Santé publique Ontario pour étendre les services de vérification des drogues en Ontario afin de rendre l'approvisionnement en drogues plus sécuritaire;**
- c. **D'étudier des options innovantes pour élargir la disponibilité et l'accès aux services de santé, de santé mentale, de traitement des dépendances et de consommation de substances, y compris les services de réduction des méfaits comme les services de consommation supervisée, dans toutes les zones géographiques, afin d'assurer que les résidents en milieu urbain, suburbain et rural aient accès à ces services;**
- d. **D'augmenter le financement durable des fournisseurs de services de réduction des méfaits afin de développer les services de proximité pour répondre aux préoccupations des collectivités voisines, y compris des programmes fondés sur les pairs, et de soutenir la mobilisation des résidents et des clients, la mise en contact avec les services et les programmes de récupération de l'approvisionnement dans une optique de réduction des méfaits;**
- e. **Faire avancer les recommandations du rapport du coroner régional consistant à mettre à jour les règlements provinciaux et le financement durable de services d'inhalation plus sécuritaires accessibles tout au long de l'année afin de limiter le nombre de décès causés par l'inhalation de substances;**
- f. **De mettre en œuvre l'appel à l'action du Centre canadien sur les dépendances et l'usage de substances (CCDUS) en faveur d'un soutien en cas de deuil et de traumatisme pour les personnes qui consomment des drogues, les membres de leur famille et leurs proches, les travailleurs en réduction des méfaits et les membres de la collectivité touchés par l'utilisation de substances, afin d'aider les personnes**

- touchées par la crise de la toxicité des drogues grâce à un financement accru et durable;**
- g. D'appuyer Santé Ontario pour prioriser la collecte et l'utilisation de données sociodémographiques (SDD) afin de mieux éclairer la planification équitable des systèmes et des services ; et**
 - h. D'augmenter le financement durable des équipes de santé mentale des Premières Nations, des Inuits et des Métis, des équipes de santé familiale inuites, et celui de la Stratégie de bien-être mental des Autochtones de la Coalition autochtone d'Ottawa afin d'améliorer les mesures de soutien et les services en matière de santé mentale et de dépendances pour les communautés des Premières Nations, des Inuits et des Métis, notamment par la création de nouveaux pavillons de ressourcement pour les familles autochtones; et**
- 3. Demande à la médecin chef en santé publique de communiquer ce rapport et ces données à la Direction générale des services sociaux et communautaires de la Ville afin d'éclairer son Plan de sécurité et de bien-être dans les collectivités, qui comprend les domaines prioritaires suivants, déterminés lors de la consultation : bien-être mental; logement; sécurité financière et réduction de la pauvreté; violence fondée sur le genre et violence à l'endroit des femmes; discrimination, marginalisation et racisme; et systèmes intégrés et simplifiés.**

EXECUTIVE SUMMARY

Since 2017, when the Ottawa Board of Health first declared an overdose crisis and noted the need for all levels of government to act, Ottawa, like many other cities, has seen a significant increase in the harms caused by fatal and non-fatal drug overdoses. There are rising unmet needs for health and social supports that would prevent and mitigate harms from substance use and promote substance use health. An increasingly toxic and unpredictable supply of unregulated drugs has worsened the situation.

The Ontario Drug Policy Research Network (ODPRN) and Public Health Ontario (PHO) recently released a report on overdose and substance-related toxicity deaths in Ontario. The report describes trends in fatal substance-related toxicities broadly and combines data on deaths due to alcohol, stimulants, benzodiazepines and opioids. The COVID-19 pandemic emergency coincided with an increase in deaths due to accidental alcohol and drug toxicities, which increased by 37% from 2020 to 2021 in Canada, with a

disproportionate number occurring among younger populations. These deaths were mostly attributable to opioid poisonings where fentanyl – primarily from the unregulated drug supply – directly contributed to the death. Although opioids were directly responsible for the vast majority of alcohol and drug toxicity deaths across Canada, harms caused by other substances are significant, either alone or in combination with opioids.

Data from the State of Ottawa's Health, 2023 Report provides information about the current overdose crisis and the harms caused by opioids and other substances involved in overdose harms and deaths. The rates of opioid-related emergency department visits tripled from 25 per 100,000 population (243 visits) in 2016 to 75 per 100,000 population (806 visits) in 2022. Opioid-related emergency department visits also increased in the first half of 2023 with 644 visits from January to June 2023 compared to 429 in the same period last year. Death rates increased similarly from 4 deaths per 100,000 (41 deaths) in 2016 to 14 per 100,000 (145 deaths) in 2022, over a three-fold increase.

Between April 2017 and March 2023, among people in Ottawa who died from an opioid-related overdose, fentanyl or its analogues are the most common type of opioids found at death (84% of deaths) and 93% of deaths were accidental in nature. This is not different than what is seen in Ontario. In Ottawa, 72% of opioid overdose deaths from January 2018 to June of 2021 involved a stimulant like cocaine as a direct contributor to the death. In Ottawa, the proportion of accidental opioid deaths where there was evidence of inhalation as a mode of ingestion is increasing: deaths involving inhalation alone increased from 16% in 2018 to 39% in 2022. In contrast, the proportion of accidental opioid-related deaths where there was evidence of injection decreased to 13% in 2022, compared to 22% in 2018. Not all deaths have evidence of only one mode of ingestion, but the trend to an increased number of deaths where there was evidence of inhalation persists. In Ottawa, 54% of deaths had evidence of inhalation alone or along with evidence of injection compared to 35% in 2018.

Ottawa Public Health (OPH), along with a large network of partners, including the City's Community and Social Services Department, community health, social and housing services organizations, people with lived and living experience of substance use, hospitals, pharmacies, emergency services (police, paramedics and fire), mental health, substance use health and addictions service providers, and the regional coroner's office, have been working together on multiple coordinated and interconnected strategies and action plans to help reduce harms from substance use and save lives. These coordinated strategies include, but are not limited to, the Ottawa Community

Action Plan, the Community Safety and Well-Being Plan, and the 10-Year Housing and Homeless Plan 2020-2030.

In 2015, the Overdose Prevention and Response Task Force (ODPRTF) was established to bring together a network of partners focused on preventing deaths from the increasingly toxic drug supply. The task force includes people with lived and living experience, community health, hospitals, pharmacies, emergency services (police, paramedics, and fire), mental health, addictions and substance use health service providers, the regional coroner's office, and the Community and Social Services Department, along with Ottawa Public Health.

The Overdose Response Strategy requires ongoing adaptation to ensure it addresses people's increasingly complex needs by leveraging the expertise and knowledge from the existing holistic network of partners, as well as by hearing and learning from other community members and incorporating their concerns and ideas into the strategy. Ottawa's Overdose Response Strategy will be expanded upon through the existing efforts of ODPRTF partners, the Ottawa Community Action Plan, and the ongoing work to address root causes of poor health.

This proposed updated strategy has been validated through initial conversations with ODPRTF and O-CAP members as well as other key partners. The further advancement of this plan, including ongoing actions and needed actions to address gaps and opportunities in the community, will be worked out into 2024.

In coordination with partners, OPH is increasing the type of data available as well as the timeliness of the overdose-related data published on its Mental Health, Addictions and Substance Use Health (MHASUH) Dashboard to better inform policy decisions and the planning, development and coordination of services and interventions. Initially launched in April 2023, the dashboard includes four domains that provide a community level understanding of mental health and substance use health issues in Ottawa, including access to treatment and services.

OPH is also listening to and responding to gaps and needs identified by partners and community members by creating a separate but linked Overdose Reporting Tool. The dashboard provides the larger story of MHASUH in Ottawa, including the root causes of poor health, to ensure a more fulsome understanding of the issues. The Overdose Reporting Tool, which is embedded in the www.StopOverdoseOttawa.ca website, provides a more targeted, timely snapshot of the current situation in Ottawa as it relates to the overdose crisis, which will allow for earlier identification of issues occurring with the toxic drug supply.

Through this report, OPH is also seeking to increase sustainable provincial funding for harm reduction service providers to scale up community outreach services to address concerns of neighbouring communities, including peer-based programs, to support both resident and client engagement, connection to services, and harm reduction supply retrieval programming. OPH also proposes to explore innovative options to expand availability and access to health, mental health, addictions and substance use health services, including harm reduction services such as supervised consumption services, across geographical areas to ensure that urban, suburban and rural residents have access to these services.

This report also amplifies the Regional Coroner's recommendations to update Provincial regulations and sustainable funding for safer inhalation services to work towards reducing deaths caused by inhalation of substances. Furthermore, OPH calls for additional resources to offer drug checking services to monitor the drug supply and support the surveillance system on drug use that can be used to issue public health alerts. This is aligned with Public Health Ontario's Evidence Brief and the 2023 Regional Coroner's Review recommendations to expand drug checking services in Ontario towards a safer drug supply.

Following consultation with Indigenous healthcare sector partners, the report also calls for increased sustainable funding for First Nations, Inuit and Métis Mental Health Teams, Inuit Family Health Teams, and the Ottawa Aboriginal Coalition Indigenous Mental Well Being Strategy to enhance mental health and substance use health supports and services for First Nations, Inuit and Métis communities, including the development of new Indigenous Family Healing Lodge(s).

Finally, the report proposes implementation of the Canadian Centre on Substance Use and Addiction (CCSA) call to action for grief and trauma support for people who use drugs, their family members and loved ones, harm reduction workers, and community members affected by substance use, to support people negatively impacted by the drug toxicity crisis through increased sustainable funding.

RÉSUMÉ

Depuis 2017, lorsque le Conseil de santé d'Ottawa a déclaré pour la première fois une crise des surdoses et fait état de la nécessité pour tous les paliers de gouvernement d'agir, Ottawa, comme beaucoup d'autres villes, a connu une augmentation notable des méfaits dus aux surdoses de drogues mortelles et non mortelles. Les besoins en matière de santé et de soutien social qui permettraient de prévenir et d'atténuer les effets néfastes de la consommation de substances et de promouvoir la santé liée à la

consommation de substances sont de plus en plus insatisfaits. La situation a été aggravée par un approvisionnement de plus en plus toxique et imprévisible de drogues non réglementées.

Le Réseau de recherche sur les politiques ontariennes en matière de médicaments et Santé publique Ontario (SPO) a récemment publié un rapport sur les surdoses et les décès liés à la toxicité des substances en Ontario. Il décrit de manière générale les tendances en fait de mortalité liée aux substances toxiques et combine les données sur les décès dus à l'alcool, aux stimulants, aux benzodiazépines et aux opioïdes.

L'urgence de la pandémie de COVID-19 a coïncidé avec un accroissement des décès dus à des intoxications accidentelles par l'alcool et les drogues, qui ont augmenté de 37 % entre 2020 et 2021 au Canada, avec un nombre disproportionné chez les populations plus jeunes. Ces décès sont principalement dus à des intoxications aux opioïdes où le fentanyl — provenant surtout de l'approvisionnement non réglementé de drogue — a directement contribué au décès. Bien que les opioïdes soient responsables de la grande majorité des décès dus à la toxicité de l'alcool et des drogues au Canada, les méfaits causés par d'autres substances, seules ou en combinaison avec des opioïdes, font l'objet d'une attention croissante.

Les données du rapport intitulé *État de santé de la population d'Ottawa : Rapport 2023* fournissent des renseignements sur la crise actuelle des surdoses et les méfaits causés par les opioïdes et d'autres substances impliquées dans les méfaits et les décès liés aux surdoses. Les taux de visites aux urgences liées aux opioïdes ont triplé, passant de 25 pour 100 000 habitants (243 visites) en 2016 à 75 pour 100 000 habitants (806 visites) en 2022. Les visites aux urgences liées aux opioïdes ont également augmenté au cours du premier semestre de 2023, avec 644 visites de janvier à juin 2023, contre 429 au cours de la même période l'année dernière. Les taux de mortalité ont augmenté de façon similaire, passant de 4 décès pour 100 000 habitants (41 décès) en 2016 à 14 pour 100 000 habitants (145 décès) en 2022, soit une multiplication par trois.

À Ottawa, le fentanyl ou ses analogues sont le type d'opioïdes le plus fréquemment trouvé au moment du décès (84 % des décès) et 93 % des décès survenus entre avril 2017 et mars 2023 étaient de nature accidentelle. Cette situation n'est pas différente de celle observée en Ontario. À Ottawa, 72 % des décès par surdose d'opioïdes survenus entre janvier 2018 et juin 2021 ont été directement causés par un stimulant comme la cocaïne. À Ottawa, la proportion de décès accidentels dus aux opioïdes pour lesquels l'inhalation a été prouvée comme mode d'ingestion est en augmentation : les décès par inhalation seule est passée de 16 % en 2018 à 39 % en 2022. En revanche, la proportion de décès accidentels liés aux opioïdes pour lesquels il

existe des signes d'injection a diminué pour atteindre 13 % en 2022, contre 22 % en 2018. Ce ne sont pas tous les décès qui présentent les signes d'un seul mode d'ingestion, mais la tendance croissante du nombre de décès pour lesquels il existe des signes d'inhalation persiste. À Ottawa, 54 % des décès présentaient des signes d'inhalation seule ou accompagnée de signes d'injection, contre 35 % en 2018.

Santé publique Ottawa (SPO) et un vaste réseau de partenaires, dont les Services sociaux et communautaires de la Ville, des organismes de santé communautaire, de services sociaux et de logement, des personnes ayant une expérience vécue de la consommation de substances, des hôpitaux, des pharmacies, des services d'urgence (police, paramédics et pompiers), des fournisseurs de services de santé mentale, de services de santé liés à la consommation de substances et de dépendances, ainsi que le bureau du coroner régional, ont travaillé ensemble sur de multiples stratégies et plans d'action coordonnés et interconnectés pour réduire les méfaits de la consommation de substances et sauver des vies. Ces stratégies coordonnées comprennent, entre autres, le Plan d'action communautaire d'Ottawa, le Plan de sécurité et de bien-être dans les collectivités, et le Plan décennal de logement et de lutte contre l'itinérance 2020-2030.

En 2015, le Groupe de travail d'Ottawa sur la prévention des surdoses et l'intervention en la matière a été établi pour rassembler un réseau de partenaires concentrés sur la prévention des décès liés à l'approvisionnement en drogues de plus en plus toxiques. Le groupe de travail réunit des personnes ayant une expérience vécue et actuelle de la consommation de substances, des représentants de la santé communautaire, des hôpitaux, des pharmacies, des services d'urgence (police, paramédics et pompiers), des fournisseurs de services de santé mentale, de traitement des dépendances et de consommation de substances, le bureau du coroner régional, les services sociaux et communautaires, ainsi que Santé publique Ottawa.

La stratégie de réponse aux overdoses doit continuellement être adaptée pour s'assurer qu'elle répond aux besoins de plus en plus complexes de la population en tirant parti de l'expertise et des connaissances du réseau holistique de partenaires existant, ainsi qu'en écoutant les autres membres de la collectivité, en apprenant de leur contact et en intégrant leurs préoccupations et leurs idées à la stratégie. La Stratégie d'intervention lors d'une surdose d'Ottawa sera élargie grâce aux efforts actuels des partenaires du Groupe de travail d'Ottawa sur la prévention des surdoses, du Plan d'action communautaire d'Ottawa (PACO), et les travaux en cours pour s'attaquer aux causes profondes des problèmes de santé.

Cette proposition de stratégie actualisée a été validée par des conversations initiales avec les membres du Groupe de travail d'Ottawa sur la prévention des surdoses et ceux du PACO, ainsi qu'avec d'autres partenaires clés. L'élaboration de ce plan, y compris les mesures en cours et les mesures nécessaires pour combler les lacunes et saisir les occasions au sein de la collectivité, se poursuivra jusqu'en 2024.

Avec ses partenaires, SPO améliore également le type de données accessibles ainsi que l'actualité des données publiées sur son tableau de bord sur la santé mentale, les dépendances et la consommation de substances afin de mieux éclairer les décisions politiques et la planification, l'élaboration et la coordination des services et des interventions. Lancé initialement en avril 2023, le tableau de bord comprend quatre domaines qui permettent de comprendre, à l'échelle de la communauté, les problèmes de santé mentale, de dépendances et de consommation de substances à Ottawa, y compris l'accès aux traitements et aux services.

SPO est également à l'écoute des lacunes et des besoins établis par les partenaires et les membres de la collectivité et y répond en créant un outil de signalement des surdoses. Le tableau de bord présente l'histoire plus large de la santé mentale, des dépendances et de la consommation de substances à Ottawa, comme les causes profondes de la mauvaise santé, afin d'assurer une compréhension plus complète des problèmes. L'outil de signalement des surdoses, qui sera intégré au site ArrêtOverdoseOttawa.ca, brossera un portrait plus ciblé et actuel de la situation réelle à Ottawa en ce qui concerne la crise des surdoses, ce qui permettra de détecter plus rapidement les problèmes liés à l'approvisionnement en drogues toxiques.

Par le biais de ce rapport, SPO cherche également à accroître le financement provincial durable des prestataires de services de réduction des méfaits afin de développer les services de proximité en réponse aux préoccupations des collectivités voisines, y compris les programmes fondés sur les pairs, pour soutenir la mobilisation des résidents et des clients, la connexion aux services et les programmes de récupération des produits de réduction des méfaits. SPO propose aussi d'étudier des options innovantes pour élargir la disponibilité et l'accès aux services de santé, de santé mentale, de traitement des dépendances et d'utilisation de substances, notamment des services de réduction des méfaits comme les services de consommation supervisée, dans toutes les zones géographiques, afin de garantir que les résidents en milieu urbain, suburbain et rural aient accès à ces services.

Ce rapport amplifie également les recommandations du coroner régional pour mettre à jour les règlements provinciaux et le financement durable de services d'inhalation plus

sécuritaires afin de réduire le nombre de décès causés par l'inhalation de substances. En outre, SPO demande des ressources supplémentaires pour offrir des services de contrôle des médicaments afin de surveiller l'approvisionnement en médicaments et de soutenir le système de surveillance de la consommation de drogues qui peut être utilisé pour émettre des alertes de santé publique. Ceci est conforme aux recommandations de la fiche d'information de Santé publique Ontario et de l'examen de 2023 du coroner régional visant à étendre les services de vérification des drogues en Ontario afin de rendre l'approvisionnement en drogues plus sécuritaire.

Après consultation des partenaires autochtones du secteur de la santé, le rapport demande également un financement durable accru pour les équipes de santé mentale des Premières Nations, des Inuits et des Métis, les équipes de santé familiale inuites et la stratégie de bien-être mental autochtone de la Coalition autochtone d'Ottawa afin d'améliorer les soutiens et les services en matière de santé mentale et de toxicomanie pour les communautés des Premières Nations, des Inuits et des Métis, y compris la création de nouveaux pavillons de ressourcement familial autochtones.

Enfin, le rapport propose la mise en œuvre de l'appel à l'action du Centre canadien sur les dépendances et l'usage de substances (CCDUS) pour le soutien au deuil et aux traumatismes des personnes qui consomment des drogues, des membres de leur famille et leurs proches, des travailleurs en réduction des méfaits et des membres de la collectivité touchés par la consommation de substances, afin de soutenir les personnes touchées par la crise de toxicité des drogues grâce à un financement accru et durable.

BACKGROUND

Since 2017, when the Ottawa Board of Health first declared an overdose crisis and noted the need for all levels of government to act, Ottawa, like many other cities across the country, has seen a significant increase in the harms caused by fatal and non-fatal drug overdoses – worsened by an increasingly toxic and unpredictable supply of unregulated drugs and rising unmet needs for health and social supports that would prevent and mitigate harms from substance use and promote substance use health.

The Ontario Drug Policy Research Network (ODPRN) and Public Health Ontario (PHO) recently released a report on overdose and substance-related toxicity deaths in Ontario. Their report describes trends in fatal substance-related toxicities broadly and combines data on deaths due to alcohol, stimulants, benzodiazepines and opioids. The COVID-19 pandemic emergency coincided with an increase in deaths due to accidental alcohol and drug toxicities, which increased by 37% from 2020 to 2021 in Canada, with a disproportionate number occurring among younger populations. These deaths were

mostly attributable to opioid poisonings where fentanyl – primarily from the unregulated drug supply – directly contributed to the death. Although opioids were directly responsible for the vast majority of alcohol and drug toxicity deaths across Canada, the harms caused by other substances, either alone or in combination with opioids, are significant.¹

The report also noted that the use of multiple substances has been associated with worse outcomes compared to people who use only one substance, including an increased risk for toxicity-related morbidity and mortality and reduced effectiveness of toxicity-reversing agents such as naloxone, which only temporarily reverses the effects of opioids.²

Local data

Ottawa Public Health initiatives related to substance use health include surveillance and reporting, and our work in this area continues to evolve.

Data released from the State of Ottawa's Health, 2023 Report provides information on the current overdose crisis and the harms caused by opioids and other substances involved in overdose harms and deaths. The rates of opioid-related emergency department visits tripled from 25 per 100,000 population (243 visits) in 2016 to 75 per 100,000 population (806 visits) in 2022. Unfortunately, opioid-related emergency department visits increased in the first half of 2023 with 644 visits from January to June 2023 compared to 429 in the same period in 2022, a 50% increase.³ Death rates increased similarly from 4 deaths per 100,000 (41 deaths) in 2016⁴ to 14 per 100,000 (145 deaths) in 2022, over a three-fold increase.⁵

In Ottawa, fentanyl or its analogues are the most common type of opioids found at death (84% of deaths) and 93% of deaths from April 2017 to March 2023 were accidental in nature.⁶ This is not different than what is seen in Ontario. In Ottawa, 72%

¹ Gomes T, Leece P, Iacono A, Yang J, Kolla G, Cheng C, Ledlie S, Bouck Z, Boyd R, Bozinoff N, Campbell T, Doucette T, Franklyn M, Newcombe P, Pinkerton S, Schneider E, Shearer D, Singh S, Smoke A, Wu F, on behalf of the Ontario Drug Policy Research Network and Ontario Agency for Health Protection and Promotion (Public Health Ontario). [Characteristics of substance-related toxicity deaths in Ontario: Stimulant, opioid, benzodiazepine, and alcohol-related deaths](#). Toronto, ON: Ontario Drug Policy Research Network; 2023.

² *ibid*

³ Ottawa Public Health. [Drug use and Overdose Statistics](#). Accessed Oct 2023.

⁴ Public Health Ontario. [Opioid interactive tool](#). Accessed March 09, 2023.

⁵ Coroner's Opioid Investigative Aid, May 2017 to March 2023, Office of the Chief Coroner for Ontario, extracted August 14, 2023

⁶ Coroner's Opioid Investigative Aid, May 2017 to March 2023, Office of the Chief Coroner for Ontario, extracted August 14, 2023.

of opioid overdose deaths from January 2018 to June of 2021 involved a stimulant like cocaine as a direct contributor to the death.⁷ In Ottawa, the proportion of accidental opioid deaths where there was evidence of inhalation as a mode of ingestion is increasing: inhalation alone increased from 16% in 2018 to 39% in 2022.⁸ In contrast, the proportion of accidental opioid-related deaths where there was evidence of injection decreased to 13% in 2022, compared to 22% in 2018. Not all deaths have evidence of only one mode of ingestion, but the trend to an increased number of deaths where there was evidence of inhalation persists. In Ottawa, 54% of deaths had evidence of inhalation alone or along with evidence of injection compared to 35% in 2018.⁹

Supervised Consumption and Consumption and Treatment Services (CTS) in Ottawa are grappling with the changing landscape of drugs available, staffing levels, and the limitations of the health and social services systems. They reversed over 1100 overdoses in 2022; this is more than twice as many compared to 2020.¹⁰ CTS staff, OPH nurses and harm reduction workers have been providing dedicated, professional and compassionate care in high-stress working environments, witnessing harms, responding to medical and psychosocial emergencies and connecting people to supports every day that they are open.

The impacts of the drug toxicity crisis go beyond an individual level. The effects can be felt by the families and friends of loved ones, employers, as well as community members and businesses. People have cited concerns about a lack of safety, a breakdown of street culture, and an increase in social disorder. A collaborative approach is needed, with everyone who lives, works, and plays in the communities experiencing these concerns involved in the solutions. Ongoing community engagement and liaison is critical to ensure impacts to the local community, including people who use drugs, are proactively and collectively mitigated or addressed. Included in this report are tangible actions that will address the overdose crisis and the negative social effects experienced by so many.

Public health approach to substance use health

⁷ Ontario Drug Policy Research Network (ODPRN). [Contributions of stimulants and varying modes of drug use to opioid toxicity deaths across public health units in Ontario, Canada](#). November 2022.

⁸ Coroner's Opioid Investigative Aid, May 2017 to March 2023, Office of the Chief Coroner for Ontario, extracted August 14, 2023

⁹ *ibid*

¹⁰ Ottawa Public Health. Mental Health, Addictions and Substance Use Health Community Dashboard. Ottawa, ON. Last updated September 2023.

In 2021, Ottawa's Board of Health approved the Public Health approach to substance use health.¹¹ The aim is to protect and promote the health, wellness, and safety of people who use substances and that of our community. Strategies encompass health and wellness promotion; education to reduce the stigma experienced by people who use substances; better access to and availability of culturally safe, trauma-informed, and anti-racist services, including prevention, harm reduction, and treatment services; as well as alternative approaches to community safety, such as the decriminalization of people who use controlled substances. The guiding principles behind this approach are:

1. **A population health approach;** to promote decreases in unfair health outcomes between populations. Drivers of differences in health between different populations include affordable housing, adequate income, mental health, education, reducing stigma, access to primary care as well as early childhood development.
2. **Decolonial and Anti-Oppression lenses;** communities that face systemic oppression experience inequitable access to environments supportive of health, which contributes to increased risk for mental illness, substance use disorder, and overdose. Addressing the stigma experienced by people who use substances and who have mental illness is also a key component of this approach and recognizes an intersectional, systemic change for populations facing barriers to health.
3. **A health and human rights framework, rather than a criminal framework;** recognizes the importance of addressing substance use as a health issue rather than a criminal or legal issue. People who use substances, regardless of how they were obtained, have the right to non-stigmatizing health and social services. This principle acknowledges that the unregulated production and sale of controlled substances will remain illegal.
4. **Respect for and inclusion of the leadership and expertise of people who use substances;** involves real, meaningful, comprehensive, and sustained partnership and collaboration with people with lived and living experience to develop a continuum of services that meet people where they are at. It also recognizes that people with lived and living experience of substance use contribute essential expertise and knowledge to public health efforts and have

¹¹ Ottawa Public Health. Ottawa Public Health's 2019-2022: Strategic Reporting Relating to Mental Health and Substance Use Health. September 2021. Retrieved from: <https://pub-ottawa.escribemeetings.com/filestream.ashx?documentid=86745>

been at the forefront of existing advocacy work on drug policy reform and in responding to the overdose crisis.

5. **A recognition that substance use exists on a spectrum;** that there are both harms and benefits to substance use and as such, focuses on reducing potential harms and maximizing potential benefits rather than pursuing abstinence.

This approach is the foundation of the updated proposed Overdose Response Strategy.

OPH's public health approach to substance use health aligns with the Ontario Public Health Standards and includes working with community partners to:

- Conduct population health assessments, situational assessments, and provide local surveillance to inform trends, needs and ultimately actions.
- Consult and partner with a diverse range of partners, businesses, and community members (e.g., people with lived and living experience, outreach and non-profit organizations, shelters, housing, police, fire, and paramedic services, hospitals, business associations, community health centers, etc.).
- Support or lead the development, implementation, and evaluation of comprehensive community strategies.

As a society and in our health and social systems, we need to invest in and use all the evidence-based tools in our collective toolbox to address mental health and substance use health. OPH works in partnership to promote mental health and prevent harms that can occur from substance use and addictions through supports to parents for early childhood development, another significant determinant of health. To help prevent adverse events in childhood that can increase the likelihood of mental health concerns and substance use health concerns later in life, OPH has continued to invest in the Healthy Babies, Healthy Children program to support parents in creating a safe and nurturing home environment and providing a healthy start for their children. Children with a healthy start are more likely to develop resilience and coping skills that protect them from problems that can occur with substance use in the future. The program helps identify and address developmental or behavioral concerns early on by providing support, information, resources, screening and referrals for early intervention services.

From birth to six years, there are critical periods during which particular physical, emotional, social, language, and communication skills are developed. The Early Development Instrument (EDI) is a population-based measure of children's developmental health at school entry across five domains. Five EDI cycles have been

completed in Ottawa, starting in 2005/06.¹² In the most recent cycle (Cycle 5 – 2017/18), 28% of senior kindergarten (SK) children in Ottawa were found to be vulnerable in at least one of the five EDI domains. This percentage has increased significantly since the previous EDI cycle (26%) but is lower than the provincial average (30%).¹³ These EDI cycles of data collection were all completed pre-pandemic and we have yet to see what impact pandemic restrictions may have had on early childhood development through an EDI assessment. However, we do know that referrals to the First Words Preschool Speech and Language program have doubled since 2019.¹⁴ Work to improve these numbers requires many different interventions, given the complexity of the challenges and the importance of getting at root causes impacting health.

Mental health challenges and homelessness are both on the rise and have been made worse by the pandemic. According to data from the Mental Health, Addictions and Substance Use Health (MHASUH) Community dashboard, self-reported mental health has worsened since before the pandemic. There has been an increase in people reaching out for MHASUH supports and services and the average wait time to access supportive housing is over 1,000 days.¹⁵ The increases in mental health and substance use challenges, at least partly, are a result of the unintended consequences of the measures required to mitigate the spread of COVID-19, which caused service reductions across the social and health system, increased social isolation, increased toxicity and unpredictability of the unregulated drug supply, and increased job loss and financial insecurity.

Stigma remains a major barrier to people accessing the supports and services they need. Stigma is present when people voice that harmful substance use is a choice rather than a health condition. In a recent survey, over a quarter of people somewhat agreed, strongly agreed or were neutral about the statement that addictions or substance use disorders are caused by personal weakness.¹⁶ Such data shows that

¹² Ottawa Public Health. Ottawa Public Health's 2019-2022: Strategic Reporting Relating to Mental Health and Substance Use Health. September 2021. Retrieved from: <https://pub-ottawa.escribemeetings.com/filestream.ashx?documentid=86745>

¹³ Parent Resource Centre. (2021). EDI by ONS Gen2 C1 to C5 Vuln by Domain (Parent Resource Centre) [Data File Prepared by PRC and Analysed by OPH in February 2023]. PRC.

¹⁴ First Words. Phasing out of Junior Kindergarten Services from First Words Preschool Speech and Language Program: Factsheet. July 2023.

¹⁵ Ottawa Public Health. Mental Health, Addictions and Substance Use Health Community Dashboard. Ottawa, ON. Last updated September 2023.

¹⁶ Ottawa Public Health. Mental Health, Addictions and Substance Use Health Community Dashboard. Ottawa, ON. Last updated September 2023.

stigma is present in the community and continues to be a barrier for people when accessing health care services, social services, as well as being able to meet basic needs like housing and employment. Like other health conditions, there are risk factors and evidence-based interventions that can be advanced.

On September 18, 2023, OPH was directed to bring forward a report to the Board of Health on work to “enhance the multi-sector Overdose Response Strategy and the Mental Health, Addictions and Substance Use Health Dashboard.” Both the strategy and the dashboard support evidence-based action to collaboratively address the overdose crisis.

DISCUSSION

Recommendation 1a: Receive, for information, an update on the strategic work by community partners and Ottawa Public Health on overdose prevention and response across the lifespan and next steps.

In 2015, the Overdose Prevention and Response Task Force (ODPRTF) was established to bring together a network of partners focused on preventing deaths from the increasingly toxic drug supply. The task force includes people with lived and living experience, community health, hospitals, pharmacies, emergency services (police, paramedics, and fire), mental health, addictions and substance use health service providers, the regional coroner’s office, and the Community and Social Services Department, along with Ottawa Public Health. In 2017, the ODPRTF established the Opioid Cluster Response Protocol, which led to enhanced local surveillance and monitoring of overdose data, provided guidance on enhancing Naloxone distribution in the community, expanded membership, and created a communications subgroup to further co-ordinate messaging related to overdoses, and allow for rapid coordinated emergency communications.¹⁷

In 2019, the Ottawa Community Action Plan (O-CAP) was established. The O-CAP is based on the findings from [*the Comprehensive Mental Health and Substance Use – Focus on Opioids Strategy: Findings from Consultation*](#) report. From this report, a consensus emerged among lived and living experience partners, health care providers, social service providers and others regarding several areas that were viewed as key to moving forward and achieving further progress to improve substance use health and address the overdose crisis. These became the three areas for discussion at the 2019

¹⁷ Ottawa Public Health. [UPDATE ON OPIOIDS AND THE RISK OF UNINTENTIONAL OVERDOSES IN OTTAWA](#). Board of Health Report. April 2017

and 2020 Ottawa Summits and became the goals that established the initial pillars of Ottawa's Overdose Response Strategy. These three goals and accompanying actions were identified by its membership: Preventing stigma and substance use where problems are occurring; Emerging harm reduction initiatives that can reduce harms associated with opioid use; and Collaborating and integrating across the system to centralize access to comprehensive mental health, addictions, substance use health and social services, leading to increased access to and uptake of treatment and services.¹⁸

OPH is providing convening support towards the progress of both the ODPRTF and the O-CAP. As partners and OPH seek to update the Overdose Response Strategy to respond to the worsening crisis, these two networks will become increasingly integrated to ensure more coordinated actions.

Additionally, community members have raised concerns, such as growing experiences of social disorder in neighbourhoods that have been impacted by the toxic drug supply. Community concerns include: increased public urination and defecation, littering, improper needle disposal, public drug use, concerns related to personal safety, and gaps in day programming and mental health services.

Gaps that need to be addressed include: sufficient and reliable funding sources for services and treatment for mental health, addictions, substance use health, and social services, including housing, and ensuring that residents, service providers and business owners are supported with connections to resources available in the community, including resources that support community safety, wellbeing and connection. There is an opportunity to evolve the Overdose Response Strategy to ensure it addresses people's increasingly complex needs by leveraging and aligning the expertise and knowledge from the existing holistic network of partners, as well as by hearing and learning from other community members and incorporating their concerns and ideas into the strategy.

Accordingly, Ottawa's Overdose Response strategy will be evolved and expanded upon through the existing efforts of ODPRTF partners, the O-CAP, and the ongoing work to address root causes of poor health. A proposed framework for the updated strategy can be found in Document 1. This proposed update has been validated through initial conversations with ODPRTF and O-CAP members as well as other key partners. The further establishment of this plan, including ongoing actions and needed new actions to address gaps and opportunities in the community, will be worked out into 2024.

¹⁸ Ottawa Public Health. [The Ottawa Community Action Plan](#). Website. Retrieved Oct 2023.

Document 2 provides an overview of some of the key activities connected to the strategy that have been taken in recent years as well as actions that are currently in development, including impacts and outcomes. Below are the proposed pillars that will make up the updated strategy.

1. **Prevention across the lifespan:** Providing interventions that focus on early childhood interventions, fostering resiliency, and promoting mental health, and substance use health across the lifespan.
2. **Stigma reduction:** Reducing barriers and improving care by addressing stigma and discrimination.
3. **Harm reduction:** Advancing existing and implementing new, innovative harm reduction strategies.
4. **Coordinated access to treatment and services:** Improving access and care across the mental health, addictions, substance use health and social services sectors, including culturally appropriate care.
5. **Data and surveillance:** Improving the availability of evidence to inform system planning and actions by collecting, analyzing, and sharing data.
6. **Community safety and wellbeing:** Furthering efforts to improve the safety and wellbeing of all people who live, work, play, and visit Ottawa.
7. **Cluster response and alert systems:** Monitoring and reporting on emerging issues that are causing harms from the toxic drug supply, including supporting media reporting.

A public health approach to substance use health is foundational to the updated strategy and includes key elements such as having a decolonial and anti-oppression lens that will lead to culturally appropriate ways of healing. “Indigenous communities are increasingly using land-based and land-informed forms of healing to successfully promote individual and community mental wellness and resilience. According to the *Coloniality, Placeism, Land, and a Critique of Social Determinants of Indigenous Mental Health in the Canadian Context* publication, these forms of healing push back against medical colonialism and anti-Indigenous racism that continue to constrain Indigenous

people’s equitable access to culturally safe and effective mental health and addictions care.”¹⁹

Finally, the proposed strategy includes access to safe, supportive, and affordable housing as an overarching protective factor and fundamental component required for success. The memo recently circulated to the Board of Health and listed on the November 6, 2023 Board meeting Agenda, titled, *Strengthening Bridges between Health and Housing Systems*, provides information about recent and proposed future work underway between OPH and the City of Ottawa’s Housing Services to affect change that will further integrate health and housing systems.

As next steps, OPH will convene with ODPRTF partners, O-CAP members, and others to further solidify a comprehensive and collaborative prevention and response plan to overdoses in Ottawa.

Recommendation 1b: Receive, for information, Ottawa Public Health’s collaborative efforts to inform system and service planning through the Ottawa Mental Health, Addictions and Substance Use Health (MHASUH) community dashboard and improve timely surveillance of the drug toxicity crisis through the overdose reporting tool.

This [Mental Health, Addictions and Substance Use Health \(MHASUH\) Community dashboard](#) was born out of the recommendations from the Ottawa Community Action Plan Summit in 2019. The dashboard is the result of a multi-year collaboration between O-CAP Steering Committee Partners, people with lived and living experience, and the ODPRTF, which includes hospital partners, first responders, community service providers, health and social service providers and many other key community partners. Document 3 (Document 4, French) provides a snapshot of the dashboard.

Partners provided insight into what data was needed to inform planning and action to address MHASUH needs in the community. Certain partners also provided important data from their organizations, as part of the larger story of MHASUH experiences in the community. The dashboard’s framework is based on the O-CAP’s three goals and the understanding that the root causes of poor health are foundational to the positive wellbeing of the community, and that some populations face greater barriers than

¹⁹ Josewski, V.; de Leeuw, S.; Greenwood, M. Grounding Wellness: Coloniality, Placeism, Land, and a Critique of “Social” Determinants of Indigenous Mental Health in the Canadian Context. *Int. J. Environ. Res. Public Health* **2023**, *20*, 4319. <https://doi.org/10.3390/ijerph20054319>

others. The dashboard is made up of four domains that provide a community level understanding of MHASUH issues in Ottawa. These domains are:

1. **Are people well?** Containing data on MHASUH experiences of people in Ottawa, including harms that people experience.
2. **Are people free from stigma?** Containing data on individual and societal stigma.
3. **Can people access treatment and services?** Containing data on access to MHASUH health services and social services from harm reduction partners and system navigation partners.
4. **Do people live with opportunity and equality?** Containing data on root causes of poor health that are foundational to positive wellbeing.

Initially launched in April 2023, the dashboard provided local data on people's experiences with mental health and substance use health across the lifespan, including a focus on youth. Data also included information on harm reduction supplies and services, including the availability of naloxone and supervised consumption and treatment services. Data was also presented that shows the number of people who have died from overdoses, including the fact that this number continues to rise, in addition to presenting other harms that people experience from unmet needs. Finally, the initial data available includes information on the beliefs that are held about people who experience a mental health or substance use health concern.

Since the initial data launched in April, OPH has heard from different partners that this information is being used to inform research and measure progress in the implementation of strategic plans.

The full dashboard is now available at OttawaPublicHealth.ca/Wellnessdashboard. Additional data includes information on treatment and services from system navigation partners. This section provides a picture across the lifespan of people seeking MHASUH services as it includes a wealth of data from 1call1click.ca, which supports children, youth and families, and AccessMHA, which supports people over the age of 16. Through the innovation of coordinated access to services by AccessMHA and 1Call1Click.ca, they have made important progress at the individual and family level by helping assess and connect people with varying complexity of MHASUH needs to the correct service to help meet those needs. These services have also made progress at the system level by increasing the integration of services, ensuring that there is an easy point of access into care. System navigation data is also available from Connex Ontario,

which works to connect people to MHASUH services across age groups and includes a focus on supporting people experiencing problem gambling. Further, 211 data is found in different sections of the dashboard as 211 operators work to connect people to both health and social services. The fourth domain of the dashboard provides information on root causes of poor health that impact a person's overall wellbeing. In this domain, data is available on basic human rights and needs that help keep us all healthy like access to housing and feeling safe and connected in our communities.

Bringing disparate sources of data together helps to identify needs, inform systems and service planning, and contribute to building long-term promotion and prevention strategies in the community. The next step in the dashboard's evolution is to reconvene with partners, media, and community members to discuss ways to use the dashboard, including for system planning and action. Building a collective accountability to improve particular measures will be discussed. OPH will ensure knowledge mobilization is a key component of the dashboard so that it can serve as a model for other jurisdictions on the need for better data to inform issues and actions.

OPH is listening to and responding to gaps and needs identified by partners and community members by creating a separate but linked Overdose Reporting Tool. The Overdose Reporting Tool provides a more targeted, timely snapshot of the current situation in Ottawa as it relates to the overdose crisis, which will allow for earlier identification of issues occurring with the toxic drug supply. Based on feedback from community members, OPH now provides weekly data on suspected drug overdose emergency department (ED) visits and suspected deaths, as well as maps that provide the location of confirmed drug overdose ED visits and suspected overdose deaths. The new Overdose Reporting Tool is embedded in www.StopOverdoseOttawa.ca.

Recommendation 2: Request that the Chair of the Board of Health write a letter to the Ontario Minister of Health and the Minister of Children, Community and Social Services (MCCSS) recommending that they:

- a. Increase sustainable funding for the Healthy Babies, Healthy Children program to support perinatal mental health, substance use health and Infant and Early Childhood Mental Health (IECHMH), including the prevention of adverse childhood events.**

Positive infant and early childhood development are key drivers for health and well-being, and the pandemic has had a negative impact on many aspects of child development, including exposure to adverse childhood events. Negative impacts from the pandemic include movement behaviours (decreased physical activity, increased

sedentary behaviour and screen time), increased food insecurity, negative educational outcomes, increased injuries occurring at home, increased reports of child maltreatment and a decrease in routine well-baby visits for vaccines and early childhood development assessments.²⁰ Additionally, some families have had difficulty accessing primary care, with 14% of people in Ottawa reporting not having access to a regular healthcare provider, with that number even higher for people who are racialized or have a first language other than English or French.²¹

Healthy Babies, Healthy Children (HBHC) is a program designed to help children in Ontario have a healthy start in life and provide them with opportunities to reach their potential. The program is funded by the Ministry of Children, Community and Social Services (MCCSS) and delivered through Ontario's public health units in partnership with hospitals and other community partners.²² HBHC provides screening, assessment, and support to families from the prenatal period through the early childhood period, identifying risks to healthy child development and assisting families in areas related to nutrition, breastfeeding, positive parenting, and family well-being. A recent report released by Public Health Ontario, at the request of the MCCSS, revealed that current funding constraints significantly limit the program's capacity to serve families effectively. This underfunding has led to a shift in focus towards families most at need, inadvertently shrinking the range of populations HBHC can assist. This report provides insight into what is needed to strengthen the HBHC program, including increased funding and resourcing, full access to relevant data for HBHC teams, and regular, consistent communication from MCCSS.²³ By addressing these needs, the HBHC program can effectively meet its goals, provide comprehensive mental health and substance use health support to perinatal individuals and families, and uphold its commitment to equitable and standardized service delivery across the region, without the current constraints of a wait time and limited-service scope.

b. Advance the Regional Coroner's report recommendations that align with Public Health Ontario's Evidence Brief to expand drug checking services in Ontario towards safer drug supply.

²⁰ Public Health Ontario. [Negative Impacts of Community-based Public Health Measures on Children, Adolescents and Families During the COVID-19 Pandemic: Update](#). Jan 2021.

²¹ Ottawa Public Health. Mental Health, Addictions and Substance Use Health Community Dashboard. Ottawa, ON. Last updated September 2023.

²² Public Health Ontario. Healthy Babies Healthy Children Program. Updated April 04, 2023. Retrieved from: <https://www.publichealthontario.ca/en/Health-Topics/Health-Promotion/Child-Youth-Health/HBHC>

²³ Public Health Ontario. [Summary Report: Delivery of the Healthy Babies Healthy Children Program during the COVID-19 Pandemic](#). March 2023.

The 2023 Regional Coroner’s review released to Ottawa Supervised Consumption and Treatment Services (CTS) partners recommended that “they work together to offer drug checking services for people using supervised consumption services and for those who are not using services (such as people who do not inject drugs and cannot currently access services).”²⁴ Additional resources would be required for drug checking services.

Public Health Ontario’s Evidence Brief supports drug checking as a harm reduction intervention that may be useful for monitoring the drug supply for adulterants and new psychoactive substances as it may contribute to a surveillance system on drug use that can be used to issue public health alerts. “[Drug-checking] may also be an important outreach approach for people who use drugs to access health information and services.”²⁵ The re-establishment and expansion of drug checking services in collaboration with CTS partners is a vital intervention for public health.

c. Explore innovative options to expand availability and access to health, mental health, addictions and substance use health services, including harm reduction services, such as supervised consumption services, across geographical areas to ensure that urban, suburban and rural residents have access to these services.

Innovative solutions are needed to increase the points of access to, and availability of mental health, addictions, substance use health, and social services. An example of an innovative solution is the proposed Mental Health, Addictions and Substance Use Health Urgent Care Centre by the Ottawa West Four Rivers Ontario Health Team (OWFROHT). OPH, along with other organizations, supports the proposal for the development and implementation of a mental health, addictions and substance use health urgent care clinic. Through evidence review and consultation with regional hospitals, paramedics, individuals with lived and living experience, and primary care physicians, the OWFROHT has determined that a community based urgent care clinic would reduce barriers to access, reduce burden on the hospital system, and enhance client care for the treatment and management of mental health, addictions, and substance use health. Their efforts to establish a specialized urgent care clinic to

²⁴ Ottawa’s Regional Coroners Office. REGIONAL CORONER REVIEW SUMMARY (OTTAWA REGION). April 07. 2023

²⁵ Gomes T, Leece P, Iacono A, Yang J, Kolla G, Cheng C, Ledlie S, Bouck Z, Boyd R, Bozinoff N, Campbell T, Doucette T, Franklyn M, Newcombe P, Pinkerton S, Schneider E, Shearer D, Singh S, Smoke A, Wu F, on behalf of the Ontario Drug Policy Research Network and Ontario Agency for Health Protection and Promotion (Public Health Ontario). [Characteristics of substance-related toxicity deaths in Ontario: Stimulant, opioid, benzodiazepine, and alcohol-related deaths](#). Toronto, ON: Ontario Drug Policy Research Network; 2023.

provide individuals with access to the right combination of services, treatments and supports, when and where they need them, have been a result of research, planning, and collaboration across organisations across the region.

Other efforts to extend existing services are required, including supervised consumption services. “Supervised consumption services are evidence-based and provide a safer environment where people can consume drugs with sterile equipment, access supportive services, and be monitored by trained staff who provide education on harm reduction and emergency medical care for drug poisonings [...] There are multiple models for supervised consumption sites including: fixed stand-alone models (distinct facility that is dedicated to providing supervised consumption site); integrated models (part of a larger facility such as a hospital or a health care centre); and mobile outreach models (modified vans that travel to high traffic areas for people who use drugs).”²⁶ Local conditions, such as the drug context and geographical locations of services available should be assessed and incorporated into the design of innovative services to maximize uptake and meet the needs of people who use drugs. While these efforts to provide quality services were present when local CTS were being implemented, further innovation is needed now, as evidenced by the significant increase in the harms caused by fatal and non-fatal overdoses, the increasingly toxic drug supply, and unmet needs for health and social supports that would otherwise be more readily accessible through linkages and referrals through harm reduction services. This recommendation is time-sensitive as the province is currently undergoing a review of current CTS guidelines. Current locations of Ottawa CTS sites were based on evidence of existing needs at the time they were opened^{27,28}, however, the drug toxicity crisis has impacted residents in all areas of the City. Therefore, innovative mental health, addictions, and substance use health services, including harm reduction services, are needed centrally and more broadly across the City’s geography, including other ways of bringing supervision of consumption through housing-based solutions, and the use of technology for people who use alone, such as expanding promotion of the National Overdose Response Service safer consumption hotline providing confidential and virtual support, 24 hours a day, every day of the year to Canadians who use drugs.

²⁶ Canadian Research Initiative in Substance Misuse (CRISM). National Operational Guidance for the Implementation of Supervised Consumption Services. Edmonton, Alberta: Canadian Research Initiative in Substance Misuse; July 17, 2023. Version 1.

²⁷ Ottawa Public Health. [Harm Reduction and Overdose Prevention – Status Report](#), September 2017.

²⁸ Ottawa Public Health. [Opioid overdose emergency department visits in Ottawa 2016 and first 3 months of 2017](#). September 2017.

- d. Increase sustainable funding for harm reduction service providers to scale up community outreach services to address concerns of neighbouring communities, including peer-based programs, to support both resident and client engagement, connection to services, and harm reduction supply retrieval programming.**

Outreach and engagement surrounding services for people who use drugs, community members, residents and businesses is a crucial component of a service's success. Current CTS funding models do not include outreach services. OPH supported the implementation of a new 'Block Leaders' program pilot with Ottawa Inner City Health, which engages people experiencing homelessness and people who use drugs to restore positive aspects of street culture with a priority on improving behavioral norms. Block Leaders, people experiencing homelessness and/or using drugs are concerned about community safety (especially as it relates to children), keeping the physical environment cleaner (with regards to garbage and safe disposal of drug paraphernalia), crime prevention, and struggling local businesses. In addition, Somerset West Community Health Centre's "Drug Overdose Prevention and Education" (DOPE) Response team provides evening outreach to isolated people who use drugs in the Centretown, Carlington, and Somerset West Community Health Centre neighborhoods. Their team connects directly with people in the community who are at risk of overdose, providing resources, peer support, overdose response, and more"²⁹

The 'Block Leaders' pilot program and the DOPE team are two successful examples of providers scaling up outreach to address community concerns and the needs of people who use drugs, however, neither are funded by the Ministry of Health. Sustainable funding to expand outreach services like these and Consumption and Treatment Services outreach where harm reduction staff can extend outreach services in the surrounding areas of their CTS, including engagement of all community members in the area, connecting people to services, overdose response, and community clean up would increase community safety and wellbeing for all while also respecting and including the leadership and expertise of people with lived and living experience.

- e. Advance the Regional Coroner's report recommendations to update Provincial regulations and sustainable funding for safer inhalation services available throughout the year, to work towards reducing deaths caused by inhalation of substances.**

²⁹ Somerset West Community Health Centre. [Drug Overdose Prevention and Education Response Team](#). Accessed October 2023.

The 2023 Regional Coroner’s Review released to Ottawa Consumption and Treatment Services partner recommended they “should work together with the Ministry of Health to put in place supervised drug inhalation services with drug testing capability at their sites, available throughout the year, codesigned with persons with lived experience of substance use, with appropriate funding.”³⁰ Further, “supervised Consumption Services in Canada that receive a federal exemption to operate must also navigate provincial and municipal legislation required to maintain public health and safety if offering inhalation as a method of consumption.”³¹ The latest provincial CTS application guidelines explicitly state that the provincially funded CTS programming does not include funding for supervised inhalation services.³² As described above, this is leaving the majority of people who smoke drugs at greater risk of overdose given the changing patterns of drug use in the years since Ottawa and its partners opened their Supervised and Consumption Treatment Services. According to the [Ontario HIV Treatment Network](#) “a safe place to smoke drugs may minimize an individual’s exposure to violence, offer protection from law enforcement, provide a place to inhale safely, foster a sense of recognition and create equity among people who smoke drugs as programs are mainly injection-focused, and engage people who smoke drugs with harm reduction services or other drug treatment options.”³³

- f. Implement the Canadian Centre on Substance use and Addiction (CCSA) call to action for grief and trauma support for people who use drugs, their family members and loved ones, harm reduction workers, and community members affected by substance use, to support people negatively impacted by the drug toxicity crisis through increased sustainable funding.**

According to the CCSA report, *Experiences of Harm Reduction Service Providers During Dual Public Health Emergencies in Canada*, “The evidence related to the effectiveness of harm reduction services has been well established, [however] many harm reduction services are under resourced and unsupported. Providers are encountering chronic, daily stress from structural factors that create a precarious and inequitable working environment. Furthermore, the nature of harm reduction work can be emotionally taxing with constant exposure to trauma and death. These factors result in harm reduction providers carrying out their daily work while burdened with grief and

³⁰ Ottawa’s Regional Coroners Office. REGIONAL CORONER REVIEW SUMMARY (OTTAWA REGION). April 07. 2023. [CONSUMPTION AND TREATMENT SERVICES: APPLICATION GUIDE](#). Page 7. October 2018.

³¹ Ontario HIV Treatment Network. [A review of supervised inhalation services in Canada](#). July 2022.

³³ Ontario HIV Treatment Network. [A review of supervised inhalation services in Canada](#). July 2022.

³³ Ontario HIV Treatment Network. [A review of supervised inhalation services in Canada](#). July 2022.

fear of further loss among their friends, family and community. A potential outcome of repeatedly witnessing these harms is the development of burnout, compassion fatigue and secondary traumatic stress.” The study’s results revealed that even when supports are available, they are often not adequate because they do not have the trauma and grief lenses necessary to respond to the complexities of harm reduction workers’ experiences. The report notes, “A failure to support the essential workforce translates to increased harms among the individuals they serve.” The CCSA calls to action include that federal, provincial and territorial governments create strategies to provide and increase sustainable funding for supporting the health of harm reduction service providers.³⁴ In discussions leading up to the development of this report, OPH has heard that such supports need to be extended to community members who witness substance use harms in their neighbourhoods daily.

In 2017, the AIDS Bereavement and Resiliency Program of Ontario (ABRPO), funded by the Ontario Ministry of Health, AIDS and Hepatitis C Programs, expanded its services to assist agency management, front line workers and peer workers to strengthen resiliency and respond to the traumatic grief of the overdose crisis. While this support continues to be needed and valued, there remains a service gap to support people who use drugs and their family members as well as for people in neighbourhoods who are also impacted by the crisis.³⁵

g. Support Ontario Health to prioritize the collection and use of sociodemographic data (SDD) to better inform equitable system and service planning.

As described above, people’s health is influenced by many factors, including factors that are at the root of a person’s wellbeing. The collection and dissemination of data on social determinants of health (SDD) will inform planning and resource allocation as partners work together on equitable solutions.

In 2018, OPH released the [Status of Mental Health in Ottawa report](#). It was through community consultations on this report that OPH heard from partners and community members that an increase in SDD data collection was needed. From those conversations OPH conducted the [Mental Health of Ottawa’s Black Community Report](#), which in turn has led to direct interventions, such as training and capacity building with faith and community leaders, [have THAT talk about Racism](#) series and more, based on

³⁴ Canadian Centre on Substance Use and Addiction. [Experiences of Harm Reduction Service Providers During Dual Public Health Emergencies in Canada](#). Page 11, 13, 45, and 56. 2022.

³⁵ AIDS Bereavement and Resiliency Program of Ontario. [Website](#). Accessed October 2023.

findings from the report. In addition, the COVID-19 pandemic further highlighted the need for SDD by showing the disproportionate impacts of the pandemic on those who faced the greatest barriers. For example, COVID-19-related hospitalization and death rates were almost 3 times higher in the least advantaged neighbourhoods compared to those with the most advantage. Additionally, throughout the pandemic self-rated health and mental health was approximately 20% lower in neighbourhoods with the lowest socioeconomic advantage compared to those with the most advantage.³⁶

Further evidence that highlights the need for SDD data is the report from the Wellesley Institute and Ontario Health titled, *Tracking COVID-19 Through Race-Based Data*. This report “demonstrates the importance of collecting and analyzing sociodemographic data – including race-based data – in the Ontario health system.”³⁷

The 3 recommendations from this report are:

1. That Ontario’s health and public health systems standardize the collection of sociodemographic data through health card registration and renewal.
2. That the health system apply anti-racist approaches to identify systemic causes of health inequities.
3. That the health system use race-based data to inform recovery efforts and address structural inequities.³⁸

OPH supports any efforts to further advance the work to collect SDD data to ensure equitable and effective system and service planning. Without SDD this important information would be missed and evaluating improvements would be a challenge.

- h. Increase sustainable funding for First Nations, Inuit and Métis Mental Health Teams, Inuit Family Health Teams, and the Ottawa Aboriginal Coalition Indigenous Mental Well-Being Strategy to enhance mental health and substance use health supports and services for First Nations, Inuit and Métis communities, including the development of new Indigenous Family Healing Lodge(s).**

In 2015, the Truth and Reconciliation Commission of Canada: Calls to Action were released. By increasing sustainable funding to First Nations, Inuit and Métis mental

³⁶ Ottawa Public Health. *State of Ottawa’s Health: 2023 Report*. Ottawa (ON): Ottawa Public Health; 2023.

³⁷ Wellesley Institute and Ontario Health. [Tracking COVID-19 Through Race-Based Data](#).

³⁸ *ibid*

health teams, family health teams, mental well-being strategies and Indigenous Family Healing Lodges the provincial government will be moving forward on calls to action laid out in this report. Specifically calls to action 18 and 22.

“18. We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.”

“22. We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.”³⁹

Through discussion and collaboration, Indigenous led organizations have identified the solutions needed for their own communities, as highlighted in this recommendation.

3. **Direct the Medical Officer of Health to share this report and data with the City’s Community and Social Services Department to inform their Community Safety and Well-Being Plan, which includes the following priority areas identified through consultation: Mental Well-Being; Housing; Financial Security and Poverty Reduction; Gender-Based Violence and Violence Against Women; Discrimination, Marginalization and Racism; and Integrated and Simpler Systems.**

An important partnership for OPH involves working in collaboration with the City of Ottawa on the development and implementation of Ottawa’s Community Safety and Well-Being (CSWB) Plan. In October 2020, City Council approved six priorities for the CSWB Plan, which are Mental Well-being; Housing; Financial Security and Poverty Reduction; Gender-based Violence and Violence Against Women; Discrimination, Marginalization and Racism; and Integrated and Simpler Systems. Based on feedback and input from the community, data, and research, the CSWB Plan is advancing strategies and actions to address these six priorities and ultimately, improve the safety and well-being of Ottawa residents.

³⁹ Truth and Reconciliation Commission of Canada. [Truth and Reconciliation Commission of Canada: Calls to Action](#). 2015.

NEXT STEPS – For moving forward with the Overdose Response Strategy

OPH will continue to advance this plan, including ongoing and needed actions to address gaps and opportunities in the community. OPH will also work with community partners toward a comprehensive common strategy, informed by data to measure progress.

RURAL IMPLICATIONS

The drug toxicity crisis has impacted residents in all areas of the City, including rural wards. As such, one of the recommendations contained in this report seeks to expand health, mental health and harm reduction services more broadly across the City's geography.

CONSULTATION

Community partners, City and internal OPH departments that impact the mental and substance use health of our community, as well as people with lived and living experience, were consulted on this report. Consultations were undertaken through formal and informal conversations. The input helped shape the recommendations, the body of the report, and the action items for future work.

LEGAL IMPLICATIONS

There are no legal impediments to implementing the recommendations outlined in this report.

RISK MANAGEMENT IMPLICATIONS

There are no risk implications for this report.

FINANCIAL IMPLICATIONS

There are no financial implications associated with this report.

ACCESSIBILITY IMPACTS

There are no direct accessibility impacts associated with this report.

ALIGNMENT WITH OTTAWA PUBLIC HEALTH STRATEGIC PRIORITIES

This report directly aligns with Ottawa Public Health's 2023-2027 Strategic Plan and provides updates and next steps that will support Goal 3 Promote Wellbeing and Reduce Harms.

SUPPORTING DOCUMENTATION

Document 1 – Proposed framework for the updated Overdose Response Strategy

Document 2 – Key highlights of ongoing and evolving community actions to respond and prevent overdoses

Document 3 – Infographic from the Mental Health, Addictions and Substance Use Health Community dashboard data (EN)

Document 4 - Infographie du tableau de bord communautaire de la santé mentale, des dépendances et de la santé liée à l'utilisation de substances (FR)

DISPOSITION

Following Board approval, OPH staff will support the Chair in writing to the provincial Ministers, as directed in recommendations 2.