

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
14 April 2025 / 14 avril 2025**

**Submitted on March 7, 2025
Soumis le 7 mars 2025**

**Submitted by
Soumis par:**

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Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE File Number: ACS2025-OPH-HPP-0002

SUBJECT: Update on Ottawa's Overdose Prevention and Response Strategy

**OBJET: Mise à jour sur la stratégie de prévention et d'intervention en cas de
surdoses d'Ottawa**

REPORT RECOMMENDATIONS

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

- 1. Receive for information an update on the collaborative efforts to advance Ottawa's Overdose Prevention and Response Strategy throughout 2024 as well as key priorities in 2025; and**
- 2. Request the Chair of the Board of Health to write a letter to the Ontario Minister of Health recommending that they:**

- a) **Continue to explore, expand, and sustainably fund innovative solutions to the toxic drug crisis and related health and social issues in acute care and community settings, including ensuring a well-funded, supported workforce in alignment with the initiatives outlined in this report;**
 - b) **Support health and social service sectors to effectively track and disseminate mental health, addictions and substance use health data as discussed in the Office of the Auditor General of Ontario performance audit “Implementation and Oversight of Ontario’s Opioid Strategy”;**
 - c) **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 the new Indigenous Family Healing Lodge, the Inuit Violence Against Women Shelter and the Aging Out Initiative; and**
3. **Direct the Medical Officer of Health to share this report and the accompanying documents with relevant City departments to inform their plans and strategies that either directly or indirectly impact the toxic drug crisis, including the Community Safety and Wellbeing Plan and the 10-year Housing and Homelessness strategy.**

RECOMMANDATIONS DU RAPPORT

Que le Conseil de santé du Bureau de santé de la Ville d’Ottawa :

1. **Reçoive, à titre d’information, une mise à jour sur les efforts de collaboration visant à faire progresser la Stratégie de prévention et d’intervention en cas de surdose d’Ottawa tout au long de 2024 ainsi que sur les principales priorités en 2025 ; et**
2. **Demander au président du Conseil de santé d’écrire une lettre au ministre de la Santé de l’Ontario pour lui recommander de :**
 - a. **continuer d’explorer, d’élargir et de financer de manière durable des solutions novatrices à la crise des drogues toxiques et aux problèmes de santé et sociaux connexes dans les établissements de soins de courte durée et les milieux communautaires, y compris en veillant à ce que la main-d’œuvre soit bien financée et soutenue, conformément aux initiatives décrites dans le présent rapport ;**

- b. **Aider les secteurs de la santé et des services sociaux à suivre et à diffuser efficacement les données sur la santé mentale, les dépendances et la consommation de substances, comme indiqué dans l'audit de performance du Bureau du vérificateur général de l'Ontario intitulé "Mise en œuvre et surveillance de la Stratégie ontarienne de lutte contre les opioïdes" ;**
 - c. **Augmenter le financement durable des équipes de santé mentale des Premières Nations, des Inuits et des Métis, des équipes de santé familiale des Inuits et de la Stratégie pour le bien-être mental des Autochtones de la Coalition autochtone d'Ottawa afin d'améliorer les soutiens et les services de santé en santé mentale et en toxicomanie pour les communautés des Premières Nations, des Inuits et des Métis, y compris la création du nouveau Pavillon de ressourcement familial autochtone, du Refuge pour les femmes de sexe des Inuits et de l'Initiative de vieillissement ; et**
- 3. Demander au médecin hygiéniste de partager ce rapport et les documents qui l'accompagnent avec les services municipaux concernés afin d'éclairer leurs plans et stratégies qui ont une incidence directe ou indirecte sur la crise des drogues toxiques, y compris le Plan de sécurité et de bien-être communautaires et la Stratégie de logement et de lutte contre l'itinérance sur 10 ans.**

BACKGROUND

In September 2021, the BOH received a report that built on many previous reports focusing on mental health, addictions and substance use health including harm reduction, titled [Ottawa Public Health's 2019-2022 Strategic Plan: Strategic Priority Relating to Mental Health and Substance Use Health](#). This report highlighted new and existing issues that had been made worse by the pandemic, including the increasingly toxic drug supply. The report emphasized the need for a cross sectoral and cross governmental approach to address this issue and included recommended solutions. In November 2023 the BOH received the [report on Ottawa's Updated Overdose Prevention and Response Strategy](#). The strategy was established in collaboration with the Overdose Prevention and Response Task Force (ODPRTF) as well as other key partners. The ODPRTF is comprised of individuals and organizations representing various sectors, including people with lived and living experience and expertise, community health and social service providers, hospitals, pharmacies, emergency

services (e.g., police, paramedics, fire), mental health, addictions and substance use health service providers, the regional coroner's office, along with Ottawa Public Health. The [strategy](#) is a comprehensive seven-pillar approach to address the multifaceted challenges posed by the toxic drug supply and the overdose crisis as well as the need to promote substance use health, improve overall wellbeing, and ensure access to safe, affordable, and supportive housing. 2024 saw different challenges and opportunities that led to interventions across all seven pillars of the strategy.

In addition to the ongoing efforts of health and social service sector partners to address the toxic drug crisis, there has been an evolution of partnerships and work with Community Associations and Business Improvement Areas. Advancements in this work have led to constructive engagement to better understand the community impacts that have been experienced, including an increase in loitering, public drug use and other social disorder in their neighbourhoods and witnessing traumatic events such as people experiencing overdoses. Important examples include regular engagement at community association meetings, seeking valuable input during the enhanced surveillance taking place during the service disruption at two of Ottawa's Consumption and Treatment Service (CTS) locations, and the collaborative development of the Business Support Toolkit.

There have been many existing and new initiatives advancing this work which are highlighted in this report and the supporting documents. However, there continues to be an urgent need for additional supports to more effectively address the ongoing toxic drug supply and the interconnections between a lack of safe, supportive and affordable housing, poverty, trauma, and additional harms that people can experience from substance use. The changing landscape of the Somerset West Community Health Centre (SWCHC) CTS closure, expansion of the availability of alcohol, the need for a sustainable funding model for all forms of accessible and appropriate treatment, and the overarching need for safe, affordable and supportive housing all present public health issues and gaps that need to be addressed. This report will outline evidence-based actions that are being taken to combat the toxic drug crisis and promote wellness as well as provide recommendations by experts that clearly define further actions that are needed to address these complex issues.

Current local data

Recent data underscores the urgency of this crisis, with the emergence of fentanyl and other novel drugs in the unregulated drug supply changing the complexity of this issue.

Data from the local CTS services in Ottawa shows that in 2021 dilaudid/hydromorphone was the most frequently consumed substance, but by 2022 and all following years, fentanyl took the lead.¹ The high potency of fentanyl greatly increases the risk of overdose and the accompanying harms that include brain injuries and death.² The number of confirmed opioid-related deaths among Ottawa residents increased rapidly in early 2020 and has not returned to pre-pandemic levels, with the highest number of opioid overdose deaths occurring in the first quarter (January-March) of 2023.³ The most current data on opioid overdose deaths is in line with what is being seen across North America with a decrease from the peak in 2023. While this is a reason for hope, the number of opioid overdose deaths in 2024 continues to be higher than pre-pandemic levels, when we were already experiencing a crisis. This decrease provides more evidence for why there needs to be sufficient and sustainable funding to ensure that existing efforts to address the ongoing crisis can be maintained and new initiatives can begin to support continued progress.

The landscape of overdose harms has been shifting. Since 2018, there has been a notable rise in overdose deaths among individuals inhaling rather than injecting substances and an increase in opioid deaths with stimulants and benzodiazepines as a contributing factor.⁴ CTS services have reversed a significant number of overdoses over the past several years in Ottawa (5,041 from January 2021 to September 2024).⁵ In addition, CTS staff have been increasingly responding to overdoses occurring outdoors, nearby their sites, with a total of 1,169 outdoor overdose responses from January to

¹ Ottawa Public Health. Mental Health, Addictions and Substance Use Health Community Dashboard. Taken from the Additional information on supervised consumption and treatment services in Ottawa: Substances consumed graph. Data Source: Monthly Health Canada Reports from Ottawa Public Health, Somerset West Community Health Centre, Sandy Hill Community Health Centre and Ottawa Inner City Health. Ottawa, ON. Last updated March 2025.

² NIDA. 2021, June 1. Fentanyl DrugFacts. Retrieved from <https://nida.nih.gov/publications/drugfacts/fentanyl> on 2025, February 21

³ Ottawa Public Health. Mental Health, Addictions and Substance Use Health Community Dashboard. Taken from the Opioid related deaths among Ottawa residents by quarter graph. Data Source: Opioid Investigative Aid Report, 2024. Ottawa, ON. Last updated December 2024.

⁴ Office of the Chief Coroner. Opioid and Stimulant Toxicity Deaths in Ottawa, 2018 to 2024 (Q1) slide and Other Substances Involved in Opioid Toxicity Deaths in Ottawa, 2018-2024 Q1 slide CME webinar series with the University of Ottawa and Ottawa Public Health. Ottawa's Updated Overdose Prevention and Response Strategy, Suicide Prevention and Post Suicide Response. Data effective September 19, 2024.

⁵ Ottawa Public Health. Mental Health, Addictions and Substance Use Health Community Dashboard. Taken from the Additional information on supervised consumption and treatment services in Ottawa: Overdose and emergency intervention graph. Data Source: Monthly Health Canada Reports from Ottawa Public Health, Somerset West Community Health Centre, Sandy Hill Community Health Centre and Ottawa Inner City Health. Ottawa, ON. Last updated March 2025.

September, 2024.⁶ With the closure of one of the four consumption sites, a gap has been created for people who access these lifesaving services, exacerbating the existing disparity in service for this population and placing additional pressure on existing CTS services and surrounding neighbourhoods.⁷ Adding to the complexity is the co-occurring housing crisis. Nearly 20% of people who died of an accidental opioid poisoning in 2023 were experiencing homelessness.⁸ In addition, the 2024 Point in Time survey found that 49% of respondents stated a need for supporting housing services, 46% need food security supports and 33% need mental health supports.⁹ For more fulsome evidence on the current local context related to this issue see supporting document 1.

DISCUSSION

In November 2023, Ottawa Public Health (OPH), in collaboration with the Overdose Prevention and Response Task Force and other key partners, expanded and updated Ottawa's Overdose Prevention and Response Strategy. The strategy now features a comprehensive seven-pillar framework grounded in a public health approach to substance use health, with an overarching focus on the urgent need for safe, affordable, and supportive housing. This report aims to provide the Board of Health with an update on the progress of this enhanced strategy, urgent needs and gaps that require addressing and key priority focus areas in 2025.

Recommendation 1: Receive for information an update on the collaborative efforts to advance Ottawa's Overdose Prevention and Response Strategy throughout 2024 as well as key priorities in 2025.

This past year saw the implementation of many new initiatives to further Ottawa's Overdose Prevention and Response Strategy across all seven pillars. Important elements included the launch of the new ANCHOR program in Centretown (alternative neighbourhood crisis response) as part of the City of Ottawa's Community Safety and Wellbeing Plan, expansion of the Ontario Naloxone Program to include all Emergency Departments across Ottawa, and increased collaboration between the health and housing sectors to ensure better integration of these two sectors and advance the need

⁶ Monthly Health Canada Reports from Ottawa Public Health, Somerset West Community Health Centre, Sandy Hill Community Health Centre and Ottawa Inner City Health. Ottawa, ON.

⁷ Ahmed M. Bayoumi; Michelle Wu; Frances Pogacar; Tianru Wang; & Tara Gomes. Ontario Drug Policy Research Network and MAP Centre for Urban Health Solutions publication. Estimating the Effects of Closing Supervised Consumption Sites in Toronto. Toronto, ON.

⁸ Ottawa Public Health. Mental Health, Addictions and Substance Use Health Community Dashboard. Taken from the Accidental opioid-related deaths by living arrangement graph. Data Source: Opioid Investigative Aid Report, 2024. Ottawa, ON. Last updated December 2024.

⁹ City of Ottawa. 2025. 2024 Ottawa Point-In-Time Count: Infographic. Ottawa, ON.

to embed healthcare within supportive housing. Below is a table that provides an example of 2024 key activities for each of the seven pillars. For a more detailed understanding of this critical work and its impacts please refer to supporting document 2.

Pillar	Lead Agency	2024 Key Activity Example
Prevention across the lifespan	OPH	Launched a free, 9-week, group-based Cognitive Behavioral Therapy (CBT) program for people who are expecting or have a child (birth or adoption) to promote positive mental health.
Stigma reduction	OPH, Pinecrest Queensway CHC (PQCHC) and other agencies	Integrated the <i>Stigma: How you can impact change</i> e-learning modules into staff training requirements to build staff capacity and reduce stigma.
Harm reduction	Ottawa Inner City Health (OICH), Sandy Hill Community Health Centre (SHCHC), OPH, SWCHC	Provided drug checking services through onsite community-based drug checking services and take-home drug testing kits to reduce overdoses from the local toxic unregulated supply.
Co-ordinated access to treatment and services	SWCHC, Ottawa Health Team- Équipe Santé Ottawa, Ottawa Community Housing (OCH), Ottawa Salus Corporation and OICH, the City of Ottawa and others. PQCHC, Ottawa West 4 Rivers OHT MHASUH Action Team and other	Submitted a transition plan for the SWCHC CTS service to a Homelessness, Addiction and Recovery Treatment (HART) hub and an application for the West Ottawa HART hub to support people experiencing complex health and social issues related to addictions and substance use health. This HART hub is led by Pinecrest Queensway Community Health Centre with Ottawa West Four Rivers Ontario Health Team (OHT) as the supporting OHT. Both Ottawa HART hub applications have been approved by the Province and are currently in development at the time of writing this report.

	community partners.	
Community Safety and Wellbeing	Ottawa Police Services	Implemented the Community Outreach Response and Engagement (CORE) Strategy in the ByWard Market neighbourhood and Rideau Street area to enhance public safety and community engagement in Ottawa's downtown core.
Cluster and Response Strategy	The Overdose Prevention and Response Task Force	Increased availability and reach of timely information related to the toxic drug supply through the publicly available drug alert system found on StopOverdoseOttawa.ca.
Data and Surveillance	OPH	Maintained and ensured knowledge mobilization of the Mental Health, Addictions and Substance Use Health Community Dashboard to inform actions for system and service planning and identify needs, gaps and funding opportunities.

In 2025, efforts to prevent harms and promote wellness under Ottawa's Overdose Prevention and Response Strategy will continue to address the toxic drug crisis through a multi-faceted, community-driven approach. Key priorities include expanding overdose prevention initiatives, improving the patient experience in acute care settings (e.g. pathways into community care), enhancing outreach efforts and coordination which includes improving access to treatment and safer spaces, advancing stigma reduction efforts and strengthening data and surveillance. These 2025 priority areas align with evidence and proposed solutions put forward by service delivery partners, people with lived and living expertise and community associations. The priority areas reflect the need to increase and co-ordinate outreach efforts to truly meet people where they are at, providing a wide range of immediate lifesaving services including overdose prevention and response as well as providing basic necessities and connections into spaces that offer wrap-around services. For a more detailed report on the 2024 key activities and 2025 priorities see supporting document 2.

Recommendation 2: Request the Chair of the Board of Health to write a letter to the Ontario Minister of Health recommending that they:

- a) **Continue to explore, expand, and sustainably fund innovative solutions to the toxic drug crisis and related health and social issues in acute care and community settings, including ensuring a well-funded, supported workforce in alignment with the initiatives outlined in this report;**

The urgency of the toxic drug crisis demands bold, well-supported interventions that address its complexity and intersection with mental health, substance use health, and critical social determinants of health—particularly the lack of safe, supportive and affordable housing. The complexity of the toxic unregulated drug supply continues to strain existing efforts to combat this crisis, and further steps need to be taken. Progress has been made over the past year, with examples like the Substance Use Disorder Integrated Care Pathway, led by the Mental Health and Addictions Centre of Excellence under Ontario Health. The Ottawa Hospital (TOH), in partnership with numerous community organizations, has been selected as a Phase 1 early adopter site for this initiative. This work will improve access to standardized, evidence-informed, trauma-informed, and compassionate care for people who use substances in acute care settings while strengthening connections to community-based substance use health services. Evidence has shown us that many people who died from a substance related toxicity had a recent encounter with the healthcare system.¹⁰ This provides even more strength to the already clear need to ensure this initiative is effective in the long term, by providing sustained funding for both acute care and community settings. Additionally, this work must be rapidly scaled across the region and the rest of Ontario, incorporating critical components such as opioid agonist therapy (OAT) initiation in hospitals, as highlighted in the recent Auditor General’s report on the “Implementation and Oversight of Ontario’s Opioid Strategy”.¹¹

The response received from the Minister of Health following OPH’s previous report in November 2023 stated that the Province of Ontario has increased supports to Rapid Access Addiction Medicine clinics, Youth Wellness Hubs and increased the use of OAT including in hospital settings. While we commend these investments made by the province, to see impactful change on the issues outlined in this report there needs to be

¹⁰ Hamzat B, Gomes T, Leece P, Boyd R, Kolla G, Bozinoff N, Franklyn M, Ledlie S, Garg R, Shearer D, Singh S, Wang T, Yang J, Schneider E, Smoke A, Doucette T-D, Newcombe P, Regehr T, on behalf of the Ontario Drug Policy Research Network and Ontario Agency for Health Protection and Promotion (Public Health Ontario). Healthcare Utilization and Clinical Comorbidities among People Who Died of a Substance-Related Toxicity Death in Ontario. Toronto, ON: Ontario Drug Policy Research Network; 2024.

¹¹ Office of the Auditor General of Ontario. Annual Report 2024. Performance Audit: Implementation and Oversight of Ontario’s Opioid Strategy. Pages 33 and 34.

sufficient sustainable funding to maintain and expand the efforts required to combat this crisis.

Equally important to supporting the acute care setting, is ensuring that community-based mental health, addictions, and substance use health services—alongside social service providers—receive the appropriate and sustainable funding they need to develop and expand innovative solutions. The announcement of two Homelessness and Addiction Recovery Treatment (HART) hubs in Ottawa is a positive step forward in providing support for individuals facing complex challenges. However, gaps persist in delivering the wraparound services across the spectrum of substance use that is needed to meet people where they are at, both in terms of their physical location and their individual journey to achieve wellness. This means ensuring that healthcare, and other essential services are not only geographically accessible across the city, but also responsive to the diverse needs of individuals. Some people may not be ready to access treatment but still require healthcare and supports that reduce the harms associated with substance use, reinforcing the need for a comprehensive, person-centered approach.

For example, HART hubs will provide “a mix of services that could include primary care, mental health and addictions services, social services and employment support, shelter and transition beds, as well as other supplies and services (such as naloxone, showers and food).” The HART Hubs will not provide some key harm reduction services such as supervised consumption services or needle exchange programs.¹² As cited previously, the lack of CTS services will worsen existing disparities in services for people who use drugs.¹³ In addition, there is evidence that shows that increased availability of needle and syringe programs (NSP) leads to a decrease in re-using or sharing of needles which causes harms such as infections and the spread of blood borne illnesses. Additionally, the availability of NSP was also associated with the proper disposal of used needles and syringes.¹⁴

The closure of the CTS at SWCHC leaves a critical gap in life-saving services and connections to wraparound care for those who rely on them. Consultations with

¹² Office of the Auditor General of Ontario. Annual Report 2024. Performance Audit: Implementation and Oversight of Ontario’s Opioid Strategy. Page 25.

¹³ Ahmed M. Bayoumi; Michelle Wu; Frances Pogacar; Tianru Wang; & Tara Gomes. Ontario Drug Policy Research Network and MAP Centre for Urban Health Solutions publication. Estimating the Effects of Closing Supervised Consumption Sites in Toronto. Toronto, ON.

¹⁴ Public Health Ontario. May 2024. Unlimited versus Restrictive Distribution Policies in Needle and Syringe Programs: Rapid Review. Toronto, ON.

community members and service providers have identified pressing gaps, needs, and interventions to support people experiencing harms from this complex crisis while also addressing the broader impact on communities and neighbourhoods including concerns voiced by residents that this closure will lead to an increase in problems in neighbouring communities.¹⁵

A sustainable, multi-sectoral, and multi-governmental response is needed to implement long-term, well-funded solutions across all seven pillars of the Overdose Prevention & Response Strategy. Central to this is the urgent need for safe, affordable, and supportive housing. In the immediate term, expanding coordinated outreach services that connect people to safer spaces and wraparound supports—including treatment that is available when and where people need it—has been highlighted as a priority. The outreach teams will include people with lived and living expertise, ensuring that their expertise is embedded in finding solutions and improving the safety of communities for everyone.¹⁶

This includes improving safety for residents in neighborhoods affected by the toxic drug crisis, where increased social disorder and exposure to distressing and even traumatic events, such as public drug use and the suffering of individuals experiencing a mental health or substance use health crises, have led to people feeling unsafe in their neighbourhoods. As a result, some businesses have chosen to relocate. Addressing these challenges requires sufficient and sustained funding to implement and maintain solutions developed by those most directly impacted by the crisis.

Promising advancements have been made in 2024, including successful provincial and federal funding proposals put forward for two separate but interconnected initiatives that are focused on improving outreach efforts and connections to safer spaces. The projects include the “Downtown Safety Outreach partnership” co-design project lead by the Community and Social Services Department (CSSD) at the City of Ottawa and the “Urgent Connections: Collaborative Outreach and Connections to Safer Spaces to Combat Ottawa’s Toxic Drug Crisis” project, a collaboration between OPH, CSSD and nine community partner agencies. However, these remain time-limited, and without sustainable funding, the ability to effectively meet community needs is compromised.

¹⁵ Ottawa Public Health. 2024. Enhanced Surveillance Report due to CTS service disruption: March to June 2024 – Summary report. Ottawa, ON.

¹⁶ Crime Prevention Ottawa & Sandy Hill Community Health Centre. 2022. Creating a Safer Downtown for All: Improving services for people who use drugs: Final report. Ottawa, ON.

Sustained investment in the health and social services sector is also essential to addressing ongoing workforce challenges. Without adequate funding, organizations struggle to offer competitive wages, provide necessary training, and equip staff with the tools they need—leading to burnout, low morale, and the loss of skilled professionals. The National Standard for Psychological Health and Safety in the Workplace outlines key factors for maintaining a safe and healthy work environment, including fair financial compensation and access to training and resources.¹⁷ These are essential to ensuring a stable and resilient workforce capable of responding to the crisis.

While 2024 has seen promising advancements, significant gaps remain. Addressing this crisis requires not only the expansion of innovative and evidence-informed interventions but also the sustained funding necessary to make these solutions viable and impactful. Without this, we risk harmful setbacks at a time when action continues to be urgently needed. For further evidence and rationale to support this recommendation see supporting documents 1 and 3.

b) Support health and social service sectors to effectively track and disseminate mental health, addictions and substance use health data as discussed in the performance audit “Implementation and Oversight of Ontario’s Opioid Strategy”.

OPH has heard from key partners across different sectors that effective data collection and dissemination is what is needed to drive effective decisions and actions. As outlined in the recent Auditor General’s report, “poor data tracking made it challenging to accurately plan, monitor and improve addictions services.”¹⁸ OPH suggests that the Mental Health, Addictions and Substance Use Health (MHASUH) Community dashboard be used as a relevant model for data collection and dissemination. The MHASUH Community Dashboard, launched in November 2023, is a vital tool used to understand and address the complex mental health, addictions, and substance use challenges faced by Ottawa residents. Developed in collaboration with over 45 community partners, including individuals with lived and living expertise, the dashboard centralizes data to support community-driven actions aimed at improving health outcomes.

¹⁷ CSA Group & Bureau de normalisation du Québec. 2013, reaffirmed 2022. National Standard of Canada: Psychological Health and Safety in the Workplace – prevention, promotion and guidance to staged implementation.

¹⁸ Office of the Auditor General of Ontario. Annual Report 2024. Performance Audit: Implementation and Oversight of Ontario’s Opioid Strategy. Page 3.

This tool integrates diverse data sources and adopts a truly collaborative approach by incorporating health and social service partner data from 12 participating organizations. By providing regularly updated, local data, it enables professionals and community partners to identify service gaps, address systemic barriers, and prioritize equity in planning.

With the toxic drug and overdose crisis and the growing complexity of mental health challenges in Ottawa and across the province, this dashboard serves as a practical model for leveraging collective expertise to drive effective interventions. Its integration with Ottawa's Overdose Overview tool further enhances its value by providing timely insights into overdose trends.

This tool is currently being used by many partners to identify gaps, plan for services, influence the health and social care systems, apply for various funding opportunities and evaluate impact. Its focus on regularly updated, local data for mental health and substance use health, combined with the insights it provides into service utilization, barriers and root causes, makes this tool particularly valuable as a model for others to follow. OPH is happy to provide knowledge mobilization on this initiative similar to what was recently presented at The Ontario Public Health Conference.

Ontario Health, the provincial health agency, is well-suited to fill this identified gap for improved data collection and dissemination across the province. Ontario Health's Mental Health Centre of Excellence continues their efforts to better support the health care system through improved data collection and dissemination. They have been working to advance the data and digital initiative as laid out by Ontario's Roadmap to Wellness to improve system and service planning. We commend the efforts to date and encourage further support for Ontario Health to effectively track and disseminate mental health, addictions and substance use health data as they continue to implement their data and digital initiative province wide.

- c) **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 the new Indigenous Family Healing Lodge, the Inuit Violence Against Women Shelter and the Aging Out Initiative.**

This recommendation comes directly from First Nations, Inuit and Metis leaders. These partners know what is needed to improve the well-being of their own communities and have identified what supports are required from the Provincial government. For further evidence to support this recommendation, including the alignment with the Truth and Reconciliation Calls to Action, review supporting document 3.

Recommendation 3: Direct the Medical Officer of Health to share this BOH report and the accompanying documents with relevant City departments to inform their plans and strategies that either directly or indirectly impact the toxic drug crisis, including plans and strategies such as the Community Safety and Wellbeing Plan and the 10-year Housing and Homelessness strategy.

There are many organizations and service providers within Ottawa in addition to Ottawa Public Health that work diligently to address the toxic drug crisis as well as to prevent harms and promote wellness. These collaborative efforts are also being undertaken by partners within the city of Ottawa, including the Community and Social Services Departments that are responsible for the Community Safety and Wellbeing Plan and the 10-year Housing and Homelessness strategy. These plans seek to improve the lives of people living in Ottawa across many cross-cutting areas such as the promotion of mental wellbeing, improvement in integrated systems and ensuring that people have access to safe, affordable and supportive housing. As such, the Medical Officer of Health will share this report and accompanying evidence with external partners to further strengthen the collaborative efforts to collectively tackle these complex and interconnected issues.

RURAL IMPLICATIONS

The drug toxicity crisis has impacted residents in all areas of the city, including rural wards. OPH supports advancements being made to increase services that will support residents in rural wards such as the West Ottawa HART hub. OPH will continue to work collaboratively with our many partners through funding proposals, advancing evidence, program and service planning and influencing system level change to ensure that services and resources are available where and when people need them.

CONSULTATION

The actions, priorities and recommendations within this report are based on evidence and recent consultation and engagement activities. Examples include the enhanced surveillance during CTS service disruption, the solicitor general application as part of the “Ottawa New Deal Continuing to Deliver for Eastern Ontario” agreement with the

province, development and launch of the ANCHOR program, the recent update to Ottawa's Overdose Prevention and Response strategy and recent letters shared with different levels of government from local community associations. These consultations ensured engagement from health and social service provider partners, people with lived and living expertise, neighbourhood associations and business representatives. During the development of this report OPH worked with the Overdose Prevention and Response Task Force on the recommendations. Additionally, partner agencies who have work represented within the report were contacted directly to ensure proper and correct representation.

LEGAL IMPLICATIONS

There are no legal impediments to the recommendations of this report.

RISK MANAGEMENT IMPLICATIONS

There are no risk management implications for this report.

FINANCIAL IMPLICATIONS

There are no financial implications associated with the recommendations in this report.

ACCESSIBILITY IMPACTS

There is no direct accessibility impacts related with this report.

ALIGNMENT WITH OTTAWA PUBLIC HEALTH STRATEGIC PRIORITIES

Ottawa Public Health (OPH) is one of many organizations in Ottawa with a role to play in addressing mental health, addictions, and substance use health (MHASUH). OPH's efforts in this area aligns with Goal 3 of its 2023–2027 Strategic Plan, which focuses on advancing innovative and comprehensive approaches to promote mental health and substance use health while reducing stigma; and decreasing harms associated with substance use, addictions, and suicides across the lifespan. Key priorities include preventing overdoses and suicides through collective action and implementing targeted prevention strategies across the lifespan to strengthen protective factors and promote long-term wellness. A crosscutting priority is reducing stigma, a persistent barrier to care, by fostering inclusive, supportive environments.

SUPPORTING DOCUMENTATION

Document 1 – Current local evidence to inform Ottawa’s ODP&R Strategy

Document 2 – ODP&R Strategy 2024 key activities and 2025 priorities

Document 3 – Recommendation 2 supporting evidence

DISPOSITION

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