Document 3: Supporting Evidence for Recommendation 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.**

There is strong evidence highlighting the urgent need for innovative solutions across the full spectrum of substance use to address the toxic drug crisis and its related challenges.

- In their position statement on the Public Health Approaches to the Toxic Drug Crisis, the Canadian Public Health Association (CPHA) "affirms that a comprehensive range of evidence-based prevention, harm reduction, treatment and recovery interventions along with policy measures are necessary to address the full scope of the current toxic drug crisis and the various populations at risk. Each of these measures has its distinctive place in preventing and mitigating harms. No measure can substitute for any other, and none can be rejected while upholding the foundational commitment to value equally the lives of all persons in Canada".[i] Ottawa's Overdose Prevention and Response Strategy includes a seven-pillar framework based on a public health approach to substance use health. It addresses co-ordinating access to treatment and services across the mental health, addictions, substance use health and social services sectors, including culturally appropriate care. However, it is important to note that there is an "inaccurate premise that recovery will be a lasting outcome to treatment. In reality, substance use disorder is a chronic and relapsing condition that often requires many attempts to treat, and that requires the ongoing availability of harm reduction options in case remission turns into relapse".[ii]
- The first recommendation in the Auditor General's (AG) Report on the Implementation and Oversight of Ontario's Opioid Strategy also asserts the importance of a "holistic strategy including all best practices targeted at addressing the current drivers of the opioid crisis, reducing opioid-related harms, and preventing opioid addiction and overdose"[iii].In planning transitioning to new Homelessness and Addictions Recovery Treatment (HART) Hubs, the Auditor General of Ontario reinforces the significance of "deploying public health measures in areas where supervised consumption sites are closing [...] working with providers to support CTS [Consumption and Treatment Service] users being impacted by any closure of a CTS site [...] and engaging with all relevant stakeholders".[iv]

A key role of public health is to monitor the health of people in Ottawa and as such Ottawa Public Health recently provided enhanced surveillance during the service disruption of partner Consumption and Treatment Services. This surveillance provided a unique insight into what the experiences were for the community during the service disruptions including an increase in open substance use in public spaces, increased overdoses in outdoor spaces, discarded paraphernalia and public disorder. Also, this surveillance has helped inform recommendations to address these impacts.

Recommendations are as follows:

- Increase outreach services to connect people to necessities, provide people with supplies that reduce harms such as naloxone and drug consumption gear, keep public areas free of drug paraphernalia, connect people to health and social services and to respond to an increase in overdoses in public spaces;
- Ensure outreach workers have appropriate trainings such as trauma-informed care, crisis intervention and strength-based approaches to de-escalation;
- Ensure additional safe spaces, including outdoor spaces, where people can gather and connect;
- Ensure people have access to basic necessities such as water, food, shelter and washroom facilities;
- Continue efforts with partners in a collective response to increase social and emergency services in affected areas;
- Connect with remaining service providers and ensure they are not overwhelmed and develop a plan to manage increased visits from clients and experiment with flexible staffing models among different sites to offer services on weekends and/or extended hours during weekdays.[v]

People who use drugs, whether they utilize CTS services or not, need to be provided with access to comprehensive care (wraparound services), as many would benefit from services such as primary care, counselling and social supports to address co-occurring mental health and other health-care needs.

- The Auditor General recommends that Opioid Agonist Treatment (OAT) providers offer wraparound services to their clients, in efforts to bridge care gaps and align with best practices. Despite this guidance, "OAT is primarily delivered in clinics offering medication, with no or limited other services".[vi] OAT is an evidence-based and effective treatment for opioid addiction, however, access remains limited, especially in Northern remote, rural and Indigenous communities, as well as in emergency departments and primary care settings.[vii] In fact, "the number of OAT users in Ontario increased by only 3% from 2019 to 2023, despite known treatment benefits"[viii] and "the availability of OAT in primary care settings and emergency departments has remained low, despite opioid overdoses often resulting in visits to these settings [...] There is limited access to OAT in primary care settings. Of the review of Provincial prescription data of people who received OAT in 2023/24, almost 70% did not have a family doctor or primary care provider, indicating that many of them lacked ongoing comprehensive care". [ix]

- We need to 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. A recent report prepared by the Ontario Drug Policy Research Network (ODPRN) and Public Health Ontario (PHO) described healthcare patterns before substance-related toxicity deaths in Ontario. In the week before death, 30% had a healthcare encounter, 1 in 12 received outpatient services from a primary care provider and 1 in 7 had contact in a hospital setting. The high amount of recent healthcare encounters highlights missed opportunities to support people who use drugs. Additionally, in the week before death, 1 in 10 people visiting the emergency department left before medically advised, and 1 in 4 people admitted to hospital left before medically advised. This could suggest barriers to care among people who use drugs.[x] "Over three-quarters of people who died of a substance-related toxicity had a healthcare encounter for a mental-health diagnosis in the past 5 years prior to death across all contributing substance(s)".[xi]
- Additionally, a supported and well-funded workforce is essential to combat the toxic drug crisis. As noted by the Canadian Centre on Substance Use and Addiction (CCSA) "As we must focus on the growing needs for substance use health and mental health in the general population [since the COVID-19 pandemic], we must consider the measures needed to retain and strengthen the mental health and substance use health workforce [...] In doing so, we can improve the health outcomes of people using these services and those providing them [...] 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 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 [...] A failure to support the essential workforce translates to increased harms among the individuals they serve and can ultimately cascade to take a toll on the healthcare system."[xii] In 2022, CCSA concluded that "sustainable and reliable federal, provincial and territorial funding for harm reduction services, closely linking them to physical, psychological and social support services, will increase access and better meet the needs of those using substances and those providing harm reduction services".[xiii]

Ottawa's Overdose Prevention and Response Strategy has an overarching focus on the imperative need for safe, affordable, and supportive housing. 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—particularly the lack of safe, supportive and affordable housing. One intervention that would improve the health and wellbeing of people is to improve access to health care within housing.

- "In 2020, the City of Ottawa declared a housing and homelessness emergency. Since then, the city and our residents continue to face challenges with housing

affordability and shelter access. At the same time, there is increased access to a toxic drug supply, with limited pathways to sustained treatment and counselling to address root cause, resulting in increased overdose deaths and mental health and addictions issues, with more public substance use also increasing in the last few years. Neither of these crises can be solved in isolation, as the root causes of these issues are complex and intertwined. Many residents face significant challenges in accessing adequate housing with appropriate health and social supports. The lack of coordinated health, social and housing services, and funding, which occurs at all levels of government, often causes members of our community to cycle through homelessness [...] The wrong care in the wrong place is costly in many ways, including hospitals and municipalities when people are placed in an Alternative Level of Care and cannot transition out of hospital and when people cycle through shelters and homelessness, as well as engage with police and paramedics at increased rates [...] Local data indicates that access to primary care was the greatest predictor of housing stability after 24 months for people who were chronically unhoused".[xiv]

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".**

In the Auditor General of Ontario report, it was found that "poor data tracking made it challenging to accurately plan, monitor and improve addictions services."[xv]

- The Ministry of Health put in place the Mental Health and Addictions Centre of Excellence (MHA CoE) as part of the Roadmap to Wellness in 2020. As part of the strategy the MHA CoE has the direction to develop a data and digital initiative to improve data collection on provincial mental health and addictions.
- Validated and standardized data can help identify current service gaps, inform planning and improve, service provision and evaluation.
- The Auditor General made the recommendation to "work with MHA CoE on improving the provincial mental health and addictions data in order to assess the needs, availability, and effectiveness of service for people with opioid addiction and co-occurring mental health issues:[xvi]

The CPHA also cites the need to better support research and data collection to drive actions calling "on the federal government to support greater research and disaggregated data collection on population groups differentially affected by the toxic drug supply crisis, in order to inform targeted and culturally appropriate forms of harm reduction and treatment".[xvii]

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 VAW Shelter and the Aging Out Initiative.

In 2015, the Truth and Reconciliation Commission of Canada (TRCC): Calls to Action were released. By increasing sustainable funding to First Nations, Inuit and Métis mental 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."[xviii]

> "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."[xix]

The CPHA supports a public health approach to achieve health for all. It aligns with the need to adopt culturally appropriate practices for meaningful relationship-building with Indigenous Peoples.

- A public health approach to maintaining and improving the health of populations is based on the principles of social justice, attention to human rights and equity, evidence-informed policy and practice, and addressing the underlying determinants of health. Such an approach places health promotion, health protection, population health surveillance, and the prevention of death, disease, injury and disability as the central tenants of all related initiatives. It also means basing those initiatives on evidence of what works or shows promise of working. It is an organized, comprehensive, and multi-sectoral effort".[xx]
- The recommendation put forward in this Board of Health report is developed by First Nations, Inuit, and Métis leaders who have outlined the supports required from the Provincial government to improve their communities' well-being. CPHA "calls on federal, provincial and territorial governments to ensure that Indigenous health authorities have long-term, adequate, and stable funding to support Indigenous persons' access to Indigenous-designed programs and services- with appropriate standards, evaluation, and data collection as well as a qualified workforce- that are accountable to Indigenous communities and available to Indigenous persons wherever they live."[xxi] In addition to the need for sustainable funding, "CPHA strongly believes that it is essential to integrate reconciliation into its own work" [...] valuing and advocating "for the 94 calls to action identified in the Truth and Reconciliation Commission, including the explicit health-related

Calls to Action and the Calls that support the social and ecological determinants of health." [xxii]

In 2019, the Canadian Aboriginal AIDS Network (CAAIDSN) and the Interagency Coalition on AIDS and Development (ICAIDS&D) updated their policy brief on how Indigenous harm reduction parallels reducing harms of colonialism. Recommendations for successful Indigenous harm reduction policies and practices include:

- "Expanding and developing evidence-based policies and programs that combine mainstream and Indigenous approaches to mitigate harms is crucial to saving lives"[xxiii]
- "Indigenous community-based leadership, peer leadership, engagement and support; a multi-level and multi-sectoral approach; diverse and inclusive programming; evidence-based programs and practices that include strong evaluation components"[xxiv]
- "Federal, provincial, and territorial governments must provide adequate and sustained funding for Indigenous harm reduction that is mid-to long-term in vision, and wholistic or multi-sectoral in scope. Support for community-based initiatives should include explicit funding for peer-led and culturally grounded initiatives"[xxv]

To summarize, "it is critical to the success of Indigenous responses to the toxic drug crisis that an enabling policy, training, and funding environment is in place. This requires long-term, adequate, and stable funding to support Indigenous-designed programs and services; the development of service standards defining performance and accountability measures for Indigenous mental health and addiction services; programs training health workers in Indigenous approaches to substance use treatment; and support for Indigenous research and evaluation grounded in and accountable to local communities."[xxvi]

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[ii] ibid

[iii] Office of the Auditor General of Ontario. Annual Report 2024. Performance Audit: Implementation and Oversight of Ontario's Opioid Strategy. Page 23. https://www.auditor.on.ca/en/content/annualreports/audits/en2024/AR-PA_ONopioid_en24.html

[iv] Office of the Auditor General of Ontario. Annual Report 2024. Performance Audit: Implementation and Oversight of Ontario's Opioid Strategy. Pages 30. https://www.auditor.on.ca/en/content/annualreports/audits/en2024/AR-PA_ONopioid_en24.html

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[vii] Office of the Auditor General of Ontario. Annual Report 2024. Performance Audit: Implementation and Oversight of Ontario's Opioid Strategy. Page 19. https://www.auditor.on.ca/en/content/annualreports/audits/en2024/AR-PA_ONopioid_en24.html
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[xii] Canadian Centre on Substance Use and Addiction. 2022. Experiences of Harm Reduction Service Providers During Dual Public Health Emergencies in Canada. Pages 5, 11, 12. https://www.ccsa.ca/sites/default/files/2022-09/CCSA-Experiences-of-Harm-Reduction-Service-Providers-en.pdf
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