

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
19 June 2017 / 19 juin 2017**

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Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE File Number: ACS2017-OPH-CP-0002

**SUBJECT: HARM REDUCTION AND OVERDOSE PREVENTION – OVERVIEW
AND UPDATE**

**OBJET: RÉDUCTION DES MÉFAITS ET PRÉVENTION DES SURDOSES –
APERÇU ET MISE À JOUR**

REPORT RECOMMENDATION

**That the Board of Health for the City of Ottawa Health Unit receives this report for
information.**

RECOMMANDATION DU RAPPORT

**Que le Conseil de santé de la circonscription sanitaire de la ville d'Ottawa prenne
connaissance du présent rapport à titre d'information.**

EXECUTIVE SUMMARY

In June 2016, the Board of Health approved a report on enhancing harm reduction services in Ottawa. In doing so, the Board adopted a guiding principle and certain “next steps”.

Since that time, Ottawa Public Health (OPH) has invested significant time and resources on overdose prevention and response, including harm reduction. Actions have included: completing the public consultation process on enhancing harm reduction services as approved by the Board; significantly advancing the work of the interagency Ottawa Overdose Prevention and Response Task Force (ODPRTF); working with municipal and community partners to respond to increases in suspected opioid overdoses; coordinating public education and awareness campaigns about opioid overdose, problematic substance use and mental health; increasing access and distribution to Naloxone and providing regular updates to the Board and Members of City Council.

While OPH has been working with municipal and community partners on priorities in Ottawa, other jurisdictions have also acted to address risk of opioid overdose. In particular, the federal government has enacted two key pieces of legislation in the context of its *Canadian Drugs and Substance Use Strategy* and the Federation of Canadian Municipalities’ (FCM) Big City Mayors struck a Mayors’ Task Force on the Opioid Crisis which recently released a series of recommendations.

This report provides: a detailed updated on OPH efforts with respect to harm reduction and overdose prevention and response, in collaboration with various partners; an overview of parallel efforts at other levels of government; and an analysis of the FCM Big City Mayors’ Task Force recommendations.

Effectively addressing the opioid crisis over time -- the increased risk of overdose is likely to persist with more potent substances in circulation -- will require a holistic approach - one that tackles problematic substance use from a variety of angles and with many partners in order to reach all ages and populations at risk across Ottawa’s geography. This includes: early supports for parents raising young children; mental health and resources to promote resiliency; equipment and training for first responders and front-line service providers; treatment options for those who seek them; harm reduction services for those who need them; safe and adequate housing for people with unstable housing; and some level of coordination and leadership from all levels of government.

Of note, on June 12, 2017, the Ministry of Health and Long Term Care provided a letter to the Chair of the Board of Health announcing up to \$350000 in additional base funding to support local opioid response initiatives. The Minister's letter is attached as Document 2.

RÉSUMÉ

En juin 2016, le Conseil de santé approuvait un rapport portant sur l'amélioration des services de réduction des méfaits à Ottawa. Ce faisant, le Conseil a adopté un principe directeur et certaines « étapes à suivre ».

Depuis, Santé publique Ottawa (SPO) a consacré beaucoup de temps et de ressources à la prévention des surdoses et aux activités d'intervention, y compris la réduction des méfaits. Parmi les mesures appliquées, mentionnons le processus de consultation publique sur l'amélioration des services de réduction des méfaits, approuvé par le Conseil, l'avancée importante des travaux réalisés avec le Groupe de travail inter-organismes d'Ottawa sur la prévention des surdoses et les interventions en la matière, la collaboration avec des partenaires municipaux et communautaires pour faire face à la hausse redoutée de surdoses d'opioïdes, la coordination des campagnes d'éducation et de sensibilisation du public aux surdoses d'opioïdes, à l'usage de substances qui pose des problèmes et à la santé mentale, l'amélioration de l'accès à la Naloxone, et la communication de mises à jour régulières au Conseil et aux membres du Conseil municipal.

Bien que SPO ait choisi de collaborer avec des partenaires municipaux et communautaires sur les priorités fixées à Ottawa, d'autres instances ont également agi face au risque de surdoses d'opioïdes. Plus particulièrement, le gouvernement fédéral a promulgué deux (2) textes législatifs importants dans le cadre de la *Stratégie canadienne sur les drogues et autres substances*, et le *Caucus des maires des grandes villes de la Fédération canadienne des municipalités* (FCM) a constitué un groupe de travail des maires sur les enjeux des opioïdes, qui a récemment publié une série de recommandations.

Le présent rapport propose une mise à jour détaillée des efforts déployés par SPO en matière de réduction des méfaits, de prévention des surdoses et d'intervention, en collaboration avec ses divers partenaires, donne un aperçu des efforts fournis en parallèle par d'autres paliers de gouvernement, et offre une analyse des recommandations soumises par le groupe de travail des *maires des grandes villes de la FCM*.

La prise en compte efficace et durable de la crise des opioïdes – le risque accru de surdose est susceptible de persister en raison des substances plus puissantes en circulation – nécessitera l'adoption d'une approche globale, qui aborde sous divers angles l'usage de substances posant des problèmes et qui fait appel à de nombreux partenaires pour atteindre toutes les tranches d'âge et toutes les populations à risque sur le territoire d'Ottawa. Il faudra notamment prévoir un soutien précoce aux parents de jeunes enfants, des programmes et des ressources en santé mentale pour favoriser la résilience, de l'équipement et des formations aux premiers intervenants et aux prestataires de services de première ligne, des options de traitement ou des services de réduction des méfaits à ceux qui en ont besoin, des logements sécurisés et adéquats aux personnes en situation de logement précaire, et un certain niveau de coordination et de leadership de la part de tous les paliers de gouvernement.

Il est à noter que le 12 juin 2017, le Ministère de la Santé et des Soins de longue durée a fait parvenir une lettre au président du Conseil de santé publique Ottawa annonçant 350,000 \$ de financement de base supplémentaire pour appuyer les initiatives locales pour contrer les opioïdes. La lettre du ministre est jointe à titre de document 2.

BACKGROUND

On June 20, 2016, the Board of Health considered a report titled [Enhanced Harm Reduction Services in Ottawa – Guiding Principle and Next Steps](#), which provided detailed information about the landscape of drug use and treatment options in Ottawa as well as a public consultation plan for engaging the broader community. Essentially, the report's three recommendations spoke to: receiving data requested at the previous meeting; adopting a guiding principle in support of enhancing harm reduction services, from a public health perspective; and directing staff to move forward with the public consultation plan on options for enhancing harm reduction services in Ottawa.

On February 2, 2017, OPH circulated an Information Previously Distributed (IPD) Memorandum (listed on the February 13, 2017 Board Agenda), which provided an update on the work of the Ottawa Overdose Prevention and Response Task Force (ODPRTF) and Ottawa Public Health's (OPH) role in preparing and responding to opioid overdoses.

On February 13, 2017, OPH and the Ottawa Police Services (OPS) issued an [alert](#) about counterfeit prescription medications that have been found in the city and, as a result of significant media interest, and request from the public for more information on opioids and overdoses, OPH initiated an enhanced response on February 23, 2017 to

facilitate internal redeployment of resources and provide focused leadership for OPH activities.

Since that time, the Board of Health has received regular updates from staff – in the form of reports, memorandums and/or emails - with respect to opioids in our community, the work of the ODPRTF, and Ottawa Public Health's work with regards to same.

In parallel to the work described above, on February 3, 2017, the Federation of Canadian Municipalities' Big City Mayors struck a Mayor's Task Force on the Opioid Crisis with two main objectives: to share frontline experiences and best practices among cities addressing the crisis; and to work with all orders of government to better coordinate a full national response. This Task Force includes representation from Vancouver, Surrey, Edmonton, Calgary, Regina, Saskatoon, Winnipeg, Hamilton, London, Kitchener, Toronto, Ottawa and Montreal. ⁱ

On March 3, 2017, following a meeting between Mayor Jim Watson and Ontario Premier Kathleen Wynne, the Premier made a verbal public commitment to provide funding to address the opioid crisis in Ottawa.

At the same time, the federal government has been taking steps to implement its Canadian Drugs and Substance Strategy, including the enactment of Bill C-224, the *Good Samaritan Drug Overdose Act*, and Bill C-37, an Act to amend the Controlled Substances Act to reduce barriers for communities willing to add supervised injection services to their existing health services.

The purpose of this report is to provide the Board with a high level overview of the various elements that play a role in the current efforts to address opioids and overdose prevention, at all levels of government and in the broader community, and more detailed information with respect to recent OPH activities in relation to same.

DISCUSSION

Enhancing Harm Reduction Services in Ottawa

Following the Board's adoption of the report titled [Enhanced Harm Reduction Services in Ottawa – Guiding Principle and Next Steps](#) in June 2016, staff proceeded with the public consultation process described therein and released the [results](#) on September 2, 2016.

Pursuant to the guiding principle outlined in the above-referenced report, OPH has also continued to encourage and support community partner agencies that seek to improve

access to harm reduction services and OPH is exploring the possibility of submitting a proposal to enhance its own services to include supervised injection.

In the fall of 2016, OPH initiated the work to start a pilot project for five harm reduction dispensing machines in Ottawa. Essentially, these dispensing units will be token-operated machines that dispense materials for safer drug use and related health information to clients who currently use harm reduction services and have connected with OPH's Site Needle and Syringe Program or a partnering service provider. The materials distributed through dispensing machines, such as sterile needles, are proven to reduce the transmission of blood-borne illnesses such as HIV. These dispensing machines provide a potential solution for two unique challenges in Ottawa: 1) the current lack of 24-hour access to harm reduction supplies; and 2) serving people across Ottawa's geography in terms of both its size and its mix of urban, suburban and rural settings. Ottawa's geographical footprint is greater than that of Calgary, Edmonton, Toronto, Montreal and Vancouver combined, which presents particular challenges in terms of addressing the access needs of suburban and rural residents, and hard-to-reach high-risk populations.

OPH has also increased access to naloxone for people who use injection drugs, their friends and family members through expanded outreach and group trainings with community partners, including supporting pharmacies, and with the involvement of Peer Educators (people with lived experience) in the design and delivery of overdose prevention trainings.

Overdose Prevention and Enhanced Response

OD Task Force Leadership

Ottawa Public Health continues to provide leadership and coordination for the ODPRTF and to provide regular updates to the Board of Health as well as to the Mayor's Office and the City Manager's Office, as needed.

Among other things, this has involved: coordinating regular meetings of the ODPRTF, spearheading the development and exercise of an interagency Opioid Cluster Response protocol, making Ottawa suspected overdose-related emergency-room visit data publicly available on a monthly basis, providing recommendations on expanding naloxone distribution in the community and organizing an Opioid Enhanced Response tabletop exercise to test our community-wide ability to respond to a cluster of overdoses.

Public awareness and education

As previously reported, OPH has worked closely with ODPRTF partners, schools and school boards to enhance communications and the dissemination of information to the public, parents and youth. In particular, OPH has:

- Provided presentations, trainings and knowledge exchange related to opioids, overdose prevention and naloxone, online, in schools and in the community for principals, teachers, youth, parents and community partners;
- Provided substance misuse presentations and mental health presentations for grades 4 to 12, in adherence to the Ministry of Education curriculum, with addition of age appropriate information on opioids, overdose prevention and naloxone, in schools;
- Developed and disseminated age appropriate child and youth messaging within elementary and high schools to effectively reach children and youth, and provided principals, teachers, other school staff and parents with evidence-informed approaches to talking to children and youth about substance misuse and mental health, along with linkages to local substance misuse and mental health resources and supports online and in our community;
- Provided training to PromNight.ca staff on overdose prevention, safe sex, and approaches for reducing alcohol and drug related harms at prom;
- Launched PromSmart.ca, in partnership with United Way, the Senators Foundation, the school boards and all Project STEP partners, to provide information and tips for youth attending Prom.

Most recently, in collaboration with the ODPRTF, the Health Products Stewardship Association and Drug Free Kids Canada, OPH launched a “Secure Your Meds” campaign to educate parents about the importance of returning or securing their medications.

Support for Parents

In order to support parents, OPH has worked through various channels: ParentinginOttawa.ca; Parenting in Ottawa Facebook Page; schools and school boards; and community partners.

Through these channels, OPH, with its partners, Rideauwood, Maison Fraternité, Ottawa Police Services (OPS) School Resource Officers, and Parent Lifeline of Eastern Ontario (PLEO), have undertaken various activities, including:

- Five Facebook Live parent information sessions with all four school boards reaching over 20,000 parents;
- Four guest moderation days on Facebook with partners (OPS, Rideauwood, Maison Fraternité, PLEO) reaching over 25,000 parents;
- Two themed Facebook days on medication safety and graduation;
- Distribution of a parent fact sheet, Secure your Meds campaign materials, and alerts to all parents through Ottawa's schools boards; and
- Presentations to and engagement of parents through School Parent Council meetings and Parent Teacher Interview Nights.

To date, the support and information have focused primarily on recognizing the signs and symptoms of an overdose, what to do in the event of an overdose, how to talk to children and youth about drugs, where to find naloxone, the importance of securing your medications, promoting positive mental health, healthy coping mechanisms and resiliency across the lifespan, and where to find mental health resources in Ottawa. While this information has been well received, OPH recognizes that there is a need to provide parents with additional information, resources and support with respect to: mental health and resiliency from infant and early childhood through to adulthood; system navigation; crisis management; promoting existing school-based substance abuse counselling programs; and caregiver self-care.

Naloxone distribution and training

From a public health perspective, it is desirable that naloxone be widely and quickly available for use by people who have been trained. Accordingly, OPH is working with partners to develop a coordinated approach to increase access to naloxone for those who can respond in an opioid overdose situation. Increasing naloxone access for partners interacting with individuals at increased risk of overdose who can respond is a key component to this approach. OPH and the ODPRTF are focusing on naloxone distribution in the following areas:

- Increasing local capacity of pharmacy based naloxone programming in order to best service residents interested in obtaining naloxone through pharmacies
- Increasing supports to school boards by training their staff, supporting school's decision to carry naloxone and supporting the establishment of their policies and procedures
- Working with Needle & Syringe Program Partners, shelters, drop-ins, supportive housing locations and correctional services and agencies serving those recently released from prison to ensure naloxone access for populations identified at higher risk of overdose
- Increasing naloxone access for partners interacting with individuals at increased risk of overdose, through partnerships with the following agencies/organizations:
 - First responders (Fire, Police, Paramedics)
 - Treatment Agencies
 - Emergency Rooms
 - Post-secondary Institutions
 - OC Transpo special constables
 - Local Bars/ Restaurants
 - Special Events/ Festival Organizers

Surveillance and data reporting

In collaboration with its ODPRTF partners, OPH continues to work to enhance the local “real-time” overdose surveillance system in order to be able to quickly identify any increase or change in overdose activity sufficiently rapidly to ensure an effective response. Of note, on April 21, 2017, OPH and the ODPRTF issued a public service announcement to advise the public that there had been an increase of suspected drug overdose–related emergency department visits seen over a 72 hour period. Additionally, on May 3, 2017, OPH posted its first drug overdose data report and has since produced a second monthly report. These reports provide available monthly trend data on suspected drug overdose-related emergency department visits as well as Ottawa Paramedic Service data, including information about Ottawa Paramedic Service

naloxone administration. This information will continue to be updated on a monthly basis and OPH is also working towards making this data available through Open Data, which will involve releasing information as soon as it is received and verified.

In addition to the above data, on May 24, 2017 Public Health Ontario and the MOHLTC launched a new [interactive opioid tracker](#), which is a web-based tool that makes available a wide range of data on opioid-related morbidity and mortality. The data presented on the provincial website shows that the rate of emergency department visits for opioid overdose in Ottawa is similar to the rate in other urban health units and lower than in the rest of Ontario combined. These comparisons, however, are not between age-standardized populations and therefore differences in regions due to demographics are not factored in. The data confirms that people of all ages are experiencing overdoses, right across Ontario.

Communications

As previously reported, in February 2017 the ODPRTF created a communications sub-group to help inform a communication plans, to clarify organizational roles and responsibilities, to coordinate public messaging related to overdoses and to allow for rapid coordinated emergency communications.

The Communications Strategy, developed by this communications sub-group, is an important aspect of the Interagency Opioid Cluster Response protocol.

Coordination and partnerships

OPH continues to provide local leadership through the coordination the ODPRTF, which continues to expand to ensure that broad representation of community partnerships. The ODPRTF membership now currently includes: the Ottawa Carleton Pharmacist Association, Rideauwood Addiction and Family Services, the Ottawa Hospital, the Queensway Carleton Hospital, the Coalition of Community Health and Resource Centres, Ottawa Police Services, the Montfort, OC Transpo, Direction de santé publique, Gatineau, the Royal Ottawa hospital, the regional Coroner, local pharmacists, the Champlain LHIN, CHEO, Ottawa Detention Centre, Ottawa Fire Services, and Montfort Renaissance.

OPH also continues to be a partner and advocate of Project STEP, a school-based substance abuse counselling program established as a cooperative initiative, which seeks to coordinate counselling services to high school students and their parents. The program aims to: provide students with information and education, and connect them to

treatment; decrease problematic substance use and some concurrent mental health needs; and, improve overall wellness. As part of this program, counsellors from Maison Fraternité and Rideauwood Addiction and Family Services spend an average of 14 hours a week in each school, although this time varies according to each school's needs.

In addition to the above, OPH recognizes the value of seeking input from those with lived experience, including parents of youth living with addiction as well as people who use drugs. Accordingly, OPH has called together a new Community Advisory Group (CAG) that has met once, to provide input into some of the work being done at the ODPRTF, particularly as relates to surveillance data reporting, communications and outreach.

The efforts embodied in the previous several pages provide some indication of the significant resources OPH has dedicated, over the past year, towards enhancing the city's capacity and readiness to respond to this crisis. This has, at times, required significant re-allocation of staff and resources to address this, and other, enhanced responses. This level of activity cannot be sustained without additional resources and may result in an operating deficit for 2017 and/or an inability to meet all OPH program performance targets established in the Ministry's Accountability Agreement. These impacts will be assessed on an ongoing basis and the Board will be notified of anticipated compliance and/or budgetary challenges.

Big City Mayors' Task Force

OPH has been supporting the Mayor's office in its role, including the preparation of briefing materials, providing feedback on draft documents, and participation in meetings upon request.

The Mayors' Task Force on the Opioid Crisis released initial recommendations on April 13, 2017, which focused on the lack of data collection and information sharing and called on the federal government to ensure a new Pan-Canadian standard for collecting, reporting and improving access to data about opioid overdoses and deaths. The Task Force also announced plans to issue further recommendations for a national action plan encompassing harm reduction, treatment, prevention and enforcement.¹

A report, titled "Recommendations of the Mayors' Task Force on the Opioid Crisis" was released publicly on May 25 by the Federation of Canadian Municipalities (FCM). In these latest recommendations, the Task Force calls on the federal government to urgently adopt a national action plan to eliminate opioid overdose and overdose deaths

in Canada, and provides the federal government with nine specific recommendations to achieve this goal.

The federal actions recommended in this report align, for the most part, with actions that have already been outlined at the Federal level in the [November 2016 Joint Statement of Action to Address the Opioid Crisis](#). This statement outlines the commitment of over forty organizations to time specific, concrete actions to improve prevention, treatment and harm reduction associated with problematic opioid use. Health Canada has committed to reporting on the progress of this group in delivering those results. ⁱⁱ

OPH's approach to substance use is based largely on the 2016 federal report [First Do No Harm; Responding to Canada's Prescription Drug Crisis](#), as are the actions of the Joint Statement of Action to Address the Opioid Crisis, above.

The OPH actions and FCM recommendations therefore align in the four categories of a comprehensive approach to substance misuse: harm reduction, prevention, treatment and enforcement. The few exceptions that exist occur where such an action is out of scope for OPH, primarily under the enforcement pillar.

Examples of these alignments can be found in Document 1.

OPH will continue to move ahead with current and planned opioid overdose related activities, including advocacy efforts, noting the synergy with local, provincial and federal communications campaigns, and support for expanded harm reduction services. Some examples supportive actions by different levels of government include:

- New [2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain](#) will enhance OPH efforts to encourage prescribers to consider other alternatives to opioids and their promotion of prevention efforts such as medication return and naloxone for patients and their families who are at risk of overdose. It is important to note that OPH provided input into the development of these new guidelines.
- Planned federal communication strategy to promote new [Good Samaritan Drug Overdose Law](#) will broaden reach of OPH efforts to ensure that people responding to an overdose call 911.

Provincial Funding Commitment

OPH has been engaged in discussions with other City of Ottawa departments to clarify needs for provincial funding promised, including recognition of the need for: resources to address the needs of parents, teachers and youth; mechanisms for improving data

collection and surveillance for informed responses to risk in the community; enhancing access to naloxone and training for same; increased public awareness and education; alignment of treatment options with community need; protecting the community from exposure to illicit substances; supporting peers and people with lived experience in their overdose prevention and response efforts and enabling a coordinated approach across various stakeholders given that one agency cannot address problematic substance use alone. The demand to address the overwhelming situation facing youth and parents requires additional resources for Project STEP. In addition, the development and implementation of supports that provide education, training and overdose response planning to at-risk residents living in shelters remains under addressed and requires an investment of resources as well.

New Federal Legislation

As previously reported, in February 2017 Dr. Levy testified before the Senate's Standing Committee on Legal and Constitutional Affairs in support of Bill C-224 – *The Good Samaritan Drug Overdose Act* to amend the *Controlled Drugs and Substances Act*. The Bill would provide an exemption from possession of substance charges for Canadians seeking medical or law enforcement assistance when a person is suffering from an overdose.

Prompt action by people at the scene of an overdose, such as giving naloxone, can improve health outcomes in the event of an overdose by buying time for emergency responders to arrive on scene. The majority of overdoses occur in the presence of another person, yet less than half of the people who witness an overdose call 9-1-1. People report various barriers to calling for help in a situation of an opioid overdose, including fear of being arrested and fear of being found in breach of probation or parole. This speaks to the importance of legislation such as Bill C-224.

More recently, OPH also advocated for the expeditious enactment of Bill C-37, *an Act to amend the Controlled Substances Act*, among other things. This legislation proposes to simplify the process of applying for an exemption that would allow certain activities to take place at a supervised consumption site, as well as the process of applying for subsequent exemptions and also provides law enforcement agencies with more tools to seize, control and apprehend illicit substances in our communities.

Bill C-224 received royal assent on May 4, 2017 and Bill C-37 received royal assent on May 18, 2017.

Next Steps

OPH will continue to work with partners to seek opportunities to address problematic substance use and opioid overdoses in Ottawa. This includes:

- Enhancing harm reductions services for people at highest risk of overdose;
- Increasing outreach and awareness to residents, young adults and families relating to the risk overdose, particularly during the upcoming summer months;
- Continuing to inform healthy public policies that address the root causes of the opioid crisis, such as the ongoing need for affordable housing and other poverty reduction strategies;
- Working with the Champlain Local Health Integration Network to identify service gaps and opportunities to adjust mental health and addictions services to better assist those who live with problematic substance use and their parents, families and friends and;
- OPH will also continue to provide updates to the Board of Health, as appropriate, with respect to its efforts in this regard.

RURAL IMPLICATIONS

There are no rural implications associated with this report.

CONSULTATION

As this is an information report updating the Board on OPH activities, no public consultation was undertaken.

LEGAL IMPLICATIONS

There are no legal impediments to receiving this report for information.

RISK MANAGEMENT IMPLICATIONS

There are no risk management implications associated with this report.

FINANCIAL IMPLICATIONS

The enhanced response outlined in this report has, at times, required the re-allocation of staff and resources from other programs in order to address emerging community needs. OPH's ability to deliver evidence-based overdose prevention and response training to those who work with clients at increased risk for drug overdose, as well as people who use opioids, their family and friends cannot be sustained without additional

resources. OPH is working with the City and the Province to secure additional funding and will report back to the Board once further information is available.

ACCESSIBILITY IMPACTS

There are no accessibility impacts associated with this report.

ENVIRONMENTAL IMPLICATIONS

There are no environmental implications associated with this report.

TERM OF COUNCIL PRIORITIES

This report supports the 2014-2018 Term of Council Priority related to “Healthy and Caring Communities”. It also supports the Board of Health’s 2014-2018 Strategic Priorities with respect to: Fostering Mental Health in Our Community; Enhancing Collective Capacity to Reduce Preventable Infectious Diseases; and Advancing Healthy Public Policy.

SUPPORTING DOCUMENTATION

Document 1 – Summary of Federation of Canadian Municipalities’ (FCM) Mayors’ Task Force on the Opioids Crisis Recommendations

Document 2 - June 12, 2017 Letter from the Ministry of Health and Long Term Care

DISPOSITION

Staff will continue to update the Board of OPH activities as appropriate.

Document 1

Summary Comparing the Federation of Canadian Municipalities' (FCM) Mayors' Task Force on the Opioids Crisis Recommendations with Current OPH OPIOID work

Preamble of recommendations:

The Mayor's Task Force on the Opioids Crisis is calling upon the federal government to urgently adopt a comprehensive, pan-Canadian action plan with the goal to reduce overdose deaths and immediately save lives with more effective evidence-based solutions. In order to achieve these goals, the Task Force recommends that the federal government adopt the following recommendations:

Recommendation 1: The federal government immediately establish and report on comprehensive timelines, measures and definitive evidenced-based targets for specific outcomes related to each of the four pillars of the Canadian Drugs and Substances Strategy; Harm reduction, Treatment, Prevention, Enforcement, prioritizing targets for reducing overdose and overdose fatalities and deliver a progress report on the establishment of such targets by September 2017.

OPH alignments:

- OPH endorses the Canadian Drugs and Substances Strategy and OPH action focuses on the Prevention and Harm Reduction Pillars. OPH has already acted urgently, by adding staffing resources to the problematic substance use portfolio, and initiating an enhanced response from February 24 to April 13, 2017.
- OPH has identified and is targeting populations at increased risk of opioid overdose; people who use injection drugs, users of illegal drugs, youth and young adults.
- OPH has improved surveillance data to establish baseline information about the incidence of overdoses, which could be used to inform targets for reductions.

Recommendation 2: The adoption of a comprehensive and coordinated pan-Canadian action plan which addresses the root causes of the opioid crisis. An intergovernmental action plan should align federal, provincial/territorial (P/T) and local strategies, respond to the specific needs of Indigenous communities, and rapidly expand all aspects of the collective response.

OPH alignments:

- OPH monitors developments on the national and provincial level to inform the development of the OPH opioid action plan to determine local level strategies.
- Local strategies such as the following are designed to address root causes primarily those associated with the over prescription of opioids, including:
 - Involvement of local professional bodies including physicians, nurse practitioners, dentists and pharmacists, to advocate for improved ongoing education for health care professionals and improved training at local university, colleges, residency programs.
 - Public awareness of opioid risks and alternatives for pain management.
 - Monitor local level situation through the establishment of local task force to share emergent information, collaborate on awareness products for the public and development of an opioid Cluster Response plan.
 - Support a variety of substance use programs serving youth, such as r Project STEP, a school-based substance abuse counselling program that seeks to coordinate counselling services to high school students and their parents.
 - Other OPH actions to address root causes include:
 - Supporting early childhood development, such as through the Healthy Babies, Healthy Children program, building parenting skills to enhance resiliency among children and your and informing the City's work on Ontario Early Years Child and Family Centres.
 - Supporting housing initiatives of City and harm reduction service providers, such as "Housing First" initiatives.
 - Providing input into local, Provincial and Federal poverty reduction and housing and homelessness strategies.
 - Promoting mental health in the community and access to appropriate mental health treatments.

Recommendation 3: The pan-Canadian action plan should include concrete actions to meaningfully and urgently address all four pillars of the Canadian Drugs and Substances Strategy, including:

Recommendation 3.1: Harm Reduction

1. Support and implement evidence-based practices in order to substantially reduce opioid-related overdoses including facilitating access to drug checking/testing technologies for fentanyl and other drugs including opioids.
2. Eliminate barriers preventing people from seeking medical support during an overdose.
3. Facilitate access to supervised consumption services, including through the expedited implementation of Bill C-37 and approval of existing applications as appropriate.

OPH alignments:

OPH supports the implementation of evidence-based practices to reduce the harms associated with substance use. Unfortunately, many drug testing kits have significant limitations in their ability to detect certain drugs, most notably the various designer drugs such as Fentanyl analogues and anecdotal evidence points to limitations in its effectiveness in influencing choice of drugs used. Eliminating barriers through:

- Bill C-224 sought to address some barriers of fear of calling 911 for an opioid overdose. OPH actions included: Feb 9, 2017 Dr Levy spoke at senate sub-committee & April 10, 2017 BOH chair & MOH letter to Health Minister Philpott.
- Using <http://www.stopoverdoseottawa.ca/> campaign and the Peer Overdose Prevention Program (POPP) to build awareness of the new Good Samaritan Drug Overdose Act.
- Enhanced public awareness efforts to promote calling 911 in an overdose: including presentations to public; media; community partners; one-on-one with clients being trained through the Site Needle & Syringe Program's Peer Overdose Prevention Program.
- Expand access to naloxone and opioid overdose awareness for intermediaries who may be in a position to assist in opioid overdose, including staff in bars, staff and volunteers at festivals and other large gatherings, and staff and students of post-secondary institutions.

Support of Supervised injection sites in BOH report problematic use.

- OPH's BOH approved a report entitled Enhanced Harm Reduction Services in Ottawa – Guiding Principle and Next Steps in June 2016, adopting a guiding principle supporting the enhancement of harm reduction services in Ottawa, including Supervised Injection Services (SIS), for people affected by problematic substance use
- OPH is currently supporting local agencies that are considering implementing SIS; and exploring the feasibility of the addition of SIS to the current spectrum of harm reduction programming offered at OPH.

Recommendation 3.2: Treatment

1. As an urgent priority, expand access to a range of treatment options including medically-supervised opioid substitution therapy (OST), including injectable options for people who have not found success with other interventions, and eliminate remaining barriers that limit access to OST.
2. Eliminate delays in access to comprehensive, wrap-around treatment services and long-term recovery supports.

OPH alignments:

- With enhanced access to harm reduction services, OPH also promotes interfaces with Health Care Providers for access to treatment if/when client is ready
- OPH is raising awareness with partners providing treatment of unintended negative consequences of changes to opioid prescribing in the face of regulation changes and is promoting access to a spectrum of evidence based treatments, including a variety of OSTs.
- OPH is joining in conversations with the LHIN and service providers adjusting addiction and treatment services to best meet client needs.

Recommendation 3.3: Prevention

1. Work with stakeholders to implement national public education campaigns, before the end of 2017, including one focused on youth, to raise awareness of the risks of fentanyl and non-prescription opioid use, reduce stigma, and provide information on treatment and support options.

2. With the active involvement of people with lived experience, develop and implement evidence-based strategies to address stigma and discrimination against people who use drugs.
3. Continue with implementation of education programs and guidelines for physicians, pharmacists, nurses and other healthcare providers with respect to the proper use of opioids and alternative pain management techniques and the development of metrics to measure changes in prescribing practices.
4. Ensure that any strategy to restrict access to prescription opioids balances the legitimate needs of patients so that access to pain treatment is not unnecessarily restricted and that harm reduction and treatment services are in place to mitigate against unintended consequences such as increased use of illicit drugs.

OPH alignments:

- OPH and the ODPRTF launched a local public education campaign in 2016 to build public awareness of the issues associated with opioid overdoses. In addition to this, OPH continues to reach residents through presentations at community meetings, internet resources, and through a series of planned communications campaigns. Working with partners on public education campaigns such as “Anything Can be Cut With Fentanyl” and “Secure Your Meds” campaigns have been implemented. Targeted messaging to priority groups, including youth, are planned during key time periods such as; prom/ festivals/ orientation week, New Year’s Eve celebrations.
- OPH messaging aligns with federal and provincial awareness campaigns.
- Current OPH resources include: webinars, [StopOverdoseOttawa.ca](#), [Parenting in Ottawa Opioid Page](#), and [Opioid Resources for Professionals page](#).
- The Site Needle & Syringe Program incorporates people with lived experience in the design, delivery and evaluation of harm reduction services. People with lived experience are: formally consulted on new programming and resources (e.g. the POPP, Peer Educator Program, Stop Overdose Ottawa campaign, Harm Reduction Dispensing Units, etc); involved in front line service delivery in the Site Office and offering POPP training; sit as part of our community advisory committee (the Needle Distribution and Retrieval Consultative Group); involved in program evaluation (client input surveys, Community needs Assessment, Peer Educator Program evaluation, etc). Additional avenues for gaining advice from

people with lived experience have been created for parents as well as people who use drugs as part of the Overdose Prevention and Response Task Force initiative.

- Reducing stigma for individuals with poor mental health, mental illness and addiction is currently included in OPH Fostering Mental Health in our Community strategic direction. Individuals with lived experience and clinicians are being engaged to further inform the Mental Health in Ottawa report and recommendations planned for spring 2018.
- Education for Health Care Providers includes:
 - OPH works with pharmacist, nurse practitioner, physician and dentist professional bodies, providing resources. OPH communicated to primary care providers resources that can be used with their clients and communicates with pharmacist through an email distribution list.
 - OPH submitted recommendations on the development of 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain.
- With partners, communicate unintended negative consequences of changes to opioid regulation and pacing of changes to allow other programs to be in place that would be needed to support such changes (i.e. before decreasing access to high potency, have increased treatment and pain management resources in place).

Recommendation 3.4: Enforcement

1. Continue expanded law enforcement efforts with respect to the production and importation of non-prescription opioids, including the new federal restrictions on the importation of pill presses contained in Bill C-37.
2. Establish national evidence-based protocols for the remediation of contaminated scenes and the handling of fentanyl and carfentanil.

OPH alignments:

Enforcement is mainly out of scope for OPH, though OPH has been involved in this pillar as below:

- OPH supports awareness building in the community that bill C-224, The Good Samaritan Drug Overdose has been passed into law, to encourage calls to 911.

- OPH promoted the adoption of Bill C-37, which advocated for a number of legislative changes that provide law enforcement with more tools to seize, and control the production and trafficking of illicit substances.
- OPH collaborates with Ottawa Police through the ODPRTF, and the Tripartite working group.

Recommendation 4: Improved surveillance, data collection and reporting should be an immediate focus of the action plan with a progress report by September 2017, in support of the four pillars approach and the development of targets for key indicators:

1. Immediately establish a standardized, pan-Canadian format for the collection of death and non-fatal overdose data with respect to the opioid crisis;
2. Ensure consistent and timely access to opioid-related death and overdose data by establishing a pan-Canadian reporting standard with a minimum of quarterly reports and a target of monthly reports in all provinces/territories; and
3. Expand efforts to improve the evidence base by collecting and reporting on demographic data, including in particular the impact of the opioid crisis on Indigenous communities, with a focus on prevention and addressing social determinants of health.

OPH alignments:

- OPH collects local level overdose data through interagency collaboration with the Opioid Overdose Prevention and Response Task Force (ODPRTF) and monitors provincial and national opioid pictures
- OPH released monthly local data through an [Infographic of opioid related ER visits and paramedic data](#) and is working to make relevant data available through an open data initiative
- OPH has promoted use of epidemiological data, as is available to the public [here](#), including demographic data.

Recommendation 5: Ensuring a coordinated national response to the opioid crisis involving all orders of government by engaging cities and local public health officials in the Special Advisory Committee (SAC) process, with a focus on the objectives set forth in the four pillars and the need for improved data coordination.

OPH alignments:

OPH is actively participating in provincial committees that advocate for involvement of all orders of government in work to address the opioid crisis such as the Opioid Overdose Prevention and Naloxone Access (OOPNA) group, and work of the Council of Ontario Medical Officers of Health (COMOH).

Recommendation 6: Consulting with the Mayors' Task Force on priorities for new federal funding dedicated to the opioid crisis response (including the \$116 million announced in Budget 2017) to ensure that federal efforts are targeted to address local needs and delivered urgently.

OPH alignments:

OPH has informed the Mayor's office about possible priorities for enhanced funding.

Recommendation 7: Working with cities to address the urgent need to develop more social and affordable housing, including supportive housing and housing employing a harm reduction approach, through the implementation of the federal government's National Housing Strategy and a long-term expansion of the Homelessness Partnering Strategy.

OPH alignments:

OPH has contributed to various local, provincial and federal housing and homelessness strategies, which include a strong focus on the need to for more social and affordable housing. This work is also advanced through provisional workgroups such as OOPNA, COMOH.

Recommendation 8: Working with P/Ts, municipalities, indigenous organizations and stakeholders to develop, implement and monitor the Canadian Poverty Reduction Strategy, which should address both the root causes of addiction, as well as supports to alleviate the immediate consequences of addiction.

OPH alignments:

OPH has participated in local poverty reduction network meetings in order to contribute to the Canadian Poverty Reduction Strategy.

Recommendation 9: Establishing an intergovernmental dialogue about access to substance use prevention, harm reduction and treatment options for individuals in Canada's correctional system, and the role of the criminal justice system in addressing the root causes of the opioid crisis.

OPH alignments:

- OPH seeks opportunities to participate in dialogue at provincial and federal and municipal levels.
- OPH works with the local detention center and has specifically collaborated on the topic of overdose risk, and to community groups working with individuals just released from prison who are at particular risk of overdose.

ⁱ Press Release: <http://www.fcm.ca/home/media/news-and-commentary/2017/opioid-crisis-mayors-launch-task-force-engage-federal-ministers.htm>

ⁱⁱ Health Canada (2016) Joint Statement of Action to Address the Opioid Crisis <https://www.canada.ca/en/health-canada/services/substance-abuse/opioid-conference/joint-statement-action-address-opioid-crisis.html>