

**Report to  
Rapport au:**

**Ottawa Board of Health  
Conseil de santé d'Ottawa  
18 September 2017 / 18 septembre 2017**

**Submitted on September 18, 2017  
Soumis le 18 septembre 2017**

**Submitted by  
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**Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE      File Number: ACS2017-OPH-HPS-0002**

**SUBJECT: Harm Reduction and Overdose Prevention – Status Report**

**OBJET: Réduction des méfaits et prévention des surdoses – Mise à jour**

#### **REPORT RECOMMENDATIONS**

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

- 1. Receive this update for information; and**
- 2. Authorize the Medical Officer of Health (or designate) to execute an agreement with the Sandy Hill Community Health Centre for the provision of interim supervised injection services to enhance existing harm reduction services at 179 Clarence Street, as outlined in this report.**

#### **RECOMMANDATIONS DU RAPPORT**

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

- 1. reçoive cette mise à jour à titre d'information; et**

- 2. autorise le médecin chef en santé publique (ou son représentant) à conclure une entente avec le Centre de santé communautaire de la Côte-de-Sable pour la prestation de services d'injection supervisée provisoires afin d'améliorer les services de réduction des méfaits actuels au 179, rue Clarence, comme indiqué dans le présent rapport.**

## **EXECUTIVE SUMMARY**

The Board of Health has been having regular discussions about opioids and harm reduction services since April 2016 and, at its meeting of June 2016, the Board adopted a [guiding principle and a consultation process](#) with respect to enhancing harm reduction services in Ottawa. Further to the aforementioned report, OPH conducted a public consultation process over the summer and shared these results on September 2, 2016. More recently, the Province has recognized the severity of the current opioids crisis and has announced some significant investments to help communities deal with it.

Between 2005 and 2016, the number of overdose deaths in Ottawa per year has doubled and to date in 2017, there have been an average of nearly 120 emergency room visits for suspected drug-related overdoses each month in Ottawa, compared with fewer than 100 per month in 2016.

More significantly, starting in June 2017, there has been a significant increase in suspected drug related overdoses in Ottawa, as demonstrated by Ottawa Paramedic Services reported number of naloxone administrations, the number of suspected drug overdose-related emergency department (ED) visits, the number of suspected opioid overdose deaths to which the Ottawa Police Service has attended, and anecdotal information from community groups and other service agencies with respect to suspected overdoses and deaths, many of which may not be seen by paramedics, emergency departments or police.

In response to this trend, Ottawa Public Health is proposing to begin operating, as soon as operationally feasible, a time-limited interim Supervised Injection Service (SIS) at its 179 Clarence Street location. To this end, OPH has entered into discussions with the Sandy Hill Community Health Centre (SHCHC), the only agency that currently has a Health Canada exemption to operate an SIS in Ottawa.

Through this report, OPH is seeking formal approval from the Board of Health to enter into a Memorandum of Agreement (MOA) with the SHCHC.

## RÉSUMÉ

Le Conseil de santé discute régulièrement des opioïdes et des services de réduction des méfaits depuis avril 2016 et, lors de sa réunion de juin 2016, le Conseil a adopté des [principes directeurs et un processus de consultation](#) en ce qui concerne l'amélioration des services de réduction des méfaits à Ottawa. À la suite du rapport susmentionné, SPO a tenu des consultations publiques au cours de l'été et a partagé ces résultats le 2 septembre 2016. Plus récemment, le gouvernement provincial a reconnu la gravité de la crise actuelle des opioïdes et a annoncé des investissements importants pour aider les collectivités à y faire face.

Entre 2005 et 2016, le nombre de décès par année attribuables à des surdoses a doublé à Ottawa, et jusqu'à ce jour en 2017, on a observé une moyenne de près de 120 visites par mois à l'urgence pour des cas soupçonnés de surdose de drogue à Ottawa à comparer à moins de 100 par mois en 2016.

Plus important encore, à partir de juin 2017, les cas soupçonnés de surdose de drogue à Ottawa ont augmenté considérablement, comme le démontre le nombre d'administrations de naloxone déclaré par le Service paramédic d'Ottawa, le nombre de visites à l'urgence pour des cas soupçonnés de surdose de drogue, le nombre de décès par surdose d'opioïdes soupçonnée lors desquels un membre du Service de police d'Ottawa était présent et des renseignements anecdotiques provenant de groupes communautaires et d'autres organismes de services concernant les surdoses soupçonnées et les décès par surdose soupçonnée, dont un bon nombre ne sont pas nécessairement constatés par des paramédics, les services d'urgence ou la police.

En réponse à cette tendance alarmante, Santé publique Ottawa propose de commencer à offrir, dès que cela est possible sur le plan opérationnel, des services d'injection supervisée (SIS) à son emplacement du 179, rue Clarence. À cette fin, SPO a entrepris des discussions avec le Centre de santé communautaire de la Côte-de-Sable, qui est le seul organisme possédant actuellement une exemption de Santé Canada lui permettant d'offrir des SIS à Ottawa.

Par le biais du présent rapport, SPO cherche à obtenir l'approbation formelle du Conseil de santé pour conclure un protocole d'entente (PE) avec le Centre de santé communautaire de la Côte-de-Sable.

## BACKGROUND

On June 2016, the Board of Health for the City of Ottawa Health Unit approved a [guiding principle and a consultation process](#) with respect to enhancing harm reduction programming for Ottawa.

A public consultation survey was conducted over the summer of 2016 and [results](#) were shared with Members of the Board of Health, Members of Ottawa City Council and the public in early September 2016. There were over 2,200 respondents from across the city and the key findings include:

- 60% of respondents thought that offering harm reduction services in more areas of the city would be beneficial.
- 66% of respondents thought that longer hours would be beneficial.
- 62% of respondents thought that having harm reduction dispensing units available would be beneficial.
- 66% of respondents thought that having supervised injection services available would be beneficial, including over 75% of respondents from Rideau-Vanier agreeing that SIS would be beneficial.

Based on the results of the 2016 public consultation survey, OPH initiated work to start a pilot project for four (4) harm reduction dispensing machines in Ottawa. These token-operated dispensing units, dispense materials for safer drug use and related health information to clients who currently use harm reduction services, were installed on September 14, 2017.

The Board of Health has received regular updates - in the form of reports, memorandums and/or emails - with respect to opioids in our community, the work of the Overdose Prevention and Response Task Force (ODPRTF), and Ottawa Public Health's work with regards to same.

Since the [last update](#) to the Board, at its meeting of June 19, 2017, OPH has continued to advance the work of the interagency 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; and increasing access and distribution to naloxone.

In addition, OPH has partnered with major event organizers, such as festivals and proms, to provide overdose awareness and naloxone training as well as to disseminate messaging about celebrating safely.

There have also been two recent funding announcements from the Province - \$350,000 to OPH base funding announced in June 2017 and a further announcement on August 29, 2017 to support those affected by the opioid crisis.

With respect to the June 2017 announcement, the Province has since specified that the funding was to be used to support the planning, preparation and deployment activities in the following areas: local opioid response; naloxone distribution and training; and opioid overdose early warning and surveillance. OPH has been aligning its work in these areas since February 2017 and has used some of these additional resources to support Inner City Health Peer Project to help with overdose response in the Lowertown area.

Peer programs have shown that there is a different dynamic between peers than there is between people who inject drugs and other front-line workers in that there is a higher level of comfort and trust with peers. For this reason, in August 2017, OPH entered into an agreement with Inner City Health to fund that organization's peer overdose prevention program, which hires peer workers to patrol hotspot areas and shelters around Ottawa's downtown core to look for people who may be overdosing and to hand out equipment such as naloxone kits, water and sterile needles. Through the current agreement, this program will be funded until December 31, 2017, however early indications are that this program is a success. Accordingly, OPH will be evaluating the need to continue funding it into the future. This initiative was recently highlighted in a CBC news article, which can be found [here](#).

With respect to the August 29, 2017 Provincial funding announcement, details have yet to be released, therefore it is still not known how Ottawa may benefit. That said, the initial announcement referenced:

- Adding more front-line harm-reduction workers across the province;
- Expanding the supply of naloxone, including more access for at-risk individuals by distributing the overdose reversal drug through emergency departments, and exploring more opportunities to make nasal spray naloxone available to people in Ontario;

- Expanding Rapid Access Addiction Medicine Clinics across the province, which provide people with immediate and ongoing addiction treatment, counselling and other mental health supports and boosting access to community-based withdrawal management services and addictions programs; and
- Expanding proven harm-reduction services, such as needle syringe programs and supervised injection sites.

Ottawa Public Health welcomes this latest provincial investment to deal with the opioid crisis in our city and eagerly awaits additional information about how it will allow OPH to further enhance its harm reduction services. Depending on the criteria and eligibility of the available funding, OPH intends on applying for additional funding in order to maximise its collaboration with its community partners in strengthening and expanding supports and services to prevent opioid addiction and overdoses in our community. This includes: improving community monitoring and data collection to better understand, monitor, and identify potential overdose clusters when they occur; expanding training and access to naloxone; and supporting harm reduction partners that have applied for exemptions under federal legislation to offer supervised injection services in our city.

On August 23, 2017, OPH became aware, through the media, of an intention by members of the public to open a “pop-op” overdose prevention site in Ottawa, run by a volunteer group named Overdose Prevention Ottawa (OPO). Based on the information that was available, the concept appeared to be consistent with peer overdose prevention programs, including OPH’s own Peer Overdose Prevention Program (POPP), which has been operating since 2012 and which trains peers (people who inject opioids) to intervene during an overdose by administering naloxone. In response to this proposal, OPH issued a statement on August 24, 2017 noting that peers play an important part in preventing overdoses and that OPH stands ready to work with partners who have a common goal of saving lives from potential overdoses. (see Document 1)

On September 12, 2017, Dr. Levy issued a memorandum to Members of the Board of Health and Members of City Council advising that, in light of recent epidemiological data and the urgent health risk to people who inject drugs, he was recommending immediate steps be taken to provide enhanced harm reduction services in the form of supervised injection services (SIS) under the auspices of the Sandy Hill Community Health Centre’s (SHCHC) approved SIS (see Document 2).

This memo provided an overview of the epidemiological trends and recent developments in the community, explained the proposal for an interim SIS, and advised that the Medical Officer of Health would be seeking formal approval from the Board of

Health at its meeting of September 18, 2017. The discussion section of this report provides additional details in this regard.

## **DISCUSSION**

### **Recommendation 1:**

**That the Board of Health for the City of Ottawa Health Unit receive this update for information.**

The background section of this report provides an update on recent developments with respect to overdose prevention and response in Ottawa. Accordingly, it is recommended that the Board of Health receive this update for information.

### **Recommendation 2:**

**That the Board of Health for the City of Ottawa Health Unit authorize the Medical Officer of Health (or designate) to execute an agreement with the Sandy Hill Community Health Centre for the provision of interim supervised injection services to enhance existing harm reduction services at 179 Clarence Street, as outlined in this report.**

Since early 2017, OPH has intensified its work with various community partners in seeking to prevent, prepare and respond to opioid overdoses in our community. Key activities have included: working to enhance naloxone distribution and training; enhancing surveillance of overdoses across Ottawa; and disseminating information on overdose awareness and prevention.

Over 20 community agencies provide harm reduction services in Ottawa, and many have been increasing supports for peers responding to overdoses in the community and ensuring naloxone is readily available to temporarily reverse overdoses when they occur.

The Board of Health has previously supported the concept of SIS as part of integrated programs offered by harm reduction program partners. In order to operate SIS such as those proposed by SHCHC, as well as the Somerset West Community Health Centre and Ottawa Inner City Health, it is necessary to apply to the Federal Government for and to receive an exemption from the federal Controlled Drugs and Substances Act (CDSA). At this time, amongst Ottawa provider agencies, only the Sandy Hill Community Health Centre (SHCHC) has received such an exemption.

### **Current Trends & Developments:**

The historical overdose trends in Ottawa are concerning. Between 2005 and 2016, the number of overdose deaths in Ottawa per year has doubled. While the focus is mostly on fentanyl, other opioids are involved in these overdoses as well as other kinds of drugs, including alcohol, and combinations of multiple drugs. According to Public Health Ontario's analysis of Coroner data up to 2016, there were 40 opioid-related deaths during 2016, and this number has been increasing each year during the past five years.

To date in 2017, there have been an average of nearly 120 emergency department visits for suspected drug-related overdoses each month in Ottawa, compared with fewer than 100 per month in 2016. Starting in June 2017, there has been a significant increase in suspected drug related overdoses in Ottawa. There has also been a 22% increase in suspected drug overdose-related ED visits during June, July and August compared with January to May. Also, Ottawa Paramedic Services reported over double the number of naloxone administrations in June compared with the monthly average during January to May. The Ottawa Police Service reported attending more suspected opioid overdose deaths starting in May.

Finally, anecdotal information from community groups and other service agencies also points to an increase in overdoses and deaths, many of which may not be seen by paramedics, emergency departments or police. Higher concentrations of overdose activity are in the ByWard Market, Lowertown, Centretown, Sandy Hill, and Carlington areas, as measured by the residence of ED patients during 2017 (see Document 3).

As previously stated, last month OPH learned of an unsanctioned "pop-up" overdose prevention site operating in a City of Ottawa park. OPH has visited the Overdose Prevention Ottawa (OPO) pop-up site and encouraged OPO to work with the Sandy Hill Community Health Centre and other local harm reduction service providers to bring the offered services into the local health system. In the first 17 days of operations, OPO reported that they had seen over 500 visits to their site.

### **Proposed Interim SIS at Clarence Street:**

A supervised injection service (SIS) is a health service that provides a hygienic environment where people can inject pre-obtained drugs under the supervision of medically-trained staff. Services may include provision of sterile injection materials, injection supervised by a nurse, safer drug use education, overdose prevention and intervention, medical and counselling services and referrals to other drug treatment, housing or support services<sup>1</sup>. SIS have been demonstrated to reduce the transmission of HIV, and other blood borne infections, reduce overdose deaths, increase referrals to



health and social services, and decrease public drug use and improve community safety.

Further, Board Members may recall that the Toronto and Ottawa Supervised Consumption Assessment (TOSCA) study<sup>2</sup>, conducted in 2012, concluded that both Toronto and Ottawa would benefit from SIS, and that the optimal model (at that time) for SIS is a fixed facility integrated within an existing organization, located close to where people use drugs, particularly where drug use is visible or where people who use drugs are homeless or unstably housed.

In light of pressing epidemiological trends and recent developments outlined above, there is an urgent and immediate need for enhancement to harm reduction services to include Health Canada-approved SIS in our city. Accordingly, OPH has been actively working with the SHCHC to explore options to expedite the delivery of supervised injection services.

The current timeline for the opening of the Health Canada-approved SIS at the SHCHC's Nelson Street facility is late October 2017. As a result, OPH is working with the SHCHC to seek approval from Health Canada for a time-limited interim SIS to enhance existing harm reduction services offered through OPH's Site program at 179 Clarence Street, with operations commencing as soon as practicable once required approvals are obtained and operational considerations are put into place. This response will allow OPH to address the ever-growing public health crisis and the continued need for opioid overdose prevention services. This proposal also reflects the TOSCA study recommendations with respect to the importance of integration and location.

This proposal would see the interim SIS operate under the Health Canada exemption granted to the Sandy Hill Community Health Centre in July 2017, with an addendum that the services be provided on an interim basis at the OPH harm reduction clinic on Clarence Street. The proposed SIS would be available 7 days a week, with hours of operation to be confirmed, based on training and availability of employees. Services would be provided by current qualified employees of OPH in accordance with both the requirements of Health Canada, and with applicable policies and procedures of the SHCHC for the SIS. To that end, OPH will, pending Board approval, enter into an operational Memorandum of Agreement (MOA) with the SHCHC to set out the functioning of the SIS, subject to approval by Health Canada. It is important that these SIS be available as soon as operationally feasible. On September 12, 2017, OPH sent SHCHC the necessary requirements to submit to Health Canada under their application, and OPH, SHCHC and Health Canada have been in frequent communications to

expedite the approval process, while ensuring the safety considerations for both clients and employees.

The MOA with the SHCHC is time-limited (120 days) and will set out the framework for the interim SIS clinic's operations, including the requirement that OPH operate the clinic in accordance with Health Canada's approval and with applicable policies and procedures of SHCHC (or as mutually agreed by both OPH, as the case may be). OPH will be responsible for staffing the site in accordance with HC requirements, and for the operational costs associated with providing the supervised injection services. The MOA will require regular communications between OPH and SHCHC regarding the site's operations. Appropriate workplace health and safety provisions, indemnification, insurance requirements and termination clauses have also been addressed. Finally, the MOA also provides that client privacy will be maintained at all times in accordance with applicable privacy laws.

OPH entered into these negotiations under the Medical Officer of Health's (MOH) delegated authority, pursuant to Section 20 of the *Delegation of Authority By-law* (By-law 2011-2, as amended), which states that the MOH "is delegated the authority to execute agreements related to health programs and services of a local nature where such agreements: are in response to an urgent health risk; include a provision for immediate termination should the Ottawa Board of Health not subsequently approve the agreement; and contain appropriate insurance, indemnification and workplace safety provisions". As required by the aforementioned section of the *Delegation of Authority By-law*, formal Board approval is hereby being sought "as soon as practicable".

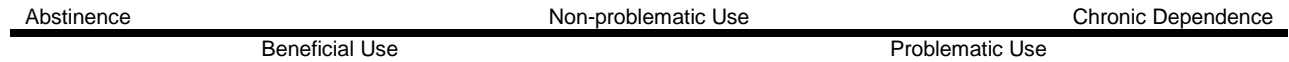
It should also be noted that OPH is working with Ottawa Police Services (OPS), Corporate Security and Ottawa Community Housing Safety Services to ensure safety for staff, clients, and the surrounding community. Further, OPH will continue to work with its community advisory group, the membership of which is comprised of various harm reduction agencies, people with lived experience, the Byward market BIA, Ottawa Police Services, as well as representatives from both Lowertown and Vanier Community Associations. This group advises OPH with respect to its services and ongoing community interests in the neighbourhood surrounding 179 Clarence Street.

OPH notes and emphasizes that, while SIS is an important component of any comprehensive approach to working with people who inject drugs, it will not solve all the issues related to the current opioid crisis.

As referenced in the June 2016 report, substance use ranges along a spectrum from abstinence to beneficial or non-problematic use, to potentially harmful to development of

dependence or substance use disorders. The term “problematic” does not necessarily refer to the frequency or quantity of use, rather it refers to the negative social, financial, psychological or physical effects that substance use has on an individual’s life.<sup>3</sup>

### Spectrum of Substance Use <sup>4</sup>



There is no one single factor that explains whether someone will develop problematic substance use. An individual’s risk for problematic use is influenced by a complex interaction of risk and protective factors that include individual biology (genes), socioeconomic environment, support system, gender, age, as well as age of onset or stage of development when substance use begins<sup>5</sup>. Problematic substance use can affect anyone. However, some people are disproportionately at risk, including those who struggle with poverty, unemployment and homelessness<sup>6</sup>. As well, substance use disorders are strongly associated with physical or psychological trauma, mental illness, and physical or sexual abuse<sup>7</sup>.

Problematic substance use is increasingly seen as a chronic disease like diabetes, cancer and heart disease. These chronic diseases are long-lasting conditions that can be controlled but not necessarily cured, and are caused by a combination of genetic, behavioural and environmental factors<sup>8</sup>. As such, problematic substance use requires a range of services to manage symptoms and support people, wherever they are on the spectrum of substance use. For some, this will mean prevention and early intervention. For others, it will mean access to harm reduction services such as needle and syringe programs to prevent injury, disease and death for people who inject drugs. For others, it will mean access to drug counselling, withdrawal management and/or treatment services. People often access a combination of these services simultaneously and repeatedly throughout their recurrent substance use.

### Next Steps

OPH has developed a monitoring and evaluation plan for the operations of the interim SIS. This plan will monitor service utilization (i.e. client data, services provided) as well as four distinct stakeholder experiences: client experience, employee experience, community experience and partner experience. These data will track if the service is being implemented as planned and what modifications, if any, need to be made. A report will be provided to the Board of Health prior to the end of the 120-day period.

OPH will also continue to work with its ODPRTF and harm reduction partners and to provide regular updates to the Board.

### **RURAL IMPLICATIONS**

There are no rural implications associated with this report.

### **CONSULTATION**

This report follows on previous recommendations and updates on this subject. Accordingly, no public consultation conducted in its preparation.

### **LEGAL IMPLICATIONS**

There are no legal impediments to implementing recommendation 2 of this report. Implementation of a proposed interim safe injection site is within the mandate of the health unit under the *Health Protection and Promotion Act* (HPPA) to protect and promote public health. The extension of services is consistent with the minimum standards under the Ontario Public Health Standards that are published pursuant to section 7 of the HPPA, specifically standards related to injury and substance abuse as well as standards related to Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV). Pursuant to section 56.1 of the *Controlled Drugs and Substances Act* (CDSA), approval from the federal Minister of Health will be required prior to safe injection services being made available at the interim site. The purpose of the exemption is to ensure that staff and clients will not be subject to criminal laws that prohibit the possession and trafficking of controlled substances under the CDSA. The MOA in development between OPH and the SHCHC (discussed above in the report) will manage the operation of the interim site, and includes key provisions relating to insurance, indemnification, and termination.

### **RISK MANAGEMENT IMPLICATIONS**

Risks associated with the operation of an interim SIS at 179 Clarence Street are being mitigated through OPH's work with community partners such as its community advisory group, Ottawa Police Services (OPS), Corporate Security and Ottawa Community Housing Safety Services.

### **FINANCIAL IMPLICATIONS**

While some funding remains from the \$350,000 increase to OPH's base funding announced by the Ministry of Health and Long Term care in June 2017, these funds are not expected to be sufficient to cover all costs associated with the operation of the

proposed interim SIS at 179 Clarence Street. Therefore, OPH will be seeking to apply for funding from the subsequent allocation announced by the Province in August 2017.

Should this funding not be secured, OPH will ensure they have an internal plan to mitigate costs through gapping and other efficiencies.

## **ACCESSIBILITY IMPACTS**

No accessibility impacts associated with this report.

## **TERM OF COUNCIL PRIORITIES**

The recommendations in this report align with the following Term of Council and Board of Health Strategic Priorities:

- Term of Council priority with respect to Healthy and Caring Community.
- Board of Health priorities with respect to Fostering Mental Health in our Community and Enhancing Collective Capacity to Reduce Preventable Infectious Diseases.

## **SUPPORTING DOCUMENTATION**

Document 1 – MOH Statement of August 24, 2017

Document 2 - MOH Memorandum dated September 12, 2017

Document 3 - Map showing areas with higher concentrations of overdose activity

## **DISPOSITION**

Staff to implement Board of Health decision and to continue to update the Board as appropriate.

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<sup>1</sup> Supervised Drug Injection Services Toolkit, by Toronto Drug Strategy  
<http://www.toronto.ca/legdocs/mmis/2013/hl/bgrd/backgroundfile-59914.pdf>

<sup>2</sup> TOSCA Study (2012). Available: <http://www.stmichaelshospital.com/pdf/research/SMH-TOSCA-report.pdf>

<sup>3</sup> Canadian Public Health Association Discussion Paper: A New Approach to Managing Illegal Psychoactive Substances in Canada. Available: [http://www.cpha.ca/uploads/policy/ips\\_2014-05-15\\_e.pdf](http://www.cpha.ca/uploads/policy/ips_2014-05-15_e.pdf)

<sup>4</sup> Adapted from: [Every Door is the Right Door](#) and [A Path Forward](#)

<sup>5</sup> National Institute on Drug Abuse. Available : <https://www.drugabuse.gov/publications/drugfacts/understanding-drug-abuse-addiction>

<sup>6</sup> Pauly B. Harm reduction through a social justice lens. International Drug Policy Journal. 2008;19:4-10

<sup>7</sup> Spooner C Heatherington K. Social determinants of drug use: Technical Report number 228. Sydney: National Drug and Alcohol Research Centre, University of New South Wales; 2004

<sup>8</sup> National Centre on Addiction and Substance Abuse. Available:  
<http://www.centeronaddiction.org/addiction/disease-model-addiction>