

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
5 February 2018 / 5 février 2018**

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Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE File Number: ACS2018-OPH-HPS-0001

**SUBJECT: HARM REDUCTION AND OVERDOSE PREVENTION – FOLLOW-UP
REPORT**

**OBJET: RÉDUCTION DES MÉFAITS ET PRÉVENTION DES SURDOSES –
RAPPORT DE SUIVI**

REPORT RECOMMENDATIONS

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

- 1. Receive, for information, the evaluation of the interim Supervised Injection Service, as summarized in this report and detailed in Document1;**
- 2. Approve that a permanent supervised consumption site (SCS) be established at 179 Clarence Street, to be operated by OPH, and that Ottawa Public Health (OPH) submit a request to the Ministry of Health and Long-Term Care (MOHLTC) for ongoing base and one-time capital funding (100%)**

in order to provide the permanent SCS, as outlined in this report; and

3. Approve that Ottawa Public Health work with partners to prepare for a comprehensive overdose cluster prevention and response across the City of Ottawa, as described in this report.

RECOMMANDATIONS DU RAPPORT

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

1. Prenne connaissance de l'évaluation du service d'injection supervisée temporaire, comme résumé dans ce rapport et détaillé au document 1;
2. Approuve qu'un site de consommation supervisée permanent, dirigé par Santé publique Ottawa (SPO), soit établi au 179, rue Clarence et que SPO soumette au ministère de la Santé et des Soins de longue durée (MSSLD) une demande de financement continu des activités de base et de financement ponctuel des immobilisations (100 %) lui permettant d'offrir le service de manière permanente, comme le précise le présent rapport; et
3. Approuve que SPO collabore avec ses partenaires pour préparer un programme complet de prévention et d'intervention relatif aux grappes de surdoses partout dans la ville d'Ottawa, comme le précise le présent rapport

EXECUTIVE SUMMARY

In June 2016, the Board of Health adopted a [guiding principle and consultation process](#) with respect to enhancing harm reduction services in Ottawa. Since that time, discussions have been ongoing about opioids and harm reduction services in Ottawa.

In September 2017, in response to an increasing number of overdoses in Ottawa, the Board approved a [proposal](#) to begin operating a time-limited interim Supervised Injection Service (SIS) at 179 Clarence Street. In considering this proposal, the Board directed staff to bring forward, at the first meeting in 2018, an evaluation of the interim SIS operation and recommendations for a more permanent solution for enhancing OPH's harm reduction services, either directly or through partner agencies. This report is in response to the Board's direction.

In addition to providing an evaluation of the interim SIS operation, this report recommends that Ottawa Public Health (OPH) submit a request to the Ministry of Health and Long-Term Care (MOHLTC) for ongoing base and one-time capital funding (100%)

in order to provide a permanent SCS at 179 Clarence. Given that the MOHTLC has announced a new process that supports agencies to apply and receive funding as an Overdose Prevention Site, the report also recommends working with partners to prepare for a comprehensive overdose cluster prevention and response across the City of Ottawa. This would be a scalable overdose prevention and response service that can be rapidly implemented and situated in high-risk areas when an enhanced response is required.

While supervised consumption services are an evidence-based component of any comprehensive approach to working with people who inject drugs, they do not address all drivers of the current opioid overdose crisis.

As referenced in previous reports, 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 of substance use on an individual’s life. There is a range of interventions required along this spectrum.

For this reason, this report also discusses other work being pursued by OPH and partner agencies to address the full spectrum of substance use and to meet the needs of drug users, wherever they may find themselves on that spectrum.

RÉSUMÉ

En juin 2016, le Conseil de santé a adopté des [principes directeurs et un processus de consultation](#) concernant l’amélioration des services de réduction des méfaits à Ottawa. Les discussions sur les opioïdes et les services de réduction des méfaits dans la ville se sont poursuivies depuis.

En septembre 2017, en réaction à la hausse du nombre de surdoses à Ottawa, le Conseil de santé a approuvé une [proposition](#) visant la mise en place d’un service d’injection supervisée temporaire, au 179, rue Clarence. Lors de son examen de la proposition, le Conseil de santé a demandé au personnel de lui présenter, à sa première réunion de 2018, une évaluation du site temporaire ainsi que des recommandations de solution plus permanente pour l’amélioration des services de réduction des méfaits, qu’ils soient fournis directement par SPO ou par l’entremise d’organisations partenaires. Le présent rapport se veut une réponse à la directive du Conseil de santé.

Le présent rapport fournit non seulement une évaluation du site d'injection supervisée temporaire, mais recommande aussi que Santé publique Ottawa (SPO) présente au ministère de la Santé et des Soins de longue durée (MSSLD) une demande de financement continu des activités de base et de financement ponctuel des immobilisations (100 %) en vue d'offrir de manière permanente les services d'injection supervisée au 179, rue Clarence. Le MSSLD ayant annoncé un nouveau processus invitant les organismes à demander un financement pour agir comme site de prévention des surdoses, le rapport recommande aussi une collaboration avec des partenaires en vue de préparer un programme complet de prévention et d'intervention relatif aux grappes de surdoses à Ottawa. Il s'agirait d'un service évolutif de prévention et d'intervention pouvant être mis en place rapidement et qui se situerait dans les secteurs à haut risque lorsqu'une intervention accrue est requise.

Bien que les services d'injection supervisée, fondés sur des données probantes, fassent partie de toute approche exhaustive du travail auprès de personnes qui s'injectent de la drogue, ils ne ciblent pas tous les facteurs de la crise de surdoses d'opioïdes actuelle.

Comme on l'a indiqué dans des rapports antérieurs, la consommation de substances s'inscrit dans un spectre, dont les stades sont l'abstinence, l'utilisation bénéfique et *non* problématique, l'utilisation potentiellement néfaste et enfin la dépendance et les troubles de consommation. Le terme « néfaste » ne renvoie pas ici à la fréquence de consommation ou à la quantité consommée, mais plutôt aux répercussions négatives que subit la personne sur les plans social, financier, psychologique et physique. Les interventions nécessaires varient selon ce spectre.

Pour cette raison, le présent rapport porte aussi sur les autres initiatives entreprises par SPO et ses organismes partenaires visant l'ensemble du spectre de consommation et permettant de répondre aux besoins des consommateurs de drogue, quel que soit l'endroit où ils se trouvent sur ce spectre.

BACKGROUND

The Board of Health has had ongoing discussions about opioids and harm reduction services since April 2016. 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 this, OPH conducted public consultation over the summer and shared the results on September 2, 2016. Subsequently, the Province recognized the severity of the opioids crisis and announced significant investments to help communities deal with it.

In September 2017, in response to an increasing number of overdoses in Ottawa, OPH brought forward a [proposal](#) to begin operating a time-limited interim Supervised Injection Service (SIS) at its 179 Clarence Street location under the auspices of the Sandy Hill Community Health Centre's (SHCHC) Health Canada exemption to operate an SIS in Ottawa. In discussing this report, the Board approved the following motion:

MOTION 17/04

Moved by Vice-Chair Poirier

WHEREAS the Medical Officer of Health's report is proposing a time-limited interim supervised injection service (SIS) at 179 Clarence Street and a corresponding Memorandum of Agreement (MOA) with the Sandy Hill Community Health Centre (SHCHC);

AND WHEREAS the MOA will expire after 120 days;

AND WHEREAS the current report proposes a monitoring and evaluation plan for the operations of the interim SIS at 179 Clarence Street;

THEREFORE BE IT RESOLVED THAT the Board of Health direct the Medical Officer of Health to bring forward a progress report, at the first meeting of 2018, based on the first 60 days of operating the interim SIS at 179 Clarence Street;

AND BE IT FURTHER RESOLVED, that the above-referenced progress report include recommendations for a more permanent solution for enhancing OPH's harm reduction services through the provision of SIS, at fixed or mobile facilities, either directly or through partner agencies, provided that all legislative requirements can be met and subject to the availability of sufficient funding.

This report is in response to the above motion. In addition, at the Board's meeting of October 30, 2017, staff brought forward a subsequent [report](#) requesting the authority to move forward with an OPH application to Health Canada to allow the interim SIS to continue at 179 Clarence Street until after the Board's consideration of the sixty (60) day review and report on next steps. This was deemed necessary because of the wording of the exemption granted by Health Canada following the September 2017 meeting and uncertainty with respect to the timelines for the start of operations at the SHCHC.

The application to Health Canada also requested approval to allow for the supervision of ingestion and nasal inhalation (i.e. snorting), which effectively changes the services

to a Supervised Consumption Service (SCS). Other than the method of consumption of the pre-obtained drug, there are no significant differences between an SIS and an SCS.

This report recommends the establishment of a permanent SCS at 179 Clarence Street, as outlined later in this report.

OPH notes and emphasizes that while an SCS is an evidence-based component of any comprehensive approach to working with people who inject drugs, it will not address all drivers of the current opioid overdose 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 of substance use on an individual’s life. There is a range of interventions required along this spectrum.

With respect to addictions treatment services, it is worth noting that in November 2017, the [Champlain Local Health Integration Network \(LHIN\) announced](#) a total of \$1.7 million in new ongoing funding that is being invested in health agencies across the Champlain region to meet the growing needs of people with addictions to opioids.

In addition, \$511,000 in continuing funding is going toward a Rapid Access Addictions Medical Intervention Clinic located at the Royal Ottawa Mental Health Centre that will serve people who have visited any emergency room in Ottawa and are facing challenges with opioid and alcohol use.

What’s more, another \$600,000 in one-time funding is being invested in mental health and addictions initiatives across Champlain, including a region-wide opioid training program for addictions and mental health providers.

More recently, the Champlain LHIN is funding the Royal Ottawa Mental Health Centre in the amount of \$274,000 this year to expand public knowledge, awareness, and capacity of individuals and organizations to address substance use by integrating messaging, education and training into broader community programs. To achieve these goals, they will work with the four Public Health Units in Champlain, including Ottawa Public Health, four local school boards, and youth-serving community agencies.

With these latest investments, the Champlain LHIN now invests more than \$26.2 million in community addictions services and supports across the continuum of care designed to meet a range of individuals’ needs and employing a harm-reduction approach

It is also important to prevent the harms associated with substance use. Positive and negative childhood experiences have a tremendous impact on the long-term health and wellbeing of an individual. Without protective factors and intervention, young children are at risk of developing significant mental health problems, potentially leading to school failure, social problems, substance use and addiction, and criminal behaviorⁱ. As such, OPH works with families through our Healthy Growth and Development program, and with the four local school boards in Ottawa to provide support in building capacity, enhancing the system, and creating linkages to community services and partners, when needed. Adequate income, housing and social supports are key variables in reducing substance use as well.

To build on OPH's work to date, the Champlain LHIN is funding OPH to work with Renfrew County and District Public Health, the Eastern Ontario Public Health Unit, the Leeds, Grenville and Lanark Public Health Unit, all four local school boards, and youth-serving community agencies. Engaging these partners will expand the knowledge, awareness, and capacity of individuals and organizations to address substance use by integrating messaging, education and training to broader community programs.

Supervised Consumption Services

An SCS is a health service that provides a safe and hygienic environment where people can inject or snort pre-obtained drugs under the supervision of medically-trained staff. Services may include provision of sterile equipment, injection supervised by a nurse, safer drug use education, overdose prevention and intervention, medical and counselling services as well as referrals to other drug treatment, housing or support services.ⁱⁱ Currently, there are over 90 SIS in operation worldwide to address health issues associated with injection drug use and the number continues to increase.ⁱⁱⁱ SCS help reduce overdoses and transmission of blood-borne diseases and help reduce community issues such as public drug use and discarded needles. Successful treatment of addiction requires reaching a marginalized population with complex mental, physical, socioeconomic and emotional health issues.ⁱ SIS are sometimes the point of entry for people to begin to address the various challenges to their health.

Research findings have demonstrated that SIS reduce overdose fatalities, reduce behaviors associated with acquiring HIV/AIDS and hepatitis C (HCV), increase uptake of substance use treatment, decrease public injecting and have no impact on local crime^{iv}.

SCS models can be categorized into three types: fixed integrated services, fixed specialized services and mobile services. These models are further described in

Document 3.

Opioid overdoses have been increasing over time and 2017 has seen the largest burden of opioid overdose-related emergency department visits to date in Ottawa, with approximately 30 opioid overdoses per month (Document 2). The most opioid overdose-related emergency department visits occurred in July through September of 2017 with an average of 46 visits per month. In the 3 months in 2017 for which data is available (March- June), there were 21 confirmed or probable fatalities related to opioids: just over half of that seen during the entire year in 2016 (40 deaths). Finally, 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 emergency department patients experiencing overdoses during 2017.

DISCUSSION

Recommendation 1 - Receive, for information, the evaluation of the interim Supervised Injection Service, as summarized in this report and detailed in Document1.

Service Utilization of the Interim OPH SIS

The SIS at 179 Clarence St offers SIS with two injection booths 12 hours a day, 7 days a week. From September 26 to January 22, 2018, 174 clients, including 41 clients who were new to the Site program, visited the OPH SIS 2,714 times in total. Volume during 12-hour days averaged 25 visits per day (with a range of 3-45). Most (80%) of the 174 clients were males; age ranged from 18 to 69 years. Females were younger, with an age range of 20-52.

A small number of encounters required medical intervention following injection. Enhanced monitoring was required during 19 (0.7%) encounters involving an injection. Among these, four required oxygen to be administered and one required oxygen and naloxone. 9-1-1 was called for a drug overdose during two of these encounters.

Many clients received health services or referrals during their SIS visit. A total of 1,879 health services were provided for 148 clients (85%). During November 9, 2017 to January 22, 2018, health services provided included: supportive counselling (62%); harm reduction education (47%); and health teaching (17%). An additional 2% of health services were clinical and these included wound care and assessment; and HIV,

hepatitis C and syphilis testing. A total of 71 referrals were provided for 36 (or 24%) clients. During November 9, 2017 to January 22, 2018, most referrals were for health care (83%), mental health (28%), housing (21%), and opioid substitution therapy (14%).

Client flow through the SIS clinic was efficient. The average time from arriving to accessing the injection room was 6 minutes; from accessing the injection room to injecting, 12 minutes; and from injecting to leaving the injection room, 14 minutes. Client volume (an average of 2.0 clients per hour) was highest during the first hour of operation (9 to 10 am) and between noon and 7 pm. Relatively fewer clients (1.5 per hour) visited between 10 am and noon and after 7 pm.

Evaluation of the Interim OPH SIS

In addition to monitoring service utilization, OPH has been monitoring and evaluating the operation from four distinct perspectives, that of: clients, employees, partners and neighbours. Please see Document 1 for more detailed information on the evaluation methodology and findings.

In order to better meet client and employee needs, the SIS team adjusted how they implemented and delivered the service during this interim phase based on ongoing feedback. Service improvements were made to: intake procedures to create a client-centric service; the layout of the facility; safety and security; and policies and procedures. The cost of operating the interim SIS has been approximately \$75K per month, almost entirely for the additional hours of staffing time required. As of January 25, 2018, OPH is still awaiting written confirmation of one-time provincial funding.

While the evaluation found that the interim SIS was implemented as planned, some changes are recommended to reduce potential risks to employee and client safety, to improve employee training, and to establish a sustainable staffing model.

Notwithstanding the recommendations above, the overall experience of clients, employees and partners involved with or impacted by OPH's SIS has been positive. All clients who responded to evaluation surveys were satisfied with services received.

A total of 97% of surveyed clients reported that because they have been accessing OPH's SIS, they find that they inject in public or inject alone less often

A number of clients reported that they are only using the SIS provided at Clarence Street. Clients reported receiving non-judgmental and compassionate care. Both SIS employees and clients reported that longer client interactions provide greater

opportunity to build therapeutic rapport, trust for counseling, and assistance with accessing community support. Overall, employees reported being satisfied with their additional roles and responsibilities at the SIS.

The majority of partners (such as the Ottawa Police Service, paramedics, other harm reduction service providers) believe that OPH's interim SIS has had no or little impact on their organizations.

Residents in the surrounding neighbourhood have expressed diverse opinions regarding the impact of OPH opening an interim SIS at 179 Clarence. Some indicate the impact has been negative while others report that the impact has been positive. Concerns expressed by residents include: threats to personal safety; damage to public and personal property; dissatisfaction with officials when responding to their issues and concerns; and an increase in disruptive/nuisance behaviors in the neighborhood. Of the 59 residents who completed the survey, 51% were supportive of OPH's interim SIS, 37% were not supportive and 12% were undecided."

Reported crime and drug complaints during the initial 60-day review period increased compared to the previous five-year average and over the prior 60-day periods in 2017. Of note, property crime increased by 55 percent (+50 incidents), primarily theft from vehicles and mischief, with minor thefts/theft from vehicles and panhandling often being the types of activity that fund illicit drug use. At least six of 16 drug complaints were linked to the unsanctioned injection "pop-up" site at Raphael Brunet Park, while no drug complaints were made for 179 Clarence specifically. Given the relatively short duration of SIS operations at 179 Clarence, the current and upcoming 60-day periods may reveal more definitive observations regarding crime and disorder trends or patterns.

There is agreement that many contextual factors outside of OPH's SIS make it difficult to attribute causality between the OPH's interim SIS and any impact on the community and partner agencies' operations. Contextual factors (external to OPH) identified included: changing patterns of drugs available (including introduction of fentanyl) and where people use; changes in behaviour among people who use drugs (more aggressive); other SISs opening in Byward Market / Lowertown area (including the "pop-up" and the trailer in the parking lot of the Shepherds of Good Hope).

OPH will communicate the results of the evaluation through a variety of formats such as OPH's website, a 1-page bulletin posted in the SIS, emails to partners, employees and applicable community associations and consultative groups.

Additional SIS services in Ottawa

In addition to the SIS offered by OPH, Ottawa Inner City Health (OICH) has been operating an interim SIS from a retrofitted trailer in the parking lot of the Shepherds of Good Hope shelter since November 7, 2017. Known as “The Trailer”, this SIS is integrated with the health, addictions, housing, and social support services offered by both OICH and the Shepherd’s. The Trailer offers supervised injection services from 6 booths and operates 24 hours a day, 7 days a week. The site is seeing an average of 139 client visits per day. Additionally, OICH offers a Managed Opioid Program (MOP), providing prescribed hydromorphone to clients of the program as a substitute to illicit opioids. The MOP currently has approximately 20 clients enrolled, with plans to expand over time. OICH has advised of their intention to open a permanent site indoors at the Shepherds of Good Hope in the spring and that the number of booths, services provided and hours of operation will be based on an evaluation of their current services.

Additionally, both the Sandy Hill Community Health Centre (SHCHC) and the Somerset West Community Health Centre (SWCHC) have received federal exemptions to operate SIS and are currently preparing to begin operations. The SHCHC is expected to open its SIS in early 2018 and the SWCHC in the spring, with plans to provide services 12 hours a day, 7 days a week. Both CHCs will offer 6 injection booths with services integrated with the full range of other health, harm reduction, social and addictions services offered at the centres.

In order to enhance communication across sectors for a coordinated approach to addressing the opioid overdose risk and provision of SIS, OPH has been coordinating regular meetings with harm reduction partners that currently provide or intend to provide SIS, the Champlain Local Health Integration Network, and Ottawa Police Services. There is a commitment to continue with this approach moving forward, while focusing efforts on consistent reporting and monitoring of service utilization, ensuring ongoing dialogue with communities and residents, and raising awareness regarding the stigma associated with drug use and addictions as a chronic disease.

Further to the guiding principle adopted in June 2016, OPH encourages its community partners to actively seek opportunities to bring forward coordinated, timely and evidence-based proposals for the enhancement of harm reduction services in Ottawa. It is desirable to ensure that anyone using opioids understand to not use alone, and the importance of carrying Naloxone.

Ottawa's geography is unique in terms of both its size and its mix of urban, suburban and rural settings, with a footprint that is greater than those of Calgary, Edmonton, Toronto, Montreal and Vancouver combined. This presents particular challenges in

terms of addressing the needs of hard-to-reach high-risk populations.

Opioid related emergency department visits occur among those who live in the downtown core, and, almost all areas of the City of Ottawa are involved. Emergency department visits will also underestimate the burden of problematic substance use because not all individuals who overdose will seek care.

Given the current local injection drug use landscape and community needs, as identified by people using drugs, community partners and key stakeholders, a range of coordinated and complimentary harm reduction approaches that go beyond SCS and overdose preventions sites are required in Ottawa.

Accordingly, OPH continues to work 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 the OPH's approach to reduce harms associated to opioid overdoses. OPH has worked to:

- Increase local capacity and awareness of pharmacy-based naloxone programming;
- Increase training of naloxone administration for school staff, as well as increased overdose prevention awareness for youth;
- Increase naloxone access for populations identified at higher risk of overdose; and
- Increase naloxone access for partners interacting with individuals at increased risk of overdose.

OPH will continue to work with community partners serving populations at higher risk of overdose with the development and implementation of overdose management and naloxone administration protocols. In 2017, OPH provided over 40 training sessions on overdose response and naloxone administration to community partners serving high risk clients, reaching more than 900 staff (agencies included CHCs, shelters and drop-ins, supportive housing services, treatment agencies, youth correctional facilities and needle and syringe programs). Also, the MOHLTC has recently announced that Naloxone is available to local Police and Fire Services through local public health agencies.

OPH will continue to expand access to naloxone through the launch of the Ontario Naloxone Program Expansion, increasing availability of take-home naloxone kits through community agency partnerships, and explore novel approaches to community

naloxone access.

In light of the above-noted information on the current services' utilization and the examination of other delivery models (including mobile), as well as the evaluation findings from OPH's interim SIS, OPH is recommending the following:

Recommendation 2 – Approve that a permanent supervised consumption site (SCS) be established at 179 Clarence Street to be operated by OPH and that Ottawa Public Health (OPH) submit a request to the Ministry of Health and Long-Term Care (MOHLTC) for ongoing base and one-time capital funding (100%) in order to provide the permanent SCS, as outlined in this report.

Based on feedback from service users, residents, community partners, key stakeholders and current SIS staff, OPH is proposing a small expansion to its current SIS service area to improve flow as well as staff and client safety and to allow for more comprehensive interventions. These changes, which include a small renovation of the current service area, an expansion of the consumption room to support 3 booths and the addition of a post-consumption after-care area, will allow greater capacity for enhanced monitoring, more privacy for clients and more time to engage clients in other services such as referral and treatment.

In conjunction with other SIS in the community, OPH's current SIS utilization indicates that service hours are meeting clients' needs, while balancing OPH's ability to maintain ongoing operations and costs. As with all OPH programs, staff will continue to evaluate and adapt operations based on community needs and in coordination with community partners.

As discussed earlier, a well-integrated SIS provides a point of entry into the full range of health care and other addictions and social services. The OPH SIS is demonstrating this ability to connect people to other services, despite not being an integrated service with comprehensive wrap-around services such as those seen in community health centres.

The recommended service model enhancements will allow OPH to continue to strengthen referrals to wrap around services and treatment. The addition of an aftercare area and introduction of a social worker will allow greater opportunity to engage clients and provide more intensive interventions. This will ensure coordinated access to resources and services, including linkages to health care, supportive housing, social support networks, addictions and mental health services, and practical supports, as well as provide direct social support services through walk-in counselling and

ongoing case management.

The recommended model will also allow enhancement of the Peer Educator Program. Enhancing the Peer Educator role will bring the benefit of connecting people with lived experience to clients, in both the health teaching and promotion of wrap-around services. [Best Practice Recommendations for Canadian Harm Reduction Programs](#) highlight the benefits of hiring and engaging people with lived experience in the design and delivery of harm reduction services including their effectiveness in delivering public health messaging and engaging more marginalized groups of the drug using community. According to the Canadian HIV/AIDS Legal Network, people who use drugs themselves are often the best able to identify what works in a community that others know little about, and must be involved in order to create effective responses.^v

Peer Educators will also be available to facilitate service navigation and accompany clients to health and social service appointments as required. The current interim SIS employs peers periodically, but a more sustainable staffing model is required to ensure consistency in the service model and to enhance impact.

OPH will continue to monitor the needs of SIS clients to inform future onsite services, such as drug testing programs or opioid substitution therapy.

OPH has been working with the MOHTLC to follow the newly established funding application process specifically for SIS. OPH anticipates that, once capital and operating cost estimates are finalized, a funding request will be submitted to the province for the full amount.

Should funding not be provided by the MOHLTC for the proposed permanent SCS, OPH would reassess the operations, including service levels and hours of operation.

Recommendation 3 – Approve that Ottawa Public Health work with partners to prepare for a comprehensive overdose cluster prevention and response across the City of Ottawa, as described in this report.

Epidemiological data demonstrates that overdoses occur across the City and thus any area of the city could benefit from the expansion of harm reduction services. An analysis of mobile harm reduction services and paramedic calls demonstrates that while concentrated in the downtown core, there is service deployment to address opioid use throughout the city (OPH, 2016).

As a partner of the Ottawa Overdose Prevention and Response Task Force (ODPRTF), OPH has committed to continued efforts towards maintaining a local interagency Opioid

Cluster Response protocol, which enables a coordinated response and communication plan in the event of a cluster of overdoses.

In January 2018, the MOHTLC announced a new process that supports agencies to apply and receive funding as an Overdose Prevention Site. An Overdose Prevention Site is an extension of existing harm reduction programs that provide easy-to-access, harm reduction services in a stigma-free environment, to help reduce the growing number of opioid-related overdose deaths.

The Overdose Prevention Site option provides a scalable, overdose prevention and response service that can be rapidly implemented and situated in high-risk areas when an enhanced response is required. Services will be provided from a designated portable unit, which will be set up as close as possible to the area of concern. If needed, OPH will leverage municipal and provincial partnerships to ensure services are comprehensive and responsive. In conjunction with the Opioid Cluster Response, OPH will ensure alignment with the [Ontario Public Health Emergency Preparedness Protocol](#) to have a comprehensive plan in place to address opioid overdose clusters across the city.

RURAL IMPLICATIONS

There are no rural implications associated with this report.

CONSULTATION

Consultation was undertaken as described in the body of the report and as detailed in Document 1.

LEGAL IMPLICATIONS

There are no legal impediments to receiving the information described in recommendation 1 of this report and there are no legal impediments to implementing recommendations 2 and 3 of this report.

RISK MANAGEMENT IMPLICATIONS

Risks associated with the operation of an SCS at 179 Clarence Street continue to be 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

Ongoing services, as described in this report, will be dependant on confirmation of funding approval from the Ministry of Health and Long Term Care.

ACCESSIBILITY IMPACTS

There are no accessibility impacts associated with this report.

TERM OF COUNCIL PRIORITIES

This report supports City Council's Strategic Priority related to Healthy and Caring Communities and the Board of Health's Strategic Priorities with respect to Enhancing Collective Capacity to Reduce Preventable Infectious Diseases, Fostering Mental Health in the Community and Healthy Public Policy.

SUPPORTING DOCUMENTATION

Document 1 - Interim OPH SIS - Evaluation Methodology and Findings

Document 2 – 2017 Data on Opioid Overdoses in Ottawa

Document 3 – Comparison of three Supervised Consumption Service models

DISPOSITION

Following approval of this report, OPH will work with all necessary partners, including Health Canada and the MOHLTC, to ensure proper regulatory and accountability requirements are met to provide services on an ongoing basis. Furthermore, OPH will continue to evaluate and adapt its services in coordination with community partners and based on community needs, as well as input from both clients, and the community.

ⁱ Clinton, J., A. Kays-Burden, C. Carter, K. Bhasin, J. Cairney, M. Janus, C. Kulkarni, R. Williams. 2014. "Supporting Ontario's Youngest Minds: Investing in the mental health of children under 6."

http://www.excellenceforchildand youth.ca/sites/default/files/resource/policy_early_years.pdf

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

ⁱⁱⁱ Supervised Injection Services are in operation in countries including, Switzerland, Netherlands, Germany, Spain, Luxembourg, Norway, Denmark, Greece, Canada, Australia
 (Drug Consumption Rooms in Europe Models, Best Practice & Challenges (2014). Available:
http://www.eurohrn.eu/images/stories/pdf/publications/dcr_europe.pdf).

^{iv} (Ontario HIV Treatment Network [OHTN], 2014)

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