

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
20 June 2016 / 20 juin 2016**

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Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE File Number: ACS2016-OPH-CP-0001

**SUBJECT: ENHANCED HARM REDUCTION SERVICES IN OTTAWA – DATA,
GUIDING PRINCIPLE AND NEXT STEPS**

**OBJET: AMÉLIORATION DES SERVICES DE RÉDUCTION DES MÉFAITS À
OTTAWA – DONNÉES, PRINCIPES DIRECTEURS ET PROCHAINES
ÉTAPES**

REPORT RECOMMENDATIONS

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

- 1. Receive for information this report, including the accompanying technical report, outlining statistical data about problematic substance use in Ottawa, including prevention, harm reduction and treatment options as well as Supervised Injection Services (SIS) models in existence elsewhere and estimated implementation costs;**

2. **Adopt a guiding principle stating Ottawa Public Health's support for evidence-informed enhancements to harm reduction services, including SIS, as outlined in this report; and**
3. **Direct Ottawa Public Health staff to facilitate a consultative process with the community, service providers and other interested stakeholders with respect to the addition of supervised injection services (SIS) as part of the various enhancements to harm reduction programming for Ottawa, as outlined in this report.**

RECOMMANDATIONS DU RAPPORT

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

1. **prenne connaissance du présent rapport d'information, y compris le rapport technique afférent, qui contiennent des données statistiques sur la toxicomanie à Ottawa, notamment sur la prévention, la réduction des méfaits et les options de traitement ainsi que sur les modèles de centres d'injection supervisée (CIS) existant ailleurs dans le monde et les coûts de mise en œuvre;**
2. **adopte un principe directeur exprimant le soutien de Santé publique Ottawa pour des améliorations aux services de réduction des méfaits, comme les CIS, améliorations qui seraient fondées sur des données probantes et dont il est question dans le présent rapport; et**
3. **demande au personnel de Santé publique Ottawa d'entreprendre un processus de consultation auprès des citoyens, des fournisseurs de services et des autres parties intéressées au sujet de l'ouverture de centres d'injection supervisée, dans le cadre des mesures d'amélioration des programmes de réduction des méfaits à Ottawa, comme l'explique le rapport.**

EXECUTIVE SUMMARY

Problematic substance use, particularly injection drug use, presents a growing public health concern, because people who inject drugs can face serious health consequences, including fatal and non-fatal overdoses and bloodborne diseases such as HIV and hepatitis C. As many as 5,000 people in Ottawa use injection drugs – a significant number when considering the impact on their quality of life, and the burden on their families, communities and emergency and health services.

Problematic substance use affects Ottawa residents across the lifespan and at all socioeconomic levels. Approximately 71,000 people in Ottawa have prescriptions for opioids, putting them at risk of problematic use if not properly managed, and an estimated 23,600 - 46,900 people in Ottawa use illicit drugs (excluding cannabis) or opioids taken for non-medical purposes. During 2010-2014, an average of 33 Ottawa residents died each year from unintentional drug overdose.¹ Of these deaths, two-thirds were due to opioids such as fentanyl, oxycodone, and morphine.²

At its meeting of April 18, 2016, the Ottawa Board of Health (the Board) directed staff to report back to the Board with information about substance misuse and harm reduction and treatment services. The Board also directed staff to report back with a proposal on how to engage with the community in a broader discussion on this topic, within an Ottawa context.

This report focuses on the problematic use of illicit substances, including non-medical use of prescription drugs and the programs and services designed to reduce harm to these individuals, their families and communities. OPH uses a public health approach focused on the central goals of health promotion and the prevention of death, disease, injury, and disability. In recent years OPH has also emphasized community engagement to address underlying issues, promoting mental health and wellness in all sectors of our community.

The purpose of this report, and the accompanying technical report, is to communicate epidemiological data and literature related to substance use in Ottawa, demonstrate the need for expansion of harm reduction services, and present options for moving forward to address issues related to problematic substance use, including supervised injection services (SIS). As a public health intervention, SIS is well-established. It has been shown to help reduce overdoses and transmission of bloodborne diseases and it helps to reduce community issues such as public drug use and discarded needles. Moreover, it serves as a bridge to other important health and social services, including counselling, health teaching, medical treatment, referrals to drug treatment, housing and income support.

This report includes recommendations that the Board receive the data requested on April 18, 2016, adopt a guiding principle with respect to enhancing harm reduction services in Ottawa and approve a consultative process towards the enhancement of harm reduction programming for Ottawa. The guiding principle is: Ottawa Public Health supports initiatives that seek to improve access to harm reduction services, including SIS, for people affected by problematic substance use. Further OPH encourages its

community partners to actively seek opportunities to bring forward coordinated, timely and evidence-based proposals, individually or collaboratively, and commits to partnering where possible, on such initiatives.

RÉSUMÉ

La toxicomanie, notamment la consommation de drogues injectables, est un problème de santé publique de plus en plus important. En effet, la consommation de drogues injectables peut entraîner de graves problèmes de santé, notamment des surdoses mortelles et non mortelles et des infections transmissibles par le sang comme le VIH et l'hépatite C. À Ottawa, près de 5 000 personnes consomment des drogues injectables – un nombre considérable étant donné les effets de cette pratique sur la qualité de vie et le fardeau qu'elle constitue pour la famille des toxicomanes, la communauté et les services d'urgence et de santé.

La toxicomanie frappe les résidents d'Ottawa à tous les âges et à tous les statuts socioéconomiques. Environ 71 000 personnes à Ottawa se sont fait prescrire des opioïdes, qui, lorsque mal utilisés, entraînent un risque de toxicomanie. On estime aussi qu'entre 23 600 et 46 900 Ottaviens consomment des drogues illicites (autres que le cannabis) ou prennent des opioïdes à des fins non médicales. De 2010 à 2014, une moyenne de 33 résidents d'Ottawa sont décédés chaque année d'une surdose non intentionnelle³. Parmi ces décès, les deux tiers sont attribuables à des opioïdes, tels que le fentanyl, l'oxycodone et la morphine⁴.

À sa réunion du 18 avril 2016, le Conseil de santé d'Ottawa (le Conseil) a demandé à son personnel de produire un rapport sur la toxicomanie et sur les services de réduction des méfaits et de traitement. Le Conseil a également demandé à son personnel de proposer des façons d'entreprendre une discussion générale à ce sujet dans le contexte d'Ottawa, avec les membres de la communauté.

Le présent rapport porte sur la consommation problématique de substances illicites, y compris l'utilisation à des fins non médicales de médicaments sur ordonnance, et sur les programmes et les services conçus pour réduire les incidences sur les consommateurs, leur famille et la communauté. Santé publique Ottawa (SPO) a adopté une approche de santé publique dont les principaux objectifs sont la promotion de la santé et la prévention des décès, des maladies, des blessures et de l'invalidité. Ces dernières années, SPO a également mis l'accent sur l'engagement communautaire comme façon de résoudre les problèmes sous-jacents et de favoriser la santé mentale et le bien-être dans tous les secteurs de la communauté.

Les objectifs du présent rapport, et du rapport technique afférent, sont de transmettre des données épidémiologiques et de la documentation sur la consommation de drogues et d'alcool à Ottawa, de prouver qu'il est nécessaire d'accroître les services de réduction des méfaits et de présenter des solutions possibles aux problèmes liés à la toxicomanie, y compris les centres d'injection supervisés (CIS). Les CIS sont une mesure d'intervention en santé publique bien établie. Il a été prouvé qu'ils permettent de réduire le nombre de cas de surdose et d'infections transmises par le sang et d'atténuer les problèmes pour la communauté, comme l'utilisation de drogues dans les espaces publics et les aiguilles jetées dans l'environnement. De plus, ils constituent un point d'accès à d'autres services de santé et services sociaux importants, comme le counseling, les renseignements sur la santé, les traitements médicaux, les services de référence vers les organismes de traitement de la toxicomanie, le soutien au logement et le soutien du revenu.

Le rapport recommande au Conseil de prendre acte des données demandées le 18 avril 2016, d'adopter un principe directeur sur l'amélioration des services de réduction des méfaits à Ottawa et d'approuver un processus de consultation sur l'amélioration des programmes de réduction des méfaits à Ottawa. Ce principe directeur : Santé publique Ottawa soutien les initiatives qui visent à améliorer l'accès aux services de réduction des méfaits, comme les centres d'injection supervisée (CIS), pour les personnes ayant un problème de toxicomanie. Santé publique Ottawa encourage également ses partenaires communautaires à chercher activement des occasions de concevoir des projets coordonnés, pertinents et fondés sur des données probantes, que ce soit individuellement ou de concert, et l'organisme s'engage à participer lui-même à ces initiatives, dans la mesure du possible.

BACKGROUND

There is an evolving conversation taking place across Canada about the approach to problematic substance use in our communities, which provides an opportunity for the community of Ottawa to explore and adopt evidence-informed practices to broaden services for people who live with problematic substance use, including the integration of supervised injection services (SIS) with comprehensive health services.

It is in this context, and in response to recent developments with respect to SIS, that the Ottawa Board of Health approved the following directions to staff at its meeting of April 18, 2016:

Motion 09/03

WHEREAS on March 14, 2016, the Sandy Hill Community Health Centre announced its intention to consult the public about adding a supervised injection site (SIS) to its building at Rideau and Nelson streets; and

WHEREAS local consultations into the proposed Sandy Hill Community Health Centre site are ongoing throughout the month of April 2016; and

WHEREAS on April 7, 2016, Ottawa's Medical Officer of Health issued a public statement on this topic in which he:

- **Acknowledged the evolving conversation in the community;**
- **Talked about the four pillars that form Ottawa Public Health's approach to serving the needs of people living with addictions, being prevention, harm reduction, treatment and enforcement;**
- **Referenced some of the programs and services already in place within our community in support of the above-referenced four-pillar approach; and**
- **Expressed a desire to be part of the conversation with respect to supervised consumption services in Ottawa in order to ensure that any SIS in Ottawa will use the right model for those accessing the services; and**

WHEREAS, as a result of the conversations taking place within the community with respect to SIS's, questions have arisen about the various treatment options available in Ottawa for those affected by drug addictions; and

WHEREAS Ottawa Public Health's role is more focused on prevention and harm reduction, therefore the department does not currently have comprehensive and up-to-date information with respect to the various treatment programs, intake/referral processes and outcomes;

THEREFORE BE IT RESOLVED that the Medical Officer of Health report back to the Board of Health for the City of Ottawa Health Unit at its meeting of June 20, 2016 with a comprehensive overview of:

- **The statistical data associated with drug misuse in Ottawa (number of injection drug users, including demographics for same; number of drug overdoses in Ottawa; number of deaths due to drug overdoses in Ottawa;**

rate of infection of blood-borne diseases due to sharing drug equipment, etc.); and

- Detailed information with respect to prevention, harm reduction and treatment programs available, including current wait times and the number of beds in Ottawa.

Motion 09/04

WHEREAS on March 14, 2016, the Sandy Hill Community Health Centre announced its intention to consult the public about adding a supervised injection site (SIS) to its building at Rideau and Nelson streets; and

WHEREAS local consultations into the proposed Sandy Hill Community Health Centre site are ongoing throughout the month of April 2016; and

WHEREAS the Sandy Hill Community Health Centre consultations appear to be focused on one specific site and service model;

THEREFORE BE IT RESOLVED that the Medical Officer of Health report back to the Board of Health for the City of Ottawa Health Unit at its meeting of June 20, 2016 with:

- Information about the various SIS models in existence in other jurisdictions, including estimated implementation costs and success rates; and
- A comprehensive public consultation plan to engage the broader community with respect to SIS models and potential locations.

In response to these motions, and recognizing developments in the community surrounding SIS, Ottawa Public Health (OPH) staff undertook an epidemiological scan of problematic substance use in Ottawa and a review of local programs and services, specifically in the area of harm reduction and treatment.

Background on Supervised Injection Services

A supervised injection service (SIS) is a health service that provides a safe and 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.⁵

Currently, there are approximately 90 SIS's in operation worldwide to address health issues associated with injection drug use.ⁱ That these facilities exist demonstrates that health authorities are increasingly recognizing that health care for injection drug users is no longer a stark choice between abstinence and forgoing health services. Successful treatment requires acknowledgment of the difficulties of reaching a marginalized population with complex mental, physical, socioeconomic and emotional health issues.⁶

No such facilities currently exist in the United States, but some jurisdictions are exploring SIS as an option for dealing with the drug epidemic, with some municipal government officials and law enforcement publically declaring support. A recent media report on SIS profiled a long-time narcotics officer and sheriff in Washington State who was quoted as saying: "The war on drugs hasn't worked. We have to try something different."⁷

Supervised Injections Services in Canada

In Canada, Vancouver's Insite first opened its doors on September 21, 2003 and was North America's first government-sanctioned SIS, meaning that it applied for, and received an exemption from the federal Controlled Drugs and Substances Act (CDSA) to operate.

Insite has demonstrated reduced overdose deaths;⁸ reduced unsafe injection practices and behaviours that cause HIV and HCV transmission;⁹ increased use of detoxification and treatment services;¹⁰ reduced public drug use;¹¹ and it has seen no increase in crime in the surrounding area.^{12,13} Insite is supported by the Vancouver Police Department, the City of Vancouver, and the government of British Columbia.

In 2008, when it appeared that the then-federal government would not grant an extension to Insite's exemption from the CDSA, legal action was initiated in an effort to keep Insite open. These proceedings culminated in a September 2011 ruling by the Supreme Court of Canada ordering the federal Minister of Health to grant Insite an extended exemption from the CDSA.¹⁴ The Supreme Court ruling determined that the sections of the CDSA that prohibit the possession of a controlled substance prevented a person who was dependent on those drugs from accessing health care at Insite and

ⁱ 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).

violated their rights under the [Canadian Charter of Rights and Freedoms](#). That is, denying an exemption would prevent people from getting health services that could prevent death or other serious health consequences. The Supreme Court decision allowed this health service to continue to operate without the risk that its clients or staff might be prosecuted for the crime of possessing prohibited drugs. The ruling also states that the Minister of Health "should generally grant an exemption where a supervised injection site will decrease the risks of death and disease and where there is little evidence of a negative impact on public safety, in accordance with principles of fundamental justice."¹⁵

The 2011 Supreme Court ruling also concluded that the issue of illegal drug use and addiction is a complex one, which attracts a variety of social, political, scientific and moral reactions.¹⁶ The issue was not whether harm reduction or abstinence-based programs are the best approach to resolving illegal drug use, but whether Canada had limited the rights of the claimants in a manner that did not comply with the [Canadian Charter of Rights and Freedoms](#). Additionally, the court concluded that the government had provided no evidence to show that Parliament could prevent increased drug use, addiction, and associated crime by something other than a blanket prohibition. In addition to this, researchers in Vancouver, Sydney, Australia and Germany, have examined the impact of SIS's on public safety issues, and have found no such impacts.¹⁷ In these communities, incidence of public drug use and discarded drug use materials decreased. Furthermore, there was no noticeable increase in drug-related crime. The need to balance public health and public safety considerations was an objective highlighted in the Supreme Court of Canada's ruling.¹⁸

Following the Supreme Court decision, other agencies in Canada began to actively seek exemption from the CDSA for the purpose of offering SIS as a harm reduction measure in their communities.

In January 2016, the federal Minister of Health approved a two-year exemption for Vancouver's Dr. Peter Centre to operate a SIS, accessible by registered clients of its existing facility that provides health and support services to people living with HIV.

In March 2016, a four-year extension was provided to Insite's exemption to operate until 2020 without having to reapply.¹⁹ Also in March 2016, Toronto Public Health released a report recommending an integrated SIS model in Toronto at three locations in the city. Montreal is also actively pursuing an application for its community. In April 2016, the Sandy Hill Community Health Centre held public consultations on its plan to submit an

application for exemption from the CDSA to expand its current harm reduction treatment services in Ottawa to include SIS for people living with problematic substance use.

Epidemiology of Problematic Substance Use

The harms associated with alcohol and use of illicit and prescription drugs place a considerable strain on the healthcare system and cost our society over \$40 billion per year.²⁰ The 2012 Canadian Community Health Survey found that 4.4%, or approximately 1.2 million Canadians, meet the criteria for a substance use disorder. Furthermore, deaths due to drug overdose have been increasing in British Columbia²¹ and in the whole of Ontario.²²

Locally, problematic substance use is a health issue that impacts more than one out of every 10 Ottawa residents,²³ causing harm to the individuals, their families and communities. Problematic use of substances, including alcohol, tobacco, cannabis, illicit drugs, over-the-counter drugs and prescription drugs, affects Ottawa residents across the lifespan and at all socioeconomic levels.²⁴ A third of adults in Ottawa exceed the low risk alcohol drinking guidelines,²⁵ 13% have used cannabis more than once in the past year,²⁶ 9% are current smokers,²⁷ and 2% had used prescription opioids for non-medical purposes in the past year.²⁸ Among Ottawa students in grades 7 through 12, 47% drink alcohol, 24% use cannabis, 9% smoke,²⁹ and 13% had used prescription opioids for non-medical purposes in the past year.³⁰

Approximately 71,000 people in Ottawa have prescriptions for opioids,³¹ putting them at risk of addiction and misuse if not properly managed. Further details on substance misuse can be found in previous reports ([Addressing Substance Misuse in Ottawa, Substance Misuse in Ottawa Technical Report, 2013](#), [Ottawa Student Drug Use and Health \(OSDUH\) Report, 2014](#) and [Epidemiology Scan A Review of Tobacco Indicators, 2012](#)).

An estimated 23,600 - 46,900 people in Ottawa use illicit drugs (excluding cannabis) or opioids taken for non-medical purposes (described in the accompanying Technical Report, Problematic Substance Use in Ottawa, 2016). While alcohol misuse is more prevalent and causes a greater burden of illness and deaths, misuse of illicit drugs and opioids used for non-medical purposes carries a higher risk of premature death or hospitalization.³² This results in significant health and social impacts despite the lower prevalence of misuse.

There are many aspects to consider when assessing the impact of problematic substance use, including the associated morbidity, which can be measured in terms of drug-related emergency room (ER) visits, mortality, and location of use.

In Ottawa in 2015, there were 1,755 drug-related ER visits: 205 due to overdose and 1,550 due to drug-related mental health conditions such as addiction and withdrawal.³³ The number of ER visits related to unintentional drug overdose increased in Ottawa by 77% from 2009 to 2015, while those related to mental health increased by 38%. Males and 20 – 24 year-olds have higher rates of drug-related ER visits.

During 2010-2014, an average of 33 Ottawa residents died each year from unintentional drug overdose.³⁴ Of these, two-thirds were due to opioids such as fentanyl, oxycodone, and morphine.³⁵ There were 2.5 times more unintentional overdose deaths due to opioids during 2009-2014 (23 per year) compared to 2003-2008 (nine per year), while unintentional overdose deaths due to non-opioids have remained steady. Approximately two times as many men as women died of unintentional overdose, and the highest proportion of opioid overdose deaths occurred among 20-49 year-olds (74% from 2010 to 2014).

One indicator of where drugs are used in Ottawa is the deployment of mobile services, such as paramedics and the OPH Site Program mobile van unit. Paramedic responses to drug-related calls are concentrated in the downtown core of Ottawa, but with some responses throughout the city.³⁶ The most visited ward by the OPH Site Program van was Rideau-Vanier, with over 900 visits in 2015, approximately one third of all mobile unit encounters. Somerset and River wards each had over 400 visits, and every ward in Ottawa had at least one visit.³⁷

Another indicator of where drugs are used is the place of residence of individuals presenting to the ER for drug-related visits and of individuals with an injection drug-related bloodborne infection. Although individuals with drug-related ER visits³⁸ and injection drug-related bloodborne infection³⁹ come from almost every ward of the city, they are strongly concentrated in the Rideau-Vanier ward.

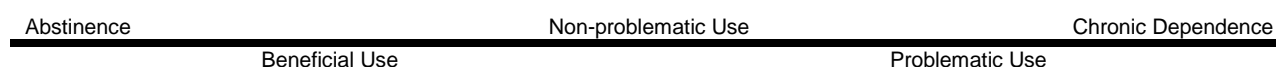
Some individuals with problematic substance use live in unstable housing. As examples, 6% of individuals who present to the ER for drug-related conditions do not have a fixed address,⁴⁰ and 15% of those with bloodborne infection who report injection drug use are under-housed or homeless.⁴¹ Individuals who do not have stable housing use emergency shelters located primarily in Rideau-Vanier, Somerset and Rideau-Rockcliffe wards.⁴² Among emergency homeless shelter clients with stays of over 30

days, more than 70% used drugs or alcohol that resulted in impacts on daily functioning and health.⁴³

A Public Health Framework to Address Problematic Substance Use

Throughout history, various substances have been used for spiritual, religious or medicinal purposes, for individual reasons, and as part of social interactions. As such, 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.⁴⁴

Spectrum of Substance Use⁴⁵



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.⁴⁶ Problematic substance use can affect anyone. However, some people are disproportionately at risk, including those who struggle with poverty, unemployment and homelessness.⁴⁷ As well, substance use disorders are strongly associated with physical or psychological trauma, mental illness, and physical or sexual abuse.⁴⁸

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.⁴⁹ 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.

Current Landscape of Services for Problematic Substance Use in Ottawa

For people living with problematic substance use or dependence, a range of treatment services are available in Ottawa. Prevention programs rooted in health promotion are designed to educate about the harmful effects of substance use, to prevent or delay substance use, or intervene early in an individual's use. Harm reduction programs, including [OPH's Site Needle and Syringe Program](#), are offered to minimize harm to individuals and the broader community by distributing safer drug using materials, educating about safer drug use, and providing referral to other health and social services.

Document 1 of this report shows a visual diagram that demonstrates the spectrum of substance use and the range of services available to address the needs of clients wherever they are along the spectrum of substance use.

Mental Health Supports

A report on strategic initiatives titled Ottawa Public Health's Plan to Foster Mental Health in Our Community, to be considered by the Board of Health at its meeting of June 20, 2016, outlines OPH's role, both in the early detection of mental health problems and in changing attitudes and practices that have the potential to lead to problematic behaviours. Prevention and health promotion in the area of problematic substance use includes work related to mental health and resilience, social connectedness, parenting skills, and promoting a culture of moderation ([Low Risk Drinking Guidelines](#)). For example, [The Bridges Program](#)⁵⁰ is a partnership between the Children's Hospital of Eastern Ontario (CHEO), OPH, Youth Services Bureau and Royal Ottawa Health Care Group. This program provides intensive community-based support (outside the hospital setting) to adolescents coping with a mental health crisis. OPH also supports Rideauwood Addiction and Family Services and La Maison Fraternité, which provide alcohol and drug use counselling at Ottawa area high schools. In addition, the [Regional Opioid Intervention Service](#) at The Royal Ottawa Mental Health Centre provides early intervention for opioid addiction among people under 30 years of age.⁵¹

Peer Overdose Prevention Program (POPP)

Since its launch in 2012, OPH's Peer Overdose Prevention Program (POPP) has certified approximately 200 people who inject opioids to intervene during an overdose by providing naloxone, which is a medication that reverses the effects of an overdose from opioid drugs such as heroin, morphine, fentanyl, and oxycontin. Naloxone is

promoted by the World Health Organization (WHO) as a best practice to prevent death from opioid overdose. It is not harmful, and it does not produce a 'high.'⁵²

During that same period, more than 60 overdoses have been reversed due to the quick action by a POPP certified peer administering naloxone. In 2014, The WHO reported that naloxone distribution programs may assist in the timely treatment of overdose where emergency help is unavailable, or unlikely to reach the overdosing person in time. The WHO recommended naloxone distribution to people (peers) who are likely to witness an opioid overdose due to its clear potential for saving lives, apparent low risk of significant adverse effects, and cost effectiveness.

POPP training is provided to OPH Site program clients on a walk-in basis through OPH's Site program office and on demand by calling the OPH Site program van. In addition, OPH partners with the Royal Ottawa Hospital's Substance Use and Concurrent Disorders Program to provide monthly POPP training for identified high risk youth, both inpatient and outpatient. Group trainings are also offered in partnership with needle and syringe partner (NSP) agencies across Ottawa, including Ontario Addiction Treatment Centers (OATC), where OPH provides monthly POPP training at one of OATC's three locations. POPP is also provided through harm reduction outreach services at the Youth Services Bureau, Operation Come Home, Rideauwood Addiction and Family Services, Daisy's Drop-In for women involved in the sex industry, and during Drug Users Advocacy League's (DUAL) weekly peer drop-in breakfasts.

Opioid Substitution Therapy

For people with problematic opioid use in Ottawa, Opioid Substitution Therapy (OST) is available through same-day referral at a number of service providers, including Ontario Addiction Treatment Centres (three locations), the Sandy Hill Community Health Centre, Recovery Ottawa, and to patients of the Royal Ottawa Hospital. OST supplies illicit drug users with a prescribed replacement medicine, such as methadone or buprenorphine, administered orally in a supervised clinical setting to help relieve symptoms of opioid withdrawal.⁵³ In 2015, approximately 1,000ⁱⁱ people in Ottawa were accessing OST. These programs have been shown to reduce illicit opioid use, HIV risk behaviours, and death from overdose. As with other harm reduction programs, OST programs provide a gateway for people to access other health services, including primary health care,

ⁱⁱ Derived using the Ontario Drug Benefit estimate (excluding telemedicine patients) for the Champlain Local Health Integration Network (LHIN) region and the proportion of the Champlain LHIN region 2011 population that Ottawa comprises. This assumes that the rate of opioid substitution therapy is the same in Ottawa as in the rest of the LHIN. Some double counting is possible.

addictions counselling, HIV testing, services for tuberculosis, hepatitis C, and sexually transmitted infections.⁵⁴

Housing First

There has also been recent increased attention to '[housing first](#)' services that provide housing with adequate supports for people struggling with problematic substance use. People who are homeless or have unstable housing and who live with substance use disorders have difficulty obtaining and maintaining employment and housing. This has led to the creation of harm reduction programs that provide safe, stable housing to clients who are unable to maintain abstinence from drug use. As well, stable and supportive housing is needed to give people an environment in which they may be better able to deal with difficulties related to problematic substance use. Initiatives such as the Sandy Hill Community Health Centre's Intensive Case Management (ICM) program, which launched in 2013, are designed to support people on OST to secure and maintain their housing. There are currently 120 people enrolled in the Sandy Hill Community Health Centre's ICM program; 105 people have been successfully housed and maintained their housing. Most people have been able to stabilize or reduce their drug use after being housed.⁵⁵

Inpatient and Outpatient Treatment

Currently, there are a number of agencies in Ottawa that provide inpatient and/or outpatient treatment services to individuals who are ready to reduce or stop using substances. A total of 258 beds are available through 26 residential programs hosted by 11 agencies.⁵⁶ Several of these residential treatment facilities are designed to target specific populations in Ottawa, for example: men, women, youth and Aboriginal populations. There are also a number of private treatment facilities that are located in the Ottawa area, close to Ottawa, or in the surrounding regions. In 2014/15, approximately 8,600 Ottawa residents received substance misuse treatment, including approximately 800 admissions into residential programs.⁵⁷

None of these treatment approaches offer a stand-alone solution to addressing problematic substance use. Many people will access multiple treatment services intermittently or concurrently as a way to manage or recover from problematic substance use. There are some people for whom abstinence may never be a realistic outcome. For these individuals, stabilization and "managed", or less problematic substance use, is a more realistic goal. Rather than being defined solely as achieving abstinence, 'recovery' is conceptualized as "a process of change through which individuals improve their health and wellness, including overcoming or managing one's

disease symptoms, living a self-directed life, and striving to reach an individual's full potential."⁵⁸

Some people may stop using substances on their own, while others will live with problematic use for many years, utilizing a host of health services at different times. That is why a range of treatment services are provided in Ottawa to manage symptoms and address the negative impacts for those facing substance use challenges. Substance use programs work with clients' current motivation, attempting to stabilise and move them along a change continuum that meets their unique and evolving needs.

In Ottawa, the [Ottawa Addictions Access and Referral Services](#) (OAARS) serves as a centralized addictions access point for clients. OAARS assists clients with substance use screening, assessment, treatment matching and support into treatment.

While referral to treatment services is an important component of harm reduction programs, the [Best Practices for Canadian Harm Reduction Programs](#)⁵⁹ caution against over-emphasizing treatment as some clients may not be ready to discuss treatment options, and focussing on treatment may alienate clients and discourage future use of harm reduction services.⁶⁰

Addressing Problematic Substance Use in Ottawa – An Overview

In Ottawa, harm reduction services are provided according to [Best Practices for Canadian Harm Reduction Programs](#), with multiple access locations and a mixture of fixed and mobile service delivery. OPH's Site Needle & Syringe Program (Site program) and 20 community needle and syringe partnersⁱⁱⁱ (NSPs) distribute safer drug using materials (needles, cookers, sterile water, alcohol swabs, etc.) and dispose of used equipment; distribute safer sex materials (condoms and lubricant); and provide prevention education related to HIV, hepatitis C, skin and vein problems, and overdose.

OPH's Site Needle & Syringe Program (Site program)

Through OPH's Site program, public health nurses offer counselling, testing for sexually transmitted and bloodborne infections, pregnancy testing, emergency contraception, vaccinations, and first aid. These services are provided both from a fixed office location

ⁱⁱⁱ The 20 community needle and syringe partners include: AIDS Committee of Ottawa, Carlington Community Health Centre, Centre 454, Centre 507, Centretown Community Health Centre, Elizabeth Fry Society of Ottawa, Minwaashin Lodge – STORM Van, Operation Come Home, Ottawa Freedom Center, Ottawa Inner City Health, Pinecrest-Queensway Health and Community Services, Sandy Hill Community Health Centre, Shepherd's of Good Hope, Somerset West Community Health Centre, South-East Ottawa Community Health Centre, Wabano Centre for Aboriginal Health, Youth Services Bureau of Ottawa, Ottawa Addiction Treatment Centres, Scotties Spot, and Lowertown Community Resource Centre.

and via the mobile van service. Ottawa NSPs also distribute sterile needles and inhalation equipment, the latter coordinated through the Somerset West Community Health Centre. Needle and syringe programs have demonstrated cost-effectiveness in reducing HIV prevalence and the reuse of needles.^{61,62}

Harm reduction programs are also viewed as an important entry point to access other treatment services, health services and other social supports. OPH's Site program has well established linkages to other treatment services throughout the city and regularly facilitates client referrals to these other services. It is important to note that for any of these treatment options to be most successful or beneficial, the services must be tailored to the client – "client-centered" and "client initiated."

In addition, OPH's Site program provides targeted harm reduction outreach to various client groups, including youth, in partnership with the Dave Smith Youth Treatment Centre, Youth Services Bureau, and Operation Come Home; to women involved in the sex industry through Daisy's weekly drop-in; and to people attending the DUAL weekly drop-in breakfasts.

In 2015, OPH's Site program and NSP partners together had nearly 20,000 encounters with people who use illicit drugs in Ottawa, and distributed a total of 775,000 needles. Most agencies are open during business hours (8:30 a.m. to 4:30 p.m., Monday to Friday). Shepherds of Good Hope, a NSP partner, provides safer injection materials overnight. Together with Centre 507, Ontario Addiction Treatment Centre (OATC), Ottawa Freedom Center, Youth Services Bureau and Scotties Spot, Shepherds of Good Hope also provide supplies on weekends.

Three mobile harm reduction services operate in Ottawa during the evenings hours on most days of the week, including OPH's Site van, which operates seven days a week. In 2015, the three mobile services collectively had 3,695 calls for harm reduction services. OPH Site van responded to 2,400 or 64% of the total number of calls. These calls were received from all areas of the city, with nearly half (47%) coming from downtown areas – Rideau-Vanier, Byward Market, Lowertown, Sandy Hill, Centretown and Somerset.

In 2015, OPH's Site program (fixed office location and mobile service combined) had 6,092 or 30.5% of the 20,000 total NSP encounters, while together the Sandy Hill Community Health Centre, Somerset West Community Health Centre and Centertown Community Health Centre and Shepherds of Good Hope account for an additional 56.7% of total encounters. Sixty percent (60%) of OPH's Site program's total encounters in 2015 lasted five minutes or more in duration, indicating brief counselling interventions with clients – short conversations that are intended to motivate change,

reduce harm related to drug use, and assist someone towards recovery when staff perceives a readiness.⁶³ Approximately 30% of OPH's Site program encounters included clinical services such as sexually transmitted infection testing and treatment, follow up, and emergency contraception. Ten percent (10%) of Site Program encounters in 2015 included referrals to other services in Ottawa, such as community agencies, primary care, intensive case management and detoxification services.

Needle Coverage

The WHO defines needle coverage as the number of syringes distributed per person who injects drugs per year.⁶⁴ It has been estimated that approximately 1,000 needles are required per person per year. According to this formula, if there are between 1,200 – 5,600 people who use injection drugs in Ottawa, the number of needles distributed per year should be between 1.2 million and 5.6 million. Acknowledging that some people may access materials through other avenues, in 2015, Ottawa NSPs collectively distributed only 775,000 needles, which is approximately half the number required to meet needle coverage for the lower estimation of 1,200 injection drug users in Ottawa.

Disposal of used needles and syringes is coordinated in partnership between OPH and NSP partners, the City of Ottawa and the [Needle Hunters program](#). There are currently 78 Needle Drop Boxes located across the city.

Involvement of People with Lived Experience

In accordance with modern client-centered approaches, people living with problematic drug use must be involved in decision-making about harm reduction services. 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...to create effective responses"⁶⁵ [...] "Including the perspectives of people who use drugs at these tables helps to ensure that drug-related harm reduction policies, research and services are more relevant to the realities of people who use drugs."⁶⁶ In Ottawa there are active drug users' groups, such as the Drug Users Advocacy League (DUAL) and Ottawa Network of Peers Advocating Harm Reduction that provide a voice for people who use drugs and an entry point for agencies to solicit first-hand experience and service-user perspective during decision-making.

DISCUSSION

Recommendation 1:

That the Board of Health for the City of Ottawa Health Unit receive for information this report and accompanying technical report, outlining statistical data about drug misuse in Ottawa, including prevention, harm reduction and treatment options as well as SIS models in existence elsewhere and estimated implementation costs.

In response to the two (2) motions adopted by the Board on April 18, 2016, the background section of this report, the three main models of supervised injection services (Document 2) and accompanying technical report (Document 3) will provide statistical data with respect to drug misuse in Ottawa; detailed information about prevention, harm reduction and treatment programs available in Ottawa; and an overview of the various SIS models in existence worldwide. This is provided for information and as context for ongoing discussions with decision-making bodies, partner agencies and the broader community.

Recommendation 2:

That the Board of Health for the City of Ottawa Health Unit adopt a guiding principle stating Ottawa Public Health's support for evidence-informed enhancements to harm reduction services, including SIS, as outlined in this report.

Ongoing Challenges in Addressing Problematic Substance Use

Continuing Risk for HIV and Hepatitis C

In Ottawa, the prevalence of HIV and hepatitis C (HCV) among people who inject drugs has stabilized over the past 20 years with the introduction and expansion of needle and syringe programs. However, this community is still disproportionately affected - 70% of people who inject drugs have HCV and 10% are HIV positive⁶⁷ compared with 0.35%⁶⁸ and 0.71%⁶⁹ in the general population, respectively. Despite efforts to expand access to harm reduction services, Ottawa is not distributing enough needles to meet 'needle coverage.' Further, people continue to report unsafe drug use practices. In 2014, 13.9% of people who inject drugs reported using a previously-used needle/syringe.⁷⁰

Access to Harm Reduction Services

A recent Harm Reduction Needs Assessment in Ottawa identified the expansion of access to services, including supervised injection services, as a top priority.⁷¹ There is demand for 24-hour access and concern for outlying suburban and rural regions that do not have NSP services beyond those provided by mobile vans. In addition to identifying new partners to host fixed NSP services, NSP partners are exploring other methods to expand access to harm reduction services, including through implementation of harm reduction dispensing units that can provide services in areas of the city with limited or no access and during times of the day when services are not open. Dispensing units are automatic dispensing machines that distribute sterile syringes and injection equipment for a special token distributed only to NSP clients. These units have been introduced in several European countries including Switzerland, Germany, France, Italy, the Netherlands, Austria, and also in Australia and New Zealand. Dispensing units have proven effective in serving hard-to-reach high-risk populations, as the anonymous and confidential nature makes these services attractive, accessible and acceptable to these groups.⁷²

It must be noted that Ottawa's geography is unique 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.

Responding to Overdose Risk

While OPH's Site Program has provided POPP certification and naloxone to approximately 200 people in Ottawa, there are hundreds of others who currently inject opioids, are at high risk of overdose, and have not yet been trained to administer naloxone. To exemplify this risk, of those who have been POPP certified through OPH's Site program, half (50%) reported that they had themselves experienced an opioid overdose and three quarters (76%) reported that they had seen someone else have an opioid overdose.⁷³ Currently, the OPH Site program is authorized by the Ministry of Health and Long Term Care (MOHLTC) to provide naloxone only to people who inject opioids. However, seeing that approximately 71,000 people in Ottawa have an opioid prescription, there is a need to broaden access for all people using opioids, not just those using by injection.

Overdose will continue to be a challenge due to the emergence of stronger opioids reported across the country. This will require strengthened coordination with first

responders – paramedics, police and the medical community. In March 2016, the British Columbia Medical Officer of Health declared a public health emergency due to the increasing number of opioid overdoses. The College of Physicians and Surgeons of British Columbia were the first in Canada to introduced new, tighter mandatory prescribing standards that require physicians to discuss alternatives to opioids.⁷⁴

In support of efforts to address the growing number of opioid overdoses, in March 2016, Health Canada announced a revised listing for naloxone to make it more widely available (over the counter) to Canadians. Specifically, Health Canada proposed an amendment to the prescription drug list to allow non-prescription use of naloxone *for emergency use for opioid overdose outside hospital settings*.⁷⁵ As identified in its Mental Health Strategic Plan, OPH will be working with key partners to reduce harms of prescription medication through best practices related to safe prescribing, dispensing, and disposal of opioids. OPH is also committed, through the Opioid Task Force, to strategies aimed at expanding access to naloxone for all people in Ottawa who use opioids, not just those who inject, and to work with pharmacies to ensure access to free naloxone for all Ottawa residents. In May 2016, Ontario's Minister of Health announced plans to join British Columbia and Alberta in dispensing free naloxone through community pharmacies to anyone who needs it, with no prescription needed.⁷⁶

Treatment Services

The Ottawa Addictions Access and Referrals Service (OAARS) provides coordination among withdrawal and residential treatment services. According to available treatment program data, at least half of those seeking certain types of treatment experience no wait time, but some individuals may wait up to a year.⁷⁷ Some programs require abstinence from substance use thus limiting access.

In 2013, OAARS supported 1,484 individual clients through assessments. Withdrawal management and support services are available through Ottawa Withdrawal Management Centre in the form of a short-term stay (average 5-day) to receive monitoring during withdrawal, enrolment in a day program (2-3 weeks), or support for people who prefer to go through withdrawal at home. In addition, the Royal Ottawa Hospital has 16 beds dedicated for people to undergo medically-assisted withdrawal.

Ongoing Stigma Related to Mental Health and Addictions

Pervasive stigma towards people struggling with mental illness and problematic substance use keeps people from asking for help, drives drug use underground, and further marginalizes people with these chronic diseases.⁷⁸ This stigma creates barriers

for people to access health and social services, including treatment services. In Ontario, while one in five people have a mental illness or addiction, only one-third access services.⁷⁹

Supervised Injection Services

SIS have been identified by OPH clients and community partners as being needed, particularly in response to public injecting for people who are homeless or who live in unstable housing. In the previously referenced Harm Reduction Needs Assessment conducted by OPH, 25% of those surveyed reported that in the previous six months, they always or usually injected in a public place and 19% reported that they sometimes injected in a public place.⁸⁰ Further, 74% of 215 surveyed indicated that they would use a SIS if such services were available in Ottawa.⁸¹

The Toronto and Ottawa Supervised Consumption Assessment (TOSCA)⁸² study conducted in 2012 concluded that both Toronto and Ottawa would benefit from SIS, and that the optimal model 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. While mobile facilities might extend access to SIS for hard-to-reach populations, they were not recommended because there was little support for mobile SIS from the drug using community and there is limited available research documenting their operation and outcomes. A description of the different models of SIS, including advantages and disadvantages of each, is provided in supporting Document 2.

For Ottawa, the recommendation from TOSCA was two SIS's integrated within existing harm reduction services. Projections were based on considerations of the number of people who use drugs in Ottawa, geographic location of drug use, projected use of SIS, demonstrated decrease in risky behaviours among clients of other SIS, and associated projected long-term costs and health benefits, including the prevention of HIV and hepatitis C (HCV) infections (TOSCA estimated 6-10 HIV and 20-35 HCV infections would be prevented per facility per year). Researchers in Vancouver have demonstrated that Insite prevented overdose, reduced public injecting, and prevented an estimated 35 new HIV infections per year.⁸³

There is a need to expand services to include SIS in Ottawa and plans are underway for at least one SIS, offered as an extension to existing services provided at the Sandy Hill Community Health Centre.

Community Concerns Surrounding SIS

Concerns have been expressed with respect to the presence of an SIS. Some have expressed a preference for government funding to go towards treatment rather than SIS because the former is viewed as helping whereas the latter is viewed as enabling drug use. Some have expressed concerns about public safety, suggesting that the presence of a SIS would lead to a concentration of drug users and dealers, which could lead to increased criminal activity in the area.

With respect to concerns about potential increases in criminal activity, it should be noted that this issue has been addressed by multiple sources, including:

- An Expert Advisory Committee (EAC) appointed by then-Minister of Health Tony Clement, to report to a Federal Coordinating Committee on research on the supervised injection site (Insite) in the Downtown Eastside (DTE) of Vancouver;⁸⁴
- The Supreme Court of British Columbia, judgement by The Honourable Mr. Justice Pitfield, dated May 27, 2008;⁸⁵ and
- The Supreme Court of Canada, judgement by Justice McLachlin, C.J., dated September 30, 2011.⁸⁶

The EAC findings stated that observations taken six weeks before and 12 weeks after the opening of Insite indicated a reduction in the number of people injecting publicly, that there was no evidence of increases in drug-related loitering, drug dealing or petty crime in areas surrounding Insite, and that police data for the Downtown Eastside and surrounding areas showed no changes in rates of crime recorded by police. Also, the majority of local residents, service providers, business owners and police did not notice any increases.⁸⁷

Further, in 2011, the Supreme Court of Canada found that "during its eight years of operation, Insite has been proven to save lives with no discernible negative impact on the public safety and health objectives of Canada."⁸⁸

Changing Regulatory Landscape

At the federal level, Minister of Health, the Honourable Dr. Jane Philpott, has stated that "supervised injection sites are among a number of strategies the government has put forward to cope with drug abuse and overdose deaths."⁸⁹ On the question of enforcement measures, Minister Philpott has also publicly stated that "it is impossible to arrest our way out of this problem."⁹⁰

In May 2016, Health Canada announced that it was moving to allow doctors to apply for special access to prescribe pharmaceutical-grade heroin for people with severe addiction. Minister Philpott emphasized that the federal government would "take an evidence-based, evidence-informed approach to drug policy."

Meanwhile, the Ontario government has also indicated its support of enhanced harm reduction strategies, including SIS. Responding to questions about Toronto Public Health's proposal to open three SIS locations, Ontario Premier Kathleen Wynne stated that "society has a responsibility to implement harm reduction policies," adding that such policies "save people's lives, make communities safer and allow people to be functioning members of society."⁹¹ Ontario's Minister of Health and Long Term Care, the Honourable Dr. Eric Hoskins, has also announced plans to dispense free naloxone to anyone through community pharmacies with no prescription needed.⁹²

With respect to public opinion, a recently published [Forum Research poll](#), found that 54% of Ottawa residents approve of the idea of a supervised injection site, whereas 37% are against it. This is consistent with Minister Philpott's assertion that "the more people understand about what it actually offers the more people are in favour of it."⁹³

These developments indicate a shift from a law enforcement-based approach to dealing with drugs towards a health-oriented, harm reduction approach to helping those living with problematic drug use and drug addictions.

Guiding Principle

Given the ongoing challenges outlined in this report, the evolving conversation about the expansion of harm reduction services in Ottawa and in other Canadian jurisdictions, and the evidence in support of SIS as part of the continuum of care for persons living with problematic drug use, staff is recommending that Ottawa's Board of Health declare that, from a public health perspective, SIS are an effective, well-researched and evidence-based treatment option that have a place in any comprehensive approach to working with people who inject drugs. Accordingly, the Ottawa Board of Health adopt, as a guiding principle, a statement expressing its support, in principle, for initiatives such as SIS and other harm reduction enhancements, brought forward by community partners and/or health care professionals seeking to remove barriers and/or improve access to harm reduction services. Further, OPH will encourage its community partners to actively seek opportunities to pursue funding for and develop proposals for the enhancement of harm reduction services in Ottawa, including SIS. OPH will also urge its various community and health care partners to work collaboratively to bring forward

coordinated, timely and evidence-based options to improve the health and well-being of all community members and commit to partnering, where possible, on such initiatives.

Statement of Principle:

Ottawa Public Health supports initiatives that seek to improve access to harm reduction services, including Supervised Injection Services (SIS), for people affected by problematic substance use. Further OPH encourages its community partners to actively seek opportunities to bring forward coordinated, timely and evidence-based proposals, individually or collaboratively, and commits to partnering where possible, on such initiatives.

Recommendation 3:

That the Board of Health for the City of Ottawa Health Unit direct Ottawa Public Health staff to facilitate a consultative process with the community, service providers and other interested stakeholders with respect to the addition of supervised injection services as part of the various enhancements to harm reduction programming for Ottawa, as outlined in this report.

Options for Enhancing Harm Reduction Services

In light of the current landscape and OPH's public health approach, which focuses on the central goals of health promotion and the prevention of death, disease, injury and disability, staff has identified the following potential options for enhancing harm reduction services in Ottawa:

1. Expand access to harm reduction services in Ottawa, by:

- Enhancing over night and weekend services to address existing gaps in existing service delivery and to ensure that all clients can more easily access harm reduction services 24 hrs a day, seven days a week, including the possibility of implementing harm reduction dispensing units for people to access safer drug using materials during times of the day when services are closed and/or in regions of the city that do not have fixed services.
- Identifying new community partners to provide harm reduction services in geographical areas of the city that do not currently offer these services.
- Formalizing peer distribution services with appropriate supports for peers who distribute harm reduction materials to hard-to-reach communities and educate about safer drug use.

2. Integrate supervised injection services as part of existing Ottawa NSPs by:

- Supporting current and future harm reduction and treatment agencies that are considering the implementation of SIS within their services.
- Exploring with partner agencies the benefits and considerations of implementing a mobile SIS in addition to fixed services.

3. Enhance access to naloxone by:

- Expanding POPP and naloxone training offered through OPH, community partners, peers, as well as other health care professionals such as physicians and pharmacists.
- Developing a public education campaign about opioid use, overdose prevention, and naloxone use.

As noted previously in the report, Ottawa's geography poses unique challenges, both in terms of its size and its mix of urban, suburban and rural areas. Several of the above-referenced options speak directly to these challenges and would allow for the exploration of new approaches and/or new partnerships in order to better serve hard-to-reach populations.

Consultation Plan

The proposed consultation plan will ensure that Ottawa residents, providers of harm reduction services, community health practitioners, businesses and other key stakeholders have the opportunity to provide input on options for enhancing harm reduction services in Ottawa, toward a healthier and safer community.

In the [City of Ottawa's Public Engagement Strategy](#), “consult” is defined as a process “to seek advice or information from individuals, groups, stakeholders, residents...to gather ideas and input, or to test input and ideas for action, to ensure the public’s concerns and feedback about decisions that have not yet been made, are considered.”

OPH is committed to following that Strategy’s guiding principles, ensuring that this consultation will be:

1. **Accountable** to residents, stakeholders and community partners by providing information about how their input will be considered in moving forward with enhancing harm reduction services in Ottawa;

2. **Inclusive** of all residents and stakeholders and removing barriers to participation in the survey and/or consultation meetings;
3. **Open, informative and transparent** from the outset of the consultation process with accessible background information, and including the phone number of a person to whom questions, comments and input may be directed;
4. **Timely** in that the consultation will be completed by the end of Fall 2016;
5. **Adaptive** to changes in the conversation, and flexible to respond to emerging issues, and the ability to adjust consultation process to ensure participation of all stakeholders;
6. **Continuous improvement** by evaluating the consultation process itself, seeking input from participants about the process and content; and,
7. **Cooperative** in the commitment to build and maintain positive respectful relationships with residents, stakeholders and community partners.

This consultation will build on the results from OPH's 2012-2013 Harm Reduction Needs Assessment, which identified the need for expanded access to harm reduction services in Ottawa, including supervised injection services. This consultation will also contribute to current conversations about supervised injection services (SIS) and to recent developments on this subject.

The consultation process will include two phases during the summer and fall of 2016, and will include public engagement techniques to ensure input from a wide audience.

1. **An online public opinion and input survey will be launched following the Board of Health meeting.** The online survey, also available by paper and telephone as required, will be widely promoted and socialized on OPH's website, through social media avenues such as Facebook and Twitter, and through formal and informal local harm reduction and treatment networks. The survey is intended to seek input on the options as outlined in the Board of Health report, to enhance harm reduction services in Ottawa.

Specifically, the plan is to collect input and ideas on:

- Expanding hours of harm reduction services in Ottawa;
- Expanding harm reduction services in areas of the city that do not currently have services;

- Introducing harm reduction distributions units; and
- Introducing supervised injection services in Ottawa.

2. A series of targeted stakeholder meetings will be held in late summer and fall, 2016. The purpose of these meetings will be to share survey results and discuss concrete next steps for service providers to move forward in exploring and/or implementing proposals. Stakeholders will include, but will not be limited to: representatives from drug users' groups and other members of the affected community; key community health partners and practitioners; business associations; community groups; first responders; and representatives from City of Ottawa departments and other key stakeholders.

During both of these phases, the aim will be to capture the opinions and voices of as many groups as possible with attention to age, gender, and participants' geographic location in Ottawa. As well, participation of people with lived experience of using drugs, those who work with people who use drugs, as well as members of the broader community who have no personal connection with drug use or harm reduction services will be sought.

Finally, a summary of consultation results will be prepared and shared through various avenues, including a report back to the Board of Health, OPH's website, social media, and through formal and informal local networks.

The results of the consultation will inform OPH input into proposals that may be brought forward by other agencies, as well as any recommendations to enhance existing OPH programs and services.

RURAL IMPLICATIONS

There are no rural implications to this information report.

CONSULTATION

In preparing this report, staff consulted various community partners to obtain data with respect to their programs and services, as referenced in the attached technical report.

COMMENTS BY THE WARD COUNCILLOR(S)

This report has city-wide implications.

LEGAL IMPLICATIONS

There are no legal impediments to implementing the recommendations in this report.

RISK MANAGEMENT IMPLICATIONS

There are no risk management implications associated to this report.

FINANCIAL IMPLICATIONS

The public consultation process outlined above will be conducted using existing resources. Accordingly, there are no financial implications associated with this report.

ACCESSIBILITY IMPACTS

There are no accessibility implications associated with this report

TERM OF COUNCIL PRIORITIES

This report aligns with the Ottawa Board of Health's 2015-2018 Strategic Priorities with respect to Fostering Mental Health in Our Community and Enhancing Collective Capacity to Reduce Preventable Infectious Diseases, as well as Ottawa City Council's 2014-2018 Term of Council Priorities with respect to Healthy and Caring Communities.

SUPPORTING DOCUMENTATION

Document 1 – Current Landscape of Services in Ottawa to Address Problematic Substance Use

Document 2 – Three Main Models of Supervised Injection Services

Document 3 - Problematic Substance Use in Ottawa - Technical Report

DISPOSITION

Following approval of this report, OPH staff will launch the public consultation process described above, reporting back to the Ottawa Board of Health, as appropriate.

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- ¹ Office of the Chief Coroner for Ontario, Ottawa data extracted April 6, 2016
- ² Office of the Chief Coroner for Ontario, extracted June 7, 2016.
- ³ Données du Bureau du coroner en chef de l'Ontario, Ottawa, consultées le 6 avril 2016.
- ⁴ Données du Bureau du coroner en chef de l'Ontario, consultées le 7 juin 2016.
- ⁵ Supervised Drug Injection Services Toolkit, by Toronto Drug Strategy
<http://www.toronto.ca/legdocs/mmis/2013/hl/bgrd/backgroundfile-59914.pdf>
- ⁶ Supervised Drug Injection Services Toolkit, by Toronto Drug Strategy
<http://www.toronto.ca/legdocs/mmis/2013/hl/bgrd/backgroundfile-59914.pdf>
- ⁷ CBC News article dated March 15, 2016 titled "[Seattle Considers Supervised Injection Site Says King County Sheriff](#)"
- ⁸ Milloy, MS et al. (2008). Estimated drug overdose deaths averted by North America's first medically-supervised safer injection facility. PLoS One, 3(10), e3351.
- ⁹ Kerr, T et al. (2005). Safer injection facility use and syringe sharing in injection drug users. Lancet. 366 (9482): 316-318.
- ¹⁰ Wood E et al. (2007). Rates of detoxification service use and its impact among a cohort of supervised injection facility users. Addiction, 102 916-919.
- ¹¹ Petrar S et al. (2006). Injection drug users' perceptions regarding use of a medically supervised safer injection facility. Addictive Behaviour, Aug 21.
- ¹² Wood E et al. (2006). Impact of a medically supervised safer injection facility on drug dealing and other drug related crime. Substance Abuse Treatment, Prevention, and Policy 1(1): 13.
- ¹³ Boyd N et al. (2008). Final report – Public order and supervised injection facilities: Vancouver's SIS. Vancouver BC.
- ¹⁴ Canada (Attorney General) v. PHS Community Services Society, 2011 SCC 44, Supreme Court of Canada.
- ¹⁵ Canada (Attorney General), *ibid*.
- ¹⁶ [2011 Supreme Court of Canada ruling](#)
- ¹⁷ Supervised Drug Injection Services Toolkit, by Toronto Drug Strategy
<http://www.toronto.ca/legdocs/mmis/2013/hl/bgrd/backgroundfile-59914.pdf>
- ¹⁸ Canada (Attorney General), *ibid*.
- ¹⁹ Vancouver Coastal Health (March 17, 2016). Available: <http://www.vch.ca/about-us/news/news-releases/insite-receives-new-four-year-health-canada-exemption>
- ²⁰ Canadian Centre on Substance Abuse. The Costs of Substance Abuse in Canada 2002 Highlights. Available at: 2006 <http://www.ccsa.ca/Resource%20Library/ccsa-011332-2006.pdf>
- ²¹ [Illicit Drug Overdose Deaths in BC](#), British Columbia Coroners' Service
- ²² Office of the chief Coroner for Ontario, extracted May 19, 2016
- ²³ Based on number of adults who binge drink more than once per month in the past year, CCHS, 2011-12.
- ²⁴ Ontario Ministry of Health and Long Term Care. Ontario Public Health Standards: Prevention of Injury and Substance Misuse. 2012.
- ²⁵ Ottawa Public Health. Substance Misuse in Ottawa: Technical Report. March 2013. Ottawa (ON): Ottawa Public Health; 2013.
- ²⁶ Canadian Community Health Survey 2011/12. Ontario Share File. Statistics Canada.
- ²⁷ Rapid Risk Factor Surveillance System 2014 Extracted May 12, 2015.
- ²⁸ CAMH Monitor, 2010-2013.
- ²⁹ PMO-OSDUHS (2013), Centre for Addiction and Mental Health (CAMH).
- ³⁰ PMO-OSDUHS 2013
- ³¹ Ontario Drug Policy Research Network. [Opioid prescribing and opioid-related hospital visits in Ontario: Updated final report March 2016](#)
- ³² Ottawa Public Health. Substance Misuse in Ottawa: Technical Report. March 2013. Ottawa (ON): Ottawa Public Health; 2013.
- ³³ Ambulatory Emergency Visits and Ambulatory Emergency External Cause 2015 calendar year, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO. Extracted April 15, 2016
- ³⁴ Office of the Chief Coroner for Ontario, Ottawa data extracted April 6, 2016

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- ³⁵ Office of the Chief Coroner for Ontario, extracted June 7, 2016.
- ³⁶ Ottawa Paramedic Service, extracted September 25, 2012.
- ³⁷ Site Needle and Syringe Program, 2015
- ³⁸ ER visits 2003-2015 calendar year, National Ambulatory Care Reporting System, IntelliHEALTH, MOHLTC. Extracted April 15, 2016.
- ³⁹ Integrated Public Health Information System (iPHIS), extracted by Ottawa Public Health, April 12, 2016.
- ⁴⁰ National Ambulatory Care Reporting System, IntelliHEALTH, MOHLTC. Extracted April 15, 2016
- ⁴¹ Integrated Public Health Information System (iPHIS), extracted by Ottawa Public Health, April 12, 2016.
- ⁴² Housing Services Branch, City of Ottawa
- ⁴³ Personal communication, Housing Services Branch, City of Ottawa, May 10, 2016
- ⁴⁴ 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
- ⁴⁵ Adapted from: [Every Door is the Right Door](#) and [A Path Forward](#)
- ⁴⁶ National Institute on Drug Abuse. Available : <https://www.drugabuse.gov/publications/drugfacts/understanding-drug-abuse-addiction>
- ⁴⁷ Pauly B. Harm reduction through a social justice lens. International Drug Policy Journal. 2008;19:4-10.
- ⁴⁸ 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.
- ⁴⁹ National Centre on Addiction and Substance Abuse. Available: <http://www.centeronaddiction.org/addiction/disease-model-addiction>
- ⁵⁰ The Bridges Program. Available: <http://www.cheo.on.ca/en/newsroom?newsid=363>
- ⁵¹ Regional Opioid Intervention Service at the Royal Ottawa Mental Health Centre. Available : <http://www.theroyal.ca/mental-health-centre/news-and-events/newsroom/1987/the-royal-launches-new-early-intervention-treatment-services-for-opioid-addiction/>
- ⁵² World Health Organization (WHO) Information Sheet on Opioid Overdose, dated November 2014 at http://www.who.int/substance_abuse/information-sheet/en/
- ⁵³ WHO Bulletin. Opioid Substitution Therapy in Resource Poor Settings (2011). Available: <http://www.who.int/bulletin/volumes/89/4/11-086850/en/>
- ⁵⁴ WHO Bulletin. Opioid Substitution Therapy in Resource Poor Settings (2011). Available: <http://www.who.int/bulletin/volumes/89/4/11-086850/en/>
- ⁵⁵ Sandy Hill CHC, personal communication, Jean-Francois Martinbault
- ⁵⁶ Champlain LHIN, personal communication, May 20, 2016
- ⁵⁷ Champlain LHIN, personal communication, May 20, 2016
- ⁵⁸ Substance Abuse and Mental Health Services Administration. US Department of Health and Human Services. Available: <http://content.samhsa.gov/ext/item?uri=/samhsa/content/item/10007447/10007447.pdf>
- ⁵⁹ CATIE. Best Practices for Canadian Harm Reduction Programs. Available : <http://www.catie.ca/en/programming/best-practices-harm-reduction>
- ⁶⁰ Alley ES, Ryan T, von Sternberg K. Predictors of readiness to change young adult drug use in community health settings. Substance Use and Misuse, 2014 Feb; 49(3):253-261.
- ⁶¹ Holtgrave D, Pinkerton S, Jones T, Luri P, Vlahov D. Cost and cost-effectiveness of increasing access to sterile syringes and needles as an HIV prevention intervention in the US. Journal of AIDS and Human Retrovirology, 1998;18 (Suppl 1):S133-S138.
- ⁶² Wodak, A & Cooney A. Do needle syringe programs reduce HIV infection among injecting drug users: a comprehensive review of the international evidence. [Subst Use Misuse](#). 2006;41(6-7):777-813.
- ⁶³ Manchester Metropolitan University. Brief Intervention and Harm Reduction. Available: <https://workingwithsubstanceuse.wordpress.com/skills/brief-intervention-advice/brief-intervention-and-harm-reduction/>
- ⁶⁴ WHO. Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users. World Health Organization, 2009. Available: http://apps.who.int/iris/bitstream/10665/44068/1/9789241597760_eng.pdf
- ⁶⁵ Nothing About Us Without Us: Greater Meaningful Involvement of People who Use Illegal Drugs: A Public Health, Ethical, and Human Rights Imperative. Available: <http://www.aidslaw.ca/site/wp-content/uploads/2013/04/Greater+Involvement+-+Bklt+-+Drug+Policy+-+ENG.pdf>
- ⁶⁶ From One Ally to Another. Practice Guidelines to Better Include People who use Drugs at your Decision-Making Tables. Available: <https://www.uvic.ca/research/centres/carbc/assets/docs/bulletin-14-from-one-ally-to-another.pdf>
- ⁶⁷ Data Source: I-Track, HIV & HCV Prevention Research Team, University of Ottawa.

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- ⁶⁸ Data source: Ontario HIV Epidemiologic Monitoring Unit, Report on HIV/AIDS in Ontario 2009, June 2012. 2009 prevalence estimate provided.
- ⁶⁹ Data source: Public Health Ontario, Recommendations for the Public Health Response to Hepatitis C in Ontario, July 2014. 2010 prevalence estimate provided.
- ⁷⁰ Data Source: I-Track *ibid*.
- ⁷¹ OPH. (January 2014). Ottawa Harm Reduction Needs Assessment Findings Report. Ottawa, ON.
- ⁷² Islam MM & Conigrave KM (2007). Assessing the role of syringe dispensing machines and mobile van outlets in reaching hard-to-reach and high-risk groups of injecting drug users (IDUs): a review. Harm Reduction Journal, 4(14), pp. 1-27
- ⁷³ Data Source: OPH Site Needle and Syringe Program 2016. Ottawa Public Health. Extracted March 2016.
- ⁷⁴ Article in Vancouver Sun June 1, 2016. Available : <http://vancouversun.com/health/local-health/b-c-doctors-first-in-canada-to-face-mandatory-prescribing-standards-for-opioids-and-other-addictive-drugs>
- ⁷⁵ Health Canada. Notice: Prescription Drug List: Naloxone. March 22, 2016. Available: <http://www.hc-sc.gc.ca/dhp-mps/prodpharma/pdl-ord/pdl-ldo-noa-ad-naloxone-eng.php>
- ⁷⁶ Article in Globe and Mail May 18, 2016. Available: <http://www.theglobeandmail.com/news/national/ontario-to-make-free-antidote-to-opioid-overdose-available/article30076911/>
- ⁷⁷ Personal communication from Claudio Rocca, DATIS, April 14, 2016
- ⁷⁸ Every Door is the Right Door. Available: <http://www.crpo.ca/wp-content/uploads/2013/06/Every-Door-the-Right-Door-July09-MH-discussion-paper.pdf>
- ⁷⁹ Centre for Addiction and Mental Health. Challenges and choices: finding mental health services in Ontario. Available: http://www.camh.ca/en/education/Documents/www.camh.net/Care_Treatment/Resources_clients_families_friends/Challenges_and_Choices/challenges_choices2003.pdf
- ⁸⁰ OPH 2014 Harm Reduction Needs Assessment
- ⁸¹ TOSCA Study 2012
- ⁸² TOSCA Study (2012). Available: <http://www.stmichaelshospital.com/pdf/research/SMH-TOSCA-report.pdf>
- ⁸³ Andresen MA, Boyd N (2010). A cost-benefit and cost-effectiveness analysis of Vancouver's supervised injection facility. International Journal of Drug Policy, 21(1) p.70-76.
- ⁸⁴ [Final Report of the Expert Advisory Committee on Vancouver's Insite and Other Supervised Injection Services](#)
- ⁸⁵ [Supreme Court of British Columbia, Justice Pitfield ruling dated May 27, 2008](#)
- ⁸⁶ [Supreme Court of Canada Judgement, September 2011](#)
- ⁸⁷ Final report of the [Expert Advisory Committee](#)
- ⁸⁸ [Supreme Court of Canada Judgement, September 2011](#)
- ⁸⁹ [CBC News article dated March 15, 2016](#) following Toronto announcement about SIS proposal
- ⁹⁰ [Statement at UN Drug Conference](#), as reported by Vice News April 20, 2016
- ⁹¹ As reported by Allison Jones of [The Canadian Press, March 16, 2016](#)
- ⁹² As reported by [The Canadian Press, May 18, 2016](#)
- ⁹³ [CBC News article dated March 15, 2016](#)