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RE: Consultation to inform proposed new regulations for supervised consumption sites and services

Dear Michelle Boudreau,

On behalf of the City of Ottawa Health Unit and the Ottawa Board of Health, I welcome the opportunity to provide feedback regarding the proposed new regulations for supervised consumption sites and services. In addition, this submission is being made in collaboration with the three other Supervised Consumption Services (SCS) in Ottawa, namely Ottawa Inner City Health, Somerset West Community Health Centre and Sandy Hill Community Health Centre.

I am pleased that Health Canada is undertaking this consultation and urge the government to respond promptly as the COVID-19 pandemic has worsened this pre-existing health crisis and has exposed an increasing range of inequities and vulnerabilities that exist in our community.

Since 2017, Ottawa Public Health (OPH) has intensified its work with various partners to prevent, prepare for and respond to substance use and opioids in the community. This work aligns with the Ottawa Board of Health's 2016 adoption of a guiding principle with respect to enhancing harm reduction services, as well as with the more recently approved strategic directions of promoting mental health and reducing health and social harms of substance use, and of driving prevention across the health care system.

Given OPH's long-standing role in coordinating harm reduction activities across the City of Ottawa, OPH's harm reduction program is a key contributor to advancing the recommended actions identified in the [Ottawa Community Action Plan: Comprehensive Mental Health and Substance Use Strategy – Focus on Opioids](#). These actions, which are based on inputs from community partners, people with lived and living experience

and local experts, are being used as a framework to guide the next steps of OPH's harm reduction program. Further information on the specific harm reduction elements of the plan are outlined in the Ottawa Board of Health report titled [Next Steps in Harm Reduction and Overdose Prevention](#).

OPH and local partners offer the following responses to the consultation questions, in addition to the feedback provided through the Office of Controlled Substances' meeting with SCS/ Overdose Prevention Site (OPS) Operators in June 2020 as a SCS operator.

Question 1: What are the impacts of supervised consumption sites or services on people who use drugs, the communities in which these services are located, and the provinces and territories?

SCS offer lifesaving interventions for people who use drugs by reducing the health risks associated with drug use, including accidental overdose and the transmission of infectious diseases like HIV and hepatitis C. SCS offer a wide range of services including distribution of single use supplies, education, naloxone distribution, supervised consumption, clinical services, crisis intervention, onsite treatment and linkages to additional health, social and treatment services in the community.

Notably, SCS have proven effective at reaching some of the most marginalized people who use drugs, whose social, physical and mental health related needs are rarely met.¹ On a less clinical note, SCS provide a sense of community and a sense of safety for those who use drugs. Clients will come to the SCS not only when they are looking to actively use, but when they're having a good day, a bad day or they feel they need support. Clients often tell staff "this is the only time in my day where I get to talk to someone who I feel is really listening". During the COVID-19 pandemic this support has been essential for many in the Ottawa community. SCS provide basic needs for clients as many had complete lack of access to necessities to be able to follow public health recommendations to protect themselves and the community including access to washrooms, hand hygiene and masks. Clients were increasingly feeling cut off from social supports and services. Additionally, when housing supports were provided, there was an increased fear of further stigmatization, eviction and risk of violence related to testing positive for COVID-19 in a congregate setting. The community has mobilized support, but access is still challenging and the pandemic highlights the inequalities that exist for people who use substances and the important services that SCS provide.

Community Impact

The opioid crisis continues to cause significant harm at a population level and has been further impacted by the increasingly toxic illicit drug supply. The COVID-19 pandemic has further exacerbated many of the issues faced by members of our community who use drugs.

Opioid related emergency department visits at Ottawa hospitals have increased in 2020, exceeding those seen in 2019.² While this cannot be directly attributed to COVID-19, the changes to underlying supports may be contributing. Further, OPH and partners continue to closely monitor trends and changes related to service use and overdose data across the city. Ottawa's 4 local SCS, shelter/housing partners, police and paramedic services have reported an increase in overdose activity over the last several months, largely linked to reported illicit fentanyl use.

As OPH continues to actively work with partners to adapt services within COVID-19 context, the need has been highlighted for responsive models like Health Canada's "Urgent Public Health Need" sites. As new COVID-19 specific services have been established, including self-isolation and distancing centers as well as respite services, it has been essential to incorporate harm reduction services in program delivery. Locally, this includes the addition of a COVID-19 Self-Isolation centre offering 40-beds for isolation and treatment for people who are homeless or in shelters, with onsite harm reduction and SCS.

More broadly, SCS contribute to both health and safety in local communities by reducing drug use in public spaces and associated discarded needles and other drug use materials.³ Evaluations of SCS in Canada have shown them to be cost-effective services, notably by reducing the health care costs associated with the treatment of HIV and hepatitis C infection.⁴

As an integral part of a harm reduction approach to substance use, SCS can also reduce stigma against people who use drugs by acknowledging that the health and wellness of all members of our community are valued and prioritized. Locally, through the work of the Ottawa Community Action Plan, collaborative work has helped clients access not only SCS, but also other community services at an increased rate. Examples of such work include decreasing stigma that acts as a barrier to care, supporting integrated mental health and addiction, and social services.

Question 2: What are the main federal regulatory barriers faced by those who are applying to operate or are operating an SCS in Canada? Are there any aspects of either the initial or subsequent process to apply for an exemption under the CDSA that are more burdensome than others?

Over the past several years, significant efforts have been made by Health Canada to facilitate the expansion of SCS across the country and simplify the application process. Prospective and current SCS operators continue to be required to apply for a section 56.1 exemption under the *Controlled Drug and Substances Act (CDSA)* to protect clients and providers from potential criminal prosecution.

Streamlined application process

The application process for an exemption under the CDSA is long and arduous. While progress has recently been made, there are aspects that remain burdensome and outdated given the current national context. As previously noted, the COVID-19 pandemic has heightened the urgency for communities to provide services in a rapidly changing environment with increasing client risks, the current process creates unnecessary barriers for those in need of support now. Preparing the required exemption application creates significant barriers for organizations without the capacity to undergo this resource-intensive process. This is a particular concern for much needed peer-led, grassroots and smaller community-based services. Further, the current frequency required for renewal applications exacerbate this administrative burden and creates uncertainty of continuity of services.

In 2017, Health Canada took helpful temporary measures, bypassing the burdensome “supervised consumption sites” specific application process, and facilitated the implementation of Overdose Prevention Sites and in 2020, of Urgent Public Health Needed Sites in response to COVID-19. Building on these advancements, a simplified streamlined regulation for SCS should be considered. Efforts should be made to remove portions of the application that are not legally required by CDSA section 56.1 or that potentially create additional barriers. Decisions about the implementation of evidenced-based health services should be based on need. For example, a legal exemption to operate SCS should not be dependent on outcomes of community consultation but rather, organizations should be able to engage with their community to facilitate effective operation of the service, as with other health and social services.

Developing a streamlined minimum set of conditions required to protect the safety of service providers, clients and the surrounding community, and exploring opportunities to expand class exemptions, would decrease barriers to much needed life-saving services as well as provide the flexibility to implement models required to meet the unique needs of different communities across the country.

Broadened approval authority

The status of SCS and Overdose Prevention Site (OPS) has been dependent on political climates, and in some cases vulnerable to political changes. The history of SCS in Canada over the past 15 years demonstrates its vulnerability to the political context. Efforts should be made to expand authority for provincial, territorial and local authorities to provide equitable access and to ensure the continuity of services in Canada. Further, Health Canada may seek to ensure a funding framework to support the implementation of sustainable services, in collaboration with provincial, territorial and/or municipal governments.

Question 3: What types of supervised consumption services (e.g. drug checking, peer assistance, medication-assisted treatment and safer-supply treatment options) should be included under the proposed new regulations? What evidence exists to support the effectiveness of such services?

A continuum of SCS are required, from low threshold overdose prevention models to comprehensive integrated health services models offering primary care, mental health care, treatment and/or social services. Services should be made available in different settings and styles in order to meet the unique needs of the clients and community served (i.e. peer-based services, stand-alone sites, mobile models, shelter/housing facilities, harm reduction organizations, hospitals, etc.). SCS need the opportunity to offer a range of services, depending on their local context. This can be particularly important to address the needs of the most marginalized people who use drugs and those most at risk of fatal overdose. Offering services like drug checking, assisted injection, safer-supply and treatment options can offer unique opportunities to engage different populations and improve health outcomes.

In June 2019, the Chief Medical Officer of Health of Ontario and the Chief Coroner of Ontario reported that recent toxicology data showed an increase in carfentanil presence and carfentanil-related deaths in Ontario.⁵ Locally, drug checking data from Sandy Hill's Consumption and Treatment Service indicates that 96.7% of drugs bought as opioids and 42.2% of drugs bought as stimulants contain illicit fentanyl, fentanyl analogues or other synthetic opioids⁶. Due to the increasing toxicity of the illegal drug supply, people who use drugs in Ottawa are at heightened risk of overdose and overdose fatalities. Expanding access to interventions like drug checking, a range of treatment options and safer supply are urgently needed to save lives.

Peer assistance

Health Canada's peer-assisted injection pilot project generated evidence and feedback regarding the benefits of peer-assisted models from participating SCS. While data is still forthcoming, participating sites saw an increase in clients accessing services who normally would not (female clients, clients with physical disabilities). Many clients using peer injection support were also agreeable to being referred for wrap around services such as counselling or treatment.

Drug checking

In a 2017 evidence review, Public Health Ontario concluded that there is little evidence on the effectiveness of drug checking services on drug use behaviour or health outcomes. However, there is approximately a 25-year history of drug checking services internationally that provides experience to guide good practice. Drug checking services may be valuable for monitoring the drug supply for especially dangerous contents and issuing health alerts to people who use drugs. It may also be an important outreach approach for people who use drugs to access health information and services.⁷ Ottawa SCS providers have experience offering this service. Drug checking can help avoid fatal

overdoses if practitioners and clients are prepared to respond/modify behaviours according to drug checking results.

Medication-assisted treatment and safer supply

As opioid-related harms continue to increase, the need for a comprehensive range of treatment services and interventions becomes more urgent. Increasing access to evidence-based opioid agonist treatment, such as buprenorphine, is a core response and national guidelines have recommended it as a first line treatment strategy. Agonist treatment with long-acting oral opioids (e.g. methadone, buprenorphine) has proven effective at reducing the use of illicit opioids, and many of the harms associated with their use, however they do not work for everyone. Those most adversely affected by chronic opioid dependence tend to not be attracted to or are not retained in this type of treatment for very long or they continue to use illicit opioids while in treatment.^{8 9} As such, alternative approaches are required.

Numerous studies in Europe and Canada have provided empirical evidence that supervised medically prescribed injectable opioids (diacetylmorphine and hydromorphone), are effective and cost-effective treatments for people with severe opioid use disorder. Findings have shown success in decreasing the use of illicit substances and an increase in retention in treatment.^{10 11} Locally, Ottawa Inner City Health's Managed Opioid Program (MOP) has admitted 49 individuals over a 2-year period. The model has been successfully implemented in a variety of housing settings. Self-reported positive impacts include: improved mental and physical health, re-established family and community relationships, participation in employment and education, and reduced criminal activity.¹²

In September 2019, the Canadian Medical Association Journal released a national guideline recommending that injectable opioid agonist treatment be considered for individuals who have not benefited from oral treatment (like methadone or suboxone) and continue to use opioids by injection.¹³ Building on the success of these interventions, safer supply initiatives seek to offer a lower barrier service model, providing accessibility and flexibility for clients, including less restrictive eligibility requirements and additional medication options, which enables reach to a broader population of people who use drugs. Safer Supply initiatives are positioned to address the gap in effective programs for people who are dependent on the illegal, contaminated drug supply and are at heightened risk of overdose and overdose related fatalities.

The presence of a toxic drug supply persists during the COVID-19 pandemic, increasing the dangers in the community and the need for safer supply. OPH has seen from clients and heard from partners that there are greater disparities, especially for those who are homeless. The pandemic has impacted local illicit drug supply and people are using substances they may not typically use. Supply change impacts the use in the community. There is uncertainty in future supply and people have to access illicit supply, which we continue to see is tainted. OPH and our partners have seen how the

pandemic heightens the need for models to have the ability to be flexible and quickly adapt to local contexts utilizing new approaches.

The leadership and collaboration of local health authorities and government officials are critical as we work to ensure there is focus on systems change to prevent substance use, advance harm reduction and promote integrated mental health, addictions and social services.

Should you have any questions, please contact any of the undersigned.

Sincerely,



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