

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
20 September 2021 / 20 septembre 2021**

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**Submitted by
Soumis par:**

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Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE File Number: ACS2021-OPH-HPP-0001

**SUBJECT: OTTAWA PUBLIC HEALTH'S 2019-2022 STRATEGIC PLAN:
STRATEGIC PRIORITY RELATING TO MENTAL HEALTH AND
SUBSTANCE USE HEALTH**

**OBJET: PLAN STRATÉGIQUE 2019-2022 DE SANTÉ PUBLIQUE OTTAWA :
PRIORITÉ STRATÉGIQUE RELATIVE À LA SANTÉ MENTALE ET À LA
SANTÉ DE L'USAGE DE SUBSTANCES**

REPORT RECOMMENDATIONS

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

1. **Receive, for information, an update on Ottawa Public Health's (OPH) work on mental health and substance use health and key OPH actions for 2021-2022 to improve the existing concerns and the impacts of the pandemic across the lifespan and work with partners to measure and improve overall mental health, substance use health, and well-being, as outlined in this report;**
2. **Approve the guiding principles for a public health approach to substance use health, as outlined in this report;**
3. **Direct the Medical Officer of Health to share this report and data with the City's Emergency and Protective Services Department to inform their Community Safety and Well-being plan which includes the following priority areas identified through consultation: Mental Well-being; Housing; Financial Security and Poverty Reduction; Gender-based Violence and Violence Against Women; Discrimination, Marginalization and Racism; and Integrated and Simpler Systems;**
4. **Direct the Medical Officer of Health to share this report and data with Ontario Health to inform their mental health and substance use health pandemic recovery plan and request that Ontario Health address pressing mental health and substance use health needs in Ottawa by:**
 - a. **Implementing a dashboard that provides monitoring and reporting on mental health and substance use health services, with consideration to wait times for evidence-based mental health and substance use services and crisis responses, with special consideration given to the collection of disaggregated data on ethnicity, race, age, and geographical location;**
 - b. **Working with the Ministry of Health, improving access to and quality of mental health care for immigrants, racialized populations and low-income communities by ensuring better access to health and social services including family physician availability, such as within Ontario Health Teams;**
 - c. **Enhancing capacity to address eating disorders amongst children and youth in Ottawa by increasing availability of specialized treatment services in hospital and in the community, including enhanced eating disorders training for clinicians in hospital and community, and**

- increased availability of medical consultations to support community service providers;
- d. Increasing capacity and availability of specialized intensive mental health services in the community for children, youth, adults and older adults, for example, with the expansion of the Ottawa Bridges Program for the youth population;
 - e. Increasing capacity of emergency departments and hospitals to identify and support people with substance use disorders through the development of specialized addictions medicine teams and enhanced substance use services and supports;
 - f. Increasing access to culturally appropriate services by improving diversity of service providers and increasing access to cultural competency and anti-racism training for clinicians. For example, expanding availability of culturally appropriate local mental health services such as those offered by the Ottawa Newcomer Health Centre, Britannia Woods Community House, and Somali Centre for Family Service;
 - g. Increasing access to 24/7 mobile mental health crisis response capacity, including an Indigenous-led response for First Nations, Inuit, and Metis people in Ottawa, and an Indigenous-specific Assertive Community Treatment [ACT] team.
5. Direct the Chair of the Board of Health to write a letter to the Ontario Minister of Health recommending:
- a. In collaboration with the Ministry of Children, Community and Social Services, identifying next steps to address the increased incidence of post-partum depression and challenges to children's development as Public Health Ontario reports on their evaluation of the impact of reduced home visiting programs for new parents and families with young children during the pandemic;
 - b. Collaborating with other ministries to develop a comprehensive Health-In-All-Policies approach, as recommended in the Auditor General's 2017 annual report. An example of taking a health lens to policy development is to review the provincial housing and homelessness programs to

better meet the housing, mental health and substance use health needs of Ontario residents;

- c. Evaluating the impact of increasing alcohol availability using a comprehensive approach to assess health, social, and financial impacts, as it is the most used substance and is known to cause harms to individuals, families and society;
 - d. Taking further action to address the overdose crisis through health promotion and substance use prevention strategies, overdose prevention strategies and harm reduction services, pursuant to evidence outlined in this report.
6. Direct the Chair of the Board of Health to write to the Federal Minister of Health to request that the Government of Canada:
- a. Integrate stronger population health outcomes into Canada's National Housing Strategy outcomes measures to assess the strategy's impact and effectiveness on improving mental health and substance use health outcomes;
 - b. Limit alcohol promotion and marketing, especially to youth, by applying existing policies for tobacco and cannabis marketing as guides, to reduce harms caused by alcohol;
 - c. Declare the drug overdose crisis to be a national public health emergency and develop a coordinated Canada-wide plan and associated funding to address overdoses, with input and leadership from people with living experience, to support the immediate scale up of prevention, harm reduction and treatment services, including expansion of safer pharmaceutical alternatives to the unregulated toxic drug supply based on evaluation of initiatives underway; and
 - d. Permit the simple possession of drugs for personal use under the *Controlled Drugs and Substances Act* based on meaningful engagement with key stakeholders including people with living experience during each stage of planning, implementation, and evaluation.

RECOMMANDATIONS DU RAPPORT

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

- 1. Reçoive, à titre d'information, une mise à jour sur le travail de Santé publique Ottawa (SPO) sur la santé mentale et la santé liée à la consommation de substances et sur les mesures clés de SPO pour 2021-2022 afin d'améliorer les préoccupations existantes et les impacts de la pandémie tout au long de la vie et le travail avec des partenaires pour mesurer et améliorer la santé mentale globale, la santé liée à la consommation de substances et le bien-être, comme indiqué dans le présent rapport;**
- 2. Approuve les principes directeurs pour une approche de santé publique en matière de santé liée à la consommation de substances, tels que décrits dans le présent rapport;**
- 3. Demande à la médecin chef en santé publique de partager ce rapport et les données avec le Service des services d'urgence et de protection de la Ville pour éclairer son Plan de sécurité et de bien-être communautaires qui comprend les domaines prioritaires suivants identifiés lors de la consultation : bien-être mental ; logement; sécurité financière et réduction de la pauvreté ; violence basée sur le sexe et violence à l'égard des femmes; discrimination, marginalisation et racisme ; et des systèmes intégrés et plus simples;**
- 4. Demande à la médecin chef en santé publique de partager ce rapport et les données avec Santé Ontario pour éclairer son plan de rétablissement suite à la pandémie par rapport à la santé mentale et la santé liée à la consommation de substances et de demander à Santé Ontario de répondre aux besoins pressants en matière de santé mentale et de santé liée à la consommation de substances à Ottawa en :**
 - a. mettant en œuvre un tableau de bord qui assure la surveillance et la production de rapports sur les services de santé mentale et de santé liée à la consommation de substances, en tenant compte des temps d'attente pour les services de santé mentale et de santé liée à la consommation de substances fondés sur des données probantes et les interventions en cas de crise, en accordant une attention particulière à la collecte de données ventilées sur l'origine ethnique, la race, l'âge et la situation géographique;**

- b. travaillant avec le ministère de la Santé, améliorant l'accès et la qualité des soins de santé mentale pour les immigrants, les populations racialisées et les communautés à faible revenu en assurant un meilleur accès aux services de santé et aux services sociaux, y compris la disponibilité des médecins de famille, comme au sein des Équipes Santé Ontario;**
- c. améliorant la capacité de traiter les troubles alimentaires chez les enfants et les jeunes à Ottawa en augmentant la disponibilité de services de traitement spécialisés à l'hôpital et dans la communauté, y compris une formation améliorée sur les troubles alimentaires pour les cliniciens à l'hôpital et dans la communauté, et une disponibilité accrue de consultations médicales pour soutenir les fournisseurs de services communautaires;**
- d. augmentant la capacité et la disponibilité des services de santé mentale intensifs spécialisés dans la communauté pour les enfants, les jeunes, les adultes et les personnes âgées, par exemple, avec l'expansion du programme Ponts d'Ottawa pour la population des jeunes;**
- e. augmentant la capacité des services d'urgence et des hôpitaux à identifier et à soutenir les personnes souffrant de troubles liés à l'utilisation de substances par la création d'équipes spécialisées en médecine de santé liée à la consommation de substances et l'amélioration des services et des soutiens liés à la consommation de substances;**
- f. augmentant l'accès aux services culturellement appropriés en améliorant la diversité des fournisseurs de services et en augmentant l'accès aux compétences culturelles et à la formation antiracisme pour les cliniciens. Par exemple, élargir la disponibilité de services de santé mentale locaux adaptés à la culture, tels que ceux offerts par le Centre de santé des nouveaux arrivants d'Ottawa, la Britannia Woods Community House et le Somali Centre for Family Service;**
- g. augmentant l'accès à une capacité d'intervention mobile en cas de crise en santé mentale 24 heures sur 24, 7 jours sur 7, y compris une intervention dirigée par des Autochtones pour les Premières Nations, les Inuits et les Métis à Ottawa, et une équipe communautaire de traitement intensif (ECTI) spécifique aux Autochtones.**

5. **Demande au président du Conseil de santé d'écrire une lettre au ministre de la Santé de l'Ontario recommandant :**
 - a. **en collaboration avec le ministère de l'Enfance, des Services sociaux et communautaires, d'identifier les prochaines étapes pour faire face à l'incidence accrue de la dépression post-partum et aux défis pour le développement des enfants alors que Santé publique Ontario rend compte de son évaluation de l'impact de la réduction des programmes de visites à domicile pour les nouveaux parents et les familles avec de jeunes enfants pendant la pandémie;**
 - b. **de collaborer avec d'autres ministères pour élaborer une approche globale de la santé dans toutes politiques, comme le recommande le rapport annuel 2017 du vérificateur général. L'examen des programmes provinciaux de logement et d'itinérance pour mieux répondre aux besoins en matière de logement, de santé mentale et de santé liée à la consommation de substances des résidents de l'Ontario est un exemple de prise en compte de la santé dans l'élaboration des politiques.;**
 - c. **d'évaluer l'impact de l'augmentation de la disponibilité de l'alcool en utilisant une approche globale pour évaluer les impacts sociaux, financiers et sur la santé, car il s'agit de la substance la plus consommée et celle-ci est connue pour causer des dommages aux individus, aux familles et à la société;**
 - d. **de prendre des mesures supplémentaires pour faire face à la crise des surdoses grâce à des stratégies de promotion de la santé et de prévention de la consommation de substances, des stratégies de prévention des surdoses et des services de réduction des méfaits, conformément aux données probantes décrites dans le présent rapport.**
6. **Demande au président du Conseil de santé d'écrire une lettre au ministre fédéral de la Santé pour demander que le gouvernement du Canada :**
 - a. **d'intégrer des résultats plus solides en matière de santé de la population dans les mesures des résultats de la Stratégie nationale sur le logement du Canada pour évaluer l'impact et l'efficacité de la stratégie sur l'amélioration des résultats en matière de santé mentale et de santé liée à la consommation de substances;**

- b. de limiter la promotion et le marketing de l'alcool, en particulier auprès des jeunes, en appliquant les politiques existantes pour le marketing du tabac et du cannabis comme guides, afin de réduire les dommages causés par l'alcool;**
- c. de déclarer la crise des surdoses de drogue comme une urgence nationale de santé publique et élaborer un plan pancanadien coordonné et un financement connexe pour lutter contre les surdoses, avec la contribution et le leadership de personnes ayant une expérience de vie, afin de soutenir l'intensification immédiate des services de prévention, de la réduction des méfaits et de traitement, y compris l'expansion d'alternatives pharmaceutiques plus sûres à l'approvisionnement non réglementé de médicaments toxiques sur la base de l'évaluation des initiatives en cours; et**
- d. de permettre la simple possession de drogues pour usage personnel en vertu de la *Loi réglementant certaines drogues et autres substances* sur la base d'un engagement significatif avec les principaux intervenants, y compris les personnes ayant une expérience de vie, à chaque étape de la planification, de la mise en œuvre et de l'évaluation.**

EXECUTIVE SUMMARY

Assumption and Analysis

Improving the mental health, substance use health, and wellness of Ottawa residents continues to be central to Ottawa Public Health (OPH)'s strategy. Throughout the pandemic the demand and need for mental health and substance use health programs, resources, supports, and services increased.

According to a provincial survey, 74% of Ontarians reported increased mental health and substance use challenges during the pandemic¹. As well, data from an OPH survey on mental health and substance use during the pandemic showed that 25% of respondents wanted to talk to someone about their mental health but did not know how to access supports. That number rose to 40% for certain sub-populations, including those with low-income and people with disabilities.² In the same OPH report, some Ottawa residents have reported consuming more alcohol, cannabis, tobacco, vaping

¹ Children's Mental Health Ontario and Addictions and Mental Health Ontario. (May 2020) [COVID-19 Mental Health Impacts](#).

² Ottawa Public Health. (2021) [Status of Mental Health in Ottawa During the COVID-19 Pandemic, Fall of 2020. Results of a population survey October 8 to 20, 2020. Jan 2021](#).

products, as well as prescription and non-prescription drugs. Additional information on local mental health and substance use health challenges are noted in document 1, attached. The increase in mental health and substance use challenges, at least partly, are a result of the unintended consequences of the measures required to mitigate the spread of COVID-19, which resulted in service reductions across the social and health system, increased social isolation, increased and ongoing toxicity and unpredictability of the unregulated drug supply, and increases in job loss and financial insecurity.

The overdose crisis in Ottawa continues to intensify during the COVID-19 pandemic and an unprecedented number of overdose deaths have occurred. Suspected drug related overdose deaths increased from 124 in 2019 to 218 in 2020³, a 75% increase, and confirmed opioid overdose-related deaths in Ottawa approximately doubled from 65 in 2019 to 124 in 2020⁴. These counts represent a subset of the 218 deaths reported above.

³ Ottawa Public Health. Drug Use and Overdose Statistics. Webpage.

⁴ Coroner's Opioid Investigative Aid, May 2017 to December 2020, Office of the Chief Coroner for Ontario, extracted April 27, 2021.

Prior to the pandemic we know that mental health and addictions-related emergency department visit rates were highest among people living in the least advantaged neighbourhoods and these rates were more than twice that of people living in the most advantaged neighbourhoods.⁵ The pandemic has further underlined inequities in how the burden of illness is disproportionately borne by lower income neighbourhoods and other groups. Areas with a high proportion of racialized communities and high material deprivation have higher rates of COVID-19 compared to areas with a lower proportion of racialized communities or lower material deprivation.⁶ We also learned, in our Status of Mental Health in Ottawa During COVID-19 report, that some Ottawa residents continued to report poorer mental health, stress, loneliness or concern for burnout more so than others including women, younger adults (<45 years), people with a disability, people identifying as racialized or a visible minority, people not born in Canada and people identifying as 2SLGBTQQA+. Factors associated with more harmful impacts on substance use and mental health include adverse childhood events,⁷ poverty, and homelessness.⁸ Each of these factors were negatively impacted during the pandemic.

As a part of the COVID-19 response, OPH continued to work with people with lived and living experience, First Nations, Inuit and Metis partners, the Ottawa Black Mental Health Coalition, school boards, hospitals, community health, social services partners, workplaces, multicultural and racialized community partners, and partners that work with homeless populations in the delivery of mental health and substance use health, including harm reduction programs and services. Streamlined points of access to mental health and substance use healthcare have been created for children, youth, and adults. However, services are not keeping up with demand or meeting the diverse needs of the people in Ottawa.

OPH has worked with partners to address this increased demand, applying the public health roles of bringing data to bear, facilitating collaboration, promoting well-being and preventing harms, and raising awareness of existing services to increase access to needed supports.

It is vital to consider physical health, mental health and substance use health when planning for recovery from the pandemic. Substance use health, as defined by the

⁵ Ottawa Public Health. (2018) [Status of Mental Health in Ottawa Report](#).

⁶ Ottawa Public Health. (August 2020) [COVID-19 in Ottawa –The relation to racialized communities and deprivation](#).

⁷ Felitti, J. V., et al. (May 1998) Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. The Adverse Childhood Events Study. Volume 14, Issue 4. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)

⁸ Canadian Mental Health Association. [Housing and Mental Health](#).

Community Addictions Peer Support Association (CAPSA), seeks to ensure that substance use is approached from the perspective of advancing wellness, regardless of a person's current or ongoing use of substances. It recognizes that currently 80+% of Canadians use some form of substance, and this use exists on a spectrum. See Document 3, attached, for more information on substance use health and the spectrum of substance use.

The pandemic has further highlighted the need to address the inequitable access to community resources. The pandemic reinforced the knowledge that in order to improve the health and wellness of individuals and communities it is necessary to address root causes of ill health and wellness such as adverse events in early childhood development, poverty, lack of housing, lack of education, lack of access to resources based on geographical location including living in rural communities, racism, colonialism, and other factors that influence health. By increasing equitable access to health and social services in our community, and seeking policies that support health across multiple sectors, people's mental health and substance use health can be improved.

As we work towards recovery from the pandemic, all levels of government and funders of health care – local, regional, provincial, and federal have a role to promote mental health, substance use health, and address harms that can develop from substance use. This involves working together to: decrease adverse events in childhood by supporting parents; increasing supportive and affordable housing; expanding mental health and substance use health prevention and promotion; expanding access to and availability of mental health and substance use health programs and services, including through access to primary care providers, providing culturally appropriate treatment options for eating disorders and opioid use disorder as well as other mental health and substance use health needs; increasing access for people to harm reduction and overdose prevention services, such as supervised consumption services; improving access to safer pharmaceutical alternatives where evaluations indicate benefit; and advancing alternatives to the criminalization of people who use controlled substances.

This report seeks to move forward approaches that will improve the mental and substance use health of Ottawa residents, with a focus on immediate priorities and supports and policies that will improve well-being over time, including more action to urgently address the overdose crisis that has been exacerbated by the pandemic.

Public Consultations/Input

Community and healthcare partners, City and internal OPH departments, as well as people with living experience, were consulted on this BOH report. Consultations were undertaken through formal and informal conversations as well as participation in focus groups. These consultations and input helped shape the recommendations, the body of the report, and the action items for future work. The report itself is based on evidence, data, and what we have heard directly from members of the community over the past four years, and especially during the pandemic.

RÉSUMÉ

Hypothèse et analyse

Améliorer la santé mentale, la santé de la consommation de drogues et le bien-être des résidents d'Ottawa continue d'être au centre de la stratégie de Santé publique Ottawa (SPO). Tout au long de la pandémie, la demande et le besoin de programmes, de ressources, de soutien et de services en santé mentale et en santé liée à la consommation de substances ont augmenté.

Selon un sondage provincial, 74 % des Ontariens ont signalé une augmentation des problèmes de santé mentale et de consommation de substances pendant la pandémie. De plus, les données d'un sondage de SPO sur la santé mentale et la consommation de substances pendant la pandémie ont montré que 25 % des répondants voulaient parler à quelqu'un de leur santé mentale, mais ne savaient pas comment accéder aux soutiens. Ce nombre est passé à 40 % pour certaines sous-populations, notamment les personnes à faible revenu et les personnes handicapées. Dans le même rapport de SPO, certains résidents d'Ottawa ont déclaré qu'ils consommaient plus d'alcool, de cannabis, de tabac, de produits de vapotage, ainsi que de médicaments sur ordonnance et en vente libre. Des informations supplémentaires sur les problèmes locaux sur la santé mentale et la santé liée à la consommation de substances sont notées dans le document 1 ci-joint. L'augmentation des problèmes de santé mentale et de santé liée à la consommation de substances, au moins en partie, est le résultat des conséquences imprévues des mesures requises pour atténuer la propagation de la COVID-19 qui ont entraîné des réductions de services dans l'ensemble du système social et de santé, un isolement social accru, une augmentation et la toxicité accrue et l'imprévisibilité de l'approvisionnement en médicaments non réglementé, et l'augmentation des pertes d'emploi et de l'insécurité financière.

La crise des surdoses à Ottawa continue de s'intensifier pendant la pandémie de la COVID-19 et un nombre sans précédent de décès par surdose est survenu. Les décès par surdose présumés liés à la drogue sont passés de 124 en 2019 à 218 en 2020, soit

une augmentation de 75 %, et les décès confirmés liés aux surdoses d'opioïdes à Ottawa ont environ doublé, passant de 65 en 2019 à 124 en 2020. Ces chiffres représentent un sous-ensemble des 218 décès signalés ci-dessus.

Avant la pandémie, nous savons que les taux de visites aux urgences liés à la santé mentale et aux dépendances étaient les plus élevés chez les personnes vivant dans les quartiers les moins favorisés et ces taux étaient plus du double de ceux des personnes vivant dans les quartiers les plus favorisés. La pandémie a davantage souligné les inégalités dans la façon dont le fardeau de la maladie est supporté de manière disproportionnée par les quartiers à faible revenu et d'autres groupes. Les zones avec une proportion élevée de communautés racialisées et une privation matérielle élevée ont des taux de COVID-19 plus élevés que les zones avec une proportion plus faible de communautés racialisées ou une privation matérielle plus faible. Nous avons également appris, dans notre rapport sur l'état de la santé mentale à Ottawa pendant la COVID-19, que certains résidents d'Ottawa ont continué à signaler une moins bonne santé mentale, du stress, de la solitude ou des craintes d'épuisement professionnel plus que d'autres, y compris les femmes, les jeunes adultes (<45 ans), les personnes handicapées, les personnes s'identifiant comme racialisées ou faisant partie d'une minorité visible, les personnes nées autre qu'au Canada et les personnes s'identifiant comme 2ELGBTQQIA+. Les facteurs associés à des impacts plus nocifs sur la consommation de substances et la santé mentale comprennent les événements indésirables pendant l'enfance, la pauvreté et l'itinérance. Chacun de ces facteurs a été impacté négativement pendant la pandémie.

Dans le cadre de la réponse à la COVID-19, SPO a continué de travailler avec des personnes ayant une expérience vécue, des partenaires des Premières Nations, des Inuits et des Métis, la Coalition pour la santé mentale des Noirs d'Ottawa, les conseils scolaires, les hôpitaux, la santé communautaire, les partenaires des services sociaux, les lieux de travail, les partenaires communautaires multiculturels et racialisés et les partenaires qui travaillent avec les populations sans-abri dans la prestation de soins de santé mentale et de santé liée à la consommation de substances, y compris les programmes et services de réduction des méfaits. Des points d'accès simplifiés aux soins de santé mentale et de santé liée à la consommation de substances ont été créés pour les enfants, les jeunes et les adultes. Cependant, les services ne répondent pas à la demande ou ne répondent pas aux divers besoins de la population d'Ottawa.

SPO a travaillé avec ses partenaires pour répondre à cette demande accrue, en appliquant les rôles de la santé publique consistant à exploiter les données, à faciliter la

collaboration, à promouvoir le bien-être et à prévenir les méfaits, et à faire connaître les services existants pour accroître l'accès aux soutiens nécessaires.

Il est essentiel de tenir compte de la santé physique, de la santé mentale et de la santé liée à la consommation de substances lors de la planification du rétablissement après la pandémie. La santé liée à la consommation de substances, telle que définie par la Community Addictions Peer Support Association (CAPSA), vise à assurer que la consommation de substances est abordée du point de vue de l'amélioration du bien-être, quelle que soit la consommation actuelle ou continue de substances d'une personne. Celle-ci reconnaît qu'actuellement plus de 80 % des Canadiens consomment une certaine forme de substance, et cette utilisation existe sur un spectre. Voir le document 3, ci-joint, pour plus d'informations sur la santé liée à la consommation de substances et le spectre de la consommation de substances.

La pandémie a en outre mis en évidence la nécessité de remédier à l'accès inéquitable aux ressources communautaires. La pandémie a renforcé la connaissance que pour améliorer la santé et le bien-être des individus et des communautés, il est nécessaire de s'attaquer aux causes profondes de la mauvaise santé et du bien-être tels que les événements indésirables dans le développement de la petite enfance, la pauvreté, le manque de logement, le manque d'éducation, le manque d'accès aux ressources en fonction de la situation géographique, y compris la vie dans les communautés rurales, le racisme, le colonialisme et d'autres facteurs qui influent sur la santé. En augmentant l'accès équitable aux services de santé et aux services sociaux dans notre communauté et en recherchant des politiques qui soutiennent la santé dans de multiples secteurs, la santé mentale et la santé des personnes en matière de santé liée à la consommation de substances peuvent être améliorées.

Alors que nous nous efforçons de nous remettre de la pandémie, tous les ordres de gouvernement et les bailleurs de fonds des soins de santé – local, régional, provincial et fédéral - ont un rôle à jouer pour promouvoir la santé mentale, la santé liée à la consommation de substances et pour lutter contre les méfaits pouvant découler de la consommation de substances. Cela implique de travailler ensemble pour : réduire les événements indésirables pendant l'enfance en soutenant les parents; augmenter le nombre de logements supervisés et abordables; étendre la prévention et la promotion de la santé mentale et de la consommation de substances psychoactives; élargir l'accès et la disponibilité des programmes et services de santé mentale et de santé liée à la consommation de substances, notamment par l'accès aux fournisseurs de soins primaires, en offrant des options de traitement adaptées à la culture pour les troubles de l'alimentation et les troubles liés à la consommation d'opioïdes ainsi que d'autres

besoins de santé mentale et liés à la consommation de substances; accroître l'accès de aux services de réduction des méfaits et de prévention des surdoses pour les personnes, tels que les services de consommation supervisée; améliorer l'accès à des alternatives pharmaceutiques plus sûres lorsque les évaluations indiquent des avantages; et la promotion d'alternatives à la criminalisation des personnes qui consomment des substances contrôlées.

Ce rapport cherche à faire avancer des approches qui amélioreront la santé mentale et la santé liée à la consommation de substances des résidents d'Ottawa, en mettant l'accent sur les priorités immédiates, les mesures de soutien et les politiques qui amélioreront le bien-être au fil du temps, y compris davantage de mesures pour s'attaquer d'urgence à la crise des surdoses qui a été exacerbée par la pandémie.

Consultations/contributions publiques

Les partenaires communautaires et de soins de santé, les services municipaux et internes de SPO, ainsi que les personnes ayant une expérience de vie, ont été consultés sur ce rapport BOH. Les consultations ont été entreprises par le biais de conversations formelles et informelles ainsi que par la participation à des groupes de discussion. Ces consultations et contributions ont aidé à façonner les recommandations, l'ensemble du rapport et les mesures à prendre pour les travaux futurs. Le rapport même est basé sur des preuves, des données et ce que nous avons entendu directement des membres de la communauté au cours des quatre dernières années, et en particulier pendant la pandémie.

BACKGROUND

Ottawans have faced and continue to face many hardships and challenges during the pandemic. While many people are demonstrating resiliency, a greater proportion of the population is experiencing worsened mental health and substance use health. Supportive environments are necessary to maintain and improve mental health.

OPH would like to thank all of our partners who deliver mental health, substance use health, harm reduction and social service programs and services. These partners have proven to be truly innovative and adaptive during a difficult time. Examples of this include the implementation of the first ever regional co-ordinated access to mental health and addictions services for children and youth by the Kids Come First Health Team, with www.1call1click.ca; and for adults, www.AccessMHA.ca by Regional Co-ordinated Access. As well, early in the pandemic, counselling providers came together to offer online and telephone counselling through a service called Counselling Connect.

The counselling agencies that partnered to create www.CounsellingConnect.org have ensured that counselling services were accessible for people in the African, Caribbean, Black community, Indigenous community, and people in the 2SLGBTQQA+ community.

While acknowledging the advancements made in access to and availability of services, there continues to be significant mental health and substance use health needs that remain unmet and continue to require urgent addressing in our community. Document 1, attached, provides local epidemiological data on mental health and substance use health as well as information on issues that have been exacerbated by the pandemic.

The 2015-2018 Strategic Plan adopted by the Board of Health included a strategic direction aimed at Fostering Mental Health in Our Community. Flowing from that, in June 2016, the Board approved “Ottawa Public Health’s plan to Foster Mental Health in our Community”. This report formed the foundation of OPH’s mental health strategy (MHS), aimed at addressing stigma and improving mental health literacy, fostering resilient communities, and advancing work on suicide prevention.

In 2017, the Board approved two reports titled: “Update on Opioids and the risk of unintentional overdoses in Ottawa” and “Harm Reduction and Overdose Prevention – status Report”. These reports described the increased risk of overdose persisting over time, with more toxic substances in circulation, stressed the need to tackle substance use health from a variety of angles, including housing, parent supports, training for first responders, and the importance of coordinating with many partners to reach all ages and populations at risk across Ottawa’s geography.

In 2018, the Board approved the “Mental Health in Ottawa Report”, which provided information on the status of the mental health of people in Ottawa at that time. The report identified factors that influence mental health outcomes and helped to inform recommendations for improving the mental health of residents and fostering a resilient community. Consultations on the report with the community also identified gaps and areas of future focus, including the “Mental Health of Ottawa’s Black Community Report.”

Mental Health of Ottawa’s Black Community

Building on the 2018 release of the *Status of Mental Health in Ottawa Report*, OPH undertook community consultations to get a better understanding of the gaps in the report and therefore in how mental health is assessed and addressed. The consultations identified that there is a lack of representation in the current data with respect to the perceptions, experiences and needs of Ottawa’s African, Caribbean, and

Black (ACB) community in accessing mental health services. As such, OPH developed and disseminated *The Mental Health of Ottawa's Black Community Report*. OPH works in collaboration with Ottawa's ACB community to disseminate findings and implement programs, services, and strategies from the research study. This work includes efforts to reduce and challenge racism, improve partners' service quality, and increase access and availability of culturally appropriate services through the development and dissemination of videos and presentations in collaboration with community partners to enhance impact and reach.

Faith leaders were identified as one of the first contacts for many people in the ACB community when they are struggling with their well-being. Therefore, a needs assessment was done with this group to better understand what they would need to support their communities, and, from this assessment, training was developed and is being delivered to a broad range of faith leaders. As such, OPH has expanded its role to foster resilient communities by acting on recommendations from the *Mental Health of Ottawa's Black Community Report* and developing and delivering faith leader training to provide mental health and crisis prevention supports.

In June 2019, the Board approved the [2019 – 2022 Strategic Plan](#), which includes a strategic priority to [Promote mental health and reduce the health and social harms of substance use](#) and a year-one goal to *drive innovative approaches to mental health and substance use*.

Also, in 2019, the Board received a report titled "Consultation on Opioids, substance use and mental health", arising from The Ottawa Summit. It included an update on the Ottawa Community Action Plan (OCAP), a collaborative, network-based strategy developed in partnership with OPH, the Community Addiction Peer Support Association (CAPSA), the Royal, the Canadian Centre on Substance Use and Addiction, Ottawa Overdose Prevention and Response Task Force, Kids Come First Health Team and CHEO, people with living experience and many more local and national partners. The 3 goals of the OCAP include preventing stigma, advancing harm reduction initiatives, and collaborating and integrating services across the mental health, addictions system, and social services system. The Board also approved a report titled "Next steps in Harm Reduction and Overdose Prevention". These reports supported actions that resulted in the integration and increased reach of harm reduction approaches and practices across allied service partners and expanded services to address the toxic drug supply.

Advancement of the Ottawa Community Action Plan

OPH continues to provide “backbone” support for the OCAP that is advancing using a collective impact approach. Collective efforts have resulted in bringing stigma education sessions to health care sector workers, through the work of CAPSA, increasing the accessibility of and training for take-home naloxone kits through pharmacy partners and virtual training platforms, and increasing coordinated access to mental health and substance use health services across the Champlain region through the work of Kids Come First Health Team, the Royal and many more. A virtual summit was held in the Fall of 2020 and ten action items were established to advance the goals of OCAP. The goals and action items are a focus for OPH and the many partners moving forward, as outlined in Document 2.

Continued work in Harm Reduction

OPH and our partners in supervised consumption and treatment services have remained accessible and open, with some service hour and capacity reduction due to COVID demands and requirements, and local harm reduction services were adapted and incorporated into COVID-19 specific services, including self-isolation and distancing centers, and respite services. OPH continues to chair the Overdose Prevention and Response Taskforce, whose membership is comprised of representatives from OPH, community health agencies, hospitals, pharmacies, emergency services, mental health service providers and the regional coroner’s office. Taskforce members work together to promote information sharing, data collection and outreach, including important messages for the public as well as for residents with friends or family members who choose to use drugs (e.g. knowing the signs of an overdose, carrying naloxone, and calling 9-1-1). Further, as the core Ontario Naloxone Program in Ottawa, OPH continues to expand access to community naloxone distribution. OPH has increased availability of take-home naloxone kit programming by partnering with community agencies that serve populations at high-risk of overdose (i.e. community health centres, shelters, treatment agencies, emergency departments, etc.).

The pandemic has affected Mental Health and Substance Use Health across the lifespan

OPH continues to identify mental health and substance use health approaches using the perspective of promoting health across the lifespan. This approach acknowledges the importance of early childhood development, the impact and importance of school health, transitions to post-secondary, the impacts of a safe and healthy workplace environment and the health of our older adult population. There have been actions taken to address the needs of the community that specifically align with OPH’s strategic

priority relating to mental health and substance use health, but there are emerging needs that continue to require attention.

Positive infant and early childhood development are a key driver for health and well-being, and the pandemic has had a negative impact on many aspects of child development, including exposure to adverse childhood events. Negative impacts from the pandemic include movement behaviours (decreased physical activity, increased sedentary behaviour and screen time), increased food insecurity, negative educational outcomes, increased injuries occurring at home, increased reports of child maltreatment and a decrease in routine well-baby visits for vaccines and early childhood development assessments due to parental concerns of exposing their baby to COVID-19.⁹

Prior to the pandemic the Ontario Student Drug Use Survey (OSDUS) had described a growing level of distress and self-harm, that was continuing to trend upwards from 2017 to 2019 among Grade 7 to 12 students.¹⁰ Adding to this existing concern, the pandemic has negatively impacted the mental health and wellness of children and youth in a significant way. One provincial study found that approximately 70% of 6-18 year-olds surveyed in Ontario said their mental health worsened since the onset of the pandemic.¹¹ Contributing to this has been the loss of meaningful social connections, isolation, limited extra-curricular activities and physical activities, increased use of social media, increases in food insecurity and overall changes in routine, among other negative impacts. One issue of high concern being observed across Canada, and locally, has been the sharp rise in eating disorders among children and youth. Through the pandemic, the Children's Hospital of Eastern Ontario has seen a 60% increase in patients to their eating disorder unit.¹²

A Canadian study looking at the mental health of mothers before and after the start of the pandemic has found that their levels of depression and anxiety almost doubled during the pandemic. The largest impacts were on mothers who were First Nations, Inuit, or Metis. Those who reported higher levels of depression and anxiety had difficulty with balancing home schooling with work and other responsibilities, with

⁹ Public Health Ontario. (Jan 2021) [Negative Impacts of Community-based Public Health Measures on Children, Adolescents and Families During the COVID-19 Pandemic: Update.](#)

¹⁰ Centre for Addiction and Mental Health (2020) [Mental health and Well-being of Ontario Students: Detailed finding from the Ontario Student Drug Use and Health Survey. 1991-2019.](#)

¹¹ Tombeau Cost, K., et al. (Feb 2021). Mostly worse, occasionally better: impact of COVID- 19 pandemic on the mental health of Canadian children and adolescents. *European Child & Adolescent Psychiatry* <https://doi.org/10.1007/s00787-021-01744-3>

¹² CTV News. (Jan 2021) [Experts say pandemic fuelling apparent spike in eating disorders among adolescents.](#)

childcare, and when the family income was disrupted.¹³ Overall, families with children under 18 experienced a deterioration in their mental health during the pandemic.¹⁴

In one survey, 42% of Ontario adults reported having increased their substance or gambling use since the pandemic started and more than a quarter (28%) are experiencing increased tension in the household.¹⁵ The impact of the pandemic has also increased mental health concerns within the workplace, decreased workplace productivity and contributed to an exponential rise in burnout among the working population in Canada¹⁶.

Older adults also faced many difficulties during the pandemic. Many were isolated from their loved ones and experienced losses of their peers. As well, caregivers faced added burdens and challenges.

This report will further describe the existing and emerging challenges faced by people in our community and the approaches and actions that aim to address these challenges, as well as actions that all levels of government can take to work towards addressing the highlighted issues.

DISCUSSION

Recommendation 1 - Receive, for information, an update on Ottawa Public Health's (OPH) work on mental health and substance use health and key OPH actions for 2021-2022 to improve the existing concerns and the impacts of the pandemic across the lifespan and work with partners to measure and improve overall mental health, substance use health, and well-being, as outlined in this report

OPH's work on mental health and substance use health and key actions for 2021-2022 center on the premise that a comprehensive approach is needed to promote and protect mental health, substance use health and well-being. This includes promoting positive mental health and substance use health across the lifespan, addressing the root causes of ill health and wellness, as well as influencing and informing systems-level changes.

¹³ Racine, N., et al. Maternal depressive and anxiety symptoms before and during the COVID-19 pandemic in Canada: a longitudinal analysis. *The Lancet*. Volume 8, Issue 5, P405-415, March 2021. DOI:[https://doi.org/10.1016/S2215-0366\(21\)00074-2](https://doi.org/10.1016/S2215-0366(21)00074-2)

¹⁴ Gaderman, A., et al. Examining the impacts of the COVID-19 pandemic on family mental health in Canada: findings from a national cross-sectional study. *BMJ Open* 2021;11:e042871. doi: 10.1136/bmjopen-2020-042871

¹⁵ Children's Mental Health Ontario and Addictions and Mental Health Ontario. (May 2020) [COVID-19 Mental Health Impacts](#).

¹⁶ Morneau Shepell. (March 2021) [The Mental Health Index report Canada](#)

Consequently, OPH's key actions include activities that support mental health for new families, children, youth, adults, and older adults. A key focus is supporting children, youth, and educators in schools, as well as working with partners to support those most negatively impacted by the pandemic, including multicultural and racialized communities, parents, older adults, and more.

OPH's key actions will address some of the root causes of poor mental health and substance use health. OPH will collaborate with partners and community leaders to increase mental health literacy, reduce stigma, increase access and availability of culturally appropriate services, and aim to build a more resilient community - one in which community members and intermediaries have the skills and resources to support their communities – from starting a conversation about mental health and substance use health to linking people to resources, supports and/or treatment. As many Ottawa residents do not know where to go for help (*25% did not know where to turn when they needed it during the pandemic*)¹⁷ or may not feel comfortable discussing mental health and substance use health issues, this work aims to increase Ottawa residents accessing resources and supports.

Finally, OPH's key actions include informing system-level changes, through the collection and dissemination of data, collaborating and integrating across the system, and identifying and supporting emerging and innovative initiatives. Collaboratively, collecting, analyzing, and publicly disseminating data is foundational to informing and influencing system-level change. As such, OPH will develop a mental health and substance use dashboard that will inform strategies to address and mitigate harms. OPH will continue to work with partners in the health and social services sectors, living experience partners and those in workplace sectors to identify ongoing and emerging issues and collaborate to find solutions. Key examples of current collaborations include working to gain support for more access to treatment and collaborating with partners to advance alternatives to the toxic drug supply and the criminalization of people who use controlled substances.

In alignment with the Ontario Public Health Standards, based upon local data, and consults with living experience partners and providers, OPH's mental health and substance use health work has evolved and adapted to meet the needs of the community. Through partnerships and collaborations OPH is implementing the following initiatives across the lifespan through two distinct, yet interconnected strategies:

¹⁷ Ottawa Public Health. (2021) [Status of Mental Health in Ottawa During the COVID-19 Pandemic, Fall of 2020. Results of a population survey October 8 to 20, 2020. Jan 2021.](#)

- **OPH's Mental Health Strategy (MHS)**
- **The Ottawa Community Action Plan (OCAP) - Substance Use Health and Wellness Strategy with a focus on Opioids**

Highlights of Next Steps for 2021/2022

1. Mental Health Strategy	2. Preventing Stigma and Problematic Substance Use (OCAP Goal 1)	3. Identifying & supporting emerging harm reduction initiatives (OCAP Goal 2)	4. Collaborating & Integrating across the system (OCAP Goal 3)
1.1 Increase mental health literacy, reduce stigma, and increase awareness of services and supports through capacity building training for intermediaries (e.g. educators, City staff, community housing staff, peers, etc.).	2.1 Collaborate with CAPSA to reduce stigma, discrimination and increase substance use health programs and resources through targeted training/workshops (e.g. for hospitals, first responders, City staff, etc.) and broad knowledge sharing events (e.g. podcasts, events, videos, social media).	3.1 Increase uptake and access to Naloxone with partners reaching populations at increased risk/facing access barriers.	4.1 Publish a publicly available dashboard on mental health and substance use health, to monitor trends and support efforts to increase access & availability of services where needed.
1.2 Develop and deliver mental health promotion programs, resources and supports for students, parents, and educators, including Post Secondary, focused on resiliency, positive coping	2.2 Increase living experience members and clients as experts, teachers & facilitators in the collective impact approach (e.g. ensure and advocate for adequate, meaningful, and sustained involvement and	3.2 Expand overdose strategies for people using substances alone/at home.	4.2 Advance alternatives to criminalization of people who use substances (e.g. Collaborate with partners to advance action items identified at the <i>Ottawa Getting to Tomorrow: Ending</i>

strategies, and help-seeking, to reduce the onset or worsening of illness (for example eating disorders, anxiety, depression).	representation internally and within the community).		<i>the Overdose Crisis</i> event).
1.3 Collaborate with Faith Leaders and Ottawa's ACB and Racialized communities to increase mental health literacy, strengthen partnerships, and increase access and availability of culturally appropriate services.	2.3 Increase public awareness of the Good Samaritan Drug Overdose Act.	3.3 Explore, advance & evaluate programs and services to address the toxic unregulated drug supply (e.g. participate in Safer Supply Ottawa 3-year Pilot Program and evaluation, and support other potential providers).	4.3 Enhance health protection services such as needle drop boxes and needle hunter programs in Lowertown, and other priority downtown locations, and work alongside partners to support increased services for homelessness population.
1.4 Promote mental health, social connections, and well-being for Older Adults and caregivers through Aging Well in Ottawa Portal discussions and education and work with partners.	2.4 Enhance peer support and harm reduction technologies available in Ottawa (e.g. mobile technology that links people who use drugs alone to community volunteers who can assist in the event of an overdose).	3.4 Work with community partners to increase access to medication assisted therapy (e.g. injectable opioid agonist treatment).	4.4 Support workplace mental health and well-being of employees and employers (e.g. creating enhanced pathways to mental health and substance use supports and treatment for Ottawa's construction industry).
1.5 Educate community leaders on suicide prevention and expand suicide prevention efforts with a focus on youth & young adults. (e.g.	2.5 Re-establish OPH initiatives and programs related to other harms, including alcohol, tobacco, vaping, cannabis, and	3.5 Integrate and promote a Public Health Approach to Substance Use Health into OPH and community partner's work, with an aim of	4.5 Link parents and families to services to promote mental health of perinatal/postpartum women, children &

safeTALK suicide prevention training and Youth Nominated Peer Support Suicide Prevention Training Program)	gambling.	reducing inequities and harm.	youth.
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For the complete list of actions under the MHS and OCAP strategies please see Document 2.

Recommendation 2 - Adopt the guiding principles of a public health approach to substance use health.

A public health approach to substance use health builds on the effectiveness of the established public health approach to mental health. The work on a population health approach to mental health has demonstrated the important role that health promotion and illness prevention have in addressing societal mental health concerns.¹⁸ This approach also recognizes the impact on mental health from societal conditions, such as income, access to housing, access to culturally appropriate treatment services, and respects the importance of equity, culture, and positive connections with family and community and the effect these factors have on well-being.^{19, 20}

A public health approach to substance use health includes pragmatic and evidence-informed strategies to support healthy communities and minimize the health and social harms that can result from substance use. Strategies encompass health and wellness promotion; education to reduce the stigma experienced by people who use substances; better access to and availability of culturally safe, trauma informed, and anti-racist services, including prevention, harm reduction, and treatment services; as well as alternative approaches to community safety, such as the decriminalization of people who use controlled substances. The guiding principles behind this strategy are:

- a. A population health approach.** This principle considers the health and social well-being of individuals and the community as a whole and promotes decreases in unfair health outcomes between populations. Drivers of differences in health between different populations include affordable housing, adequate income,

¹⁸ Centre for Addiction and Mental Health, Public Health Ontario, and Toronto Public Health. (2013). Connecting the dots: how Ontario public health units are addressing child and youth mental health.

¹⁹ Mantoura, P., et al. (2017) [A Framework for Supporting Action in Population Mental Health](#). The National Collaborating Centre for Healthy Public Policy.

²⁰ Canadian Public Health Association. (2021) [A Public Health Approach to Population Mental Wellness](#).

mental health, education, reducing stigma, and access to primary care.²¹ Additionally, creating supportive environments for early childhood development is a key preventative approach to creating positive mental health and deterring adverse substance use health outcomes, including social impacts.

E.g., OPH will apply a population health approach and break down data by income, immigration status, gender and by racialized populations as much as possible in future reporting on substance use health and mental health.

- b. **Decolonial and Anti-Oppression lenses.** Approaching work on substance use health and mental health through both decolonial and anti-oppression lenses, including anti-racist, anti-homophobia, and anti-transphobia lenses aims to counter how racism and discrimination negatively affect health. Communities that face systemic oppression experience inequitable access to environments supportive of health, which contributes to increased risk for mental illness, substance use disorder, and overdose. Addressing the stigma experienced by people who use substances and that have mental illness is also a key component of this approach because we know that the inability to access supportive environments and resources can be compounded when a person experiences stigma and faces discrimination. Therefore, attention to diverse needs of different populations and neighborhoods is required in advancing work on mental health and substance use.⁷ A public health approach recognizes the intersectional, systemic change to be accomplished with populations facing barriers to health.

E.g., Continued commitment to advancing the priorities of the Ottawa Black Mental Health Coalition to increase mental health promotion and supports, system navigation and reducing the impacts of anti-Black racism through education and policy.

- c. **A health and human rights framework, rather than a criminal framework.** This includes decriminalization, which refers to the removal of criminal penalties for the possession and personal use of controlled substances. This principle recognizes that addressing substance use as a health issue rather than a criminal or legal issue is an important step toward reducing stigma, increasing access to services and supports, and lessening the long-lasting layered impacts

²¹ Toronto Public Health. (2018) [A Public Health Approach to Drug Policy](#).

of criminalization on the lives of people who use drugs and our community.²² This principle acknowledges that the unregulated production and sale of controlled substances will remain illegal.

E.g., The Canadian Association of Chiefs of Police endorses alternatives to the criminalization of people for the simple possession of controlled substances and the Ottawa Police Service is supportive of working with OPH and others to create alternate pathways for addressing substance use harms.²³

- d. **Respect for and inclusion of the leadership and expertise of people who use substances.** This principle ensures that a public health approach involves real, meaningful, comprehensive, and sustained engagement and collaboration with people with living experience in order to develop a continuum of services that meet people where they are at. It also recognizes that people with living experience of substance use contribute essential knowledge to public health efforts and have been at the forefront of existing advocacy work on drug policy reform and in responding to the overdose crisis.

E.g., OPH will collaborate with partners to advance action items identified at Ottawa Getting to Tomorrow: Ending the Overdose Crisis event.

- e. **A recognition that substance use exists on a spectrum.**²⁴ This principle acknowledges that there are both harms and benefits to substance use and as such, focuses on reducing potential harms and maximizing potential benefits rather than pursuing abstinence for everyone across the board. The goal remains to decrease harms from substance use by decreasing use across the population and supporting people wherever they are along the spectrum of use.

Overall, these strategies aim to protect and promote the health, wellness, and safety of people who use substances and that of our community. Substance use health, as defined by the Community Addictions Peer Support Association (CAPSA), seeks to ensure that substance use is approached from the perspective of advancing wellness, regardless of a person's current or on going use of substances. It recognizes that currently 80+% of Canadians use some form of substance. Substance use health, just

²² Canadian Centre on Substance Use and Addictions. (June 2018) [Decriminalization: Options and Evidence](#).

²³ Canadian Association of Chiefs of Police. (July 2020) [Decriminalization for Simple Possession of Illicit Drugs: Exploring Impacts on Public Safety & Policing](#).

²⁴ Health Officers Council of British Columbia. (October 2005) [A Public Health Approach to Drug Control in Canada](#). Pg. 5.

as we speak of mental health and physical health, seeks to advance wellness and not solely to prevent potential harm.

Document 3, attached, provides a summary of evidence that supports a public health approach to substance use health.

Recommendation 3 - Direct the Medical Officer of Health to share this report and data with the City's Emergency and Protective Services Department to inform their Community Safety and Well-being plan which includes the following priority areas identified through consultation: Mental Well-being; Housing; Financial Security and Poverty Reduction; Gender-based Violence and Violence Against Women; Discrimination, Marginalization and Racism; and Integrated and Simpler Systems;

Collaboration on the Community Safety and Well-Being Plan

An important partnership for OPH involves working in collaboration with the City of Ottawa on the development and implementation of Ottawa's Community and Safety Well-Being (CSWB) plan. In October 2020, City Council approved six priorities for the CSWB Plan²⁵, which are Mental Well-being; Housing; Financial Security and Poverty Reduction; Gender-based Violence and Violence Against Women; Discrimination, Marginalization and Racism; and Integrated and Simpler Systems. Based on feedback and input from the community, data, and research, the CSWB plan will put forward strategies and actions to address these six priorities and ultimately, improve the safety and well-being of Ottawa residents. OPH is working with the CSWB plan team and will continue to work alongside and in partnership with them to address different root causes of ill health that have been established as priorities.

As part of the most recent CSWB plan consultations²⁶ on the mental well-being priority, respondents proposed increased awareness and access to programs and services as well as having a crisis team to support mental well-being calls and/or checks, among other suggestions. OPH is working with the CSWB team, the Ottawa Police Service (OPS) and community partners to support the development and implementation of a crisis team. Furthermore, OPH is working with the CSWB team on promotion of mental health and substance use programs and services to ensure a wider reach and awareness of programs. OPH is committed to this work with CSWB and collaborating on future work being done to address the identified priorities.

²⁵ City of Ottawa. (October 2020) [Community Safety and Well-Being – Interim Report](#).

²⁶ City of Ottawa. (May, 2021) [Community Safety and Well-Being Plan What We Heard Report – Goals and Objectives Engagement Summary](#)

Recommendation 4 – Direct the Medical Officer of Health to share this report and data with Ontario Health to inform their mental health and substance use health pandemic recovery plan and request that Ontario Health address pressing mental health and substance use health needs in Ottawa by:

- a. Implementing a dashboard that provides monitoring and reporting on mental health and substance use health services, with consideration to wait times for evidence-based mental health and substance use services and crisis responses, with special consideration given to the collection of disaggregated data on ethnicity, race, age, and geographical location;**
- b. With the support of the Ministry, improving access to and quality of mental health care for immigrants, racialized populations and low-income communities by ensuring better access to health and social services including family physician availability such as within Ontario Health Teams;**
- c. Enhancing capacity to address eating disorders amongst children and youth in Ottawa by increasing availability of specialized treatment services in hospital and in the community, including enhanced eating disorders training for clinicians in hospital and community, and increased availability of medical consultations to support community service providers;**
- d. Increasing capacity and availability of specialized intensive mental health services in the community for children and youth, and adults and older adults, for example, with the expansion of the Ottawa Bridges Program for the youth population;**
- e. Increasing capacity of emergency departments and hospitals to identify and support people with substance use disorders through the development of specialized addictions medicine teams and enhanced substance use services and supports;**
- f. Increasing access to culturally appropriate services by improving diversity of service providers and increasing access to cultural competency and anti-racism training for clinicians. For example, expanding availability of culturally appropriate local mental health services such as those offered by the Ottawa Newcomer Health Centre, Britannia Woods Community House, and Somali Centre for Family Service;**
- g. Increasing access to 24/7 mobile mental health crisis response capacity, including an Indigenous-led response for First Nations, Inuit, and Metis**

people in Ottawa, and an Indigenous-specific Assertive Community Treatment [ACT] team.

Ottawa has seen an increase in need and demand for mental health and substance use supports and treatment, and service providers have noted an increase in complexity and severity of individuals accessing treatment. With the intensification of severity and complexity, treatment requires longer engagement, placing a strain on an already taxed set of providers and increasing wait times for services. Increasing availability of specialized intensive community services are needed, across the lifespan, and this includes community providers receiving greater access to psychology and psychiatry consultations and supports to provide multidisciplinary assessments and treatment to address the increase in complexity and severity of needs. As well, partners have shared that increased availability to low threshold rapid access services, such as walk in clinics and same day virtual counselling, would help to address demand for those with less complex needs and contribute to a reduction in service providers' wait times as well better support the overall community needs.

With the rise in eating disorders, increased treatment availability is needed in both hospital and in the community. In the community, support for specialized training in eating disorders is needed for community service providers to adequately understand, assess, and treat these patients. Further, increased access to medical consultations for community service provider programs is needed to support with physical health monitoring of patients. Having greater availability of specialized eating disorders programs and services in the community would better support the community needs and help to reduce the burden and strain currently being felt by hospital eating disorder programs.

As the agency responsible for connecting and coordinating the province's health care system, Ontario Health is well positioned to ensure that mental health and substance use health are a top priority in pandemic recovery planning. As evidenced by a recent memo from Ontario Health, enhanced access to mental health and addictions services is a priority.²⁷ By sharing this report and supporting evidence with Ontario Health, OPH will also highlight areas of focus that are needed when considering mental health and substance use health in pandemic recovery. Having available, accessible, culturally appropriate, and integrated mental health and substance use treatment services is essential, and further actions will require an approach that considers population health equity as well as both upstream and downstream interventions. Evidence of ongoing

²⁷ Ontario Health. (Mar 2021) [Memo to Health System Partners re: recovery planning](#)

and emerging needs, as well as suggested interventions, are highlighted throughout this report, which may be useful to Ontario Health as they plan for the future of our health care system.

Recommendation 5 - Direct the Chair of the Board of Health to write a letter to the Ontario Minister of Health recommending:

- a. In collaboration with the Ministry of Children, Community and Social Services, identifying next steps to address the increased incidence of post-partum depression and challenges to children’s development as Public Health Ontario reports on their evaluation of the impact of reduced home visiting programs for new parents and families with young children during the pandemic;**
- b. Collaborating with other ministries to develop a comprehensive Health-In-All-Policies approach, as recommended in the Auditor General’s 2017 annual report. An example of taking a health lens to policy development is to review the provincial housing and homelessness programs to better meet the housing, mental health and substance use health needs of Ontario residents;**
- c. Evaluating the impact of increasing alcohol availability using a comprehensive approach to assess health, social, and financial impacts, as it is the most used substance and is known to cause harms to individuals, families and society;**
- d. Taking further action to address the overdose crisis through health promotion and substance use prevention strategies, overdose prevention strategies and harm reduction services, pursuant to evidence outlined in this report.**

5a - In collaboration with the Ministry of Children, Community and Social Services, identifying next steps to address the increased incidence of post-partum depression and challenges to children’s development as Public Health Ontario reports on their evaluation of the impact of reduced home visiting programs for new parents and families with young children during the pandemic

The COVID-19 pandemic response required the shifting of priorities by all public health units. Part of this shift involved the scaling down of existing services, including home visiting programs. As evidenced in previous sections of this report, the well-being of young families was severely challenged during the pandemic and families that would have normally received support from public health home visiting programs did not

receive the same level of care. An evaluation of the impact that this lack of support and services had on families with young children is necessary to understand the scope of the issue and what is needed to recover from these impacts. As Public Health Ontario conducts such an evaluation, rapidly identifying the implications for programs, services and policies and next steps will assist in reversing and mitigating harms into the future.

5b - Collaborating with other ministries to develop a comprehensive Health-In-All-Policies approach, as recommended in the Auditor General's 2017 annual report. An example of taking a health lens to policy development is to review the provincial housing and homelessness programs to better meet the housing, mental health and substance use health needs of Ontario residents

As demonstrated throughout the COVID-19 pandemic, improving health outcomes, and addressing root causes of ill health is complex and requires multiple sectors working together. Implementing a Health-In-All-Policies approach at the provincial level would facilitate collaboration across various Ministries and promote multiple sectors working together to improve Ontarians' health. A provincial Health-In-All-Policies approach was recommended by the [Ontario Auditor General in 2017](#). This would include systematically integrating consideration of the health and social implications of policies developed by the Ontario government to promote improved population health and minimize unintended social and health-related harms and costs. This approach is required because the drivers of health outcomes are beyond the reach of the health care sector and include, but are not limited to, the following sectors: childcare, education, land use planning, industry, social services, and housing.

For instance, reviewing the provincial housing and homelessness programs through a health lens can contribute to better meeting the housing, mental health and substance use health needs of Ontario residents. In January 2020, Ottawa City Council declared an affordable housing and homelessness emergency and the waitlist for affordable housing continues to grow.²⁸ Homelessness and being unstably housed are well-established root causes of ill health.²⁹ Integrating a Health-In-All-Policies approach into the solutions for addressing Ottawa's and Ontario's housing and homelessness emergency would include, not only expanding access and availability of supportive and affordable housing within the province, but also ensuring that individuals placed in these homes receive wrap-around health and social services to support them in staying in

²⁸ CBC. (January 2020) [City Declares Housing Emergency](#).

²⁹ Nyamathi, M. A., et al. (Mar 2021) The Impact of Unstable Housing. The Lancet Public Health. Volume 06. Issue 5. DOI:[https://doi.org/10.1016/S2468-2667\(21\)00035-9](https://doi.org/10.1016/S2468-2667(21)00035-9)

these homes and, for those with untreated mental health and substance use health issues, to support them in receiving the care and support they need.

5c - Evaluating the impact of increasing alcohol availability using a comprehensive approach to assess health, social, and financial impacts, as it is the most used substance and is known to cause harms to individuals, families and society;

As we look towards recovery from the COVID-19 pandemic and consider the impact of substance use on health, evaluating the health, social, and financial impacts of increased alcohol availability during and after the pandemic must be considered as it is the most commonly used substance and creates significant harms to individuals, families and communities. From the *Status of Mental Health in Ottawa During the COVID-19 Pandemic Report*, 24% of respondents reported increased alcohol consumption. This percentage aligns with the National average and is lower than the Provincial average of a 30% increase, as outlined in a recent study by Statistics Canada.³⁰ There is evidence that shows 1 in 5 fatal opioid overdoses involve alcohol,³¹ the risk of serious assault spikes with alcohol sales,³² alcohol-related emergency department visits are disproportionately increasing in women and young adults,³³ and in 2020 alcohol-induced deaths increased in people under 65.³⁴ The availability of alcohol has increased during the pandemic and research demonstrates that, as availability increases, so too does consumption and the risk of ill health effects.

5d - Taking further action to address the overdose crisis through health promotion and substance use prevention strategies, overdose prevention strategies and harm reduction services, pursuant to evidence outlined in this report.

To address the overdose crisis and increase substance use health, OPH works collaboratively with city first responders, including paramedics and police, and many community partners, including people who use drugs, people with living experience, the Drug Users Advocacy League, and hospital and health sector partners. Additional

³⁰ Statistics Canada. (March 2021) [Alcohol and cannabis use during the pandemic: Canadian Perspectives Survey Series 6.](#)

³¹ Institute for Clinical Evaluation Sciences. (August 2017) [One in five opioid overdoses involves alcohol: study.](#)

³² Institute for Clinical Evaluation Sciences. (May 2008) [Risk of serious assault spikes with alcohol sales: study.](#)

³³ Institute for Clinical Evaluation Sciences. (July 2019) [Alcohol-related ED visits disproportionately increasing in women and young adults.](#)

³⁴ Statistics Canada. (July 2021) [Provisional death counts and excess mortality, January 2020 to April 2021](#)

support and funding from the province would allow Ottawa partners to advance work on an integrated system-level approach for people seeking support, services and treatment for substance use health concerns and substance use disorders as well as support OPH to focus on substance use health promotion using all pathways to increase health, including harm prevention strategies.

Accordingly, the recommended coordinated efforts include:

1. System-level approach to addressing the drug overdose crisis across the continuum of services to increase the capacity of local organizations to offer expanded substance use health promotion, prevention, harm reduction and treatment services;
2. Greater access to supervised consumption and treatment services, removing the current cap on the number of Ministry of Health funded sites permitted in Ontario;
3. The re-instatement of funding, removed in 2019, for OPH's supervised consumption service;
4. The expansion and evaluation of access to safer, pharmaceutical alternatives from the toxic unregulated drug supply for people at risk of overdose where indicated, including;
 - i. Listing of additional higher concentration injectable opioid agonist treatment (iOAT) medication on the Ontario Drug Benefit Formulary;
5. Expansion of drug checking services, including a range of service options and locations in diverse settings to meet local needs;
6. Increased availability of services for people using methamphetamine and other stimulants and enhanced training for service providers on supporting and responding to people who use stimulants; and
7. Ongoing funding for grief and trauma supports for people who use drugs, their family members and workers who respond to the drug overdose crisis.

Supervised consumption and treatment services (CTS)

CTS provide lifesaving interventions for people who use drugs by reducing the risk of overdose and other harms associated with drug use, providing an access point to the health and social care systems, and connecting people to substance use health treatment in all forms. More broadly, CTS can 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.³⁵ Ongoing community engagement and liaison is critical to ensure impacts to the local community, including people who use drugs, are proactively and collectively mitigated or addressed.

Efforts to provide CTS in more locations could be supported by streamlining the Provincial approval process to align more closely with Federal regulations. Removing the provincial cap on the number of CTS could enable services to meet the needs of clients in smaller settings, closer to more people who use substances based on local need. People use substances across the City of Ottawa and a mobile service is not able to meet the need compared to the potential of an individual being able to access supervised consumption where they are already accessing other essential health and social services. The expansion of supervised consumption and overdose prevention services is urgently needed to save lives and improve the health, safety and well-being of people who use drugs and their families in Ontario.

Pharmaceutical Alternatives to the Unregulated Toxic Drug Supply

As opioid-related harms continue to increase, a comprehensive range of treatment services and interventions are urgently needed. Increasing access to evidence-based opioid agonist treatment (OAT), such as buprenorphine, is an integral part of the recommended first-line treatment approach for opioid use disorder (OUD), and a core component of a multi-pronged response to treatment within the current opioid crisis.

Initiating treatment of OUD with buprenorphine in an Emergency Department (ED) or hospital setting is highly effective at retaining patients in treatment and reducing subsequent ED visits. Moreover, hospitals have a unique opportunity to reach the individuals at highest risk of overdose.^{36, 37, 38} Surveys of ED physicians indicate that increased physician training and access to ongoing treatment supports would decrease

³⁵ C. Potier et al., "Supervised injection services: What has been demonstrated? A systematic literature review," *Drug Alcohol Depend.* 145C (2014): pp. 48-68; European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), *Perspective on drugs. Drug consumption rooms: an overview of provision and evidence*, 2018.

³⁶ D'Onofrio G, O'Connor PG, Pantalon MV, Chawarski MC, Busch SH, Owens PH, et al. Emergency department-initiated buprenorphine/naloxone treatment for opioid dependence: a randomized clinical trial. *JAMA.* 2015;313(16):1636-44.

³⁷ Srivastava A, Kahan M, Njoroge I, Sommer LZ. Buprenorphine in the emergency department: Randomized clinical controlled trial of clonidine versus buprenorphine for the treatment of opioid withdrawal. *Can Fam Physician.* 2019;65(5):e214-e20.

³⁸ Hu T, Snider-Adler M, Nijmeh L, Pyle A. Buprenorphine/naloxone induction in a Canadian emergency department with rapid access to community-based addictions providers. *CJEM.* 2019;21(4):492-8

barriers to prescribing buprenorphine in the ED^{39, 40}. Immediate support is needed to increase the capacity of primary care practitioners and hospitals to provide OAT for those in need. Further, the scale up of Rapid Access Addiction Medication clinics, including virtual services like those offered by the Royal and Sandy Hill Community Centre, is required to increase access to low-barrier, client-centered care to initiate OAT and connect clients to ongoing care in the community.

National guidelines recommend that injectable OAT (iOAT) using diacetylmorphine or hydromorphone be considered for individuals who continue to inject opioids despite adequate trials of methadone and buprenorphine.^{41, 42} 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. Evaluations are underway to assess ways to maximize benefits of safer supply and address any harms from different approaches.

The injectable forms and required dosages of medications involved in iOAT and safer supply continue to be inaccessible to most clinicians that would offer these services and the people who could benefit from them as they are not included on the Ontario Drug Benefit Formulary. Domestic production of diacetylmorphine would also support the scaling up of iOAT.

Expansion of drug checking

Results from Provincial and local Drug Checking Services show an increase in unexpected, toxic drugs in the unregulated supply. This has included a greater presence of highly potent opioids, benzodiazepine-related drugs and other adulterants, increasing the risk of overdose and other harms⁴³. Expanding access to drug checking

³⁹ Lowenstein M, Kilaru A, Perrone J, Hemmons J, Abdel-Rahman D, Meisel ZF, et al. Barriers and facilitators for emergency department initiation of buprenorphine: A physician survey. *Am J Emerg Med.* 2019;37(9):1787-90.

⁴⁰ DeFlavio JR, Rolin SA, Nordstrom BR, Kazal LA, Jr. Analysis of barriers to adoption of buprenorphine maintenance therapy by family physicians. *Rural Remote Health.* 2015;15:3019. CONFIDENTIAL DRAFT: PLEASE DO NOT DISTRIBUTE REVISED: September 25, 2020

⁴¹ Centre for Addiction and Mental Health. (2021) [Opioid Agonist Therapy: A Synthesis of Canadian Guidelines for Treating Opioid Use Disorder](#)

⁴² Fairbairn N, Ross J, Trew M, Meador K, Turnbull J, MacDonald S, Oviedo-Joekes E, Le Foll B, Goyer M, Perreault M and Sutherland C. Injectable opioid agonist treatment for opioid use disorder: a national clinical guideline. *CMAJ* September 23, 2019 191 (38) E1049-E1056; DOI: <https://doi.org/10.1503/cmaj.190344>

⁴³ McDonald, K., et al., What's in Toronto's Drug Supply?: Results from Samples Checked by Toronto's Drug Checking Service: January - December 31, 2020.2021: Toronto. Available from: https://drugchecking.cdpe.org/wp-content/uploads/dlm_uploads/2021/04/Toronto-DCS-Report_2020.pdf.

services across the community would provide people who use drugs with the opportunity to make informed decisions based on knowledge about the contents of their drugs and will provide vital information, including alerts, on Ottawa's unregulated drug supply. Funding for longer-term implementation of a range of accessible drug checking services in diverse community settings to meet local needs is required as part of a comprehensive approach to prevent overdoses.

Services for people using stimulants

There is evidence of increasing harms from stimulant use. This increase has been noted in cases where stimulants, such as cocaine or methamphetamine, are both used on their own as well as where two or more substances are used together. There is growing concern among service providers about the harms from stimulant use. Sharp increases in deaths involving stimulants in Ontario have been noted⁴⁴. The Office of the Chief Coroner of Ontario has noted that during the COVID-19 pandemic in Ontario, there was a significant increase in the percentage of opioid-related deaths with stimulants as a contributing factor, driven by cocaine involvement in these deaths.⁴⁵ While there are some supports and services for people who use stimulants, they are limited and not meeting the need.

Increasing the availability of services for people using methamphetamine and other stimulants and funding enhanced training for service providers on supporting people who use stimulants are essential for developing the innovative responses required to reduce the harms of stimulant use across Ontario. Areas of need include but are not limited to: (1) services (such as supervised spaces) for those recovering from the effects of stimulants; (2) resources to support frontline staff across sectors who provide services to people who use stimulants; (3) resources to advance safer supply for stimulants; and (4) treatment options for people who use stimulants.

Grief and trauma support

While efforts have begun to address the significant grief and loss people experience as a result of the overdose crisis, there is a need for continued and expanded access to

⁴⁴ Ontario Agency for Health Protection and Promotion (Public Health Ontario), Stimulant Harms Snapshot 2021. Available from: <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/stimulant-harms>.

⁴⁵ Ontario Drug Policy Research Network, et al., Preliminary Patterns in Circumstances Surrounding Opioid-Related Deaths in Ontario during the COVID-19 Pandemic.2020: Toronto. Available from: <https://odprn.ca/research/publications/preliminary-patterns-in-circumstances-surrounding-opioid-related-deaths-in-ontario-during-the-covid-19-pandemic/>.

supports. Consistent and ongoing funding for grief and trauma support for people who use drugs, family members, and workers is an essential part of the required response.

Document 4 provides a more detailed rationale and evidence in support of each of these proposed measures.

Recommendation 6 - Direct the Chair of the Board of Health to write to the Federal Minister of Health to request that the Government of Canada:

- a. Integrate stronger population health outcomes into Canada's National Housing Strategy outcomes measures to assess the strategy's impact and effectiveness on improving mental health and substance use health outcomes;**
- b. Limit alcohol promotion and marketing, especially to youth, by applying existing policies for tobacco and cannabis marketing as guides, to reduce harms caused by alcohol;**
- c. Declare the drug overdose crisis to be a national public health emergency and develop a coordinated Canada-wide plan and associated funding to address overdoses, with input and leadership from people with living experience, to support the immediate scale up of prevention, harm reduction and treatment services, including expansion of safer pharmaceutical alternatives to the unregulated toxic drug supply based on evaluation of initiatives underway; and**
- d. Permit the simple possession of drugs for personal use under the *Controlled Drugs and Substances Act* based on meaningful engagement with key stakeholders including people with living experience during each stage of planning, implementation, and evaluation.**

6a – Integrate stronger population health outcomes into Canada's National Housing Strategy outcomes measures to assess the strategy's impact and effectiveness on improving mental health and substance use health outcomes;

As stated in recommendation 5, homelessness and being unstably housed is known to be a root cause of ill health. It is also known that the COVID-19 pandemic exacerbated the housing crisis by making housing even more unaffordable for many.⁴⁶ The Government of Canada released their housing strategy, [Canada's National Housing](#)

⁴⁶ Global News. (March 2021). [Canada's home prices boom amid COVID-19 as policymakers sit back.](#)

[Strategy: A place to call home](#), in 2017. In the report the federal government states that housing is a human right. This strategy sets out many targets and promises to focus on ensuring housing for more at-risk populations first, including women and children fleeing domestic violence, seniors, young adults, Indigenous peoples, people with disabilities, people living with mental health and substance use issues, 2SLGBTQQIA+, racialized groups, recent immigrants, especially refugees, and people experiencing homelessness. The first report on this strategy, [Building the Future Together: 2020 National Housing Strategy Progress Report](#), was released in 2020 and the progress made to date is outlined. However, we know that the COVID-19 pandemic has had a disproportionate effect on the groups mentioned as a priority by the government (listed above) and the cost of housing has increased. Therefore, it is necessary for the Federal government to integrate stronger population health outcome measures into their Strategy, to regularly monitor these outcomes and adjust the Strategy accordingly, if needed, to ensure that it is addressing the growing housing needs of Canadians as well as addressing this root cause of poor mental health and substance use health outcomes. While the Strategy outlines the populations that it seeks to support, including housing targets and investments for some of these population, providing a more in-depth analysis of whether these populations are benefiting from the Strategy is needed. Additional information, such as: social demographic data, the number of people within these populations who continue to face homelessness and unstable housing in contrast to the number who have been housed; the geographical locations of the people who have been able to access housing in comparison to those that continue to need housing in the same locations; and a long-term analysis of those that have remained in stable housing, would provide a more fulsome picture of the current housing need - specifically health and social demographic data. By taking a more in-depth, population health approach to the analysis of the Strategy, the government will be able to better identify population needs, address gaps in the Strategy and assess whether the Strategy is meeting its objectives.

6b - Limit alcohol promotion and marketing, especially to youth, by applying existing policies for tobacco and cannabis marketing as guides, to reduce harms caused by alcohol;

An important impact that the Federal government can have on reducing consumption of alcohol is to restrict the amount of marketing and sponsorship opportunities available to alcohol companies, especially those targeted to youth. Marketing is associated with increased use and therefore greater harms.⁴⁷ The Federal government can use the

⁴⁷ Public Health Ontario. (2016) [Focus on Alcohol: Marketing](#).

models of restricting marketing already in place for tobacco and cannabis. A useful model for regulating alcohol marketing is one in which government establishes and updates regulatory systems to reduce alcohol marketing exposure and monitor all forms of marketing.⁴⁸

6c - Declare the drug overdose crisis to be a national public health emergency and develop a coordinated Canada-wide plan and associated funding to address overdoses, with input and leadership from people with living experience, to support the immediate scale up of prevention, harm reduction and treatment services, including expansion of safer pharmaceutical alternatives to the unregulated toxic drug supply based on evaluation of initiatives underway; and

Given the evidence cited in recommendation 5 and detailed in Document 4, the Federal government can have an impact by coordinating a Canada-wide plan to address this national public health emergency, enhancing Federal support and funding to expand access to services to address the toxic unregulated drug supply, and by using its authority under the *Controlled Drugs and Substances Act* to permit simple possession of drugs.

Federal support and funding for the implementation of a spectrum of safer pharmaceutical alternatives and iOAT options, including domestic production of diacetylmorphine, would increase accessibility to the lifesaving medications required to meet the needs of people at highest risk of overdose.

6d - Permit the simple possession of drugs for personal use under the *Controlled Drugs and Substances Act* based on meaningful engagement with key stakeholders including people with living experience during each stage of planning, implementation, and evaluation.

The current approach of criminalizing people who use controlled substances causes harm by punishing people with an illness rather than focusing on treatment and support. Additional harms caused by the current approach also include stigmatizing people who use substances,⁴⁹ which in turn leads to experiences of discrimination within the health sector and the community as a whole and makes it harder for people to find work and housing.⁵⁰ The other problem with stigma is it can result in self-stigmatization and can

⁴⁸ Esser MB, Jernigan DH. [Assessing restrictiveness of national alcohol marketing policies](#). *Alcohol and Alcoholism*. 2014;49(5):557-62.

⁴⁹ Csete, J. et al (2016). The Lancet Commissions: Public health and international drug policy. *The Lancet*, 387 (10026): 1427-1480.

⁵⁰ Canadian Bar Association. (2017) *Collateral Consequences of Criminal Convictions: Considerations for Lawyers*.

discourage people from seeking the help that they need.⁵¹ Harm is caused not only to people who use substances, but also to their family members and loved ones and to the community as a whole when people are involved with the criminal justice system for simple possession. There is also a growing body of evidence that supports a public health approach to substance use health, including alternatives to the criminalization of people who use controlled substances.

An example of a public health approach to substance use, including alternatives to criminalization of people who use substances, comes from Portugal. Portugal decriminalized people who use and are in possession of all drugs in 2001. In the case of Portugal, evidence demonstrates that transferring the responsibility for drug policy from the justice system to the health system can reduce drug-related death and incarceration.⁵² In Portugal, there has been a reduction in drug use among at-risk populations and increases in the number of people accessing treatment.⁵³ There have been significant decreases in HIV transmission (85%), and drug-related deaths.⁵⁴

For additional rationale on this approach, see the section under Recommendation 2 with respect to the public health approach to substance use health and Document 5, attached, for evidence and more examples of the calls to find alternatives to the criminalization of people who use substances.

RURAL IMPLICATIONS

There are no rural implications associated with this report.

CONSULTATION

Community partners, City and internal OPH departments that impact the mental and substance use health of our community, as well as people with living experience, were consulted on this BOH report. Consultations were undertaken through formal and informal conversations as well as participation in focus groups. The input helped shape the recommendations, the body of the report, and the action items for future work.

⁵¹ Canadian Centre on Substance Use and Addiction. (2019) [Overcoming Stigma Through Language – A Primer](#).

⁵² Canadian Centre on Substance Use and Addictions. (June 2018) [Decriminalization: Options and Evidence](#).

⁵³ Hughes, C., & Stevens, A. (2010). What can we learn from the Portuguese decriminalization of illicit drugs? *British Journal of Criminology*, 50, pp. 999–1022.

⁵⁴ Hughes, C., & Stevens, A. (2012). A resounding success of a disastrous failure: re-examining the interpretation of evidence on the Portuguese decriminalization of illicit drugs. *Drug and Alcohol Review* 31:108, as cited in: Global Commission on Drug Policy (2016) *Advancing Drug Policy Reform: A New Approach to Decriminalization*.

LEGAL IMPLICATIONS

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

RISK MANAGEMENT IMPLICATIONS

There are no risk implications for this report.

FINANCIAL IMPLICATIONS

There are no financial implications associated with this report.

ACCESSIBILITY IMPACTS

There are no direct accessibility impacts associated with this report.

ALIGNMENT WITH OTTAWA PUBLIC HEALTH STRATEGIC PRIORITIES

This report directly aligns with Ottawa Public Health's 2019-2022 Strategic Plan: *Protecting Our Communities Health*, as it provides an update and recommendations for next steps on advancing this strategic priority.

SUPPORTING DOCUMENTATION

Document 1 - Mental Health and Substance Use Health Data During the COVID-19 Pandemic

Document 2 – Next Steps and Action Items for 2021/2022

Document 3 – Evidence and Explanation that Supports a Public Health Approach to Substance Use Health

Document 4 – Evidence That Supports Recommendation 5

Document 5 – Evidence and Additional calls for Alternatives to Criminalization of People Who Use Substances

DISPOSITION

Following Board approval, OPH staff will support the Chair in writing to the provincial and federal Ministers of Health, as directed in recommendations 5 and 6 and implement all other recommendations.