THE OTTAWA COMMUNITY ACTION PLAN 2020 VIRTUAL SUMMIT

Post-Summit Report

December 2020

Report written by The Strategic Counsel
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EXECUTIVE SUMMARY
Executive Summary

To continue to move the Ottawa Community Action Plan (OCAP) forward, the 2020 Virtual Summit was hosted by Ottawa Public Health (OPH), The Royal, Community Addictions Peer Support Association (CAPSA), Canadian Centre on Substance Use and Addiction (CCSA) and the Canadian Public Health Association (CPHA). With logistical planning support from CCSA, this event brought together more than 160 attendees with varying perspectives and expertise to discuss issues and ideas for further action. While the event was local in nature, national organizations were actively involved as some local initiatives to address stigma related to substance use are being scaled to a national level.

The half-day event began with a Welcome Blessing by Claudette Commanda where she spoke on community, respect, acceptance and the importance of love and kindness in healing. These blessings remained central throughout the remainder of the event. An opening panel provided current context and vision and the rest of the Summit was structured around three panels, which focused on the three goals outlined in the OCAP – preventing stigma and problematic substance use, emerging harm reduction initiatives, and collaborating and integrating across the system. To explore each goal further, a moderated ‘Zoom-in’ session was conducted which included several expert panelists. Attendees were engaged primarily through an online voting system. At the culmination of the Summit, the main themes which arose in each panel discussion were summarized and a series of actions and next steps were identified.
Key Highlights

Preventing Stigma and Problematic Substance Use

- There is a willingness across the Ottawa community to continue to address stigma in relation to substance use.
  - Some organizations have taken initial steps towards eliminating stigma internally by participating in anti-stigma training and sharing anti-stigma resources to shift the organization to a culture that fosters more open dialogue on substance use. This type of training is critical and requires more uptake.
  - To reduce generational effects, individuals are working to ‘unlearn’ some of the preconceived biases which have developed over the years. It is critical that all people, including youth and young adults (Millennials and Gen Z) be included at the forefront of conversations addressing stigma.
  - The ability for those in leadership positions to speak publicly about their own struggles with substance use disorders helps to normalize the conversation and reduce associated stigma.
- It is also clear, however, that stigma still widely exists, driven by a lack of understanding that substance use disorder (SUD) is a chronic medical condition.

Emerging Harm Reduction Initiatives that can Reduce Harms Associated with Opioid Use

- Ottawa continues to lead the way in providing access to harm reduction initiatives, including several supervised consumption sites and the ability to effectively provide Naloxone kits to the public.
- Innovative solutions, such as virtual witness consumption, wearable technology and isolation treatment centres, driven in part by the pandemic, are breaking the mold, creating new and better treatment options. There continues to be better ways for harm reduction solutions to be integrated into pharmacies such as through mandating Naloxone be provided with opioid prescriptions.
- Stigma was identified as a significant barrier to effective harm reduction. It contributes to a reluctance to seek support/services, for individuals using substances alone and often results in increased/more severe use.
Key Highlights

Collaborating and Integrating Across the System to Centralize Access to Services

Progress has been made towards creating a more centralized and simplified way to access substance use and mental health services in Ottawa (i.e. AccessMHA\(^1\)). More strides need to be taken towards developing a ‘one-stop shop’, which will require extensive partnership and collaboration across the system.

Individual

- Providing children and youth with improved access to substance use and mental health services is critical. While they face similar barriers to adults, there are some distinct differences in their needs such as more flexible service hours and the issues of parental consent.
- Those with lived/living experience should be central to leading change discussions on access to services, as they are able to suggest systematic improvements that can be made to better suit the needs of clients.

Other Thoughts and Considerations

- Dr. Vera Etches, Ottawa’s Medical Officer of Health, spoke on success thus far on the Ottawa Community Action Plan, noting its support and participation from many stakeholders in the local Ottawa community.
- Moving forward, attendees committed to taking action in terms of advocating, listening more, taking steps to improve collaboration and to better educate themselves on the topic areas. There is interest in more education on: trauma informed care, the link to early child development, stigma related to substance use, harm reduction and decriminalization.
- Many attendees found the discussion inspiring and ended the event on a hopeful note, remarking on the collaborative spirit, degree of honesty in the discussions and sense that they are not working on and/or dealing with these issues alone.

\(^1\) AccessMHA is a platform that makes it easy to help find mental health and/or substance use/addiction support, services, and care. Further information can be found at: https://www.accessmha.ca
BACKGROUND AND CONTEXT
Recap: The Ottawa Summit 2019

Overview of the 2019 Summit and Pre-Summit Consultation

- As input into the Comprehensive Mental Health and Substance Use Strategy, a consultation was undertaken by OPH and The Strategic Counsel (TSC), a professional market research firm, seeking feedback from various stakeholders. The findings, based on input from over 70 stakeholders, are summarized in the *Comprehensive Mental Health and Substance Use – Focus on Opioids Strategy: Findings from Consultation* (also see the Appendix). A consensus emerged among stakeholders regarding several areas which were viewed as key to moving forward and achieving further progress, including:
  1. Preventing stigma and problematic substance use
  2. Emerging harm reduction initiatives
  3. Collaborating and integrating across the system

- In 2019, the Ottawa Summit on Opioids, Substance Use and Mental Health was convened as a joint initiative between OPH, The Royal and CAPSA. The day-long Summit brought together, in-person, more than 200 community members. Using a workshop approach, table discussions and expert panel discussions, participants shared ideas and identified priorities for action and a series of comprehensive next steps under each of the three topic areas.

Following the 2019 Summit

The following reports were produced subsequent to the 2019 Summit, outlining areas for improvements, actions and next steps.

A post-Summit Summary Report outlining the discussions and the key takeaways from the 2019 Summit.

Together, we created the **Ottawa Community Action Plan (2019)** which outlines how tangible improvements could be made within the community on mental health and to reduce substance use.

Since then, diverse community and national partners have continued to lead on the actions outlined in the plan. The **Ottawa Community Action Plan Highlights Report (2020)** outlines some of the steps that have been taken.
OVERVIEW OF THE 2020 OCAP SUMMIT
Participation in the 2020 OCAP Virtual Summit

The Ottawa Community Action Plan Virtual Summit on opioids and substance use was held virtually on Friday, November 20, 2020.

The Summit was hosted in partnership with OPH, The Royal, CAPSA, CCSA and the CPHA.

This 3-hour event, held via the Zoom videoconferencing platform, convened over 160 participants to share their perspectives and discuss ideas.

Participants represented a cross-section of community-based and national organizations and agencies, in addition to experts and people with lived experience who are engaged on this issue:

- Medical and allied health professionals and organizations (including public health, hospitals, health units, Local Health Integration Networks (LHINs), Community Health Centres (CHCs), youth treatment centres and addiction/counselling services)
- Government (City of Ottawa, Public Health Agency of Canada)
- Educators (school boards, post-secondary institutions and other education related organizations)
- Law enforcement and first responders (police, fire, and paramedics)
- People with lived experience and peer support workers
- Organizations focused on substance use and mental health
- Other community organizations providing support for vulnerable populations (housing, food)
- Other non-profit organizations
Overview of the 2020 Virtual Summit Agenda

The 2020 Summit provided an opportunity to revisit the Ottawa Community Action Plan (OCAP). Discussions focused on opportunities as well as new and ongoing challenges and barriers to addressing substance use issues in the community. It also provided a forum for discussion of ways community-based initiatives can be scaled up to a national level, and vice-versa how organizations with a national mandate can help to apply learning and best practices at the local level.

Pre-event videos were shown leading up to the start of the event and were followed by a general introduction and a welcome blessing. The event was built around an opening panel and three Zoom-in sessions along with polling exercises conducted via Mentimeter - a real-time virtual polling platform. Full details of the program can be found in the agenda in the Appendix.
Attendee Profile

The 2020 Virtual Summit brought in many new participants – over two-thirds (68%) of those attending indicated that they had not previously attended the 2019 Summit.

Summit attendees described their role in varying ways, with respect to making tangible improvements in mental health and reducing harms from substances – as leaders, frontline staff, educators, policymakers, advocates, and counsellors and/or working in the areas of support, prevention and system, change, etc.

Q. Did you attend the first Summit in February 2019? (Base: n=82)

Q. What best describes your role in making tangible improvements in mental health and reduce the harms from substances? (Base: n=81)
DETAILED FINDINGS
Building on Successes, Sharing Challenges, Current Context & Vision
Where have we seen some successes? (Mentions from the Opening Panel)

- CAPSA hosted the first ever virtual Recovery Day Ottawa 2020, bringing together health-based and community organisations, through engaging messaging on the importance of carrying through COVID-19 together, leaving no one behind, non-stigmatizing language, stigma reduction and increased wellness.
- Creation of the resource *Overcoming Stigma Through Language* developed by CCSA in partnership with CAPSA.
- Harm reduction initiatives continue to adapt to meet the needs of the community, including implementation of supervised consumption services within isolation centres. Work to increase access and availability to Naloxone is underway with partners across the sector.
- **The OCAP Highlights Report** outlines collaboration being taken in the community, some of which include:
  - Much work to eliminate stigma related to substance use disorders, for instance CAPSA has hosted workshops for OPH nurses on substance use disorder, well-being, stigma, and the impacts of language and practices within a health-care setting.
  - CCSA launched the first learning module in a series on the topic of stigma and substance use.
  - Partners coming together to address issues around safe supply.
  - The Royal partnering with people with lived experience, furthering the goals of de-stigmatization and creating a more integrated system.
- Easier access to support and services, in particular for children and youth:
  - ‘One call/one click’ service will provide a central point of entry.
- Community consultations undertaken by the City of Ottawa have taken place to better understand how to promote community safety and well-being.
- Initiatives to address stigma related to substance use are being offered locally and scaled to a national level through CAPSA and CCSA.
People are recognizing that mental health is important and that it’s being stressed and strained. It’s affecting our health as a community. There are opportunities to grow the services in this area. As we grow we can build them differently. This is where individuals... talk about what is the better system to build. We have a range of services... and we have to shape that, and have to have a common vision.

(Dr. V. Etches)

What are some of the ongoing challenges? (Mentions from the Opening Panel)

- It is still not clear to some people where they can turn to for help regarding substance use and mental health.
- Certain groups remain under-served (e.g., the African, Caribbean and Black (ACB) community, and Indigenous people).
- Despite ongoing efforts by organizations, those with lived and living experience have not yet seen much change regarding the experience of stigma. More open community conversations need to be had to help address this issue.
- Wider access to Naloxone remains a challenge.
- More integration is required and greater cross-collaboration – beyond health and police to other partners.
- There is still more work to be done to understand the importance of the early child development and the impact of trauma in the early years, including adverse childhood experiences (ACE’s).
CAPSA envisions and works towards creating a world where people seeking improved Substance Use Health can do so without facing stigma and discrimination. CAPSA supports all pathways to increased health and endeavours to collaborate with other organizations that provide services for those in need of help. There is much more work to do in terms of education on Person-First Language, Social Stigma, and Systemic Stigma barriers to health. Partnerships, collaboration, and working together are keys to addressing stigma. Education and change needs to be led by and driven through the lens of PWLLE. CAPSA was created to do this work.

Stigma
- Stigma & Person-First Language Training & Workshops
- Workshops & Knowledge Products

Stigma-Free Meetings
- All People, All Pathways
- Breaking Free Online Resource Partnership

Community Impact
- Events to Reduce Stigma
- Recovery Day Ottawa & Step Away From Stigma
- Leave No One Behind (15k)
- 15k Facemasks & 625+ COVID-19 Kit Bags Distributed

We are calling on citizens to take action because the partners and organizations that we work with do not have the means to drive the changes our community has identified. – (G. Garner)
The overlay of the pandemic has resulted in significant new learning about substance use challenges in the community and has accelerated the process of collaboration. But, it has also amplified the issues and exacerbated some of the challenges.

• Substance use is growing
• Needs are increasing, as are service gaps
• Some harm reduction programs have been put on hold

In response, organizations such as The Royal and CAPSA have developed and implemented new and innovative programs and services:

- A temporary virtual clinic to assist General Practitioners in the community with speedy assessment and access to psychotherapy service.
  - Operational within 2 weeks
  - As of November 2020:
    - Over 17-week run, the clinic received 910 referrals (about 14 new clients a day)
    - It served 540 clients in total — about half of which were aged 21-40
    - The majority of these cases were for depression and anxiety, many of which were COVID-accelerated
    - 54% referred to the service were seeking mental health services for the first time
    - Nearly all (97%) were served by video or telephone
- CAPSA launched virtual All People All Pathways meetings through the Wellness Together Canada portal in response to closures of supports and services with peer groups.
- ConnexOntario professionals continue to be available by telephone, chat and email 24/7 to provide accurate and up-to-date addiction, mental health and problem gambling information to Ontarians.

We’ve heard reference to the fourth wave, specifically around mental health and substance use. We should not be waiting until the second and third wave … it is happening concurrently. There are increasing needs and gaps because more people are coming forward asking for help. (J. Bezzabutz)
FINDINGS FROM PANEL DISCUSSIONS: SCALING OUR WORK

The Canadian Centre on Substance Use and Addiction (CCSA) is a national organization. OCAP is a local initiative. What role can the CCSA play in a community action plan?

As a national organization, CCSA can play a key role in several ways:

• Advancing knowledge – sharing learning about what is happening in other jurisdictions
• Shining a spotlight on best practices – at the provincial or local level
• Underscoring the importance of working together – and coming together as a community

There is a lot taking place across the country. As a national organization focused on reducing the harms of substance use, we connect the work taking place here to other work across the country and vice versa. There is a lot to be done so it is critical to leverage what is already taking place and reduce duplication of efforts. And as part of the work in Ottawa, we are not only investing in the stigma-related efforts but we are looking to support local organizations with the development of effective policies so that no one is left behind by shame, judgement or stigma associated with Substance Use. And, moving forward, CCSA will take the lessons learned from this local initiative and scale it up to help other communities looking to also address stigma towards people who use or have used drugs in their own local areas. (R. Notarandrea)

3 Further information can be found at: https://www.ccsa.ca/sites/default/files/2019-05/CCSA-Brain-Story-Concept-Note-2018-en.pdf
Looking ahead to 2021, panelists agreed that there are many opportunities and actions which could be taken, both at an individual and organizational level, to shape and grow effective substance use services in the community. Ultimately, greater collaboration across the system will yield benefits resulting from a shared vision.

- **Continue to raise awareness** of substance use issues and wellness with government officials – so they continue to recognized there is a need.

- **Think about ways in which we can advance the goals of the OCAP** – those with lived/living experience should be central to leading change discussions on access to services.

- **Enhance meaningful collaboration** – this requires meeting various partners where they are, listening and understanding to different viewpoints, seeing the contribution of all partners as valuable and ultimately standing together.

- **Bring clients more directly into the service model** – as knowledge experts, trainers and educators.

- **Make connections** – connecting the dots, sharing the good work that is happening in other provinces and making it easier for those working at the local level to access information on what is happening elsewhere (e.g., CCSA Brain Story and Brain Builders Lab – CCSA is promoting awareness and understanding of Brain Story science across Canada through two ongoing activities: 1) promoting Brain Story Certification, and 2) hosting the Brain Builders Lab.)


We are taking steps and the community action plan has the right goals… [we] absolutely need to stand beside the experts who have lived experience and living experience. I heard more [at today’s Summit] about how we need to actually aim for culture change and that’s not just individuals, that’s organizations and that it takes all of us. (Dr. V. Etches)
Participants pointed to a number of sectors as requiring more person-first language training, including:

- Police
- First responders
- Educators
- Health care providers

CAPSA, CCSA and OPH are now providing this type of training.

Q. Which sector needs to be more prepared with person-first language training? (Base n=74)
OPENING PANEL

MENTIMETER RESULTS

What participants had to say...

Does the general public have a strong understanding of the impact of the early years, including adverse childhood events (ACE’s) and the link to mental health and substance use challenges?
(Base n=86)

- 90% said ‘no’
- 6% are unsure
- 5% said ‘yes’

Do you feel the general public understands that Substance Use Disorder is a medical condition?
(Base n=87)

- 95% said ‘no’
- 2% are unsure
- 2% said ‘yes’
Most participants indicated that their workplace has a policy to support those with problematic substance use and Substance Use Disorder (64%). However, coverage varies – limited in some cases to employees only or, in others, more broadly to employees and those served by the organization.

Q. Does your workplace have a policy related to supporting those with problematic substance use and Substance Use Disorder? (Base n=82)

- We do not have a policy: 12%
- Yes, for our employees only: 16%
- Yes, for those that we serve: 16%
- Yes, for employees and those we serve: 32%
- Unsure: 22%
- Not applicable: 2%
SESSION #1

Preventing Stigma and Problematic Substance Use
FINDINGS FROM PANEL DISCUSSIONS : OTTAWA POLICE SERVICE

• Stigma associated with problematic substance use and mental health is often systemic in nature and the community recognizes the need to continue to address this as part of OCAP. The barriers that stigma pose require a coordinated community response.
  – The Ottawa Police Service is in the process of developing a mental health strategy in collaboration with the broader healthcare community, academics, thought leaders, not-for-profit organizations and various other stakeholders working in this area.

• Some institutions in Ottawa are in the process of “unlearning” preconceived biases and misconceptions towards substance use, addiction and mental health in an effort to create safer and more stigma-free environments that promote wellness.
  – Many organizations are also implementing internal strategies to address substance use and mental health for their employees. For example, the Ottawa Police Service has adopted an “inside-out” approach to addressing stigma within their organization. OPS is working in parallel to help their employees through hosting workshops and inviting in guest lectures to address substance use and mental health stigma and encouraging employees to apply these learnings at work and at home.

If we can’t treat ourselves with a certain level of empathy, compassion, and understanding then it will be very difficult for us to be able to do that under the range of trying circumstances we are required to do on a 24/7, 365 basis in a city that is the largest municipality geographically in all of Canada and represents the nation’s capital. (Chief P. Sloly)
Organizations in Ottawa have taken positive steps towards better understanding substance use and mental health and have partnered to implement strategies that help prevent stigma.

- Carleton University is focused on making a shift from 'strategy' to 'culture' in terms of it’s approach to providing substance use and mental health services for both students and staff. Professors, staff and other employees in positions of leadership at Carleton University are working to proactively shift the conversation around substance use and mental health. This process has been aided by Excellence Canada who has helped the university to implement healthy workplace solutions to foster employee mental health awareness and institutional wellness. The institution has emphasized a more holistic approach in identifying and addressing a spectrum of mental health needs. Working alongside The Royal, by offering services to those on the mild end of the spectrum, the goal is to reduce the likelihood of more severe experiences in the future.

- At Carleton, younger generations are leading these conversations. More broadly, youth need to continue to be included to help drive change.

  - There has been a distinct generational shift – youth and young adults are at the forefront of cultural changes, breaking down the stigma around problematic substance use and mental health.

The act of publicly sharing helps to address the root of stigmas and normalize the conversation within society.

- Substance use is a unique experience – impacted by external factors such as socio-economic status, gender, race, trauma, and adverse childhood experiences (ACEs).

  If you have an ACEs score of 0 or 1, you have a very different life experience and a very different journey ahead of you than if you have an ACEs score of 5 or 6, which is the range where I was... I think it surprised a lot of people when, at my installation [as President of Carleton University], I openly [shared] my story. I come from a dysfunctional family, it was violent, it was abusive... you come out of that and you’re broken, you’re full of shame. And to cope, you turn to substance use because it’s the only thing that quiets down the shame and gives you a sense of normality. (Dr. Bacon)
SESSION #2

Emerging Harm Reduction Initiatives that can Reduce Harms Associated with Opioid Use
Ottawa continues to lead the way in providing access to harm reduction services and in taking a “can do” approach. The City is notable for:

- Having one of the best per capita take-home Naloxone programs and has successfully used Naloxone as a gateway to normalizing the conversation on harm reduction
- Securing exemptions for four supervised consumption sites in the nation’s capital
- Placing importance on ensuring those with lived experience are directly involved in providing harm reduction services
- Starting to take a more client-first approach - having clients identify the supports they need and define their own path to recovery (i.e. Pathways to Recovery program).

**Innovative solutions are breaking the mold in harm reduction.**

### Ottawa

**Emerging Harm Reduction Initiatives that can Reduce Harms Associated with Opioid Use**

**Moderator:** Catherine Clark

**Panelists:**

1. Rob Boyd, Oasis Program Director, Sandy Hill Community Centre
2. Sean LeBlanc, Founder, Drug User Advocacy League (DUAL)
3. Mark Barnes, Pharmacist

During the pandemic, Ottawa created an isolation and treatment centre for its homeless population that simultaneously addressed both the opioid crisis and self-isolation aspects of COVID-19.

**New technologies (e.g., virtual witness consumption, wearable tech, etc.) will allow harm reduction services to be provided in different settings, particularly to encourage safe use among those who may feel stigmatized.**

Embedding harm reduction solutions into pharmacare, such as mandating that Naloxone kits be provided with opioid prescriptions, is a big step forward. Alongside St. John’s Ambulance, organizations in Ottawa are working to develop a national program to deliver NARCAN® Nasal spray. Offering access to a wider range of options like this has the potential to increase uptake and promote safer use.

Ottawa is actually quite advanced in terms of harm reduction compared to other parts of the province and a lot of that is thanks to the community and the leadership of public health. We have a very robust safe injection and smoking distribution program here in the city. We have one of the best per capita take-home Naloxone programs. In addition to that, there is a lot of other interesting projects like the drug overdose response teams... [and during the COVID-19 pandemic we have created] isolation centers for homeless individuals, so that people within the center who use drugs can continue to make use of those services and it encourages people to stay on site to self-isolate. (R. Boyd)
Other key areas of focus for improving harm reduction include:

- Addressing stigma related to harm reduction;
- Working towards a safer supply (e.g., through expanding and scaling up the Ottawa Safer Supply Program);
- The decriminalization of personal possession; and
- A continued focus on opioid agonist treatments.

**FINDINGS FROM PANEL DISCUSSIONS: AREAS FOR IMPROVEMENT**

There's an emotional disconnect between the health professionals working at a pharmacy and the client who is actually filling a prescription for an opioid. I think there is a statistic that says 75% of opioid deaths could have been prevented at the pharmacy level. (M. Barnes)

Things in drug policy and mental health services have been doing [the same thing] for a long time now and it is always tough to do something new. The importance of meaningful inclusion is paramount though, for several reasons. First and foremost, no one really knows what something is like until they have lived [through] it. (S. LeBlanc)

With the safer supply, [we also need to address the] scalability. We are far ahead of most other [projects in Canada] in terms of getting people enrolled in safer supply, but it’s only 250 people... this really needs to be driven provincially through a public health initiative in order to provide universal access to safer supply for people. (R. Boyd)
Over eight–in–ten Summit participants believed it would be helpful for the public to have more information on the Good Samaritan Overdose Act.\(^5\)

Stigma is seen as a key motivator for individuals choosing to use substances in isolation and is a contributing factor in increasing one’s vulnerability to overdose.

Participants believe that stigma is one of the main reasons why...

1. ...people are reluctant to seek help or reach out for support. Stigma may amplify one’s feelings of unworthiness or make them think they are not deserving of support.

2. ...individuals choose to use substances alone, rather than in more safe, supervised environments.

3. ...there is an increased sense of shame, often resulting in increased and/or more severe use.

Q. Would it be helpful to have more information available about the Good Samaritan Overdose Act? (Base: n=87)

Q. What role does stigma have on people who use substances in isolation and increasing their vulnerability to overdose? (Base n=63)

Further information can be found at: https://www.canada.ca/en/health-canada/services/substance-use/problematic-prescription-drug-use/opioids/about-good-samaritan-drug-overdose-act.html
What can be done to encourage people who use substances not to use them in isolation?
Base: n=46

• **Reduce stigma:** through normalizing the conversation
• **Promote public education and awareness:** in workplaces, through promotional campaigns
• **Offer more accessible options for support and services:** such as virtual services, more supervised injection sites and extending hours of service at current facilities
• **Provide more community resources**
• **Reduce fear of criminalization**
• **Treat each other with more kindness, compassion and empathy**

Participants identified *stigma, funding and a lack of understanding* as the top barriers to implementing a harm reduction approach to substance use, in addition to systemic oppression and issues related to access to assistance.

Q. What is the top barrier to implementing a harm reduction approach to substance use? (Base n=53)
Collaborating and Integrating Across the System to Centralize Access to Comprehensive Mental Health, Substance Use and Social Services Leading to Increased Access and Uptake of Services
Collaborating and Integrating Across the System to Centralize Access to Comprehensive Mental Health, Substance Use and Social Services Leading to Increased Access and Uptake of Services

FINDINGS FROM PANEL DISCUSSIONS

Progress is being made in providing centralized and simplified access to mental health and substance use services in Ottawa, for example, through the AccessMHA platform. However, there are still gaps.

- Organizations that provide services and support in this area are reworking how they can quickly and effectively connect those struggling with the support they need. This includes attempting to close gaps in the system in order to prevent people from “falling through the cracks”.
- Organizations in Ottawa have worked more closely with people with lived experience to help develop the vision of a more approachable and comprehensive system that better suits the needs of clients.

Over half of attendees say that access to services is ‘getting better’ now, compared to the beginning of the pandemic.

What we are hoping to do is take those people who don’t know where to go and have that one-stop shop so that regardless of age or location, people have multiple ways to access care. Not everyone is the same and different people need different things. (Dr. K. Corace)

Q. In the initial wave of the pandemic, many services were closed or reduced. Now, 9 months later, how do you see this situation? (Base n=61)
SESSION #3

Collaborating and Integrating Across the System to Centralize Access to Comprehensive Mental Health, Substance Use and Social Services Leading to Increased Access and Uptake of Services

FINDINGS FROM PANEL DISCUSSIONS

A number of next steps were outlined throughout the panel discussion to create coordinated access to addictions and mental health services and provide children and youth with the supports they need.

Creating Coordinated Access

- Working towards creating a “one-stop shop” approach to accessing services;
- Recognizing that support cannot be standardized to a “one-size-fits-all” approach, but should instead attempt to help those who are struggling to find the right care for their situation;
- Addressing equity which still remains a major barrier; and
- Combining professional and lived expertise to create the right solutions.

Providing Better Access for Children/Youth

- Directly working with youth and their families to identify barriers to access; and
- Having a better understanding of the unique barriers that youth face, including the need for flexible service hours and requirements for parental consent.

Youth face similar challenges to adults, but some distinct differences need to be understood. This is why it is essential to really listen to youth and their families because they are the experts and it is their experience. (J. Lowe)

Kids Come First Health Team

A mental health and addictions working group which has developed One Call/One Click, a single point of entry for children and youth to be able to access Eastern Ontario’s system of care for mental health and addictions, delivering faster, easier and better access to services.
Attendees were eager to learn more about many aspects of these issues, including trauma-informed care, harm reduction, stigma and decriminalization.

Following the panel discussions attendees provided several ideas for actions they could commit to going forward. These included: continuing to be advocates, improved listening, better collaboration and more education.

Q. Based on today’s discussion, one action I can commit to is: (Base n=43)
MENTIMETER RESULTS

Many attendees left the 2020 Virtual Summit feeling hopeful, buoyed by a sense of collaboration, honesty in the discussions which took place, and a feeling that they/others dealing with these issues are not alone.

"It is hard for me to name just one thing that gives me hope because we heard a lot [today] about all the progress that is being made. I feel re-energized about this work and this plan, and I hope others do too." (Dr. V. Etches)

Q. What is one thing you’ve heard today that gives you hope?: (Base n=48)
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POST-EVENT SURVEY RESULTS
Following the Summit, attendees were asked to complete an online post-event survey. Overall, most participants were satisfied with the event, specifically highlighting the expert panelists, accessible virtual format, high quality organization, and Mentimeter polls which allowed them to engage.

**Satisfaction and Engagement with The Summit**

- **Extremely Satisfied**: 56
- **Somewhat Satisfied**: 31
- **Dissatisfied**: 8
- **N/A**: 6
- **Extremely Engaged**: 42
- **Somewhat Engaged**: 40
- **Not Engaged**: 19

Most attendees found the length of the Summit to be ‘just right’.

**Satisfaction and Engagement with The Summit**

- **Too short**: 5.3/10
- **Too long**: N/A

Several areas stood out as being of particular **value** for participants, including:
- Quality, caliber and variety of the panelists
- Sweeping overview of what is happening in all parts and sectors in the Ottawa community
- Organization and theming of events and questions
- Use of Mentimeter to enhance engagement with attendees
- Use of different mediums, such as videos, Mentimeter questions, and expert panelists

Participants also highlighted a few **areas for improvement**:

**Greater representation of...**
- Grass-roots organizations
- Peers/those with lived experience
- Frontline workers

**Collaboration**
- More opportunity for question and answer sessions
- Use of “breakout rooms” to continue the conversations
- Improved interaction between panelists and participants
Attendees were asked to reflect on the panel discussions – most felt all of the sessions were useful. Four-in-five (79%) cited Session 2 on Emerging Harm Reduction Initiatives as ‘very useful,’ the highest rating among all of the sessions.

Several participants commented specifically on the virtual format:
- “Hard to improve in a digital era, excellent job.”
- “The format was just right.”
- “Very well done, given the virtual format.”
APPENDIX
## Summit Agenda

### November 20, 2020

<table>
<thead>
<tr>
<th>Event</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Event</td>
<td>8:30 a.m. – 8:55 a.m.</td>
</tr>
<tr>
<td>Welcome and Introductions</td>
<td>9:00 a.m. – 9:05 a.m.</td>
</tr>
<tr>
<td>Welcome Blessing</td>
<td>9:05 a.m. – 9:20 a.m.</td>
</tr>
<tr>
<td>Panel Discussion – Building on Successes, Sharing Challenges, Current Context &amp; Vision</td>
<td>9:20 a.m. – 9:55 a.m.</td>
</tr>
<tr>
<td>Interactive Zoom in #1 – Actions Related to Preventing Stigma and Problematic Substance Use</td>
<td>9:55 a.m. – 10:20 a.m.</td>
</tr>
<tr>
<td>Interactive Zoom In #2 – Actions Related to Emerging Harm Reduction Initiatives</td>
<td>10:20 a.m. – 10:45 a.m.</td>
</tr>
<tr>
<td>Interactive Zoom In #3 – Actions Related to Collaborating &amp; Integrating Across the System</td>
<td>10:45 a.m. – 11:10 a.m.</td>
</tr>
<tr>
<td>Next Steps and Determining Priorities of the Actions/Commitments for 2021</td>
<td>11:10 a.m. – 11:25 a.m.</td>
</tr>
<tr>
<td>Closing Remarks</td>
<td>11:25 a.m. – 11:30 a.m.</td>
</tr>
</tbody>
</table>
Thank You to our Event Speakers!

Catherine Clark – Moderator
Broadcaster, Emcee and President of Catherine Clark Communications

Dr. Vera Etches – Panelist
Medical Officer of Health, Ottawa Public Health

Gord Garner – Panelist
Executive Director, The Community Addictions Peer Support Association (CAPSA)

Rita Notarandrea – Panelist
Chief Executive Officer, Canadian Centre on Substance Use and Addiction (CCSA)

Chief Peter Sloy – Panelist
Ottawa Chief of Police

Dr. Joanne Bezzubetz – Panelist
President and CEO, The Royal Ottawa Health Care Group

Dr. Benoit-Antoine Bacon – Panelist
President and Vice Chancellor, Carleton University

Rob Boyd – Panelist
Director, Oasis Program, Sandy Hill Community Centre

Sean LeBlanc – Panelist
Drug User Advocacy League (DUAL)

Mark Barnes – Panelist
Pharmacist

Dr. Kim Corace – Panelist
Vice President of Innovation and Transformation The Royal Ottawa Health Care Group

Joanne Lowe – Panelist
Executive Director, Youth Services Bureau of Ottawa

Claudette Commanda – Elder, Special Guest, Welcome Blessing
Professor, University of Ottawa

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Joanne Lowe – Panelist
Executive Director, Youth Services Bureau of Ottawa
Event Speaker Bios – Moderator

Catherine Clark is a nationally respected broadcaster, emcee and the President of Catherine Clark Communications, providing strategic communications advice to individuals, institutions and corporations. Catherine is co-founder of The Honest Talk, a popular new podcast featuring frank discussions with notable women, writes the Giving Back column for Ottawa at Home Magazine profiling citizens working to make their community better for all, and serves on the boards of The Writers’ Trust of Canada, CARE Canada and CARE International in Kenya.

Catherine Clark – Moderator
Broadcaster, Emcee and President of Catherine Clark Communications
Claudette Commanda is an Algonquin Anishinabe from Kitigan Zibi Anishinabeg First Nation located in the province of Quebec. An alumni of the University of Ottawa Faculty of Common Law and Faculty of Arts, Claudette has dedicated the last 30 years promoting First Nations people, history, culture and rights in various capacities as a University of Ottawa student, professor, member and chair of the Aboriginal education council; and via public speaking events.

She is a professor for the University of Ottawa’s Institute of Women’s Studies; Faculty of Education; Faculty of Law; and the Aboriginal Studies Program, teaching courses on First Nations Women; Native Education; First Nations People and History; Indigenous Traditions; and Decolonization. In addition, she is the CEO of the First Nations Confederacy of Cultural Education Centres, a national organization which protects and promotes First Nations culture, languages and traditional knowledge. She is inducted into the Common Law Honour Society; served two terms on the Board of Governors for the First Nations University of Canada; and three terms on the Kitigan Zibi band council.

In 2017, Claudette was the first Nation appointed Elder in Residence for the Faculty of Law, University of Ottawa; and the first person of a First Nation heritage to be appointed to the Board of Governors for the University of Ottawa. In addition, she is a member numerous local and national boards. Currently, Claudette is Special Advisor on Reconciliation to the Dean, Faculty of Law, University of Ottawa. Claudette is a proud mother of four and a grandmother to ten beautiful grandchildren. In March 2020, Claudette received the 2020 INDSPIRE Award for Culture, Heritage and Spirituality.
Dr. Etches was appointed as Medical Officer of Health for Ottawa Public Health (OPH) in April 2018, having served as Deputy MOH from 2014 to 2017. As Deputy MOH, Dr. Etches supported the organization in delivering quality, client-centered services; contributed to knowledge transfer and applied public health research; and reinforced population health assessment, surveillance, and program evaluation. Dr. Etches is also an Adjunct Professor at the University of Ottawa, where she continues to supervise medical residents in Public Health and Preventive Medicine and Family Medicine.

Dr. Joanne Bezzubetz – Panelist
President and CEO, The Royal Ottawa Health Care Group

Joanne Bezzubetz PhD serves as the President and CEO of The Royal as of 2018. Joanne Bezzubetz joined The Royal in June 2013 as the Vice President Patient Care Services, accountable to oversee the delivery of patient care across the ROHCG. This includes ensuring the quality aspects of patient care and services offered, as well as the effective use of resources. Joanne has more than 20 years of experience in healthcare leadership with organizations across Canada; hence brings a wealth of experience, knowledge, innovative and evidence-based practices in mental health and addictions.

Rita Notarandrea has a passion for improving the health of Canadians. She became CCSA’s Chief Executive Officer in 2015 and under her leadership; CCSA’s work has helped address alcohol- and drug-related harms for Canadians. Rita’s expertise is in demand from all levels of government and from stakeholders in the field. Prior to joining CCSA, she was Chief Operating Officer of the Royal Ottawa Hospital. She also serves as a member of the Clerk of the Privy Council’s Contact Group on Mental Health.

Rita Notarandrea – Panelist
Chief Executive Officer, Canadian Centre on Substance Use and Addiction (CCSA)

Mr. Garner is the Executive Director of the Community Addictions Peer Support Association (CAPSA), and the chair of the annual Recovery Day Ottawa event. He is a national public speaker and trainer on addressing stigma and Person First Language. He is living well with his own substance use disorder at the time of this writing. He supports the four pillars of prevention/education, harm reduction, treatment and enforcement/policy. All Gord’s work is informed by his 38 years of active addiction and by the those who helped him.

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Event Speakers Bios – Session 1

Dr. Benoit-Antoine Bacon – Panelist
President and Vice Chancellor, Carleton University

Dr. Benoit-Antoine Bacon started his five-year mandate as President of Carleton University on July 1, 2018. He joined Carleton from Queen’s University where he served as Provost and Vice-Principal (Academic). As someone with lived experience of childhood trauma, mental health struggles, and substance use, he speaks publicly on these issues to break the stigma and promote the important idea that healing is always possible.

Chief Peter Sloly – Panelist
Ottawa Chief of Police

Peter Sloy was sworn in as the Chief of the Ottawa Police Service on October 28, 2019. Formerly, Chief Sloy was a partner at Deloitte, where he was the national “Security & Justice” leader and a trusted and respected strategic advisor to private and public sector executives. Prior to joining Deloitte, Chief Sloy was a 27-year veteran member of the Toronto Police Service who attained the rank of Deputy Chief of Police. He has received many awards including: Officer of the Order of Merit “Police Forces” Medal, the United Nations Peacekeeping medal, the Canadian Peacekeeping Medal, the Police Exemplary Service Medal and the Queen’s Jubilee Medal.
Event Speakers Bios – Session 2

Rob Boyd – Panelist
Director, Oasis Program, Sandy Hill Community Centre

Rob has been working in the field of mental health, substance use disorder and homelessness for the past 30 years in Ottawa, the last 17 of which have been as the Director of the Oasis Program at the Sandy Hill Community Health Centre. Oasis provides harm reduction based medical and social services to people who use drugs. Services include a primary care clinic, opioid agonist treatment, supervised consumption, safer injection and smoking supply distribution, case management and drop in support. Rob is an advocate for drug policy reform and has participated in provincial and national tables to influence systems change related to harm reduction other services for people who use drugs.

Sean LeBlanc – Panelist
Drug User Advocacy League (DUAL)

Sean LeBlanc left a very abusive home situation at age 13 and eventually put himself into university where the loss of his pregnant partner started a decade run long of addiction and homelessness. Sick and tired of being sick and tired he used his stubbornness and eventually founded a non-profit to advocate for drug users called DUAL, the Drug User Advocacy League in 2010. He is a huge Red Sox, punk rock, harm reduction, pot, bass guitar and his partner Catherine fan and is very happy to be here.

Mark Barnes – Panelist
Pharmacist

Mark Barnes is a pharmacist engaged in addiction education and policy development. He also works with the Canadian Pharmacists Assoc. on medicinal marijuana and opioid overdose policy development. His work during the opioid crisis led to the development of a fentanyl patch return program to help curb diversion of this drug to the streets. In 2015 this fentanyl “patch for patch” return program became Ontario law and is now a standard practice for the College of Physicians and Surgeons of Ontario and the Ontario College of Pharmacists.
Event Speakers Bios – Session 3

Dr. Kim Corace – Panelist
Vice President of Innovation and Transformation
The Royal Ottawa Health Care Group

Dr. Kim Corace is the Vice President of Innovation and Transformation at the Royal Ottawa Mental Health Centre. She is an Associate Professor in the Department of Psychiatry at University of Ottawa, an Adjunct Research Professor at Carleton University, a Clinical Investigator with the Institute of Mental Health Research, and a Clinical Health Psychologist. Working at provincial, national, and international levels, her work focuses on improving treatment access and outcomes for people living with substance use and mental health co-morbidities. Dr. Corace is currently the President of the Canadian Psychological Association (CPA), and Chairs the CPA Opioid Crisis Task Force.

Joanne Lowe – Panelist
Executive Director, Youth Services Bureau of Ottawa

Joanne Lowe is currently the Executive Director with the Youth Services Bureau of Ottawa. In addition to her role at YSB, Joanne is VP, Mental Health and Addictions at the Children’s Hospital of Eastern Ontario where she is responsible for CHEO’s Centre of Excellence and the Clinical Mental Health Services, both of which have strong alignment with YSB’s Lead Agency work locally and provincially. Joanne is also one of the Co-Leads for the Kids Come First, Mental Health and Addictions One Call/One Click initiative. Previously, she was the Executive Director of the Canadian Mental Health Association, Ottawa Branch from 1994 to 2003.

Gord Garner – Panelist
Executive Director, The Community Addictions Peer Support Association (CAPSA)

Mr. Garner is the Executive Director of the Community Addictions Peer Support Association (CAPSA), and the chair of the annual Recovery Day Ottawa event. He is a national public speaker and trainer on addressing stigma and Person First Language. He is living well with his own substance use disorder at the time of this writing. He supports the four pillars of prevention/education, harm reduction, treatment and enforcement/policy. All Gord’s work is informed by his 38 years of active addiction and by the those who helped him.
Pre-Event Videos

As a pre-event to the Summit, the following videos were shown in the 30 minutes prior to the welcome introductions.

On my way to Wellness
https://www.youtube.com/watch?v=0Fc5sMGuCEQ

How Trauma Impacts The Brain – Reducing Stigma Around Substance Use
https://www.youtube.com/watch?v=vW4Rdf-FiHU

The Opioid Chapter 5 with Sean LeBlanc (video link through this site)
https://www.theopioidchapters.com/sean

Journey of Hope video featuring Chris Cull
https://youtu.be/dk4LT5OKoU0

We're All In This Together - Collective Impact on Stigma
https://youtu.be/sMIhQabOoSw
Other Resources

Comprehensive Mental Health and Substance Use – Focus on Opioids Strategy: Findings from Consultation, The Strategic Counsel (2019)
Other Resources

Post-Summit Summary Report: THE OTTAWA SUMMIT on Opioids, Substance Use and Mental Health (2019)
Ottawa Community Action Plan (2019)
The Ottawa Community Action Plan Highlights Report (2020)