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Comprehensive Mental Health and Substance Use – *Focus on Opioids* Strategy Findings from Consultation

January 2019



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ABOUT THE CONSULTATION

Background

A Comprehensive Mental Health and Substance Use – Focus on Opioids strategy is in the process of being developed. As input to the strategy, a consultation was undertaken eliciting feedback from external organizations, agencies and people with lived experience. Findings from the consultation are also being used to provide context and guidance for discussions at the Ottawa Summit taking place on February 7, 2019. The Summit is being held to highlight recent community action in this area and to identify areas for further action and new opportunities.

The specific objectives of this consultation included:

- Gauging the current state of mental health and substance use in Ottawa;
- Assessing views and the ongoing relevance of the four pillar approach – prevention, treatment, harm reduction and enforcement;
- Obtaining feedback on a proposed thematic approach for the strategy;
- Determining how and in what way organizations and agencies could contribute to the development and implementation of the strategy; and
- Gaining an understanding of potential challenges to implementing the strategy.

Methodology



Given the sensitivity of the topic and the variety of stakeholders to be consulted, a combination of approaches were employed, including in-depth telephone and face-to-face interviews (IDIs) and self-administered questionnaires. The consultation was undertaken throughout December, 2018 and January, 2019.



An interview guide was developed which contained a series of open-ended questions and provided opportunities for participants to share their views and discuss their experiences on the topic. This semi-structured format allowed for more detailed responses reflecting participants' unique perspectives on these issues.



A total of 26 one-on-one interviews were completed with a variety of organizations and stakeholders, including primary care providers, pharmacists, community health centers, pain clinics, mental health providers, those working in the education sector, and other related service providers. Interviews ranged from 30-45 minutes in length.



Additionally, Ottawa Public Health (OPH) consulted those with lived experience using a combination of face-to-face interviews and self-administered questionnaires (which mirrored the structure of the interview guide). Overall, 49 participants took part in this component of the consultation.

2

KEY FINDINGS

Key Findings

1

In Ottawa, the more prevalent substance use issues center around alcohol, cannabis and opioid use. Ottawa is seen as doing a good job in addressing these issues.

Opioids, alcohol and cannabis



What Ottawa is Doing Well

- Supervised consumption/injection sites
- Harm reduction sites
- Overdose Task Force
- United and engaged community stakeholders committed to addressing the crisis



Ottawa Public Health is viewed positively for its activities around awareness-raising and education on substance use and mental health issues, the research it undertakes and the information shared with the public and other stakeholders.

2

However, the community is still facing a number of critical challenges: capacity to effectively address the issues, specifically timely access to services, current toxic drug supply, and funding gaps.

PRIMARY CHALLENGES IN OTTAWA



CAPACITY



SUPPLY



FUNDING

Secondary challenges include:

- Sense that organizations often work in silos. More integration is needed across the mental health and substance use systems, especially with respect to treatment and follow-up
- Prejudices and stigma within the community
- Lack of political/public buy-in to solutions
- Ever-changing landscape of the crisis



Stakeholders are keen to see activity and progress in the short-term, but acknowledge that the higher priority goals, and opportunities to make real inroads on these issues, are more likely to occur over a longer timeframe.

SHORT TERM

- Continuing the good work already being done towards harm reduction
- Improving coordination amongst organizations working in this area
- Increasing public education



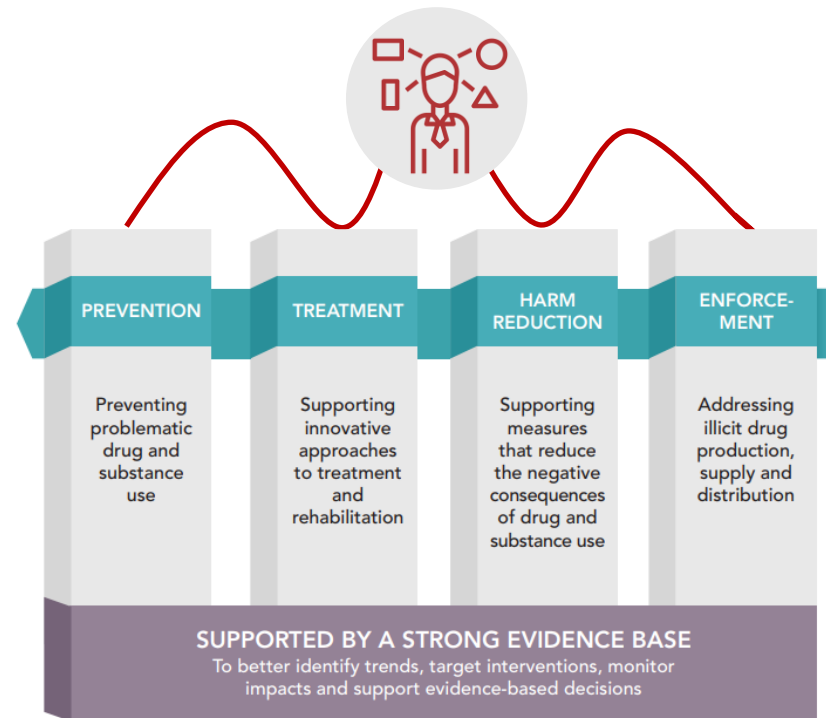
LONG TERM

- Reduce the toxic drug supply
- Meet demand for services by increasing capacity and access
- Securing funding to support the increase in services



Key Findings

4 The current four-pillar framework is well understood and widely employed by most stakeholders. The main criticism, which becomes a challenge in terms of practical application, is that it tends to foster a silo mentality. Greater integration is seen as key to success.

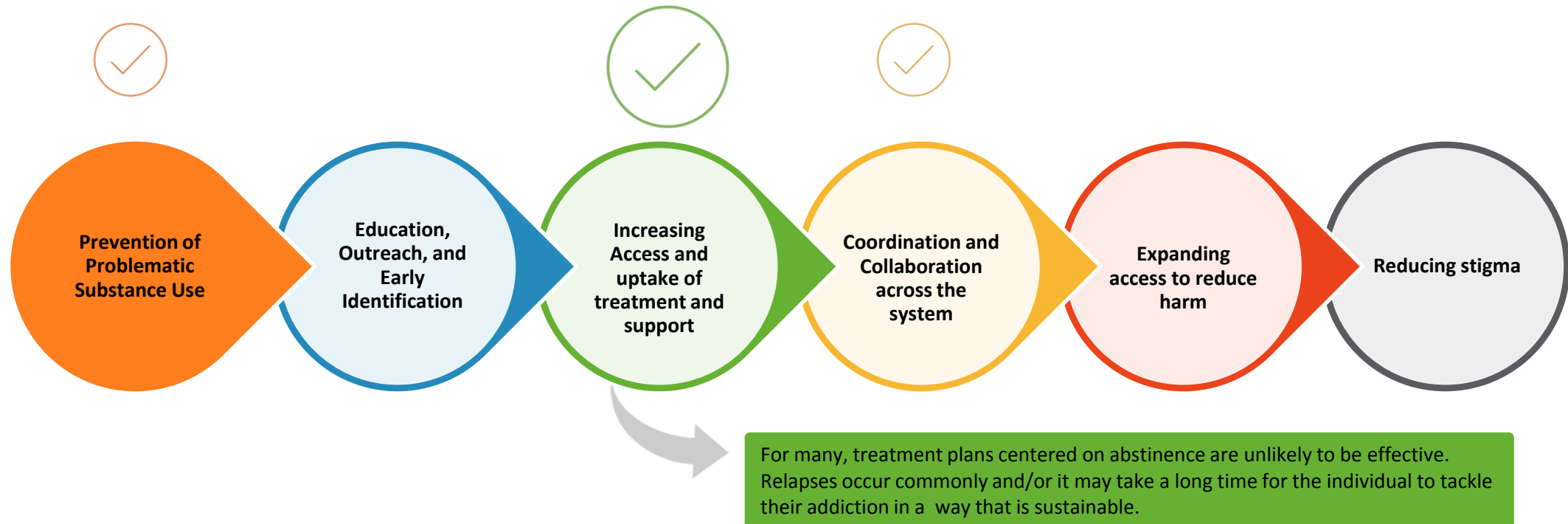


Key Findings

5

The six themes put forward by OPH resonate with stakeholders and are aligned with their views on the key areas that should be directly addressed as part of the strategy.

While the **priority** is really around access to treatment, prevention and **coordination and collaboration across the system** are also very important. Organizations tend to prioritize the themes differently depending on their lens or area(s) of focus.



6

Stakeholders identified a wide range of groups which should be engaged in a comprehensive consultation process, most of whom are already being consulted, including those with lived experience.

CONSULTS WITH STAKEHOLDERS (Currently)



- ✓ Primary care Physicians (including sole providers)
- ✓ Hospitals
- ✓ Emergency medicine/ acute care
- ✓ Community Health and Resource Centres
- ✓ Education: Schools, School Boards
- ✓ First Responders: Paramedics
- ✓ Law Enforcement: Police
- ✓ Mental Health Agencies
- ✓ Peer workers
- ✓ THOSE WITH LIVED EXPERIENCE



OTHER SUGGESTED GROUPS*



- + Housing
- + Indigenous communities/organizations
- + Regulators
- + Newcomers

*Note that stakeholders offered these suggestions in the absence of knowing which groups have been engaged by OPH.

7

Organizations and stakeholders are ready and willing to contribute in any way that they can towards the development of an Ottawa strategy.



- Most contributions would take the form of providing advice, guidance, data, in-depth knowledge and/or generally informing the strategy based on stakeholders' experience and perspective.
- Many have specific expertise to offer (i.e., knowledge of/or ability to outreach to specific client sub-groups).

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DETAILED FINDINGS

Current State of Mental Health and Substance Use in Ottawa

Assessment of the Approach/Proposed Key Themes Strategy

Development and Implementation

Individuals with Lived Experience

Current State of Mental Health and Substance Use in Ottawa

Key Substance Use Issues in Ottawa

1 Alcohol

According to many, this remains the largest substance use issue in Ottawa.

“Number one (problematic substance use and addiction issue) remains alcohol...like by far.”

“It came through time and time again that alcohol was the number one problem ... close behind is cannabis.”

2 Opioids

Rising number of deaths due to the increasing strength and toxicity of the drugs.

“Opioids have definitely overtaken (other substances) in terms of problematic use and life threatening use.”

3 Cannabis

Of particular concern relating to the recent legalization and the risks, particularly with respect to youth.

“We continue to see issues around cannabis ... That’s probably the number one drug issue within the schools.”

4 Other drugs

Crack cocaine, ecstasy (particularly among youth), etc.

“While cannabis and opioids take some of the limelight, kids are still using ecstasy. They’re still using alcohol excessively.”

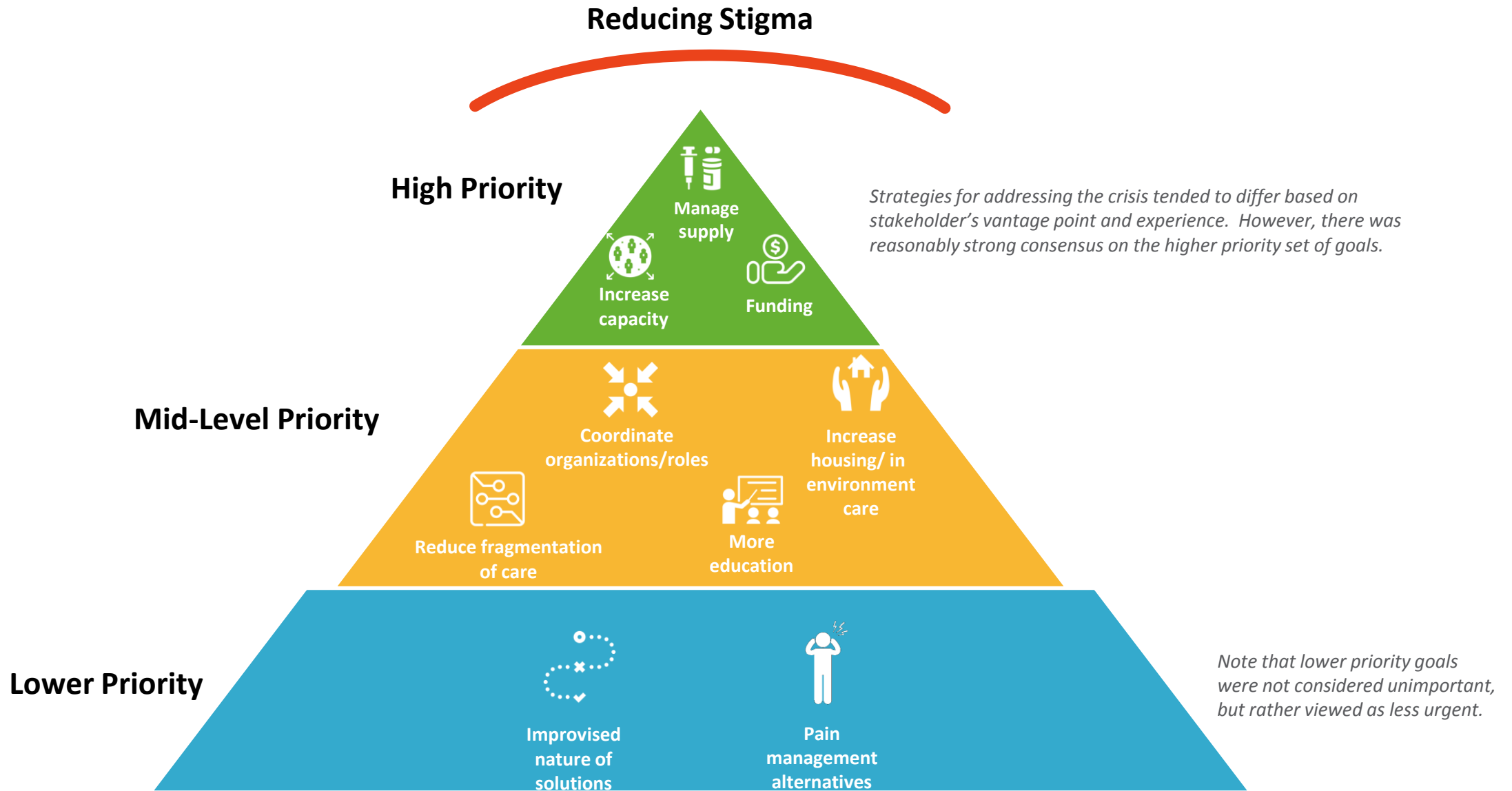
- > These key issues vary across different demographic segments of the population.
- > These also intersect with other issues, such as poverty, housing, and unemployment.

Current State of Mental Health and Substance Use in Ottawa

What Ottawa is doing well to address substance use and addiction issues

- ✓ Harm reduction (Safe injection sites, Overdose Prevention Task Force, etc.)
- ✓ Rapid Access Addictions Medicine (RAAM) clinics
- ✓ Increasing collaboration between different stakeholders (e.g. mental health and addictions)
- ✓ The community is engaged and works well together
 - Relationship between the harm reduction community, paramedics, police is strong and collaborative
 - City and organizations are working well together, including on the Overdose Prevention Task Force
- ✓ OPH is driving the dissemination of information to the public

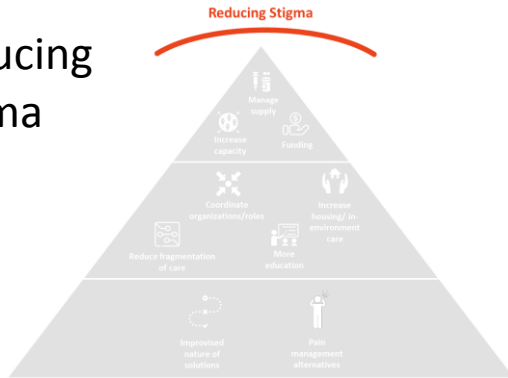
Goals for Addressing the Opioid Crisis



Current Challenges in the City of Ottawa: Overarching Goal

Reducing stigma is viewed as an overarching goal, a core principle of the strategy that should be embedded within all other themes.

Reducing stigma



The **stigma** attached to mental health and problematic substance use **impacts both the person experiencing problematic use and their loved ones, as well as the ability of organizations to raise funds, and the willingness of politicians to stand behind these issues.**

“No one decides this is the lifestyle they want to lead. It’s something that happens to them and then they get crapped on, once they’re being traumatized, right?”

“Just by reducing stigma you will increase access and uptake in treatment. By reducing stigma the education piece will happen. By reducing stigma you will increase the prevention of problematic substance abuse because you will have more people wanting to have a sense of community, kind of like the Icelandic movement where it takes a village to raise a child kind of thing.”

“Stigma is a massive issue for this population. I think there is more stigma among people with substance abuse problems than mental health problems, but then if you have both there are higher levels of stigma because they have compounded stigma.”

“A young person might feel highly stigmatized to come in and talk about the fact that they’re struggling with substance use.”



Reduce Stigma: Work towards changing beliefs held by Ottawa residents and others, including policy makers at all levels of government, around mental health and problematic substance use. The benefits of reducing stigma include: increasing help seeking behaviour for those in need as well as political/public buy in for appropriate solutions to address the issues.

Current Challenges in the City of Ottawa: High Priority

Capacity and access to services



There are several issues relating to **capacity and access to services**:

1. Inadequate capacity to meet the demand – requirement for more case management services, outpatient treatment, harm reduction services, integrated mental health treatment and support for those who are transitioning from prescribed opioids and/or are in various stages of recovery
2. Lack of services in some locations that need it
3. Timely service not always available

“We have a substance youth and addiction support worker that offers support to approximately 2,000 women in Ottawa that we see go through our doors each year. She’s one human being so it’s a lot of work on one person. So she’s in the community four days a week and once a week she’s actually at our detention center, a remand center here in Ottawa offering the program to the women that are incarcerated. Resources are a huge problem. Again, we have funding for one addiction specialist for 2,000 people.”

“In my own words, I would say it’s reducing the barriers to immediate access. So we often find that we’ll have a woman that comes to us and then she’s ready for treatment but now she has to wait three weeks to get into treatment and she’s homeless. So you know she’s not making it the three weeks.”

“Demand [for services] is unrelenting...it never slows down, it never stops. The sort of natural ebbs and flows that we used to see in direct use in this community, we don’t see at all. It’s consistently high.”

“Our ability to provide services when they’re needed, and to the extent that they’re needed, and for as many people as are out there, is woefully inadequate. So people wait and wait and wait. For us, our population is people with the most serious kinds of mental illness. If you can imagine, it’s probably the people that are a half step short of being hospitalized or institutionalized. Those folks, they have to wait 3 years for our services. People literally die. They die while they’re on our waiting list. It’s horrible reality that we have to deal with.”



Increase capacity: More space in existing programs is urgently required to meet the needs of those currently dealing with addiction, mental health and problematic substance use.

Current Challenges in the City of Ottawa: High Priority

Supply



Supply is an issue from several vantage points:

- Current illegal supply is toxic and getting stronger over time
- Supply needs to be reduced/eliminated
- Use of prescribed pain medications puts not only the person taking the medication at risk for problematic use, but others in the household who may have access to these drugs

"If we don't address the safe drug supply issue, everything else that we do is... like you're kind of shifting the deck chairs on the Titanic."

"The biggest issue is demand and supply. There's a great demand and there's a great supply. That's part and parcel of it. If people don't want the drugs there is no need to have that black market supply. That's obviously our primary focus, cutting out the supply piece."

"I can't stress the need for a safe drug supply too much, because fundamentally if you have a safe, legal supply, you've eliminated 80% of your problem."

"We have a very highly toxic drug supply and it's unregulated. People are unable to know what they're actually taking and the potency of it. Again, wanting to get to the root problem, it does stem from the fact that it's a black market supply and our clients aren't able to get the actual drugs that they do need. So what we saw happen a lot over the last two years, while you have the most toxic drug supply on the street that has ever existed, you saw a lot of clients also being cut off the drugs that they had used to legitimately manage their pain."



Reduce policing emphasis on drug users. Focus policing on the criminal supply of the drugs. This would lead to safer streets and fewer police interventions with users which, in turn, would reduce stigma.

Current Challenges in the City of Ottawa: High Priority

Funding



A severe **lack of funding** impedes the ability of all organizations and agencies to fully address the mental health and substance use issues. Most supports for dealing with the issue (treatment, prevention, harm reduction, etc.) **are under-funded and require resources.**

The current funding structure promotes competition versus collaboration.

"I'd say another obviously big barrier is that we have a lot of resource burden within our system. We're funded to operate in certain ways. Organizations are funded to operate in siloed and fragmented ways from one another. Funding is competitive. I think that we have a structure that lends itself to a service organization model of service delivery and not necessarily a client-centered model of delivery."

"You need more of an open stream of funding models to allow us to provide access direct to clients. Right now we may have a great idea about, for example, hepatitis C screening or have someone come in to see if they actually have an opioid problem, but we only have so much operational dollars to be able to operate a certain number of hours."

"Capacity for services is a huge issue, which is obviously related to funding. Waiting lists for mental health services are almost criminal. To get access to good quality care early in the process or an early diagnosis is so difficult."



Allocation of funding: Through better coordination and collaboration across the system, a streamlined funding system would be more efficient, driving a more optimal allocation of resources.

Current Challenges in the City of Ottawa: Mid-Level Priorities

Fragmentation of care



There is still work to be done to treat clients holistically, seeing problematic substance use and other issues as inter-related. **The approach to diagnosis and treatment is not sufficiently integrated**, so clients receive fractured care: one place for mental health; another for problematic substance use; another for physical health; another for social services such as housing; etc.

"We have a fractured system where people don't quite fit anywhere. Our treatment sector for addiction doesn't have the capacity to manage people's mental health problems and vice versa. So people are constantly ping-ponging between them."

"Our care is incredibly siloed, and it can be really frustrating. Because there used to be such a misunderstanding that you needed to treat a substance abuse disorder and then a mental health issue sequentially, rather than concurrently, a lot of our patients weren't getting appropriate mental health care."

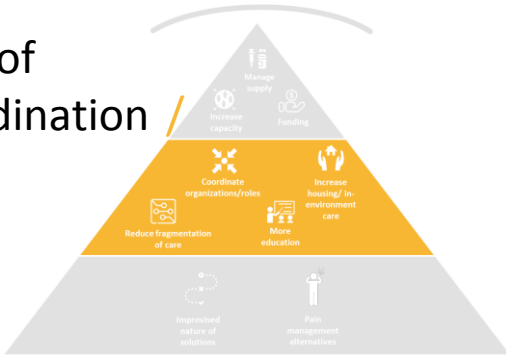
"One of the primary issues is with young people and the fact that [hospitals] will stabilize but do not really have any addictions program, which is pretty sad when you think of it because the age level for people getting involved with opioids and drugs is getting younger and younger. They said, "We would stabilize them and make sure that their medical issues are dealt with, and then that's basically it."



Reduce fragmentation in care: Provide a more integrated approach to dealing with those struggling with problematic substance use, dealing with a person holistically (individualized, and including mental health, physical health, social services and cultural well being), as opposed to dealing with just their problematic use.

Current Challenges in the City of Ottawa: Mid-Level Priorities

Lack of coordination silos



Most often there is **minimal to no communication between each 'silo'** and each is unaware of other care that may be occurring. There is a sense that the full range of resources within the community is not well known/understood by all.

Though working well already, community players can still do better at **coordinating their efforts**. There is **room for more team work**.

"If you look at structuring your services differently and rapidly responding to people when they need services, I think we can make more headway. I think people are dying waiting for services to be honest. We don't have a comprehensive system of service. Every service you'll find a lot of them do their own thing. We don't have a one door is the right door."

"I think we could be better, like I said, at breaking down some of those silos and working together to not duplicate services."

"I think one thing that we can think about is innovative thinking, transformative action in relation to the system. I think we need to think about ourselves in less siloed ways."

"[There is] room to improve the connection between all the players. For example, between community services and the medical community, including hospitals, or housing."

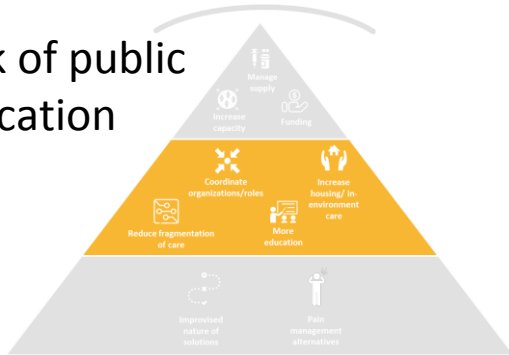
"So is there room for us to work better together? Absolutely. But at least in my experience, it's probably working as well together now as we ever have."



Improve coordination between organizations working in this sphere: More sharing of information, reducing duplication of effort and overlap of services. Reduce silos, and work towards better communication and coordination of services to clients.

Current Challenges in the City of Ottawa: Mid-Level Priorities

Lack of public education



The public is not well informed about the issue or the evidence-based strategies for addressing it. As such, there is little pressure on governments and politicians to take risks and invest in solving these issues.

Prevention education is underfunded.

"So, we have not done a good job of educating the public. People still don't understand why it is that, for example, residential treatment is not an evidence-based response to people who've lived with the types of problems that the people we work with live with."

"I think one problem [is that we] want to make sure that people are providing appropriate evidence-based care, so that patients have the best chance at success."

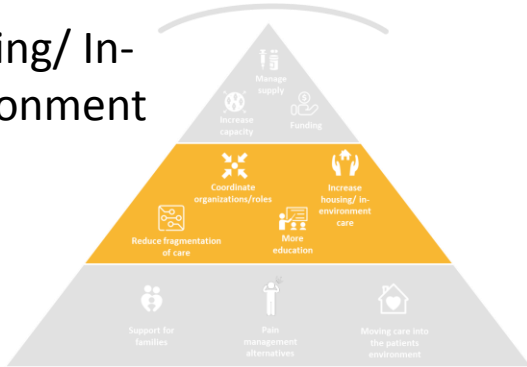
"We don't offer very good evidence-based care. We know that there are prevention programs that work, but we don't fund prevention."



Educate the population: (1) as part of a prevention strategy, regarding the dangers, particularly to youth (2) to help reduce the stigma attached to opioid addiction in particular, as well as other substances, and (3) to counter any public reluctance or resistance to address the issues.

Current Challenges in the City of Ottawa: Mid-Level Priorities

Housing/ In- environment care



There is a **lack of safe and adequate housing**, which proves to be a **significant barrier to recovery**. Consider **moving more care into the client's environment** for more successful long term improvement.

"... the impact on housing for people. We're already looking at a city with a vacancy rate of less than 1%, and on top of it we have clients who have a criminal history which limits their access to housing. Also, they're low income and they don't have references. So one of the biggest things [is that] we've never seen this volume of people being homeless as we have this year and I think this city, and as organizations, we're failing miserably to address that. Though the city did move forward with a housing-first model the way it's sort of implemented we've seen real adverse effects for those clients who are the most criminalized. So we have a lot of clients who are living, say, in trap houses ... One person paying rent, and maybe like up to thirty people sharing that space both to use and also to sleep."

"There's not enough facility – housing – to allow people to use, or safe harm reduction type facilities to allow them to stay in their own environment."

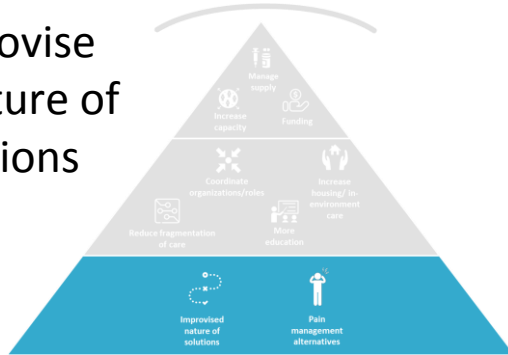
"I'm not talking rehabs, but I'm talking about supportive housing. It's one of the biggest challenges, because I do believe that mismanagement of medications and/or drug use itself in whatever form is one of the key problems with homelessness in Ottawa. So is homelessness the problem or is drug use the problem?"



Increase flexibility around housing options and focus on in home care for those with problematic substance use and mental health issues.

Current Challenges in the City of Ottawa: Lower Priorities

Improvise
d nature of
solutions



The opioid drug scene is different from what the city has experienced in the past.

- The pathway into drug use has changed
- Criminal activity in this sphere has evolved
- Overdoses don't always occur within an understanding or framework to which staff have been trained to respond

"The toxic drug supply generally creates overdoses that don't fit the pattern of what clinical staff are trained to respond to. They create behaviors which are extremely challenging for people to deal with safely. We have an expression in our supervised injection service – we talk about bad drugs, not bad people."

"The biggest long term piece I think is decriminalization. It really is a mind shift because it's trying to get to old school cops with that attitude of just put the handcuffs on drug users and put them in jail. And there's a shift now towards – No, there's a lot more going on here. We can't just lock people up and expect them to get better. It's good to see that shift happening."

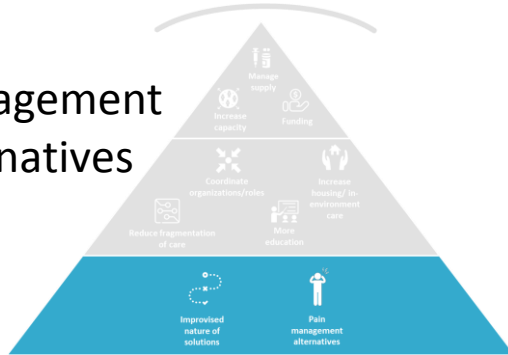
"The other thing which has been particularly challenging for us to deal with is the toxic drug supply. The service models that we have and the evidence that all of our programs are built off of is evidence that comes from a day that doesn't exist anymore and a drug supply that doesn't exist anymore."



The City needs to be able to quickly adapt to this evolving environment/ecosystem and find new ways of dealing with these challenges.

Current Challenges in the City of Ottawa: Lower Priorities

Pain management alternatives



Change health care philosophy with respect to pain management. We need both pharmacological and nonpharmacological alternatives.

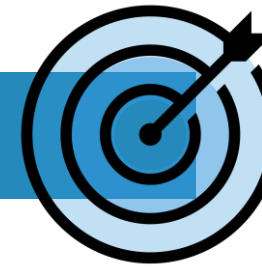
- Due to the decrease in prescribing of opioids, it is important to consider and understand alternatives for providing pain management such as medical cannabis (for neuropathic pain), physiotherapy, psychological services, acupuncture, and other substitutions.

"Certainly more access to pain management centers. Alternatives for pain management. If we are not allowing access to opioids, decreasing opioid prescribing as the trend is continuing, decrease opioid dispensing by pharmacists, and asking people to obtain opioids now illegally, then you better provide some alternatives that are covered by benefits, right? Such as medicinal cannabis. Though I'm not talking about recreation use here. I'm talking also about full coverage for people on social services and who are seniors for acupuncture, physio-therapy. You know – other alternative healthcare, so that there are other pain management options than just using opioids."

"With the pain issue, too, part of it is because we don't actually fund services for people with chronic pain that are evidence-based therapy or psychological services. Instead we fund drugs like opioids, right? So if not opioids, then what do we offer patients?"



The key to managing pain is more support and funding for opioid substitutions/alternatives: While many beneficial alternatives exist, they are not widely available or well funded, making uptake difficult for individuals who need treatment.



Utilize an integrated, concurrent approach

"The goal would be to co-develop a vision of a mental health and substance use service delivery across Ottawa with the people who'll be using services. And, that it's a person-centered approach built on an integrated approach to service across sectors."

"I would say it has to be integrated and it has to be long-term for each individual because opioid addiction is not an easy fix. We're often there to stop the overdose, to treat the overdose, but maybe we're not doing enough to stop this from happening by providing education, counseling, and addressing the mental health component behind it."

Provide a continuum of services that spans across an individual's lifespan

"The goal would be to provide a comprehensive full continuum of services and resources with a focus on opioids, from prevention right through to intervention and treatment."

Barrier-free, equitable access to care

"We want to have equitable access to high quality evidence-based care wherever people present in the system - no matter what door you go to, that's what you get."

"Helping as many patients access the care that they feel they need, or the care that best suits the patient."

"To provide barrier-free access and to look at the underlying factors which include, say, housing, drug supply, criminalization and stigma."

"The problem is that, for everybody that we help effectively, at least one or more likely one and a half new people come to the door."

Real action towards reducing harm among those suffering

"Just to minimize the harm, in both mental health and substance use. I don't think we'll ever get rid of the challenge, but we need to try and reduce the damage it's doing to people."

"A patient said to me a while ago, and this is a common thing, 'They talk and we die'. What are [we] actually doing?"

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DETAILED FINDINGS

Current State of Mental Health and Substance Use in **Ottawa**

Assessment of the Approach/Proposed Key Themes Strategy

Development and Implementation

Individuals with Lived Experience

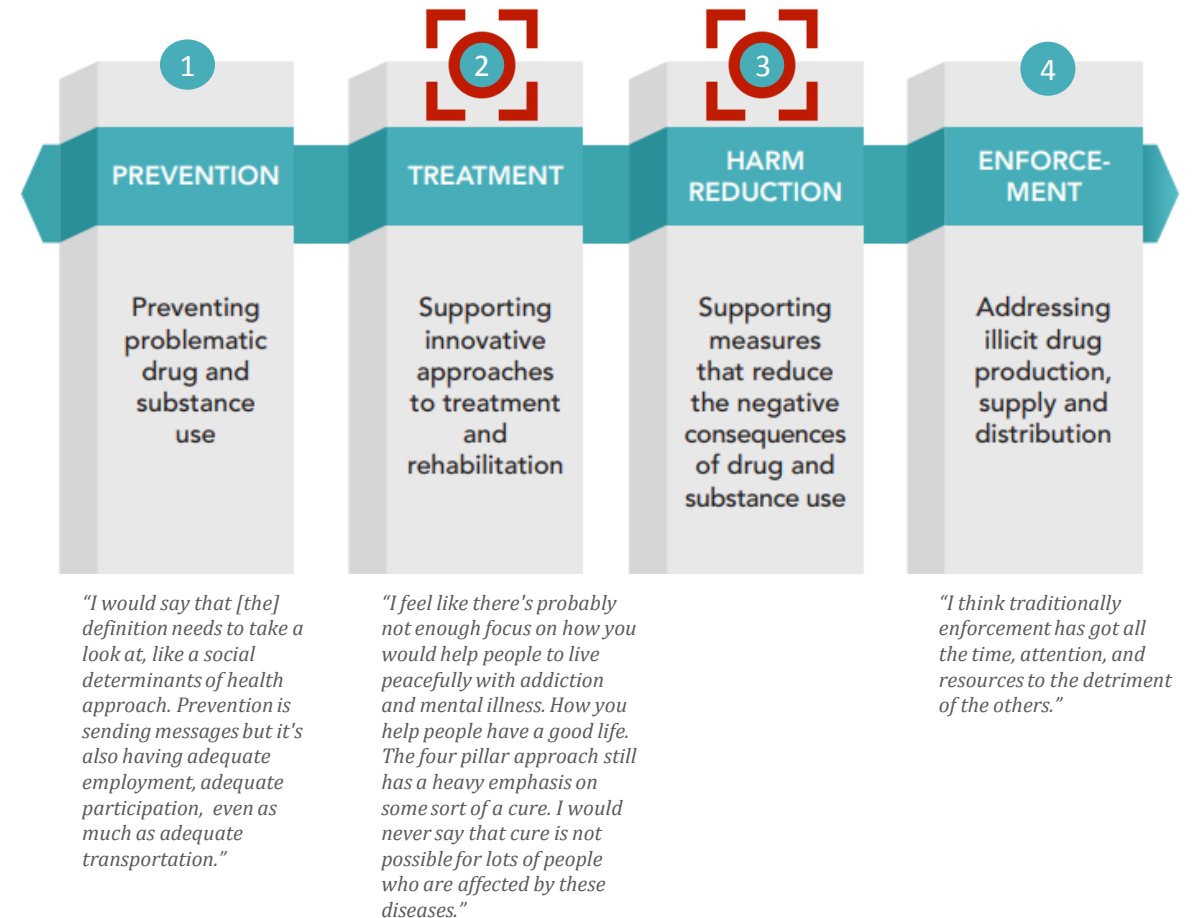
Assessment of the Four Pillar Approach

- The four pillar approach does resonate with most stakeholders and their respective organizations, as it is the theoretical framework that they are used to seeing and working with.
- However, almost all find that this model promotes 'silos' rather than integration across the stages. *66
- There is less consensus around enforcement. The current approach gives it the same weight as the other 3 pillars, when some feel the balance of resourcing should be redirected to prevention, treatment and harm reduction.

*66 "A caution is that seeing them as discrete pillars may lead to a certain siloing of the system."

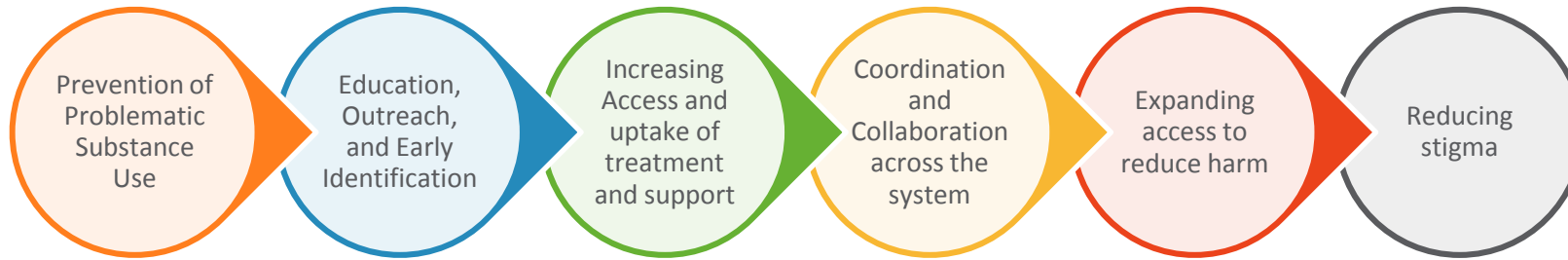
"It's part of that silo piece... we say the four pillars so each one is looked at as its own individual agenda to be dealt with."

External stakeholders believe the focus should be on the treatment and harm reduction pillars.



REACTION TO PROPOSED KEY THEMES

The overall reaction to the proposed themes was positive, however stakeholders' primary concern is funding to support these themes.



OVERALL REACTION



Most organizations responded very **positively** towards the key themes proposed.

"The themes seem pretty comprehensive. I have only warm and fuzzies when I read all this."

"They're all bang on. They are all things that have to happen. They are all part of getting us on the right track."

Many believe that the themes are a good approach to summarizing what we are trying to achieve in Ottawa.

"Touches upon all the challenges and priorities that we should have for a comprehensive strategy."



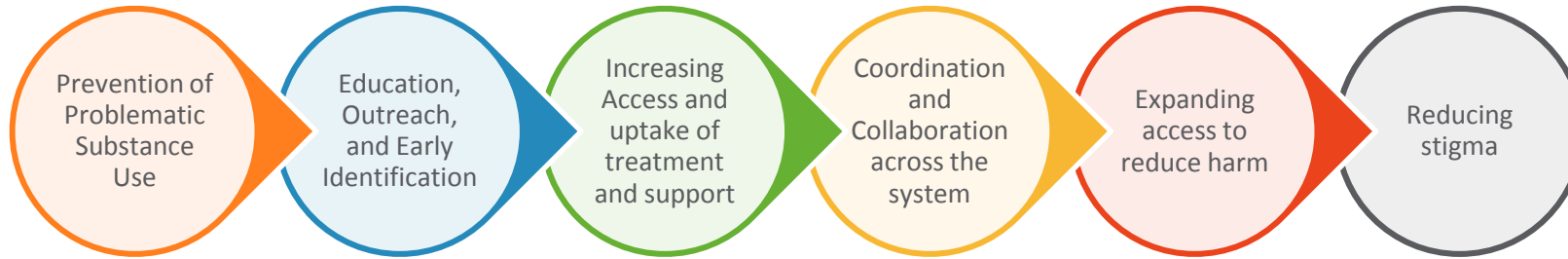
A concern around implementing the themes is a lack of funding.

"They don't address the fact that often agencies have to compete for financial ground, or for investment against each other."

"I'd just emphasize the funding piece, that we can do all these things, but we need to make sure things are appropriately resourced so that patients get appropriate care."

MISSING KEY THEMES

While most stakeholders view the themes as all encompassing, some are unclear as to where important factors such as support for families and issues around drug supply would be addressed.



WHAT, IF ANYTHING, IS MISSING?

Support for families who help those coping with mental health and problematic substance use issues.

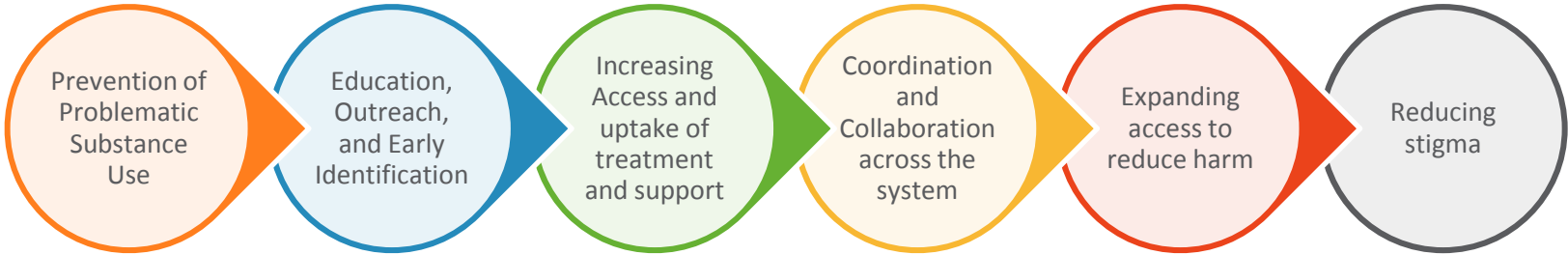
"The thing that is not there explicitly, under the prevention, would be supporting families. That's where it all starts in my mind."

Where does the issue of the current drug supply fit into the overall picture?

"Is there one around the drug supply?"

PRIORITIZATION OF KEY THEMES

Organizations and agencies view the key themes through different lenses and prioritize them differently based on their type of work and experiences.

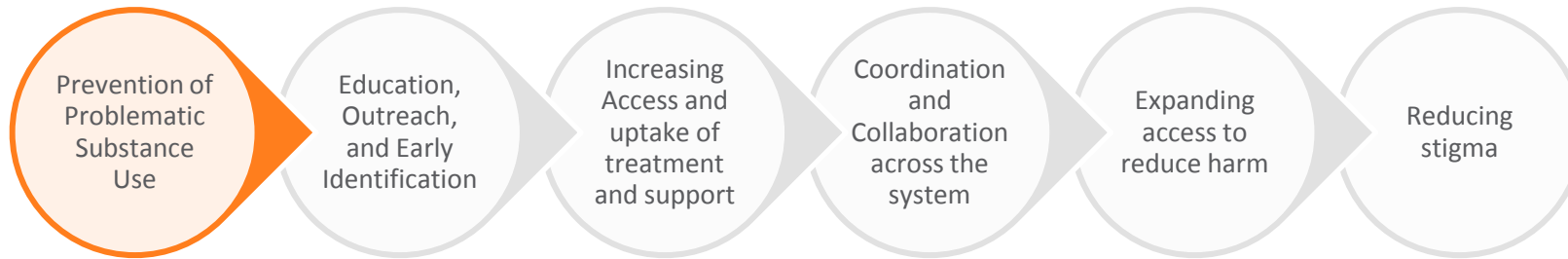


PRIORITY BY TYPE OF ORGANIZATION

★ = TOP PRIORITY

Primary care/Pharmacists						
Community Health Centres						
Education						
First Responders						
Law Enforcement						
Mental Health Providers						

Prevention is a key theme for those stakeholders who are working on the frontlines. They believe that, while it may not help the current opioid crisis, it will help to prevent the same issues for future generations.



PREVENTION OF PROBLEMATIC SUBSTANCE USE

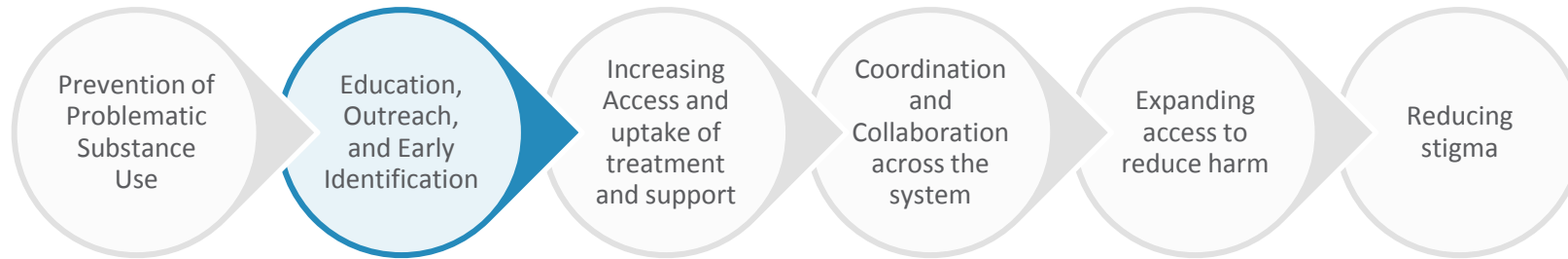
“I’m a big believer in anything to do about adverse traumatic experiences. Anything we can do to reduce the stress of children and increase the sense of safety in their families. That is going to pay dividends in the future. You plant the seed now for the benefit twenty years from now. That is the hardest to sell, but it’s probably the most effective.”

“We know, even from the literature, that if we invest in education and prevention it has significant long-term positive outcomes.”

“ I think Ottawa Public Health has a huge role, not in fixing this, but in streamlining the care that people get from the prevention stage to the overdose prevention stage and everything in-between.”

“Our difficulty for frontline workers is the prevention of problematic substance use. We’re looking at oftentimes multi-generational trauma, colonization, and incarceration.”

Education is the primary focus of post-secondary institutions and school boards across the City. Many believe that the City is already doing a good job on education and awareness, making it less of a priority to them compared to the other themes.



EDUCATION, OUTREACH, AND EARLY IDENTIFICATION

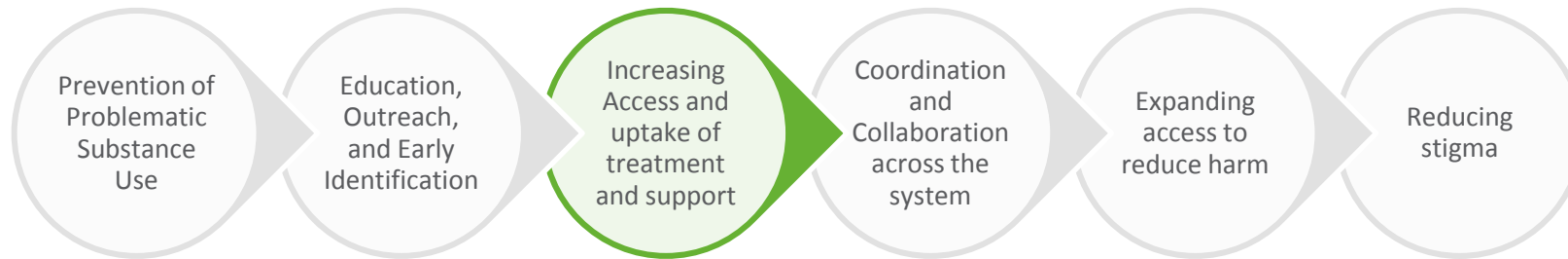
“We do have some dissemination of information right now with regards to overdose and preventing, which is great.”

“Based on the pyramid approach they use for mental health in the schools, the base is awareness and education.”

“Increase education where there is a the risk of cross contamination, especially with the introduction of decriminalized and legalized cannabis.”

“I’m seeing information being given out and what we know is that you can tell a child not to do something but they will never not do it unless the peer environment is in such a way where they don’t feel different. I’m seeing organizations and administrators, especially in the education system, telling kids “don’t do drugs, it’s bad,” but the behaviors may not be adopted by the youth. I can’t go into a school and say ‘Who wants naloxone?’. Why can’t we do that?”

Providing treatment and support is one of the most important themes as it touches every organization in the community. Findings suggest the focus of treatment should be: (1) making it available and accessible to anyone in need, wherever they require it, and (2) taking a concurrent approach to treat mental health and problematic substance use simultaneously.



INCREASING ACCESS AND UPTAKE OF TREATMENT AND SUPPORT

“Getting the word out about treatment, and availability of, and access to. Because, to go back to that middle-age businessman that’s keeping things secret, when he decides ‘That was close, I gotta get off this now’ well, he can’t wait three months to get access to treatment. I’m a big believer in the treatment on demand piece.”

“Because you have so many silos, even with increasing access and up-take of treatment and support, is it integrated treatment? Comprehensive treatment? We wouldn’t want to end up with ‘Okay, now we have access to opioid treatment to the left of me and depression treatment to the right of me’.”

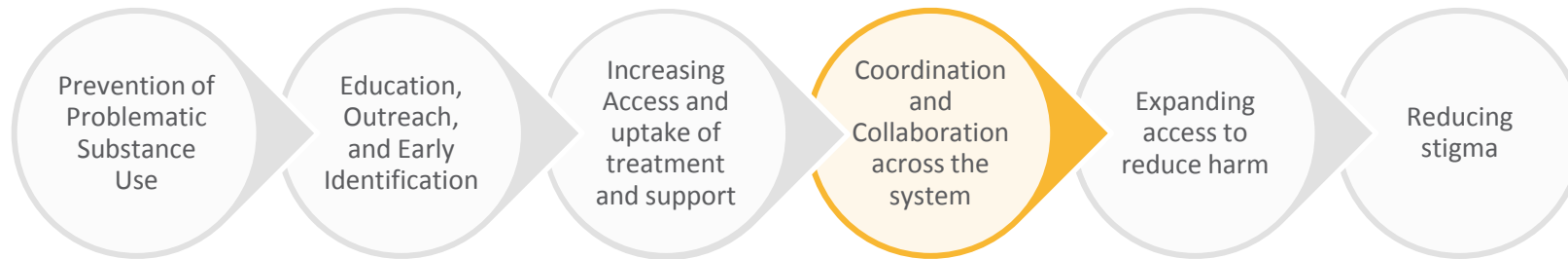
“Making sure that there’s zoning and municipal support to set up healthcare sites, and addiction abuse sites, or addictions and drug abuse sites so that each one is working together, not working at cross purposes.”

“Allowing [clients] to receive treatment faster and in an environment that they know, that they are comfortable with. For you and I, probably, we would rather be treated in a hospital and like a very sterile environment but, for them, it’s actually, it’s almost stigmatizing to take them to the hospital where ... like the hospital doesn’t really want to deal with the complex nature of their behaviors.”

“I guess one of the gap areas would be transition points. I’m thinking developmental transition points. We’re not so good, in my opinion, collaborating once we look at students moving beyond the age of 18. So that 18 to 25-year-old system and then moving into the adult system.”

“Access, with the caveat that you can’t focus on access if you don’t focus on a client-centered approach to understanding access. Because if you’re not asking people about what they need and what kind of services that are going to benefit them, you’re not co-developing that service model. Your access will falter. People won’t go.”

While some believe Ottawa is ahead of other communities, many say the current system is very siloed. Primary care and mental health providers do not have a good understanding of what services others are providing, or who they could call to refer a client to. There is an opportunity for coordination across organizations.



COORDINATING AND COLLABORATION ACROSS THE SYSTEM

“You just don’t realize who you have to talk to when you’re in primary care. When we’re in primary care here I’m talking to somebody, it would be great if I could talk to their case manager, their ODSP worker, their neurologist or at least see this information. It’s hard.”

“I think that public health needs to have a clear understanding of the health services and each one needs to understand the other one’s role. They’d do some clarification of roles.”

“A register of all the organizations in the region and to which I could refer students from the college for additional help, that would be extremely welcomed.”

“I believe that the community works very hard coordinating and collaborating across the system. The committees of which I spoke of previously are set up for that purpose. I would say that the Ottawa community is very strong in that regard. People work well together, but now we have to have a deliverable product. We are very much in the area of discussing and planning, but I would like to see more product.”

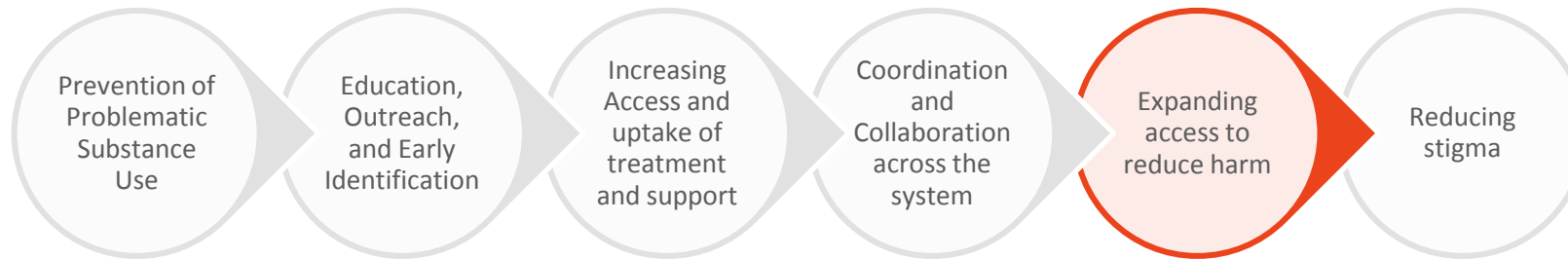
“The collaboration and coordination process system, I think you’re going to have a hard time having that stand alone. I think that’s the larger overarching theme.”

“I think I would definitely place some importance within collaboration with the caveat that collaboration must be purposeful and must demonstrate outcomes. Collaboration can’t just be more services and sectors knowing about something. Collaboration needs to be a strong commitment to work in an integrated way.”

“You can talk about coordination and collaboration but, if you’re all still fighting for the same dollars, it doesn’t lead to working together. There’s no sense in being collaborative because they can’t afford to be.”

“Coordination and collaboration across the system, that’s on going anyway. There’s been a huge improvement in that piece anyway.”

Frontline workers, such as primary care and community health centres (CHCs), see the harm that is caused by problematic substance use and addiction along the spectrum and believe it is very important to provide access to services when and where people need them.



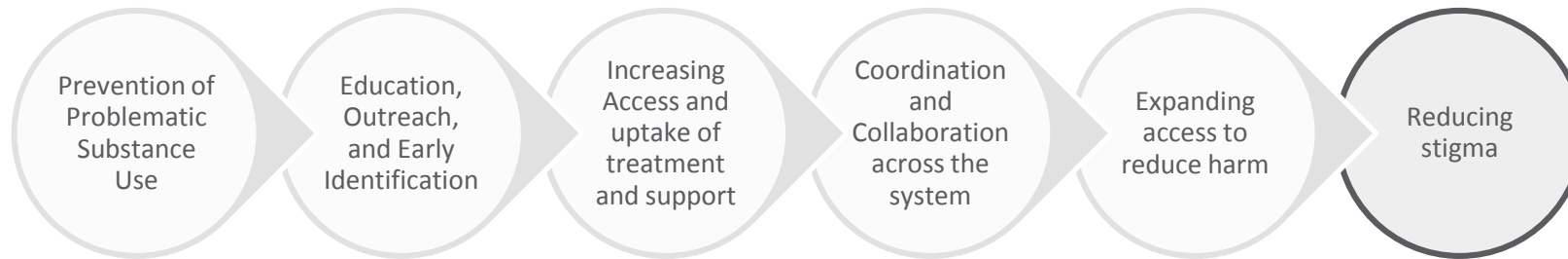
EXPANDING ACCESS TO REDUCE HARM

“Expanding access could be just making sure that the substance using community knows what's out there for them, so it sounds like education, but it's not really. It's making sure these patients get into treatment. I still have patients who live in Bells Corners who say, ‘Oh, I didn't even know you were here’.”

“If we can look at the reduction of harm as being not just linked to harms associated to drug use but also harms associated to criminalization and prohibition. Strategies to address, okay, if we're still going to work under that same system of prohibition, how do we really? 99% of our drug users are deemed criminal and so will be incarcerated at some point in their life, so how do we reduce the harms of incarceration?”

“Listen, our spending to expand access in harm reduction - Naloxone, injectable opioid agonist - those are all really highly visible things you can do.”

Stakeholders are encouraged to see reducing stigma becoming part of the conversation, but believe it's an over arching rather than a stand-alone theme. Interviews suggest that stigma towards the problematic substance use is a barrier across the entire system.



REDUCING STIGMA

“In the industry, you've got to get the court of public opinion. They have to buy in. No one really understands why people use opioids and it's got to be kind of marketed differently. People assume opioid use disorder is a social choice, which it is not. It is a treatment of a mental health disorder. People use opioids and naloxone to stay alive while they're suffering from post traumatic stress disorder from whatever situation. It's all related to trauma.”

“The stigma piece ... you know time has to be spent on that for sure. But, that's a mind shift. That's trying to get again to the individual and you're dealing with certain demographics within that, too. So, what demographic you're trying to get to and how's your marketing geared towards reducing that stigma?”

“We almost don't have to reduce the stigma, because that happens generally naturally over time.”

3

DETAILED FINDINGS

Current State of Mental Health and Substance Use in
Ottawa Assessment of the Approach/Proposed Key Themes
Strategy Development and Implementation
Individuals with Lived Experience

ADDITIONAL STAKEHOLDERS TO CONSULT

When external stakeholders were asked about who else should inform the strategy, many mentioned a number of organizations that are already being consulted, including those with lived experience.

Participants mentioned a variety of stakeholders that OPH is already reaching out to as part of this consultation.



Primary care Physicians (including sole providers)
Hospitals/Emergency medicine/acute care



Community Health and Resource Centres



Education: Schools, School Boards



First Responders: Paramedics



Law Enforcement: Police



Mental Health Agencies



People with lived experience (In collaboration with the
Community Addictions Peer Support Association (CAPSA),
OPH undertook this portion of the consultation).

Individual stakeholders specifically mentioned a few other suggestions:

- Housing facilities/programs
- Peer workers – former drug users who are leaders in the community
- Indigenous communities and First Nations Partners – to understand what their needs might be and how to address them in a culturally appropriate way
- Culturally or faith-based partners
- New Canadians
- College of Physicians and Surgeons of Ontario

Most stakeholders working in this area are very passionate and eager to help with this strategy, in particular, the development and implementation phases. Specific contributions vary by position and type of organization.

ROLE/CONTRIBUTION TO STRATEGY
BY TYPE OF ORGANIZATION

	INFORM	CONSULT	IN-KIND	STAFF-TIME	EXPERT OPINIONS	OTHER CONTRIBUTIONS
PRIMARY CARE/ PHARMACISTS	✓	✓			• Harm reduction • Opioid substitution/ alternative therapy	• Speaking education programs
COMMUNITY HEALTH CENTRES	✓	✓		✓	• From frontline workers • Harm reduction • Safe consumption sites • Policy advocacy	• Peer support • Use informed user-driven experiences to develop the best service delivery model
EDUCATION	✓	✓	✓	✓	• Expertise in youth and parent engagement • In post-secondary education	• National and provincial experience • Good network of other institutions to share information with • Logistical support – offer space for the work to be done • Organizing information sessions and professional learning as part of the collaborative approach
FIRST RESPONDERS	✓	✓				• Focused primarily on prevention
LAW ENFORCEMENT						• Somewhat unclear due to under resourcing • Would like to see more support and recognition for the work they do, even within their own organization
MENTAL HEALTH PROVIDERS	✓	✓	✓	✓	• Harm reduction • Treatment • Mental health capacity building • “Housing first” approach (i.e., quickly finding clients housing, then providing broader range of additional supports and services, as needed)	• Implementing of system change efforts • Supporting the community/region • Play a liaison role with the mental healthcare system • Works closely with those treating addictions

Many stakeholders are concerned about funding – either to sustain the services they are currently providing or to grow with the increase in demand.

- Funding would be used towards additional resources to provide care – such as doctors, nurses, councillors, after hours staff, etc.

“More of us? Better pay and better resources.”

“The usual sort of time and resources.”

“It continually boils down to the same thing all the time - it's a resource issue for us more than anything else. We are understaffed, for sure. For a city of this size, and with regards to this strategy in particular.”

“Trying to do too much for the resources that are available.”

- Competition for funding between organizations creates tension.

“Doesn't address the fact that often agencies have to compete for financial grounds, or for investment against each other. You can talk about coordination and collaboration, but if you're all still fighting for the same dollars from a provincial funder or a federal funder, it doesn't lead to working together. Everyone is fighting for scraps from the table and that doesn't promote working together. I've seen that a lot here in the city areas. It leads to distrust. Everyone is so desperate to survive as an organization, they can't even begin to effectively do the things on that list.”

- Consider how private companies receive funding to be able to provide better/more services.

“It's very easy for community health centers or for bigger organizations to apply for funding but for profit, private organizations, the government has a hard time providing funding for them. It's got to be a private public partnership.”

“Having a financial stability for those organizations is quite difficult, unless your name is the Royal Hospital or Ottawa Health or the Monfort Hospital.”



There is an opportunity for coordination across the system and to streamline services with the goal of making the system more cost effective and, in turn, providing more access and care for those in need.

In addition to funding, more support is required in terms of training and support for frontline staff.

- Educating staff and clients on what resources are already available.

“Better training! We spend a fortune on training per employee.”

“Opportunities to share, to learn, to participate in system development. I think just engagement broadly and in multiple directions is something that we need.”

- Providing support for frontline staff given their day-to-day experiences.

“One of the biggest things in the last two year period is just the amount of losses that we've faced in terms of the deaths. There isn't a single frontline worker out there not being pretty adversely affected by it. I think supports for bereavement, for loss, but also support oftentimes when we reach out to general supports, whether it's counseling or that type of thing. So, I think one of the collaborative things that could happen is at least like cross-agency support of their frontline staff who are able to share their experiences. One of the best ways of having dealt with this crisis is being able to surround yourself by people who have experienced this and get it.”

3

DETAILED FINDINGS

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Those with lived experience support the direction of the strategy and the 6 themes.

- Feedback from people with lived experience generally aligned with the input provided by other stakeholders, although this group emphasized a number of specific themes:



Clients themselves feel a strong sense of shame and **stigmatization**. This is reinforced by their perception that they are viewed as “third class citizens” by health professionals and the public. Addiction is viewed as a character defect, rather than a legitimate illness.

“Winning the hearts and minds of the public” is seen as key to making progress on this issue. Clients stressed the need to **raise awareness and educate the public**, helping them to see a more human, three-dimensional view of problematic substance use, mental health and addiction. Messaging should focus on the impact of drug use, both on the user and on the family, via stories that depict the daily realities of living with addiction in addition to raising awareness of the trajectory into drug use. Improved assessment practices and outreach, leveraging professionals and ex-addicts, is recommended.

MORE EDUCATION
DIRECTED TO



- General public
- Targeted subgroups: Children/Youth, LGBTQ, Indigenous
- Clients with prescriptions for opioids/Problematic substance users
- Affected families
- Health care and other service providers
- Peer educators

Clients feel the impact when organizations don’t work together as effectively as they could and/or are competing to access limited funding. There is a perception of territorialism which affects clients in terms of accessing resources (i.e., variable standards/procedures for intake/tracking/charting). Although **collaboration between agencies** is generally viewed positively, there are opportunities to improve.

Comprehensive, integrated care is vital, along with timely access.

- **Problematic substance use is typically one of many issues** with which clients are grappling (may be a precursor to, or an outcome of other issues), and which need to be addressed in a more integrated fashion.
 - Mental health
 - Disability
 - Physical ailments (i.e., chronic pain)
 - Access to basic shelter, food, clothing
 - Poverty/Income insecurity
 - Isolation, limited social supports and interaction
 - Inability to access broader community services (i.e., recreational or fitness facilities), Internet, technology
- **Access to a family doctor is uneven** – some have access to a family physician, others do not. Some reported that time spent with the physician is insufficient to properly and adequately assess the client’s full history, and to develop an effective treatment plan.
- **Access to psychologists and psychiatrists is also challenging**– it is important to make the effort to address both problematic substance use and mental health. The cycle of drug use and mental health becomes self-perpetuating and self-reinforcing if the client’s mental health issues are not addressed in a timely way.
- **Wait times to receive treatment** – clients note a need for more immediate access and treatment plans for both the client and caregivers (*“much like when a patient is diagnosed with cancer”*). Lack of beds and short stays hinder effective and timely treatment.



Clients encourage support workers to look at the needs of the whole person and make appropriate referrals.

IDENTIFIED GAPS

Clients say there is a need for more supervised injection/consumption sites (SIS/SCS), and more managed opioid programs (MOP).

- Many positive comments were made about the way in which current SIS/SCS sites are working in Ottawa, especially relative to other urban centers. However, there is an expressed desire for expanded access to sites, and to the MOP, as well as some general improvements in the way programs are administered.
 - Additional sites located in the suburbs, beyond the downtown core
 - Sites that are open 24/7
 - Expansion of peer program available through NESI to other SIS/SCS
 - Access to needle exchanges, clean equipment, other paraphernalia which makes drug use safer
- Clients would also like to see:
 - Naloxone kits distributed more widely and more training on using the kits
 - More services for, and training on how to work with intoxicated people
 - Greater inclusivity and tailored approaches to key subgroups (i.e. LGBTQ, Indigenous, women, etc.)



While clients confirm that the SCS/SIS are saving lives, they have mixed feelings about further enabling drug use.

Clients expressed a strong desire to provide input to the strategy and to continue the dialogue.

A number of key ideas, thoughts and themes surfaced in discussions with, and feedback from those with 'lived experience'.

"Reaching out to those with lived experience as a means to implement and foster peer-focused recovery is paramount."

"The way to reach people with lived experience is with people with lived experience."

"We need to find bolder ways of tackling the opioid crisis, find more inclusive and shorter wait times for treatment options and more options for medical detox."

A word cloud of key ideas and themes from client discussions. The words are arranged in a circular pattern, with some words appearing larger than others. The words include: Listening, Education, Rehab, Reduce Stigma, Conversations, Hope, Treatment, Outreach, Share Stories, Crisis, Peer Support, and Epidemic. The words are in various colors, including blue, green, and black.

Listening
Education
Rehab
Reduce Stigma
Conversations
Hope
Treatment
Outreach
Share Stories
Crisis
Peer Support
Epidemic

4

KEY INSIGHTS & CONSIDERATIONS

Moving Forward – Thoughts and Considerations

Specifically with the opioid crisis, the lens through which stakeholders assess community needs and subsequently respond varies depending on perspective, function, audience, and the clients being served.

But several areas of common ground are evident and key to moving forward, achieving progress:

Work to engage at the political level

Ensure commitment, clear leadership and sustained attention and funding

Improve access to treatment and counselling

Work towards increasing capacity, but also more timely/immediate access and longer-term follow-up. Treatment plans should address the intersection set of issues – financial security, housing, etc. – in an integrated manner

Enhance collaboration, system-wide, of partners/stakeholders across the community

Create an inventory of the full range of programs and services, connecting stakeholders to opioid-related resources in the community. Bring stakeholders and partners together at regular intervals

Address the supply-side of the issue

It is as important as addressing the ‘demand’ side of the issue

Focus on awareness-raising and public education

The face and impact of problematic substance use, recognizing the symptoms of addiction and overdose, where to obtain and how to use naloxone kits

Reduce stigma

Less focus on abstinence, more focus on harm reduction strategies and setting realistic goals

Continue to involve people with lived experience

Those at the center of the crisis want to be part of the dialogue – identifying the issues and the solutions

Identify key metrics to evaluate progress

Set realistic targets, track and share data