



Canadian Mental
Health Association
Ontario

Association canadienne
pour la santé mentale
Ontario

OVERDOSE PREVENTION SITES / SUPERVISED CONSUMPTION SITES: STATEMENT FROM CMHA'S 30 ONTARIO BRANCHES

The Canadian Mental Health Association (CMHA) network consists of 30 branches across the province that provide community-based clinical and social services to Ontarians living with mental health and addictions issues. All CMHA branches work from a harm-reduction framework that aims to support individuals with addictions issues and connect them with treatment services, no matter what their substance use related goals are. Our branches offer comprehensive substance use and harm reduction-related supports, including Rapid Access to Addictions Medicine (RAAM) clinics, youth addictions programming, managed alcohol programs, and a broad range of outpatient substance use counselling and supports.

It's with this perspective in mind that our network of CMHA branches in Ontario wish to voice our support for the continued operation of Overdose Prevention Sites (OPS) and Supervised Consumption Sites (SCS). These facilities are health services that provide a hygienic environment for people to consume substances under the supervision of health care professionals. OPS Peer Support Workers effectively engage these clients at the site and aid in facilitating key therapeutic relationships with regulated health care professionals within Ontario's existing mental health and addictions services sector. In addition to supervised injection, individuals are provided with sterile supplies, education, overdose prevention and intervention, medical and counselling services, and referrals to other services, including drug treatment, housing, income support and other services. These health care facilities provide fundamental health and social services for vulnerable communities and are part of a full array of comprehensive addictions services.

We know that the harms related to opioids continue to increase in Ontario. Current data indicates that every day an average of three people will die in Ontario due to opioid-related overdose deaths.¹ While the impacts of over-prescription of opioids has been a contributing factor, high-strength opioids sold at street level (such as fentanyl) have contributed to an unsafe and unpredictable drug supply. Fentanyl and other fentanyl analogues were responsible for nearly 80 per cent of opioid-related deaths in Ontario in 2017.² Data indicates that this crisis does not appear to be slowing down. There were at least 1,261 deaths due to opioids in Ontario in 2017, up from 856 opioid related deaths in 2016.³

Innovative harm-reduction approaches such as OPS/SCS are necessary to reduce the impacts, including death, related to opioids. Harm Reduction is an evidence-based, client-centred approach that seeks to reduce the health and social harms associated with substance use. This approach encompasses programs, services and practices and allows for a health-oriented response to substance use. Evidence suggests that those who use harm reduction services are more likely to engage in ongoing treatment as a result of accessing these services. In addition, these sites can significantly reduce the transmission of illnesses such as Hep C and HIV/AIDS, as well as reduce the levels of publicly discarded injection equipment.⁴ OPS/SCS are a proven component to a comprehensive treatment response that is an important part of a continuum of substance use and addictions related supports and are a necessity during this crisis.

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In addition to being an effective health-care facility that prevents overdose deaths and connects marginalized individuals to services, OPS/SCS result in long-term savings for the health care system. Evidence suggests that an overdose which occurs in public is 10 times more likely to result in hospital admission than an overdose at a safe consumption site.⁵ Furthermore, when an overdose occurs in public, a significant amount of resources (i.e. first responders) are often deployed. Conversely, when an overdose occurs in an OPS/SCS, health care providers are available and prepared to respond effectively and comprehensive supports and follow up care can take place. This crisis is having a significant impact on the health-care system through increases in emergency department visits and hospital admissions, and it is crucial that an array of harm-reduction approaches in addition to OPS/SCS be implemented.⁶

The goals of harm reduction, which include OPS/SCS, align with CMHA's 100-year tradition of being a recovery-oriented organization that provides non-judgemental supports to individuals living with mental health and addictions concerns and their families. This approach aims to reach vulnerable individuals in the community who may not be connected to traditional health and social support settings and is rooted in a tradition that is directly in line with CMHA values and our approach to care.

In addition to the clinical service provision taking place at our branches, CMHA Ontario has developed a resource to support organizations to develop and implement an opioid overdose recognition and response protocol, which includes the use of naloxone, in response to the growing number of opioid-related fatalities in the province. Our resource, [Reducing Harms: Recognizing and Responding to Opioid Overdoses in your Organization](#) is free and available online. This resource is useful for community groups that work with people who use substances as well as members of the public who wish to learn more about how to use naloxone during an opioid-related emergency.

We encourage the Government of Ontario to consider the extensive peer-reviewed research by experts in public health and public policy that supports the implementation of OPS/SCS as a cost-effective means to save lives and connect people to health care services. OPS/SCS also present an opportunity for cost-savings by reducing the deployment of emergency responders, decreasing the pressures on hospital emergency departments and ending hallway medicine by keeping care in the community.

CMHA has been actively engaged in responding to the opioid crisis across the province and welcomes the opportunity to further consult with government on issues related to substance use, mental health best practices and service provision. CMHA provides substance use and addictions related support and programming to communities across the province and is a leader in innovative substance use treatment. We believe that this ongoing discussion is vital given the continued increase in harms related to opioid use across the province.

1. Public Health Ontario (2018). Opioid-Related Morbidity and Mortality in Ontario. Retrieved from: <https://www.publichealthontario.ca/en/dataandanalytics/pages/opioid.aspx>

2. Ibid

3. Ibid

4. Petrar S, Kerr T, Tyndall MW, Zhang R, Montaner JS, Wood E. (2007). Injection drug users' perceptions regarding use of a medically supervised safer injecting facility. *Addictive Behaviors*, 32, 1088-93.

5. Integrative Drogenhilfe. Jahresbericht (1996). Frankfurt: Integrative Drogenhilfe, 1997. As cited in: Kimber, J., Dolan, K., & Wodak, A. (2005). Survey of drug consumption rooms: Service delivery and perceived public health and amenity impact. *Drug and Alcohol Review*, 24, 21-24.

6. Public Health Ontario (2018). Opioid-Related Morbidity and Mortality in Ontario. Retrieved from: <https://www.publichealthontario.ca/en/dataandanalytics/pages/opioid.aspx>