The Overdose Crisis Reflections through stories

Collaborating Across
Cultures

June 2018



Presentations....stories

- Land acknowledgement
- Frank Crichlow
- Matt Johnson
- Zoe Dodd
- Nick Boyce
- Jason Altenberg
- Lynne Raskin
- Q and A



The story of one organization.....

- Telling people what to do never works but sharing experiences can elicit curiosity
- Working from a place of Equity, Justice and Human Rights is fundamental
- People with lived experience are the experts

Here is our story



The story of Raffi ...



What Raffi taught us...

- 1. Make visible the universal humanity of people who use drugs(PWUD)
- Dad, friend, colleague more than a person who uses drugs
- Gentle, patient man, good listener, visionary, educator
- Bore the responsibility of his role with PWLE + invited US in
- 2. Systemic and structural marginalization:
- can <u>prevent</u> full participation in traditional places OR
- perfect to <u>seed, nurture, lead and develop</u> meaningful programs
- 3. Develop pathways to change through relentless incrementalism
- Build a system, do not impose one, it needs to take root
- 4. Be open to speaking to those who disagree
- Leadership matters

 can either invite in or block initiatives



Intention and Process

- Create a culture incrementally and with intention
- Design programs with people who are impacted by it
- Articulate principles
- Offer support
- Remain open to learning
- Ask more tell less
- Be authentic in the dialogue
- Recognize potential and contributions of each person
- Build and learn to inform the culture of the organization
- Balance, model and nurture
 - Humility and courage
 - Respect and compassion
 - Opportunity and responsibility
 - Take risks



Readiness to step into this space Some did and some didn't.... Why did we?

1. Community Health Centre

- Advocates, change agents, interdisciplinary approach, partnerships,
 Social Determinants of Health
- Structure and values to challenge the status quo
- Embedded in community
- Barriers to accessing good health and healthcare

2. History of Counterfit

- Created space for drug users, designed, developed and delivered
- HR -formalization and professionalization of drug user strategies
- Drug Users meaningfully involved as program leaders, developers and evaluators
- Others moved to recognize and support the potential
 - Researchers, funders, workers

Ready to take the risks, step back and let PWUD lead the work, and support them to do it.

Connect to HIV/AIDS movement

History of acting without support

 Relentless incrementalism to make change initially under the radar



....Taking risks intentionally.....

Risk taking and Activism Reminiscent of HIV/AIDS

Safer crack use

MD taking supplies to Ottawa

Develop resources that matter to people who use drugs

 needle size (only a drug user would care- study – results that quality matters not about size

Naloxone distribution and acquisition

Examples of not risk averse but conscious we needed to take the risk where structural barriers were both unethical and contrary to our values of saving lives

Opportunities

- What evidence do you act on....
- Whose truths matter and guide your practise
- How do you use privilege and resources to make changes that feel 'risky'
- How do we define risk of acting or not acting
- Not easy
 - How to move beyond comfort level and give up control –
 - Face inconvenient truths

What about Leadership

- Messy, iterative and not straightforward
- You bring yourself + your personal values to each situation
- You try to see 360 degrees knowing you cannot
- Build connection + learning
- Instil and model a reflective team and org environment
- Nurture and support the leader in everyone
- Find the right questions to look for the answers
- Work towards balance and learn when to 'tip the scales'
- Lead by example
- Build it, don't impose it
- Hire complementary skills
- Be humble, honest and listen
- Work from a place of Equity, Justice and Human Rights
- People with lived experience are the experts



Summary

- Know what you know
- Learn what you must
- Reflect as you go
- Bring courage, intelligence, humility, creativity and justice to your role



THE WAR ON DRUGS

Moss Park, Toronto - Overdose Prevention Site





19th Canadian Collaborative Mental Health Care Conference
June 01 and 02, 2018
Toronto

Overview

- Supervised Consumption Sites
- Summer 2017 Toronto
- Moss Park Overdose Prevention Site

"Harm reduction is about building relationships and deepening those relationships."

Donald MacPherson, Canadian Drug Policy Coalition

Social determinants of health – often drugs aren't the problem, they are the "solution" to...

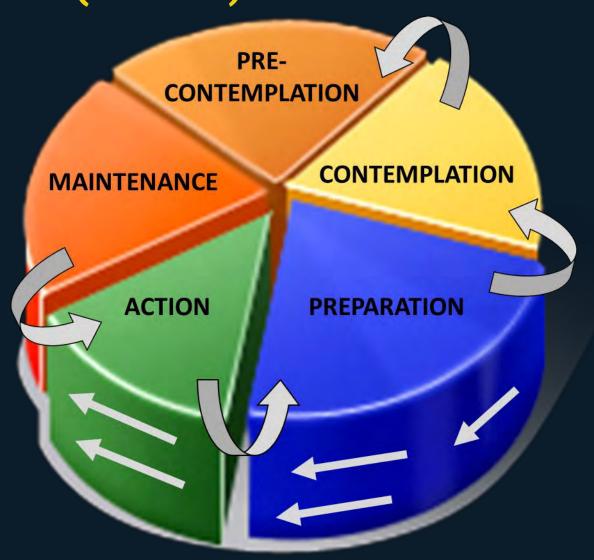
- Current situation
 - Housing
 - Access to health care
 - Other supports
 - Family and friends
 - Job
 - Physical health
 - Mental health
 - Life stresses

- Personal history
 - Growing-up
 - Life experiences
 - Education
 - Skills and coping
 - Physical / emotional trauma
 - Ethnicity; class; culture

Self worth
Self esteem
Options

Average wait times in Ontario (AMHO)

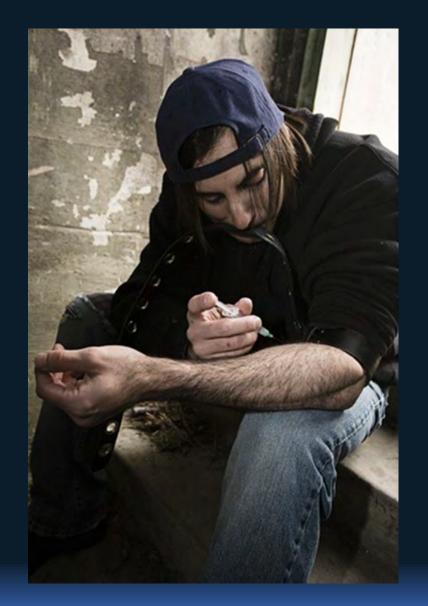
- Community-based supportive housing
 - 6-years
- Community mental health and addictions services
 - 8-weeks to over a year
- Residential substance use treatment program
 - 9-weeks



Stigma. Shame. Self-worth.

People hide their drug use and are afraid to ask for help.





Injecting wounds





Supervised Consumption Sites

Saving lives. Building relationships.

Supervised Consumption Site (SCS)

Other acronyms:

- SIS

 Safe/Supervised Injection
 Services/Sites
- SIF
 Supervised Injection Facility
- DCRDrug Consumption Room
- OPSOverdose Prevention Site



Supervised Consumption Sites

- Offer legal protection from simple drug possession
 - Provide space to safely prepare drugs and reduce public drug use
- Offer sterile equipment
 - Reduce risks of infections
- Provide immediate response to overdose
 - Reduce overdoses and deaths
- Build trust and relationships
 - Potentially facilitate referrals to various health and social programs
 - e.g., housing; medical care; counselling

Supervised Consumption Sites around the world

(as of Feb 2017; EMCDDA)

- 31 in 25 cities in the Netherlands
- 24 in 15 cities in Germany
- 5 in 4 cities in Denmark
- 13 in 7 cities in Spain
- 2 in 2 cities in Norway
- 2 in 2 cities in France
- 1 in Luxembourg
- 12 in 8 cities in Switzerland
- In discussion... Slovenia; Glasgow (Scotland) and Dublin (Ireland); 5 cities in Belgium
- Outside Europe 2 facilities in Vancouver (Canada) and 1 in Sydney (Australia)

SCS in Canada – a long process while people die

 Requires an exemption under Section 56 of the Controlled Drugs and Substances Act

 Section 56 allows the Minister of Health to issue exemptions for a medical or scientific purpose, or if otherwise in the public interest

 Section 56.1 allows the Minister to issue an exemption for activities at a supervised consumption site for a medical purpose and sets out criteria to be considered

Summer 2017 - Toronto

 Three federally approved SCS but none open yet

Based on 5 year old research

 Escalating fatal and non-fatal overdoses and drug poisonings



A protracted crisis – Ontario opioid deaths

Year	Opioids (Drug)	Opioids (Drug & Alcohol)	Total
2000	91	20	111
2001	151	28	179
2002	172	38	210
2003	197	26	223
2004	200	45	245
2005	246	53	299
2006	237	55	292
2007	298	43	341
2008	302	52	354
2009	369	80	449
2010	420	93	513
2011	448	100	548
2012	474	121	595
2013	513	112	625
Total	4118	866	4984

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Ontario: 2016 / 2017
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May – July: Opioid-related deaths
201 (2016)
336 (2017)
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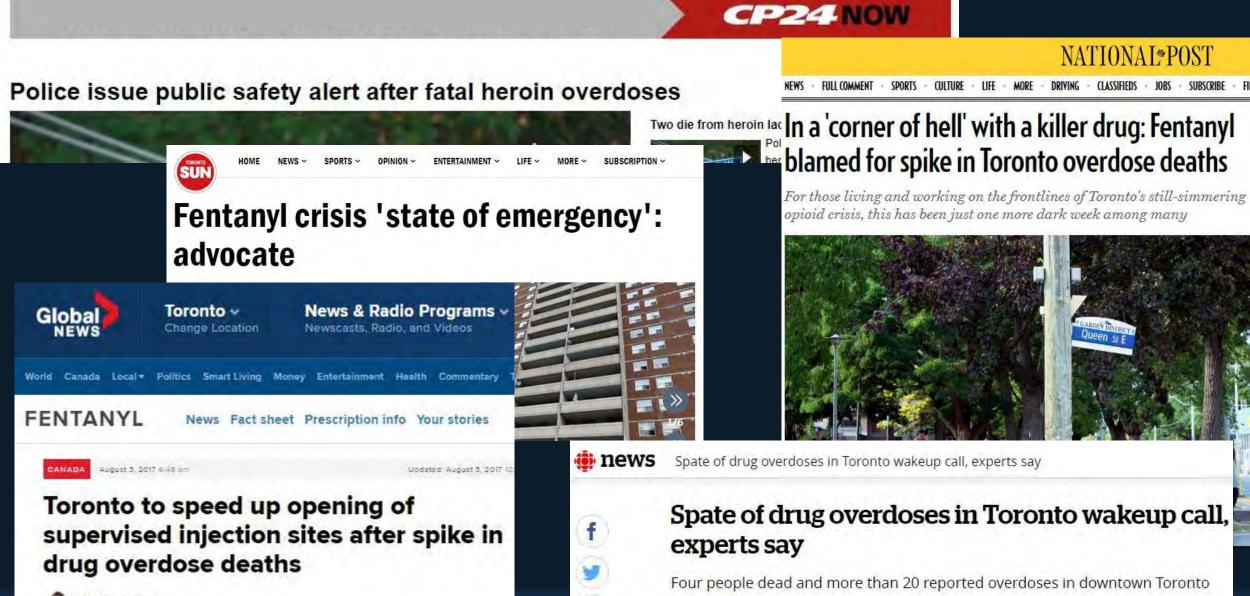
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July – Sept: Hospital ED opioid OD visits
1,896 (2016)
2,449 (2017)
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July - August, 2017 – media attention

Veb Producer Global News



The Canadian Press - Posted: Jul 31, 2017 8:14 AM ET | Last Updated: July 31, 2017



Toxic drug supply

EXCLUSIVE 2,000% rise in street drug samples testing positive for fentanyl

Heroin shows most dramatic increase in presence of fentanyl this year

By Adam Miller, Nicole Ireland, CBC News Posted: Nov 09, 2017 11:48 AM ET | Last Updated: Nov 10, 2017 7:20 PM ET

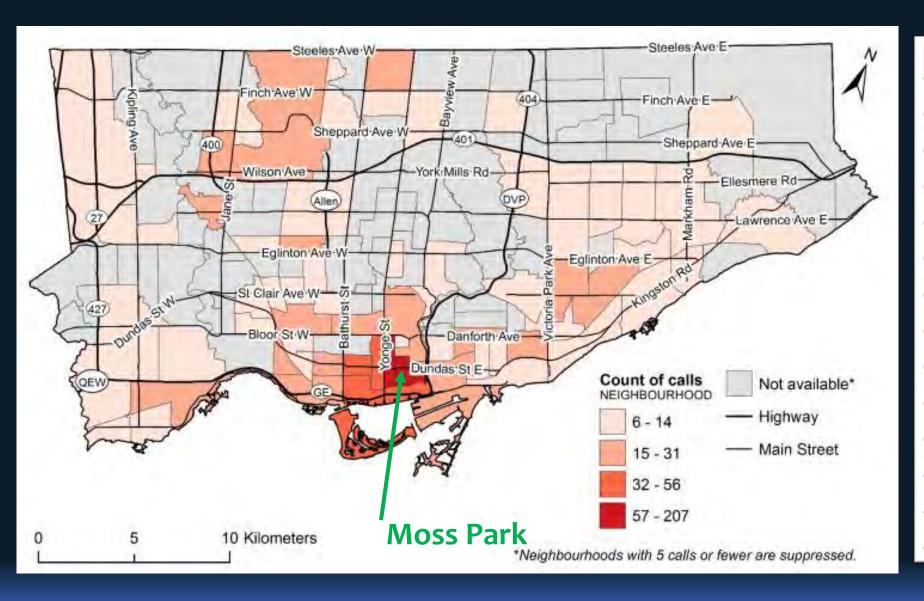


Leon 'Pops' Alward is both a drug user and a volunteer at an overdose prevention site in Toronto. For him, the numbers obtained by CBC News showing a skyrocketing increase in positive tests for fentanyl in street drugs over the last few years reinforces the need to keep users as safe as possible. (Evan Mitsui/CBC)

Toronto Hospitals 2017

Week*	Substance-Related Visits	Suspected Overdose Cases
Jul-03	340	75
Jul-10	309	66
Jul-17	329	56
Jul-24	340	79
Jul-31	410	115
Aug-07	362	75
Aug-14	330	82
Aug-21	338	75
Aug-28	363	81
Sep-04	352	90
Sep-11	317	81
Sep-18	326	71
Sep-25	336	74
Oct-02	332	64
Oct-09	282	55
Oct-16	300	55
Oct-23	350	88
Oct-30	308	69
Total	6,024	1,351

Toronto Paramedic Services: suspected opioid overdose calls (Aug – Oct 2017)



Week*	Non-Fatal	Fatal
Aug-07	102	9
Aug-14	74	7
Aug-21	91	7
Aug-28	98	4
Sep-04	93	3
Sep-11	87	6
Sep-18	76	9
Sep-25	88	8
Oct-02	43	6
Oct-09	50	3
Oct-16	56	2
Oct-23	53	2
Oct-30	63	3









VIDEO

While police told organizers they are breaking some bylaws, they are being allowed to stay and continue their activities in the park.

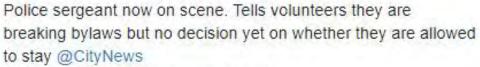
The police and the city were initially unsure about allowing a supervised injection site in a public space, but Toronto police Superintendent Heinz Kuck says it is the need of the hour.

"Although Toronto police doesn't necessarily agree totally with an injection site like this popping up because we do have the aspect of illegal drugs coming and going, the crisis supersedes that at this point in time," he said.





City/Vews



3:48 PM - Aug 12, 2017 - Toronto, Ontario

Overdose Prevention Site

Friendly volunteers operating a safe space.

Free naloxone training and kits.

Free harm reduction supplies.

No police presence.



Each day: 4pm - 10pm







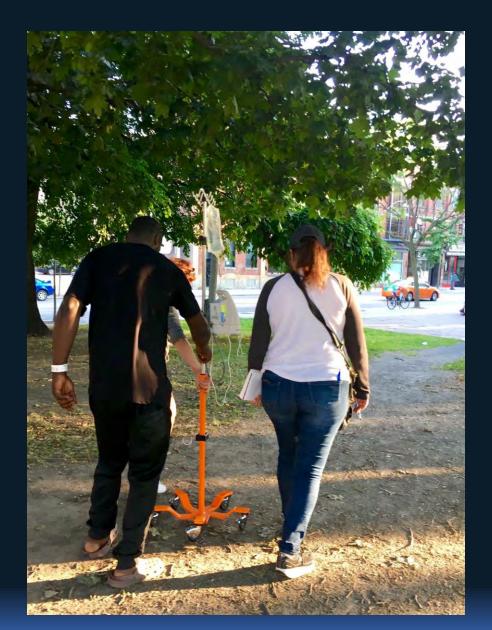




Building connections and relationships

Patient from nearby St. Michael's Hospital who came to

inject



Volunteer training sessions
People who use drugs. Harm reduction workers. Nurses. Concerned community members.





Making sandwiches...



September 12 – 1 month!







Thanksgiving weekend

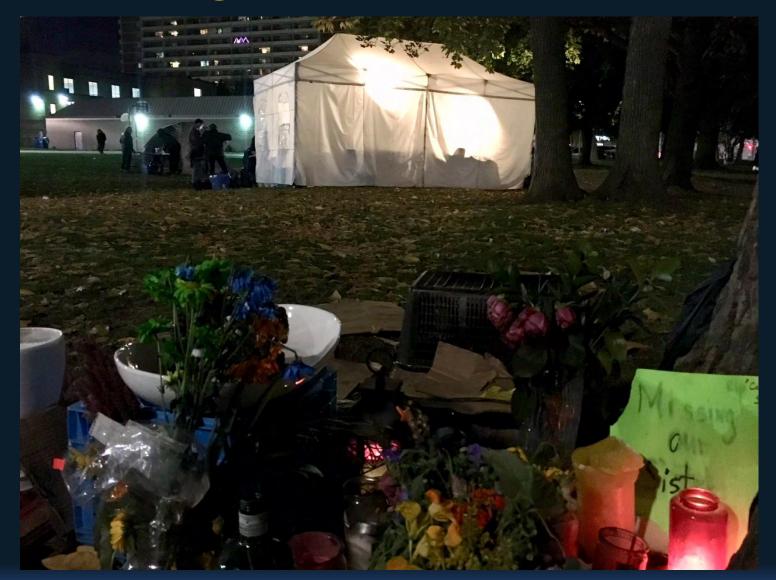


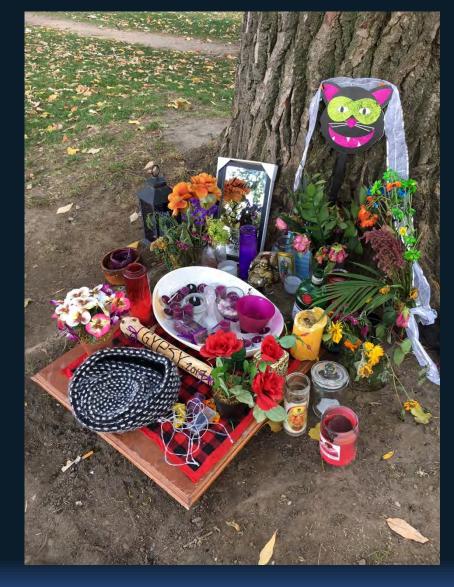






Missing our sister – memorial for "Gypsy"







90 days93 overdoses93 sparklers





November – changing weather





November 20 – new digs

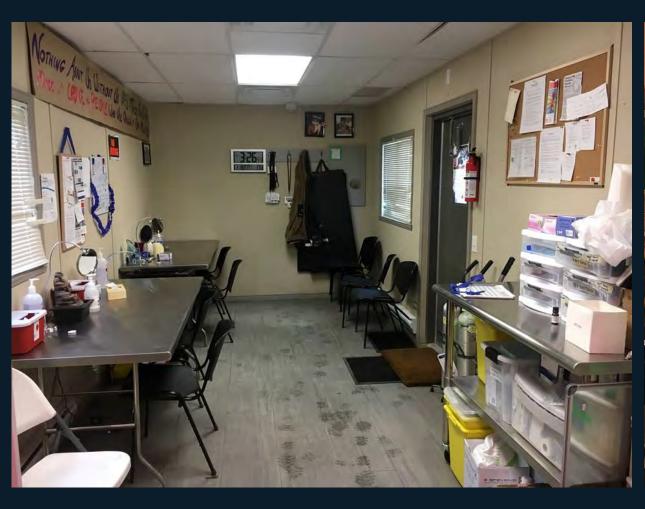








January 2018







GUIDELINES FOR TRAILER

Why these guidelines were created:

People who come to the Moss Park Overdose Prevention Site have been thinking about ways to manage the space and foster respect, safety, and a common understanding of how to share this space. We spent two nights gathering input from people who come to the site and put together a list. Here are guidelines suggested by the community who use the site.



CAPACITY

Injection Space:

4 to 5 people. Sometimes this may be less as needed for safety

Trailer Capacity:

8 people plus volunteers If it's crowded, please be conscious and give space.



INJECTION

Please do not inject in the distro side of the trailer Please keep your rig capped when not in use.



CLOTHING ON

Please keep your clothing on.



BELONGINGS

Please keep your belongings together. Our space is small and we all need to share it.



NO DEALING

Please do not buy / sell / exchange drugs in the trailer or outside the front door.



HAVE YOUR DRUGS

Please have your drugs before you go into the injection side.



NO VIOLENCE or THREATS

Please do not engage in any violent behaviour including threats of violence or bullying.



NO WEAPONS

Please do not bring weapons out.



NO SEXISM

Please be respectful to everyone, regardless of gender. Keep sexual comments outside the trailer.

6 months in...

- Physical layout; less space but increasing demand
- Escalating behaviours and tensions
- People new to site and unfamiliar with original established community norms
- Paused operations for two nights and consulted with people accessing site to develop guidelines

INJECTION SIDE:



20 MINUTE TIME LIMIT

We've been very busy lately and we need to ensure everyone who needs to be in the space gets a chance.

Once you've done your shot, you need to move to the other side to hang out - even if nobody is waiting. Please help us keep the space free so people can use in a safe and timely way.



CAPACITY: 4 TO 5
Sometimes this may

be less if needed



2ND SHOT

If you'd like to do a second shot, please leave, take all your belongings, and then come back. This ensures everyone waiting gets a chance to use.



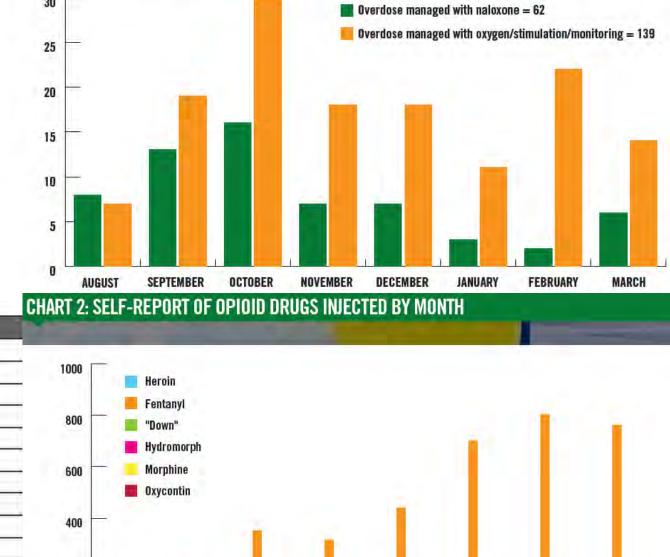
SHARE THE SPACE

Our trailer is small and we need to share space. Please be aware of people around you and try to respect their space. Try not to get too close to others while they're doing their shot. Please keep your belonging together.

Moss Park OPS: Aug 12, 2017 – March 31, 2018

- Injection visits: 6,848
- Overdoses reversed: 201

TABLE 1: SAMPLE CHARACTERISTICS			CHART 1: OVERDOSE BY MONTH
	All Visits n (%) n=6660	Overdoses n (%) n=184	30
Gender			
Women	2098 (31.5)	68 (37.0)	25
Men	4535 (68.1)	115 (62.5)	
Missing	27 (0.4)	1 (0.5)	20
Age			
Age, years (median, IQR)	35 (28-45)	35 (26-40)	15
Under 20	56 (0.8)		10
20-29 years	1681 (25.2)	65 (35.3)	
30-39 years	2498 (37.5)	58 (31.5)	5
40-49 years	1434 (21.5)	39 (21.2)	
50-59 years	557 (8.4)	11 (6.0)	
60 years and above	92 (1.4)		AUGUST SEPTEMBER OF
Missing	342 (5.1)	11 (6.0)	CHART 2: SELF-REPORT OF OPI
Drugs used			
Fentanyl	3621 (54.4)	125 (67.9)	
Heroin	770 (11.6)	26 (14.1)	1000 Heroin
"Down"	762 (11.4)	22 (12.0)	Fentanyl
Hydromorphone	443 (6.7)	3 (1.6)	800 Pown"
Crystal meth	275 (4.1)	1 (0.5)	Hydromorph
Morphine	210 (3.2)	1 (0.5)	600 Morphine
Crack	202 (3.0)		Oxycontin
Cocaine	107 (1.6)	1 (0.5)	
"Up"	47 (0.7)		400
Oxycodone	19 (0.3)		
Ritalin	17 (0.3)		200
Other*	15 (0.2)	1 (0,5)	
Unknown	121 (1.8)	3 (1.6)	
Missing	44 (0.7)	1 (0.5)	AUGUST SEPTEMBER



OCTOBER

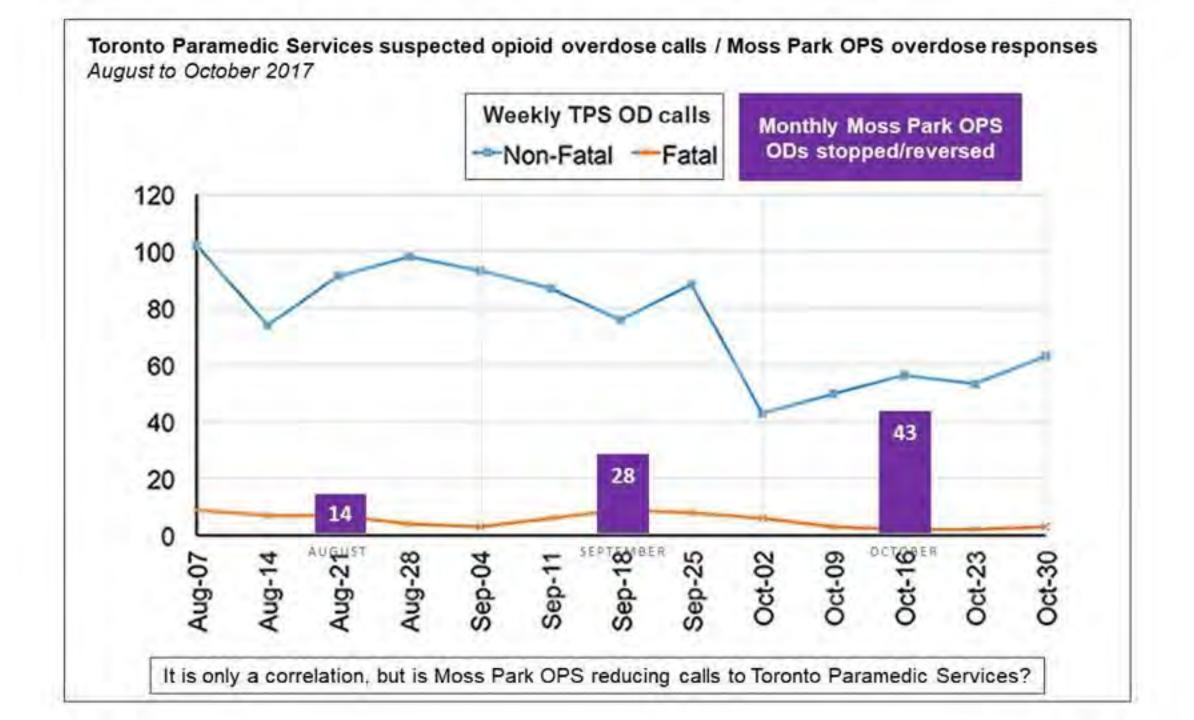
NOVEMBER

DECEMBER

JANUARY

FEBRUARY

MARCH



One day in September...
No visits for over an hour.







Toronto Overdose Prevention Society





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