



# BOARD REPORT

Friday January 26, 2018



Medical Officer of Health  
**REPORT TO THE BOARD**

Friday, January 26, 2018

**Overdose Prevention Sites**

An Overdose Prevention Sites (OPS) is a health facility designed to provide low barrier, life-saving, time-limited and targeted harm reduction services to address the opioid crisis. The following presents an overview of the operations and harm reduction benefits based on the experience of the city of Vancouver. Based on relatively smaller numbers of opioid overdose mortality and the widespread distribution across Grey Bruce, an initial situational assessment does not support the suitability of this type of intervention locally.

OPS facility provide sterile injection equipment, information about drugs and basic health care, treatment referrals and access to medical staff. Some sites offer counseling, hygienic and other services of use to itinerant and impoverished individuals.

Harm Reduction is one of the four pillars of the National Anti-Drug Strategy (prevention, treatment, enforcement and harm reduction) which is aligned with recommendations from the WHO.

In the 1997, a public health emergency was declared in Vancouver's downtown eastside

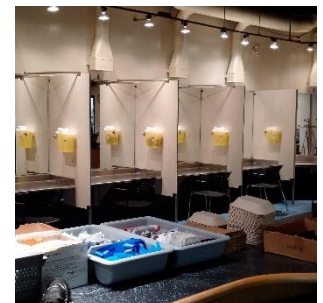
- 4,600 Injection Drug Users located in an area the size of a few blocks
- Contributing factors: presence of several single room occupancy hotels, de-institutionalization of the mentally ill, the effect of drug enforcement policies over the years, availability of illicit narcotics at street level
- 17% HIV prevalence and 87% hepatitis C prevalence
- Increase in overdose deaths (16 in 1987, 357 in 1993)



Legislatively, operating a supervised injection site required an exemption from the prohibitions of possession and trafficking of controlled substances under of the Controlled Drug & Substance Act, at the discretion of the Minister of Health.

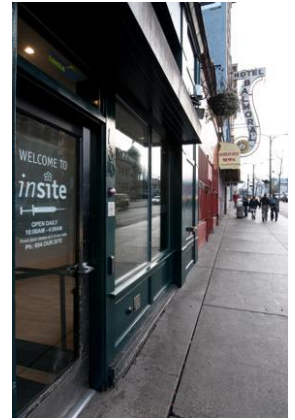
Insite, the first legal supervised injection site in North America, granted constitutional exemption in September 2003. This was a collaborative effort of local, provincial and federal authorities, academics, health care providers and Vancouver police as a three-year pilot project for research purposes. As a strictly regulated health facility:

- Users must be 16 years and older
- Pregnant women undergo more careful assessment
- 12 injection booths where clients inject pre-obtained illicit drugs under the supervision of nurses and health care staff
- Close monitoring during and after injection
- Part of continuum of care: clients are provided with health care information, counselling and referrals to various service providers or an on-site, on-demand detox centre



The pilot project results documented the effectiveness of Insite as following:

- Estimated 2-12 deaths due to overdose averted per year
- Seventy percent (70%) less sharing injection equipment
- Reductions in the number of people injecting publicly
- No evidence of increases in drug-related loitering, drug dealing or petty crime in the area around Insite
- Police data showed no changes in rates of crime recorded in the downtown eastside business district
- No evidence that Insite increased the relapse rate among injection drug users
- Cost/benefit analysis favourable (even over needle exchange)
- Currently no evidence of impact on HIV or hepatitis C rates



These results may have limitations such as the fact that the research typically utilizes modeling of the impacts of different interventions which based upon non-randomized trial data. Also, generalizing beyond such a unique area as Vancouver's Downtown Eastside may prove problematic.



While the project was extended in 2006, the Canadian government made a number of attempts to shut down the site. Following the dismissal of their case by the BC Court of Appeal in 2011, the federal government appealed to the Supreme Court of Canada.

The court subsequently dismissed the appeal based on the violation of the Charter (right to life, liberty, and security) and intrusion on the province's jurisdiction over provision of health care.

In rejecting the federal government's appeal, the Supreme Court of Canada decision stated "Where, as here, a supervised injection site will decrease the risk of death and disease, and there is little or no evidence that it will have a negative impact on public safety, the Minister should generally grant an exemption."

In 2017, the federal government announced changes that would expand the ability of provinces to respond to the escalating opioid crisis. Under the new federal policy, provinces experiencing a public health emergency can request an exemption under federal law for temporary overdose prevention sites.

Members of local governments have the opportunity to make the biggest contribution to our health.

Together we can build healthier communities.

Dr. Ian Arra

A handwritten signature in blue ink that reads "Ian Arra".

**Sources:**

Supreme Court Insite decision. <http://scc.lexum.org/decisia-scc-csc/scc-csc/scc-csc/en/item/7960/index.do>

Dooling K, Rachlis M. Vancouver's supervised injection facility challenges Canada's drug laws. CMAJ 2010; 182(13): 1440-44.

Insite: <http://supervisedinjection.vch.ca/home/>



# PROGRAM REPORT JANUARY 2018

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## Working with the Grey Bruce communities to protect and promote health

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### Making Reporting Immunizations Easier For All!

Parents have a number of ways to report their child’s immunizations to Public Health. In addition to phone, email or fax, they can now report online. A new function has been added to the Provincial Immunization Repository called ICON (Immunization Connect Ontario) that allows immunizations to be reported online through a [link on Grey Bruce Health Unit website](#). Grey Bruce was one of the first two Public Health Units in Ontario to use this online reporting functionality.

As of November 17, 2017, there have been 2,747 immunization submissions through ICON by 593 clients. ICON is easy to use and follows the flow of most immunization cards. ICON is readily available to parents 24 hours a day; increasing the potential for reporting. The Immunization Program encourages online reporting of immunization information, especially during peak times such as suspension.

### Planning for Local Climate Change Impacts

Evolving changes to climate are anticipated to have significant potential health impacts in the years to come. Ontario health units have been tasked with developing [Vulnerability and Adaptation Assessments](#) with a view to creating local climate change plans.

Grey Bruce Health Unit began this assessment last year by completing a review of climate data for Grey Bruce, conducting preliminary consultations with key stakeholders and producing a Climate Change Policy Statement.

These tasks identified the following three key anticipated local climate change impacts

- Greater number of severe storms
- More frequent precipitation
- Warming temperatures

These impacts could lead to adverse health outcomes that include increases in water and vector-borne communicable disease, destruction of critical infrastructure, disruptions in essential services, and physical injury and death.

We have already begun to address these concerns by providing public information about potential climate change impacts on our website. An [infographic](#) provides a ready reference to local climate change issues and can be adapted to a variety of promotional media formats.

Climate change work will continue with more comprehensive community consultations aimed at completing a vulnerability assessment. This effort will also inform the Hazard Identification Risk Assessment (HIRA) associated with the Emergency Response Plan.

### **Media Summary 2017**

In 2017, 68 Media Releases were issued. There were 64 in 2016. Topics covered in the Media Releases address a broad range of health protection and promotion including: infectious diseases, immunization, food safety, tobacco cessation, and healthy lifestyle and community campaigns. The most common release was requesting Public Assistance with regard to Animal Bites (11).

The Grey Bruce Health Unit welcomes media inquiries and make every attempt to provide same-day response to media calls. For specific campaigns, we will actively solicit to seek out media coverage. In 2017, 115 media inquiries and engagements were recorded. Of those the most frequent were: Flu/Immunization (17); Opioid Crisis (11); MOH (11).

We undertake electronic monitoring for news coverage related to the Grey Bruce Health Unit on all local media outlets that are available on the Internet. The media scan is not a comprehensive list of all coverage but is representative of public health issues discussed in the media. The scan of Grey Bruce media outlets identified 427 clippings (461 in 2016) for an average of 35 per month. For 2017, the most frequent coverage was on Flu/Immunization (54); Animal Bites (50); WNV/Lyme (47); Opioid Crisis (40).

The Grey Bruce Health Unit maintains a social media presence with general Facebook and Twitter accounts as well as a variety of topic-specific social media accounts such as PLAY, Target Youth, and Guys Caring for Kids, etc. We average 25-30 posts a month on our main Facebook and Twitter accounts. Facebook averages a total weekly reach of 3000. Specific individual Facebook posts have received excellent exposure: 12068 engagements for the Medication Misuse campaign, 11241 on hiring nurses; 8443 on Smoke-Free Outdoor Spaces and 5365 on Radon Awareness. We have just under 1800 followers on Twitter and just over 1800 followers on Facebook.

### **2018 Grey Bruce Healthy Communities Partnership Conference “Creating Partnerships for Wellbeing”**

The 2018 Healthy Communities Conference will bring about an opportunity for dialogue and learning in the spirit of creating healthy communities for all. Beginning with an evening session at the Health Unit on Tuesday, May 8, and followed by a full day at the Bayshore Centre, Wednesday, May 9, participants will be coming together to share in

learning about Indigenous health equity. The conference will include Indigenous and non-Indigenous youth and adult community members, advocates and leaders representing various organizations from across Grey Bruce. The objectives of this conference are to:

- Unpack the root causes of Indigenous health inequities;
- Showcase the strength and resilience of youth and their communities;
- Engage in a reflective learning journey on what wellbeing for Grey Bruce could look like; and
- Come together to build respectful relationships and partnerships.

To accomplish these objectives, participants will hear keynote speakers and participate in facilitated discussions. Sessions, of varying sizes and formats, will address topics related to: cultural safety and humility, local historical context, reconciliation and community development. Participants will gain a greater understanding of how to take action to make a positive impact on health equity within their own communities. This will include developing new perspectives to address challenges in partnership development and service provision.

Throughout the event, participants will have several opportunities to deepen their learning by experiencing some features of local First Nations and Metis cultures. This includes being served traditional foods prepared by an Anishnaabe chef, performance and teaching by traditional dancers and learning from traditional healers or medicine people.

Registration will open March 1, 2018.