

CONSULTATION ON THE NEED FOR SERVICES FOR OPIOID AND OTHER DRUG USERS IN THE OUTAOUAIS REGION



01/11/2018

Final Report

February 28, 2018: Consultation Session on the Need for Services for Opioid and Other Drug Users in the Outaouais Region.

CONSULTATION ON THE NEED FOR SERVICES FOR OPIOID AND OTHER DRUG USERS IN THE OUTAOUAIS REGION

CONSULTATION WORKING COMMITTEE

Sara Falardeau

Nurse Assistant to the Immediate Supervisor

Outaouais Integrated Health and Social Services Centre, Mental Health and Addictions Directorate

Anne-Martine Lafaille

Planning, Programming and Research Officer

Outaouais Integrated Health and Social Services Centre, Public Health Directorate.

Brigitte Pinard

Public Health and Preventive Medicine Specialist

Outaouais Integrated Health and Social Services Centre, Public Health Directorate

Yves Séguin

Director General

Outaouais Centre for Intervention and Prevention of Addictions

WRITING

Anne-Martine Lafaille

Brigitte Pinard

PROOFREADING

Camille Paquette

Public Health and Preventive Medicine Specialist

Outaouais Integrated Health and Social Services Centre, Public Health Directorate

Anne-Marie Ménard

Program Leader

Outaouais Integrated Health and Social Services Centre, Public Health Directorate

Pauline Fortin

Public Health Coordinator

Outaouais Integrated Health and Social Services Centre, Public Health Directorate

REVISION AND LAYOUT

Karine Lafrenière

Administrative Technician

Outaouais Integrated Health and Social Services Centre, Public Health Directorate.

Francine Perrault

Administrative Officer – Class 1

Outaouais Integrated Health and Social Services Centre, Public Health Directorate.

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INTRODUCTION

In February 2018, Quebec was preparing to unveil its first-ever National Opioid Overdose Prevention and Response Strategy.

In March 2017, the Outaouais Integrated Health and Social Services Centre (CISSS), Public Health Directorate (DPSU), established a regional intersectoral overdose monitoring and prevention committee. This committee, called the Special Committee on Opioid Overdoses in the Outaouais Region (Special Committee on Overdoses), brings together partners from different sectors, including the community sector (Centre for Intervention and Prevention of Addictions [CIPTO], the Bureau régional d'action SIDA [BRAS]), the health sector (pre-hospital services, emergency, addiction treatment services, Coroner's Office, etc.), police and fire safety services, and the education sector.

The first role of the Special Committee on Overdoses is to closely monitor the opioid situation in the Outaouais region. Between 2013 and 2016, there were as many as 20 deaths per year due to confirmed unintentional drug intoxication, including opioids. A new provincial monitoring system now allows us to track in real time the number of deaths caused by suspected drug or opioid intoxication. The system respectively reports 9 to 24 deaths in 2017 and 2018¹, having been caused by “**suspected** intoxication with drugs or opioids” in the Outaouais region. This data comes to us from the Coroner's Office.

In addition, the Special Committee on Overdoses took the initiative to address the need for the optimization and development of services for drug users in the community. A subcommittee was formed to conduct a consultation session with stakeholders working directly with opioid and other drug users.

The initial objectives of the consultation were to:

1. Explore the need for improving existing services and developing other relevant services for opioid and other drug users;
2. Identify the factors that enable and prevent the improvement and development of services for users of opioids and other drugs;
3. Validate the need to set up supervised consumption services in the Outaouais region.

This report, addressed to the members of the Special Committee on Overdoses, outlines the methodology used and the results obtained at the consultation session held on February 28, 2018, in Gatineau. It also provides key findings from the data analysis and reports on possible strengths and limitations of the approach. Finally, some courses of action are proposed as a conclusion.

¹ Data for these two years are provisional. Furthermore, for 2018, the data only covers the period from January 1 to October 23.

METHODOLOGY

The consultation was conducted through a group discussion followed by a common exercise to prioritize actions to be implemented.

PARTICIPANT RECRUITMENT

The process of recruiting participants was done through an email invitation sent to resource persons working closely with clients using opioids and other drugs.

This process enabled the recruitment of approximately 30 potential participants. Of these, 24 stakeholders representing 9 different organizations, attended the consultation session held on February 28, 2018. The list of the represented organizations is presented in appendix. Several participants attending the consultation session have consented to their names appearing in this report. The list of these participants and the plan for the conduct of the consultation session are also presented in the appendices.

CONSULTATION PROCESS AND QUESTIONS

Following a brief presentation on the epidemiological data related to opioid and other drug overdoses and the presentation of a chart summarizing the current service offerings, a series of six questions were presented to the group for reflection and discussion:

1. When you are in contact with people who use opioids and other drugs, what services do you use to meet the needs of these clients?
2. What needs were you not able to meet?
3. What services would you like to use that do not exist?
4. What services do you use that need to be transformed?
5. Considering the following prioritization criteria: the importance of the problem, the ability to intervene effectively, and feasibility (economic, ethical, cultural, organizational, social and political), which three actions do you think should be prioritized?
6. How could we get the perspective of drug users?

In order to initiate discussion on the services used, a draft outline of the regional service offerings of various partners working with opioid and other drug users was presented and distributed to participants. Participants were invited to comment and improve the draft outline of services offered. The documents were collected at the end of the session.

For question No. 5, participants were asked to write their three priorities on three different-colour cards. The Priority 1 cards were then used in a short animation period. These cards were picked up at the end of the meeting.

To gather the qualitative data generated by the group discussions, three people took notes during the meeting.

DATA ANALYSIS

Two DSPU professionals analyzed the data collected. The results of the analysis are presented in the following sections.

VALIDATION

A preliminary version of the report was sent to the working committee for initial validation on May 4, 2018. After incorporating the comments, the report was sent to all consultation session participants for content validation on June 5, 2018.

ADDITIONAL CONSULTATION

On June 5, 2018, at the invitation of Indigenous Services Canada liaison officers, DSPU professionals participated in a meeting on the issue of drug use in the Algonquins of Barriere Lake community living on the Rapid Lake Indigenous reserve located in La Vérendrye wildlife reserve. During the meeting, those present were asked the consultation questions in order to complete the service needs assessment. Highlights of this discussion are presented in an appendix.

PRESENTATION OF RESULTS

The results of the group discussion are divided into three sections: the list of services used in the region by stakeholders (question 1), the unmet needs and services to develop and optimize (questions 2, 3 and 4) and user perspectives and prioritization (questions 5 and 6).

LIST OF SERVICES USED IN THE REGION BY STAKEHOLDERS

The first question in the consultation session identified the services and resources used by stakeholders in their interventions with opioid and drug users. The summary of the information collected is presented in an appendix. Services and resources were first divided into three categories based on their location (the Outaouais region, out of region in Quebec and out of region in Ontario). Services located in the Outaouais region were then allocated according to their institutional or community origin.

It should be noted that the identification of the services used revealed the recent loss of access for Outaouais residents (including First Nations) to internal detox services offered in Ottawa, as well as internal services out of region in Quebec (for example: CRD Forget).

This synthesis provides a basis for interpreting responses to questions regarding unmet needs as well as services to develop and optimize.

UNMET NEEDS AND SERVICES TO DEVELOP AND OPTIMIZE

Responses to questions 2, 3 and 4 regarding unmet needs and services to develop and to optimize were grouped together. Table 1 provides a summary of the factors raised in the group discussion for the region as a whole. Tables 2 and 3 highlight some factors that are particularly important for rural areas (Table 2) and First Nations (Table 3). Data collected were divided into four categories: prevention including harm reduction, treatment and rehabilitation, continuum of services and basic needs.

USER PERSPECTIVES AND PRIORITIZATION

All data gathered in writing are presented in the appendices (5, 6 and 7). Responses for each priority level (1, 2 and 3) were divided into the same categories as in the tables showing unmet needs, and services to develop and optimize. The prioritization exercise identified the key findings presented and discussed in the next section.

A short group discussion was held on how user perspectives could be gathered in terms of service priority. Despite the undisputed importance of validating service needs from a user perspective, there was a consensus on the difficulty of doing so. The methods mentioned include: a satisfaction questionnaire for services received, a mini-questionnaire with open-ended questions to be administered by stakeholders and a questionnaire for those around users. Some of the items discussed are included in the section on courses of action.

TABLE 1: SUMMARY OF ANSWERS TO QUESTIONS ON UNMET NEEDS, AND SERVICES TO DEVELOP AND OPTIMIZE FOR THE WHOLE OUTAOUAIS REGION

Unmet Needs	Services to Optimize	Services to Develop
Prevention Including Harm Reduction		
<ul style="list-style-type: none"> • Reach opioid users; • Reduce the risk of overdose; • Response to a significant of alcohol and opioid prescriptions. 	<ul style="list-style-type: none"> • Change in medical practice: prescription of opioids and withdrawal management at time of cessation; • Increase the number of outreach workers to ensure better territorial coverage. 	<ul style="list-style-type: none"> • Peer projects for opioid users; • Community access to naloxone (outside pharmacies) and a peer training program; • <i>Testing</i> street drugs for users (identification of Fentanyl); • Supervised injection or consumption site; • Drop-in for sex workers.
<ul style="list-style-type: none"> • Safe place where intoxicated individuals can be welcomed 24/7 for sobering up and assessment; • Support when P-38 is not applicable (stable and able person). 		<ul style="list-style-type: none"> • Respite and sobriety centres outside hospitals.
Treatment and Rehabilitation		
<ul style="list-style-type: none"> • Quick access to low threshold substitution therapy; • Access to Suboxone and methadone in pharmacies. 	<ul style="list-style-type: none"> • Review the criteria for accessing current opioid addiction treatment (TDO) services to reduce requirements; • Addition of psychosocial services to the TDO program; • Enhanced TDO services in pharmacies: increased number of pharmacies providing access to prescribed TDO products; • Enhanced support, coaching and reintegration services for people with drug dependencies (e.g. CIPTO's Support, Coaching and Reintegration of Addicts (SART) program). 	<ul style="list-style-type: none"> • Creating low threshold services; • Suboxone prescription in emergency with OAT support in the following week; • Medical heroin prescription service.
<ul style="list-style-type: none"> • Service integration for concurrent disorders (mental health and substance abuse). 	<ul style="list-style-type: none"> • Outaouais CISSS detox services: access to psychiatrists for the assessment of concurrent problems for users without a family doctor; 	

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	<ul style="list-style-type: none"> • Addition of mental health services (psychiatrist and social worker) located in temporary shelters or community organizations. 	
<ul style="list-style-type: none"> • Quick access to detox services; • Withdrawal services in the context of discontinuing prescription opioids. 	<ul style="list-style-type: none"> • Training for practitioners and physicians in relation to the specific realities of opioid users. 	<ul style="list-style-type: none"> • Detox centre open 24/7; • Specialized addiction nurses in various regions and hospitals.
Continuum of Services		
<ul style="list-style-type: none"> • Response to the increase in the number of youths who use drugs early and heavily; • Response to the increase in older people who have been using for a long time and their loss of independence (50-65 years). 		<ul style="list-style-type: none"> • Services for youth in transition to adulthood (18 years).
<ul style="list-style-type: none"> • Better circulation of information on who does what (everyone's mandate and mission). 	<ul style="list-style-type: none"> • Emergencies: liaison officers for addiction services. 	
<ul style="list-style-type: none"> • Reduce the need for legal intervention. 		<ul style="list-style-type: none"> • Development of a collaboration and a partnership among health and public safety stakeholders.
<ul style="list-style-type: none"> • Cultural adaptation of services (including gender); • Adaptation of services for the immigrant population. 	<ul style="list-style-type: none"> • CRD: addition of male stakeholders to meet the user needs; • Optimization of services in English (including in rural areas). 	
Basic Needs		
<ul style="list-style-type: none"> • Unmet basic needs for shelter, food and transportation; • Shelter for homeless and marginalized women (non-mixed); • Additional emergency shelter. 	<ul style="list-style-type: none"> • Optimization of community trust services; • Shelter locations: adaptation to trans user needs; • Mobilization of public policies for health inequalities (PL 70) and advocacy. 	<ul style="list-style-type: none"> • New emergency shelter services: <ul style="list-style-type: none"> ○ for women (non-mixed); ○ in the eastern part of the city; ○ which allows for the consumption of legal products (wet shelter) and the presence of users; ○ for individuals with animals. • Shelter with a reintegration mission; • Offer of free transportation for hospital services.

TABLE 2: SUMMARY OF RESPONSES TO QUESTIONS REGARDING UNMET NEEDS, SERVICES TO DEVELOP AND OPTIMIZE: PARTICULARITIES FOR RURAL AREAS

Unmet Needs	Services to Optimize	Services to Develop
Prevention Including Harm Reduction		
<ul style="list-style-type: none"> Addiction awareness and prevention in rural areas; Outreach work with isolated users in rural areas; 	<ul style="list-style-type: none"> Increased number of addiction workers in rural areas; Specialization of stakeholders for either the youth or the adult population in rural areas; Service diversification in rural areas including enhancement of outreach work; CAMI: optimization of distribution points in rural areas including Pontiac. 	<ul style="list-style-type: none"> Community-based support and prevention of drug addiction services in rural areas.
Treatment and Rehabilitation		
<p>Access to treatment in rural areas:</p> <ul style="list-style-type: none"> Detoxification; Substitution therapy. 	<p>Service points in emergency centres and CLSCs;</p> <ul style="list-style-type: none"> Liaison officers for addiction services (including in rural areas). 	<ul style="list-style-type: none"> Opioid Addiction Treatment Access Program (TDO) (methadone and Suboxone) at home; Medical support for substitution therapy follow-up; Mobile detoxification team (ambulatory).
Basic Needs		
<ul style="list-style-type: none"> Food; Accommodation for all age groups, including youth; Rural transportation for access to services and pharmacies; Means of communication (Internet). 		<ul style="list-style-type: none"> Temporary and emergency shelter in rural areas.

TABLE 3: SUMMARY OF RESPONSES TO QUESTIONS REGARDING UNMET NEEDS, SERVICES TO DEVELOP AND OPTIMIZE: PARTICULARITIES FOR FIRST NATIONS

Unmet Needs	Services to Optimize	Services to Develop
Prevention Including Harm Reduction		
<ul style="list-style-type: none"> • Access to harm reduction services: information, education and safe injection at all times. 		<ul style="list-style-type: none"> • Community harm reduction centre.
Treatment and Rehabilitation		
<ul style="list-style-type: none"> • Integration of services for concurrent disorders (mental health and addictions). 	<ul style="list-style-type: none"> • Increased mental health services; • Optimization of multidisciplinary teams. 	
<ul style="list-style-type: none"> • Access to detoxification services in the region. 		<ul style="list-style-type: none"> • Detoxification service in a trilingual region.
<ul style="list-style-type: none"> • Need for a long-term therapy location (more than six weeks) for co-morbidities. 		<ul style="list-style-type: none"> • Long-term therapy location for co-morbidities.
<ul style="list-style-type: none"> • Accommodation for men in transition, before and after therapy; • Reintegration house to restore balance in life spheres after therapy. 		<ul style="list-style-type: none"> • Transitional shelter for men.
<ul style="list-style-type: none"> • Support and counselling for families and loved ones of drug users. 		<ul style="list-style-type: none"> • Establishing services for users' relatives.
Continuum of Services		
<ul style="list-style-type: none"> • Access to culturally appropriate services in English and Algonquin. 	<ul style="list-style-type: none"> • Optimization of services in English and Algonquin. • First responders: training on Indigenous culture and mental health issues. 	<ul style="list-style-type: none"> • Internal rehabilitation services in English.

DISCUSSION

The main findings from the analysis of all responses to the group questions are presented in this section. A brief discussion on the limitations of the consultation process will follow.

KEY FINDINGS

1. There seems to be unmet needs across the entire continuum of addiction and addiction services in the region.

Unmet needs were identified across the continuum of addiction and drug addiction services. Stakeholders emphasized the need, among other things, to reach opioid users who have little tendency to seek out services, establish community access to naloxone, have safe places for sobering, and improve access to TDO, detoxification and rehabilitation therapies.

Emphasis was placed on the importance of facilitating and accelerating access to various services across the region, in both urban and rural areas. Better integration of continuum of care services should facilitate access to services. Some ways to promote integration were mentioned, including the presence of liaison officers in regional emergency rooms. In addition, access to low threshold TDO services was identified as a need that, for the time being, is partially met by the services offered in Ontario.

2. A respite and sobering centre is considered a priority for the region.

Through the prioritization exercise, stakeholders clearly expressed a need for sobering services in the region. Such a service is seen as a means of preventing visits to the emergency room. A sobering centre should be able to accommodate the person when needed and facilitate access and continuity of services when the person is sober. It was noted that such a centre requires specialized staff and 24/7 access.

3. There is an emphasis on, among other things, the need for outreach and harm reduction in rural areas.

For rural areas, stakeholders mentioned the importance of outreach to reach users in their living environment and the deployment of community-based harm reduction services. Services must be bilingual in some areas of the region, including in the Pontiac.

Stakeholders also emphasized the importance of improving access to TDO (methadone and Suboxone) and detoxification therapies. Various approaches could be explored to adapt these services to rural environments, including front-line (family physician) or home-based TDO therapies and outpatient detoxification treatments (mobile team).

A response to basic user needs is also seen as a necessity. These needs include food, shelter for all age groups, means of communication (Internet) and rural transportation for access to health services and pharmacies.

4. There is a need for collaboration among the region's stakeholders working with drug users.

It has been reported that the exchange and consultation procedures between addiction workers and community partners may have decreased in recent years. Several stakeholders mentioned the need for better alignment with other resources in their region. Various stakeholder mandates should be well known

by all stakeholders in the region. In response to these needs, the re-establishment of a regional addictions table was strongly suggested.

During the meeting, a collaboration or partnership between health and public safety (police) stakeholders was also suggested in order to minimize legal interventions.

5. Stakeholders perceive an increase in the problem of heavy consumption among youths aged 12 to 18.

There may be an increasing number of youths (aged 12 to 18) with significant drug use (heavy use) problems. There is also a perception that young people start using drugs earlier (12 to 13 years of age). The transition from middle school to high school seems to be a moment of significant vulnerability.

It should be noted that stakeholders have also raised the problem of the increasing number of older people who have been using for many years and the loss of independence related to these conditions.

6. Stakeholders working with First Nations highlight a variety of needs including detoxification and treatment services for concurrent disorders.

Some needs appear to be a priority for stakeholders working with First Nations, including access to detoxification and treatment services for concurrent disorders. The need for better access to detox services may be linked, among other things, to a decrease in access to such services in Ontario for First Nations. In terms of treatment of concurrent disorders (substance abuse and other mental health issues), stakeholders mentioned the need for access to mental health services in Maniwaki and longer-term rehabilitation services (more than six weeks).

Other service needs have been identified by stakeholders working with First Nations, including community-based harm reduction services, transitional shelters for men, and counselling for family members of drug users. Stakeholders highlighted the need for bilingual services, in English and Algonquin, as well as services that are culturally appropriate.

7. A supervised consumption site: a need that remains to be explored.

A supervised consumption site is considered a priority, but less urgent than a respite centre. This need has been identified but remains to be explored. It would be important to assess its relevance to potential users and steps have been taken to do so. As a first step, a summary needs assessment was conducted with injection drug users participating in the SurvUDI network provincial survey². About 40% (14/33) of respondents said they would use a supervised injection or consumption service if it was available in the Outaouais region. The vast majority (79% or 23/29) suggested that such a service be set up in the Old Hull/downtown area. It should be noted that all interviewees were recruited from this area. A wider range of potential users should be consulted to better document the various needs. Considering the size of the Outaouais region, a mobile site could perhaps be a solution to consider.

8. Safe accommodation is perceived as necessary.

Stakeholders mentioned the need for urban and rural accommodation for emergency situations, respite and rehabilitation. The lack of specific spaces for young people and women was particularly emphasized.

² The SurvUDI network (**S**urveillance of infectious diseases among **I**njecting **D**rug **U**sers) has been operating in Quebec since 1995 and is deployed in 8 regions of Quebec, including the Outaouais region. It monitors HIV infections and hepatitis C viruses in people who inject drugs and tracks the risk factors for these infections. More information on this network is available here: <https://www.inspq.qc.ca/espace-itss/reseau-survudi-1995-2016>

9. Enabling factors and barriers.

The group discussion identified enabling factors and barriers to service improvement. Enabling factors include the broad mobilization of the actors present and their knowledge of the target population. Barriers include limited human and material resources, especially in rural areas. The discussions on the need for a sobering centre also revealed a specific legal barrier regarding the responsibility of ambulance services to transport a person to a hospital.

STRENGTHS AND LIMITATIONS OF THE CONSULTATION EXERCISE

Despite excellent participation from stakeholders working with drug users in the region, some regions or clients were underrepresented. It should be noted that partners working with youth (under 18) were not targeted by the consultation session. However, some members of the Outaouais CISSS are working with this clientele.

Another limitation of the consultation process is the absence of users. Continued exploration of some unmet needs, including access to community-based harm reduction services, would benefit from including users. A few options have been identified to give users a voice. It would be appropriate to invest efforts in this direction to ensure an adequate response to unmet needs.

IN CONCLUSION: TOWARD COURSES OF ACTION

This consultation session identified a series of services to optimize or develop to meet the unmet needs of the drug user population in the Outaouais region. The range of services covers the entire continuum of addiction and drug use services in the region as well as the population's basic shelter, food and transportation needs.

In response to this consultation, certain courses of action have been identified and are proposed to the various partners. These courses of action could pave the way for the deployment of government policies on addictions and the prevention of opioid overdoses.

PREVENTION INCLUDING HARM REDUCTION

- Expand the network of Injection Equipment Access Centres (CAMI) and equipment distribution.
- Set up a respite/sobering service.
- Explore the possibility of expanding the reach of community services: education, awareness, harm reduction and outreach work.
- Check the need for a supervised consumption site in the Outaouais region with potential users.

TREATMENT AND REHABILITATION

- Train staff on the specifics of the opioid user population.
- Expand outreach work in rural areas.
- Promote co-operation between partners on the theme of addictions.
- Consult with users and their relatives on service needs (e.g. access to low threshold treatment).

CONTINUUM OF SERVICES

- Establish a regional addiction table.
- Explore ways to optimize the alignment between mental health and addiction services.
- Deploy liaison nurses in emergency rooms.
- Develop collaboration and complementarity links between the various partners.
- Explore opportunities for a partnership between police and other services to reduce the need for legal intervention.
- Adapt services for marginalized clients in urban areas.

APPENDICES

Appendix 1

List of organizations that have taken part in the Consultation Meeting on February 28, 2018

Adojeune	Kitigan Zibi Health and Social Services
BRAS	Gatineau Police Services
CIPTO	Soupe populaire de Hull
Outaouais CISSS	Wanaki Center
Gîte Ami	

List of participants present at the Consultation Meeting on February 28, 2018 who consented to their names appearing in this publication

Last name, First name	Position	Organization
Bastin, Alexis	Trainee	CIPTO
Brascoupé, Pierre	Addictions Worker	Wanaki Centre
D'août, Valérie	Human Relations Officer	Outaouais CISSS, Mental Health and Addiction Programs Directorate (DSMD)
Desjardins, Marie-Claude	Executive Director	Gîte Ami
Dessureault, Steve	Inspector	Gatineau Police Services (SPVG)
Falardeau, Sara	Nurse Clinician, ASI	Outaouais CISSS, DSMD
Labelle, Dominique	Human Relations Officer	Outaouais CISSS, DSMD, Rehabilitation Inpatient/Outpatient
Ladouceur, Yvon	Coordinator	Soupe populaire de Hull
Léon	Street Worker	CIPTO
Lévesque, Lucie	Nurse Clinician, ASI	Outaouais CISSS, Emergency
Loisel, Caroline	Human Relations Officer	Outaouais CISSS, DSMD
Michaud, Cathy	Street Worker	BRAS
Osborne, André-Luc	Quality Assurance Officer – Pre-Hospital Services	Outaouais CISSS Professional Services Directorate(DPS)
Schiffo-Fuoco, Bianca	Street Worker	Adojeune
St-Onge, Adrien	Street Worker	BRAS
St-Pierre, Véronic	CIPTO-CRD Liaison	CIPTO
Vincent, Christina	Human Relations Officer	Outaouais CISSS, DSMD
Watchorn, Joëlle	Human Relations Officer	Outaouais CISSS, DSMD

Appendix 2

Services Used by Stakeholders Consulted to Meet the Needs of People Using Opioids and Other Drugs in the Outaouais Region

<p>Outaouais – Institutional Services</p>	<ul style="list-style-type: none"> • Family physicians • Hospitals • Psychiatrists (including in Maniwaki and Saint-André-Avellin) • CISSSO Homeless Services (IMAGE Team) • CLSC: Intensive Follow-up Team (ACT-ICM Nursing) • Outaouais Rehabilitation and Addictions Centre (CRD) – inpatient and Outpatient Services • Outaouais CISSS Opioid Substitution Program • Maniwaki Hospital – 21-day Detox Program • STBBI Screening Services (SIDEPA) and Hepatitis C Treatment • Centre d’immunodéficience de l’Outaouais • Injection Equipment Access Centre (CAMI) – distribution points in CLSCs and hospitals • Ambulance Services • Justice and detention services
<p>Outaouais – Community Services</p>	<ul style="list-style-type: none"> • CIPTO Support, Coaching and Reintegration of Addicts (SART) Program and program for individuals on probation • Community support for naloxone • Narcotics Anonymous Ottawa • Alcoholics Anonymous • Gamblers Anonymous • Injection Equipment Access Centre (CAMI) – distribution points in pharmacies and community organizations • Association pour la Défense des Droits et l’Inclusion des personnes qui Consomment des drogues au Québec (ADDICQ – Outaouais) • Food Banks • Volunteer transportation for follow-ups • Voluntary trust services
<p>Out of Region – Quebec</p>	<ul style="list-style-type: none"> • St. Luc Hospital, Health Canada’s 48-hour Detox Program for First Nations people • Hamford Pavilion, Lachute • CRD Foster, Montreal and Montérégie (services no longer available for residents of the Outaouais region) • Portage
<p>Out of Region – Ottawa and Ontario</p>	<ul style="list-style-type: none"> • Opioid substitution programs in clinics and by specialized physicians in Ottawa • Ottawa pharmacies for substitution therapy if individual is incarcerated by SPVG • Ottawa Withdrawal Management Centre (services no longer available for First Nations and residents of Quebec) • Cochrane District Detox Centre (CDDC), Smooth Rock Falls • The Oaks Centre, Elliot Lake, for Anglophone clients (substitution, detoxification and rehabilitation) • Fraternity House in Vanier, Ottawa • STBBI Screening Service and Hepatitis C Treatment in Ottawa

APPENDIX 3

Priorities No. 1 Identified by the Stakeholder Group (all Written Responses) and Divided into Four Categories: Prevention Including Harm Reduction, Treatment and Rehabilitation, Continuum of Services and Basic Needs

Prevention Including Harm Reduction

- Sobering to avoid emergency room visits; with the services present to facilitate access and to welcome the person at the time of need; avoid waiting;
- Sobering centre: 24/7; specialized staff; continuity of service when sober;
- Sobering centre;
- Sobering and respite centre;
- Sobering and respite;
- Sobering centre;
- Sobering and respite centre;
- Sobering.

Treatment and Rehabilitation

- Better methadone support service, within the reality of the person who wants to use occasionally or daily;
- Detox Centre bilingual;
- Detox Centre bilingual;
- Detox;
- Ability to respond effectively: access to Detox, Sober living, transition home.

Continuum of Services

- More human resources in addiction: awareness; outreach; support; liaison and reintegration;
- More stakeholders in all regions to increase access to services (hospital, TDO, Dx-ambulatory);
- More liaison officers (human resources in hospitals);
- More specialized resources for opioid users; including concurrent disorder psychiatrists;
- More services for substance abuse issues tailored to youths and young adults (18-30 years);
- Prevention, pre-post treatment services; shelter; sobriety support;
- Training for stakeholders on drugs, especially new ones, effects, priority interventions.

Basic Needs

- Facilitate access to resources for basic needs (transportation): shelter, food, medical, psychosocial services.

APPENDIX 4

Priorities No. 2 Identified by the Stakeholder Group (all Written Responses) and Divided into Four Categories: Prevention Including Harm Reduction, Treatment and Rehabilitation, Continuum of Services and Basic Needs

Prevention Including Harm Reduction

- Education at the primary and secondary level especially in the transition from middle school to high school;
- Doctors having to take more responsibility when prescribing;
- More control over doctor's Rx medication;
- Sobering centre; people who are intoxicated have suicidal thoughts that bring them to the emergency room; once they are sober, the assessment becomes more appropriate;
- Respite and sobering centre;
- Sobering centre with quick access to addiction services;
- Sobering centre;
- Supervised Injection Services – SIS;
- Harm reduction: CAMI, naloxone, awareness and education.

Treatment and Rehabilitation

- Accessibility to a psychiatrist (even when intoxicated);
- Mental health service – psychiatry;
- Access to more mobile mental health resources (e.g. psychiatrist) in resources like shelters, soup kitchens, etc.;
- Concurrent work teams – developed partnership (psychiatrist, SIV, addiction);
- Reintegration program with coaching;
- Treatment – transition; assessment – evaluation.

Continuum of Services

- More human resources; more stakeholders to facilitate access to services faster; act at the right time for the right person;
- HUB – Early detection of a situation by an existing system worker supported by the various services would greatly assist those affected;
- Ability to respond effectively; need more Indigenous stakeholders; needle and syringe exchange program;
- Increase addiction services in urban areas (better access);
- Uniform training for front-line workers.

Basic Needs

- Housing resources in rural areas (emergency, homelessness, long-term addiction and transition).

APPENDIX 5

Priorities No. 3 Identified by the Stakeholder Group (all Written Responses) and Divided into Four Categories: Prevention Including Harm Reduction, Treatment and Rehabilitation, Continuum of Services and Basic Needs

Prevention Including Harm Reduction

- Sobering or detoxification centre under P-38 in remote areas;
- More programs and street work or peer helpers;
- Outreach: more street workers (for youth too);
- Outreach in partnership;
- More prevention, sensitization, outreach and proximity workers.

Treatment and Rehabilitation

- Accessibility to alternative services in the regions: travelling teams; access to the prescribing doctor or physician; access to methadone and Suboxone;
- Access to a screening test for opioids;
- More mental health services: psychiatrists, counselling, parenting, social, educational;
- Stabilization and follow-up;
- Multidisciplinary team with treatment and resource support services;
- Social reintegration services;
- More rehabilitation beds in the Outaouais region.

Continuum of Services

- Increase services in more remote areas (Pontiac, Maniwaki, Petite-Nation);
- CISSS Outaouais-Anishnabe Services has already set up a translation service for French – Algonquin (Hospital and CLSC); thus Algonquin volunteer service at the Maniwaki Hospital; also outreach programs to visit clients in their homes and ensure the safety of children and seniors; cultural awareness.

Basic Needs

- Housing or home (emergency situation or not) for marginalized women (24/7);
 - Women's shelter;
 - Shelter for marginalized women;
 - Access to basic resources (other than an ambulance service).
-

APPENDIX 6

Process Plan for the Consultation Session with Local Stakeholders February-28-18

Schedule

1:00 p.m. –
1:15 p.m.

Welcome, Introduction and Round Table (Brigitte)

- Welcome: Thank you for attending
- Presentation of members of the subcommittee of the Special Committee on Overdoses in the Outaouais Region
- Why a consultation?
 - Initiative of the Special Committee on Overdoses in the Outaouais Region established in March 2017
 - Consultation Objectives:
 - Explore the need for improving existing services and developing other services relevant to opioid and other drug users
 - Identify enabling factors and barriers to enhancing and developing services for opioid and other drug users
 - Validate the need to set up supervised consumption services in the Outaouais region.
 - Targeted stakeholders: stakeholders and service providers working with target clients and stakeholders in contact with the clientele
 - Consultation outputs: identification of service gaps; list of services to optimize/develop based on client needs by region; identification of three priorities for action; list of barriers and enabling factors for the development of these services
- Participant introductions: name, organization and role
- Process: Schedule (on poster)

1:15 p.m. –
1:30 p.m.

Presentation of the Situation: Epidemiological Assessment and Regional Service Offerings (Brigitte and Anne-Martine)

- Epidemiological assessment (including definitions as required)
- Regional service offerings
 - Tool will be used to facilitate discussion

1:30 p.m. –
2:45 p.m.

Group Discussion (Yves)

- Instructions:

- Turn taking
- Reformulation as required for note taking
- Constructive and solution-based approach would be appreciated
- Emphasis on unmet and emerging needs
- Questions:
 1. When you are in contact with people who use opioids and other drugs, what services do you use to meet the needs of this clientele?
 - Tool: On-site service offerings distributed to all participants (placemat)
 - Specify: for which consumption problem (need), where (region), who (consumer profile), frequency of requests

Note: Options based on the time available: ask participants to circle the services used, write the name of their organization on their placemat and pick up the material at the end of the meeting.

2. What needs were you not able to meet?
 - Specify: for which consumption problem, where (region), who (consumer profile), frequency of perceived needs
3. What services would you like to use that do not exist? (Service gaps.)
Sub-questions as needed:
 - Would a Supervised Injection Service (SIS) or a Supervised Consumption Service (SCS) be useful in your opinion?
 - A respite/sobering centre...?
4. What services do you use that need to be transformed? (enhanced)
5. Considering the following prioritization criteria: the importance of the problem, the ability to intervene effectively, feasibility (economic, ethical, cultural, organizational, social and political), which three actions do you think should be prioritized?
 - Instructions: Ask the participants to write their three priorities on three different cards, write the numbers from 1 to 3 on the cards (1 = most important). Depending on the time, have the participants stick the cards on the wall and use them for an animation. These cards will be picked up at the end of the session.
6. How could we get the perspective of drug users?

2:45 p.m. – 3:00 p.m. Break

3:00 p.m. – 4:15 p.m. Group Discussion

Conclusion and Follow-Up (Brigitte and Anne-Martine)

4:15 p.m. –

4:30 p.m.

- Data analysis
- If required, additional discussion with key stakeholders not present
 - Identification of these stakeholders?
- Analysis summary sent to participants and feedback

APPENDIX 7

Meeting at Rapid Lake First Nations Health Services

July 25, 2018

<p>Services currently used by people in the community with drug addictions</p>	<ul style="list-style-type: none"> • First point of access is the nurses at the nursing station, but services can be requested from any other care provider; • People can then be referred to the NNADAP³ officer, a community elder (traditional method) or to the crisis team (managed by Kathleen Cayer); • Depending on the people situation or who they want to consult, they can either take an appointment with the nurses or the NNADAP worker; • Detox services used: Ottawa, Timmins, Cochrane, Montreal (CHUM); • 911 for paramedics.
<p>Unaddressed needs or services to be developed</p>	<ul style="list-style-type: none"> • Reintegration support following rehabilitation, including employment and support to small business development (ex. green house, production of construction material); • Healing centres on our territory for alcohol and drug addiction (using traditional knowledge and practices connected to the land such as the healing circle): <ul style="list-style-type: none"> ○ will require training of Algonquin resources; ○ community involvement will be very important; • Restorative justice for the community; • Security issues in case of violence/aggression; • Youth centre in the community under the umbrella of health services; • Proper assessment tools (protocols) for addiction available to nurses.
<p>Services to enhance</p>	<ul style="list-style-type: none"> • Six-week rehabilitation therapy needs to be longer; • Bilingual and trilingual services (Algonquin, English and French); • Shorter waiting time for detox; • Transportation between hospitals and health centres, in particular when someone has not been admitted (need parking passes, etc.); • Need to set up a corridor with the Integrated Health and Social Services Centre to obtain medical information (diagnoses, treatment and/or patient care) following a psychiatric consultation or admission to hospital: <ul style="list-style-type: none"> ○ A mechanism is needed for real-time information exchange with the nursing station; ○ A memorandum of understandings is proposed with Pierre-Janet Institute; ○ Appointment of liaison officers (like in other regions in Quebec).
<p>Priorities</p>	<ul style="list-style-type: none"> • Shorter waiting time for detox centres; • Access to detox and rehabilitation services in English and Algonquin.

Notes taken by Camille Paquette and Brigitte Pinard
 Revised by Jean-Sébastien Émery and Marilyn Tremblay

³ National Native Alcohol and Drug Abuse Program