

2018 April 4

Community and Protective Services Committee

Re: Opioid Crisis Working Group Update

Dear Members of the Community and Protective Services Committee and City Council,

Thank you for unanimously endorsing the creation of the Opioid Crisis Working Group (OCWG) at your September meetings. The diverse composition of the group has made it an invaluable resource for developing concrete solutions to the opioid crisis and related issues.

As you know through an update at the January 22<sup>nd</sup> meeting of the Planning and Environment Committee, Regional HIV/AIDS Connection and the Middlesex-London Health Unit, in partnership with several other agencies and with the support of OCWG, opened a Temporary Overdose Prevention Site (TOPS) at 186 King St. Since opening on February 12<sup>th</sup>, the facility has seen 1215 visits as of April 3 2018, including a small number of overdoses that were all reversed. In addition, there have been several very positive and therapeutic interactions that have helped people in the throes of addiction to improve their lives, and in some cases even helped them move on to receive treatment for their addictions.

You are likely also aware of the draft Community Drug and Alcohol Strategy that was circulated for comment recently. It is available here (please note that the online version has not yet been adjusted to incorporate changes from the public consultations): [www.mldncdas.com](http://www.mldncdas.com)

At this point, the work of OCWG includes a focus on finding a permanent location for a Supervised Consumption Facility (SCF) – ideally one that can support the wrap-around services that have made the TOPS so successful. We have also started working with the Elgin Middlesex Detention Centre and neighbouring Indigenous communities on addressing opioid-related issues.

In addition, partners have been looking at options for a mobile SCF. A mobile unit would have the capacity to serve up to 2 clients at one time and would always have two staff working, including a nurse and a harm reduction worker. Mobile units do not have a large capacity, but can extend the reach of such services. It is anticipated that the application for the mobile unit will be submitted to Health Canada shortly. This would be in addition to a permanent site; communities are unable to apply for a mobile facility unless they have a permanent site under consideration as well.

Please do reach out if you have any further need for updates.

Sincerely,



Christopher Mackie MD, MHSC, CCFP, FRCPC  
Medical Officer of Health