

Sandy Hill CHC Operational Context
Action Sandy Hill Meeting
November 2021



Sandy Hill
Community Health Centre
Centre de santé
communautaire Côte-de-Sable

SANDY HILL CHC OASIS PROGRAM

Harm reduction based primary health care and social services

People living with or at risk of HIV/AIDS and hepatitis C

People who inject drugs and/or smoke crack or crystal meth

Street-level sex work

Concurrent mental illness

Barriers to care/recovery



Collective art project by community members

OASIS PROGRAM SERVICES

Primary Health Care

Opioid Agonist Treatment

Case Management

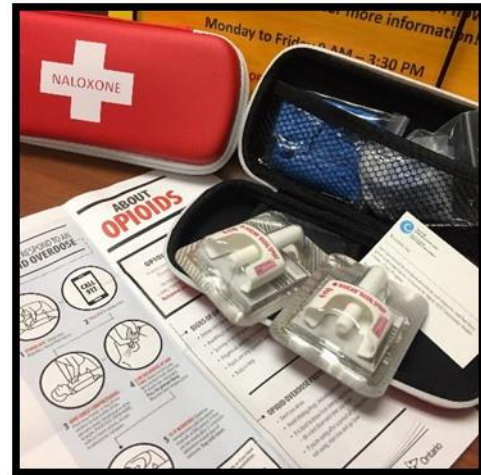
Housing First

Drop in

Naloxone Training and Distribution

Harm Reduction Kit Distribution (injection and smoking)

Community Events (Drug User Memorial, Overdose Awareness Day)



CONSUMPTION & TREATMENT SERVICES AT SHCHC



Current Hours: 8 am to 5 pm Mon to Fri

5 booths, ½ hour visits (60-80/day)

Health teachings, primary care, OD intervention

Connection to other services

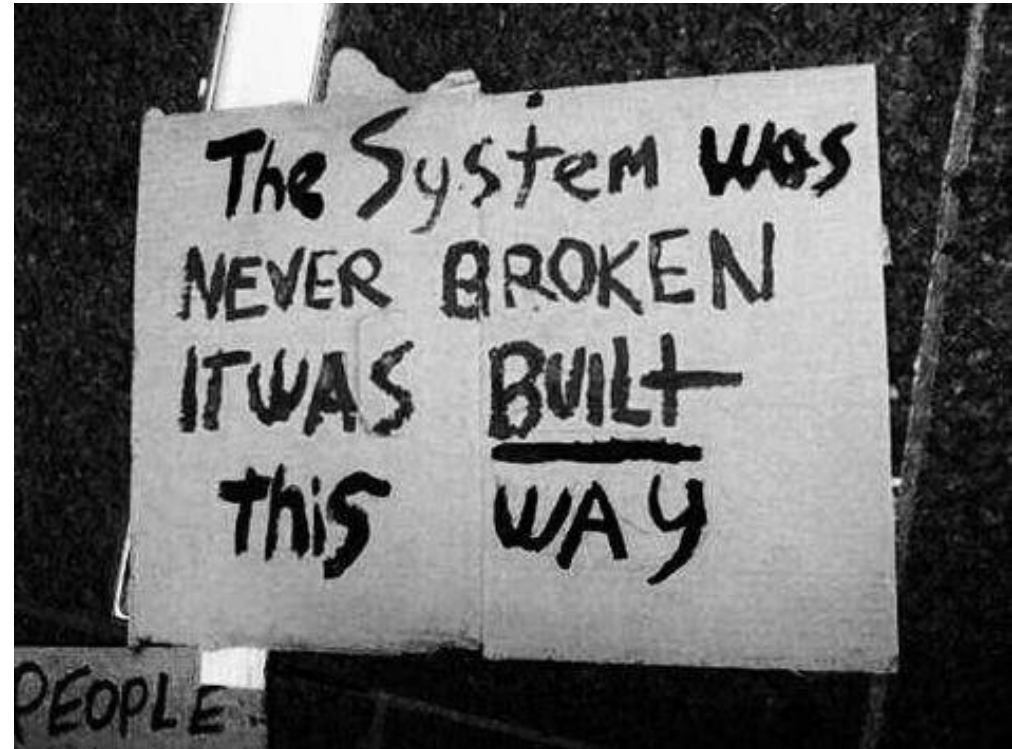
Staffing model:

- Registered nurses
- Harm reduction workers
- Community workers

EVOLVING COMMUNITY CONTEXT/DRIVERS

Structural Challenges

- Low vacancy, limited social housing, rent supplements
- Cancelled in 1993, Federal Government just now getting restarting national housing strategy
- Concentration of shelters in downtown core
- Shortage of mental health & substance use treatment services
- COVID response

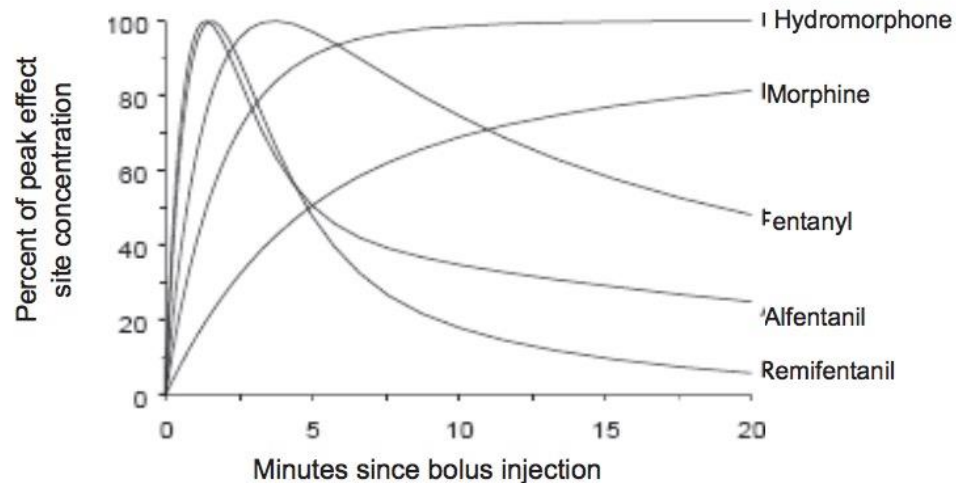


Source: Pinterest, NPR pins

THE IMPACT OF A TOXIC DRUG SUPPLY

Comparison of Peak Effect Times

Onset and duration of action of each opioid depend on their lipid solubility and ionization



Short acting opioids lead to more frequent feelings of “dopesickness” which means more frequent drug use and unwillingness to wait to use the room.

Other chemicals (stimulants, hallucinogens, benzos) mixed into drugs presents new challenges, not seen before.

High doses of street drugs makes it harder to get people on opioid agonist treatment.

IMPACT OF COVID19 RESTRICTIONS ON PWUD



Critical reduction in service access to services

Loss of dignity resulting from public toileting with public washroom access severely limited

Disruptions in drug supply as borders close

Increased instability and toxicity in unregulated market

Loss of community/sense of belonging with no access to social spaces

Increase in mental health decompensation in community

Increase in violence and victimization

IMPACT OF COVID19 RESTRICTIONS ON CTS SERVICES

COVID screening and masking increases threshold of services

Reduced booths to allow for physical distancing

Initially a shortage of N95 required for Bag Mask Valve interventions

Sites restricting hours/increased closing times due to staff shortages

Shift from relational to transactional work to ensure access to overdose interventions for as many as possible.

Staff recruitment and retention issues as dual public health crises drag on.



CONSUMPTION & TREATMENT SERVICES AT SHCHC

	Jan-March 2020	Jan-March 2021
Interventions	74	176
Naloxone Used	32	76
EMS called	14	12
visits	6473	4672
Intervention ratio	0.01	0.04
intervention frequency	87.5	26.5

STEPS WE HAVE TAKEN SO FAR

Increased staffing to improve client flow and better monitoring of property.

Continuous conversations with clients about the issues of congregation and open drug use/dealing

Engaged Security company to provide presence outside of Centre

Crime prevention through environmental design audit by Ottawa Police Services in 2019 and giving OPS agent status for our property



PREVENTION, TREATMENT AND SAFER SUPPLY

Poverty

Childhood Trauma

Racism

Truth & Reconciliation

Housing

Drug Policy Reform

Access to more treatment options

(eg. injectable OAT)

More community based mental health and substance use services

Access to pharmaceutical drugs as a public health approach