Harm Reduction Strategies in Montréal
Observations from fact-finding mission
January 17-18, 2019
Overview

Meet with supervised injection services (SIS) operators, city officials, and community leaders to understand:

◦ Montréal’s experience putting into practice opioid-use related harm reduction strategies
◦ The impact those policies have had on individuals with opioid addiction
◦ How SIS facilities interact with the surrounding neighborhoods
◦ The provincial-municipal partnerships that support SIS operations

Delegation included members of the Cambridge Opioid Work Group

◦ Work Group Co-chair Dr. Branville Bard, Police Commissioner
◦ Claude Jacob, Chief Public Health Officer
◦ Dr. Mark Albanese, Director of Cambridge Health Alliance’s Adult Psychiatry and Addiction Services
◦ Dr. Ellie Grossman, Cambridge Health Alliance’s primary care lead for behavioral health integration
◦ Wilford Durbin, Chief of Staff.
Site Visits & Discussions

**SIS Facilities**
- Spectre de rue
- SIS CACTUS Montreal
- L’Anonyme (mobile facility)
- Dopamine

**Municipal/Community Partners**
- Mayor Valerie Plante, City of Montreal
- Ministry of Health and Social Services
- City of Montreal Police Department
- Mayor of Borough Mercier-Hochelaga-Maisonneuve
- Integrated University Health and Social Services Centres (CIUSSS)
- Mission Old Brewery
- GRIP Montreal
SIS Operation

Injection users wait in a community common room with treatment information, coffee, and care providers

People are escorted to the injection room, most have time/injection limits

Materials provided: alcohol swabs, sterile cooker, sterile water, syringe, tourniquet, filter, fentanyl test strip

Room is equipped with defibrillator, oxygen, heart rate monitor, naloxone

Any illicit material left on site is secured and turned over to police for analysis, results reported back to community

“Bat phone” in injection room
SIS Operation Continued

Centralized information system
- Follows injection users across SIS sites
- Visitors give a nickname to access services (“Superman,” “Spiderman,” etc.)
- Name and information is not verified
- Allows service providers to advise visitors on dangers of certain drug mixtures

Overdose Prevention Services (OPS)
- Shortage of nurses in Montreal
- Unlike supervised/safe injection services (SIS), OPS facilities do not have a nurse on duty
- During emergency, service providers take person out of overdose and call ambulance
- When nurse is present, overdose is handled onsite
Injection users can either use SIS facility, or access sterile materials, or both

Available for Pickup:
- Syringes, sterile cooker, swabs, etc.
- Condoms
- PREP
- Fentanyl Strips
- Sexual health information
- Harm reduction information on various drugs
Nested Services: “Put social workers into the basic fabric of services”

Jobs Program
- Day labor offered average 3.5 hours per day, cash payments at end of each day
- Wages do go to addiction, but were earned through legitimate labor, contributing to society
- Good behavior leads to more hours, end goal of contracted service with local company

Day Programs
- Outreach programs to drug users, sex workers, homeless
- Defend rights to health care, educate, destigmatize, advocate for drug user community, HIV prevention

Access to counseling and recovery programs
- Low threshold programs
- Constituent efforts in low threshold lead to higher-threshold services

Public syringe drop/off boxes

Good Neighbors Committee
Organizations offering SIS are already providing:

- access to sterile injection equipment
- HIV and HCV screening by public health nurses
- basic health services, counselling and medical referral
- social services, addiction treatment
- training and job placement services.

Mobile SIS: L’Anonyme

Becoming a popular model in Canada

Operators see higher percentage of women users

Monitor for sex exploitation and STD prevention core to mission

Cover 12 neighborhoods in one night, on call

Estimated 40% of users are homeless

Two psycho-social workers on bus as all times

Received more support than pushback from community

One-on-one distribution in the back, encourages counseling, some testing of drugs, prevent and treat soft tissue infections
Other Harm Reduction Strategies
Number of injection material centers in Quebec (2014)

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“Harm Reduction Services in Québec: Access to injection and inhalation equipment and supervised injection services; Prevention and response to opioid overdoses,” Richard Cloutier, M. Nurs. Public Health General Direction
ONE KIT
ONE HIT
Reducing injection risks

LEVEL OF RISKS DEPENDING ON WHERE YOU INJECT

USE A Tourniquet BEFORE INJECTING

OFFICE OF MAYOR MARC C. MCGOVERN, MAYOR@CAMBRIDGEMA.GOV
How to use test strips to detect fentanyl and some of its analogues

INTERPRETATION OF RESULTS

POSITIVE contains fentanyl or certain analogues

NEGATIVE doesn't contain fentanyl

INVALID

Regardless of the result, if you decide to use the substance, do the following:

- Call 911.
- Avoid using alone.
- Find the effects of the substance reduce the dose.
- When several people use together, avoid using all at the same time.
- Identify who has knowledge and knows how to use it.
- Call 911 if there are overdoses.

The Good Samaritan Drug Overdose Act can protect witnesses of overdoses who call 911 from charge against criminal prosecution.

CONTENTS OF THE TEST KIT

- Test strip
- Cup
- Applicator
- Water

** Keep the test strips at a temperature between 2 and 36 °C **

PREPARE THE CONTAINER

Pour 7.5 ml of water in the cup (up to the fill line from the bottom).

The strips are not 100% accurate.

PREPARE THE SAMPLE FOR TESTING

Only a very small amount of the substance is needed, since the test is very sensitive.

- Using a syringe
  - The testing method is the most reliable.
  - Needle the needle end of the applicator on the side of the cup for 30 seconds.
- Using the cup, tablet, rock of plastic bag
  - Snip the cotton swab on the end of the applicator in the water for 3 seconds.
  - Dry the cotton swab on the end of the applicator in the water for 30 seconds.

TEST THE SUBSTANCE

Insert the test strip into the solution and leave it there for 15 seconds. Do not carefully put the blue line on the blue line. After 10 minutes the test is no longer valid.
POSSIBLE OPIOID OVERDOSE: WHAT TO DO

RECOGNIZING A POSSIBLE OVERDOSE

The person might have used medications or illicit drugs and shows the following signs:

- No response to sound or pain
- Laboured or snore-like breathing
- Absence of breathing

1 TRY MAKING THEM RESPOND TO SOUND OR PAIN

- YELL their name
- TALK TO THEM bodily
- RUB the centre of their chest (sternum) hard

2 CALL OR HAVE SOMEONE CALL 911

3 INJECT A DOSE OF NALOXONE

- Remove cap
- Open up the naloxone
- Inject naloxone into their arm or shoulder muscle (at a 90° angle)

4 PERFORM CHEST COMPRESSIONS IMMEDIATELY

- GIVE 2 compressions (5 cm deep) per second
- START giving CPR if you have been trained

5 INJECT ANOTHER DOSE OF NALOXONE

- Repeat steps 4 and 5 as long as the person is unresponsive

- Out of naloxone? Continue chest compressions or CPR until help arrives

IF THE PERSON WAKES UP...

- Lay them on their side. Explain what just happened and how it’s important that they be seen by a health professional
- The risk of overdose after the first one to eight hours because naloxone has a short duration of action. Tell the person that they should not use opioids in the next few hours and consider their overdose.
- Stay with them while waiting for help. The Good Samaritan law provides protection for those witnesses and victims.