Ottawa Inner City Health

A SAFER DOWNTOWN FOR ALL

INVOLVING PEOPLE WHO USE DRUGS IN THE SOLUTION TO PUBLIC SAFETY

Land Acknowledgement

We acknowledge we are doing this work on unceded Algonquin and Anishinaabe Territory. We recognized that the Algonquin and Anishinaabe have their own traditional ways of healing, and the bio-medical system perpetuates systems of colonialism and cultural assimilation. We commit to honoring a framework of cultural humility and recognize decolonization is not a metaphor; even if it means giving up some privileges that the bio-medical system affords us.

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Conflict of Interest Statement

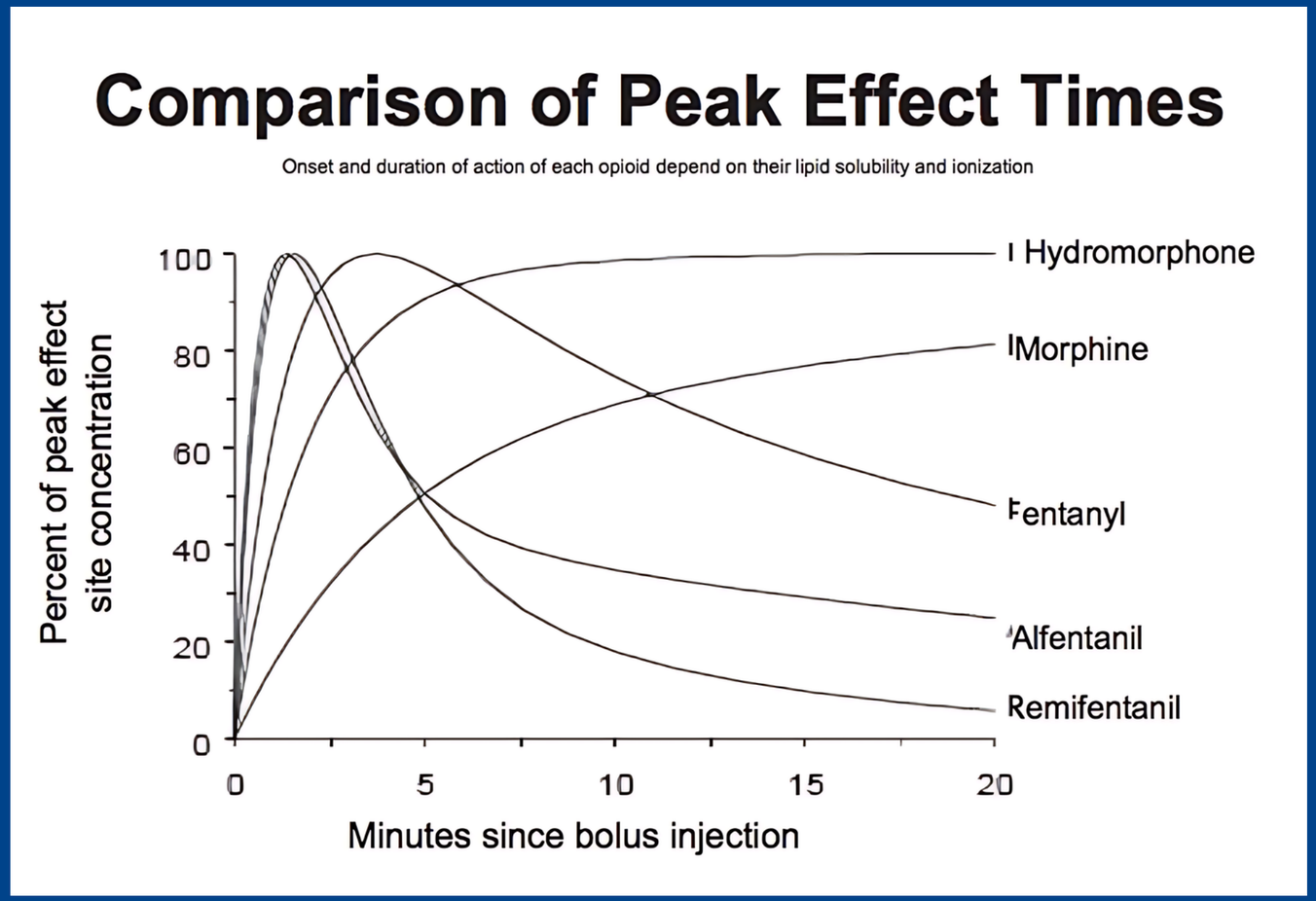
While these recommendations and initiative may mitigate some of the safety issues, we must continue to advocate for changes in social policies that create unsafe environments (ie. affordable housing, poverty and drug policy)

No personal or business-related conflicts of interest

What is Ottawa Inner City Health?

- Est. 2001 to provide healthcare to the homeless with complex needs in Ottawa.
- Created in collaboration with partner agency who were serving the homeless
- Provides primary care, emergent care, tertiary care with strong links to the Ottawa Hospital.
- Integration of physical, mental and substance use health in all our programs
- Fundamental belief that our clients deserve the same level of care as all Canadians but that there needs could not be met by the system
- Focus on the recovery of the individual, supporting autonomy, inclusion of client voice/lived experience
- Services based on evidence and innovation
- High risk tolerance when other approaches are ineffective

The Impact of a Toxic Drug Supply



https://thoracickey.com/the-pharmacology-of- intravenous-opioids/

- Short acting opioids lead to more frequent feelings of “dopesickness” which means more frequent drug use impairing capacity to plan, wait, and stay connected.
- High doses of street drugs makes it harder to get people to therapeutic dose of methadone.
- Novel substances (stimulants, hallucinogens, benzos) mixed into drugs presents new challenges, not seen before.
- Toxic Brain Injury impairing executive function, impulse control, ADL’s
- Switch to smoking but services have not adapted

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Question ?

When you hear “public saftey concerns downtown” what comes to mind?

Increase in...

Public Drug Use

Publicly Discarded Drug Using Equipment

Aggressive Behaviour

Primarily between clients

Visible Homelessness

Concerns about safety

From neighbours, businesses, and people who use drugs

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The Block Leader Program

- The idea came from the community who wanted to restore things to the way they were before COVID and the toxic drug crisis where people generally:
  - were kind to each other
  - watched out for the vulnerable
  - were sensitive to their impact on neighbours and businesses.

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Role of Block Leaders?

Friend

Ambassador/ Peace Keeper

Advocate

- Help with basic needs (access to food, water, clothing)
- Overdose response on and off the Block

- Help with services (referrals for mental health, a bed, making complaints about services)
- Improving the neighbourhood (picking up garbage, putting up garbage bags, leading Kidsup, encouraging good behavior, interacting with neighbours)
- Advocacy-bringing forward community concerns at bi-weekly Block Leader meetings
- Organizing community events (bbq, Christmas party)

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How it Works

- Biweekly meetings where we talk about safety needs and what is driving social disorder (e.g. lack of public toilets, access to water)

- All issues/requests go back to the group for decision

- Our job is to remove barriers, support conflict resolution, provide accountability (data, finances, promotion)

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Block leader Evolution

- It’s beginnings were on what is called the “block”
- Short 2 hour shifts
- Well over 100 Block Leaders traines
- Expansion to Byward Market working closer with businesses and tourists. These are 3 hour shifts
- Community development events
- Creating team leader positions On payroll

- Development of additional training materials to support the expansion and invest in community change.
- Block Leaders are now request special interest trainings for personal recovery and further development of self.
- New program pilots with co-op type opportunites along side social service staff and most recently a cleaning company

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Data From April 2025- March 2026

Interaction with Local Businesses	3700	Interactions with Community members	57034
Number of Wake Ups	3434	Number of People who moved when asked	764
Number of Overdose Interventions	69	Needles picked up	6201
Number of Interactions with Neigbours	13817	Pipes picked up	9243
Number of Interactions with Tourists	14587	Bags of Garbage Picked up	5657
Number of people at Coffee Station 7-10 shift	5995	Sum of Food or Water given out	3881
Positive Interactions with Police	850	Number People Receiving First Aid	251

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Group Activity

In small groups of 3 to 5, I want you to discuss this:

1. What Roles could peers play in your site or healthcare setting?
2. What support would they need?
3. What barriers would you need to remove to make it happen?
4. What would success look like for your organization and for the peers?

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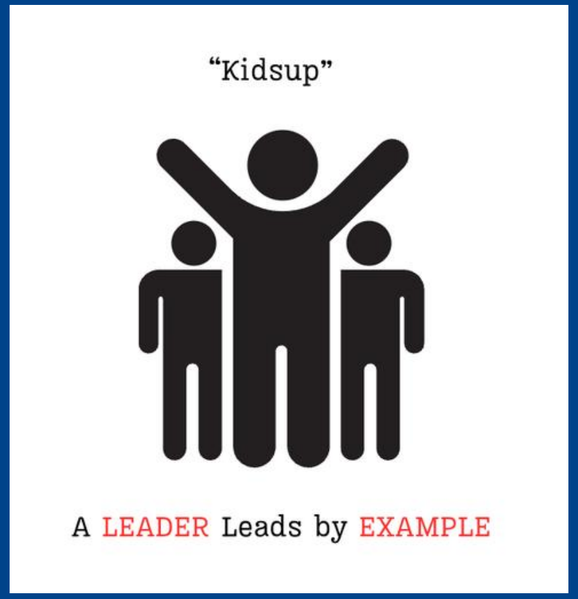
Challenges



- Getting a Bank Account
- Some Participants unable to create work/ life boundaries
- Over involvement that causes mental distress
- Deciding who can be a participant
- Conflict Resolution

- Community Complaints that are related to off-duty participants
- Funding
- Consistency of rules and work
- Although supported by staff this is a community led initiative and changes and rules are facilited by our meeting but MADE by the community

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Results

1. Their mindset
2. Their apperance
3. Their confidence
4. Their ability to communicate their needs and wants and that of others.
5. Their overall growth and well being
6. Becoming Employment ready
7. Finding stable housing
8. Decrease in substance use as a coping tool
9. Increase in requesting support
10. Decrease in Violence
11. Decrease in street crime for participants
12. A Community that CARES

The Block Leader Program is...

A community engagement initiative

Involve those seen as the cause of social disorder in the solution

Low-barrier pre-employment

Recognize contribution and build purpose

Leadership and community development

Strengths-based, collaborative, builds hope

Phase 1 trauma reovery

Focus on safety, addressing oppression, empowering

Crime Prevention

Reduction of public nuisance by reducing trauma response, resetting positive community norms and providing accessible means of legitimate income

If you zoned out or this was too long, here are some key take aways for you!

SCAN ME

Tabitha’s Contact Info

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Healthcare. Harm Reduction. Hope.

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Danny’s Contact Info