



# Harm Reduction in Family Practice: Responding to Changing Policies

PANELISTS

Dr. Katie Dorman • Jean-Paul Michael

WITH

Dr. Carrie Bernard • Dr. Nikki Bozinoff



**Mental Health  
and Addictions**

Please introduce yourself in the chat!

Your name,  
Your community,  
Your twitter handle



@OntarioCollege  
#PractisingWell

# Your Panelists: Disclosures

## Dr. Katie Dorman

Relationships with financial sponsors (including honoraria):

- Health Justice Program, Clinical Lead
- OCFP Practising Well CoP speaker

## Jean-Paul Michael

Relationships with financial sponsors (including honoraria):

- OCFP Practising Well CoP speaker
- META:Phi, Advisor
- CSAM, Consultant
- FIFE House, President
- CCSA, Consultant

Memberships on Advisory Boards or Speakers' Bureaus

- META:PHI
- CSAM

# Disclosures

## Dr. Nikki Bozinoff @NikkiBozinoff

Relationships with financial sponsors (including honoraria):

- Ontario College of Family Physicians – Practising Well Implementation Group Member, CoP Speaker
- CAMH
- Department of Family and Community Medicine (University of Toronto)
- National Institute on Drug Abuse
- Womenmind
- CIHR
- Academic Health Sciences Alternate Payment Plan

## Dr. Carrie Bernard

Relationships with financial sponsors (including honoraria):

- OCFP– Practising Well Scientific Planning Committee
- OCFP – Practising Well CoP Speaker
- University of Toronto – Stipend to supervise learners (students and residents) for the Department of Family and Community Medicine
- University of Toronto – Stipend for role in the Division of Mental Health and Addictions
- McMaster University –Stipend to supervise residents
- College of Family Physicians of Canada – Board Member

## Disclosure of Financial Support

This program has received funding from the Ontario Ministry of Health and in-kind support from the Ontario College of Family Physicians and the Department of Family and Community Medicine, University of Toronto.

### **Potential for conflict(s) of interest:**

N/A

## Mitigating Potential Bias

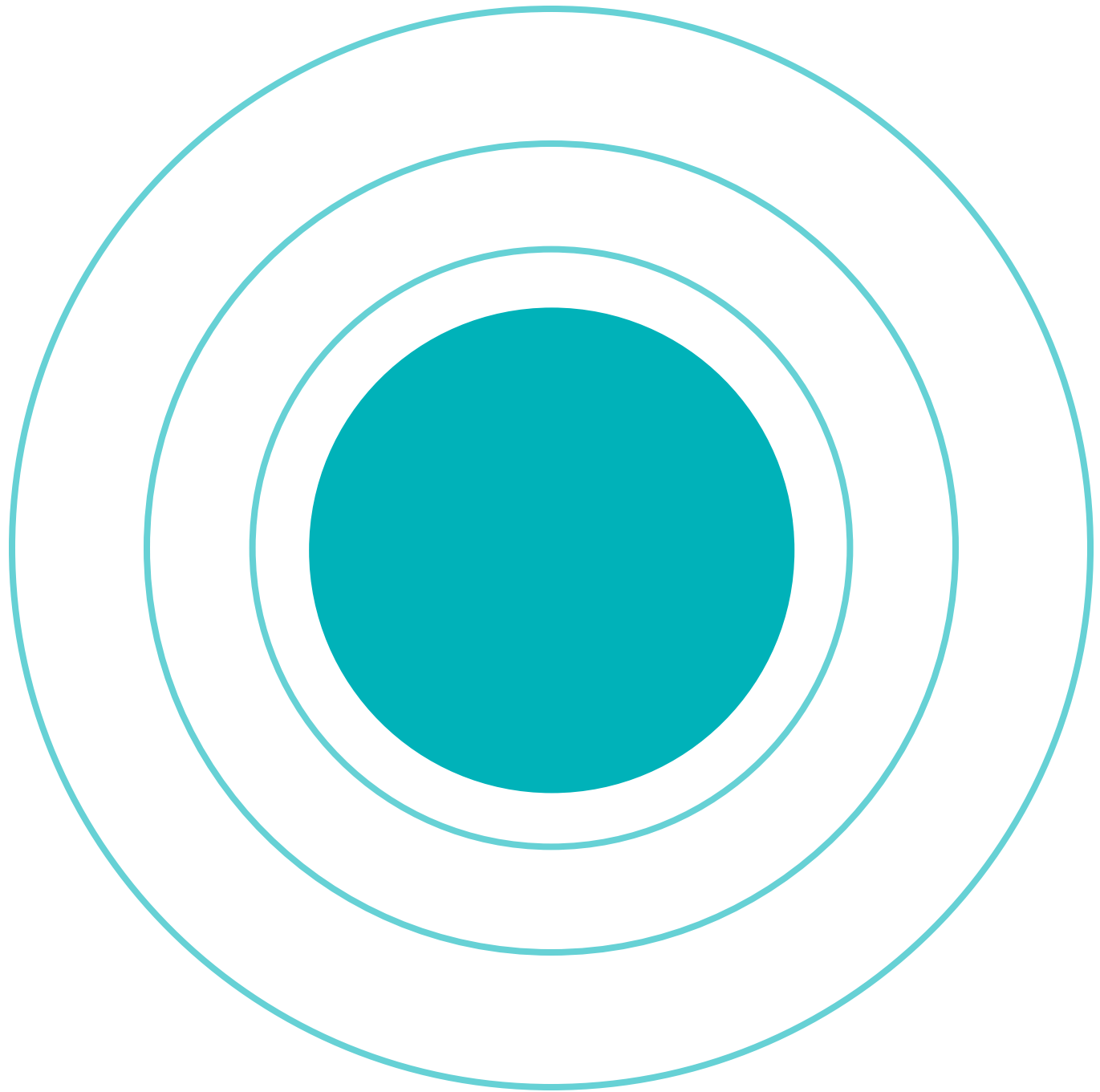
- The Scientific Planning Committee (SPC) has control over the choice of topics and speakers.
- Content has been developed according to the standards and expectations of the Mainpro+ certification program.
- The program content was reviewed by the SPC.

# Land Acknowledgement

We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognizes that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. The OCFP and DFCM respects that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to reflect on the territories you are calling in from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.



# Enhancing Primary Care Through Harm Reduction

Practicing Well CoP - February 26, 2025

**Jean Paul Michael**

Addictions Case Manager, St. Michael's Hospital

**Katie Dorman**

Family Physician, St. Michael's Hospital



# Territorial Acknowledgement

We wish to acknowledge, with gratitude and respect, that St. Michael's Hospital and the University of Toronto are situated on the traditional lands of the Anishinaabe, including the Mississaugas of the Credit, Haudenosaunee, and Wendat territory.

As settlers on this land, we recognize the immense harms caused by colonization, which continue to manifest in the health care, education, social service and justice systems.

# Learning Objectives

1. To provide an update on upcoming the supervised consumption site closures and changing landscape of harm reduction in Ontario
2. To define the principles of harm reduction
3. To explore tangible examples of harm reduction in primary care



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St. Michael's  
Inspired Care.  
Inspiring Science.

Academic Family  
Health Team

 Family & Community Medicine  
UNIVERSITY OF TORONTO

# HARM REDUCTION MENTORS

JOY VINEBERG

NADIA WALI

ZOË DODD

WIPLOVE LAMBA MD

ERIN LURIE MD

KATIE DORMAN MD

# THE CLIMB



NORTHERN  
CARDS

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- MODESTLY SUCCESSFUL GUY
- CANADA'S LARGEST GREETING CARD COMPANY
- BIG HOUSE, LEXUS



# THE CRASH

# I GOT ARRESTED



Tap to Enlarge

\* Essex OPP

embarrassment

SHAME

PRIDE

humiliation









Empower Yourself

Never Testify

Payable Rewards

# ANONYMOUS

Supreme Court Protected\*

\*Canadian Supreme Court: R. v. Leppard

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S SUSPICIOUS DEATH

PLEASE HELP PEEL CRIME STOPPERS! PHOTO OF VICTIM KEASON WILLIAMS AGE 9

ALL >>

## MOST WANTED



MICHAEL, JEAN

**SUBMIT A TIP**



# SICKER AND DEEPER

- HIV +
- ENDOCARDITIS
- SURGERY
- 8 ICU ADMISSIONS



# JOY ARRIVED



*Will you let me  
help you?*



# ***THE PHOENIX RISES***

## **UNMET NEEDS**

- **HOUSING**
- **OW**
- **HIV MEDICATION**
- **FAMILY DOC**
- **LEGAL AID**
- **PEER TRAINING**



**JOY = HOPE**



# UPDATE 2025

- HAVE CHOSEN TO NOT USE FOR THE LAST 8 YEARS
- PRESIDENT OF FIFE HOUSE
- LIVING MY BEST LIFE

# 15 YEARS



HARM REDUCTION



MEDICAL CARE

LEGAL AID

HOUSING

FAMILY DOC



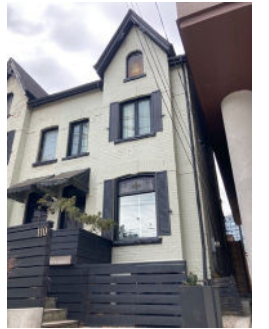
CENTRAL NEIGHBOURHOOD HOUSE  
NEIGHBOURHOOD LINK  
ST. STEPHEN'S COMMUNITY HOUSE

PEER TRAINING

VOLUNTEER WORK



EMPLOYMENT





*If there is only take away, please let it be this...*

# Harm reduction can include abstinence

# Opioid-Related Deaths in Ontario

**5-fold increase in opioid related deaths** from 2003 to 2020 (Paul, 2022)

*Highest mortality rates among younger individuals*

# Sociodemographic Characteristics of People Who Died by Opioid Toxicity (Gomes, 2024)

- Median age 35-40 \* Black people died 5 years younger on average
- Deaths across all income quintiles, highest mortality for low income
- 10-20% were experiencing homelessness
- 6-7% released from incarceration within 4 weeks prior to death
- ~ 90% had accessed health care in the past year

# Sociodemographic Characteristics of People Who Died by Opioid Toxicity (Gomes, 2024)

- 7-17% of deaths involved only pharmaceutical opioids
- Majority of deaths involved fentanyl or fentanyl analogues
- > 50% of deaths occurred in a private home
- Bystander present for 1/5 of deaths; naloxone used < half the time



## Healthcare Utilization and Clinical Comorbidities among People Who Died of a Substance-Related Toxicity Death in Ontario

Stimulant, Opioid, Benzodiazepine, and Alcohol-Related Deaths

**A report prepared by:**

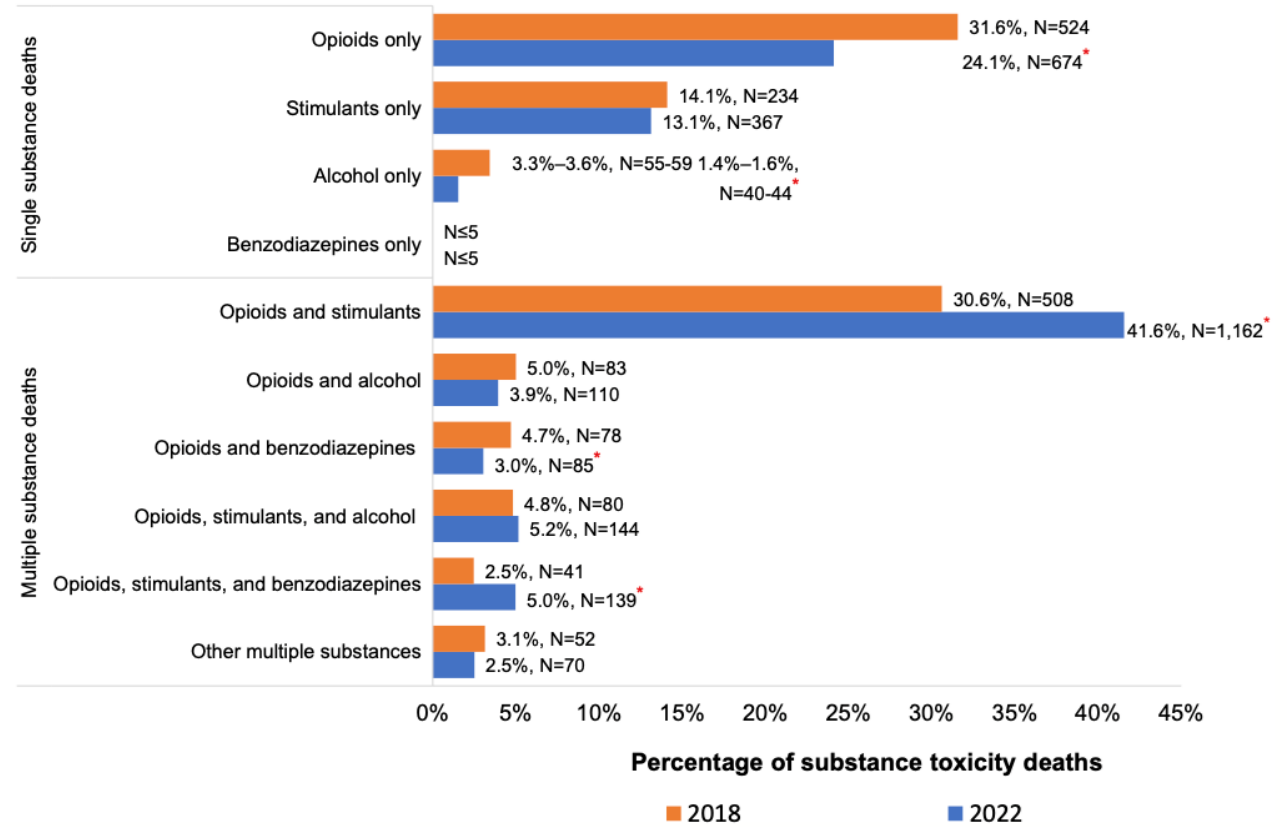
The Ontario Drug Policy Research Network (ODPRN)

Public Health Ontario (PHO)

### Comparison of the first and last 12 months of study



Figure 4. Proportion of substance-related toxicity deaths by contributing substance(s) (2018 vs. 2022)



Increased # of deaths involving both opioids and stimulants



**Table 2. Recent healthcare encounters in the 7 and 30 days prior to substance-related toxicity death (2018 to 2022)**

	Substance-related toxicity deaths (N=11,496)	
	Past 7 days	Past 30 days
<b>Any healthcare encounter<sup>†</sup></b>	3,417 (29.7%)	6,402 (55.7%)
Outpatient visits <sup>§</sup>	2,318 (20.2%)	5,020 (43.7%)
<i>Primary care outpatient visit</i>	998 (8.7%)	3,028 (26.3%)
Hospital encounters <sup>‡</sup>	1,624 (14.1%)	3,097 (26.9%)
<i>ED visit</i>	1,580 (13.7%)	3,055 (26.6%)
Left ED before medically advised*	169 (10.7%)	520 (17.0%)
<i>Inpatient hospitalization (acute)</i>	210 (1.8%)	586 (5.1%)
Left hospital before medically advised*	47 (22.4%)	142 (24.2%)
<i>Mental health hospitalization</i>	71 (0.6%)	192 (1.7%)
<b>Hospital visits for non-fatal substance toxicity</b>	451 (3.9%)	799 (7.0%)

30% persons who died had a healthcare visit in the *week before death*

26% persons who died had a primary care visit in the *month before death*



# Supervised Consumption Services



Vancouver, 2003

## Unsanctioned, pop-up safe injection site opens at Moss Park

BY NEWS STAFF AND THE CANADIAN PRESS  
POSTED AUG 12, 2017 10:32 AM EDT LAST UPDATED AUG 12, 2017 AT 10:04 PM EDT



Toronto, 2017

Ontario's first supervised drug inhalation service opens in Toronto amid rise in smoking-related OD deaths

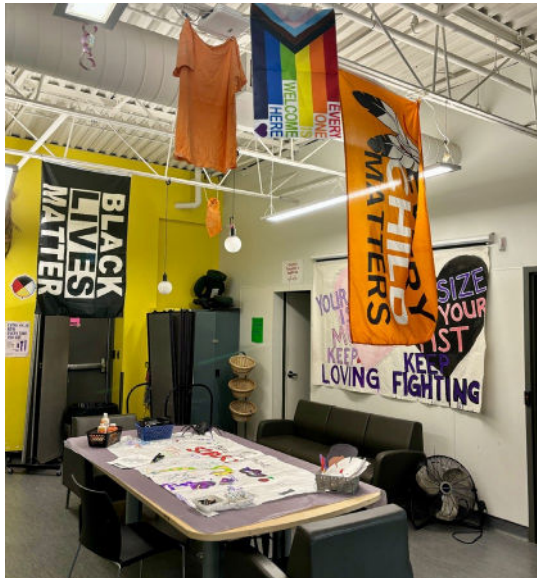


Casey House, Toronto, 2022

**INHALATION SPACE !**

# SCS in Ontario (2004)

- 22,000 non-fatal overdoses
- **ZERO deaths**
- 533,000 referrals to other services



## ‘What does it mean to me? Everything’: One of Toronto’s busiest safe injection sites is being replaced by condos. Doug Ford says it can’t reopen

The site is not among those being ordered to close but it still might shutter because the building’s owners plan to redevelop the space as condominiums.

Updated Aug. 26, 2024 at 6:17 a.m. | Aug. 22, 2024 | 4 min read





# Supervised Consumption Service Benefits

- Reduced overdose mortality (Kennedy, 2019; Marshall, 2011; Rammohan, 2024)
- Reduced HIV infection (Ng, 2017)
- Connection to community, health, social services (Kennedy; 2017; Kerman, 2020)
- Cost effective (Kennedy, 2017)

The health literature reassures us that SCS do **not** increase crime.

Data from Toronto, Kitchener, and Guelph have demonstrated **reductions in several types of crime** in the areas surrounding SCS (Aug 2024).

# Devastating News ...

## Province to close 5 Toronto supervised drug consumption sites

Facilities won't be able to operate within 200 metres of schools, child-care centres



[Sara Jabakhanji](#) · CBC News · Posted: Aug 20, 2024 1:21 PM EDT | Last Updated: August 20



THE CANADIAN PRESS

## Ontario health minister went against review recommendations on consumption sites

Liam Casey

August 21, 2024 · 5 min read



# Harm Reduction

Harm reduction refers to the evidence-based policies, programs and practices that aim to minimize the negative impacts of drug use, and focuses on working with people without judgment or requiring that they stop using drugs in order to receive support.

*Casey House and Harm Reduction International*

**Harm reduction does NOT require that patient reduce their substance use**

# Principles of Harm Reduction

- Patient centered
- Non judgmental
- Non-coercive
- Empowering
- Pragmatic and low barrier
- Patient and their environment included
- Focuses on harms rather than use itself, promoting a shift to safer practices
- Includes perspective of people who use substances



Harm reduction accepts decision to use as a *fact*, without judgement supporting or condemning use

# Harm Reduction as an Antidote to Burn Out



# Examples of Harm Reduction in Primary Care

- Use person centred language and **de-stigmatize**
- **Reduce access barriers**, i.e. walk in visits or drop in times
- Create a safe, accountable, **trauma informed** environment
- Seek to understand and **de-escalate** aggressive behaviours
- Provide **safer use supplies** and share info on SCS and drug checking
- Recommend **naloxone** - training and kit free through pharmacies
- **Advocate** for patients who require hospital or specialist care
- **Treat acute pain** adequately
- Prescribe **opioid agonist therapy** (OAT) for harm reduction



# Managing **Pain** in an Opioid Tolerant Patient

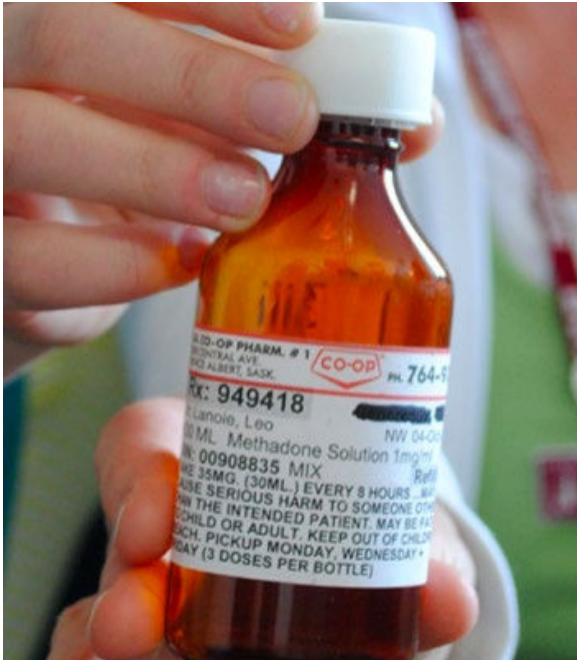
## **OAT does not provide adequate analgesia for acute pain**

- Reduced analgesic effect due to tolerance
- OAT has a shorter duration of action for analgesia (4-8 hours vs. 24 hours)

## **People on OAT need higher doses of opioids for analgesia**

- Cross tolerance between opioids
- Neuroplastic changes leading to hyperalgesia → increased pain
- Stress associated with unrelieved pain is a potential trigger for relapse

# Efficacy of Methadone



- Reduced mortality
- Reduced HIV and HCV transmission
- Reduced social harms including crime

Farrell M, Ward J, Mattick R, Hall W, Stimson GV, des Jarlais D, et al. Methadone maintenance treatment in opiate dependence: a review. *BMJ*. 1994;309(6960):997-1001.

Hickman, M., Steer, C., Tilling, K., Lim, A. G., Marsden, J., Millar, T., ... & Macleod, J. (2018). The impact of buprenorphine and methadone on mortality: a primary care cohort study in the United Kingdom. *Addiction*, 113(8), 1461-1476.



# Other Practical Tips

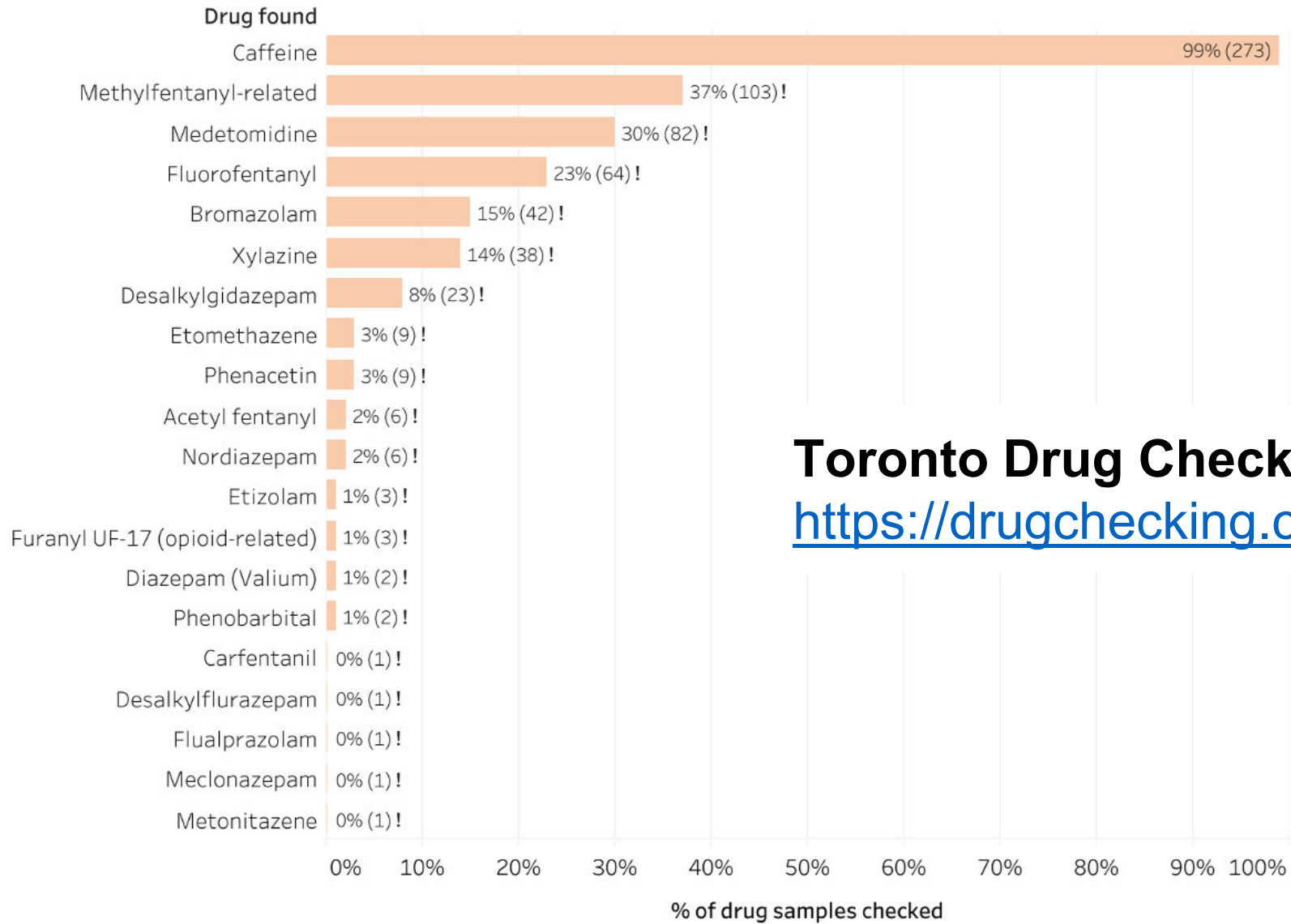
- Safe space signs and stickers \* if it is truly a safe space
- Tell patients who face barriers when a good time to walk in is
- Write next apt on prescription for those attending the pharmacy frequently
- Provide telephone access for those without phone
- Patient Comfort Fund (donation based, hospital foundation)  
Food i.e **soft** granola bars, Ensure, hats, socks, transit tokens, gift cards
- Address income insecurity for those on OW or ODSP
  - ODSP (K050), Special Diet Form (K055), Transportation Allowance and Mandatory Special Necessities\* (K054)

# Expected fentanyl drug samples containing fentanyl and other drugs

Expected drug  
Fentanyl

Date checked

Dec 2024 and Jan 2025



**Toronto Drug Checking Service**  
<https://drugchecking.community/>

# Safer Use Supplies

## Safe Injection



## Safe Inhalation



## Client Resources



[www.catie.ca](http://www.catie.ca)

# Safer Injection Technique

- Wash hands and surface
- Use new supplies every time
- Crush drug finely with sterile device and dissolve completely
- Immediate release formulation
  - Higher risk of infection with sustained release
- Inject in a safer site and rotate sites
- Inject a test dose
- Use with someone and have a naloxone kit nearby
- Dispose of needles and other supplies safely



NATIONAL OVERDOSE RESPONSE SERVICE



NO JUDGEMENT. JUST LOVE.

888-688-NORS(6677)

**24/7 \* 365 Virtual  
Overdose Prevention.  
Canada Wide.**

**Call or Text to chat with us :**

**1 (888) 688-NORS(6677)**

**Email: weloveyou@nors.ca**

## Meeting you wherever you are.

NORS is an overdose prevention hotline for Canadians providing loving, confidential, nonjudgmental support for you, whenever and wherever you use drugs.

Call OR Text (**Canada only**): [1-888-688-NORS\(6677\)](tel:1-888-688-NORS(6677))

*you can also....*

Call [Never Use Alone \(US only\): 1-800-484-3731](tel:1-800-484-3731)

Use Brave Technology Coop's Mobile App (**Global**): [The Brave App](#)

Call Us

**NORS calls from Dec 2020 to Apr 2023** (Viste D, BMC Public Health, 2023)

6528 calls completed

61% for supervised consumption

26% for mental health support

Overall drug poisoning event incidence to phone calls was 1.2%

No deaths were reported and only 3 false call outs occurred

# Naloxone Kits

- FREE in Ontario at many (not all) pharmacies
- No Rx needed (but you can write one to encourage dispensing)
- Health Card Required \*

**Where to get a free naloxone kit:**

<https://www.ontario.ca/page/where-get-free-naloxone-ki>

# Nasal spray kits

Each nasal spray naloxone kit includes:

- 1 hard case
- 2 doses of Narcan® Nasal Spray (4 mg/0.1ml)
- 1 rescue breathing barrier
- 1 pair of non-latex gloves
- 1 card that identifies the person who is trained to give the naloxone
- 1 insert with instructions (English and French)
- 1 insert with additional information on the medication (English and French)





# Intramuscular vs Intranasal Naloxone

	<b>Intramuscular (IM)</b>	<b>Intranasal (IN)</b>
<b>Efficacy of Initial Dose</b> OD with adequate resuscitative response after initial dose	77.5 - 82%	63 - 72.3 %
<b>Benefits</b>	Faster response Can titrate dose in healthcare setting	Easier for bystanders Reduced needle stick risk
<b>Drawbacks</b>	Increased training	Nasal abrasion

**Consider smaller doses in the ED setting**

# Tool for discussing harm reduction within your primary care teams and medical education



## Promoting Health Equity – Harm Reduction

A Tool for Primary Health Care Organizations and Providers working with individuals

### Harm reduction is

- A philosophy and a set of programs & services
- Focusing on preventing the harms of substance use, not reducing substance use per se
- Viewing substance use as a health issue
- An evidence based response

### Practicing harm reduction means

- Accepting people as they are
- Avoiding judgement
- Emphasizing the dignity of each person
- Being compassionate
- Challenging the policies and practices that cause unnecessary harm – like criminalization of drug use, refusal of medical care, lack of adequate housing

### Examples include:

Managed alcohol programs	Having water available at parties	Safe ride programs	Opioid substitution therapy
Supervised injection	Safer injecting and smoking supplies	Naloxone	Needle exchange
Living Wages	Safe Housing		

### Why an equity lens?

As Figure 1 suggests, an equity lens helps us understand that substance use and the harms of use are increased by social conditions (abuse, trauma, grief, loss, and social determinants of health such as low income and inadequate housing).

- For example, the harms associated with substance use (e.g. stigma, violence, overdose, malnutrition, coronary artery disease, cirrhosis, HIV, Hepatitis C, abscesses) are increased when people face challenges related to racism, poverty, housing, income or mental health.
- The use of certain substances is often highly stigmatized in society, particularly for people facing social disadvantages<sup>3</sup>.
- Negative or stigmatizing experiences in accessing health care can lead people to delay or avoid seeking future care. You can prevent these harms by providing care that is of an equity-oriented and harm reduction nature.



Figure 1: Substance use in context

### Harm Reduction

This tool offers actions you can take to implement equity oriented harm reduction in your primary health care practice. Harm reduction, cultural safety, and trauma and violence informed care (TVIC) are interrelated concepts that can help promote equity.

For other tools in the toolkit, see: <https://equiphealthcare.ca/toolkit>



# References

Gomes T, et al on behalf of the Ontario Drug Policy Research Network, Office of the Chief Coroner for Ontario and Ontario Agency for Health Protection and Promotion (Public Health Ontario). Patterns of Medication and Healthcare Use among People who Died of an Opioid-Related Toxicity During the COVID-19 Pandemic in Ontario. Toronto, ON: Ontario Drug Policy Research Network; 2022. [https://www.publichealthontario.ca/-/media/Documents/C/2022/opioid-related-toxicity-deaths-healthcare-infographic.pdf?rev=cfdb9912ac0430b94bd51cdbfb78f05&sc\\_lang=en](https://www.publichealthontario.ca/-/media/Documents/C/2022/opioid-related-toxicity-deaths-healthcare-infographic.pdf?rev=cfdb9912ac0430b94bd51cdbfb78f05&sc_lang=en)

Campbell et al. Varying circumstances surrounding opioid toxicity deaths across ethno-racial groups in Ontario, Canada: a population-based descriptive cross-sectional study. *BMJ Public Health* 2024; 24:2.

The Ontario Drug Policy Research Network (ODPRN) and Public Health Ontario. Healthcare utilization and clinical comorbidities among people who died of a substance related toxicity death in Ontario. Jan 2025. [https://www.publichealthontario.ca/-/media/Documents/O/25/odprn-healthcare-utilization-clinical-comorbidities-substance.pdf?sc\\_lang=en&rev=b7d50d0e707b4636b1f2954f507cfd50&hash=39BA6A1EBFE3E816A3DE88DAAD594953](https://www.publichealthontario.ca/-/media/Documents/O/25/odprn-healthcare-utilization-clinical-comorbidities-substance.pdf?sc_lang=en&rev=b7d50d0e707b4636b1f2954f507cfd50&hash=39BA6A1EBFE3E816A3DE88DAAD594953)

# References

Health Canada. Supervised consumption explained: types of sites and services. Government of Canada, 2024.

<https://www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/explained.html>

Kennedy M et al. Public health and public order outcomes associated with supervised drug consumption facilities: a systematic review. *Curr HIV/AIDS Rep* 2017; 14(5).

Kennedy MC, et al. Supervised injection facility use and all-cause mortality among people who inject drugs in Vancouver, Canada: A cohort study. *PLoS Med* 2019;16(11):e1002964.

Kerman N. "It's not just injecting drugs": Supervised consumption sites and the social determinants of health. *Drug and Alcohol Depend* 2020.

KG. Card, K. Urbanoski, B. Pauly. Supervised Consumption Sites Are Necessary Public Health Services. Canadian Institute for Substance Use Research. 2020.

Khair S et al. Supervised consumption site enables cost savings by avoiding emergency services. *Harm Reduction Journal* 19 (32), 2022.

# References

Marshall BD, et al. Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: a retrospective population-based study. *Lancet* 2011;377(9775):1429-1437.

Ng J, et al. Does evidence support supervised injection sites? *Can Fam Physician* 2017; 63(11): 866.

Potier C, et al. Supervised injection services: what has been demonstrated? A systematic literature review. *Drug Alcohol Depend*. Dec 1 2014;145:48-68. doi:10.1016/j.drugalcdep.2014.10.012

Rammohan et al. Overdose mortality incidence and supervised consumption services in Toronto, Canada: an ecological study and spacial analysis. *The Lancet Public Health* 2024; 9(2).

Questions?

# Resources

# Tools



Links to resources shared today will be sent to participants following the session.



# Tools and Resources

Resource	Link
Toronto Drug Checking Service	<a href="https://drugchecking.community/">https://drugchecking.community/</a>
CATIE: Canada's Source for HIV & Hepatitis C Information	<a href="http://www.catie.ca">www.catie.ca</a>
Ontario: Free Naloxone Kit	<a href="https://www.ontario.ca/page/where-get-free-naloxone-kit">https://www.ontario.ca/page/where-get-free-naloxone-kit</a>
Ontario: Recognize and Temporarily Reverse an Opioid Overdose	<a href="https://www.ontario.ca/page/get-naloxone-kits-free">https://www.ontario.ca/page/get-naloxone-kits-free</a>
Full Service Virtual Safe Consumption	<a href="https://www.nors.ca/">https://www.nors.ca/</a>
PHO: Patterns of Medication and Healthcare Use among People who Died of an Opioid-Related Toxicity During the COVID-19 Pandemic in Ontario. Toronto, ON: Ontario Drug Policy Research Network; 2022.	<a href="https://www.publichealthontario.ca/-/media/Documents/C/2022/opioid-related-toxicity-deaths-healthcare-infographic.pdf?rev=cfdb9912ac0430b94bd51cbbfb78f05&amp;sc_lang=en">https://www.publichealthontario.ca/-/media/Documents/C/2022/opioid-related-toxicity-deaths-healthcare-infographic.pdf?rev=cfdb9912ac0430b94bd51cbbfb78f05&amp;sc_lang=en</a>
PHO: Healthcare Utilization and Clinical Comorbidities among People Who Died of a Substance-Related Toxicity Death in Ontario	<a href="https://www.publichealthontario.ca/-/media/Documents/O/25/odprn-healthcare-utilization-clinical-comorbidities-substance.pdf?sc_lang=en&amp;rev=b7d50d0e707b4636b1f2954f507cfd50&amp;hash=39BA6A1EBFE3E816A3DE88DAAD594953">https://www.publichealthontario.ca/-/media/Documents/O/25/odprn-healthcare-utilization-clinical-comorbidities-substance.pdf?sc_lang=en&amp;rev=b7d50d0e707b4636b1f2954f507cfd50&amp;hash=39BA6A1EBFE3E816A3DE88DAAD594953</a>
Equip Health Care	<a href="https://equiphealthcare.ca/">https://equiphealthcare.ca/</a>
Article – Varying circumstances surrounding opioid toxicity deaths across ethno- racial groups in Ontario, Canada: a population- based descriptive cross- sectional study	<a href="https://bmjpublichealth.bmj.com/content/bmjph/2/1/e000480.full.pdf">https://bmjpublichealth.bmj.com/content/bmjph/2/1/e000480.full.pdf</a>

# Tools and Resources

Resource	Link
Health Canada: Supervised consumption explained: types of sites and services. Government of Canada, 2024.	<a href="https://www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/explained.html">https://www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/explained.html</a>
Article – Public Health and Public Order Outcomes Associated with Supervised Drug Consumption Facilities: a Systematic Review	<a href="https://pubmed.ncbi.nlm.nih.gov/28875422/">https://pubmed.ncbi.nlm.nih.gov/28875422/</a>
Article – Supervised injection facility use and all-cause mortality among people who inject drugs in Vancouver, Canada: A cohort study	<a href="https://pubmed.ncbi.nlm.nih.gov/31770391/">https://pubmed.ncbi.nlm.nih.gov/31770391/</a>
Article – “It's not just injecting drugs”: Supervised consumption sites and the social determinants of health	<a href="https://pubmed.ncbi.nlm.nih.gov/32485658/">https://pubmed.ncbi.nlm.nih.gov/32485658/</a>
Evidence Based Brief – Supervised Consumption Sites Are Necessary Public Health Services	<a href="https://www.uvic.ca/research/centres/cisur/assets/docs/colab/bulletin_safe+consumption+sites.pdf">https://www.uvic.ca/research/centres/cisur/assets/docs/colab/bulletin_safe+consumption+sites.pdf</a>
Article – Supervised consumption site enables cost savings by avoiding emergency services: a cost analysis study	<a href="https://pubmed.ncbi.nlm.nih.gov/35346223/">https://pubmed.ncbi.nlm.nih.gov/35346223/</a>
Article – Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: a retrospective population-based study	<a href="https://pubmed.ncbi.nlm.nih.gov/21497898/">https://pubmed.ncbi.nlm.nih.gov/21497898/</a>
Article – Does evidence support supervised injection sites?	<a href="https://pmc.ncbi.nlm.nih.gov/articles/PMC5685449/">https://pmc.ncbi.nlm.nih.gov/articles/PMC5685449/</a>
Article – Supervised injection services: what has been demonstrated? A systematic literature review	<a href="https://pubmed.ncbi.nlm.nih.gov/25456324/">https://pubmed.ncbi.nlm.nih.gov/25456324/</a>
Article – Overdose mortality incidence and supervised consumption services in Toronto, Canada: an ecological study and spatial analysis	<a href="https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(23)00300-6/fulltext">https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(23)00300-6/fulltext</a>

Resources

# Education



Links to resources shared today will be sent to participants following the session.

# Practising Well CoP – Self Learning Program

**The Practising Well CoP is now certified for self learning credits!**

Earn **1-credit-per-hour** for reviewing the recording and resources from **past CoP sessions**. The self learning program is certified for up to 50 Mainpro+ credits.



**Learn More and  
Participate**

# *Nominate a peer for an OCFP Award!*

## **There are four categories:**

- Regional Family Physician of the Year
- Award of Excellence
- Family Medicine Resident of the Year Award – Ontario's Rising Star
- Medical Student of the Year



**Submit a nomination**

[ontariofamilyphysicians.ca/awards](https://ontariofamilyphysicians.ca/awards)

Deadline: March 16, 2025

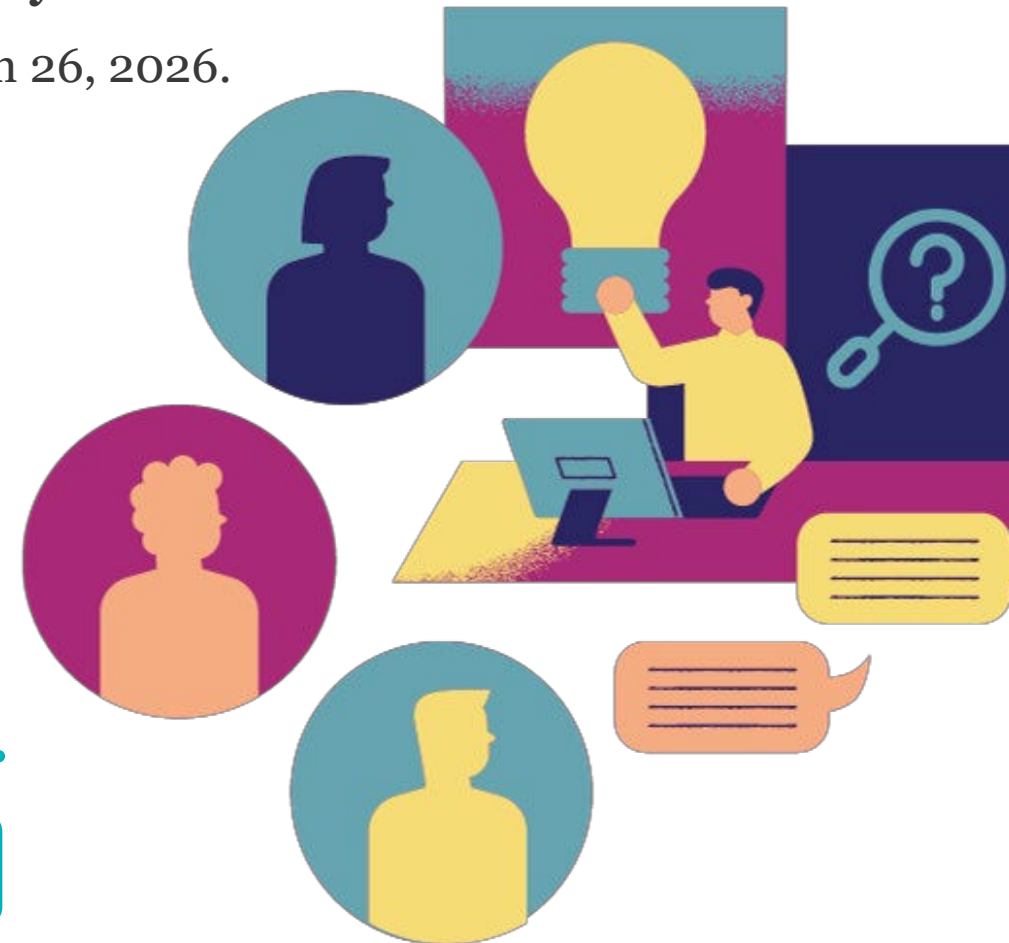
# Join a series of small group learning sessions!

Engage in **open discussions** where you're invited to **share the difficulties you're facing in your practice, in areas related to mental health, substance use disorders, chronic pain and your own wellness.** Groups are held between April 1, 2025 and March 26, 2026.

- Family physicians at all stages of their career
- Retirement
- Support for family physicians with lived experience of a chronic illness/disability
- Psychiatry related topics
- Boundaries/work-life balance
- Transitioning to GP psychotherapy

**The deadline to register is March 12, 2025.**

**Learn More and Register**





# Osteoporosis and Fracture Prevention Workshop

## What you'll gain:

- A **practical toolkit** with resources and video content to support you in your practice.
- **Expert insights** from facilitators sharing the latest updates from the 2023 clinical practice guideline.
- A **collaborative learning experience** designed specifically for family physicians.

March 19th, 2025 | 9 a.m. – 12 p.m.

\$195 + HST

**Three-credit-per-hour** Mainpro+ certified program

[Registration now open](#)



Scan to  
learn more



# META:PHI Virtual Conference April 4-5 2025: *Substance Use Health is Community Health*

Two days of interactive, online learning and discussion focused on advancing care for people who use substances, including...

- Substance use healthcare in pregnancy
- Management of alcohol withdrawal
- Navigating cannabis use in the age of legalization
- Managing opioid use disorder in ED and in-patient settings



**META:PHI**  
CONFERENCE 2025

The **\*EARLY BIRD** saves on registration prices until Feb 28!

Contact: [laurie.smith@wchospital.ca](mailto:laurie.smith@wchospital.ca) regarding group discounts (5+)

Website: <https://metaphi2025.vfairs.com/>

Resources

Supports



Resources

# Supports



OMA Physician Health Program

<https://php.oma.org>

Centre for Addiction and Mental Health  
Health Care Provider (HCP) Resource  
Site

<http://www.camh.ca/covid19hcw>

CMA Wellness Hub

<https://www.cma.ca/physician-wellness-hub>



- PARO 24/7 Helpline for Residents, Family Members, Medical Students
- 1-866-HELP-DOC



- <https://www.ontario.ca/#support-health-care-worker>
  - Self-led / With peers / Talk to a clinician
- [Ontario Shores Centre for Mental Health Sciences, Whitby](#)
- [St. Joseph's Healthcare, Hamilton](#)
- [The Royal Ottawa Mental Health Centre, Ottawa](#)
- [Waypoint Centre for Mental Health Care, Penetanguishene](#)
- [Centre for Addictions and Mental Health \(CAMH\), Toronto](#)



- ECHO Coping with COVID
    - for health providers (educational credits)
    - Fridays 2-3pm EST
- <https://camh.echoontario.ca/echo-coping-with-covid/>

Support for you and those you care about.

# Upcoming Community of Practice

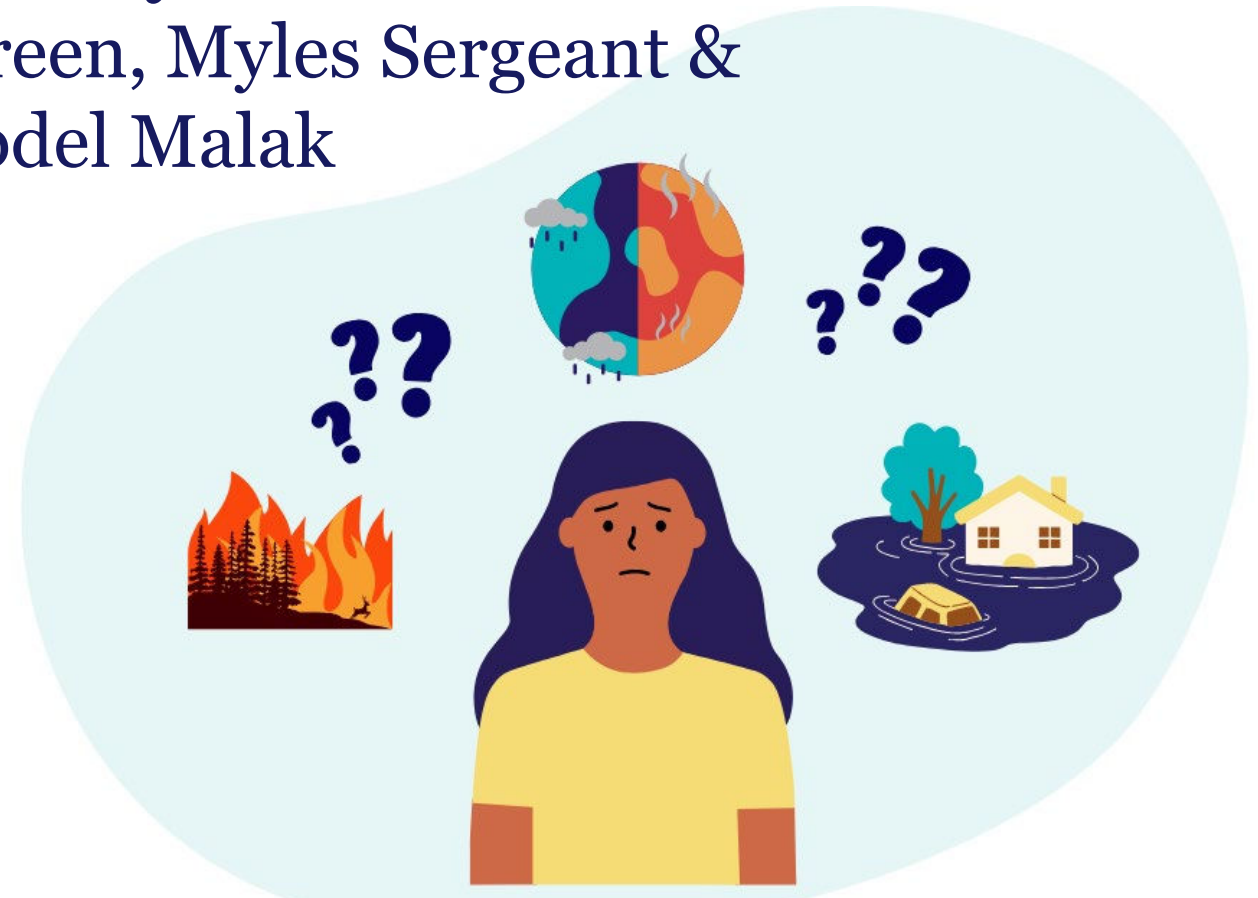
## Climate Change: A Growing Concern for Patients and Physicians

with Drs. Samantha Green, Myles Sergeant & Marina Abdel Malak

**March 26, 2025**  
**8:00am – 9:00am**

[Register Now](#)

[practisingwell@ocfp.on.ca](mailto:practisingwell@ocfp.on.ca)



This one-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 1 Mainpro+ credit. The Practising Well Community of Practice includes a series of planned live, interactive sessions. Each session is worth 1 Mainpro+ credits, for up to a total of 12 credits.