



# STOPS

A Journey of Grassroots  
Overdose Prevention  
from Northeastern  
Ontario

Karla Gharthey, Marie Pollock, Crystal Kimewon

# Indigenous Land Acknowledgement



# Disclosure of Financial Support

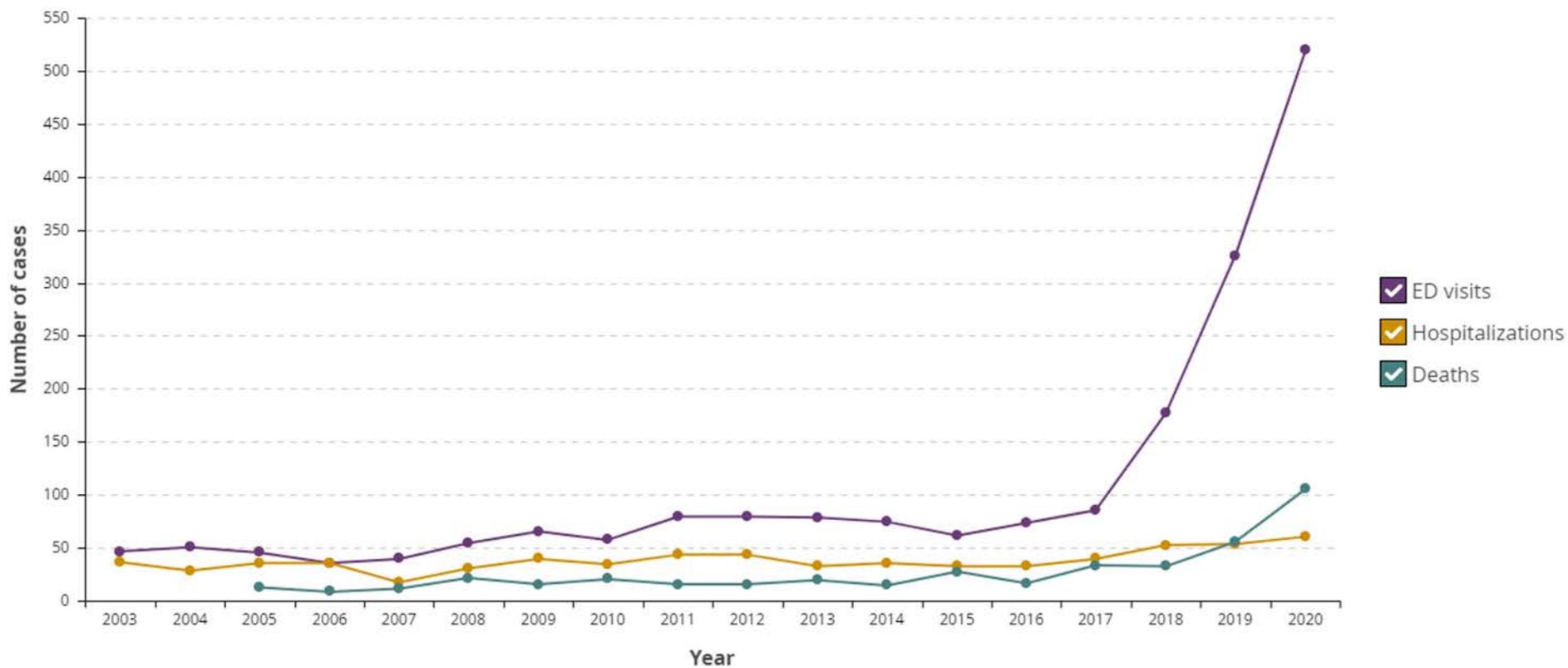
- This program has received financial, in-kind support from private citizens who support harm reduction in Sudbury and who give a S\*&T!
- Potential for conflict(s) of interest: NONE

# Faculty/Presenter Disclosure

- Not Applicable

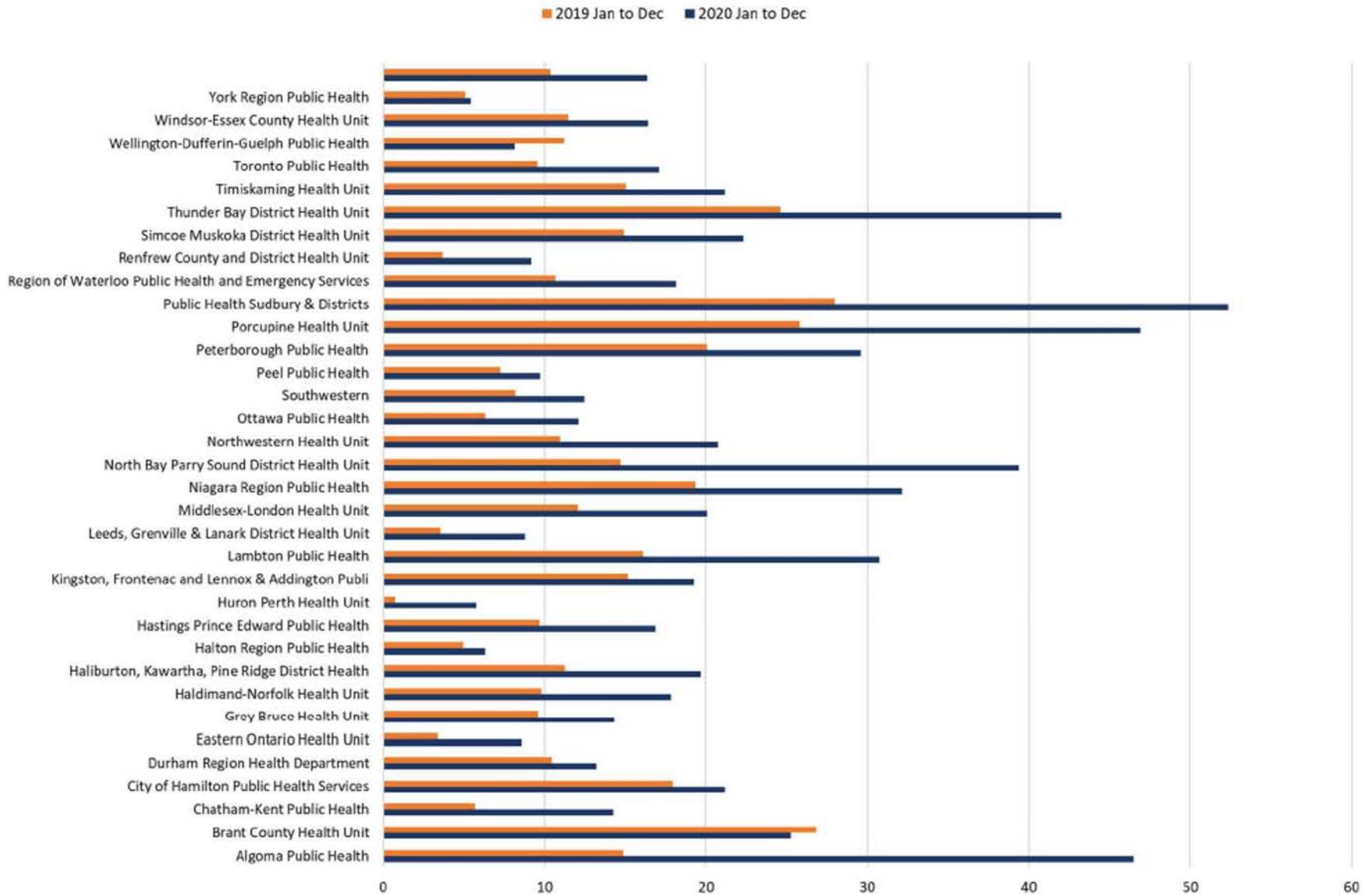
# OPIOIDS in our Community

Cases of opioid-related morbidity and mortality, Public Health Sudbury & Districts, 2003 – 2020



Source: Public Health Ontario, (2021), Interactive Opioid Tool

## Opioid-related deaths per 100,000 by PHU Region, 2019 and 2020



Source: Office of Chief Coroner (OCC) - Data effective April 6, 2021

\*includes both confirmed (2352) and probable (74) opioid-related deaths, preliminary and subject to change

Rate per 100,000

# The Birth of STOPS

Community-as-partner action oriented approach to increasing toxic supply of substances in our community.

Built off the OPS in Toronto including Street Health, Parkdale and Moss Park

## Challenges

- Location
- Legalities
- Access to supplies
- Never been done before
- Public backlash
- Funding
- Having enough people to provide service

## Successes

- Relationships in community
- Successful fundraiser
- Collaboration with a number of different expertise (social workers, nurses, peers, outreach)
- Sense of perseverance and determination
- Sharing knowledges and experiences
- Grassroots
- Broke ground
- Positive local media
- Clinical component

# Humble Beginnings...

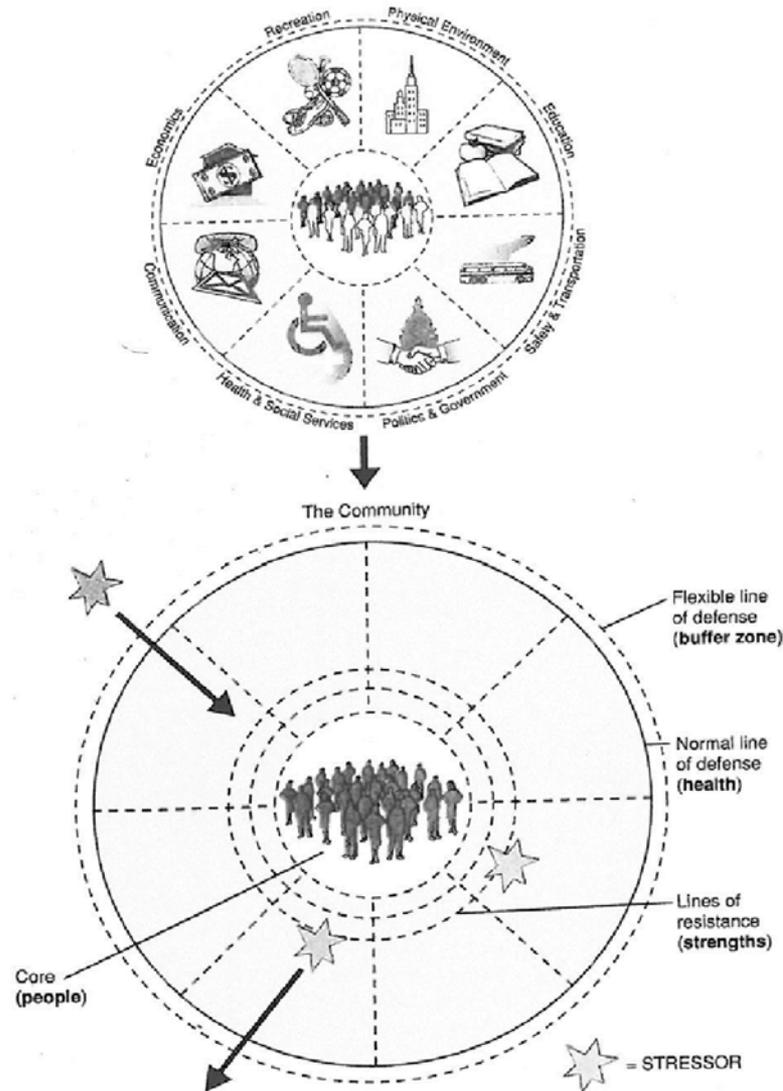


# Community-as-Partner Model

- Focus on community strengths and build upon assets -  
COMMUNITY EMPOWERMENT
- Collaboration of professional and lived experience  
knowledge
- Action oriented, systems and upstream approach
- Built upon rapport, trust, and partnerships
- Synthesis of public health and nursing
- No ones know what is best for the community except the  
community members themselves

(Vollman, & Jackson, 2022)

# Community-as-Partner Model



(Vollman, & Jackson, 2022)

# Community-as-Partner Approach

- Most important partner are those requiring this service
- Other partnerships vital to success include:
  - Public Health
  - City of Greater Sudbury (bylaw, city councillors)
  - Community agencies
  - Police (arms reach)
  - MPs and MPPs
  - Hospital
  - Academia (students, researchers)
  - Harm reduction Organizations (OAHAS, SACY)



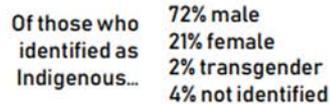
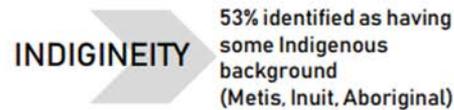
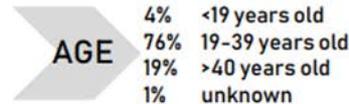
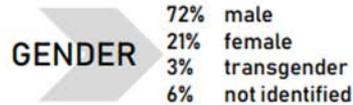
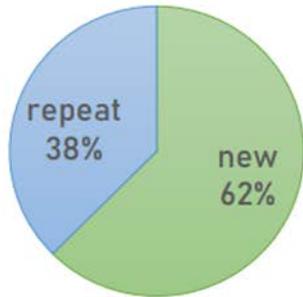
# S.T.O.P.

Sudbury Temporary Overdose  
Prevention Society  
stopsuds@gmail.com

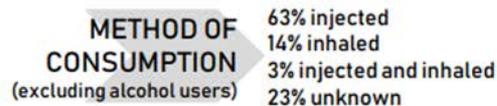
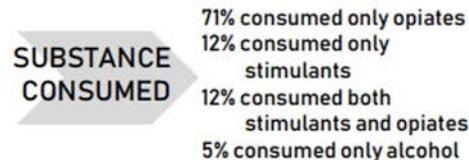
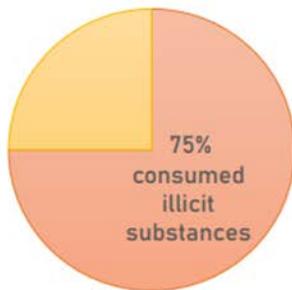
OPS stats from May 24 to July 4, 2019.

This site has been operating every Friday since  
May 24th, 2019 for 6 to 9 hours, in various  
locations within the downtown area of Sudbury.  
We are volunteer-run and receive no funding.

Total number of clients  
(n=88)



Of the individuals who  
accessed the site...



# Original OPS Stats

Distribution of harm reduction supplies was not well-documented, but at least 4 naloxone kits, 570 needles, and 8 other harm reduction kits (foil, meth, inhalation) were distributed, along with condoms, snacks, water, referrals to agencies, and education regarding safer use of drugs (ie. flagging, not using alone, OD prevention, drug preparation, site selection, etc.).

# The Hiatus

From March 2020 to December 2020

## Challenges

- Weather (winter)
- Burnout and vicarious trauma
- Grief
- Lack of resources
- Less utilization of service
- Unable to fulfill all community consultations
- COVID lockdowns
- Location
- Toxicity of drug supply continued to escalate

## Successes

- Were able to have a community consultation
- Rested and rejuvenated
- Time to recruit more volunteers and resources



Presents:

**Sudbury** **HARM**  
**REDUCTION**  
**TASK FORCE**

JOIN US TO ORGANIZE  
COLLABORATE & DISCUSS  
HARM REDUCTION  
IN  
OUR COMMUNITY

LIGHT SNACKS WILL BE PROVIDED  
OR CONCESSION ITEMS WILL BE AVAILABLE FOR PURCHASE

March 4th, April 8th, May 4th  
6 PM to 8 PM

@ SUDBURY INDIE CINEMA  
LOCATED AT 162 McKENZIE

**INCLUSIVE**

# The Re-Start

Restarted weekly service for 2 months, then evolved to nightly provision

## Challenges

- Social media beyond facebook
- Scheduling
- Meeting people where they are at (volunteers and community members)
- Power struggle & role identification
- Continued escalating toxic supply

## Successes

- Increased number of volunteers, including Indigenous presence
- Distribution of front-line knowledge
- Better social media presence
- Training (Naloxone, covid PPE, Oxygen Use, CPR & First Aid)
- Improved clinical service
- Greater public acceptance of issue
- More opportunities for public education and advocacy

# Cold weather...



# Warmer with teamwork



# A MESSAGE FROM STOP!

SUDBURY TEMPORARY OVERDOSE PREVENTION SOCIETY

Please STOP! filming and photographing our community members. They are human beings who deserve dignity, respect, and privacy.



HARM REDUCTION SAVES LIVES



## SOME PEOPLE DON'T HAVE ACCESS TO THE SHELTER

Unfortunately, the outdoors is their home. How would you feel if you had cameras peering into your home? While it may not be illegal, we do not have the right to invade in such a way.



## IT IS A SAFETY ISSUE

Many of the community members that use our services have experienced trauma. As a result of trauma, people experience different sorts of mental wellness issue. Posting their situation online could potentially be a trigger. Additionally, some folks could be escaping violent situations, avoiding law enforcement, or they could simply not feel social media ready.



## IS WHAT YOU'RE DOING EXPLOITATION?

As an already marginalized population that is constantly exposed to exploitation and discrimination - such as racism, homophobia, or sexism - it is important that extra consideration be made when we try to bring about awareness.



## WE ALL HAVE A SHARED RESPONSIBILITY

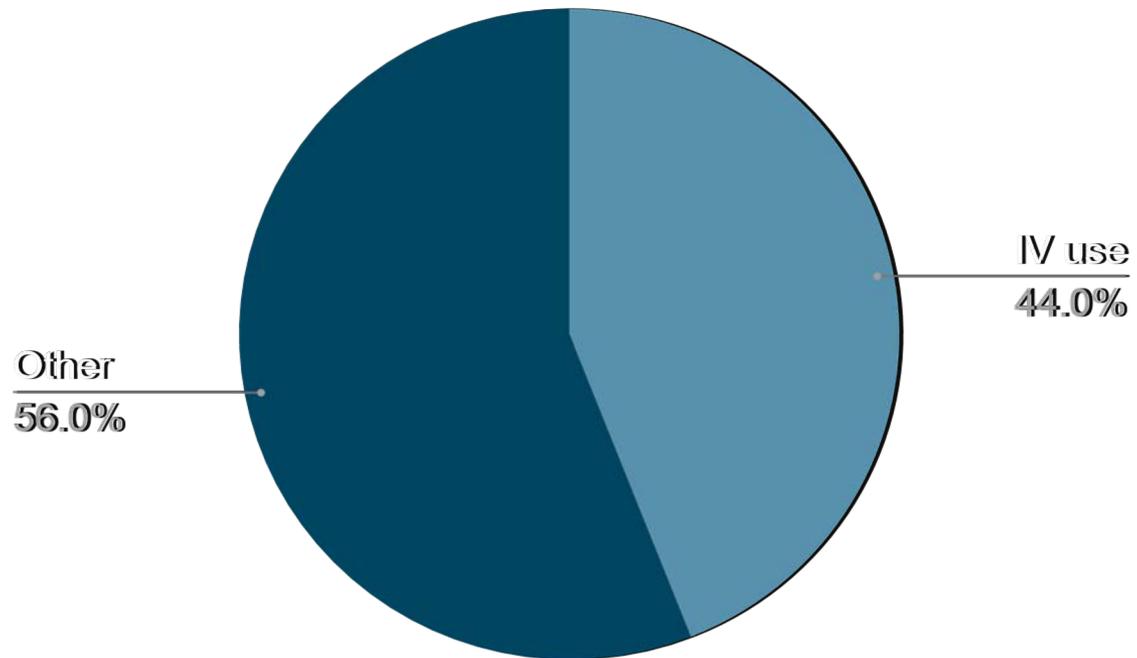
A responsibility to respect the safety and welfare of the community members around us.

Warmer weather = busier



# Proven Need in Our Community

December 13, 2020 to Jan 27, 2021



# IS OUR SERVICE BEING USED? YES!!!

December 13, 2020 to Jan 27, 2021

Provided  
services for

**49**

people

Average of

**7**

people each  
week

Over

**20**

people  
recently

Intervention  
services

**7**

times

Reversed

**1**

overdose

Provided

**4**

Instances of  
wound care

- IS OUR SERVICE BEING USED?  
YES!!!

- Feb 2021 to August 2021

DOCUMENTED  
services for

**43**

people

**15**

interventions

Provided

**7**

Instances of  
wound care

Intervention  
services

**7**

times

Reversed

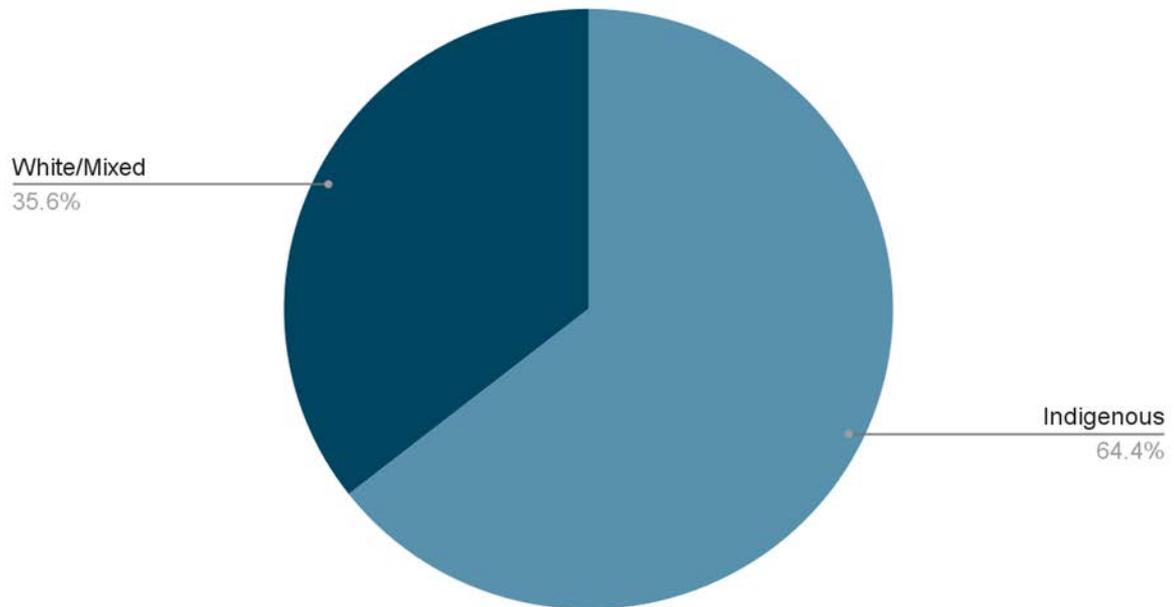
**6**

overdoses

# Indigeneity and STOPS

- 64% of recorded participants are self-reported as Indigenous
- Importance of representation in volunteers
- Incorporating cultural medicines (eg. smudge kits)

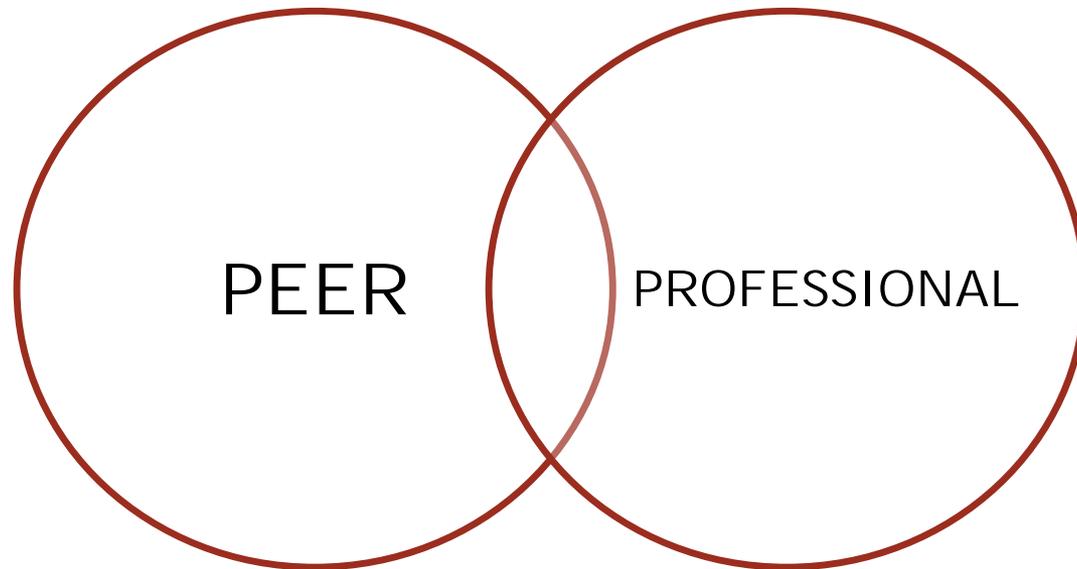
Self-Reported Ethnicity at STOPS



# Navigating Familiar Terrain... with a Degree

Peer: *a lived/living experience with substance use*. Equal standing with another. Esp, belonging to the same societal group based on age, grade, status

Professional: Belonging to a profession, paid occupation vs pastime worthy of belonging - skillful, competent assured.



I am a former substance user.  
I am also Social Worker who  
specializes in Mental Health and  
Addictions.



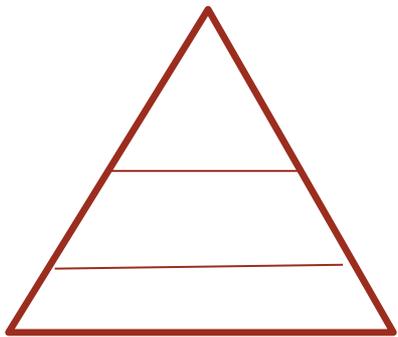
Moral (street) code and  
Ethical (professional) obligations

- SUCCESSES and CHALLENGES
  - How we navigate this terrain...

\*Designations and how they other  
...in the world of Harm Reduction

Looked at through an Indigenous  
lens and perspective

We are all Equal



Hierarchy



Circle

# My voice deserves to be heard!



The expertise of those with lived and living experience

- Peers possess a skill set that cannot be “learned”
- **Peers are the best practicum supervisors - EXPERTS**
- Struggle for acknowledgement, recognition and acceptance
- “Street code”, connection, and ethics
- Social classes of peers - good vs bad user of drugs
- RECOGNITION/ACTION = EMPOWERMENT & CAPACITY BUILDING

# The Importance of PEERS in Harm Reduction

- Improved access, acceptability & quality of service
- Reduction in stigma and discrimination
- Role model & training
- Capacity building and empowerment
- Heart and soul of our existence



# Role of a Nurse in the OPS

- Community Health Nursing Standards of Practice
- Primary care and the social determinants of health
  - Wound care
  - Advocacy
  - Accompaniment
  - Leadership
- Research
- Training
- Learning
- Grey area of practice
- Best practice





# References

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