### Dr. Ujjainwalla's Statement on Bill C37:

There is not one person in this room who would ever use a Supervised Injection Site. In fact, no family member or friend of anyone in this room would ever use a Supervised Injection Site.

Yet 10-15% of the people in this room will need treatment for the disease of Addiction. Sadly, if you are a Canadian without the finances to pay for a private Rehabilitation Program, you will suffer serious consequences—or even die.

It wasn't always like this. In the 70s, 80s and early 90s as an Addiction Medicine Physician I was allowed to refer you to excellent, best practice, evidence based treatment programs in the U.S., such as the world renowned Betty Ford Centre.

In essence the Ontario Government purchased services for the Treatment of Addiction without having to pay the billions of dollars necessary to develop our own centers.

Unfortunately, in the mid 90s the Ontario Government decided to stop all out of country referrals.

They claimed that with all the money saved on these out of country payments, Ontario could build and implement their own state of the art facilities.

Unfortunately, this <u>never</u> happened and now we're left with essentially <u>nothing</u> for patients suffering from the disease of Addiction.

To put this in perspective, a good analogy would be if the Government decided to close all of its cancer clinics and fund only palliative care centres. In essence if you get cancer, you die; or if we shut all Eye institutes and instead gave out white canes to all the newly blind!

Obviously, this would be ridiculous but the point is that patients suffering from the Disease of Addiction are <u>not</u> given the Treatment that they deserve. These patients have a highly treatable disease with an excellent prognosis.

Instead of developing comprehensive, evidence based best care Treatment Centres for Addiction, the Government decided that the new treatment for the Disease of Addiction would be called 'Harm Reduction.'

Instead of this being a medical problem treated by Physicians, it would become a social problem treated by Administrators and Bureaucrats.

In essence the Government in its lack of knowledge and insight has condemned these unfortunate victims of the Disease of Addiction <u>NOT</u> to be treated properly and get healthy.

Instead the term "Harm Reduction" became the Government's answer to the treatment of Addiction, especially Opiate Dependency.

In other words, they were stating that these poor, victimized, hopeless, untreatable people do not deserve appropriate treatment.

Encouraging injection sites is a monumental step backwards in the treatment of both Addiction and Mental Health. It denies these sick individuals the appropriate and meaningful treatment they deserve.

Enabling already sick IV drug users to use illicit opiates and amphetamines is essentially palliative care and they are destined to die.

As an Addiction Physician of 30 years, I am deeply saddened and ashamed of our lack of support and availability of treatment for these poor, victimized patients who have a highly treatable illness with an excellent prognosis. I was embarrassed and so should all of Canada when Prime Minister Trudeau sent Minister Philpott to the UN to proclaim Canada's support of Supervised Injection Sites.

In closing, it is my opinion by voting for Bill C37 as it stands to make injection sites available will be the death of any opportunity to develop the appropriate treatment all Canadians deserve.



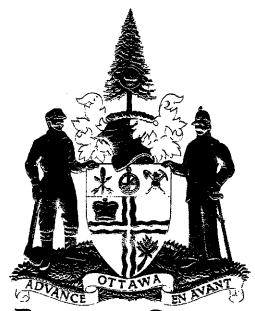
# Recovery Ottawa

treatment for the disease of addiction in Ottawa. Providing necessary, effective and meaningful

Mark Unaimmalla, ALD, COFF

demonstrated knowledge and expertise to alcoholism and other bough augmentances amountmental and mehas bassed a correllination examination and churches standords are forth by the Society.

https://drive.google.com/drive/u/0/my-drive



### Recovery Ottawa 11 Selkirk Street

On behalf of Members of Ottawa City Council, it is my distinct pleasure to extend congratulations to Dr. Mark Ujjainwalla, along with the doctors and staff of

### Recovery Ottawa,

in recognition of the opening of his Centre of Excellence for the Treatment of Addition and Mental Health.

As Head of Council, I want to thank Dr. Ujjainwalla for investing in Ottawa as the location of choice for his clinic. Recovery Ottawa merits praise as well for partnering with the University of Ottawa and the Ottawa Hospital as a teaching facility for the treatment of addition.

Allow me to convey my best wishes to the management and employees of Recovery Ottawa for success with their new clinic.

Dated November 19th 2013

Au nom des membres du Conseil municipal d'Ottawa, j'adresse mes félicitations au D<sup>r</sup> Mark Ujjainwalla ainsi qu'aux médecins et au personnel de

### Recovery Ottawa,

à l'occasion de l'inauguration de ce centre d'excellence pour le traitement de la toxicomanie et la santé mentale.

En tant que chef du Conseil, je tiens à remercier le Dr Ujjainwalla d'avoir choisi d'investir à Ottawa et d'y installer sa clinique. Recovery Ottawa mérite également des éloges pour s'être associé à l'Université d'Ottawa et à l'Hôpital d'Ottawa comme établissement d'enseignement pour le traitement de la toxicomanie.

J'adresse mes meilleurs vœux de succès à la direction et aux employés de Recovery Ottawa.

Fait le 19 novembre 2013

mo

Jim Watson Mayor of Ottawa/Maire d'Ottawa



As the Member of Provincial Parliament for Ottawa Centre at the Legislative Assembly of Ontario, I extend my sincere congratulations and best wishes on the launch of

### Recovery Ottawa

Addiction and mental health issues are some of the most pressing and important concerns we face in Ottawa and in communities across the country. Recovery Ottawa will be a key player in addressing the significant rates of opoid dependency in our city, providing critical treatment where there is currently only very limited access.

Within a unique setting, Recovery Ottawa will not only treat patients' addiction, but will become a hub for associated issues. It will give much needed support beyond simple access to treatment; also housing, employment and other similarly important factors that are integral on one's road to recovery.

Partnering with some of Ottawa's most influential and experienced medical professionals, this new facility will be a leader in providing respectful, timely, appropriate and innovative treatment to its patients. Furthermore, it will also serve as a valuable teaching resource for both students and physicians alike who are seeking to enhance their knowledge of how to address these difficult challenges. This will truly be an asset to the most vulnerable in our community. I wish to commend all those who have worked so hard to bring Recovery Ottawa to life, and I wish you all the best as you begin addressing addiction and mental health issues in Ottawa.



November 19, 2013

With best wishes,
Yasir Naqvi, MPP

Ottawa Centre

This enactment amends the Controlled Drugs and Substances Act to, among other things,

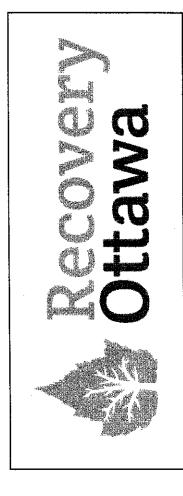
Dis \*

- (a) simplify the process of applying for an exemption that would allow certain activities to take place at a supervised consumption site, as well as the process of applying for subsequent exemptions;
- (b) prohibit the importation of designated devices unless the importation is registered with the Minister of Health as well as prescribed activities in relation to designated devices;
- (c) expand the offence of possession, production, sale or importation of anything knowing that it will be used to produce or traffic in methamphetamine so that it applies to anything that is intended to be used to produce or traffic in any controlled substance;
- (d) authorize the Minister to temporarily add to a schedule to that Act substances that the Minister has reasonable grounds to believe pose a significant risk to public health or safety, in order to control them;
- (e) authorize the Minister to require a person who may conduct activities in relation to controlled substances, precursors or designated devices to provide the Minister with information or to take certain measures in respect of such activities;
- (f) add an administrative monetary penalties scheme;
- (g) streamline the disposition of seized, found or otherwise acquired controlled substances, precursors and chemical and non-chemical offence-related property;
- (h) modernize inspection powers; and
- (i) expand and amend certain regulation-making authorities, including in respect of the collection, use, retention, disclosure and disposal of information.

It makes related amendments to the Customs Act and the Proceeds of Crime (Money Laundering) and Terrorist Financing Act to repeal provisions that prevent customs officers from opening mail that weighs 30 grams or less.

It also makes other related amendments to the Criminal Code and the Seized Property Management Act.

AGREE



# RESPECT ADDICTION TREATMENT FOUNDATION



## OACP'S Case Against Supervised Injection Sites(Taverner)

Supervised injection sites support continued philosophy ignores the most important pillar victimization of law abiding residents and Prevention......Actually it is TREATMENT! businesses because the Harm Reduction of a comprehensive drug strategy-



- Addiction is a disease
- Addiction is prevalent
- Addiction is treatable
- Physicians play a key role in the process of Recovery



# **Recovery Ottawa Philosophy**

- We offer Opiate Withdrawal Management with either Methadone or Suboxone
- We advocate for the Treatment of Addiction and Mental Health
- We encourage tapering and positive change with a supervised Action Plan



# **Harm Reduction Philosophy**

Doesn't allow the individual suffering from the Disease of Addiction a chance of Recovery

Maintains hopelessness, victimization

Ignores DSM-5 Diagnoses

Prevents appropriate "Gold Standard Treatment" of Addiction



# Roadblocks to Effective Treatment of Addiction

- Huge Gaps in Service
- Time to service unacceptable
- New Detox center is NON-MEDICAL!
- Impossible to obtain an Addiction Physician or Psychiatrists
- Treatment facilities unavailable or nonexistant



.....Mangham argued that the Vancouver facility is only statistically capable of saving one life per year from an overdose death"



## **Patient Profiles at Recovery** Ottawa

Fotal patients= 430

Number of jail terms = 174 or 40%

Number of IV users=183 or 45%

• Number of HepC+ = 120 or 30%

Number of HIV + = 12 or 0.02%



### 2012-2013

Number of deaths from HIV=0

Number of deaths from HepC=0

Number of deaths from Overdose=8



# Treatment of Addiction would.

Prevent overdose deaths

HepC,MRSA and other Medical Decrease the incidence of HIV complications significantly Markedly decrease criminal activity



### Peer Overdose Prevention Program

Naloxone injection given like an Epipen

Significant administrative Roadblocks to getting devices on the street

All police officers and first responders should have and be trained in the administration of Naloxone



"this begs the question whether this facility perpetuating the harm that drug users are is reducing harm to drug users or simply doing to themselves"



### The lives of individuals suffering from the disease of addiction are TOTALLY unmanageable...

- Physical health
- Emotional health
- Spiritual health
- Financially
- **Employment**
- Family/ relationships
- Housing



## ALL of these individuals suffer from **Concurrent Disorders**

PTSD

Anxiety

Depression

Personality disorders

Schizophrenia



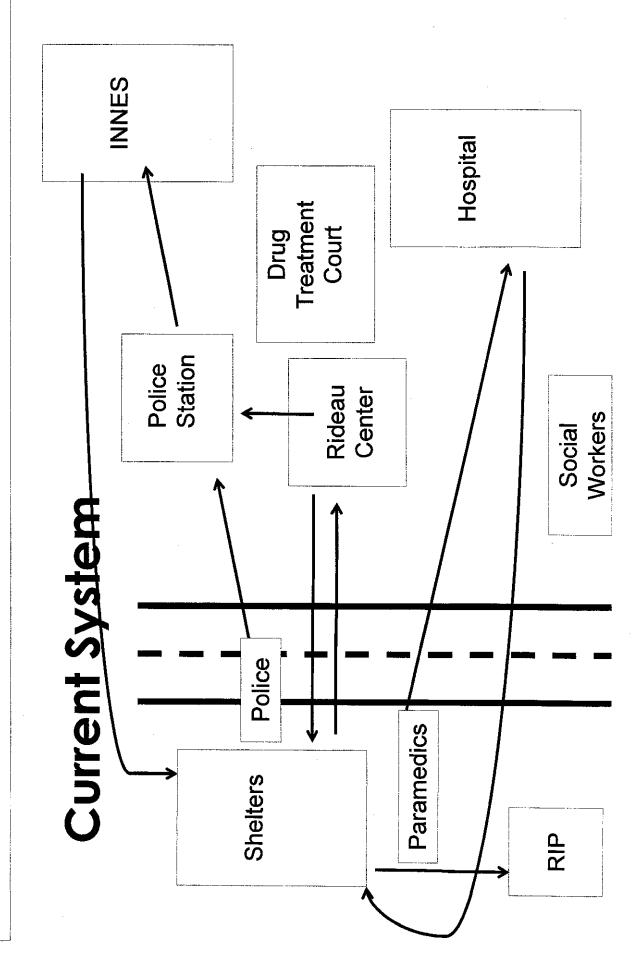
# Bad people needing to be GOOD Sick people who need HELP not

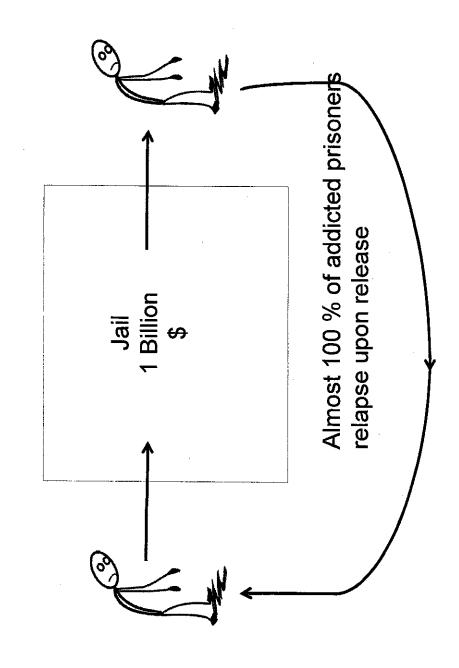
These victimized individuals essentially have no hope and no chance

the discretion to make the RIGHT decisions An addict in withdrawal does not have

Choice requires INSIGHT









# Do you REALLY think incarceration works?

What is your definition of incarceration "working? Is incarceration really a deterrent for those individuals suffering from Addiction?

What effect does incarceration have on individuals suffering from Addiction?



### **NOT equal Treatment** Incarceration does of Addiction



## Comparative Cost of Jail vs Drug Rehabilitation for Mr.Smith

 \$117,788 per year per inmate in federal prison

37 yrs in jail

\$4,358,156 spent on 1patient in jail

Betty Ford Center= \$30,000(0.006% cost)



# **Collaborative Vision**

**Drug Treatment Court** In-Patient Facility

**Physicians** Nursing Care & Management Case

Shelters

**Psychiatrists** Counsellors Assessment

and Stabilization

Recovery

Ottawa

Medical

Hospitals

Detox

Education, Skills

and Career Training **Development** 

Long Concurrent

Program Disorder

Long Term

term after Months care 3-6

After Care

Sober

**Treatment** Inpatient

1 Month

Sober

Housing

- 3 Years (Peer

6 months Housing

Jails



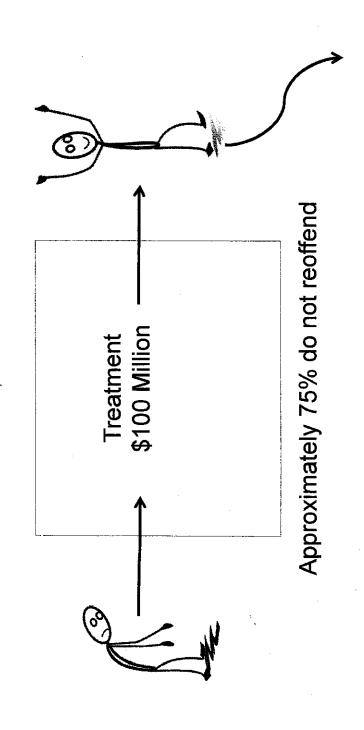
# Safe and Sober Housing-Recovery **Kentucky Model**

Appropriate housing is a critical factor in the successful long term treatment of Addiction

Abstinence based – Peer Run

Long term(1-3 years)





Gets Job and Leads productive life



### Financial Benefits of Drug **Treatment Court**

In the US every \$1.00 spent on DTC saves \$3.36 in avoided criminal justice costs

assistance) up to \$27 is saved for every Larger savings with avoided costs (policing, health care and public \$1.00 spent on DTC



## **Goals of Recovery Ottawa and Drug Treatment Court**

- To have accessible and effective Addiction treatment early in the criminal justice cycle to avoid the indefinite revolving door
- To integrate these individuals back into society so they can lead healthy and productive lives



outpatient drug treatment court program To enhance and expand the existing run by Rideauwoood To develop an inpatient component to link program in order to improve success rates into the existing drug treatment court