Leading the Way to a Healthier Durham

DURHAM REGION HEALTH DEPARTMENT

Durham Region Opioid Forum
October 30, 2017

An Accredited Public Health Agency

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Durham Region Opioid Forum

Introduction

In October 2016, the Ministry of Health and Long-Term Care (MOHLTC) announced its Strategy to Prevent Opioid Addiction and Overdose to address the opioid crisis. As part of its strategy, MOHLTC has announced new investments focused in four key areas: appropriate pain management; treatment for Opioid Use Disorder; harm reduction; and surveillance and reporting. To support the provincial strategy, the Durham Region Health Department (DRHD) is working alongside community partners to develop a local opioid response plan for Durham Region. An Opioid Forum was held on October 30, 2017, to discuss the current opioid situation in Durham Region and to determine the next steps in developing a coordinated opioid response plan for the Region.

Public Health Mandate

In August, MOHLTC announced that public health units across the province were accountable under the Ministry's Harm Reduction Program Enhancement plan to address the opioid situation through three key components:

- Local opioid response;
- Naloxone distribution and training; and,
- Opioid overdose early warning and surveillance.

Local opioid response requirements include building on and leveraging existing programs and services to increase access to programs and services. It is expected that public health units will engage stakeholders and identify partners to support development and implementation of a local overdose response plan, informed by population health and a situational assessment to identify local needs, gaps, community challenges and issues.

Naloxone distribution requirements for public health units include assuming the role of naloxone ordering and distribution leads for community organizations, which are responsible for distributing naloxone to their clients/patients. Responsibilities will also include providing training on: recognizing the signs of overdose; reducing the risk of overdose; and administering naloxone in cases of opioid overdose. Public health units will be required to collate data from community organizations, support policy

development at community organizations, and increase awareness of community organizations of naloxone availability.

The opioid overdose early warning and surveillance requirements include involving relevant sector partners to establish formal data collection and reporting mechanisms to identify surges in opioid overdoses, and development of an integrated community response including an action plan to respond to surges in opioid overdoses.

Over the past few months, DRHD has focused efforts on identifying the process and resources required to develop and implement the three components of the Harm Reduction Program Enhancement plan. DRHD's planning process will be informed by extensive stakeholder engagement and will be developed and implemented with the support of key community partners.

Situation in Durham Region

Local data demonstrates the increasing pressure on services, supports, and resources to address increasing needs in Durham Region. Opioid morbidity and mortality statistics show that Emergency Department (ED) visits related to opioids have been steadily increasing since 2013 with the highest rates of ED visits in males, 25 – 44 years of age. The highest rates of hospitalizations in Durham Region occurred in females, 65 years or older. Since 2013, there has been an increase in fentanyl present at death, as compared to other opioids. Recent data compiled by DRHD shows an increase in hospitalizations and emergency department visits due to opioid misuse and deaths due to drug toxicity. Up to date provincial statistics are available by public health unit or local health integration network on the Public Health Ontario website, through its Interactive Opioid Tool[1].

Opioid Forum

The Durham Region Opioid Forum ("Forum") brought together a number of partners and stakeholders across Durham Region to discuss the local opioid situation and to determine the next steps in developing a coordinated opioid response plan for Durham Region. Approximately 90 participants attended the Forum representing a number of

[1] Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; 2017. Available from: http://www.publichealthontario.ca/en/DataAndAnalytics/Opioids/Opioids.aspx

community organizations. A list of organizations represented at the Forum is included in Appendix A.

Guest speakers offering a variety of perspectives were invited to share their experiences and expertise to support discussions that followed about the current state, current initiatives and next steps for Durham Region.

- Dr. David Williams, Chief Medical Officer of Health and Provincial Overdose Coordinator, MOHLTC *(Keynote Speaker)*

Dr. David Williams provided an overview of the provincial context and an update on provincial initiatives related to Ontario's Strategy to Prevent Opioid Addiction and Overdose. Dr. Williams also discussed the provincial progress to date and identified next steps, future enhancements and planned initiatives. Dr. Williams' presentation is included in Appendix B.

- Paul Martin, Chief of Police, Durham Regional Police Services

Chief Paul Martin emphasized the importance of development of a coordinated multi-disciplinary response plan for Durham Region. Durham Regional Police Services (DRPS) has seen an increase in preventable deaths as well as an increase in crime related to opioids. Chief Martin highlighted that in September 2017, the largest seizure of carfentanyl in Canada to date occurred in Pickering, which is evidence of the growing situation in Durham Region.

- Troy Cheseboro, Chief and Director, Region of Durham Paramedic Services, DRHD

Troy Cheseboro noted that Region of Durham Paramedic Services (RDPS) now tracks call volumes related to opioids. In 2017, to date, there have been 206 calls specific to opioid related overdoses. The challenges experienced by front-line Paramedics that are faced with potential opioid overdose cases were highlighted. Paramedics have the challenge of not knowing what a person has taken, which is, in many cases, a combination of drugs. If naloxone has been administered prior to arrival on scene, often the individual will refuse to go to the hospital which impacts any potential further intervention. Troy Cheseboro's presentation is included in Appendix C

- Paul McGary, Director of Mental Health and Addictions, Pinewood Centre, Lakeridge Health

Lakeridge Health has been identified by the Central East LHIN as the Lead for addictions and will lead development of a Regional Opioid Strategy. Paul McGary, along with his colleague Dr. Larry Nijmeh, Emergency Department Physician, highlighted opioid related data specific to Lakeridge Health. Lakeridge Health has implemented a number of initiatives to help address the opioid situation, such as, availability of

suboxone, suboxone education sessions for ED physicians and nurses, patient education, and referrals to community agencies. Paul McGary and Dr. Larry Nijmeh's presentation is included in Appendix D.

- Chris Cull, Durham Region Resident

Chris Cull shared his lived experience and struggle with opioid addiction. He has biked across Canada, documenting the various stories and experiences of others that have struggled with addiction. His story demonstrated that opioid addiction can affect anyone, in any age group, from any socioeconomic background.

- Chris Arnott, Public Health Nurse, DRHD

Chris Arnott provided an overview of the most recent local opioid statistics: opioid-related emergency department visits increased in Durham Region from 169 in 2011 to 274 in 2016; and, opioid-related deaths increased in Durham Region from 19 in 2011 to 41 in 2016. An overview of DRHD mandated prevention and harm reduction programs was also provided, including health policies and programs, work with school communities and public awareness initiatives. Harm reduction projects include conducting surveillance and data analysis, as well as collaboration with community partners for the development of evidence-based harm reduction programs. Chris Arnott's presentation is included in Appendix E.

Round Table Discussions

Following the presentations, Forum participants were asked to consider and discuss ten questions which aimed to get their perspectives on the current situation, local resources, local needs, and opportunities for response. The round table discussions confirmed that the opioid situation in Durham is multi-faceted and complex, affecting a variety of community members and resulting in numerous impacts across the community. As most Forum participants work directly with clients or populations impacted by opioids, they had a wealth of knowledge to share based on their experiences.

1. What groups of people are at higher risk?

Front-line service providers are seeing different trends in different communities. As such, a summary of discussions shows that a wide range of community members are at higher risk for opioid misuse and opioid addiction. While discussions indicated that opioid addiction impacts any gender and age group from youth who choose to experiment to seniors with cognitive memory impairments that do not recall when or if

they took their medication, Forum participants identified the following populations at greatest risk:

- Individuals with mental health conditions;
- Marginalized populations (e.g. those affected by poverty, homelessness, unemployment, etc.);
- Children of individuals with addictions;
- Recreational drug users;
- First-time drug users who are naïve about the substances they take; and
- Chronic pain sufferers, individuals with existing health conditions, or individuals waiting for treatment.

2. Where are you seeing frequent issues?

Round table discussions focused both on geography /location as well as system level issues and issues seen in current organizational policies and practices. In terms of geography and location, Forum participants noted that frequent issues are seen in:

- Urban downtown, high density communities;
- Housing complexes or places where drug users are co-located;
- Methadone clinics;
- Needle exchange sites; and
- Oshawa was identified by many Forum participants as a community where frequent issues are noted.
- Discussions regarding system level issues focused on:
- A lack of communication and coordination between community agencies and service providers across the region;
- Limited capacity across the region and challenges in accessing treatment and supports; and
- A need for awareness, sensitivity training or cultural competency in health care providers and front-line service providers to attend to clients significantly impacted by the social stigma associated with addictions.

3. What is the impact you are seeing?

Participants shared a variety of experiences which demonstrated that impacts are seen broadly across the community, including job loss, decreased attendance at school, and increased financial issues for those with opioid addictions. Impacts were discussed

related to the increased accessibility of opioids, opioid misuse and addiction as well as the impact related to the availability of naloxone. The most concerning impacts included:

- Pressure on existing services and first responders that are attempting to manage an increase in needs and may be addressing issues without appropriate training, leading to increased stress and exhaustion in front-line workers;
- Significant impact on children and families seen through greater numbers of deaths, greater number of children in need of safe environments as a result of opioid use, greater number of family members that either choose to begin prostitution to sustain an opioid addiction or force other family members into prostitution to sustain their own addictions, and greater number of family members that are imprisoned;
- Even for individuals who are working on trying to manage or recover from their addictions, there is long-term drug use (e.g. methadone) with no apparent recovery;
- The availability of naloxone is seen as a safety net, leading to some opioid users taking even more risks to seek stronger effects; and
- There is an increase in combination or multiple drug use.

4. What health behaviours are contributing to the opioid situation?

The health behaviours discussed which are contributing to the opioid situation were consistent across the round tables and include:

- Self-medicating and sharing medication to manage pain, sometimes as a result of long wait-lists for treatment;
- Neglecting other health issues as the addiction becomes the focus or priority;
- Increased drug experimentation and risk taking behaviours; and
- Individuals visiting many different physicians seeking prescriptions for opioids.

5. What is currently being done to address the situation locally?

There are a number of initiatives across Durham Region that are aiming to address the opioid situation which demonstrates the engagement and desire across the region to focus efforts on issues related to opioid use. However, it was evident from the discussions that community organizations and agencies are not appropriately communicating and are not focusing enough effort on knowledge sharing and coordinating services. There was widespread acknowledgement that there is a greater need to work in partnership across sectors to achieve positive results. Activities and efforts that are currently in place which have a positive impact across the community include:

- Increasing awareness across Durham Region through improved dialogue among service providers, increased media coverage, and education;
- Naloxone distribution and training of front-line service providers;
- Improved access to supports and medical management for withdrawal;
- Services are available for those in crisis or life threatening situations;
- Greater number of physicians referring patients to pain clinics rather than prescribing opioids;
- Prescription audits to identify health care providers that are overprescribing opioids;
- Outreach activities;
- Youth advocacy;
- Organizations and services (e.g. Pinewood Centre, Health Links) that provide case management and service coordination;
- Community agencies that provide housing, shelter, and food for those in need;
- The Durham Harm Reduction Coalition;
- Increased client education; and
- Improved harm reduction strategies.

6. Which setting or situations pose a unique opportunity for improvement?

While there was recognition that many initiatives and activities are being implemented across the region, there was also agreement that more needs to be done to address the opioid situation. Other than identifying the need for additional resources, capacity and services across the region, given limited resources, Forum participants identified that opportunities for improvement exist at all points of care or interaction with clients. The following situations and settings were identified as having opportunities for improvement;

- There are opportunities to improve response and services at the point of care by establishing multi-disciplinary support and expertise for front-line service providers, including support from those with expertise in mental health services and harm reduction strategies;
- Improved coordination and information sharing between pharmacies so that pharmacists are better able to track distribution of opioids and are aware if clients have received multiple prescriptions;
- Systems to improve physicians' abilities to identify the number of prescriptions and type of medications clients have received from other health care providers and improved monitoring of patients that have been prescribed opioids;

- Greater education and awareness for health care providers, such as primary care physicians;
- Improved education and harm reduction strategies at settings where high-risk groups are easily accessible, such as group homes/shelters, schools and school boards, needle exchange sites, seniors homes, etc.;
- Updating policies and procedures across settings and sectors regarding the accessibility and availability of naloxone;
- Improved access to resources for pain management; and
- Establishment of peer support groups that can support others struggling with addiction.

7. What are the key aspects of an Opioid Response Plan (including prevention and overdose)?

There was a lot of discussion about specific strategies and actions that should be included in an Opioid Response Plan for Durham Region, however, the numerous suggestions can be summarized into a few key features that address the:

- "Who" – refers to the people and groups that the Opioid Response Plan should target;
- "What" – refers to the types of strategies and interventions that should be addressed in the Opioid Response Plan; and
- "How" – refers to the approach for how the strategies and interventions are to be developed and implemented.

In summary, Forum participants identified that the Opioid Response Plan should address the following:

"Who"	"What"	"How"
• High-risk groups across all ages from youth to seniors • Clients • Front-line service providers (including, but not limited to, outreach workers, first responders, social services, pharmacists, health care providers, etc.) • Families • Community agencies	• Education, training and support • Prevention • Early intervention • Treatment • Case management • Harm reduction • Monitoring and reporting	• Collaborative • Coordinated • Multi-sectoral • Holistic • Tailored to communities • Based on evidence where available • Ensure accountability across the system (e.g. clients/patients, providers, and community organizations) • Consider client privacy

8. What real-time data exists?

Discussions regarding the availability of real-time data showed that a number of organizations across Durham Region collect their own data, however data gaps do exist and service providers/organizations are not aware of what data is being collected by other organizations. Data currently being collected includes:

- First response dispatch data (e.g. Fire Services, Paramedics);
- Provincial Narcotic Monitoring System that tracks dispensing information;
- Emergency Department intake data and drug screen results;
- Children's Aid Society (CAS) collects comprehensive information on clients;
- Electronic Medical Records/hospital data;
- Methadone clinics collect data on clients; and
- Needle exchange sites collect data on used needles.

9. What real-time data do we need?

Real-time data needs identified by Forum participants relate to the needs for a coordinated approach where all service providers across sectors have continual access to timely and consistent data. There was an identified need for more statistical information to be able to get a better understanding of the current situation in Durham Region. One data need that was highlighted was the need to track the use of naloxone kits. An additional need identified was access to waitlist information for pain management clinics to identify high-risk groups or clusters. A gap exists in tracking those cases where naloxone was administered and no emergency service providers were contacted or involved. A few issues and challenges were also noted regarding data availability such as Durham Region residents going to other municipalities to get treatment, creating a gap in obtaining an accurate picture of the situation in Durham Region.

10. What are the key aspects that you want to see in an early warning system?

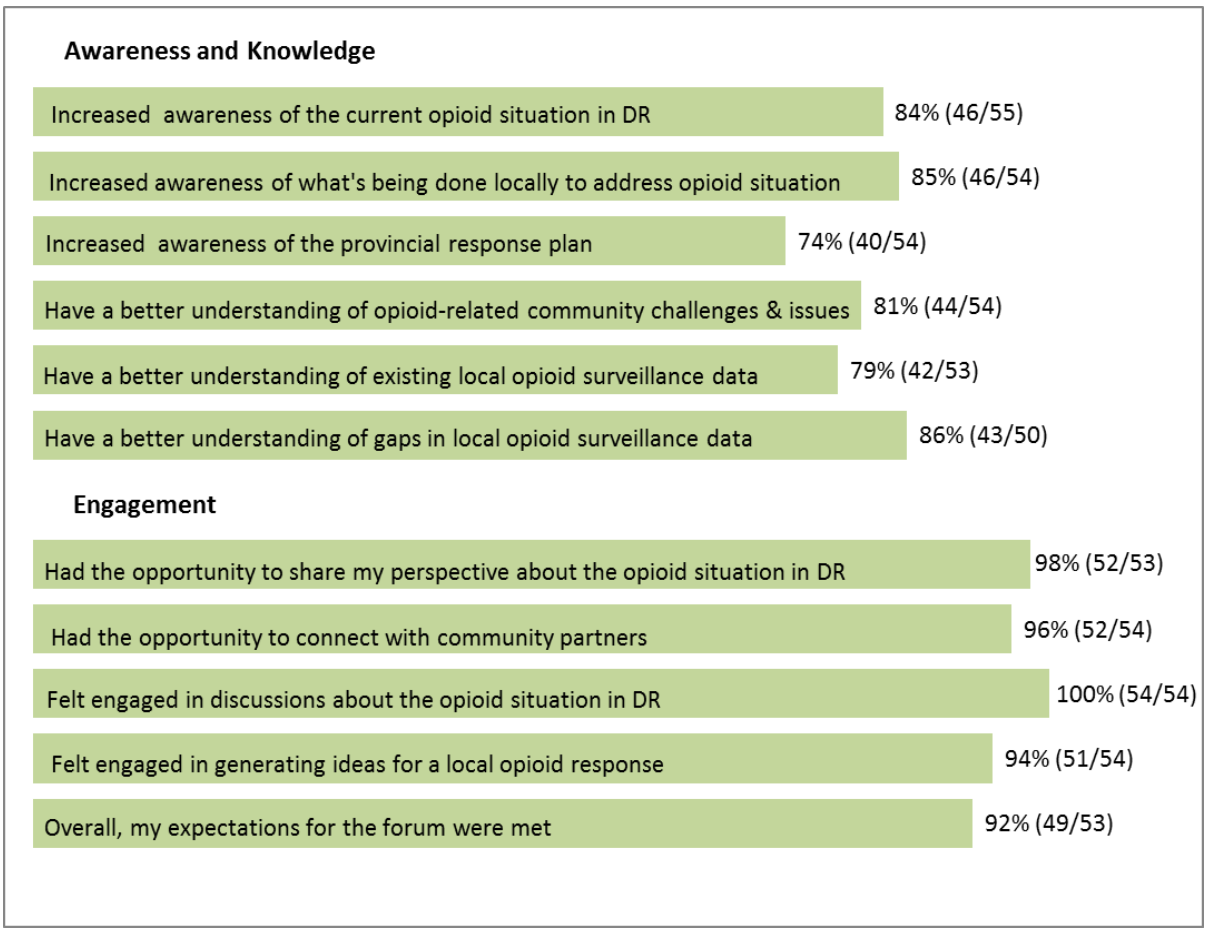
Forum participants emphasized that an early warning system must include the ability to share timely information across sectors including paramedic services, police, fire services, hospitals, and community agencies. Suggestions included establishment of a centralized alert system as a way to increase awareness and share information, that is accessible across sectors and service providers and includes opioid use trend data, spikes in opioid use and overdoses, drug type, and affected geographical regions/communities. Discussions also highlighted the need for an anonymous system for clients and the public to report information on drug activity, overdose cases,

contaminated products, or dangerous batch information. Additionally, participants highlighted the need for community agencies to get timely information out to their clients about overdose incidence and known concerns with drug batches.

Participant Feedback

Approximately 61% of Forum participants completed the evaluation form which was intended to measure the success of the Opioid Forum in achieving its goals and objectives. Overall, feedback from participants was positive with a number of participants indicating that they were thankful for having the opportunity to attend and share experiences. A few participants identified the need for additional information regarding current local initiatives across the region.

Following are the percentage and number of participants that strongly agree or agree with the following statements listed on the evaluation form:



Next Steps

A Task Force has been established to oversee implementation and evaluation of a local Opioid Response Plan, including naloxone distribution, for Durham Region and provide input to development of an early warning and surveillance system. Membership has been established based on those Forum participants that indicated their interest in participating on the Task Force.

Conclusion

The Durham Region Opioid Forum was a successful event which provided the opportunity to collect essential information from key partners and stakeholders impacted by the opioid situation in Durham Region. As such, it was an effective first step to inform the development of a local Opioid Response Plan. Participants identified the key aspects of an Opioid Response Plan as well as an early warning system. The feedback and input collected at the Forum will be used by the Task Force to inform planning and next steps to address the opioid situation in Durham Region.

Appendix A

Organizations Represented at the Durham Region Health Department Opioid Forum

- AIDS Committee of Durham Region
- Ajax Fire and Emergency Services
- Bethesda House
- Brock Community Health Centre
- Brock Township Fire Department
- Brock Township
- CAREA
- Central East LHIN
- Clarington Fire Services
- Canadian Mental Health Association Durham
- Conseil scolaire Viamonde
- Cornerstone Community Association
- Durham Catholic District School Board
- Durham Children's Aid Society
- Durham College Office of Campus Safety
- Durham District School Board
- Durham Family Services
- Durham Mental Health Services
- Durham Regional Police Service
- Frontenac Youth Services Oshawa
- John Howard Society of Durham Region
- Kawartha Pine Ridge District School Board
- Lakeridge Health
- Lakeridge Health Whitby - Positive Care Clinic
- Pinewood Centre, Lakeridge Health
- Ministry of Health and Long-Term Care
- Murray McKinnon Foundation
- Ontario Family Group Homes
- Ontario Shores Center for Mental Health Sciences
- Oshawa Fire Service
- Pickering Fire Services
- PVNC Catholic District School Board
- Region of Durham Regional Council
- Simcoe Hall Settlement House
- The Denise House
- Town of Ajax
- Town of Whitby
- Whitby Fire Department

Appendix B

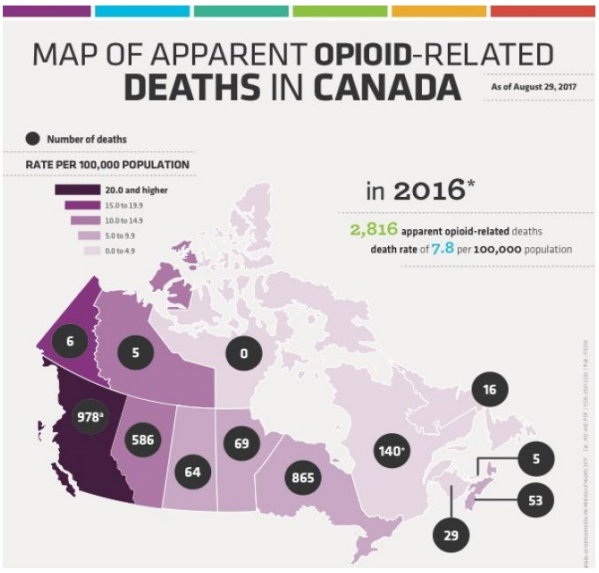
Ontario's Strategy to Prevent Opioid Addiction and Overdose

ONTARIO'S STRATEGY TO PREVENT OPIOID ADDICTION AND OVERDOSE

Dr. David Williams
Chief Medical Officer of Health

Ontario

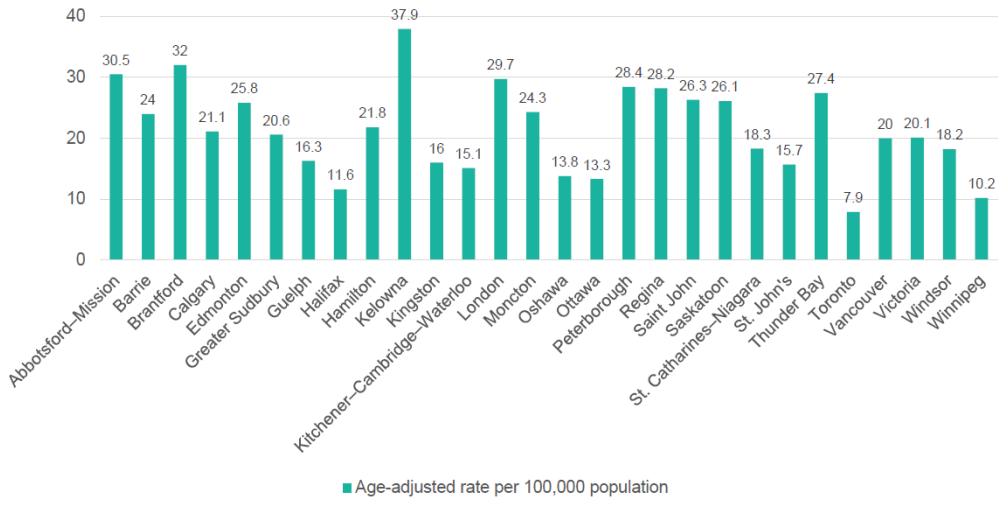
National opioid-related mortality data, 2016 (Health Canada)



Note: Ontario's opioid-related death rate per 100,000 population in 2016 was 6.2; British Columbia's was 20.6

2

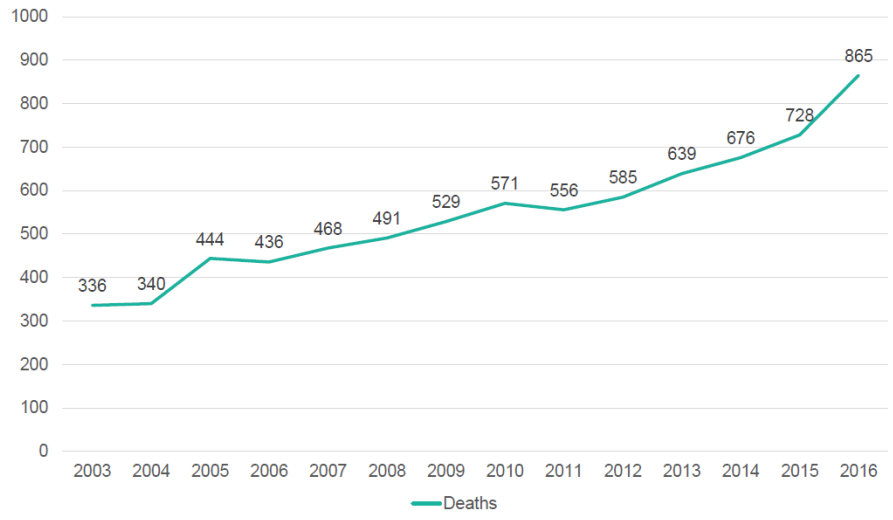
Rate per 100,000 population of significant opioid poisoning hospitalizations by census metropolitan area, Canada, 2016-2017 (CIHI)



NOTE: To be considered a census metropolitan area, the area must have a total population of at least 100,000 of which 50,000 or more live in the urban core.

3

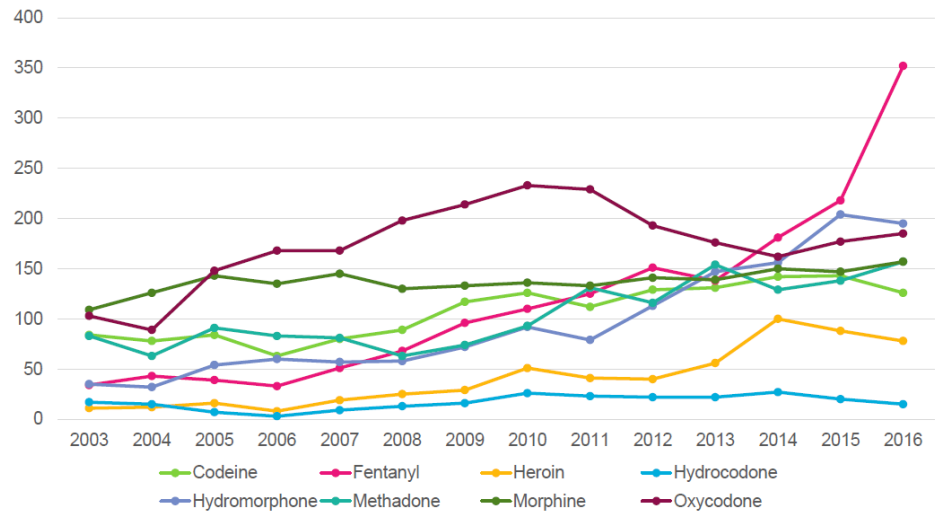
CASES OF OPIOID-RELATED DEATHS, ONTARIO, 2003-2016



NOTE: Death data for 2016 should be considered as preliminary and is subject to change

4

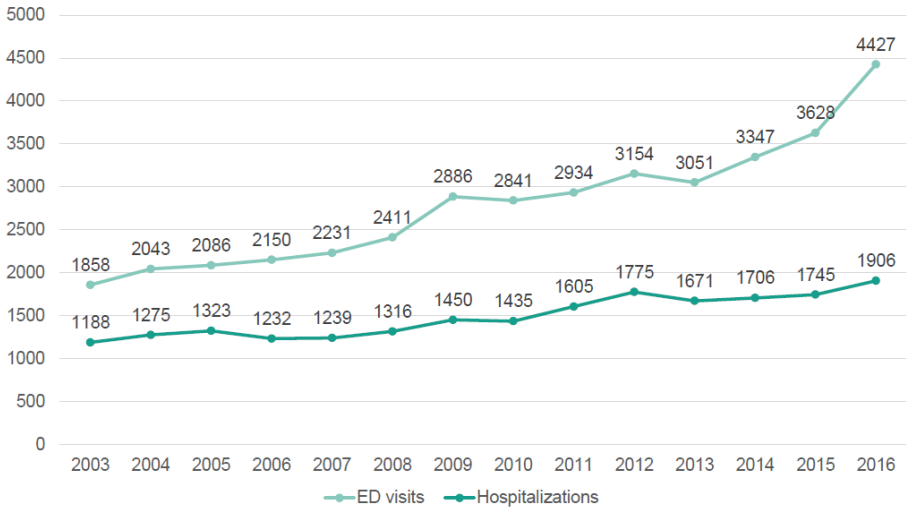
TYPE OF OPIOID PRESENT AT DEATH, ONTARIO, 2003-2016



NOTE: Drug categories are not mutually exclusive; multiple drugs may have been present in a single death.

5

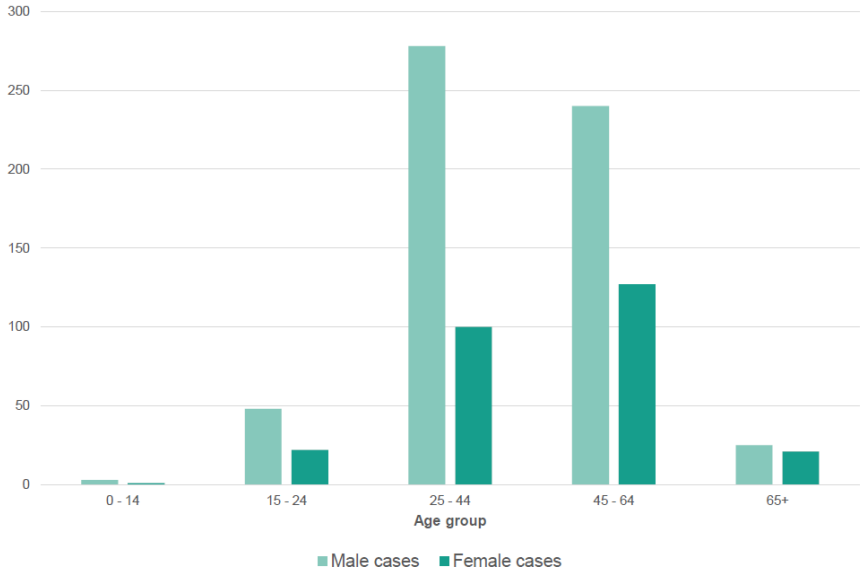
Cases of opioid-related ED visits and hospitalizations, Ontario, 2003-2016



NOTE: April -June 2017 data have been collected as part of a weekly reporting initiative by Ontario hospitals and should be considered preliminary.

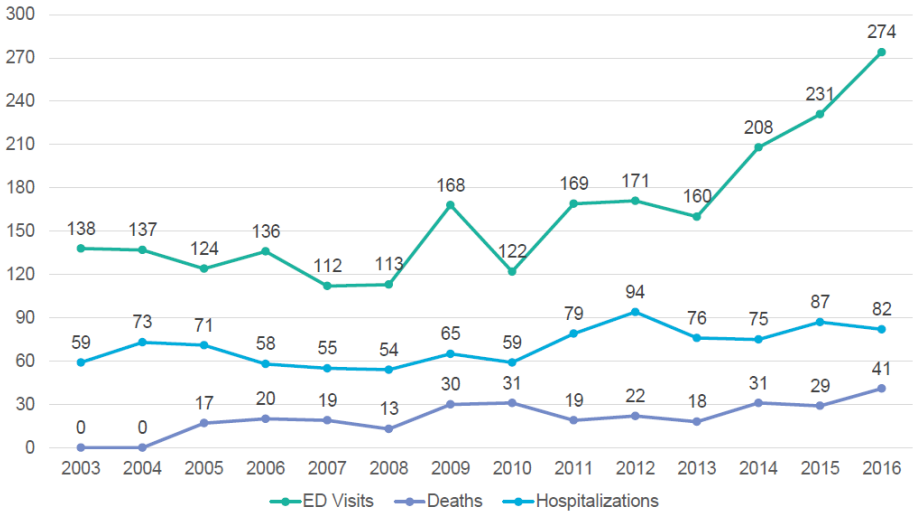
6

Cases of opioid-related deaths by age group and sex, Ontario, 2016



7

Cases of opioid-related ED visits, hospitalizations, and deaths, Durham Region Health Department, 2003-2016



NOTE: Death data for 2016 should be considered as preliminary and is subject to change

8

THE STRATEGY TO PREVENT OPIOID ADDICTION AND OVERDOSE

On October 12, 2016, Dr. Eric Hoskins, Minister of Health and Long-Term Care, announced the Strategy to Prevent Opioid Addiction and Overdose (the Opioid Strategy) in order to address the opioid crisis.

- The Opioid Strategy was informed by the Methadone Treatment and Services Advisory Committee, and included work in a number of key areas:
  - Increasing access to comprehensive pain management services;
  - Enhancing supports to enable appropriate opioid prescribing;
  - Increasing capacity for opioid use disorder treatment;
  - Increasing access to harm reduction services; and
  - Enhancing opioid-related surveillance and reporting.
- Following the October announcement, the Ministry of Health and Long-Term Care undertook a broad-ranging public consultation to determine potential additional actions.
  - The ministry held over 60 face-to-face consultations with more than 100 individuals and stakeholder organizations
  - These included health care providers, relevant associations and professional colleges, academics, public health specialists, community addictions treatment providers, harm reduction workers, and people with lived experience.

KEY FACTS

- In 2016, there were 865 recorded opioid-related deaths. This is a 19% increase from the number of deaths in 2015, and a 136% increase from the number of deaths recorded for 2003.
- Between 2003 and 2016, there were 39,040 emergency department visits and 20,846 hospitalizations related to opioid toxicity. The increase in admissions is reflected across all age groups.
- In 2016/17, over 44,000 people received methadone maintenance therapy (MMT) and over 17,000 people received buprenorphine/naloxone treatment for opioid use disorder.
- Approximately 1 of every 170 deaths in Ontario is now related to opioid use. Among young adults aged 25 to 34, 1 of every 8 deaths is related to opioids.

9

THE STRATEGY TO PREVENT OPIOID ADDICTION AND OVERDOSE

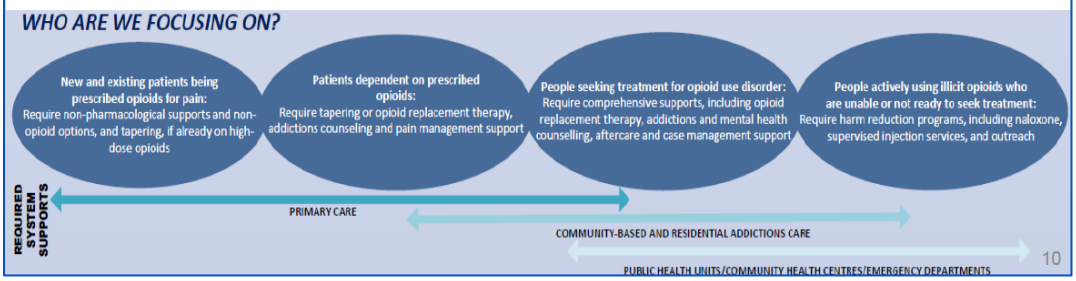
On August 29, 2017, the ministry announced new investments of $222M over three years for programs to provide better access to short- and long-term addictions treatment and supports, help people in pain get appropriate treatment, and improve the safety and health of people who are addicted to opioids. These investments are focused on four key areas:

1. Appropriate Pain Management
- Implementing a comprehensive continuing professional development model and investing in additional education and training supports for healthcare providers will support appropriate opioid prescribing and pain management best practices.
- Investing in interdisciplinary care will increase access to multi-disciplinary pain treatment.

2. Treatment for Opioid Use Disorder
- Primary care providers will receive additional supports allowing them to identify opioid use disorder and will intervene early.
- Additional investments in community mental health and addictions treatment and support will provide opportunities to help address underlying trauma and the root cause of opioid use disorder to support recovery.

3. Harm Reduction
- Investments in needle exchange/syringe programs, Supervised Injection Services (SISs), harm reduction outreach workers and supplies, frontline staff at PHUs, and naloxone expansion that will enhance access to life-saving services and improve health outcomes for people who use drugs.
- SISs will be integrated with other health and social services, providing clients with referrals to these services, including treatment.

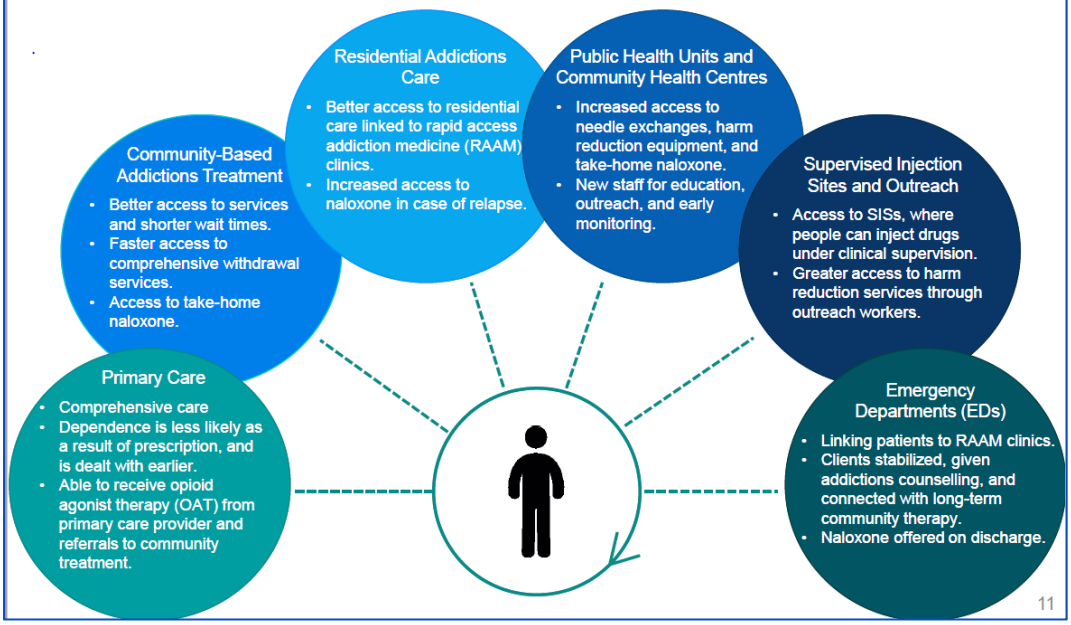
4. Surveillance and Reporting
- Enhanced reporting on opioid overdoses will give the ministry and system partners key information for system planning.
- Enhanced capacity and support for local early warning systems will enable early identification and response to opioid overdoses.



10

WHAT THE OPIOID STRATEGY IS WORKING TOWARD

Through the Opioid Strategy, the ministry is working to create a system where patients will receive better and faster care, regardless of where and how they access services, across the continuum of need.



11

OPIOID STRATEGY: PROGRESS TO DATE

The ministry has made progress on a number of areas since the October 2016 announcement of the Opioid Strategy, including:

2016-17

- ✓ **Convened the Methadone Treatment and Services Advisory Committee** to seek expert advice on addressing the opioid crisis in Ontario.
- ✓ **Released the final report of the Committee** with key recommendations for service improvements.
- ✓ **Increased access to buprenorphine/naloxone** by rescheduling to a General Benefit on the Ontario Drug Benefit (ODB) Formulary.
- ✓ Instituted **stricter controls on prescribing and dispensing fentanyl** by expanding the Patch for Patch program.
- ✓ Supported appropriate prescribing through a **pilot to expand health care provider access to patient dispensing histories**.
- ✓ Supported opioid overdose surveillance and monitoring by **designating Dr. David Williams, Chief Medical Officer of Health, as Provincial Overdose Coordinator**.
- ✓ **Delisted high-strength, long-acting opioids** from the ODB formulary.
- ✓ Supported municipalities in applying for SISs by **developing a provincial framework for SISs**.
- ✓ Announced support for SISs, and **committed to funding Ontario's first three SISs** in Toronto.

SPRING/SUMMER 2017

- ✓ Improved naloxone access for at-risk populations by completing **implementation of the take-home naloxone program in all provincial correctional institutions**.
- ✓ Worked with the College of Nurses of Ontario (CNO) to **enable Nurse Practitioner prescribing of buprenorphine/naloxone** to improve access to high-quality opioid use disorder treatment.
- ✓ Supported access to life-saving harm reduction by **committing to fund one SIS in Ottawa**.
- ✓ Increased access to high-quality pain management through **additional investment in multi-disciplinary hospital-based pain management services**.
- ✓ Announced additional funding to **enhance referral pathways for treatment of back pain and other bone and joint conditions**.
- ✓ Enhanced opioid-repeated surveillance and reporting by **mandating weekly ED overdose reporting and launching the online Interactive Opioid Tool**.
- ✓ **Hosted the Mayors' Meeting on Opioids**.
- ✓ Announced funding for **new staff at Public Health Units to support opioid response capacity and expand access to naloxone**.

12

OPIOID STRATEGY: ENHANCEMENTS AND PLANNED INITIATIVES

On August 29th, the government announced new investments under the next phase of the Opioid Strategy to ensure a coordinated and holistic approach to addressing the opioid crisis, including:

FALL/WINTER 2017/18

- Support appropriate prescribing in primary care by **working with Health Quality Ontario (HQO) to circulate practice reports for all primary care physicians**.
- Improve access to high-quality addictions treatment in communities of need through **targeted outreach, training and prescribing support for interdisciplinary teams via the Centre for Addictions and Mental Health (CAMH)**.
- **Improve physicians' capacities to treat addictions and pain through mentorship** opportunities for all physicians via the Ontario College of Family Physicians (OCFP).
- New LHIN funding to **increase treatment capacity and access to addictions services**.
- **Improve access to harm reduction and needle exchange/syringe programs** by increasing funding to meet demand for supplies.
- Support appropriate prescribing through **additional funding for provider education, training and supports, including targeted outreach** for high prescribers.
- Connect with vulnerable populations with harm reduction supports through **new harm reduction outreach workers**.
- Increase access to live-saving harm reduction services by **expanding SISs beyond Toronto and Ottawa**.

2018/19

- Increase funding to improve **appropriate care and pathways to treatment for Indigenous communities**.
- Provide **developmentally appropriate care for youth** through dedicated funding.
- Improve ease of use for clients, and ensuring consistency in Ontario's naloxone programs, by **transitioning the Ontario Naloxone Program for Pharmacies (ONPP) to intranasal naloxone**.
- Enhance provider capacity for appropriate pain management through the development of a **new evidence-based training module for all providers who prescribe or dispense opioids**.
- Make take-home naloxone available to additional at-risk individuals by **distributing naloxone through EDs**.
- Release two **new HQO quality standards to support appropriate prescribing for chronic and acute pain**.
- **Outline best practices for treating opioid use disorder** by releasing new HQO quality standards.
- **Provide Ontarians with information about safe use of opioids, overdose, and access to naloxone** through public education.
- Support appropriate prescribing by **enhancing the information available to prescribers** on patient dispensing histories at the point of care.

13

OFFICE OF THE CHIEF MEDICAL OFFICER OF HEALTH

In October 2016, Dr. Williams was named the Provincial Overdose Coordinator (POC)

Advisory Committees

To support the work of the POC, two advisory committees have been formed:

- ✓ **The Surveillance Executive Steering Committee (SESC)** began meeting in May 2016, and has a membership that includes the Chief Coroner of Ontario, public health experts, and addiction specialists, along with MOHLTC representatives.
- ✓ **The Illicit Synthetic Opioid Provincial Response Advisory Committee (ISOPRAC)** began meeting in December 2016, and has a membership that includes police, EMS, Medical Officers of Health, emergency department physicians, public health experts, and MOHLTC representatives.

Progress to date

Interactive Opioid Tool

- ✓ Developed in consultation with the SESC, and produced and hosted by Public Health Ontario, the Interactive Opioid Tool allows users to explore the most recent opioid-related morbidity and mortality data including emergency department visits, hospitalizations and deaths.
- ✓ The data in the Tool can be viewed by public health unit, local health integration network, age, sex, and in some cases, drug type.
- ✓ Most recently, weekly opioid-related ED visit data has been incorporated into the Tool.

Resuscitation guidelines

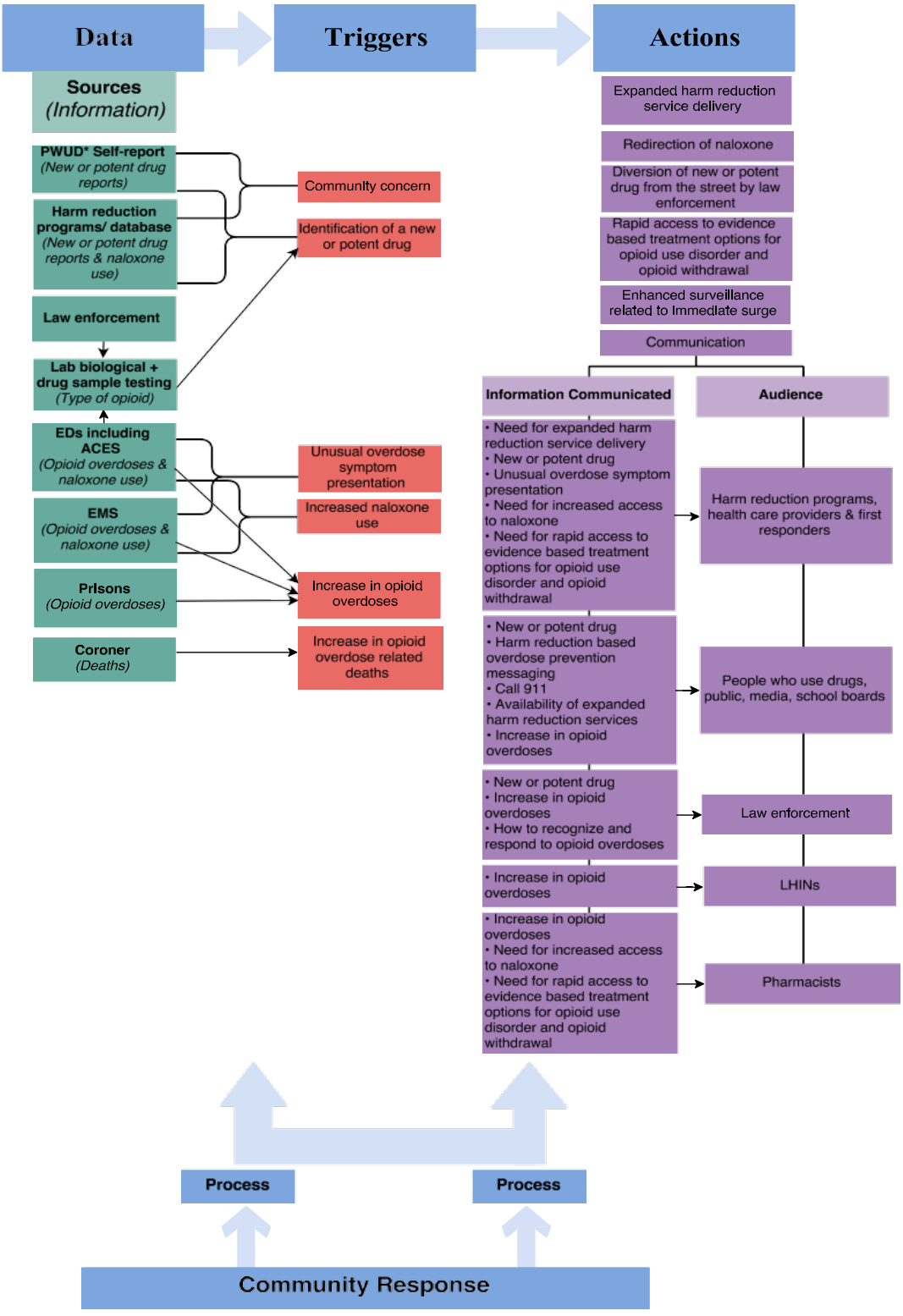
- ✓ In consultation with ISOPRAC, guidelines on resuscitation in opioid overdose were developed for inclusion in ministry-funded naloxone kits.
- ✓ These guidelines include chest compressions along with the administration of naloxone.

Early Warning Framework

- ✓ In consultation with ISOPRAC, an opioid overdose early warning system framework has been developed.
- ✓ A portion of the recently announced funding for Public Health Units includes staffing to establish/enhance local opioid overdose early warning systems.
- ✓ The Office of the CMOH is currently working with provincial toxicology laboratories and other system stakeholders to determine how best to incorporate enhanced toxicology laboratory testing into local early warning systems.

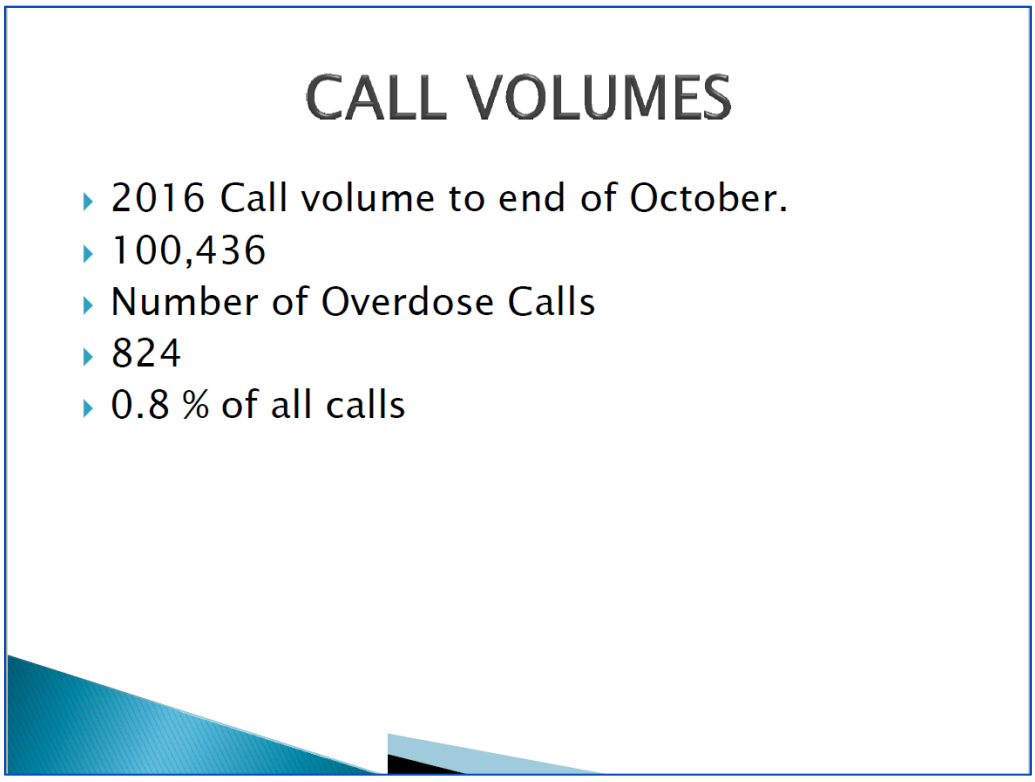
14

Opiod Overdose Early Warning System Framework



Appendix C

Opioid Response – Region of Durham Paramedic Services



PATIENT OUTCOMES

- Of 824 total OD calls
- 43 worse on arrival at ED
- 5%

Call Volumes

- 2017 Call volumes to date
- 101,293
- Number of Non Opioid related OD's
- 867
- Number of Opioid related OD's
- 206
- Pt's aged 2 – 81yrs
- OD's 1% of all calls
- Opioid specific 0.2%

PATIENT OUTCOMES

- Of 206 Opioid related OD's
- 8 worse on arrival at ED
- 4%

WHAT WE LOOK FOR

- Unconscious
- Pinpoint Pupils
- Respiratory Depression

HOW WE TREAT

- Ventilation
- Cardiac Monitor
- Naloxone?
- Advanced airway?
- IV?
- Blood Glucose
- Rapid Transport

CHALLENGES for PARAMEDICS

- Skittles Parties.

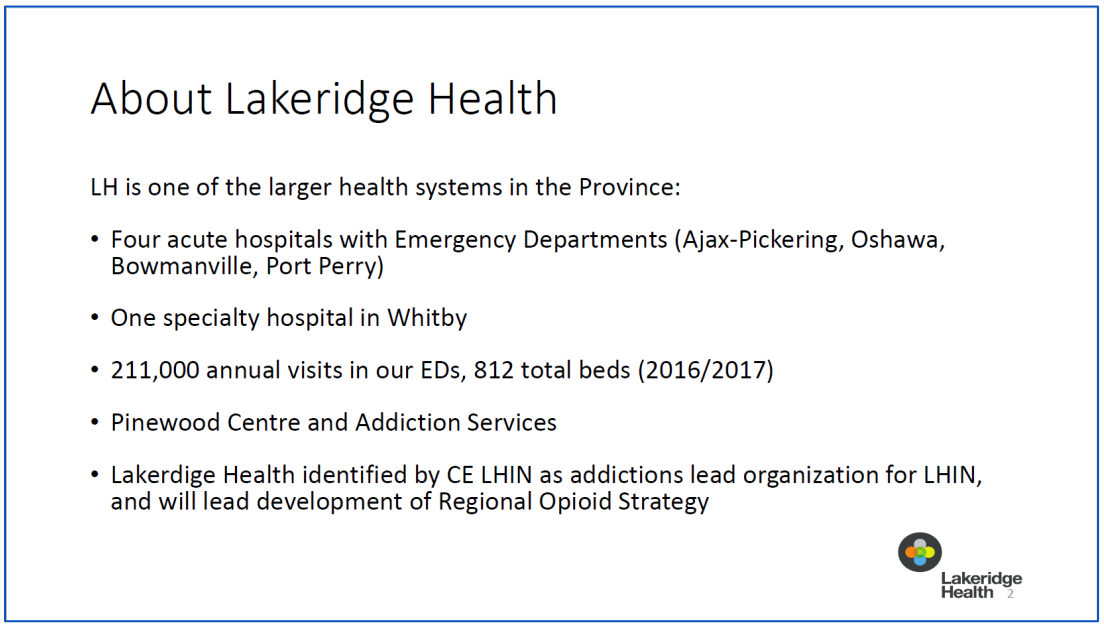
Prehospital Naloxone

Questions

REGION of DURHAM
PARAMEDIC SERVICES

Appendix D

Durham Region Opioid Planning Session – Lakeridge Health



Ontario Surveillance Report

Mental Health Surveillance Report (September 2017)
Provincial coverage: 145 hospitals reporting to ACES (21 hospitals outstanding)

Kingston, Frontenac and Lennox & Addington
Public Health Knowledge Management Team

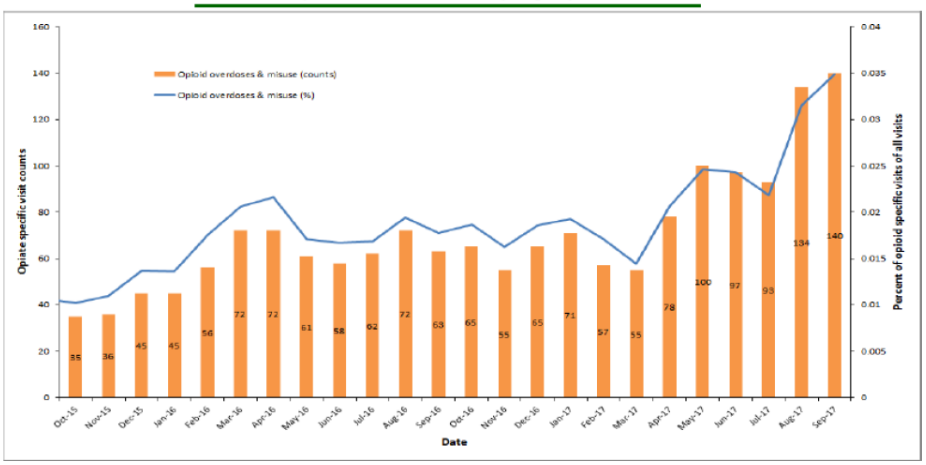
For more information on the Acute Care Enhanced Surveillance (ACES) system, click here.

ACES Hospital Emergency Department (ED) Activity

The purpose of this report is 1) to describe the healthcare seeking behaviours of Ontarians (over the age of 14) with a complex range of mental health disorders that are poorly captured by any current active surveillance system; 2) to capture any changing trends in acute care hospital utilization and demographics to illustrate the evolving state of mental health in Ontario; and 3) to inform policy and practice at all levels of healthcare.

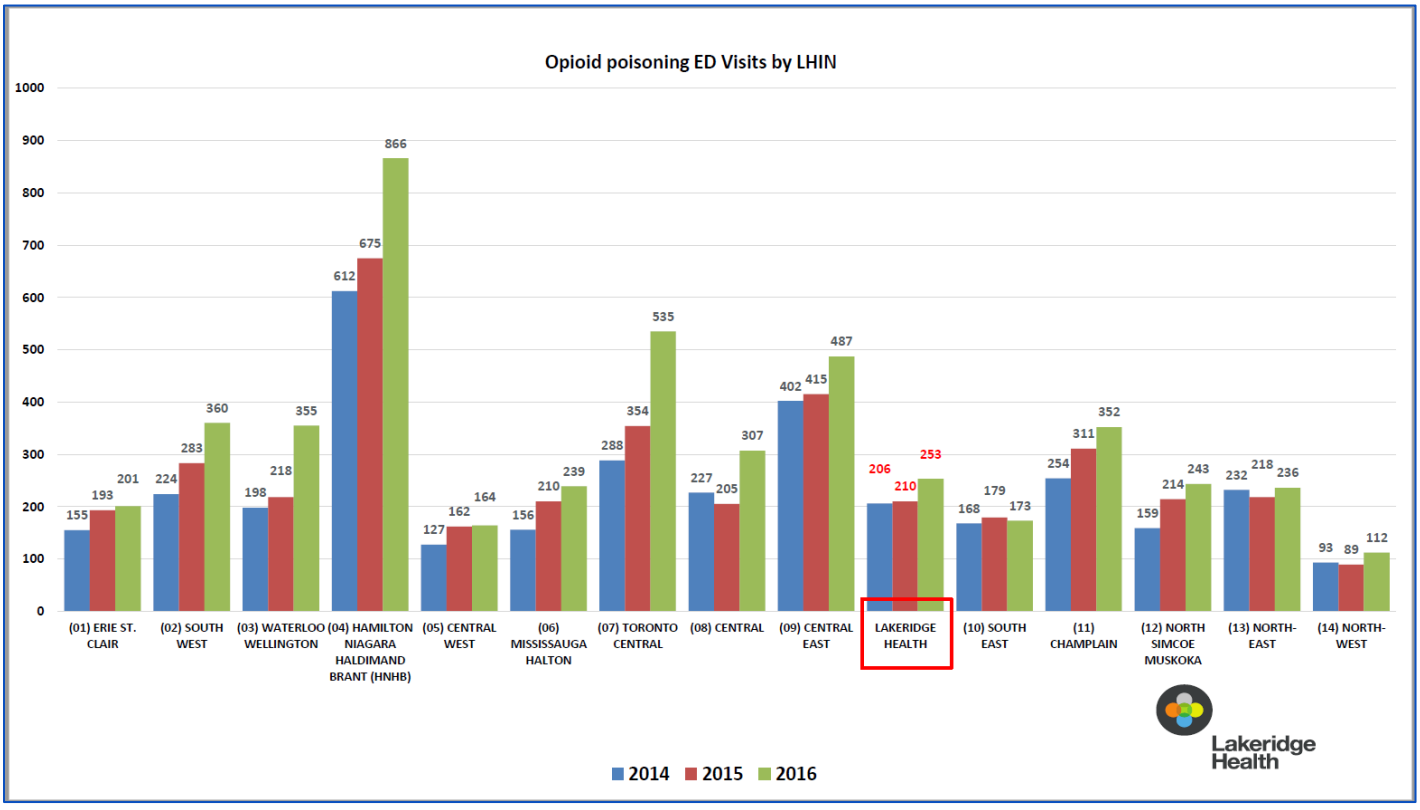
Opioid surveillance: Using real-time ED visit data for opioid-related surveillance is difficult given that hospital triage staff may not have a clear idea of what the patient has overdosed on/misused. This is plainly shown when looking at the graph below compared to the non-specific drug graph on page two. Non-specific drug overdoses/misuse visits account for nearly 1% of all ED visits whereas opioid-related visits account for a negligible amount of overall visits to ACES hospitals.

Opioid-related ED Visits to Participating Hospitals

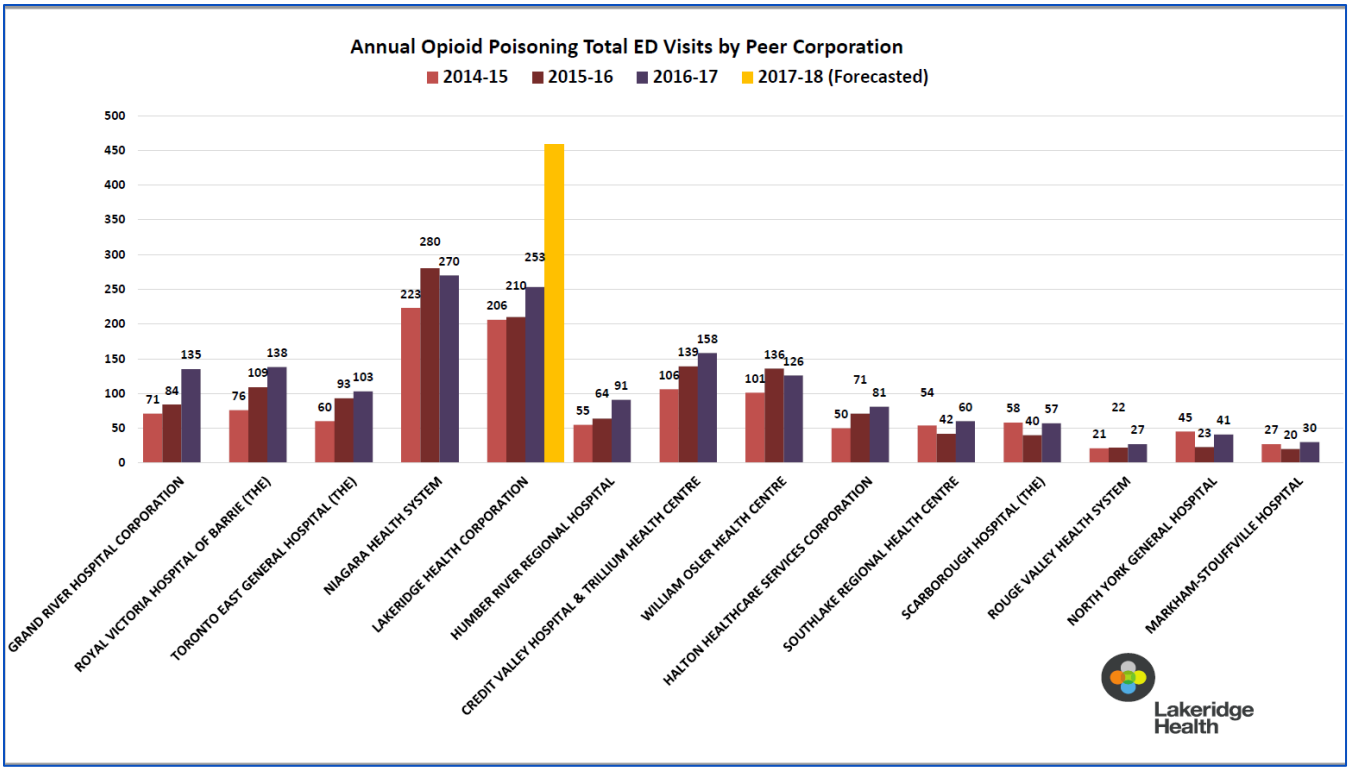


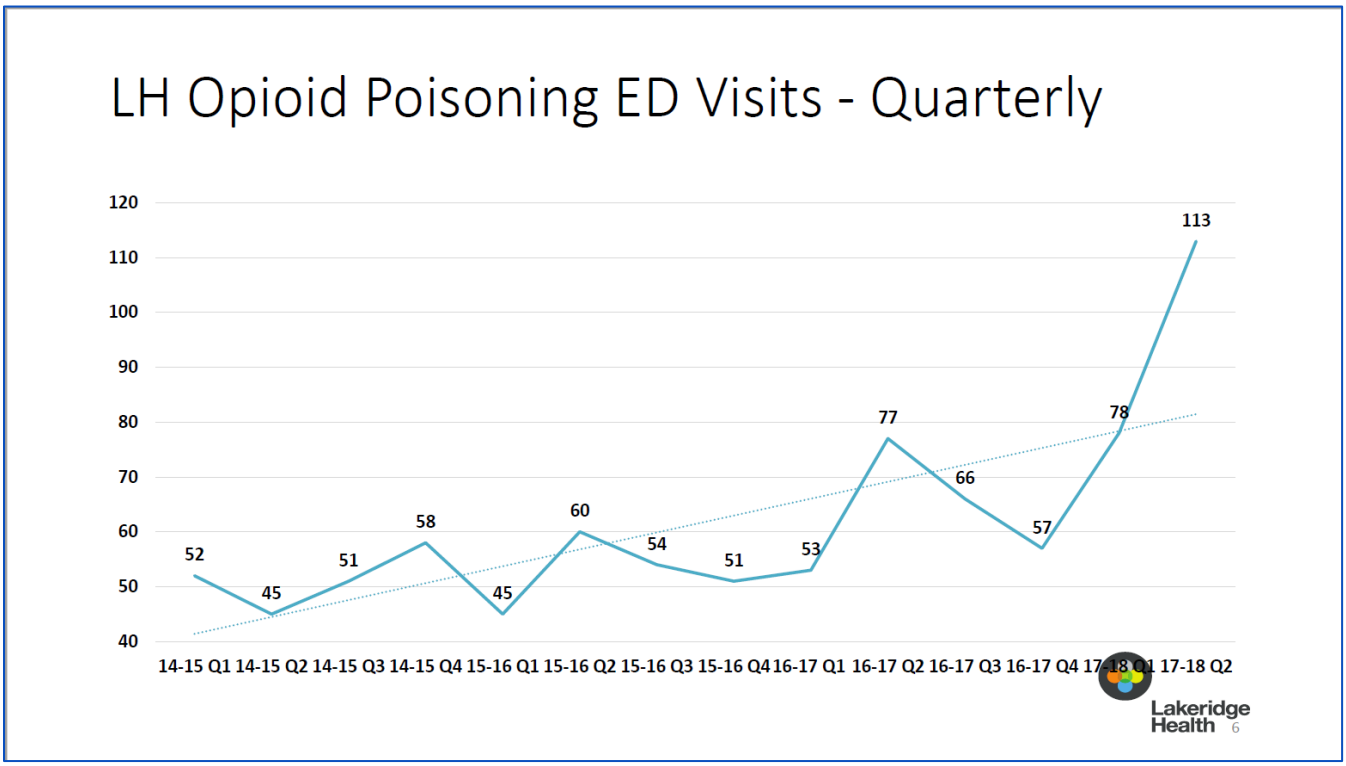
NOTE: Further details can be obtained by contacting Adam van Dijk at adam.vandijk@kflapublichealth.ca or 613-549-1232 x1510 (All feedback is welcome and appreciated)

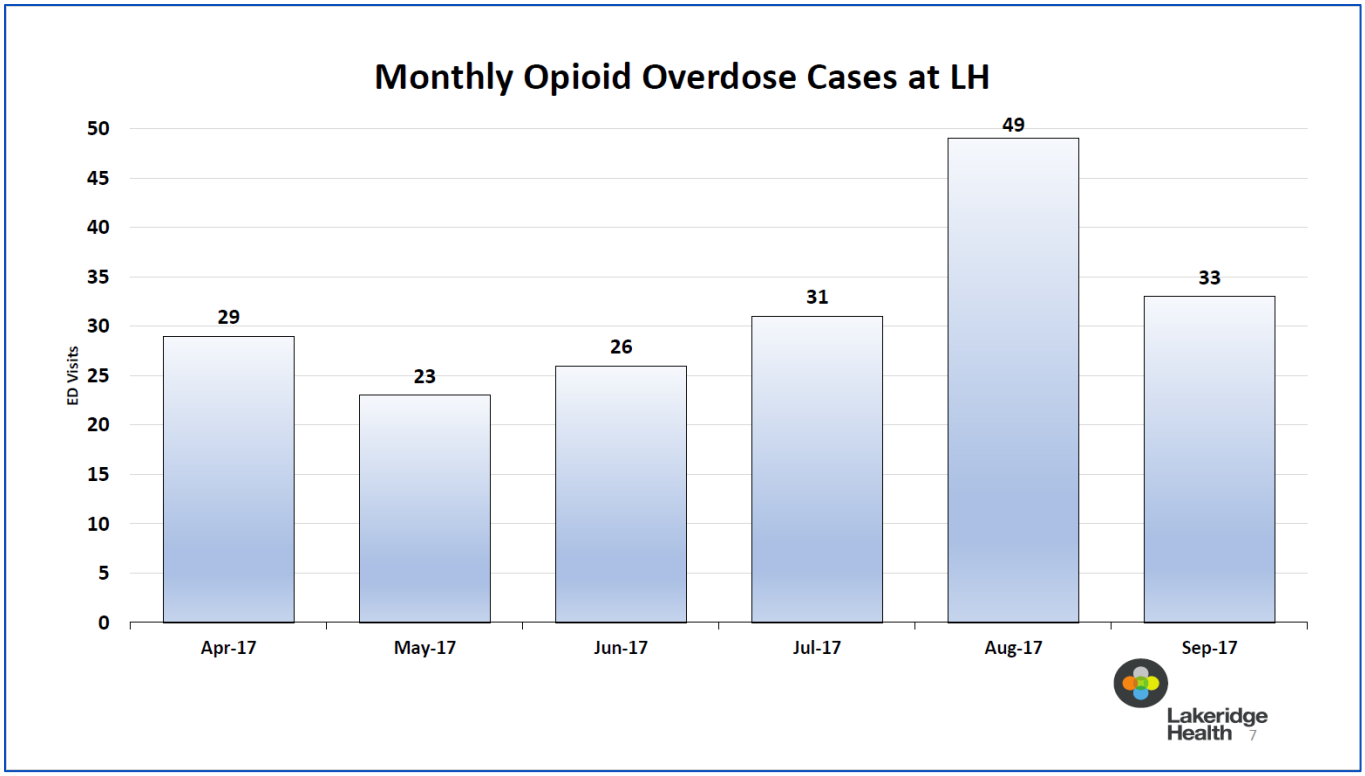
Lakeridge Health 3

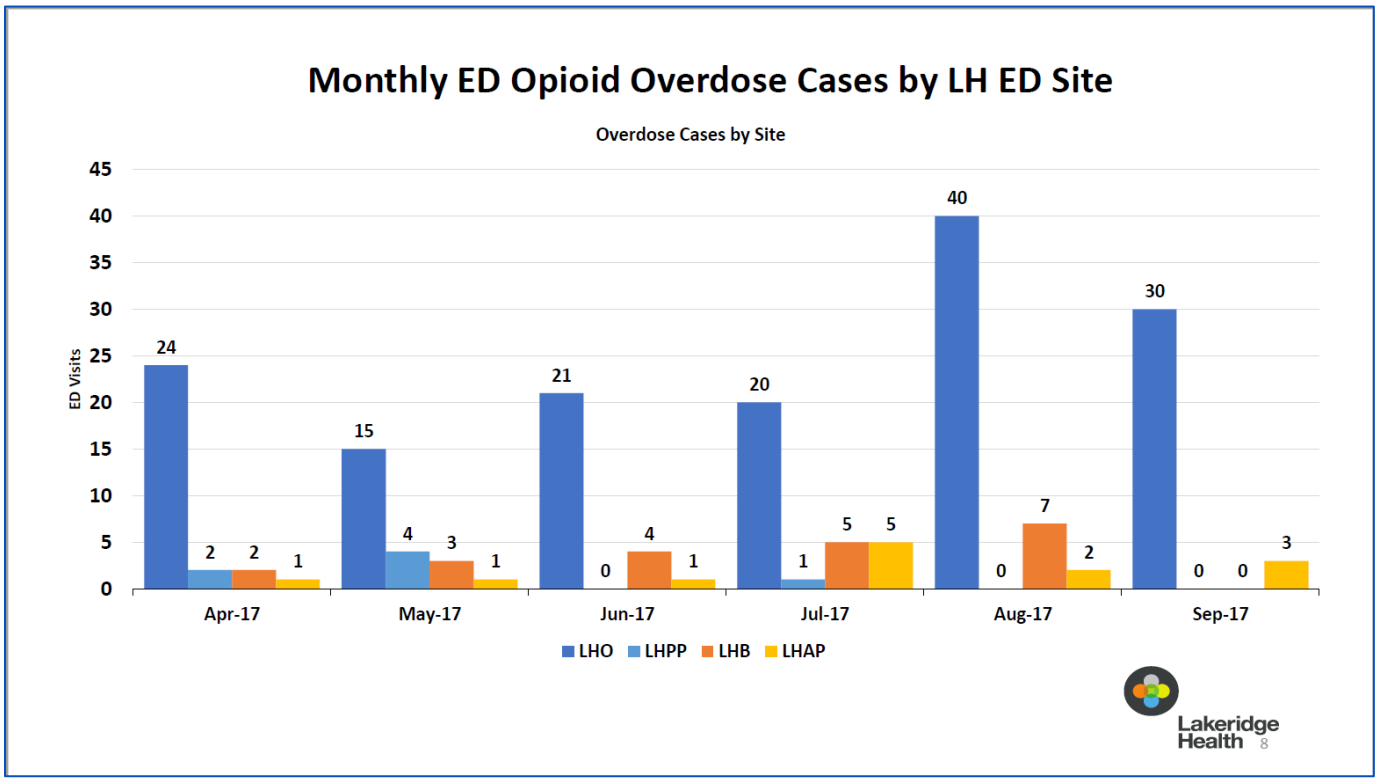


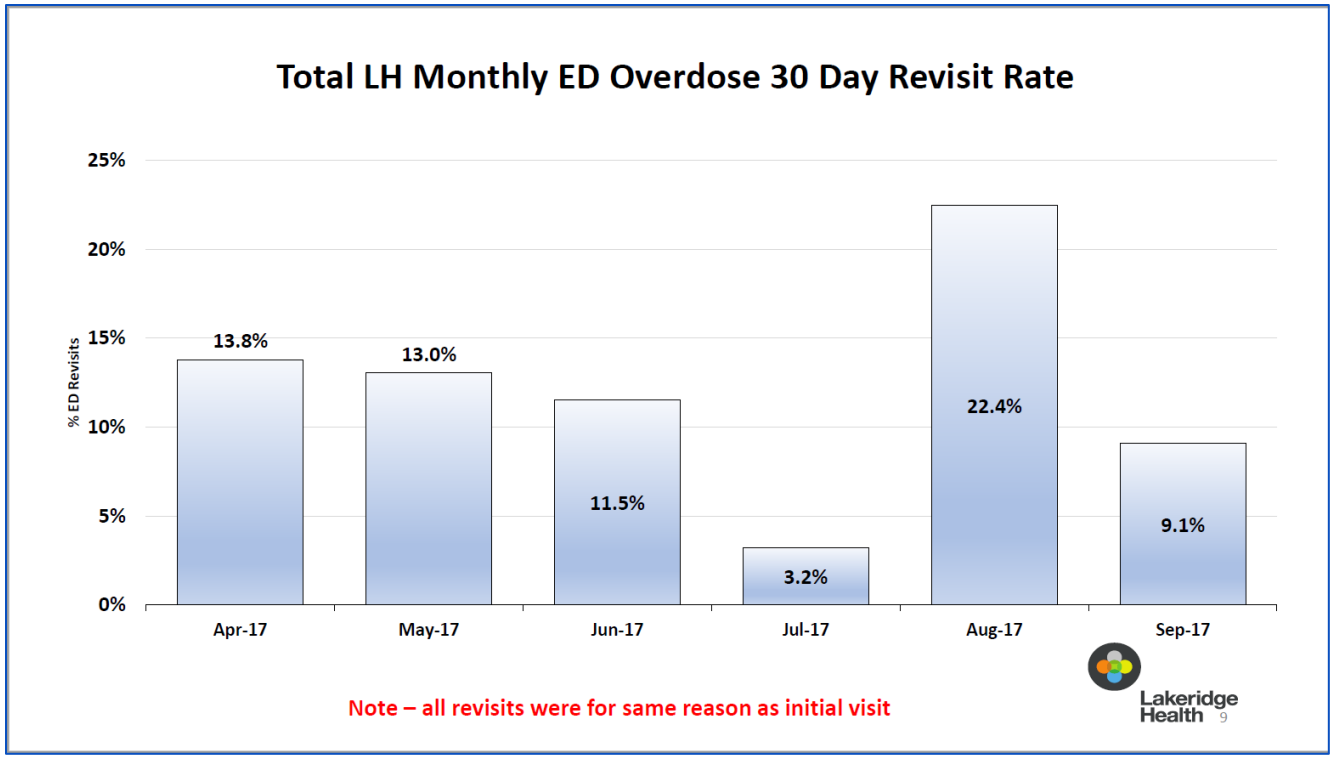
Lakeridge Health

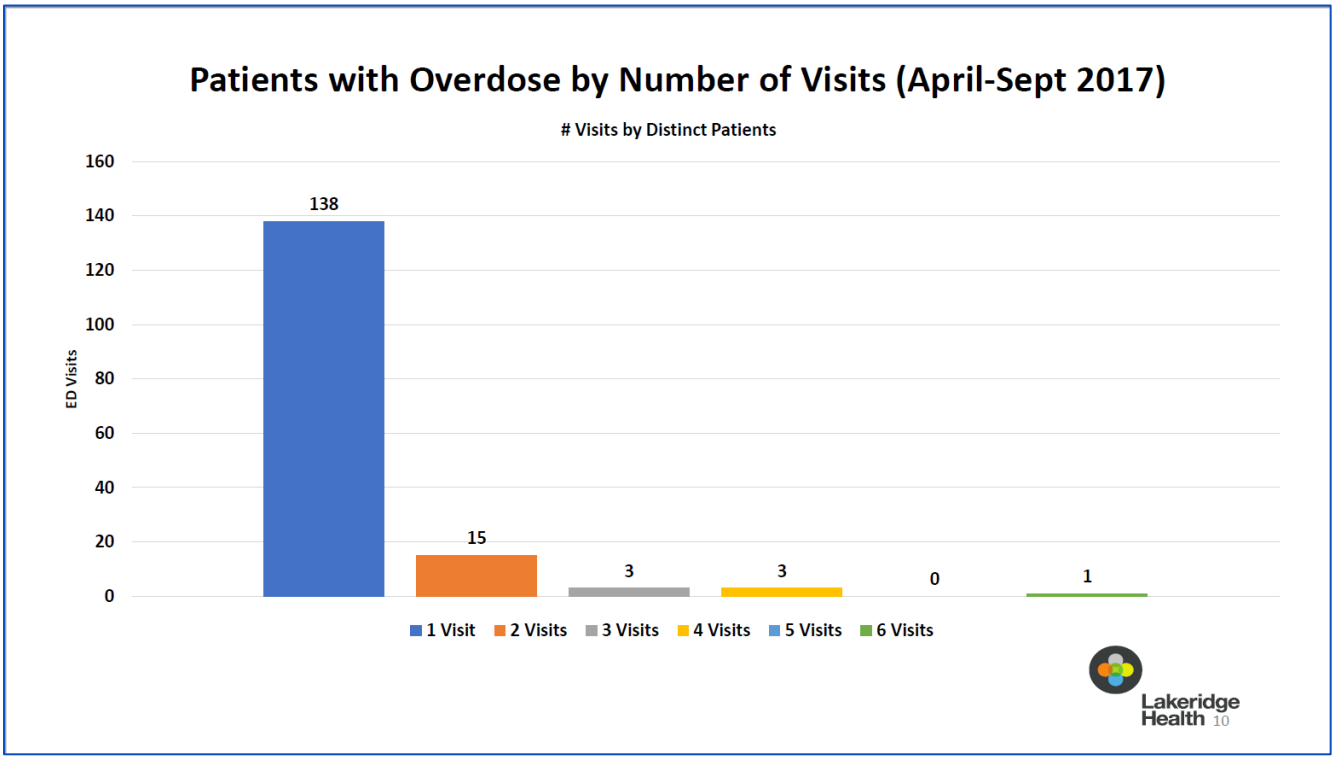

Annual Opioid Poisoning Total ED Visits by Peer Corporation
2014-15
2015-16
2016-17
2017-18 (Forecasted)
500
450
400
350
300
250
200
150
100
50
0
71 84 135
76 109 138
60 93 103
223 280 270
206 210 253
55 64 91
106 139 158
101 136 126
50 71 81
54 42 60
58 40 57
21 22 27
45 23 41
27 20 30
GRAND RIVER HOSPITAL CORPORATION
ROYAL VICTORIA HOSPITAL OF BARRIE (THE)
TORONTO EAST GENERAL HOSPITAL (THE)
NIAGARA HEALTH SYSTEM
LAKERIDGE HEALTH CORPORATION
HUMBER RIVER REGIONAL HOSPITAL
CREDIT VALLEY HOSPITAL & TRILLIUM HEALTH CENTRE
WILLIAM OSLER HEALTH CENTRE
HALTON HEALTHCARE SERVICES CORPORATION
SOUTHLAKE REGIONAL HEALTH CENTRE
SCARBOROUGH HOSPITAL (THE)
ROUGE VALLEY HEALTH SYSTEM
NORTH YORK GENERAL HOSPITAL
MARKHAM-STOUFFVILLE HOSPITAL
Lakeridge Health

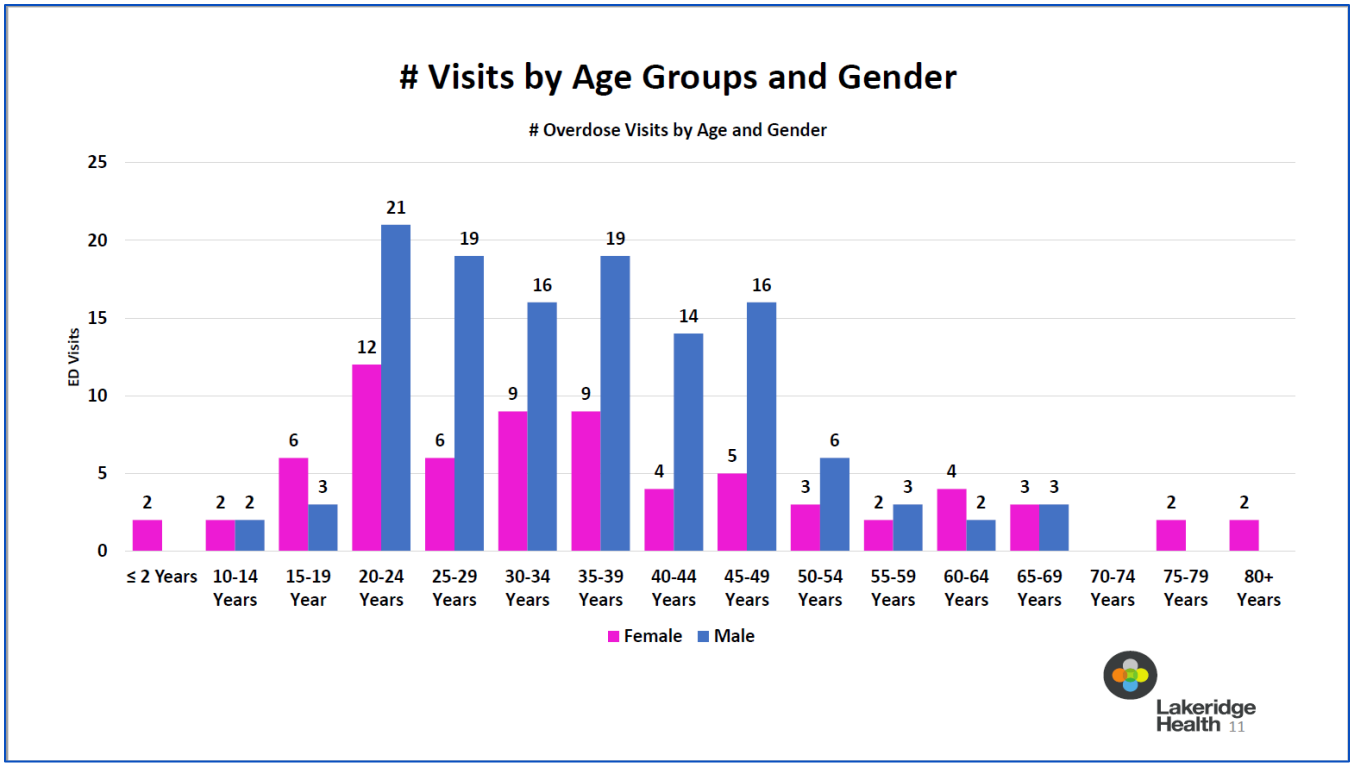

LH Opioid Poisoning ED Visits - Quarterly
120
110
100
90
80
70
60
50
40
52
45
51
58
45
60
54
51
53
77
66
57
78
113
14-15 Q1
14-15 Q2
14-15 Q3
14-15 Q4
15-16 Q1
15-16 Q2
15-16 Q3
15-16 Q4
16-17 Q1
16-17 Q2
16-17 Q3
16-17 Q4
17-18 Q1
17-18 Q2
Lakeridge Health
6

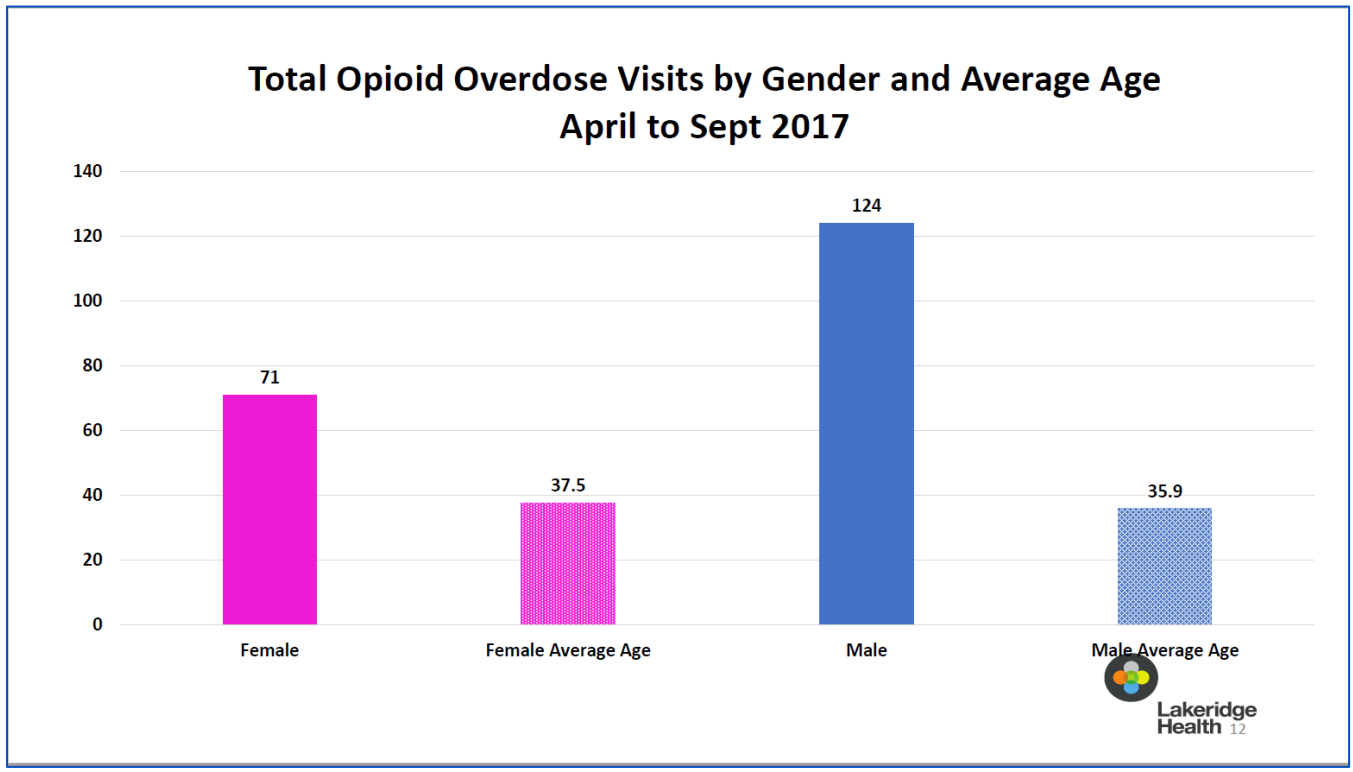

Monthly Opioid Overdose Cases at LH
ED Visits
50
45
40
35
30
25
20
15
10
5
0
29
23
26
31
49
33
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Lakeridge Health
7


Monthly ED Opioid Overdose Cases by LH ED Site
Overdose Cases by Site
ED Visits
45
40
35
30
25
20
15
10
5
0
24
2
2
1
15
4
3
1
21
0
4
1
20
1
5
5
40
0
7
2
30
0
0
3
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
LHO
LHPP
LHB
LHAP
Lakeridge Health
8


Total LH Monthly ED Overdose 30 Day Revisit Rate
% ED Revisits
25%
20%
15%
10%
5%
0%
13.8%
13.0%
11.5%
3.2%
22.4%
9.1%
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Note – all revisits were for same reason as initial visit
Lakeridge Health 9


Patients with Overdose by Number of Visits (April-Sept 2017)
Visits by Distinct Patients
ED Visits
160
140
120
100
80
60
40
20
0
138
15
3
3
0
1
1 Visit
2 Visits
3 Visits
4 Visits
5 Visits
6 Visits
Lakeridge Health 10


Visits by Age Groups and Gender
Overdose Visits by Age and Gender
ED Visits
25
20
15
10
5
0
2
2 2
6 3
12 21
6 19
9 16
9 19
4 14
5 16
3 6
2 3
4 2
3 3
2
2
≤ 2 Years
10-14 Years
15-19 Year
20-24 Years
25-29 Years
30-34 Years
35-39 Years
40-44 Years
45-49 Years
50-54 Years
55-59 Years
60-64 Years
65-69 Years
70-74 Years
75-79 Years
80+ Years
Female
Male
Lakeridge Health 11


Total Opioid Overdose Visits by Gender and Average Age
April to Sept 2017
140
120
100
80
60
40
20
0
71
37.5
124
35.9
Female
Female Average Age
Male
Male Average Age
Lakeridge Health 12

LH ED Strategy

- Medical Advisory Committee Approved ED Opioid and Control Substances Prescribing Guideline
- Suboxone education sessions for ED physicians and nursing
- Addition of Suboxone to all 4 ED pharmacy stock with approval for Suboxone to be added to the LH Formulary
- Suboxone starts in ED with prescription for next day dosing and dispensing of Naloxone kit
- Standard patient education materials including referrals to Pinewood Hospital to Home and community clinic

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Lakeridge Health

Suboxone Now Available in Lakeridge Health Emergency Departments

Potentia ly Life Saving Therapy offers a Safer Alternative to Methadone for Those with Opioid Addictio

April 20, 2017

In alignment with the Provincial Opioid Strategy, Lakeridge Health Emergency Departments, in partnership with Pinewood Centre, have launched a comprehensive opioid strategy aimed to help address a growing opioid misuse and addiction problem across Durham Region.

The measures include:

- Evidence based guidelines for Emergency Physicians on prescribing opioids to prevent unnecessary dispensing and over-prescribing.
- Partnership with Pinewood programs such as Hospital to Home, Residential and Community Withdrawal Management and Opioid Case Management.
- Educational materials and information for patients and families on opioid related topics.
- Suboxone starts in the Emergency Department to treat patients in chronic pain and who present in withdrawal from opioids.
- Referral to local Rapid Access Addiction Clinics.
- Patient linkage with local pharmacies for access to free Naloxone kits.
- Weekly submission of hospital opioid overdose cases to the Canadian Institute for Health Information in alignment with Provincial directiv s.

"Patie ts experiencing acute and chronic pain deserve timl y and appropriate care. We also need to do our part to prevent harm from opioids and provide patie ts struggling with opioid use disorder the help they need."

Dr. Benjamin Fuller, Chief and Medical Director of Emergency Medicine and Critical Care

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Trends in Addiction Services – Pinewood Centre

- General increase observed in number of using heroin and fentanyl as opposed to prescription drugs
- New physician prescribing guidelines are related to increase drug sourcing on the street
- Trended increase in polysubstance use, specifically cocaine and crystal methamphetamine.
- North Durham, clients continue to have access to fentanyl patches however in Bowmanville/Oshawa most cases of fentanyl use are referring to powdered fentanyl only.
- Many clients report using Naloxone for themselves and others
- Many have reported using Naloxone as a “safety net” allowing them to use large amounts of opioids with a lessened risk of overdose
- High number of clients are indicating both significant trauma and physical pain concerns

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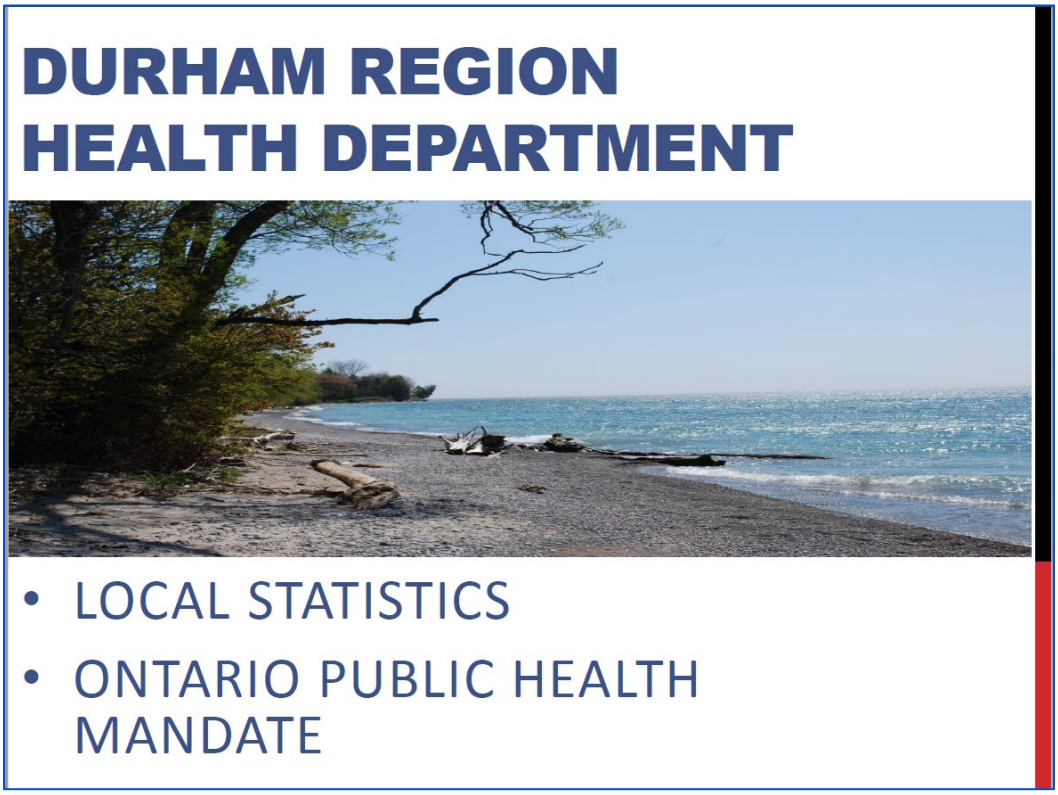
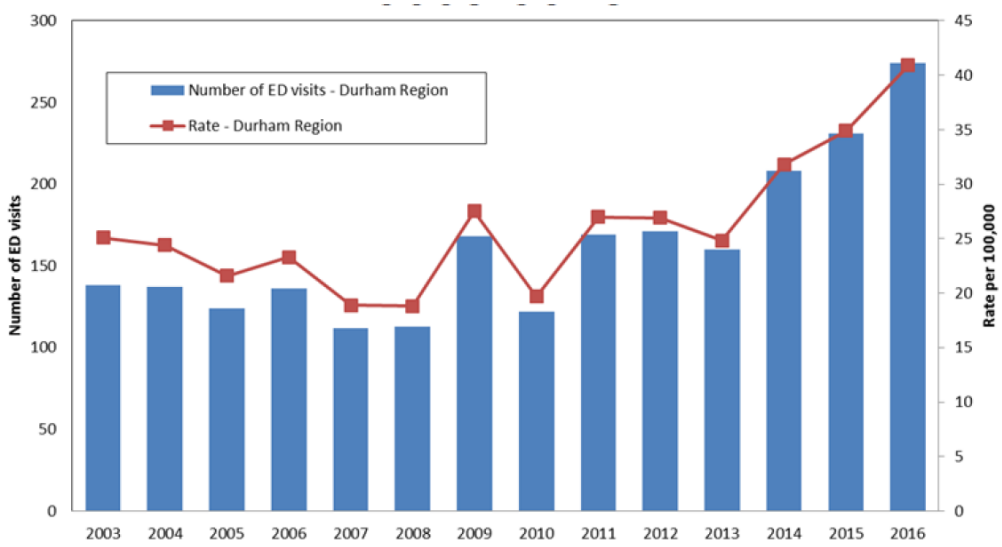
Appendix E

Durham Region Health Department – Local Statistics and Ontario Public Health Mandate

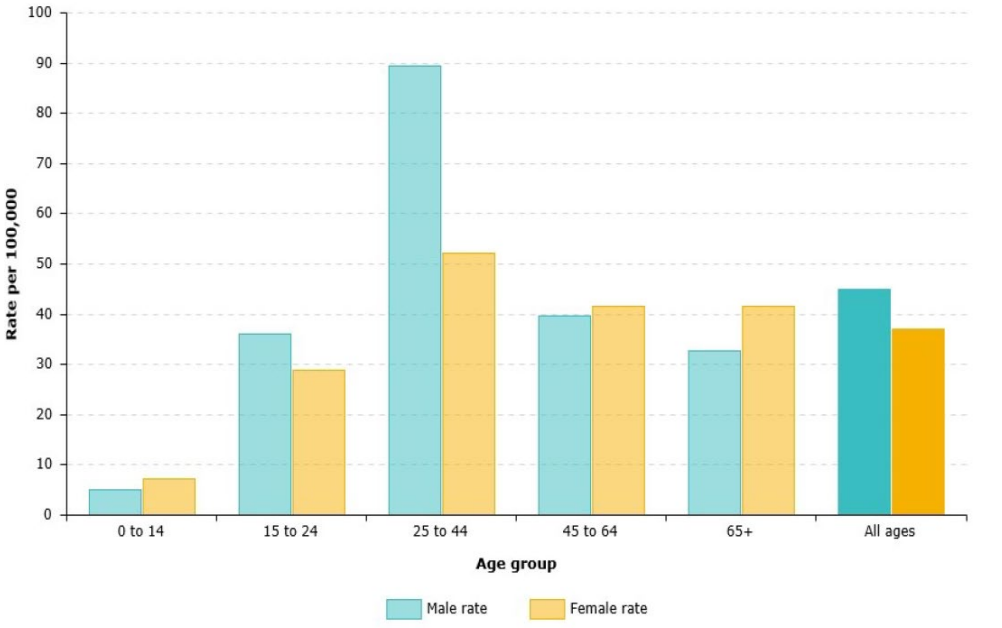


Opioid-related emergency department visits, Durham Region,



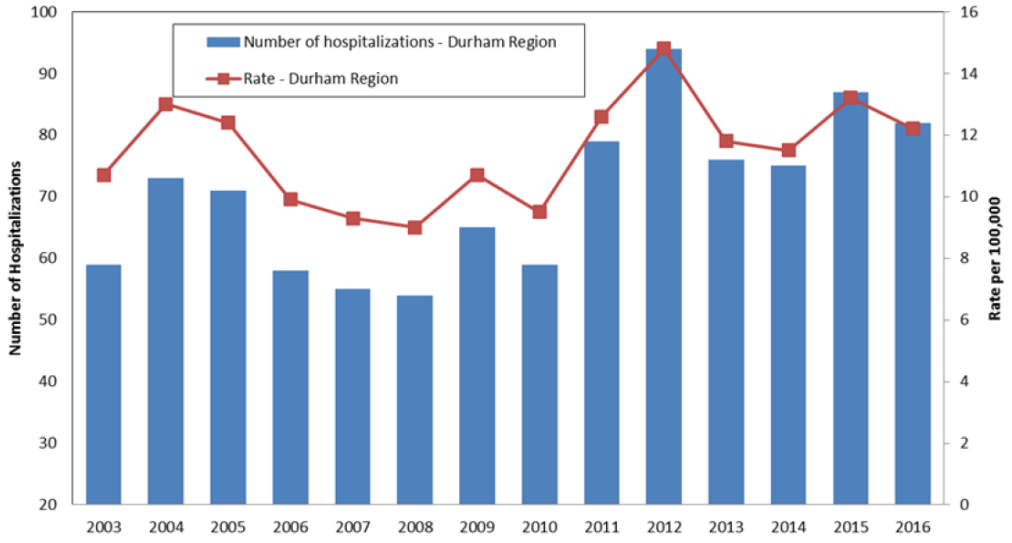
Ontario Agency for Health Protection and Promotion (Public Health Ontario) , 2017

Rates of opioid-related ED visits by age group, Durham Region Health Department , 2016



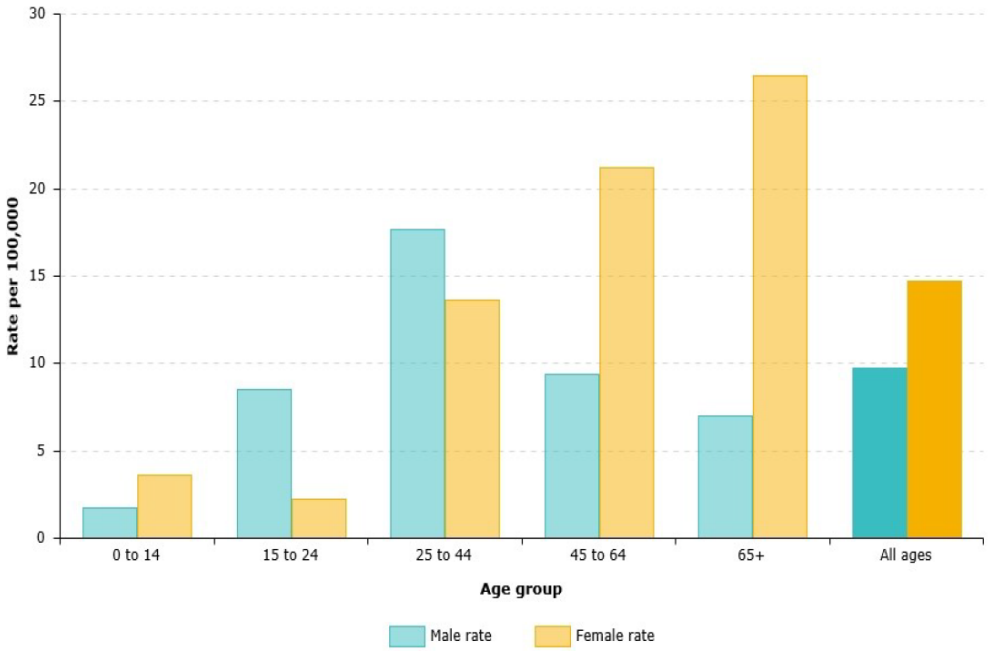
Ontario Agency for Health Protection and Promotion (Public Health Ontario), 2017

Opioid-related hospitalizations, Durham Region, 2003-2016



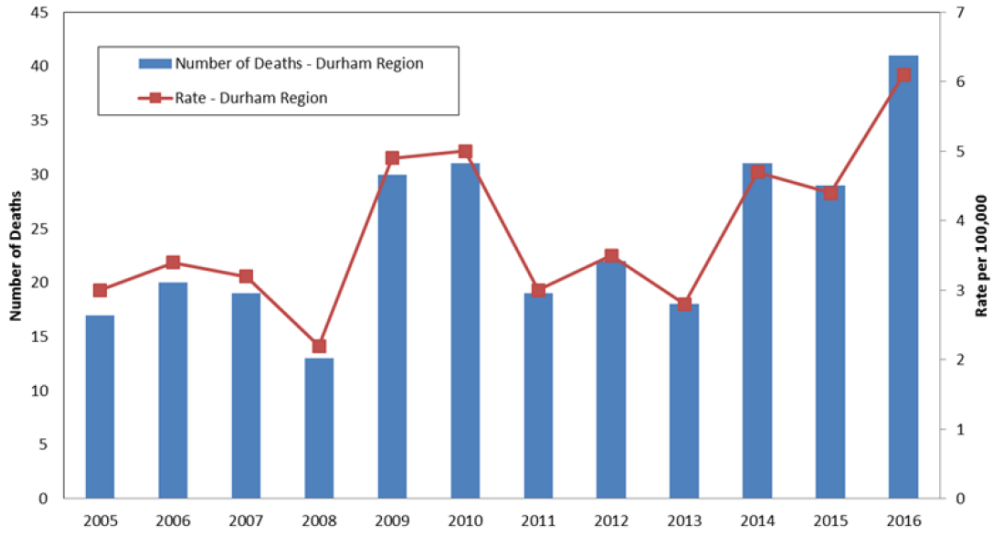
Ontario Agency for Health Protection and Promotion (Public Health Ontario) (2017).

Rates of opioid-related hospitalizations by age group, Durham Region Health Department , 2016



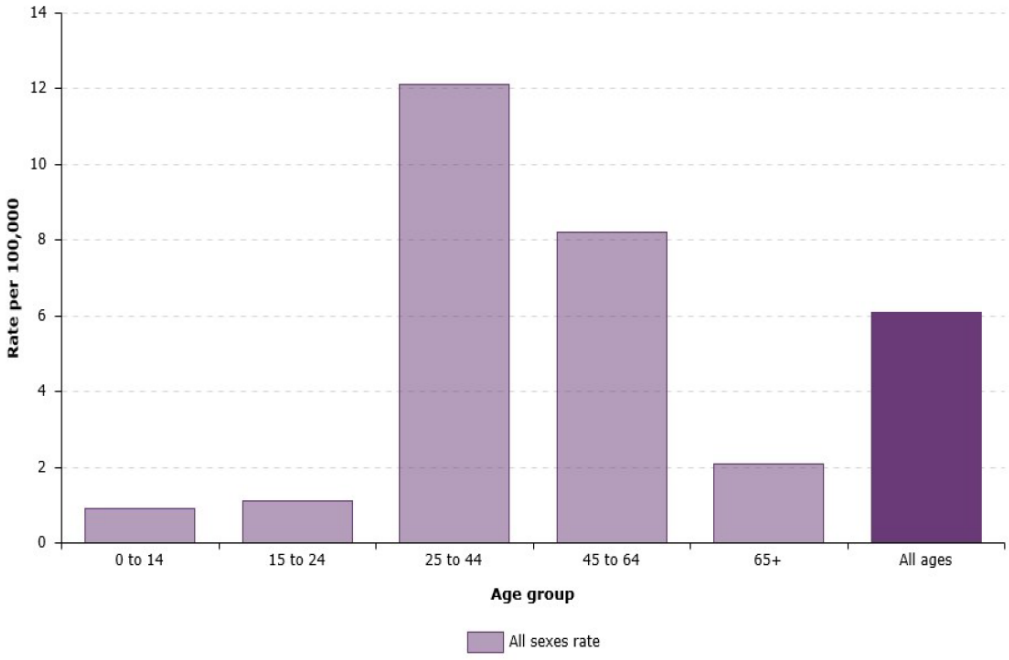
Ontario Agency for Health Protection and Promotion (Public Health Ontario) (2017).

Opioid-related deaths, Durham Region, 2003-2016



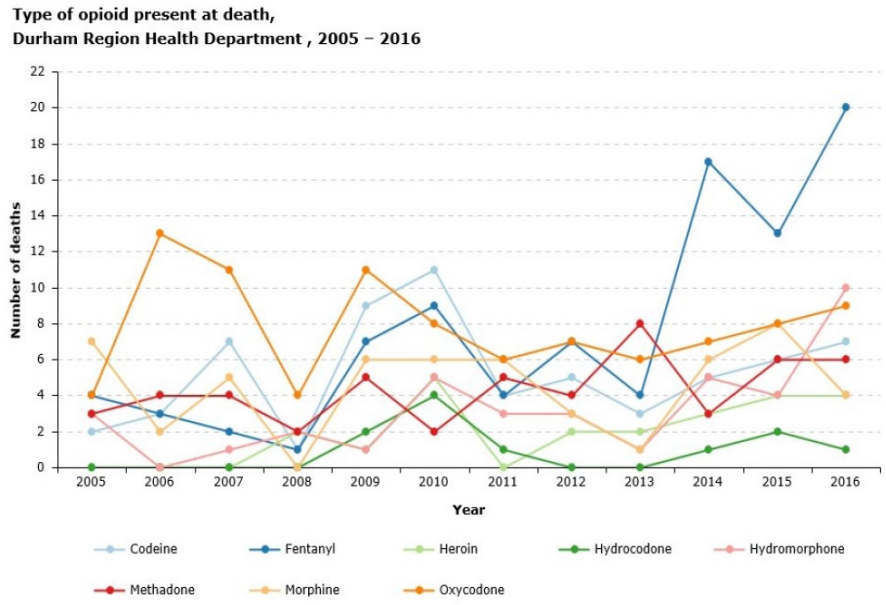
Ontario Agency for Health Protection and Promotion (Public Health Ontario), 2017

Rates of opioid-related deaths by age group, Durham Region Health Department , 2016



Ontario Agency for Health Protection and Promotion (Public Health Ontario) , 2017

Type of opioid present at death

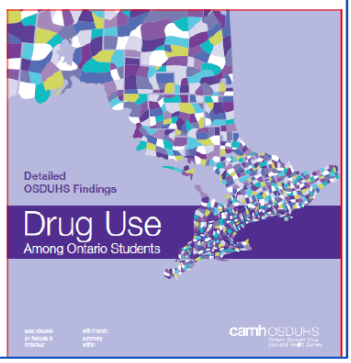


Ontario Agency for Health Protection and Promotion (Public Health Ontario) , 2017

Ontario Student Drug Use and Health Survey

In 2016,

- **13%** of Durham Region secondary school students used prescription opioid pain relievers non-medically @ least once in the past 12 months



Source: OSDUHS, 2017

Prevention	Harm Reduction
Healthy policies, safe and supportive environments that address substance use	Monitor trends; identify priority populations
Increase the capacity of priority populations	Engage community partners and priority populations in planning and implementing harm reduction programming
Public awareness regarding prevention of substance misuse	Ensure access to a variety of evidence informed harm reduction strategies in response to local surveillance

New Health Department Mandate

1. Local Opioid Response
2. Naloxone Kit Distribution and Training
3. Opioid Overdose, Early Warning and Surveillance

What's next?

- Break
- Roundtable discussions
- Next steps

Next Steps

Task Force

- Create a local opioid response plan
- Identify and advocate for gaps in services
- Advise regarding Naloxone Distribution in Durham Region
- Identify an Early Warning and Surveillance System

THANK YOU!