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HEALTH  
DEPARTMENT

# Durham Region Health Department Opioid Consultation Report

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An Accredited Public Health Agency

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# Durham Region Health Department Opioid Consultation Report

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## 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 extensive consultation was undertaken to better understand the current opioid situation and to determine the next steps in developing a coordinated opioid response plan for the Region.

## Public Health Mandate

In August 2017, MOHLTC announced that public health units (PHUs) 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 PHUs will engage stakeholders and identify partners to support development and implementation of a local opioid response plan, informed by population health and a situational assessment to identify local needs, gaps, community challenges and issues.

Naloxone distribution requirements for PHUs 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. PHUs will be required to collate

data from community organizations, support policy development at community organizations, and increase awareness of the availability of naloxone for eligible community organizations.

The opioid overdose early warning and surveillance requirements include involving relevant sector partners to establish formal data collection, 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.

## Situation in Durham Region

Local data demonstrate 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. The highest rates of opioid related ED visits and deaths are among males 25 to 44 years of age. The highest rates of hospitalizations in Durham Region occurred in females, 45 to 64 years of age. Since 2013, there has been an increase in fentanyl present at death, as compared to other opioids. Recent data compiled by DRHD show an increase in hospitalizations and ED visits due to opioid misuse and deaths due to drug toxicity. Up to date provincial statistics are available by PHU or local health integration network (LHIN) on the Public Health Ontario website, through its Interactive Opioid Tool<sup>1</sup>.

## Consultation Process

DRHD conducted an extensive consultation process to better understand the current opioid situation locally and to determine the next steps in developing a coordinated opioid response plan for the Region. DRHD's consultation process included the following:

- Opioid Forum
- Durham Region Opioid Task Force & Implementation Tables: Consultation and Collaborative Planning

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<sup>1</sup> 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>

- Mobile Outreach Services Consultation
- City of Oshawa Zoning Review for Supervised Injection Sites
- Service Mapping Exercise
- Individuals with Lived Experience- Survey and Focus Group
- Downtown Oshawa Business Improvement Association (BIA) members- Information Sessions and Survey
- Consumption and Treatment Services Public Consultation

## Opioid Forum

In October 2017, the Durham Region Opioid Forum (“Forum”) brought together several 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 the Region. Approximately 90 participants attended the Forum, representing several 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.

- Paul Martin, Chief of Police, Durham Regional Police Service (DRPS)

Chief Martin emphasized the importance of development of a coordinated multi-disciplinary response plan for Durham Region. 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 (RDPS), DRHD

Troy Cheseboro noted that RDPS now tracks call volumes related to opioids. In 2017, from January to October, there had 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.

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

Lakeridge Health has been identified by the Central East Local Health Integration Network (CE LHIN) as the lead for addictions and will lead development of a Regional Opioid Strategy. Paul McGary, along with his colleague Dr. Larry Nijmeh, ED 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.

- 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 ED 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.

## Forum 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. The 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 Durham 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”
<ul style="list-style-type: none"> <li>• High-risk groups across all ages from youth to seniors</li> <li>• Clients</li> <li>• Front-line service providers (including, but not limited to, outreach workers, first responders, social services, pharmacists, health care providers, etc.)</li> <li>• Families</li> <li>• Community agencies</li> </ul>	<ul style="list-style-type: none"> <li>• Education, training and support</li> <li>• Prevention</li> <li>• Early intervention</li> <li>• Treatment</li> <li>• Case management</li> <li>• Harm reduction</li> <li>• Monitoring and reporting</li> </ul>	<ul style="list-style-type: none"> <li>• Collaborative</li> <li>• Coordinated</li> <li>• Multi-sectoral</li> <li>• Holistic</li> <li>• Tailored to communities</li> <li>• Based on evidence where available</li> <li>• Ensure accountability across the system (e.g., clients/patients, providers, and community organizations)</li> <li>• Consider client privacy</li> </ul>

## Opioid Forum Participant Feedback

Approximately 61 per cent 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. A full report regarding the Opioid Forum was produced (Appendix B).

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

### Awareness and Knowledge

Increased awareness of the current opioid situation in DR	84% (46/55)
Increased awareness of what's being done locally to address opioid situation	85% (46/54)
Increased awareness of the provincial response plan	74% (40/54)
Have a better understanding of opioid-related community challenges & issues	81% (44/54)
Have a better understanding of existing local opioid surveillance data	79% (42/53)
Have a better understanding of gaps in local opioid surveillance data	86% (43/50)

### Engagement

Had the opportunity to share my perspective about the opioid situation in DR	98% (52/53)
Had the opportunity to connect with community partners	96% (52/54)
Felt engaged in discussions about the opioid situation in DR	100% (54/54)
Felt engaged in generating ideas for a local opioid response	94% (51/54)
Overall, my expectations for the forum were met	92% (49/53)

## Durham Region Opioid Task Force and Implementation Tables

The Durham Opioid Task Force, which emerged from the Opioid Forum, consists of a broad representation of key community stakeholders. It includes treatment and harm reduction organizations, first responders such as police, fire and paramedic services, local school boards, First Nations representatives and people with lived experience. DRHD staff alongside task force members utilized the opioid forum results to

collaboratively develop a local opioid response plan to reduce the rates of opioid use, misuse, overdose and deaths in Durham Region (Appendix C).

**Task Force Members include:**

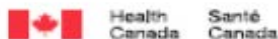
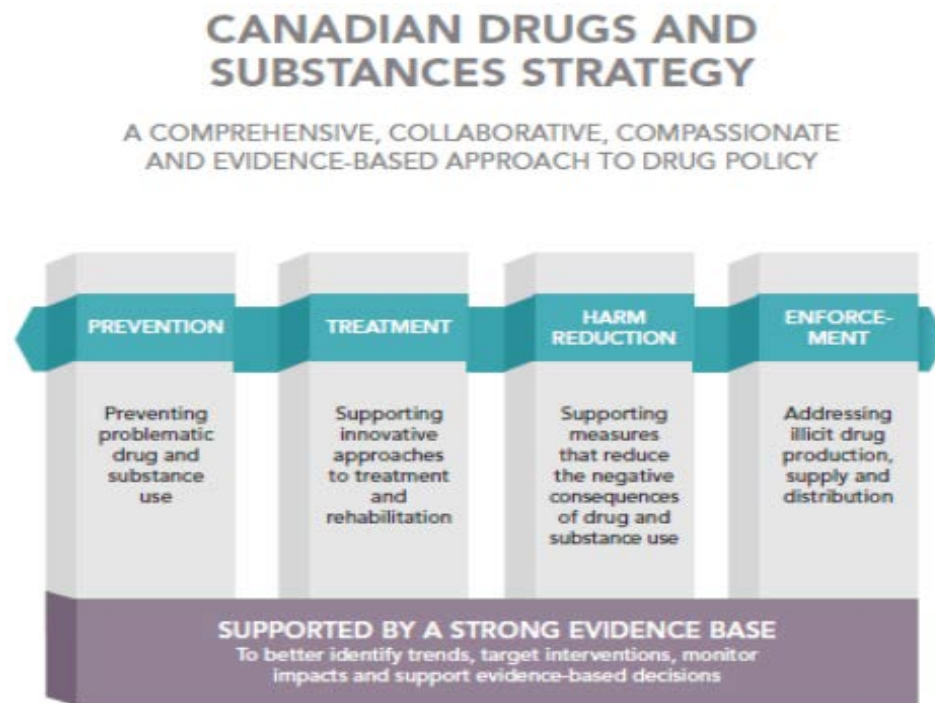
- AIDS Committee of Durham Region
- Bawaajigewin Aboriginal Community Circle
- Brock Township Fire Services
- Canadian Mental Health Association Durham
- Clarington Fire Services
- Durham Catholic District School Board
- Durham District School Board
- Durham Mental Health Association
- Durham Regional Police Service
- Founder of Inspire by Example – Chris Cull
- John Howard Society of Durham Region
- Oshawa Fire Services
- Pinewood Centre, Lakeridge Health

**Task Force Values:**

- Engagement with diverse service providers and individuals with lived experience
  - Coordination and collaboration of current services to offer a better client experience
- Offering effective strategies and using evidence-informed decision-making practices

# The Canadian Drugs and Substances Strategy

The Durham Region Opioid Task Force developed the Durham Region Opioid Response Plan based on Health Canada's Framework for the Canadian Drugs and Substances Strategy<sup>2</sup>. The development of the Opioid Response plan was completed in February 2018.



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<sup>2</sup>Health Canada. (2016). The Canadian Drugs and Substances Strategy. Available from: <https://www.canada.ca/en/health-canada/services/publications/healthy-living/pillars-canadian-drugs-substances-strategy.html>

# Durham Region Opioid Response Plan

**Canadian Drugs and Substances Strategy Pillar: Prevention**

**Coordinate Surveillance Activities and Use of ‘Real-time’ Data from Across Sectors**

**Actions:**

- Determine long-term and ‘real-time’ data requirements that support clear and accurate communication, planning and early warning alerts.
- Identify opportunities to leverage data sharing through collaborative partnerships between first responders, public health and community agencies.
- Develop and implement an active surveillance plan and real-time alert system, including appropriate response plans, for key stakeholders.

**Canadian Drugs and Substances Strategy Pillar: Prevention**

**Support Ongoing Knowledge Exchange/ Intelligence Sharing Related to Opioids**

**Action:**

- Establish a Durham Region-specific Community of Practice to support ongoing knowledge exchange and intelligence sharing across key stakeholder organizations and groups.

**Canadian Drugs and Substances Strategy Pillar: Prevention**

**Increase Public and Service Provider Awareness of the Connection Between Mental Health, Trauma and Substance use**

**Actions:**

- Identify current views and beliefs about opioid use among Durham Region residents.
- Develop key messaging related to opioids and harm reduction that aim to de-stigmatize people with opioid addictions and can be utilized by educators, stakeholders and media.
- Implement a plan to provide access to trauma informed care training for community stakeholder groups in Durham Region.
- Identify opportunities to build on existing programs and partnerships, in order to coordinate de-stigmatization efforts and foster a collective understanding about opioid addictions (e.g., Talking About Mental Illness (TAMI) program and shared health communication strategies).



**Canadian Drugs and Substances Strategy Pillar: Treatment**

**Increase Treatment Options that are Relevant and Accessible within Durham Region**

**Actions:**

- Align efforts with the CE LHIN Opioid Strategy, where possible, to ensure a comprehensive, coordinated approach to problematic opioid use and overdose in Durham Region.
- Foster stakeholder commitment to include/consult with people who have lived experience, as part of service planning and evaluation processes.
- Assess gaps in treatment options, utilizing the results of the CE LHIN environmental scan.

**Canadian Drugs and Substances Strategy Pillar: Harm Reduction**

**Develop a Local Evidence-based Harm Reduction Strategy that Fosters Service Coordination and Increased Access to Harm Reduction Services and Supplies for Priority Populations**

**Actions:**

- Coordinate and leverage naloxone distribution services across the region.
- Develop an advocacy plan that identifies naloxone access issues and barriers.
- Assess the results of the CE LHIN environmental scan of current harm reduction services to identify gaps and opportunities to coordinate and/or re-orient services for priority populations in Durham Region.

**Canadian Drugs and Substances Strategy Pillar: Enforcement**

**Continue Addressing Illicit Drug Production, Supply and Distribution**

**Actions:**

- Investigate opportunities to expedite drug testing through existing community resources and laboratories.
- Provide education regarding Canada's *Good Samaritan Drug Overdose Act*, to law enforcement and first responder agencies.
- Investigate opportunities for collaboration across law enforcement and first responder agencies in order to develop consistent approaches to addressing and responding to overdose scenes.

# Mobile Outreach Services Consultation

In response to a motion by Durham Regional Council in the fall of 2017, DRHD conducted an environmental scan and key stakeholder consultation to assess the need for a mobile outreach health service.

Key Stakeholders Included:

- AIDS Committee of Durham Region
- Carea Community Health Centre
- Durham Mental Health Association
- Durham Region Social Services Department
- Pinewood Centre, Lakeridge Health

Results of a stakeholder consultation concluded that while a mobile health service could be utilized across Durham Region, downtown Oshawa was identified as the priority area that needed to be addressed due to its demographics and concentration of those in need of harm reduction services.

Stakeholder feedback identified priority populations as follows: sex trade workers, street involved and marginalized individuals, Indigenous populations, those at risk for infectious diseases and individuals experiencing mental health and addictions issues.

Stakeholders identified current gaps and potential mobile services as: medical triage for priority populations, abscess and foot care, nourishment, crisis interventions, HIV point of care testing, hepatitis C testing, needle exchange, health promotion and teaching, sexual health, as well as referrals to mental health and addictions treatment and other health or social services.

In June 2018, Regional Council approved a Primary Care Outreach Pilot project. The purpose of the pilot was identified as providing primary care and social services to priority populations.

## City of Oshawa Zoning Review for Supervised Injection Sites

Between the Fall of 2017 and Winter of 2018, DRHD staff met with Senior Planning staff from the City of Oshawa to participate in the City's Zoning Review for Supervised Injection Sites (SIS). To assist in the City's zoning review, public health staff provided

information about DRHD's current mandate with respect to opioids, as well as current evidence regarding the effectiveness of SIS as a harm reduction intervention.

Additionally, in the spring of 2018 DRHD staff shared a provincial overview with City staff regarding current SIS and Overdose Prevention Sites (OPS). At that time, the provincial landscape included seven approved SIS, with two of seven being operated in collaboration with public health. Additionally, there were 14 approved OPS, one of these was operated in conjunction with public health. Overall, most SIS and OPS were being operated by community health centres and HIV/AIDS networks.

## Service Mapping Exercise

As per the Durham Region Opioid Response Plan, community stakeholders have been working together to develop a local evidence-based harm reduction strategy, that fosters service coordination and increased access to harm reduction services and supplies for priority populations. As a first step to this work, members of one of the Opioid Response Plan Implementation Tables engaged other community partners and stakeholders to conduct a service mapping exercise.

The service mapping exercise occurred in the summer of 2018. The goal of this exercise was to identify current harm reduction services available in Durham Region and to identify possible gaps in service, and/or opportunities to leverage existing services through service improvements and coordination.

Participants:

- AIDS Committee of Durham Region
- Bawaajigewin Aboriginal Community Circle
- Cornerstone Community Associate Durham
- Durham Regional Police Service
- Durham Region Social Services Department
- Inspire by Example, Chris Cull
- Joanne's House
- John Howard Society of Durham Region
- Pinewood Centre, Lakeridge Health
- Positive Care, Lakeridge Health

## Results:

As an outcome of the service mapping exercise, the following priorities were identified:

- 1.) Enhance and Coordinate Current Services by:
  - Identifying areas for coordination
  - Raising awareness among health and social service providers regarding current services available to create better informed “entry points”
  - Identifying ways to connect better with clients
- 2.) Address Gaps to Current Services
  - Need a centrally located safe injection site
  - Need peer support services
  - Need enhanced services for:
    - Aboriginal Communities
    - Youth
- 3.) Identify Ways to Support Gaps in Housing

## Individuals with Lived Experience: Survey and Focus Group

Lakeridge Health, John Howard Society of Durham Region and DRHD partnered on two separate consultation initiatives with individuals who have lived experience with drug use and/ or opioid overdose.

The first consultation took place in April 2018, whereby staff from John Howard Society of Durham Region administered a consultation survey with people who have lived experience of substance use. The focus of the consultation was related to SIS and/or OPS.

A total of 23 surveys were received from those with lived experience. Of the respondents, 12 of the 23 participants indicated that they had overdosed before. One respondent reported having overdosed as many as 12 times. Respondents also indicated that they knew people who had overdosed many times. In many instances, respondents reported that emergency medical services (EMS) had been called, although some reported that EMS was not always contacted. Of those who completed the survey, 18 respondents indicated that they knew someone who has died from an overdose. Approximately 70 per cent of respondents stated that they currently use drugs in public settings, such as washrooms, parking lots or parks, while approximately 30 per cent indicated they use in a private residence, often alone.

A total of 13 of 23 respondents indicated the SIS should be a stand-alone service, while another 13 respondents felt a SIS should be connected to health care services

(treatment centre or hospital/healthcare facility). All respondents indicated most, or all the following services should be offered:

- harm reduction supplies, naloxone distribution
- social/work counselling, and medical care
- addiction counselling,
- drug testing
- education and health information

In December 2018, a second consultation was held with people who have lived experience with drug use and/or overdose. This consultation took the form of a focus group and was initiated following the Ontario Government's announcement about the new Consumption Treatment Service (CTS) model of care.

A total of 11 participants took part in the focus group held at the John Howard Society of Durham Region – Oshawa site. The participants ranged in age from 24 to 62 years, with the majority being age 24 to 30. Prior to seeking their input, participants were provided with an overview of what a CTS site was and what services would be offered.

When discussing current use patterns, participants reported that use ranged from a couple times a day to several times a day depending on time of year and their supply. Many reported using in the early morning, around lunch time and late at night.

All participants said they and/or others would consider going to a CTS site to use. Participants identified that they would want privacy/anonymity, confidentiality and police surveillance to be considered when developing the CTS model. Participants identified that access to social services would be very beneficial. Participants discussed that they would like the site to be discreet and look like a regular health care centre. More specifically, it "needs to blend in" and have "a name that doesn't scream safe injection site".

Primary methods of transportation for participants included walking and biking, followed by taking the bus or getting a ride from a friend. Almost all participants suggested a CTS location near or in downtown Oshawa was best. Several participants recommended a 10 to 15-minute walk maximum to the CTS site as a maximum. It was felt that this was the maximum distance they would be willing to go to use the CTS site. Other suggestions included the Midtown Mall, the Oshawa Centre and "somewhere kind of tucked away". Participants' responses varied when asked for suggested hours of operation for a CTS site. Almost all recommended a CTS site be open in the afternoon, evening/night. Consensus among participants was that a CTS site would not be used frequently between 6:00am to 9:00am.

# Downtown Oshawa Business Improvement Association Members: Information Sessions and Survey

Lakeridge Health, DRHD and the John Howard Society of Durham Region presented two information sessions to Downtown Oshawa Business Improvement Association (BIA) members. The first session was held in the spring of 2018. Approximately 65 members attended the session and heard presentations regarding the Durham Region Opioid Response Plan as well as the CE LHIN Opioid Strategy. Throughout the question period several members expressed concern about the public disposal of needles and the impact on local businesses.

The second information session was held in February 2019. While this event had fewer members in attendance (approximately 20 members), updates were provided regarding the CE LHIN Opioid Strategy, as well as new information about the CTS model of care.

In November 2018, an online survey was distributed through email directly to the Downtown Oshawa BIA members. A total of 41 surveys were completed. Reports indicate that there are less than 400 Oshawa BIA members.

BIA survey results indicate:

- 73 per cent agree there is an opioid crisis in Oshawa;
- 53 per cent indicate they do not have concerns with a CTS;
- 54 per cent of respondents report noticing an increase in inappropriately disposed needles in the area surrounding their businesses;
- 42 per cent report having clients use substances in their facility or washrooms; and
- 81 per cent believe there are benefits to having a CTS site in Oshawa.

The main benefits of a CTS, as reported by survey participants are as follows:

- 75 per cent indicate connecting people who use drugs with health, treatment and/or social services
- 73 per cent identify decreased risk of infectious diseases (HIV, hepatitis C)
- 58 per cent indicate reduced public drug use
- 75 per cent identify reduced discarded needles in nearby parks and streets

- 65 per cent indicate increased safety within the community
- 75 per cent identify reduced risk of injury and death from drug overdose

For those participants who indicated they had concerns about CTS, the following were noted:

- 34 per cent anticipate a decline in neighbourhood cleanliness/quality of life
- 31 per cent identify a potential decrease in property value
- 29 per cent indicate a potential increase in crime
- 26 per cent anticipate a decrease in business profits
- 26 per cent indicate a potential decrease in community safety
- 26 per cent identify a potential increase in drug use
- 12 per cent anticipate an increase in publicly discarded needles

Respondents identified several strategies to address concerns:

- education on CTS sites (goals and benefits)
- evaluation of CTS and dissemination of results
- formal process to address ongoing feedback and concerns
- increased lighting in the surrounding area
- establishment of a community advisory group to identify and address any issues
- one respondent requested input be obtained from those who will be “neighbours” to the CTS site

## Consumption and Treatment Services Public Consultation

A consultation regarding the proposed CTS site was undertaken to inform the public and collect feedback and suggestions. As part of the consultation, an extensive media plan was executed with promotion through traditional and online media channels, community event listings and advertising. Promotion included the following:

Media Relations:

- Public Service Announcement
- Media Coverage

- Oshawa Express article - Feb. 25 - [No council decision on consumption and treatment site](#)
- Durhamregion.com article - Feb. 27 - [Lakeridge Health, Durham health department make the case for Durham's first safe injection site in Oshawa](#)
- Durhamregion.com - Oshawa This Week article - March 7 - [Oshawa open house on safe injection sites on March 12](#)
- Oshawa Express article - March 7 - [Residents can share thoughts on proposed CTS site](#)
- Durham Radio News - March 9 - [Have your say on the proposed safe injection site in Oshawa](#)
- Durhamregion.com – Oshawa This Week article - March 18 - [Open house on safe injection sites part of public consultation prior to Oshawa council vote](#)
- Staff interviews with Lakeridge Health
  - Global News - March 12
  - Metroland - March 12:
- Print Newspaper advertisements
  - Oshawa This Week - Circulation of 49,029
  - Oshawa Express - Circulation of 35,000
- Online advertisements
  - Weather Network - 125,002 Impressions
  - durhamregion.com - 20,404 Impressions
  - Oshawa Express online - impressions not available at time of publication
  - durhamradionews.com - 19,996 Impressions
- The Open House event was submitted on the following websites:
  - KX96.com
  - Durhamregion.com
  - Snapd Oshawa
  - Rogers TV Durham Region
  - Oshawa Express



- Social Media:
  - The social media campaign on DRHD platforms: Facebook, Twitter and Instagram
  - 105,679 people reached and 134,315 impressions
  - 1,069 media/link clicks, 64 shares/retweets and 182 reactions/likes

## Public Consultation Survey

An online survey was created using Ocean software and was primarily based on survey questions used by other cities and regions when seeking feedback for safe injection sites or overdose prevention sites. The survey was available through the DRHD website for 20 days (February 22, 2019 to March 13, 2019). Paper copies were made available at an information open house event in Oshawa on March 12, 2019 for people who were unable to complete the online version.

A total of 905 surveys were received, 903 surveys were analyzed, and two surveys were excluded since respondents indicated they did not live or work in Durham Region. All respondents either lived (96 per cent), worked (49 per cent), or were students (13 per cent) in Durham Region. There was a broad representation of age categories among survey respondents. The top three suggested locations for a CTS site included “Downtown”; “Midtown Mall” and the “Old Tim Hortons site on Athol” respectively.

The full survey report is available on [durham.ca](http://durham.ca) (Appendix D). Summary findings are as follows:

### Participants

- 61 per cent indicated they live in Oshawa
- 96 per cent lived in Durham Region
- 50 per cent reported a household income of \$70,000 or higher

### Benefits

- 80 per cent felt there was at least one benefit that a CTS site could provide for Oshawa
- 18 per cent felt there were no benefits associated with a CTS site in Oshawa
- 73 per cent felt that a benefit of a CTS site would be a reduction in discarded needles (e.g., park and street)
- 71 per cent felt that a benefit of a CTS site would be a reduction in the risk of injury and death from drug overdose

- 69 per cent felt that a benefit of a CTS site would be that people who use drugs or their families/friends have access to healthcare, treatment and/or social services
- 69 per cent felt that a benefit of a CTS site would be reduced risk of infectious diseases like HIV and hepatitis C
- 61 per cent felt it would reduce the workload of ambulance and police services

### Concerns

- 54 per cent indicated they did not have any concerns about a CTS site in Oshawa
- 35 per cent indicated they did have concerns about a CTS site in Oshawa
- 10 per cent were concerned about where the location would be
- 9 per cent were concerned that a CTS is enabling those who use drugs
- 8 per cent were concerned a CTS would attract more drug users
- 7 per cent were concerned that a CTS would be a public safety risk
- 6 per cent were concerned that a CTS may not effectively address current issues
- 6 per cent were concerned that a CTS would have a negative impact on property value and community image
- 5 per cent were concerned about the cost to taxpayers
- 4 per cent were concerned about increases in crime
- 3 per cent were concerned that a CTS would have a negative impact on local business

### Information Open House

An information open house about a proposed CTS site was held on March 12, 2019.

The purpose of the event was to provide an opportunity for the public to ask questions and discuss the proposed CTS site. The two-hour drop-in event was held at McLaughlin Library in Oshawa and approximately 45 people attended, including local politicians and media representatives. During the information session, a heat map, illustrating paramedic calls regarding suspected opioid overdoses was featured and discussed (Appendix E). As well, siting considerations were shared with interested participants (Appendix F).

Most participants indicated they were either supportive or indifferent regarding the proposed CTS site. Several attendees agreed that there is currently a drug issue in

the downtown area. More specifically, several attendees shared they have seen an increase in drug use and publicly discarded needles. A few participants mentioned that they offer services for children and youth and that each day their staff must do an outdoor check for syringes. Most attendees agreed that the location for the CTS was an important issue. Many participants expressed that the site must be located close enough to downtown to have an impact.

Approximately five attendees shared that they were opposed to the proposed CTS site. Individuals who indicated they were not in favour of a CTS site shared the following concerns:

- The current density of social services in the downtown core is already high and adding additional services will attract more people who use drugs. Concerns regarding existing methadone clinics were shared by attendees.
- The potentially high costs associated with the CTS site and the funding already being spent on opioid addictions.
- There are potential [negative] impacts on local businesses, and a CTS site could impede downtown revitalization efforts.
- The service could potentially enable those who use drugs.

### **Information Meetings with Local Leaders / Politicians**

Meetings were held with Oshawa Mayor Dan Carter and MPP Jennifer French to share information regarding CTS sites and to hear their comments and feedback. Meetings are currently being scheduled with MP Colin Carrie.

## **Central East Local Health Integration Network**

As part of Ontario's Comprehensive Strategy to Prevent Opioid Addiction and Overdose, the CE LHIN also received an enhanced mandate to help people impacted by opioid addiction and overdose.

In response, the CE LHIN lead for addictions, Lakeridge Health, established an Opioid Strategy Action Group. DRHD, along with many other community partners, worked with Lakeridge Health to plan and lead work related to improving access and coordination of opioid-related addiction and medical services across the CE LHIN. The aim of this work is to better connect clients facing opioid related addiction challenges and risks to the right care at the right time.

## Central East Local Health Integration Network Opioid Strategy

To address the opioid crisis that is currently being experienced in the CE LHIN region, the Action Group has developed a comprehensive opioid overdose and prevention response, which includes the following objectives<sup>3</sup>:

- ✓ Reduce opioid-related morbidity and mortality
- ✓ Reduce opioid-related emergency department visits and revisits
- ✓ Expand and increase access to opioid overdose prevention and treatment
- ✓ Support evidence-based opioid prescribing and dispensing practices
- ✓ Improve access and coordination of addiction treatment and services
- ✓ Streamline a patient navigation system to improve access to the full continuum of harm reduction and mental health and addiction treatment services
- ✓ Adopt clinical quality standards to improve patient outcomes
- ✓ Improve geographical and cultural equities in access to care
- ✓ Integrate care delivery and communication between providers
- ✓ Improve surveillance and research of fatal and non-fatal opioid-related overdose
- ✓ Enhance and integrate cross-sector opioid-related data collection and reporting
- ✓ Increase cross-sectoral education and awareness of opioid risks, treatment options and recommendations of the CE LHIN Opioid Strategy

## Next Steps

DRHD will continue to work collaboratively with community partners, residents, individuals with lived experience and other stakeholders to accomplish the work set forth in the Durham Region Opioid Response Plan.

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<sup>3</sup> Central East Local Health Integration Network. (2018). Central East Local Health Integration Network Opioid Strategy. Available from: [https://www.google.com/search?q=CE+LHIN+opioid+strategy&safe=active&gws\\_rd=ssl#](https://www.google.com/search?q=CE+LHIN+opioid+strategy&safe=active&gws_rd=ssl#)

# Conclusion

DRHD staff has completed extensive consultations with numerous stakeholders to better understand the impact that opioid addiction and overdose is currently having on Durham Region. The information and feedback collected from the numerous consultations and joint planning exercises has helped to not only inform the opioid response plan for Durham Region, but also work carried out under the CE LHIN Opioid Strategy. Because of the high level of engagement and joint planning, numerous partners have come together to foster collective action on this very important public health issue.

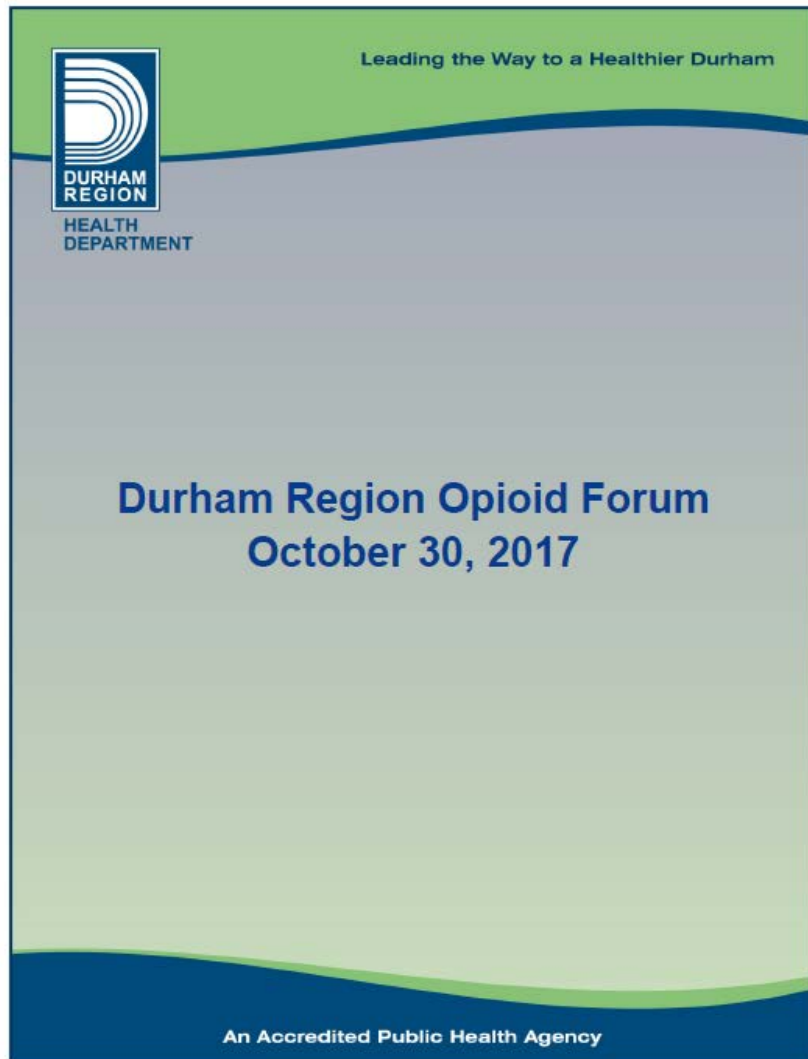
# Appendix A

## 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
- Canadian Mental Health Association Durham
- CAREA Community Health Centre
- Central East LHIN
- City of Oshawa
- Clarington Fire Services
- 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

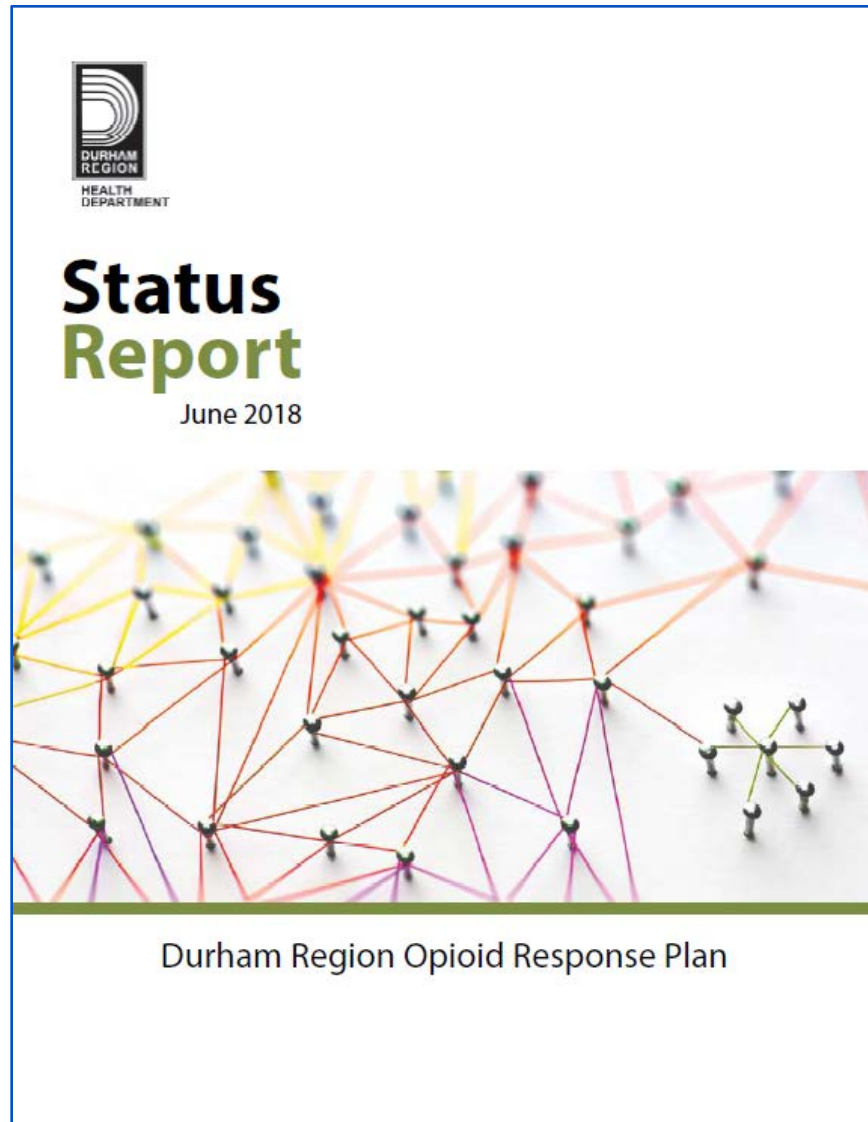
## Durham Region Opioid Forum Report



Available at [durham.ca](http://durham.ca)

# Appendix C

## Durham Region Opioid Status Report

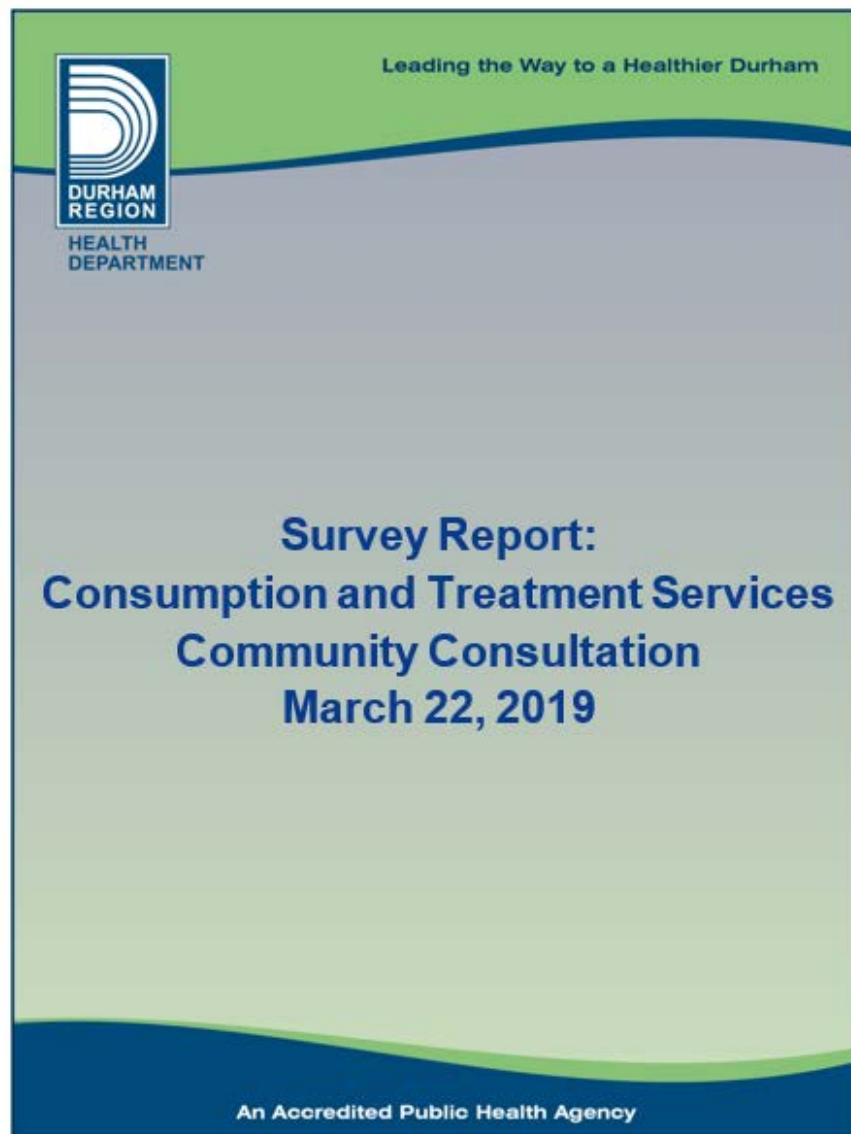


Available at [durham.ca](http://durham.ca)



# Appendix D

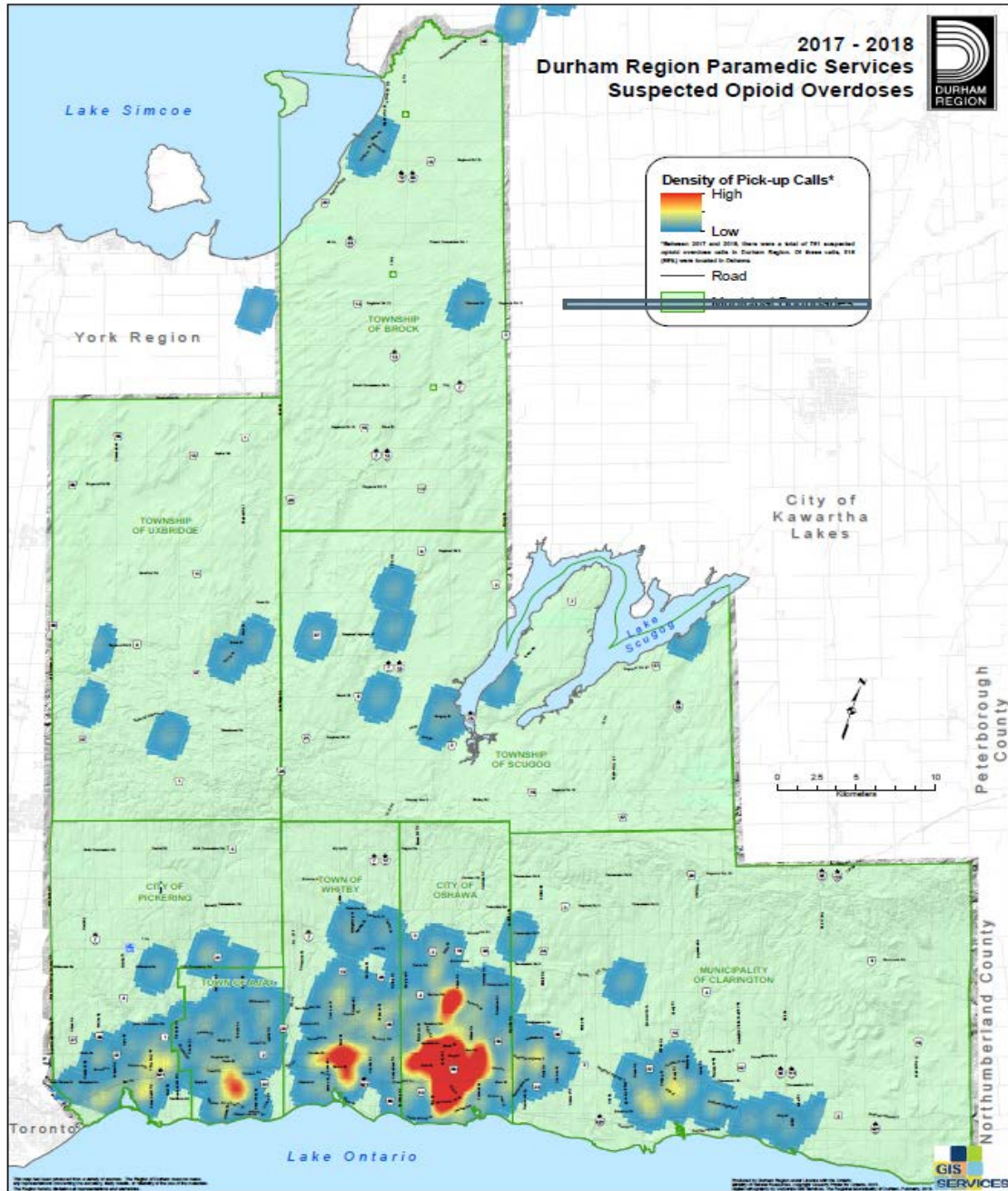
## Survey Report: Consumption and Treatment Services Community Consultation



Available at: [www.durham.ca](http://www.durham.ca)

# Appendix E

## Durham Region Paramedic Services Suspected Opioid Overdoses



Available at: [www.durham.ca](http://www.durham.ca)



# Appendix F

## Siting Considerations for Consumption and Treatment Services

### Introduction

Oshawa has the sixth highest emergency department visit rate for opioid poisoning in Ontario and the highest number of opioid overdoses in Durham Region. In 2017 and 2018, 68 per cent of suspected opioid overdose calls to Region of Durham Paramedic Services were in Oshawa. Consumption Treatment Services (CTS) sites improve community safety by reducing the number of people who inject in public places as well as reducing the number of publicly discarded needles. CTS offer harm reduction services including real-time education on safer use practices and a supervised drug consumption environment, together with immediate on-site addiction medicine services and connection to medical and social services. It is a proven approach to reducing drug overdoses and infectious diseases such as HIV and hepatitis C.

### Background

- As part of the comprehensive Central East LHIN Opioid Strategy that is focused on preventing, treating and reducing the harms associated with opioid use, Lakeridge Health, John Howard Society of Durham Region and Durham Region Health Department have partnered to develop a proposal for a CTS site in Oshawa.
- A CTS site would serve as an entry point to care for many people with addictions and would connect them to onsite treatment and support, reducing drug overdoses and saving lives.
- Evidence shows that these facilities increase community safety by reducing the number of people who inject in public places as well as reducing the number of needles discarded publicly (e.g., in restrooms, parking lots and parks).
- Evidence to date indicates that these sites are not associated with increased drug use or crime.
- A CTS site has been shown to lower rates of infectious diseases associated with shared needles.
- The benefits of such facilities (e.g., reduced overdoses and discarded needles) are most evident within close vicinity of the facility. The most significant reduction in mortality was noted within 500 meters of the facility after its opening.
- Lessons learned from previous injection services models indicate that no

significant reductions in overdose mortality are found if “hot spots” are more than 500 metres away for a safe injection service; additionally, 70 per cent of those who used the safe injection facility lived within four blocks of the site.

- Wait times and travel barriers must be considered as they have a significant impact on use and effectiveness.

### **Setback and Buffers Zones**

- Consider the following setbacks and buffer zones when siting a CTS:
  - Child care centres
  - Post-secondary schools
  - Elementary and secondary schools
  - After-school programs (e.g. Youth Drop-in Centres)
  - Addiction Services
  - Recreation and sports facilities
  - Commercial buildings that cater to children and youth as their primary clientele
  - Arcades, amusement parks, and other places where children and youth congregate

### **Siting a CTS**

- Consider the following information when siting a CTS:
  - Locating a CTS near a public park with play structure is generally not advised. However, a CTS may be situated near a park or green space to draw substance users away from the park.
  - Neighbourhoods that currently experience high rates of overdose or paramedic calls related to suspected overdose are the most likely to benefit from having a CTS.
  - Locating a CTS where there are signs of public drug use (e.g., publicly discarded needles, high overdose rates, high paramedic call volume, reports of drugs in washrooms, stairwells and public areas) has the greatest effect.
  - Priority populations and high priority neighbourhoods ought to be considered when siting a CTS. DRHD priority neighbourhood data can be found at the following site:  
[https://www.durham.ca/health.asp?nr=/departments/health/health\\_statistics/health\\_neighbourhoods/index.htm](https://www.durham.ca/health.asp?nr=/departments/health/health_statistics/health_neighbourhoods/index.htm)

## **Conclusion**

- Evidence shows that a CTS facility increases community safety by reducing the number of people who inject in public places as well as reducing the number of needles discarded publicly in restrooms, parking lots and parks.
- Evidence to date indicates that these sites are not associated with increased drug use or crime.
- When siting a CTS, efforts should be made to protect children and youth by not locating the CTS in a geographic area where kids regularly frequent.
- A CTS is an evidence-based approach to reducing publicly discarded needles and opioid related overdoses.
- Reductions in overdose rates and publicly discarded needles are most evident within close vicinity of the facility.
- When implementing a CTS, ongoing evaluation and public engagement strategies are key aspects to ensuring the services meet the needs of clients, area residents and local businesses.