



October 24, 2019

The Right Honourable Justin Trudeau
Prime Minister
House of Commons
Ottawa ON K1A 0A6

The Regional
Municipality of
Durham

Honourable Sir:

Corporate Services
Department –
Legislative Services

**RE: Notice of Motion re: Opioid Overdose Emergency
Resolution Our File: P00**

605 Rossland Rd. E.
Level 1
P.O. Box 623
Whitby, ON L1N 6A3
Canada

Council of the Region of Durham, at its meeting held on October 23, 2019, adopted the following recommendations of the Health and Social Services Committee:

905-668-7711
1-800-372-1102
Fax: 905-668-9963

“Whereas the opioid overdose emergency is affecting communities across Ontario, including Durham Region; and

durham.ca

Whereas the prevalence of addiction and the incidence of emergency department visits and deaths associated with opioid use disorder have increased in recent years; and

Whereas addiction to prescription and illegal opioids is negatively affecting individuals, families and entire communities; and

Whereas on September 12, 2019, the Government of Ontario announced its plan to establish the Mental Health and Addictions Division (MHAD) under the leadership of Karen Glass, Assistant Deputy Ministry; and

Whereas the MHAD will lead the development and implementation of Ontario’s Mental Health and Addictions Strategy; and

Whereas the Government of Ontario will be consulting key stakeholders and the public on modernizing public health and land ambulance services; and

Whereas public health programs and services demonstrate superior value for money and return on investment; and

Whereas the Federation of Canadian Municipalities (FCM) has identified a need for federal and provincial strategies that are comprehensive, coordinated and address the root causes of the opioid crisis; and

Whereas FCM has recommended an intergovernmental action plan that aligns federal, provincial/territorial and local strategies, responds to specific needs of indigenous communities and rapidly expand all aspects of the collective response; and

Whereas FCM has echoed the recommendations of the Mayor's Task Force on the Opioid Crisis; and

Whereas the Association of Municipalities Ontario (AMO) has identified the following recommendations for a provincial response to addressing the opioid overdose emergency in Ontario:

- i. That the Province publicly affirms the seriousness of the opioid overdose emergency and commit to take all necessary measures to save lives and prevent harm, including the provision of long-term funding for existing programs as well as new funding streams, where necessary;
- ii. That the Province undertakes an 'all of government' effort to develop a comprehensive provincial drug strategy that addresses the opioid overdose emergency, based on a public health approach that addresses the social determinants of health, and that takes a non-discriminatory approach to overdose prevention and harm reduction. This strategy should cascade down to guide local drug strategy development and implementation with accompanying resources so that municipalities in Ontario have comprehensive, multi-faceted, funded drug strategies in place led by dedicated local coordinators. Further, progress toward implementation should be measured with performance indicators and be evaluated for outcomes achieved;
- iii. That the Province examines, and its ministries provide, a coordinated 'all of government' response with adequate funding to address the root causes of addiction, including housing related factors, poverty, unemployment, mental illness, and trauma;
- iv. That the Ministry of Health provides more funding to support, enhance and expand evidence- based consumption, treatment and rehabilitation services, addiction prevention and education, and harm reduction measures in all areas of Ontario;
- v. That the Ministry of Health targets funding for addiction and mental health services that would assist in treating people with mental illness to reduce and/or eliminate self-medication and would provide services to help people overcome their addiction;
- vi. That the Ministry of the Solicitor General provides enhanced funding to enforce laws surrounding illicit drug supply, production, and distribution;

- vii. That the Province enhances funding for diversion programs, mobile crisis intervention teams, and further promote harm reduction approaches among police services;
- viii. That the Ministry of Health examines community paramedicine as a viable option to provide treatment and referral services;
- ix. That the Ministry of Health funds a public education campaign, including on social media, to complement the efforts of individual communities;
- x. That the provincial coordinator work with the Ministry of Education to add a health promoting youth-resiliency program to the school curriculum that includes coping skills to get through obstacles in life, e.g. social competence, conflict resolution, healthy relationships, and informed decision-making;
- xi. That the Ministry of Health fully funds (100%) Naloxone for all municipal first responders (paramedics, police, and fire services) and provide training in its use;
- xii. That the Ministry of Health and the Ministry of Children, Community and Social Services work together with municipal human service system managers to better link social service and health supports including to help people overcome addiction and address mental health;
- xiii. That the Ministry of Health works toward a goal of establishing and maintaining 30,000 supportive housing units in the province; and
- xiv. That the Province advocates to the federal government for appropriate and supportive measures that will support effective provincial and local responses;

Now therefore be it resolved that the Health & Social Services Committee recommends to Regional Council:

- A) That the Government of Canada and Ontario recognize, acknowledge and declare a national health epidemic in respect to the opioid overdose emergency across Canada;
- B) That AMO's recommendations with respect to Ontario's opioid overdose emergency be endorsed;
- C) That the Government of Ontario be urged to continue funding the important work of public health units to help address the current opioid crisis;

- D) That the Government of Canada and Ontario be advised that the opioid emergency is not limited to major urban centres and that federal and provincial representatives work directly with the Region of Durham, to develop and fund a full-suite of prevention and addiction services, affordable social and supportive housing to address the crisis in our communities; and
- E) That the Prime Minister of Canada, Ministers of Health and Children, Families and Social Development, and Minister Responsible for the Canada Mortgage and Housing Corporation, Durham's MPs, Chief Public Health Officer of Canada, Premier of Ontario, Deputy Premier & Minister of Health, Ministers of Children, Community and Social Services, Finance, and Municipal Affairs and Housing, Durham's MPPs, Chief Medical Officer of Health, AMO, alPHa, FCM, all local municipalities, and all Ontario boards of health be so advised as well as be provided with a copy of the presentation from M. Hutchinson, Manager, Population Health, regarding The Opioid Crisis: A Complex, Multifaceted Health and Social Issue."

As directed, attached is a copy of the presentation from M. Hutchinson, Manager, Population Health, regarding The Opioid Crisis: A Complex, Multifaceted Health and Social Issue.



Ralph Walton,
Regional Clerk/Director of Legislative Services

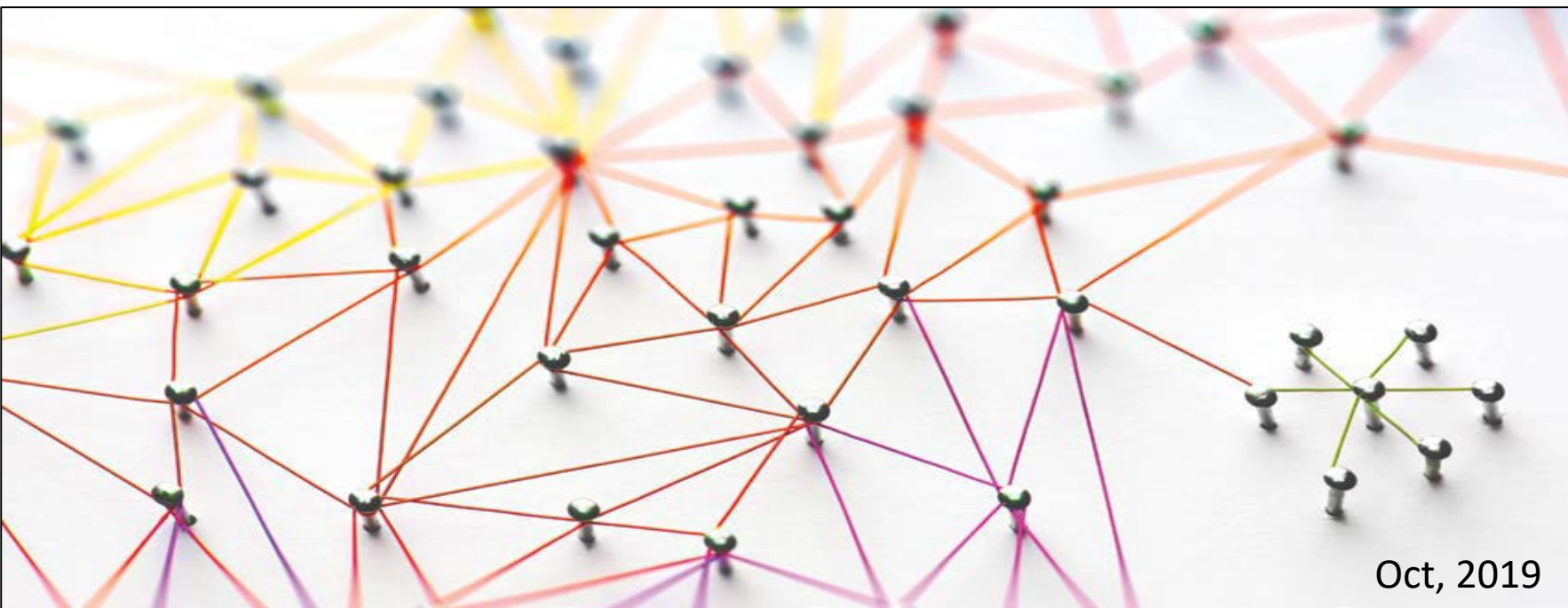
RW/np

Attach.

- c: The Honourable Ginette C. Petitpas Taylor, Minister of Health
The Honourable Jean-Yves Duclos, Minister of Families, Children
and Social Development and Minister Responsible for the Canada
Mortgage and Housing Corporation
Mark Holland, MP (Ajax)
Mr. Erin O'Toole, MP (Durham)
Jamie Schmale MP (Haliburton/Kawartha Lakes/Brock)
Philip Lawrence, MP (Northumberland/Peterborough South)
Dr. Colin Carrie MP (Oshawa)

Jennifer O'Connell, MP (Pickering/Uxbridge)
Ryan Turnbull, MP (Whitby)
Chief Public Health Officer of Canada
The Honourable Doug Ford, Premier of Ontario
The Honourable Christine Elliott, Deputy Premier & Minister of Health
The Honourable Todd Smith, Minister of Children, Community and
Social Services
The Honourable Rod Phillips, Minister of Finance
The Honourable Steve Clark, Minister of Municipal Affairs and
Housing
Rod Phillips, MPP (Ajax/Pickering)
Lorne Coe, MPP (Whitby/Oshawa)
Lindsey Park, MPP (Durham)
Jennifer French, MPP (Oshawa)
Laurie Scott, MPP (Haliburton/Kawartha Lakes/Brock)
Peter Bethlenfalvy, MPP (Pickering/Uxbridge)
David Piccini, MPP Northumberland-Peterborough South
Dr. David Williams, Chief Medical Officer of Health
Brian Rosborough, Executive Director, Association of Municipalities
of Ontario (AMO)
L. Ryan, Executive Director, Association of Local Public Health
Agencies (ALPHA)
C. Saab, Executive Director, Policy and Public Affairs, Federation of
Canadian Municipalities (FCM)
A. Harras, Acting Clerk, Town of Ajax
B. Jamieson, Clerk, Township of Brock
A. Greentree, Clerk, Municipality of Clarington
M. Medeiros, Acting Clerk, City of Oshawa
S. Cassel, City Clerk, City of Pickering
J.P. Newman, Director of Corporate Services/Clerk, Township of
Scugog
D. Leroux, Clerk, Township of Uxbridge
C. Harris, Clerk, Town of Whitby
Ontario boards of health
Dr. R.J. Kyle, Commissioner and Medical Officer of Health

The Opioid Crisis: A Complex, Multifaceted Health and Social Issue



Opioid Overdose Crisis

History

- A very complex health and social issue
- Trauma and adverse childhood experiences greatly contribute to opioid use
- Overprescribing of prescription drugs and use of illegal opioids have contributed to the issue

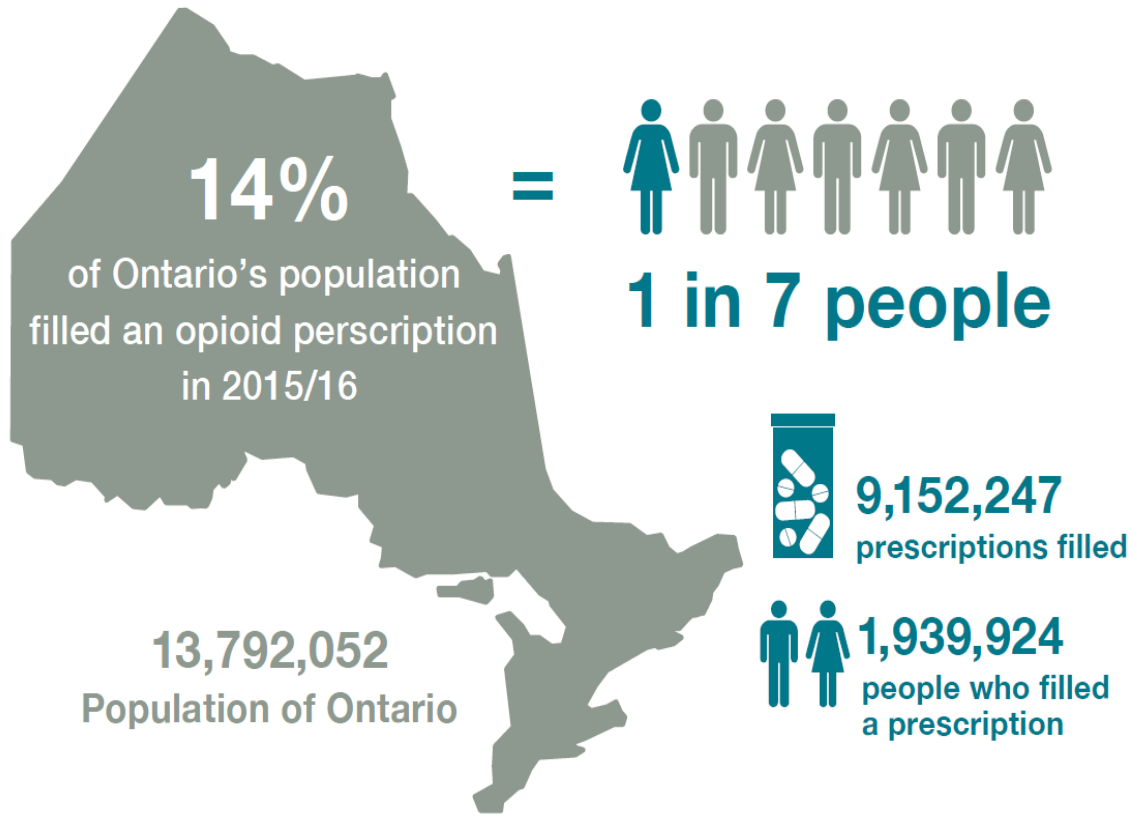
Risk Factors for Developing Opioid Addiction Include:

- Personal history of substance use
- Family history of substance use
- History of childhood trauma such as pre-adolescent sexual abuse
- History of mental illness

Canadian research studies have shown that up to 90% of women in treatment for substance use have experienced trauma. (Jean Tweed Centre, 2013)

Prescription Opioids

Number of people who filled an opioid prescription and number of prescriptions filled, 2015/16



9 Million Prescriptions

What we know about the growing use of prescription opioids in Ontario

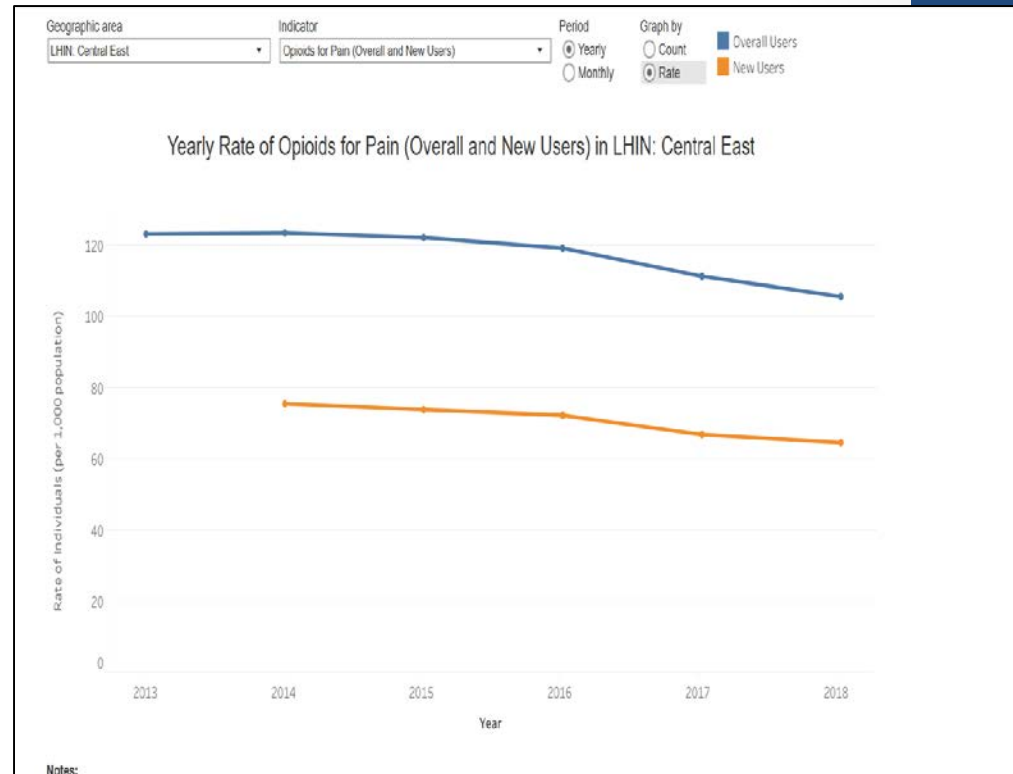
Health Quality Ontario
Let's make our health system healthier

Ontario
with every breath

Data Sources: Narcotics Monitoring System, provided by the Ministry of Health and Long-Term Care; Population estimates, provided by the Ministry of Finance

The Root Cause of the Opioid Crisis

- **Although increased availability of prescription opioids fueled the overdose crisis, this does not adequately explain the situation nor does it adequately explore the source of the demand for these medicines**
- **Trends over the past 3 years show a decline in opioid prescribing rates across the province and CE LHIN, yet opioid overdose rates have not declined and in many areas continue to rise**



The Opioid Crisis... A Complex, Multifaceted Issue

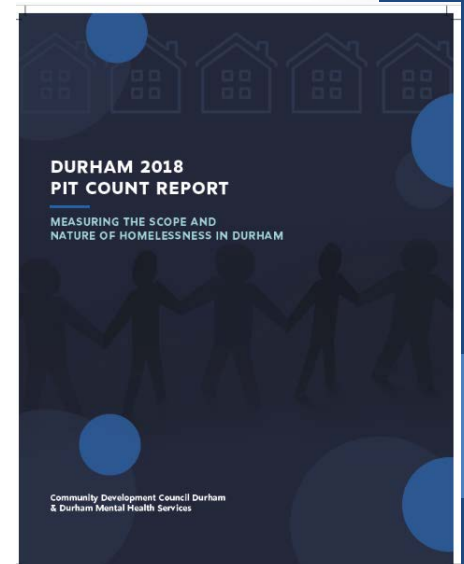
While increased opioid prescribing for chronic pain has contributed to the crisis, factors such as reduced economic opportunity, poor working conditions, and financial poverty are root causes of the misuse of opioid and other substances

Poverty and substance use problems operate synergistically



Durham Region 2018 Point-in-Time Count

- The 2018 Everybody Counts Report provides a snapshot of homelessness in Durham Region
- 291 individuals experiencing homelessness
- Most individuals surveyed were staying in an emergency shelter or experiencing hidden homelessness
 - 13% of individuals surveyed were unsheltered
 - 79% of individuals surveyed were single adults
 - 31% of individuals surveyed identified struggling with addiction of substance abuse



Social and Genetic Factors

- **Individuals living in low socioeconomic neighbourhoods are more likely to develop chronic pain after car crashes**
- **Evidence shows that people convert social stress and anxiety into physical pain**
- **Studies have looked at a group of people who use heroin and have previously been employed in a steel production plant which closed. The people cited economic hardship, social isolation and hopelessness as reasons for drug use**



Public Health Mandate

Ministry of Health and Long-Term Care

Substance Use Prevention and Harm Reduction Guideline, 2018

Population and Public Health Division,
Ministry of Health and Long-Term Care

Effective: January 1, 2018

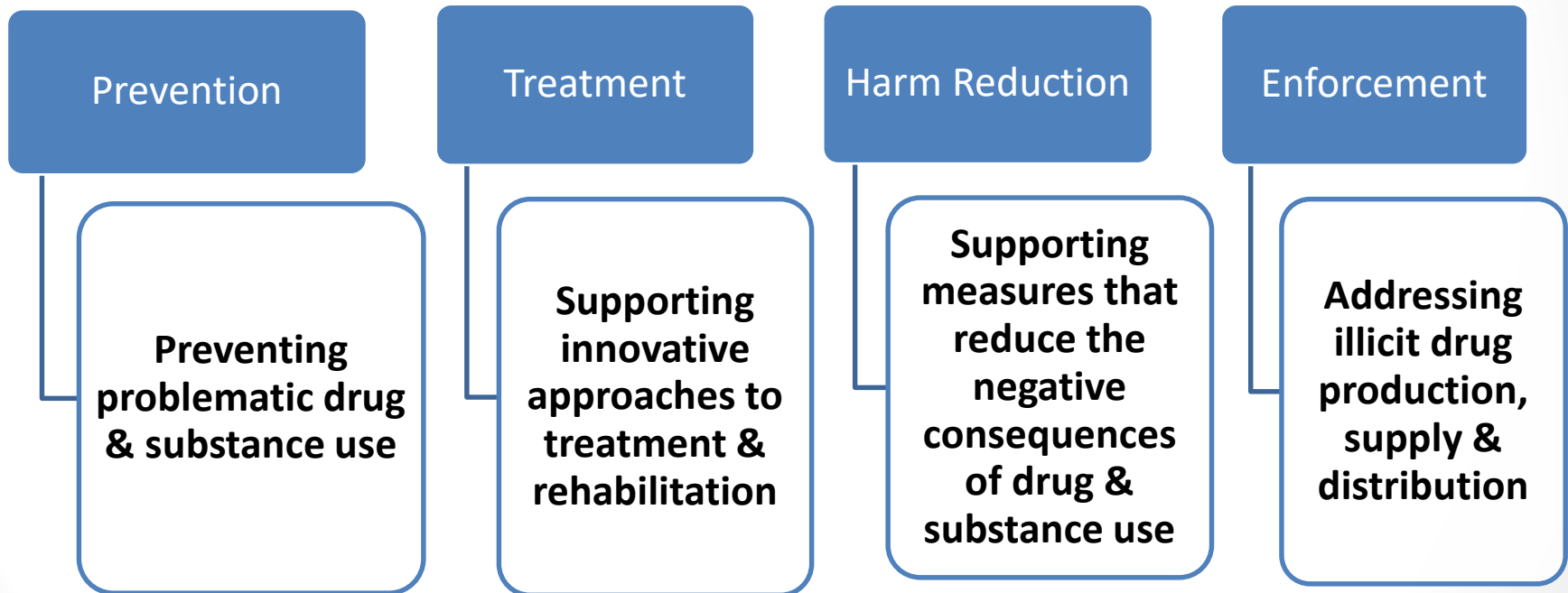


1. Develop a Local Opioid Response







2. Naloxone Distribution

3. Develop an Early Warning & Surveillance System

Canadian Drugs & Substances Strategy Framework (Health Canada)



Durham Region Opioid Response Plan

					
Coordinate surveillance activities & use of 'real-time' data from across sectors	Support ongoing knowledge exchange	Increase awareness of the connection between mental health, trauma & substance abuse	Increase treatment options	Develop a local evidence-based harm reduction strategy to foster coordination and access to services	Continue addressing illicit drug production, supply & distribution

DRHD Opioid Information & Data System (DROIS)

The screenshot shows the DROIS website with a navigation menu at the top: Living Here, Discovering Durham, Doing Business, Health and Wellness, and Regional Government. The main header reads "Durham Region Opioid Information System" with sub-links for Home, Health and Wellness, Alcohol, Cannabis, Drugs and Smoking, and Opioids and Overdose Prevention.

Region of Durham Paramedic Services (RDPS)

- Between January 1 and August 3, 2019, RDPS received 372 calls related to suspected opioid overdoses, which is higher than 2018 (225 calls) for the same time period.
- In 2018, approximately 423 calls were received by RDPS related to suspected opioid overdoses.
- Between 2017 and 2018, the majority (68 per cent) of suspected opioid overdose calls were located in Oshawa.

[Map of RDPS calls related to suspected opioid overdoses](#)

Weekly number of suspected opioid overdose calls

Location of suspected opioid overdose calls

Emergency department visits

- There has been a general increase in the number of emergency department (ED) visits for opioid poisonings in Durham Region residents in the past two years, with the numbers fluctuating on a month-to-month basis. Between 2016 and 2017, the rate of ED visits in Durham Region due to opioid poisoning more than doubled to 57.0 visits per 100,000 people. Durham Region is also slightly higher than the Ontario ED visit rate for opioid poisonings of 54.6 per 100,000.

Monthly number of opioid overdose visits

Annual rate of opioid overdose visits

Opioid-related deaths

- The number of deaths related to opioid poisoning in Durham Region residents has been increasing over the past five years. In 2017, there were 58 deaths related to opioid poisoning in Durham Region, more than triple the number in 2013. In 2017, the rate of opioid-related deaths among Durham Region residents of 8.5 deaths per 100,000 people was consistent with Ontario's rate of 8.9 deaths per 100,000 people.
- Preliminary data shows there were approximately 58 opioid-related deaths in Durham Region in 2018. This data is subject to change.
- For data September 2018 and prior, see the [Public Health Ontario's Interactive Opioid Tool](#).

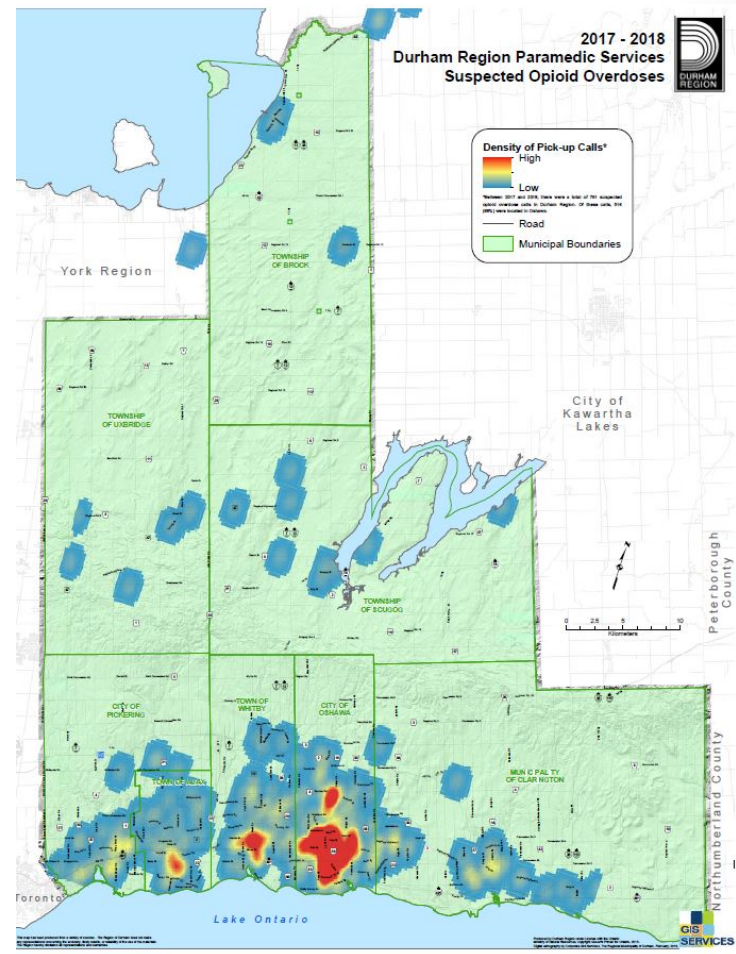
Annual number of opioid-related deaths

Notes

Data sources

Receive email updates

Contact Us



Needle Exchange Program (NEP)

Harm reduction strategies aim to increase awareness of the risk of behaviour, and provide tools and resources to decrease a person's risk to themselves or others

Success is measured in terms of individual and community quality of health, not in the levels of substances use

Purpose:

- **Designed to reduce harm by preventing the transmission of deadly diseases such as HIV, hepatitis C (HCV) and hepatitis B (HBV)**
- **While NEP's are not designed to treat addictions, they do provide an access point for other addiction services, health and social services**

Services:

- **Provides sterile needles and other supplies**
- **Provides education and counselling to clients**
- **Provides referrals to addiction treatment and other health and social services**

Benefits of a Needle Exchange Services

Lower numbers of contaminated needles in a community

Reduced prevalence of new infectious diseases e.g. HIV

Increased access to education and drug treatment referral services

Increased access to testing and diagnostic services

Increased communication with hard-to-reach populations

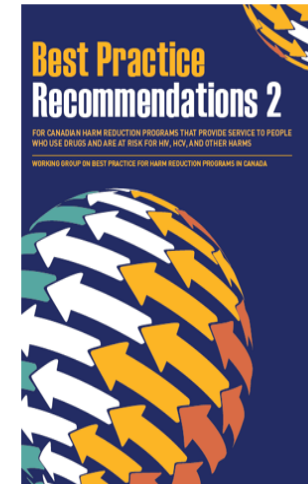
Best Practices for NEPs

Provide sterile needles in the quantities requested by clients without requiring clients to return used needles

Place no limit on the number of needles provided per client, per visit (one for one exchange is not recommended)

Encourage clients to return and /or properly dispose of used needles and syringes

Provide multiple, convenient locations for safe disposal of used syringes and equipment



[Resource Link](#)

Best Practices for NEPs

Educate clients about the benefits of regular testing, early diagnosis, and treatment for HIV, HCV, HBV, and TB

Refer clients to testing and counselling service providers in the community as well as substance use treatment programs

Educate program staff to assess and respond to client motivation and readiness for substance use treatment

Assess feasibility of co-locating low-threshold substance use treatment programs within needle exchange programs



Needle Exchange Programs

Numerous studies have searched for unintended consequences and found no convincing evidence to support common myths.

Evidence shows that needle exchange programs:

- Do not lead to greater injection frequency
- Do not increase illicit drug use
- Do not lead to a rise in syringe lending
- Do not result in recruitment of new injection drug users
- Do not lead to greater numbers of discarded used needles
- Do not increase the incidence of needle stick injuries in public places such as parks and playgrounds
- Do not lead to less motivation to change (reduce drug use)
- Do not lead to increased transition from non-injecting drug use to injection drug use

Needle Exchange Program

2018

8,730 repeat client visits; 261 new client visits

497,985 needles in through NEP + 30, 562 from City of Oshawa kiosks

618,791 needles out

715 referrals to treatment (addiction 486; medical 229)

38 referrals for testing (HIV 18; STI 20)

712 referrals for housing, employment

8,962 interactions (counselling & education)

2019

5,349 repeat client visits; 245 new client visits

258,797 needles in / City of Oshawa Kiosk numbers pending

324,751 needles out

1,350 referrals to treatment (addiction 767; medical 583)

20 referrals for testing (HIV 10; STI 10)

336 referrals for housing, employment

5,594 interactions (counselling/education)

Needle Exchange Program Return Rates

Year	Durham Region Return Rate for the Needle Exchange Program	Durham Region Return Rate NEP + City of Oshawa Community Kiosks	Provincial Return Rate for Ontario Needle Exchange Programs	Standings
2018	80.5%	85.4%	55% average	Durham Region's return rate is 30% higher than the provincial average
2019 (Jan to June)	76.4% return rate	Pending	Pending	Pending

Needle Exchange Sites in Durham Region

**John Howard Society Durham Region: Bowmanville;
Whitby; Oshawa**

**Pinewood Addiction Support Services & Community
Treatment Services: Oshawa, Bowmanville, Port
Perry, Ajax**

AIDS Committee of Durham Region: Oshawa

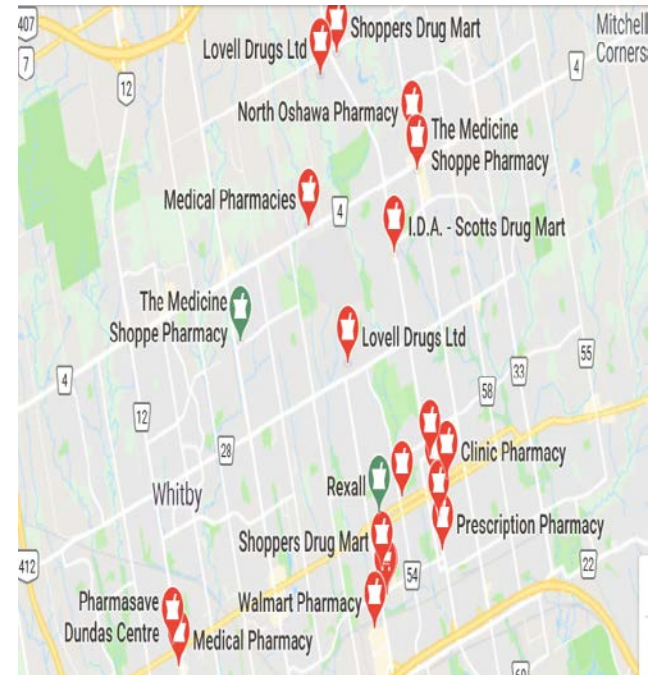
**Ontario Addiction Treatment Centre: Oshawa,
Beaverton**

3 Pharmacies: Oshawa



Community Options for Needle Return

- Any pharmacy in Durham Region
- Kiosks at many retail shopping centres and malls
- Local business e.g., local gym facilities, fast food/restaurant
- Public / outdoor Kiosks
- Libraries



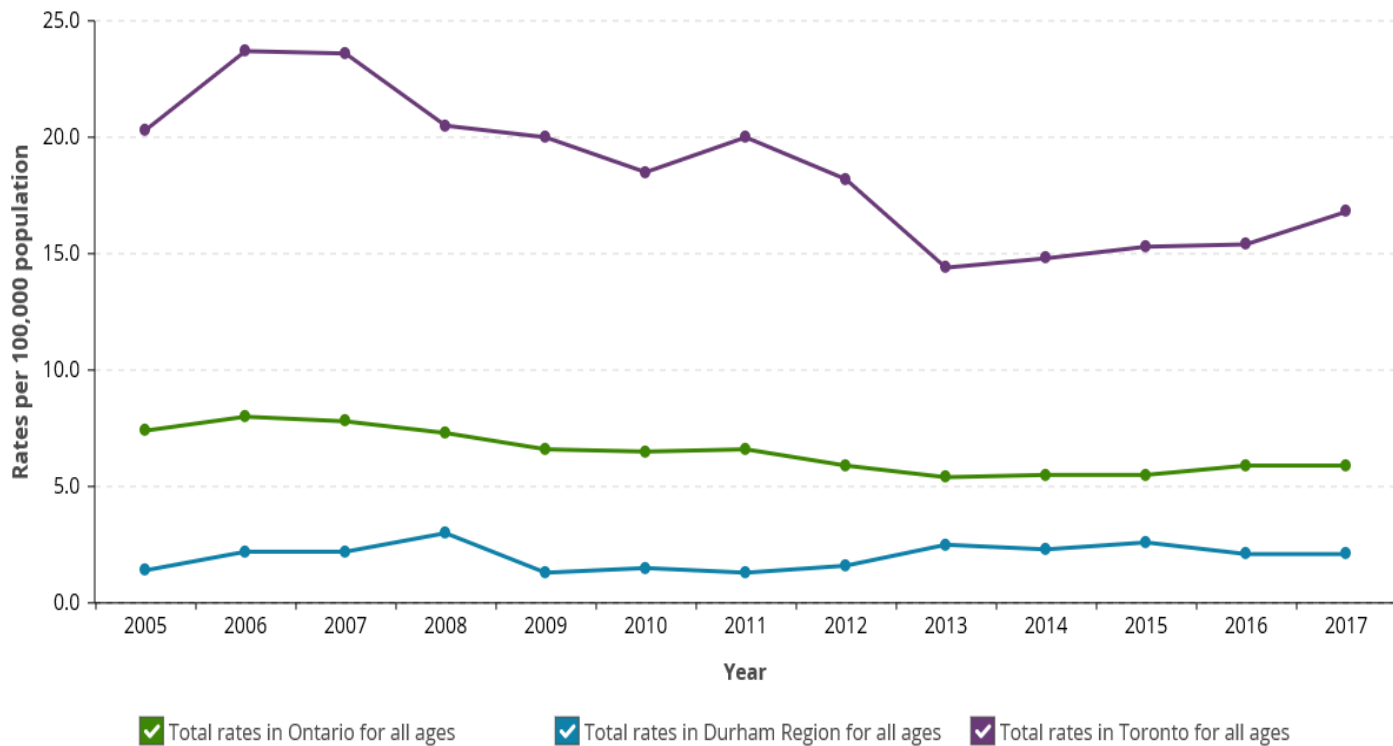
Risks Associated with Community Based Needlestick Exposure

- **The risk of blood-borne virus transmission from syringes discarded in the community is low**
- **To date, global data indicates there have been two case reports of HBV and three of HBC transmissions and no reported transmission of HIV following injuries by needles discarded in the community**

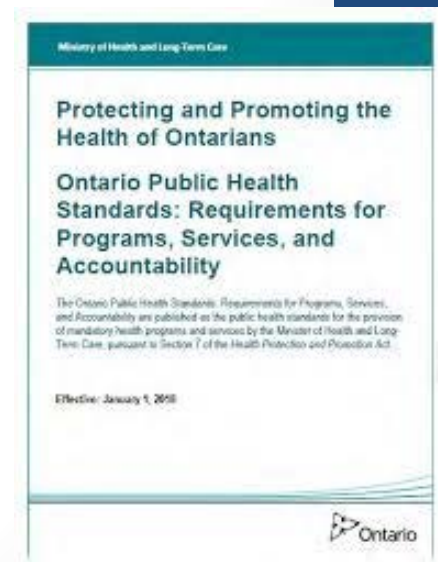
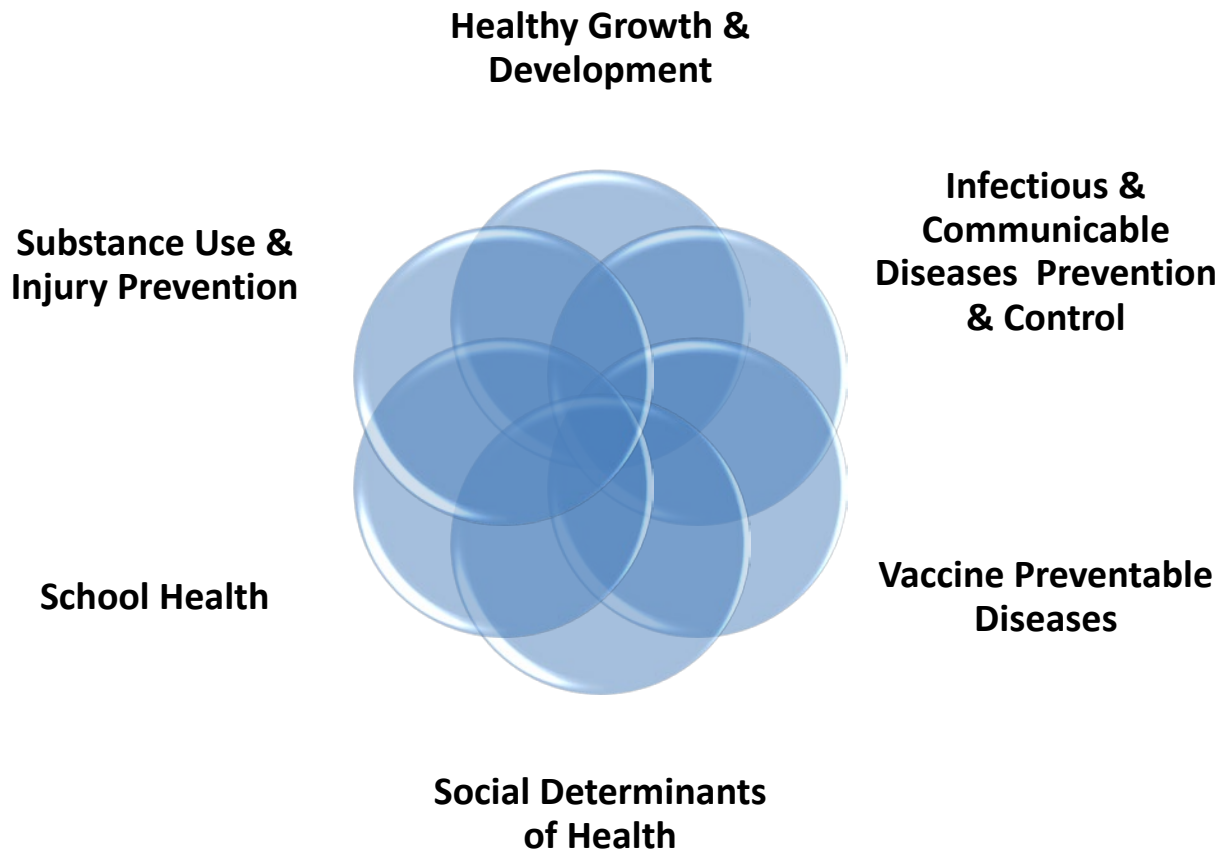


HIV Rates (All Ages, All Sexes)

HIV rates for all ages, for all sexes, in select areas



Public Health Services for Prevention and Early Intervention



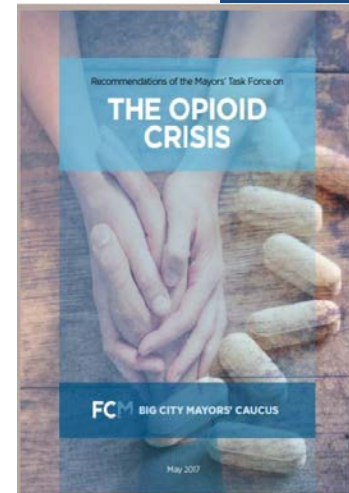
FCM Recommendations of the Mayor's Task Force on the Opioid Crisis, 2017

The Task Force is calling for a pan-Canadian action plan spanning all four pillars of the national drug strategy:

- **Harm reduction:** removing barriers to getting medical help during an overdose—and to accessing supervised consumption services
- **Treatment:** including better access to opioid substitution therapy and zero delays for getting into comprehensive treatment programs
- **Prevention:** starting with urgent public education on the risks of opioids, and to fight the stigma that stops people from getting help
- **Enforcement:** stopping the production and imports of non-prescription opioids and pill presses

All orders of government need to work together to address roots of addiction, with supportive housing, action on homelessness and access to crucial social services.

*Complete list of recommendations contained in appendices section



[Resource link](#)

Association of Municipalities of Ontario

- **The Province take an ‘all of government’ effort to develop a comprehensive provincial drug strategy, based on a public health approach**
- **The Province examines and its ministries provide, a coordinated response with adequate funding to address the root causes of addiction, including housing related factors, poverty, unemployment, mental illness and trauma**
- **That the Ministry of Health provides more funding to support, enhance and expand evidence- based consumption, treatment and rehabilitation services, addiction prevention and education, and harm reduction measures in all areas of Ontario**
- **That the Ministry of Health funds a public education campaign, including on social media, to complement the efforts of individual communities**



Addressing the Opioid
Overdose Emergency in
Ontario

Municipal Recommendations for a Provincial Response

September 4, 2019

[Resource Link](#)

Questions

Melissa Hutchinson MN, BA, RN

Program Manager

Durham Region Health Department

Population Health Division

- (T) 905-668-7711, ext. 3095 | 1-800-841-2729 ext. 3095 | (F) 905-666-6214
| melissa.hutchinson@durham.ca
 - durham.ca

References

- Association of Municipalities of Ontario. (2019). Addressing the opioid overdose emergency in Ontario: Municipal recommendations for a Provincial response. Available at: www.amo.on.ca
- Canadian drugs and substances strategy. (2016.). Health Canada. Retrieved from <https://www.canada.ca/en/health-canada/news/2016/12/new-canadian-drugs-substances-strategy.html>
- Central East LHIN Opioid Strategy. (2018). Central East LHIN. Available at: www.centraleastlhin.on.ca/page.aspx?id=789975175EB04B2C9B61960B7104C9F1
- Dasgupta, N., Beletsky, L., & Ciccarone, D. (2018). Opioid Crisis: No Easy Fix to Its Social and Economic Determinants. *American journal of public health, 108*(2), 182–186. doi:10.2105/AJPH.2017.304187
- Dorothy, L., Moore: Canadian Paediatric Society: Position Statement. (2018). Infectious Diseases and Immunization Committee. *Pediatric Child Health. 23*(8):532-538. Available at: <https://www.cps.ca/en/documents/position/needle-stick-injuries-in-the-community>
- Federation of Canadian Municipalities FCM (2017). Recommendations of the mayors' task force on the opioid crisis. Available at: <https://fcm.ca/en/focus-areas/opioid-crisis>
- Health Quality Ontario. (2017). 9 million prescriptions: What we know about the growing use of prescription opioids in Ontario. Available at: <https://www.hqontario.ca/System-Performance/Specialized-Reports/Opioid-Prescribing>
- Kordy, F., Petrich, A., Read, S. E., & Bitnun, A. (2017). Childhood exposures to discarded needles and other objects potentially contaminated with blood-borne pathogens in Toronto, Canada. *Paediatrics & child health, 22*(7), 372–376. doi:10.1093/pch/pxx110 Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5804656/>
- Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive opioid tool. Toronto, ON: Queen's Printer for Ontario; 2017. Accessed May 2019 from <https://www.publichealthontario.ca/en/dataandanalytics/pages/opioid.aspx>
- Ontario Drug Policy Research Network. (2019). Ontario Prescription Opioid Tool. Available at: <https://odprn.ca/ontario-opioid-drug-observatory/ontario-prescription-opioid-tool/>
- Ontario public health standards. (2017). Ontario Ministry of Health and Long Term Care. Retrieved from http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/

References

- Opioid-Related emergency department visits at a glance. (2018). Durham Region Health Department, Health Analytics, Research and Policy. Retrieved from www.durham.ca
- Quick facts: Percentage of students using opioid pain relief pills non-medically in the past year, 2016-2017. March 2018. Durham Region Health Department. Accessed May 2019 from www.durham.ca
- Substance use during pregnancy at a glance. (2019). Durham Region Health Department. Retrieval from www.durham.ca
- Strike, et al., (2013). Best Practice Recommendations for Canadian Harm Reduction programs that Provide Service to People Who Use Drugs and area at Risk for HIV, HCV, and Other Harms: Part 1.) Retrieval from www.catie.ca
- Strike, et al., (2015). The Best Practice Recommendations for Canadian Harm Reduction Programs that Provide Service to People Who Use Drugs and are at Risk for HIV, HCV, and Other Harms: Part 2. Toronto, ON: Working Group on Best Practice for Harm Reduction Programs in Canada Retrieval from www.catie.ca
- Trends in: Past year non-medical use of prescription pain relief pills. (2018). Durham Region Health Department. Accessed May 2018 from www.durham.ca
- World Health Organization (2004) Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users. Evidence for action technical papers. Available at: <https://www.who.int/hiv/pub/idu/e4a-needle/en/>
- World Health Organization WHO. (2004) Provision of sterile injecting equipment to reduce HIV transmission: Policy brief. Available at: <https://www.who.int/hiv/pub/idu/e4a-needle/en/>

Appendix

- Best Practices for Needle Exchange Programs
- Number of Contacts By NEP Location
- Association of Municipalities Ontario: Addressing the Opioid Overdose Emergency in Ontario
- FCM Recommendations of the Mayor's Task Force on the Opioid Crisis
- Ontario Public Health Standards
- Local Opioid Reports-Durham Region Health Department

Best Practices for Needle Exchange Programs

Provide sterile needles in the quantities requested by clients without requiring clients to return used needles

Place no limit on the number of needles provided per client, per visit (one for one exchange is not recommended)

Encourage clients to return and /or properly dispose of used needles and syringes

Offer a variety of needle and syringe types by gauge, size and brand

Educate clients on the proper use of syringes

Educate clients about the risk of using non-sterile needles

Provide pre-packages safer injection kits and individual safe injection supplies concurrently.

Provide daily access to services using varied modes of program delivery i.e.) fixed sites with daily hours, mobile distribution, satellite sites.

Provide multiple, convenient locations for safe disposal of used syringes and equipment.

Best Practices for Needle Exchange Programs (cont'd)

Educate clients about the benefits of regular testing, early diagnosis, and treatment for HIV, HCV, HBV, and TB

Educate clients about the types of testing available to facilitate informed choice

Refer clients to testing and counselling service providers in the community

Establish and maintain relationships with a variety of testing and counselling service providers, in particular those with experience working with people who use drugs

Encourage peer workers with lived experience to participate in existing peer support/navigation programs or assist in developing and delivering peer support/navigation activities for clients

Educate clients about substance use treatment options (e.g., detoxification, drug substitution programs, and psychotherapy)

Refer clients to substance use treatment programs in the community

Establish and maintain relationships with a variety of agencies providing substance use treatment services, including services for illicit drug use as well as alcohol and/or tobacco use

Educate program staff on how to properly assess and respond to client motivation and readiness for substance use treatment

Assess feasibility of co-locating low-threshold substance use treatment programs within needle and syringe programs(NSPs)/harm reduction programs and vice versa

Number of Contacts By NEP Location

(Jan - Aug 31, 2019)

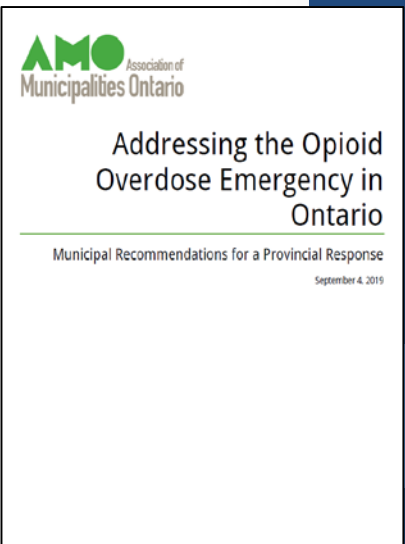
Location	Number of contacts
Ajax	149
Beaverton	60
Bowmanville	118
Courtice	22
Newcastle	2
Oshawa	7185
Pickering	10
Port Perry	4
Uxbridge	5
Whitby	225

Association of Municipalities Ontario: Addressing the Opioid Overdose Emergency in Ontario

Initial Foundational Steps: Recommended Action for 2019:

- 1. That the Province publicly affirms the seriousness of the opioid overdose emergency and commit to take all necessary measures to save lives and prevent harm, including the provision of long-term funding for existing programs as well as new funding streams, where necessary.**

- 2. That the Province undertakes an ‘all of government’ effort to develop a comprehensive provincial drug strategy that addresses the opioid overdose emergency, based on a public health approach that addresses the social determinants of health, and that takes a nondiscriminatory approach to overdose prevention and harm reduction. This strategy should cascade down to guide local drug strategy development and implementation with accompanying resources so that municipalities in Ontario have comprehensive, multi-faceted, funded drug strategies in place led by dedicated local coordinators. Further, progress toward implementation should be measured with performance indicators and be evaluated for outcomes achieved.**



Initial Foundational Steps: Recommended Action for 2019 (continued):

3. That the Ministry of Health appoint a dedicated coordinator focused solely on the provincial response to the emergency, and tasked with building partnerships between various sectors and act as a liaison between the government and the sectors.

4. That the provincial coordinator establishes formal means to engage with all relevant stakeholders, including municipal governments, public health units, and people with lived experience in order to hear advice and feedback on new and ongoing initiatives

Further Actions Based on Consultation with Stakeholders:

- 5. That the Province examines, and its ministries provide, a coordinated ‘all of government’ response with adequate funding to address the root causes of addiction, including housing related factors, poverty, unemployment, mental illness, and trauma.**

- 6. That the provincial coordinator undertakes a study scoping out the problem of drug misuse, documenting local responses, and identifying leading practices.**

- 7. That the provincial coordinator plays a role to help municipal governments share information with each other on successful elements of drug strategies and leading practices.**

- 8. That the provincial coordinator facilitates better utilization of real-time data reporting from local surveillance systems to inform and guide provincial and local responses including how to reach at-risk populations.**

- 9. That the provincial coordinator develops sub-strategies based on the data for specific populations over represented among drug users, with adequate consultation with these populations. Any sub-strategy seeking to support Indigenous peoples should be developed in consultation with Indigenous communities, Indigenous service providers with relevant local service providers including municipal governments, local Public Health agencies and District Social Service Administration Boards.**

- 10. That the Ministry of Health provides more funding to support, enhance and expand evidence- based consumption, treatment and rehabilitation services, addiction prevention and education, and harm reduction measures in all areas of Ontario.**

- 11. That the Ministry of Health targets funding for addiction and mental health services that would assist in treating people with mental illness to reduce and/or eliminate self-medication and would provide services to help people overcome their addiction.**

- 12. That the Ministry of the Solicitor General provides enhanced funding to enforce laws illicit drug supply, production, and distribution.**

13. That the Province enhances funding for diversion programs, mobile crisis intervention teams, and further promote harm reduction approaches among police services.

14. That the Ministry of Health ensures there is awareness of the opioid emergency throughout the health care transformation process and ensure necessary services are available through the Ontario Health Teams, including primary care, to treat addiction.

15. That the Ministry of Health examines community paramedicine as a viable option to provide treatment and referral services.

16. That the Ministry of Health should continue work with the medical community on appropriate pain management and prescribing of opioids.

17. That the Ministry of Health funds a public education campaign, including on social media, to complement the efforts of individual communities.

- 18. That the provincial coordinator work with the Ministry of Education to add a health- promoting youth-resiliency program to the school curriculum that includes coping skills to get through obstacles in life, e.g. social competence, conflict resolution, healthy relationships, and informed decision-making.**

- 19. That the Ministry of Health fully funds (100%) Naloxone for all municipal first responders (paramedics, police, and fire services) and provide training in its use.**

- 20. That the Ministry of Health and the Ministry of Children, Community and Social Services work together with municipal human service system managers to better link social service and health supports including to help people overcome addiction and address mental health.**

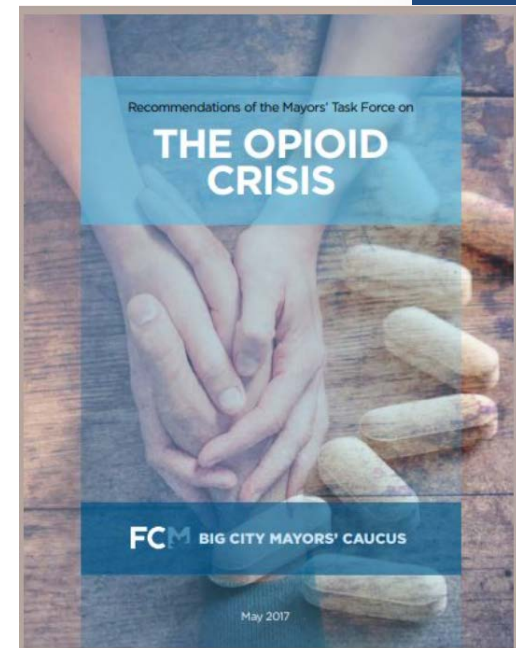
- 21. That the Ministry of Health works toward a goal of establishing and maintaining 30,000 supportive housing units in the province.**

- 22. That the Province advocates to the federal government for appropriate and supportive measures that will support effective provincial and local responses.**

FCM Recommendations of the Mayor's Task Force on the Opioid Crisis (2017)

Recommendations for a Pan-Canadian Opioid Response:

- 1. The federal government immediately establishes and reports on comprehensive timelines, measures and definitive evidence-based targets for specific outcomes related to each of the four pillars of the Canadian Drugs and Substances Strategy identified below, prioritizing targets for reducing overdose and overdose fatalities and deliver a progress report on the establishment of such targets by September 2017.**
- 2. The adoption of a comprehensive and coordinated pan-Canadian action plan which addresses the root causes of the opioid crisis. An intergovernmental action plan should align federal, provincial/territorial (P/T) and local strategies, respond to the specific needs of Indigenous communities, and rapidly expand all aspects of the collective response.**
- 3. The pan-Canadian action plan should include concrete actions to meaningfully and urgently address all four pillars of the Canadian Drugs and Substances Strategy, including:**



[FCM resource link](#)

FCM Recommendations of the Mayor's Task Force on the Opioid Crisis (cont'd)

A. HARM REDUCTION

- I. Support and implement evidence-based practices in order to substantially reduce opioid-related overdoses including facilitating access to drug checking/testing technologies for fentanyl and other drugs including opioids.**
- II. Eliminate barriers preventing people from seeking medical support during an overdose.**
- III. Facilitate access to supervised consumption services, including through the expedited implementation of Bill C 37 and approval of existing applications as appropriate.**

B. TREATMENT

- I. As an urgent priority, expand access to a range of treatment options including medically-supervised opioid substitution therapy (OST), including injectable options for people who have not found success with other interventions, and eliminate remaining barriers that limit access to OST.**
- II. Eliminate delays in access to comprehensive, wrap-around treatment services and long-term recovery supports.**

FCM Recommendations of the Mayor's Task Force on the Opioid Crisis (cont'd)

C. PREVENTION

- I. Work with stakeholders to implement national public education campaigns, before the end of 2017, including one focused on youth, to raise awareness of the risks of fentanyl and non-prescription opioid use, reduce stigma, and provide information on treatment and support options.**
- II. With the active involvement of people with lived experience, develop and implement evidence-based strategies to address stigma and discrimination against people who use drugs.**
- III. Continue with implementation of education programs and guidelines for physicians, pharmacists, nurses and other healthcare providers with respect to the proper use of opioids and alternative pain management techniques and the development of metrics to measure changes in prescribing practices.**
- IV. Ensure that any strategy to restrict access to prescription opioids balances the legitimate needs of patients so that access to pain treatment is not unnecessarily restricted and that harm reduction and treatment services are in place to mitigate against unintended consequences such as increased use of illicit drugs.**

FCM Recommendations of the Mayor's Task Force on the Opioid Crisis (cont'd)

D. ENFORCEMENT

- I. Continue expanded law enforcement efforts with respect to the production and importation of non-prescription opioids, including the new federal restrictions on the importation of pill presses contained in Bill C 37.
- II. Establish national evidence-based protocols for the remediation of contaminated scenes and the handling of fentanyl and carfentanyl.



FCM Recommendations of the Mayor's Task Force on the Opioid Crisis (cont'd)

4. Improved surveillance, data collection and reporting should be an immediate focus of the action plan with a progress report by September 2017, in support of the four pillars approach and the development of targets for key indicators:

- a. Immediately establish a standardized, pan-Canadian format for the collection of death and non-fatal overdose data with respect to the opioid crisis;**
- b. Ensure consistent and timely access to opioid-related death and overdose data by establishing a pan-Canadian reporting standard with a minimum of quarterly reports and a target of monthly reports in all provinces/territories; and**
- c. Expand efforts to improve the evidence-base by collecting and reporting on demographic data, including in particular the impact of the opioid crisis on Indigenous communities, with a focus on prevention and addressing social determinants of health.**

5. Ensuring a coordinated national response to the opioid crisis involving all orders of government by engaging cities and local public health officials in the Special Advisory Committee (SAC) process, with a focus on the objectives set forth in the four pillars and the need for improved data coordination.

FCM Recommendations of the Mayor's Task Force on the Opioid Crisis (cont'd)

- 6. Consulting with the Mayors' Task Force on priorities for new federal funding dedicated to the opioid crisis response (including the \$116 million announced in Budget 2017) to ensure that federal efforts are targeted to address local needs and delivered urgently.**

- 7. Working with cities to address the urgent need to develop more social and affordable housing, including supportive housing and housing employing a harm reduction approach, through the implementation of the federal government's National Housing Strategy and a long-term expansion of the Homelessness Partnering Strategy.**

- 8. Working with P/Ts, municipalities, indigenous organizations and stakeholders to develop, implement and monitor the Canadian Poverty Reduction Strategy, which should address both the root causes of addiction, as well as supports to alleviate the immediate consequences of addiction.**

- 9. Establishing an intergovernmental dialogue about access to substance use prevention, harm reduction and treatment options for individuals in Canada's correctional system, and the role of the criminal justice system in addressing the root causes of the opioid crisis.**

Ontario Public Health Standards



MINISTRY OF HEALTH AND LONG-TERM CARE

Ontario.ca | Français



HOME | PUBLIC INFORMATION | HEALTH CARE PROFESSIONALS | NEWS ROOM

Public Health

Health Care Professionals

Ontario Public Health Standards: Requirements for Programs, Services, and Accountability

Infectious Diseases Protocol 2018

Protocols and Guidelines

Reference Documents

Explore Government

Contacts

Connect With Us



E-MAIL PRINT

Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (Standards)

[The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability \(Standards\)](#)

identify the minimum expectations for public health programs and services to be delivered by Ontario's 36 boards of health. The Standards are published by the Minister of Health and Long-Term Care as per Section 7 of the *Health Protection and Promotion Act*. Boards of health are accountable for implementing the Standards including the protocols and guidelines that are referenced therein.

The Standards consist of the following sections:

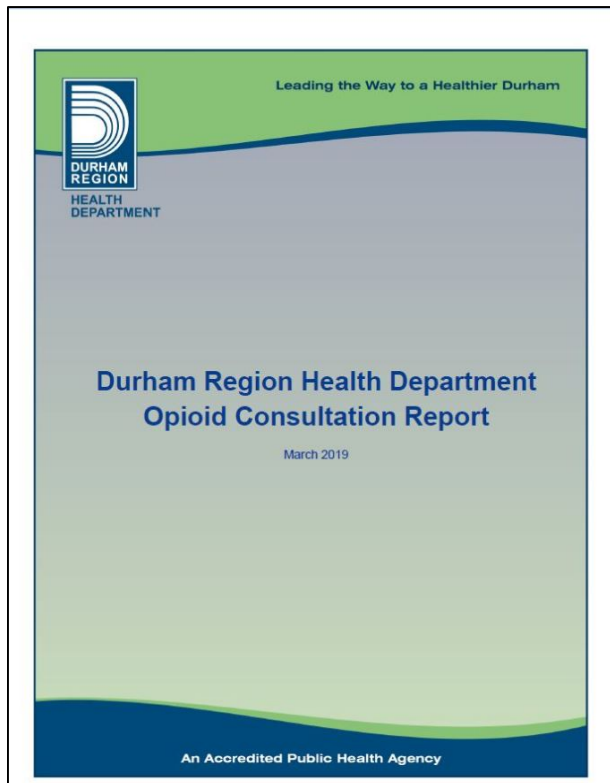
- Defining the work that public health does, which includes the Foundational and Program Standards;
- Strengthened accountability, which includes the Public Health Accountability Framework and Organizational Requirements; and
- Transparency and Demonstrating Impact, which includes the Public Health Indicator Framework for Program Outcomes and Contributions to Population Health Outcomes and Transparency Framework: Disclosure and Reporting Requirements.

[Protocols](#) provide direction on how boards of health shall operationalize specific requirement(s) identified within the Standards. The aim is to have consistent implementation of specific requirements across all 36 boards of health. [Guidelines](#) provide direction on how boards of health shall approach specific requirement(s) identified within the Standards. The aim is to provide a consistent approach to/application of requirements across all boards of health, while also allowing for variability in programs and services across health units based on local contextual factors as defined in the guidelines.

[Reference Documents](#) include topic-specific documents that provide information and best practices relevant to operationalizing and implementing the Standards, Protocols and Guidelines.

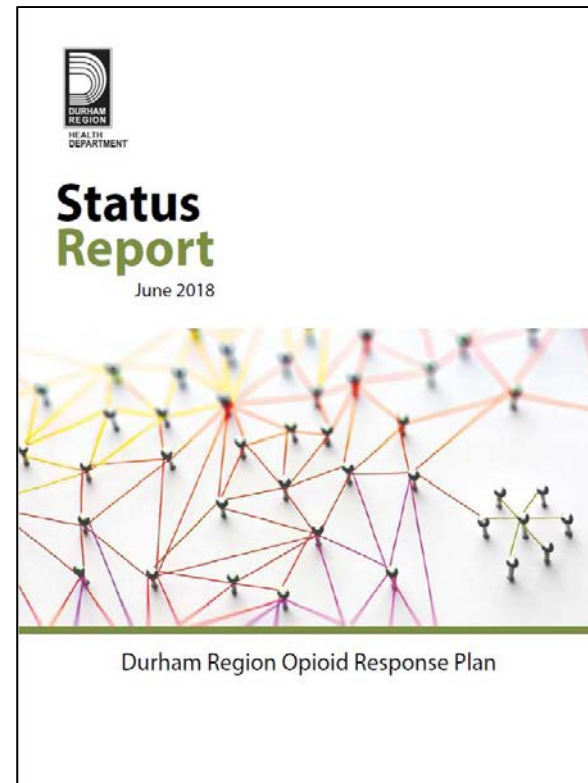
Local Opioid Reports

Opioid Consultation Report 2019



Available at: Durham.ca

Opioid Status Report 2018



Available at: Durham.ca