

YORK REGION

OPIOID

APRIL 2019

ACTION PLAN

PUBLIC HEALTH
york.ca

19-5295


York Region

ACKNOWLEDGEMENTS

The York Region Opioid Action Plan was developed by the Opioid Education and Response Workgroup (OERW) and its partners and contains recommendations for action to reduce opioid harms in York Region.

This report can be downloaded from york.ca/opioids.

CONTENTS

ACKNOWLEDGEMENTS	2
EXECUTIVE SUMMARY	5
INTRODUCTION	9
BACKGROUND	9
FEDERAL AND PROVINCIAL EFFORTS TO ADDRESS THE OPIOID ISSUE	10
OPIOID USE IN YORK REGION	14
THE YORK REGION OPIOID ACTION PLAN	16
The four pillar approach	17
Feedback from people with lived experience	18
Prevention	19
Harm reduction	22
Treatment	24
First response and enforcement	26
Surveillance and early warning	27
Common themes	29
NEXT STEPS	32
SUMMARY	32
YORK REGION OPIOID EDUCATION AND RESPONSE MEMBERS	33
REFERENCES	35



YORK REGION OPIOID ACTION PLAN EXECUTIVE SUMMARY

Communities across Ontario and Canada have come together to address opioid harms with a commitment to joint action. In York Region, the **Opioid Education and Response Workgroup (OERW)**, co-chaired by York Region Public Health and York Regional Police, lead these efforts. The Workgroup and its partners have developed the Opioid Action Plan with feedback from those who have lived experience with opioid use. The Plan is based on, and contains recommendations that speak to, four distinct pillars: prevention, harm reduction, treatment and first response and enforcement. Implementing the following recommendations will require the input and involvement of the whole community, including people with lived experience.

Prevention recommendations

- Identify and support awareness of programs for health-care providers around opioid safety and options for pain management
- Develop, promote or support access to a range of stigma-free messaging, programs and services to address substance use, pain management, mental health, resiliency and well-being for those at risk and at different life stages
- Increase awareness and knowledge of substance use, resiliency, mental health and student well-being in schools and in the community

Harm reduction recommendations

- Create a campaign to increase understanding of harm reduction
- Increase community partnerships to enhance harm reduction services
 - Explore and support expansion of harm reduction services (e.g., needle exchange sites, safer inhalation supplies, drug testing kits, naloxone) based on community need and input
 - Review the need and feasibility of Consumption and Treatment Services or Supervised Consumption Sites
- Address stigma and barriers to accessing harm reduction services
- Build connections between groups providing services or supports to people at different stages of substance use

Treatment recommendations

- Support access to local, urgent and compassionate opioid treatment
 - Increase awareness of existing resources for effective opioid dependence and addiction treatment
 - Support implementation and awareness of Rapid Access Addiction Medicine (RAAM) clinics
 - Provide addiction support (including aftercare or follow-up care) at places where people are receiving services in the community
 - Support addiction services (including aftercare or follow-up care) in primary health care
- Engage the Indigenous community to support culturally-appropriate opioid treatment
- Increase awareness of and advocate for universal coverage of non-opioid alternatives to manage chronic pain
- Increase awareness of addiction and treatment options in the recovery journey

First response and enforcement recommendations

- Strengthen partnerships between first responders and other agencies to increase awareness and skills of first responders on key issues related to the opioid crisis:
 - The Good Samaritan Drug Overdose Act
 - Mental health and addictions
 - Treatment and/or other community supports for those who have experienced an opioid overdose or suspected opioid overdose
- Identify and respond to evolving risks to the community related to drug trafficking, overdose deaths and monitoring emerging substances that may pose a public safety risk

To support actions under the four pillars, additional recommendations include monitoring and early warning activities and common themes identified across the pillars.

Surveillance and early warning recommendations

- Develop and evaluate an early warning system that includes the ongoing and prompt sharing of information with community partners and the public about overdoses and other opioid concerns
- Collect data which includes qualitative and quantitative information on the impact of opioids in York Region
- Develop and launch a tool to assess risks and inform communication and action
- Identify trigger points of action, including how to respond to an overdose crisis
- Collect and deliver opioid-related information and messaging using different formats

Supporting recommendations

- Reduce stigma around substance use and support people with lived experience to share stories
- Support information sharing between community agencies about opioid-related issues
- Increase collaboration and communication among service providers to support access to services and interventions that:
 - Promote well-being
 - Prevent the misuse of opioids
 - Reduce harm from opioid use
 - Connect individuals to opioid dependence and addiction treatment
 - Maintain client privacy and confidentiality, and support client needs

Through this Action Plan, the OERW invites service providers and the York Region community to learn about opioid concerns to make York Region a healthy and safe place for everyone.

INTRODUCTION

Over the last 10 years, North America has experienced a tremendous rise in opioid use, overdoses and deaths. Canadians are the second highest per capita consumers of opioids in the world, after the United States.¹ Between 2007 and 2016, emergency department visits for opioid overdoses have slowly increased in York Region. Unfortunately, the rate of opioid-related deaths has also continued to climb in Ontario affecting people of different ages, income levels and sexes.²

In 2016, York Region Public Health and York Regional Police partnered with Addiction Services for York Region and two local experts in addiction medicine and pharmacy to host a forum on opioid safety for health-care providers, specifically doctors and pharmacists. A few months after the forum, the partnership expanded to form the Opioid Education and Response Workgroup (OERW) with a mandate to monitor opioid harms in the Region, coordinate communication and response, reduce stigma around opioid use and the people who use opioids, and develop a York Region Opioid Action Plan.

With funding from the Ministry of Health and Long-Term Care, York Region Public Health supported the development of the Opioid Action Plan engaging community partners and individuals with lived experience in opioid use. The implementation and evaluation of the Plan will be supported by York Region Public Health and community partners.

The Opioid Action Plan is a guidance document that considers current programs and partnerships in York Region and provides recommendations for action, referencing and supplementing existing programs in national, provincial and neighbouring regions.

BACKGROUND

Opioid harms go beyond overdoses.

Opioids are usually prescribed to treat pain, cough and opioid addiction. Examples include fentanyl, morphine, methadone, oxycodone, codeine and hydromorphone. Even when taken as prescribed, opioids can lead to dependence or addiction. At high doses, opioids can also lead to overdose and death.

Opioids can be obtained illegally with varying and unpredictable levels of toxicity. For example, illegal fentanyl is sold in many forms including patch, powder, pill and liquid and with inconsistent potency. Other illegal drugs such as cocaine or heroin can be contaminated with fentanyl resulting in unexpected exposure to opioids and/or making them more toxic, increasing the risk of overdose and death.

Opioid overdoses happen to those who are opioid dependent, first time users, youth, adults and older adults.³ People who use opioids as prescribed and those who misuse them can experience opioid harms.

In addition to overdoses and loss of life, other opioid impacts include dependence or addiction, hospitalization, lost productivity, enforcement costs dealing with illegal opioids, infectious diseases commonly associated with substance use, psychological trauma experienced by first responders and others who witness overdoses and devastation to families and friends who lose loved ones.

Managing the opioid crisis has become a priority for governments, non-governmental organizations, health and safety agencies and communities. Solutions require multi-sector coordination and collaboration, commitment, evidence-based action and involvement from those with lived experience.



FEDERAL AND PROVINCIAL EFFORTS TO ADDRESS THE OPIOID ISSUE

Canada's opioid strategy is grounded on four pillars: Prevention, harm reduction, treatment and enforcement.

In 2016, Canada's federal Minister of Health identified the opioid crisis as a top priority and asked provinces, territories and other partners across the country to commit to joint action. The [Joint Statement of Action to Address the Opioid Crisis](#) is a commitment made by 30 partners. Since its release, many new organizations and groups have joined.^{4,5} The federal opioid strategy is a health focused, evidence-based approach to drug policy based on four pillars of prevention, harm reduction, treatment and enforcement.

Ontario is implementing strategies to prevent overdose deaths, address dependence and addiction, improve mental health and pain management services, reporting, early warning and harm reduction.

According to current data, Western Canada is most affected by the opioid crisis.¹⁴ The highest impact is in British Columbia where a public health emergency was declared in 2016.¹⁵ To tackle this crisis, British Columbia is focused on the following priorities: Saving lives, ending stigma, improving mental health and addiction services and supporting community-based overdose prevention efforts.

Ontario has also seen a rise in opioid-related emergency department visits (Figure 1) and deaths, but has not declared a public health emergency. Mandatory reporting of emergency department visits for opioid overdoses began in April 2017. Provincial efforts focus on four key areas including:¹⁶

- Appropriate pain management
- Treatment for opioid dependence and addiction, including investments in mental health support
- Harm reduction
- Enhanced reporting and early warning

Using legislative tools to address illegal drug use

Using a health approach to drug regulation and enforcement activities,⁶ the Government of Canada introduced several legislative changes to address the opioid crisis by:

- Passing the [Good Samaritan Drug Overdose Act](#) to provide some legal protection for people who call 911 during an overdose
- Updating the Controlled Drugs and Substances Act to make it easier to open overdose prevention and supervised consumption sites
- De-listing naloxone to make it available without prescription

Addiction and mental health, harm reduction and public health sectors, along with some areas hardest hit by the opioid crisis, are pushing for more policy reform to decriminalize personal possession of all drugs and explore options for the legal regulation of all drugs in Canada.⁷⁻¹²

Evidence shows that enforcement must also look at health issues related to substance use to be effective in reducing substance use and protect public health and safety⁶. Countries like Portugal and Spain are considered world leaders in reducing substance abuse with their public health approach, rather than the criminal justice approach used across North America. In 2001, Portugal decriminalized possession of all drugs for personal use. Since then, there has been a dramatic decrease in drug-related deaths and drug-related infection rates. A part of the reason for these positive changes is because the Portuguese government increased treatment services for those with addictions.¹³

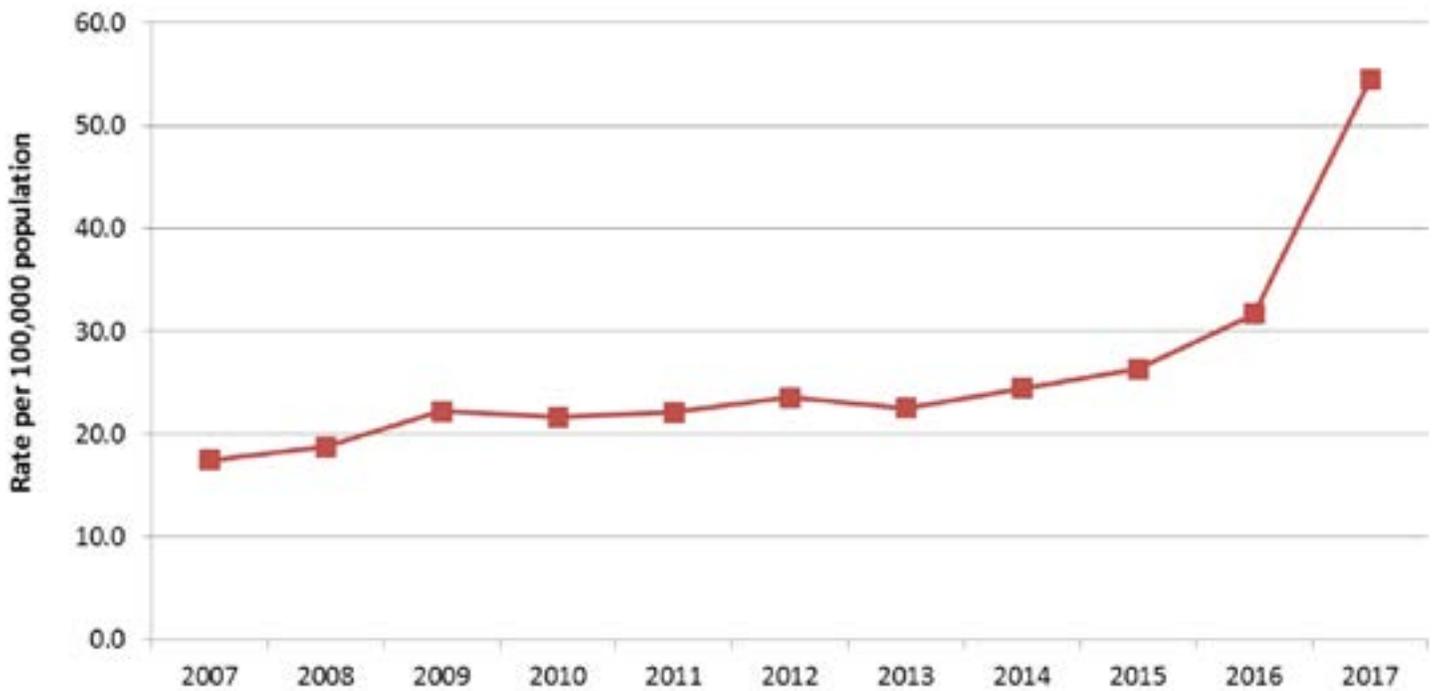
Naloxone

Naloxone (naloxone hydrochloride) is a drug that can temporarily reverse an opioid overdose and is offered free-of-charge to anyone who is at risk of an opioid overdose and to anyone who can help someone who is at risk of an opioid overdose.

For a map of where to get a free naloxone kit in Ontario, click [here](#) or visit ontario.ca/page/where-get-free-naloxone-kit.

Figure 1

Rate of emergency department visits for opioid overdoses in Ontario residents, 2007 to 2017



Data sources:

1. National Ambulatory Care Reporting System (NACRS) [2007-2017], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date extracted: [July 23, 2018].
2. Statistics Canada. Table 17-10-0084-01 Annual demographic estimates by census division, age and sex, based on the Standard Geographical Classification (SGC) 2011

Opioid use and harms in Ontario

- More than 1,250 Ontarians died from opioid-related causes in 2017¹⁷
- In 2016, one in eight Ontarians were prescribed opioid medication to manage pain¹⁸
- In 2017, there were 7,764 emergency department visits for opioid-related harms, with the vast majority being males within the 25 to 44 age group¹⁷
- Prescribed, diverted and illicit opioids contributing to opioid-related deaths suggest the need for a multifactorial approach that considers both the prescribed and illicit use of opioids¹⁹



Responding to an urgent need to save lives, Ontario extended harm reduction services by expanding naloxone distribution through pharmacies, public health units and community agencies working with those at risk of opioid overdose. In October 2018, the Ontario government expanded services in overdose prevention sites under a Consumption and Treatment Services (CTS) model to offer:

- Addiction treatment
- Health and social services
- Mental health support
- Housing and employment²⁰

To operate a CTS site, applicants must show that services meet federal requirements of a Supervised Consumption Site (SCS) as well as requirements under the CTS program.²¹ Twenty-one provincially-approved sites are expected to be in place by April 2019.^{22,23}

Research shows SCS saves lives, improves health, are cost effective and do not increase drug use and crime in the surrounding area where the service is provided.²⁴ At this time, there are no CTS or SCS sites in York Region.

In addition to saving lives, the Ministry of Health and Long-Term Care is developing a system to improve prevention of opioid harms, treat opioid addiction, and reduce harm for those using opioids. The Ministry has identified key support partners including: Primary health care, community-based and residential addictions care, public health and emergency departments. The Ministry has also directed local public health units to work with community stakeholders, including Indigenous communities and persons with lived experience to help implement and enhance opioid overdose early warning systems in their communities. Elements of the early warning system include:

- Creating an integrated community response among surveillance and front line services, such as harm reduction programs, paramedic, fire and police services and acute care organizations
- Creating formal collection and reporting of local data to identify changes in the community that may indicate opioid overdose surges
- Developing a local action plan to respond to surges in opioid overdoses²⁵



OPIOID USE IN YORK REGION

York Region currently experiences lower impacts of opioid use compared to other Ontario counties although opioid harms in the Region continue to rise.

Although York Region has one of the lowest rates of emergency department visits for opioid overdoses in Ontario,²⁶ based on Region trends and that of other communities, overdose rates continue to climb. Between 2007 and 2016, the rate of emergency department visits for opioid overdoses slowly increased in York Region (Figure 2), mirroring the Ontario rate increase (Figure 1).

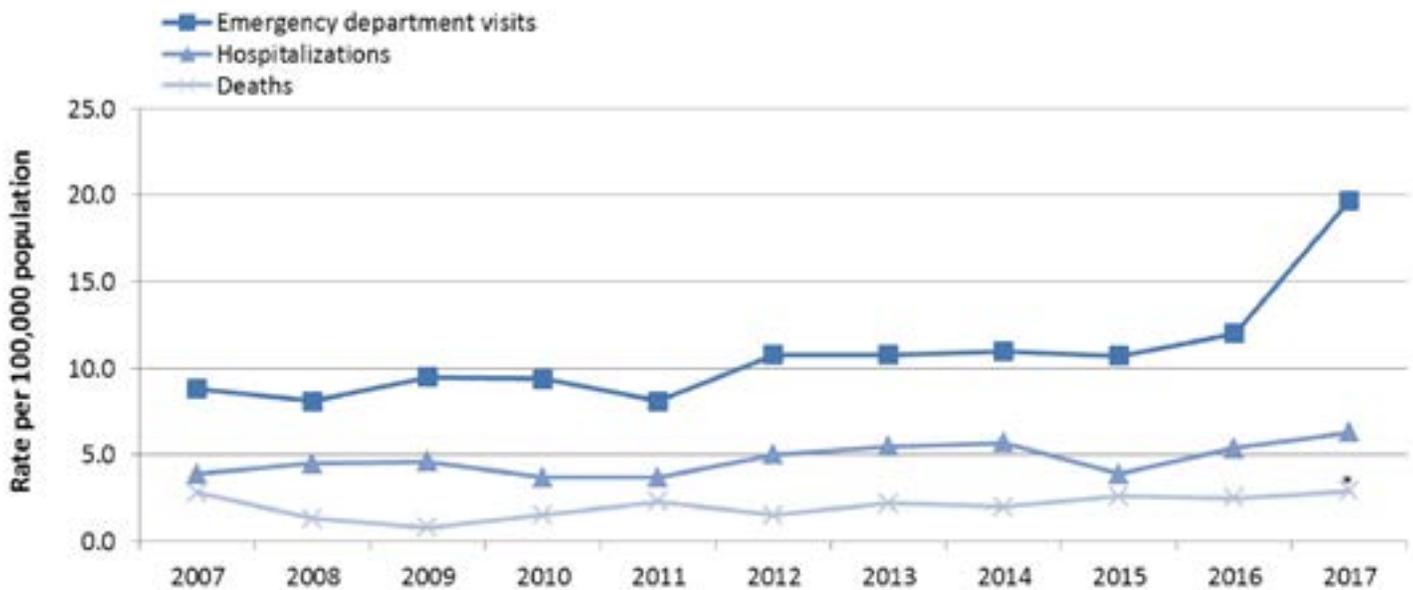
Since April 2017, Ontario hospitals have been required to report emergency department visits for opioid overdoses. There were 20 emergency department visits for opioid overdoses per 100,000 York Region residents in 2017, a 65% increase from

2016 (Figure 2). The highest rate of emergency department visits for opioid overdoses in 2017 was found among 25 to 44 year olds (Figure 3). This age group also had the largest increase from the previous year compared to other age groups and had the highest rate of opioid related death in 2017, with men being impacted more than women.²⁷

Opioid-related hospitalizations and deaths have also slowly increased in York Region since 2007 (Figure 2). A total of 29 and 34 people died from opioids in 2016 and 2017 respectively.¹⁷

Figure 2

Rate of opioid-related harms in York Region residents, 2007 to 2017

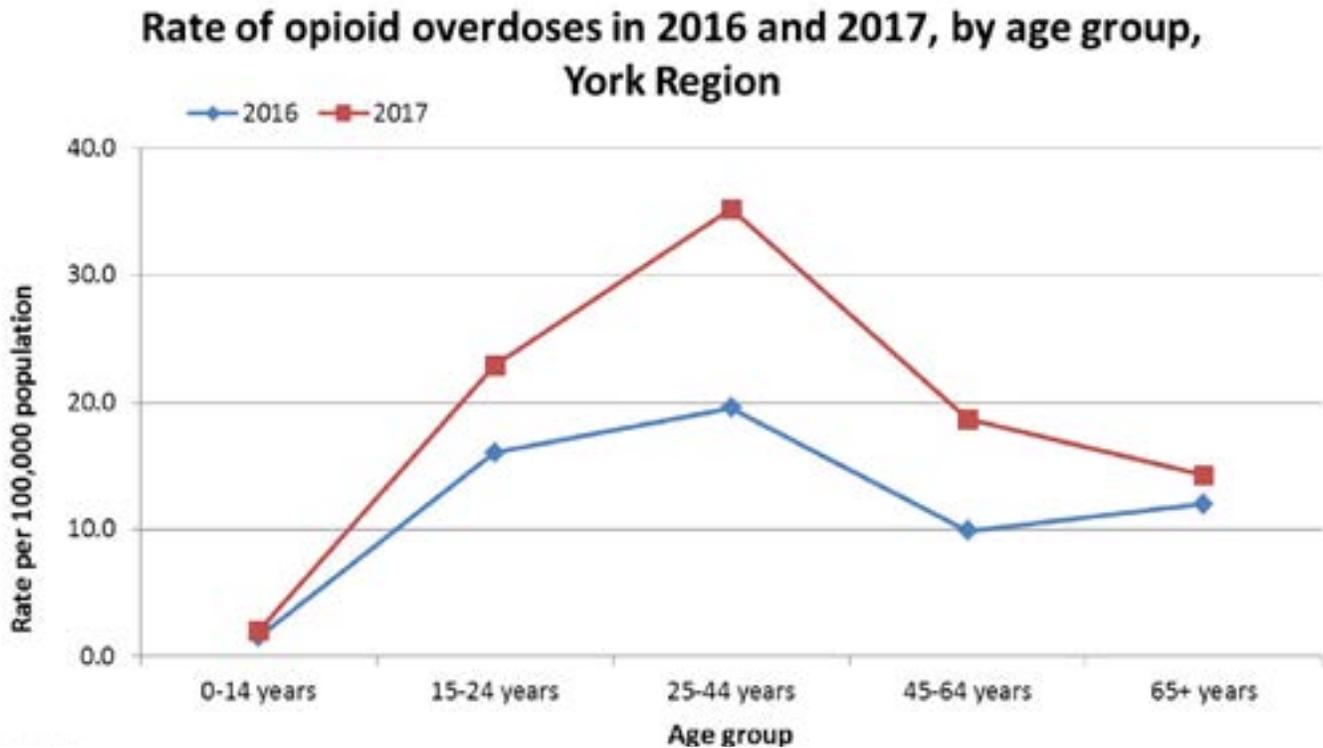


* Death data for 2017 should be considered preliminary

Data source:

Public Health Ontario. Opioid-related morbidity and mortality in Ontario [interactive dashboard]. Toronto, ON: Public Health Ontario; 2018 [cited 2018 Nov 15]. Available from: <https://www.publichealthontario.ca/en/dataandanalysis/pages/opioid.aspx>

Figure 3



Data sources:

1. National Ambulatory Care Reporting System (NACRS) [2007-2017], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date extracted: [November 6, 2018].
2. Statistics Canada. Table 17-10-0084-01 Annual demographic estimates by census division, age and sex, based on the Standard Geographical Classification (SGC) 2011

Addressing opioid harms includes preventing problematic opioid use, overdoses and deaths, helping individuals at various stages of and reasons for use by connecting people to treatment, health and social services, and providing harm reduction services. The following 2017 data provides some understanding of the opioid trends in York Region.

- 97,994 residents received a prescription opioid for pain at a rate of 82.3 per 1,000 residents. This is relatively low compared to other regions in the province²⁸
- 44,969 residents received an opioid for cough at a rate of 37.7 per 1,000 residents, one of the highest rates in the province²⁸

- 1,910 residents used opioids (i.e., buprenorphine/naloxone or methadone) for opioid addiction or dependence at a rate of 1.6 per 1,000 residents²⁸
- 10% of students (Grades 9 to 12) reported using prescription opioids for non-medical reasons in the past year, slightly below the 12% rate of Ontario students²⁹
- Fentanyl was present at time of death in almost three-quarters of opioid-related deaths in York Region¹⁷

THE YORK REGION OPIOID ACTION PLAN

York Region is one of the fastest growing and most diverse communities in Canada made up of people of various ages, living arrangements, countries of origin, income levels, and although mostly English-speaking, speaking more than 120 different languages. As of December 2017, York Region was the sixth largest municipality in Canada in population and third in Ontario, after the city of Toronto and Peel Region. The Region is a mosaic of communities including small towns, villages, suburban and urban neighbourhoods.³⁰⁻³²

As with most growing cities, York Region faces certain pressures that impact community well-being including:³³

- A growing number of low-income residents
- Growing, unstable employment: Nearly 43% of workers aged 25 to 65 years in York Region's southern three municipalities (Vaughan, Markham and Richmond Hill) report not being able to find and keep good quality, permanent jobs, raising the risk of experiencing homelessness
- Increasing housing costs and a lack of affordable rental housing

The Opioid Education and Response Workgroup (OERW) developed recommendations to prevent and reduce opioid harms in the Region, informed by partners' expertise, a review of best practices, current opioid-related projects at the federal, provincial and local levels and considering the York Region community profile. The action plan recommendations focus on opioids but do not exclude co-use of other substances.

.....

THE FOUR PILLAR APPROACH

The OERW agreed on an action plan using the four-pillar approach of prevention, harm reduction, treatment and enforcement. The plan recognizes different degrees of opioid use and the need for intervention and support at all levels, addressing factors that contribute to or reduce harm. OERW subgroups were formed under these four pillars with an additional subgroup for surveillance and early warning. A communications subgroup was also formed to guide communication efforts.

THE FOUR PILLARS OF THE CANADIAN DRUGS AND SUBSTANCES STRATEGY

The four pillar approach of prevention, harm reduction, treatment and enforcement is an evidence-based strategy for reducing substance-related harms.³⁴

CANADIAN DRUGS AND SUBSTANCES STRATEGY

A COMPREHENSIVE, COLLABORATIVE, COMPASSIONATE
AND EVIDENCE-BASED APPROACH TO DRUG POLICY



Health
Canada

Santé
Canada

Canada

© Health Canada. Infographic: Canadian Drug and Substances Strategy: A Comprehensive, collaborative, compassionate and evidence-based approach to drug policy, 2016. Reproduced with permission.

Available from: <https://www.canada.ca/content/dam/hc-sc/healthy-canadians/migration/publications/healthy-living-vie-saine/drugs-substances-strategy-2016-strategie-drogues-autre-substances/alt/pub-eng.pdf>

People with lived experience

Engaging people with lived experience (PWLE) on substance-related issues is critical for a unique perspective on response strategies and recommendations that matter to those affected by opioid harms. Partnering with PWLE is important because they can provide input on the relevance, efficiency and effectiveness of current treatment and harm reduction strategies. Involving PWLE can also contribute to capacity building in the community, play a large role in decreasing stigma, and restore power imbalances.³⁵

Feedback from people with lived experience

The OERW and partners asked for feedback on the recommendations from people who are or have been directly affected by opioid harms. York Region Public Health held focus group sessions and one-on-one interviews with the help of OERW partners who work with people who use or have used opioids. The goal of the sessions was to determine if the recommendations developed by OERW and partners aligned with the needs of those with lived experience and if changes or additions were required.

The feedback included in this Plan is a summary of the input obtained from 20 people with lived experience recruited from four OERW partner agencies. Participants were screened and met the following criteria:

- Living and/or using services in York Region
- 18 years of age or older
- Using opioids or have used opioids in the past

All participants were generally in agreement with recommendations made in the action plan. They expressed thoughtful ideas and insights on important areas of focus. This action plan outlines initial OERW and partner recommendations, followed by feedback from people from lived experience, and a final set of recommendations that incorporates their feedback.

PREVENTION

Increasing awareness and providing safety guidelines around the proper use of opioids among the public and health-care providers will help prevent opioid misuse. Messaging and education should be age-appropriate and address individuals at all life stages, including youth, young adults, adults and older adults. Health care providers, particularly physicians and pharmacists, have a key role in reducing opioid-related problems.^{36,37}

Prevention also involves supporting mental health, building resiliency and offering appropriate pain management while addressing other social determinants of health⁴⁰ (for example, safe and secure housing, employment) that protect people from opioid misuse and opioid harms. Root causes of opioid use and harms must be addressed. These considerations are based on an understanding that:

- More than 50% of people with substance use struggles have also had mental health challenges at some point during their life.⁴¹ On the other hand, substance use contributes to worsening mental health issues. Helping people maintain positive mental health helps reduce and prevent harms from substance use and vice versa.
- Resilience, the ability to effectively cope with or adapt to challenging life situations, is an important aspect of mental well-being.⁴² Evidence shows people who are resilient are less likely to experience problems related to substance use.
- Although opioids can be effective for pain (especially acute or cancer-related pain), many people are being prescribed opioids in high doses or to treat conditions when non-opioid treatments would be similarly effective.⁴³ Appropriate opioid prescribing practices such as using the lowest dose and shortest interval that is most effective, and a gradual decrease in dosage prescription can help prevent and reduce opioid harms.
- Addressing social determinants of health such as poverty and housing will support mental health and reduce substance-related problems.⁹ Urgent access to safe and stable housing has shown to be effective in improving mental health and substance use problems.⁴⁴

Opioid prescriptions in Ontario

Since the early 1990s, prescribing opioids for non-cancer pain has become more popular because of aggressive marketing by pharmaceutical companies and the addition of opioids to Ontario's drug formulary. In fact, 14% (one out of seven people) of Ontarians filled an opioid prescription in the fiscal year 2015/2016 for a total of over nine million opioid prescriptions.³⁸

[The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain](#) was developed to help health-care providers prescribe opioid medication more conservatively. These guidelines discourage prescribing opioid medication as first-line treatment for non-cancer pain, and recommend using other non-addictive medications prior to opioid use.³⁹

Did you know?

Centralhealthline.ca provides accurate and up-to-date information about health services for health service users and health-care providers across the central region of Ontario. Under the York Region tab, a number of resources, referral and treatment services are provided for people with substance use concerns under “Addictions.” Resources include support groups, residential services and information lines.

Several recommendations in the prevention pillar build on existing efforts in York Region. Many agencies and services are investing in education and awareness, building resiliency, promoting and supporting mental health, addressing opioid harms, tackling homelessness and other social determinants of health. Recommendations also highlight the importance of engaging key players such as primary health-care providers and pharmacists in the Region.

Recommendations from OERW partners related to prevention

- Identify and support awareness of programs for health-care providers around opioid safety and options for pain management
- Develop and promote new or existing messages, programs and services for the community and partners that address substance use and mental health, build resiliency and support the well-being of those at risk at different life stages
- Increase awareness and support implementation of elementary and secondary school-based curriculum and projects that address substance use, resiliency, mental health and student well-being

Feedback from people with lived experience on the prevention recommendations

Participants agreed with the need for education about opioid safety and for other efforts to prevent opioid problems. A few participants with opioid dependence and addiction discussed the lack of information on opioid risks and being unaware of their dependence and addiction to opioids. Many participants spoke about the importance of knowledgeable and compassionate health-care providers. Education for the health-care providers on prescribing standards, individualized care around opioid access, and education about non-opioid options for managing pain were raised as needs. Participants also said that non-opioid options must be offered and costs must be covered in order for these alternatives to be accessible.

A few participants said too much access to opioids can cause harm. A few stated that all opioids should be made available only by prescription as opposed to having them (e.g., Tylenol 1) available over-or behind-the-counter. On the other hand, a total lack of access to opioids also causes harm as some individuals may turn to illegal sources of opioids.

Community- and school-based education; the need for mental health support (including helping those who have experienced psychological trauma) and building resilience among youth were also confirmed by participants. They recommended information and education that:

- Is fact-based
- Is balanced, avoiding fear tactics
- Is delivered by professionals who are trusted by youth
- Is free of stigma or reduces stigma surrounding mental health and addiction
- Is inclusive of the voice of those with lived experience
- Is delivered using multiple strategies to reach everyone
- Engages youth at risk for substance use due to family history or living situations

Participants also spoke about the need for a range of services and supports that are necessary for well-being, such as programs that are inclusive and available for everyone, recreational activities for children and youth, and increased services like 360Kids*, not only for youth but also for adults.

*360Kids is an agency that provides a range of services to help youth in transition and crisis including: After school programs, aftercare and transitional support, connections to emergency housing, counselling, employment programs, extended transitional housing program, youth residential home, drop-in, school support and outreach.

PREVENTION RECOMMENDATIONS

- Identify and support awareness of programs for health-care providers around opioid safety and options for pain management
- Develop, promote or support access to a range of stigma-free messaging, programs and services to address substance use, pain management, mental health, resiliency and well-being for those at risk and at different life stages
- Increase awareness and knowledge of substance use, resiliency, mental health and student well-being in schools and in the community

Supervised consumption sites

Supervised Consumption Sites, also known as safe injection sites, have operated in North America and Europe for the past decade and have shown positive results including:⁴⁶

- Decreased overdose deaths
- Decreased HIV infections
- Fewer 911 calls relating to an overdose

HARM REDUCTION

Harm reduction supports people using substances and is an evidence-based approach that reduces the negative health, social and economic consequences of substance use. Harm reduction includes policies, programs and best practices.

The harm reduction philosophy understands that some people will continue to engage in high-risk behaviours even though they experience associated harms. Its approach is rational and compassionate, and provides care for everyone. A key feature of this practice is to give people the right to determine how to reduce harms by offering non-judgmental and holistic support.⁴⁵

Recommendations from OERW partners related to harm reduction

- Create a campaign to increase understanding of harm reduction with community partners and those with lived experiences, and promote harm reduction services
- Increase community partnerships to expand and enhance harm reduction services
- Explore and support increased access to and expanded harm reduction supplies (e.g., needle exchange sites, safer inhalation supplies, naloxone) based on community need
- Review the need and feasibility of Consumption and Treatment Services (formerly known as overdose prevention sites) or supervised consumption sites in York Region

Feedback from people with lived experience on the harm reduction recommendations

Most participants agreed with the harm reduction recommendations. Many participants were clearly impacted by the opioid crisis, losing friends and family members and experiencing barriers to health. Participants welcome expansion and promotion of harm reduction services to save lives and improve health.

Participants wanted information to reduce harm from drug use and said that people using drugs need to know about the dangers of fentanyl and contaminated drugs. A number of comments

also showed a lack of public awareness of harm reduction service locations and a lack of harm reduction services in York Region.

A few participants spoke about the need for careful thought when implementing harm reduction programs and services. Participants asked for ways in which harm reduction services could be promoted and made visible, yet provide confidentiality for those using the services. Over half of the participants said they face judgment and are labelled as “drug users” by others in the community when they access harm reduction services.

While some suggested expanding harm reduction services into service agencies like shelters, others were worried about creating an environment that posed safety concerns because of possible drug deals and break-ins. A few participants worried about being triggered or triggering people who are trying to cut down or stop using substances. Their feedback showed the need for planning and delivering harm reduction services in community or agency spaces that also minimize triggering individuals trying to reduce or stop drug use.

Participant feedback also showed that improving harm reduction services in York Region means:

- Providing transportation for people to get to needed services or increasing mobile services that bring harm reduction services to those who need them
- A way to include access for people who are homeless, living in “tent city”
- On-demand or drop-in versus appointment-based services
- Expanding hours of operation
- Access to fentanyl testing and naloxone
- Increasing awareness of the Good Samaritan Drug Overdose Act
- Increasing locations for safe disposal of used harm reduction supplies
- Expanding access to homeless program services (e.g., sleeping bag, clothing) to those who are housed but unable to afford the items

A few participants suggested that health promotion messages be integrated into harm reduction programs and resources to make clients aware of

health services and healthy behaviours. Examples include health messages on needle disposal boxes, toll-free numbers for harm reduction, and information for addiction and mental health services. Multiple communication strategies were suggested including posting in agencies, buses, online and in community campaigns. Most participants also said expansion of harm reduction services must address stigma and fears around legal consequences.

Participants suggested involving people with lived experience in harm reduction work to connect people using services to those with life experience. A few participants said it is important to build connections between abstinence-based programs and harm reduction services for situations where people move along the substance use continuum from not using to using. This would keep people safe and connected to services. Participants said that health-care professionals and community workers should have harm reduction knowledge to promote and improve the health of people who use substances.

Many participants gave support for Consumption and Treatment Services (formerly known as opioid prevention sites) or Supervised Consumption Sites although some feared stigma and legal consequences. Most participants knew multiple people who passed away from an overdose. A few participants spoke about the importance of people being able to use drugs in a place where they have access to medical or other services to prevent or deal with an overdose. Because of York Region's large geographic area, many people spoke about the need for transportation to these sites or active outreach programs.

HARM REDUCTION RECOMMENDATIONS

- Create a campaign to increase understanding of harm reduction
- Increase community partnerships to enhance harm reduction services
 - » Explore and support expansion of harm reduction services (e.g., needle exchange sites, safer inhalation supplies, drug testing kits, naloxone) based on community need and input
 - » Review the need and feasibility of Consumption and Treatment Services or Supervised Consumption Sites

Additional forms of medicated assisted treatment for opioid use disorder

In the last two years, Health Canada has increased options for medicated assisted treatment for opioid dependence or addiction by:

- Funding prescription hydromorphone to offer a safer alternative that is not tainted by other substances such as fentanyl or carfentanil⁴⁹
- Reducing barriers to methadone and diacetylmorphine (prescription heroin) for the treatment of opioid use disorder⁵⁰

- Address stigma and barriers to accessing harm reduction services
- Build connections between groups providing services or supports to people at different stages of substance use

TREATMENT

Treatment involves identifying goals and supports, exploring alternatives to at-risk behaviours and creating space and flexibility to develop recovery plans. People dependent on or addicted to opioids need access to urgent, evidence-based and coordinated care for recovery.

The Rapid Access Addiction Medicine (RAAM) clinics offer such needed services by providing immediate, on-site, low-barrier access to effective addiction treatment.^{47,48} Early evaluation results show a decrease in emergency department visits and hospitalizations and improved patient experience among those with addiction because of follow-up treatment and links to community supports.⁴⁸ All York Region hospitals (Southlake Regional Health Centre, Mackenzie Health Hospital and Markham Stouffville Hospital) have a RAAM clinic. People with opioid or other substance addictions can be referred by their health-care provider, a community agency or self-referred.

As opioid prescribing practice guidelines change, pharmacists and prescribers will need to work more closely to give people options for non-opioid alternatives to manage pain. Efforts to support knowledge and skill development among pharmacists and prescribers will contribute to improved patient care.

Federal and provincial opioid strategies include a focus on Indigenous communities who are highly impacted by the opioid crisis and are more likely to experience overdose, hospitalization and death from opioids compared to non-Indigenous communities.⁵¹⁻⁵³ People from Indigenous communities also face additional barriers in accessing health care⁵⁴ and have higher incidence of life challenges (for example, homelessness)³³ that further compromise well-being. Addressing the opioid issue in the Indigenous community requires culturally safe practices⁵⁵ and involvement of the Indigenous community to provide leadership in identifying and offering services.

RECOMMENDATIONS FROM OERW PARTNERS RELATED TO TREATMENT

- Support access to urgent opioid treatment for dependencies
 - Increase awareness of existing resources for effective opioid dependence and addiction treatment
 - Support the rollout and awareness of Rapid Access Addiction Medicine (RAAM) clinics
 - Provide addiction support at places where people are already receiving services in the community
 - Support addiction services in primary health care
- Engage the Indigenous community to support culturally-appropriate opioid treatment
- Increase awareness and availability of resources to manage chronic pain

FEEDBACK FROM PEOPLE WITH LIVED EXPERIENCE ON THE TREATMENT RECOMMENDATIONS

Participants agreed that increased addiction services are needed as people often have to travel far distances or out of York Region to get services. Many stressed the value and need for a detoxification centre in the Region and a few indicated the need for safe housing or housing that supports recovery during treatment. Participants also supported the recommendation for immediate opioid addiction treatment as long wait times often impact recovery. They said that a phone number for addiction help is needed and the mental health help line could be improved by training staff on addiction issues.

Lack of awareness of addiction treatment options and services was a recurring theme from the focus groups and interviews. A majority of participants do not know where to get addiction treatment or about existing treatment services. Several participants suggested developing a treatment outline that also lists available supports for the recovery journey to help inform decisions and empower people seeking or in treatment.

Participants wanted their health-care provider to offer or support them with non-opioid options for addiction treatment or pain management.

A majority of participants said that non-opioid alternatives and specialized addiction services were not accessible to them because of:

- Cost, including the cost of transportation
- Not being covered by government funding
- Lack of a health-care provider referral for alternative options

Based on their experience, many participants spoke of the gap in transitional support between care providers, aftercare or follow-up in addiction treatment. Several participants experienced turnover of staff and want a process to reduce the need for reassessment and support throughout the recovery journey.

The majority of participants also called for:

- Compassionate care
- Competency in opioid-related practice
- Staff screening and appropriate professional boundaries
- Coordinated care between multiple care providers
- Building trust in the care relationship

About half of the participants said partnering with or employing people with lived experience in treatment services would add value in treatment. Participants said peers will need to be screened and trained to help them be successful in their role. Screening would ensure peers are at a stage in their substance use where they are ready to help others and training would include helping them set healthy boundaries in relationships.

TREATMENT RECOMMENDATIONS

- Support access to local, urgent and compassionate opioid treatment
 - Increase awareness of existing resources for effective opioid dependence and addiction treatment
 - Support implementation and awareness of Rapid Access Addiction Medicine (RAAM) clinics
 - Provide addiction support (including aftercare or follow-up care) at places where people are already receiving services in the community

Calling 911

Evidence has shown that witnesses at the scene of an overdose do not call 911 for fear of prosecution, even in a crisis. Some women also fear that calling 911 could result in child welfare services involvement.⁵⁷

In May 2017, Canada passed the Good Samaritan Drug Overdose Act to remove barriers to calling 911 during a drug overdose.⁵⁸ This federal law provides some legal protection for people who call 911 for help in a drug overdose situation, regardless of who is overdosing. The Act protects people from getting criminally charged for simple possession, violation of bail, or probation conditions for using drugs, for example. However, the law does NOT protect people from being charged with more serious offences such as drug trafficking or weapons offences.

Did you know?

York Region Public Health has developed a tool to report opioid-related concerns in the community. This tool can be used anonymously by service providers and the public and can be found at [York.ca/reportbaddrugs](https://york.ca/reportbaddrugs)

→ Support addiction services (including aftercare or follow-up care) in primary health care

- Engage the Indigenous community to support culturally-appropriate opioid dependence and addiction treatment
- Increase awareness of and advocate for universal coverage of non-opioid alternatives to manage chronic pain
- Increase awareness of addiction and treatment options in the recovery journey

FIRST RESPONSE AND ENFORCEMENT

Fentanyl plays a large role in opioid-related overdoses and deaths in York Region. In 2016, Ontario passed the [Patch for Patch Return Policy](#), a law to help reduce illegal prescription fentanyl. York Regional Police (YRP) played a key role in raising awareness of the law among health-care providers in the Region. In addition to concerns around diverted fentanyl prescription patches, death trends in Ontario show that illegally-made fentanyl and other toxic forms of fentanyl products negatively impact public safety.^{2,19}

York Regional Police continues to target the production, supply and sale of illegal drugs through enforcement and sharing intelligence and drug-related concerns with community partners. YRP identifies and responds to evolving risks to the community such as opioid trafficking, investigating overdose deaths and monitoring emerging substances that may pose a public safety risk. Using intelligence-based approaches and data, YRP reduces the supply of illegal opioids through timely and targeted enforcement.

First responders in York Region are prepared to address and respond to overdoses. York Region first responders continue to monitor opioid-related incidents in the community and work with York Region Public Health to assess trends, risks and responses. Based on their community risk assessment, most York Region fire services staff carry naloxone and are trained in overdose response. York Regional Police officers carry naloxone and follow organizational procedure for naloxone administration. York Region paramedics follow the Ministry of Health and Long-Term

Care's Opioid Response Strategy for Paramedic Services and continues to look for ways to improve efficiencies when attending emergency calls.⁵⁶

Recommendations from OERW partners related to first response and enforcement

Strengthen partnerships between first responders and other agencies to increase the awareness and skills of first responders on key issues related to the opioid crisis:

- The *Good Samaritan Drug Overdose Act*
- Mental health and addictions
- Treatment and/or other community supports for those who have experienced an opioid overdose or suspected opioid overdose

Feedback from people with lived experience on the first response and enforcement recommendations

Participants supported the recommendations and said they were important. They wanted increased awareness of the *Good Samaritan Drug Overdose Act* (GSDOA) among first responders and among the public. While some would call 911, a few participants said they would hesitate or not call 911 because of the fear of arrest. Those who were scared to call knew people who also would not call. Several participants believe that even if a 911 call did not result in legal consequences, the property they called from would be kept under police observation in the future.

All participants agreed that first responders play a role in connecting people with addiction and mental health services. One participant shared his story of compassionate care by the police when they took him to a hospital instead of jail. A few participants noted improvements in treatment of mental health calls by first responders. About half of the participants said addiction or drug use is still stigmatized and treated as a criminal issue. Several participants said that first responders must increase their knowledge about addiction.

Several participants spoke about the need for community safety and enforcement efforts around drug trafficking. They expressed a need for increased monitoring and enforcement in agencies for drugs and for safe spaces to go that are free from drug dealing and weapons.

FIRST RESPONSE AND ENFORCEMENT RECOMMENDATIONS

- Strengthen partnerships between first responders and other agencies to increase awareness and skills of first responders on key issues related to the opioid crisis:
 - The *Good Samaritan Drug Overdose Act*
 - Mental health and addictions
 - Treatment and/or other community supports for those who have experienced an opioid overdose or suspected opioid overdose
- Identify and respond to evolving risks to the community related to drug trafficking, overdose deaths and monitoring emerging substances that may pose a public safety risk

In addition to recommendations under the four pillars, additional recommendations for action include the following supporting recommendations. Surveillance and Early Warning Recommendations guide planning and response activities while Supporting Recommendations include common themes identified by OERW subgroups.

SURVEILLANCE AND EARLY WARNING

Surveillance is used to regularly monitor health trends. An early warning system identifies potential risks, including trends of opioid-related incidents using quantitative data and reports from the community.

Surveillance and early warning systems help communities prepare for and respond to a crisis and allow public health and community partners to take action in a timely manner. Early warning information may also come from assessments made by neighbouring health units, the province and other agencies. Findings from surveillance and early warning systems help develop a phased approach for action based on the risk level in the community.

Surveillance and early warning work already underway include:

- Weekly and monthly surveillance on quantitative data

Drug testing services

A recent research report by Public Health Ontario on the effectiveness of drug checking services found that these services may be valuable to monitor the drug supply for dangerous contents and issuing health alerts to people who use drugs. The report finds drug testing services have not been effective in changing drug use behaviour or health outcomes; however, a 25-year history of international drug checking services can inform good practice.⁶¹

Reducing stigma

The Centre for Addiction and Mental Health (CAMH) offers the following ways for communities to reduce stigma associated with substance use:⁶⁰

- Clear up myths and provide education on mental illness and substance use to increase understanding
- Challenge and change biases to act with compassion
- Use appropriate language to encourage separation between the individual's identity and their illness or substance use
- Support those with addictions to make positive contributions to society
- Support inclusion of individuals with substance use issues through safe housing options, job prospects and other opportunities

- Selected thresholds for quantitative surveillance data sources to flag concerns
- Development of an opioid overdose early warning framework to identify trigger points to make decisions about public health action
- Development and testing of an online tool to collect qualitative or community information
- Partnership development between public health and data colleagues at other organizations

Recommendations from OERW partners for surveillance and early warning

- Develop and evaluate an early warning system that includes the ongoing and prompt sharing of information with community partners and the public about overdoses and other opioid concerns
- Collect data which includes qualitative and quantitative information on the impact of opioids in York Region
- Develop and launch a tool to assess risks and inform communication and action
- Identify trigger points of action, including how to respond to an overdose crisis

Feedback from people with lived experience on the surveillance and early warning recommendations

Participants generally agreed with the surveillance and early warning recommendations, and had some suggestions for improvement. Many participants said there is a need for an online tool to report or find information on drugs.

Participants suggested the online tool should:

- Provide anonymity or confidentiality
- Be easy to use
- Be a place to find archived and factual information
- Be able to reach a large number of people
- Be a place to report drug-related concerns (e.g., tainted or toxicity of drugs, defective harm reduction supplies)
- Be a place to share personal stories

A few participants said the information could possibly be used to share the types available drugs, seek out stronger or more powerful drugs or determine the amount to use based on the strength of the drug. This feedback suggests that some of the information gained through the online tool could be misused; however, all participants supported monitoring and reporting of potent or harmful drugs in the community so they could be aware of risks. Several participants were already using online forums and blogs to seek out information.

Most participants also said alternatives to the online tool are needed for people to report and receive information. Participants suggested using other media such as posters on public transit, postings in community agencies or through agency staff, newspapers and word-of-mouth through peers.

A few participants mentioned that relying on emergency overdose visits or hospitalizations limit an understanding of the actual opioid harms in the community. Monitoring suggestions included learning how many people are visiting the hospital for opioid withdrawal and substance use issues. Participants also said that hospital visits underestimate health care needs of those who use opioids as people avoid hospitalization or leave the hospital after experiencing stigma. Many also noted the importance of getting information from “people who know what’s going on.”

On the subject of early warning, participants asked for information about where to get naloxone and drug testing kits. Participants recommended education to increase community awareness and help for people to recognize and respond to an overdose.

SURVEILLANCE AND EARLY WARNING RECOMMENDATIONS

- Develop and evaluate an early warning system that includes the ongoing and prompt sharing of information with community partners and the public about overdoses and other opioid concerns
- Collect data which includes qualitative and quantitative information on the impact of opioids in York Region



- Develop and launch a tool to assess risks and inform communication and action
- Identify trigger points of action, including how to respond to an overdose crisis
- Collect and deliver opioid-related information and messaging using different formats

COMMON THEMES

Stigma around individuals who use substances continues to be a major factor in isolating people and creating barriers to help. Stigma is negative judgment experienced by people who use substances or have addiction. Stigma may result in people:

- Using substances alone
- Not seeking or getting help
- Being excluded from opportunities such as access to safe housing, health care, addiction treatment and job opportunities
- Being overlooked in decision-making that impacts well-being⁵⁹

Joint action to address opioid harms in York Region should include ways to share information or exchange knowledge among agencies and increase collaboration among service providers to do the work under the four pillars.

Recommendations from OERW partners

- Reduce stigma around substance use and those who use opioids
- Support information sharing between York Region community agencies about opioid-related issues
- Increase collaboration and communication among service providers to support access to services and interventions that:
 - Promote well-being
 - Prevent the misuse of opioids
 - Reduce harm from opioids
 - Link individuals to opioid dependence and addiction treatment



Feedback from people with lived experience on the recommendations

Participants liked the recommendations presented in this section. The themes that were discussed in greater detail by participants included the impact of stigma, the need for ensuring informed consent, trust development between service providers and service users, and increased education to service providers.

Participants said that the stigma they experience creates barriers that affect their mental and physical health, access to substance use interventions and engagement in services. The stigma also reduced their sense of personal control, increased negative self-thoughts and affected their ability to get help. Suggestions to address stigma included:

- Increasing education about stigma for health-care and service providers
- Providing services that deal with the psychological trauma people experience
- Providing choice for service users and increasing collaboration between service providers and service users
- Creating opportunities for people with lived experience to share their stories
- Including people with lived experience with substance use in the work of prevention, harm reduction and addiction treatment
- Addressing basic needs including access to safe housing
- Increasing awareness of harm reduction among service agencies or organizations (e.g., Narcotics Anonymous, Alcoholics Anonymous, Canadian Mental Health Association, AIDS services, shelters)

About half of the participants spoke about feeling vulnerable when information about

their pain management and treatment of opioid addiction is shared amongst health-care professionals. These participants understood the need for communication and collaboration between care providers and wanted more explanation about the roles and mandates of various agencies. Participants wanted to better understand how shared information was going to be used and with whom.

Many participants recommended increased education to community partners on opioid use, risks for addiction, prevention of addiction, mental health services, harm reduction and treatment services.

All participants appreciated learning about the recommendations from the Opioid Action Plan and having the opportunity to provide input. Several asked that ongoing efforts be made to include people with lived experience in this important work.

SUPPORTING RECOMMENDATIONS

- Reduce stigma around substance use and allow people with lived experience to share stories
- Support information sharing between York Region community agencies about opioid-related issues
- Increase collaboration and communication among service providers to support access to services and interventions that:
 - Promote well-being
 - Prevent the misuse of opioids
 - Reduce harm from opioids
 - Connect individuals to opioid dependence and addiction treatment
 - Maintain client privacy and confidentiality, and support client needs

NEXT STEPS

The York Region Opioid Action Plan will be a guide for collaboration and community engagement for the Opioid Education Response Workgroup (OERW) and its partners. The workgroup will develop short- and long-term goals out of the recommendations for action, along with an evaluation plan. The OERW has also started developing a crisis management framework for opioid overdose surges. The Plan will be updated as the opioid situation changes or when evidence requires it.

SUMMARY

York Region, like many communities in Ontario and across Canada, is experiencing the growing impact of opioid harms. The OERW, led by York Region Public Health and York Regional Police, provides leadership and helps develop partnerships that address this important issue. The York Region Opioid Action Plan includes recommendations for action, including the need for monitoring and early warning of opioid issues. Recommendations for action are based on a four-pillar approach of prevention, harm reduction, treatment and enforcement. The Plan also emphasizes the need to address stigma and calls for joint action to address opioid-related issues in York Region.

YORK REGION OPIOID EDUCATION AND RESPONSE WORKGROUP MEMBERS

CO-CHAIRS

Yvonne Cheung
York Region Public Health

Detective Shawn Sparkes
York Regional Police

MEMBERS

Aly Shivji, Amy Hlaing, Elena Hasheminejad,
Heather Pimbert, Leah van Wesenbeeck,
Katarina Garpenfeldt, Dr. Richard Gould
York Region Public Health

Shivani Gupta
Addiction Services for York Region

Robert Royer
Central Local Health Integration Network

Dr. Ilan Nachim
Physician specializing in addiction medicine

Ron Jenkins
Georgina Fire Services

Dylan de la Rivière
Krasman Centre

Mary Ann Proulx
Loft Crosslinks Outreach Van

Patrick Kasebzarif, Sandra Crescenzi
York Region Strategic Department Communications,
Strategies and Partnerships Branch

Sherry Tawfik
Total Health Pharmacy

Jennifer Sarna
York Catholic District School Board

Dawn Laliberte
York Region District School Board

Bradley Hickman
Susan Eckenswiller, Brad MacMillan, David Eeles
and Iain Park (past contributing members)
York Region Paramedic and Seniors Services

Detective Sergeant Doug Bedford,
Detective Constable Kevin Selwood,
Gloria Bacci-Puhl, Inspector Henry deRuiter
York Regional Police

SUBGROUPS

SURVEILLANCE AND EARLY WARNING SUBGROUP

Amy Hlaing, Heather Pimbert, Leah van Wesenbeeck,
Shelley Stalker
York Region Public Health

Ron Jenkins
Georgina Fire

Bradley Hickman, Martin Perry
York Region Paramedic and Seniors Services

Henry DeRuiter, Swapan Kumar Das
York Regional Police

PREVENTION SUBGROUP

Anita Paul, Jennifer Wong, Tina Russo, Zem Kabani
York Region Public Health

Brad MacMillan
York Region Paramedic and Seniors Services

Phillip Hodgson
York Region Homelessness Community Programs,
Social Services Branch

Carrie Dinsmore
York Support Services Network

Dawn Laliberte, John Shep
York Region District School Board

Hope Ramsay, Sascha Ellis
360 Kids

Jennifer Sarna
York Catholic District School Board

Kim Adeney
York Region Accessibility Program,
Strategies and Partnerships Branch

Valerie Garcia
York Region Community Development,
Strategies and Partnerships Branch

HARM REDUCTION SUBGROUP

Dylan de la Rivière
Krasman Centre

Elena Hasheminejad, Yvonne Cheung
York Region Public Health

Mary Ann Proulx
Loft Crosslinks Outreach Van

Sherri Tawfik
Total Health Pharmacy

Tara Edeh
Ontario Addiction Treatment Centre

Vibhuti Mehra
AIDS Committee of York Region

TREATMENT SUBGROUP

Amy Hlaing, Yvonne Cheung
York Region Public Health

Cassandra Siemens, Dr. Chris Cavacuiti
True North Medical Centre

Dr. Ilan Nachim
Physician specializing in addiction medicine

Robert Royer
Central Local Health Integration Network

Rosanne Kopczewski
Community member

Tina Colarossi
Addiction Services for York Region

FIRST RESPONSE AND ENFORCEMENT SUBGROUP

Aly Shivji, Yvonne Cheung
York Region Public Health

Andrew Zvanitajs
Vaughan Fire and Rescue Services

Chris Palmer, Doug Bedford, Henry deRuiter,
Kevin Selwood, Shawn Sparkes
York Regional Police

David Eeles
York Region Paramedic and Seniors Services

Ron Jenkins
Georgina Fire Services

COMMUNICATIONS SUBGROUP

Amy Hlaing, Elena Hasheminejad, JP Fallavollita,
Leah van Wesenbeeck, Patrick Kasebzarif
York Region Public Health

Andrea Griepsma
York Region Corporate Communications

Gloria Bacci-Phul
York Regional Police

Krista Bradley
York Region Paramedic and Seniors Services

Penny Marrett
Addiction Services for York Region

Ron Jenkins
Georgina Fire

The OERW would also like to acknowledge Nevetda Gengeswaran, practicum student from the University of Toronto's Public Dalla Lana School of Public Health, who helped with the preliminary research for the writing of the report.

REFERENCES

1. Health Canada. Government of Canada actions on opioids 2016 and 2017 [Government report online]. Ottawa, ON: Her Majesty the Queen in Right of Canada; 2017 [cited 12 Nov 2018]. (Cat No. H14-236/2017E). Available from: <https://www.canada.ca/content/dam/hc-sc/documents/services/publications/healthy-living/actions-opioids-2016-2017/Opioids-Response-Report-EN-FINAL.pdf>
2. Gomes T, Greaves S, Martins D, et al. Latest trends in opioid-related deaths in Ontario 1991 to 2015 [report online]. Toronto, ON: Ontario Drug Policy Research Network; 2017 [cited 2018 Nov 12]. Available from: http://odprn.ca/wp-content/uploads/2017/04/ODPRN-Report_Latest-trends-in-opioid-related-deaths.pdf
3. Statement from the co-chairs of the special advisory committee on the epidemic of opioid overdoses regarding updated data on Canada's opioid crisis [Internet]. Ottawa ON: Public Health Agency of Canada [updated 2018 Sept 18; cited 2019 Jan 4]. Available from: <https://www.canada.ca/en/public-health/news/2018/09/statement-from-the-co-chairs-of-the-special-advisory-committee-on-the-epidemic-of-opioid-overdoses-regarding-updated-data-on-canadas-opioid-crisis.html>
4. Health Canada; Canadian Centre on Substance Use and Addiction. Joint statement of action to address the opioid crisis: A collective response [Government report online]. Ottawa, ON: Health Canada; 2017 [cited 2018 Nov 12]. Available from: <http://www.ccsa.ca/Resource%20Library/CCSA-Joint-Statement-of-Action-Opioid-Crisis-Annual-Report-2017-en.pdf>
5. Health Canada; Canadian Centre on Substance Use and Addiction. Progress report on the joint statement of action to address the opioid crisis in Canada (December 2016 to February 2017) [Government report online]. Ottawa, ON: Health Canada; 2017 [cited 2018 Nov 12]. Available from: <http://www.ccsa.ca/Resource%20Library/CCSA-Addressing-Opioid-Crisis-in-Canada-Summary-Report-2017-en.pdf>
6. Government of Canada. Strengthening Canada's approach to substance use issues [Government report online]. Ottawa, ON: Government of Canada; 2018 [cited 2018 Nov 13]. (Cat No. H14-266/2018E-PDF). Available from: <https://www.canada.ca/content/dam/hc-sc/documents/services/substance-use/canadian-drugs-substances-strategy/strengthening-canada-approach-substance-use-issue/strengthening-canada-approach-substance-use-issue.pdf>
7. Décriminalisation des drogues pour usage personnel [Internet]. Santé Montréal, Québec: Government of Quebec; 2018 [updated 2018 Jul; cited 2018 Nov 13]. Available from: <https://santemontreal.qc.ca/en/public/news/news/translate-to-english-decriminalisation-des-drogues-pour-usage-personnel/>
8. Vancouver sees alarming trend with steady increase in overdosed deaths [Internet]. Vancouver, BC: City of Vancouver [updated 2018 Mar 9; cited 2019 Jan 9]. Available from: <https://vancouver.ca/news-calendar/vancouver-sees-alarming-trend-with-steady-increase-in-overdose-deaths.aspx>
9. Canadian Mental Health Association. Care not corrections: Relieving the opioid crisis in Canada [report online]. Ottawa, ON: Canadian Mental Health Association; 2018 [cited 2018 Nov 13]. Available from: https://cmha.ca/wp-content/uploads/2018/04/CMHA-Opioid-Policy-Full-Report_Final_EN.pdf
10. Canadian Public Health Association. Decriminalization of personal use of psychoactive substances. Position statement [report online]. Ottawa, ON: Canadian Public Health Association; 2017 [cited 2018 Nov 12]. Available from: <https://www.cpha.ca/sites/default/files/uploads/policy/positionstatements/decriminalization-positionstatement-e.pdf>
11. Sienkiewicz A. Legalizing all drugs would be good for Canada, according to Toronto liberal MP. CBC News. 2017 Jan 31 [newspaper online]. [cited 2018 Nov 13]. Available from: <https://www.cbc.ca/news/canada/toronto/erskine-smith-decriminalize-all-drugs-1.3958336>
12. Toronto Public Health. Discussion paper: A public health approach to drug policy [policy online]. Toronto, ON: Toronto Public Health; 2018 [cited 2018 Nov 12]. Available from: <https://www.toronto.ca/legdocs/mmis/2018/hl/bgrd/backgroundfile-118060.pdf>
13. Greenwald G. Drug decriminalization in Portugal: Lessons for creating fair and successful drug policies [report online]. Washington, DC: Cato Institute; 2009 [cited 2018 Nov 26]. Available from: https://object.cato.org/sites/cato.org/files/pubs/pdf/greenwald_whitepaper.pdf
14. National report: Apparent opioid-related deaths in Canada (January 2016 to March 2017) Ottawa, ON: Government of Canada [updated 2018 Dec 12; cited 2019 Jan 12]. Available from: <https://www.canada.ca/en/public-health/services/publications/healthy-living/apparent-opioid-related-deaths-report-2016.html>
15. How the province is responding Victoria, B.C.: Government of British Columbia [updated 2016 Apr 16; cited 2019 Jan 3]. Available from: <https://www.canada.ca/en/public-health/services/publications/healthy-living/apparent-opioid-related-deaths-report-2016.html>
16. Williams D. Ontario's strategy to prevent opioid addiction and overdose [report online]. Toronto, ON: Ontario Government; 2016 [cited 2018 Nov 13]. Available from: <http://www.healthachieve.com/Presentations%202015/Tackling%20the%20Opioid%20Crisis%20in%20Ontario%20-%20Dr.%20David%20Williams.pdf>
17. Public Health Ontario. Opioid-related morbidity and mortality in Ontario [interactive dashboard]. Toronto, ON: Public Health Ontario; 2018 [cited 2018 Nov 15]. Available from: <https://www.publichealthontario.ca/en/dataandanalytics/pages/opioid.aspx>
18. Gomes T, Pasricha S, Martins D, Greaves S, et al. Behind the prescriptions: A snapshot of opioid use across all Ontarians [report online]. Toronto, ON: Ontario Drug Policy Research Network; 2017 [cited 2018 Nov 13]. Available from: http://odprn.ca/wp-content/uploads/2017/08/ODPRN-Report_Behind-the-Prescriptions.pdf
19. Gomes T, Khuu W, Martins D, Tadrus M, Mamdani MM, Paterson JM, et al. Contributions of prescribed and non-prescribed opioids to opioid related deaths: Population based cohort study in Ontario, Canada. BMJ [serial online]. 2018 [cited 2019 Jan 30]; 362. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4103240/pdf/AJPH.2014.301966.pdf>
20. Ministry of Health and Long-Term Care. Background. Review of supervised consumption services and overdose prevention sites - key findings [news release on the Internet]. Toronto, ON: Queens Printer for Ontario; 2018 [cited 2018 Nov 6]. Available from: <https://news.ontario.ca/mohltc/en/2018/10/review-of-supervised-consumption-services-and-overdose-prevention-sites---key-findings.html>
21. Ministry of Health and Long-Term Care. Consumption and treatment services: Application guide [Government report online]. Toronto, ON: Queen's Printer for Ontario; 2018 [cited 2019 Jan 4]. Available from: http://health.gov.on.ca/en/pro/programs/opioids/docs/CTS_application_guide_en.pdf
22. Province will approve future supervised consumption sites based on need. CBC News. 2018 Oct 25 [newspaper online]. [cited 2019 Jan 7]. Available from: <https://www.cbc.ca/news/canada/kitchener-waterloo/ontario-approval-supervised-consumption-sites-based-on-need-1.4876810>
23. Ministry of Health and Long-Term Care. Ontario govern-

ment connecting people with addictions to treatment and rehabilitation [news release online]. Toronto, ON: Queen's Printer for Ontario; 2018 [cited 2018 Oct 21]. Available from: <https://news.ontario.ca/mohltc/en/2018/10/ontario-government-connecting-people-with-addictions-to-treatment-and-rehabilitation.html>

24. Supervised consumption sites explained [Internet]. Ottawa, ON: Canada.ca 2018 [cited 2018 Nov 13]. Available from: <https://www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/explained.html>

25. Ministry of Health and Long Term Care, Population and Public Health Division. Harm reduction program enhancement: Questions and answers [report online]. Toronto, ON: MOHLTC; 2017 [cited 2018 Nov 26]. Available from: <http://eenet.ca/sites/default/files/2018/January/Harm%20Reduction%20Program%20Enhancement%20FAQ%20September%2015%202017.pdf>

26. The Ontario Drug Policy Research Network. Opioid use and related adverse events in Ontario [report online]. Ottawa, ON: Ontario Drug Policy Research Network; 2016 [cited 2018 Nov 13]. Available from: <http://odprn.ca/wp-content/uploads/2016/11/ODPRN-Opioid-Use-and-Related-Adverse-Events-Nov-2016.pdf>

27. Ontario Ministry of Health and Long-Term Care, National Ambulatory Care Reporting System Metadata (NACRS). Intelli-HEALTH ONTARIO. 2007-2017

28. Ontario Drug Policy Research Network. Ontario prescription opioid tool. yearly count of opioids dispensed to treat cough (individuals) in Ontario [interactive dashboard]. Toronto, ON: Ontario Drug Policy Research Network (ODPRN); 2018 [cited 2018 Oct 31]. Available from: <http://odprn.ca/ontario-opioid-drug-observatory/ontario-prescription-opioid-tool/trends/>

29. Regional Municipality of York. York Region student drug use and health report [report online]. Newmarket ON: Regional Municipality of York; 2017 [cited 2019 Jan 30]. Available from: <https://www.york.ca/wps/wcm/connect/yorkpublic/558b7645-db81-443c-865c-717bf3caf0e8/OSDUHS+2017.pdf?MOD=AJPERES>

30. Diversity and inclusion [Internet]. York.ca [cited 2018 Nov 21]. Available from: [31. 2017 Growth and development review \[Internet\]. York.ca 2018 \[cited 2018 Nov 21\]. Available from: \[https://www.york.ca/wps/wcm/connect/yorkpublic/41ca4987-1003-4b36-8d61-3510c1498ae2/18036_gdr2017accessible.pdf?MOD=AJPERES\]\(https://www.york.ca/wps/wcm/connect/yorkpublic/41ca4987-1003-4b36-8d61-3510c1498ae2/18036_gdr2017accessible.pdf?MOD=AJPERES\)](https://www.york.ca/wps/portal/yorkhome/yorkregion/yr/accessibility/diversityandinclusion/diversityandinclusion!/ut/p/a1/rZdbc9owEIV_DY8er2TLFo-KU3yhmE5pKfDCCF9AjTHErT-k11eQzBDacssT1g-rxnFzRH5sQcmZNSbtVCnmpYymJ_PX-GmofDDIOhC1Le5BwL6lqluB951tWcSBXDml-DwPKW2ExA-Plqj6HMKO-4U98oCAx8wf5sScJGWzbbhbmefDnK1XZZGXT-gt2qetlXdaOazWFhsVpnr8tVnTfVtUAmSVbXaqYK1exak-KptVtX6qyxTVSbFptaQWp65sX_voIGpOZZgUWYnieHOUm-rYDqcGt_PUSDOWADgEijW_-bxg5MSn32m7EA4HQcx8RqB-D_37-X8GVPh_6dKGCLn0TXBrFxSKJY451ke67VwwfbS3oBSTud-w9FD05dc93conlCDSIZM-wk4wZvc9tIlgAPNpDtrk_wakGADL-WRqBGMDS3HLjJwiG156GADGTYQuYc-2NhABxul_E_xfcAF-cooOpNhAgg1EHgoPsXsYYIsW2EMR6JaxhyLuB0Y3pAta9bzeX-GNlszBUma_M0TEr6eCzKVUjq71S_Xx-ngiduvZR63ejdZdilyyKM-vtVv09eR9qr03OxZXDya7kpZl0BusjA0z0BA8iwgdiWw480JQR-BI0IDfeuTBYKGFHn-wlh7HgF2hhQwU2FMW2JbF_VOOb-jiZ_WdPODkzmaMzZ6YzN-7fPbAPbevl9yW3dsp4-srBYU-vty7d8uZzGsFfnH1nYWcx2mvzAxv_ASIKqEQI/dl5/d5/L2dBISEvZ0FBIS9nQSEh/#.XDzdbqSWxaS</p></div><div data-bbox=)

32. Vision 2051 [Internet]. York.ca n.d [cited 2019 Jan 10]. Available from: <https://www.york.ca/wps/wcm/connect/yorkpublic/a6d9d1ce-0813-4376-a593-daccf2b7fd6e/vision+2051.pdf?MOD=AJPERES>

33. The Regional Municipality of York; United Way. Understanding the numbers: Working together to prevent, reduce and end homelessness in York Region [report online]. Toronto, ON: United Way; 2016 [cited 2018 Nov 13]. Available from: <https://www.york.ca/wps/wcm/connect/yorkpublic/d7e035d6-0d8a-48d8-965e-f0e8747982d9/Understanding+the+Numbers+final.pdf?MOD=AJPERES>

34. Government of Canada. Pillars of the Canadian drugs and substances strategy [Government report online]. Ottawa, ON: Government of Canada; 2016 [cited 2018 Nov 13]. Available from: <https://www.canada.ca/content/dam/hc-sc/healthy-canadians/migration/publications/healthy-living-vie-saine/drugs-substances-strategy-2016-strategie-drogues-autre-substances/alt/pub-eng.pdf>

35. Greer A, Amlani A, Pauly B, Burmeister c, Buxton J. Participant, peer and PEEP: Considerations and strategies for involving people who have used illicit substances as assistants and advisors in research. BMC Public Health [serial online]. 2018; [cited 2018 Nov 13]; 2018. Available from: https://www.researchgate.net/publication/325995905_Participant_peer_and_PEEP_Considerations_and_strategies_for_involving_people_who_have_used_illicit_substances_as_assistants_and_advisors_in_research

36. Healthydebate.ca [Internet]. Toronto, ON: La Ki Shing Knowledge Institute, St. Michael's Hospital, [updated 2018 Oct 11; cited 2018 Nov 21]. Available from: <https://healthydebate.ca/opinions/pharmacists-and-the-opioid-crisis>

37. King NB, Fraser V, Boikos C, Richardson R, Harper S. Determinants of increased opioid-related mortality in the United States and Canada, 1990-2013: A systematic review. Am.J. Public Health [serial online]. 2014 [cited 2019 Feb 1]; 104(8): e32-42. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4103240/pdf/AJPH.2014.301966.pdf>

38. Health Quality Ontario. 9 million prescriptions: What we know about the growing use of prescription opioids in Ontario [report online]. Toronto, ON: Health Quality Ontario; 2017 [cited 2018 Nov 13]. Available from: <http://opioidprescribing.hqontario.ca/>

39. Busse J [editor]. The 2017 Canadian guideline for opioids for chronic non-cancer pain [report online]. Hamilton, ON: McMaster University; 2017 [cited 2018 Nov 15]. Available from: http://nationalpaincentre.mcmaster.ca/documents/Opioid%20GL%20for%20CMAJ_01may2017.pdf

40. The opioid crisis: City-based solutions [Internet]. Federation of Canadian Municipalities; 2017 [cited 2018 Nov 13]. Available from: <https://fcm.ca/en/resources/the-opioid-crisis-city-based-solutions>

41. Addiction [Internet]. CAMH; 2018 [cited 2018 Nov 15]. Available from: <https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/addiction>

42. CAMH. Growing up resilient: Ways to build resilience in children and youth [Internet]. CAMH; 2018 [cited 2018 Nov 15]. Available from: <https://www.camh.ca/en/health-info/guides-and-publications/growing-up-resilient>

43. Health Quality Ontario. Opioid prescribing for chronic pain: Care for people 15 years of age and older [report online]. Toronto, ON: Queen's Printer for Ontario; 2018 [cited 2018 Nov 13]. Available from: <https://www.hqontario.ca/portals/0/documents/evidence/quality-standards/qs-opioid-chronic-pain-clinician-guide-en.pdf>

44. Mental Health Commission of Canada. Canadian housing toolkit [report online]. Ottawa, ON: Mental Health Commission of Canada; 2014 [cited 2018 Nov 13]. Available from: <http://housingfirsttoolkit.ca/wp-content/uploads/Canadian-HousingFirstToolkit.pdf>

45. Canadian Mental Health Association [Internet]. Toronto, ON: Canadian Mental Health Association. Harm reduction. 2018 [cited 2018 Nov 13]. Available from: <https://ontario.cmha.ca/harm-reduction/>
46. Ng J, Sutherland C, Kolber MR. Does evidence support supervised injection sites? Can. Fam. Physician [serial online]. 2017 [cited 2019 Feb 1]; 63(11): 866. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5685449/pdf/0630866.pdf>
47. Kahan M. Best practices for RAAM clinics [PowerPoint presentation online] Toronto, ON: Women's College Hospital; 2018 Available from: <http://www.metaphi.ca/provider-education.html>
48. Health Quality Ontario; Council of Academic Hospitals of Ontario. Addictions program that reduces emergency room visits for opioid overdose and improves patient experience is spreading across Ontario [media release online]. Toronto, ON: CAHO; 2017 [cited 2018 Oct 18]. Available from: <http://caho-hospitals.com/artic-metaphi-results/>
49. New federal initiatives to address the opioid crisis [Internet]. Ottawa, ON: Health Canada [updated 2017 Nov 15; cited 2018 Oct 13]. Available from: <https://www.canada.ca/en/health-canada/news/2017/11/new-federal-initiatives-to-address-the-opioid-crisis.html>
50. Regulations amending the narcotic control regulations and the new classes of practitioners regulations (diacetylmorphine (heroin) and methadone). 2018; SOR/2018-37. [Internet]. Ottawa, ON: Government of Canada; 2018 [cited 2019 Jan 10]. Available from: <http://gazette.gc.ca/rp-pr/p2/2018/2018-03-21/html/sor-dors37-eng.html>
51. Carrière G, Garner R, Sanmartin C. Social and economic characteristics of those experiencing hospitalizations due to opioid poisonings [Internet]. Ottawa, ON: Statistics Canada; 2018 [cited 2018 Nov 13]. (82-003-X). Available from: <https://www150.statcan.gc.ca/n1/en/pub/82-003-x/2018010/article/00002-eng.pdf?st=pNGJ5HpE>
52. Government of Canada. Evidence synthesis - the opioid crisis in Canada: A national perspective [Government report online]. Ottawa, ON: Government of Canada; 2018 [cited 2018 Nov 13]. Available from: <https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/health-promotion-chronic-disease-prevention-canada-research-policy-practice/vol-38-no-6-2018/ar-03-eng.pdf>
53. Ontario Ministry of Health and Long-Term Care. Ontario's narcotics strategy [Government report online]. Toronto, ON: Queen's Printer for Ontario; 2015 [cited 2018 Nov 13]. Available from: <http://health.gov.on.ca/en/public/programs/drugs/ons/about.aspx>
54. Ontario Public Health Convention. Session 44: Epidemic of opioid abuse in remote First Nations in Northwestern Ontario [Internet]. Ontario Public Health Convention; 2018 [cited 2018 Dec 16]. Available from: <https://www.tophc.ca/session-44-epidemic-of-opioid-abuse-in-remote-first-nations-in-northwestern-ontario/>
55. Wynne P, Lindsay S, Saunders L. Anishnawbe Health Toronto: Rapid access to addiction medicine [Powerpoint Presentation]. Toronto, ON: Anishnawbe Health; n.d. [cited 2018 Oct 16]. Available from: <http://www.metaphi.ca/provider-education.html>
56. Regional Municipality of York. 2017 Paramedic response time performance results [Government report online]. Newmarket, ON: Regional Municipality of York; 2018 [cited 2018 Nov 13]. Available from: <http://www2.markham.ca/markham/ccbs/indexfile/Agendas/2018/General/gc180507/York%20Region%20-%202017%20Paramedic%20Response%20Time%20Performance%20Results.pdf>
57. Toronto Public Health. Toronto overdose action plan: Prevention & response [Report online]. Toronto, ON: Toronto Public Health; 2017 [cited 2018 Oct 31]. Available from: <https://www.cihi.ca/en/opioid-crisis-having-significant-impact-on-canadas-health-care-system>
58. Health Canada. About the good Samaritan drug overdose act- Canada.ca [Internet]. 2018 [cited 2018 Nov 13]. Available from: <https://www.canada.ca/en/health-canada/services/substance-use/problematic-prescription-drug-use/opioids/about-good-samaritan-drug-overdose-act.html>
59. Stigma: Understanding the impact of prejudice and discrimination [Internet]. CAMH; 2018 [cited 2018 Nov 13]. Available from: <https://www.camh.ca/en/health-info/guides-and-publications/stigma>
60. Addressing stigma [Internet]. CAMH; 2018 [cited 2019 Jan 30]. Available from: <https://www.camh.ca/en/driving-change/addressing-stigma>
61. Evidence brief: Drug checking services as a harm reduction intervention [Evidence brief online]. Toronto, ON: Public Health Ontario; 2017 [cited 2019 Jan 8]. Available from: [https://www.publichealthontario.ca/en/eRepository/Evidence Brief Drug Checking 2017.pdf](https://www.publichealthontario.ca/en/eRepository/Evidence%20Brief%20Drug%20Checking%202017.pdf)

