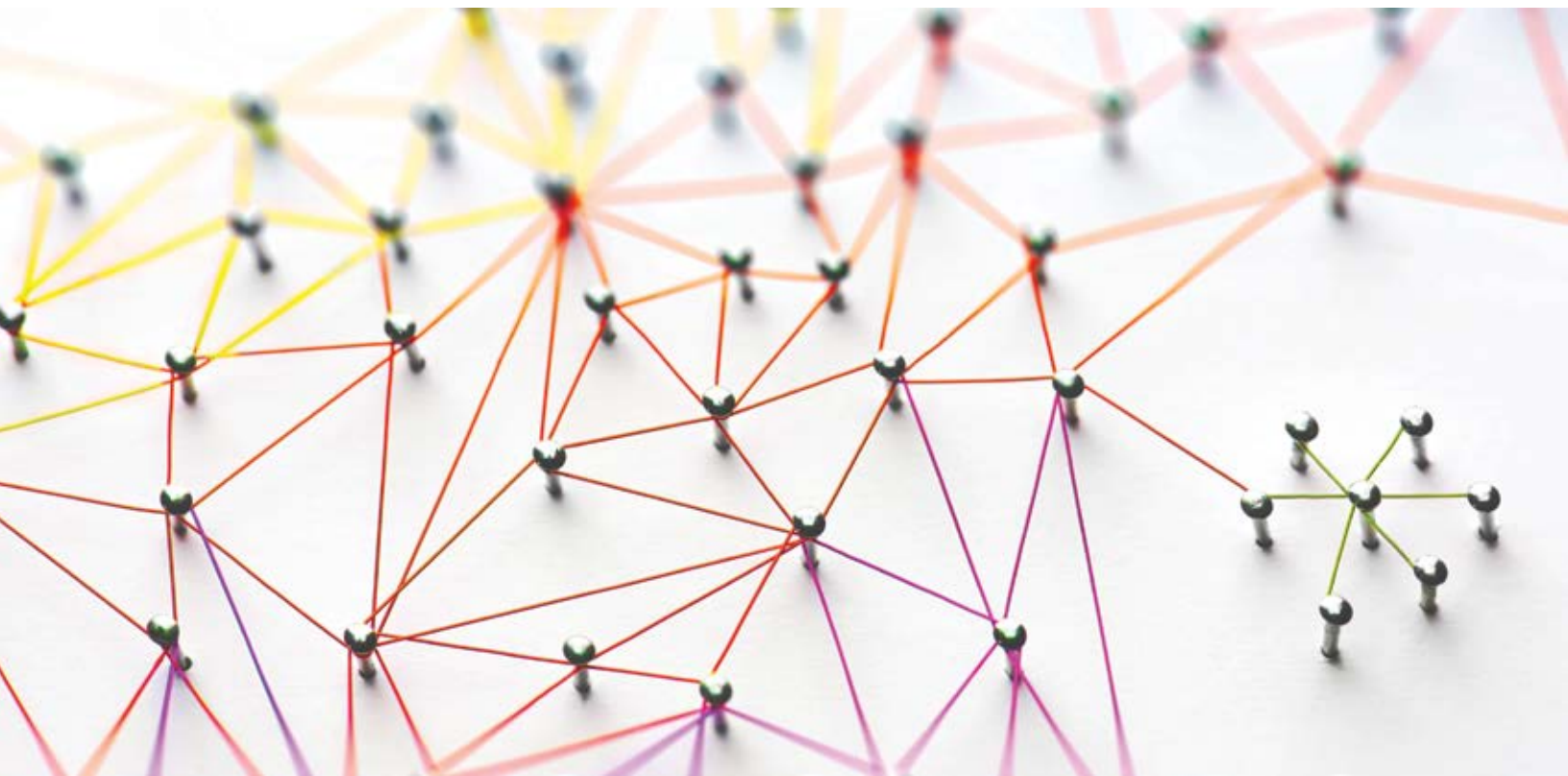




DURHAM
REGION
HEALTH
DEPARTMENT

Status Report

June 2018



Durham Region Opioid Response Plan

Introduction

In October 2016, the Ministry of Health and Long-Term Care (MOHLTC) announced its Strategy to Prevent Opioid Addiction and Overdose to address the opioid crisis. As part of its strategy, the MOHLTC has announced new investments focused in four key areas: appropriate pain management; treatment for Opioid Use Disorder; harm reduction; and surveillance and reporting.

To support the provincial strategy, the Durham Region Health Department (DRHD) is working alongside community partners to develop a local opioid response plan for Durham Region. An Opioid Forum was held on October 30, 2017, to discuss the current opioid situation in Durham Region and to determine the next steps in developing a coordinated opioid response plan for the Region. The Durham Region Opioid Forum Report is available at www.durham.ca.

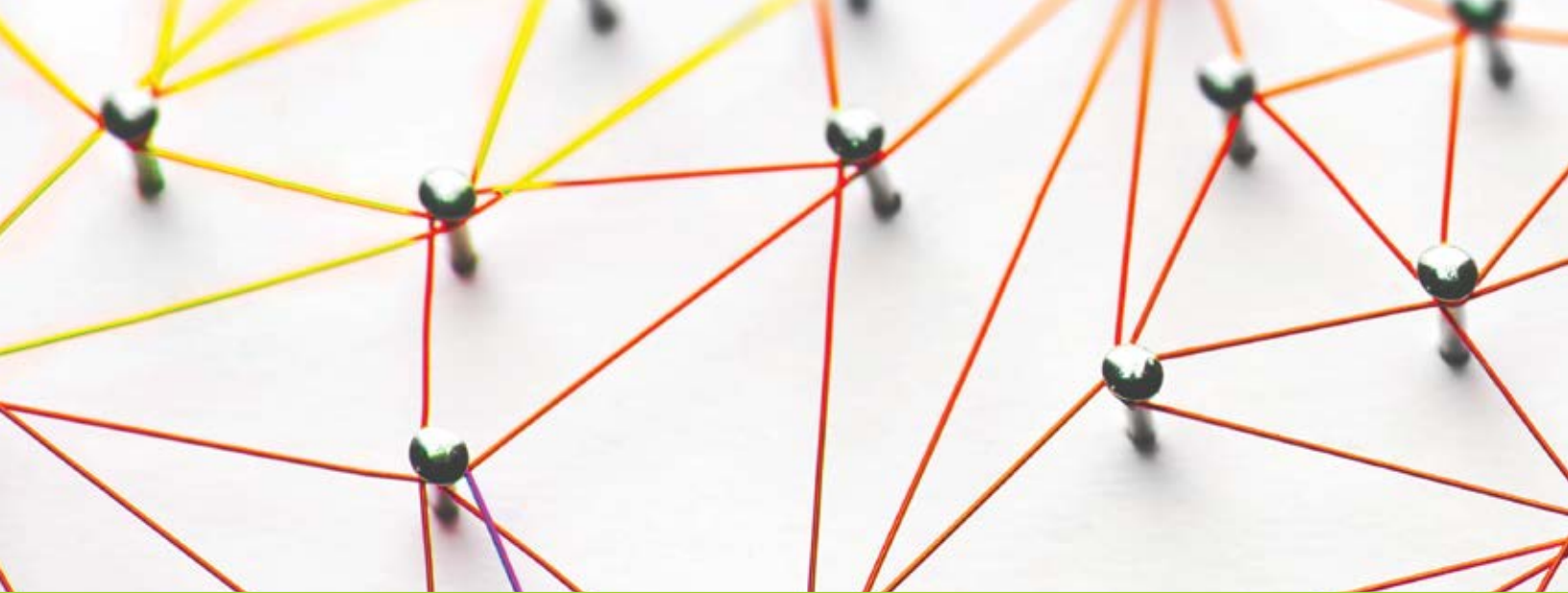
Following the Opioid Forum, a task force was assembled in order to create the Local Opioid Response Plan for Durham Region. The task force is comprised of agencies that provide harm reduction and/or treatment services, first responders (fire, police and paramedic services) and individual residents with lived experience.





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Public Health Mandate

In August 2017, the MOHLTC announced that public health units across the province were accountable under the Ministry's Harm Reduction Program Enhancement plan to address the opioid situation through three key components:

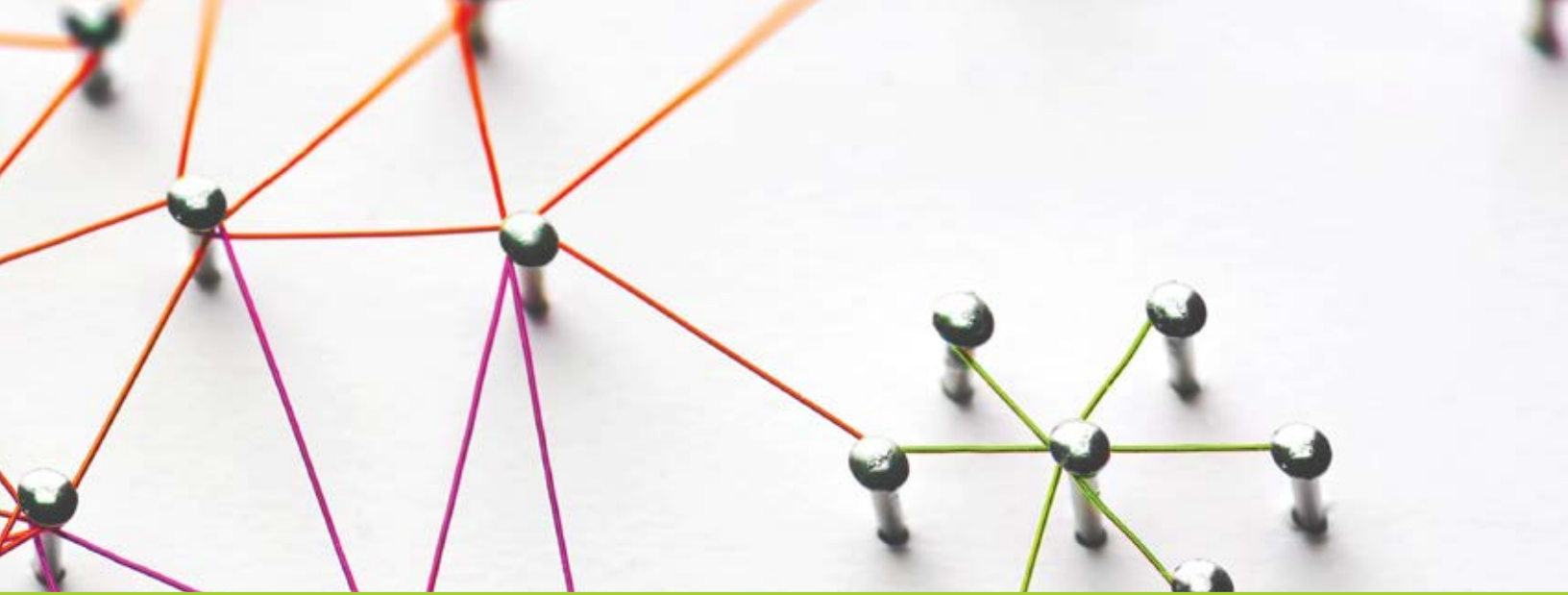
- Local opioid response;
- Naloxone distribution and training; and,
- Opioid overdose early warning and surveillance.

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

Naloxone distribution requirements for public health units include assuming the role of naloxone ordering and distribution leads for community organizations, which are responsible for distributing naloxone to their clients/patients. Responsibilities will also include providing training on: recognizing the signs of overdose; reducing the risk of overdose; and administering naloxone in cases of opioid overdose. Public health units will be required to collate data from community organizations, support policy development at community organizations, and increase awareness of community organizations of naloxone availability. To date, the Health Department has partnered with approximately 15 community agencies, to provide them with training and access to naloxone. As of May 31, 2018 over 400 naloxone kits have been distributed to community agencies who work with individuals at risk of an opioid overdose.

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

Over the past few months, the Opioid Task Force has focused efforts on identifying key aspects of a local opioid response plan to reduce opioid use and overdose.



Acknowledgements

Durham Region Health Department would like to recognize the agencies and individuals for their membership on the Opioid Task Force. Through their ongoing commitment and efforts, a coordinated local opioid response plan was developed for implementation in Durham Region.

Task Force Members include:

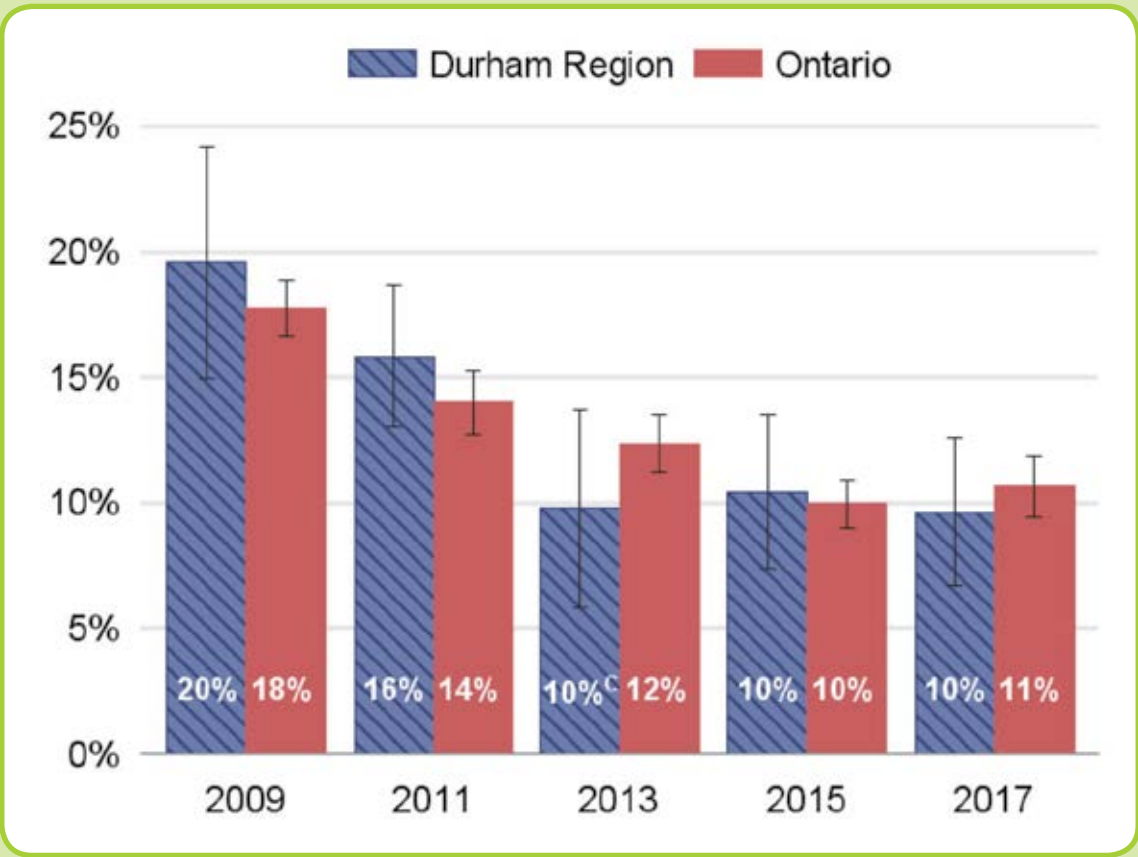
Aids Committee of Durham Region
Bawaajigewin Aboriginal Community Circle
Brock Township Fire Services
Canadian Mental Health Association Durham
Clarington Fire Services
Durham Catholic District School Board
Durham District School Board
Durham Mental Health Services
Durham Region Police Services
Founder of Inspire by Example (Lived experience)
John Howard Society Durham
Oshawa Fire Services
Pinewood Centre, Lakeridge Health

Misuse and Abuse of Opioids

Non-medical use of prescription opioids

Since 2009, there has been a significant decrease in the rate of students reporting use of prescription opioid pain relievers for non-medical purposes (Figure 1). One in 10 (10%) Durham Region secondary school students and 8% of elementary school students reported using prescription opioid pain relievers non-medically in 2017.

Figure 1: Non-medical use of prescription opioids in the past year in students (Grades 7 to 12), Durham Region and Ontario



In 2017, one-quarter (24%) of Durham Region students (grades 7 to 12) reported that it was very easy or fairly easy to get prescription pain relief pills if they wanted them and 9% reported getting them most often from a parent or sibling. Fourteen percent (14%) of Durham Region students felt that taking them when not prescribed posed slight to no risk of harming themselves.

Sources:

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 09 April 2018 from durham.ca.

Trends in: Past year non-medical use of prescription pain relief pills. March 2018. Durham Region Health Department. Accessed 09 April 2018 from durham.ca.

“ Since 2009, there has been a significant decrease in the rate of students reporting use of prescription opioid pain relievers for non-medical purposes. ”

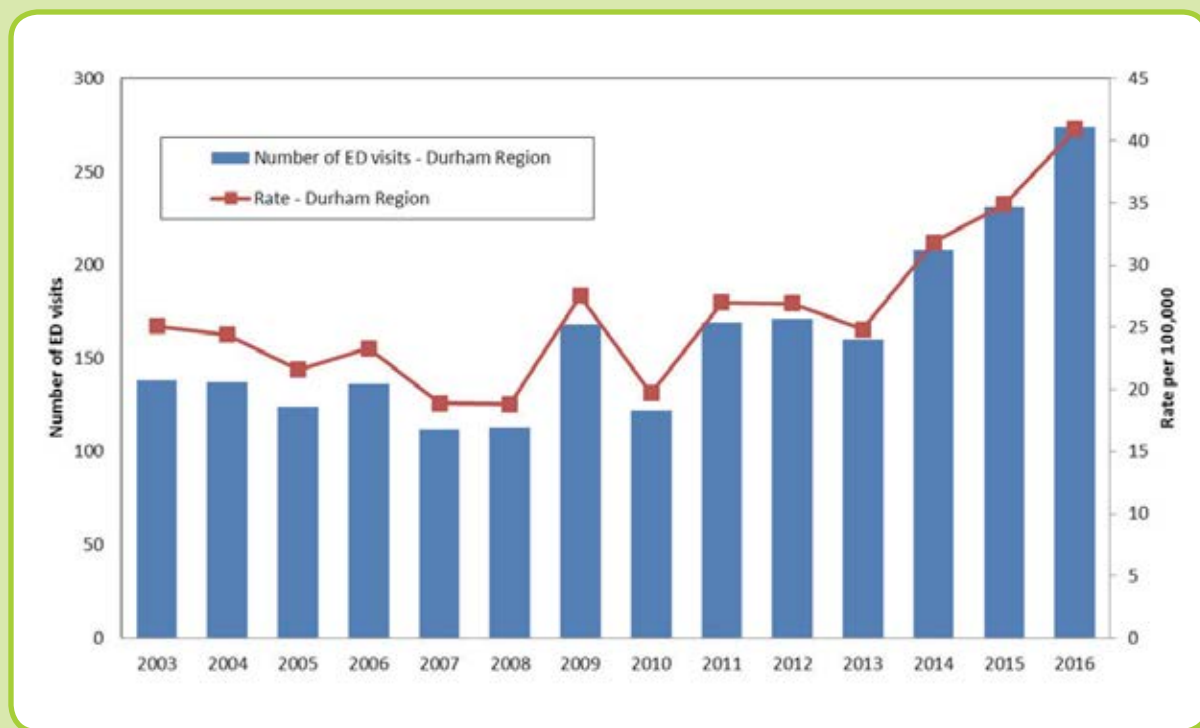


Opioid-Related Harms

Opioid overdose

Since 2003, the number of Emergency Department (ED) visits due to an opioid overdose in Durham Region residents doubled from 138 to 274 in 2016 (Figure 2). The number of hospitalizations from an opioid overdose in Durham Region residents increased from 59 to 82 in 2016 (Figure 3). The number of deaths increased 2.5 times from 17 in 2005 to 41 deaths by 2016 (Figure 4).

Figure 2: Counts and rate of ED visits due to opioid overdose, Durham Region



“ Since 2003, the number of ED visits due to an opioid overdose in Durham Region residents doubled from 138 to 274 in 2016. ”

Figure 3: Counts and rate of hospitalizations due to opioid overdose, Durham Region

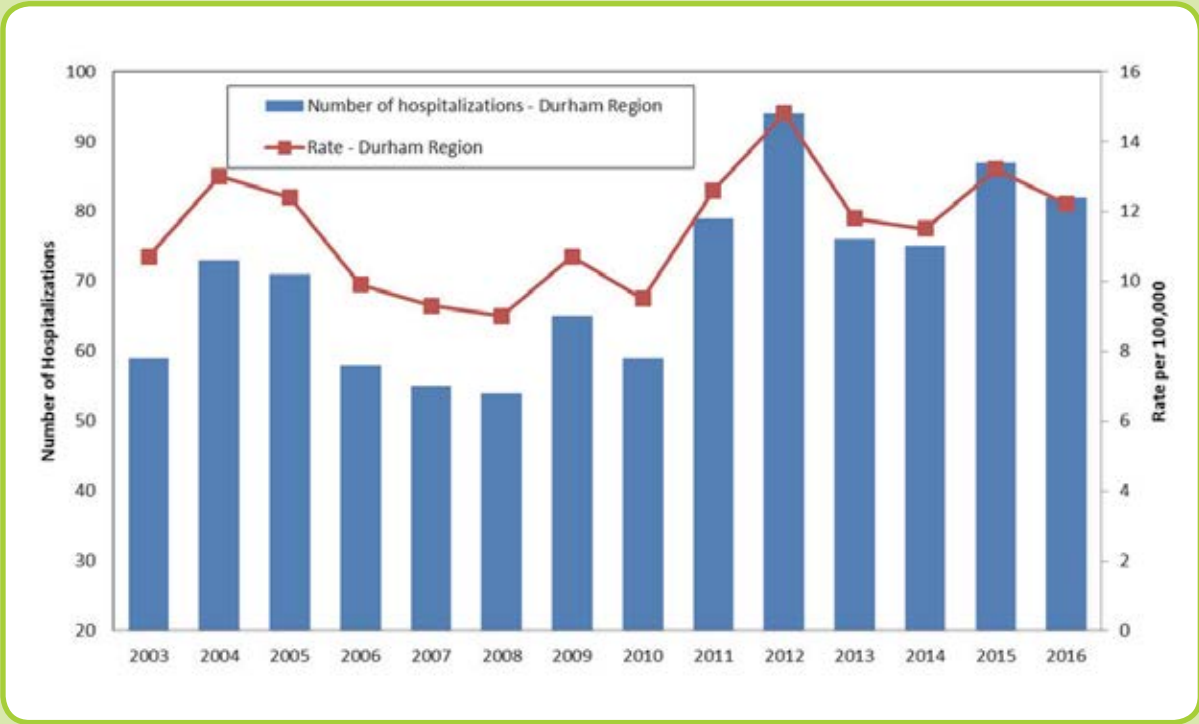
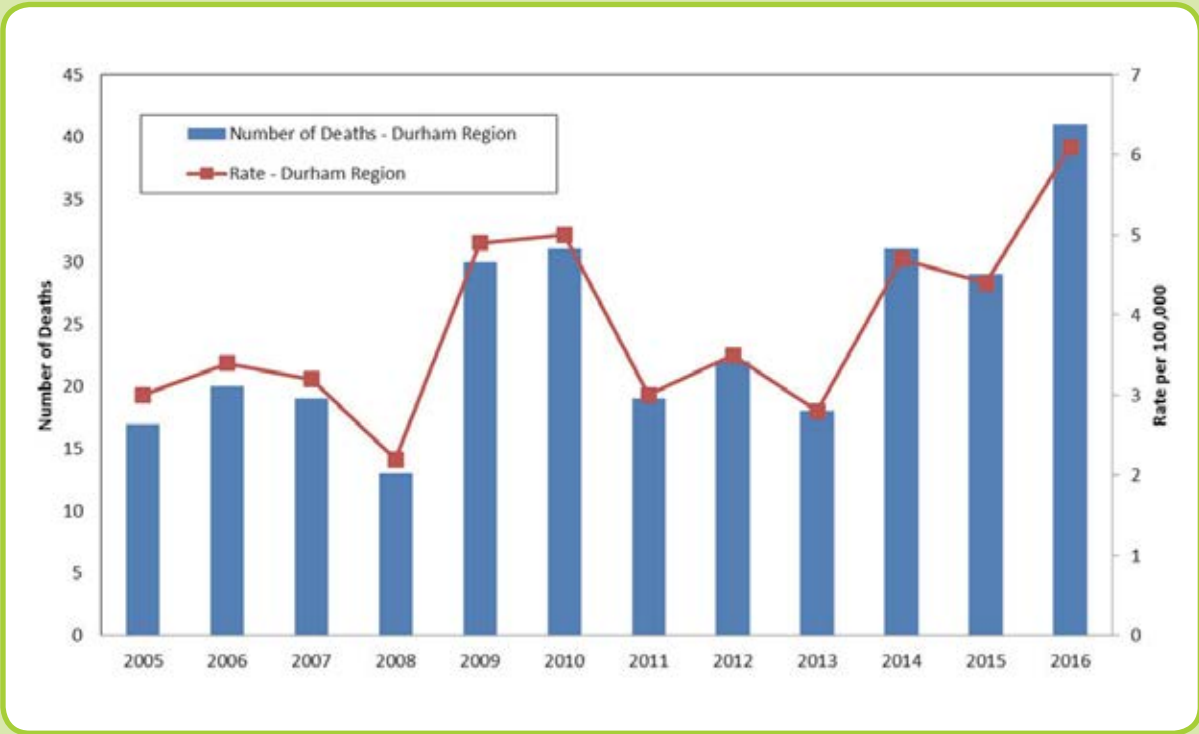


Figure 4: Counts and rate of death due to opioid overdose, Durham Region

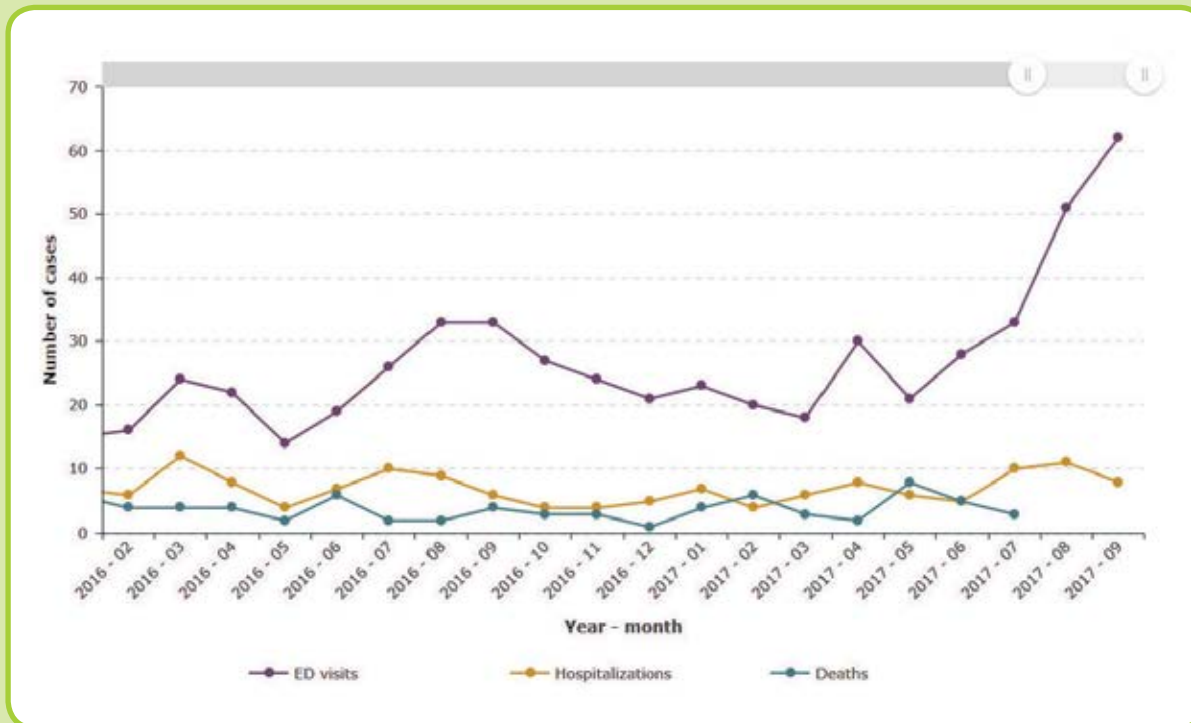


Opioid-Related Harms (Cont'd)

In 2016, Durham Region males were more likely to visit the ED for an opioid overdose while females were more likely to be hospitalized. Males aged 25 to 44 years had the highest rate of opioid overdose-related ED visits, while females aged 65 years and older had the highest rate of hospitalizations. The highest death rate occurred in residents (males and females combined) aged 25 to 44 years.

In 2017, there was a notable increase in the number of opioid-related ED visits, increasing from 33 in July to 62 in September (Figure 5).

Figure 5: Monthly cases of opioid related morbidity and mortality, Durham Region



Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; 2017. Accessed 09 April 2018 from <https://www.publichealthontario.ca/en/dataandanalytics/pages/opioid.aspx>

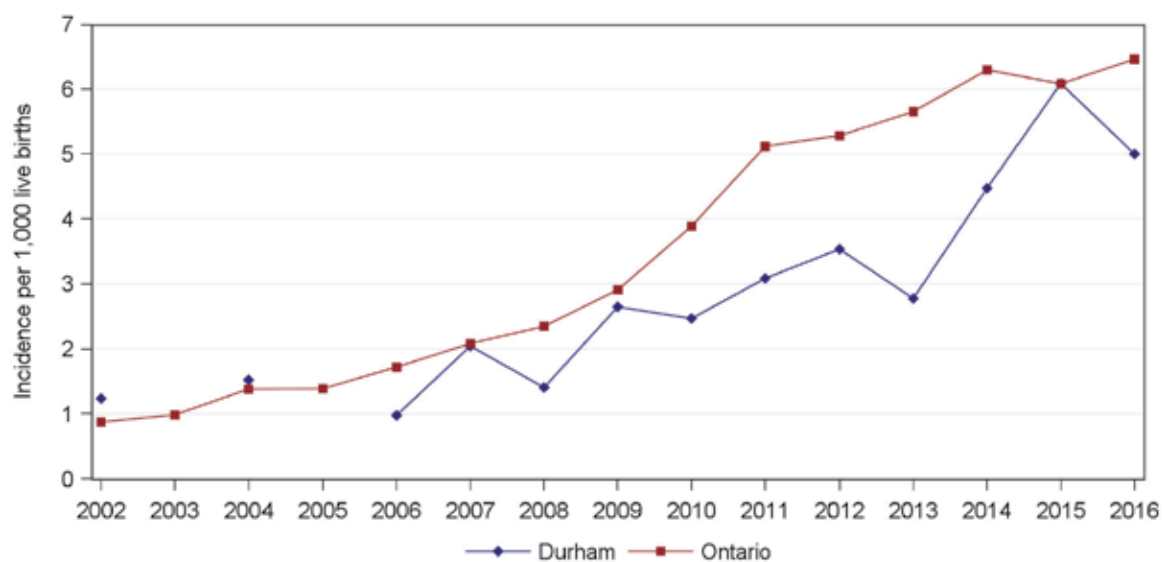
“ In 2017, there was a notable increase in the number of opioid-related ED visits, increasing from 33 in July to 62 in September. ”

“ Since 2002, the incidence of neonatal abstinence syndrome (NAS) in Durham Region has increased. ”

Neonatal Abstinence Syndrome

Perinatal exposure to opioids for pain management, or as a result of misuse and abuse of prescription opioids or heroin is associated with adverse birth outcomes such as neonatal opioid withdrawal. Since 2002, the incidence of neonatal abstinence syndrome (NAS) in Durham Region has increased. By 2016, there were 33 deliveries of infants with NAS (Figure 6).

Figure 6: Crude incidence of neonatal abstinence syndrome, Durham Region and Ontario



Sources: Neonatal abstinence syndrome at a glance. August 2017. Durham Region Health Department. Accessed 09 April 2018 from durham.ca.

Brogly S, Turner S, Lajkosz K, Davies G, Newman A, et al. March 2017. Infants born to opioid-dependent women in Ontario, 2002-2014. *J Obstet Gynaecol Can*, 39(3), 157.

Turner S, Gomes T, Camacho X, Yao Z, Guttman A et al. 2015. Neonatal opioid withdrawal and antenatal opioid prescribing. *CMAJ Open*, 3(10), E55.

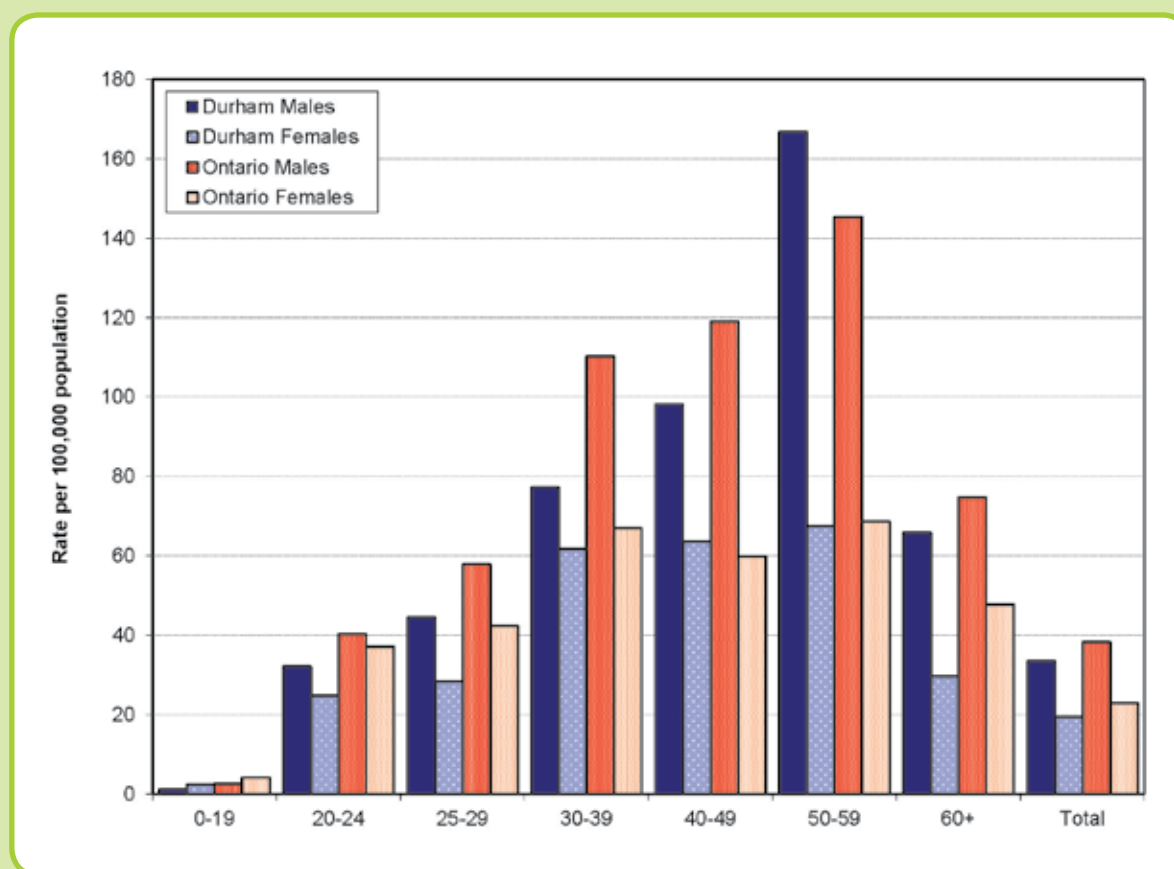
Infectious Diseases

Hepatitis C and HIV/AIDS are infectious diseases commonly associated with injection drug use. From 2011–2015, there were, on average, 170 new cases of Hepatitis C and 13 new cases of HIV/AIDS each year.

The overall rates for Hepatitis C were higher among males than females. Incidence rates for Hepatitis C were lower than Ontario's rates with the exception in females aged 40 to 49 and males aged 50 to 59 years (Figure 7).

“ From 2011-2015, there were, on average, 170 new cases of Hepatitis C and 13 new cases of HIV/AIDS each year. ”

Figure 7: Age-specific incidence rate for Hepatitis C by sex, Durham Region and Ontario, 2011-2015 combined



Source: Snapshot on harm reduction programming. Durham Region Health Department. Accessed 09 April 2018 from durham.ca.

Durham Region's Opioid Response Plan

In December 2017, the Durham Region Opioid Task Force began working on the development a local opioid response plan. The plan, which aligns with the pillars of Health Canada's Canadian Drug and Substance Strategy, was fully developed by February 2018.

Numerous community stakeholders have joined implementation tables to carry out the actions associated with the Opioid Response Plan.

Goal

To reduce the rates of opioid use, misuse, overdose and deaths in Durham Region.

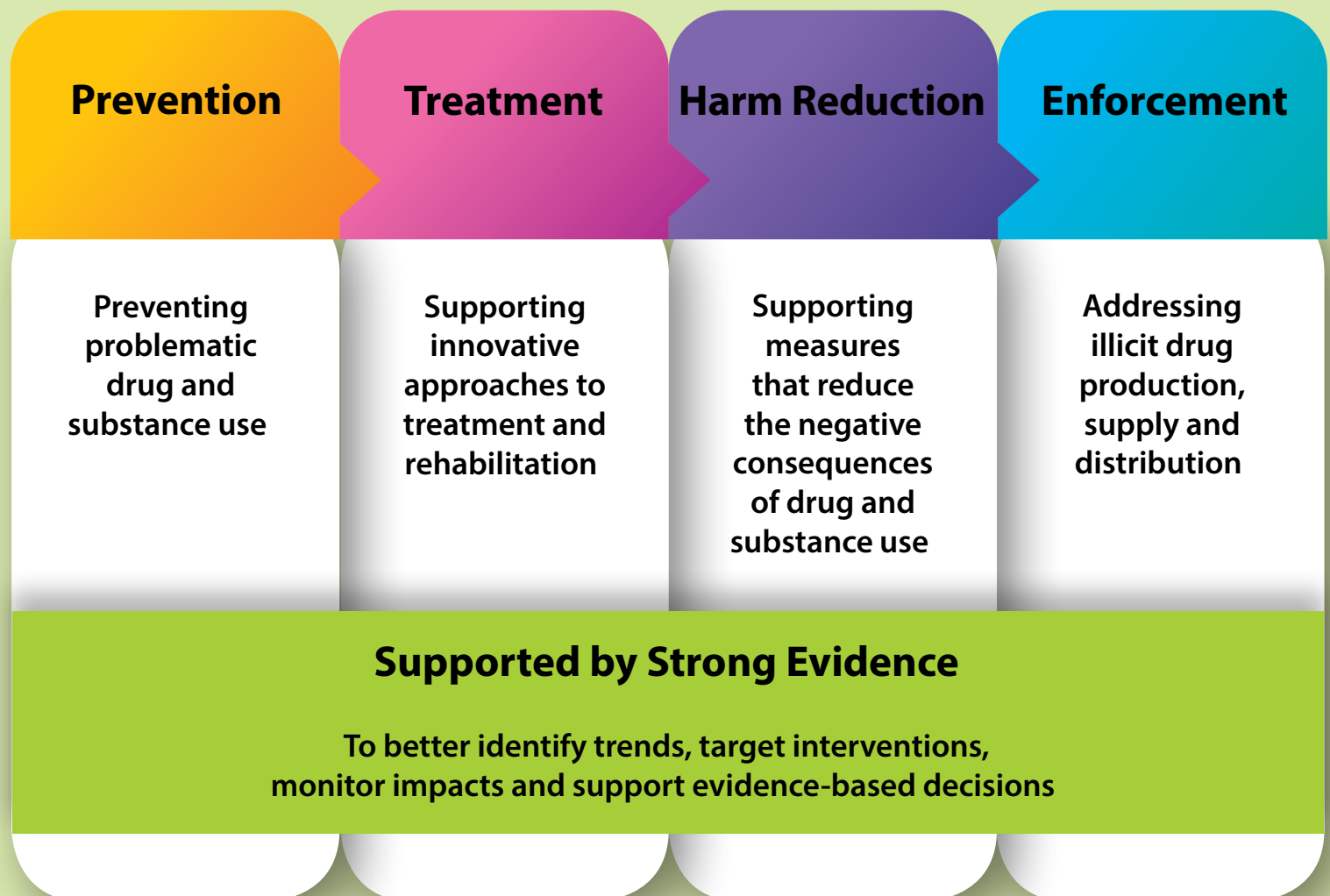
Task Force Values

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

Framework

Pillars of the Canadian Drugs and Substances Strategy

A comprehensive, collaborative, compassionate and evidence-based approach to drug policy.



Source: Health Canada. (2016). The Canadian Drugs and Substances Strategy. Retrieved from <https://www.canada.ca/en/health-canada/news/2016/12/new-canadian-drugs-substances-strategy.html>

Durham Region Opioid Response Plan: Priority Areas for Action

Canadian Drugs and Substance Strategy Pillar: Prevention

Coordinate Surveillance Activities and Use of 'Real-time' Data from Across Sectors

Actions:

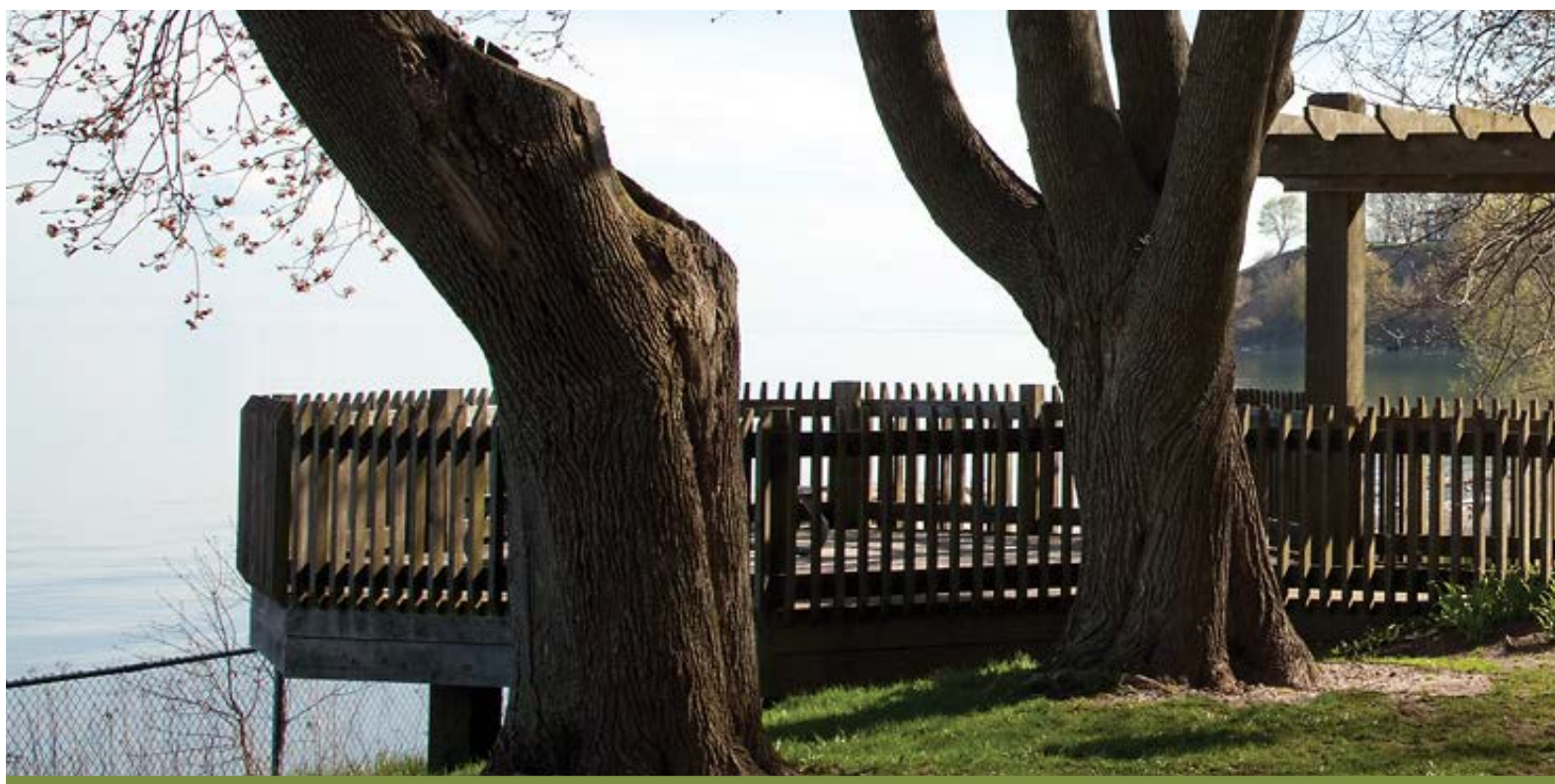
- Determine long- term and 'real-time' data requirements that support clear and accurate communication, planning and early warning alerts.
- Identify opportunities to leverage data sharing through collaborative partnerships between first responders, public health and community agencies.
- Develop and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

Canadian Drugs and Substance Strategy Pillar: Prevention

Support Ongoing Knowledge Exchange/ Intelligence Sharing Related to Opioids

Action:

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



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

Actions:

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

“Identify current views and beliefs about opioid use among Durham Region residents.”



Durham Region Opioid Response Plan: Priority Areas for Action (Cont'd)

Canadian Drugs and Substance Strategy Pillar: Treatment

Increase Treatment Options that are Relevant and Accessible within Durham Region

Actions:

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



Canadian Drugs and Substance Strategy Pillar: Harm Reduction

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

Actions:

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



Continue Addressing Illicit Drug Production, Supply and Distribution

Actions:

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

“ Provide education regarding the Good Samaritan Drug Overdose Act to law enforcement and first responders agencies. ”



Next Steps

Durham Region Health Department will continue to work with community agencies and members regarding the implementation of Durham Region's Local Opioid Response Plan. Three implementation tables have been established to oversee the work as follows: Coordination of surveillance activities and data indicators and the development of a real time response plan; addressing stigma and supporting the connection between mental health, trauma and substance use, as well as the development of a harm reduction strategy that fosters service coordination, access to treatment and harm reduction supplies for priority populations.

“Durham Region Health Department will continue to work with community agencies and members regarding the implementation of Durham Region's Local Opioid Response Plan.”







Central East Local Health Integration Network (CELHIN)

As part of Ontario's comprehensive Strategy to Prevent Opioid Addiction and Overdose, the Central East Local Health Integration Network (Central East LHIN) also received an enhanced mandate to help people impacted by opioid addiction and overdose.

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

Over the next several months, Durham Region Health Department will continue to partner with the CELHIN Opioid Strategy Action Group members to support a coordinated and comprehensive approach to helping those at risk and/or impacted by opioid addictions and overdose in Durham Region.

“ The aim of this work is to better connect clients facing opioid-related addiction challenges and risks to the right care at the right time. ”

Conclusion

The feedback and input collected at the Forum was used by the Task Force to inform planning and next steps to address the opioid situation in Durham Region. The Opioid Task Force, comprised of numerous community agencies and those with lived experience, has successfully identified key areas for action that work to provide a local opioid response plan for Durham Region. Implementation tables have been created to move this work forward in an efficient, coordinated and collaborative manner.



Durham Health Connection Line
905-668-2020 or 1-800-841-2729

durham.ca/health



If you require this information in an accessible format, contact 1-800-841-2729.