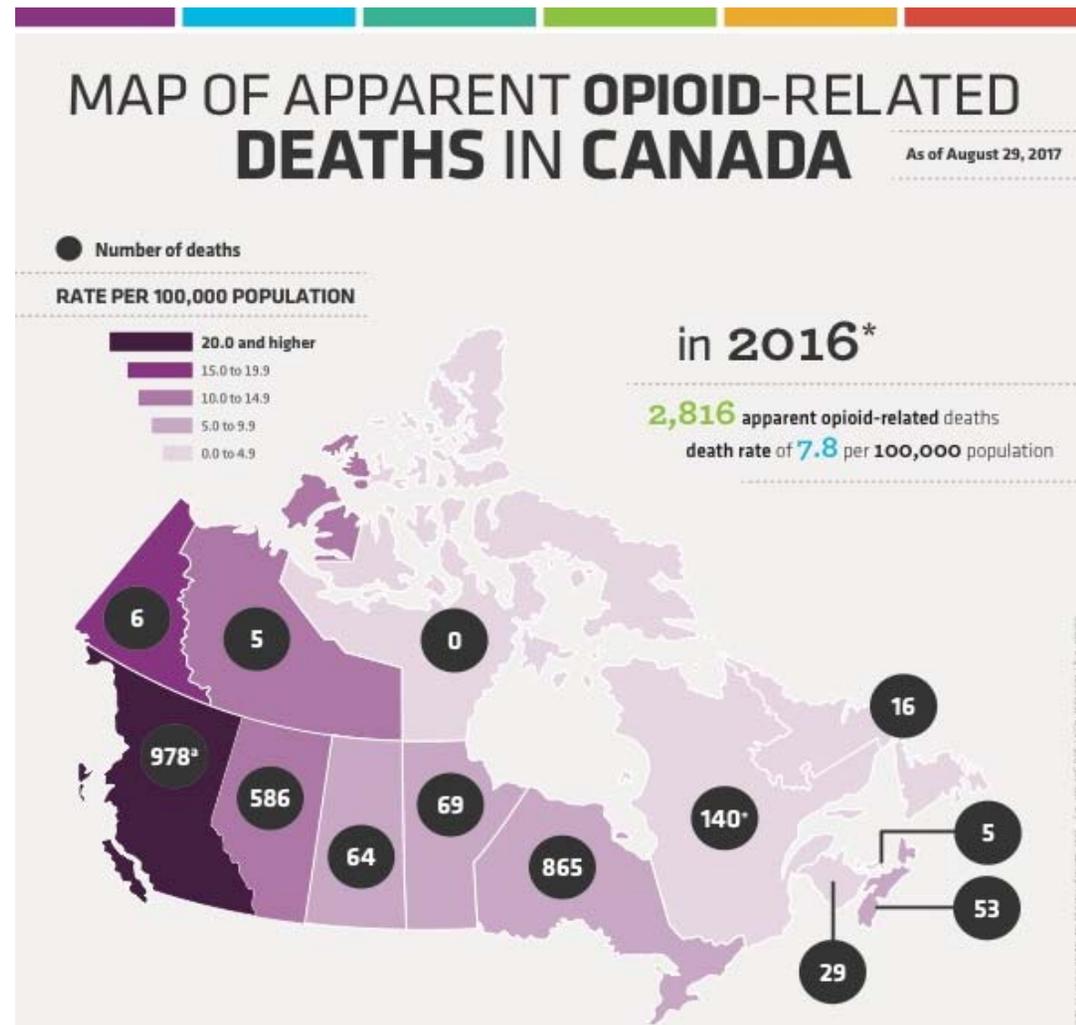


# ONTARIO'S STRATEGY TO PREVENT OPIOID ADDICTION AND OVERDOSE

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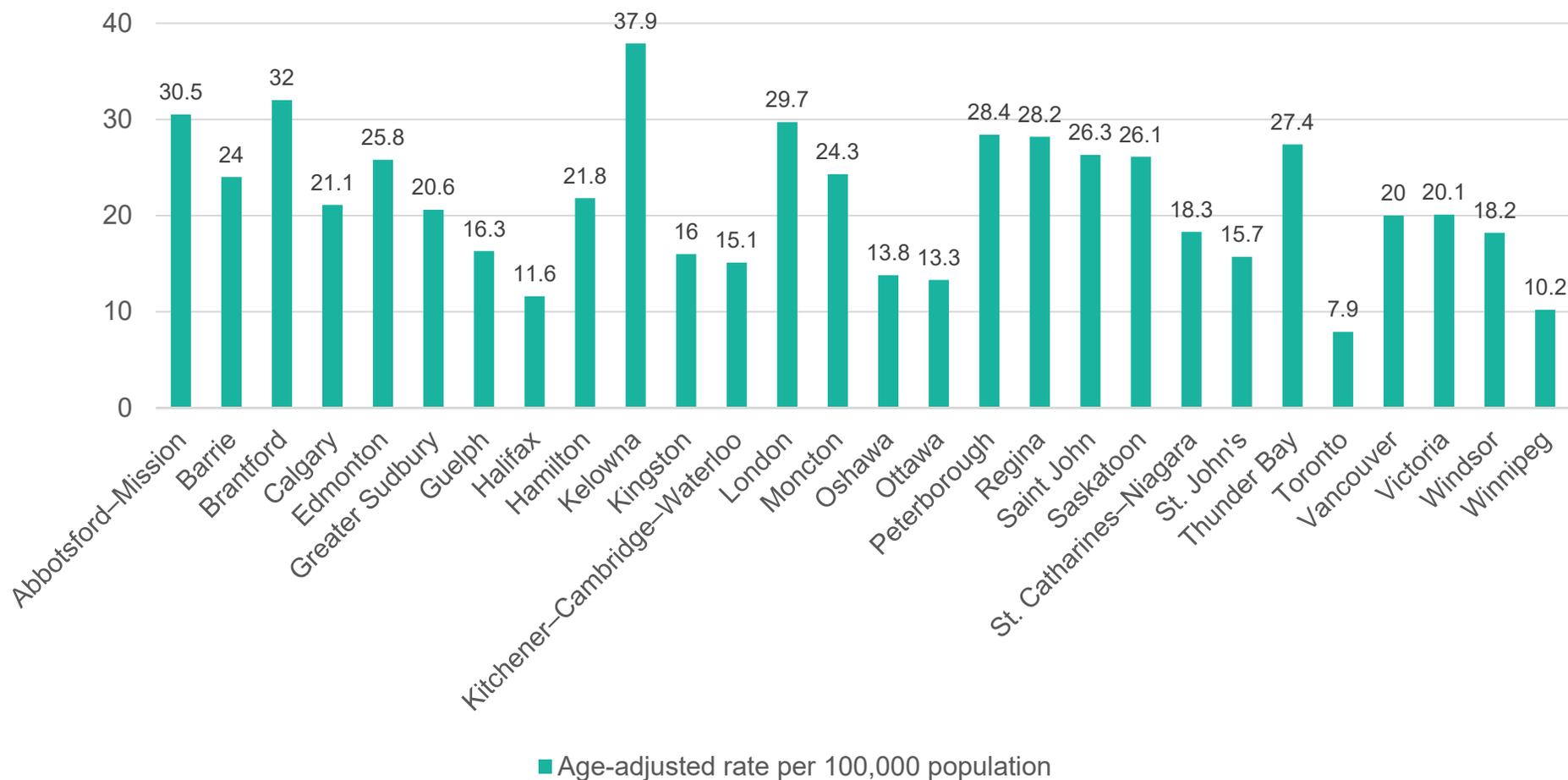
Dr. David Williams  
Chief Medical Officer of Health

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



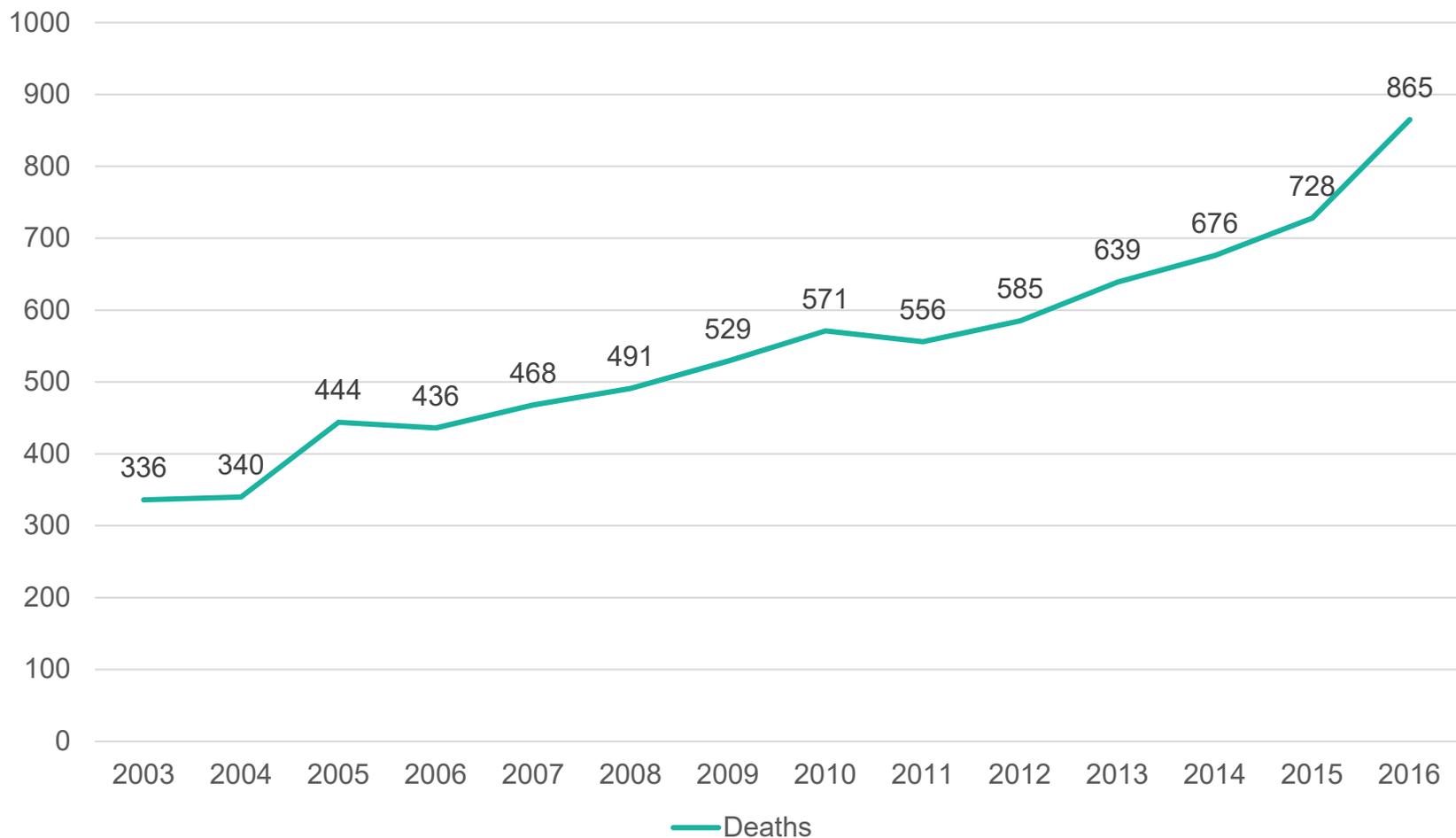
Note: Ontario's opioid-related death rate per 100,000 population in 2016 was 6.2; British Columbia's was 20.6

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



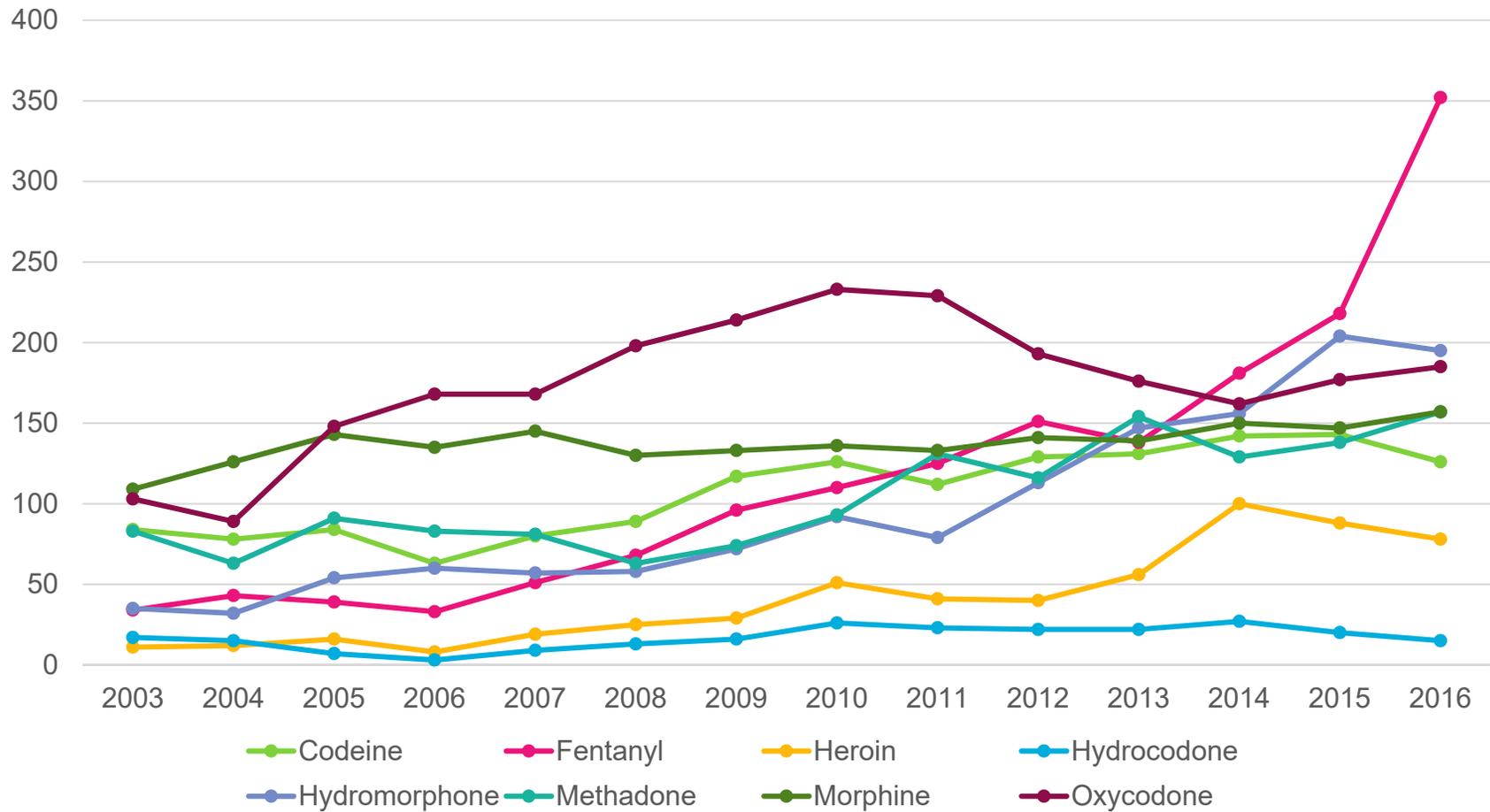
NOTE: To be considered a census metropolitan area, the area must have a total population of at least 100,000 of which 50,000 or more live in the urban core.

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



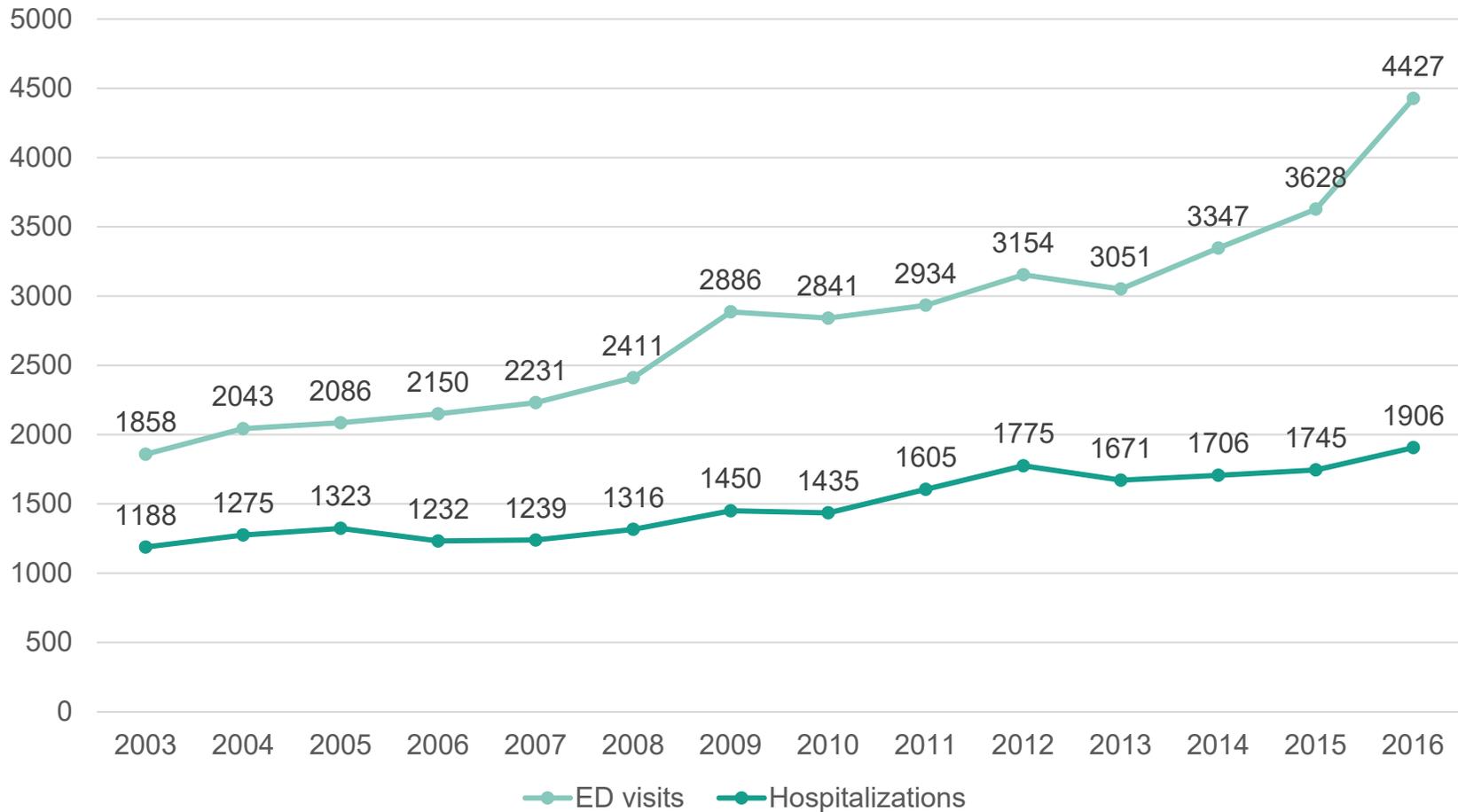
NOTE: Death data for 2016 should be considered as preliminary and is subject to change

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



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

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



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

# THE STRATEGY TO PREVENT OPIOID ADDICTION AND OVERDOSE

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

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

## KEY FACTS

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

# THE STRATEGY TO PREVENT OPIOID ADDICTION AND OVERDOSE

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

## 1. Appropriate Pain Management

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

## 2. Treatment for Opioid Use Disorder

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

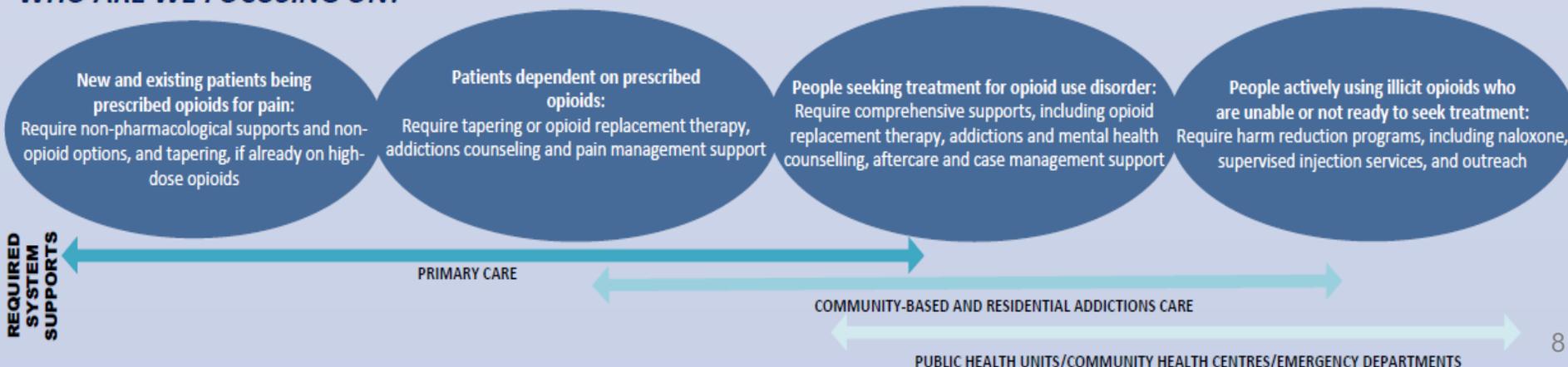
## 3. Harm Reduction

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

## 4. Surveillance and Reporting

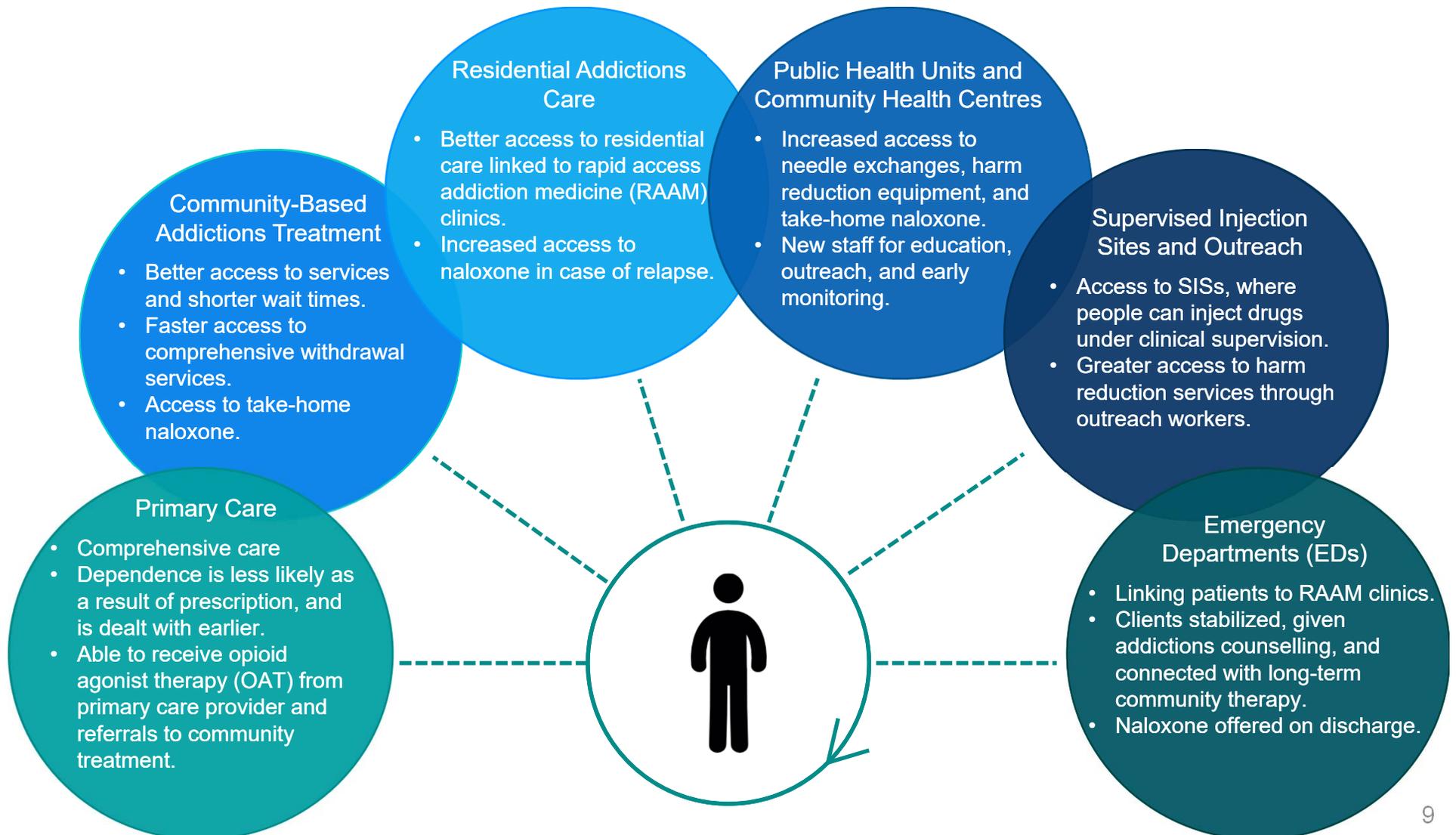
- Enhanced reporting on opioid overdoses will give the ministry and system partners key information for system planning.
- Enhanced capacity and support for local early warning systems will enable early identification and response to opioid overdoses.

## WHO ARE WE FOCUSING ON?



# WHAT THE OPIOID STRATEGY IS WORKING TOWARD

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



# OPIOID STRATEGY: PROGRESS TO DATE

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

## 2016-17

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

## SPRING/SUMMER 2017

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

# OPIOID STRATEGY: ENHANCEMENTS AND PLANNED INITIATIVES

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

## FALL/WINTER 2017/18

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

## 2018/19

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

# OFFICE OF THE CHIEF MEDICAL OFFICER OF HEALTH

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

## Advisory Committees

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

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

## Progress to date

### Interactive Opioid Tool

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

### Resuscitation guidelines

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

### Early Warning Framework

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