

Review: Ontario Strategy to Prevent Opioid Addiction and Overdose

April 2017

The Waterloo Region Crime Prevention Council (WRCPC)

The WRCPC is a thirty plus sector collaborative that is a model for municipally based crime prevention through social development. Established in 1996, the WRCPC engages and connects citizens, decision makers and service providers in order to reduce crime, victimization and fear of crime. The WRCPC advances ideas and actions that alleviate the root causes of crime and improved social well-being.

The WRCPC has more than a decade of experience and expertise in planning, engagement, research, knowledge exchange and collaborative policy and program development regarding drug-related issues. The experience on opioid-related challenges specifically, including overdoses, is substantial and widely acknowledged in and outside of the health sector across the Province and beyond. The WRCPC's longstanding collaborative networks locally and across North America continue to strengthen our efforts in Waterloo region, in Ontario and across Canada. This includes work on identifying, and advising on the bootleg fentanyls which WRCPC first noted as an emerging concern in 2008. To our knowledge, the first formal Advisory in Canada was issued by WRCPC in 2013, with a second Advisory in 2016 in collaboration with the Ontario Association of Chiefs of Police.

The following feedback is offered in the spirit of improving the overall outcomes sought by WRCPC as well as by the government of Ontario and the Ministry of Health and Long Term Care, namely, improving the health and safety of all Ontarians proportional to the priorities accorded to other important (but less common) forms of death and injury. There is a public as well as a private financial imperative to preventing problematic substance use, and high value in rapid access to new services for affected Ontarians.



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Review: Ontario Strategy to Prevent Opioid Addiction and Overdose

The Waterloo Region Crime Prevention Council (WRCPC) has reviewed the Ontario Ministry of Health and Long Term Care's **Strategy to Prevent Opioid Addiction and Overdose** dated October 12, 2016 and provides the following feedback for your consideration. Additional context and background is provided at the end of this review.

The Council endorsed this review at its meeting of April 21, 2017.

The release of this strategy comprises a critical acknowledgement of what is undeniably the worst drug safety crisis in Ontario's history.

The Provincial approach would greatly benefit from the following:

1. An urgent response
2. A proportional response
3. A collaborative response
4. Clear targets, timelines and dedicated resources
5. A four pillar framework
6. Reducing systemic stigmatization and discrimination
7. Addressing the bootleg fentanyl
8. Actioning the Prescription for Life recommendations
9. Coordinating overdose prevention and intervention

Based on a substantial history of collaborative efforts in the field of preventing problematic substance use, the WRCPC offers the following comments for consideration by the Ministry of Health and Long Term Care (MOHLTC) and other Ministries and stakeholders as appropriate.

1. An Urgent Response

The urgency of fully addressing Ontario's opioid crisis can not be overstated. In 2015, one opioid-related death occurred every 12 hours in Ontario, and (any) drug-related death occurred every 8 hours. By comparison, fatalities on Ontario's roadways occur at a rate of 1 death every 18 hours. The presence of bootleg fentanyl in Ontario has been called the 'crisis within the (opioid) crisis.' The MOHLTC and other stakeholders

are well advised to engage in a rapid response that might be typical of collective responses to other important but less common forms of death and injury.

2. A Proportional Response

In total, 44 people died from SARS across Canada. Ontario deaths due to anaphylaxis totalled 92 victims in the 25 year period spanning 1986-2011. Fatalities on Ontario's roadways were exceeded by opioid-related overdoses 5 years ago. Collectively, our response to overdose deaths lags behind in both attention and resource allocation that have historically been afforded to other important but less common forms of death and injury.

3. A Collaborative Response

The WRCPC concurs with the U.S. Centers for Disease Control and Prevention, and the Federal Minister of Health Jane Philpott, in calling for a collaborative response. It is widely acknowledged that the opioid-crisis is not a crisis that will be solved unilaterally by any one order of government or sector. WRCPC proposes that much of the expertise on this particular issue lies outside of governments. There is a vast network of untapped expertise in Ontario that exists outside of the traditional pathways of government engagement. The value of this social capital as a line item in a budget would be extraordinary and difficult to dismiss. Based on two decades of collaborative work, WRCPC strongly suggests that a collaborative approach with backbone support is essential to fostering innovation and improving the speed and efficacy of interventions and responses.

4. Clear Targets, Timelines and Dedicated Resources

Unlike national, state and county level opioid strategies in the U.S.A., Canadian agencies with a mandate to protect public health and safety have not adopted targets and timelines. For example, in 2010 the White House collaborated with a variety of partners at the state and local levels, including citizens, to create the *National Drug Control Strategy* that included targets and timelines such as:

- a 15 percent reduction in the rate of youth drug use over five years
- a 15 percent reduction in overdose deaths by 2015

These targets, among others, were supported by significant, dedicated funding in excess of \$1 billion alongside improved coordination and support to interventions at the local level.

Targets, timelines and dedicated resources are features of most private and public sector strategies. Their inclusion into drug-related strategies can only serve to advance identified goals and objectives.

5. A Four Pillar Framework

A strategy framework that aligns with priorities already identified in local communities across Ontario has the best chance to succeed. Ontario is unique for having many municipal/regional and First Nation-based drug strategies already at the implementation stage, and others under development. The four pillar approach has worked well to date and alignment of the Ontario government's directions with those existing community-based strategies, and with Canada's Federal drug strategy, is strongly recommended. WRPCPC agrees that any drug policy must be "comprehensive, collaborative, compassionate and evidence-based" (Minister Philpott, June 2016)

The four pillars are:

Prevention: interventions throughout the lifecycle that seek to prevent or delay the onset of substance use. Successful prevention initiatives reduce the downstream human and financial costs currently borne by individuals, communities and both the private and public sectors.

Harm reduction: interventions, programs and policies that aim to reduce the potentially adverse health, social and economic consequences of problematic substance use.

Recovery and Rehabilitation: interventions that seek to improve the physical and emotional well-being of people who use or have used substances with 'treatment on demand' being the aspirational standard.

Enforcement and Justice: interventions that seek to strengthen community safety through collaborative efforts involving police, courts, corrections and community.

6. Reducing systemic stigmatization and discrimination

Stigmatization and discrimination exist within the general public and remain significant barriers to health and safety within systems, sectors, and agencies. In WRPCPC's

consultations and research, stigmatization consistently ranks as a top issue hindering progress.

Health equity and patient-first approaches are admirable goals in drug-related policies and programs too. With the view to avoid complacency attributable to stigmatization, WRCPC contends that those most affected by drug-related policy and programs be meaningfully and equitably involved in the design and delivery thereof.

7. Addressing the Bootleg Fentanyls

Issues specific to bootleg fentanyls (fentanyl analogues) should be included in future Provincial policy and program directions. The establishment of The Illicit Synthetic Opioid Provincial Response Advisory Committee is positive though given the paucity of typical surveillance data, would greatly benefit from expanded engagement and collaboration with other key stakeholders in Ontario. The presence of bootleg fentanyls requires solutions that, while related to efforts to prevent and reduce harms due to prescription opioid use, have distinct characteristics. If Ontario follows the trends in the U.S.A. prescription opioid deaths are likely to decline and deaths due to (bootleg) fentanyls are likely to increase, driving up overall overdose fatalities. In Ontario, deaths due to 'fentanyl' increased from 136 fatalities in 2013 to 203 victims in 2015. Early indications in Ontario are that 2016-17 will see a rise in opioid overdose fatalities attributable to the fentanyls. There is room for improvement, using the promising and evidence-based practices gleaned from colleagues in the U.S.A., in Canada and elsewhere.

8. Actioning the Prescription for Life Recommendations

In June 2015, Prescription For Life was provided to 41 organizations with a significant stake in the opioid crisis, including officials and agencies of the Provincial and Federal governments, all Local Health Integration Networks, colleges for health professionals etc. Prescription for Life was widely endorsed in Ontario – among them, the Municipal Drug Strategy Coordinator's Network of Ontario (MDSCNO), the Emergency Nurses Association of Ontario, and the Association of Local Public Health Agencies of Ontario. There has been significant progress on the recommendations of Prescription for Life from the Federal government over the last 15 months and some progress in Ontario (e.g. expanded naloxone access). WRCPC encourages all stakeholders to consider implementing those recommendations where they are specifically identified in Prescription For Life.

9. Coordinating Overdose Preventions and Interventions

Achieving real time overdose monitoring was a recommendation of the WRCPC in 2008. The establishment of a senior level overdose coordinator is a welcome addition needed to improve monitoring of the opioid crisis. More by accident than by design, the WRCPC has over the years fulfilled a province-wide coordinating function through providing strategic advice and support to an extensive list of sectors and systems. This support continues to be provided entirely on local resources and has been an overwhelming and unsustainable experience since 2015.

In filling a historic gap the WRCPC to date has supported the following:

- Bereaved parents, friends and family
- Committees of the House of Commons and Senate of Canada
- Community Health Centres
- Community, Provincial and Federal Agencies
- Community and neighbourhood centres
- Enforcement Services
- Hospital Emergency Department clinicians and staff
- Housing and Shelter providers
- Select LHINs
- MPs, MPPs, elected municipal officials and their staff
- Municipal drug strategies across Ontario
- National organizations, including the federal public service
- Public Health Units
- Researchers, post-secondary
- Toxicologists, coroners, pharmacists, physicians, nurses; addiction clinics
- Unincorporated non-governmental organizations
- Etc.

Given the depth of the crisis and the state of readiness in communities across Ontario, including Waterloo Region, the WRCPC believes that there is high value in directly providing resources to local community organizations. Local engagement provides capacities and innovative opportunities that can only benefit the current directions in a unique way.

It would stand to reason that rather than to further exhaust these local efforts, strategic resource support of them would greatly enhance our collective capacity to deal with the current crisis.

Conclusion

We encourage an **urgent, proportional** and **collaborative** response that concurrently works across all levels of prevention. Further, an evidence-based four pillar approach that is comprehensive, compassionate, and collaborative and includes clear targets, timelines and dedicated resources has, in our estimation, the best chance to reach beyond the traditional pathways of engagement toward success in preventing deaths and injuries.

To summarize, the Provincial approach would greatly benefit from the following:

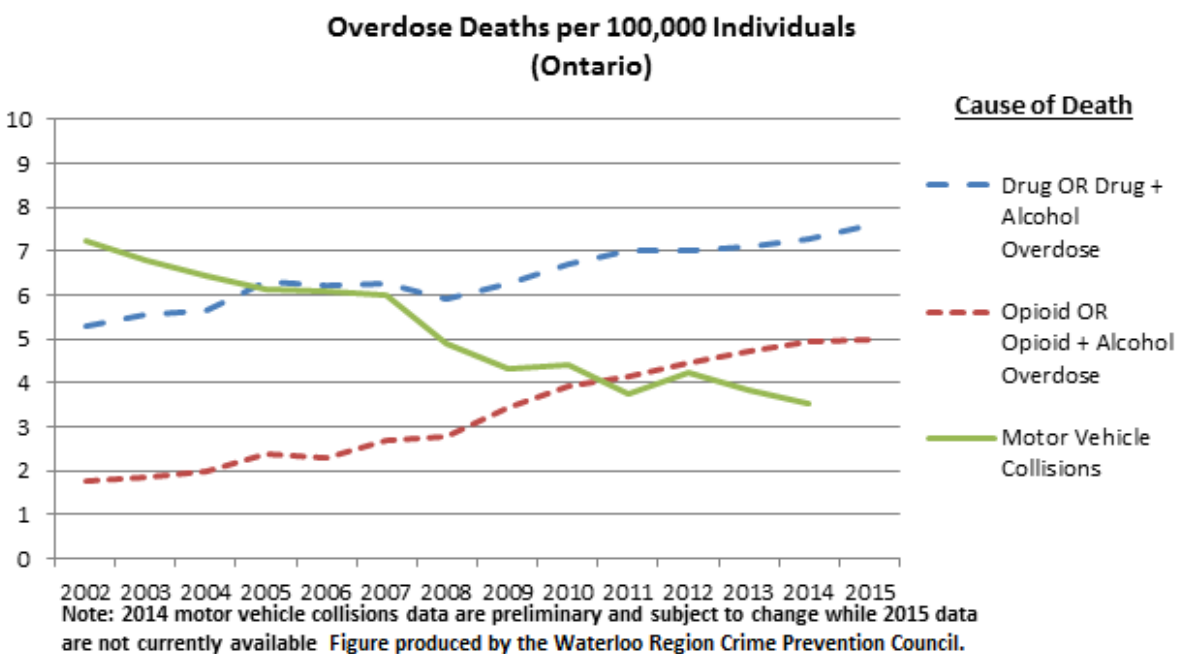
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We offer these recommendations based in our extensive local, provincial and national experience and expertise which has resulted in broad and engaged networks that could be rapidly mobilized with modest but dedicated supports **and** form a crucial part of the overall opioid and overdose strategy for the Province of Ontario.

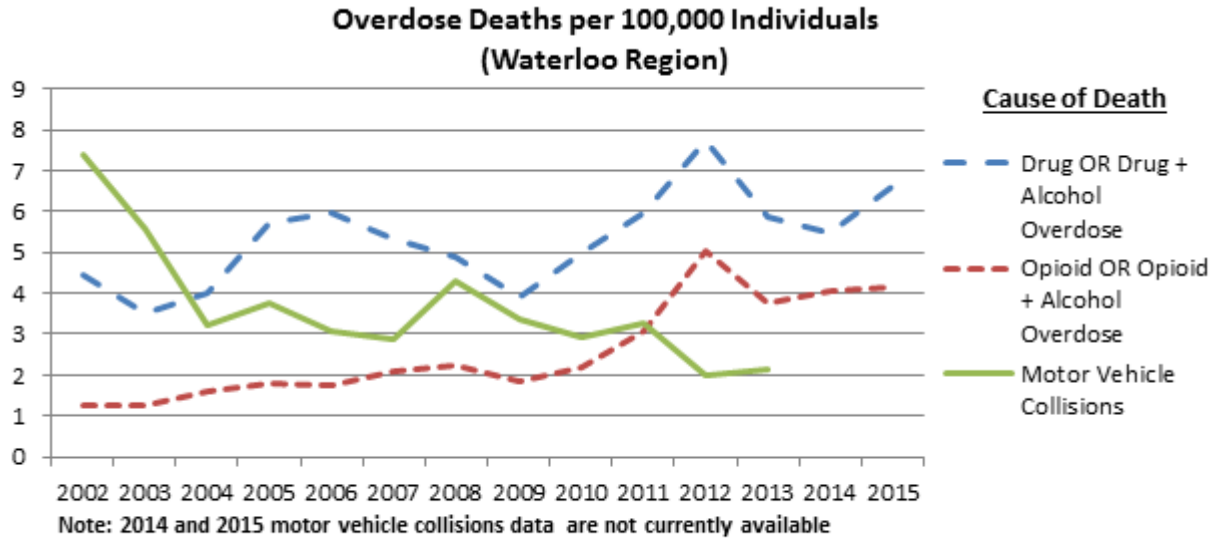
Context and Background

The scale of harms resulting from opioid use in Ontario is a significant and chronic issue. Fatal opioid-related overdoses have seen annual increases every year since 2000. Whether persons are using opioids as prescribed or not the impact has often been devastating. More than 7,000 persons have been victims of a fatal opioid-related overdose since 2000.

The following figure highlights fatal overdoses per capita, fatal opioid-related overdoses per capita and deaths due attributed to motor vehicle collisions.



The next figure illustrates fatal overdoses per capita, fatal opioid-related overdoses per capita and deaths due attributed to motor vehicle collisions in Waterloo region.

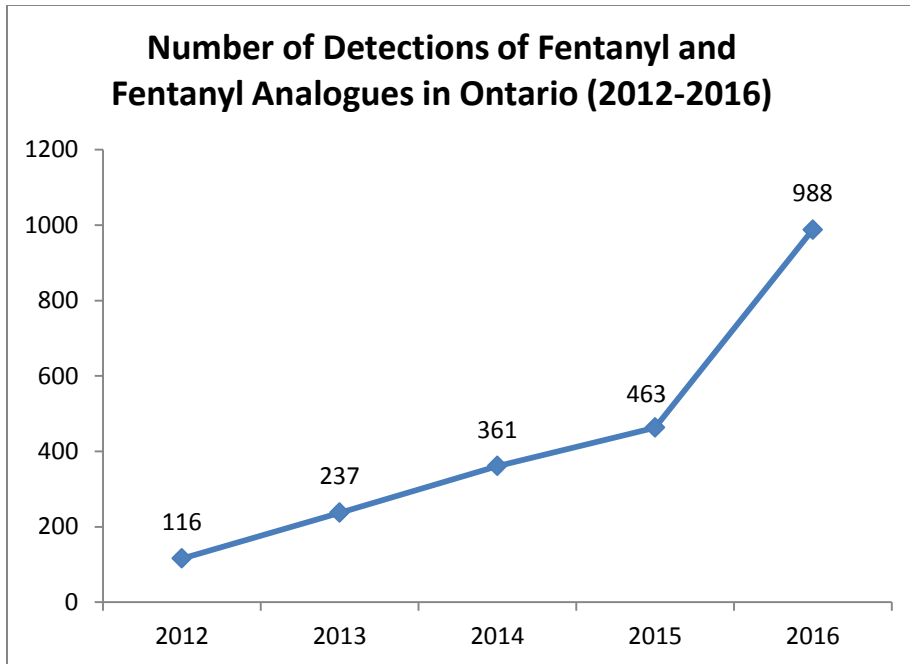


Source: Figure produced by the Waterloo Region Crime Prevention Council using data from the Office of the Chief Coroner of Ontario and the Ontario Ministry of Transportation.

The Bootleg Fentanyl

In 2013, the WRCPC formally advised that the emergence of the bootleg fentanyl (fentanyl analogues) in Ontario presented a new and significant challenge for drug-related policies and programs. By the end of 2015 and throughout 2016, partner organizations across the province and locally were speaking of the impacts of the bootleg fentanyl for people using substances daily or occasionally. While the time lag in reporting Ontario overdose data has improved, deaths that can be attributed to the fentanyl analogues remain a missing source of valuable data. Nonetheless, other indicators gathered by the WRCPC and partners across the Province lead to a second formal Fentanyl Advisory issued in August 2016 with the Ontario Association of Chiefs of Police.

Data related to seizure samples that were submitted to Health Canada by Ontario’s enforcement agencies and provided to WRCPC showed a 115% increase in fentanyl detections in 2016 over the previous year. In Waterloo region, the rise in fentanyl detections was approximately 575%.



Health Canada's Drug Analysis Service (DAS) operates laboratories across Canada that analyze suspected illegal drugs seized by Canadian law enforcement agencies. Results are reported for Calendar Year and were extracted on February 10, 2017. A single sample may contain more than one substance.

In Waterloo region, the number of victims who have died from a suspected opioid-related overdose during the first 4 months of 2017 is deeply concerning. The bootleg fentanyls are suspected to be a significant contributor.

Opioid-related Overdose Deaths in Waterloo Region

Year	OD Decedents
2013	22
2014	22
2015*	23
First six months: 2016*	23
First four months: 2017**	28**

- Data c/o Office of the Chief Coroner of Ontario
- * Preliminary data c/o Office of the Chief Coroner of Ontario
- ** Number of suspected opioid-related overdose deaths c/o Waterloo Region Police Services
- Chart c/o Waterloo Region Crime Prevention Council @drugsWRPCPC

Integrated Drugs Strategies

The WRCPC has deep experience in the development and implementation of community based/municipal drug strategies. The Waterloo Region Integrated Drugs Strategy was facilitated by the WRCPC through coordinating a 26-members Task Force and features 99 recommendations for "preventing problematic substance use and their impacts."

Since adoption of the strategy and its release, WRCPC has continued to assist other Ontario communities in the development and implementation of their comprehensive drug strategies. This assistance includes support to public health units, municipalities and non-governmental organizations.

In 2008, the WRCPC together with Toronto Public Health founded the Municipal Drug Strategy Coordinator's Network of Ontario (MDSCNO). Today, this network has become a valuable asset that is unique in Canada as its membership attempts to coordinate and collaboratively serve more than 9 million people in more than 155 municipalities and First Nations communities across Ontario. The network receives no funding.

Individual drug strategies, where funded, rely extensively on local in-kind resources. Local drug strategies are tailored to each community, and based on the integrated components of prevention, harm reduction, treatment and enforcement/justice.