



**Report:** PHE-IDS-18-12

**Region of Waterloo**  
**Public Health and Emergency Services**  
**Infectious Diseases, Dental, and Sexual Health**

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**To:** Chair Elizabeth Clarke and Members of the Community Services Committee

**Date:** December 11, 2018                      **File Code:** P25-20

**Subject:** **Waterloo Region Opioid Response Plan Update**

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**Recommendation:**

For Information

**Summary:**

The opioid crisis is a national, provincial, and local issue. The burden of opioid use is felt throughout our community by its residents, first responders and service providers, but most especially by those who use substances or have friends or family members struggling with addiction.

Local statistics on opioid overdose continue to highlight the severity of the issue. According to preliminary data from the Coroner which is available until June 2018, the rate of death due to opioids in our community is decreased in comparison to 2017. However, the rate of opioid related emergency department visits and the rate of Paramedic Services opioid overdose related calls continue to trend upwards. Paramedic Services naloxone administrations in 2018 are lower compared to 2017, likely due of the increased availability of naloxone in the community and the increased use of oxygen by paramedic services as a strategy to reduce the effects of overdose.

On June 19<sup>th</sup>, 2018, a report to Community Services Committee presented the Waterloo Region Opioid Response Plan for endorsement. The plan builds on existing work of community partners and details the community's comprehensive and integrated response to opioid issues. Coordination and creation of the plan relates to an expansion

of the Board of Health's role to enhance local opioid response initiatives as directed by the Ministry of Health and Long-Term Care in June 2017. Given that integrated work to address problematic substance use in Waterloo Region has been led by the Waterloo Region Integrated Drugs Strategy (WRIDS) since 2012, direction for the plan is provided by the Special Committee (of the Waterloo Region Integrated Drug Strategy) on Opioid Response. As part of Public Health's mandate, the Waterloo Region Opioid Response Plan has been submitted to the Ministry of Health and Long-Term Care to meet the requirements to improve local opioid response capacity.

Through cross-sectoral stakeholder consultation, and with direction from the Special Committee, nine strategies from the Waterloo Region Opioid Response Plan were prioritized for initiation or enhancement and further prioritized to three for initiation in 2019. The prioritized strategies are built and dependent upon continuation of existing community strategies. The three prioritized strategies for initiation and enhancement in 2019 are:

1. Supportive Housing for People Who Use Substances
2. Appropriate, Connected, Caring, Engaged, Sufficient, and Supportive (ACCESS to) Care for People Who Use Substances
3. Waterloo Region – Youth Engagement Strategy

The next steps for the three strategies include identification and establishment of stakeholder working groups, development of action plans, timelines, and indicators of success. A critical step is the identification of strategic elements for coordination and alignment with existing opportunities in our community, such as Wellbeing Waterloo Region and Smart Cities Waterloo Region. The stakeholder working groups will then begin implementing the prioritized strategies, which in some cases will involve multiple phases of work.

Progress will be measured on identified strategies and regular reports will be provided to Regional Council. Long term outcomes will be monitored as part of the ongoing work of the Waterloo Region Integrated Drugs Strategy.

## **Report:**

## **Background**

On June 19<sup>th</sup>, 2018, a report to Community Services Committee presented the Waterloo Region Opioid Response Plan for endorsement by Community Services Committee. This report provides an update on opioid-related data and identifies the Waterloo Region Opioid Response Plan strategies prioritized by the community and the Special Committee on Opioid Response for initiation and/or enhancement in 2019.

## A Review of the Opioid Crisis

Problematic substance use interferes with physical or mental health, schooling or employment, relationships, financial stability, personal safety, and the safety of others. The causes of problematic substance use are complex and fit within the broader context of the social determinants of health; nobody chooses to develop an addiction.

Opioids are a family of drugs which are typically used to treat acute and chronic pain. Examples of prescription opioids include, but are not limited to: fentanyl, hydromorphone, methadone, and oxycodone. In a joint statement issued on November 19, 2017, the Federal Minister of Health and Ontario Minister of Health and Long-Term Care reported that Canada was facing a serious and growing opioid crisis marked by rising numbers of addiction, overdoses, and deaths. The following points chronicle key aspects of the opioid issue:

- Over the past several years there has been increasing concern regarding the misuse of prescription opioids, including overprescribing, and the appearance of these medications in the illicit drug market
- People, who become addicted to prescription opioids as a result of an injury or chronic pain, may resort to purchasing opioids on the street when prescriptions are ended. In Ontario, more than 9 million prescriptions for opioids were filled in 2015/16, up from 450,000 three years earlier and nearly two million people fill prescriptions for opioids every year (Health Quality Ontario, 2017)
- Fentanyl is a potent opioid and largely responsible for an increase in overdose deaths. Fentanyl enters the drug market through either diversion of pharmaceutical fentanyl products or through importation or smuggling of pharmaceutical grade fentanyl from abroad. It is then used to create illicit products or is added to other substances such as cocaine and heroin
- Individuals may use fentanyl intentionally or may use it unknowingly as a result of contamination, or it being added to another substance. Even in small doses, fentanyl can lead to a fatal overdose
- There has been an increased presence of carfentanil (significantly more toxic than fentanyl) in our local drug supply in the last two years
- While overdose and overdose deaths have been seen in all socio-economic groups, data indicates that people who die from overdose are more likely to be: male, between the ages 25 and 44, unemployed, and live in a private dwelling (Office of the Chief Coroner for Ontario, 2018)
- There are ongoing anecdotal reports of overdoses in public spaces and local agencies such as shelters, public washrooms, and parking garages, and while these overdoses may not result in death, they are reported as having significant mental health impacts on the staff who find themselves in a position to respond

Federal and past Provincial governments' action plans on opioids have been bolstered and include focus on prescribing practices, access to naloxone, enabling the provision of supervised consumption and treatment services, promotion of the Good Samaritan Drug Overdose Act, enhancing surveillance and monitoring efforts, and guiding evidence based care.

### **Update on Opioid Data for Waterloo Region**

Data shared with Community Services Committee on June 19<sup>th</sup>, 2018, provided a snapshot of the impact of opioid addiction and overdose on Waterloo Region residents (refer to PHE-IDS-18-08).

Local statistics on opioid overdose continue to highlight the severity of the issue. Findings from the 2018 Supervised Injection Services Feasibility Study in Waterloo Region found that almost 40 per cent of people with lived experience of injection drug use in the last six months had experienced an overdose, with 65 per cent of those occurring in the last year (Region of Waterloo Public Health and Emergency Services, 2018). The 2018 rate of death due to opioids in our community is decreased compared to 2017 according to preliminary Coroner data, but still higher than the provincial rate. The rate of opioid related emergency department visits in 2018, however, is increasing compared to the previous three years. Further, 2017 opioid-related emergency visit data by municipality indicated that of Ontario municipalities with populations over 100,000, Cambridge and Kitchener place in the top ten cities with the highest rates. Paramedic Services opioid overdose related calls continue to increase in 2018. Paramedic Services naloxone administrations in 2018 are lower compared to 2017, likely due to the availability of naloxone in the community through Public Health and its partners and distribution by pharmacies and the increased use of oxygen by paramedic services as a strategy to reduce the effects of overdose.

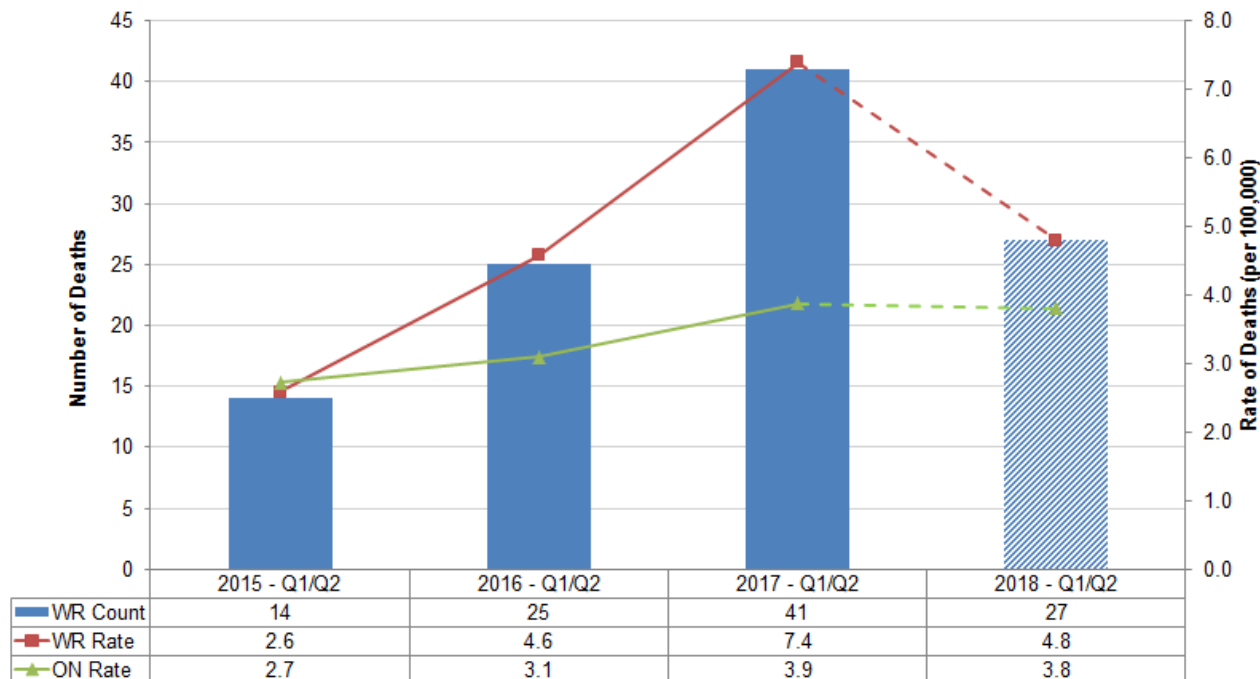
The burden of opioid use is felt throughout Waterloo Region by community members, first responders and service providers, but most especially by those who use substances or have friends or family members struggling with addiction.

### **Opioid-Related Deaths**

The growing severity of opioid use in Waterloo Region is evident in the number of opioid related deaths reported by the Office of the Chief Coroner for Ontario. In Waterloo Region there was a 274% increase in opioid overdose related deaths from 2015 to 2017. Confirmed data from the Coroner shows that 86 Waterloo Region residents died from an opioid overdose in 2017. This is higher than the previously reported 71 deaths, based on the number of suspected deaths as reported by Police. Due to a time lag in receiving Coroner data, Waterloo Region Police Service data has been used in the past to help estimate the number of overdose fatalities until data from the Coroner is

available. Waterloo Region Police Service has reported 43 suspected total overdose deaths up to November 27, 2018 (Waterloo Region Integrated Drugs Strategy, 2018). Coroner data, once fully available, is the measure used to accurately report deaths. Preliminary Coroner data, which is available up until June 2018, indicates that there have been 27 opioid related deaths and shows the death rate to be decreased compared to 2017 (Refer to Figure 1). Even with the decreased rate of opioid related deaths to June 2018 in Waterloo Region, the rate continues to be higher than the Ontario. Figure 1 depicts opioid related deaths and death rates by year from 2015 to 2018 for January to June of each year for consistent comparison.

Figure 1. Opioid related deaths and death rates, January to June, Waterloo Region and Ontario, 2015-2018



Sources:

Coroner’s Opioid Investigative Aid, Deaths for May 2018-June 2018, Office of the Chief Coroner for Ontario, extracted October 29, 2018

Ontario Related Death Database, 2018, Office of the Chief Coroner for Ontario, extracted from [PHO Interactive Opioid Tool](#) on December 4, 2018

Population Projections, 2017, Ontario Ministry of Health and Long-Term Care, IntelliHealth ONTARIO, extracted November 27, 2018

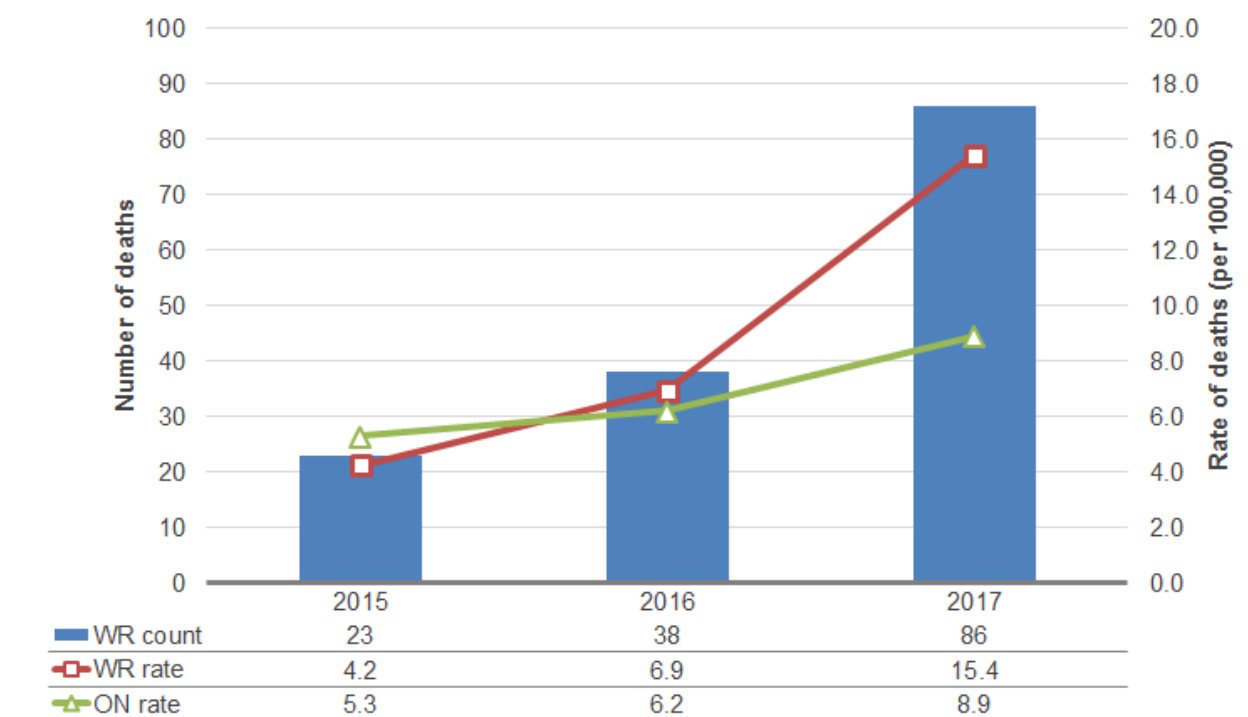
Notes:

Death data is for January 1 to June 30 for each year. Death data for 2018 is preliminary and is subject to change

Death data from the Office of the Chief Coroner for Ontario is not yet available beyond June 2018

The overdose death rate in Waterloo Region was higher in 2016 and 2017 when compared to the provincial rate (refer to Figure 2).

**Figure 2. Opioid-Related Deaths and Death Rates, Waterloo Region and Ontario, by year, 2015-2017**



Sources:

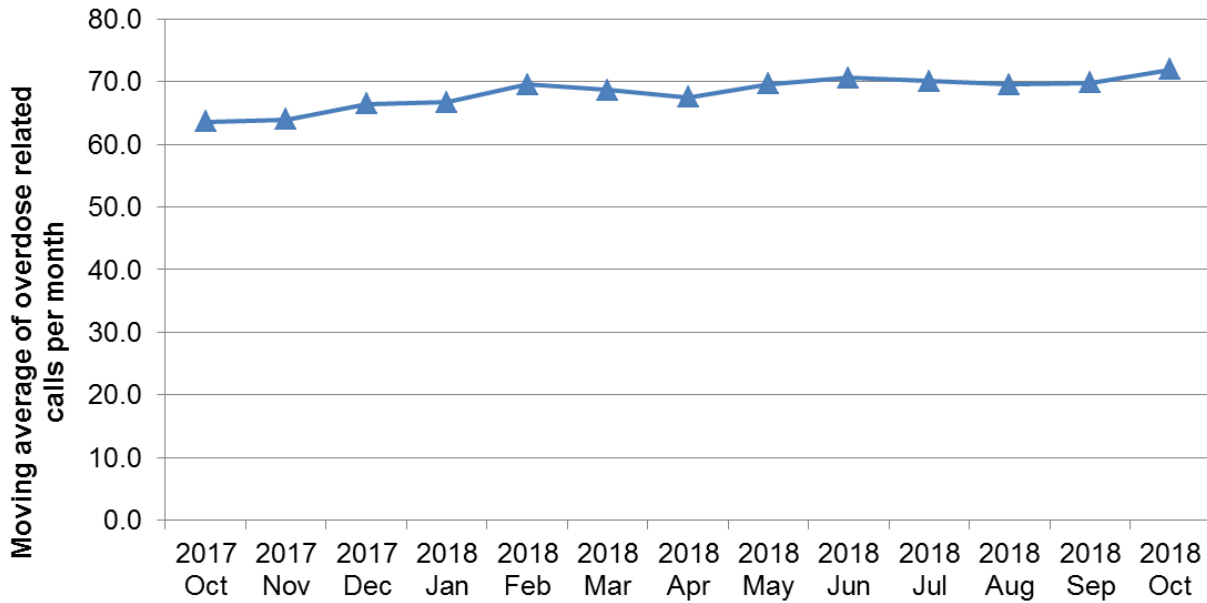
Ontario Related Death Database, 2018, Office of the Chief Coroner for Ontario, extracted from [PHO Interactive Opioid Tool](#) on September 13, 2018

Population Projections, 2017, Ontario Ministry of Health and Long-Term Care, IntelliHealth ONTARIO, extracted September 13, 2018

Paramedic Service Calls

The number of overdose related calls to Paramedic Services continues to increase; as of November 17, 2018, Paramedic Services had responded to 740 overdose related calls, a 7% increase from the same point in time in 2017.

**Figure 3. Twelve month moving average of opioid related overdose calls, Waterloo Region, November 2016 – September 2018**



Sources:

Region of Waterloo Paramedic Services Electronic Patient Care Record (ePCR), 2016-2018. Extracted: November 27, 2018

Notes:

The moving 12 month average reduces the often large changes seen from month to month allowing for trends to be seen clearly

Paramedic Services naloxone administrations are lower as of November 17, 2018, a 35% decrease from the same time point in 2017; likely due to the increased availability of naloxone in the community and increased distribution by pharmacies and the strategy of promoting ventilations over naloxone as a treatment by paramedic services to reduce the effects of overdose. For 2018 year-to-date, most opioid overdose related Paramedics Service calls and naloxone administrations were for patients aged 20 to 34 years. Between January and September 2018, 4,864 naloxone kits were distributed in Waterloo Region.

It is also important to note that overdoses occur in a variety of settings as summarized in Table 1.

**Table 1. Number and per cent of opioid overdose related calls, by location type and municipality, Waterloo Region, 2018**

<b>Municipality</b>	<b>Private home</b>	<b>Other</b>
Cambridge	39%	61%
Kitchener	50%	50%
Waterloo	58%	41%
Townships	65%	35%
<b>Waterloo Region</b>	<b>52%</b>	<b>48%</b>

Source:

Region of Waterloo Paramedic Services Electronic Patient Care Record (ePCR), 2018. Extracted: November 27, 2018

Notes:

January – October 2018. The counts for Waterloo Region will not always sum to the counts of the break downs for municipalities as some calls could not be assigned to a municipality

Private home includes apartment/condo building and house/town house

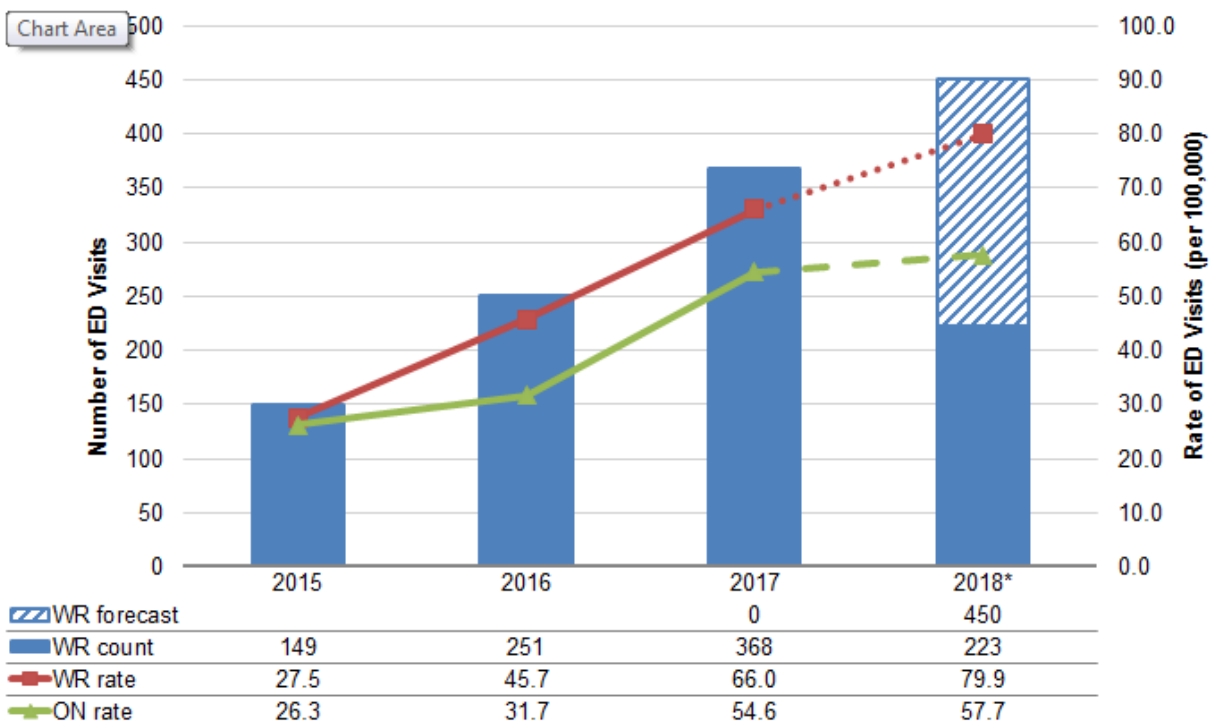
Other includes non-private accommodation (e.g. hotel, shelter, nursing home), public buildings (e.g. restaurants, office buildings, shopping malls), outdoor locations (e.g. park street), and reported as unknown

### Emergency Department Visits

Local emergency departments have also seen the effects of the opioid crisis. A 147 per cent increase in opioid-related emergency department visits was seen between 2015 (149 visits) to 2017 (368 visits). From 2015-2018, rates of emergency department visits in Waterloo Region have been higher than provincial rates. From January to June 2018 there were 189 emergency department visits in Waterloo Region, a rate of 33.6 per 100,000 and higher than the provincial rate of 25.6. Further, 2017 opioid-related emergency visit data by municipality indicated that of Ontario municipalities with populations over 100,000, Cambridge had the 6<sup>th</sup> highest rate and Kitchener had the 9<sup>th</sup> highest rate (National Ambulatory Care Reporting System, extracted April 2018). Figure 4 depicts emergency department visits by year from 2015 to 2018 for January to August of each year for consistent comparison.



**Figure 4. Opioid-related Emergency Department Visits and Rates per 100,000, Waterloo Region and Ontario, January to August 2015-2018**



Sources:

National Ambulatory Care Reporting System (NACRS), 2017 - 2018, Ontario Ministry of Health and Long-Term Care, IntelliHealth Ontario, extracted November 27, 2018

Population Estimates, 2017-2018, Ontario Ministry of Health and Long-Term Care, IntelliHealth Ontario, extracted: May 15, 2018

Population Projections, 2017-2018, Ontario Ministry of Health and Long-Term Care, IntelliHealth Ontario, extracted: May 15, 2018

Note:

Numbers include ED visits from January 1 to August 31 of each year. July and August numbers for 2018 are still considered preliminary so actual counts may be underreported

## Waterloo Region's Integrated Response

### The Special Committee on Opioid Response

Since 2012, the Waterloo Region Integrated Drugs Strategy has been working to address issues of substance use and addiction, including opioid addiction and overdose, through a four-pillared approach that includes Prevention, Harm Reduction, Recovery and Rehabilitation, Enforcement and Justice, with an underlying principle of Integration (Refer to Figure 5).

Figure 5. Waterloo Region Integrated Drugs Strategy four-pillared approach



In 2017, the Ministry of Health and Long-Term Care directed public health units to support development of community opioid response plans. Given the existing partnerships and collective approach in the region, creating the plan through the Waterloo Region Integrated Drugs Strategy was both practical and appropriate. Problematic substance use is a complex community issue requiring comprehensive social determinants of health solutions, partnership across multiple sectors, integration of services, and the involvement of people directly impacted by substance use and their communities. Recognizing this, and building on the existing work of the Waterloo Region Integrated Drugs Strategy, a Special Committee on Opioid Response was struck in February 2018.

An extension of the Waterloo Region Integrated Drugs Strategy Steering Committee in partnership with Public Health, the Special Committee brings together community leaders to build on existing work and further advance strategies to address the complex nature of the opioid situation through a Community Opioid Response Plan. Membership on the Special Committee includes municipalities, crime prevention and emergency response, school boards, public health and community services, the Waterloo Wellington Local Health Integration Network, and the Waterloo Integrated Drugs

Strategy committee chairs (refer to Attachment 2 for a list of all Special Committee members).

### **Waterloo Region Opioid Response Plan**

The Waterloo Region Opioid Response Plan builds on the existing work of community partners and details the community's comprehensive and integrated response to opioid issues, the full plan is available at [www.regionofwaterloo.ca/opioidresponse](http://www.regionofwaterloo.ca/opioidresponse).

The plan provides federal, provincial, and local context, and describes strategies that are currently happening in Waterloo Region to address the opioid crisis and strategies that are needed. Through stakeholder consultation, strategic priorities to address opioid-related issues in Waterloo Region were identified and included in the plan, which is organized by the pillars of the Waterloo Region Integrated Drugs Strategy. Strategies were selected for inclusion in the plan using a decision making framework to ensure they could impact problematic opioid use in a coordinated and integrated way across the Region.

### **Prioritization of Strategies for Initiation**

Compared to many other communities in Ontario, Waterloo Region is well positioned with its opioid response because of the broader related work of the Waterloo Region Integrated Drug Strategy and community partners. For example, strategies related to overdose prevention, overdose monitoring, and work to explore consumption and treatment services was already underway to address the opioid situation through existing work groups. Priority-setting for the Opioid Response Plan was done in consideration of this work underway.

As such, priority setting took place with the understanding that existing work will continue to move forward. Further, the need to enhance this work, or initiate new strategies to address the opioid crisis could be identified through prioritization. It is important to note that the final list of prioritized strategies is both built and dependent upon continuation of existing strategies.

In May of 2018, over 60 people, including those with lived experience of substance use, participated in a cross-sectoral stakeholder consultation to validate and further inform the Waterloo Region Opioid Response Plan. With direction from the Special Committee on Opioid Response, the consultation resulted in a set of nine prioritized strategies from the plan:

Pillar	Strategy
<b>Prevention</b>	1. Waterloo Region - Youth Engagement Strategy 2. Further Expansion of Caregivers and Youth Substance Use Education/Awareness Strategy
<b>Harm Reduction</b>	3. Implementation of Strategies to Prevent Overdose Deaths
<b>Recovery &amp; Rehabilitation</b>	4. Expansion of Rapid Access Addiction Medicine Clinics 5. Supportive Housing for People Who Use Substances
<b>Enforcement &amp; Justice</b>	6. Justice System Diversion
<b>Integration &amp; Communication</b>	7. Seamless Care Pathway Strategy 8. Healthcare Provider Education and Anti-Stigma Strategy 9. Community Anti-Stigma Communications Strategy

Given the strategic role of the Special Committee, the group engaged in a process to identify the order in which the nine identified strategies would be prioritized for initiation and enhancement, and further scoped to focus on three in 2019. The Special Committee identified and weighted criteria against which to examine the strategies to support decision making:

- Community Impact (3)
- Timeliness and Community Context (2)
- Return on Investment (3)
- Flexibility (1)
- Risk (2)

This process and the subsequent discussion to validate the results identified three prioritized strategies for initiation and enhancement in 2019:

1. Supportive Housing for People Who Use Substances
2. ACCESS to Care for People Who Use Substances (renamed from Seamless Care Pathway)
3. Waterloo Region – Youth Engagement Strategy

## **Waterloo Region Opioid Response Plan Priority Strategies for 2019**

The Special Committee worked to develop descriptions of the three identified priority strategies, referring back to the detailed input from the stakeholder consultations, consulting with members working in the topic areas, and capturing activities identified in the plan that may fit within one of the prioritized strategies.

### **1. Supportive Housing for People Who Use Substances**

Supportive housing for people who use substances has been identified as a need in Waterloo Region. These programs provide housing and support for people with various substance use issues.

The strategy would increase the range of housing options for people who use substances, from those that are abstinence-based to those who are not, and anything in-between (dry, wet, and “damp”). The options would vary in terms of length of stay from short-term stabilization spaces, to transitional (i.e. for those leaving residential treatment programs) and longer term housing options.

This type of housing would increase access to responsive, flexible, person-centred services that value the unique strengths of each individual and meet client specific needs depending on their substance use. This would be achieved through the housing program itself or through community partnerships. Housing can be a stabilizing factor in a person’s life that supports their ability to engage in decision-making to positively impact their health.

### **2. ACCESS (Appropriate, Connected, Caring, Engaged, Sufficient, and Supportive) to Care for People Who Use Substances**

ACCESS to care for substance use refers to care that is person-centred and continuous across caregivers and environments regardless of stage of entry to the healthcare system. It is help available for people who need it, when they need it, and how they need it. Person-centred care focuses on the addressing the needs of the person, as opposed to the parameters of the service, and on treating a person receiving health care with dignity and respect and involving them in the decisions about their health. Creation of a supportive environment for person-centred care includes health care provider anti-stigma and trauma informed education, peer involvement in service and support provision, and system navigation.

ACCESS to care would emphasize increasing capacity to meet the current needs of the community; acknowledging the non linear nature of substance use care pathways, increasing service access, and addressing gaps that exist in the continuum of services. This would include reducing wait times across all stages of entry, increasing service access including withdrawal management, day treatment, residential treatment,

counseling, and further resourcing to recovery and rehabilitation. Addressing system gaps includes ensuring availability of health care services to prevent overdose deaths – including consumption and treatment services, a focus on the role and importance of pain management in the service continuum, expansion of existing services such as the Rapid Access Addiction Medicine Clinics, and efforts to support justice system diversion.

This approach requires system integration across partners and pillars and a coordinated approach that includes advocacy and seeking funding and resources.

### 3. Waterloo Region – Youth Engagement Strategy (WR-YES)

Waterloo Region Crime Prevention Council has begun exploring a comprehensive youth engagement strategy in community partnership with municipal and school board involvement. In a previous report to Regional Council (refer to CPC-18-02) a model for the youth engagement strategy was outlined that uses the same community and evidence based approach to youth substance use prevention as Iceland, removing participation barriers and creating engagement opportunities. The approach includes building a network of support for youth with parent and school involvement, and engaging youth in opportunities that positively impact their development. It is a grass roots model informed by national and local evidence for a continuous approach to improvement.

Waterloo Region - Youth Engagement Strategy Model

Element	Description
<b>Youth Reference Group</b>	Youth at risk will act as key partners throughout the development and implementation of the YES.
<b>Rapid Service Access</b>	Youth need timely and easy access to community supports and services for themselves and their families in the areas of mental health, problematic substance use, criminal justice, and employment.  For this to be possible, communities need a team of service-providers that deliver immediate assistance for youth who struggle and/or provide easy connections to partner services.
<b>Research and Evaluation</b>	Evidence will need to guide the design and implementation of this upstream prevention strategy and progression of the strategy will be monitored and evaluated throughout to allow for timely adjustments.
<b>Recreation and</b>	Design and implement universal access to programs (guided by

Element	Description
<b>Leisure</b>	youth) in sports and arts to increase engagement. Such efforts have been shown to provide a significant return on investments within a short time, have the potential to boost civic engagement, allow the voices of youth to be heard, and ultimately decrease experiences of marginalization and their resulting social ills.

### Next Steps

The next steps with the strategies prioritized for initiation include:

- Identification and establishment of stakeholder working groups, capitalizing on current work in the community, avoiding duplication, and ensuring community partner buy-in
- Development of strategy action plans, along with timelines and indicators of success
- Development of common tools to support the stakeholder working groups and facilitate reporting back to the Special Committee
- Identification of strategic elements for coordination and alignment with existing opportunities in our community, such as Wellbeing Waterloo Region and Smart Cities Waterloo Region
- Implementation of the prioritized strategies by the stakeholder working groups

Progress will be measured on identified strategies and progress reports will be provided to Regional Council. Long term outcomes will be monitored as part of the ongoing work of the Waterloo Region Integrated Drugs Strategy.

### Accountability

As part of Public Health's mandate, the Waterloo Region Opioid Response Plan has been submitted to the Ministry of Health and Long-Term Care to meet the requirements to improve local opioid response capacity. Other accountability measures include semi-annual reports to Regional Council that will provide updates on the implementation plan.

### Long Term Outcomes

The Special Committee will continue to guide implementation of prioritized strategies through 2019, at which time the lifespan of the committee will be reassessed and a formal progress report will be generated. Long term outcomes will be monitored as part of the ongoing work of the Waterloo Region Integrated Drugs Strategy.

**Ontario Public Health Standards:**

Harm reduction planning, program and service provision relates to requirements 7, 8, 9, and 10 in the Infectious and Communicable Diseases Prevention and Control Standard as well as requirements 1 and 2 in the Substance Use and Injury Prevention Standard.

Ministry of Health and Long-Term Care Harm Reduction Program Enhancement requirement to improve local opioid response capacity and initiatives through the development of a community opioid response plan.

**Corporate Strategic Plan:**

This report relates to strategic objective 4.4 (Promote and support healthy living and prevent disease and injury) in the Healthy, Safe and Inclusive Communities focus area in the 2015-2018 Strategic Plan.

**Financial Implications:**

In 2017, an additional allocation of \$250,000 in 100 percent base funding was introduced by the Ministry of Health and Long-Term care to support a Harm Reduction Program Enhancement. These funds in part support the department's local opioid response.

Planning and other supports provided by Region of Waterloo Public Health are covered under the department's existing cost shared base budget for Public Health Mandatory Programs; the budgets are established by Regional Council (as the Board of Health) and are funded up to 75% by the province with the remainder funded by the local tax levy.

**Attachments:**

**Attachment 1 - Waterloo Region Integrated Drugs Strategy Special Committee on Opioid Response Membership**

**Attachment 2 - Waterloo Region Opioid Response Plan [link only]**

<https://www.regionofwaterloo.ca/en/regional-government/resources/Reports-Plans--Data/Public-Health-and-Emergency-Services/Waterloo-Region-Opioid-Response-Plan.pdf>

**Prepared By:** **Eve Nadler**, Health Promotion and Research Analyst  
**Grace Bermingham**, Manager, Information, Planning and Harm Reduction

**Approved By:** **Dr. Hsiu-Li Wang**, Acting Medical Officer of Health  
**Anne Schlorff**, Acting Commissioner



### Attachment 1 - Waterloo Region Integrated Drugs Strategy Special Committee on Opioid Response Membership

Tim Anderson/Tanja Curic	City of Waterloo
Craig Ambrose/ Brenna Bonn	Waterloo Region Police Service, <b>Chair of Enforcement and Justice Coordinating Committee</b>
Douglas Bartholomew-Saunders/ Deb Schlichter	Region of Waterloo Community Services
Grace Bermingham	Region of Waterloo Public Health, <b>Co-Chair of Harm Reduction Coordinating Committee</b>
Marian Best	Cambridge Shelter Corp., <b>Co-Chair of Rehabilitation and Recovery Coordinating Committee</b>
David Brenneman	Woolwich Township
Dan Chapman	City of Kitchener
Dennis Purcell	City of Cambridge
Stephen Gross (Co-Chair)	Kitchener Downtown Community Health Centre, <b>Co-Chair of Harm Reduction Coordinating Committee and Co-Chair of Waterloo Region Integrated Drugs Strategy Steering Committee</b>
Bryan Larkin/ Craig Ambrose	Waterloo Region Police Services
Bruce Lauckner/ Jennifer Kaytar/ Blair Philippi	Waterloo-Wellington Local Health Integration Network
Jonathan Mall	Region of Waterloo Public Health, <b>Chair of Prevention Coordinating Committee</b>
Pam McIntosh (Co-Chair)	House of Friendship, <b>Co-Chair of Rehabilitation and Recovery Coordinating Committee and Co-Chair of Waterloo Region Integrated Drugs Strategy Steering Committee</b>
Judy Merkel	Waterloo Catholic District School Board
Eve Nadler	Region of Waterloo Public Health
Dr. Liana Nolan/Dr. Hsiu-Li Wang (Co-Chair)	Region of Waterloo Public Health
Karen Quigley-Hobbs	Region of Waterloo Public Health

Angela Mercier/ James Bond	Waterloo Region District School Board
Christiane Sadeler/ Rohan Thompson	Waterloo Region Crime Prevention Council
Lindsay Sprague	Waterloo Region Integrated Drugs Strategy Coordinator
Chief Stephen VanValkenburg/ Rob Crossan	Paramedic Services, Region of Waterloo Public Health

**References**

Region of Waterloo Public Health and Emergency Services. (2018). *Waterloo Region Supervised Injection Services Feasibility Study*. ON.

Waterloo Region Integrated Drugs Strategy. (2018). *Waterloo Region Integrated Drugs Strategy Overdose, Monitoring, and Alert Response System*. Retrieved 11 30, 2018, from Waterloo Region Integrated Drugs Strategy:  
<http://www.waterlooregiondrugstrategy.ca/en/omars/>