

WRCPC Meeting Minutes

October 14, 2016

The Family Centre

65 Hanson Avenue, Kitchener, ON

Room 2015

9:00 a.m. to 11:30 a.m. (8:30 a.m. networking)

Present: Karen Spencer, Barry Cull, Mike Haffner, Carolyn Albrecht, Cathy Harrington, Courtney Didier, Felix Munger, Jane Mitchell, Jennifer Mains Joe-Ann McComb, John Shewchuk, Kathy Payette, Kelly Anthony, Mark Pancer, Mark Poland, Michael Beazely, Pari Karem, Sarah Shafiq, Sharon Ward-Zeller, Tom Galloway, Peter Ringrose, Trisha Robinson

Regrets: Alison Scott, Angela Vanderheyden, Bill Wilson, Bryan Larkin, Chris Cowie, Denise Squire, Derek Haime, Don Roth, Dough Thiel, Douglas Bartholomew-Saunders, Carolyn Schoenfeldt, Helen Jowett, Irene O'Toole, Jonathan English, Karey Katzsich, Sharlene Sedgwick-Walsh, Liz Vitek, Peter Rubenschuh, Shayne Turner

Chair: John Shewchuk

Recorder: M. Allen

1. Welcome:

John Shewchuk was asked to Chair the WRCPC meeting on behalf of the Chair and Vice-Chair of the WRCPC. Both were unable to attend.

John welcomed WRCPC members and guests. Introductions were made.

Christiane welcomed Carlos Luis as the new Wilfrid Laurier University (WLU) placement student. He will be assisting Christiane with the Safer Cities of Habitat III project.

2. Approval of the Agenda:

Amendments:

Staff will be seeking approval of staff recommendations under item number 7: Overdose Crisis in Ontario.

Christiane will be addressing item number 8: Retreat follow-up instead of David Siladi.

Moved by Sharon Ward-Zeller as amended and seconded by Carolyn Albrecht
Carried

3. Declaration of Conflict of Interest: None.

4. Approval of Consent Agenda:

Moved by Courtney Didier and seconded by Mark Pancer. Carried

The acronym DART stands for Domestic Assault Review Team.

Canadian Municipal Network on Crime Prevention (CMNCP):

Felix Munger elaborated on the Canadian Municipal Network on Crime Prevention (CMNCP). He added that The CMNCP has created a folder with information about the national work on crime prevention that can be shared with the sector leaders. The CMNCP is also holding workshops across Canada. Felix shared that Christiane's strong involvement with the CMNCP, as the Co-Chair, has been crucial to the existence of the Network. It is important for the WRCPC to recognize that from the CMNCP perspective Christiane's continued involvement remains important to the process while acknowledging that it takes a fair bit of time commitment.

Christiane added that the momentum for the CMNCP increased significantly as a result of the hiring of Felix Munger as the Consultant Manager for the Network. These increases also mean increases in all member municipalities' workloads. There are two more years of Federal funding for the Network and there is hope that the Network will become the Canadian equivalent of the European Forum for Urban Safety or other networks of this kind. For more information, please go to <https://safercities.ca/>

Youth Navigator Project:

Christiane shared with Council that funding resources for City of Kitchener's Youth Navigator neighbourhood project are rapidly depleting. The WRCPC has played a significant role in securing this funding to hire youth navigators for a local neighbourhood. Michael Parkinson and Sarah Anderson continue to be involved with the neighbourhood. An evaluation of the project will hopefully advance buy-in into resources for projects of this nature in a more sustainable fashion. From a prevention perspective, community agencies we are consistently limited to short term funding despite the fact that many of the challenges are inter-generational and need long term commitment. This is not sustainable and it does not yield a longer term positive impact. The WRCPC has a role to bring attention to this situation. While not funding a project that has not met its goals is understandable when a project is in fact successful there ought to be some accountability to that success. Feedback from the community has been that it is not ethical to continue to do this to neighbourhoods and in the long run, it challenges trust. Council commented that this is also a structural and systemic issue that shows a lack of commitment to prevention and some long-standing reticence to shift resources from treatment and intervention to prevention.

5. Nominating Committee Updates and Approval:

Christiane Sadeler, on behalf of Shayne Turner, the Nominating Committee Chair, announced that Marla Pender, the Youth sector representative, has accepted another position at the City of Kitchener and has submitted her resignation to the WRCPC.

Christiane Sadeler, on behalf of Shayne Turner, Chair of the Nominating Committee, asked for a motion for the WRCPC accept with regret Marla Pender's resignation.

Sharon Ward-Zeller moved and Pari Karem seconded. Carried

It was recommended by the Nominating Committee to not fill the Youth sector position at this time but instead fill it as part of the nominating process.

Andrew Jackson received an agreement from Chris Cowie, Chair of the WRCPC, to take a leave of absence until February 2017.

6. Budget 2017 for Approval:

With the assistance of the Facilitating Committee Christiane Sadeler prepared and submitted a 2017 budget proposal. Each Regional department was asked to reduce budgets by two percent. Two percent of the WRCPC budget is equivalent to approximately \$16,000. The Facilitating Committee expressed concern that the two percent budget cut was unsustainable for the WRCPC. With the agreement of Douglas Bartholomew-Saunders, Commissioner of the Community Services Department, Christiane prepared a just under \$6,000 budget cut proposal that will be submitted to the Corporate Leadership Team.

Christiane Sadeler, on behalf of Shayne Turner, the Chair of the Facilitating Committee, read the following motion:

That the WRCPC approve the 2017-budget reduction as proposed by the Executive Director.

Moved by Sharon Ward-Zeller and seconded by Jane Mitchell. Carried

The WRCPC will be presenting to Regional Council in the spring of 2017. In the meantime, the Facilitating Committee suggested investigating with the Region the potential for a different approach when it comes to the WRCPC budget. The WRCPC is not part of any one department, it reports to Community Services for administrative purposes only. For the purpose of the budget, however it is treated much like a standalone department.

The Facilitating Committee will be engaging in a discussion to address the concerns regarding the sustainability of the WRCPC in relation to future reduction requests. Information will be brought forward to the WRCPC at an appropriate time.

7. Overdose Crisis in Ontario – for Approval:

Mark Poland declared a conflict of interest.

Michael Parkinson presented an overview of the WRCPC work that has happened in relation

to the overdose crisis in Ontario and the advocacy efforts in asking the Province to take a leadership role in coordinating a collaborative approach. Please see PPT attached. There are three primary reasons why the WRCPC began this work:

- 1) There have been approximately 7,000 overdose deaths in Ontario since the year 2000. Overdoses in Ontario have increased each year since the year 2000.
- 2) The need to address issues of stereotypes, stigmatization and system discrimination of one of the leading causes of accidental death
- 3) There is a clear and long-standing relationship between drug use and crime. In Alberta, for example, the rise of bootleg fentanyl between 2011 and 2015 has seen a spike in crimes related to this issue.

The WRCPC was asked by Daiene Vernile, MPP Kitchener-Centre, to provide feedback on the announcement of the Provincial “Strategy to Prevent Opioid Addiction and Overdose”.

Michael suggested that what is needed is an urgent collaborative and proportional effort at the Provincial level. Members asked if WRCPC should continue to advocate for Provincial leadership. Should the WRCPC write another letter to the Provincial Medical Officer of Health to look for support? The WRCPC continues to fill gaps that are way beyond the local context and this at times happens to the detriment of local work.

The WRCPC had a lengthy discussion about the issue and there was consensus that there was an ethical responsibility for the overdose work to continue. However, WRCPC also has a responsibility to focus on its strategic plan, including the youth engagement strategy that is part of the Regional strategic plan.

Motion: Develop a position on the Ontario “Strategy to Prevent Opioid Addiction and Overdose” and share with the Waterloo Region Integrated Drugs Strategy (WRIDS).

Moved by Felix Munger and seconded by Cathy Harrington. Carried.

Members of WRCPC to support the development of this position are as follows: Michael Beazley, Jennifer Mains, Cathy Herrington, and Felix Munger

Motion: WRCPC staff approach the Provincial Medical Officer of Health with a request for resources to support the continuation of the overdose prevention work or ask the Province to recommend a place where enquiries coming to the WRCPC office can be referred to.

Moved by Jane Mitchell and seconded by Barry Cull. Carried.

WRCPC members also directed Christiane to connect with Dr. Nolan, the Regional Medical Officer of Health, about the potential for other resource options and/or her support in accessing other resources. Christiane was also asked to develop a brief for Tom Galloway to talk to Chair Seiling about approaching the Province and attach the PPT from today's WRCPC's meeting.

8. Retreat follow-up (Christiane Sadeler) - for discussion

Christiane provided Retreat follow-up actions to the WRCPC:

It was recommended that staff develop and provide sector leaders with WRCPC background information and an explanation of the prevention spectrum that featured in the retreat. In the next 5 to 6 months sector leaders are encouraged to present to their sector tables in an effort to begin to bring back information. Eventually this should lead to filling in the prevention spectrum as part of an assessment of where the energy is in this community and where the sectors work has gaps in the prevention spectrum.

The Council recommended that the information package include clear, simple and specific questions and instructions for this sector leader task to support upstream thinking.

9. Charter for Inclusive Communities – for discussion

Sarah Shafiq shared the **Charter for Inclusive Communities** and asked WRCP to endorse and sign the Charter. She also asked WRCP to encourage Regional Council, area municipal Councils and partner organizations to sign the Charter as well.

<https://www.nccm.ca/charter/>

Sarah raised the concern that the term 'Islamophobia' is not being used in the community and that this might comprise an avoidance of the issues facing Muslims, specifically identifiable Muslim women. She explained that there is a change in tone in the community when an issue is clearly identified and that it is an important signal to people in the community that others are seeking to ensure inclusion.

To date the City of Hamilton is the only municipality to have signed the Charter

The WRCP reviewed the Charter and provided suggestions and recommendations. One of the recommendations is to reference that the Charter originated from the National Council of Canadian Muslims. Another was to put the dignity of all people as an overarching principle.

A motion was put forward for WRCP to sign the Charter of Inclusive Communities in principle.

Motion: Sharon Ward- Zeller and seconded by Pari Karem Carried.

For the Community Services Committee on November 22, 2016 Christiane will develop an information memo report. Sarah Shafiq will arrange for a delegation to go before Council's Committee with a list of communities that have signed the Charter.

10. Community Wellness Forum October 13, 2016:

The Community Wellness Forum was well attended by a variety of people. It is important as the Community Wellness Initiative continues that it be done through collaboration as a broad community project because no one sector has the answer on its own. Overall, the feedback was positive and Christiane offered to convey that to the Regional CAO.

11. New Urban Agenda and Habitat III:

The Honourable Jean-Yves Duclos, Minister of Families, Children and Social Development, through the Canadian Municipal Network, asked WRCPC to provide feedback on the New Urban Agenda and Habitat III document. The document includes community safety components. It is estimated that by the year 2050 the world population will double. Christiane strongly encouraged the WRCPC to look at it.

<https://www2.habitat3.org/bitcache/97ced11dcecef85d41f74043195e5472836f6291?vid=588897&disposition=inline&op=view>

12. Other Business: None

13. Adjournment: Moved by Courtney Didier and carried at 11:30 a.m.



Between

Life

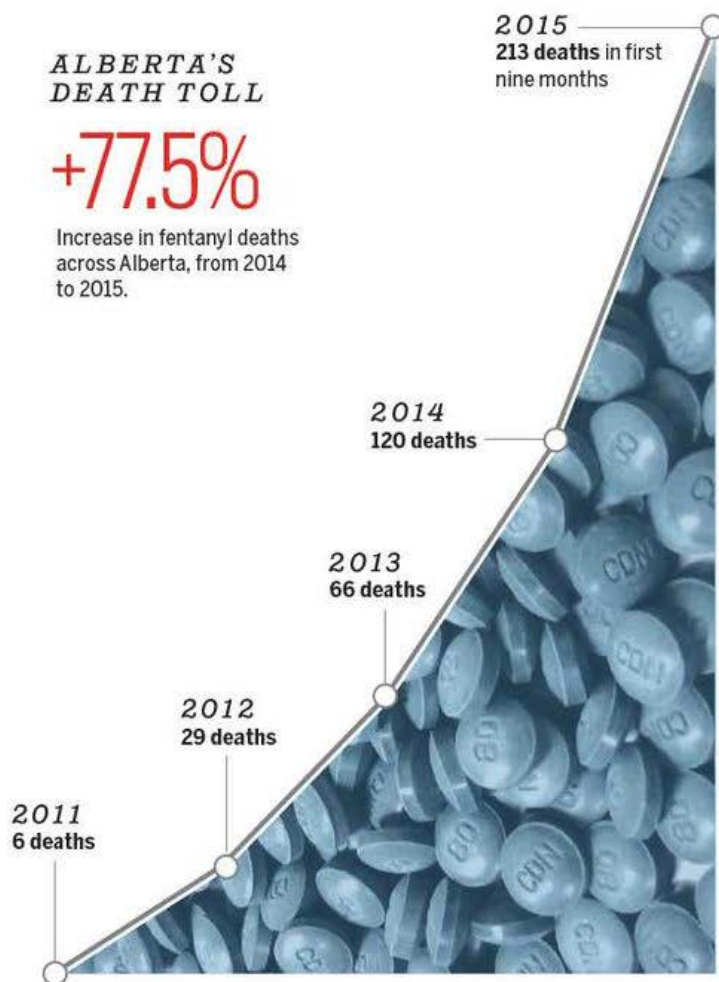
and

Death

ALBERTA'S DEATH TOLL

+77.5%

Increase in fentanyl deaths across Alberta, from 2014 to 2015.



CRIME RISING IN CALGARY

Police say fentanyl abuse is behind a sharp increase in crime.

Percentage increase over 2014:

RESIDENTIAL BREAK AND ENTER

+50%

COMMERCIAL BREAK AND ENTER

+97%

THEFT FROM VEHICLES

+60%

THEFT OF VEHICLES

+63%

HOME INVASIONS

+52%

COMMERCIAL ROBBERIES

+45%

BANK ROBBERIES

+65%

DEATHS IN CALGARY: From January to end of September 2015

TRAFFIC ACCIDENTS: 22

HOMICIDE: 24

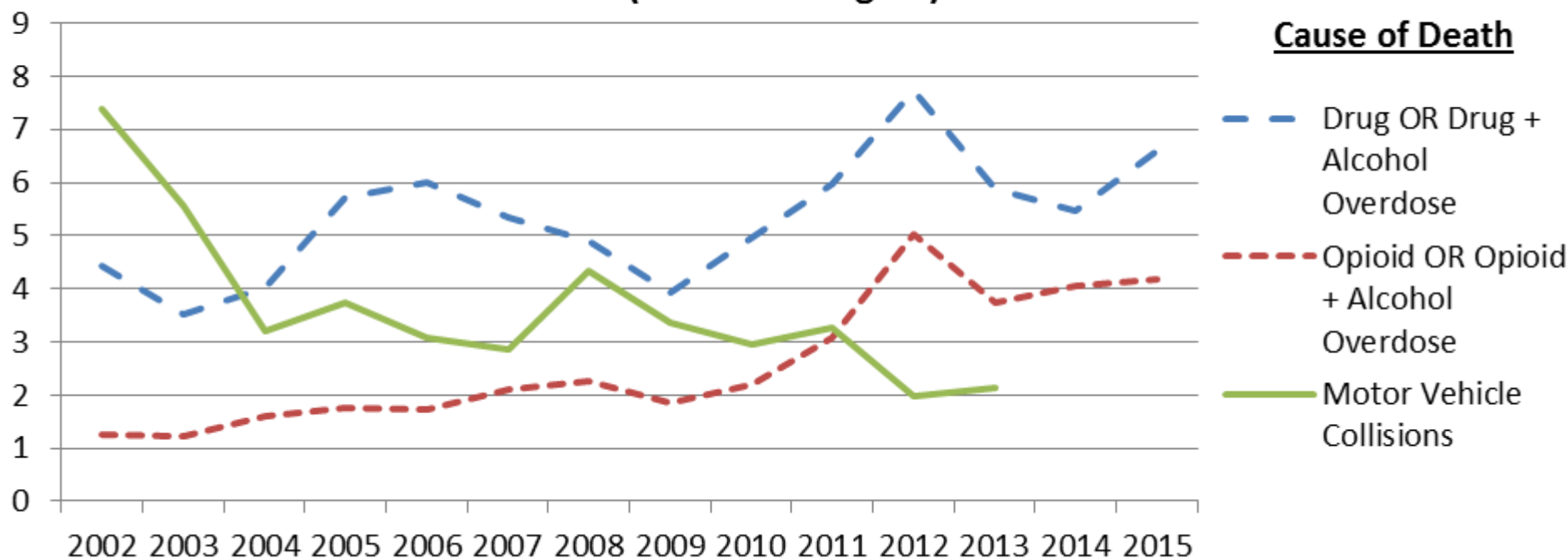
FENTANYL OVERDOSE: 69*

*There were 74 deaths in the Calgary health zone, which includes surrounding centres

SOURCE: ALBERTA CHIEF MEDICAL EXAMINER, CALGARY POLICE SERVICE

GRAPHIC: DARREN FRANCEY / CALGARY HERALD

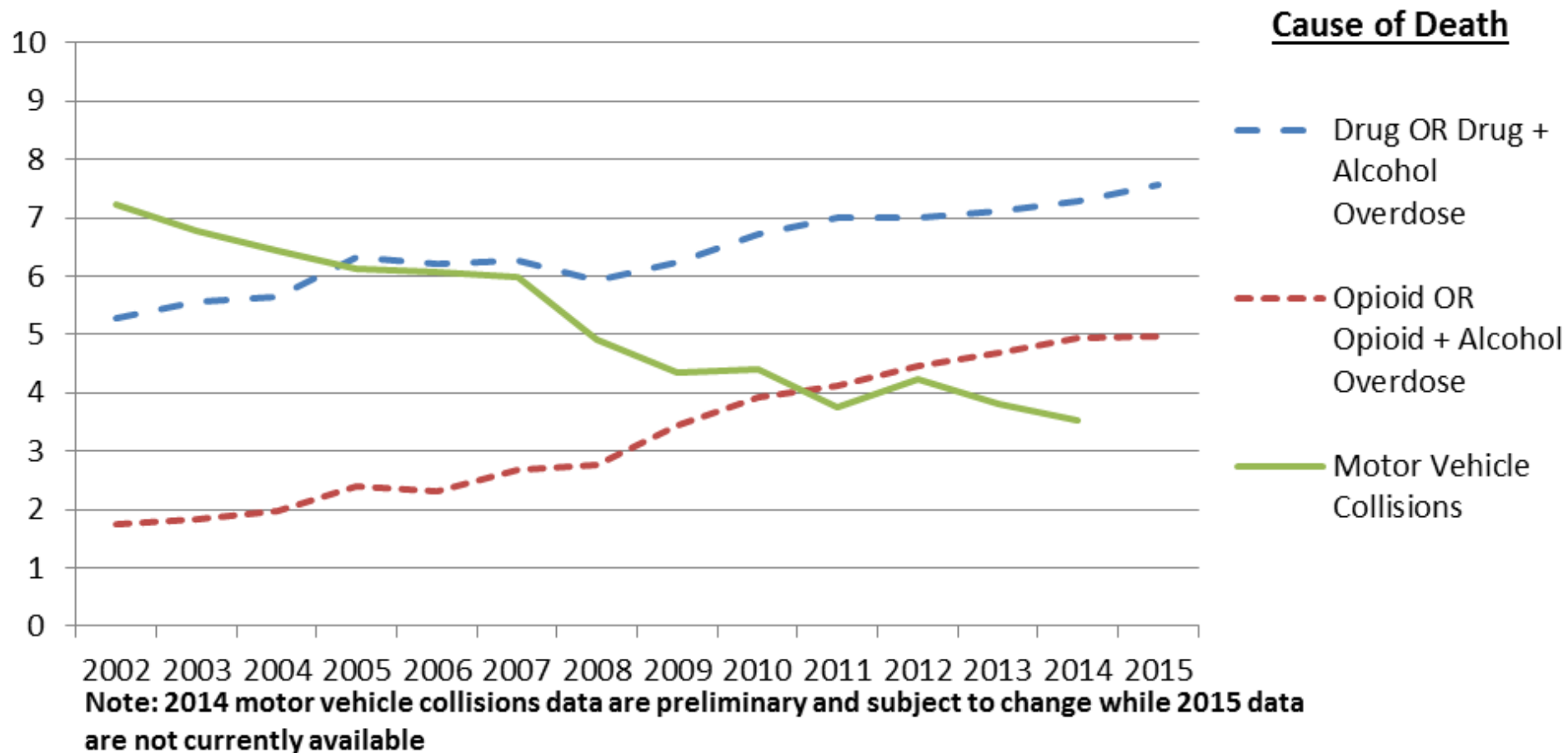
Deaths per 100,000 Individuals (Waterloo Region)



Note: 2014 and 2015 motor vehicle collisions data are not currently available

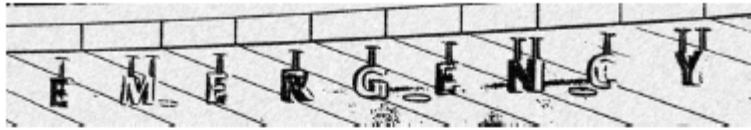
Source: Figure produced by the Waterloo Region Crime Prevention Council using data from the Office of the Chief Coroner of Ontario and the Ontario Ministry of Transportation

Deaths per 100,000 Individuals (Ontario)



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

2008



A First Portrait of Drug-Related Overdoses in Waterloo Region



September 2008

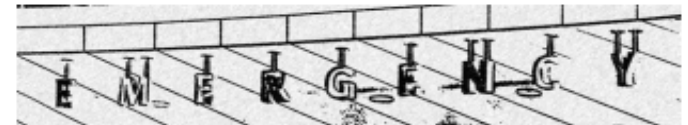
Jamie lee Bell & Michael Parkinson



Community Safety &
Crime Prevention Council



Region of Waterloo



Saving Lives: Overdose Prevention & Intervention Projects in Select North American Cities

September 2008

Julia Weisser & Michael Parkinson



Community Safety &
Crime Prevention Council



Region of Waterloo

Oxy to Oxy

Impacts & Recommendations Community Forum

March 14, 2012



Informal Summary Report

Prepared by the

Wellington Guelph Drug Strategy and the Waterloo Region Crime Prevention Council

Oxy to Oxy 2:

Impacts and Recommendations Community Forum

June 11, 2012



Second Informal Summary Report

COMMUNITY ADVISORY

JUNE 12, 2013

SERIOUS RISKS FROM EMERGING OPIOID: FENTANYL ANALOGUES

Accidental opioid deaths are a leading cause of unintentional death, surpassing fatalities from motor vehicle collisions in Ontario. Victims include citizens using opioids as prescribed; those experimenting; and/or those opioid addicted or opioid dependent.

Recent reports from USA and Canada suggests there is an increase in Fentanyl-detected overdose deaths due to Fentanyl manufactured in illegal labs. The onset of overdose associated with the Fentanyl analogues may occur more quickly than other opioid overdoses. It is important to call 911. A standard dose of the emergency medicine naloxone may NOT be effective.

Fentanyl analogues in pill and/or powder formats have been found in several Provinces and States: **British Columbia, Quebec, Ontario, Rhode Island, Pennsylvania, Michigan, and New York.**

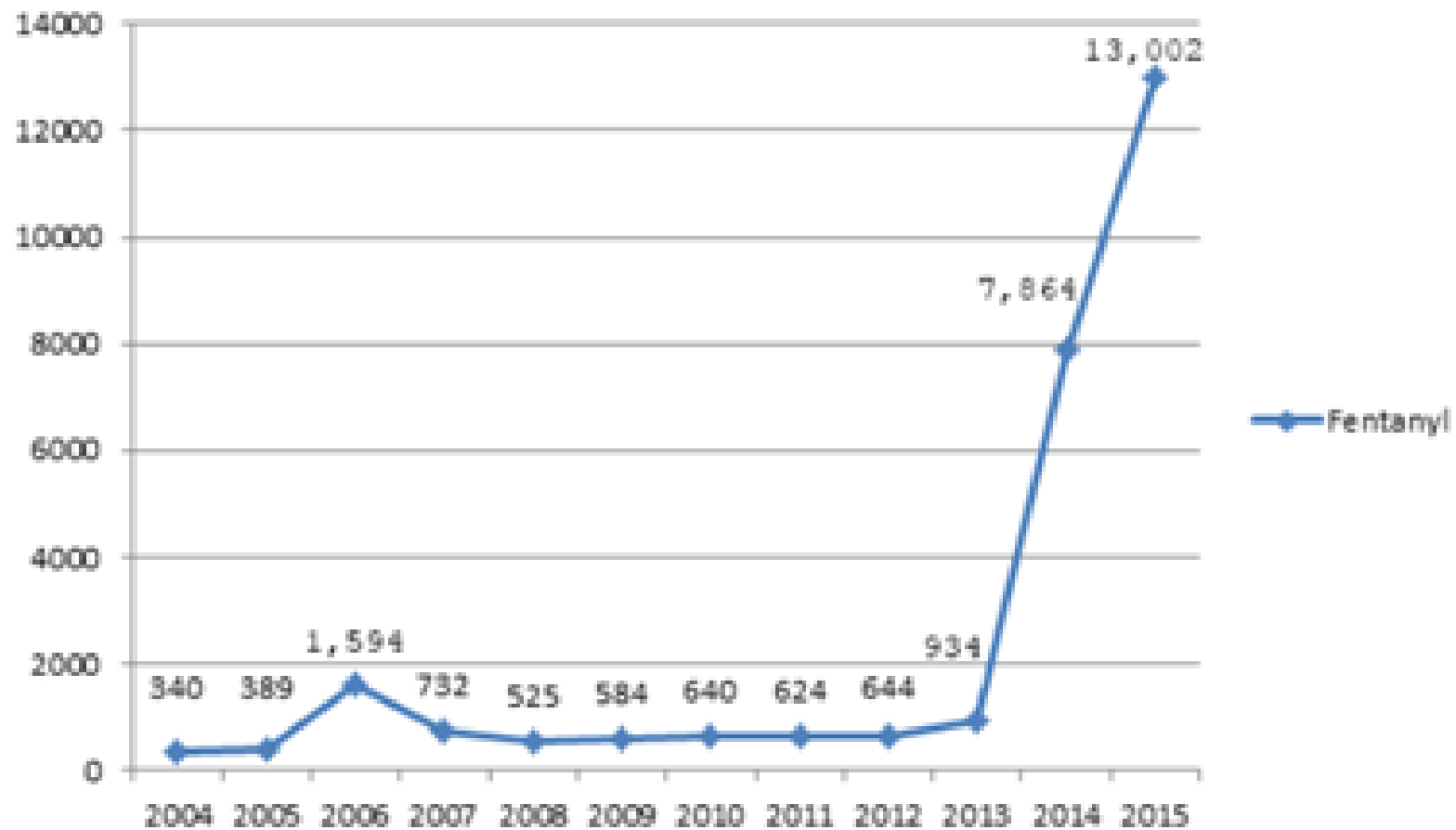
Street-level dealers may be unaware or are potentially misrepresenting the product to consumers. In powder formulation, Fentanyl may be sold as is, or mixed with, or sold as, oxycodone, heroin and/or other substances. **In May, Peterborough Lakefield Police Service seized pills appearing to be counterfeit OxyContin but which tested for high-dose Fentanyl.** North Bay Police have cautioned Desmethy Fentanyl may be present in the North Bay area.

Bootleg Fentanyls

- Black market produced: pills and powder
- Uncertain dosage
- Lethal at very small doses



Figure 4: Number of Fentanyl Exhibits in NFLIS, 2004-2015



Source: DEA

Counterfeit Prescription Pills Containing Fentanyls: A Global Threat
DEA Intelligence Brief, July 2016

Prescription For Life

June 2015

- Municipal Drug Strategy Coordinators Network of Ontario
- Association of Local Public Health Agencies of Ontario
- Boards of Health
- Emergency Nurses Association
- Canadian Medical Association
- Ontario Medical Association
- Etc. etc.



November 2015 : 80 Signatories

Hon. Kathleen Wynne, Premier of Ontario
Legislative Building
Queen's Park
Toronto ON M7A 1A1
premier@ontario.ca

Hon. Eric Hoskins, Minister of Health and Long-Term Care
10th floor, Hepburn Block
80 Grosvenor St.
Toronto, Ontario M7A 2C4
ehoskins.mpp@liberal.ola.org

Re: Request for Ontario Overdose Coordinator and Action Plan

Dear Premier Wynne and Minister Hoskins,

The Government of Ontario has taken some important steps on the issue of opioid overdose, including the provision of naloxone to select HIV/AIDS and hepatitis C programs. However, further action on overdose prevention and intervention is urgently needed to build on these initial steps. In 2013, an Ontarian died every 14 hours from an opioid-related cause, an increase of 463% since 2000¹. Opioids are now a leading cause of accidental death, comparable to fatalities on Ontario's roadways².

Beyond the human cost, overdose is costing scarce health dollars. A recent Ontario Drug Policy Research Network report³ noted that hospital emergency department visits due to opioid toxicity increased across Ontario between 2006 and 2013, particular among older Ontarians. Hospitalizations increased 22.5% across all age groups.

April: 234 Signatories

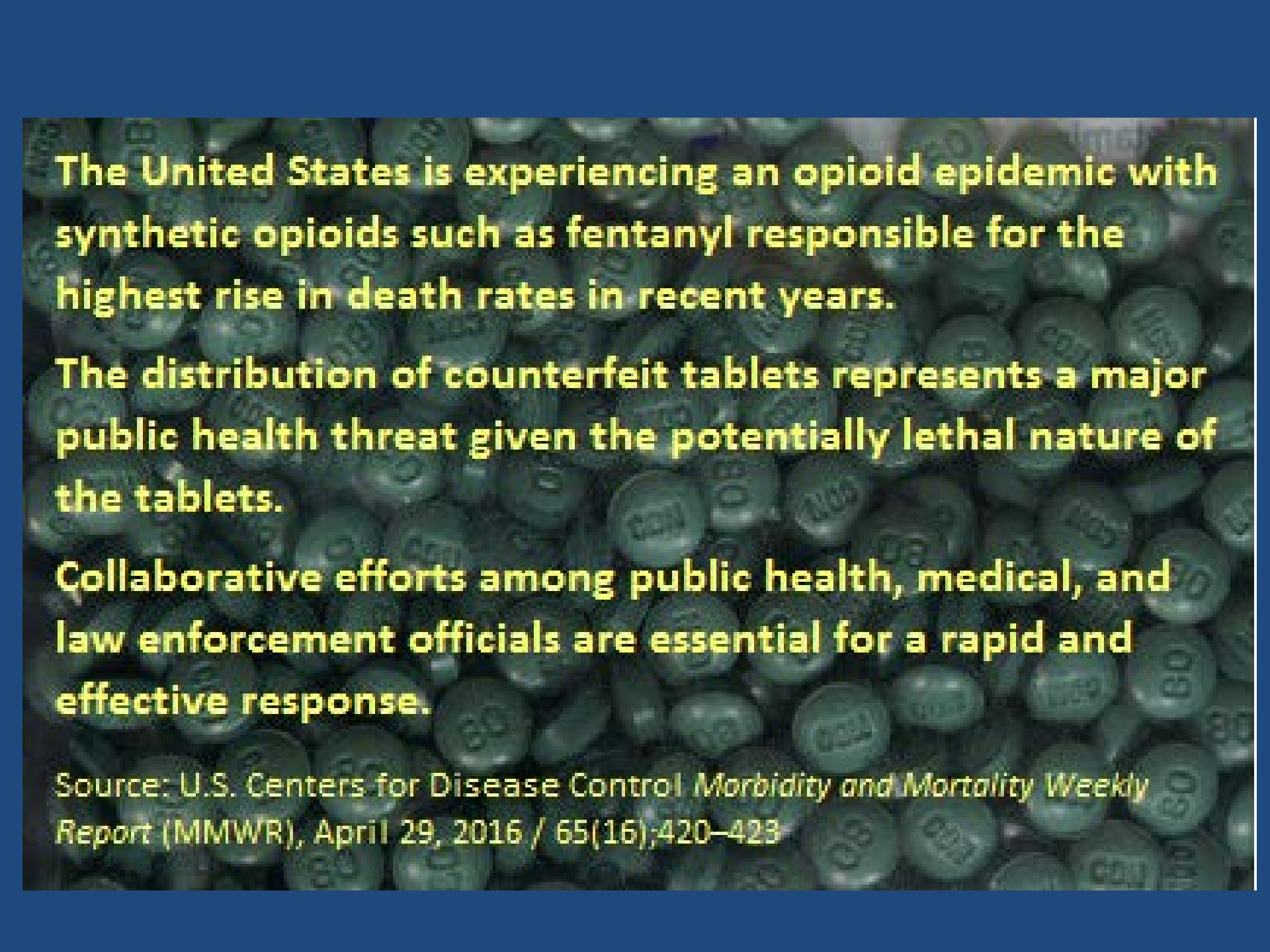
Hon. Kathleen Wynne, Premier of Ontario
Legislative Building
Queen's Park
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premier@ontario.ca

Hon. Eric Hoskins, Minister of Health and Long-Term Care
10th floor, Hepburn Block
80 Grosvenor St.
Toronto, ON M7A 2C4
ehoskins.mpp@liberal.ola.org

Re: Urgent Request for Ontario Overdose Coordinator, Plan and Response

Dear Premier Wynne and Minister Hoskins,

Thank you for your letter of January 4, 2016, highlighting some initiatives at the Ministry of Health and Long-Term Care related to opioid use. We have provided your [response](#) to the signatories of the letter of November 2, 2015. That [letter](#), signed by almost 80 organizations and professionals from across Ontario, called for dedicated overdose leadership, expedited overdose planning and response including advancing recommendations found in the Municipal Drug Strategy Coordinators Network of Ontario's (MDSCNO) [Prescription For Life](#) previously provided to the Province of Ontario on June 1, 2015.



The United States is experiencing an opioid epidemic with synthetic opioids such as fentanyl responsible for the highest rise in death rates in recent years.

The distribution of counterfeit tablets represents a major public health threat given the potentially lethal nature of the tablets.

Collaborative efforts among public health, medical, and law enforcement officials are essential for a rapid and effective response.

Source: U.S. Centers for Disease Control *Morbidity and Mortality Weekly Report* (MMWR), April 29, 2016 / 65(16);420–423

Requests: In

- Hospital EDs
- CHCs
- Physicians
- Health Units
- MOHs
- Police Services
- Addiction Clinics
- Researchers
- Community Agencies
- Bereaved parents
- Pharmacists
- Coroners
- Toxicologists
- MPs and MPPs
- Community Centers
- Media

May 18, 2016

A4 • NEWS

PUBLIC HEALTH

Ontario lags on naloxone accessibility

Bureaucratic tangles, such as a lengthy drug-reclassification process, hold up making overdose remedy available without prescription

PATRICK WHITE

A cheap, life-saving antidote to an affliction that kills more Ontarians than car crashes every year remains hard to obtain in the province despite mounting pressure from public-health officials and moves by other provinces to broaden its availability.

The drug naloxone is a safe and powerful remedy to opioid overdoses, a rising public-health crisis owing to a wave of bootleg fentanyl across the country that claims a life in Ontario every 14 hours, according to one estimate. The problem is even worse in Alberta and British Columbia, where provincial governments are countering the epidemic in part by shipping naloxone to community pharmacies for distribution free of charge to anyone, even those without a prescription.

But in Ontario, where the fen-

tanyl scourge has emerged more recently, the government is taking a far slower path toward mass distribution of the antidote.

"At the moment, it's cheaper and easier to get opioids than naloxone in Ontario," said Michael Parkinson, who has researched the problem extensively as community engagement co-ordinator with the Waterloo Region Crime Prevention Council. "It's scandalous."

The contrast in provincial approaches became more stark last Wednesday, when Alberta announced it was using a ministerial order to make free naloxone available through 600 pharmacies without a prescription.

Health Canada cleared the way for just such a policy in March, expediting changes to its drug regulations that permitted provinces to dispense naloxone without a prescription as long

as it was "for emergency use."

The Ontario College of Pharmacists has notified the provincial government that pharmacists here would embrace a model similar to Alberta's, but the discussions have gone nowhere.

"We have communicated with the Ministry [of Health and Long-Term Care] saying that if you want to deliver through pharmacies, we would work with that," College registrar Marshall Moleschi said. "We see no barriers to that. They haven't said no."

In the meantime, the College is working to address the problem on its own. It has launched a drug-reclassification process that would permit pharmacists to dispense naloxone without a prescription by early July. But the reclassification process is prolonged by design, a safeguard against the hasty introduction of unknown drugs.

So far, the province has shown little inclination to circumvent that reclassification process.

People dealing first-hand with the opioid crisis would like to see the same sense of urgency in Ontario as the Western provinces. "We've been anxious to get more naloxone in the hands of our outreach workers and right now we're waiting," said Dennis Long, executive director of Breakaway Addiction Services in Toronto. "This is the largest outbreak of overdose deaths we've seen in many years."

A spokesman for the Ministry of Health and Long-Term Care said it already sends naloxone kits to authorized organizations throughout the province, including public-health units that manage needle-exchange programs and ministry-funded hepatitis C teams.

But according to Mr. Parkinson, the strict eligibility criteria has resulted in just 21 individual

distribution points across Ontario.

"That number would be barely adequate to serve a city the size of Toronto, quite frankly," Mr. Long said.

"And there are some real hot spots around the province. There is a real problem in Sudbury and Thunder Bay around opiates."

A single dose of naloxone is \$1.50, proving the barriers to wider distribution stem more from bureaucratic entanglements than financial concern.

Last month, more than 200 physicians and public-health officials signed a letter imploring the province to better prepare for a spike in overdoses linked to bootleg fentanyl. Signatories called for real-time surveillance of opioid overdoses, timely toxicology testing of drugs seized at crime scenes and broader distribution of naloxone.

May 19, 2016



July 4, 2016

THE GLOBE AND MAIL

CANADA'S NATIONAL NEWSPAPER • MONDAY, JULY 4, 2016 • globeandmail.com

INTERNATIONAL TRADE

Key EU powers vow to ratify CETA deal

Talks with European partners indicate Brexit vote has provided impetus to complete Canada-Europe trade agreement, Freeland says

ROBERT FIFE
OTTAWA BUREAU CHIEF

Europe's main powers have assured the federal government that the Canada-Europe free-trade treaty will be ratified, despite uncertainty about the role that national parliaments will play in approving the pact, International Trade Minister Chrystia Freeland says.

Ms. Freeland told *The Globe*

and Mail that she has been in touch with her counterparts in Germany, France, Italy, the Netherlands and Britain and they have all vowed to support the Comprehensive Economic and Trade Agreement (CETA).

European Trade Commissioner Cecilia Malmström will present the treaty to the European Council in Brussels on Tuesday, starting the process for ratification

that Canada hopes can take place early next year. The treaty gives Canada significant access to European markets by removing tariffs on a wide range of goods and services.

The British vote to exit the European Union has refocused Europe's attention on the need to send a message to the world that liberalized trade is the path to greater prosperity, Ms. Freeland said.

"It is now just over a week since the Brexit vote and I've spoken to all our leading European Union partners," she said. "I am absolutely report to Canadians that support is strong and, if anything, there is a view here in the European Union that CETA has really become an important political

significance. It is expected that CETA will be signed in the fall and implemented next

year."

Prime Minister Justin Trudeau will be in Warsaw for the two-day NATO summit, which begins on Friday, and officials say he will lobby hard for other European leaders not to stand in the

way of the trade deal. Prime Minister Donald Tusk, CETA, Page 2

TORONTO

PRIDE PARADE TAKES A POLITICAL TURN



ONTARIO

Ministries' turf war stalls distribution of naloxone to prisons

KAREN HOWLETT
PATRICK WHITE

A turf battle between provincial ministries is stalling the distribution of naloxone to prisons.

July 5, 2016



WRCPC - OACP

Advisory : Bootleg Fentanyl in Ontario's Illicit Drug Supply

For Release August 29, 2016

Communities across Ontario are increasingly reporting the presence of 'bootleg' fentanyl in local illicit drug markets in both pill and powder formulations. Bootleg fentanyl is high-dose, illicit opioid much more toxic than morphine, produced and distributed by the black market and distinct from pharmaceutically produced fentanyl patches.

Bootleg fentanyl has driven overdose fatalities up 4,500% in Alberta (2011-2015). British Columbia has declared a public health overdose emergency as record-setting overdose deaths due primarily to bootleg fentanyl have surged 74% over the same period last year (January to July). All U.S. states bordering Ontario are reporting a significant spike in fentanyl-detected deaths. Ontario overdose fatality data for 2016 is not expected until late 2017 or 2018, however 2016 has thus far been a record-breaking year for both overdose alerts, and for seizures of bootleg fentanyl by Ontario's enforcement agencies.

In Ontario, bootleg fentanyl has been detected in heroin and cocaine, as powder and as counterfeit

Bootleg Fentanyl

- These opioids may be in your drugs — in pills, heroin, cocaine, crystal meth etc.
- You can't see it, smell it, taste it or test for it.
- There is a risk of an opioid overdose, even if you are not using opioids.

If you use drugs:

- Do not use alone.
- Start with a small amount.
- Watch and wait before next person uses.
- Have naloxone ready.

An opioid overdose is a medical emergency:

- Call 911.
- Administer naloxone.
- Assist victim.

Newsroom

News Release

Ontario Taking Action to Prevent Opioid Abuse

Province Enhancing Reporting System, Connecting Patients with High Quality Treatment

October 12, 2016 11:00 A.M. | Ministry of Health and Long-Term Care

Ontario is implementing its first **comprehensive Opioid strategy** to prevent opioid addiction and overdose by enhancing data collection, modernizing prescribing and dispensing practices, and connecting patients with high quality addiction treatment services.

Ontario's strategy to prevent addiction and overdose includes:

- Designating Dr. David Williams, Ontario's Chief Medical Officer of Health, as Ontario's first-ever Provincial Overdose Coordinator to launch a new surveillance and reporting system to better respond to opioid overdoses in a timely manner and inform how best to direct care.

Quick Summary

- Not a Strategy, Not Comprehensive
- Several re-announcements
- Fulfills some recommendations from 2012
- Lacks detail and dedicated coordination
- Repeats error of 2012
- Falls far short of an **urgent, proportional and collaborative response with targets, timelines and resources**

Thing One

a. Provide feedback

Thing Two

b. Request support

