

Peel Opioid Strategy: **A Local Response**

November 2019

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Executive summary

Opioids are a class of naturally-occurring and synthetic drugs. Prescription opioids, such as codeine, morphine, and fentanyl, are primarily used to control pain. Illicit opioids include heroin, and many drugs that are closely related to, or identical to, prescription opioids. Opioids are highly addictive and opioid overdose can cause decreased consciousness, respiratory depression, and death.

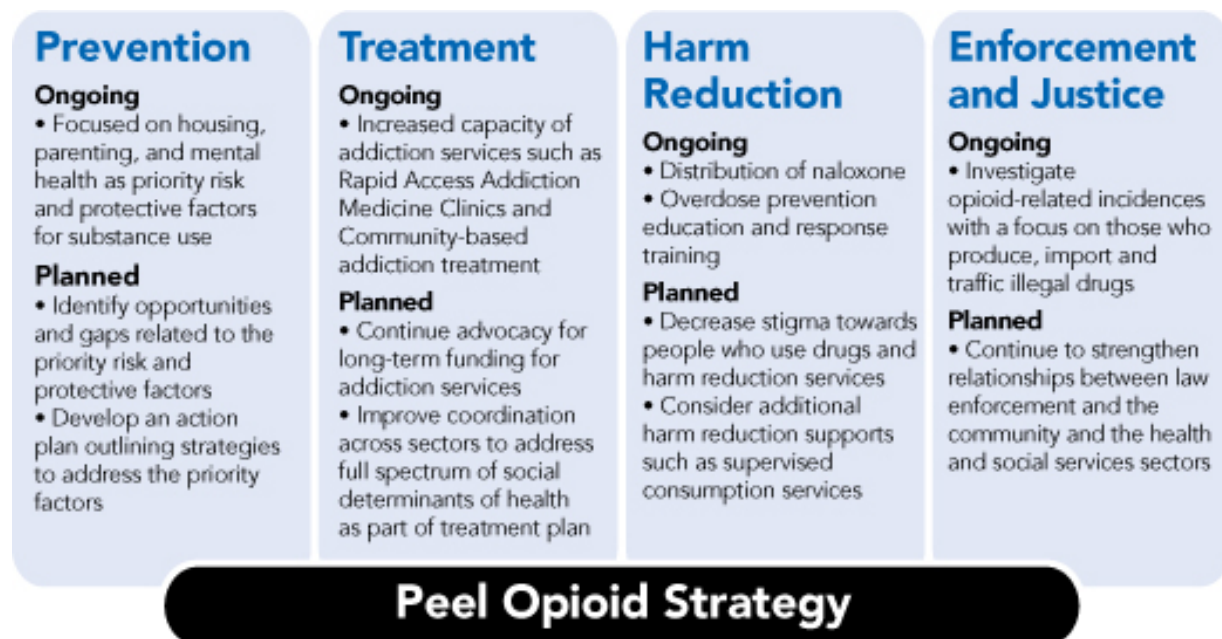
In 2018, 1,473 people died from opioid-related overdoses in Ontario and 4,588 people died across Canada.^{1,2} Although many indicators of opioid use and harms are lower in Peel than elsewhere in Ontario, opioids continue to cause significant harm to Peel residents. Over the past three years (2016-2018) in Peel, 236 people died, 366 people were hospitalized, 1,295 people visited the emergency department, and an unknown number of people were negatively impacted due to opioids.¹

All levels of government and numerous local community organizations are continuing efforts to save lives and minimize preventable opioid-related harms (fatal and non-fatal overdose, addiction, injury, and infection). Interventions to-date have not reversed the increasing trends in opioid-related harms, and there's a need for continued investment and action.

In Peel, local response efforts initially focused on better understanding and monitoring local opioid use and overdose, planning a response to sudden or dramatic increases in opioid overdoses, and expanding harm reduction services. Initial urgent local response actions taken in 2017 were broadened in 2018 to develop the Peel Opioid Strategy to reduce and prevent harms related to opioid use. The development of a Peel Opioid Strategy was framed by the four-pillar model of 1) Prevention, 2) Harm Reduction, 3) Treatment, and 4) Enforcement and Justice. Interventions and strategies in each of the four pillars are informed by data related to opioid use and overdoses in our community and the current policy environment (See Figure 1 for highlights of local actions in each of the four pillars).

Work on the Peel Opioid Strategy has brought together local organizations and stakeholders whose mandates include prevention, harm reduction, treatment, and enforcement and justice related to opioid/substance use around one table. The Opioid Strategy Steering Group forum is invaluable for cross-sector information sharing, relationship building, and coordination of efforts regarding this urgent public health issue. The group also involves the Peel Drug Users Advisory Panel to better understand the perspectives of people with lived experience as part of the development of initiatives and strategies to address opioid use in Peel.

Figure 1: Highlights of Local Actions in each of the Four Pillars of the Peel Opioid Strategy



Recommendations for moving forward:

1. Build on existing Opioid Strategy work to advance additional cross-sector interventions to help address the opioid crisis.
2. Obtain commitment from key stakeholders for a broader drug strategy.
3. Continue advocacy to support coordinated efforts at all levels of government to address the opioid crisis.

Based on best practices and lessons learned as part of the Opioid Strategy, future work should be guided by a commitment to:

- Facilitating meaningful inclusion of people (including family members and friends) with lived/living experience of substance use
- Addressing individual, public and structural stigma associated with substance use
- Ensuring cultural sensitivity and competence in program and service provision
- Sharing and using available data to understand local population needs and inform effective interventions
- Implementing both harm reduction and operational interventions that save lives, as well as strategic, system-level policy changes that address the broader determinants of health and substance use

Peel Public Health will continue to work with stakeholders to move forward with the planned actions identified in this Opioid Strategy document. Building on the opioid-specific work, a key next step will be to bring together stakeholders in January 2020 for a facilitated discussion on a broader drug strategy aimed at reducing substance-related harms and deaths in Peel region.

Acknowledgements

This is to acknowledge the contribution of the members of the Peel Opioid Strategy Steering Group, the Opioid Strategy Prevention Pillar Working Group, the Opioid Overdose Surveillance and Urgent Response Stakeholder Group, and the Peel Drug Users Advisory Panel, who have contributed through various avenues to the information reflected in this document.

Opioid use in Peel

Harms related to opioid use continue to constitute a public health emergency across Canada. The opioid epidemic has escalated significantly since Peel Public Health published [*Opioids in Peel: A Profile of Opioid Use and Related Harms, 2017*](#). In 2018, 1,473 people died from opioid-related overdoses in Ontario.¹ This was a 16% increase from 2017 which was previously the year with the most opioid-related deaths on record (1,265 deaths).¹ Across Canada in 2018, 4,588 people died from opioid-related overdoses; this equates to one death every two hours.²

Although many indicators of opioid use and harms are lower in Peel than elsewhere in Ontario, the trend in Peel over the last three years continues to increase. The number of opioid-related deaths in Peel has increased consistently from 46 deaths in 2016 to 81 deaths in 2017 and 109 deaths in 2018.¹ Based on data on opioid-related deaths from the first three months of 2019, it is expected that this trend will continue or even worsen.¹

This section illustrates the scale of this issue in Peel region. The data on opioid-related harms and deaths reinforces the need for continued investment and action and illustrates that interventions to-date have not reversed the increasing trends in opioid-related harm.

Prescription opioid use

In 2018, Peel had one of the lowest rates of opioid prescribing for pain in Ontario. Peel's rate was 83 individuals per 1,000 population (Ontario rate range: 81 – 173).³ Peel's overall opioid prescribing rate has decreased by 19% between 2013 and 2018.³ Similar decreases were seen for Ontario overall.³ The proportion of individuals prescribed opioids for pain in Peel who received a high daily dose has also decreased between 2013 and 2018 (11-14% absolute decrease).³

Nonmedical opioid use

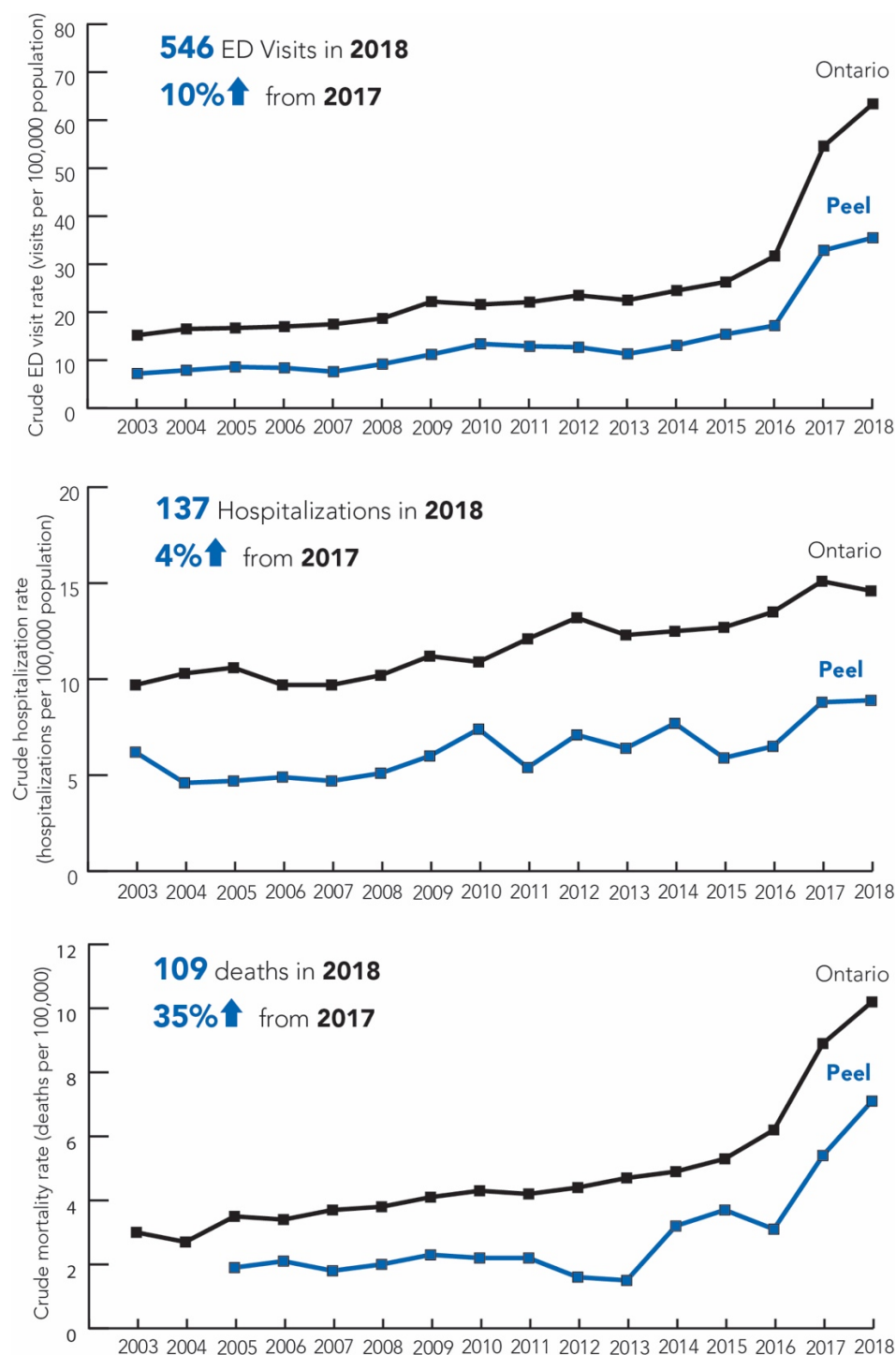
In 2017, an estimated 3% of Ontario adults reported any nonmedical use (use of pain relievers without a prescription or in the absence of a physician directing the use of the medication) during the past 12 months.⁴ Estimates of nonmedical use are not available for Peel.

In 2017, 12% of Peel students (grades 7 – 12) reported having used prescription pain relief pills for non-medical purposes in the last 12 months.⁵ This estimate has not changed significantly since 2013.⁵

Opioid use-related harms

In Peel and across Ontario, indicators of opioid-related morbidity and mortality (overdose emergency department (ED) visits, hospitalizations and deaths) began increasing in 2014 (Figure 2).¹ In most jurisdictions, including Peel, a second more severe increase occurred beginning in 2017 (Figure 2).¹

Figure 2: Opioid-related emergency department visits, hospitalizations and deaths, Peel and Ontario, 2003-2018



Note: Death data for 2018 should be considered as preliminary and is subject to change.

Source (all three graphs): Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; 2019. Available from: www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool

In Peel, males are disproportionately impacted by opioid-related harms (Table 1).¹ Aside from the 65+ year-old age group, the rates of opioid overdose ED visits, hospitalizations and deaths are higher among males than females.¹ The male/female difference is most pronounced in the 25 to 44 year-old age group.¹ The young age at death of many individuals represents many potential years of life lost.

Table 1: Indicators of opioid-related harms by age group and sex, Peel, 2018

Indicator	Age group (years)									
	0 to 14		15 to 24		25 to 44		45 to 64		65+	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
ED visits	3.6	1.5	57.6	37.0	112.8	28.7	33.5	17.4	14.8	12.6
Hospitalizations	0.7	2.3	8.1	7.8	20.2	4.9	10.8	7.7	10.6	12.6
Deaths	0.0	0.0	7.2	2.9	20.7	5.7	14.8	1.9	2.1	4.5

Note: Death data for 2018 should be considered as preliminary and is subject to change.

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; 2019. Available from: <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool>.

In 2018, Peel's opioid-related mortality rate was lower than most surrounding public health units (Table 2).¹ Peel's 2018 rate ranked 28th out of 35 public health units in Ontario however Peel's rate did increase to a greater degree between 2017 and 2018 (31%) compared to other public health units (Table 2).¹

Table 2: Opioid-related deaths and mortality rate by public health unit, 2018

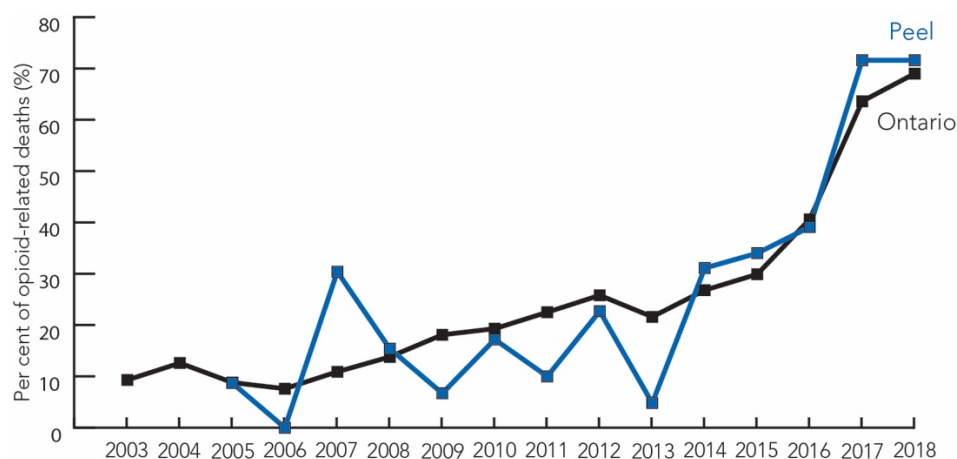
Public Health Unit	Number of deaths	Crude mortality rate (deaths per 100,000 population)	% Change 2018 vs. 2017
Hamilton	123	21.3	38% ↑
Toronto	300	10.0	4% ↓
Durham	60	8.7	2% ↓
Ottawa	82	8.1	27% ↑
Halton	44	7.4	7% ↑
Peel	109	7.1	31% ↑
York	43	3.6	24% ↑

Note: Death data for 2018 should be considered as preliminary and is subject to change.

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; 2019. Available from: <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool>.

Coinciding with the increase in opioid-related deaths in 2014, the proportion of all opioid-related deaths that involve fentanyl (a highly potent, synthetic opioid) has increased (Figure 3).¹ In Peel, 72% of all opioid-related deaths in 2018 involved fentanyl.¹

Figure 3: Proportion of opioid-related deaths with fentanyl detected, **Peel** and Ontario, 2003-2018

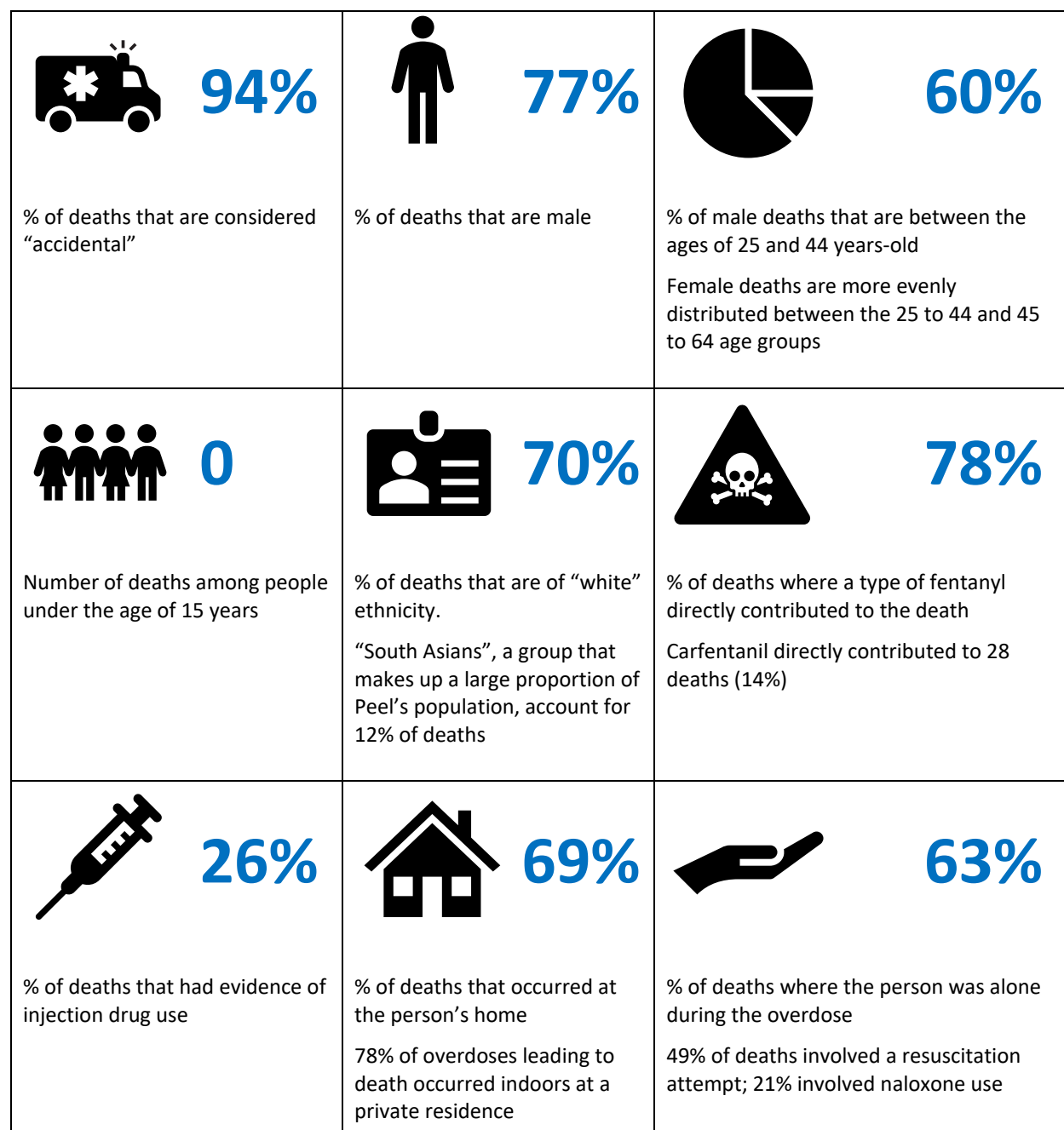


Note: Death data for 2018 should be considered as preliminary and is subject to change.

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; 2019. Available from: <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool>.

Beginning in May 2017, the Office of the Chief Coroner of Ontario implemented a new Opioid Investigative Aid which aims to collect more detailed information surrounding the nature of opioid-related deaths. Highlights from the Peel data collected to date (May 2017 to March 2019) include:⁶

Figure 4: Characteristics and circumstances surrounding accidental opioid-related deaths in **Peel**, 2017-2019ⁱ



Source: Coroner's Opioid Investigative Aid, May2017 to March 2019, Office of the Chief Coroner for Ontario, extracted August 8, 2019.

The increase in opioid-related deaths between 2017 and 2018 occurred in all three municipalities within Peel region, however the increase was most pronounced in Brampton.⁷ The opioid-related death rate in Brampton increased by 42% over this time period.⁷

Table 3: Opioid-Related Deaths by Census Subdivision (Location of Incident/Overdose), **Peel**, 2017-2018

Census Subdivision	2017		2018		% Change
	Deaths	Rate per 100,000	Deaths	Rate per 100,000	
Brampton	38	6.4	54	9.1	42% ↑
Mississauga	42	5.2	53	6.5	25% ↑
Caledon	3	4.5	4	6.0	33% ↑

Note: Categorization of cases to census subdivision was prioritized by the postal code of location of incident, followed by location of death and then location of residence. In situations where there was no specific postal code for incident location (i.e., died outdoors), the postal code where the individual died may have been used to categorize the case.

Note: 2018 data is preliminary and there may be small updates to the 2018 totals in some regions.

Source: Office of the Chief Coroner – Data effective Aug 16, 2019

Summary

Relying only on formal data sources underestimates the scale of the opioid issue in Peel. Due to a variety of factors, many non-fatal overdoses that occur in the community do not result in an emergency department visit and are not formally recorded/documented. Similarly, population surveys of stigmatized behaviours such as nonmedical opioid use will underestimate how common the behaviour is. It is also difficult to measure the significant impact on family, friends and communities of those who experience fatal or non-fatal overdose.

Available data highlighted in this section illustrates that opioid use continues to cause significant harm to Peel residents. The recent trend in opioid-related deaths indicates that actions to date at all levels of government are not enough. The following sections in this document outline the current actions at the local level and key considerations for addressing the opioid crisis.

Local opioid response

All levels of government and numerous local community organizations are part of ongoing efforts to save lives and minimize preventable opioid-related harms.

In Peel, local response efforts initially focused on better understanding and monitoring local opioid use and overdose, planning a response to sudden or dramatic increases in opioid overdoses, and expanding harm reduction services, including access to naloxone (opioid antidote).

Surveillance and urgent response plan

The quality and accessibility of data to support both a timely response and effective interventions are foundational to the opioid response at all levels of government. Peel Public Health established a surveillance process to regularly monitor and share information related to opioid overdoses with community stakeholders to inform programs, services, and interventions. Peel Public Health tracks opioid-related harms (emergency department visits, hospitalizations, deaths), and naloxone distribution in Peel and receives data from Peel Paramedics on overdoses and suspected overdoses. As part of a formal surveillance system, these data are monitored on a daily, weekly and monthly basis. Peel Public Health hosts bi-monthly teleconferences to provide a forum for information sharing and situational awareness regarding opioid overdoses in Peel. Related information (e.g., surveillance reports) is shared with stakeholders for awareness, further distribution and action, as appropriate. Information is also available online- <http://www.peelregion.ca/opioids/>.

Peel's Opioid Overdose Urgent Response Plan outlines response activities related to surges in opioid overdoses. The Plan was tested via a simulated exercise of a surge in community overdoses. The focus of the Opioid Urgent Response Plan is timely and effective communication between stakeholders when responding to opioid use issues and surges in overdoses in the region and to support an enhanced response when required for certain opioid overdose situations.

Peel opioid strategy steering group

Initial urgent local response actions taken in 2017 were broadened in 2018 to coordinate a strategic local opioid response, as it was recognized that harm reduction-focused initiatives (e.g., increased naloxone distribution and overdose prevention education), need to be accompanied by long-term, collective solutions.

In June 2018, Peel Public Health convened an Opioids Strategy Steering Group to plan strategies to prevent and reduce harms related to opioid use in Peel. (Refer to Appendix A for the Group's Terms of Reference and list of member organizations and Figure 5 for Strategy Objectives and Principles)

The development of a Peel Opioid Strategy is framed by the four-pillar model of 1) Prevention, 2) Harm Reduction, 3) Treatment, and 4) Justice and Enforcement (See Figure 6). This internationally-used model to address substance use is intended to support a comprehensive, multi-sectoral approach and coordinate individual and collective actions. This approach also supports identification of long-term strategies to prevent and reduce harms related to opioid use in Peel. Each of the pillars is under-pinned by cross-cutting activities, including data and policy, intended to inform and advance objectives within and across the four pillars.

Work on the Peel Opioid Strategy has brought together local organizations and stakeholders whose mandates include prevention, harm reduction, treatment and enforcement related to opioid/substance use around one table. In addition to collective work to develop a four-pillar strategy, this forum is invaluable for cross-sector information sharing, relationship building, and coordination of efforts regarding this urgent public health issue.

Members of the Peel Opioid Strategy Steering Group include representatives from the Peel Drug Users Advisory Panel. The Panel includes a diverse group of people who have used/use substances who have been brought together to elevate the voice of substance users in influencing programs, services and policies relevant to substance use in Peel. Participation by the Peel Drug Users Advisory Panel members at the Opioid Strategy table has provided an opportunity to better understand the perspectives of people with lived experience as part of the development of initiatives and strategies to address opioid use in Peel.

The sections that follow highlight the work of each of the four pillars of the Peel Opioid Strategy.

Figure 5: Peel opioid strategy – objectives and principles

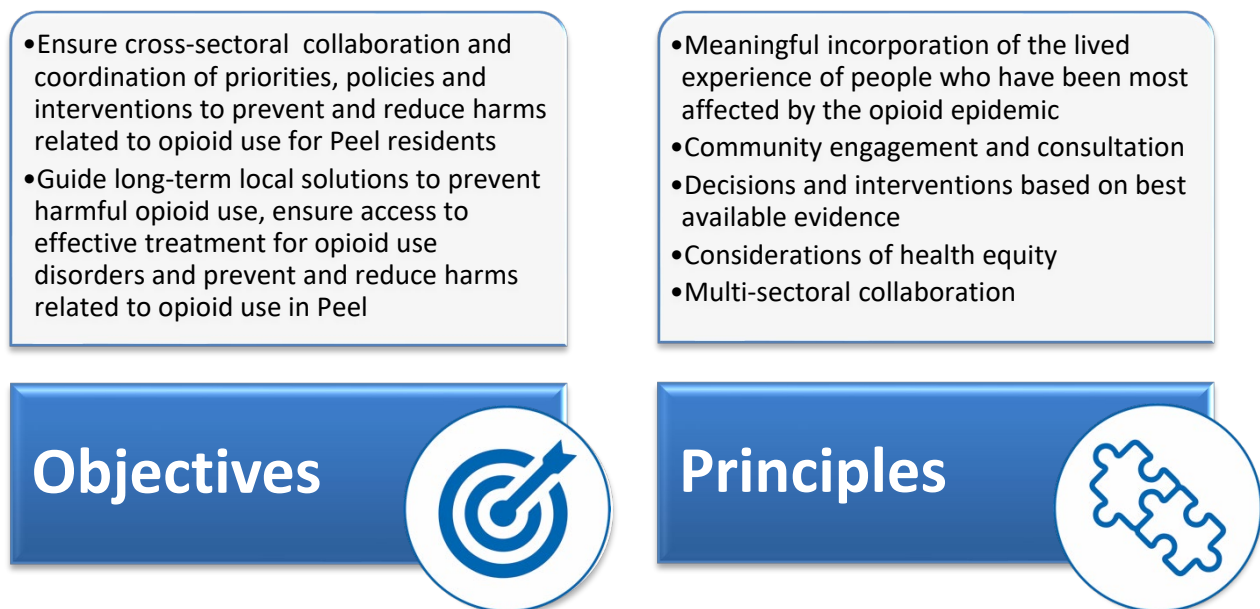
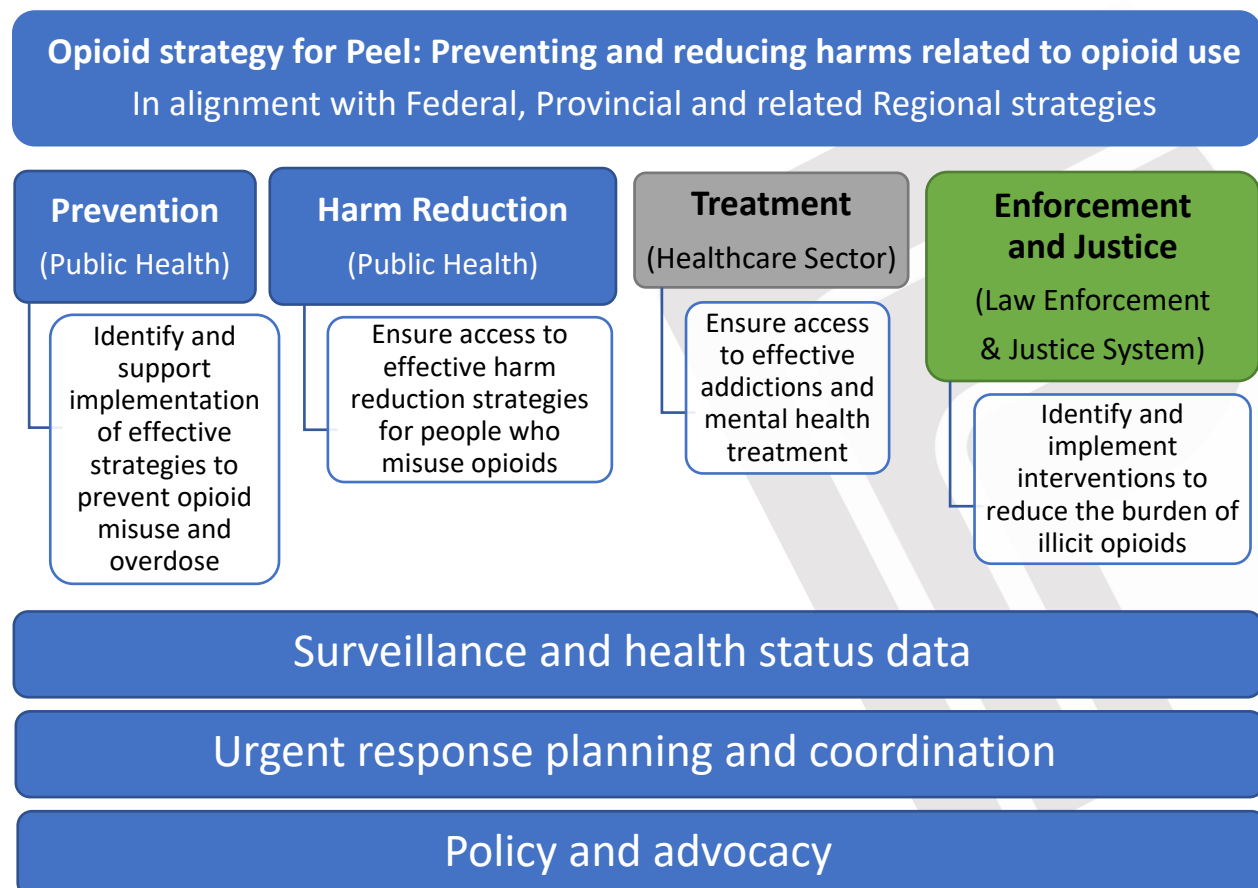


Figure 6: Peel opioid strategy framework



Prevention pillar

Approach / context

Prevention is an upstream approach that addresses the root causes of substance use to reduce harmsⁱⁱ. In 2018, Peel Public Health completed an evidence review on the determinants of substance misuse, including opioid use. A framework was developed outlining risk and protective factors that can impact substance use across the life span, using a socio-ecological model focusing on the individual, family, community and society (See Appendix B for the Determinants of Substance Use Framework). Substance use is driven by a complex interaction of these factors/determinants, which can increase or decrease the likelihood of substance use. For example, stable housing could decrease the risk of substance use, whereas housing instability could increase the risk of substance use and the associated harms, or feeling a lack of sense of community could influence someone's substance use. The framework has become the foundation of the work of the Prevention Pillar.

“Upstream interventions and strategies focus on improving fundamental social and economic structures in order to decrease barriers and improve supports that allow people to achieve their full health potential”

(source: National Collaborating Centre for Determinants of Health – Glossary)

Work to date

Opioid prevention pillar working group

The Opioid Strategy Prevention Pillar Working Group was established to work collaboratively on prevention initiatives to reduce the risks of opioid use. The working group is comprised of various community partners and chaired by Peel Public Health.

Current members include (listed alphabetically):

- John Howard Society of Peel-Halton-Dufferin
- Moyo Health and Community Services
- Peel Addiction Assessment and Referral Centre
- Peel Regional Police
- Region of Peel-Human Services
- Region of Peel-Public Health
- Sheridan College

“Prevention refers to initiatives that help prevent or delay the onset of opioid use and avoid related harms, with the aim of promoting health and well-being across the lifespan”

Prevention Pillar definition

To date, the Opioid Strategy Prevention Pillar Working Group has:

- established a working definition of prevention
- prioritized the risk and protective factors to identify three initial areas of focus
- begun to develop an action plan to address the prioritized factors

Prioritization of risk and protective factors

The working group went through several prioritization exercises and discussions to determine priority factors for the prevention work, including a discussion with people with living/lived experience (Peel Drug Users Advisory Panel), who provided meaningful insight. Through this process, three priority factors (housing, parenting, and mental health) have been identified as areas of focus, and a foundational factor related to access to supports will be embedded in each priority area.

Priority factors



Housing

Housing is recognized as an important risk and protective factor for determining substance use. Those with safe, affordable and stable housing may have fewer health issues, including fewer problems related to substance useⁱⁱⁱ. Alternatively, lack of income and housing insecurity could be a risk factor^{iv}.

Peel Drug Users Advisory Panel members identified housing as both a risk and protective factor because having a stable living environment can be good (protective), but if there is substance use within the housing environment (e.g., youth shelter), it could increase or encourage substance use.



Parenting

The parent-child relationship is a pivotal one^v. Parents and children who are resilient, possess good coping skills and are connected to each other and their communities are less likely to engage in risk taking behaviours, including substance use^{vi}. Negative parental role modelling, parental attitudes favourable towards drugs, or low parental involvement can be risk factors for children^{vii}.

The Peel Drug Users Advisory Panel highlighted the importance of effective parenting practices - parents who are invested in their children and who are good role models, and conversely, poor parenting practices and how they influence substance use. They also stressed the notion of sharing experiences and the risks of substance use with their own children and the need for parenting programs to help delay substance use among youth.



Mental Health

Mental illness and problematic substance use are often linked, and these issues share many of the same risk and protective factors. People with poor mental health are at high risk for problematic substance use^{viii}.

Mental health was a consistent theme throughout the discussion with the Peel Drug Users Advisory Panel. It was woven through many of the risk and protective factors discussed. People with lived experiences of substance use state there is no question that mental health and substance use are linked. Awareness of this complex relationship is vital in identifying, preventing and addressing co-existing mental health and substance use issues.

Planned actions

The Opioid Prevention Pillar Working Group is gathering information about the three prioritized risk and protective factors, in order to develop an action plan. Upcoming activities include:

- Environmental scan of existing Peel initiatives related to each priority factor, to identify gaps and opportunities (November 2019)
- Recommendations for initiatives addressing each priority factor (December 2019)
- Report with action plan to accompany recommendations, addressing each priority factor (March 2020)

The recommendations and next steps may include different strategies based/according to each priority factor. For example, the working group will support stakeholders from the existing *Home For All: Region of Peel's Housing and Homelessness Plan* to identify areas for advocacy and support from a substance use prevention lens. The action plan will outline short- and long-term objectives and build on what is currently happening in Peel region to address the identified priority factors.

Harm reduction pillar

Approach / context

The focus of the harm reduction pillar is to reduce negative consequences for people who use drugs, without requiring abstinence. The Ontario Public Health Standards mandate that Boards of Health provide priority populations with increased access to harm reduction services and supports that prevent exposure to blood-borne infections, including HIV, hepatitis B and hepatitis C.^{ix}

Peel Public Health has been delivering harm reduction services since 2002. The harm reduction program is operated through mobile outreach vans, Healthy Sexuality Clinics, and partnerships with community agencies. The program offers needle exchange and naloxone distribution services, overdose prevention training and naloxone training. Clients are provided with safer drug use equipment, education (e.g. safer injecting, safer inhalation) and referrals, when appropriate, to health and social services.

The initial phase of harm reduction pillar work included:

- Leading the distribution and expansion of the Ontario Naloxone Program (ONP), overdose prevention education and response training in the community; and
- Pursuing a broader understanding of evidence-based harm reduction strategies for opioid use which best address the needs of the Peel community.

Work to date

Expanding harm reduction services in Peel Region

In January 2018, the hours of operation of the mobile outreach van were altered to extend services later into the evening, as this was identified as a time for peak service utilization. Additional hours were also added on Saturdays. The program expanded to having two mobile vans in service to extend the reach of the program across Peel.

The harm reduction team continues to expand harm reduction services in Peel through outreach naloxone training for the purpose of community distribution through partner agencies. Several organizations that serve people who may be at high risk of overdose have also been trained to administer naloxone on site in the event of a client or staff overdose (See Appendix C for a list of partner agencies). Peel Public Health began distributing naloxone in March 2017. Naloxone distribution has increased by 276% from 366 kits in 2017 (mobile van only) to 1,376 kits in 2018 across all sites.^x

There has been a large uptake in services since the program expansion. In 2018, there were 6,834 client interactions through the Peel Works Needle Exchange Program and community partner sites. This represents a 162% increase from client interactions reported in 2012 (n=2,610).

The harm reduction services provided by the Peel Works Needle Exchange Program and community partner sites have contributed to the health of the community and community safety in Peel region by:

1. Providing awareness of local harm reduction services;
2. Offering referrals to health and social services;
3. Promoting safer drug use behaviours (e.g., using new, sterile equipment) which may decrease the transmission of hepatitis B, hepatitis C and HIV;
4. Providing sharps containers to encourage the safer disposal of used needles, which may reduce litter and the risk of injury or blood-borne infection in the community; and
5. Providing naloxone distribution and training, which can lead to the prevention of opioid overdose.

Harm reduction pillar development

Over the past year, Peel Public Health has led many activities to inform the development of the harm reduction pillar. Throughout this process, community partners have been crucial in providing their insights at the Peel Opioid Strategy Steering Group table to inform the work. The following summarizes work completed to date:

Peel Works Needle Exchange Program client testimonial:

"I've been clean and sober for almost seven years now... Thank you, without [The Needle Exchange Program] several things would have happened, the team saved my life. It had nothing to do with them telling me to quit, they gave me other options and ways to deal with things without ending up with a disease that was going to kill me or make me suffer for the rest of my life." –R

- Expanded partnerships with community agencies and strengthened relationships with existing partner agencies;
- Completed an environmental scan of Canadian agencies to understand the scope of progressive harm reduction initiatives in jurisdictions similar to Peel;
- Completed several evidence reviews to inform the delivery of harm reduction services;
- Consulted with the Opioid Strategy Steering Group to identify short-term, long-term, and overall harm reduction priorities for Peel Public Health and the region;
- Collaborated with the Peel Drug Users Advisory Panel to obtain suggestions for improvements at Peel Needle Exchange and/or Naloxone distribution sites; and,
- Led a Needs Assessment and Feasibility Study with assistance from Moyo Health and Community Services and the Canadian Mental Health Association to 1) better understand the community of people who use drugs in Peel 2) document the perspectives of people who use drugs regarding supervised consumption services 3) document the perspectives of community members and key stakeholders and 4) analyze data to inform local needs. The key findings from the study include:
 - There is a need for supervised consumption services in Peel

- People who use drugs would use supervised consumption services, if available
- Establishing a location(s) for supervised consumption services should be driven by local data and need, along with community consultation

Planned actions

The following table outlines goals and intended actions of the harm reduction pillar.

Goals	Actions	Timeline	
		Short (2019)	Long (2019-2020)
 Increase accessibility of naloxone	Commence naloxone distribution from Peel Public Health's Healthy Sexuality Clinics by the end of 2019.	☒	
 Increase awareness of harm reduction	Launch a communications campaign to educate the public on how to safely dispose of sharps. Continue clarifying stakeholder roles and responsibilities regarding community clean-ups of sharps.		☒
	Launch a communications campaign aimed at decreasing stigma towards people who use drugs and harm reduction services.		☒
 Increase opportunities for people with lived/living experience	Partner with agencies, such as Moyo Health and Community Services, to provide opportunities for people with lived/living experience to participate in professional settings in meaningful ways such as paid employment opportunities and reduce stigma in the workplace.		☒
 Increase accessibility of support services	Partner with community agencies to provide venues to support front-line workers and families/friends of people who have been affected by opioid use.	☒	
 Advance action on harm reduction priorities	Communicate priorities to the Board of Health, municipalities and general public: • Need for supervised consumption services in Peel region • Endorse substance use as a social justice issue to reduce the stigmatization of people who use drugs • Access to a safe drug supply (e.g., physicians prescribing methadone or heroin) • Explore the impact of drug decriminalization		☒

Treatment pillar

Approach / context

The focus of the treatment pillar is to ensure access to effective addictions and mental health treatment services. The Local Health Integration Networks (LHINs), in their role as health system funders and planners, have been the lead organizations for provincially funded interventions and strategies under the treatment pillar. However, there are also numerous privately funded services to support those with mental health and addictions needs.

Work to date

Pain management

As part of the provincial opioid response, the government worked with Health Quality Ontario and other partner organizations, such as the College of Physicians and Surgeons of Ontario, to provide customized prescribing data, mentoring, education and other supports for physicians to learn and improve safe opioid prescribing, effective approaches to managing acute and chronic pain, and best practices for supporting people with opioid use disorder. Health Quality Ontario released the Opioid Use Disorder quality standards in 2018 related to opioid prescribing for acute pain, chronic pain and opioid use disorder. These standards are intended to support appropriate prescribing practices and reduce opioid related harms.

Addiction treatment services in Peel

Addiction treatment services in Peel vary in terms of delivery services models and intensity. Addiction treatment is often combined with treatment for concurrent conditions and disorders (e.g., mental illness). The goal is for service providers to work collaboratively towards meeting the social determinants of health and ensuring individuals are referred to and receive appropriate care, based on their needs, and that there are seamless transitions in care. Treatment services for opioid use disorder include assessment, support groups, education and counselling, and various community and residential

Funding challenges

Central West and Mississauga Halton LHINs are among the lowest funded per capita for mental health and addictions services in the province. In 2018 the average provincial funding allocation for community adult mental health and addictions services was \$107. The CW LHIN allocation was \$66 and the MH LHIN allocation was \$53.

Targeted funding often creates siloed programs that are not interconnected and put undue pressure on already-stretched programs and services that serve the 'general' population.

withdrawal management programs¹. Opioid agonist therapy is also available to Peel residents. Opioid agonist therapy (methadone or suboxone) uses medication to reduce opioid cravings and suppress withdrawal symptoms to help individuals reduce the harms related to their drug use.

Investments by the provincial government in response to the opioid crisis have allowed for some enhanced capacity in addiction services in Peel. The provincial funding has been targeted to specific government priorities (e.g., improve community-based treatment for opioid use disorder) and specific populations (e.g., youth). The Central West and Mississauga Halton LHINs prioritized areas of service expansion through the analysis of addictions treatment pathways and services used by residents. The funding was used to expand capacity of existing addiction services that support psychosocial treatment, withdrawal management (including Rapid Access Addiction Medicine Clinics), and harm reduction before and after care to prevent overdose deaths and promote prevention of relapse. As well, several addiction treatment service organizations now have funded peer support workers to enhance clinical services.

The **Rapid Access Addiction Medicine Clinic (RAAM)** model provides short-term withdrawal management to clients who can safely withdraw in the community. Clients receive counselling, addictions treatment, links to community services, and can be transferred to a primary care provider for on-going management.

There are currently five RAAM clinic locations in the Region of Peel.

Planned actions

The focus is to address key challenges in the mental health and addictions system. In the Region of Peel, key system challenges include funding inequities that do not account for population growth and demographic changes and on-going integration of planning and service delivery across multiple sectors that impacts accessibility and quality of care.

Although there has been some integration between the mental health and addiction sectors over the years, a key integration challenge is the bridging of the mental health and addictions sectors with other sectors such as hospitals, primary care, corrections/justice, educational institutions, home care, and social services, to ensure holistic care and addressing needs related to the social determinants of health (e.g., housing, income, access to

Cultural competence and addiction stigma

Peel's culturally diverse population requires addiction services to be culturally competent and safe.

There is a need to recognize cultural norms and beliefs associated with addiction and receipt of services and treatment.

There is also a need to ensure more is done to address professional / service provider stigma associated with addiction.

¹ The Region of Peel does not have a provincially funded in-patient residential treatment facility within its geographic boundaries. There are residential treatment centres in the surrounding areas (e.g., Etobicoke, Milton, Oakville, Vaughan).

transportation). Effective integration across sectors needs to address differences in geographical service areas, funding structures, incentives, outcome measures and priorities.

As the province moves toward the establishment of the Centre of Excellence for Mental Health and Addictions, Peel looks forward to working with the province to improve and sustain Peel's mental health and addictions services. As well, the Ontario Health Teams being planned in Peel recognize that addiction (and mental health) add to the complexity of patients/clients. It is important to ensure community mental health and addiction services are protected and a key part of an integrated health care system.

Enforcement and justice pillar

Approach / context

The enforcement and justice pillar is focused on strategies that support individuals who interact with the justice system and strategies that address the burden of illicit opioids. As the law enforcement organizations in Peel, the Peel Regional Police and the Caledon OPP, are the key leads for work related to the enforcement and justice pillar of the Peel Opioid Strategy.

Work to date

Community safety is an ongoing priority for law enforcement in Peel. Along with various initiatives such as working with the Region on Peel's Community Safety and Well-Being Plan, specific actions and activities have been taken by law enforcement in response to the opioid crisis.

A key role of law enforcement is to investigate opioid-related incidences with a focus on the apprehension of those who produce, import and traffic illegal drugs, and to disrupt and dismantle the importation and distribution of illicit substances in Peel. The investigation approach focuses on:

- Saving lives, by attending and administering first aid and naloxone if necessary;
- Identifying persons with acutely elevated risk of opioid-related harms and referring them to community specific resources;
- Identifying harmful substances and advising the public; and
- Sourcing the substances causing harm and holding traffickers accountable through enforcement of those who produce, import and traffic illegal drugs.

Frontline Peel Regional Police and Caledon OPP officers have been trained and, since June 2017, carry naloxone when attending an opioid-related incident.

- Peel Regional Police - 64 police-administered naloxone occurrences with 56 lives saved.
- Caledon OPP - 5 police-administered naloxone occurrences with 5 lives saved.

Law enforcement in Peel have also acquired drug testing devices to assist officers in immediately identifying dangerous substances to best protect officers and the public.

Community outreach and relationship building

Community engagement and relationship building, as well as collaboration between the law enforcement sector and community organizations are a core aspect of successful law enforcement.

Opioid education and awareness

Both the Peel Regional Police and the Caledon OPP provide drug education and presentations in Peel schools and have recently added information on opioids, including fentanyl. The programs provided by Peel Regional Police Crime Prevention and Youth Education Officers and Caledon School Resource Officers include:

Peel Regional Police (2018)

- Reduce Abuse in Drugs (Grade 6)
– 23,261 students reached
- Drug Education (Grades 9-12)
– 22,389 students reached

Caledon OPP (2018)

- Drug Awareness Resistance Education (DARE) Program (Grade 6) – 1,200 students reached
- OPP Kids Program (Grade 7) – 2,500 students reached
- Drug Education (Grades 9-12) – 2,000 students reached

Police community mobilizations units are focused on addressing areas of concern, such as substance use, through community engagement activities, including events that raise public awareness of community safety and well-being related to the opioid crisis.

Good Samaritan Drug Overdose Act

The Act provides some legal protection for individuals who seek emergency help during an overdose to help to reduce fear of police attending overdose events and encourage people to call 911, and to encourage witnesses to continue assisting the victim(s) until medical assistance arrives.

Officers in Peel have been trained on the Act and continue to increase community awareness of the Act.

Collaborative crisis response and diversion programs

Collaborative crisis response is intended to minimize the criminalization of mental illness and connect individuals to treatment. Collaborations between law enforcement and the Canadian Mental Health Association - Peel Dufferin include crisis response teams where a plain clothes officer is paired with a crisis worker to conduct follow ups on police occurrences and attend calls for service. The team conducts assessments to determine the nature of the crisis (which could be addiction related) and to develop a safety plan. Many factors are considered such as the individual's existing support system, and other programs and services that are available to prevent a future crisis.

Caledon OPP have also recently launched the Mental Health Pre-Charge Diversion Program which is intended to address criminal behaviour while supporting mental health recovery and reduce the need for criminal prosecution. The program offers short term, one-on-one community supports to individuals who officers encounter and who have committed a minor offence, and present with symptoms of an underlying mental health condition.

Drug treatment court program

Established in January 2016, the Drug Treatment Court Program in Brampton provides judicially-supervised treatment in place of moving through the traditional criminal justice process, for eligible

individuals who have committed a drug related offence. Individuals who are part of the Program can access treatment services through dedicated resources of the Drug Treatment Court Program. The goal is to encourage individuals to remain in treatment until completion of the Program through the provision of monitoring and support by a partnership of stakeholders from the courts, addiction and treatment services and social services.

Currently the Drug Treatment Court Program is managed by a partnership between stakeholders in the court system (Ontario Court of Justice, Federal and Provincial Crowns) and in the community (Peel Addiction Assessment and Referral Centre, Elizabeth Fry Society of Peel-Halton, Salvation Army). Informal partnerships with various social service organizations help support individuals in the Program. The Program has worked with 92 individuals since inception and 16 individuals have graduated from the Program upon completion of their treatment plan.

Planned actions

Active participation of the law enforcement sector is essential for successful implementation of initiatives that address opioid-related harms in Peel. Moving forward, there are several key focus areas that will enable progress on opioid-related harms in Peel, including:

- Continuing to strengthen law enforcement and community relationships to better understand needs and priorities in Peel related to opioid use and its impacts on the community.
- Continuing to strengthen relationships and collaborations between law enforcement and the health and social services sectors to better coordinate activities in response to the opioid crisis.
- Considering options to expand recovery-focused diversion programs for those who interact with the justice system, including options to enhance capacity in the existing Drug Treatment Court Program in Peel.
- Considering specific strategies related to the broader justice system such as training related to harm reduction, substance use and treatment.

Future directions and considerations

Build on opioid strategy work to advance additional cross-sector interventions to help address the opioid crisis

As part of the response to the opioid crisis, local stakeholders from various sectors have come together to share, learn, and identify opportunities to work together. It is important that these relationships continue to be strengthened and drive collaborative work on shared initiatives that reduce opioid-related harms and deaths in Peel.

Problematic opioid use continues to be a significant public health issue in our community requiring our attention and action. There are various ongoing initiatives and strategies such as the Peel Housing and Homelessness Strategy, the Peel Poverty Reduction Strategy, and the Peel Community Safety and Well-Being Plan which all have shared goals of addressing social determinants of health and building complete communities that support resident health and well-being. It is essential to link and collaborate across these initiatives to advance common goals and coordinate efforts across sectors that address the full scope of the social determinants of health.

Based on best practices and lessons learned as part of the Opioid Strategy, future work should be guided by a commitment to:

- Facilitating meaningful inclusion of people (including family members and friends) with lived/living experience of substance use
- Addressing individual, public and structural stigma associated with substance use
- Ensuring cultural sensitivity and competence in program and service provision
- Sharing and using available data to understand local population needs and inform effective interventions
- Implementing both harm reduction and operational interventions that save lives, as well as strategic, system-level policy changes that address the broader determinants of health and substance use

Obtain commitment from key stakeholders for a broader drug strategy

There is an opportunity to consider a drug strategy in Peel that addresses substance use more broadly in our community, expanding the focus beyond opioids. A community-based collaborative led by Moyo Health and Community Services is currently determining the preferred approach to develop an effective drug strategy in Peel region. Public Health is a partner in this work. Steps are being taken to coordinate current opioid-specific work and the community integrated drug strategy work to advance common objectives of reduced substance-related harms and deaths in Peel. A stakeholder meeting is planned in early 2020 to facilitate a discussion on a roadmap for a broader drug strategy that would support organizations to collaborate to reduce the harmful impacts of substance use.

Advocacy to support coordinated efforts at all levels of government to address the opioid crisis

The ongoing opioid overdose crisis requires coordinated efforts at the national, provincial and local levels in order to help prevent opioid-related harms and death.

It is recognized that both the federal and provincial governments have taken steps over the past few years in response to the crisis. It is also recognized that the crisis continues, and further action is needed. Specific areas for advocacy at the federal and provincial levels are highlighted below.

Advocacy at the federal level:

- Federal leadership is needed for prevention strategies that go beyond overdose prevention and include effective interventions and strategies to prevent opioid use and addiction, including upstream interventions that support healthy childhood development, address intergenerational trauma, mental health and affordable housing.
- Continued federal support of supervised consumption services and additional action to ensure a wider spectrum of effective supervised consumption options and access to supervised consumption services across Canada.
- Address the current toxic drug supply by expanding access to safe and regulated opioids (consistent with the resolution adopted by the Federation of Canadian Municipalities in September 2019).
- Explore changes to current federal drug policies and study impacts of drug decriminalization.

Advocacy at the provincial level:

- An appropriately resourced and comprehensive provincial plan to support local community responses to the opioid crisis, which stakeholders across the province, including the Association of Local Public Health Agencies (aLPHA) and the Association of Municipalities of Ontario (AMO) have identified the need for.

- Continued provincial support and funding for supervised consumption services.
- Ensure addiction services are a priority in a changing provincial health care system under Ontario Health Teams.
- Ensure addiction is adequately addressed as part of the planned provincial Mental Health and Addictions Strategy under Bill 116 *Foundations for Promoting and Protecting Mental Health and Addictions Services Act, 2019*.

Peel Public Health will continue to work with stakeholders to move forward with the planned actions identified in this Opioid Strategy document. Building on the opioid-specific work, a key next step will be to bring together stakeholders in early 2020 for a facilitated discussion on a broader drug strategy for Peel aimed at reducing substance-related harms and deaths in Peel region.

Appendix A

Opioid strategy steering group terms of reference

Peel opioid strategy steering group terms of reference

Purpose

We are currently faced with the challenging and critical public health issue of opioid use. In Peel, the rate of fatal opioid-related overdoses is presently lower than the provincial average, but is also increasing over time. In 2017, there were an estimated 79 deaths in Peel involving opioids, alone or in combination with alcohol, compared to 45 in 2014, 53 in 2015, and 46 in 2016 (*Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; 2017*).

In the fall of 2016, both the Federal and Ontario governments announced action plans to address the opioid epidemic. Coordinated efforts at the national and provincial levels are critical to preventing opioid-related harms and overdoses; however, this work must be supported by regional and local responses that reflect the local context.

In Peel, there is currently no coordinated approach/strategy related to opioid/substance use. Various sectors and organizations (e.g., community organizations, public health, LHINs, hospitals, law enforcement) are involved in different aspects related to opioid/substance use in the region.

The Peel Opioid Strategy Steering Group will lead and guide the development an Opioid Strategy for Peel which is intended to:

- facilitate cross-sectoral collaboration and coordination of priorities, policies and interventions to prevent and reduce harms related to opioid use for Peel residents; and
- guide long-term local solutions to prevent harmful opioid use, ensure access to effective treatment for opioid use disorders and prevent and reduce harms related to opioid use in Peel.

Objectives

The Steering Group will:

- Provide expertise to inform the development of an Opioid Strategy for Peel;
- Coordinate and link work across the four Strategy pillars (Prevention, Harm Reduction, Treatment, Enforcement and Justice), where appropriate;
- Approve objectives and outcomes for each of the four Strategy pillars;

- Identify and commit, where appropriate, resources, structural supports (e.g., working groups) and partners needed to support Strategy development and work under the four Strategy pillars;
- Discuss strategic issues and provide direction to resolve challenges and advance Strategy development and achievement of Strategy objectives.

Membership

The Peel Opioid Strategy Steering Group will be chaired by the Peel Associate Medical Officer of Health responsible for substance use.

The Peel Opioid Strategy Steering Group is comprised of:

- organizations / individuals that have a mandate / role in the provision of services/programs related to substance-use prevention, harm reduction, and treatment
- people with lived / living experience of substance use.

Based on available capacity to participate at this time, current members include representatives from the following organizations.

Brampton Fire and Emergency Services
 Caledon Fire and Emergency Services
 Canadian / Ontario Addiction and Treatment Centre – Brampton
 Canadian Mental Health Association-Peel Dufferin
 Central West Local Health Integration Network
 Dufferin-Peel Catholic District School Board
 East Mississauga Community Health Centre
 Elizabeth Fry Society of Peel-Halton
 John Howard Society-Peel, Halton, Dufferin
 Medical Program Coordinator, Fire (municipal)
 Mississauga Halton Local Health Integration Network
 Moyo Health and Community Services (formerly Peel HIV/AIDS Network) / Peel Harm Reduction Committee
 Office of the Chief Coroner
 Ontario Provincial Police, Caledon Detachment
 Peel Addiction Assessment and Referral Centre
 Peel Children's Centre
 Peel District School Board
 Peel Drug Users Advisory Panel
 Peel Regional Police
 Punjabi Community Health Services
 Region of Peel – Public Health, Peel Paramedics, Human Services, Communications
 Sheridan College
 University of Toronto, Mississauga
 Wellfort

- Bloom Clinic
- Bramalea Community Health Centre
- Four Corners Community Health Centre

The Steering Group may decide to invite additional members to participate, so that the organizations / individuals best suited to support a given topic area can contribute.

Meetings

- It is expected that meetings of the Peel Opioid Strategy Steering Group will be held approximately every 8 weeks for approximately three hours. Additional meetings may be called at the request of the Chair.

Meeting principles

- Meetings will be an inclusive and safe environment for all members.
- Personal experiences and information shared will remain confidential and will not be shared outside of the group without consent.
- Members are encouraged to share authentically, listen actively, and remain open-minded to alternative viewpoints.
- All members have an equal voice at the table; no one opinion will weigh more than another.

Operational support

- The Opioid Strategy Steering Group will be supported by staff from Region of Peel-Public Health.
- Region of Peel-Public Health will provide administrative support for meeting notes.
- Meeting notes will be action-oriented.
- Meeting notes will be approved by the group and made available to other appropriate individuals or groups at the discretion of the Chair.

Accountability

- The Peel Opioid Strategy Steering Group will be responsible to the Advisory Group and will regularly update the Advisory Group on progress.
- Terms of reference will be reviewed on an annual basis.

Meeting process

- Decision-making will be consensus-based.

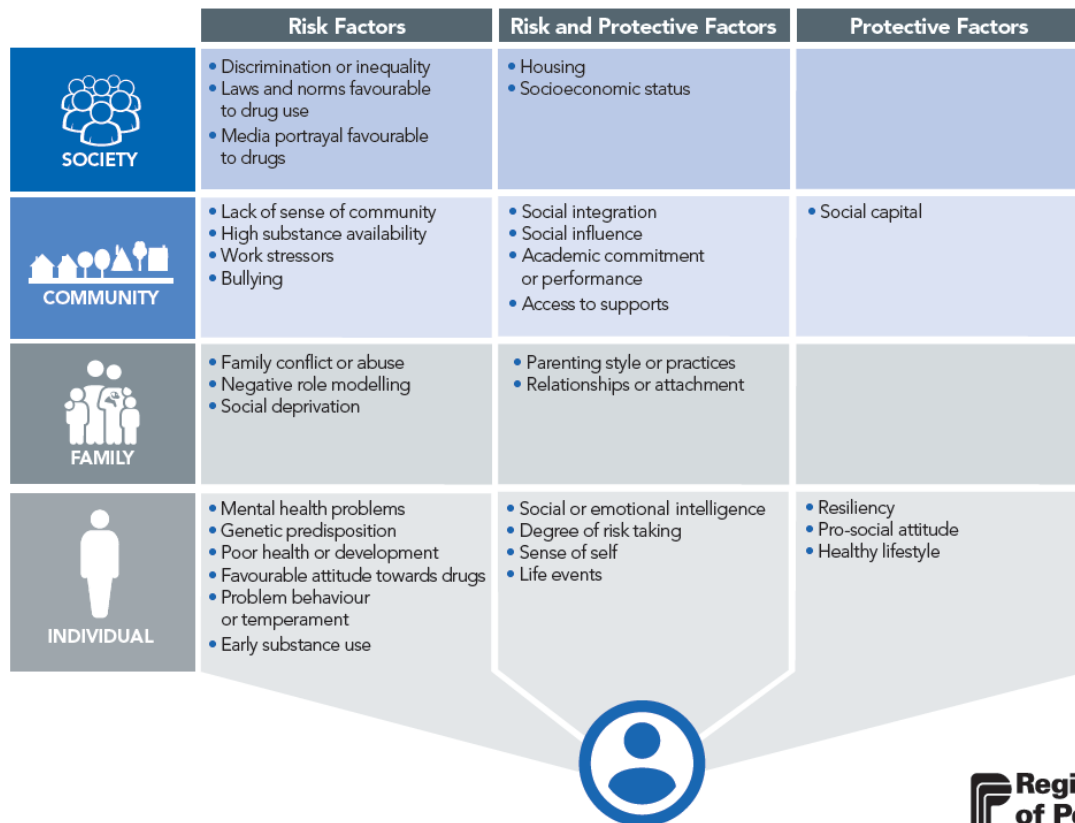
History

- Date of approval: September 28, 2018
- Next date of review: September 2019

Appendix B

The determinants of substance use framework

The Determinants of Substance Use



CDL-0741 19/02

Appendix C

Harm reduction partner agencies

The following sites have engaged with Peel Public Health, Harm Reduction Program to provide harm reduction services and/or naloxone distribution services:

Agency	Naloxone Distribution only	Both Naloxone and Needle Exchange Program
Moyo Health and Community Services (formerly Peel HIV/AIDS Network [PHAN])		✓
John Howard Society (Brampton and Mississauga Locations)		✓
YMCA of Greater Toronto (Youth Substance Abuse Program)		✓
Region of Peel-Salvation Army Shelters (5 shelter sites)	✓	
Peel Youth Village	✓	
Hope 24/7		✓
Interim Place (2 sites)*		✓
Our Place Peel	✓	
Ontario Addiction Treatment Centre (OATC*) – Brampton		✓
William Osler Withdrawal Management Centre	✓	
East Mississauga Community Health Centre	Expressed interest	
CMHA Peel Dufferin (5 sites cross Peel Public Health boundary)		✓
Bloom Clinic**		✓
Four Corners CHC**		✓
The Compass	✓	

*OATC partners with Peel Public Health to provide NEP. OATC houses a pharmacy and accesses naloxone independently of Peel Public Health

**The Bloom Clinic (housed within Bramalea Community Health Centre), and Four Corners CHC partner with Peel Public Health to provide NEP. The Bloom Clinic and Four Corners CHC receive naloxone directly from the Ministry of Health for distribution to clients/friends/family.

*Interim place operates on a confidential and anonymous basis and does not disclose the location of their service with the public. Naloxone distribution from Interim Place is not intended for the general public and is not on the ONP locator map. Naloxone is distributed during community outreach and to Interim Place clients.

Naloxone for police and fire services 2018/2019

Service	Status
Peel Regional Police Services	Independently purchased naloxone prior to provincial enhancement. Partnered with Peel Public Health to provide future support – first refill provided January 2019
Mississauga Fire and Emergency Services	Independently purchased naloxone prior to provincial enhancement. Partnered with Peel Public Health to provide future support.
Brampton Fire and Emergency Services	Signed agreement with Peel Public Health. 40 kits delivered March 13 th , 2018
Caledon Fire and Emergency Services	Independently purchased naloxone prior to provincial enhancement. Partnered with Peel Public Health to provide future support.
St. John Ambulance	Signed agreement with Peel Public Health with 150 kits delivered August 13, 2018.

Agencies trained to administer naloxone on-site

Staff at the following agencies have been trained on the principles of harm reduction, overdose prevention, signs and symptoms of overdose and responding to an overdose emergency including the administration of naloxone:

Moyo Health and Community Services
 John Howard Society of Peel (Brampton and Mississauga)
 Region of Peel-Salvation Army Shelters (Family Life Resource Centre, Wilkinson, Cawthra, Youth Shelter, Peel Family Shelter)

Data Sources

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3. Ontario Drug Policy Research Network. Ontario Prescription Opioid Tool. Toronto, ON; July 2018. DOI: 10.31027/ODPRN.2018.01. Available from: <https://odprn.ca/ontario-opioid-drug-observatory/ontario-prescription-opioid-tool/>.
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5. Non-medical use of prescription and over-the-counter drugs [Internet]. Mississauga (ON): Peel Public Health, Population Health Assessment; [updated 2018 October 25; cited YYYY MMM DD]. Available from: <http://www.peelregion.ca/health/statusdata/HealthBehaviours/drug-use/Rx-Non-Medical-Use.asp>.
6. Coroner's Opioid Investigative Aid, May 2017 to March 2019, Office of the Chief Coroner for Ontario, extracted August 8, 2019.
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ⁱⁱ Government of Canada, What is the Population Health Approach?, Retrieved on September 10th, 2019 from <https://www.canada.ca/en/public-health/services/health-promotion/population-health/population-health-approach/what-population-health-approach.html>

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^{iv} Thunder Bay Drug Strategy (2011). Roadmap for Change: Towards a Safe and Healthy Community. Retrieved on September 10th, 2019 from <https://www.thunderbay.ca/en/city-hall/resources/Documents/ThunderBayDrugStrategy/2011-Roadmap-for-Change.pdf>

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^{viii} Peterborough Drug Strategy Steering Committee (2012). Peterborough Drug Strategy: Building the Foundation for Wellness, a strategic plan. Retrieved on September 9th, 2019 from <http://peterboroughdrugstrategy.com/wp-content/uploads/2018/03/PDS-Strategy.pdf>

^{ix} 2018 Ontario Public Health Standards. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2018_en.pdf

^x Needle Exchange Program Database (Naloxone), Peel Public Health.