

## Community Actions to Address Opioid Addiction and Harm in Wellington, Dufferin and Guelph

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**TO:** Chair and members of the Board of Health

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## Recommendations

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It is recommended that the Board of Health:

1. **Receive this report for information.**

## Key Points

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- This report outlines new local data and community efforts to address opioid addiction and harm. It is an update to the February 1, 2017 Board of Health Report BH.01.FEB0117.R06.<sup>1</sup>
- New data shows that the local rates of opioid-related emergency department visits and hospitalizations in Wellington, Dufferin and Guelph are often significantly higher than Ontario rates.
- Wellington-Dufferin-Guelph Public Health (WDGPH) formed an internal opioid work group to plan, implement and evaluate a coordinated public health approach to opioid misuse in the community. The group will focus on three action areas: (i) surveillance, (ii) harm reduction, and (iii) community mobilization.
- Opioid work in Wellington County and the City of Guelph is coordinated by the Wellington Guelph Drug Strategy and supported by WDGPH. The Drug Strategy's opioid working group has chosen to focus on three action areas: (i) clinical practice change regarding prescribing practices, (ii) program design/re-development, and (iii) data collection.
- WDGPH is supporting work in Dufferin County to educate parents and students about opioids, to develop a comprehensive substance misuse prevention and mental health promotion, and to increase awareness of and access to mental health and substance services in the community.

# Discussion

## Background

In February of 2017, a report was delivered to the Board of Health on the role of WDGPH in the prevention and harm reduction of opioid misuse. That report presented available local data regarding opioid use and impacts, described the province’s strategy to prevent opioid addiction and overdose in Ontario, and clarified Public Health’s role in the prevention and harm reduction of substance misuse and blood-borne infections.<sup>1</sup>

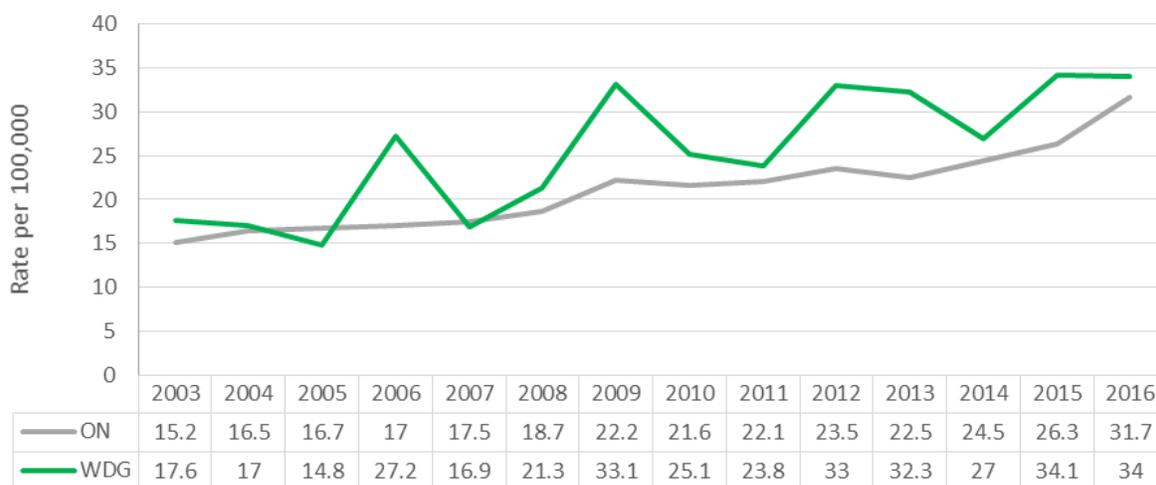
This report provides an update to the February 2017 report. It discusses new local data pertaining to the impacts of opioid use and describes the work happening at WDGPH and among partners in Wellington, Dufferin, and Guelph (WDG) to address opioid addiction and harm.

## New Local Data

Recently, Public Health Ontario (PHO) released an Interactive Opioid Tool (IOT), which displays data for opioid-related harms from 2003 through 2016, including: Emergency Department (ED) visits, hospitalizations, and deaths.<sup>2</sup> It allows users to explore opioid-related morbidity and mortality data by Public Health Unit (PHU) or by Local Health Integrated Network (LHIN) and to stratify the data by age, sex, and drug.<sup>2</sup> The data is downloadable, which allows users to compare different regions visually on one chart.<sup>2</sup> The charts below present the data for WDG and Ontario.

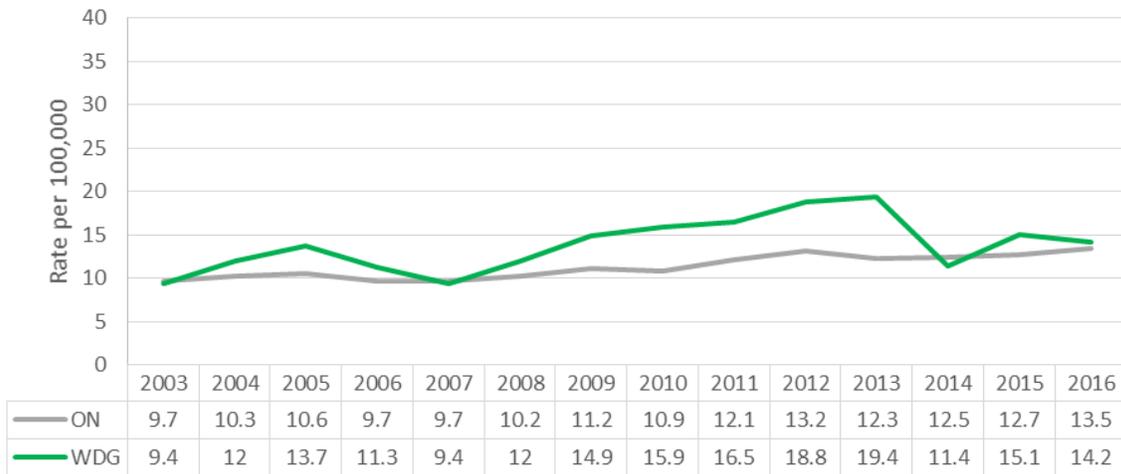
Comparatively, between 2003 and 2016, WDG had generally higher rates of opioid-related ED visits (**Figure 1**) and opioid-related hospitalizations (**Figure 2**) than the province of Ontario (ON). This difference was statistically significantly higher in several years ( $p < 0.01$ ).

**Figure 1 - Opioid-Related Emergency Department Visits in Wellington, Dufferin and Guelph Compared to Ontario, Between 2003 and 2016**



Data source – National Ambulatory Care Reporting System (NACRS), 2003-2016, Ontario Ministry of Health and Long Term Care, IntelliHealth Ontario; accessed through the IOT 30June2017.

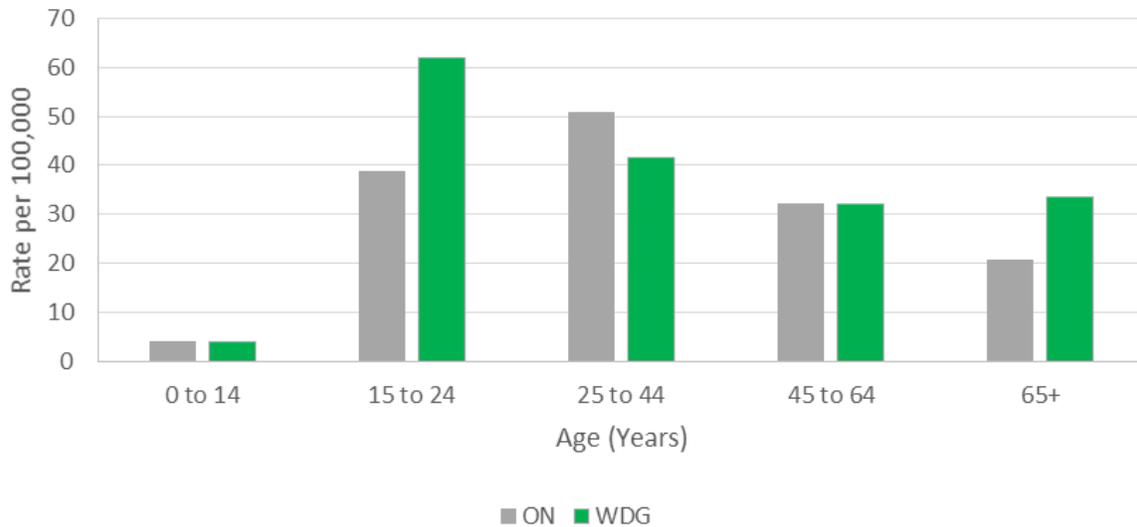
**Figure 2 - Opioid-Related Hospitalizations in Wellington, Dufferin and Guelph Compared to Ontario, Between 2003 and 2016**



Data source – Discharge Abstract Database (DAD), 2003-2016, Ontario Ministry of Health and Long Term Care, IntelliHealth Ontario; accessed through the IOT 30June2017.

Furthermore, WDG’s distribution of opioid-related ED visits, by age group, appears different than that of the province as a whole. Specifically, WDG’s rate of opioid-related ED visits appears to be highest in the 15-24 year old age group and for Ontario as a whole, it is highest for the 25-44 year old age group (Figure 3).

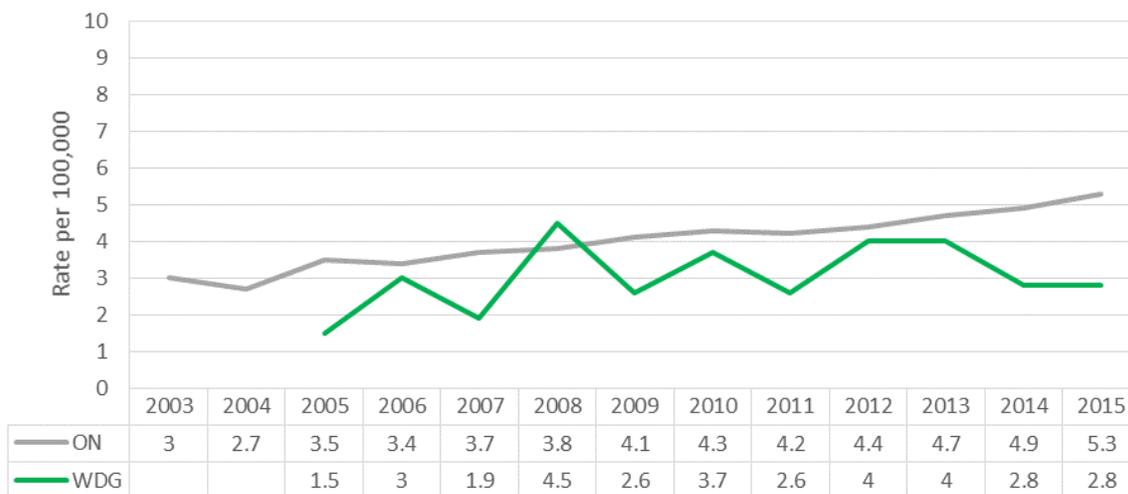
**Figure 3 - Rates of Opioid-Related Emergency Department Visits, by Age and Region, in 2016**



Data source – National Ambulatory Care Reporting System (NACRS), 2003-2016, Ontario Ministry of Health and Long Term Care, IntelliHealth Ontario; accessed through the IOT 30June2017.

In terms of opioid-related deaths, WDG rates have been generally lower than, but not statistically different from, Ontario rates over time ( $p>0.05$ ; **Figure 4**).

**Figure 4 - Opioid-Related Deaths in Wellington Dufferin Guelph Compared to Ontario, Between 2003 and 2016**



Data source – Ontario Opioid-Related Death Database, 2003-2013, Office of the Chief Coroner for Ontario; Ontario Opioid-Related Death Database, 2014-2015, Office of the Chief Coroner for Ontario; accessed through the IOT 30June2017;

While the IOT provides good information on long-term trends, it cannot be used as, nor is it intended as, an early response system. It is limited in that there are significant time lags between event occurrence and appearance in the data. The above charts and their differences from one year to the next highlight the difficulty in planning, in current terms, using historical data.

## WDGPH Opioid Work Group

The WDGPH Opioid Work Group (OWG) was formed in February of 2017 to bring together various public health programs to plan, implement and evaluate a coordinated public health approach to opioid misuse in the community. The OWG includes the Director of Community Health and Wellness and staff and managers from Health Analytics, Clinical Services, Healthy Communities and Public Policy.

The objectives of the work group are to:

- Increase knowledge among committee members about opioid use and misuse by sharing best-practice and/or evidence-based strategies;
- Monitor, interpret and share local data and trends for the purpose of joint planning
- Increase awareness among committee members about provincial direction and/or local strategies and partner activities
- Identify priorities to implement a coordinated action plan
- Share information and inform community partners about data, best-practice, evidence and the role of public health in opioid use and misuse

To date, the group has reviewed opioid-related data and trends, conducted a preliminary environmental scan of existing programs and services in the community that address opioids, reviewed the existing and draft new public health standards and the provincial opioid strategy,

and identified gaps. The committee used this information to determine three priority strategies for action: surveillance, harm reduction, and community mobilization.

## **Surveillance**

WDGPH is working to develop a timelier local opioid-related events surveillance system. WDGPH is working to collect data on opioid-related morbidity and mortality, prescribing patterns and drug seeking and misuse patterns. Advantages of local data collection include: (i) the ability to obtain data from a wider range of sources, which could result in a more complete picture of the opioid burden locally; and (ii) a possible reduction in the time lag between event occurrence and awareness of its occurrence.

A local opioid-events surveillance system could ultimately inform the work of service providers in Dufferin County and the Wellington Guelph Drug Strategy, helping to guide decisions made to address opioid issues in WDG. Furthermore, collecting the data on an on-going basis will allow monitoring of changes in rates of opioid-related events over time.

WDGPH is in the process of contacting or meeting with stakeholders across WDG from the hospital sector, treatment agencies, policing, primary care providers, emergency services, pharmacists, social services and provincial agencies to discuss the relevant information they already collect, to determine if they are able and willing to share their data and discuss the possibilities of data sharing agreements.

WDGPH will continue working with stakeholders to develop a timelier local opioid-related event surveillance system.

## **Harm Reduction**

Under the Harm Reduction Program, WDGPH continues to offer the distribution of unused needles, crack pipes and other drug paraphernalia to the community in partnership with AIDS/HIV Resources & Community Health (ARCH). Collection and disposal of used supplies, counseling services and referrals are also offered under this program.

In the future, WDGPH, in conjunction with ARCH, is expanding harm reduction services to include the distribution of Naloxone. Naloxone is an antidote for opioid overdose and it will be distributed to people who use drugs, their family and friends and people newly released from prison. In addition, WDGPH will be partnering with Sanguen Health Centre and ARCH to provide harm reduction services and STI testing on a van which will target high-risk populations.

## **Community Mobilization**

WDGPH recognizes the need to work with existing groups and coalitions in order to address opioids in a comprehensive way in the community. The OWG has committed to supporting the Wellington Guelph Drug Strategy (WGDS) with their community opioid strategy. WDGPH also supports the Mental Health Substance Misuse and Addiction Prevention (MHSMAP) working group of the Dufferin Coalition for Kids (DuCK) on its work to create an evidence-based substance misuse prevention and mental health promotion program for schools. WDGPH will also explore other opportunities for collective action in Dufferin as they lack a municipal drug strategy committee.

## **Announcement of New Public Health Funding**

On June 20, 2017, the Ministry of Health and Long-Term Care notified WDGPH that they will provide up to \$150,000 base funding to support local opioid response initiatives, including naloxone distribution to community-based organizations and work on early warning and surveillance of opioid overdoses. These monies will be used internally to support the surveillance for opioid overdoses and harms including the upstream contributing factors in addition to supporting the naloxone distribution network.

## **Community Action**

This section of the report describes work currently happening in the community in regards to opioids and highlights WDGPH's involvement, where applicable.

### **WGDS Opioid Strategy**

The WGDS Opioid Strategy Group was formed in May of 2017 to develop a local, comprehensive strategy to address concerns about opioid use and addiction. This group includes cross-sectorial stakeholders and people with lived experience. The group met to discuss previous work in the community related to opioids, including: training for local service providers on opioid-related topics; developing new services to treat addictions (e.g. the rapid access addiction clinic and community withdrawal support services); and enhancing the availability of harm reduction services (e.g. naloxone). The group then reviewed local data presented by WDGPH, discussed community needs and brainstormed options for consideration in the development of a comprehensive strategy. The Opioid Strategy Group has elected to create sub-working groups to pursue the following strategies: (i) clinical practice change concerning current opioid prescribing practices; (ii) program design/re-development; and (iii) data collection. WDGPH will be involved in program design and will chair the data collection working group.

### **Mental Health Substance Misuse and Addiction Prevention action group**

DuCK has formed a Mental Health Substance Misuse and Addiction Prevention (MHSMAP) action group which is working to create a mental health, substance misuse and addiction service system that is connected, organized and understood by the community. WDGPH provides support to that working group in regards to evidence-informed planning and content area expertise from the Healthy Communities and Public Policy team.

The MHSMAP group has been working on two projects to fulfill their mandate:

- 1) **Points of Access for Child and Youth Mental Health and Substance Information, Services, and Supports in Dufferin.** In the spring of 2016, MHSMAP published a two-page inventory of all mental health and substance information, service and supports in Dufferin County. This resource contains information related to:
  - First point of contact
  - Service hours
  - Age ranges served
  - Processes for connecting with each service
  - Contact information for each service

This resource was distributed to community partners as a tool to help them refer their clients to the appropriate resource. The MHSMAP action group plans to evaluate the usefulness of this resource in May 2018.

2) **School-based MHSMAP program.** The MHSMAP group is working to develop an evidence-based substance misuse prevention and mental health promotion program for schools. The literature shows that a comprehensive, school-based mental health and substance use prevention program can be an effective approach to improving mental health and reducing substance misuse among students. Currently, the type of substance misuse prevention and mental health promotion education that children receive in schools varies based on which school they attend. Furthermore, most of the programs that are currently being delivered in schools on these topics have not been evaluated for their impact on student substance use outcomes. Other existing programs that have been evaluated and shown to be effective are either too expensive or not tailored to the Ontario curriculum. To address these issues, the MHSMAP is developing and evaluating a new program that supports the Ontario curriculum and uses a cognitive skills-based approach, which the literature has shown to be effective in preventing youth substance use and increasing positive mental health. The MHSMAP group has conducted a literature review, an environmental scan of existing programming in schools, and needs assessment surveys and focus groups with teachers. Over the coming months, the MHSMAP working group will engage students and teachers in program development, putting together the program content and materials for pilot testing during the 2017/2018 school year. The goal is that if the program is found to be effective, it can then be rolled out universally across interested school boards across the WDG area.

### **School Presentation Content**

WDGPH also supported the Orangeville Police and Dufferin County Emergency Services by providing information to support a presentation that they delivered to high schools and parents about opioids in the spring of 2017. The information provided focused on youth and adult self-reported non-medical prescription opioid usage and opioid-related harms.

## **Conclusion**

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As new local data highlights local impacts of opioid use, Public Health and community partners are coming together to develop a coordinated and comprehensive approach to reduce harms. Public Health will continue to support community partners in providing data, surveillance, evidence, and best practices based on the community picture as it develops. Additionally, Public Health will enhance its harm reduction program to include the distribution of naloxone to community partners, including training on use and distribution.

## **Ontario Public Health Standard**

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Foundational Standard, Board of Health Outcomes:

- Population health needs are anticipated, identified, addressed and evaluated.
- Emerging threats to the public's health are prevented or mitigated.
- Community-based planning and delivery of public health programs and services incorporate new public health knowledge.

- Public health programs and services are planned and implemented to address local population health needs.
- The public, community partners, and health care providers are aware of relevant and current population health information.
- The board of health identifies public health priorities, including identification of emerging public health issues.
- Relevant audiences have available information that is necessary for taking appropriate action.
- The board of health has effective partnerships with community researchers, academic partners, and other appropriate organizations to support public health research and knowledge exchange.

#### Prevention of Injury and Substance Misuse, Board of Health Outcomes:

- The board of health is aware of and uses epidemiology to influence the development of healthy public policy and its programs and services for the prevention of injury and substance misuse.
- There is an increased awareness of community partners about the factors associated with injury and substance misuse required to inform program planning and policy development, including the following:
  - Community health status;
  - Risk, protective, and resiliency factors; and
  - Impact.
- Policy-makers have the information required to enable them to amend current policies or develop new policies that would have an impact on the prevention of injury and substance misuse.
- Community partners are engaged in the prevention of injury and substance misuse.
- The public is aware that the majority of injuries are predictable and preventable.
- The public is aware of the risk, protective, and resiliency factors associated with injury and substance misuse.
- The public is aware of the impact associated with injury and substance misuse.
- Priority populations have the capacity to prevent injury, substance misuse, and associated harms.
- The public is aware of current legislation related to the prevention of injury and substance misuse.

#### Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections, Board of Health Outcomes:

- The board of health achieves timely and effective detection and identification of cases of sexually transmitted infections and blood-borne infections, and their associated risk factors and emerging trends.
- The board of health is aware of and uses epidemiology to influence the development of healthy public policy and its programs and services to promote healthy sexuality and to prevent or reduce the burden of sexually transmitted infections and blood-borne infections.
- The public is aware of risk, protective, and resiliency factors related to healthy sexuality and the prevention of sexually transmitted infections and blood-borne infections. Blood-borne infections include hepatitis B, human immunodeficiency virus (HIV), and hepatitis C. Blood-borne infections are transmitted to the blood through sexual

activities/intercourse and by the sharing of injection equipment and other drug-related activities. HIV is specified only in the title but is implied throughout the Program Standard in all sections referring to sexually transmitted infections and blood-borne infections.

- Community partners are aware of the importance of having supportive environments to promote healthy sexuality and prevent sexually transmitted infections and blood-borne infections.
- The board of health manages reported cases and contacts of sexually transmitted infections and blood-borne infections.
- Priority populations have access to harm reduction services to reduce the transmission of sexually transmitted infections and blood-borne infections.

## WDGPH Strategic Direction(s)

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Health Equity

We will provide programs and services that integrate health equity principles to reduce or eliminate health differences between population groups.

Organizational Capacity

We will improve our capacity to effectively deliver public health programs and services.

Service Centred Approach

We are committed to providing excellent service to anyone interacting with Public Health.

Building Healthy Communities

We will work with communities to support the health and well-being of everyone.

## Health Equity

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Health equity principles are being applied across all WDGPH opioid projects with the goal of reducing or eliminating differences in opioid-related harms between population groups. For example, new surveillance efforts led by WDGPH should help to address the data gap around how opioid use and related harms differ across population groups and groups with differing social determinants of health. Access to this information will be valuable when considering where to concentrate community resources and new programming when it comes to opioids in order to contribute to health equity. Furthermore, harm reduction services with the mobile van aim to minimize health inequities in terms of access to services by bringing services directly to people in need, minimizing transportation barriers that can exist for people experiencing low or no employment income. Lastly, community engagement is a key approach to improving health equity through action on the social determinants of health.<sup>3</sup> Consideration is being given within all projects on how to meaningfully engage and incorporate the voices of the target audience and/or people with lived experience to address their needs and improve health outcomes.

## Appendices

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N/A

## References

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1. Wellington-Dufferin-Guelph Board of Health. BOH report – B.H.01.FEB0117.R06 The role of WDGPH in the prevention & harm reduction of opioid misuse [Internet].2017 February 1. [cited 2017 July 19] Available from: [https://wdgpublichealth.ca/sites/default/files/file-attachments/basic-page/bh\\_01\\_feb0117\\_r06\\_-\\_the\\_role\\_of\\_wdgp\\_h\\_in\\_the\\_prevention\\_harm\\_reduction\\_of\\_opioid\\_misuse\\_access.pdf](https://wdgpublichealth.ca/sites/default/files/file-attachments/basic-page/bh_01_feb0117_r06_-_the_role_of_wdgp_h_in_the_prevention_harm_reduction_of_opioid_misuse_access.pdf)
2. Public Health Ontario. Opioid related morbidity and mortality in Ontario [Internet]. Ontario: Ontario Agency for Health Protection and Promotion; 2017 [cited 2017 July 19]. Available from: <http://www.publichealthontario.ca/en/dataandanalytics/pages/opioid.aspx>.
3. National Collaborating Centre for Determinants of Health. A Guide to Community Engagement Frameworks for Action on the Social Determinants of Health and Health Equity. Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University; 2013.