



**SIMCOE MUSKOKA
OPIOID STRATEGY**

2018 STATUS UPDATE

Report Prepared March 2019

A Message from the Co-Chairs

As co-chairs, we are pleased to share this status update on the first year of collaboration and progress with our communities and partners on the Simcoe Muskoka Opioid Strategy (SMOS). This update reflects the significant efforts of many individuals and organizations across our region as we collectively tackle this complex, pressing issue. While there is much more to be done, this update demonstrates significant achievements that have been made to date. The multi-sector collaboration of SMOS has led to work that may not otherwise have been possible, or may not have been nearly as robust, and we look forward to this continued collaboration.

The roots of addiction run deep, and we know that reaching upstream causes will require sustained efforts over years, and generations, to make a meaningful impact on the lives and health of our family members, friends, and neighbours. We provide this status update as a way to communicate our progress, efforts, successes and challenges. We hope that the Simcoe Muskoka Opioid Strategy will continue to contribute to a future of dramatically reduced harms related to opioids in our communities.

Dr. Lisa Simon

Simcoe Muskoka District Health Unit

Dr. Rebecca Van Iersel

North Simcoe Muskoka Local Health Integration Network

Taking Action Together on the Opioid Crisis

In the past decade in Ontario and across Canada, there has been a significant increase in deaths and harms linked to opioid use. The Simcoe Muskoka region has been particularly impacted by this opioid crisis. The misuse of opioids is having a significant impact on individuals, families and communities.

Opioid misuse is a complex issue. There are many contributing factors which include personal, health care and societal factors. Everyone has a role to play in solving the opioid crisis. The opioid crisis can only be addressed by having health care and social service providers, police, residents, educators, family members, and people with lived experience, working together to implement coordinated action in our communities.

The Simcoe Muskoka Opioid Strategy (SMOS) is a multi-sector comprehensive strategy aimed at reducing opioid harms in Simcoe and Muskoka. To address this multi-factor problem, solutions require coordination across sectors and with people with lived experience to share knowledge and pool our efforts for maximum impact. The SMOS Action Plan, launched in 2018, outlines a comprehensive approach using five Action Pillars supported by two Foundational Pillars.



2018 Achievement Highlights

It is too early to tell whether the activities undertaken by SMOS in 2018 have had an impact on the number of opioid-related deaths and harms in the community. Preliminary data for opioid-related deaths for the first nine months of 2018 is encouraging in comparison to 2017 (see Simcoe Muskoka District Health Unit website), however it remains at a highly concerning level. The SMOS Steering Committee will continue to monitor this data as well as other indicators to assess and evaluate progress (see Appendix A).

What we do know is that important results are being achieved by having people from different sectors come together to work collaboratively on solutions, as shown in the activity highlights below. For more highlights please see <http://PreventOD.ca>



Opioid-related media stories in print/online, TV and radio



Videos to reduce stigma at YouTube SMDHU site. 79,961 views from October to December 2018



Needle Exchange Sites Increased access to safe supplies



People filled out the Lived Experience Survey



132

Health professionals trained in treatment of opioid use disorders



8,676 Pageviews



7,187

Naloxone Kits distributed - 5,567 by pharmacies and 1,620 by health agencies



5,000

Posters distributed

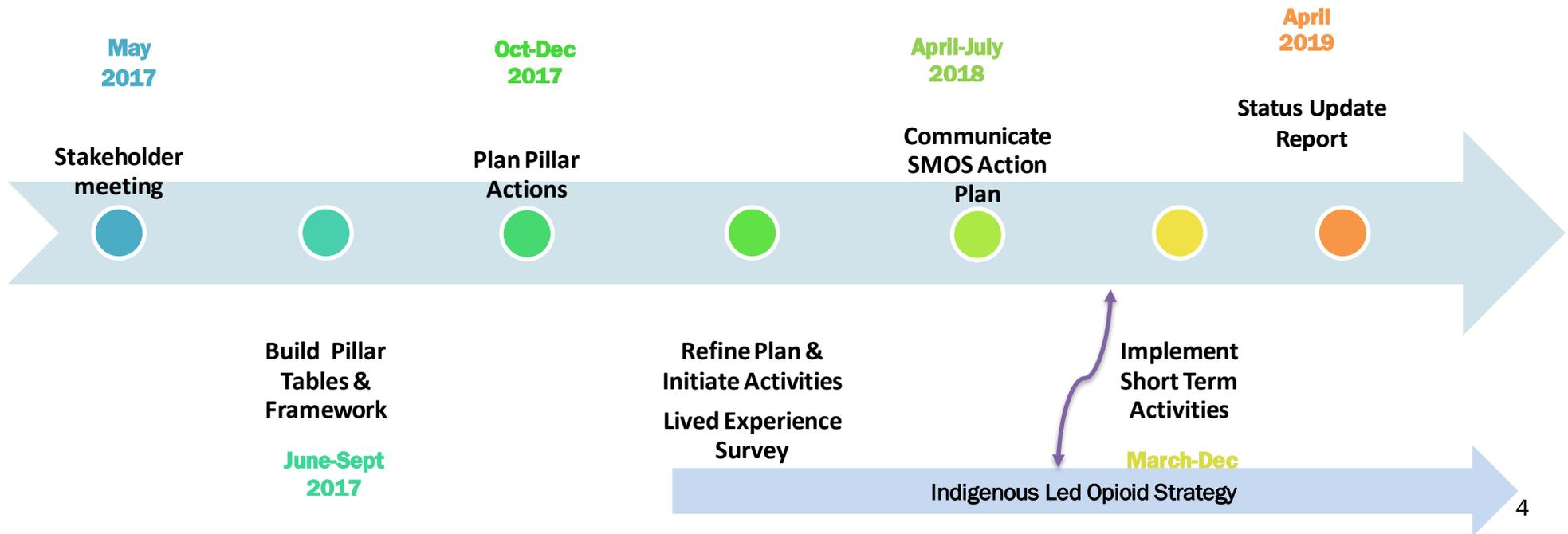
SMOS Timeline

In May 2017, a broad collaborative of about 80 representatives from health care, Indigenous communities, social services, education, police, fire, corrections and municipalities came together at a first **Stakeholder meeting** on the impact of opioids on the communities of Simcoe and Muskoka. They committed to working together to build and implement a comprehensive strategy to address opioid-related harms.

Over the next several months, the Action Pillars were formed and a framework was developed to ensure coordination of the work going forward. Each Action Pillar set goals and developed a set of **Activities** to achieve their goals. The SMOS Steering Committee brought the Action Plans together and, in July 2018, the **Simcoe Muskoka Opioid Strategy: An Action Plan for Our Communities** was launched (available at preventod.ca). The report outlines a comprehensive plan for how the region can move forward together to address the issues.

In parallel with the development of the SMOS Action Plan, the Aboriginal Health Circle undertook community consultations which resulted in the development of an **Indigenous Led Opioid Strategy and Action Plan for North Simcoe Muskoka**, launched in May 2018. This strategy outlines a roadmap to address issues of opioid misuse within Indigenous communities. It also helped to inform the SMOS Strategy, seeking opportunities to align the two initiatives. In early fall 2018, formal liaison roles were established between the Aboriginal Health Circle (Indigenous Led Opioid Strategy) and SMOS as a mechanism for collaborative implementation of respective action plans.

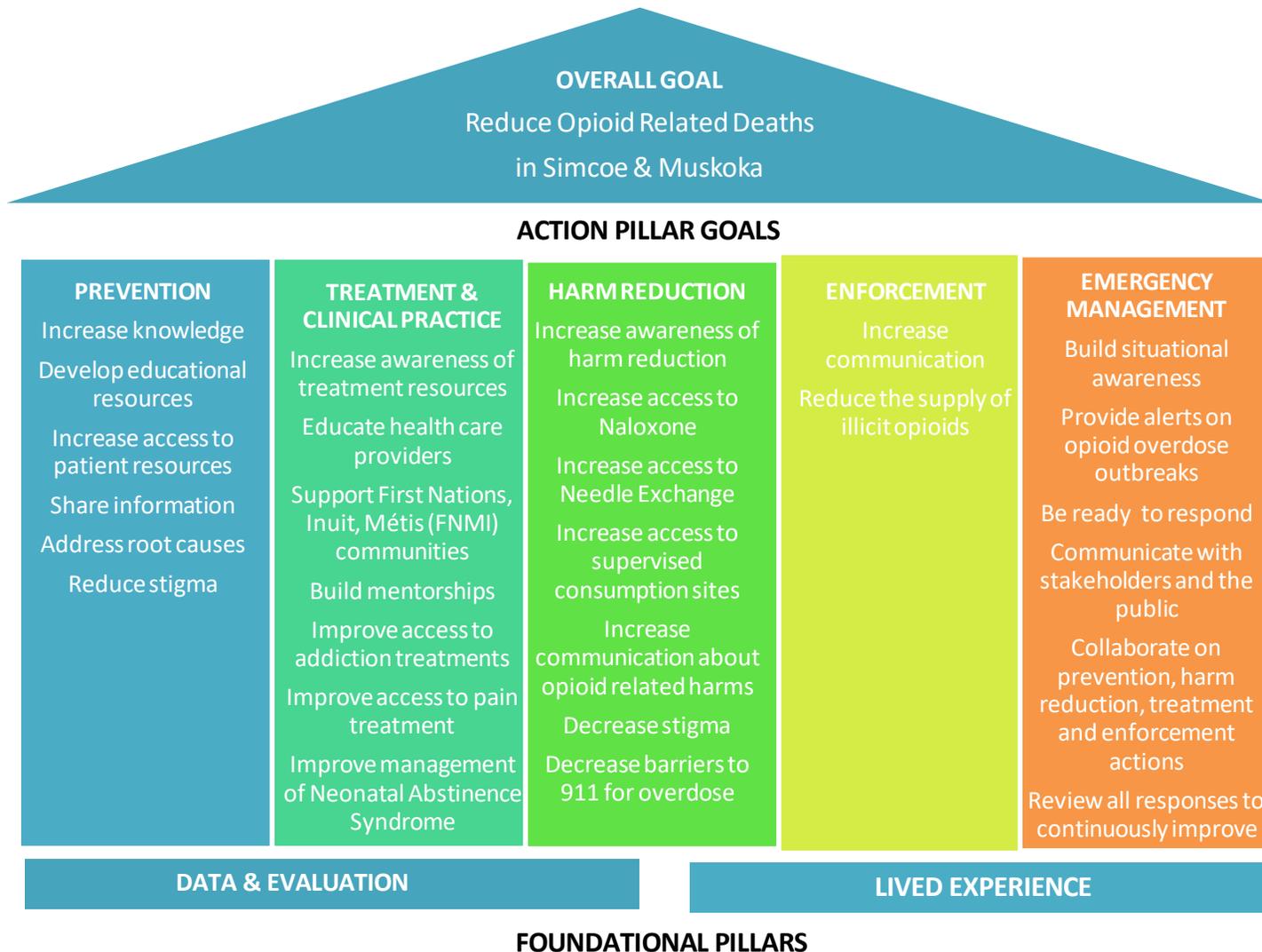
Implementation of the SMOS Pillar Actions began in 2017-2018. This report provides a **Status Update** on the activities and accomplishments to the end of December 2018. More work is ongoing, and long-term actions continue as planned for 2019-2020.



SMOS Goals

The **Simcoe Muskoka Opioid Strategy Action Plan** put forward a coordinated comprehensive approach using a five Action Pillar model, supported by Data & Evaluation and the voice of people with Lived Experience as the two Foundational Pillars.

In each pillar, partners from different sectors have come together to set common goals for guiding their work. Taken together, these mutually reinforcing actions are amplified in order to achieve the overall goal of reducing opioid related deaths and harms in our communities.



2018 Status Update

The SMOS Action Plan laid out short- and longer-term activities for each of the five Action Pillars. Short-term activities were defined as those that would be fully implemented in 2018 and long-term activities were those that would be fully implemented in 2019-2020. Some activities were also considered to be Maintenance Activities to acknowledge that some of the work will require ongoing maintenance beyond the implementation period.

In the following pages you will find the status of the **Short-Term Activities that were planned for completion in 2018**. Many activities were completed as anticipated within the year. Where the action was modified because of new opportunities or changes in the context, this is identified in the status update as an activity that has been modified and completed. Some activities have been initiated but are taking longer than expected. The timeline to complete them has been extended. A few activities encountered significant barriers that hamper implementation and no progress could be made in 2018. These activities will be reviewed in 2019-2020 to determine whether the barriers can now be addressed. The long-term activities are expected to be fully implemented by 2019-2020, as planned.

LEGEND FOR THE STATUS UPDATE



COMPLETED
AS PLANNED IN 2018



ACTIVITY MODIFIED
AND COMPLETED



IN PROGRESS
WITH COMPLETION
EXTENDED TO
2019-2020



REVIEW IN
2019-2020



LONG-TERM ACTIVITY
FULL COMPLETION
PLANNED FOR
2019-2020

Prevention Pillar Action 2018 Status

Goal #1:

To increase knowledge and skills in addressing the harms associated with opioid use (including illicit and prescription use).

| | SHORT TERM (2018) ACTIVITIES | | LONG TERM (2019-2020) |
|--|-------------------------------------|-------------------------------------|--------------------------|
| | COMPLETED | STATUS | |
| Promote key messages to the general public on health effects and harms associated with opioid use. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Explore feasibility of offering a community educational event throughout our region with multi-stakeholder representation i.e. opioid forum. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Work with school boards through existing committees and local drug strategy groups in offering up-to-date information through various venues including presentations. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Disseminate opioid resources, i.e. fact sheets for schools/parents/students resources. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Review literature and explore opportunities for implementation of evidence-based programs within schools that either delay use and/or prevent use of substances including initiatives that involve skill building and social competency development. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Work with Healthy Schools Program (SMDHU) and other community partners in implementing programs that build resilience, social competency skills and promote engagement and school connectedness. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Prevention Pillar Action Plan 2018 Status

Goal #1: (CONT'D)

To increase knowledge and skills in addressing the harms associated with opioid misuse (including illicit and prescription use).

| | SHORT TERM (2018) ACTIVITIES | | LONG TERM (2019-2020) |
|--|---|---|---|
| | COMPLETED | STATUS | |
| Work with secondary school students/youth to develop and implement youth friendly messaging. Emphasize knowledge and skill building including social competency. | | |  |
| Explore opportunities to connect with parent groups in promoting increased awareness about the potential risk/harms related to opioid use, both prescription and illicit and what parents can do. | |  | |
| Work with post-secondary students to create and disseminate messaging around the dangers of opioids including fentanyl. Explore opportunities to work with students around the risk factors for addictions and strategies to address it. |  | | |
| Explore producing videos, social media and other relevant resources and messaging to engage and educate the young adult population about the potential dangers of opioids. This may include harm reduction messaging as appropriate. | |  | |

Prevention Pillar Action Plan 2018 Status

Goal #2:

Engage target population including at-risk groups in the development of educational resources and health promotion initiatives related to opioid misuse (at-risk youth, lived experience, seniors).

| | SHORT TERM (2018) ACTIVITIES | | LONG TERM (2019-2020) |
|--|-------------------------------------|--------|-------------------------------------|
| | COMPLETED | STATUS | |
| Determine demographics of high-risk population (young adult, at-risk and/or lived experience) to tailor education and awareness initiatives (in collaboration with Data and Evaluation Pillar). | <input checked="" type="checkbox"/> | | |
| Explore opportunities to work in development of messages outside of traditional school system and out in the community, i.e. Lesbian Gay Bisexual Transgender (LGBT) groups, Gilbert Centre, youth centres and alternative schools/learning centres. | | | <input checked="" type="checkbox"/> |
| Produce messaging for seniors that includes: Electronic newsletter inserts, fact sheet on opioids specific to this age group, i.e. opioids and other medications, risk of falls, etc. | <input checked="" type="checkbox"/> | | |

Prevention Pillar Action Plan 2018 Status

Goal #3:

Support the procurement/development and dissemination of patient resources that can be used by health care practitioners in the education of appropriate use of opioids, including alternatives to opioid therapy. Collaborate with Treatment/Clinical Pillar.

| | SHORT TERM (2018) ACTIVITIES | | LONG TERM (2019-2020) |
|--|---|--------|---|
| | COMPLETED | STATUS | |
| Explore what patient education tools are being developed by the provincial government or expert agencies. |  | | |
| Explore availability of evidence-based multi-modal/adjuvant therapies for pain management in collaboration with Treatment/Clinical Pillar. | | |  |
| Develop a comprehensive communications plan to disseminate the information through community agencies, traditional and social media and health care practitioners. | | |  |

Goal #4

Collaborate with other pillars on the development of a SMOS website, to facilitate sharing of information and resources with community partners.

| | SHORT TERM (2018) ACTIVITIES | | LONG TERM (2019-2020) |
|---|---|--------|-----------------------|
| | COMPLETED | STATUS | |
| Explore opportunities for website development for sharing of resources and messaging related to opioids. Ensure information is up to date and evidence-based. |  | | |

Prevention Pillar Action Plan 2018 Status

Goal #5

Collaborate on implementation of evidence-based initiatives that address root causes of opioid misuse as they relate to: mental health and addictions, and early childhood development and parenting.

Collaborate around the existing plans and partnerships with the community to address mental health and prevent addictions.

Collaborate around the work that is being done in the community regarding parenting, including healthy early childhood development through to parenting teens. Concepts would focus on skill building that would have a moderating effect on risk factors and address building resiliency (social/emotional regulation, coping skills and building social connectedness within the community).

SHORT TERM (2018)
ACTIVITIES

COMPLETED

STATUS

LONG TERM
(2019-2020)



SHORT TERM (2018)
ACTIVITIES

COMPLETED

STATUS

LONG TERM
(2019-2020)



Educate public that addictions are an illness, not a moral failing. Explore what existing anti-stigma programs are currently in place and adapt or develop programming/messaging as appropriate. Provide presentations within the community in partnership with other health and social service providers.

**campaign extended to include health care providers*

Treatment Pillar Action Plan 2018 Status

| Goal #1 Increase awareness of existing resources for treatment of opioid use disorder. | SHORT TERM (2018) ACTIVITIES | | LONG TERM (2019-2020) |
|---|-------------------------------------|-------------------------------------|-----------------------|
| | COMPLETED | STATUS | |
| Develop survey to determine current knowledge base and educational needs of primary care providers regarding opioid use disorders. | <input checked="" type="checkbox"/> | | |
| Develop information package on the topics of RAAM, META:PHI, and ECHO (Extensions for Community Health care Outcomes) for primary care providers in the region. | | <input checked="" type="checkbox"/> | |
| Develop a North Simcoe Muskoka-specific resource guide for clinicians re: addiction treatment. | <input checked="" type="checkbox"/> | | |
| Determine one central web link for all opioid use disorder treatment resource information. | <input checked="" type="checkbox"/> | | |
| Determine distribution plan for opioid use disorder treatment information packages. | <input checked="" type="checkbox"/> | | |
| Create a webinar on treatment of opioid use disorder. | | <input checked="" type="checkbox"/> | |

Treatment/Clinical Practice Pillar Action Plan

Goal #2

Provide educational opportunities for primary care providers and pharmacists on the topics of treatment of opioid use disorder, tapering of prescription opioids, opioid agonist treatments and non-opioid pain management.

SHORT TERM (2018)
ACTIVITIES

COMPLETED

STATUS

LONG TERM
(2019-2020)

Leverage existing Family Health Team events and hospital Grand Rounds meetings to include content around opioid use disorders.



Host education days for primary care providers and pharmacists.



Goal #3

Offer to support First Nations, Inuit, Métis (FNMI) communities in the implementation of the Indigenous Led Opioid Strategy.

SHORT TERM (2018)
ACTIVITIES

COMPLETED

STATUS

LONG TERM
(2019-2020)

Offer to support FNMI communities in implementing components of Indigenous Led Opioid Strategy regarding treatment education.



*

**Established formal liaison between Indigenous Led Opioid Strategy and SMOS for ongoing collaboration*

Treatment/Clinical Practice Pillar Action Plan

| | | SHORT TERM (2018) ACTIVITIES | | LONG TERM (2019-2020) |
|---|---|-------------------------------------|-------------------------------------|-------------------------------------|
| GOAL | ACTIVITY | COMPLETED | STATUS | |
| Goal #4 Facilitate local mentorships between addiction medicine and primary care. | Survey to capture how many primary care providers are aware of and participate in Medical Mentoring for Addiction and Pain (MMAAP) network. | <input checked="" type="checkbox"/> | | |
| | Develop a short information package on MMAAP network. | | <input checked="" type="checkbox"/> | |
| | Develop local META:PHI portal. | | | <input checked="" type="checkbox"/> |
| | | | | |
| | | SHORT TERM (2018) ACTIVITIES | | LONG TERM (2019-2020) |
| GOAL | ACTIVITY | COMPLETED | STATUS | |
| Goal #5 Improve timely access to addiction treatments throughout the North Simcoe Muskoka Local Health Integration Network. | Implement a regional RAAM program delivered over multiple sites. | <input checked="" type="checkbox"/> | | |
| | Increase the number of community addiction counsellors throughout NSM LHIN. | <input checked="" type="checkbox"/> | | |

Treatment/Clinical Practice Pillar Action Plan

Goal #6

Improve access to interdisciplinary chronic pain treatment.

Increase regional access to non-pharmacologic pain modalities working with primary care teams – leverage possible expansion of provincial funding.

Investigate increasing provision of “Chronic Pain Self-Management” courses throughout NSM LHIN.

SHORT TERM (2018)
ACTIVITIES

COMPLETED

STATUS

LONG TERM
(2019-2020)



Goal #7:

Improve management of Neonatal Abstinence Syndrome.

Establish team-based obstetrical and neonatal care pathways for expectant mothers who are using opioids or opioid agonist therapy.

SHORT TERM (2018)
ACTIVITIES

COMPLETED

STATUS

LONG TERM
(2019-2020)



Harm Reduction Action Plan 2018 Status

Goal #1

Increase awareness of harm reduction strategies for people who use illicit and prescription opioids.

Distribute resources to partner agencies, organizations and businesses regarding naloxone, how to recognize the signs of an opioid overdose, how to assist a person experiencing opioid overdose and strategies to decrease the risk of an opioid overdose.

Utilize the SMOS website to share information listed above including GIS mapping on harm reduction services available in the communities.

SHORT TERM (2018)
ACTIVITIES

COMPLETED

STATUS

LONG TERM
(2019-2020)



Harm Reduction Action Plan 2018 Status

Goal #2

Increase naloxone distribution by area pharmacies, community partner agencies serving at-risk populations and local emergency rooms.

| | SHORT TERM (2018) ACTIVITIES | | LONG TERM (2019-2020) |
|---|-------------------------------------|-------------------------------------|--------------------------|
| | COMPLETED | STATUS | |
| Conduct outreach to pharmacists to determine if they are dispensing naloxone and provide assistance to increase the percentage of pharmacies in Simcoe Muskoka participating in the Ontario Naloxone Program. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Roll out the next phase of the Ontario Naloxone Program as directed by the MOHLTC to eligible community partner agencies (approx. 25). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work with MOHTLC to expand opportunities to provide hospitals with naloxone for patients to take home following ED visit for opioid overdose. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Harm Reduction Action Plan 2018 Status

Goal #3

Increase access and availability of Needle Exchange Program (NEP) services including drug checking.

| | SHORT TERM (2018) ACTIVITIES | | LONG TERM (2019-2020) |
|--|---|---|-----------------------|
| | COMPLETED | STATUS | |
| Improve equity of access for NEP sites for client supplies. Promote NEP supply location via various media outlets. |  | | |
| Improve access of NEP supplies to clients across the region. |  | | |
| Explore partnership to endorse and provide drug testing strips for drug use. | |  | |
| Support member agencies in pursuing drug testing at NEP sites. | |  | |

Harm Reduction Action Plan 2018 Status

Goal #4

Increase access to overdose prevention sites (OPS) and supervised consumption sites (SCS) in the region.

Apply for Overdose Prevention Site:

- Based on data related to overdose ED visits and deaths for the region. Explore options for overdose prevention sites starting with Barrie and then the other communities in the region with demonstrated need.
- Complete OPS application once lead, co-lead applicants and location are determined for the community.
- Engage local police, municipalities and other stakeholders.
- Refer to other provincial OPSs for support with policies and procedures for the operation of OPS.
- Provide community awareness/engagement opportunities around the OPS.

**An OPS application for Barrie was submitted in 2018 but is no longer valid due to a change in provincial government policy.*

Explore Supervised Consumption Site:

- Determine feasibility of creating a supervised consumption site(s).
- Conduct community needs assessment and consultations, to determine need.
- If supported by needs assessment and municipal endorsement, initiate process of approval from Health Canada and the Ministry of Health and Long Term Care for a supervised consumption site/consumption and treatment service (*action modified from original SMOS Action Plan to reflect MOHLTC Application Guidelines from Oct. 2018*)
- Refer to other provincial SCSs for support with policies and procedures for the operation of SCS.
- Host community forums to educate and gather feedback from the public on SCS.

SHORT TERM (2018)
ACTIVITIES

COMPLETED

STATUS

LONG TERM
(2019-
2020)



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Harm Reduction Action Plan 2018 Status

Goal #5

Increase communication among SMOS community partners and the general public regarding the work of SMOS and status of the opioid-related harm in Simcoe Muskoka in collaboration with other pillars.

SHORT TERM (2018)
ACTIVITIES

COMPLETED

STATUS

LONG TERM
(2019-2020)

Support a SMOS website dedicated to communicating with various audiences.



Include local opioid overdose data for public access on this host site.



Goal #6

Decrease stigma regarding people who use drugs in interactions with the general public, including health care practitioners and first responders.

SHORT TERM (2018)
ACTIVITIES

COMPLETED

STATUS

LONG TERM
(2019-2020)

Create key messages that support harm reduction strategies and address stigma when working with the media.



Explore presentations/programs in partnership with health and social services agencies to decrease stigma.



Harm Reduction Action Plan 2018 Status

Goal #7

Decrease barriers in the 911 response to an opioid overdose for people who use drugs.

| | SHORT TERM (2018) ACTIVITIES | | LONG TERM (2019-2020) |
|--|---|---|-----------------------|
| | COMPLETED | STATUS | |
| Ensure community partners that are distributing naloxone to their clients have information on the Good Samaritan Drug Overdose Act. |  | | |
| Add fact sheet/card on Good Samaritan Drug Overdose Act to Needle Exchange Program kits. <i>*Activity modified to distribute posters to community agencies in place of cards in the Naloxone kits</i> | |  | |

Enforcement Action Plan 2018 Status

Goal #1:

Increase communication across law enforcement agencies in order to identify and target those individuals who manufacture and distribute opioids.

| | SHORT TERM (2018) ACTIVITIES | | LONG TERM (2019-2020) |
|--|---|---|-----------------------|
| | COMPLETED | STATUS | |
| Develop a consistent law enforcement approach to investigating overdoses. |  | | |
| Increase the sharing of timely intelligence across all law enforcement through the development of an intelligence working group to identify opioid traffickers in the Simcoe Muskoka region. |  | | |
| Develop and implement a Simcoe Muskoka law enforcement opioid education seminar. Partners to include Ontario Provincial Police, Barrie Police Services, South Simcoe Police Service, First Nations Police Services, Canadian Forces Base Borden, Ministry of Natural Resources and Forestry, Municipal Bylaw Enforcement, etc. <i>*Law Enforcement officers participated in multiple education seminars that were available in 2018. These seminars also included other stakeholders. This allowed for collaborative education between Enforcement and other sectors.</i> | |  * | |
| Share educational opportunities for law enforcement and first responder partners. |  | | |

Enforcement Action Plan 2018 Status

Goal #2:

Reduce the supply of illicit opioids in the Simcoe/Muskoka area through a cohesive enforcement strategy.

| | SHORT TERM (2018) ACTIVITIES | | LONG TERM (2019-2020) |
|---|-------------------------------------|--------|-----------------------|
| | COMPLETED | STATUS | |
| Provide targeted enforcement based on timely intelligence. | <input checked="" type="checkbox"/> | | |
| Develop a process to communicate timely opioid information to the community such as new substances being seen on the streets, etc. | <input checked="" type="checkbox"/> | | |
| Collaborate to raise public awareness on dangers of recreational opioid use (Drug Abuse Resistance Education (DARE) and Values, Influences and Peers (VIP) Programs for general public and students). | <input checked="" type="checkbox"/> | | |
| Promote Drug Take Back day as a way to raise awareness of returning unused prescription opioids. | <input checked="" type="checkbox"/> | | |
| Continue to engage Crimestoppers on initiatives for individuals to call in information on suspected dealers. | <input checked="" type="checkbox"/> | | |

Emergency Management Action Plan 2018 Status

Goal #1

Foster ongoing, comprehensive situational awareness for the Simcoe and Muskoka Emergency Response Committee of current issues related to opioid abuse, misuse and addiction.

| | SHORT TERM (2018) ACTIVITIES | | LONG TERM (2019-2020) |
|---|---|--------|-----------------------|
| | COMPLETED | STATUS | |
| Lead the development of a shared Simcoe Muskoka Opioid Strategy website. |  | | |
| Adapt the Simcoe Muskoka Vulnerable Populations Plan to add an opioid specific protocol. <i>*The Simcoe Muskoka VPP Notification Protocol is utilized for opioid-related emergencies</i> |  * | | |
| Utilize the Simcoe County Daily Emergency Situation Centre (DESC) as an information repository and portal. |  | | |

Emergency Management Action Plan 2018 Status

| | SHORT TERM (2018) ACTIVITIES | | LONG TERM (2019-2020) |
|---|---|---|-----------------------|
| | COMPLETED | STATUS | |
| Goal #2: Enable surveillance for timely alerting about, and response to, opioid overdose outbreaks. | | | |
| Develop/document an emergency management plan for opioid overdose outbreak events. |  | | |
| Collaborate with Data and Evaluation, and Enforcement Pillars to determine appropriate and realistic triggers based on real-time data, as well as key indicators. |  | | |
| Collaborate with other pillars to develop an early-warning system, based on Ontario's Opioid Overdose Early Warning Framework. | |  | |

Emergency Management Action Plan 2018 Status

Goal #3

Ensure a constant state of readiness to respond to and to facilitate a coordinated response to complex events of opioid overdose outbreaks (multi-person or multi-site).

| | SHORT TERM (2018) ACTIVITIES | | LONG TERM (2019-2020) |
|---|-------------------------------------|--------|-----------------------|
| | COMPLETED | STATUS | |
| Apply a hazard-specific incident management framework. | <input checked="" type="checkbox"/> | | |
| Leverage existing plans, such as the Simcoe Muskoka Vulnerable Populations Plan, the Simcoe Muskoka Surge Planning Tool, and the Simcoe Muskoka Alternate Assessment & Treatment Centre Plan, and the Simcoe Muskoka Mental Health Surge Plan, Paramedic Services (Simcoe & Muskoka) Mass Casualty Incident Response Plan, and the Simcoe Muskoka Mass Fatality Plan. | <input checked="" type="checkbox"/> | | |
| Explore a phased response. | <input checked="" type="checkbox"/> | | |

Emergency Management Action Plan 2018 Status

| | SHORT TERM (2018) ACTIVITIES | | LONG TERM (2019-2020) |
|---|---|---|-----------------------|
| | COMPLETED | STATUS | |
| Goal #4 Support timely coordinated communications among key stakeholders and to the public. | | | |
| Leverage existing emergency management communications tools. |  | | |
| Develop new communications algorithms as needed. | |  | |
| Apply existing emergency phase system for increasing levels of response. |  | | |
| Goal #5 Collaborate on activities related to opioid overdose outbreaks which may include prevention, harm reduction, treatment and enforcement. | | | |
| Collaborate with the leads of the Prevention, Treatment/Clinical Practice, Harm Reduction and Enforcement Pillars to identify potential points of intersection. | |  | |

Emergency Management Action Plan 2018 Status

Goal #6

Facilitate timely after-action review following a coordinated response for the purposes of continuous improvement.

Adapt existing practices for after-action review established by the Simcoe and Muskoka Emergency Management Program Committees.

SHORT TERM (2018)
ACTIVITIES

COMPLETED

STATUS

LONG TERM
(2019-2020)



Simcoe Muskoka Opioid Strategy Steering Committee

Co-Chairs

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Simcoe Muskoka District Health Unit

Dr. Rebecca Van Iersel

North Simcoe Muskoka Local Health Integration Network

Members

April Hawke

Co-lead Harm Reduction Pillar
Central North Correctional Centre

Caitlin Bahen

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Cathy Clark (2018), Colleen Simpson (2019-2020)

Lead Emergency Management Pillar
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Charlene McDonald

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Chris Brens

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Claudia Swoboda-Geen

Co-lead Prevention Pillar
Simcoe Muskoka District Health Unit

Janice Greco

Simcoe Muskoka District
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Jim Walker

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Karyn Baker

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*Liaison to North Simcoe Muskoka Local Health
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Committee*
Waypoint Centre for Mental Health Care

Sue Thorburn

Co-lead Enforcement Pillar
Ontario Provincial Police

Appendix A Simcoe Muskoka Opioid Strategy Scorecard

CY 2018

CY = Calendar Year (Jan to Dec)
FY = Fiscal Year (Apr to Mar)

| Indicator | Reporting Frequency | Intended Direction | Trending Direction | Most Recent 4 Periods of Reported Data | | | | Latest Available Data | Provincial Performance | Narrative |
|---|---------------------|--------------------|--------------------|--|------|------|------|-----------------------|------------------------|---|
| | | | | | | | | | | |
| Rate of Opioid Related Deaths (per 100,000 Population) | Annual | ↓ | ↑ | 6.3 | 8.0 | 8.3 | 14.3 | CY 2017 | 8.9 | These numbers are from the Interactive Opioid Tool produced by Public Health Ontario. At this time, data for calendar year 2017 is complete but there is only monthly data for calendar year 2018 and data reporting ends at September 2018. Preliminary data for 2018 (January through September) indicates that the number of deaths was lower in 2018 (56 probable or confirmed) when compared with the 66 deaths observed from January through September in 2017. |
| # of Opioid Related Deaths (crude number) | Annual | ↓ | ↑ | 34 | 44 | 46 | 81 | CY 2017 | 1265 | |
| Opioid Related ED Visit Rate (Per 100,000 Population) | Annual | ↓ | ↑ | 31.7 | 37.5 | 48.6 | 77.2 | CY 2017 | 54.6 | These numbers are from the Interactive Opioid Tool produced by Public Health Ontario. At this time, data for calendar year 2017 is complete but there is only monthly data for calendar year 2018 and data reporting ends at September 2018. Prior to 2017, there were different reporting practices for opioid overdose so numbers prior to 2017 should be used with caution. Preliminary data by the Simcoe Muskoka Health Unit for 2018 (full year) indicates that the number of emergency visits was higher (by about one-third) in 2018 when compared with 2017. |

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|--|-----------|---|---|-------|-------|-------|-------|---------------|-------|---|
| Median Wait Time in days for Next Available Treatment Slot for Addictions Treatment in Community (days from intake to treatment) | Quarterly | ↓ | ↑ | 0 | 0 | 0 | 4 | Q3 FY 2018/19 | 7 | This number includes both North Simcoe and Muskoka and is provided by Connex Ontario via Health Analytics and Insights Branch. It is noted that there is variability between the sub-regions of the area with Barrie having longer waits than other areas. The range of wait times for North Simcoe Muskoka is 0 - 36 days. The wait time range provincially is 0 - 729 days. While there has been a slight increase in wait times, North Simcoe Muskoka performs well in this area relative to the province. It is postulated that availability of community based treatment resources, may have a positive effect on Emergency room visits. |
| # of Primary Care Prescribers for Suboxone (includes prescriber of Suboxone only and prescribers of both Suboxone and Methadone) | Annual | ↑ | ↑ | 144 | 164 | 249 | 271 | CY 2017 | 2542 | While this number has been trending upward, in Simcoe Muskoka District Health Unit, 70.7% of Opioid Agonist prescribers prescribe Suboxone only or both Suboxone and Methadone as compared to 85.4% of OAT prescribers provincially. |
| Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions Other Than Alcohol* | Quarterly | ↓ | ↓ | 18.6% | 19.9% | 22.1% | 16.9% | Q1 FY 2018/19 | 29.8% | This is determined by the LHIN of the patient, not the ED location. This indicator measures the percentage of people having visited the emergency room for a substance abuse condition (other than alcohol), visit an emergency room again for any substance abuse related condition within 30 days. Relative to the province, North Simcoe Muskoka performs well on this indicator. It is postulated that this indicator may be positively affected by the availability of community treatment resources relative to the province |
| # of new participants in the Ontario Naloxone Program (pharmacies and community partners) | Annual | ↑ | □ | | | | 23* | CY 2018 | NA | Number is for community partner agencies only. Pharmacy numbers are not yet available |

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| <p>% of Students (gr 7-12) that reported using pain medication for non-medical or recreational use in past year</p> | <p>Annual</p> | <p>↓</p> | <p>□</p> | | | <p>9.1%</p> | <p>CY 2017</p> | <p>11.60%</p> | <p>This source for this information is the Ontario Student Drug Use and Health Survey (OSDUHS). Due to sampling size, this number reflects both North Simcoe Muskoka and Central East areas. The OSDUHS report indicates that non-medical use of opioid medications by students in Ontario has seen an overall decline between 1999 and 2017. OSDUHS also reports that while there are some variations between regions in Ontario, these differences are not statistically significant. And although there has been a decline between 1999 and 2017, there was no significant change in use between 2015 and 2017. 2019 data for Simcoe Muskoka students will be available in 2020. This can be compared to the 2015 estimates to assess change over time.</p> |
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