



Part 1: Background

Understanding the opioid crisis

Local data

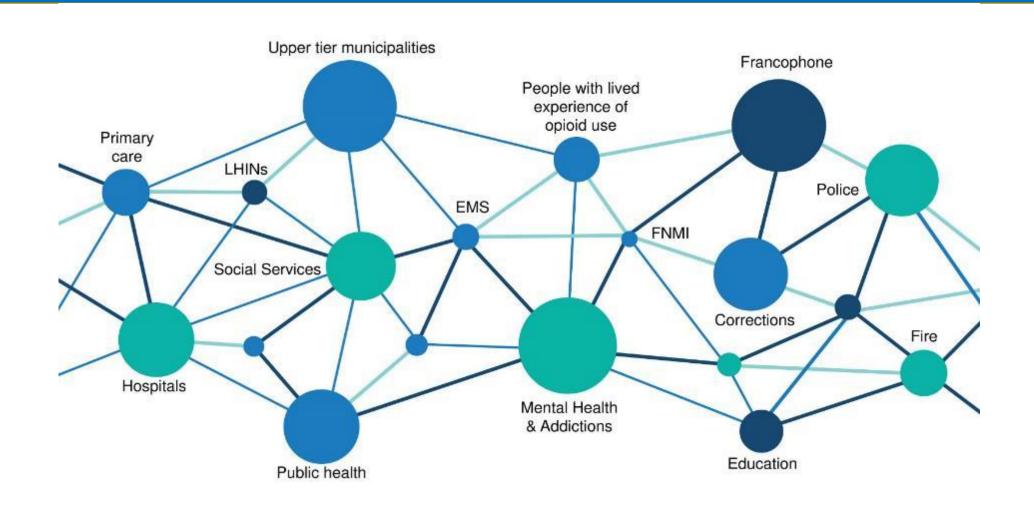
Developing a local approach

Indigenous led opioid strategy

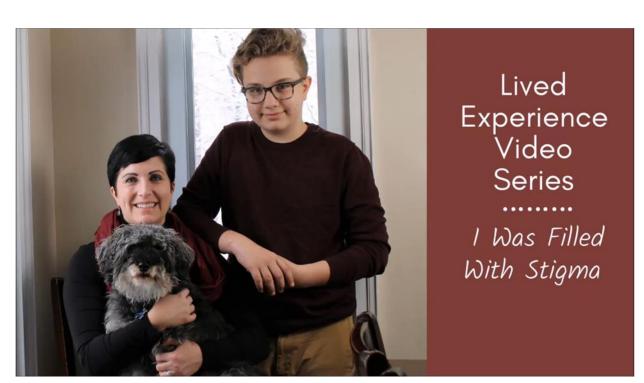
Part 2: SMOS action plans

Part 3: Next steps

# **PART 1: BACKGROUND**



### PEOPLE WHO USE DRUGS ARE REAL PEOPLE





LIVED EXPERIENCE VIDEO SERIES

SHE WAS SPECIAL

http://www.smdhu.org/realpeople

### UNDERSTANDING THE OPIOID CRISIS

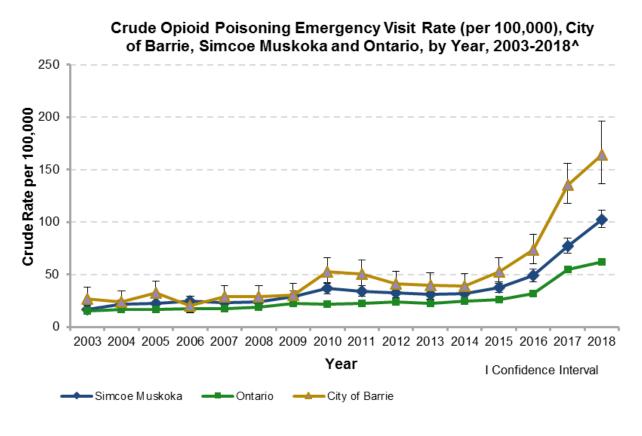
### Simcoe Muskoka Opioid Strategy Lived Experience Survey (2018):

Key problems most commonly identified by respondents as leading to opioid misuse, addiction, and overdose in the community (n=89):

- mental health/illness (67.4%)
- past and/or current trauma (67.4%)
- easy access to opioids (62.9%)
- medical prescribing of opioids (59.6%)
- knowing other people who do drugs (53.9%)
- lack of treatment for addictions (52.8%) and pain (aside from opioids; 52.8%)

### THE NEED FOR AN OPIOID STRATEGY

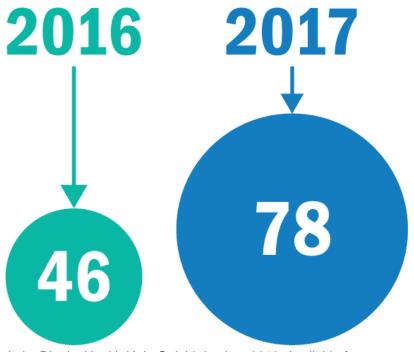
Opioid Poisoning Emergency Department Visit Rate



^2018 City of Barrie data only includes January - June.

## THE NEED FOR AN OPIOID STRATEGY

Opioid deaths in Simcoe Muskoka: 70% increase



Simcoe Muskoka District Health Unit. Opioid deaths. 2018; Available from: http://www.simcoemuskokahealthstats.org/topics/alcohol-drugs/drugs/opioids/opioid-deaths.

### **DEVELOPING A LOCAL APPROACH**



### **Action Pillars**

**Prevention** 

Treatment/ Clinical Practice

Harm Reduction

**Enforcement** 

**Emergency Management** 

**Foundational Pillars** 

**Data & Evaluation** 

**Lived Experience** 

### **DEVELOPING A LOCAL APPROACH**

### **SMOS Steering Committee Members**

#### **CoCHAIRS**

**Dr. Lisa Simon**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

North Simcoe Muskoka Local Health Integration Network

#### In transition

Lead Emergency Management Pillar County of Simcoe

#### Charlene McDonald

Simcoe Muskoka District Health Unit

#### Chris Brens

North Simcoe Muskoka Local Health Integration Network

#### Claudia Swoboda-Geen

Co-lead Prevention Pillar Simcoe Muskoka District Health Unit

#### Janice Greco

Simcoe Muskoka District Health Unit

#### Jim Walker

Co-lead Enforcement Pillar Ontario Provincial Police

#### Karyn Baker

Co-lead Prevention Pillar Georgian College

#### Kelly Lowther

Lead Data and Evaluation Pillar North Simcoe Muskoka Local Health Integration Network

#### Megan Williams

Simcoe Muskoka District Health Unit

#### Meredith Fryia

Lead Treatment/Clinical Practice Pillar Canadian Mental Health Association

#### Mia Brown

Co-lead Harm Reduction Pillar Simcoe Muskoka District Health Unit

#### Susan Lalonde Rankin

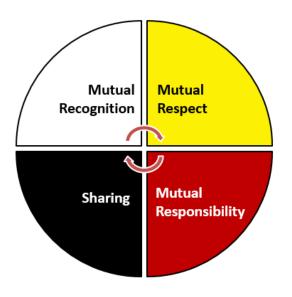
Liaison to North Simcoe Muskoka Local Health Integration Network Mental Health and Addictions Committee Waypoint Centre for Mental Health Care

#### Sue Thorburn

Co-lead Enforcement Pillar Ontario Provincial Police

# AN INDIGENOUS OPIOID STRATEGY AND ACTION PLAN FOR NORTH SIMCOE MUSKOKA

Intercultural Work between All Peoples (Using Indigenous Methodology)



### **PART 2: SMOS ACTION PLAN**





SHORT
Any work that will be fully implemented in 2018.



LONG
Any work that will be fully implemented by 2019-2020.



Work will be implemented within the determined timeline, but operations will be ongoing for many years.

## FOUNDATIONAL PILLAR: LIVED EXPERIENCE

The impact of peer response or voices of people with lived experience cannot be underestimated in shaping the community opioid response.



### **FOUNDATIONAL PILLAR: DATA & EVALUATION**

Provides a foundation for evidence based planning, surveillance, monitoring and evaluation.



### **ACTION PILLAR 1: PREVENTION**

Help prevent the onset of substance misuse while encouraging recognition of the early warning signs of addiction, and referral to community supports as appropriate.



### **ACTION PILLAR 1: PREVENTION**

### **GOALS**

Increase knowledge and skills in addressing harms associated with opioid misuse.

**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).

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.

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

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

Collaborate with other pillar groups around anti-stigma initiatives/campaigns.

# **ACTION PILLAR 2: TREATMENT/CLINICAL PRACTICE**

Treatment refers to interventions that seek to improve the physical and emotional well-being of people who use or have used substances.



# **ACTION PILLAR 2: TREATMENT/CLINICAL PRACTICE**

### **GOALS**

Increase awareness of existing resources for treatment of opioid use disorder.

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.

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

Facilitate local mentorships between addictions medicine and primary care,

Improve timely **access to addiction treatments** throughout the North Simcoe Muskoka Local Health Integration Network.

Improve access to interdisciplinary chronic pain treatment.

Improve management of Neonatal Abstinence Syndrome.

### **ACTION PILLAR 3: HARM REDUCTION**

Harm reduction refers to policies, programs and practices that aim to reduce the harms associated with the use of psychoactive drugs in people unable or who choose not to stop.



### **ACTION PILLAR 3: HARM REDUCTION**

### **GOALS**

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

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

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

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

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.

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

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

### **ACTION PILLAR 4: ENFORCEMENT**

Enforcement and justice refers to interventions that seek to strengthen community safety by responding to crime and community disorder caused by substance use.



### **ACTION PILLAR 4: ENFORCEMENT**

### **GOALS**

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

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

### **ACTION PILLAR 5: EMERGENCY MANAGEMENT**

Opioid addiction and misuse present hazards to our communities that can lead to large-scale events requiring emergency response.



### **ACTION PILLAR 5: EMERGENCY MANAGEMENT**

### **GOALS**

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

Enable surveillance for timely alerting about, and response to, opioid overdose outbreaks.

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).

Support timely coordinated communications among key stakeholders and to the public.

**Collaborate** on activities related to opioid overdose outbreaks which may include prevention, harm reduction, treatment and enforcement.

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

# PART 3 - NEXT STEPS



www.preventOD.ca

# PURSUING A SUPERVISED CONSUMPTION SITE FOR BARRIE



- Application led by SMDHU, Gilbert Centre, & CMHA Simcoe County, on behalf of Harm Reduction Pillar of SMOS
- Jan Mar 2019: Consultations
  - People with lived experience of drug use, community stakeholders, and general public
- April June 2019: Report and Application
  - Consultation report, finalize service delivery model and site selection, and seek endorsement of application by City of Barrie council
  - Will include plan for addressing community concerns

### ROLE FOR COUNCIL IN SUPPORT OF SMOS

- Continue informing yourselves on this critical community issue
- Support staff engagement in SMOS (e.g. SCS planning) and local collaborations addressing opioid and other drug-related harms (e.g. Barrie Drug Awareness Partnership)
- Locally champion/facilitate those aspects of the Action Plan that relate to municipal jurisdiction, including within: Prevention, Harm Reduction, Enforcement, and Emergency Management