

Consumption and Treatment Site

Local Conditions: Barrie

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Overview

The use for the data:

This document is intended to provide information to support the local conditions section on the appropriate consumption and treatment site applications:

- 'Section1: Local Conditions' section on the [MOH Application Form CTS Program](#) (max 500 words)
- 'Section 3: Local Conditions' section on the [Health Canada Section 56.1 Exemption Form](#)

The "required data" section organizes data suggested for inclusion on the application forms.

Background Resources:

- Sites [applying](#) to Health Canada for Supervised consumption sites

The purpose of the data:

- To provide reliable/ accurate data to help the applicants, stakeholders, and governing bodies make an informed decision
- To provide local or neighbourhood evidence to support the site selection (MOH Section 1)
- To provide indication for the need of a site (Health Canada SCS Form)
- To estimate intended public health benefits (Health Canada SCS Form)

Additional information required for the 'Local Condition' section beyond health data:

- The MOH Application 'Local Conditions' would like examples of data from existing response efforts and harm reduction services
- The MOH Application 'Local Conditions' would like a description of how the proposed service delivery model is best suited to local conditions
- The Health Canada SCS Application would like a description of the health and safety impact of the site on the target population

Additional information that may be helpful for the 'Local Condition' section:

- The Government of Canada's "Supervised consumption Sites Explained" [website](#) mentions that SCS should be in an area with high rates of public consumption and near established illegal drug markets.
- Similarly the MOH identifies CTS must be strategically located (ie. Within walking distance from where open drug use is known to occur and easily accessible by public transit.

Local Conditions Summary

Summary:

The increasing rate of opioid-related overdoses and deaths in Barrie has been a growing concern impacting the overall health of the community. In 2019, there were 26 opioid related deaths in Barrie. Although, the rate of opioid related deaths in Barrie quadrupled between 2013 and 2017, it declined slightly between 2017 to 2019 but has doubled the 2019 rate in the first nine months of 2020 with 47 suspected opioid overdose deaths. There were over 270 emergency department (ED) visits for opioid poisonings among residents of the City of Barrie in 2019 – more than double the rate of the province. The visits include 55 visits among those identified as homeless in Barrie. The central north area of Barrie (which includes downtown) had approximately eight times the rate of opioid overdose ED visits in 2019 than the provincial average, and over three times the overall Barrie average. This included 50 visits among those identifying as homeless. Preliminary data for Barrie ED visits from January to June of 2020 identifies a crude rate of 143.3 per 100,000 population compared to the provincial crude rate of 79.6 per 100,000 for the same timeframe.

Needle distribution services has also increased in recent years. Needle Exchange Program supply requests have been steadily increasing from 2017 to 2020. Noting that from 2016 to 2018 the number of needles distributed across the Simcoe Muskoka region nearly tripled with over half a million distributed in 2018. This was followed by a decline in needles distributed in 2019 and 2020. However, there has been a notable increase in the safer inhalation equipment distributed between 2017-2020. In 2017/18 one-in-five Barrie residents in any substance abuse program reported injection drug use in their lifetime with fourteen per cent reporting injection drug use in the past year. This was twice the rate from 2007/08 when only seven per cent reported injection drug use in the past year.

In 2020, SMDHU and contracted community partnerships across Simcoe Muskoka distributed 1542 naloxone kits through the Ontario Naloxone Program. Pharmacies in the North Simcoe Muskoka LHIN distributed 5,387 naloxone kits in 2018, 7,712 kits in 2019, and 5,553 kits in 2020.

The percentage of individuals from the City of Barrie with at least one admission to a substance program that reported using heroin/opium in the past year increased substantially from 2007/08 (2%) to 2017/18 (13%). The percentage of individuals from the City of Barrie with at least one admission to a substance abuse program that reported using methamphetamine (crystal meth) in the past year also increased from 2007/08 (1%) to 2017/18 (6%). About one-in-four reported using a prescription opioid in the past year which is slightly lower than 2010 (31%). Between 2016 and 2018, North Central Barrie had more than double the rate of mental illness ED visits compared to the Province. The prevalence of low income in North Central Barrie is 1.5 times that of Ontario in 2016.

The incidence rate for Hepatitis C in Barrie varies widely across the city: the incidence rate for the combined time period of 2018-2019 in North Central Barrie (116.3 cases per 100,000) was more than three times higher than the provincial rate (35.2 cases per 100,000), that of Simcoe Muskoka (41 cases per 100,000) or Barrie as a whole (36.5 cases per 100,000).

Required Data

☒ Number of opioid-related deaths (i.e. cases)

Why this indicator?

- Referenced in the MOH Application Form Guide under Local Conditions that demonstrates need
- Referenced in the Health Canada SCS Form under Local Conditions that describes the targeted client population
- The Government of Canada's "Supervised consumption Sites Explained" [website](#) mentions that a main goal of SCS is to prevent overdose deaths

Data

Simcoe Muskoka

Opioid related deaths in Simcoe Muskoka can be found on the "[Opioid Deaths](#)" Simcoe Muskoka HealthSTATS webpage as well as the [Public Health Ontario Interactive Opioid Tool](#).

Barrie

Number of Opioid-Related Toxicity Deaths in Simcoe Muskoka and Barrie, 2013-2020*

Year	Simcoe Muskoka	Barrie
2013	35	9
2014	39	14
2015	48	20
2016	52	24
2017	80	37
2018	76	30
2019	88	26
2020	133	47 (Jan-Sept)

Data Source: Office of the Chief Coroner of Ontario

Note: Represents the number of opioid related deaths. Deaths may occur from a single opioid or from multiple opioids, in combination with other medications/drugs.

There were 133 confirmed and probable opioid-related deaths in Simcoe Muskoka in 2020, which was more than 60% higher than the 81 deaths per year on average for the previous three years. The City of Barrie has been disproportionately impacted by this recent increase, with 47 (or 50%) of the 94 Simcoe Muskoka deaths occurring between January to September 2020, despite Barrie only accounting for 25% of the Simcoe Muskoka population.

Key Messages

- In 2020, there were 133 opioid related deaths in Simcoe Muskoka for the entire year. For the months of January to September, there were 94 opioid related deaths in Simcoe Muskoka, 50 % or 47 of those deaths were in Barrie.

☒ Rate of opioid-related deaths

Why this indicator?

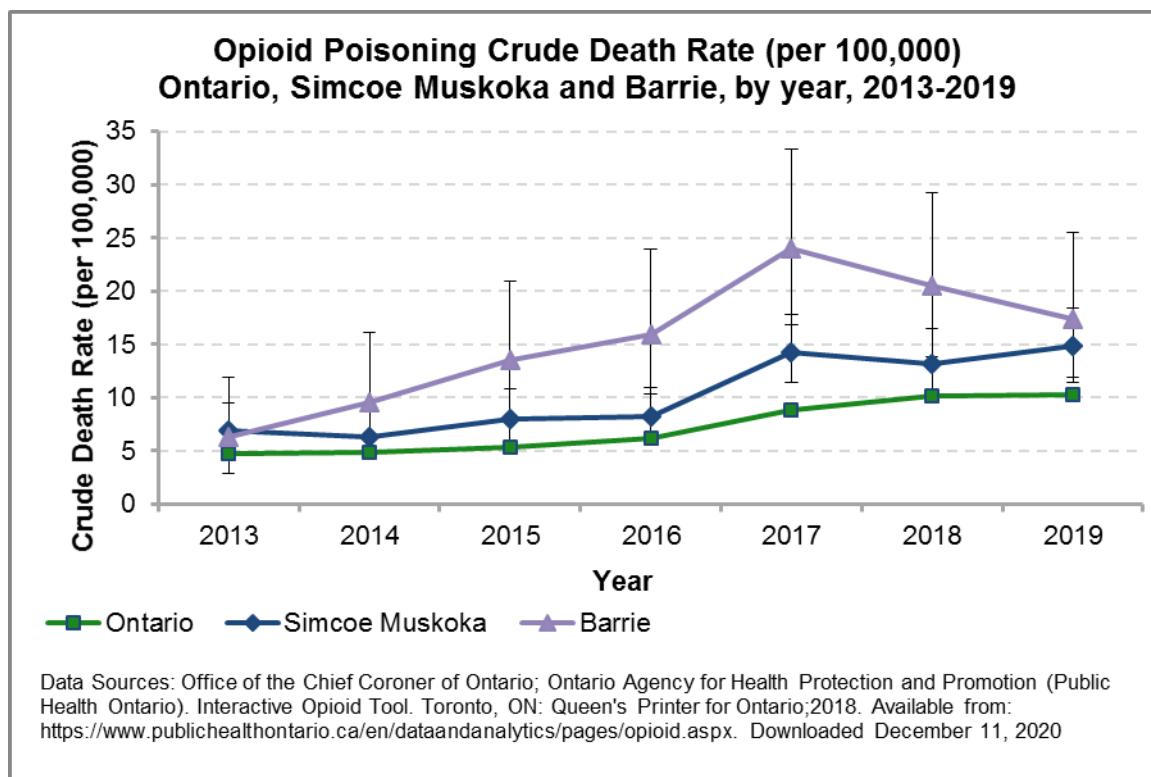
- Referenced in the MOH Application Form Guide under Local Conditions that demonstrates need

Data

Simcoe Muskoka

The rate of opioid-related deaths in Simcoe Muskoka can be found on the “[Opioid Deaths](#)” Simcoe Muskoka HealthSTATS webpage as well as the [Public Health Ontario Interactive Opioid Tool](#).

Barrie



Opioid Poisoning Crude Death Rate (per 100,000) Ontario, Simcoe Muskoka and Barrie, by year, 2013-2019

Year	Ontario (Rate per 100,000)	Simcoe Muskoka (Rate per 100,000)	Barrie (Rate per 100,000)
2013	4.7 (4.3, 5.1)	6.9 (4.9, 9.5)	6.3 (2.9, 11.9)
2014	4.9 (4.6, 5.3)	6.3 (4.3, 8.8)	9.6 (5.3, 16.1)
2015	5.3 (4.9, 5.7)	8.0 (5.8, 10.8)	13.6 (8.3, 20.9)
2016	6.2 (5.8, 6.6)	8.3 (6.0, 11.0)	16.0 (10.3, 23.9)
2017	9.0 (8.5, 9.5)	14.0 (11.1, 17.5)	25.4 (17.9, 35.0)
2018	10.3 (9.8, 10.8)	13.0 (10.3, 16.3)	20.5 (13.8, 29.2)
2019	10.4 (9.8, 10.9)	14.8 (11.9, 18.2)	17.4 (11.4, 25.5)

*Text in red is significantly different from Ontario

Data source: Office of the Chief Coroner of Ontario; Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario: 2018. Available from:

<https://www.publichealthontario.ca/en/dataandanalytics/pages/opioid.aspx>, Downloaded December 11, 2020

Key messages

- The Barrie crude rate (17.4 per 100,000) of opioid related deaths was significantly higher than the provincial rate (10.4 per 100,000) in 2019.
- The Barrie crude rate of opioid related deaths was significantly higher than the provincial rate from 2015 to 2019.
- The rate of opioid related deaths in Barrie was more than one and a half times higher compared to the provincial rate in 2019.
- The rate of opioid related deaths in Barrie quadrupled between 2013 and 2017, then slightly decreased in 2018 and 2019.
- Preliminary data for the first eight months of 2020 indicates a doubling in the death rate over the same time-period of 2019

☒ Rate of opioid-related emergency department visits

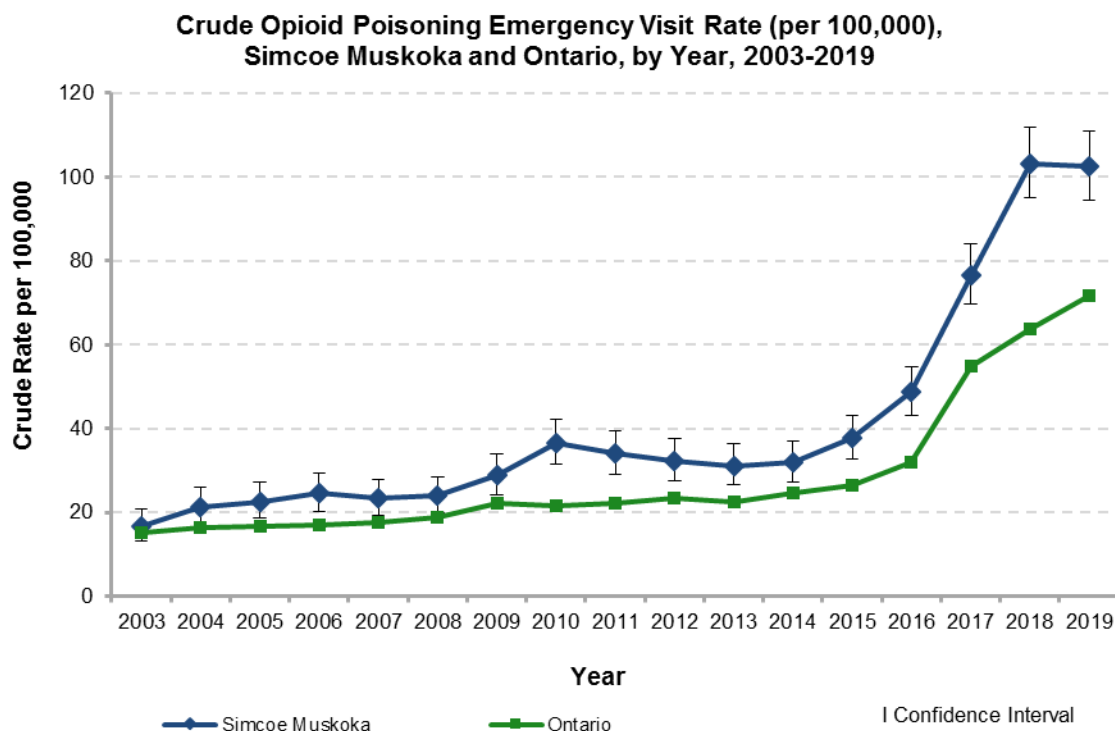
Why this indicator?

- Referenced in the MOH Application Form Guide under Local Conditions that demonstrates need

Data

Simcoe Muskoka

For opioid poisoning emergency department (ED) visits in Simcoe Muskoka and Ontario, please see the [Opioid Emergency Department Visits HealthSTATS webpage](#).

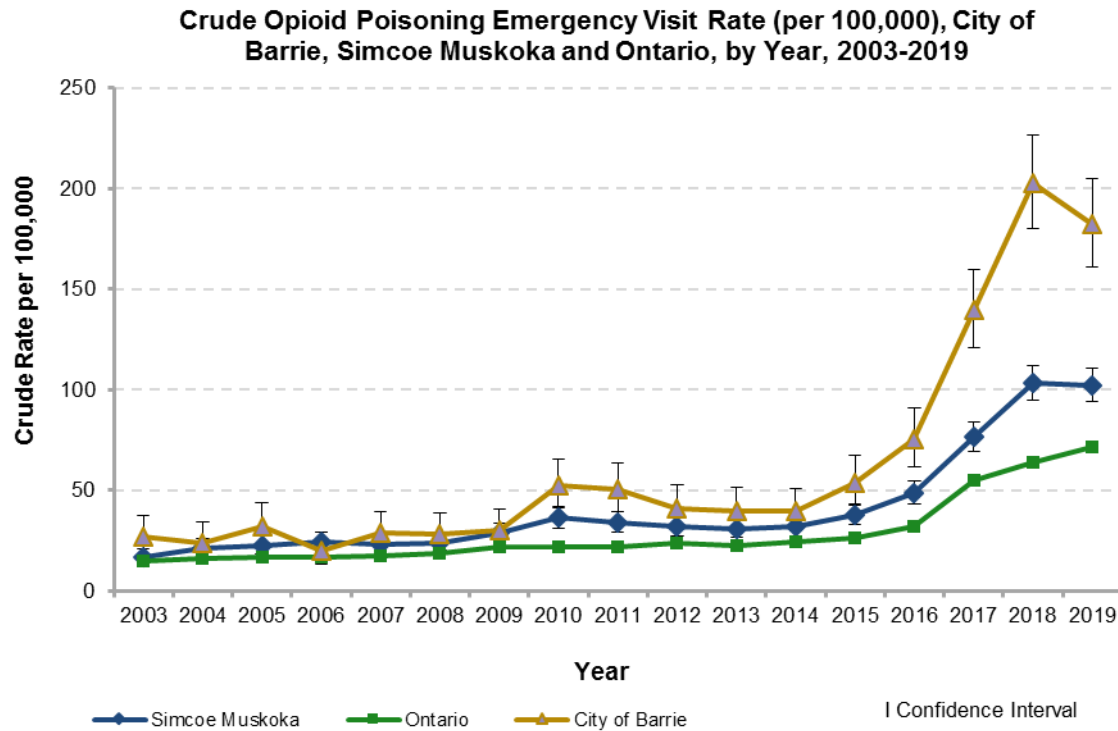


Data Source: Ambulatory Visits [2003-2019], IntelliHealth Ontario, Ministry of Health and Long-Term Care, extracted on September 11, 2019. Population Estimates [2003-2019] Statistics Canada (Table 1 Annual population estimates by age and sex, July 1, 2006 to 2019, Census Subdivisions, Ontario).

This is for ED visits among all Simcoe Muskoka residents that visited any hospital in Ontario for an Opioid Poisoning. There were 609 ED visits in 2019 among Simcoe Muskoka residents for Opioid Poisoning, which was about the same as the 601 visits from 2018. This was more than two times higher than the number of visits from 2016 (271).

Opioid poisoning emergency department visits were down in the first half of 2020 when compared to same months of 2019; however, visits from July to December were higher when compared to the same months for 2019.

Barrie:



Data Source: Ambulatory Visits [2003-2019], IntelliHealth Ontario, Ministry of Health and Long-Term Care, extracted on September 11, 2019. Population Estimates [2003-2019] Statistics Canada (Table 1 Annual population estimates by age and sex, July 1, 2006 to 2019, Census Subdivisions, Ontario).

Opioid Overdose Emergency Department Visits, Ontario, Simcoe Muskoka, Barrie, 2013-2019

	Ontario	Simcoe Muskoka		Barrie	
Year	(Rate per 100,000)	Visits	(Rate per 100,000)	Visits	Rate (per 100,000)
2013	22.5 (21.7, 23.3)	166	31.0 (26.5, 36.1)	57	39.6 (30.0, 51.3)
2014	24.5 (23.6, 25.3)	172	31.7 (27.2, 36.8)	57	39.1 (29.6, 50.7)
2015	26.3 (25.4, 27.2)	206	37.5 (32.6, 43.0)	78	52.9 (41.8, 66.0)
2016	31.7 (30.7, 32.6)	271	48.6 (43.0, 54.8)	110	73.5 (60.4, 88.6)
2017	54.6 (53.3, 55.8)	437	77.2 (70.1, 84.7)	203	132.4 (114.8, 151.9)
2018	63.7 (62.4, 65.1)	601	103.2 (95.1, 111.8)	297	202.5 (180.2, 226.9)
2019	71.6 (70.3, 73.0)	609	102.4 (94.5, 110.9)	272	182.2 (161.2, 205.2)

Data Source: Ambulatory Visits [2019] & Population Estimates [2019], IntelliHealth Ontario, Ministry of Health and Long-Term Care, extracted on September 10, 2019; Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario: 2018. Available from: <https://www.publichealthontario.ca/en/dataandanalytics/pages/opioid.aspx>. Downloaded January 10, 2019.

For the City of Barrie, 2019 shows a rate of 182 visits per 100,000 people (or 272 actual visits).

Barrie Compared to Other Simcoe Muskoka Municipalities, 2020

Opioid Overdose Emergency Department Visits, Simcoe Muskoka Residents Visiting Any Ontario Hospital, 2020 (January- June)



Opioid Overdose Emergency Department Visits, Simcoe Muskoka Residents Visiting Any Ontario Hospital, 2020 (January - June)

Geographic Area	Count of Opioid Overdose Visits	Crude Rate (per 100,000)	Significantly Different SMDHU	Significantly Different Ontario
Ontario	5,799	79.6	Lower	N/A
Simcoe Muskoka	300	100.9	N/A	Higher
Muskoka	25	75.5		
Simcoe County	275	104.1		Higher
Simcoe Muskoka Municipalities				
ORILLIA	59	352.7	Higher	Higher
GRAVENHURST	15	226.5	Higher	Higher
MIDLAND	15	167.3		Higher
PENETANGUISHENE ^{^^}	8	165.1		
BARRIE [^]	107	143.3	Higher	Higher
CLEARVIEW	9	121.7		
ESSA	13	108.7		
RAMARA	5	96.3		
SEVERN	6	80.2		
INNISFIL	15	73.6		
BRACEBRIDGE	6	68.8		
COLLINGWOOD	8	66.7		
WASAGA BEACH	6	52.2		
NEW TECUMSETH	10	48.3		
TAY	<5	NR	N/A	N/A
ADJALA-TOSORONTIO	<5	NR	N/A	N/A
TINY	<5	NR	N/A	N/A
SPRINGWATER	<5	NR	N/A	N/A
HUNTSVILLE	<5	NR	N/A	N/A
ORO-MEDONTE	<5	NR	N/A	N/A
BRADFORD W GWILLIM.	<5	NR	N/A	N/A
LAKE OF BAYS	<5	NR	N/A	N/A
GEORGIAN BAY	0	N/A	N/A	N/A
MUSKOKA LAKES	0	N/A	N/A	N/A

NR: Not released; N/A: Not applicable

[^]Includes 19 visits among those identified as homeless but living in Barrie.

^{^^}Includes 3 visits for patients transferred to/from the Central North Correctional Centre

Data Source: Ambulatory Visits (2020), IntelliHealth Ontario, Ministry of Health and Long-Term Care, extracted on February 26, 2021. Population Estimates (2019) Statistics Canada (Table 1 Annual population estimates by age and sex, July 1, 2006 to 2019, Census Subdivisions, Ontario).

Definition: unscheduled emergency department visits where opioid poisoning was recorded as main or other problem. Unconfirmed diagnoses are excluded. Residents of Simcoe Muskoka visiting any hospital in Ontario from January 1st, 2020 up to and including June 30th, 2020. Statistical significance in the rates were based on non-overlapping 95% confidence intervals. NB: rates are presented on an annualized basis by dividing the population in half for this six-month period. Produced by John Barbaro, Epidemiologist, PHASE (Population Health Assessment Surveillance and Evaluation) Team. Updated February 26, 2021.

[^]Includes 55 visits among those identified as homeless but living in Barrie.

^{^^} Includes 7 visits for patients transferred to/from the Central North Correctional Centre

Barrie Compared to Other Large Ontario Municipalities, 2019

Opioid Overdose Emergency Department Visits, Residents of Large Municipalities (100,000+) Visiting Any Ontario Hospital, 2019 (January – December)

Municipality	2019 Population Estimate	2019 (Jan-Dec) Count of Opioid Overdose Visits	2019 (Jan-Dec) Crude Rate (per 100,000)	95% Confidence Interval for the Crude Rate (per 100,000)
ST. CATHARINES	141,294	280	198.2	175.6 - 222.8
OSHAWA	175,220	322	183.8	164.2 - 205.0
BARRIE	149,302	272	182.2	161.2 - 205.2
GREATER SUDBURY	168,813	298	176.5	157.1 - 197.8
BRANTFORD	104,902	173	164.9	141.3 - 191.4
THUNDER BAY	112,740	155	137.5	116.7 - 160.9
KINGSTON	135,204	176	130.2	111.7 - 150.9
HAMILTON	585,595	761	130	120.9 - 139.5
LONDON	426,139	519	121.8	111.5 - 132.7
CAMBRIDGE	139,996	167	119.3	101.9 - 138.8
GUELPH	143,169	153	106.9	90.6 - 125.2
KITCHENER	263,790	249	94.4	83.0 - 106.9
WINDSOR	234,048	217	92.7	80.8 - 105.9
CHATHAM-KENT	105,666	85	80.4	64.3 - 99.5
TORONTO	2,965,713	2029	68.4	65.5 - 71.5
CLARINGTON	100,562	63	62.6	48.1 - 80.2
MILTON	129,334	68	52.6	40.8 - 66.7
WHITBY	136,594	72	52.7	41.2 - 66.4
WATERLOO	119,869	56	46.7	35.3 - 60.7
OTTAWA	1,028,514	448	43.6	39.6 - 47.8
MISSISSAUGA	769,050	309	40.2	35.8 - 44.9
BRAMPTON	696,975	250	35.9	31.6 - 40.6
BURLINGTON	190,194	70	36.8	28.7 - 46.5
OAKVILLE	212,551	74	34.8	27.3 - 43.7
AJAX	129,490	34	26.3	18.2 - 36.7
VAUGHAN	325,678	67	20.6	15.9 - 26.1
RICHMOND HILL	203,996	41	20.1	14.4 - 27.3
MARKHAM	343,698	41	11.9	8.6 - 16.2
ONTARIO	14,566,547	10,478	71.9	70.6 – 73.3

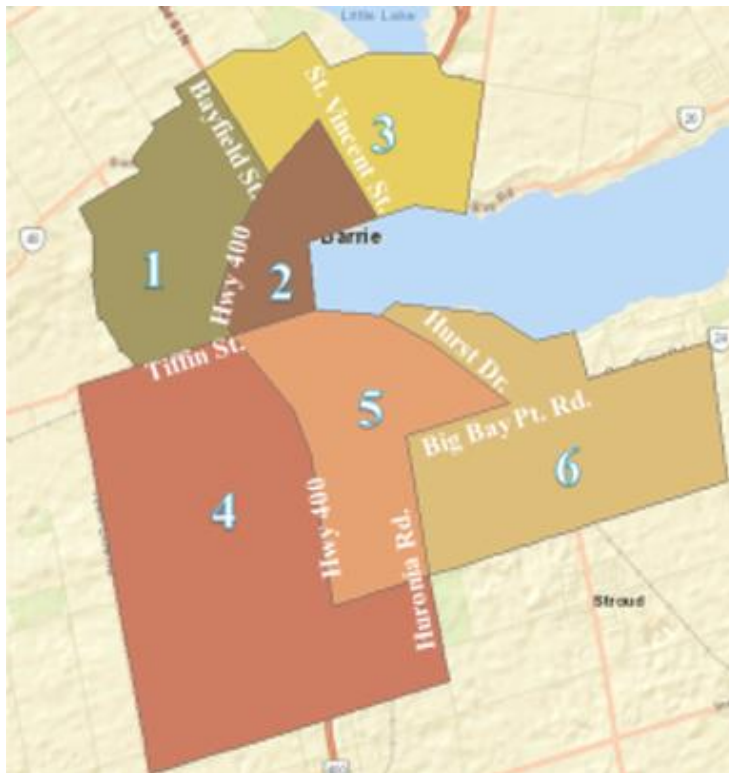
Data Source: Ambulatory Visits [2019], IntelliHealth Ontario, Ministry of Health and Long-Term Care, extracted on October 1, 2020. Population Estimates [2019] Statistics Canada (Table 1 Annual population estimates by age and sex, July 1, 2006 to 2019, Census Subdivisions, Ontario).

Definition: unscheduled emergency department visits where opioid poisoning was recorded as main or other problem. Unconfirmed diagnoses are excluded. Residents of the respective Municipalities visiting any hospital in Ontario.

Barrie: Number and Rate of Opioid-related Emergency Department Visits by Planning Area, 2019

Because of the large population base and the diverse sociodemographic areas across the city, Barrie has been divided into six planning areas that can be used for statistical reporting purposes. Alignment with the 10 City of Barrie Municipal Wards is good but not perfect. Statistics Canada Census Tracts (CTs) were used to create these six areas to leverage data availability. The CTs were grouped together based on proximity (i.e. adjacent CTs) and similar sociodemographic characteristics.

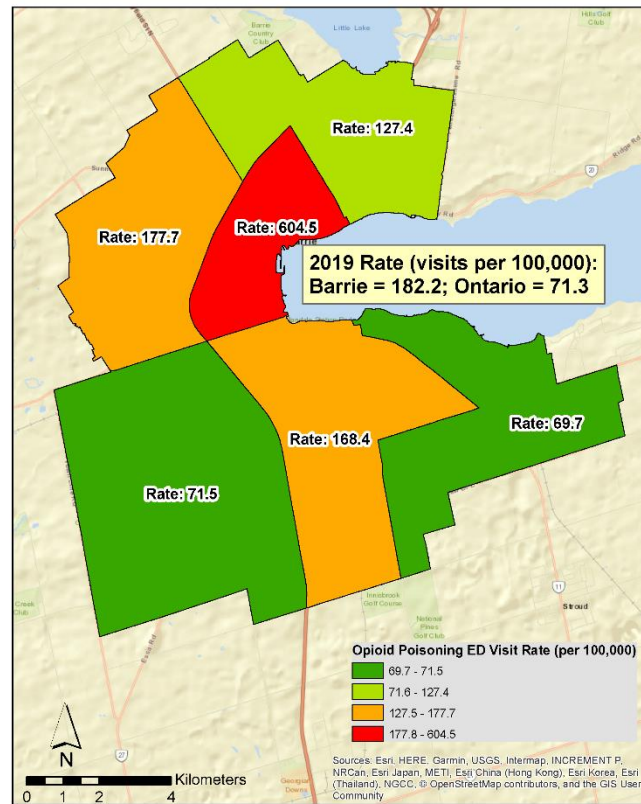
Map and Population Counts for the Six Barrie Planning Areas



AREA NAME	2016 POPULATION
1. North West	25,985
2. North Central	14,025
3. North East	28,770
4. South West	30,970
5. South Central	19,700
6. South East	21,750

Data source: 2016 Canadian Census, Statistics Canada.

Opioid Poisoning Emergency Department Visits Barrie Aggregated Census Tracts, 2019



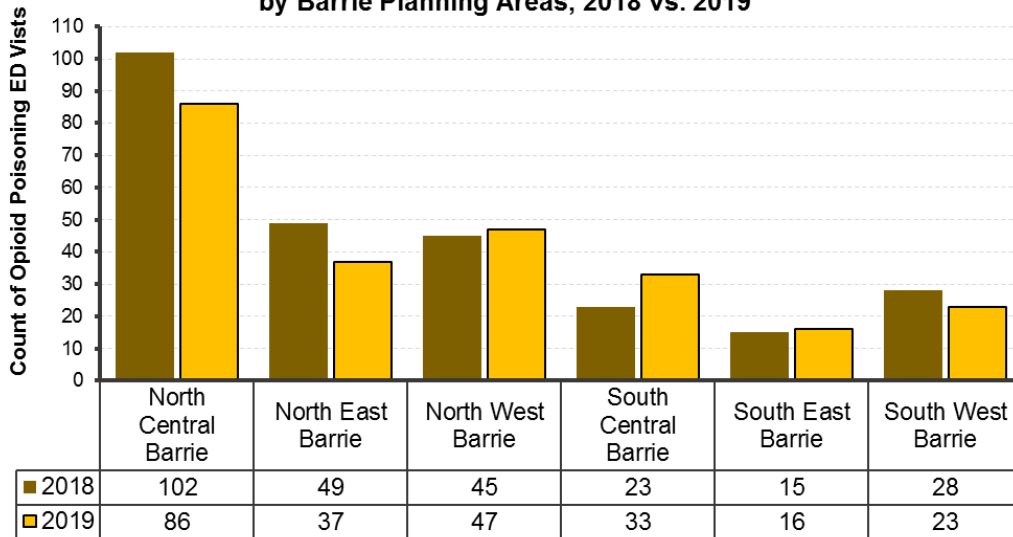
Data source: Ambulatory Visits [2019], IntelliHealth ONTARIO, MOHLTC;
Canadian Census 2016, Statistics Canada.
NB: Emergency visits by those identified as homeless in Barrie were assigned to the downtown zone.
There were 50 such visits included in this map, which accounted for 58% of all visits for this zone in 2019.

Date Created: 10/22/2020

Opioid poisoning emergency department visits are defined as any unscheduled visit to an Ontario emergency department that used any International Classification of Disease, tenth revision (ICD-10) diagnosis code in the visit record (excluding query or suspected diagnoses), from the following:

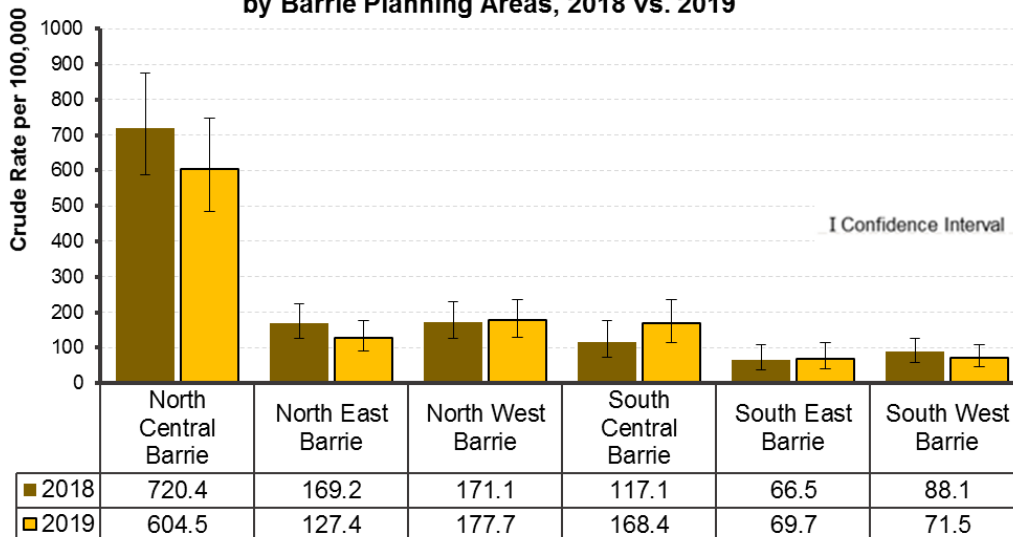
- T40.0 Poisoning by opium
- T40.1 Poisoning by heroin
- T40.2 Poisoning by other opioids
- T40.3 Poisoning by methadone
- T40.4 Poisoning by other synthetic narcotics
- T40.6 Poisoning by other and unspecified narcotics

**Number of Opioid Poisoning
Emergency Department Visits,
by Barrie Planning Areas, 2018 vs. 2019**



Data Sources: Ambulatory Visits [2018-2019], extracted October 23, 2019. IntelliHEALTH ONTARIO. Ontario Ministry of Health and Long-Term Care.

**Crude Rate (per 100,000) of Opioid Poisoning Emergency
Department Visits,
by Barrie Planning Areas, 2018 vs. 2019**



Data Sources: Ambulatory Visits [2018-2019], extracted October 23, 2019. IntelliHEALTH ONTARIO. Ontario Ministry of Health and Long-Term Care.

- Despite being the smallest area in terms of population, North Central Barrie had the highest number of opioid poisoning emergency department visits in both 2018 (102) and 2019 (86) and the crude rates were considerably and significantly higher than all other planning areas for both years.

Key Messages

- According to data collected on opioid overdose emergency department visits among municipalities larger than 100,000, Barrie ranked third in the province in 2019.
- The rate of opioid overdose emergency department visits in Barrie increased by about 37% from 2017 to 2019.
- Data from January to December 2019 indicates that overall rates of emergency department visits per 100,000 people for an opioid overdose were significantly higher in Barrie than the average for Ontario or Simcoe Muskoka.
- Barrie had about 2.5 times the rate of opioid overdose emergency department visits in 2019 compared with the provincial average.
- The central north area of Barrie had eight-times the rate of opioid overdose ED visits in 2019 compared with the provincial average and three-times the Barrie average. This includes 50 visits among those experiencing homelessness.
- Although the 2019 crude opioid poisoning emergency department visit rate for North Central Barrie was slightly lower than the 2018 rate, it was almost double the rate from 2017 and more than triple the rates from 2013 to 2016 in this area.
- Crude opioid poisoning emergency department visit rates for North Central Barrie have been significantly higher than the comparable Simcoe Muskoka and provincial rates over the past seven years.
- In 2019, Barrie accounted for just under half of all opioid overdose emergency department visits in Simcoe Muskoka.

☒ Rate of opioid-related hospitalizations

Why this indicator?

Referenced in the MOH Application Form Guide under Local Conditions that demonstrates need

Data

Opioid-Related Hospitalizations, Ontario, Simcoe Muskoka, Barrie, 2013-2019

	Ontario	Simcoe Muskoka		Barrie	
Year	(Rate per 100,000)	Visits	(Rate per 100,000)	Visits	Rate (per 100,000)
2013	12.3 (11.7, 12.9)	116	21.7 (17.9, 26.0)	39	27.1 (19.3, 37.0)
2014	12.5 (11.9, 13.1)	100	18.5 (15.0, 22.4)	33	22.6 (15.6, 31.8)
2015	12.6 (12.1, 13.2)	92	16.8 (13.5, 20.6)	20	13.6 (8.3, 20.9)
2016	13.7 (13.0, 14.3)	126	22.6 (18.8, 26.9)	32	21.4 (14.6, 30.2)
2017	15.1 (14.4, 15.7)	127	22.3 (18.6, 26.5)	32	20.9 (14.3, 29.5)
2018	14.7 (14.1, 15.4)	122	20.9 (17.4, 25.0)	34	23.2 (16.1, 32.4)
2019	13.7 (13.1, 14.3)	152	25.6 (21.7, 30.0)	34	22.8 (15.8, 31.8)

Data Source:

Inpatient Discharges [2003-2019], IntelliHealth Ontario, Ministry of Health and Long-Term Care, extracted on November 1, 2020. Population Estimates [2003-2019] Statistics Canada (Table 1 Annual population estimates by age and sex, July 1, 2006 to 2019, Census Subdivisions, Ontario).

Key Messages

- There were 34 opioid related hospitalization visits in Barrie in 2019, representing almost one quarter of all opioid-related hospitalization visits in Simcoe Muskoka.
- The rate of opioid-related hospitalizations in Barrie has not significantly changed from 2013 to 2019.

Note: Hospitalizations may be more likely to capture 'intended' overdoses than emergency visits, which largely capture 'accidental' overdoses.

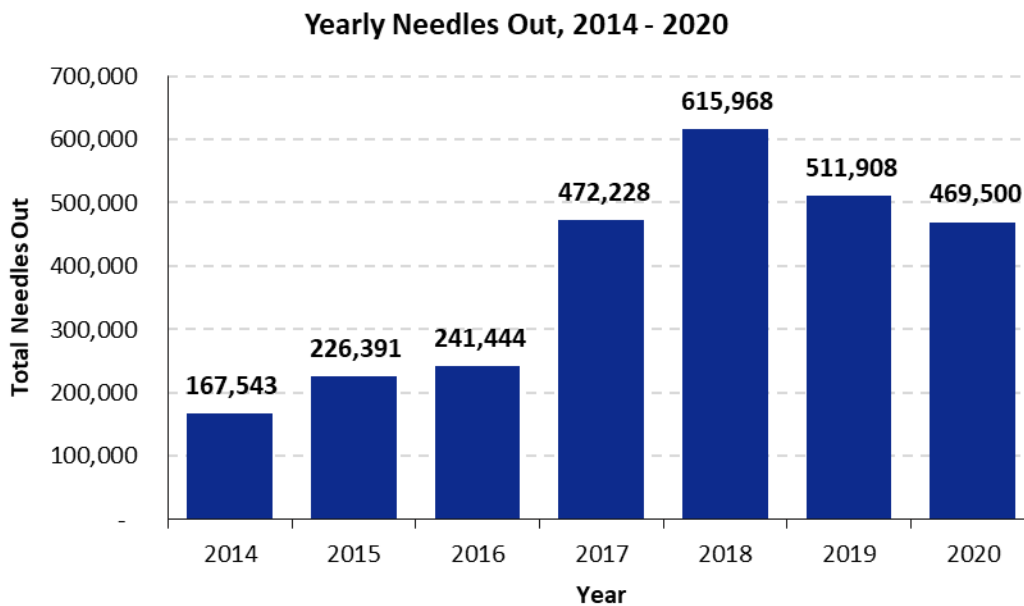
☒ Needle Distribution (Proxy measure for drug use)

Why this indicator?

- Referenced in the MOH Application Form Guide under Local Conditions that demonstrates need

Data

Simcoe Muskoka



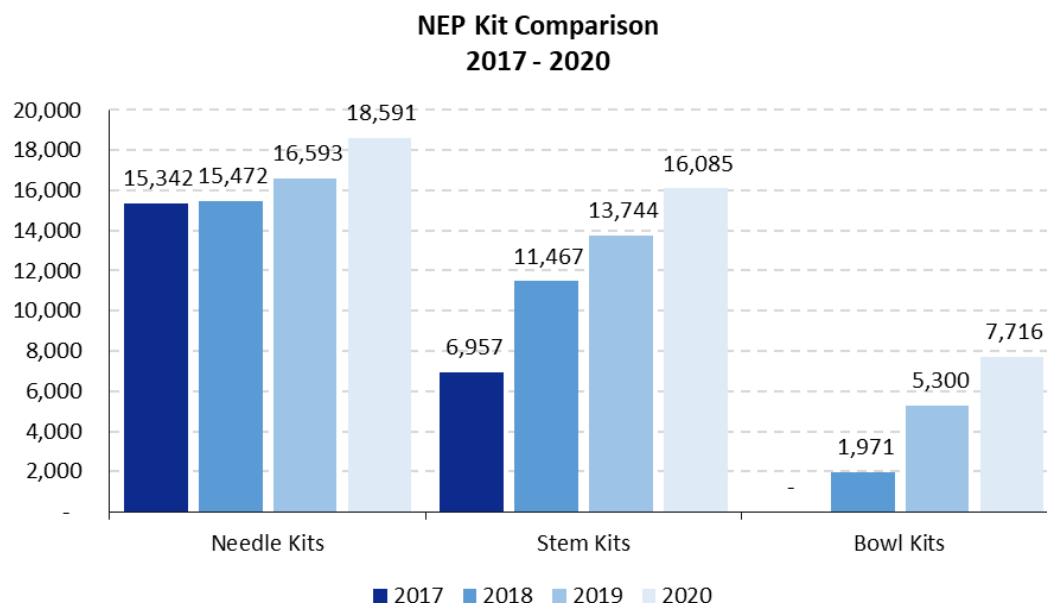
Needle Exchange Program (NEP) supply distribution has increased across all the types of kits provided. See chart below.

Definition of NEP kits

Needle Kit- needles and supplies used for safe injection

Stem Kit- glass tubes and supplies used for safer inhalation

Bowl Kit- glass tube with bulb and supplies used for safer inhalation



Key Messages

- Needle Exchange Program supply requests have been steadily increasing from 2017 to 2020.
- Nearly 620,000 needles were distributed in 2018, followed by a decline in needles distributed in 2019 and 2020. Despite a decline in needle distribution between 2019 and 2020, the program experienced a significant increase in requests for inhalation supplies

☒ Naloxone Distribution (Proxy measure for drug use)

Why this indicator?

- Referenced in the MOH Application Form Guide under Local Conditions that demonstrates need

Data

Naloxone is a drug that can temporarily reverse an opioid overdose. The following programs distribute naloxone kits free-of-charge:

- **Ontario Naloxone Program:** Needle syringe/exchange programs, hepatitis C programs and participating community-based organizations distribute nasal spray naloxone kits to clients, their friends and family, and newly released inmates.
- **Ontario Naloxone Program for Pharmacies:** Participating Ontario pharmacies distribute injectable and nasal spray naloxone kits.

Source: Ministry of Health <https://www.health.gov.on.ca/en/pro/programs/drugs/naloxone>

SMDHU is the naloxone flow-through organization between the Ontario Naloxone program and community partnerships across the region. Community partnerships enter into a contract with SMDHU for the distribution of naloxone to their clients and Police and Fire enter contracts for access to naloxone for the purpose of administering naloxone in the field. To date SMDHU has naloxone contracts with the following partnerships:

- 10 Outreach Organizations
- 8 Fire Departments
- 6 Community Health Centres
- 4 Shelters
- 3 Police Forces
- 3 Hospitals
- 2 Withdrawal Programs
- 1 AIDS Organization

In 2020, SMDHU and contracted community partnerships across Simcoe Muskoka distributed 1542 naloxone kits through the Ontario Naloxone Program. In addition, pharmacies participating in the Ontario Naloxone Pharmacy Program in the North Simcoe Muskoka LHIN distributed 5,553 kits in 2020.

☒ Estimates of the Number of Persons who Consume Illegal Substances and those who accessed treatment

Why this indicator?

- Referenced in the Health Canada SCS Form under Local Conditions that describes the targeted client population

Data

Simcoe Muskoka:

Use of prescription opioid pain medication for non-medical purposes among adolescents, 2019

- In 2019, 10.4% (Confidence Interval 8.6%, 12.5%) of Simcoe Muskoka students (ages 11 and up or grades 7 and up) reported using prescription opioid pain medication for non-medical or recreational use in the past year. In comparison, 11% (10.3%, 11.7%) of Ontario students reported using prescription opioid pain medication for non-medical or recreational use in the past year.

- In 2019, 13.0% (9.3%, 17.8%) of Simcoe Muskoka students in grades 11 and 12 reported using prescription opioid pain medication for non-medical or recreational use in the past year. This was similar to Ontario (12.0% [10.7%, 13.4%])

Illicit drug problem among adolescents, 2019

- In 2019, 31.7% (22.4%, 42.7%) of Simcoe Muskoka students in grades 11 and 12 reported having an illicit drug use problem in the past year. Ontario reported a slightly lower percentage (20.6% [18.2%, 23.2%]).

Ease of obtaining opioids without a prescription among adolescents, 2019

- In 2019, 24.9% (18.6%, 32.4%) of Simcoe Muskoka students in grades 11 and 12 reported it would be very or fairly easy to get opioids without a prescription. This was similar to Ontario (23.6% [21.3%, 26.1%])

Data Source: Ontario Student Drug Use and Health Survey (OSDUHS), Centre for Addiction and Mental Health (CAMH) 2019.

Note: OSDHUS data is only available in Simcoe Muskoka for 2019 and not available for Barrie.

Illicit drug use in the past 12 months, 2015-2016

- Approximately 13.5% (11.0%, 16.4%) of the Simcoe Muskoka population (12 years and older) reported having used an illicit drug during the past 12 months, excluding one-time use of cannabis.
- Approximately 13.1% (10.4%, 16.4%) of Simcoe Muskoka adults (20 years and older) reported using an illicit drug in the previous 12 months at the time of the survey, excluding one-time cannabis use.

Ever used illicit drugs, 2015-2016

- Approximately 39.4% (35.5%, 43.3%) of the Simcoe Muskoka population (12 years and older) reported ever using or have tried an illicit drug, excluding one-time use of cannabis.
- Approximately 41.3% (37.1%, 45.7%) of Simcoe Muskoka adults (20 years and older) reported ever using or have tried an illicit drug, excluding one-time use of cannabis.

Data Source: Canadian Community Health Survey (CCHS) 2015-2016, Statistics Canada, Ontario Share File, Distributed by the Ontario Ministry of Health and Long-Term Care.

Illicit drugs at the time of the survey may have included: cannabis; cocaine or crack; amphetamine; MDMA; hallucinogens, PCP, or LSD; glue, gasoline, or other solvent; heroine; or steroids

Perception of becoming addicted to pain medication, 2017

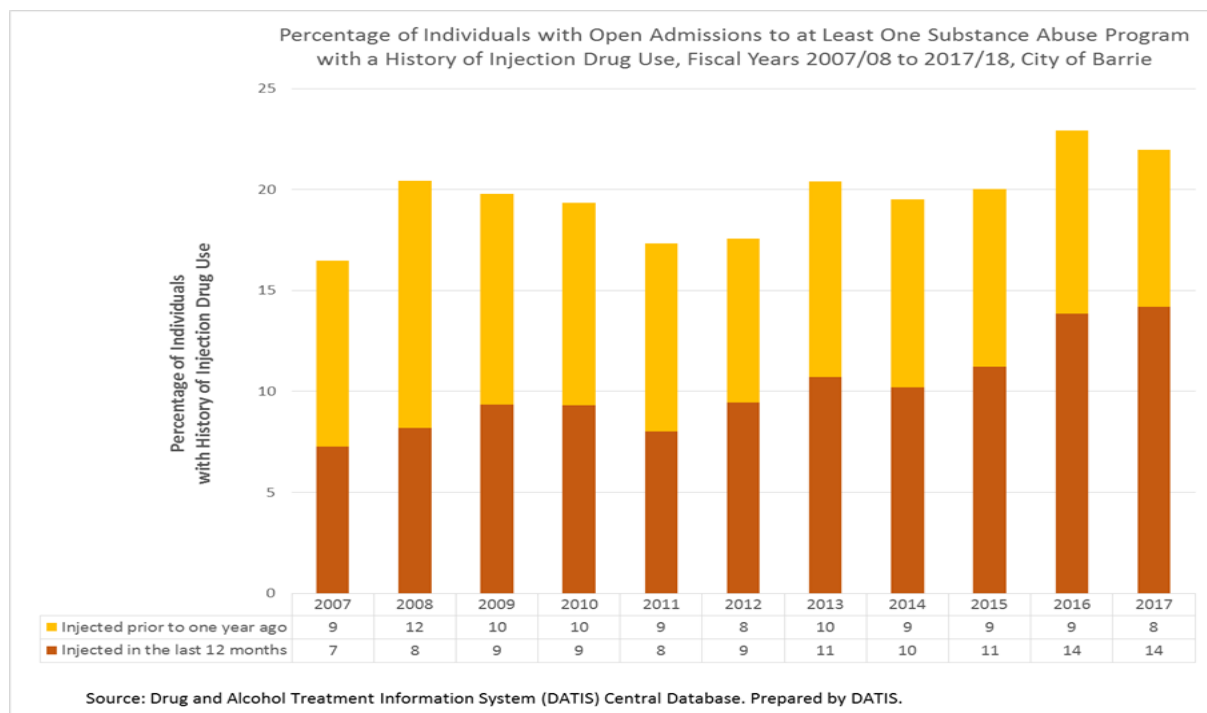
- In 2017, 90.5% (88.2%, 92.4%) of Simcoe Muskoka adults (18+) reported a perceived high or medium risk of becoming addicted to prescription pain medication when used without a prescription.
- In 2017, 66.8% (63.4%, 70.1%) of Simcoe Muskoka adults (18+) reported a perceived high or medium risk of becoming addicted to prescription pain medication when used according to a doctor's prescription.

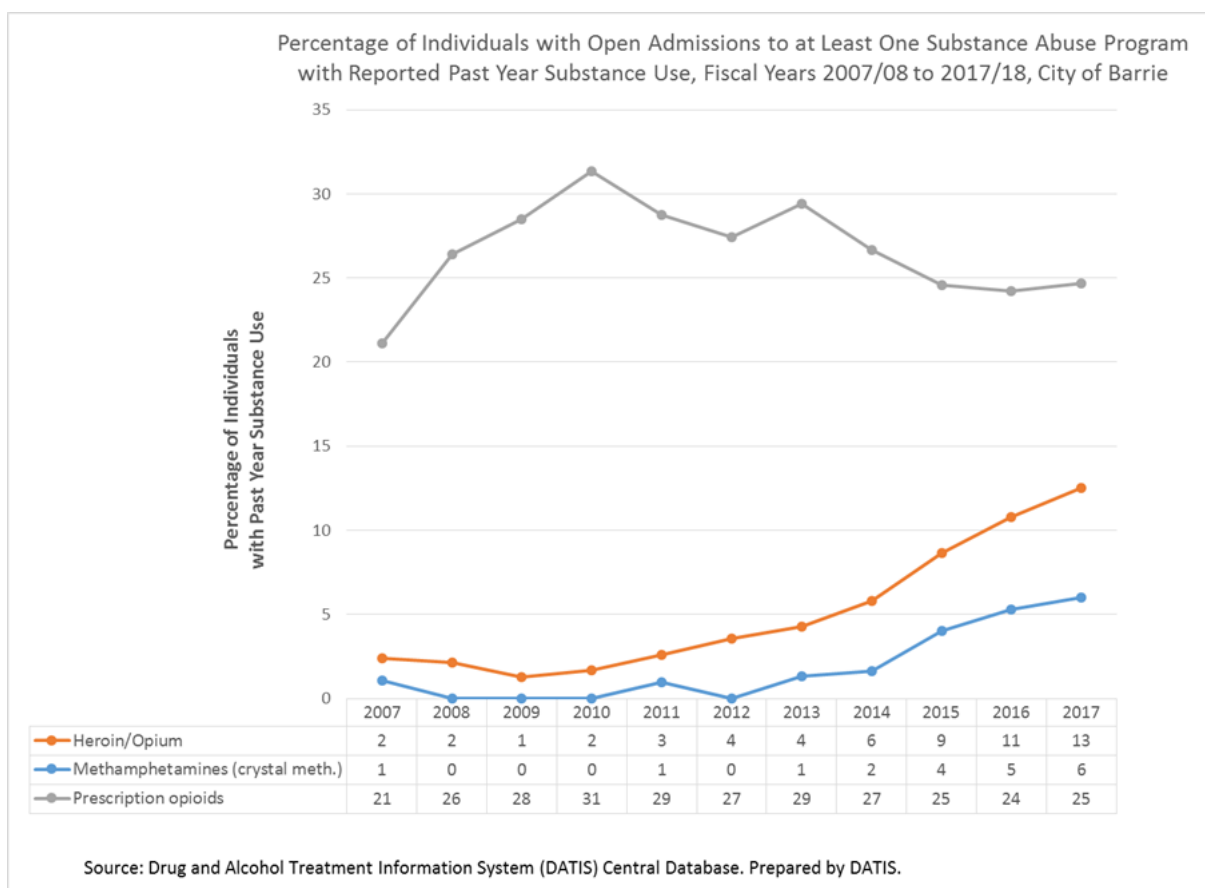
Perception of overdosing when using prescription pain medication, 2017

- In 2017, 88.9% (86.4%, 91%) of Simcoe Muskoka adults (18+) reported a perceived high or medium risk of overdosing when using prescription pain medication without a doctor's prescription.
- In 2017, 44.4% (40.8%, 48%) of Simcoe Muskoka adults (18+) reported a perceived high or medium risk of overdosing when using prescription pain medication as prescribed by a doctor.

Data Source: Rapid Risk Factor Surveillance System (RRFSS) Jan, 2017 - Dec, 2017, Simcoe Muskoka District Health Unit.

Barrie:





Key Messages

- Approximately 13.1% (10.4%, 16.4%) of the Simcoe Muskoka adult population (20 years or older) reported using an illicit drug in the previous 12 months, excluding one-time use of cannabis between 2015 and 2016 combined.
- 13.0% (9.3%, 17.8%) of Simcoe Muskoka students in grades 11 and 12 reported using prescription opioid pain medication for non-medical or recreational use in the past year.
- In 2019, 31.7% (22.4%, 42.7%) of Simcoe Muskoka students in grades 11 and 12 reported having an illicit drug use problem in the past year. Ontario reported a slightly lower percentage (20.6% [18.2%, 23.2%]).
- The percentage of individuals from the City of Barrie with at least one admission to a substance abuse program that specifically reported injection drug use in the past year increased substantially from 2007/08 (7%) to 2017/18 (14%). In both 2016/17 and 2017/18 more than one-in-five individuals from the City of Barrie admitted to a substance abuse program reported a history of injection drug use ever (based on 965 individuals).
- The percentage of individuals from the City of Barrie with at least one admission to a substance abuse program that reported using heroin/opium in the past year increased substantially from 2007/08 (2%) to 2017/18 (13%). The percentage of individuals from the City of Barrie with at least one admission to a substance abuse program that reported using methamphetamine (crystal meth) in the past year also increased from 2007/08 (1%) to 2017/18 (6%). About one-in-four reported using a prescription opioid in the past year which is down a bit from 2010 (31%).

☒ Infectious Disease Rates related to Problematic Substance Use

Why this indicator?

- Referenced in the Health Canada SCS Form under Local Conditions that describes the targeted client population
- The Government of Canada's "Supervised consumption Sites Explained" [website](#) mentions that SCS can provide testing for infectious diseases like HIV, Hep C and STIs and the goal of SCS is to reduce risk of disease transmission

Hepatitis C

Incidence in Simcoe Muskoka

Incidence of Hepatitis C in Simcoe Muskoka has been increasing between 2005 and 2019. In 2019, 244 cases of Hepatitis C cases were reported in Simcoe Muskoka – an incidence of 41.0 cases per 100,000 population. The incidence rate of Hepatitis C in Simcoe Muskoka is above the provincial incidence rate in 2019. This is a relatively recent change, as prior to 2016, the SMDHU annual incidence rate was similar or lower than the Ontario annual incidence rate.

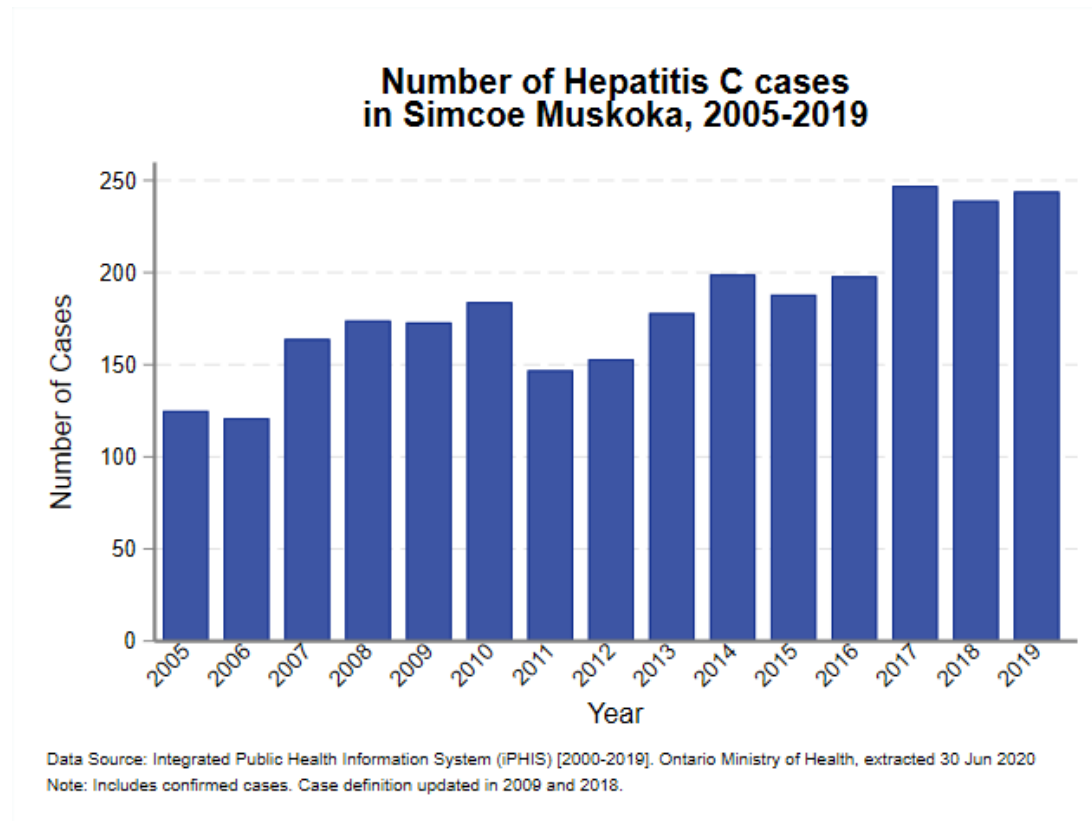
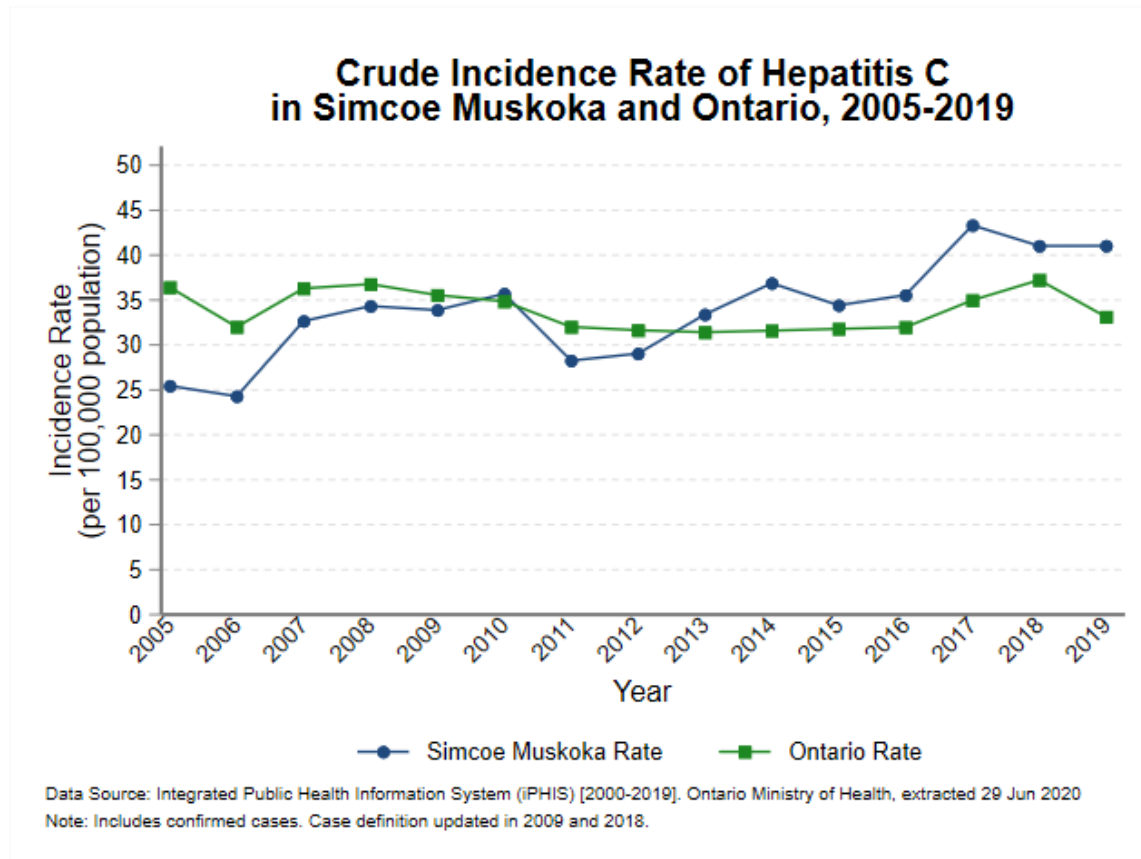


Table 1: Incidence of Hepatitis C in Simcoe Muskoka, 2013-2019

Year	2013	2014	2015	2016	2017	2018	2019
Count	177	199	187	198	247	234	244
Incidence Rate (per 100,000)	33.2 (28.5, 38.5)	36.9 (31.9, 42.4)	34.2 (29.5, 39.5)	35.6 (30.8, 40.9)	43.3 (38.1, 49.1)	40.2 (35.2, 45.7)	41.0 (36.1, 46.5)

Data Source: Integrated Public Health Information System (iPHIS), extracted June 30, 2020

Note: Numbers pulled are based on the data entered into iPHIS as of the above extracted date. This information is subject to change.



Incidence in Barrie and Across Barrie

The incidence rate of Hepatitis C in Barrie increased between 2014 and 2019. Across the city, rates varied widely: incidence rates for the combined time period of 2014-2019 were highest in North Central Barrie (323.6 cases per 100,000) compared to the four lowest regions in Barrie (45 – 85 cases per 100,000) and Simcoe Muskoka overall (116). North East Barrie had the second highest rate at 114.5 cases per 100,000 for the six combined years.

Table 2: Incidence of Hepatitis C in Barrie, 2014-2019

Year	2014-15	2016-17	2018-19
Case Count (City of Barrie)	87	103	108
Incidence Rate (per 100,000)	30.1 (24.1, 37.2)	35.3 (28.8, 42.8)	36.5 (29.9, 44.1)

Data Source: Integrated Public Health Information System (iPHIS), extracted January, 2021
 Statistics Canada. 2017-2019. Annual population estimates by age and sex, July 1, 2006 to 2019. Community Data Program (distributor).
 Communitydata.ca
 Available at SMDHU HealthMAPS:
<https://www.simcoemuskokahealth.org/MicroSites/Media/Health%20Stats/Instant%20Atlas/InfectiousDiseases/index.html>
 Note: Numbers pulled are based on the data entered into iPHIS as of the above extracted date. This information is subject to change.

Table 3: Incidence of Hepatitis C by Barrie Planning Area, 2014-2019 Combined

Planning Area	Crude Incidence Rate (2014-2015 Combined)	Crude Incidence Rate (2016-2017 Combined)	Crude Incidence Rate (2018-2019 Combined)
Simcoe Muskoka	35.6 (32.2, 39.4)	39.4 (35.8, 43.2)	41 (37.5, 44.9)
North Central Barrie	111.3 (75.6, 158.0)	96 (63.3, 139.7)	116.3 (80.0, 163.2)
North East Barrie	31.4 (18.6, 49.7)	29.5 (17.2, 47.2)	53.4 (36.3, 75.9)
North West Barrie	21.4 (10.7, 38.2)	30.7 (17.5, 49.8)	32.2 (18.8, 51.6)
South Central Barrie	22.8 (10.4, 43.2)	43.2 (25.2, 69.1)	22.9 (10.5, 43.5)
South East Barrie	18.9 (8.2, 37.3)	15.9 (6.4, 32.8)	17.6 (7.6, 34.6)
South West Barrie	9.9 (3.6, 21.5)	22.5 (12.3, 37.7)	12.5 (5.4, 34.7)

Data Source: Integrated Public Health Information System (iPHIS), extracted January 2021
 Statistics Canada. 2017-2019. Annual population estimates by age and sex, July 1, 2006 to 2019. Community Data Program (distributor).
 Communitydata.ca
 Available at SMDHU HealthMAPS:
<https://www.simcoemuskokahealth.org/MicroSites/Media/Health%20Stats/Instant%20Atlas/InfectiousDiseases/index.html>
 Note: Numbers pulled are based on the data entered into iPHIS as of the above extracted date. This information is subject to change.

Risk Factors for Hepatitis C Infection

Injection drug use has been reported as a risk factor for approximately two thirds (65%) of Hepatitis C cases in Simcoe Muskoka between 2014 and 2019. Almost 40% of cases report sharing needles, drug paraphernalia or personal items (e.g. razors), and 30% also report past or current residence in a correctional facility. Homelessness/underhoused has increasingly been reported as a risk factor by Hepatitis C cases— rising from 6% of cases in 2014 to 15% of cases in 2019.

Table 4: Risk Factors Reported by Hepatitis C Cases in Simcoe Muskoka, 2014-2019

Risk Factor	2014	2015	2016	2017	2018	2019	2014-2019 Combined
New Hepatitis C Cases	199	187	198	247	234	244	1309
Cases with Any Risk Factor Data	157	155	180	222	214	211	1139
Injection Drug Use	66.2%	71.6%	72.2%	63.5%	58.9%	63.5%	65%
Shared Needs/Personal Items	34.4%	45.2%	39.4%	38.7%	37.9%	37.0%	39%
Homeless/Underhoused	6.4%	4.5%	5.6%	9.9%	18.2%	15.2%	11%
Correctional Facility	24.2%	34.2%	31.7%	25.7%	29.9%	34.6%	30%

Data Source: Integrated Public Health Information System (iPHIS), extracted January, 2021
 Note: Numbers pulled are based on the data entered into iPHIS as of the above extracted date. This information is subject to change.

Cases can report multiple risk factors or no risk factors.

Invasive Group A Streptococcus (iGAS)

Incidence in Simcoe Muskoka

Although the incidence of invasive Group A Streptococcus infections has increased since 2000, there was a decrease in infections from 2018 to 2019. In 2019, 41 cases of iGAS cases were reported in Simcoe Muskoka—an incidence of 6.9 cases per 100,000 population, which is a decrease from 2018 when 64 cases were reported in Simcoe Muskoka – an incidence of 11.1 cases per 100,000 population.

Table 7: Incidence of iGAS in Simcoe Muskoka, 2013-2019

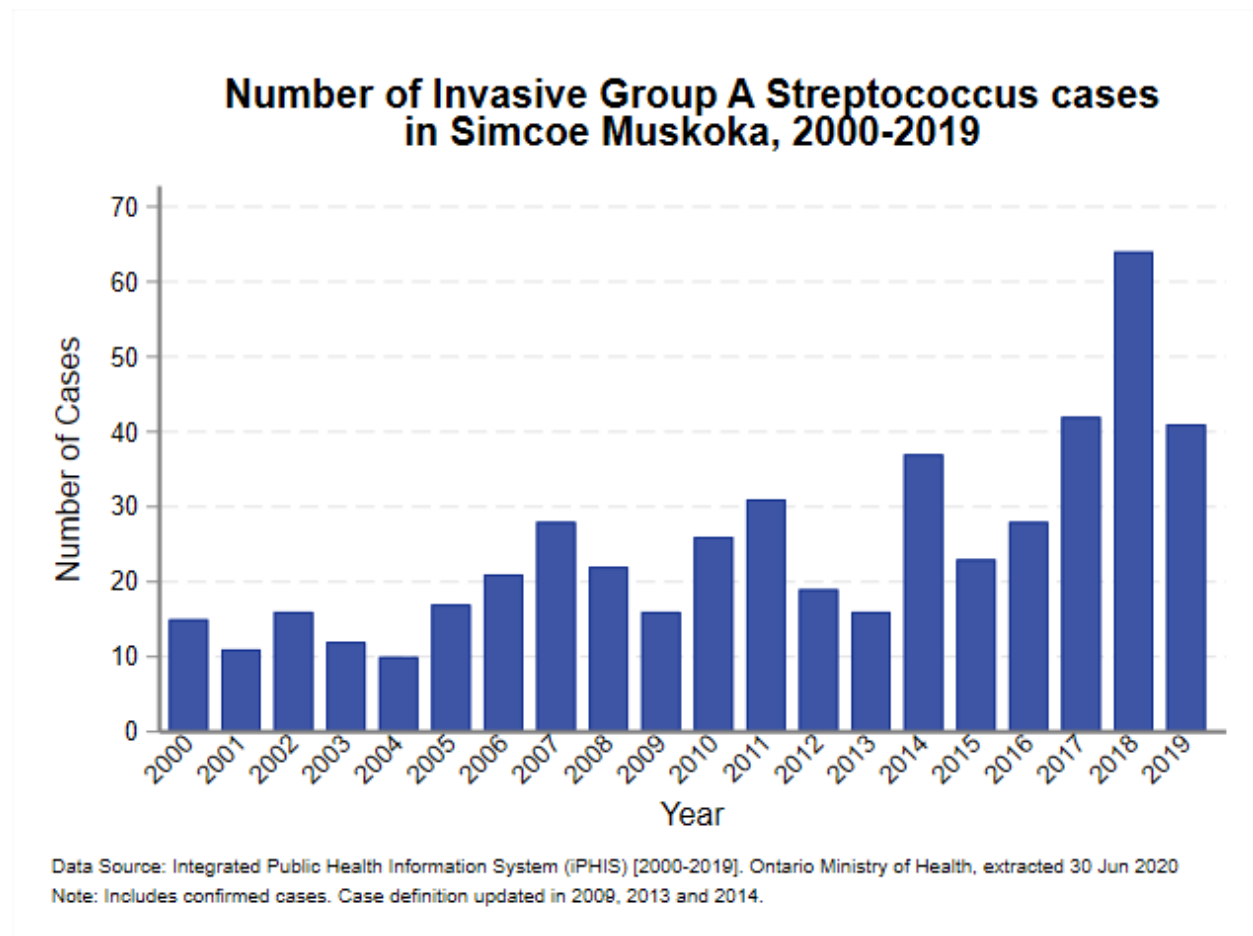
Year	2014	2015	2016	2017	2018	2019
Count	37	23	28	42	64	41
Incidence Rate (per 100,000)	6.9 (4.8, 9.5)	4.2 (2.7, 6.3)	5.0 (3.3, 7.3)	7.4 (5.3, 10.0)	11.1 (8.5, 14.0)	6.9 (4.9, 9.4)

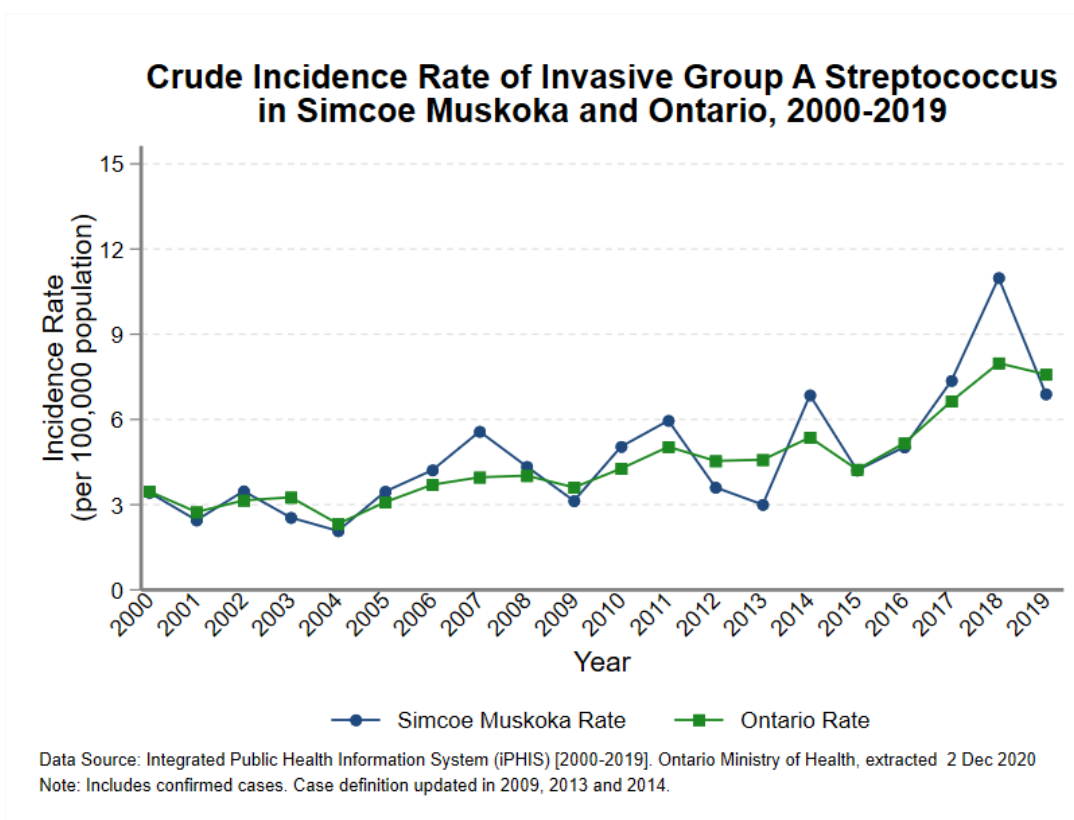
Data Source: Integrated Public Health Information System (iPHIS), extracted December 2020

Statistics Canada. 2017-2019. Annual population estimates by age and sex, July 1, 2006 to 2019. Community Data Program (distributor).

Communitydata.ca

Note: Numbers pulled are based on the data entered into iPHIS as of the above extracted date. This information is subject to change.





Risk Factors for iGAS Infection

Injection drug use was reported as a risk factor for 13% of all iGAS cases between 2014 and 2019, with a peak of 23% in 2018. Alcohol misuse and being homeless or underhoused are reported as risk factors for 12% and 10% of cases respectively.

Table 8: Risk Factors Reported by iGAS Cases, 2014-2019

Risk Factor	2014	2015	2016	2017	2018	2019	2014 – 2019 Combined
New iGAS Cases	37	23	28	42	64	41	235
Cases With Any Risk Factor data	21	21	23	38	61	36	200
Injection Drug Use	4.8%	4.8%	8.7%	10.5%	23.0%	8.3%	13%
Alcohol Misuse	24%	9.5%	17%	7.9%	12%	5.6%	12%
Homeless/Underhoused	4.8%	0.0%	13%	5.3%	20%	5.6%	10%

Data Source: Integrated Public Health Information System (iPHIS), extracted January 2021

Note: Numbers pulled are based on the data entered into iPHIS as of the above extracted date. This information is subject to change.

Caution should be used in interpretation of this data as it is based on small cell counts.

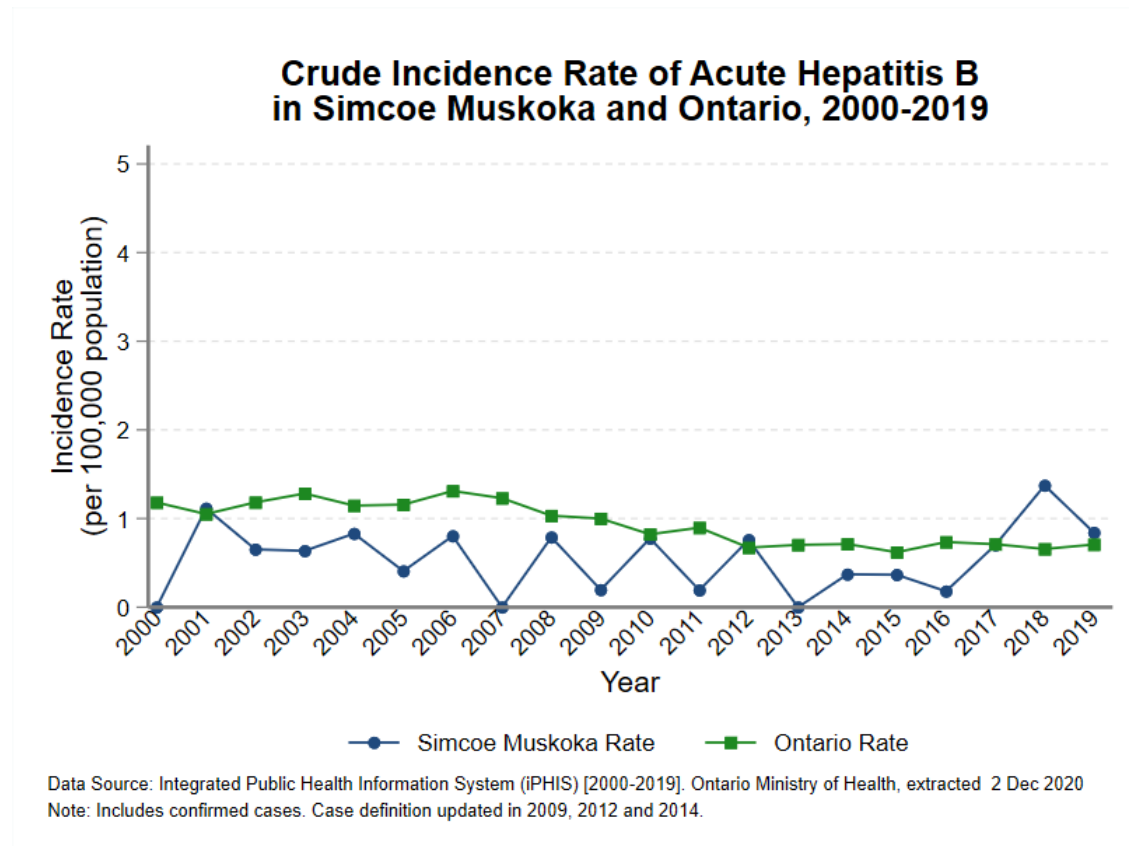
Cases can report multiple risk factors or no risk factors.

As the incidence of iGAS is low across Simcoe Muskoka, sub-region analysis is not possible.

Hepatitis B

Incidence in Simcoe Muskoka

Incidence of acute Hepatitis B in Simcoe Muskoka has remained low between 2000 and 2019. This may in part be due to the provincial Grade 7 immunization program that provides the two dose Hepatitis B immunization series to all students free of charge. In 2019, 5 cases of acute Hepatitis B cases were reported in Simcoe Muskoka – an incidence of 0.8 cases per 100,000 population.

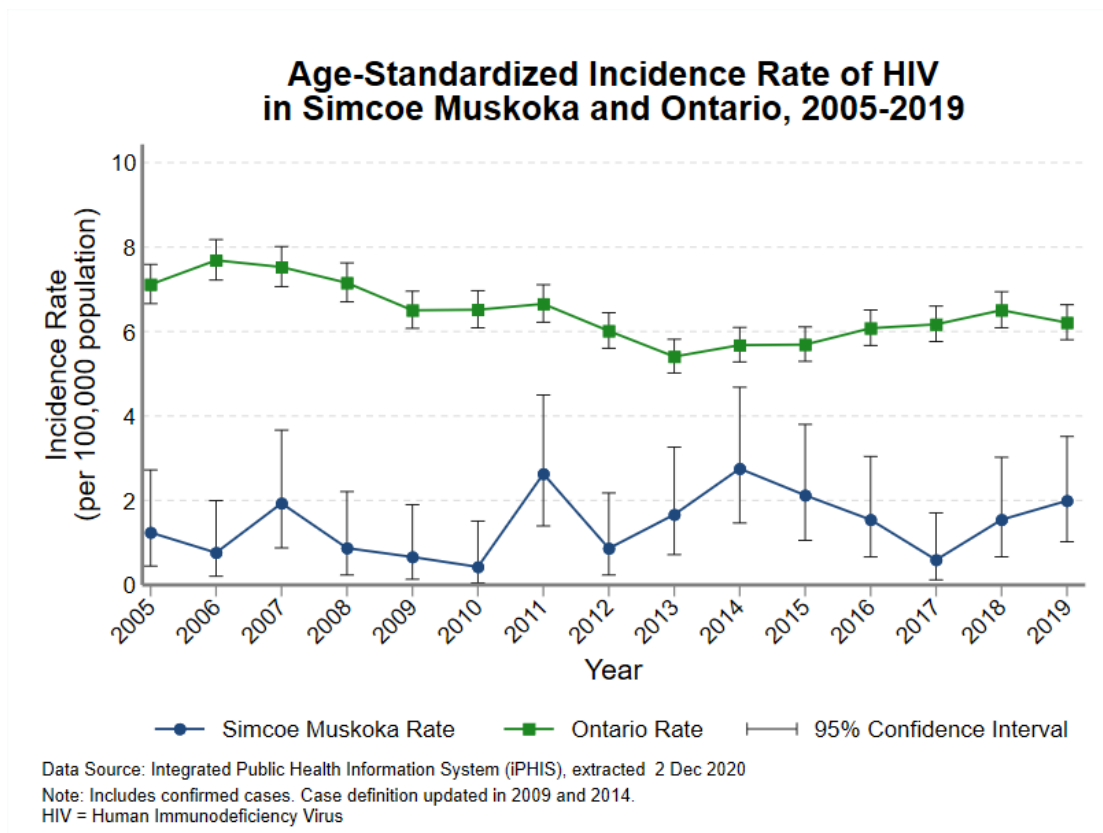


As the incidence of Hepatitis B is low across Simcoe Muskoka, sub-region analysis and risk factor review is not possible.

HIV/AIDS

Incidence in Simcoe Muskoka

The incidence of HIV and AIDS in Simcoe Muskoka has remained low between 2005 and 2019. In 2019, there were 12 newly reported HIV cases and one newly reported AIDS case in Simcoe Muskoka, representing rates of 2.0 and 0.2 cases per 100,000 respectively. The Simcoe Muskoka HIV incidence rate is lower than the provincial rate.



As the incidence of HIV/AIDS is low across Simcoe Muskoka, sub-region analysis and risk factor review is not possible.

Key Messages

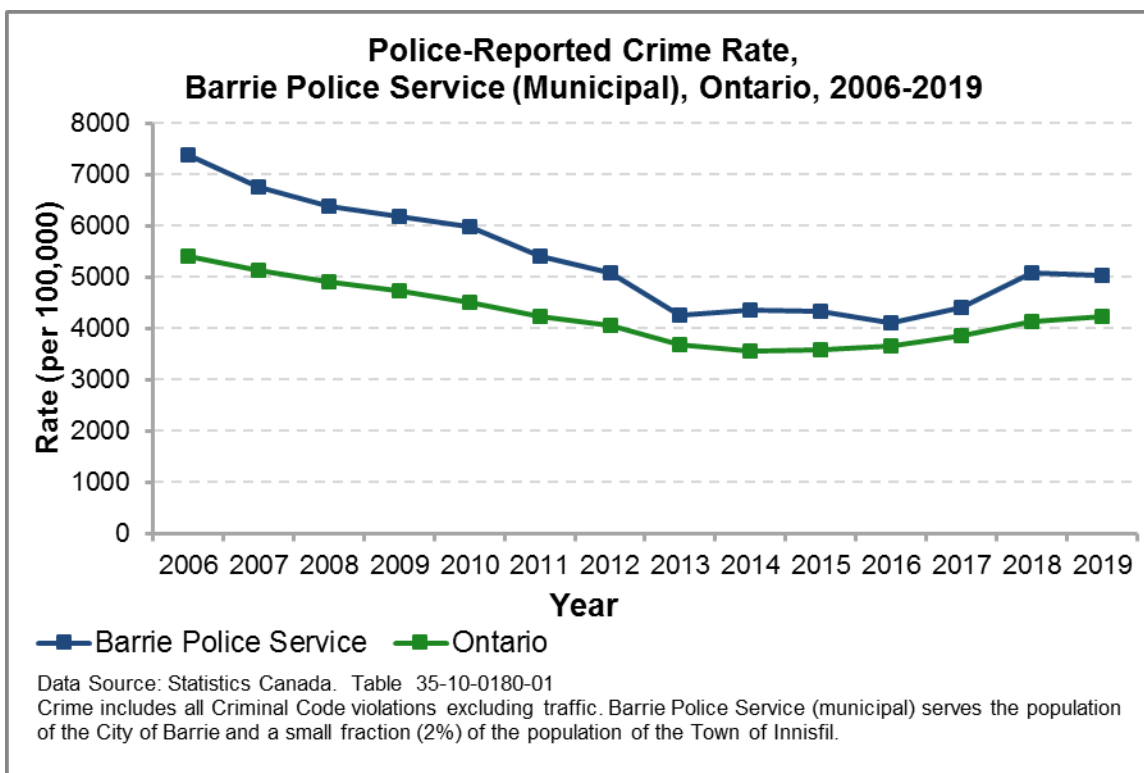
- The incidence rate for Hepatitis C in Barrie varies widely across the city and incidence rates for the combined time period of 2014-2019 showed the highest rate in North Central Barrie at 323.6 cases per 100,000 compared to the four lowest regions of Barrie (45-85 cases per 100,000). The second highest incidence for the six combined years was North East Barrie at 114.5 cases per 100,000 which is the same as for Simcoe Muskoka as a whole (116 cases per 100,000).

☒ Local Crime Rates

Why this indicator?

- Referenced in the Health Canada SCS Form under Local Conditions that describes the targeted client population

Data



Total Criminal Code violations (Excluding Traffic)

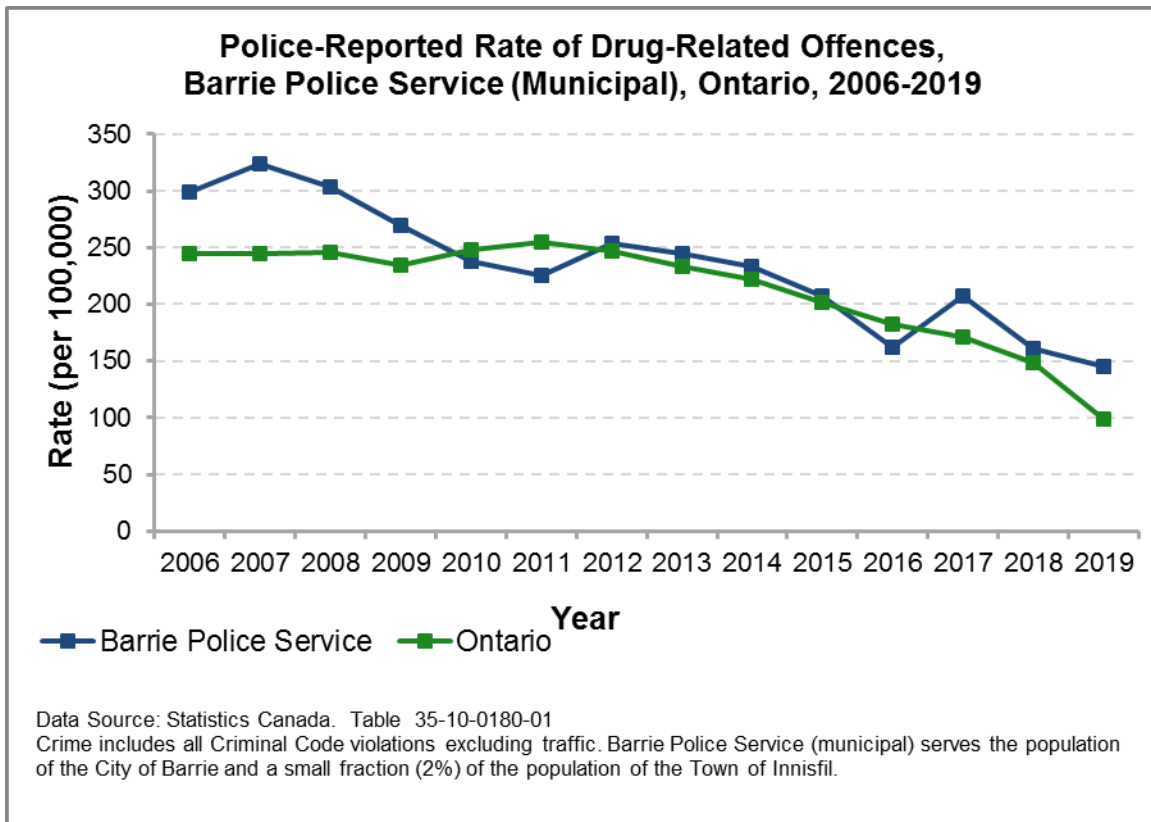
	Barrie Police Service		Ontario	
	# of Incidents	Rate (per 100,000)	# of Incidents	Rate (per 100,000)
2015	6,239	4,323	489,753	3,573
2016	5,996	4,105	508,169	3,662
2017	6,398	4,396	542,245	3,853
2018	7,441	5,075	591,268	4,129
2019	7,522	5,038	614,480	4,218

Data Source: Statistics Canada. [Table 35-10-0180-01 Incident-based crime statistics, by detailed violations, police services in Ontario](#)

Barrie Police Service (municipal) serves the population of the City of Barrie and a small fraction (2%) of the population of the Town of Innisfil.

Includes all police-reported incidents involving those aged 12 years or older.

Note: Available resources, departmental priorities, policies and procedures can have an effect on police-reported crime. Certain crimes such as impaired driving and drug offences can be notably affected by a police service's enforcement practices, with some police services devoting more resources to these specific types of crime ([Statistics Canada, 2018](#)).



Police-Reported Number and Rate of Drug-Related Offences

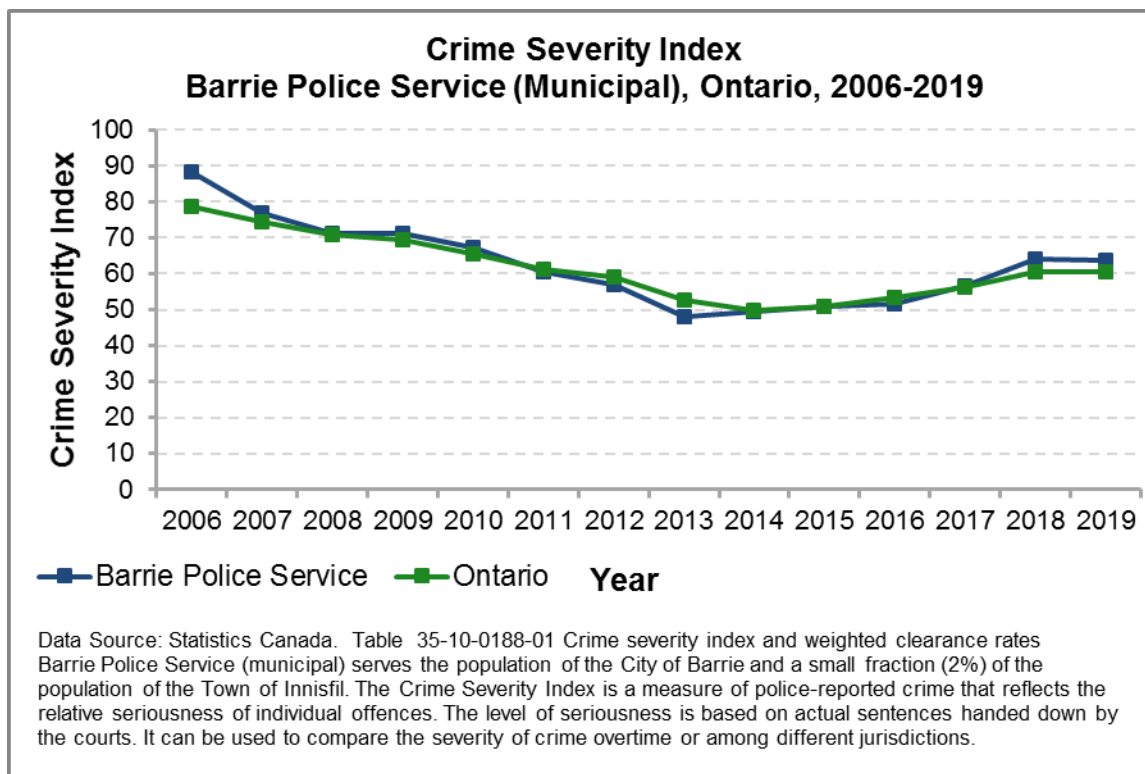
	Barrie Police Service		Ontario	
	# of Incidents	Rate (per 100,000)	# of Incidents	Rate (per 100,000)
2015	299	207	27,660	202
2016	236	162	25,278	182
2017	301	207	24,022	171
2018	236	161	21,188	148
2019	216	145	14,391	99

Data Source: Statistics Canada. [Table 35-10-0180-01 Incident-based crime statistics, by detailed violations, police services in Ontario](#)

* Barrie Police Service (municipal) serves the population of the City of Barrie and a small fraction (2%) of the population of the Town of Innisfil.

Drug-related offences include police-reported offences under the Controlled Drugs and Substances Act (CDSA). These include drug offences such as possession, trafficking, importation and exportation and production for drugs such as cannabis, cocaine, heroin, methamphetamines (e.g. crystal meth), methylenedioxyamphetamine (e.g. ecstasy) and other controlled drugs and substances.

Crime Severity Index, Barrie Police Service



Crime Severity Index

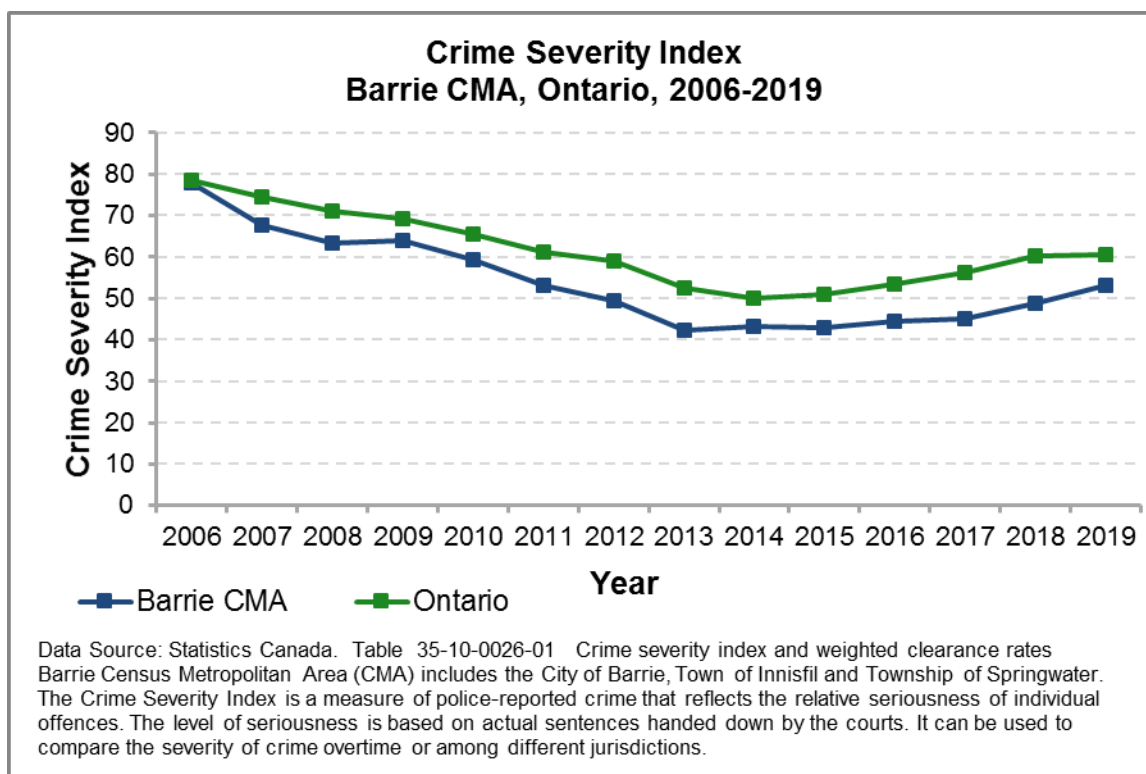
	Barrie Police Service	Ontario
2015	50.8	51.1
2016	51.7	53.3
2017	56.6	56.3
2018	64.1	60.4
2019	63.8	60.7

Data Source: Statistics Canada. [Table 35-10-0188-01 Crime severity index and weighted clearance rates, police services in Ontario](#)

* Barrie Police Service (municipal) serves the population of the City of Barrie and a small fraction (2%) of the population of the Town of Innisfil.

The Crime Severity Index is a measure of police-reported crime that reflects the relative seriousness of individual offences. The level of seriousness is based on actual sentences handed down by the courts. It can be used to compare the severity of crime overtime or among different jurisdictions.

Crime Severity Index, Barrie CMA



Crime Severity Index

	Barrie CMA	Ontario
2015	42.9	51.1
2016	44.5	53.3
2017	45.1	56.3
2018	48.9	60.4
2019	53.1	60.7

Data Source: Statistics Canada. [Table 35-10-0026-01 Crime severity index and weighted clearance rates](#)

*Barrie CMA (Census Metropolitan Area) includes the City of Barrie, Town of Innisfil and Town of Bradford West Gwillimbury. The Crime Severity Index is a measure of police-reported crime that reflects the relative seriousness of individual offences. The level of seriousness is based on actual sentences handed down by the courts. It can be used to compare the severity of crime overtime or among different jurisdictions.

The Barrie CMA includes both Barrie Police Services and South Simcoe Police Services.

A similar report using Barrie CMA crime severity index data was produced by Barrie Police Service in July 2017:
<https://www.barriepolice.ca/newsroom/2017/07/police-reported-crime-statistics-barrie-census-metropolitan-area-cma>

Key Messages

- The police-reported crime rate in the area served by Barrie Police Services was 5,038 incidents per 100,000 population in 2019 – a slight decrease from 2018.
- There was a 30% decrease in the rate of drug-related offences between 2015 and 2019 reported by Barrie Police Service. Drug-related offences include possession, trafficking, importation and exportation and production of controlled drugs and substances.
- Among the 15 Census Metropolitan Areas in Ontario, the Barrie Census Metropolitan Area has had the lowest crime severity index for the past five years (2015-2019).
- In 2019, the Barrie Census Metropolitan Area had the fifth lowest Crime Severity Index among all Census Metropolitan Areas and Provinces in Canada.

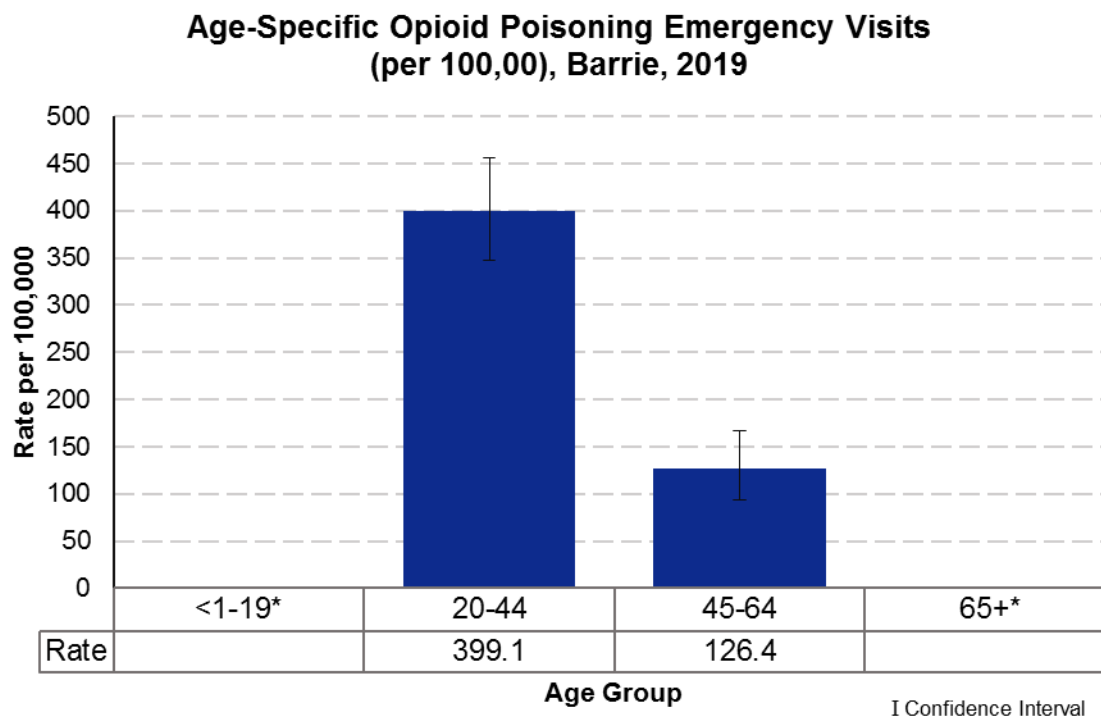
Additional Data:

☒ Socio-demographic Characteristics of Those Who Have Experienced an Overdose

Data

Age:

Barrie:

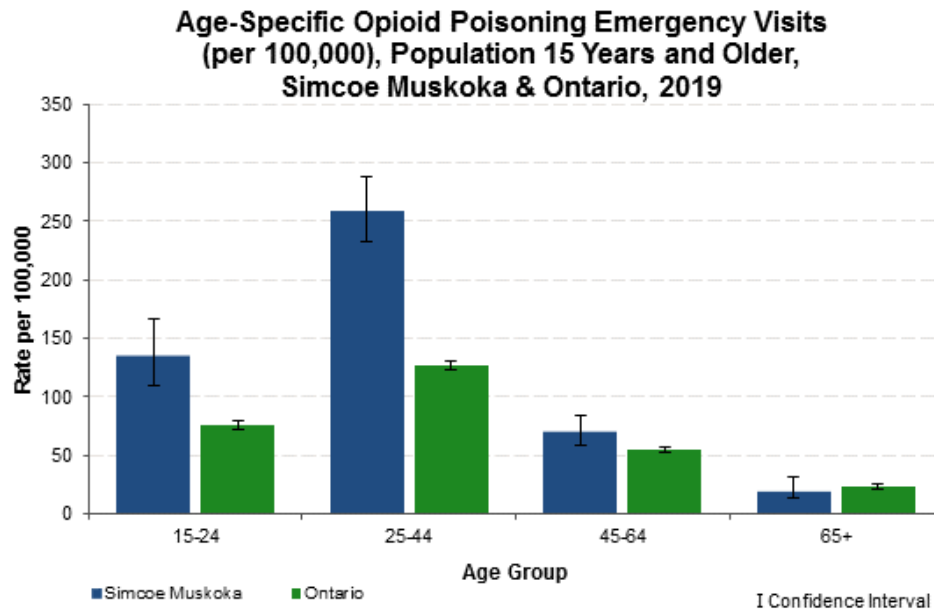


*Not released

Data Source: Ambulatory Visits [2019]. Ontario Ministry of Health and Long-Term Care, IntelliHEALTH Ontario.
Extracted January 2020.

Simcoe Muskoka:

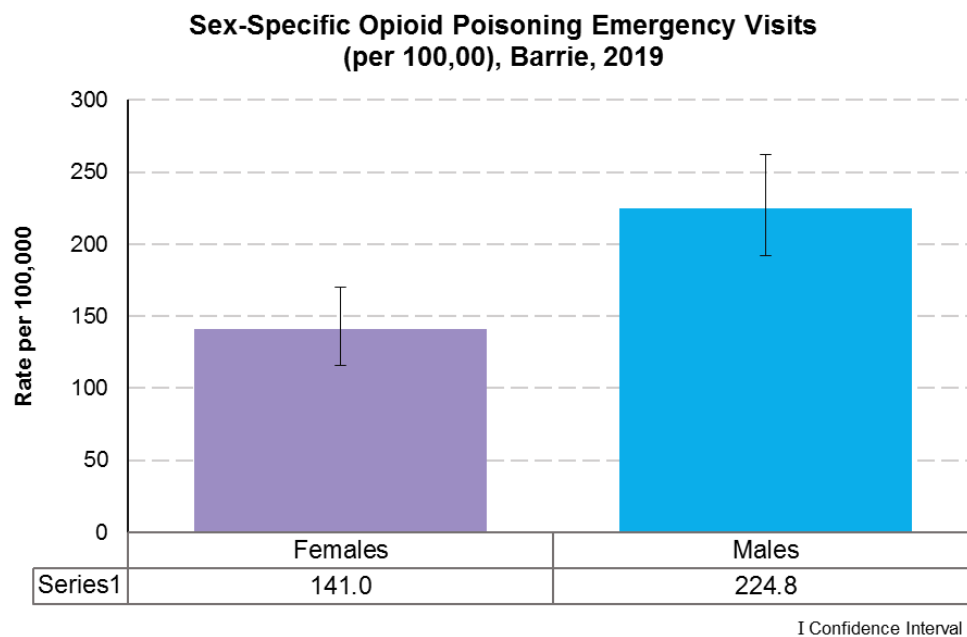
Available from: <http://www.simcoemuskokahealthstats.org/topics/alcohol-drugs/drugs/opioids/opioid-emergency-department-visits>



Data source: 2003-2019 Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; 2020. Available from: <http://www.publichealthontario.ca/en/DataAndAnalytics/Opioids/Opioids.aspx>. Updated September 23, 2020

Sex:

Barrie:



Data Source: Ambulatory Visits [2019]. Ontario Ministry of Health and Long-Term Care, IntelliHEALTH Ontario. Extracted January 2020.

Age & Sex:

Age-specific Opioid Poisoning Emergency Visits by Sex, Barrie, 2019

Age	Female (Rate per 100,000)	Male (Rate per 100,000)
20-44	306.0 (242.7, 380.9)	488.5 (409.0, 578.9)
45-64	111.1 (69.6, 168.2)	142.3 (93.8, 207.1)

Data Source: Ambulatory Visits [2019]. Ontario Ministry of Health and Long-Term Care, IntelliHEALTH Ontario.
Extracted January 2021.

Homelessness:

Note: Emergency department visits flagged as homeless were assigned to the David Busby Centre in North Central Barrie, given this area of Barrie has the greatest number of people experiencing homelessness. Therefore the North Central Barrie planning area includes all visits flagged as individuals experiencing homelessness.

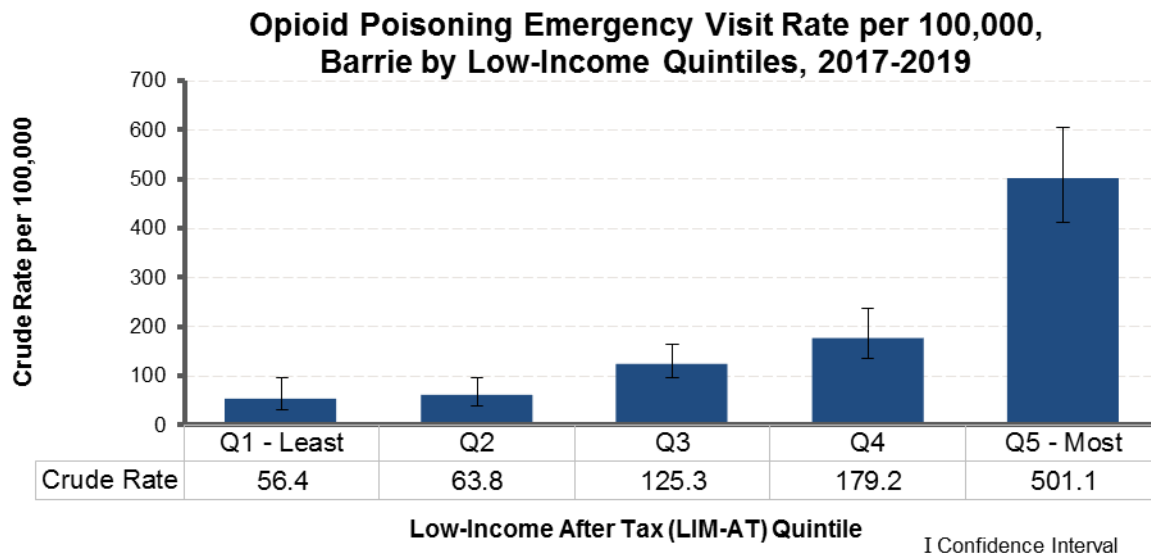
Trends in Opioid Poisoning Emergency Department Visits, North Central Barrie Planning Area, 2013-2019

YEAR	# OF ED VISITS in North Central Barrie	# OF VISITS BY HOMELESS (assigned to the North Central Barrie Area)	CRUDE RATE in North Central Barrie (95% C.I.)	SIG. DIFF. SMDHU	SIG. DIFF. ONTARIO
2013	23	<5	166.4 (105.5-249.6)	Higher	Higher
2014	13	<5	93.6 (49.8-160)	Higher	Higher
2015	30	11	214.9 (145-306.8)	Higher	Higher
2016	38	10	270.9 (191.7-371.9)	Higher	Higher
2017	47	3	333.5 (245.1 – 443.5)	Higher	Higher
2018	102	37	720.4 (587.4 – 874.5)	Higher	Higher
2019	86	50	604.5 (483.5 – 746.6)	Higher	Higher

Data Sources:

Ambulatory Visits [2019], IntelliHealth Ontario, Ministry of Health and Long-Term Care, extracted on October 1, 2020. Population Estimates [2019] Statistics Canada (Table 1 Annual population estimates by age and sex, July 1, 2006 to 2019, Census Subdivisions, Ontario). NB: Homeless patients from Barrie with-out an assigned Census Tract were placed in the North Central Area

Income:



Data Sources: 2016 Census Population Counts by Dissemination Area, Statistics Canada. Ambulatory Visits [2017-2019]. Ontario Ministry of Health and Long-Term Care, IntelliHEALTH Ontario. Extracted November 2020.
ICD-10 Code: (T40.0-T40.4; T40.6). Any diagnoses. Excludes query/suspect diagnoses. LIM-AT quintiles are based on the percent of the population that fall below the low income cut-off after taxes. Q1 represents areas with fewest people living in low-income and Q5 represents areas with the most people living in low income. 2016 Census population counts used as estimate for Barrie 2017-2019 denominator. Visits denoted as 'homeless' were assigned to the David Busby Centre and the corresponding LIM-AT quintile.

Key Messages

- In 2019, more than half of opioid poisoning emergency visits in North Central Barrie were among the homeless. The share of opioid poisoning emergency visits among the homeless in North Central Barrie has increased in the past two years.
- Over 75% of opioid overdose emergency department visits in Barrie occur among those aged 20 to 44 in 2019.
- Barrie males aged 20 to 44 had a significantly higher rate of opioid overdose emergency department visits than females of the same age group in 2019.
- From 2017-2019, emergency department visits for opioid poisonings increased significantly in areas with a higher prevalence of low income in Barrie.

*Note: Limitations: Additional socio-demographic characteristics for emergency department and hospital visits such as ethnicity and Indigeneity were not available from the available data.

☑ Socio-demographic Characteristics of the Barrie Area

Why this indicator?

- The Health Canada SCS Form under Local Conditions mentions developing appropriate services for your client population. The Government of Canada's "Supervised consumption Sites Explained" [website](#) mentions that SCS can offer housing services, mental health treatment, community services, social welfare programs, etc.
- The Government of Canada's "Supervised consumption Sites Explained" [website](#) mentions that SCS are aimed at people who use illegal drugs and have limited contact with the health care system that may include those who are homeless or living in insecure accommodation or shelters

Data

Demographics:

Area	# Age 20-44 (% of total population)	Total Population (All Ages)
Ontario	4,347,870 (32.3%)	13,448,494
Barrie	64,335 (45.5%)	141,434
Barrie - North Central	4,635 (33.1%)	14,013
Barrie – South Central	4,335 (31.7%)	13,663
Barrie – North West	8,725 (33.6%)	25,989
Barrie – North East	10,300 (35.9%)	28,712
Barrie – South West	10,755 (34.6%)	31,094
Barrie – South East	9,130 (32.7%)	27,963

Data Source: Statistics Canada, 2016 Census.

There were approximately a similar number of male and females ages 20-44 for each region.

For additional population ages, see [Simcoe Muskoka HealthMAPS](#)

Homelessness:

- 563 people were counted as experiencing homelessness during the 2020 Simcoe County Homeless Enumeration. 49 % percent of those experiencing homelessness were staying in Barrie ([2020 Simcoe County Homeless Enumeration Report](#)).

Housing:

- According to the 2016 Census, there are approximately 52,440 households in Barrie. Among these, approximately 1,845 households were living in subsidized housing.
- Approximately 18,095 (35%) households were living below at least one of the housing standards ([affordability](#), [adequacy](#), and [suitability](#)) in 2016. In particular 15,355 Barrie households (29%) in Barrie reported spending 30% or more of before-tax household income on housing costs.

For additional housing characteristics by Barrie planning areas, see [Simcoe Muskoka HealthMAPS](#) (Click "Select indicator", scroll down and click "Housing". Select an indicator).

Mental Health:

- In 2017, among Barrie residents that are 12 year of age and older, 64.2% rated their mental health as excellent or very good mental health. This is not significantly different than Simcoe Muskoka or Ontario.

Data source: Canadian Community Health Survey (CCHS), Statistics Canada, Annual Content, Ontario Share File distributed by the Ontario Ministry of Health and Long-Term Care. 2017.

Crude Rate of Mental Illness Emergency Department Visits (per 100,000), 2016-2018

Area	Crude rate (per, 100,000)
Ontario	2,098.3 (2093.9 – 2102.7)
Simcoe Muskoka	2095.6 (2074 - 2117.4)
Barrie	2,505.8 (2459.2 – 2553)*
Barrie - North Central	4,853.8* (4646.1-5068.5)
Barrie – South Central	1813.5 (1706.5-1925.5)
Barrie – North West	2371.8 *(2265.2-2482)*
Barrie – North East	2643.5* (2536.3-2754.1)
Barrie – South West	1640.6 (1559.8 – 1724.6)
Barrie – South East	1757.2 (1657.9 – 1861)

Data source: Simcoe Muskoka HealthMAPS Mental Health Dashboard: Mental Illness Emergency Department Visits: Crude Rate (per 100,000), All Mental Illness ED Visits– 2016-2018. Barrie, ON: Simcoe Muskoka District Health Unit; 2020 Oct 7 [cited 2021 Jan 21]. Available from: <http://www.simcoemuskokaHealthSTATS.org/maps>

** Significantly higher than Ontario*

- Between the years 2016 and 2018, there were 2,506 emergency department visits for all mental illness related causes for every 100,000 people residing in Barrie.

Income:

Area	Prevalence of Low Income (LIM-AT) (%)	Count of Individuals living in Low Income (LIM-AT)
Ontario	14.4	1,898,975
Barrie	12.1	16,910
Barrie - North Central	22.3	3,015
Barrie – South Central	14.3	1,900
Barrie – North West	13.6	3,445
Barrie – North East	13.3	3,780
Barrie – South West	8.5	2,595
Barrie – South East	7.9	2,160

Data source: Simcoe Muskoka HealthMAPS Population & Demographics Dashboard: Income: Percentage of Total Population Living in Low Income (LIM-AT) – 2016. Barrie, ON: Simcoe Muskoka District Health Unit; 2018 Oct 18 [cited 2019 Feb 22]. Available from: <http://www.simcoemuskokaHealthSTATS.org/maps>

Low income can be measured by the [Low Income Measure After Tax \(LIM-AT\)](#), one of a series of low income measures. The LIM is a fixed percentage (50%) of [median](#) adjusted household income, where “adjusted” reflects the fact that a household’s needs increase as the number of household members increases. A household is considered to be low income if its after-tax income is less than half of the median after-tax income of all households in Canada, according to the LIM-AT.

For additional income characteristics by Barrie planning areas, see [Simcoe Muskoka HealthMAPS](#) (Click “Select indicator”, scroll down and click “Income”. Select an indicator).

First Nations, Metis and Inuit Populations

Local Simcoe Muskoka opioid-related quantitative data is not available for First Nations, Metis or Inuit people. However, local Indigenous communities and organizations have identified opioids as having a significant impact, and as a priority issue to be addressed through the North Simcoe Muskoka Indigenous Opioid Strategy.

Opioid Use Among First Nations in Ontario- A Report of Current Findings; Prepared by The Institute of Clinical Evaluative Sciences for The Chiefs of Ontario and the Chiefs in Assembly, 2017.

The First Nations communities have been significantly impacted by the rising use of opioids across the province of Ontario. Improvements to the data collection of prescription opioid use and related adverse events among First Nations people is necessary for the creation of effective and inclusive First Nation community programs and services. The following data has been extracted from a report that was prepared by the Institute of Clinical Evaluative Sciences (ICES) to provide current findings on opioid use among registered First Nations to inform the work of the Chiefs of Ontario (COO) and the Non-Insured Health Benefits (NIHB) Program.

- The average daily dose of opioids dispensed to First Nations people through Ontario Drug Benefits (ODB) is higher than the general population, and higher than that dispensed to First Nations people through Non-Insured Health Benefits (NIHB). This is concerning given the higher risk of toxicities associated with higher doses of opioids.
- Rates of opioid-related hospitalizations and emergency department visits are nearly **4 times** higher among First Nations people compared to the general population.
- Rates of opioid-related hospitalizations and emergency department visits are nearly **2 times** higher among First Nations people off reserve compared to First Nations people on reserve.
- Rates of hospitalizations and emergency department visits between 2004 and 2015 are **consistently higher** among First Nations people compared to the general population. Moreover, these rates have been **increasing to a greater extent** in First Nations people compared to the general population.
- Rates of hospitalizations and emergency department visits between 2004 and 2015 are **consistently higher** among First Nations people living off reserve compared to First Nations people living on reserve. The increase in rates are evident in First Nations living on and off reserve.

- Rates of opioid-related deaths are nearly **4 times** higher among First Nations people compared to the general population

Note on methodology: The explanation of the methodology used in this report is limited and the report is not published on the Institute of Clinical Evaluative Sciences (ICES) website. It may not be published to respect First Nations ownership of First Nations data.

[ICES](#) has used the Indian Register to link to their data holdings, which allows ICES to analyze health and demographic data of Ontario-registered First Nations people as directed by the requesting community or First Nations organization. An individual may identify as First Nations, but not be registered. Individuals that self-identify as Indigenous, but are not registered and are not living on-reserve may not be included in this study as the study indicates that it includes individuals either from the registry, individuals with a hospital record indicating they live on a First Nations reserve community or individuals with a postal code associated with a First Nations reserve community.

Note that this study looks at all First Nations in Ontario. There are approximately 133 First Nations communities in Ontario, so there may be diversity in estimates among communities ([Walker et al., 2018](#)).

Another relevant report is the First Nations Regional Health Survey ([2018, p. 78](#)). This survey is created and administered by First Nations for First Nations living on-reserve. Therefore the estimates in this report relate to First Nations living on-reserve. Again, there may be diversity in estimates among the diverse communities.

Key Messages

- Between 2016 and 2018, North Central Barrie had more than double the rate of mental illness Emergency Department Visits compared to the Province.
- The prevalence of low income in North Central Barrie is 1.5 times that of Ontario in 2016.

☒ Council Meeting Minutes

Why this indicator?

- Part of the MOH is gauging community support for the initiative. Barrie City Council minutes may document the priorities for Barrie with respect to opioids.

Data

Searched Barrie City Council minutes for 'opioids' 'injection' 'needles'

(<http://barrie.legistar.com/Legislation.aspx>)

(As of Jan 28, 2021)

- **June 18, 2018** - PRESENTATION BY REPRESENTATIVE(S) OF THE GILBERT CENTRE REGARDING THE SIMCOE MUSKOKA OPIOID STRATEGY Mr. Matt Turner, Harm Reduction Coordinator with The Gilbert Centre provided a presentation concerning the Simcoe Muskoka Opioid Strategy. (18-A-065)
- **Nov 26, 2018** – Adopted action to invite representatives from SMDHU to make a presentation concerning the Simcoe Muskoka Opioid Strategy Action Plan to a future Council meeting (18-G-209)
- **January 14, 2019** - Correspondence from the Simcoe Muskoka Opioid Strategy (SMOS) dated December 17, 2018 regarding an overview about the SMOS and information pertaining to opioid use. ([TMP-23439](#))
- **January 24, 2019** - The Direct Motion on the City Council Agenda dated January 28, 2019 entitled “Ongoing Opioid Overdose Crisis in Canada” has been WITHDRAWN. ([TMP-23496](#))
 - o **Motion included:**
 - 1. That the City of Barrie calls on the Federal Government to declare a Public Health Emergency in relation to the ongoing Opioid Overdose Crisis in Canada,
 - 2. That the City of Barrie calls for Federal and Provincial funding to support, enhance, and expand evidence-based treatment and rehabilitation services, addiction prevention and education, and harm reduction measures.
 - 3. That the City of Barrie calls for Federal and Provincial funding to address the root causes of addiction, including housing, poverty, unemployment, mental illness and trauma.
 - 4. That the City of Barrie calls for Federal and Provincial funding to address illicit drug supply, production, and distribution.
 - 5. That this resolution be distributed to: the leaders of all parties represented in the House of Commons and the Legislature; the Minister of Health; the Minister of Public Safety and Emergency Preparedness; the Minister of Health and Long-Term Care; and the Minister of Community Safety and Correctional Services and that they be invited to meet with City Council and staff in a timely manner.
- **Feb 18, 2019** ([19-G-049](#)) – The following motion was considered:
 - o THEREFORE BE IT RESOLVED AS FOLLOWS:
 - 1. THAT staff in Fire and Emergency Services investigate the implications of having the Mayor declare a local emergency due to the escalation of the opioid crisis
 - 2. THAT the City of Barrie calls for Federal and Provincial funding to support, enhance, and expand evidence-based treatment and rehabilitation services, addiction prevention and education, and harm reduction measures.
 - 3. THAT the City of Barrie calls for Federal and Provincial funding to address the root causes of addiction, including housing, poverty, unemployment, mental illness and trauma.
 - 4. THAT the City of Barrie calls for Federal and Provincial funding to enforce laws surrounding illicit drug supply, production, and distribution.
 - 5. THAT this resolution be distributed to: the leaders of all parties represented in the House of Commons and the Legislature; the Minister of Health; the Minister

of Public Safety and Emergency Preparedness; the Minister of Health and Long-Term Care; and the Minister of Community Safety and Correctional Services and that the Federal and Provincial Ministries of Health be requested to provide a response within three weeks.

- 6. THAT this resolution be distributed to the Federation of Canadian Municipalities (FCM), the Association of Municipalities of Ontario (AMO), the Large Urban Mayors Caucus of Ontario (LUMCO), the County of Simcoe, the Barrie Police Service, and the Ontario Provincial Police. (Item for Discussion 8.1, February 25, 2019)
- **March 4, 2019** ([19-A-024](#)) PRESENTATION BY REPRESENTATIVE(S) OF THE SIMCOE MUSKOKA DISTRICT HEALTH UNIT CONCERNING PUBLIC HEALTH IN SIMCOE MUSKOKA
- **March 25, 2019** ([19-G-066](#)) IMPLICATIONS OF DECLARING A LOCAL EMERGENCY RELATED TO THE OPIOID CRISIS
 - That staff be directed to work with the Simcoe Muskoka Opioid Strategy members to determine the most effective use of City resources to support the Strategy. (FES002-19) (File: P01)
 - This matter was recommended (Section "F") to City Council for consideration of adoption at its meeting to be held on 2019-03-25.
- **June 3, 2019** ([19-A-069](#)): DEPUTATIONS REGARDING MOTION 19-G-168, PROPOSED SUPERVISED CONSUMPTION SITE LOCATION - 90 MULCASTER STREET 1.
- **June 3, 2019** ([19-G-167](#)) PRESENTATION CONCERNING A SUPERVISED CONSUMPTION SITE APPLICATION IN THE CITY OF BARRIE
- **June 20, 2019** ([19-A-096](#)) - MOTION 19-G-168 DEFERRED BY RESOLUTION 19-A-077 ON JUNE 3, 2019 - PROPOSED SUPERVISED CONSUMPTION SITE LOCATION - 90 MULCASTER STREET (WARD 2):
- **July 4, 2019:** A copy of correspondence from Councillor Sergio Morales to the Barrie Police Services Board dated July 4, 2019 regarding a request for information concerning the Proposed Supervised Consumption Site. ([TMP-24504](#))
- **November 4, 2019** ([19-G-316](#)) USE OF CITY RESOURCES TO SUPPORT THE SIMCOE MUSKOKA OPIOID STRATEGY AND ADDRESS THE OVERDOSE CRISIS AMENDMENT #
- **Dec 2019-Present** The applicants, Canadian Mental Health Association Simcoe Branch (CMHA SB) and the Simcoe Muskoka District Health Unit (SMDHU) have provided SCS Site Selection Advisory committee meeting summaries on a regular basis to the Barrie City Council as well as posted the meeting updates to the SMDHU website to keep both the Council members and public informed of the site selection and community consultation process.