



The Regional Municipality of Durham Information Report

From: Commissioner & Medical Officer of Health
Report: #2023-INFO-46
Date: June 2, 2023

Subject:

Durham Region Opioid Response Plan Status Update

Recommendation:

Receive for information

Report:

1. Purpose

- 1.1 To provide an update on the Durham Region Opioid Response Plan.

2. Background

- 2.1 Opioids are a class of drugs that are usually prescribed to treat moderate to severe pain, coughs and/or diarrhea. Opioids can cause euphoria (feeling high) which gives them the potential to be used improperly. The risks of using opioids include physical dependence, substance use disorder and poisoning. While opioids can be prescribed and obtained through pharmacies, they can also be produced and obtained illegally.
- 2.2 The opioid crisis is a complex public health issue and is the result of multiple complex factors which include:
- a. A misunderstanding of the addictive risk of prescription opioids.
 - b. Psychological, social and biological risk factors like genetics, mental health, early life experiences, trauma, poverty, lack of secure housing and other social determinants of health.
 - c. Stigma towards substance use disorders.

- d. Frequent opioid prescribing and high amounts being prescribed for pain relief.
 - e. Lack of awareness or access to alternative treatments for pain.
 - f. Use of prescription opioids by individuals to whom they are not prescribed, such as friends and family members.
 - g. Lack of access to prescription opioids leading to illicit opioid use.
 - h. Illegal drugs that are laced with fentanyl and its analogues.
 - i. A lack of comprehensive care to respond to all the mental and physical health needs of an individual.
- 2.3 The opioid crisis can impact anyone, but it disproportionately impacts individuals living in low-income situations, individuals who are unemployed, people with disabilities, and Indigenous communities contending with systemic racism, trauma, and intergenerational trauma.
- 2.4 In August 2017, the Ministry of Health and Long-Term Care (MOHLTC) announced that that public health units across the province were accountable under the Ministry's [Harm Reduction Program Enhancement](#) plan to address the opioid situation through three key components:
- a. Develop a local opioid response plan.
 - b. Naloxone distribution and training.
 - c. Develop an opioid overdose early warning and surveillance system.
- 2.5 Local opioid response requirements include building on and leveraging existing programs and services to increase access to programs and services. It is expected that public health units will engage stakeholders and identify partners to support development and implementation of a local overdose response plan, informed by population health and a situational assessment to identify local needs, gaps, community challenges and issues.
- 2.6 In October 2017, Durham Region Health Department (DRHD) held an [Opioid Forum](#) with approximately 100 stakeholders in attendance. During the forum a situational assessment was conducted, which included next steps in developing a coordinated opioid response plan for the Region.
- 2.7 The Durham Region Opioid Response Plan aligns with the pillars of [Health Canada's Canadian Drugs and Substances Strategy](#) to ensure the work is comprehensive and supported by a strong evidence base.
- 2.8 The first [Local Opioid Response Plan](#) included the following priority areas for action:

- a. Develop an opioid poisoning early warning and surveillance system (coordinate surveillance activities and use “real-time” data from across sectors).
- b. Support on-going knowledge exchange/intelligence sharing related to opioids.
- c. Increase public and service provider awareness of the connection between mental health, trauma and substance use.
- d. Increase treatment options that are relevant and accessible within Durham Region.
- e. Develop a local evidence-based harm reduction strategy that fosters service coordination and increased access to harm reduction services and supplies to priority populations.
- f. Implement naloxone distribution and training.
- g. Continue addressing illicit drug production, supply and distribution.

2.9 An [Opioid Response Plan Status Report](#) was released in June 2018.

2.10 The [Durham Region Opioid Overdose Early Warning and Surveillance System \(DROIS\)](#) was launched in July 2018, to coordinate surveillance activities and use of real-time data. The system is accessible to the public and allows community agencies, first responders and public health to tailor services to meet the needs of community members and specifically, people who use drugs.

2.11 The Durham Region Opioid Task Force members are stewards of the opioid response plan who come together regularly to ensure a wide variety of perspectives are considered in discussions and decisions. This ongoing communication and collaboration works to: advance service coordination and service access, and identify service gaps and opportunities to address the gaps, where feasible.

2.12 In fall 2018, the Durham Region Opioid Task Force conducted service mapping exercises to identify gaps and barriers with respect to local harm reduction and treatment services. One of the key learnings from the exercise identified a gap in knowledge and understanding of the local services being provided, across the many service organizations. The need for a central database of local harm reduction and treatment services was identified. Task force members worked with the 211Durham service providers to further populate the existing database, ensuring it contained current and detailed information about local addictions and mental health services. The 211Durham service was integrated into the provincial database of services called [211Ontario.ca](https://211ontario.ca), which allows Durham Region residents and service providers to find and access local harm reduction and treatment services.

2.13 DRHD, in collaboration with Task Force members, continued to assess the local

situation regularly. Additional consultation occurred with people who have lived experience of drug use, the Downtown Oshawa Business Improvement Association as well as members of the public. The [DRHD Opioid Consultation Report](#) was published in March 2019.

- 2.14 DRHD in collaboration with the Task Force, developed and launched a local anti-stigma campaign entitled [People Who Use Drugs are Real People. Get Informed. Get Involved. Get Help.](#) The purpose of this campaign was to increase public and service provider awareness of the connection between mental health, trauma, and substance use. Evidence shows that stigma acts as a significant barrier to individuals who are seeking services and support.
- 2.15 On March 11, 2020, the World Health Organization (WHO) declared the novel coronavirus (COVID-19) outbreak a global pandemic. The Task Force paused its work to enable DRHD staff to fully support the local pandemic response. During this time, naloxone distribution to community agencies and monitoring of the [Durham Region Opioid Information System](#) continued.

3. Current Status

- 3.1 In 2022, Durham Region males, across all age groups, were more likely to visit the Emergency Department for an opioid poisoning. Males aged 25 to 44 years had the highest rate of hospitalizations, while females aged 45 to 64 had the highest rate of hospitalizations.
- 3.2 The [rate of hospitalizations](#) from an opioid overdose in Durham Region residents increased slightly from 2012 to 2021. There were approximately 15 opioid-related hospitalizations per 100,000 Durham Region residents in 2012 compared to 18 hospitalizations per 100,000 Durham Region residents in 2021
- 3.3 The [rate of opioid-related deaths](#) in 2021 is five times higher than in 2012. There were approximately four opioid-related deaths per 100,000 Durham Region residents in 2012 compared to 18 deaths per 100,000 Durham Region residents in 2021.
- 3.4 In 2020 and 2021, Durham Region was below the [Provincial rates for hospitalizations and deaths.](#)
- 3.5 DRHD has the seventh lowest opioid toxicity mortality rate compared to all 34 Ontario Public Health Units (January to December 2022).
- 3.6 [Neonatal abstinence syndrome](#) (NAS) is a set of withdrawal symptoms experienced when a newborn is exposed to certain substances (e.g., opioids, antidepressants, barbiturates, and benzodiazepines) in the womb before birth. NAS is most often a result of exposure to opioids. A NAS diagnosis usually occurs in the first 28 days of life.
- 3.7 [NAS rates in Durham Region](#) have remained stable since 2014. In 2021, 27

newborns were admitted to a hospital and diagnosed with NAS in the first 28 days of life. This represents 3.5 newborns for every 1,000 live births to Durham Region residents. The rate of NAS among newborns born to Oshawa residents has decreased in recent years. Between 2017 and 2021, the rate of neonatal abstinence syndrome hospitalizations in newborns born to Oshawa residents decreased from 18.1 to 7.6.

- 3.8 Hepatitis C, human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) are infectious diseases commonly associated with injection drug use. Consistently, [Durham Region has lower incident rates of Hepatitis C, HIV and AIDS](#) compared to Ontario (Interpret 2020 and 2021 data with caution due to changes in the availability of health care and health seeking behaviour during the COVID-19 pandemic).
- 3.9 During the height of the COVID-19 pandemic in 2021, Durham Region experienced a higher-than-normal number of [paramedic service calls](#) related to suspected opioid poisonings. In 2022, a decline was noted with approximately 573 suspected opioid poisoning calls received by Region of Durham Paramedic Services (RDPS), compared to 998 calls in 2021, and 725 calls in 2020. The 2022 data closely reflect pre-pandemic trends.
- 3.10 In fall 2021, an updated [Opioid Response Plan](#) was created. The updated plan is an evolution of the work completed within the first response plan. There continues to be a strong focus on collaboration and coordination to reduce opioid related overdoses and deaths.
- 3.11 The [multi-year plan](#) includes the following areas for action:
 - a. Collaboration and coordination with experts in the field of housing and homelessness.
 - b. Prevention strategies for problematic substance use.
 - c. A strong focus on the Truth and Reconciliation Commission of Canada, Call to Action report and ensuring the work carried out considers these important recommendations.
 - d. Coordination with partners to foster timely access to services for people who use substances and are seeking treatment and/or harm reduction services.
 - e. Contributing to the maintenance of a healthy and safe community in downtown Oshawa.
 - f. Increasing client awareness of available harm reduction and treatment services within Durham Region.

- g. Working with Lakeridge Health to help inform the development of treatment pathways and to assist with the identification of gaps in care.
- h. Identify opportunities to leverage current services to include a peer-based model of support for harm reduction, outreach and treatment services.
- i. Expanding access to naloxone.
- j. Employing evidence-based recommendations to enhance needle exchange services.
- k. Raising awareness of how stigma acts as a barrier to accessing treatment, harm reduction and support services.
- l. Working in collaboration with Durham Regional Police Service (DRPS) to address illicit drug production, supply and distribution.
- m. Collaborating with DRPS to identify opportunities for transitioning individuals from police services to community-based treatment and harm reduction services.

3.12 The task force prioritized the following areas, within the first phase of the action plan:

- a. To ensure work is coordinated across many areas the Opioid Task Force is represented and actively involved with the: Mental Health and Addictions Integrated Planning Committee and Emergency Care Working Group, the Central East Opioid Strategy Table, and the Community Safety and Wellbeing Plan.
- b. The development and launch of the [Report Drugs tool](#), which allows anonymous reporting of qualitative data that can be used to inform the DRHD's Drug Alert and Early Warning System.
- c. Conducting service mapping to identify potential gaps in services related to police calls for public disruption and non-criminal offences. As a result of the service mapping exercise, key stakeholders (DRPS, Social Services and the Primary Care Outreach Program) planned additional strategies and service connections for Downtown Oshawa.
- d. Implementing a public awareness campaign to help community members understand how stigma can act as a significant barrier for individuals seeking help, and what residents can do to help address stigma within the community.
- e. In 2022, there were a total of 573 suspected opioid overdose calls received by RDPS. Of these calls, 398 (69 per cent) were in Oshawa, while Ajax had

11 per cent of the calls. A 2022 density map (heat map) for RDPS calls related to suspected opioid overdoses is available on [Durham.ca](https://durham.ca).

4. Conclusion

- 4.1 The Opioid Task Force continues to meet regularly to assess the current situation related to opioid overdose and to address the areas identified within the updated [Durham Region Opioid Response Plan](https://durham.ca).
- 4.2 The Opioid Response Plan 2023 Status Update will be available on [Durham.ca](https://durham.ca) in June 2023.

Respectfully submitted,

Original signed by

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