



**SIMCOE MUSKOKA
OPIOID STRATEGY**

An Action Plan for Our Communities

Report Authors

Chris Brens

North Simcoe Muskoka Local Health Integration Network

Claudia Swoboda-Geen

Simcoe Muskoka District Health Unit

Sarah Gill

Simcoe Muskoka District Health Unit

With contributions by members of the Simcoe Muskoka Opioid Steering Committee

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May 2018

Simcoe Muskoka Opioid Strategy Steering Committee

CO-CHAIRS

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

Cathy Clark

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

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Executive Summary

Over the last 10 years, jurisdictions across Canada and the United States have experienced a significant growth in the rates of morbidity and mortality linked to problematic opioid use. The Simcoe Muskoka region has been particularly impacted by this crisis. Opioid-related emergency department visits and deaths are occurring at rates higher than provincial averages, and are continuing to trend upwards.

In response to this issue, a wide range of sectors, including health agencies, police services, emergency response services, social services, and government at all levels, have begun to develop strategies to support local communities. Through work initiated by the Simcoe Muskoka District Health Unit (SMDHU) and the North Simcoe Muskoka Local Health Integration Network (NSM LHIN), a partnership called the Simcoe Muskoka Opioid Strategy (SMOS) was formed in May of 2017 to bring these and other sectors together. SMOS is a regional collaborative effort addressing the opioid crisis, founded on a multi-pillar approach. This includes: prevention, treatment/clinical practice, harm

reduction, enforcement, and emergency management as action pillars, along with data and evaluation and lived experience as foundational pillars.

The work of SMOS is led by an overarching Steering Committee and consists of working groups based on the pillar approach. The Simcoe Muskoka Opioid Strategy Steering Committee created this report with the goal of providing a common understanding of the opioid crisis and the need for a collaborative response. It outlines a comprehensive plan for how the region can move forward together, to address this complex issue.

Divided into three parts, this report begins by providing contextual information on the opioid crisis and the history of SMOS. This background outlines the need for a collaborative opioid strategy in Simcoe Muskoka and details how this strategy aligns with existing approaches at both the federal and provincial levels. Part one also provides an overview on recent work carried out under the direction of the Aboriginal Health Circle to develop an Indigenous Led Opioid Strategy (ILOS). This work is an independent parallel strategy to SMOS, and is

pivotal to help inform and direct the work of SMOS.

Part two details the SMOS Action Plan as two foundational pillars and five action pillars. One of the foundational pillars provides critical feedback and key information from the perspective of those with lived experience of opioid use. The other foundational pillar provides important information and direction on data and evaluation to inform the SMOS approach. Following the foundational pillars, the five action pillars are presented along with their associated work plans. For each action pillar prevention, treatment/clinical practice, harm reduction, enforcement and emergency management the goals are detailed, as well as short-term (2018) and long-term (2019-2020) activities that will be achieved through SMOS.

The third and final part provides an overview of next steps and future directions. This section outlines how SMOS will move forward over the next three years to deliver on the SMOS Action Plan.

Message from the Co-Chairs

*Dr. Lisa Simon & Dr. Rebecca Van Iersel
Co-Chairs, Simcoe Muskoka Opioid Strategy*

In the spring of 2017, a wide range of interested delegates including North Simcoe Muskoka Local Health Integration Network, public health, Indigenous communities, social services, upper tier municipalities, educational institutions, corrections services, fire services, paramedic services and enforcement services came together with a common goal: to work collaboratively and comprehensively to address the opioid crisis in Simcoe and Muskoka.

Recognizing the pressing nature of this issue and that we could do far more together than separately, the organizations committed to this collaborative effort towards an opioid strategy.

Now, one year on, we are pleased to share this report with our communities and partners. It is intended to provide a common understanding of the background and need for this work, as well as to outline the comprehensive action plans that have emerged from it. Much of that work is already well underway, and the remainder will be implemented in the coming years.

The burden of opioid misuse, addiction and overdose in Simcoe and Muskoka is an urgent problem. As an indication of this, rates of opioid-related deaths and emergency department visits in Simcoe Muskoka are well above provincial averages, and continue to climb substantially. Every sector involved in this work has experienced the dramatic rise in opioid-related harms in recent years. We also hear regularly from individuals with lived experience of opioid use, their family and friends, and concerned community members, about the extent of the impact of the opioid crisis in our region.

The origins of this issue are complex. Illicit opioids and addictions to them have been a part of society for centuries. The scope of our current problem has been escalated by the prevalence in recent decades of prescription opioids, combined with the more recent introduction of synthetic opioids, such as fentanyl, into the illicit drug market. The contributing factors to this deep-rooted issue reach as far back as childhood trauma, the social determinants of health, societal expectations of chronic pain management, the health care experience of those suffering from pain and addictions and the inadequacy of resources available to manage

those conditions, perceptions and stigma surrounding addictions, and policy and enforcement approaches to substance use.

The complexity and magnitude of this issue demand a multi-sector response. We have organized our Simcoe Muskoka Opioid Strategy around a classic four pillar drug strategy – prevention, treatment, harm reduction, and enforcement – with the addition of emergency management, and informed by strong data, as well as the perspective of those with lived experience of opioid use. This multi-pronged approach is well aligned with federal and provincial opioid strategies and we believe it provides the foundation for a balanced, thoughtful, local response.

While this issue can seem overwhelming at times, we have also been heartened by the relentless efforts of those involved in this work, who strive to make a difference, and the accomplishments we have achieved along the way. We hope that the Simcoe Muskoka Opioid Strategy will continue to contribute to its vision of dramatically reducing the harms of opioids in our communities.

Part 1 - Background

Figure 1 - Simcoe Muskoka Opioid Strategy Pillars



Action Pillars



Foundational Pillars



Introduction

Opioids are a family of medications used to treat pain. These medications can be an effective medical treatment; however, their misuse can also lead to addiction, illness and death.

These outcomes are true for both illicit and prescribed opioids, even at times when prescribed opioid medication is taken as directed by a medical professional. Over the last 10 years, jurisdictions across Canada and the United States have experienced a significant growth in the rates of morbidity and mortality linked to problematic opioid use. Beginning in 2012, British Columbia was one of the first provinces to experience a sharp increase in the number of deaths caused by opioid overdoses.¹ This trend has continued east, showing early signs of impact in Ontario and Simcoe Muskoka in 2014.²

In response to this health issue, a wide range of sectors, including police services, emergency management services, health care agencies and government at all levels, have begun to develop strategies to support local communities. Through work

initiated by the Simcoe Muskoka District Health Unit (SMDHU) and the North Simcoe Muskoka Local Health Integration Network (NSM LHIN), it was identified that Simcoe Muskoka required a collaborative approach to address this issue.

In May 2017, the NSM LHIN and the SMDHU co-hosted a forum which brought together a variety of key stakeholders involved in the growing issue of opioid misuse. This forum led to the development of the Simcoe Muskoka Opioid Strategy (SMOS). It was founded on a four-pillar approach that includes: prevention, treatment/clinical practice, harm reduction, and enforcement; with the additional pillars of emergency management, data and evaluation and lived experience (Figure 1).

The work of SMOS is led by an overarching Steering Committee co-chaired by the SMDHU and NSM LHIN, and consists of six working groups focused on the pillar approach described above, informed by lived experience input, whenever possible. Membership in the working groups is diverse (Appendix A), with any sector,

organization or individual welcomed to participate. Over the last year, the SMOS Steering Committee and associated working groups have collaboratively developed action plans to address key needs identified in our region. The Simcoe Muskoka Opioid Strategy Steering Committee has created this report with the goal of providing a common understanding of the opioid crisis and the need for a collaborative response, and to outline SMOS' comprehensive plan for how the region can move forward together.

Understanding the Opioid Crisis

There are many factors contributing to opioid addiction and its related harms. These include personal, health care and societal factors.

To understand the opioid crisis from the personal to societal level, it is first important to briefly outline what opioids are, describe what constitutes problematic use, and highlight the dangers associated with an opioid overdose.

Opioid medications can include, but are not limited to, codeine, fentanyl, morphine, oxycodone and hydromorphone.³ In addition to prescribed opioids, illicit versions of these medications can be obtained and distributed. Opioids can provide a feeling of euphoria or being high. Although opioids can be an effective medical treatment for pain, the use of either prescribed or illicit opioids can lead to addiction, illness and death. Problematic use of opioids can occur in several ways including: when an individual consumes more than what is prescribed to them; when an opioid is taken at the wrong time; when an opioid is consumed by an individual to whom it was not prescribed; and when an opioid is produced and/or

consumed illegally.³ A substance use disorder, or addiction, occurs when an individual begins to crave the drug and is not able to stop using it without experiencing withdrawal symptoms.³ As the symptoms from an opioid withdrawal can be extremely unpleasant, it is difficult for individuals to stop without support. Opioid misuse is particularly dangerous if too much is consumed at one time, as this can lead to an overdose which can lead to death. Opioids pose a significant health risk as they are highly addictive, difficult to stop using once an individual develops a dependency, and due to their effect on the body, can lead to death if used improperly.

Many factors influence a person's chance of developing a substance use disorder. These include individual level risk factors such as a person's biological or genetic predisposition and psychological factors such as stress, personality traits, depression and anxiety.⁴ A person is also strongly influenced by the social and environmental factors of their life such as their early childhood experiences, history

of trauma, living in poverty and exposure to substance use through family and peers.⁵

History of Prescribing

The history of physician prescribing of pharmaceutical opioids is another key factor contributing to the current opioid crisis. Opioid prescribing increased rapidly in the 1990s after heavy marketing by a pharmaceutical company of OxyContin®. It was marketed as a safe treatment for chronic pain, despite the lack of evidence that it is indeed safe or effective for chronic use.⁶ According to Kolodny et al, "between 1996 and 2002, Purdue Pharma funded more than 20,000 pain-related educational programs through direct sponsorship or financial grants and launched a multifaceted campaign to encourage long-term use of Opioid Pain Relievers for chronic non-cancer pain."⁷ Purdue Pharma also financially supported large influential groups such as the American Pain Society, The American Academy of Pain Medicine and pain patient groups to in turn advocate for physicians to

identify patient pain and prescribe opioids.⁷

Opioid Addiction

This recent phase of overprescribing of opioids has led to a large number of people with opioid addiction, as it has since come to light that opioids, even when used as prescribed, do pose a risk of addiction. According to the Guideline for Opioids Therapy and Chronic Non-Cancer Pain, “among Ontarians receiving social assistance, 1 of every 550 patients started on chronic opioid therapy died of opioid-related causes at a median of 2.6 years from the first opioid prescription.”⁸

There is evolving evidence challenging the effectiveness, safety and economic efficiency of using opioids in the long-term management of chronic non-cancer pain. Frieden et al report that several studies have shown that use of opioids for chronic pain may actually worsen pain and functioning, possibly by potentiating pain perception.⁹ Although there remains a role for prescription opioids in health care, it is clear that it should be a more limited one

than has been the case in recent decades.

The interaction between prescribed drugs, diverted prescriptions and the illegal market, where synthetic opioids are infiltrating street drugs, is creating a problem of epidemic proportions.¹⁰ People who developed addictions to prescription opioids have, in many cases, turned to the illicit drug market to continue filling that need. This is considerably more dangerous now than in the past, given the presence of synthetic opioids. Fentanyl is a powerful synthetic opioid more potent than morphine.

The Canadian Public Health Association states that fentanyl “enters the illegal market by diversion of pharmaceutical fentanyl products from the domestic supply chain or by illegal importation of the drug via Internet sales, notably from China.”¹⁰

Because the price of fentanyl is now lower than that for heroin, fentanyl is used as a partial or total replacement for heroin without the end-user knowing. It has also been detected locally as a contaminant

in other illegal drugs. According to a March 1, 2017 press release by Royal Victoria Regional Health Centre “a young person ended up on life support in RVH’s ICU after using cocaine that was unknowingly laced with Fentanyl.”¹¹ Naloxone is the only antidote available in Canada to temporarily reverse an opioid overdose, but it important to emphasize that it does not remove all risk.

Policy Approaches

From the policy perspective, the approach to drug policy in Canada is an essential consideration. Prior to 2015, the federal government’s opposition to Supervised Consumption Sites (SCS) saw the creation of legislation to prevent the opening of more sites, resulting in only two locations in Canada.¹² There is mounting evidence that SCS are associated with lower overdose mortality, lower rates of syringe sharing (which in turn is anticipated to sharply reduce the risk of HIV and Hepatitis C transmission), and require less response by emergency responders.¹³ In 2016, the federal government brought in a new law to

simplify the process for SCS and has since seen the number grow to 17 across the county. According to community activists and people with lived experience, a change in federal and provincial drug policy is still too slow to stem the overdoses at the street level. Communities like Ottawa and Toronto have been opening their own grassroots Overdose Prevention Sites (OPS), which are different from SCS in that they are time-limited, low barrier, life-saving services.

These sites are now permitted by the federal government, supported by the provincial government and according to Dr. Eric Hoskins (former Ontario Minister of Health and Long-Term Care), “Overdose prevention sites have proven to save lives by offering necessary health services to some of the most vulnerable and marginalized populations.”¹⁴

Other supportive policies such as the increased access to free naloxone without a prescription, and the protection against drug possession charges if you call 911 for response due to an overdose (also known as the Good Samaritan

Drug Overdose Act), are important pieces now in place.¹²

Social Exclusion and Stigma

Inequality, social exclusion and stigma also play a role in the development of addiction, and society’s action on this crisis. Some people struggling with addiction may be living in poverty, dealing with homelessness and have been reduced to the margins of society with diminishing social support networks.

In some ways, social exclusion can be seen as a consequence of problematic drug use. However, social exclusion can also be seen as a cause of addictions.¹⁵ Social acceptance is pivotal for good mental and physical health. Drugs not only numb pain, but they can also lead to a social network or family.¹⁶

The stigma surrounding substance misuse can operate at the individual, institutional and societal levels. It has resulted in legal punishment, delayed policy and an absence of clinical response towards people who use drugs.¹⁷ Language propagated in the media

and elsewhere labeling people as “drug addicts” perpetuates the myth of addiction as an individual failing. Serota and Buchman argue that stigma has also led to chronic underfunding of addiction research and treatment services relative to the large burden of disease caused by addictions.

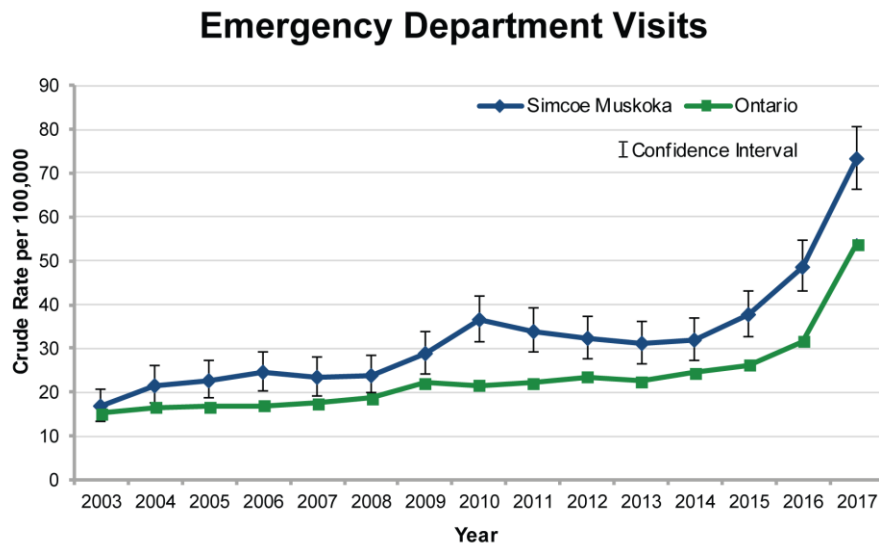
Stigma disproportionately burdens people from less privileged social groups more frequently and harmfully than others. The stigma of substance use has also tainted the palliative care experience for some people prescribed opioids for intractable pain at the end of life.”¹⁷

Getting rid of the idea that people choose to become addicted is an important step in understanding and helping people with addictions. - Centre for Addiction and Mental Health¹⁸

The Need for an Opioid Strategy

In 2014 and 2015, health care agencies and public health organizations in Simcoe Muskoka began to see a significant increase in the rates of morbidity and mortality related to opioid misuse (Figure 2).

Figure 2 Crude Opioid Poisoning Emergency Department Visits Rate (per 100,000), Simcoe Muskoka and Ontario, by Year, 2003-2017



Data source: Ambulatory Visits & Population Estimates & Projections [2003-2017], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: [October, 2017]. ICD-10 Codes (Any Dx, Excludes Suspect/Query Dx): T400-T404;T406; *October -December data for 2017 were taken from the Ontario Ministry of Health and Long-Term Care Weekly emergency department visits for opioid overdose report for week 44: Jan 29 to Feb 4, 2018.

Two key indicators most commonly used to understand the health impacts of opioid misuse are the rate of individuals accessing hospital emergency departments (ED visits), and the rate of death, due to an opioid poisoning also referred to as an overdose.

Emergency Department Visits

As identified by the SMDHU, opioid overdose emergency department visit rates in Simcoe Muskoka have doubled when compared to what was observed between 2010 and 2014, and tripled when compared to the rates between 2004 and 2008. The Ontario rates have seen a similar increase in recent years; however, the Simcoe Muskoka rates have been significantly higher than the comparable provincial rates since 2004.¹⁹

Within the Simcoe Muskoka region, the rates of ED visits related to opioid overdose vary. To understand this it is helpful to divide the region into six distinct areas. As defined by the SMDHU, these include the Barrie Area (Barrie, Springwater, Essa and Innisfil), the Orillia Area (Orillia, Oro-Medonte, Severn and Ramara), the

Midland Area (Midland, Penetanguishene, Tiny and Tay), the Collingwood Area (Collingwood, Wasaga Beach and Clearview), South Simcoe (Adjala-Tosorontio, New Tecumseth and Bradford West-Gwillimbury), and the Muskoka area.

Of these areas, Barrie has been particularly impacted by the opioid crisis. Data from January to December 2017 indicates that overall rates of ED visits per 100,000 people for an opioid overdose were significantly higher in Barrie than the average for Ontario or Simcoe Muskoka (Table 1).

Outside of Barrie, Orillia and Midland maintain the second and third highest rates of ED visits for opioid overdose, both of which are higher than the provincial average.²⁰

Table 1 - Opioid Poisoning Emergency
Department Visits, Simcoe Muskoka
Residents

Geographic Area	Count of Opioid Overdose Visits	Crude Rate (per 100,000)
Ontario	7804	55.8
Simcoe Muskoka	438	78.2
Muskoka	24	38.4
Simcoe	414	83.7

Simcoe County Areas

Barrie Area	238	105.3
Orillia Area	71	86.7
Midland Area	44	83.9
Collingwood Area	30	52.7
South Simcoe Area	31	40.8

Data Source: Ontario Ministry of Health and Long-Term Care. Ambulatory visits [2017] & population estimates [2016]. IntelliHEALTH ONTARIO. 2018; [Last accessed 2018 Mar. 26].

In addition to the variation between these geographic areas, it is also important to note the variation between high-income and low-income communities. Data from 2013 to 2016 indicates that the rate of ED visits for an opioid overdose is four times higher among residents living in neighbourhoods with the highest prevalence of low-income when compared with residents living in neighbourhoods with the lowest prevalence of low-income.²⁰

Overdose Deaths

Although some individuals are able to access emergency care when needed during an overdose, tragically, many do not. The rate of deaths due to an opioid overdose is another key indicator in understanding the extent of the opioid crisis in Ontario and Simcoe Muskoka.

A March 7th, 2018 news release from the Ontario Minister of Health, the Chief Coroner for Ontario, and the Chief Medical Officer of Health, indicates there were “1,053 opioid-related deaths in Ontario from January to October 2017, compared with 694 during the

same time period in 2016 - this represents a 52% increase”.²¹ This data indicates a significant and rapid increase in the rate of mortality related to opioid overdose. Mortality rates in Simcoe Muskoka during a comparable time period once again mirror the provincial experience.

Preliminary death information for the 10-month period between January and October of 2017 indicate there were 63 confirmed and five probable opioid-related deaths in Simcoe Muskoka. The mortality rate during this period peaked in August of 2017 with 16 confirmed opioid deaths.

What is most troubling about this data is that for the same 10-month period in 2016 there were 38 opioid overdose deaths in Simcoe Muskoka representing a 79% increase between 2016 and 2017.²² Similar to the rate of ED visits for an opioid overdose, there is variation among the different geographic areas within Simcoe Muskoka for opioid-related deaths.

This difference is identifiable when comparing the rates of mortality due to an opioid overdose from 2013 to 2016. As outlined below in Table 2, during this four-year period there were 174 opioid overdose deaths in Simcoe Muskoka, with nearly 90% occurring in Simcoe County.

Comparing the rates of mortality within the first half of this period (2013-2014) to the second half of this period (2015-2016), identifies an increase in both Simcoe and Muskoka by about one-third. It is important to note, deaths in Barrie nearly doubled from 2013-2014 to 2015-2016. Midland also had a large relative increase in opioid deaths over this same time period; however, the actual number of deaths was about one-fifth of what was observed in Barrie.

Table 2 - Opioid Overdose Deaths in Simcoe Muskoka (2013-2016)

Geographic Area	2013-2014 (2 years)		2015-2016 (2 years)		% Increase from 2013-2014 to 2015-2016
	# of deaths	% of SMDHU Total	# of deaths	% of SMDHU Total	
Simcoe	65	88%	87	87%	34%
Muskoka	9	12%	13	13%	44%
Simcoe Muskoka	74	100%	100	100%	35%

Top Three Municipalities

Barrie	23	31%	44	44%	91%
Orillia	11	15%	9	9%	-18%
Midland	<5	7%	9	9%	125%

Data Source: Chief Coroner's Office, February 15th, 2018.

Men Most Affected

In terms of specific demographics, men between the ages of 25 and 44 are more likely to access the ED or die from an opioid overdose than any other cohort of the population. In Ontario in 2016, there were twice as many opioid related deaths among men than women, and of those, most men tended to be between the ages of 25 and 44.

Within Simcoe Muskoka between 2012 and 2016, the opioid poisoning death rate among adult males in this same age cohort was 21 deaths per 100,000 people.

This rate is significantly higher than any other age group for both men and women.² However, Simcoe



Muskoka has seen opioid overdoses and deaths in men and women of all age groups.

Neonatal Abstinence Syndrome

Another segment of the population that has been impacted by opioids are babies exposed while in the womb, and who therefore become dependent on opioids or other addictive drugs - a condition known as neonatal abstinence syndrome (NAS). The baby can experience withdrawal symptoms shortly after birth. In 2016, there was an average of one infant per week in Simcoe Muskoka who was admitted to hospital for NAS, for a rate of 13 admissions per 1,000 live hospital births. This was more than double the Ontario NAS rate of 6 admissions per 1,000 live hospital births. The NAS rates have increased significantly both locally and across the province over the past number of years, with NAS rates in Simcoe Muskoka significantly higher than the provincial rates since 2009.²³

Local Prescribing Rates

Recent data on prescribing practices within Ontario and

Simcoe Muskoka helps to provide insight on how the opioid crisis is impacting local communities.

As identified in their 2017 report entitled “9 Million Prescriptions,” Health Quality Ontario (HQO) indicates that in fiscal year 2015-2016, 14% of the population of Ontario, or roughly one in every seven people, filled an opioid prescription.²⁴ This number has held relatively constant over the last three years despite a growing awareness of the opioid crisis.

To better understand prescribing rates at a more local level, HQO’s report also identifies the number of people within each of Ontario’s 14 LHIN regions who filled an opioid prescription, as well as the number of opioid prescriptions filled. HQO’s findings indicate a wide variation across all LHINs for both indicators, and its report does not identify an exact reason for this variation but notes “it may be partly related to population differences, differences in prescribing practices, or variation in access to non-opioid options for pain control, such as physical therapy.”²⁴

In terms of the number of people who filled at least one prescription, the NSM LHIN region ranked third against all other LHINs with 15 of every 100 people filling at least one opioid prescription in 2015-2016.²⁴ It is important to note that four other LHINs also reported this same rate, and that the provincial average was only 14 in every 100 people.

This finding positions the NSM LHIN close to the provincial average. In terms of the total number of prescriptions filled, the NSM LHIN region ranked sixth out of the 14 LHIN regions with 84 prescriptions filled per every 100 people.

Although this rate is well above the provincial average of 66 per 100, the NSM LHIN is still positioned close to the median rate of all 14 LHINs. Interestingly however, and as noted above, Simcoe Muskoka has a comparatively high opioid death rate within the province.

This finding aligns with a recent 2017 report published by the Ontario Drug Policy Research Network (ODPRN). In it, the ODPRN notes that the Simcoe Muskoka District Health Unit area had low

prescribing for pain and addictions but relatively high opioid related deaths, and that "...this could be reflective of greater use of diverted and/or illicit opioid use...although more work needs to be done to understand the specific drivers of these patterns."²⁵

Taken together, the findings from HQO and the ODPRN do not provide a clear linkage on the root causes of opioid morbidity and mortality within Simcoe Muskoka. They do, however, identify that a solution to this crisis does not rest solely on the health sector or the prescribing practices of health care providers.

Although prescribing practices are a key component of any opioid strategy, the Simcoe Muskoka region requires a collaborative approach that moves beyond health care to include a wide range of sector partners.

Given the above data, the immediate and significant impacts of the current opioid crisis cannot be understated. Our local region has not been spared from the harms of opioid misuse. The need for a collaborative and comprehensive opioid strategy is required to bring innovative solutions to a complex community problem.

Comprehensive Opioid Strategies

Given the scope and magnitude of the opioid crisis nationally, provincially and locally, a strategy to address this emergency requires collaborative action at all levels of government and across all sectors including: health, public safety, social, legal and economic sectors.²⁶

A report entitled “A Public Health Guide to Developing a Community Overdose Response Plan” proposes that “the goals of a comprehensive overdose response plan (are) to prevent overdose deaths, promote access to substance use services on demand and strengthen systems responses to promote health equity and social justice.”²⁷

To achieve this goal, the authors suggest that four key elements be addressed:

- 1) Strengthen system resilience and community capacity for responding to and preventing overdoses.
- 2) Recognize and disrupt social and personal stigma and discrimination associated with substance use and addiction.
- 3) Implement a broad range of health promotion and harm reduction interventions to prevent overdoses.
- 4) Assess and strengthen pathways to substance use services and supports.

The report stresses that to prevent overdoses, a range of strategies are required to reach the diversity of those affected across all socioeconomic circumstances and to pay explicit attention to the result of stigmatization as programs, policies and services must be developed and offered without judgment.²⁷

Four-Pillar Model

In 2016, the federal Minister of Health brought together health partners to commit to joint action on the opioid crisis. The Government of Canada produced The Joint Statement of Action to Address the Opioid Crisis which outlines the combined commitment of more than 30 partner organizations to respond to this crisis.²⁸ The Government of Canada committed to a new approach to addressing problematic substance use which identifies a restoration of a harm reduction approach as a pillar, alongside prevention, treatment and enforcement, supported by a foundation of evidence.

This approach was formalized with the announcement of the Canadian Drugs and Substances Strategy (CDSS) in December 2016.²⁶

This four-pillar model, which originated out of Europe, was successfully used in such cities as Geneva, Zurich, Frankfurt, and Sydney, and is said to have contributed to a dramatic reduction in the number of: people who use drugs, overdose deaths, and infection rates for HIV and hepatitis.²⁹

Ontario's Opioid Strategy

In 2016, the Province of Ontario created an opioid strategy informed by the recommendations of the Methadone Treatment and Services Advisory Committee, which was established by the province to advise on strengthening Ontario's methadone treatment and related services.

In 2017, the Ministry of Health and Long-Term Care announced new investments with \$222 million allocated over three years for programs within these categories:

- **Appropriate Pain Management and Opioid Prescribing:** Modernizing opioid prescribing practices to ensure that Ontarians can access appropriate treatment for acute and chronic pain.
- **Treatment for Opioid Use Disorder:** Improving access to high-quality treatment services and supports that will help people manage their addictions and lead healthy, productive lives.
- **Harm Reduction:** Reducing the harms associated with drug use, preventing opioid overdose, and improving health outcomes for people who use drugs.
- **Surveillance and Public Reporting and Education:** Improving the quality of available opioid data, using it to support a timely response and providing Ontarians with information on opioids, addiction and harm reduction.³⁰

A broad range of provincial initiatives and programs have been implemented since the strategy was announced with the most recent activities including:

- More than 30 communities across Ontario will benefit from new or expanded Rapid Access Addiction Medicine (RAAM) clinics.
- New overdose prevention sites have been approved. Supervised injection services, which offer referrals and access to primary care, social services and addiction and mental health treatment, also continue to be expanded.
- In collaboration with Health Quality Ontario, the province released three new opioid-related quality standards that outline opioid prescribing for acute pain,³¹ chronic pain³² and how to identify and provide the best care for people with an opioid use disorder (opioid addiction) .³³
- Increased access to free nasal spray naloxone kits at participating pharmacies, giving

people the choice between nasal spray or the injectable kits.

- Continuing to expand public education on how to access and use free naloxone.³⁴

Developing a Local Approach

As a result of the emerging opioid crisis in Simcoe Muskoka, community stakeholders within our region expressed growing concerns around the ever-increasing opioid-related harms, including overdose deaths.

While there were already a number of opioid-related initiatives underway across Simcoe and Muskoka, the need was identified to work with our community stakeholders to develop a comprehensive strategy that addresses and coordinates action on prevention, harm reduction, treatment, enforcement and emergency management throughout our region.

Under the leadership of the NSM LHIN and SMDHU, a broad collaborative of about 80 representatives from the NSM LHIN, public health, Indigenous communities, health care, social services, upper tier municipalities, education, corrections, fire, paramedics, and enforcement, participated in the first regional opioid forum held on May 25, 2017. Information highlighted at the opioid forum included how opioids, both prescription and illicit, were having

a significant impact on individuals, families and communities across our region.

Provincial and local data related to hospitalizations and deaths was shared along with the federal and provincial strategies to address the issue. The creation of a Simcoe Muskoka Opioid Strategy was proposed as a way to integrate these plans in a manner that would take in the local context and be locally relevant.

Prior to the event, SMDHU, in consultation with community partners, conducted a gap analysis to identify current programs and initiatives, by any sector, in each of the four pillars. This analysis provided an indication of the current work on opioid misuse in our region and highlighted the areas where future improvement or priorities for development existed.

The four-pillar model was proposed and endorsed by the group. Participants were asked to select a pillar that they would be interested in addressing, and a commitment to work collectively on a comprehensive opioid strategy was underway.

As the subsequent work evolved, it was determined that clinical practice related matters would be included under the Treatment Pillar and a new Emergency Management Pillar would be created. This led to five pillars that were given the term “action pillars”.

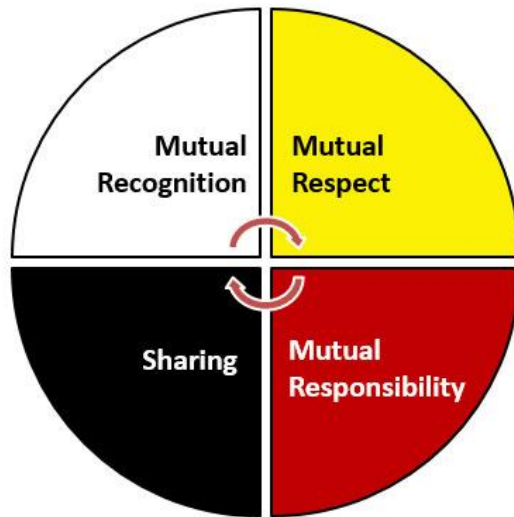
It was identified early on that the voices of people with lived experience should be incorporated within every pillar and that data and evaluation were required to inform actions and track progress. Given that these pillars provide not only a base upon which everything is built, but are also integrated into the action pillars, they became identified as foundational pillars.

Geographically, the decision was made for the strategy to cover all of Simcoe and Muskoka, in keeping with the mandate of many of the participating organizations. From a LHIN perspective, the Central LHIN (which includes South Simcoe) is abreast of the work of SMOS via SMDHU.

Indigenous Led Opioid Strategy Development

An Indigenous opioid strategy is currently under development. Funded by the NSM LHIN and carried out under the direction of the Aboriginal Health Circle, the strategy will set out an action roadmap to address the impacts of opioids within Indigenous communities, as well as inform the mainstream SMOS strategy, seeking opportunities for alignment.

Intercultural Work between All Peoples (using Indigenous Methodology)



Source: The Royal Commission on Aboriginal Peoples (RCAP), 1997

The final report will be presented to the NSM LHIN's Mental Health and Addictions Project Team, as well as the SMOS Steering Committee, and will provide guidance on future addiction-related planning and investment decisions of the LHIN, while also informing and guiding the work of SMOS and the action pillars moving forward.

To inform the Indigenous led opioid strategy, a major engagement process has been completed within local Indigenous communities and a number of concerns, themes and potential recommendations have been identified. These were presented at the April 4, 2018 annual Aboriginal Health Forum. The following is a summary of the engagement process and emerging themes and action suggestions.

The Engagement Process

The engagement process was undertaken during February and March of 2018, involving 156 participants across 10 meeting venues. The engagement was successful in its goal of hearing both urban and on-reserve perspectives and in gathering a range of voices, including people in

recovery, affected family members, Indigenous health social service providers, and First Nations governors and staff. Meetings were held at each of the four First Nations of Rama, Beausoleil, Wahta, and Moose Deer Point. Meetings were also held at the Friendship Centres in Midland and Barrie, at the Orillia Native Women's Group in Orillia, with the Red Road to Recovery program participants in Barrie, and with Enaahtig Healing Lodge and Learning Centre program staff.

All meetings included a brief presentation, including basic information on opioids, recent provincial and LHIN-area trends, data on Indigenous-specific misuse patterns from other jurisdictions, and priorities and promising practices identified by the Thunderbird Partnership Foundation. It also informed participants about the LHIN's opioid planning process and recent opioid-related investments. The presentation was followed by small and large group discussions focused on three questions:

- What is the opioid misuse challenge in this

community/among the people you see?

- What's working and what's not working, as you try to address this problem?
- What are your recommendations to prevent opioid misuse and better help affected individuals?

Identified Challenges

Participants were highly articulate and participative, sharing many personal stories of how opioid misuse had affected them, their loved ones, or people they were trying to help. They gave unflinching accounts of issues being faced in their communities and were straightforward in their criticisms of care practices and system failures they believe contribute to opioid misuse and block the recovery of affected individuals. At the same time participants were solution focused, eagerly identifying strengths and opportunities to build on, and making a number of suggestions for moving forward.

Seen as primarily a prescription opioid problem, participants described the often devastating personal, family and community

impact of addiction. They shared many heroic journeys of recovery and of being there to support affected family members and friends.

Participants were clear about the many factors contributing to opioid misuse within indigenous communities, including the impact of intergenerational trauma, poverty, and cultural disconnection, and experiences of stigma, shame, racism and discrimination. They also talked about the factors of easy drug accessibility – legal and illegal – and the lack of basic knowledge about opioids and their risks.

Things that are Working

Participants identified a number of positive developments and opportunities, including the current public messaging and awareness raising, the availability of naloxone kits, the on-reserve nurse practitioner services and pending new Indigenous Interprofessional Primary Care Team. They were positive about existing, albeit limited, counselling opportunities, informal peer support opportunities and fellowship programs, and

culture-specific programming such as Red Road to Recovery.

Things that are Not Working

Participants clearly identified a number of things as not working. They noted the difficulty of getting a good initial assessment where they would be able to review a range of treatment options, including non-drug substitution ones. They had many stories of experiences with over-prescribing and the seeming lack of prescriber oversight and accountability, and expressed concern about a lack of pain management alternatives. The methadone clinic model was consistently viewed negatively, with people saying that it was "just drugs" with no counselling, and that the doctors seem to keep people on methadone long-term with no tapering.

Crisis services and stabilization opportunities, including safe beds and housing support, were seen as inadequate, especially a concern between withdrawal completion and the initiation of treatment. Concern was also expressed about withdrawal management supports being insufficient, and that there

was a need for an Indigenous medical withdrawal program in the region. Participants expressed concern about the lack of pre- and post-treatment supports, including the lack of aftercare following residential treatment. Concern was also expressed about the short-term, non-individualized nature of residential treatment programs.

Participants mentioned provider burnout a number of times, thinking it may be contributing to bad care experiences, and expressed concern about the lack of coordinated planning with Indigenous partners at key transition points (e.g. release from custody planning). They also expressed concern about service entry barriers, including the need to call treatment programs constantly to indicate continuing interest in attending, and varying criteria related to medications the person may be on or how long they have been drug free.

Participants also talked about insufficient attention being given to Indigenous-specific prevention, education and stigma reduction. They noted the lack of culture-based programming and resources,

that peer support opportunities outside of the traditional fellowship programs were insufficient, and the lack of supports and programs specific to the needs of women.

Policing and law enforcement challenges were noted: the concern that users sometimes end up arrested and criminalized instead of treated, and that police are often challenged in bringing charges against known drug dealers.

Lastly, in many of the meetings participants talked about the need for identified and resourced points of leadership to mobilize community action.

Recommendations

When asked for their recommendations on what should be done to prevent opioid misuse or better help those affected, participants had lots to say. There was good support for implementing community led and embedded community treatment programs similar to the successful Sioux Lookout model, and it was suggested that those programs could be part of comprehensive local multi-pillar strategies,

supported by identified and resourced points of leadership.

Participants recommended the development of Indigenous-specific prevention, education and anti-stigma strategies and for Indigenous-specific harm reduction approaches and harm reduction education. They recommended the enhancement of peer support opportunities, the creation of more safe spaces for personal and community sharing, and for expanded opportunities for positive lifestyle options. They also recommended the creation of more outreach capacity and for Indigenous-specific crisis supports, safe places and safe beds. They further recommended enhanced navigation and “consistent support” opportunities for identified high need, high risk individuals.

Participants recommended increasing service capacity across a number of areas: more pre- and post-treatment supports, more Indigenous addiction workers and counselling, local residential treatment centres (including long term), more access to withdrawal management support and the creation of a regional Indigenous-

medical withdrawal program, and expanded availability of Red Road to Recovery opportunities (and follow-up components). They generally recommended more access to integrated individualized treatment and aftercare with a combination of medical approaches, counselling, coaching, spiritual care, 12 step programs, peer support, cultural teachings, and life skill development opportunities.

They recommended that programs be developed to address needs specific to women and youth, and that services include more options for pain management. They also recommended that services be enhanced through partnerships and collaborations, both among Indigenous providers and with mainstream services.

Participants recommended that service development be supported by the creation of an Indigenous-specific marketing and messaging strategy so people know that help is available and how and where they can get it. They also recommended the development of support and education opportunities for providers to increase skills and prevent burnout.

Participants recommended developing Indigenous-specific data collection and system monitoring strategies, so they can know more specifically what the challenges are and whether progress is being made. And, finally, participants want to see their concerns about the methadone clinic model and prescriber accountability addressed.

Next Steps

The still-to-be completed report will include a final set of recommendations for moving forward, along with a guiding vision and principles for system development, all intended to reflect what was heard during the engagement. The final report will be completed and presented to the Aboriginal Health Circle, and once approved, the report will be presented to the NSM LHIN's Mental Health and Addictions Project Team, as well as the SMOS steering committee, and will provide guidance on future addiction-related planning and investment decisions of the LHIN, while also informing and guiding the work of SMOS and the action pillars.

Part 2 - SMOS Action Plan

In this section, each foundational and action pillar is explored in more detail. The background rationale for each pillar's approach is outlined. For the action pillars, this is followed by the pillar's action plan. The foundational pillar work contributes directly to the planning of each of the action pillar work plans and will continue to be integrated fully into the implementation and evaluation of the goals and activities.

The implementation timelines associated with the pillar work plans follow a short- and long-term framework with short-term defined as activities that will be fully implemented in 2018 and long-term signifying activities that will be fully implemented in 2019-2020. Along with an implementation timeline, activities may also be considered as maintenance to acknowledge that some of the work will be implemented within the determined timeline, but operations will be ongoing for many years.



SHORT

Any work that will be fully implemented in 2018.



LONG

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



MAINTENANCE

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

Foundational Pillar 1: Lived Experience

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



People with lived experience of past or current substance use (also family and friends of people with lived experience) provide invaluable contributions to the design, development and delivery of acceptable and effective overdose response strategies and harm reduction services. Peer engagement and peer-led services are a critical feature of an effective response.²⁷

The Simcoe Muskoka Opioid Strategy encourages and supports the participation of people with lived experience of opioid use on the action pillars and in consultation to action pillar work. People with lived experience are involved in supporting community programming with recent co-facilitation of community presentations to ensure lived experience voices are being represented authentically.

In early 2018, the SMOS Steering Committee undertook purposeful steps to gather the voices of people with lived experience from across the community through a survey. The SMOS Lived Experience Survey was led by SMDHU and the David Busby Street Centre, with

contributions from the SMOS Steering Committee.³⁵ The purpose of the survey was to engage those with lived experience of opioid use for their perspectives on community needs, and to help inform the work plans of SMOS. The objectives of the survey were:

- To identify lived experience perspectives on key problems leading to the opioid crisis in the community.
- To obtain feedback from those with lived experience on ways to address the opioid crisis in the community (what and why).
- To determine the perspective of those with lived experience on the best way to share information with people using drugs.

This survey was administered in person to individuals, including both youth and adults, with lived experience of opioid use defined as those who use illicit opioids or misuse prescription opioids (currently or in the past) and people who have close personal relationships with them.

In total, 89 SMOS Lived Experience Surveys were completed and

returned to SMDHU. The majority (80.9%) of survey respondents were from Simcoe County, 9.0% were from the District of Muskoka and 10.1% were from elsewhere or unknown. Over half of respondents had personally used opioids (55.1%), 29.2% had a close personal relationship with someone who had used opioids, and 10.1% identified with both.

Key Problems Leading to Opioid Misuse, Addiction, and Overdose

All 89 respondents identified the key problems they felt were leading to opioid misuse, addiction, and overdose in the community. The five most commonly identified problems were: mental health/illness (67.4%), past and/or current trauma (67.4%), easy access to opioids (62.9%), medical prescribing of opioids (59.6%), and knowing other people who do drugs (53.9%). Following closely behind were lack of treatment for addictions (52.8%) and lack of treatment for pain (aside from opioids; 52.8%).

Activities Identified as Helpful for Addressing the Opioid Crisis

Overall, the top five activities respondents identified included: improving access to addiction treatment (78.7%), decreasing stigma (76.4%), addressing root causes of opioid misuse and addiction (68.5%), increasing awareness of harm reduction strategies for people who use opioids (67.4%), and – both identified by the same proportion of respondents – increasing health care providers' knowledge of non-opioid treatment for pain (58.4%) and developing an anonymous online system for individuals to report overdoses or potential bad drugs (58.4%).

Activities identified as helpful for addressing the opioid crisis in the community were further broken down by SMOS work plan pillar. The top activity identified as helpful for addressing the opioid crisis in the community for each pillar included:

- **Data and Evaluation, Information Sharing:** developing an anonymous online system for individuals to report overdoses or potential bad drugs (58.4%).

- **Emergency Management:** developing a plan for a rapid coordinated response to a large number of opioid overdoses (53.9%; please note that this pillar only had one activity included within the survey).
- **Enforcement:** considering what role police should or should not play at an overdose (53.9%).
- **Harm Reduction:** decreasing stigma (76.4%).
- **Prevention:** addressing root causes of opioid misuse and addiction (68.5%).
- **Treatment:** improving access to addiction treatment (78.7%).

Information Sharing

Overall, the top three modes identified as the best way to share information with people who use drugs included: social media platforms (69.3%), posted bulletins at places people often go (65.9%), and word of mouth through locations frequently attended (58.0%).

Contribution to Local Opioid Strategy

The findings of the survey were reviewed by all pillar leads and lived experience perspective was incorporated into each of the pillar work plans.

The pillar leads have and/or will make use of the lived experienced survey data to:

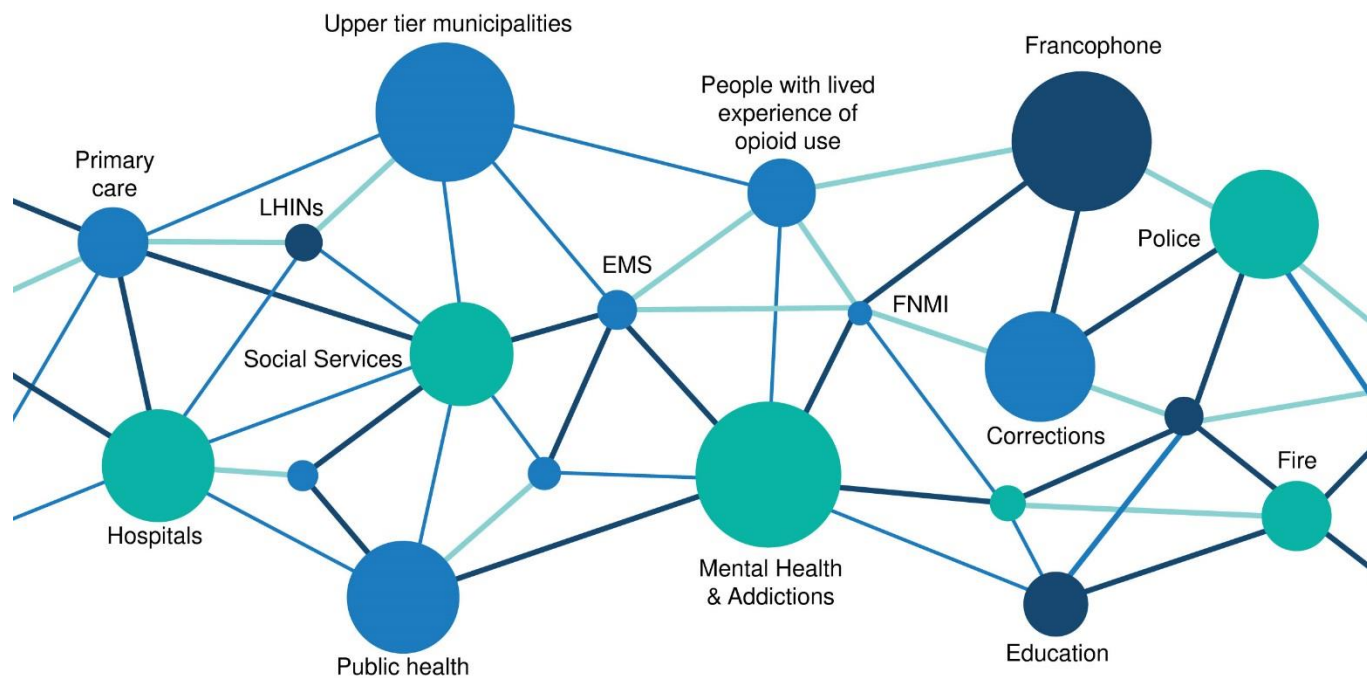
- Help prioritize certain activities over others (i.e. those that were cited as most helpful by respondents).
- Tailor activities based on the feedback (e.g. the best communication channels to use).
- Decide whether or not to proceed with certain activities (e.g. anonymous online system for reporting).

The lived experience survey results have also been shared with survey sites and other interested stakeholders, and will be made publicly available on the SMOS website (www.preventOD.ca) in order to support the incorporation of lived experience perspectives into opioid-related initiatives in Simcoe and Muskoka.

The incorporation of lived experience voices in all aspects of the strategy is essential. Continued efforts will be made to engage people with lived experience in the next stages of planning, implementation and evaluation of SMOS activities.

Foundational Pillar 2: Data and Evaluation

The purpose of the Data and Evaluation Pillar is to develop and implement a comprehensive cross-sector framework to gather and disseminate evidence to support the other pillars and the SMOS Steering Committee. The Early Warning System Working Group, a sub-group of the Data and Evaluation Pillar, is tasked with identifying and communicating increases in opioid-related emergencies in order to support early intervention and public safety.



The Data and Evaluation Pillar underpins each of the other pillars as a foundation for evidence-based planning, surveillance, monitoring and evaluation. The initial tasks of the group were twofold: identify sources of data and gaps in data, and work with the other pillars to develop a logic model to standardize work and create an evaluation framework.

Evaluation Framework

It is essential that each pillar develop an evaluation framework that contributes to the overall need for a standardized approach to pillar work plans. The Data and Evaluation Pillar provided support through individual meetings and assistance in developing pillar work plans consistent with the framework.

This work is oriented towards working with the pillars to collate the information gathered by the pillars and develop the evidence to support and evaluate the work plans.

The data collected by this group will be analysed with the process and outcome measures collected by all the pillars and will be reported on at one and three year intervals to develop a snapshot for Simcoe Muskoka.

Data Collection and Sharing

Data collection and sharing will be used by all the pillars to form baseline measures for success, with the caution that there will likely be an increase in reporting given the focus on monitoring the problem. As well, indicators such as surveillance of overdoses, increased access to

treatment and harm reduction services can be correlated to other pillars' actions but causative relationships are unlikely.

Early Warning System Working Group

The Early Warning System Working Group is a sub-group of the Data and Evaluation Pillar. This group investigates sources of data to support surveillance reporting and the potential need for data-sharing agreements with a number of agencies, including but not restricted, to public health units, hospitals, community agencies, municipal agencies and law enforcement.

The work of the Early Warning System Work Group overlaps with the Emergency Management Pillar in their development of a layered action plan for responding to triggers. Currently, high-level triggers and actions associated with the early warning system are documented in the emergency response plan. Further refinement and formal operationalization of specific actions as well as clear roles and responsibilities of partner agencies are currently under development.

Discussions are underway for data-sharing between SMDHU, community paramedics and law enforcement agencies. Next steps for this group include the development of a public-facing weekly situation report that will summarize the key early warning triggers agreed upon by the group.

Web Site Development

The creation of a web portal is instrumental in the work of data and evaluation. One of the pillar's goals is to have public reporting and aggregated information available on a restricted basis to the SMOS Steering Committee member organizations to provide evidence to support ongoing implementation of the strategy. Further, identified gaps in opioid use and misuse could be gathered through a self-reporting web tool.



Action Pillar 1: Prevention

The Prevention Pillar's role is to help prevent the onset of substance misuse while encouraging recognition of the early warning signs of addiction, and referral to community supports as appropriate.

The Prevention Pillar will focus on primary prevention strategies that are upstream and incorporate universal promotion of well-being, with targeted prevention and referral to early intervention services as appropriate.



Social Determinants of Health

There is clearly an intricate relationship that exists around the social determinants of health, mental health and addictions. The Canadian Medical Association estimates that 60% of the factors that make us ill, impact our mental health and limit recovery, can be classed as social determinants of health.³⁶ The recent Lancet Commission on the future of psychiatry says that action to improve the social determinants of health should be a cornerstone of a modern mental health system.³⁷ Therefore, effective promotion of mental wellness and prevention and early intervention in mental illness and addictions must be considered an all-of-society and all-of-government concern.³⁸ A great deal of work is happening in Simcoe and Muskoka regarding poverty reduction and homelessness; while the SMOS action plan will not explicitly address these issues, it is recognized that such work is pivotal in supporting people with addictions and preventing future addictions.

Education Including a Health Promotion Framework

An approach combining substance use prevention and health promotion has emerged as a promising practice to prevent and reduce the use of, and the harms related to, substance use. What is needed is an emphasis on supporting people to make informed decisions based on credible scientific information. This means informing and encouraging responsible decision-making around all risky behaviours such as unhealthy eating, risky sex, tobacco use, etc. The most effective forms of prevention are those that are comprehensive, rather than pursuing stand-alone interventions.³⁹

School-Based Substance Misuse Prevention Programming

School-based prevention programming requires a comprehensive school health approach, one that pays attention to the school environment, teaching and learning, healthy school policy, partnerships and services.⁴⁰ It involves not only drug education but addresses social competence

programs, as well as social norms/influence programs. Social competence programs focus on the development of self-management, personal, social and cognitive skills. This includes life skills such as goal-setting, coping with stress and personal decision-making.⁴¹ Best practice literature on preventing youth substance misuse widely suggests the use of booster sessions throughout the year and that to be effective, programs need to consult with youth to inform program design, implementation and evaluation.⁴²

It is important to reiterate that while educators play an important role in identifying signs of potential mental health problems in addition to prevention programming, they do not work alone. A team approach by the parent(s)/guardian, other school staff, and sometimes specialists from the board and community, is imperative in addressing these problems and providing early intervention.⁴³



“Give children coping skills from a very early age. People in the helping field have tools to identify red flags and then connect person and family referred to supports.” - Lived experience survey respondent.³⁵

Promote Positive Mental Health through Early Childhood Development

According to Alberta Family Wellness Initiative as well as other infant and child experts, fostering strong attachment to primary caregivers promotes neural pathways that contribute to positive infant and child mental health. As a community, when we identify how and when to support children and families in the course of development, we can change how the story unfolds. So that all of us, regardless of background and life circumstances, have the chance to lead happier, healthier lives, build stronger communities and reduce risk for mental health problems, including addiction.⁵

Promote Protective Factors While Identifying Risk Factors for Substance Use

Problems associated with mental health, mental illness and substance use share many common risk and protective factors and health promotion and prevention efforts employ similar approaches and considerations for interventions.⁴⁴ This involves a variety of elements that involve

building positive relationships within a range of settings whether it be school, home or the community.³⁹

Working Across all Pillars to Address Anti-Stigma, Social Inclusion and Connectedness

These issues have all been identified as significant barriers to identifying substance use problems and seeking help at all levels whether it be prevention, early intervention, treatment or reducing harms. As identified in the lived experience survey, 76% of respondents identified reducing stigma as one of the top activities that would be helpful in addressing the opioid crisis.³⁵

“The general public don't care about addicts and it's not treated like the SARS epidemic.”- Lived experience survey respondent. ³⁵

A key component to any setting is providing acceptance, non-judgment and encouraging positive relationships in and amongst members which contribute to a greater sense of belonging and connectivity whether this be in a school, home or community setting.

Prevention Pillar Action Plan

Goal #1:


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

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

Time Frame Legend

 **SHORT**
Any work that will be fully implemented in 2018.









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

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

Prevention Pillar Action Plan

Goal #1: (CONT'D)

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

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

Prevention Pillar Action Plan

Goal #2:

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

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

Prevention Pillar Action Plan

Goal #3:

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

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

Goal #4

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

	Implementation Time-Frame		MAINTENANCE
	SHORT (2018)	LONG (2019-2020)	
Explore opportunities for website development for sharing of resources and messaging related to opioids. Ensure information is up to date and evidence-based.	✓		➔

Prevention Pillar Action Plan

Goal #5

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

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

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

Implementation Time-Frame

SHORT
(2018)

LONG
(2019-2020)

MAINTENANCE



Goal #6

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

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

Implementation Time-Frame

SHORT
(2018)

LONG
(2019-2020)

MAINTENANCE



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.⁴⁵ Interventions can include education of primary care providers, creation of referral pathways to reduce clients falling through the cracks and increased access to community-based opioid addiction treatment.

Opioid Agonist Therapy

Opioid agonist therapy (OAT) involves the careful prescription and monitoring of opioid agonist medications in the treatment of opioid use disorder. In Ontario

there are two possible opioid agonist medications; Methadone and Buprenorphine (which is sold under the name Suboxone). These medications prevent withdrawal and help to control cravings for opioids. Research shows that people with opioid use disorder who are treated with opioid agonist therapy have better retention in addiction treatment, less use of addictive substances, improved health and social functioning, and lower rates of mortality than those who do not receive opioid agonist therapy as part of their treatment.³³

The geography and demographics of Simcoe Muskoka requires that addiction services be provided as close to home as possible. Travel is not always a realistic expectation of our population. Clients accessing addiction services in this region have expressed frustration at the limited options for accessing OAT as primary care providers have identified a discomfort with providing this type of care. Primary care providers in this region have expressed a desire to obtain more education regarding addiction treatment and OAT. Primary care physicians and emergency physicians both identified a

significant lack of communication with addiction medicine. Furthermore, a gap analysis conducted for the Simcoe Muskoka Alcohol and Other Drug Strategy group was presented by Dr. Brian Rush and revealed wide gaps between the number of individuals who require services compared with the current capacity across all the tiers of service. Educating primary care providers will assist in addressing this gap in treatment services.⁴⁶

Appropriate Opioid Prescribing

Over the past two decades, Ontario has witnessed a dramatic rise in the rate of opioid prescribing and concurrent rapid increases in the number of opioid-related deaths, hospitalizations, and emergency department visits, as well as an increase in the prevalence of opioid use disorder.³² As a result, there have been a number of initiatives taken both provincially and nationally to support medical providers in determining when and how opioids should be prescribed. These include the development of new prescribing guidelines, quality standards, education initiatives, and mentoring programs. Primary



care providers in Simcoe Muskoka have expressed interest in acquiring more information on appropriate opioid prescribing, tapering, and mentoring opportunities.

Rapid Access Addictions Medicine Clinics

The Rapid Access Addictions Medicine (RAAM) models have been piloted and are being spread throughout the province. The RAAM model is a walk-in, low barrier, patient-centred model of service. Individuals can be referred to the RAAM clinic from any health care setting or attend without a referral and receive appropriate addiction medication, counselling, and referrals to community programs. Once they are stabilized on medication they will be referred back to their primary care provider and community addiction agency for long-term follow up.

For clients who present to emergency departments, building a care pathway is essential for them to be referred to addiction medicine for treatment initiation after which they will transition to primary care for ongoing follow up. Currently, no such care pathway exists and the

result is repeat presentation to emergency departments for people experiencing opioid or other substance-related crisis or missed opportunities for evidence-based treatment in primary care.

This ideal pathway was tested in the Mentoring, Education, and Clinical Tools for Addiction: Primary Care–Hospital Integration (META:PHI) project and shown to result in fewer ED visits and shorter time to access care.⁴⁷

There is evidence that this clinical model improves access, abstinence rates, and reduced reliance upon the emergency departments.⁴⁸ Central to the model is a strong base of community and primary care resourced to manage addiction medicine. Building capacity within those sectors will ensure the success of the RAAM clinics.

“Need more immediate access to treatment and appropriate for age group. Improve access to addiction treatment - time that treatment available i.e. after hours (not just 9 - 5).”

- Lived experience survey respondent.³⁵

Neonatal Abstinence Syndrome

Neonatal abstinence syndrome (NAS) is a withdrawal syndrome of infants caused by the cessation of the administration of licit or illicit drugs. This commonly occurs following birth if the mother was under the influence of opioids or opioid agonist therapy. Collaborative team-based approaches to pregnancy care can ensure that a birth plan is in place that will anticipate and respond to the needs of the mother and baby. Because these infants are at risk of acute opioid withdrawal, they are weaned off opioids in a monitored pediatric ward. The birth of a child is an important milestone in all families. Ensuring holistic care in these settings can help to ensure that these infants are given the best start possible.

Treatment/Clinical Practice Pillar Action Plan

Goal #1 Increase awareness of existing resources for treatment of opioid use disorder.	Implementation Time-Frame		
	SHORT (2018)	LONG (2019–2020)	MAINTENANCE
Develop survey to determine current knowledge base and educational needs of primary care providers regarding opioid use disorders.	✓		
Develop information package on the topics of RAAM, META:PHI, and ECHO (Extensions for Community Health care Outcomes) for primary care providers in the region.	✓		
Develop a North Simcoe Muskoka-specific resource guide for clinicians re: addiction treatment.	✓		
Determine one central web link for all opioid use disorder treatment resource information.	✓		
Determine distribution plan for opioid use disorder treatment information packages.	✓		
Create a webinar on treatment of opioid use disorder.	✓		

Treatment/Clinical Practice Pillar Action Plan

Goal #2

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

	Implementation Time-Frame		MAINTENANCE
	SHORT (2018)	LONG (2019–2020)	
Leverage existing Family Health Team events and hospital Grand Rounds meetings to include content around opioid use disorders.	✓		➔
Host education days for primary care providers and pharmacists.	✓		➔

Goal #3

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

	Implementation Time-Frame		MAINTENANCE
	SHORT (2018)	LONG (2019–2020)	
Offer to support FNMI communities in implementing components of Indigenous Opioid Strategy regarding treatment education.	✓		➔

Treatment/Clinical Practice Pillar Action Plan

Goal #4

Facilitate local mentorships between addiction medicine and primary care.

	Implementation Time-Frame		MAINTENANCE
	SHORT (2018)	LONG (2019-2020)	
Survey to capture how many primary care providers are aware of and participate in Medical Mentoring for Addiction and Pain (MMAAP) network.	✓		➔
Develop a short information package on MMAAP network.	✓		
Develop local META:PHI portal.		✓	

Goal #5

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

	Implementation Time-Frame		MAINTENANCE
	SHORT (2018)	LONG (2019-2020)	
Implement a regional RAAM program delivered over multiple sites.	✓		➔
Increase the number of community addiction counsellors throughout NSM LHIN.	✓		➔

Treatment/Clinical Practice Pillar Action Plan

Goal #6

Improve access to interdisciplinary chronic pain treatment.

	Implementation Time-Frame		MAINTENANCE
	SHORT (2018)	LONG (2019-2020)	
Increase regional access to non-pharmacologic pain modalities working with primary care teams – leverage possible expansion of provincial funding.		✓	➔
Investigate increasing provision of “Chronic Pain Self-Management” courses throughout NSM LHIN.	✓		➔

Goal #7:

Improve management of Neonatal Abstinence Syndrome.

	Implementation Time-Frame		MAINTENANCE
	SHORT (2018)	LONG (2019-2020)	
Establish team-based obstetrical and neonatal care pathways for expectant mothers who are using opioids or opioid agonist therapy.		✓	

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. It focuses on the prevention of harm in people who continue to use drugs, rather than on the prevention of drug use itself. Harm reduction is a core value of many of the health and social agencies that work in our region. Harm reduction is an effective approach for achieving individual and public health impacts.



Evidence-based harm reduction efforts such as needle and syringe distribution programs have proven to be a significant tool for reaching populations that use drugs by improving their health and reducing the spread of Hepatitis C, HIV and other infectious diseases. Harm reduction programming has the ability to build relationships with the vulnerable drug using population to link to the social and health services in the community.⁴⁹

There is a substantial amount of empirical evidence to support the benefits of harm reduction strategies in terms of public health and safety. In addition to the direct provision of services, harm reduction programming can address issues arising from substance use, such as dealing with abscesses due to injection drug use.⁵⁰ As well, by tailoring the content to the target audience and involving the target audience in the creation of harm reduction programming, it can remain culturally relevant with the target population.⁵⁰

Supervised Consumption Sites

Supervised Consumption Sites (SCS) provide an immediate response to an overdose and increase access to health and social services. A SCS is a legally sanctioned health facility that offers a hygienic environment where people can use illicit drugs under the supervision of trained staff. These SCSs are also called safer injection sites, drug consumption rooms and supervised injecting centers or facilities. Supervised Consumption Sites are also designed to reduce the health and public order issues often associated with public drug use. Positive outcomes for Supervised Consumption Sites include:

- Reduced overdose fatalities.
- Lower rates of syringe sharing (which in turn is anticipated to reduce the risk of HIV and Hepatitis C transmission).
- Promote safer and hygienic drug use, thus preventing adverse health outcomes, such as abscesses and infections.

- Are an effective strategy to reach people at greatest risk of overdose or blood-borne infections, and may improve access to HIV care.
- Provide an effective referral mechanism to detoxification and addiction treatment.
- Help to reduce public injecting and the inappropriate discarding of syringes.
- There is no evidence that SCS encourage increased drug use or initiate new users.
- There is no evidence that operation of SCS leads to an increase in drug-related crimes.¹³

According to a recent systematic review, of the public health and public order outcomes associated with SCS facilities, high-quality scientific evidence suggests that these sites effectively achieve their primary public health and order objectives with a lack of adverse impacts, and therefore support their role as part of a continuum of services for people who use drugs.⁵¹

Overdose Prevention Sites

The federal government recently announced policy changes to expand the ability of provinces to respond to the escalating opioid crisis. Under the new federal policy, provinces experiencing a public health emergency can request an exemption under federal law for temporary overdose prevention sites (OPS).

“Overdose prevention sites have been proven to save lives by offering necessary health services to some of the most vulnerable and marginalized populations.”⁵² Overdose prevention sites are led by a health care or community based organization and provide the following services: supervised injection; naloxone and provision of harm reduction supplies including, but not limited to needles, syringes and other safe drug use equipment, and the disposal of used harm reduction supplies.

Overdose Prevention Sites are essentially a temporary, pared-down version of an SCS.

According to the SMOS lived experience survey, nearly two-thirds of respondents (64.0%) felt the community would use an overdose prevention site or supervised consumption site.³⁵

“People would feel safer using in a space where they won't die or overdose.”- Lived experience survey respondent.³⁵

Naloxone

Existing research suggests that training people on how to use naloxone, including people who are at risk for overdose and their peers, is a feasible and effective way to prevent mortality from overdose.⁵²

In 2014, the Ministry of Health and Long-Term Care (MOHLTC) provided naloxone to local public health units for distribution to people at risk of an opioid overdose. Pharmacies began public distribution in July of 2016. The MOHLTC expanded naloxone distribution in the fall of 2017 to include: outreach services, shelters, community health centres, AIDS organizations and withdrawal management programs.

The Simcoe Muskoka District Health Unit distributed over 300 take-home naloxone kits to eligible clients in 2017 and has trained many of these regional partners to distribute naloxone to their clients. Local pharmacies continue to participate in the distribution of naloxone.

Reducing Stigma

The key concept of harm reduction programming is to save lives, not make moral judgments about substance use. Stereotypes about people who use substances are prevalent and often inaccurate. “Prejudices and fears surrounding drugs are expressed in stigmatizing language, stigmatization leads to social discrimination and repressive laws, and prohibition validates

fears and prejudices. This vicious cycle must be broken.”⁵³ The Global Commission on Drug Policy has therefore chosen to dedicate its seventh report to the world drug perception problem.

Another common perception is that people who use drugs, predominantly people with problematic drug use, engage in criminal activities. Individuals with problematic drug use often cannot afford the drugs they need and end up resorting to crime themselves. In addition, people who use drugs are often forced out of the mainstream and into marginalized subcultures where crime is extensive. Once they have a criminal record, they find it much more difficult to find employment opportunities, making the illegal market and criminal

activity their only means of survival.⁵³ People who use injectable drugs, or other illicit substances, are seen as having a “spoiled” identity, and thus face barriers to accessing care, and internalize external perceptions of themselves, causing another barrier to care.”⁵⁴

Strategies that can be effective in addressing social stigma include motivational interviewing and communicating positive stories of people with substance use disorders. “For changing stigma at a structural level, contact-based training and education programs targeting medical students and professionals (e.g. police, counsellors) are effective.”⁵⁵

Harm Reduction Action Plan

Goal #1

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

	Implementation Time-Frame		MAINTENANCE
	SHORT (2018)	LONG (2019–2020)	
Distribute resources to partner agencies, organizations and businesses regarding naloxone, how to recognize the signs of an opioid overdose, how to assist a person experiencing opioid overdose and strategies to decrease the risk of an opioid overdose.	✓		➔
Utilize the SMOS website to share information listed above including GIS mapping on harm reduction services available in the communities.	✓		➔

Harm Reduction Action Plan

Goal #2

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

	Implementation Time-Frame		MAINTENANCE
	SHORT (2018)	LONG (2019-2020)	
Conduct outreach to pharmacists to determine if they are dispensing naloxone and provide assistance to increase the percentage of pharmacies in Simcoe Muskoka participating in the Ontario Naloxone Program.	✓		➔
Roll out the next phase of the Ontario Naloxone Program as directed by the MOHLTC to eligible community partner agencies (approx. 25).	✓		➔
Work with MOHTLC to expand opportunities to provide hospitals with naloxone for patients to take home following ED visit for opioid overdose.	✓		

Harm Reduction Action Plan

Goal #3

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

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

Harm Reduction Action Plan

Goal #4

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

Implementation Time-Frame

SHORT
(2018)

LONG
(2019–2020)

MAINTENANCE

Apply for Overdose Prevention Site:

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



Explore Supervised Consumption Site:

- Determine feasibility of creating a supervised consumption site(s).
- Conduct community needs assessment and consultations, to determine need.
- If supported by needs assessment, initiate process of approval from Health Canada for supervised consumption sites.
- Refer to other provincial SCSs for support with policies and procedures for the operation of SCS.
- Host community forums to educate and gather feedback from the public on SCS.



Harm Reduction Action Plan

Goal #5

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

	Implementation Time-Frame		MAINTENANCE
	SHORT (2018)	LONG (2019-2020)	
Support a SMOS website dedicated to communicating with various audiences.	✓		➔
Include local opioid overdose data for public access on this host site.	✓		➔

Goal #6




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

	Implementation Time-Frame		MAINTENANCE
	SHORT (2018)	LONG (2019-2020)	
Create key messages that support harm reduction strategies and address stigma when working with the media.	✓		
Explore presentations/programs in partnership with health and social services agencies to decrease stigma.		✓	

Harm Reduction Action Plan

Goal #7

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

	Implementation Time-Frame		
	SHORT (2018)	LONG (2019–2020)	MAINTENANCE
Ensure community partners that are distributing naloxone to their clients have information on the Good Samaritan Drug Overdose Act.			
Add fact sheet/card on Good Samaritan Drug Overdose Act to Needle Exchange Program kits.			

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.⁴⁵

Given that police interact frequently with people who use drugs, these interventions aim to increase coordination between law enforcement and health services.



The law enforcement community is no stranger to the opioid problem as heroin, OxyContin®, and other opioid-based drugs have been around for decades. The demand for pharmaceutical opioids in Canada has grown exponentially, as Canada ranks as the second largest per capita consumer of pharmaceutical opioids (United States ranking first).⁵⁶

It is widely believed that when OxyContin® was removed from the Canadian pharmaceutical industry in 2012 (replaced by OxyNEO®), this created a demand for domestically sourced prescription opioids, such as illicit fentanyl products.⁵⁷ Since that time, law enforcement has seen an increase in overdoses and overdose fatalities either caused by or linked to the consumption of fentanyl products.

Law enforcement has found that there is an emerging, open market for opioid powder such as fentanyl and other more potent additives like carfentanil, and they are now being used by criminals as a cutting agent or disguised within other illicit drugs to enhance profits. This not only puts people who use drugs at risk of harm, but members of the

public and police officers as well. Contributing to the rapid and dynamic growth of the illicit fentanyl market in Canada is the easy accessibility by Canadian-based traffickers to China-sourced fentanyl and its derivatives via internet websites.⁵⁸

The police forces that make up the Enforcement Pillar are working collaboratively to increase the sharing of timely intelligence and to take enforcement action on those individuals who manufacture and distribute opioids in the Simcoe Muskoka area. Recent investigative successes include:

- Project Blackbird - a November 2017 joint investigation between the OPP's Organized Crime Enforcement Unit (OCEB), the Community Street Crime Unit (CSCU) and Barrie Police Services in which six persons were arrested for trafficking fentanyl, heroin, cocaine and firearms offences.
- South Simcoe Police and local prosecutors have laid manslaughter charges against those who allegedly supplied fentanyl to a person who overdosed and died.

Stricter Sentencing for Drug Traffickers

The local Crown Attorneys who represent Public Prosecution Services Canada (PPSC) have been leaders in aggressively pursuing stricter sentencing for convicted fentanyl traffickers through their experience starting in 2013 to present date.

Collaborative Education

The Enforcement Pillar understands some people are going to choose to take illegal drugs. Increasing awareness about the risks and ways to reduce harm are two approaches that could help save lives. The enforcement pillar wants people to think twice, understand the risks and hopefully not consume illicit opioids. But if they

do, we hope they know the overdose signs to watch for, so they can get help for themselves or a friend, if needed.

Officers Carry Prophylactic Naloxone

Almost all of the police services within the Enforcement Pillar have issued their officers naloxone and new personal protective equipment (PPE) to increase officer safety when conducting drug searches, seizures or sampling seized drug exhibits. The primary purpose of the naloxone is for use by an officer who is exposed; however, if there is a life-threatening situation and emergency medical services are not immediately available, officers are trained to use it on a member of the public.








Collaboration with Other Pillars

The Enforcement Pillar echoes the statement of the Ontario Association of Chiefs of Police (OACP): “The OACP is supportive of measures that reduce the incidence of overdoses and death. We support providing individuals dealing with substance misuse issues opportunities to be treated. In our view, helping individuals overcome their addictions is always the best and preferred option.”⁵⁹ The Enforcement Pillar is committed to working alongside the other SMOS pillars to facilitate the development of strategies for ensuring a healthy and safe environment for members of the communities we serve.

Enforcement Pillar Action Plan

Goal #1:










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

	Implementation Time-Frame		MAINTENANCE
	SHORT (2018)	LONG (2019–2020)	
Develop a consistent law enforcement approach to investigating overdoses.			
Increase the sharing of timely intelligence across all law enforcement through the development of an intelligence working group to identify opioid traffickers in the Simcoe Muskoka region.			
Develop and implement a Simcoe Muskoka law enforcement opioid education seminar. Partners to include Ontario Provincial Police, Barrie Police Services, South Simcoe Police Service, First Nations Police Services, Canadian Forces Base Borden, Ministry of Natural Resources and Forestry, Municipal Bylaw Enforcement, etc.			
Share educational opportunities for law enforcement and first responder partners.			

Enforcement Pillar Action Plan

Goal #2:

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

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

Action Pillar 5: Emergency Management

Emergency Management programs are designed to assist communities to protect themselves from emergencies and disasters related to all kinds of hazards – natural, human-induced and technological – through leadership in the development and implementation of policies, plans and a range of programs. Opioid addiction and misuse present hazards to our communities that can lead to large-scale events requiring emergency response. Accordingly, a regional emergency management plan designed to respond to opioid overdose outbreaks will foster community resilience.



The rising rate of opioid misuse and addiction in Simcoe Muskoka is increasing the potential for a large number of overdoses in a short time period – i.e. an outbreak of opioid overdoses. The effective management of opioid overdose outbreaks demands a collaborative response from multiple emergency service and community agencies. Currently the Simcoe Muskoka region lacks a coordinated opioid specific emergency management approach to address the opioid overdose outbreak response need for:

- Consistent system-wide situational awareness,
- An early-warning surveillance system,
- An incident management system model for response and communication to guide collaborative decision-making
- An after-action review process that will inform system recovery strategies and foster the ongoing refinement of the response system as a whole.

The development of these elements is essential to ensuring our adequate capacity as a health sector emergency management team, to prevent, mitigate, prepare for and respond to mass opioid, and/or other

drug, poisoning. Such an approach can build on existing emergency management initiatives in the region for responding to other types of emergencies. The regional emergency management plan for opioid overdose outbreaks will build on existing emergency plans that focus on the needs of our most vulnerable residents and that harness the resources of the health, emergency response, and community social services sectors.

Ultimately, the Emergency Management Pillar will develop a comprehensive emergency management plan for opioid overdose outbreaks that will include a mechanism for ongoing situational awareness, a protocol for timely alerting of situations involving increased or increasing risk, the application of the incident management system and a procedure for after action analysis and reporting. This comprehensive plan will engage multiple partners in mitigation, preparedness, response and recovery activities and will leverage existing plans. Development of the plan will align with the goals of the Emergency Management Action Plan, which follows.

Emergency Management Action Plan

Goal #1

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

	Implementation Time-Frame		
	SHORT (2018)	LONG (2019-2020)	MAINTENANCE
Lead the development of a shared Simcoe Muskoka Opioid Strategy website.	✓		
Adapt the Simcoe Muskoka Vulnerable Populations Plan to add an opioid specific protocol.	✓		
Utilize the Simcoe County Daily Emergency Situation Centre (DESC) as an information repository and portal.	✓		

Emergency Management Action Plan

Goal #2:

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

	Implementation Time-Frame		
	SHORT (2018)	LONG (2019-2020)	MAINTENANCE
Develop/document an emergency management plan for opioid overdose outbreak events.	✓		
Collaborate with Data and Evaluation, and Enforcement Pillars to determine appropriate and realistic triggers based on real-time data, as well as key indicators.	✓		
Collaborate with other pillars to develop an early-warning system, based on Ontario's Opioid Overdose Early Warning Framework.	✓		

Emergency Management Action Plan

Goal #3

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

	Implementation Time-Frame		
	SHORT (2018)	LONG (2019–2020)	MAINTENANCE
Apply a hazard-specific incident management framework.	✓		
Leverage existing plans, such as the Simcoe Muskoka Vulnerable Populations Plan, the Simcoe Muskoka Surge Planning Tool, and the Simcoe Muskoka Alternate Assessment & Treatment Centre Plan, and the Simcoe Muskoka Mental Health Surge Plan, Paramedic Services (Simcoe & Muskoka) Mass Casualty Incident Response Plan, and the Simcoe Muskoka Mass Fatality Plan.	✓		
Explore a phased response.	✓		

Emergency Management Action Plan

Goal #4

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

	Implementation Time-Frame		MAINTENANCE
	SHORT (2018)	LONG (2019-2020)	
Leverage existing emergency management communications tools.	<input checked="" type="checkbox"/>		
Develop new communications algorithms as needed.	<input checked="" type="checkbox"/>		
Apply existing emergency phase system for increasing levels of response.	<input checked="" type="checkbox"/>		


Goal #5

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

	Implementation Time-Frame		MAINTENANCE
	SHORT (2018)	LONG (2019-2020)	
Collaborate with the leads of the Prevention, Treatment/Clinical Practice, Harm Reduction and Enforcement Pillars to identify potential points of intersection.	<input checked="" type="checkbox"/>		

Goal #6

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

Implementation Time-Frame		
SHORT (2018)	LONG (2019-2020)	MAINTENANCE
		

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

Part 3: Next Steps and Future Directions

To address this issue, the complexity and scale of the opioid crisis in Simcoe Muskoka requires a multi-sector approach that engages the many stakeholders needed to address this issue.



As outlined throughout this report, the two foundational, and five action pillars of SMOS, provide a way forward for the Simcoe Muskoka region through a comprehensive approach. This approach is aligned with the federal and provincial opioid strategies, and aimed at providing a balanced, thoughtful and local response.

Over the past year, the SMOS pillars have developed goals, along with short-term and long-term activities for achieving them. As noted, short-term activities aim to be developed and fully implemented between January

and December 2018, while long-term activities aim to be fully implemented by December 2020. The projected timelines included in the work plans have been developed to allow the period of time needed to fully plan, develop and implement each activity.

It is important to note that many of the activities in the work plans, both short- and long-term, are already in progress and some will have been completed prior to the publishing of this report. The SMOS Steering Committee will provide updates on the strategy after 2018 and 2020, through the SMOS website (www.preventOD.ca). In addition to these updates, the SMOS website will also provide important information

and links to immediate and ongoing local initiatives such as the development of expanded programs and services, and the rollout of educational materials.

The SMOS Steering Committee and Pillars will continue to operate until the SMOS plans have been fully implemented and mechanisms for addressing all pillars of SMOS have been established, such that central coordination is no longer required. The Simcoe Muskoka Opioid Strategy members will continue to be available to engage with local community members and organizations to learn their perspective, collaborate with them and ensure our activities are positively impacting our communities.

Glossary

Chronic non-cancer pain: Includes any painful condition that persists for at least three months and is not associated with malignant disease.

Good Samaritan Drug Overdose Act: The Good Samaritan Drug Overdose Act provides some legal protection for individuals who seek emergency help during an overdose.

Naloxone: A medication used to block the effects of opioids, especially in overdose.

Opioid misuse: People misuse prescription opioids by: taking the medicine in a way or dose other than prescribed, taking someone else's prescription medicine, taking the medicine to get high.

Opioid use disorder: A problematic pattern of opioid use leading to clinically significant impairment or distress.

Overdose prevention site (OPS): A facility where people can use illegal drugs under supervision by trained staff. As part of health care services, staff in these locations monitor people who are at risk of overdose and provide rapid intervention if necessary.

People with lived experience: People with lived experience are individuals who may have first-hand knowledge of drug use due to their own use or their close contact with friends or family members who use.

Suboxone: Is used to treat narcotic (opiate) addiction.

Supervised consumption site (SCS): Also known as supervised injection facilities, safe injection sites, fix rooms, safer injection facilities, drug consumption facilities or medically supervised injection centres, are legally-sanctioned, medically-supervised facilities designed to provide a hygienic and stress-free environment in which individuals are able to consume illicit recreational drugs intravenously.

The Rapid Access Addictions Medicine Clinic (RAAM): Is a medical clinic for individuals who are looking for help in regards to their substance use.

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Appendix A

SMOS Pillar Members by Organizational Affiliation

Data and Evaluation Pillar

- Simcoe Muskoka District Health Unit
- Health Quality Ontario
- North Simcoe Muskoka Local Health Integration Network
- Ontario Provincial Police
- County of Simcoe
- Waypoint Centre
- Stevenson Memorial Hospital
- Royal Victoria Regional Health Centre

Prevention Pillar

- Simcoe County District School Board
- Simcoe Muskoka Catholic District School Board
- Georgian College
- District of Muskoka Paramedic Services
- Simcoe Muskoka District Health Unit
- North Simcoe Muskoka Local Health Integration Network
- Orillia Youth Centre
- Probation (Simcoe and Muskoka)
- Persons with Lived Experience

Treatment/Clinical Practice Pillar

- Canadian Mental Health Association Simcoe County

- Royal Victoria Regional Health Centre
- Enaahtig Healing Lodge
- Simcoe Muskoka District Health Unit
- North Simcoe Muskoka Local Health Integration Network
- Salvation Army
- Canadian Mental Health Association Muskoka Parry Sound
- Addiction Services York Region
- Ontario Addiction Treatment Centres (OATC)
- Waypoint Centre for Mental Health Care
- Barrie Family Health Team
- Barrie Community Health Centre
- West Parry Sound Health Centre
- Family Doctors
- Chiropractor
- Community Pharmacist

Enforcement Pillar

- Ontario Provincial Police
- Barrie Police Service
- South Simcoe Police Service
- Rama Police Service
- Canadian Forces Base Borden Military Police
- Crown Attorneys

Harm Reduction Pillar

- Simcoe Muskoka District Health Unit
- Little Avenue Pharmacy
- Canadian Mental Health Association Simcoe
- Central North Correctional Facility
- Waypoint Centre for Mental Health Care
- District of Muskoka
- Gilbert Centre
- Barrie Community Health Centre
- David Busby Street Centre
- County of Simcoe-Social and Community Services Division
- North Simcoe Muskoka Local Health Integration Network
- Rosewood Shelter
- The Guesthouse Shelter & Community Hub
- County of Simcoe Paramedic Services Department

Emergency Management Pillar

- County of Simcoe
- District of Muskoka
- North Simcoe Muskoka Local Health Integration Network
- Rama First Nation
- Simcoe Muskoka District Health Unit
- Town of Wasaga Beach