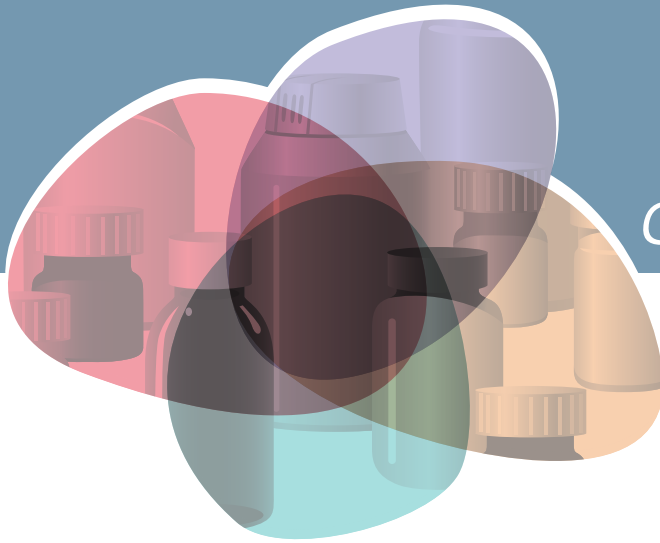


WINDSOR-ESSEX
COMMUNITY
**OPIOID
STRATEGY**



*Consultation
Document*



Consultation Document

WINDSOR-ESSEX COMMUNITY **OPIOID STRATEGY**

INTRODUCTION

Increasing rates of opioid overdose across Canada have prompted action at all levels of government. In addition to the broad increases in opioid-related emergency department (ED) visits, hospitalizations, and deaths noted at the provincial level (Ontario Agency for Health Protection and Promotion, 2017), a recent report has demonstrated a disproportionately large impact of the opioid burden in Windsor and Essex County (Windsor-Essex County Health Unit, 2017). With increased funding allotted to local public health units to address this issue, an opportunity exists to address opioid overdose in Windsor and Essex County with strategies driven by community need and a collaborative approach to opioid overdose prevention.

The Windsor-Essex Community Opioid Strategy (WECOS) seeks to address the increases in opioid related harms through a set of best practice strategies tailored through community feedback. Recognizing that no single activity or action can adequately address an issue as complex as substance abuse, a four pillar approach has been adopted in similar sized Ontario municipalities and as such will be the structural model on which the WECOS is based. The four pillar model consists of the following broad categories of strategies which will be used as the basis for a comprehensive community approach: Prevention and Education, Harm Reduction, Treatment and Recovery, and Enforcement and Justice. Using this model as well as provincial and national best practices (Toronto Public Health, 2017; Waterloo Region Crime Prevention Council, 2011), and a local environmental scan of existing service providers, a set of eight broad interventions have been proposed. Each strategy and category proposed will become the workplan for the WECOS-LC and related work groups and sub-committees.

This purpose of this consultation document is to seek community input on the proposed strategies for Windsor and Essex County with the intention of generating discussion and feedback to inform the WECOS-LC and address the disproportionately high rates of opioid misuse and overdose in Windsor and Essex County. This document will serve as the conversation point for two community forums, one in Windsor and one in Leamington. In addition a community survey will be launched to ensure broad community feedback and input into the strategies and direction for Windsor and Essex County in tackling and preventing opioid misuse.

PILLAR ONE PREVENTION AND EDUCATION

Prevention and Education refers to interventions that seek to prevent or delay substance use, and which address root causes of problems (Waterloo Region Crime Prevention Council, 2011). These interventions may involve promoting healthy families, mentoring programs, school and community education, and a number of other approaches to enhance the knowledge and skills of the community related to substance use.



1. ENHANCE SURVEILLANCE ACTIVITIES AND USE OF OVERDOSE DATA ACROSS SECTORS.

Collecting and analyzing health-related data is essential in planning, implementing, and evaluating public health programs and interventions. Until recently there has been a lack of accurate data about how many people have overdosed due to opioids in Ontario, and difficulty in the tracking the number of deaths caused by opioid use. The lack of this type of data at the local level has impacted the ability for a timely and comprehensive response. Through the sharing of data across service providers in Windsor and Essex County, a comprehensive and timely understanding of the issue could be achieved, timely local reports could be generated, and an early warning system could be created to alert the community of contaminants found in illicit drugs.

Potential Strategies

- Improve data sharing between law enforcement, public health, and other community stakeholders to improve response plans and early warning to reduce harms through data sharing agreements.
- Develop “real-time” overdose surveillance/monitoring system for Windsor and Essex County to provide consistency and clear messaging/alerts about toxins or contaminants found in illicit drugs.

2. INCREASE PUBLIC AWARENESS ABOUT OPIOID MISUSE, DIVERSION, AND OVERDOSE PREVENTION THROUGH PUBLIC AWARENESS CAMPAIGNS.

Among the best approaches to addressing opioid use is to intervene before it occurs (Hahn, 2011). Education and prevention activities should be implemented to increase awareness of opioid use and associated dangers. Increased awareness about the potential risks associated with prescription and illicit opioids will provide Windsor and Essex County residents with a clear understanding of the importance of proper use, storage, and disposal of prescription opioids, as well as the risks associated with possibly contaminated illicit opioids (e.g., bootleg fentanyl). Community campaigns and promotional messaging can be an effective tool when it comes from multiple partners and from multiple sources such as radio, television, billboards, and social media.

Potential Strategies

- Target high risk populations, youth/parents, and people who use opioids with a mass media campaign to enhance public identification of opioid misuse, diversion, and overdose as a community issue
- Create a shared communication plan across all service providers to build capacity of organizations to reach their target populations.

3. INCREASE PROVIDER AND PATIENT EDUCATION ON OPIOID USE AND MANAGING CHRONIC PAIN.

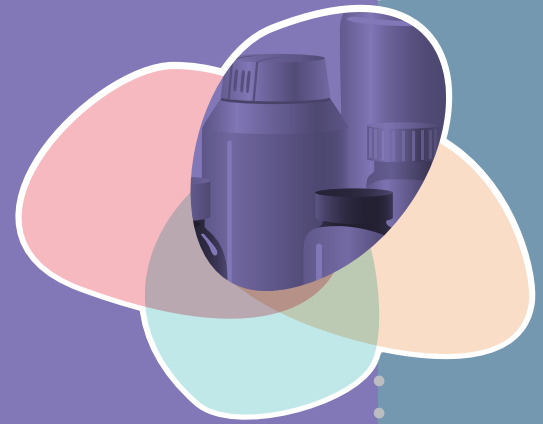
A multipronged approach to address problems related to opioid use and overdose through education and prevention must also include educating patients and health care providers about opioid use and chronic pain management. Increased education for health care providers about safe prescribing practices has been identified as a key strategy in *Ontario's Strategy to Prevent Opioid Addiction and Overdose* (Ministry of Health and Long-Term Care, 2017). Although there is evidence to suggest that recent prescribing patterns may be improving such as dispensing smaller quantities of opioids, there still may be opportunities for education. Patients that need to take opioids for treating pain must also be provided with clear information about risks tied to impaired driving, dependence, addiction, and co-use with depressants (Centre for Addiction and Mental Health, 2016).

Potential Strategies

- Provide continuing medical education sessions on pain management, appropriate prescribing, and diversion control, as well as continuing education for pharmacists on diversion and forgery.
- Provide additional information to patients prescribed opioids to ensure they are aware of the associated risks and access to naloxone to reverse accidental overdose.

PILLAR TWO HARM REDUCTION

Harm Reduction refers to interventions that seek to reduce the harms associated with substance use (Waterloo Region Crime Prevention Council, 2011). These interventions aim to reduce the spread of communicable diseases, prevent overdose deaths, increase contact with healthcare providers, and reduce consumption of illicit substances in unsafe settings.



4. INCREASE ACCESS TO NALOXONE THROUGH CHANGES IN PRACTICE AND POLICY.

Harm reduction strategies are designed to reduce negative health impacts and other outcomes of opioid misuse and overdose, including death. Naloxone, or Narcan®, is an antidote to opioid overdose. It reverses the effects of opioids by displacing opioids from their receptors, temporarily preventing the opioids from having an effect (Webber, 2016). Naloxone distribution programs have recently been extended to a variety of clinical settings, first responders, and other agencies in some communities (Orkin, et al., 2015). In Ontario, the *Ontario Naloxone Program* has been implemented in Windsor and Essex County since 2014 and has recently been expanded to allow for free naloxone access through pharmacies and other community service organizations.

Potential Strategies

- Provide access to naloxone for medical and non-medical staff working in community settings where overdoses occur (e.g. shelters), and provide support for the development of organizational overdose policies and protocols.
- Broaden distribution and ability to use naloxone by first responders (firefighters, police, and paramedics) including the related legal and policy barriers.
- Develop “take home naloxone” program sites for at-risk groups and the general public.
 - In community health centres and community-based agencies.
 - In acute care settings including emergency departments.
 - In substance use withdrawal management and treatment facilities (including Opioid Substitution Treatment clinics).

5. IMPROVE OVERDOSE PREVENTION EDUCATION, TRAINING, AND SERVICES.

Best practice guidelines for these harm reduction approaches include training people who use opioids (and their friends and families) on how to avoid overdosing and how to act if they see another person overdosing. Education involves knowing the signs of an overdose, when to call 911, and how to administer naloxone. Existing evidence shows that overdose education and the distribution of naloxone improves people’s willingness to intervene in an overdose, reduces mortality and is cost-effective (Strike, et al., 2013).

Potential Strategies

- Educate broader community and target staff in community settings on strategies to prevent, recognize, and respond to overdose.
- Develop and target messages to priority populations by implementing promotional campaigns in areas with high visibility (e.g., bus shelters) or areas where people are likely to use drugs (e.g., public washrooms).

6. DEVELOP A LOCAL EVIDENCE-BASED HARM REDUCTION FRAMEWORK, INCLUDING INCREASED ACCESS TO HARM REDUCTION SERVICES AND SUPPLIES.

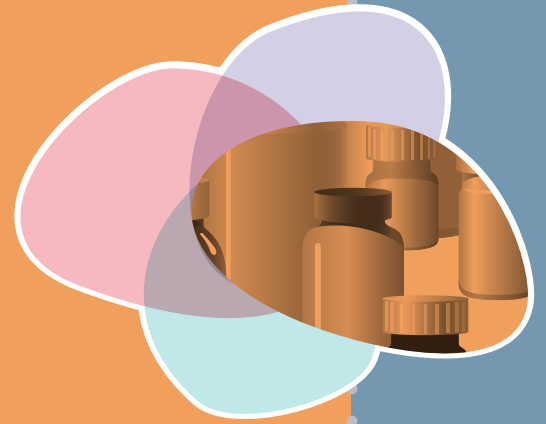
The pillar of harm reduction has been restored to the Canadian Drugs and Substances Strategy (Health Canada, 2016), which allows problematic drug use to be primarily recognized as a health issue rather than criminal matter. Yet, there remains work to be done to inform the public and society as whole of the key issues and benefits related to harm reduction approaches. A public education campaign could aim to remove the stigma associated with addiction, and with harm reduction approaches. Addiction needs to be seen as a disease, and a complex social problem. Therefore, it is important when creating campaigns to educate the general public, healthcare professionals, community organizations, and law enforcement about addiction, to provide information on the causal factors and the social determinants that impact opioid use and overdose. The Needle Syringe Program is currently implemented in Windsor and Essex County through a partnership between the Aids Committee of Windsor and the Windsor-Essex County Health Unit. This program provides clean needles and supplies to people who use injectable drugs. The expansion of this program would ensure the equitable distribution of these services across the city and county to additional areas of need. In addition to the needle exchange program, promising practices from Canadian cities like Vancouver and Toronto, have led the Windsor-Essex County Health Unit to begin investigating the feasibility of Safe Injection Sites in Windsor and Essex County. Supervised injection sites (SIS) have been utilized in Canada for some time with the first sanctioned SIS becoming operational in 2003. Recently it has been suggested that the expansion of these programs to new settings would be a practical means to reduce harm and inequities for people who use drugs (Kerr, Mitra, Kennedy, & McNeil, 2017).

Potential Strategies

- Address stigma through education by promoting a cultural shift toward more positive attitudes related to harm reduction, acknowledging that abstinence is not always possible.
- Develop information resources regarding access to opioid substitution treatment and promote to clients in emergency rooms, community health centres, and physicians' offices.
- Recognize and support the role that people who use drugs have in reaching others at risk of overdose, and support more peer training opportunities.
- Investigate the expansion of the Needle Syringe Program to areas of need.

PILLAR THREE TREATMENT AND RECOVERY

Treatment and Recovery refers to interventions that seek to improve the physical and emotional well-being of people who use or have used substances (Waterloo Region Crime Prevention Council, 2011). These interventions may include, counselling, residential programs, and community-based withdrawal programs.



7. INCREASE TREATMENT OPTIONS AND ENSURE PEOPLE CAN ACCESS APPROPRIATE SERVICES WHEN THEY NEED THEM.

Opioid substitution treatments (OST) are prescribed long-acting opioid medications that have been shown to be the most effective treatment available for opioid dependency. Access to OST (e.g., methadone and buprenorphine) should be made widely available, as it can reduce the risk of overdose deaths, the transmission of HIV, and Hepatitis B. Treatment for opioid use disorder should be provided in the community and where primary care is also available (Centre for Addiction and Mental Health, 2016). A medical model for opioid treatment must also be combined with a community based social services model to be effective in meeting the needs of those experiencing opioid dependence issues (e.g., support with finding housing and other social services).

Potential Strategies

- Work with provincial partners to advocate for increased funding to expand the capacity of the local substance use treatment system to include non-abstinence based programs.
- Work with provincial partners on improving the integration of substance use treatment services with primary and mental health services.
- Increase awareness of treatment services among community and enforcement agencies and understanding of recovery pathways.



PILLAR FOUR ENFORCEMENT AND JUSTICE

Enforcement and Justice refers to interventions that seek to strengthen community safety by responding to crime and community disorder caused by substance use (Waterloo Region Crime Prevention Council, 2011). Given that police interact frequently with people who use drugs, these interventions aim to increase coordination between law enforcement and health services.

8. COLLABORATE ACROSS LAW ENFORCEMENT AND FIRST RESPONDER AGENCIES TO DEVELOP A CONSISTENT APPROACH TO ADDRESS OVERDOSE SCENES AND DIVERSION ACTIVITIES.

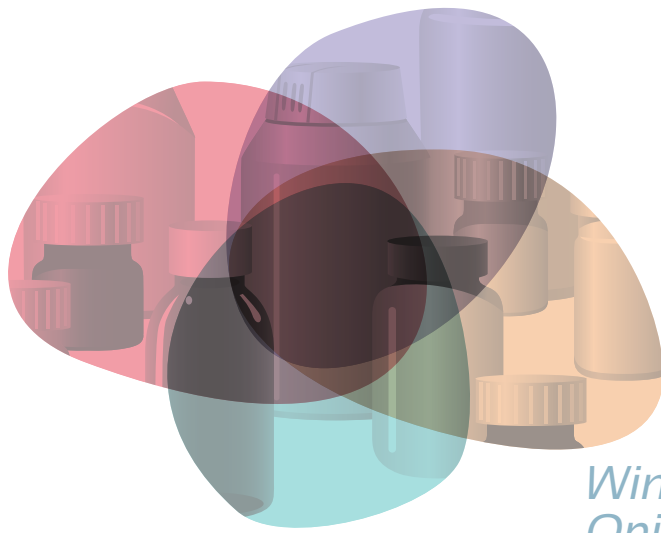
Law enforcement agencies are key stakeholder groups that need to be engaged and informed when developing when a community response to the opioid and overdose issues in a community. There has been a shift in recent years in how law enforcement agencies are addressing opioid and other substance abuse in their communities. Traditionally, law enforcement efforts have focused on using enforcement actions like arrests and jail to target drug use and distribution. Now, with a better understanding of the multi-dimensional aspects of addiction, law enforcement and justice sectors are taking a more comprehensive approach, including substance misuse prevention and harm reduction approaches. There is a growing evidence base for the value of building “public safety-public health” partnerships and strategies. Enforcement agencies have the opportunity to play an increasing role in connecting people to drug treatment and recovery services and police officers could be seen as the primary access point within the community for people seeking treatment.

Potential Strategies

- Work with law enforcement across the region to establish a consistent approach to how police respond to overdose scenes.
- Promote the “Good Samaritan” law to reduce barriers to accessing emergency services.
- Host unused medication take-back events, which could help build community awareness of the risks of the misuse and abuse of prescription pain medication.
- Provide training to pharmacists on how to respond to diversion activities and have better security inspections of pharmacies.

REFERENCES

- Centre for Addiction and Mental Health. (2016). *Prescription Opioid Policy Framework*. Toronto: Centre for Addiction and Mental Health.
- Hahn, K. L. (2011). Strategies to Prevent Opioid Misuse, Abuse, and Diversion that may also Reduce the Associated Costs. *American Health & Drug Benefits*, 107-114.
- Health Canada. (2016, December). *The New Canadian Drugs and Substances Strategy*. Retrieved from Government of Canada: <https://www.canada.ca/en/health-canada/news/2016/12/new-canadian-drugs-substances-strategy.html>
- Kerr, T., Mitra, S., Kennedy, M., & McNeil, R. (2017). Supervised Injection Facilities in Canada: Past, Present, and Future. *Harm Reduction Journal*.
- Ministry of Health and Long-Term Care. (2017, October). *Strategy to Prevent Opioid Addiction and Overdose*. Retrieved from Government of Ontario Newsroom: <https://news.ontario.ca/mohltc/en/2016/10/strategy-to-prevent-opioid-addiction-and-overdose.html>
- Ontario Agency for Health Protection and Promotion. (2017, September 13). *Interactive Opioid Tool*. Retrieved from Opioid-related morbidity and mortality in Ontario: <https://www.publichealthontario.ca/en/dataandanalytics/pages/opioid.aspx>
- Orkin, A. M., Bingham, K., Klaiman, M., Leece, P., Buick, J. E., Kouyoumdjian, F., . . . Hu, H. (2015). An Agenda for Naloxone Distribution Research and Practice: Meeting Report fo the Surviving Overdose with Naloxone (SOON) International Working Group. *Journal of Addiction Research & Therapy*.
- Strike, C., Hopkins, S., Watson, T. M., Gohill, H., Leece, P., Young, S., . . . Zurba, N. (2013). *Best Practice Recommendations for Canadian Harm Reduction Programs that Provide Service to People Who Use Drugs and are at Risk for HIV, HCV, and Other Harms: Part 1*. Toronto, ON: Working Group on Best Practice for Harm Reducation Programs in Canada.
- Toronto Public Health. (2017). *Toronto Overdose Action Plan: Prevention & Response*. Toronto.
- Waterloo Region Crime Prevention Council. (2011). *Waterloo Region Integrated Drugs Strategy*. Waterloo: Waterloo Region Crime Prevention Council.
- Webber, V. (2016). *Opioid Use in Canada: Preventing Overdose with Education Programs and Naloxone Distribution*. Montreal, QC: National Collaborating Centre for Healthy Public Policy.
- Windsor-Essex County Health Unit. (2017). *Opioid Misuse in Windsor-Essex*. Windsor, ON.



PROPOSED ACTION PLAN

*Windsor-Essex Community
Opioid Strategy*

1

Enhance surveillance activities and use of overdose data across sectors

2

Increase public awareness through education campaigns

3

Increase provider and patient education

4

Improve overdose prevention, education, training, and services

5

Increase access to Naloxone

6

Develop a local harm reduction framework

7

Increase treatment options and access to services

8

Collaborate across law enforcement and other first responders to develop a coordinated response



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PREVENTION AND EDUCATION

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HARM REDUCTION

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TREATMENT AND RECOVERY

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ENFORCEMENT AND JUSTICE

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This report was prepared by the
Windsor-Essex County Health Unit,
in partnership with the
Windsor-Essex Community Opioid Strategy
– *Leadership Committee.*

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2017

Windsor-Essex Community Opioid Strategy-Leadership Committee

- AIDS Committee of Windsor
- Amherstburg Police Service
- Canadian Mental Health Association
- Conseil scolaire catholique Providence
- City of Windsor
- Erie-St. Clair Clinic
- Erie St. Clair Local Health Integration Network
- Erie Shores HealthCare
- Essex-Windsor EMS
- Greater Essex County District School Board
- House of Sophrosyne
- Hotel Dieu Grace Healthcare
- LaSalle Police Service
- Ontario Provincial Police
- St. Leonard's House (Harm Reduction Network)
- Windsor-Essex County Health Unit
- Windsor Police Service
- Windsor Regional Hospital
- Alison Malott, Peer Representative
- Christine Malott, Agent for the Director of Public Prosecutions
- Drew Dilkens, Mayor, City of Windsor
- Gary McNamara, Chair, Windsor-Essex Board of Health and Mayor, Town of Tecumseh
- Robert Modestino, Pharmacist
- Tom Bain, Warden, Essex County and Mayor, Town of Lakeshore