



# **Board Report**

Friday July 28, 2017



Medical Officer of Health

## REPORT TO THE BOARD

Friday, July 28, 2017

Opioid overdoses are claiming the lives of hundreds of Ontarians of all ages, and from all walks of life. One person dies every 12 hours in Ontario from an opioid overdose. The impact of the opioid crisis continues to be devastating to individuals, families and communities.

To put the crisis into context, in 2014 in Ontario:

- 481 people died from motor vehicle deaths (Ministry of Transportation Ontario).
- 623 people died from streptococcus pneumoniae (Public Health Ontario).
- 673 people died from Opioid-related overdoses (Ontario Office of the Chief Coroner).

Visits to Ontario ER departments for opioid related overdoses increased by 23% for the period 2011-2013 vs. 2006-2010, and hospital admissions for opioid-related overdoses increased by 18% during the same time ([www.odprn.ca](http://www.odprn.ca)).

The CDC estimates that each opioid-related death is only the tip of the iceberg in the complex opioid crisis. For each opioid-related death, there are 10 people in addiction treatment services, 32 people going to ER for opioid misuse, 130 people dependent on opioids and 825 non-medical opioid users.

The role of public health in the opioid crisis:

1. **Assessment and monitoring** of the health of communities and populations at risk to identify health problems and priorities.
2. Formulation of **healthy public policies** designed to solve identified local health problems and priorities.
3. To ensure that **all populations have access** to appropriate and cost effective care, including health promotion and disease prevention services.

Public health has much experience to build on in dealing with this crisis and can play a significant role in reducing the harms associated with opioid use and misuse. For example, the comprehensive adverse event following immunization reporting structure could be adapted to create an adverse event on opioid therapy reporting system. This would provide real time monitoring and surveillance. Similarly, the foodborne illness outbreak response could be the model for an opioid poisoning outbreak response protocol for large opioid overdose events and to notify of potentially fatal batches of illegal drugs. Additionally, best practices for infection prevention and control could develop best practices for opioid control programs.

Locally, public health has led the development of a Grey Bruce interagency strategy to address the opioid crisis. Local physicians, police services, EMS and addictions services are part of the cross-sector initiative. The strategy takes an evidenced informed approach to the issue of opioid addiction based on four pillars of assessment and monitoring, education and awareness, policy and enforcement, and treatment and harm reduction.

#### Assessment and Monitoring:

- Speak with local coroners to understand the process for identifying and classifying overdose deaths to ensure the most accurate data is collected.
- Review local data, including number of naloxone kits distributed, number of opioid overdose deaths, number of needle exchanges, to understand the full scope of the Grey Bruce opioid crisis in real time.
- Utilize the new provincial “opioid tracking tool” to advocate for enhanced monitoring of overdose deaths locally.

#### Education and Awareness:

- Promote the revised Good Samaritan Act which provides an exemption from charges for people who call 911 for themselves or another person suffering an overdose. Many overdose deaths may be preventable if medical attention is received quickly. Evidence shows that witnesses to an overdose often do not call 911 for fear of police involvement.
- Provide harm reduction training and naloxone distribution for community agencies such as local indigenous communities, addictions services, mental health services and police and fire departments to provide life-saving naloxone in overdose situations.
- Provide naloxone to “high risk” establishments such as local bars and clubs to protect those who may be at risk of an overdose.
- Acknowledge Overdose Awareness Day August 31<sup>st</sup> with a barbecue at a local homeless shelter.
- Promote the new opioid prescribing guidelines with local health care providers.

#### Policy and Enforcement:

- Develop and distribute a “Call to Action” resource for local municipal leaders to understand their role in the opioid crisis.
- Present to local municipal councils on the opioid crisis.
- Build relationships with local law enforcement agencies to understand overdose and addiction as a health issue and not a criminal issue.

#### Treatment and harm reduction:

- Advocate through the LHIN and provincial Ministries for enhanced access to treatment including increased access to opioid agonist therapies such as methadone and suboxone.
- Understand that the root of addiction is complex and greatly influenced by social determinants of health and health equity.

- Provide a harm reduction support group.
- Involve clients with lived experiences in helping the community to understand the opioid crisis locally as well as steps to mitigate risk and decrease overdose deaths.

The scope of the problem of opioid-related harms is big, complex and worsening. The solutions to the problem need to be comprehensive, timely and evaluated. Public health will continue to monitor the crisis and lead the development of effective strategies to mitigate risk and save lives.

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## PROGRAM REPORT JUNE 2017

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### Working with the Grey Bruce communities to protect and promote health

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### Nicotine Replacement Therapy Partnership Project

Since 2013, the Health Unit has received a grant from the Ministry of Health and Long-Term Care to purchase nicotine replacement therapy products. Tobacco use continues to be the number one preventable cause of disease and death in Canada and is a significant risk factor in many chronic diseases. In Grey Bruce, 18.8 % of the population continues to smoke daily. Individuals with mental health issues and those living on a low income are more likely to use tobacco and are priority groups for smoking cessation programs.

In January this year, the Health Unit invited community partners to help seek out ways to improve access to health care and smoking cessation therapy for low income residents in Grey Bruce. In March, the Diabetes Grey Bruce and community-based Mental Health Services outpatient programs of the Grey Bruce Health Services began offering their clients cessation counselling and nicotine replacement therapy products (patches, gum, lozenges and inhalers) purchased using funds from the Ministry grant. Systems were developed to track clients participating in the program and changes in tobacco use. The program runs from May 1 to August 30, with the possibility of extension. Initial evaluation data will be available by August.

The potential impact of this program is significant. The collaboration with community partners greatly increases the scope of the program to reach many individuals who would otherwise be unable to afford the cost of nicotine replacement therapy. Use of nicotine replacement therapy, in conjunction with cessation counselling, has been shown to double the chances of a successful quit.

Future plans for this program include exploring further expansion of community partnerships to extend the reach of the Ministry grant funds with the ultimate goal to increase quit rates in Grey Bruce.

## We C.A.R.E. Share Event Tackles Youth Mental Health

The 3<sup>rd</sup> Annual Mental Health Share Event was hosted by Grey Bruce We C.A.R.E. at The Plex in Port Elgin on May 12. Over 300 youth and adults came together from across Grey Bruce to C.A.R.E. (Connect, Ask, Reach-out and Engage).

The goal of the We C.A.R.E. Share Event is to increase awareness, understanding, compassion and support for youth mental health. Each year the event is hosted in a different community to give local youth and adults a chance to participate.

The day offered break-out sessions with local mental health professionals, as well as youth sharing lived experiences. Sessions covered a variety of topics including anxiety, depression, dealing with stress, self-care, Indigenous mental health and social media. Participants also had opportunities to explore coping strategies through workshops such as yoga, self-care, mindfulness and pet therapy. Keynote speaker Erica Humphrey presented “Have you considered being your own Superhero?” Humphrey recounted her own journey of how she broke the cycle of abuse, addictions and mental health challenges in her own life to become a sought-after speaker, fitness expert and author.

Established four years ago, the Grey Bruce We C.A.R.E. Committee represents 14 different community agencies and organization linked by a common interest in supporting youth mental health. The Grey Bruce We C.A.R.E. website offers local resources, services and upcoming events relating to youth mental health. Visit [www.wecaregreybruce.ca](http://www.wecaregreybruce.ca)

