

# HEALTH UNIT **OPIOID MANAGEMENT PLAN**



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## Executive Summary

The Haldimand-Norfolk Health Unit (HNHU) Opioid Management Plan will provide a comprehensive set of actions to prevent and respond to overdoses, building on the work that is already taking place in the community, and by governments and other institutions. The plan is meant to be flexible in order to accommodate for new issues and situations that may arise in the community.

### 1. Local Opioid Response Plan

A local opioid response plan will be created in collaboration with various community partners to address acute mass overdose events, as well as sudden increases in opioid-related overdoses and deaths. While many of the responding partners already have plans to address a surge in the need for their services, integrated and consistent messaging is necessary in times of crisis and will provide the general public with accurate information on the issue.

### 2. Naloxone Distribution and Training

This life-saving opioid agonist will be disseminated broadly by the HNHU to individuals who are at risk of opioid overdose; friends and family members of individuals at risk of opioid overdose; and newly released inmates at risk of opioid overdose. HNHU will act as a naloxone distribution lead for community-based organizations in order to increase dissemination of naloxone kits to priority populations where individuals are already receiving services. Eligible community organizations are determined by the Ministry of Health and Long-Term Care (MOHLTC).

### 3. Opioid Overdose Early Warning and Surveillance

The HNHU will attempt to collect accurate and timely data from various community partners for the purposes of identifying baselines and triggers for an alert system; and to provide collated, accurate information to members of the community. Work is still being done at the federal, provincial and municipal levels to improve data quality and data sharing as it is imperative that responding agencies have timely and accurate information to trigger the necessary responses.

### 4. Community Awareness and Education

The HNHU will develop external communications that educate the public and stakeholders on the risks of opioid misuse, how to prevent harm, and how to access services (both harm reduction and treatment). Training and education on opioid overdoses and use of naloxone will be provided to community organizations as part of the naloxone distribution program. Community information events will be provided through the Haldimand-Norfolk Harm Reduction Management Team (HRMT).

Urgent action is needed to address the opioid crisis in Haldimand-Norfolk and elsewhere in Canada. The impacts of fatal and non-fatal overdoses are devastating for individuals, families and communities. The Haldimand-Norfolk Health Unit Opioid Management Plan provides a comprehensive set of actions to both prevent and respond to drug overdoses occurring in our community. This Management Plan represents a commitment from HNHU to work with our counties and community partners as well as other governments to take action on this important public health issue.

## Introduction

The purpose of this document is to provide an overview of Haldimand-Norfolk Health Unit's (HNHU) response to the Ministry of Health and Long-Term Care's Harm Reduction Program Enhancement. The materials highlighted in this document are reflective of the work within the Health Unit acknowledging the many partners that with ongoing collaboration continue to best meet the needs of those individuals who use drugs (IWUD), and our community at large.

## Background

In October 2016, the Ministry of Health and Long-Term Care (MOHLTC) released a comprehensive Strategy to Prevent Opioid Addiction and Overdose (Opioid Strategy), which includes ongoing work to enhance data collection and surveillance; modernize prescribing and dispensing practices; improve access to high quality addiction treatment services; and, enhance harm reduction services and supports. To support implementation of the harm reduction pillar of the Opioid Strategy, on June 12, 2017, the MOHLTC announced that funding for the Harm Reduction Program Expansion (HRPE) will be provided to Public Health Units (PHUs) to build on existing harm reduction programs and services and improve local opioid response capacity and initiatives.

The HRPE will build on/leverage programs and services already offered by PHUs and community partners. The enhancement will work to build sustainable community outreach and response capacity to address drug and opioid-related challenges in local communities. The scope of work for this program enhancement is divided into three components:

- I. Local opioid response
- II. Naloxone distribution and training
- III. Opioid overdose early warning and surveillance.

From 2013 to 2017, the rate per 100 000 population of opioid-related emergency department visits (ED) in Haldimand-Norfolk went from 26.3 to 66.3. During this same time period, opioid-related ED visits in Haldimand-Norfolk were consistently higher than the provincial rate (Appendix I)<sup>1</sup>. Preliminary data for first 9 months of 2018 indicate Haldimand-Norfolk is still higher than the province for opioid-related ED visits (50.1 per 100 000 compared to 46.4 per 100 000 respectively). Unfortunately, these numbers are likely underreported due to coding protocols for hospitals. Also, there is significant delay in reporting most of this data, making it challenging to assess true severity of the situation in real time.

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<sup>1</sup>Ontario Agency for Health Protection and Promotion (Public Health Ontario). *Interactive Opioid Tool*. Toronto, ON: Queen's Printer for Ontario; 2018. Available from: <http://www.publichealthontario.ca/en/DataAndAnalytics/Opioids/Opioids.aspx>

When examining opioid-related hospitalizations, again Haldimand-Norfolk has been consistently higher than the provincial rate since 2015. In 2016, Haldimand-Norfolk was more than double the provincial rate of opioid-related hospitalizations with 27.9 per 100 000 population compared to 13.6 respectively. In 2017 Haldimand-Norfolk's rate was 25.1 per 100 00 population compared to 15.1 for the province (Appendix I)<sup>2</sup>. Preliminary data for first 9 months of 2018 indicate Haldimand-Norfolk is still higher than the province for opioid-related hospitalizations (15.3 per 100 000 compared to 10.8 per 100 000 respectively)

According to Public Health Ontario, since 2003, the number of opioid-related deaths in Ontario has increased 246 per cent and in 2017, more than 1,250 Ontarians died from opioid-related causes<sup>3</sup>. In Haldimand-Norfolk, five deaths were attributed to opioids in 2005 and by 2016, this number rose to 11 deaths. This represents an increase in mortality rate from 4.5 deaths per 100,000 population in 2005 to 9.9 deaths in 2016. This is higher than the provincial rate of opioid-related deaths in 2016 (6.2 deaths per 100,000) and is the second highest rate in the province out of all 36 health units<sup>4</sup>. In 2017, Haldimand-Norfolk had 10 opioid-related deaths and from January to June 2018, 4 opioid-related deaths were reported (Appendix I)<sup>5</sup>. It's important to note that the first three months of 2018 had zero reported opioid-related deaths, however, there were 12 opioid related deaths from April 2017 to April 2018 (See Appendix II).

It is also important to keep in mind that the growing crisis of opioid-related harm is complex and has been attributed both to recent changes to the potency of illicit opioids as well as the broad use of prescription opioids over the past two decades. Prescription opioids are most commonly used to treat pain however, following the introduction and heavy marketing of new controlled-release opioid formulations in the 1990s, the use of opioids to treat chronic pain became increasingly prevalent, despite limited evidence from clinical trials to support their long-term safety and effectiveness. These patterns of increased prescription opioid use correlated with increased rates of opioid misuse, opioid-related morbidity and hospitalizations, opioid use disorder, and opioid-related overdose<sup>6</sup>.

According to the Ontario Drug Policy Research Network (ODPRN), in 2015, Haldimand-Norfolk had the highest volume of opioids dispensed for pain in the province per 1000 population. In 2016, Haldimand-Norfolk came a close second overall to North Bay Parry Sound District for highest volume of opioids dispensed for pain, and in 2017 Haldimand-Norfolk was fourth overall in the province. Unfortunately, in 2018, even though Haldimand-Norfolk dispensed a lesser volume of opioids than in 2017, we moved up to third overall in the province for volumes of opioids dispensed for pain. It is important to keep in mind that this indicator is restricted to prescription opioids that have a valid milligram morphine equivalent conversion factor. It excludes opioids indicated for Opioid Agonist Therapy, such as methadone and suboxone, and opioids indicated to treat cough, diarrhea, or for medical assistance in dying. It also excludes over-the-counter medications for pain that contain opioids<sup>7</sup>.

<sup>2</sup>Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; 2018. Available from: <http://www.publichealthontario.ca/en/DataAndAnalytics/Opioids/Opioids.aspx>

<sup>3</sup>Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; 2018. Available from: <http://www.publichealthontario.ca/en/DataAndAnalytics/Opioids/Opioids.aspx>

<sup>4</sup>Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; 2018. Available from: <http://www.publichealthontario.ca/en/DataAndAnalytics/Opioids/Opioids.aspx>

<sup>5</sup>Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; 2018. Available from: <http://www.publichealthontario.ca/en/DataAndAnalytics/Opioids/Opioids.aspx>

<sup>6</sup>Mina Tadrous (2018) Opioids in Ontario: the current state of affairs and a path forward, *Expert Review of Clinical Pharmacology*, 11:10, 927-929, DOI: 10.1080/17512433.2018.1516142

<sup>7</sup>Ontario Drug Policy Research Network. Ontario Prescription Opioid Tool. Toronto, ON; July 2018. DOI: 10.31027/ODPRN.2018.01. Available from: <http://odprn.ca/ontario-opioid-drug-observatory/ontario-prescription-opioid-tool/>

The Haldimand-Norfolk Needle Syringe Program, “The Exchange”, began in 2009. At that time, the program was only available at HNHU sites as well as three area pharmacies. In 2015 the needle syringe program was expanded to include all local opioid replacement therapy clinics as well as another area pharmacy. As a result of the expansion there was a significant increase in the number of safer injection supplies distributed.

From 2015-2017, 276,971 sterile needles were distributed through the needle syringe program. This averages to 253 needles per day. In 2017, over 94 000 needles/syringes were distributed (avg. 257/day) and in 2018, 85 921 were distributed (avg. 235/day).

Given that the HNHU only provides needles during business hours and the opioid replacement therapy clinics and pharmacies are only open specific hours during the week, there are some days when the number of needles distributed is significantly greater than indicated above.

In light of the growing concerns with opioid use and the associated harms within Haldimand-Norfolk, the Harm Reduction Management Team (HRMT) was created in February 2017. The HRAT consists of growing members combining service agencies, emergency services, acute care facilities, school board, municipal council, community members and more coming together to promote and increase awareness of opioid related harms throughout Haldimand-Norfolk counties with a harm reduction focus. The group collaboratively works together to identify emerging trends in the community, facilitate resource sharing, plan and provide community education initiatives and promote the harm reduction services available.

In December 2017, HNHU became a part of the Ontario Naloxone Program and started distributing naloxone kits through the Needle Syringe Program. In the first year of the program, HNHU distributed close to 500 naloxone kits and trained over 200 individuals on responding to an opioid overdose with naloxone. In 2019, as part of the Harm Reduction Program Enhancement, the naloxone program will be expanded to include local community-based organizations. These community-based organizations will be trained and able to distribute naloxone kits to individuals at risk of overdose and concerned friends/family members thus increasing access to naloxone in our community.

As outlined above, there is an urgent need for a local opioid management plan to address opioid-related morbidity and mortality in Haldimand-Norfolk. This plan will provide a comprehensive set of actions to prevent and respond to opioid-related overdoses, building on the work that is already taking place in the community. The Management Plan is meant to be flexible in order to accommodate for new issues and situations that may arise.

## Overdose Prevention and Response Strategies

### 1. Local Opioid Response

The first component of the Harm Reduction Program Enhancement is the development of a local opioid response. HNHU will implement, maintain and/or expand local opioid-related programming based on assessment of local data and community needs. The response will build on existing plans where appropriate (e.g. drug strategies, overdose action plans) and will leverage existing programs and services to contribute to increased access and improved health outcomes (e.g. decreased overdoses and overdose deaths, emergency room visits, hospitalizations).

The local opioid response includes:

- Engaging stakeholders, including First Nations communities and persons with lived experience;
- Conducting a population health/situational assessment to identify opioid-related community challenges and issues;
- Leading/supporting the development, implementation, and evaluation of a local overdose response plan or drug strategy; and
- Adopting and ensuring timely data entry into the Ontario Harm Reduction Database (to be launched in 2019)

The HNHU is in the process of developing an Opioid Response Plan in partnership with our local hospitals, EMS and other key stakeholders. The Opioid Response Plan identifies a number of HNHU strategies and processes to prevent, mitigate, prepare, respond and recover from harmful opioid-use incidents in the community. The plan serves as reference to all agencies involved in managing the local opioid crisis in Haldimand-Norfolk and outlines actions taken by the HNHU upon becoming aware of certain opioid related information that could or will have significant negative health impacts on the community.

To be better informed about the opioid-related community challenges and issues in Haldimand-Norfolk, the HNHU will be working closely with key stakeholders, including First Nations communities and persons with lived experience, to complete a population health assessment. The data gathered from this assessment will be utilized to inform opioid-related program and service needs within the community.

### 2. Naloxone Distribution and Training

Naloxone is a medication that temporarily reverses an opioid overdose by blocking the effects of opioids in the brain. In Canada, naloxone is available in intramuscular (i.e. injectable) and intranasal (i.e. nasal spray) formulations. Once administered, naloxone will start to work within 3-5 minutes and can last from 20 to 90 minutes. Since naloxone temporarily removes the opioids from the receptor sites in the brain, the effects of naloxone will eventually diminish; the opioids will return to the receptors and the overdose symptoms may return. Subsequent doses of naloxone may be required and medical attention must be sought. Naloxone has no effect in the absence of opioids. If naloxone does not have an effect within 3-5 minutes following administration, the apparent symptoms of overdose may be caused by an opioid of higher potency or another condition all together, making calling 911 and seeking medical attention imperative. Fortunately, repeated use of naloxone on those not initially responding has no negative health effects.



In Haldimand-Norfolk, there are three avenues through which naloxone may be distributed in the community, increasing community capacity to respond to opioid overdoses. These are:

- i. Haldimand-Norfolk Health Unit offices,
- ii. Participating pharmacies, and
- iii. Eligible community-based organizations

### **i. Haldimand-Norfolk Health Unit offices**

Naloxone is available without a prescription and without an OHIP card through Public Health Units (PHUs) to individuals who are at risk of opioid overdose; friends and family members of individuals at risk of opioid overdose; and newly released inmates at risk of opioid overdose. Regulatory changes have made it possible for anyone to administer naloxone with the appropriate training.

In December 2017, the Haldimand-Norfolk Health Unit launched their naloxone distribution program through the Needle Syringe Program. Public Health Nurses on the School Health Team were also trained to distribute naloxone kits and are able to distribute them in Haldimand-Norfolk secondary schools to youth identified as at risk for overdose.

In early 2018, HNHU provided training on naloxone administration to all interested Health and Social Services staff (excluding Norview Lodge) and placed naloxone kits throughout all three office locations. This training and the associated policy make it possible for all persons trained and comfortable with doing so to administer naloxone to clients who may be experiencing an opioid overdose. In the fall of 2018, interested Health and Social Services staff were provided additional training to be able to distribute naloxone kits to clients they work with therefore increasing the access to naloxone through all three Health and Social Services offices.

As of December 2018, close to 500 naloxone kits were distributed by HNHU to community members. The HNHU will continue to distribute naloxone kits to community members, increasing knowledge of the program through promoting on available platforms.

### **ii. Participating Pharmacies**

In the summer of 2016, the MOHLTC announced the expansion of the Ontario Naloxone Program to pharmacies. Community members who are substance users, family or friends of substance users, or concerned community members could access intramuscular naloxone through participating pharmacies free of charge, however a valid OHIP card had to be presented.

As of March 27th 2018, the program was expanded so that pharmacies that are interested will be able to distribute intranasal formulations of naloxone in addition to the injectable naloxone and OHIP cards are no longer required. Pharmacies are required to provide the relevant training to persons accessing naloxone. In 2017, 783 naloxone kits were distributed through participating pharmacies in Haldimand-Norfolk.

### iii. Eligible Community-Based Organizations

As of September 2017, the MOHLTC Ontario Naloxone Program allocated funding for PHUs to act as naloxone distribution leads for community-based organizations in order to increase dissemination of naloxone kits to priority populations where individuals are already receiving services. Eligible agencies, as defined by the MOHTLC, includes community-based organizations such as:

- Community Health Centre's, including Aboriginal Health Access Centre's;
- AIDS service organizations;
- Shelters;
- Outreach Programs; and
- Withdrawal management programs

To determine if an organization is eligible to receive and distribute naloxone, they must meet the following requirements:

- Works directly with drug-using populations at risk of opioid overdose through harm reduction programming, outreach and/or social determinants of health;
- Reaches a difficult to reach (priority) population not otherwise served where there is known drug using/opioid activity; and,
- Has demonstrated staffing capacity to manage naloxone distribution/training with clients, inventory, and reporting to the Ontario Naloxone Program site.

Eligible community organizations that are located in, or work with, First Nations communities are eligible to obtain naloxone through this expansion. This includes, but is not limited to Aboriginal Health Access Centre's. PHUs should consider First Nations communities and organizations when they establish eligible community organizations as access points for naloxone.

The Ministry continues to review the eligibility criteria on an ongoing basis. In early 2018, the Ministry also expanded the program to allow PHUs to provide local police and fire services with naloxone training and kits as well as Emergency Departments/Urgent Care Centre's and St. John's Ambulance.

The HNHU plans to launch the community naloxone distribution program in 2019. To date, agency service agreements, policies and procedures as well as training and promotional materials have been developed. The responsibilities of the PHU, as outlined by the Ministry for naloxone distribution to community-based agencies, include:

- Ordering naloxone for eligible community organizations
- Coordinating and managing naloxone inventory
- Training community organization staff on naloxone administration
- Ensuring appropriate collection of data by community organizations
- Supporting policy development at community organizations
- Promoting naloxone availability and engaging in community organization outreach

As community-based organizations come on board with naloxone distribution, HNHU will promote the availability of naloxone through these organizations to the community in order to increase awareness of availability and accessibility to this life-saving medication.

### 3. Opioid Overdose Early Warning & Surveillance

Haldimand-Norfolk Health Unit is required to support the implementation and/or enhancement of opioid overdose early warning systems that will allow for the timely identification of, and response to, a surge in opioid overdoses. By consistently collecting data related to opioid-related overdoses, deaths, ED visits, hospitalizations and general opioid usage from relevant community partners, the HNHU hopes to create an alert system that could trigger potential responses in managing the opioid threat.

Most PHUs have developed regular bulletins to communicate opioid data to community partners that allow all parties to have a more accurate picture of the issue in our community. Unfortunately, time delays in the collection, analysis and dissemination of this data is often too long for an effective response. Federal, provincial and local authorities involved in the crisis are now looking at ways to improve the timeliness of this data sharing. In the meantime, the HNHU is currently gathering information from opioid-users, their friends or family and strengthening communications with community partners to access information that would inform the HNHU's opioid prevention and response strategies.

#### i. Surveillance Data Collection and Data Sharing

HNHU must enhance surveillance to collect opioid-related data in a timely fashion. This will involve establishing data sharing agreements with partners, coordinating interagency communication related to the collection and use of data, identifying additional data sources for use by stakeholders as required for surveillance, and continuously improving the surveillance system for opioid-related overdoses.

The MOHLTC summarizes ED visit data and reports weekly to local health units. This data only captures number of visits and does not include age, gender, or postal code. This information would be invaluable to determine the areas of the community that may be more affected for opioid-related overdoses and would be utilized to inform an appropriate response. Thus, in January 2018, a standardized data collection tool was drafted by HNHU in conjunction with partners to collect relevant and timely data. The goal is that the following data will be reported biweekly to HNHU by partners:

##### **Emergency Medical Services:**

- Number of suspected opioid-overdose calls – male, female, age
- Number of doses of naloxone administered prior to EMS arriving
- Number of doses of naloxone administered by EMS
- Town and/or postal code of incident

##### **Police:**

- Number of times naloxone administered by police
- Number of suspected opioid-overdose calls – male, female, age, town and/or postal code
- Number of opioid-related fatalities – male, female, age, town and/or postal code

- Reports on illicit opioids in community

### **Hospitals:**

- Number of suspected opioid-related ED visits and hospitalizations— male, female, age, postal code
- Number of doses of naloxone administered prior to ED arrival
- Number of doses of naloxone administered in hospital
- Relevant drug testing results to determine most common and/or new substances used in community

### **Local opioid replacement therapy clinics:**

- Anecdotal information about substances circulating in community
- Anecdotal information about increases in reported overdoses to help capture those incidences when 911 is not called
- Summary of drug screen results to help determine most common and/or new substances used in community

This data would be used for Opioid Situation Bulletins (see ii below) to keep key stakeholders and the community informed about the current opioid situation in Haldimand-Norfolk. The data would also be utilized to determine a trigger and inform an opioid overdose response plan.

## **ii. Opioid Situational Bulletins**

Opioid data collected from community partners is used by HNHU to develop Opioid Situational Bulletins. This will allow for improved situational awareness across all partners and stakeholders and support continuity of key messages. These bulletins will be distributed quarterly to community partners, and will also be available on the HNHU Opioids, Overdose Prevention and Community Resources webpage to provide information to the general public regarding the current opioid situation in Haldimand-Norfolk. A sample Opioid Situational Bulletin can be found in Appendix III.

## **iii. Early Warning Systems**

Early warning systems are in place in a limited number of Ontario communities. The programs are an attempt to identify as quickly as possible when there is a change in opioid or other substance-related overdoses in the community. Often these changes are related to the introduction of a new drug or the introduction of a new mixture of drugs. These programs are an attempt to speed up reporting rather than relying on existing formal reporting that may take several weeks or months to identify changes in drug use patterns.

Key components of an opioid overdose early warning system include:

- Establishing membership of an integrated community response
- Establishing formal collection and reporting mechanisms for local data sources used to identify observed changes in the community (“triggers”) that would lead one to believe that a surge in opioid overdoses is occurring
- Development of an action plan to respond to a surge in opioid overdoses

The HNHU is developing a tiered notification system regarding the local opioid situation. In addition to Opioid Situational Bulletins, higher risk acute incidents such as the potential introduction of a new drug into the community with higher potency or multiple opioid overdoses within a shortened timeframe will trigger the need to issue increased notifications and public messaging as well as potentially additional response strategies.

However, given the time delay for some information to be confirmed (e.g. drug test results), this system will



attempt to account for and communicate the reliability of the data but ultimately utilize the precautionary principle in its approach to enhance community awareness of the situation. A sample “Alert” distributed by HNHU to the community is included in Appendix IV.

## **iv. Online Reporting**

Many PHUs have developed anonymous on-line reporting sites where individuals can report issues with drugs and/or overdoses. The tools are used as an early warning to issues with drugs or new drugs entering the system as well as can capture those overdoses where 911 is not called. HNHU has adapted a similar online tool to allow for real-time collection of anecdotal data from members of the community.

In addition, HNHU will be collecting information regarding needles found in the community in a similar fashion using an anonymous reporting site. The site stipulates that reporting of those needles does not mean that the Health Unit will collect the needles; rather information would be provided as to who to contact to collect needles or how to obtain kits to safely handle and dispose of the needles themselves. The purpose of these tools is to provide HNHU with a clearer picture of opioid use in the community, which may guide further naloxone kit trainings as well as installation of sharps disposal kiosks. The tools can be found at [www.hnhu.org/opioids](http://www.hnhu.org/opioids).

## **4. Community Awareness & Education**

As part of HNHU’s plan to address the current opioid situation, HNHU will develop external communications that educate the public and stakeholders on the risks of opioid misuse, how to prevent harm, and how to access services (both harm reduction and treatment). HNHU will promote community awareness and education through opioid awareness events hosted by the Harm Reduction Management Team, as well as through available platforms (such as online and through social media).

### **i. Opioid Awareness Events**

In 2017, HNHU formed the Harm Reduction Management Team (HRMT), made up of representation from various community agencies as well as interested community members and individuals with lived experience. The HRAT organized a number of community awareness events regarding opioids, involving speakers with lived experience, addictions healthcare practitioners, first responders, and police officers. In total, six events were held in various communities throughout both Haldimand-Norfolk with very positive feedback received. The HRAT will be continuing these events through shifting focus from general opioid awareness to opioid response and treatment (including but not limited to naloxone administration, opioid replacement therapy clinics, addiction services, and Rapid Access Addiction Medicine [RAAM] Clinics). Awareness events may continue to shift in focus and format as HRAT receives feedback on what is desired and needed in Haldimand-Norfolk.

### **ii. Opioids Communications**

The HNHU will use their online platform to provide timely and accurate information to the general public. The Opioids, Overdose Prevention, and Community Resources webpage will link to information on preventing opioid overdose (including administration of naloxone and where to get it), the current situation of the opioid crisis in Haldimand-Norfolk, and how to access treatment programs or opioid replacement therapy clinics. Further, HNHU hopes to use the various social media platforms to disseminate accurate harm reduction messaging to the general public. As HNHU rolls out the naloxone distribution to community-based organizations, this information will be communicated regularly so that residents of Haldimand-Norfolk are aware of all of their options for receiving naloxone kits. Pertinent information is also shared with individuals who use drugs accessing the needle syringe

program through the Health Unit offices, as well as partner agencies.

## Reporting

HNHU will be responsible for ensuring actions from the Harm Reduction Program Enhancement are implemented according to the requirements of the Ministry of Health and Long-Term Care Public Health Funding and Accountability Agreement, and for reporting results to the ministry as per the Accountability Framework under the Ontario Standards for Public Health Programs and Services.

Reporting requirements include:

- Population health outcomes (eg. ED visits and hospitalizations due to opioid overdose; drug-toxicity and opioid-related deaths);
- Status of the development, implementation, and evaluation of the local opioid response plan and early warning and surveillance system;
- Naloxone distribution by sub-organization and organization type

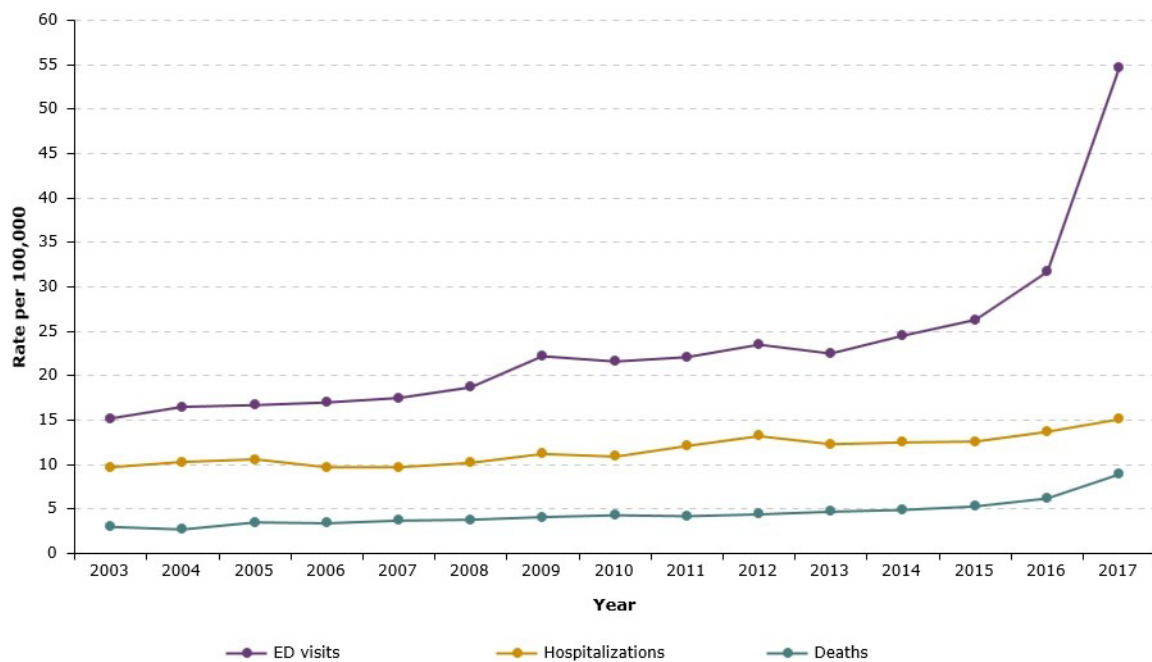
The HNHU has developed and continues to review indicators to evaluate the Harm Reduction Program Enhancement through the HNHU annual service plan (ASP).

## Conclusion

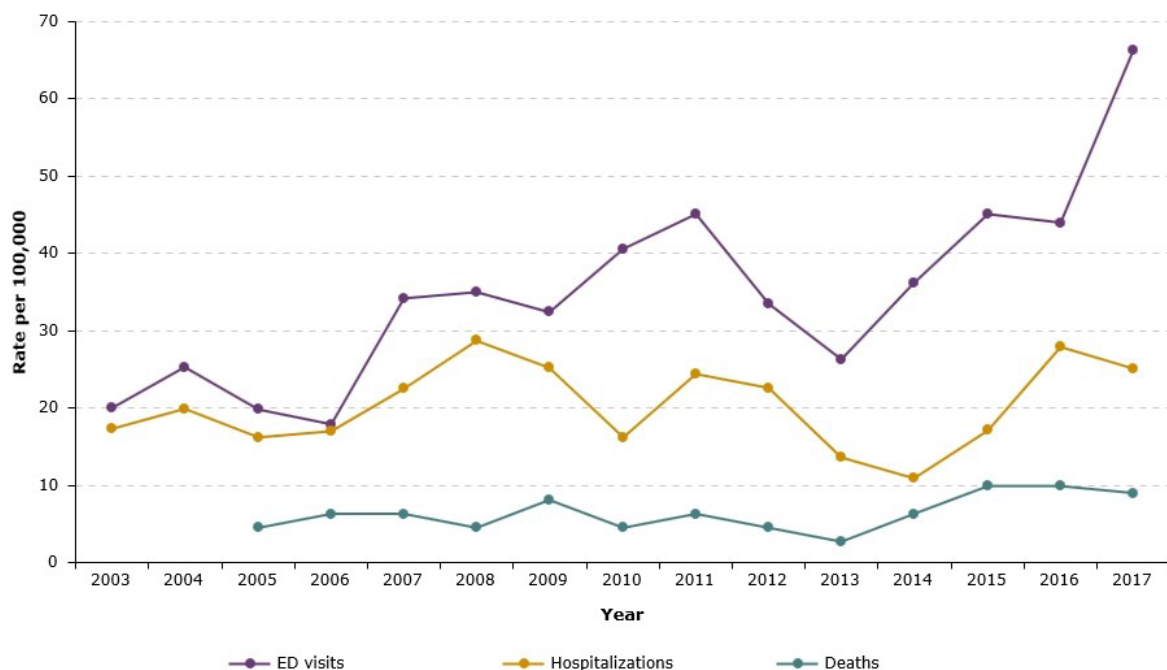
Urgent action is needed to address the opioid crisis in Haldimand-Norfolk, Ontario and elsewhere in Canada. The impacts of fatal and non-fatal overdoses are devastating for individuals, families and communities. The Haldimand-Norfolk Health Unit Opioid Management Plan provides a comprehensive set of actions to both prevent and respond to opioid overdoses occurring in our community. This Management Plan represents a commitment from HNHU to work with our counties and community partners as well as other governments to take action on this important public health issue and meet the requirements of the Harm Reduction Program Enhancement.

## Appendix I – Rates of opioid-related morbidity and mortality Ontario vs. Haldimand-Norfolk

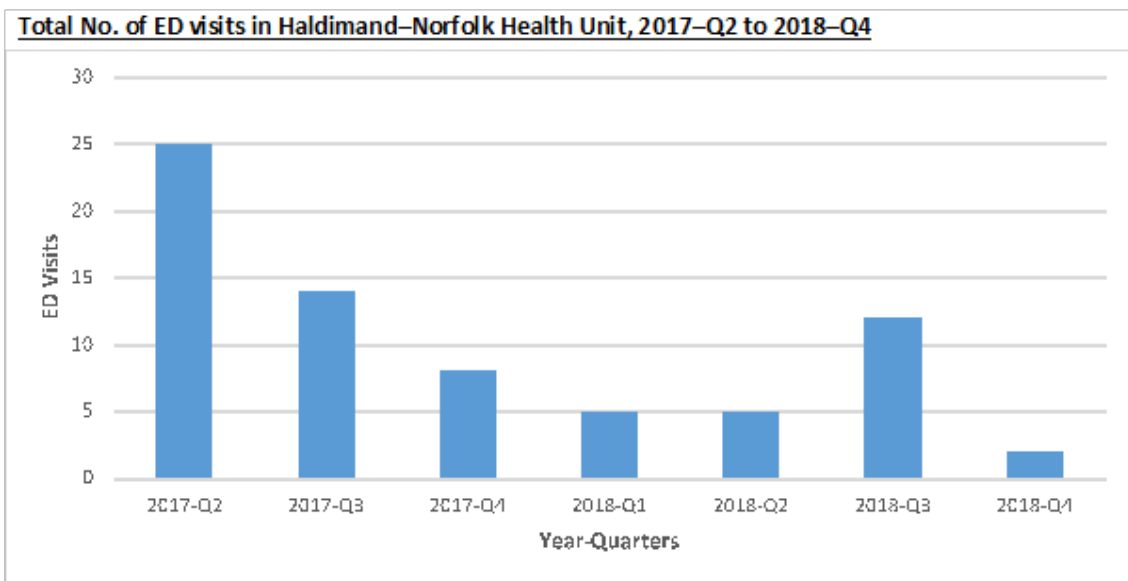
**Rates of opioid-related morbidity and mortality,  
Ontario, 2003 – 2017**



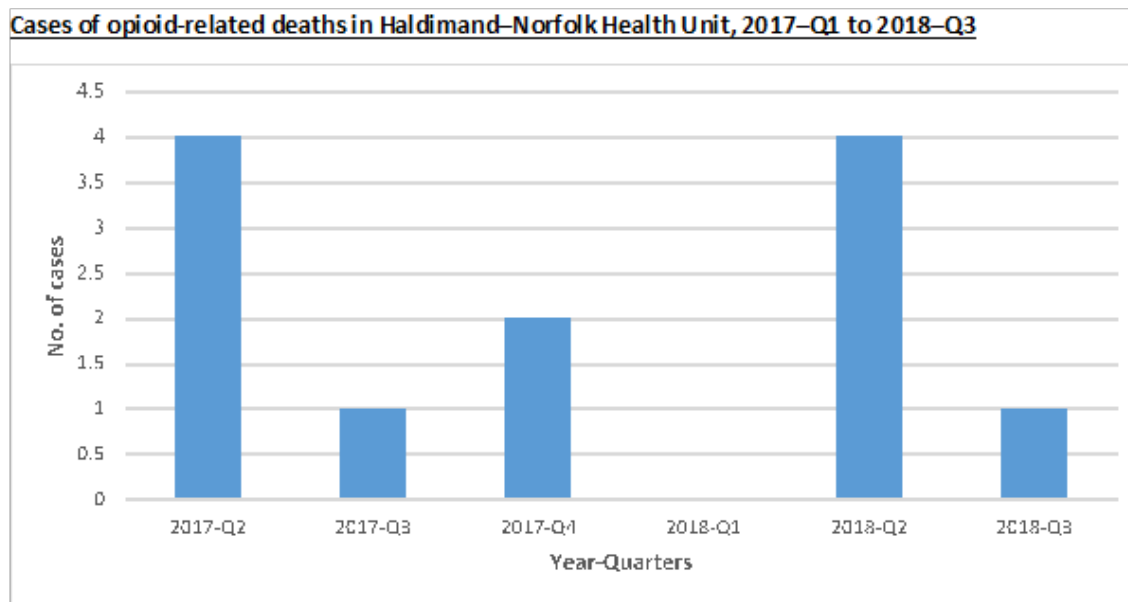
**Rates of opioid-related morbidity and mortality,  
Haldimand-Norfolk Health Unit, 2003 – 2017**



## Appendix II – ED visits and opioid-related deaths in Haldimand–Norfolk Health Unit (HNHU) by Quarters (2017–Q2 to 2018–Q3)



**Data Source:** National Ambulatory Care Reporting System (NACRS), Canadian Institute for Health (CIHI) via Ministry of Health and Long–Term Care. Weekly emergency department visits for opioid overdose. FY 2018/19 Week 47: 18–Feb to 24–Feb, 2019. Date Extracted: March 7, 2019.



**Data Source:** Coroner's Opioid Investigative Aid, Office of the Chief Coroner for Ontario, extracted January 21, 2019; Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; (Data last updated Dec 12, 2018). Date Extracted: March 5, 2019. Available: <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool>



## Appendix III - Example of an Opioid Situational Bulletin



# Opioid Situational Bulletin

### Public Health Information Notice - Information Only

HNHU is collaborating with community partners to provide opioid-related information to the public.  
This bulletin is released quarterly.

#### What we are hearing

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#### Past Trends

#### Current Trends

#### Opioid overdoses

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#### Naloxone Distribution

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#### Opioid-related deaths

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#### Opioid-related ED visits

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#### Data Sources:

- 1.
- 2.
- 3.
- 4.

#### How can you report?

To report overdoses, tainted drugs or needles found in the community, go to [www.hnhu.org/opioids](http://www.hnhu.org/opioids)

#### Contact us:

If you have any questions, would like to be added to the mailing list, or wish to provide feedback,  
email: [odreports@hnhu.org](mailto:odreports@hnhu.org)

Updated March 2019

[www.hnhu.org/opioids](http://www.hnhu.org/opioids)

## Appendix IV: Example of a HNHU Alert



### **Increased Number of Overdoses in the Community**

We are receiving reports of an increase in number of overdoses occurring in the community. Naloxone saves lives – Please carry naloxone if you, or someone you know is using opioids or other drugs.

#### **What to do – Remember the 4 C's**

- Careful use – don't use alone, go slow by testing effect with small amounts first
- Carry naloxone – get a FREE naloxone kit and training from any Health Unit office or at participating pharmacies
- Call 9-1-1 for every overdose. You, your friend or family member need additional medical care, even when naloxone is used.
- CPR – push hard, push fast

#### **Signs of an Opioid Overdose:**

- Person cannot stay awake
- Body is limp, will not respond to noise or stimulation
- Slow or no breathing, gurgling
- Pupils are pinpoint or eyes rolled back
- Slow or no pulse
- Skin looks pale or blue, feels cold

#### **Get a naloxone kit:**

Haldimand Norfolk Health Unit: (Open: Monday-Friday 8:30-4:30)

12 Gilbertson Drive, Simcoe

282 Argyle St S, Caledonia

117 Forest St. E., Dunnville

**Participating pharmacies:** [www.ontario.ca/naloxone](http://www.ontario.ca/naloxone) or call the Drug and Alcohol Helpline 1-800-565-8603 .

For more information visit the HNHU website: <https://hnhu.org/health-topic/opioids/>

**Simcoe** 12 Gilbertson Dr.,  
P.O. Box 247, Simcoe ON N3Y 4L1  
T: 519.426.6170 or 905.318.6623  
F: 519.426.9974

**Caledonia** 282 Argyle St., S.,  
Caledonia ON N3W 1K7  
T: 905.318.6623  
F: 905.765.8905

**Dunnville** 117 Forest St., E.,  
Dunnville ON N1A 1B9  
T: 905.318.6623  
F: 905.774.1538

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