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A number of individuals were involved in the development of the Waterloo Region Opioid Response Plan. They include:

Eve Nadler, Health Promotion and Research Analyst
Grace Bermingham, Manager, Information, Planning and Harm Reduction, Harm Reduction Coordinating Committee Co-Chair
Stephen Drew, Health Data Analyst
Arianne Folkema, Epidemiologist
Karen Quigley Hobbs, Director, Infectious Diseases, Dental and Sexual Health
Dr. Hsiu-Li Wang, Associate Medical Officer of Health, WRIDS Special Committee Co-Chair
Dr. Michael Beazely, School of Pharmacy, WRIDS Special Committee Co-Chair, WRIDS Chair
Lindsay Sprague, Waterloo Region Integrated Drugs Strategy Coordinator
Stephen Gross, Kitchener Downtown Community Health Centre, Harm Reduction Coordinating Committee Co-Chair
Marian Best, Cambridge Shelter Corporation, Recovery and Rehabilitation Coordinating Committee Co-Chair
Pam Maclntosh, House of Friendship, WRIDS Special Committee, Recovery and Rehabilitation Co-ordinating Committee Co-Chair
Sloden Lackovic, Waterloo Regional Police Services

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- Tim Anderson/Tanja Curic, City of Waterloo
- Craig Ambrose, Waterloo Region Police Service, Enforcement and Justice Coordinating Committee Chair
- Douglas Bartholomew-Saunders/Deb Schlichter, Region of Waterloo Community Services
- David Brenneman, Woolwich Township
• Dan Chapman, City of Kitchener
• Gary Dyke/Dennis Purcell, City of Cambridge
• Bryan Larkin, Waterloo Region Police Services
• Bruce Lauckner/Rebecca Webb, Waterloo-Wellington Local Health Integration Network
• Jonathan Mall, Region of Waterloo Public Health, Prevention Coordinating Committee Chair
• Judy Merkel, Waterloo Catholic District School Board
• Dr. Liana Nolan, Region of Waterloo Public Health
• Peter Rubenschuh, Waterloo Region District School Board
• Christiane Sadeler/Michael Parkinson, Waterloo Region Crime Prevention Council
• Chief Stephen VanValkenburg/Rob Crossan, Paramedic Services, Region of Waterloo Public Health

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1.0 Introduction

1.1 Purpose and Scope
The Waterloo Region Opioid Response Plan details the community’s comprehensive and integrated response to opioid issues. The content reflects the current status of Waterloo Region’s response to opioid-related issues as of June 2018 and also includes strategies that have been proposed to address the opioid crisis more comprehensively. The plan will have an “evergreen’ approach and adjustments will be made in response to community need and the rapidly changing context of the opioid situation.

Although the scope of the plan is focused on the community opioid response, it identifies opioids as one family of drugs that are part of the broader issue of problematic substance use. Problematic substance use is a complex health issue in our community and often intersects with other social determinants of health including poverty, mental health, homelessness, and social exclusion.

The plan includes:

- A description of the federal and provincial opioid response to date
- Opioid-related data for Waterloo Region
- A list of existing opioid response strategies currently underway in Waterloo Region
- Proposed strategies for Waterloo Region to further address opioid issues

1.2 Waterloo Region Integrated Drugs Strategy Special Committee on Opioid Response
The Waterloo Region Integrated Drugs Strategy (WRIDS) has been working to address issues of problematic substance use and most recently, the opioid crisis. The Steering Committee and Sub-committees use a four pillar approach of prevention, recovery and rehabilitation, harm reduction, and enforcement and justice, with an underlying principle of integration.

Since 2012, the WRIDS has been working to address issues of substance use and addiction, including opioid addiction and overdose. While direction from the Ministry of Health and Long-Term Care in 2017 requires public health units to support the development or coordination of opioid response plans, given the existing partnerships and collective approach in the region, creating the plan through the WRIDS was both practical and appropriate. Problematic substance use is a complex community issue requiring comprehensive social determinants of health solutions, partnership across multiple sectors, integration of services, and the involvement of people directly impacted by substance use and their communities.
The Special Committee was struck in February 2018 to lead Waterloo Region’s opioid response and is co-chaired by the WRIDS and Public Health with cross-sectoral representation that includes key decision makers. For more information on the structure of the WRIDS and the Special Committee, see Appendix A. The Special Committee will initially operate for one year, at which time the need and purpose of the committee will be reassessed. The objectives of the Special Committee are:

- To plan, coordinate, and monitor a comprehensive, integrated, and collaborative community opioid response
- To facilitate decision making about key strategies to address the opioid situation
- To identify strategic gaps in the community (current) opioid response
- To reflect opioid response strategies organized by the four pillars
- To emphasize an integrated approach (the fifth pillar) aimed to make connections across the four pillars to support strategy implementation
- To support strategic and timely communication with community partners and the public, providing common messaging for decision makers and community champions

1.3 Stakeholder Consultation

Development of the Waterloo Region Opioid Response Plan was informed by an environmental scan of opioid response plans from other communities, direction from the Special Committee, and input from a cross-sectoral key stakeholder consultation. Stakeholders included members of the WRIDS Steering Committee, Coordinating Committees, and working groups, including people with lived experience of substance use. They had the opportunity to validate and revise existing strategies happening in Waterloo Region, identify ones that may have been missed, propose enhancements or new strategies to address gaps in our community’s opioid response, and suggest
priorities. Stakeholder input was reviewed using a decision making framework
developed by the Special Committee for selection and inclusion of strategies within
scope for the plan. Input that was important in the broader context of substance use, but
outside of the scope of opioid response, was referred to the WRIDS for consideration.
2.0 Problematic Substance Use

2.1 What is Problematic Substance Use?
Alcohol and other drugs are used by many people without encountering problems, despite the risks. Some people can end up drinking or using drugs in ways that create problems for them, their families, and the community. Substance use becomes problematic when it interferes with physical or mental health, schooling or a job, relationships, financial stability, personal safety, and the safety of others (Centre for Addiction and Mental Health, 2012).

Addiction is a health condition characterized by the inability to stop using despite knowing the harmful consequences and wanting to stop. It involves psychological dependence and/or physical dependence on a substance for normal functioning. One simple way of describing addiction is the presence of the 4 Cs: craving, loss of control of amount or frequency of use, compulsion to use, use despite consequences (Centre for Addiction and Mental Health, 2012).

According to the National Institute on Drug Abuse, addiction is a “chronic, often relapsing brain disease that causes compulsive drug seeking and use, despite harmful consequences to the addicted individual and to those around him or her” (National Institute on Drug Abuse, 2016). Research shows that addictive disorders are health conditions and can be treated (Notarandrea, 2018).

2.2 Problematic Substance Use and the Social Determinants of Health
The causes of problematic substance use and addiction are complex, nobody chooses to be addicted. It is important to look at problematic substance use within the broader context of the social determinants of health. While a person’s individual circumstances may contribute to substance use becoming problematic, there is a complex combination of systemic, psychological, biological, social, economic, and other factors that create conditions of risk (Canadian Mental Health Association, 2018).

The social determinants of health are the social and economic conditions that play a significant role in wellness and therefore impact problematic substance use and addiction. In Canada, the social determinants of health include Aboriginal status, disability, early life, education, employment and working conditions, food insecurity, health services, gender and gender identity, housing, income and income distribution, race, sexual orientation, sexual exclusion, social safety net, unemployment and job security (Canadian Mental Health Association, 2018).

When it comes to problematic substance use, the experience of trauma, social isolation and exclusion, and poverty or lack of access to economic resources are the three social determinants of health that present the greatest risk (Canadian Mental Health Association, 2018). There is no single set of factors that account for the complex causes
of problematic substance use (Centre for Addictions and Mental Health, 2012); however, research has shown that there are things that can contribute to it being less likely. Protective factors include having a childhood with a positive adult role model, being motivated and having personal goals, involvement in meaningful activities, and being connected to a positive and reliable community of support (Canadian Mental Health Association, 2018). According to addiction researcher Johann Hari, “the opposite of addiction is connection” (Hari, 2015).

Social determinants of health also impact health outcomes for people once substance use has become problematic. (Region of Waterloo Public Health and Emergency Services, 2017). People who use substances tend to experience more challenges accessing mainstream health and social services, including being refused service, and report issues related to sigma and discrimination as a significant factor (Region of Waterloo Public Health and Emergency Services, 2017). The impacts of stigma and discrimination can include loss of self esteem, fear of seeking treatment, or feelings of isolation (Canadian Mental Health Association, 2018). Lack of housing options for people who use substances increases their risk of homelessness and further vulnerability (Region of Waterloo Public Health and Emergency Services, 2017).
3.0 The Opioid Crisis

In 2016, Health Canada described the rising numbers of overdose and overdose related deaths as a national public health crisis. The crisis is defined as a complex health and social issue with devastating consequences for individuals, families, and communities and requiring responses that are comprehensive, compassionate, evidence-based, and involve multi-sectoral collaboration (Health Canada, 2016). In a joint statement issued on November 19, 2017, the Federal Minister of Health and Ontario Minister of Health and Long-Term Care reported that Canada was facing a serious and growing opioid crisis marked by rising numbers of addiction, overdoses, and deaths.

Opioids are a family of drugs typically used to treat acute and chronic pain (Canadian Centre on Substance Abuse, 2015) (National Institute on Drug Abuse, 2014). Examples of prescription opioids include, but are not limited to fentanyl, hydromorphone, methadone, and oxycodone. Over the past several years there has been increasing concern regarding the misuse of prescription opioids, including overprescribing, and the appearance of these medications in the illicit drug market. The presence of fentanyl in the illicit drug market is of particular concern at this time.

Across Canada, opioid-related deaths are increasing. In 2016, there were 2,861 apparent opioid-related deaths nation-wide. From January to June 2017, there were 1,460 opioid-related deaths. Of these deaths, 74 per cent involved fentanyl or fentanyl analogues (Special Advisory Committee on the Epidemic of Opioid Overdoses, 2017).

Fentanyl enters the market through diversion of pharmaceutical fentanyl products in pill, powder or patch form, or through importation or smuggling of pharmaceutical grade fentanyl from abroad. In turn, this is used to create illicit products or is added to other substances as such as cocaine and heroin. Individuals may use fentanyl intentionally or may use it unknowingly as a result of contamination, or it being added to another substance. Because fentanyl is potent, it can be fatal even in small doses. Carfentanil is an opioid that is significantly more toxic than fentanyl and has also been found in the local drug supply.

Prescription opioids also contribute to the opioid crisis. People, who become addicted to opioids as a result of medication prescribed to them for an injury of chronic pain, may resort to purchasing opioids on the street when prescriptions are ended. In 2016, more than 40,000 Ontarians were newly started on high doses of prescription opioids (Kudhai, 2018) and 29 per cent of Canadians aged 18 years and older recently reported having used some form of opioids in the last five years (Statistics Canada, 2018). A recent report from Health Quality Ontario, a branch of the provincial government, provides opioid prescribing statistics for Ontario. Data revealed that more than 9 million prescriptions for opioids were filled in 2015/16, up from 450,000 three years earlier. The report also revealed that Ontarians are being prescribed stronger opioids. Over the last three years, prescriptions for hydromorphone, an opioid
approximately five times stronger than morphine, increased by 30 per cent. Nearly two million people (or one in seven Ontarians) fill prescriptions for opioids every year (Health Quality Ontario, 2017).

3.1 Federal Action on Opioids – Health Canada

Under the Joint Statement of Action to Address the Opioid Crisis, Health Canada committed to take new action across the Health Portfolio. Led by the Minister of Health, the “Federal Action on Opioids” is a living body of work that is updated on the Health Canada website through quarterly progress reports (Government of Canada, 2016). Actions are organized by the four pillars as well as through a fifth category called Public Health Emergency Response (a link to the full plan is provided in Appendix B). The plan includes actions to:

- Improve prescribing practices
- Establish systems to monitor opioid prescribing rates
- Reduce access to pharmaceutical opioids
- Support better treatment options
- Delist and improve access to naloxone
- Support applications for exemption to the Controlled Drugs and Substances Act to support supervised injection services
- Support of Good Samaritan Drug Overdose Act
- Change Methadone prescribing guidelines so that physicians no longer require a federal exemption

3.2 Ontario’s Opioid Strategy - Ministry of Health and Long-Term Care

Ontario’s Opioid Strategy aims to prevent opioid addiction and overdose by “enhancing data collection, modernizing prescribing and dispensing practices, and connecting patients with high quality addiction treatment services” (Ministry of Health and Long-Term Care, 2017). Through the Opioid Strategy, the ministry is working to create a system where individuals will receive better and faster care, regardless of where they access services, across the continuum of need (a link to the full plan is provided in Appendix B). Key aspects of the strategy include:

- Improving prescribing practices for opioids (delisting high-strength formulations of long-acting opioids from the Ontario Drug Benefit Formulary, developing evidence-based standards for health care providers on appropriate opioid prescribing, placing stricter controls on the prescribing and dispensing of fentanyl patches)
- Increasing access to opioid substitution treatment (e.g. Suboxone™) through program expansion
- Improving data monitoring and surveillance systems
• Funding the Naloxone Distribution Program which improves access for people who use substances and their families and friends; and provides naloxone kits to first responders at no cost)
• Providing free Naloxone nasal spray along with injectable Naloxone through Ontario pharmacies
• Funding Supervised Injection Services and Overdose Prevention Sites
• Overseeing a pilot for drug testing kits
• Investing in chronic pain clinics across the province to support timely and appropriate care
• Releasing new Quality Standards related to opioids to guide evidence-based care in Ontario

3.3 Opioid Use in Waterloo Region

The burden of opioid use is felt throughout Waterloo Region by community members, first responders and service providers, including those who use substances or have friends or family members struggling with addiction.

Of the 388 people surveyed in 2016 as part of the Waterloo Region Substance Use Study, almost one in ten (9%) had personally experienced an overdose and one in five (19.4%) reported knowing someone who overdosed (Region of Waterloo Public Health and Emergency Services, 2017). In a recent study focused on supervised injection services in Waterloo Region, approximately 40 per cent of 146 participants with lived experience of drug use indicated experiencing accidental overdose, with 65 per cent of those overdoses occurring within the last 6 months (Region of Waterloo Public Health and Emergency Services, 2018). Respondents reported having believed taking one substance but contamination with fentanyl led to overdose.

The growing severity of opioid use in Waterloo Region is evident in the number of opioid related deaths reported by the Office of the Chief Coroner for Ontario. In 2015, there were 23 opioid related deaths in Waterloo Region and in 2016, this number rose to 38. Preliminary Coroner data for 2017 reveals fatal overdose more than doubled between 2016 and 2017 with 85 opioid-related deaths. Based on these statistics, opioid-related deaths have increased by 270 per cent in three years. The overdose death rate in 2016 and 2017 were higher in Waterloo Region than they were in Ontario.
**Figure 1. Opioid-Related Deaths and Death Rates, Waterloo Region and Ontario, by year, 2015-2017***

<table>
<thead>
<tr>
<th>Year</th>
<th>WR Count</th>
<th>WR Rate</th>
<th>ON Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>23</td>
<td>4.2</td>
<td>5.3</td>
</tr>
<tr>
<td>2016</td>
<td>38</td>
<td>6.9</td>
<td>6.2</td>
</tr>
<tr>
<td>2017*</td>
<td>85</td>
<td>15.2</td>
<td>8.9</td>
</tr>
</tbody>
</table>

*Note: Death data for August to December, 2017 is considered preliminary and subject to change as remaining cases are closed by the Office of the Chief Coroner of Ontario. The data includes both confirmed and probable cases. Probable cases are those for which the investigation to determine cause of death is ongoing.

**Sources:**

Ontario Related Death Database, 2017, Office of the Chief Coroner for Ontario, extracted from [PHO Interactive Opioid Tool](http://phointeractiveopioidtool.on.ca) on May 28, 2018

Population Projections, 2017, Ontario Ministry of Health and Long-Term Care, IntelliHealth ONTARIO, extracted March 8, 2018

In 2017, the number of people who died from opioid-related reasons fluctuated month to month with rates remaining above that of the province for most of the year (see Figure 2).
Figure 2. Opioid-Related Deaths and Death Rates, Waterloo Region and Ontario, by month, 2017*

*Note: Death data for August to December, 2017 is considered preliminary and subject to change as remaining cases are closed by the Office of the Chief Coroner of Ontario. The data includes both confirmed and probable cases. Probable cases are those for which the investigation to determine cause of death is ongoing.

Region of Waterloo Paramedic Services saw a 304 per cent increase in the number of opioid related overdose calls in Waterloo Region between 2015 and 2017\(^1\). Calls by location show opioid use and overdose to be a region-wide issue with concentration in Central Kitchener, Central-South Kitchener, and South Cambridge. The heat map presented in Figure 3 is not comparable with previously released heat maps as the methodology to produce the map has changed to allow for inclusion of most recent data, comparability to future maps if there are upward trends in calls, and more refinement in the gradients of color that represent call volumes.

Figure 3. Distribution of Opioid-Related Overdose Paramedic Services Calls, Waterloo Region, May 2017 to April 2018*
Local emergency departments have also seen the effects of the opioid crisis. There was a 136 per cent increase in opioid-related emergency department visits in Waterloo Region from 2015 (149 visits) to 2017 (351 visits). The rate of opioid related emergency department visits for 2016 and 2017 in Waterloo Region was higher than Ontario.

Figure 4. Opioid-related Emergency Department Visits and Rates, Waterloo Region and Ontario, by year, 2015-2017

Sources:
National Ambulatory Care Reporting System (NACRS), 2017, Ontario Ministry of Health and Long-Term Care, IntelliHealth Ontario, extracted March 8, 2018
Preliminary ED Visits (October – December, 2017 extracted from PHO Interactive Opioid Tool on March 8, 2018)
Population Projections, 2017, Ontario Ministry of Health and Long-Term Care, IntelliHealth ONTARIO, extracted March 8, 2018
4.0 Waterloo Region Opioid Response Plan

4.1 Approach
The Waterloo Region Opioid Response Plan is dynamic, in that it is a living document that can be responsive to community need and will be revisited, reviewed, and refined. It is strategic and seeks opportunities that leverage experience, resources, and partnerships so that collective actions can achieve the greatest impact. It uses an integrated approach that focuses on the intersection of partners, approaches, interventions, and policies that work across the four pillars.

4.2 Goal and Objectives
The goal of the Waterloo Region Opioid Response Plan is to prevent, reduce, or eliminate problematic opioid use and associated harms using a four pillar approach, and has the following objectives:

- To plan, coordinate, and monitor a comprehensive, integrated, and collaborative community opioid response
- To facilitate decision making about key strategies to address the opioid situation
- To identify strategic gaps in the community opioid response
- To reflect opioid response strategies organized by the four pillars
- To emphasize an integrated approach (the fifth principle) aimed to make connections across the four pillars to support strategy implementation
- To support strategic and timely communication with community partners and the public, providing common messaging for decision makers and community champions

4.3 Plan Overview
The Special Committee chose a four pillared approach for the plan, to align with the existing work of the WRIDS with a strong focus on integration. An overview of existing and proposed opioid response strategies within each pillar is presented in Figure 5, followed by a more detailed description of the response strategies.
<table>
<thead>
<tr>
<th>Prevention</th>
<th>Harm Reduction</th>
<th>Recovery &amp; Rehabilitation</th>
<th>Enforcement &amp; Justice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Existing Strategies</strong></td>
<td><strong>Existing Strategies</strong></td>
<td><strong>Existing Strategies</strong></td>
<td><strong>Existing Strategies</strong></td>
</tr>
<tr>
<td>4. Youth engagement strategy (exploration)</td>
<td>4. Hosting overdose awareness day to support people grieving an overdose loss</td>
<td>4. Substance use counselling services</td>
<td></td>
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<tr>
<td></td>
<td>5. Exploring supervised consumption services</td>
<td>5. Substance use day treatment</td>
<td></td>
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<td></td>
<td>7. Street outreach and peer programs</td>
<td>7. Supportive housing for people with a history of substance use and addiction</td>
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<tr>
<td><strong>Proposed Strategies</strong></td>
<td><strong>Proposed Strategies</strong></td>
<td><strong>Proposed Strategies</strong></td>
<td><strong>Proposed Strategies</strong></td>
</tr>
<tr>
<td>1. Youth engagement strategy for Waterloo Region (i.e. “youth in Iceland”)</td>
<td>1. Implement strategies to prevent overdose deaths by establishing places for people to use substances under the care of trained staff</td>
<td>1. Expand Rapid Access Addiction Medicine clinics</td>
<td>1. Build community capacity to implement Law Enforcement Assisted Diversion</td>
</tr>
<tr>
<td>2. Further expand caregiver and youth substance use education/awareness strategy</td>
<td>2. Opioid replacement therapy for residential treatment</td>
<td>2. Opioid replacement therapy services</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Continued advocacy for more treatment resources</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>4. Advocacy for integrated housing for people with problematic substance use and mental health issues</td>
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<tr>
<td><strong>Integration and Communication</strong></td>
<td><strong>Proposed Strategies</strong></td>
<td><strong>Proposed Strategies</strong></td>
<td><strong>Proposed Strategies</strong></td>
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<tr>
<td><strong>Existing Strategies</strong></td>
<td><strong>Proposed Strategies</strong></td>
<td><strong>Proposed Strategies</strong></td>
<td><strong>Proposed Strategies</strong></td>
</tr>
<tr>
<td>2. Waterloo Region Integrated Drugs Strategy website and social media strategy</td>
<td>2. Health care provider education and anti-stigma strategy</td>
<td>2. Substance use prevention campaigns</td>
<td></td>
</tr>
<tr>
<td>4. Integrated emergency response to multi-casualty incident</td>
<td>4. Integrated opioid response communications strategy</td>
<td>4. Pain management strategy (knowledge and services)</td>
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<tr>
<td>5. Integrated opioid response communications strategy</td>
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</tbody>
</table>
4.4 Response Strategies

4.4.1 Prevention

The prevention pillar focuses on preventing or delaying the onset of substance use and address root causes of use.

The breadth of prevention with respect to substance use and opioids is very large. Understanding the scope of substance use prevention, what works and what doesn’t work and how to improve, build on, and coordinate existing prevention work is key to the work in this pillar. The focus on preventing or delaying the onset of substance use and addressing root causes of use begins with children and youth and fits within a broader context of the social determinants of health. Partners within this pillar span early years through to post-secondary education.

Existing Strategies

1. Caregivers and Youth Substance Use Education/Awareness Strategy

Health education and communication strategies are evidence informed ways to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes. Various resources have been created and/or shared to provide parents and youth with information and skills to discuss and prevent or delay the onset of substance use and prevent overdose. Interactive games and apps on the WRIDS Strategy website, letters to parents shared through the Waterloo Region District School Board and the Waterloo Catholic District School Board; and a poster campaign encouraging households to return prescription medicines to pharmacies are some examples.

2. Curriculum Enhancement Strategy for Elementary and Secondary Grades

A comprehensive approach to health education includes consistent messaging provided at an early age through various mediums provided; parents, schools, community partners, etc. School curriculum development supports substance use prevention in particular, because it reinforces messages from other mediums, provides evidence based information to address myths, and for some youth it may be the only way they receive the information. Curriculum supports have been developed and are being expanded to ensure youth are provided with important information to keep themselves and their peers safe. Information is tailored to be age-appropriate and provide practical information for youth who may be in a position to prevent a fatal overdose. Information about fentanyl contamination of other substances as well as the importance of calling 911 in an overdose situation is included.
3. Healthcare Provider Strategy to Improve Opioid Prescribing and Dispensing Practices

Healthcare providers can often be the first point of contact for people at entry to the health care system and provide a broad spectrum of supportive care including health promotion and disease prevention, education, and treatment. Current professional development activities for health care providers have aimed to discourage and prevent extensive opioid use in patients through post-operation kits and to support and enhance pharmacists’ understanding of opioids, optimal prescribing practices, and naloxone distribution.

4. Youth Engagement Strategy (exploration)

A comprehensive youth engagement strategy is being explored by Waterloo Region Crime Prevention Council in community partnership with municipal and school board involvement. As part of this broader strategy, work is underway to determine readiness and feasibility for the development and implementation of the Iceland youth engagement approach tailored to the needs of Waterloo Region. “Youth in Iceland” is an evidence and community based approach to youth substance use prevention among that takes into account individual and societal factors in Iceland that influence substance use. The approach includes building a network of support for youth with parent and school involvement, and engage youth in opportunities that positively impact their development. In particular it provides opportunities for youth and removes barriers to participation. It is a grass roots model informed by national and local evidence for a continuous approach to improvement.

Proposed Strategies

1. Youth Engagement Strategy for Waterloo Region (i.e. “Youth in Iceland”)

Currently the “Youth in Iceland” approach to youth substance use prevention is being explored. It was identified that a youth engagement strategy should be implemented using the same community and evidence based approach in order to tailor to youth and families in Waterloo Region, removing participation barriers and creating engagement opportunities.

2. Further Expand Caregiver and Youth Substance Use Education/Awareness Strategy

Further expansion of the substance use awareness/education to have a comprehensive strategy that cuts across ages and mediums and focuses on empowerment is needed. This type of strategy would empower children, youth, and young adults to make healthy choices for themselves not only in the face of peer pressure, but in the face of the rapidly changing context and culture of substance use. It would do so by equipping parents, families, and schools for early prevention and safety conversations that include individual empowerment. Multiple mediums
would be used to ensure consistent and repeated messaging across the age groups; educating parents and families, embedding in elementary and high school curriculum, sharing stories, using social media and community based social marketing, delivering key messages to post-secondary in college, university, community arenas, public places, and bar settings. Having the curriculum developed and delivered by people knowledgeable about opioids was felt to be important; trusted adults, service providers, public health, parents, people with lived experience. Taking advantage of our high-tech community was suggested to enhance and coordinate communication.
4.4.2 Harm Reduction

The Harm Reduction pillar aims to reduce harms to individuals and communities resulting from problematic substance use.

Harm reduction is an evidence based approach keeping people and communities’ safe and minimizing death, disease, and harmful consequences of drugs use and higher risk behaviour. It focuses on the harm from drug use rather than the use itself. The numerous community partners and community members working in this pillar have prioritized the expansion of harm reduction programming, increasing public awareness of topics related to opioids and substance use, and increasing access to safe disposal. There are three working groups within this pillar, the Overdose Prevention Workgroup, the Disposal Workgroup, and the Supervised Injection Services Feasibility Workgroup.

Existing Strategies

1. Expansion of the Needle Syringe Program and Outreach

Ensuring access to harm reduction supplies is a mandate of Public Health to prevent the spread of blood borne diseases such as hepatitis C and HIV/AIDS. The program provides sterile needles and supplies to people who inject or smoke substances. Findings from the Waterloo Region Substance Use Study (Region of Waterloo Public Health and Emergency Services, 2017), show that of the people who use substances frequently (every day or more than one per week), crystal methamphetamine and opioids are the most commonly used drugs (excluding cannabis). Needle Syringe Programs provide access to sterile equipment and also provide opportunities for people to receive other supports including referrals and health counselling, and access to safe sharps disposal. The Region of Waterloo Needle Syringe Program is offered in Public Health clinics in Waterloo and Cambridge. Additional Needle Syringe Program partners, including Sanguen Health Centre and their distribution at several locations (e.g. Community Housing, St. John’s Kitchen, The Cambridge Self-Help Foodbank), the Aids Committee of Cambridge, Kitchener, Waterloo and Area, The Bridges shelter, and OneROOF Youth Services, help make the program accessible to people across Waterloo Region. The Sanguen Community Health Van is a mobile outreach strategy that further extends the reach of the Needle Syringe Program to people who may not access sterile supplies or other health supports from anywhere else, serving some of the most marginalized and isolated people in Waterloo Region. Recent expansion of the Needle Syringe Program to the four Opioid Replacement Therapy clinics (Ontario Addiction Treatment Centres and Towards Recovery Clinic) has provided people with a place to access to sterile supplies 365 days a year.
2. **Expansion of the Naloxone Distribution Program**

Naloxone temporarily reverses the effects of an opioid overdose. Through the Naloxone Distribution Program, naloxone training and kits are available to people who use substances and friends and family members of people who use substances. Changes to provincial regulations in 2017 allowed naloxone to be distributed through shelters, Community Health Centres and AIDS organizations, withdrawal management centres, and Outreach organizations, greatly improving distribution of naloxone in Waterloo Region. In 2018, further Naloxone Program expansion has made the life-saving medication available to first responders free of charge, and to hospitals to distribute to patients who might be at risk for an overdose. Naloxone is also available through pharmacies without prescription. A provincially managed online naloxone locator tool (for which a link is provided in Appendix B) helps people to find a naloxone distributor within Waterloo Region.

3. **Overdose and Response Training**

Public Health and other community agencies have been responding to a number of requests for overdose and response training from businesses or organizations with staff who may witness an overdose within their work day. Upon request, training has been provided to restaurant and bar staff, music festival staff, security staff (parking garages), and municipal outdoor staff.

4. **Hosting Overdose Awareness Day to support people grieving an overdose loss**

Stigma and blame associated with substance use and addiction can make losing a loved one to an overdose death even more difficult. International Overdose Awareness Day is an annual event held in August in Kitchener and Cambridge that provides an opportunity for people who have lost someone to overdose to gather and commemorate their loss in a supportive environment. Individuals in attendance can access naloxone training and a kit at the events.

5. **Exploring Supervised Consumption Services**

A supervised consumption service is a health care intervention that provides a safe and hygienic environment where people can use pre-obtained drugs under the supervision of trained staff. The goal of these services is to address the immediate concern of overdose deaths by closely monitoring an individual while they use their drug of choice. Services can also be an entryway into other health care supports including acute care and treatment for people when they are ready. Other benefits include a reduction in public drug use, a reduction in the number of needles found in the community, and a reduction in the transmission of Hepatitis C and HIV. A study to explore the need for supervised consumption services (excluding inhalation) in Waterloo region is currently underway and is expected to conclude in Autumn 2018.
6. Exploring Overdose Prevention Sites

Overdose Prevention Sites aim to provide an expedited and immediate response to address overdose fatalities for communities with greatest need. They are intended to be temporary measures (approvals are for three or six months) that are focused on supervised drug consumption and are not funded to provide additional supports or services beyond naloxone training and distribution. Applications to operate overdose prevention sites are reviewed expeditiously (within 14 days), and do not require community consultation or municipal support as a condition for funding. Based on findings from the Supervised Consumption Serviced Feasibility Study, Overdose Prevention Sites have identified by some local services being needed in Waterloo Region; however, issues with finding a suitable location to provide the services has prevented submission of an application at this time.

7. Street Outreach and Peer Programs

Outreach provides services people who, for various reasons, may not be able access services in fixed locations. A key component of outreach is that the groups providing it are mobile and bring services to those who need them. Various programs in Waterloo Region utilize this approach and aim to address some aspect of substance use and addiction. Outreach workers may not have personally experienced substance use issues, but are trained to support to people who may be in crisis and who are often street involved. One example is the Street Outreach Program which aims to engage people in the urban centres of Cambridge, Kitchener, and Waterloo who are street involved. Outreach workers seek to develop relationships, build trust, meet immediate needs, and ultimately connect people who are street involved with the supports and services of their choosing that may assist in maintaining and/or improve their health and/or quality of life.

Peer Programs are based on the philosophy that people with personal experience of substance use have credibility with the people they are aiming to support and are therefore well-positioned to provide help and connections to services. There are a number of peer programs in Waterloo Region that address some aspect of substance use and addiction. Some examples include the Discovery Team in Kitchener that aims to support people dealing with addiction and mental health issues and require support but not a police response, and the WINS (Working to Improve Neighborhood Safety) pilot project in Cambridge that includes proactive needle pick-up and outreach to people to support safe sharps disposal and promote access to local health services.
Proposed Strategies

1. **Implement Strategies to Prevent Overdose Deaths by Establishing Places for People to Use Substances Under the Care of Trained Staff**

   Stakeholders identified the urgent need to keep people alive now. This would involve implementation of strategies to prevent overdoses in Waterloo Region by establishing places for people to use substances under the care of trained staff (e.g. supervised consumption services). The implementation of services that are easily accessible, in locations informed by data as being higher need, with wrap around supports would help achieve this.
4.4.3 Recovery and Rehabilitation

The Recovery and Rehabilitation pillar focuses on improving the physical and emotional wellbeing of people who use or have used substances

Recovery and rehabilitation focuses on service provision to improve the physical and emotional health of people who use or have used substances. Agencies who provide service to those with problematic substance use work in this pillar to understand the current issues and challenges with provision of addiction related services and engaging the community in the strategy. Service care pathways and incorporation of harm reduction approaches to treatment continue to be critical in moving forward the work of this pillar.

Existing Strategies

1. **Central Intake Line (HERE247)**
   
   HERE247 is a central access point to addictions, mental health and crisis services provided by agencies across the Waterloo-Wellington area. People in crisis, or calling for help on behalf of someone in crisis, can speak with a person who will provide intake, assessment, referral, crisis, waitlist and appointment booking support. Short term needs will be explored, as well as long term service options. The person’s needs are matched with the service options available within the addictions and mental health service continuum, or a link will be provided to services and supports in the community. HERE247 staff are available 24 hours a day, seven days a week.

2. **Rapid Access Addiction Medicine Clinics**
   
   Rapid Access Addiction Medicine clinic provide low barrier access for patients seeking treatment for any substance use disorder. Patients do not need an appointment and are seen on a walk-in basis. They provide access to a physician, substance use counsellor, and peer outreach worker for people of any age, gender or income level who are experiencing health issues as a result of their substance use. Individuals can access brief counselling, be prescribed medications (including anti-craving medications for alcohol and buprenorphine/naloxone for opiate use disorder) and connect patients with community treatment programs. Support is provided for primary care in ongoing management of patients with opioid and other addictions. The first Rapid Access Addiction Medicine Clinic in Waterloo Region opened and is operated by the House of Friendship and Stonehenge at Grand River Hospital Withdrawal Management Services. Plans to open a second clinic in Cambridge are underway.
3. Withdrawal Management Services
Withdrawal refers to the physical and mental symptoms that occur when a person suddenly stops the intake of a substance that they are dependent on, such as alcohol, drugs, or prescription medicines. Withdrawal is an inevitable part of receiving treatment for drug or alcohol addiction and withdrawal from opioids can be particularly severe and excruciating. Inpatient (residential) withdrawal management care is provided at Grand River Hospital by withdrawal management attendants for people who need monitoring and support throughout withdrawal. This is 24-hour monitoring and care for people who need a structured and/or protected setting in order to abstain. A program by Community Withdrawal Support Services initiates Support at GRH patient bedsides. Community-based withdrawal support is also available through a toll-free line provided in partnership by House of Friendship and Stonehenge. Through the line, people experiencing withdrawal and their significant others can receive information and referral to supports.

4. Substance Use Counselling Services
Assessment and group counselling are available to people experiencing problems regarding their use of alcohol or drugs, including prescription medication misuse through House of Friendship. Counselling includes education on substance use effects and harmful levels and developing awareness of one’s own substance use, learning coping strategies to cut back and/or abstain from alcohol or drugs, identifying triggers leading to relapse, and making lifestyle changes. Counsellors assist individuals to choose and achieve their goals, which may include community supports or referrals to residential treatment programs.

5. Substance Use Day Treatment
Substance use day treatment programs are available in Waterloo Region offered by the House of Friendship. Programs are abstinence-based, full or half-day programs and provide individuals with supports to manage cravings, receive mental health counselling, and develop skills for healthier relationships and self-care. Separate day treatment programs for men and women are available. House of Friendship also provides individual and group counselling for family members or significant others. Day treatment programs for youth are available through the Ray of Hope and incorporate on-site access to school. Youth receive support to deal with cravings and triggers, and develop life skills including emotion management and self-care.

6. Substance Use Residential Treatment
Residential treatment for youth and adults provides highly intensive longer term treatment supports. Youth treatment is provided through the Ray of Hope and adult treatment is provided by the House of Friendship. An abstinence-based 4-6 month program is available for men and an abstinence-based 4-10 week residential treatment program for women including women who are pregnant.
7. **Supportive Housing for People with a History of Substance Use and Addiction**

Ablinence-focused, supportive housing for people with a history of addiction and mental health issues provide longer-term supportive housing that includes access to a counsellor to assist with recovery goals and other needs, group counselling sessions, as well as house meetings in the transitional settings. Within the setting, a client-centered, flexible and responsive approach that values the unique strengths and needs of each individual is used. Transitional supportive housing units are also available for men and women leaving residential addiction treatment programs.

8. **Continued Advocacy for More Treatment Resources**

An adequate supply of options across the continuum of treatment services continue to be needed in Waterloo Region. Advocacy for more and ongoing provincial funding to meet the full spectrum of treatment needs is ongoing. Additional work with the Waterloo-Wellington Local Health Integration Network is underway to secure funding to meet community demand and address the long wait times that continue to be experienced for people wanting treatment.

9. **Opioid Replacement Therapy Services**

Under medical supervision, opioid replacement therapy (Methadone or Suboxone) replaces illicit or off-label opioid use with medications that are longer lasting. When administered, Methadone or Suboxone eliminates withdrawal symptoms and cravings in an individual and blocks the effects of other opioids. Overtime, medication levels are reduced. There are four opioid replacement therapy clinics in Waterloo Region. Recent changes to legislation also allows for family physicians to prescribe opioid replacement therapy to their patients.

10. **Advocacy for Integrated Housing for People with Problematic Substance Use and Mental Health issues**

Advocacy work is underway to address the need for housing supports for people living with substance use issues. This includes advocacy to fund and establish a stabilization space that provides short-term support for people in crisis and using substances to go to access support (shelter, withdrawal management). Additional advocacy efforts include the submission of a proposal to establish a managed alcohol supportive housing program.

**Proposed Strategies**

1. **Expand Rapid Access Addiction Medicine Clinics**

Rapid Access Addiction Medicine clinic implementation is underway in Waterloo Region. Enhancement and expansion of these services is needed to increase access with additional hours and locations and to further integrate these services with the overall continuum of care. Better flow of information regarding evidence
informed and responsive practices and outcomes of Rapid Access Addiction Medicine Clinics to primary care and pharmaceuticals is needed.

2. Opioid Replacement Therapy for Residential Treatment

Currently there is no opioid replacement therapy as part of residential treatment. This harm reduction approach to treatment that replaces illicit of off-label opioid use with longer lasting medication under medical supervision was identified for implementation within residential treatment programs. Recent changes to legislation that allow for family physicians to prescribe opioid replacement therapy could facilitate this option being offered in residential treatment.
4.4.4 Enforcement and Justice

The Enforcement and Justice pillar addresses community safety, crime, and disorder resulting from substance use. It includes partnerships with police, courts, corrections and community reintegration services.

Partners working in this pillar play a crucial role in shifting the dialogue and focus of enforcement and justice from focusing on individuals using substances who are encountering the justice system to a broader social determinants of health lens. Concentration on drug trafficking, diversion programs, and supporting community understanding of legal rights when helping someone who has overdosed continue to be critical within this pillar. Police, court, corrections, and community agencies involved in supporting justice programs drive the work of this pillar and support related work across the pillars.

Existing Strategies

1. Good Samaritan Drug Overdose Act Implementation Strategy

The Good Samaritan Drug Overdose Act became law in May 2017 to reduce the number of fatal overdoses. The act provides some legal protection for people who experience or witness an overdose and seek help. To support implementation, training was provided to Waterloo Regional Police Services. Community awareness campaigns regarding the Good Samaritan Drug Overdose Act were launched to provide information to youth and people who use substances about the importance of calling 911 in an overdose situation and reassurance that they would be protected from simple possession charges.

2. Justice System Diversion Strategy

Diversion programs acknowledge the social conditions that can lead to drug addiction and crime. This includes the Waterloo Region Drug Treatment Courts which were established to address the root causes of crime as it relates to addiction and in so doing, change the lives of the people caught in the cycle of drug addiction and crime. The court provides access to drug, alcohol and other treatment and rehabilitation services as well as supporting services including mental health treatment, trauma, family therapy and job skills training. Other diversion programs being explored include the Law Enforcement Assisted Diversion (LEAD) program which also aims to address low-level drug and other crimes. It allows police officers to redirect low-level offenders to community-based services instead of jail.
3. Regional Investigative Drug Strategy

The Regional Investigative Drug Strategy focuses policing resources on drug traffickers to ensure individuals who pose the greatest risk to community safety are apprehended and charged. Dedicated crime analysts and collaboration with Federal Prosecutors has supported understanding about the impact of fentanyl on Waterloo Region and led to more fentanyl seizures and more severe sentencing for fentanyl trafficking convictions.

Proposed Strategies

1. Build Community Capacity to Implement Law Enforcement Assisted Diversion (LEAD)

The LEAD strategy out of Seattle has been identified as a promising practice and approach for Waterloo Region. However, there is a lack of resources to build community capacity for all of the elements that would need to be in place for program implementation. Redirection with low level offenses requires community capacity for alternatives to incarceration.
4.4.5 Integration and Communication

A fifth principle, integration, is a foundational element, connecting the work across pillars, sectors, and partners. Communication is a key part of this pillar as it is through communication that the interconnection between pillars is conveyed.

The four pillared approach of the WRIDS is underscored with the principle of integration connecting work across pillars, sectors, and partners. Various strategies work across all pillars of the WRIDS; they may involve multi-sectoral partnerships or outcomes of work in one pillar may have dramatic impacts on another. The WRIDS Special Committee on Opioid Response has highlighted the importance of communication to convey the interconnection between pillars and to integrate the work of partners across the pillars.

Existing Strategies

1. Waterloo Region Integrated Drugs Strategy
   The Waterloo Region Integrated Drugs Strategy (WRIDS) was developed in 2011 by Waterloo Region agencies to develop a comprehensive community response to address problematic substance use and its effects. The strategy contains 99 recommendations which have been the focus of four coordinating committees focusing on substance use prevention, harm reduction, recovery and rehabilitation, and justice and enforcement, also called the four pillars.

2. Waterloo Region Integrated Drug Strategy Website and Social Media Strategy
   The WRIDS website was developed in 2015 as a central repository of information about, and strategies to address, problematic substance use in Waterloo Region. Associated social media activities communicate and highlight local information, upcoming events and updates in Waterloo Region regarding substance use including Overdose Alerts (warnings) for the public.

3. Overdose, Monitoring, and Alert Response System (OMARS)
   The Overdose, Monitoring, and Alert Response System is a project of the WRIDS to alert the community to urgent overdose information, and monitor fatal and non-fatal overdose trends over time. The system represents a data-sharing partnership between Waterloo Region Police Services, Region of Waterloo Paramedic Services and Region of Waterloo Public Health. Community agencies also provide data on behalf of clients who have experienced or witnessed an overdose through a public online survey.
4. Integrated Emergency Response to Multi-Casualty Incident (Opioid Overdoses)

Region of Waterloo Paramedic Services has an established Incident Management System in place to effectively deal with any type of multi-casualty incident, defined as an incident producing multiple casualties that overwhelms the available EMS resources. In the case of a multi-casualty incident related to multiple cases of drug poisoning in one area, such as a festival, the first Paramedic crew on the scene will become the triage crew and declare an MCI. Paramedic Services supervisors will be dispatched to the scene as well as allied agencies such as police and fire services to assist with managing and moving patients. Ambulances will be dispatched as needed to deal with the situation, including ambulances from surrounding municipalities, and local hospitals get notified to prepare to accept multiple casualties, which is referred to as a code orange. All patients are triaged by paramedic crews and treatment and transport priority is assigned to those patients to ensure the sickest patients are treated and transported first.

5. Integrated Opioid Response Communications Strategy

The integrated opioid response communications strategy aims to further enhance coordination of opioid-related communications, highlight activities from across the four pillars, and address cross-cutting issues that can lead to higher numbers of fatal and non-fatal opioid overdoses, such as stigma and fentanyl contamination. The “New F Word” campaign which aims to educate youth that fentanyl can be found in many forms including counterfeit pills that resemble OxyContin, Xanax and Percocet, is one example. Another is the development of public service announcements that address the stigma of substance use.

Proposed Strategies

1. Seamless Care Pathway Strategy

An important strategy that has implications across pillars is a seamless care pathway and continuum of care across the non-linear path of substance use right from entry to service through to care after treatment and include incarceration. The emphasis is on increasing capacity through additional resources to meet the current needs of the community. This includes reduced wait times across all stages of entry, peer involvement in support, dedicated system navigation support, treatment and counseling access, and further resourcing to recovery and rehabilitation. This would require system integration across partners and pillars and a coordinated approach that includes advocacy and seeking funding and resources.

2. Health Care Provider Education and Anti-Stigma Strategy

Healthcare providers can often be the first point of contact for people at entry to the health care system and provide a broad spectrum of supportive care including health
promotion and disease prevention, education, and treatment. Client experience with first point of contact care is critical to future health care access for clients with a history of substance use. Whether from a prevention, harm reduction, or recovery and rehabilitation perspective, there is a need for a culture shift to reduce stigma so that barriers are removed to access support when needed and create a culture that is welcoming to people (and family and friends) who are using opioids. Primary care providers need support to better understand this issue and how they can contribute to solutions. An exploration of what can be done by partner agencies within and across pillars to support this work is needed. Development of best practices to talk about pain management preventatively, as well as opioid use, and approaches to rehabilitation and recovery are needed. Focus should be placed on resource development to support this work as well as a development of a comprehensive education strategy to support shifting culture. Introduction of an approach where a simple set of intervention questions are asked by primary care providers at every contact with clients would support strategy implementation.

3. Community Anti-Stigma Communications Strategy

There is a need to enhance and supplement existing communications strategies with comprehensive anti-stigma communications. The involvement of local celebrities, modelling after campaigns such as Bell’s “Let’s Talk” related to substance misuse and opioids would support normalizing and de-stigmatizing the topic. Coordination with messaging locally, provincially and federally was felt to be important for consistency. The need for inclusion of broad community conversations beyond people and organizations who are already informed, bring people along and share stories, was identified.

4. Social and Corporate Impact Investment Strategy

Collective impact approaches to solving complex problems often involve a social and corporate impact investment strategy. This type of strategy supports the need for funding by resourcing solutions to complex community problems, such as the opioid response, and also helps to underline the benefits to corporations and the community that such an investment can have. Improving social inclusion, as an example, has benefits related to the opioid situation, and has community benefits that positively impact corporations. From this lens, a social and corporate investment strategy could be an innovative way to resource the community opioid response.

5. Pain Management Strategy (Knowledge and Services)

Better approaches to pain management across pillars are needed. Development of best practices to talk about pain management preventatively, a better understanding of pain management by health care providers, and better alternative options for the spectrum of pain management are needed. This strategy would include healthcare provider education and continuing medical education. It could focus on broader
interconnection between disciplines of health care providers (traditional and alternative medicine practitioners) including doctors, nurses, pharmacists, dentists, naturopaths, osteopaths, acupuncturists, etc. Advocacy efforts could include coverage of alternative chronic pain management and strategies that include diversion from opioids. A clear understanding of pain management and addictions is needed by service providers.
5.0 Implementation Planning and Progress Measurement

5.1 Next Steps, Priority Setting and Action Plans

Through the stakeholder consultation, an initial set of seven priority strategies were identified. Priorities did not emerge from all pillars.

<table>
<thead>
<tr>
<th>Pillar</th>
<th>Strategy</th>
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<tbody>
<tr>
<td>Prevention</td>
<td>1. Youth Engagement Strategy for Waterloo Region (i.e. “Youth in Iceland”)</td>
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<td></td>
<td>2. Further Expand Caregivers and Youth Substance Use Education/Awareness Strategy</td>
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<tr>
<td>Harm Reduction</td>
<td>3. Implement Strategies to Prevent Overdose Deaths by Establishing Places for People to Use Substances Under the Care of Trained Staff</td>
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<tr>
<td>Rehabilitation and Recovery</td>
<td>4. Expand Rapid Access Addiction Medicine Clinics</td>
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<tr>
<td>Integration and Communication</td>
<td>5. Seamless Care Pathway Strategy</td>
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<tr>
<td></td>
<td>6. Health Care Provider Education and Anti-Stigma Strategy</td>
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<tr>
<td></td>
<td>7. Community Anti-Stigma Communications Strategy</td>
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Over the summer of 2018, the Special Committee will be reviewing the identified priorities, as well the existing strategies in the plan and engaging in a prioritization process to select a small number of strategies to focus on in coming year. Action plans will be developed for the strategies prioritized by the Special Committee and will identify leads and partners for implementation, specific activities and associated timelines, as well as indicators of success.

5.2 Reporting on Progress

The Waterloo Region Opioid Response Plan is intended to be a living document that can change and be updated in response to community need and the rapidly changing context of the opioid situation. The Special Committee, through progress reporting and developmental evaluation at monthly meetings, will be monitoring and reviewing the plan. Progress will be measured on priority strategies identified. The progress report will be a measure of implementation relative to identified timelines for each strategy action plan, with indicators such as “in development”, “in progress”, “implemented and ongoing”, and “complete”.

Semi-annual progress reports on implementation will be provided to Regional Council and will support partner agencies of the Special Committee with accountability to their respective provincial ministries and boards for relevant components of the plan. As part of Public Health’s mandate, the Waterloo Region Opioid Response Plan will be submitted to the Ministry of Health and Long-Term Care to meet the requirements to improve local opioid response capacity.
5.3 Long Term Outcomes

The work of the Special Committee fits within the broader context of the work of the WRIDS. The Special Committee will initially operate for one year, at which time the lifespan of the committee will be reassessed and a formal progress report will be generated. At the time that the Special Committee itself is no longer in operation, implementation of Waterloo Region Opioid Response Plan strategies that may still be in progress will continue within the pillars of the WRIDS and partner agencies. Long term outcomes and evaluation, related to the plan will be demonstrated through the ongoing work of the WRIDS and relevant local measures through existing data sources.
6.0 Summary/Conclusion

Opioid addiction and overdose can have devastating consequences on individuals, families and communities. Ongoing dialogue at the local, federal and provincial level is needed to continue to understand the changing landscape of drug use in our society specific to the current opioid crisis, including how to prevent opioid addiction and overdose, how to support people who are struggling with addiction. Having access to timely data about overdose, overdose deaths, and risk factors continues to be critical so that interventions being considered and implemented at all levels are appropriate and effective for the people they need to serve.

In Waterloo Region, strategies to address problematic substance use have been underway for some time and are always evolving. The partners involved with WRIDS have been integral in our community’s opioid response and through the Special Committee, the number of partners and their respective roles have expanded. There is recognition that no one agency can address the complex issue of problematic substance use and that it is through partnership, integration, and collaboration across all four pillars, that these issues may be reduced or eliminated.

Moving forward, the role of the Special Committee will be to prioritize strategies to implement over the coming year and beyond. Strategies selected will address gaps in our current community’s response and aim to affect outcomes associated with problematic opioid use over the long term.
7.0 References


Across Canada, boards of health and other organizations are planning and implementing comprehensive harm reduction strategies to address rising numbers of overdose and overdose-related deaths nationwide. In Waterloo Region, there is commitment to address issues of problematic substance use and most recently, the opioid crisis, using a four pillared approach which includes prevention, recovery and rehabilitation, harm reduction, and enforcement and justice and the underlying principle of integration. The Waterloo Region Integrated Drugs Strategy, or WRIDS, (see Appendix B for the link to the WRIDS website for more information) has been responding to the opioid crisis through the Steering Committee and the four pillared sub-committees.

This has included overdose education and awareness, overdose data monitoring and reporting, overdose prevention campaigns, planning related to expanding access to “just in time” treatment (i.e. rapid access addiction medicine clinics), and supporting planning related to harm reduction program enhancements.

In February of 2018, in order to build on existing work and further advance strategies to address the complex nature of the opioid situation, the WRIDS, in partnership with Public Health, struck a Special Committee on Opioid Response. The Special Committee on Opioid Response is an extension of the WRIDS Steering Committee dedicated to leading Waterloo Region’s Opioid Response Strategy and overseeing the Opioid Response Plan for Waterloo Region in consultation with key stakeholders. Membership is cross-sectoral to support comprehensively addressing the complex health and social issue of opioids with a strategic, dynamic, and integrated approach.
Strategic - The Special Committee will seek opportunities that leverage experience, resources, and partnerships, so that collective actions can achieve the greatest impact.

Dynamic - The Waterloo Region Opioid Response Plan is a living document that can be responsive to community need and will be revisited, reviewed, and refined.

Integrated - The Special Committee and the Waterloo Region Opioid Response Plan focus on the intersection of partners, approaches, interventions, and policies that work across the four pillars.

The goal of the Waterloo Region Opioid Response Plan and the Special Committee is to prevent, reduce, or eliminate problematic opioid use and associated harms using a four pillar approach.

Objectives

- To plan, coordinate, and monitor a comprehensive, integrated, and collaborative community opioid response
- To facilitate decision making about key strategies to address the opioid situation
- To identify strategic gaps in the community opioid response
- To reflect opioid response strategies organized by the four pillars
- To emphasize an integrated approach (the fifth pillar) aimed to make connections across the four pillars to support strategy implementation
- To support strategic and timely communication with community partners and the public, providing common messaging for decision makers and community champions

Individual partner agencies of this Committee maintain responsibility within their mandates for components of the plan they are accountable for to their respective provincial ministries (e.g. the Waterloo-Wellington Local Health Integration Network for addictions treatment; Police for community safety). Public Health has a mandate from the Ministry of Health and Long-Term Care to meet specific requirements related to harm reduction (e.g. needle syringe program) and to improve local opioid response capacity through the development and implementation of a community opioid response plan. Public Health is co-chairing and providing secretariat support to the Special Committee, and is responsible for updating the Ministry of Health and Long-Term Care on progress of the plan. The Opioid Response Plan will be developed and approved by the Special Committee of the WRIDS. Public Health will provide the plan to Regional Council (as its Board of Health) for their information prior to its submission to the Ministry of Health and Long-Term Care. The Special Committee is co-chaired by the WRIDS and Public Health and supported by Public Health as requested by the Ministry of Health and Long-Term Care.
Membership as of June 2018:

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Tim Anderson/Tanja Curic</td>
<td>City of Waterloo</td>
</tr>
<tr>
<td>Craig Ambrose</td>
<td>Waterloo Region Police Service, <strong>Chair of Enforcement and Justice Coordinating Committee</strong></td>
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<tr>
<td>Douglas Bartholomew-Saunders/Deb Schlichter</td>
<td>Region of Waterloo Community Services</td>
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<tr>
<td>Dr. Mike Beazely (Co-Chair)</td>
<td>School of Pharmacy, <strong>Chair of WRIDS Steering Committee</strong></td>
</tr>
<tr>
<td>Grace Bermingham</td>
<td>Region of Waterloo Public Health, <strong>Co-Chair of Harm Reduction Coordinating Committee</strong></td>
</tr>
<tr>
<td>Marian Best</td>
<td>Cambridge Shelter Corp., <strong>Co-Chair of Rehabilitation and Recovery Coordinating Committee</strong></td>
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<tr>
<td>David Brenneman</td>
<td>Woolwich Township</td>
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<tr>
<td>Dan Chapman</td>
<td>City of Kitchener</td>
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<tr>
<td>Gary Dyke/Dennis Purcell</td>
<td>City of Cambridge</td>
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<tr>
<td>Stephen Gross</td>
<td>Kitchener Downtown Community Health Centre, <strong>Co-Chair of Harm Reduction Coordinating Committee</strong></td>
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<tr>
<td>Bryan Larkin/Craig Ambrose</td>
<td>Waterloo Region Police Services</td>
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<tr>
<td>Bruce Lauckner/Rebecca Webb</td>
<td>Waterloo-Wellington Local Health Integration Network</td>
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<tr>
<td>Jonathan Mall</td>
<td>Region of Waterloo Public Health, <strong>Chair of Prevention Coordinating Committee</strong></td>
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<tr>
<td>Pam McIntosh</td>
<td>House of Friendship, <strong>Co-Chair of Rehabilitation and Recovery Coordinating Committee</strong></td>
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<tr>
<td>Judy Merkel</td>
<td>Waterloo Catholic District School Board</td>
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<tr>
<td>Eve Nadler</td>
<td>Region of Waterloo Public Health</td>
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<tr>
<td>Dr. Liana Nolan/Dr. Hsiu-Li Wang (co-Chair)</td>
<td>Region of Waterloo Public Health</td>
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<tr>
<td>Karen Quigley-Hobbs</td>
<td>Region of Waterloo Public Health</td>
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<tr>
<td>Don Roth</td>
<td>Canadian Mental Health Association of Waterloo Wellington</td>
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<tr>
<td>Peter Rubenscuh</td>
<td>Waterloo Region District School Board</td>
</tr>
<tr>
<td>Christiane Sadeler/Michael Parkinson</td>
<td>Waterloo Region Crime Prevention Council</td>
</tr>
<tr>
<td>Lindsay Sprague</td>
<td>Waterloo Region Integrated Drugs Strategy Coordinator</td>
</tr>
<tr>
<td>Chief Stephen VanValkenburg/Rob Crossan</td>
<td>Paramedic Services, Region of Waterloo Public Health</td>
</tr>
</tbody>
</table>
9.0 Appendix B - Relevant Links

Federal Action on Opioids – Health Canada

Ontario’s Opioid Response Strategy – Ministry of Health and Long-Term Care

Waterloo Region Integrated Drugs Strategy Website
http://www.waterlooregiondrugstrategy.ca/en/home/

Ministry of Health and Long-Term Care’s Naloxone Locator Tool
https://www.ontario.ca/page/get-naloxone-kits-free