

Opioid Action Plan

Kingston, Frontenac and Lennox & Addington

Prepared by the KFL&A Community Drug Strategy Advisory

May 2019

Contents

Community Drug Strategy Introduction	3
Opioid Epidemic	3
Opioid Action Plan	4
Background	4
Overview of Community Initiatives	4
<i>Prevention</i>	4
<i>Harm Reduction</i>	5
<i>Treatment</i>	7
<i>Enforcement</i>	7
<i>Surveillance</i>	7
Priority Areas for Collaborative Action	8
<i>Youth Prevention and Harm Reduction</i>	9
<i>Trauma Informed Care</i>	10
<i>Advocacy</i>	11
<i>Naloxone Access</i>	12
<i>Supervised Consumption Services</i>	13
Indicators	14
Reporting	15
Membership	16
References	17
Appendix A: Opioid Action Plan Development	17
Appendix B: Indicator Data Sources	20

Community Drug Strategy Introduction

Community partners in Kingston, Frontenac and Lennox & Addington (KFL&A) are working together to develop a community drug strategy to address and respond to problematic substance use in our community.

The *vision* of the KFL&A Community Drug Strategy is for healthier and safer communities that work together to provide a comprehensive and caring approach to addressing substance use. The *mission* is to develop and implement a community drug strategy that reduces the harms associated with substance use and uses upstream approaches to address the root causes of substance use, through the collective action of community partners.

The Community Drug Strategy Advisory Committee for KFL&A was first formed in March 2017. Community partners came together to discuss substance use issues from the perspectives of their organizations. It was collectively determined that there is an immediate need for an opioid action plan for KFL&A and that a broader community drug strategy would be developed over a two-year period involving extensive community consultations.

The Community Drug Strategy Advisory Committee will work in partnership with Kingston's Harm Reduction Alliance and others to ensure the voice of people with lived experience and frontline workers is reflected in an ongoing and systematic approach in the development and implementation of the strategy.

Opioid Epidemic

Canada is facing a national opioid overdose epidemic. Deaths due to opioid overdoses continue to rise dramatically. In 2017 there were 3,987 deaths in Canada¹, up from 2,816 deaths in 2016.² While British Columbia currently experiences the highest death rate in the country, Ontario is a close second with 1,263 deaths in 2017.¹

In the KFL&A region, there were 188 opioid-related emergency department (ED) visits and 25 opioid-related deaths in 2017.^{3,4} The majority of the KFL&A ED visits were people between the ages of 25-44 years (54.5%), followed by 45-64 years (20.0%), 15-24 years (15.9%), 65 and older (9.6%), 0-14 years (0.5%).³ The death rate in KFL&A was stable between 2007 and 2015, but 2016 and 2017 saw a sharp increase in deaths thereby ranking KFL&A as the ninth highest for opioid-related deaths out of the 35 Ontario local public health regions.⁴ KFL&A Public Health monitors opioid overdose ED visit trends through the Acute Care Enhanced Surveillance system, and historic annual overdose trends show stable rates in the winter months with peaks occurring throughout the summer months.⁵

In March 2016, Kingston Police released a warning regarding the use of illicit opioids. After responding to two overdoses in one night, Kingston Police warned that powerful opioids such as fentanyl were being mixed into heroin and morphine without the knowledge of the person using the substance.

In January 2017, carfentanil was detected in urine samples of Street Health Centre (part of Kingston Community Health Centre) clients. The presence of carfentanil was further confirmed in the KFL&A region after a death due to carfentanil at a Correctional Services of Canada facility in 2017.⁵

Opioid Action Plan

Background

A four-pillar approach was used to identify work that is already happening to address the opioid epidemic and gaps to be addressed by collaborative action of community partners. As such, the pillars of prevention, harm reduction, treatment and enforcement were used to map this work. This approach allowed for a comprehensive consideration of the impact of substance use and the identification of opportunities for collaborative work.

Overview of Community Initiatives

The mapping of the community's work to the four pillars identified numerous on-going and long-term initiatives taking place in KFL&A among partner organizations to address the opioid epidemic.

Prevention

- **Community Education:** Partner organizations provide opioid education presentations to community organizations, businesses, federal corrections institutions, secondary schools, and post-secondary institutions. These presentations include information on the rise of the opioid epidemic, stigma, signs and symptoms of opioid overdose, how to reduce risk of overdose, and how to respond to an opioid overdose using naloxone. Promotional material raising awareness regarding contaminated street drugs, counterfeit pills, the signs and symptoms of an opioid overdose, and how to reduce risk of an opioid overdose are distributed to community partners (secondary schools, post-secondary institutions, City of Kingston, community-based organizations). These messages have, and continue to be, promoted through social media platforms.
- **Provider Education:**
 - Kingston Health Sciences Centre (KHSC): In collaboration with community partners, KHSC staff receive on-going education on
 - the opioid situation in the community through presentations to staff by Street Health Centre and KFL&A Public Health,
 - safe prescribing of opioids and sedative hypnotics through presentations to all departments by KFL&A Public Health and through the mandatory completion of the Safe Opioid Prescribing module developed by KFL&A Public Health, and
 - trauma informed care through a learning series provided by Street Health Centre and KFL&A Public Health.

Additionally, KHSC partnered with Street Health Centre to provide a session at the October 2018 Primary Care forum to describe how they are working together to better meet the needs of patients who use drugs. This partnership has expanded to include staff tours of Street Health Centre to better understand the services available in the community. In the summer of 2018, KHSC sent several frontline providers to St. Mike's Hospital to learn more about their approach to harm reduction and caring for inpatients with addictions.

- KFL&A Public Health has hosted educational events for family physicians on safe opioid prescribing, presented at the Queen's University Department of Psychology Pain Event Day, and collaborates with provincial partners and other Medical Officers of Health on Ontario's Opioid Emergency Taskforce.

- Physicians at Kingston Community Health Centre carried out the South East Local Health Integration Network's opioid mentorship program, which offers physician mentorship on safe prescribing, deprescribing techniques, and how to prescribe suboxone.
- Queen's Family Health Team (QFHT) created a Safer Opioid Prescribing program in the Fall of 2017. Initially, the program provided a coaching/mentoring opportunity for physicians, centred around a drop-in case-based rounds that were held monthly and led by physician colleagues from the Kingston Community Health Centre, where significant work had already been done in this area, and the QFHT pharmacist. A renewed plan of services and support was created in November 2018, based on physician feedback. The breadth and scope of opioid prescribing issues requires a long-term perspective. Our success over the past year is reflective of a commitment to change by our physicians, and an understanding that some patients require additional time and support.
- **Advocacy:** KFL&A Public Health advocated for policy change to address the opioid crisis in our community and beyond by sending correspondence to:
 - Health Quality Ontario urging for MyPractice Reports to be mandatory for all physicians (December 2017).
 - Right Honourable Justin Trudeau, P.C. M.P., Prime Minister of Canada urging the Government of Canada to strike a national advisory committee to consider drug policy reform, which will include the full spectrum of decriminalization options that may have the potential to address the opioid overdose crisis, and that are best supported by evidence informed prevention, harm reduction and treatment interventions (October 2018), and
 - Health Canada in response to the Canadian Drugs and Substances Strategy public consultation (December 2018).

Additionally, in collaboration with provincial professional bodies, KFL&A Public Health supported the development and knowledge translation of opioid prescribing guidelines for Ontario emergency departments, walk-in clinics, and after-hours clinics. This collaborative continues to advocate for real time access to the Narcotics Monitoring System for all emergency departments and urgent care centres in Ontario.

Harm Reduction

- **Overdose Prevention Site:** The Overdose Prevention Site is a partnership between Street Health Centre, Frontenac Paramedic Services, KFL&A Public Health, and HIV/AIDS Regional Services. It opened in July 2018 and is located at Street Health Centre. People who use drugs can access the site to consume substances via nasal, oral, and injection routes of administration while under the supervision of a paramedic and community support workers. Harm reduction education, safer use supplies, naloxone kits, and direct referrals may be made to other services offered at Street Health Centre such as the Rapid Access Addictions Medicine clinic, methadone clinic, primary care clinics, counselling services, and HCV treatment.
- **Naloxone:** Naloxone is a medication that temporarily reverses an opioid overdose. It is available in intramuscular and intranasal forms. Distributing organizations provide take home kits which include two doses of naloxone, a breathing barrier, non-latex gloves, and an instructional insert.
 - **Distribution Sites:** Take home naloxone kits are distributed through Street Health Centre, HIV/AIDS Regional Services, KFL&A Public Health, One Roof Kingston Youth Services Hub, Martha's Table, St. Vincent de Paul, Resolve Counselling, Kingston Health Sciences Centre,

and participating pharmacies. Approximately 6,116 take home naloxone kits have been distributed in KFL&A between 2015 and 2018 through these sites.

- **Emergency Naloxone:** Under the Ministry of Health and Long-Term Care's Harm Reduction Program Enhancement (HRPE), public health units can supply emergency response agencies with naloxone. To date, the following organizations carry naloxone for emergency use: Central Frontenac Fire and Rescue, City of Kingston Fire and Rescue, Wolfe Island Fire and Rescue, North Frontenac Fire and Rescue, Howe Island Fire and Rescue, Addington Highlands Fire Department, South Frontenac Fire and Rescue, Kingston Police, St. John Ambulance Loyalist Branch. Under the HRPE, OPP also carry naloxone.
- **Naloxone Access:** Several organizations in KFL&A have taken it upon themselves to stock naloxone for emergency use. The City of Kingston has placed two naloxone kits in with the automated external defibrillator (AEDs) in 14 of their owned and operated facilities; St. Lawrence College has placed one naloxone kit in with the AEDs throughout the Kingston campus; 13 secondary schools in the KFL&A region have a naloxone kit on site; both St. Lawrence College and Queen's University security staff carry a naloxone kit; In From The Cold emergency shelter and Lily's Place emergency shelter have naloxone kits on site.
- **Kingston Health Sciences Centre:** The detoxification centre offers weekly harm reduction sessions led by Street Health Centre that includes naloxone distribution.
- **Street Health Centre:** Street Health Centre is a 365 days a year harm reduction health centre that provides accessible and responsive health services to community members that are marginalized from mainstream health care. Services include opioid overdose prevention, primary care, methadone maintenance treatment, hepatitis C program, counselling services, and needle exchange and harm reduction supply distribution.
- **One Roof Kingston Youth Services Hub:** One Roof offers a safe space for youth to access integrated wraparound care, harm reduction supplies (take home naloxone and safer use supplies), and harm reduction education while fostering a sense of belonging, acceptance, and community among youth.
- **Harm Reduction Alliance:** The Harm Reduction Alliance arose from a community-identified need in the City of Kingston and is informed by best practice recommendations using anti-oppression, harm reduction, client-centered care and trauma-informed practices. This Alliance uses a grounds-up approach and welcomes front-line workers and people with lived experience to discuss harm reduction in our community. The goals of the Harm Reduction Alliance include improving the effectiveness of harm reduction practices within educational, health, social service organizations and across service sectors, mobilizing community education initiatives, working to address the grief and loss felt by service users, families, and workers, advocating for better resources using a harm reduction framework to increase accessibility, and informing decisions about the use of resources for effective and efficient harm reduction practice to reduce harm and stigma across our community. By identifying targets for improvement, both at the program and system level, the Harm Reduction Alliance aims to decrease marginalization and oppression of some of Kingston's most vulnerable persons, and in turn increase the efficacy and impact of each individual's engagement with service providers.

Treatment

- **Outpatient Services:** Outpatient service options for addictions treatment or counselling in the KFL&A region include primary care, psychiatry, counselling through Addictions and Mental Health KFL&A and Street Health Centre, and private counselling.
- **Inpatient Services:** Inpatient service options for addictions treatment in the KFL&A region include the detoxification Centre and KHSC Substance Treatment and Rehabilitation Team. Community partners have supported KHSC in referring patients to the Rapid Access Addictions Medicine Clinic at Street Health Centre. KHSC has formed an Addictions Task Force that includes physicians, nurses, social workers, an ethicist, and someone with lived experience of substance use.
- **Rapid Access Addictions Medicine Clinic:** This clinic opened at Street Health Centre in April 2018. It provides walk-in services for addiction treatment, counselling, harm reduction education and supplies, overdose education, naloxone kit distribution, and links to community services. The clinic has a multi-disciplinary team which includes physicians, nurses, case managers, counsellors, harm reduction and peer support workers. The clinic sees patients without referrals or booked appointments on a walk-in basis Monday to Friday.

Enforcement

- **Overdoses:** Both the Ontario Provincial Police (OPP) and Kingston Police use a Universal Crime Record code to track drug overdoses and carry naloxone for emergency use.
- **Diversion Control:** Kingston Police has prioritized fentanyl trafficking and partners with other police services to prosecute drug offences involving fentanyl. Between December 2017 and November 2018, Kingston Police made 13 drug seizures that have tested positive for fentanyl or a fentanyl analogue. One of these seizures tested positive for carfentanil. In 2018, the Community Street Crime Unit of the Ontario Provincial Police investigated several drug related incidents in the Frontenac/Sharbot Lake detachment area. Several of these incidents were in relation to suspected opioids, including an incident where Naloxone was used to assist a person found by officers in medical distress. Execution of warrants have also revealed that in conjunction with opioid drugs, other significant criminal offences occurred, such as illegal possession of firearms, other types of drugs under the CDSA. The OPP continues to work with other policing agencies actively investigating drug related activities, including opioids.
- **OPP Opioid Working Group:** The OPP Opioid Working Group was established in 2016. In the last two years, some of the working group's successes include helping to launch training aids in relation to safe handling of suspected opioids for members and the distribution and training in the use of Naloxone. In 2018, the working group developed opioid specific data collection and the OPP Records Management System has been enhanced to be able to track opioid specific data, including collection of details on opioid quantities, types and paraphernalia seized, creating a clearer picture of the opioid crisis in Ontario. Further, community presentations have been prepared and are available for local detachments to present to members of the community.
- **Partnership Programming:** Police services continue to partner with other organizations to deliver programs such as Race Against Drugs.

Surveillance

- **Joint Advisory Group (JAG):** This group meets every second month or as needed to share local intelligence on police seizure data, contamination, new strains of drugs, 911 calls, demand and distribution of naloxone kits and harm reduction supplies. Membership includes police services,

corrections, paramedics, south east public health units, and Street Health Centre. Members may call a meeting outside of the regular schedule to share information in a timely manner.

- **Surveillance System:** KFL&A Public Health maintains the Acute Care Enhanced Surveillance (ACES) system and monitors hospital admission and ED visits for specific and non-specific drug overdoses.
- **Warning System:** KFL&A Public Health issues warnings, media releases, and information to community partners based on information received through the JAG, ACES, and community partners.

Priority Areas for Collaborative Action

Through extensive group discussion among advisory committee members, environmental scanning, and interviews with advisory committee members, the following five priority areas for collaborative action were selected at a group action planning day (appendix A) in June 2018:

- *Youth Prevention and Harm Reduction*
- *Trauma Informed Care Education*
- *Advocacy*
- *Naloxone Access*
- *Supervised Consumption Services*

These priority areas take into consideration the on-going work of member organizations and identify areas where the collaborative work of community partners will have the greatest impact. These priority areas guide the development of initiatives in this opioid action plan and support achieving the following objectives:

By 2021, reduce opioid overdose mortality in KFL&A's at-risk population.

By 2021, reduce the harms associated with licit and illicit use of opioids.

The *Youth Prevention and Harm Reduction* priority was established to support ongoing mental health, well-being, and education initiatives for youth as well as addiction literacy training for frontline educators. The *Trauma Informed Care* priority was established to address the educational needs of the community regarding the role of trauma in the opioid epidemic and how trauma-informed practice can improve access and engagement to services for people who use drugs. The *Advocacy* priority was established to support collective advocacy action and policy change locally, provincially, and federally. The *Naloxone Access* priority was established to strengthen distribution, uptake, and use of take-home naloxone kits. The *Supervised Consumption Services* priority was established to provide support to the temporary Overdose Prevention Site to ensure continuation of service beyond the temporary 6-month period.

Youth Prevention and Harm Reduction

Leads

Shawn Quigley, Youth Diversion
Ashley O'Brien, One Roof Kingston Youth Hub

Objectives

- Reduce stigma attached to substance use in educational settings.
- Incorporate more youth voice in school-based awareness campaigns.
- Increase addiction literacy among frontline educational staff.
- Increase access to harm reduction education among youth.

Initiatives

1. Support positive messaging around healthy lifestyles.
 - Encourage and support the education sector to adopt inclusive language that is directed at reducing the stigma attached to substance use and abuse.
 - Map current mental wellness campaigns/initiatives that are ongoing and upcoming. Support identified campaigns.
2. Engage peer champions to promote and support school-based anti-stigma messaging for mental wellness awareness campaigns.
 - Identify peer champions in the education sector to support anti-stigma messaging for mental wellness awareness campaigns.
 - Engage with Youth Harm Reduction Ambassadors to inform anti-stigma messaging for mental wellness awareness campaigns.
3. Implement Youth Harm Reduction Ambassador Program.
 - One Roof, Street Health Centre, HIV & AIDS Regional Services and KAIROS have partnered to develop a program that provides a half day comprehensive overdose prevention training. Young people who complete this training are given a certificate as a Youth Harm Reduction Ambassador and are encouraged to continue to educate their peers through their naturally existing networks. This training is paid and will be offered as funds are available.
4. Increase addiction literacy among frontline educational staff.
 - Support ongoing addiction literacy workshops targeting frontline staff in education, mental health, child welfare, and police sectors.
 - Support ongoing naloxone information training, distribution, and education.
 - Increase opportunities to engage and inform Parent Advisory Councils.

Indicators of success

- Youth feel safe disclosing substance use issues with adult allies.
- Substance use, mental wellness, and harm reduction education targets youth through the support of youth harm reduction ambassador program, school peer champions, and psychoeducational classroom information sessions.
- Frontline staff are better equipped to identify emerging substance use issues among youth and make the appropriate referral.

Resources

- Ongoing Addiction Literacy workshops for frontline staff.
- Psychoeducational workshops such as Drive4Life and substance use awareness classroom presentations such as Race Against Drugs.
- Staff time to implement mental wellness awareness campaigns and workshops.
- Youth Harm Reduction Ambassadors
- Funding for Youth Harm Reduction Ambassador training

Trauma Informed Care

Lead

Dr. Jenna Webber, Public Health and Preventative Medicine Resident

Objectives

- Increase awareness of trauma-informed care practices among service providers in KFL&A.
- Increase the number of services in KFL&A implementing trauma-informed care approaches.
- Increase connections between trauma-informed care leaders and service providers.

Initiatives

1. Deliver 'Train-the-Trainer' style trauma-informed care workshop(s) for service providers.
 - Develop workshop based on the British Columbia Centre of Excellence for Women's Health report: *Trauma Informed Practice & the Opioid Crisis*.
 - Develop workshop modules
 - Develop workshop materials and resources
 - Develop workshop implementation guidance document to facilitate and support workshop attendees to run a similar workshop within their own organization.
 - First workshop scheduled for May 22nd, 2019 at KFL&A Public Health. Future workshops to be determined.
2. Create a network of trauma-informed care champions.
 - Engage interested individuals in a mailing list. This will serve to connect interested facilitators and experts to build a network for research, training, and mentorship.
 - Develop sustainability plan.

Indicators of success

- An increased number of services in KFL&A aware of trauma informed care practices.
- An increased number of services in KFL&A implementing trauma informed care approaches.
- Increased connections between trauma informed care leaders and service providers.

Resources

- Workshop registration fee to cover the cost of materials and refreshments.
- Staff time to develop, promote, support, and implement workshops.

Advocacy

Lead

Christine Riddick, KFL&A Public Health

Objective

- To increase collective advocacy action and policy change within KFL&A and across Ontario for opioid and naloxone-specific needs.

Initiatives

1. Contribute to local, provincial, and federal public consultations, advocacy, and policy change opportunities that strengthen system level approaches to addressing opioid issues in communities.
2. Connect with other Ontario drug strategies through the Municipal Drug Strategy Coordinator's Network of Ontario to collectively advocate on opioid and naloxone issues.
3. Support advocacy initiatives within other priority areas (i.e., naloxone access and supervised consumption services).

Indicators of success

- Increased collaboration between Ontario drug strategies on advocacy initiatives.
- Increased collaboration between KFL&A community partners on advocacy initiatives.
- Policy changes that strengthen system level approaches to addressing opioid issues.

Resources

- Members of the Municipal Drug Strategy Coordinator's Network of Ontario.
- Staff time.

Naloxone Access

Lead

Rhonda Lovell, KFL&A Public Health

Objective

- To support activities related to the promotion of and equitable access to naloxone.

Initiatives

1. Provide support and consultation for a health equity impact assessment (HEIA) on naloxone access in the KFL&A area.
 - Using the Ministry of Health and Long-Term Care HEIA framework, KFL&A Public will conduct a 5-step HEIA (scoping, potential impacts, mitigation, monitoring, dissemination).
 - Share recommendations with community drug strategy advisory committee and others as appropriate.
2. Consult on the development of a communication plan to support promotion of take-home naloxone.
 - Review and provide feedback to KFL&A Public Health on key messages, curated social media content, and other promotional materials to increase awareness of risks and availability of take-home naloxone.
 - Share messages and materials with community partner agencies for implementation.
3. Support uptake of take-home naloxone distribution via community pharmacies.
 - Plan and implement a learning opportunity for community pharmacists to increase number of pharmacies actively distributing take home naloxone.

Indicators of success

- Number of community-based organizations distributing naloxone
- Number of take-home kits distributed via community-based organizations
- Number of community pharmacies distributing naloxone
- Number of take-home kits distributed via pharmacies
- Number of take-home kit refills where naloxone was used
- Number of EMS calls where naloxone was used by bystander

Resources

- Staff time

Supervised Consumption Services

Lead

Marc Goudie, Frontenac Paramedic Services

Objectives

- Support the continuation of supervised consumption services in Kingston.
- Increase the number of visits and unique clients to the Street Health Centre site.
- Build community support for supervised consumption services.

Initiatives

1. Support the completion of applications and renewal applications as needed to keep the site operational.
 - Complete Supervised Consumption Services application.
 - Complete Consumption and Treatment Services application.
 - Complete renewal applications as needed.
2. Develop and implement a plan for site promotion among target population.
 - Develop and distribute promotional posters to community-based organizations.
 - Develop promotional flyer to be distributed by emergency responders.
 - Develop curated social media promotional material.
 - Explore feasibility of bus shelter ads.
3. Implement community engagement plans.
 - Implement 2019 community engagement plan:
 - Host community engagement forum in May.
 - Host community engagement forum in November.
 - Develop and implement 2020 and 2021 community engagement plans.

Indicators of success

- A safe place for people to use substances.
 - Number of site visits
 - Number of unique clients
- Clients treated for overdose on site and transferred to the Emergency Department according to protocol.
- A community that is supportive of the services offered at the site.
- Ongoing site access.

Resources

- Staff time.
- In-house resource development contributions.

Indicators

There are two types indicators that will be used to monitor the KFL&A Community Drug Strategy collective efforts: population-level data and service delivery data. These indicators will be used to provide a snapshot of the KFL&A opioid situation and relevant service delivery outputs.

Table 1: KFL&A Opioid Action Plan 2019-2021 monitoring indicators from 2017

Indicator	KFL&A Cases	KFL&A Rate	Ontario Rate
Number of apparent opioid-related deaths Note: Drug categories are not mutually exclusive; multiple drugs may have been present in a single death.	25	12.1 (per 100,000)	8.9 (per 100,000)
Number of apparent opioid-related deaths (Fentanyl)	15	Not applicable	Not applicable
Number of apparent opioid-related deaths (Hydromorphone)	6	Not applicable	Not applicable
Number of apparent opioid-related deaths (Morphine)	6	Not applicable	Not applicable
Number of apparent opioid-related deaths (Methadone)	4	Not applicable	Not applicable
Number of apparent opioid-related deaths (Oxycodone)	5	Not applicable	Not applicable
Number of apparent opioid-related deaths (Hydrocodone)	0	Not applicable	Not applicable
Number of apparent opioid-related deaths (Heroin)	4	Not applicable	Not applicable
Number of apparent opioid-related deaths (Codeine)	3	Not applicable	Not applicable
Number of opioid-related hospitalizations	44	21.3 (per 100,000)	15.1 (per 100,000)
Number of opioid-related ED visits	188	91.0 (per 100,000)	54.6 (per 100,000)
Number of people dispensed opioids for pain	24,100	117.2 (per 1,000)	110.2 (per 1,000)
Number of people on opioid substitution therapy	1,263	6.1 (per 1,000)	4.3 (per 1,000)
Number of people on opioid substitution therapy (Methadone)	1,011	4.91 (per 1,000)	3.14 (per 1,000)
Number of people on opioid substitution therapy (Suboxone)	290	1.41 (per 1,000)	1.44 (per 1,000)
Number of overdose prevention site visits	Not applicable for 2017	Not applicable for 2017	Not applicable
Number of naloxone kits distributed in KFL&A	1,370	Not applicable	Not applicable
Number of naloxone kits distributed in KFL&A (Pharmacies)	1,282	Not applicable	Not applicable

Number of naloxone kits distributed in KFL&A (KFL&A Public Health)	89	Not applicable	Not applicable
Number of naloxone kits distributed in KFL&A (Street Health Centre)	637	Not applicable	Not applicable
Number of overdoses in KFL&A (approximate)	183	Not applicable	Not applicable
Number of overdoses in KFL&A (EMS calls for overdose – only includes calls to Frontenac Paramedic Services)	120	Not applicable	Not applicable
Number of overdoses in KFL&A (kit refill data – used and no 9-1-1 call – only includes ONP site data. Does not include pharmacy data.)	63	Not applicable	Not applicable
Number of people accessing the Rapid Access Addictions Medicine clinic at Street Health Centre	Not applicable for 2017	Not applicable for 2017	Not applicable
Number of harm reduction supplies distributed in KFL&A - distributors are working on a better method for tracking supplies. Data will be available in coming years.	In progress	In progress	Not applicable

See Appendix B for a list of the sources of the indicator data.

Reporting

An annual report will be generated by the Advisory Committee to keep members of the public informed regarding:

- the progress of priority area initiatives,
- indicator data, and
- next steps.

Membership

Adam Doyle Pharmacist Shoppers Drug Mart	Krina Vaghela Pharmacist Shoppers Drug Mart
Annette Keogh Manager Prince Edward Lennox & Addington Social Services	Marc Goudie Paramedic County of Frontenac Paramedic Services
Antje McNeely Chief Kingston Police	Mike Bell CEO Kingston Community Health Centres
Ashley O'Brien One Roof Coordinator Home Base Housing	Moj Moslehi Pharmacist Shoppers Drug Mart
Bhavana Varma President & CEO United Way – KFL&A	Nadia Adams Richards Manager Street Health Centre
Carol Ravnaas Opioid Lead South East Local Health Integration Network	Rhonda Lovell Registered Nurse KFL&A Public Health
Cheryl Hitchen Manager City of Kingston	Scott Semple Detachment Commander, Napanee Ontario Provincial Police
Christine Riddick Health Promoter KFL&A Public Health	Sharron Brown Detachment Commander, Frontenac Ontario Provincial Police
Cindy Bolton Director Kingston Health Sciences Centre	Shawn Quigley Executive Director Youth Diversion
Daphne Mayer Manager, Public Health Programs and Services KFL&A Public Health	Susan Stewart Director KFL&A Public Health
Deanna Russell Primary Care Lead South East Local Health Integration Network	Tom Greening Executive Director Home Base Housing
Kieran Moore Medical Officer of Health KFL&A Public Health	Travis Mitchell HCV Community Liaison Street Health Centre

References

1. Government of Canada. Infographic: Opioid Related Harms in Canada. Accessed July 30, 2018. Available from <https://www.canada.ca/en/health-canada/services/publications/healthy-living/infographic-opioid-related-harms-june-2018.htm>
2. Government of Canada. National Report: Apparent opioid-related deaths in Canada (January 2017 to March 2017). Accessed August 7, 2018. Available from <https://www.canada.ca/en/public-health/services/publications/healthy-living/apparent-opioid-related-deaths-report-2016.html>
3. Ontario Opioid Surveillance Monitor. Accessed October 22, 2018. Available from <http://www.kflaphi.ca/ontario-opioid-surveillance-monitor>
4. Public Health Ontario Interactive Opioid Tool. Accessed October 16, 2018. Available from <http://publichealthontario.ca/en/dataandanalytics/pages/opioid/aspx>
5. Ontario Naloxone Program Quarterly Reporting, Knowledge Management Division at KFL&A Public Health.

Appendix A: Opioid Action Plan Development

Advisory committee interviews:

Interviews with members of the Advisory Committee were conducted November of 2017. The purpose of the interviews was to develop a) a better understanding of how the opioid crisis impacts agencies and clients, b) identify gaps related to the opioid crisis and how they can be addressed, c) identify priority areas that need to be addressed through collective action.

In all cases there was organization alignment with the community drug strategy purpose either from a service provider perspective, or community response and preventative perspective. Overall, there is a sense of urgency that something needs to be done to address the current situation and prevent overdoses.

Several gaps were identified in addressing the opioid situation both on a community level and internally within the committee. Gaps in responding to the opioid overdose crisis in the community include:

- Lack of addictions education for frontline staff, first responders, medical professionals
- Lack of peer-to-peer education for youth on the risks and harms of substance use, and the risks of using someone else's prescription medication
- Lack of residential treatment facility in Kingston
- Lack of addiction and mental health services in rural areas; long wait lists
- Lack of services for high functioning people who use drugs
- Lack of OHIP coverage for physiotherapy and occupational therapy services
- Long wait list for mental health and addiction services
- Lack of opioid agonist therapy treatment clinics
- Policies that do not allow people with addictions to access shelters, or people carrying a naloxone kit
- Limit on Street Health Centre hours
- Stigma that prevents users from going to the emergency department or Street Health Centre

Gaps within in the functioning of the CDS Advisory Committee:

- Lack of representation from education sector, hospitals, HARS, and people with lived experience
- Lack of understanding as to what each organization brings to the table and can contribute
- Lack of awareness of available services and initiatives in the community addressing the opioid crisis

Through these interviews, seven themes on potential areas for action were identified by CDS advisory committee members. The themes were: education and awareness, access to treatment, naloxone access and distribution, safe prescribing, advocacy, rural services, and the need for a broader community drug strategy.

Education and Awareness: Overall, education around alternative pain management options, education for youth, education in schools, and education in the community was seen as a top priority. Changing perceptions and stigma should be part of this education process. A cohesive understanding of what services and resources are in the community is needed so all community partners can work together in a coordinated effort to provide education and awareness.

Access to Treatment: Treatment priorities include establishing a residential treatment centre in Kingston, embedding an addiction worker within family health teams, offering a greater variety of non-pharmaceutical services (i.e., counselling, behavioural interventions, rehabilitation, physiotherapy, occupational therapy), and providing rapid access treatment.

Naloxone Access and Distribution: Naloxone kits need to be distributed to more locations, training and education needs to continue, KFL&A residents need to know how to get a kit if needed, and what to do with it. A plan is needed for distribution and acute care providers in an emergency response situation. Work needs to be done with shelters to allow people carrying a naloxone kit to access the shelter.

Safe Prescribing: Further education on safe prescribing and gradual tapering is needed.

Advocacy: This committee can play a role in advocating for broader issues such as addressing the social determinants of health – which can lead to adverse childhood experiences, and organizational changes that encourage the incorporation of harm reduction strategies and philosophies.

Rural services: More strategies are needed to address opioid-related issues in rural communities. Access to services can be more difficult in these communities, and the issues people who use drugs face may be different from urban areas.

Broader community drug strategy: a plan that more broadly addresses substance use is also needed. This plan should include community consultation, focus on the upstream causes of substance use, and address other drugs that are particularly problematic for certain communities within KFL&A.

Opioid action planning day:

Advisory committee members met on June 6, 2018 to set priorities for the opioid action plan. The meeting was facilitated by Erik Lockhart, Queen's School of Business. E. Lockhart supplied each member with a laptop and using a polling software, members were able to anonymously respond to questions

and vote on the most salient items leading to an indication of consensus around the visions, key initiatives, and priorities for the action plan.

Potential key initiatives for the next 2 years: The group generated a list of ideas for key initiatives the group could take on in the next two years. The criteria include initiatives that would have an impact, were doable, and that should be taken on collectively.

- Continued education on opioid stewardship: roll out a best practice guideline that includes a consent form so people receiving an opioid prescription understand their use.
- Increase access and uptake of naloxone kits. All pharmacists actively providing kits to any patient renewing or filling an opioid prescription. Enhance distribution efforts to community organizations.
- Orientation to trauma informed training to reduce stigma around substance use
- Focus on preventing new users under the age of 24. Engage youth through collaboration with school boards, build education into the curriculum, promote programs and activities that build a sense of community, belonging and increased resiliency. Support the development of a youth-led initiative that identifies how youth want to engage with service providers, and gaps and barriers to engagement in services.
- Establish alternative pathways for paramedics once individual has been treated.
- Educate the public. What are opioids, what is the risk, what are the alternatives, how do people get addicted to opioids. Reduce the stigma of addiction.
- Pursue and promote alternatives to pain management strategies.
- Connect with other Ontario drug strategies and collectively advocate for change. Potential issues to advocate for include: housing, income security, food security.
- Establish a provincial system for tracking narcotics and controlled prescriptions.
- Develop a strategy to embed AMHS within primary care.

Appendix B: Indicator Data Sources

Indicator	Sources
Number of apparent opioid-related deaths	PHO Interactive Opioid Tool Available from: www.publichealthontario.ca/en/dataandanalytics/pages/opioid.aspx
Number of opioid-related hospitalizations	PHO Interactive Opioid Tool Available from: www.publichealthontario.ca/en/dataandanalytics/pages/opioid.aspx
Number of opioid-related ED visits	PHO Interactive Opioid Tool Available from: www.publichealthontario.ca/en/dataandanalytics/pages/opioid.aspx
Number of overdose prevention site visits	Kingston's overdose prevention site
Number of naloxone kits distributed in KFL&A	MOHLTC, KFL&A Public Health, Street Health Centre, and HIV/AIDS Regional Services
Number of overdoses in KFL&A (approximate)	Frontenac Paramedic Services (calls for opioid overdose), and naloxone kit distribution agencies.
Number of people dispensed opioids for pain	Ontario Drug Policy Research Network, Ontario Opioid Prescription Tool. Available from: http://odprn.ca/ontario-opioid-drug-observatory/ontario-prescription-opioid-tool/
Number of people on opioid substitution therapy	Ontario Drug Policy Research Network, Ontario Opioid Prescription Tool. Available from: http://odprn.ca/ontario-opioid-drug-observatory/ontario-prescription-opioid-tool/
Number of people accessing AMHS	AMHS-KFLA
Number of people accessing the RAAM clinic	Street Health Centre
Number of harm reduction supplies distributed	Ontario Harm Reduction Distribution Program