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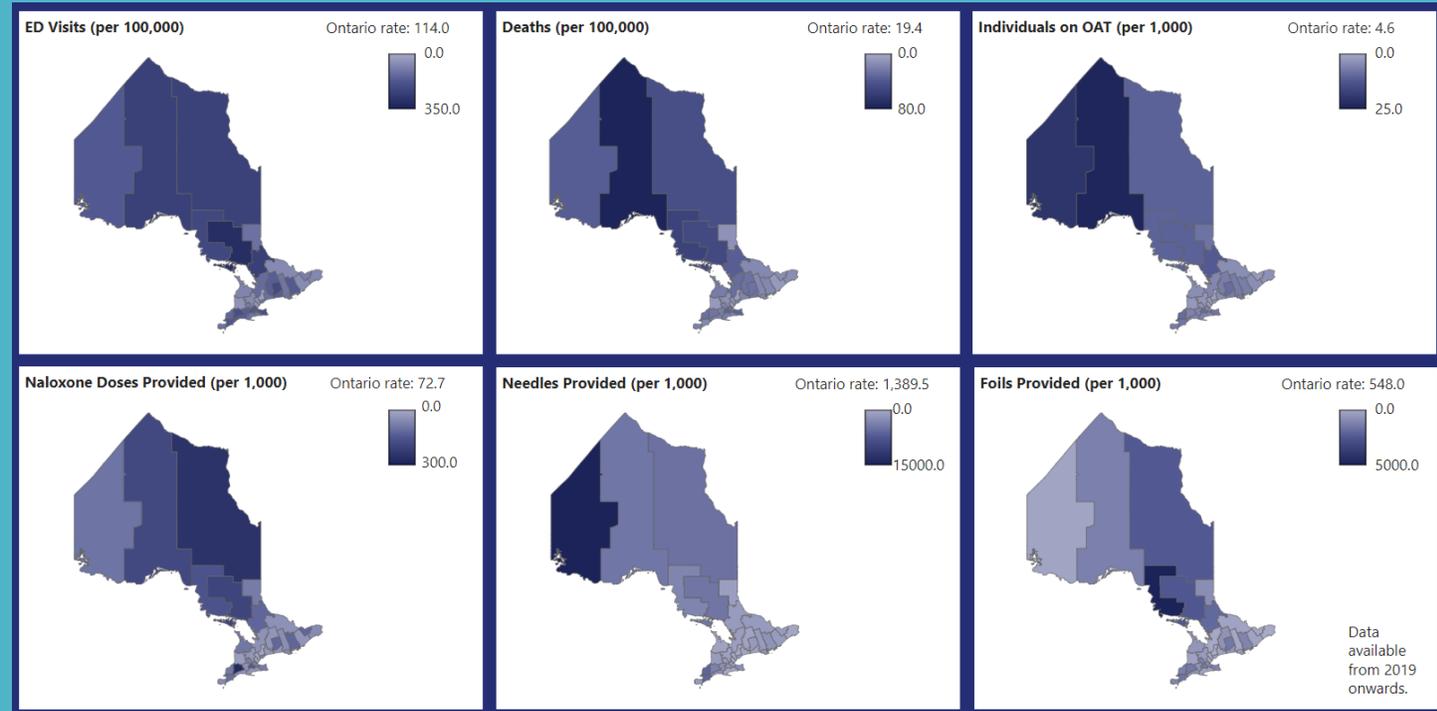
Please scroll down this file to view a copy of the slides from the session.

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# Regional Harm Reduction Snapshots in Ontario

*Presenting Findings From the 2022-2023 LDCP*



Funded by:



Prepared by the following organizations on behalf of the LDCP group:



# Goals Today

LDCP Overview

The snapshots

The findings

Using the findings

Your input

# Acknowledgments

# Share with us

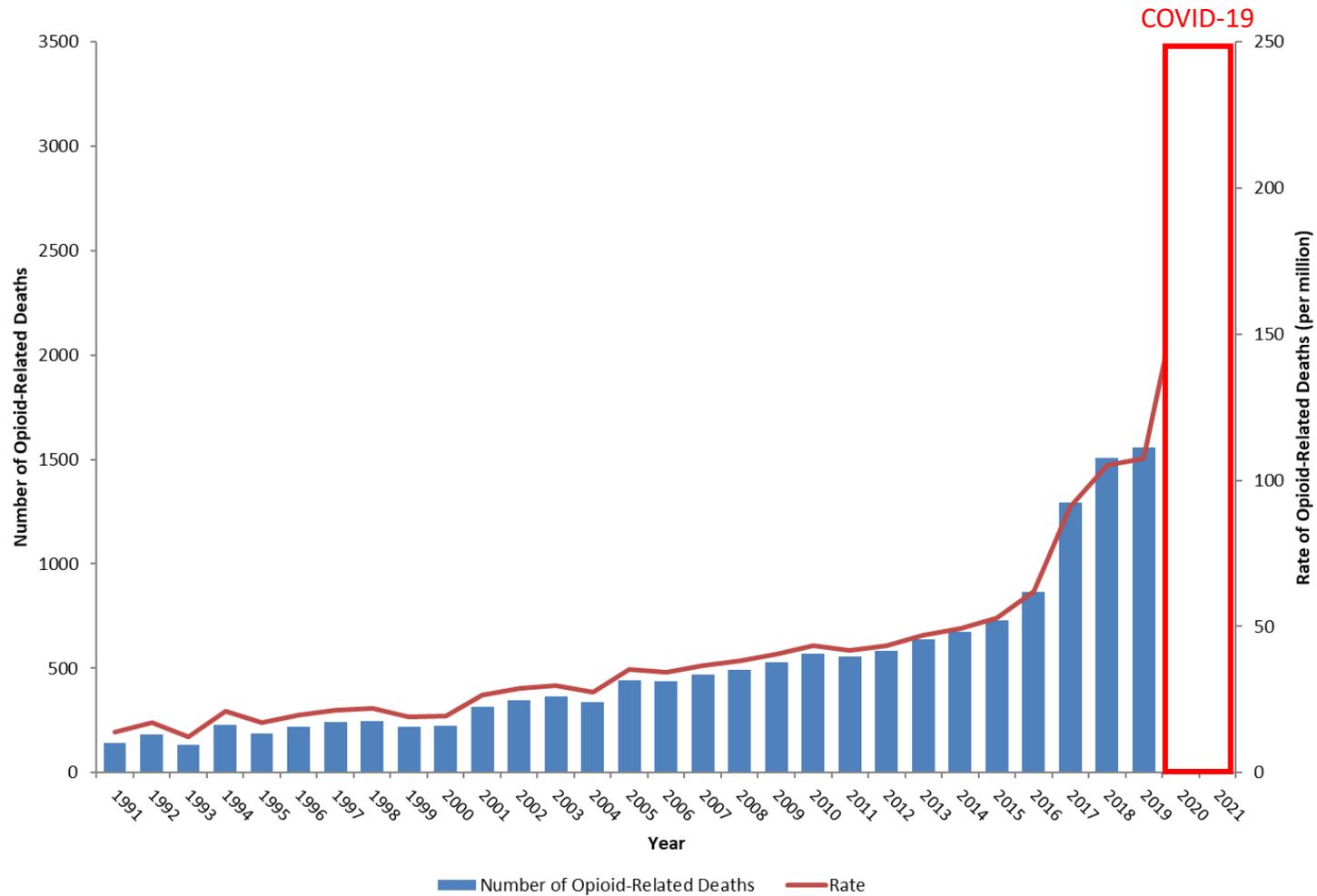
What is your role?

Dealing with  
multiple  
crises

Opioid toxicity  
crisis pre-pandemic

The impact of  
COVID-19

# Evolution of the Drug Toxicity Crisis in Ontario



There was a **79% increase** in monthly opioid-related deaths in 2020, from **139 deaths in February 2020** to **249 deaths in December 2020**.

# Intersection of COVID-19 with Opioid Use & Opioid-Related Harm



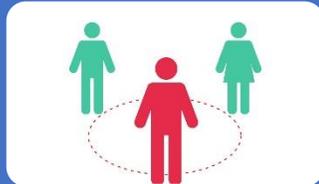
Interruptions and changes in Drug Supply



Changes in community support and programming



Disruptions in access to healthcare providers and treatment



Focus on physical distancing

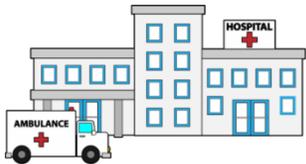
# Effective Response Needs to Incorporate:



Where geographically in Ontario are deaths occurring?



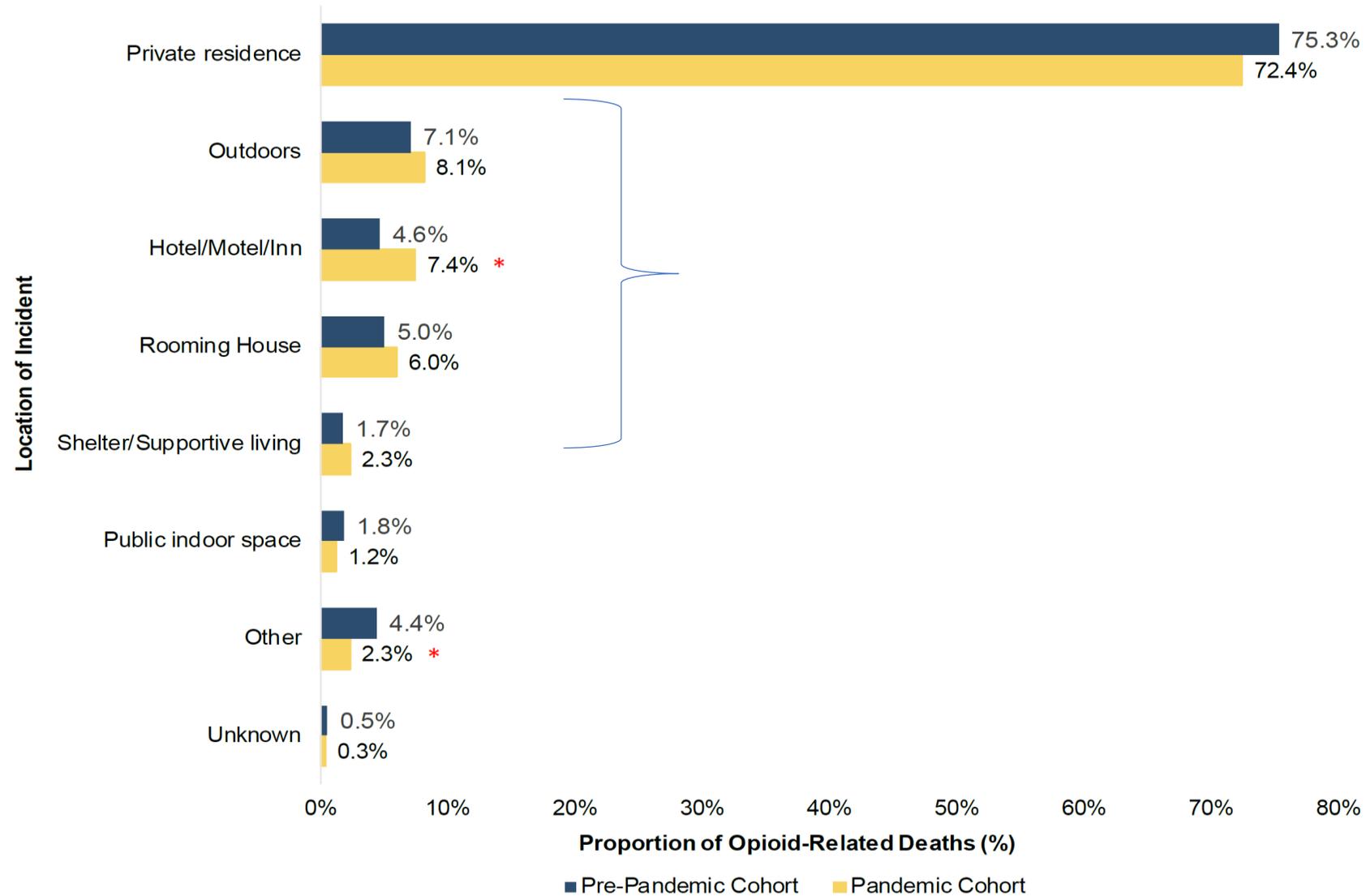
What types of services are needed?



What settings should we be providing services in?

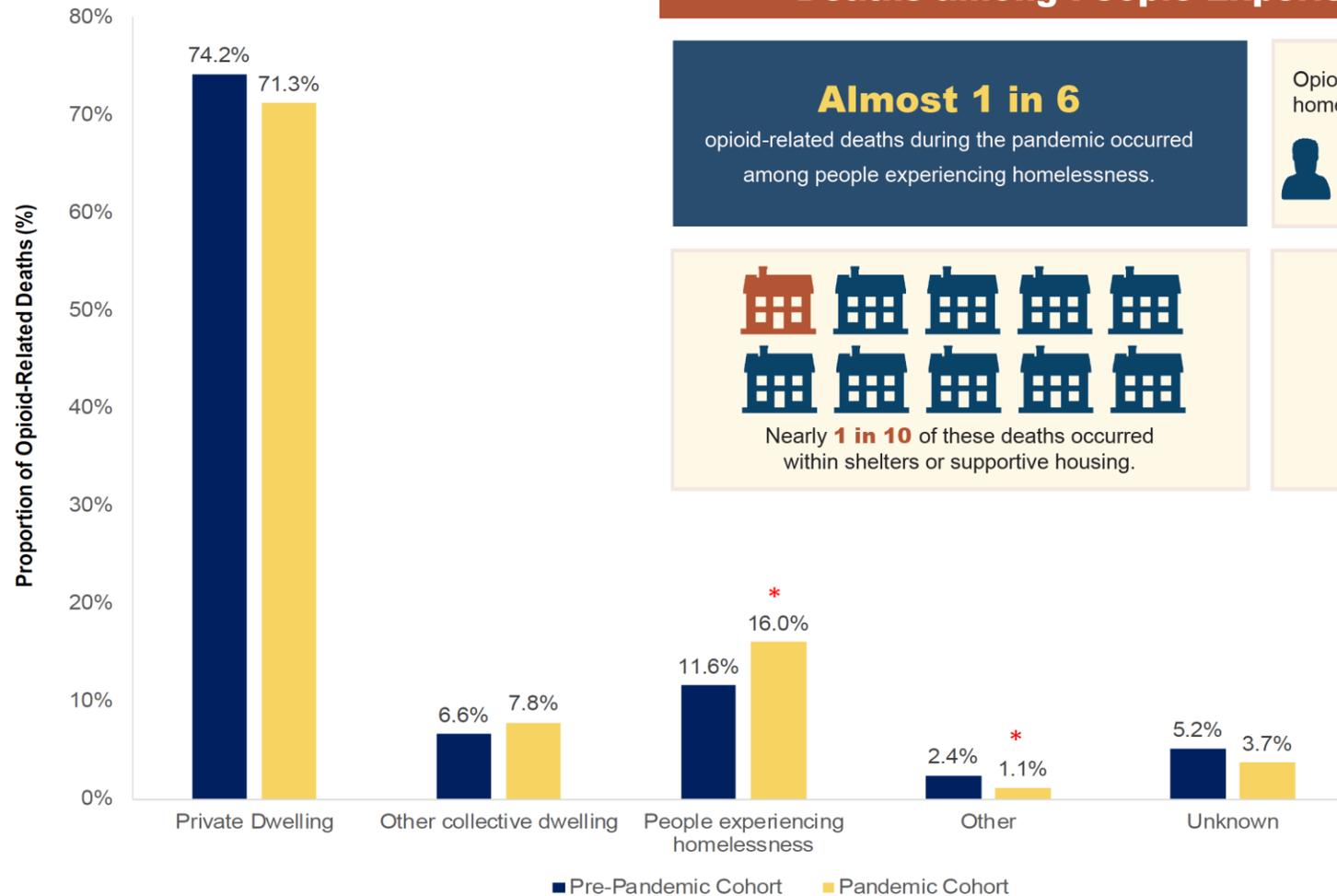
# Incident Location

Location of incident among opioid-related deaths prior to, and during the pandemic



# Living Arrangement

## Living arrangement among people experiencing an opioid-related death prior to and during the pandemic



### Deaths among People Experiencing Homelessness

**Almost 1 in 6**

opioid-related deaths during the pandemic occurred among people experiencing homelessness.



Nearly **1 in 10** of these deaths occurred within shelters or supportive housing.

Opioid-related deaths among people experiencing homelessness increased by **139%** during the pandemic:

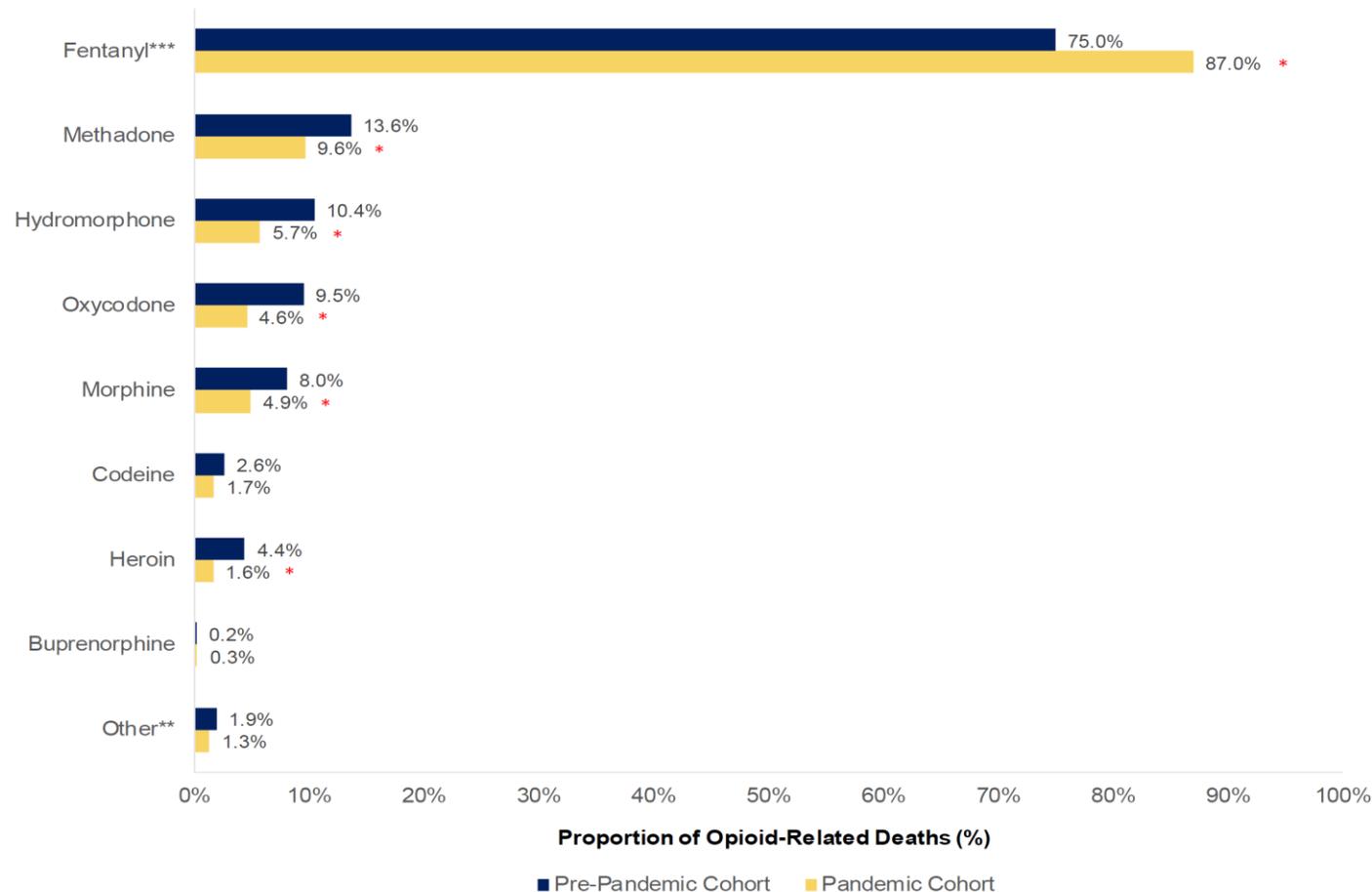
**135 deaths** pre-pandemic → **323 deaths** during the pandemic



**1 in 7** of these deaths occurred within hotels providing emergency shelter services.

~80% of opioid-related deaths involve only non-pharmaceutical opioids

### Opioids directly contributing to opioid-related deaths in Ontario

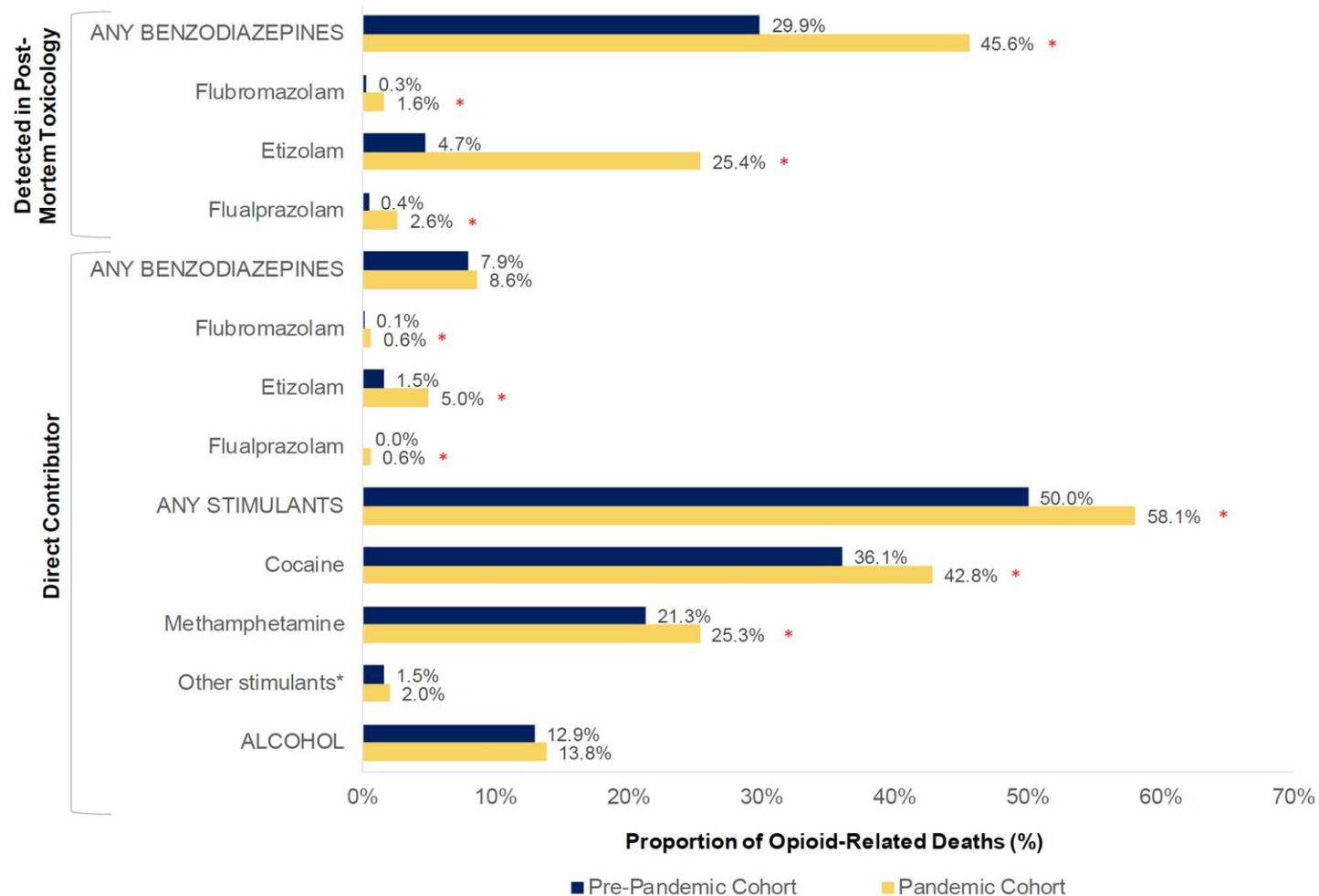


**1 in 10**  
deaths involved  
solely  
pharmaceutical  
opioids

Rx

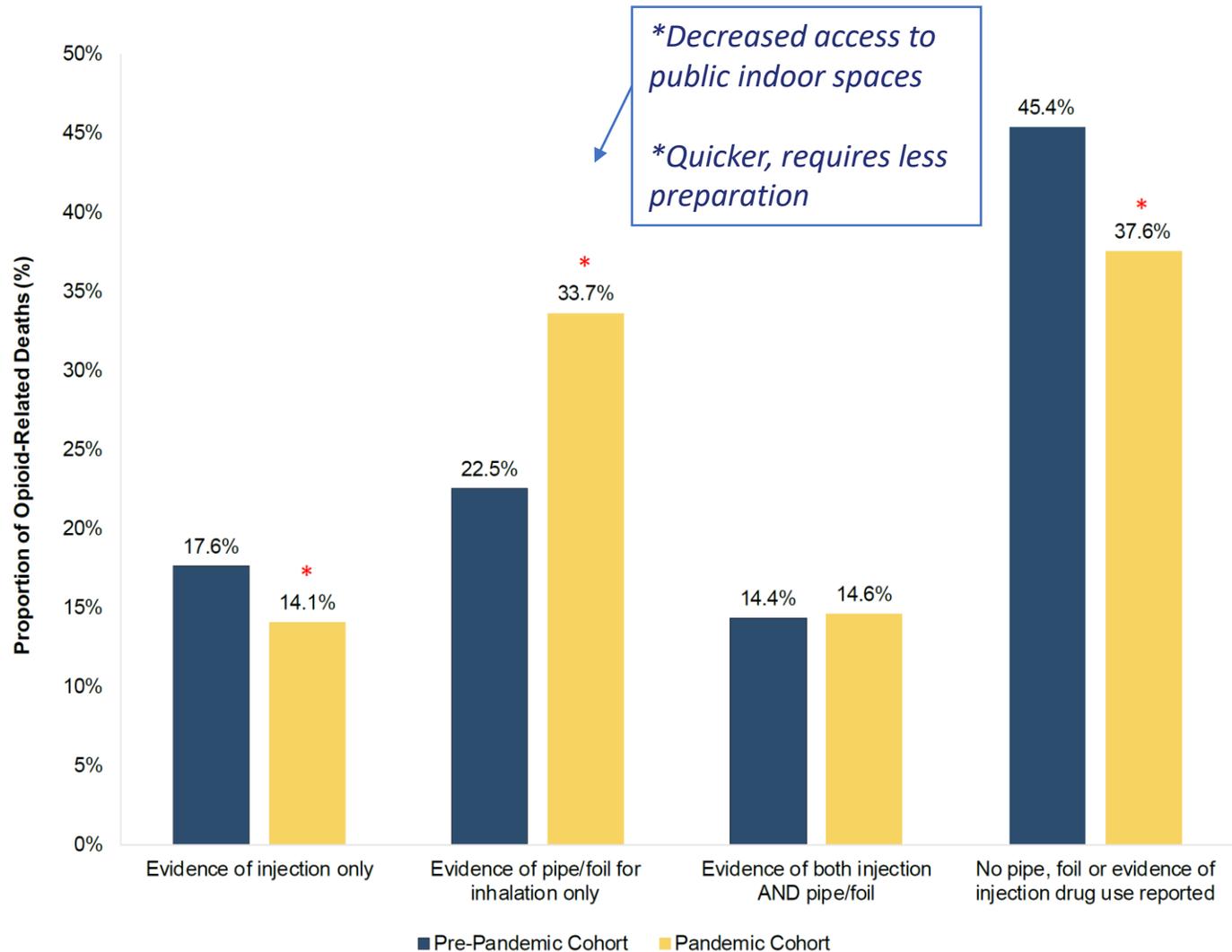
# Not a crisis of opioids alone...

## Other drug involvement in opioid-related deaths

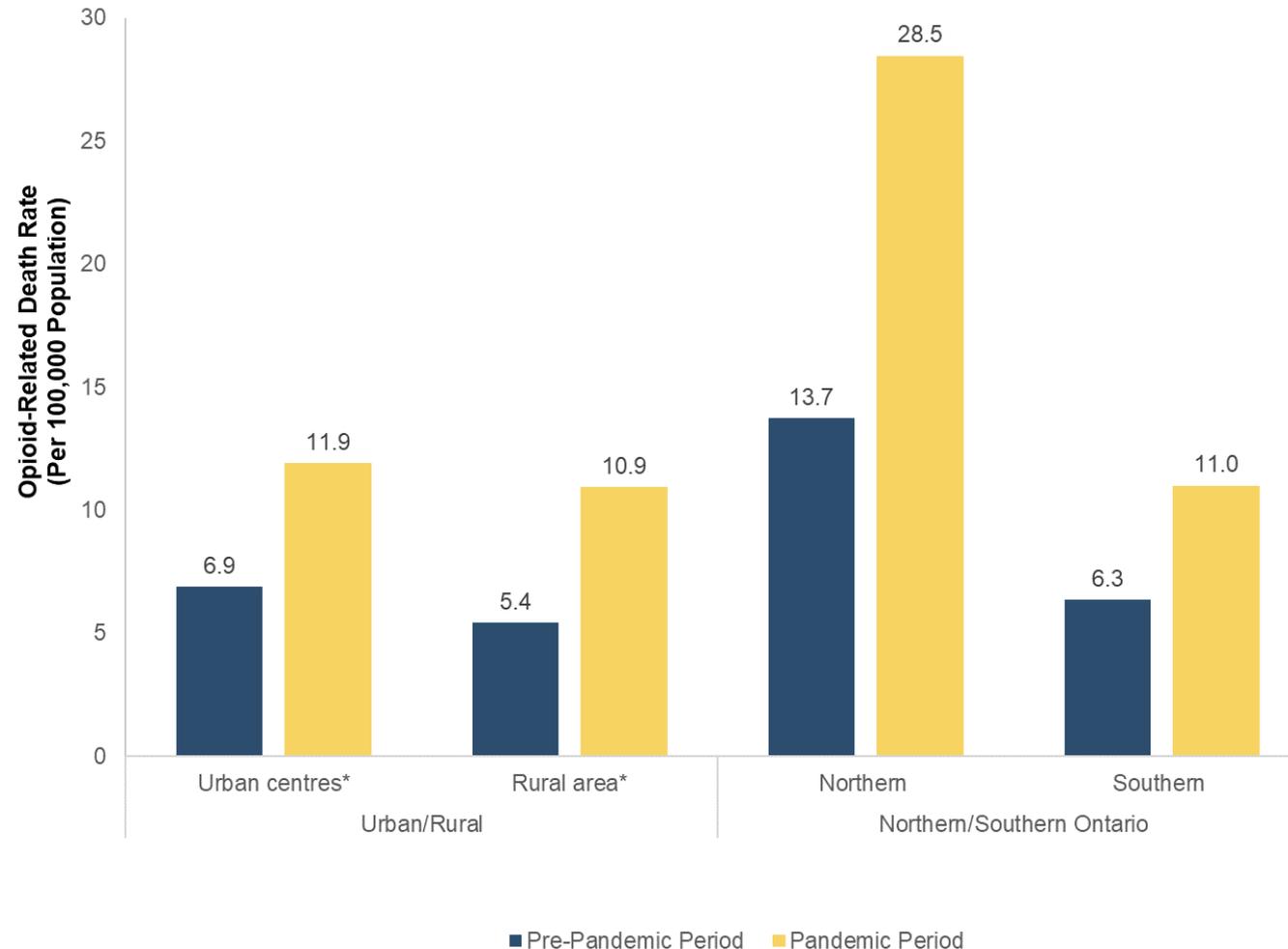


# Mode of Drug Use

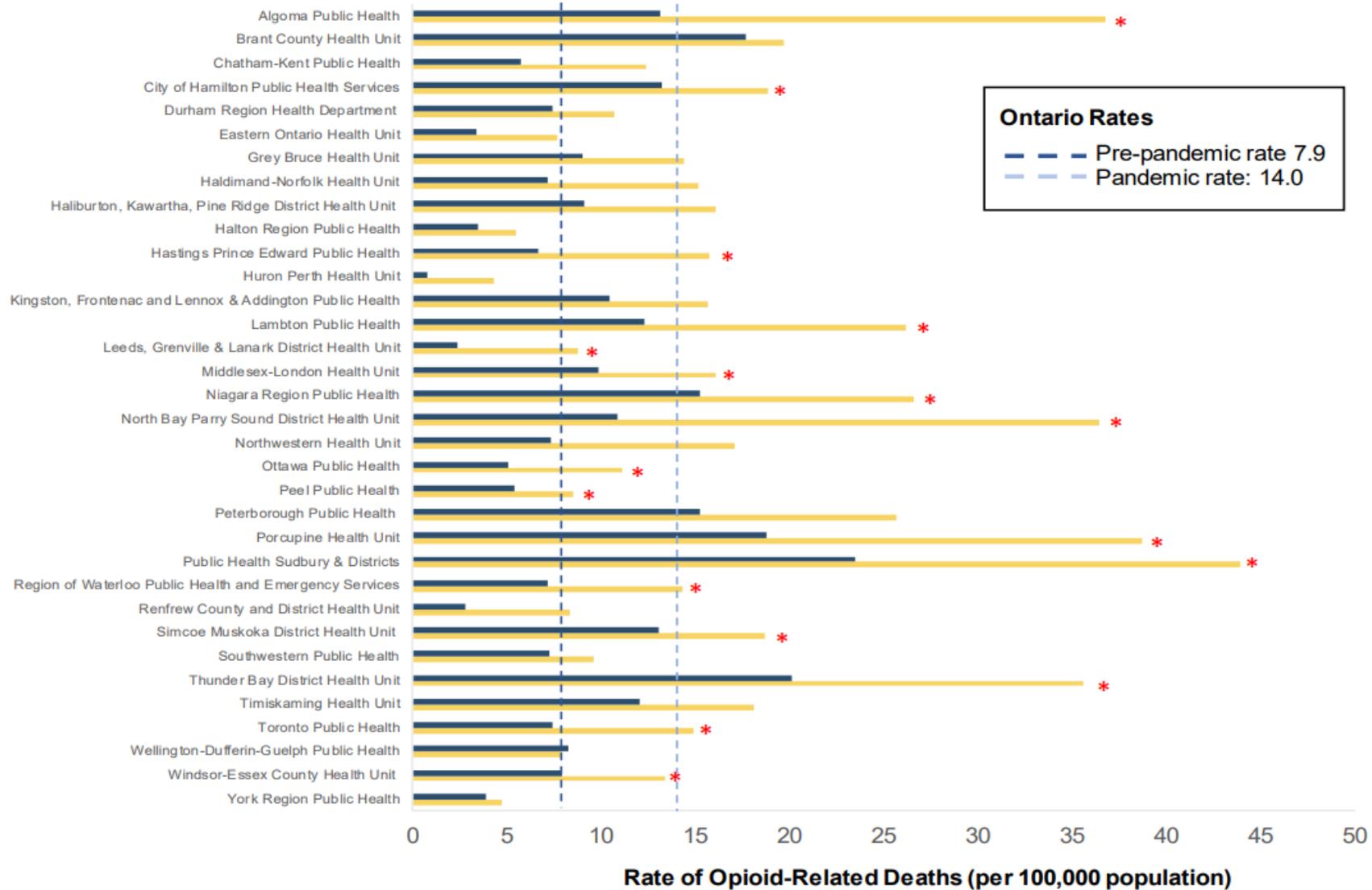
## Likely mode of drug use based on coroner's investigation



# Opioid-related death rates similar in rural and urban parts of province, and much higher in Northern Ontario



# Opioid-related Death Rates by Public Health Unit

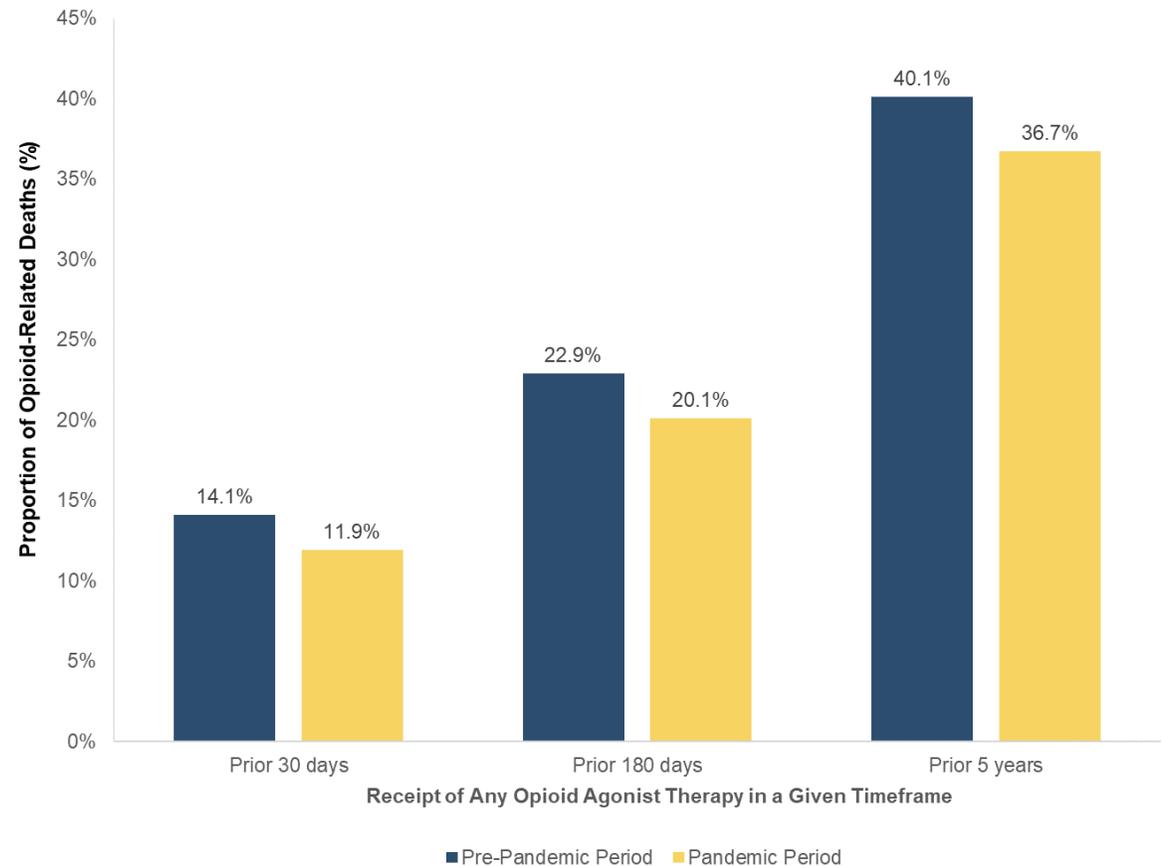


# Despite high prevalence of Opioid Use Disorder, only 37% of people had received OAT in prior 5 years

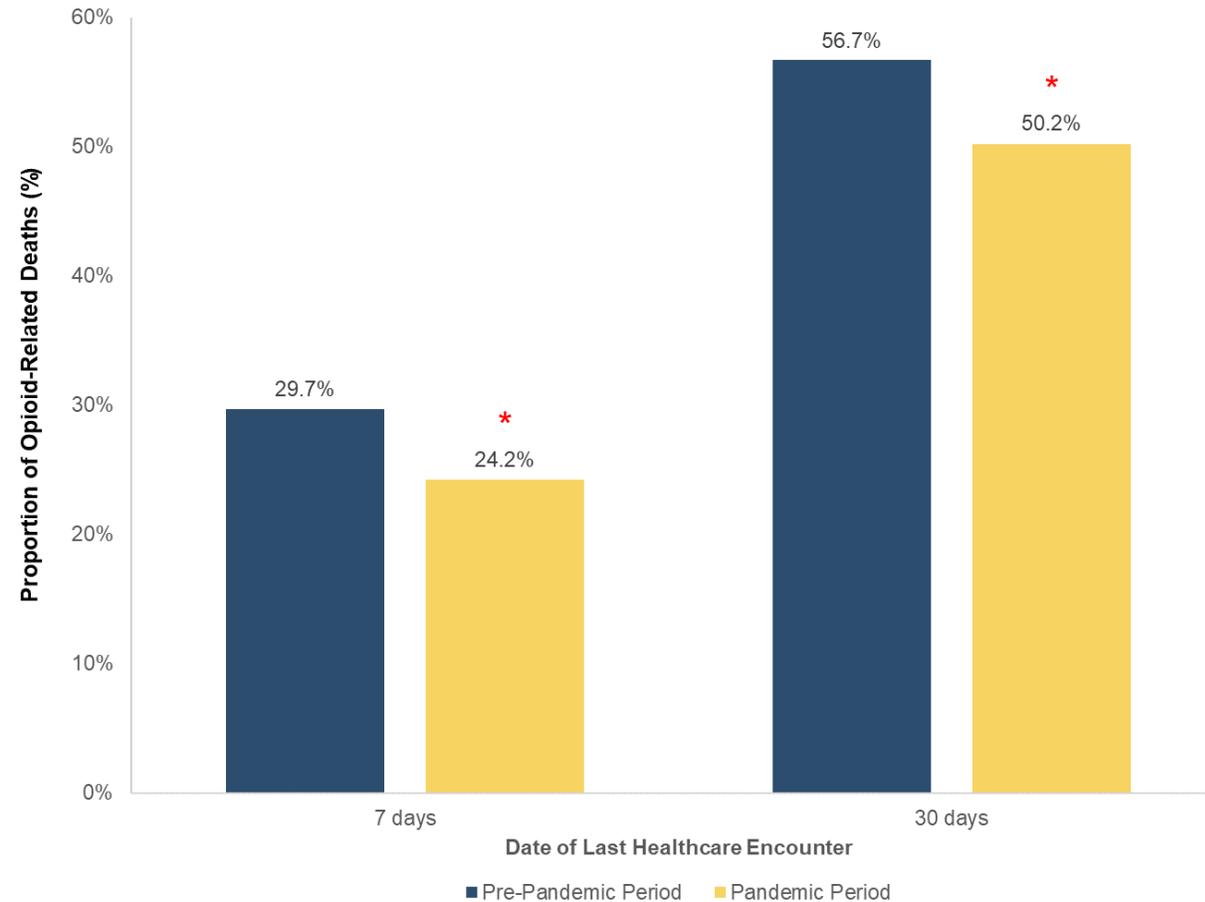
**2 in 3**

deaths occurred among people with a prior healthcare encounter related to opioid use disorder (OUD)

*Recent Receipt of OAT prior to death*



# 1 in 4 people interacted with healthcare system in week before opioid toxicity death during pandemic



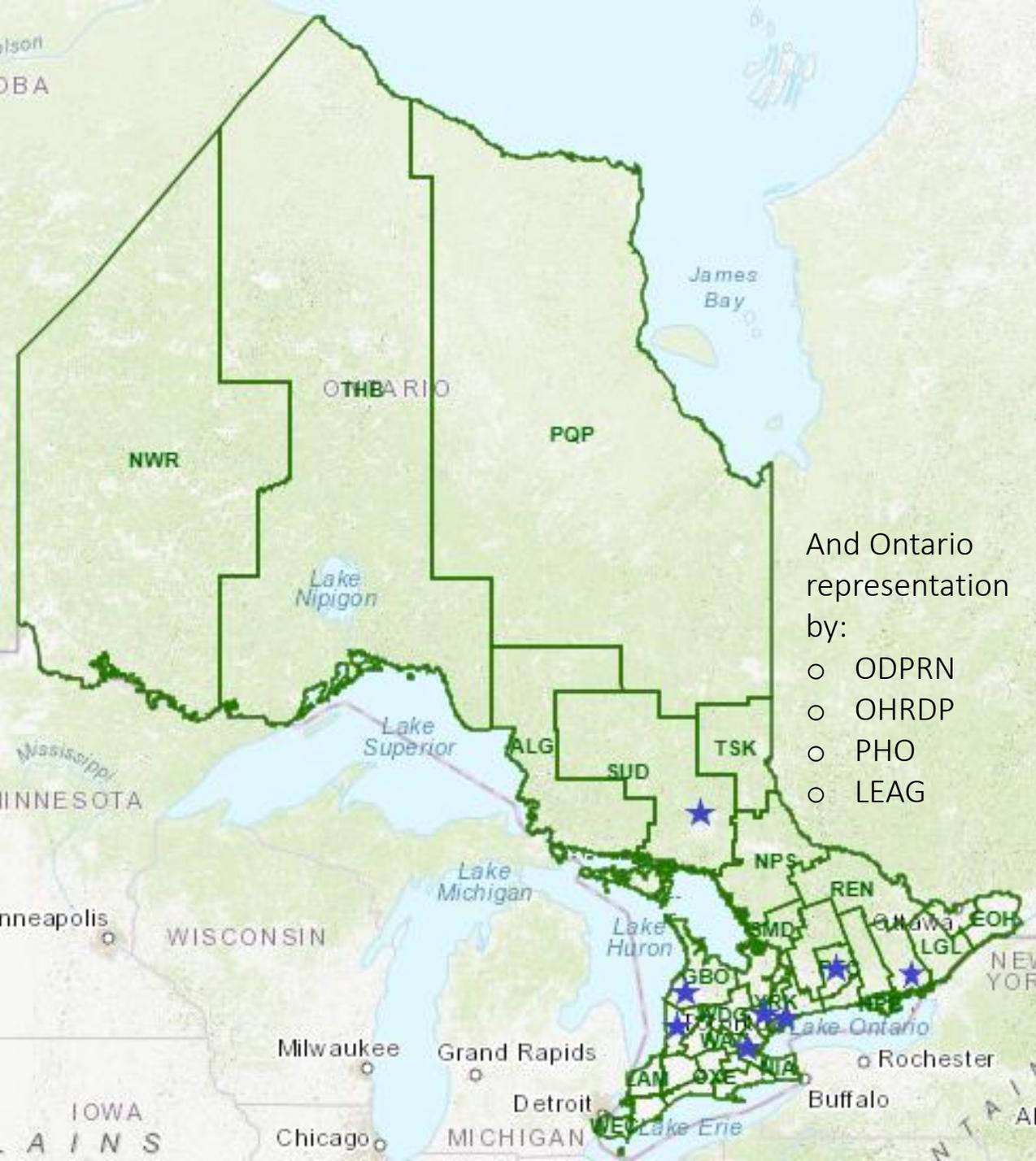
\* Red asterisk indicates statistically significant difference between pre-pandemic and pandemic periods ( $p < 0.05$ ).

# Impact and implications

- **Rapid mobilization of multi-pronged approach**
  - Volatile drug supply
  - Polysubstance use
- **Improvements to OAT and Harm Reduction**
  - Low-barrier access and variety of **treatment and harm reduction** options
  - Adaptation to changing drug consumption patterns
- **Integration into all health settings**
  - Missed opportunity to meet the needs of people at risk for overdose in multiple settings

# Working together to address the opioid toxicity crisis

Public Health Ontario's call out for a Locally Collaborative Driven Project inspired PHU's and harm reduction services across the province to come together



And Ontario representation by:

- ODPN
- OHRDP
- PHO
- LEAG

# LDCP Team

Core Project Team	Knowledge User & Advisor Team
KFL&A Public Health	Hamilton Public Health
Ontario Drug Policy Research Network (ODPRN)	Grey Bruce Health Unit
Toronto Public Health	Huron Perth Public Health
	ODPRN's Lived Experience Advisory Group (LEAG)
	Ontario Harm Reduction Distribution Program (OHRDP)
	Peel Public Health
	Peterborough Public Health
	Public Health Ontario
	Public Health Sudbury & Districts

# Project Objectives

How has harm reduction service delivery changed within each PHU region in Ontario since 2017?

What is the relationship of these changes to opioid-related morbidity and mortality over the course of the COVID-19 pandemic?

# Indicators

Harm Reduction Service Delivery Indicators	Data Source
Needles provided	<a href="#">Ontario Opioid Indicator Tool by ODPRN</a>
Naloxone doses provided	<a href="#">Ontario Opioid Indicator Tool by ODPRN</a>
Foils provided	<a href="#">Ontario Opioid Indicator Tool by ODPRN</a>
Individuals dispensed Opioid Agonist Therapy (OAT)	<a href="#">Ontario Opioid Indicator Tool by ODPRN</a>
Opioid-related Morbidity and Mortality Indicators	
Emergency department (ED) visits	<a href="#">Interactive Opioid Tool by Public Health Ontario</a>
Opioid toxicity deaths	<a href="#">Interactive Opioid Tool by Public Health Ontario</a>



# Find your region

Is it what you were expecting?

# Findings

## 2016 to 2021

- ED visits have steadily increased in Ontario, and all HU regions since 2016
- Opioid-related deaths have increased in all but one health unit regions since 2016
- Individuals on OAT: no major changes. Slight or modest increase in most PHU regions since 2016
- Naloxone provided: Increased in all PHU regions since 2016. 28,222 provided in 2016 and 1,079,452 provided in 2021.
- Needles provided: Variation between regions.
- Foils provided: Increased in most HU regions since 2019 (declined in 1)

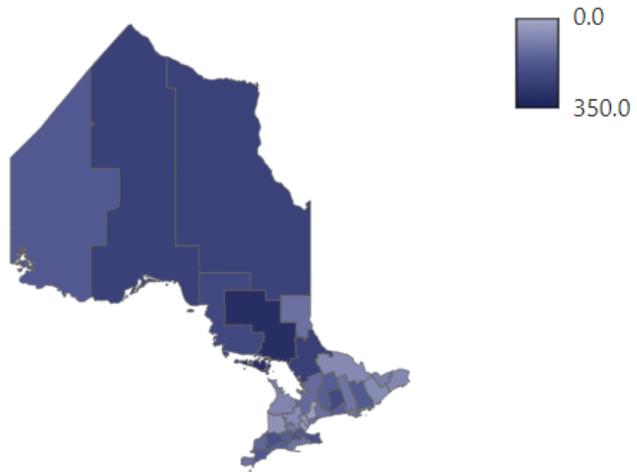
CHANGES OBSERVED	FOILS	NEEDLES	NALOXONE	OAT	OPIOID-RELATED ED VISITS	OPIOID-RELATED MORTALITY
Ontario trends	Increased	Similar	Increased	Similar	Increased	Increased
# HUs Increased by 10% or greater	30	8	27	2	29	23
# HUs Remained Similar	2	11	4	32	5	8
# HUs Decreased by 10% or greater	2	15	3	0	0	3

## Key Findings (2020 vs 2021)

Denominator: 34 (total number of health unit regions)

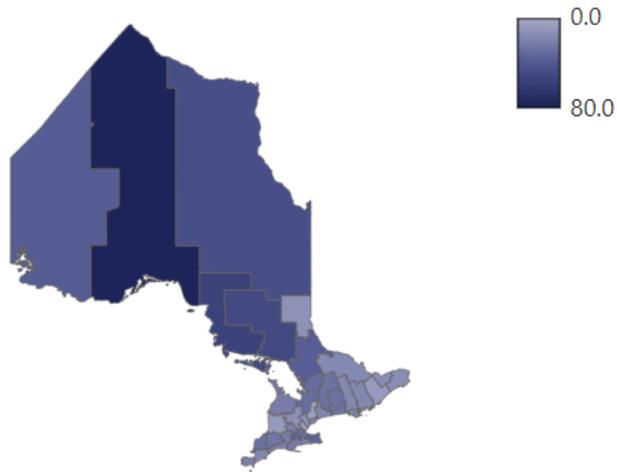
**ED Visits (per 100,000)**

Ontario rate: 114.0



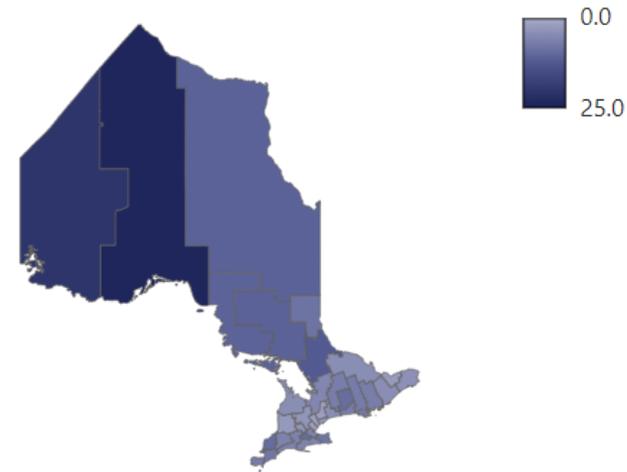
**Deaths (per 100,000)**

Ontario rate: 19.4



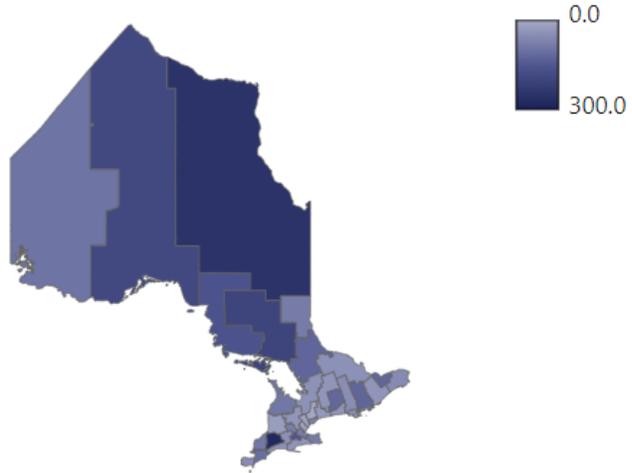
**Individuals on OAT (per 1,000)**

Ontario rate: 4.6



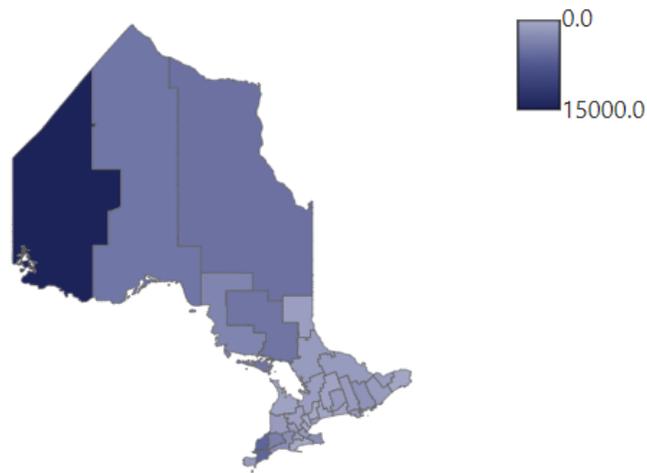
**Naloxone Doses Provided (per 1,000)**

Ontario rate: 72.7



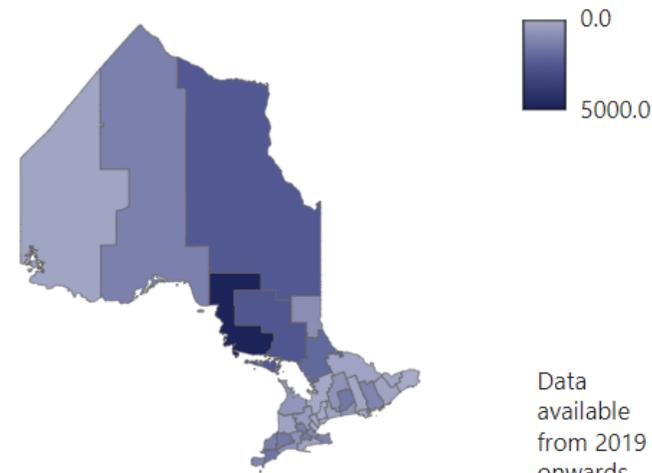
**Needles Provided (per 1,000)**

Ontario rate: 1,389.5



**Foils Provided (per 1,000)**

Ontario rate: 548.0



Data available from 2019 onwards.

# Limitations

Findings not inclusive of all harm reduction supports (e.g. bowl pipes, straws)

Data does not assess unmet needs

Unable to draw causal relationships between changes and impact

*Given the limitations, this tool is intended to be one piece of evidence that sits within a broader body of evidence, to inform future planning of policy development and program delivery*

# Community changes, regional data and its usefulness

*-Jes's Perspective*



## You are invited to:

Share the snapshots and report  
with your organizations and  
networks

Use findings for advocacy and  
situational awareness



## LDCP group initiatives:

MPH project: Innovations in  
service delivery

CCSA 2023

Moving the  
findings into  
action

How do you  
see yourself  
using these  
findings?

Poll:

Advocacy

Situational Awareness

Share with Colleagues

Program Planning

Improve Policies

The Snapshots:

Coming soon: report and infographic

## Where to find the snapshots

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