



# Opioids Crisis Update

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# Objectives

1. Increased awareness of the current situation regionally and locally.
2. Increased awareness of provincial strategy announcements.
3. Increased awareness of the work that has happened locally and continues to happen.



# Around Our Region

## Kingston

- Increase in Heroin since late spring, early summer – has been link to increases in overdoses
- Lab confirmation of Carfentanil (September)

## Ottawa

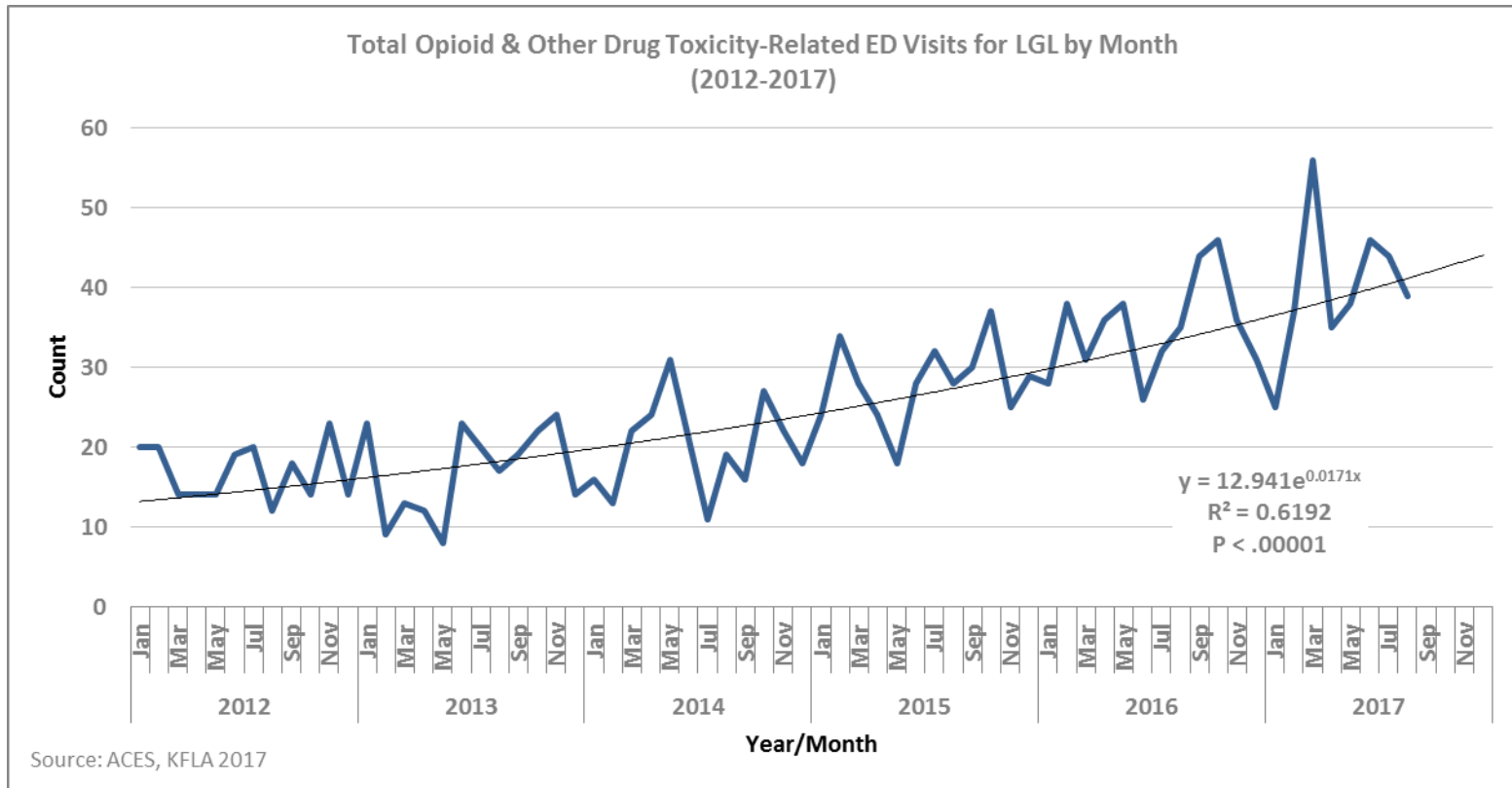
- Opening of the a temporary Safer Injection Site
- Opening of a POP Up Overdose Prevention Site
- Carfentanil confirmation (October)



# Locally What's Going On

- Reports of increased heroin use, possibly contaminated with Fentanyl
- Increased reporting of ODs from heroin since the beginning of the year.
- 3 Health Canada confirmations of cocaine contaminated with Fentanyl.
- Hydromorphone and morphine use still most used.
- Crystal meth being injected (Leeds/ Grenville)

# Total Opioid & Other Drug Toxicity Related ED Visits for LGL

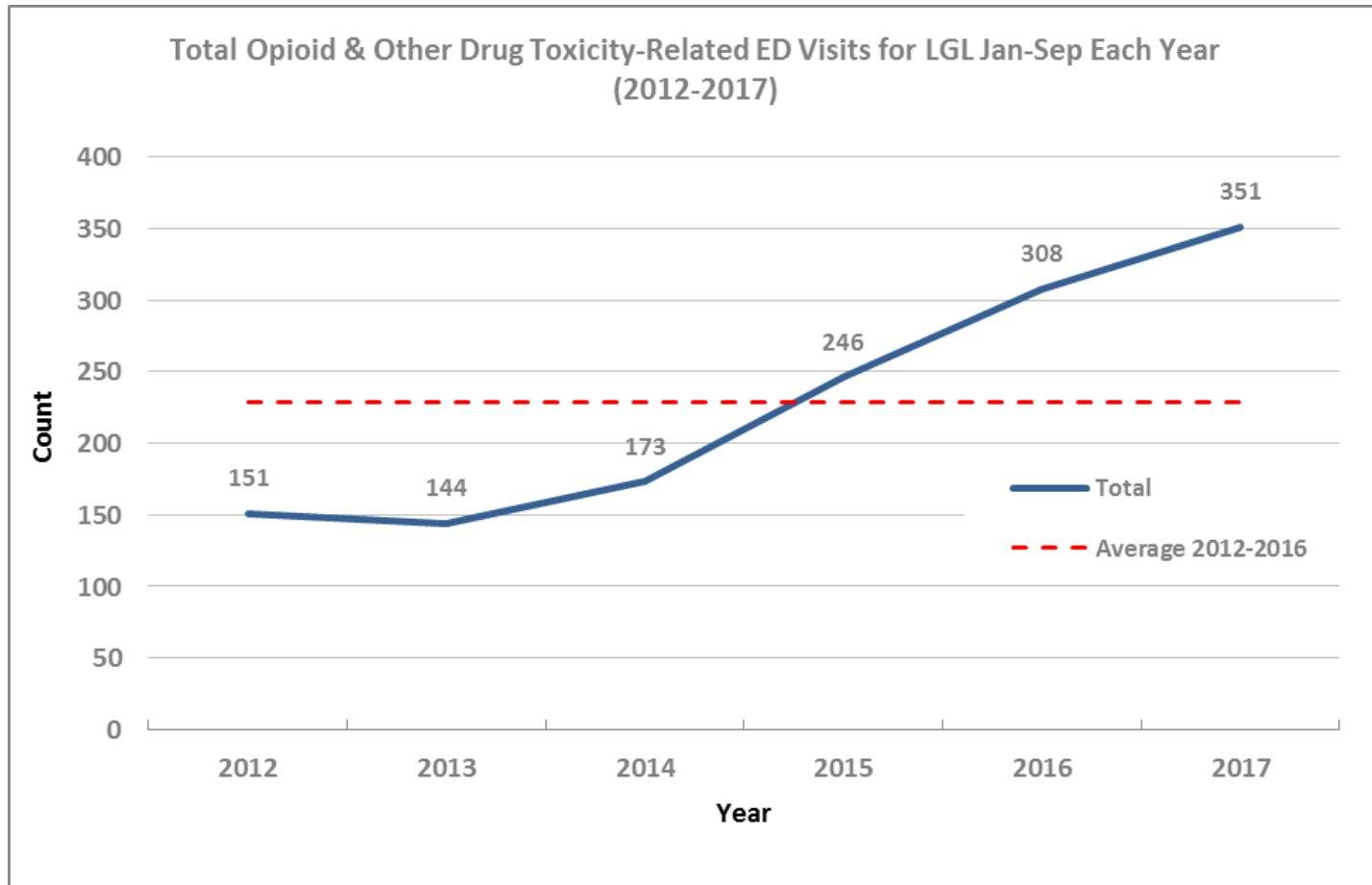


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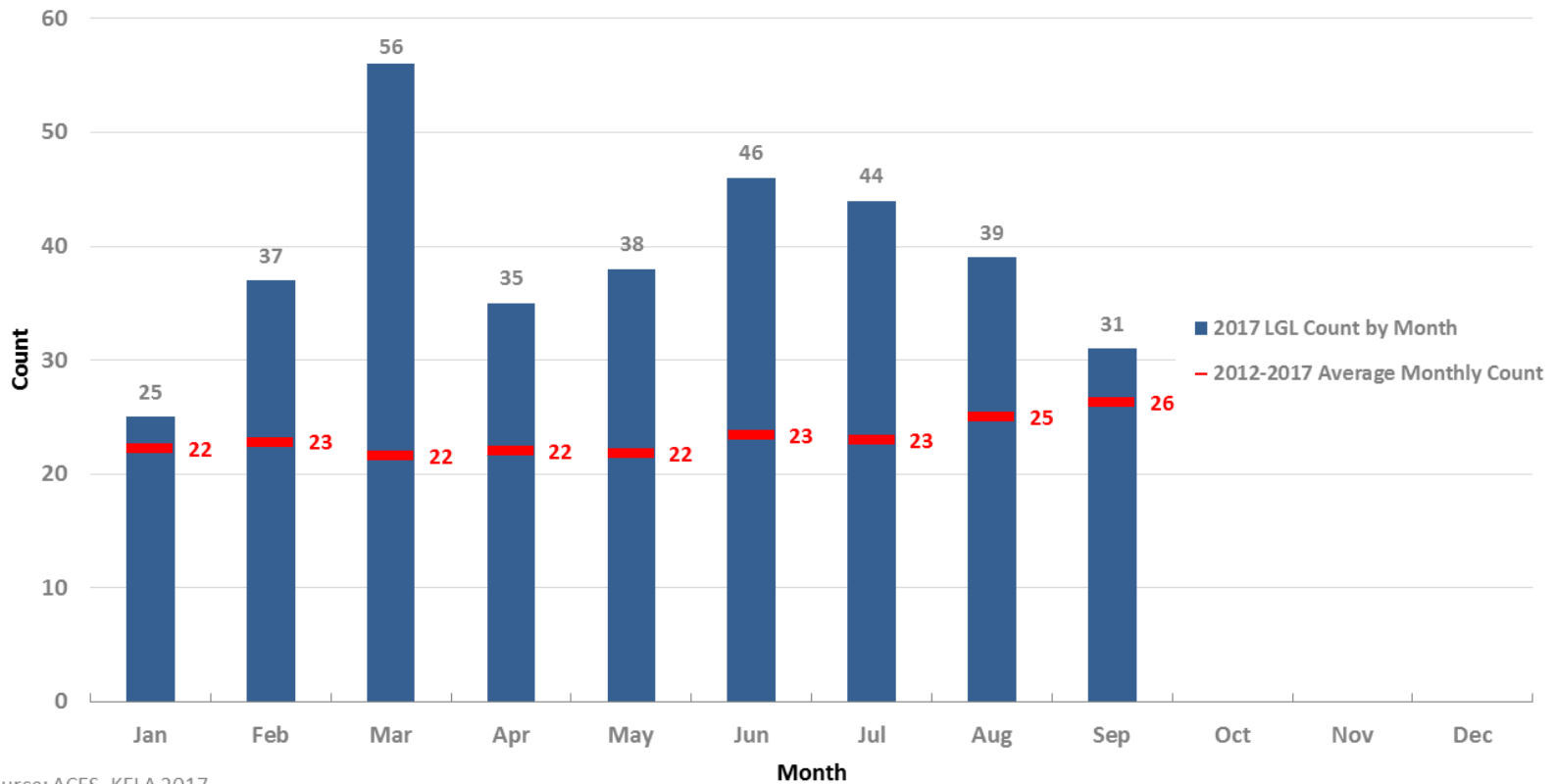
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# Opioid & Other Drug Toxicity Related ED visits for Jan – Sept By Year



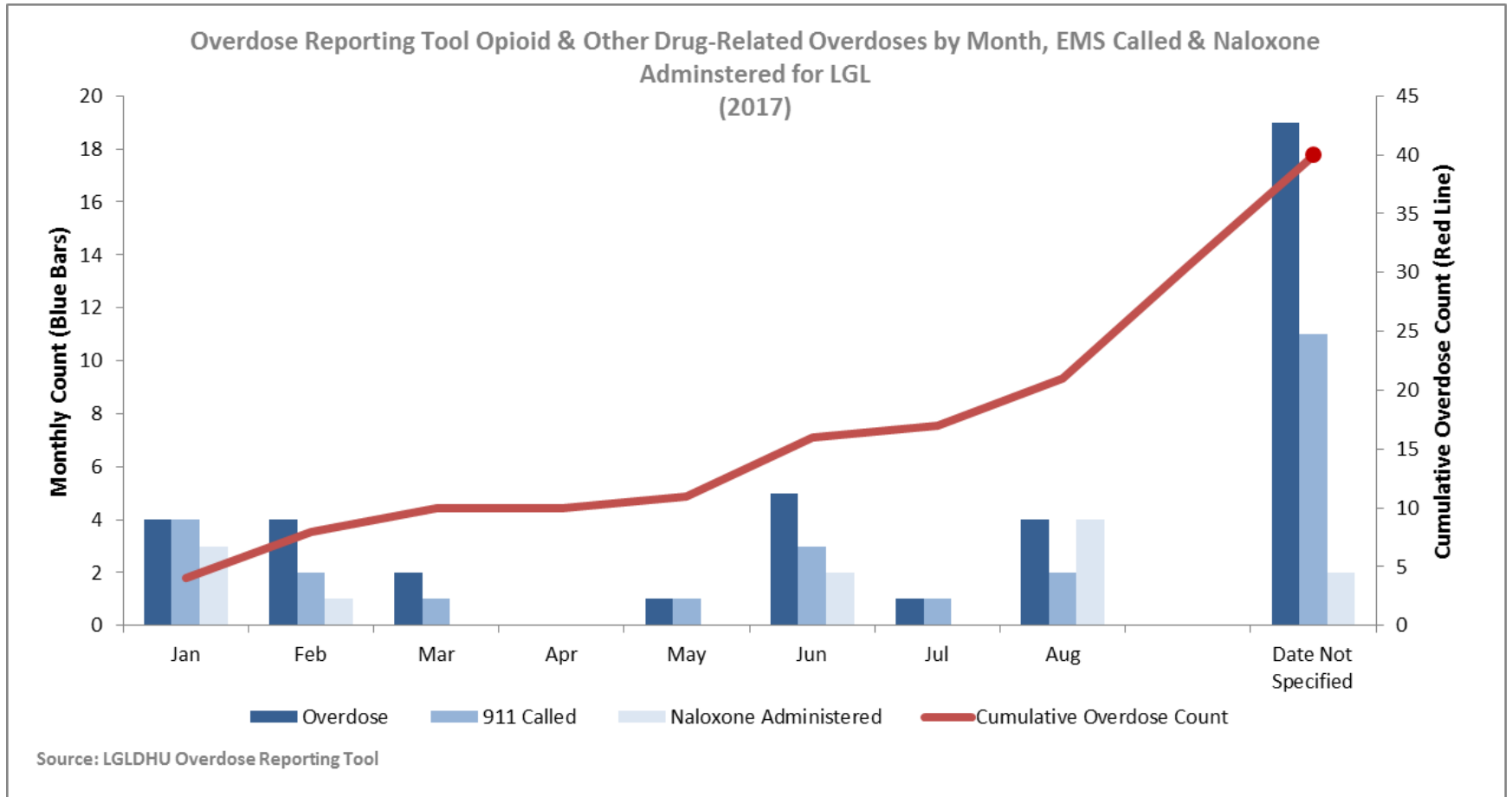
# Total & Average Opioid & Other Drug Toxicity ED Visits By Year & Month

Total & Average Opioid & Other Drug Toxicity-Related ED Visits for LGL by Year and Month (2017)



Source: ACES, KFLA 2017

# Overdose Reporting Tool by Month





# Provincial Announcements

- Funding for harm reduction workers – HU received \$150,000 ~ Aug 2017
- Addition of 220 million dollars over 3 years ~ Sept 2017
- Opioid Emergency Taskforce ~ October 2017
- Activation of Ministry Emergency Operations Centre ~ Last Week



# Local Community Opioid Response Plan

- Led by the Community Harm Reduction Steering
- Working on it since early this year
- Based in the 4 pillar approach; Prevention, Harm Reduction, Treatment and Enforcement



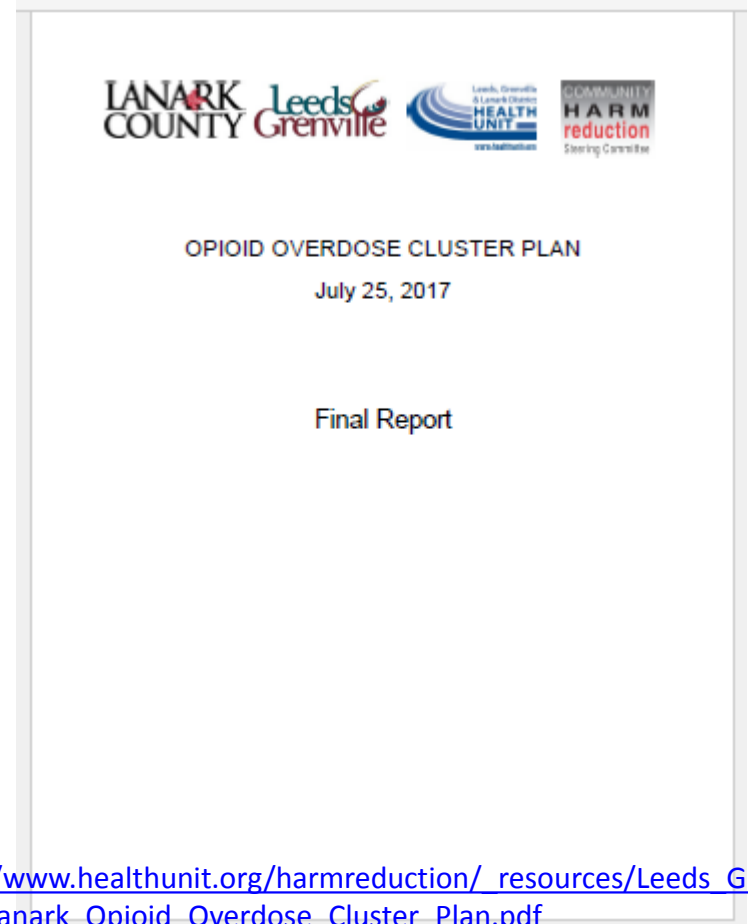
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# Local Community Opioid Response Plan

- 2 main objectives were identified:
  - Develop a mass causality plan
  - To plan and develop a broader community wide response plan



[http://www.healthunit.org/harmreduction/resources/Leeds Grenville Lanark Opioid Overdose Cluster Plan.pdf](http://www.healthunit.org/harmreduction/resources/Leeds_Grenville_Lanark_Opioid_Overdose_Cluster_Plan.pdf)



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# Opioid Overdose Cluster Plan

**Municipalities effectively prepare for, respond to, and recover from a cluster of opioid overdoses**

- Developed by Emergency Coordinators in Lanark and Leeds Grenville with Health Unit and First Responder Partners
- Uses Community Control Group and IMS key positions



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# Assumptions

## A cluster of overdoses in a town or in a rural area may occur

- **Emergency Medical Services, Fire Departments, Police and Hospitals** - *emergency response plan to deal with multiple casualties.*
- **Municipalities** - *public will expect a response*
- **United Counties** - *communication and other resources to support municipalities*
- **Public Health Unit** - *communication support and enhance naloxone distribution*

# Cluster Plan: Preparation

- Municipal Emergency Control Group (EMCG) aware of plan
- Medical Officer of Health – aware of plan, communications
- Health Unit - monitoring & communicating risk
- First responders prepared
  - EMS – dispatch centre, multiple casualties plan, increased naloxone,
  - Fire – dispatch centre, CPR, airway support, naloxone
  - Police – dispatch centre, OPP and some local police will have naloxone
- Hospital Response – multiple casualty plan, notify MOH
- Community naloxone distribution
- Risk communication plan



# Cluster Plan: Response

- **Incident response**

- First responders
- Hospital

- **Notification**

- EMS Chief notifies County CEMC
- County CEMC notifies MOH and municipal CEMC
- Municipal CEMC and MOH will decide whether CCG is activated



# Cluster Plan: Response

## Municipal/MOH Response (with County assistance)

- Coordinate public communications
- Support coordination of first responders and health services as needed
- Coordinate distribution of naloxone to those at risk by Health Unit
- Communicate cluster information to key stakeholders
- Identify mental health support needed





# Cluster Plan: Recovery

- **Organizations**
  - support employees, risk of PTSD
- **Individual, family, friend support**
  - refer to community resources
- **Debriefing**



# Community Opioid Response Plan

## Prevention

- Working with Adult Allies
- Developed a presentation for community to use
- Worked with the school board to get prevention messaging out to teachers

## Harm Reduction

- Naloxone Poster for Emergency Room
- Naloxone Distribution at ER in Perth & SF
- Film Screening of “The Stairs Documentary”
- Peer Engagement Project

## Treatment

- Increasing Suboxone availability (physician mentoring, rapid access through ERs)
- Promoting existing program such Echo for Health care providers to access
- Explore at home detox (Look to Cornwall protocol)

## Enforcement

- Call 911 campaign
- Good Samaritan Law Education

# Next Steps

- How can the MDS and the Community Harm reduction Steering Committee work together?
- How can we integrate the 2 worlds to have a stronger presence in LGL?



# Health Unit Contact Information

*Visit our website:*

**[www.healthunit.org](http://www.healthunit.org)**

*Email us at:*

**[contact@healthunit.org](mailto:contact@healthunit.org)**

*Call the Health ACTION Line:*

**1-800-660-5853**

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