ONTARIO’S STRATEGY TO PREVENT OPIOID ADDICTION AND OVERDOSE

Sean Court
Director, Strategic Policy Branch
Ministry of Health and Long-Term Care
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Strategy to Prevent Opioid Addiction and Overdose: Overview

- On October 12, 2016, Dr. Eric Hoskins, Minister of Health and Long-Term Care, announced the government’s plan to address the rise in opioid addiction and overdose by improving access to quality addiction services and interdisciplinary pain management teams.
- On August 29, 2017, the ministry announced new investments of over $222M over three years for programs to provide better access to short- and long-term addictions treatment and supports, help people in pain get appropriate treatment, and improve the safety and health of people who are addicted to opioids.

Appropriate Pain Management and Opioid Prescribing

- Modernizing opioid prescribing practices to ensure that Ontarians can access appropriate treatment for acute and chronic pain.

Treatment for Opioid Use Disorder

- Improving access to high-quality treatment services and supports that will help people manage their addictions and lead healthy, productive lives.

Harm Reduction

- Reducing the harms associated with drug use, preventing opioid overdose, and improving health outcomes for people who use drugs.

Surveillance and Public Reporting and Education

- Improving the quality of available opioid data, using it to support timely a timely response, and providing Ontarians with information on opioids, addiction, and harm reduction.

WHO ARE WE FOCUSING ON?

New and existing patients being prescribed opioids for pain:
- Require non-pharmacological supports and non-opioid options, and tapering if appropriate, if already on high-dose opioids.

Patients dependent on prescribed opioids:
- Require tapering or opioid replacement therapy, addictions counseling and pain management support.

People seeking treatment for opioid use disorder:
- Require comprehensive supports, including opioid replacement therapy, addictions and mental health counselling, aftercare and case management support.

People who use drugs that do not want, are unable, or are not ready to seek treatment:
- Require harm reduction programs, including naloxone, supervised injection services, and outreach.

* A note on focus areas and system supports:
These groups are not mutually exclusive - they exist on a continuum. Individuals may require multiple or different system supports over time.
What The Opioid Strategy Is Working Toward

Through the Opioid Strategy, the ministry is working to create a system where individuals will receive better and faster care, regardless of where and how they access services, across the continuum of need.
Appropriate Pain Management and Opioid Prescribing

• The ministry has tasked Health Quality Ontario (HQO) to, in collaboration with system partners such as the regulatory colleges and health professional associations, to implement an integrated continuing education and professional development (CPD) model focused on appropriate opioid prescribing for pain management and opioid use disorder.

• CPD model objective is to help clinicians in Ontario do the following:
  ✓ Reflect on and assess patients currently being prescribed opioids and where appropriate, consider tapering or other options for care
  ✓ More effectively help patients manage pain and opioid use disorder and reduce new starts

• Minimum set of educational and practice supports available to all providers with additional targeted supports prioritized for providers with the highest prescribing rates and/or most significant need.
Opioid Emergency Task Force

• On October 4, Ontario announced the establishment of an Opioid Emergency Task Force.

• The Task Force will bring together clinical and health system experts, people who work on the front lines, and people who have lived experience with opioid addiction.

• The Task Force will help to ensure those closest to the crisis are providing critical insight about what is happening on the ground to support the government’s coordinated response to emerging challenges and the implementation of the Opioid Strategy.

• The Task Force will also advise the government on a robust and targeted public education campaign to raise awareness about the risks associated with opioid use and how people can protect themselves and their loved ones against the harms associated with addiction and overdose.

• The Task Force will meet on a regular basis over the next year, beginning in November 2017.
Appendices
## Opioid Strategy: Progress to Date

<table>
<thead>
<tr>
<th>2016-17</th>
<th>SPRING/SUMMER 2017</th>
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<tbody>
<tr>
<td>✓ Convened the Methadone Treatment and Services Advisory Committee to seek expert advice on addressing the opioid crisis in Ontario.</td>
<td>✓ Improved naloxone access for at-risk populations by completing implementation of the take-home naloxone program in all provincial correctional institutions.</td>
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<td>✓ Released the final report of the Committee with key recommendations for service improvements.</td>
<td>✓ Worked with the College of Nurses of Ontario (CNO) to enable Nurse Practitioner prescribing of buprenorphine/naloxone to improve access to high-quality opioid use disorder treatment.</td>
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<td>✓ Increased access to buprenorphine/naloxone by rescheduling to a General Benefit on the Ontario Drug Benefit (ODB) Formulary.</td>
<td>✓ Supported access to life-saving harm reduction by committing to fund one SIS in Ottawa.</td>
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<td>✓ Instituted stricter controls on prescribing and dispensing fentanyl by expanding the Patch for Patch program.</td>
<td>✓ Increased access to high-quality pain management through additional investment in multi-disciplinary hospital-based pain management services.</td>
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<td>✓ Supported appropriate prescribing through a pilot to expand health care provider access to patient dispensing histories.</td>
<td>✓ Announced additional funding to enhance referral pathways for treatment of back pain and other bone and joint conditions.</td>
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<td>✓ Supported opioid overdose surveillance and monitoring by designating Dr. David Williams, Chief Medical Officer of Health, as Provincial Overdose Coordinator.</td>
<td>✓ Enhanced opioid-repeated surveillance and reporting by mandating weekly ED overdose reporting and launching the online Interactive Opioid Tool.</td>
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<td>✓ Delisted high-strength, long-acting opioids from the ODB formulary.</td>
<td>✓ Hosted the Mayors’ Meeting on Opioids.</td>
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<td>✓ Supported municipalities in applying for SISs by developing a provincial framework for SISs.</td>
<td>✓ Announced funding for new staff at Public Health Units to support opioid response capacity and expand access to naloxone.</td>
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**SPRING/SUMMER 2017**

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## Opioid Strategy: Enhancements And Planned Initiatives

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<th>FALL/WINTER 2017/18</th>
<th>2018/19</th>
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<td>➢ Support appropriate prescribing in primary care by <strong>working with Health Quality Ontario (HQO)</strong> to circulate practice reports for all primary care physicians.</td>
<td>➢ Increase funding to improve <strong>appropriate care and pathways to treatment</strong> for Indigenous communities.</td>
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<td>➢ Improve access to high-quality addictions treatment in communities of need through <strong>targeted outreach, training and prescribing support for interdisciplinary teams</strong> via the Centre for Addictions and Mental Health (CAMH).</td>
<td>➢ Provide <strong>developmentally appropriate care for youth through dedicated funding</strong>.</td>
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<td>➢ Improve physicians’ capacities to treat addictions and pain through <strong>mentorship</strong> opportunities for all physicians via the Ontario College of Family Physicians (OCFP).</td>
<td>➢ Improve ease of use for clients, and ensuring consistency in Ontario’s naloxone programs, by <strong>exploring options to add intranasal naloxone</strong> to the Ontario Naloxone Program for Pharmacies (ONPP).</td>
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<td>➢ New LHIN funding to <strong>increase treatment capacity and access to addictions services</strong>.</td>
<td>➢ <strong>Enhance provider capacity for appropriate pain management</strong> through the development of a <strong>new evidence-based training module</strong> for all providers who prescribe or dispense opioids.</td>
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<td>➢ <strong>Improve access to harm reduction and needle exchange/syringe programs</strong> by increasing funding to meet demand for supplies.</td>
<td>➢ Make take-home naloxone available to additional at-risk individuals by <strong>distributing naloxone through EDs</strong>.</td>
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<td>➢ Support appropriate prescribing through <strong>additional funding for provider education, training and supports, including targeted outreach</strong> for high prescribers.</td>
<td>➢ <strong>Release two new HQO quality standards</strong> to support appropriate prescribing for chronic and acute pain.</td>
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<td>➢ Connect with vulnerable populations with harm reduction supports through <strong>new harm reduction outreach workers</strong>.</td>
<td>➢ <strong>Outline best practices for treating opioid use disorder</strong> by releasing new HQO quality standards.</td>
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<td>➢ Increase access to live-saving harm reduction services by <strong>expanding SISs in and outside Toronto and Ottawa</strong>.</td>
<td>➢ <strong>Provide Ontarians with information about safe use of opioids, overdose, and access to naloxone</strong> through public education.</td>
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<td>➢ <strong>Support appropriate prescribing by enhancing the information available to prescribers</strong> on patient dispensing histories at the point of care.</td>
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## Opioid Strategy: CPD Program Details

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| **Academic Detailing**                                | • 1:1 education for highest prescribers  
• Goal is to reach 1000 family physicians by 2019/20  
• Prioritizing 8 LHINs* to start based on prescribing patterns/existing AD capacity                                                                                                                                                                                                 |
| **Medical Mentoring for Addictions and Pain (MMAP) Network** | • Collaborative clinical mentorship and peer education to enhance the capacity of family physicians to provide comprehensive, quality care to patients with complex conditions involving addictions and pain                                                                                                                                               |
| **ECHO Chronic Pain and Opioid Stewardship and ECHO Mental Health and Addictions** | • Support primary care providers in the management of complex chronic pain and mental health and addictions patients, via weekly cased-based learning video-conferencing sessions                                                                                                                                 |
| **EMR Dashboard Toolkit**                              | • Help physicians identify patients at risk of inappropriate opioid use and improve medication management by identifying patients on high doses, duration of use, MMEQ ranges etc.  
• Peer leaders network and eConsult available for additional physician support                                                                                                                                                                                                 |
| **Multi-Modular Online Course**                       | • A definitive multi-modular online CPD course to promote effective pain management and appropriate opioid prescribing  
• To be developed in collaboration with CPD Ontario                                                                                                                                                                                                                               |
| **Digital Health Drug Repository**                    | • Provide clinicians with information about patients’ dispensed medication and pharmacy service histories at the point of care to support better informed clinical decision making about prescribing opioids and other medications                                                                                                                                 |
| **Addictions Outreach and Training**                  | • Provide targeted outreach, training, and prescribing support to care teams in communities of high need  
• Increase provider education and awareness of opioid dependence, support tapering of pain patients on high doses, and enhance addictions treatment capacity among interdisciplinary care teams                                                                                                                                 |
| **Primary Care Practice Reports**                     | • Confidential data/analytics about prescribing patterns for primary care physicians  
• Opioid data attributes/indicators have been added/highlighted                                                                                                                                                                                                                   |
| **Quality Standards**                                 | • Comprehensive evidence-based best practice guidelines for providers and patients in the following three topics: Opioid Prescribing for Acute Pain, Opioid Prescribing for Chronic Pain, and Opioid Use Disorder                                                                                                                                                           |