

ONTARIO'S STRATEGY TO PREVENT OPIOID ADDICTION AND OVERDOSE

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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

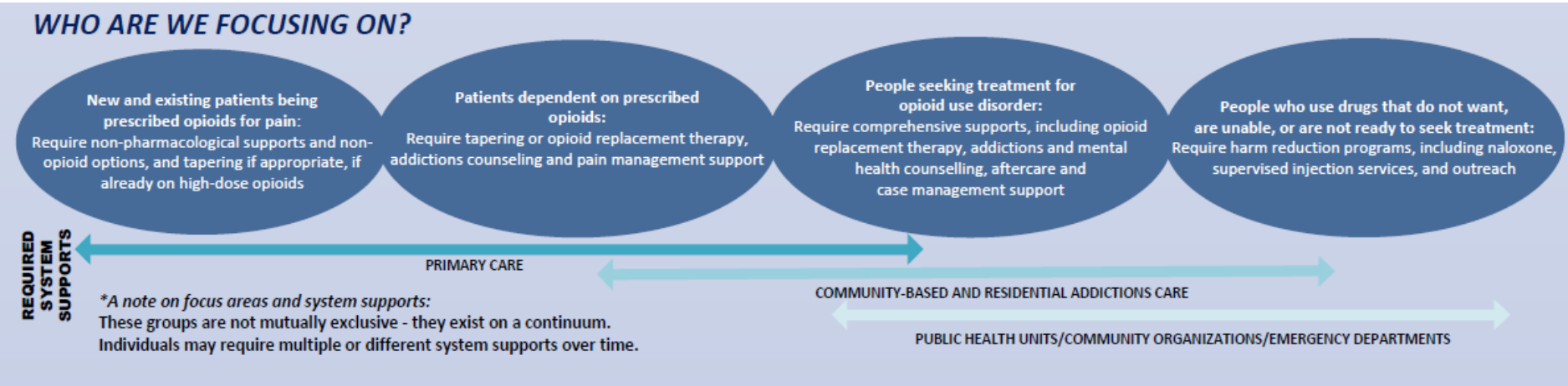
Improving access to high-quality treatment services and supports that will help people manage their addictions and lead healthy, productive lives.

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.

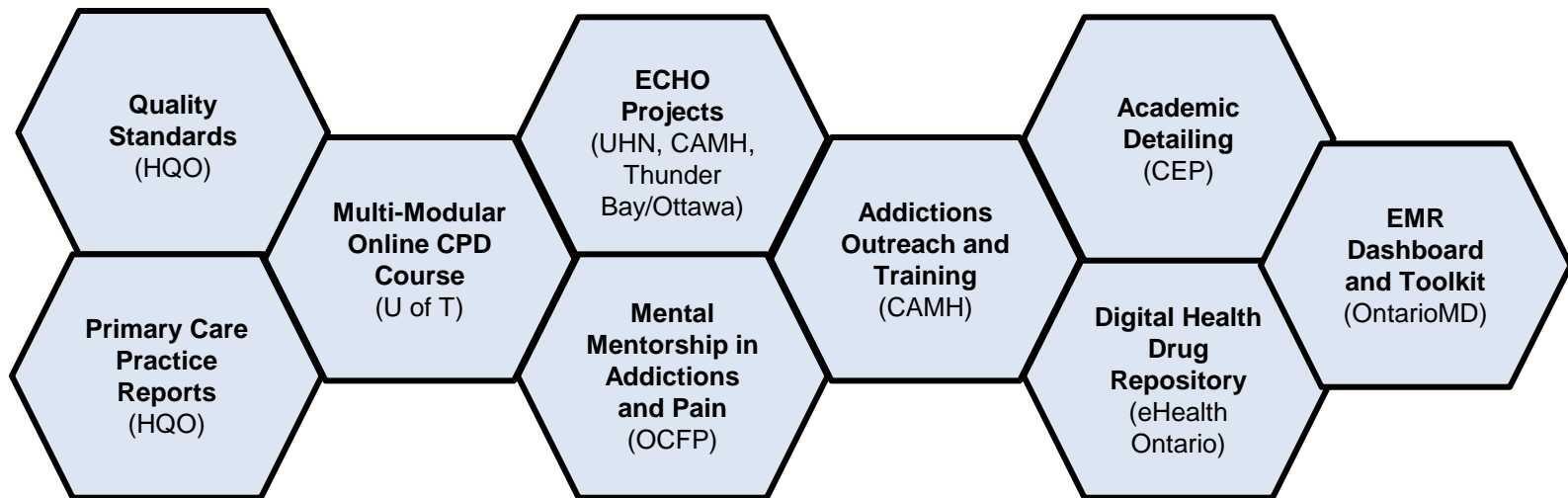


What The Opioid Strategy Is Working Toward

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

2016-17

SPRING/SUMMER 2017

- ✓ **Convened the Methadone Treatment and Services Advisory Committee** to seek expert advice on addressing the opioid crisis in Ontario.
- ✓ **Released the final report of the Committee** with key recommendations for service improvements.
- ✓ **Increased access to buprenorphine/naloxone** by rescheduling to a General Benefit on the Ontario Drug Benefit (ODB) Formulary.
- ✓ Instituted **stricter controls on prescribing and dispensing fentanyl** by expanding the Patch for Patch program.
- ✓ Supported appropriate prescribing through a **pilot to expand health care provider access to patient dispensing histories**.
- ✓ Supported opioid overdose surveillance and monitoring by **designating Dr. David Williams, Chief Medical Officer of Health, as Provincial Overdose Coordinator**.
- ✓ **Delisted high-strength, long-acting opioids** from the ODB formulary.
- ✓ Supported municipalities in applying for SISs by **developing a provincial framework for SISs**.
- ✓ Announced support for SISs, and **committed to funding Ontario's first three SISs** in Toronto.

- ✓ Improved naloxone access for at-risk populations by completing **implementation of the take-home naloxone program in all provincial correctional institutions**.
- ✓ 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.
- ✓ Supported access to life-saving harm reduction by **committing to fund one SIS in Ottawa**.
- ✓ Increased access to high-quality pain management through **additional investment in multi-disciplinary hospital-based pain management services**.
- ✓ Announced additional funding to **enhance referral pathways for treatment of back pain and other bone and joint conditions**.
- ✓ Enhanced opioid-repeated surveillance and reporting by **mandating weekly ED overdose reporting and launching the online Interactive Opioid Tool**.
- ✓ **Hosted the Mayors' Meeting on Opioids**.
- ✓ Announced funding for **new staff at Public Health Units to support opioid response capacity and expand access to naloxone**.

Opioid Strategy: Enhancements And Planned Initiatives

FALL/WINTER 2017/18

2018/19

- Support appropriate prescribing in primary care by **working with Health Quality Ontario (HQO) to circulate practice reports for all primary care physicians.**
- Improve access to high-quality addictions treatment in communities of need through **targeted outreach, training and prescribing support for interdisciplinary teams via the Centre for Addictions and Mental Health (CAMH).**
- **Improve physicians' capacities to treat addictions and pain through mentorship** opportunities for all physicians via the Ontario College of Family Physicians (OCFP).
- New LHIN funding to **increase treatment capacity and access to addictions services.**
- **Improve access to harm reduction and needle exchange/syringe programs** by increasing funding to meet demand for supplies.
- Support appropriate prescribing through **additional funding for provider education, training and supports, including targeted outreach** for high prescribers.
- Connect with vulnerable populations with harm reduction supports through **new harm reduction outreach workers.**
- Increase access to live-saving harm reduction services by **expanding SISs in and outside Toronto and Ottawa.**

- Increase funding to improve **appropriate care and pathways to treatment for Indigenous communities.**
- Provide **developmentally appropriate care for youth** through dedicated funding.
- Improve ease of use for clients, and ensuring consistency in Ontario's naloxone programs, by **exploring options to add intranasal naloxone to the Ontario Naloxone Program for Pharmacies (ONPP).**
- Enhance provider capacity for appropriate pain management through the development of a **new evidence-based training module for all providers who prescribe or dispense opioids.**
- Make take-home naloxone available to additional at-risk individuals by **distributing naloxone through EDs.**
- Release two **new HQO quality standards to support appropriate prescribing for chronic and acute pain.**
- **Outline best practices for treating opioid use disorder** by releasing new HQO quality standards.
- **Provide Ontarians with information about safe use of opioids, overdose, and access to naloxone** through public education.
- Support appropriate prescribing by **enhancing the information available to prescribers** on patient dispensing histories at the point of care.

Opioid Strategy: CPD Program Details

Program/ Support	Description
Academic Detailing	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Support primary care providers in the management of complex chronic pain and mental health and addictions patients, via weekly case-based learning video-conferencing sessions
EMR Dashboard Toolkit	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Confidential data/analytics about prescribing patterns for primary care physicians • Opioid data attributes/indicators have been added/highlighted
Quality Standards	<ul style="list-style-type: none"> • 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