HKLN
DRUG STRATEGY

Situational Assessment
of the Four Pillar Approach to Addressing the Drug Poisoning Crisis

in the County of Haliburton, City of Kawartha Lakes and Northumberland County

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In partnership with

Haliburton, Kawartha, Pine Ridge District Health Unit

Land Acknowledgement

We acknowledge that the County of Haliburton, City of Kawartha Lakes and Northumberland County are situated on the traditional territory of the Michi Saagiig and Chippewa Nations. This includes the territories of Treaty 20 and Williams Treaties. We respectfully acknowledge that these Nations are the stewards and caretakers of these lands and waters for all time and that they continue to maintain this responsibility to ensure their health and integrity for generations to come. We recognize the many harms done to Indigenous peoples and our collective responsibility to right those wrongs. We are all Treaty people.

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Disclaimer

In creating the content for this report, the authors employed by HKPR District Health Unit, engaged in research, analysis and synthesis of local data trends from a variety of sources.

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Executive Summary

The drug poisoning crisis has been many years in the making and is a growing public health issue. Contributing factors include historic prescription of opioids for clinical use, illegally produced synthetic opioids, numerous contaminants that make the unregulated supply unpredictable, and impacts of the COVID-19 pandemic.

This report provides a situational assessment of the four pillar approach used to address the drug poisoning crisis in the County of Haliburton, City of Kawartha Lakes and Northumberland County. The four pillars are **Prevention and Education**, **Treatment**, **Harm Reduction**, and **Community Safety**. The report describes the situation through various data sources, reviews programmatic actions by organizations working within the four pillars to address the drug poisoning crisis, and identifies recommendations for action.

Key Points

Prevention and Education

- Preventing people from using drugs is an important upstream approach and early intervention is key.
- Investment in programs that support families and address youth mental health are critical to reduce the risk of substance use disorders in adulthood.
- There is emerging evidence from several youth substance use prevention programs of their efficacy in stopping or delaying substance use.
- Engagement with schools and school boards increases potential reach and effectiveness of youth interventions.

Treatment

- Treatment can take place in community or in a residential setting.
- Effective treatment approaches need to consider multiple challenges faced by individuals with substance use disorders, including housing/homelessness and lack of access to health care.
- Comprehensive integrated treatment programs are required. This includes physicians, nurses, nurse practitioners, therapists, pharmacists and connections to social services.
- There are limited treatment options available in this Health Unit region and the availability of some treatment is also limited.

Harm Reduction

- A range of harm reduction programs and services are needed to address the risks of drug poisoning.
- Many partners play a role in the collaborative delivery of harm reduction supports.
- Multiple levels of jurisdiction determine what can and cannot be provided, and this can present challenges in meeting the needs of people seeking supports.
- People with lived and living experience of substance use must be engaged in the planning and delivery of harm reduction services and supports.

Community Safety

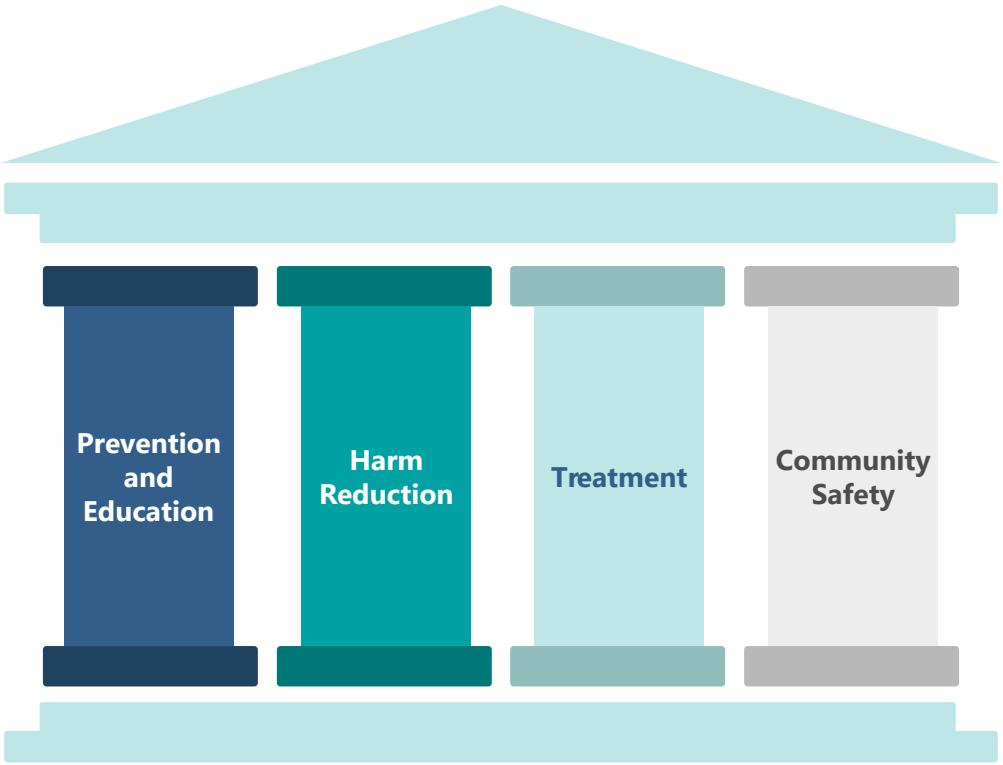
- Criminalization and the fear of legal consequences is stigmatizing and may discourage people with problematic substance use from seeking assistance and treatment.
- Policing associations nationally and provincially recognize substance use disorder as a public health issue rather than a criminal justice issue, requiring diversion responses that are evidence-based and health-centred.
- Frontline officers play a critical role in any diversion model and can assist individuals into pathways of care.
- Mental Health Engagement and Response Teams (MHEART) and Engagement Mobile Crisis Response Teams (MCRT) are promising practices that could benefit from core funding.

Introduction and Purpose

The drug poisoning crisis, largely fueled by unregulated opioids, is a complex health issue that has significant impacts on people who use drugs, their family and friends, and communities, and is shaped by a wide range of factors.[1]

Opioids are a class of drugs commonly used to reduce pain. Synthetic opioids are being mass produced illegally and sold on the street for non-medical consumption.[2] The Public Health Agency of Canada began national surveillance of opioid-related deaths in 2016, alerting communities across the country to the situation and prompting local action.

Figure 1 - The Four Pillar Approach to Drugs and Substances*



**Adapted from the Canadian Drugs and Substances Strategy*

The four pillar model illustrated in Figure 1 originated from the Canadian Drugs and Substances Strategy developed by Health Canada and promotes a collaborative approach to reduce the harms associated with substance use. It is founded on principles of trauma-informed care, anti-stigma, and anti-oppression[3] and is used as an evidence-based approach to understand substance use in communities. The four pillar model is widely used by regional and municipal drug strategies as common language to support understanding of roles, and cross-sectoral interventions to reduce harms.

The purpose of this report is to provide a situational assessment of local trends in drug use and poisonings, and the four pillar approach used to address the crisis in the County of Haliburton, City of Kawatha Lakes, and Northumberland County. The report can be used to further conversations among municipal governments, agencies and service providers, consumer advocacy groups, and the community at large about ways to collaborate to reduce drug poisonings and deaths in our communities. Data in the report can help inform the design of specific prevention, treatment, harm reduction and community safety intervention strategies.

The report is written in three parts. Part One will describe the situation through data sources to show local trends in drug use and poisonings, including practices identified through a local survey conducted from December 2023 to March 2024 with people with lived and living experience. Part Two reviews programmatic actions by organizations working within the four pillars to address the drug poisoning crisis. Part Three identifies implications for policy and practice, and recommendations for action.

Scope

a. Substance use occurs across a continuum, including beneficial or therapeutic uses, recreational uses, as well as intermittent and chronic use. This report focuses on activities and programs related to reducing the harms of unregulated drugs and does not include a situational assessment of regulated drugs such as tobacco, alcohol or cannabis, or prescription drugs.

b. The geographic scope of this report includes the County of Haliburton, City of Kawartha Lakes and Northumberland County, herein referred to as the Health Unit region to reflect the boundaries of the HKLN Drug Strategy Network. According to the 2021 census, the Health Unit region is an area of about 8,990 square kilometres with a population of approximately 189,100 people.[4]

c. Readers should note that the data presented herein are from various sources, reported at various levels (national, provincial, Health Unit region, county) and using various metrics (number, percentage, rates per 100,000 population).

d. Authors of this report acknowledge that "Canada's drug overdose crisis disproportionately affects Indigenous Peoples differently owing to a legacy of colonialism, racism and intergenerational trauma".[5] However, it is beyond the scope of this report to use Indigenous cultural values and harm reduction principles as the framework to organize information about the community response to the drug poisoning crisis.

Part I

The Situation

Part One describes local trends in drug use and poisonings including practices identified through a survey with people with lived and living experience of drug use.

Part I: The Situation

a. Increasingly Toxic Supply and Drug Poisoning Crisis

The drug poisoning crisis in Canada has evolved significantly since the late 1990s. Initially, opioids were widely prescribed with little awareness of their potential for dependency. Over time, as the risks became clearer, prescribing practices changed.

From 2010 to 2015, synthetic opioids, including fentanyl, appeared. This led to a surge in overdose deaths in 2016 and street drugs became more potent.

The COVID-19 pandemic exacerbated the crisis as policy measures designed to limit transmission of the virus contributed to the use of drugs in isolation and reduced access to harm reduction supports and supplies as well as health and social services. Several jurisdictions across the country reported higher rates of fatal overdoses following the onset of the pandemic.[1]

Key data from early 2023 show that most overdose deaths occurred in British Columbia, Alberta, and Ontario, predominantly affecting males aged 20 to 59 years. Fentanyl was involved in the majority of these deaths, often mixed with stimulants.[1] In early 2024, new, highly potent tranquilizers like medetomidine and dexmedetomidine were found in the street drug supply in Ontario.[6] Incidents of clusters of overdoses happening simultaneously are becoming more frequent, highlighting the increasing severity and complexity of the crisis.

b. Opioid Overdose Data and Surveillance

Emergency departments, police services, local paramedicine, the Ontario Chief Coroner's office and the general community actively monitor opioid overdoses in the County of Haliburton, City of Kawartha Lakes and Northumberland.

The HKPR District Health Unit is responsible for opioid overdose surveillance and reporting at the population level. The Health Unit receives data from three paramedic services in the County of Haliburton, City of Kawartha Lakes and Northumberland County as well as from local police services in Cobourg, Port Hope and Kawartha Lakes on a weekly basis for the previous week. Regional data from the Ontario Provincial Police is not reported to the Health Unit.

Data on suspect overdose emergency department visits are available in real-time through an online portal called the Acute Care Enhanced Surveillance System (ACES) and is used daily to determine if there is an increase above the set threshold and if an opioid alert should be issued in specific counties or the whole region.

The **Substance Overdose Profile Dashboard** also includes weekly updates as well as historical data on confirmed opioid overdose-related emergency department visits, hospitalizations and deaths in the region. Members of the public can anonymously share information about a drug poisoning or substance of concern.

Preliminary data from the Ontario Chief Coroner's Office on opioid-related death is available on approximately a two-week delay. Public Health Ontario's Interactive Opioid Tool shares information on confirmed and probable opioid-related deaths among residents of the County of Haliburton, City of Kawartha Lakes and Northumberland County monthly by Health Unit region. The data available through different sources varies in quality, timeliness and reliability. Data may be subject to change as investigations continue. These data sources are summarized and posted weekly to the **Substance Overdose Profile Dashboard** accessible through HKPR District Health Unit's website.

Table 1 in Appendix A outlines timeliness, limitations/concerns, and data notes for various data by data sources available to the HKPR District Health Unit, including mortality, emergency department visits, hospitalizations, naloxone distribution and treatment.

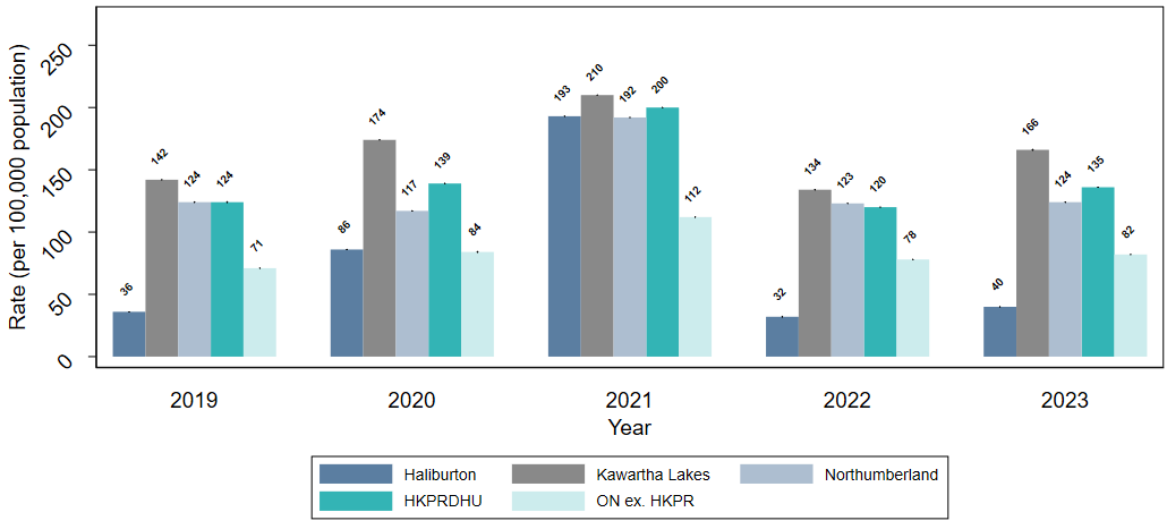
c. Local Data Trends

The opioid crisis has emerged as a pressing public health concern in many Ontario regions, including the County of Haliburton, City of Kawartha Lakes and Northumberland County.[7] This section of the report will provide more details on morbidity and mortality related to opioid overdose events in each community.

Emergency Department visits

To allow for meaningful comparison of data between counties as well as with the province, data is presented as rates per 100,000 population which takes in to account the age structure of the population.

Figure 2: Rate of Opioid-Related Emergency Department Visits, by County and Health Unit region, 2019 – 2023.



Source: National Ambulatory Care Reporting System (NACRS), extracted via the Ministry of Health's IntelliHealth application.
Note: The values for rates on the graph are rounded to their nearest whole number; ON ex. HKPR = Ontario excluding HKPR.

Within the Health Unit region, in 2023, a total of 221 opioid-related emergency department (ED) visits were recorded among residents. There were 119 (53.8 per cent) visits recorded among the residents of the City of Kawartha Lakes, 93 visits were recorded among residents of Northumberland County (42.1 per cent) and 9 visits (4.1 per cent) were reported among residents of the County of Haliburton.

The rates per 100,000 population for opioid-related ED visits in the Health Unit region increased by 12 per cent in the last five years, rising from 124.5 in 2019 to 136.5 in 2023. Provincially (Ontario excluding the Health Unit region), the rate of opioid-related ED visits increased from 71.4 in 2019 to 81.8 in 2023. In 2023, the rate for opioid-related ED visits for the Health Unit region was higher (136.5) compared to the rest of Ontario (81.8) (Figure 1). It's worth noting the higher numbers during peak pandemic years (2020, 2021) illustrating the impacts of the pandemic. Rates were lower in 2023 compared to 2021, but similar to 2020, which was an increase from previous years.

For Northumberland County, the rates trended upwards from 2019 to 2021 but saw a significant drop in 2022, and stayed similar in 2023. The incidence rate of opioid-related ED visits increased from 124.3 in 2019 to 192.0 in 2021. The rate significantly decreased in 2022 and 2023, to about 123.0 (Figure 2).

For the City of Kawartha Lakes, the rates trended upwards from 2019 to 2021 but saw a significant drop in 2022. The rate of opioid-related ED visits increased from 141.7 in 2019 to 210.1 in 2021. The rate significantly decreased in 2022 to 133.7 (Figure 2) compared to the 2021 rate, and then increased in 2023 to 165.8.

For the County of Haliburton, rates trended upwards from 2019 to 2021 but saw a significant drop in 2022. The incidence rate of opioid-related ED visits increased from 36.1 in 2019 to 192.7 in 2021. This rate significantly decreased in 2022 to 31.6 (Figure 2) compared to the 2021 rate. It slightly increased to 40.1 in 2023.

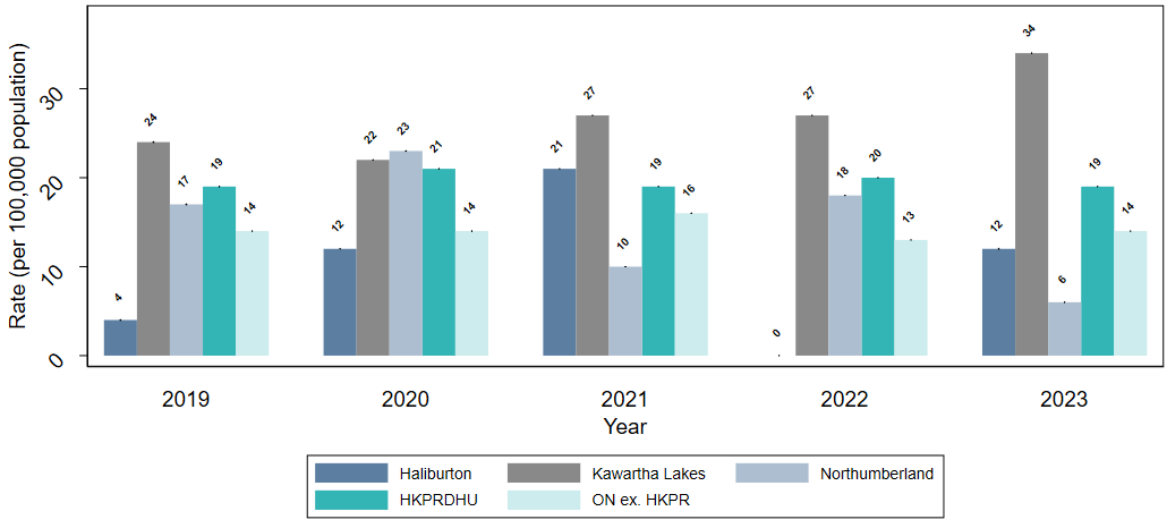
The highest rates of opioid-related ED visits were observed among those aged 25 to 44 years (329.6) compared to all other age-groups and was consistent across all three counties. The annual rate for residents 25 to 44 years was slightly higher than it was in 2019 (303.1).

Among male residents in the Health Unit region the highest rate of opioid-related ED visits in 2023 occurred for those aged 25 to 44 years (429.3), followed by those aged 15 to 24 years (177.3). Among female residents, the rate of opioid-related ED visits in 2023 was highest for those aged 25 to 44 years (220.8), followed by females 15 to 24 years (88.7). In Ontario (excluding the Health Unit region), highest rates among both males and females were for the age-group 25 to 44 years (males: 245.4; females: 101.6) followed by 45 to 64 years (males: 117.0; females: 45.7).

Hospitalizations

In 2023, a total of 35 opioid-related hospitalizations were recorded among residents of the Health Unit region. Six (17.1 per cent) were residents of Northumberland County and 27 (77 per cent) were residents of the City of Kawartha Lakes and two (5.7 per cent) were residents of the County of Haliburton.

Figure 3: Rates of Hospitalizations, by County and Health Unit region, 2019 – 2023.



Source: Discharge Abstract Database (DAD), extracted via the Ministry of Health's IntelliHealth application.
Note: The values for rates on the graph are rounded to their nearest whole number; ON ex. HKPR = Ontario excluding HKPR.

The rate per 100,000 of opioid-related hospitalizations among residents of the Health Unit region was similar between 2019 to 2023. Despite the increase in incidence rate, no statistically significant differences were observed in the rate of opioid-related hospitalizations between the rest of Ontario and overall Health Unit region, for any years between 2019 to 2023 (Figure 3).

No statistically significant differences were observed in the annual rate of opioid-related hospitalizations between age groups for the years 2019 to 2023 for the Health Unit region. Among males, the highest rate of opioid-related hospitalization in 2023 occurred for those aged 25 to 44 years (53.1), which was higher than the provincial rate (25.6). Among the Health Unit region females, the age-specific rate of opioid-related hospitalizations in 2023 was higher among those aged 45 to 64 years (25.2).

For Northumberland County, the rate of opioid-related hospitalizations fluctuated between approximately 16.8 in 2019 to about 6.1 in 2023, with no statistically significant difference between years. The rate for opioid-related hospitalizations was highest among those aged 25 to 44 years, however this was not significantly different statistically compared to other age groups.

For the City of Kawartha Lakes, the rate of opioid-related hospitalizations increased from about 23.6 in 2019 to about 33.9 in 2023, however this increase is not statistically significant (Figure 3). No statistically significant differences were observed between age-groups or gender in 2023.

The age-standardized rate of opioid-related hospitalizations fluctuated across the the County of Haliburton between 4.4 in 2019 to about 12.4 in 2023, however no statistically significant differences in the rate of opioid-related hospitalizations were observed (Figure 3). No significant differences were observed between age groups or gender in 2023.

Mortality

Mortality data is based on the location of death and not by the residence of the deceased individual. The data presented in the mortality section have not been adjusted to account for different underlying age-structures between the Health Unit region and the rest of Ontario. Because the mortality rates have not been age-standardized, there are only crude rates for the County of Haliburton, City of Kawartha Lakes and Northumberland County, and they cannot be compared to one another or the rest of Ontario.

In 2023, a total of 36 confirmed and probable opioid toxicity deaths were reported for the Health Unit region, which was similar to deaths reported in 2022. The crude mortality rate for opioid-related deaths that occurred within the Health Unit region increased in the last five years, rising from about 10.2 in 2019 to 21.5 in 2023. While no statistically significant differences were observed, in 2022 and 2023 the number of confirmed and probable opioid-related deaths decreased to 35 and 36 respectively, down from a high of 50 deaths in 2021.

The number of deaths observed for opioid-related causes that occurred in Ontario, excluding those occurring in communities within the Health Unit region, also decreased in 2022 compared to 2021 (2,496 vs. 2,808, respectively). The crude opioid-related mortality rate in Ontario excluding the Health Unit region increased by over 60 per cent from 2018 to 2022 and peaked in 2021.

In Northumberland County, a total of 10 and 12 deaths were reported for 2022 and 2023 respectively. The crude opioid-related mortality rate increased from 8.9 in 2019 to about 21.9 in 2021, followed by a decrease to 12.9 in 2023, however these differences were not statistically significant.

In 2023, a total of 24 opioid-related deaths were reported to have occurred within the City of Kawartha Lakes which was similar to what was reported for 2022 (22 deaths). The crude opioid-related mortality rate increased from 12.4 in 2019 to 28.4 in 2023, however this increase was not statistically significant.

In Haliburton, a total of 3 opioid-related deaths were recorded in 2022 and no deaths were reported for 2023. The crude opioid-related mortality rate increased from a 2.6 in 2019 to 20.3 in 2021, and then decreased to 7.5 in 2022, however these differences were not statistically significant.

Table 1 shows a spike in opioid toxicity deaths across all the counties in the Health Unit region in 2021 coinciding with the pandemic and isolation measures talked about earlier in the report and reflecting similar trends provincially and nationally. It also mirrors local data on emergency department visits and hospitalizations, which also peaked in 2021 during the pandemic.

Table 1. Number of opioid toxicity deaths (confirmed and probable) by County and Health Unit region, 2018-2023.[8]

County	2018	2019	2020	2021	2022	2023
Haliburton	0	1	3	8	3	0
City of Kawartha Lakes	13	10	20	22	22	24
Northumberland	15	8	14	20	10	12
Health Unit region	**28**	**19**	**37**	**50**	**35**	**36**

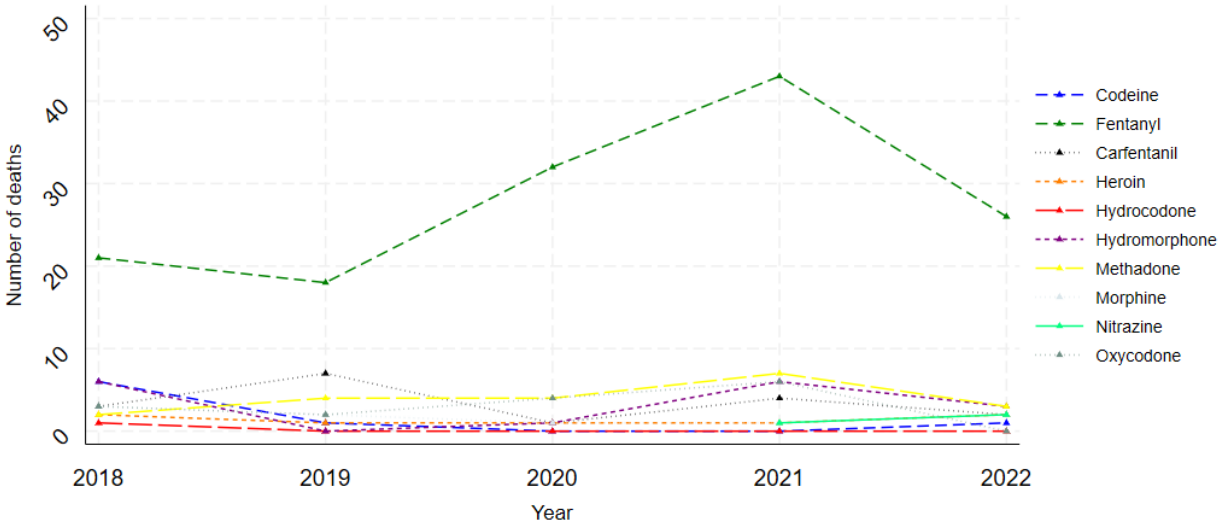
Source: Office of the Chief Coroner for the Province of Ontario.

Type of Drugs Reported in Deaths

As mentioned in Part 1a., an increase in synthetic opioids sold on the street in the early 2000s lead to the street drug supply becoming contaminated with more potent opioids, such as fentanyl and other substances. Saturation of fentanyl in the supply over time has led to dependency and higher tolerance.

Figure 4 shows the trend in number of deaths by type of substances identified at the time of death in the Health Unit region.

Figure 4: Type of substance identified at time of death among residents of Health Unit region, 2018-2022.[9]



Source: Public Health Ontario Interactive Opioid tool

Fentanyl continues to be the drug most frequently present at the time of death for opioid-related deaths. For the years 2018 to 2022, fentanyl was the drug most frequently present at the time of death for opioid-related deaths (80.9 per cent; 140 out of 173 deaths) among the Health Unit region community residents.[9] Carfentanil, methadone, oxycodone, and hydromorphone, were each reported to be present at the time of death in 15 to 20 cases. The number of cases that identified fentanyl increased from 2019 to 2021, however decreased from 2021 to 2022. Drug categories are not mutually exclusive; multiple drugs may have been present in a single death.[9]

Opioid Prescribing Practices

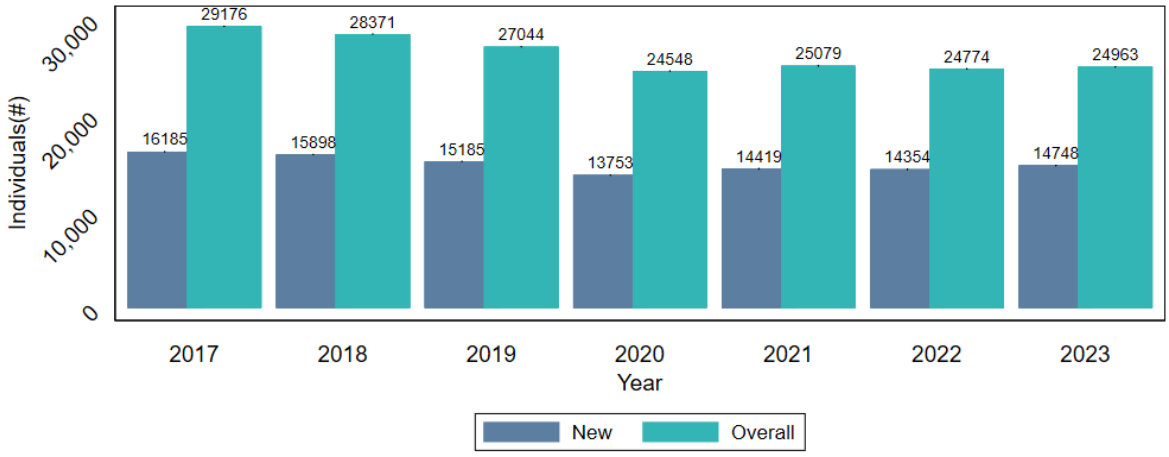
One out of every five adults in Canada are seeking health care for chronic pain.[10] Prescription opioids, such as codeine, oxycodone and hydromorphone, are commonly used for treating pain and can be effective when used appropriately. However, debate in the medical community continues about their use for treating people experiencing chronic non-cancer pain.

The growing opioid crisis prompted change and in 2017, an updated clinical practice guideline was published for prescribing opioids for chronic non-cancer pain. Key recommendations from the guidelines for initiation and dosing included optimizing non-opioid pain management medications and modalities as a first step, doing a trial of opioid therapy and monitoring response for improvements in pain or function, and restricting the daily starting dose to less that 90mg morphine equivalents. The guidelines also recommend restricting or limiting access to opioids for pain management by people with an active substance use disorder or history of use.[11]

From 2016 to 2017, the total quantity of opioids dispensed in Canada declined by more than 10 per cent and the number of prescriptions for opioids declined by over 400,000 — the first decline in prescriptions since 2012.[10]

According to the Ontario Drug Policy Research Network (ODPRN)[12], in 2023 there were approximately 866,371 new individuals using opioid for pain and 1,332,482 overall individuals using opioid for pain management in Ontario. In 2023, there were 14,748 new individuals and 24,963 overall individuals using opioids for pain management in the Health Unit region. The number of both new and overall individuals who used opioid has decreased slightly between 2017 and 2024 (Figure 5). The number of both new and overall individuals who used opioid for pain management decreased from 2017 to 2020, then slightly increased from 2020 to 2021 but remained similar for 2021 and 2022. These individuals include those who were dispensed a prescription opioid with an indication to treat any pain administered through oral and transdermal routes as well as injectables and suppositories. This excludes opioids indicated for Opioid Agonist Treatment and opioids indicated to treat cough, diarrhea, or for medical assistance in dying. This excludes over-the-counter medications for pain that contain opioids.

Figure 5: Number of new and overall opioid prescriptions issued to individuals within Health Unit region, 2017-2023.



Source: ODPRN
Author: HKPR District Health Unit (2024)

Drug use practices reported by a sample of people who use drugs in the Health Unit region

A recent survey completed in 2024 examined drug use practices among people with lived or living experience of using drugs in the past six months.[13] A total of 146 people with lived or living experience using drugs in the County of Haliburton, City of Kawartha Lakes and Northumberland County shared information about their drug use practices, perspectives about drug poisoning and overdose prevention strategies. Key findings from the survey are included below.

About 64 per cent of survey respondents reported using drugs daily in the past six months. The most common type of drugs used were crystal meth (71.2 per cent), followed by fentanyl (69.9 per cent), and crack/rock cocaine (67.1 per cent).

Smoking was by far the most common method of drug use reported (96.6 per cent). However, 34.3 per cent of respondents also reported injection as their method of use. The respondents might have chosen more than one method of use and hence these are not mutually exclusive. About 68 per cent (34 out of 50) of respondents reported re-using injection drug use equipment and cited lack of supplies as the most common reason. Approximately 74 per cent (107 out of 144) reported reusing inhalation equipment such as glass stems, bowl pipes, and push sticks.

A higher percentage of respondents reported using drugs at their own home (67.8 per cent), followed by family or friend's home (59.6 per cent). About 33 per cent of respondents said they never used drugs in public locations, whereas 22.4 per cent of respondents reported "always" or "usually" using in public places. The reasons provided for using in public locations included homelessness, lack of a safe place, not being able to use in shelters, convenience, and urgency of need.

The majority of respondents (72.6 per cent) had not tested their drugs prior to use. One of the main reasons for not testing drugs prior to use was not having access to testing. Some respondents were also not aware there was a need to test; while a few others did not know how they could test their drugs.

Within the past six months, 91.7 per cent of respondents reported using drugs alone. Among those, 34.9 per cent reported that they "always" or "usually" used drugs alone, while 41.7 per cent reported that they have "sometimes" used drugs alone. However, using with others who are using drugs (72.9 per cent), followed by use with friend(s) or family member(s) present (54.2 per cent), were the most common supports chosen.

About 69 per cent of respondents reported that they carry naloxone. Respondents who reported not carrying naloxone said they did not think that they needed it, or they did not use opioids. Other respondents commented that they keep naloxone at their home and/or have access to it where they use.

Through the survey, respondents were asked whether they would use a consumption and treatment site (CTS), drug checking services and/or a safer supply program if these services were made available to them. Based on the survey responses received, 80.7 per cent indicated that they would use a CTS, 70.4 per cent of respondents said drug checking is a service they would use, and 79.3 per cent indicated they would use a safer supply program.

Some of the reasons that survey respondents said they would use a CTS included, safety, to help prevent a drug poisoning overdose, access support systems and professional help onsite, as well as receive harm reduction supports. The main reason identified by survey respondents who said they would use safer supply program and drug checking services was safety in using drugs.

d. Opioid Alerts

Overdose monitoring and response is a downstream measure that attempts to monitor in (near) real-time for surges in drug poisonings, and to varying degrees, novel substances such a benzodiazepines and xylazine that can cause adverse reactions, including injuries, disabilities and death.[14]

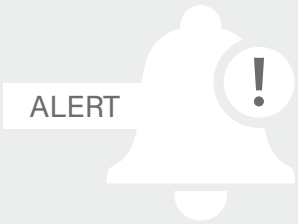
Response systems are limited in their ability to capture a true understanding of drug poisoning overdoses. Many lack access to real-time data to inform a local response. There is also a lack of consistent data collection mechanisms for community agencies and people who use drugs to report overdose. Consequently, many drug poisoning overdoses are under-reported.[14]

The HKPR District Health Unit is responsible for opioid overdose monitoring and issuing alerts for the County of Haliburton, City of Kawartha Lakes and Northumberland County. An alert is triggered when the number of emergency

department visits for suspected opioid overdose reported through hospital triage data in the Acute Care Enhanced Surveillance System (ACES) on a given day are greater than two standard deviations above the 7-day and 30-day historical averages.

If an increase in opioid overdoses/poisonings is detected through the daily surveillance, other quantitative and qualitative data are assessed in collaboration with community partners to corroborate information and determine if an alert is warranted. If warranted, an alert is issued informing the community about the increase in poisonings and designated community partners engage in a drug poisoning response plan.

Alerts are issued via media release, through subscription to an automatic email message (accessible on the Health Unit's website), and/or via email to the Drug Strategy and Taskforce members. Alerts are currently only triggered by suspect opioid overdoses and currently does not include suspected drug poisonings that may involve other substances.



In 2023, HKPR District Health Unit issued 11 alerts about increases in suspect drug poisonings. Between January 1 and June 30, 2024, there have been 4 alerts issued.

Part II

Actions Under the Four Pillars to Address the Situation

Part Two outlines the actions that Haliburton, Kawartha Lakes, Northumberland Drug Strategy members working in sectors represented by the four pillars are taking to address the drug poisoning crisis.

Part II: Actions Under the Four Pillars to Address the Situation

Prevention and Education

The prevention and education pillar includes community programming about substance use and associated harms and the supports available to individuals and groups. Many resources are geared toward early intervention strategies that can impact infant, child and youth development.

a. Healthy Child Development

One way to reduce the harms associated with substance use is through education and interventions in early childhood and adolescence.

There is strong evidence showing that adverse childhood experiences (ACEs) can have long-lasting impacts on the human brain and increase the likelihood of mental illness and substance use disorder later in life.[15] In addition, intergenerational effects in adults who experienced ACEs may impact their ability to parent their own children.[16] At the same time, positive interpersonal experiences with family and friends, building resilience and other protective factors, such as quality of relationships can help to reduce the impacts of ACEs. Several prevention and education programs and resources are available through our communities to help address risk factors that can increase risk to substance use.

Healthy Babies Healthy Children (HBHC)

Through the HBHC program, prenatal, postpartum and families with children up to entry of school are screened for risk. The **Healthy Babies Healthy Children (HBHC)** Program provides free confidential and voluntary home visiting. Substance use prevention, screening, supports, and referrals are made through the program.

In 2023, 1,199 home visits were provided to residents in the County of Haliburton, City of Kawartha Lakes and Northumberland County.

Nurse Family Partnership Program

The **Nurse Family Partnership®** (NFP®) program is a free, confidential and voluntary home visiting program for first-time parents during their pregnancy and the first two years of their child's life. NFP® has shown to reduce prenatal cannabis and cigarette use during pregnancy.[17]

Infant Child Development Program

Boys and Girls Club Kawarthas (BGCK) offers the **Infant Child Development Program** providing home visiting services from birth to entry into kindergarten to families in the City of Kawartha Lakes. The Infant Development Program is designed to help infants and children with a developmental disability or at risk of a developmental delay, reach optimal growth and development. The program includes assessments, connects families to services and information, and provides parenting supports.

In 2023, BGCK provided service to 40 families, including 46 individual children through the Infant Development Program.

There is currently no wait list for service.

b. Youth Focused Prevention & Awareness Programs

In 2023, a Locally Driven Collaborative Project documented evidence-based strategies aimed at preventing substance use and related harms among youth aged 15 to 24 years. Several models were identified as best practices including two that are currently being offered in communities in HKLN, Youth Wellness Hubs and the PreVenture Program.[18]

Youth Wellness Hubs Ontario

Youth Wellness Hubs Ontario is an Integrated Youth Services initiative designed to address the service gaps in the youth mental health and substance use sectors in Ontario.

Youth Wellness Hubs (YWH) provide rapid access to walk-in and low barriers services, and evidence-based interventions that integrate different support services into a 'one-stop-shop' model of care reducing transitions between services and establishing a common evaluation across sites.[19]

There are currently 27 YWH in Ontario, one being in County of Haliburton. **The Haliburton County Youth Wellness Hub** provides high-quality integrated youth

services to support the well-being of people aged 12 to 25 years, including mental health and substance use supports, primary health care, community and social supports, and more.[19]

A new Youth Wellness Hub will be opening in Port Hope in 2025. The hub will serve youth in Northumberland County and Alderville First Nation, offering mobile services to surrounding rural communities where youth can drop-in for counselling and peer support. In addition to mental health and substance use supports, the hub will also provide supports for education, employment, housing, and access to community programs such as financial assistance for recreational programs and legal support that are culturally appropriate, and trauma informed.[20]

A Youth Wellness Hub is being explored in the City of Kawartha Lakes to expand services to include substance use prevention, education, and supports.

Boys & Girls Club

Boys and Girls Club Kawarthas (BGCK), provides a range of services tailored to meet the needs of youth through the Warehouse Youth Centre. The Warehouse is a safe and welcoming space for youth ages 12 to 18 years to drop-in, hangout with friends and experience new opportunities. Programs and services range from academic help, leadership programs, and mental health services, including Flex Your Head, a universal mental health, education and awareness program created by BGC Canada.[21]

BGCK also provides support for individuals aged 18 to 24 years as they navigate the challenges of adulthood. Free snacks and dinner are provided Monday to Friday at The Warehouse. On average, 30 to 40 youth attend programs nightly.

Between September 2023 and June 2024, 420 youth accessed and attended BGCK programs and services.

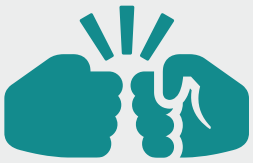
All programs and services are free of charge.

PreVenture

PreVenture is an evidence-based prevention program for youth aged 12 to 18 years that uses personality-focused workshops to promote mental health and delay substance use.

A review of findings from global PreVenture program trials found that participation is associated with a 50 per cent reduction in rates of alcohol and unregulated drug use and substance-related harms, and a 25 per cent decrease in the likelihood of mental health challenges (e.g., anxiety, depression, suicidal ideation, and conduct problems).[18]

Youth Wellness Hubs Ontario supports the delivery of the PreVenture program. During the 2023-2024 school year, the County of Haliburton Youth Wellness Hub and Trillium Lakeland District School Board worked in partnership to deliver the program with one local school.



56 students participated in the program.

After completing the PreVenture program, students went to the Hub for a celebration and to learn more about what it has to offer.

Planet Youth

The Icelandic Prevention Model (also called Planet Youth) is a collaborative upstream approach to addressing risk and protective factors for substance use among youth in a number of settings including community, school, peer, and family. The HKPR District Health Unit is exploring the feasibility of this program in its communities.

YMCA Youth Programs

YMCA **Youth Opioid Awareness Program (YOAP)** and Youth Cannabis Awareness Program (YCAP) offers interactive and engaging workshops, to increase awareness about drugs in youth ages 15 to 24 years.

Treatment

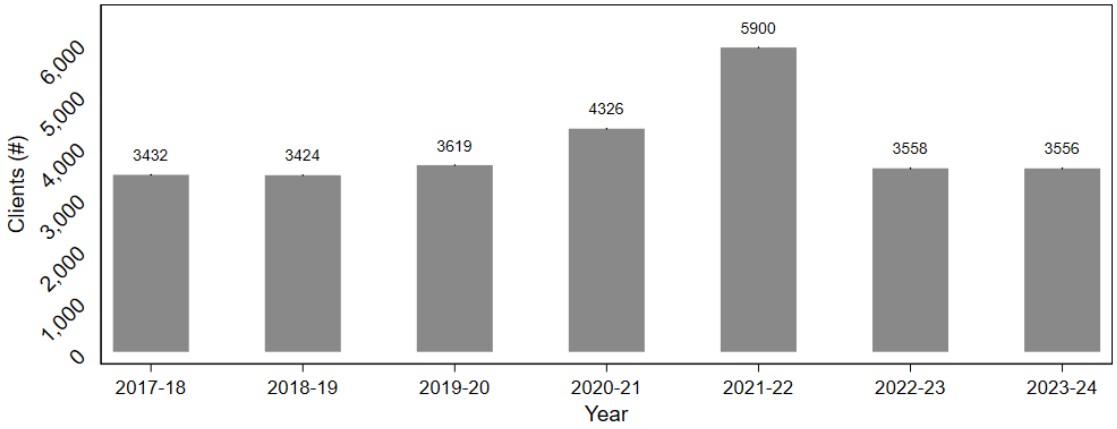
The treatment pillar acknowledges that there is no "one-size-fits-all" approach to treatment for substance use disorder and the choice of treatment depends on a person's circumstances, the substance(s) they use and their goals. Treatment options in the County of Haliburton, City of Kawartha Lakes and Northumberland County may include medications such as opioid substitution therapies, psychological supports, withdrawal management, and other evidence-informed harm reduction and treatment services. Most treatment programs utilize a trauma-informed approach to working with individuals with substance use disorder.[22]

a. Four Counties Addiction Services Team (Fourcast)

Fourcast is a community-based addiction treatment provider operating in all three communities within the Health Unit region, with offices in Minden, Lindsay, Cobourg and Campbellford. Fourcast offers a continuum of treatments that support the health and well-being of individuals and their families who are impacted by addictions including community-based treatment, community withdrawal management and opiate case management.

Data in Figure 6 shows the number of Fourcast clients served from 2017 to 2018 to 2023 to 2024. The total number of clients served increased from 3,432 in 2017 to 2018 to 5,900 in 2021 to 2022, with the highest number of clients seen in 2021 to 2022, at the height of the COVID-19 pandemic, and decreasing thereafter.

Figure 6: Number of clients served through Fourcast, by Health Unit region, 2017-2024.

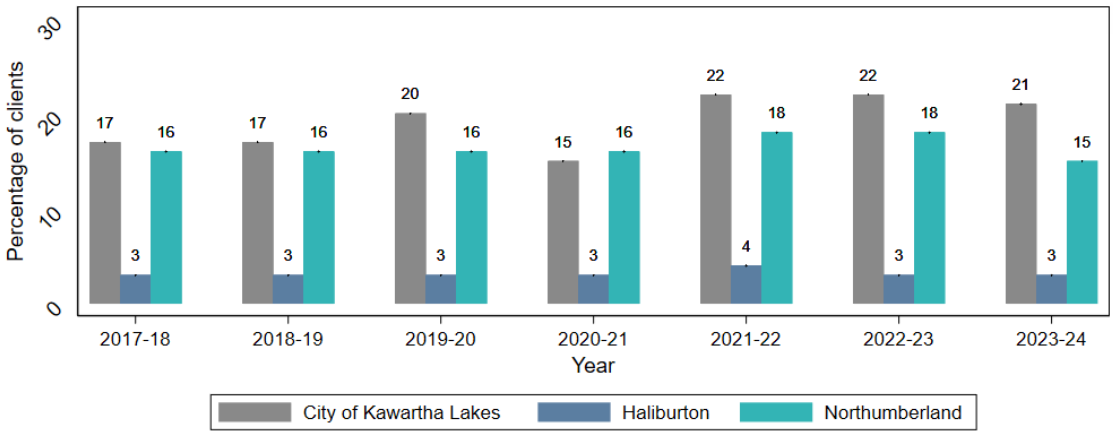


Source: Fourcast internal data
Author: HKPR District Health Unit (2024)

Residents of the County of Haliburton, City of Kawartha Lakes and Northumberland County account for 36 per cent of the total number of clients served by the agency shown in Figure 6. The remaining 64 per cent of clients live in Peterborough County.

The percentage of clients served were similar between Northumberland County and City of Kawartha Lakes, and were significantly lower in the County of Haliburton as shown in Figure 7.

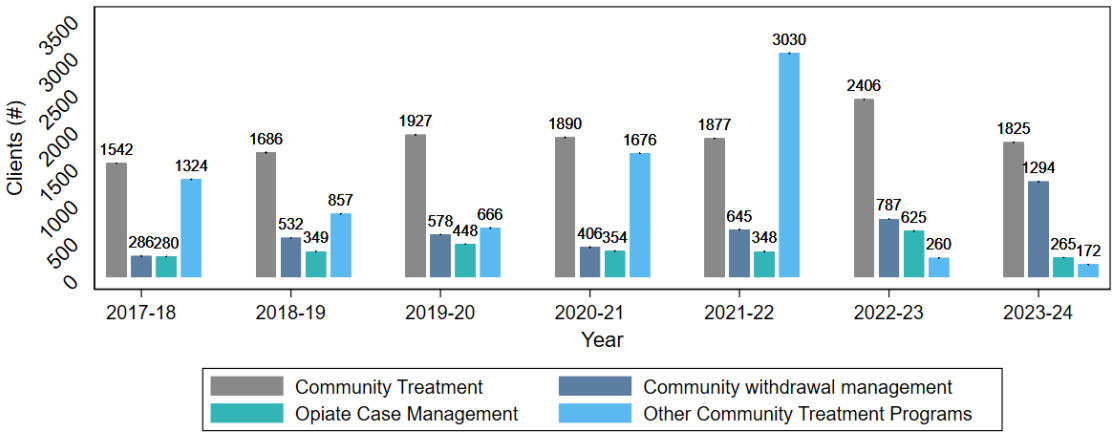
Figure 7: Percentage of clients served through Fourcast by County, 2017-2024.



Source: Fourcast
Author: HKPR District Health Unit (2024)

Figure 8 provides details regarding the number of clients served in the Health Unit region through various treatment programs offered by Fourcast between 2017 to 2024.

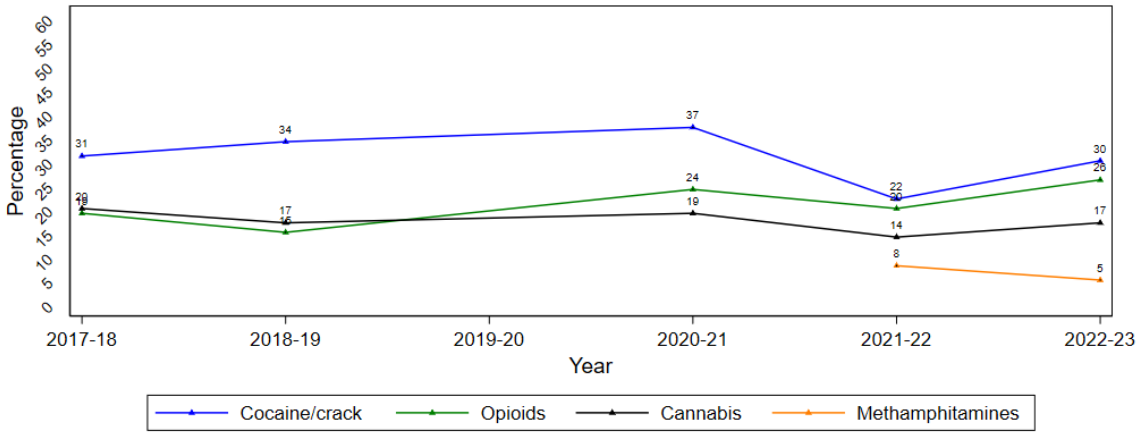
Figure 8: Number of clients served through Fourcast by type of treatment program, by Health Unit region, 2017-2024.



Source: Fourcast
Author: HKPR District Health Unit (2024)

Figure 9 shows the percentage of clients who received treatment services from Fourcast for various substances from 2017 to 2023 throughout the Health Unit region. Many clients seek treatment for multiple substances at the same time and therefore percentages add up to more than 100 per cent.

Figure 9: Percentage of clients by type of substance that received services from Fourcast, by Health Unit region, 2017-2024.



Source: Fourcast
Author: HKPR District Health Unit (2024)

b. Residential Treatment

Residential treatment may include withdrawal management and medical detoxification, individual and/or group therapy and other options to support people in their journey toward healing and recovery. There are no publicly-funded residential withdrawal management or treatment programs located in the County of Haliburton, City of Kawartha Lakes or Northumberland County.

On August 20, 2024 the Ontario Government announced it's investment in 19 new Homelessness and Addiction Recovery Treatment (HART) Hubs. Similar to existing hub models in Ontario, HART Hubs will reflect regional priorities by connecting people with complex needs to comprehensive treatment and preventative services that may include primary care, mental health services, addiction care and support, social services and employment support, shelter and transition beds, supportive housing and other supplies and services, including naloxone, onsite showers and food.

It is anticipated that these Hubs will add up to 375 highly supportive housing units, in addition to addiction recovery and treatment beds, that will help people transition to more stable long-term housing. HART Hubs will be created in partnership with the Ministry of Health, the Ministry of Municipal Affairs and Housing, the Ministry of Children, Community and Social Services, and the Ministry of Labour, Immigration, Training and Skills Development.

With a focus on treatment and recovery, HART Hubs will not offer "safer" supply, supervised drug consumption or needle exchange programs.[23]

c. Rapid Access to Addiction Medicine (RAAM) Clinics

RAAM clinics provide quick, barrier-free treatment for individuals who are experiencing substance use disorder. Assessments, counselling and prescriptions for medications may be offered.

RAAM clinics are located at Ross Memorial Hospital in Lindsay, Northumberland Hills Hospital in Cobourg, and Haliburton Highland Mental Health Services in Minden. Clinic operations vary by location and are not consistent across the area.

Table 2. Number of clients seen annually at RAAM Clinic locations in the County of Haliburton, City of Kawartha Lakes and Northumberland County, 2022-2024.

Location	April 2022 to March 2023	April 2023 to January 2024
Haliburton Highlands Health Services	187	168
Northumberland Hills Hospital	305	277
Ross Memorial Hospital	317	286

Source: RAAM Clinics
Author: HKPR District Health Unit (2024)

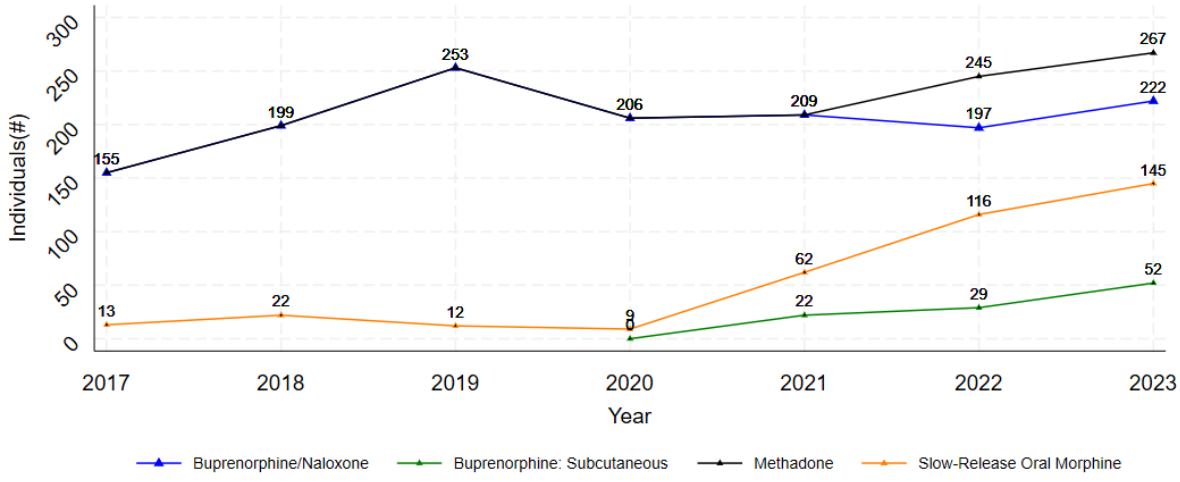
d. Opioid Agonist Therapy

Opioid agonist treatment (OAT) is an evidence-based approach for treating opioid use disorder. It involves the use of different medications to prevent withdrawal and lower cravings for opioid drugs. These medications include methadone, buprenorphine, slow-release oral morphine and injectable OAT (diacetylmorphine and hydromorphone).[24] Information on local injectable OAT is not available.

Canadian Addiction Treatment Centres operate more than 70 clinics across Ontario, as Opioid Agonist Treatment Clinics (OATC) with four operating in the Health Unit region. In Northumberland County, there is an OATC in Port Hope and Change Health Care operates as an OATC in Cobourg. In City of Kawartha Lakes there is an OATC in Lindsay and a True North Medical Clinic located in Fenelon Falls.

Figure 10 shows that the majority of new individuals are continuously being prescribed methadone treatment followed by buprenorphine/naloxone. There was a decline in prescribed buprenorphine/naloxone in 2021 to 2023 for new clients.

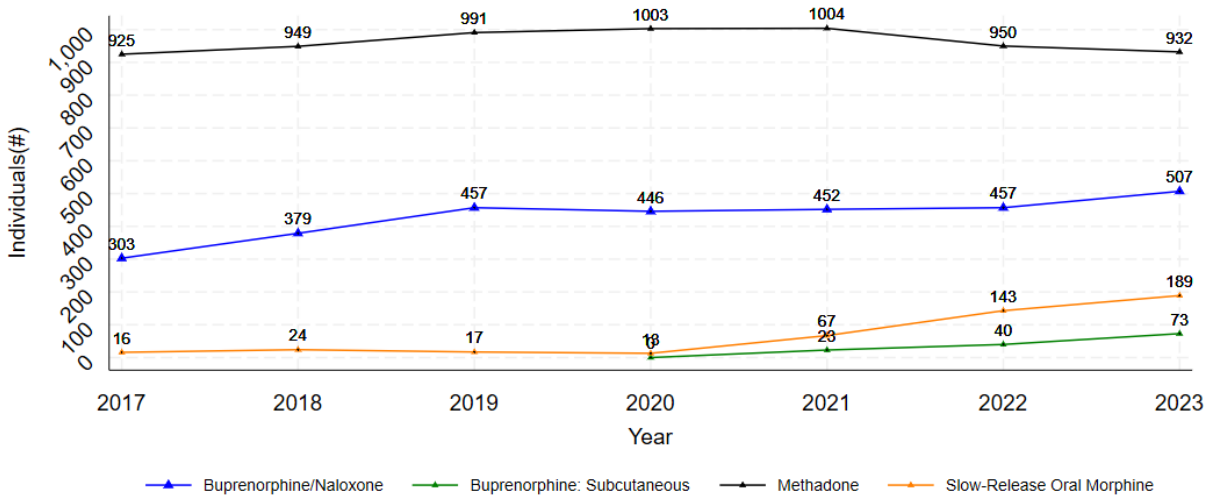
Figure 10: Number of new individuals receiving agonist treatment by type, Health Unit region , 2017-2023.[12]



Source: ODPRN
Author: HKPR District Health Unit (2024)

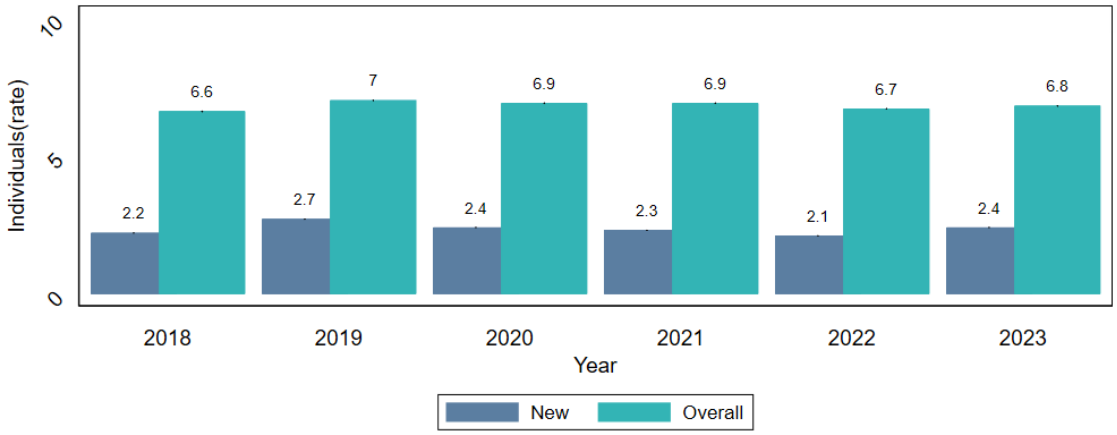
Figure 11 illustrates a consistent overall number of individuals receiving opioid agonists treatments.

Figure 11: Number of individuals overall receiving agonist treatment by type, Health Unit region, 2017-2023.[12]



Source: ODPRN
Author: HKPR District Health Unit (2024)

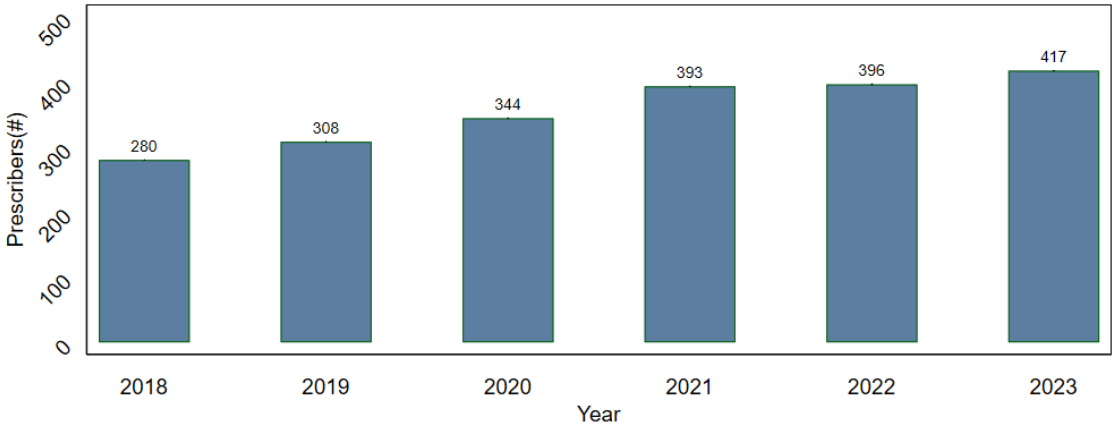
Figure 12: Rate (per 100,000 population) of new and overall individuals receiving opioid agonist therapy, Health Unit region, 2018 – 2023.[12]



Source: ODPRN
Author: HKPR District Health Unit (2024)

Rates remained similar over the years from 2018 to 2023 for both new and overall individuals engaging in opioid agonist therapy (Figure 12). However, the number of opioid agonist prescribers increased from 280 in 2018 to 417 in 2023 as shown in Figure 13.

Figure 13: Number of opioid agonist prescribers, Health Unit region, 2018-2023.[12]



Source: ODPRN
Author: HKPR District Health Unit (2024)

e. Prescribed Safer Supply

Prescribed safer supply is a medical delivery model to provide pharmaceutical medications to individuals with substance use disorder as an alternative to the unpredictable and potent unregulated street supply. Physicians can prescribe safer supply at their discretion. Emerging evidence shows that prescribed safer supply saves lives and improves quality of life.[25]

The **National Safer Supply Community of Practice** (NSS-CoP) is a new knowledge exchange initiative led by London InterCommunity Health Centre, in partnership with the Canadian Association of People Who Use Drugs and the Alliance for Healthier Communities. Its goal is to scale up safer supply programs across Canada.

Clinics in the County of Haliburton and City of Kawartha Lakes provide pharmaceutical grade medication for the treatment of substance use disorders related to opioids, alcohol, and benzodiazepines.

Harm Reduction

The harm reduction pillar includes programs, services, and practices that allow for a health-oriented response to substance use. The approach respects a person's right to continue to use while providing options, support, and resources to minimize the negative "harm" that may result.[26]

This section includes data on several harm reduction programs and supports available across the Health Unit region. Services may include Needle Syringe Program, Ontario Naloxone Program, wound care kit program and drug test strip kit program.

a. Harm Reduction Supports

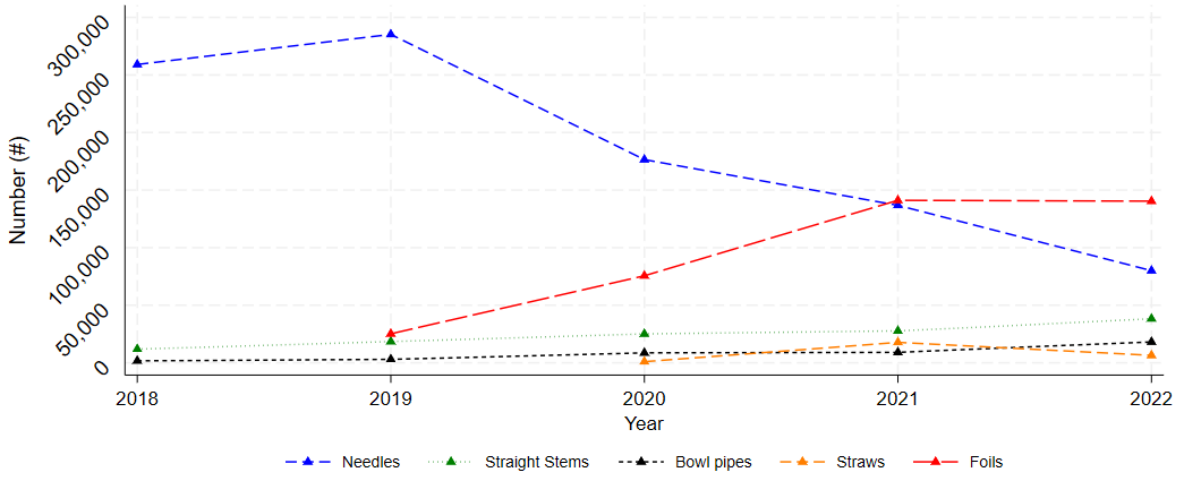
Needle Syringe Program

The Needle Syringe Program (NSP) plays an important role in reducing the harms associated with substance use. Evidence suggests that access to sterile needles through NSPs prevents the spread of blood borne illnesses such as hepatitis C and HIV.[27] Needle syringe sites and disposal bins provide safe and anonymous access to sterile injection and inhalation equipment, and safe disposal for used equipment. Through these sites and collaborative partnerships between agencies, harm reduction supplies are made available across local communities. Recommended best practice policies for distribution to facilitate use of a sterile needle and syringe for each injection include providing this equipment at multiple locations and distributing through peer networks.[28]

There are currently 14 needle syringe sites located throughout the Health Unit region; two in the County of Haliburton, six in the City of Kawartha Lakes and six in Northumberland County, plus Peterborough AIDS Resource Network (PARN) provides mobile service in all three counties.

The graph in Figure 14, shows a sharp and steady decline in needles being distributed beginning in 2019 and at the same time, a steady increase in the use of foils that plateaued in 2021.

Figure 14: Number of harm reduction supplies provided through various partners by type, Health Unit region, 2018-2022.[12]



Source: ODPRN
Author: HKPR District Health Unit (2024)

The number of needles supplied through NSP decreased from approximately 259,000 in 2018 to about 80,000 in 2022. The number of straight stems supplied increased during the same period increased from 11,880 to 38,280. An increase in the supply of bowl pipes was also noticed from about 1,700 in 2018 to 18,000 in 2022. The highest increase (approximately six times) in supplies was noticed for foils, which increased from 25,200 in 2019 to 140,400 in 2022. The number of straws supplied fluctuated from 1,000 in 2020 to about 17,700 in 2021, and then a decreased to 6,500 in 2022.

Table 3 shows the number of total clients and new client contacts reported for the NSP from 2021 to 2023. These numbers include client contacts for all 14 needle exchange sites. "Contacts" represent the total number of individual visits to the Needle Syringe Program for needles/syringes, harm reduction supplies, and other services, while "new contacts" represents the number of unique visitors to the NSP.

Table 3. Number of total client contacts and new client contacts reported for the Needle Syringe Program by County, 2021-2023.

Date	2021		2022		2023	
County	# of contacts	# of new contacts	# of contacts	# of new contacts	# of contacts	# of new contacts
Haliburton	90	22	54	8	83	9
City of Kawartha Lakes	1,405	222	1,462	132	1,121	122
Northumberland	2,399	333	2,136	105	3,821	80

Source: Peterborough Aids Resource Network
Author: HKPR District Health Unit (2024)

All three communities had a higher number of self-identified males accessing the NSP than self-identified females. The average age of males and females accessing services through NSP ranged from 38 to 52 years.

Biohazard sharps disposal includes individual containers and large drop boxes located in communities. Locations for NSP, biohazard sharps disposal locations and naloxone distribution can be found here **Find Supplies - Ontario Harm Reduction Distribution Program (ohrdp.ca).**

Wound Care Kits

The wound care kit distribution program was established in communities due to the growing concern of skin wounds associated with substance use. Kits provide basic supplies along with a pocket reference to support clients to access health care assessment.

The numbers in Table 4 are for each fiscal year from April 1 to March 31. Data represent kits provided to outreach partners for distribution in each county.

Table 4. Number of Wound Care Kits distributed through harm reduction partners by County, 2020-2024.

County	2020-21	2021-22	2022-23	2023-24
HAL	8	7	51	27
CKL	20	540	851	855
NH	75	163	381	410
Total	**103**	**710**	**1,283**	**1,292**

Source: HKPR District Health Unit (2024)

Drug Test Strip Kit Distribution Program

Drug test strip kits are a harm reduction tool that can be used by people who use drugs to test their personal supply. Testing drugs before use can help people assess personal risk and establish safety plans to prevent harm.

In April 2024, a drug test strip distribution program was implemented. Through the program, harm reduction agencies can provide fentanyl, xylazine and/or benzodiazepine test strip kits and education to clients.

b. Harm Reduction Outreach

For several decades, services delivered through outreach have been an integral and well-established approach to reach, engage, and support people who use drugs. With reduced access to fixed sites, increased contamination of the drug supply and drug poisonings, the need for outreach programs heightened during the COVID-19 pandemic and remains critical to reach priority populations.[29]

Research shows harm reduction services are more likely to reach individuals in the community who may not be connected to traditional health and social support settings. Evidence also indicates that people who use harm reduction services are more likely to engage in ongoing treatment.[30]

Mobile Outreach

Mobile outreach services are particularly effective in rural communities characterised by low population density and no or few transportation options, public or private, to access harm reduction services.

PARN employs harm reduction outreach workers who provide mobile services throughout the County of Haliburton, City of Kawartha Lakes and Northumberland County. Individuals can arrange for delivery of harm reduction materials, new supplies and naloxone from PARN to their home or agreed upon location.

The John Howard Society offers limited harm reduction supports through a mobile outreach initiative to housing locations in the County of Haliburton. Currently, John Howard Society offers harm reduction supports from their offices in Minden and Lindsay. Supports included one-on-one addiction counselling, family support, harm reduction supplies and support, naloxone training, anti-stigma training and workshops. Support can be accessed in person, virtually and over the phone and there are currently no wait times.

In Lindsay, the John Howard Society has prioritized the establishment of a collaborative Integrated Care Hub where harm reduction service provision may be available.

The Canadian Mental Health Association-offers a Mobile Wellness Clinic, '*The Road Ahead*', designed to serve individuals in rural and remote areas who face barriers to accessing existing services and supports. The mobile clinic operates out of a van that brings a full range of mental health and addictions services to areas in the County of Haliburton, City of Kawartha Lakes and Nothumberland County.

From April 1, 2022 to January 31, 2024, '*The Road Ahead*' saw:

- **63 clients in the County of Haliburton**
- **87 clients in the City of Kawartha Lakes**
- **48 clients in Northumberland County**

Community Health Centre Outreach

Community Health Centres in the City of Kawartha Lakes and Northumberland County provide primary care and outreach support services such as harm reduction, assessment and treatment.

Community Paramedicine Outreach

Northumberland Community Paramedics facilitate a weekly clinic at a local shelter in Cobourg as well as seasonal clinics at the Warming Hub hosted by Northumberland County and Transition House Shelter. These clinics provide an opportunity for individuals to seek medical assessment and treatment for a variety of complaints including wound care and infections. In addition, paramedics respond to requests for assessment and treatment such as wound care for individuals within the community who may not have access to the local shelter. From January 1, 2023 to June 30, 2024, 136 individuals were seen through 96 clinics.

In its first year, from February to December 2023, the Community Paramedic Outreach Team in the City of Kawartha Lakes had more than 1,700 encounters with individuals. Care includes referrals to other professionals, immunizations, treatment, wound care, and provision of services to meet basic health needs. Providing care through outreach reduces the burden on the healthcare system, but most importantly ensures that people who use substances and/or are unsheltered receive care.

The Haliburton Community Paramedics are engaged in a community mobile outreach initiative with other community agencies. Paramedics have been providing outreach weekly at specific locations throughout the community.

c. Naloxone Programs

Naloxone Distribution

Naloxone is an opioid antagonist medication that temporarily reverses the effects of an opioid poisoning/overdose. There are two types of **naloxone kits**; injection and nasal spray. The Ontario Ministry of Health makes naloxone available in communities through the Ontario Naloxone Pharmacy Program (ONPP) and the Ontario Naloxone Program (ONP).

There are currently 19 organizations who are distributing naloxone through ONP:

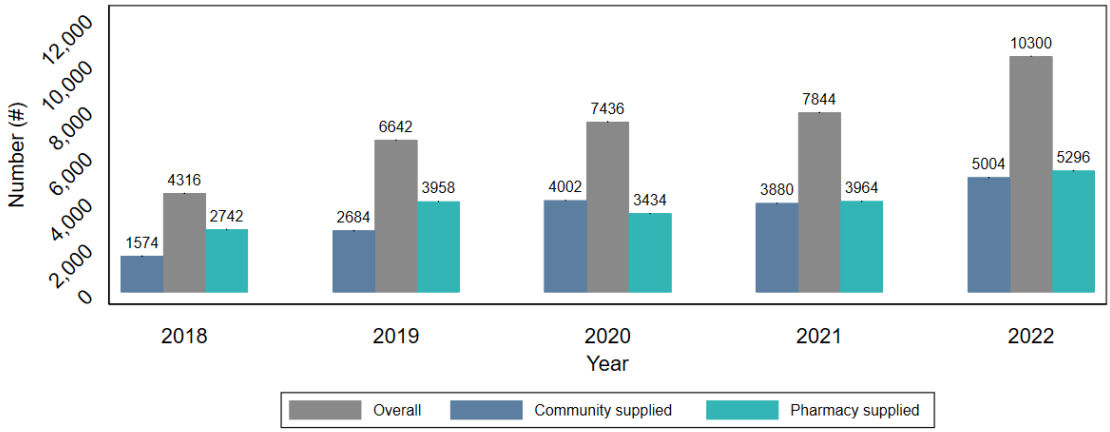
- **1 in the County of Haliburton**
- **5 in the City of Kawartha Lakes**
- **11 in Northumberland County**

There are currently 27 pharmacies in the Health Unit region who are part of ONPP.

ONPP is a voluntary program and not all pharmacies carry naloxone kits.

Figure 15 demonstrates the increased naloxone distribution trends in the County of Haliburton, City of Kawartha Lakes and Northumberland County. The ONP more than doubled distribution from 2018 to 2022. The Ontario Naloxone Pharmacy Program almost doubled within this timeframe as well.

Figure 15: Number of doses of intranasal and injectable naloxone distributed through various partners, by Health Unit region, 2018 – 2022.[12]



Source: ODPRN
Author: HKPR District Health Unit (2024)

Naloxone Administration

There are 13 community partners who are eligible to administer naloxone through the ONP. Police and Fire Services are eligible to participate in the ONP to administer naloxone through the course of their work. ONP participation is a voluntary program and can be based on identified gaps and community needs.

Currently 3 local police services and 8 fire services across the Health Unit region participate in the program.

d. Overdose Prevention Services

Possession of controlled substances is illegal. The operation of systems-level drug poisoning and overdose prevention services such as supervised consumption sites, community-based safer supply programs and drug checking services require an exemption from Health Canada under section 56 of the *Controlled Drugs and Substances Act (CDSA)*. This exemption allows controlled substances to be on site at a specific location and/or for identified individuals to handle small amounts of a controlled substance as part of service operations.[31] Health Canada is the lead agency for the approval and monitoring of these services.

There are currently no overdose prevention services with an exemption from Health Canada operating in the County of Haliburton, City of Kawartha Lakes or Northumberland County.

The closest sanctioned Consumption Treatment Site to our Health Unit region is in the City of Peterborough. This site also offers drug checking services.

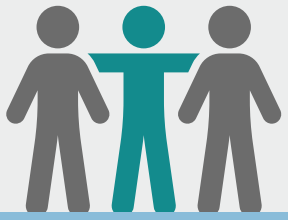
Overdose Prevention Site (OPS)

Overdose Prevention Sites (OPS) are peer-run facilities where people can use their own drugs, access harm reduction equipment, and receive emergency overdose response as needed.[32] A local OPS, operating as Tweak Easy CBG, has not obtained an exemption through Health Canada.

Tweak Easy CBG is unfunded and volunteer-run. It was established in response to a need to offer a safe space to consume inhalation drugs, access supports and experience community connection.[33]

In its first year of operation, from March 17, 2023 to December 31, 2023 there were a total of 584 visits to Tweak Easy CBG.[33]

Harm reduction and other supplies were distributed, and overdose response was provided.



Four team members/visitors have pursued treatment and recovery because of their experience with the OPS.[33]

Drug Checking Services

Drug checking services analyze drugs to increase awareness of toxic substances within the drug supply. Toronto's Drug Checking Service launched in 2019 to offer people who use drugs timely and detailed information on the contents of their drugs, so that they can choose to develop a safety plan that reduces their risk of harm. The service also helps to uncover the makeup of Toronto's unregulated drug supply and information is made publicly available. Toronto Drug Checking Service (TDCS) produces weekly reports on the percent of other substances found in drug samples expected to be fentanyl.[34] The reports help inform local communities of what contaminants might be in the current drug supply.

e. Haliburton Kawartha Lakes Northumberland Drug Strategy Network

The **Haliburton, Kawartha Lakes, Northumberland (HKLN) Drug Strategy Network** is a partnership of local organizations and/or departments across the three communities working directly or indirectly in sectors represented by the four pillars. The HKLN Drug Strategy formed in 2016 to develop a coordinated response to evolving substance use trends and harms and improve communication among organizations working in this space.

The organizational structure of the HKLN Drug Strategy Network includes an over-arching steering committee for the area and committees in each of the three communities focused on local priorities (see Appendix B).

Recent activities of the Drug Strategy steering committee include a survey of people who use drugs to better understand their drug use practices and harm reduction needs for overdose prevention, pursuing grants to hire a Coordinator and engage PWLLE, supporting community conversations to address the drug poisoning crisis, anti-stigma campaigns and learning events and harm reduction education and awareness initiatives.

Local committees have focused on community learning events addressing systemic stigma and unconscious bias towards people who use drugs within the health and social service sectors. The Connections Committee in Haliburton initiated a series of three **Coming Full Circle** community learning events in 2022 and 2023 that included PWLLE in event planning and delivery. In 2024, the Kawartha Lakes Drug Strategy and Connections Committee hosted in-person and virtual events with Dr. Sandra McNeill on ***Recovery, Identity, Resistance: Substance Use Recovery and Stigma in Rural Areas***. These learning events challenged assumptions related to substance use and recovery and promoted social inclusion to eliminate stigma and discrimination.

Community Safety

The Community Safety pillar recognizes the need for peace, public order, and safety and works to reduce crime and community harms associated with substance use[35] through legislation, practice guidance and focused initiatives.

a. The Regulation of Controlled Substances

The regulation of controlled substances is a Federal Government responsibility mainly regulated under the Controlled Drugs and Substances Act (CDSA). It occurs across a continuum from criminalization to decriminalization to legalization (Figure 16) and can be achieved through informal and formal approaches.

Figure 16. The Regulatory Continuum.[31]

Canada has historically taken a criminalization approach to controlled substances. However, the stigma associated with criminalizing the use of drugs, or labelling people who use drugs as criminals can lead to discrimination and exclusion from employment, housing and healthcare. Criminalization and the fear of legal consequences may discourage people with problematic substance use from seeking harm reduction supports and treatment.[36]

b. Decreased Criminalization of Controlled Substances

Ontario's police leaders acknowledge that the opioid crisis is a public health issue requiring a public health response that ensures a continuum of care for people living with substance-related challenges, including access to timely and low-barrier health,

social, and community supports.[36] In 2024, the Ontario Association of Chiefs of Police (OACP) released a position paper calling for a multifaceted approach to improving health outcomes and supporting people in their journey of recovery, reducing the toxic drug supply, and addressing related criminal activity.[36]

There are three local police services and three provincial police detachments in the County of Haliburton, City of Kawartha Lakes and Northumberland County. Police services meet quarterly to discuss community safety related to substance use and evidence-based policing practices. Efforts are being made through formal and informal measures to reduce stigma and decrease the criminalization of personal substance use.

Police and Court Diversion

Diversion is an integral part of the Canadian criminal justice system. The Youth Criminal Justice Act encourages the use of measures outside the justice system. The Criminal Code and Controlled Drugs and Substances Act (CDSA) allow the option of attending a rehabilitation program or another appropriate alternative to incarceration that may help avoid future convictions and a criminal record.[31]

In 2020, the Public Prosecution Service of Canada (PPSC) released guidelines for prosecutors advising them to pursue alternative measures from the criminal justice system where simple possession charges have been laid and there is no risk to the public or the possession offence is not associated with other offenses such as the production or trafficking of controlled substances. In 2022, the Federal Government introduced Bill C-5 to amend the Criminal Code and CDSA to enable police officers to refer individuals to local outreach or harm reduction services or treatment instead of laying charges for simple possession.[31]

Evidence shows that since the release of the PPSC Directive and Bill C-5, police are laying fewer simple possession charges. According to the Ontario Association of Chiefs of Police, removing criminal penalties has proved procedurally and fiscally easy to accomplish.[36]

By following these guidelines, police services in Ontario can use their discretion to informally decriminalize simple possession. However, with no formal legislation in place, public drug use remains illegal allowing police to intervene in circumstances to safeguard community well-being.[36]

Youth and adult diversion programs and initiatives are available in the County of Haliburton, City of Kawartha Lakes and Northumberland County in collaboration with community agencies. It is unknown to what extent diversion from the criminal justice system is being practiced by police services across the Health Unit region.

Targeted Exemptions to Controlled Drugs and Substance Act

Targeted exemptions to the Controlled Drugs and Substances Act allow for a timelier response to identified community priorities and can be implemented more quickly than legislative changes that require passing a bill through Parliament. There have been some key legislative changes in Canada in recent years in support of targeted exemptions.

In 2017, changes came into effect to authorize additional drug-checking services at supervised consumption sites using onsite technologies and providing opportunities for offsite analysis through partnerships between frontline agencies and laboratories.[31]

Canada also passed the Good Samaritan Drug Overdose Act in 2017. The Act provides an exemption under section 4(1) of the Controlled Drugs and Substances Act from charges of simple possession and conditions related to pre-trial release, probation, conditional sentences or parole. It provides legal protection for people who experience or witness a drug poisoning and call 9-1-1 for help from being charged for using or possessing drugs for personal use.

In 2018, the government removed restrictions on the prescription of diacetylmorphine (prescription-grade heroin) to allow doctors to prescribe and administer and nurse practitioners to administer the drug for opioid substitution purposes under Health Canada's Special Access Program outside of hospital settings.[31]

In 2023, the Federal Government granted the Province of British Columbia (B.C.) an exemption to the CDSA for criminal charges or drug seizure related to the personal possession of up to 2.5 grams total of any combination of opioids, cocaine, methamphetamine and/or MDMA (ecstasy) for adults 18 years of age and older in the province. Instead, people were offered information about health and social supports, including support with referrals to local treatment and recovery services, if requested.[37] This exemption was supposed to be in place until 2026. However, it was amended at the Premier's request in April 2024 to make using these drugs illegal in public.[38]

Between June 1, 2024 and July 31, 2024, the Federal Government invited public consultation on the modernization of the regulations for controlled substances in Canada through the **Canada Gazette**. Health Canada developed a regulatory proposal to address gaps and inconsistencies in the current regulatory framework for four different categories of controlled substances including narcotics, controlled drugs, targeted substances and restricted drugs. The proposed changes would consolidate six regulations, and six exemptions made under the Controlled Drugs and Substances Act into a single regulation called the Controlled Substances Regulations (CSR).

c. Community Response Units

Police services play a key role in community safety related to substance use including preventing illicit drug distribution, curbing the toxic supply, and safeguarding communities through prevention and education. Frontline police officers can be the first point of contact with people who use drugs, and often, they are the ones who can assist individuals in their pathways of care.[36]

Police services in the City of Kawartha Lakes and Northumberland County have Mental Health Engagement and Response Teams (MHEART). Teams include a Mental Health Clinician and specially trained police officer who attend crisis calls involving mental health concerns and/or substance use. Teams use a conversational approach to provide mental health risk assessments to clients in need and help introduce (or reintroduce) individuals to services suitable for ongoing treatment and support.

Currently, data on engagement with individuals is not being collected by all MHEARTs in a standardized manner that allows for evaluation of all programs from year to year and across the Health Unit region.

Similarly, Ontario Provincial Police in the County of Haliburton, City of Kawartha Lakes and Northumberland County engage in Mobile Crisis Response Teams (MCRT) where a uniformed officer is paired with an experienced mental health professional to respond as first responders. Individuals may present with symptoms of mental illness, substance use, behavioural disorders, or people in acute crisis situations. Response Teams attempt to streamline access to crisis supports in emergent situations and ensure that the needed level of care is accessible to reduce the burden on hospital emergency departments.[39]

Both MHEART and MCRT programs are funded through grant programs of the Ministry of the Solicitor General. There is currently no core funding for these programs.

The policing community continues to learn, assess, and evaluate the public safety elements related to the opioid crisis and substance use disorder to better inform their position and decision-making. Ontario police services are committed to adjusting operations and continue to support health and harm reduction initiatives while maintaining a focus on organized crime and the illicit drug supply.[36]

Part III

Discussion, Recommendations and Conclusion

Part Three identifies implications for policy and practice, as well as recommendations for action at the local level.

Part III: Discussion, Recommendations and Conclusion

Discussion

The drug poisoning crisis has been many years in the making and is a growing public health issue. Contributing factors include historic prescription of opioids for clinical use, illegally produced synthetic opioids, numerous contaminants that make the unregulated supply unpredictable, and the impacts of the COVID-19 pandemic.

In 2023, 36 people died of opioid toxicity in the County of Haliburton, City of Kawartha Lakes and Northumberland County. Residents experience greater impacts of the drug poisoning crisis than others in the province. For example, emergency department visits and hospitalization rates in 2023 were higher than Ontario by 1.6 times and 1.3 times respectively.

Surveillance is a downstream measure that attempts to monitor in (near) real-time for surges in drug poisonings, and to varying degrees, novel substances such a benzodiazepines and xylazine. Timely and accurate data is necessary to inform a local drug poisoning response. The data available through different sources to monitor opioid overdose activity varies in quality, timeliness and reliability. There is a need to establish comprehensive provincial and local systems to collect data from a variety of sources including first responders, to effectively inform a local response. A new event-based surveillance tool recently launched in Ontario is a step in the right direction and is useful as a supplementary data source. The **Automated Opioid News Event-based Surveillance system** (AONES), uses artificial intelligence to filter for news articles across North America in real-time with critical information related to opioids and the unregulated drug supply.

Preventing people from using drugs in the first place is an important strategy and early intervention is key. Investment in approaches that address adverse childhood events, youth mental health and support families are critical to reduce the risk of substance use disorders in adulthood. Broader structural factors such as income, housing, employment and education can create health inequities and increase the risk of substance use. Interventions focused on the social and structural determinants of health are more effective at improving population health and equity.[40] There is emerging evidence from several youth substance use prevention programs of their efficacy in stopping or delaying substance use. Engagement with schools and school boards increases potential reach and effectiveness of youth interventions.

A range of harm reduction programs and services are needed to address the risks of drug poisoning, and many local partners play a role in their delivery. Multiple levels of government determine what services and supports can and cannot be provided through regulations and policies, and this can present challenges in meeting the immediate needs of people seeking harm reduction and treatment supports. It is

critical to engage people with lived or living experience in planning effective harm reduction and treatment services and supports.

Local trends in the Needle Syringe Program indicate that there has been a significant shift from injection drug use to inhalation use. There are no consumption treatment sites in our Health Unit region and only one in Ontario that is equipped to accommodate inhalation use. This presents increased risks for drug poisoning among people who use drugs this way.

Mobile outreach can be more effective in reaching people in rural communities. Community Health Centres and Community Paramedicine Programs both provide regular mobile outreach to people who use substances and/or are unsheltered and do not have access to a physician. Nurses and paramedics provide medical assessment and treatment for wound care and infections and can offer other health services such as testing for blood borne infections and providing immunizations. Scaling up the provision of mobile health care and harm reduction supports to people who use substances and/or are unsheltered through these two health care providers should be explored. Communities can now apply for new funding to establish Homelessness and Addiction Recovery Treatment (HART) Hubs to address regional priorities and connect people with complex needs to comprehensive treatment and preventative services such as primary care, mental health services, and addiction care and support.

With higher potency fentanyl analogues and contamination of the fentanyl supply with stimulants and tranquilizers, naloxone is less effective in reversing the effects of an opioid overdose. However, fentanyl continues to be the drug most frequently present at the time of death for opioid related deaths, therefore naloxone remains an important harm reduction tool. Naloxone distribution has more than doubled in the Health Unit region between 2018 to 2022. However, it is often the only overdose prevention support available to people and increased training in administering naloxone and greater access to this life saving medication is needed. There are also opportunities to expand naloxone distribution and administration partnerships with first responders to ensure that all have this critical medication onboard when attending a crisis.

There are no overdose prevention services with an exemption from Health Canada operating in the County of Haliburton, City of Kawartha Lake and Northumberland County. The closest sanctioned Consumption Treatment Site is in the City of Peterborough, which also offers drug checking services. A survey of people who use drugs in the County of Haliburton, City of Kawartha Lakes and Northumberland County indicated that systems-level drug poisoning and overdose prevention strategies such as supervised consumption sites, drug checking services and safer supply prescribing are needed in our communities. A preference for integrated harm reduction, social and health services was also reported by survey respondents. Opportunities to implement systems-level strategies will need to be aligned with government legislation going forward.

Systemic stigma against the use of unregulated drugs is embedded in society and is a barrier to the provision of harm reduction and health care services. Stigma must be actively addressed through education, policy and practice. The HKLN Drug Strategy Network plays a vital role in combating stigma through public education about the drug poisoning crisis and bringing community partners together to collaborate on solutions. Building capacity for this work will require a commitment of resources from community partners including funds to sustain a coordinator position.

Changes to opioid prescribing practice guidelines for chronic non-cancer pain in 2017 saw the number of prescriptions for opioids decline by over 400,000 between 2016 to 2017. The guidelines also recommended restricting or limiting access to opioids for pain management by people with an active substance use disorder or history of use. With one out of every five adults in Canada seeking health care for chronic pain, restricting access to prescription opioids may lead some people to seek relief from the unregulated supply.

Clear pathways to withdrawal management and treatment can provide people with a substance use disorder the support necessary for change. There are no publicly funded residential treatment facilities in the County of Haliburton, City of Kawartha Lakes and Northumberland County and community treatment is limited in its options and availability. Both RAAM and OAT require a diagnosis of substance use disorder to access treatment, which may be a barrier for some. Saturation of fentanyl in the unregulated drug supply over time has led to dependency and higher tolerance. Data in Figure 11 indicates that most new OAT clients are being prescribed methadone. In addition, while the number of OAT prescribers increased between 2018 and 2023, the rate of overall and new clients to the program has remained the same over this period indicating low uptake of the program. High potency fentanyl analogues and contamination of the fentanyl supply with stimulants and tranquilizers complicates dependency and treatment and existing pharmaceutical grade opioid replacement therapies may not be adequate to meet the need.

Effective treatment approaches also need to consider additional challenges faced by many individuals with substance use disorders, such as housing/homelessness and lack of access to health care. Strong pathways to connect people who use drugs to appropriate service provisions are required. Health care practitioners play an important role in treatment programs. This includes physicians, nurses, nurse practitioners, paramedics and pharmacists.

Criminalizing people who use drugs also creates barriers that prevent people from obtaining housing or work, and from accessing services to manage and mitigate the use of unregulated drugs. Guidelines developed by the Public Prosecution Service of Canada in 2020 and the introduction of Bill C-5 in 2022, have led to police laying fewer simple possession charges in Ontario. However, it is unknown to what extent diversion from the criminal justice system is having an impact on the lives of people who use drugs and community safety.

Policing associations nationally and provincially recognize substance use disorder as a health issue rather than a criminal justice issue, requiring diversion responses that are evidence-based and health-centred. Diversion programs could be more effective if there were clear pathways of care available. Establishing these care pathways between law enforcement, health and social services will require a substantial investment of public funds, initially and over the long-term.

Frontline officers play a critical role in any diversion model and can assist individuals into pathways of care. Evaluation of diversion programs will provide ongoing evidence to inform the practice.

Community Response Units are promising practices and all local and provincial police services in the Health Unit region have them. Core funding for these essential programs is needed so that police services, in partnership with mental health professionals, can provide mental health risk assessments and support people in acute crisis situations.

Recommendations for Action

The following recommendations are informed by the evidence and information provided in this report and align with recommendations from the Drug Strategy Network of Ontario[41], Ontario Association of Chiefs of Police[36] and the Chief Medical Officer of Health for Ontario.[40] There are over-arching recommendations that inform policy and practice and more specific recommendations for actions at the local level. All actions should be monitored and evaluated to assess their efficacy and impact on the lives of people who use drugs.

Implications for Policy and Practice

Engage People with Lived and Living Experience

Recommendation #1: Adopt a practice of "nothing about us without us" to ensure that people with lived and living experience (PWLLE) of substance use are meaningfully included and engaged in all planning and decisions on proposed programs and services.

- Co-design harm reduction and treatment programs, pathways of care and health services with PWLLE.
- Resource local Drug Strategy groups to develop peer engagement strategies that support the participation of PWLLE.
- Develop clear role descriptions, fair compensation, access to appropriate supports, and opportunities for professional development to support PWLLE in the workplace.

Address the Urgency

Recommendation #2: Advocate for the creation of a Provincial Drug Strategy Task Force and employ a coordinator to focus on a provincial response to the drug poisoning crisis that includes building partnerships and acting as a conduit between government and community agencies.

- Bring together public health, health care, first responders, community and social service partners and PWLLE to collaboratively deliver an "All-of-Society" strategy to reducing substance use harms.
- Provide the Task Force with the authority to recommend policy and practice changes that reorient health services to meet the real-time health needs of people who use substances in our communities.
- Examine processes that already exist at the provincial and federal level to manage consumer health and safety to inform the drug poisoning alert and response process.

- Standardize drug poisoning alert and response protocols to bring them in line with alerts related to other causes of death and injury such as foodborne illnesses and infectious diseases.
- Explore how the public health and emergency strategies used to contain COVID-19 could be used to address the drug poisoning crisis.
- Establish mechanisms to enable partners to share real-time data within a circle of care defined in local drug poisoning response plans.
- Collaboratively establish provincial goals to reduce the incidence of drug poisoning and track this data publicly.

Recommendation #3: Advocate for access to real-time data on drug poisonings.

- Implement provincial processes that would enable access to local real-time data for drug poisonings and associated indicators.
- Establish mechanisms to enable first responders to share real-time data within a circle of care defined in local drug poisoning response plans.

Recommendations for Local Action

Invest In Prevention, Education and Early Intervention

Recommendation #4: Invest in upstream prevention and early interventions.

- Develop a cross-sectoral strategy that links early intervention services.
- Adopt and/or expand programs and services that provide foundational support for the health, safety and well-being of individuals, families and neighbourhoods. For example, housing, basic income, childcare, food security and other services designed to address the social determinants of health.
- Deliver evidence-based, resiliency focused education/awareness/prevention programs for families and youth.
- Educate and inform youth, families and communities of the risks associated with the toxic, unregulated drug supply through schools, youth hubs/centres and community agencies.

Recommendation #5: Proactively address structural stigma within your organization.

- Institute minimum standards of education/training on the topics of substance use within regulated professions whose members work with the public.
- Provide Trauma and Violence Informed Practice training to first responders, health care, public health, service providers, harm reduction workers, Peers and others working directly with people who use unregulated drugs.

- Conduct an internal policy audit to assess your organization's culture for stigmatizing language, policies and practices.
- Develop organizational value statements that address stigma and reflect non-judgemental approaches to working with PWLLE.

Expand Harm Reduction and Treatment Practices

Recommendation #6: Expand harm reduction service provision.

- Map out, communicate, implement and evaluate direct access pathways to harm reduction services from both the perspective of the service provider and the service user.
- Design trauma and culturally informed harm reduction supports and substance use services that are accessible and co-located with other aligned health and social services.
- Provide naloxone training in workplaces and among higher risk populations.
- Advocate for evidence-based, systems-level harm reduction strategies that reduce the risk of drug poisoning and death.
- Explore service agreements with Peterborough's Consumption and Treatment Site or Toronto Drug Checking Service to provide drug checking services locally.
- Advocate for drug policy reform at the federal and provincial levels that support evidence-based, systems level interventions such as consumption and treatment sites, drug checking services and safer supply prescribing.

Recommendation #7: Expand mobile outreach for harm reduction and medical treatment.

- Provide core funding to expand and support mobile harm reduction outreach in rural areas as an effective way to integrate harm reduction programs in the community and offer broad-based services and connections to care.
- Establish permanent funding to expand Community Paramedicine Programs (CPP) to build capacity for mobile medical, harm reduction and treatment outreach.
- Expand the Ontario Naloxone Program partnership to enable distribution of naloxone through CPPs.

Recommendation #8: Establish direct access pathways to care, withdrawal management and treatment.

- Establish a multi-faceted strategy with first responders, public health, heath care and community and social services to establish pathways of care and support for people who use drugs.

- Apply to the Ontario Ministry of Health, to establish HART Hubs and provide evidence-based withdrawal management and treatment programs, and other support services necessary to assist people who use drugs in their recovery journey.

Recommendation #9: Build capacity in the HKLN Drug Strategy Network.

- Invest in a paid coordinator position for the HKLN Drug Strategy Network to support and sustain the work locally.
- Establish a robust community collaborative drug poisoning emergency plan.
- Adopt the Drug Strategy Network of Ontario's policy solutions to end the drug poisoning crisis with measurable outcomes that are reported on.
- Align the HKLN Drug Strategy workplan with community needs identified through Community Safety and Wellbeing planning processes.
- Promote a 'health in all policy' approach locally to address health inequities among people who use drugs.

Reorient Community Safety to a Health-Centred Approach

Recommendation #10: Pursue evidence-based and health-centred diversion programs.

- Reduce stigma associated with the criminalization of drug use through standard practice of existing diversion measures and targeted exemptions.
- Monitor and evaluate diversion programs to better understand their efficacy and impact on the lives of people with substance use disorder.
- Develop diversion programs that are culturally appropriate and address systemic racism.
- Provide core funding for Mental Health Engagement and Response Team and Mobile Crisis Response Team programs.

Conclusion

The drug poisoning crisis in Ontario is a complex health issue that has significant impacts on people who use drugs, their family and friends, and communities. However, change is possible. Addiction is not a choice. It is a chronic health condition that can be managed given the right supports and treatment.[40]

This report provides a situational assessment of the four-pillar approach used to address the drug poisoning crisis in the County of Haliburton, City of Kawartha Lakes, and Northumberland County. The report describes the situation through various data sources, reviews programmatic actions by organizations working within the four pillars to address the drug poisoning crisis and identifies recommendations for action.

In their 2023 annual report titled *"Balancing Act: An All-of-Society Approach to Substance Use and Harms"*, Dr. Kieran Moore, Chief Medical Officer of Health for Ontario speaks to the challenges of balancing personal autonomy with health protection objectives; economic benefits with societal costs; and providing harm reduction and overdose prevention services while ensuring community safety.[40] The complexity of the crisis cannot be overstated.

Yet, there are evidence-based actions that can be taken across various sectors and within various levels of government that can collectively contribute to solutions. Recommendations in this report focus on actions that address both upstream factors driving substance use and harms such as early life experiences and the social determinates of health, and downstream factors such as how substances are used, their potency and the stigma associated with their use.

The report can be used to further conversations among municipal governments, agencies and service providers, consumer advocacy groups, and the community at large about ways to collaborate to reduce drug poisonings and deaths in our heath unit region. Data in the report can help inform the design of prevention, treatment, harm reduction and community safety intervention and strategies.

#TogetherWeCan end overdose deaths.

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Appendices

Appendix A

Table 1: HKPR District Health Unit Data Accessibility

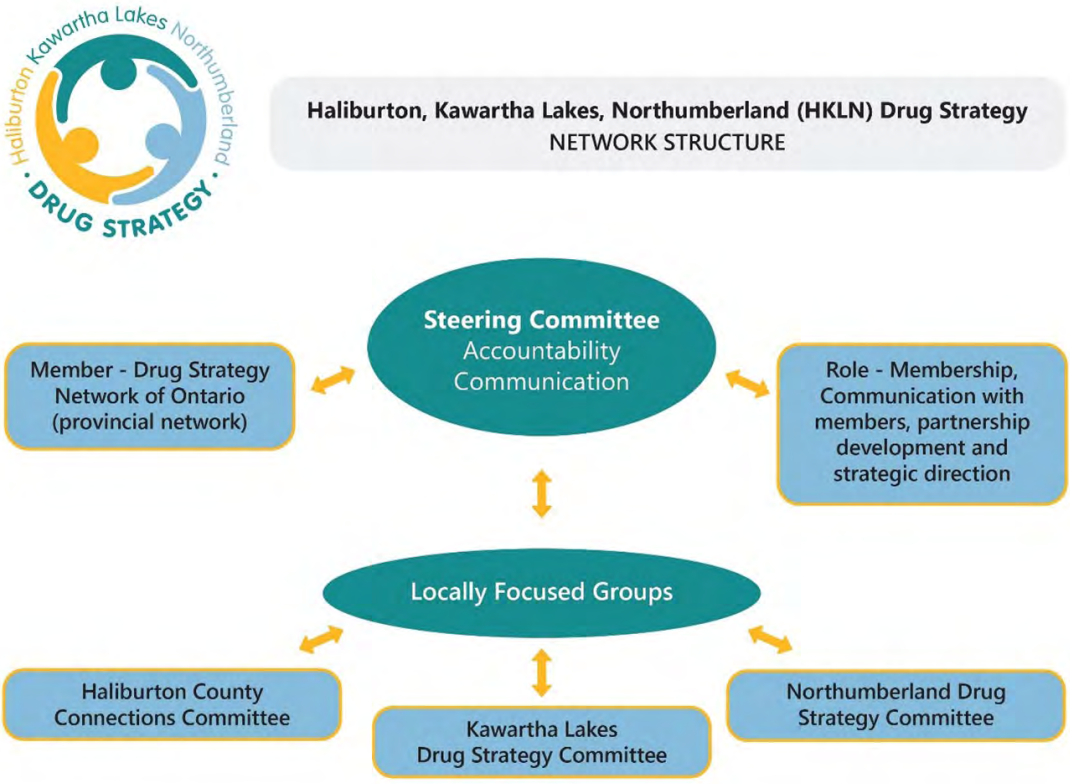
Data Source	Type of Data	Timeliness	Data Notes/Barriers/ Limitations	Current Accessibility
Acute Care Enhanced Surveillance System (ACES)	Emergency department visits	Data are available in real-time via an online portal	ACES is a syndromic surveillance system that uses the chief complaint (i.e. description of the main reason for seeking care) to identify 'syndromes' at triage. Syndromes may differ from final physician diagnoses. Minimal information is identified within the complaint section regarding overdose (i.e no details regarding type of overdose or substance based on triage assessment)	Available to the health unit through direct access of the system.
Suspect opioid-related call data	Paramedics data	Data are available with a one-week delay – receive data weekly for the previous week	The HKPR District Health Unit will corroborate data with the corresponding paramedic service if there is an increase in the number of suspect opioid-related emergency department visits observed in ACES. However, data access and availability are not real-time. Details of overdose or type of drug poisoning may or may not be present at the time of EMS assessment and hence not identified in the data shared with the Health Unit	Available through weekly reports, data provided from paramedic services.

Data Source	Type of Data	Timeliness	Data Notes/Barriers/ Limitations	Current Accessibility
Suspect opioid related call data	Police	Data are available with a one-week delay.	The HKPR District Health Unit will corroborate data with the corresponding police service if there is an increase in the number of suspect opioid-related emergency department visits observed in ACES. However, data access and availability are not real-time. We have not been successful in our efforts to have a data sharing agreement in place with OPP. This would need a provincial effort from the Ministry of Health to work closely with the solicitor general to avail data to public health units across Ontario. As we are missing data on calls received by OPP, police data are under-reported.	Available through weekly reporting from local police services.
National Ambulatory Care Reporting System (NACRS)	Emergency department visits	Data are available on approximately six to twelve months delay	Emergency department visits include all HKPR District Health Unit residents that visited an emergency department in Ontario.	Accessible through IntelliHealth, Ministry of Health.
Weekly emergency department visits for opioid-related overdoses	Emergency department visits, data provided through the Ministry on a weekly basis	Data are available on approximately a one-week delay	Number of visits by health unit residents and is available by HKPR District Health Unit residents and HKPR District Health Unit hospitals.	Weekly data files provided from the Ministry of Health.
Discharge Abstract Database (DAD)	Hospitalizations	Data are available on approximately a six – twelve-month delay	Includes HKPR District Health Unit residents discharged from an opioid-related overdose hospitalization from any hospital in Ontario.	Accessed through IntelliHealth, Ministry of Health.

Data Source	Type of Data	Timeliness	Data Notes/Barriers/ Limitations	Current Accessibility
Mortality data	Available through the Office of the Chief Coroner (OCC) through weekly, monthly, and quarterly data reports	Data are available on approximately a two-week delay	Investigations of suspected drug-related deaths may take several months to reach a conclusion on the cause of death. If deaths initially suspected to be drug-related are determined to not be drug-related, they are removed from the suspected drug-related death count to maintain comparable baseline data for recent months. Data are preliminary and subject to change. Geographic region is assigned based on location of incident (not location of residence). Due to delays in data entry the geography/ location of the event may not assigned for recent deaths. Data are updated as information becomes available.	

Appendix B

HKLN Drug Strategy Network Structure



HKLN DRUG STRATEGY

HALIBURTON, KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT

The HKLN Drug Strategy and the HKPR District Health Unit are committed to providing information in a format that meets your needs. To request information in an alternate format, please call 1-866-888-4577 or email info@hkpr.on.ca.