

YORK REGION

# OPIOID

ACTION PLAN 2024

**PUBLIC HEALTH**  
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**York Region**

# ACKNOWLEDGEMENTS

The Community Opioid and Drug Response Collaborative (CODRC) would like to express their gratitude to everyone involved in the making of this report, in particular all individuals, and community members who participated in the engagement sessions for their time, commitment, knowledge and perspectives. The collaborative would especially like to thank people with lived and living experiences for their continued engagement and support. We would also like to acknowledge the members of our community that have lost their lives in the ongoing drug poisoning crisis, as well as front line workers, families and friends who have been affected by their deaths.

CODRC members were also vital in their contributions to the development of this plan, a special thank you to all of our partnering members, especially Krasman Centre, CAYR Community Connections, John Howard Society, Georgina Fire and Rescue Services, York Region Public Health, Addiction Services Central Ontario, Ontario Health Central Home and Community Support Services, York Regional Police, York Region Paramedic Services, York Region Homelessness Community Programs, and Canadian Mental Health Association York and South Simcoe.

We acknowledge that York Region is located on the traditional territory of many Indigenous peoples including the Anishinaabeg, Haudenosaunee, Huron-Wendat and Métis peoples and the treaty territories of the Haudenosaunee, Mississaugas of the Credit First Nation and Williams Treaties First Nations. Today this area is home to many diverse Indigenous Peoples, and we recognize their history, spirituality, culture and stewardship of this land. We also acknowledge the Chippewas of Georgina Island First Nation as our closest First Nation community.

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YORK REGION  
**OPIOID ACTION PLAN**  
EXECUTIVE SUMMARY

The Community Opioid and Drug Response Collaborative (CODRC) – a collective made up of multiple government and community organizations who work with and support people who use drugs in York Region – works together to take action to prevent and reduce the tragic burden of harm, including overdoses and deaths, caused by opioids and other substances in the Region. Public Health is a co-chair and one of the agencies leading in developing and supporting the Collaborative, organizing community engagements, and drafting the Opioid Action Plan in collaboration with CODRC. Public Health also implements several harm reduction programs such as naloxone distribution and distribution of harm reduction supplies in partnership with members of CODRC. Public Health is responsible for maintaining the early warning system and communicating information to CODRC and the community. In 2023, the CODRC hosted a series of community engagement events to elicit feedback, conversation and new ideas to update the 2019 Opioid Action Plan. People with lived or living experience using opioids and other substances were central to the success of these events and the revisions to the plan.

The Opioid Action Plan has outlined 20 different actions, organized into six areas of focus:

-  Stigma reduction
-  Prevention
-  Harm reduction
-  Treatment
-  First response and community safety
-  Data and Early Warning

The CODRC will use the Plan to guide the collective response to the opioid and substance use crisis in our community. As part of this work, emphasis will be placed on the intersections between substance use and other health inequities including poverty, precarious housing, racism and discrimination, among others. This is an important public health issue that spans health care, social and structural determinants of health, prevention and data and early warning. With this in mind, it is clear that a community approach is essential. We need to work together to address the challenges faced by our community and people who use drugs.

# COMMON TERMS AND LANGUAGE

**PEOPLE WITH LIVED AND/OR LIVING EXPERIENCE (PWLE)** Lived experience refers to people who have used one or more substances and who are currently in recovery. Living experience refers to people who are currently using one or more substances.<sup>1</sup>

**SUBSTANCE** is anything taken into the body that changes the way one thinks, acts, or feels. Examples include alcohol, cannabis, tobacco and prescription drugs obtained from the unregulated market.

**NALOXONE** is a medication that works to reverse the effects of an opioid overdose or poisoning. Also called an opioid antagonist, naloxone works by knocking off the opioid molecules from the brain's opioid receptors and binding to the receptors in place of the opioids. The effect lasts for about 30 to 90 minutes, allowing for a person to breathe again and reverse the overdose or poisoning until emergency medical care can be received.

**OPIOID** A generic term applied to alkaloids from the opium poppy (*Papaver somniferum*), their synthetic analogues and compounds synthesized in the body, which interact with the same specific receptors in the brain, have the capacity to relieve pain and produce a sense of well-being (euphoria). The opium alkaloids and their synthetic analogues also cause stupor, coma and respiratory depression in high doses.

**OPIOID MAINTENANCE TREATMENT** Also referred to as opioid agonist maintenance treatment or opioid substitution treatment. Examples of opioid maintenance therapies are methadone and buprenorphine maintenance treatment. Maintenance treatment can last from several months to more than 20 years and is often accompanied by other treatment (such as psychosocial treatment).

**DRUG POISONING** (overdose/toxicity/ poisoning) is when the body is overwhelmed by exposure to something, in this case a toxic amount of drug or combination of drugs which cause the body to be unable to maintain or monitor functions necessary for life. These are functions like breathing, heart rate, and regulating body temperature.<sup>2</sup> For this document "overdose", "poisoning," and "drug toxicity" are used interchangeably but they have different underlying meanings. The term "overdose" implies that a person took too much of a known substance, either intentionally or unintentionally. Unregulated drugs are often contaminated with additives and adulterants (e.g. fentanyl or benzodiazepines) that people had no intention to consume. The terms "poisoning" or "drug toxicity" are often more accurate for describing the harms people experience from these substances.<sup>2</sup>

**SAFER SUPPLY** Refers to a legal and regulated prescription and supply of substances with mind/body altering properties that traditionally have been accessible only through the unregulated substance market.<sup>3</sup>

**HARM REDUCTION** Is an approach to reducing the negative consequences of drug use without demanding/requiring abstinence and recognizing that some may continue to use substances. Harm Reduction is also based on social justice and built on a belief in, and respect for, the rights of people who use drugs.<sup>4</sup>

# INTRODUCTION

For over a decade, North America has experienced a dramatic rise in opioid use, overdoses, drug poisoning and deaths. The rate of opioid-related deaths has continued to climb in Ontario affecting people of different ages, income levels and identities.<sup>5</sup> Between 2016 and 2022, emergency department visits for opioid overdoses have slowly increased in York Region. The drug poisoning crisis has impacted the lives of many people who use drugs, their loved ones, and the community as a whole.<sup>6</sup>

The COVID-19 pandemic contributed to and further exacerbated the situation, creating an increasingly toxic, unregulated drug supply.<sup>5</sup> People with pre-existing substance use disorder or mental illness were disproportionately impacted by COVID-19 associated factors including reduced access to addiction, mental health and harm reduction services, social isolation, economic burden, border and travel restrictions, and other pandemic-related stress.<sup>7,8,9</sup>

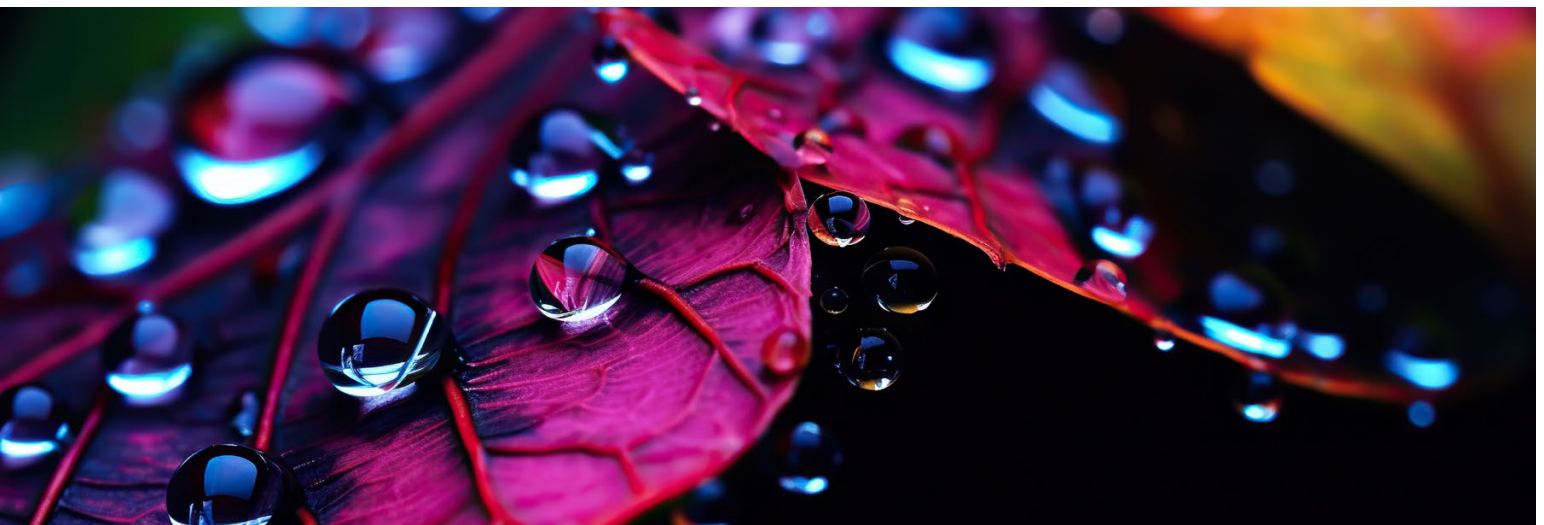
In response to the increased impacts and harms associated with the COVID-19 pandemic and the drug poisoning crisis, the Opioid Education Response Working Group (OERW) revised the Opioid Action Plan and its organizational structure.

The OERW has now evolved into the Community Opioid and Drug Response Collaborative (CODRC). The CODRC is a collective of non-governmental, governmental and other agencies who work together to reduce harms associated with opioid and other drug use in York Region. CODRC has a mandate to monitor opioid harms in the Region, coordinate communication and response, reduce stigma around opioid use and the people who use opioids, and develop a York Region Opioid Action Plan.

The updated Opioid Action Plan builds on the 2019 Opioid Action Plan and considers current programs and partnerships in York Region and provides recommendations for action, referencing and supplementing existing programs in national, provincial and neighbouring regions.

The Opioid Action Plan was updated based on feedback from people with lived and/or living experience (PWLLE) and community partner agencies.

The Opioid Action Plan is focused on opioids, but also recognizes the impacts of contamination within an unregulated drug supply as well as strategies that address co-use of substances and mitigate broader substance use harms.<sup>10,11</sup>



## BACKGROUND

### Toxic, unregulated drug supply is increasing the risk of overdose.

Opioids are a family of drugs used to treat pain and opioid addiction. Opioids are also frequently used non-medically for their euphoric effects. Opioid drugs include prescription pain medicine and illegal drugs including fentanyl, morphine, methadone, oxycodone, codeine and hydromorphone. Opioid drugs can cause addiction, also known as opioid use disorder (OUD) and at high doses, opioids can lead to overdose and death.

When obtained from an unregulated drug supply, opioids can have varying and unpredictable levels of toxicity. For example, fentanyl is sold in many forms including patch, powder, pill and liquid and with inconsistent potency. Other unregulated drugs such as cocaine or heroin can be contaminated with fentanyl or other toxic opioids and substances, increasing the risk of poisoning resulting in brain damage and/or death. As previously discussed, the COVID-19 pandemic, among other factors, has contributed to an even more toxic, unregulated drug supply in which fentanyl and different contaminants such as xylazine, benzodiazepines, nitazenes and carfentanil are being found.<sup>5,12</sup>

Opioid related harms, such as poisonings, can happen to anyone, including people prescribed opioids and people who use drugs from the unregulated drug supply.<sup>13</sup> However, most opioid related harms, including deaths do not involve people who use prescription opioids as prescribed for pain or other medical reasons. Deaths are preventable and are due in large part to the unregulated drug supply, where the use of highly toxic and potentially contaminated substances with opioids and other drugs are significantly increasing the risk of overdose/poisoning.<sup>5</sup>



In addition to poisonings and loss of life, other impacts include dependence or addiction, increased hospitalization and health system costs, lost productivity and infectious diseases commonly associated with substance use. There are human impacts as well to be considered, such as psychological trauma experienced by first responders and others who witness poisonings as well as devastation to families and friends who have lost loved ones.

Addressing the drug poisoning crisis has become a priority for governments, non-governmental organizations, health and safety agencies and communities. Solutions require multi-sector coordination and collaboration, commitment, evidence-informed action and involvement from people with lived and/or living experience (PWLLE).

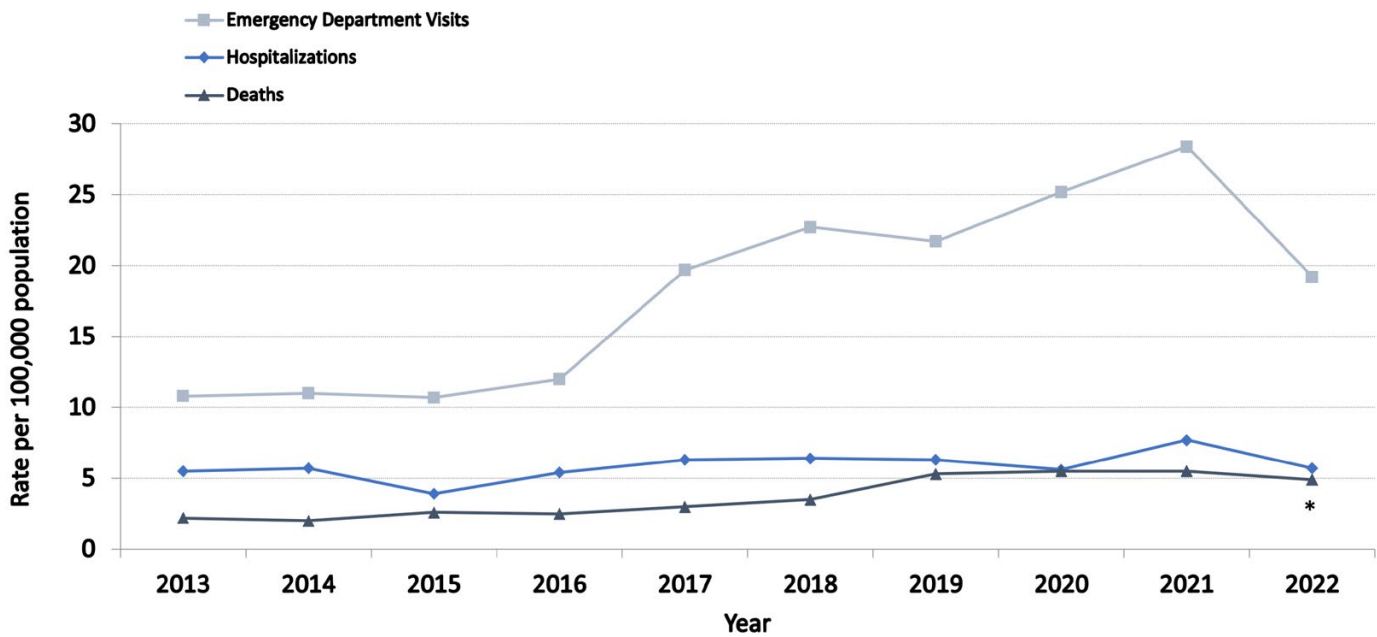


# OPIOID USE IN YORK REGION

Addressing opioid and substance related harms is essential to reduce the rate of poisonings and deaths in our communities. York Region currently experiences lower impacts of opioid use compared to other Ontario regions. Despite York Region having lower rates compared to neighbouring regions, we know rates have been increasing over the last 10 years and that the risk differs by population group, for example certain sub-populations by geography, age groups and socioeconomic circumstances are more likely to experience opioid-related harms.

Opioid-related harms have slowly increased in York Region over the last decade (Figure 1). Since April 2017, Ontario hospitals have been required to report emergency department visits for opioid overdoses. Between 2017 and 2021, the rate of opioid-related emergency department visits in York Region increased by 44%, before decreasing to a low of 19 emergency department visits for opioid overdoses per 100,000 York Region residents in 2022. The highest rate of emergency department visits for opioid overdoses in 2022 was found among 25- to 44-year-olds. This age group also had the largest increase from the previous year compared to other age groups and had the highest rate of opioid related death in 2022, with men being impacted more than women.<sup>6</sup> A total of 70 and 63 people died from opioids in 2021 and 2022 respectively in York Region.<sup>14</sup>


**Figure 1. Rate of Opioid-related harms per 100,000 residents in York Region, 2013-2022.<sup>6</sup>**



\* 2022 Death data are preliminary and are subject to change

Data sources: 1. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; 2023.

Available from: <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool>



Addressing opioid harms includes preventing problematic opioid use, overdoses and deaths, helping individuals at various stages of and reasons for use by connecting people to treatment, health and social services, and providing harm reduction services. The following 2022 data provides some further understanding of the opioid trends in York Region:

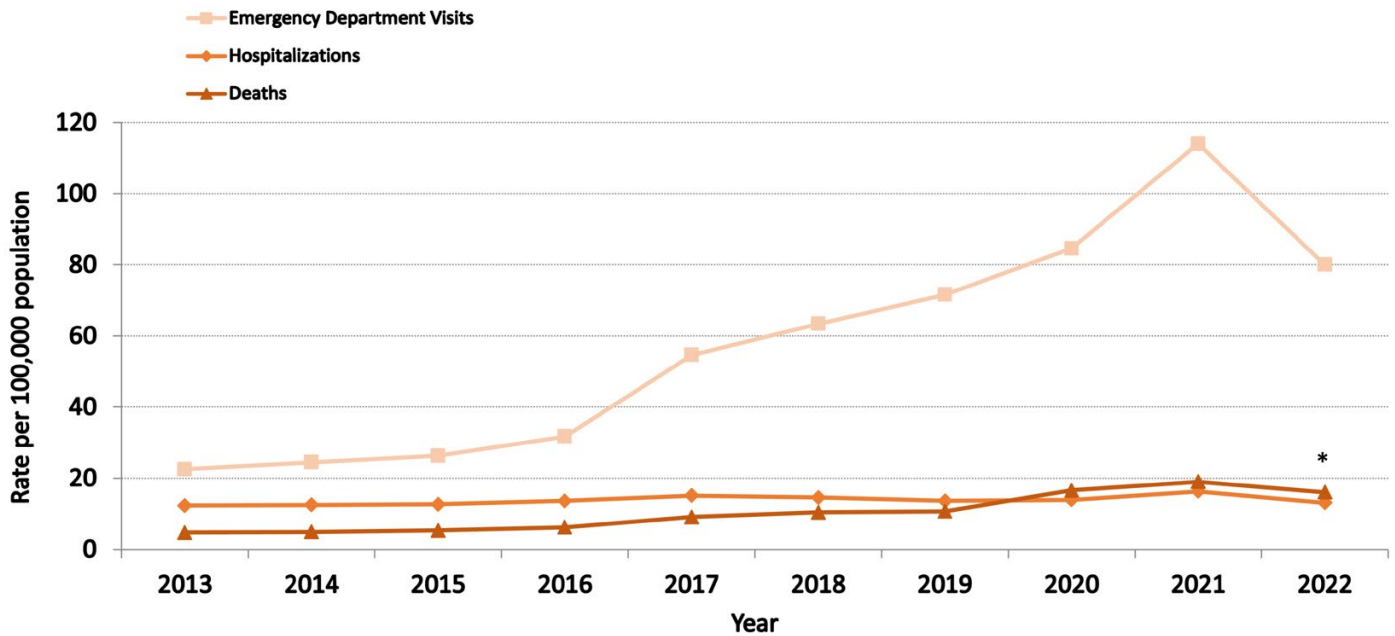
- 87,531 York Region residents received a prescription opioid for pain at a rate of 70.3 per 1,000 residents. This is relatively low compared to other regions in the province.<sup>15</sup>
- Nine percent of students (Grades 9 to 12) in 2019 reported using prescription opioids for non-medical reasons in the past year, slightly below the 11% rate of Ontario students.<sup>16</sup>
- Fentanyl was present at time of death in almost three-quarters of opioid-related deaths in York Region.<sup>14</sup>

The COVID-19 pandemic contributed to increased harms from the ongoing unregulated substance poisoning crises in Ontario. A report released by Public Health Ontario and the Ontario Drug Policy Research Network in 2021 shared that between February 2020 and December 2020, there was a 79% increase in the number of opioid-related deaths across the province.<sup>17</sup>

# TRENDS OF OPIOID USE AND HARMS IN ONTARIO

At the provincial level, between 2016 and 2022, Ontario saw 14,582 opioid-related poisoning hospitalizations and 13,011 apparent opioid toxicity deaths.<sup>15</sup> Between April 2018 to December 2022, Ontario Emergency Medical Services (EMS) responded to 17,817 suspected opioid-related overdoses.<sup>15</sup>

**Figure 2. Rate of Opioid-related harms per 100,000 residents in Ontario, 2013-2022.** <sup>6</sup>



\* 2022 Death data are preliminary and are subject to change

Data sources: 1. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; 2023. Available from: <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool>

- More than 2,435 Ontarians died from opioid-related causes in 2022.<sup>6</sup>
- In 2022, there were 12,111 emergency department visits for opioid-related harms, with the vast majority being males within the 25 to 44 age group.<sup>6</sup>
- Prescribed, diverted and unregulated opioids contributing to opioid-related deaths suggest the need for a multifactorial approach that considers both the prescribed and unregulated use of opioids.
- Prescription of opioids can contribute to the development of opioid use disorder and using drugs from the unregulated supply.<sup>18</sup>

# TRENDS OF OPIOID USE AND HARMS IN CANADA

Between January 2016 and December 2022, there were 36,233 opioid-related poisoning hospitalizations in Canada (not including Quebec) and 36,442 apparent opioid-related deaths. That is equal to approximately 23 deaths per day, nationally. In 2022, there were 35,900 calls to EMS for suspected opioid-related overdoses.<sup>10</sup>

These data highlight the impacts of the substance poisoning crisis and the concern it presents to all levels of government.

# PROVINCIAL AND FEDERAL OPIOID ACTIONS

## Provincial Actions

Ontario has seen a rise in opioid-related emergency department visits (Figure 2 above) and deaths. Mandatory reporting of emergency department visits for opioid overdoses began in April 2017. Although the Province has not declared a public health emergency, a few individual municipalities have. Provincial efforts focus on four key areas including<sup>10</sup>:

- Appropriate pain management
- Treatment for opioid dependence and addiction, including investments in mental health support
- Harm reduction
- Enhanced reporting and early warning

Ontario continues to implement strategies to prevent poisonings, address dependence and addiction, improve mental health and pain management services, reporting, early warning and harm reduction. On February 18, 2020, the Province launched a new Mental Health and Addictions Centre of Excellence as part of Ontario Health.

During the COVID-19 pandemic, Ontario launched an expanded access component to its naloxone program, allowing Public Health Units to partner with additional agency categories that may support people at risk of opioid overdose and poisoning. As a result of this, York Region Public Health was able to build partnerships with Paramedic Services to distribute naloxone through community paramedicine outreach as well as during a 911 response via its ambulances. The province also reduced the reporting burden on Public Health Units, partnering community agencies and clients receiving naloxone.

On June 1, 2023, The Ministry of Labour, Immigration, Training and Skills Development launched Ontario's Workplace Naloxone Program, an initiative that requires some workplaces to carry naloxone in case a worker has an opioid overdose under the *Occupational Health and Safety Act (OHSA)*.<sup>19</sup>

The Drug Strategy Network of Ontario (DSNO) is a collection of 41 drug strategies across the Province, including the CODRC. In 2022, the DSNO developed a policy solutions document titled [Solutions to End the Drug Poisoning Crisis in Ontario: Choosing a New Direction](#),<sup>20</sup> which outlined four key solutions to reduce drug poisoning deaths and injuries in Ontario. The CODRC was supportive of and endorsed the policy solutions, with the exception of the proposed solution to declare the Province's drug poisoning crises to be an emergency under the *Emergency Management and Civil Protection Act*.<sup>21</sup> The current membership of the CODRC felt this fell under the purview of the Province to make that decision. Since the document's release, several network members, individuals, drug strategies, networks, coalitions and organizations have expressed support. The membership of the DSNO believes that endorsement of and acting on the solutions proposed in the document will support and increase conversations around addressing the drug poisoning crisis and spur actions and partnerships to mitigate the harms associated with substance use.

## Federal Actions

On June 26, 2023, the Minister of Mental Health and Addictions and Associate Minister of Health released a statement after [the national data on opioid and stimulant-related harms](#) was shared.<sup>22</sup> Although there was a decrease in the rate of opioid-and stimulant-related harms observed in 2022, the statement acknowledged the significant scale of harms and recognized

the need to address the real human impacts, including people whose lives were lost or threatened due to the toxic, unregulated drug supply. The federal government increased access to harm reduction and evidence-informed treatment service and supported several projects including Toronto Drug Checking Services, the National Overdose Response Service and prescriber-led safer supply. Health Canada provided a funding opportunity that CODRC agency partners successfully applied and received funding for, on a project aimed at encouraging the adoption of harm reduction practices in settings who serve equity deserving populations otherwise difficult to reach (e.g., shelters).

In the last few years, politicians/government, health authorities, people who work in the justice sector and enforcement have been adding to the voices of the harm reduction sector, advocating for the decriminalization of simple possession of all drugs and drug policy reform. In 2023, British Columbia launched their model of decriminalization with approval from Health Canada. The model applies province-wide and includes small amounts of specific drugs, the exemption has been granted for three years and will have a strong focus on evaluation and monitoring.<sup>23</sup> Additional harm reduction measures, such as drug checking services, prescribing a safer supply of drugs, stigma reduction and prevention remain important considerations and actions.

### **Impacts to Indigenous Populations**

Federal and provincial opioid strategies include a focus on Indigenous communities who are highly impacted by the opioid crisis and are more likely to experience overdose, hospitalization and death from opioids compared to non-Indigenous communities.<sup>24,25</sup> People from Indigenous communities also face devastating effects from residential schools, additional barriers in accessing health care<sup>26</sup> and have higher incidence of life challenges (for example, homelessness) that further compromise well-being.<sup>27</sup> Addressing the opioid issue in the Indigenous community requires culturally safe practices and involvement of the Indigenous community to provide leadership in identifying and offering services.



The background features a series of vertical, wavy, light-colored patterns that resemble ripples in water or soft folds in fabric. A semi-transparent teal shape is overlaid on the top right, containing the title text.

# THE YORK REGION **OPIOID** ACTION PLAN

York Region is one of the fastest growing and most diverse communities in Canada made up of people of various ages, living arrangements, countries of origin, income levels, and although mostly English-speaking, speaking more than 120 different languages. As of 2022, York Region was the seventh largest municipality in Canada in population and third in Ontario, after the City of Toronto and Peel Region. The Region is a mosaic of communities including small towns, villages, suburban and urban neighbourhoods.<sup>28,29</sup>

As with most growing cities, York Region faces certain pressures that impact community well-being including:<sup>29</sup>

- A growing number of low-income residents
- Growing, unstable employment
- Increasing housing costs and a lack of affordable rental housing

The CODRC developed the York Region Opioid Action Plan that outlines recommendations to reduce opioid harms under the six areas of focus:



Stigma reduction



Prevention



Harm reduction



Treatment



First response and community safety



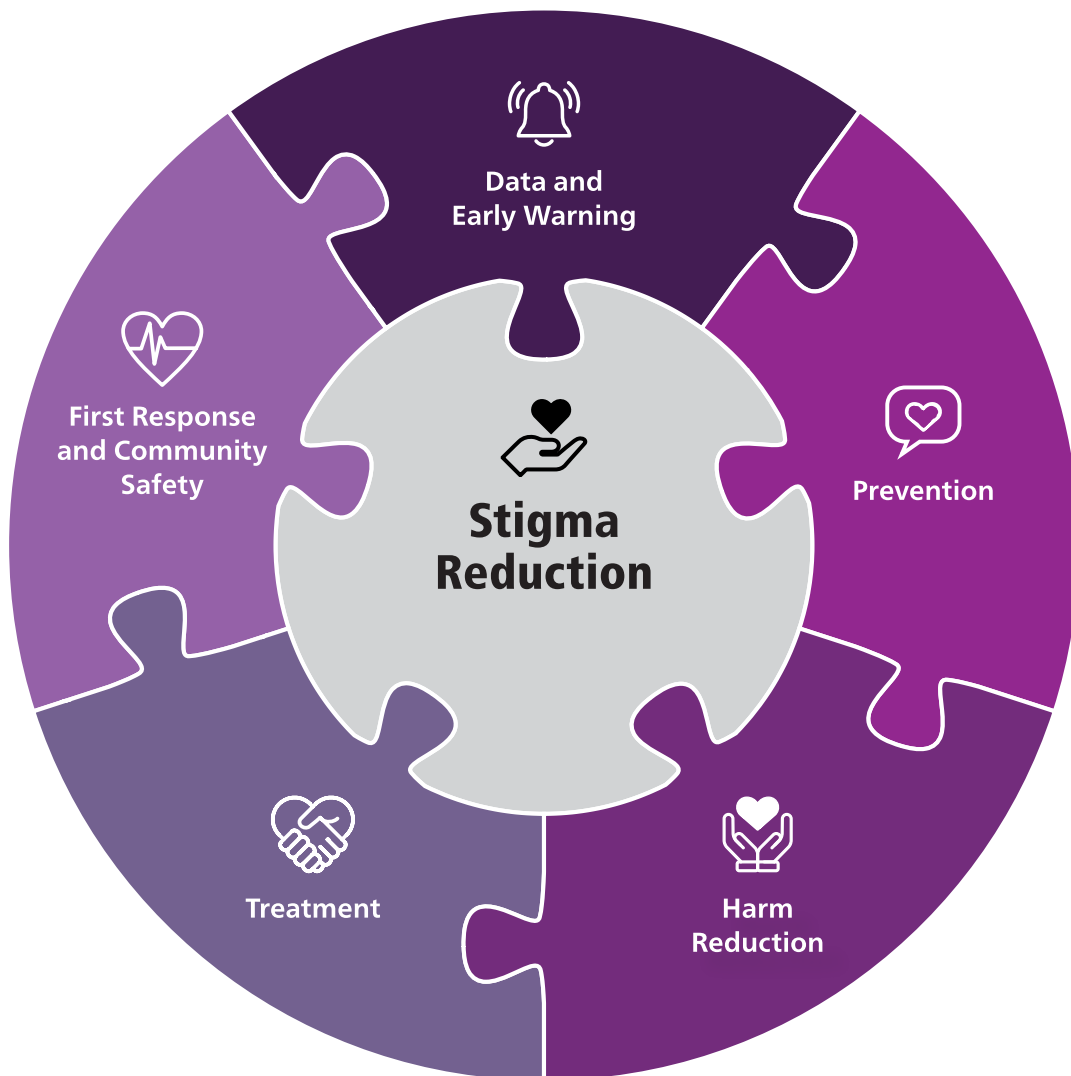
Data and Early Warning

The plan highlights the need to address stigma surrounding substance use and addiction and the importance of agency participation and collaboration of people with lived and/or living experience (PWLLE).

# THE AREAS OF FOCUS APPROACH

In consultation with the CODRC and based on recommendations from the Health Canada Expert Task Force on Substance Use, the pillars from the 2019 Opioid Action plan have been<sup>24,25</sup> updated and changed to intersectional areas of focus. The areas of focus outlined in the Opioid Action Plan are stigma reduction, prevention, harm reduction, treatment, first response and community safety, data and early warning. The plan recognizes the substance use continuum and the need for intervention and support at all levels, addressing factors that contribute to reduce harm. CODRC has subcommittees addressing stigma reduction, healthcare professional engagement, data and early warning and communications. Additional subcommittees are being planned to address other areas of focus.<sup>30</sup>

## AREAS OF FOCUS FOR THE OPIOID ACTION PLAN





## MEANINGFUL PARTNERSHIPS WITH PEOPLE WITH LIVED AND LIVING EXPERIENCE

Engaging PWLLE on substance-related policies, programs and practices is critical for thoughtful, authentic and comprehensive response strategies and recommendations to reduce barriers to care as well as reduce structural stigma. Meaningful partnerships with PWLLE provides for unique insights on the current landscape of substance use and the relevance, efficiency and effectiveness of current treatment and harm reduction strategies.<sup>31</sup>

To inform and update the Opioid Action Plan, the CODRC held eight community engagement sessions in 2023 that were attended by 114 individuals, including focused sessions with PWLLE, individuals experiencing homelessness, agency partners and health care professionals. The collective input shared by the members of our community were used to shape the recommendations of the Opioid Action Plan (see Appendix A).

## STIGMA REDUCTION

Stigma towards people who use drugs continues to be a major factor in creating isolation and barriers to obtaining help. Stigma can be applied through negative judgment, shaming, stereotyping or language. Discrimination through structural stigma results when policies, practices and actions exclude or harm people who have used or are currently using drugs.<sup>32,33</sup>

Stigma may result in people:<sup>34</sup>

- Using substances alone which increases harms and risks of drug poisoning
- Not seeking or getting help
- Being isolated from engaging in harm reduction strategies
- Experiencing barriers to seeking support
- Being excluded from opportunities such as access to safe housing, health care, addiction treatment and job opportunities
- Being overlooked in decision-making that impacts well-being

Stigma reduction work is ongoing and now at the centre of the Areas of Focus for the Opioid Action Plan. The reduction of substance use stigma in our community can improve health outcomes in multiple domains, including health, social and economic status. We recognize that stigma intersects all aspects of the Areas of Focus shared in this report, and reducing stigma is important for creating safer, inclusive, and accessible healthcare and community environments for people who use substances. Reducing stigma further enhances acceptance, social connection, and social safety, while fostering environments where people who use substances can make informed health care decisions and experience fewer barriers to service.<sup>35,36,37,38,39</sup>

## PREVENTION

Prevention of opioid and substance-related harms is complex and occurs throughout the lifespan. Increasing awareness and providing safety guidelines around harm reduction approaches with opioids among the public and health care providers will help prevent opioid use harms. Messaging and education should be age-appropriate and address individuals at all life stages and experiences with opioids including those who use opioids, and their families and caregivers. Health care providers, particularly physicians and pharmacists, have a key role in reducing opioid-related harms.<sup>40,41</sup> The linkages between adverse childhood experiences (ACEs) and substance use and poor health outcomes has been well documented. ACEs are potentially traumatic or stressful events occurring in the first 18 years of life. Addressing ACEs may contribute to prevention of substance use later in life. The Adverse Childhood Experiences (ACE) Study looked at eight categories related to abuse and growing up with various risk factors (including early life stress, witnessing violence against their parent, childhood maltreatment, before age 11 and peer pressure). The ACE Study found that exposure to five or more adverse childhood experiences were largely more common and linked to risk of later life substance use, mental health problems and a range of chronic illnesses. Strategies for prevention work and early identification includes work in schools and the community on healthy relationships, learning self-care practices, offering focused and universal early parenting programs, parenting programs, integrated screening tools, creating caring communities and trauma-informed approaches in health and social services.<sup>42,43</sup> Prevention also supports promoting positive mental health throughout adulthood, building resiliency and offering tailored pain management while addressing other social

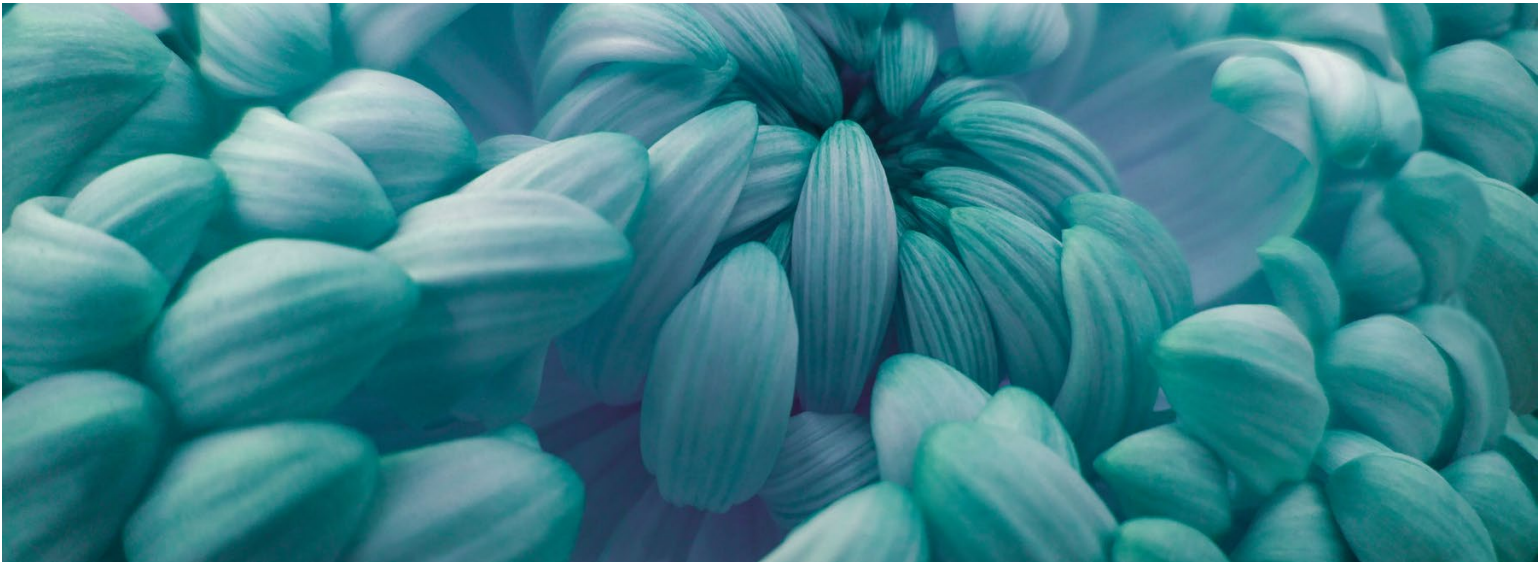
determinants of health (e.g., safe and secure housing, employment) to protect people from opioid use harms. Root causes of opioid use harms must be addressed. These considerations are based on an understanding that:

- More than 50% of people with substance use struggles have also had mental health challenges at some point during their life, while substance use contributes to and compounds mental health issues. Helping people maintain positive mental health helps reduce and prevent harms from substance use and vice versa.<sup>43</sup>
- Resilience, the ability to effectively cope with or adapt to challenging life situations, is an important aspect of mental well-being. Evidence shows people who are resilient are less likely to experience problems related to substance use.<sup>43</sup>
- Although opioids can be effective for pain (especially acute or cancer-related pain), many people are being prescribed opioids in high doses or to treat conditions when non-opioid treatments would be similarly effective. Safe, individually tailored opioid prescribing practices such as using the lowest dose and shortest interval that is most effective, and a gradual decrease in dosage prescription, can help prevent and reduce opioid harms.<sup>43</sup>
- Addressing social determinants of health such as poverty and housing will support mental health and reduce substance-related problems.<sup>44</sup> Urgent access to safe and stable housing has shown to be effective in improving mental health and substance use problems.

Several recommendations in the prevention focus area built on existing efforts in York Region. Many agencies and services are investing in education and awareness, early

years parenting programs, building resiliency, promoting and supporting mental health through the lifespan, addressing opioid harms, tackling homelessness, and other social determinants of health. Recommendations also highlight the

importance of engaging key players such as primary health-care providers, parents/families, community and social service organizations and agencies, schools and pharmacists in the Region.



## HARM REDUCTION

Harm reduction is an evidence-informed approach to reducing the negative health, social and economic consequences of substance use for people who have been unable or have chosen not to stop using substances by supporting them to use substances more safely. Policies, programs and prevention strategies can all incorporate a harm reduction approach, where people who use substances are “met where they are at,” and safety and health are centered and prioritized over abstaining or stopping from using substances.

In [York Region, harm reduction](#)<sup>45</sup> supplies including naloxone are distributed by York Region Public Health and participating community agencies. Community members can also access naloxone from participating pharmacies across the Region. Increasing access to harm reduction supplies can have many benefits, including saving a life and reducing the sharing and reusing of drug equipment that

may result in infections transmitted by direct contact with blood and and/or other body secretions.

The harm reduction philosophy offers practical strategies to reduce harms associated with substance use, understanding that people may continue to use substances. The aim of this is to normalize harm reduction practices so that substance use harm reduction is recognized similarly to using seatbelts, helmets when cycling, skiing or on construction sites, or using condoms to prevent sexually transmitted infections. Its approach promotes autonomy, compassion, dignity, partnership and provides care for people in need of a range of services and supports.<sup>46</sup> A key feature of this practice is to give people the right to determine how to reduce harms by offering non-judgmental and holistic support. The information to follow highlights some emerging harm reduction programs and practices including drug checking services being used to address the drug poisoning crisis.

## Supervised consumption sites and services

Supervised Consumption Sites (SCS), also known as overdose prevention centres, supervised consumption and treatment services, have operated in North America and Europe for the past decade and have shown positive results including:<sup>47</sup>

- Decreased overdose deaths
- Decreased HIV infections
- Fewer 911 calls relating to an overdose

In October 2018, the Ontario government expanded services in overdose prevention sites under a Consumption and Treatment Services (CTS) model to offer connections to:<sup>48</sup>

- Addiction treatment
- Health and social services
- Mental health support
- Housing and employment services

The Government of Canada has an [online interactive map](#)<sup>49</sup> that lists all available Consumption and Treatment Services and Supervised Consumption Site service locations. Research shows overdose prevention sites saves lives, improve health, are cost effective and do not increase drug use and crime in the surrounding area where the service is

provided.<sup>47</sup> At this time, there are no CTS or overdose prevention sites in York Region.

## Safer supply opioid prescribing York Region had 63 reported opioid overdose deaths in 2022.

There is strong evidence that the unregulated supply of opioids and other substances has become [increasingly more toxic](#).<sup>12</sup> For example, [xylazine](#),<sup>50</sup> a veterinary tranquilizer also known as “tranq” is being detected in the unregulated drug supply (including cocaine, benzodiazepines and crystal meth, in addition to opioids) across Canada and the United States. Most recently, xylazine was detected in York Region as well. The risk of unintentional drug poisoning can increase when xylazine is found in opioids or benzodiazepines. Xylazine is also associated with chronic abscesses and ulcers, sometimes leading to amputations.

An alternative to accessing substances through a contaminated, unregulated supply is to offer prescription pharmaceutical-grade opioids of known potency and purity (most commonly hydromorphone) to patients with opioid-use disorder (often called safer supply programs). Safer supply approaches are evidence-informed, and help reduce harms associated with accessing drugs from toxic, unregulated sources and provide [low-barrier health and social supports](#) for people.<sup>51</sup>



There are well established best practice guidance documents and resources from the [College of Physicians of Ontario](#)<sup>52</sup> to support clinicians to implement this strategy and many supports exist to aid clinicians in ensuring this is considered in a safe way, with checks and balances that minimize the risk to patients and the broader public, including risk of diversion.

## Decriminalization

There is growing evidence recognizing decriminalization as an effective policy approach in mitigating some substance use harms, in particular those related to unregulated substances use and incarceration.<sup>53</sup> Criminalization of drug possession puts people who use drugs at increased risk of harm, including the risk of overdose. There is evidence that it impedes people's access to health and social services and emergency care in the case of overdose.<sup>54</sup> Canada is not the only jurisdiction that has explored decriminalization, with decriminalization strategies also being implemented in countries such as the United States, Portugal and the Czech Republic.<sup>55</sup> Countries like Portugal and Spain are considered world leaders in reducing substance use harms with a public health approach, rather than a criminal justice approach. In 2001, Portugal decriminalized possession of all drugs for personal use. Since then, there has been a dramatic decrease in drug-related deaths and drug-related infection rates. A part of the reason for these positive changes is because the Portuguese government increased treatment services for people with addictions.<sup>56</sup>

As discussed earlier in the plan, key federal and provincial organizations and community leaders are now voicing their support for decriminalizing simple possession of all drugs and drug policy reform. A few notable examples include [Ontario's Big City Mayors](#)<sup>57</sup> and both

the provincial and federal police associations ([Ontario Association Chiefs of Police](#)<sup>58</sup> and [Canadian Association of Chiefs of Police](#)).<sup>59</sup> There are also jurisdictions within Canada that have or are actively exploring decriminalization. [The Province of British Columbia](#)<sup>23</sup> was granted an exemption from the *Controlled Drugs and Substances Act (CDSA)*<sup>60</sup> by Health Canada effective between the time periods of January 31, 2023 to January 31, 2026. Within this exemption period, adults (18 years and older) in the province will not be arrested or charged for possessing small amounts of certain unregulated drugs for personal use.<sup>23</sup> [The City of Toronto](#), a neighbouring municipality, has also applied for an exemption from the CDSA to implement its very own Toronto model to drug decriminalization.<sup>61</sup>

There is a connection between drug policy and stigma, that impacts the health and wellbeing of people who use drugs. The concept of drug use as criminal, suggests stigma towards people who use drugs, and perpetuates structural and social stigma. Structural stigma impacts the social determinants of health, related to housing, employment and education for people who have a criminal record linked to drug laws. Research indicates an ongoing need and work for community partners, police, public health and the CODRC to look at drug laws, and their impact to reduce the impact of stigma, and find viable solutions.<sup>62,63</sup>

Decriminalization is one strategy amongst others, all working to support a thoughtful, comprehensive approach to reducing stigma and harms caused by opioids and the toxic, unregulated drug supply. The Opioid Action plan calls for continued engagement in conversations about decriminalization at the provincial and federal levels.

# TREATMENT

Treatment involves identifying goals and supports, exploring alternatives to at-risk behaviours as well as creating space and allowing flexibility when working with PWLLE. People dependent on or addicted to opioids need access to urgent, evidence-based and coordinated care for treatment. Treatment can be multifaceted and requires different supports for each individual seeking care for Opioid Use Disorder.

The best way to manage an opioid use disorder includes:<sup>64</sup>

- Medication-assisted treatment
- Strong support systems such as family, friends and peer support groups
- Services like therapy, drug education and harm reduction

A medication-assisted treatment option for opioid addiction include opioid agonist therapies such as using methadone or buprenorphine. [Methadone](#) and [buprenorphine](#) are opioid medications that do not cause intoxication at the correct doses. When they are prescribed, they can reduce or eliminate a person's withdrawal symptoms, which may help them stabilize their life. Opioid addiction treatments usually involve a combination of opioid agonist therapies and addiction treatment counselling.<sup>65</sup>

One resource for treatment is the Rapid Access Addiction Medicine (RAAM) clinics that offer immediate, on-site, low-barrier access to effective addiction treatment.<sup>66,67</sup> Early evaluation results show a decrease in emergency department visits and hospitalizations and improved patient

experience among those with addiction because of follow-up treatment and links to community supports.<sup>67</sup> All York Region hospitals (Southlake Regional Health Centre, Mackenzie Health Hospital and Markham Stouffville Hospital) have a RAAM clinic. People with opioid or other substance addictions can be referred by their health-care provider, a community agency or self-referred.

As opioid prescribing practice guidelines change, pharmacists and prescribers will need to work more closely to give people options for non-opioid alternatives to manage pain. Efforts to support knowledge and skill development among pharmacists and prescribers will contribute to improved patient care. Health Canada has established the Canadian Pain Task Force to provide advice to Health Canada regarding evidence and best practices for the prevention and management of chronic pain, including non-pharmacological strategies.<sup>68</sup>

As we collectively move forward to address this epidemic, older adults need special attention. Compared to all other age groups, older adults have the highest rate of prescription opioid consumption, as well as the highest rates of side effects, overdoses and mortality associated with prescription opioids. This is strongly related to the fact that older adults may experience more chronic pain compared to any other age group, and opioids are very commonly used in this population to manage pain symptoms.<sup>69</sup>

There is no standard approach to treatment that will work for every individual. This raises the importance of ensuring availability and accessibility to various types of evidence-based care provided by multiple disciplines.

## FIRST RESPONSE AND COMMUNITY SAFETY

First responders in York Region are prepared to address and respond to overdoses and drug poisonings. York Region first responders continue to monitor opioid-related incidents in the community and work with York Region Public Health to assess trends, risks and responses. Based on their community risk assessment, most York Region fire services team members carry naloxone and are trained in overdose response. York Regional Police continue to focus their enforcement initiatives on drug traffickers and the criminal market in which they operate and do not target people who use substances. Officers also carry naloxone and follow organizational procedure for naloxone administration. York Region Paramedic Services is the primary agency that responds to suspected substance poisonings in our communities. They also distribute naloxone through ambulance trucks and community outreach. In addition, paramedics follow the Ministry of Health's Opioid Response Strategy for Paramedic Services and continue to look for ways to improve efficiencies when attending emergency calls.<sup>70</sup>

Evidence has shown that witnesses at the scene of an overdose often do not call 911 for fear of prosecution, even in a crisis. Some women also fear that calling 911 could result in child welfare services involvement.<sup>71</sup>

In May 2017, Canada passed the *Good Samaritan Drug Overdose Act* to remove barriers to calling 911 during a drug overdose.<sup>72</sup> This federal law provides some legal protection for people who call 911 for help in a drug overdose situation, regardless of who is overdosing. The Act aims to protect people from getting criminally charged for simple possession, violation of bail, or probation conditions for



using drugs, for example. However, the law does not protect people from being charged with more serious offences such as drug trafficking or weapons offences. A research study evaluating the Good Samaritan Drug Overdose Act was conducted in 2019, with five municipalities in Ontario. The findings indicated that the Act has had some beneficial impacts since it was enacted. For instance, it has helped humanize people directly affected by the drug poisoning crisis, who are often "othered." However, there have also been some identified concerns with the knowledge and interpretation of this Act across the community and law enforcement. In addition, its implementation in practice also had mixed results. Ambiguity surrounding the Act was expressed as a source of confusion and mistrust remains with respect to its protections and limitations. This indicates that much work is still needed to ensure that people who use drugs and their loved ones are safely and effectively able to access necessary 911 services.<sup>73</sup>

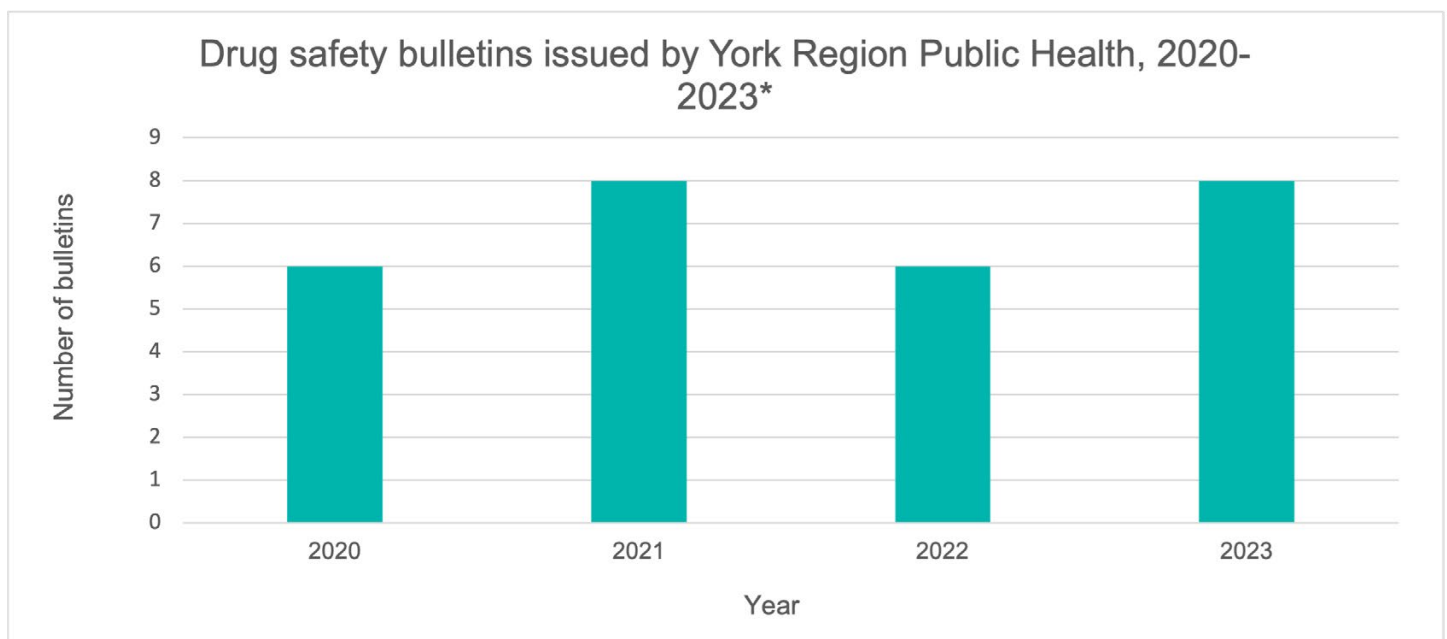
# DATA AND EARLY WARNING

Data is used to regularly monitor health and drug overdose trends. By using quantitative data and qualitative reports from the community, early warning systems help communities prepare for and respond to serious health threats and allow public health and community partners to act in a timely manner. Early warning information may also come from assessments made by neighbouring health units, the province and other agencies. Findings from data and early warning systems help develop a phased approach for action based on the risk level in the community.

CODRC and York Region Public Health collect and monitor data from paramedics, hospitals, coroners and the community on a weekly basis. To gather emerging trends from the community, anyone with a concern or bad experience with street drugs, or overdoses in the community, can use the [Report Bad Drugs](#)<sup>74</sup> tool to anonymously share information with York Region Public Health.

Alerts are issued to the community when we see increase in concerns in trends. Between January 2020 to December 2022, 21 drug safety bulletins have been issued (Figure 3).

**Figure 3. Drug safety bulletins issued by York Region Public Health, 2020-2023\***



\*2023 data as of November 19, 2023.

Current data and early warning work include:

- Weekly and monthly data review on quantitative data
- Selected thresholds for quantitative data sources to flag concerns
- Development of an opioid overdose early warning framework to identify trigger points to make decisions about public health and community action
- Development of an online tool to collect qualitative or community information



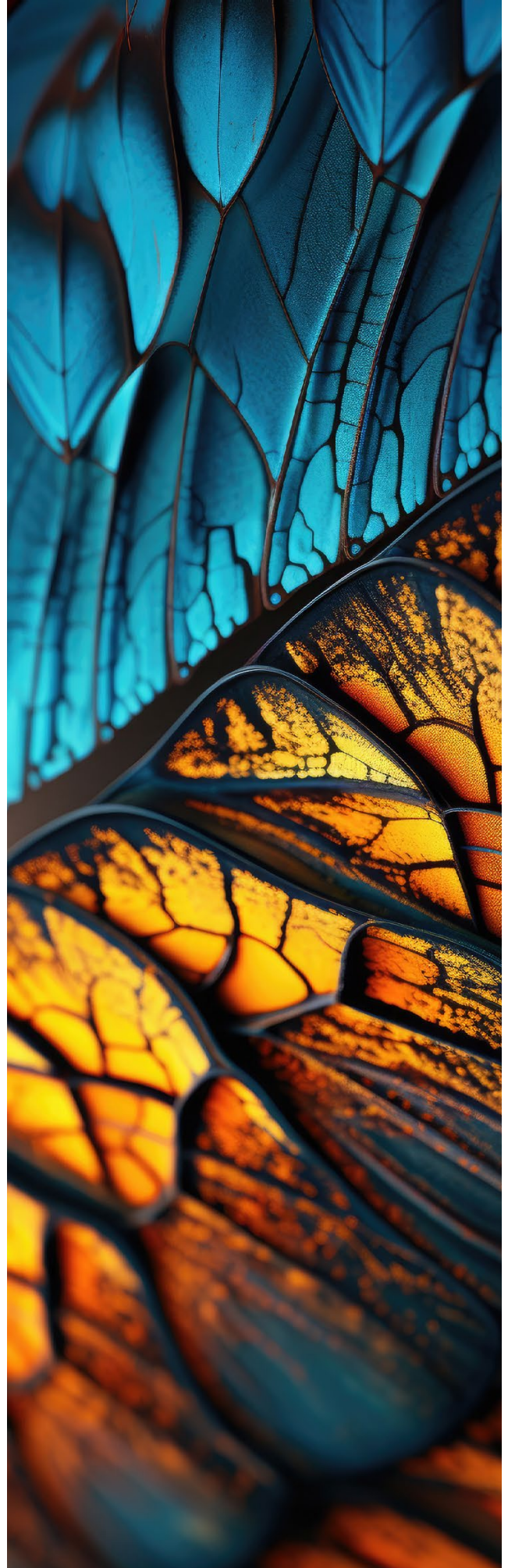
## Drug checking services

Drug checking is a harm reduction intervention that has received attention for reducing drug-related harms and has been used throughout Europe since the 1990s. A recent systematic review by Public Health Ontario highlighted some emerging evidence on the ability of drug checking services to influence behavioural intentions of people who use drugs. It also found that monitoring drug markets through drug checking services is well established as a practice in Europe, and increasingly in North America.<sup>75</sup>

[Toronto Drug Checking Service](#)<sup>12</sup> is one example of a drug checking solution that has had an impact in understanding the current drug landscape in the GTA.<sup>75</sup> It offers people who use drugs with timely and comprehensive information on the content of drugs, supporting them in making informed decisions. Information on Toronto's unregulated drug supply is also shared with harm reduction services, workers and others to support awareness, tailored programming, informed advocacy, research and policy. Visit [Toronto Drug Checking Service](#)<sup>12</sup> for more information.

## OPIOID ACTION PLAN RECOMMENDATIONS

From the areas of focus, it is clear that action is needed to comprehensively address substance poisoning and opioid-related harms in York Region. The following actions were developed and supported by the CODRC after witnessing the increase in substance-related harms following the COVID-19 pandemic. The CODRC invited community organizations, health care providers, representatives from government and people with lived and/or living experience (PWLLE) to express their concerns and ideas to support the overarching goal of reducing opioid and substance related harms and deaths in our community.





# STIGMA REDUCTION

## 1. Promote education about and awareness of stigma reduction messages and resources in the general public.

- Educate on the impacts of stigmatizing language with emphasis on the use of respectful, person-first language.
- Inform people about stigma, especially its contribution to harms, barriers to services and feelings of isolation for people who use substances.

## 2. Promote awareness and education among health care, first responders and service providers.

- Enhance collaboration and information-sharing between community agencies on mental health, addictions and opioid-related issues, to support services and interventions that reduce harm from opioid and other drug use and promote well-being.
- Increase knowledge of trauma informed care, intersectionality of stigma, interactions of work with people with lived and/or living experience (PWLLE) and collaboration to improve health outcomes.

- Promote awareness of community services that are available for people who use substances.
- Normalize conversations on substance use and drug poisoning, recognizing substance use harms as a health issue.

## 3. Reduce structural and other stigma-related barriers faced by people who use substances to access harm reduction, housing, addictions treatment and other health care.

- Increase meaningful partnerships, recognizing that PWLLE have both professional and personal expertise, and engaging them at all levels of policy, program and/or practice development.
- Include intersectionality in discussions to highlight that substance use stigma is not an isolated issue and can overlap with other structural failures (e.g., racism, classism and colonialism).



# PREVENTION

4. Identify and support awareness of programs for health-care professionals, first responders and people who use substances around substance use health, opioid safety, and options for pain management.
5. Develop and promote messages, programs and services for the community and partners that address substance use and mental health on a spectrum with multiple support options. A few areas of focus include building resiliency and healthy relationships, as well as supporting the well-being of those at risk at different life stages.
  - Acknowledge that prevention work must also address intersecting structural systems and determinants of health that promote inequities and oppression such as racism, colonialism, gender, trauma and equity.
6. Increase awareness and support implementation of elementary and secondary school-based curriculum and projects that address prevention of substance use, impacts of substance use on health, naloxone training, education on the toxic unregulated drug supply, resiliency, mental health, and student well-being.
  - Advocate for widespread naloxone provision and associated training within school settings and peer-to-peer support within community-based, youth-centric programs.<sup>76</sup>



# TREATMENT

## **7. Increase access to local, urgent, compassionate and effective substance use treatment and support services.**

- Advocate for reducing barriers to accessing Rapid Access Addiction Medicine (RAAM) clinics and community withdrawal management programs.
- Engage the Indigenous community to support culturally appropriate substance use treatment.
- Support and build capacity among health care providers including primary care to support patients who use substances.
- Explore need and feasibility of safer supply services.
- Educate and advocate for trauma and violence informed support services.

## **8. Develop service pathways and options for individuals who use substances, care providers and first responders to increase awareness and improve coordination of services.**

- Advocate and support streamlining the transition from hospital/acute setting to the community/primary care.
- Support referral pathways in York Region.
- Explore evidence for the effectiveness of expanded coverage of non-opioid/non-pharmacological alternatives to manage chronic pain.<sup>68</sup>

## **9. Establish a wellness, recovery-oriented approach combining opioid use treatment/management with safe housing, educational/vocational skills building, employment support, community integration, social activities and finding a sense of purpose in life.**



# HARM REDUCTION

## 10. Continue to engage and educate the community and partners on harm reduction from the program, policy and practice levels.

- Work collaboratively with school partners to ensure appropriate substance use and harm reduction education and strategies are implemented in programming and curricula, including stigma reduction.
- Continue to raise awareness of and support substance use and mental health focused observance days (e.g., World Poisoning Awareness Day).
- Educate healthcare, social service and other providers on the benefits of adopting harm reduction practices such as safer supply and the harms of stigmatizing policies, programs and practices.
- Support individual and/or collective efforts to advocate for harm reduction programs, policies and practices from a local, provincial and federal level.

## 11. Develop structures that support the further engagement of people with lived and/or living experience (PWLLE)

- Create a safer space for PWLLE to care for one another and provide leadership into the future direction of Opioid Action Plan recommendations and implementation activities.

## 12. Increase community partnerships to enhance harm reduction services and provide integrated services to people at various stages of substance use.

- Continue to establish partnerships for naloxone and needle, syringe and safer inhalation supplies distribution.
- Increasing availability of harm reduction supplies and naloxone using innovative and novel solutions (e.g., vending machines, mobile harm reduction outreach).
- Strengthening partnerships between service providers to work collaboratively to expand harm reduction service provision and/or advocate for policy change that reduces barriers in access and delivery of harm reduction services.
- Explore opportunities to deliver Safer Consumption Sites (SCS) and/or Consumption and Treatment Services (CTS) in the York Region community.
  - Continue to enhance data and early warning systems to support any data and needs pertaining to SCS and other harm reduction initiatives.
  - Conducting feasibility studies with SCS model that best works in York Region.
  - Explore how other municipalities who have SCS with demographics similar to York Region have implemented their strategy.
- Explore opportunities to deliver Safer Supply Services in the York Region Community.
- Explore opportunities for integrated models of service provision (e.g., a hub model that offers harm reduction, drug checking, health and social services).



# FIRST RESPONSE AND COMMUNITY SAFETY

## **13. Strengthen partnerships between first responders and other agencies and people with lived and/or living experience (PWLLE) to:**

- Actively promote and educate about *The Good Samaritan Drug Overdose Act*.
- Integrate multidisciplinary teams to provide a holistic approach to address mental health and addiction issues.
- Enhance communication among agencies by developing interagency communication frameworks to assess opioids, drug risks and inform the community of these risks.
- Develop comprehensive, collaborative and coordinated partnerships between multiple sectors such as the justice system, public health, housing, social services and education.

**14. Police will continue to collaborate with law enforcement agencies to pursue the organized crime networks who target and exploit equity deserving people within our communities.**

**15. Build genuine trust between police, first responders, the community and PWLLE through collaboration and collective advocacy measures to support comprehensive drug policy reform, diversion options, and pathways to guide people who use drugs to the services they need.**

**16. Engage in conversation about decriminalization at the provincial level as opportunity arises to ensure a comprehensive approach is used to address this matter.**



# DATA AND EARLY WARNING

## **17. Enhance and evaluate the early warning system with comprehensive data including qualitative and quantitative information in addition to the ongoing data and early warning activities.**

- Explore data sharing between partners.

## **18. Identify and respond to evolving risks to the community related to drug trafficking, overdose deaths and monitoring emerging substances that may pose a public safety risk.**

## **19. Enhance communication methods to the public, people with lived and/or living experience (PWLLE) and equity deserving groups, and strengthen coordination of communication between partners.**

- Actions include interagency collaborations, mapping, dashboard, plain language, and targeted messaging.
- Promote Report Bad Drugs Tool for anecdotal data.
- Explore other communication options such SMS messaging, alert app and

paper copies of surveillance reports.

- Interagency coordination with respect to communications.
- Share information in a timely fashion with partners, including municipal partners.
- Continue to promote awareness of contaminated drug supply.

## **20. Explore feasibility of other options on better data on the composition of the current drug supply.**

- Increase accessibility of drug testing/ checking services, such as exploring partnership with existing drug checking services and local solutions.

## SUMMARY

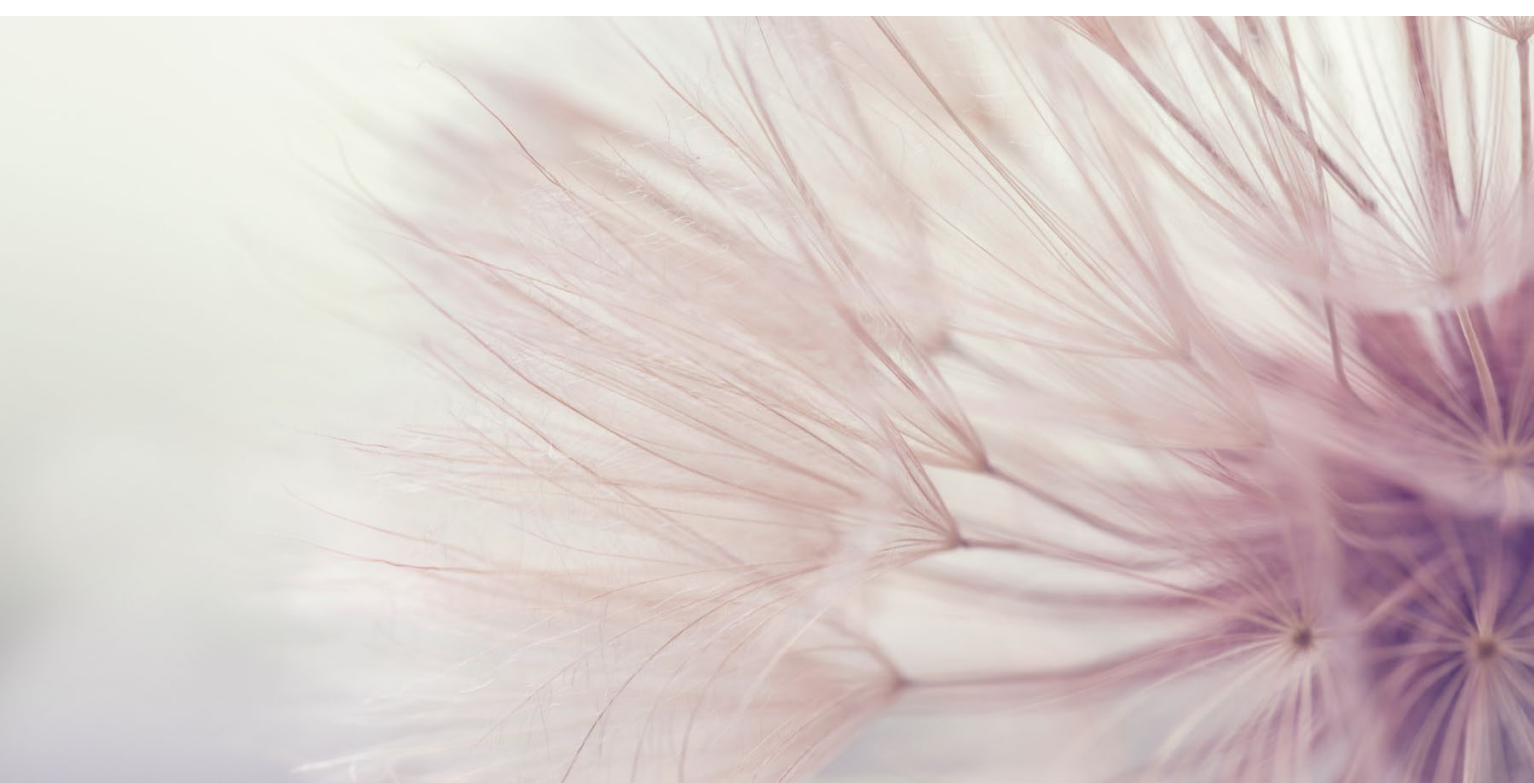
York Region, like many communities in Ontario and across Canada, is experiencing the growing impact of substance use harms. The CODRC provides leadership and supports partnerships that address this important issue. The York Region Opioid Action Plan includes recommendations for action that are based on an areas of focus approach of:

- Stigma reduction
- Prevention
- Harm reduction
- Treatment
- First response and community safety
- Data and early warning

The Opioid Action Plan recognizes the need to address intersecting structural systems that promote inequities while calling for joint community action to address opioid and other substance-related issues in York Region.

## NEXT STEPS

The York Region Opioid Action Plan will be a guide for collaboration and community engagement for the CODRC and its partners. The CODRC will develop short- and long-term goals out of the recommendations for action, along with an evaluation plan. The Opioid Action Plan will be updated as the substance landscape changes and/or when evidence requires it. This continues to be a living document to guide efforts within York Region. It is important for York Region community to build connections and foster collaboration with different community groups that also work on mental health and substance use related issues, such as the Harm Reduction Coalition, the Community Actions Tables that arise from the Community Safety and Well-being Plan, Ontario Health Teams, and Ontario Health Mental Health and Addiction Centre of Excellence. Together we strive to reduce the impacts from opioids and substance related harms, including death, in York Region.







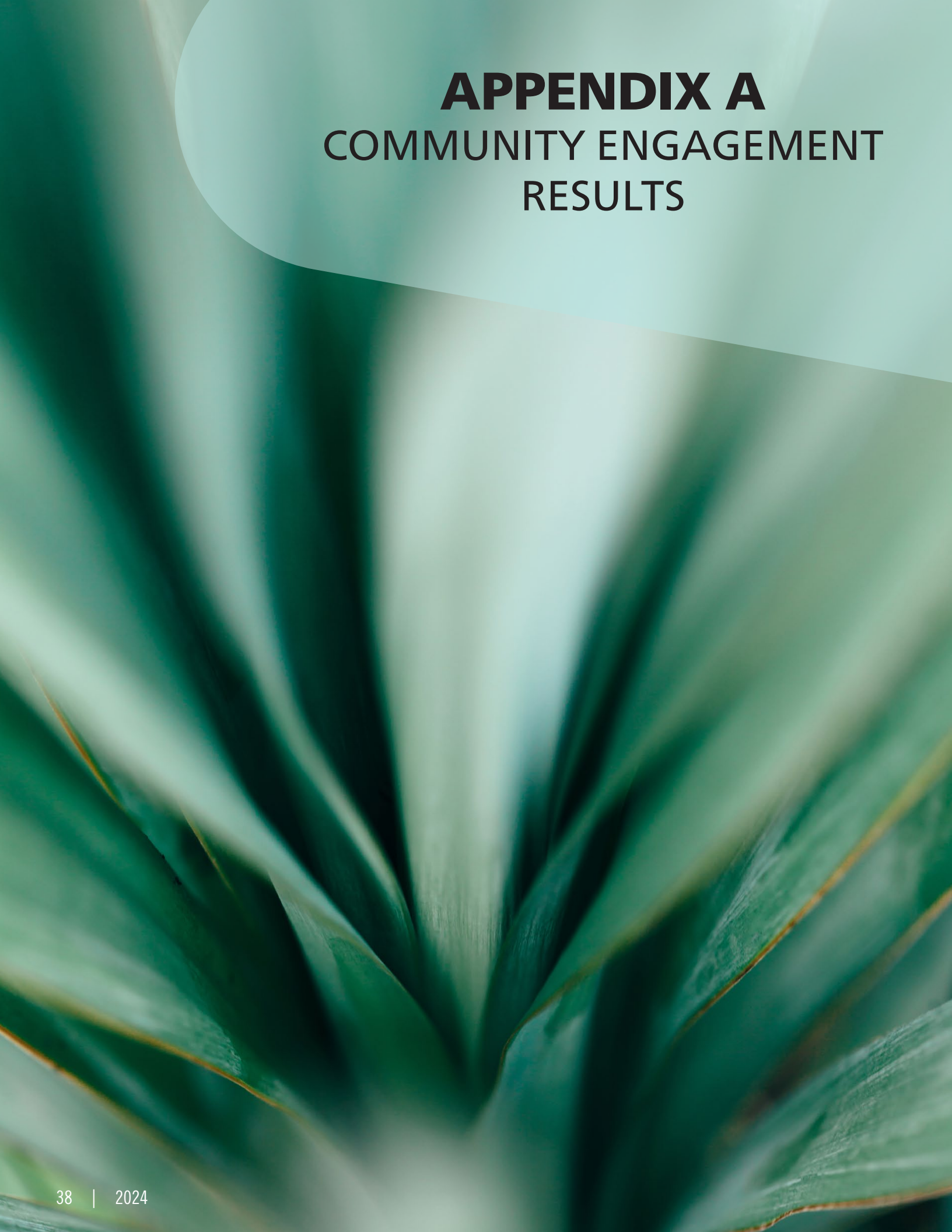
# REFERENCES

1. Lived and Living. Canadian Centre on Substance Use and Addiction. Accessed October 26, 2023. [www.ccsa.ca/lived-and-living](http://www.ccsa.ca/lived-and-living)
2. Training Manual: Overdose/Poisoning Recognition and Response. Government of Manitoba; 2023. Accessed October 20, 2023. [www.gov.mb.ca/health/publichealth/docs/training\\_manual\\_overdose.pdf](http://www.gov.mb.ca/health/publichealth/docs/training_manual_overdose.pdf)
3. Canadian Association of People who use Drugs. Canadian Safe Supply: Concept Document. CAPUD; 2019. Accessed October 20, 2023. [vancouver.ca/files/cov/capud-safe-supply-concept-document.pdf](http://vancouver.ca/files/cov/capud-safe-supply-concept-document.pdf)
4. Principles of harm reduction. National Harm Reduction Coalition. Accessed October 26, 2023. [harmreduction.org/about-us/principles-of-harm-reduction/](http://harmreduction.org/about-us/principles-of-harm-reduction/)
5. Gomes T, Murray R, Kolla G, et al. Patterns of Medication and Healthcare Use Among People Who Died of an Opioid-Related Toxicity During the COVID-19 Pandemic in Ontario. Public Health Ontario; 2022. Accessed October 26, 2023. [www.publichealthontario.ca/-/media/Documents/C/2022/opioid-related-toxicity-deaths-healthcare-reportpdf?rev=4ef5c45ef869480c808e34b24ae71b95&sc\\_lang=en%20](http://www.publichealthontario.ca/-/media/Documents/C/2022/opioid-related-toxicity-deaths-healthcare-reportpdf?rev=4ef5c45ef869480c808e34b24ae71b95&sc_lang=en%20)
6. Ontario Agency for Health Protection and Promotion. Interactive opioid tool. Public Health Ontario. Accessed November 2, 2023. [www.publichealthontario.ca/en/Data-and-Analysis/Substance-Use/Interactive-Opioid-Tool](http://www.publichealthontario.ca/en/Data-and-Analysis/Substance-Use/Interactive-Opioid-Tool)
7. Mental Health Commission of Canada. Mental Health and Substance Use During COVID-19: Summary Report. MHCC; 2020. Accessed October 26, 2023. [mentalhealthcommission.ca/wp-content/uploads/2021/09/mhcc\\_ccsa\\_covid\\_leger\\_poll\\_eng.pdf](http://mentalhealthcommission.ca/wp-content/uploads/2021/09/mhcc_ccsa_covid_leger_poll_eng.pdf)
8. Ghose R, Forati AM, Mantsch JR. Impact of the COVID-19 Pandemic on Opioid Overdose Deaths: a Spatiotemporal Analysis. *J Urban Health*. 2022; 99(2):316-327. doi:10.1007/s11524-022-00610-0
9. Friesen EL, Kurdyak PA, Gomes T, et al. The Impact of the COVID-19 Pandemic on Opioid-Related Harm in Ontario. Ontario COVID-19 Science Advisory Table; September 8, 2021. Accessed November 3, 2023. [covid19-sciencetable.ca/wp-content/uploads/2021/09/The-Impact-of-the-COVID-19-Pandemic-on-Opioid-Related-Harm-in-Ontario\\_published\\_20210908.pdf](http://covid19-sciencetable.ca/wp-content/uploads/2021/09/The-Impact-of-the-COVID-19-Pandemic-on-Opioid-Related-Harm-in-Ontario_published_20210908.pdf)
10. Federal, provincial, and territorial Special Advisory Committee on the Epidemic of Opioid Overdoses. Opioid- and stimulant-related harms in Canada (September 2023). Health Canada. Updated September 28, 2023. Accessed November 23, 2023. [health-infobase.canada.ca/substance-related-harms/opioids-stimulants/](http://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/)
11. Ontario Drug Policy Research Network, Public Health Ontario. Opioid Toxicity and Access to Treatment Among Adolescents and Young Adults in Ontario. PHO; 2023. Accessed October 26, 2023. [www.publichealthontario.ca/-/media/Documents/O/2023/opioid-toxicity-access-treatment-adolescents-ontario-reportpdf?rev=b19281e674034a63881aa5b005e3046e&sc\\_lang=en](http://www.publichealthontario.ca/-/media/Documents/O/2023/opioid-toxicity-access-treatment-adolescents-ontario-reportpdf?rev=b19281e674034a63881aa5b005e3046e&sc_lang=en)
12. What's in Toronto's drug supply? Toronto's Drug Checking Service. Centre on Drug Policy Evaluation. Accessed October 26, 2023. [drugchecking.community/](http://drugchecking.community/)
13. Canadian Centre on Substance Use and Addiction. Canadian Drug Summary: Opioids. CCSA; 2022. Accessed November 13, 2023. [www.ccsa.ca/sites/default/files/2022-11/CCSA-Canadian-Drug-Summary--Opioids-2022-en.pdf](http://www.ccsa.ca/sites/default/files/2022-11/CCSA-Canadian-Drug-Summary--Opioids-2022-en.pdf)
14. Coroner's opioid investigative aid, May 2017 to March 2023. Office of the Chief Coroner for Ontario. Accessed August 14, 2023.
15. Ontario Opioid Indicator Tool. ODPRN. Updated August 31, 2023. Accessed September 8, 2023. [odprn.ca/ontario-opioid-indicator-tool/](http://odprn.ca/ontario-opioid-indicator-tool/)
16. Boak A, Elton-Marshall T, Hamilton HA. The Well-being of Ontario Students: Findings from the 2021 Ontario Student Drug Use and Health Survey (OSDUHS). Centre for Addiction and Mental Health; 2022. Accessed October 15, 2023. [www.camh.ca/-/media/files/pdf---osduhs/2021-osduhs-report-pdf.pdf](http://www.camh.ca/-/media/files/pdf---osduhs/2021-osduhs-report-pdf.pdf)
17. Gomes T, Murray R, Kolla G, et al. Changing Circumstances Surrounding Opioid-Related Deaths in Ontario During the COVID-19 Pandemic. Public Health Ontario. 2021. Accessed November 23, 2023. [www.publichealthontario.ca/-/media/Documents/C/2021/changing-circumstances-surrounding-opioid-related-deaths.f?rev=3207bc61021c4b5d8cc48fe55ebb7e23&sc\\_lang=en](http://www.publichealthontario.ca/-/media/Documents/C/2021/changing-circumstances-surrounding-opioid-related-deaths.f?rev=3207bc61021c4b5d8cc48fe55ebb7e23&sc_lang=en)
18. Gomes T, Khoo W, Martins D, et al. Contributions of prescribed and non-prescribed opioids to opioid related deaths: population based cohort study in Ontario, Canada. *BMJ*. 2018; 362doi:10.1136/bmj.k3207
19. Occupational Health and Safety Act, R.S.O. 1990, c.O.1. Accessed November 12, 2023. [www.ontario.ca/laws/statute/90o01#BK49](http://www.ontario.ca/laws/statute/90o01#BK49)
20. Drug Strategy Network of Ontario. Solutions to End the Drug Poisoning Crisis in Ontario: Choosing a New Direction. DSNO; April 20, 2022. Accessed November 16, 2023. [www.drugstrategy.ca/uploads/5/3/6/2/53627897/dsno\\_policy\\_solutions\\_final\\_2022-04-20.pdf](http://www.drugstrategy.ca/uploads/5/3/6/2/53627897/dsno_policy_solutions_final_2022-04-20.pdf)
21. Emergency Management and Civil Protection Act, R.S.O. 1990, c.E.9. Accessed October 13, 2023. [www.ontario.ca/laws/statute/90e09](http://www.ontario.ca/laws/statute/90e09)

22. Data, surveillance and research on opioids and other substances. Health Canada. Updated October 20, 2023. Accessed November 16, 2023. [www.canada.ca/en/health-canada/services/opioids/data-surveillance-research.html](http://www.canada.ca/en/health-canada/services/opioids/data-surveillance-research.html)
23. Decriminalizing people who use drugs in B.C. Province of British Columbia. Updated September 14, 2023. Accessed Nov 16, 2023. [www2.gov.bc.ca/gov/content/overdose/decriminalization](http://www2.gov.bc.ca/gov/content/overdose/decriminalization)
24. About Ontario's Narcotics Strategy: Public Information. Ontario Ministry of Health and Long-Term Care. Updated October 25, 2023. Accessed November 16, 2023. [health.gov.on.ca/en/public/programs/drugs/ons/about.aspx](http://health.gov.on.ca/en/public/programs/drugs/ons/about.aspx)
25. Belzak L, Halverson J. The opioid crisis in Canada: a national perspective. *Health Promot Chronic Dis Prev Can.* 2018; 38(6):224-233. doi:10.24095/hpcdp.38.6.02
26. Kanate D, Folk D, Cirone S, et al. Community-wide measures of wellness in a remote First Nations community experiencing opioid dependence: evaluating outpatient buprenorphine-naloxone substitution therapy in the context of a First Nations healing program. *Can Fam Physician.* 2015; 61(2):160-165.
27. Hill C, Coplan I, Cascante I, Hota S, De Rose T, Saadati Z. I Count: York Region's 2021 Homeless Count Report. Regional Municipality of York; May, 2022. Accessed Nov 16, 2023. [www.homelesshub.ca/sites/default/files/attachments/York-i-count-2021-final%20report.pdf](http://www.homelesshub.ca/sites/default/files/attachments/York-i-count-2021-final%20report.pdf)
28. Diversity and inclusion. Regional Municipality of York. Accessed November 17, 2023. [www.york.ca/newsroom/campaigns-projects/diversity-and-inclusion](http://www.york.ca/newsroom/campaigns-projects/diversity-and-inclusion)
29. Census profile, 2021 Census of Population: Profile Table. Statistics Canada. February 1, 2023. Accessed October 26, 2023. [www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/details/page.cfm?LANG=E&GENDERlist=1,2,3&STATISTIClist=1,4&DGUIDlist=2021A00033519&HEADERlist=20&SearchText=york](http://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/details/page.cfm?LANG=E&GENDERlist=1,2,3&STATISTIClist=1,4&DGUIDlist=2021A00033519&HEADERlist=20&SearchText=york)
30. Health Canada Expert Task Force on Substance Use. Report #2: Recommendations on the Federal Government's Drug Policy as Articulated in a Draft Canadian Drugs and Substances Strategy (CDSS). Health Canada; 2021. Accessed November 16, 2023. [www.canada.ca/content/dam/hc-sc/documents/corporate/about-health-canada/public-engagement/external-advisory-bodies/reports/report-2-2021/report-2-HC-expert-task-force-on-substance-use-final-en.pdf](http://www.canada.ca/content/dam/hc-sc/documents/corporate/about-health-canada/public-engagement/external-advisory-bodies/reports/report-2-2021/report-2-HC-expert-task-force-on-substance-use-final-en.pdf)
31. Greer AM, Amlani A, Pauly B, Burmeister C, Buxton JA. Participant, peer and PEEP: considerations and strategies for involving people who have used illicit substances as assistants and advisors in research. *BMC Public Health.* 2018; 18(1):834-2. doi:10.1186/s12889-018-5765-2
32. Tam T. The Chief Public Health Officer's Report on the State of Public Health in Canada 2019: Addressing Stigma: Towards a More Inclusive Health System. Her Majesty the Queen in Right in Canada; 2019. Accessed October 26, 2023. [www.canada.ca/content/dam/phac-aspc/documents/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/addressing-stigma-what-we-heard/stigma-eng.pdf](http://www.canada.ca/content/dam/phac-aspc/documents/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/addressing-stigma-what-we-heard/stigma-eng.pdf)
33. Challenging organizational stigma: providing safer and more inclusive sexual health, harm reduction and STBBI-related services. Canadian Public Health Association. Updated June 19, 2017. Accessed October 23, 2023. [www.cpha.ca/challenging-organizational-stigma-providing-safer-and-more-inclusive-sexual-health-harm-reduction](http://www.cpha.ca/challenging-organizational-stigma-providing-safer-and-more-inclusive-sexual-health-harm-reduction)
34. Mental Health Commission of Canada. Choose to Use Your Voice – Reducing Stigma Toward People Who Use Substances: Video Discussion Guide. MCCC; 2022. Accessed November 17, 2023. [mentalhealthcommission.ca/wp-content/uploads/2022/09/Choose-to-Use-Your-Voice-Reducing-Stigma-Toward-People-Who-Use-Substances.pdf](http://mentalhealthcommission.ca/wp-content/uploads/2022/09/Choose-to-Use-Your-Voice-Reducing-Stigma-Toward-People-Who-Use-Substances.pdf)
35. Understanding Substance Use Health: A Matter of Equity. CAPSA;2022. Accessed November 17, 2023. [capsa.ca/wp-content/uploads/2022/10/CAPSA-Substance-Use-Health-EN-1.pdf](http://capsa.ca/wp-content/uploads/2022/10/CAPSA-Substance-Use-Health-EN-1.pdf)
36. Normalizing conversations: engaging public health, public safety, and communities to build capacity for a public health approach to substance use, January 1, 2020-December 31, 2023. Canadian Public Health Association. Accessed November 17, 2023. [www.cpha.ca/substance-use](http://www.cpha.ca/substance-use)
37. Mental Health Commission of Canada. Anti-Stigma Research Backgrounder. MHCC; 2023. Accessed November 17, 2023. [mentalhealthcommission.ca/wp-content/uploads/2023/04/Anti-stigma-Research-Backgrounder.pdf](http://mentalhealthcommission.ca/wp-content/uploads/2023/04/Anti-stigma-Research-Backgrounder.pdf)
38. Stigma around drug use. Health Canada. Updated September 5, 2023. Accessed November 17, 2023. [www.canada.ca/en/health-canada/services/opioids/stigma.html](http://www.canada.ca/en/health-canada/services/opioids/stigma.html)
39. Substance use stigma. EQUIP Health Care. Accessed November 17, 2023. [equiphealthcare.ca/resources/equity-essentials/substance-use-stigma/](http://equiphealthcare.ca/resources/equity-essentials/substance-use-stigma/)
40. Leung C. Pharmacists are at the centre of the opioid crisis. We need to be part of the solution. *Healthydebate.ca.* Accessed October 12, 2023. [healthydebate.ca/2018/10/topic/pharmacists-and-the-opioid-crisis/](http://healthydebate.ca/2018/10/topic/pharmacists-and-the-opioid-crisis/)

41. Federal actions on opioids to date. Health Canada. Updated June 6, 2023. Accessed November 17, 2023. [www.canada.ca/en/health-canada/services/opioids/federal-actions/overview.html](http://www.canada.ca/en/health-canada/services/opioids/federal-actions/overview.html)
42. Arthur E, Seymour A, Dartnall M, et al. Trauma-Informed Practice Guide, May 2013. BC Provincial Mental Health and Substance Use Planning Council; 2013. Accessed October 26, 2023. [cewh.ca/wp-content/uploads/2012/05/2013\\_TIP-Guide.pdf](http://cewh.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf)
43. Carsley S, Oei T. Adverse Childhood Experiences (ACEs). Interventions to Prevent and Mitigate the Impact of ACEs in Canada: A Literature Review. Public Health Ontario; 2020. Accessed November 17, 2023. [www.publichealthontario.ca/-/media/documents/a/2020/adverse-childhood-experiences-report.pdf?la=en](http://www.publichealthontario.ca/-/media/documents/a/2020/adverse-childhood-experiences-report.pdf?la=en)
44. Canadian Mental Health Association. Care Not Corrections. Relieving the Opioid Crisis in Canada. CMHA; 2018. Accessed November 17, 2023. [cmha.ca/wp-content/uploads/2021/07/CMHA-Opioid-Policy-Full-Report\\_Final\\_EN.pdf](http://cmha.ca/wp-content/uploads/2021/07/CMHA-Opioid-Policy-Full-Report_Final_EN.pdf)
45. Harm reduction. Regional Municipality of York. Updated February 24, 2021. Accessed November 17, 2023. [www.york.ca/health/substance-use/harm-reduction](http://www.york.ca/health/substance-use/harm-reduction)
46. Sue KL, Fiellin DA. Bringing Harm Reduction into Health Policy - Combating the Overdose Crisis. *N Engl J Med.* 2021; 384(19):1781-1783. doi:10.1056/NEJMp2103274
47. Supervised consumption explained: types of sites and services. Health Canada. Updated February 8, 2023. Accessed November 21, 2023. [www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/explained.html](http://www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/explained.html)
48. Newsroom. Backgrounder. Review of supervised consumption services and overdose prevention sites - key findings. Government of Ontario. October 22, 2018. Accessed November 17, 2023. [news.ontario.ca/en/backgrounder/50238/review-of-supervised-consumption-services-and-overdose-prevention-sites-key-findings](http://news.ontario.ca/en/backgrounder/50238/review-of-supervised-consumption-services-and-overdose-prevention-sites-key-findings)
49. Interactive map: Canada's response to the opioid overdose crisis. Government of Canada. Updated September 25, 2023. Accessed November 23, 2023. [health.canada.ca/en/health-canada/services/drugs-medication/opioids/responding-canada-opioid-crisis/map.html#wb-auto-7](http://health.canada.ca/en/health-canada/services/drugs-medication/opioids/responding-canada-opioid-crisis/map.html#wb-auto-7)
50. Canadian Centre on Substance Use and Addiction. CCENDU Drug Alert: Xylazine. CCSA; 2022. Accessed November 21, 2023. [www.ccsa.ca/sites/default/files/2022-07/CCSA-CCENDU-Drug-Alert-Xylazine-2022-en.pdf](http://www.ccsa.ca/sites/default/files/2022-07/CCSA-CCENDU-Drug-Alert-Xylazine-2022-en.pdf)
51. Canadian Mental Health Association. SOS: Safer Opioid Supply. CMHA; 2021. Accessed November 23, 2023. [ontario.cmha.ca/wp-content/uploads/2021/02/SaferSupplyInfographic-EN-FINAL.pdf](http://ontario.cmha.ca/wp-content/uploads/2021/02/SaferSupplyInfographic-EN-FINAL.pdf)
52. Advice to the profession: prescribing drugs. College of Physicians and Surgeons of Ontario. Accessed November 23, 2023. [www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Prescribing-Drugs/Advice-to-the-Profession-Prescribing-Drugs](http://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Prescribing-Drugs/Advice-to-the-Profession-Prescribing-Drugs)
53. Centre for Addiction and Mental Health. Statement on the Decriminalization of Substance Use. CAMH; 2021. Accessed November 17, 2023. [www.camh.ca/-/media/files/pdfs---public-policy-submissions/CAMH-Statement-on-decriminalization-sep2021-pdf.pdf](http://www.camh.ca/-/media/files/pdfs---public-policy-submissions/CAMH-Statement-on-decriminalization-sep2021-pdf.pdf)
54. Decriminalization done right: a rights-based path for drug policy. HIV Legal Network. December 9, 2021. Accessed November 3, 2023. [www.hivlegalnetwork.ca/site/decriminalization-done-right-a-rights-based-path-for-drug-policy/?lang=en](http://www.hivlegalnetwork.ca/site/decriminalization-done-right-a-rights-based-path-for-drug-policy/?lang=en)
55. Jesseman R, Payer D. Decriminalization: Options and Evidence. Canadian Centre on Substance Use and Addiction; 2018. Accessed Nov 17, 2023. [www.ccsa.ca/sites/default/files/2019-04/CCSA-Decriminalization-Controlled-Substances-Policy-Brief-2018-en.pdf](http://www.ccsa.ca/sites/default/files/2019-04/CCSA-Decriminalization-Controlled-Substances-Policy-Brief-2018-en.pdf)
56. Greenwald G. Drug Decriminalization in Portugal: Lessons for Creating Fair and Successful Drug Policies. CATO Institute; 2009. Accessed November 23, 2023. [www.cato.org/sites/cato.org/files/pubs/pdf/greenwald\\_whitepaper.pdf](http://www.cato.org/sites/cato.org/files/pubs/pdf/greenwald_whitepaper.pdf)
57. Ontario's Big City Mayors call for action on ambitious mental health and addictions plan. Ontario Big City Mayors. June 21, 2021. Accessed November 23, 2023. [www.ontariobigcitymayors.ca/ontarios-big-city-mayors-call-for-action-on-ambitious-mental-health-and-addictions-plan/](http://www.ontariobigcitymayors.ca/ontarios-big-city-mayors-call-for-action-on-ambitious-mental-health-and-addictions-plan/)
58. Huggins R, Walker J, Farquharson T. OACP statement: decriminalization for simple possession of illicit drugs. Ontario Association of Chiefs of Police. December 15, 2020. Accessed November 23, 2023. [www.oacp.ca/en/news/oacp-statement-decriminalization-for-simple-possession-of-illicit-drugs.aspx](http://www.oacp.ca/en/news/oacp-statement-decriminalization-for-simple-possession-of-illicit-drugs.aspx)

59. Canadian Association of Chiefs of Police. Special Purpose Committee on the Decriminalization of Illicit Drugs. Findings and Recommendations Report: Decriminalization for Simple Possession of Illicit Drugs: Exploring Impacts on Public Safety & Policing. CACP; 2020. Accessed November 23, 2023. [www.cacp.ca/index.html?asst\\_id=2189](http://www.cacp.ca/index.html?asst_id=2189)
60. Controlled Drugs and Substances Act, S.C. 1996, c. 19. Accessed November 15, 2023. [laws-lois.justice.gc.ca/eng/acts/c-38.8/](http://laws-lois.justice.gc.ca/eng/acts/c-38.8/)
61. City of Toronto. Our Health, Our City: A Mental Health, Substance Use, Harm Reduction & Treatment Strategy for Toronto. City of Toronto; 2023. Accessed November 17, 2023. [www.toronto.ca/community-people/health-wellness-care/health-programs-advice/alcohol-and-other-drugs/toronto-drug-strategy-2/](http://www.toronto.ca/community-people/health-wellness-care/health-programs-advice/alcohol-and-other-drugs/toronto-drug-strategy-2/)
62. Scher BD, Neufeld SD, Butler A, et al. "Criminalization Causes the Stigma": Perspectives From People Who Use Drugs. *Contemp Drug Probl.* 2023; 50(3):402-425. Doi: [doi.org/10.1177/00914509231179226](https://doi.org/10.1177/00914509231179226)
63. Corrigan PW, Nieweglowski K. Stigma and the public health agenda for the opioid crisis in America. *Int J Drug Policy.* 2018; 59:44-49. doi:10.1016/j.drugpo.2018.06.015
64. Substance use treatment. Health Canada. Updated November 1, 2023. Accessed November 15, 2023. [www.canada.ca/en/health-canada/services/substance-use/treatment.html](http://www.canada.ca/en/health-canada/services/substance-use/treatment.html)
65. Opioid addiction. Centre for Addiction and Mental Health. Accessed October 26, 2023. [camh.ca/en/health-info/mental-illness-and-addiction-index/opioid-addiction](http://camh.ca/en/health-info/mental-illness-and-addiction-index/opioid-addiction)
66. A Guide to Rapid Access Addiction Medicine (RAAM) Clinics. METAPHI. Accessed November 23, 2023. [www.metaphi.ca/wp-content/uploads/Model\\_GuideToRAAMClinics.pdf](http://www.metaphi.ca/wp-content/uploads/Model_GuideToRAAMClinics.pdf)
67. Health Quality Ontario. Addictions Program that Reduces Emergency Room Visits for Opioid Overdose and Improves Patient Experience is Spreading Across Ontario. ARTIC; 2017. Accessed November 23, 2023. [www.hqontario.ca/Portals/0/documents/newsroom/news-release-artic-results-en.pdf](http://www.hqontario.ca/Portals/0/documents/newsroom/news-release-artic-results-en.pdf)
68. Canadian pain task force. Health Canada. Updated November 6, 2023. Accessed November 23, 2023. [www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/canadian-pain-task-force.html](http://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/canadian-pain-task-force.html)
69. Downer MB, Sinha SK. Out of Sight, Out of Mind: Addressing the Invisible and Older Faces of Canada's Opioid Crisis. National Institute of Ageing; 2023. Accessed October 26, 2023. [static1.squarespace.com/static/5c2fa7b03917eed9b5a436d8/t/64ff2ec9d5df857e413c3b7c/1694445261107/NIA+Opioid+Report.pdf](http://static1.squarespace.com/static/5c2fa7b03917eed9b5a436d8/t/64ff2ec9d5df857e413c3b7c/1694445261107/NIA+Opioid+Report.pdf)
70. Community and Health Services, Committee of the Whole. Report of the Commissioner of Community and Health Services. 2019 and 2020 Paramedic Response Time Performance Plan Final Results. Regional Municipality of York; 2021. Accessed November 17, 2023. [yorkpublishing.escribemeetings.com/filestream.ashx?DocumentId=24592](http://yorkpublishing.escribemeetings.com/filestream.ashx?DocumentId=24592)
71. Shepherd S, Caldwell J. Toronto Overdose Action Plan: Prevention & Response. Toronto Public Health; 2017. Accessed November 23, 2023. [www.toronto.ca/wp-content/uploads/2017/08/968f-Toronto-Overdose-Action-Plan.pdf](http://www.toronto.ca/wp-content/uploads/2017/08/968f-Toronto-Overdose-Action-Plan.pdf)
72. About the good Samaritan drug overdose act. Health Canada. Updated November 23, 2021. Accessed November 23, 2023. [www.canada.ca/en/health-canada/services/opioids/about-good-samaritan-drug-overdose-act.html](http://www.canada.ca/en/health-canada/services/opioids/about-good-samaritan-drug-overdose-act.html)
73. Butler-McPhee J, Ka Hon Chu S, van der Meulan E. The Good Samaritan Drug Overdose Act: The Good, the Bad, and the Ineffective. Canadian HIV/AIDS Legal Network; 2020. Accessed October 15, 2023. [substanceuse.ca/good-samaritan-drug-overdose-act-good-bad-and-ineffective](http://substanceuse.ca/good-samaritan-drug-overdose-act-good-bad-and-ineffective)
74. Report bad drugs in York Region. Regional Municipality of York. Accessed November 15, 2023. [www.york.ca/form/report-bad-drugs-in-york-region](http://www.york.ca/form/report-bad-drugs-in-york-region)
75. Public Health Ontario. Synopsis: Review of "Drug Checking Services for People Who Use Drugs: A Systematic Review". PHO; 2022. Accessed October 26, 2023. [www.publichealthontario.ca/-/media/Documents/nCoV/Research/2022/06/synopsis-review-drug-checking-services-people-systematic.pdf?sc\\_lang=en&rev=f101cadb52704c91bc0810cf98c692b7&hash=EB635089F085E834EDEC5BB13C5BBC77](http://www.publichealthontario.ca/-/media/Documents/nCoV/Research/2022/06/synopsis-review-drug-checking-services-people-systematic.pdf?sc_lang=en&rev=f101cadb52704c91bc0810cf98c692b7&hash=EB635089F085E834EDEC5BB13C5BBC77)
76. Tutton M. Nova Scotia education minister says naloxone in schools being discussed for new year. CityNews Halifax. October 31, 2023. Accessed November 17, 2023. [halifax.citynews.ca/2023/10/31/nova-scotia-education-minister-says-naloxone-in-schools-being-discussed-for-new-year/](http://halifax.citynews.ca/2023/10/31/nova-scotia-education-minister-says-naloxone-in-schools-being-discussed-for-new-year/)

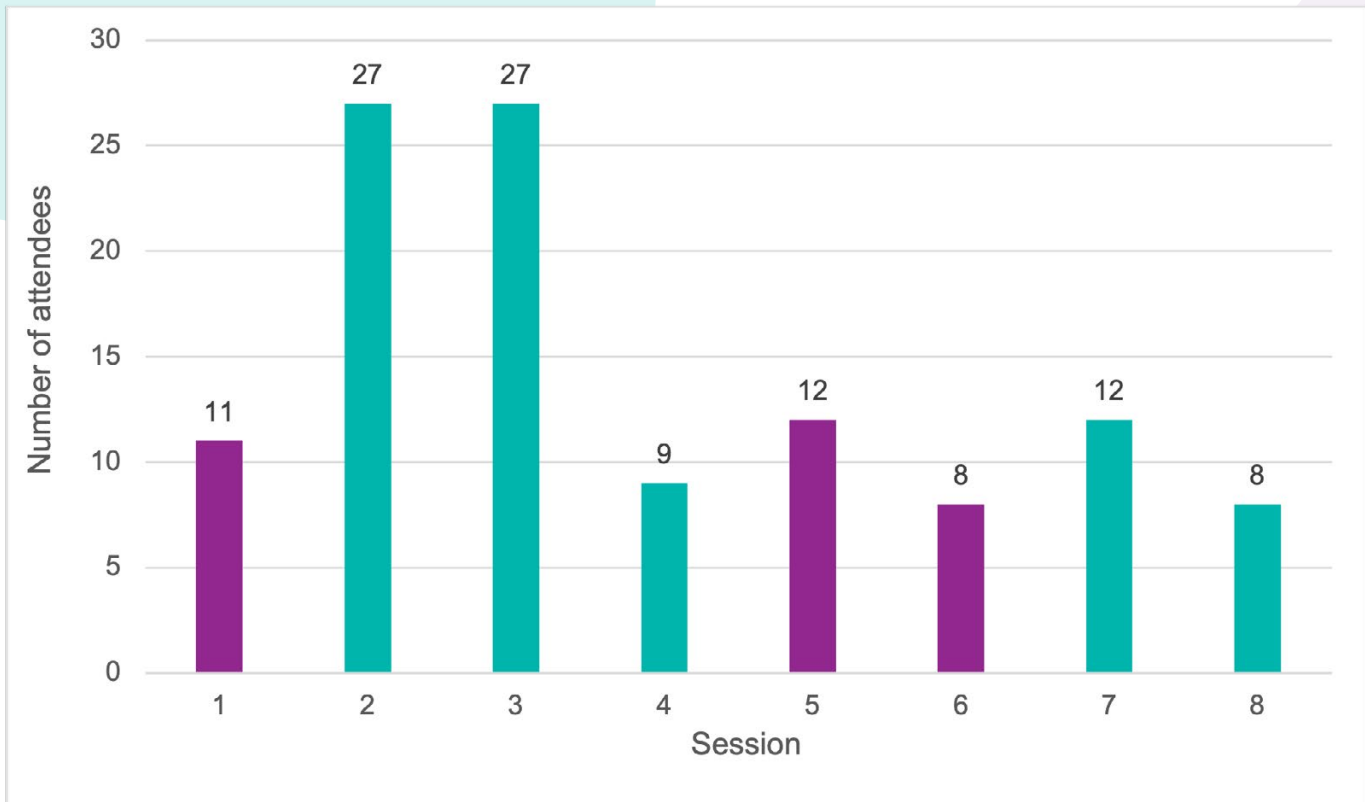


# **APPENDIX A**

## **COMMUNITY ENGAGEMENT RESULTS**

## ENGAGEMENT PROCESS

- From January to March 2023, the Community Opioid and Drug Response Collaborative hosted eight community engagement sessions to address opioid-related harms in York Region
- 114 individuals attended with 31 (27%) in person and 83 (73%) virtually
- Three targeted sessions with health care professionals and people with lived experience



## PARTICIPATING AGENCIES AND ATTENDEES

People with lived and living experience

First responders

People experiencing homelessness

Community partners

Health care professionals

Education services

## OVERALL KEY THEMES FROM ENGAGEMENT

- 1 Reduce stigma
- 2 Engage partners and build advocacy coalitions
- 3 Amplify voices of people with lived and living experience
- 4 Improve continuity of care
- 5 Increase naloxone distribution and harm reduction support in York Region
- 6 Plan for supervised consumption sites in York Region
- 7 Advocate for safer supply and decriminalization
- 8 Continue to support work for mental health and addictions
- 9 Focus on youths and schools outreach





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