Addictions & Mental Health Ontario | Dépendances & santé mentale d'Ontario

Canadian Mental Health Association Ontario
Mental health for all

Association canadienne pour la santé mentale Ontario
La santé mentale pour tous

Response to the Ontario Government Strategy to Prevent Opioid Addiction and Overdose.

Prepared by Addictions and Mental Health Ontario and Canadian Mental Health Association Ontario

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About Addictions and Mental Health Ontario

AMHO represents over 220 community addictions and mental health care organizations across Ontario. Our members provide services and supports that help Ontarians across the province with their recovery, including counselling and case management, peer support and family support, employment services, residential treatment, withdrawal management, supportive housing and hospital based programs. As the collective voice of our members, we provide leadership and engage partners to build a comprehensive and accessible system of addiction and mental health care, and improve the well-being of individuals, families and communities in Ontario. We do this through policy work, advocacy initiatives, service development, knowledge exchange, education offerings and quality improvement work.

About The Canadian Mental Health Association

The Canadian Mental Health Association (CMHA), which operates at the local, provincial and national levels across Canada, works toward a single mission: to make mental health possible for all. The vision of CMHA Ontario is a society that believes mental health is the key to well-being. We are a not-for-profit, charitable organization funded by the Ontario Ministry of Health and Long-Term Care. Through policy analysis and implementation, agenda setting, research, evaluation and knowledge exchange, we work to improve the lives of people with mental health and addictions conditions and their families. As a leader in community mental health and a trusted advisor to government, we actively contribute to health systems development through policy formulation and by recommending policy options that promote mental health for all Ontarians. CMHA Ontario works closely with 30 local branches to serve nearly 100,000 people every year in communities across the province to ensure the quality delivery of services in the areas of mental health, addictions, dual diagnosis and concurrent disorders, which occur across the lifespan. Nationally, CMHA is the oldest, most extensive community mental health organization in Canada, celebrating 100 years in 2018.

Introduction

In October 2016, the Ontario government announced a *Strategy to Prevent Opioid Addiction and Overdose.* Addictions and Mental Health Ontario (AMHO) and the Canadian Mental Health Association (CMHA) commend the government for taking steps to address this complex public health crisis that is impacting individuals, families and communities across the province. CMHA and AMHO wish to comment on the implementation of this strategy, and have been engaged in the consultation process and have consulted with community-based mental health and addiction service providers to inform this submission.

While we are pleased to see important and much-needed steps being taken, we note that the relationship between those with addiction related issues and community based support is largely absent in the strategy. We are pleased to provide feedback on the strategy and speak to the crucial role that community-based mental health and addictions support play in the treatment of individuals with opioid related addiction issues.

About recovery

Data from 2015 shows that Ontario lost over 700 individuals to opioid overdoses, a 40% increase from 514 deaths in 2010[1]. Although the province has not yet released data on 2016, from what our organizations see on the ground, the fatalities and overdoses continue to rise at alarming rates.

With proper supports and services, the evidence shows that people can and do recover from opioid addictions. Ontario's response needs to focus not only on crucial short-term priorities, which include life-saving measures, but on our long term aspirations for people, which is to help them improve their lives.

Both of our organizations strongly support the use of the recovery model in dealing with mental health and addictions treatment. Through our providers, our organizations have an understanding that the concept of recovery is different for each individual and can be defined as: a maintained lifestyle characterized by meaning and purposes, personal health, and citizenship. Recovery is the personal process that people with mental health and addictions experience in gaining control, meaning, and purpose in their lives.[2] We support individuals with a wide range of identified recovery goals. As a result, it is essential to provide a range of wrap-around supports for people with opioid addiction, delivered by interdisciplinary care teams working in community settings.

Community based care

The community-based mental health and addiction sector has an understanding of the complexities and barriers that may be present for those living with a substance use disorder. The providers are trained to treat individuals facing concurrent disorders including trauma informed care, which as evidence has shown, is critical in addressing the needs of those with opioid addiction issues[3]. Historically, people living with opioid related concerns have been marginalized, stigmatized, and underserved by traditional systems of care.

Links to care must be made where there is trust, a lack of stigma, and where health care providers are able to engage with clients "where they are." The community-based treatment model can break down existing barriers, and increase trust and access, which is essential to engaging with this population to ensure that they are receiving the support needed.[4] Furthermore, community based treatment models involve partnerships with primary care (community health centres, family health teams and so on) thus

ensuring individual needs are continuously met in the appropriate setting. As a result of these partnerships, individuals accessing services in the community who require a less intensive form of treatment (Opioid Replacement Therapy only) would be directed to primary care and those who access primary care and require a more intensive form of treatment can be directed to community care.

AMHO and CMHA recommend that community-based models for the delivery of opioid treatment would offer the following:

- Continuous access to primary care.
- Careful screening that effectively identifies the least intensive and least intrusive service that is appropriate to address the individual needs of the client.
- A multi-disciplinary staffing model, with capacity to deliver comprehensive, trauma-informed care.
- Shared documentation within agencies, which supports effective development and implementation of the client's treatment plan across health professionals and service settings, and seamless coordination with the professionals who prescribe and administer opioid replacement therapies (ORT). (Note: ORT may include either methadone or Suboxone, based on the needs and resources of the client in consultation with their physician or nurse practitioner.)

It is necessary that the essential services of community-based addiction and mental health services be a part of the Ministry of Health and Long Term Care's strategy to address the opioid epidemic.

Gaps in Ontario's proposed opioid strategy

We note a number of gaps in the strategy related to the opioid epidemic in Ontario. We recommend further consideration of the following:

- **Integration of Opioid Treatment strategy into community mental health and addiction care** - In addition to integrating opioid addiction treatment into primary care, there is a need to integrate this treatment into community mental health and addiction care. As it stands, the proposed opioid strategy is disconnected from the community mental health and addiction sector. Treating individuals in the community where they live, linking them to supports that are required to meet their needs is demonstrated to increase treatment retention rates and greatly increases the likelihood that individuals will achieve their treatment goals. Our organizations believe that models for the delivery of opioid use treatment must involve collaboration between primary care and community services. A focus on both a medical model and a community-based model with strong linkages between them is crucial in the treatment of opioid addictions. MOHLTC and the LHINs need to ensure that referral linkages between primary care and community services exist to increase client retention in programs.
- **Increase funding into continuing care** – Opioid addiction is a chronic, relapsing condition, and recovery is not a linear process. The cyclical nature of recovery from opioid addiction requires continuous support. Evidence shows that meeting the psychosocial needs for individuals suffering from an addiction increases treatment retention rates. Current funding for continuing care is inconsistent across the province and in some areas, there is no funding at all for continuing care.
- **Increase funding into social determinant supports** - The current strategy does not address the crucial role of the social determinants of health that impact opioid users and their ability to seek care. Individuals who are experiencing issues related to criminalization, housing, or poverty face numerous barriers to recovery, and consideration of these factors in treatment settings is necessary. Investing

resources into the less intensive form of treatment such as community treatment, which links individuals to the social determinants of health, will prevent users from repeatedly cycling through the most intensive and more costly forms of care (hospitals, emergency departments) and will increase treatment retention rates.[5]

- **Prevention, promotion, early intervention and outreach -** In order to prevent upstream issues related to opioid use, the government needs to identify and address factors that lead to opioid use. There needs to be investment into resources that can effectively build resiliency in high risk children and youth as well as empowering families, communities and caregivers. Education on opiate competency across the mental health and addiction sector should be embedded into the current strategy.
- **Waitlists –** We recommend implementing strategies to work towards decreasing existing barriers and waitlists for inpatient/residential programs across Ontario, which can exacerbate or extend addiction related health and social issues including ER attendance, health care costs, and fatal overdoses. Currently, a two-tiered mental health and addictions system exists in Ontario, where those who are in a position to afford private addiction care are able to access support without waitlists. The average wait time for publically funded residential treatment in 2016 in the province was 64 days[6], but this number can be a year or more depending on the program.
- **Equity –** Opioid addiction rates are higher in some of our most vulnerable populations. There is a need to consider specific populations and their treatment requirements, including:
    - The needs of Indigenous peoples and communities and the provision of care that addresses both culture and location. Indigenous communities have disproportionate rates of opioid related deaths compared to the general population, with rates that are two to five times higher. However, many Indigenous communities in Ontario often have the least access to, or inappropriate, services.[7]
    - Addressing the needs of opioid related addiction treatment for youth in Ontario.
    - The needs of women including pregnant women and women who experience barriers to access due to childcare challenges.
- **Trauma –** A significant number of individuals who are living with opioid related concerns have past histories of trauma. The strategy does not include ways in which to integrate a trauma-informed framework within treatment, specifically as it relates to Indigenous communities in Ontario.

Taking into account these gaps, our organizations offer the following comments and recommendations as feedback on Ontario's strategy. We have organized our comments based on the three main components of the opioid strategy: modernizing opioid prescribing and monitoring, improving the treatment of pain, and enhancing addiction supports and harm reduction.

Response and Recommendations

1: Modernizing Opioid Prescribing and Monitoring

1.1 Quality Standards: Develop evidence-based quality standards for health care providers on appropriate opioid prescribing

We support the proposal to develop evidence-based quality standards for health care providers, led by Heath Quality Ontario, and the development of appropriate prescribing protocols. While we commend this initiative, we have two recommendations below to ensure the quality standards capture the complexity of opioid misuse.

Recommendations:

- Include and meaningfully engage individuals and families with lived experience who are misusing/previously have used prescription opioids in the consultation process.
- CMHA, AMHO and other community based organizations in Ontario should be included in the Health Quality Ontario consultations in order to voice the perspectives and needs of the community mental health and addictions sector in Ontario.

1.2 Overdose monitoring: Launch a new overdose surveillance and reporting system to support Ontario's provincial overdose coordinator.

We commend the government for addressing the need for a standardized reporting system currently in place, and appointing Ontario's first-ever provincial overdose coordinator, Dr. David Williams. While it is currently unknown how many people have overdosed due to opioids in Ontario as there is no reliable data tracking the number of overdose fatalities, one estimate places the number of deaths to be over 700 in 2016.[8] The lack of accurate data has impacted the ability for a timely and comprehensive response, and this information is essential to forming an appropriate response to the current situation. We look forward to having a better understanding of the ways in which the leadership of the provincial overdose coordinator will implement and oversee this.

Recommendations:

- Include a real time data system that monitors fatal and non-fatal overdoses, non –prescription and prescription use, and the substances involved in the overdose.
- The strategy notes that the coordinator will work directly with hospitals to ensure that the monitoring and reporting of opioid-related overdoses is up to date. Our organizations recommend that this also be extended to the community mental health and addictions sector, and that ongoing consultation take place.
- Implement the Mental Health and Addictions Leadership Advisory Council's Data and Performance Measurement Strategy to gain access to more accurate data from the community mental health and addictions sector.

1.3 High Strength Opioids: Beginning January 1st, 2017, high strength formulations of long-acting opioids will be delisted from the Ontario Drug Benefit Formulary.

Our organizations are concerned about the impact of the delisting of high strength opioids, including Fentanyl, and how this policy intervention may have unintended consequences. There is increasing evidence that individuals shift to other opioids when the availability of a prescription changes.[9] This can lead to the possibility of other (i.e. non-prescribed) opioids being used in the place of prescribed opioids. A well intentioned policy can lead to an increase in opioid related harm and further use of risky street drugs. For example, death rates due to heroin in the United States increased after 2010, when long-acting oxycodone prescriptions were restricted due to concerns regarding misuse.[10] This phenomenon is not limited to illicit markets, and we have seen similar patterns in the rates of prescriptions of other opioids with the delisting of Oxycodone in Ontario. Hydromorphone and fentanyl prescriptions increased by 79 per cent and 20 per cent, respectively, between 2009 and 2013 as the provincial government limited the availability of Oxycodone.[11] During this same period there has also been an increase in the use of street opioids and deaths due to overdose.[12]

Our organizations are concerned that reducing the availability of high strength opioids will not curb the opioid epidemic overall, and that it is essential that the government take the steps necessary to avoid repeating previous patterns in policy making that have had negative consequences. Finally, the delisting may impact many low income and vulnerable populations that use community based health services, including those on the Ontario Disability Support Program (ODSP). This is a demographic that CMHA branches and AMHO members in Ontario work with on a regular basis. Approximately 50% of individuals who are on ODSP are living with mental health and addiction issues, and it is clear that this is a demographic that uses the services of community based care frequently and may be impacted by the delisting.[13]

Recommendations:

- Provide additional clarity on the de-listing process, including a strategy for medical professionals, social workers and peers to support those currently on high strength opioids in transitioning appropriately.
- Undertake further consultation with low Income Ontarians, seniors, and those on ODSP before moving forward with a decision.
- Support a public health approach that scales-up harm reduction programming in community based settings to mitigate the harms of de-listing.
- Invest in prevention and promotion and early intervention strategies in the community for substance use disorders among children, adolescents and young adults. These measures have been shown to be effective in preventing and/or reducing the risks of developing substance use problems.

2: Improving the Treatment of Pain

2.1 Investing in the Chronic Pain Network, Expansion of the Lower Back Pain Strategy, and Chronic Pain Training for Health Care Providers.

Our organizations support the provincial government in investing in the Chronic Pain Network, Lower Back Pain Strategy, and furthering chronic pain training for health care providers. However, the proposed strategy lacks an acknowledgement of the role of community-based treatment which provides support for chronic pain through multidisciplinary teams and offers alternatives to opioids for chronic pain management. Currently, programs at AMHO and CMHA branch members, as well as numerous Community Health Centres, offer evidence-based pain management interventions such as cognitive behavioural therapy or mindfulness based programming for individuals with chronic pain.

Recommendations:

- Increase access to alternatives to pharmacological interventions (i.e. physiotherapists, osteopaths, yoga) that could reduce opioid use.
- Conduct an assessment of current promising practices in community based settings for pain management interventions that could potentially be scaled up across Ontario.

3: Enhancing Addiction Supports and Harm Reduction

3.1 Expand Access to Naloxone, including the Ontario Naloxone program, provision of Naloxone kits for at-risk inmates at the time of their release from provincial correctional institutions, and explore the provision of intranasal Naloxone for first responders.

We support the government's commitment to expanding access to Naloxone, a medication that is on the World Health Organization's list of essential medications, and an integral response to the crisis. In

addition, we also commend the government's response by providing Naloxone at pharmacies in Ontario and to make it accessible to those who may be, or know someone, at risk of an overdose. However, we believe there are additional ways to extend its accessibility.

Recommendations:

- Support a province wide initiative for best practices in Naloxone distribution within the community based mental health and addictions sector. This can include support for emerging evidence on best practices in Naloxone distribution, such as the emerging research by Dr. Aaron Orkin out of St. Michaels Hospital.[14]
- Increase accessibility and include the distribution of intranasal Naloxone in Ontario pharmacies.
- Continue with broad and accessible distribution for at risk-populations, specifically within the prison system and remote areas of the province.
- Conduct extensive consultations with community based organizations in order to work towards a provincial standard and a province wide medical directive for naloxone training for staff within the health and social service sector.
- Enhance peer support training for Naloxone, which has been shown to be effective.

3.2 Expand access to Suboxone: Available as a General Benefit on the Ontario Drug Benefit Formulary. Ontario will ensure that access to Suboxone as treatment is better integrated into a holistic, primary care approach to opioid addiction treatment.

We strongly endorse the proposed expansion of Suboxone, to treat opioid dependence as it has demonstrated proven benefits that include treatment retention and reduction in use.[15] At the same time, it is also imperative to expand access to other proven opioid dependence treatment services that offer comprehensive, holistic models of treatment in a community-based setting.

Opioid addiction is complex and multi-faceted. As a result, expanded access to psycho-social interventions are necessary, either as standalone services, or in conjunction with pharmacological interventions such as Suboxone or Methadone Maintenance Therapy (MMT). ORT expansion is necessary during this time of crisis, but it should be seen as **one** component of comprehensive care and addiction treatment. Our organizations also recognize the need for expansion of more integrated services that will meet individual needs.

Our organizations in the community understand and recognize the important role of counselling, psycho-social supports, goal setting, housing, and peer-based support models in an individual's recovery. According to Health Canada, a comprehensive approach to Methadone Maintenance Therapy includes a number of key components, including counselling and support, mental health services, health promotion, linkages with other community based supports and services, outreach and advocacy.[16] The same concepts also apply to Suboxone. Pharmacological interventions, including ORT, are an important component, but other supports can be equally as important in the recovery process.

Treatment programs that combine a medical model and a community based social services model increase the likelihood of recovery relative to programs without these services.[17] To improve outcomes, ORT should be combined with behavioural therapies and other social services, which are often accessed through community-based mental health and addiction services.

Recommendations:

- Increase funding into continuing care to ensure psycho-social support and other social service supports are offered in conjunction with pharmacological interventions, including early intervention/prevention, trauma informed care, and community based supports and counselling.
- Expand community based treatment models with a proven record of delivering high-quality treatment for people with opioid dependence.
- The MOHLTC should continue to work with the LHINS to identify the needs for opioid treatment and to provide investments in community and residential treatment providers to increase staffing resources for effective treatment.

3.3 Harm Reduction: Expand and develop an evidence-based harm reduction framework, including expanding needle exchange programs and supervised injection services.

To address this issue from a health-oriented approach, the province must provide timely access to community-based options that address the broad health needs of individuals with various options for both inpatient and outpatient treatments. On December 12th, Bill C-37 was tabled by the Federal Minister of Health, Jane Philpot, which highlighted the importance of providing harm reduction based supports, including supervised injection sites, and working towards repealing C-2, *The Respect for Communities Act*. Minister Philpott identified that substance use is a public health issue, citing high rates of concurrent disorders among those that use substances, including those living with past histories of trauma and violence, as well as adding harm reduction as a pillar to the national drug strategy. Harm reduction had previously been removed as a central pillar in 2006 under the previous government's National Anti-Drug Strategy, which focused on the justice sector to reduce supply and demand of drugs.

We commend the federal government for reinstating this essential pillar into the strategy, and for stressing the importance of taking a public health perspective to this complex issue. We urge the province to support this process as well.

Recommendations:

- Continue to advocate for a health oriented, public-health response to the opioid crisis and addiction more generally.
- Support and expedite supervised injection sites in a number of jurisdictions across Ontario.
- Secure funding for needle exchange programs in community based settings, as well as within the corrections system.

3.4 Health Care Delivery and Primary Care Integration: Enhance integration of comprehensive primary care, mental health and Suboxone/Methadone treatment to better support patients with opioid addiction.

Our organizations support the proposed integration of comprehensive primary care, mental health and Suboxone/Methadone treatment to better support patients with opioid addiction. Our providers serving this population are working in partnership with primary care practitioners to deliver integrated, wrap around services and supports for individuals suffering from opioid addiction. Evidence demonstrates that Methadone/Suboxone treatment alone is not effective in supporting recovery. It needs to be provided in conjunction with other social supports such as counselling, employment supports and access to housing. This type of continuing care required to support recovery is best delivered in a community care setting.

Recommendations:

- Our organizations strongly recommend that there is also a need to enhance integration of Suboxone/Methadone treatment with the community mental health and addictions sector. Collaborative models between primary care and community mental health and addictions services is essential in the treatment of individuals with opioid addiction.
- Increased investment into continuing care is required for the treatment of opioid use disorder in the community. This funding will support new psychotherapists, case managers, addiction counsellors and other staff that would work with individuals to link them to the social service supports that they require to help people in their recovery.
- Fund nurse practitioner positions in community care settings to improve access to Methadone/Suboxone treatment for people suffering from opioid addictions in remote settings.
- Support the expansion of current community based treatment models.

Conclusion

An effective opioid treatment strategy involves a partnership between primary care and community care as it combines both the medical model and community based social services model that is essential in effective addiction treatment. Increased investment into community care will support better treatment retention rates, promote recovery and alleviate costs by reducing high cost resource utilization. A medical model for opioid treatment on its own will not be effective in meeting the needs of those individuals experiencing opioid dependence issues.

ENDONOTES

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