

**SIMCOE MUSKOKA OPIOID STRATEGY SCORECARD**

**CY 2018**

CY = Calendar Year (Jan to Dec)  
FY = Fiscal Year (Apr to Mar)

	Reporting Frequency	Intended Direction	Trending Direction	Most Recent 4 Periods of Reported Data				Latest Available Data	Provincial Performance	Narrative
<b>Rate of Opioid Related Deaths (per 100,000 Population)</b>	Annual	↓	↑	6.3	8.0	8.3	14.3	CY 2017	8.9	These numbers are from the Interactive Opioid Tool produced by Public Health Ontario. At this time data for calendar year 2017 is complete but there is only monthly data for calendar year 2018 and data reporting ends at September 2018. Preliminary data for 2018 (January through September) indicates that the number of deaths was lower in 2018 (56 probably or confirmed) when compared with the 66 deaths observed from January through September in 2017.
<b># of Opioid Related Deaths (crude number)</b>	Annual	↓	↑	34	44	46	81	CY 2017	1265	
Indicator	Reporting Frequency	Intended Direction	Trending Direction	Most Recent 4 Periods of Reported Data				Latest Available Data	Provincial Performance	
Opioid Related ED Visit Rate (Per 100,000 Population)	Annual	↓	↑	31.7	37.5	48.6	77.2	CY 2017	54.6	These numbers are from the Interactive Opioid Tool produced by Public Health Ontario. At this time data for calendar year 2017 is complete but there is only monthly data for calendar year 2018 and data reporting ends at September 2018. Prior to 2017, there were different reporting practices for opioid overdose so numbers prior to 2017 should be used with caution. Internal analysis by the Simcoe Muskoka Health Unit indicates.....Preliminary data for 2018 (full year) indicates that the number of emergency visits was higher (by about one-third) in 2018 when compared with 2017.
Median Wait Time in days for Next Available Treatment Slot for Addictions Treatment in Community (days from intake to treatment)	Quarterly	↓	↑	0	0	0	4	Q3 FY 2018/19	7	This number includes both North Simcoe and Muskoka and is provided by Connex Ontario via Health Analytics and Insights Branch. It is noted that there is variability between the subregions of the area with Barrie having longer waits than other areas. The range of wait times for North Simcoe Muskoka is 0 - 36 days. The wait time range provincially is 0 - 729 days. While there has been a slight increase in wait times, North Simcoe Muskoka performs well in this area relative to the province. It is postulated that availability of community based treatment resources, may have a positive effect on Emergency room visits.
# of Primary Care Prescribers for Suboxone (includes prescriber of Suboxone only and prescribers of both suboxone and methadone)	Annual	↑	↑	164	249	271	331	CY 2018	2542	While this number has been trending upward, in Simcoe Muskoka District Health Unit, 70.7% of Opioid Agonist prescribers, prescribe suboxone only or both suboxone and methadone as compared to 85.4% of OAT prescribers provincially.
Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions Other Than Alcohol*	Quarterly	↓	↓	18.6%	19.9%	22.1%	16.9%	Q1 FY 2018/19	29.8%	This is determined by the LHIN of the patient, not the ED location. This indicator measures the percentage of people who having visited the emergency room for a substance abuse condition (other than alcohol), visit an emergency room again for any substance abuse related condition within 30 days. Relative to the province, North Simcoe Muskoka performs well on this indicator. It is postulated that this indicator may be positively effected by the availability of community treatment resources relative to the province
# of new participants in the Ontario Naloxone Program (pharmacies and community partners)	Annual	↑					23*	CY 2018	NA	Number is for community partner agencies only. Pharmacy numbers are not yet available
% of Students (gr 7-12) that reported using pain medication for non-medicinal or recreational use in past year	Annual	↓					9.1%	CY 2017	11.60%	This source for this information is the Ontario Student Drug Use and Health Survey. Due to sampling size, this number reflects both North Simcoe Muskoka and Central East areas. The OSDUHS report indicates that non-medical use of opioid medications by students in Ontario has seen an overall decline between 1999 and 2017. OSDUHS also reports that there was while there are some variations between regions in Ontario, these differences are not statistically significant. And although there has been a decline between 199 and 2017, there was no significant change in use between 2015 and 2017. 2019 data for Simcoe Muskoka students will be available in 2020. This can be compared to the 2015 estimates to assess change over time.

**Prevention Pillar Dashboard  
CY 2018**

Strategy Goal		Objective/Change Idea	Indicator/Measure/Deliverable	Reporting Frequency	Outcome	Current Data Period	Narrative
#1.	Increase knowledge and skills in addressing the harms associated with opioid misuse (including illicit and prescription use) Note: significant focus on collaborating with schools and parents	Increase knowledge among the general public of the harms of opioid use	# of community education events	Annual		CY 2018	Community partnerships developed include the County of Simcoe and District of Muskoka. Presentations addressed full strategy including prevention. Other partnerships include: Simcoe County District School Board, Simcoe Muskoka Catholic District School Board, Georgian College, Barrie Community Health Centre, Orillia Youth Centre, Youth Justice Services, Families affected by Opioids and Action First Aide. Information focussed on awareness raising re the opioid issue in our region including how we got here/root causes with lens to further engage in evidenced based programs that provide early identification of at risk youth through facilitator training in Preventure program in 2019. Also provided information to stakeholders around the Alberta Family Wellness initiative which addresses the impact of early childhood experiences on brain development i.e. how experiences early in life and at other sensitive periods of development change our brains in ways that make us more or less vulnerable to health problems across the lifespan including addictions. Planning underway for 2019 for a community workshop scheduled for May 8th 2019. Much of the education and awareness raising around the opioid issue was also integrated into various venues that partners at the table were involved in through their respective work and community coalitions. Reach also occurred outside of our region through presentation to Municipal Law Enforcement Officers throughout Ontario via a provincial conference held in our region.
			# of participants in community education events	Annual		CY 2018	
		Increase knowledge among students/youth of the harms of opioid use	Development of partnerships with schools	Annual		CY 2018	Fact Sheets on Opioids and youth created in partnership/feedback from the school boards (SCDSB, SMCDSD, TLDSB). Resources from Mental Health Assist for students, teachers and parents also promoted. Involved with SCDSB in their addictions committee as well as link with Addictions Awareness Week activities to address the risk of addictions in addition to Harm Reduction and Anti Stigma. Presented to grade 7 teachers in Spring of 2018 at the SMCDSD on the opioid issue locally including overall strategy as well as discussion of how we got here, root causes, our SMOS 5 pillar approach to addressing the issue as well as school/student resources. Describe which schools/school boards and note plan to reach out to parent groups in 2019
#2.	Engage target populations including at-risk groups in the development of educational resources and health promotion initiatives related to opioid misuse (at-risk youth, lived experience, seniors).	Engage at-risk youth in the development of educational resources	Development of a Youth Advisory Council	Annual	Complete	CY 2018	Winter 2018-Had a class of Georgian college students do an assignment on promoting awareness around substance use and addictions. Group did up posters which were shared and strategies discussed. The group presented to their class and a panel of people from the prevention pillar for further discussion. Fall of 2018 Georgian College student began a Student Advisory Committee to plan out implementation of a photo voice project whereby students take pictures of the risks associated with substance use including opioids. A wrap up event is planned for Spring of 2019. Student survey of youth with lived experience also done: to determine key reasons youth choose to use substances including opioids, what they would like to tell their younger self who began using and thoughts around what they would suggest would support their colleagues not to use. Small sampling of youth surveys were done by GC student and by a Youth Probation Officer to obtain a cross section of information.

			Explore and choose initiatives to raise awareness of opioid issues	Annual	Complete	CY 2018	Photo voice to be implemented in 2019 and looking to expand youth advisory committees to other Georgian College locations as feasible. Lakehead University also brought on board to explore feasibility of this type of initiative in 2019. New Partnership with the Mental Health Lead at Georgian being explored with lens to address root causes of substance use i.e. promotion of positive mental health and well being within the school community. Looking at feasibility of implementation of Mindfulness without Borders and other programs.
#3.	Support the procurement/development and dissemination of patient resources that can be used by health care practitioners in the education of appropriate use of opioids, including alternative to opioid therapy. Collaborate with Treatment/Clinical Pillar.	Increase education by health providers to clients on opioids	Explore existing tools to disseminate education to patients	Annual	Complete	CY 2018	Had several discussions with lead for the Treatment pillar re current resources available and what health care providers may be interested in using. A number of resources available explored. The MOHLTC is providing patient information to pharmacies but does not provide it to health care providers or other community agencies. In October of 2018 Health Canada identified the need for patients to receive clear information about the safe use of opioids and the risks associated with their use. As such, requirements had been added, under the Food and Drug Regulations, for a warning sticker and patient information handout to be provided with all prescription opioids that appear in Part A of the "List of Opioids", at the time of dispensing. Guidance to help pharmacists and practitioners comply with the opioid sticker and handout regulatory requirements are posted on their website.
#4.	Collaborate with other pillars on the development of a SMOS website to facilitate sharing of information and resources with community partners.		Deliverable: Website	Annual	Complete	CY 2018	Worked with the County of Simcoe and pillar leads and communications to complete the development of the Prevent OD website. Each pillar lead was responsible for ensuring that their section was completed by mid March. Site was launched in April 2018.
#5.	Collaborate on implementation of evidence-based initiatives that address root causes of opioid misuse as they relate to mental health and addictions and early childhood development and parenting.		Explore initiatives and present to Steering Committee for implementation in year 2 of the strategy	Annual	Complete	CY 2018	Promotion of Alberta Family Wellness initiative was presented throughout numerous community presentations as well as brought forward to the SMOS Steering committee for endorsement in 2018. Group discussed feasibility of all SMOS members to be trained but later it was determined that each organization would need to determine what was an appropriate commitment within their organization. SMOS Steering committee agreed to review modules 4 and 18 and Resilience. Several members of SMOS attending a AFWI Brain Builders workshop in March. A regional workshop being hosted on May 8th 2019 at the SCDSB office. Further promotion of program including certification to be discussed as well as further collaborations to address key concepts presented.
#6.	Collaborate with other pillar groups around anti-stigma initiatives/campaigns.	Develop and incorporate anti-stigma messaging in all SMOS presentations/materials.	Deliverable: anti-stigma messaging	Annual	Complete	CY 2018	The Anti-Stigma working group in collaboration with Prevention and Harm Reduction Pillars of the Simcoe Muskoka Opioid Strategy is now preparing for Phase 2 implementation of the anti-stigma work. Phase 1 saw the implementation of a social marketing campaign adapted from British Columbia's Ministry of Mental Health and Addictions as well as preparations to provide education to health and social support services locally. The assets created during Phase 1 will continue to be used in the community into Phase 2. Phase 2 will focus on featured video vignettes of professionals in the community who are connected to the opioid crisis. We are looking to the SMOS committee and pillar members as professionals that could contribute to these videos. Communication goal: Reduce stigmatizing beliefs and promote attitudes of inclusion regarding people who use drugs (prescription and illicit opioids) Target audience: health care professionals and enforcement Objectives: <ul style="list-style-type: none"> <li>• Improve public understanding of the multiple factors affecting substance use</li> <li>• Create awareness that stigmatized individuals have multiple identities</li> <li>• Create an understanding that this is an important societal problem</li> <li>• Humanize people who use substances</li> <li>• Recognize that stigma is a deterrent to seeking treatment</li> </ul>

**Emergency Management Pillar  
CY 2018**

Strategy Goal		Objective/Change Idea	Indicator/Measure/ Deliverable	Reporting Frequency	Outcome	Narrative
#1.	Foster ongoing, comprehensive situational awareness for the Simcoe and Muskoka Emergency Response Committee of current issues related to opioid abuse, misuse and addiction.	Lead the development of a shared Simcoe Muskoka Opioid Strategy website.	Deliverable: Website	Annual	Completed	The www.preventod.ca site was launched at the beginning of April 2018. Information is updated by Emergency Management Simcoe County as appropriate.
		Adapt the Simcoe Muskoka Vulnerable Populations Plan to add an opioid specific protocol.	Deliverable: Inclusion of an opioid specific protocol	Annual	It was determined that a distinct opioid specific protocol is not required.	The Pillar team determined that the existing Vulnerable Populations Emergency Notification Protocol is fully applicable to opioid-related emergencies and did not require any adaptation.
		Utilize the Simcoe County Daily Emergency Situation Centre (DESC) an information repository and portal	Deliverable: Establish a secure folder for SMOS	Annual	Completed	A secure folder on the County of Simcoe's emergency management portal was established in June 2018. It is a repository for County of Simcoe and District of Muskoka data.
#2.	Enable surveillance for timely alerting about, and response to, opioid overdose outbreaks.	Develop/document an emergency management plan for opioid overdose outbreak events.	Deliverable: A documented emergency management plan	Annual	Completed	The Simcoe Muskoka Emergency Management Plan for Opioid Overdose Outbreaks was completed in May 2018. It is a living document and will be reviewed annually for appropriate amendments. Work on improvements to the plan have been conducted in Q1 of 2019.
		Collaborate with Data and Evaluation, and Enforcement Pillars to determine appropriate and realistic triggers based on real-time data, as well as key indicators.	Deliverable: Identify triggers that will result in the escalation of surveillance/response activities	Annual	Completed	The Simcoe Muskoka Emergency Management Plan for Opioid Overdose Outbreaks identifies triggers related to opioid overdoses, with or without deaths, which will result in the escalation of regional surveillance and response activities. These triggers are based on the provincial mass casualty incident triggers for pre-hospital paramedicine.
		Collaborate with other pillars to develop an early-warning system, based on Ontario's Opioid Overdose Early Warning Framework	Deliverable: Reliable Early Warning System that is both anecdotal and evidence-based.	Annual	On-going	The Pillar team has developed a framework for an Early Warning System, but meaningful real-time data is not currently available. Consequently, we must rely on stale data from the ACES hospital emergency department reporting system, and data from NACRS and the Coroner's Office which comes in much later. Some of our most reliable early warning information is currently derived from real-time anecdotal reporting by Paramedic Services Supervisors. In 2019, the County of Simcoe will implement real-time monitoring software for paramedic calls. This data will always require further analysis as it will reflect only the chief complaint expressed by 9-1-1 callers. An early warning protocol for hospitals is currently in development.

#3.	Ensure a constant state of readiness to respond to and to facilitate a coordinated response to complex events of opioid overdose outbreaks (multi-person or multi-site).	Apply a hazard-specific incident management framework.	Deliverable: Develop multi-agency Incident Management System (IMS) structure with defined relationships, roles and responsibilities.	Annual	Completed	The Simcoe Muskoka Emergency Management Plan for Opioid Overdose Outbreaks includes a detailed Incident Management System framework which includes a unified command structure and roles and responsibilities for the Command Team as well as the Operations, Planning, Logistics and Finance & Administration sections.
		Leverage existing plans, such as the Simcoe Muskoka Vulnerable Populations Plan, the Simcoe Muskoka Surge Planning Tool, and the Simcoe Muskoka Alternate Assessment & Treatment Centre Plan, and the Simcoe Muskoka Mental Health Surge Plan, Paramedic Services (Simcoe & Muskoka) Mass Casualty Incident Response Plan, and the Simcoe Muskoka Mass Fatality Plan.	Deliverable: Integrate the listed plans to support the Simcoe Muskoka Emergency Management Plan for Opioid Overdose Outbreaks as needed.	Annual	Completed	The Simcoe Muskoka Emergency Management Plan for Opioid Overdose Outbreaks includes provisions for leveraging components of existing emergency response plans to use in response to opioid overdose outbreaks.
		Explore a phased response	Deliverable: Adapt traditional emergency management monitoring framework	Annual	Completed	The Simcoe Muskoka Emergency Management Plan for Opioid Overdose Outbreaks has incorporated a trigger-based escalation system that mirrors contemporary emergency monitoring and situational awareness practices. There are three levels of surveillance: green (normal operations); yellow (escalating or impending situation requiring enhanced monitoring); and red (emergency response required).

#4.	Support timely coordinated communications among key stakeholders and to the public.	Leverage existing emergency management communications tools.	Deliverable: Develop communications strategies between agencies to deliver information between agencies and messaging to the public during incidents.	Annual	Completed	The Emergency Management Plan for Opioid Overdose Outbreaks includes provisions for using existing plans and notification procedures including the Vulnerable Populations Plan Notification Protocol, Send Word Now and a Virtual EOC site within the DESC Website. Communications for the public to the public is conducted using traditional media releases, PSAs, social media, and websites including PreventOD.ca
		Develop new communications algorithms as needed.	Deliverable: Create algorithms to guide communication between agencies and the release of information to the public.	Annual	On-going	Algorithms are being refined in 2019 to guide the coordination of emergency information between agencies and the communication of information to the public.

		Apply existing emergency phase system for increasing levels of response.	Deliverable: Incorporate notification criteria in the phased levels of the Opioid Overdose Outbreak Plan	Annual	Completed	The Simcoe Muskoka Emergency Management Plan for Opioid Overdose Outbreaks identifies how the phased levels of response trigger the notification of Incident Command, Incident Management Team and activation of the Vulnerable Populations Notification Protocol.
#5.	Collaborate on activities related to opioid overdose outbreaks which may include prevention, harm reduction, treatment and enforcement.	Collaborate with the leads of the Prevention, Treatment/Clinical Practice, Harm Reduction and Enforcement Pillars to identify potential points of intersection.	Deliverable: Identify strategies to facilitate coordinated activities across SMOS Pillars in preparation for, and in response to, incidents.	Annual	On-going	The PreventOD.ca website was launched as a central source for information on SMOS Pillars. In 2019 we continue to develop areas of overlapping priorities for early warning and response with the Treatment/Clinical Practice, Harm Reduction and Enforcement Pillars.
#6.	Facilitate timely after-action review following a coordinated response for the purposes of continuous improvement.	Adapt existing practices for after-action review established by the Simcoe and Muskoka Emergency Management Program Committees.	Deliverable: Utilize existing processes for post-incident review using accepted emergency management best practices.	Annual	Completed	A post-incident review process has been developed which includes conducting a hotwash debrief and the use of an After Action Report (AAR) template to be used for incidents which proceed to Level 3: Red - Emergency Response.

**Treatment Pillar Dashboard  
CY 2018**

Strategy Goal		Objective/Change Idea	Indicator/Measure/ Deliverable	Reporting Frequency	Current Data Period	Most Recent 4 Periods of Reported Data				Narrative
#1.	Increase awareness of existing resources for treatment of opioid use disorder.	Increase clinician awareness of resources for treatment.	Deliverable: develop and conduct a survey of needs of primary care providers	Annual	CY 2018				Complete	
			# of surveys completed		CY 2018				47	
			Deliverable: Information package	Annual	CY 2018				Complete	On PreventOD website
			Deliverable: create an NSM resource guide for clinicians	Annual	CY 2018				Complete	On PreventOD website
			Deliverable: create a central web link for resources	Annual	CY 2018				Complete	On PreventOD website
			Explore feasibility of creating an educational webinar for clinicians	Annual	CY 2018				Complete	Creation of webinar is deferred until next 2019
#2.	Provide educational opportunities for primary care and pharmacists.		# of educational events delivered	Annual	CY 2018				4	Thus far there have been 4 events in total. Two were held in Orillia and two in Collingwood. Events targeted primary care providers as well as surgeons and anesthesiologists.
			# of participants in educational events	Annual	CY 2018				132	Orillia - 75 total (between two events), Collingwood 57 total (between two events)
#3.	Offer to support First Nations, Metis and Inuit (FNMI) communities in the implementation of the Indigenous Led Opioid Strategy.								Ongoing	Strategy has been developed by FNMI community
#4.	Facilitate local mentorships between addiction and primary care.		Deliverable: develop and conduct survey of primary care providers awareness of MMAP network.	Annual					Complete	Was included in the primary care needs survey
			Deliverable: develop information package on MMAP network.	Annual	CY 2018				In exploration phase	This will be carried forward to 2019
#5.	Improve timely access to addictions treatment throughout the NSM LHIN.	Increase Access to Treatment	# of new RAAM clinics	Annual	CY 2018				3	3 new clinics have been opened. They are located in Barrie, Orillia, and Midland.
			# of clients served	Annual	CY 2018				338	
			Increase # of community addictions counsellors	Annual	CY 2018				5.6 FTE	5.6 additional addiction counsellors were hired by CMHA and 1 by Enaahdig
#6.	Improve access to interdisciplinary chronic pain treatment.	Increase Access to Pain Management	Investigate effects of expansion of APC at Couchiching Family Health Team							The Couchiching Family Health Team has been awarded the Low Back Pain Rapid Access Clinic. This program will be offered for all patients suffering low back pain to improve access to assessment and for the 10% who require it, access to a spine surgeon. CFHT will ensure that an advanced practice clinician is available in each of the five sub-regions for low back pain assessments. There will also be a practice lead overseeing the group and liaising with the affiliated neurosurgeon for the NSM LHIN.

For Deliverables - report % complete

Goal #7 is a 2019-20 commitment

**Harm Reduction Pillar Dashboard  
CY 2018**

Strategy Goal		Objective/Change Idea	Indicator/Measure/ Deliverable	Reporting Frequency	Outcome	Current Data Period	Narrative
#1.	Increase awareness of harm reduction strategies for people who use illicit and prescription opioids.	Distribute resources to partner agencies	# of Naloxone kits distributed	Annual	1620	CY 2018	In 2018, 363 naloxone kits were distributed by SMDHU PHNs to the general public. Community partner distribution totalled 1257 kits From April- Dec 2018 based on quarterly reports.
			# of posters distributed	Annual	138	CY 2018	138 -Posters were distributed in 2018.
		Use SMOS website to share information	# of hits on SMDHU Harm Reduction Web Site	Annual	326	CY 2018	There were 326 page views for the Harm Reduction webpages at SMDHU in 2018. see analysis attached.Prevent OD.ca webpages from April 2018-Dec 2018 had 8,676 pageviews.
			# of hits on PreventOD.ca website	Annual	8676	CY 2018	
#2.	Increase naloxone distribution by area pharmacies, community partner agencies serving at-risk populations and local emergency rooms.	Conduct outreach to pharmacies to expand participation in the Ontario Naloxone Program.	% of pharmacies participating in the Ontario Naloxone Program	Annual	NA	CY 2018	Still waiting for this data from the Ministry's ONP for pharmacies.
			# of naloxone kits distributed by pharmacies	Annual	5567	CY 2018	According to data from the ODPRN Ontario Prescription Opioid Tool- the total # of naloxone kits dispensed by Pharmacies in SMDHU region was 5,567 in 2018.
		Roll out next phase of Ontario Naloxone Program to community partner agencies (target = 25)	# of community partner agencies added	Annual	12	CY 2018	In 2018, <b>12 new community partners</b> signed contracts for naloxone distribution. <b>8 Fire departments</b> and <b>3 Police services</b> signed contracts to access naloxone.
			# of police departments added	Annual	3	CY 2018	
			# of fire departments added	Annual	8	CY 2018	
Expand opportunities for hospitals to send patients home with naloxone following ED visit	# of hospitals onboarding to ONP	Annual	Ongoing	CY 2018	Contracts were sent to a number of local hospital ED depts in 2018, one was signed by the Muskoka Algonquin Health Centre by the end of 2018.		
#3.	Increase access and availability of Needle Exchange program	improve equitable access to sites and supplies	# of needles dispensed	Annual	734,158	CY 2018	In 2018, a total of <b>734,518</b> needles were distributed. Numbers disposed of in SMDHU funded disposal units- <b>145,900</b> . Numbers are much lower than expected d/t lack of consistent stat collection from one of the main distributing NEP sites. 1ml # of NEP kits distributed- needle kits - <b>8955</b> ; Ultra Fine Kits - <b>16,301</b> ; 3ml needle kits- <b>2071</b> ;Steroid kits - <b>381</b> ;Crack Kit- <b>20,424</b> Bowl Kits - <b>3302</b> . # of supplies distributed- see attached. There was a total of 3 new NEP sites brought on board for calendar
			# of needles disposed	Annual	145,900	CY2018	
			# of NEP Kits provided	Annual	51,434	CY 2018	
			# of new sites providing NEP	Annual	3	CY 2018	
		Explore Partnerships to endorse and provide drug testing strips for drug use					Not explored, Fed exemption required, only inside SCSs and OPSs



		Support member agencies in pursuing drug testing at NEP sites					Not explored, Fed exemption required, only inside SCSs and OPSs
#4.	Increase access to overdose prevention sites (OPS) and supervised consumption sites (SCS)	Apply for OPS	Complete application for one Overdose Prevention Site	Annual	Ongoing		Application for an OPS was submitted in April 2018. With change in government in June, application was no longer valid. New guidelines created by the Ministry in October 2018 for a new version to replace the OPS/SCS in Ontario known as Consumption and Treatment Services. HR Pillar to apply for CTS/SCS in 2019.
#5.	Increase communication among SMOS partners and public		Creation of website part of which supplies local stats	Annual	Ongoing		SMH DU webpages to be created in early 2019 to provide information on Supervised Consumption Sites as well as key messaging and FAQs for the public. The webpages will also share progress of MOHLTC and Health Canada application status updates.
#6.	Decrease stigma		Deliverable: develop key messages	Annual	Ongoing		FAQs, press releases and promos on social media to go live in Jan-March 2019
#7.	Decrease barriers in 911 response	Distribute info on Good Samaritan Drug Overdose Act to community partners that distribute naloxone kits.			Ongoing		Posters and education provided on the Good Samaritan Act with all new community partner naloxone training in 2018.
		Add fact sheet/card on Good Samaritan Drug Overdose Act to Needle Exchange Program kits.	Provide posters describing the Good Samaritan Act to partners distributing Naloxone kits	Annual	Ongoing		Not implemented, instead Good Samaritan posters were distributed to community partners distributing naloxone.

**Enforcement Pillar Dashboard**  
**CY 2018**

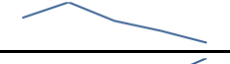







Strategy Goal		Objective/Change Idea	Indicator/Measure/Deliverable	Reporting Frequency	Outcome	Narrative
#1.	Increase communication across law enforcement agencies in order to identify and target those individuals who manufacture and distribute opioids.	Develop consistent approach to investigating overdoses		Annual		<p>Law Enforcement agencies within Simcoe and Muskoka, now have access to:</p> <p>Naloxone Intranasal Spray  Health Canada has approved the use of nasal naloxone spray (NARCAN) as an emergency public health measure.</p> <p>Opioid Investigative Aid  The Office of the Chief Coroner of Ontario (OCCO) has changed their approach to the investigation of drug-related deaths and in May 2017, implemented an Opioid Investigative Aid for coroners' use during drug-related death investigations. In May 2018 the OCCO issued an All Chiefs Memorandum in relation to the seizure and handling of medications, non-pharmaceutical drugs and substances from death scenes.</p> <p>Some law Enforcement agencies within Simcoe and Muskoka have enacted the following policy changes and training initiatives surrounding Opioids:</p> <p>Overdose Investigations Fatal/Non-Fatal  Thorough investigations are required in overdose occurrences to ensure critical intelligence is gathered. Intelligence provides the opportunity to identify harmful/mixed drugs, traffickers, and those at acute elevated risk who can be referred to situational tables and community resources for support. It also provides the opportunity to make linkages between occurrences.</p> <p>Good Samaritan Drug Overdose Act Training/Awareness  The purpose of the act is to encourage people to call 911 and stay with the victim until emergency medical assistance arrives, without fear of arrest.</p> <p>Opioid Presentations  Presentations have been developed by the agencies with consideration to engage with community health agencies or other subject matter experts on the effects of opioids, treatment, etc.</p> <p>Safe Handling of Suspected Drug Exhibits - SOP  The Standard Operating Procedures (SOP) have been produced to inform members of the risks posed by Fentanyl and other synthetic opioids and the methods to protect against these risks. Personal Protective Equipment has been enhanced to protect members while conducting drug-specific searches, or sampling seized drug exhibits. the OPP has made the wearing of personal protective equipment (PPE) mandatory.</p>
		Increase timely sharing of intelligence	Deliverable: intelligence working group	Annual	Complete	<p>Law Enforcement agencies within Simcoe and Muskoka meet formally on a regular basis as part of intelligence working group.</p> <p>Law Enforcement agencies within Simcoe and Muskoka recognize that cooperation among law enforcement agencies and jurisdictions is paramount to the success of opioid investigations.</p>
		Develop and implement a Simcoe Muskoka law enforcement opioid education seminar	Deliverable: education seminar	Annual		<p>Through 2018 there have been a number of opioid education seminars available to all law enforcement across Ontario. The Enforcement Pillar recognizes the benefit in collaborative education seminars that include other stakeholder. The Enforcement Pillar will continue to seek opportunities to participate in education seminars with members from the other Pillars in the SMOS.</p>

		Share educational opportunities for law enforcement and first responder partners.		Annual		<p>Representatives from the SMOS (police, health, mental health) attended the Ontario Chiefs of Police 2018 Starting a Collaborative Discussion Around the Opioid Challenge Seminar. This was a forum for keynote presenters and interactive panel and participant discussions about the challenges and opportunities we are facing locally, provincially and nationally. It is important for all of us to understand the challenges we are facing, what we are doing in our respective fields, what innovative opportunities we have to offer, and what can we do to collectively to address the opioid issue as this crisis demands a 'all hands on deck' response</p> <p>Representatives from the SMOS (police, health) attended the 2018 Law Enforcement Public Health Conference. This forum recognizes that law enforcement and health are intimately related and necessary partners in issues like the current opioid crisis and that organizations from both fields should work together closely to increase the health and safety of citizens.</p>
#2.	Reduce the supply of illicit opioids in the Simcoe Muskoka area through a cohesive enforcement strategy.	Provide targeted enforcement based on timely intelligence.		Annual		<p>The Enforcement Pillar is exploring opportunities with other Provincial and Federal stakeholders to ensure timely intelligence, as it relates to opioids is conveyed to all partners.</p> <p>Examples of recent successful investigations:</p> <p>Barrie Police Service R vs Mastromatteo Justice Jonathan Bliss described in great detail, the circumstances surrounding the fentanyl overdoses of five users in downtown Barrie Oct. 2, 2016, and how they led to the arrest of a 21-year-old Barrie man, who received a seven year prison sentence in 2018, for importing fentanyl. "He was essentially an illicit pharmacy dispensing drugs like bullets for the buyers to play Russian roulette with."</p> <p>R vs McPhail A 24 – year old Barrie man has pled guilty to trafficking and criminal negligence causing bodily harm for his involvement in the above noted incident. He will be sentenced in early 2019.</p> <p>South Simcoe Police Service: R vs Walker A 25 – year old Barrie man has pled guilty to criminal negligence causing death for his involvement in a fatal opioid overdose. He will be sentenced in early 2019.</p>
		Develop a process to communicate timely opioid information to the community	Deliverable: communication process	Annual	Complete	Law Enforcement agencies within Simcoe and Muskoka are exploring opportunities on enhancing the communication process to the community on opioid related messages. When valuable information needs to be released to the community, each service has issued Public Advisories and they get posted to the Alert banner on preventod.ca website.
		Collaborate to raise public awareness on dangers of recreational opioid use		Annual		Law Enforcement agencies within Simcoe and Muskoka are delivering opioid awareness presentations to their communities on a regular basis.
		Promote Drug Take Back day as way to raise awareness of returning unused prescription opioids		Annual		Law Enforcement agencies within Simcoe and Muskoka regularly promote the returning of unused prescriptions to pharmacies, some through Drug Take Back days, and others through public awareness campaigns.

		Continue to engage Crimestoppers on initiatives		Annual		<p>Crime Stoppers is a partnership between the public, police and media. Crime Stoppers of Simcoe/Dufferin/Muskoka provides the counties of Simcoe, Dufferin and Muskoka a way to anonymously report tips to help solves crimes, ensuring the safety and future of our thriving communities. They committed to helping crimes get solved, and they have little tolerance for drug trafficking and all the lives that are put at risk or lost due to it.</p> <p>Crime Stoppers continues to raise awareness to opioid related crimes and will continue to support with the message of: "Please report drug traffickers, you never know when you may be saving a life."</p> <p>Opioid related - Crime Stopper's - Poster and social media content</p>
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For Deliverables - report % complete

SMOS Evaluation Scorecard  
**Fiscal Year 2017/18 Report**

Indicator		Reporting Frequency	Most Recent 4 Periods of Reported Data				Current Data Period	Trendline	Most Recent Period Reported	Provincial Performance
Opioid Present at Death by Type (% of Opioid Deaths)*	Codeine	Annual	21.6%	26.5%	20.5%	17.4%	13.6%		CY 2017	8.6%
	Fentanyl	Annual	35.1%	23.5%	18.2%	32.6%	71.6%			63.6%
	Heroin	Annual	2.7%	14.7%	13.6%	8.7%	24.7%			14.9%
	Hydrocodone	Annual	2.7%	5.9%	2.3%	2.2%	2.5%			1.3%
	Hydromorphone	Annual	5.4%	20.6%	27.3%	17.4%	11.1%			15.3%
	Methadone	Annual	29.7%	29.4%	36.4%	23.9%	14.8%			16.7%
	Morphine	Annual	1.5%	23.5%	15.9%	26.1%	24.7%			16.8%
	Oxycodone	Annual	18.9%	26.5%	20.5%	21.7%	8.6%			12.8%

\* As multiple drugs may be present totals may exceed 100%

All data is for the Simcoe Muskoka Health Unit