



Town of Newmarket Council Information Package

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Date: September 27, 2019

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Please be advised the Township of Zorra Council passed the following resolution at the September 4, 2019 Council Meeting:

“WHEREAS the Township of Zorra is an environmentally conscious community;

AND WHEREAS the Township of Zorra is a member of the Upper Thames River Conservation Authority (UTRCA) and has a representative on the board of directors of the UTRCA;

AND WHEREAS the board of directors determines the policies, priorities and budget of the UTRCA;

AND WHEREAS the UTRCA provides the Township of Zorra with expert advice on the environmental impact of land use planning proposals and that the Township of Zorra does not have staff with comparable expertise or experience;

AND WHEREAS the UTRCA provides programs to the residents of Zorra and other member municipalities that include recreation, education, water quality monitoring, reduction of vegetation loss and soil erosion, preservation of species at risk as well as protecting life and property through a variety of measures;

Therefore, be it resolved, that the Township of Zorra supports continuation of the programs of the UTRCA, both mandatory and non-mandatory, and that no programs of the UTRCA or of the other Conservation Authorities in Ontario be “wound down” at this time.

And that, the Ministry of Environment, Conservation and Parks give clear direction as to what programs are considered mandatory and non-mandatory and how those programs will be funded in the future;

And that this resolution be forwarded to the Minister of the Environment, Conservation and Parks, Premier Doug Ford, MPP Ernie Hardeman, the Association of Municipalities of Ontario, the Upper Thames River Conservation Authority, Conservation Ontario and all Ontario municipalities.”

Thanks,



Karen Martin
Director of Corporate Services
274620 27th Line, PO Box 306
Ingersoll, ON N5C 3K5
P: 519-485-2490 x 7228 | 1-888-699-3868
F: 519-485-2490
kmartin@zorra.ca | www.zorra.ca

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September 12, 2019

The Honourable Doug Downey, Attorney General of Ontario
Ministry of the Attorney General
720 Bay Street, 11th Floor
Toronto ON M7A 2S9

Re: Resolution Regarding Provincial Funding Cuts to Legal Aid Ontario

Please be advised the Council of the Municipality of Chatham-Kent at its regular meeting held on September 9, 2019 endorsed the following resolution;

“Whereas, the Chatham-Kent Legal Clinic (the “Clinic”) has delivered legal services in Chatham-Kent (the “Municipality”) for over 38 years to area residents who cannot afford legal assistance because of financial hardship – including those who are disabled, on social assistance, pensioners, the unemployed, or those with low income;
And Whereas, the Clinic’s services are aimed at ensuring that people with low incomes are able to meet their most basic needs, which in turn gives them the ability to live with health and dignity as active members of their community;

And Whereas, like other community legal clinics across the province, the Clinic carries out this invaluable work through funding provided by Legal Aid Ontario (“LAO”);

And Whereas, the provincial government’s 2019 Budget has cut funding to Legal Aid Ontario by \$133 Million – which is a 35% reduction in provincial funding – retroactive to April 1, 2019, with cuts rising to \$164 Million (45%) by 2021-22;

And Whereas, these significant cuts will result in a reduction of critical legal clinic services to low income residents in our community resulting in adverse social and economic consequences for the Municipality served by the Clinic – from

- increased reliance on municipal services including increased homelessness resulting from avoidable evictions,
- increased poverty resulting from lack of income supports and employment supports and

- increased reliance on social assistance administration resulting from people being denied appropriate supports

And Whereas, the Council of the Municipality believes all levels of government should provide fair, economically-sound, and evidence-based programs and supports to help low-income residents, vulnerable people, and other equity-seeking individuals escape poverty, precarious housing, and systemic disadvantage, realize their full potential by living healthy and safe lives.

Be it therefore resolved that, the Council of the Municipality of Chatham-Kent forward a letter to local MPPs, the Attorney General and the Premier of Ontario (and all municipalities in Ontario)

- expressing its strong support for Legal Aid Ontario and its funding of Ontario's community legal clinics, and specifically the Chatham-Kent Legal Clinic, which provides legal services to low income and vulnerable Ontarians;
- expressing its strong opposition to the funding cuts imposed on Legal Aid Ontario by the provincial government;
- calling upon the Premier and the Attorney General to make a commitment to access to justice and to respect the commitment of their government to not decrease front line services; and
- urging the province to restore full funding to these critical services to ensure that all the residents of Chatham-Kent have access to a fair and equitable justice system, regardless of their incomes."

If you have any questions or comments, please contact Judy Smith at 519-360-1998 Ext # 3200.

Sincerely,



Judy Smith CMO
Director Municipal Governance
Clerk /Freedom of Information Coordinator

C
The Honourable Doug Ford, Premier of Ontario
All Municipalities in Ontario



September 19, 2019

Hon. Jeff Yurek
 Minister
 Ministry of the Environment, Conservation and Parks
 College Park 5th Flr, 777 Bay St, Toronto, ON M7A 2J3
minister.mecp@ontario.ca

RE: [PROPOSED PROVINCIAL BLUE BOX PROGRAM CHANGES](#) (5.1)

Dear Mr. Yurek

This will confirm that at a meeting held on June 25, 2019, the Council of the City of Markham adopted the following resolution:

WHEREAS the Ontario Ministry of the Environment, Conservation, and Parks has issued direction to Stewardship Ontario to begin the transition of Ontario's Blue Box Program from Municipalities to producers of plastic and other packaging, and,

WHEREAS Municipalities have acted as the primary Blue Box service provider for over 30 years establishing successful, convenient, and cost effective recycling programs for their residents; and,

WHEREAS the City of Markham, its residents, and its innovative business community have initiated bold actions over the years and demonstrated environmental leadership resulting in:

An 82% community diversion rate and a 74% RPRA (Resource Productivity & Recovery Authority) net diversion rate;

A curbside waste generation rate of only 258 kg per capita as a result of Markham's Clear Bag garbage program and material bans;

Recycling services to all of Markham's 132 multi-residential buildings;

160,770 visits by residents to Markham's community recycling depots in 2018;

An award winning Textile diversion program which has diverted over 15 million lbs of textiles from the waste stream;

Zero Waste and 3-stream collection services to all Markham community facilities, primary schools and BIAs (business improvement areas); and,

WHEREAS, the Mayor and City Council wishes to ensure the continued success of Markham's integrated waste management and recycling system and that the amended Blue Box Program meets the needs of our growing community; and,

WHEREAS the City of Markham encourages the Province to take every opportunity to enhance and expand the list of acceptable Blue Box materials while taking into account local circumstances.

Therefore be it resolved:

1. That the report entitled “Proposed Provincial Blue Box Program Changes” be received; and,
2. That the City of Markham with its environmental leadership experience offers to provide support to the Province and Stewardship Ontario during the transition process; and,
3. That the Province ensures that municipalities are meaningfully involved in the transition process and that there will be a robust and extensive consultation with all stakeholders going forward; and,
4. That the Provincial Government ensure the new Blue Box Plan will not negatively impact Ontarians' experience with, and access to, Blue Box services and related diversion programs and that service levels and convenience for residents will be maintained or improved; and,
5. That the Province establish and enforce through regulation, aggressive diversion targets for the Blue Box Plan that clearly articulates a goal of zero waste, supported with programs aimed to eliminate waste and create a strong circular economy; and,
6. That the Province ensure that the Blue Box Plan respect the cost effectiveness, efficiency, and environmental performance of the integrated collection system currently provided by municipalities including the efficiency of material co-collection; and,
7. That the Province ensure the Blue Box Plan include a cost recovery mechanism to compensate municipalities for the additional cost of materials redirected to the organics or waste streams as a result of changes to Provincial Legislation for the Blue Box material acceptance list; and,
8. That Council authorize the Commissioner of Community & Fire Services /or designate to actively participate in the consultation process to advance Markham’s priorities; and,
9. That the City Clerk circulate this Motion to the Clerks of York Region and the local municipalities and the Minister of the Environment, Conservation and Parks; and further,
10. That Staff be authorized and directed to do all things necessary to give effect to this resolution.

If you have any questions, please contact Claudia Marsales at 905-477-7000 ext. 3560.

Kind regards,



Kimberley Kitteringham
City Clerk

Cc: Clerks of York Region and the local municipalities

CORPORATION OF THE TOWNSHIP OF NORTH GLENGARRY

RESOLUTION # 7

DATE: September 23, 2019

MOVED BY: [Signature]

SECONDED BY: [Signature]

WHEREAS, the Pupil Accommodation Review Guideline (PARG) in 2016 ignored important considerations.

And WHEREAS, Glengarry District High School and Maxville Public School in the Township of North Glengarry were reviewed for possible closure in 2016.

And WHEREAS, the Government of Ontario is currently working on new PARG guidelines.

Be it resolved that the Education Subcommittee of the Community Development Committee of the Township of North Glengarry proposes the following changes to the Pupil Accommodation Review Guideline:

- 1. That the economic impact of a school closure on a municipality be considered before a school is closed.
2. That there be proven value to the student when considering a school closure, including greater access to amenities, services, and learning opportunities (i.e., after school work, coop programs etc.)
3. That multiple options be allowed to be considered during the Pupil Accommodation Review Process.

4. That students being removed from their community be the absolute last resort, with all efforts being exhausted for school boards to share amenities and space before a child is transported out of their community.

Carried

Defeated

Deferred

[Signature]
MAYOR / DEPUTY MAYOR

- Deputy Mayor: Carma Williams
Councillor: Jacques Massie
Councillor: Brenda Noble
Councillor: Jeff Manley
Councillor: Michel Depratto
Councillor: Johanne Wensink
Mayor: Jamie MacDonald

Table with 2 columns: YEA, NEA and 7 rows of blank lines for voting.

Section 9 Item a

September 26, 2019

Ministry of the Attorney General
McMurtry-Scott Building
720 Bay Street, 11th Floor
Toronto ON, M7A 2S9

Re: Joint and Several Liability Consultation

Please be advised that in response to your letter dated July 12, 2019, the Township of Springwater provides the following comments in regards to Joint and Several Liability.

1. Please describe the nature of the problem as you see it?

In response to the Province's request for consultation, the Township has a significant issue with Joint and Several Liability (JSL) and the impact it has on the municipality.

a. No Requirement of Proof

JSL is a tool that is used by the legal industry without any discretion to the point that this municipality feels that its use is negligent and in fact unethical. Most law suits that municipalities see are frivolous and vexations as lawyers cast their nets wide and attempt to use shotgun justice for their clients that are more than often the sole cause of a claim. A statement of claim does not require any proof that there is fault. A plaintiff only has to state who they think is involved and a significant amount of court time is spent determining who should be a party to the legal claim.

b. No Consequence for Being Wrongly Identified in a Statement of Claim

To add to this, there is no consequence that lawyers and their clients face for submitting a claim against a municipality when it is clear that a municipality is not involved. Municipalities incur significant administrative costs in managing these claims and the municipalities and their insurers pay significant costs to go through a lengthy process to prove that a claim was made in error (intentionally) only to find that a judge sees no reason to compensate a municipality for cost for incorrectly being named in a lawsuit by a plaintiff. Municipalities are seen as having deep pockets by the legal industry as well as the judicial system that makes decisions on these claims. Proof of innocence is often furnished to the plaintiff and lawyer by a municipality immediately upon notification of a pending legal action of statement of claim. This information is ignored by the plaintiff's lawyer. A plaintiff and their lawyer should have to reimburse a municipality for

all administrative and legal costs when the municipality is cleared of liability. Judges rarely compensate municipalities for being wrongly named in a legal action.

A recent example from 2019 occurred when a statement of claim was made against the Township of Springwater for an accident on a County Road (not the jurisdiction of Springwater). After legal and administrative costs totaling more than \$5,000, Springwater was dismissed from the claim. Unfortunately no costs were assigned to the plaintiff for wrongly naming Springwater in the statement of claim. The current system is broken and Springwater tax payers are left paying the bill.

2. What are the problems that you need addressed to benefit your community?

a. Ethical Standard of Due Diligence Required Before Submitting a Legal Action

Lawyer's representing plaintiff's should be required to submit documentation that provides significant research into why a claim is being made and a municipality is being named in a law suit. The claim should clearly prove authority and responsibility. The current practice of naming every party under the sun in a legal claim is negligent and unethical.

b. Frivolous and Vexatious Suits are Costing Taxpayers

The Township of Springwater is seeing a significant waste of administrative time and cost in managing legal claims against the municipality that are predominantly frivolous and vexatious due to JSL. Over the last seven years, the municipality has had 55 claims made against the municipality. These claims range from trips/falls resulting in broken eyeglasses to cases that unfortunately involve loss of life. The Township has no problem dealing with claims that the municipality is responsible for; however the Township does have a problem dealing with claims it does not have any responsibility for. Of the 55 claims against the municipality, 42 of these claims are frivolous and vexatious. Claims that the municipality has no responsibility for. Over the past 7 years, Springwater has paid more than \$100,000 on these frivolous and vexatious claims as they work themselves through the legal process. Many of these files are still open. This does not include additional costs paid by Springwater's insurance company that are beyond the municipality's deductible.

c. Negligent Legal Actions (Beyond Frivolous and Vexatious)

The Township of Springwater is currently named in 4 legal actions and an additional legal action (recently abandoned) for claims that occurred in another municipality (no where near Springwater). The Township is currently named in 3 claims that occurred in the Township of Clearview west of Stayner and one claim in the Township of Brock that have nothing to do with the Township. Springwater was named in a claim that occurred

in Wasaga Beach that was abandoned recently. All of these claims cost the Springwater taxpayer in administrative and legal costs as they work their way through the process.

d. Triage System for Claims

Before a claim makes it to a court date, the file should be triaged. It is at this stage that negligent of frivolous and vexatious claims will be filtered or thrown out. This process will trigger the reimbursement of costs to municipalities by unethical law firms.

e. Law Society of Ontario Charges

Lawyers that use JSL in an unethical way should be charged by the Law Society of Ontario. If a lawyer names a municipality in a legal action that should not be named, these lawyers should be suspended and potentially lose their license to practice law. There is a significant commonality when comparing frivolous and vexatious claims and the law firms/lawyers that submit them. The current code of ethics of the Law Society of Ontario should be updated by the Province to reprimand lawyers and law firms that negligently use JSL. The Province of Ontario should be involved in creating a new Code of Ethics for Ontario's legal industry.

3. Is it increased premiums? Rising deductibles?

A recent survey by CAO's in Simcoe County shows that insurance premiums are going up between 10% at the lowest to 59% being the highest in 2019. The Township of Springwater experienced a 10.8% increase in its 2019 insurance renewal. The area that typically sees an annual increase is related to the Municipal General Liability and Excess Liability lines of the business. The municipality was advised by its insurance broker that "over the past several years, insurance companies' appetite for Municipal Insurance has remained fairly stable. Insurance rates across all lines have seen only modest increases intended to simply keep pace with inflation and the rising cost of claims. Larger rate increases have been reserved for those accounts experiencing adverse claims development; either in frequency or severity (or both). However, starting in June 2018, the insurance market as a whole has shown clear signs of "hardening". Insurance companies for all sectors are putting stricter rules in place regarding the amount and breadth of coverage they will provide, and to which clients. Since the overall insurance supply is being reduced, the demand for insurer capacity is increasing, and as such, prices are elevating."

The table below provides at a high level (includes all lines of coverage) the Township's annual insurance premiums over the past five years.

2015	2016	2017	2018	2019
\$234,942	\$247,262	\$254,388	\$274,936	\$304,688

The Township continues to consult with its insurance broker in an effort to ensure that Springwater's constituents are receiving the best value for their tax dollar; however, the rising costs of insurance are not sustainable over the long run. Staff and its insurance broker have looked at increasing our deductibles in an effort to reduce the overall premium; however this has led to minimal reductions in the overall annual premium to the Township.

4. Being unfairly named in lawsuits?

As detailed above, Springwater continues to be unfairly named in legal actions. Issues here range from a complete absence of research by legal firms on causality to the municipality being named in legal action in completely separate jurisdictions (other municipalities).

5. Feeling you cannot offer certain services because of liability risks?

More recently, with the advice of the Township's insurance broker, the Township has changed the way in which it delivers some of its recreational programs/services, especially as it relates to children's programs/activities. For example, the Township in partnership with its Community Recreation Associations will host a number of community based events throughout the year, which includes children's activities. In order to allow inflatable Bouncy castles at community events, the Township now requires the service provider to indemnify the Township and to also provide staff to monitor the safety of participants while in the inflatable Bouncy castle. Some vendors are reluctant to take on this risk.

Thank you for allowing the Township to participate in this consultation. We are open to further dialogue should you feel it necessary.

Yours truly,



Jeff Schmidt, CPA, CGA, B.A.S.
Chief Administrative Officer

Cc: Ontario Municipalities

Regional Council Decision - 2019 Water and Wastewater Capacity Assignment to Support Growth

On September 26, 2019 Regional Council made the following decision:

1. Council authorize assignment of water and wastewater servicing capacity of 108,638 persons to local municipalities to support forecasted growth to the end of 2026
2. Council authorize staff to establish a reserve of 4,000 persons to support purpose-built rental housing initiatives, subject to area constraints
3. To facilitate ongoing coordination and tracking of servicing capacity, local municipal partners continue to:
 - optimize distribution of servicing through the implementation of best practices for servicing capacity management outlined in Table 1 of this report
 - confirm details of servicing allocation on a semi-annual basis
 - participate in the Regional Long Term Water Conservation Strategy and Inflow and Infiltration Reduction Strategy, including participation in incentive programs to obtain as a minimum 10% additional servicing capacity
4. The Regional Clerk circulate this report to the local municipalities

The original staff report is attached for your information.

Please contact Wendy Kemp, Acting Director, Infrastructure Asset Management at 1-877-464-9675 ext. 75141 or Karen Whitney, Director, Community Planning and Development Services at 1-877-464-9675 ext. 71505 if you have any questions with respect to this matter.

Regards,

Christopher Raynor | Regional Clerk, Regional Clerk's Office, Corporate Services

The Regional Municipality of York | 17250 Yonge Street | Newmarket, ON L3Y 6Z1

O: 1-877-464-9675 ext. 71300 | christopher.raynor@york.ca | www.york.ca

Our Values: Integrity, Commitment, Accountability, Respect, Excellence



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The Regional Municipality of York

Committee of the Whole
Environmental Services
September 12, 2019

Report of the Commissioner of Environmental Services,
Corporate Services and Chief Planner

2019 Water and Wastewater Capacity Assignment to Support Growth

1. Recommendations

1. Council authorize assignment of water and wastewater servicing capacity of 108,638 persons to local municipalities to support forecasted growth to the end of 2026
2. Council authorize staff to establish a reserve of 4,000 persons to support purpose-built rental housing initiatives, subject to area constraints
3. To facilitate ongoing coordination and tracking of servicing capacity, local municipal partners continue to:
 - optimize distribution of servicing through the implementation of best practices for servicing capacity management outlined in Table 1 of this report
 - confirm details of servicing allocation on a semi-annual basis
 - participate in the Regional Long Term Water Conservation Strategy and Inflow and Infiltration Reduction Strategy, including participation in incentive programs to obtain as a minimum 10% additional servicing capacity
4. The Regional Clerk circulate this report to the local municipalities

2. Summary

This report seeks Council approval to assign servicing capacity of 108,638 persons including 20,000 persons of capacity to support Centres and Corridors growth in the southern municipalities to the end of 2026. The report recommends establishing a reserve to support purpose-built rental housing initiatives. It also identifies the need for local municipalities to manage assigned capacity through the use of best practices to obtain a minimum 10% additional servicing capacity by active participation in incentive programs.

Key Points:

- Capacity assignment facilitates growth of 108,638 persons in local municipalities to 2026 including 20,000 persons to southern municipalities to support growth in centres and corridors
- The amount and distribution of this capacity assignment was determined using short-term growth forecasts confirmed by local municipalities
- Multi-year growth is aligned with existing water and wastewater infrastructure investment
- Local municipalities were consulted throughout this process to ensure transparency and consistency
- A reserve of 4,000 persons is established to support purpose-built rental housing initiatives
- Local municipalities will be required to monitor growth assigned to areas with specific limitations to ensure capacity allocation does not exceed limits of infrastructure
- Local municipalities are required to optimize distribution of servicing capacity by implementing best practices and using incentive programs to obtain a minimum of 10% additional servicing capacity

3. Background

Since 2005, a phased water and wastewater capacity assignment protocol has enabled growth to approximately 1.2 million people

Construction of water and wastewater systems is dependent on provincial approvals and is inherently complex due to regulatory requirements; these factors have led to delays in implementing specific projects outside the Region's direct control. To manage this uncertainty, capacity assignment to local municipalities is calculated as shown in Attachment 1, and based on the protocol approved by Council on [June 23, 2005](#). This protocol reflects the Provincial Growth Plan, Regional Official Plan as well as the Water and Wastewater Master Plan and has directed capacity assignments throughout the years now totaling approximately 1.2 million people. By phasing capacity, the Region and its local municipalities aspire to align with forecasted housing market demands by accommodating a minimum four to five year supply of capacity, where possible.

As of Q4 2018, cumulative servicing capacity assigned to support Region-wide growth has reached 1,197,939 persons. Further details are shown in Attachment 2.

Aurora, Newmarket and East Gwillimbury received capacity to 2023

The Region is still awaiting the Minister's approval of the Upper York Sewage Solutions project. Due to the outstanding Environmental Assessment approval by the Province, earliest project completion is 2027. To support continued growth in the Towns of Aurora, Newmarket and East Gwillimbury, on [June 28, 2018](#) Council authorized an assignment of 10,500 persons capacity enabled through completion of two interim solutions:

- modifications to the Aurora Pumping Station equalization tank
- construction of a new Henderson Pumping Station

Both of these projects are under design and further details are shown in Attachment 3. An additional capacity of 1,000 persons is reserved for Centres and Corridors in these three municipalities once the capacity provided by the interim solutions is confirmed as indicated in the June 28, 2018 Council report.

The Region remains committed to monitor system performance and investigate additional interim solutions. To assist local municipalities in managing and planning for long-term growth, staff will provide Council with a capacity monitoring report in 2021.

Implementing local municipal best practices tools optimizes capacity

Local municipalities have a number of planning tools to manage demand for capacity by individual developments. Key elements of these local best practices have been available since 2005 and are outlined in Table 1. Available tools are implemented differently across local municipalities and have been customized to suit specific communities. Local municipalities periodically review their best practices to ensure strategic growth priorities and effective implementation are being achieved.

This Assignment provides over 7 years of capacity going beyond the previous capacity assignments that had used a 5 year planning horizon. This ensures the optimal use of shared infrastructure while awaiting Environmental Assessment approvals required for infrastructure to support future growth. At this same time it provides adequate capacity for each municipality, certainty for development applications and opportunities for growth.

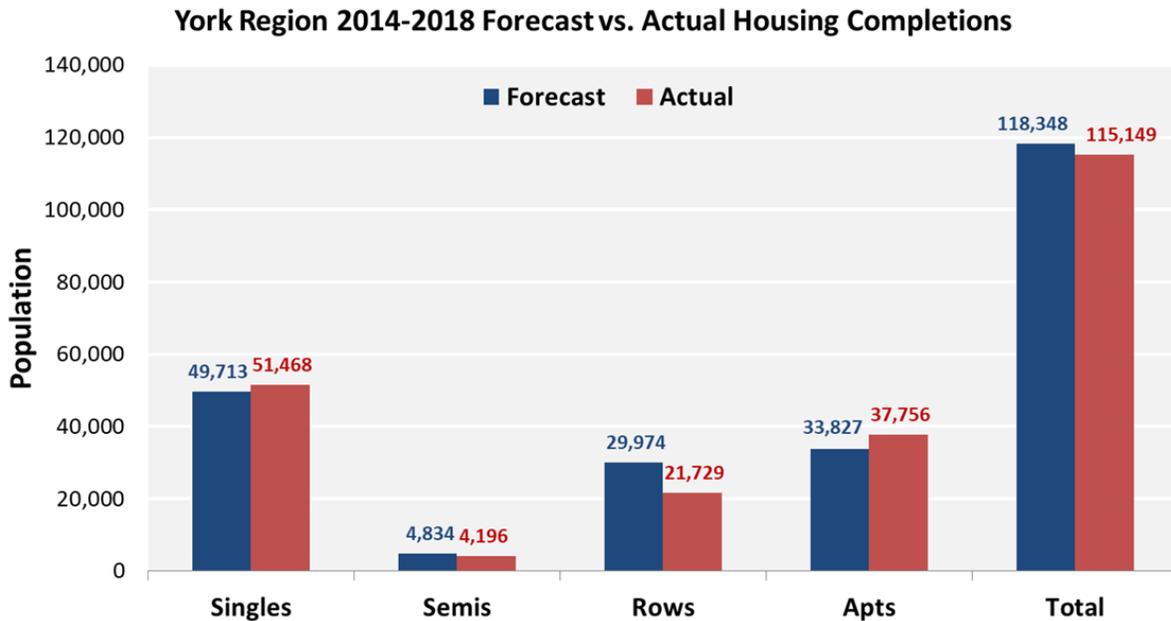
Table 1
Best Practices for Servicing Capacity Management

Monitoring	Detailed monitoring of servicing allocation to specific developments
Use it or Redistribute it	Council approved “ Use it or Redistribute it ” policies
Strategic Priorities	Determine strategic priorities that best meet growth management objectives of local municipalities and York Region
Phasing	Phasing plans for community and secondary plan areas
Criteria	Clear, transparent and consistent criteria for allocation to development applications
Planning Tools	Planning Tools including holding zone provisions, conditions of approval and agreements to ensure development is implemented once servicing is available
Linking	Linking land use planning approval process with infrastructure planning and delivery process timing

Short-term growth forecasts identify market trends informing capacity assignment to meet growth until 2026

Short-term growth forecasting is an application-based forecast used to recognize capacity needs by identifying the specific magnitude and location of near-term residential growth. This short-term forecast is prepared annually in consultation with local municipal partners. It examines approval and construction timing of active development proposals in local municipalities. As demonstrated in Figure 1, forecasted growth estimates closely align with actual housing completion data, suggesting that this method is quite a reasonable approach to estimate future capacity needs. During the period from 2014 to 2018, the Actual Housing Completions across York Region totaled 40,881 units, equivalent to 115,149 persons, and were 3% lower than the Forecasted Completions for this period.

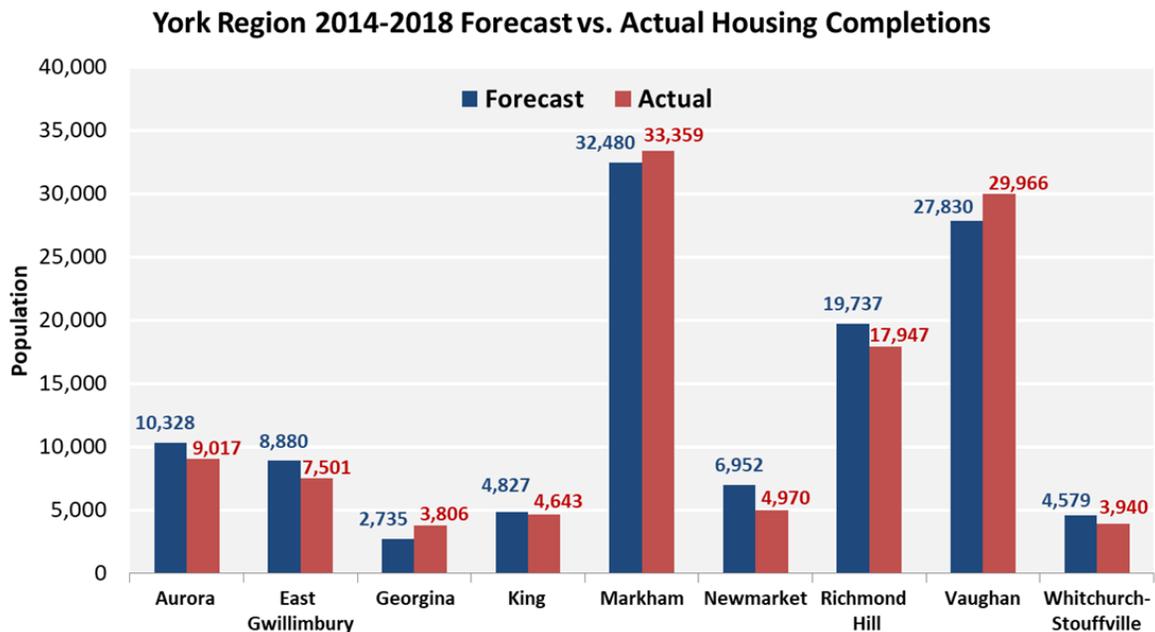
Figure 1
Forecasted and Actual Housing Completions Across York Region (2014-2018)



Source: CMHC Completions (GTA Housing Now) and York Region Short Term Forecasts

Figure 2 illustrates similar alignment between forecasted growth and actual housing completion data for all local municipalities, confirming the effectiveness of the short-term forecast in projecting near-term growth. Given the reliability of this short-term forecast it has been used to inform capacity assignment for the each local municipality to 2026 as shown in Table 2.

Figure 2
Forecasted and Actual Housing Completions by Municipality (2014-2018)



Source: CMHC Completions (GTA Housing Now) and York Region Short Term Forecasts

4. Analysis

2019 Capacity Assignment is for local municipalities serviced by the York Durham Sewage System and not constrained by major capital projects

Approximately 90% of York Region's population is serviced by the York Durham Sewage System (YDSS), which collects wastewater from eight local municipalities (all except for the Town of Georgina). Wastewater is conveyed by the York Durham Sewage System for treatment at the Duffin Creek Plant, co-owned by York Region and Durham Region. A portion of wastewater in the western part of the City of Vaughan is conveyed to the south Peel system for treatment under a servicing agreement with Peel Region.

Assignment of water and wastewater servicing capacity of 108,638 persons supports forecasted growth to the end of 2026

The short-term forecast for York Region identified the need for 88,638 of servicing allocation to support growth to 2026. Staff recommend an additional 20,000 persons of capacity for southern municipalities beyond what was identified in short-term forecasting to support growth in centres and corridors. With the proposed total new capacity assignment of 108,638 persons, in addition to the previously approved unused capacity, the total available capacity for growth to the end of 2026 is 223,249 persons, as shown in Table 2.

Capacity assigned to local municipalities is subject to local servicing limitations in some areas

In some localized service areas, while there is capacity to support further growth, additional infrastructure is required to support the full build-out of the area. Given that capacity is allocated to individual developments by local municipalities, it is important that allocation to these service areas does not exceed the available capacity. It is therefore important that local municipalities plan their allocation to reflect these specific areas in allocation tracking.

A summary of service areas with specific capacity limitations is provided in Attachment 3.

Table 2
Proposed New Capacity Assignment (In population)

Local Municipality	(A)	(B)		(C)	(B2+C)	(A+B+C)
	Unused Capacity at Year End 2018	Capacity Assignment June 2018 (B1)	Sept. 2019 (B2)	Reserve for Centres and Corridors	Total New Assignment	Total Available for Growth to Year End 2026
Aurora	4,758	4,933	0		0	9,691
East Gwillimbury	7,789 ¹	2,727	0		0	10,516
Newmarket	4,880	2,840	0		0	7,720
King (King City)	5,292	0	1,138		1,138 ²	6,430
Markham	29,185	0	24,191	6,000	30,191	59,376 ³
Richmond Hill	19,065	0	25,697	6,000	31,697	50,762 ³
Vaughan	24,081	0	36,869	8,000	44,869	68,950 ³
Whitchurch-Stouffville (Stouffville)	9,061	0	743		743	9,804
TOTAL	104,111	10,500	88,638	20,000	108,638	223,249

1. Subject to meeting the Town of East Gwillimbury Sustainable Development Incentive Program requirements
2. Availability of 1,138 persons capacity will be confirmed through an ongoing capacity assessment study of the King City Sewage Pumping Station
3. Capacity allocation in these municipalities is subject to limitations within local watersheds and sewersheds as outlined in Attachment 3

Infrastructure plan aligns with the Fiscal Strategy and supports this multi-year assignment

This capacity assignment has been developed in consideration of York Region's Fiscal Strategy, in accordance with the approved 10 Year Capital Plan, including the Upper York Sewage Solutions (UYSS) project as well as other key water and wastewater infrastructure required to service growth (e.g. West Vaughan Servicing and Northeast Vaughan Servicing). The Fiscal Strategy balances debt management with the need to continue to invest in infrastructure to service growth. Capital planning will continue to focus on aligning growth with infrastructure and avoiding undertaking capital projects prematurely. This will include taking into account the need to phase projects carefully to better match expected funding and avoid over-burdening the Region with debt. Being vigilant and improving growth forecasting accuracy also helps provide a better understanding of both overall population growth and specific areas where growth occurs.

Support for employment growth is embedded into this multi-year assignment

Although the 2019 Capacity Assignment is dedicated to residential growth, residential to employment growth at a ratio of 2:1 has been embedded into infrastructure planning and is supported through this assignment. Any high water consumption industry is required to share their water demand and flow projections with local municipalities and the Region and obtain servicing approval prior to commencing construction to ensure that capacity is available.

Rental Housing Reserve of 4,000 persons supports Rental Housing initiatives

Building on the success of the Non-Profit Housing Reserve, York Region is committed to increasing its supply of rental housing. To support and incent rental housing, this report recommends establishing a reserve of 4,000 persons for new private purpose-built rental developments, subject to available capacity. The allocation cap proposed for the reserve aligns with the targeted number of rental units proposed for a new rental housing financial incentive program to be considered by Council this fall.

The rental housing reserve would be in addition to the capacity reserve for non-profit housing. From the original Non-Profit Housing reserve of 4,969 persons, 953 persons remain available to support Non-Profit Housing projects.

Municipalities not serviced by York Durham Sewage System have adequate capacity to support community growth

Wastewater flows to standalone facilities serving the communities of Nobleton, Sutton, Keswick, Mount Albert and Schomberg range between 40-60% of plant capacity:

- Nobleton, Mount Albert and Schomberg Water Resource Recovery Facilities – Available service capacity (the difference between current flows and plant capacity) has been released to local municipalities to allow growth.

- Keswick Water Resource Recovery Facility – Most of the facility capacity has been released to Georgina to allow for growth. York Region has reserved a small portion of facility capacity to complete some membrane performance testing to meet compliance requirements before releasing remaining capacity. Testing is scheduled for the upcoming winter months.
- Sutton Water Resource Recovery Facility – Since 2016, this facility has operated at less than 60% of its Environmental Compliance Approval rated capacity. Flow to this plant continues to be monitored, and once flow reaches 70% of capacity, consideration will be given to include facility expansion in the 10 Year Capital Plan, subject to available funding at that time.

The Region will continue to monitor capacity consumption to ensure there is adequate servicing to support approved growth in these communities. While optimization of existing facilities continues to take place, future capacity needs will be subject to policies impacting future expansion opportunities, and will have to be considered through the Municipal Comprehensive Review and the Water and Wastewater Master Plan update.

Local municipalities share capacity allocation information on a semi-annual basis to ensure available capacity is not exceeded

While the capacity allocation process is under the jurisdiction of local municipalities, it is important that cumulative allocation does not exceed the total available capacity of the service area. In some localized service areas, additional infrastructure is required to support the full build-out of the community beyond 2026 (Attachment 3). To ensure the available capacity is not exceeded, local municipalities are required to track the total number of registered units and site plan-approved units in these areas, and share this information with the Region on a semi-annual basis. Currently, this information is shared annually.

Next capacity assignment is currently scheduled for 2023 with a monitoring update in 2021

To assist local municipalities manage and plan for long-term growth, staff will provide Council with a capacity monitoring report in 2021 and a capacity assignment report in 2023. The 2023 assignment will take into consideration the adopted Official Plan growth distribution, scope of works and timing for the Water Reclamation Centre, Duffin Creek Outfall project, major infrastructure as identified in the Water and Wastewater Master Plan, unused capacity in each municipality and the Fiscal Strategy.

Servicing Incentive Programs have provided an additional capacity of 21,360 persons to local municipalities and extend infrastructure life

The Region's servicing incentive programs provide ability for local municipalities to stretch their servicing capacity while promoting sustainable residential development. Over the past few years the Region has embarked on new, innovative and sustainable approaches to meet

future growth needs. This includes water and wastewater reduction initiatives such as Water Conservation and Inflow and Infiltration strategies and incentive programs like:

- Servicing Incentive Program (SIP)
- Sustainable Development Through Leadership in Energy and Environmental Design (LEED) Incentive Program
- Sustainable Development Incentive Program (SDIP) specific to Town of East Gwillimbury
- Developer-funded Inflow and Infiltration (I & I) Reduction Program

The focus of these programs is to promote water efficiency and reduce wastewater flow from residential development. Proven reductions in inflow and infiltration and water use lead to optimized use of existing infrastructure and reduce investments needed to support growth. Collectively, these programs have provided 21,360 persons of capacity to six local municipalities (shown in Attachment 2).

All local municipalities are required to participate in inflow and infiltration reduction programs given the condition of approval for the Southeast Collector Individual Environmental Assessment, which became a regulatory requirement for York Region, in 2010. The conditions of approval require the Region to submit and implement an Inflow and Infiltration Reduction Strategy and set a reduction target of 40 million litres in a 24 hour period during a 25-year storm event by 2031. The conditions required annual reporting of work undertaken and resulting flow reductions to achieve the reduction target. This information is compiled and submitted to the Province in March of each year.

It is anticipated that each municipality could leverage these programs to obtain a minimum of 10% of additional servicing capacity. Participation in these programs will allow the Region as a whole to “infrastructure” its built capacity by servicing more population within the same existing infrastructure. While six municipalities have used these programs to date opportunity exists for these programs to be much more widely used to stretch capacity of our built infrastructure and optimize the use of our financial resources.

5. Financial

Use of capacity assignment is instrumental to development charge collection

The Region finances growth-related water and wastewater projects by issuing debt and repaying the debt from development charge revenues when future growth occurs. Over the past 10 years, \$3.0 billion has been spent on water and wastewater growth capital infrastructure to unlock servicing capacity across York Region and another \$1.1 billion is currently scheduled to be spent during the period from 2019 to 2026 to support the capacity assignment process.

The approved 10 Year Capital Plan aligns with the Fiscal Strategy. Delivery of planned projects in the Plan is contingent on development charge revenues meeting forecasts. Fiscal

sustainability is dependent on local municipalities optimizing servicing capacity by distributing it to developments that are ready to proceed to registration or construction, as development charges are paid to York Region at these stages. This 2019 Capacity Assignment supports growth to 2026, which in turn generates required development charge revenue to help fund the Region's capital infrastructure investment needs.

6. Local Impact

The 2019 Capacity Assignment is based on extensive local municipal consultation

Regional staff have presented and discussed the 2019 Capacity Assignment with local municipal Chief Administrative Officers and the Planning and Engineering Commissioners and Directors. There have been discussions with local staff directly involved with capacity allocation. Local municipal staff are aware of the Fiscal Strategy, current servicing constraints and the proposed multi-year capacity assignment provided in Table 2.

Leveraging digital solutions can provide real-time data sharing and improve servicing allocation tracking

It is essential for local municipalities to provide local municipal capacity reporting semi-annually. The Region is working to improve this process by leveraging its in-house development tracking system, YorkTrax.

The Region recently launched a servicing module that tracks servicing allocation across local municipalities. It also establishes common definitions for servicing milestones through the development approval process (e.g. proposed, committed, reserved and gone). Local municipalities have been consulted on this framework and support adopting these common definitions for servicing allocation. Servicing data will be shared on a quarterly basis with local municipalities as a dashboard starting in 2020. This will provide real-time available servicing data for each municipality. To ensure accurate servicing data, the Region requires that local municipalities continue to forward all development application information to the Region.

7. Conclusion

York Region and its local municipalities strive to leverage existing infrastructure before requiring new investment and provide for a minimum four-year supply of capacity through the multi-year capacity assignment process where possible. This approach helps to balance multi-year capacity needs amongst municipalities with capital delivery and the Regional Fiscal Strategy.

Multi-year assignment supports growth to 2026

The short-term forecast identified the need for 88,638 persons of servicing allocation to support growth to 2026. Staff recommend an additional 20,000 persons of capacity for southern municipalities beyond what was identified in short-term forecast to support growth in centres and corridors, subject to available capacity. This report recommends a total new capacity of 108,638 persons to support growth to 2026. It also establishes a new Rental Housing Reserve of 4,000 persons to support purpose-built rental housing initiatives.

“Use it or redistribute it” approaches ensure best use of assigned capacity

As part of this assignment, the Region will require local municipalities to optimize capacity assignment by implementing servicing best practices and water and wastewater sustainability strategies. Collectively, these programs have provided 21,360 persons of capacity to local municipalities. It is anticipated that each municipality could leverage these programs to obtain a minimum of 10% additional servicing capacity. Implementing the servicing best practices, including formal “use it or redistribute it” policies, better aligns growth with infrastructure to avoid triggering capital projects prematurely and over-burdening York Region with debt.

Three municipalities reliant on Upper York Sewage Solutions project received capacity to grow to 2023

Local municipalities impacted by Upper York Sewage Solutions delays received capacity to 2023 as part of the 2018 Capacity Assignment. No additional capacity can be assigned to these municipalities until the Upper York Sewage Solutions Individual Environmental Assessment is approved. Over the next few years, York Region will build the interim solutions, continue to monitor system performance and investigate additional interim solutions.

Stand-alone facilities will continue to be monitored, tested and optimized where possible

The Region will continue to monitor the capacity of standalone wastewater facilities to ensure there is adequate servicing to support approved growth in these communities. Future capacity needs for these facilities will be subject to policies impacting future expansion opportunities, and will be considered through the Municipal Comprehensive Review and the Water and Wastewater Master Plan.

Staff will provide Council with a capacity monitoring report in 2021 and a Capacity Assignment report in 2023.

For more information on this report, please contact Wendy Kemp, Acting Director, Infrastructure Asset Management, extension 75141 or Karen Whitney, Director, Community Planning and Development Services, extension 71505.

Accessible formats or communication supports are available upon request.

Recommended by:

Paul Freeman, MCIP, RPP
Chief Planner, Planning and Economic Development

Dino Basso
Commissioner of Corporate Services

Erin Mahoney, M. Eng.
Commissioner of Environmental Services

Approved for Submission:

Bruce Macgregor
Chief Administrative Officer

August 29, 2019
Attachments (3)
#9236109

CALCULATING CAPACITY ASSIGNMENT



SEMI-ANNUAL REVIEW

Ongoing review of current water and wastewater service population using YorkTrax.
(Used Capacity)

Past Capacity Assignment - Used Capacity = Unused Capacity



SHORT TERM GROWTH

Forecast how many more homes will require water and wastewater service.



SUPPLY AND DEMAND

Compare short term growth needs and available water and wastewater capacity.



INFRASTRUCTURE ALIGNMENT

Determine the required capital projects that are currently planned for the capacity assignment timeline.



ASSIGN CAPACITY

Assign capacity to local municipalities subject to completion of the capital projects.



DISTRIBUTION

Local municipalities to allocate capacity to individual developments.

Overview of Servicing Capacity Assignment and Reserves as of Q4 2018

Service Area or Component	Population
Assigned Capacity to Local Municipalities	
York Durham Sewage System Service Area	1,090,640
Stand-Alone Sewage Systems (Including Georgina)	85,939
Incentive Programs	8,775 *
Developer-funded Inflow and Infiltration Program	12,585 **
Total Servicing Capacity Assignment	1,197,939
Regional Reserves	
Holland Landing Lagoons Reserve	4,148
Non Profit Housing Reserve	4,016
Total Servicing Capacity Assignment and Reserve	1,206,103

* Subject to meeting program requirements (e.g. water conservation, wastewater flow reduction, and conformity reporting)

** Includes capacity assigned to Aurora, Richmond Hill, Markham and Vaughan for works completed per Developer-funded Inflow and Infiltration Reduction agreements

2019 Capacity Assignment Trigger Projects

Local Municipality	Service Area	Trigger project and Description	Current Status	Expected Commissioning Date
Newmarket ⁽¹⁾	All Newmarket	Twinning of Newmarket Pump Station Forcemain	In Construction	2021
Aurora Newmarket East Gwillimbury	Aurora Newmarket East Gwillimbury	Aurora Pumping Station Equalization Tank Modifications	Detailed Design	2021
Aurora Newmarket East Gwillimbury	Aurora Newmarket East Gwillimbury	New Henderson Pumping Station	Detailed Design	2022

(1) Proposed 1,500 persons capacity for Newmarket is contingent on completion of Newmarket forcemain twinning.

2019 Capacity Assignment Area Specific Limitations

Local Municipality	Service Area	Area Specific Limitations	Current Status	Expected Commissioning Date	Notes
Markham Richmond Hill	Pomona Creek Sewershed	Richmond Hill/Langstaff Gateway Regional Centre Servicing Project	Detailed Design	2023	Can proceed provided total combined allocation does not exceed 23,000 persons
Vaughan	Jane Rutherford Sewershed	Northeast Vaughan Water and Wastewater Servicing Project	Detailed Design	2028	Can proceed provided total allocation does not exceed 44,248 persons. Blocks 27, 34, 35 and 41 have a maximum available capacity of 8,000 persons.
Vaughan	Humber Pumping Station Sewershed	Humber Pumping station expansion	Detailed Design	2025	Can proceed provided total allocation does not exceed 18,246 persons
		West Vaughan Sewer on Highway 27 and Rutherford Road	Detailed Design	2028	
Markham	Portions of Future Urban Area	Development in specific areas within north Berczy Glen and Victoria Glen reliant on Water Pressure District 7 require local water solutions or Regional North Markham water servicing	Master Plan	North Markham Servicing is beyond 10 year capital plan	Allocation to development located within Water Pressure District 7 is subject to further analysis and Regional approval

Regional Council Decision - York Region Public Health's Opioid Action Plan

On September 26, 2019 Regional Council made the following decision:

1. The Regional Clerk share this Council Report and the Opioid Action Plan with all nine local municipalities

The original staff report is attached for your information.

Please contact Cathy Jaynes, Director, Healthy Living at 1-877-464-9675 ext. 74141 or Dr. Richard Gould, Associate Medical Officer of Health at 1-877-464-9675 ext. 76401 if you have any questions with respect to this matter.

Regards,

Christopher Raynor | Regional Clerk, Regional Clerk's Office, Corporate Services

The Regional Municipality of York | 17250 Yonge Street | Newmarket, ON L3Y 6Z1

O: 1-877-464-9675 ext. 71300 | christopher.raynor@york.ca | www.york.ca

Our Values: Integrity, Commitment, Accountability, Respect, Excellence



Please consider the environment before printing this email.

The Regional Municipality of York

Board of Health
Community and Health Services
September 12, 2019

Report of the Medical Officer of Health

York Region Public Health's Opioid Action Plan

1. Recommendation

The Regional Clerk share this Council Report and the Opioid Action Plan with all nine local municipalities.

2. Summary

This report presents information on the development and initial implementation of the Opioid Action Plan (Attachment 1) for York Region.

- York Region is experiencing the growing impacts of the opioid crisis. While the Region has one of the lowest opioid overdose rates in Ontario, emergency department visits for opioid overdoses have steadily increased over the last decade
- The Opioid Education and Response Workgroup, co-chaired by York Region Public Health and York Regional Police, developed and have begun implementation of the Opioid Action Plan to deal with the opioid issue before it becomes a crisis in the Region
- Stigma surrounding opioid use and addiction creates barriers to accessing services and supports and contributes to isolation and marginalization of those using substances, creating further harm

3. Background

The Ministry of Health (MOH) 2018 Ontario Public Health Standards mandate public health units to use harm reduction policies, programs and practices which focus on reducing harms from drug use. Harm reduction is a public health approach that helps mitigate the negative consequences of drug use on individuals and communities.

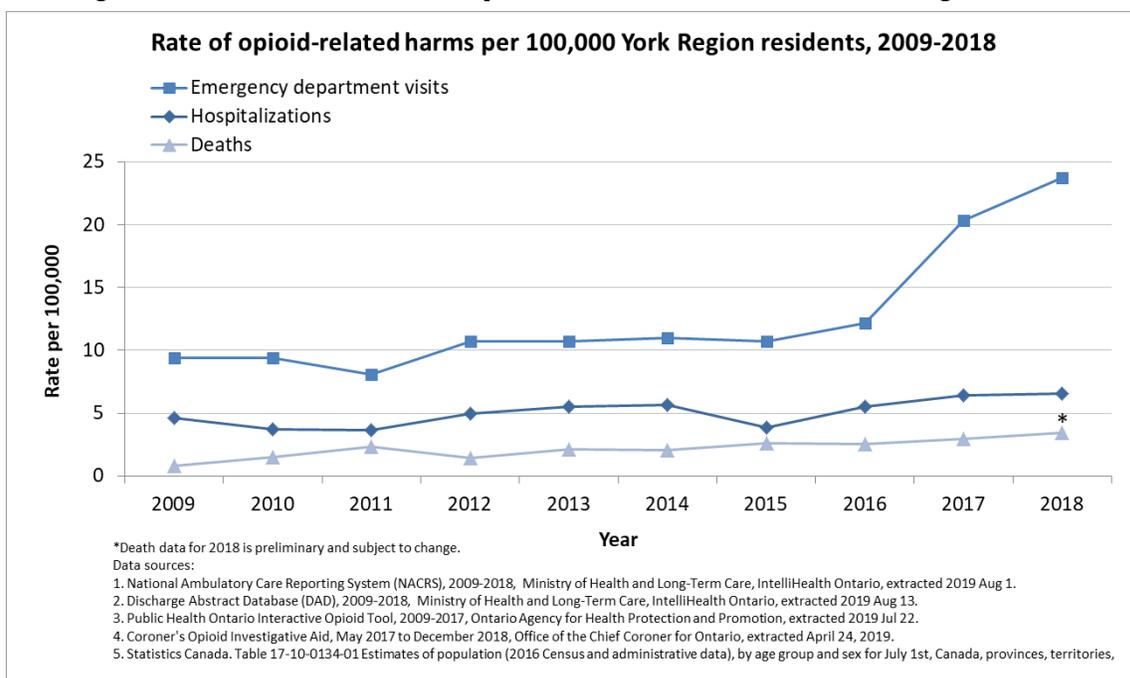
On [April 20, 2017](#), an update on the opioid situation in York Region and York Region Public Health's opioid response was received by Council. On [October, 19, 2017](#) York Region Council authorized York Region Public Health to receive funding from the then Ministry of Health and Long-Term Care to expand the Harm Reduction program to support local opioid response initiatives, including distribution of naloxone kits to eligible community organizations

and service providers, as well as development of a system for surveillance and early warning of opioid overdoses in York Region.

Opioid harms impact communities across York Region

Since April 2017, Ontario hospitals have been required to report emergency department visits for opioid overdoses to the MOH and Public Health. There has been a steady increase in the rate of emergency department visits for opioid overdoses from 2009 to 2016, with a sharp increase in 2017 of 68% and another increase in 2018 of 16%. The sharp increase that occurred in 2017 could partially be due to the enhanced reporting requirements that began in this year. The rate of opioid-related hospitalizations and deaths has also been increasing slowly over the past decade (Figure 1).

Figure 1: Trends in rate of opioid-related harms in York Region residents



Overall rates of opioid related-harms and other indicators in York Region are consistently lower than Ontario (Table 1).

Table 1
Opioid-related indicators in York Region and Ontario, 2018

Indicator	York Region	Ontario
Rate (per 100,000 population) and number of opioid-related emergency department (ED) visits	23.7 (273 visits)	63.9 (9150 visits)
Rate (per 100,000 population) and number of opioid-related hospitalizations	6.6 (76 hospitalizations)	14.7 (2,106 hospitalizations)
Rate (per 100,000 population) and number of opioid-related deaths	3.5 (40 deaths)	9.5 (1,363 deaths)
Proportion of students (grade 9-12) who report using prescription opioids for non-medical reason in past year	10%	12%
Rate (per 1,000 population) and number of individuals dispensed an opioid for pain	80.8 (97,091 individuals)	104.9 (1,515,295 individuals)

Of all opioid-related deaths in York Region in 2018:

- 85% were accidental which is slightly lower than the 90% in Ontario
 - 74% of accidental opioid-related deaths in 2018 occurred indoors in a private residence (76% in Ontario)
 - 71% of accidental opioid-related deaths occurred at the home of the deceased (71% in Ontario)
- Fentanyl directly contributed to 50% of opioid-related deaths in York Region (70% in Ontario). Oxycodone and hydromorphone directly contributed to 23% and 20% of opioid-related deaths in York Region, respectively (each 11% in Ontario)

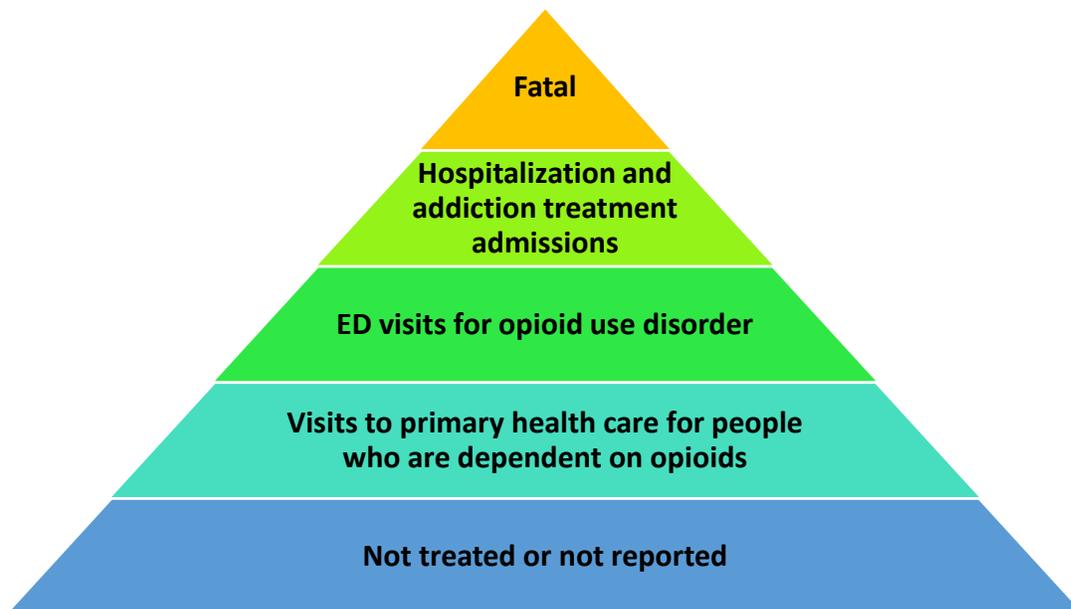
The burden of opioid-related harms varies among age groups and by sex in York Region. Males between 25 and 44 years old experienced the highest rates of opioid-related emergency department visits, hospitalizations and deaths in 2018. These rates are significantly higher compared to those occurring among females. With regards to opioids dispensed for pain, more females were dispensed an opioid for pain compared to males. For both sexes, those 45 to 64 years old had the highest number of opioids dispensed for pain compared to other age groups.

The burden of opioid-related harms in York Region varied across geographical areas. For 2018, Georgina, Aurora, Newmarket and East Gwillimbury experienced the highest rates of opioid-related emergency department visits. Although these municipalities experienced the highest overall rates, every municipality in York Region was impacted (see Attachment 2). Furthermore, while some municipalities had low overall rates, certain neighbourhoods in these areas experienced high rates of opioid-related emergency department visits in 2018.

While the rates of opioid-related emergency department visits, hospitalizations and deaths in York Region in 2018 were lower compared to other areas of the province, it is important not to be complacent.

Opioid-related emergency department visits, hospitalizations and deaths represent only a portion of opioid harms. Figure 2 represents a visual depiction of how opioid fatality is just the tip of the pyramid. For each fatality there are hospital admissions, numerous emergency department (ED) visits, even more visits to primary care and many more opioid injuries which are not reported. It is estimated that many people with an opioid use issue have not sought treatment and their numbers are not recorded. The full number for the lowest tier in the pyramid is difficult to determine until opioid users encountering problems access health services. In addition to the impact on the person's health and health system, there are also other ripple effects such as stigma and social harms experienced by people who use opioids as well as by their families, friends and communities.

Figure 2: Opioid Injury Pyramid for Every One Death

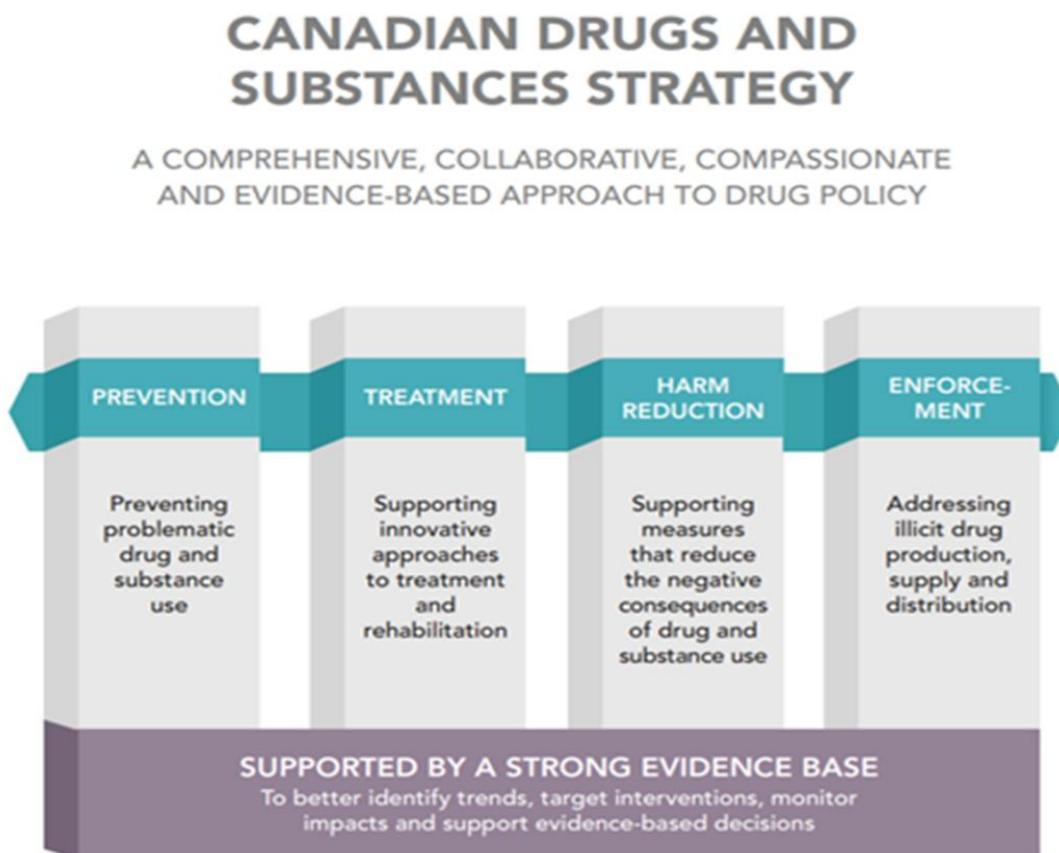


Development of the Opioid Action Plan is informed by federal and provincial efforts and local partnerships

The Opioid Education and Response Workgroup, co-chaired by York Region Public Health and York Regional Police, worked with more than 20 community partners to develop the

Opioid Action Plan. The Opioid Action Plan is a guidance document that reflects current and future programs and partnerships in York Region around opioids. It provides recommendations for action that speak to four distinct pillars: prevention, harm reduction, treatment, and enforcement. The recommendations were developed in consultation with York Region agencies and York Region residents who have lived experience with opioids. The four pillar approach to address a substance issue is guided by the Health Canada's Canadian Drugs and Substances Strategy (Figure 3). Recommendations in the Region's Plan mirror many best practices outlined in the *Recommendations on the Mayors' Task Force on the Opioid Crisis* developed by the Federation of Canadian Municipalities.

Figure 3: The Four Pillars of the Canadian Drugs and Substance Strategy



4. Analysis

York Region Public Health and community partners have begun implementation of the Opioid Action Plan

York Region Public Health continues to co-lead development and implementation of the Opioid Action Plan with York Regional Police through the Opioid Education and Response Workgroup. The Opioid Education and Response Workgroup has been steadily improving

information sharing and communication among community partners. In 2019, the Opioid Education and Response Workgroup and partners identified the following priorities for implementation:

- Increasing understanding of opioid use, use of other substances and addiction and reducing stigma surrounding their use
- Supporting healthcare provider education on opioid prescribing, dispensing and pain management through the Public Health Matters newsletters and an education forum in Fall 2019
- Increasing awareness, dissemination and implementation of the Opioid Action Plan and engaging community partners in joint action through sharing of the plan with partners, social media and community workshops in the Fall 2019

Additionally, since the launch of the naloxone distribution program and the surveillance and early warning system in Spring 2018 until the end of June 2019, York Region Public Health:

- Signed 17 agreements to distribute naloxone to seven community agencies, seven fire services, York Regional Police, Markham Stouffville Hospital and St. John Ambulance
- Distributed over 3,000 naloxone kits either directly to clients, to community agencies for distribution, and emergency services. 2,380 of the naloxone kits were distributed to 1,868 residents
- Sent out 12 opioid safety bulletins and 15 enhanced communications to community contacts as part of the opioid surveillance and early warning activities
- Developed and launched a Report Bad Drugs online tool in July 2019 for York Region residents to anonymously report bad reactions to street drugs and overdoses

Pharmacies throughout the Region also distribute naloxone through the Ontario Naloxone Program for Pharmacies. There are approximately 222 pharmacies that distributed 3,559 naloxone kits in 2018 and up until March of 2019.

York Region Paramedic Services do not access naloxone from York Region Public Health, but purchase naloxone directly from a medication supplier, the Ontario Medical Supply, for administration only.

Reducing the stigma surrounding opioid use requires working with people with lived and living experience to reduce opioid harms

The stigma people face around opioid use and addiction impacts their quality of life and well-being and can interfere with obtaining health care. Stigma also creates barriers and undermines access to other basic needs such as access to safe and stable housing, employment opportunities and social services.

Involving people with opioid lived and living experience in the planning, implementation and evaluation of activities under the Plan to reduce stigma around substance use and addiction was determined to be foundational to the work of reducing opioid harms in the Region.

The Opioid Action Plan supports York Region’s Vision and the Healthy Communities strategic goal of the Regional Official Plan

The Opioid Action Plan supports the Community and Health Services department’s vision statement “*working together for inclusive, healthy and resilient communities*”. It also supports York Region’s vision of strong, caring, safe communities, and mission “*Working together to serve our thriving communities today and tomorrow.*” Lastly, reducing opioid-related harms also links to the Region’s Healthy Communities strategic goal in The [2019 to 2023 Strategic Plan: From Vision to Results](#)

5. Financial

This program is managed within the 2019 approved operating budget for the Public Health Branch with direct costs of \$68.4 million Gross (\$18.4 million net tax levy). The program costs approximately \$684,000. There are no financial actions required from Council at this time as a result of the actions set out in the attached Opioid Action Plan.

6. Local Impact

Although York Region is experiencing lower rates of emergency department visits, hospitalization and overdose deaths from opioids compared to other jurisdictions in Ontario, opioid overdoses have occurred among residents of all nine local municipalities. Opioids have tragically cut short many lives and have seriously harmed the health and social well-being of many who have used them, as well as their family, friends and the general community. Implementing the Opioid Action Plan recognizes the continuum of opioid use and provides York Region and its municipalities a range of options and relevant actions to reduce harms associated with the use of opioids and to support the optimal well-being of York Region residents.

7. Conclusion

As the incidence of opioid harms continues to increase in Ontario and the Region, the Opioid Action Plan for York Region provides recommendations for actions to maintain and strengthen prevention, harm reduction, surveillance and early warning, treatment and enforcement efforts. Decreasing stigma around opioid use and addiction remains a high priority to reduce barriers to services and to create a safe, caring and supportive environment for individuals, families and groups experiencing harms from opioid use. The Plan is an evergreen document to ensure the actions undertaken shift with emerging evidence and need. York Region Council’s endorsement and dissemination of the Opioid Action Plan will

support its continuing implementation and enhancement to prevent and reduce harms from opioid use in the Region. It will also enhance community awareness, support and engagement in implementing recommendations in the Plan to address the impact of opioid harms.

For more information on this report, please contact Cathy Jaynes, Director, Healthy Living at 1-877-464-9675 ext. 74141 or Dr. Richard Gould, Associate Medical Officer of Health at ext. 76401. Accessible formats or communication supports are available upon request.

Recommended by: **Katherine Chislett**
Commissioner of Community and Health Services

Dr. Karim Kurji
Medical Officer of Health

Approved for Submission: **Bruce Macgregor**
Chief Administrative Officer

August 29, 2019

Attachments (2)
#9701502

YORK REGION

OPIOID

JANUARY 2019

ACTION PLAN

ACKNOWLEDGEMENTS

The York Region Opioid Action Plan was developed by the **Opioid Education and Response Workgroup** (OERW) and its partners and contains recommendations for action to reduce opioid harms in York Region.

This report can be downloaded from york.ca/opioids.

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YORK REGION OPIOID ACTION PLAN

EXECUTIVE SUMMARY

Communities across Ontario and Canada have come together to address opioid harms with a commitment to joint action. In York Region, the **Opioid Education and Response Workgroup (OERW)**, co-chaired by York Region Public Health and York Regional Police, lead these efforts. The Workgroup and its partners have developed the Opioid Action Plan with feedback from those who have lived experience with opioid use. The Plan is based on, and contains recommendations that speak to, four distinct pillars: prevention, harm reduction, treatment and first response and enforcement. Implementing the following recommendations will require the input and involvement of the whole community, including people with lived experience.

Prevention recommendations

- Identify and support awareness of programs for health-care providers around opioid safety and options for pain management
- Develop, promote or support access to a range of stigma-free messaging, programs and services to address substance use, pain management, mental health, resiliency and well-being for those at risk and at different life stages
- Increase awareness and knowledge of substance use, resiliency, mental health and student well-being in schools and in the community

Harm reduction recommendations

- Create a campaign to increase understanding of harm reduction
- Increase community partnerships to enhance harm reduction services
 - Explore and support expansion of harm reduction services (e.g., needle exchange sites, safer inhalation supplies, drug testing kits, naloxone) based on community need and input
 - Review the need and feasibility of Consumption and Treatment Services or Supervised Consumption Sites
- Address stigma and barriers to accessing harm reduction services
- Build connections between groups providing services or supports to people at different stages of substance use

Treatment recommendations

- Support access to local, urgent and compassionate opioid treatment
 - Increase awareness of existing resources for effective opioid dependence and addiction treatment
 - Support implementation and awareness of Rapid Access Addiction Medicine (RAAM) clinics
 - Provide addiction support (including aftercare or follow-up care) at places where people are receiving services in the community

- Support addiction services (including aftercare or follow-up care) in primary health care
- Engage the Indigenous community to support culturally-appropriate opioid treatment
- Increase awareness of and advocate for universal coverage of non-opioid alternatives to manage chronic pain
- Increase awareness of addiction and treatment options in the recovery journey

First response and enforcement recommendations

- Strengthen partnerships between first responders and other agencies to increase awareness and skills of first responders on key issues related to the opioid crisis:
 - The *Good Samaritan Drug Overdose Act*
 - Mental health and addictions
 - Treatment and/or other community supports for those who have experienced an opioid overdose or suspected opioid overdose
- 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

To support actions under the four pillars, additional recommendations include monitoring and early warning activities and common themes identified across the pillars.

Surveillance and early warning recommendations

- Develop and evaluate an early warning system that includes the ongoing and prompt sharing of information with community partners and the public about overdoses and other opioid concerns
- Collect data which includes qualitative and quantitative information on the impact of opioids in York Region
- Develop and launch a tool to assess risks and inform communication and action
- Identify trigger points of action, including how to respond to an overdose crisis
- Collect and deliver opioid-related information and messaging using different formats

Supporting recommendations

- Reduce stigma around substance use and support people with lived experience to share stories
- Support information sharing between community agencies about opioid-related issues
- Increase collaboration and communication among service providers to support access to services and interventions that:
 - Promote well-being
 - Prevent the misuse of opioids
 - Reduce harm from opioid use
 - Connect individuals to opioid dependence and addiction treatment
 - Maintain client privacy and confidentiality, and support client needs

Through this Action Plan, the OERW invites service providers and the York Region community to learn about opioid concerns to make York Region a healthy and safe place for everyone.

INTRODUCTION

Over the last 10 years, North America has experienced a tremendous rise in opioid use, overdoses and deaths. Canadians are the second highest per capita consumers of opioids in the world, after the United States.¹ Between 2007 and 2016, emergency department visits for opioid overdoses have slowly increased in York Region. Unfortunately, the rate of opioid-related deaths has also continued to climb in Ontario affecting people of different ages, income levels and sexes.²

In 2016, York Region Public Health and York Regional Police partnered with Addiction Services for York Region and two local experts in addiction medicine and pharmacy to host a forum on opioid safety for health-care providers, specifically doctors and pharmacists. A few months after the forum, the partnership expanded to form the Opioid Education and Response Workgroup (OERW) with 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.

With funding from the Ministry of Health and Long-Term Care, York Region Public Health supported the development of the Opioid Action Plan engaging community partners and individuals with lived experience in opioid use. The implementation and evaluation of the Plan will be supported by York Region Public Health and community partners.

The Opioid Action Plan is a guidance document that considers current programs and partnerships in York Region and provides recommendations for action, referencing and supplementing existing programs in national, provincial and neighbouring regions.

BACKGROUND

Opioid harms go beyond overdoses.

Opioids are usually prescribed to treat pain, cough and opioid addiction. Examples include fentanyl, morphine, methadone, oxycodone, codeine and hydromorphone. Even when taken as prescribed, opioids can lead to dependence or addiction. At high doses, opioids can also lead to overdose and death.

Opioids can be obtained illegally with varying and unpredictable levels of toxicity. For example, illegal fentanyl is sold in many forms including patch, powder, pill and liquid and with inconsistent potency. Other illegal drugs such as cocaine or heroin can be contaminated with fentanyl resulting in unexpected exposure to opioids and/or making them more toxic, increasing the risk of overdose and death.

Opioid overdoses happen to those who are opioid dependent, first time users, youth, adults and older adults.³ People who use opioids as prescribed and those who misuse them can experience opioid harms.

In addition to overdoses and loss of life, other opioid impacts include dependence or addiction, hospitalization, lost productivity, enforcement costs dealing with illegal opioids, infectious diseases commonly associated with substance use, psychological trauma experienced by first responders and others who witness overdoses and devastation to families and friends who lose loved ones.

Managing the opioid 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-based action and involvement from those with lived experience.

FEDERAL AND PROVINCIAL EFFORTS TO ADDRESS THE OPIOID ISSUE

Canada's opioid strategy is grounded on four pillars: Prevention, harm reduction, treatment and enforcement.

In 2016, Canada's federal Minister of Health identified the opioid crisis as a top priority and asked provinces, territories and other partners across the country to commit to joint action. The [Joint Statement of Action to Address the Opioid Crisis](#) is a commitment made by 30 partners. Since its release, many new organizations and groups have joined.^{4,5} The federal opioid strategy is a health focused, evidence-based approach to drug policy based on four pillars of prevention, harm reduction, treatment and enforcement.

Using legislative tools to address illegal drug use

Using a health approach to drug regulation and enforcement activities,⁶ the Government of Canada introduced several legislative changes to address the opioid crisis by:

- Passing the [Good Samaritan Drug Overdose Act](#) to provide some legal protection for people who call 911 during an overdose
- Updating the [Controlled Drugs and Substances Act](#) to make it easier to open overdose prevention and supervised consumption sites
- De-listing naloxone to make it available without prescription

Addiction and mental health, harm reduction and public health sectors, along with some areas hardest hit by the opioid crisis, are pushing for more policy reform to decriminalize personal possession of all drugs and explore options for the legal regulation of all drugs in Canada.⁷⁻¹²

Evidence shows that enforcement must also look at health issues related to substance use to be effective in reducing substance use and protect public health and safety⁶. Countries like Portugal and Spain are considered world leaders in reducing substance abuse with their public health approach, rather than the criminal justice approach used across North America. 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 those with addictions.¹³

Naloxone

Naloxone (naloxone hydrochloride) is a drug that can temporarily reverse an opioid overdose and is offered free-of-charge to anyone who is at risk of an opioid overdose and to anyone who can help someone who is at risk of an opioid overdose.

For a map of where to get a free naloxone kit in Ontario, click [here](#) or visit ontario.ca/page/where-get-free-naloxone-kit.

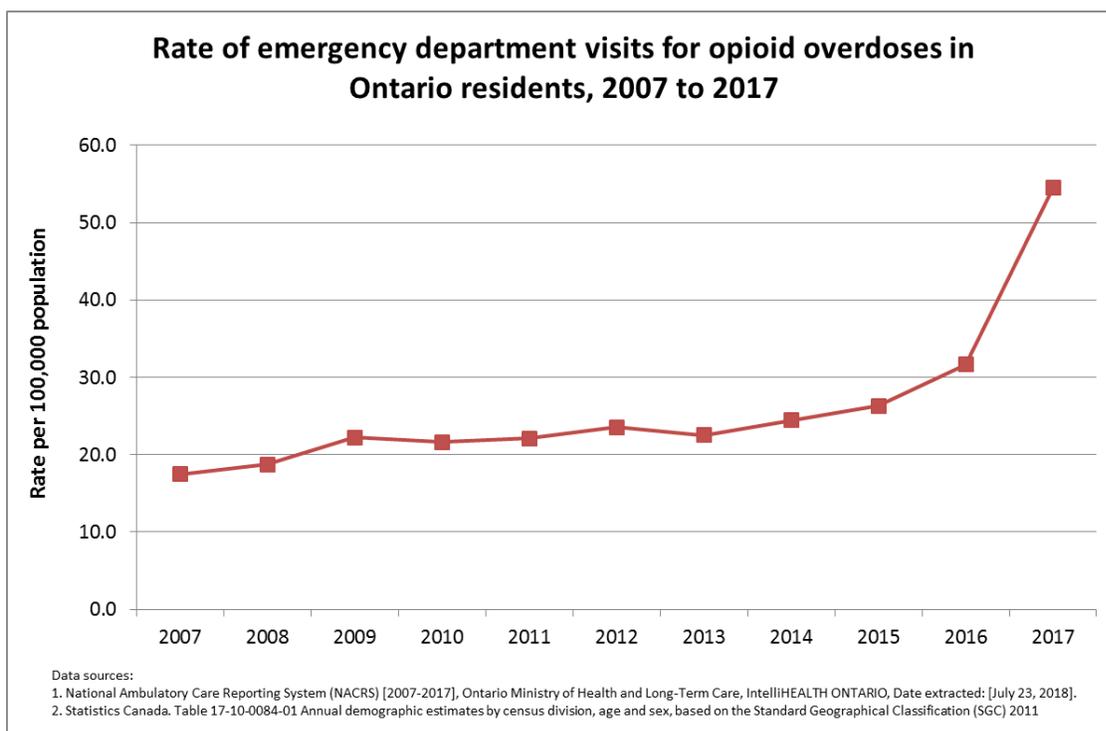
Ontario is implementing strategies to prevent overdose deaths, address dependence and addiction, improve mental health and pain management services, reporting, early warning and harm reduction.

According to current data, Western Canada is most affected by the opioid crisis.¹⁴ The highest impact is in British Columbia where a public health emergency was declared in 2016.¹⁵ To tackle this crisis, British Columbia is focused on the following priorities: Saving lives, ending stigma, improving mental health and addiction services and supporting community-based overdose prevention efforts.

Ontario has also seen a rise in opioid-related emergency department visits (Figure 1) and deaths, but has not declared a public health emergency. Mandatory reporting of emergency department visits for opioid overdoses began in April 2017. Provincial efforts focus on four key areas including:¹⁶

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

Figure 1



Opioid use and harms in Ontario

- More than 1,250 Ontarians died from opioid-related causes in 2017¹⁷
- In 2016, one in eight Ontarians were prescribed opioid medication to manage pain¹⁸
- In 2017, there were 7,764 emergency department visits for opioid-related harms, with the vast majority being males within the 25 to 44 age group¹⁷
- Prescribed, diverted and illicit opioids contributing to opioid-related deaths suggest the need for a multifactorial approach that considers both the prescribed and illicit use of opioids¹⁹

Responding to an urgent need to save lives, Ontario extended harm reduction services by expanding naloxone distribution through pharmacies, public health units and community agencies working with those at risk of opioid overdose. In October 2018, the Ontario government expanded services in overdose prevention sites under a Consumption and Treatment Services (CTS) model to offer:

- Addiction treatment
- Health and social services
- Mental health support
- Housing and employment²⁰

To operate a CTS site, applicants must show that services meet federal requirements of a Supervised Consumption Site (SCS) as well as requirements under the CTS program.²¹ Twenty-one provincially-approved sites are expected to be in place by April 2019.^{22,23}

Research shows SCS saves lives, improves health, are cost effective and do not increase drug use and crime in the surrounding area where the service is provided.²⁴ At this time, there are no CTS or SCS sites in York Region.

In addition to saving lives, the Ministry of Health and Long-Term Care is developing a system to improve prevention of opioid harms, treat opioid addiction, and reduce harm for those using opioids. The Ministry has identified key support partners including: Primary health care, community-based and residential addictions care, public health and emergency departments. The Ministry has also directed local public health units to work with community stakeholders, including Indigenous communities and persons with lived experience to help implement and enhance opioid overdose early warning systems in their communities. Elements of the early warning system include:

- Creating an integrated community response among surveillance and front line services, such as harm reduction programs, paramedic, fire and police services and acute care organizations
- Creating formal collection and reporting of local data to identify changes in the community that may indicate opioid overdose surges
- Developing a local action plan to respond to surges in opioid overdoses²⁵

OPIOID USE IN YORK REGION

York Region currently experiences lower impacts of opioid use compared to other Ontario counties although opioid harms in the Region continue to rise.

Although York Region has one of the lowest rates of emergency department visits for opioid overdoses in Ontario,²⁶ based on Region trends and that of other communities, overdose rates continue to climb. Between 2007 and 2016, the rate of emergency department visits for opioid overdoses slowly increased in York Region (Figure 2), mirroring the Ontario rate increase (Figure 1).

Since April 2017, Ontario hospitals have been required to report emergency department visits for opioid overdoses. There were 20 emergency department visits for opioid overdoses per 100,000 York Region residents in 2017, a 65% increase from 2016 (Figure 2). The highest rate of emergency department visits for opioid overdoses in 2017 was found among 25 to 44 year olds (Figure 3). 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 2017, with men being impacted more than women.²⁷

Opioid-related hospitalizations and deaths have also slowly increased in York Region since 2007 (Figure 2). A total of 29 and 34 people died from opioids in 2016 and 2017 respectively.¹⁷

Figure 2

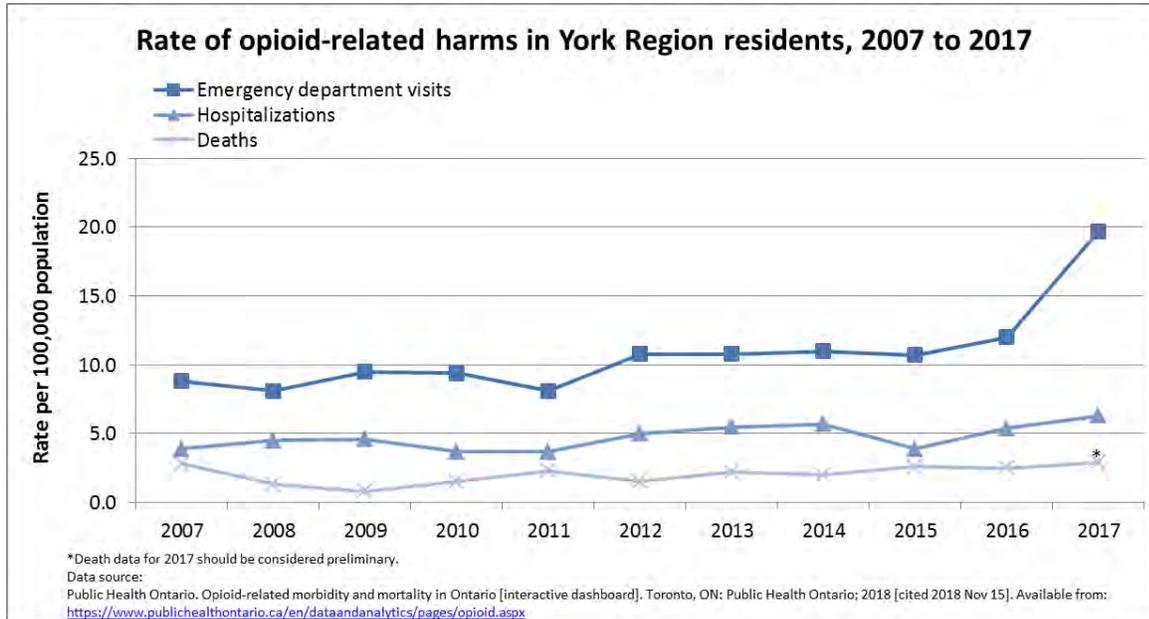
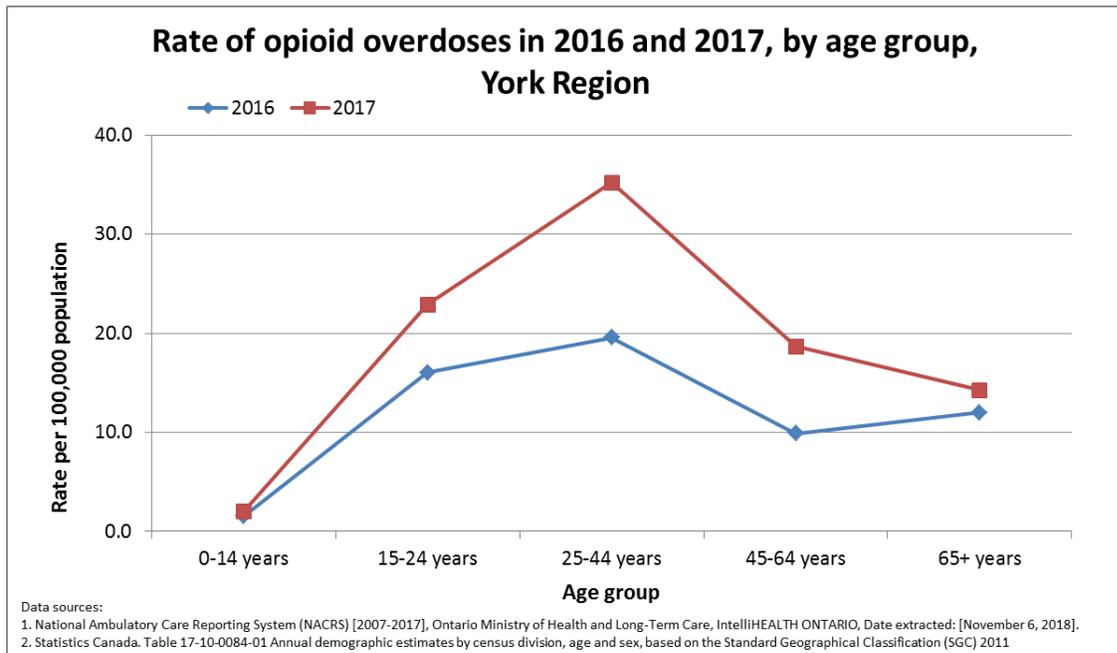


Figure 3



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 2017 data provides some understanding of the opioid trends in York Region.

- 97,994 residents received a prescription opioid for pain at a rate of 82.3 per 1,000 residents. This is relatively low compared to other regions in the province²⁸
- 44,969 residents received an opioid for cough at a rate of 37.7 per 1,000 residents, one of the highest rates in the province²⁸
- 1,910 residents used opioids (i.e., buprenorphine/naloxone or methadone) for opioid addiction or dependence at a rate of 1.6 per 1,000 residents²⁸
- 10% of students (Grades 9 to 12) reported using prescription opioids for non-medical reasons in the past year, slightly below the 12% rate of Ontario students²⁹
- Fentanyl was present at time of death in almost three-quarters of opioid-related deaths in York Region¹⁷

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 December 2017, York Region was the sixth 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.³⁰⁻³²

As with most growing cities, York Region faces certain pressures that impact community well-being including:³³

- A growing number of low-income residents
- Growing, unstable employment: Nearly 43% of workers aged 25 to 65 years in York Region's southern three municipalities (Vaughan, Markham and Richmond Hill) report not being able to find and keep good quality, permanent jobs, raising the risk of experiencing homelessness
- Increasing housing costs and a lack of affordable rental housing

The Opioid Education and Response Workgroup (OERW) developed recommendations to prevent and reduce opioid harms in the Region, informed by partners' expertise, a review of best practices, current opioid-related projects at the federal, provincial and local levels and considering the York Region community profile. The action plan recommendations focus on opioids but do not exclude co-use of other substances.

THE FOUR PILLAR APPROACH

The OERW agreed on an action plan using the four-pillar approach of prevention, harm reduction, treatment and enforcement. The plan recognizes different degrees of opioid use and the need for intervention and support at all levels, addressing factors that contribute to or reduce

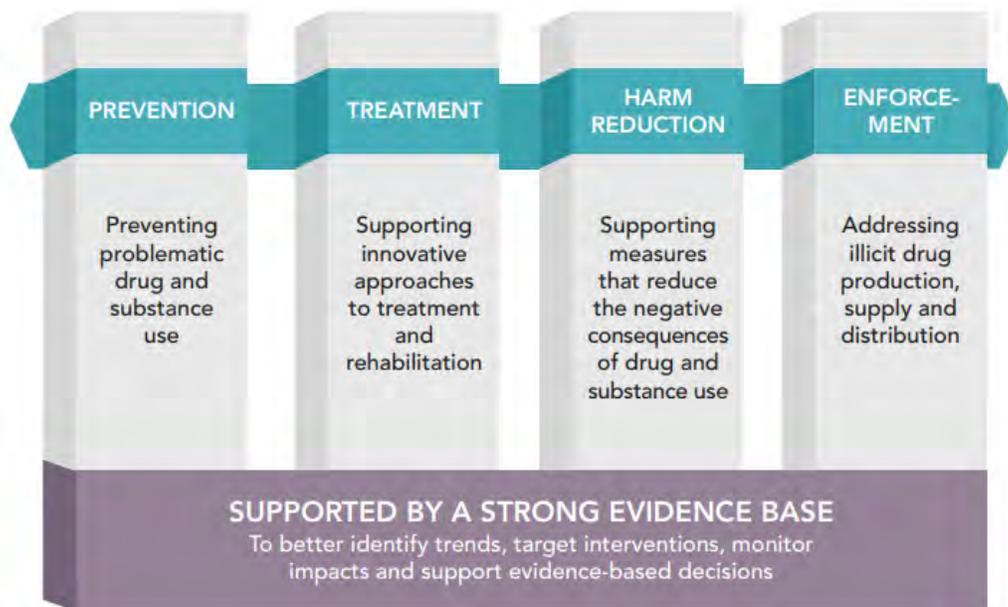
harm. OERW subgroups were formed under these four pillars with an additional subgroup for surveillance and early warning. A communications subgroup was also formed to guide communication efforts.

The four pillars of the Canadian drugs and substances strategy

The four pillar approach of prevention, harm reduction, treatment and enforcement is an evidence-based strategy for reducing substance-related harms.³⁴

CANADIAN DRUGS AND SUBSTANCES STRATEGY

A COMPREHENSIVE, COLLABORATIVE, COMPASSIONATE AND EVIDENCE-BASED APPROACH TO DRUG POLICY



© Health Canada. Infographic: Canadian Drug and Substances Strategy: A Comprehensive, collaborative, compassionate and evidence-based approach to drug policy, 2016. Reproduced with permission.

Available from: <https://www.canada.ca/content/dam/hc-sc/healthy-canadians/migration/publications/healthy-living-vie-saine/drugs-substances-strategy-2016-strategie-drogues-autre-substances/alt/pub-eng.pdf>

FEEDBACK FROM PEOPLE WITH LIVED EXPERIENCE

The OERW and partners asked for feedback on the recommendations from people who are or have been directly affected by opioid harms. York Region Public Health held focus group sessions and one-on-one interviews with the help of OERW partners who work with people who use or have used opioids. The goal of the sessions was to determine if the recommendations developed by OERW and partners aligned with the needs of those with lived experience and if changes or additions were required.

The feedback included in this Plan is a summary of the input obtained from 20 people with lived experience recruited from four OERW partner agencies. Participants were screened and met the following criteria:

- Living and/or using services in York Region
- 18 years of age or older
- Using opioids or have used opioids in the past

All participants were generally in agreement with recommendations made in the action plan. They expressed thoughtful ideas and insights on important areas of focus. This action plan outlines initial OERW and partner recommendations, followed by feedback from people from lived experience, and a final set of recommendations that incorporates their feedback.

People with lived experience

Engaging people with lived experience (PWLE) on substance-related issues is critical for a unique perspective on response strategies and recommendations that matter to those affected by opioid harms. Partnering with PWLE is important because they can provide input on the relevance, efficiency and effectiveness of current treatment and harm reduction strategies. Involving PWLE can also contribute to capacity building in the community, play a large role in decreasing stigma, and restore power imbalances.³⁵

PREVENTION RECOMMENDATIONS

Increasing awareness and providing safety guidelines around the proper use of opioids among the public and health-care providers will help prevent opioid misuse. Messaging and education should be age-appropriate and address individuals at all life stages, including youth, young adults, adults and older adults. Health care providers, particularly physicians and pharmacists, have a key role in reducing opioid-related problems.^{36,37}

Opioid prescriptions in Ontario

Since the early 1990s, prescribing opioids for non-cancer pain has become more popular because of aggressive marketing by pharmaceutical companies and the addition of opioids to Ontario's drug formulary. In fact, 14% (one out of seven people) of Ontarians filled an opioid prescription in the fiscal year 2015/2016 for a total of over nine million opioid prescriptions.³⁸

[The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain](#) was developed to help health-care providers prescribe opioid medication more conservatively. These guidelines discourage prescribing opioid medication as first-line treatment for non-cancer pain, and recommend using other non-addictive medications prior to opioid use.³⁹

Prevention also involves supporting mental health, building resiliency and offering appropriate pain management while addressing other social determinants of health⁴⁰ (for example, safe and secure housing, employment) that protect people from opioid misuse and opioid harms. Root causes of opioid use and 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.⁴¹ On the other hand, substance use contributes to worsening mental health issues. Helping people maintain positive mental health helps reduce and prevent harms from substance use and vice versa.
- Resilience, the ability to effectively cope with or adapt to challenging life situations, is an important aspect of mental well-being.⁴² Evidence shows people who are resilient are less likely to experience problems related to substance use.
- 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.⁴³ Appropriate 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.
- Addressing social determinants of health such as poverty and housing will support mental health and reduce substance-related problems.⁹ Urgent access to safe and stable housing has shown to be effective in improving mental health and substance use problems.⁴⁴

Several recommendations in the prevention pillar build on existing efforts in York Region. Many agencies and services are investing in education and awareness, building resiliency, promoting

and supporting mental health, 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 and pharmacists in the Region.

Did you know?

Centralhealthline.ca provides accurate and up-to-date information about health services for health service users and health-care providers across the central region of Ontario. Under the York Region tab, a number of resources, referral and treatment services are provided for people with substance use concerns under “Addictions.” Resources include support groups, residential services and information lines.

Recommendations from OERW partners related to prevention

Identify and support awareness of programs for health-care providers around opioid safety and options for pain management

Develop and promote new or existing messages, programs and services for the community and partners that address substance use and mental health, build resiliency and support the well-being of those at risk at different life stages

Increase awareness and support implementation of elementary and secondary school-based curriculum and projects that address substance use, resiliency, mental health and student well-being

Feedback from people with lived experience on the prevention recommendations

Participants agreed with the need for education about opioid safety and for other efforts to prevent opioid problems. A few participants with opioid dependence and addiction discussed the lack of information on opioid risks and being unaware of their dependence and addiction to opioids. Many participants spoke about the importance of knowledgeable and compassionate health-care providers. Education for the health-care providers on prescribing standards, individualized care around opioid access, and education about non-opioid options for managing pain were raised as needs. Participants also said that non-opioid options must be offered and costs must be covered in order for these alternatives to be accessible.

A few participants said too much access to opioids can cause harm. A few stated that all opioids should be made available only by prescription as opposed to having them (e.g., Tylenol 1) available over- or behind-the-counter. On the other hand, a total lack of access to opioids also causes harm as some individuals may turn to illegal sources of opioids.

Community- and school- based education; the need for mental health support (including helping those who have experienced psychological trauma) and building resilience among youth were also confirmed by participants. They recommended information and education that:

- Is fact-based
- Is balanced, avoiding fear tactics
- Is delivered by professionals who are trusted by youth
- Is free of stigma or reduces stigma surrounding mental health and addiction
- Is inclusive of the voice of those with lived experience
- Is delivered using multiple strategies to reach everyone
- Engages youth at risk for substance use due to family history or living situations

Participants also spoke about the need for a range of services and supports that are necessary for well-being, such as programs that are inclusive and available for everyone, recreational activities for children and youth, and increased services like 360Kids*, not only for youth but also for adults.

*360Kids is an agency that provides a range of services to help youth in transition and crisis including: After school programs, aftercare and transitional support, connections to emergency housing, counselling, employment programs, extended transitional housing program, youth residential home, drop-in, school support and outreach.

Prevention recommendations

- Identify and support awareness of programs for health-care providers around opioid safety and options for pain management
- Develop, promote or support access to a range of stigma-free messaging, programs and services to address substance use, pain management, mental health, resiliency and well-being for those at risk and at different life stages
- Increase awareness and knowledge of substance use, resiliency, mental health and student well-being in schools and in the community

HARM REDUCTION RECOMMENDATIONS

Harm reduction supports people using substances and is an evidence-based approach that reduces the negative health, social and economic consequences of substance use. Harm reduction includes policies, programs and best practices.

The harm reduction philosophy understands that some people will continue to engage in high-risk behaviours even though they experience associated harms. Its approach is rational and compassionate, and provides care for everyone. 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.⁴⁵

Recommendations from OERW partners related to harm reduction

Create a campaign to increase understanding of harm reduction with community partners and those with lived experiences, and promote harm reduction services

Increase community partnerships to expand and enhance harm reduction services

- Explore and support increased access to and expanded harm reduction supplies (e.g., needle exchange sites, safer inhalation supplies, naloxone) based on community need
- Review the need and feasibility of Consumption and Treatment Services (formerly known as overdose prevention sites) or supervised consumption sites in York Region

Supervised consumption sites

Supervised Consumption Sites, also known as safe injection sites, have operated in North America and Europe for the past decade and have shown positive results including:⁴⁶

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

Feedback from people with lived experience on the harm reduction recommendations

Most participants agreed with the harm reduction recommendations. Many participants were clearly impacted by the opioid crisis, losing friends and family members and experiencing barriers to health. Participants welcome expansion and promotion of harm reduction services to save lives and improve health.

Participants wanted information to reduce harm from drug use and said that people using drugs need to know about the dangers of fentanyl and contaminated drugs. A number of comments also showed a lack of public awareness of harm reduction service locations and a lack of harm reduction services in York Region.

A few participants spoke about the need for careful thought when implementing harm reduction programs and services. Participants asked for ways in which harm reduction services could be promoted and made visible, yet provide confidentiality for those using the services. Over half of the participants said they face judgment and are labelled as “drug users” by others in the community when they access harm reduction services.

While some suggested expanding harm reduction services into service agencies like shelters, others were worried about creating an environment that posed safety concerns because of possible drug deals and break-ins. A few participants worried about being triggered or triggering people who are trying to cut down or stop using substances. Their feedback showed the need for

planning and delivering harm reduction services in community or agency spaces that also minimize triggering individuals trying to reduce or stop drug use.

Participant feedback also showed that improving harm reduction services in York Region means:

- Providing transportation for people to get to needed services or increasing mobile services that bring harm reduction services to those who need them
- A way to include access for people who are homeless, living in “tent city”
- On-demand or drop-in versus appointment-based services
- Expanding hours of operation
- Access to fentanyl testing and naloxone
- Increasing awareness of the *Good Samaritan Drug Overdose Act*
- Increasing locations for safe disposal of used harm reduction supplies
- Expanding access to homeless program services (e.g., sleeping bag, clothing) to those who are housed but unable to afford the items

A few participants suggested that health promotion messages to be integrated into harm reduction programs and resources to make clients aware of health services and healthy behaviours. Examples include health messages on needle disposal boxes, toll-free numbers for harm reduction, and information for addiction and mental health services. Multiple communication strategies were suggested including posting in agencies, buses, online and in community campaigns. Most participants also said expansion of harm reduction services must address stigma and fears around legal consequences.

Participants suggested involving people with lived experience in harm reduction work to connect people using services to those with life experience. A few participants said it is important to build connections between abstinence-based programs and harm reduction services for situations where people move along the substance use continuum from not using to using. This would keep people safe and connected to services. Participants said that health-care professionals and community workers should have harm reduction knowledge to promote and improve the health of people who use substances.

Many participants gave support for Consumption and Treatment Services (formerly known as opioid prevention sites) or Supervised Consumption Sites although some feared stigma and legal consequences. Most participants knew multiple people who passed away from an overdose. A few participants spoke about the importance of people being able to use drugs in a place where they have access to medical or other services to prevent or deal with an overdose. Because of York Region’s large geographic area, many people spoke about the need for transportation to these sites or active outreach programs.

Harm reduction recommendations

- Create a campaign to increase understanding of harm reduction
- Increase community partnerships to enhance harm reduction services
 - Explore and support expansion of harm reduction services (e.g., needle exchange sites, safer inhalation supplies, drug testing kits, naloxone) based on community need and input
 - Review the need and feasibility of Consumption and Treatment Services or Supervised Consumption Sites
- Address stigma and barriers to accessing harm reduction services
- Build connections between groups providing services or supports to people at different stages of substance use

TREATMENT RECOMMENDATIONS

Treatment involves identifying goals and supports, exploring alternatives to at-risk behaviours and creating space and flexibility to develop recovery plans. People dependent on or addicted to opioids need access to urgent, evidence-based and coordinated care for recovery.

The Rapid Access Addiction Medicine (RAAM) clinics offer such needed services by providing immediate, on-site, low-barrier access to effective addiction treatment.^{47,48} 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.⁴⁸ 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.

Additional forms of medicated assisted treatment for opioid use disorder

In the last two years, Health Canada has increased options for medicated assisted treatment for opioid dependence or addiction by:

- Funding prescription hydromorphone to offer a safer alternative that is not tainted by other substances such as fentanyl or carfentanil⁴⁹
- Reducing barriers to methadone and diacetylmorphine (prescription heroin) for the treatment of opioid use disorder⁵⁰

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.

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.⁵¹⁻⁵³ People from Indigenous communities also face additional barriers in accessing health care⁵⁴ and have higher incidence of life challenges (for example, homelessness)³³ that further compromise well-being. Addressing the opioid issue in the Indigenous community requires culturally safe practices⁵⁵ and involvement of the Indigenous community to provide leadership in identifying and offering services.

Recommendations from OERW partners related to treatment

Support access to urgent opioid treatment for dependencies

- Increase awareness of existing resources for effective opioid dependence and addiction treatment
- Support the rollout and awareness of Rapid Access Addiction Medicine (RAAM) clinics
- Provide addiction support at places where people are already receiving services in the community
- Support addiction services in primary health care

Engage the Indigenous community to support culturally-appropriate opioid treatment

Increase awareness and availability of resources to manage chronic pain

Feedback from people with lived experience on the treatment recommendations

Participants agreed that increased addiction services are needed as people often have to travel far distances or out of York Region to get services. Many stressed the value and need for a detoxification centre in the Region and a few indicated the need for safe housing or housing that supports recovery during treatment. Participants also supported the recommendation for immediate opioid addiction treatment as long wait times often impact recovery. They said that a phone number for addiction help is needed and the mental health help line could be improved by training staff on addiction issues.

Lack of awareness of addiction treatment options and services was a recurring theme from the focus groups and interviews. A majority of participants do not know where to get addiction treatment or about existing treatment services. Several participants suggested developing a treatment outline that also lists available supports for the recovery journey to help inform decisions and empower people seeking or in treatment.

Participants wanted their health-care provider to offer or support them with non-opioid options for addiction treatment or pain management. A majority of participants said that non-opioid

alternatives and specialized addiction services were not accessible to them because of:

- Cost, including the cost of transportation
- Not being covered by government funding
- Lack of a health-care provider referral for alternative options

Based on their experience, many participants spoke of the gap in transitional support between care providers, aftercare or follow-up in addiction treatment. Several participants experienced turnover of staff and want a process to reduce the need for reassessment and support throughout the recovery journey.

The majority of participants also called for:

- Compassionate care
- Competency in opioid-related practice
- Staff screening and appropriate professional boundaries
- Coordinated care between multiple care providers
- Building trust in the care relationship

About half of the participants said partnering with or employing people with lived experience in treatment services would add value in treatment. Participants said peers will need to be screened and trained to help them be successful in their role. Screening would ensure peers are at a stage in their substance use where they are ready to help others and training would include helping them set healthy boundaries in relationships.

Treatment recommendations

- Support access to local, urgent and compassionate opioid treatment
 - Increase awareness of existing resources for effective opioid dependence and addiction treatment
 - Support implementation and awareness of Rapid Access Addiction Medicine (RAAM) clinics
 - Provide addiction support (including aftercare or follow-up care) at places where people are already receiving services in the community
 - Support addiction services (including aftercare or follow-up care) in primary health care
- Engage the Indigenous community to support culturally-appropriate opioid dependence and addiction treatment
- Increase awareness of and advocate for universal coverage of non-opioid alternatives to manage chronic pain
- Increase awareness of addiction and treatment options in the recovery journey

FIRST RESPONSE AND ENFORCEMENT RECOMMENDATIONS

Fentanyl plays a large role in opioid-related overdoses and deaths in York Region. In 2016, Ontario passed the [Patch for Patch Return Policy](#), a law to help reduce illegal prescription fentanyl. York Regional Police (YRP) played a key role in raising awareness of the law among

health-care providers in the Region. In addition to concerns around diverted fentanyl prescription patches, death trends in Ontario show that illegally-made fentanyl and other toxic forms of fentanyl products negatively impact public safety.^{2,19}

York Regional Police continues to target the production, supply and sale of illegal drugs through enforcement and sharing intelligence and drug-related concerns with community partners. YRP identifies and responds to evolving risks to the community such as opioid trafficking, investigating overdose deaths and monitoring emerging substances that may pose a public safety risk. Using intelligence-based approaches and data, YRP reduces the supply of illegal opioids through timely and targeted enforcement.

First responders in York Region are prepared to address and respond to overdoses. 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 staff carry naloxone and are trained in overdose response. York Regional Police officers carry naloxone and follow organizational procedure for naloxone administration. York Region paramedics follow the Ministry of Health and Long-Term Care's Opioid Response Strategy for Paramedic Services and continues to look for ways to improve efficiencies when attending emergency calls.⁵⁶

Recommendations from OERW partners related to first response and enforcement

Strengthen partnerships between first responders and other agencies to increase the awareness and skills of first responders on key issues related to the opioid crisis:

- The *Good Samaritan Drug Overdose Act*
- Mental health and addictions
- Treatment and/or other community supports for those who have experienced an opioid overdose or suspected opioid overdose

Calling 911

Evidence has shown that witnesses at the scene of an overdose 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.⁵⁷

In May 2017, Canada passed the *Good Samaritan Drug Overdose Act* to remove barriers to calling 911 during a drug overdose.⁵⁸ 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* protects 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.

Feedback from people with lived experience on the first response and enforcement recommendations

Participants supported the recommendations and said they were important. They wanted increased awareness of the *Good Samaritan Drug Overdose Act* (GSDOA) among first responders and among the public. While some would call 911, a few participants said they would hesitate or not call 911 because of the fear of arrest. Those who were scared to call knew people who also would not call. Several participants believe that even if a 911 call did not result in legal consequences, the property they called from would be kept under police observation in the future.

All participants agreed that first responders play a role in connecting people with addiction and mental health services. One participant shared his story of compassionate care by the police when they took him to a hospital instead of jail. A few participants noted improvements in treatment of mental health calls by first responders. About half of the participants said addiction or drug use is still stigmatized and treated as a criminal issue. Several participants said that first responders must increase their knowledge about addiction.

Several participants spoke about the need for community safety and enforcement efforts around drug trafficking. They expressed a need for increased monitoring and enforcement in agencies for drugs and for safe spaces to go that are free from drug dealing and weapons.

First response and enforcement recommendations

- Strengthen partnerships between first responders and other agencies to increase awareness and skills of first responders on key issues related to the opioid crisis:
 - The *Good Samaritan Drug Overdose Act*
 - Mental health and addictions
 - Treatment and/or other community supports for those who have experienced an opioid overdose or suspected opioid overdose
- 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

SUPPORTING RECOMMENDATIONS

In addition to recommendations under the four pillars, additional recommendations for action include the following supporting recommendations. Supporting Recommendations include common themes identified by OERW subgroups while Surveillance and Early Warning Recommendations guide planning and response activities.

SURVEILLANCE AND EARLY WARNING RECOMMENDATIONS

Surveillance is used to regularly monitor health trends. An early warning system identifies potential risks, including trends of opioid-related incidents using quantitative data and reports from the community.

Surveillance and early warning systems help communities prepare for and respond to a crisis and allow public health and community partners to take action in a timely manner. Early warning information may also come from assessments made by neighbouring health units, the province and other agencies. Findings from surveillance and early warning systems help develop a phased approach for action based on the risk level in the community.

Did you know?

York Region Public Health has developed a tool to report opioid-related concerns in the community. This tool can be used anonymously by service providers and the public and can be found at york.ca/opioids.

Surveillance and early warning work already underway include:

- Weekly and monthly surveillance on quantitative data
- Selected thresholds for quantitative surveillance data sources to flag concerns
- Development of an opioid overdose early warning framework to identify trigger points to make decisions about public health action
- Development and testing of an online tool to collect qualitative or community information
- Partnership development between public health and data colleagues at other organizations

Recommendations from OERW partners for surveillance and early warning

Develop and evaluate an early warning system that includes the ongoing and prompt sharing of information with community partners and the public about overdoses and other opioid concerns

Collect data which includes qualitative and quantitative information on the impact of opioids in York Region

Develop and launch a tool to assess risks and inform communication and action

Identify trigger points of action, including how to respond to an overdose crisis

Feedback from people with lived experience on the surveillance and early warning recommendations

Participants generally agreed with the surveillance and early warning recommendations, and had some suggestions for improvement. Many participants said there is a need for an online tool to report or find information on drugs.

Participants suggested the online tool should:

- Provide anonymity or confidentiality
- Be easy to use
- Be a place to find archived and factual information
- Be able to reach a large number of people
- Be a place to report drug-related concerns (e.g., tainted or toxicity of drugs, defective harm reduction supplies)
- Be a place to share personal stories

A few participants said the information could possibly be used to share the types available drugs, seek out stronger or more powerful drugs or determine the amount to use based on the strength of the drug. This feedback suggests that some of the information gained through the online tool could be misused; however, all participants supported monitoring and reporting of potent or harmful drugs in the community so they could be aware of risks. Several participants were already using online forums and blogs to seek out information.

Most participants also said alternatives to the online tool are needed for people to report and receive information. Participants suggested using other media such as posters on public transit, postings in community agencies or through agency staff, newspapers and word-of-mouth

through peers.

A few participants mentioned that relying on emergency overdose visits or hospitalizations limit an understanding of the actual opioid harms in the community. Monitoring suggestions included learning how many people are visiting the hospital for opioid withdrawal and substance use issues. Participants also said that hospital visits underestimate health care needs of those who use opioids as people avoid hospitalization or leave the hospital after experiencing stigma. Many also noted the importance of getting information from “people who know what’s going on.”

On the subject of early warning, participants asked for information about where to get naloxone and drug testing kits. Participants recommended education to increase community awareness and help for people to recognize and respond to an overdose.

Drug testing services

A recent research report by Public Health Ontario on the effectiveness of drug checking services found that these services may be valuable to monitor the drug supply for dangerous contents and issuing health alerts to people who use drugs. The report finds drug testing services have not been effective in changing drug use behaviour or health outcomes; however, a 25-year history of international drug checking services can inform good practice.⁶¹

Surveillance and early warning recommendations

- Develop and evaluate an early warning system that includes the ongoing and prompt sharing of information with community partners and the public about overdoses and other opioid concerns
- Collect data which includes qualitative and quantitative information on the impact of opioids in York Region
- Develop and launch a tool to assess risks and inform communication and action
- Identify trigger points of action, including how to respond to an overdose crisis
- Collect and deliver opioid-related information and messaging using different formats

SUPPORTING RECOMMENDATIONS

Stigma around individuals who use substances continues to be a major factor in isolating people and creating barriers to help. Stigma is negative judgment experienced by people who use substances or have addiction. Stigma may result in people:

- Using substances alone
- Not seeking or getting help
- 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-being⁵⁹

Joint action to address opioid harms in York Region should include ways to share information or exchange knowledge among agencies and increase collaboration among service providers to do the work under the four pillars.

Reducing stigma

The Centre for Addiction and Mental Health (CAMH) offers the following ways for communities to reduce stigma associated with substance use.⁶⁰

- Clear up myths and provide education on mental illness and substance use to increase understanding
- Challenge and change biases to act with compassion
- Use appropriate language to encourage separation between the individual's identity and their illness or substance use
- Support those with addictions to make positive contributions to society
- Support inclusion of individuals with substance use issues through safe housing options, job prospects and other opportunities

Recommendations from OERW partners

Reduce stigma around substance use and those who use opioids

Support information sharing between York Region community agencies about opioid-related issues

Increase collaboration and communication among service providers to support access to services and interventions that:

- Promote well-being
- Prevent the misuse of opioids
- Reduce harm from opioids
- Link individuals to opioid dependence and addiction treatment

Feedback from people with lived experience on the recommendations

Participants liked the recommendations presented in this section. The themes that were discussed in greater detail by participants included the impact of stigma, the need for ensuring informed consent, trust development between service providers and service users, and increased education to service providers.

Participants said that the stigma they experience creates barriers that affect their mental and physical health, access to substance use interventions and engagement in services. The stigma also reduced their sense of personal control, increased negative self-thoughts and affected their

ability to get help. Suggestions to address stigma included:

- Increasing education about stigma for health-care and service providers
- Providing services that deal with the psychological trauma people experience
- Providing choice for service users and increasing collaboration between service providers and service users
- Creating opportunities for people with lived experience to share their stories
- Including people with lived experience with substance use in the work of prevention, harm reduction and addiction treatment
- Addressing basic needs including access to safe housing
- Increasing awareness of harm reduction among service agencies or organizations (e.g., Narcotics Anonymous, Alcoholics Anonymous, Canadian Mental Health Association, AIDS services, shelters)

About half of the participants spoke about feeling vulnerable when information about their pain management and treatment of opioid addiction is shared amongst health-care professionals. These participants understood the need for communication and collaboration between care providers and wanted more explanation about the roles and mandates of various agencies. Participants wanted to better understand how shared information was going to be used and with whom.

Many participants recommended increased education to community partners on opioid use, risks for addiction, prevention of addiction, mental health services, harm reduction and treatment services.

All participants appreciated learning about the recommendations from the Opioid Action Plan and having the opportunity to provide input. Several asked that ongoing efforts be made to include people with lived experience in this important work.

Supporting recommendations

- Reduce stigma around substance use and allow people with lived experience to share stories
- Support information sharing between York Region community agencies about opioid-related issues
- Increase collaboration and communication among service providers to support access to services and interventions that:
 - Promote well-being
 - Prevent the misuse of opioids
 - Reduce harm from opioids
 - Connect individuals to opioid dependence and addiction treatment
 - Maintain client privacy and confidentiality, and support client needs

NEXT STEPS

The York Region Opioid Action Plan will be a guide for collaboration and community engagement for the Opioid Education Response Workgroup (OERW) and its partners. The workgroup will develop short- and long-term goals out of the recommendations for action, along with an evaluation plan. The OERW has also started developing a crisis management framework for opioid overdose surges. The Plan will be updated as the opioid situation changes or when evidence requires it.

SUMMARY

York Region, like many communities in Ontario and across Canada, is experiencing the growing impact of opioid harms. The OERW, led by York Region Public Health and York Regional Police, provides leadership and helps develop partnerships that address this important issue. The York Region Opioid Action Plan includes recommendations for action, including the need for monitoring and early warning of opioid issues. Recommendations for action are based on a four-pillar approach of prevention, harm reduction, treatment and enforcement. The Plan also emphasizes the need to address stigma and calls for joint action to address opioid-related issues in York Region.

YORK REGION OPIOID EDUCATION AND RESPONSE WORKGROUP MEMBERS

CO-CHAIRS

Yvonne Cheung
York Region Public Health

Detective Shawn Sparkes
York Regional Police

MEMBERS

Aly Shivji, Amy Hlaing, Elena Hasheminejad, Heather Pimbert, Leah van Wesenbeeck,
Katarina Garpenfeldt, Dr. Richard Gould
York Region Public Health

Shivani Gupta
Addiction Services for York Region

Robert Royer
Central Local Health Integration Network

Dr. Ilan Nachim
Physician specializing in addiction medicine

Ron Jenkins
Georgina Fire Services

Dylan de la Rivière
Krasman Centre

Mary Ann Proulx
Loft Crosslinks Outreach Van

Patrick Kasebzarif, Sandra Crescenzi
**York Region Strategic Department Communications, Strategies and Partnerships
Branch**

Sherri Tawfik
Total Health Pharmacy

Jennifer Sarna
York Catholic District School Board

Dawn Laliberte
York Region District School Board

Bradley Hickman
 Susan Eckenswiller, Brad MacMillan, David Eeles and Iain Park (past contributing members)
York Region Paramedic and Seniors Services

Detective Sergeant Doug Bedford, Detective Constable Kevin Selwood, Gloria Bacci-Puhl, Inspector Henry deRuiter
York Regional Police

SUBGROUPS

SURVEILLANCE AND EARLY WARNING SUBGROUP

Amy Hlaing, Heather Pimbert, Leah van Wesenbeeck, Shelley Stalker
York Region Public Health

Ron Jenkins
Georgina Fire

Bradley Hickman, Martin Perry
York Region Paramedic and Seniors Services

Henry DeRuiter , Swapan Kumar Das
York Regional Police

PREVENTION SUBGROUP

Anita Paul, Jennifer Wong, Tina Russo, Zem Kabani
York Region Public Health

Brad MacMillan
York Region Paramedic and Seniors Services

Phillip Hodgson
York Region Homelessness Community Programs, Social Services Branch

Carrie Dinsmore
York Support Services Network

Dawn Laliberte, John Shep
York Region District School Board

Hope Ramsay, Sascha Ellis
360 Kids

Jennifer Sarna
York Catholic District School Board

Kim Adeney
York Region Accessibility Program, Strategies and Partnerships Branch

Valerie Garcia
York Region Community Development, Strategies and Partnerships Branch

HARM REDUCTION SUBGROUP

Dylan de la Rivière
Krasman Centre

Elena Hasheminejad, Yvonne Cheung
York Region Public Health

Mary Ann Proulx
Loft Crosslinks Outreach Van

Sherri Tawfik
Total Health Pharmacy

Tara Edeh
Ontario Addiction Treatment Centre

Vibhuti Mehra
AIDS Committee of York Region

TREATMENT SUBGROUP

Amy Hlaing, Yvonne Cheung
York Region Public Health

Cassandra Siemens, Dr. Chris Cavacuiti
True North Medical Centre

Dr. Ilan Nachim
Physician specializing in addiction medicine

Robert Royer
Central Local Health Integration Network

Rosanne Kopczewski
Community member

Tina Colarossi
Addiction Services for York Region

First Response and Enforcement Subgroup

Aly Shivji, Yvonne Cheung
York Region Public Health

Andrew Zvanitajs
Vaughan Fire and Rescue Services

Chris Palmer, Doug Bedford, Henry deRuiter, Kevin Selwood, Shawn Sparkes
York Regional Police

David Eeles
York Region Paramedic and Seniors Services

Ron Jenkins
Georgina Fire Services

Communications Subgroup

Amy Hlaing, Elena Hasheminejad, JP Fallavollita, Leah van Wesenbeeck,
 Patrick Kasebzarif
York Region Public Health

Andrea Griepsma
York Region Corporate Communications

Gloria Bacci-Phul
York Regional Police

Krista Bradley
York Region Paramedic and Seniors Services

Penny Marrett
Addiction Services for York Region

Ron Jenkins
Georgina Fire

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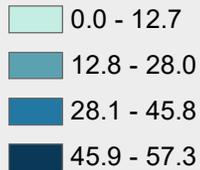
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Legend

Emergency department visit rate

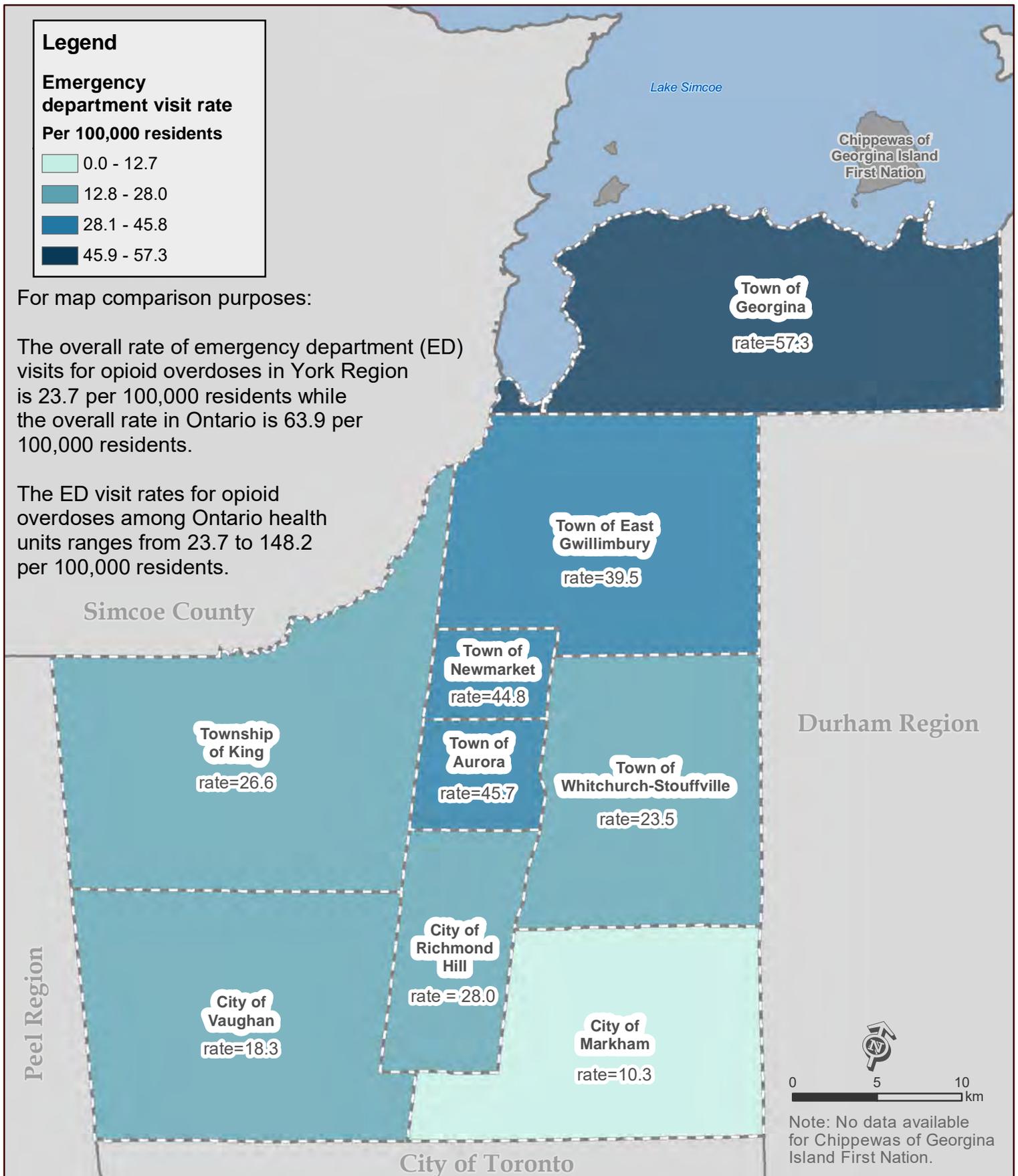
Per 100,000 residents



For map comparison purposes:

The overall rate of emergency department (ED) visits for opioid overdoses in York Region is 23.7 per 100,000 residents while the overall rate in Ontario is 63.9 per 100,000 residents.

The ED visit rates for opioid overdoses among Ontario health units ranges from 23.7 to 148.2 per 100,000 residents.



Rate of emergency department (ED) visits for opioid overdoses in York Region residents, 2018

Report of the Medical Officer of Health to the Board of Health
September 12, 2019



Produced by:
The Regional Municipality of York
Public Health, Community and Health Services
August 2019
Data: © Queen's Printer for Ontario 2003-2019
See York.ca for disclaimer information.

Orange Shirt Day

September 30th

Orange Shirt Day is a legacy of the St. Joseph Mission (SJM) Residential School (1891-1981) Commemoration Project and Reunion events that took place in Williams Lake, BC, Canada, in May 2013. This project was the vision of Esketemc (Alkali Lake) Chief Fred Robbins, who is a former student himself. It brought together former students and their families from the Secwepemc, Tsilhqot'in, Southern Dakelh and St'at'imc Nations along with the Cariboo Regional District, the Mayors and municipalities, School Districts and civic organizations in the Cariboo Region.

The events were designed to commemorate the residential school experience, to witness and honour the healing journey of the survivors and their families, and to commit to the ongoing process of reconciliation. Chief Justice Murray Sinclair challenged all of the participants to keep the reconciliation process alive, and as a result of the realization that every former student had similar stories.

Orange Shirt Day is a legacy of this project. As spokesperson for the Reunion group leading up to the events, former student Phyllis (Jack) Webstad told her story of her first day at residential school when her shiny new orange shirt, bought by her grandmother, was taken from her as a six-year old girl.

The annual Orange Shirt Day on September 30th opens the door to global conversation on all aspects of Residential Schools. It is an opportunity to create meaningful discussion about the effects of Residential Schools and the legacy they have left behind. A discussion all Canadians can tune into and create bridges with each other for reconciliation. A day for survivors to be reaffirmed that they matter, and so do those that have been affected. Every Child Matters, even if they are an adult, from now on.

The date was chosen because it is the time of year in which children were taken from their homes to residential schools, and because it is an opportunity to set the stage for anti-racism and anti-bullying policies for the coming school year. It is an opportunity for First Nations, local governments, schools and communities to come together in the spirit of reconciliation and hope for generations of children to come.

It all started in the Cariboo, and as a result, School District No. 27 has been chosen by the First Nations Education Steering Committee (FNESC) to pilot curriculum changes for all Grade 5 and Grade 10 students reflecting the residential school experience, to be implemented province-wide.

Resolutions have been passed in support of Orange Shirt Day by local governments, school districts, and First Nations in the Cariboo, at UBCM, and at FCM. The AFN Chiefs-in-Council passed a resolution declaring Orange Shirt Day "a first step in reconciliation", and pledging to bring the message home as well as to the government of Canada and the churches responsible.

On this day of September 30th, we call upon humanity to listen with open ears to the stories of survivors and their families, and to remember those that didn't make it.

<http://www.orangeshirtday.org/>



Honorable John Taylor
 Mayor
 395 Mulock Drive
 P.O. Box 328 Station Main
 Newmarket, ON L3Y 4X7

September 19, 2019

Request for Proclamation

Dear Mayor John Taylor

On behalf of the Ontario Rett Syndrome Association (O.R.S.A), and the one diagnosed individual living in the City of Newmarket, I am writing to request your proclamation of the month of October as Rett Syndrome Awareness Month. We would like to also make a lighting request for October 29th, 2019 to show our support for RETT Syndrome Awareness Month.

Rett Syndrome is a rare neurodevelopment condition that affects mainly females (1 in 10,000 births) and is caused by a mutation in the X chromosome. Individuals with Rett syndrome will lose some if not most acquired skills including speech, and gross and fine motor skills. Some never develop the ability to walk or even talk.

O.R.S.A. exists to ensure that children and adults with Rett syndrome are enabled to achieve their full potential and enjoy the highest quality of life within their community.

This observance gives us a means to focus attention in making it possible for O.R.S.A. to continue public awareness and advocacy, provide parent/family support, operate the Resource Centre, fund research projects through the Hope Fund, host conferences, maintain the Canadian Rett Syndrome Registry, and fund three Rett syndrome clinics in Ontario that provide medical assistance.

If you need anything further, please don't hesitate to contact me by email: smiguel@rett.ca or phone: 416-660-6799, or you can contact our Provincial Association at 519-474-6877.

Thank you for taking the time to consider recognizing and supporting O.R.S.A. as we strive to build "healthy tomorrows" for all Canadians living with Rett syndrome.

Sincerely,

Steve Miguel
 Marketing Committee
 Ontario Rett Syndrome Association



Ontario
Rett Syndrome
Association
Building Healthy Tomorrows



It is the Ontario Rett Syndrome Association's desire to have the following proclamation considered.

PROCLAMATION

October as Rett Syndrome Awareness Month

- WHEREAS:** October is RETT Syndrome Awareness Month which aims to bring much needed awareness to RETT Syndrome; and
- WHEREAS:** RETT Syndrome is a rare neurodevelopment condition that affects mainly females (1 in 10,000 births) and is caused by a mutation in the X chromosome. Individuals with RETT syndrome will lose some if not most acquired skills including speech, mobility, and gross and fine motor skills; and
- WHEREAS:** There is currently no cure but advancements in treatments and research provide thousands of people with hope; and
- WHEREAS:** The Ontario RETT Syndrome Association (O.R.S.A.) is a volunteer, non-profit charity for parents, caregivers, researchers, medical professionals and other interested support agencies and individuals; and
- WHEREAS:** The Ontario RETT Syndrome Association exists to ensure that children and adults with RETT syndrome are enabled to achieve their full potential and enjoy the highest quality of life within their community; and
- THEREFORE** I (Mayor Name or Designate), do hereby declare October as RETT Syndrome Awareness Month.

Dated at (municipality), Ontario this ____ day of _____, _____.



Kiran Saini
Deputy Town Clerk
Town of Newmarket
395 Mulock Drive
P.O. Box 328 Station Main
Newmarket, ON L3Y 4X7
Email: ksaini@newmarket.ca
Tel: 905-953-5300 ext. 2203
Fax: 905-953-5100

September 26, 2019

Sent to: [REDACTED]

Dear Sarah Khouri:

RE: Proclamation Request - October - Pregnancy and Infant Loss Awareness Month

I am writing to advise that your proclamation request has been approved in accordance with the Council-approved [Proclamation, Lighting Request and Community Flag Raising Policy](#), and the Town of Newmarket will proclaim the month of October as Pregnancy and Infant Loss Awareness Month. Your proclamation request will be advertised on the Town's section in the Newmarket Era newspaper, communicated on the Town's Twitter account, in the Town page, and on the Town's website on the Proclamation and Lighting Request page.

If you have any questions regarding the above, please feel free to contact the undersigned.

Yours sincerely,

A handwritten signature in black ink that reads "Kiran Saini".

Kiran Saini
Deputy Town Clerk
KS:jg



Kiran Saini
Deputy Town Clerk
Town of Newmarket
395 Mulock Drive
P.O. Box 328 Station Main
Newmarket, ON L3Y 4X7
Email: ksaini@newmarket.ca
Tel: 905-953-5300 ext. 2203
Fax: 905-953-5100

September 26, 2019

Sent to: [REDACTED]

Dear Sarah Khouri:

RE: Proclamation Request - October 15th - Pregnancy and Infant Loss Awareness Day

I am writing to advise that your proclamation request has been approved in accordance with the Council-approved [Proclamation, Lighting Request and Community Flag Raising Policy](#), and the Town of Newmarket will proclaim October 15th as Pregnancy and Infant Loss Awareness Day. Your proclamation request will be advertised on the Town's section in the Newmarket Era newspaper, communicated on the Town's Twitter account, in the Town page, and on the Town's website on the Proclamation and Lighting Request page.

In addition, the Riverwalk Commons and Fred A. Lundy Bridge located on Water Street will be illuminated in pink & blue on October 15th to recognize Pregnancy and Infant Loss Awareness Day. Please note that the lighting will occur from sunset until 11:00 PM.

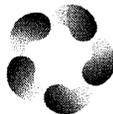
If you have any questions regarding the above, please feel free to contact the undersigned.

Yours sincerely,

A handwritten signature in black ink that reads "Kiran Saini".

Kiran Saini
Deputy Town Clerk
KS:jg

COALITION ONTARIENNE POUR
de meilleurs services
éducatifs à l'enfance



ONTARIO COALITION FOR
Better Child Care



July 24, 2019

Re: 19th Annual Child Care Worker and Early Childhood Educator Appreciation Day, October 24, 2019

To Ontario mayors and councils,

The Ontario Coalition for Better Child Care (OCBCC), the Canadian Union of Public Employees (CUPE) and other labour and community partners around Ontario have announced **Thursday, October 24, 2019** as the 19th annual Child Care Worker & Early Childhood Educator Appreciation Day, a day of recognition for the many people who work providing early learning and child care services in your community.

Our theme again this year is: **Champions for Children.**

This annual awareness day recognizes the education, skills, commitment and dedication of Early Childhood Educators (ECEs) and child care staff, and each year is proclaimed by municipalities and school boards across Ontario. Many groups are recognized by way of municipal resolution. Such a day allows us to acknowledge the important contributions of child care workers and ECEs.

We are writing to ask that you and your Council consider proclaiming Child Care Worker & Early Childhood Educator Appreciation Day in your municipality. A sample proclamation is attached.

Even if your council does not issue official proclamations, there are many ways for your municipality to participate in celebrating this special day:

- Your council could sponsor a public announcement;
- Display our posters and distribute our buttons;
- Many municipalities organize events and contests for the day or have councilors or the mayor participate in events hosted by child care centres within the municipality.
- A document of further ideas and examples is attached.

We would love to acknowledge those municipalities celebrating child care workers and ECEs across Ontario on October 24, 2019. Let us know how your municipality is participating in the recognition day and we will add your municipality to our list of proclamations and celebrations.

Please direct any correspondence on proclamations and/or celebration activities to the attention of Carolyn Ferns, by mail: Ontario Coalition for Better Child Care, 489 College St., Suite 206, Toronto, ON M6G 1A5, by fax at 416-538-6737, or by email at: carolyn@childcareontario.org.

Thank you for your consideration.

Sheila Olan-Maclean
President, Ontario Coalition for Better Child Care

Fred Hahn
President, CUPE Ontario Division

MAYOR'S OFFICE		
INCOMING MAIL	REFERRED TO	COPIED TO
COUNCIL		
GAO		
JUL 30 2019		
COMMISSIONER		
DEPARTMENT		
CLERKS		
CONCERNS		

19th Annual Child Care Worker & Early Childhood Educator Appreciation Day

October 24, 2019

Proclamation

Whereas years of research confirms the benefits of high quality child care for young children's intellectual, emotional, social and physical development and later life outcomes; and

Whereas child care promotes the well-being of children and responds to the needs of parents and the broader community by supporting quality of life so that citizens can fully participate in and contribute to the economic and social life of their community; and

Whereas trained and knowledgeable Early Childhood Educators and child care staff are the key to quality in early learning and child care programs and champions for children;

Therefore Be It Resolved that October 24, 2019 be designated the 19th annual "Child Care Worker & Early Childhood Educator Appreciation Day" in recognition of the education, dedication and commitment of child care workers to children, their families and quality of life of the community.

CHILD CARE WORKER & ECE APPRECIATION DAY 2019

19TH ANNIVERSARY – OCTOBER 24TH, 2019

*This year marks the 19th annual Child Care Worker & Early Childhood Educator Appreciation Day, which will be held on **Thursday October 24th 2019**. On this day we recognize the hard work, meaningful care and continuous learning these educators provide children every day. This year's theme is **CHAMPIONS FOR CHILDREN** in recognition of the essential role that educators play in the lives of our youngest learners.*

Ideas to celebrate the day!

Municipalities

- Place an ad in the local newspaper announcing Child Care Worker and ECE Appreciation Day.
- Take nominations from local child care centres for outstanding staff to be recognized by the Mayor through a letter, announcement or event.
- Encourage local councillors to tour child care centres to find out more about this important work. Event could also generate media coverage.
- Organize a community-wide celebration to recognize individual staff or centres and programs.

School Boards

- Insert the day on the monthly calendar of October.
- Arrange to have the day announced on the PA the morning of Thursday October 24th.
- Encourage classes of grade 7 and 8 students to visit the child care centre. Students may ask the educators about their role as an ECE.
- Set up a Wall of Fame where parents have the opportunity to say thank you to each staff.
- Place our poster on school bulletin boards.

Child care centres

- Host a pizza lunch for the staff. Give each staff member a certificate of appreciation.
- Have every staff in the centre vote on one child care champion of the year.
- Set up a board near the entrance of the centre where parents may write thank you notes.
- Place our poster on the door to show everyone that it is Child Care Worker and Early Childhood Educator Appreciation Day!

Show ECEs your appreciation on social media

- Share photos of how you're celebrating Child Care Worker and ECE Appreciation Day.
- Use the hashtags **#Champion4Children** and **#ECEappreciation** and tag us **@ChildCareON**
- Share an event prior to the date to raise awareness and get more people involved.
- Write a kind message about a child care provider you know.

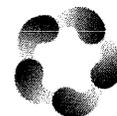
Contact the OCBCC to order posters and buttons by Tuesday October 1st to ensure delivery.

Ontario Coalition for Better Child Care

Phone: 416-538-0628 x 2 / toll-free 1-800-594-7514 x 2

Email: campaigns@childcareontario.org

COALITION ONTARIENNE POUR
de meilleurs services
éducatifs à l'enfance



ONTARIO COALITION FOR
Better Child Care



Kiran Saini
Deputy Town Clerk
Town of Newmarket
395 Mulock Drive
P.O. Box 328 Station Main
Newmarket, ON L3Y 4X7
Email: ksaini@newmarket.ca
Tel: 905-953-5300 ext. 2203
Fax: 905-953-5100

September 20, 2019

Sent to: [REDACTED]

Dear Michelle DeFacendis:

RE: Proclamation Request - October 31st - Shine a Light on Food Allergy

I am writing to advise that your lighting request has been approved in accordance with the Council-approved [Proclamation, Lighting Request and Community Flag Raising Policy](#), and the Riverwalk Commons and Fred A. Lundy Bridge located on Water Street will be illuminated in teal on October 31st to recognize Shine a Light on Food Allergy. Please note that the lighting will occur from sunset until 11:00 PM.

Your lighting request will be communicated on the Town's Twitter account and on the Town's website on the Proclamation and Lighting Request page.

If you have any questions regarding the above, please feel free to contact the undersigned.

Yours sincerely,

A handwritten signature in black ink that reads "Kiran Saini".

Kiran Saini
Deputy Town Clerk
KS:jg