



Durham Region  
Opioid Response Plan

# STATUS REPORT

JUNE 2023



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## Introduction

In October 2016, the then Ontario Ministry of Health and Long-Term Care (MOHLTC) announced its [Strategy to Prevent Opioid Addiction and Overdose](#) to address the opioid crisis. As part of this strategy, the MOHLTC announced new investments focusing on four key areas: appropriate pain management; treatment for Opioid Use Disorder; harm reduction; and, surveillance and reporting.

In August 2017, the MOHLTC announced that public health units across the province were accountable under the Ministry's Harm Reduction Program Enhancement plan to address the opioid situation through three key components:

- **Local opioid response plan**
- **Naloxone distribution and training**
- **Opioid overdose early warning and surveillance**

To support this new mandate, Durham Region Health Department (DRHD) staff worked with community partners to develop a local opioid response plan for Durham Region. An [Opioid Forum](#) was held in October 2017 to discuss the local opioid situation and to determine the next steps in developing a coordinated Opioid Response Plan for Durham Region. The Durham Region Opioid Task Force was created to act as stewards to the response plan and support advancement of the work outlined. The Task Force includes agencies that provide harm reduction and/or treatment services, first responders, individual residents with lived experience, school boards, and health care professionals.

The Task Force routinely monitors data and information to have a good understanding about the impact of opioid related poisonings at the local level.




# Acknowledgements



**The Durham Region Opioid Task Force acknowledges that we are currently located on land, which has long served as a site of meeting and exchange among the Mississauga Peoples and is the traditional and treaty territory of the Mississaugas of Scugog Island First Nation. We honour, recognize, and respect this nation and Indigenous Peoples as the traditional stewards of the lands and waters on which we meet.**





Durham Region Health Department (DRHD) acknowledges the agencies and individuals for their membership on the Durham Region Opioid Task Force (DROTF). Through their ongoing commitment and efforts, a coordinated local opioid response plan was developed for implementation in Durham Region.

**Task Force Members include:**

- AIDS Committee of Durham Region
- Back Door Mission
- Carea Community Health Centre
- Durham Region Health Department
- Durham Catholic District School Board
- Durham District School Board
- Durham Regional Police Service
- East Durham Probation and Parole Office
- First Steps Pharmacy
- John Howard Society of Durham Region
- Lakeridge Health
  - Durham Mental Health Services
  - Pinewood Addictions Services
  - Emergency Department
- Ontario Tech University
- Ontario Shores Centre for Mental Health Sciences
- Primary Care Advisory Council – Durham Ontario Health Team
- Mississaugas of Scugog Island First Nations
- People with lived experience
- Physician, North Durham
- Region of Durham Social Services
- Region of Durham Paramedic Services
- Salvation Army



# Opioid-Related Harms

**Opioids** are a class of drugs that are usually prescribed to treat moderate to severe pain, coughs and/or diarrhea. Opioids can cause euphoria (feeling high) which gives them the potential to be used improperly. The risks of using opioids include physical dependence, substance use disorder and poisoning. While opioids can be prescribed and obtained through pharmacies, they can also be produced and obtained illegally (Government of Canada, 2022).

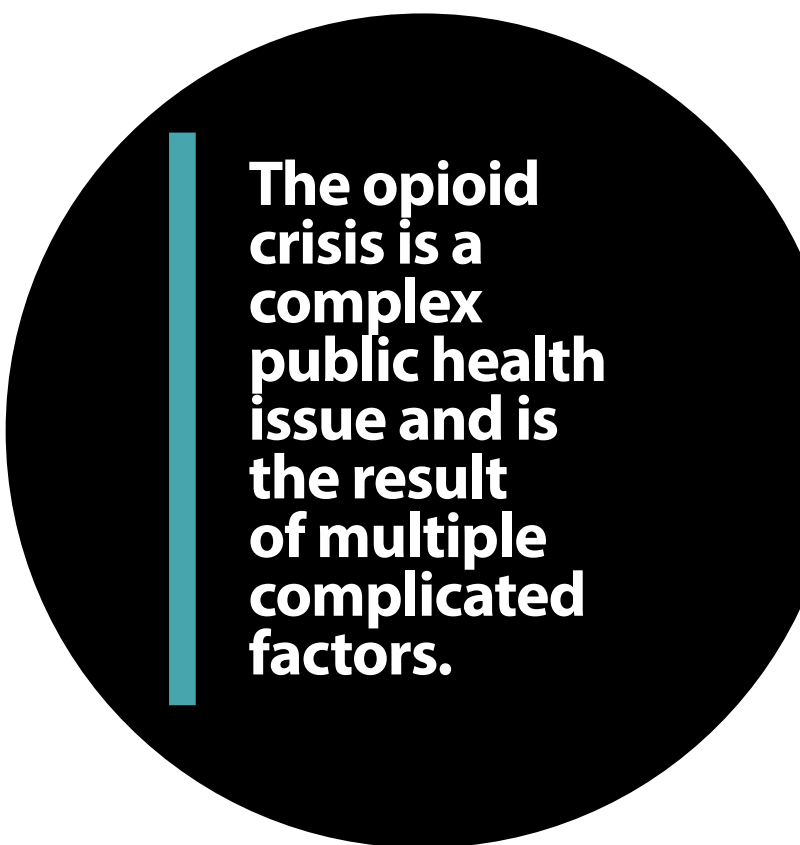
The opioid crisis is a complex public health issue and is the result of multiple complicated factors which include:

- A misunderstanding of the addictive risk of prescription opioids.
- Psychological, social and biological risk factors such as genetics, mental health, early life experiences, trauma, poverty, lack of secure housing and other social determinants of health.
- Stigma towards substance use disorders.
- Frequent opioid prescribing and high amounts being prescribed for pain relief.
- Lack of awareness or access to alternative treatments for pain.
- Use of prescription opioids by individuals to whom they are not prescribed, such as friends and family members.
- Lack of access to prescription opioids leading to illicit opioid use.
- Illegal drugs that are laced with fentanyl and its analogues.
- A lack of comprehensive care to respond to all the mental and physical health needs of an individual (Canadian Centre on Substance Use and Addiction, 2020).

The opioid crisis can impact anyone, but it disproportionately impacts individuals living in low-income situations, individuals who are unemployed,

people with disabilities, and Indigenous communities contending with systemic racism, trauma, and intergenerational trauma (Canadian Mental Health Association, 2018). Harms associated with opioid use include opioid poisoning, moderate to severe infections requiring hospitalization or complex primary care, life-threatening withdrawal symptoms, and death.

More information on opioids and where to access support can be found on [Durham Region Health Department's Opioids and Overdose Prevention webpage](#).



**The opioid crisis is a complex public health issue and is the result of multiple complicated factors.**



# Opioid-Related Harms in Durham Region

The rate of opioid-related Emergency Department (ED) visits has quadrupled over the past 10 years. In 2012, there were approximately 27 opioid-related ED visits for every 100,000 Durham Region residents, compared to approximately 122 opioid-related ED visits for every 100,000 Durham Region residents in 2021. The rate of hospitalizations for opioid

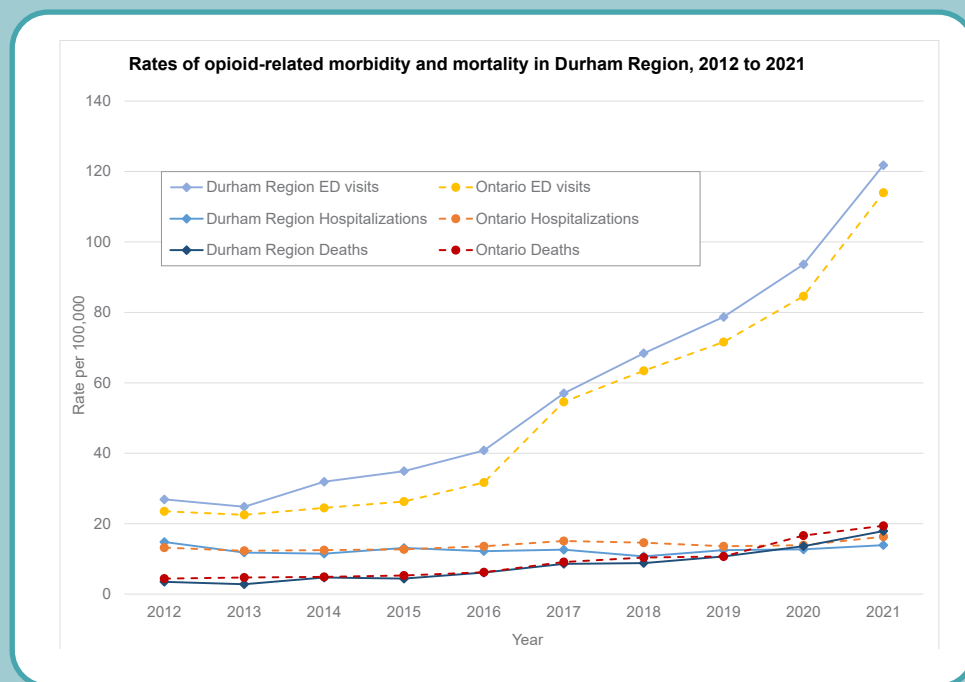
poisonings in Durham region residents increased slightly from 2012 to 2021. There were approximately 15 opioid-related hospitalizations per 100,000 Durham Region residents in 2012, compared to 18 hospitalizations per 100,000 Durham Region residents in 2021. The rate of opioid-related deaths in 2021 is five times higher than in 2012.





There were approximately four opioid-related deaths per 100,000 Durham Region residents in 2012 compared to 18 deaths per 100,000 Durham Region residents in 2021. In 2020 and 2021, Durham Region was below the provincial rates for hospitalizations and deaths. Historically, Durham Region rates for ED visits has been slightly above the provincial rate (Figure 1). In 2022, there was a general decrease in opioid-related morbidity and mortality in Durham Region, however complete data for 2022 is not yet available (Figure 2).

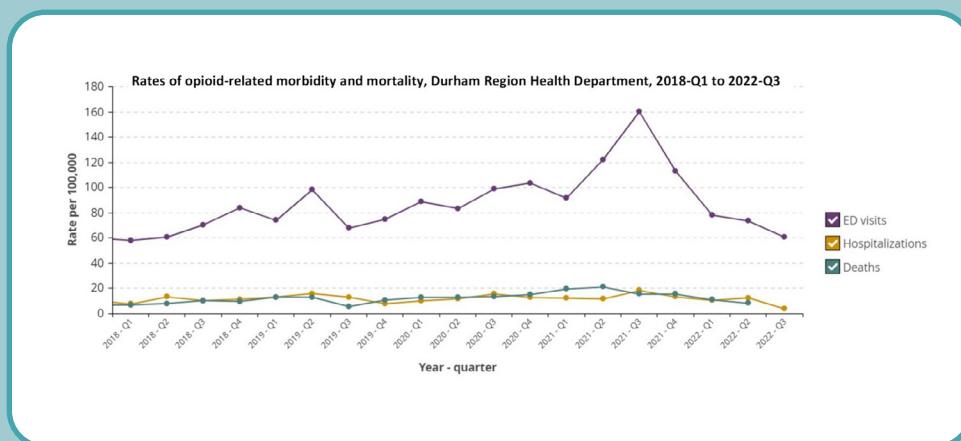
**Figure 1**



**Durham Region Health Department's Opioid Information System**

(DROIS) provides the latest opioid poisoning-related statistics, including Region of Durham Paramedic Services (RDPS) calls. During the height of the COVID-19 pandemic in 2021, Durham Region experienced a higher-than-normal number of paramedic services calls related to suspected opioid poisonings.

**Figure 2**

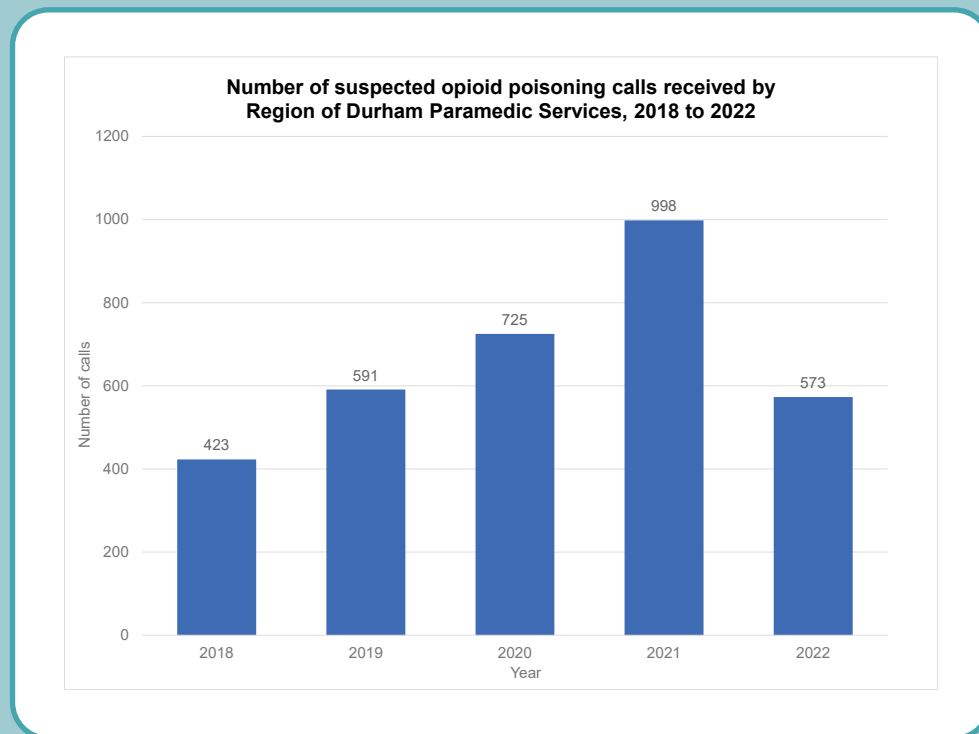


Sources: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; 2021. Available from: [www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool](http://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool)

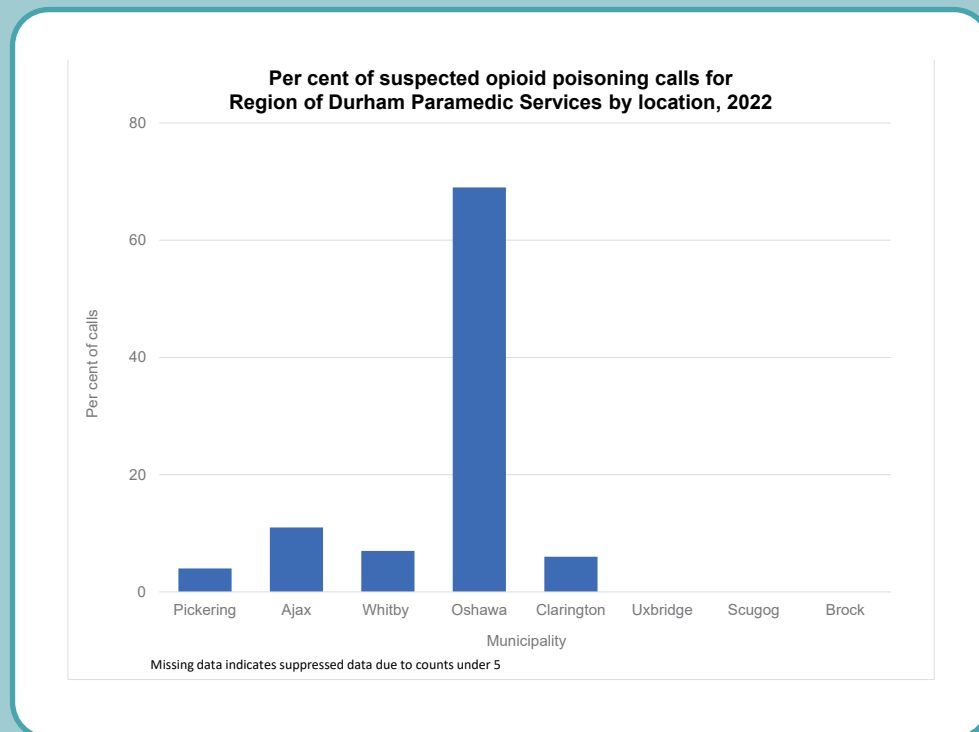
In 2022, a decline was noted with approximately 573 suspected opioid poisoning calls received by RDPS, compared to 998 calls in 2021, and 725 calls in 2020. The 2022 data closely reflects pre-pandemic trends (Figure 3). There were 173 suspected opioid poisoning calls from January to April 2023 which is comparable to the same time-period in 2022 (198 calls).

Similar to previous years, in 2022 most suspected opioid poisoning calls responded to by RDPS were in Oshawa (Figure 4, Figure 5).

**Figure 3**



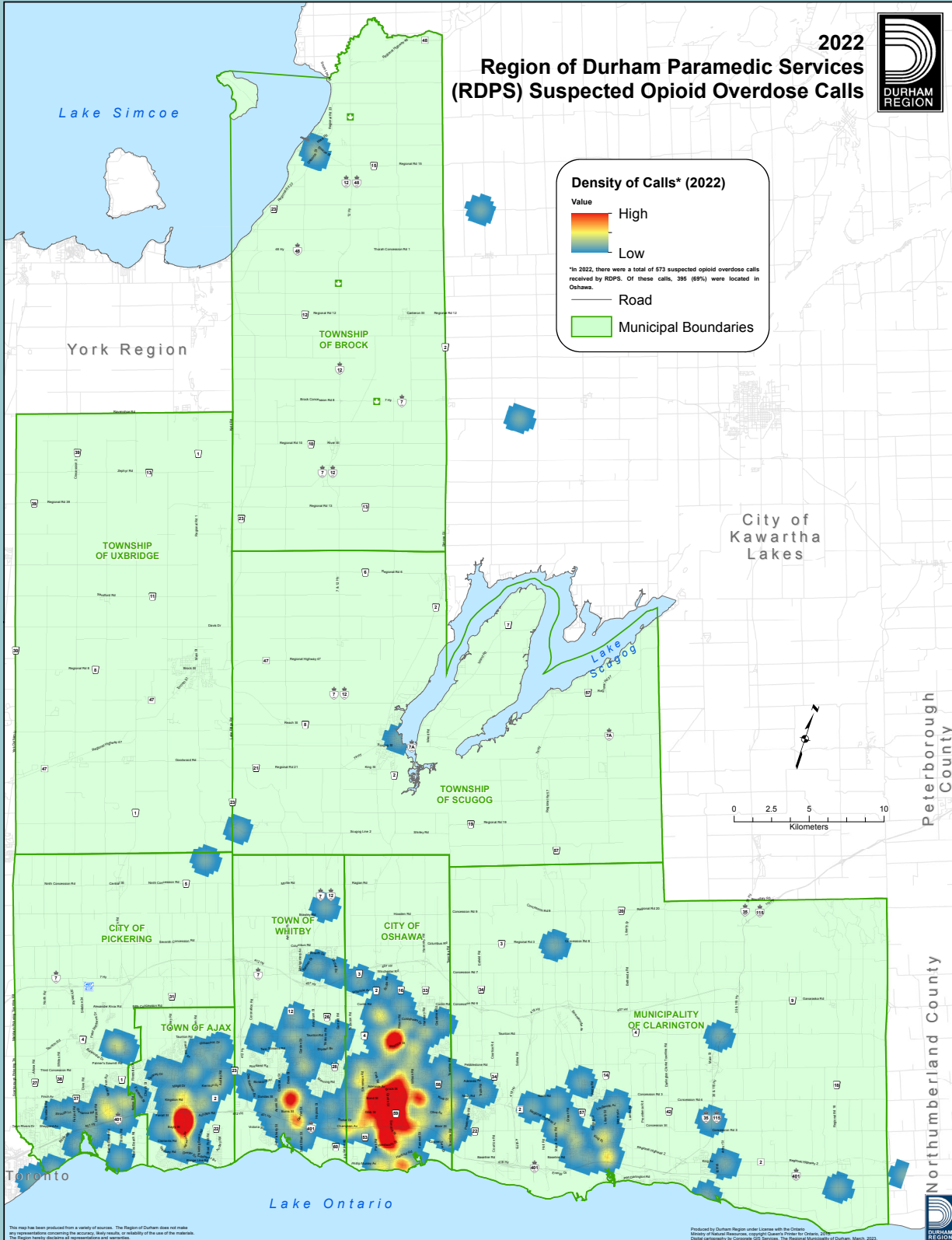
**Figure 4**



Source: Region of Durham Paramedic Services Ambulance Calls Report Database.



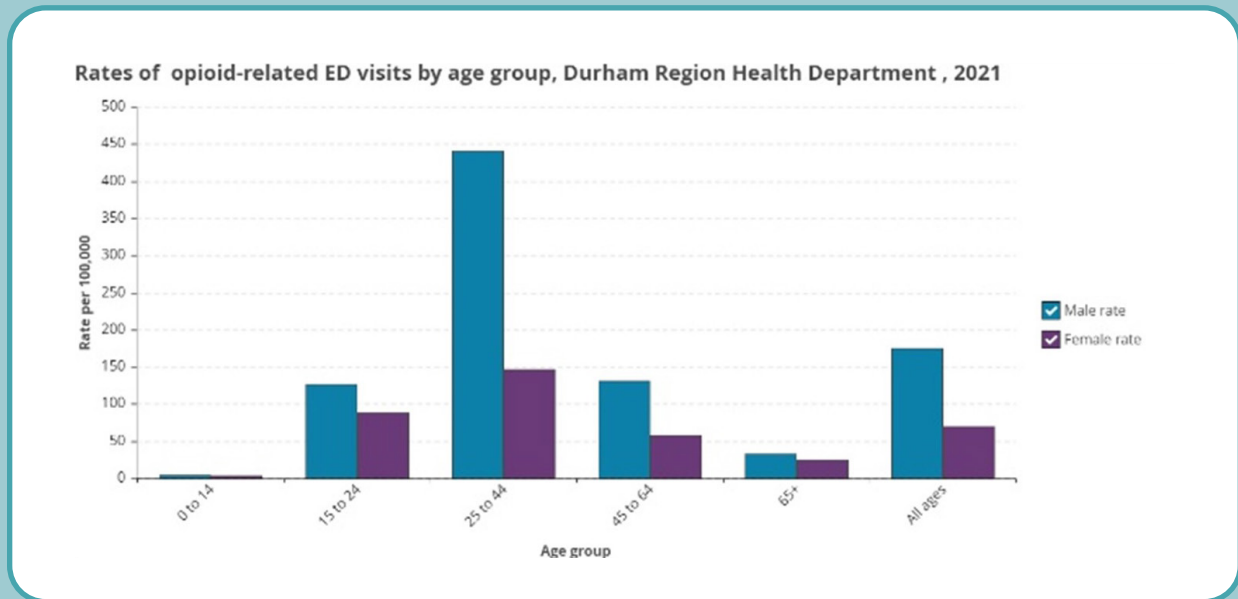
Figure 5



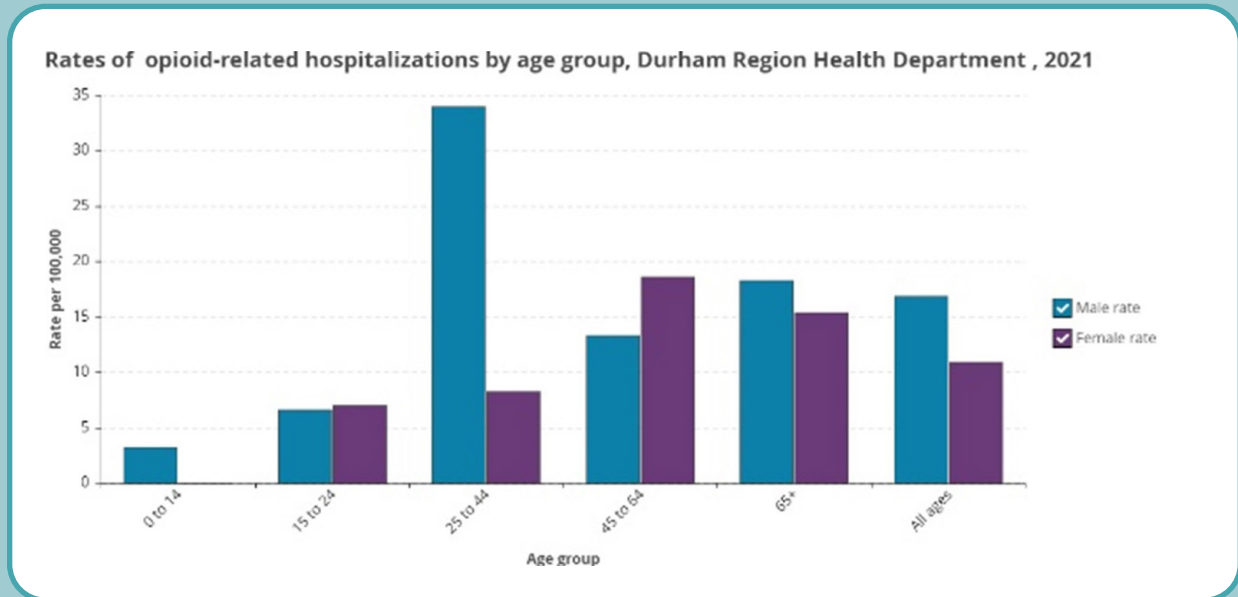
Source: Region of Durham Paramedic Services Ambulance Calls Report Database

In 2021, Durham Region males, across all age groups, were more likely to visit the Emergency Department for an opioid poisoning (Figure 6). Males 25 to 44-years old had the highest rate of hospitalizations, while females 45 to 64-years old had the highest rate of hospitalizations (Figure 7).

**Figure 6**



**Figure 7**



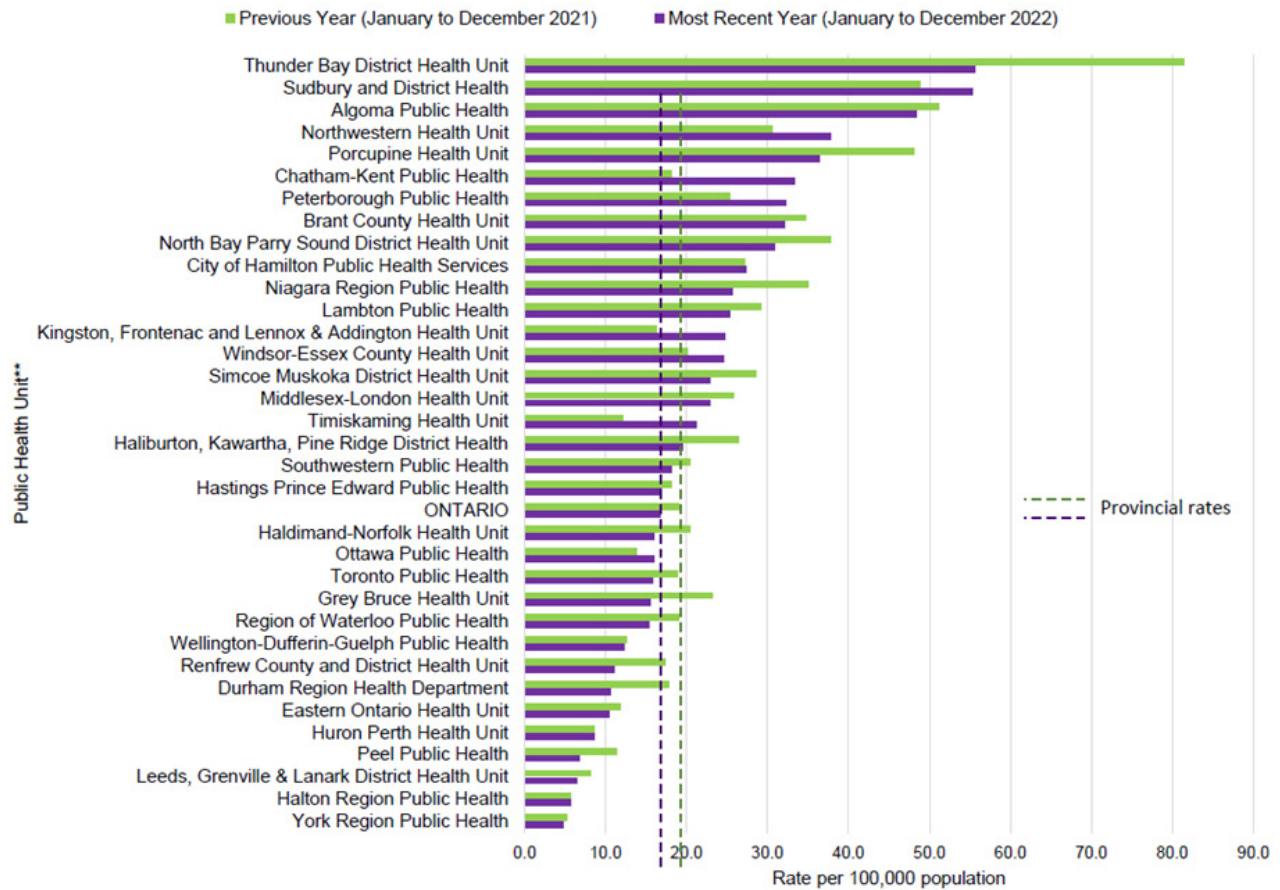
Rates of Opioid Related ED Visits and Hospitalizations by age group  
 Annual Rates: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; 2021.  
 Available from: [www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool](http://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool)



Figure 8

### Opioid toxicity mortality rate by PHU region - Annual

Most recent two years of data available\*



Source: Office of Chief Coroner (OCC) – Data effective May 4, 2023  
 \*Includes both confirmed and probable opioid-related deaths, preliminary and subject to change.  
 \*\*based on location of incident

**In 2022, DRHD had the seventh lowest opioid toxicity mortality rate compared to all 34 Ontario public health units.**





## Neonatal Abstinence Syndrome

**Neonatal abstinence syndrome** (NAS) is a set of withdrawal symptoms experienced when a newborn is exposed to certain substances (e.g., opioids, antidepressants, barbiturates, and benzodiazepines) in the womb before birth. NAS is most often a result of exposure to opioids. A NAS diagnosis usually occurs in the first 28 days of life.

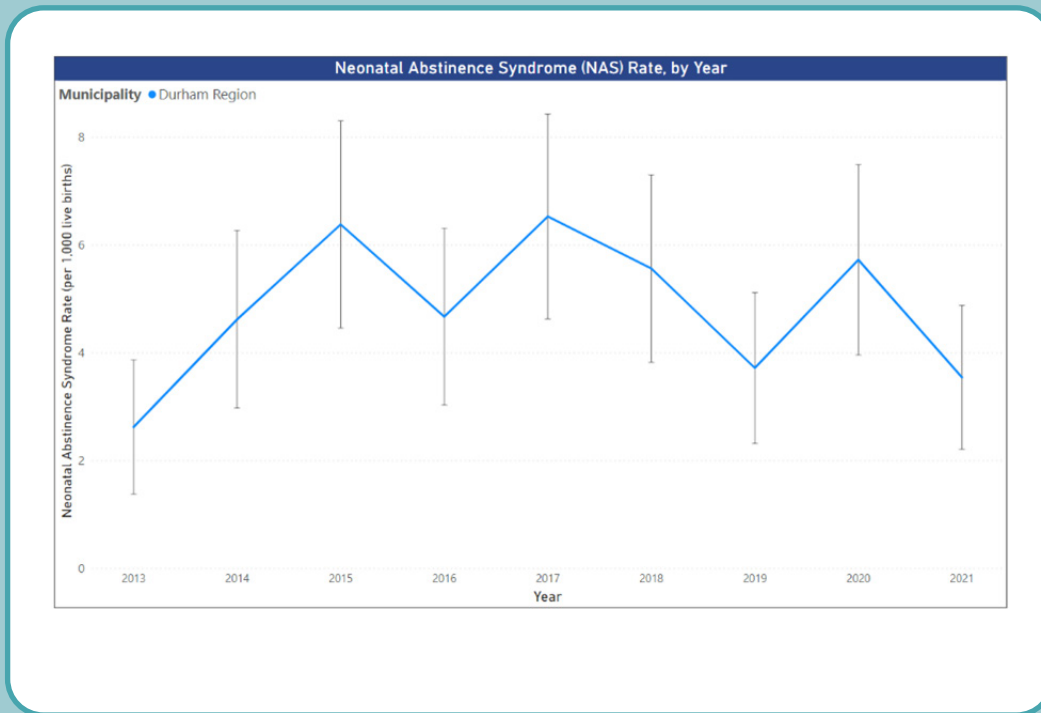
NAS rates in Durham Region have remained stable since 2014. In 2021, 27 newborns were admitted to a hospital and diagnosed with NAS in the first 28 days of life. This represents 3.5 newborns for every 1,000 live births to Durham Region residents (Figure 9). The rate of NAS among newborns born to Oshawa residents has decreased in recent years. Between 2017 and 2021, the rate of neonatal abstinence syndrome hospitalizations in newborns born to Oshawa residents decreased from 18.1 to 7.6 (Figure 10).

More information can be found on DRHD's webpage **[Substance Use and Pregnancy](#)**.

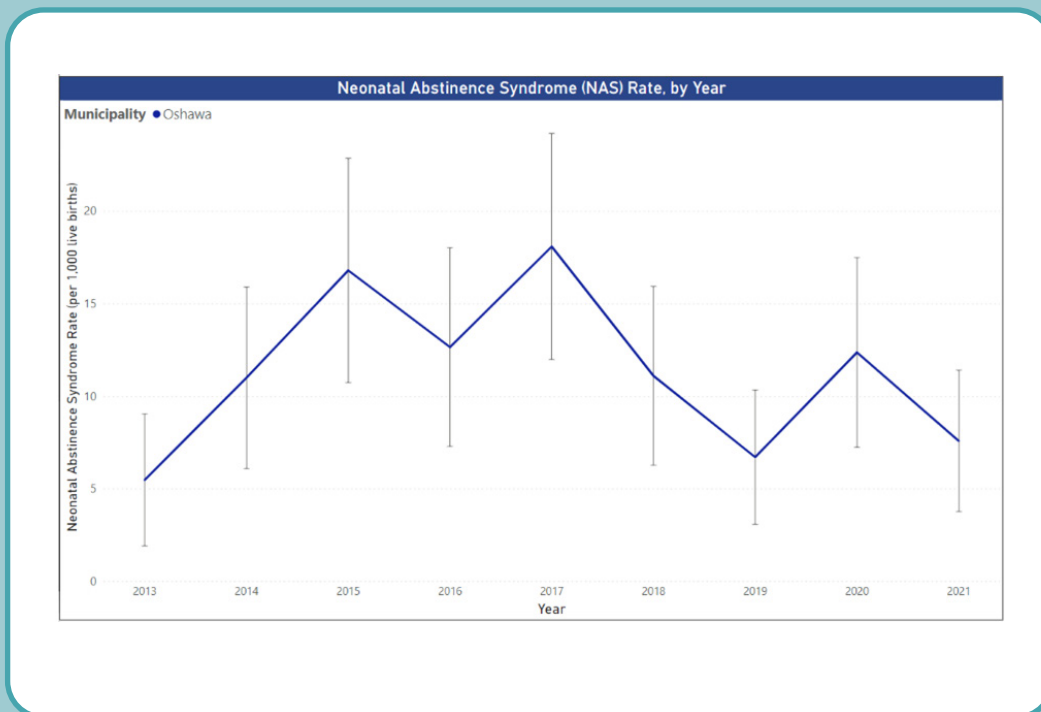
**The rate of NAS among newborns born to Oshawa residents has decreased in recent years**



**Figure 9**



**Figure 10**



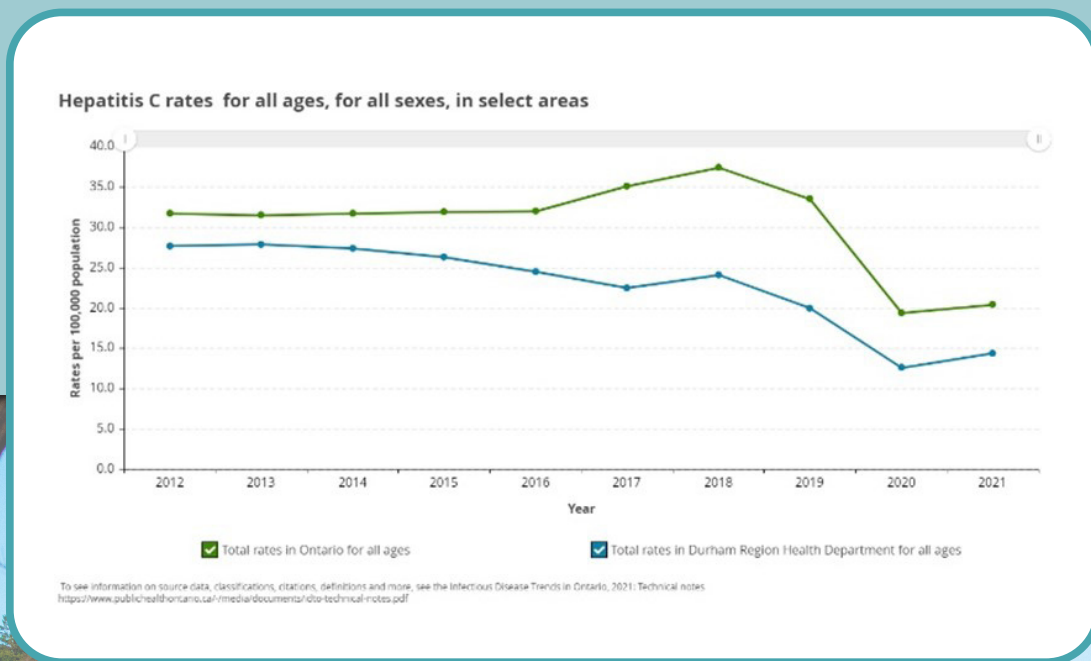
Source: Health Analytics and Research Team – Durham Region Health Department. [Maternal & Infant Health Data Tracker](#). Regional Municipality of Durham. Last updated February 2023. Accessed on March 3, 2023.

# Infectious Diseases

Hepatitis C, human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) are infectious diseases commonly associated with injection drug use. The following figures display the rates over the past 10 years in Durham Region. Consistently, Durham Region has lower incident rates of hepatitis C, HIV and AIDS compared to Ontario (Interpret 2020 and 2021 data with caution due to changes in the availability of health care and health seeking behaviour during the COVID-19 pandemic).

From 2012 to 2021, hepatitis C infections decreased from 176 cases (27 per 100,000 Durham Region residents) to 105 cases (14 per 100,000 residents) (Figure 11). The overall rates for hepatitis C were higher among males than females. Incident rates of hepatitis C in Durham Region were generally lower than the incident rates in Ontario.

**Figure 11**

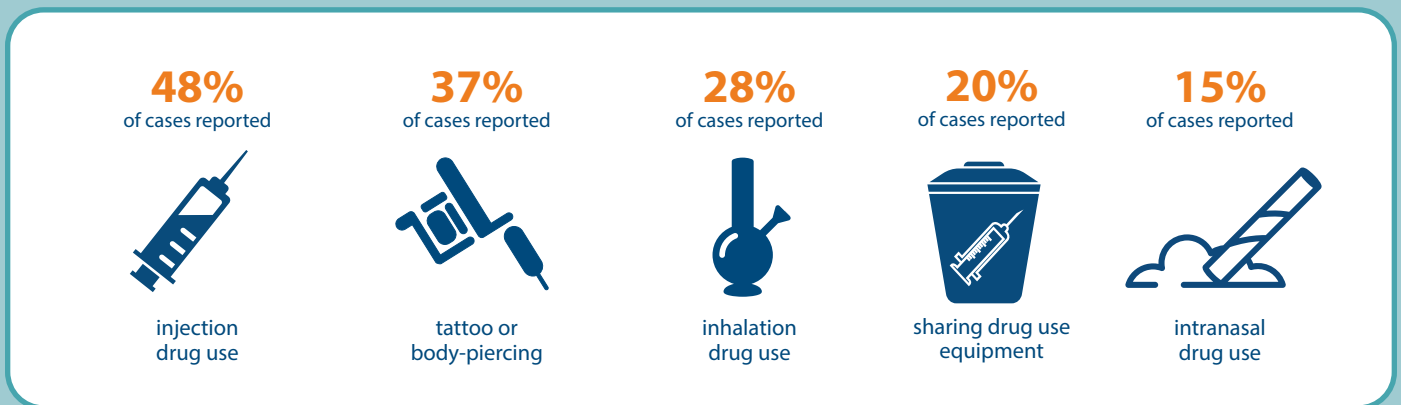




In Durham Region, individuals diagnosed with hepatitis C between 2017-2021, reported the following risk factors (Figure 12):

- Injection drug use
- Tattoo or body-piercing
- Inhalation drug use
- Sharing drug use equipment
- Intranasal drug use

**Figure 12**



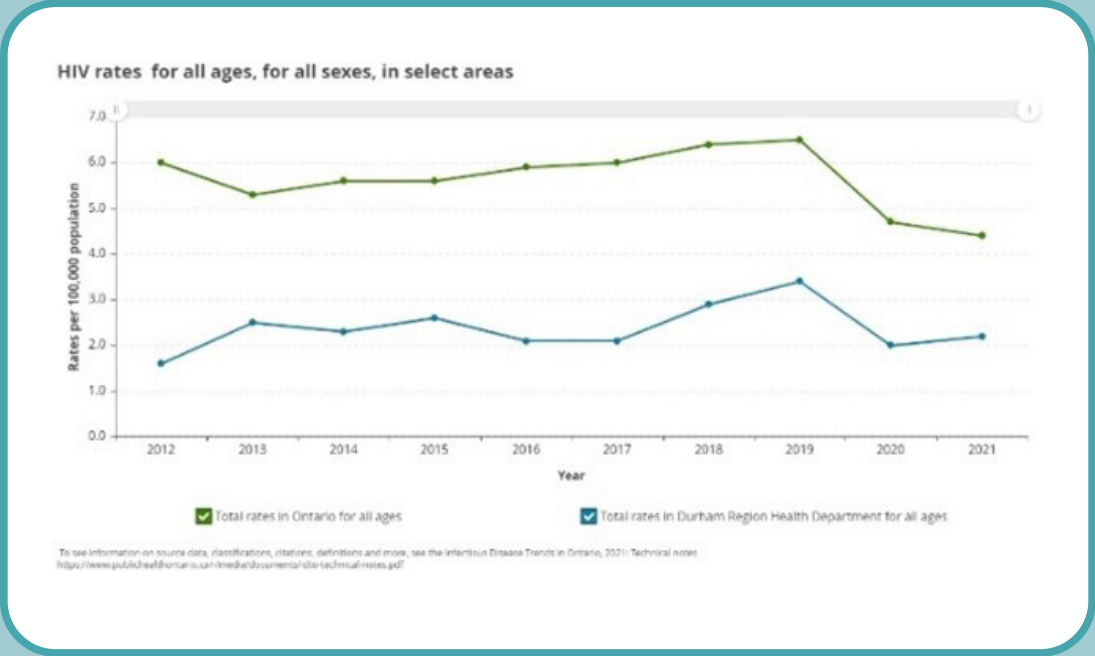
Data Source Durham Region Health Department (2022), Hepatitis C in Durham Region 2017-2021, retrieved from <https://www.durham.ca/en/health-and-wellness/resources/Documents/HealthInformationServices/HealthStatisticsReports/HepC-InDurhamRegion-IG.pdf>

**Hep C, HIV  
and AIDS are  
infectious  
diseases  
commonly  
associated  
with injection  
drug use.**

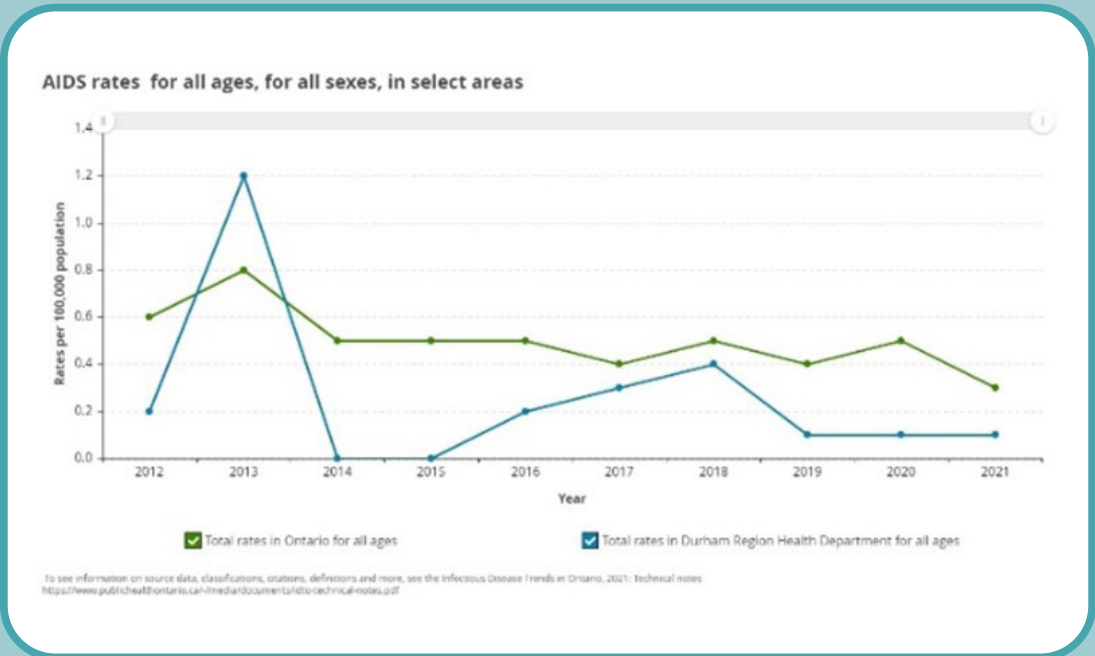
From 2012 to 2021, HIV infections have remained relatively stable with 10 cases (1.6 per 100,000 Durham Region residents) in 2012 compared to 16 cases (2.2 per 100,000 residents) in 2021 (Figure 13)

The rate of AIDS in Durham Region has also fluctuated but remained fairly stable over the past 10 years, with 1 AIDS case (0.2 per 100,000 Durham Region residents) in 2012 and 1 AIDS case (0.1 per 100,000 residents) in 2021 (Figure 14).

**Figure 13**



**Figure 14**



Data Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2022-12-15). [Infectious disease trends in Ontario](#). Last updated December 2022. Accessed on March 3, 2023





# Durham Region Opioid Response Plan (2018-2021)

The Public Health Mandate issued in 2017 by the MOHLTC remains unchanged. Local opioid response requirements include building on and leveraging existing programs and services to increase access to programs and services. It is expected that public health units will engage stakeholders and identify partners to support development and implementation of a local opioid response plan. The local opioid response plan must be informed by population health principles and a situational assessment to identify local needs, gaps, community challenges, and opportunities.

In 2017, the Durham Region Opioid Task Force began its work on the first local opioid response plan to reduce harms and deaths related to opioid use within Durham Region. This plan included the following priority areas for action:

- **Develop an opioid poisoning early warning and surveillance system (coordinate surveillance activities and use of “real-time” data from across sectors).**
- **Support on-going knowledge exchange/intelligence sharing related to opioids.**
- **Increase public and service provider awareness of the connection between mental health, trauma and substance use.**
- **Increase treatment options that are relevant and accessible within Durham Region.**
- **Develop a local evidenced-based harm reduction strategy that fosters service coordination and increased access to harm reduction services and supplies to priority populations.**
- **Implement naloxone distribution and training.**
- **Continue addressing illicit drug production, supply and distribution.**



From 2017 to early 2020, the Opioid Task Force completed the following:

The **Durham Region Opioid Overdose Early Warning and Surveillance System** (DROIS) was launched in July 2019 to coordinate surveillance activities and use of real-time data. The system is accessible to the public and allows community agencies, first responders and public health to tailor services to meet the needs of community members and, specifically, people who use drugs.

DRHD in collaboration with the Task Force, developed and launched a local anti-stigma campaign entitled **People Who Use Drugs are Real People. Get Informed. Get Involved. Get Help.** The purpose of this campaign was to increase public and service provider awareness of the connection between mental health, trauma, and substance use. Evidence shows that stigma acts as a significant barrier to individuals who are seeking services and support.





A primary focus of the Task Force is to leverage existing services to address identified gaps at the local level. In the fall of 2018 and into 2019, the Durham Region Opioid Task Force conducted service mapping exercises to identify gaps and barriers with respect to local harm reduction and treatment services. One of the key learnings from this exercise identified a gap in knowledge and understanding of the local services being provided across the many service organizations.

The need for a central database of local harm reduction and treatment services was identified. The task force became aware of The United Way Durham website, 211Durham.ca, which served this purpose. Task force members worked with the 211Durham service providers to further populate the existing database, ensuring it contained current and detailed information about local addictions and mental health services. The 211Durham service was integrated into the provincial database of services called [211Ontario.ca](http://211Ontario.ca), which allows Durham Region residents and service providers to find and access local harm reduction and treatment services.



**Call**  
**2-1-1**  
**To connect to Community Services**

Visit online at  
**[211Ontario.ca](http://211Ontario.ca)**





On March 11, 2020, the World Health Organization (WHO) declared the novel coronavirus (COVID-19) outbreak a global pandemic. The Durham Region Opioid Task Force paused its work to enable DRHD staff to fully support the local pandemic response. During this time, naloxone distribution to community agencies and monitoring of the [Durham Region Opioid Information System](#) continued.

In the fall of 2021, task force members reconvened to restore opioid response plan activities. Members completed a situational assessment and participated in strategic planning to create an updated local opioid response plan.

The plan was fully developed by February 2022 and it aligns with the pillars of Health Canada's [Canadian Drug and Substance Strategy](#). A complex issue like opioid overdoses requires a comprehensive, collaborative, compassionate, and evidence-based approach. The Canadian Drug and Substance Strategy is a four-pillar framework that helps to ensure a comprehensive approach to the issue and ensures work is supported by a strong evidence base.

## The pillars include:

1. Prevention
2. Treatment
3. Harm Reduction
4. Enforcement



## Task Force Values

- Engagement with diverse service providers and individuals with lived experience
- Coordination and collaboration of current services to offer a better client experience
- Offering strategies that are effective and using evidence informed decision-making practices

## Goal:

**To reduce rates of opioid use and harms related to opioid use, including misuse, poisoning and deaths in Durham Region.**



# Durham Region Opioid Response Plan (2021 to present)



## Prevention

- Utilize the Truth and Reconciliation Commission of Canada, Calls to Action Report when determining evidence-based drug prevention strategies.
- Participate in knowledge exchange activities with the Health, Homelessness and Housing Committee, to foster service coordination.
- Identify and implement evidenced-based prevention strategies for problematic substance use for the residents within Durham Region.

The Durham Region Opioid response plan for 2021 – 2024 is available on DRHD's webpage [Durham Opioid Response Plan](#). Fifteen areas for action were identified in this three-year plan. The Task Force prioritized seven objectives to be addressed in 2022.



## Treatment

- Utilize the Truth and Reconciliation Commission of Canada, Calls to Action Report when determining evidence-based drug prevention strategies.
- Increase timely access to services for people who use substances and are seeking treatment and harm reduction services.
- To provide support to the Central East Local Health Integration Network/ Lakeridge Health in the development of treatment pathways and to assist with identification of gaps in care.
- Identify opportunities to leverage current services to include a peer-based model of support for harm reduction, outreach, and treatment services.





## Harm Reduction

- Utilize the Truth and Reconciliation Commission of Canada, Calls to Action Report when determining evidence-based drug prevention strategies.
- Increase client(s) awareness of available harm reduction and treatment services within Durham Region.
- Identify evidenced-based recommendations to enhance naloxone distribution services within Durham Region.
- Identify evidenced-based recommendations to enhance needle exchange program services within Durham Region.
- Implement a plan to raise awareness of how public stigma acts as a barrier to accessing treatment and harm reduction services.
- Identify targeted evidenced-based education strategies and communication strategies that aim to increase public awareness of the benefits of harm reduction services as part of an evidenced-based drug strategy.
- Investigate opportunities for collaboration between the Opioid Task Force and the Metis Nation of Ontario pilot program for naloxone distribution.



## Enforcement

- Utilize the Truth and Reconciliation Commission of Canada, Calls to Action Report when determining evidence-based drug prevention strategies.
- Opioid task force members will contribute to maintaining a healthy and safe community, with targeted efforts to the downtown Oshawa core.
- Continue addressing illicit drug production, supply, and distribution.
- Collaborate with Durham Regional Police Service to identify opportunities for transitioning individuals from police service to community-based treatment and harm reduction services.



## Prevention Pillar

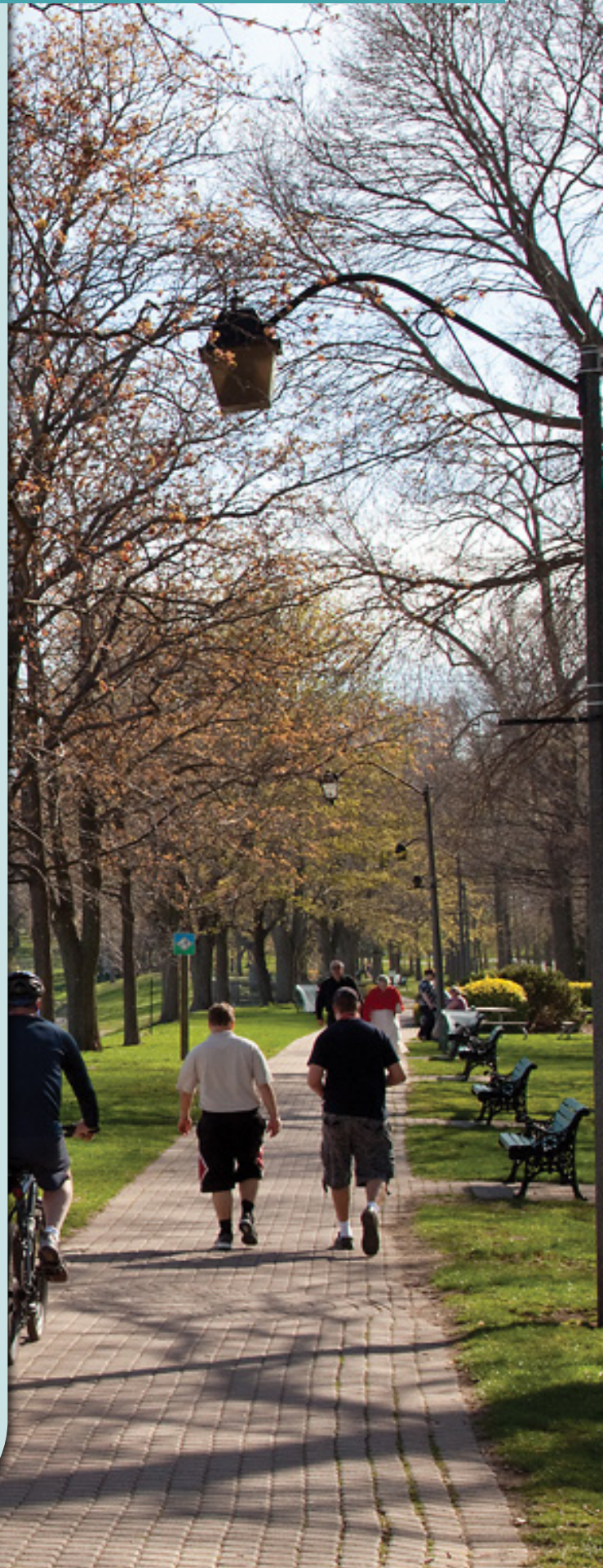
Evidence-based measures to prevent problematic substance use are targeted to Durham Region residents across the lifespan. Prevention measures aim to prevent or delay substance use by strengthening health, well-being, and resiliency; reducing stigma; and addressing the root cause of harmful behaviours.

Stigma creates barriers and prevents people who use drugs, and their families, from getting the help they need. In the fall of 2022, the DROTF implemented the [People who Use Drugs are Real People campaign](#) to reduce stigma and promote harm reduction and treatment services.

DRHD, in collaboration with DROTF members, created and launched the [Report Drugs Tool](#) to collect anonymous qualitative data to report and alert community members of concerning drug trends. DRHD's early warning system utilizes data collected from the Report Drugs Tool and the [Durham Region Opioid Information System](#) to prevent harms related to opioid use.

The DROTF acknowledges that access to housing is a key determinate of health and mental well-being. Region of Durham Social Services is an active member of the DROTF and collaborates with members to foster coordination of activities with the Durham Advisory Committee on Homelessness (DACH).

DRHD delivers services using a [comprehensive health promotion approach](#), which provides upstream prevention interventions to reduce the burden of mental illnesses and addictions, and promote positive mental health, resiliency, and well-being across the lifespan. This approach is required by the Ontario Ministry of Health through the [Ontario Public Health Standards](#) and the [Substance Use Prevention and Harm Reduction Guideline](#). To avoid duplication of prevention services the DROTF collaborates with DRHD.







Specific to the topic of substance use, DRHD delivers services focused on primary prevention and harm reduction. Substance use related primary prevention aims to prevent or delay substance use. Harm reduction aims to reduce harms associated with use and refers to policies, programs and practices to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs, without necessarily reducing drug consumption.

DRHD delivers services focused on primary prevention which aims to prevent or delay substance use. Examples include, but are not limited to:

**School services and youth engagement** – DRHD staff provides support to all schools within Durham Region. Services include innovative and varied comprehensive strategies to promote mental health, prevent substance use, and address risk and protective factors such as social inclusion and social determinants of health.

**Parenting services and support** – DRHD staff provide parenting support, including support to community groups and in-home visits to foster parent/child connectedness, infant and child health, and healthy family dynamics. Public health nurses conduct postnatal depression assessments, and future programming will include cognitive behavioural therapy (CBT) sessions for new parents/caregivers in a group setting.

**Population health strategies** including community assessments, education and awareness raising efforts, skill building activities, and community engagement on issues and concerns.

**Consultation and collaboration** with stakeholders in the health, education, municipal, non-governmental, and other relevant sectors.





## Treatment Pillar

The Durham Region Opioid Task Force aims to increase timely access to services for people who use drugs and are seeking treatment. Task force members are working with Lakeridge Health to inform the development of treatment pathways to assist with identifying gaps in care so people who are ready to enter treatment for substance use disorder(s) can.

The key focus is to leverage existing services to address identified gaps at the local level. In circumstances where it is not feasible to leverage existing services due to financial and/or resource constraints, advocacy options are considered. Members are represented on several planning groups to ensure collaboration and coordination in service planning.

Examples of this include active participation and engagement within the Mental Health and Addictions Integrated Planning Committee, the Emergency Care working group, the Central East Opioid Strategy Table and the [Community Safety and Wellbeing Plan](#).

The Opioid Task Force is working to support enhanced access to:

- opioid addiction treatment.
- long-term recovery services (housing, health care, employment, etc.).
- opioid agonist therapy/safe supply by health care providers.







## Harm Reduction Pillar

Harm reduction is supported by evidence as a necessary part of a comprehensive, compassionate and collaborative public health approach to substance use disorders (Health Canada, 2018). Harm reduction strategies aim to reduce the negative effects of drug and substance use on individuals and communities.

Stigma can act as a significant barrier for individuals seeking help. In 2022, the Durham Region Opioid Task Force continued to address stigma within the community. A public awareness campaign entitled **[People who Use Drugs are Real People campaign](#)** was implemented in the fall of 2022 to reduce stigma and promote harm reduction and treatment services. A QR code was added to campaign materials to provide quick access to the “Where can I get help” tab on the **[Durham Region Opioids and Overdose Prevention webpage](#)**, which includes a list of community programs and services.

Task Force members also committed to leveraging current services to include peer-based models of support for harm reduction, outreach and treatment services. As a result, many local organizations now include peer workers, within their service plans.

DRHD continues to provide the needle syringe program and Ontario naloxone program in Durham Region as required by the Ontario Ministry of Health under the **[Ontario Public Health Standards](#)** and the **[Substance Use Prevention and Harm Reduction Guideline](#)**. In 2022, the Métis Nation of Ontario (MNO) was working with the Ontario Ministry of Health and nine public health units, including DRHD, to implement the Ontario Naloxone Program (ONP) at nine MNO locations. The MNO and the Ministry of Health later determined they will centralize work through one public health unit to implement the ONP at each of MNO’s sites.

**Chris Cull**

MENTAL HEALTH, ADDICTION AND OPIOID CRISES ADVOCATE  
INSPIRE BY EXAMPLE



## Enforcement Pillar

The Durham Region Opioid Task Force conducted service mapping to identify potential gaps in services related to police calls for public disruption and non-criminal offences. As a result of these discussions, Durham Regional Police Service, Region of Durham Social Services and the Primary Care Outreach Program (PCOP) planned additional strategies and service connections to increase access to community-based treatment and harm reduction services.

People who use drugs who are released from custody, are at a higher risk of opioid poisoning, especially if they lack access to housing, employment, and harm reduction and treatment services. Task force members who are part of the Health Initiatives Group through the Homelessness Team at the Region of Durham, are working to address high-risk transitions from correctional centres to the community. The Durham Region Opioid Task Force is also actively engaged with the Durham Regional Human Services and Justice Coordinating Committee.





## Key Highlights of Work Accomplished in 2022/2023

- ✓ Ongoing coordination and co-planning to leverage existing services to address identified gaps at the local level
- ✓ Conducted service mapping to identify gaps in services related to police calls for public disruption and non-criminal offences
- ✓ Developed and launched the [Drug Reporting Tool](#) to allow anonymous public reporting of qualitative data which can be used to inform DRHD's drug alerts/early warning system
- ✓ Working to reduce stigma through awareness activities
- ✓ Enhancing access to training for service providers

## Next Steps

The Durham Region Opioid Task Force will continue to advance the work of the updated Opioid Response Plan to address opioid-related poisonings in Durham Region. Task force members will continue to collaborate to ensure good alignment with other plans that aim to address mental health and addictions, including the [Community Safety and Well-Being \(CSWB\) Plan](#) and Lakeridge Health's [Together, Best Mental Health: Mental Health and Substance Use Services Strategy \(2022-2025\)](#).

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