



**Minutes of the Board of Health Regular Meeting**

Thursday, April 20, 2017  
 458 Laurier Blvd.  
 Board Room, Brockville Office  
 4:00 p.m. – 6:00 p.m.

Present:

A. Warren, Chair	H. Patel
D. Malanka, Vice Chair	C. Russell-Julien
A. Churchill	
P. Deery	Regrets: D. Nash
J. Gallipeau	
I. Hargreaves - teleconference	P. Stewart, Medical Officer of Health/CEO
T. Jansman	H. Bruce, Executive Assistant

J. Empey – Business Manager - QCIS	J. Lyster – Director- CHP
C. Farella – Manager - HLD	J. Mays – Manager - CHP
S. Gates – Director - QCIS	E. Murkin – Manager - HLD
J. Hess – Director - HLD	C. Allingham, J. Cunningham, J. Wigle

Agenda Item	Key Discussion Points	Decision	Action
1. Call to Order	A. Warren called the meeting to order at 4:00 p.m. and welcomed everyone.	n/a	n/a
2. Approval of the Agenda	The agenda was reviewed.	It was moved by: C. Russell-Julien Seconded by: P. Deery That: The agenda of the April 20, 2017 Regular Meeting be approved as circulated. Motion Carried.	n/a
3. Conflict of Interest Declaration	The question was raised if there were any conflicts of interest to declare. None were raised.	n/a	n/a
4. Consent Agenda	A thank you to the Board from L. Dewey, retired PHN, was read by A. Warren.		
<ul style="list-style-type: none"> <li>4.1. Approval of the Minutes from the Board of Health Regular Meeting held on February 16, 2017</li> <li>4.2. PSL Budget</li> <li>4.3. Repeal of Sewage System Inspectors</li> <li>4.4. Letter to Minister Hoskins/MOHLTC Initiatives: The Expert Panel on Public Health and the Healthy Menu Choices Act <ul style="list-style-type: none"> <li>4.4.1. Response to Letter</li> </ul> </li> </ul>	The motion was read.	It was moved by: T. Jansman Seconded by: C. Russell-Julien That: The following items on the agenda be approved as circulated: <ul style="list-style-type: none"> <li>4.1. Approval of the Minutes from the Board of Health Regular Meeting held on February 16, 2017</li> <li>4.2. PSL Budget</li> <li>4.3. Repeal of Sewage System Inspectors</li> <li>4.4. Letter to Minister Hoskins/MOHLTC Initiatives: The Expert Panel on Public Health</li> </ul>	

Agenda Item	Key Discussion Points	Decision	Action
<p>4.5. General Correspondence</p> <p>4.6. Duty of Care Report</p>		<p>and the Healthy Menu Choices Act</p> <p>4.4.1. Response to Letter</p> <p>4.5. General Correspondence</p> <p>4.6. Duty of Care Report</p> <p>Motion Carried.</p>	
<p>5. New Business:</p>			
<p>5.1. Lanark County Request to Board of Health: Levy Apportionment</p>	<p>A. Warren advised that we are currently using the MPAC data to determine the levy for municipalities. Correspondence was received from Lanark County requesting that we look at the Census data. We are recommending that this be taken to the Finance, Property and Risk Management Committee for analysis.</p> <p>Using the Census data may mean that some municipalities will pay more and others will pay less. If municipalities cannot agree, then the default is the assessment. It might be wise to see what other health units of comparable size are doing. Then we will get back to Lanark County – possibly by the next Board meeting.</p> <p>A. Churchill attended the Rural Ontario Municipal Association (ROMA) meeting in Toronto and was advised that MPAC numbers are not accurate and should only be used by MPAC.</p>	<p>It was moved by: T. Jansman  Seconded by: C. Russell-Julien  That: Lanark County's request regarding Levy Apportionment be reviewed at the Finance, Property and Risk Management Committee;  And that: A comparative analysis be done between MPAC and Census data.  Motion Carried.</p>	

Agenda Item	Key Discussion Points	Decision	Action
<p>5.2. 2017 Ontario Public Health Standards</p>	<p>P. Stewart advised that the province has outlined public health's role in the 2017 MOHLTC Public Health Framework.</p> <p>There are some changes in the 2017 MOHLTC Public Health Programs and Services Standards.</p> <p>There is a new section on continuous quality improvement and health equity with a greater focus on proving how we do our business. A big change is in the three health promotion program standards – the previous requirements are replaced with general requirements to provide public health interventions based on the community context and research evidence.</p> <p>There is a new section on vision screening and promoting healthy environments. There is no longer a requirement to provide travel clinics. Health equity requirements are now more detailed and in their own standard.</p> <p>There is a requirement for an annual service plan and report on programs and how much they cost.</p> <p>The Board will be provided with regular updates as the Management Team identifies the impact of the new Standards on programs and services.</p> <p>If Board members would like a copy of the standards please advise P. Stewart.</p> <p>alPha has done a good job of assessing the</p>	<p>It was moved by: D. Malanka  Seconded by: T. Jansman  That: The Board of Health send a letter to the MOHLTC indicating endorsement of</p>	

Agenda Item	Key Discussion Points	Decision	Action
	concerns and they are hoping that Boards of Health will support their document. The motion was read.	the Association of Local Public Health Agencies' (ALPHA) letter to the MOHLTC about the new 2017 Standards for Public Health Programs and Services (SPHPS). Motion Carried.	
5.3. Governance Committee Report	C. Russell-Julien advised that the Governance Committee met on March 27 <sup>th</sup> and recommended that D. Nash be appointed to the Finance, Property and Risk Management Committee and that D. Malanka complete his term.	It was moved by: C. Russell-Julien Seconded by: P. Deery That: David Nash be appointed to the Finance, Property and Risk Management Committee; And that: Doug Malanka complete his term on the Finance, Property and Risk Management Committee. Motion Carried.  It was moved by: J. Gallipeau Seconded by: P. Deery That: The Board of Health Regular Meeting adjourn. Motion Carried.	
6. In-camera Items:	The motion to move in-camera was read at 4:24 p.m.	It was moved by: P. Deery Seconded by: C. Russell-Julien That: The Board move into a closed session of the Board of Health due to the following: <ul style="list-style-type: none"> <li>• Labour relations or employee negotiations</li> </ul> Motion Carried.	

<b>Agenda Item</b>	<b>Key Discussion Points</b>	<b>Decision</b>	<b>Action</b>
6.1. Human Resources			
7. Report from In-camera (if necessary)	There is nothing further to report.	It was moved by: D. Malanka Seconded by: J. Gallipeau That: This closed session rise and report. Motion Carried.	
8. Time, Date and Location of Next Meeting	The next meeting will be held on Thursday, May 18, 2017.		
9. Group Photo	A group photo was taken in the Lanark Room.		
10. Generative Discussion – Problematic Use of Opioids	<a href="#">See Appendix #1.</a>		
11. Adjournment		It was moved by: C. Russell-Julien Seconded by: J. Gallipeau That: The meeting adjourn at 6:00 p.m. Motion Carried.	

\_\_\_\_\_  
A. Warren, Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
H. Bruce, Executive Assistant

\_\_\_\_\_  
Date

c: Board members  
Shared Drive



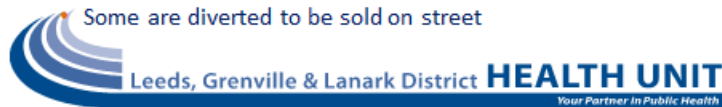
## The Opioid Public Health Challenge

Dr. Paula Stewart  
Medical Officer of Health



## What are Opioids?

- Drugs derived from the opium plant
- **Prescription Opioids**
  - Morphine, Codeine (in Tylenol 3), Hydromorphone (Dilaudid,), Percocet, Fentanyl patches etc.
  - 1.96 million Ontarians were dispensed an opioid in 2014/15
  - Developed for the treatment of end of life pain
  - Now widely prescribed to relieve other sources of pain
  - Guidelines for opioid prescription
  - Risk of dependency requiring increasing doses for effect
- Some are diverted to be sold on street



## What are Opioids?

### Non – Prescription Opioids:

- Heroin
- Illicit Fentanyl
- Sold on the streets
- Unregulated manufacturing



## Risk of Fentanyl

- Fentanyl patches diverted and sold
  - Chewed, ingested, smoked, injected.
- Illicit powder form of Fentanyl
  - Less costly to make
  - 14 different types Fentanyl
  - Majority imported from China
  - Varying toxicity levels; from 4 times to may be as high as 10,000 times more toxic than Morphine.
  - Illicit fentanyl mixed with, or substituted for, other drugs



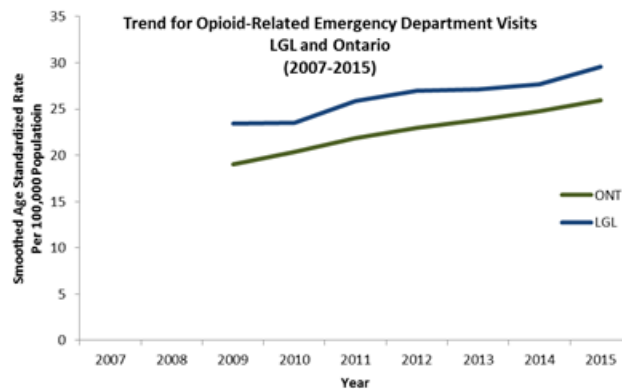


## Opioids Overdoses in LGL

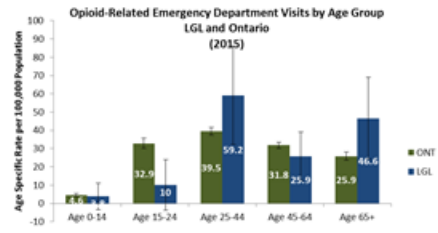
- 24 opioid deaths 2010 – 2014 in LGL (Coroner)
- 7 suspected opioid-related deaths in LGL region in the past 12 months
- 23 overdose reports received since Oct 2016 (Overdose Reporting Tool)
- 230 Naloxone kits dispensed in the LGL, 20 kits have been used successfully (past 18 months)



## ED Visits



# ED Visits

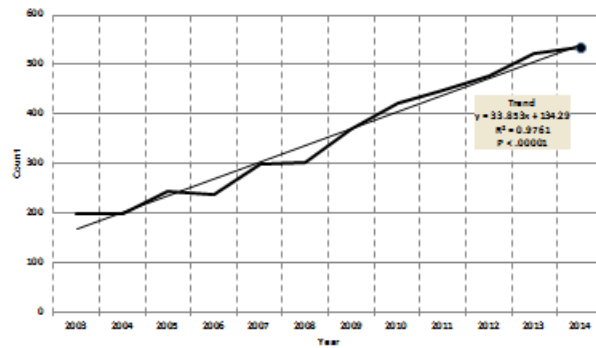


Source: IntelliHealth Ontario, MOHLTC, extracted Mar 23, 2017.



# Deaths

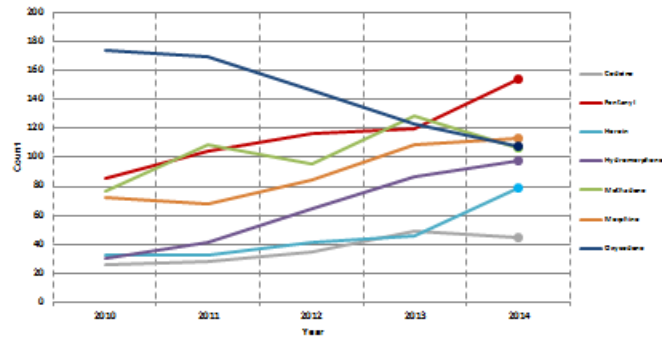
Count of total opioid toxicity deaths in Ontario



SOURCE: Ontario Regional Coroner - East Region

# Deaths

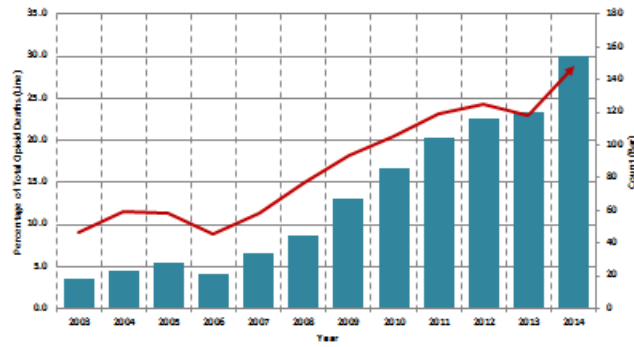
Trends in total opioid deaths in Ontario 2010-2014



SOURCE: Ontario Regional Coroner - East Region

# Deaths

Percentage & count of total opioid toxicity deaths related to Fentanyl in Ontario



SOURCE: Ontario Regional Coroner - East Region

## What are we doing in LGL

- Leeds Grenville & Lanark Municipal Drug Strategy Groups
- Overdose Monitoring and Surveillance
- Fentanyl Patch 4 Patch Programs
- Community and school information
- Naloxone kits – Health Unit, pharmacies
- Targeted information and education programs
- Methadone programs for opioid addiction
- Mental health and addiction services
- Emergency response to overdoses
- Police action on illicit drugs
- Addressing underlying factors contributing to illicit drug use



## Community Opioid Response Plan

- Many partners – public health, fire, police, EMS, hospitals, health care providers, CHC's, Change Management, municipalities, school boards, youth programs,...
- Focused on prevention, harm reduction, treatment, and law enforcement- 3 situations
- Lanark CCG Plus meeting March 27, 2017
- Lanark County Mass Overdoses/ Casualty Response (Garry Welsh)
  - Kingston Exercise February 27, 2017
  - Lanark CCG March 29, 2017
  - Developing plan



## Ontario's Provincial Strategy

- **Provincial Overdose Coordinator**
  - Dr. David Williams (Ontario's Chief MOH)
- **3 Major Components:**
  1. Modernizing Opioid Prescribing and Monitoring
  2. Improving the Treatment of Pain
  3. **Enhancing Addictions Support and Harm Reduction**



## Lanark County Ask...

- Ensure all first responders have access to provincially funded naloxone that can reverse an opioid overdose, and training in its use.
- Ensure all places that support vulnerable people in the community have access to publicly funded naloxone, and training in its use.
- Provide a provincially funded public opioid education campaign, including social media, to complement the efforts of individual communities.
- Provide additional provincial funding for addiction and mental health services.



## GENERATIVE QUESTIONS

1. From your perspective, how is problematic opioid use affecting the Leeds, Grenville, and Lanark region?
2. Why is there a problem with problematic opioid use in our communities?
3. The LGLDHU is currently doing the following to address the opioid challenge.
  - Conducting surveillance on opioid overdoses
  - Liaising with first responders and hospitals
  - Providing education and naloxone kits to users and friends/family
  - Providing training on the use of naloxone kits to other service providers
  - Supporting community planning and collaboration
  - Providing information and education to the public
  - Supporting emergency preparedness for the response to a cluster of overdoses.
  - What else could be done?
4. What is the role of municipalities in addressing the opioid challenge?



## Health Unit Contact Information

Visit our website:

[www.healthunit.org](http://www.healthunit.org)

Email us at:

[contact@healthunit.org](mailto:contact@healthunit.org)

Call the Health ACTION Line:

**1-800-660-5853**

FACEBOOK:  
LGLHealthUnit



TWITTER:  
@LGLHealthUnit



SCAN LINK:  
[www.healthunit.org](http://www.healthunit.org)



# Ontario's opioid-related death rates quadruple over the past 25 years

In 2015:



**734** people died of an opioid-related cause, increasing 4-fold since 1991.

That's 2 people every day.

## Who?

Typically male, middle aged, living in lower income, urban settings.



This number totals far more than the 481 people killed in motor vehicle collisions in 2014.



## How?



**4 in 5** of all opioid-related deaths were accidental.



**60%** of accidental deaths occurred among youth and younger adults (15-44 years),



while **80%** of suicide deaths occurred among older adults (45+ years).



From 2006-2015:

**Oxycodone** involvement in opioid-related deaths peaked in 2010 before decreasing 24% by 2015.

## Which drugs?



Involvement of other opioids continued to increase:

**Fentanyl** by 548%,  
**Hydromorphone** by 232%, and  
**Heroin** by 975%.



## What else?

**Half** of all opioid-related deaths also involved a benzodiazepine,

&

**1 in 3** deaths involved cocaine.

Ontario Drug Policy Research Network. Emerging trends in opioid-related deaths in Ontario: 1991 to 2015. March 2017.

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