Attachment- 2

The Opioid Problem

Opioid abuse affects the health and well-being of the entire community and consultation with health care partners and emergency response agencies was sought. As the leaders in public health, the Windsor-Essex County Health Unit (WECHU) has been consulted. WECHU has developed the Windsor-Essex Community Opioid Strategy: An Action Plan for Our Community. The action plan identifies the accessibility and use of Narcan® (naloxone) either by the public or by First Responders as a harm reduction measure. Harm reduction refers to interventions that seek to reduce the harms associated with substance abuse but do not eliminate the harmful activity itself (Waterloo Region Crime Prevention Council, 2011). These interventions aim to reduce the spread of communicable diseases, prevent overdose deaths, increase contact with healthcare providers, and reduce consumption of illicit substances in unsafe settings. (Source: WECHU. retrieved from https://www.wechu.org/reports-and- statistics/results-community-consultation-process#pillar-two)

In many cases, there is a correlation between drug abuse/misuse and mental health issues. Administration reached out to the Canadian Mental Health Association (CMHA) to gain an understating of their position relative to the administration of Narcan® (naloxone) by First Responders.

CMHA recognizes the impact of opioid related emergencies within the community and has provided the following statement:

> "CMHA supports the use of naloxone as a potentially life-saving drug. We support our First-Responder colleagues to be appropriately trained and to administer the drug when they encounter circumstances where the drug can be effectively used. Given our role in providing comprehensive primary care services integrated with mental health and addiction services, we have trained key personnel in our organization to administer the drug . Training is critical to ensure that all those who administer the drug understand how so do effectively and safely."

There is no debate regarding the urgent, growing and complicated nature of the abuse/misuse of opioids occurring in North America. Overdose deaths continue to rise and many communities are struggling with determining the best strategies to deal with the problem.

The annual rate of opioid-related deaths in Ontario increased 285% from 1991 to 2015, rising from 14 deaths per million (144 deaths) to 53 deaths per million (734 deaths) over this time. By 2015, there was 1 death for every 18,797 people living in the province , and on average 2 people died of an opioid-related cause every day (Source: Latest Trends in Opioid Related Deaths in Ontario, The Ontario Drug Policy Research network, 2017).

In 2018, there were 220 (preliminary statistic) opioid-related Emergency Department visits in Windsor & Essex County (WEC) . In 2019, there were 249 opioid-related ED visits in Windsor & Essex County (WEC), which is 3.2 times greater than the 78 opioid overdose ED visits in WEC in 2007. (see Fig 1a and Fig 1b).

Males aged 25 to 44 years account for the majority of opioid overdoses in Windsor/ Essex County (WEC) (see Fig 2)

In 2017, WEC experienced 36 opioid overdose deaths as reported by the Office of the Chief Coroner of Ontario. The most common opioid identified in these deaths was fentanyl.

Fig. 1a

DRUG-RELATED EMERGENCY DEPARTMENT VISITS

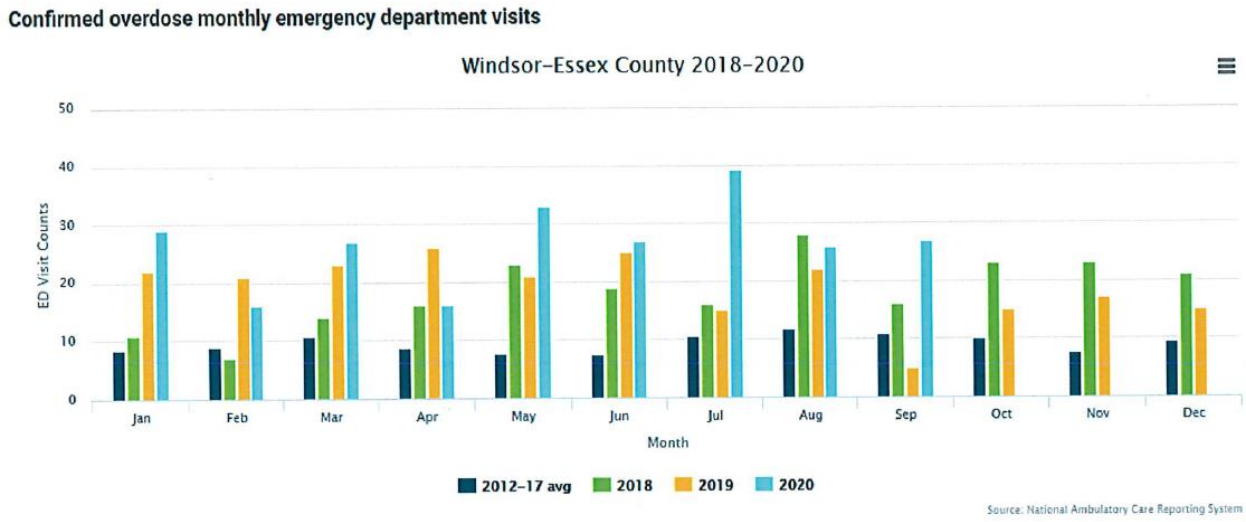
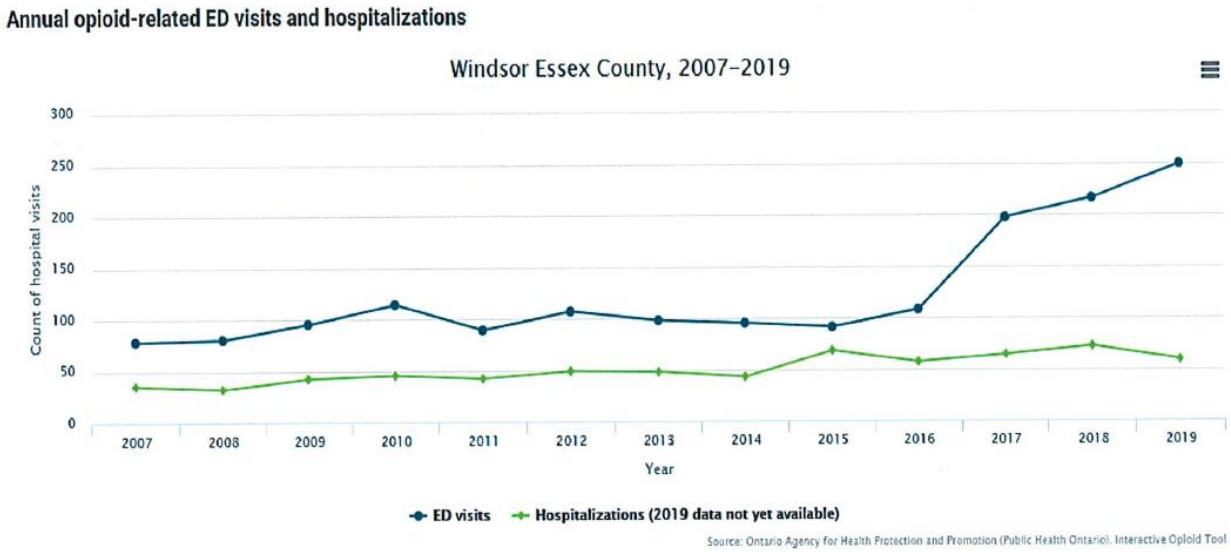


Fig. 1b

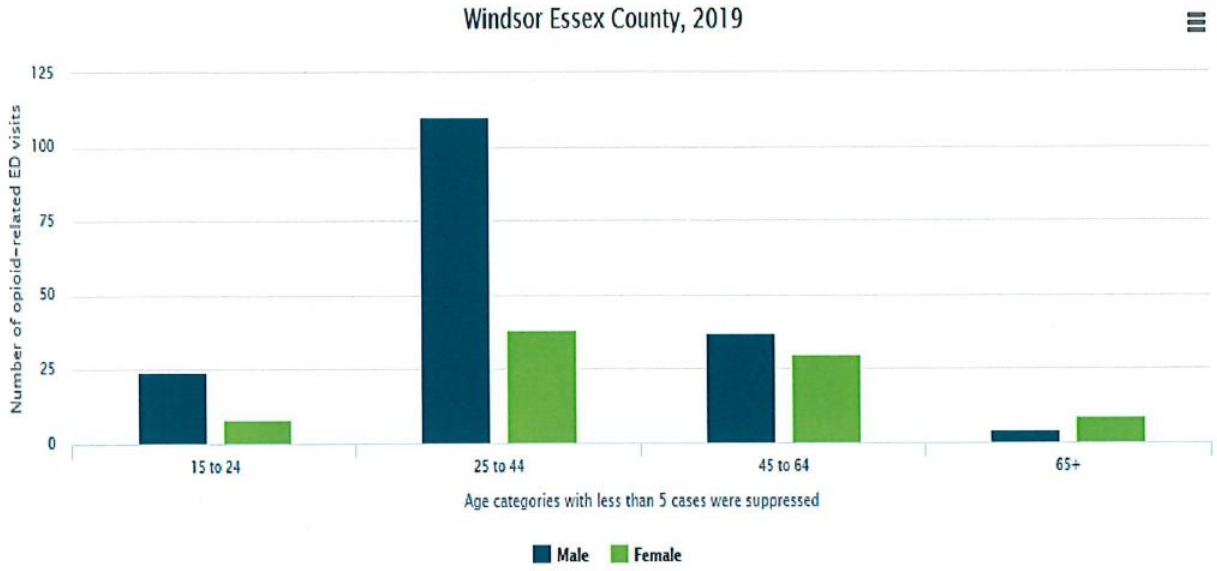
ANNUAL OPIOID-RELATED ED AND HOSPITAL VISITS



Source: EWCHU

Fig. 2

ED OPIOID VISITS BY SEX AND AGE GROUP



Source: EWCHU

Fig. 3

2018-2020 - Essex Windsor EMS (EWEMS) Statistics:

	2018		2019		2020		2021	
	EWEMS	Amherstburg	EWEMS	Amherstburg	EWEMS	Amherstburg	EWEMS	Amherstburg
Patient Contacts	67,856	2,799	64,554	2,681	60,605	2,474	63,252	2,682
patient transfers (to hospital)	40,164	1,724	39,403	1,703	36,315	1,514	37,407	1,675
drug and alcohol related calls	1,416	31	1,442	26	1,495	26	1,625	27
drug/alcohol events opioid related	114	2	146	1	244	1	282	5
assisted ventilations	50	0	61	0	60	1	57	0
given naloxone	35	1	71	0	85	1	110	2
Average response time (In minutes), Time call received to time crew arrived scene		4		0		8		5

Source: EWEMS

In 2018, 2019 and 2020 Amherstburg Fire Department responded to 151 medical calls as determined by the Tiered Response Agreement, which met the following criteria:

- Cardiac/Respiratory Arrest
- Airway Obstruction
- Unresponsive/Unconscious
- Limited Resources (EMS)
- When requested by Paramedics

Naloxone Administration by First Responders

Many First Responder agencies carry naloxone either in their vehicle or on their person. As expected, EMS agencies were the first to carry and administer naloxone for patient use. EWEMS has provided naloxone when warranted, to patients across Essex County for many years.

Preparing the Fire Service for Naloxone Use & Finance

Fire Service use of naloxone in the GTA is common, however; deployment models differ amongst departments. Consultations with the legal department, EWEMS and the AFD Medical Director confirm that any program regarding the use of naloxone by AFD requires the direction of a physician.

The Canadian Centre for Occupational Health and Safety (CCOHS) recommends employers have policies and procedures in place and employees providing naloxone have the training necessary to recognize the signs of an opioid overdose, and understand what steps to take. Further, CCOHS recommends employers provide training in how to respond to a potentially violent person.

AFD responds to medical calls that meet specific tiered response criteria. Overdoses where the patient is unconscious or not breathing satisfy that criteria. Therefore, as these calls already fall within the response framework, an increase in call volume is not expected and no change to the tiered response protocol is required, therefore no additional costs related to an increase in call volume is expected.