

**Purpose:** This briefing is to provide an overview of the Auditor General Report on the *Implementation and Oversight of Ontario’s Opioid Strategy* including highlights, official findings and recommendations that impact First Nations Community Wellbeing.

**Background:**

The Office of the Auditor General of Ontario is responsible for overseeing the administration of Ontario’s finances to help the legislature hold the government accountable.<sup>1</sup> The Auditor does this by producing Annual and Special reports that provide information on how well public resources are being used.<sup>2</sup>

The Auditor General of Ontario released a report in December 2024 on the *“Implementation and Oversight of Ontario’s Opioid Strategy.”* The report highlighted numerous issues that disproportionately impact high-risk and vulnerable populations, including First Nations communities in Ontario.

**Highlights:**

The Official Findings highlight that:<sup>3</sup>

- Both opioid related deaths and emergency department visits increased significantly over the last decade by 292%.
- Ontario proposed new legislation that would ban Consumption and Treatment Services (CTS) sites that were within 200 meters of schools and childcare centers and instead invest \$378 million over a 4-year period (2024-25 – 2027/28) for up to 19 new HART hubs.
- The 5 public health units with the highest opioid related death rates in 2023 were located in Northern Communities.
- The Ministry’s actions to address the needs of priority population communities have been insufficient. A similar concern was raised by the Chief Medical Officer of Health of Ontario, who indicated that the Ministry needs to tailor services to the specific needs of Northern, rural and remote regions including working with Indigenous communities to increase access to culturally appropriate services.
- Issues raised by experts in 2016 have not been fully addressed including:
  - Access to comprehensive care for people with opioid addiction;
  - Access to OAT especially in Northern, remote, rural, indigenous communities, emergency departments and primary care settings;
  - Lack of provincial investment in research and treatment options.

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<sup>1</sup> Auditor General of Ontario. (2025). “The Auditor General’s Role.” Retrieved from: <https://www.auditor.on.ca/en/content/aboutus/whatwedo.html>

<sup>2</sup> Ibid.

<sup>3</sup> Auditor General of Ontario. (2024). “Implementation and Oversight of Ontario’s Opioid Strategy.” Retrieved from: [https://www.auditor.on.ca/en/content/annualreports/arreports/en24/pa\\_ONopiod\\_en24.pdf](https://www.auditor.on.ca/en/content/annualreports/arreports/en24/pa_ONopiod_en24.pdf)

- The Ministry’s 2020 Roadmap to Wellness plan highlights a fragmented system with multiple parties working in silos with no well-defined accountability structure and leadership in place at the provincial level.
- There is no consistent tracking and reporting outcome-based measures for the Opioid Strategy. The Roadmap to Wellness was intended to support the data collection and performance measurement that was envisioned for the Opioid Strategy by establishing system wide standards. The foundational work is yet to be completed.
- The Ministry identified 4 new performance indicators, increasing the total number of indicators from 20 to 24. Only 10 of the 24 indicators were consistently tracked. The remaining 14 indicators were not tracked or reported on consistency to show whether specific treatments or services were having an impact.

### **Official Findings:**

The Auditor General found that the Ministry of Health DID NOT:<sup>4</sup>

- Effectively implement Ontario’s 2016 Opioid Strategy and initiatives that are responsive to the needs of Ontarians;
- Effectively oversee and coordinate the delivery of evidence-based services for people who require opioid related services in an equitable, integrated and timely manner, and in accordance with applicable legislation, policies and agreements;
- Adequately and proactively monitor and enable appropriate opioid prescribing and dispensing practices in accordance with applicable legislation, policies and standards;
- Adequately measure and publicly report on the performance of publicly funded services for people who require opioid-related services; and
- Provide a thorough, evidence-based business case analysis for the 2024 new model, Homelessness and Addiction Recovery Treatment (HART) Hubs, to ensure that they are responsive to the needs of Ontarians.

### **Recommendations made to the Ministry of Health:<sup>5</sup>**

#### Strategy-focused

- Develop a new holistic strategy including all best practices targeted at addressing the current drivers of the opioid crisis, reducing opioid related harms and preventing opioid addiction and overdose
- Develop a clear governance, accountability and leadership structure to guide work on the provincial health sector’s responses to the opioid crisis
- Identify and implement outcome-based performance measures to evaluate progress and initiatives under the Opioid Strategy and report annually on results

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<sup>4</sup> Ibid.

<sup>5</sup> Ibid, p.23.

- Work with the MHA CoE on improving the provincial mental health and addictions data in order to assess the needs, availability and effectiveness of services for people with opioid addiction and co-occurring mental health issues

#### HART Hub Model

It is recommended that the Ministry of Health complete all necessary planning before transitioning to the new HART Hubs including:<sup>6</sup>

- Working with providers to support CTS users being impacted by any closure of a CTS site and to perform impact, risk and financial analysis
- Engaging with all relevant stake holders
- Developing a performance measurement plan
- Deploying public health measures in areas where supervised consumption service sites are closing

#### OAT (Opioid Agonist Treatment)

It is recommended that the Ministry of Health:

- Work with OAT providers to improve access to comprehensive and wraparound services by offering these services either directly or through partnerships with other community service providers
- Work with hospitals, medical practitioners and regulatory college to identify best practices and ways to increase the availability of OAT offered by primary care providers and emergency departments
- Work with clinical research experts and medical practitioners to assess whether all OAT medication treatment options are accessible to ensure different needs are met

#### RAAM Clinics

It is recommended that the Ministry of Health:<sup>7</sup>

- Conduct an evaluation on the availability, effectiveness and outcomes of RAAM clinics
- Use the evaluation results to identify areas of improvement and implement necessary changes to ensure patients have appropriate and timely access to services at RAAM clinics across the province
- Develop and implement standard quality metrics to monitor the performance and outcomes of RAAM clinics on a regular basis

#### Naloxone

It is recommended that the Ministry of Health:<sup>8</sup>

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<sup>6</sup> Ibid, p.30.

<sup>7</sup> Ibid, p. 40.

<sup>8</sup> Ibid, p.46.

- Monitor naloxone claims from pharmacies regularly to identify red flags of inappropriate billings that warrant further review and corrective action in order to prevent and deter recurrences
- Identify and address unreasonable or unusual naloxone distribution practices by pharmacies regularly and follow up on a timely basis in order to ensure that they conform with the intent of the program
- Strengthen the collaboration between the ONP and ONPP to maximize access to naloxone for people with needs in a more coordinated manner

#### Monitoring of Prescriptions and Physician Billing

It is recommended that the Ministry of Health:<sup>9</sup>

- Perform regular analyses and follow up on unusual cases or trends of opioid-prescribing and dispensing activities
- Share information on unusual cases or trends of opioid prescribing and dispensing activities identified with the regulatory colleges as necessary on a regular basis to help facilitate their quality improvement and enforcement activities
- Actively promote health care professionals' access to data in the NMS through DHDR and evaluate whether such access should be mandatory among those who frequently prescribe or dispense opioids, including physicians, dentists and pharmacies
- Work with Ontario Health to expand the use of practice reports by raising awareness and encouraging adoption of these reports among eligible physicians, as well as developing practice reports for healthcare professionals who are currently ineligible but who frequently prescribe opioids (example: dentists)
- Conduct a comprehensive review of physician billings related to opioid care to identify outliers with unreasonable billings and patient volumes, and refer cases that warrant further investigation to the CPSO

#### Emerging Practices

It is recommended that the Ministry of Health:<sup>10</sup>

- Work with clinical research experts to conduct comprehensive evaluations of emerging practices being implemented in other jurisdictions to assess their effectiveness and make evidence-informed decisions on whether these practices should be considered for implementation in Ontario

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<sup>9</sup> Ibid, p.54.

<sup>10</sup> Ibid, p.57.

## **Analysis:**

The SNGR Department of Wellbeing should consider leveraging the Auditor General Report about the Opioid Strategy in Ontario to influence (1) the need for increased funding for the Indigenous mental health and addictions sector spanning across prevention to treatment, (2) enhancing data collection, evaluation and monitoring Indigenous health outcomes (3) recognizing the impact of traditional healing modalities for improving Indigenous health outcomes located in community and (4) establishing meaningful relationships with relevant government partners including the Ministry of Health and Ontario Health.

With a renewed provincial government, communities should continue to apply pressure to have these high priority issues addressed. The opioid crisis continues to devastate Indigenous communities across the province and remains exacerbated by the lack of investments into prevention, treatment and culturally appropriate health services. This issue has also been identified as a priority for the Chiefs of Ontario with the release of their Opioid Use, Related Harms and Access to Treatment Among First Nations in Ontario report. The SNGR Department of Wellbeing should continue to monitor Chiefs of Ontario’s opioid strategy advocacy and participate in policy tables as necessary.

The closure of supervised consumption sites across Ontario continues to raise concerns from harm reduction advocates as these services are life saving and were able to prevent 21,979 overdoses between March 2020 and March 2024.<sup>11</sup> Despite the evidence provided by CTS sites in improving outcomes, the province continues to move away from these options. This leaves communities without the proper support and adequate alternatives in place of CTS sites. It should be noted that SNGR applied to become a HART hub but has yet to be approved.

It is also recommended that First Nations communities continue to advocate for key performance indicators of the provincial health system that effectively monitor improving First Nations health outcomes. Communities should continue to enhance local data collection and the evaluation of programs and services in First Nations communities to demonstrate the overall impact of traditional healing modalities in addressing opioid addictions.

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<sup>11</sup> The Trillium. (2024). “Advocates Argue People Will Die Without Consumption Sites in Charter Challenge of Closures.” Retrieved from: <https://www.thetrillium.ca/news/justice/advocates-argue-people-will-die-without-consumption-sites-in-charter-challenge-of-closures-10421558>

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**Recommendations:**

It is recommended that the SNGR Department of Wellbeing:

- Utilize the recommendations made in the Auditor General Report to advocate for SNGR needs;
- Identify priority areas within the Auditor General Report to communicate with government partners including the Ministry of Health and Ontario Health;
- Advocate for Substance Use Disorder (SUD) and Opioid Addiction indicators for monitoring and evaluation purposes with the MHA CoE and;
- Enhance and utilize SNGR's local data collection to demonstrate the importance of cultural interventions for First Nations communities and increased funding.

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**Diagram 1: Key Government Groups Involved in the Provincial Response to the Opioid Crisis**

**Figure 6: Key Government Groups Involved in the Provincial Response to the Opioid Crisis**

Prepared by the Office of the Auditor General of Ontario

Key Responsibilities	
<b>Ministry of Health</b>	
<b>Mental Health and Addictions Division<sup>1</sup></b>	<ul style="list-style-type: none"> <li>• Provide policy advice to government on mental health and addictions issues</li> <li>• Manage the provincial mental health and addictions service system</li> <li>• Identify ways to better co-ordinate addictions services</li> <li>• Work with system-level partners to translate provincial policy direction into services</li> </ul>
<b>Drug Programs Policy and Strategy Branch</b>	<ul style="list-style-type: none"> <li>• Develop strategic policy</li> <li>• Oversee public drug funding</li> <li>• Provide drug-related program policy support</li> </ul>
<b>Office of Chief Medical Officer of Health, Public Health</b>	<ul style="list-style-type: none"> <li>• Set standards for public health units related to health surveillance and promotion, harm reduction and other services relevant to the opioid crisis</li> <li>• Oversee policy and program work related to CTS sites</li> <li>• Provide advice on public health matters to the health sector, Ministry of Health, other ministries and the provincial government</li> </ul>
<b>Provincial Programs Branch</b>	<ul style="list-style-type: none"> <li>• Oversee the delivery and quality of harm-reduction services</li> <li>• Manage funding relationships with transfer payment recipients</li> <li>• Provide policy advice to government on harm-reduction issues</li> <li>• Manage the ONP</li> </ul>
<b>Other Parties</b>	
<b>MHA CoE</b>	<ul style="list-style-type: none"> <li>• Support the Province in building a comprehensive and connected mental health and addictions system through the 2020 Roadmap to Wellness strategy</li> <li>• Oversee the delivery and quality of mental health and addictions services</li> </ul>
<b>Public Health Ontario</b>	<ul style="list-style-type: none"> <li>• Manage the Interactive Opioid Tool that provides the public with opioid-related morbidity and mortality data</li> </ul>
<b>Office of the Chief Coroner for Ontario</b>	<ul style="list-style-type: none"> <li>• Conduct death investigations and inquests, including suspected drug-related deaths</li> <li>• Collect data and supplementary information about opioid toxicity deaths, such as the circumstances surrounding the death and treatment history</li> </ul>
<b>META:PHI<sup>2</sup></b>	<ul style="list-style-type: none"> <li>• Support health-care providers working with people who use substances, through education, mentorship, advocacy and clinical tools</li> <li>• Oversee the RAAM clinics</li> </ul>

Note: Key responsibilities are based on publicly available information from Government of Ontario websites (for example, [ontario.ca](http://ontario.ca) and [info.gov.on.ca](http://info.gov.on.ca)) and other provincially funded organizations (for example, META:PHI, Public Health Ontario and Ontario Drug Policy Research Network).

1. The task of co-ordinating the opioid response has been assigned to different divisions over time. Currently, this responsibility lies with the Mental Health and Addictions Division.

2. META:PHI stands for Mentoring, Education, and Clinical Tools for Addiction: Partners in Health Integration, which is a provincial initiative funded through the Ministry with in-kind support from Women's College Hospital.

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**Diagram 2: Four Pillars of Ontario’s 2016 Opioid Strategy**

**Figure 3: Four Pillars of Ontario’s 2016 Opioid Strategy**

Source of data: Ministry of Health

Pillar	Goal	Target Population
1. <b>Appropriate Prescribing and Pain Management</b>	Improved provider competency related to prescribing and better care for people with acute and chronic pain	People using prescribed opioids for pain may require alternative pain management and appropriate prescribing or tapering
2. <b>Treatment</b>	Better access to comprehensive addictions care for people living with opioid use disorder	People dependent on opioids and seeking treatment may require access to comprehensive mental health and addictions services
3. <b>Harm Reduction*</b>	Improved health outcomes for people who use drugs and better access to harm-reduction services	People using illicit opioids may require supports to reduce harms associated with drug use and connections to health and social services
4. <b>Surveillance and Reporting</b>	Better access to the necessary data for health system partners to plan effective interventions to address and prevent opioid overdose	Health system partners require the necessary data to plan effective interventions to address and prevent opioid overdose

\* Harm reduction is an evidence-based, client-centred approach to reducing the health and social harms associated with addiction and substance use, without necessarily requiring people who use substances to abstain or stop using.