

# AG Report – Ontario's Opioid Strategy

Six Nations Wellbeing Informational Brief - Presented by  
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Well-being

# Purpose & Background

- Purpose: Overview of Auditor General's 2024 report on Ontario's Opioid Strategy
- Background: Auditor General oversees accountability and finances
- Report highlighted gaps disproportionately affecting First Nations communities



# Highlights of Ontario's Current State

- Opioid-related deaths & ER visits ↑ 292% in last decade
- Proposed Consumption and Treatment Services (CTS) ban near schools; replaced with a \$378M investment for 19 new HART hubs
- Highest opioid death rates occurred in Northern communities
- Ministry actions were insufficient for addressing Indigenous & rural needs
- Issues from 2016 remain unaddressed (access to comprehensive care for opioid addiction, access to OAT, access to care, lack of investment in research)

# Systemic Weaknesses



Fragmented system  
with no clear  
accountability  
(Roadmap to  
Wellness, 2020)



Only 10 of 24  
performance indicators  
tracked



Weak outcome  
tracking and reporting

# Official Findings of the Auditor General

- The Ministry of Health:
  - Did NOT effectively implement the 2016 Opioid Strategy
  - Did NOT oversee and coordinate evidence-based services for people who require opioid related services
  - Did NOT adequately monitor prescribing and dispensing practices
  - Did NOT measure and publicly report on the performance of publicly funded services
  - Did NOT provide an evidence-based case for the introduction of HART Hubs

# Recommendations – Strategy



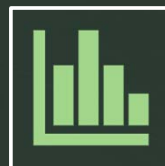
Develop a holistic  
strategy with best  
practices



Create governance  
and accountability  
structure



Define outcome-  
based performance  
measures



Improve provincial  
data collection &  
evaluation

## Recommendations – Service Models



HART Hubs: plan carefully, engage stakeholders, measure outcomes



OAT: expand access, ensure all medication options



RAAM Clinics: evaluate, improve access, standardize metrics



Naloxone: monitor claims, reduce inappropriate billing



Prescriptions Monitoring: track prescribing and dispensing, promote reporting



Emerging Practices: evaluate other jurisdictions' models

# Analysis from a First Nations Context

- Advocate for increased Indigenous funding for addictions services
- Enhance Indigenous-specific data collection & evaluation
- Recognize traditional healing practices
- Strengthen relationships with Ontario Health & Ministry of Health
- CTS closures are concerning – these sites have prevented 21,979 overdoses (2020–24) – the impacts on Indigenous communities is unknown
- SNGR's HART Hub application has been denied – Indigenous communities need to be given equitable investment and consideration for provincial initiatives

# Key Advocacy Points for SNGR



PUSH FOR INDIGENOUS-  
SPECIFIC OPIOID HEALTH  
INDICATORS



ENHANCE SNGR'S LOCAL  
DATA COLLECTION



DEMONSTRATE VALUE  
OF CULTURAL  
INTERVENTIONS



APPLY PRESSURE FOR  
FIRST NATIONS  
INCLUSION IN STRATEGY  
DEVELOPMENT

## Recommendations for SNGR & the Department of Wellbeing



Use AG Report findings to advocate for SNGR needs



Identify key priorities for the community and establish action plans with the Ministry of Health & Ontario Health



Call for Substance Use Disorder indicators to enhance monitoring and publicly reporting



Expand SNGR local data to show traditional approaches' impact

# Our Current State of Substance Use on Six Nations



# Emergency Department Visits for Overdoses (2021)

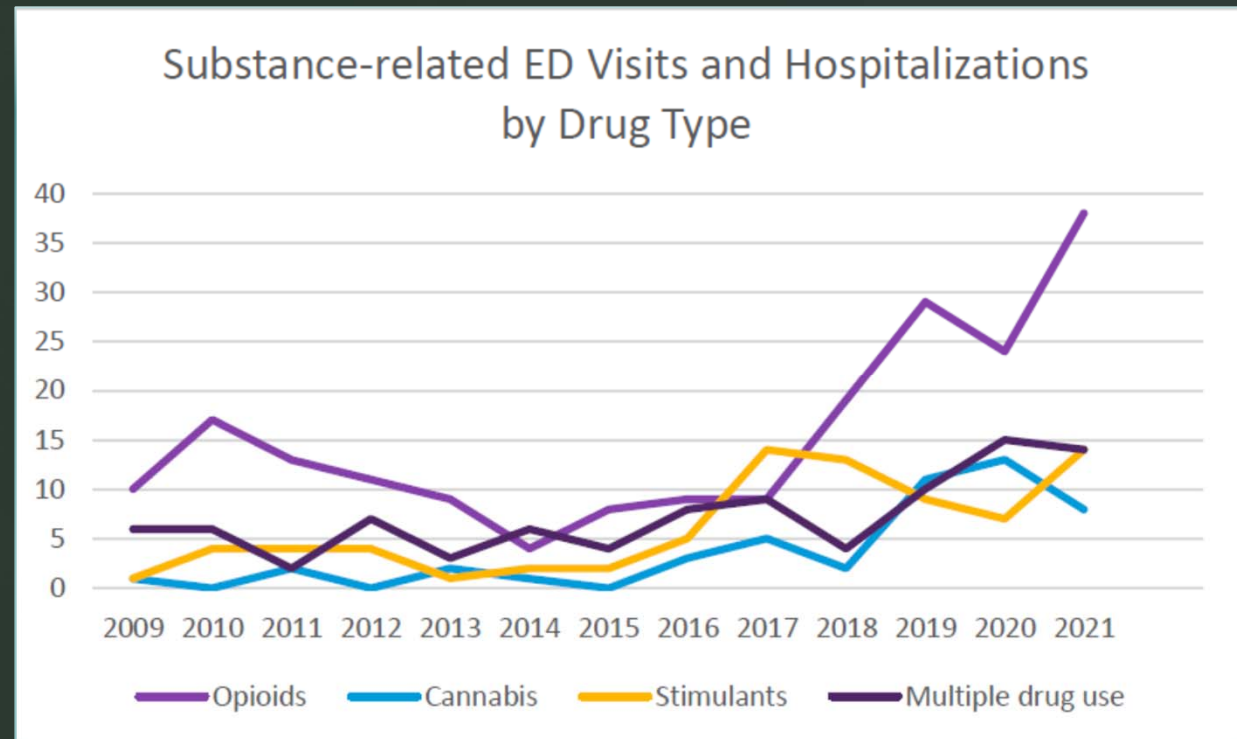
- Community ED Visits per 100,000: 633.41
- Ontario's ED Visits per 100,000 = 10.13
- Data Statement:
  - Our rate of ED visits for overdoses is **significantly higher than the provincial average**, indicating a much higher relative rate of emergency overdose incidents.

# Hospital Admissions for Overdoses (2021)

- Community Hospital Admissions per 100,000: 23.46
- Ontario Hospital Admissions per 100,000: 1.31
- Data Statement:
  - Similarly, the rate of hospital admissions for overdoses in the community is **substantially higher than the rate in Ontario**, suggesting that overdose incidents are **more severe or more frequent in Six Nations** in comparison to the province.

# Substance Related Healthcare Utilization by Drug Type

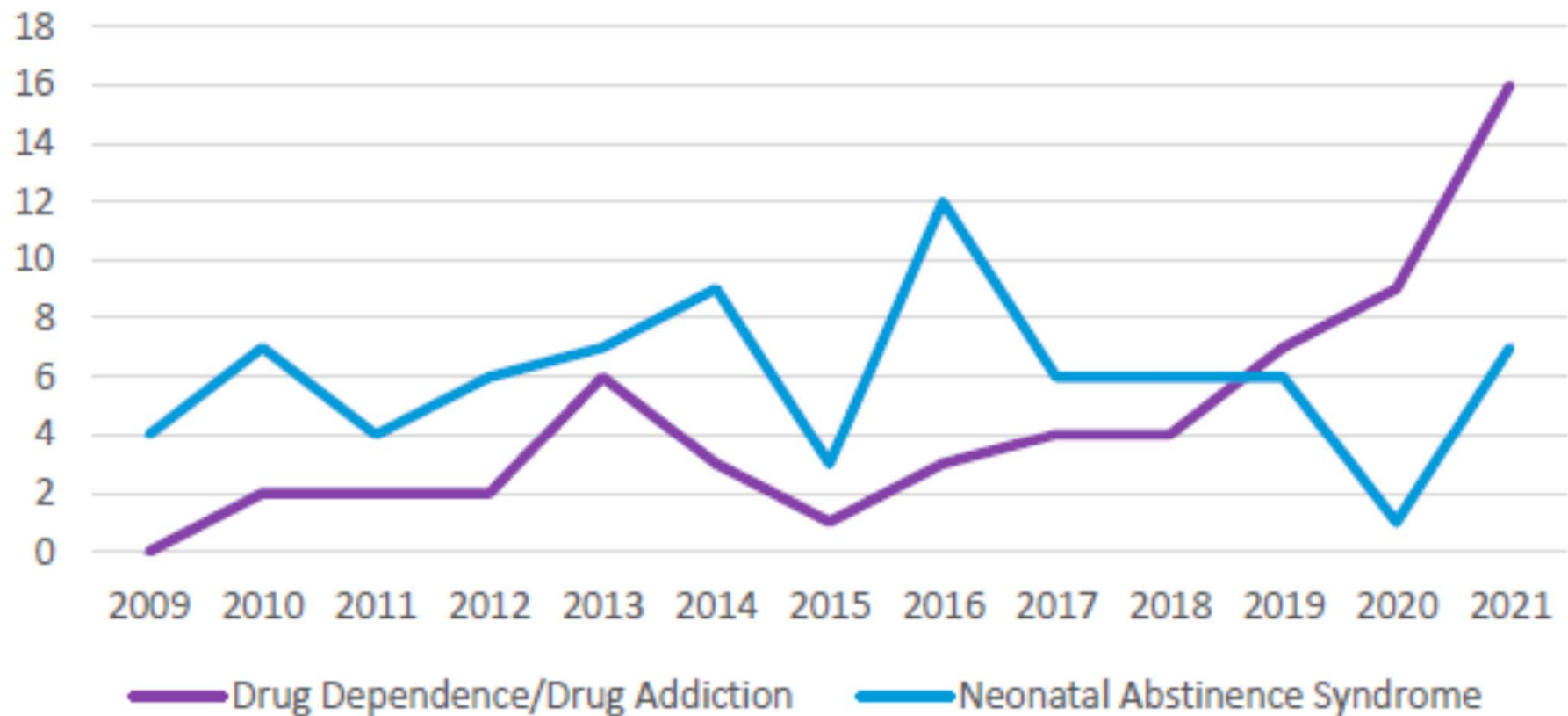
- This figure shows significant rises in opioid and cannabis related cases.



# Demographics

- The age group most affected by these opioid-related cases falls in the **25-44 age range**, accounting for 63% of all incidents.
- In terms of gender distribution, there was an **even split, with males and females** each accounting for approximately 50% of the cases.

## Substance-related healthcare visits in infants <12 months old





# Substance Use Across the Life Span

## Children (2-12) & Adolescence (13-17)

- 67% of substance-related events in **children** are due to cannabis poisoning, of those events 89% occurred in the last 5 years.
- Most substance-related events in **Adolescence** were due to poisonings (66%) while the remaining were mental health & behavioural disorders due to substances.

# Substance Use Across the Life Span (Cont'd)

## Young Adults (18-24)

- From 2009-2022, 62% of substance-related visits in young adults were due to MHB disorders (87 visits).
- Of these 87 visits for MHB disorders:
  - 39% were from opioids
  - 28% from multiple drugs
  - 18% from cannabis

# Substance Use Across the Life Span (Cont'd)

## Adults (25-54)

- Of the 360 visits, 52% were due to substance-related mental health and behavioural disorders.
- Males are slightly more disproportionality impacted than females (53%, and 46% respectively).
- The most common indications of mental health and behavioural disorders are related to opioids (33%, 62); and multiple drugs (34%, 64).

# Substance Use Across the Life Span (Cont'd)

## Seniors (55+)

- 55% of substance-related visits in seniors were males and 44% of substance-related visits in seniors were females.
- From 2009-2022, 62% of substance related visits in seniors 55+ was due to poisoning.

# What Does the Data Tell Us?

- Substance use is prevalent in all population groups across the life span.
- This means that access to treatment and different treatment options need to be accessible across the continuum.
- Highlights the need for cultural and traditional interventions and to demonstrate its ability to improve outcomes for First Nations people.

# Closing

It is recommended that SNGR utilize the AG Report findings, and our community's data to strengthen our advocacy with all government partners to build up our Mental Health and Addictions response.

**“First Nations are leaders in building responsive, equitable health systems.”**

# Resources

Implementation and Oversight  
of Ontario's Opioid Strategy