

Chapter 1

Section 1.02

Ministry of Health

Addictions Treatment Programs

Follow-Up on VFM Section 3.02, *2019 Annual Report*

RECOMMENDATION STATUS OVERVIEW

	# of Actions Recommended	Status of Actions Recommended				
		Fully Implemented	In the Process of Being Implemented	Little or No Progress	Will Not Be Implemented	No Longer Applicable
Recommendation 1	2		1	1		
Recommendation 2	5			4	1	
Recommendation 3	3			3		
Recommendation 4	2			2		
Recommendation 5	1			1		
Recommendation 6	4		1	3		
Recommendation 7	3	1		1	1	
Recommendation 8	3			2	1	
Recommendation 9	4	1	1	1	1	
Recommendation 10	2			2		
Recommendation 11	2		1	1		
Recommendation 12	2		2			
Recommendation 13	4	3		1		
Total	37	5	6	22	4	0
%	100	14	16	60	10	0

Overall Conclusion

The Ministry of Health (Ministry), as of October 25, 2021, has fully implemented 14% of actions we recommended in our *2019 Annual Report*. This includes implementing additional controls in its health information system to generate an error message if an opioid prescription is attempted to be entered by a prescriber whose licence is inactive or invalid, and investigating cases of vaping-related illness to

determine whether there is a need to strengthen the monitoring and applicable regulation.

The Ministry made little progress in implementing 60% of the recommendations, including analyzing wait times for addictions treatment to identify regions or programs with long wait times and working with those service providers to take corrective actions, implementing a needs-based funding model for existing and new programs, using information collected to work with the service providers, stakeholders and clinical experts to implement standards

for the programs, and collecting information on the need for opioid addiction treatment across the province, and modifying the funding and/or initiatives of the Opioid Strategy based on the needs information.

However, the Ministry has made progress in implementing 16% of the recommendations, including working with addictions treatment service providers, police and paramedic services to develop protocols for taking individuals directly to service providers versus emergency departments in appropriate circumstances, collecting detailed information from all participating pharmacies about their naloxone distribution, analyzing data from the existing Consumption and Treatment Services sites and working with service providers to identify appropriate locations for the sites and what each site's capacity or size should be, and working with the existing Consumption and Treatment Services sites to develop standard policies and procedures for operations.

The Ministry will not implement 10% of the recommendations, including working with stakeholders and peer deputy ministers of health from other provinces in Canada to identify ways of providing parents with a voice to guide addictions treatment for their children and youth, formally reassessing the costs and benefits of transferring the responsibility of health care for those in correctional institutions from the Ministry of the Solicitor General to the Ministry of Health, directing the Opioid Emergency Task Force to meet and report regularly to the Ministry of Health, and reviewing unusual or suspicious cases of opioid prescriptions dispensed that we identified. We continue to believe that these recommendations should be implemented.

The status of actions taken on each of our recommendations is described in this report.

Background

The Ministry of Health (Ministry) is the primary funder and overseer of addictions services in Ontario. In 2020/21, about \$217 million (\$212 million

in 2018/19) was spent by about 200 addictions treatment service providers to treat over 61,000 clients (76,700 clients in 2018/19), largely through three main types of programs: non-residential, residential and withdrawal management or detox.

Between 2016/17 and 2020/21, spending on addictions treatment programs grew almost 21% from \$180 million to \$217 million (25% between 2014/15 and 2018/19, from \$170 million to \$212 million). Between August 2017 and March 2019, an additional \$134 million was spent on the Ministry's Opioid Strategy.

Despite less clients being treated and increased spending, we found that wait times for addictions treatment, repeat emergency department visits for substance-use conditions, as well as opioid-related emergency department visits, hospitalizations and deaths continued to increase.

As Ontario has committed to investing \$3.8 billion over 10 years (from 2017/18 to 2026/27) for mental health and addictions services, it is important that going forward, funding for addictions services is allocated appropriately to meet the needs of Ontarians.

Our significant observations included:

- Between 2014/15 and 2018/19, wait times for all addictions treatment programs increased. Service providers informed us that they were aware of their clients dropping off wait lists for treatment programs because they were hospitalized or incarcerated, had attempted suicide or even died while waiting for treatment.
- Insufficient community-based addictions services caused more people to seek treatment from emergency departments. Between 2014/15 and 2018/19, visits to emergency departments for substance-use conditions increased by almost 40% and repeat unscheduled visits to emergency departments within 30 days for substance-use conditions increased almost 50%.
- The Ministry funded addictions treatment service providers without evaluating the effectiveness of their programs. The Ministry only required that service providers submit information on their spending and service activity, but had not

collected any information on their performance to assess their programs' effectiveness.

- The Ministry required service providers to follow standards that only apply to withdrawal management programs but not to other types of non-residential and residential programs. This resulted in significant differences among service providers for the same types of programs.
- The impact of emerging issues, including cannabis legalization and vaping, needed further monitoring to identify whether additional addictions prevention and treatment services would be necessary. In September 2019, three incidents of vaping related severe lung disease were under review in Ontario.

Another set of significant findings related to the Ministry's Opioid Strategy (Strategy) launched in August 2017 were as follows:

- Despite spending about \$134 million on the Strategy, between 2016 and 2018, opioid-related deaths rose 70%, opioid-related emergency department visits more than doubled and opioid-related hospitalizations grew over 10%.
- Most of the Strategy's funding for treating opioid addictions was not allocated to the regions with the highest need. Of the over \$58 million the Ministry allocated to Local Health Integration Networks (LHINs) for opioid addictions treatment, only one-third was allocated based on factors that reflect regional needs such as population size, opioid-related deaths, emergency department visits and hospitalizations. The remainder was equally distributed among the LHINs.
- Ontario did not provide all health-care providers who can prescribe opioids with access to a provincial system containing the history of opioid prescriptions dispensed to patients. Therefore, prescribers may have had to rely on information self-disclosed by their patients. This can lead to inappropriate or excessive opioid prescriptions because prescribers are unable to verify whether their patients have already received opioids prescribed and dispensed by others.
- Information on unusual or suspicious instances where opioids were dispensed—such as high

dosages or when the licence of the prescribing physician or dentist is inactive—was not proactively shared with regulatory colleges on a regular basis for investigation.

- The Ministry had neither determined whether the number or capacity of Consumption Treatment Services sites aligned with regional needs nor ensured each site operated consistently.

We made 13 recommendations, consisting of 37 action items, to address our audit findings.

We received commitment from the Ministry of Health that it would take action to address our recommendations.

Status of Actions Taken on Recommendations

We conducted assurance work between April 1, 2021, and August 13, 2021. We obtained written representation from the Ministry of Health (Ministry) that effective October 25, 2021, it has provided us with a complete update of the status of the recommendations we made in the original audit two years ago.

Increased Spending on Addictions Treatment Services Has Not Reduced Wait Times and Emergency Department Visits

Recommendation 1

To reduce wait times for addictions treatment and repeat emergency department visits for substance-use conditions, we recommend that the Ministry of Health:

- *analyze wait times for addictions treatment to identify regions or programs with long wait times and work with those service providers to take corrective actions;*

Status: Little or no progress.

Details

In our 2019 audit, we found that the average wait times reported for all addictions programs increased in 11 of the 14 Local Health Integration Networks between 2014/15 and 2018/19.

In our follow-up, we found that in January 2021, the Ministry drafted a minimum data set for information that will be collected from each addictions treatment services provider, including a consistent method for reporting program wait times. Although no such data has yet been collected, this minimum data set is expected to be published as a provincial standard by March 31, 2022. The Ministry and Ontario Health will work with providers to begin reporting against the provincial standard.

- *further analyze frequent and repeat emergency department visits for substance use across the province to determine what addictions services need to be expanded to reduce the number of these visits.*

Status: In the process of being implemented by December 2021.

Details

In our 2019 audit, we noted that the Ministry had not performed any analysis to determine what addictions services need to be expanded to reduce emergency department visits. Emergency department visits for substance-use conditions increased almost 40% between 2014/15 and 2018/19 while all other types of emergency department visits grew about 6% over the same time period.

In our follow-up, we found that the Ministry partnered with the Institute of Clinical Evaluative Sciences to work on a Mental Health and Addiction System Performance in Ontario: 2021 Scorecard, which was released in February 2021. This included data on the change in emergency department visits for mental health and addictions care between 2009 and 2017. The Ministry also participated in the Canadian Institute for Health Information's data collection and reporting process, which reports on how many people frequently (at least four times a year) visit an emergency department for help with

mental health and/or addictions. This data is publicly reported up to 2019/20.

The Ministry is currently engaging clinical experts (to identify short, medium and long-term initiatives to support access to high-quality addictions care and better system oversight. Data on frequent and repeat emergency department visits for substance use will be used to help identify the actions that need to be taken. This advice is expected to be received by December 2021.

Funding for Addictions Treatment Programs Not Tied to Clients' Needs and Programs' Effectiveness

Recommendation 2

To better meet clients' needs by providing them with timely access to appropriate and effective addictions treatment services, we recommend that the Ministry of Health:

- *implement a needs-based funding model for existing and new programs;*

Status: Little or no progress.

Details

In our 2019 audit, we noted that the Ministry did not know which specific addictions treatment programs and resources were needed across the province, even though there was already a method that could be used to estimate these needs. The Ministry did not allocate new funding to service providers and programs based on where needs were highest.

In our follow-up, we found that starting in November 2019, a National Advisory Committee for Needs-Based Planning was funded by Health Canada to help develop a national needs-based planning model to estimate the required capacity of a substance use treatment system. However, this work is expected to be completed in 2022/23, at which time the Ministry will begin to work to more formally integrate the model into its planning and funding decisions.

- *develop a standard approach to collect information (such as client outcomes) from service providers to assess the effectiveness of their treatment programs and take this into consideration when making future funding decisions;*

Status: Little or no progress.

Details

In our 2019 audit, we noted that the Ministry had not collected any information from addictions treatment service providers about their operations to assess the effectiveness of their programs. Without this information, the Ministry continued to fund service providers without considering and determining whether their programs met clients' needs effectively and contributed to a reduction in addictions

As previously mentioned in **Recommendation 1**, we found that in January 2021, the Ministry drafted a minimum data set for information that will be collected from each addictions treatment services provider. However, this data set does not include data on client outcomes from service providers about their treatment programs. The Ministry informed us that clinical outcome data is expected to be included in the next version of the data standard, after which addictions treatment service providers will be expected to collect and report on the clinical outcome data in a consistent way to enable the Ministry to assess the effectiveness of their treatment programs and take this into consideration when making future funding decisions. The next version of the data standard is expected to be fully defined by March 31, 2022, with implementation of the standard to start in 2022/23.

- *monitor the needs of children and youth as well as Indigenous peoples for addictions services to determine whether additional investment is necessary;*

Status: Little or no progress.

Details

In our 2019 audit, we found that while certain population groups, such as children and youth, as well as Indigenous people, had additional or special needs for

addictions treatment services, the services available and the Ministry's funding did not appear to be sufficient to meet their needs.

As noted above, we found that in January 2021, the Ministry drafted a minimum data set for information that will be collected from each addictions treatment services provider. This included the ability to identify the use of addictions service by ethnic and cultural origin, race and regional and spiritual affiliation. However, this data set collects information that is related to the adult sector only. Data related to children and youth is expected to be included in the next version of the data standard, after which addictions treatment service providers will be expected to collect and report on data related to children and youth in a consistent way to allow the Ministry to monitor the needs of children and youth for addictions services and determine whether additional investment is necessary. The next version of the data standard is expected to be fully defined by March 31, 2022, with implementation of the standard to start in 2022/23.

- *work with stakeholders and peer deputy ministers of health from other provinces in Canada to discuss and identify ways of providing parents with a voice to positively guide addictions treatment for their children and youth;*

Status: Will not be implemented. Although the Ministry of Health has no plan to work with stakeholders and peer deputy ministers of health from other provinces to identify ways of providing parents with a voice to guide addictions treatment for their children and youth, the Office of the Auditor General of Ontario continues to believe that this would still be beneficial to do going forward.

Details

In our 2019 audit, we found that one of the barriers to providing addictions treatment for children and youth was that consent was required from children and youth themselves for the majority of addictions services in Ontario, as well as across Canada. This differed from other regions, such as parts of the United States, where medical consent began at age 18, meaning that a parent or guardian could consent to addictions treatment on behalf of a child.

In our follow-up, we found that in March 2020, the Ministry announced its plan called “Roadmap to Wellness: A Plan to Build Ontario’s Mental Health and Addictions System.” As part of this plan, the Ministry is working to better integrate youth addiction services with other services across the continuum of mental health and addictions services. Currently, the Ministry prioritizes and focuses on issues related to adult population. The Ministry has no plans to work with stakeholders and peer deputy ministers in other provinces to discuss and find ways to provide parents ways to positively guide addictions treatment for their children and youth at this time.

- *develop a process to communicate one-time and ongoing funding decisions sooner to addictions treatment service providers to enable them to properly plan and use funding effectively for treatment services.*

Status: Little or no progress.

Details

In our 2019 audit, we found that addictions treatment service providers directly spent on average about 12% less annually on their addictions programs than the amount of funding they received. While the Ministry informed us that the difference could be attributed to administration costs incurred by the service providers that they would not report as spending on addictions treatment programs, we found that this was also a result of service providers receiving funding late into the fiscal year. As such, service providers were unable to use all funding effectively within the designated fiscal year because they received funding late and did not have time to plan for its use.

In our follow-up, we found that the Ministry has not begun any work to address this recommended action item. The explanation provided was due to the transfer of the Local Health Integration Networks (LHINs) into Ontario Health. On April 1, 2020, non-patient care functions (such as communications and funding decisions related to addiction services) were transferred from the LHINs to Ontario Health. As a

result of this transition, the Ministry indicated that it has not developed processes to communicate one-time and ongoing funding decisions sooner to service providers, but informed us that it will later work closely with Ontario Health on an ongoing basis to improve the processes to ensure timely communication of funding decisions.

Lack of Provincial Standards Can Contribute to Variability in Addictions Treatment Services across the Province

Recommendation 3

To provide people with consistent and evidence-based addictions treatment services, we recommend that the Ministry of Health:

- *collect information on addictions treatment service provider programs (withdrawal management, non-residential and residential) to understand differences in their operations and service delivery (such as program length and duration, client-to-staff ratio and staff qualifications);*

Status: Little or no progress.

Details

In our 2019 audit, we found that addictions treatment program service providers were responsible for determining how to structure and deliver their programs, resulting in significant differences between service providers for the same type of program.

In our follow-up, we found that the Ministry is developing core services profiles to better understand the quality of addictions treatment services being provided provincially and to identify needed interventions, including the development of new standards or additional investment needed for that service. The initial set of core service profiles is expected to be completed by 2022/23. While the Ministry is still determining exactly what will be collected for each profile, it expects that the profile will include

information about variations in service delivery across addictions treatment service providers.

- *review the hours of operation of non-residential service providers to determine whether services are being offered at times to meet the needs of those requiring addictions treatment counselling and case management services;*

Status: Little or no progress.

Details

In our 2019 audit, we found variability in addictions treatment program service providers' service availability on weeknights and weekends.

As noted above, we found that the Ministry is still developing core services profiles to better understand the quality of addictions treatment services being provided provincially and to identify needed interventions, including the development of new standards or additional investment needed for that service. The initial set of core service profiles is expected to be completed by 2022/23. While the Ministry is still determining exactly what will be collected for each profile, it expects that the profile will include information about how and when clients access services from addictions treatment service providers.

- *use the information collected and work with the service providers, stakeholders and clinical experts to implement standards for the programs.*

Status: Little or no progress.

Details

In our 2019 audit, we found that there were limited provincial standards in place for addictions treatment programs to follow. Therefore, service providers are responsible for determining how to structure and deliver their programs, resulting in significant differences between service providers for the same type of program.

As noted above, we found that the Ministry is still developing core services profiles to better understand the quality of addictions treatment services being provided provincially and to identify needed interventions, including the development of new standards

or additional investment needed for that service.

The initial set of core service profiles is expected to be completed by 2022/23. The Ministry is currently scoping what will be included in the core services profiles, which will allow for data to be collected and analyzed to determine what standards are needed and what they should include.

Recommendation 4

To allow people across the province to easily identify addictions treatment services that will meet their needs, we recommend that the Ministry of Health:

- *develop and implement a centralized access centre model for addictions services that minimizes variations in accessibility across the province;*

Status: Little or no progress.

Details

In our 2019 audit, we found that while some regions of the province had set up centralized access centres where individuals could obtain assessments and referrals to the appropriate service provider from one source, the services offered by these centralized access centres varied.

In our follow-up, we found that the Ministry is currently exploring a model that would help streamline access to mental health and addictions services by building a co-ordinated access and navigation system, which would include a single phone number and website (with texting and chat capability) as well as regional nodes that will administer screening tools and refer people to appropriate services to minimize variations in accessibility across the province. This access system would provide online programs/supports, as well as general mental health and addictions information. This system will also provide screening and referral services using common mental health and addictions screening tools to refer people to the appropriate type of service and level of care, enabling better navigation and increased consistency in access across the province. The Ministry estimates that it will launch a single phone number and website to access mental health and addiction services by

March 31, 2022 and that it will start establishing connectivity between the provincial access system and regional co-ordinated access points starting in 2022/23.

- *evaluate the costs and benefits of consolidating the existing addictions treatment service providers to identify potential efficiencies by integrating their operations and programs.*

Status: Little or no progress.

Details

In our 2019 audit, we found that there were about 200 addictions treatment service providers who received funding by the Ministry for addictions services. There were differences between addictions treatment service providers' operations and programs, because service providers were responsible for determining how to structure and deliver their programs.

In our follow-up, we found that the Ministry has not begun any work to address this recommended action item. Again, the explanation provided was due to the transfer of the Local Health Integration Networks (LHINs) to Ontario Health. As of April 1, 2020, non-patient care functions (such as communications and funding decisions related to addiction services) were transferred from the LHINs to Ontario Health. As a result of this transition, the Ministry has not evaluated the costs and benefits of consolidating the existing addictions treatment service providers to identify potential efficiencies, but informed us that it expects Ontario Health will be in a better position going forward to assess the costs and benefits of any potential integrations.

Recommendation 5

To provide Ontarians with treatment for behaviour addictions in a consistent manner, we recommend that the Ministry of Health develop reporting standards for behavioural addictions and require addictions treatment service providers to report the types of behavioural addictions they actually treat separately from problematic substance use and gambling.

Status: Little or no progress.

Details

In our 2019 audit, we found that the Ministry had not established a consistent provincial approach for treating and reporting behavioural addictions. This resulted in differences between addictions treatment service providers, both in terms of how they treated clients with behavioural addictions and in the way they reported such services to the Ministry.

In our follow-up, we found that the Ministry has not taken any action to address this recommended action item. The Ministry informed us that it accepts that the implementation of a minimum data set for all addictions treatment service providers (as discussed in **Recommendation 1**) will allow it to collect better information on behavioural addictions. The ability to eventually collect such information in the future will enable the Ministry to develop reporting standards for behavioural addictions and require addictions treatment service providers to report the types of behavioural addictions they actually treat separately from problematic substance use and gambling.

Programs or Practices to Reduce the Number and Frequency of Emergency Department Visits for Addictions Services Are Not Widely Adopted

Recommendation 6

To provide Ontarians with more effective addictions treatment, we recommend that the Ministry of Health:

- *evaluate the effectiveness of the existing Rapid Access Addiction Medicine clinics (clinics) to determine the costs and benefits of expanding the clinic hours or establishing additional clinics;*

Status: Little or no progress.

Details

In our 2019 audit, we found that the Ministry had not conducted any review of the overall cost-effectiveness of Rapid Access Addiction Medicine clinics to identify if the operating hours and days of the existing ones should be expanded or if additional clinics should be opened to meet people's needs.

In our follow-up, the Ministry informed us that it was awaiting the results of an environmental scan of clinics. The results would allow the Ministry to develop a better sense of how these programs operate and serve communities across Ontario. An evaluation of the clinics was also expected to be performed, with the results available in October 2021.

As previously mentioned in **Recommendation 3**, we found that the Ministry is currently developing core services profiles to better understand the quality of addictions treatment services being provided provincially and to identify needed interventions, including the development of new standards or additional investment needed for those services. The initial set of core service profiles is expected to be completed by 2022/23. This initiative will assist the Ministry in evaluating the effectiveness of the existing Rapid Access Addiction Medicine clinics and identifying if any changes are needed to the availability and accessibility of the clinics across the province.

- *evaluate the costs and benefits of expanding the case management program to regions where emergency departments have a large number of frequent visitors;*

Status: Little or no progress.

Details

In our 2019 audit, we found that an addictions treatment service provider in Toronto had operated a case management program that focused on supporting clients who frequently visited emergency departments. If this same case management program had been implemented by other service providers province-wide, it could have potentially reduced almost 22,000 emergency department visits during the fiscal year.

As noted above, we found that the Ministry is currently developing core services profiles to better understand the quality of addictions treatment services being provided provincially and to identify needed interventions, including the development of new standards or additional investment needed for

that service. The initial set of core service profile is expected to be completed by 2022/23. This initiative will also assist the Ministry in evaluating the costs and benefits of expanding the case management program to regions where emergency departments have a large number of frequent visitors and identifying if there is a need to expand this type of program anywhere across the province.

- *identify withdrawal management programs with no nursing staff and evaluate the costs and benefits of adding nursing staff to these programs;*

Status: Little or no progress.

Details

In our 2019 audit, we found that nursing care on-site for withdrawal management programs can help to reduce the need for emergency department visits by people with addictions. However, we noted that withdrawal management programs are primarily delivered by non-medical staff, including addictions counsellors.

As noted above, we found that the Ministry is currently developing core services profiles to better understand the quality of addictions treatment services being provided provincially and to identify needed interventions, including the development of new standards or additional investment needed for that service. The initial set of core service profiles is expected to be completed by 2022/23. This initiative will also assist the Ministry in identifying withdrawal management programs with no nursing staff and evaluating the costs and benefits of adding nursing staff to these programs across the province.

- *work with addictions treatment service providers, police and paramedic services to develop protocols for taking individuals directly to service providers versus emergency departments in appropriate circumstances.*

Status: In the process of being implemented by October 2021.

Details

In our 2019 audit, we found that Thunder Bay was the only region with a protocol for police and paramedic services to bring people experiencing the effects of problematic substance use directly to a local withdrawal management program.

In our follow-up, we found that the Ministry released Patient Care Model Standards under the *Ambulance Act* that came into force as of June 8, 2020. Under these standards, Certified Ambulance Service Operators can submit proposals to the Ministry that would allow them to transfer eligible patients to non-hospital destinations where the patient can receive appropriate treatment.

In April 2021, the Ministry announced that 33 municipalities in Ontario had been approved to implement various proposals for these new models of care. Two of these proposals are for mental health and addictions patients including the London-Middlesex project, which is intended to support the needs of eligible patients with addictions (e.g., hallucinations, delusions, depression, suicidal, anxiety, bizarre behavior which may be caused by substance abuse) and mental health. Patients in this project will have the option to be transported to the London Crisis Centre operated by the Canadian Mental Health Association (CMHA) - Middlesex instead of visiting the emergency department. The other mental health and addictions-related initiative is the Guelph-Wellington project, under which eligible mental health and addictions patients have the option to be transported to the Welcome In Drop-In Centre, which is a community organization that provides services such as shelter, food and basic necessities to individuals who are homeless or at risk of homelessness, instead of visiting the emergency department.

The Ministry reviewed the list of designated services under the *Liquor Licence Act* (Act) that identifies where a police officer can take an intoxicated person who contravenes the Act. A revised list of designated services was posted for public comment on June 18, 2021, with comments from the public due by July 19, 2021. The listing of designated services include certain entities (hospitals) that

provide withdrawal management services. Based on the comments from the public, the Ministry of Health was planning to work with the Ministry of the Attorney General in order to update the Act by October 31, 2021.

Integration and Co-ordination is Lacking Among Ministries that Provide Addictions Services

Recommendation 7

To better integrate and co-ordinate the addictions services provided by different ministries and agencies in an efficient and effective manner, we recommend that the Ministry of Health:

- *work with the Ministry of the Solicitor General to develop procedures to improve access to addictions treatment services for individuals in correctional institutions and after being discharged;*

Status: In the process of being implemented by March 2022.

Details

In our 2019 audit, we found that the Ministry of the Solicitor General was overseeing health care, including mental health and addictions, for individuals in provincial correctional institutions. In 2018, an expert advisory committee prepared a report for the Ministry of the Solicitor General and the Ministry of Health. The committee identified that when compared to the general population, Ontario's correctional population was two to three times more likely to have mental health conditions or experience problematic substance use. The committee also raised a number of concerns, including lack of integrated and consistent correctional health care across the province.

In our follow-up, the Ministry of Health informed us that the committee's report, which was an artefact of the previous government, was never formally adopted by the current government. Under the current government, the Ministry of the Solicitor General has created a dedicated Corporate Health Care and Wellness Branch in the Operational Support

Division to provide strategic oversight and direction to health-care services in institutions, as well as occupational health and employee wellness supports.

We also found that the Ministry of Health was meeting bi-weekly with the Solicitor General's Mental Health and Addictions group to discuss priority initiatives related to the Ministry of the Solicitor General's Mental Health and Addictions Strategy for Corrections (Strategy). This Strategy included providing corrections staff with additional addictions training, hiring more addictions counsellors (26 full-time equivalents in 2020/21 and 31 full-time equivalents in 2021/22) for correctional facilities and establishing partnerships with addictions treatment service providers for community-based offenders. The Ministry of Health was consulted on the development and implementation of this Strategy.

- *formally reassess the costs and benefits of transferring the responsibility of health care for those in correctional institutions from the Ministry of the Solicitor General to the Ministry of Health;*

Status: Will not be implemented. Although the decision was made to not transfer the responsibility of health care for those in correctional institutions from the Ministry of the Solicitor General to the Ministry of Health, the Office of the Auditor General of Ontario continues to believe that the Ministry of Health should still assess the costs and benefits of this option.

Details

In our 2019 audit, we found that an expert advisory committee prepared a report that recommended transferring the responsibility of health care for those in correctional institutions from the Ministry of the Solicitor General to the Ministry of Health. The Ministry of Health and the Ministry of the Solicitor General informed us that they did not have plans to implement this recommendation.

In our follow-up, we found that there were no plans for additional assessment on the transfer of health care for those in correctional facilities from the Ministry of the Solicitor General to the Ministry of Health. The Ministry of the Solicitor General was planning to continue to implement its Correctional Health Care Strategy and its Mental Health and Addictions Strategy for Corrections.

- *evaluate the need for additional co-ordination of mental health and addictions treatment services for youth, and assess whether the existing service providers have the capacity and skill set to meet their needs or whether new service providers are needed.*

Status: Little or no progress.

Details

In our 2019 audit, we found that while the Ministry of Health had been responsible for both mental health and addictions treatment services for children and youth, it had not co-ordinated the two services effectively, even though a significant portion of children and youth with addictions issues also had mental health conditions.

In our follow-up, we found that in 2021, Ontario announced four new Youth Wellness Hubs across Ontario in Guelph, Renfrew, Timmins and Windsor to offer walk-in access to primary care and address their needs related to mental health, substance use, primary care, education, employment, training, housing and other community and social services.

Additionally, members of the Centre for Addictions and Mental Health will be working with Ontario Health's Mental Health and Addictions Centre of Excellence to develop evidence-based, developmentally appropriate services for youth addictions and concurrent disorders that will fill a major gap in the provincial care continuum and that can be scaled across Ontario and used by agencies independent of the youth wellness hub model.

As previously mentioned in **Recommendation 3**, we found that the Ministry is currently developing core services profiles to better understand the quality of addictions treatment services being provided provincially and to identify needed interventions, including the development of new standards or additional investment needed for that service. The initial set of core service profiles is expected to be completed by 2022/23. The Ministry expects this work will result in additional interventions specific to youth to better meet their needs.

Opioid Strategy Needs Improvements to Address Ontario's Opioid Crisis

Recommendation 8

To implement the Opioid Strategy (Strategy) cost-effectively and address the opioid crisis in Ontario more effectively, we recommend that the Ministry of Health:

- *establish targets for the Strategy's performance indicators to achieve, measure achieved results against the targets on a regular (such as quarterly) basis and take corrective action where targets are not met;*

Status: Little or no progress.

Details

In our 2019 audit, we found that when the Opioid Strategy was developed in 2017, the Ministry did not establish any specific measurable goals and targets to determine if its funding for the Strategy was sufficient and allocated appropriately to various initiatives.

In our follow-up, we found that the Ministry is monitoring each opioid crisis response initiative at least quarterly, however targets for performance have not been set. The Ministry will continue to consider whether targets should be developed for each performance measure, however no such decision has been confirmed at this time.

- *direct the Opioid Emergency Task Force to meet and report regularly;*
Status: Will not be implemented. Although the Ministry of Health has no plan to reconvene the Opioid Emergency Task Force, the Office of the Auditor General of Ontario continues to believe that a task force of similar nature would still be beneficial to provide advice to the government going forward.

Details

In our 2019 audit, we found that the Ministry has not met with the Opioid Emergency Task Force (Task Force) since August 2018 and, at the time of our audit, had no plans to do so even though the Strategy is still under way and the opioid crisis continues.

In our follow-up, we found that the Ministry does not currently have plans to reconvene the Task Force. The Ministry informed us that the Task Force was only

convened on a time-limited basis to provide advice on Strategy development. The Ministry plans to continue to maintain contact with sector programs and stakeholders and take any feedback received under consideration as part of its ongoing work to address the opioid crisis.

- *collect information on the need for opioid addiction treatment across the province and modify the funding and/or initiatives of the Strategy based on the needs information.*

Status: Little or no progress.

Details

In our 2019 audit, we found that there were a number of instances where the Ministry had not targeted its Strategy's funding at treatment or at areas with the highest need.

As previously mentioned in **Recommendation 3**, we found that the Ministry is currently developing core services profiles to better understand the quality of addictions treatment services being provided provincially and to identify needed interventions, including the development of new standards or additional investment needed for that service. The initial set of core service profiles is expected to be completed by 2022/23. The Ministry expects this work will also include details on opioid addiction treatment across the province. Such details will then enable the Ministry to modify the funding and/or initiatives of the Strategy.

Measurement and Reporting of Program Performance Needs Improvement

Recommendation 9

To better prevent and deter inappropriate prescribing and dispensing of opioids, we recommend that the Ministry of Health:

- *provide access to data on patients' history of dispensed opioids to all health-care providers who can prescribe opioids;*

Status: In the process of being implemented by March 2023.

Details

In our 2019 audit, we found that the Ministry had not provided all health-care providers who can prescribe opioids, including physicians and dentists, with access to information on the history of opioids dispensed to their patients, even though this information was readily available from an existing system.

In our follow-up, we found that the Ministry, in collaboration with Ontario Health, has expanded access to drug and pharmacy services information through the broader deployment and adoption of clinical viewers in a variety of clinical settings, including to family health teams, family physicians and other primary care group practices. As of June 2021, 153,190 health-care workers are authorized to use clinical information sharing solutions and Ontario Health has set a target to reach 156,000 by the end of 2021/22. As of July 2021, the Ministry estimates that there were approximately 300,000 active regulated health professionals in Ontario; however not all of them provide direct patient care. As such, they do not all require access to data on patients' history of dispensed opioids.

- *implement additional controls in its health information system to validate the prescriber's licensing status before allowing pharmacists to dispense;*
Status: Fully implemented.

Details

In our 2019 audit, we found that there were unusual or suspicious cases where opioids might have been prescribed or dispensed inappropriately. The Ministry investigated some of these instances and informed us that they were due to data entry errors, such as entering the wrong prescriber licence number or attributing a licence to the wrong regulatory college.

In our follow-up, we found that the Ministry has implemented new additional controls to ensure details of opioid prescriptions dispensed are accurate. For example, as of October 25, 2020, the Ministry's information system has started generating an error message if the pharmacist identification number is associated with a license that is suspended, or if the pharmacists enter a prescriber identification number

that relates to a prescriber who is retired, deceased or whose license is suspended.

- *review the unusual or suspicious cases we identified and share appropriate information with the regulatory colleges as necessary;*

Status: Will not be implemented. Although the Ministry of Health has no plan to review all instances of unusual or suspicious cases we identified, the Office of the Auditor General of Ontario continues to believe that a review of all cases where opioids were dispensed that were associated with inactive licenses should still be investigated.

Details

In our 2019 audit, we found instances where large dosages of opioids were prescribed and dispensed; and instances where pharmacists dispensed opioids that were associated with physicians and dentists with inactive licences.

In our follow-up, we found that in October 2019, the Ministry had a meeting with the College of Nurses of Ontario, the College of Physicians and Surgeons of Ontario, the Ontario College of Pharmacists, and the Royal College of Dental Surgeons of Ontario to discuss unusual or suspicious instances of dispensed opioid prescriptions. As the appropriateness of prescriptions cannot be determined without reviewing the patient's clinical information at the practice level for all health-care providers involved and the details of the patient's prescriptions, the Ministry indicated that it would be the responsibility of regulatory colleges who oversee the professional practice of its members to perform such a practice-level assessment.

The Ministry investigated about 13,000 (or about 15%) instances that we had identified at the time of our audit where opioids were dispensed that were associated with inactive licenses. The Ministry identified that these instances were primarily due to data entry errors. Regulatory colleges were informed of the errors, which led to the development of the additional system controls discussed in the prior action item.

Since the investigation results indicated that the majority of these instances were due to data entry errors, the Ministry informed us that it has no plans

to review the approximately 75,000 other instances of opioid dispensed that were associated with inactive licenses that we had identified at the time of our audit.

- *work with the regulatory colleges to provide them with direct or real-time access to information contained in the Narcotics Monitoring System or regular reports on unusual and/or suspicious prescribers and dispensers.*

Status: Little or no progress.

Details

In our 2019 audit, we found that while regulatory colleges were responsible for investigating inappropriate practices by their members and for taking corrective actions, they did not have real-time or regular access to information on the opioids prescribed and dispensed by their members on which to base their investigations.

In our follow-up, we found that since mid-March 2020, the Ministry and regulatory colleges have prioritized resources to address the provincial response to COVID-19 and to support continued service delivery during this unprecedented time. The Ministry informed us that they are committed to later re-engaging the regulatory colleges to address this recommendation and explore opportunities to provide more timely access to Narcotic Monitoring System data once the COVID-19 environment has stabilized.

Recommendation 10

To provide appropriate and effective treatment based on guidelines for people addicted to opioids, we recommend that the Ministry of Health work with addictions treatment service providers to:

- *develop a process that allows individuals on opioid agonist therapy to be admitted to treatment programs;*

Status: Little or no progress.

Details

In our 2019 audit, we found that while a guideline for caring for people (aged 16 and over) with opioid addiction existed that identifies that people entering an inpatient facility such as a residential addictions treatment program be allowed to continue the opioid agonist therapy they were receiving without disruption, many addictions treatment service providers did not admit people who were taking methadone or buprenorphine-naloxone as part of opioid agonist therapy.

As previously mentioned in **Recommendation 3**, we found that the Ministry is currently developing core services profiles to better understand the quality of addictions treatment services being provided provincially and to identify needed interventions, including the development of new standards or additional investment needed for that service. The initial set of core service profiles is expected to be completed by 2022/23. Changes to standards for use of opioid agonist therapy in residential addictions treatment will also be considered as part of this work.

- *incorporate other addictions treatment services (such as counselling services) into the opioid agonist therapy.*

Status: Little or no progress.

Details

In our 2019 audit, we found that while the guideline for caring for people (aged 16 and over) with opioid addiction recommended that people receiving opioid agonist therapy should also have their other health needs (including addiction treatment needs) addressed, not all service providers ensured that people on opioid agonist therapy also received other addictions treatment services.

As noted above, we found that the Ministry is currently developing core services profiles to better understand the quality of addictions treatment services being provided provincially and to identify needed interventions, including the development of new standards or additional investment needed for that service. The initial set of core service profiles is expected to be completed by 2022/23. Changes to

standards for use of opioid agonist therapy, such as the incorporation of other addictions treatment services alongside this therapy, will be considered as part of this work.

Recommendation 11

To achieve savings and assess the effectiveness of its naloxone distribution through pharmacies as part of the Opioid Strategy, we recommend that the Ministry of Health:

- *evaluate the costs and benefits of bulk buying injectable naloxone kits for pharmacies and implement bulk buying if it results in cost savings;*

Status: Little or no progress.

Details

In our 2019 audit, we found that the Ministry could have achieved potential cost savings of up to about \$7 million if it had administered its naloxone distribution initiative through pharmacies.

In our follow-up, we found that in late 2020, the Ministry completed an internal review of its naloxone programs. Bulk buying of naloxone was considered, however a decision regarding implementation of the review's recommendations has been delayed as a result of the Ministry and provincial government's COVID-19 response. The Ministry informed us that it will revise the review results and consider implementing the proposed recommendations at a later date (still to be determined) once the COVID-19 environment has stabilized.

- *collect detailed information from all participating pharmacies about their naloxone distribution, such as how many people are trained to use naloxone kits to assess the effectiveness of this initiative in order to identify whether any changes are needed.*

Status: In the process of being implemented by December 2021.

Details

In our 2019 audit, we found that the Ministry had collected limited information to assess the effectiveness of the naloxone program.

In our follow-up, we found that the Ministry updated its report back form that pharmacies participating in the Ontario Naloxone Program for Pharmacies are required to submit to the Ministry on a quarterly basis. The form includes collecting information from all participating pharmacies about their naloxone distribution, such as the number of people who obtained naloxone kits, any knowledge of overdoses where the kits were used, and any instances where 911 was called following administration of a kit.

The Ministry was in the process of reviewing the submissions from the updated forms to inform whether additional changes were needed to the program or not. The Ministry expected to complete this review by December 2021.

Recommendation 12

To provide people addicted to opioids with sufficient and consistent services at Consumption and Treatment Services sites (sites), we recommend that the Ministry of Health:

- *analyze data from the existing sites and work with service providers (such as public health units and community health centres) to identify appropriate locations for the sites and what each site's capacity or size should be;*

Status: In the process of being implemented by March 2022.

Details

In our 2019 audit, we found that the Ministry assessed the regions showing the greatest need for sites and identified that of the 10 regions with the highest need for a site, eight had sites in place.

In our follow-up, we found that the Ministry completed a more current data analysis in fall 2020 to identify communities in greatest need of Consumption and Treatment Services sites (sites). The Ministry was working on a capacity analysis by using the updated data analysis on communities in greatest need of sites, as well as two years of program data from existing sites, to better identify the appropriate capacity for each site. This analysis is expected to be

completed in the fall or winter 2021/22, with a final report by March 2022.

- *work with the existing sites to develop standard policies and procedures for operations (such as the type of health-care provider on site and when to contact paramedic services).*

Status: In the process of being implemented by March 2022.

Details

In our 2019 audit, we found that the Ministry had not established provincial standards for how services should be provided at the Consumption and Treatment Services sites (sites) to ensure that they operated as effectively and efficiently as possible and in a consistent way.

In our follow-up, we found that the Ministry has begun assessing the policies and procedures required by the Consumption and Treatment Services funding program, as well as those required by Health Canada for the Supervised Consumption Service exemption. The Ministry was developing a consultation strategy for outreach to sites regarding potential standardization of some policies/procedures with consideration of the need for site-specific operational flexibility and local conditions. This strategy is expected to be completed by March 2022.

Recent Changes and Emerging Trends Relating to Addictions Need To Be Monitored

Recommendation 13

To address emerging addictions issues related to recent government initiatives and consumer habits, we recommend that the Ministry of Health:

- *monitor the use of cannabis by Ontarians of different age groups to determine whether there is a need for additional prevention and addictions treatment services;*

Status: Fully implemented.

Details

In our 2019 audit, we found that the legalization of cannabis may increase cannabis use in Ontario.

In our follow-up, we found that the Ministry has been monitoring data to determine addictions issues related to cannabis use. Sources of this information include the Canadian Cannabis Survey and Centre for Addiction and Mental Health Ontario Student Drug Use and Mental Health Survey:

- The 2020 Canadian Cannabis Survey identified that nationally, 27% of people surveyed reported having used cannabis in the past 12 months, compared to 25% from the previous year's survey.
- The 2019 Centre for Addiction and Mental Health Ontario Student Drug Use and Mental Health Survey identified that 22% of grade seven-to-twelve students reported using cannabis in the past year, compared to 19% of students during the last survey performed in 2017.

No additional prevention and addiction treatment services have been provided to date. However, the Ministry will continue to monitor this information so as to assess and determine the need for additional prevention initiatives.

- *monitor the use of electronic cigarettes (or vaping products) by Ontarians of different age groups to determine whether there is a need for additional prevention and addictions treatment services;*

Status: Fully implemented.

Details

In our 2019 audit, we found that the usage of electronic cigarettes (also known as e-cigarettes or vaping) increased, especially among youth.

In our follow-up, we found that the Ministry has been monitoring electronic cigarette and vaping product usage by Ontarians. Based on this, the Ministry was considering additional non-regulatory measures for the use of these products, including enhancing mental health and addiction services and resources to include vaping and nicotine addiction and establishing a Youth Advisory Committee to provide advice on vaping. However, the Ministry was

waiting until after the COVID-19 pandemic to determine timelines for their implementation.

No additional prevention and addiction treatment services have been provided to date. However, the Ministry will continue to monitor this information so as to assess and determine the need for additional prevention initiatives.

- *study the long-term health effects associated with vaping and investigate cases of vaping-related illness to determine whether there is a need to strengthen the monitoring and applicable regulation on the manufacture, labelling, sale and promotion of vaping products;*

Status: Fully implemented.

Details

In our 2019 audit, we found that the use of electronic cigarettes resulted in cases of severe lung illnesses.

In our follow-up, we found that the provincial government modified the *Smoke-Free Ontario Act, 2017* (Act) to address the issue of youth vaping based on its review of the impacts of vaping to health. As of January 1, 2020, the Act prohibits the promotion of vapour products in retail establishments that are not Specialty Vape Stores or Cannabis Retail Stores. Specialty Vape Stores and Cannabis Retail Stores are only open to people aged 19 years and over.

Effective July 1, 2020, the Act prohibits the sale of flavoured vapour products in retail establishments that are not Specialty Vape Stores or Cannabis Retail Stores, except for menthol, mint and tobacco flavours. The sale of high nicotine concentrations (greater than 20 milligrams/millilitres) is also prohibited in retail establishments that are not Specialty Vape Stores. Specialty Vape Stores are also required to ensure that indoor displays or promotions of vapour product are not visible from outside their places of business at any time of day.

The Ministry will have ongoing collaboration with the federal government on issues within their legislative requirements, including manufacturing and labelling.

- *perform an assessment on the impacts of increased alcohol availability to the health system (including impact on emergency department visits and need for addictions treatment services) and use this assessment as part of future addictions treatment funding decisions.*

Status: Little or no progress.

Details

In our 2019 audit, we found that the provincial government's policy decisions would increase the availability of alcohol across Ontario. These decisions could lead to increased alcohol consumption as well as acute and chronic health harm.

In our follow-up, we found that the Ministry has not yet begun any work to address this recommended action item due to its prioritization of other initiatives, including work on the provincial response to COVID-19 and to support continued service delivery during this unprecedented time. However, the Ministry informed us that it will later revisit and address this recommendation once the COVID-19 environment has stabilized.