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ADDICTION SERVICES IN YORK REGION

The Health and Emergency Medical Services Committee recommends the adoption of the recommendations contained in the following report, October 23, 2008, from the Commissioner of Community and Health Services with the addition of Recommendation No. 4 as follows:

4. That the requests from the Regional Chair be forwarded to all York Region M.P.P.'s. and copied to the local municipalities.

1. RECOMMENDATIONS

It is recommended that:

1. The Regional Chair write to the Minister of Health and Long-Term Care regarding the funding shortfall for addiction services in York Region and request that provincial funding allocations for addiction services be based on the population size, growth and community characteristics of York Region.

2. The Regional Chair write to the Minister of Health and Long-Term Care and the local hospitals in York Region to advocate for the development of a residential withdrawal management treatment facility (detox) in York Region.

3. The Regional Clerk circulate this report to local municipalities, the Central Local Health Integration Network, Addiction Services of York Region, the Vitanova Foundation, the Caritas Project—Community Against Drugs, and the United Way of York Region, for their information.

2. PURPOSE

This report responds to a request from the Health and Emergency Medical Services Committee on April 24, 2008 to provide an overview of the addiction services that are available in York Region as outlined in *Attachment 1*. This report also identifies gaps in service and funding shortfalls for addiction services in York Region.

3. BACKGROUND

On April 24, 2008, the Health and Emergency Medical Services Committee requested a report outlining:

- The number of agencies in York Region that provide addiction services, identifying who provides what service and to whom.
- Information regarding rehabilitation programs, specifically the number of beds or clients served.

An addiction is considered to be an illness that requires treatment

An addiction is defined as the psychological and bodily dependence on a substance or practice which is beyond voluntary control. Those suffering from dependence can range in age from the very young to very old, represent all economic and ethnic groups, and can be dependent on alcohol, illegal drugs, prescription drugs, and gambling. An addiction is considered an illness and those addicted suffer from a compulsive craving and many cannot quit by themselves. Addiction research indicates that treatment can reduce alcohol and drug dependency.

Ministry of Health and Long-Term Care (MOHLTC), Central Local Health Integration Network (LHIN), and community-based service providers work together to provide addiction services to York Region residents

The majority of funding for addiction treatment services in Ontario comes from the MOHLTC. The MOHLTC funds a range of treatment options including assessment and treatment planning, community treatment, residential treatment, day/evening treatment, and withdrawal management (detox). Many, but not all of these treatment options are available to York Region residents. *Attachment 1* provides a complete list of addiction services in York Region.

LHINs are mandated to plan, integrate and fund health services, including addiction treatment services. York Region is within the Central LHIN. The Central LHIN serves the largest population of any LHIN in Ontario and York Region makes up 55% of the population. The remaining population is from the northern section of the City of Toronto and a small part of Simcoe County. There are approximately 30,000 York Region residents in Woodbridge that are within the boundary of the Central West LHIN.

Community-based health service providers are heavily relied upon to deliver addiction treatment services in York Region. There are three agencies in York Region that provide addiction services: Addiction Services of York Region, The Vitanova Foundation and The Caritas Project—Community Against Drugs.

York Region Public Health provides substance abuse promotion and prevention programming, and harm reduction services

Guided by the MOHLTC *Mandatory Health Programs and Services Guidelines (December 2007),* York Region provides substance abuse promotion and prevention programming, and harm reduction services. These services are delivered through the Substance Abuse Prevention Program and the Needle Exchange Program and include

media campaigns, education, consultation, counseling, and resource development aimed at reducing the harm and risk associated with substance misuse. The Needle Exchange Program operates both fixed and mobile needle exchange sites. York Region's mobile site, the Street Outreach Van, is funded in part through the Community and Health Services' Community Development and Investment Fund.

Addiction Services of York Region received more than half of new substance abuse funding from the Central LHIN

The Central LHIN, which includes the northern section of the City of Toronto, most of York Region, and southern Simcoe County, has an addiction service base budget of $3,728,600. On September 8, 2007 the Minister of Health and Long-Term Care announced increased funding for substance abuse services. The Central LHIN received an additional $1,142,900 in annualized funding. This additional funding was allocated as follows:

1. Additional 5% increase to all substance abuse service providers $49,600
2. General increase for new enhanced services $1,093,300

In September 2007, the Central LHIN met with community-based substance abuse service providers to determine existing service capacity, identify gaps in service, and made recommendations for new/enhanced services.

York Region received more than 50% of the new funding:

1. $200,000 Humber River Regional Hospital, Level 3 Withdrawal Management.
2. $ 84,000 Humber River Regional Hospital, Community Treatment and Aftercare.
3. $168,000 North York General Hospital, Community Treatment and Aftercare.
4. $ 33,600 Simcoe Outreach Services, Community Treatment and Aftercare.
5. $607,700 Addiction Services of York Region, Community Treatment and Aftercare.

4. ANALYSIS AND OPTIONS

There are four interconnected issues in York Region that must be addressed, namely:

1. Prevalence.
2. Funding inequities.
3. Wait times.
4. Access to service.

15% of York Region residents may have an addiction problem

A report prepared by the Senate Committee on Social Affairs, *Out of the Shadows at Last* (2006), estimates that 15% of any population have addiction problems. The Central LHIN used this research as a baseline for estimating of prevalence in the Central LHIN 2009/10 Annual Service Plan. Prevalence in the Central LHIN for 2006 was estimated at approximately 240,000, however, only 8,500 people were provided with an addiction

service. These service level statistics suggest that the many people in the Central LHIN who have addiction problems are not receiving service or sought service outside of the LHIN. Although, the exact number of addicts in York Region is unknown, the York Region Street Outreach Van estimates that there are 1,500 injection drug users in the community. The Outreach Van only reaches 20% of the estimated users.

Addiction treatment is also a critical element of any anti-poverty strategy. As outlined in *York Region's Community Plan to Address Homelessness (2008)* and the *Key Policy Directions for the Provincial Poverty Reduction Strategy* (approved by Council in June 2008), the improvement of service capacity is considered a priority in order to adequately support the needs of our residents. As such, increased funding for addiction treatment in high growth areas like York Region is required as part of a comprehensive approach to reducing poverty.

Per capita spending has not kept pace with population growth

York Region is the fastest growing Census Division in Ontario. York Region's population has grown 22% between 2001 and 2006, and this rapid growth is expected to continue over the next 20 years.

This growth and the needs associated with it are not reflected in per capita health care spending which includes spending on hospital operations, long-term care homes, community care access centres, community support services, and community mental health and addictions. The 2007 per capita health care spending for the Central LHIN was the second lowest of Ontario's LHINs. The Central LHIN's per capita funding for 2007-2008 is $847. The provincial average is $1,499. The Central West LHIN, where several Vaughan residents reside, had the lowest per capita funding.

According to the Central LHIN, the disparity in the per capita health care spending among the LHINs can be attributed to a number of reasons including:

- High population growth in the Central LHIN over the past 20 years.
- Historical across the board funding increases that were not targeted to high growth areas.
- Impact of the Integrated Population-Based Allocation methodology.

Although specific per capita allocations for addiction spending was not available for comparison, in a community experiencing such change and growth as York Region, all funding allocations that are based on population size, growth and community characteristics are best. If more services were available, more clients would be able to attend treatment to overcome their dependence.

Wait times for addiction services in York Region are higher than the provincial average and than most of our neighbouring communities

The Central LHIN highlighted wait times as a major issue impacting the addiction sector in the *Central LHIN 2007/08 Annual Service Plan.* Residents are waiting an average of 23 days for an assessment and 41 days for treatment. These rates are significantly higher than the provincial average and higher than most of our neighbouring communities. The unfortunate result is that people tend not to attend treatment if they are put on a wait list.

The Community and Health Services Department works with residents to enhance their lives but staff are finding it challenging locating appropriate and timely resources to those that require assistance with substance abuse issues. Until residents suffering with substance issues and addictions receive treatment, it is difficult for them to fully contribute to the economic, social and cultural activities of our communities.

Residents that require the assistance of a provincially-funded detox facility must travel outside of York Region to access service

The Central LHIN does not have a residential withdrawal management program and as a result residents have to travel outside of their communities to access these services. Most residential withdrawal management programs, commonly known as detox, require hospital sponsorship and are costly to operate.

Detox services are offered at either the Royal Victoria Hospital in Barrie or from any of five programs located south of Danforth Avenue in Toronto. Access to these programs is an issue as transporting clients outside of the LHIN is difficult.

The 17-bed detox at the Royal Victoria Hospital serves all of York Region, Simcoe County, southern Muskoka and Parry Sound Districts. The MOHLTC has benchmarked a provincial average of five detox beds per 100,000 population aged 15 or older. Using Statistics Canada, Census 2006 data, York Region should have at least 36 detox beds.

The York Region Ontario Works Program provides financial assistance to participants receiving residential treatment through non-provincially funded programs provided by the Vitanova Foundation and the Caritas Project

Under certain circumstances, detox may be provided in a community setting. In York Region, the Vitanova Foundation and the Caritas Project both operate non-provincially funded residential treatment programs. York Region, through the Ontario Works program, provides financial assistance to participants who are receiving residential treatment through these community service providers. While York Region has no direct funding relationship with either of these organizations, the financial assistance provided to Ontario Works participants provides an indirect level of support to what is considered two vital programs required to meet the needs of participants suffering from dependence.

Residents who leave their community for addiction services risk the loss of the vital supports required for recovery from family and friends. In many cases, residents choose to go without needed services. York Region residents need equal opportunity for health and well being and that means local and timely access to health and social services must be a priority.

5. FINANCIAL IMPLICATIONS

There are no financial implications associated with this report.

6. LOCAL MUNICIPAL IMPACT

Addiction treatment services are limited and do not meet the needs of residents in York Region's communities. Increased investment in community based addiction treatment within York Region is important to all local municipalities. It will mean increased treatment for those struggling to overcome dependence on alcohol, illicit drugs and problem gambling. These services reduce dependency and improve the health of clients. It may also assist in reducing costs associated with crime and health care and allow these residents to become full contributors to our economy and communities.

7. CONCLUSION

Substance abuse exists in our communities and may continue to grow if appropriate addiction service levels and programs are not offered within York Region. The MOHLTC and has recently acknowledged the shortfall in this area and increased its funding allocations and the Central LHIN has begun advocating for a detox facility. However, significant gaps in service still remain. Community treatment services are limited throughout the Region and there are no detox facilities. Wait times are long and the current range of services does not meet the needs of our diverse and growing communities.

York Region's support of the recommendations to advocate for funding that is based on population size, growth and community characteristics, and the development of a local detox facility, will help to improve the level and type of addiction services in this region.

For more information on this report, please contact Cordelia Abankwa-Harris, Managing Director, Strategic Service Integration and Policy Branch at Extension 2150.

The Senior Management Group has reviewed this report.

(The attachment referred to in this clause is attached to this report.)