



Volume 1, Chapter 3.02—Addictions Treatment Programs 2019 Value-for-Money Audit

Why We Did This Audit

- Ontario has committed to invest \$3.8 billion over 10 years (2017/18–2026/27) for mental health and addictions services, so it is important that funding for addictions services is allocated appropriately to effectively meet the needs of Ontarians.
- Opioid-related deaths, hospitalizations and emergency department visits in Ontario have been increasing.

Why It Matters

- Addictions are complex conditions in which problematic substance use or behaviours can interfere with a person's life.
- The Canadian Mental Health Association estimated that about 10% of Ontario's population uses substances problematically.
- A 2018 study published by the Canadian Centre on Substance Use and Addiction estimated that the overall costs and harms of substance use in Ontario was over \$14.6 billion in 2014.

What We Found

- The Ministry of Health (Ministry) allocates funding for addictions treatment services without determining the need for each type of service across the province. Funding for addictions treatment programs grew approximately 25% from about \$191 million to about \$239 million between 2014/15 and 2018/19. It primarily went to non-residential counselling services despite clients presenting with more complex addictions needs, which may require more intensive services.
- The Ministry funds addictions treatment service providers without evaluating the effectiveness of their programs. While some service providers identified ways to assess the effectiveness of their programs (such as interviewing clients or conducting client surveys), the Ministry has never asked for this information.
- Wait times for all addictions treatment programs grew between 2014/15 and 2018/19; for example, from an average of 43 to 50 days for residential treatment programs. This resulted in more repeat emergency department visits within 30 days for substance-use conditions. Service providers also informed us that they are aware of clients who were incarcerated, attempted suicide or died while waiting for treatment.
- The Ministry has imposed a set of standards for withdrawal management programs, but no standards are imposed for residential and non-residential treatment programs. This results in significant differences in how the same type of program is delivered by different service providers. For example, the length of residential treatment ranges from 19 to 175 days and client-to-staff ratios range from two to 12 clients per staff.
- Despite spending about \$134 million on the Opioid Strategy, opioid-related deaths, emergency department visits and hospitalizations continue to increase. For example, between 2016 and 2018, opioid-related deaths grew by about 70% from over two deaths a day (867 deaths in 2016) to more than four deaths a day (1,473 deaths in 2018). Opioid Strategy funding is also not targeted at treatment for opioid addictions in regions with the highest need.
- The Ministry does not proactively share information on unusual or suspicious dispensing of opioid prescriptions with regulatory colleges on a regular basis, even though such information can assist the colleges to identify and take action against inappropriate practices. For example, from 2014/15 to 2018/19, about 88,000 instances of opioids dispensed were associated with about 3,500 inactive prescriber licences dating back to 2012 or earlier. The inactive licences included about 400 prescribers who were deceased (including two physicians who died in 1989) and 10 prescribers whose licences were revoked due to disciplinary reasons (including a physician whose licence was revoked in 2000).
- The impacts of emerging issues, such as vaping, need to be monitored to identify the need for additional addictions services. In September 2019, three incidences of vaping-related severe lung disease were under review in Ontario and the Ministry started requiring hospitals to report all cases of vaping-related lung disease. In October 2019, the US government also reported over 30 deaths and more than 1,400 cases of severe lung illness tied to vaping products. It announced a plan to remove almost all flavoured vaping products from the US market and several states have enacted legislation to ban the sale of vaping products, but none of the provinces in Canada have banned such sale.

Conclusions

- The Ministry does not have fully effective processes and procedures in place to co-ordinate and deliver addictions services in a timely and cost-effective manner that meets the needs of Ontarians requiring these services. This has resulted in long wait times for addictions treatment and increasing repeat emergency department visits for substance-use conditions.
- The Ministry does not have effective processes and procedures in place to oversee and monitor addictions service providers, and its funding for them, to ensure that appropriate legislation, agreements and/or relevant policies are followed. This is because the Ministry has not established sufficient relevant treatment and care standards to ensure consistent operations and service delivery by addictions treatment service providers.
- The Ministry does not have effective processes and procedures in place to measure and report to the public about the results and cost-effectiveness of addiction services in meeting their intended objectives because it has not collected enough information from service providers to assess the effectiveness of their services.

Read the audit report at www.auditor.on.ca