

**9**

**AGENCIES  
BOARDS  
COMMITTEES**



## COMMUNITY DRUG STRATEGY NORTH BAY & AREA

November 21, 2025

To: Ontario Association of Police Service Boards  
Zone 1A

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Topic: Prescription Diversion Project: Partnership and Collaboration "the birth of change."

Across Ontario and beyond, powerful prescription drugs are being diverted almost immediately after purchase. The medications being diverted pose a risk to individuals who are not regular consumers, often very young clients. There are various reasons why clients divert their prescriptions, such as for basic needs like food and shelter, generating income to cover expenses, or exchanging prescriptions for other drugs like fentanyl. However, the primary motivation appears to be strictly profit, as clients sell their prescriptions to others to make money. Additionally, some believe these prescriptions are safer options compared to the unregulated drug supply.

We have been informed that the Public Prosecution Service of Canada (PPSC) is aware of this issue and is committed to supporting police services in investigating and prosecuting such cases.

Please support the Partnership and Collaboration - "the birth of change" - to ensure the approval of the current regulations. Thank you for your time and dedication to public safety.

Detective Brad Reaume  
Patricia Cliche Reg. N.





**District of Nipissing**

## **Partnership and Collaboration “the birth of change”**



**Det. B. Reaume**  
Co-Chair

**COMMUNITY  
DRUG STRATEGY**  
NORTH BAY & AREA

**Ms. P. Cliche, R.N.**  
Co-Chair

Prescription Diversion Project  
November 2025

**Partnership and Collaboration**  
***"the birth of change"***

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## **Partnership and Collaboration**

### ***"the birth of change"***

#### **Location of Project:**

The Prescription Diversion project is underway in the Nipissing District, located in Northeastern Ontario, established in 1858. The district seat is North Bay. North Bay is a diverse community with a population of 52,662 and a regional trading area of 112,000, covering the districts of Nipissing, Parry Sound, Timmins, Temiskaming Shores, and Cobalt.

The North Bay Census Agglomeration includes the Municipalities of East Ferris, Callander, and the Townships of Bonfield and Chisholm. Unorganized townships include Nipissing North and the Municipality of Powassan. As of the 2021 Census, the total population of North Bay, CA is 71,736.

English is the primary language, with a smaller French-speaking community. Indigenous people comprise 10.7% of the population, with the majority identifying as First Nations.

Three general hospitals operate in the Nipissing District: North Bay Regional Health Centre, West Nipissing General Hospital, and Mattawa General Hospital.

The region receives policing services from the North Bay Police Service, Ontario Provincial Police, both municipal and regional offices, and the Anishinabek. Police Service.

#### **Definition of Prescription Diversion:**

Diversion occurs when a prescription holder receives medication from a pharmacist/dispenser and is then traded or sold. This may come in many forms, as low-impactful as a benefit holder assisting a family member with costs or non-narcotic medication.

Diversion is the illegal distribution or abuse of prescription drugs, or their use is not intended by the prescriber. The vast majority of diversion includes the sale or trade of prescribed narcotics for currency or a more desired narcotic like fentanyl and analogs of fentanyl.

#### **Background:**

In February 2025, the Street Crime Unit of the North Bay Police Service recognized that Prescription Diversion within the community was continuing to increase. Detective Brad Reaume reported that he had been informed by a dealer that he had arrested "that everyone diverts their medication". This person continued to relay statements such as they are like "candy on the streets, kids are buying them," and "you're doing the same thing you did with oxy's all over again."

During the execution of several search warrants, 8mg Dilaudid pills and prescription bottles were found routinely, and during one search warrant, over 1000 pills were discovered.

Hydromorphone is being sold and traded for a preferred narcotic- Fentanyl (Analog). The pills are then sold for a profit to low-tolerance individuals and introduction to substance abusers. A concerning factor is that young people are seeking out dealers to purchase these pills.

Methadone, a Schedule II narcotic used to treat Opioid use disorder, is also sold and traded for the preferred drug of choice. **(See Appendix A: Slide deck *Diversion North Bay.ppt*)**

In February 2025, a series of meetings took place with various stakeholders and partners to begin addressing the issue strategically. Detective Brad Reaume and Patricia Cliche from the



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Community Drug Strategy – North Bay & Area assumed the roles of Chairs for the Prescription Diversion Project.

A series of meetings from February through to March 10, 2025, were hosted with addiction physicians presenting the issue and soliciting input and recommendations from the prescribers. Also in February, an awareness letter, "Withdraw Management & Opiate Prescribing Issue," was sent to all addiction physicians as well as to the Department of General & Family Practice at the North Bay Regional Hospital.

On May 2, 2025, Detective Brad Reaume and Pat Cliche met with our local MPP, Vic Fedeli, to communicate the issue of diversion and address some regulatory changes. MPP Fedeli advised us to speak directly to the staff at the Ministry of Mental Health and Addictions, and that at the first opportunity, he would pass on information to the Associate Minister Honourable Vijay Thanigasalam.

On May 27, 2025, a Media Release was posted to communicate and raise awareness around the issue of diversion and the types of medications that are a risk to individuals who are not regulated consumers. **(See Appendix B: Media Release)**

During July 2025, we had the opportunity to discuss the issue of Prescription Diversion via a virtual platform with three staff members from the Ministry of Mental Health and Addictions. The meeting was an opportunity to discuss future steps and plans regarding the North Bay project, ensuring to share and keep the Ministry up to date on plans and progress.

In our past experiences with our development of Bill 33 – Safeguarding our Communities Act, it was realized that the pharmacists were Gatekeepers to assist in the success of projects. We scheduled two meetings with all our local pharmacy outlets to seek their recommendations to address this concern.

First meeting was held on April 10 with some suggested recommendations, and on August 28, 2025, a large symposium with pharmacists, enforcement, addiction physician from Sudbury, partners from the local Mental Health & Addiction Committee and a Lived experience person who stated she had lost two partners to overdose but that she had "trafficked her prescriptions over 10,000 times." The participants revealed crucial facts relating to actual diversion, indicating that prescription holders quickly (within 24 hours) divert their prescriptions for sale or trade. This key fact is supported by police investigations, where diverted medications were discovered and supports the regulatory changes recommended.

This issue of diversion is also not isolated to one community; it is widespread across the province. In Timmins, Police seized \$1.26 million in drugs and arrested 22 people, the result of a major drug operation in Timmins and Attawapiskat First Nation. Project Albion was conducted in conjunction with the Timmins Police Service, the Ontario Provincial Police, and it began in September 2024. They also seized \$100,000 in cash. Among the drugs seized were: fentanyl, crystal methamphetamine, methamphetamine pills, cocaine, oxycodone (Percocet and



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### ***"the birth of change"***

OxyContin pills), hydromorphone pills, morphine pills, psilocybin, lorazepam, Ritalin, MDMA, two motor vehicles, a rifle, a conducted energy weapon, and various paraphernalia consistent with drug trafficking.

Finally, in London, Ontario, CBC news reported on July 8, 2024, that about half of the opioids seized by London, Ont., police last year were prescribed Dilaudids.

Dilaudids made up roughly 15,000 of the hydromorphone pills seized in 2023.

#### **Goal for Prescription Diversion:**

To work with various community pharmacists, prescribers and committee members to explore potential best practices/strategies and regulatory options that may mitigate the impact of prescription diversion.

#### **Objective for Prescription Diversion:**

To convene working forums with identified pharmacists, prescribers and committee members under one umbrella to focus on the issues surrounding prescription diversion and then to develop multiple strategies aimed at reducing or eliminating the issue.

#### **Deliverables: (Strategies-Recommendations)**

##### **(A) Recommendations: Addiction Physicians on March 10, 2025**

1. Utilization of screening tool by all prescribing physicians in our area to ensure consistent screening of all clients.
2. Prescribing physicians will schedule and document a call-back screening program as a pilot.
3. The NBPS will notify the individual physician via a private text with a photo of all and any identified prescription bottles discovered during a search. It is the responsibility of the physician to then notify and speak to the client. (A legal discussion currently ongoing to determine if this contravenes privacy regulation)
4. Future meetings will be arranged with the community pharmacy outlets.
5. Suggestions that we re-initiate the return of Methadone bottles to the pharmacy or clinics used.

##### **(B) Recommendations: Pharmacy Outlets on April 30, 2025**

1. Return of Methadone Bottles to the pharmacy or clinic, but must be consistent across all pharmacy outlets. Develop a Best Practice regulation so that all outlets are compliant.
2. **Call-back** process for a pre-determined time period. Zero tolerance policy for clients if not compliant; they will be obligated to speak to their physician and be subject to a quantitative urine sampling investigation. The pharmacy will do if funding is available for consultation fees, which will sufficiently interfere with hydromorphone diversion.
3. Investigate the feasibility of a written, signed contract between the patient and physician. Violation of regulations will result in the immediate termination of the prescription.
4. Remove Dilaudid 8 mg (Hydromorphone) from provincial pharmacy coverage, **OR** develop a standard and accepted callback regulation requiring prescribers to call back



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patients on a random basis to demonstrate the medication has not been diverted. This will be done on a no less than 4 times per year, and there shall be no announcement of this regulation.

5. Physicians, when prescribing, observe the client taking Kadian. This will eliminate Kadian in our communities.

**(C) Recommendations: August 28, 2025**

**Regulatory Recommendations for Prescription Diversion**

Opioid diversion poses a significant risk to both public health and community safety. Our committee believes that these recommendations strike a balance between ensuring appropriate access to necessary pain medications and safeguarding our communities from the risks associated with diversion. A multifaceted approach will also provide patients with safer, evidence-based alternatives for managing pain and addictions.

All pharmacy outlets in Ontario must remain consistent and compliant with all approved regulations regarding prescription diversion.

**1. Formulary Adjustments**

- **Delist from the Ontario Drug Benefit (ODB) Formulary**
  - Dilaudid (hydromorphone) 8mg tablets: DIN 00786543 and all its generic interchangeables
  - Hydromorph Contin 24mg (DIN 02125382) and 30mg (DIN 02125390), and 4.5 mg (DIN 02359502) capsules with all their generic interchangeables
- **Restrict access to higher-strength formulations from General Benefits to Limited Use (LU) or Exceptional Access Program (EAP)**
  - Dilaudid 4 mg tabs (DIN 00125121) and all its generic interchangeables
  - Hydromorph Contin 18mg caps (DIN 02243562) and all its generic interchangeables

**2. Dispensing Regulations**

- If Kadian is to be provided, the administration **must be observed**. There is to be no take-home prescription. Exceptions under certain circumstances, such as when the provider is closed for the weekend.
- Implement legislation limiting opioid dispensing to a **maximum 14-day supply**
- Establish a **random "call-back" program**, allowing pharmacists/physicians to request that patients return their dispensed opioid medications in their original containers for verification and count
- A **nominal \$5:00 fee** would be reimbursed under ODB for each callback, limited to four (4) callbacks per client per year
- Require that all **methadone carry bottles be returned** with their original label intact for patients to receive their next carry supply.



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**3. Enhanced Pain Management Options**

- Expand provincial coverage to support a multifaceted approach to acute pain management to include:
- Addition of non-opioid options to the ODB formulary, muscle relaxants, tramadol, and tramacet, anti-inflammatories such as ketorolac
- Short-term coverage for physiotherapy, chiropractic care, massage therapy, and psychotherapy

**4. Alternatives to Opioid Detoxification**

- Explore and implement non-opioid-based approaches to detoxification, reducing reliance on opioids in the recovery pathway.

**(D) Other recommendations and suggested prevention strategies**

- Legislative changes are needed, such as delisting higher strengths of opioids and limiting prescription quantities to reduce diversion and encourage reflection on dosage choices.
- Improve regulations and reporting mechanisms to address prescription diversion and trafficking.
- Review concerns around the lack of coverage for alternative pain management treatments, suggesting this contributes to addiction issues and the need to consider broader healthcare system reforms.
- Potential strategies to detect and prevent prescription diversion, including the use of technology for remote medication monitoring.
- Reporting of physicians if it is known that they are aware their client is diverting their medication and ignore the issue. Should they be reported to their college for them to review their practice?
- A creation of a clear reporting channel for pharmacists and physicians that can be implemented quickly.
- The need to address this issue proactively to avoid legal challenges, similar to a Class Action suit with Oxycodone.

**Actions to Address Prescription Diversion**

1. Seek approval from the Ministry of Mental Health and Addictions for our submitted Proposal of September 18, 2025. and presently the latest format Partnership and Collaboration – “the birth of change”
2. Increase public education and awareness not only in schools but also among the general public.
3. The need to review and recommend some mandatory guidelines for the use of Methadone, such as the actual consulting during treatment and determining the length of time that a client remains on Methadone.
4. Seek approval and letters of support from various partnerships throughout our Province.

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**Appendices:**

- Appendix A: Slide Deck – Diversion North Bay ppt.
- Appendix B: Media Release
- Appendix C: Prescription Diversion Membership
- Appendix D: Sample Motion to approve Prescription Diversion Submission





# Diversion Trends – North Bay April 30 2025



Diversion – is the trade/sale of prescribed medications

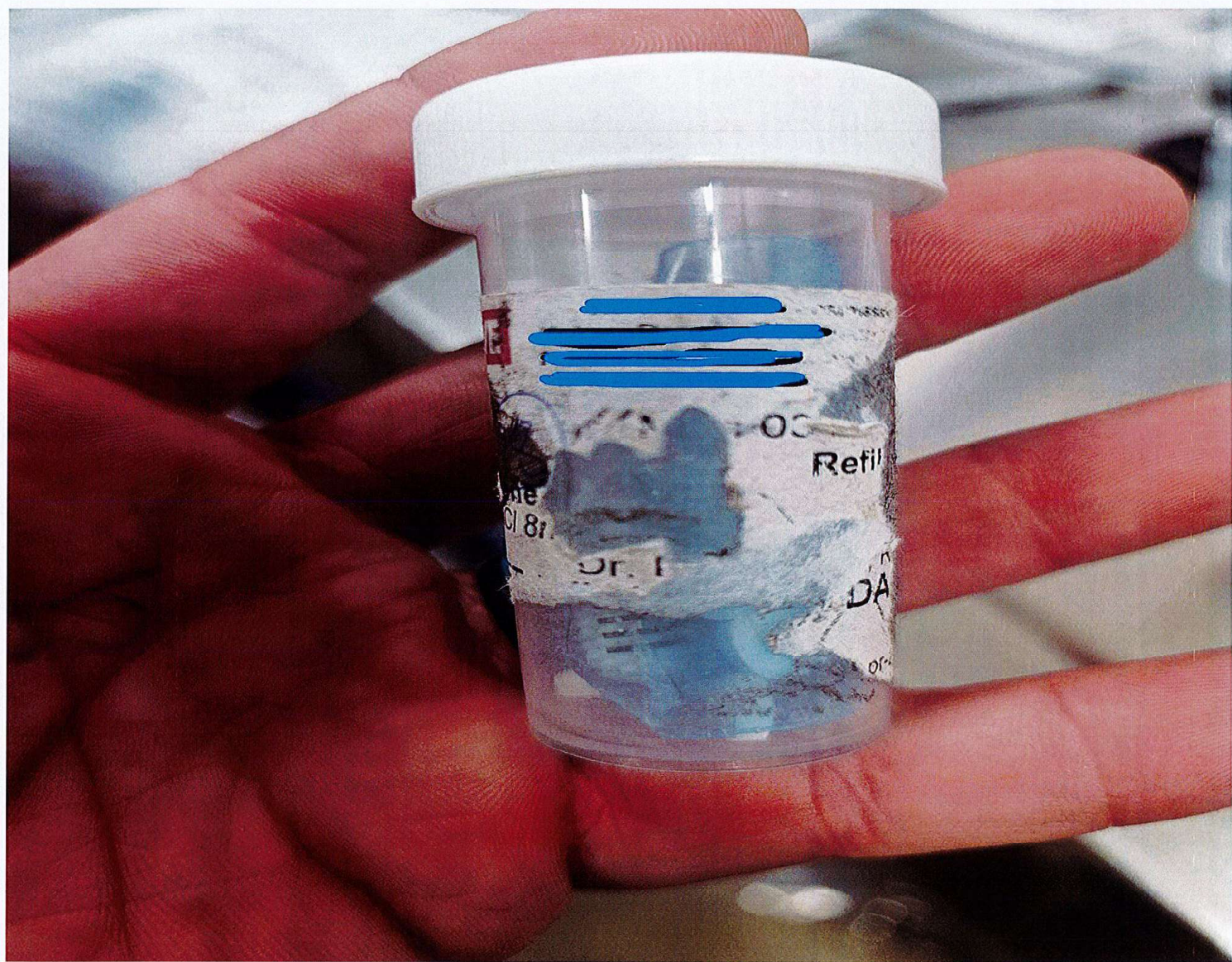
Alarming conversations with traffickers who have expressed concerns “They’re flooding the streets like candy” “Kids are asking for them”

“Your doing the same thing you did with oxys”











DL



A hand-drawn diagram of a downward-opening parabola, representing a concave function. The curve is drawn with a dark pen on a light background. Below the parabola, there is a horizontal line segment and a vertical line segment, possibly indicating axes or a reference frame.













**BUPRENORPH/NALOX 8MG/2MG**

TEVA-BUPRENORPH/NALOXONE 8/2 MG

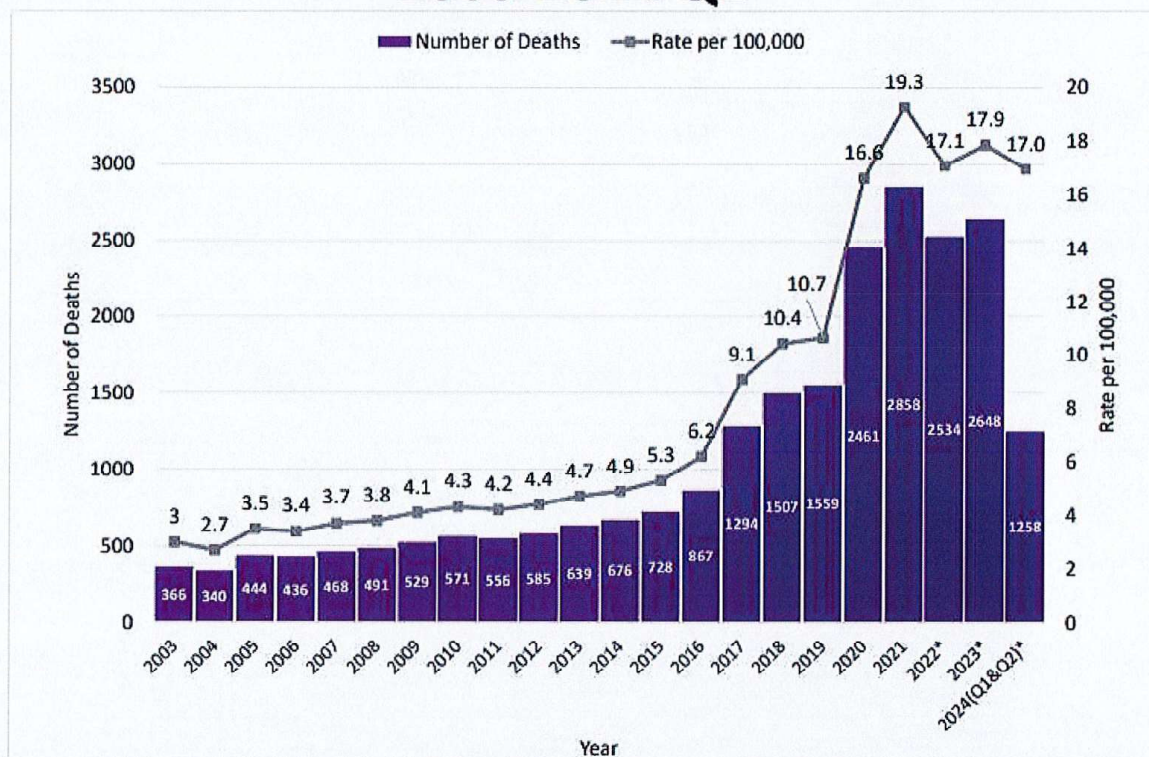
Qty: 90 TAB

**DISSOLVE 1 TABLET  
UNDER THE TONGUE 3  
TIMES DAILY (90 TABLETS  
EVERY 30 DAYS)**

DR. W. Graham



## Opioid toxicity deaths in Ontario by year, 2003-2024 Q2



In **2021**, the mortality rate for opioid toxicity in Ontario was **19.3** per 100,000 population; **more than double** the rate in 2017 (9.1).

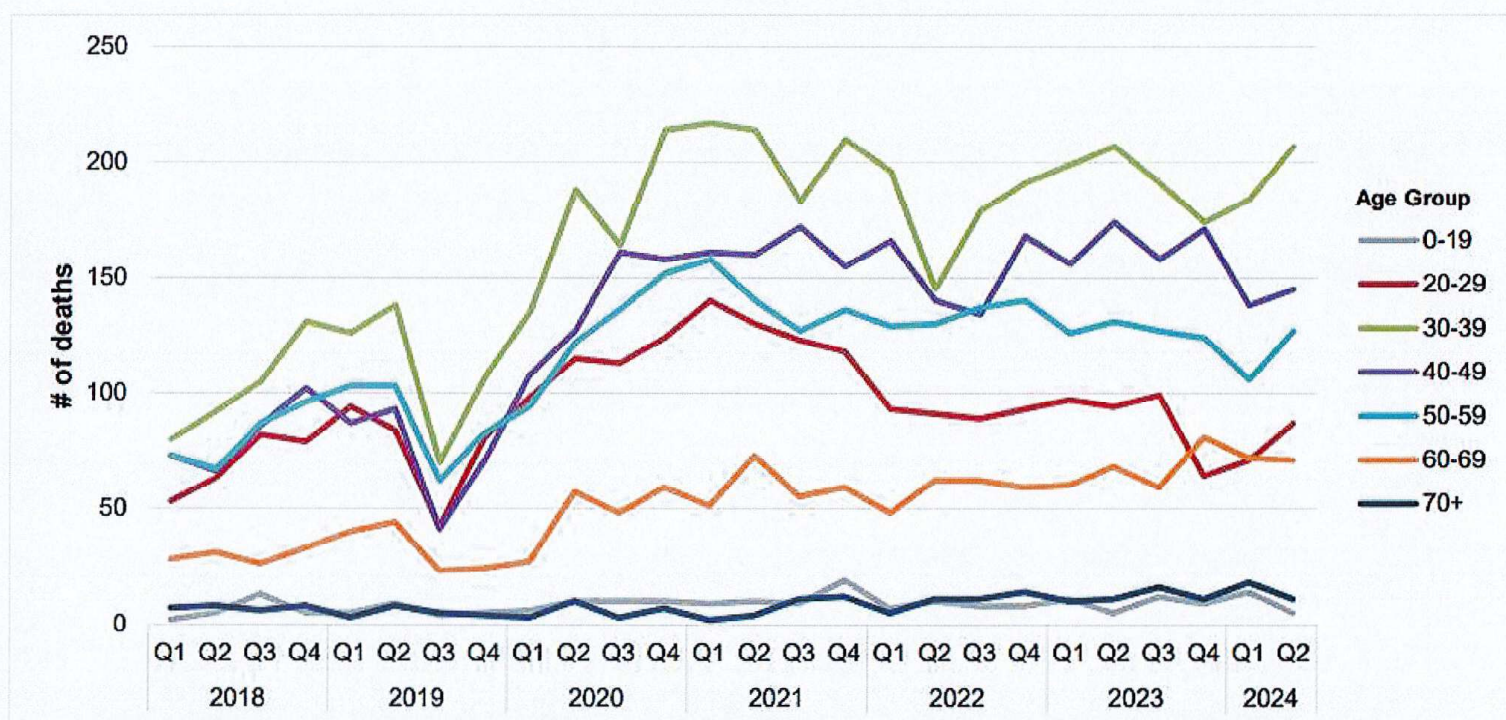
In **2024(Q1&Q2)**, the mortality rate has **decreased by 12%** compared to 2021, however remains **59% higher** than in 2019.

Source: Office of Chief Coroner (OCC) - Data effective October 28, 2024

Includes confirmed and probable opioid toxicity deaths and ongoing investigations where information may be pending. Data are preliminary and subject to change.



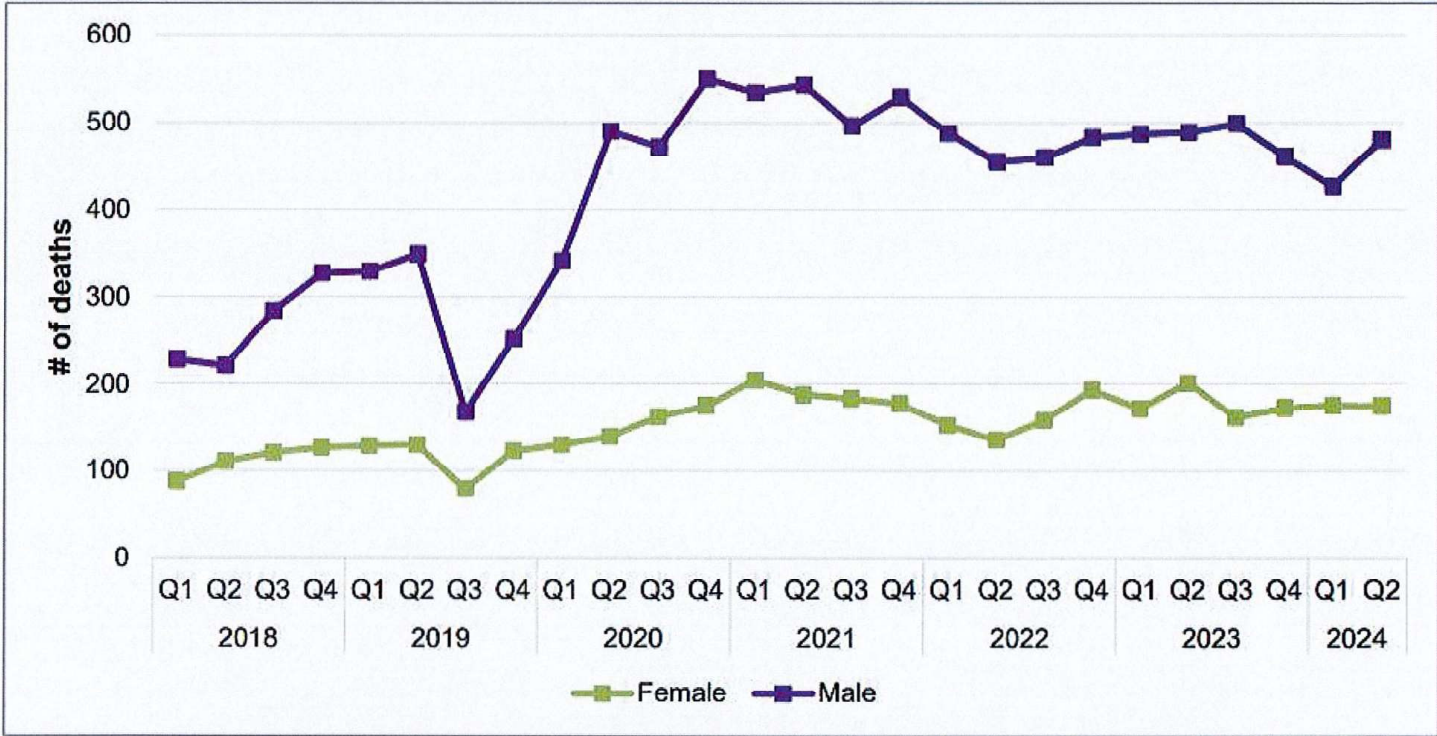
## Opioid toxicity deaths in Ontario by age group, 2018-2024 Q2



Age groups **30-59** continue to be **most impacted**, accounting for 73% of deaths in Q2 2024.



# Opioid toxicity deaths in Ontario by sex, 2018-2024 Q2

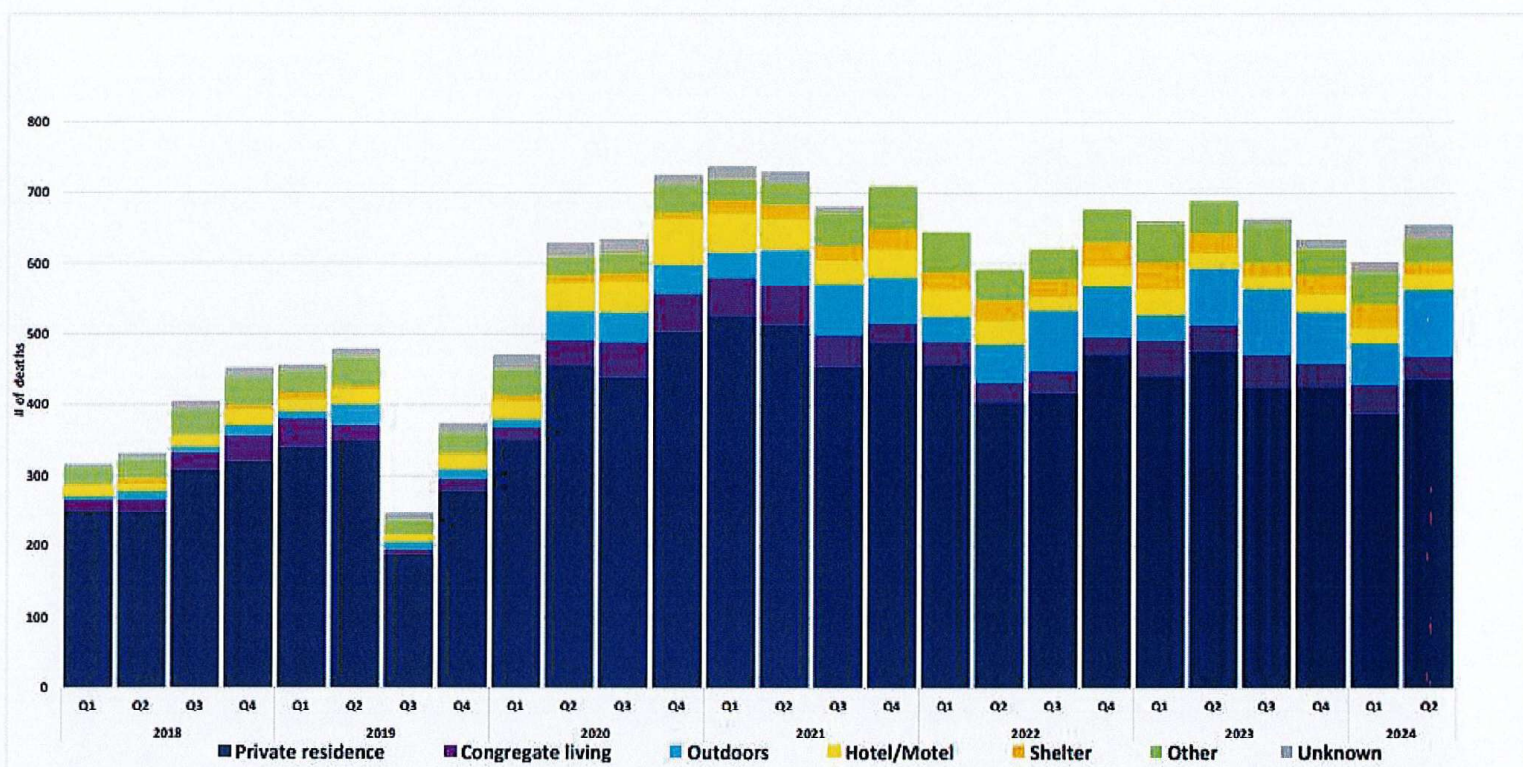


**3 in 4 deaths** have been among **males** since the start of the pandemic.

Source: Office of Chief Coroner (OCC) - Data effective October 28, 2024.  
Includes confirmed and probable opioid toxicity deaths and ongoing investigations where information may be pending. Data are preliminary and subject to change.



## Locations of Incident among Opioid Toxicity Deaths in Ontario, 2018-2024 Q2



**The majority of fatal opioid toxicity events (nearly 7 in 10) occur in private residences.**

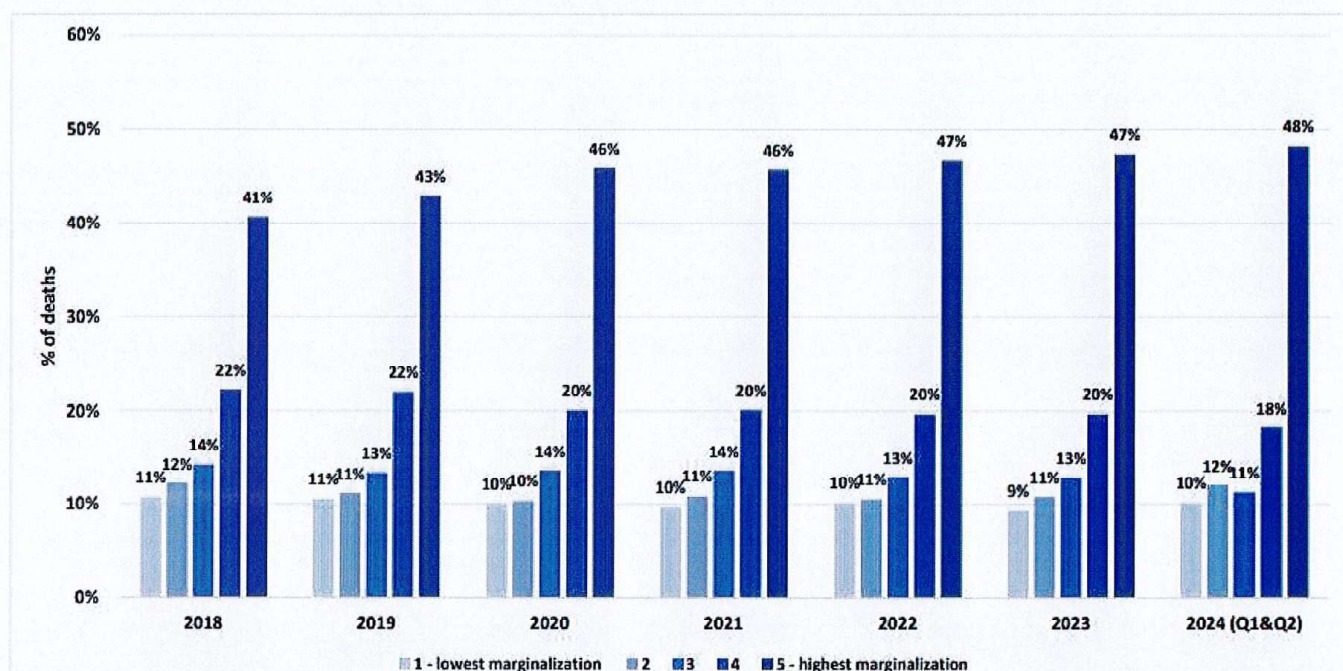
Source: Office of Chief Coroner (OCC) - Data effective October 28, 2024.

Includes confirmed and probable opioid toxicity deaths and ongoing investigations where information may be pending. Data are preliminary and subject to change.

\*Other\* locations of incident include: Correctional Facility, in Custody, Hospital/Clinic, in a Vehicle, Public building, and Industrial (Construction Site, Factory, Plant, Warehouse, Mine)



## Material Resources Marginalization Index among opioid toxicity deaths in Ontario, 2018-2024 Q2



**Nearly half of all opioid toxicity deaths occur among people living in areas experiencing the highest level of material resource marginalization (i.e., extreme difficulty attaining basic material needs).**

Source: Office of Chief Coroner (OCC) - Data effective October 28, 2024. Includes confirmed and probable opioid toxicity deaths and ongoing investigations where information may be pending. Data are preliminary and subject to change.

Based on postal code of residence where available; if missing, then postal code of incident is used. The [2021 Ontario Marginalization \(ON-MARG\) Index](#) uses dissemination area (defined as a "relatively stable geographic unit with average population of 400 to 700 persons") and material resources quintiles. The material resources dimension is related to poverty and the inability to attain basic material needs such as housing, food, clothing, and education. It is a known limitation that ON-MARG may not be able to accurately represent Indigenous reserves, Indigenous people living off reserve or institutionalized populations (nursing homes, penitentiaries etc.) due to how the information is collected in the census.



## Substances involved in opioid toxicity deaths in Ontario, 2018-2024 Q2

	% of Opioid Toxicity Deaths by Year						
	2018	2019	2020	2021	2022	2023	2024 (Q1&Q2)
<b>Non-Pharmaceutical Opioids</b>							
Total fentanyl/Fentanyl analogues	67.9	75	85.7	88.8	83.4	86.2	83
Fentanyl	64.4	53.4	85.5	87.9	81.8	82.3	76.2
Carfentanil	6.3	31.4	0.5	4.3	7.6	3.1	1.5
Other Fentanyl Analogues**	1.4	1.3	1.2	0.6	1.7	2.2	24.2
Detection of Fluorofentanyl*	0	0	0	0.8	6.4	42.5	47.6
Detection of Butyryl/Isobutyryl/Methyl-fentanyl*	0	0	0	0	0	1.3	27.8
Nitazenes*	0	0	0	0.2	0.8	0.6	0.9
Heroin	7.2	4.1	1.7	0.8	0.4	0.7	0.8
<b>Opioids Indicated for Pain</b>							
Codeine	4.6	2.6	1.9	1.4	1.5	1.4	1.5
Oxycodone	11.1	9.1	4.9	3.8	5.7	4.6	5.3
Hydromorphone	10.8	10.1	6.1	5.9	6.9	7.5	8.4
Tramadol	1.1	0.6	0.4	0.2	0.4	0.4	0.6
Morphine	10.7	8	5.2	4	5.7	5.4	5
<b>Opioid Agonist Treatment</b>							
Methadone	12.9	12.9	10.4	10.3	9.5	8.7	10.1
Buprenorphine	0.1	0.3	0.3	0.1	0.1	0.4	0.4
<b>Other Substances</b>							
Total Stimulant(s)	43.5	48.3	56.9	59.3	59.9	67.3	66.7
Methamphetamine	16.3	20.5	25.8	30.2	32.1	34.9	36.2
Cocaine	32.2	34.4	41.6	40	39.6	47.9	45.1
Other Stimulants	2.4	1.4	1.7	1.2	1.3	2.2	2.3
Alcohol	13.7	12.6	12.8	10.6	12.2	11.6	10.3
Benzodiazepines	11.9	8.4	9.1	11.1	11.2	31.8	43.1
Detection of nonpharmaceutical benzodiazepines*	32.7	29.8	45	63.8	48.8	64.7	64
Detection of xylazine*	0	0	0.2	2.1	2.5	3.1	4

**Fentanyl** continues to contribute to the majority (76.2%) of opioid toxicity deaths.  
**Stimulants** are involved in nearly 7 in 10 opioid toxicity deaths.

Source: Office of Chief Coroner (OCC) - Data effective October 28, 2024.

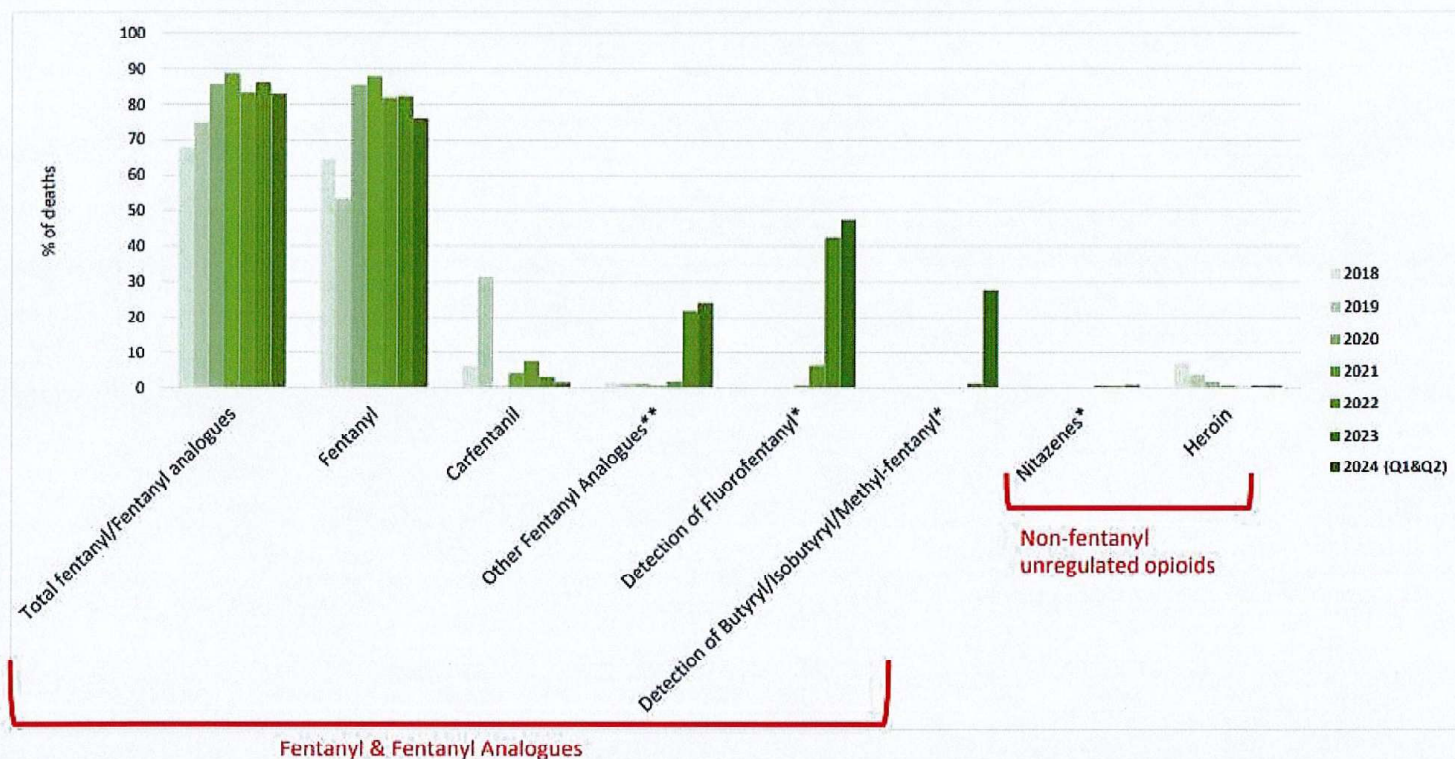
Includes confirmed opioid toxicity deaths only. Data are preliminary and subject to change. Data reflect substances attributed to cause of death unless otherwise indicated.

\*Due to evolving toxicology methods and best practices around quantifying and defining toxic levels of novel fentanyl analogues, nitazenes, non-pharmaceutical benzodiazepines, and xylazine, these substances may not be consistently characterized in the cause of death.

\*\*Includes Para-fluorobutyryl Fentanyl, Cyclopropylfentanyl, Furanylfentanyl, Despropionyl Fentanyl, Furanyl UF 17, Butyryl/Isobutyryl/Methyl-fentanyl, Fluorofentanyl, and Acetyl/fentanyl



## Unregulated Opioids Involved in Opioid Toxicity Deaths in Ontario, 2018-2024 Q2



**In 2024 to date (Q1&Q2):**  
**Fentanyl/Fentanyl Analogues** are attributed to over 4 in 5 opioid toxicity deaths.  
**Fluorofentanyl** is detected in nearly half of opioid toxicity deaths.  
**Butyryl/Isobutyryl/Methyl-fentanyl** is detected in nearly 3 in 10 opioid toxicity deaths.

Source: Office of Chief Coroner (OCC) - Data effective October 28, 2024.

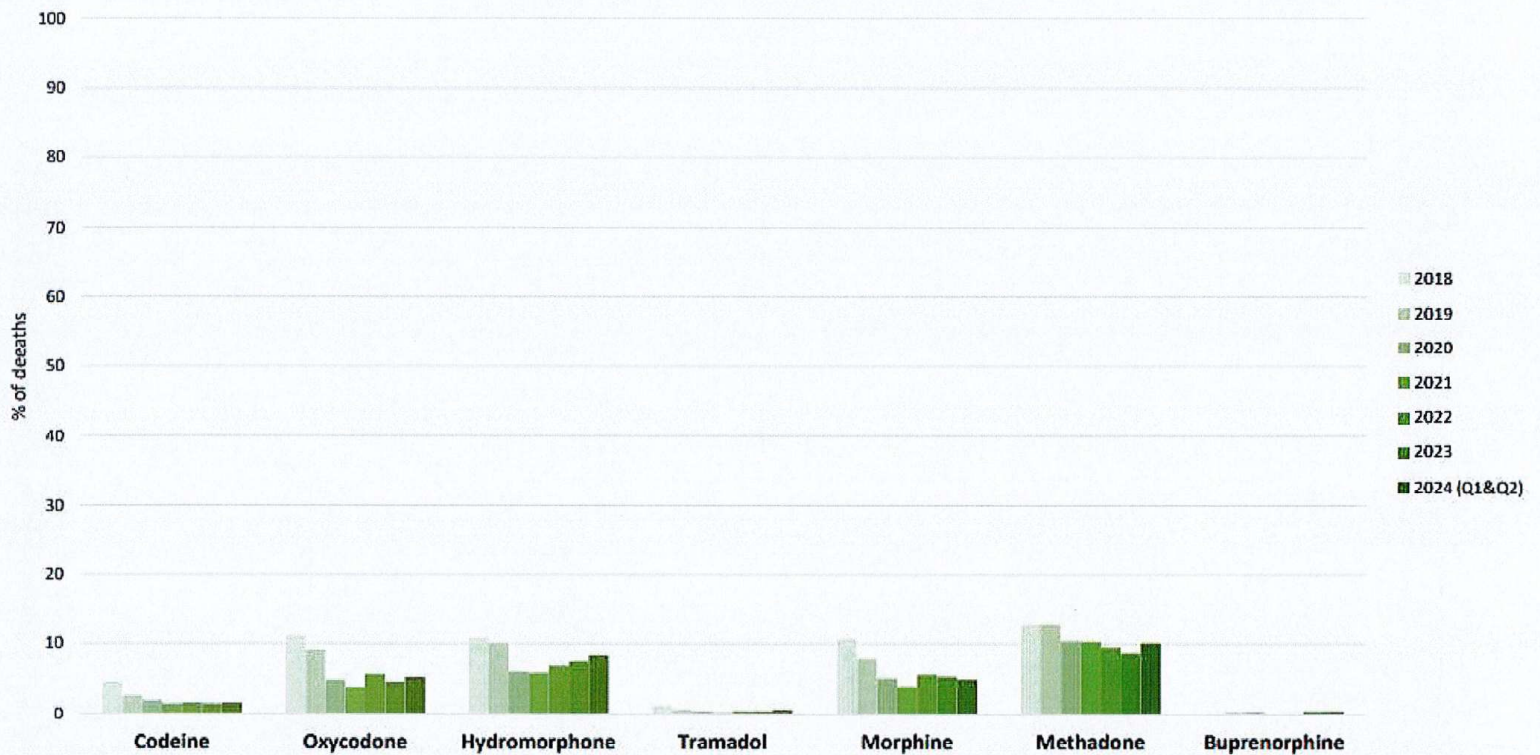
*Includes confirmed opioid toxicity deaths only. Data are preliminary and subject to change. Data reflect substances attributed to cause of death unless otherwise indicated.*

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*\*\*Includes Para-fluorobutyryl Fentanyl, Cyclopropylfentanyl, Furanyl fentanyl, Despropionyl Fentanyl, Furanyl UF 17, Butyryl/Isobutyryl/Methyl-fentanyl, Fluorofentanyl, and Acetyl fentanyl*



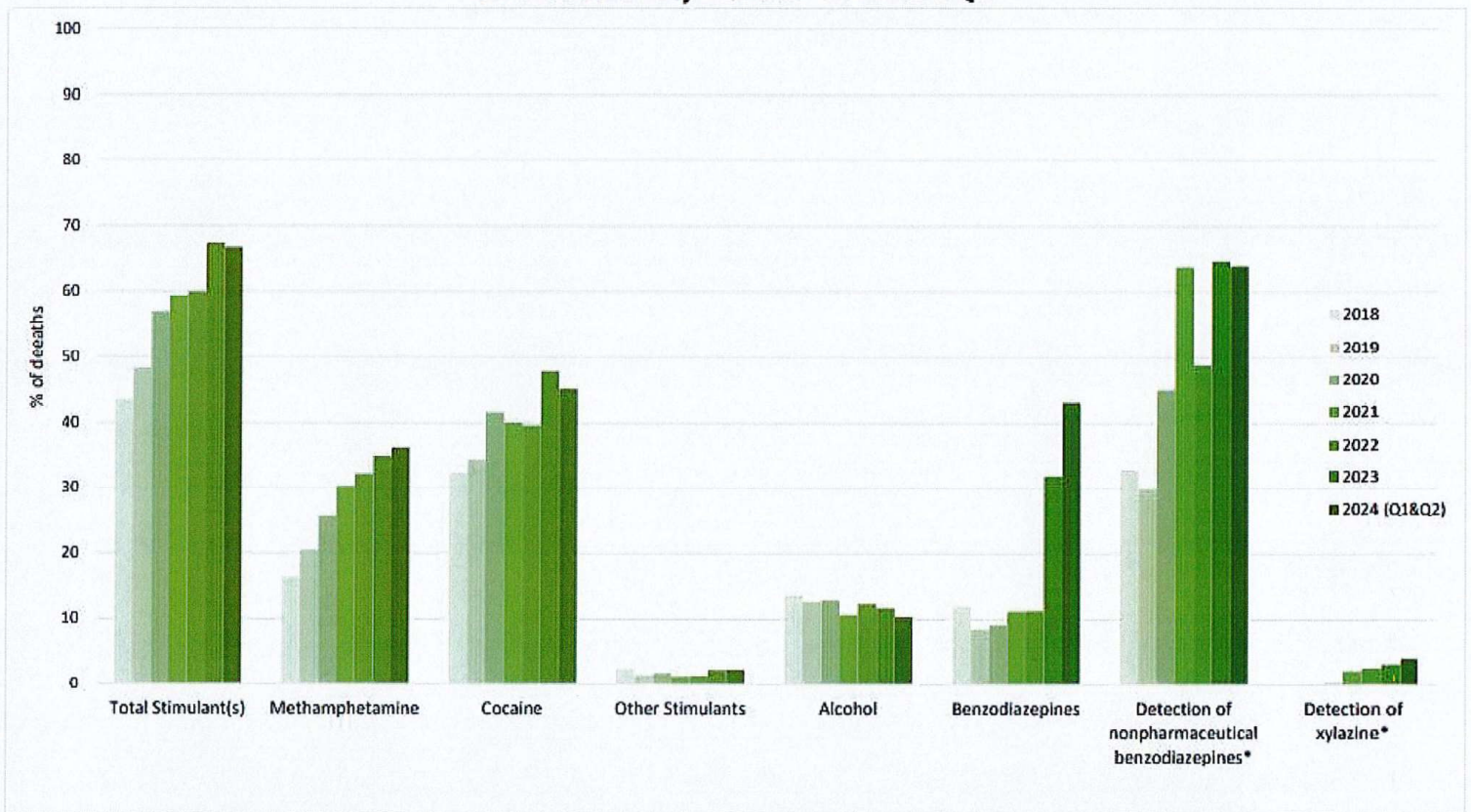
## Regulated Opioids Involved in Opioid Toxicity Deaths in Ontario, 2018-2024 Q2



**Regulated Opioids** in the absence of fentanyl are attributed to death in less than 1 in 6 in opioid toxicity deaths (Q1&Q2 2024).



## Other Substances Involved in Opioid Toxicity Deaths in Ontario, 2018-2024 Q2



**Benzodiazepines** are involved in over 3 in 5 opioid toxicity deaths (Q1&Q2 2024).

**Cocaine** is involved in over 2 in 5 opioid toxicity deaths (Q1&Q2 2024).

Source: Office of Chief Coroner (OCC) - Data effective October 28, 2024.

Includes confirmed opioid toxicity deaths only. Data are preliminary and subject to change. Data reflect substances attributed to cause of death unless otherwise indicated.

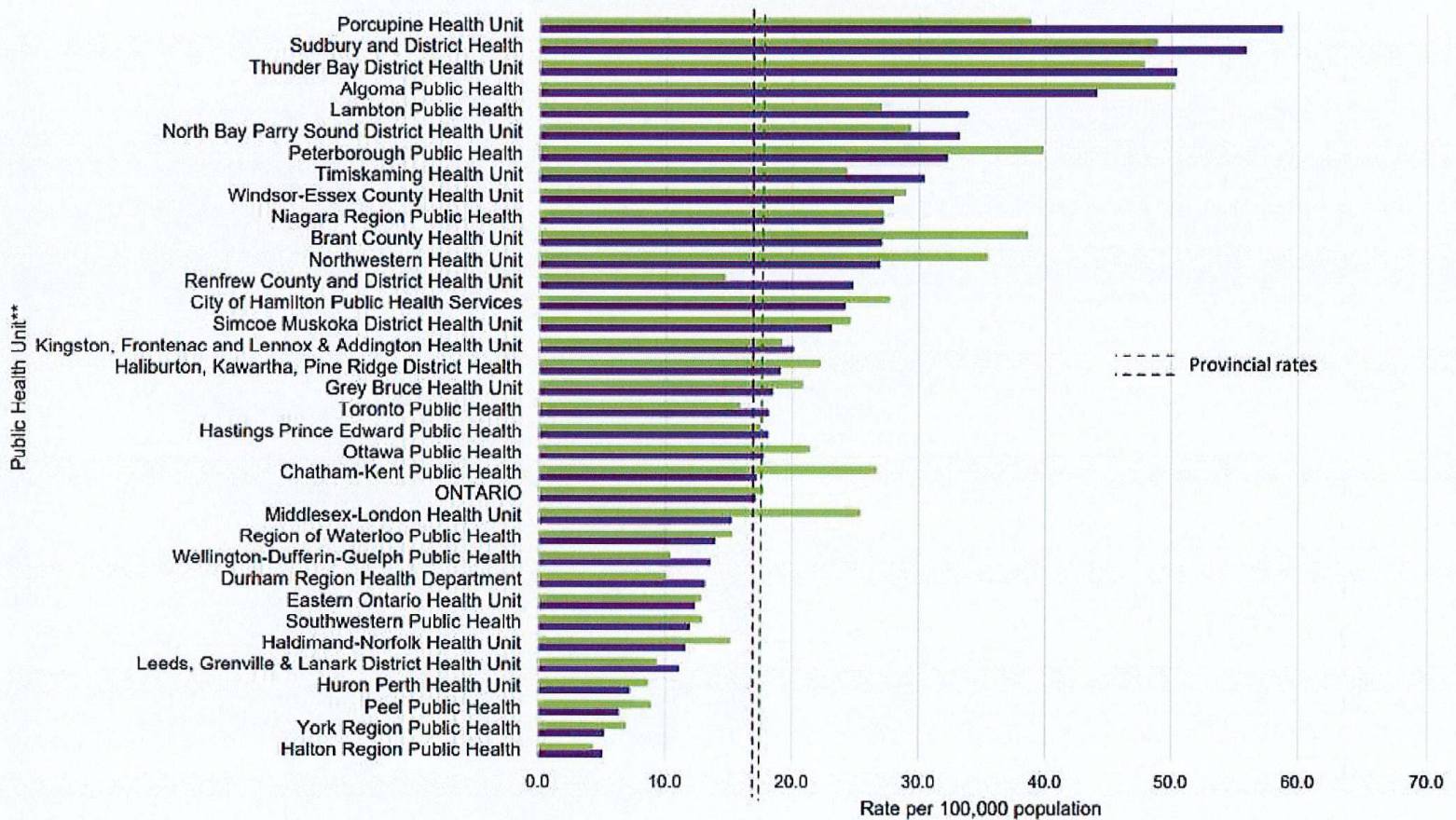
\*Due to evolving toxicology methods and best practices around quantifying and defining toxic levels of novel fentanyl analogues, nitazenes, non-pharmaceutical benzodiazepines, and xylazine, these substances may not be consistently characterized in the cause of death.



## Opioid toxicity mortality rate by PHU region - Annual

Most recent two years of data available\*

■ Previous Year (July 2022 to June 2023) ■ Most Recent Year (July 2023 to June 2024)



Source: Office of Chief Coroner (OCC) - Data effective October 28, 2024.

\*includes both confirmed and probable opioid-related deaths, preliminary and subject to change

\*\*based on location of incident



## Opioid Toxicity Mortality Rate by Census Subdivision (CSD)

Ten (10) CSDs with the highest mortality rates in 2024 Q1&Q2:

Census Subdivision**	Opioid toxicity* mortality rate per 100,000 population (annualized)	Number of Opioid toxicity deaths
SAULT STE. MARIE	64.2	24
THUNDER BAY	59.6	33
SARNIA	56.7	21
TIMMINS	52.4	11
PETERBOROUGH	51.5	22
NORTH BAY	47.8	13
ORILLIA	46.3	8
GREATER SUDBURY	45.0	38
WINDSOR	41.7	48
BRANTFORD	40.8	22
<i>Ontario (for reference)</i>	17.0	1258

Source: Office of Chief Coroner (OCC) - Data effective October 28, 2024.

\*Includes both confirmed and probable opioid-related deaths; **preliminary and subject to change.**

\*\*Based on location of incident. Among CSDs with >30,000 population.





## Contact Information

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# MEDIA RELEASE

*North Bay Police Service*

**COMMUNITY  
DRUG STRATEGY**  
NORTH BAY & AREA

For immediate release

on May 27, 2025

## **Media Release “Prescription Diversion”**

The North Bay Police Service has identified an increased presence of diverted prescription opioids within the North Bay community. Prescribed substances such as hydromorphone, morphine sulphate, and medications for Opiate Agonist Treatment are frequently encountered in drug investigations, and there have recently been significant quantities showing up in police investigations revealing evidence of diversion. Diversion occurs when an individual, who is prescribed medication, sells, trades, or gives their narcotics to someone else. Once these narcotics enter the community, they pose a risk to individuals who are not regulated consumers.

To address this growing concern, the Community Drug Strategy and North Bay Police have been working with local prescribers and pharmacists, to explore potential prevention strategies and regulatory options that may mitigate the impact of prescription diversion in both the community and surrounding areas. Everyone involved has expressed a strong willingness to partner in identifying and implementing solutions.

Medications are a vital part of our lives and are essential for effectively treating various conditions and diseases. When medications are no longer needed or have expired, it is imperative that you dispose of them safely and properly.

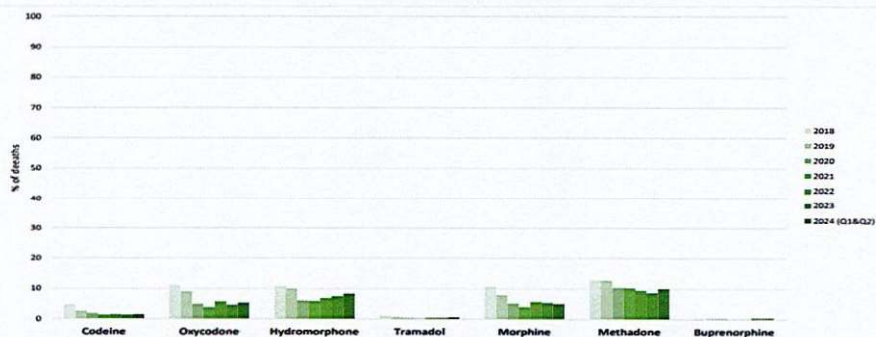
Proper disposal is crucial to prevent the accidental or intentional misuse of medications. Take action by dropping off your unused or expired medications at participating pharmacies where this service is available free of charge any day of the week.

Remember, selling your prescription medications is not just discouraged; it is illegal under the Control Drugs and Substance Act (CDSA) and carries serious penalties. Make the responsible choice and dispose of medications correctly.



**According to the Office of the Chief Coroner, Regulated Opioid use is involved in just under one in 6 deaths**

**Regulated Opioids Involved in Opioid Toxicity Deaths  
in Ontario, 2018-2024 Q2**



**Regulated Opioids in the absence of fentanyl are attributed to death in less than 1 in 6 in opioid toxicity deaths (Q1&Q2 2024).**

Source: Office of Chief Coroner (OCC) - Data effective October 28, 2024.  
Includes confirmed opioid toxicity deaths only. Data are preliminary and subject to change. Data reflect substances attributed to cause of death unless otherwise indicated.

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**For further inquiries please contact:**

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### Prescription Diversion Project Membership

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**Prescription Diversion Motion**

We, the undersigned, formally support the motion for "Partnership  
and

Collaboration – the birth of change" passed on the date of  
November 21, 2025, in North Bay, Ontario.

Moved by: \_\_\_\_\_

Seconded by: \_\_\_\_\_

Name of Agency/Organization

\_\_\_\_\_



Partnership and Collaboration  
*"the birth of change"*



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DRUG STRATEGY  
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