

10TH REPORT OF THE
COMMUNITY AND PROTECTIVE SERVICES COMMITTEE

Meeting held on August 1, 2017, commencing at 4:02 PM, in the Council Chambers, Second Floor, London City Hall.

PRESENT: Councillor M. Salih (Chair); Acting Mayor M. van Holst; Councillors B. Armstrong, M. Cassidy, P. Squire and H.L. Usher and J. Bunn (Secretary).

ALSO PRESENT: Councillor J. Helmer; R. Armistead, B. Coxhead, C. Da Silva, S. Datars Bere, T. Gaffney, M. Geudens, K. Graham, S. Khan, K. Koltun, G. Kotsifas, M. Marcellin, M. Ribera, L. Rowe, C. Smith, S. Stafford, and T. Thomas.

I. CALL TO ORDER

1. Disclosures of Pecuniary Interest

That it BE NOTED that no pecuniary interests were disclosed.

II. CONSENT ITEMS

2. Middlesex-London Health Unit

That it BE NOTED that communications dated June 27, 2017, from J. Helmer, Chair, Middlesex-London Board of Health, with respect to the Middlesex-London Health Unit 2016 Reserve/Reserve Fund Balances and Funding Apportionment, were received. (2017-F20/2017-F11-A)

Motion Passed

YEAS: M. Salih, M. Cassidy, P. Squire, H.L. Usher, M. van Holst (5)

III. SCHEDULED ITEMS

3. Community Diversity and Inclusion Strategy

That, on the recommendation of the Director, Community and Economic Innovation, on behalf of the Community Diversity and Inclusion Strategy (CDIS) Steering Committee and Champions, the following actions be taken:

- a) the Community Diversity and Inclusion Strategy, as appended to the staff report dated August 1, 2017, BE ENDORSED in principle; it being noted that this aspirational document was developed by Londoners who share City Council's interest in a more diverse and inclusive London;
- b) the CDIS Steering Committee BE REQUESTED to report back to the Community and Protective Services Committee on a proposed structure to support implementation;
- c) the Civic Administration BE DIRECTED to report back to the Community and Protective Services Committee regarding strategies in the CDIS which refer to, or could affect, The Corporation of the City of London; and,
- d) a letter of thanks and acknowledgement BE PROVIDED from the Mayor, on behalf of City Council, to all Londoners who contributed to the CDIS process;

it being noted that the Community and Protective Services Committee received the attached presentation from R. Hussain and J. Antone, Community Diversity and Inclusion Strategy Steering Committee. (2017-S15)

Motion Passed

YEAS: M. Salih, B. Armstrong, M. Cassidy, P. Squire, H.L. Usher, M. van Holst (6)

4. Establishment of Opioid Crisis Working Group

That the following actions be taken with respect to addressing the opioid crisis in London:

- a) the Mayor BE DIRECTED to liaise with key community stakeholders in order to establish an Opioid Crisis Working Group, comprised of the Mayor and other interested key community stakeholders; and,
- b) the Opioid Crisis Working Group BE REQUESTED to report back to the Municipal Council with details of its relationship with other strategies and working groups, and proposed terms of reference for the Working Group that would provide for:
 - i) consultation with the community;
 - ii) exploration of a response to the current situation, including the possibility of supervised injection sites; and,
 - iii) development of recommendations as to how to best address the opioid crisis in London;

it being understood that the Working Group will liaise with the Civic Administration in the development of the proposed terms of reference, including establishing a timeline for completion of the Working Group's mandate;

it being noted that the Community and Protective Services Committee received the attached presentation from Dr. G. Hovhannisyan, London-Middlesex Health Unit, with respect to this matter. (2017-S12)

Voting Record:

Motion to approve part a).

Motion Passed

YEAS: B. Armstrong, M. Cassidy, H.L. Usher, M. van Holst (4)

NAYS: M. Salih, P. Squire (2)

Motion to approve the balance of clause 4.

Motion Passed

YEAS: M. Salih, B. Armstrong, M. Cassidy, H.L. Usher, M. van Holst (5)

NAYS: P. Squire (1)

Motion to approve that the communication dated July 20, 2017, from Mayor M. Brown, regarding the establishment of an Opioid Crisis Working Group, BE REFERRED to the Civic Administration for review and report back on the broader issues and various initiatives regarding addictions in order to ensure that the next steps taken by the City are the most effective in terms of strategically addressing the issues faced in the local community; it being noted that the Community and Protective Services Committee received the attached presentation from Dr. G. Hovhannisyan, London-Middlesex Health Unit, with respect to this matter. (2017-S12)

Motion Failed

YEAS: M. Salih, P. Squire (2)

NAYS: B. Armstrong, M. Cassidy, H.L. Usher, M. van Holst (4)

IV. ITEMS FOR DIRECTION

5. Ontario Works Rates

That A. Oudshoorn BE GRANTED delegation status, for the purpose of making a presentation with respect to Ontario Works rates, at a future meeting of the Community and Protective Services Committee. (2017-S12)

Motion Passed

YEAS: M. Salih, B. Armstrong, M. Cassidy, P. Squire, H.L. Usher, M. van Holst (6)

6. London Public Library Art Collection

That the Civic Administration BE DIRECTED to report back at a future meeting of the Community and Protective Services Committee with respect to the potential transfer of the London Public Library's collection of art from the Library to Museum London, in order to enable the continued storage and preservation of the collection, with such report to address any legal, financial or other considerations. (2017-R03)

Motion Passed

YEAS: M. Salih, B. Armstrong, M. Cassidy, P. Squire, H.L. Usher, M. van Holst (6)

7. 8th Report of the Diversity, Inclusion and Anti-Oppression Advisory Committee

That the following actions be taken with respect to the 8th Report of the Diversity, Inclusion and Anti-Oppression Advisory Committee:

- a) the following actions be taken with respect to the minutes of the Education and Awareness Sub-Committee meeting held on May 24, 2017:
 - i) a community awareness event based on the theme of Gender Identity, Gender Expression and the impact of Intersectionalities on Gender BE APPROVED, in principle; it being noted that the Education and Awareness Sub-Committee will report back at the next meeting of the Diversity, Inclusion and Anti-Oppression Advisory Committee (DIAAC) with the details regarding the proposed event, including budget; and,
 - ii) the minutes of the Education and Awareness Sub-Committee, from its meeting held on May 24, 2017, BE RECEIVED; and,
- b) clauses 1 to 4 and 6 to 13, BE RECEIVED.

Motion Passed

YEAS: M. Salih, B. Armstrong, M. Cassidy, P. Squire, H.L. Usher, M. van Holst (6)

V. DEFERRED MATTERS/ADDITIONAL BUSINESS

8. Deferred Matters List

That the August 2017 Deferred Matters List for the Community and Protective Services Committee BE RECEIVED.

Motion Passed

YEAS: M. Salih, B. Armstrong, M. Cassidy, P. Squire, H.L. Usher, M. van Holst (6)

9. (ADDED) 7th Report of the Accessibility Advisory Committee

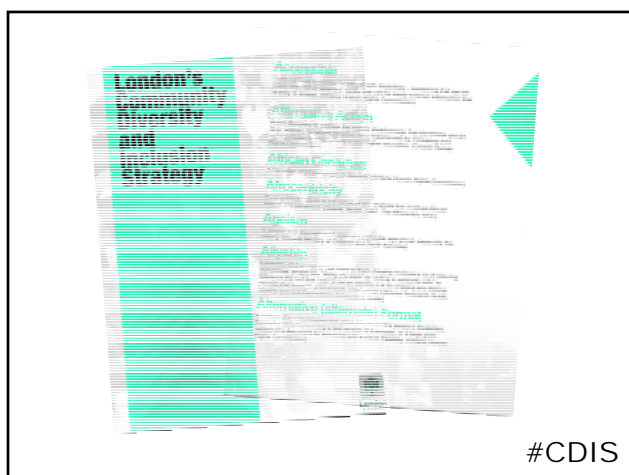
That it BE NOTED that the 7th Report of the Accessibility Advisory Committee, from its meeting held on July 27, 2017, was received.

Motion Passed

YEAS: M. Salih, B. Armstrong, M. Cassidy, P. Squire, H.L. Usher, M. van Holst (6)

VI. ADJOURNMENT

The meeting adjourned at 6:17 PM.



London is a diverse and inclusive community that honours, welcomes, and accepts all people; where people have the power to eliminate systemic oppressions.

#CDIS

Statement of Commitment

The City of London commits to:

- Mandating equity and exemplifying our vision of London as a diverse and inclusive community.
- Learning and honouring the unique histories and lived experiences of all peoples in our community.
- Removing systemic barriers to accessibility as experienced by our community by listening and responding to the voices of those who are marginalized.

#CDIS

Statement of Commitment

As Londoners, we commit to:

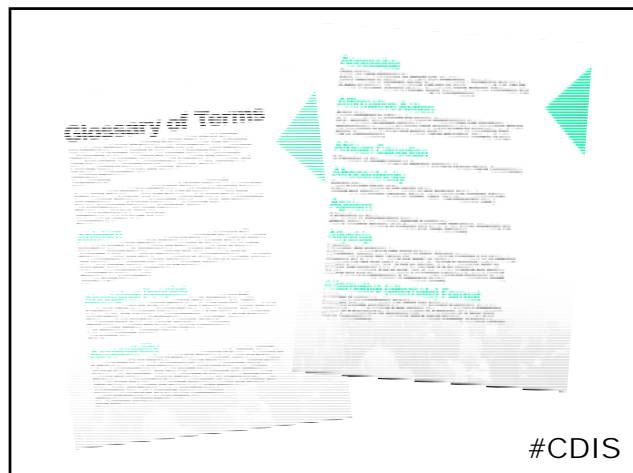
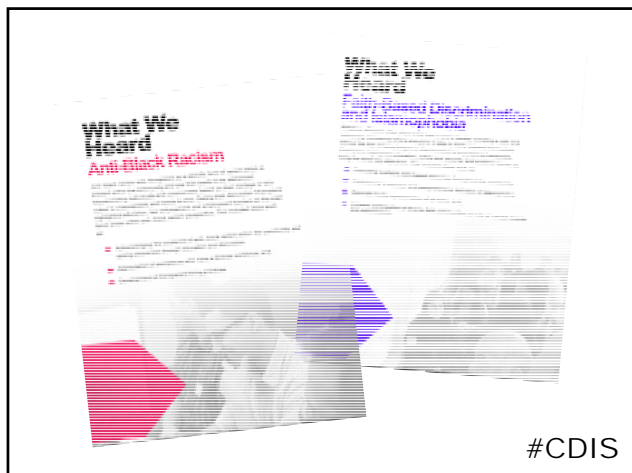
- Working together with the City of London towards our vision of London as a diverse and inclusive community.
- Modeling the community we aspire to be: respecting others, learning, acknowledging our biases, and celebrating the diversity and history of our community.
- Being passionate allies with our neighbours and fellow Londoners, and standing up for one another to ensure we live in a city where everyone belongs.

#CDIS

Priorities

- 1. Take concrete steps towards healing and reconciliation.**
- 2. Have zero tolerance for oppression, discrimination and ignorance.**
- 3. Connect and engage Londoners.**
- 4. Remove accessibility barriers to services, information and spaces.**
- 5. Remove employment barriers.**

#CDIS



Direction Today:

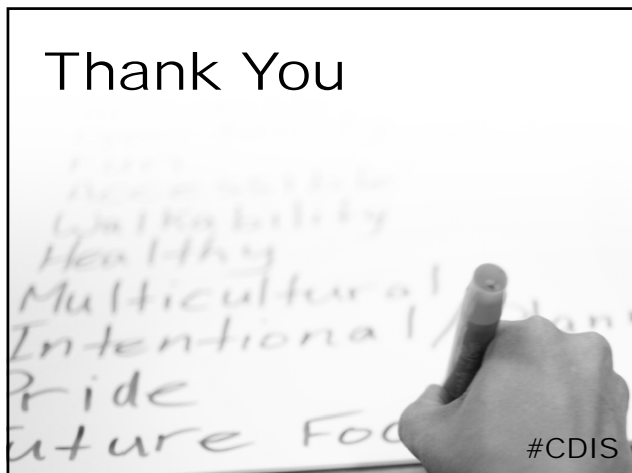
- Endorse the CDIS
- Request report back from Steering Committee on implementation
- Direct City Staff to report back on City strategies
- Thank Londoners who contributed to CDIS

#CDIS

"I may become disillusioned at times but I will not give up, because the work I do and the changes I try and make are for the benefit of future generations."

- Brian Hill, CDIS Champion

#CDIS





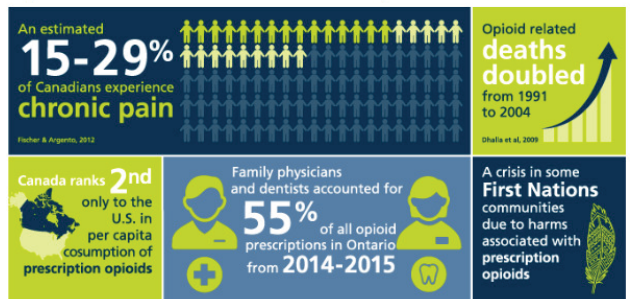
Opioid Crisis in London

Dr. Gayane Hovhannisyan
Associate Medical Officer of Health Middlesex-
London Health Unit
Aug 1, 2017



What is the Current Situation?

Opioids in Canada: A Snapshot



<http://www.royalcollege.ca/rcsite/health-policy/policy-positions/opioids-e>



Table 3. Factors Associated with the Risk of Opioid Overdose or Addiction.

Factor	Risk
Medication-related	
Daily dose >100 MME ^a	Overdose, ^a addiction ^a
Long-acting or extended-release formulation (e.g., methadone, fentanyl patch)	Overdose ^{a,b}
Combination of opioids with benzodiazepines	Overdose ^a
Long-term opioid use (>3 mo) ^c	Overdose, ^a addiction ^a
Period shortly after initiation of long-acting or extended-release formulation (<2 wk)	Overdose ^a
Patient-related	
Age >65 yr	Overdose ^a
Sleep-disordered breathing ^d	Overdose ^a
Renal or hepatic impairment ^e	Overdose ^a
Depression	Overdose, ^a addiction ^a
Substance-use disorder (including alcohol)	Overdose, ^a addiction ^a
History of overdose	Overdose ^a
Adolescence	Addiction ^b

^a The risk of opioid overdose increases in a dose-response manner at opioid doses of more than 20 morphine milligram equivalents (MME).
^b Although addiction is associated with long-term but not short-term opioid use, the prescription of a higher quantity of opioids than is needed for acute pain contributes substantially to the availability of opioids for diversion and abuse.
^c Sleep-disordered breathing refers to conditions that manifest as abnormal breathing patterns during sleep and includes obstructive sleep apnea and central sleep apnea.¹³
^d Patients with these disorders are at increased risk because the disposition of various opioid drugs is affected by hepatic and renal impairments, which reduce drug clearance and increase bioavailability.^{14,15}



Middlesex-London

People Dispensed Opioids to Treat Addiction 2016: **3,204**
 People Dispensed Opioids to Treat Pain in 2016: **61,148**

3,204



61,148

Opioid-related ED Visits in 2014: **101**



101

Opioid-Related Deaths in 2015: **25**



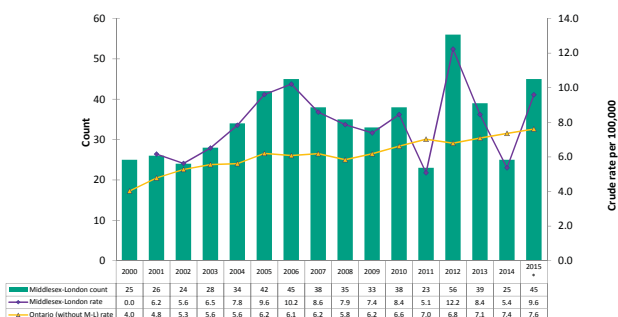
25



Ontario Opioid-Related Death database, 2014–2015, Office of the Chief Coroner for Ontario, received 2016 Dec 22

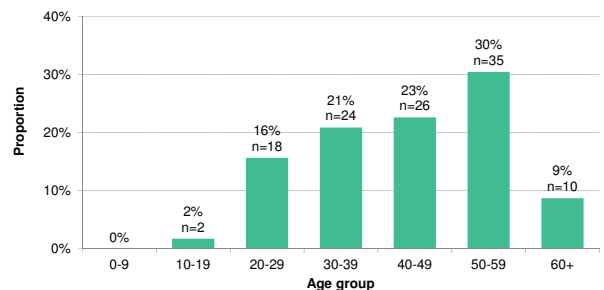


Mortality Rate and number of deaths due to unintentional drug overdose, Middlesex-London and Ontario, 2000-2015*



Source: Office of the Chief Coroner for Ontario, data extracted December 12, 2016
 Note: Data include toxicity due to drugs, and drugs and alcohol (accidental and undetermined)

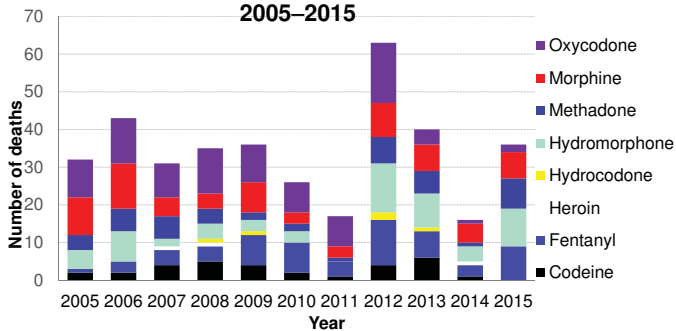
Proportion of unintentional opioid overdose deaths by age range, Middlesex-London, 2011-2015*



Source: Office of the Chief Coroner for Ontario, data extracted December 12, 2016
 Note: Data include toxicity due to drugs, and drugs and alcohol (accidental and undetermined)



**Type of opioid present at death, MLHU
2005–2015**



Data source: PHO's Interactive Opioid Tool: <https://www.publichealthontario.ca/en/dataandanalytics/cases/opioid.aspx>



Outbreaks of Infectious Diseases

- HIV outbreak
 - Over 70% are in injection drug users
- Invasive Group A streptococcal disease
 - Over 60% are injection drug users and/or live in precarious housing situation
- Infective endocarditis
 - Four-fold increase in injection drug use related hospitalization
- Hepatitis C
 - Over 50% higher than provincial average
 - Over 60% report injection drug use



What has been done thus far?



Provincial and Federal Initiatives

- Ontario's Opioid Strategy (Nov 2016)
 - Improving prescribing practices
 - Increase access to opioid substitution therapy
 - Increase access to Naloxone
 - Developing better data monitoring and surveillance systems
- Action of Opioid Misuse (May 2017)
 - Harm reduction (e.g. SIS)
 - Treatment (access in First Nations communities)
 - Prevention (e.g. improve prescribing practices)



Provincial and Federal Initiatives

- Professional Associations and regulatory bodies
 - The 2017 Canadian guidelines for opioids for chronic non-cancer pain
 - College of Physicians and Surgeons issued warning letters to high opioid prescribers
 - Health Quality Ontario will issue opioid practice cards to physicians



Local Strategies

- Community Drug and Alcohol Strategy
 - Community collaborative (30 individuals and agencies participate)
 - Long-term initiative (year 2)
- Opioid Overdose Surveillance Working Group
 - Representatives of EMS, Base Hospital, LHSC, City-wide ED chief, police, regional coroner
 - Focus is on early warning system to detect opioid overdose increase in the community to alert key agencies



Local Strategies

- Naloxone Community Steering Committee
 - Representatives from LIHC, RHAC and MLHU
- Physician leadership group on opioids
 - Developing a workshop for physicians, pharmacists, dentists, on safe prescribing of opioids and pain management
 - Collaboration with regulatory and professional colleges
- SIS local leadership group and advisory group
 - Focus on SIS public consultations



What Are The Next Steps?



Multi-prong Opioid Strategy For London

- Short-term (Opioid working group)
 - Expanding Naloxone program
 - Opioid overdose preparedness and response plan
 - Supervised injection services (SIS)
- Long-term (CDAS)
 - Prevention
 - Harm reduction
 - Enforcement
 - Treatment
 - Address underlying issues leading to opioid use
 - Social determinants of Health
 - Prescribing practices



Key Points

- London is a part of the national opiate crisis
- Complicating factors
 - more injection drug use in London
 - London is in the midst of several overlapping outbreaks of serious infectious diseases related to drug use
- Urgent response is needed to prevent overdose crisis



Thanks

