



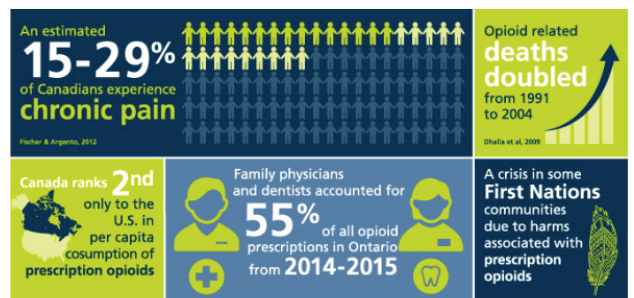
Opioid Crisis in London

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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**



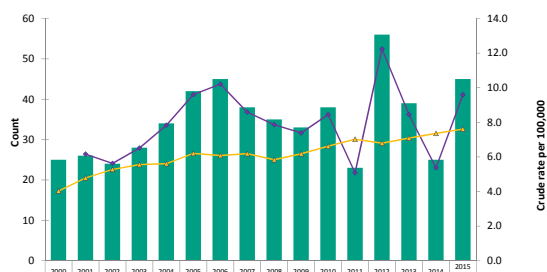
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Ontario Opioid-Related Death database, 2014–2015, Office of the Chief Coroner for Ontario, received 2016 Dec 22

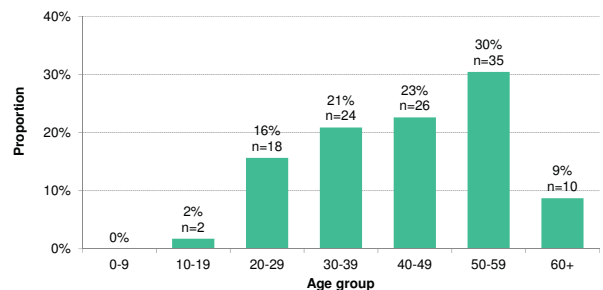


Mortality Rate and number of deaths due to unintentional drug overdose, Middlesex-London and Ontario, 2000-2015*



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)

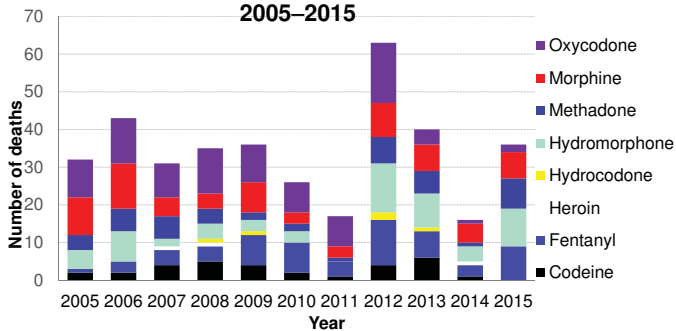
Proportion of unintentional opioid overdose deaths by age range, Middlesex-London, 2011-2015*



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

