



"Deeds Not Words"



John B. Pare
Chief of Police

June 28, 2017

His Worship Mayor Matt Brown
City of London
300 Dufferin Avenue
London, ON N6A 4L9

Dear Mayor Brown:

Re: Opioid Crisis Working Group

Thank you for inviting me to be part of the Opioid Crisis Working Group. The London Police Service is committed to working in a collaborative approach with other stakeholders in addressing this looming and severe health crisis.

Police leaders have long warned of the threat to public health and safety as a result of a spike in opioid-related deaths. The crisis has long been portrayed as a problem affecting people who are struggling with homelessness and addiction but the fact is, people from all walks of life and from every economic background are losing their lives. Unless we change the direction, this health crisis will continue.

We have seen people who have been prescribed opioids for pain management quickly turn to illicit street drugs to manage their addiction. Fentanyl has made its way with ease into Canada through China. Due to its extreme potency and low cost, it is often mixed into all illicit drugs, except marijuana. A first-time drug user is now just as likely to risk a fatal overdose as is a high-risk intravenous drug user.

To date our response has concentrated on responding to an acute crisis; going to places where we see people dying and do what we can to stop it. We are working to get naloxone into the hands of people who are likely to encounter someone experiencing an opioid overdose and working to set up supervised injection sites where intravenous drug users converge to ensure medical intervention. Although the response saves a life, it does nothing to end the drug use and the deadly cycle of addiction continues.

We know, with the appropriate support and care, that recovery is possible. The London Police Service Persons at Risk Program (PARS) which addresses street level sex workers' health and addiction, has demonstrated that recovery and abstinence is possible. The PARS program makes direct contact with people, showing them you can and will get them the help they need.



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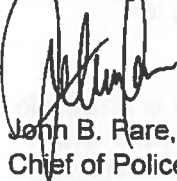
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There is no quick solution and our current approach has done nothing so far to slow the progression of this crisis. Now is the time to invest in education, prevention and treatment. We must focus our efforts on preventing more people from starting down the road to drug use, addiction and death. We must invest in clinical services related to addiction, medical detox and on demand residential treatment.

While our situation is not as extreme as in other areas of Canada, particularly British Columbia, Ontario is seeing an increase in opioid-related deaths. The Vancouver Police Department (VPD) recently released a paper entitled *The Opioid Crisis: The Need for Treatment on Demand*.¹ In this paper they make a strong case for a comprehensive treatment plan for British Columbia.

The best outcome for a person addicted to opioids is recovery from addiction. It requires a multi-faceted approach involving all stakeholders to ensure access to support and treatment and ultimately, success of the recovery process. A comprehensive plan is required that will develop a functioning, holistic system for addiction prevention and care.

Yours truly,



John B. Fare, M.O.M.
Chief of Police

¹ The Opioid Crisis: The Need for Treatment on Demand, Vancouver Police Department – May, 2017

June 22, 2017

Marcel Marcellin
Senior Policy Advisor
Strategic Initiatives & Intergovernmental Relations
Office of the Mayor – City of London

Dear Marcel;

Re: Opioid Response Working Group

As a community London Ontario continues to face a host of challenges associated with the complexities of addiction. Regional HIV/AIDS Connection is pleased to support the leadership demonstrated by Mayor Matt Brown on this challenging issue. Specifically RHAC will actively participate in the Mayor's Opioid Response Working Group. We will work with the Mayor and other stakeholders as we strive to abate the potential deadly consequence of increased access to and use of opioids among our community's most vulnerable. With the recent surge of overdoses in London development of a rapid community response is critical.

Additionally we are pleased that Matt has stepped into the role as a champion of the need for supervised injection services (SIS) within our community. The February 2017 release of London's SIS Feasibility Study effectively illuminated the host of issues and vulnerabilities of people who use/inject substances. RHAC and its board of directors believe it is incumbent on our community to progressively respond to service needs along the addictions continuum.

Respectfully,



Brian Lester
Executive Director

c.c Nancy Griffiths, RHAC Board President

July 6, 2017

Mayor Matt Brown and City Councillors
London City Hall
300 Dufferin St. London, ON

Dear Mayor and Councillors,

I am writing to express the support of the Middlesex-London Health Unit (MLHU) for Supervised Injection Services (SIS) in London. As part of a larger response, SIS can be instrumental in reducing harms associated with drug use in London.

SIS are health services that provide a safe and hygienic environment where people can inject pre-obtained drugs under the supervision of trained staff. Currently, SIS are operating in over 90 locations worldwide. SIS are in the process of being implemented in Toronto, Ottawa, Montreal, and other Canadian cities. There is extensive evidence supporting the positive public health and safety outcomes of these services. Among people who inject drugs (PWID), supervised injection services help reduce unsafe injection practices contributing to HIV, hepatitis C and other infections. There is also strong evidence for preventing drug related toxicity/overdoses. Additionally, there is less public injecting and littering in the neighborhoods where SIS are located. SIS have also shown to be cost-effective and result in significant saving for the health care system. While supervised injection services don't solve the complex and long-standing problems associated with substance use, they help reduce health risks and can be part of a larger strategy to address addiction, and can help get people into addiction treatment.

London has a large population of injection drug users, believed to be one of the largest in the country relative to population. While the exact size of the population of PWID remains largely unknown, it has been estimated that there are approximately 6,000 PWID in London (about 2% of London's total population of 385,000). In 2016, the harm-reduction programs distributed over three million needles in London. The Regional HIV/AIDS Connection's (RHAC) Counterpoint Needle Syringe Program (CNSP) is acknowledged by the Ontario Harm Reduction Distribution Program as one of the largest needle exchange programs in Ontario.

In 2016, a survey was conducted to determine feasibility and willingness among PWID to use supervised injection services, and acceptability and feasibility of SIS from community stakeholders' perspectives. The study recruited 199 local PWID and interviewed twenty stakeholders. The study found that the majority of participants (72%) had injected in public, while one in four reported a history of non-fatal overdose. High rates of syringe borrowing and lending was reported among survey participants. The majority of the participants (86%) expressed willingness to use supervised injection services if available. The stakeholders were supportive of SIS in general; however, their opinions varied on the locations and model of SIS.

The overall overdose/alcohol toxicity rate in the Middlesex-London region in 2015 was 6.0 per 100,000 people versus the provincial rate of 5.1 per 100,000. Emergency Medical Services (EMS) in London-Middlesex administered 47 doses of naloxone in 2015 and 31 doses as of October in 2016 when responding to 9-1-1 calls for overdoses, and rates of emergency department visits for opioid-related issues were 1.5 times higher than the Ontario average. Further, 234 naloxone kits have been distributed from the Middlesex-London Health Unit, RHAC and London Intercommunity Health Centre between June 2014 and December 2016. Use of these kits resulted in 17 reported successful resuscitations. Early data from 2017 indicate an increase in use of these kits.

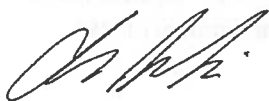
In 2016, the MLHU saw a worrying rise in new HIV cases in London. While there was some increased HIV testing activity, a record high number of new HIV diagnosis were reported to the Health Unit that year. This represents the highest number of cases seen in one calendar year since the 1980s. The majority of these cases resided in the city of London, resulting in a rate of 14.1 cases per 100,000 in 2016. This is almost three times higher than the provincial average. This increase in HIV rates in London is strikingly unique and is not comparable to anything seen in the rest of the province. Approximately 70% of new diagnoses are attributed to injection drug use in London compared to less than 10% in the province. Increasing HIV trends is one of several public health issues currently affecting local PWID. Increases in Hepatitis C, Invasive Group A Streptococcal Disease, and infective endocarditis are being observed in PWID. Infective endocarditis in particular is associated with devastating outcomes and with a case-fatality rate in the range of 30-40%.

As a public health agency, we believe strongly in an evidence-based approach. However, we also recognize that evidence is not the only input into implementation of complex interventions such as SIS. It is important to include the voices of people who inject drugs as well as the frontline service providers that work with them, and also to seek leadership and input from individuals and organizations representing groups that are disproportionately affected, such as Indigenous people. A gender lens is also important, as addictions and related issues are often initiated and experienced in different ways among those of different genders. And consultation with businesses and neighbours that are affected will help ensure services that fit the needs of the broader community.

We want to be clear that SIS and other harm reduction measures are only part of the response to the drug-related issues faced by our community. These services will help prevent overdose deaths and curb the spread of infectious diseases, and they can be a route into other services such as rehabilitation. But on their own, they do not address the fundamental issues of unemployment, social exclusion, and discrimination that underlie addictions. It is crucial that we also take steps to strengthen individuals, families, and communities, and to address barriers to full participation in society, in order to reduce problematic drug use in London.

For the health of the most vulnerable people in London, please support supervised injection services.

Sincerely,



Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health and CEO



June 21, 2017

Mayor Brown,

On behalf of the London InterCommunity Health Centre, I'd like to thank you for the invitation to participate on the Mayor's Opioid Working Group. I would be very pleased to participate on the Working Group.

Thank you for the opportunity, and I look forward to working collaboratively with your office and other partners to develop a community-wide response to this pressing health issue.

All the best,

A handwritten signature in black ink, appearing to read "Scott Courtice".

Scott Courtice
Executive Director



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<http://www.torontosun.com/2017/06/12/opioid-use-london-police-issue-warning-after-eighth-overdose>

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