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London
CANADA

August 23, 2017

Mayor M. Brown

Opioid Crisis Working Group c/o Mayor M. Brown

4. I hereby certify that the Municipal Council, at its meeting held on August 22, 2017 referred clause 4 of the 10th report of the Community and Protective Services Committee to a future meeting of the Strategic Priorities and Policy Committee in order for additional information and detail with respect to the proposed Working Group to be clarified and confirmed, including information directly from the Medical Officer of Health, with respect to this matter.

Clause 4 read as follows:

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)(AS AMENDED)(4/10/CPSC)

C. Saunders
City Clerk
/kmm

cc: S. Datars Bere, Managing Director - Housing, Social Services and Deerness Home
E. Soares, Executive Assistant
List of external cc's on file in the City Clerk's Office



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

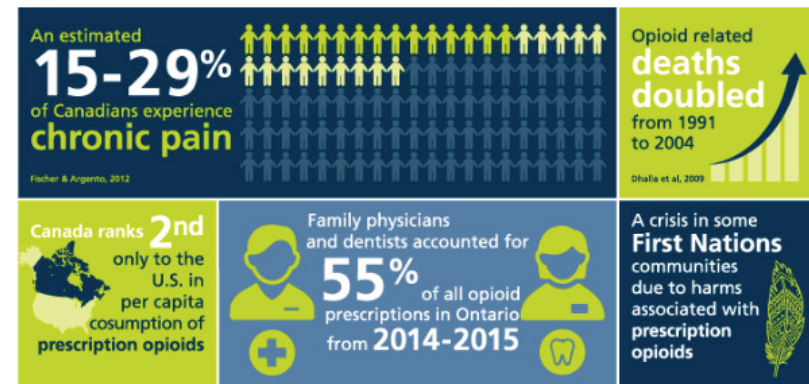


Table 3. Factors Associated with the Risk of Opioid Overdose or Addiction.

| Factor | Risk |
|--|---|
| Medication-related | |
| Daily dose >100 MME* | Overdose, ¹ addiction ¹ |
| Long-acting or extended-release formulation (e.g., methadone, fentanyl patch) | Overdose ^{14,15} |
| Combination of opioids with benzodiazepines | Overdose ¹² |
| Long-term opioid use (>3 mo)† | Overdose, ¹² addiction ¹⁴ |
| Period shortly after initiation of long-acting or extended-release formulation (<2 wk) | Overdose ¹¹ |
| Patient-related | |
| Age >65 yr | Overdose ¹⁶ |
| Sleep-disordered breathing‡ | Overdose ¹⁷ |
| Renal or hepatic impairment§ | Overdose ¹⁸ |
| Depression | Overdose, addiction ¹⁹ |
| Substance-use disorder (including alcohol) | Overdose, ²⁰ addiction ¹⁹ |
| History of overdose | Overdose ²¹ |
| Adolescence | Addiction ²² |

* The risk of opioid overdose increases in a dose-response manner at opioid doses of more than 20 morphine milligram equivalents (MME).
 † 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.
 ‡ Sleep-disordered breathing refers to conditions that manifest as abnormal breathing patterns during sleep and includes obstructive sleep apnea and central sleep apnea.²³
 § 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.^{14,18}



Middlesex-London

People Dispensed Opioids to Treat Addiction 2016 People Dispensed Opioids to Treat Pain in 2016

3,204  61,148

Opioid-related ED Visits in 2014


101

Opioid-Related Deaths in 2015

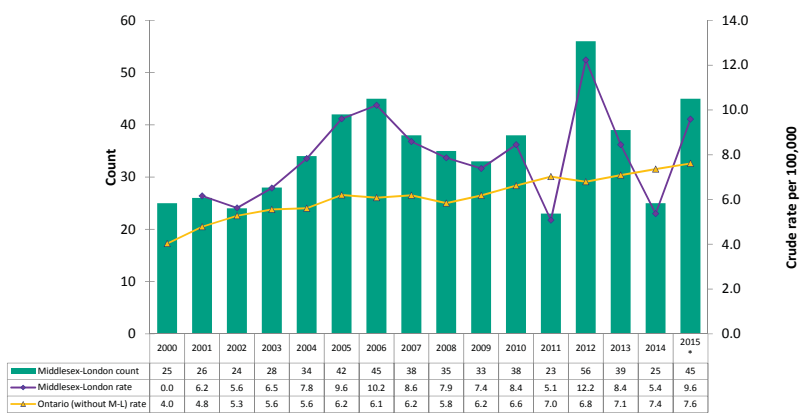

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Ontario Opioid-Related Death database, 2014-2015, Office of the Chief Coroner for Ontario, received 2016 Dec 22

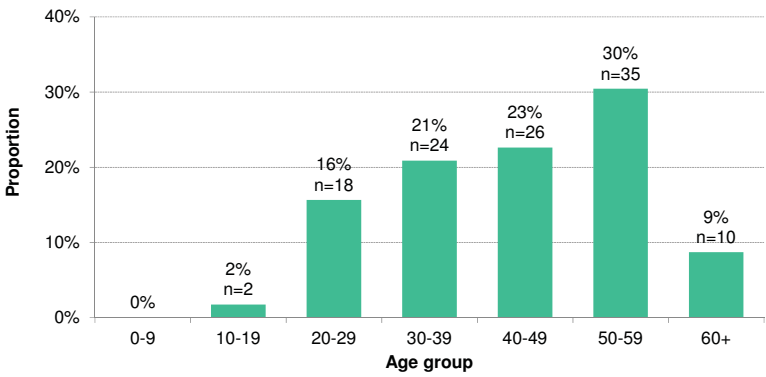


Mortality Rate and number of deaths due to unintentional drug overdose, Middlesex-London and Ontario, 2000-2015*



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)

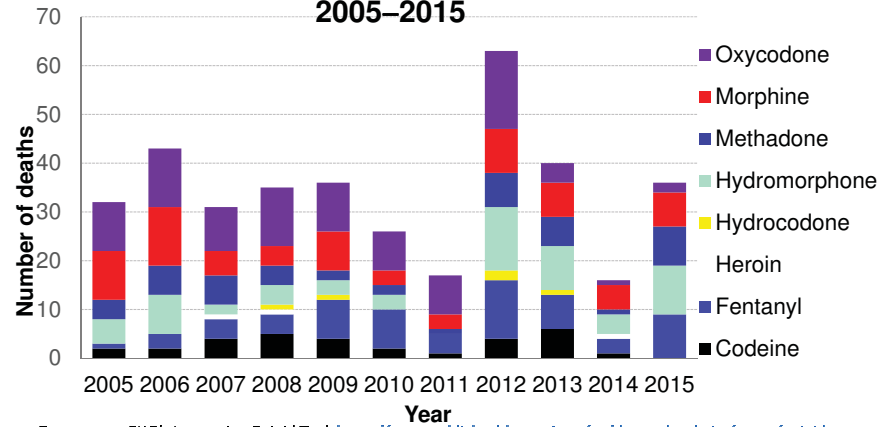
Proportion of unintentional opioid overdose deaths by age range, Middlesex-London, 2011-2015*



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/pages/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

