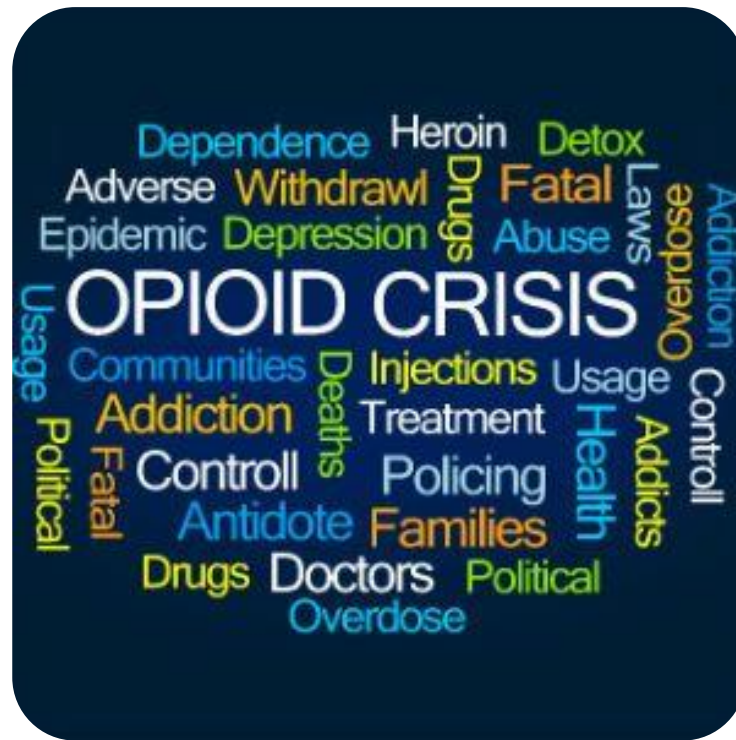


Making a Difference and Saving Lives



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Public Health

Disclaimer



**PROBLEMATIC
ALCOHOL USE
ACCOUNTS FOR THE GREATEST
HEALTH AND
SOCIAL COSTS,**

based on the accumulative harms of hospitalizations,
death and lost productivity. **More people are hospitalized
from alcohol use than from heart attacks.**



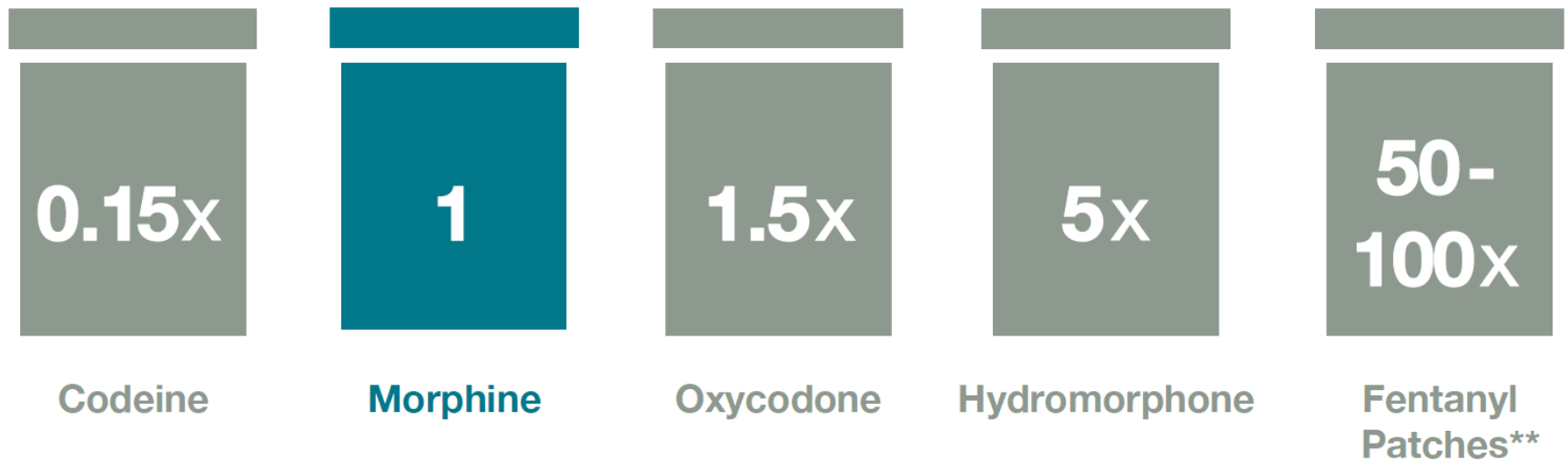
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What's an Opioid?

Commonly prescribed opioids in Ontario and their strength

Strength (approximate morphine-equivalent)*



Source: Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain, Michael G. DeGroote National Pain Centre, McMaster University, 2017

*Strength does not factor in the dose, nor the length of the prescription. These levels are approximations only.

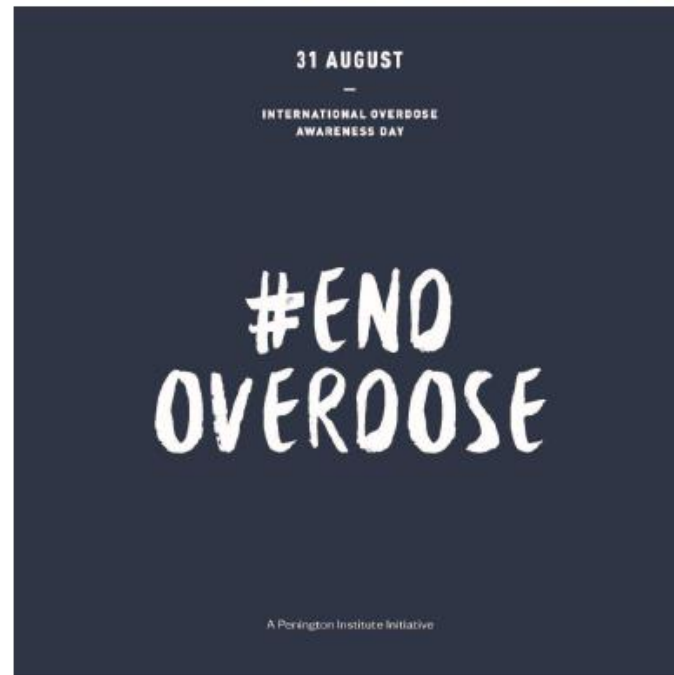
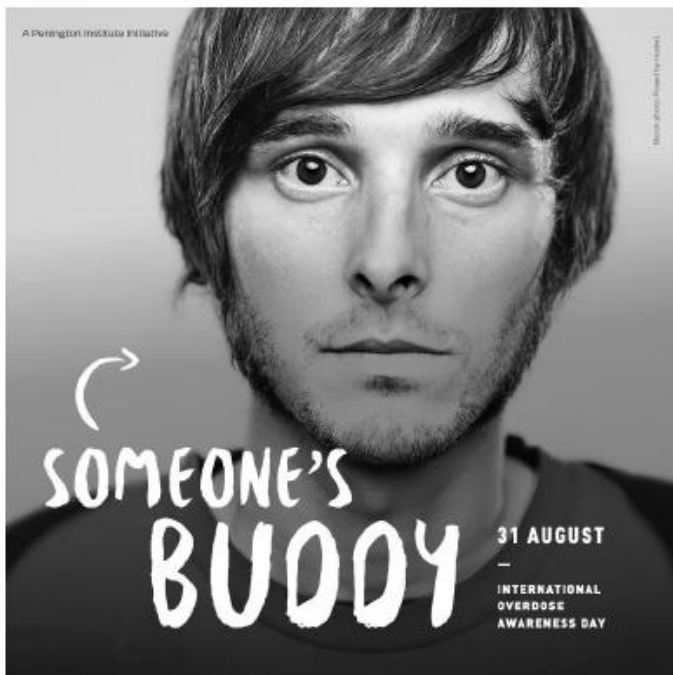
**Varies depending on patch strength and length of time on skin.



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STIGMA





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Heads...

Types of opioid-related harm

Opioid poisoning occurs when an opioid is taken incorrectly and results in harm.

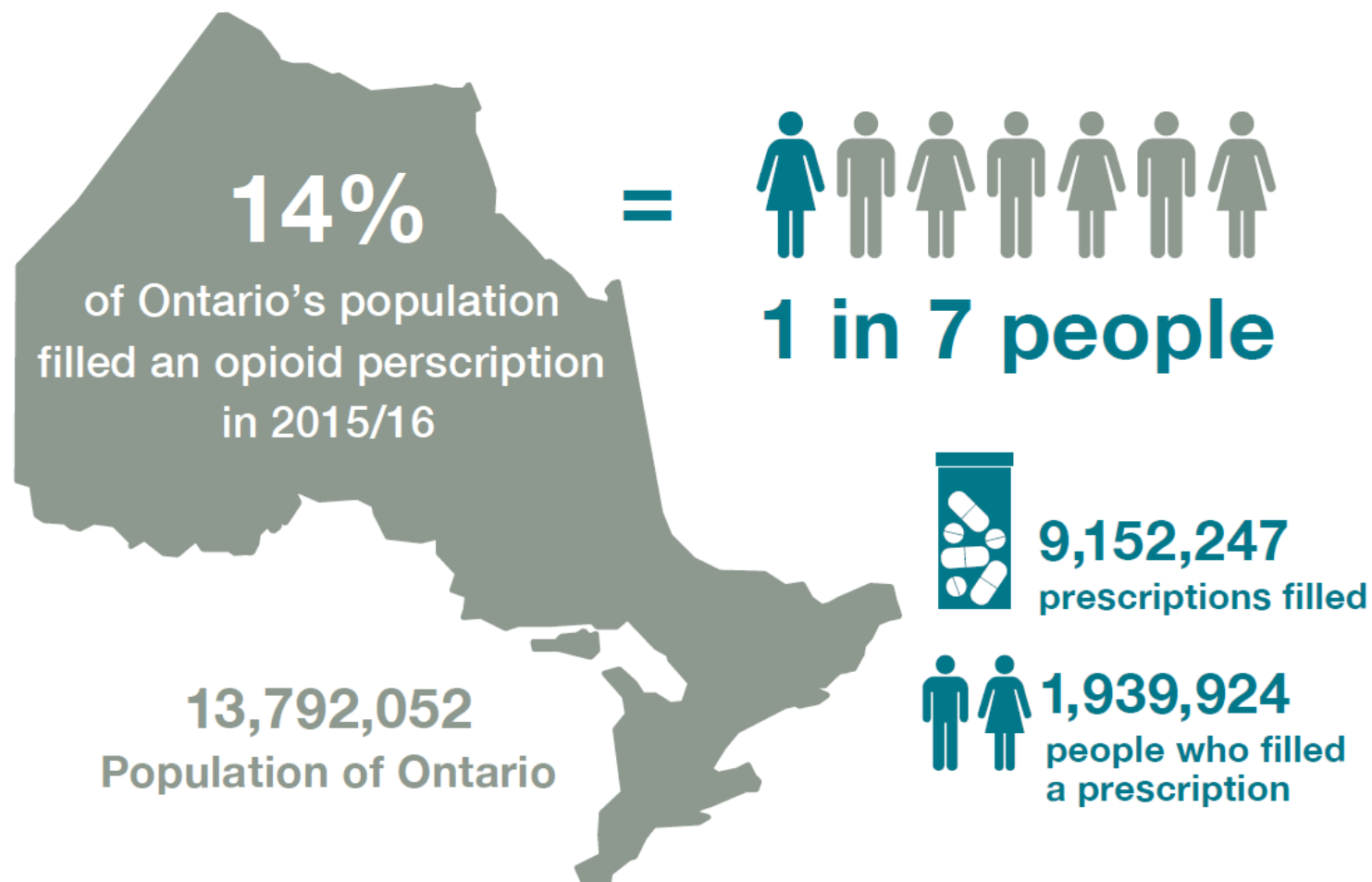
Opioid use disorders include a wide variety of mental health and behavioural disorders that are attributable to the use of opioids.

Adverse drug reaction occurs when an opioid is taken as prescribed and results in harm.

Neonatal withdrawal symptoms occur when an infant experiences withdrawal symptoms from the mother's use of drugs of addiction. These include neonatal abstinence syndrome and drug withdrawal syndrome.



Number of people who filled an opioid prescription and number of prescriptions filled,
2015/16



Data Sources: Narcotics Monitoring System, provided by the Ministry of Health and Long-Term Care; Population estimates, provided by the Ministry of Finance



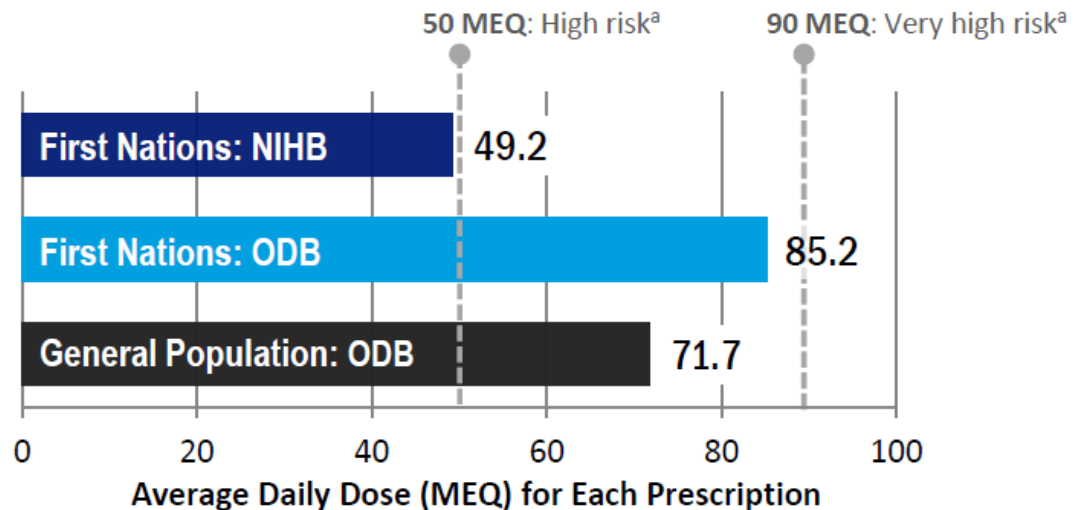
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How Opioids are Prescribed Among First Nations People

Morphine Equivalents (MEQ) in 2015

^a These dosage thresholds are based on overdose risk when opioids are prescribed for pain.²

↑ Daily dose = ↑ Health risk



Note: people may get multiple prescriptions that could put them over the risk thresholds.

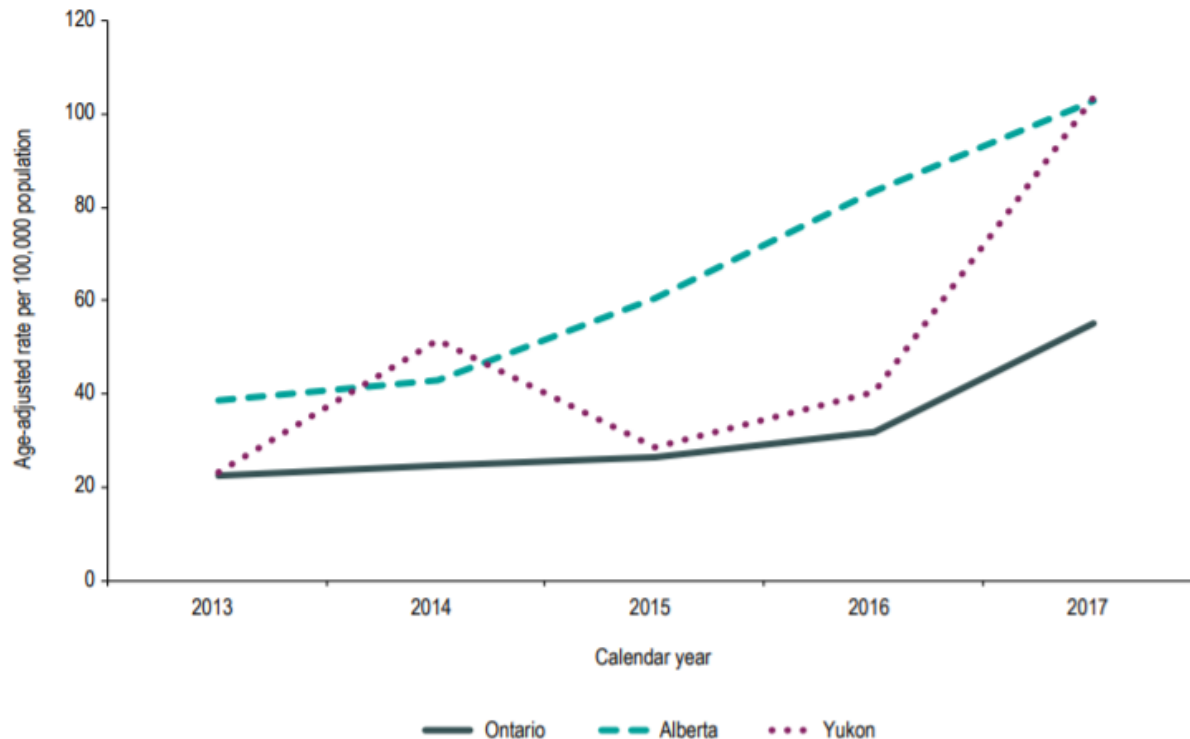
The average daily dose dispensed to First Nations people through ODB is higher than the general population, and higher than that dispensed to First Nations people through NIHB. This is concerning given the higher risk of toxicities associated with higher doses of opioids.



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Opioid poisoning ED visits

Ontario, Alberta and Yukon, 2013 to 2017*



Over the past 5 years, the rates of opioid poisoning ED visits have increased significantly.

Between 2016 and 2017, the rates of opioid poisoning ED visits in Ontario and Alberta increased by 73% and 23%, respectively.

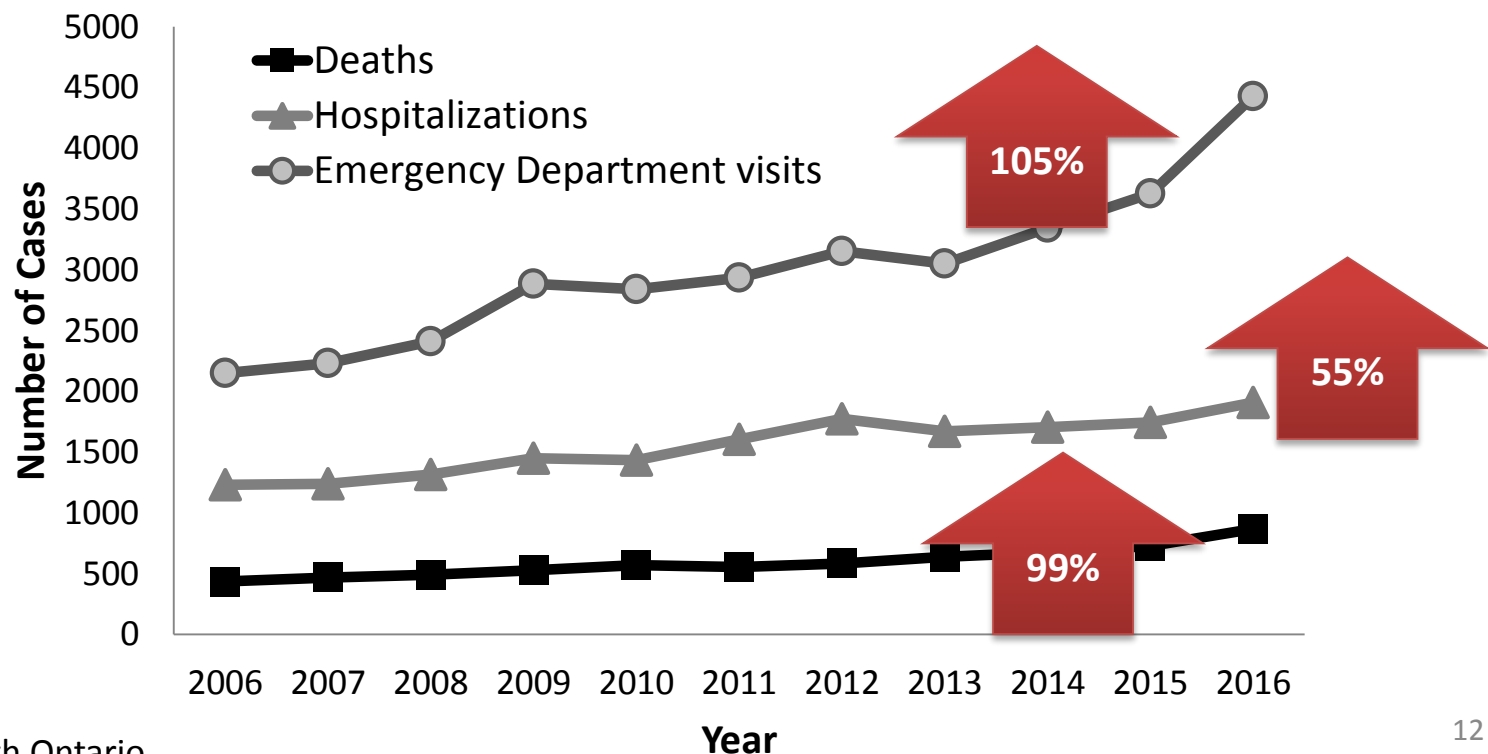


BACKGROUND

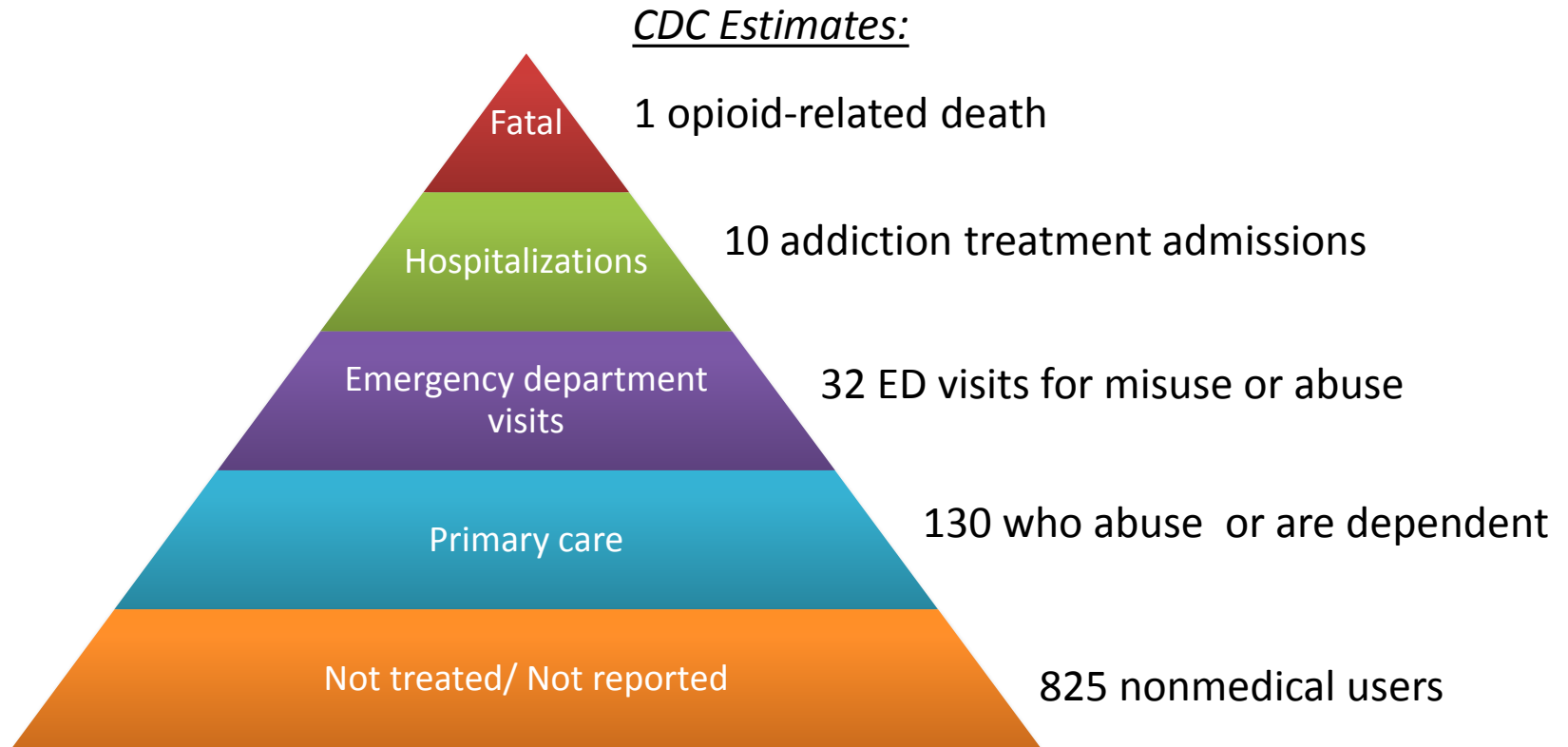
The Opioid Crisis



Opioid-related morbidity and mortality in Ontario: 2006-2016



Tails: The Opioid Injury Pyramid



Adapted from:

http://apps.who.int/iris/bitstream/10665/149798/1/9789241508018_eng.pdf?ua=1&ua=1&ua=1

<http://www.cdc.gov/drugoverdose/pdf/policyimpact-prescriptionpainkillerod-a.pdf>



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WHAT IS FENTANYL?

Pot users warned about toxic fentanyl



Rising concern over nightclub

Non-pr
are pro

Street

be sold as a powder, a pill, or mixed
street drugs. Fentanyl is especially dangerous
because the strength and concentration of the drug
is not possible to know.

after 6 suspected

in

etha fentanyl now reaches r

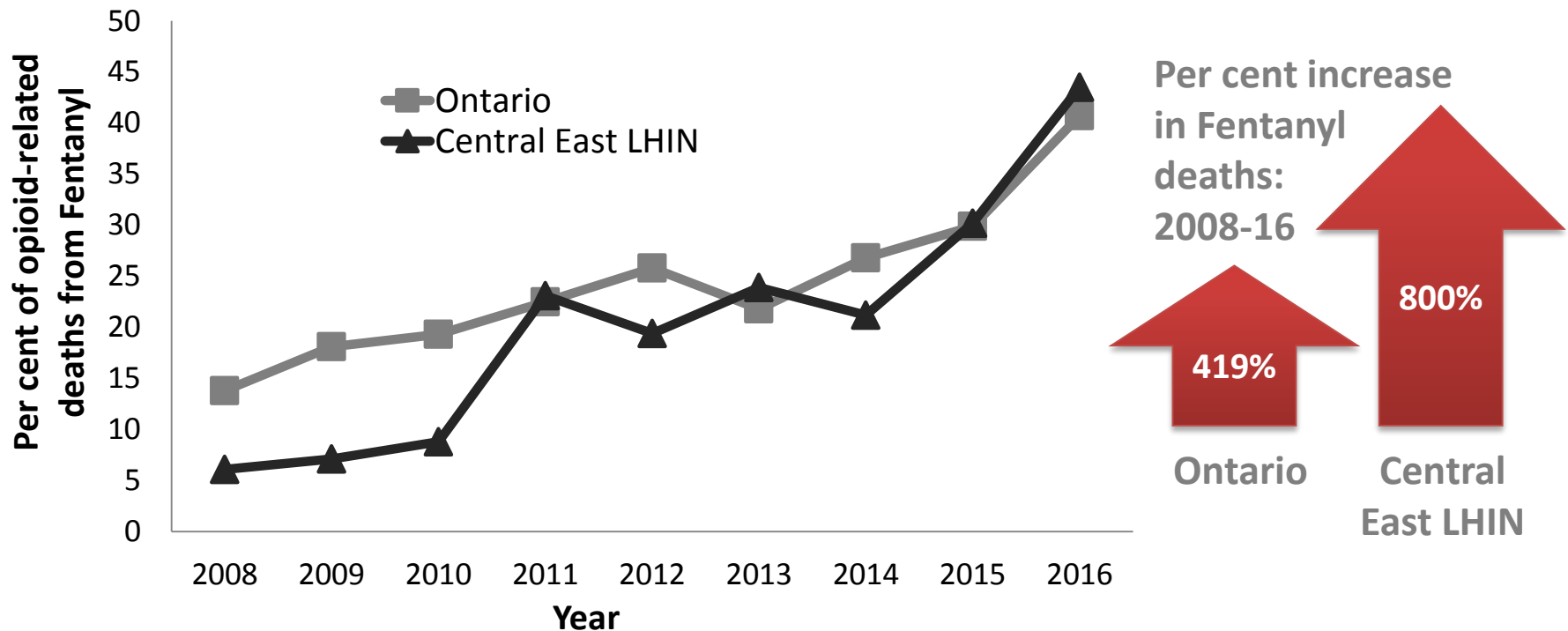
• Fingernails or lips are blue or purple

Red Cross official says fentanyl a risk; first-aiders can say no to CPR

The GAME CHANGER: The Fentanyl Crisis

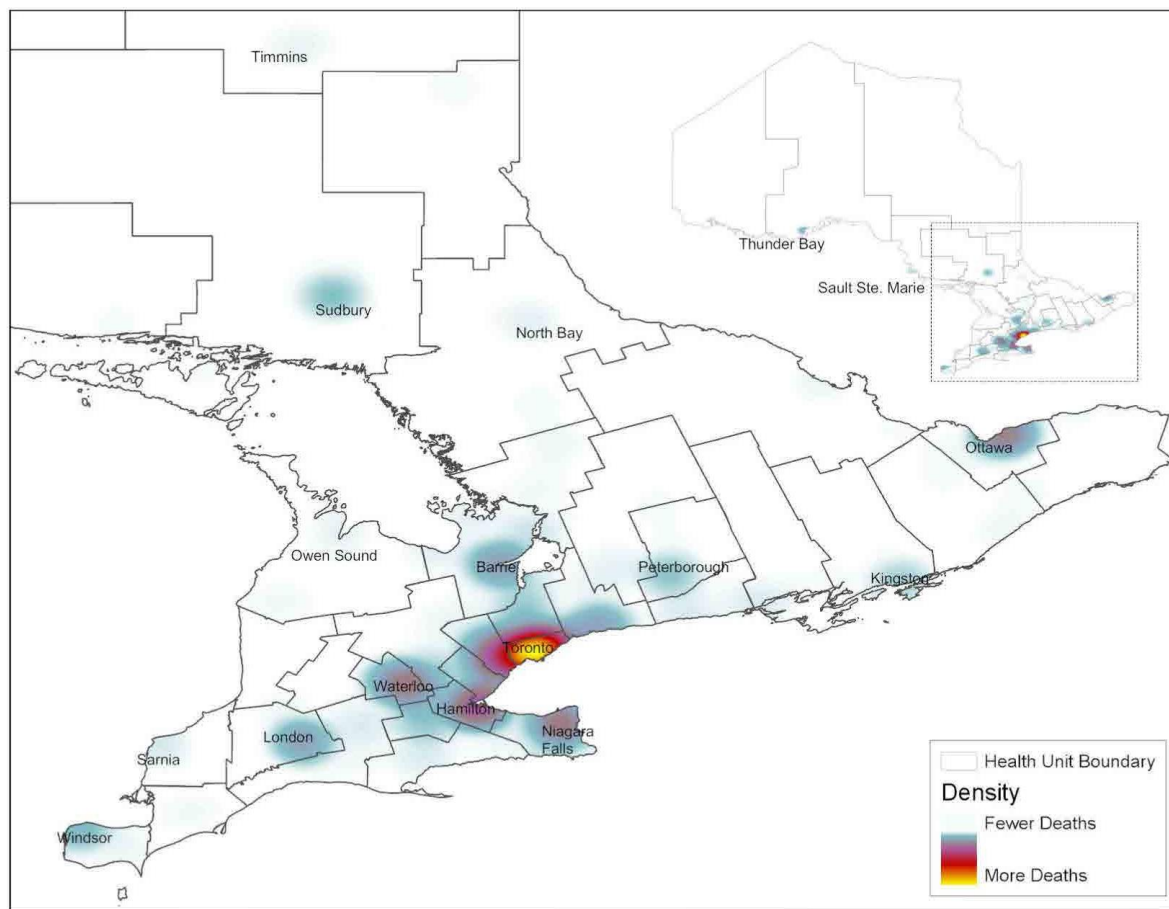


Mortality caused by Fentanyl in Ontario and Central East LHIN: 2008-2016



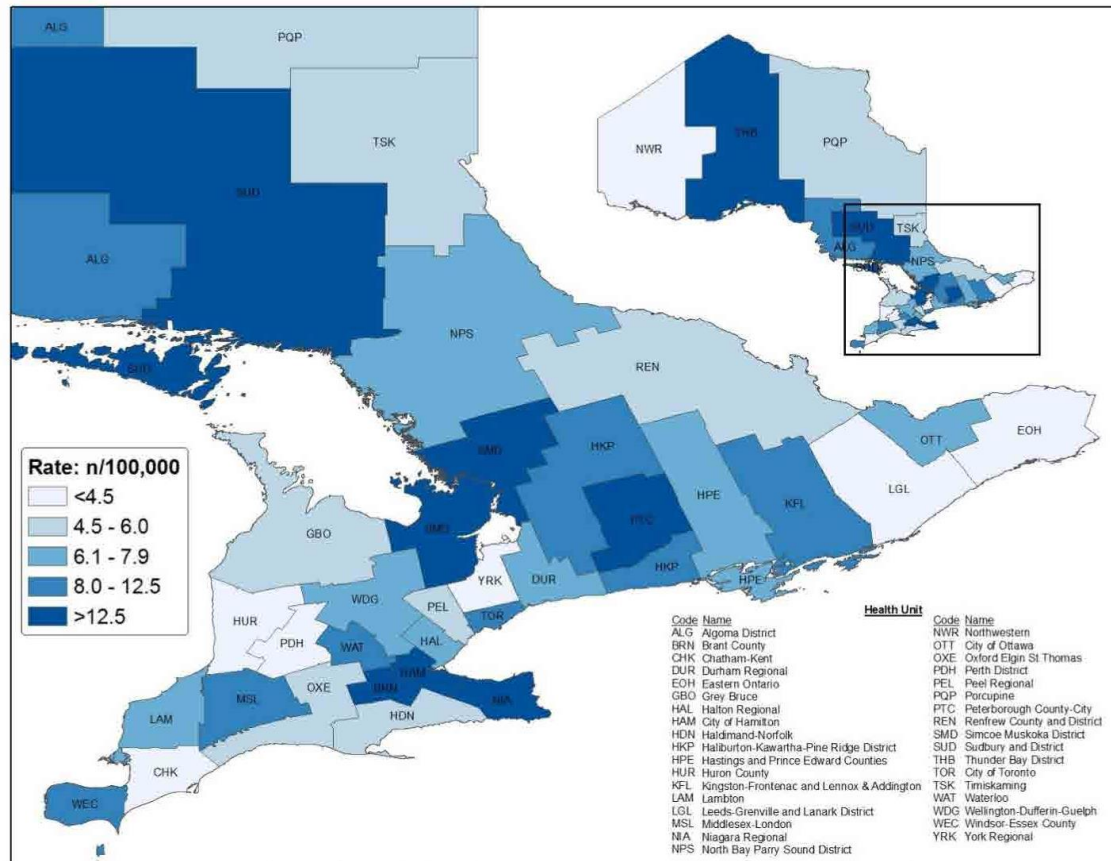
Source: Public Health Ontario

Heat map of the number of accidental opioid-related deaths, *July 2017 to June 2018*



Rate (per 100k) of accidental opioid-related deaths by public health unit

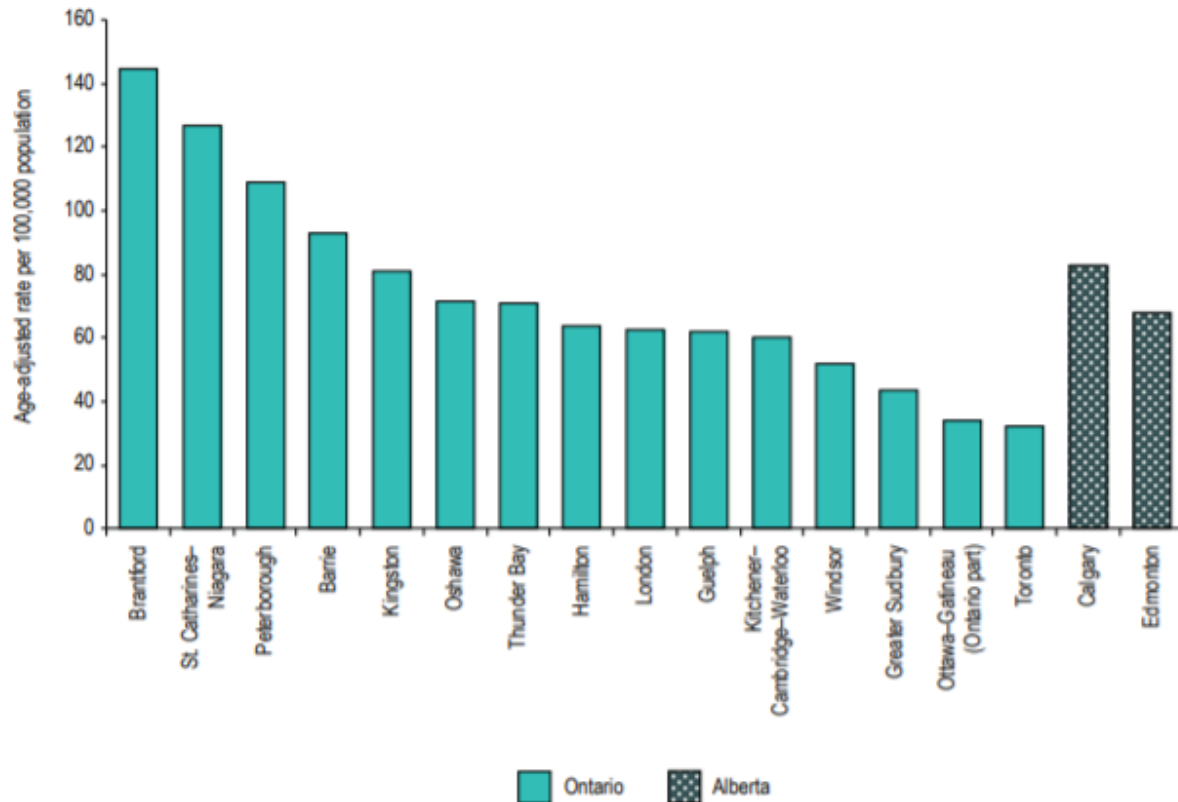
July 2017 to June 2018



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Source: Opioid Mortality Surveillance Report, Public Health Ontario (June 2019)

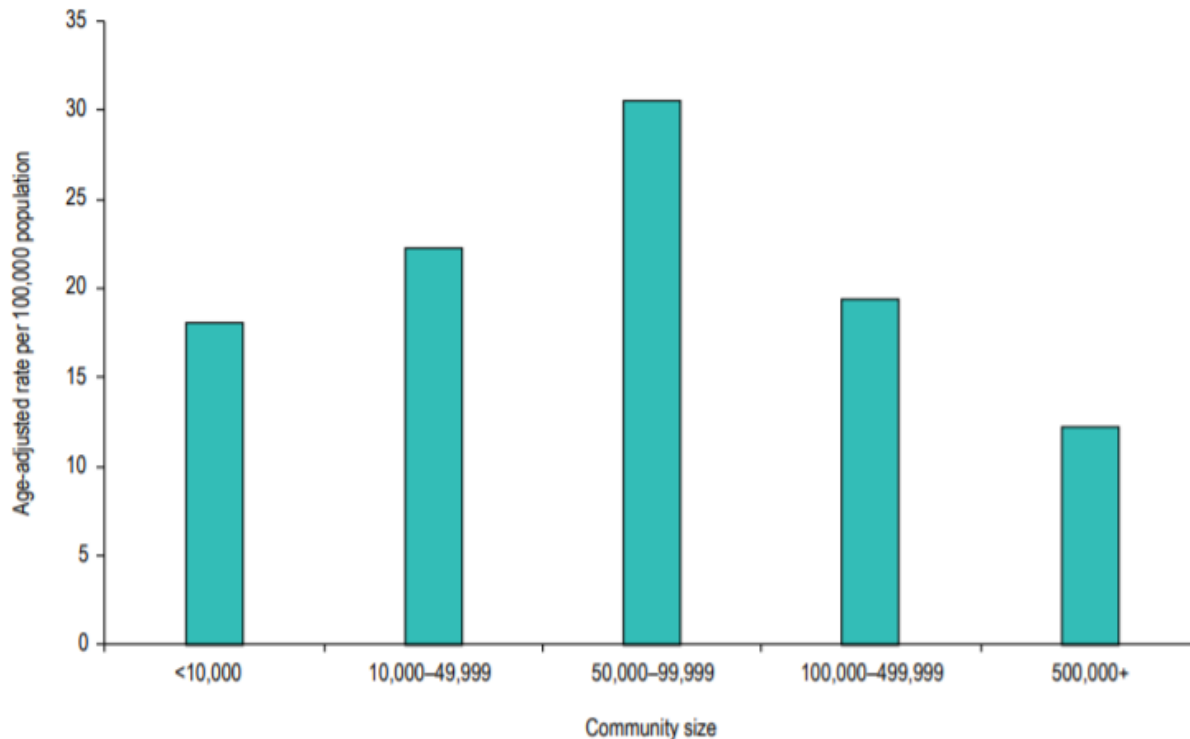
Opioid poisoning ED visits by census metropolitan area *Ontario and Alberta, 2017*



Opioid poisoning ED visits are not restricted to urban areas in Canada — smaller cities across the country are also experiencing them.

Rates of hospitalizations due to opioid poisoning by community size

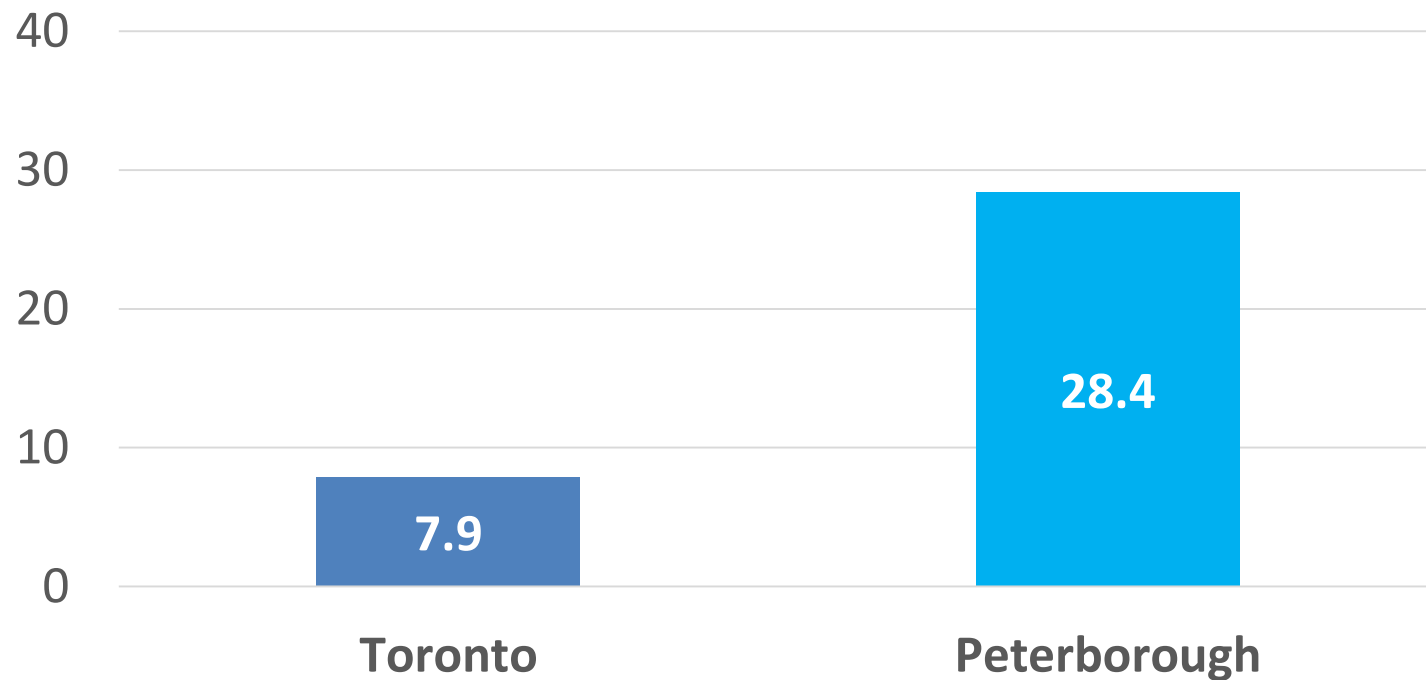
Canada, 2017



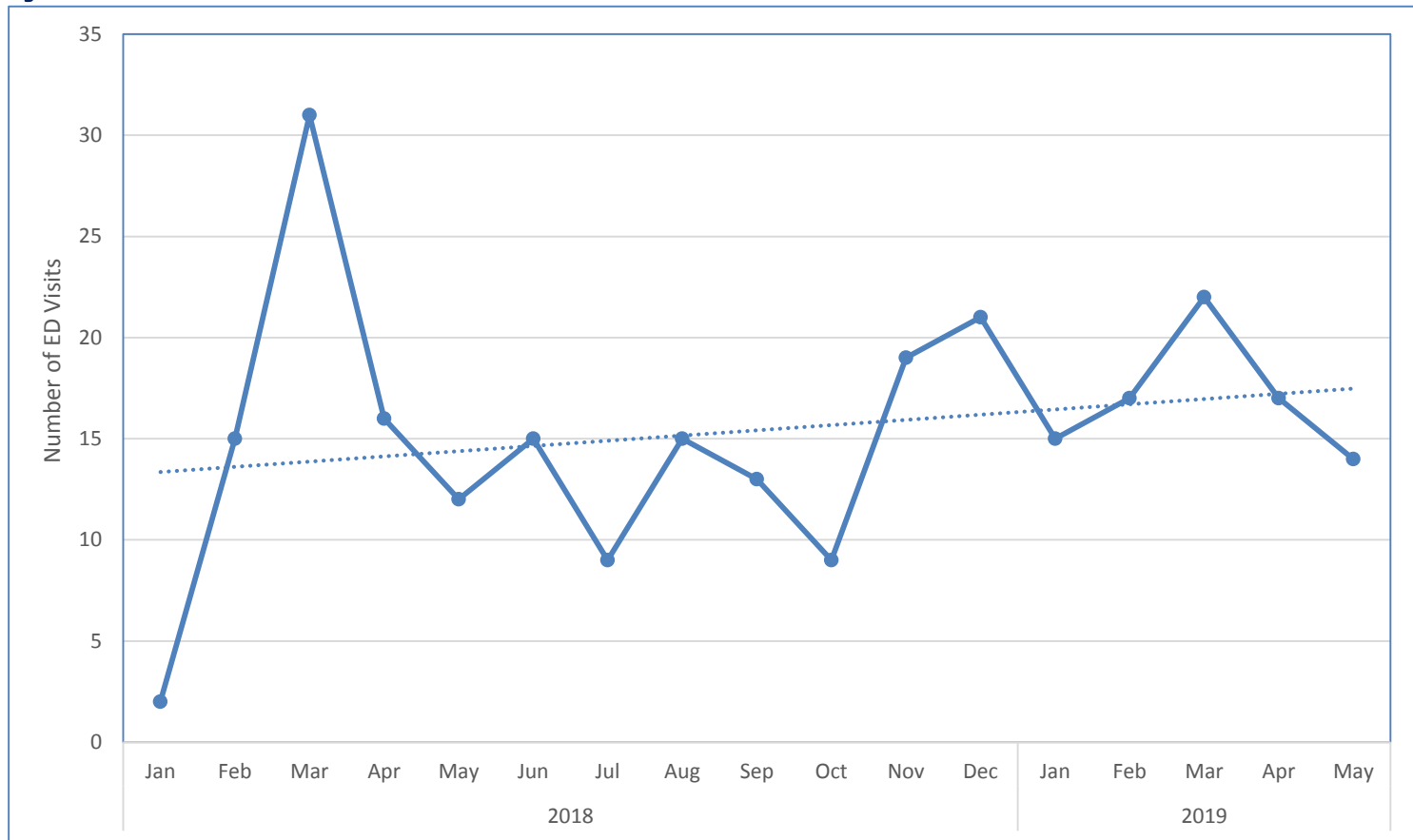
Rates of hospitalizations due to opioid poisoning are highest for patients who live in communities with a population between 50,000 and 99,999.

Communities with a population greater than 500,000 have the lowest rates of hospitalizations.

Rate per 100,000 population of significant opioid poisoning hospitalizations by census metropolitan area, Canada, 2016-17 (CIHI)



Number of Emergency Department visits due to confirmed opioid poisonings, by month, PPH, 2018-2019



Source: Weekly Emergency Department Visits for Opioid Overdose, Ministry of Health & Long-Term Care, May 31, 2019; PHO Interactive Opioid Tool, extracted June 7, 2019.



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What do we know about those who are dying?

- Coroners, medical examiners, and toxicologists described how opioid- and other drug-related overdose deaths have occurred across all sociodemographic and socioeconomic groups
- Characteristics more frequently observed among those who died included:
 - a history of mental health concerns, substance use disorder, trauma, and stigma
 - decreased drug tolerance
 - being alone at the time of overdose
 - lack of social support
 - lack of comprehensive and coordinated healthcare and social service follow-up
- Polysubstance use was described as a key contributing factor

What do we know about the Ontario deaths?

- **Almost 3000** deaths in Ontario between January 1, 2013 and December 31, 2016
- Average age, **43 years**, 67% male
- 26% had an alcohol use disorder, 28% had an active benzodiazepine prescription, and 42% had visited the ED for a mental health disorder in previous 3 years
- **One third had an active opioid prescription at the time of death** but more than three-quarter had been dispensed an opioid in previous 3 years (48% of women)
- 40% of those on prescribed opioids had additional opioids at the time of death
- **Role of non-prescribed fentanyl increased substantially from 2013 to 2016**



The Four Pillars

DRUG STRATEGY

Balancing public safety and public health to create a safer and healthier community

PREVENTION

Prevent/delay
the harmful
effects of opioid
use

TREATMENT

Improve health
with effective
treatment
options

HARM REDUCTION

Reduce the
harmful effects
of opioid use

ENFORCEMENT

Coordination
with health
services, link
individuals to
help and
support

Collaborative, Coordinated, Comprehensive, Evidence-Based

What has the CE-LHIN done on Prevention?

Nearly half of new starts of opioids by family doctors, and more than 1 in 10 new starts by surgeons, were for a supply of more than 7 days

RECOMMENDATIONS

- **Supporting healthcare providers system wide, in improving prescribing**
- **Improve Health Information Technology (HIT) to support best practices in opioid prescribing and substance use care**
- **Support increased access to pain management consultation services**

THE CHIEF PUBLIC HEALTH OFFICER'S
REPORT ON THE STATE OF
PUBLIC HEALTH IN CANADA 2018



PREVENTING

**PROBLEMATIC
SUBSTANCE USE
IN YOUTH**

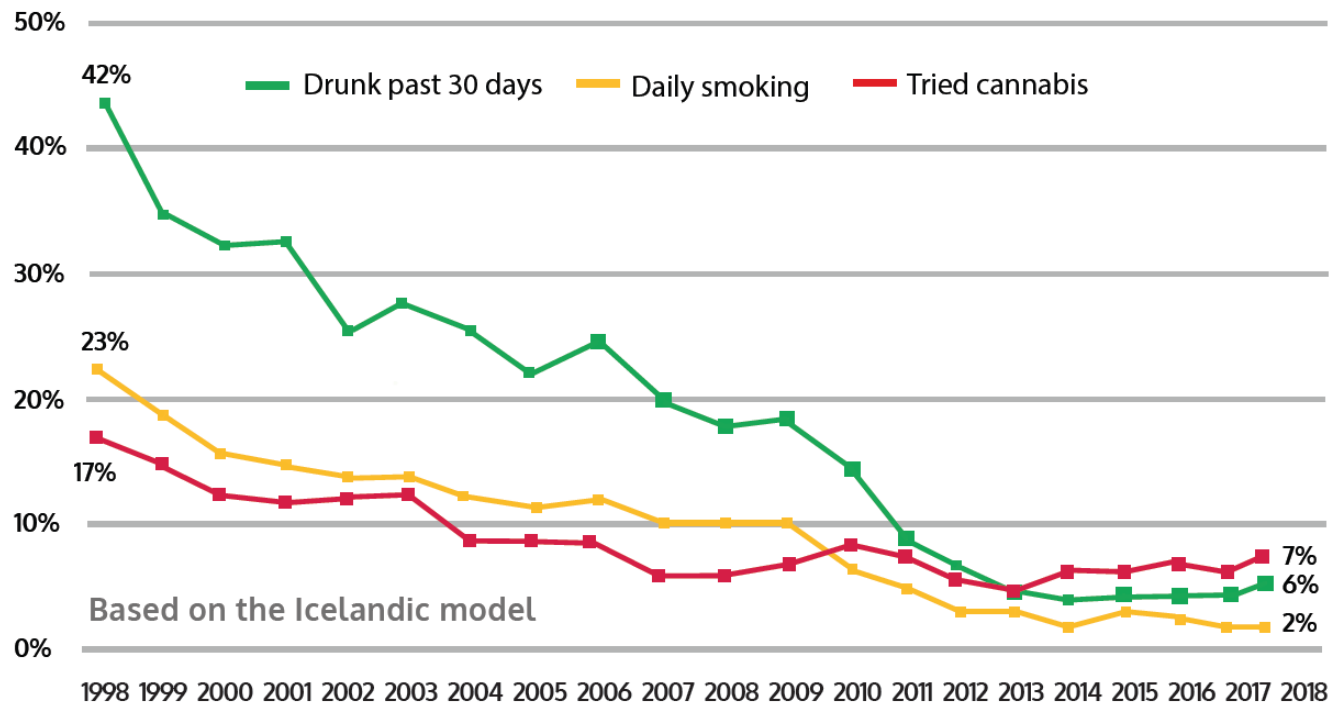
Canada



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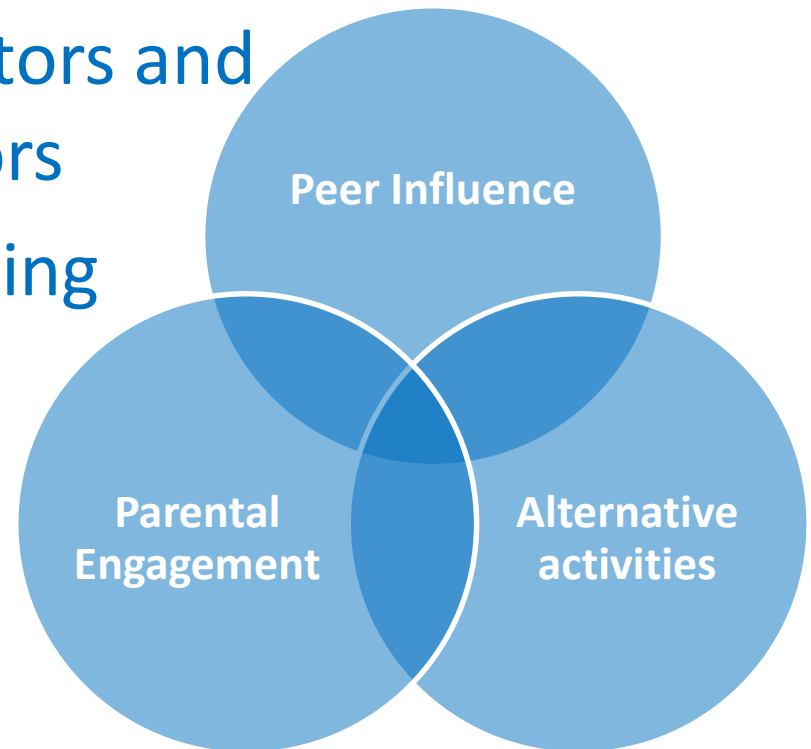
Learning from Iceland

Positive development over 20 years
(15-16 years old teens in Iceland)



Icelandic Prevention Model

- Multi-level, community-wide prevention practice based on theory, evidence, and collaboration
- Intended to reduce risk factors and strengthen protective factors
- Has been effective in reducing overall prevalence of youth substance use



In Brief



**7.1 PER
100,000**
2010-2011

**12.4 PER
100,000**
2015-2016



**CLOSE TO
25%
OF YOUTH**
in grades 7 to 12 engage in
**HIGH RISK DRINKING
BEHAVIOUR.**

**OPIOID
RELATED
HOSPITALIZATIONS**
have been rapidly
INCREASING
in the past 5 years among
young adults aged 15-24 years.

**THE MAJORITY
OF YOUTH
WHO USE SUBSTANCES
INDICATE THAT
THEY DO SO
TO FEEL GOOD
AND TO BE
SOCIAL.**

**A MUCH
SMALLER GROUP
SAY THAT SUBSTANCES CAN
RELIEVE STRESS
AND HELP THEM
COPE WITH
NEGATIVE
SITUATIONS.**
**This group is more likely to experience
negative health and social consequences.**

THERE IS NO SINGLE CAUSE

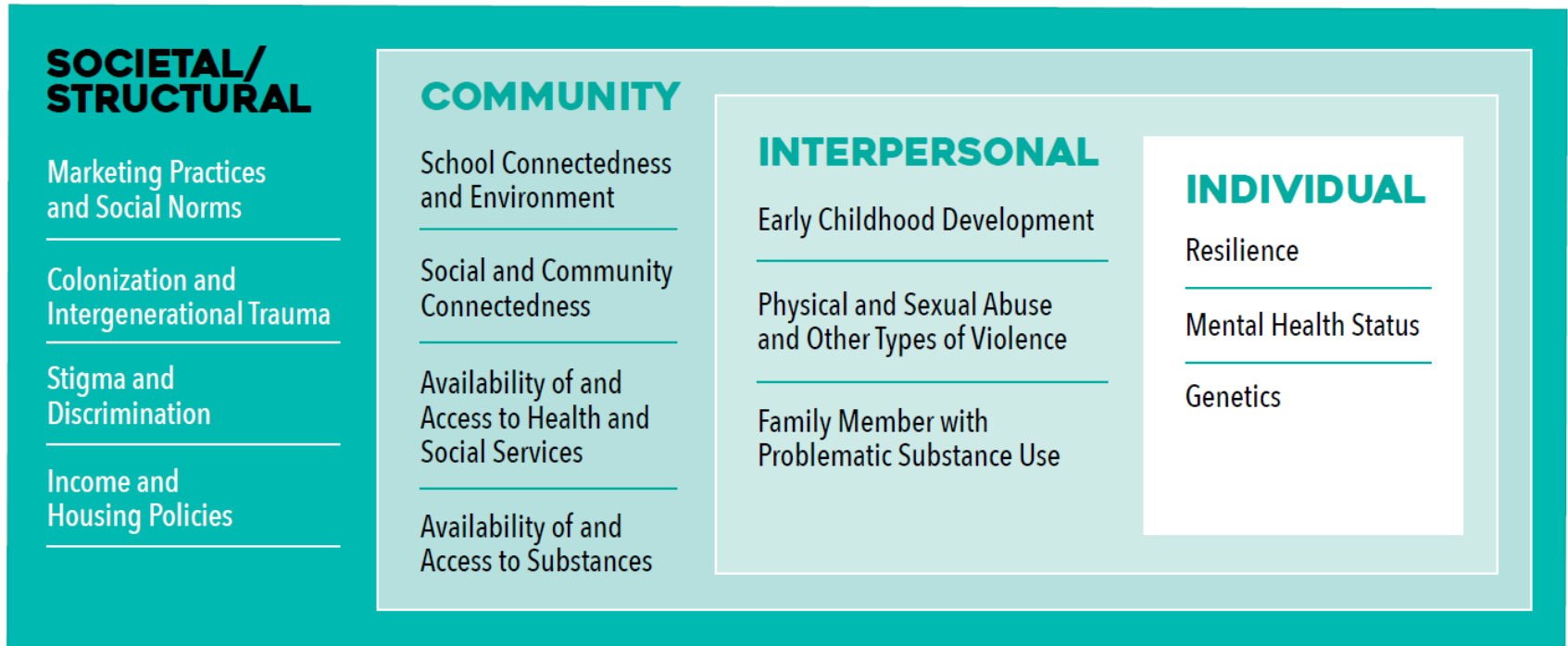
of problematic substance use among youth. It involves a complex interplay of factors such as the marketing of psychoactive substances, their availability, family and peer relationships, experiences of abuse and trauma, and social factors such as stable housing and family income that can lead one towards – or protect one from – the problematic use of substances.



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Source: CPHO Report on the Health Status of Canadians 2018

Examples of risk and protective factors associated with problematic substance in youth

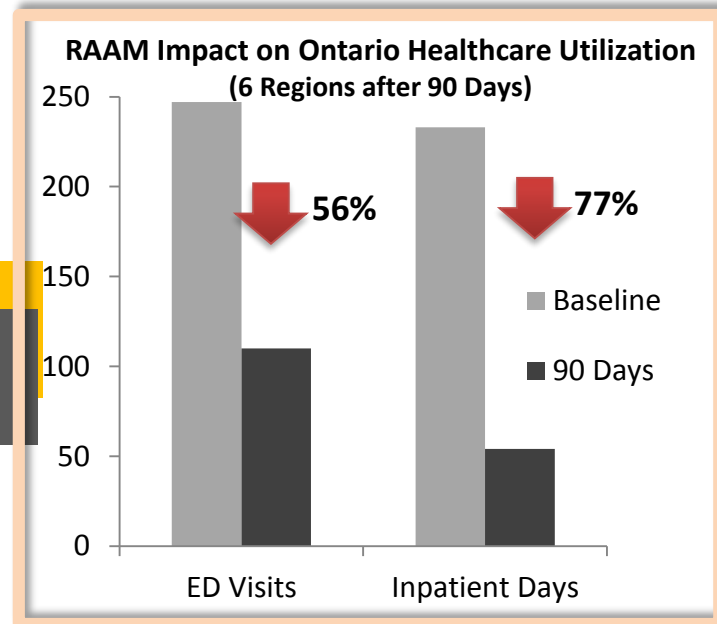


What have we done about Treatment?

Source: MetaPHI

RECOMMENDATIONS

- Implement new Rapid Access Addictions Medicine (RAAM) clinic at PARN
- Support the engagement of primary care providers in the evidence-based management of chronic pain and opioid use disorder
- Increase access and use of Suboxone for opioid use disorder (OUD) among all healthcare providers
- Enhance the role of emergency departments in the identification and standardized treatment of opioid and alcohol use disorders



Treatment continued...

RECOMMENDATIONS

- Improve identification and treatment of opioid use during pregnancy and with infants born to mothers who have used opioids during pregnancy
- Ensure all healthcare providers identify and address personal beliefs that act as barriers to care
- Ensure best practices in delivering trauma-informed care by healthcare providers
- Enhance Withdrawal Management Services
- **Expand medication-assisted therapy options**

Prescribed Opioids as a Second Line Option?

- 6 randomized controlled trials over 15 years have demonstrated that supervised injectable opioids reduced crime and heroin use in public
- Patients were able to live more meaningful and stable lives
- Costs offset by significant savings in the criminal justice system
- Proof of concept pilot for Peterborough?

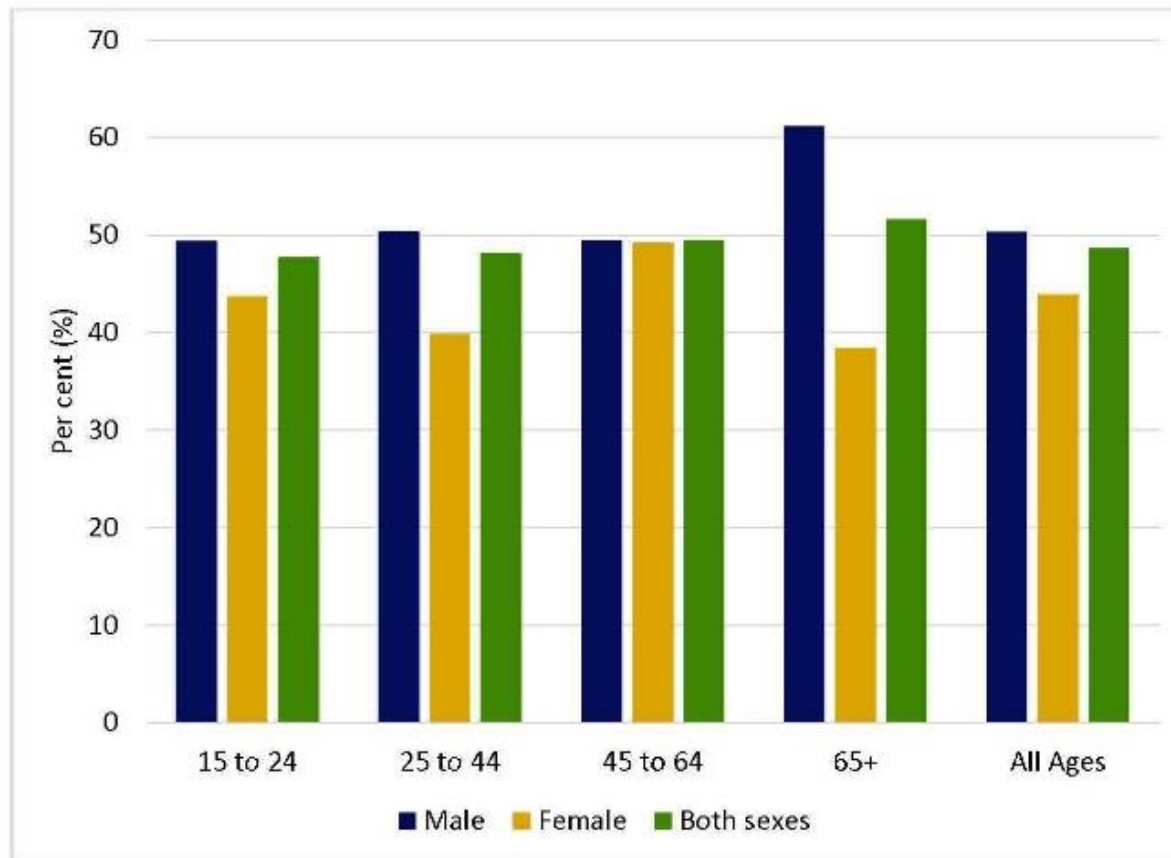
Harm Reduction

RECOMMENDATIONS

- **Enhance harm reduction and outreach services with more staff**
- **Completed a Central East LHIN scan of harm reduction services and gaps**
- **Increase access to naloxone**
- **Develop and implement a specialized peer support training program** (i.e. Street Degree program)
- **Implement drug checking in some sites**
(i.e. fentanyl strips and/or kits, review infrared mass spectrometry)



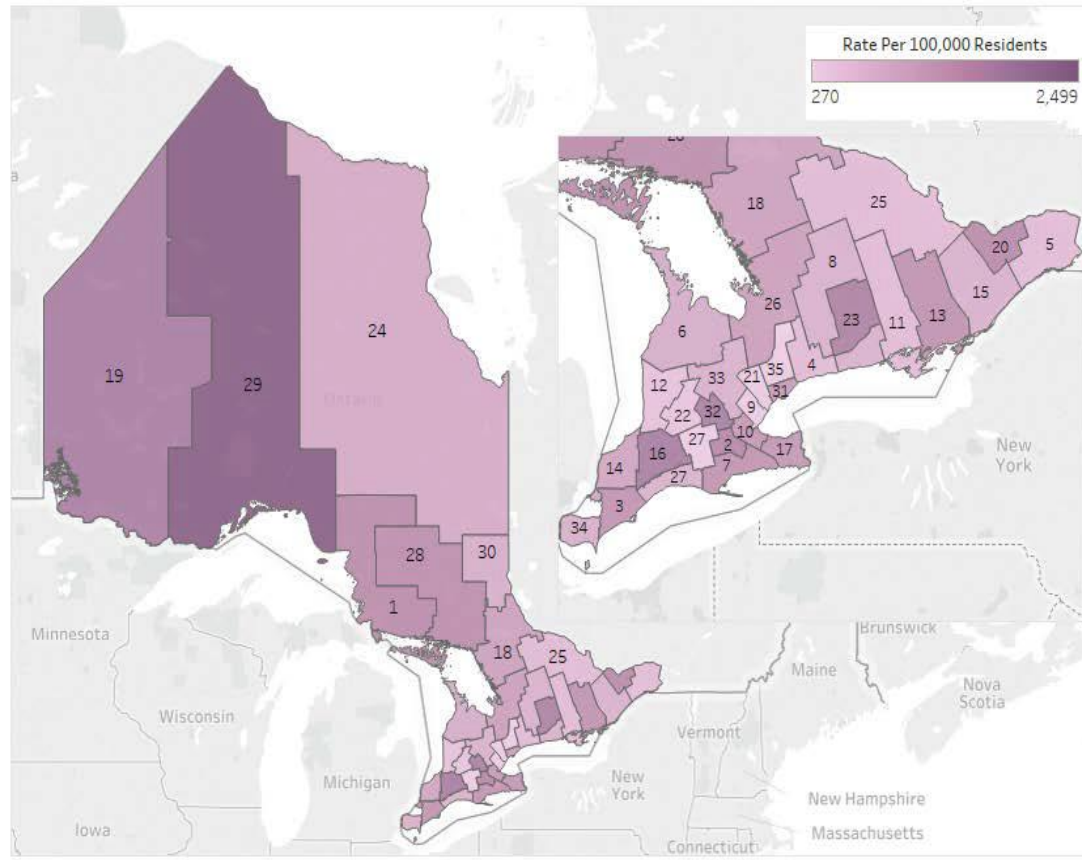
Accidental opioid-related deaths where the deceased person was alone at the time of incident, by age group and sex, *July 2017 to June 2018*





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Geographic variation of naloxone distribution by public health unit across Ontario between July 2017 and June 2018





PETERBOROUGH
DRUG
STRATEGY

A SHARED EFFORT
TO MITIGATE HARMS
RELATED TO SUBSTANCE USE
IN OUR COMMUNITY

Naloxone Training for Downtown Businesses



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Photo Credit: Terry Guiel

Enforcement

RECOMMENDATIONS

- **Help promote the Good Samaritan Drug Overdose Act**
- **Increase access to treatment for people involved in the criminal justice system (i.e. Suboxone, methadone)**
- **Foster stronger relationships between enforcement partners and local treatment and harm reduction service providers**



CE-LHIN Opioid Strategy 2018-19

Year in Review

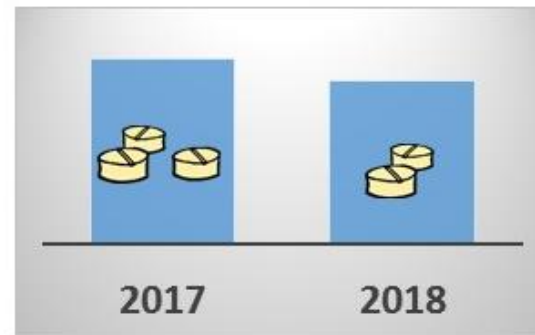
PREVENTION

OVER
300



Healthcare providers attended continuing medical educational rounds to learn more about the new opioid prescribing guidelines for acute and chronic pain and how to treat opioid use disorder

12% Reduction in the number of opioids dispensed to treat pain



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CE-LHIN Opioid Strategy 2018-19

Year in Review

TREATMENT



OVER
1200

People have been medically treated at Rapid Access Addiction Medicine (RAAM) clinics



35%

Increase in the number of Buprenorphine/Naloxone prescribers



2017

2018



OVER
400

People have been treated for opioid use disorder in the emergency department and/or referred to a RAAM clinic



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CE-LHIN Opioid Strategy 2018-19

Year in Review

HARM REDUCTION



OVER **75%**

Increase in harm reduction
worker and client interactions



OVER
12,000

Naloxone kits distributed



3055

Fentanyl test strips distributed from
the Lakeridge Health Take-Home
Fentanyl Test Kit program



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Turning IT Around

- Anti-Stigma – who can help?
- Preventing trauma and strengthening parenting
- Delaying initiation of substance use
- Engage and protect all patients
- Hold the drug industry accountable
- Early identification and access to treatment
- Redirection
- Low barrier harm reduction



Overview of Consumption and Treatment Services

PROGRAM CRITERIA

CTS will be assessed based on the following program criteria:

- 1 Local conditions
- 2 Capacity (to provide treatment and consumption services)
- 3 Proximity (to similar services, and to child care centres, parks and schools, including post-secondary institutions)
- 4 Community support and ongoing community engagement
- 5 Accessibility



Questions?



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