Canada's Opioid Crisis

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The Crisis:

- History
- Prevalence/Impact
- Stigma

History:
Bootleg Fentanyl:
- 50–80 times stronger than Morphine.
- Dec 6, 2016 - Carfentanyl detected for the first time in Ontario
- Black market pills and powder
- Uncertain dosage
- Lethal at very small doses
Not for Public Circulation: MDSCNO Only

Approximately 80% of males in correctional custody within Canada have used drugs in the 12 months prior to incarceration (Harm Reduction International).

Individuals who are released from institutions who have addiction or substance misuse issues are often at greater risk of death due to overdose, particularly within the first two weeks.

**Impact on those in Justice System:**

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**The Response:**

- The Public/Community

  - Policy
    - Federal
    - Provincial
COMMUNITY ADVISORY

JUNE 12, 2013

SERIOUS RISKS FROM EMERGING OPIOIDS, FENTANYL ANALOGUES

Accidental opioid deaths are a leading cause of unintentional death, surpassing fatalities from motor vehicle collisions in Canada. Victims include children using opioids as prescribed; those experimenting; and/or those opioid-addicted or opioid-dependent.

Recent reports from USA and Canada suggest an increase in fentanyl-detected overdose deaths due to fentanyl manufactured in illegal labs. The onset of overdose associated with the fentanyl analogues may occur more quickly than other opioid overdoses. If important to call 911. A standard dose of the emergency medicine naloxone may NOT be effective.

Fentanyl analogues in pill and/or powder formats have been found in several provinces and states—British Columbia, Quebec, Ontario, Rhode Island, Pennsylvania, Michigan, and New York. Street-level dealers may be unaware or are potentially misrepresenting the product to consumers. In tablet formulation, fentanyl may be sold as oxycodone, hydrocodone, or other oxycodone-like medications. In May, Peterborough Lakeside Police Service seized pills appearing to be counterfeit Oxycodone but which tested for high-dose fentanyl.

North Bay Police have cautioned that fentanyl may be present in the North Bay area.

Shared Voice:

› Hospital EDs
› CHCs
› Physicians
› Health Units
› Community groups
› Police Services
› Addiction Clinics
› Researchers
› Community Agencies
› Bereaved parents
› Pharmacists
› Municipal Drug Strategies
› Toxicologists, Coroners
› MPs and MPPs
› Community Centers
› Media
› Etc. etc.

“Prescription For Life”:
June 2015

› Municipal Drug Strategy Coordinators Network of Ontario
› Association of Local Public Health Agencies of Ontario
› Boards of Health
› Emergency Nurses Association
› Canadian Medical Association
› Ontario Medical Association
› Etc. etc.
November 2015 – 80 Signatories:

We strongly advise that Ontario move ahead immediately to establish leadership to coordinate collaborative planning and response, including emergency preparedness plans and a clearly defined pathway for invoking emergency health/outbreak measures related to opioid overdoses.

Ontario is unprepared for the influx of bootleg fentanyl and other toxic opioids on top of the existing opioid crisis, already called the “greatest drug safety crisis Canada has ever faced.” Time is of the essence, and health systems, alongside other sectors, form an essential part of an emergency response.

- Letter from 234 organizations and individuals to Premier Wynne and Minister Hoskins, April 26, 2016. Available at: www.drugstrategy.ca

April 2016 – 234 Signatories:
Canada is the largest per capita consumer of prescription opioids in the world.

Ontario has the highest rate of opioid prescription, and overdose deaths have been steadily increasing.

Opioid Agonist therapy such as Suboxone or Methadone remains limited, especially in rural communities.

Policy Begins:

“Extraordinary realities require extraordinary measures. We are in a crisis. But in this crisis, we will not merely be spectators”.

Federal Minister Of Health
Jane Philpott
On October 12, 2016, Dr. Eric Hoskins, Minister of Health and Long-Term Care announced the government’s plan to address the rise in opioid addiction and overdose by improving access to quality addiction services and interdisciplinary pain management teams.

- Designating Dr. David Williams, Ontario’s Chief Medical Officer of Health, as Ontario’s Provincial Opioid Overdose Coordinator to lead a new surveillance and reporting system to better respond to opioid overdoses in a timely manner and inform how best to direct care.

Modernizing pain management practices and preventing opioid addiction and overdose is part of the government’s plan to build a better Ontario through its Patients First: Action Plan for Health Care.

MODERNIZING OPIOID PRESCRIBING AND MONITORING

IMPROVING THE TREATMENT OF PAIN

ENHANCING ADDICTION SUPPORTS & HARM REDUCTION
1. MODERNIZING OPIOID PRESCRIBING AND MONITORING

WORK TO DATE:

- **Ontario’s First-Ever Provincial Overdose Coordinator**
  Dr. David Williams, Ontario’s Chief Medical Officer of Health was designated Ontario’s first-ever Provincial Overdose Coordinator.

- **Province-wide expansion of the Fentanyl Patch for Patch Program**
  Beginning October 1, 2016, stricter controls on the prescribing and dispensing of fentanyl patches took effect. Patients are now required to return used fentanyl patches to their pharmacy before more patches can be dispensed.

- **Delist High-Strength Opioids**
  Beginning January 1, 2017, high-strength formulations of long-acting opioids will be delisted from the Ontario Drug Benefit Formulary. The government is currently working with health care providers, including palliative care clinicians, to ensure that Ontario patients can continue to access appropriate pain treatment.

**OPPORTUNITY:** Foster expertise in prescribing best practices through education, training and improving access to data; enhanced provincial surveillance and monitoring systems.

WORK CURRENTLY UNDERWAY:

- **Overdose Monitoring**
  Launch a new overdose surveillance and reporting system to support the Provincial Overdose Coordinator.

- **Quality Standards**
  Develop evidence-based quality standards for health care providers on appropriate opioid prescribing, led by Health Quality Ontario and health sector partners.

- **Appropriate Prescribing**
  Develop new, evidence-based training modules and academic programs in conjunction with educational institutions that will provide modernized training to all healthcare providers who prescribe or dispense opioids.

- **Practice Reports**
  Provide reports through Health Quality Ontario to physicians that show how their opioid prescribing compares to that of their peers and to best practices.

- **Narcotics Monitoring System (NMS)**
  Make NMS data readily available to health care providers, including physicians and pharmacists so they have access to up-to-date dispensed medication information for their patients when making decisions concerning opioid prescribing.

- **Patient Education**
  Improve access to important medication information, including a patient guide, for all patients prescribed opioids to help them better understand the associated risks.

2. IMPROVING THE TREATMENT OF PAIN

**OPPORTUNITY:** Modernize chronic pain services and better connect patients with high quality treatment.

WORK TO DATE:

- **Investing in the Chronic Pain Network**
  Invest $17 million annually in multi-disciplinary care teams, including 17 Chronic Pain Clinics across Ontario, to ensure that patients receive timely and appropriate care to help them manage chronic pain.
3. ENHANCING ADDICTION SUPPORTS AND HARM REDUCTION

- **OPPORTUNITY**: Improve addiction services to better support patients with opioid addiction, and prevent injury and death related to overdose.

- **Expanded Access to Naloxone**
  Naloxone, an antidote for opioid overdose is now available *free of charge* for patients and families through pharmacies and eligible organizations.

- **Expand Access to Suboxone**
  Suboxone, an effective treatment used to relieve opioid withdrawal symptoms that has a lower risk of overdose than methadone and reduces drug cravings, as of October 11, 2016, is available as a General Benefit on the Ontario Drug Benefit Formulary.

**Best Practices for Opioid Substitution Therapy (OST)**

- **On-site Services**:
  - Physician care
  - Urine Screens – Lab Testing
  - Pharmacy
  - Carries

  - Wrap around supports
  - Groups and 1:1 to debunk myths and stigma
  - Engage families
3. ENHANCING ADDICTION SUPPORTS AND HARM REDUCTION

WORK CURRENTLY UNDERWAY:

• **Naloxone Kits for At-Risk Inmates:** Work with the Ministry of Community Safety and Correctional Services to begin providing naloxone kits free of charge to at-risk inmates at the time of their release from provincial correctional institutions.

• **Intranasal Naloxone:** Explore providing naloxone in nasal spray form to first responders.

• **Nurse Practitioner Scope of Practice:** Continue working with the College of Nurses of Ontario to enable Nurse Practitioner prescribing of Suboxone, improving access to a methadone alternative for patients struggling with opioid addiction, particularly for those in rural and remote areas.

• **Indigenous Mental Health and Addictions Initiatives:** Continue to work with Indigenous partners to identify community mental health and addictions priorities and ensure that culturally appropriate investments are made both on- and off-reserve to improve mental health and addictions issues in Indigenous communities.

• **Harm Reduction:** Work with experts and municipal leaders to develop an evidence-based harm reduction framework, which could include expanding needle exchange programs and supervised injection services which have been demonstrated to save lives and reduce costs within the health care system.

• **Health Care Delivery and Primary Care Integration:** Enhance integration of comprehensive primary care, mental health and Suboxone/methadone treatment to better support patients with opioid addiction.

Naloxone: Debunking Myths – Changing Views

- Abstinence Conflict
  - Myths of Naloxone
- Overdose Prevention
- Risk of Staff Exposure
- Organizational Liability

RAAC: Rapid Access Addiction Clinics

- Patients First Legislation
- 2015/16 RAAMs/RAACs opened in 7 sites across Ontario:
  - This model is evidence based – resulting in significant reduction in repeat substance use ED visits. Most clinics have already expanded their hours of service
  - Major portion of Ministry of Health funding rolled out for Opioid Crisis last week.
RAAC Client Service

- Brief assessment of substance use concerns
- Review of treatment options, including both harm reduction and abstinence options
- Outpatient tapering of patients on high dose opiates or benzodiazepines
- Brief individual counselling and withdrawal support
- Medication assisted treatment for alcohol, opioid and benzodiazepine use disorders
- Education on overdose prevention and use of naloxone
- On-site peer support
- Referral to longer-term treatment programs and/or community services for ongoing care

Joint Statement of Action to Address the Opioid Crisis

The Joint Statement of Action to Address the Opioid Crisis was developed by the Government of Canada in collaboration with various stakeholders, including public health, criminal justice, and community organizations. The statement outlines measures to address the opioid crisis, focusing on prevention, treatment, and harm reduction. It highlights the importance of collaboration between all sectors to develop comprehensive strategies to combat the crisis.

- Prevention initiatives to reduce demand and supply
- Treatment options for those addicted to opioids
- Harm reduction services to reduce the effects of opioid use
- Support for those affected by the crisis, including families and caregivers

RAAC RAPID ACCESS ADDICTION CLINIC

- https://www.facebook.com/lloyd.longfield/videos/1983216678619459/

RAAC RAPID ACCESS ADDICTION CLINIC

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Federal Policy Changes:

Federal Minister of Health (Jane Philpott) and the Federal Minister of Public Safety (Ralph Goodale) announced that a series of legislative changes will be introduced in order to make it easier for safe-injection sites to open within Canada.

**Bill C-37 – An Act to Amend the Controlled Drugs and Substances Act and to Make Amendments to Other Acts**
- Amendments to five acts
- Fewer barriers to opening safe consumption sites
- Ability for agents to inspect and seize packages under 30 grams
- Temporary Accelerated Scheduling of NPS. The bill would allow the Minister of Health to be granted powers to quickly schedule and control a new substance
- Temporary scheduling would last up to two years and possession of a temporarily scheduled substance would not be an offence

Announcement of provincial funding of three safe consumption sites

Safe Injection Sites:

In order for safe-injection sites to be opened, Provinces and municipalities will be required to meet five (5) criteria:

- Demonstration of the need for such a site;
- Demonstration of consultation conducted with the local community;
  - Presentation of evidence as to whether the intended site will impact crime in the community;
- Assurance that the requisite regulatory systems and framework are in place; and
- Sites will need to prove that appropriate resources have been allocated.
What is clear from the Policy surrounding the Opioid Crisis is that funding opportunities will not flow through corrections (provincially or federally at this time). Opportunities flow from health funding, provincial and federal. Community Correction Agencies that have multi-funding (health funding) are most favorable situated.