



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

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## THE IMPACT OF PRESCRIPTION AND NON-PRESCRIPTION DRUG USE IN MIDDLESEX-LONDON

### **Recommendation**

*It is recommended that Report No. 032-14 re The Impact of Prescription and Non-Prescription Drug Use in Middlesex-London be received for information.*

### **Key Points**

- Drug use is a serious community issue in Middlesex-London. It has an impact on health services across the continuum of care, from Emergency Medical Services (EMS) and police calls, to emergency department visits and hospitalizations, and admissions to substance misuse programs.
- From 2008 to 2012, opioids cause more overdoses, emergency department visits, hospitalizations, and admissions to substance misuse and addictions programs in Middlesex-London than in Ontario.
- Opioids killed more than twice the number of people per capita in Middlesex-London than in Ontario in 2012
- The Health Unit will use the findings of this report to partner with municipalities and community partners in the development of a community drug strategy.

### **Background**

The November 2013 Board Report [119-13](#) entitled “Middlesex-London I-Track Survey of People Who Inject Drugs” provided an overview of drug use behaviours among a sample of Londoners who inject drugs. This data was collected as part of a Canadian survey conducted by the Public Health Agency of Canada (PHAC). The survey results showed there were a number of areas in which the London participants differed from the national sample. For example, opioids were the predominant drugs injected by the London sample, compared to the stimulant cocaine being the drug most commonly injected by the national sample. These and other findings suggested the need for further investigation of drug use in the Middlesex-London region.

The current report ([Appendix A](#)) examines the issue of drug use in Middlesex-London from the perspective of health services utilization. A variety of information sources were used, including emergency medical services (EMS) calls related to overdoses, drug-related police incidents, emergency department (ED) visits and hospitalizations, and admissions to substance misuse and addictions programs. Supplementary information about opioid prescription rates and prescription-opioid related deaths was also included.

### **Report Highlights**

Prescription and non-prescription drug use in Middlesex-London has an impact on health services across the continuum of care, from Emergency Medical Services (EMS) and police calls, to emergency department (ED) visits and hospitalizations, and admissions to substance misuse programs. For example, in 2013, Middlesex-London EMS responded to 602 calls related to drug overdoses alone, or more than one overdose per day. Between 2008 and 2012, London Police Services responded to an average of 730 incidents per year related to drug possession, and an average of 230 calls per year related to trafficking, distribution and possession of controlled drugs and substances.

For each year between 2008 and 2012, the rates of opioid-related ED visits in Middlesex-London were significantly higher than the Ontario rates by a factor of 1.5. Similarly, the rates of sedatives- and hypnotics-related ED visits (e.g., visits related to benzodiazepine or barbiturate use) were significantly higher in Middlesex-London compared to provincial rates across the study period. There were no significant differences between Middlesex-London and Ontario for other classes of drugs (cannabinoids, cocaine and other stimulants, hallucinogens and solvents).

The patterns of hospitalization rates were similar to those for ED visits. In particular, opioid-related hospitalizations among Middlesex-London residents consistently exceeded the rates for Ontario by a factor of about 1.5. Further, the Middlesex-London rates showed consistent increases over time, from a rate of 34.8 opioid-related hospitalizations per 100,000 population in 2008, to 49.6 per 100,000 in 2012. For the other classes of drugs (cannabinoids, cocaine and other stimulants, sedatives and hypnotics, hallucinogens and solvents), there were no significant differences between hospitalization rates for Middlesex-London residents and Ontario as a whole.

Between 2008 and 2013, there was an average of 2,381 admissions to substance misuse programs per year, representing an average of 1,428 individuals annually. Alcohol, tobacco and cannabis were the most common problem substances in these admissions. However, the rates of prescription opioids as a presenting problem substance among Middlesex-London admissions were significantly higher than those for Ontario for all years between 2008 and 2013. The rates for methamphetamines (a stimulant) as a presenting problem were also significantly higher than the provincial rates, and increased from 35 methamphetamine-related admissions per 1,000 individuals admitted in 2008, to 252 in 2013.

Ontarians who are beneficiaries of a number of social assistance programs have certain medications covered by the Ontario Drug Benefit (ODB) Program. Between 2008 and 2013, the overall opioid prescription rates per 1,000 ODB-eligible population in Middlesex-London generally declined; a similar pattern was observed for the rates for Ontario as a whole. However, the Middlesex-London rates were significantly higher than Ontario rates for all years by a factor of 1.1. The use rate for oxycodone, hydromorphone, methadone, and fentanyl were all significantly higher for Middlesex-London compared to the province. However, the rates of oxycodone and fentanyl prescription use both declined in both Middlesex-London and Ontario over the six year period, while hydromorphone and methadone prescription use rates increased.

Between 2008 and 2012, the annual number of prescription-opioid related deaths among Middlesex-London residents ranged from a low of 13 deaths, to a high of 41 deaths in 2012. That year, prescription opioid-related death rates in Middlesex-London occurred at more than twice the provincial rate (8.8 deaths per 100,000 population vs. 4.1).

## Conclusion

Municipal and community partners have expressed interest in developing a community drug strategy. This report will provide valuable information to inform such a strategy and reduce the harms cause by drug misuse in the community.

This report was prepared by Ms. Alison Locker, Epidemiologist, Oral Health, Communicable Disease and Sexual Health (OHCDSh) Services, and Ms. Heather Lokko, Acting Director, OHCDSh.



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