MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 040-16

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2016 June 16

PERSONS WHO INJECT DRUGS IN MIDDLESEX-LONDON: AN UPDATE

Recommendation

It is recommended that the Board of Health support in principle the allocation of resources within Middlesex-London Health Unit to address the emerging public health emergency in persons who inject drugs in Middlesex-London, with further details on strategy and resources to come to the Board of Health in September.

Key Points

- Rates of HIV, Hepatitis C, Invasive Group A Streptococcal Disease, and infective endocarditis have all been increasing in persons who inject drugs in Middlesex-London.
- Rates are being driven by several intersecting factors, including underlying mental health and addictions issues, and changes in prescription opioid drug practices.
- Stakeholders will continue to be engaged at the local and provincial levels to ensure an integrated and coordinated response to this emerging public health issue.

Background

Since 2015, the Middlesex-London Health Unit (MLHU) has noticed an increase in newly diagnosed HIV cases in persons who inject drugs (PWID) in Middlesex-London. Ontario's HIV rates have decreased, from 7.4 cases per 100,000 in 2005 to 5.5 cases per 100,000 in 2015. Locally, HIV rates increased from 5.9 cases per 100,000 in 2005, to 9.0 cases per 100,000 in 2015. Provincial figures indicate two-thirds of new cases in 2013-14 occurred in men who have sex with men (MSM), and 12% in PWID. In Middlesex-London during the same time period, two thirds (68.6%) of new HIV cases were attributable to PWID (See Appendix A).

Increasing HIV trends is one of several public health issues currently affecting local PWID. Increases in Hepatitis C (HCV), Invasive Group A Streptococcal Disease (iGAS), and associated endocarditis are being observed in PWID, compounded by underlying mental health and addictions issues. HCV infections in Middlesex-London have increased from 32.2 cases per 100,000 in 2005 to 53.7 cases per 100,000 in 2015, amid decreasing provincial rates. From 2006-2015, self-reported injection drug use was identified as a risk factor in 61.2% of HCV cases living in Middlesex-London (See Appendix B). Compared to 2010, the proportion of iGAS cases in PWID has increased two-fold, 19.0% in 2010 vs. 42.9% in 2016 (See Appendix C). Finally, local health care providers have raised concerns about increases in admissions due to infective endocarditis, with London Health Sciences Centre reporting admissions for infective endocarditis in PWID rising from approximately 30 in 2009 to approximately 110 in 2014.

Contextually, in 2012, the Ontario government de-listed the pain medication OxyContin and replaced it with the alternative OxyNEO. One reason for this decision was to switch to a pain medication that is not as easily crushed for snorting or injecting. While intended to reduce the prevalence of injecting, community partners have reported that this has not had the intended effect as it does not address the underlying mental health and social determinants of health issues that cause injection drug use. Research indicates that the addition of filler agents in various oral prescription drugs when injected is associated with higher rates of endocarditis, soft tissue infections, and increases in communicable diseases such as HCV.

Current Strategies

In February 2016, MLHU began compiling data from several sources to investigate increasing HIV rates in PWID. A meeting was held on March 22nd between several community stakeholders, including local health care providers, to share the results of the epidemiological assessment and discuss next steps. A follow-up meeting is scheduled for June 8th with additional local and provincial stakeholders to develop a coordinated strategy to address this public health emergency.

Consultations were held with provincial and national experts regarding effective strategies to address these emerging public health issues in PWID. In particular, discussions were held with Dr. Mark Gilbert (Ontario HIV Epidemiological Surveillance Initiative) and Frank McGee (Manager, AIDS and Hepatitis C Programs, Ontario Ministry of Health and Long Term Care) to review data and discuss next steps, including the potential for MLHU to serve as a site for point-of-care (rapid) HIV testing services.

The Middlesex London Health Unit, in collaboration with community partners, is developing a community drug strategy for London and Middlesex County based on a "Four Pillar" approach of prevention, treatment, harm reduction and enforcement, and solidified through a foundation of collaboration.

Next Steps

Ongoing active surveillance and a detailed investigation related to active clusters of HIV, Hepatitis C, and iGAS cases among PWID in Middlesex-London is required. A field epidemiologist from the Public Health Agency of Canada (PHAC) has been requested to assist with this endeavor.

MLHU is recommending a re-allocation of resources to create an outreach model to address the emerging public health issues in PWID. According to the World Health Organization, outreach is associated with decreases in injection drug use and unsafe injection practices, and increases in condom use and entry into drug treatment. The best practice recommendations from Ontario Needle Exchange Programs (NEP) (2006) support outreach as a form of NEP service delivery used to provide services to clients who typically avoid health and social service providers. A peer based component is an essential part of street-level outreach, as peers often reach otherwise hard-to-reach PWID who may be suspicious of the NEP and/or reluctant to abandon their relative invisibility as PWIDs in favour of acquiring NEP services. MLHU will be conducting an environmental scan of Ontario Public Health Units who currently have street-level outreach teams to understand the models and resources required for this work. In addition, consultation will be held with a STOP HIV street outreach team in British Columbia and a literature review will be conducted to identify effective strategies in working with difficult to reach, high-risk PWID population.

Stakeholders will continue to be engaged at local and provincial levels to ensure an integrated and coordinated response to this health issue. Additional funding support will be sought through applications for Public Health Agency of Canada's HIV and Hepatitis C Community Action Fund and Canadian Institute of Health Care Research Catalyst grants. If successful, the funds will be used to develop a coordinated, integrated approach to address high-risk injection drug use in the community. This approach will include addressing the underlying social determinants of health and mental health issues faced by PWID; enhancing HIV and HCV testing, prophylaxis and treatment; and connecting PWID to addiction services and encouraging them to remain in care.

This report was prepared by Todd Coleman, Epidemiologist, and Shaya Dhinsa, Manager, Sexual Health.

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