MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 054-17

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / Chief Executive Officer

DATE: 2017 October 19

INCIDENT MANAGEMENT SYSTEM (IMS) ACTIVATED TO ENCHANCE RESPONSE TO COMMUNITY DRUG CRISIS

Recommendation

It is recommended that the Board of Health receive Report No. 054-17 re: Incident Management System (IMS) to Enhance Response to Community Drug Crisis for information.

Key Points

- London has multiple overlapping drug-related crises, which require a range of layered responses.
- In 2015, 711 people died of an opioid overdose in Ontario, a 194% increase since 2003. In Middlesex-London, overdose deaths peaked in 2012, but there is reason to believe that they will increase again as fentanyl moves into the local drug market.
- HIV, Hepatitis C, and endocarditis are also causing significant illness in the region.
- The Medical Officer of Health activated the Incident Management System (IMS) to elevate and coordinate the MLHU response.

Background

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.

Between 2008 and 2012, the annual number of prescription-opioid-related deaths among Middlesex-London residents ranged from a low of 13 to a high of 41 in 2012. That year, the prescription-opioid-related death rate in Middlesex-London was 8.8 per 100,000 people, more than twice the provincial rate of 4.1 (see Report No. 032-14 re: The Impact of Prescription and Non-Prescription Drug Use). More recent data from 2015 and 2016 indicates that the rate of opioid-related deaths in Middlesex-London has been similar to that of Ontario (between 5 and 6 deaths per 100,000 people).

The local opioid market has historically been dominated by diverted prescription drugs. With the implementation of new prescribing guidelines in September, 2017, it is expected that the availability of prescription opioids will decrease, and more potent versions of illegally produced drugs such as fentanyl and carfentanil will become more common locally. This may lead to an increase in opioid overdoses and deaths.

In October 2016, the Minister of Health and Long-Term Care released a "Strategy to Prevent Opioid Addiction and Overdose" (Opioid Strategy), which includes ongoing work to: enhance data collection and surveillance; modernize prescription and dispensing practices; improve access to high-quality addiction treatment services; and enhance harm reduction services and supports. To support implementation of the Opioid Strategy's harm reduction pillar, on June 12, 2017, the Minister of Health and Long-Term Care announced that funding would be provided to boards of health to build on existing harm reduction programs and services, and to improve local opioid response capacity and initiatives.

Incident Management System Activated

The Medical Offer of Health activated the Health Unit's Incident Management System (IMS) as of September 11, 2017, to enhance the response to the community's drug crisis. IMS is a system of roles, accountability and processes to ensure order and efficiency in an emergency response. Throughout this process, the team has and continues to set and act upon priority action items and planning activities on a weekly basis.

The Harm Reduction Program enhancement consists of three areas of focus: to ensure the community has an overdose response plan in place; the dissemination of naloxone kits to those most at risk for overdose; and the implementation and/or enhancement of early-warning systems to ensure the timely identification of and responses to surges in opioid overdoses. As part of the work towards an application for federal exemption from drug laws that would allow for one or more supervised consumption facilities, community consultations will begin mid-October.

The Manager of Sexual Health has been seconded to the role of Operations Chief for the duration of the IMS activation period. The focus will be to continue to lead the sexual health files, such as supervised consumption facilities, harm reduction, naloxone distribution, the I-Track study and other responsibilities associated with drugs and opiates. In the interim, there will be an Acting Manager for Sexual Health, who will focus mainly on managing clinical services and sexual health promotion work. The team continues to work on this issue.

Appendix A provides a summary of what has been accomplished to date and some of the work that lies ahead.

Conclusion/Next Steps

The IMS group will continue to meet weekly for the next several months as the Health Unit responds to the local drug crisis and builds strategies to address the many associated challenges. These are issues that require our attention and focus in order to develop long-term responses that meet the needs of our community.

This report was submitted by the Sexual Health Team, Environmental Health and Infectious Disease Division.

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