

Middlesex-London Health Unit – Issue Note

Topic: Drug Crisis

BREIFING:

- Canada is in the midst of a drug crisis. London has been impacted significantly.
- Since 2014, HIV and hepatitis C rates in Middlesex-London remain consistently higher than the provincial average. Research conducted by the Health Unit suggests this is likely due to unsafe consumption practices, including the sharing of drug injection equipment by people who inject drugs (PWID).
- In the past decade, more than 400 Middlesex-London residents have lost their lives to overdose.
- London has a large population of injection drug users believed to be one of the largest in the country. It is estimated that there are approximately 6,000 PWID in London (about 2% of London's total population of 385,000).
- In Middlesex-London there is a high percentage of people who use drugs in public spaces, which sometimes results in discarded drug equipment. Public drug use also presents potential harm to people who use drugs, through the use of unsafe consumption practices, which can increase the risk of overdose and the spread of infectious diseases.
- Supervised consumption (formerly known as “safe injection”) is the highest profile aspect of the response to the drug crisis. In reality, it is an important but relatively small component.
- Dozens of partners in London and Middlesex County have collaborated to develop a comprehensive Community Drug and Alcohol Strategy.

BACKGROUND:

Like many communities across Ontario and Canada, London and Middlesex County are experiencing significant impacts related to substances, including alcohol, prescription medications, and illegal drugs. Whether directly or indirectly, individuals, families, and our communities as a whole are experiencing negative effects on health, personal relationships, safety, and overall community wellness. Furthermore, the impacts of stigma and marginalization on people who use substances only serve to intensify negative consequences. (Middlesex-London Community Drug and Alcohol Strategy, 2018)

The harmful outcomes of substance use are a significant issue in London and Middlesex. In late 2015, local stakeholders came together confirming the need for a long-term comprehensive strategy to prevent and reduce harms related to substance use in Middlesex-London. From this, the Middlesex-London Community Drug and Alcohol Strategy (CDAS) was created. The CDAS is a locally-developed strategy for preventing and addressing the harms related to substance use in our community.

The vision of the CDAS is a caring, inclusive, and safe community that works collaboratively to reduce and eliminate the harms associated with drugs and alcohol. The CDAS was built on the internationally recognized “*Four Pillars*” approach of Prevention, Treatment, Harm Reduction, and Enforcement and focuses on all substances, with the exception of tobacco. (Middlesex-London Community Drug and Alcohol Strategy, 2018). In June of 2016, the Middlesex-London Health Unit declared a public health emergency due to an increase in the number of HIV and other infections in PWID in London. At about the same time, in the Spring of 2016, the CDAS Steering Committee, made up of service providers and individuals representing health, education, social services, law enforcement, the non-profit sector, the private sector, municipal government, and people with lived experience, began the work of developing the Strategy. (Middlesex-London Community Drug and Alcohol Strategy, 2018)



While mobilizing for crisis response is a part of the Strategy, the aim was to also focus upstream, setting an evidence informed and locally relevant foundation for long term impact (Middlesex-London Community Drug and Alcohol Strategy, 2018)

The Strategy was developed from broad input from our communities, which occurred in two phases. Phase one was completed in early 2017 and included an environmental scan of service providers and organizations across London and Middlesex, in order to gather input and insights

about each organization's substance use issues and needs. The questions asked during the environmental scan were related to each organization's existing substance use-related services and programs, insights on barriers to service delivery and service gaps, ideas on the urgent issues regarding problematic substance use in London and Middlesex County, and perspectives on opportunities for collaboration and integration of services to manage substance use. Conducted in the spring of 2018, Phase two included consultation with the broader community to obtain feedback and input on a set of draft recommendations. Following the community consultations, the feedback was analyzed, collated and incorporated into the 23 recommendations and 98 associated actions spanning the pillars of treatment, prevention, harm reduction, and enforcement. While all recommendations are important, 59 priority actions have been identified for focus over the next three years. These will be directed toward education and awareness, programs and services, supportive environments and collaboration, and policy and advocacy. (Middlesex-London Community Drug and Alcohol Strategy, 2018)

To meet the requirements of Health Canada's application process for a Supervised Consumption Facility (SCF), and to better understand local needs, a community consultation process was conducted in November and December of 2017. This process also sought to gain a better understanding of the benefits and concerns associated with SCFs, in order to inform potential site locations and operations (Centre for Organizational Effectiveness, 2018). The consultation found that Londoners want to support people who use drugs and that they saw the benefits of an SCF across a wide range of domains. (Middlesex-London Health Unit, 2018)

While the development of a strategy to reduce the harmful outcomes of substance use in the community was happening, the Middlesex-London Health Unit and its partners, continued to work through 2017 and 2018 to address the HIV outbreak, unsafe consumption practices, the risk of overdose and the spread of infectious disease. Some key actions to address the crisis included: implementing a street-level outreach team to engage and support hard-to-reach HIV-positive individuals; establishing an Opioid Crisis Working Group; establishing a Temporary Overdose Prevention Site (TOPS); identifying potential locations for a permanent Supervised Consumption Facility (SCF); holding regular community liaison and consultation meetings for businesses and neighbours of the TOPS and potential SCF locations; completing the necessary applications to apply for a permanent SCF; and, requesting an extension of the class exemption that allows TOPS to operate while awaiting Federal approval for a permanent SCF.

CURRENT STATUS:

- SCFs are designed to provide a supervised space where people can consume pre-obtained drugs and receive information about, and referrals to, health and social supports and addiction services in the community. (Middlesex-London Health Unit, 2018)
- Establishing SCFs is part of a comprehensive harm reduction strategy, which is one pillar of the CDAS. These *Four Pillars* include: Prevention, Treatment, Enforcement, Harm Reduction.
- The London TOPS was the first legally-sanctioned site of its kind in Ontario, established with the intention of preventing overdose deaths, reducing the spread of disease, increasing access to harm reduction services, reducing healthcare costs, reducing the amount of discarded needles and syringes found in public spaces, and improving access to health and other social services (Ministry of Health and Long-Term Care, 2018)
- Since opening, there have been more than 7,000 visits by 2,000 unique individuals.
- As of September 16, 2018, 31 overdoses at the facility were successfully reversed by staff, with no deaths. Most overdoses were fentanyl-related.
- In the months since the facility opened, nearly 10% of the client population has been referred to rehabilitation.
- In the first 150 days of operation alone, 150 people were successfully connected to addictions treatment. (Middlesex-London Health Unit, 2018).
- New diagnoses of HIV are also on the decline, even though testing rates continue to increase. Endocarditis, an infection of the lining of the heart which is associated with injection drug use, previously cost London hospitals approximately \$7 million per year, yet clinicians have reported a decrease in the occurrence of this disease as well. (Middlesex-London Health Unit, 2018).
- The Health Unit continues to work with partners to enhance harm reduction services and increase the availability of supplies through small, fixed satellite sites, by increasing hours of operation and by increasing the availability of harm reduction supplies on weekends (Middlesex-London Health Unit, 2018), however there is still a need to increase the availability of harm reduction supplies across London and Middlesex County.
- Currently, the TOPS is only a temporary facility. The class exemption that has been granted by the province of Ontario will expire on October 31st, 2018.
- The Minister of Health and Long-Term Care is currently conducting a review of Overdose Prevention Sites and SCFs, which is expected to be completed by the end of October, at which time the Ontario Government will make a decision whether or not to renew the exemption, or the funding for these sites. (Middlesex-London Health Unit, 2018)
- Substance use is a complex issue with no single solution that any one organization or sector can provide. In London and Middlesex County, many organizations are actively working to prevent and reduce the harms of substance use. While there has been, and continues to be significant benefits to many, we know that more must be done. (Middlesex-London Community Drug and Alcohol Strategy, 2018).
- Addressing the challenges associated with the opioid crisis through an investment in SCFs would have a tangible impact on the community. Most importantly it would save lives; but it would also reduce the healthcare costs associated with drug use, improve neighbourhood safety, improve health outcomes and reduce the spread of infections such as HIV. (Middlesex-London Health Unit, 2018).
- SCFs alone will not solve the drug crisis that London is currently facing, however they are an important component of a comprehensive strategy, such as that laid out in the CDAS (Middlesex-London Community Drug and Alcohol Strategy, 2018).

- The CDAS is evidence-informed, and based on significant local expertise and input. It can serve as a guide to inform decisions for long-term impact.
- While the work of implementing the CDAS is already underway, the long-term involvement, dedication and support of citizens, community agencies, service providers, and governments will be integral in ensuring its success. (Middlesex-London Community Drug and Alcohol Strategy, 2018).

ADDITIONAL RESOURCES:

- [The Business Case for Supervised Consumption in London, Ontario](#)
- [Supervised Consumption Facilities: Community Consultation Report](#)
- [Ontario Integrated Supervised Injection Services Feasibility Study](#)
- [Middlesex-London Community Drug and Alcohol Strategy – A Foundation for Change \(Report\)](#)
- [Temporary Overdose Prevention Site – Frequently Asked Questions](#)

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