

TO: Chair and Members of the Board of Health
FROM: Christopher Mackie, Medical Officer of Health / CEO
DATE: 2019 April 18

UPDATE ON OPIOID OVERDOSE DEATHS IN MIDDLESEX-LONDON

Recommendation

It is recommended that the Board of Health receive Report No. 035-19 re: “Update on Opioid Overdose Deaths in Middlesex-London” for information.

Key Points

- There has been a recent increase in deaths related to opioid poisoning in Middlesex-London.
- MLHU has implemented numerous strategies to identify trends and reduce harms associated with opioid overdoses. Reduced rates of HIV and increased connections with community supports have been witnessed in the period following implementation.
- Implementation of the recommendations of the Community Drug and Alcohol Strategy will be essential in combating the effects of the presence of opioids in the community.

Background

Opioid overdoses continue to pose a significant public health threat within the Middlesex-London Health Unit region. A recent increase in overdoses have been noted both locally and across the province. On the 1st and 2nd of April alone, more than 16 suspected overdoses were observed and at least five opioid-related deaths occurred in the city of London over the course of that week ([Appendix A](#)). Early warning systems established by MLHU using local Emergency Department data were effective in detecting indications of the emerging threat. A similar increase in overdoses was observed in recent weeks in Lambton, Oxford, Brant and Perth counties. This spike in activity has led to the hypothesis that there has been an introduction of more potent variants of street drugs in the local supply. On April 5th, Chief John Pare of the London Police joined Dr. Mackie in issuing a public alert on the overdoses.

Implemented Strategy

In the summer of 2017, the Opioid Crisis Working Group was formed and includes leadership representatives from The City of London, Middlesex-London Health Unit, Regional HIV AIDS Connection (RHAC), London InterCommunity Health Centre (LIHC), Addiction Services of Thames Valley, London Police Service, London CARES, Southwest LHIN, London Health Sciences Centre (LHSC), Paramedic Services, as well as an Indigenous community leader and a person with lived experience. This group has been working to ensure open communication between agencies, identify gaps in service delivery, and develop strategies to address the growing crisis in our region.

Internally, the Middlesex-London Health Unit activated the Incident Management System (IMS) between autumn, 2017 and the spring of 2018 to coordinate the organization’s response to the prevalence of non-prescription opioid use in the community. IMS activation establishes the framework for a reallocation of resources to provide focused efforts in response to an evolving threat to the organization or community. In this circumstance, IMS at the Health Unit was used to: establish ongoing community surveillance systems; provide timely community alerts; develop stakeholder task forces; advance work on the Community Drug and Alcohol Strategy; liaise with provincial colleagues; significantly increase harm reduction activities; and, dedicate resources to establishing the first sanctioned Temporary Overdose Prevention Site in the province while obtaining approvals and funding for a permanent Consumption and Treatment Service in the city. With

those objectives achieved, MLHU transitioned out of an IMS posture to allow for a return to regular operations.

To date, local efforts have yielded very positive results. Visits to the Temporary Overdose Prevention site have topped 15,000 since February, 2018, with over 87 overdoses reversed in that time. In 2017, 748 doses of naloxone were distributed to the community, while in 2018, that number rose to 2381. Over that two-year period, naloxone kits were used to reverse overdoses 436 times. Over 3 million needles were distributed in 2018 from more than 13 sites across London and Middlesex. The sharp rise in new HIV cases locally between 2014 and 2016, saw marked reductions in 2017 and 2018 ([Report No. 005-19](#)) and, while coroner's data has shown a continuous increase in in opioid overdose related deaths over the past five years, there was a reduction in fatalities in the second and third quarters of 2018 as compared to the first quarter of that year. However, with continued spikes in overdoses and injection drug related infectious diseases, it is evident that focused efforts must continue for the foreseeable future.

Measures developed to respond to the opioid crisis and, more broadly, harms associated with substance addictions are based on the "Four Pillars" approach of Harm Reduction, Enforcement, Education, and Treatment and are reflected in the recently completed [Community Drug and Alcohol Strategy](#). These strategies include measures to be taken in the immediate, mid- and long-terms. It is acknowledged that resolving this crisis will take sustained and coordinated activity across many sectors for the years to come.

Conclusion / Next Steps

Systems developed to identify increased activity in opioid overdoses have been effective and helpful in providing timely alerts to the public. The recent spike in overdose deaths has emphasized the need continue to execute the Four Pillars strategies detailed in the Community Drug and Alcohol Strategy and to allocate the local resources necessary to ensure its success.

This report was submitted by the Population Health Assessment and Surveillance Team and the Environmental Health & Infectious Disease Division.



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