



TO: Chair and Members of the Board of Health

FROM: Dr. Alexander Summers, Medical Officer of Health
Emily Williams, Chief Executive Officer

DATE: 2022 May 19

OPIOID CRISIS UPDATE

Recommendation

It is recommended that the Board of Health receive Report No. 30-22, re: “Opioid Crisis Update” for information.

Key Points

- For many years, opioid poisonings have represented an important and increasing public health issue, both locally and across the province.
- A local Opioid Crisis Working Group was formed in 2017 to implement a variety of enhanced local interventions.
- Since the COVID-19 pandemic began, opioid-toxicity impacts have increased.
- The use of naloxone for opioid poisonings increased by 60% or more in 2020 and 2021 compared to 2019.
- There has been a recent increase in drug alerts warning individuals at risk of overdose of toxic drugs circulating in the community.

Background

In 2017, the local Opioid Crisis Working Group was formed with community leaders to develop strategies to address the opioid crisis. Today, opioid poisonings continue to pose a significant public health threat in the Middlesex-London Health Unit region. In Ontario, according to a [recent report](#) from the Ontario Drug Policy Research Network, the Office of the Chief Coroner for Ontario / Ontario Forensic Pathology Service, and Public Health Ontario, “the COVID-19 pandemic has exacerbated the ongoing opioid overdose crisis, leading to a significant rise in unintentional deaths due to opioid-related toxicity.” The report goes on to state that “between February 2020, the month before Ontario declared a State of Emergency due to COVID-19, and December 2020, there was a 79 per cent increase in the number of opioid-related deaths across the province.”

Population Health Assessment

[Appendix A](#) shows data from the Public Health Ontario (PHO) [Interactive Opioid Tool](#) for the Middlesex-London region. It includes data from 2017, when the local crisis was declared, to June 2021, the most recently available data. Prior to the start of the COVID-19 pandemic, both opioid-related emergency department (ED) visits and deaths had been increasing across Ontario and in the Middlesex-London region.

Unfortunately, these patterns of increased ED visits and deaths continued once the COVID-19 pandemic began in 2020. PHO’s [Interactive Opioid Tool](#) shows that opioid-related ED visits in Ontario increased by 98 per cent between January 2020 and June 2021, from 757 to 1,500 visits. In the Middlesex-London region, the increase in opioid toxicity ED visits was even more dramatic, with visits to local EDs tripling, from 37 in January 2020 to 113 in June 2021.

Opioid-related toxicity deaths have also continued to increase in Ontario since the beginning of the COVID-19 pandemic. There was a 45 per cent increase in deaths across the province between January 2020 and June 2021, from 152 deaths to 220 deaths. Locally, the number of opioid-related toxicity deaths also shows signs of increasing since the start of the pandemic. In 2020, an average of eight opioid-toxicity deaths was reported each month, whereas from January to June 2021, the monthly average was 12 deaths.

Local Interventions

Middlesex-London Health Unit (MLHU) and community partners continue to work together to minimize the adverse effects of the opioid crisis, including opioid toxicity, other negative health outcomes, and death, through the following local interventions:

Needle Syringe Programs (NSP) facilitate the use of a sterile needle and syringe and other equipment for each injection to reduce the risk of acquiring HIV and hepatitis B and C. These programs also provide client-centered counselling, skill-building, and referral to addictions treatment and other health and social services. Utilization of the service has increased, with 1.9 million syringes distributed in 2021, up from 1.7 in 2020 and 1 million in 2019.

Naloxone Distribution provides life-saving naloxone to reverse an opioid overdose. MLHU provides naloxone to 37 eligible community organizations. The number of naloxone kits distributed increased over 60 per cent throughout the pandemic. There were 8,900 naloxone kits distributed and 1,252 used in response to an opioid poisoning in 2021 compared to 2020 when 6,064 kits were distributed, and 1,189 kits were used. In 2019, there were 4,687 kits distributed with 737 used.

Consumption and Treatment Services (CTS) Site in London, Ontario, operated by the Regional HIV/AIDS Connection, provides an essential service to reduce harms associated with drug use, including opioid-related overdoses. Throughout the pandemic there was a slight decrease in visits to the CTS site and an overall increase in opioid overdoses and referrals to services such as primary care, housing, addiction services, mental health, access to food, wound care, and testing. In 2021 there were 14,013 visits, 13,932 referrals and 237 overdoses; in 2020 there were 20,047 visits, 810 referrals and 126 overdoses; and in 2019 there were 28,859 visits, 1,576 referrals and 171 overdoses.

Local Drug Alerts are issued as part of an Early Warning System to share with community partners and those at risk for opioid poisoning. The alerts consist of information about a toxic drug circulating in the community, including identifying the drug or mix, and a prompt to people to have naloxone. The Consumption and Treatment Services sends out the alerts. There were four alerts issued in 2021 and three alerts in 2020 and 2019.

Safer Supply located at London InterCommunity Health Centre (LIHC), with Dr. Andrea Sereda, began the country's first Safer Supply program in 2016. Safer Supply involves the provision of a regulated supply of opioid medication to adults who use criminalized drugs and who are at high risk of overdose and other harms. Funded through Health Canada, LIHC supports over 280 individuals on the Safer Supply Program through an interdisciplinary model of care. Documented positive program outcomes include a 35 per cent reduction in injection drug use, a 32 per cent reduction in emergency department visits, a 30 per cent reduction of survival sex work, a 36 per cent reduction of criminal justice system involvement, and improved food and income security.

Community Drug and Alcohol Strategy (CDAS) is a locally developed long-term strategy aimed at preventing and addressing substance use-related harms in our community. Launched in 2018, the Strategy is the result of the expertise and collaboration of local partners as well as the diverse voices of hundreds of citizens invested in the health and wellness of Middlesex-London. The CDAS is based on broad community actions toward shared goals and a "Four Pillars" approach of prevention, treatment, harm reduction and enforcement, and focused on all substances.

Next Steps

The opioid crisis has continued to escalate through the COVID-19 pandemic, potentially exacerbated by challenges for clients to access many in-person services. As the pandemic hopefully wanes, it is essential to continue efforts to reduce the morbidity and mortality of opioid poisoning by applying a Four Pillar approach with a focus on community collaboration, upstream prevention, and the fulsome consideration of evidence-informed policy options to minimize harms.

This report was prepared by the Environmental Health and Infectious Disease Division, the Healthy Living Division and the Office of the Medical Officer of Health.



Alexander Summers, MD, MPH, CCFP, FRCPC
Medical Officer of Health



Emily Williams, BscN, RN, MBA, CHE
Chief Executive Officer