



choose
health!

ML MIDDLESEX-LONDON
HEALTH UNIT

Harm Reduction & Naloxone

Middlesex-London Health Unit

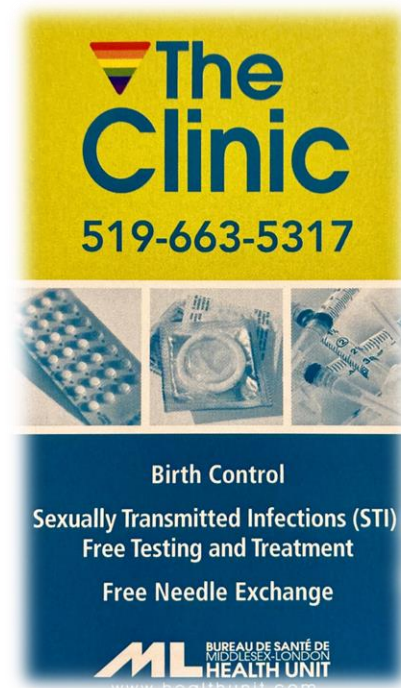
The Clinic

Services (355 Wellington St London, 51 Front St E Strathroy)

- Free testing for sexually transmitted infections
- Free treatment of sexually transmitted infections
- Free pregnancy testing (*based on assessment)
- Birth control dispensary
- Emergency contraception (the morning after pill)
- STI counselling
- Free condoms, free needle exchange
- No health card required, confidential

STI Clinic Hours (*Appointments required)

- Monday: 4:30 p.m. to 7:00 p.m.
- Wednesday: 4:30 p.m. to 7:00 p.m.
- Friday: 8:30 a.m. to 10:30 a.m.
- Located at: 355 Wellington St London, ON (Citi Plaza) & 51 Front St E Strathroy, ON
- Call the Health Unit at **519-663-5317** for appointments



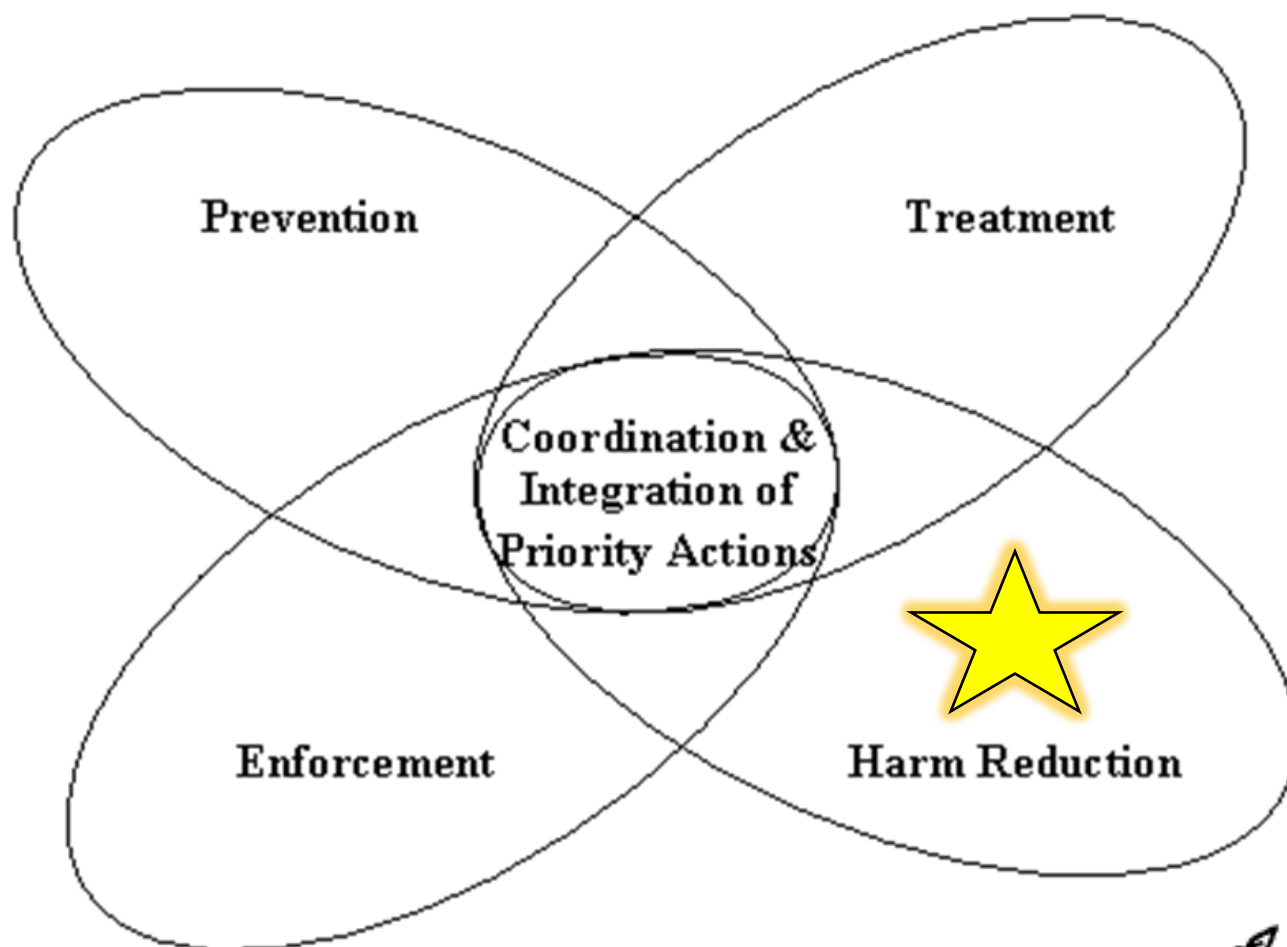
What is Harm Reduction?

- Harm reduction is a range of practical strategies and ideas focused on reducing the harmful consequences associated with risky health behaviours
- The principle of harm reduction is grounded in social justice and emphasizes respecting the rights of an individual to choose, and addressing the inequalities of health and wellbeing in the drug using community

What is Harm Reduction?

- Harm reduction strategies- surrounding drug use- recognize that *abstaining from drugs may not be realistic or even desirable for everyone*
- Harm reduction strategies are community-based, user-driven, non-judgmental and address systems that isolate and marginalize individuals

Comprehensive Drug Strategy



Brief History of Harm Reduction in Ontario

- 1989** The first Needle Syringe Program is established through Toronto Public Health
- 1997** Needle Syringe Programs are established as mandatory provincial programs; no minimum standards or guidelines available
- 2004** Ontario Needle Syringe Programs distributed over 3.2 million sterile needles and syringes
- 2006** Ontario Harm Reduction Distribution Program was established
- 2006** 31 out of 36 public health units operated needle exchange services
- 2007** The Ontario Harm Reduction Distribution Program distributed 412,000 cookers to Needle Syringe Programs
- 2008** Ontario Public Health Standards state that the Boards of Health in all Public Health regions “shall ensure access to a variety of harm reduction program delivery models which shall include the provision of sterile needles and syringes and may include other evidence-informed harm reduction strategies in response to local surveillance;” all 36 public health units are distributing
- 2012** In all 36 health unit regions, individuals can access clean supplies, education and support through needle exchange services
- 2012** The Ontario Harm Reduction Distribution Program distributed 2,560,000 cookers to Needle Syringe Programs

Evidence for Harm Reduction

- PWUDs are at direct risk of acquiring and transmitting HCV and HIV infection through sharing equipment
- In research studies examining injection practices among PWUDs:
 - approximately 25- 60% of PWUDs continue to report using needles previously used by someone else
- A recent review of the literature relating to the HCV and HIV risks associated with sharing other injection equipment (i.e., water, alcohol swabs, tourniquets, ascorbic acid (vitamin C), cookers and filters) showed that PWUDs share these items more frequently than needles
 - in international studies 50–94% of PWUDs reported sharing other injection equipment
 - 32–54% of PWUDs reported sharing other injection equipment in the Canadian iTrack pilot study
 - 55–80% of PWUDs from nine Ontario NEPs reported sharing other injection equipment

Evidence for Harm Reduction

Cont'd

- Many PWUDs use lemon juice, vinegar or kettle de-scalers to break down these drugs. The use of these substances can cause:
 - infections (bacterial and fungal), local (abscess) and systemic (endocarditis)
 - burns and local vein damage
- Providing sufficient quantities of individual packets of citric or ascorbic acid (vitamin C) may encourage single-use and discourage sharing & reduce the risk of infection, abscesses and damage to the skin or vein

Challenges: Controversy

PUBLIC HEALTH

Controversial crack pipe giveaway won't increase crack use, but will cut hepatitis C transmission, London official says



By Randy Richmond, The London Free Press
Monday, June 23, 2014 8:26:04 EDT AM



Safe crack pipe kit. (QMI Agency)

- “I would have voted no right away,”
- “I believe we shouldn’t be elongating the addiction — we should be stopping it. I do respect it will cut down on HIV and hepatitis C transmission, but the bigger problem (the addiction) should be addressed.”
- “...handing out crack pipes and needles does encourage drug use”

WE SHOULD BAN LIFE JACKETS & OTHER FLOTATION DEVICES

THEY ONLY ENCOURAGE RISKY BEHAVIOR. THE ONLY
100% EFFECTIVE WAY TO PREVENT DROWNING IS
TOTAL ABSTINENCE FROM GOING IN THE WATER.

care2
<http://bit.ly/ban-flotation>



How does our NEP work?

- Ring doorbell and staff answer
- Anonymous – gender/year of birth/code
- Available at multiple sites:
 - RHAC, MLHU, MLHU Strathroy
- **No limits on amounts**



What is Available?

- Swabs
- Filters
- Cookers
- Tourniquets
- Needles
- Syringes
- Sharps Containers
- Vitamin C
- Water
- Safer Inhalation Kits
- Snort Kits
- Condoms
- Needle/Syringe Drop-off

Information on: Hepatitis C, Abscess Care, Testing, Meals, Education, etc.



Each year in London, more than **3 million clean needles** are distributed; of these, about 60% are recovered

NEP Hours

- **London**

- MLHU

- Monday & Wednesday
9:00 a.m. - 7:00 p.m.
 - Tuesday, Thursday -
Fridays
9:00 a.m. - 4:00 p.m.

- RHAC

- Monday-Friday 9 a.m.-
5 p.m.

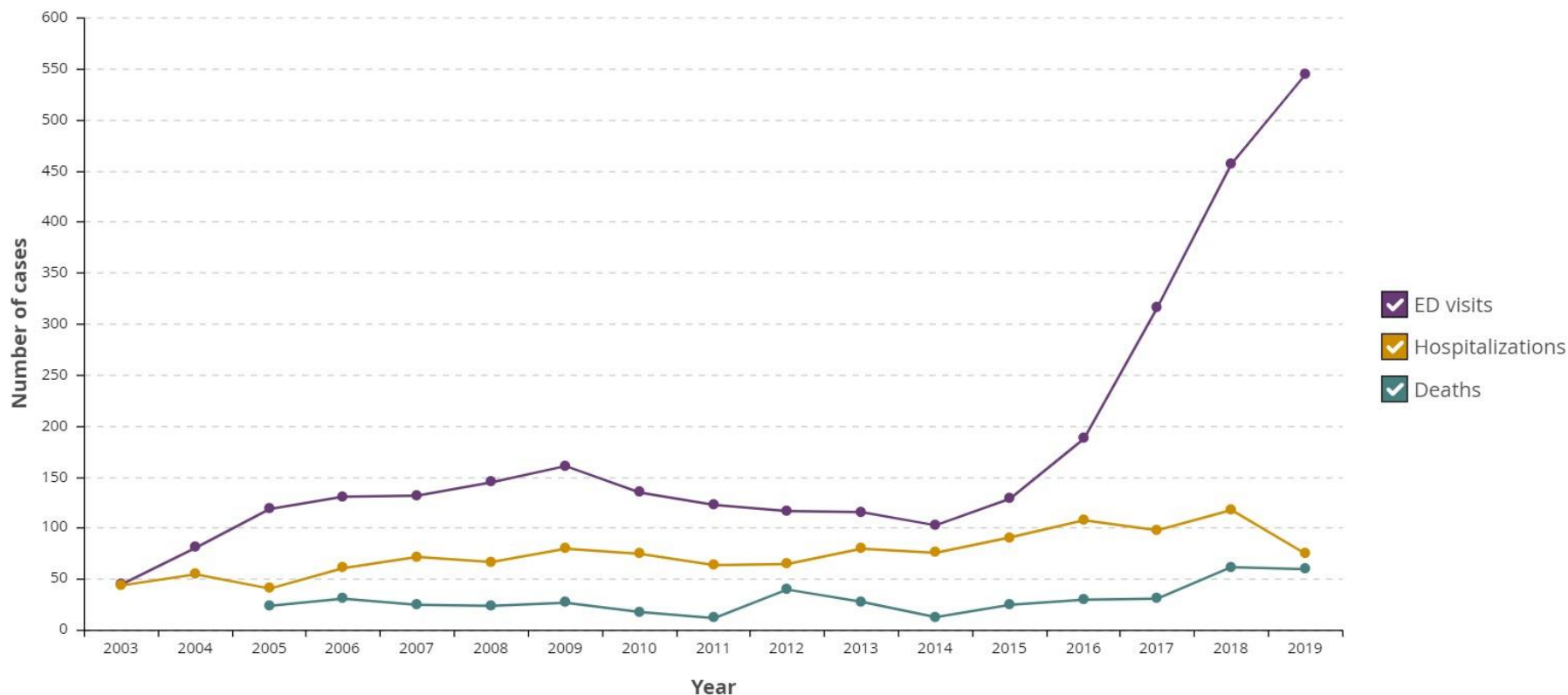
- **Strathroy**

- MLHU

- Every Thursday
11:00 am - 1:00 p.m.
2:00 p.m. - 4:00 p.m.
 - Evening hours
available, call for
times

Opioid-related Deaths

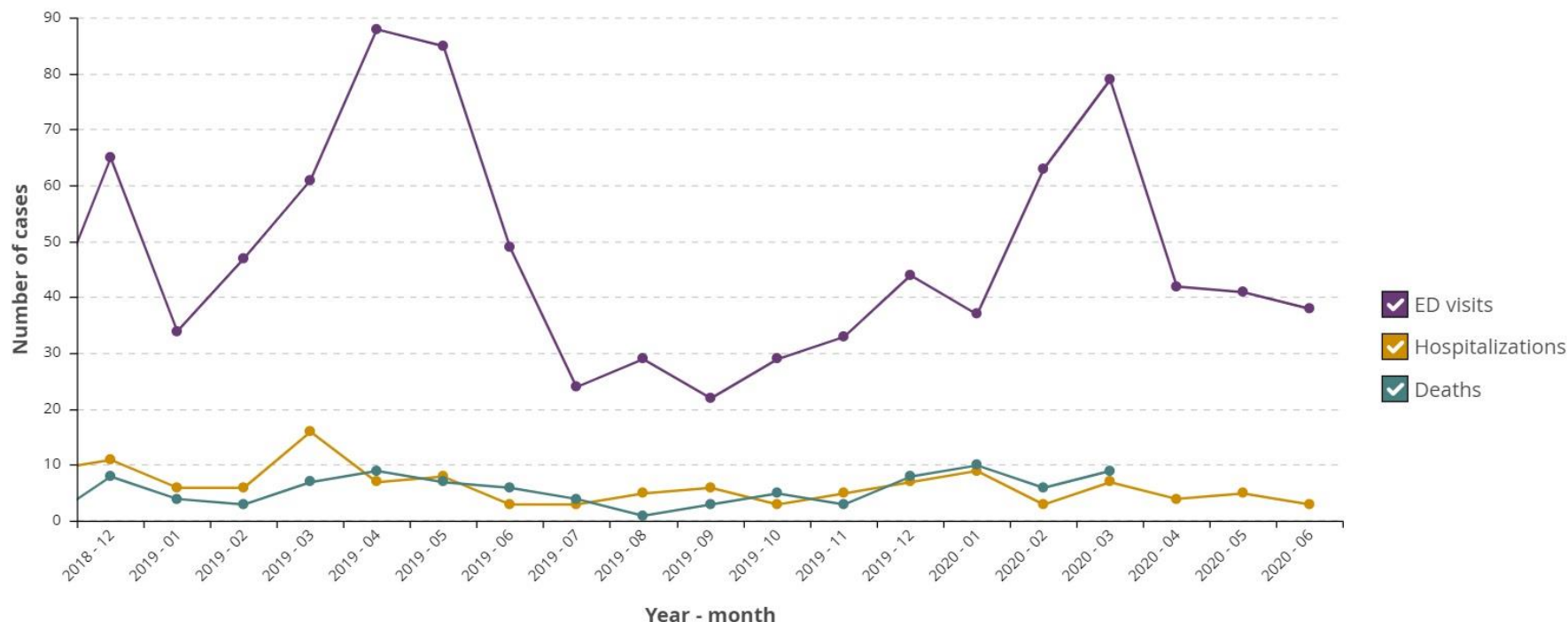
Cases of opioid-related morbidity and mortality, Middlesex-London Health Unit, 2003 – 2019



Public Health Ontario <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool#/trends->

Opioid-related Deaths

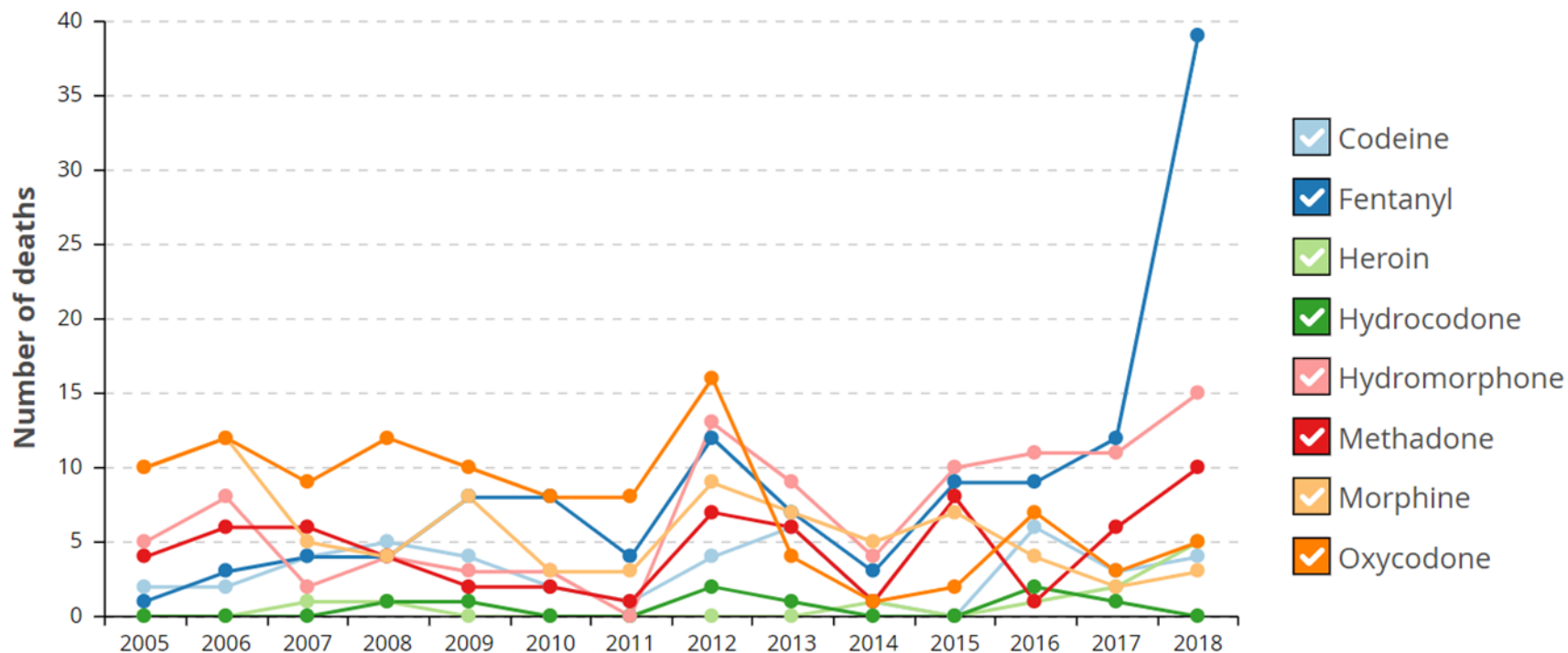
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Opioid-related Deaths

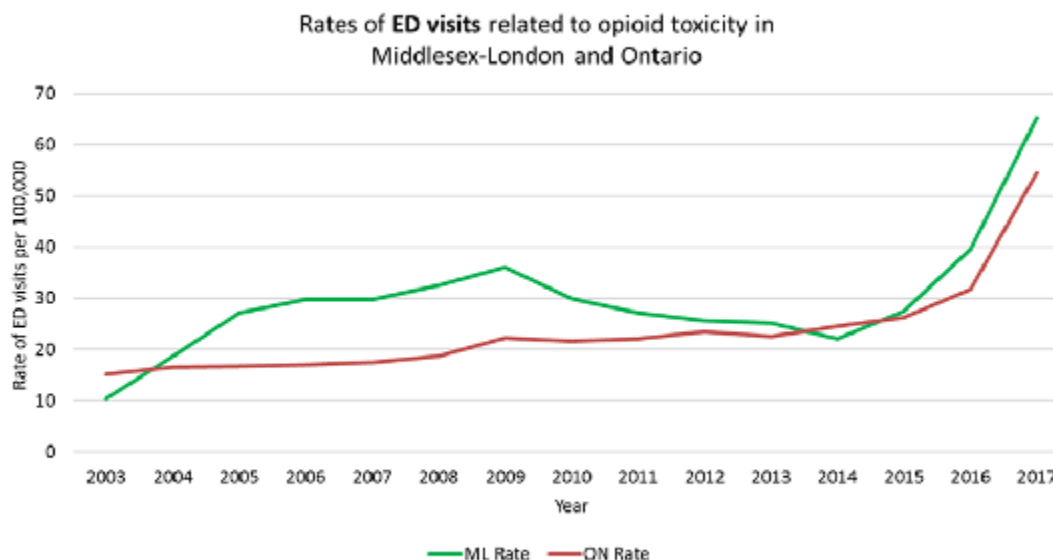
Type of opioid present at death, Middlesex-London Health Unit, 2005 – 2018



Opioid-related Deaths

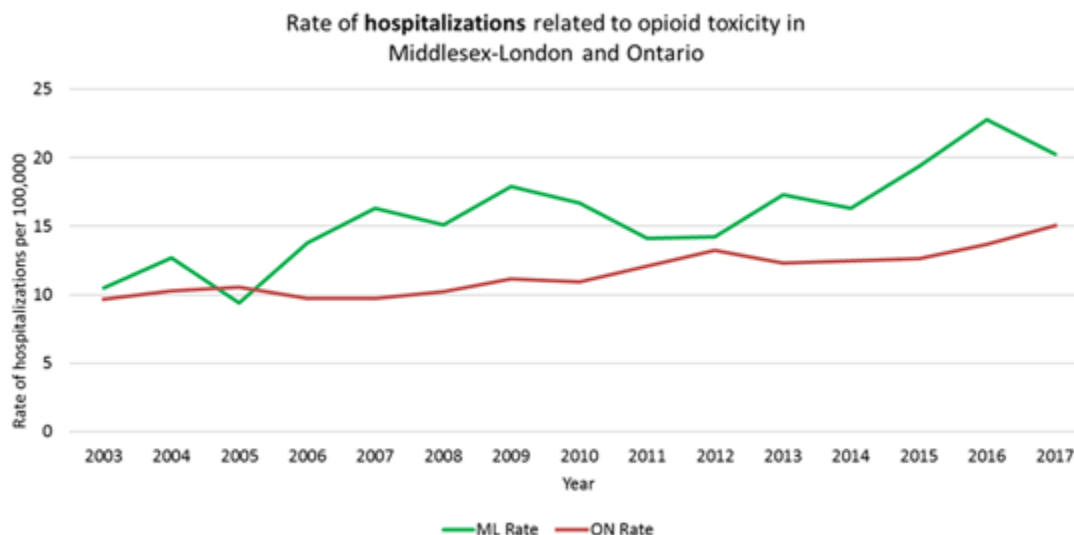
- In Ontario, there was a 38.2% increase in opioid-related deaths in the first 15 weeks of the COVID-19 pandemic (695 deaths; average of 46 deaths weekly) compared to the 15 weeks immediately prior (503 deaths; average of 34 deaths weekly).
- It is anticipated that there will be 2,271 opioid-related deaths in the province by the end of the 2020- a 50% increase from the year prior (1,512 opioid-related deaths in 2019).
 - Source: Public Health Ontario- <https://www.publichealthontario.ca/-/media/documents/o/2020/opioid-mortality-covid-surveillance-report.pdf?la=en>

Opioid-related ED visits



Middlesex-London Emergency Department visits rates have been increasing since 2014. The most dramatic increase was seen from 2016 to 2017 where the count jumped from 188 visits to 316. Rates have generally been higher in Middlesex-London than the province since 2003.

Opioid-related Hospitalizations



In recent years, the rate in Middlesex-London has been increasing at a higher pace and is significantly higher than the provincial rate. Despite the dip seen between 2016 and 2017, the hospitalization rate has not significantly decreased.

For more information:

- <https://ohrdp.ca/> (Ontario Harm Reduction Distribution Program)
- <https://www.healthunit.com/> (MLHU website)
- <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool#/pTrends> (Public Health Ontario-Opioid trends)

Overdose Management Kit



What is Naloxone?

- A medication, also called 'Narcan'
- An opioid *antagonist*:
 - Binds to opioid receptors in the brain, temporarily displacing the opioid
 - Reverses respiratory depression caused by opioid overdose that can be fatal
- Given nasally or intramuscularly (kits contain nasal)
- Starts to work in 1-3 minutes
- *Temporary: Stays active in the body for 30-90 minutes-
always call 911



What is Naloxone?

- Not effective for non-opioid drugs
- Does not cause euphoria nor dependence
- No action in the absence of opioid drugs
- Will cause symptoms of withdrawal
 - agitation, anxiety, muscle aches, sweating, nausea, vomiting



What are Opioids?

- A family of pain management drugs
- High potential for addiction and subsequent misuse
- Include naturally occurring opiates, such as morphine and codeine, semi-synthetic opioids such as oxycodone, hydromorphone and heroin & synthetic opioids such as methadone
- Work by binding to our body's natural opioid receptors

Opioid Overdose

- Occurs when a person uses more of a drug/or combination of drugs than the body can handle
- Depression of respiratory system that can lead to death
- Can happen suddenly or over a period of a few hours – thus valuable time for response
- No exact formula to determine how much of a certain drug or combination will lead to overdose
 - Individual characteristics play a role: weight, health, tolerance, drug potency, route of administration, frequency or amount of drugs used
- Higher risk situations: mixing drugs, using after a period of abstinence (e.g. treatment, hospitalization, incarceration)
 - Prevention: don't use drugs alone, don't mix- if you do mix, use 1 drug at time and less of each, start low and go slow

The Naloxone Program

- Client training and distribution of naloxone by “Certified Providers” under medical directive:
 - PHNs at MLHU
 - Needle Exchange staff at RHAC
 - Nurses and front line outreach staff at LIHC
- On-site training at RHAC, MLHU, LIHC

Client Training

- How to prevent overdose
- How to recognize an overdose
- How to manage overdose
 1. Shake and Shout
 2. Call 911
 3. Give naloxone
 4. Start chest compressions
 5. Is it working?
- Care of naloxone
- Follow up after giving/receiving naloxone
- Good Samaritan Drug Overdose Act

Program Logistics

- Naloxone provided by Ontario Government Pharmacy
- Other overdose kit supplies provided by the Ontario Harm Reduction Program (OHRDP)
- Ministry funds program for clients of Needle Syringe Programs (NSPs) and Hep C Care Teams
- Partnership and multidisciplinary aspects of The Naloxone Program unique within the province
 - The Community Naloxone Program in London/Middlesex is a partnership among four organizations: MLHU, RHAC (Regional HIV/AIDS Connection), LIHC (London InterCommunity Health Centre) & LANSU (London Area Network of Substance Users)

How did we get here?

- 2012: preliminary discussions and exploration of overdose prevention and naloxone by MLHU
- April 2013: provincial distribution of naloxone placed on hold by MOHLTC r/t regulatory and distribution challenges
- October 7th 2013: MOHLTC Provincial Naloxone Distribution Program re-commenced
- October 25th 2013: first meeting between of MLHU, LIHC and RHAC. Need established and decision made to move forward with a local program. Peers invited to steering group table.
- Dec 9th 2013: Community Stakeholder meeting held
- Jan – June 2014

How did we get here?

- Jan – June 2014:
 - 16 steering group meetings plus several subgroup meetings
 - extensive consultation with established programs
 - development of joint Medical directive and program parameters/responsibilities
 - development of program materials (training curriculum, documentation forms, etc.)
 - communication: media, partners, materials
 - consultation and correspondence with Ministry
- June 2016: Naloxone kits available without prescription in pharmacies across Ontario
- End of 2017: Ontario distributed 60,000 + Naloxone kits

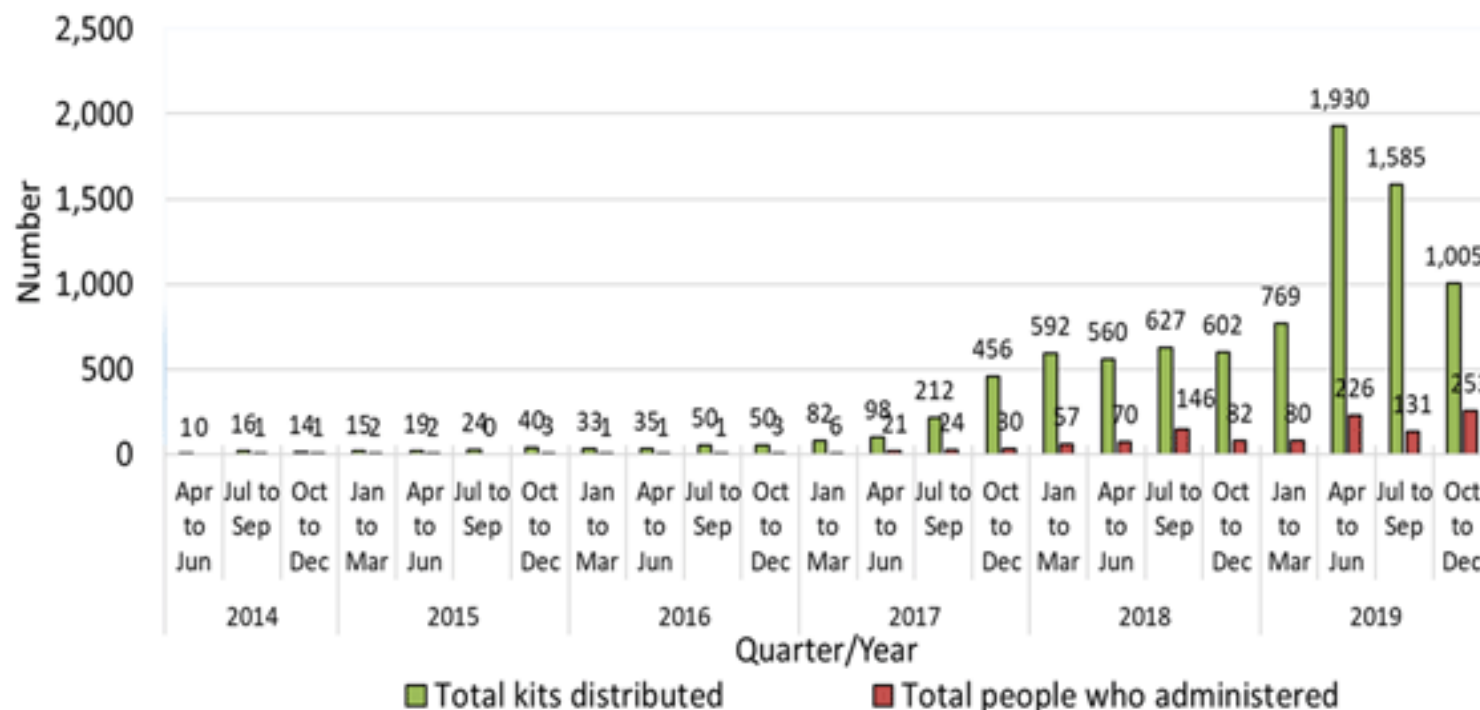
Challenges

- Working with community partners
- Creating medical directives that cover regulated and unregulated professionals
- Working with unregulated professionals and peers
- Working with the Ministry in creating the medical directive across multiple sites/agencies

Successes

- First in the province to create a medical directive across multiple sites/collaborative program
- Won a local Pillar Award for Collaboration

Total naloxone kits distributed and people who administered, Middlesex-London



The number of naloxone kits distributed in Middlesex-London has steadily increased since 2014. After the number of kits distributed leveled off in 2018 there was an increase seen throughout 2019, with more than 1,000 kits distributed in each quarter between April and December 2019. The number of overdose reversals reported continued to increase, with the greatest number reported to date between October and December 2019.

Carepoint Consumption & Treatment Service

- Formally TOPS- Temporary Overdose Prevention Site (opened Feb. 2018)
- April 2019 TOPS began transition from temporary solution to an annually funded CTS (Consumption & Treatment Service)
- Carepoint Consumption and Treatment Service is Ontario's first officially-sanctioned site for people to use their drugs safely and seek services for recovery
- **Regional HIV/AIDS Connection:** #30-186 King Street, London- 519-434-1601
- 9:30 am- 9 pm (last injection is 8 pm, providing aftercare until 9pm)-
Open 7 days a week, including Statutory holidays.



Carepoint Consumption & Treatment Service

- People tend to use drugs in public areas because they don't have a safe location to do so otherwise; **Supervised Consumption Facilities** provide people with a safe and clean place to use drugs
- Facilitate safer injection practices with all those who access the service
 - reduces the risk of overdose and the spread of diseases (like HepC and HIV) & provides an opportunity to connect people who use drugs with treatment and support services in our community
- Since the opening of the TOPS program: + 20,000 visits, reversed 125 overdoses & referred + 700 people to medical, addiction treatment & other social supports in the community
- Police report no increase in crime-related incidents as a result of CTS

Thank you!
For questions/inquires,
please reach The Clinic



519-663-5317