

TO: Chair and Members of the Board of Health

FROM: Graham L. Pollett, MD, FRCPC  
Medical Officer of Health

DATE: 2012 May 17

---

## **OPIOID DEPENDENCE: A SITUATIONAL UPDATE**

### ***Recommendation***

*It is recommended that Board Report No. 076-12 re Opioid Dependence: A Situational Update be received for information.*

### **Background**

Opioids are a family of pain management drugs. They include naturally occurring opiates, such as morphine and codeine, and semi-synthetic opioids such as such as oxycodone, hydromorphone and heroin. People who use opioids access them on the street or as prescriptions from their healthcare provider. Prescription painkillers have become the predominant form of opioid use in Canada. The purpose of this report is to provide information on: 1) the issue of opioid dependence; 2) the role of methadone maintenance treatment; 3) the current status of methadone treatment facilities in the city of London; and 4) the Health Unit's efforts to partner with other care providers to better integrate service to members of this priority population.

### **Opioid Dependence**

People who misuse opioids often alter the route of delivery, most often by injecting, in order to get a stronger effect. Opioid dependence occurs when a person develops a tolerance that necessitates taking higher doses to achieve the same effect. Discontinuation of the drug causes withdrawal symptoms that can be severe and painful. Many people who are addicted to opioids take the drug to prevent withdrawal rather than to experience the high they may have had when they first started using the drug. Findings from a 2006-2007 study by the Ontario Harm Reduction Distribution Program showed a higher proportion of injection opioid use in London relative to the provincial average.

People who are dependent on opioids frequently experience serious health and social problems. They are at increased risk for premature death from accidental drug overdose, drug-related accidents and violence. Sharing needles or other equipment also places them at high risk of acquiring HIV, hepatitis B and C and other bacterial infections. The problem of opioid dependence is compounded by other factors such as poverty, homelessness, past trauma, social exclusion and mental health disorders.

It is estimated that over 80,000 people across Ontario suffer from an opioid addiction. The use of, and addiction to, prescription opioids has increased substantially since 2000 when the drug oxycodone, well known as OxyContin™, was introduced to the provincial drug formulary. On March 1, 2012, Purdue Pharma stopped Canadian distribution of OxyContin and replaced it with OxyNEO™. OxyNEO is designed so that it cannot be crushed and dissolved, and is thus more difficult to abuse. In addition, access to OxyNEO is restricted in Ontario through the Exceptional Access Program and the Facilitated Access to Palliative Care Drugs Mechanism.

Rates of opioid-related deaths have increased dramatically since 2002. The number of oxycodone related deaths in Ontario went from 35 in 2002 to 142 in 2009. Mortality data by health unit for 2004-2006 ([Appendix A](#)) show Middlesex-London's opioid related death rate was 5.56 per 100,000, with Thunder Bay and Sudbury being the only Ontario health units with higher rates.

## **Methadone Maintenance Treatment**

Methadone is a long acting opioid that is taken orally, once daily, as a substitute for other opioid drugs. It works by alleviating symptoms of opioid withdrawal as well as curbing cravings. Methadone maintenance treatment (MMT) is a harm reduction strategy that provides methadone by prescription under the care of a physician. MMT lowers rates of opioid use, and thereby decreases health-related harms through prevention of diseases such as HIV and hepatitis, as well as decreasing involvement in criminal activity. In 2007, an estimated 16,000 people were prescribed MMT in Ontario; a significant increase from 700 people in 1996. Currently, there are five methadone clinics and 14 pharmacies that dispense methadone in London to over 2,000 clients. There are no methadone clinics in Middlesex County.

## **The Evolving Picture**

In November 2010, the City of London passed an interim control by-law prohibiting the start-up of new methadone clinics and dispensaries as well as the expansion of existing operations for one year. The moratorium was intended to allow for study and consideration of related land use implications by City planning staff. A process of research, stakeholder and public consultations ensued, resulting in the proposed Official Plan & Zoning By-law amendments and a Methadone-specific Business Licensing By-law. The City's new Zoning By-law came into force April 2012. The licensing component will be heard early this summer. Health Unit staff has attended the proceedings to gather information about proposed changes and public concerns.

## **Methadone Maintenance Best Practice Workgroup**

On October 4, 2011, the Health Unit hosted a clinical best practice workshop sponsored and conducted by the Registered Nurses Association of Ontario, entitled Supporting Clients on Methadone Maintenance Treatment. Thirty seven (37) people, representing diverse community and health care organizations, attended. Participants were asked about their interest in an ongoing partnership which resulted in the formation of a multiagency group of care providers with representatives from community, institutional and acute health care settings. There are currently 14 core members representing 10 agencies. The group began meeting in January 2012 and has held 3 meetings to date. The purpose of the group is to improve the experiences of people who are living with opioid dependency by:

1. Developing interventions to overcome the barriers that impact access to care for persons living with addictions;
2. Providing a forum for working together on related local practice issues;
3. Enhancing caregiver knowledge regarding addictions, harm reduction and MMT; and
4. Addressing caregiver perceptions, attitudes and biases in working with clients with addictions.

## **Conclusion**

The issues associated with opioid addiction and its management continue to evolve. On March 12, 2012, the province unveiled a strategy to monitor the impact of these changes and help OxyContin users find addiction treatment. The Health Unit is actively engaged with community partners in London, as per the Ontario Public Health Standards, to enhance services to this high-needs population. Efforts are being made to connect with key informants to assess the situation in Middlesex County.

This report was prepared by Ms. Rhonda Brittan, Public Health Nurse, Oral Health, Communicable Disease and Sexual Health.

Graham L. Pollett, MD, FRCPC  
Medical Officer of Health

<p>This report addresses the following requirement(s) of the Ontario Public Health Standards: Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections – Requirements 11, 12.</p>
---