



# INFORMATION REPORT

<b>TO:</b>	Mayor and Members Board of Health
<b>COMMITTEE DATE:</b>	July 10, 2019
<b>SUBJECT/REPORT NO:</b>	Managed Opioid Treatment Programs (BOH19023) (City Wide)
<b>WARD(S) AFFECTED:</b>	City Wide
<b>PREPARED BY:</b>	Shawna Scale (905) 546-2424 Ext. 7640 Brenda Marshall (905) 546-2424 Ext. 7161
<b>SUBMITTED BY:</b>	Michelle Baird Director, Epidemiology, Wellness and Communicable Disease Control Division Public Health Services
<b>SIGNATURE:</b>	

## COUNCIL DIRECTION

The Board of Health at its meeting of April 15, 2019 received correspondence from the Toronto Board of Health regarding Managed Opioid Programs and approved the following:

“The Correspondence from the Toronto Board of Health, Urging the Ministry of Health and Long-Term Care to Support Managed Opioid Programs, was received and referred to staff for a report back to the Board of Health.”

## INFORMATION

Opioid overdoses remain a top driver of preventable deaths in Ontario. Fentanyl or fentanyl analogues have been increasingly found in drugs seized by Ontario police services and tested by Health Canada's Drug Analysis Services.<sup>1</sup> Locally, the opioid-related death rate in Hamilton remains consistently higher than the provincial average. In 2018, there were 103 confirmed deaths related to an opioid-related emergency. There are another 19 probable deaths that are still under investigation by the Coroner's Office.

---

OUR Vision: To be the best place to raise a child and age successfully.

OUR Mission: To provide high quality cost conscious public services that contribute to a healthy, safe and prosperous community, in a sustainable manner.

OUR Culture: Collective Ownership, Steadfast Integrity, Courageous Change, Sensational Service, Engaged Empowered Employees.



Preliminary data indicates the majority (82%) of accidental opioid overdose deaths were attributable to fentanyl or its analogues.

From January to April 2019, Hamilton Paramedic Services responded to 280 cases of suspected opioid overdoses, with monthly calls doubling compared to the same period in 2018. Overall, in 2019, the volume of monthly paramedic calls for overdoses continue to trend upward, with May being the highest volume to date. Most cases (73%) have been male, and the average age is 36 years. Calls to 911 for suspected opioid overdose have come from throughout Hamilton, with large concentrations in Ward 2 and Ward 3 (38.4% and 24.8%, respectively).

Tackling the harms associated with problematic substance use requires a multi-pronged approach. This includes prevention, treatment, harm reduction, and enforcement. In response to the increasing morbidity and mortality associated with opioid use, new treatment options, such as Managed Opioid Treatment, are emerging.

### **Opioid Agonist Therapy**

Currently, opioid agonist therapy (OAT) is the first line, or standard treatment, for persons over 16 years of age with an opioid use disorder. The most common therapies are methadone (Methadose™) or buprenorphine/naloxone (Suboxone™). Individuals are prescribed one of these long-acting opioid drugs to help prevent withdrawal, provide long-term, stable, relief against opioid cravings and help stabilize their lives.<sup>2,3</sup> Medications are taken by mouth, under the direct supervision of trained health care professionals. Weekly urine tests are conducted to monitor treatment dose and screen for continued use of illicit drugs, where a subsequent positive test may result in treatment discharge.<sup>2,4</sup> To adhere to treatment, individuals are required to make daily, structured visits to their supervising health care professional to receive medication and be screened for illicit drug use.

Accessing and adhering to OAT can be difficult due to stigma and treatment requirements, especially for transient and rural or remote populations, with the schedule being demanding and restrictive for some patients.<sup>2,5</sup>

### **Managed Opioid Programs**

Managed Opioid Programs (MOPs) provide alternative treatment options for people who have not benefited from standard OAT treatments or residential treatment programs<sup>6</sup> and are motivated to treat their opioid use disorder. MOPs are evidence-based programs offering treatments proven to curb use of street drugs and decrease crime while increasing adherence and retention in opioid use disorder treatment.<sup>5,7,8</sup> MOPs include the provision of a safe supply of prescribed injectable opioids, typically hydromorphone or pharmaceutical heroin (diacetylmorphine). This treatment has a history of successful use in various European countries for the treatment of chronic relapsing opioid dependence.<sup>9</sup>



The MOP model of supervised treatment involves careful patient screening and selection, structured induction and ongoing monitoring, and a high level of support and interaction with medical staff.<sup>8</sup> As MOPs are administered under direct medical supervision, they can provide the opportunity for additional case management, treatment, and facilitate access to other recovery supports such as housing, primary care services and trauma therapy.<sup>10</sup>

MOPs have been piloted and successfully implemented in other jurisdictions across Canada including: Surrey and Vancouver, British Columbia; Calgary, Alberta; and, a shelter-based program in Ottawa, Ontario. The uptake and subsequent demand for treatment in these jurisdictions is unable to keep pace with current availability, highlighting the opportunity for success with expansion.

Studies suggest improving adherence rates may reduce overall opioid-related deaths and reduce related causes of death from acute infections and HIV among incarcerated individuals and other similarly marginalized populations.<sup>11</sup>

Research of MOPs suggests that those in treatment:

- Fare better and remain longer in treatment when compared to using standard OAT medications alone;
- Have reduced risk for HIV and other infectious diseases;
- Engage in safer use practices;
- May be more prepared to transition to less intensive treatments;<sup>9</sup> and,
- Show gains in mental and physical health.<sup>5,12</sup>

### **Expansion of Managed Opioid Programs**

The Federal Government has taken steps in recent years to expand availability of prescription injectable opioids in Canada. Since September 2016, physicians have been able to apply for special permission to prescribe injectable heroin under Health Canada.<sup>13</sup> In 2017, Health Canada approved the import of injectable heroin into Canada, in communities requesting it for urgent public health reasons.<sup>9</sup>

On May 1, 2019 Canada became the first country in the world to approve the use of injectable hydromorphone, as a treatment for adults with severe opioid use disorder. Pharmaceutical heroin (diacetylmorphine) was added to the list of Drugs for an Urgent Public Health Need under the direction and request of Canada's Chief Public Health Officer to assist with advancing action across the entire continuum of prevention, harm reduction, treatment, and recovery. These treatments are only to be administered by trained and qualified physicians with experience in the treatment of severe opioid use disorder and who have been trained in the provision of injectable opioid agonist therapy. This announcement makes it possible for all provinces and territories to import and use these drugs for the treatment of opioid use disorder, and to expand access to safer alternatives to Canada's illicit drug supply.



With the Federal Government expansion of available prescription injectable opioids, there is interest in expanding treatment options in Ontario for opioid use disorder.<sup>9</sup> Locally, addiction medicine physicians are exploring, in collaboration with the Drug Strategy, how a MOP could be implemented in Hamilton.

### **Conclusion**

The opioid crisis continues to affect municipalities across Ontario. Innovative strategies are required to reduce accidental overdoses and related deaths caused by fentanyl. Expanding proven, evidence-based treatments, such as safe supply of injectable prescribed opioids through MOPs, will allow persons with opioid use disorders who have not benefited from traditional OATs to access comprehensive care to help stabilize their lives, improve their health and wellbeing, and reduce their use and dependence on illicit drugs. The Federal government recently announced changes that will facilitate expanded access of supervised injectable opioid treatment that, along with medical guidelines and informed practices, could be adopted and implemented across Ontario. Public Health Services is engaging with local partners on exploring opportunities related to this announcement. The Board of Health will receive information on these initiatives through the Drug Strategy updates.

### **References**

1. Drug Analysis Service: Summary report of samples analyzed in 2017. Web based report. Ottawa: Health Canada June 26, 2018 <https://www.canada.ca/en/health-canada/services/health-concerns/controlled-substances-precursor-chemicals/drug-analysis-service/2017-drug-analysis-service-summary-report-samples-analysed.html>.
2. Centre for Addiction and Mental Health. 2016. Making the Choice, Making It Work: Treatment for Opioid Addiction – Second Edition. <https://www.camh.ca/-/media/files/guides-and-publications/making-choice-en.pdf>.
3. Canadian Institute for Substance Use Research. 2017. Patients Helping Patients Understand Opioid Substitution Therapy. <https://www.heretohelp.bc.ca/sites/default/files/patients-helping-patients-understand-opioid-substitution-treatment-2017.pdf>.
4. British Columbia Centre on Substance Use. Frequently Asked Questions: Injectable Opioid Agonist Treatment for Opioid Use Disorder. <http://www.bccsu.ca/wp-content/uploads/2017/10/FAQs-iOAT-.pdf>.
5. Centre for Addiction Research BC. 2017. Patients Assisting Patients to Understand Opioid Substitution Treatment.



- <https://www.heretohelp.bc.ca/sites/default/files/patients-helping-patients-understand-opioid-substitution-treatment-2017.pdf>.
6. Strang, John; Groshkova, Teodora; Uchtenhagen, Ambros; van den Brink, Wim; Haasen, Christian; Schechter, Martin T; Lintzeris, Nick; Bell, James; Pirona, Alessandro; Oviedo-Joekes, Eugenia; Simon, Roland; Metrebian, Nicola (2015). Heroin on trial: systematic review and meta-analysis of randomised trials of diamorphine-prescribing as treatment for refractory heroin addiction. British Journal of Psychiatry, 207(1):5-14. [https://www.cambridge.org/core/services/aop-cambridge-core/content/view/A3C4F1D0F709099E47472B42507FF97C/S0007125000238464a.pdf/heroin\\_on\\_trial\\_systematic\\_review\\_and\\_metaanalysis\\_of\\_randomised\\_trials\\_of\\_diamorphineprescribing\\_as\\_treatment\\_for\\_refractory\\_heroin\\_addiction.pdf](https://www.cambridge.org/core/services/aop-cambridge-core/content/view/A3C4F1D0F709099E47472B42507FF97C/S0007125000238464a.pdf/heroin_on_trial_systematic_review_and_metaanalysis_of_randomised_trials_of_diamorphineprescribing_as_treatment_for_refractory_heroin_addiction.pdf).
  7. Public Health Ontario. December 2017. Evidence Brief: Effectiveness of supervised injectable opioid agonist treatment for opioid use disorder. <https://www.publichealthontario.ca/-/media/documents/eb-effectiveness-sioat.pdf?la=en>.
  8. Centre for Addiction Research BC. 2017. Patients Assisting Patients to Understand Opioid Substitution Treatment. <https://www.heretohelp.bc.ca/sites/default/files/patients-helping-patients-understand-opioid-substitution-treatment-2017.pdf>.
  9. Kilmer, Beau, Jirka Taylor, Jonathan P. Caulkins, Pam A. Mueller, Allison J. Ober, Bryce Pardo, Rosanna Smart, Lucy Strang, and Peter H. Reuter, Considering Heroin-Assisted Treatment and Supervised Drug Consumption Sites in the United States. Santa Monica, CA: RAND Corporation, 2018. [https://www.rand.org/pubs/research\\_reports/RR2693.html](https://www.rand.org/pubs/research_reports/RR2693.html).
  10. Oviedo-Joekes, E. and Schechter M. How Can Injectable Hydromorphone and Pharmaceutical-Grade Heroin be Used to Treat Opioid Use Disorder? Webinar. November 22, 2017. <https://www.porticonetwork.ca/documents/77404/388233/Injectable+OAT+-+slides+22NOV2017.pdf/96915804-f074-482a-8367-654e0a06ae72>.
  11. Russolillo A, Moniruzzaman A, Somers JM. 2018. Methadone maintenance treatment and mortality in people with criminal convictions: A population-based retrospective cohort study from Canada. PLoS Med 15(7): e1002625. <https://journals.plos.org/plosmedicine/article/file?id=10.1371/journal.pmed.1002625&type=printable>.
  12. Government Response to the Report of the Standing Committee on Health Entitled Report and Recommendations on the Opioid Crisis in Canada. December 2018.



13. Health Canada. List of Drugs for Urgent Public Health Need. Website as of May 28, 2019. <https://www.canada.ca/en/health-canada/services/drugs-health-products/access-drugs-exceptional-circumstances/list-drugs-urgent-public-health-need.html>.

## **APPENDICES AND SCHEDULES ATTACHED**

Appendix “A” to Report BOH19023: Expanding Opioid Substitution Treatment with Managed Opioid Programs