

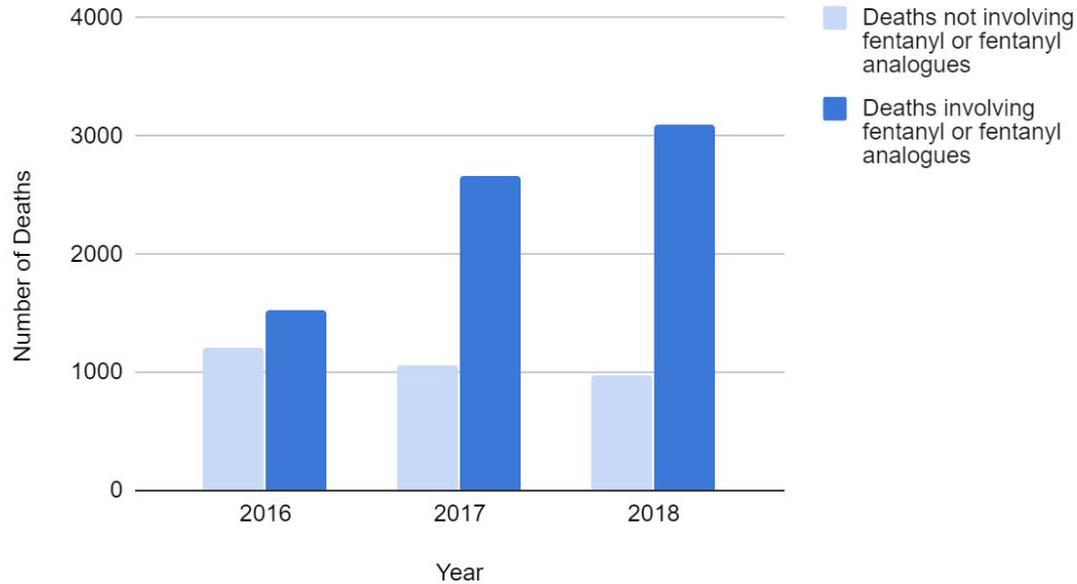
Supporting Managed Opioid Programs in Hamilton

Hamilton Board of Health
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Impact of the Opioid Crisis - Federal

Number of accidental apparent opioid-related deaths involving or not involving fentanyl or fentanyl analogues in Canada



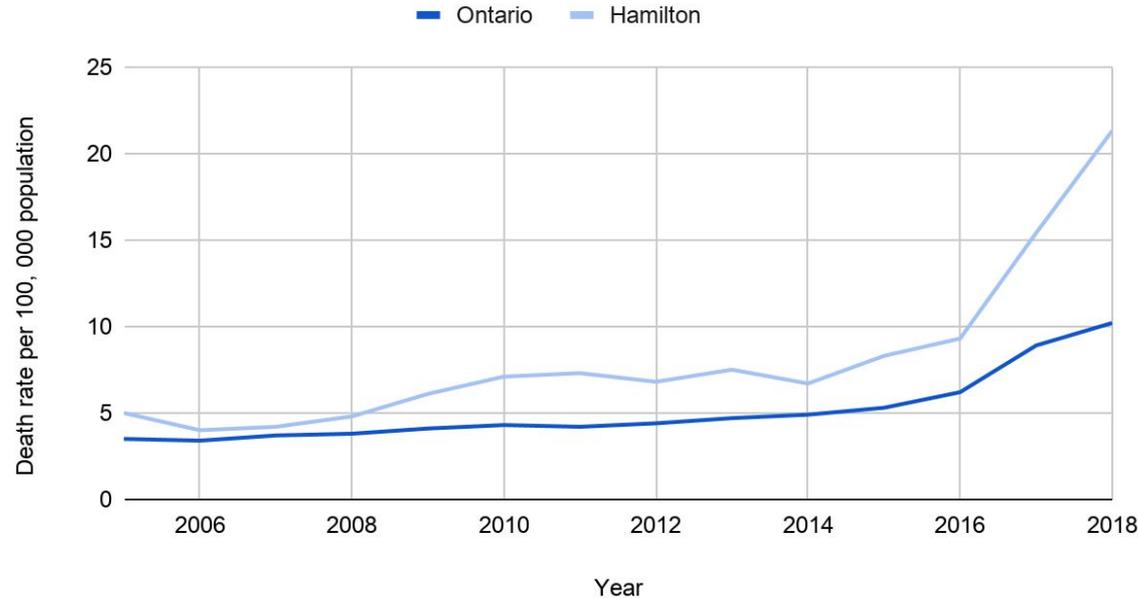
2018: 4,460 apparent opioid-related deaths (70% attributed to fentanyl/its analogues)

From January 2016 - March 2019: 12,800 apparent opioid-related deaths

*The Canadian Substance Use Costs and Harms project (2014) found that healthcare costs associated with opioid-use were **\$0.31 billion**, lost productivity costs **\$1.83 billion**, criminal justice costs **\$1.11 billion**, and other direct costs **\$0.23 billion**.*

Impact of the Opioid Crisis - Provincial and Local

Opioid-related death rates in Hamilton and Ontario



Hamilton was **ranked fourth** in the *number of opioid poisonings hospitalizations* in a metropolitan area

2016: Hamilton's opioid-related death rate was *48% higher than* Ontario; this increased to *72%* in **2017**

Current Opioid Agonist Therapies (OAT)

Methadone or Buprenorphine/Naloxone (Suboxone™)
(long-acting opioids)

PROS

- Prevents withdrawal
- Provides long term stable relief from opioid cravings
- Taken under the supervision of trained healthcare professionals
- Studies show it is an effective intervention for treatment of opioid dependence

CONS

- Some patients are unable to tolerate the treatment due to side effects
- Suboptimal long term retention rates
- Some patients continue to experience cravings despite optimal OAT dosing
- Individuals who do not respond well are at increased risk of infection, overdose and premature death

iOATs and MOPs

injectable Opioid Agonist Therapies (iOATs)

- iOAT prescribes individuals with treatment-resistant opioid use disorder (including OAT) injectable doses of hydromorphone or diacetylmorphine

Managed Opioid Programs (MOPs)

- Programs involving the provision of iOAT and other services such as case management and facilitated access to other supports (e.g. housing, primary care, trauma therapy)
- In MOPs patients self-inject these medications under direct medical supervision

iOATs versus OAT

Patient Retention

- **46-65%** of patients discontinue methadone treatment in the **first year**
- **40-70%** of patients discontinue Suboxone treatment in the **first six months**
- **67-88%** of patients are retained on diacetylmorphine in the **first year**

Patient and Societal Benefit

- A lifetime analysis showed that **hydromorphone was estimated to provide individuals with more than three additional years of life**, on average, **compared to methadone alone**
- Economic analysis indicated that over a lifetime, **the provision of hydromorphone could save society \$140,000 per individual** (*most savings occurring through reductions in associated property and violent crime*)

Our Ask

We ask that the Hamilton City Council **publicly support the implementation of managed opioid programs (MOPs)** in Hamilton and throughout Ontario given the urgency of the opioid poisoning crisis and as part of the continuum of care for opioid use disorder



We ask that the Hamilton City Council **write a letter to the Honourable Christine Elliott** (Ontario Minister for Health) in support of the following items:

1. Add **iOATs at their required concentrations to the Ontario Drug Benefit Formulary** for the treatment of opioid use disorder
2. Seek authority from Health Canada to **import diacetylmorphine** (pharmaceutical heroin) for use as a managed opioid program medication in Ontario
3. Ensure that **managed opioid medications are universally accessible** to all Ontarians who could benefit from these kinds of programs, and that cost is not a barrier.

Contact Information

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