Association of Ontario Health Centres
Community-governed primary health care

aohc acso

Association des centres de santé de l'Ontario
Soins de santé primaires gérés par la communauté

INFORMATION SHEET FOR AOHC MEMBERS

HARM REDUCTION AND THE OVERDOSE CRISIS

January 2018

Background

Ontario is facing a rapidly evolving opioid crisis with a rising number of people dying from drug overdoses. Public health officials have identified two overlapping reasons for the overdose crisis: ongoing use of prescription opioids, and the emergence of powdered fentanyl analogs in the illicit drug market.

In 2016 there were at least 2,458 Canadians who died from opioid-related causes and the number is predicted to exceed 3,000 in 2017 (Public Health Agency of Canada). In 2012 only 4% of overdose deaths in BC were related to fentanyl. For the first six months of 2017 that figure is 81%.

Policy makers have been slow to respond and current initiatives are playing catch up. The current crisis provides an opportunity for AOHC members to build a sustained response to substance use in our communities. There needs to be a range of options as one approach does not fit all.

This information sheet provides some basic information on the sustained healthcare practice of harm reduction, and the emergency responses of naloxone and overdose prevention sites. It also provides information on treatment practices, including opioid agonist therapy and opioid tapering.

Building staff and organizational capacity for this programming takes times. It can be beneficial to reach out to other AOHC members who have more experience. This is a public health, social justice and equity issue – responding to the opioid crisis will take all of us working together.

Harm Reduction

People will always use drugs: to avoid psychological and/or physical pain, and to enhance creativity or pleasure. Harm reduction is an approach to drug use that seeks to minimize the harms associated with drug use and drug policy without requiring the individual to have a goal of abstinence.

Harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs. It is a client-directed approach to care that respects client autonomy. A fundamental principle is to include people with lived experience of drug use. If you are starting a program establish an advisory committee of people who use drugs to help develop, design and deliver programs.

Harm reduction is a strategy that is used in multiple areas of health care. For example, rather than advocating abstinence from sexual activity, we advocate the use of condoms to prevent the spread of sexually transmitted infections. Similarly, abstinence as a goal may not be a reasonable option for many opioid dependent people and the use of opioid agonist therapy may be the best solution for them.

Safer injecting and smoking supplies

Some of our community members inject opioids and/or smoke drugs. They require access to safer injecting and smoking supplies and spaces to reduce their risk for HIV, hepatitis and other blood borne infections. Many AOHC members are ideally placed to have harm reduction distribution programs which reduce harm and can be an opportunity to engage at risk clients to address other health and social needs which often are ignored or dismissed.

For more information:

- Review Best Practice Guidelines (www.ohrdp.ca/wp-content/uploads/2013/03/2009BPRupdate.pdf)
- Contact Ontario Harm Reduction Distribution Program or your local Public Health Unit about how to access supplies (www.ohrdp.ca/contact-us/)

Supervised Consumption Services

Supervised consumption sites (also known as Supervised Injection Sites – SIS) are places where people can take their pre-obtained drugs and consume them in the presence of staff who can intervene in the event of a drug overdose, or other adverse drug using event. Some clients may inject opioids even when on Opioid Agonist Therapy (OAT). They can be engaged and connect to other health and social services within the facility or the community.

Currently a federal exemption from the *Controlled Drugs and Substances Act* is required in order to operate a supervised consumption service. Without this exemption, clients and staff may be at risk of being charged with possession of a controlled substance. The Ontario Ministry of Health and Long Term-Care has set up a process to receive applications for funding.

For more information:

- Health Canada's exemption application (www.canada.ca/en/health-canada/services/substance-abuse/supervised-consumption-sites.html)
- Ontario Ministry of Health and Long-Term Care: To discuss a potential application email the Addiction & Substances Policy & Programs Unit: addictionandsubstances@ontario.ca

Emergency Responses

Take Home Naloxone

Naloxone is a medication that temporarily reverses an opioid overdose. Public health units and most pharmacists are currently trained to dispense kits. Some CHCs in Ontario have developed training and distribution programs that further reduce barriers to naloxone access to marginalized populations. At this point medical directives are no longer required. Both Intranasal and Injectable Naloxone should be available. Case managers and program participants can train people and distribute kits on outreach to clients in their apartments or on the streets. Recently the Ministry of Health and Long-Term Care announced that all CHCs will have access to the Provincial Take Home Naloxone Program.

For more information:

- Ontario Ministry of Health and Long-Term Care (www.ontario.ca/page/get-naloxone-kits-free)
- Canadian Mental Health Association - Reducing Harms: Recognizing and Responding to Opioid Overdoses in Your Organization (www.ontario.cmha.ca/wp-content/uploads/2017/11/CMHA-Ontario-Reducing-Harms-Nov-20-2017.pdf)

Overdose Prevention Sites

A small number of Overdose Prevention Sites (OPSs) have been set up by volunteers as an emergency response to the crisis. These are places where people can go to use drugs in the presence of someone who can respond in the event they overdose. The Ontario Ministry of Health has launched a program to approve and fund temporary Overdose Prevention Sites which provide low barrier, life-saving, time-limited and targeted harm reduction services to address the opioid crisis.

For more information:

Ministry of Health and Long-Term Care (www.health.gov.on.ca/en/news/bulletin/2018/hb_20180111.aspx)

Treatment Practices

Opioid Agonist Therapy
(also known as OST-Opioid Substitution Therapy)

Use of opioid drugs like hydromorphone, fentanyl or heroin, can create physical dependency where the person will go into withdrawal if they do not have an opioid in their system. Many people withdrawing from opioids experience extreme physical and psychological distress and are therefore motivated to seek out opioids to avoid withdrawal. This cycle of opioid use and withdrawal can be further exacerbated by the fact that opioids cause tolerance. So a person may need to take escalating doses of the opioid to manage the withdrawal symptoms.

Opioid Agonist Treatment (OAT) is a structured intervention where a long acting opioid agonist is prescribed to the individual with the goal of reducing or eliminating withdrawal symptoms. Ideally, this eliminates cravings and the need to seek opioids from illicit sources. The most common OAT treatments used in Ontario are methadone (MMT) and buprenorphine/naloxone (Suboxone).

For some people, OAT alone is sufficient to achieve their recovery goals. Most people benefit from pursuing other treatments (counseling, case management) to address more complex substance using issues. Wrap around support with non-judgemental allied health providers is likely the best way to provide support and care. The expert advisory committee to the Ministry of Health and Long-Term Care on methadone programs and services recommended that OAT be provided within a care model that integrates primary care and psychosocial supports in order to improve the health of people on OAT or who engage in Harm Reduction programs with no current desire to stop using.

Physicians and Nurse Practitioners (NPs) can prescribe methadone but require an exemption under the *Controlled Drugs and Substances Act* (see College of Physicians and Surgeons website for details on how to apply for exemption). No such exemption is required for buprenorphine/naloxone.

Getting started

- Decide on a model of service
  - One or more existing prescribers develop competencies and secure exemption to prescribe OAT for people in your Centre's practices, or
  - Service agreements with fee for service OAT prescribers co-located with your Centre's primary care and psychosocial services, or
  - Service agreements with external OAT prescribers and/or community mental health and substance use services if operating in a different location.

For more information:

- College of Physicians and Surgeons of Ontario, methadone program (www.cpso.on.ca/CPSO-Members/Methadone-Program)
- Centre for Addictions and Mental Health , Opioid Dependence Treatment Core course (www.camh.ca/en/education/about/AZCourses/Pages/odtcore_odt.aspx)

Slow Opioid Tapering for people on prescribed opioids

Chronic opioid therapy has been used for chronic pain conditions. We now know that this practice is not effective or safe at high doses. It is recommended that opioids be tapered to lower doses to minimize the risk of overdose related events. Many people become dependent on opioids when they are taken chronically. Reducing this use can be difficult due to withdrawal issues. Slow opioid tapering is a method of reducing the daily opioid load to safer levels while avoiding withdrawal symptoms. Slow opioid tapering to 50-90 MME (mg morphine equivalent)/day is a harm reduction strategy that can be used for many opioid dependent people. Ideally, this is done with a patient and a consistent health care provider. It is recommended that the total daily opioid dose is reduced by 10% every 4 weeks to a safer level, ideally 50MME/day. Opioid rotation is another method to reduce a patient's daily opioid load. This practice requires a motivated patient who is willing to be upfront and honest. During tapering, it is important to provide support to enable a referral for OAT and care within an addiction model setting if desired by the client and as needed.

For more information:

- CDC guidelines for opioid use in chronic pain. Great resource with an app, handouts,

communication tools. (www.cdc.gov/drugoverdose/prescribing/guideline.html)

- Canadian Pain guidelines (www.nationalpaincentre.mcmaster.ca/documents/Opioid GL for CMAJ_01may2017.pdf)
- Even short courses of opioids may have consequences for the potential of long term use (www.cdc.gov/mmwr/volumes/66/wr/pdfs/mm6610.pdf)
- Carefully review your client's history for risks to develop opioid dependency (www.acestoohigh.com/aces-101/)
- Providers can refer to these evidence based models *Essential Clinical Skills for Opioid Prescribers* (www.ismp-canada.org/download/OpioidStewardship/Opioid-Prescribing-Skills.pdf)
- Women's College Hospital (www.addictionresources.womenscollegehospital.ca/opioids/)

Questions?

Contact these people at CHCs with established harm reduction programs:

- Rob Boyd, Sandy Hill CHC, Ottawa - rboyd@sandyhillchc.on.ca
- Jason Altenberg, South Riverdale CHC, Toronto - jaltenberg@srchc.ca
- Stafford Murphy, Kingston CHC, Kingston - Staffordm@kchc.ca

Interested in an information session on how to set up a harm reduction program at your Centre? Email Jacquie Maund at jacquie@aohc.org.