The Ontario overdose crisis and the impact of COVID-19

December 2, 2020

ONTARIO HARM REDUCTION NETWORK

OHRDP
ontario harm reduction distribution program

CATIE
Canada's source for HIV and hepatitis C information
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Today's Agenda

1. **Preliminary patterns in Ontario opioid-related deaths during COVID-19**
   Regan Murray, *Office of the Chief Coroner for Ontario*
2. **Mitigating substance use harms during periods of disruption**
   Dr. Pamela Leece, *Public Health Ontario*
3. **Trends from the Toronto Drug Checking Service**
   Karen McDonald, *Centre on Drug Policy Evaluation*

Today's Agenda

4. **Network Survey: views from frontline workers**
   Chris Hoy, *Knowledge Specialist, CATIE*

5. **Reflections from the frontline during COVID-19**
   Aaron Fisher & Jen Boyd,
   AIDS Committee of Cambridge, Kitchener, Waterloo & Area
   Mary France Caron-Bruneau, *Porcupine Health Unit*

6. **Questions and discussion**

Opioid Mortality
Trends in Ontario in the Context of COVID-19 Pandemic

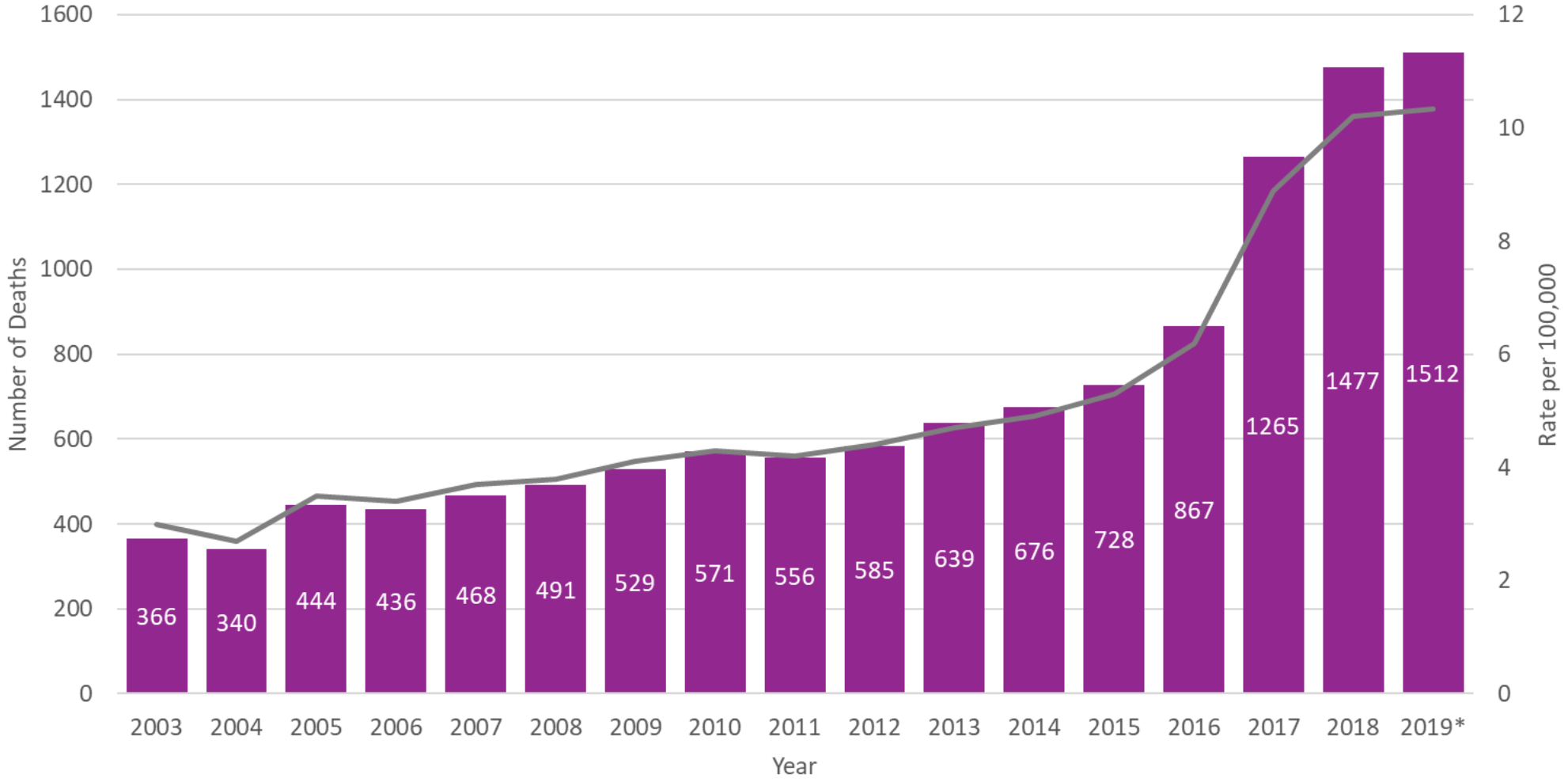
Office of the Chief Coroner for Ontario

CATIE

Dec 2, 2020

Acknowledgements

Opioid-related Deaths in Ontario, 2003 to 2019



* 2019 data is preliminary

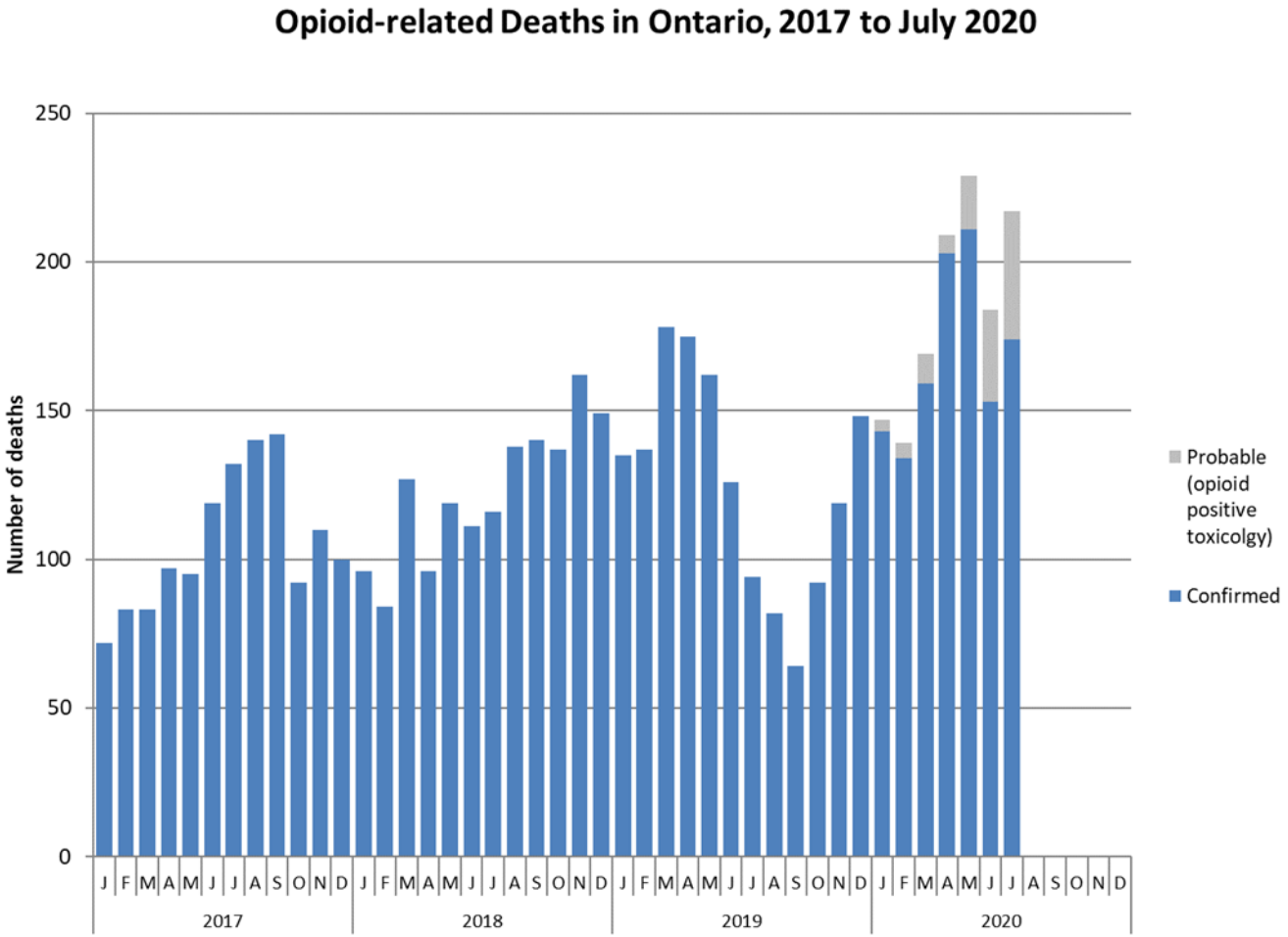
Ontario

Opioid-Related Deaths Jan-July 2020 in Ontario

- Since the COVID-19 pandemic began concerns about:
  - an increasingly toxic unregulated drug supply,
  - barriers to access to harm reduction services and treatment,
  - physical distancing requirements leading to more people using drugs alone

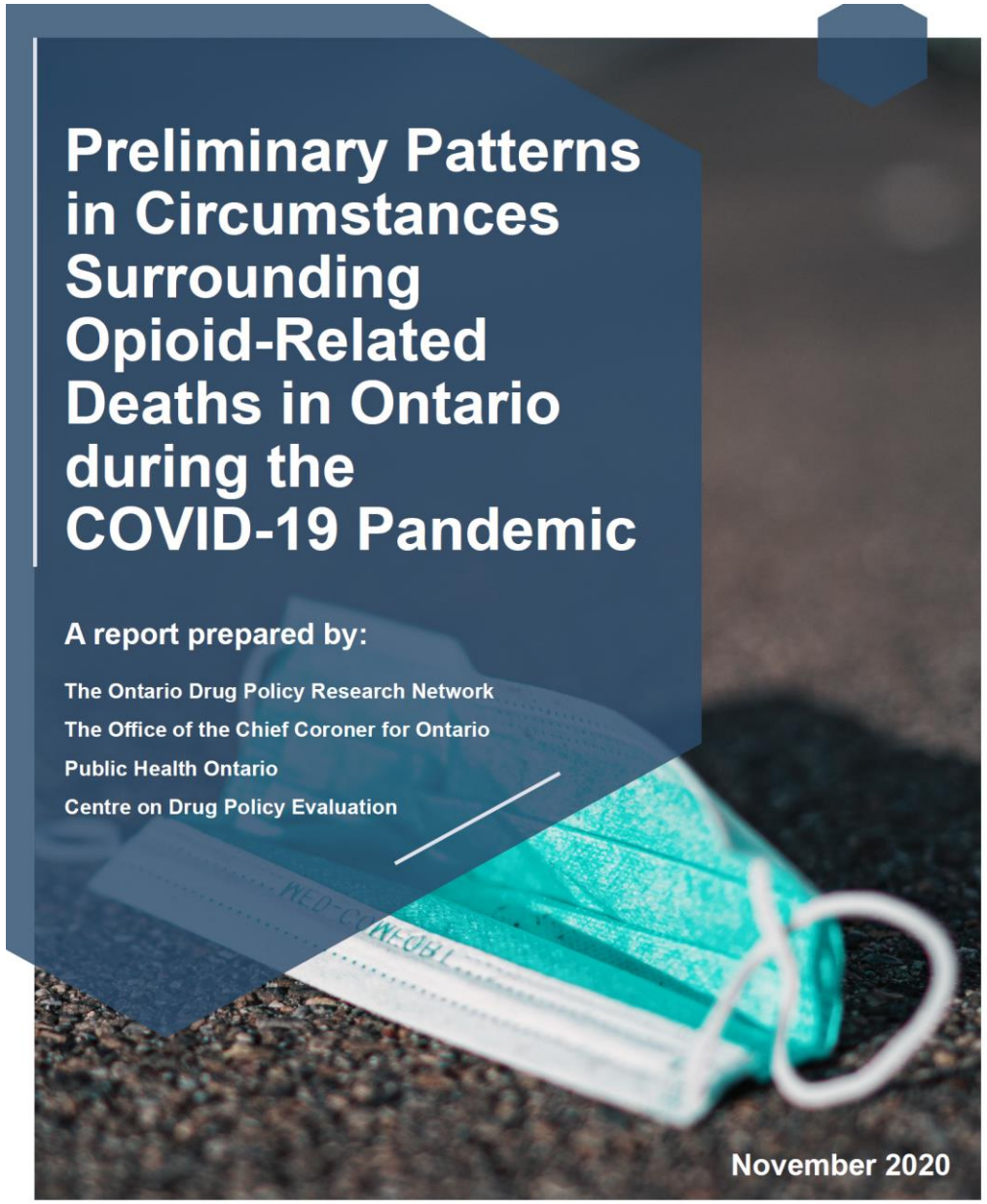
- 1290 opioid-related deaths* reported to date from Jan-July 2020
  - Compared to 1008 deaths in 2019

- The vast majority of these deaths are deemed to accidental



Source: Office of Chief Coroner (OCC) - Data effective Nov 17, 2020
*includes both confirmed (1177) and suspected (117) opioid-related deaths
Data is preliminary and subject to change

Ontario



Report can be found on the ODPRN or PHO websites

ODPRN

Public Health Ontario | Santé publique Ontario

CENTRE ON DRUG POLICY EVALUATION

Ontario

Methods

Pre-Pandemic Cohort
December 1, 2019 - March 15, 2020
(n=519)

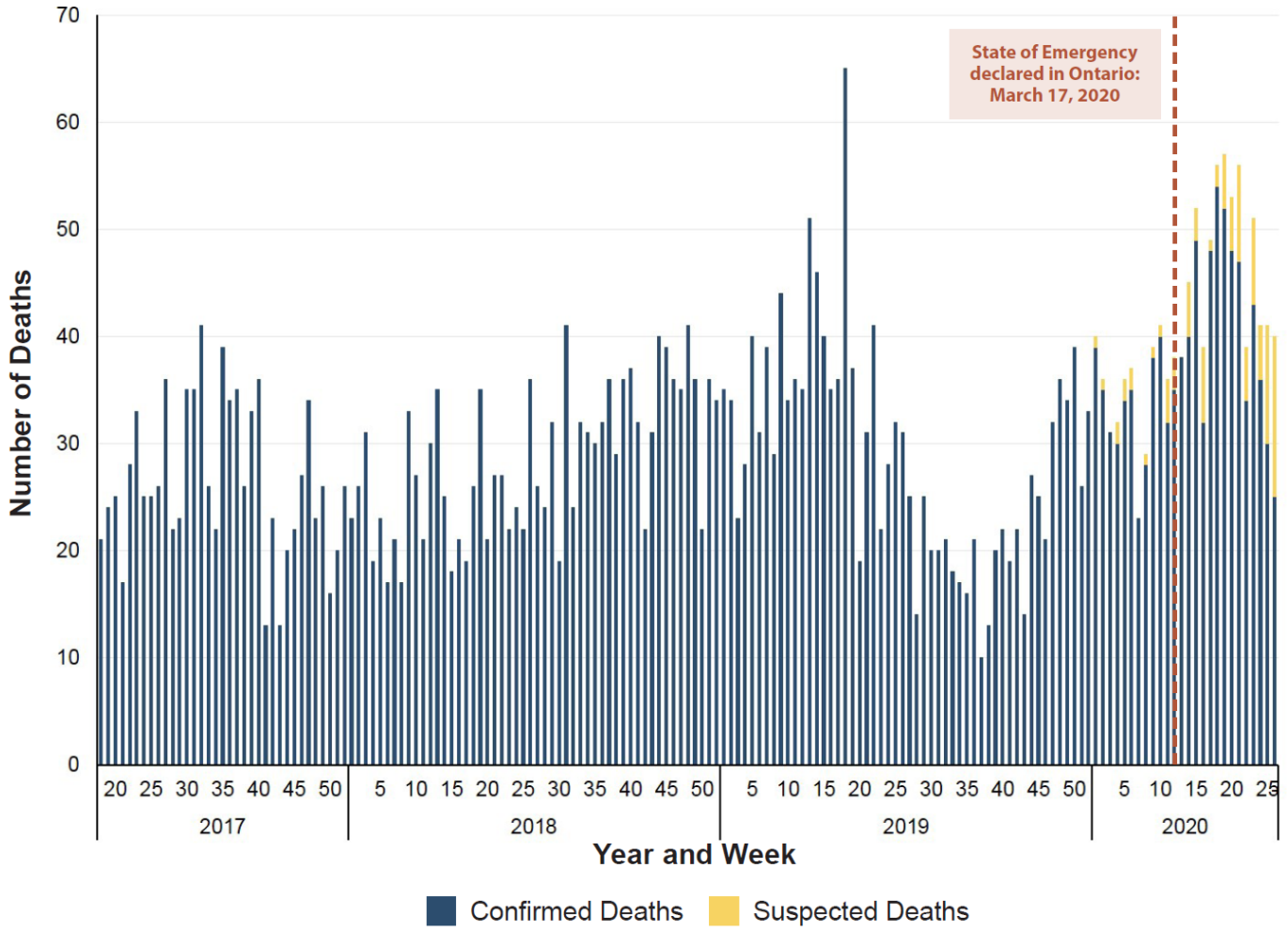
Pandemic Cohort
March 16, 2020 - June 30, 2020
(n=705)

Definitions:

- An **opioid-related death** is defined as an acute intoxication/toxicity death resulting from the direct contribution of consumed substance(s), where one or more of the substances was an opioid, regardless of how the opioid was obtained.
- Suspected **opioid-related deaths** are defined on the basis of evidence of drug use or drug paraphernalia found at the scene and/or signs of drug use *and* an opioid detected in post-mortem toxicology, but where a final conclusion on the cause of death is pending.

The **Opioid Investigative Aid** is completed by the investigating coroner using a combination of sources (e.g., health records, family, bystanders, emergency responders), and captures demographic information as well as details related to the location of the incident, other circumstances surrounding the death, post-mortem toxicology results and conclusion on the cause and manner of death.

Weekly Number of Opioid-Related Deaths in Ontario prior to, and during, the COVID-19 Pandemic



Overall, there was a **38.2% increase** in opioid-related deaths in the first 15 weeks of the COVID-19 pandemic compared to the 15 weeks immediately prior:

695 deaths; average of 46 deaths weekly

compared to

503 deaths; average of 34 deaths weekly.

If the number of opioid-related deaths continues at the weekly pandemic rate for the rest of 2020, it is anticipated that there will be **2,271** opioid-related deaths in the province by the end of the year.

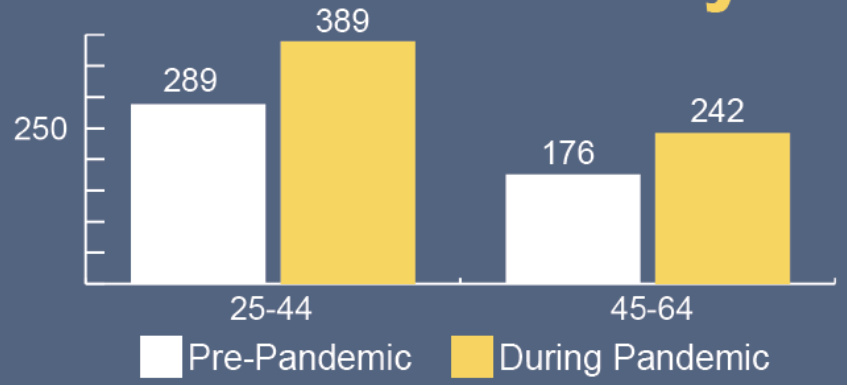
This would represent a 50% increase over the year prior (1,512 opioid-related deaths in 2019).

Note: Epi-week (Monday – Sunday)

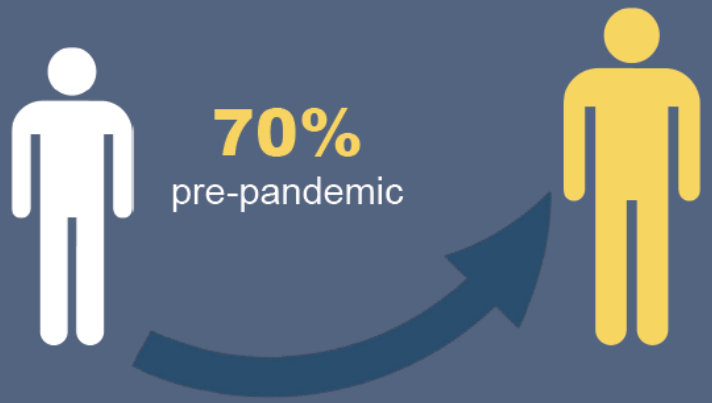
Ontario

Demographics

The largest increases in deaths occurred among people aged **25 - 44 and 45 - 64 years**



The proportion of opioid-related deaths among men increased from



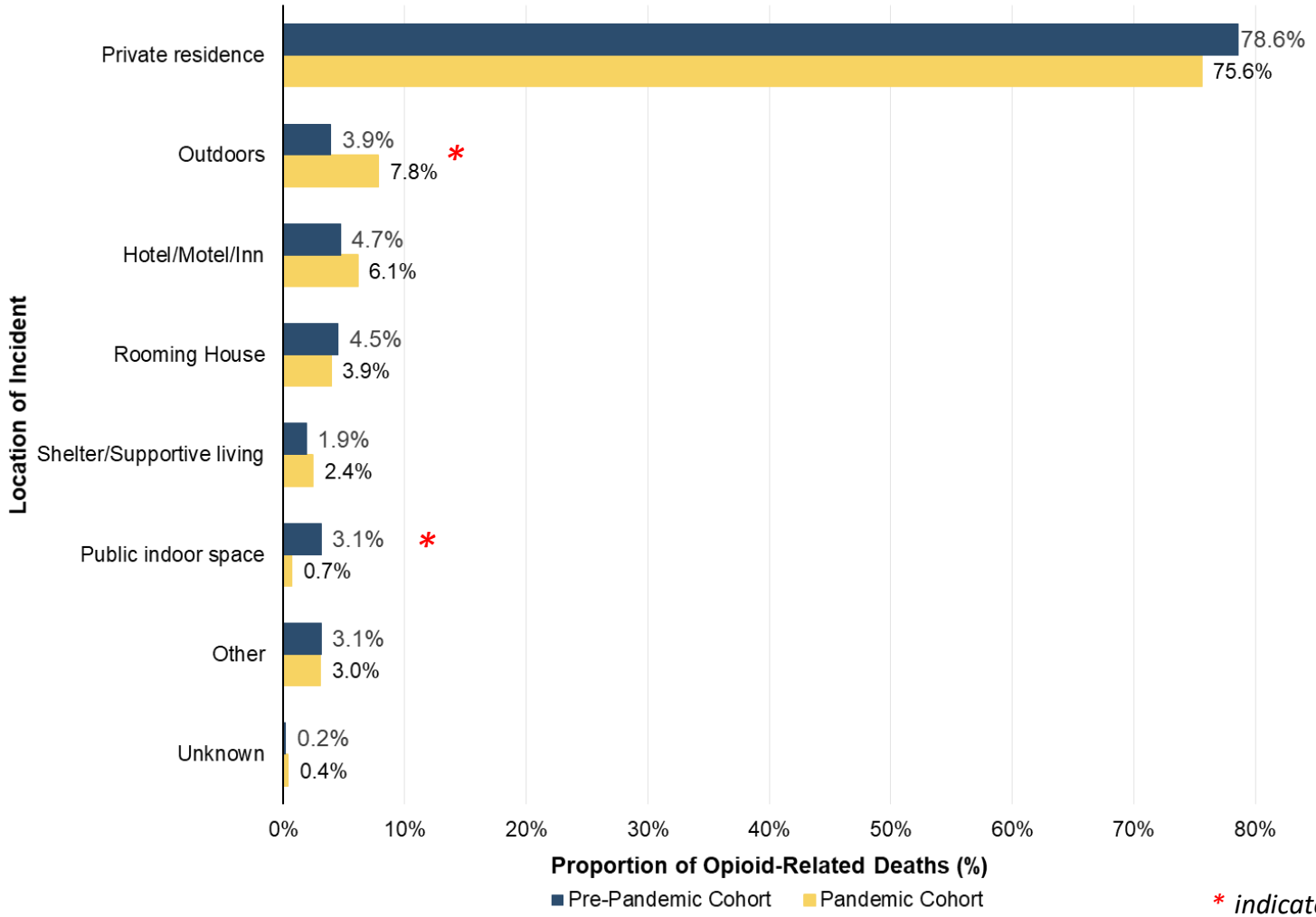
An emerging trend during the pandemic is greater opioid-related deaths in neighbourhoods with higher

Ethno-Cultural Diversity

Before and during the pandemic, opioid-related deaths occurred more often in neighbourhoods with the highest

Material Deprivation

Location of Incident among Opioid-Related Deaths



Significantly lower percentage of opioid-related deaths occurring in public indoor spaces (3.1% vs. 0.7%), and a higher percentage of deaths occurring outdoors (3.9% vs. 7.8%) and hotel/motel/inn (4.7% vs 6.1%) .

Note: the proportion occurring outdoors during the pandemic cohort was similar to the same time period in 2019 (8.6%)

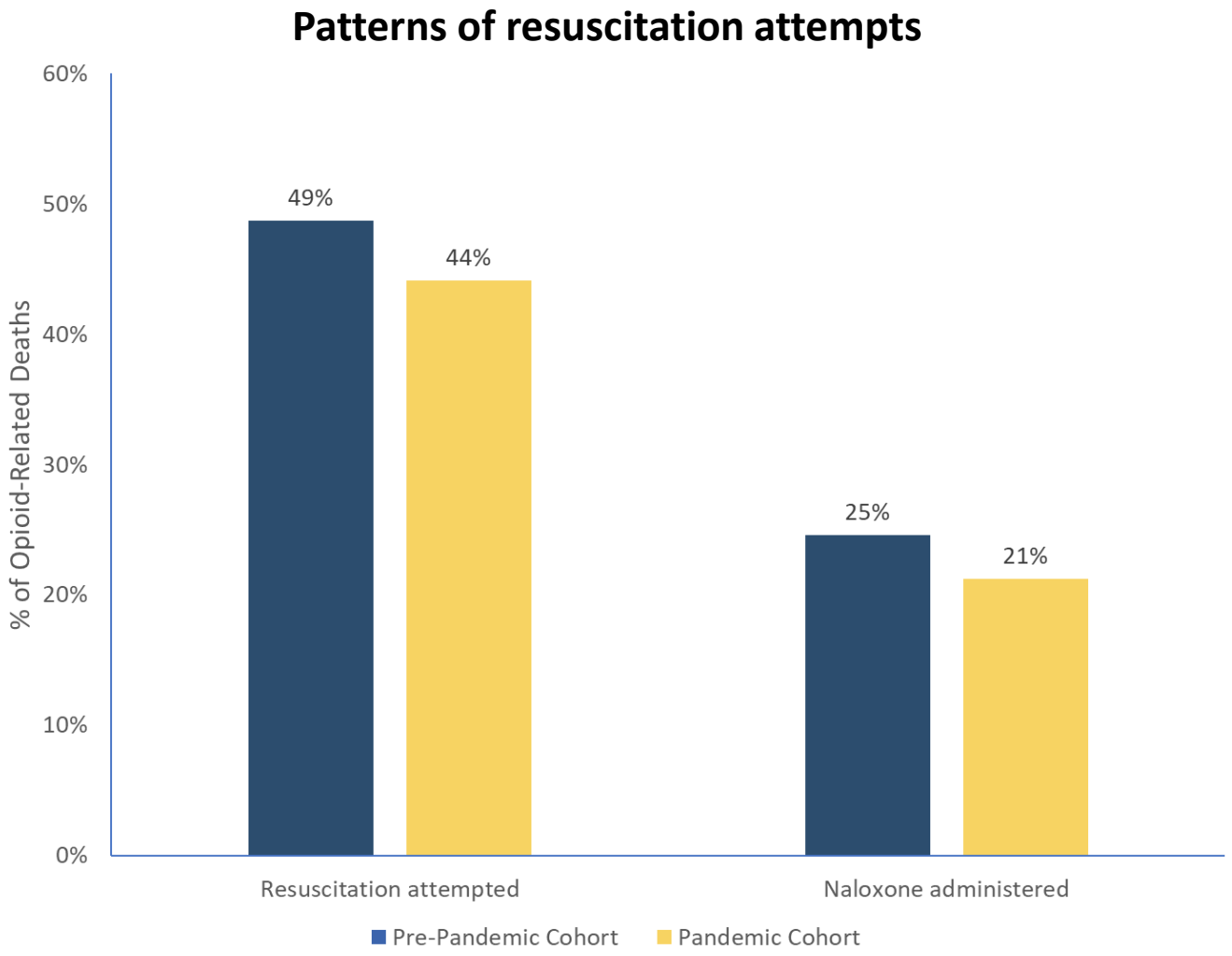
Rising trend of opioid-related deaths across most regions of Ontario during the pandemic

* *indicates statistically significant difference in proportions between cohorts*

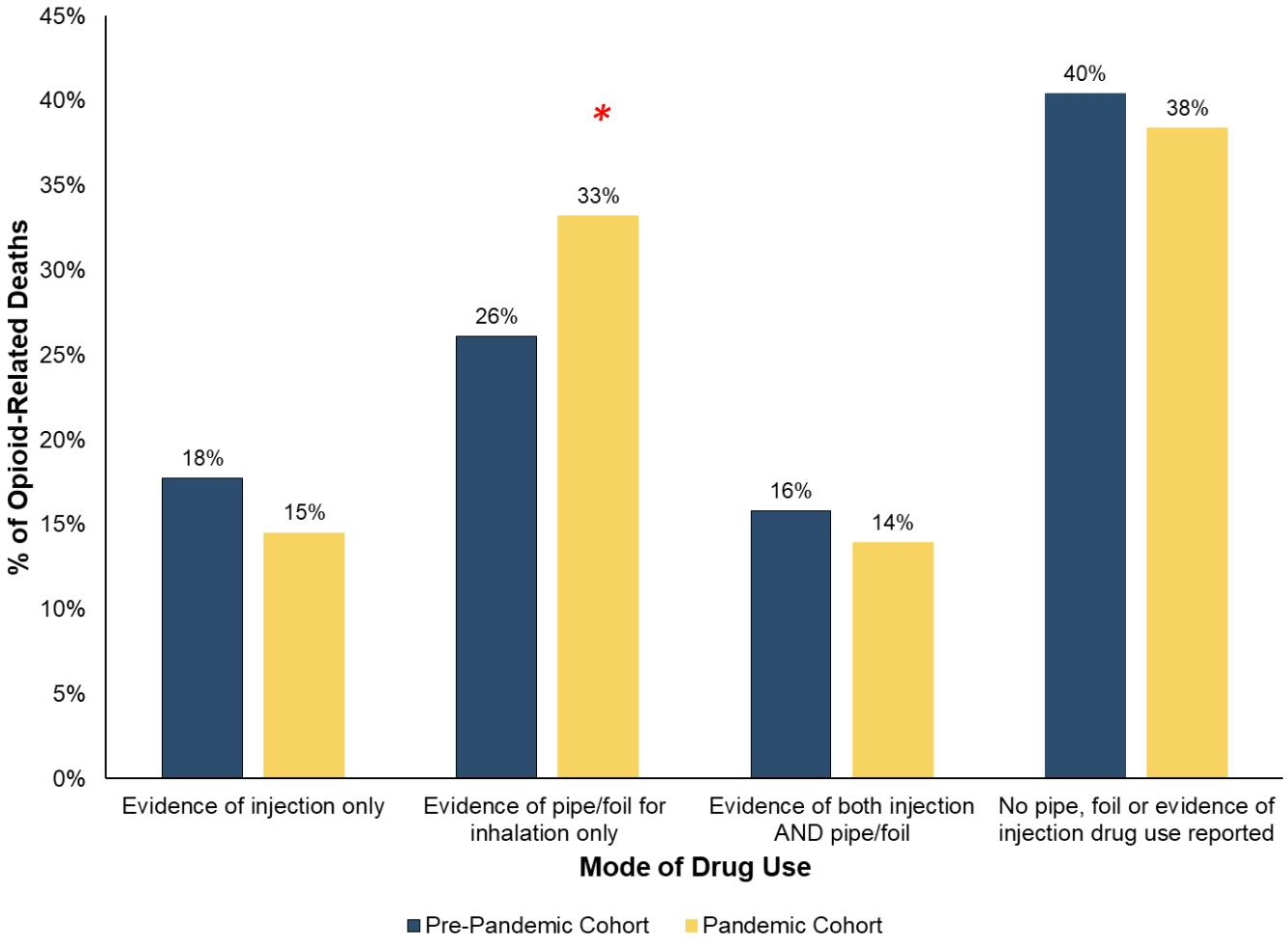
Opportunities to Intervene

In three out of four deaths during the pandemic, **no one was present to intervene**.*

** % of known responses, 26.5% unknown*



Likely Mode of Drug Use

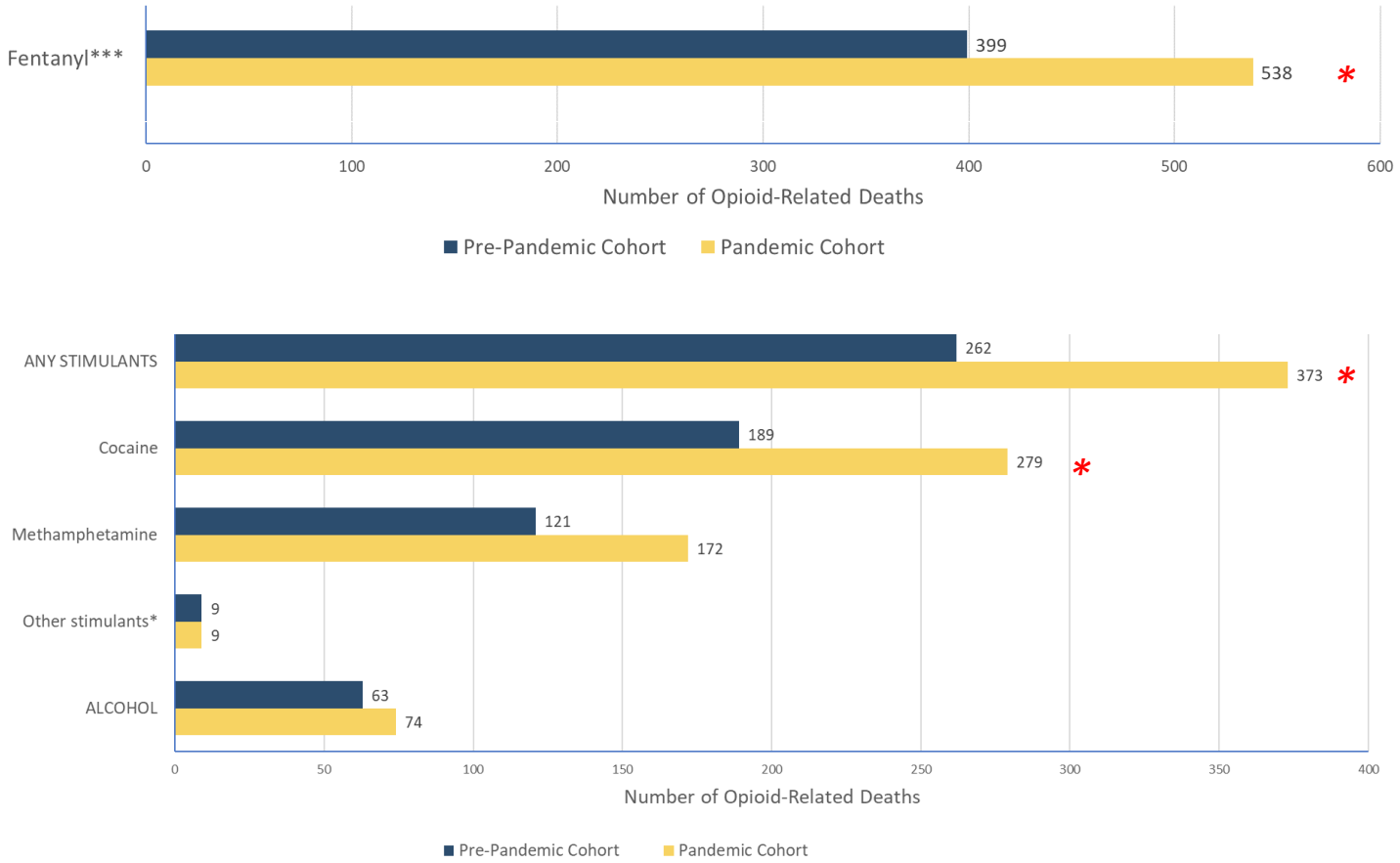


Increase in the number of deaths where pipe/foil for inhalation of substances was found at the scene in the during the pandemic

** indicates statistically significant difference in proportions between cohorts*

Note: Drug paraphernalia found at the scene may provide proxy information for potential mode of drug use but may also reflect previous modes of use or paraphernalia that was used by someone else. Other drug paraphernalia beside syringe, pipe and foil may have been found at scene (e.g. grinder, spoon). When no pipe, foil or evidence of injection present, mode may include oral, nasal, transdermal, other or unknown modes of drug use.

Substances Directly Contributing to Deaths



Opioids

- 87% of deaths involved fentanyl, compared with 79% in the pre-pandemic period
- 9% of deaths involved methadone, compared to 13% during the pre-pandemic cohort

Stimulants were more commonly direct contributors to these deaths:

- Cocaine (45%)
- Methamphetamine (28%)

Benzodiazepines: Significant increase in etizolam detected in toxicology

- **Indicates statistically significant difference in proportions between cohorts*
- Note: Some deaths may be attributed to multi-drug toxicity where more than one substance can contribute to an individual death. There were 88 suspected opioid-related deaths in the pandemic cohort and 15 in the pre-pandemic cohort not included in this figure.

Summary

- Significant increase in opioid-related deaths in Ontario since the pandemic began

- Need for policies and programs designed to provide access to harm reduction, a range of low-barrier opioid agonist treatment options, a safer supply of drugs, other health and social supports

- There is a clear need to act quickly to provide adequate support for people who use drugs during current and anticipated future waves of this pandemic.

Thank you

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Rapid Review of Strategies to Mitigate Harms during Periods of Disruption

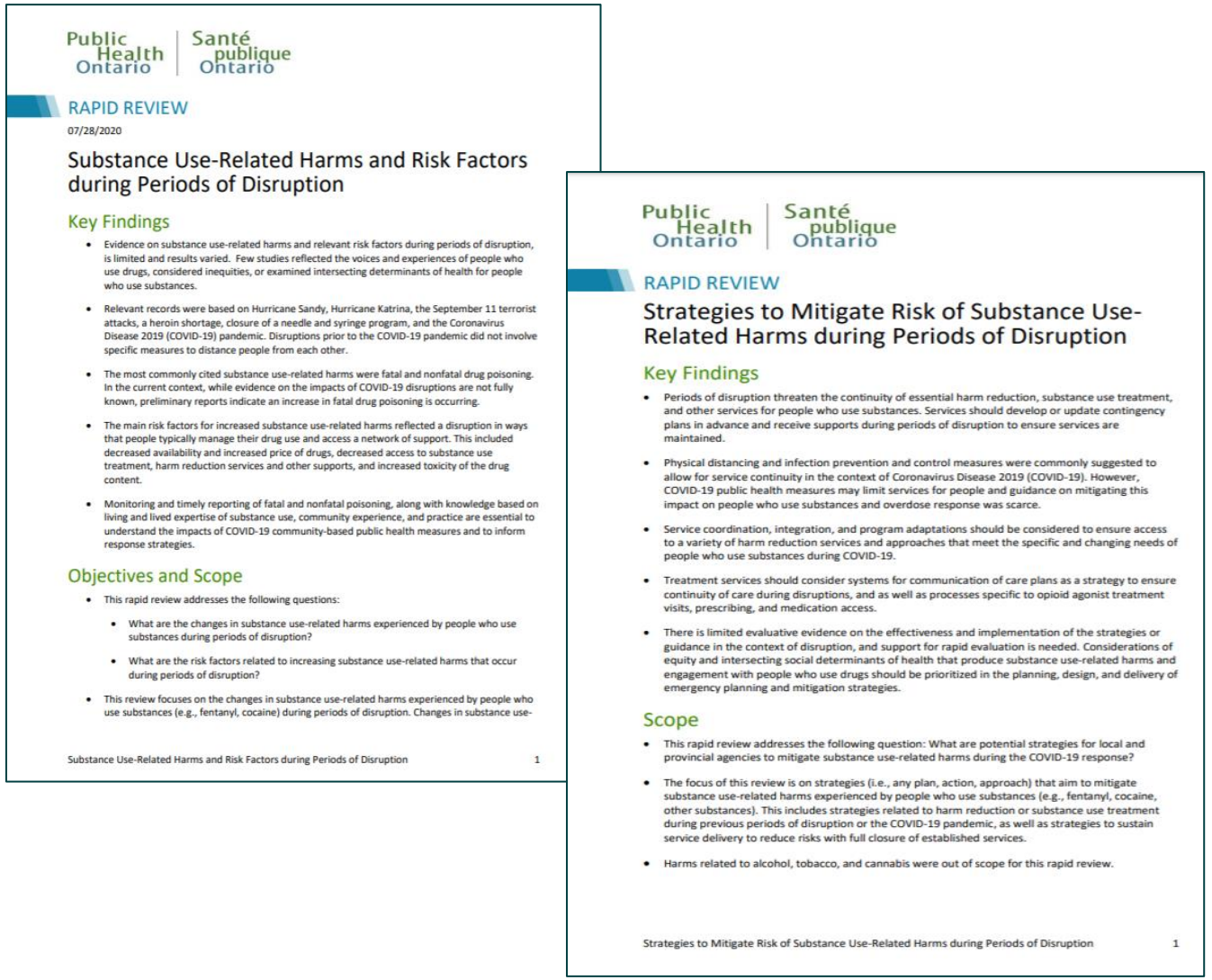
Pamela Leece, Public Health Physician

December 2, 2020

CATIE Webinar

Acknowledgements

- Expertise, strengths, innovation, and leadership of people who use drugs
- External reviewers with living and lived expertise, local and provincial harm reduction, and treatment
- PHO internal: Triti Khorasheh, Caroline Bennett Abuayyash, Samiya Abdi, Yasmin Khan



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RAPID REVIEW

07/28/2020

Substance Use-Related Harms and Risk Factors during Periods of Disruption

Key Findings

- Evidence on substance use-related harms and relevant risk factors during periods of disruption, is limited and results varied. Few studies reflected the voices and experiences of people who use drugs, considered inequities, or examined intersecting determinants of health for people who use substances.
- Relevant records were based on Hurricane Sandy, Hurricane Katrina, the September 11 terrorist attacks, a heroin shortage, closure of a needle and syringe program, and the Coronavirus Disease 2019 (COVID-19) pandemic. Disruptions prior to the COVID-19 pandemic did not involve specific measures to distance people from each other.
- The most commonly cited substance use-related harms were fatal and nonfatal drug poisoning. In the current context, while evidence on the impacts of COVID-19 disruptions are not fully known, preliminary reports indicate an increase in fatal drug poisoning is occurring.
- The main risk factors for increased substance use-related harms reflected a disruption in ways that people typically manage their drug use and access a network of support. This included decreased availability and increased price of drugs, decreased access to substance use treatment, harm reduction services and other supports, and increased toxicity of the drug content.
- Monitoring and timely reporting of fatal and nonfatal poisoning, along with knowledge based on living and lived expertise of substance use, community experience, and practice are essential to understand the impacts of COVID-19 community-based public health measures and to inform response strategies.

Objectives and Scope

- This rapid review addresses the following questions:
  - What are the changes in substance use-related harms experienced by people who use substances during periods of disruption?
  - What are the risk factors related to increasing substance use-related harms that occur during periods of disruption?
- This review focuses on the changes in substance use-related harms experienced by people who use substances (e.g., fentanyl, cocaine) during periods of disruption. Changes in substance use-

Substance Use-Related Harms and Risk Factors during Periods of Disruption 1

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RAPID REVIEW

Strategies to Mitigate Risk of Substance Use-Related Harms during Periods of Disruption

Key Findings

- Periods of disruption threaten the continuity of essential harm reduction, substance use treatment, and other services for people who use substances. Services should develop or update contingency plans in advance and receive supports during periods of disruption to ensure services are maintained.
- Physical distancing and infection prevention and control measures were commonly suggested to allow for service continuity in the context of Coronavirus Disease 2019 (COVID-19). However, COVID-19 public health measures may limit services for people and guidance on mitigating this impact on people who use substances and overdose response was scarce.
- Service coordination, integration, and program adaptations should be considered to ensure access to a variety of harm reduction services and approaches that meet the specific and changing needs of people who use substances during COVID-19.
- Treatment services should consider systems for communication of care plans as a strategy to ensure continuity of care during disruptions, and as well as processes specific to opioid agonist treatment visits, prescribing, and medication access.
- There is limited evaluative evidence on the effectiveness and implementation of the strategies or guidance in the context of disruption, and support for rapid evaluation is needed. Considerations of equity and intersecting social determinants of health that produce substance use-related harms and engagement with people who use drugs should be prioritized in the planning, design, and delivery of emergency planning and mitigation strategies.

Scope

- This rapid review addresses the following question: What are potential strategies for local and provincial agencies to mitigate substance use-related harms during the COVID-19 response?
- The focus of this review is on strategies (i.e., any plan, action, approach) that aim to mitigate substance use-related harms experienced by people who use substances (e.g., fentanyl, cocaine, other substances). This includes strategies related to harm reduction or substance use treatment during previous periods of disruption or the COVID-19 pandemic, as well as strategies to sustain service delivery to reduce risks with full closure of established services.
- Harms related to alcohol, tobacco, and cannabis were out of scope for this rapid review.

Strategies to Mitigate Risk of Substance Use-Related Harms during Periods of Disruption 1

Rapid Review Scope & Methods

Guiding question	What are **potential strategies for local and provincial agencies to mitigate substance use-related harms** during the COVID-19 response?
Searched for	English-language peer-reviewed and grey literature on: (1) barriers or facilitators to service continuity during periods of disruption; (2) lessons learned, considerations, or guidance for the delivery of services; (3) services for people who use drugs >25
Searched	3 databases, Google, a bibliography of articles, previously identified articles, CIHR, CRISM
Selected	Title and abstract review, full-text screening, with three reviewers

Periods of Disruption: any disruption caused by infectious disease, natural disasters, human-caused disasters, service closures, or other emergencies that affect the health, social structures, and supports for people who use drugs

Out of scope: harms related to alcohol, tobacco, and cannabis

Results

51 records, 31 grey literature

Between 2005 and 2020

U.S. (n=23) & Canadian (n=18) contexts

Substance use treatment services (n=40)

Periods of Disruption

COVID-19 (n=37)

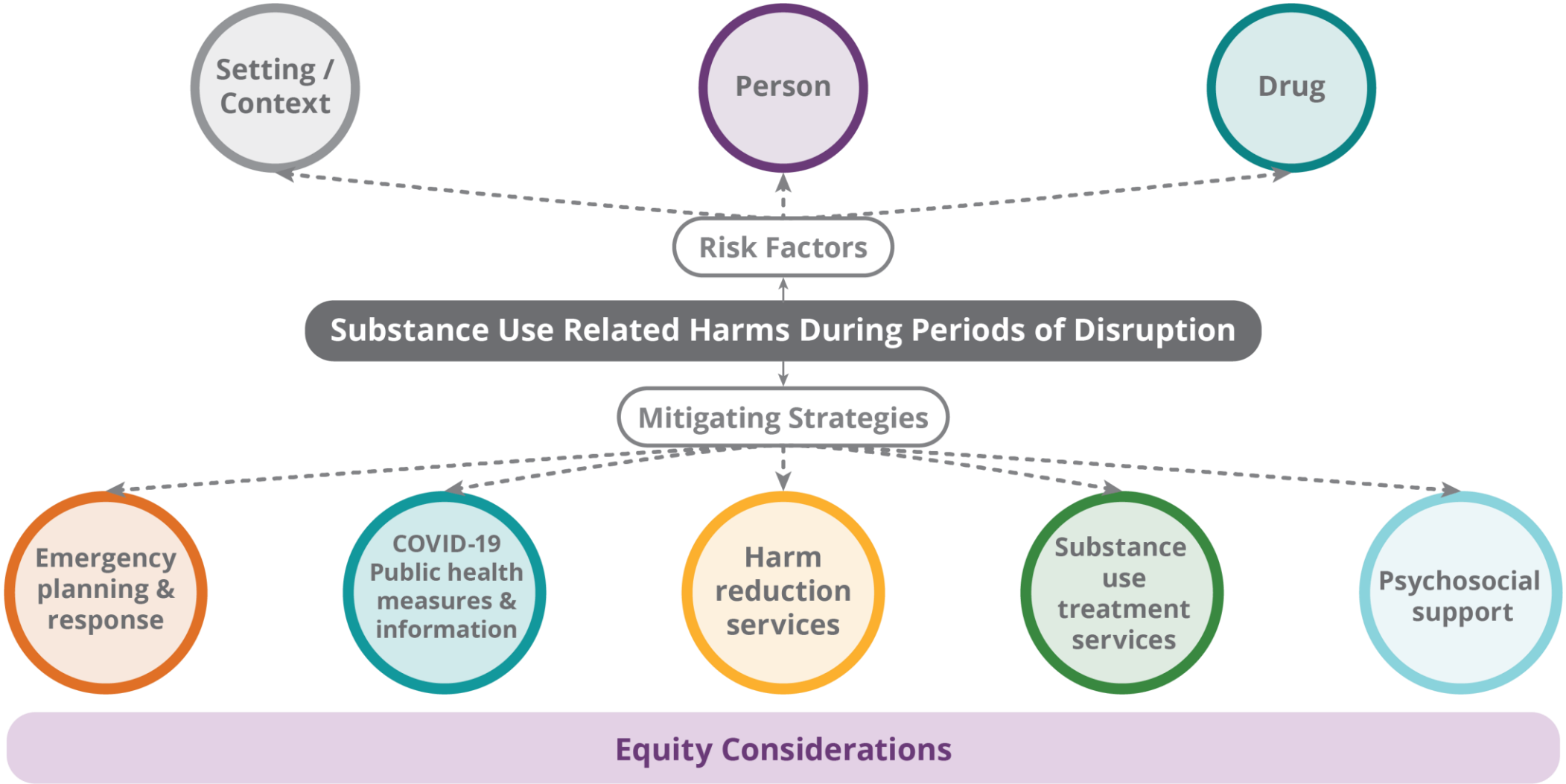
Hurricanes (e.g., Sandy, Katrina, Rita)

September 11 terrorist attacks

Cyclones

Earthquakes

Results – Summary Model



Mitigation Strategies – Emergency Planning and Response

Contingency plans

- To ensure access and availability of prescriptions & harm reduction supplies
- Plan temporary arrangements

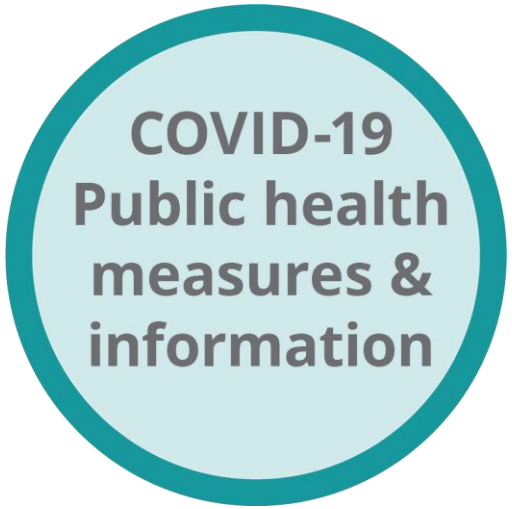
Collaborate and coordinate

- With multiple-sectors for emergency response planning

Communication

- Between staff, clients, and families

Mitigation Strategies – COVID-19 Public Health Measures



Prevention	• Infection prevention & control measures • Physical distancing
Assessment and screening	• Risk assessment and COVID-19 screening
Procedures	• For at-risk, confirmed, and suspected COVID-19 cases
Policies	• Related to staffing and staffing interactions with clients
Clear communication	• Of COVID-19 precautions & policies to staff, clients, and families • Sharing information on new services, resources, and policies

Mitigation Strategies – Harm Reduction Services

Alternative	• Service delivery options (e.g., online, dispensing)
Quantity	• Provide larger quantities of supplies
Integrate	• Harm reduction in other service settings (e.g., OAT, shelter, hospitals)
Outreach	• Enhance outreach services
Naloxone	• Naloxone training and distribution
Access	• To pharmaceutical grade substances and to SCS/OPS

Mitigation Strategies – Treatment Services and Psychosocial Support

OAT

- Facilitate medication access (e.g., locations)
- Increases in take-home doses
- Use of telemedicine for OAT program delivery continuity
- Strengthen information sharing methods

Other services/ settings

- Other substance use services and settings (e.g., acute care, community care, outpatient, inpatient, shelters)

Psychosocial

- Increasing options for psychosocial counseling
- Use of telemedicine for mental health
- Support and resources for staff

Limitations

OF THE RAPID REVIEW:

- Applicability and interpretation of results from different periods and places
- Synthesis of information (e.g., may miss practical components)
- Literature search (e.g., may miss relevant records)
- Experiences of a range of services (e.g., community-led strategies)
- Priorities of people who use drugs may differ
- Methods – quality assessment, single reviewers

Implications

Experiences and priorities of people who use drugs

Equity considerations

COVID-19 precautions & unintended consequences

Evaluative evidence

Strategies that have not been previously supported or implemented

Coordination, collaboration, and communication

Strategies and resources to support implementation of guidance

For More Information About This Presentation, Contact:

Pamela Leece, Pamela.leece@oahpp.ca

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Ontario

Toronto's Drug Checking Service

Coordinated by the Centre on Drug Policy Evaluation

The Ontario Overdose Crisis and the Impact of COVID-19

Karen McDonald, Centre on Drug Policy Evaluation

OHRN, OHRDP, and CATIE Webinar

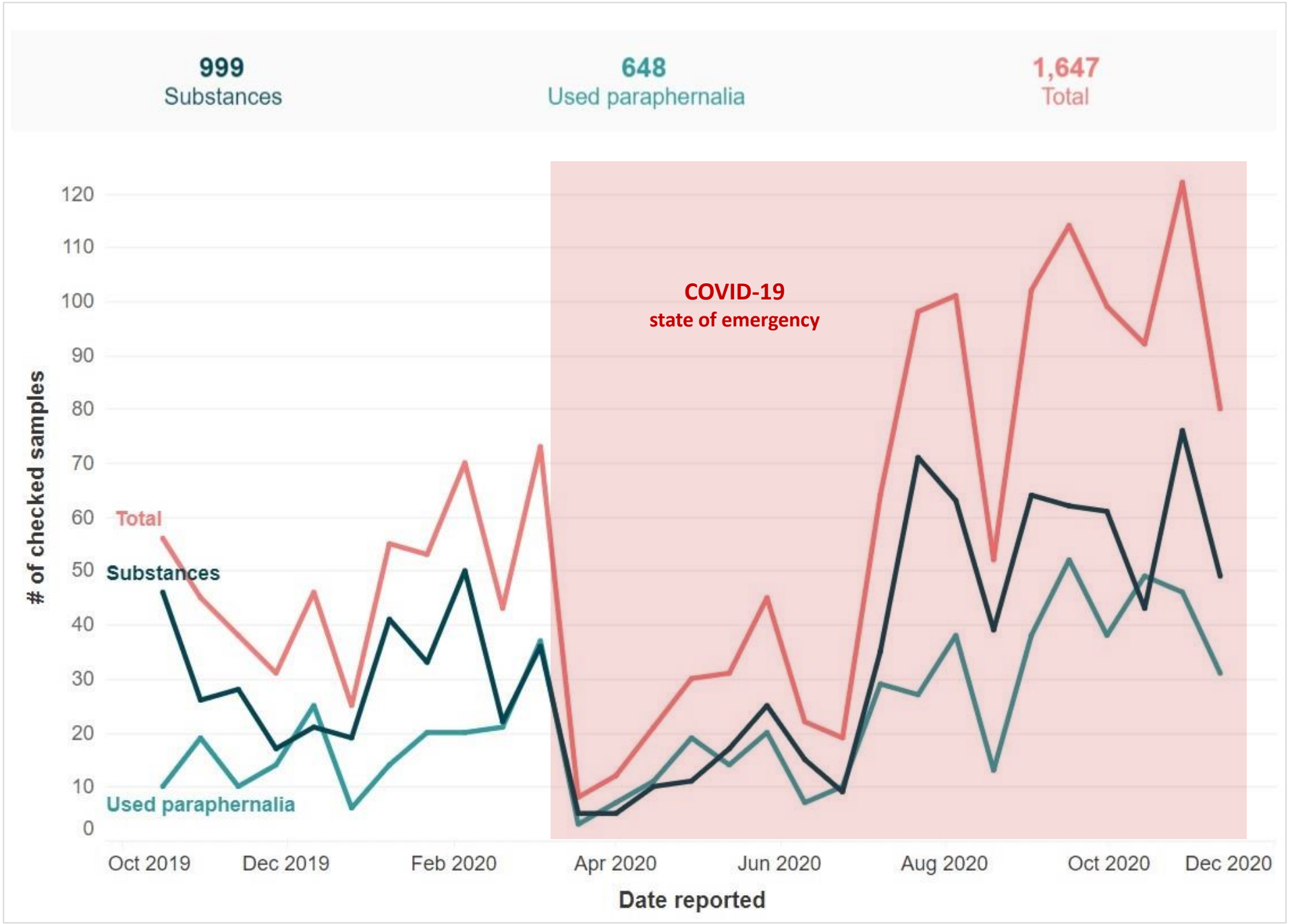
December 2, 2020

Toronto's drug checking service: refresher

- Pilot project
- Funded by the Government of Canada's Substance Use and Addictions Program and the St. Michael's Hospital Foundation
- Formally launched October 2019
- Implementation lasting three years
- "Offsite" drug checking using gas and liquid chromatography-mass spectrometry

Checked samples by sample type

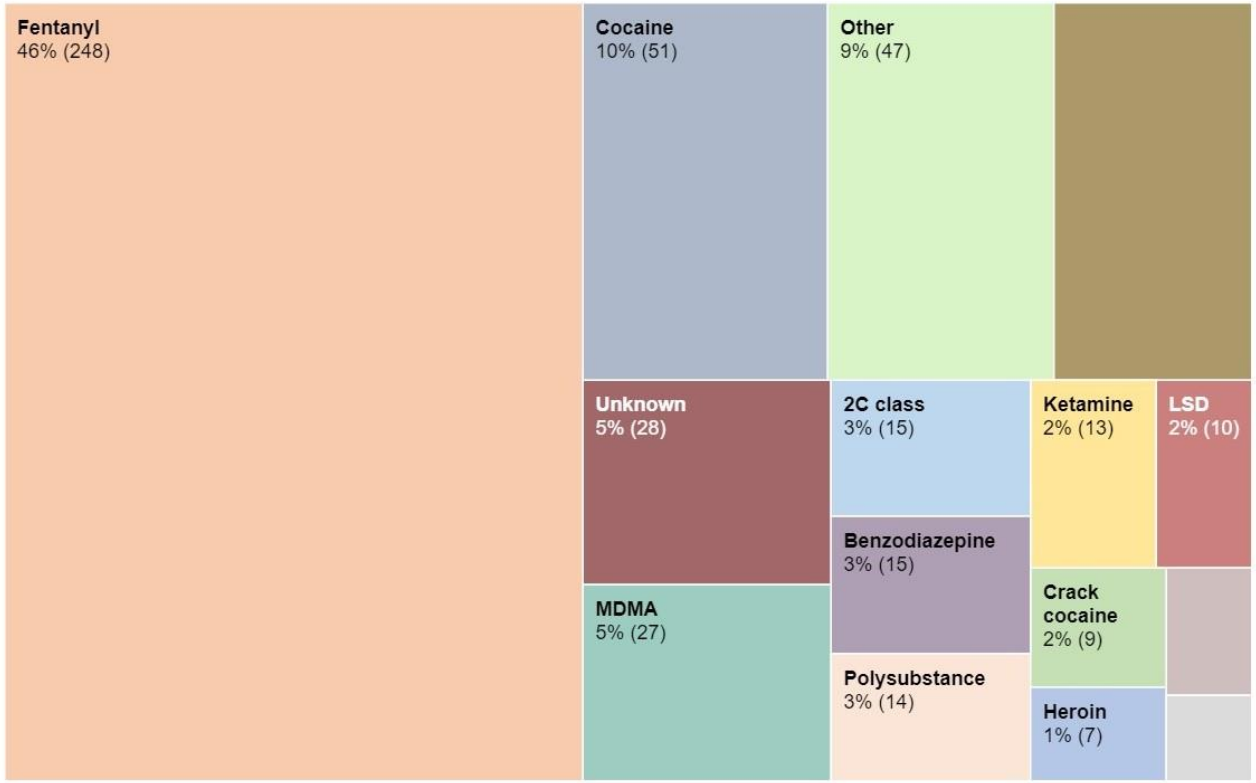
(Oct10/19 – Nov20/20)



Checked samples by expected drug

535 samples

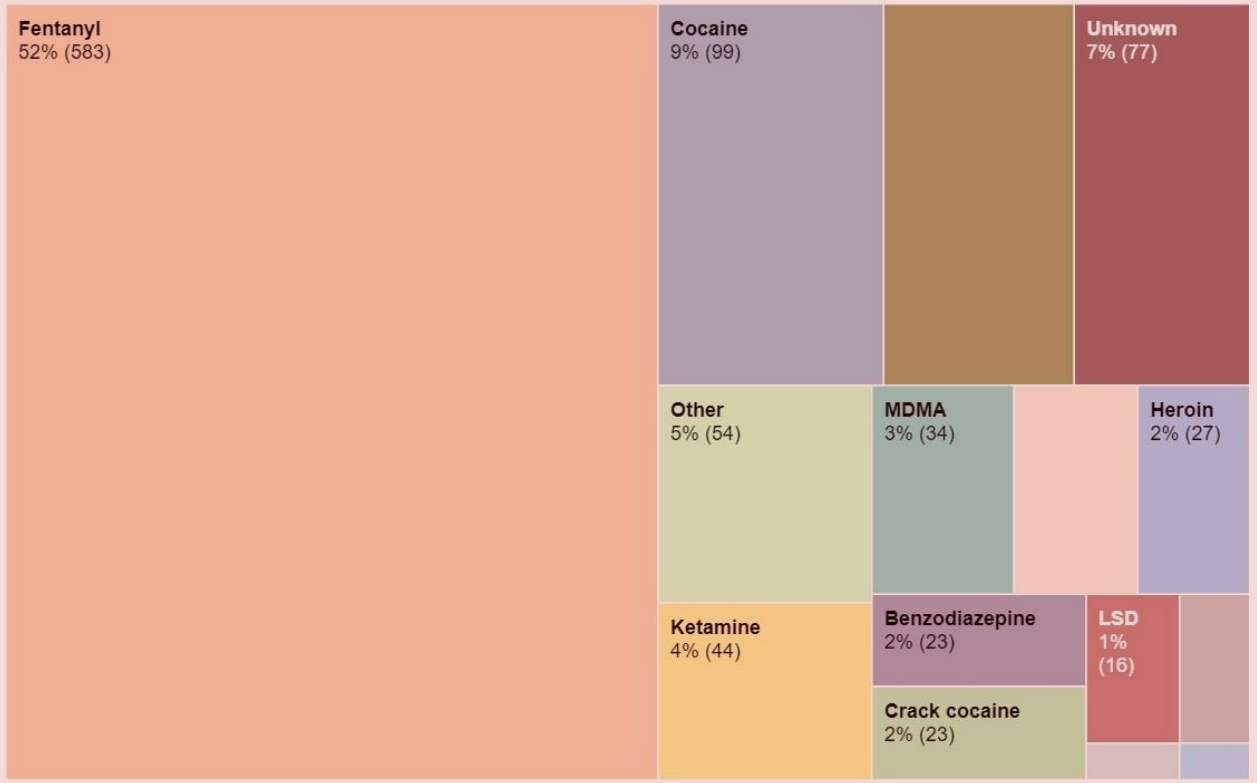
Oct10/19 – Mar13/20



1,112 samples

Mar14/20 – Nov20/20

COVID-19
state of emergency



Changes to expected fentanyl

↑ in benzodiazepine-related drugs (primarily etizolam)

COVID-19
state of emergency

↑ in synthetic cannabinoids (ACHMINACA and AMB-FUBINACA)

↑ in fentanyl-related drugs, both active and inactive

↑ in carfentanil

- Average quantity of fentanyl found is 0.6mg of a 10mg sample

Observations about other expected drugs

↑ in levamisole and phenacetin in cocaine

COVID-19
state of emergency

- Have found fentanyl unexpectedly in 1 (of 74) methamphetamine sample
- Have not found fentanyl unexpectedly in other stimulants or psychedelics

Thank you!

- Questions or comments? You can reach us at drugchecking@cdpe.org.
- Interact with our drug checking data on our website – it's updated every other week: www.drugchecking.cdpe.org. We also regularly post alerts, reports, and other information about Toronto's unregulated drug supply.

Network survey: COVID-19 and harm reduction

- Ontario front-line workers completed the survey in Nov. 2020.
- We asked about changes in harm reduction practice and community drug-use during COVID-19.
- This was not a research project!
- 75 people responded.

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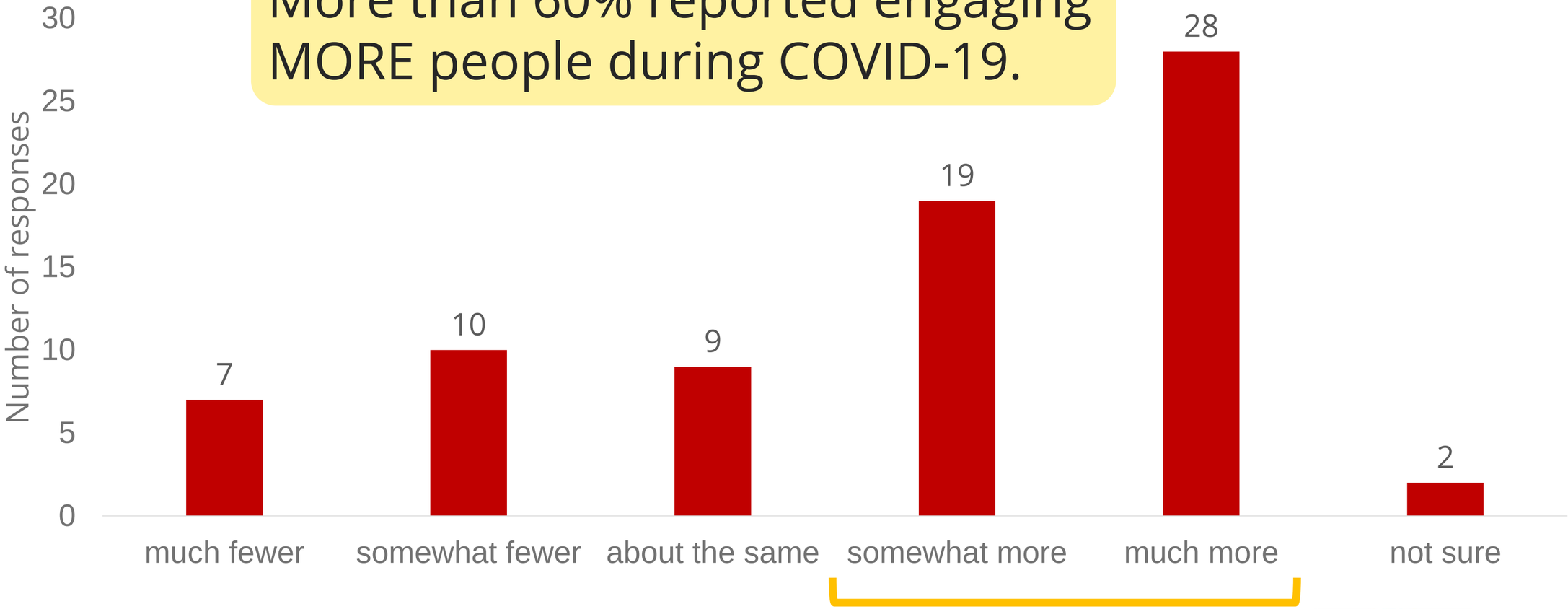
“Overall, are you engaging more or fewer people through your harm reduction services since the start of the COVID-19 pandemic?”

More than 60% reported engaging MORE people during COVID-19.



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“Have you seen changes in how often certain drugs are being used in your community since the start of the COVID-19 pandemic?”

- People noted perceived increases in SEVERAL types of drugs.
- Most notably:
  - Non-pharmaceutical opioids (including fentanyl)
  - Crystal meth
  - Sedatives like benzodiazepines

People also saw:

- Increases in contaminated drugs (especially fentanyl).
- People using multiple drug types.
- More overdoses resulting in death.

“Have you seen any increases in the types of equipment your clients are requesting since the start of the COVID-19 pandemic?”

- People saw increases in SEVERAL types of drug equipment.
- Most notably:
  - Pipes
  - Foil
  - Naloxone kits

What could this mean?

- Increases in inhalation or smoking?
- Increases in overdoses?

OHRDP has supplied **double** the amount of inhalation equipment in 2020.

“What new harm reduction services or strategies are you providing or THINKING about providing to better serve your clients through Fall and Winter?”

- The most common responses included:
  - More community outreach
  - Increased distribution and delivery of harm reduction supplies, food, clothing.
  - Safe supply or safe prescribing programs

People also said:

- Remote or virtual support
- Community partnerships
- Community education
- Drug-checking services