



Developing a Response to Opioid Misuse and Overdose for NS

CSHP Conference
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Conflict of Interest Declaration

- No conflicts of interest to declare

Two Linked Issues

- Almost 20 years of increased prescribing of opioids resulting in large numbers of people developing dependency
- Recent appearance of illicit fentanyl and other synthetic opioids as part of street drugs
- Linkage:
 - changes in OxyContin shifted people to fentanyl
 - need to deal with those currently dependent on opioids carefully to minimize shifting to street sources
 - prescribed opioids role in addressing “toxic” street drugs
- Requires immediate steps to save lives plus addressing longer term systemic issues

National Surveillance

- 11,500 opioid-related deaths Jan 2016 – Dec 2018
 - 3017 in 2016
 - 4100 in 2017
 - 4460 in 2018
 - 1,082 January and March 2019
- 94% unintentional
- 75% male
- Vast majority young, middle-aged adults
- 73% fentanyl, fentanyl analogues

<https://health-infobase.canada.ca/datalab/national-surveillance-opioid-mortality.html>

Provincial Surveillance

2011 to 2017: average 60 (53-69)opioid overdose deaths/yr.
mostly Rx. opioids; often mixed
12 deaths from non-pharm. opioids

2018: 53 confirmed & 3 suspect deaths
7 deaths from non-pharm. opioids
multiple police seizures of fentanyl, usually as “fake”
OxyContin tablets

2019 (Jan-July): 21 confirmed / 12 suspect overdose deaths
4 deaths from non-pharmaceutical opioids
multiple police seizures of powdered substances testing +ve
for fentanyl

Provincial Surveillance (2011 to July 2019)

- 73 % unintentional
- 68% male
- Deaths have been among individuals aged 15 – 59
- 89% of deaths in Central Zone (Halifax + surrounding area)
- Hydromorphone & methadone are the most common prescribed opioids involved in acute overdose deaths
- 62% involve opioid + a benzodiazepine

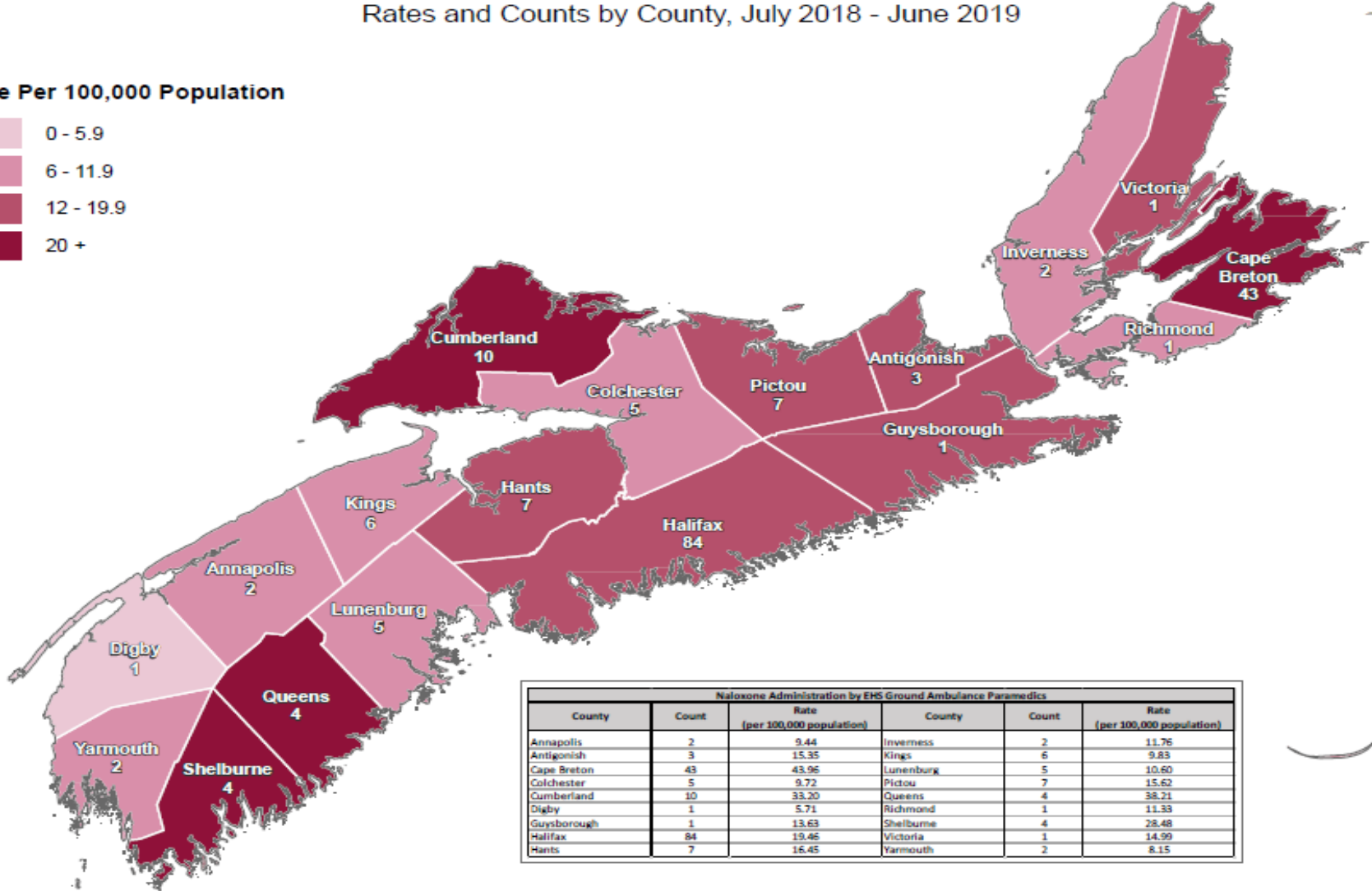
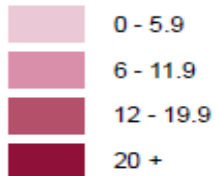
Provincial Surveillance

Naloxone Administration by EHS Ground Ambulance Paramedics

Rates and Counts by County, July 2018 - June 2019



Rate Per 100,000 Population



Naloxone Administration by EHS Ground Ambulance Paramedics					
County	Count	Rate (per 100,000 population)	County	Count	Rate (per 100,000 population)
Annapolis	2	9.44	Inverness	2	11.76
Antigonish	3	15.35	Kings	6	9.83
Cape Breton	43	43.96	Lunenburg	5	10.60
Colchester	5	9.72	Pictou	7	15.62
Cumberland	10	33.20	Queens	4	38.21
Digby	1	5.71	Richmond	1	11.33
Guysborough	1	13.63	Shelburne	4	28.48
Halifax	84	19.45	Victoria	1	14.99
Hants	7	16.45	Yarmouth	2	8.15

0 25 50 100 Km

Provincial Surveillance

Rates of naloxone administration (per 100,000 population) by EHS provincially, by Health Zone and by community cluster, July 2018-June 2019.

20.4

• Provincial rate

31.5

• Rate in Eastern Zone, the highest rate by zone in the province

44.0

• Rate for Cape Breton, the highest rate by community cluster in the province

Description of EHS naloxone administrations by time and demographics of patient, July 2018-June 2019.



22% overnight (10pm-6am)



68% on weekdays



65% males



22% aged 30-39 years old

National Response

- Special Advisory Committee on Opioid Overdose established Dec. 2014
 - PHAC, Health Canada, Chief MOHs, PT ADMs responsible for PH
 - Mandate
 - Develop consistent surveillance
 - Share best practices/lessons learned
 - Provide expert PH advice to Council Deputy Ministers
 - Build connections with other sectors (ME/Coroners, Justice system)

Nova Scotia's **Action Plan** on **Opioid Use and Overdose**

1

UNDERSTANDING THE ISSUE

Expanding our knowledge base through increased monitoring and surveillance, and by engaging partners and stakeholders, including people with lived experience

2

PREVENTION

Ensuring all Nova Scotians, especially youth, are well-informed on the risks associated with opioid use, and bringing trauma-informed approaches to settings beyond health-care

3

HARM REDUCTION

Increasing access to naloxone and ensuring stable funding for needle distribution and disposal services while exploring other harm reduction models, including safe consumption sites

4

TREATMENT AND PRESCRIBING PRACTICES

Ensuring timely access to a continuum of services and supports for individuals and families experiencing harms related to opioid use, increasing access to and affordability of alternative pain management approaches, and supporting primary care providers in implementing new prescribing practices for the use of opioids to treat acute and chronic pain

5

CRIMINAL JUSTICE AND LAW ENFORCEMENT

Increasing access to wellness courts and court-monitored drug treatment programs, providing timely analysis of seized drugs, reducing the availability of illegal opioids in correctional facilities and on the street, and ensuring the continued health and safety of first responders

Actions to Date

Health

- Enhanced monitoring of opioid overdose deaths
- Public awareness
- Sustained funding for harm reduction (\$1.7K) – needle exchange, safer consumption, connection to primary care and substance use treatment and social support
 - 2018/19: 1.3 M distributed; 1.1M needles collected
- Sustained funding for naloxone (\$610K) – THN in community settings & pharmacies, corrections, police, EHS
 - 283 pharmacies in THN program
 - about 9800 kits distributed with 137 reported reversal since Jan. 2016

Actions to Date

- Multi-year funding (\$1.8 M) for OUD treatment – MH&A, Direction 180 and primary care
 - 1660 people receiving OUD tx. As of July 2019
 - 12 people on wait list (at or above 250 before Nov. 2017)
 - Wait times eliminated or greatly reduced
 - Initiatives for rapid initiation of OAT in Eds; in-patient harm reduction + OAT tx.
- Annual \$400K prescriber education on opioids, benzos

Actions to Date

Justice

C.L.E.A.R. team/drug expert support for all municipalities

ION Scanners:

- 7 in the province

Investigative workshops:

- three held ,Halifax ,Cape Breton. South Shore
- 400 Officers attended
- 5 officers from across the province attended national training
Ottawa

Body scanners in provincial correctional facilities

Continued expansion of specialized and therapeutic court programs

What is Next?

- Expand surveillance
- Continue to build capacity in harm reduction and treatment
- Participate in national discussions regarding a safer drug supply
- Connect to chronic pain initiatives
- Focus on stigma reduction, reducing criminalization
- Connect to upstream issues: youth resilience, mental health, trauma, poverty and lack of housing
- Identify evaluation/research opportunities

Thank you and questions