

Oxy to Oxy

Impacts & Recommendations

Community Forum

March 14, 2012



Informal Summary Report

Prepared by the

Wellington Guelph Drug Strategy and the Waterloo Region Crime Prevention Council



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Part I: Introduction

Since its introduction in 1996, OxyContin, manufactured by Purdue Pharma, has had many benefits in managing pain. Iatrogenic effects include many fiscal, health and social costs. The opioid painkiller became a prominent feature in communities across North America due to its unique qualities to manage both physical and emotional pain, along with a rapid rise in prescribing and diversion into the illicit marketplace.

On February 17, 2012 the Ontario Ministry of Health and Long Term Care announced that OxyContin would no longer be covered under the drug benefit plan, and that new prescriptions would cease as Purdue Pharma introduced a replacement called OxyNeo. The new formulation is reputed to be more difficult to snort and/or inject though it is widely expected that this will be a temporary barrier.

Illicit use of OxyContin is present in all communities across Ontario, sometimes to assist in managing pain, sometimes for recreation and sometimes for maintenance (e.g. to stave off withdrawal, and maintain normalcy). Opioids are by nature addictive and OxyContin became a staple in an already robust black market.

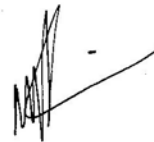
After alcohol and marijuana, OxyContin may be the most popular substance in the Waterloo Wellington LHIN area. Approximately 20% of teenagers in high school have used an opioid-based painkiller for recreational purposes (about 6,000 students in Waterloo Region). Excluding marijuana, OxyContin use is present amongst the majority of adults using illicit substances. North of Thunder Bay, the 48 communities that make up the Nishnawbe Aski Nation (NAN) declared a State of Emergency in November 2009, citing OxyContin as the primary culprit substance.

With the change in OxyContin policy, many people locally and around the Province were concerned about mitigating the negative impacts. In this regard, the Wellington Guelph Drug Strategy and the Waterloo Region Crime Prevention Council moved quickly to determine what impacts, if any, local service providers anticipated as a result of Ministry decision. In just over a week, the two organizations and a variety of community members have completed a survey, attended a community forum and produced the following report that reflects the concerns and recommendations we heard through these mechanisms.

If you have any questions or concerns about the report please feel free to contact us. We hope you find the report insightful and helpful in our collective work toward a healthy and safe community for all people.

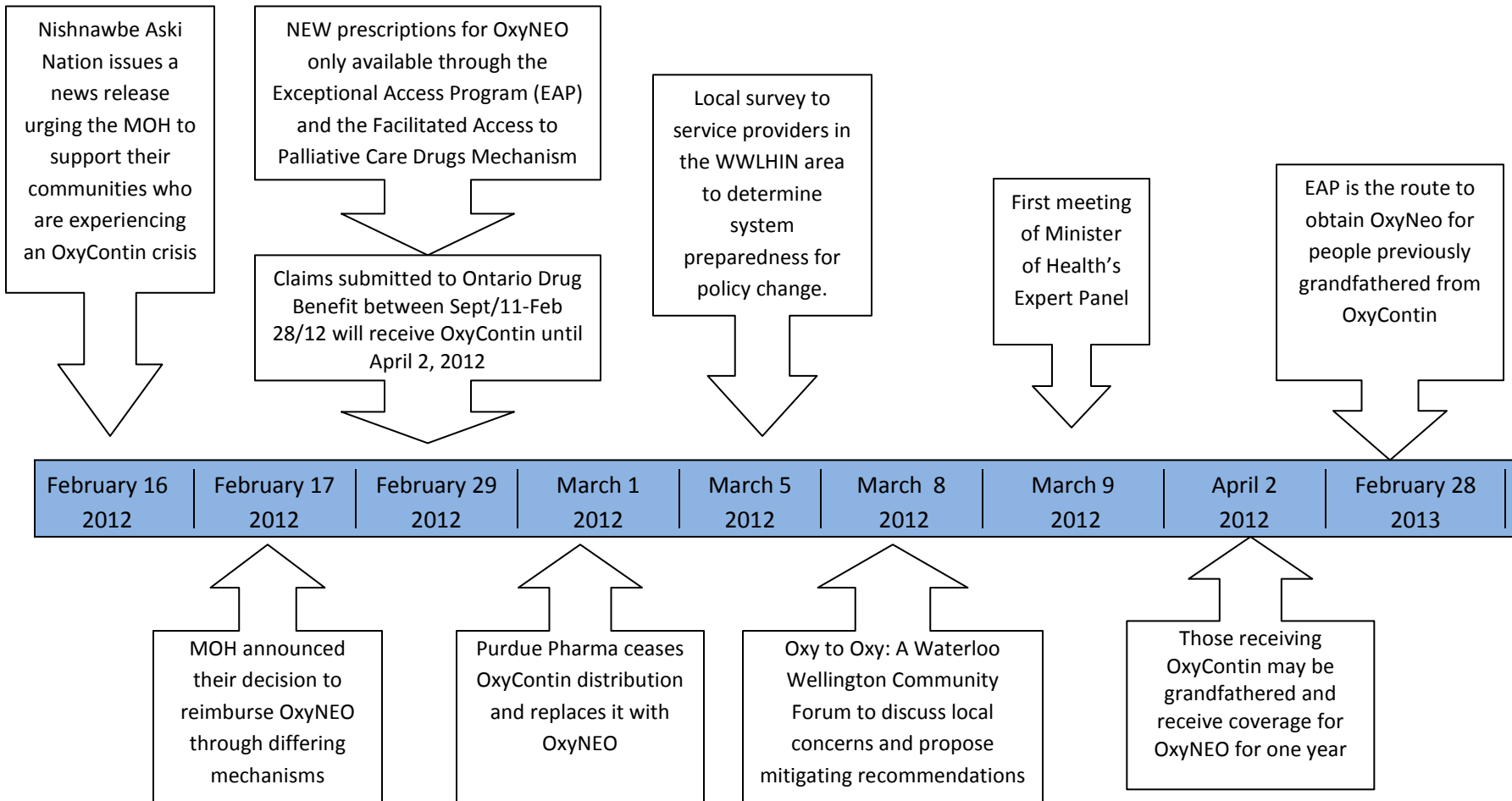


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Oxy To Oxy Timeline



Part II: Survey

On February 17, 2012 the Ontario Ministry of Health and Long Term Care (the Ministry) announced their decision to de-list Oxycontin, effective February 29, 2012. It was an announcement that most people heard about through the media and were unprepared for (See Appendix A).

In what appeared to be the absence of a funded mitigating provincial plan, and the prospect of potentially grave consequences locally, the Wellington Guelph Drug Strategy and the Waterloo Region Crime Prevention Council collaborated to create and distribute a survey to area service providers.

The survey aimed to collect data on local knowledge of the OxyContin policy change; the capacity of the service system to absorb new clientele; and areas of concern for survey respondents. People using OxyContin were not surveyed, but should be consulted and involved in program design and delivery should new program funding to mitigate the impacts be forthcoming. There was simply not enough time or resources under the circumstances.

The survey was distributed to 46 providers at noon on March 5, 2012. Within a 24 hour period, over 80% of the recipients had responded. The issue certainly had the community's attention.

A community forum was scheduled for later that same week, March 8, 2012 to exchange knowledge and refine recommendations for mitigating the negative consequences of the Ministry decision.

A brief overview of the survey results are provided here. Detailed results are found in Appendix A.

Survey Period: 60 hours, March 5, 2012 (noon)-March 7, 2012 (midnight)

Survey Method: sent via Survey Monkey

Survey Recipients: Service Providers

Surveys Sent: 46

Surveys Received: 43

Response Rate: 93%

Survey Area: Waterloo Region, Guelph and Wellington County are within the boundaries of the Ontario Ministry of Health's Waterloo Wellington Local Health Integration Network (WWLHIN), the major health funder in our communities. The entire WWLHIN area is located in southwestern Ontario, spans 4,800 square kilometers and includes approximately 730,000 people.

The WWLHIN area stretches from Proton Station in the north to Ayr in the south, Clifford at its most westerly point and Erin to the east. The WWLHIN area incorporates four major urban centres: Waterloo, Kitchener, Cambridge and Guelph, as well as a vast rural area with many smaller communities. 90% of the WWLHIN's geographic area is rural.

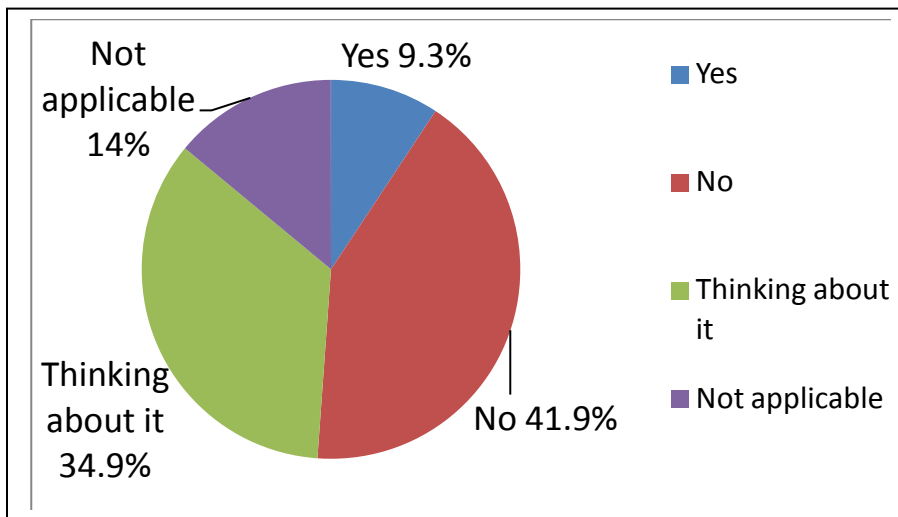
See page 16 for a map showing the WWLHIN area.

Part II: Survey

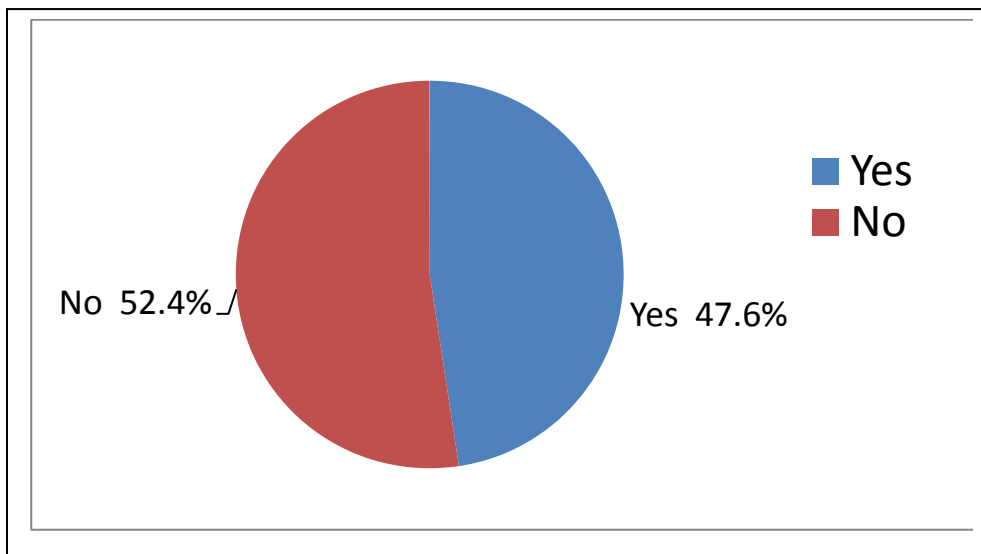
How did you find out that OxyContin had been discontinued? (measured 16-18 days after the Ministry announcement)

Media	65.1%	(28)
Word of mouth (including email)	11.6%	(5)
Notice from Ministry of Health and/or WWLHIN	9.3%	(4)
Did not know	4.7%	(2)
Other	9.3%	(4)

Has your organization engaged in any planning for how you might manage the anticipated increased demand for treatment and support services?



In your opinion, does your organization have the capacity to manage an increased demand for service?*



**Some providers surveyed indicated they have a legislated mandate to meet all demand

Part III: The Community Forum

On March 5, 2012 survey recipients were invited to participate in a discussion forum. Three days later on March 8, 2012, 33 individuals representing 10 different sectors met in Guelph to learn more, discuss issues and impacts, and to make recommendations to the Ministry to mitigate the negative consequences from the discontinuation of OxyContin. The participation was impressive given the short meeting notice.

Sectors present at the meeting included:

- Addictions Treatment Providers (Withdrawal Management, Assessment and Referral, and Residential Services)
- Child Welfare
- Housing Providers
- Peer Support Workers
- People active in substance use
- People in recovery from a substance addiction
- Police Services
- Primary Care and other Health Services (Community Health Centres, Family Health Teams, Pharmacy, Public Health, AIDS Service Organizations, HCV providers)
- Shelter Services
- Youth Service Providers

The Agenda for the meeting was as follows:

- | | |
|-----------|--|
| 1:30 | Introductions |
| 1:40 | Oxy to Oxy (background information; policy details) |
| 1:50 | Recent Developments (emerging discussions from around the province) |
| 2:00 | Update on forthcoming CAMH Withdrawal Guidelines; about the opiATE Project (by phone-in) |
| 2:15 | Survey Highlights and Feedback |
| 2:30-3:00 | Community Impacts, Concerns and Recommendations |

The meeting commenced with an overview of the policy changes, and the new regulations surrounding OxyNEO.

Christine Bois, Project Manager of the Centre for Addiction and Mental Health (CAMH) Opiate Project, shared information about resources that could support people who use opiates, their families, and service providers. These include the soon-to-be released withdrawal management guidelines and guidelines for physicians transitioning a patient between long-acting opioids.

Our discussion then moved to our primary area of focus: To clearly identify local concerns, and to succinctly compose short, medium and long-term recommendations for their mitigation.

Part IV: Community Impacts

The question “What are we most worried about in Waterloo Region, Guelph and Wellington County?” was posed. The experience and expertise provided by people present are summarized below.

Death and Injury from Accidental Overdose

- i. As a result of the policy change, people are already switching to more dangerous substances (e.g. Fentanyl, Heroin). The risk of overdose, already a leading cause of accidental death in Ontario, has participants concerned that the risk of accidental overdoses has increased with the OxyContin policy decision (see Appendix B).
- ii. The questionable purity of using new substances (e.g. heroin) and the increased risk for overdose, infections and disease.
- iii. The inability to access Naloxone (Narcan), a proven opioid antagonist used by North American paramedics. Narcan-based overdose prevention programs exist in Edmonton, in Toronto via Public Health and are widespread throughout the U.S.A.
- iv. The lack of knowledge on overdose prevention and intervention amongst both service providers and people at risk of an O.D.
- v. The 9-1-1 response protocol was identified by several people as a barrier to calling for assistance. This phenomenon is substantiated by research indicating that the willingness of people to call 9-1-1 is affected in part by police presence. A police officer attending the forum indicated that the first priority of police in attending an overdose incident is always the health of the victim.
- vi. The inability of shelter staff to rapidly respond to overdose incidents due to exorbitant staffing ratios (2:75 staff to client ratio at one agency).

Emerging Concerns

- i. Individuals will present in crisis and with increased mental health symptoms which were previously being medicated with OxyContin; opiates regulate both emotional and physical pain.
- ii. New misuse through diversion (e.g. Dilaudid, Fentanyl, Morphine, Percocet etc); several people commented on the dangers of using Fentanyl in particular.
- iii. Disappearance of “poverty/income supplement” for individuals diverting prescriptions, specifically those in low-no income situations, those with children and older adults (the illicit selling of OxyContin).

Medical and Health Concerns

- i. Physicians may lack familiarity with dosages when prescribing new opioids; a recent media piece profiling a recent fatality was shared.

- ii. Increased risk of HIV and Hep C, as some people move to other methods of ingestion for OxyNeo (people have been able to inject it), and other substances.
- iii. Lack of abscess care and other health treatment for this population.
- iv. A potential rise in infections and chronic disease should there be an increase in injection use.
- v. Risk of premature birth or miscarriage for expectant women who are withdrawing from OxyContin.
- vi. Few options for safe withdrawal.
- vii. Basic health information has yet to be made available to service providers and those at risk regarding opiate withdrawal symptoms, risks and treatments available.

Concerns About Health Impacts of Withdrawal

- i. There are very limited transportation supports available for individuals to access the Grand River Withdrawal Management facility, a long-identified barrier in the Guelph, Wellington, Cambridge and township (rural) areas (see Appendix C). There is limited capacity for monitored safe withdrawal within WWLHIN area, with 9 observation beds and 21 beds post-observation at Grand River Hospital's Withdrawal Management Centre. Access to Withdrawal Management is typically "first come, first served".
- ii. Grand River Withdrawal Management was at capacity on the day of the Community Forum; however beds do become available depending on patient flow. It is possible that Emergency Departments within the WWLHIN area could become burdened with people in withdrawal and/or people seeking pain management relief.
- iii. Parents and youth withdrawing without support or good knowledge will result in illness, and extreme irritability, with implications for child-family safety; implications for employment; and implications for crime.
- iv. Lack of access to alternative pain management/opioid treatment, including Suboxone. Suboxone has been approved by Health Canada but the Ministry has been refusing many physician-prescribed applications under the "exceptional access program" (EAP).
- v. There are wait lists at local methadone clinics; some methadone providers around the province are seeing increases in demand since the Ministry decision. Physicians and pharmacists are generally reluctant to prescribe and dispense methadone.
- vi. Addiction focused intensive case management is not available before and after Withdrawal Management Centre admission, before and after community based treatment and before and after residential treatment programs. This remains a long-identified and significant barrier to achieving treatment goals.
- vii. Existing wait lists at treatment centres (treatment on demand is not available) and treatment facility policies pose a significant barrier to individuals wanting to access treatment and support for their addiction (e.g. inability to access Methadone at many treatment programs).
- viii. Lack of safe, stable and affordable housing remains a long-standing barrier to improved health and safety for all. This means people are often stuck in undesirable circumstances or, post-treatment, end up back where they started.

Part V: Community Recommendations

Based on the multiple and varied concerns that community members discussed, a list of recommendations were brought forth to better manage what participants described as the most serious and negative impacts of OxyContin's discontinuation. It is important to note that there is little or no capacity to take on additional responsibilities amongst providers. The participants at the community forum indicated that client/patient-centred care is paramount, and both regulatory support and new/re-allocated resources from the Province are required to mitigate impacts.

The most common concern identified at the Community Forum was overdose deaths and injuries.

The community recommends:

General

- i. Participants encourage the Ministry of Health and Long Term Care (The Ministry) to view the OxyContin policy change as an opportunity to break the cycle of addiction, intergenerational abuse, and neglect. Further, participants encourage the Ministry to take immediate action that prevents further fatalities and injury and allows people to transition into healthier life circumstances;
- ii. Participants also view the policy change as an opportunity to educate and train about issues of substance use, addiction and mental health - to increase awareness that addiction is also a health issue, and to decrease stigma and discrimination about related issues.

Immediate (0-4 weeks)

- iii. The Ministry should rapidly establish the mechanisms to allow for the immediate low-threshold distribution of Naloxone (Narcan) and associated training.
- iv. Increase the availability of overdose prevention training for all impacted service providers, people at risk of overdose and persons who may be in a position to administer life-saving overdose techniques to an overdose victim.
- v. Implement mobile withdrawal management and medical services across the Waterloo Wellington LHIN area.
- vi. Increase support for parents in withdrawal and children's safety by including other family members in the process (other protective adults to wraparound children).
- vii. Increase awareness about, and the availability of, medications and techniques that support clients in the withdrawal process.
- viii. Institute a process to alert affected citizens and service providers when dangerous substances are present in drugs available through the black market.
- ix. Promote DART and Connex, which are telephone services that provide callers with comprehensive information about drug treatment options and availability; 211 may need to be alerted.

- x. Enhance capacity and knowledge of existing distress lines to support people dependent on substances, their caregivers, families and friends regarding withdrawal, addiction, overdose prevention, referral supports etc.
- xi. Increase promotion and marketing of the available addiction support, for example, treatment programs that accept clients using methadone or residential programs for parents with children.
- xii. Increase communication within the Waterloo Wellington network regarding the local impacts and mitigating measures, including pharmacists and primary care providers in discussion; non-WWLHIN funded providers and citizens should also be included in this network.
- xiii. The Ministry should start deploying health information related to Opioids (e.g. withdrawal).

Medium-term (3-8 weeks)

- i. Initiate mobile health care and include withdrawal and related substance use information and referrals, primary care, harm reduction supplies (e.g. withdrawal supplies, Narcan); proposal to this effect was submitted to the WWLHIN in 2009.
- ii. Make HIV and Hep C testing more accessible.
- iii. In addition to existing treatment services, increase support for pregnant women who are using substances through additional nursing care and outreach efforts.
- iv. Increase treatment opportunities for couples and single parent options with childcare;
- v. Increase the availability of street nurses who are able to treat abscesses.
- vi. Address the waiting gap between Withdrawal Management Centre and treatment services, which can be up to 2 years in the WWLHIN area. This could be met through funding to support intensive case management and coordination for individuals with addictions.

Long-term

- i. Increase capacity of Primary Care system (physicians, nurse practitioners) and improve training in addictions within medical schools and amongst practitioners.
- ii. Institute incentives for pharmacists dispensing Methadone.
- iii. Ensure the availability of a greater range of treatment options such as in-home, residential and outpatient.
- iv. Provide increased housing options.
- v. Increase or reallocate funding for treatment spaces (i.e. residential treatment beds)
- vi. Improve and increase pain management options, including better training for health care professionals.
- vii. Review emergency response protocols to determine if overdose witnesses in the WWLHIN area are reluctant to call 9-1-1 and if so, what policy changes are necessary to improve calls for service (a province-wide "Good Samaritan" law, similar to those being passed by States in the U.S.A., was suggested at the forum).
- viii. In the future, consult and develop a plan well in advance of major policy changes affecting the addictions-health system, and the people served by those and related systems.

Appendix A

Survey Results: 43 Respondents

What sector best describes the service you provide (check all that apply):

Emergency Medical Service	4.7%	2
Addictions Treatment Agency	14.0%	6
Methadone Provider	0.0%	0
Withdrawal Management Service	2.3%	1
Outreach/Community Linking Service	25.6%	11
Needle Exchange Provider	16.3%	7
Temporary Shelter or Drop In	2.3%	1
Youth Agency	9.3%	4
Community Health Centre	9.3%	4
Primary Care	4.7%	2
Enforcement Services	9.3%	4
Child Welfare	20.9%	9
Counseling Services	34.8%	15
Other	14.0%	6

How did you find out that OxyContin had been discontinued?

Media	65.1%	28
Word of mouth (including email)	11.6%	5
Notice from Ministry of Health and/or WWLHIN	9.3%	4
Did not know	4.7%	2
Other	9.3%	4

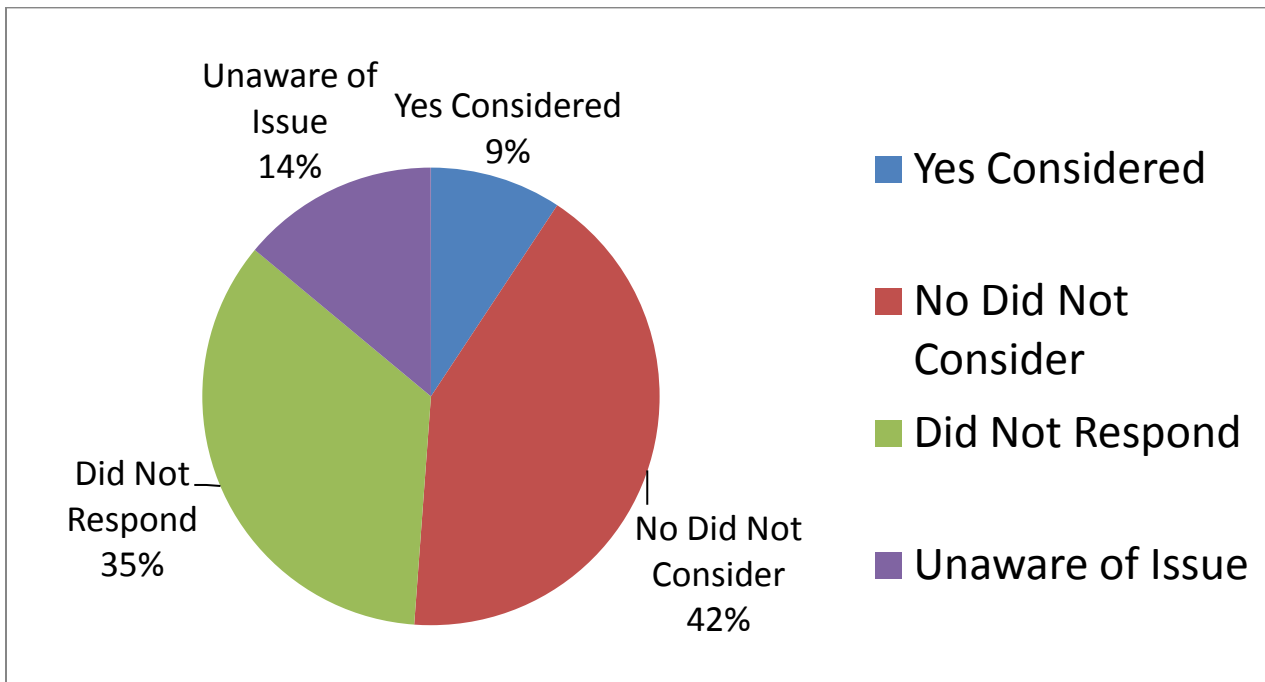
To what degree do you feel your organization and its staff are informed about the discontinuation of OxyContin in the province of Ontario?

Very informed	23.2%	10
Moderately informed	48.8%	21
Not at all	27.9%	12

Have you received any information from the Ministry of Health and/or other health providers (e.g. Health Canada, WWLHIN, Public Health etc.) in the last month about managing the adverse effects of opioid withdrawal and how best to assist clientele?

Yes	9.3%	4
No	60.5%	26
If not, would such information be useful to your organization? (click if you agree)	30.2%	13

Has your organization considered what new emergency situations may arise resulting from the discontinuation of OxyContin? What education/training/support might your organization need to manage these situations (i.e. overdose prevention and intervention training, direction on supporting a client experiencing acute withdrawal, guidelines for supporting pregnant and parenting women etc.)



Respondents suggested there would be an increase in . . .

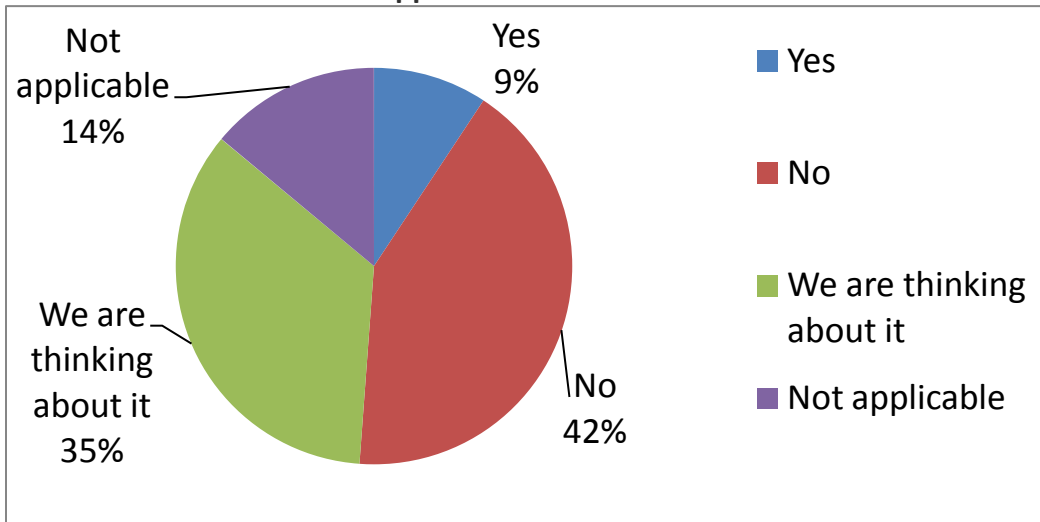
- unintentional overdose
- persons experiencing (abrupt) withdrawal
- tolerance related issues as individuals switch to other substances they are unfamiliar with due to lack of access to OxyContin
- patients seeking approval to use the medication outside the new boundaries
- requests for other medications
- the use of other opiates (particularly heroin)
- drug-seeking behaviours
- service calls for police related to injured or sick people, robberies and overdoses
- usage of current support systems
- traffic in Walk-In Clinics, Family Health Networks, Physicians and other frontline medical staff will experience increase in patient demand
- visits to Emergency Department
- negative impacts on family and children (neglect, child abuse)

What education/training/support might your organization need to manage these situations?

(Listed in order of preference)

- Supporting a Client Experiencing Acute Withdrawal
- Overdose Prevention Training
- Guidelines for Pregnant/Parenting Women
- Assist Client with Accessing Relevant Community Services
- Disbursement of Information
- Creation of Drug Strategy Committee

Has your organization engaged in any planning for how you might manage the anticipated increased demand for treatment and support services?



In your opinion, does your organization have the capacity to manage an increased demand for service?*

Yes	47.6%	20
No	52.4%	22
Skipped Question		1

* Some respondents have a mandate to accept all new demand

8. If not, what would be required in order for you to meet demand for service from additional new clients?

Additional building capacity/space	17.2%	5
Additional staffing	44.8%	13
Not Applicable	51.7%	15
Other		7

Other Suggestions Listed on Survey

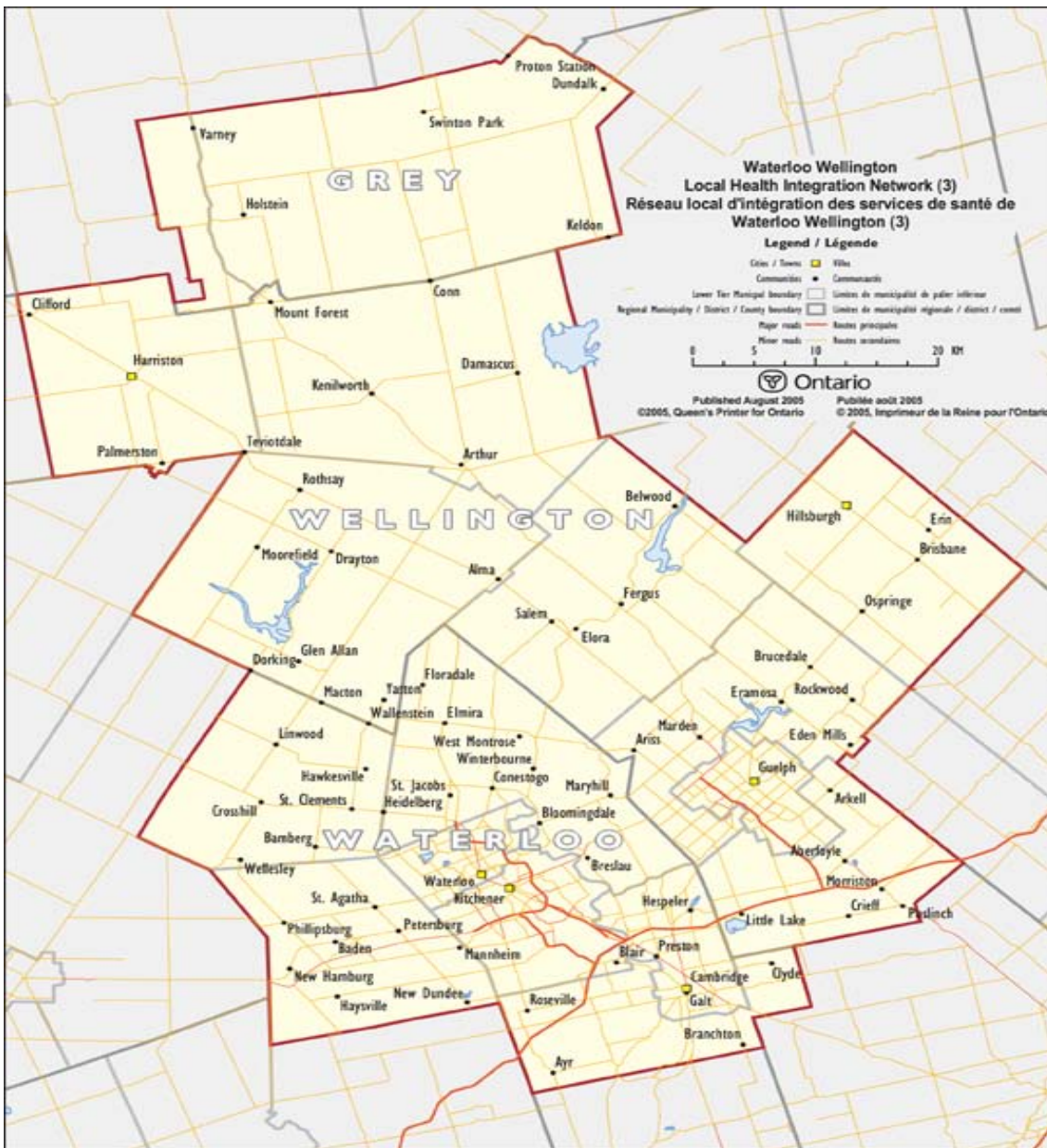
- ▶ “We have no choice but to respond to the increase demand for service”
- ▶ Provide a clear understanding of the issue
- ▶ Additional Education/Training
- ▶ Expertise/Information Required
- ▶ More Funding
- ▶ More Shelters & Residential Addiction Programs

How many new clients could your organization receive before turning people away?

Zero-we are unable to meet current demand	21.9%	7
We have unlimited capacity	15.6%	5
Not applicable	62.5%	20
Skipped		11

Map Showing Waterloo Wellington LHIN Area. Retrieved from:

<http://www.waterloowellingtonlhin.on.ca/Page.aspx?id=1914>



Appendix B

Overdoses in Ontario: The Leading Cause of Accidental Death?

In the U.S.A., unintentional overdoses surpassed motor vehicle collisions as the leading cause of accidental death. Someone dies every 14 minutes. Prescription opioids, are the substances most often implicated¹.

In Ontario in 2006, the number of opioid overdose deaths was equal to the number of drivers killed in motor vehicle collisions². In Waterloo region, an average of almost 2 people unintentionally overdose each day and receive medical attention from a hospital or Coroner³.

In a study of people who died from prescription opioid overdose in Ontario, the use of health care services in the month before death was common: 66.4% had visited a physician in the month before death and 56.1% had filled a prescription for an opioid in the month before death⁴.

The OxyContin changes unfolding in Ontario are widely expected to lead to an increase in O.D. deaths as many people switch to other opioids, including heroin and fentanyl.

There are just 4 Overdose Prevention programs in Canada: Edmonton (2005), Waterloo Region (2009), Toronto (2011) and Ottawa (2011). Both Edmonton and Toronto Public Health provide Naloxone, the opiate antagonist which paramedics across North America use to reverse an opioid overdose. Naloxone is reputed to be safer than an epi-pen used for allergies, a life-saving device which is available over the counter from pharmacists. Toronto's Naloxone kits cost about \$25, making it a very inexpensive way to save a life.

Overdose prevention programs have been widespread throughout the U.S.A. for several years and a recent 2012 report from the Centers for Disease Control adds to the research base demonstrating the efficacy of this intervention⁵.

Naloxone-based OD training is a client-centred approach that is:

- Evidence based
- Extremely inexpensive
- Available to implement immediately
- Directly reaches people at risk of, or able to prevent, a fatal overdose.

Sources Cited:

1. Lisa Girion, Scott Glover and Doug Smith, Los Angeles Times, [Drug deaths now outnumber traffic fatalities in U.S., data show](#), September 17, 2011
2. Paperny, A.M., [Inquest into Brockville's Fatal Overdoses Lays Bare Tale of Prescription-Drug Abuse](#), Globe and Mail, July 11, 2011
3. Bell and Parkinson, [A First Portrait of Drug-Related Overdoses in Waterloo Region](#), Waterloo Region Crime Prevention Council, 2008.
4. Dhalla, I.A. et al, [Prescribing of opioid analgesics and related mortality before and after the introduction of long-acting oxycodone](#), Canadian Medical Association Journal, December 8, 2009
5. Centers for Disease Control, Morbidity and Mortality Weekly Report , [Community-Based Opioid Overdose Prevention Programs Providing Naloxone – United States, 2010](#), February 17, 2012 / Vol. 61 / No. 6 / Pg. 101 - 112;

Appendix C



Over the past two months, members of the Wellington Guelph Drug Strategy Committee have formed a Project Working Group to further explore Wellington Guelph residents' accessibility to the withdrawal management services designed to serve our LHIN. Preliminary discussions have focused on the transportation barriers that exist when accessing the site, which for some WWLHIN residents, is 75 kilometres away (Mount Forest). A research project, lead by the University of Guelph Research Shop, is currently underway to further explore these transportation barriers, entitled "Pathways to Detox."

To support this research, and our discussions, the following 2010/2011 data was provided by Connex Ontario in February 2012, which identifies access to Grand River Withdrawal Management, based on where the client resides.

Location of Client Residence	n = 889 Open Individuals	
	N	%
Wellington County	122	13.7
Waterloo County	605	68.1
Outside the Waterloo Wellington LHIN (i.e., in another LHIN)	206	23.2

What is compelling about this data is that when adjusted for population differences (Guelph and Wellington County combined populations are approximately 200 000, while Waterloo Region is 534 000), Waterloo Region residents access Withdrawal Management services at Grand River Hospital at a rate two times that of Guelph and Wellington County residents. Moreover, the site serves close to two times as many clients from outside of the Wellington Waterloo LHIN than those from Guelph Wellington.

Service providers and community members from the Guelph and Wellington areas have been long advocating the need for increased access to withdrawal management services, specifically within a closer radius to the Guelph and Wellington area. This issue becomes particularly important as we anticipate the increased incidence of withdrawal accompanying the discontinuation of OxyContin.



The Wellington Guelph Drug Strategy (WGDS) is a coalition of over 30 partner agencies and members of the lived experience community, who are working to implement a 4-Pillar drug strategy in the municipalities of Wellington County and the City of Guelph. The 4-Pillars include Prevention, Treatment, Enforcement and Harm Reduction, with a 4-Pillars strategy recognizing that no one sector can effectively respond to substance misuse in isolation. Our cross-sectoral partnerships acknowledge the integral role that each pillar plays, and in many instances, weave the pillars together in our strategies and responses. In doing so, we have made many successful strides towards our goal of reducing the impacts of substance misuse in our communities.

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The Waterloo Region Crime Prevention Council works collaboratively to close the gaps between services and identify new directions for reducing and preventing crime, victimization and fear of crime by bringing together individuals, neighbourhoods, organizations, agencies and all levels of government. Established in 1995, it is an advisory committee to the Region of Waterloo and consists of 34 members representing many sectors including the community-at-large, social services, education, health, planning, justice, police, and community agencies among others. The Waterloo Region Crime Prevention Council has been upheld across Canada as an effective model for municipally-based crime prevention.

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