

Opioid Use and Related Harms in Chatham-Kent



Situational Assessment Summary



Thursday, February 21st, 2019

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Introduction

CKPHU acknowledges our community partners for sharing your perspectives, data, and supporting this situational assessment.



Introduction

Key terms and focus of the report

A full glossary of key terms is located at the back of this report. We feel it is important to clarify a few key terms at the outset.

Opioids are natural or synthetic substances used to reduce pain in clinical settings, but are also produced and consumed non-medically. Common opioids include oxycodone, hydromorphone, and fentanyl.

Opioid use and **substance use** encompass the full spectrum of use, including prescription use, illicit use, unintentional use, recreational use, risky use, and harmful use. This choice in terminology is used in an effort to reduce blame and negative connotations associated with substance use and people who use substances.¹

Opioid poisoning describes instances where the amount of opioids ingested causes physical harm, frequently referred to as an 'overdose'. We feel poisoning more accurately describes these physiological effects.

Related harms describes all harmful effects of opioid use, including tolerance, dependence, poisoning, personal costs, societal costs, etc.

A **situational assessment** is a systematic process to gather, analyze, synthesize and communicate data to inform decision-making processes. These assessments help us understand the current situation to plan for the future.²

Although the situational assessment focused on opioid use, community partners were concerned about substance use more broadly. To reflect the purpose of the assessment and findings that opioid use may be unique compared to other substances, this report is focused on opioid use and related harms in Chatham-Kent. Providing a comprehensive overview of general substance use was outside of the scope of the assessment; still, we share some findings in relation to overall substance use in Chatham-Kent throughout the report.

¹Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2017, December 8). *Opioid-related harms*. Retrieved from <https://www.publichealthontario.ca/en/BrowseByTopic/ChronicDiseasesAndInjuries/Pages/Opioids.aspx>

²Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2015). *Planning health promotion programs: Introductory workbook*. (4th ed). Toronto, ON: Queen's Printer for Ontario.

Introduction

About the situational assessment

In August, 2017, the Chatham-Kent Public Health Unit (CKPHU) received funding from the Ministry of Health and Long-Term Care to:

- ❑ Conduct a situational assessment to identify opioid-related community challenges and issues;
- ❑ Lead and support the development, implementation, and evaluation of a local opioid poisoning response plan or substance use strategy, informed by the situational assessment;
- ❑ Identify and leverage community partners to support the situational assessment and implementation of the local opioid poisoning response plan.

Areas of focus for the situational assessment included:

- 1) **What is the prevalence of opioid use and related harms in Chatham-Kent?**
- 2) **What is making the situation better? And, worse?**
- 3) **What is the current capacity of our community to respond to opioid use and related harms?**
- 4) **What could we do to respond to opioid use and related harms in Chatham-Kent?**

To conduct the assessment staff at CKPHU:

- ❑ Examined population health data;
- ❑ Collected information about the mandates, services and service use data of core community partners;
- ❑ Conducted 19 interviews with 25 front-line service providers and management personnel from 16 local organizations;
- ❑ Conducted a literature review to identify populations at-risk, contributing factors, the impacts of opioid use and related harms, and potential courses of action;
- ❑ Consulted with key community partners and an advisor with lived experience throughout the project;
- ❑ Conducted an informal scan of practices in other health units to learn how they are addressing opioid use and related harms within their communities;
- ❑ Compared current local practices, programs, and services related to opioid use and related harms with the Ontario Public Health Standards.

For more information about how the assessment was conducted, please contact CKPHU.

Introduction

Limitations of the situational assessment

The findings of this assessment are not generalizable

The goal of this assessment was to gain an understanding of the situation across Chatham-Kent. Because organizations offer different services and serve various populations, what we heard from the service providers we spoke with may not 'fit' with the experiences of all service providers in Chatham-Kent.

The assessment did not target people with lived experience

Although a number of service providers we spoke with also identified as a person with lived experience of substance use, we did not intentionally recruit people with lived experience in this portion of the assessment. We have partnered with researchers from the University of Windsor to learn about the experiences and needs of people with lived experience in our community. These consultations will begin in Spring of 2019.

We are not able to report on differences between populations

While we share indicators of opioid use and related harms in Chatham-Kent, outside of age and sex, we are not able to examine differences across important subgroups within populations (e.g. by ethnicity, sexual orientation, or other socio-demographic characteristics) due to limitations of available data. Where possible, we have explored how opioid use and related harms may uniquely impact different populations based on the literature available.

CKPHU has partnered with researchers from the University of Windsor to explore experiences of people who use substances in rural communities. The community based research project will help us to learn about people's experiences accessing harm reduction and health services, and will begin Spring of 2019.

Findings

What is the prevalence of opioid use and related harms in Chatham-Kent?

It is difficult to get an accurate picture of the prevalence of opioid use and related harms in Chatham-Kent.

- Opioid use is often hidden;
- People who use opioids may not go to services that capture data related to opioid use and related harms;
- When people do go to services, they may not report opioid use or related harms;
- When opioid use is reported, it may not be accurately captured;
- Local data is not collected, shared or used in a coordinated or timely manner.



“We’re either not capturing them, or they’re not all going.”

Findings

What is the prevalence of opioid use and related harms in Chatham-Kent?

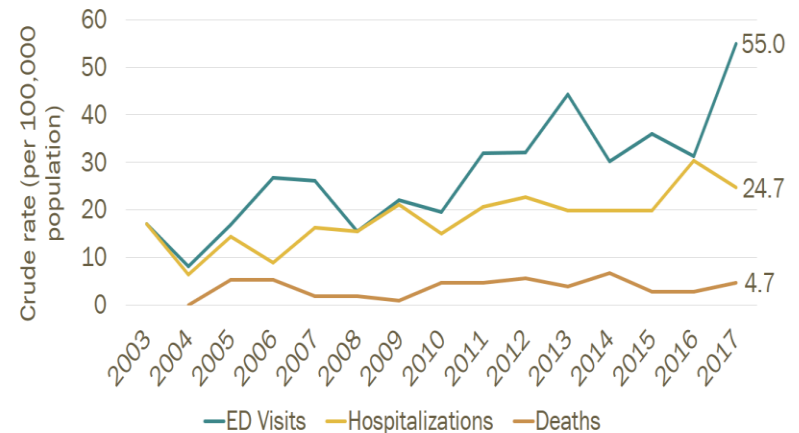
We are not experiencing a large number of fatal opioid poisonings – however, there are indications that opioid use and related harms are a problem in Chatham-Kent.

Because of the size of our population, we may never see the number of fatal poisonings that some communities across the province and Canada have experienced. And, of course, lethal poisonings are the worst case scenario – they may not be the best benchmark to use when assessing our current situation.

There is no standard threshold to trigger the use of the term ‘opioid crisis’. It would be up to the CKPHU Medical Officer of Health and relevant community partners to determine if and

when a ‘crisis’ label should be used locally and why – that is, for what purpose and what actions that would trigger.

ED visits, hospitalizations and deaths due to opioid poisoning in CK



“I think the timing is very right for us to kind of pull together and be like ‘okay, what can we do to make sure that a Vancouver situation doesn’t happen here?’ Because the data is showing us... that the smaller communities are going to be impacted... And, it’s not going to be a matter of ‘if’, but a matter of ‘when.’”

Findings

What is the prevalence of opioid use and related harms in Chatham-Kent?

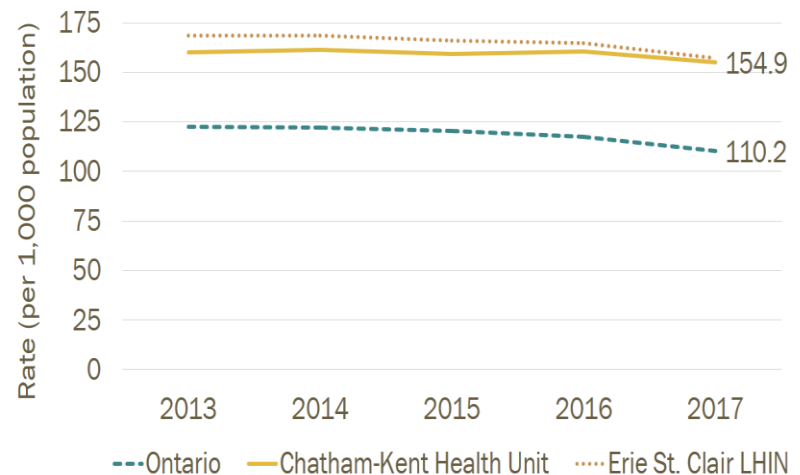
Opioids are dispensed for pain at a higher rate in Chatham-Kent compared to the rest of the Erie St. Clair LHIN region and other regions of Ontario.

Community partners attributed our prescribing rates to:

- Misinformation about the appropriate use of opioids;
- Prescribing for chronic pain;
- Over-prescribing for acute pain.

Learning about the context in which opioids are prescribed may help identify local opportunities for intervention and education.

Opioids prescribed for pain in CK, Erie St. Clair LHIN, Ontario



“pharmaceutical companies... were telling physicians that this would address your patient’s chronic pain ... And so, physicians... were... prescribing higher and higher dosages... trying to get to the root cause... chronic pain”

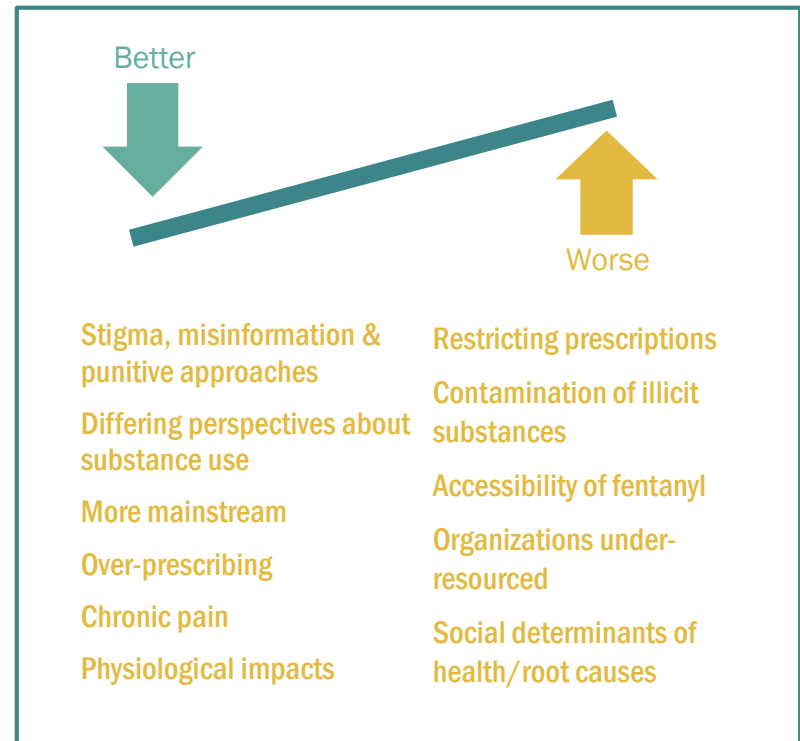
Findings

What is making the situation worse?

Community partners identified a number of factors that contribute to opioid use and related harms in Chatham-Kent. Many of the themes could apply to substance use overall, however, some of the main factors contributing to opioid use included:

- ❑ Stigma, misinformation and punitive approaches to opioid and/or substance use;
- ❑ Inappropriate prescribing practices e.g. prescribing for chronic pain or over-prescribing for acute pain;
- ❑ Opioid use does not discriminate e.g. used across ages, social strata, etc.
- ❑ The physiological impacts of opioids can lead to opioid dependence;
- ❑ Prescription opioids are less accessible through health care providers;
- ❑ Contamination of opioids available on the illicit market;
- ❑ Differing perspectives about opioid and/or substance use.

Factors that contribute to opioid use and related harms



“from a community perspective, I think we’ve got a lot of people who would rather just see all of our... folks with addictions, ‘let’s just lock ‘em up or do whatever we need to do to get rid of them’.”

Findings

What is making the situation better?

Community partners also identified a number of factors that are helping to mitigate the levels of opioid use and related harms in Chatham-Kent. Some of the factors identified specific to opioids included:

- ❑ Increased awareness about the appropriate use, and potential side effects, of opioids;
- ❑ Changes in prescribing and dispensing practices;
- ❑ Access to opioid agonist therapies;
- ❑ Naloxone distribution;
- ❑ More resources and information sharing related to opioid use.

Factors that mitigate opioid use and related harms



“the word is out. People are aware of the concern about using opioids recreationally.”

“doctors are becoming very cognizant of the opioid crisis.”

Findings

Community partners are concerned about other substances

Although the situational assessment focused on opioid use, several community partners expressed concern about substance use in general or about specific substances. In particular, interviewees noted:

- ❑ Poly-substance use is common;
- ❑ The use of, and harms associated with, legal substances like alcohol, tobacco and cannabis are significant;
- ❑ Crystal methamphetamine use and related harms are prevalent;
- ❑ Injection drug use (IDU) is prevalent and causing significant harms.

Almost all community partners identified crystal methamphetamine as a significant problem in Chatham-Kent.

Interviewees were concerned about the prevalence, impacts, and lack of services for people who use crystal methamphetamine.

In addition, while researchers have estimated that 0.3% of the Canadian population 15 years of age and older inject substances, in 2017 1.1% of Chatham-Kent's population in the same age group (981 unique persons) accessed the Needle Syringe Program at just one site.³ Rates of hepatitis C in Chatham-Kent have been significantly higher than the province for a decade. IDU has been identified as a risk factor in the majority (77%) of hepatitis C cases in Chatham-Kent.⁴

³Yang, Q., et al. (2014). *Estimated national HIV incidence rates among key sub-populations in Canada. Presented at 25th Annual Canadian Conference on HIV/AIDS Research (CAHR), May 12-15 2016, Winnipeg, Canada.*

⁴Chatham-Kent Public Health. (2017). *Annual infectious disease report*. Chatham, ON: Sept 2018.

“9 out of 10 or [our] clients use crystal meth... I think partly because it's getting harder to get opioids.”

Findings

How can we respond to opioid use and related harms in Chatham-Kent?

Community partners identified a need for a more coordinated approach to substance use in Chatham-Kent. However, the unique risk factors and impacts associated with opioids need to be considered in any initiatives to address substance use. The chart below illustrates key themes from discussions with community partners about how to address opioid use in Chatham-Kent.



Key approaches identified by community partners: peer involvement, evidence-based, person-centred, trauma-informed, culturally appropriate, gender-informed, accessible, collaborative.

thank you

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