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

Office of the Chief Coroner for Ontario

Public Health Ontario Grand Rounds

Nov 10, 2020

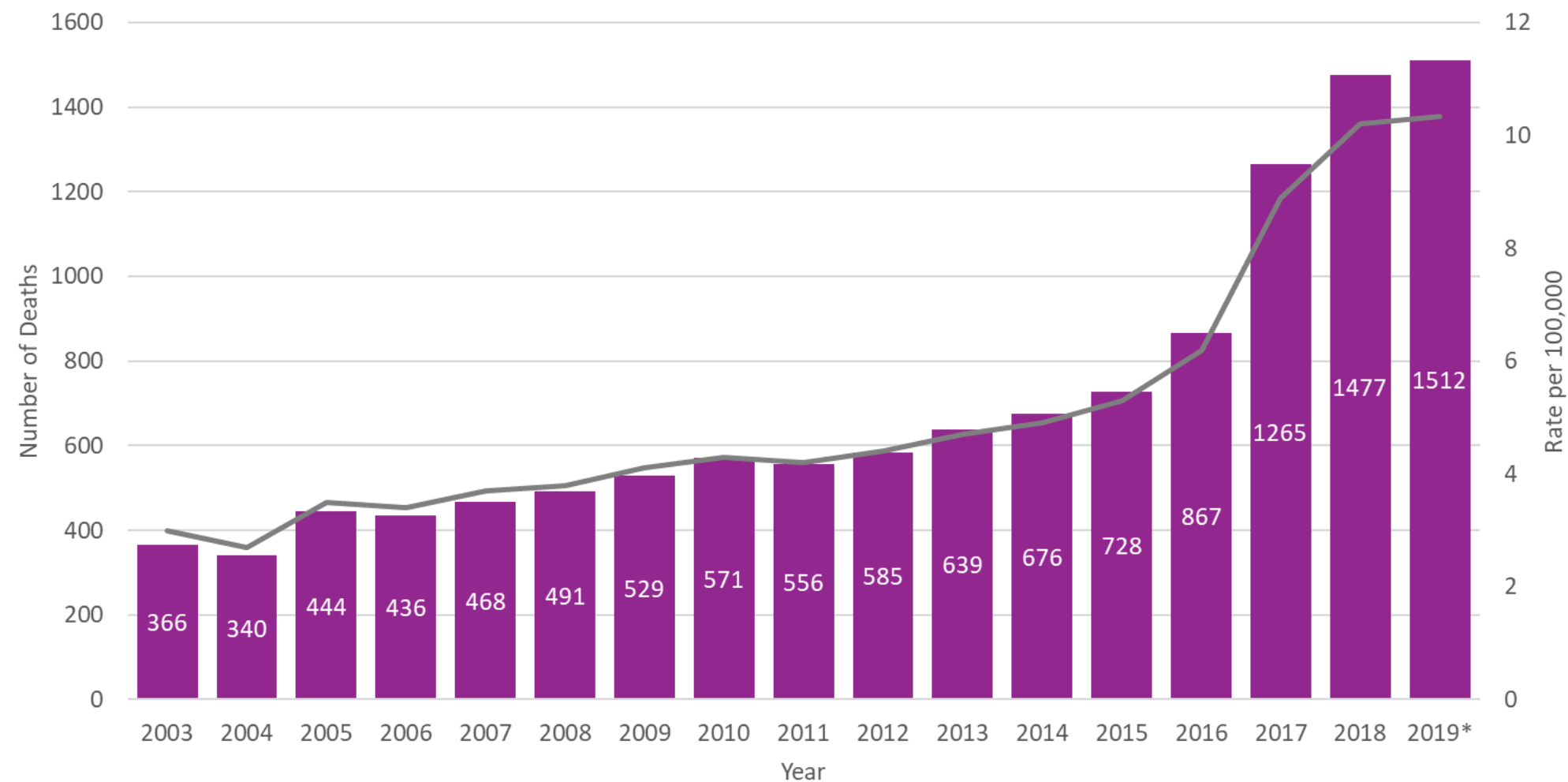


Acknowledgements

DISCLOSURES

- None of the presenters at this session have received financial support or in-kind support from a commercial sponsor.
- None of the presenters have potential conflicts of interest to declare.

Opioid-related Deaths in Ontario, 2003 to 2019

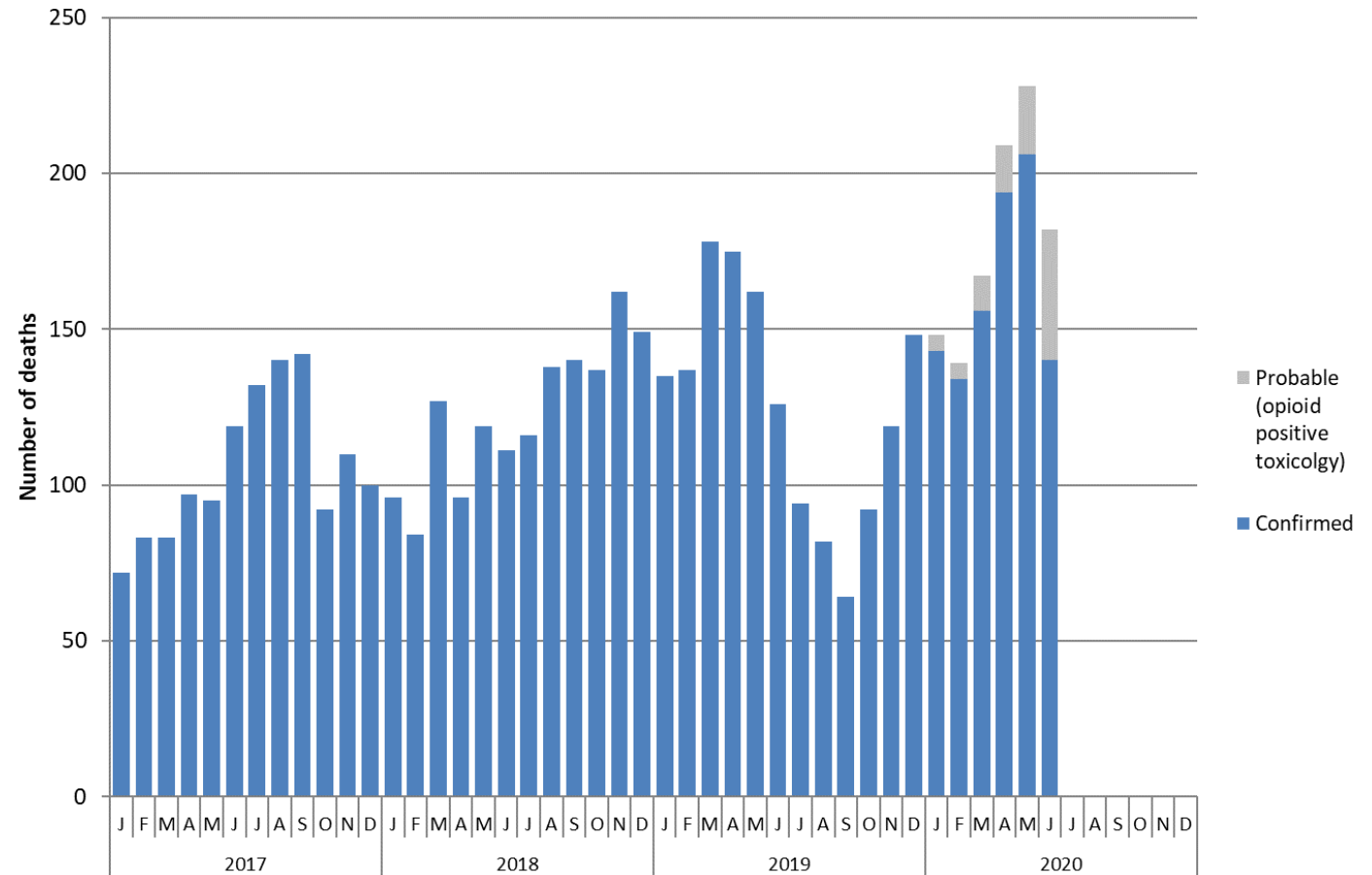


* 2019 data is preliminary

Opioid-Related Deaths Jan-June 2020 in Ontario

Opioid-related Deaths in Ontario, 2017 to June 2020

- 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
- 1003 opioid-related deaths confirmed to date from Jan-June 2020 (+74 cases pending confirmation)
 - Record number of deaths reported in May (229 deaths)
- The vast majority of these deaths are deemed to be accidental



Preliminary Patterns in Circumstances Surrounding Opioid-Related Deaths in Ontario during the COVID-19 Pandemic

A report prepared by:

The Ontario Drug Policy Research Network
The Office of the Chief Coroner for Ontario
Public Health Ontario
Centre on Drug Policy Evaluation

November 2020

Report can be found on the
ODPRN or PHO websites

ODPRN

Public
Health
Ontario

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CENTRE ON
DRUG POLICY
EVALUATION

Methods



Pre-Pandemic Cohort

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



Pandemic Cohort

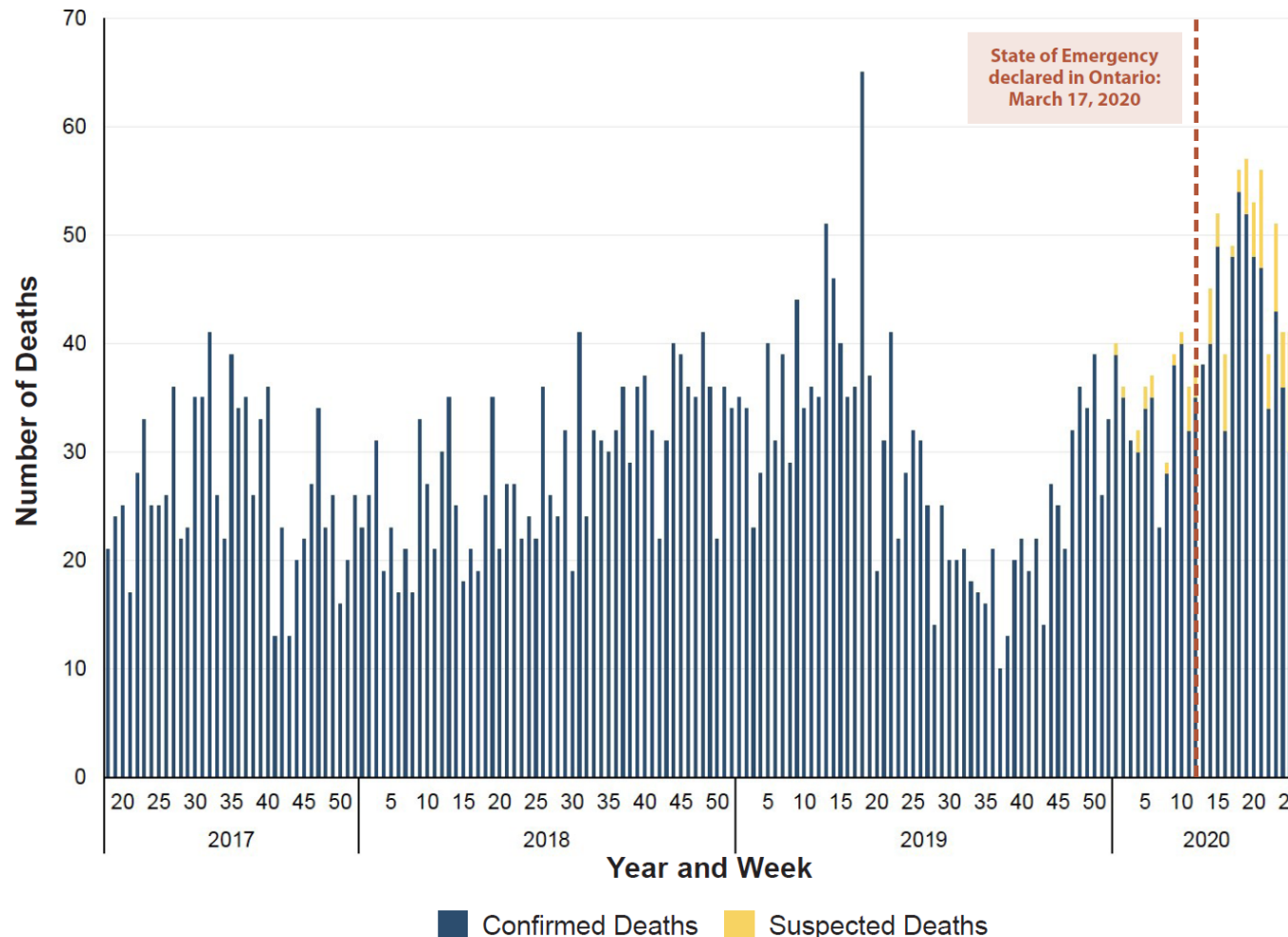
March 16, 2020 - June 30, 2020
(n=705)

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



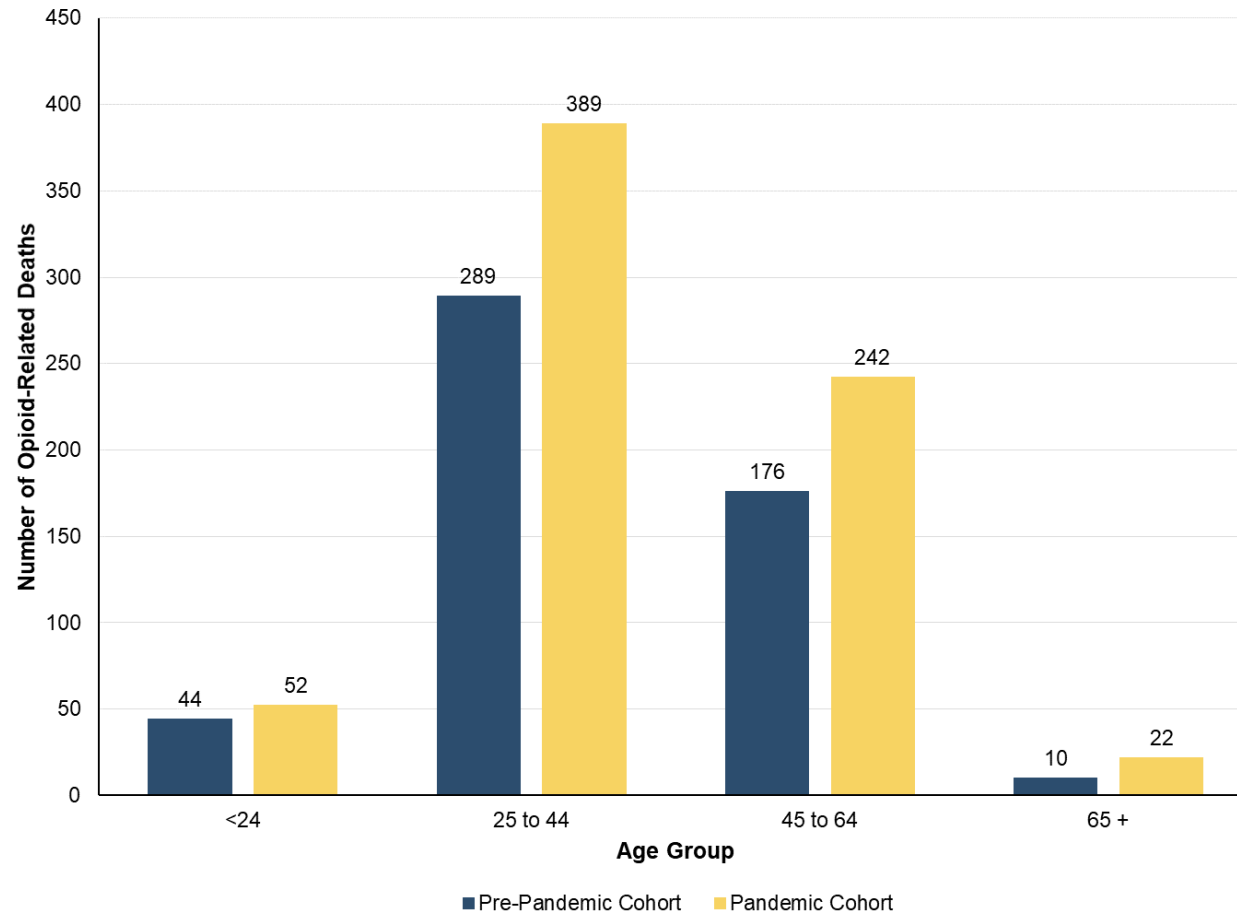
Overall, there was a **38.2% increase** in opioid-related deaths in the first 15 weeks of the COVID-19 pandemic compared to the 15 weeks immediately prior:

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).

Distribution of Opioid-Related Deaths by Age and Sex

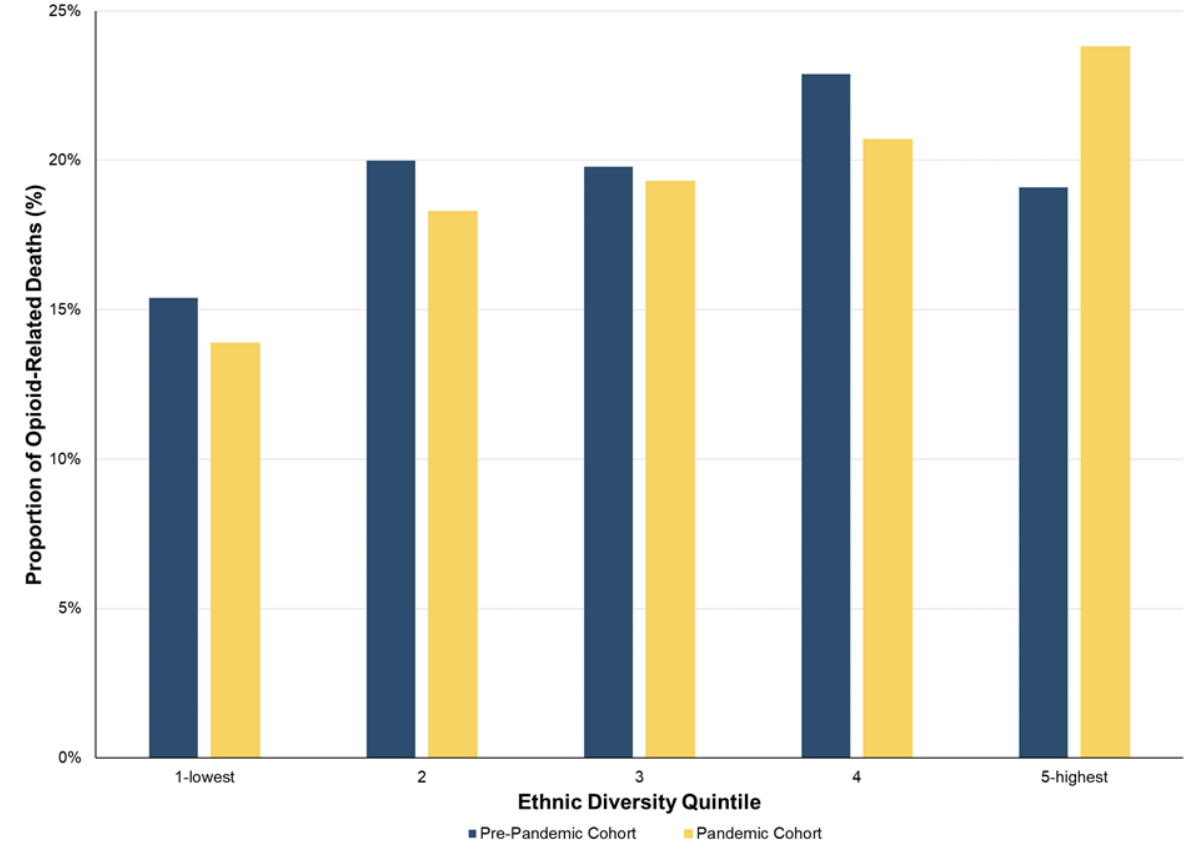
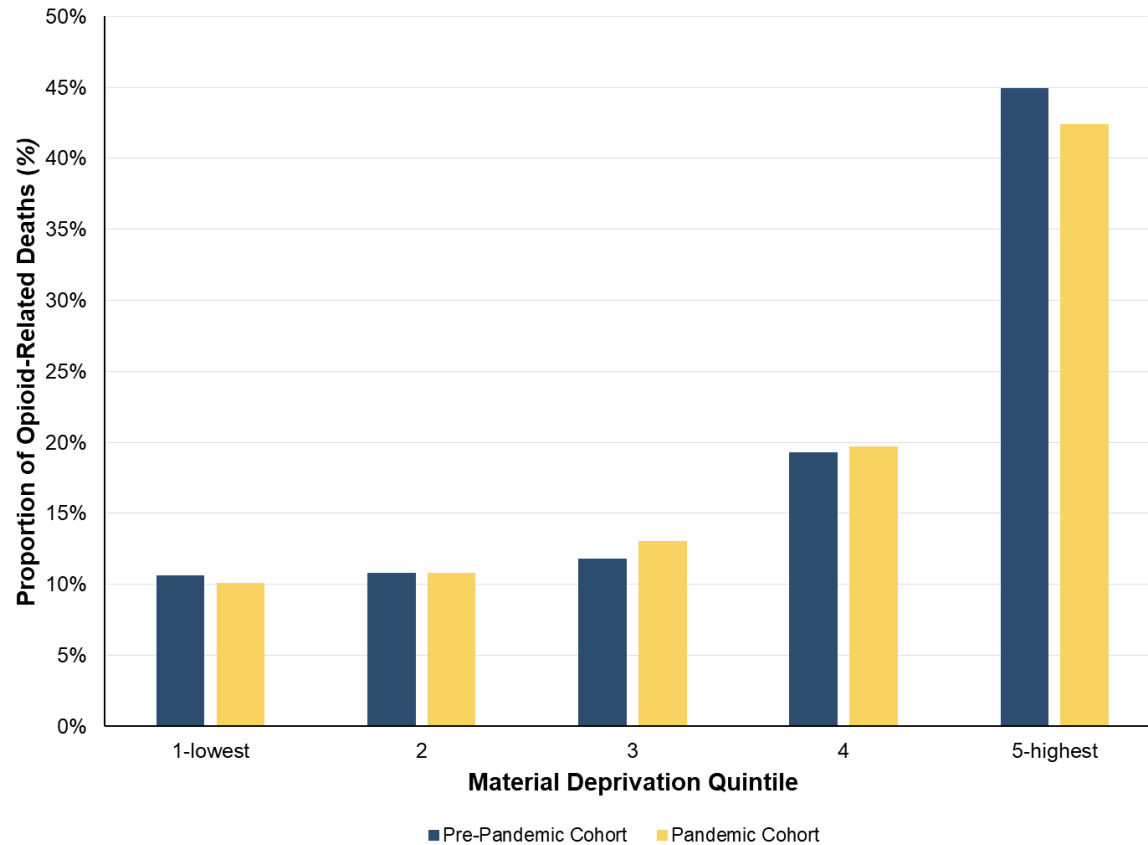


- Increase driven by 25-44 and 45-64 age-group (89.5% of all deaths)

The proportion of men among opioid-related deaths increased from:

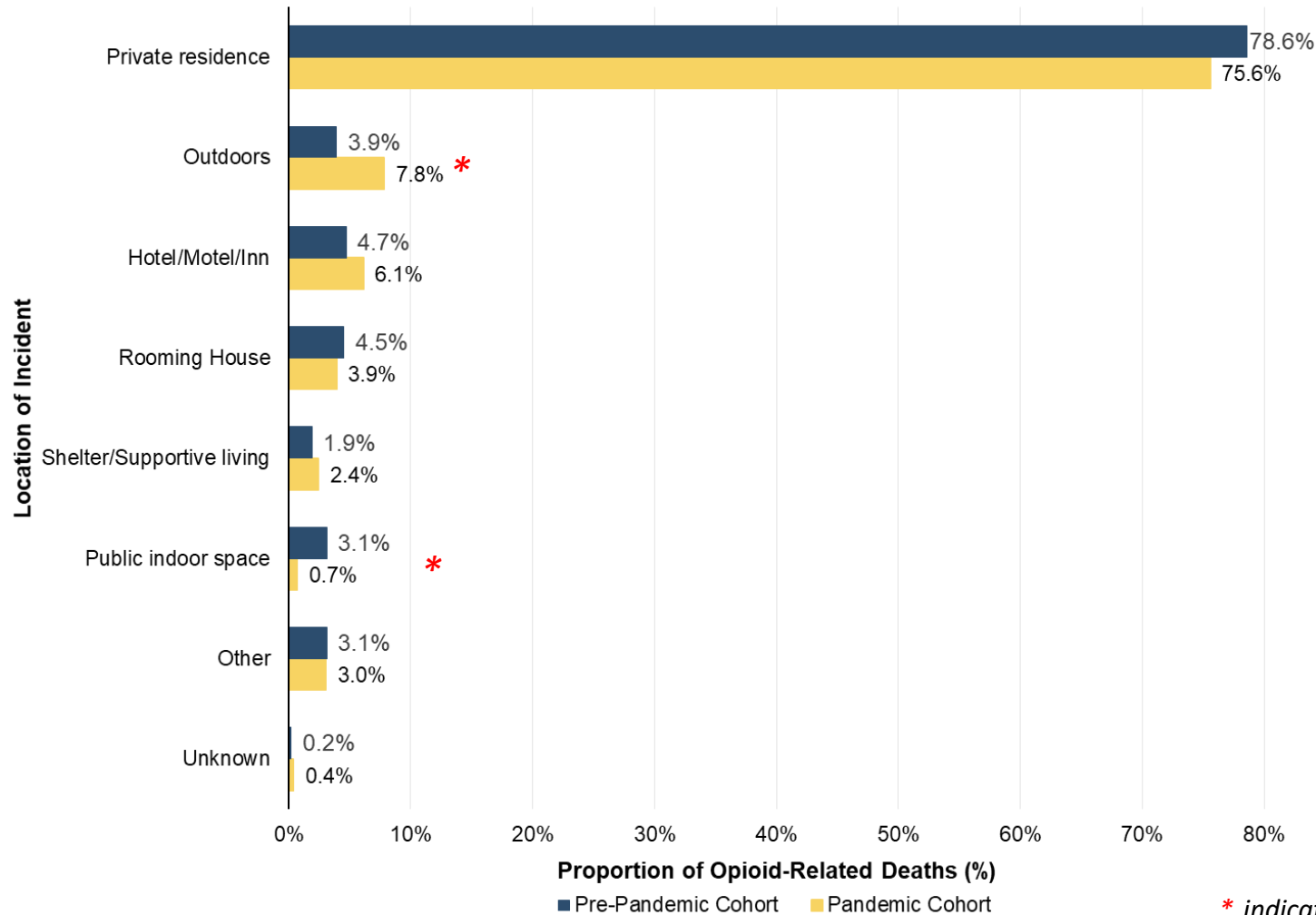


Distribution of Opioid-Related Deaths by Neighbourhood Quintile of a) Material Deprivation and b) Ethnic Diversity *



*Using the [Ontario Marginalization Index](#).

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%)

* indicates statistically significant difference in proportions between cohorts

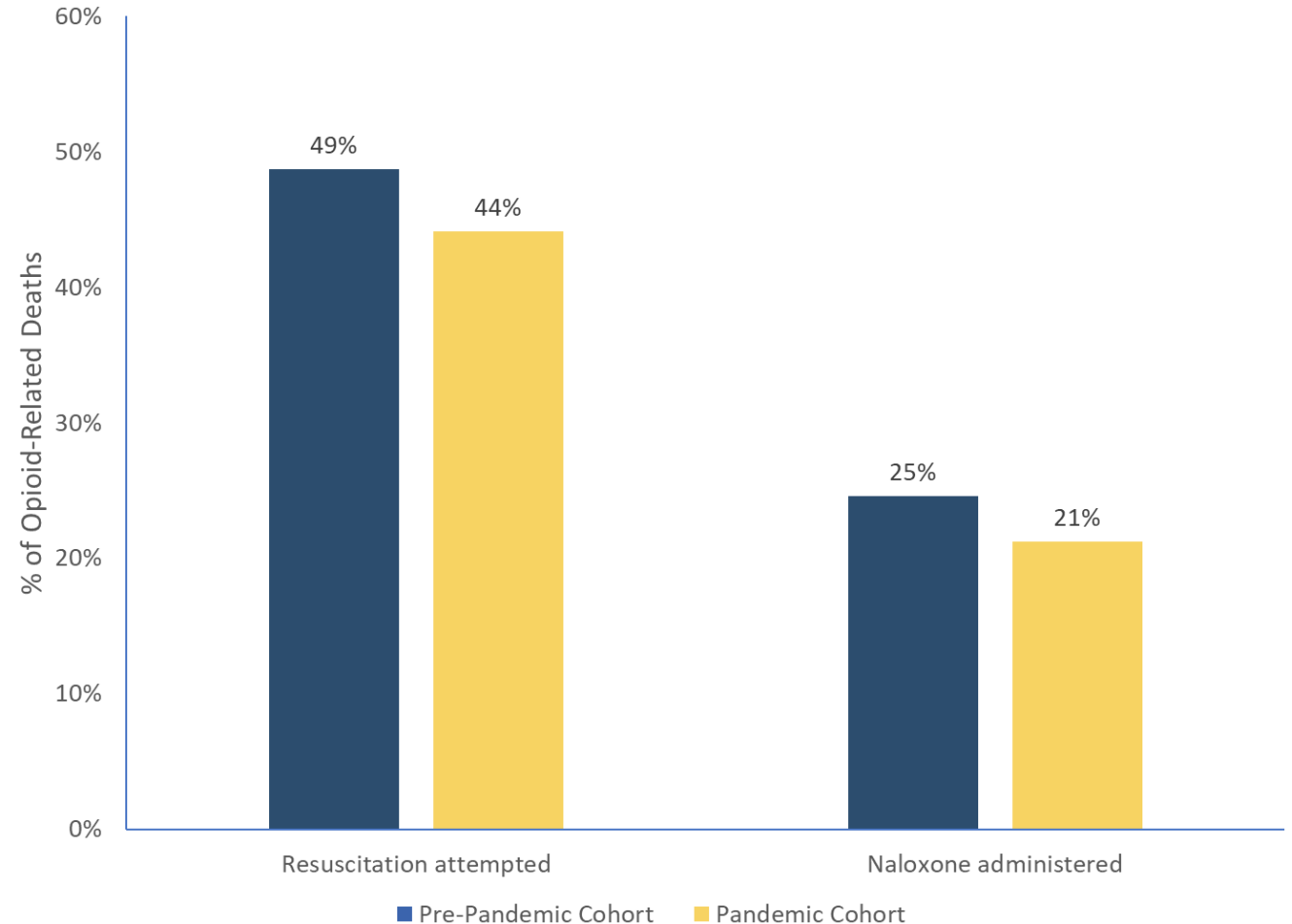
Opportunities to Intervene



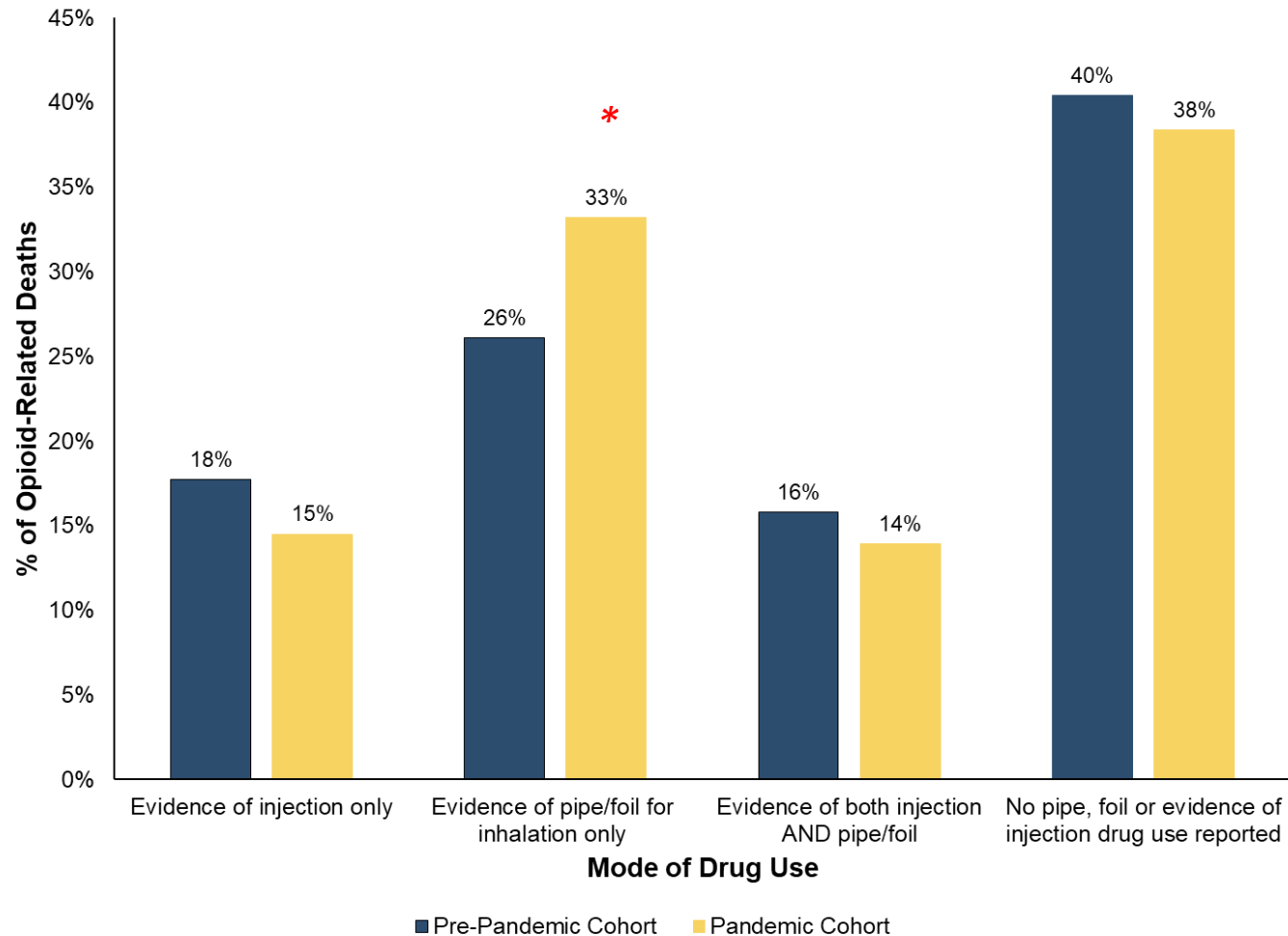
In three out of four deaths during the pandemic, **no one was present to intervene**.*

* % of known responses, 26.5% unknown

Patterns of resuscitation attempts



Likely Mode of Drug Use

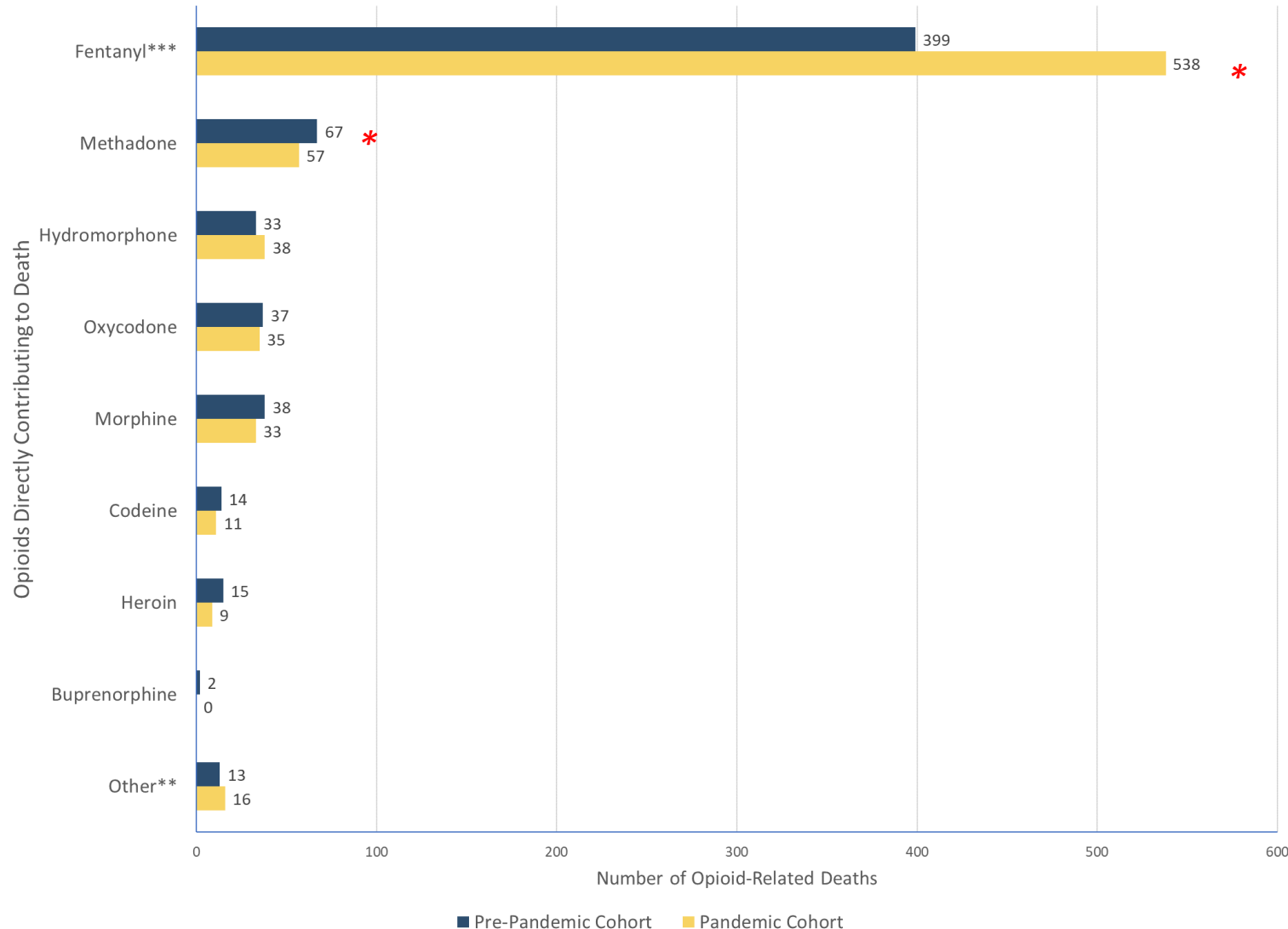


Increase in the number of deaths where pipe/foil for inhalation of substances was found at the scene in the during the pandemic

** 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.

Opioids Directly Contributing to Opioid-Related Deaths

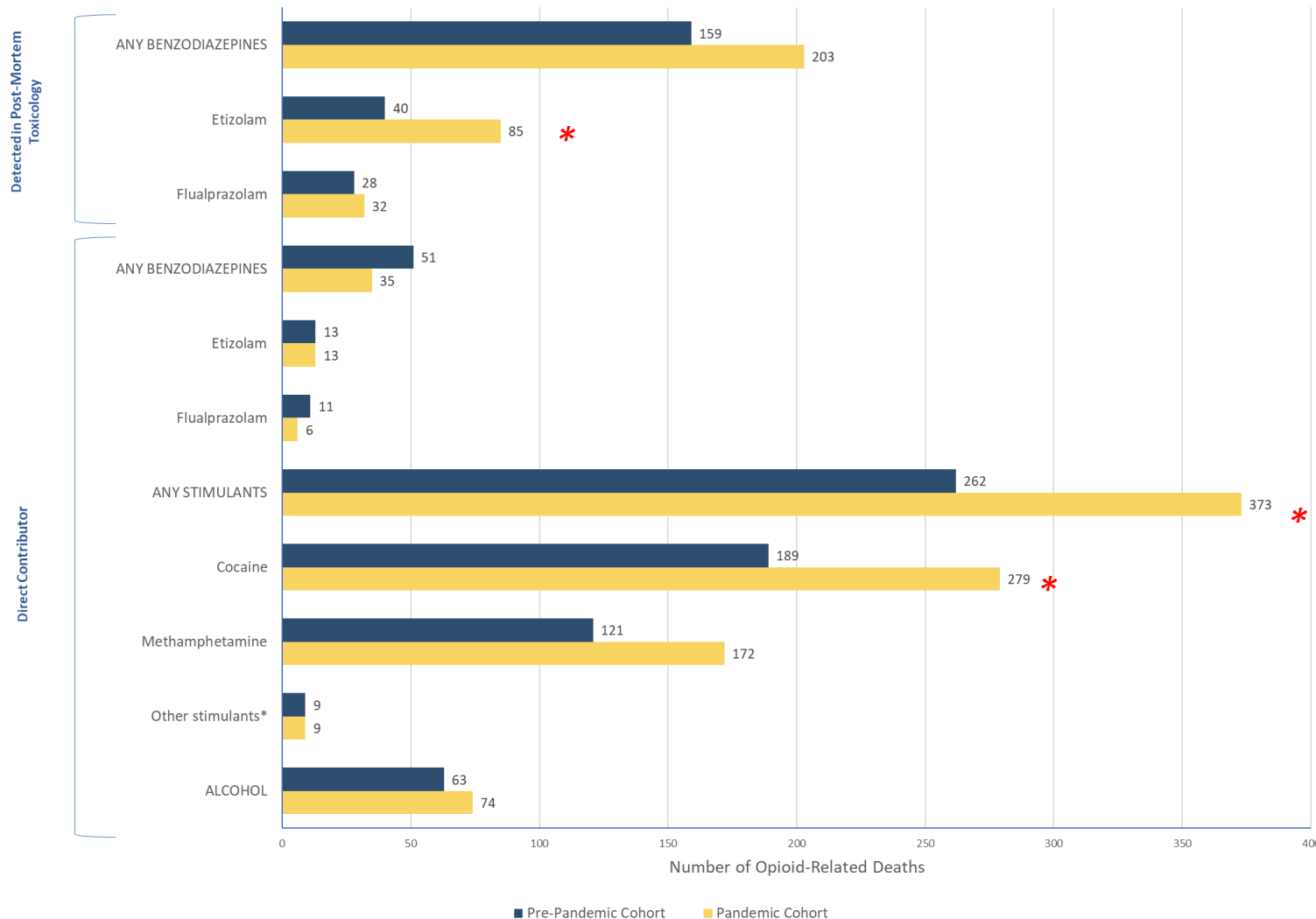


- 87% of deaths involved fentanyl, compared with 79% in the pre-pandemic period
- 9% of deaths involved methadone, compared to 13% during the pre-pandemic cohort

* Indicates statistically significant difference in proportions between cohorts
**Other includes tramadol, oxymorphone, and hydrocodone
***Fentanyl estimates include fentanyl analogues. However, there were only 4 and 10 deaths attributed to fentanyl analogues in the pre-pandemic and pandemic cohorts, respectively.

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.

Other Drug Involvement in Opioid-Related Deaths



Benzodiazepines:

Significant increase in etizolam detected

Stimulants were more commonly direct contributors to these deaths:
Cocaine (45%)
Methamphetamine (28%)

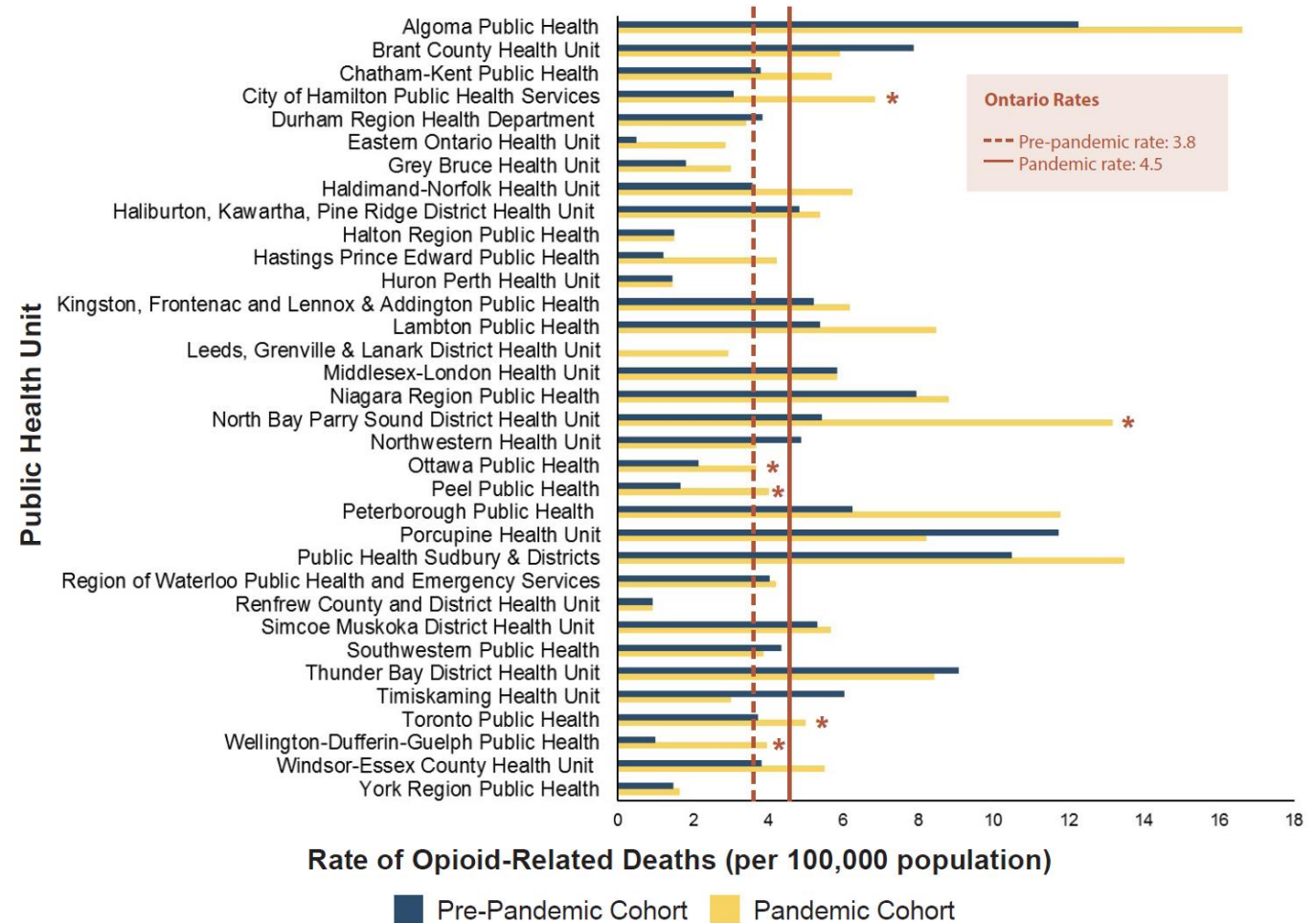
** Indicates statistically significant difference in proportions between cohorts*

Note: There were 88 suspected opioid-related deaths in the pandemic cohort and 15 in the pre-pandemic cohort not included in this figure.

Change in Opioid-Related Deaths by Public Health Unit

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

Significant increases in larger urban centres like Hamilton, Toronto, Ottawa and Peel regions



Note: these data include confirmed and suspected- drug related deaths and distribution of investigations still under investigation (i.e., suspected opioid-related deaths) may vary by region

Summary

- In the first 15 weeks of the COVID-19 pandemic in Ontario, almost 700 people died of a confirmed or suspected opioid-related death, representing a 38% increase compared to the 15 weeks immediately preceding the pandemic
- If the current trends continue 2271 opioid related deaths are expected in 2020, 50% increase compared to 1512 in 2019
- 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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COVID-19 and Substance Use: Highlighting Perspectives of People with Lived Experience

Public Health Ontario Grand Rounds

Michael Nurse and Claire Rykelyk-Huizen

November 10, 2020

Acknowledgements

- CCSA colleagues and co-authors Sara Atif and Emily Biggar and the people who shared their experiences with us
- Public Health Ontario for inviting us to present
- My co-presenters

Agenda

- Welcome and introductions
- Overview of COVID-19 and Substance Use Report (Claire)
- Perspectives from People with Lived Experience (Michael)
- Discussion and questions



COVID-19 and Substance Use: What We Heard

Approach

- Qualitative design
- 17 key informants
- Convenience sample
- LLEAFF Groups
- April 2020
- Semi-structured interviews

Geographic Representation	
Canadian Region	Number of Respondents
East	4
Central	11
West	2
North	0

Theme 1: Physical Distancing and Social Isolation

- Loss of social connection
- Difficult to practice
- Mental health concerns
- Closure of public spaces
- Policing and security
- Economic stressors
- Lack of information and contradictory messaging

“The media and attention and fear has impacted folks. As I’ve been visiting folks, they are really scared and trying to adhere to recommendations as best they can, but knowing that their lives aren’t really conducive to public health recommendations has people scared and been impacting mental health.”

Theme 2: Healthcare and Support Services

- Gaps in services and exposure of existing inequities
- Reduction in or loss of services
- Lack of PPE
- Lack of clear guidelines
- “Digital Divide” – lack of access to virtual services
- Virtual not the same as in-person

“... we’ve put all of our services virtual ... at first you know they’re kind of stressed from the change over. But now we’re starting to see them wear down ... they’re actually speaking to being depressed and anxious ... you can start to see they’re kind of unravelling, both mental health and substance use. Virtual is just not the same for them.”

Theme 3: Health Vulnerabilities

- Risks of contracting COVID-19
- Risks of complications from COVID-19
- Environmental factors
- Length of time receiving recovery services
- Contaminated drug supply

“... illegal distribution chains for drugs are impacted by this crisis so drugs are likely to get even more dangerous and there’ll be less of them, it’s the perfect storm ...”

Theme 4: Resilient Responses

- Improved collaboration and communication among health care teams, drug user advocacy groups and people who use substances
- Interprovincial sharing of best practice guidelines
- Dedication of people providing peer support services

“[We need] creative solutions that will only come if we are planning and implementing it with people with lived experience involved because ... when you talk about isolation in this population, it is so triggering and so difficult for individuals who have experienced things like incarceration and trauma. We need to be creative about what isolation looks like for a person that is using drugs and is COVID positive.”

What Needs To Be Done

- Provide access to safer supply of substances
- Best practice guidelines for delivering services and HR supplies during a pandemic
- Safe and affordable housing and basic income supports
- Listen to people with lived and living experience, and amplify their voices

“The most important thing to do right now for people who use drugs is to give them access to safe supply as it has been done in B.C. and decriminalize drug use and possession. This message should be presented to both provincial and federal governments and their public health.”

A Lived-Experience Perspective
on
The CCSA-LLEAF Report
on
COVID-19
and
Psychoactive Substance Use:

What Is Being Said

Acknowledgements



- My thanks to:
 - Public Health Ontario for this opportunity to present here today
 - The Canadian Centre on Substance Use and Addiction for leading the engagement with people with lived experience of using psychoactive substances that lead to this COVID-19 and Substance Use Report
 - My co-presenters for graciously welcoming and sharing this opportunity to present with me.

Information outline

- The Presenter
- Significance of the Report
- The objective of this presentation
- Selected points (1-7)
- Conclusion

The Presenter

- Established name: Michael Nurse
- A person living vulnerable to challenges and harms related to personal use of psychoactive substances (a substance user)
- A frontline worker, delivering harm reduction-informed outreach services to substance users
- A member of the CCSA-LLEAFF Advisory Group
- A member of the Canadian association of People Who Use Drugs (CAPUD)
- An ally to people living socially disempowered because of negative social responses to their use of psychoactive substances

Significance of the report



For me, there are two things about this Report, that stand out as particularly significant.

- 1) It is informed by the lived-experiences of substance users during that time when the fear of COVID-19 and the disruption of our support networks were new and the impacts particularly bewildering
- 2) It embodies a critical statement from substance users

The objective of this presentation



In this presentation I will be focussing on some key points being raised by statements contained in the Report. By focusing on these points, my intention is not to ignore or devalue other aspects of the report, but rather, to help reveal a greater statement from substance users about our devastating plight during this pandemic and our urgent and long standing need for substantive changes in the ways we are able to obtain the supplies and supports we desire and need.

Point 1: Failure and abandonment

- While treatment and service providers have done their best to adapt to changed circumstances, respondents noted many instances of cancelled services and a widespread lack of resources to adequately and effectively provide services. (p. 4)
- People who use substances report a loss of social connection and supports, as well as an increase in isolation, fear and anxiety. ... Risks are amplified due to reduced access to a range of services ... (p. 1)

Point 2: Failure before COVID-19

- COVID-19 exposes the shortcomings that have long existed for people who use substances in the type, access to and availability of healthcare and social services. (p. 1)

Point 3: A worsening drug supply crisis

- Respondents report a higher level of concern associated with the drug supply, its quality, degree of contamination, potency and cost, and their ability to access it. (p. 1)

Point 4: A safer supply

- Both accidental overdose from substance poisoning and deaths during the COVID-19 pandemic can be reduced by increasing access to a safer drug supply. (p. 1)
- All respondents pointed to access to a safer supply of substances as key to saving lives. (p. 6)

Point 5: Glimpses of hope

- Several respondents highlighted how service providers and people who use substances have adapted to the realities of the pandemic and devised creative ways to continue to support each other in spite of the challenges. They noted **improved collaboration and communication** among healthcare teams, drug user advocacy groups and people who use substances ... (p. 5)

Point 6: Lived Expertise



- Respondents said that the voices of people with lived and living experience of substance use and their families and friends should be prioritized during this crisis. ... Their involvement must be embedded within the larger, coordinated response among organizations that work with people who use substances ... (p. 6)
- Response measures must be informed by those with lived and living experience to leverage their expertise in developing realistic, creative solutions in both the immediate and medium term. (p. 1)

Point 7: Empowerment of substance users

- When supported in doing so, people who provide peer support services have the capacity and dedication to attend to the needs of their communities. (p. 5)
- The interviews conducted for this consultation made clear the need for more and better resources so that people who use substances and their families and friends are supported and equipped to care for their personal health and well-being, and the well-being of their communities. (p. 7)

Conclusion



- I believe that the points offered connect in a critical statement from substance users,
- The statement:

COVID-19 is having a devastating impact on the lives of substance users. The pandemic has led to the collapse of our support and supply networks and revealed profound failures in the way we have been used to accessing supports and supplies. A change is desperately needed that supports the empowerment of substance users and their communities to self-manage desired wellness and use of substances, and to lead in the identification, development, delivery and review of needed services
- I say, “its time for meaningful change!”

Thank You



THANK YOU FOR YOUR ATTENTION