Community Opioid Load: Concept to Action in Kingston-KFLA

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Faculty/Presenter Disclosure

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Objectives

- Understand the epidemiology of the opioid epidemic in Ontario
- Describe the role of physicians in this outbreak-cause of the Opioid load
- Describe an approach to policy changes that are required at a local, provincial and national level...long road ahead
B.C. declares public health emergency as overdoses surge again

SUNNY DHILLON AND KAREN HOWLETT
VANCOUVER and TORONTO — The Globe and Mail
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British Columbia has declared a public health emergency after another surge in drug-related overdoses and deaths, making it the first province in the country to take such a step as others, including Ontario and Alberta, work to combat the effects of fentanyl.

“This is, frankly, a crisis,” provincial health officer Perry Kendall said.
Fentanyl-laced drugs trend 'disturbing,' Kingston police say

Naloxone used in Kingston more than 12 times this year to reverse effects of overdoses

By Chiio Fedio, CBC News  |  Posted: Apr 05, 2016 4:16 PM ET  |  Last Updated: Apr 06, 2016 12:23 PM ET

Kingston police are warning that Fentanyl is being mixed with other drugs, without the user’s knowledge. (CBC)

A "disturbing" trend of mixing the potent prescription drug Fentanyl into illicit drugs without the knowledge of the user is leading to a high number of overdoses in Kingston, local police and health workers are warning.

- 2 suspected drug overdoses on same night in Kingston
- 'Good Samaritan' drug overdose immunity bill to be tabled
‘Weak’ doctors blamed for flood of prescription painkillers behind epidemic of drug-related deaths

Sharon Kirkey | August 24, 2015 | Last Updated: Aug 24 10:44 PM ET

More from Sharon Kirkey | @sharon_kirkey

Opioids for CNCP
Doctors who prescribe heavy-hitting narcotic painkillers such as oxycodone often don’t understand them, Dr. Douglas Grant, CEO and registrar of the College of Physicians and Surgeons of Nova Scotia, told delegates at the Canadian Medical Association’s annual general council meeting here.

“What I frequently see is undisciplined, unstructured and arbitrary use of these medications,” most often by “a well-intentioned, but weak-willed and under-informed physician who has lost control of the patient-doctor relationship,” said Grant, who is also president of the Federation of Medical Regulatory Authorities of Canada.

“We don’t think that there are malignant, bad doctors knowingly feeding this problem,” Grant said. “If there are, they are few.”

However, he said the inappropriate prescribing of opioids and the number of lives ruined by the drugs “is a problem of enormous magnitude that is killing people.”

Another doctor told the gathering of Canada’s “Parliament of medicine” that, “We kill more people now than cars do.” Last year, more people died in the U.S. from opioid-related deaths than from car accidents. In Canada, doctors are among the highest prescribers of opioids in the world. In Ontario alone, some family physicians are prescribing 55 times the quantity of opioids as others. “If we were doing that with something like blood pressure meds or cholesterol meds I think there would be hell to pay, but somehow it’s okay because it’s only narcotics,” said Dr. Christopher Milburn of Cape Breton.
Define the problem...update on data

Coroner Mortality Data
Annual Standardized Opioid-Related Mortality rates by County 2006-2010
Prescription Drug Abuse in Ontario

- Prescription opioids are the predominant form of illicit opioid use
- Main sources of opioids are doctor’s prescriptions (37%), the street (21%), or a combination (26%), non-prescription purchases (5%), and family and friends

Total number of opioid toxicity deaths and opioid + alcohol toxicity deaths in Ontario, 2002-2014

Figure 1: The total number of opioid toxicity deaths and opioid + alcohol toxicity deaths annually in Ontario from 2002 to 2014.
Chain of Survival-OPIATES: Persistent and Consistent
Six steps to reducing Ontario’s community prescribed opioid load:

**harm reduction strategies for physicians**

by Julia Lev, Third-Year BSc Hon, Queen’s University
Kate Trebass, MS Queen’s University, BA Hon, MA, MPhil
Kieran Moore, MD, CCFP(EM), FCFP, MPH, DTM&H, FRCPC

The prescription opioid epidemic continues to be a major public health concern in Ontario. Globally, only the United States has a higher rate of opioid prescribing than Canada, and no province or territory dispenses opioids at a higher rate than Ontario.¹

As rates of physician prescriptions for opioids have increased, so too have morbidity and mortality for prescription opioid-related deaths.² The perception that physicians’ prescribing practices do not contribute to the problem fails to account for the fact that a significant proportion of prescription opioids used for non-medical purposes were in fact obtained legally through physicians.³

One study revealed that physicians perceive the main causes of prescription diversion to be through doctor shopping, doctor manipulation and prescription forgery. In fact, the majority of study participants misusing or abusing prescription opioids reported that they received them from friends and family.⁴

To address these issues, we introduce the concept of a community prescription opioid load, adapted from the field of infectious disease, which may serve as one aspect of a multicomponent solution which we define as the total quantity of prescription opioids in circulation within a community at a given point in time, can decrease availability of prescription opioids within the community and thereby minimize the risk opioids impose on the population. Just as we therapeutically lower individuals’ HIV viral loads to reduce disease transmission, we must minimize physician opioid load.

“Physicians need to ensure we prescribe the right drug for the right diagnosis, at the right dose and duration.”
Deflating the Addiction Balloon—SLOWLY To AVOID Unintended Negative Consequences

Canadian Guideline for Safe and Effective Use of Opioids for CNCP
Four Pillars Approach: KFLA Action Plan

• Prevention: SMART GOALS

• Treatment

• Harm Reduction

• Enforcement-Intelligence

Canadian Guideline for Safe and Effective Use of Opioids for CNCP
• The public health crisis of prescription drug misuse has developed in part due to the prescribing of physicians. The profession has a collective ethical responsibility to mitigate its contribution to the problem of prescription drug misuse, particularly the over-prescribing of opioids, sedatives and stimulants.
3. Document discussion with patients that non-pharmacologic therapy and non-opioid analgesics are preferred for chronic non-cancer pain (CNCP) and that potential benefit of LTOT is modest and risk significant.

4. Advise patients that LTOT is not indicated for certain medical conditions including headache disorders, fibromyalgia and axial low back pain.

5. Always prescribe the lowest effective dosage of opioid medication, document careful reassessment if increasing the dose to >50 morphine milligram equivalents (MME) per day and avoid increasing the dose to >90 MME per day.
Fentanyl Abuse Prevention – A Shared Responsibility
Ontario Association of Chiefs of Police – Substance Abuse Committee 2014
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<td>1. Prepare for field work</td>
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<td>2. Establish the existence of an outbreak</td>
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<td>3. Verify the diagnosis</td>
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<td>4. Construct a working case definition</td>
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<td>5. Find cases systematically and record information</td>
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<td>6. Perform descriptive epidemiology</td>
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<td>7. Develop hypotheses</td>
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<td>9. As necessary, reconsider, refine, and re-evaluate hypotheses</td>
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<td>10. Compare and reconcile with laboratory and/or environmental studies</td>
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<td>11. Implement control and prevention measures</td>
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<td>12. Initiate or maintain surveillance</td>
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<td>13. Communicate findings</td>
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• We have created prescribing guidelines based on the work done in New York, Washington and Oregon

• We have partnered with the ED and Primary Care Physician Leadership to have these guidelines implemented across the health system-chain of survival

• We are adopting new Opiate prescribing guidelines—perhaps mandatory education

• We have increased referrals for harm reduction and addiction treatment
Kotter
Model of Change
Objectives

• Understand the epidemiology of the opioid epidemic in Ontario, Canada
• Describe the role of physicians in this outbreak
• Describe policy changes that are required at a local, provincial and national level to reduce the community opiate load
References


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