HL3.02

TORONTO

REPORT FOR ACTION

Expanding Opioid Substitution Treatment with Managed Opioid Programs

Date: February 12, 2019
To: Board of Health
From: Medical Officer of Health
Wards: All

SUMMARY

The opioid poisoning crisis continues unabated in Toronto in large part due to the illicit drug supply, which has become increasingly toxic with fentanyls and other potent drugs. There is a critical need to expand treatment options to include managed opioid programs. This strategy is part of the response to the overdose crisis in British Columbia and Alberta, and is urgently needed in Toronto and elsewhere in Ontario.

Methadone and Suboxone[TM] are the most commonly offered opioid substitution treatments. These need to be expanded to include managed opioid programs which provide patients with oral or injectable hydromorphone or diacetylmorphine (pharmaceutical heroin) under medical supervision. Managed opioid programs are evidence-based programs that have been shown to increase retention in treatment, reduce the use of street drugs, and decrease crime.

The Province of Ontario recently announced a $102 million funding agreement with the federal government for drug treatment. In the context of the current opioid poisoning crisis, the Ministry of Health and Long-Term Care should target some of this funding to rapidly scale up implementation of managed opioid programs in Toronto and elsewhere in Ontario to help save lives, and improve health outcomes for people who use drugs.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. The Board of Health urge the Ministry of Health and Long-Term Care to:

    a. Immediately target operational and capital funding to support rapid scaled up implementation of managed opioid programs (including low barrier models) in Toronto and elsewhere in Ontario given the urgency of the opioid poisoning crisis.

    b. Take immediate action to ensure the required concentrations of managed opioid medications (i.e. 50 milligrams/milliliters and 100 milligrams/milliliters hydromorphone) are accessible to treat people with opioid use disorder in Ontario. And further, to take the necessary steps to add these medications at the appropriate concentrations to the Ontario Drug Benefit Formulary for the treatment of opioid use disorder.

c. Seek authority from Health Canada to import diacetylmorphine (pharmaceutical heroin) for use as a managed opioid program medication in Ontario.

d. Work with Health Canada and other necessary federal bodies to address barriers to procuring, storing and transporting diacetylmorphine (pharmaceutical heroin) and/or mitigate their effects to facilitate use of this managed opioid program medication, and

e. Ensure that managed opioid medications are universally accessible to all Ontarians who could benefit from these kinds of programs, and that cost is not a barrier.

FINANCIAL IMPACT

There are no financial impacts associated with this report.

DECISION HISTORY

In June 2018, as part of a status report on implementation of the *Toronto Overdose Action Plan*, the Board of Health approved a recommendation supporting urgent implementation of managed opioid programs, including low barrier options.
http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2018.HL27.1

In March 2017, the Board of Health endorsed the *Toronto Overdose Action Plan*, which included recommendations for the provincial and federal governments to expand access to diacetylmorphine (pharmaceutical heroin) and/or hydromorphone as an opioid substitution treatment option.
http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2017.HL18.3

COMMENTS

Opioid deaths in Toronto

The opioid poisoning crisis continues unabated in Toronto as it is elsewhere in the country. In 2017, there were 308 opioid toxicity deaths in Toronto, which is a 66 percent increase from 2016, and a 125 percent increase from 2015[1]. Most of these deaths were accidental, and 71 percent were due to fentanyl as a contributing cause[2]. More detailed information from the Office of the Chief Coroner for Ontario about deaths caused by opioids (for the period of July 1, 2017 to June 30, 2018) found that fentanyl or its analogues were a contributing cause in over 77 percent of these deaths in Toronto, higher than in the rest of Ontario (69 percent)[1].

Preliminary data from the Office of the Chief Coroner for Ontario for the first six months of 2018 shows there were 111 opioid toxicity deaths in Toronto[1]. This number is expected to rise as the cause of death is confirmed for more cases.

Toxic illicit drug supply

The illicit drug supply in Toronto and elsewhere in the province has become increasingly toxic. In 2017, Health Canada's Drug Analysis Service[3] found fentanyl or its analogues 2469 times in drugs seized by Ontario police services, which is a 178% increase from 2016. In the first three months of 2018 (most recent data available), 59% of all heroin samples analyzed in Ontario also contained fentanyl or analogue(s).

Toronto Public Health (TPH) works with community partners to compile and share information about toxic substances, including issuing alerts when there are widespread reports of probable adulterated or particularly harmful drugs. Most recently, in January 2019, TPH issued an alert following many reports of concerning symptoms after use of a particular opioid in the illicit market. Toronto Overdose Prevention Society members worked with the laboratory at the Centre for Addiction and Mental Health to have post-use residue tested from this substance. The results found a toxic mix of different drugs, with a particularly toxic synthetic cannabinoid, AMB-FUBINACA, present along with opioids, cocaine, ketamine, methamphetamine, and other drugs.

Managed opioid programs

Comprehensive substance use treatment in Toronto needs to include a range of options to meet the diverse needs of people with substance use issues. Methadone and Suboxone™ are the most commonly offered opioid substitution treatments. Slow-release oral morphine has also emerged as a more recent opioid substitution medication[4]. These treatment options should be expanded to include managed opioid programs (MOP), which provide patients with oral or injectable hydromorphone (HDM) or diacetylmorphine (DAM or pharmaceutical heroin), along with methadone or slow release oral morphine for overnight relief.

Managed opioid programs have been shown in research and practice to be effective[4] and cost-saving[5]. In reviews of scientific evidence, MOP have demonstrated that they increase people's retention in treatment, reduce use of street drugs, and decrease crime[6]. Cost-effectiveness studies have shown that providing MOP to people for whom current treatment for opioid use disorder (such as methadone) has not worked is good value for the resources invested. Managed opioid programs that provide DAM to people with opioid use disorder who have not responded to other forms of treatment have been in place in several cities in Europe for decades[8]. Diacetylmorphine is available in The Netherlands and Switzerland, where it accounts for about 9 percent of all opioid substitution treatment, and is also available in Germany, England, and Denmark[9]. Managed opioid programs can be delivered in a variety of different models[10] including regulated low-barrier distribution programs[11].

Due to the unpredictability of the current illicit drug supply, there is an urgent need to expand treatment options, and implement managed opioid programs. This strategy is a key aspect of the response to the overdose crisis in British Columbia and Alberta, and is urgently needed in Ontario.

The Ministry of Health and Long-Term Care (MOHLTC) has just negotiated a new treatment funding agreement ($102 million) with the federal government. Details of how this new funding will be allocated have not been announced, but ensuring some of the funds are targeted to MOP is critical. It is therefore recommended that the MOHLTC immediately target operational and capital funding to support a rapid scale up of MOP in Ontario (including low barrier models) given the urgency of the current opioid poisoning crisis.

Canadian managed opioid programs

In Canada, MOP began in 2005 as a research trial in Vancouver and Montreal[12], and have included the provision of both DAM, and/or HDM. These research trials demonstrated the effectiveness of this treatment option in decreasing both crime and improving retention in drug treatment[12, 13]. Programs based on this research have expanded and are now being delivered by several health care providers in Vancouver to respond to the overdose crisis[14]. New clinics in Surrey, British Columbia and Calgary, Alberta have recently opened, and more are planned. In Ottawa, there is one shelter-based MOP run by Ottawa Inner City Health, which has been successfully stabilizing a small group of people on HDM since late 2017[15]. New innovative programs that distribute HDM pills are being planned in British Columbia.[11]. In addition, clinical and other guidelines have been produced to guide practitioners in the effective delivery of these programs based on best practices[10, 16]. The foundations are therefore in place to scale up the implementation of these kind of programs in Ontario.

The stories from people participating in MOP in Vancouver demonstrate the kind of recovery that is possible with this form of treatment[17]:

"My life is starting to become more manageable… and I'm only two and a half months into it… I'm putting on weight, that's one thing. I'm eating better… It's stabilized my life…I don't wake up in the morning having to figure out what crime I'm going to do to pay for my drugs…and I'm actually looking for other things in my life, like even going swimming, leisure and stuff like that. …And this is only at the start."

"I don't get sick. I sleep all night. I don't do crimes. That's really good."

Barriers to implementation

Despite the evidence on the effectiveness of MOP, and the precedents of programs in other parts of Canada, there are a number of barriers to implementing MOP in Ontario, many of which could be addressed by the MOHLTC.

The current medications used in opioid substitution treatment (methadone and Suboxone™) are listed on the Ontario Drug Benefit Formulary. The costs for these medications are covered for people who are eligible for the Ontario Drug Benefit program (i.e. people aged 65 or older, and people enrolled in the Trillium Drug Program, Ontario Works, or the Ontario Disability Support Program). However, the concentrations of injectable HDM (50mg/ml and 100mg/ml) required as treatment for opioid use disorder are not listed on the Ontario Drug Benefit Formulary. It is therefore recommended that the MOHLTC take immediate action to ensure the required concentrations of MOP medications (i.e. 50mg/ml and 100mg/ml hydromorphone) are accessible to treat people with opioid use disorder in Ontario. For example, the MOHLTC could provide funding to health care providers or other related organizations to cover the costs of these medications. Because many people who are treated for opioid use disorder are eligible for the Ontario Drug Benefit program, it is also important for the MOHLTC to take the necessary steps to add these medications at the appropriate concentrations to the Ontario Drug Benefit Formulary for the treatment of opioid use disorder.

Diacetylmorphine (pharmaceutical heroin) is currently not available in Ontario. Health Canada must authorize use and importation of this medication, and provinces must request special access. It is therefore recommended that the MOHLTC seek authority from Health Canada to import diacetylmorphine for use as a MOP medication in Ontario.

There are also considerable barriers to procuring, storing and transporting DAM, which make it inaccessible for most potential MOP providers. These regulations are federal as well as provincial, and there is a lack of information from the MOHLTC about who would pay for this medication even if the regulatory barriers to procuring, storing and transporting it were reduced or managed. It is therefore recommended that the MOHLTC work with Health Canada and other necessary federal bodies to address barriers to procuring, storing and transporting diacetylmorphine (pharmaceutical heroin) and/or mitigate their effects to facilitate use of this MOP medication. It is further recommended that the MOHLTC ensure that MOP medications are universally accessible to all Ontarians who could benefit from these kinds of programs, and that cost is not a barrier.

Treatment programs that offer opioid substitution therapies need to offer more than just medication. Supports for people in these programs should include case management, and other psychosocial supports. Health facilities may need to be renovated or expanded to accommodate the supervision of injectable medications. The MOHLTC often provides the funds to support these kind of services in community-based settings.

Conclusion

Managed opioid programs are an important part of a comprehensive response to the opioid crisis, which is associated with considerable preventable and premature deaths. Better treatment options and other services are urgently needed in Toronto to meet the needs of people who use substances and are at high risk of overdose. These treatment options help move people out of the illicit drug market, which is currently contaminated with very potent opioids (such as fentanyl and other analogs), and onto a safe supply of pharmaceutical opioids under medical supervision.

Urgent action and investment is needed from the MOHLTC to rapidly scale up the implementation of MOP in Toronto and elsewhere in Ontario to help save lives and improve health outcomes for people who use drugs.

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SIGNATURE

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