CENTRE ON DRUG POLICY EVALUATION

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Toronto Board of Health
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RE: Expanding Opioid Substitution Treatment with Managed Opioid Programs

Dear Chair and Members of the Board of Health,

We, the Centre on Drug Policy Evaluation (CDPE), wish to thank the Board of Health for your support of the expansion of opioid substitution treatment for individuals with opioid use disorders, including via managed opioid programs.

The CDPE, located within the Li Ka Shing Knowledge Institute of St. Michael's Hospital, works collaboratively with governments, affected communities, and civil society to guide effective and evidence-based policy responses to substance use. The CDPE endeavours to be a primary source for rigorous scientific evidence on the impacts of illegal drug policy on community health and safety. To that end, the CDPE produces research products that adhere to the highest standards of peer-reviewed scientific research. The CDPE also conducts outreach and knowledge translation to inform policymakers, affected communities, key stakeholders, and the general public on pressing issues surrounding illegal drugs and drug policy. Furthermore, the CDPE leads innovative primary research and implementation, including on drug checking services, supervised injection services, injection drug use prevention, overdose response, and drug policy evaluation.

The CDPE strongly supports the Medical Officer of Health in their recommendations that 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 the 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.

Each of these items touches on a significant barrier to effectively and efficiently offering life-saving treatment for people who use drugs. We are particularly supportive of recommendations (a), (b), and (e). To ensure a functioning system of care for people at risk of overdose, clinicians need to be supported through education in addiction medicine, including on best practices for the use of hydromorphone, diacetylmorphine, kadian, and other pharmacological treatments for those struggling with substance dependency. In the absence of clinical guidelines to formalize prescription of these medications, clinicians are reticent to prescribe them. Therefore, we call for support from the Board of Health in advocating for these evidence-based systems changes. This includes working with the Ontario College of Physicians and Surgeons, the College of Nurses of Ontario, and the Ontario College of Pharmacists to support the scale-up and standardization of these novel medication-assisted treatments within a managed opioid programs.

Further, we note the critical need to involve people with lived experience and frontline community health agencies as central partners in the development, design and implementation of service delivery models for managed opioid programs to ensure that these programs meet the needs of their intended end users.

The value of such treatment options cannot be understated. In fact, data from our PRIMER study (Preventing Injecting by Modifying Existing Responses) in both San Diego and Vancouver has found that the provision of managed opioid programs are associated with statistically significant reductions in the risk that people who inject drugs facilitated the initiation of others.[i] For example, in Vancouver, we found a 44% reduction in the odds that people who inject drugs initiated others into injecting after six months of being enrolled in a managed opioid program. This represents an 'addiction treatment as prevention' approach with the real potential to reverse epidemics of opioid injecting while also preventing fatal overdose,[ii] and to do so cost-effectively given the massive economic burden of untreated substance use disorders.[iii,iv,v]

We are committed to work with the Board of Health and others to implement and evaluate the expansion of evidence-based opioid substitution treatment with managed opioid programs. We are optimistic that this committee will approve the proposed recommendations.

Sincerely,

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[i] Mittal ML, et al. History of medication-assisted treatment and its association with initiating others into injection drug use in San Diego, CA. Subst Abuse Treat Prev Policy. 2017 Oct 3;12(1):42. PMID: 28974239.
[ii] Vashishtha D, et al. The North American opioid epidemic: Current challenges and a call for treatment as prevention. Harm Reduct J. 2017 May 12;14(1):7. PIMD: 28494762.
[iii] Hubbard RL, et al. New perspectives on the benefit-cost and cost-effectiveness of drug abuse treatment. NIDA Res Monogr. 1991;113:94-113. PMID: 1762645.
[iv] Cartwright WS. Cost-benefit analysis of drug treatment services: Review of the literature. J Ment Health Policy Econ. 2000 Mar 1;3(1):11-26. PMID: 11967433.
[v] McCollister KE, et al. Long-term cost effectiveness of addiction treatment for criminal offenders. Addiction. 2003 Dec;98(12):1647-59. PMID: 14651494.