

Public Health Updates for Halton Physicians: Supporting your patients during Canada's opioid crisis

June 22, 2022



The webinar will begin at 7 p.m.
If you run into technical difficulties, please email Javier.Rincon@halton.ca



Indigenous Land acknowledgement



Boozhoo, She:kon , Tanshi, Greetings!

Halton Region acknowledges the Treaty Lands of the Mississaugas of the Credit First Nation as well as the Traditional Territory of the Haudenosaunee, Huron-Wendat and Anishinabek on which we gather.

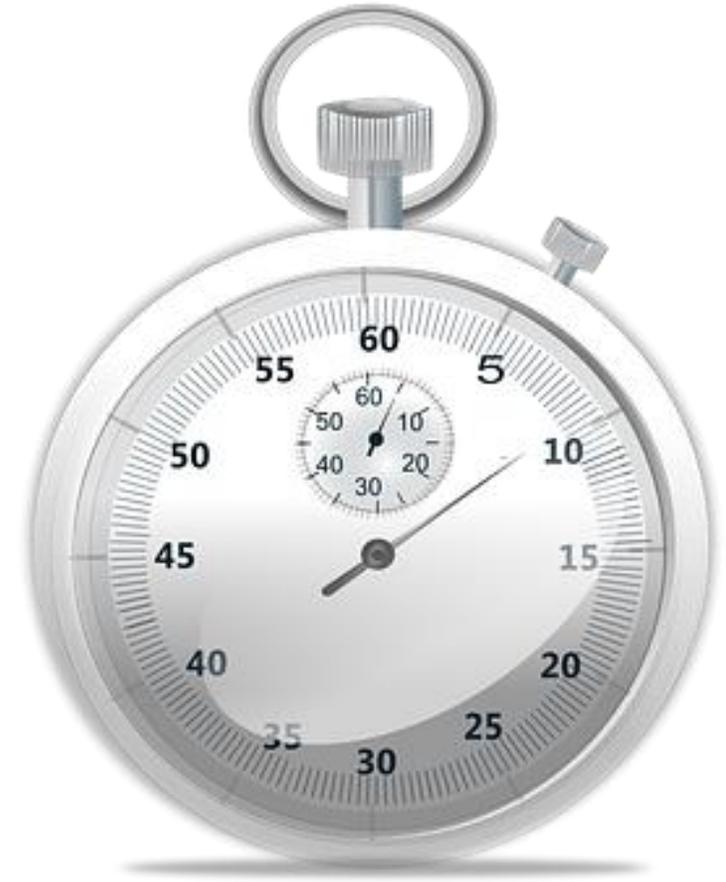
In stewardship with Mother Earth and the enduring Indigenous presence connected to these lands we acknowledge the Indigenous Nations of the past, present and future.

In the spirit of ally-ship and mutual respect, we will take the path of Truth and Reconciliation to create change, awareness and equity as we strive to elevate the collective consciousness of society.

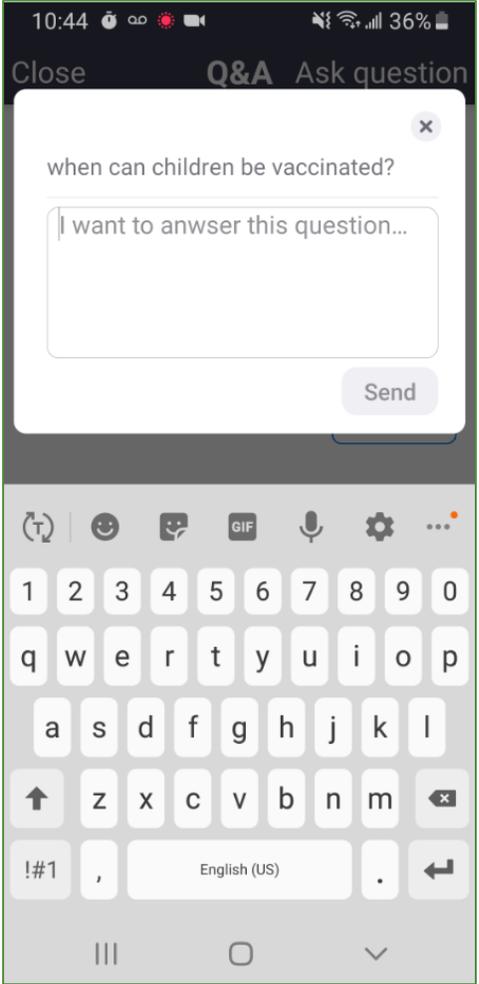
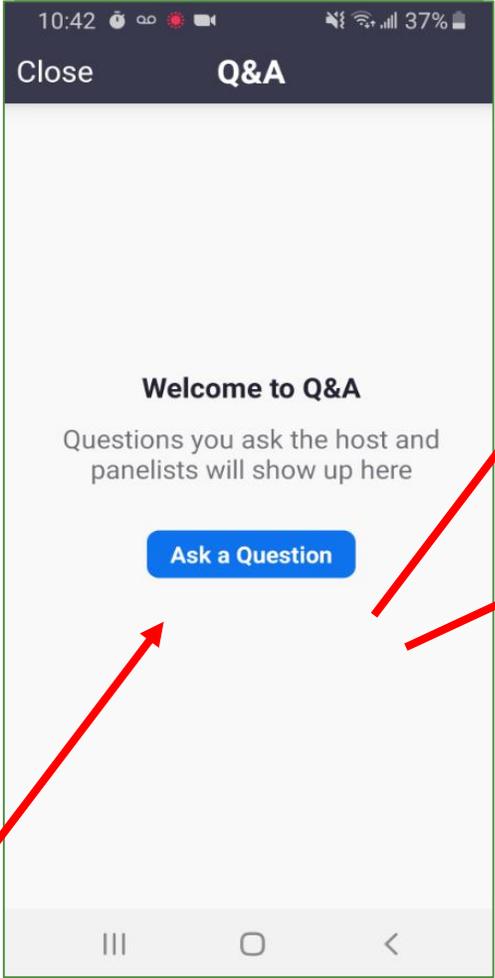
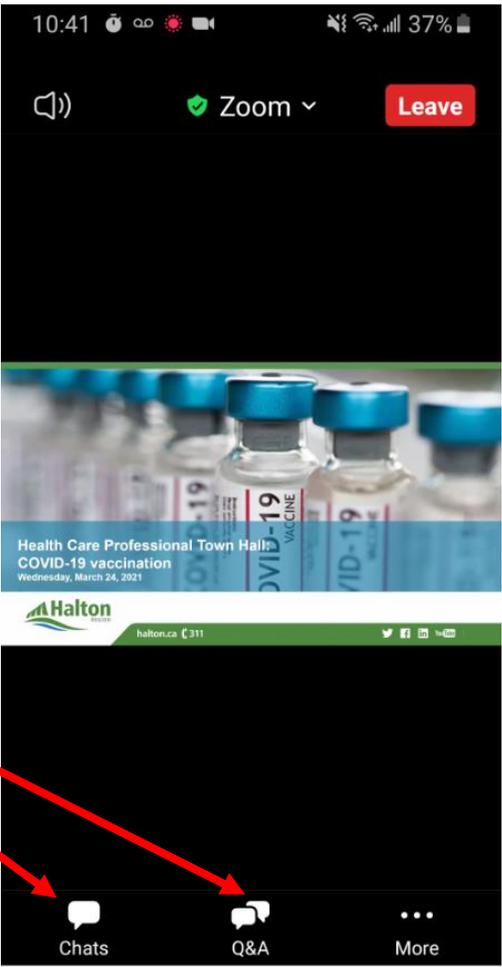
Miigwetch, Nia:wen, Marsi, Thank you

Agenda

- Dr. Hamidah Meghani, Medical Officer of Health
 - Opioids use and misuse in Halton and Ontario
 - Local harm reduction supports
- Keynote speaker – Dr. Andrea Furlan
 - Tapering opioids
- Question and answer session



Housekeeping



Use the Q&A function to ask, vote or comment on a question



Learning Objectives

Overall series learning objective:

- By attending the Public Health Updates for Halton Physicians series, participants will be able to identify and discuss relevant and recent information about approaches to the prevention, diagnosis and management of key public health issues impacting their family medicine practice in both rural and urban settings.

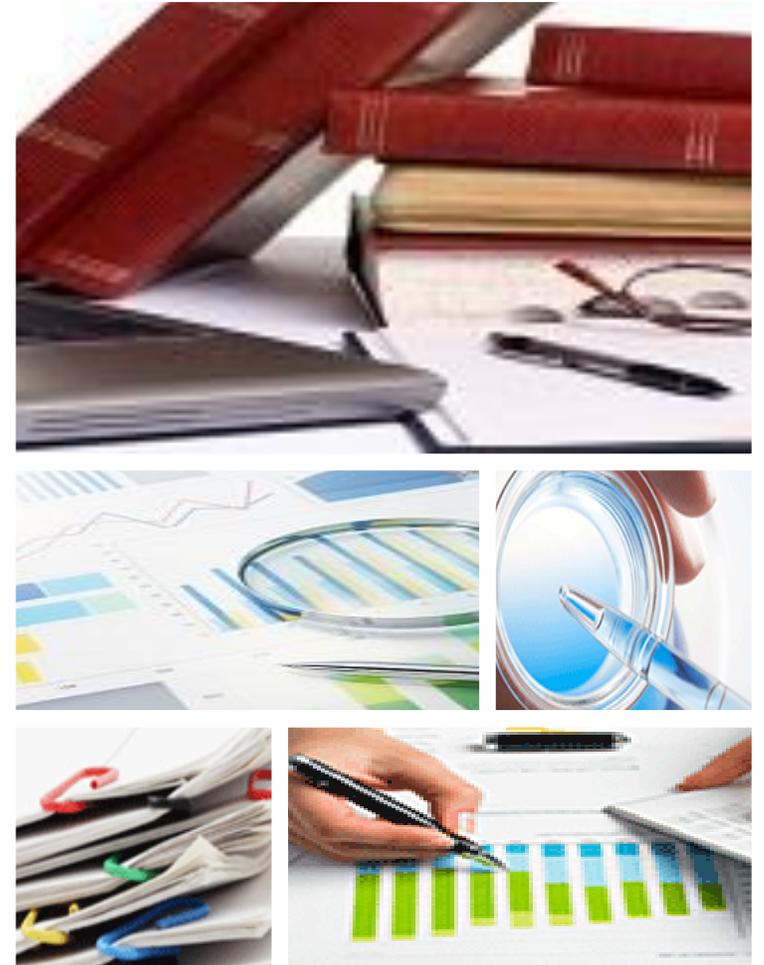
By the end of this session, participants will be able to:

- Understand the patterns of opioid use and misuse in Halton and Ontario
- Refer patients to local harm reduction programs, such as naloxone and needle exchange programs
- Refer patients to addiction treatment programs
- Identify patients for opioid tapering
- Understand guidelines for managing common opioid challenges

Mitigating Potential Bias

All data, resources and recommendations presented are based on current scientific literature and data.

While some treatments may be referred to by their pharmaceutical name, there is no relationship between us and the pharmaceutical companies referenced in this presentation.

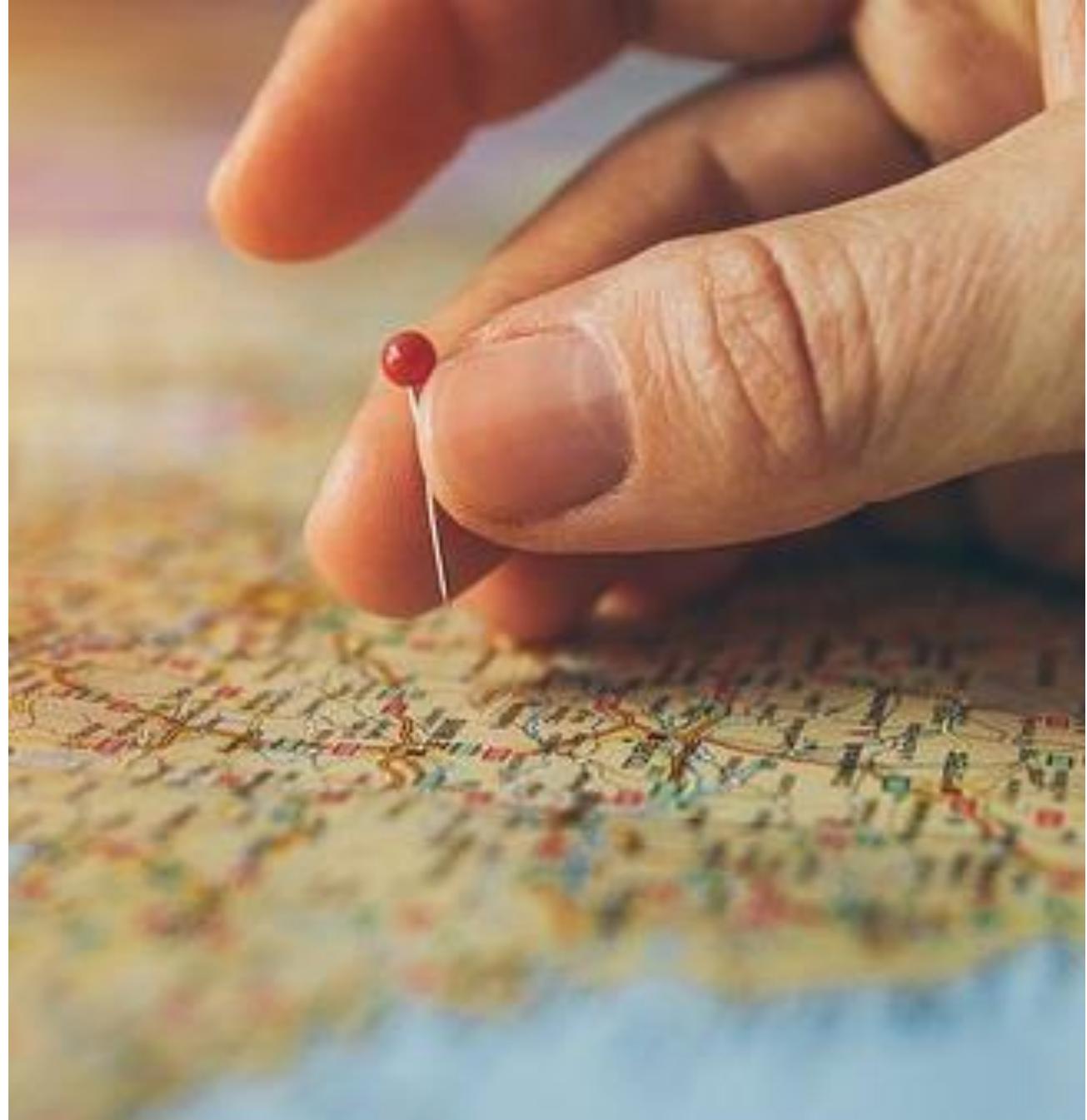


Disclosure of Financial Support

- This program is hosted and organized by Halton Region Public Health.
- I am a paid employee with Halton Region Public Health.
- **Potential for conflict(s) of interest:**
 - Halton Region Public Health receives funding from the Province of Ontario who also provides funding for public health research, programs and resources that may be discussed today.

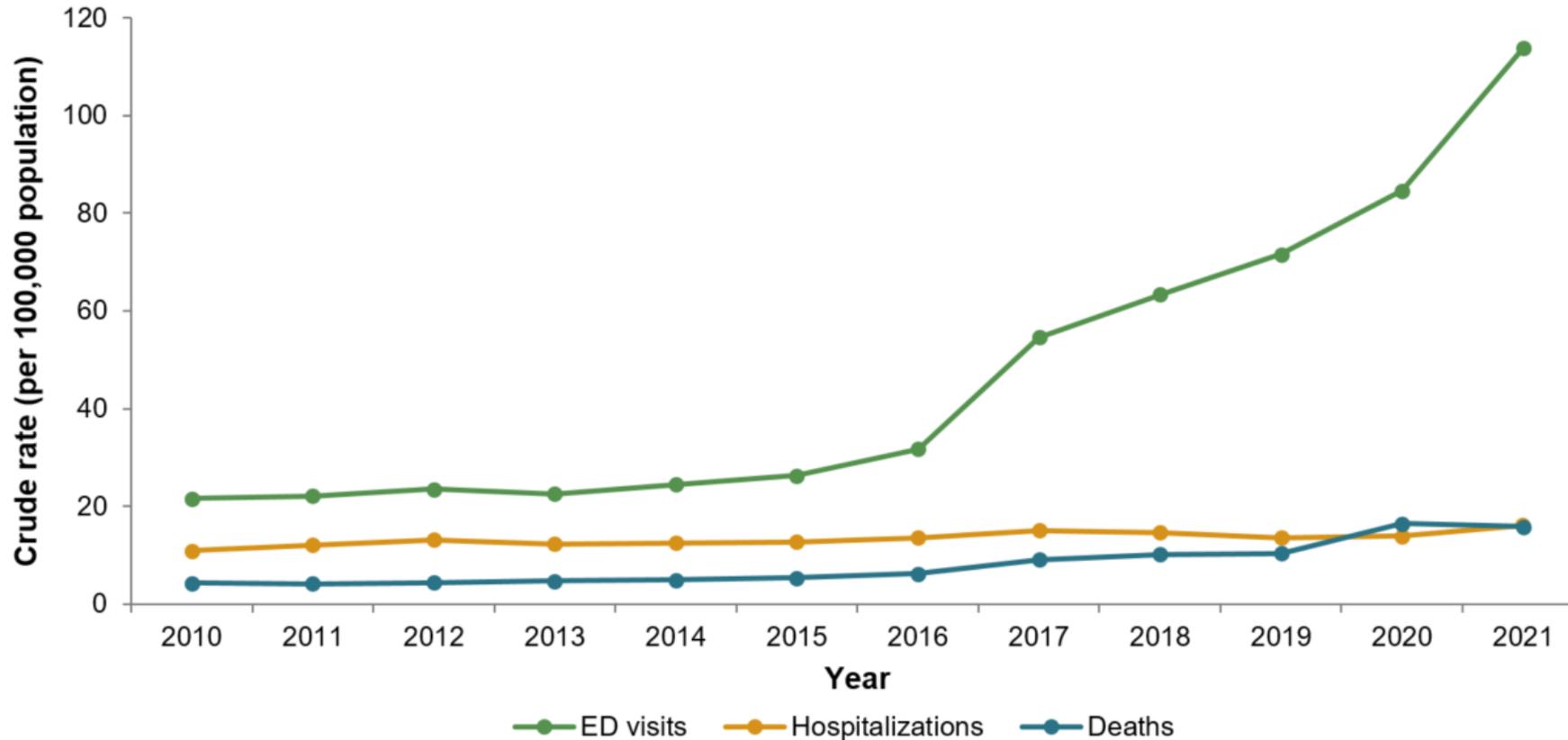
We are here

Opioids in Halton



Opioid-related harms in Ontario

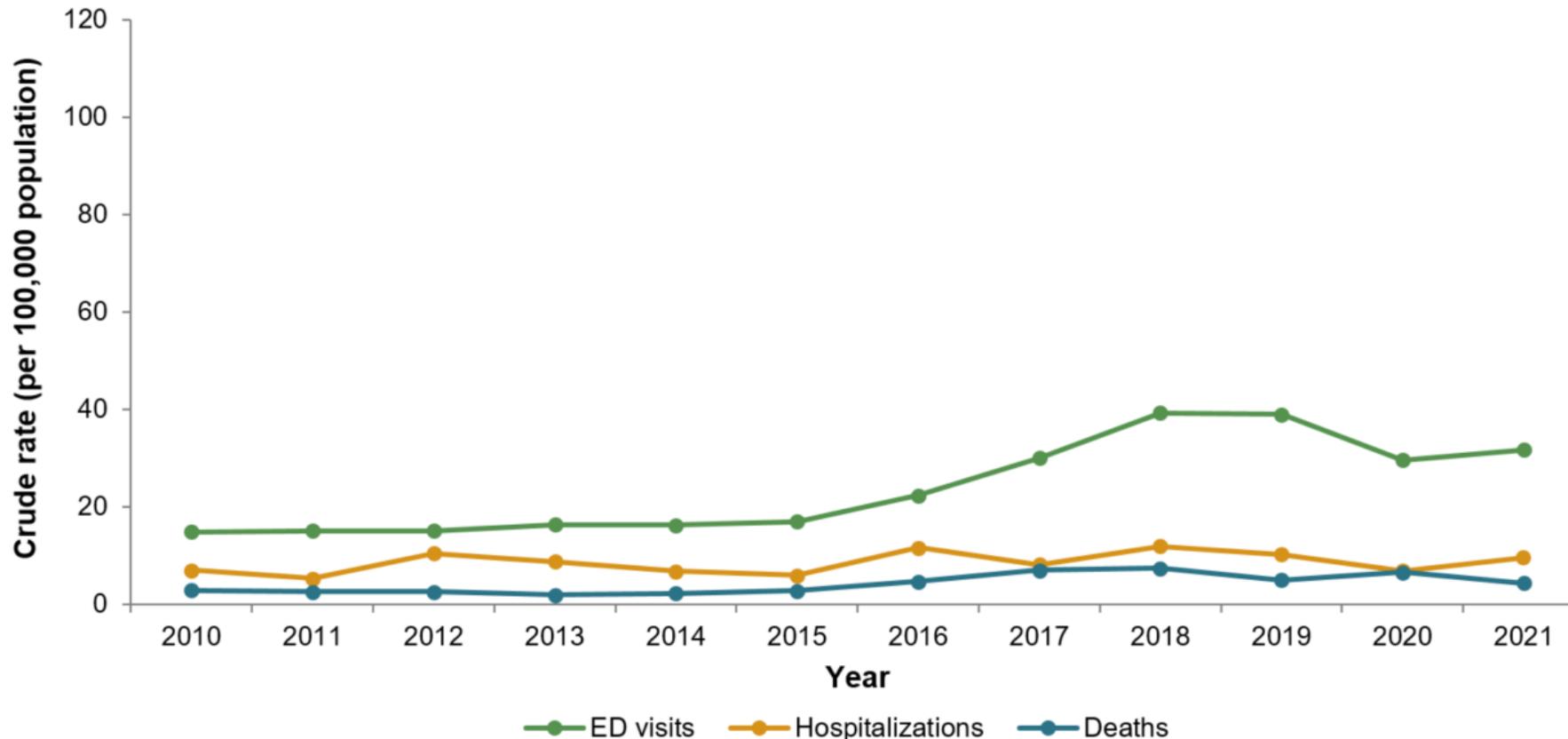
Trends over time



Crude rate (per 100,000 population) of ED visits, hospitalizations and deaths, Ontario, 2010-2021

Opioid-related harms in Halton

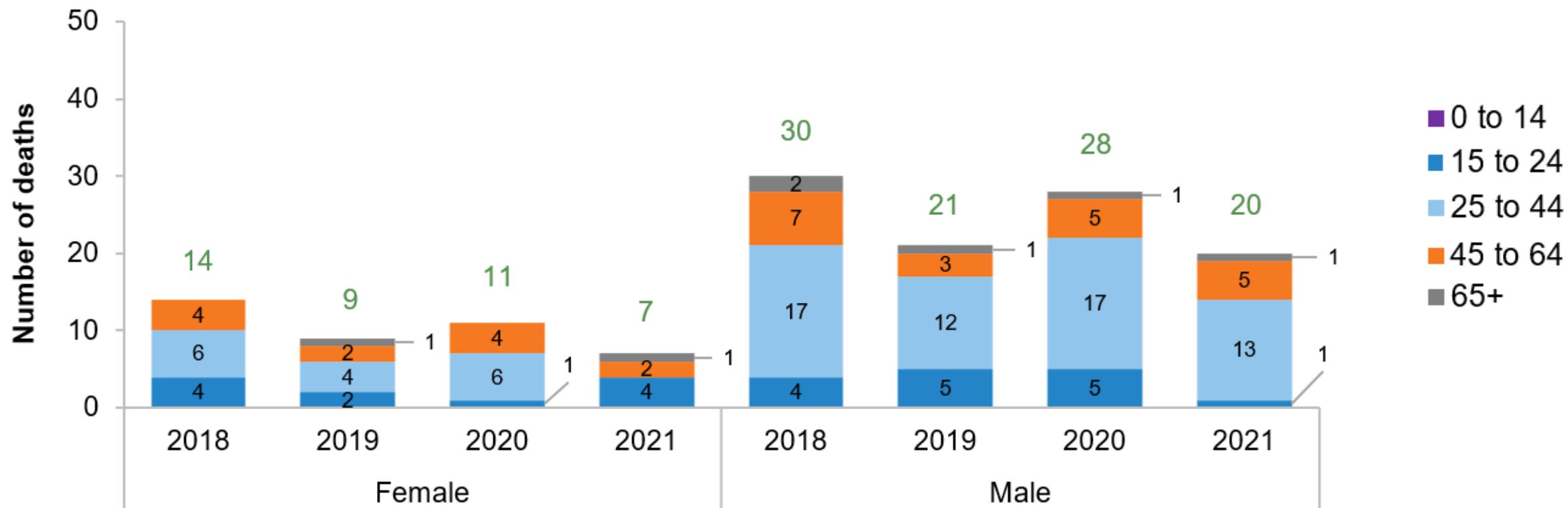
Trends over time



Crude rate (per 100,000 population) of ED visits, hospitalizations and deaths, Halton, 2010-2021

Opioid-related deaths in Halton

By age and sex



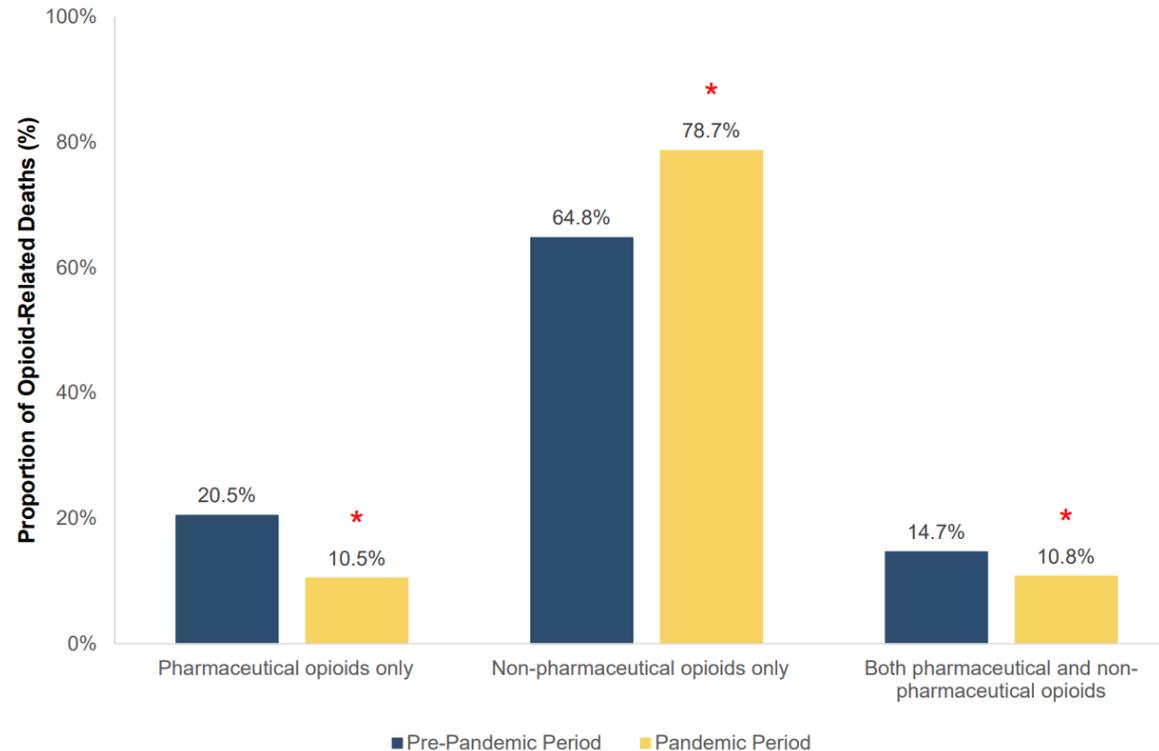
Number of opioid-related deaths, by age group and sex, Halton, 2018-2021



Source: Office of the Chief Coroner of Ontario, via the Opioid-related morbidity and mortality in Ontario tool and the Coroner's Opioid Investigative Aid.
 Note: Death data for 2021 are preliminary and subject to change with future updates as remaining cases are closed by the Office of the Chief Coroner of Ontario.

Drug involvement in opioid-related deaths

Pharmaceutical versus non-pharmaceutical opioids



Types of opioid drugs involved in opioid-related deaths prior to and during the COVID-19 pandemic, Ontario

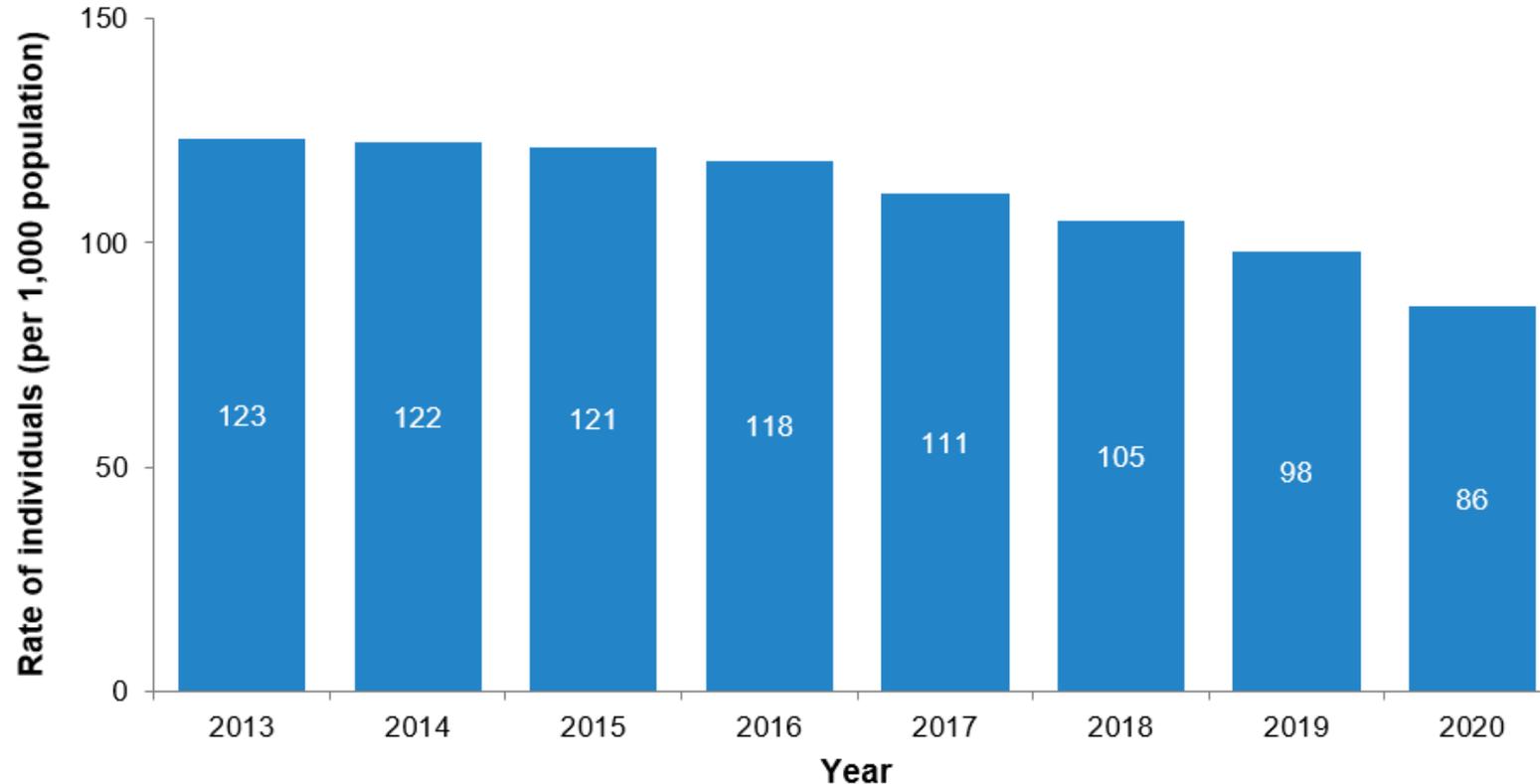
Pre-pandemic period: March – December 2019

Pandemic period: March – December 2020

*Red asterisk indicates statistically significant difference between pre-pandemic and pandemic cohorts (p<0.05).

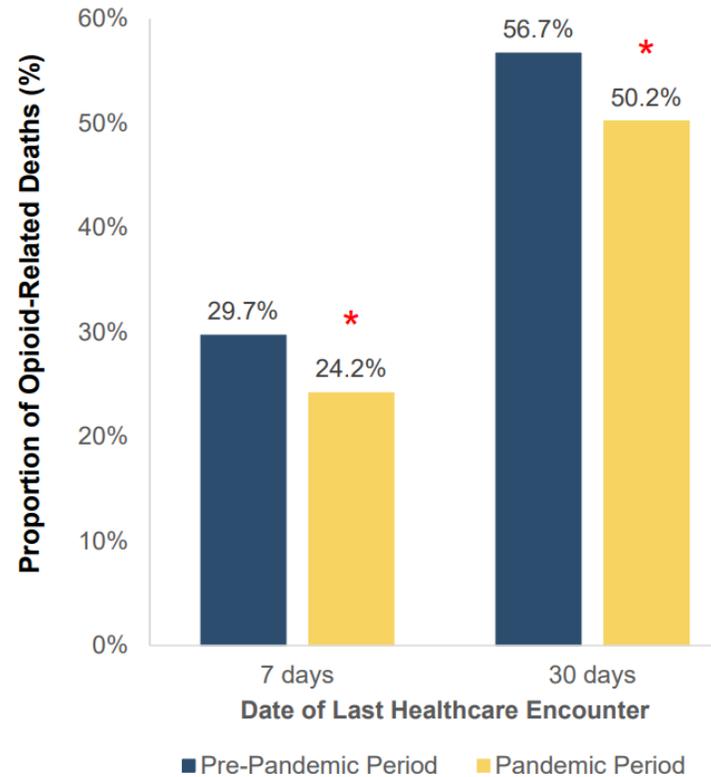
Opioids dispensed for pain

Trend over time - Ontario



Annual rate (per 1,000) of individuals dispensed opioids for pain, Ontario, 2013-2020

Recent healthcare encounters Prior to opioid-related death



Recent healthcare encounters preceding opioid-related death, prior to and during the COVID-19 pandemic, Ontario

Pre-pandemic period: March – December 2019

Pandemic period: March – December 2020

*Red asterisk indicates statistically significant difference between pre-pandemic and pandemic cohorts ($p < 0.05$).



Source: Ontario Drug Policy Research Network. Patterns of Medication and Healthcare Use among People who Died of an Opioid-Related Toxicity during the COVID-19 Pandemic in Ontario. January 2022. Available from: <https://odprn.ca/research/publications/opioid-related-deaths-and-healthcare-use/>

Opioid strategy in Halton



Harm Reduction Program: Opioids

Opioid-specific funding by Ministry of Health to public health departments, with three components:

1. Opioid surveillance
2. Local response
3. Naloxone distribution



Opioid surveillance

Monthly report provides a snapshot of recent opioid activity in Halton

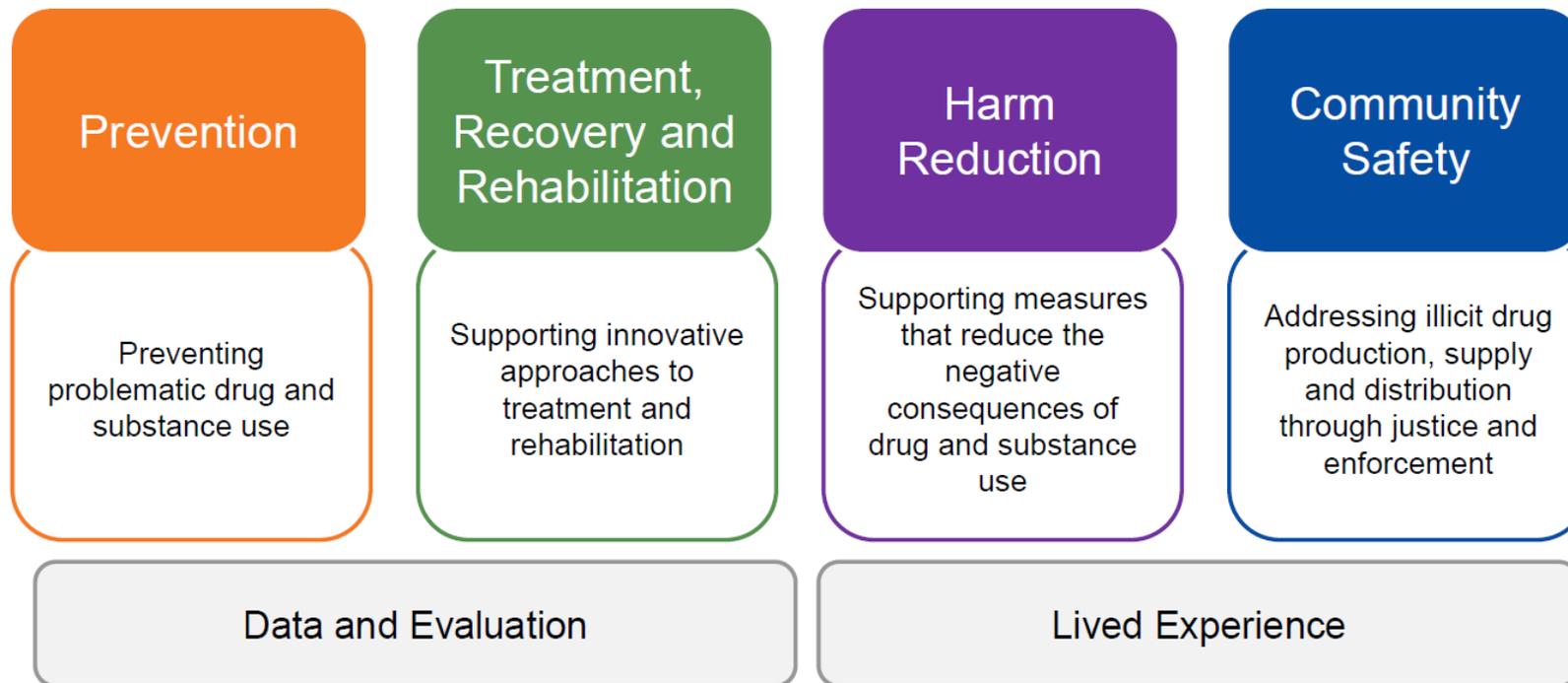
- Paramedic services calls
- Emergency department visits
- Naloxone kit distribution
- Opioid related deaths

*Subscribe to the Halton monthly Opioid Report at: www.Halton.ca



Local response through community partnerships

Community Safety & Wellbeing Plan, Opioid Action Table



Naloxone has been available in Halton for several years through:

- Halton Region Paramedic Services
- Halton Region Sexual Health & Harm Reduction Services
- Participating Halton Pharmacies



Halton Region has established legal agreements to supply naloxone to:

First responders who administer naloxone in emergencies:

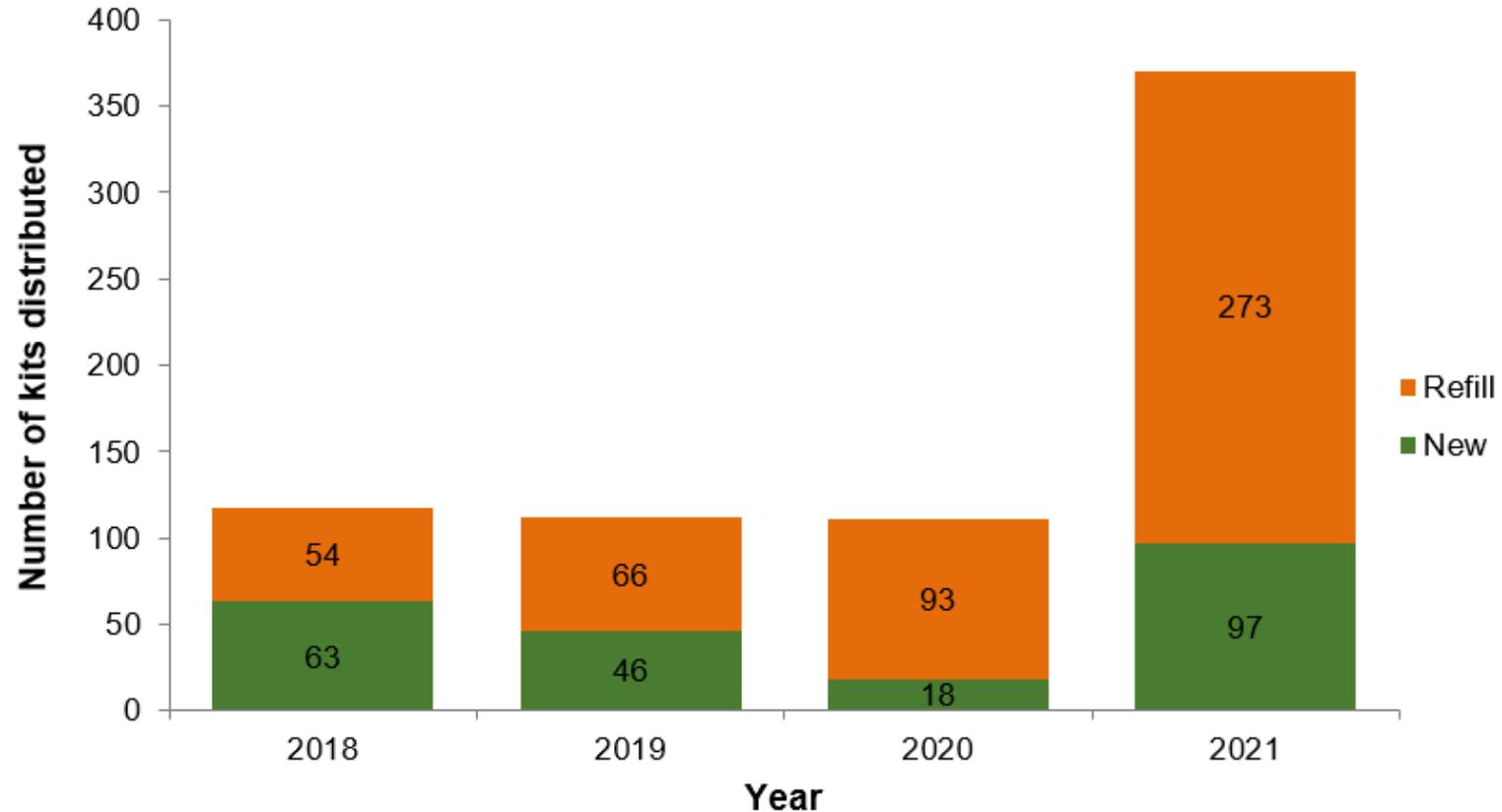
- Burlington Fire Department
- Oakville Fire Department
- Halton Regional Police Services
- St. John Ambulance

Community organizations who distribute naloxone kits to clients at risk:

- Halton Region Paramedic Services
- ADAPT
- CMHA
- Halton RAAM Clinic
- Support House
- Churchill Neighbourhood Center
- The Aids Network

Naloxone distribution

Harm reduction program, Halton Region Public Health



Number of naloxone kits distributed (new and refill), Halton harm reduction program, 2018-2021



Source: Halton harm reduction program naloxone database (Halton Region Public Health) and Naloxone Neo database (Ministry of Health):

Opioid resources in Halton



Harm Reduction Services

- Exchange Works mobile service
 - 905-330-3305
 - 905-702-4200 (Halton Hills)
- Halton Region fixed sites
 - 3350 Fairview St, Burlington
 - 232 South Service Rd E, Oakville
- New satellite site, The Aids Network, opening soon
- More satellite sites to come



Supplies and Services

- Sterile needles for drug and steroid users
- Nasal naloxone spray
- Bacteriostatic & sterile water
- Cookers
- Crack & meth pipes
- Sharps collection and more
- Referrals as appropriate



Supplies Distributed, Exchange Works, May 2022

- Needles – 13,630
- Crack Pipes – 990
- Meth Pipes – 900
- Naloxone kits - 75



Key harm reduction messages for people who use opioids:

- **Never use alone.** Having another person nearby can save your life
- **Know your tolerance.** Use a small amount of a drug first to check the strength. Remember that any drug can be cut with, or contaminated by, other drugs, which can be harmful or fatal
- **Carry naloxone**, a drug that can temporarily reverse an opioid overdose
- **Call 911.** An overdose is a medical emergency. Under Canada's **Good Samaritan Drug Overdose Act**, if you seek medical help for yourself or for someone else who has overdosed, neither of you will be charged for possessing or using drugs, nor will anyone else at the scene
- **Access harm reduction services** in your community

Dr. Andrea Furlan MD PhD

- Associate Professor at University of Toronto, Department of Medicine
- Team leader developing the Canadian Opioid Guideline in 2010
- Author of Opioid Manager and My Opioid Manager
- Co-chair of ECHO Ontario Chronic Pain and Opioid Stewardship



Declaration of potential conflicts

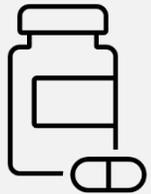
- Received research grants from Canadian Institutes for Health Research, Ontario Ministry of Health and Long-term care, and Health Canada
- Chair of WSIB Drug Advisory Committee
- Youtube channel for chronic pain, receives advertising funding on the channel.
- Amazon affiliate marketing with links to products in my YouTube channel
- Unrestricted educational grant from Canadian Generic Product Association to offer an online self-assessment program of Opioids for Chronic Pain.



Learning objectives



Identify patients for opioid tapering



Explain guidelines for managing common opioid challenges

Canadian opioid guideline (2017)

Recommendations about opioid tapering

#9 For patients with chronic noncancer pain who are currently using 90 mg morphine equivalents of opioids per day or more, we suggest tapering opioids to the lowest effective dose, potentially including discontinuation, rather than making no change in opioid therapy (weak recommendation)

Remark: Some patients may have a substantial increase in pain or decrease in function that persists for more than one month after a small dose reduction; tapering may be paused or potentially abandoned in such patients.

#10 For patients with chronic noncancer pain who are using opioids and experiencing serious challenges in tapering, we recommend a formal multidisciplinary program (strong recommendation)

Remark: In recognition of the cost of formal multidisciplinary opioid reduction programs and their current limited availability/capacity, an alternative is a coordinated multidisciplinary collaboration that includes several health professionals whom physicians can access according to their availability (possibilities include, but are not limited to, a primary care physician, a nurse, a pharmacist, a physical therapist, a chiropractor, a kinesiologist, an occupational therapist, an addiction medicine specialist, a psychiatrist and a psychologist).





Risk:Benefit assessment

Benefit

- Type of pain is responsive to opioids
- Patient reported improvement in pain intensity > 30%
- Patient reported improvement in function > 30%
- Adverse events are minimal or manageable

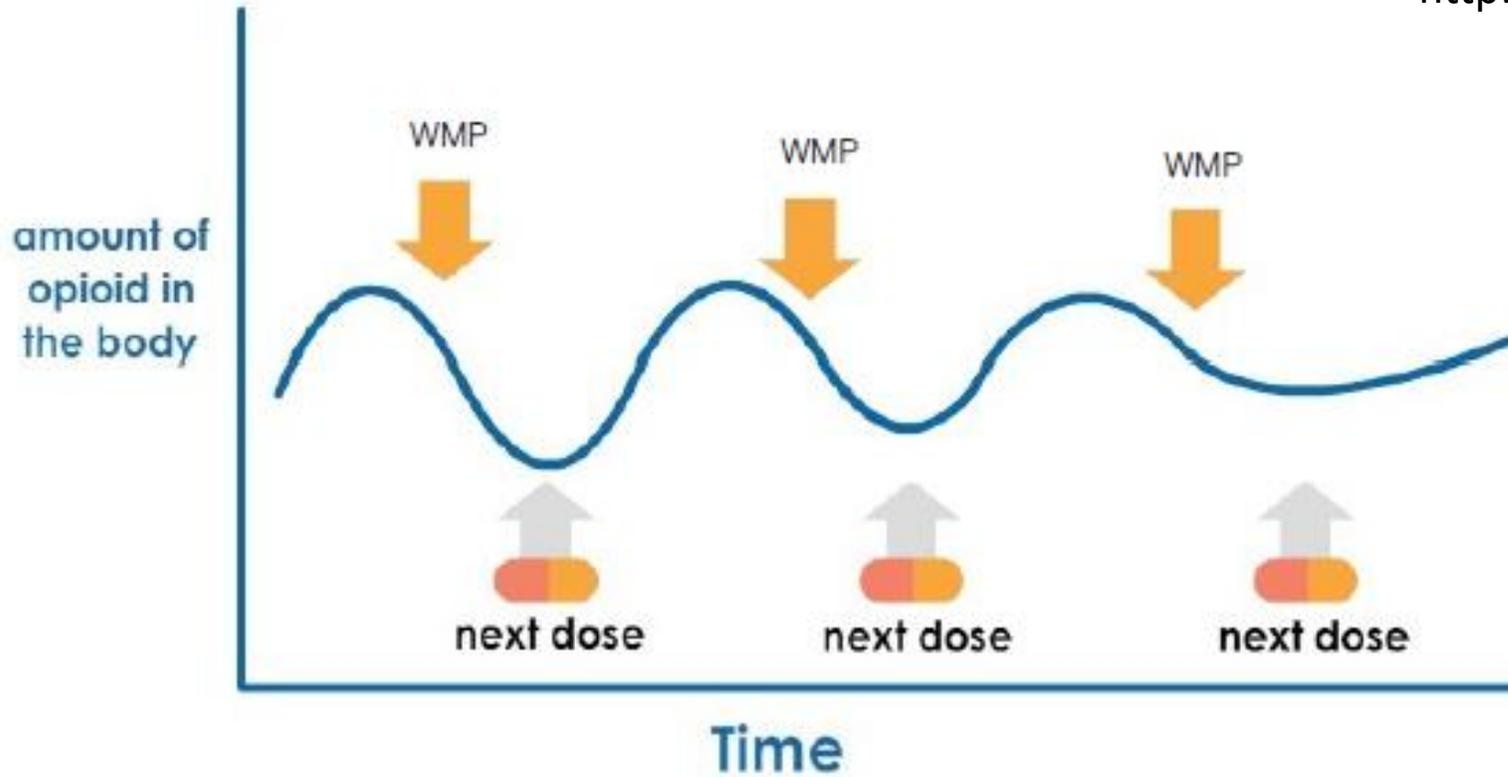
Risks

- Patient does not have type of pain that gets worse with opioids
- Patient did not develop hyperalgesia, sleep apnea immunosuppression, hypogonadism, withdrawal mediated pain
- Factors that puts patient at higher risk of sedation, falls, overdose
- Higher probability of opioid use disorder

Withdrawal Mediated pain



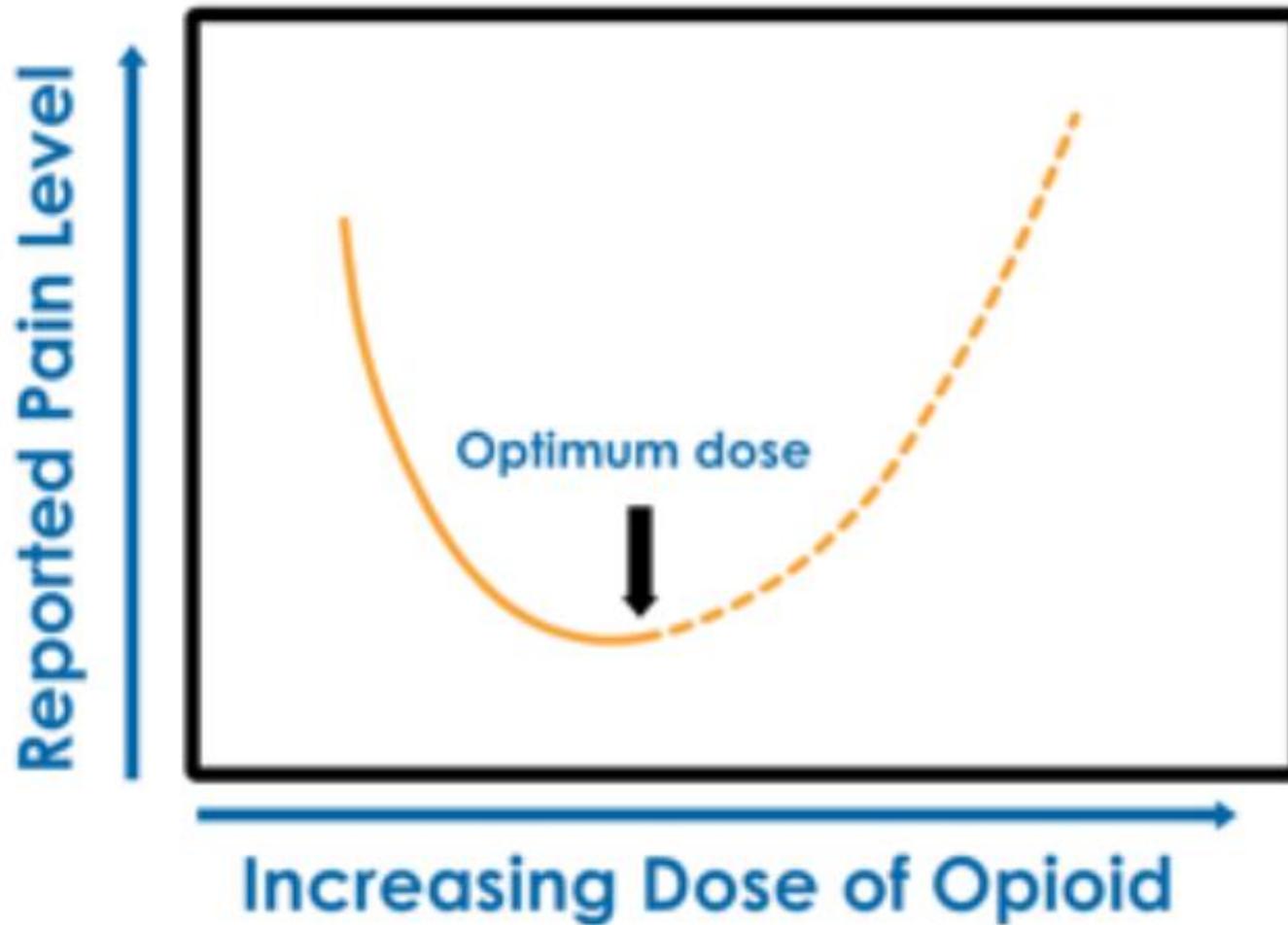
http://bit.ly/Withdrawal_Mediated_Pain



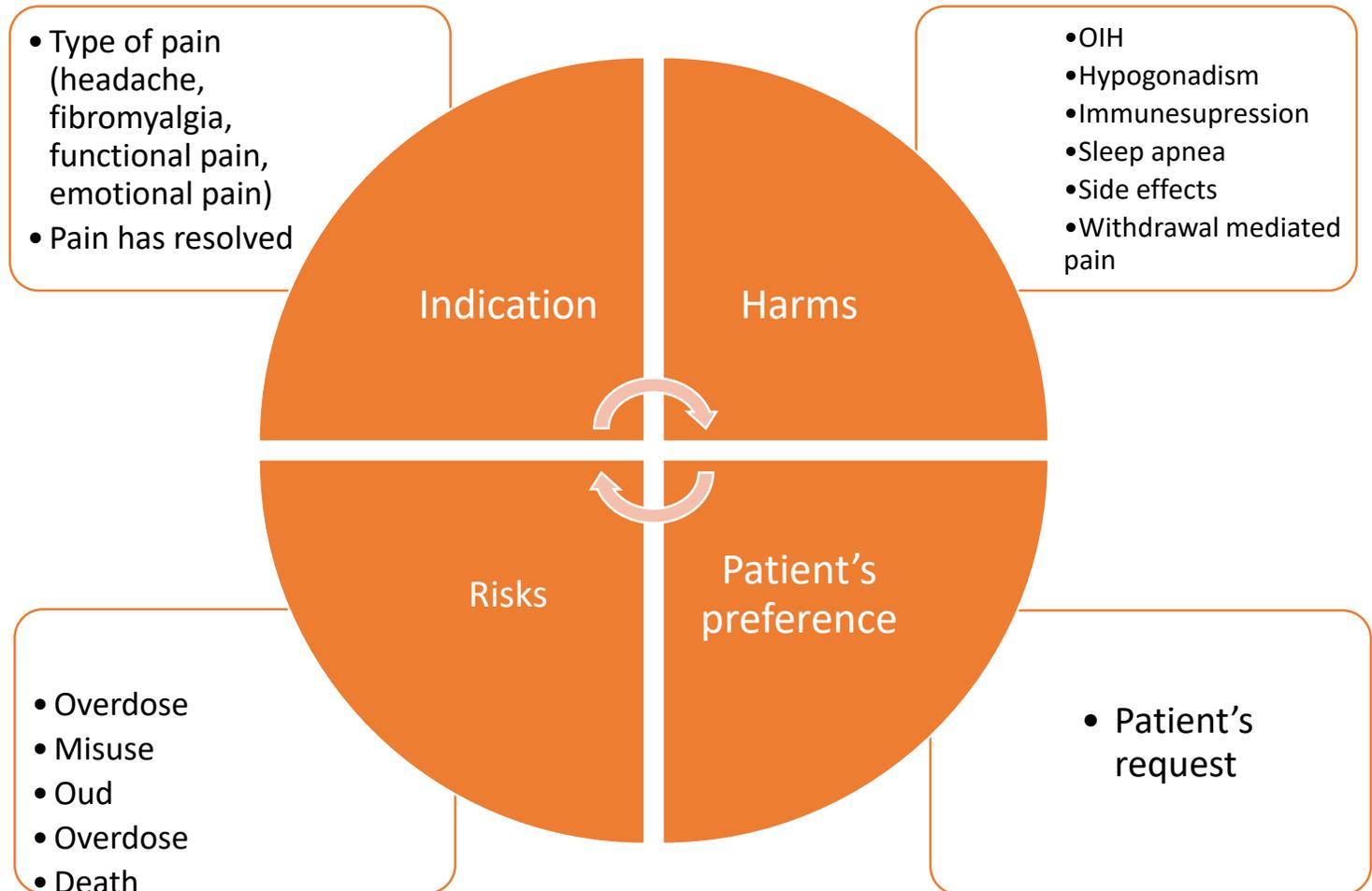
WMP = withdrawal mediated pain

Opioid Induced hyperalgesia

http://bit.ly/Opioid_Induced_Hyperalgesia



Patient selection for opioid tapering



http://bit.ly/Opioid_Tapering



Barriers to Opioid Tapering

Healthcare Professional

- Lack of knowledge
 - rationale “Why should I taper?”
 - skills “How do I do it?”
- Lack of confidence “I am not sure I can do it”; “I can’t say no to my patients”
- Lack of willingness “It is too stressful to do it”
- Lack of time → It takes 5 minutes to say yes and 30 minutes to say no
- Other excuses “It is not my fault, I didn’t start this”

Patient

- Fear of pain getting worse
- Fear of withdrawal symptoms
- Fear of dying
- Drug liking
- Drug diversion
- Addicted

Opioid Withdrawal

Symptoms

- **PAIN:** headaches, muscle aches, joint aches, abdominal cramps
- **SLEEP:** insomnia, fatigue
- **FLU-LIKE:** Sweats, Chills, malaise
- **GASTRO-INTESTINAL:** Diarrhea, nausea and vomiting

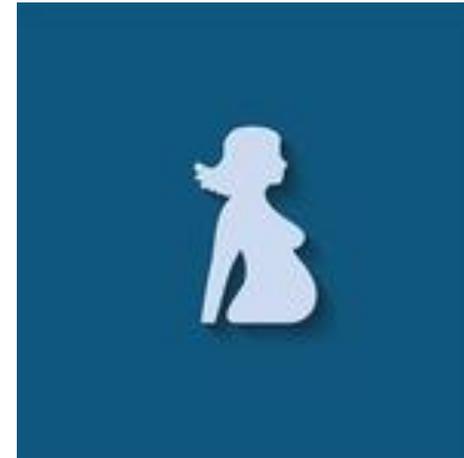
Signs

- Psychomotor agitation
- Irritability
- Goose bumps

Can last weeks,
months or years

Contra-indications for opioid tapering

- Pregnancy
- Unstable coronary artery disease
- Unstable mental health disorder



Management of opioid withdrawal

Non-pharmacological

- Education
- Reassurance (Not life-threatening)
- Ongoing support and encouragement
- Involve the pharmacist
- Relaxation
- Mindfulness
- Exercises, walks
- Distraction

Pharmacological

- Melatonin for insomnia
- Muscle relaxants for aches and sleep problem
- Clonidine for anxiety, jitters, sweats and chills
- NSAIDs or acetaminophen for muscle pain
- Loperamide for diarrhea and stomach cramps
- Scopolamine for abdominal pain
- Oxybutynin for sweating
- Quinine sulphate for muscle cramps
- Gabapentin or pregabalin for severe anxiety
- Nabilone/CBD oil for pain, N/V, insomnia and anxiety

Facilitators for a successful taper

Prescriber

- Book longer appointments
- Provide education, videos, books, testimonials
- Mobilize interprofessional team (Pharm, Nurse, SW, psych)
- Use motivational interviewing techniques
- Clear goals for tapering
- Available by phone, email
- Slow taper, protocol-based
- Manage withdrawals
- Switch to another opioid before start tapering
- Buprenorphine



Patient

- Clear goals
- Support network
- Slow taper
- Manage withdrawals using non-pharmacological techniques
- Focus on function, not pain

Toolbox of self-management (5M IS)



Movement

Mind-body

Modalities

Manual therapies

Medications

Interventional/Injections

Surgery



Resources for patients

Youtube videos

- Dr. Furlan youtube channel <http://bit.ly/Drfurlan>

My Opioid Manager (www.OpioidManager.com)

Communities (local, online)

Self-management groups

Practical tips

- Fentanyl patients – switch to oral opioids and reduce the dose slowly
- Fentanyl + oral opioids – switch all to oral opioids and taper slowly
- Switching – don't forget to reduce the dose to 50-75%
- Buprenorphine/naloxone – can be started in opioid-naïve patients
- Switch from another opioid to Bup/NLX requires induction or micro-dosing
- Bup/NLX – the main indication is for opioid use disorder. Bup is a good opioid for pain too
- Difference between acute pain flare and opioid withdrawal – look for objective signs of withdrawal

Thank you

Email: Andrea.Furlan@uhn.ca



uhn.echoontario.ca/Our-Programs/Chronic-Pain



www.OpioidAssessment.ca



YouTube.com/c/DrAndreaFurlan



Opioid resources for professionals



Provincial support to find addiction medicine resources

ConnexOntario, www.connexontario.ca



ConnexOntario
Discover Mental Health, Addiction and Problem Gambling Services

[Call Us](#) [Text Us](#) [Chat With Us](#) [Email Us](#)

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- [Resource Hub](#)
- [Eating Disorders](#)

 Looking for help?
Click here to chat with our agents, available 24/7 ✕



Opioid Treatment Resources

- one-Link, MH&A Referral System: www.one-Link.ca
- ECHO Chronic Pain online sessions: uhn.echoontario.ca
- Community Treatment/Counselling
- Opioid agonist therapy
- In-treatment centers
- Withdrawal management



[If you are in crisis visit this page now](#)

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one-Link provides coordinated access to a number of addictions and mental health services within Mississauga and Halton through one referral and intake assessment process.



one-Link connects people to addictions and mental health services in

0:04 / 1:31

Our service partners



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Family physicians are invited to sign-up for free, 1-on-1 discussions with a trained clinical pharmacist to support practice change.

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ACADEMIC DETAILING AVAILABLE ON:

- Managing opioid therapy for patients living with chronic non-cancer pain
- Non-pharmacological and non-opioid options for patients living with chronic non-cancer pain
- Managing care for patients living with opioid use disorder
- Benzodiazepines in older adults
- Non-insulin pharmacotherapy for type 2 diabetes
- Insulin therapy for type 2 diabetes
- Falls prevention and management
- **COMING SOON** Congestive heart failure

BENEFITS:

- Customized for you
- 30 minutes per topic
- Questions answered
- Free Mainpro+ credits
- Time that works for you
- Practical tools and resources
- Local system navigation support

49%

greater reduction in high-risk opioid prescriptions among participating physicians (compared to matched controls)



Centre
for Effective
Practice

Meet your local academic detailer:



Silvana Ferrara BScPhm, RPh

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QUESTIONS?



Thank you!

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