



Opioid Death Count is an Ongoing Issue

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Brave steps needed to tackle worsening opioid crisis

Who was Bradley John Chapman and why should we care? At the time of his death in Toronto in 2015, Chapman was 43 years old and homeless. He was the father of three children and was found in an alley suffering from an opioid overdose. He died in hospital eight days later. A Coroner's inquest into his death has just released its recommendations. More than three years after his death, the epidemic of overdoses related to a **contaminated illicit drug supply** rages on - with more people dying from opioids than from car crashes - and we are feeling its deadly effect here in Peterborough.

Our local data indicates a shocking increase in the number of what we are now calling "acute opioid poisonings" in Peterborough so far this year. In the first 10 weeks of this year, Peterborough has experienced two spikes in opioid-related hospitalizations, with a possibility of up to 12 related deaths. This may represent a tripling of deaths for the same time period last year. Community agencies are reporting more poisonings in home locations, with more Naloxone being administered by the public. Peterborough Public Health coordinates the local monitoring of available data by working closely with partners like the hospital and our first responders. We work only with anonymized data, in order to protect the privacy of individuals and families involved. The data is monitored closely in order to pick up any spikes or worrisome trends - and the trend we are seeing so far this year is very troubling.

The urgency of the Coroner's Jury recommendations was clear in its opening statement, calling for a provincial strategy, led by a provincial coordinator, using a public health approach that is both non-discriminatory in nature, and comprehensive enough to address those social determinants of health that contribute to addiction. The jury called for the reactivation of the provincial Opioid Emergency Task Force, which has been dormant since last spring, and requested that the task force "conduct an evidence-based assessment and re-evaluation of the Consumption and Treatment Services Model" currently being used. In

fact, the jury has called for a temporary suspension on any transition to this model until a consultation with impacted workers and potential users is carried out.

Many of the jury's recommendations are targeted to Toronto-specific organizations such as their police services, municipal staff, and public health. However, the majority of the recommended actions are provincial in focus and resonate in communities like ours. Fortunately, we have strong and positive working relationships and a local drug strategy that brings us together to ensure we are inclusive and comprehensive in our approach. The jury called for a public awareness campaign, for measures to make "a clean and non-toxic opioid drug supply" available at appropriate settings. It called for more funding for harm reduction services, overdose prevention and response, drug testing and trauma-informed counseling. It called for supportive housing and detox beds, for a transfer of authority for health care in correctional facilities to the Ministry of Health and Long-Term Care. Several recommendations specific to the issues faced by people who are incarcerated appear in the report, as well recommendations that address the impact that a lack of housing and homelessness have on people with addictions and mental health concerns.

The need to provide a "clean and non-toxic opioid supply" gets further mention in recommendation #14, which states that funding be considered to allow doctors to prescribe pharmaceutical heroin and other "clean" opioids as a harm reduction strategy. Ontario recently received \$102 million from the federal government for drug treatment, and some of these funds could be used for these new programs. There is strong evidence demonstrating that they increase retention in treatment, reduce the use of street drugs, and decrease crime. Managed opioid programs have existed in Europe for decades and already exist in places like British Columbia and Alberta. Ottawa has had a small program operating since 2017. Research trials conducted in Vancouver and Montreal provide Canadian evidence to support scaling up this option in communities like Peterborough as soon as possible.

Peterborough's board of health has already called on the federal government to decriminalize the possession of psychoactive drugs for personal use. This recommendation is echoed by the Coroner's Jury as well. Clearly, if we are serious about saving lives, more needs to be done and I know that Peterborough needs to, and wants to do more.