

Approaching the opioid crisis through the framework of a public health emergency

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**Ontario
Health**

Acknowledgement

We wish to acknowledge all families, friends and loved ones of those who were lost to an opioid-related death in Ontario.

We would like to recognize that embedded within the data of this presentation are stories of loss for countless Ontarians who are grieving these losses during the isolation that has accompanied the pandemic.

This presentation cannot adequately reflect the burden borne by loved ones across the province.

Overview

1. Opioid-related deaths during the COVID-19 pandemic
2. Lessons from the COVID-19 pandemic response in Ontario
3. What's possible?

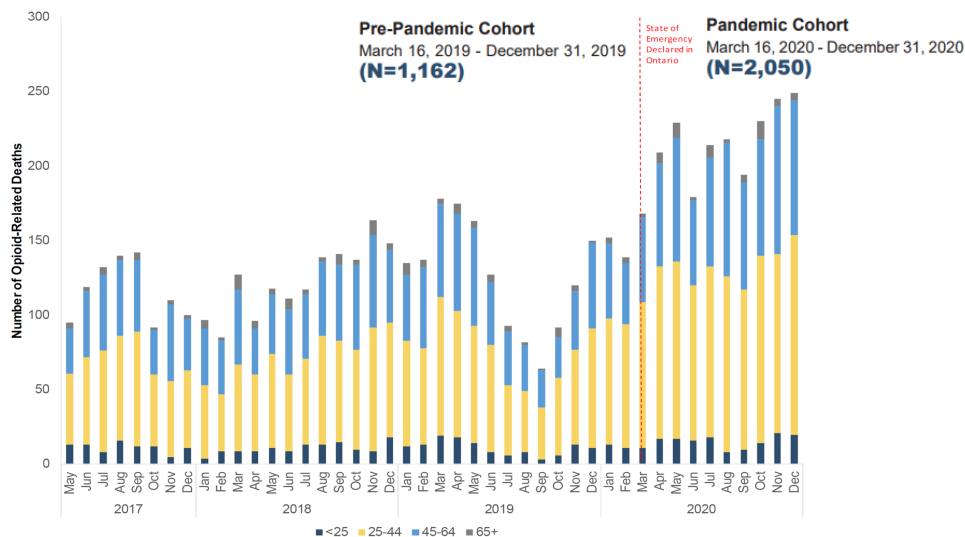


Opioid-related deaths during the COVID-19 pandemic

Dirk Huyer, Chief Coroner for Ontario

Pandemic Report (2021): Changing circumstances surrounding opioid toxicity deaths

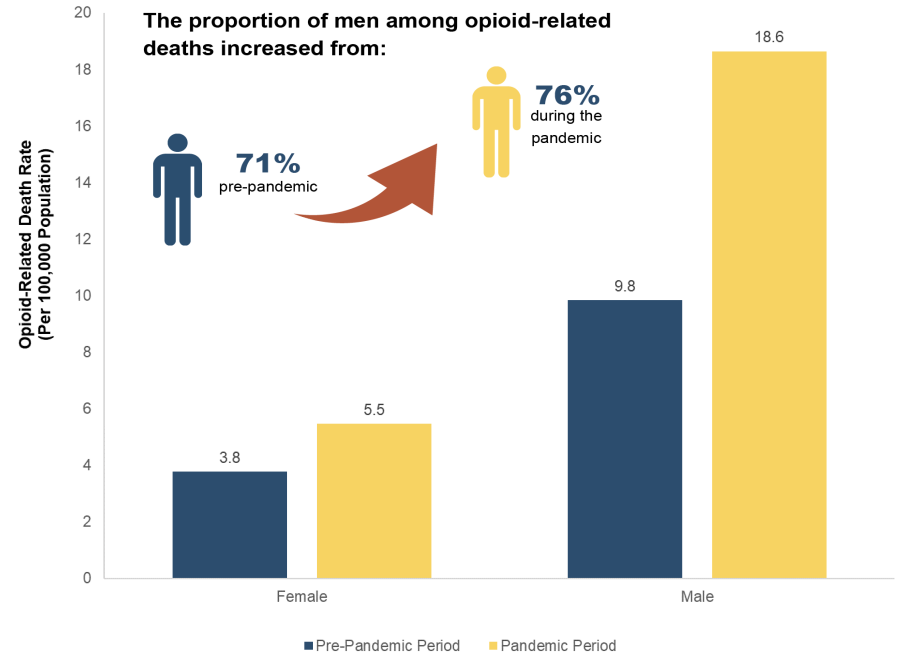
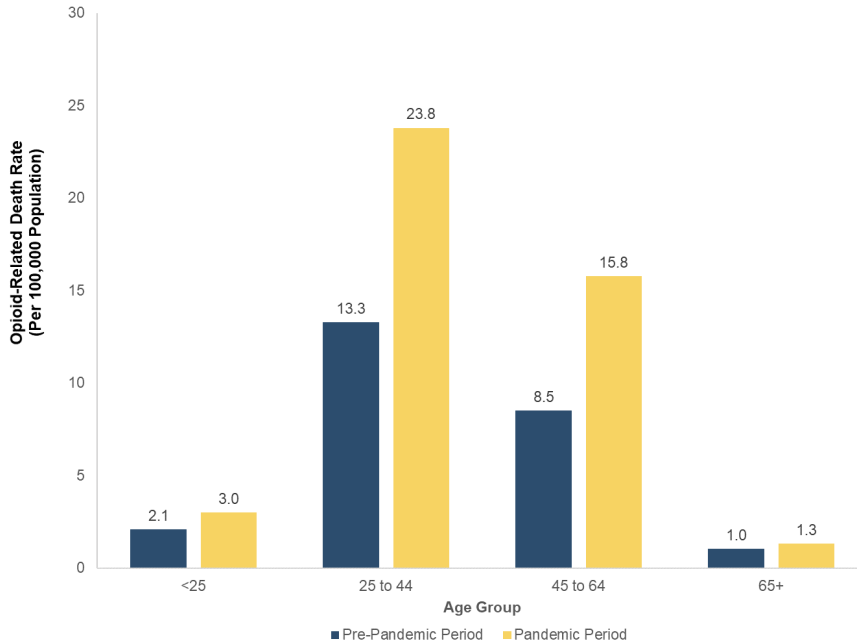
- **76% increase** in opioid toxicity deaths
- 73% of deaths occurred when no one was present to intervene
- Increased involvement of fentanyl (75% → 87%), stimulants (50% → 58%), and benzodiazepines* (30% → 46%)
- ~1 in 6 deaths were among people experiencing homelessness



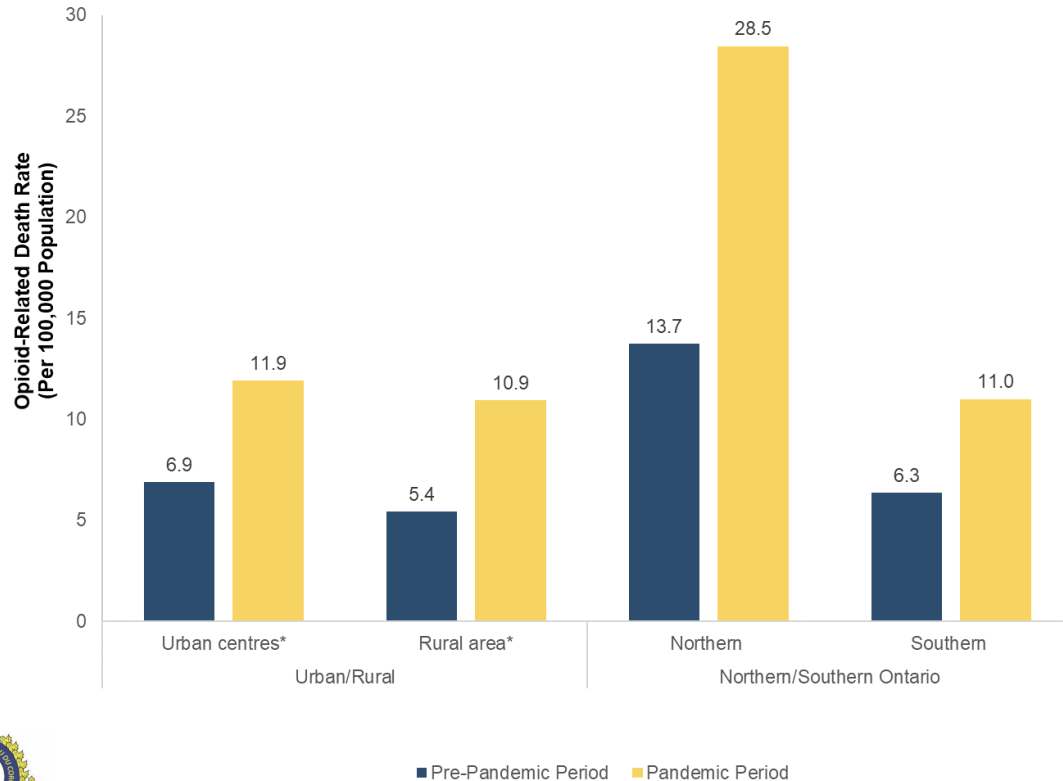
Gomes T, Murray R, Kolla G, Leece P, Bansal S, Besharah J, Cahill T, Campbell T, Fritz A, Munro C, Toner L, Watford J on behalf of the Ontario Drug Policy Research Network, Office of the Chief Coroner for Ontario and Ontario Agency for Health Protection and Promotion (Public Health Ontario). Changing circumstances surrounding opioid-related deaths in Ontario during the COVID-19 pandemic. Toronto, ON: Ontario Drug Policy Research Network; 2021

*includes detection without involvement in death

Rates of opioid toxicity deaths have doubled among 25- to 64-year-olds and among men during the pandemic

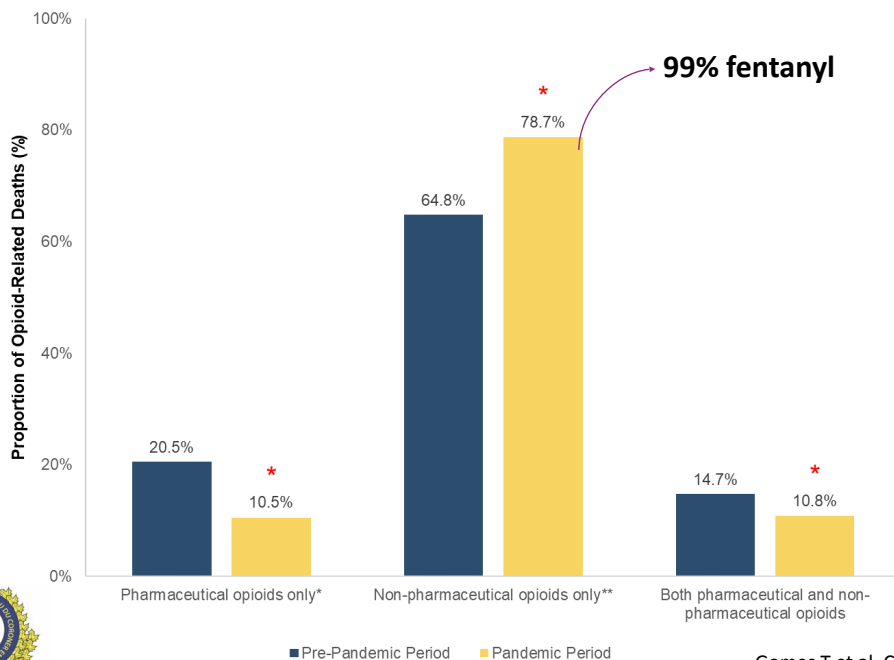


Opioid toxicity death rates similar in rural and urban parts of province, and much higher in Northern Ontario



~80% of deaths involved only non-pharmaceutical opioids

- Large increase in opioid toxicity deaths during pandemic driven almost exclusively by fentanyl
- Decrease in deaths involving only pharmaceutical opioids (in both # and %)
- Other non-opioid substances may have also contributed to these deaths



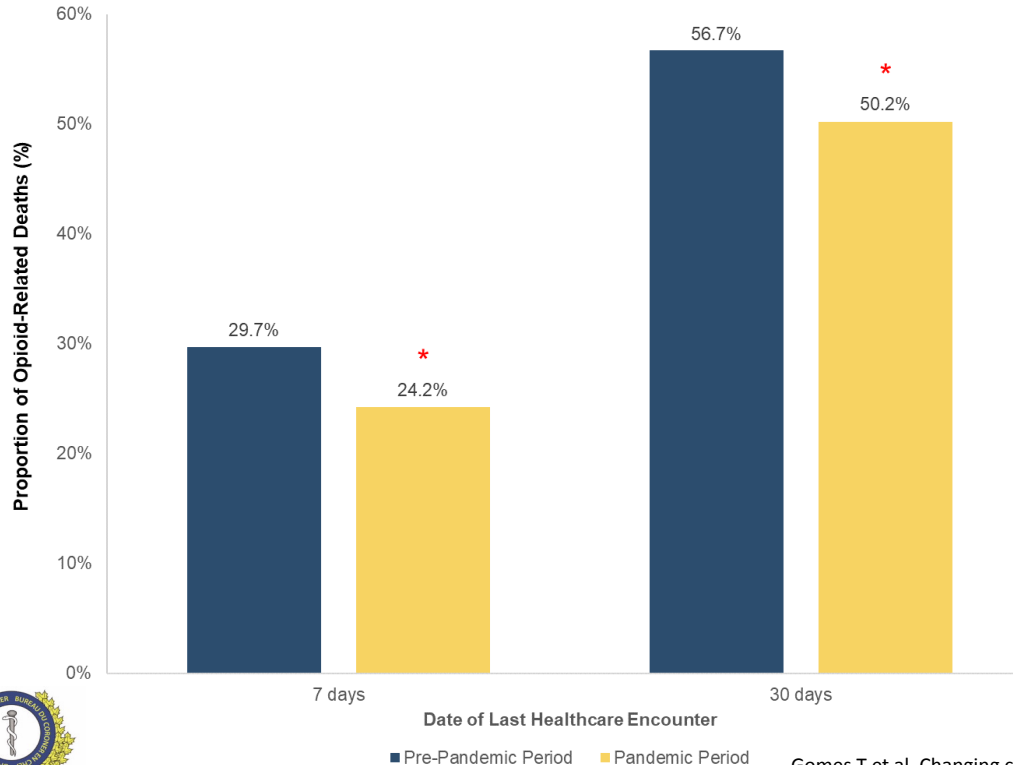
1 in 10
deaths involved
solely
pharmaceutical
opioids

Rx

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

Health care encounters leading up to fatal opioid toxicity

During the pandemic, 1 in 4 people interacted with the health care system in the week prior to fatal overdose



Health care encounters include outpatient visits (including primary care), emergency department visits, or hospital admissions.

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

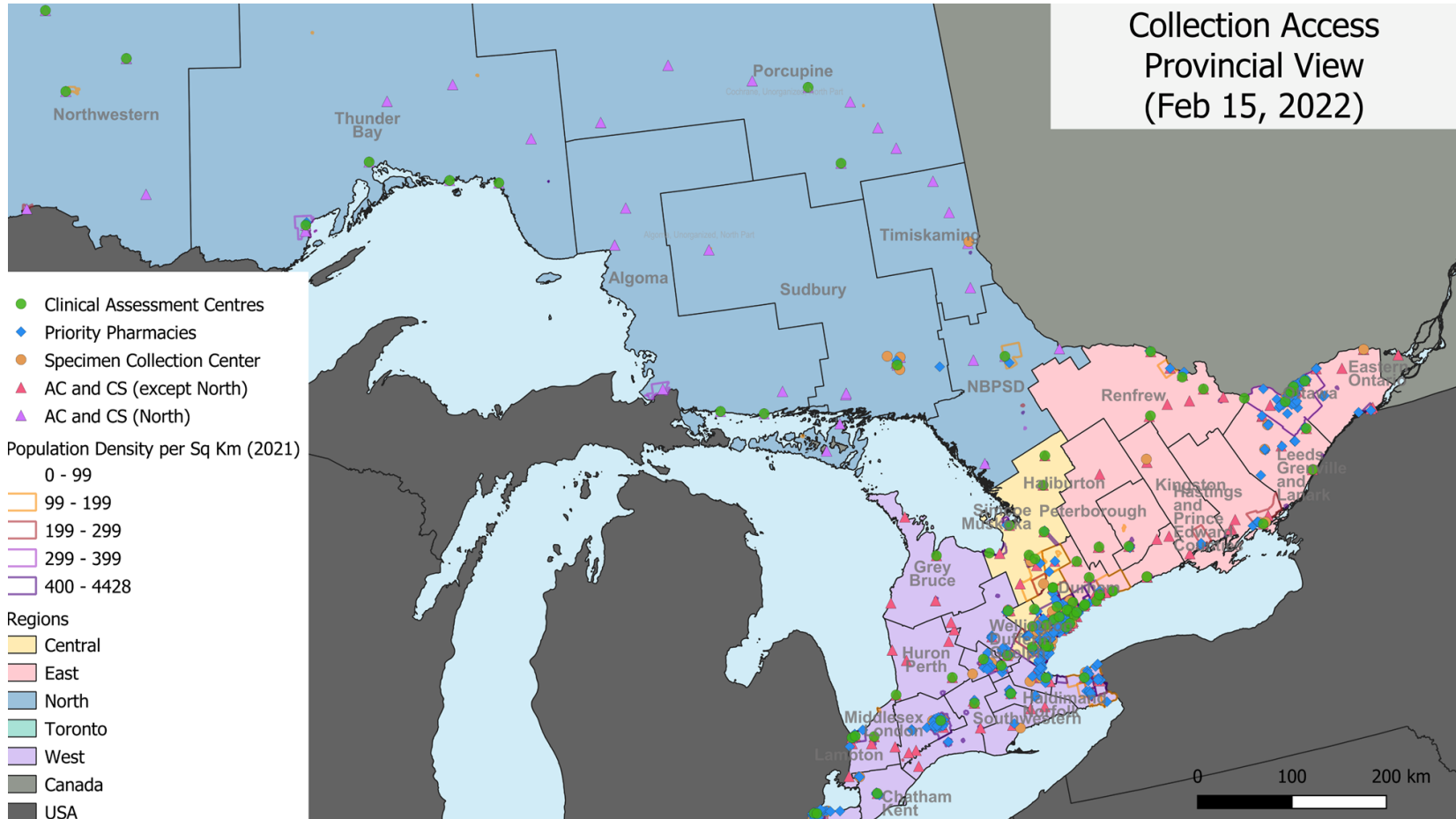


Lessons from the COVID-19 pandemic response in Ontario

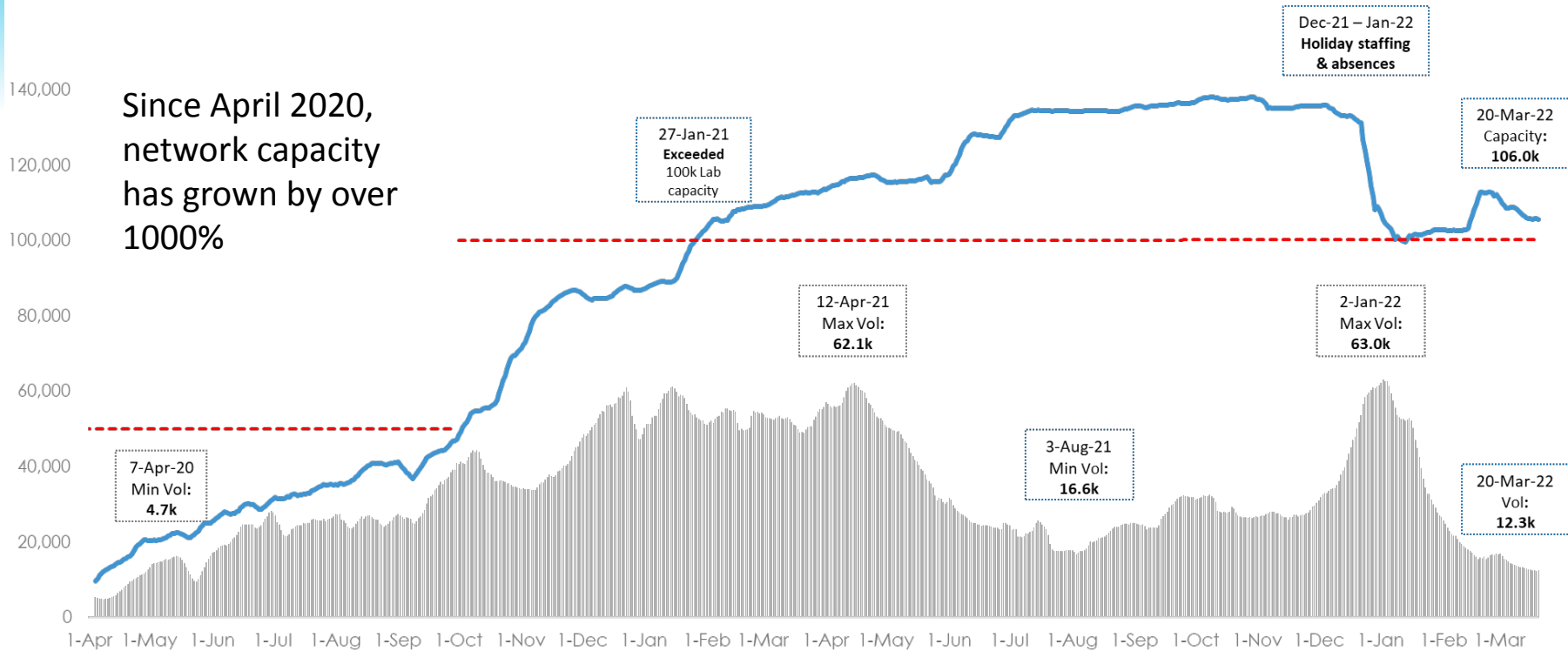
Matthew Anderson, President and CEO, Ontario Health

Implementation of a provincial COVID-19 testing network

Collection Access
Provincial View
(Feb 15, 2022)



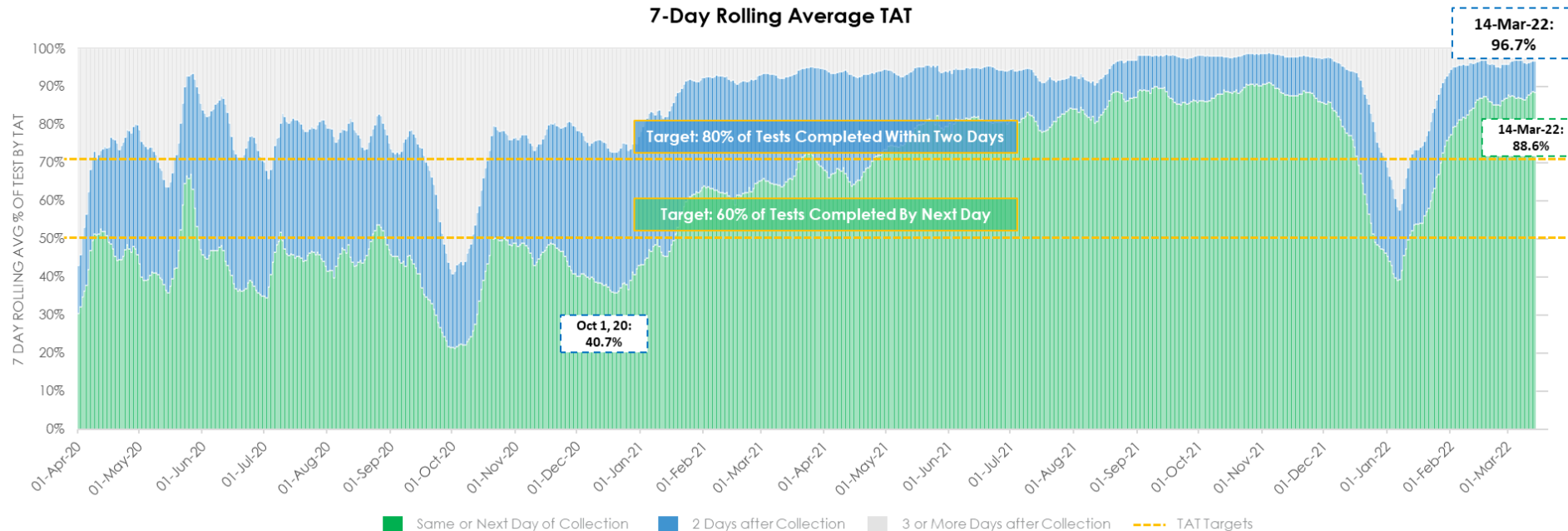
Rapid growth in laboratory network capacity and testing volumes



Iterative improvement in testing turnaround time performance

7-Day rolling average turnaround time for % of tests completed within 2 days:

138% improvement from 40.7% in early October 2020 to 96.7% as of March 14, 2022



Focus on highest-risk populations

A shared goal – to improve vaccination rates in higher-risk communities

Age group	Neighbourhood Risk*										Overall
	1 = high incidence of COVID-19 infections					10 = low incidence of COVID-19 infections					
	1	2	3	4	5	6	7	8	9	10	
80+	50%	55%	59%	66%	66%	66%	65%	72%	69%	70%	64%
75-79	37%	43%	43%	46%	45%	46%	40%	40%	30%	29%	39%
70-74	13%	19%	19%	18%	19%	21%	17%	17%	10%	9%	16%
65-69	8%	10%	10%	11%	10%	11%	10%	10%	7%	8%	9%
60-64	18%	23%	22%	21%	21%	21%	19%	18%	14%	20%	20%
55-59	7%	9%	9%	10%	11%	11%	10%	11%	10%	12%	10%
50-54	6%	7%	7%	8%	9%	8%	9%	9%	10%	11%	8%
45-49	6%	7%	6%	8%	8%	8%	8%	9%	10%	11%	8%
40-44	5%	6%	6%	7%	8%	7%	8%	8%	9%	10%	7%
16-39	4%	5%	5%	6%	6%	6%	6%	6%	7%	8%	6%
Overall	8%	10%	10%	11%	11%	12%	11%	12%	11%	13%	13%



June 7, 2021

Age group	1	2	3	4	5	6	7	8	9	10	Overall
80+	76%	77%	80%	82%	83%	84%	85%	87%	88%	88%	83%
75-79	78%	80%	82%	84%	85%	86%	87%	88%	89%	88%	85%
70-74	78%	81%	82%	83%	85%	85%	85%	87%	88%	86%	84%
65-69	79%	81%	80%	81%	83%	83%	83%	85%	85%	83%	82%
60-64	79%	80%	79%	79%	81%	81%	81%	82%	82%	80%	81%
55-59	77%	78%	75%	75%	77%	77%	77%	78%	77%	74%	76%
50-54	75%	75%	73%	71%	73%	73%	74%	75%	72%	67%	73%
45-49	72%	72%	70%	67%	70%	69%	70%	70%	66%	62%	69%
40-44	68%	69%	67%	64%	67%	66%	67%	66%	61%	58%	65%
16-39	66%	66%	63%	57%	59%	57%	59%	55%	49%	46%	58%
12-15	40%	45%	39%	34%	37%	36%	32%	28%	19%	24%	34%
Overall (12+)	69%	71%	69%	66%	68%	68%	69%	67%	66%	65%	68%

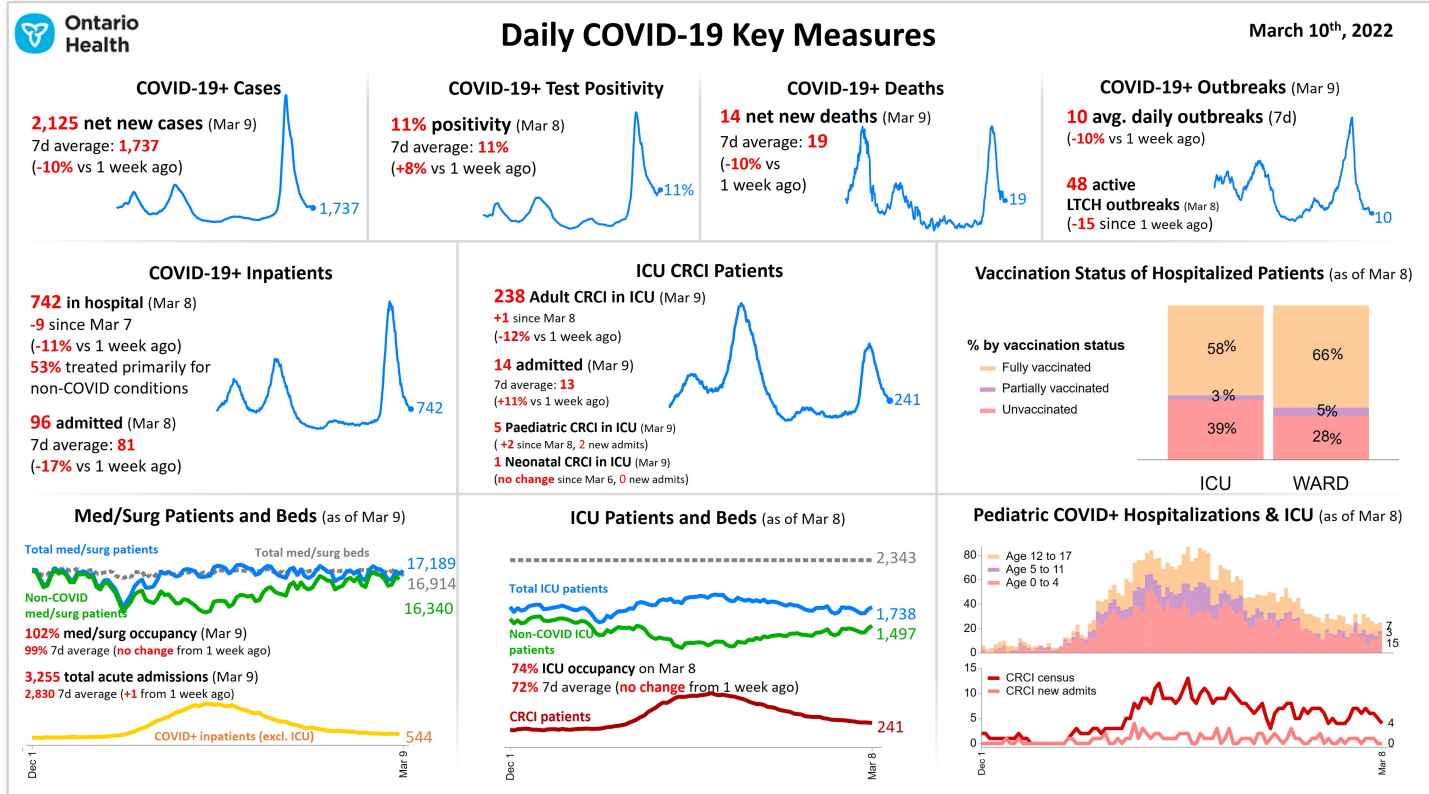


Ontario Health



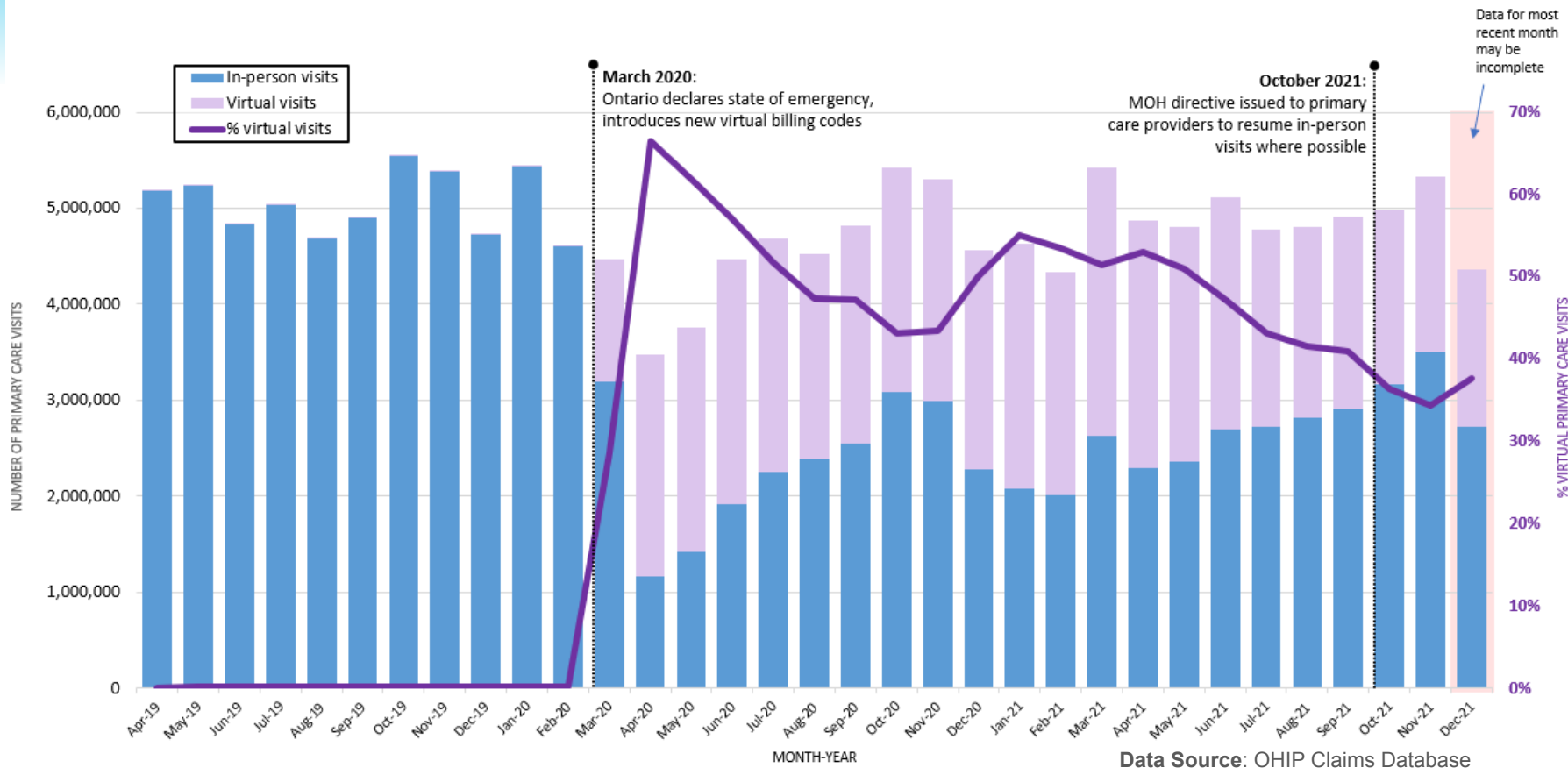
Data and analytics to support decision-making

A targeted set of metrics to guide COVID response



A rapid pivot to virtual care

In April 2020, virtual visits jumped from fewer than 1% to 67% of all primary care visits





What's possible?

Death investigation: Learning from tragedy

- Opioid Investigative Aid assists with understanding individual circumstances and aggregation to allow identification of patterns
- Introduced a new provincial IT case management system providing an investigative aid and data capture
- Developing a service delivery model to support high-quality death investigation
- Death Analytics for Safety and Health Unit to support trend identification, knowledge transfer and impactful recommendations

A path forward: Recommendations to address the substance use crisis



Ontario Health
Mental Health and Addictions
Centre of Excellence

Recommendations for Substance Use COVID-19 Recovery

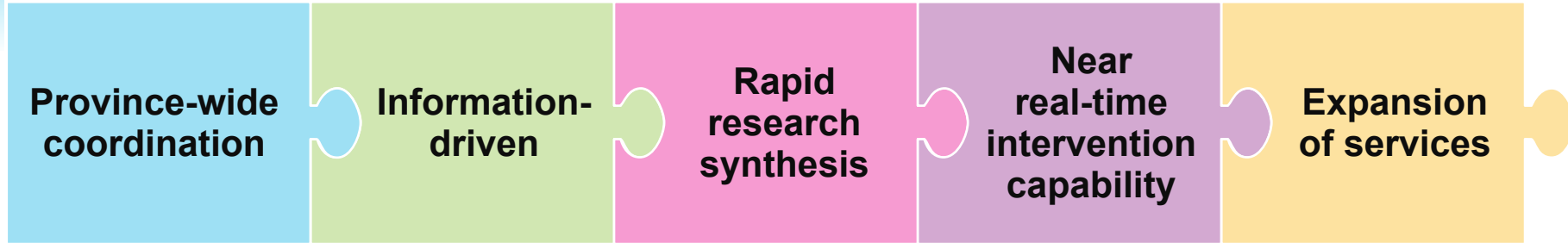
Mental Health and Addictions: COVID-19 Recovery Work
October 2021



**Ontario
Health**



Recommendations from the experts: at pandemic speed



- Implement immediately
- Include municipal, health, private sectors

- <3 months to implement, then iterate as needed

- Rapid updates to strategy and approach based on findings

- Rapid identification of at-risk individuals (response) + communities (prevention)
- <48 h from identification to intervention

- Designed provincially; implemented/managed locally



Q&A