

Drug Related Overdoses in the Annapolis Valley

Report on Findings

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Introduction

Members of the community as well as police in the Annapolis Valley have raised concerns about the incidence of drug related deaths in Annapolis Valley District Health Authority (AVDHA). Many of the deaths have been associated with the abuse of opiates as well as alcohol and other controlled substances, often in combination. Concerns about the deaths have led to requests for action on preventing and reducing harms associated with the use of opiates and providing effective and timely treatment for opiate dependency. The Minister of Health and Wellness subsequently requested me as the local Medical Officer of Health in AVDHA to obtain further information about the situation.

The abuse of opiates and other controlled substances can cause serious harm to users, their friends and families and to the wider community. Harms can include an increased risk for infection with blood borne pathogens (Hepatitis B and C and HIV) when substances are injected with shared needles, unintentional overdose and death as well as increases in criminal activity and severe disruption of education, employment and relationships with friends and families.

Preventing and reducing harms from opiate use and providing effective treatment and support to opiate users can be extremely complex and challenging. Dependency on and abuse of opiates and other psychoactive substances can often be a chronic and relapsing condition and can be difficult to treat effectively.

Methadone is often prescribed as a legal and effective drug substitute for individuals addicted to opiates. Long term methadone maintenance treatment when combined with appropriate counseling and supports can be highly effective in preventing and reducing the harms associated with opiate abuse and dependency.

Access to, and availability of, methadone maintenance treatment varies across Nova Scotia. Methadone is provided by community-based general practitioners and family physicians, by an arms-length community-based non-government program called Direction 180 (managed by Capital Health), and three district-level programs in Capital, Colchester East Hants, and Cape Breton. In the Valley, a large number of patients receive prescriptions for methadone from physicians at the independently run Mudcreek Medical Clinic in Wolfville

To gain initial insights into the scope of deaths from opiate abuse in the Valley, I obtained information from several sources. This includes information about opiate related deaths provided by friends and families of opiate users at a community meeting in Berwick as well as information from Mark Mander, Chief of Police in Kentville, the RCMP, the provincial Chief Medical Examiner, Dr. Matt Bowes, community advocates, managers of the Mental Health and Addictions Services with AVDHA and a representative of local pharmacists.

Findings

Sudden, unexpected deaths occurring in the community are identified by police or EHS and they are required to report the deaths to the Medical Examiner. Police may make a determination of the suspected cause of death based on immediately available evidence but the final decision on cause of death is made by the Medical Examiner after the results of an autopsy and toxicologic testing are available.

Information obtained from Chief Mander and Dr. Bowes confirmed that several deaths related to drug abuse are documented each year in the Annapolis Valley. Data provided by the Chief Medical Examiner shows that 14 sudden deaths in 2010 in AVDHA are under investigation. Investigation has been concluded in 5 of these deaths and all are classified as being drug related. In two of the deaths evidence of opiate use was documented (along with other prescription drugs). Toxicology results and final classification are pending for remaining 9 cases.

Drug related deaths are not confined to 2010. Five were recorded on 2007, 4 in 2008 and 7 in 2009 by the Chief Medical Examiner. Several deaths investigated by the Medical Examiner were associated with opiates although they were often combined with other medications. Benzodiazepines, alone or in combination with other drugs and alcohol were frequently identified. **The Chief Medical Examiner commented that opiate related deaths are not unique to the Annapolis Valley and the numbers in the Valley appear to be similar to what is seen in other areas across the province.**

Chief Mander identified 8 sudden deaths in 2010. Six of these appeared to likely be related to drug abuse. Drug associated sudden deaths have occurred in previous years. To date, 2 deaths in 2011 have been reported in the information from Chief Mander.

Based on information from the police, EHS and the Chief Medical Examiner, this data on drug related deaths in the community can be considered to be the most reliable information available. The data includes both intentional and unintentional deaths that may be related to drug abuse as well as from other causes.

The experience with opiate related sudden deaths is supported by the trends identified in treatment service data collected by AVDHA Addictions Services. From 2007/8 to 2010/11 the number and percentage of opiate treatment issues have risen from 141 (6.38%) to 218 (12.33%). Although there has been a gradual upward increase in AVDHA, the percentage of opiate treatment issues is still slightly less than the provincial experience (13.68%). Generally, opiate use problems are not found to occur in isolation but are often are combined with the abuse of other controlled substances.

Both Chief Mander and the RCMP confirmed that they have found evidence of the diversion for abuse of prescriptions for opiates and other controlled substances (benzodiazepines) in AVDHA. Based on police information, for the most part, pills appear to be diverted to an illicit market in a variety of ways from prescriptions received and filled by patients within AVDHA.

This is in contrast to Cape Breton where prescription drugs are often imported from outside of the region or province. Additional information provided by members of the community and some law enforcement officials, have identified a few common themes and concerns. These include concerns about:

- Prescribing of opiates and diversion and sale of prescription opiates (including methadone) in the Valley;
- Access to methadone treatment in the Valley as well as support and counseling available to methadone patients;
- Timely access to and sharing of information from the provincial Prescription Monitoring Program; and
- Timely access to treatment and the range of treatment options available to opiate users (including residential treatment and/or supportive housing and methadone)

The information provided also includes several provincial and local undertakings that can and are addressing the issues identified about opiate use and related deaths.

Local Initiatives

- AVDHA Addictions Services maintains an ongoing review of its services and programs. The DHA also has created a mental health/addictions liaison committee that includes representation from police (including the Kentville police) in the District. While the primary focus of the committee has tended to have been on mental health issues it also is meant to address addiction problems.
- The DHA is currently reviewing the issues about opiate use and related deaths in the area and is working on an action plan to identify and implement enhancements to its services and programs .AVDHA will work closely with partners in the community to identify and implement options to prevent and reduce opiate related harms and deaths and to provide timely and effective treatment programs and services.
- As part of this work AVDHA will review and build upon the guidance and recommendations provided by the provincial groups addressing opiate and other drug abuse issues. The local MOH will work with and support AVDHA in developing and implementing its plans.

Provincial Initiatives

- Development of a provincial Mental Health and Addictions Strategy. The Strategy can address the provision of an appropriate range of treatment options and services for opiate users in the province, including the Valley. Members of the advisory committee have expertise in mental health and addictions treatment and prevention. The group developing the Strategy is currently involved in public consultations which included a recent community meeting in Greenwood. In addition, community advocates and family members in the Valley were encouraged to submit an outline of their concerns and recommendations to the Strategy consultation. They have confirmed that this is their intention.
- Provincial Prescriptions and Drug Overdoses in Nova Scotia Working Group. This Working Group includes representation from addiction services, the Prescription Monitoring Program, Chief Medical Examiner, police and Department of Justice, Nova Scotia College of Pharmacists, Departments of Health and Wellness and Community Services and the Nova Scotia College of Physicians and Surgeons. Members of the Group are looking into improvements in the timely collection, analysis and sharing of data by the Prescription Monitoring Program as well as supports for comprehensive investigation into medical examiner cases and the collection and analysis of case information and data by the Chief Medical Examiner. The Group plans to develop recommendations by June 2011.
- Provincial Opiate Dependency Working Group This Working Group includes representation from addictions treatment professionals (including physicians who prescribe methadone), the Prescription Monitoring Program, Department of Health and Wellness, Chief Medical Examiner and the Nova Scotia College of Physicians and Surgeons. This Working Group collaborates to improve access to effective, evidence based treatment for opiate abuse, to develop and provide guidelines and education on opiate prescribing and to develop methadone treatment standards in the province.
- Prescription Monitoring Program. The Program maintains an electronic database for the surveillance of all prescriptions for narcotics (including opiates) in the province. The Program can monitor, assess and check abnormal prescribing patterns as well as the dispensing of narcotic prescriptions. The latter can identify filling of multiple prescriptions by individuals. The Program can provide feedback to and share information about narcotic prescriptions with physicians, pharmacists, and the police. The Program includes a Practice Review Committee that can review unusual prescribing or use of narcotics and report the information to law enforcement agencies and health professional licensing authorities.

Recommendations

Based on the information collected to date, it is clear that there are problems associated with opiate abuse and opiate related deaths in AVDHA. Sadly, the problems are not unique to the Annapolis Valley. Nor can the solutions be identified and implemented solely in AVDHA. Furthermore the solutions to the problem are complex. Fortunately several activities are currently underway at both the local and the provincial levels that can help to identify and potentially apply effective solutions.

Timely access to and sharing of up to date and accurate information on prescribing of opiates and other drugs from the Prescription Monitoring Program, information on and data from treatment services and programs in the province and data on drug related deaths from the Chief Medical Examiner is extremely important. Such information is extremely important to inform the many partners working together to reduce the harms associated with the use of and dependence on opiates and other psychoactive drugs in the province.

As previously mentioned, members of the community as well as representatives of agencies in the Annapolis Valley are involved with several of these activities and are able to provide input based on the experiences in this area. AVDHA is developing a plan to work with community partners to enhance options to prevent and reduce opiate related harms and deaths and to provide timely and effective treatment options. AVDHA will also review and build upon the guidance and recommendations that will be provided by the provincial groups that are addressing opiate and other drug abuse issues. The local MOH will work with and support AVDHA in developing and implementing its plans.

Next Steps

That this report on the concerns raised about opiate related deaths in the Annapolis Valley be received for information. Updated data from the Chief Medical Examiner and police will be added to the report as soon as they are available.

As the MOH for the area, I will continue to collaborate and liaise with the community, the Medical Examiner, law enforcement and the Annapolis Valley District Health Authority to determine the best solutions for addressing prescription drug use in the Annapolis Valley.

Appendix A

TABLE 1

SUDDEN DEATHS REFERRED BY THE MEDICAL EXAMINER – AVDHA – KENTVILLE POLICE

YEAR	SUSPECTED CAUSE of DEATH						TOTAL
	OPIATE RELATED		OTHER DRUG		NONDRUG		
	UI	SUICIDE	UI	SUICIDE	UI	SUICIDE	
2005	1						1
2006			1				1
2007	4						4
2008	1		1				2
2009			4				4
2010	2		2	2		2	8
2011	1	1					2
TOTAL	9	1	8	2		2	22

UI=Unintentional Death

TABLE 2

MEDICAL EXAMINER CASES – JAN 1, 2007 TO MARCH 30, 2011

YEAR	CAUSE of DEATH						TOTAL
	DR – OPIATE		DR – OTHER DRUG		OTHER		
	UI	SUICIDE	UI	SUICIDE	UI	SUICIDE	
2007	5				2	2	9
2008	2	1	1			1	5
2009	3		3	1	1	2	10
2010	1	1	2	1			5 *
TOTAL	11	2	6	1	3	6	29*

*=Classification Pending for 9 Deaths DR=Drug Related (Associated with Opiates or Other Drugs)

UI=Unintentional Death