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Debasree Deb
Western University

Nicole Dupuis
Windsor Essex County Health Unit

Eric Nadalin
Windsor Essex County Health Unit

Mark Speechley
Western University, mark.speechley@schulich.uwo.ca

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CASE 4

Opioid Crisis in the Windsor-Essex Community: Time for Responsible Opioid Prescribing?

Debasree Deb, BSc, MSc, MPH (Class of 2019)

Nicole Dupuis, MPH (Director of Health Promotion, Windsor Essex County Health Unit)

Eric Nadalin, M.Sc. (Kin.)

(Manager, Chronic Disease and Injury Prevention, Windsor Essex County Health Unit)

Mark Speechley, PhD (Professor, Western University)

“Any other ideas about what our group’s focus should be?” Julianne asked the health care provider working group committee while concluding the Thursday operational meeting (TOM). The meeting had been scheduled every two months for the past six months to discuss priorities within the Prevention and Education working group, one of the four pillar working groups that were part of the Windsor-Essex Community Opioid and Substance Strategy (WECOSS). Julianne Shelby is the Director of Health Promotion at the Windsor-Essex County Health Unit (WECHU) and has been actively involved with the WECOSS since its inception. She knew how important it was to push the WECOSS forward to address the growing opioid crisis in the community. She had been in frequent discussions with community partners for the past several months to develop priorities for improving overdose prevention and education in the Windsor-Essex region.

Responding to Julianne’s question, Sharon Grey, a nurse practitioner, replied, “I think addressing opioid prescription should be the priority of our group—we need to start looking for alternatives for pain management so that we can limit our prescriptions for opioids.”

Simran Gill, one of the representatives from the local Family Health team nodded while echoing Sharon’s comment: “Yes, our team should focus on developing best practices and educational materials related to opioid prescriptions and promote sharing of these resources with clients and patients.” Julianne agreed immediately. Given the disproportionately large number of opioid prescriptions filled every year in the community, she knew it was time for action. However, she felt somewhat overwhelmed knowing that developing a strategy for implementing this plan within a short time frame was going to be challenging for her and her team.

BACKGROUND

Julianne Shelby has been working as the Director of Health Promotion for more than five years. She has a keen interest in equity and social determinants of health and, more recently, she has developed a desire and need to mitigate the risks of opioid use in the community. As the Director, Julianne has been responsible for managing multiple programs and personnel in different health promotion programs, including chronic disease and injury prevention, oral health, healthy schools, and healthy families. Because of her growing interest in opioid prevention, and in response to the recent opioid crisis in the Windsor-Essex region, she became an active member of the WECOSS leadership committee. The leadership committee was formed in 2016 by bringing together community partners and key stakeholders from different

Opioid Crisis in the Windsor-Essex Community: Time for Responsible Opioid Prescribing?

sectors to collectively address the growing opioid crisis in the Windsor-Essex region. The committee aims to address this crisis by reviewing local data, and by employing community resources and evidence-based best practice strategies (WECOSS, 2018). With multiple community partners across the region all working towards improving the lives of Windsor-Essex residents, it did not take long to attract like-minded stakeholders to form this leadership committee and create an action plan that would help address the local opioid crisis. Throughout the creation of the WECOSS leadership team, Julianne Shelby with Steven Dire, Manager of Chronic Disease and Injury Prevention, and Dr. Tim Mackenzie, Executive Director of WECHU, have played a key role in assembling the leaders and community partners to initiate a conversation on opioids and discuss what can be done to curb this community crisis.

THE OPIOID CRISIS

The opioid crisis refers to the rising number of opioid-related overdoses and deaths, either from prescription opioids or from the increased availability of illegal, adulterated forms of potent opioids such as fentanyl (Health Canada, 2018). The problem of opioid misuse and abuse has become one of the most pressing public health concerns within Ontario and across Canada. Over the past few years, the number of opioid-related deaths, emergency department visits, and hospitalizations has increased at an alarming rate, leading to the declaration of the opioid crisis as a public health emergency (Health Canada, 2018). No region in Canada has remained unaffected by the crisis – the problem has affected communities of all sizes across the country, triggering prompt action at both the federal and provincial levels. Today, over-prescription of opioids, coupled with an increased availability of illicitly manufactured fentanyl, have resulted in an increased supply of opioids in the environment, which in turn has inevitably led to a number of unwanted consequences, particularly a rise in the number of misuse and opioid-related deaths (Canadian Psychological Association, 2019). Today, fentanyl and fentanyl analogues have been reported to be the major drivers of the opioid crisis in the country, accounting for approximately 73% of accidental opioid-related deaths (Public Health Agency of Canada, 2019). A recent report published by Statistics Canada (2019) showed that average Canadian life expectancy has not increased for the first time in four decades, and the reason behind this is being largely attributed to the increased number of opioid-related deaths.

The Changing Face of the Opioid Problem

Opioids are one of the most effective medications for pain relief; however, today, there is a huge number of overdoses and deaths due to excessive marketing and opioid over-prescription (Rose, 2018). The 2000s witnessed a significant rise in opioid prescriptions with resultant increases in addiction, diversion, and fatal overdoses (Schatman, 2015). With a population of approximately 13 million in Ontario, more than 9 million opioid prescriptions were filled by Ontarians between 2015 and 2016 (Health Quality Ontario, 2017) (Exhibit 1). The total number of opioid prescriptions dispensed to Canadians in 2016 increased to more than 20 million, making Canada the second largest user of prescription opioids in the world, next to United States (Belzak & Halverson, 2018). The Canadian Institute for Health Information (2019) reported that at least 1 in 8 Canadians (12.3%) were prescribed opioids in the year 2018 (Exhibit 1). In the same year, more than one quarter of opioid prescriptions reportedly failed to meet the recommended dosage guidelines (Pasricha et al., 2018). These findings come amid concerns that Canadians are often overprescribed opioids for chronic pain conditions, and this has, in part, led to the higher number of opioid addictions in the country (Institute for Clinical Evaluative Sciences, 2018). This highlights the fact that the nature of opioid dependency has shifted, with most users now first exposed to the drug through prescriptions instead of through the illegal market. A report published by the Canadian Tobacco, Alcohol and Drugs Survey (2017) showed a similar finding with 12% of Canadians aged 15 years and older using

Opioid Crisis in the Windsor-Essex Community: Time for Responsible Opioid Prescribing?

prescription opioids in 2017. These findings are particularly alarming. With rising national awareness regarding the potential harms associated with opioid use, the number of opioid prescriptions has started to show a slight decline in the recent years; however, the rise in opioid-related harms and deaths either due to illicit drug use or overprescribing of opioids still needs to be adequately addressed using an effective, multipronged strategy (Canadian Institute for Health Information, 2019).

The changes witnessed with opioid use implies the public health response in Canada needs to be re-evaluated and adjusted, with new approaches needed, including better prescription awareness. In addition to enhanced patient awareness about appropriate opioid use, there is a need for enhanced prescriber education about appropriate prescribing practices to ensure healthcare professionals prescribe opioids more responsibly to minimize opioid-related harms and addiction (Kolodny et al., 2015). However, the matter is complicated by the fact that preventing people from refilling their prescriptions will have unintended negative consequences that need to be considered when making any policy changes. Opioid prescribing is currently garnering significant attention from community members and public health professionals, and it is hoped that addressing this issue through a multifaceted approach will provide a solution to reduce the overall problem of opioid addiction in the country.

THE LOCAL CONTEXT

The WECHU is located in the Southwestern Ontario county of Essex. The county comprises one metropolitan area, the City of Windsor, and eight municipalities: LaSalle, Amherstburg, Essex, Leamington, Lakeshore, Kingsville, Tecumseh, and Pelee Island (WECHU, 2016) (Exhibit 2). The City of Windsor comprises most of the population in the county. The highest rates of opioid overdose-related incidents such as emergency department visits and deaths have been reported in downtown Windsor, with a high rate of opioid users found in the downtown core of Leamington as well (WECOSS, 2018). Because the concentration of opioid users and resultant opioid-related harms is highest in the downtown hubs of Windsor and Leamington, these areas have been given the greatest priority for addressing the issues of the opioid crisis in this region. The Windsor-Essex region ranks seventh among the highest rates of opioid users in the province, with the rates progressively increasing each year (WECHU, 2018). In addition to the high number of opioid users in the Windsor region, opioid prescriptions are notably highest within the Erie St. Clair Local Health Integration Network, which includes the Windsor-Essex region, thus posing an area of concern for this community (Health Quality Ontario, 2017). Since 2003, the number of opioid-related emergency department visits and deaths has increased significantly, with 19 of 24 opioid-related deaths occurring in the City of Windsor in 2015 alone (WECHU, 2017). The Windsor-Essex region reported 220 opioid-related emergency department visits in 2017, two times more than the 78 opioid overdose emergency department visits reported in 2007 (WECHU, 2019) (Exhibit 3). Each day, there are three to four emergency department visits related to opioid use, which is a serious concern for the county (WECHU, 2019). It is noteworthy that, as opioid-related harms have increased across the province, the burden of opioid use in the Windsor-Essex region has been unfortunately increasing even faster than in other regions (WECHU, 2017).

In April 2019, the accidental opioid overdose death of a 23-year-old man named Aamir sparked an alert in the community. Aamir was an electrician at Canadian Motor Corporation, an automotive company, and had become addicted to prescription opioids after sustaining an injury while working at the plant. He was a typical case of "iatrogenic" opioid addiction; he had no known history of substance use. At first, Aamir took his pain medications in the quantities prescribed by his family doctor; however, he started increasing his dose inappropriately when

Opioid Crisis in the Windsor-Essex Community: Time for Responsible Opioid Prescribing?

he began experiencing more episodes of acute, debilitating pain. As the news of Aamir's death spread across the media, Dr. Tim Mackenzie started to feel very anxious about the situation. "Aamir's death is one among hundreds of cases that could have been prevented if there was more awareness in the medical community about appropriate opioid prescribing," Dr. Mackenzie murmured to himself. He was concerned about the number of young adults dying from overdose cases in the region. In early 2019, before Aamir's death, there were four opioid-related overdose deaths over a 24-hour period in Windsor's downtown area, prompting public concern. So far, efforts to address this situation have not curbed the rising rates of overdoses and deaths associated with opioid use. As Dr. Mackenzie looked out the window while hearing the sirens of an ambulance whiz by, he wondered whether it was another victim of an opioid overdose. He knew that, although the WECOSS was in effect, a lot of work still needed to be done to prevent overdose deaths in the local context. He picked up the phone and made a call to Julianne and said, "Hi Julianne, let's plan a meeting. We can't let this continue. I think it's time for the health unit to take prompt action by pushing the opioid strategy forward."

The opioid crisis soon became a high priority in the Windsor-Essex region and, in response to this, the provincial government provided increased funding to the WECHU to address the issue. Julian and Steven knew right away that the funds needed to be allocated in an efficient manner to create the maximum impact on the community. Julianne said to Steven, "I have a couple of strategies in mind for allocating the resources. However, we need to discuss the plans with Dr. Mackenzie as well as with our WECOSS leadership committee members, and then work out a plan to best meet the needs of the Windsor-Essex region residents."

The Windsor-Essex Community Opioid and Substance Strategy

The WECOSS leadership committee was formed with the collaboration of multiple stakeholders representing different sectors, including public health, emergency services, the Erie-St. Clair Local Health Integration Network, Windsor-Essex Police Services, the City of Windsor, County of Essex, Windsor-Essex hospitals, primary care providers, pharmacists, addiction and mental health service providers/harm reduction agencies, school boards, pharmacies, and peer community members. The leadership committee's initial vision was to work collectively towards the implementation of a local opioid strategy, and this later became known as the WECOSS. These community partners had two main objectives – reduce the burden of opioid-related harms and deaths in the community, and mobilize individual and collective efforts to improve the social and health issues associated with the increasing use of opioids in the community (Canadian Centre on Substance Use and Addiction, 2017).

The initial step for the development of the WECOSS was to create a local response plan by consulting residents of Windsor and Essex County to get a complete picture of the issues and concerns relevant to the community. This was followed by an environmental scan of existing community resources and best practices from national and international agencies. A special effort was undertaken to include people with lived experiences because a majority of the leadership committee felt that involving these people was critical in the planning and decision-making process, particularly for developing the types of programs and services these community members would want to access. This strategic planning process was further shaped by two community engagement and feedback forums and an online community feedback survey (WECOSS, 2018). The community feedback questionnaire was disseminated to gather information about the knowledge gaps regarding opioid use and the barriers to accessing existing community programs and services. The survey was also designed to generate feedback from the community about the different ways the current system could be improved to meet their needs. The survey was disseminated to 53 local organizations. The organizations

Opioid Crisis in the Windsor-Essex Community: Time for Responsible Opioid Prescribing?

that responded to the survey were also asked about their interest in collaborating with the WECOSS leadership committee to support the development and implementation of the community opioid strategy. Approximately 91% of the survey respondents responded positively, indicating that the opioid strategy was something they wanted to support in an effort to grapple with the opioid crisis in the community (WECOSS, 2018).

The development process resulted in eight key recommendations categorized under the four pillars of the Canadian drugs and substances strategy – prevention/education, harm reduction, treatment/recovery, and enforcement/justice (Health Canada, 2019) (Exhibit 4). The eight recommendations have both short-term and long-term action plans. The execution of these action plans is the primary responsibility of the four pillar working groups who are achieving this by utilizing a combination of existing community programs, resources, and services.

The Pillar Working Groups – The Windsor- Essex Community Opioid and Substance Strategy

The four working groups of the WECOSS represent the four pillars of the Canadian drugs and substances strategy (Health Canada, 2019). These groups are assigned the task of implementing strategies based on the WECOSS action plan.

1. **Prevention and Education.** The Prevention and Education working group aims to address and minimize the risk factors associated with substance abuse, enhance protective factors including prevention and awareness strategies, and promote a supportive and healthy environment.
2. **Harm Reduction.** The Harm Reduction working group is tasked with developing initiatives to minimize the physical, social, and financial harms associated with substance use, and to enhance the knowledge and skills of people who use substances. They are achieving this through a variety of approaches that include, but are not limited to, preventing risk of infectious diseases, preventing overdose-related deaths, and helping minimize the consumption of substances by providing a safer, supervised use environment.
3. **Treatment and Recovery.** The Treatment and Recovery group works toward facilitating access to services for people who use substances; these services include withdrawal programs, residential programs, and counselling.
4. **Enforcement and Justice.** The Enforcement and Justice working groups work to strengthen community safety by facilitating coordination between healthcare services and law enforcement agencies, and by reinforcing the role of enforcement agencies and first responders who respond to crimes associated with substance use.

THE THURSDAY OPERATIONAL MEETING

The first Thursday operational meeting was held in May 2018 to discuss priority areas and to create an action plan for the Prevention and Education working group. The health care provider working group was one of the subcommittees of the Prevention and Education working group, and their focus was the implementation of best practices pertaining to opioid prescribing and alternative options for pain management. Dr. Mackenzie and Julianne were the chair and co-chair, respectively, with Julianne acting as chair if Dr. Mackenzie was away. The working group included members from WECHU's Health Promotion team, as well as representatives from Family Health Teams, community health centres, area hospitals, and nurse practitioner-led clinics.

Opioid Crisis in the Windsor-Essex Community: Time for Responsible Opioid Prescribing?

Julianne began the meeting by providing a brief overview of the meeting agenda, while Steven presented the updates on the WECOSS. Before creating an action plan, Julianne opened up the conversation and asked the committee members to come up with their own ideas and priorities for the group.

Sharon Grey replied, “I would like to be able to confidently prescribe pain medications for my clients who have back pain, but I don’t want to prescribe opioids without a clear understanding of best practices. We need to have more resources in our community.” After recently helping establish a pain clinic in the Windsor-Essex region, Sharon was in the process of shifting her job focus to prescribing.

Tiara Hewes, one of the representatives from the community health centre, added: “Going back to the recent overdose-related death of Aamir, I feel it is time for additional attention and education around opioid prescribing and opioid use in the community, both for clinicians and patients. We need to take a coordinated approach to address the multifaceted problem of this opioid crisis.”

“I agree,” said Kelly Shaw, a family physician in Essex Family Health Team. “When we talk about the number of opioid overdose deaths and addiction cases that are attributable to prescriptions, we need to identify the underlying issues, the knowledge gaps, and the attitudes of opioid prescribers in the community.”

Dr. Gary Murray, a physician with the community health practice team and a member of the health care provider working group, responded, “We also need to be aware of the unintended consequences of opioid prescription. I have seen prescribers in the United States refusing to prescribe opioids to their patients who have pain conditions largely because they fear legislation or threats from drug enforcement agencies. We need to cautiously move towards an opioid prescribing strategy.”

Polly Fells, a pharmacist from Leamington, agreed with Dr. Murray’s comments. “I second Dr. Murray’s opinion. I have seen my own relatives who have chronic pain conditions making the ‘pharmacy crawl’ looking for a pharmacy that is willing to fill their prescriptions. It’s hard for patients who have genuine pain conditions. The whole situation needs to be addressed strategically.”

“I believe that we need to review research evidence-based guidelines for opioid prescribing practices,” said Jacqueline Slovak, a pharmacist at the Windsor Regional Hospital who was also pursuing research related to opioid misuse prevention for the past seven years. “We should be looking for best practices and educational materials that we can share with our physicians, pharmacists, patients, and their families to empower them with the information they need to make the right decisions. I think public awareness about the risks of opioids in the community should also be enhanced further,” she added.

After listening to the conversations in the room, Julianne mentioned, “I totally agree with everyone in this room – the discussion has been very informative. Considering the local evidence, our priority at this moment should be addressing opioid prescribing among primary healthcare providers. However, we need to be cautious and attempt to strike the right balance between overprescribing and maintaining patient access. Our focus should also be on increasing overall education and knowledge about the potential for opioid abuse in the community. There is a general lack of awareness about opioid use across all demographics.”

Opioid Crisis in the Windsor-Essex Community: Time for Responsible Opioid Prescribing?

Steven Dire commented, “I think our priorities also align with the data that we generated from the community consultation process. The information we have gathered and reviewed so far has pointed toward a general agreement across all community sources regarding the dire need for providing better education on pain management and appropriate opioid prescribing practices for physicians, nurse practitioners, and pharmacists.” He added, “We have noticed that more than 80% of survey respondents viewed this as a huge benefit for the community at large, and more than 15% of the comments collected from the forum supported this.” Steven began sharing some of the responses that WECOSS had received as part of the survey and community consultation process (WECOSS, 2018).

“We are concerned about the frequency and reasons for which the family doctors and dentists are prescribing opioids and narcotics, even for young children. My 9-year-old son was offered opioids after a minor dental procedure.”

– Survey respondent

“Physicians today are giving huge prescriptions (70 pills); rather, they should give a seven-day dose and follow up with the patient.”

– Community forum participant

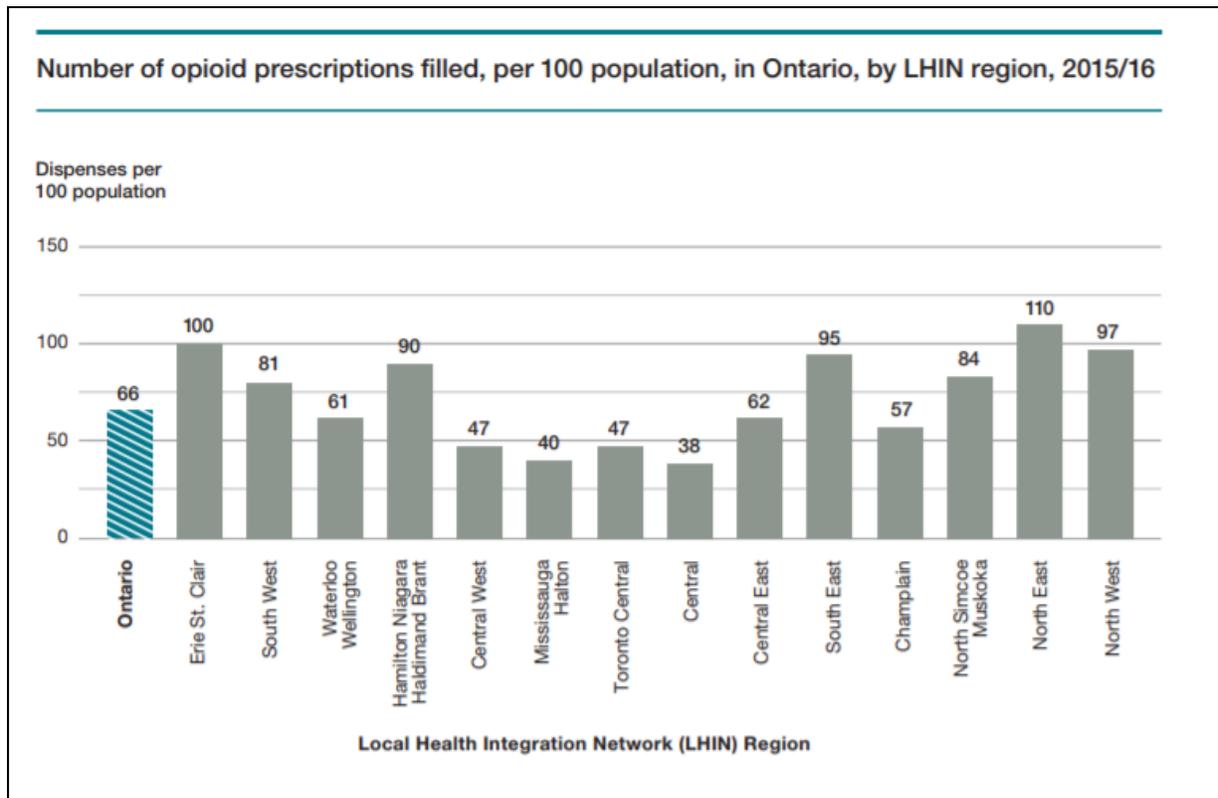
In keeping up with Steven’s update, Dr. Mackenzie provided further highlights regarding opioid prescribing in the Windsor-Essex region. He commented that, “According to the report, healthcare providers in our community prescribed, on average, approximately 40 more opioid prescriptions per 1000 population every year, and five to 12 more opioid prescriptions per 1000 population to treat cough per year, than the provincial average.” He emphasized that this was an area of concern for the Windsor-Essex region, and added that “perhaps the initiation of opioid use among Windsor-Essex region residents and increased cases of opioid overdose in recent years could partly be attributed to some of these factors. In my opinion, this issue should be considered as one of the top priorities for the health care provider working group.”

Overall, members who attended the Thursday meeting had agreed to examine opioid prescribing tools or materials being used within their own practice. Before adjourning the meeting, Julianne thanked all the working group members for their time and said, “I am glad that we have been able to reach a consensus regarding the group’s priorities. We hope to organize the next meeting in two months and finalize our next course of action.” As she walked back to her office, she pondered the discussion they had during the meeting. “How serious could the unintended negative consequences of restrictive prescribing be?” she wondered, and thought to herself, “But it is also what is needed right now.” Julianne knew that a lot of work needed to be done to get this project started. She had several questions. What sources of evidence should be reviewed for best practices and tools for opioid prescription? What would the best strategy be for developing educational resources for patients and families? How do we determine the existing knowledge and knowledge gaps among healthcare providers regarding opioid prescribing practices? Her next challenge was to find someone who could take the project forward. The next meeting was in two months, but she knew she had to initiate the planning process immediately. She wondered, “How do we develop an action plan to implement the opioid prescribing project within such a short timeframe and without an appointed and dedicated project chair?”

Opioid Crisis in the Windsor-Essex Community: Time for Responsible Opioid Prescribing?

EXHIBIT 1

Number of Opioid Prescriptions Filled in Ontario between 2015 and 2016



Source: Health Quality Ontario, 2017.

Opioid Crisis in the Windsor-Essex Community: Time for Responsible Opioid Prescribing?

EXHIBIT 2

The Regions of Windsor-Essex that are Served by the Health Unit

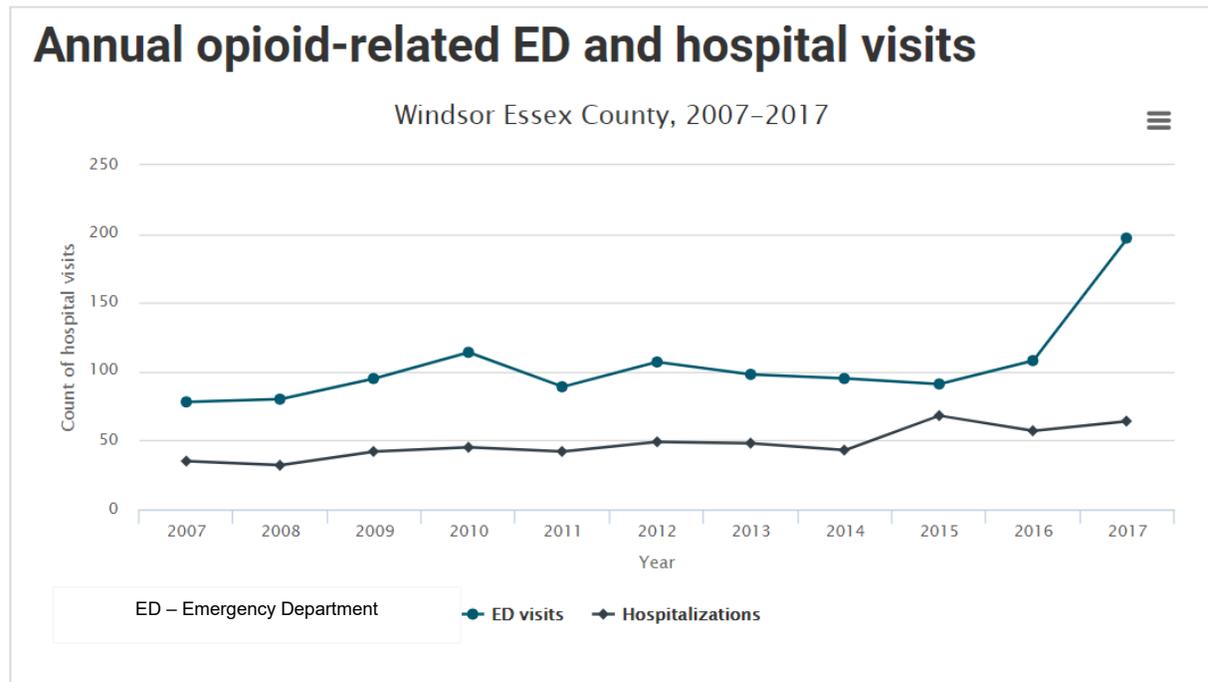
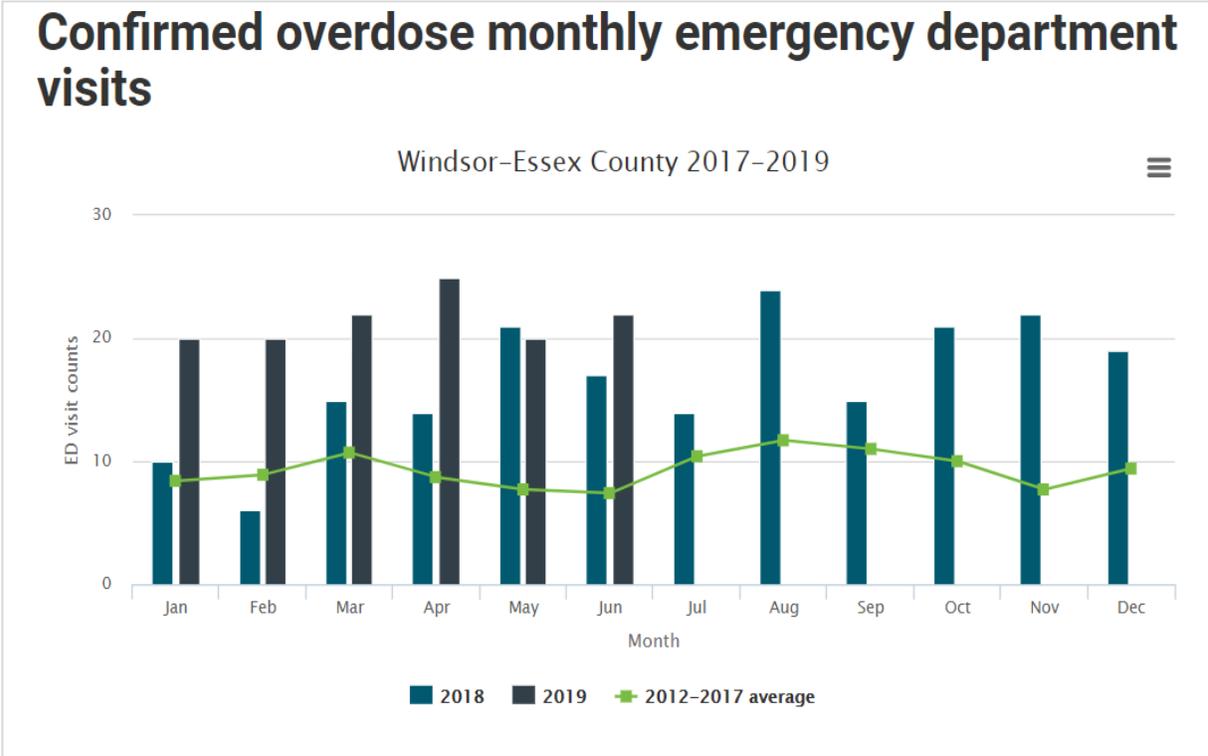


Source: Windsor-Essex County Health Unit, 2016.

Opioid Crisis in the Windsor-Essex Community: Time for Responsible Opioid Prescribing?

EXHIBIT 3

Opioid-Related Emergency Department Visits and Deaths in Windsor-Essex

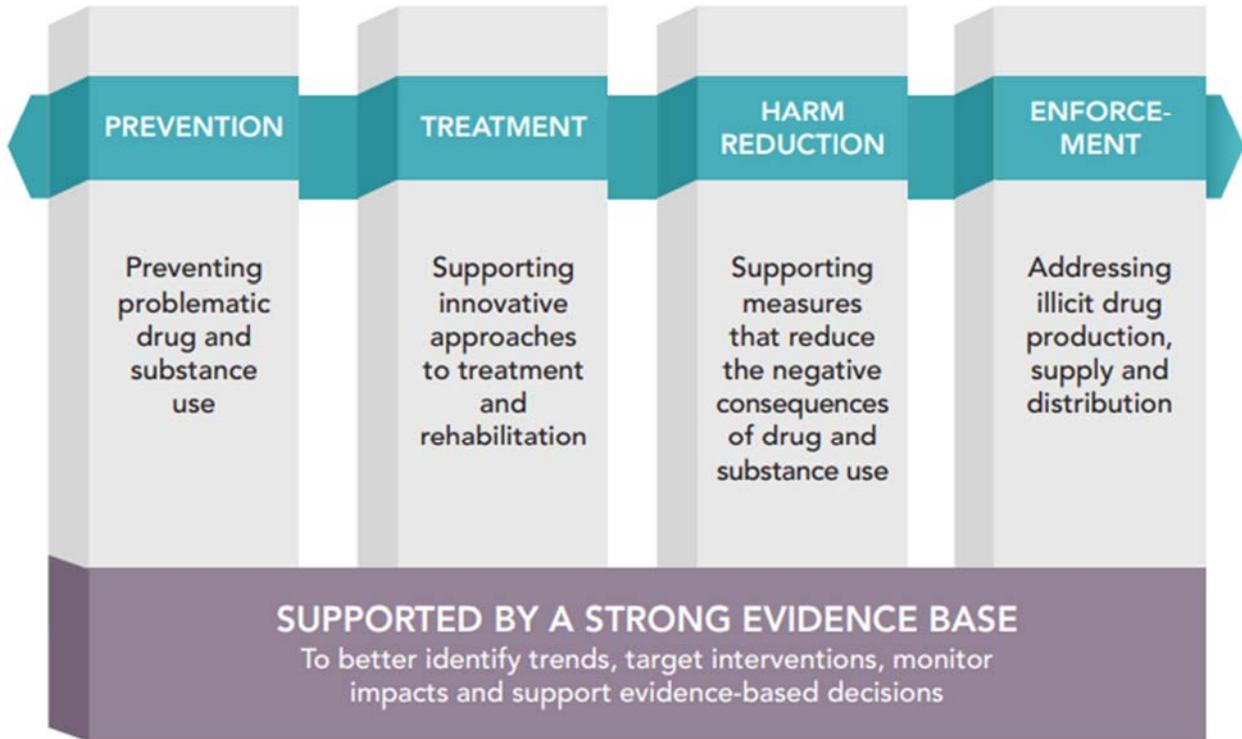


Source: Windsor-Essex County Health Unit, 2019.

Opioid Crisis in the Windsor-Essex Community: Time for Responsible Opioid Prescribing?

EXHIBIT 4 Canadian Drugs and Substances Strategy

A COMPREHENSIVE, COLLABORATIVE, COMPASSIONATE
AND EVIDENCE-BASED APPROACH TO DRUG POLICY



Source: Health Canada, 2019.

Opioid Crisis in the Windsor-Essex Community: Time for Responsible Opioid Prescribing?

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Opioid Crisis in the Windsor-Essex Community: Time for Responsible Opioid Prescribing?

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INSTRUCTOR GUIDANCE

Opioid Crisis in the Windsor-Essex Community: Time for Responsible Opioid Prescribing?

Debasree Deb, BSc, MSc, MPH (Class of 2019)

Nicole Dupuis, MPH (Director of Health Promotion, Windsor Essex County Health Unit)

Eric Nadalin, M.Sc. (Kin.)

(Manager, Chronic Disease and Injury Prevention, Windsor Essex County Health Unit)

Mark Speechley, PhD (Professor, Western University)

BACKGROUND

Canada is in the midst of an opioid crisis, with the number of opioid-related harms and overdose cases increasing rapidly over the past few years. The opioid crisis involves a rising number of opioid-related deaths and overdoses, either from prescription opioids or from the increased availability of illegal, adulterated forms of potent opioids such as fentanyl. Today, fentanyl and fentanyl analogues have been reported to be the major drivers of the opioid crisis in the country, accounting for approximately 73% of accidental opioid-related deaths. Opioid-use disorders are increasingly prevalent in patients with chronic pain who have received opioids for management of their condition. Canadians are often overprescribed opioids for chronic pain conditions, which has, in part, led to the higher number of opioid addictions in the country. Unfortunately, with the increase in opioid-related harms across Ontario, the burden of opioid use in the Windsor-Essex region has increased even faster than in other regions in the province. In response to the growing opioid crisis in the Windsor-Essex community, a multipronged initiative - the Windsor Essex Community Opioid and Substance Strategy - was developed and adopted to address the increases in opioid-related harms in the county. As a result of the increasing number of opioids prescribed by healthcare providers in Windsor-Essex County, and after consulting community partners and key stakeholders, it was decided that educating patients about opioids and supporting healthcare providers through appropriate opioid prescribing practices should be the main components of the strategy. Enhancing the education of health care providers has been identified as a key strategy to prevent opioid addiction and overdose in Ontario.

To implement the healthcare providers' education program, it is important to gather information on the best practices and guidelines for opioid prescribing, and to understand healthcare provider knowledge/knowledge gaps in relation to best practices. This will inform the planning and development of tools and resources for educating patients and healthcare providers on opioid use and chronic pain management.

OBJECTIVES

1. Understand the state of current knowledge about the prevalence of opioid use within Ontario.
2. Describe the goals and objectives of the four pillars of the Canadian drugs and substances strategy.
3. Demonstrate evidence-based planning skills and strategies to develop action plans for a healthcare provider education program.

Opioid Crisis in the Windsor-Essex Community: Time for Responsible Opioid Prescribing?

4. Discuss the importance of community engagement and communication in addressing the multifaceted problem of the opioid crisis.
5. Describe the role of quantitative, qualitative, and/or mixed-methods research in understanding and evaluating population health and service provider perspectives by reviewing data for needs assessments and program evaluation.

DISCUSSION QUESTIONS

1. Summarize the current state of knowledge about the opioid crisis in Ontario.
 - a. What is the significance of the issue?
 - b. Why should opioid prescribing be considered as a priority for addressing the issue?
 - c. What are the unintended consequences of adopting the guidelines for opioid prescribing?
2. Explain the critical importance of evidence in the planning and implementation of an education program for healthcare providers.
3. Discuss your proposed plan for implementing the program based on the priorities set by the health care provider working group.
 - a. Review the best practices and sources of data used.
 - b. Understand healthcare providers' perspectives and knowledge about best practices on opioid prescribing through appropriate use of research methodologies.
 - c. How would you use the evidence generated to develop tools and resources for educating health care providers and patients about opioid use and prevention?

KEYWORDS

Best practices; health care providers; opioid crisis; opioid prescription; pain management; patient education.