Land Acknowledgement

We would like to begin by acknowledging the Indigenous Peoples of all the lands that we are on today.

While we meet today virtually, we acknowledge the ancestral territory of all the Inuit, Métis, and First Nations people.

We do this to reaffirm our commitment to, and responsibility in improving relationships between nations and to improve our own understanding of local Indigenous peoples and their cultures.

Agenda

- **Background**
  - Opioid monitoring in Ontario
  - Purpose of the Ontario Drug Policy Research Network (ODPRN)'s Opioid Monitoring Tool
  - Description of data sources

- **Outline current and new indicators**
  - Review the current indicators
  - Discuss proposed new indicators

- **Discussion**

Purpose of Webinar

Purpose: To establish the utility of current and new indicators in the Ontario Opioid Monitoring Tool

- Review and refine the **current** indicators
  - Determine which indicators to keep and which can be removed

- Review potential **new** indicators

- Review **stratifications** and **measurement frequency**

Provide Your Input

There are a few ways to get involved today:

1. Interactive Polls
   Respond on www.pollev.com/odprnodprn014

2. Please feel free to use the chat box to share your input

3. Email us and/or respond to our survey after the webinar

Background

Opioid Monitoring in Ontario: **Hospitalizations and Deaths**

Ontario Opioid Drug Observatory

**Public Health Ontario (PHO)'s Interactive Opioid Tool:**

- Monitors opioid-related emergency department (ED) visits, hospitalizations, and deaths in Ontario

Opioid Monitoring in Ontario: **Prescribing Patterns**

ODPRN's Prescription Opioid Tool:

- Complements PHO's Interactive Opioid Tool

- Focuses on opioid prescribing (for pain, cough, and opioid agonist therapy), as well as naloxone dispensing from pharmacies
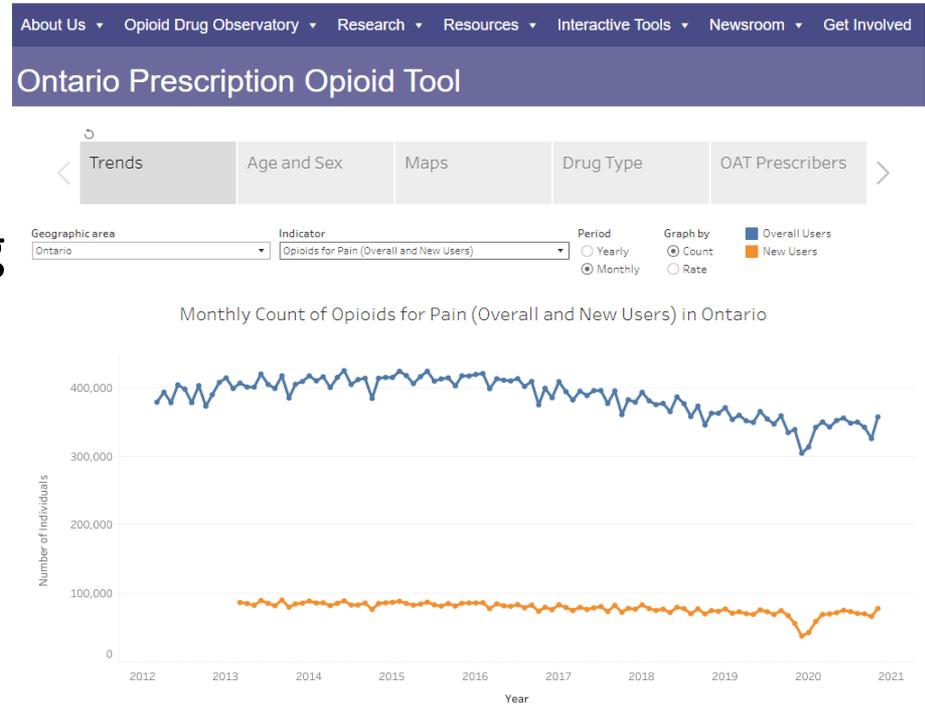
The Ontario Opioid Monitoring Tool

- ODPRN's existing **Ontario Prescription Opioid Tool** is undergoing changes to reflect the evolving overdose crisis
  - Recognition of the current drivers of opioid-related harm being predominantly from **the unregulated drug supply**

- The revamped tool will be renamed to the **Ontario Opioid Monitoring Tool** to reflect the broader scope of indicators captured

- The tool will continue to provide ongoing monitoring of the opioid crisis to **inform and evaluate drug policy and clinical practice**

The Ontario Opioid Monitoring Tool

Indicators will fall under the following domains:

- Prescription opioid use

- Access to treatment for opioid use disorder

- Harm reduction strategies

- Opioid-related harm*

*As appropriate, avoiding duplication with PHO

The Ontario Opioid Monitoring Tool

- Indicators will be reported by **month** and **year** (where counts are sufficient)

- Stratifications will include **age group, sex,** and **geographic region** (where counts are sufficient)

- Data will continue to be updated on an approximately **quarterly** basis

Data Sources

Population-based databases held at **ICES**:

- For prescription data:
  - **The Ontario Narcotics Monitoring System (NMS)**
- For indicators of opioid-related harms:
  - **Discharge Abstract Database (DAD)**
  - **National Ambulatory Care Reporting System (NACRS)**
- For urine drug screening:
  - **Ontario Health Insurance Plan (OHIP) Claims Database**
- For naloxone:
  - **Ontario Drug Benefit (ODB) Database**

Ontario Narcotics Monitoring System (NMS)

- Captures data on all prescriptions for narcotics, controlled substances, and other monitored drugs dispensed from community pharmacies in Ontario, **regardless of payment type** (out-of-pocket, public drug program, private insurance)

- Data available from **July 2012** forward, updated approximately quarterly at ICES

Discharge Abstract Database (DAD)

- Captures administrative, clinical, and demographic data on **inpatients** in acute, rehab, or chronic care hospitals in Ontario

- Data available from **2002** onwards

- Updated approximately quarterly at ICES

National Ambulatory Care Reporting System (NACRS)

- Captures administrative, clinical, and demographic data on visits to **emergency departments** at hospitals in Ontario

- Data available from **2003** onwards

- Updated approximately quarterly at ICES

Ontario Health Insurance Plan (OHIP) Claims Database

- Captures data on health services paid for through OHIP, including **outpatient care**

- Data available from **1991** onwards

- Updated approximately monthly at ICES

Ontario Drug Benefit (ODB)

- Captures data on claims for **naloxone kits** dispensed through pharmacies

- Data available from **2016** onwards (when naloxone programs were implemented in Ontario)

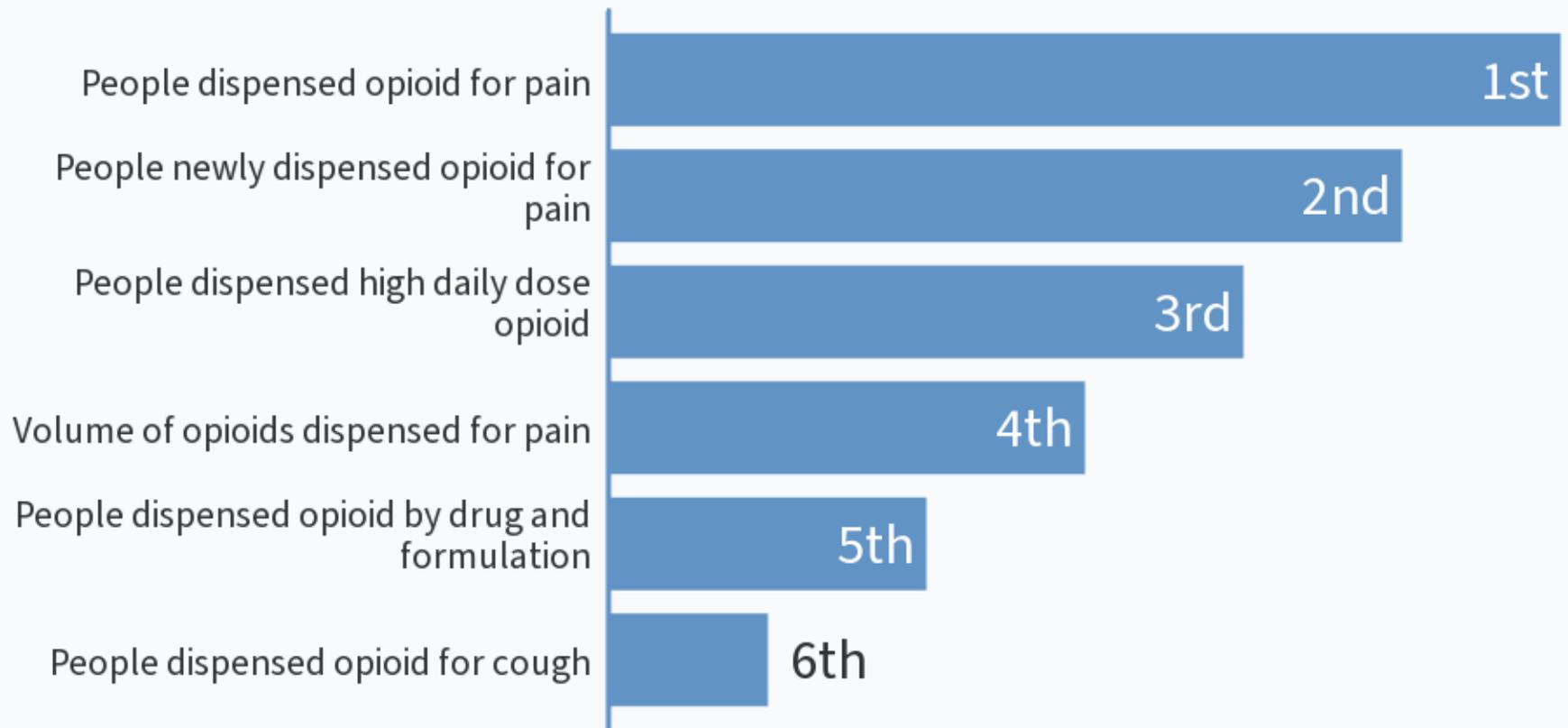- Updated approximately monthly at ICES

Indicators for Opioids Prescribed to Treat Pain or Cough
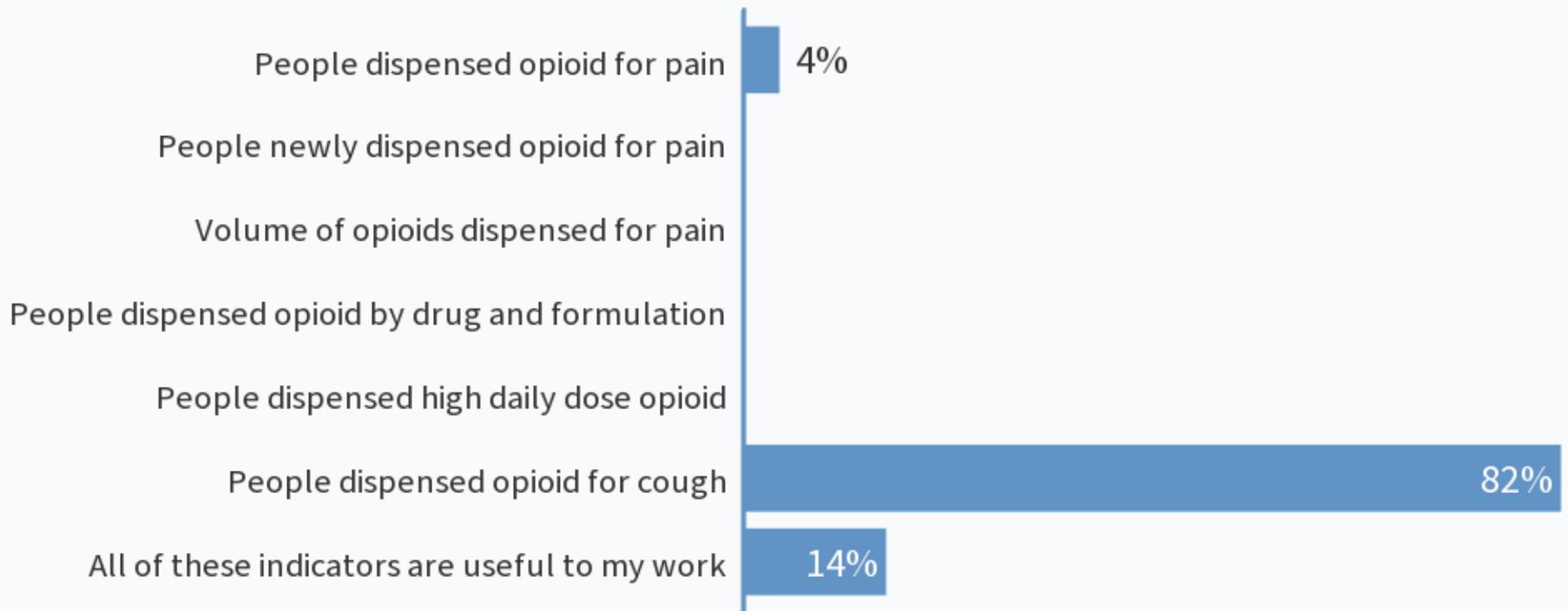
Current Indicators

We currently capture the following indicators of prescription **opioid use for pain or cough**:

1. **Individuals** dispensed an opioid for pain

2. **Individuals** <u>newly</u> dispensed an opioid for pain

3. **Volume** of opioids dispensed for pain

4. Individuals dispensed an opioid to treat pain by **drug** and **formulation**

5. Individuals dispensed a long-acting opioid with a **high daily dose**

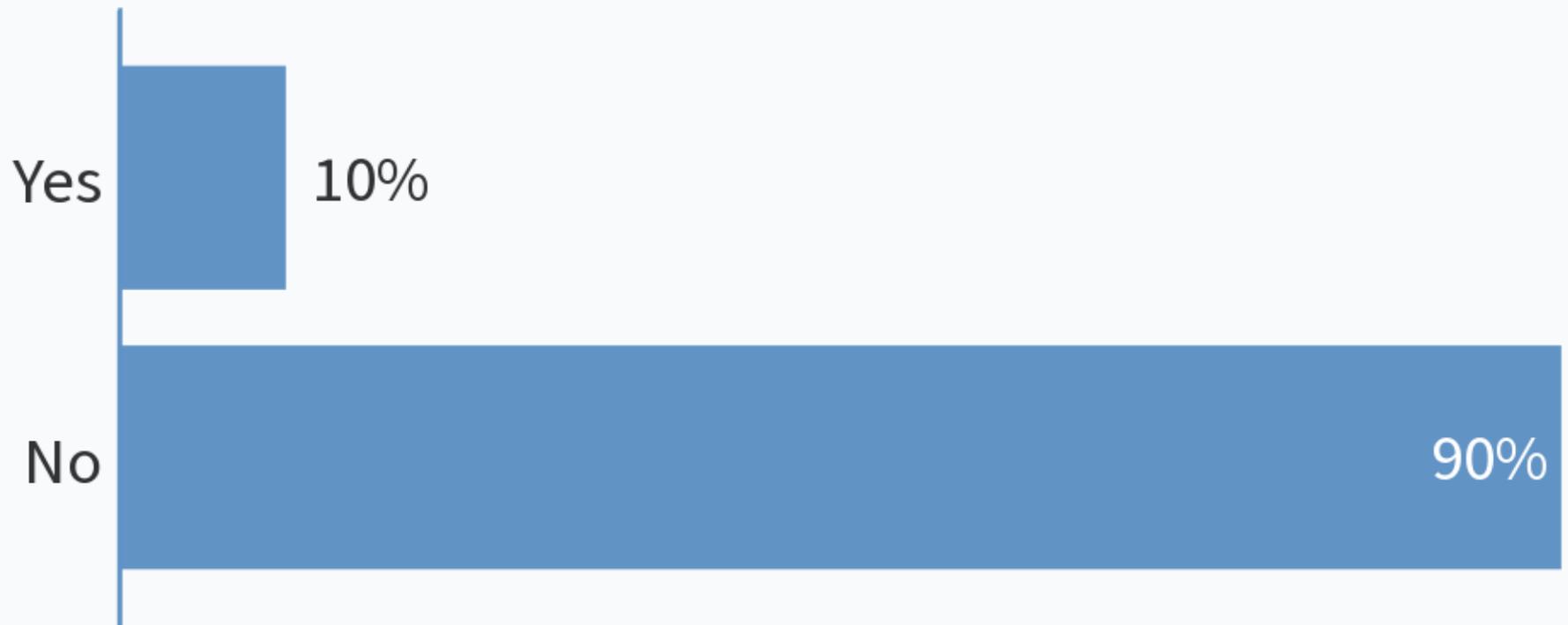6. Individuals dispensed an opioid for **cough**

Rank the current indicators from most to least useful:

Indicator	Rank
People dispensed opioid for pain	1st
People newly dispensed opioid for pain	2nd
People dispensed high daily dose opioid	3rd
Volume of opioids dispensed for pain	4th
People dispensed opioid by drug and formulation	5th
People dispensed opioid for cough	6th

Which of the following indicators do you find the least relevant to your work?

Indicator	Percentage
People dispensed opioid for pain	4%
People newly dispensed opioid for pain	
Volume of opioids dispensed for pain	
People dispensed opioid by drug and formulation	
People dispensed high daily dose opioid	
People dispensed opioid for cough	82%
All of these indicators are useful to my work	14%

Is the indicator individuals dispensed an opioid for cough useful to your work?

Yes ▮ 10%

No ▮▮▮▮▮▮▮▮▮ 90%

Indicators for Access to Treatment for Opioid Use Disorder

Current Indicators

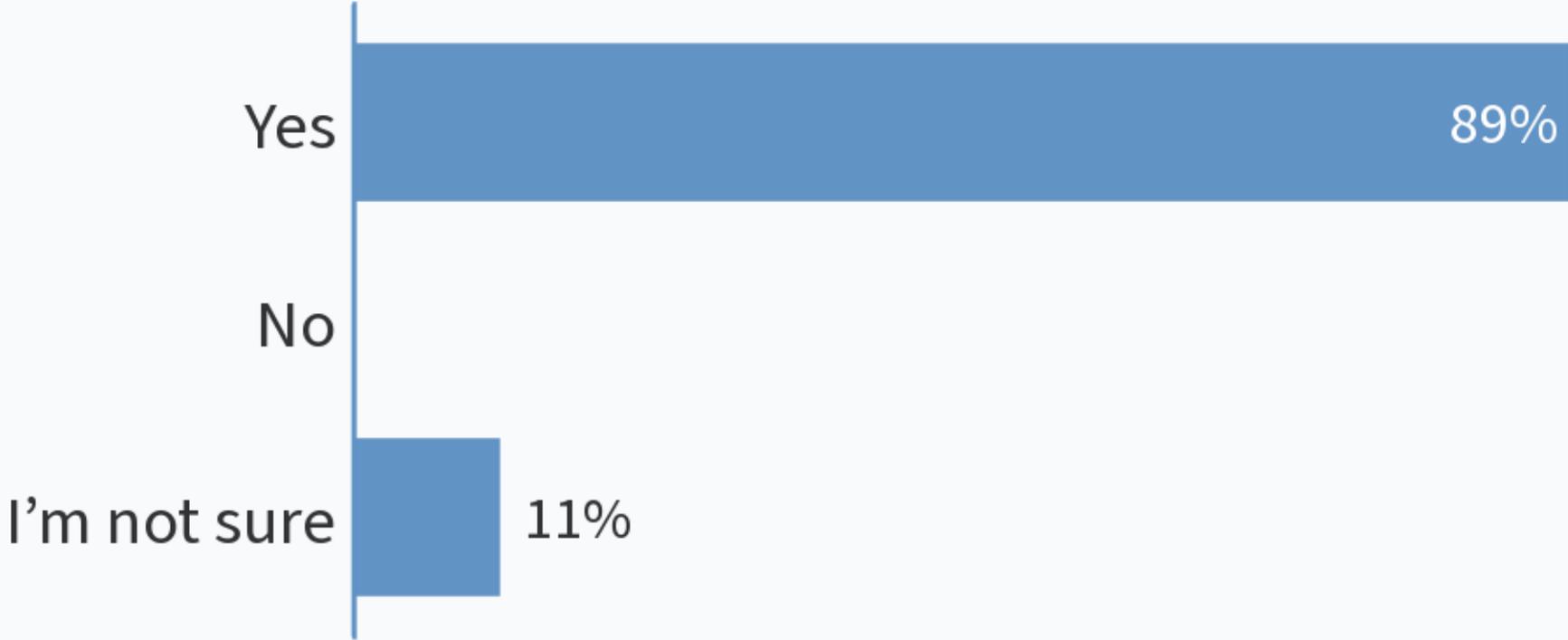We currently capture the following indicators of prescription opioid use **for opioid use disorder**:

1. **Individuals** dispensed opioid agonist therapy (OAT): overall and by type (methadone, buprenorphine/naloxone)

2. **Individuals <u>newly</u>** dispensed OAT: overall

3. Number of OAT **prescribers**: overall and by type (methadone only, buprenorphine/naloxone only, both treatments)
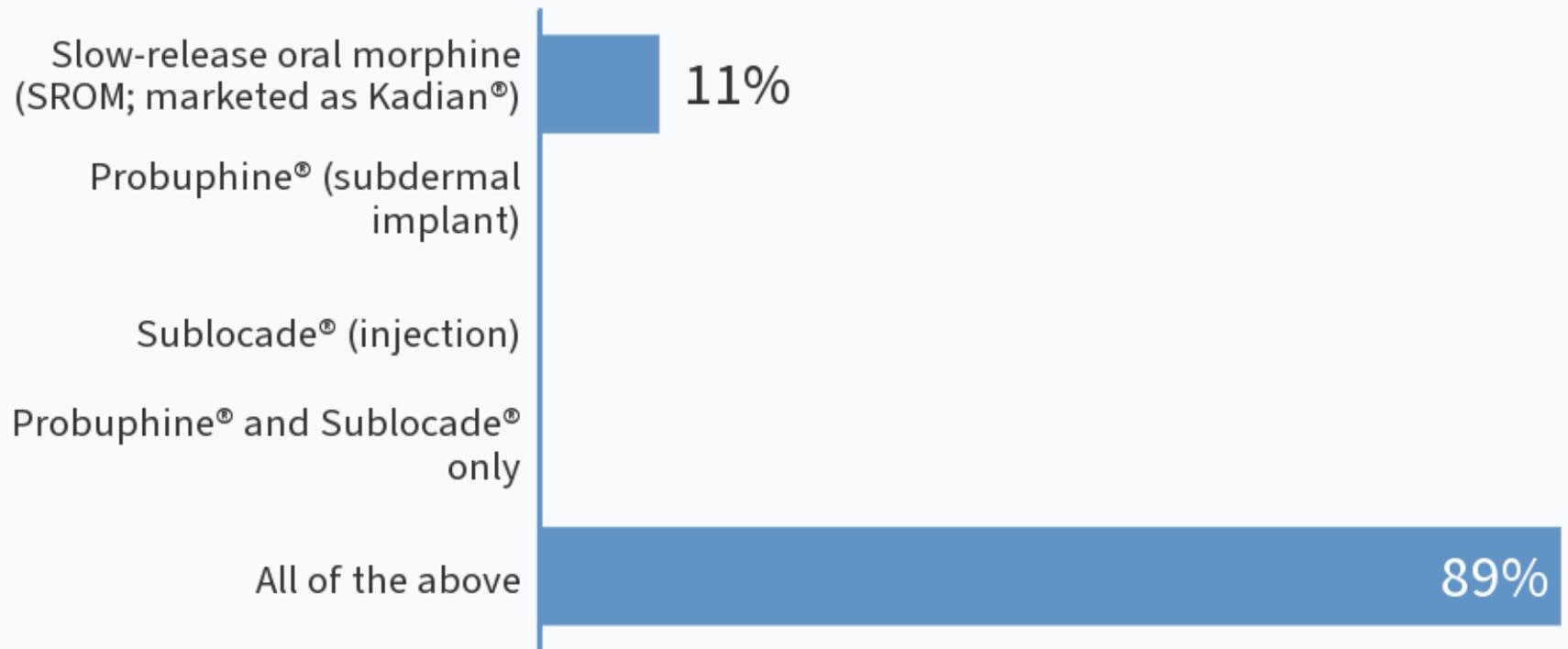
Proposed Indicators

We are considering the following **new** **approaches to these** indicators:

1. Begin stratifying <u>new</u> OAT recipients by **type** (methadone vs. bup/nal)

2. <u>Expand</u> the types of OAT that we consider
   - Slow-release oral morphine (SROM; marketed as Kadian®)
   - Probuphine®
   - Sublocade®

3. Number of urine drug screens performed among people receiving OAT
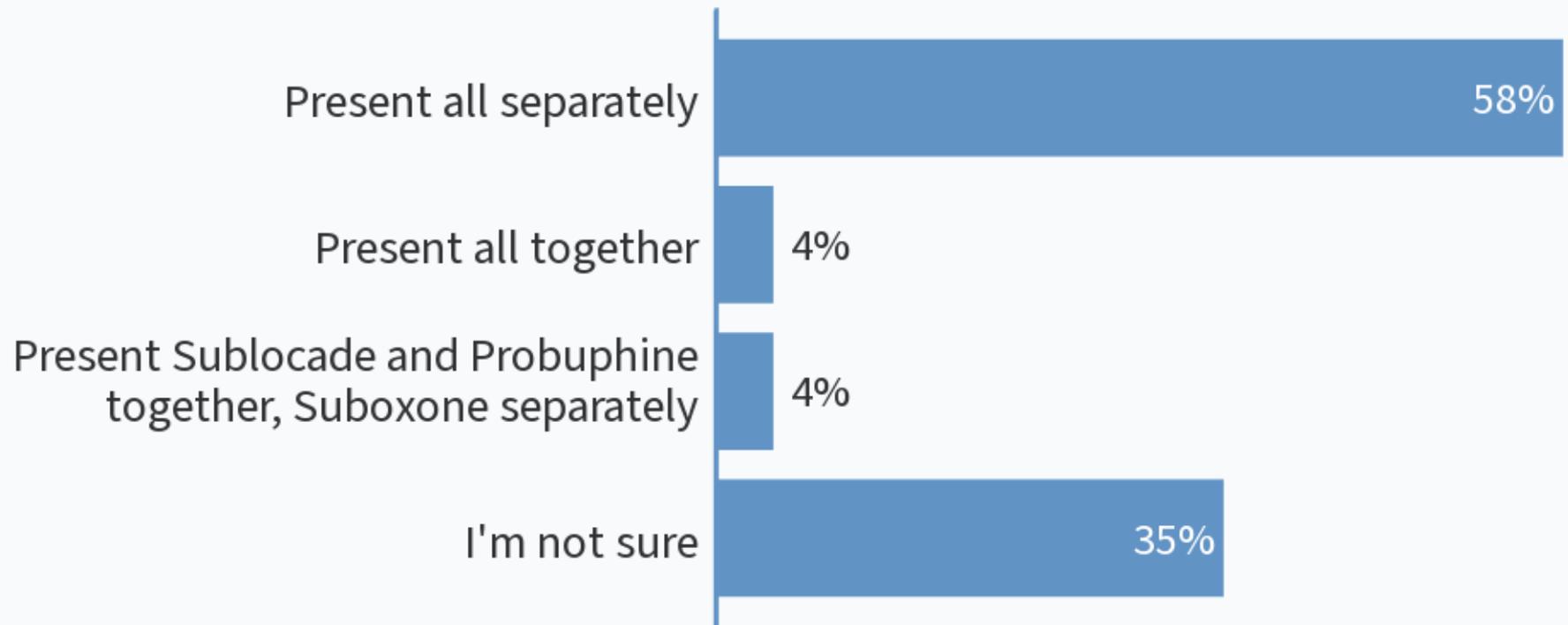
4. Number of OAT recipients who had a urine drug screen

Would it be useful if new OAT users were stratified by OAT type?

Yes	89%
No	
I'm not sure	11%

Do you anticipate needing information on any of these newer OAT options?

- Slow-release oral morphine (SROM; marketed as Kadian®): 11%
- Probuphine® (subdermal implant)
- Sublocade® (injection)
- Probuphine® and Sublocade® only
- All of the above: 89%

What would be the most useful way to present the buprenorphine options?

Option	Percentage
Present all separately	58%
Present all together	4%
Present Sublocade and Probuphine together, Suboxone separately	4%
I'm not sure	35%

Proposed Urine Drug Screen Indicators

Ontario
Opioid Drug
Observatory

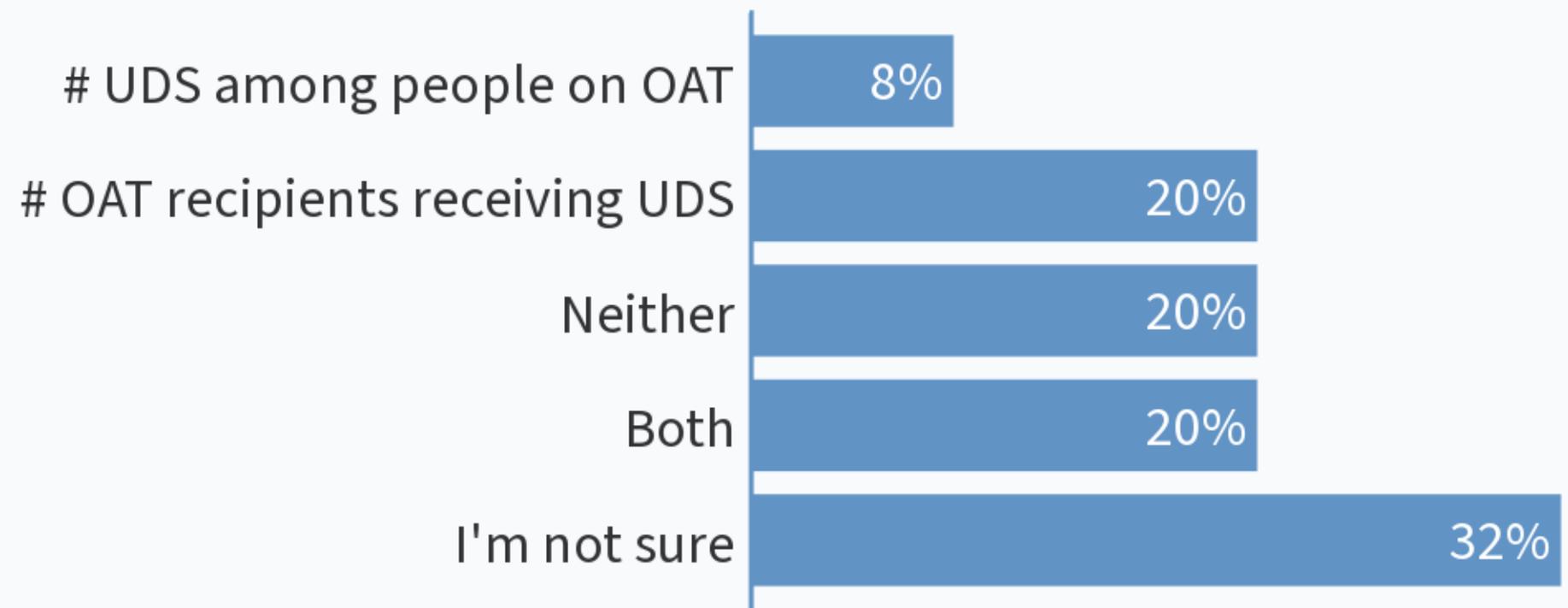**Number of urine drug screens performed among people receiving OAT**

- **Numerator:** Number of urine drug screens performed among people receiving OAT

- **Denominator:** Total number of people receiving OAT

- Report by month and year

- Stratify by age group, sex, geography
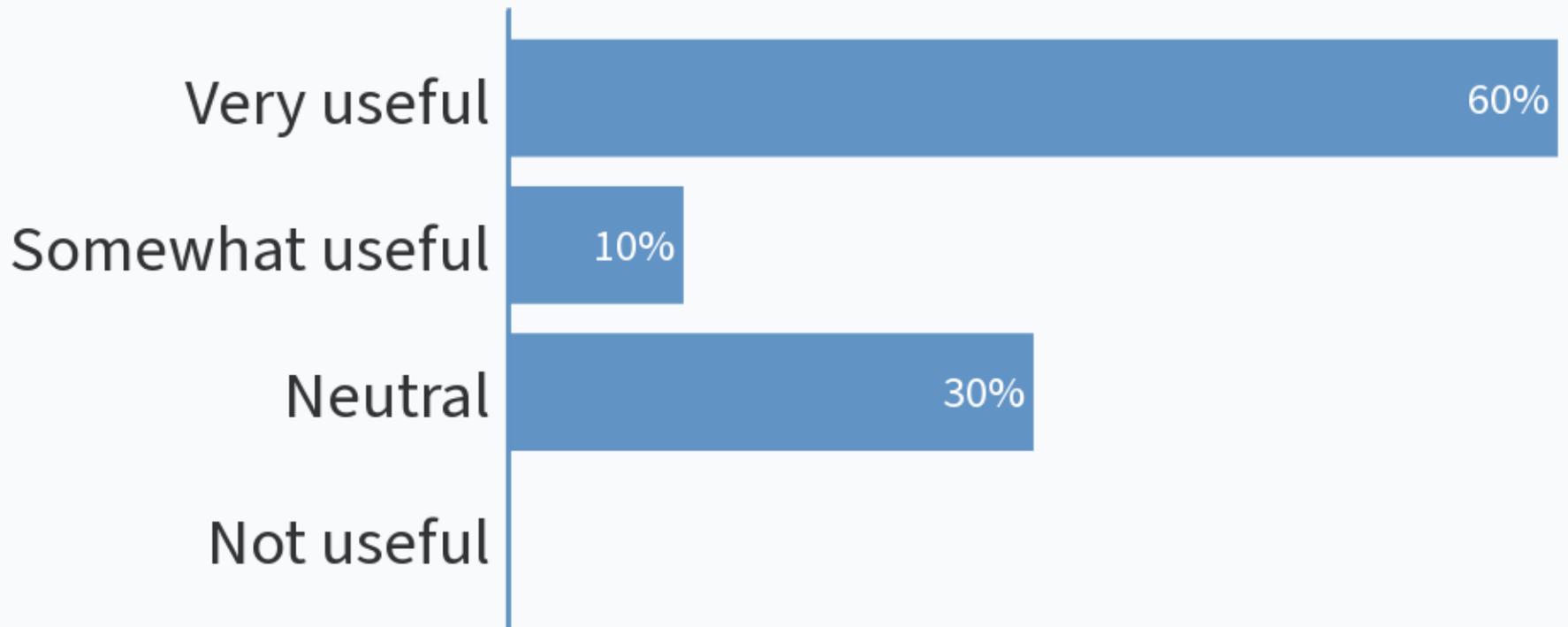
Proposed Urine Drug Screening Indicators

Number of OAT recipients who received a urine drug screen

- **Numerator**: Number of OAT recipients who received a urine drug screen

- **Denominator**: Total number of people receiving OAT

- Report by month and year

- Stratify by age group, sex, geography

If we could only report one urine drug screen (UDS) indicator, which would you choose?

Response	Percentage
# UDS among people on OAT	8%
# OAT recipients receiving UDS	20%
Neither	20%
Both	20%
I'm not sure	32%

How useful would it be to have the urine drug screen indicator stratified by type of OAT?

- Very useful — 60%
- Somewhat useful — 10%
- Neutral — 30%
- Not useful

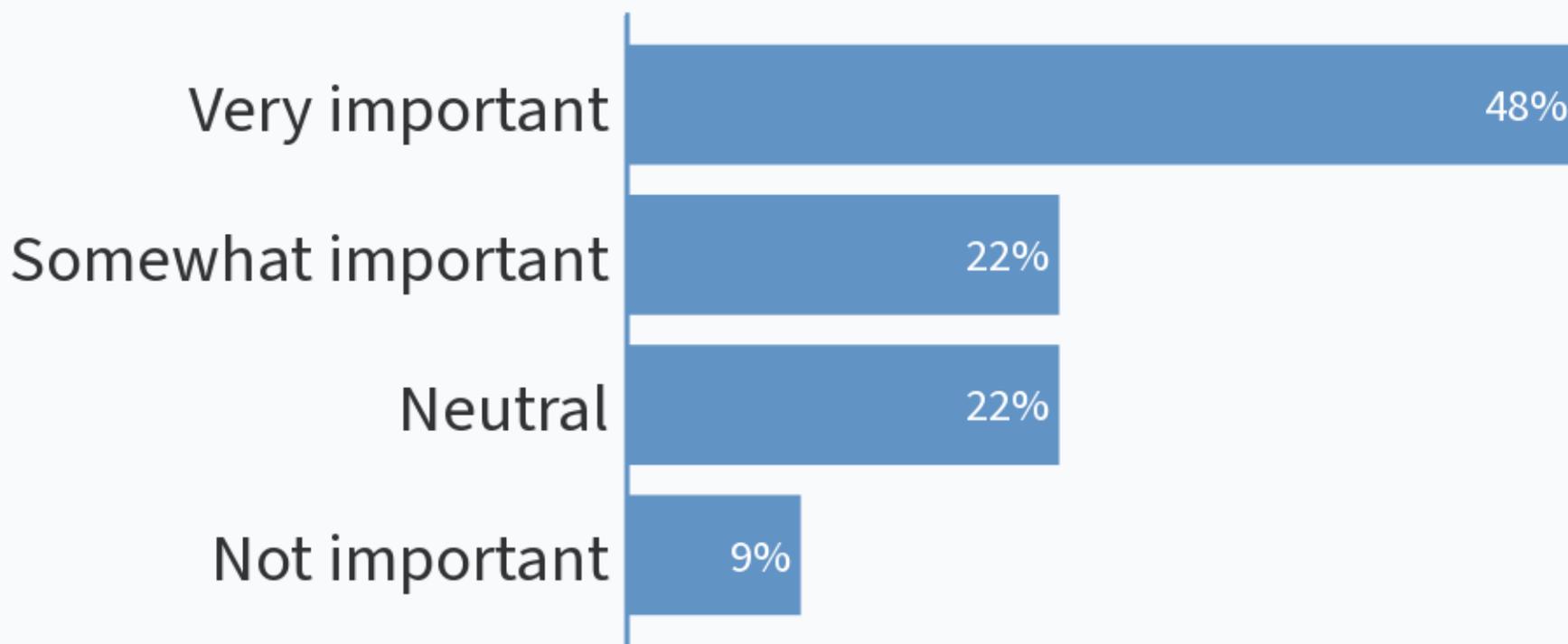# Indicators of Harm Reduction

Current Indicators

The following indicator is currently available for **harm reduction:**

- Number of naloxone kits dispensed from pharmacies, overall and by type (injectable, intranasal)

How useful is the indicator on pharmacy-dispensed naloxone to your work?

Response	Percentage
Very useful	83%
Somewhat useful	9%
Neutral	4%
Not useful	4%
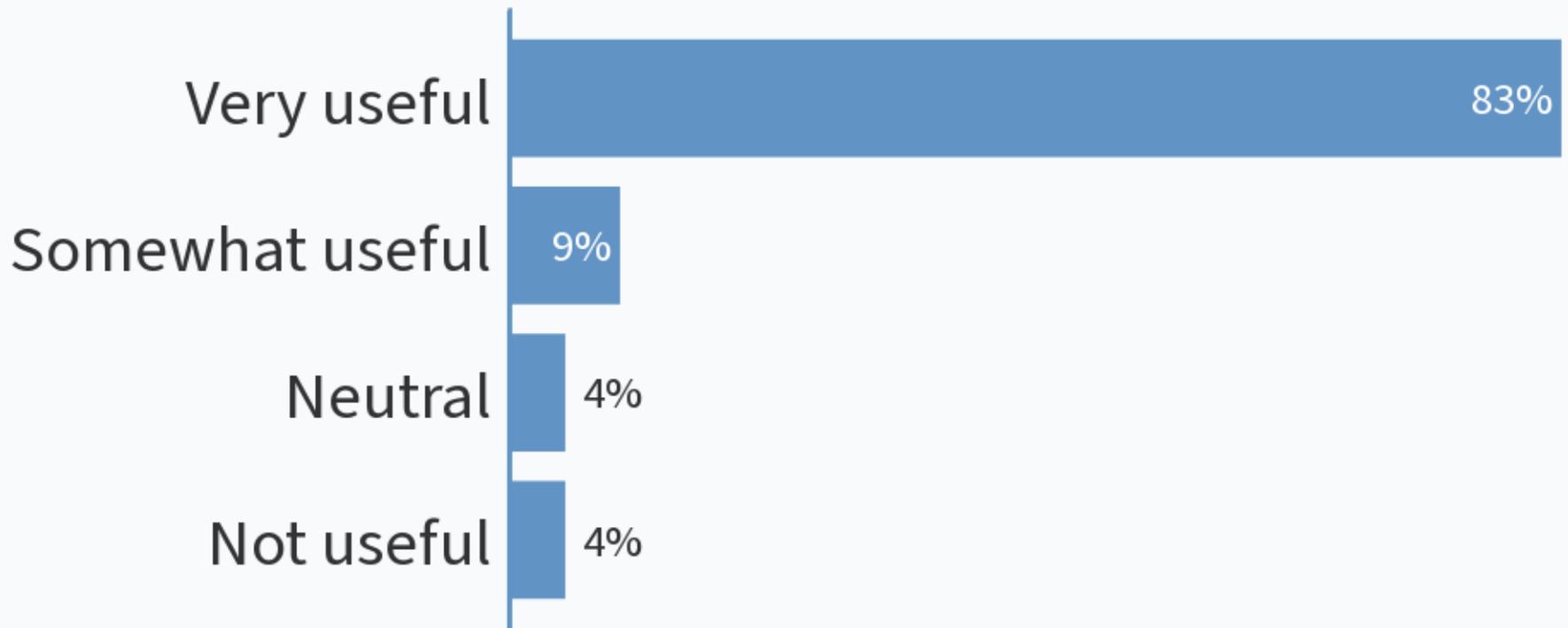
How important is differentiating naloxone type (i.e. intranasal vs. injectable)?

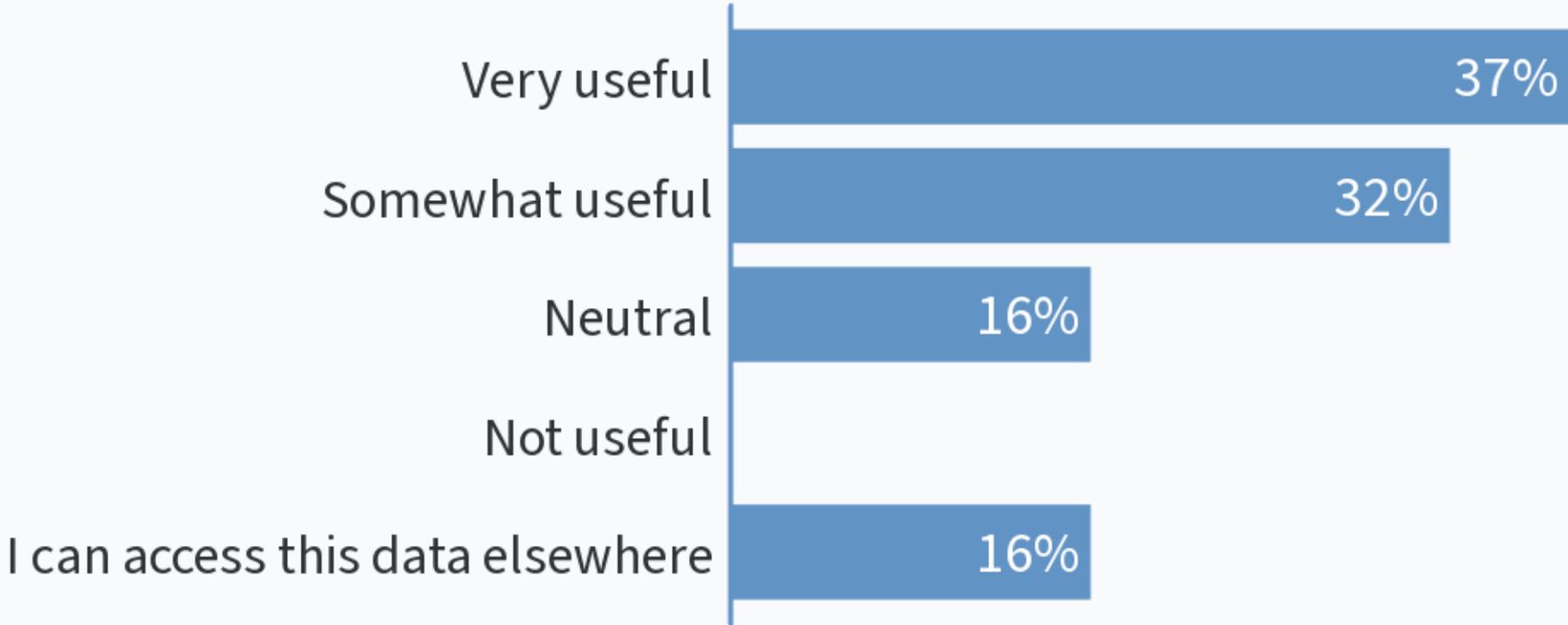|	
Very important	48%
Somewhat important	22%
Neutral	22%
Not important	9%

Potential new indicators

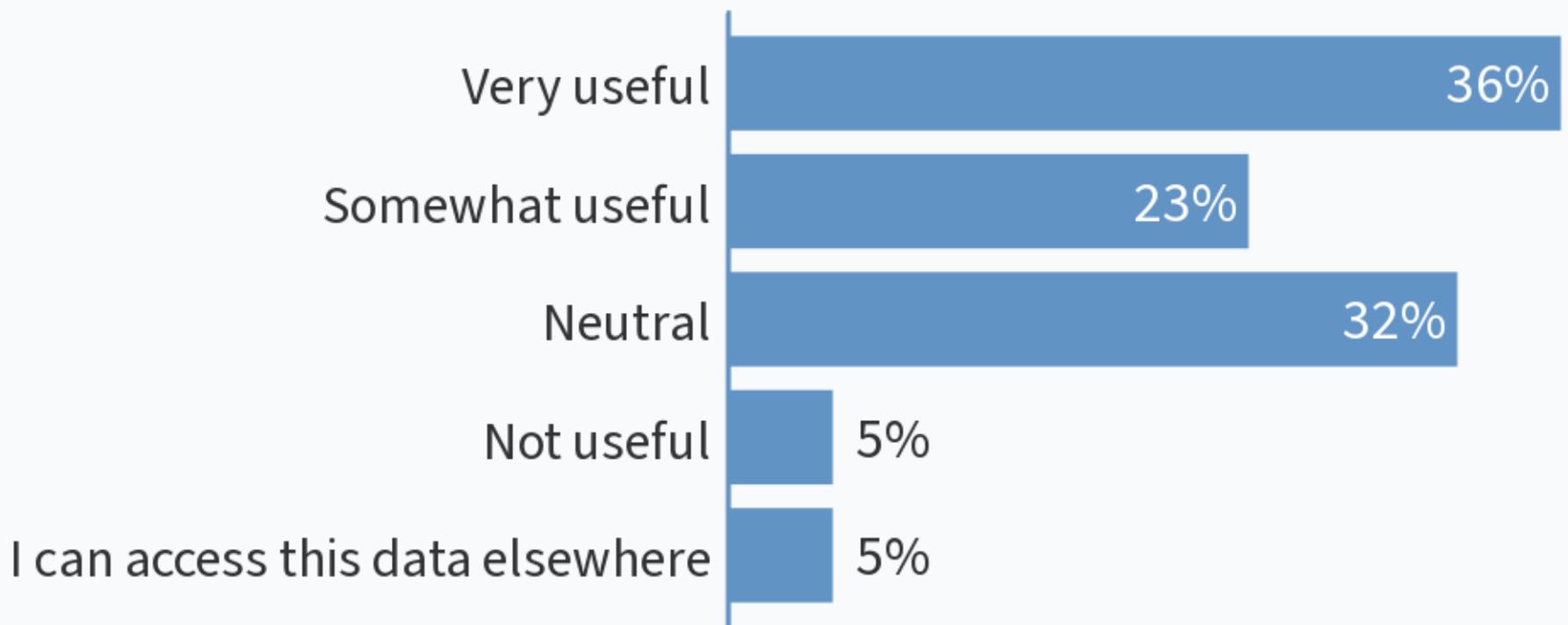Below are some data that we **may** have access to in the future:

1. Needles/syringe supplies*

2. Inhalation supplies (e.g., foil)*

3. Ontario Naloxone Program (ONP) data* (not including pharmacy dispensed which is captured elsewhere)

4. Consumption treatment services data
   - Specific indicators TBD; would include counts of clients, number of overdoses reversed (if data is available)
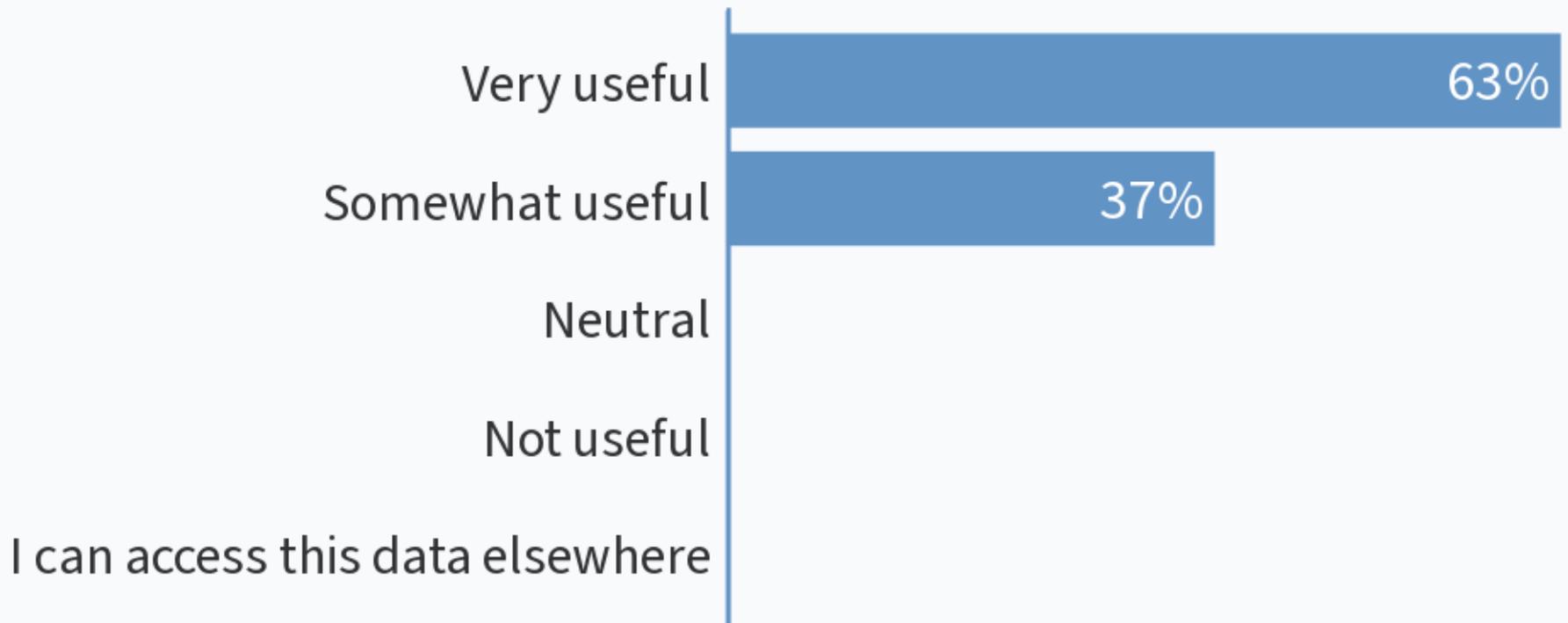
Distributed through Public Health

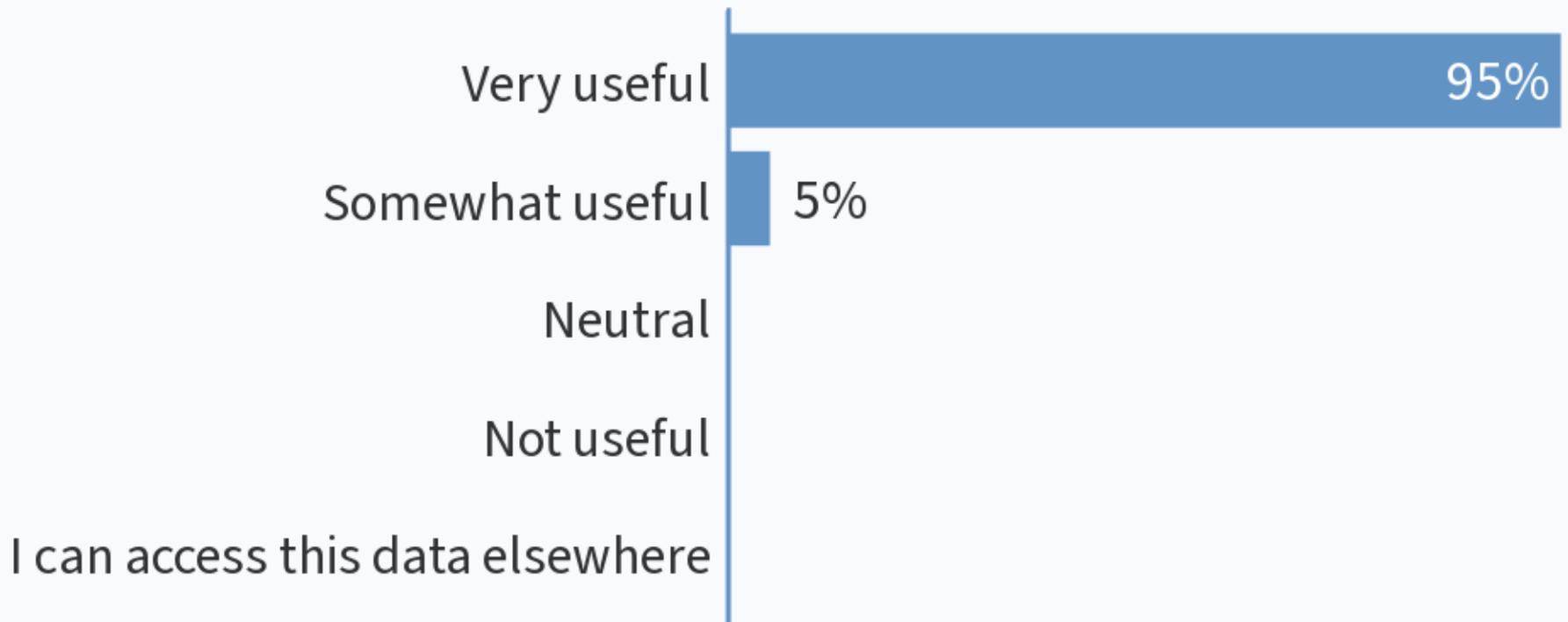# How useful would an indicator on needles/syringe supplies be to your work?

Very useful	37%
Somewhat useful	32%
Neutral	16%
Not useful	
I can access this data elsewhere	16%

How useful would an indicator on inhalation supplies (e.g., foil) be to your work?

Response	Percentage
Very useful	36%
Somewhat useful	23%
Neutral	32%
Not useful	5%
I can access this data elsewhere	5%

How useful would an indicator on Ontario Naloxone Program (ONP) data be to your work?

Category	
Very useful	63%
Somewhat useful	37%
Neutral	
Not useful	
I can access this data elsewhere	

How useful would an indicator on consumption treatment services data be to your work?

Very useful	95%
Somewhat useful	5%
Neutral	
Not useful	
I can access this data elsewhere	

Consumption treatment services data

- Specific indicators to be determined
- Could include:
  - Counts of clients
  - Number of overdoses reversed (if data is available)

Are there any kinds of data that you would be most interested in if this data were to be available?

Please let us know in the chat.

Indicators for Opioid-Related Harm

Proposed Indicators

The following indicators will be considered for **opioid-related harm***:

Opioid-related harms:

1. Opioid-related infective endocarditis

2. Other opioid-related invasive infections (e.g., osteomyelitis, cellulitis, streptococcal sepsis)

3. Serious opioid toxicity
   - Opioid toxicity hospitalization requiring intensive care and/or intubation
   - Opioid-related rhabdomyolysis
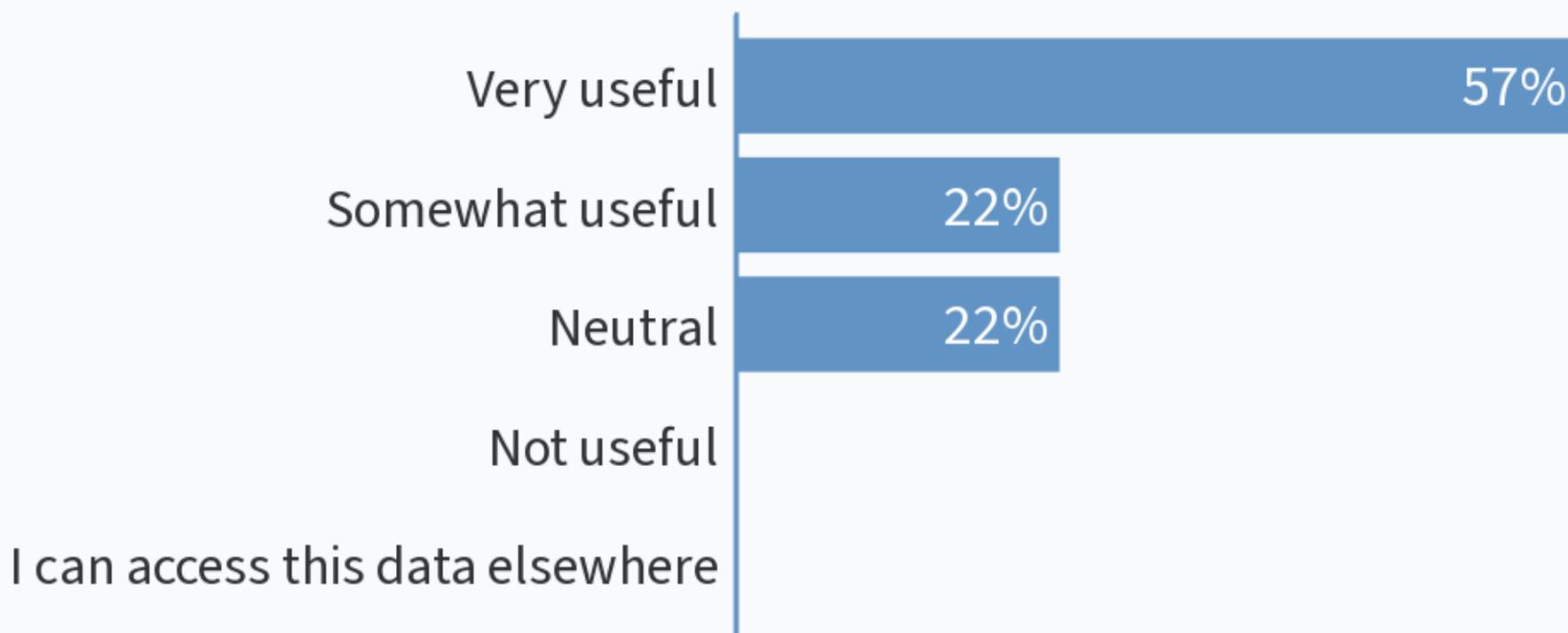   - Opioid toxicity-related brain injuries (hypoxic, anoxic and traumatic)

*Note: opioid-related toxicity and death is on the PHO tool, so we won't be replicating it here.
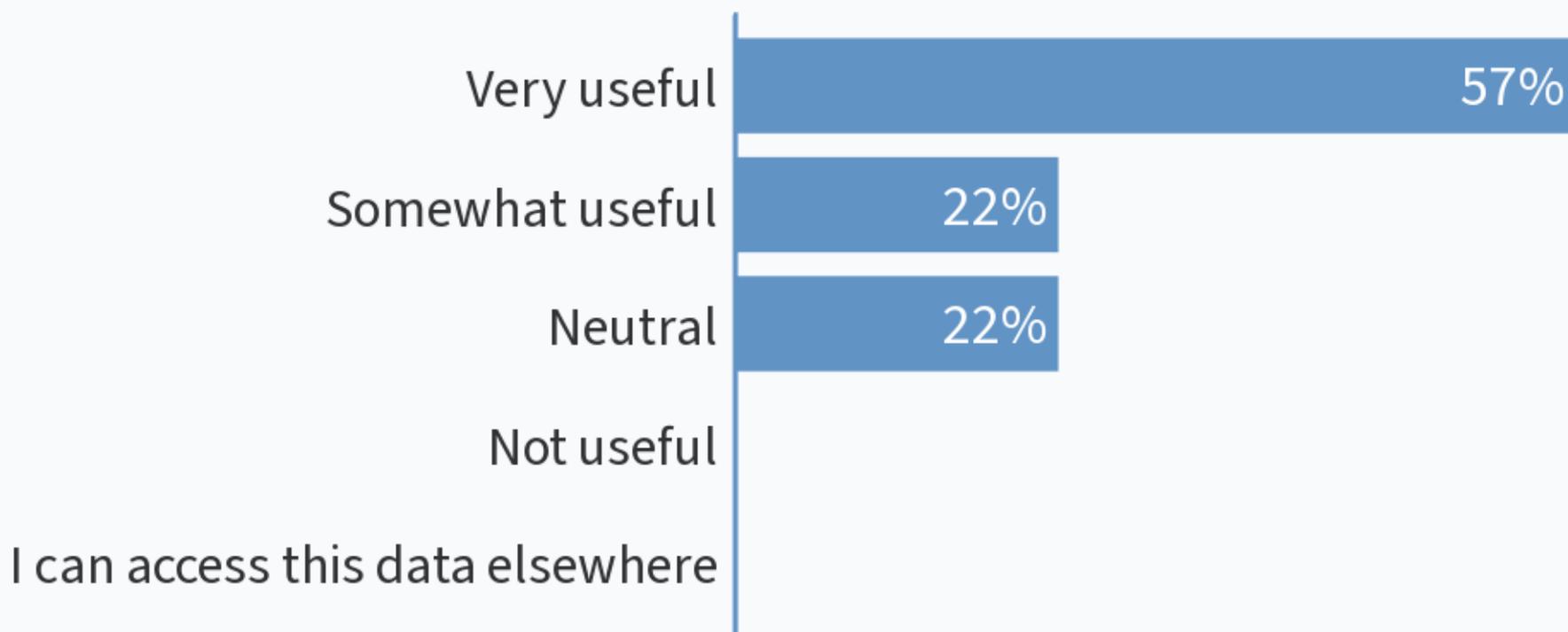
New Opioid-Related Harm Indicators

Number (incident cases) and rate of opioid-related harms

- **Incident cases of each of:**
  - (1) opioid-related infective endocarditis, (2) other opioid-related invasive infections, (3) serious opioid toxicity

- **Denominator:** Total population

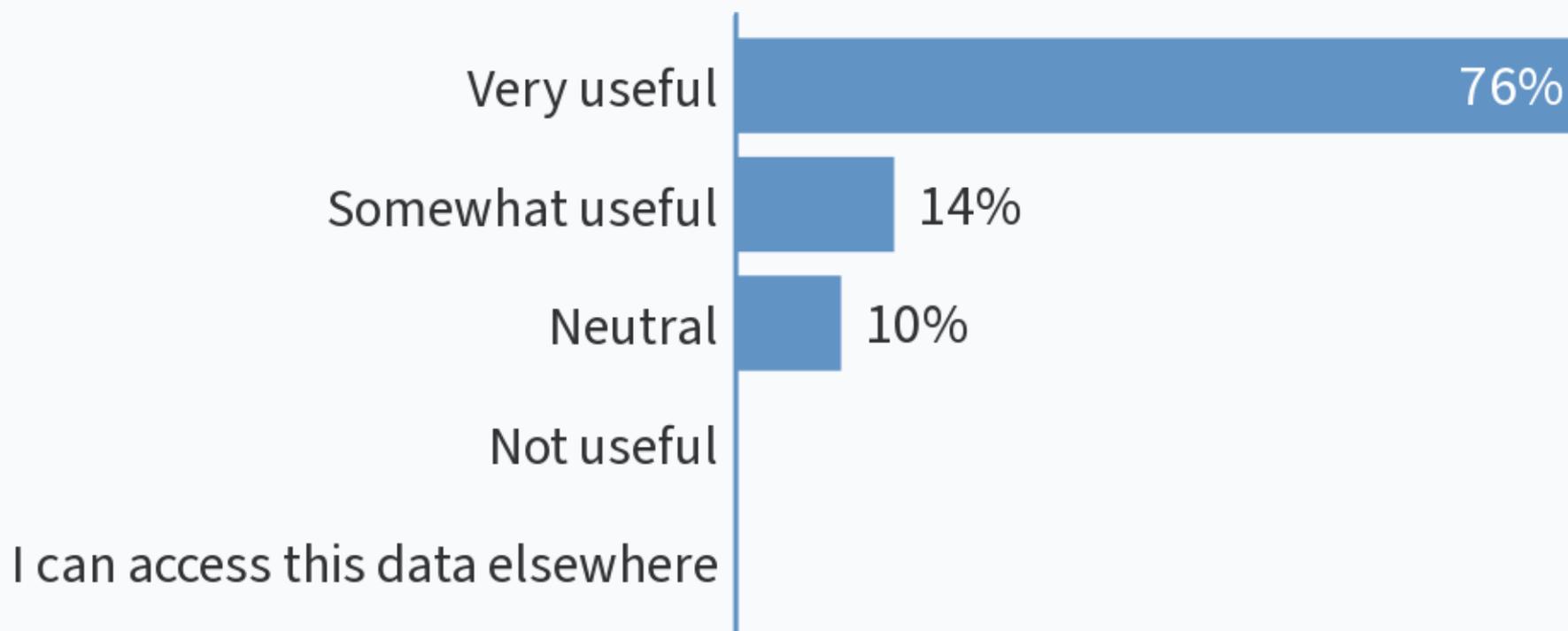- Report by month and year, and geography

How useful would an indicator on opioid-related infective endocarditis be to your work?

Very useful	57%
Somewhat useful	22%
Neutral	22%
Not useful	
I can access this data elsewhere	

How useful would an indicator on other opioid-related invasive infections be to your work?

Very useful	57%
Somewhat useful	22%
Neutral	22%
Not useful	
I can access this data elsewhere	

How useful would an indicator on serious opioid toxicity be to your work?

- Very useful — 76%
- Somewhat useful — 14%
- Neutral — 10%
- Not useful
- I can access this data elsewhere

Stratifications

Stratifications

- **Age group and sex**
  - **Age group**: 0-14, 15-24, 25-44, 45-64, 65+ (to align with PHO's Interactive Opioid Tool)
  - **Sex**: male or female.
  - For all indicators except opioid type, number of prescribers for OAT, and pharmacy-dispensed naloxone

How useful do you find the age and sex stratifications to your work?

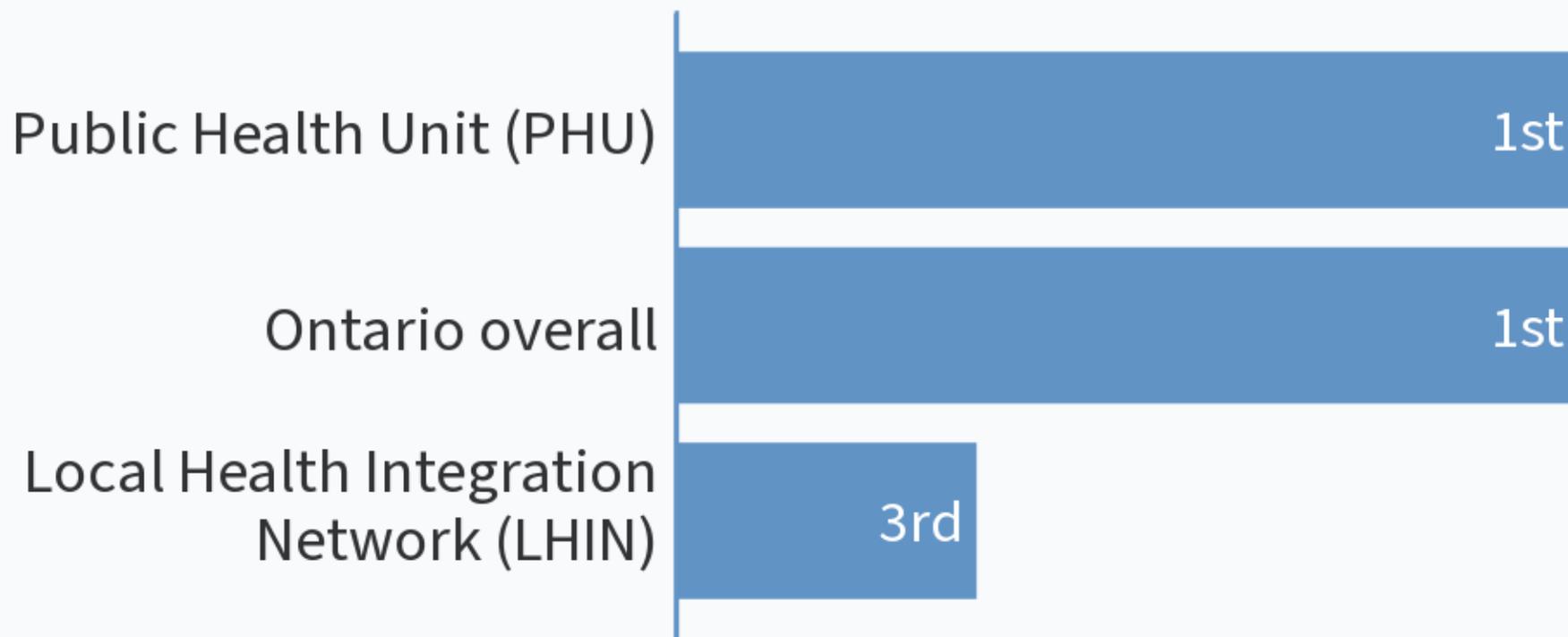|	
Very useful	53%
Somewhat useful	37%
Neutral	11%
Not useful	
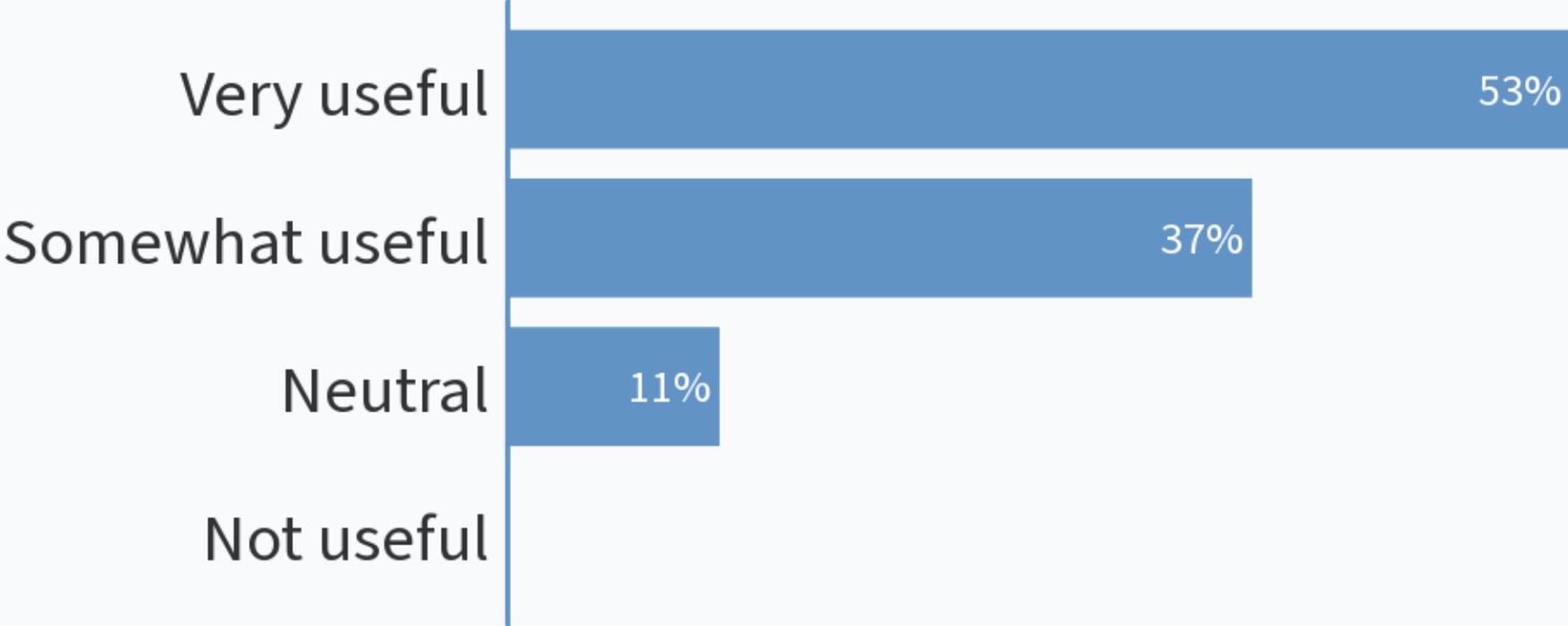
Stratifications

- **Geography**
  - Both Public Health Unit (PHU) and Local Health Integration Network (LHIN)
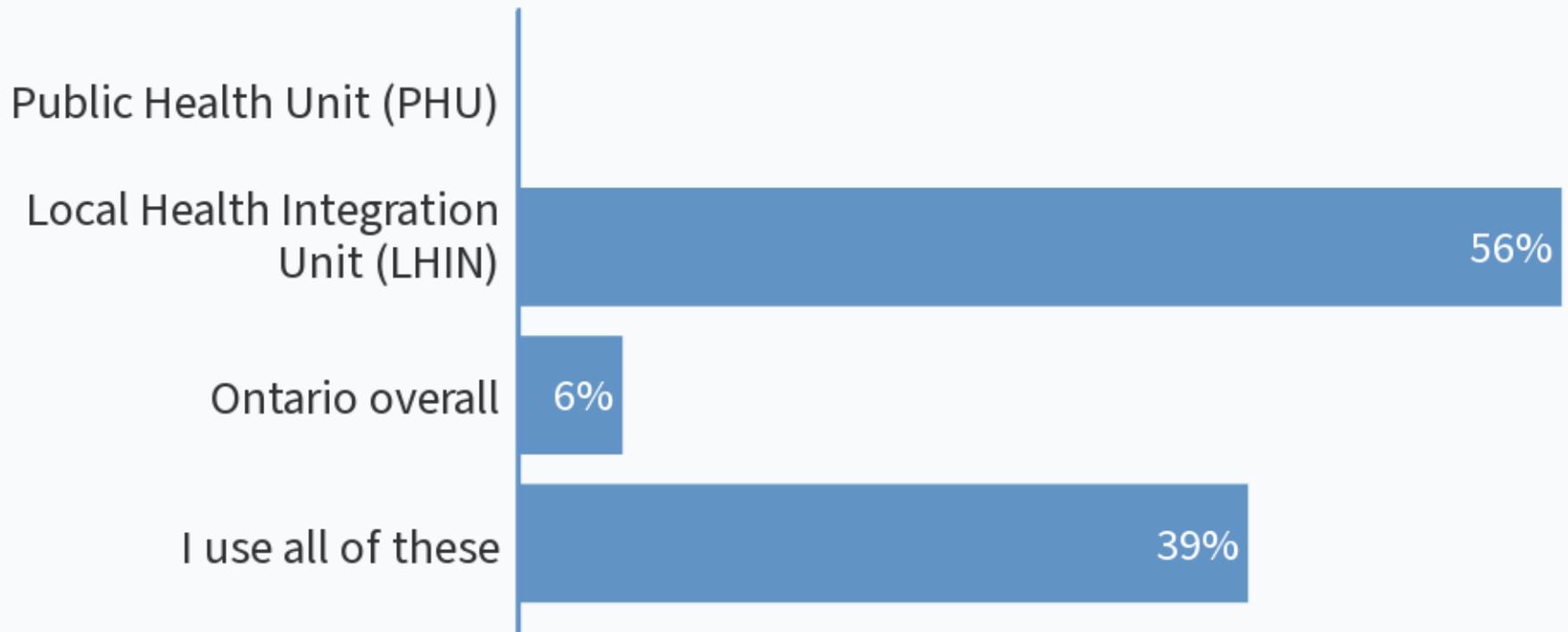
- **Time**
  - Year for all indicators where possible (2013 to present)
  - Month or quarter (depending on whether there are sufficient counts)

Note: Data will be stratified where there are large enough events (to uphold ICES' privacy policy)

# Rank the following geographic levels that you currently use in your work from most to least used:

Geographic Level	Rank
Public Health Unit (PHU)	1st
Ontario overall	1st
Local Health Integration Network (LHIN)	3rd

Which of the following geographic levels do you not use at all in your work?

- Public Health Unit (PHU)
- Local Health Integration Unit (LHIN): 56%
- Ontario overall: 6%
- I use all of these: 39%

In regards to the current indicators, how useful would it be to add an Ontario Health Team stratification?

Very useful	62%
Somewhat useful	14%
Neutral	24%
Not useful	
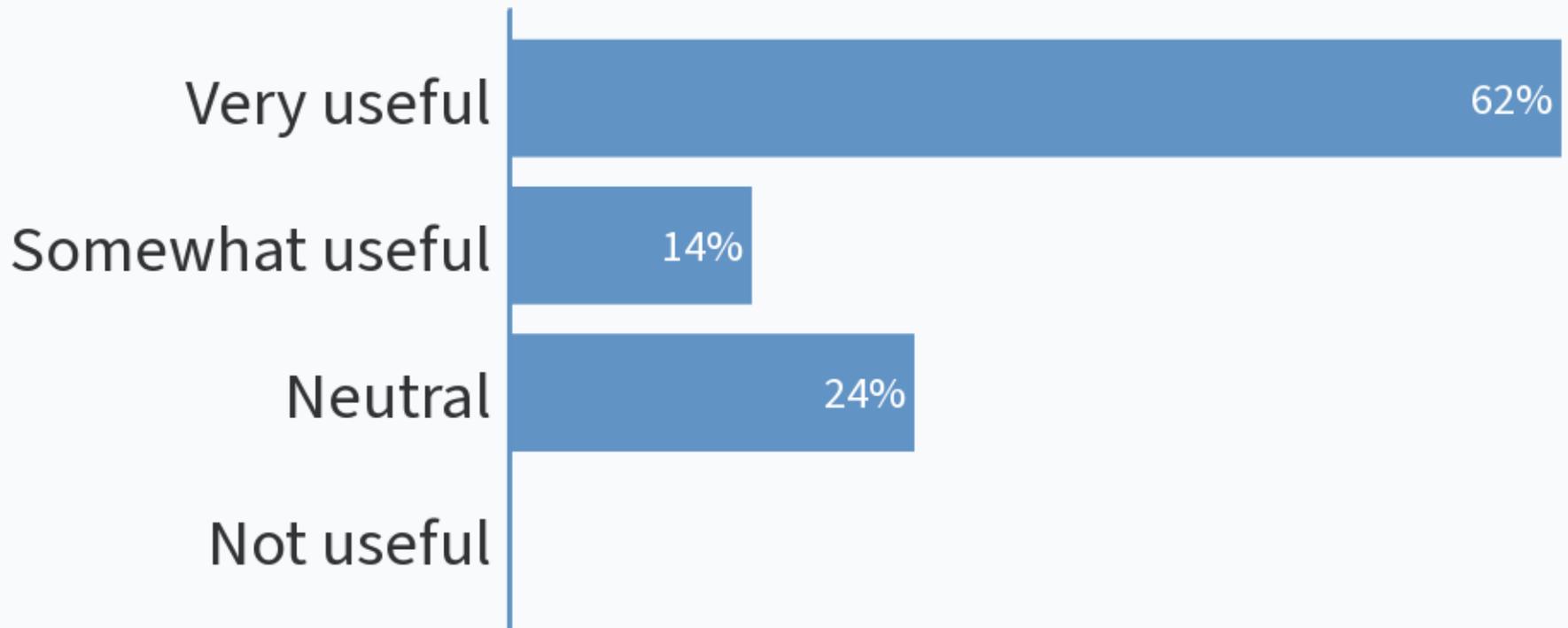
Next Steps

Next steps and timelines

- Survey to be circulated after call if necessary

- **January 2021**: Finalize new indicators

- **Spring 2022**: Incorporate new indicators into tool
  - First update will present data up to end of Calendar Year 2021

Open Discussion - Suggestions

Please type in the chat any other indicators and/or stratifications that would be useful to your specific work or other suggestions that you have for us

Open Discussion – Q & A

Any questions or comments?

We'd like to hear from you!

- For any other comments or questions, contact ODPRN:

Email: info@odprn.ca

Website: www.odprn.ca