

**MIDDLESEX-LONDON BOARD OF HEALTH**

**REPORT NO. 74-24**

**TO:** Chair and Members of the Board of Health  
**FROM:** Dr. Alexander Summers, Medical Officer of Health  
Emily Williams, Chief Executive Officer  
**DATE:** 2024 November 21

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**OPIOID CRISIS UPDATE 2024**

**Recommendation**

*It is recommended that the Board of Health receive Report No. 74-24 re: "Opioid Crisis Update 2024" for information.*

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**Report Highlights**

- Since the local opioid crisis was declared in our region in 2017, the rates for opioid-related emergency department (ED) visits and deaths in the Middlesex-London region have been consistently higher compared to Ontario and similar health unit regions.
- Compared to 2022, data from 2023 demonstrates a decline in opioid-related ED visits and opioid-related poisoning deaths in Middlesex-London; this is the second year in a row that a decline was observed.
- Despite this encouraging trend, the burden of illness associated with the opioid crisis remains significant in Middlesex-London, requiring an ongoing comprehensive community approach along the four pillars of prevention, treatment, harm reduction, and enforcement.

**Background**

Opioid related morbidity and mortality have had a significant impact on the Middlesex-London community over the past several years. The toxic unregulated drug supply has contributed to the number of fatal and non-fatal opioid overdoses seen across the province.

In August, the provincial government [announced](#) that new Consumption and Treatment Services (CTS) sites would no longer be funded and prohibited CTS sites within 200 meters of schools or daycares. London's CTS, Carepoint, is not impacted by the new distancing requirement, however potential impacts from additional requirements have not yet been evaluated. The province is also introducing funding for new Homelessness and Addiction Recovery Treatment (HART) Hubs; the Hubs will not provide harm reduction services. London has put forward an application for a HART Hub in the community.

## Population-level impacts of opioids

[Appendix A](#) shows data from the new [Community Health Status Resource \(CHSR\) Substance Use dashboard](#). [Figure 1](#) shows that since 2017, the Middlesex-London rates for opioid-related ED visits have remained significantly higher compared to Ontario and other health units similar to MLHU (peer group). However, since peaking in 2021, local ED rates have significantly decreased for the second year in a row, by 16%, to 122.8 per 100,000 in 2023. Despite this decrease, though, there were still more than 650 opioid-related ED visits in 2023.

As shown in [Figure 2](#), local opioid-related death rates were significantly higher in 2021 and 2022 but were comparable to Ontario and our peer group in 2023. Similar to ED visits, the local rate of opioid-related poisoning deaths declined for the second year in a row, to 19.3 per 100,000 in 2023, corresponding to an 18% decrease but still representing more than 100 deaths in 2023.

## Local Interventions

A four-pillar approach to addressing substance use includes prevention, treatment, harm reduction, and enforcement interventions. Prevention initiatives work to enhance protective factors and reduce risk factors to substance use, including work that focuses on improving the social determinants of health. Treatment includes timely access to addictions treatment, and other healthcare services. Harm reduction includes policies and practices that reduce harms associated with drug use without requiring abstinence and is grounded in human rights. Enforcement includes interventions that improve community safety, the justice system, and enforcing legislation. Work within each pillar is important for a comprehensive approach to reducing the burden of opioid-related illness and deaths in our community. There are many partners across the community engaged in work across the pillars, requiring a coordinated and collaborative approach.

The MLHU supports upstream prevention programs, including early childhood home visiting; harm reduction strategies, including the naloxone distribution and needle syringe programs (NSP); surveillance of population-level health substance related data; social marketing campaigns, including those focussed on anti-stigma messaging; healthy public policy development and community and partner mobilization to address the opioid crisis locally. The MLHU provides administrative support and leadership to the Community Drug and Alcohol Committee, which reconvened earlier this year. The opioid crisis, including the toxic drug supply, has been identified as a priority area by the CDAC. The committee is currently working to expand membership and identify local actions for the remainder of 2024 and 2025. The CDAC brings leaders together from across sectors and expertise in all four pillars to identify priorities and issues and ensure collaborative action to address opioid harms in the community.

## Next Steps

There is a continued need for upstream prevention, community-based treatment, harm reduction interventions, and enforcement to reduce opioid poisonings in the Middlesex-London region. The MLHU staff will continue to work with and learn from our community partners to guide and support community action. The MLHU will continue to monitor local data and trends.

This report was prepared by the Municipal and Community Health Promotion Team of the Family and Community Health Division, and the Population Health Assessment and Surveillance Team of the Public Health Foundations Division.



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Medical Officer of Health



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Chief Executive Officer

**This report refers to the following principle(s) set out in Policy G-490, Appendix A:**

- The Substance Use and Injury Prevention, standard as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).
- The following goal or direction from the [Middlesex-London Health Unit's Strategic Plan](#):  
Our public health programs are effective, grounded in evidence and equity

**This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's [Anti-Black Racism Plan](#) and [Taking Action for Reconciliation](#), specifically recommendations: Partner with Other Sectors, Equitable Access and Service Delivery.**