



Board Report

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PROGRAM REPORT AUGUST 2019

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Working with the Grey Bruce communities to protect and promote health

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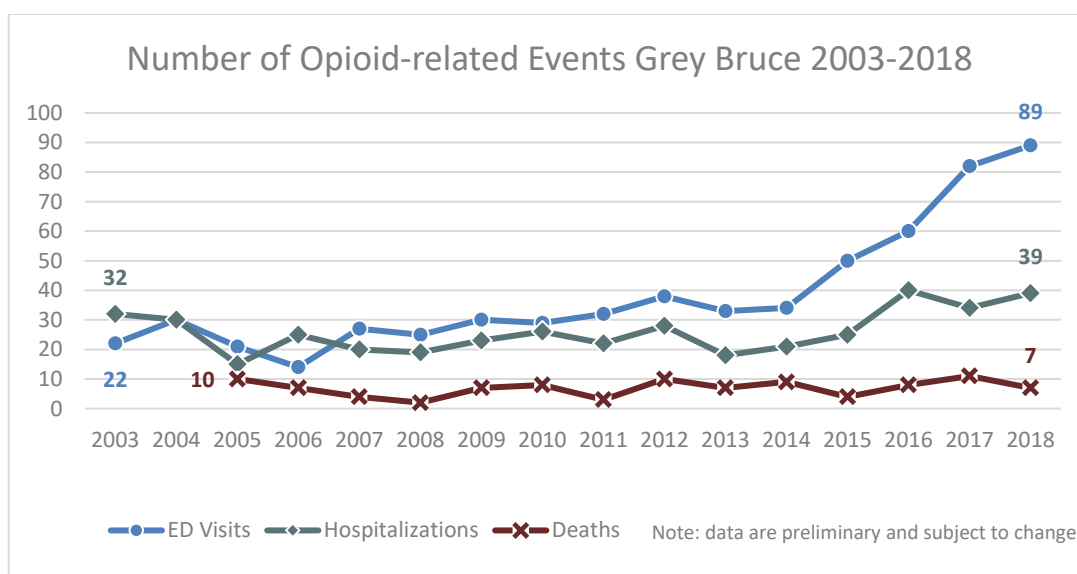
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Naloxone Distribution Review

Naloxone distribution is a key intervention in the success of a Harm Reduction Program. Naloxone (or Narcan) is a fast acting drug that can temporarily reverse an overdose due to opioid use. The availability of Naloxone has increased significantly in the last few years, in line with the Opioid Epidemic. Rules for dispensing Naloxone have relaxed and the scope of distribution has expanded. Originally dispensed to a very select group, specifically those who suffered an overdose, availability is now widespread resulting in more lives are saved.

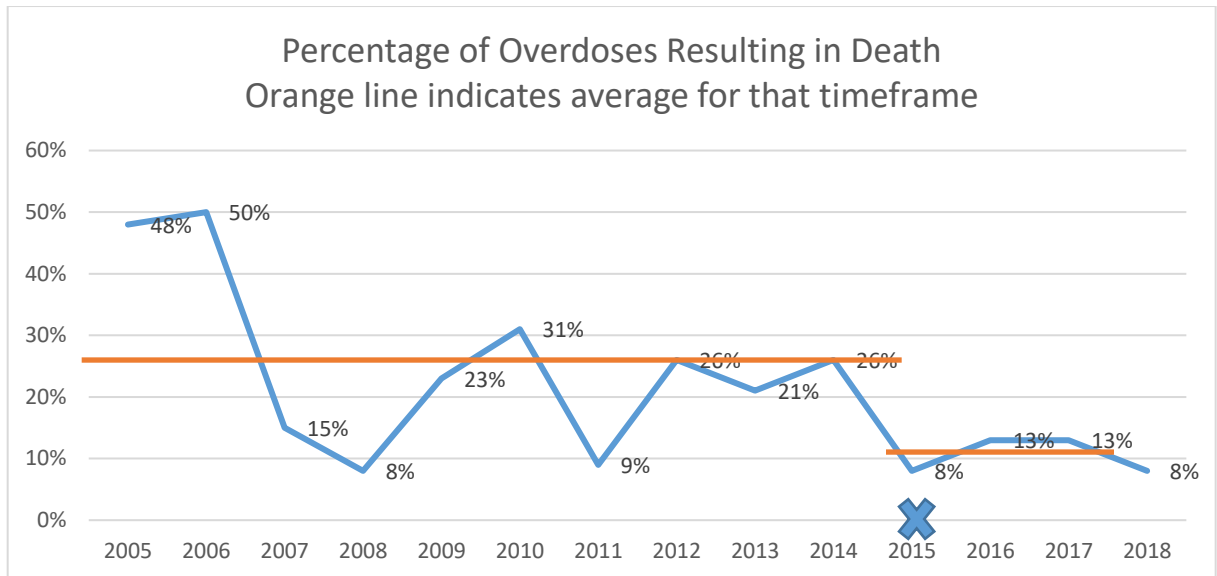
The graph below identifies the number of overdoses, deaths and hospitalizations related to opioid overdoses in Grey and Bruce from 2003 to 2018, as reported by Public Health Ontario (PHO).



Note: Death data for 2003 and 2004 are unavailable at the public health unit level

The number of overdoses has risen, however, number of deaths remain fairly stable. From this data we can calculate an overdose to death ratio, the percentage of people that die as a result of overdose.

The graph below identifies the rate of death per overdose from 2005-2018.



The X on the graph in 2015 indicates when widespread distribution of Naloxone began. From 2005 to 2014, the average rate of death as a result of overdose was 25.7%; one in four overdoses resulted in death. Following the introduction of Naloxone, the average rate of death as a result of overdose dropped to 10.5%; one in every ten overdoses, even as the rate of overdoses continued to climb. In fact, in 2018, the year with the largest number of overdoses reported, and a record 1337 Naloxone kits distributed, the death rate was 8%.

Last year, 108 clients self-report using Naloxone kits to reverse an overdose. Virtually every week we hear stories from police, emergency services and others who have used Naloxone to save a life.

Asked why save people that are doing harm to themselves; the answer is simple. It is not our role to judge, but to help. It does not matter how a person got to the place they are, it simply matters that they be given another day to hopefully recognize and accept the help they need.

Naloxone is only one component of a multi-faceted approach to the Opioid Epidemic. We can expect increasing rates of dispensing Naloxone, as the Harm Reduction Program and the current Opioid Epidemic continues.

E-Cigarettes and Smoking Cessation

The Grey Bruce Health Unit does not support the use of e-cigarettes as an aid to smoking cessation.

Randomized control trials, observational studies and a Public Health Ontario literature review found no evidence e-cigarettes are successful cessation aids. The World Health Organization concluded that “population-based longitudinal studies that reflect real-world

e-cigarette use found that e-cigarette use is not associated with successful quitting”. It is suggested that further research is needed to determine the effectiveness of e-cigarettes with or without nicotine on smoking cessation.

As they are a relatively new product on the market, the long-term health effects of e-cigarettes are unknown. Further scientific research is needed to determine possible health effects of long-term use. There is conclusive evidence that e-cigarettes contain and emit many potentially toxic substances posing a risk to bystanders. The chemicals in e-cigarette aerosol are found in lower levels compared to combustible tobacco.

The Grey Bruce Health Unit does not recommend using an e-cigarette to quit smoking. Until further evidence supports the use of e-cigarettes as an effective cessation device, the Grey Bruce Health Unit will promote and support quit attempts using evidence informed cessation methods, including nicotine replacement therapy.