
TO: Chair and members of the Board of Health

MEETING DATE: May 2, 2018

REPORT NO: **BH.01.MAY0218.R13** Pages: 4

PREPARED BY: Rosalyn LaRoche, Manager, Clinical Services

APPROVED BY: Rita Isley, Director, Community Health and Wellness

SUBMITTED BY: *Original signed document on file*
Dr. Nicola J. Mercer, MD, MBA, MPH, FRCPC
Medical Officer of Health & CEO

Recommendations

It is recommended that the Board of Health:

1. **Receive this report for information.**

Key Points

- The rate of opioid related deaths, in Ontario, has increased from 3.5/100,000 in 2005 to 6.2/100,000 in 2016.
- The rate of opioid related deaths, in Wellington-Dufferin-Guelph, has increased from 1.5/100,000 in 2005 to 4.8 in 2016.
- Wellington-Dufferin-Guelph Public Health (WDGPH) started to distribute free nasal naloxone to opioid users, their friends/family and recently released inmates. Distribution was also expanded to community agencies for further distribution to their clients.
- Further expansion of distribution of free nasal naloxone, in 2018, includes fire and policeservices, emergency departments and urgent care centres.

Discussion

Overdose and death related to opioid use has increased across Canada over recent years. In Ontario the number of opioid related deaths has almost doubled from 2005 to 2016, a rate of 3.5 opioid-related deaths per 100,000 to 6.2. In Wellington-Dufferin-Guelph the opioid-related death rate has changed significantly from 1.5/100,000 to 4.8/100,000 in the same time frame.¹

The Ministry of Health and Long-Term Care (MOHLTC) responded to this Opioid Crisis by initiating a number of strategies including: introducing the distribution of free nasal naloxone through WDGPH and Hepatitis C Programs and enhancing the funding for Needle Exchange Programs.

Naloxone is an opioid antagonist medication that is used to block or reverse the effects of opioid drugs. Naloxone only works on opioid receptors within the body and does not reverse the effects of other non-opioid medications such as stimulants like methamphetamine or cocaine, or benzodiazepines like lorazepam or diazepam. It is only effective in overdose situations where an opioid such as fentanyl or heroin is the cause of respiratory depression or arrest. The duration of the effect of naloxone is variable, from 30 up to 90 minutes and this effect may be shorter than the effect of the opioids the person has taken. Therefore, it is imperative that all individuals given naloxone seek medical attention afterwards to avoid a delayed secondary opioid overdose.

WDGPH contracted AIDS/HIV Resources & Community Health (ARCH) to assist in the distribution of free nasal naloxone to people who meet the MOHLTC criteria:

- The person is an opioid user or has a history of opioid use and is at risk of opioid overdose, or
- The person is a family or friend of a person who uses opioids, or
- The person is a newly released inmate.

Individuals seeking naloxone kits are required to complete a training session on recognizing the signs of overdose, managing an overdose and administering naloxone prior to receiving the kits. Training is offered through one-to-one sessions at WDGPH offices and group and one-to-one sessions in the community by ARCH and pharmacies.

In the fall of 2017, the MOHLTC further enhanced the Naloxone Program, to include providing free nasal naloxone to eligible community organizations for distribution to their clients. Eligible community organizations are:

- Community Health Centres, including Aboriginal Health Access Centres;
- AIDS Service Organizations;
- Shelters;
- Withdrawal Management Programs; and
- Outreach Programs.

WDGPH provides the training, policy support and distribution of naloxone to eligible community organizations.

Fire and Police Service organizations were added to the MOHLTC Naloxone Program in early 2018. These Service organizations are now eligible to receive free nasal naloxone to prevent overdoses, and potentially help their workers in the event of exposure to opioids. WDGPH's role is to distribute naloxone to local eligible Fire and Police Service organizations.

On April 24, 2018, the MOHLTC announced further enhancements to the naloxone distribution program to include injectable naloxone as an option for distribution. They also announced that emergency departments and urgent care centres can now distribute naloxone to their clients. They will also get their supplies of naloxone through health units. These additions to the Ontario Naloxone Program are the result of WDGPH and other partners petitioning the government to expand distribution and access in the community.

In Wellington, Dufferin and Guelph, individuals are able to access naloxone from any WDGPH office, ARCH, Sanguen Health and local pharmacies (health card required at pharmacies). WDGPH does not have a formal role in the distribution of naloxone from Sanguen Health and pharmacies.

To date, WDGPH and ARCH have directly distributed 185 naloxone kits to opioid users, their friends/family and recently released inmates. There are also seven (7) community agencies, Police Service organizations, Fire Service organizations, emergency departments and urgent care centres that have signed up, are eligible to sign up, or in the process of becoming eligible to distribute naloxone under the Ontario Naloxone program. Between August 2017 and February 2018, a total of 737 naloxone kits have been distributed through WDGPH to individuals and community partners/ agencies in Wellington, Dufferin and Guelph.

Conclusion

One of the strategies that the MOHLTC has initiated in response to the provincial opioid crisis is the distribution of Naloxone. Wellington-Dufferin-Guelph is seeing the effects of this crisis as the rate of opioid-related overdoses has increased significantly since 2003.

Naloxone is now being distributed directly to opioid users, their friends/family and newly released inmates by WDGPH and ARCH. Further access to this life-saving medication is being made available to clients of local community agencies that are Community Health Centres, AIDS Service Organizations, Shelters, Outreach Programs and Withdrawal Management Programs.

Ontario Public Health Standard

Substance Use and Injury Prevention

Infectious and Communicable Disease Prevention and Control

WDGPH Strategic Direction(s)

Health Equity: We will provide programs and services that integrate health equity principles to reduce or eliminate health differences between population groups.

Organizational Capacity: We will improve our capacity to effectively deliver public health programs and services.

Service Centred Approach: We are committed to providing excellent service to anyone interacting with WDG Public Health.

☒ **Building Healthy Communities:** We will work with communities to support the health and well-being of everyone.

Health Equity

A prescription of an opioid by a health care professional should include a discussion of the benefits of naloxone, with direction of how to obtain it. People who use opioids and do not acquire them through a formal medical process, do not receive the benefit of this discussion. By distributing Naloxone through community agencies, people who use opioids have greater access to a life-saving medication. These community agencies frequently work with people who use drugs and staff are familiar with the issues and stigma associated with drug use. Distribution and use of naloxone can be “normalized” in these settings, reducing barriers to access this medication.

References

1. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen’s Printer for Ontario; 2018. Available from: <http://www.publichealthontario.ca/en/DataAndAnalytics/Opioids/Opioids.aspx>; accessed 16March2018

Appendices

None.