



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

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OVERDOSE PREVENTION IN LONDON AND MIDDLESEX COUNTY: COMMUNITY NALOXONE PROGRAM

Recommendation

It is recommended that Report No. 034-14 re Overdose Prevention in London and Middlesex County: Community Naloxone Program be received for information.

Key Points

- Opioid overdose is a leading cause of unintentional death in Ontario.
- In 2012, 41 deaths in London and Middlesex were attributable to overdose with prescription opioids – more than twice the provincial rate.
- Naloxone is a safe medication that, when given in a timely manner, can reverse the effects of an opioid overdose. It does not give a “high” and has no potential for abuse.
- Community Naloxone Programs put naloxone and training into the hands of the people who are most at risk of opioid overdose, providing an opportunity to save valuable lives.

Opioid Overdose

Opioid overdose is a leading cause of unintentional death. Each year in Ontario, it is estimated that 400-500 deaths are caused by overdose involving opioids. Ontario mortality data shows that Middlesex-London's rate of opioid-related death is significantly higher than the provincial average at 8.8 per 100,000 people in 2012 versus 4.1 per 100,000 provincially. In 2012, 41 deaths in London and Middlesex were attributable to overdose with prescription opioids alone (office of the Chief Coroner of Ontario). Opioids suppress breathing, and in an overdose, this leads to lack of oxygen to the brain and possible death. Even in non-fatal cases, this can lead to lifelong harms. Factors that increase overdose risk include changes in personal health status, switching opioids, using a combination of drugs, and using an opioid after a period of abstinence.

Naloxone

Unintentional death from opioid overdose is preventable with the use of naloxone. Naloxone is an opiate antagonist medication that can quickly reverse respiratory depression and restore breathing and consciousness. Naloxone has been used in Canadian emergency settings for over 40 years by paramedics and hospital health care providers. In Canada, the only approved formulation of naloxone is injected intramuscularly. Because it is a low risk medication, it is not categorized as a controlled substance. If naloxone is taken or given in the absence of an opioid, it has no effect on the person receiving it. Naloxone has no abuse potential, as it causes neither euphoria nor dependence. When administered in an opioid-dependent person, it produces undesirable opioid withdrawal symptoms.

Community Naloxone Programs

Community naloxone programs provide education, training and naloxone ‘take-home kits’ to people who use opioids and are at risk for overdose. Most overdoses occur in the company of others. Having naloxone

available to persons most at risk provides an opportunity for rapid and potentially life-saving response. Community naloxone programs are not intended to replace emergency care; rather, they “buy” time until emergency care can be accessed. Research from existing community naloxone programs has shown that these programs are effective in reducing overdose deaths and lead to reduced drug risk-taking practices.

Community naloxone programs have been in place in other countries for almost 20 years. The U.S. has over 180 programs. The first Canadian program launched in Edmonton (2005), with other programs subsequently being established in Toronto (2011), British Columbia (2012), and Ottawa (2012). Several other Ontario communities have since implemented, or are in process of planning, community naloxone programs.

The Ministry of Health and Long Term Care (MOHLTC) funds the Provincial Naloxone Distribution Program. Through this program, health units and community organizations who manage Needle Syringe Programs (NSPs) and organizations that manage Ministry-funded Hepatitis C Teams are able to distribute naloxone to clients at risk for opioid overdose. Naloxone is provided through the Ontario Government Pharmaceutical and Medical Supply Service (OGPMSS) and other overdose management kit supplies are provided by the Ontario Harm Reduction Distribution Program (OHRDP).

Community Naloxone Program in London and Middlesex

The Community Naloxone Program for London and Middlesex is a partnership among four organizations: the Health Unit (MLHU), Regional HIV/AIDS Connection (RHAC), and London InterCommunity Health Centre (LIHC), with the London Area Network of Substance Users (LANSU) fulfilling a peer advisory role. This collaborative partnership model aims to maximize available resources and expertise, as well as provide the greatest benefit the community. It is unique within Ontario.

Clients with a history of opioid use who are at risk for overdose will be eligible to receive an overdose management kit containing naloxone. A sample kit with a list of contents is depicted in [Appendix A](#). Distribution of naloxone and client training will be completed under medical directive by nurses and front-line staff who are certified under this medical directive. In addition to receiving naloxone and training, clients will receive education about: safer drug use and overdose prevention; how to recognize an overdose; how to respond to and manage an overdose, including calling 911; and how to access debriefing support, additional naloxone and other resources following situations when naloxone has been administered.

To ensure accessibility, client training and naloxone distribution will be available at several locations (i.e., Needle Syringe Program at the Health Unit, Needle Syringe Program at RHAC and Hepatitis C Program at LIHC) with the potential for offsite locations as the program expands. It is anticipated that client training and naloxone distribution will commence in June. A gradual roll-out will allow for initial evaluation information to be incorporated into further development of the program.

Conclusion

In 2012, 41 deaths in London and Middlesex were attributable to overdose with prescription opioids. Engaging in drug overdose prevention and mitigation efforts with those most at risk for opioid overdose in our community is a significant risk reduction measure that has the potential to save valuable lives.

This report was prepared by Ms. Shaya Dhinsa, Manager, Sexual Health; Ms. Rhonda Brittan, Public Health Nurse, and Ms. Heather Lokko, Acting Director, Oral Health Communicable Disease and Sexual Health Services.



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