



MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 062-16

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2016 November 17

OPIOID ADDICTION AND OVERDOSE

Recommendation

It is recommended that the Board of Health

- 1. Endorse Report No. 062-16 Re: "Opioid Addiction and Overdose" and***
- 2. Recommend to The College of Physician and Surgeons of Ontario (CPSO) that when prescribing opiates, patients should also be prescribed and counselled on use of naloxone to help prevent potentially fatal complications associated with opioid overdose.***

Key Points

- Between 2010 and 2014, the number of prescription opioids legally dispensed in Canada climbed almost 24 percent. More than 21.7 million prescriptions for opioids were dispensed last year in Canada.
- Opioid misuse is the third leading cause of accidental death in Ontario.
- Improved access to naloxone for all patients prescribed opioids is recommended to decrease life-threatening risks associated with overdose. Regulatory changes making naloxone more easily available mean there is greater opportunity to ensure that opioid users have it available if needed.

Background

Narcotic pain medications, also known as opioids, are prescribed by physicians for the treatment of pain and their distribution is tightly regulated through the Controlled Drug and Substances Act. Between 2010 and 2014, the number of prescription opioids legally dispensed in Canada climbed almost 24 percent with more than 21.7 million prescriptions dispensed last year. However, opioid misuse is the third leading cause of accidental death in Ontario.

An overdose of opioid drugs - such as fentanyl, morphine, heroin, methadone or oxycodone - can cause a person's breathing to slow or stop. Naloxone is a medication that can temporarily reverse this effect so that the person can breathe more normally and potentially regain consciousness. Timely administration of naloxone can provide precious time to seek emergency medical attention and treat the overdose.

Beginning in June 2014, emergency naloxone kits and training have been made available to people who inject drugs in Middlesex-London as a harm-reduction response to overdoses occurring in the community attributed to the recreational use of opioids. To ensure accessibility, client training and naloxone kit distribution is provided through several locations including the Needle Syringe Program at the Health Unit, Needle Syringe Program at the Regional HIV / Aids Connection and Hepatitis C Program at the London Intercommunity Health Centre.

Since implementation, there have been 163 people trained and provided with naloxone kits. These kits have been used in 13 successful resuscitations. Further to the resuscitations associated with naloxone kit use, Emergency Medical Services (EMS) in London-Middlesex administered 47 doses of naloxone last year and 31 doses as of October this year when responding to 9-1-1 calls for overdoses.

Recent Regulatory Changes

Last month, in recognition that opioid addiction and overdose is a serious public health concern, the Ministry of Health lifted restrictions on who could be provided with naloxone kits and allowed for sites that provide naloxone kits to begin training and providing kits to friends and family members, as well. Previously, the kits were available only to those who were at risk for overdose and were also clients of the needle exchange or Hepatitis C programs.

In response to calls from Ontario and other provinces and territories for Health Canada to remove the prescription status of naloxone, the National Association of Pharmacy Regulatory Authorities (NAPRA) also recently reclassified naloxone as a Schedule II drug when used in an emergency opioid overdose situation outside of hospital settings. This change was effective immediately in Ontario. As a result, naloxone can now be kept behind the counter in Ontario pharmacies and dispensed without a prescription or charge to those who are at risk of an overdose (as well as their concerned family members or peers). Additionally, pharmacists are able to provide training on how to safely administer the drug. There are currently forty-nine pharmacies in Middlesex-London that can dispense naloxone.

Next Steps

The Minister of Health has announced a comprehensive strategy to address opioid misuse and addictions. Risk of overdose is not limited to those who use opioids recreationally, but the risk is also quite present to those who are legally prescribed these medications. Actions will be focused on better informing Canadians about the risks of opioids, supporting better prescribing practices, reducing easy access to unnecessary opioids, supporting better treatment options, and improving the national evidence base. Part of this strategy aims to ensure Ontario health care providers have the tools, resources and information needed to provide the highest-quality care to patients. Patients look to their health care providers for leadership and guidance.

As part of the strategy, we believe it would be helpful for the Board of Health to recommend to the CPSO that, as a matter of best practice when physicians are prescribing opiates, they also provide the patient with a prescription for and information about how to access and use naloxone.

This report was prepared by Shaya Dhinsa, Manager of Sexual Health.



Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health