CITY OF HAMILTON

Public Health Services

Clinical & Preventive Services

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	September 19, 2016
SUBJECT/REPORT NO:	Naloxone Expansion Feasibility (BOH16036) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Linda Blake-Evans, Program Manager, Harm Reduction (905) 546-2424, Ext. 3286
SUBMITTED BY & SIGNATURES:	Jessica Hopkins, MD, MHSc, CCFP, FRCPC Associate Medical Officer of Health Public Health Services Department Glenda McArthur, BScN, RN, MHS Director, Clinical and Preventive Services Public Health Services Department

RECOMMENDATION

(a) That staff expand naloxone distribution by increasing staffing by 2.0 FTE outreach workers and 1.0 FTE Public Health Nurse to provide access to naloxone at more program sites. This includes expanding Public Health Services' needle syringe van by four additional hours per day, including a new eight hour shift on Sundays (32 additional hours per week) with a cost of $260,956 to be referred to the 2017 operating budget process;

(b) That Council send a letter to the Ontario Minister of Health and Long-Term Care with copies to the Chief Medical Officer of Health and all Ontario Boards of Health to request adequate financial resources to support the distribution of naloxone, including distribution through provincial detention centres; and,

(c) That this report fulfils the request of the motion made at the Board of Health meeting on June 13, 2016 that "Public Health Services report back to the Board of Health on the feasibility of expanding the City of Hamilton's existing Take Home Naloxone Program"; and be removed from the outstanding business list.

EXECUTIVE SUMMARY

Overdose deaths due to medical and non-medical drug use are now the third leading cause of accidental deaths in Ontario. A significant proportion of these deaths have been attributed to opioids. Drug overdose is not confined to one group of people but can affect anyone, including people taking prescribed opioids.

Many of these deaths could have been prevented with measures such as training to recognize an overdose, increased availability of naloxone, improved efforts to encourage people to call 911 during an overdose event, and safer prescribing practices (Canadian Drug Policy Coalition).

Locally, in the first six months of 2016, there were 795 emergency room visits and 120 hospital admissions in Hamilton for drug-related and opioid-related overdoses (Appendix A), which was a significant impact on local hospital resources. According to Ontario coroner data, there has been a general increase in the number of deaths due to opioid toxicity in Hamilton from 2005 to 2014. From 2010 to 2014, there were an average of 30 deaths per year. The most common opioids associated with these deaths were oxycodone and morphine. (Appendix A).

Naloxone is a safe, highly effective medication that reverses the effects of opioids such as heroin or morphine. It is a standard treatment for opioid overdose and has a long history of use in clinical settings (approximately 40 years). "Take Home Naloxone" programs, such as the one provided by Pubic Health Services (PHS), have been linked with reductions in opioid-related deaths.

PHS staff in the Harm Reduction Program currently provide naloxone training and kits to persons at high risk of opioid overdose through the mobile needle syringe van (the Van), Street Health clinic sites, needle syringe sites, home visits and group training. From May 2014 to July 31, 2016 PHS has dispensed 582 naloxone kits and is aware of 148 persons who may have been revived by the kits. There has been an increased update to date in 2016 (January 1 to July 31) with 187 kits dispensed and 65 people revived.

Currently a 0.5 FTE Public Health Nurse (PHN) supports naloxone distribution and program development but also has other program duties. This position is funded 100% by the Ministry of Health and Long-Term Care (MOHLTC) for infectious disease prevention. The 0.5 FTE PHS is the lead for training other staff, connecting with community partners who see clients as risk, returning calls from clients requesting naloxone and organizing the Overdose Awareness Day event in Hamilton. Other program staff also distribute naloxone while at clinic sites or on the Van, however, it is not possible to assign additional naloxone work to other staff in the program without impacting program work. Currently the 0.5 FTE PHN returns calls from clients seeking naloxone only when she is working.

An additional 1.0 FTE PHN dedicated to naloxone would be able to respond to client calls more promptly, make more home visit, provide group training and promote naloxone awareness.

The Van Program provides new needle supplies, sharps containers and naloxone kits to persons who use injection drugs. The Van is staffed by a combination of PHNs, outreach staff contracted from a key community partner, The AIDS Network (TAN), and TAN volunteers. The Van has been experiencing a steady increase in service demands every year which makes it challenging to provide supplies to all who need it. Multiple clients are being turned away from the Van each week as we have reached service capacity at four hours per evening, Monday to Saturday. Given the increasing demands and current staffing levels in Harm Reduction Program, it is not feasible to increase naloxone distribution without additional staffing and increasing Van service hours.

Any expansion of naloxone distribution should be paired with distributing needle syringe supplies as this is a key point of contact for clients at risk of overdose and where clients form trusting relationships with staff.

The MOHLTC announced in July 2016 that the provincial naloxone program would be expanded to include those newly released from provincial jails and remand centres. The risk of death due to drug toxicity is especially high during the first two weeks after release, likely because imprisonment can reduce drug use and may result in loss of drug tolerance. Opioids are the most common drug resulting in death in individuals recently released from incarceration (Groot E. et al. 2016). Beginning Monday, August 15, 2016, all inmates in provincial correctional facilities began receiving a wallet-sized card upon release from the institution. The card provides information on the heightened risk of overdose upon release from prison for people who use opiods, key harm reduction strategies, and linage to the two provincial telephone lines where they can obtain information about were to obtain naloxone free-of-charge at participating community pharmacies or Ontario Naloxone Program sites. While the program expansion is a welcome strategy to get naloxone to those who will most benefit from it, the MOHLTC did not provide any additional funding to support this expansion, which will limit PHS' ability to fully implement the program expansion.

An additional announcement was made by the Minister of Health and Long-Term Care in July 2016 to include the distribution of free naloxone by pharmacies. The expansion of naloxone availability is a welcome measure; however this method of distribution will not meet the needs of all clients. Due to the stigma of drug use, some individuals may not seek out naloxone at a pharmacy as identification must be provided for billing purposes. The pharmacy naloxone program will supplement but not replace existing Public Health naloxone programs. Currently, pharmacies that already distribute methadone were the first pharmacies to be given naloxone kits for distribution in order to reach those at higher risk of overdose.

Other community pharmacies can participate in staff training and purchase naloxone supplies that will be bill backed to the MOHLTC when dispensed. Uptake appears to be slow with one local methadone pharmacy not distributing any kits to date as of August 11, 2016.

There is little promotion of the availability of naloxone at pharmacies that are participating, so it is difficult for the public to know which pharmacies are offering naloxone. Persons who wish to find a pharmacy distributing naloxone can call the provincial drug and alcohol help line through CONNEX Ontario at 1-800-565-8603.

Experience to date with PHS' naloxone program suggests that multiple strategies are required to meet the clients where they are at and when they are ready to accept naloxone training and kits.

Naloxone supplies are provided at no cost to PHS by the MOHLTC, but no additional staff and operational funding has ever been provided to support the program. This is also true for the most recent expansion to provincial detention centres. The proposed additional 2.0 FTE outreach staff for the Van and 1.0 FTE PHN are necessary to meet the naloxone program expansion into the detention centre and meet current needs in the community, but they will require new finding with 100% net levy impact.

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial Implications:

The recommended changes to the Naloxone Program would cost $260,956. Costs to expand the Naloxone Program include additional Van fuel, additional 2.0 FTE outreach staff for the Van and additional 1.0 FTE PHN. As the cost-shared public health budget is currently above its provincial funding cap, any new costs would fall to the levy.

The current budget for the Naloxone Program is $157,243 gross, $24,716 net. Costs within the Naloxone Program include Van fuel, insurance, repairs, staff for Van and PHN outreach. Naloxone itself is provided at no cost to PHS from the MOHLTC.

Staffing Implications:

Because the Van reaches persons at high risk of overdoes, naloxone distribution will be expanded through the Van by increasing operating hours by four additional hours per day Monday to Saturday, including a new eight hour shift on Sundays (32 additional hours per week). The additional 2.0 outreach staff would be contracted from TAN as PHS already has an established relationship with TAN for outreach staff and they are key collaborative partner in harm reduction. The additional 1.0 FTE PHN would support naloxone program expansion and development by providing more availability for client training and outreach to partner agencies and clients at risk.

Legal Implications: There are no legal implications associated with this report.

HISTORICAL BACKGROUND

Background:

This report is in response to the motion made at the Board of Health meeting on June 13, 2016 that "Public Health Services report back to the Board of Health on the feasibility of expanding the City of Hamilton's existing Take Home Naloxone Program". Feasibility and costs are outlined with alternatives to expand naloxone distribution. Board of Health Report (BOH12008(a)) approved the distribution of overdose prevention kits. PHS developed policies, directives, trained staff and began distributing overdose prevention kits in May 2014 to eligible clients.

Why is naloxone needed?

Naloxone is a safe, highly effective medication that reverses the effects of opioids such as heroin or morphine. It is a standard treatment for opioid overdose and has a long track-record (40 years) of use in clinical settings. "Take Home Naloxone" programs, such as the one provided by PHS, have been linked with reductions in opioid-related deaths. Statistics for the first six months of 2016 showed 795 emergency room visits and 120 hospital admissions in Hamilton for drug and opioid-related overdoses (Appendix A). According to Ontario coroner data, there has been a general increase in the number of deaths due to opioid toxicity in Hamilton, from 2005 to 2014. From 2010 to 2014, there were an average of 30 deaths per year. The most common opioids associated with these deaths were oxycodone and morphine (Appendix A).

Current Availability of Naloxone:

Naloxone is available through PHS' Take Home Naloxone Program, local pharmacies and is being promoted to persons released from correctional facilities as of August 15, 2016. Intranasal naloxone is not yet available for distribution.

PHS Take Home Naloxone Program:

Naloxone is distributed by PHS staff under the Ontario Naloxone Program (ONP) guidelines and a signed agreement with the MOHLTC. The agreement requires that PHS staff directly distribute the naloxone kits to clients of the needle syringe program and that the kits cannot be distributed by external partners. Naloxone supplies are provided at no cost to PHS and the program is delivered within existing staffing levels. MOHLTC and PHS' program guidelines are specific to supplying kits to users of opioids, but not family members/friends. The MOHLTC is considering eligibility expansion of the ONP, but without expansion of staffing resources.

PHS' Harm Reduction team of 5.1 FTE public health nurses and 2.0 FTE outreach workers contracted from The AIDS Network (TAN) for the mobile needle exchange Van (the Van) and injection drug use outreach. These staff provide naloxone training and kits to program clients in addition to other duties in the program. A 0.5 FTE PHN is the designated program lead for naloxone. The lead PHN's role includes promoting and distributing naloxone, contacting clients and community partners, providing education and training on naloxone.

Naloxone is distributed by PHS staff through multiple strategies:

- Home visits,
- Street health clinic and outreach sites [Wesley Urban Ministries, Womankind, Urban Core Community Health Centre (CHC), Notre Dame Youth Shelter, methadone clinics],
- Dedicated staff time at needle syringe sites—Wesley, Urban Core CHC, The AIDS Network,
- The Van; and,
- Group training.

Naloxone through Pharmacies:

In June 2016, the Minister of Health and Long-Term Care announced the availability of free naloxone from pharmacies. This announcement makes naloxone available to clients as well as friends and family. Pharmacy staff require training in order to teach a client how to inject naloxone. A health card and client name is required for billing by pharmacies to the MOHLTC for reimbursement. Not all pharmacies in Hamilton currently offer naloxone given the staff training and supplies required and the program has not been well promoted (e.g., one pharmacy in Hamilton has stock but has not given any naloxone kits to date as no clients have requested one).

Naloxone through Correctional Facilities:

On July 4, 2016, the Minister of Health and Long-Term Care approved the expansion of the public health Ontario Naloxone Program (ONP) to include correctional facilities in the province to reach those at high risk of overdose when released from detention. All inmates in provincial correctional facilities will now receive an information card upon release from the institution with two provincial telephone lines where they can obtain naloxone. This strategy requires persons to make a phone call and attend a site for a kit which may be a barrier for some. PHS is in discussions with the Hamilton Detention Centre to create a new program for training inmates and leaving a kit with their belongings as has been done successfully in the United Kingdom resulting in reduced overdose deaths (Bird et al, 2016). More PHS staff will be needed to deliver a comprehensive naloxone program in collaboration with the Hamilton Detention Centre.

Future Availability of Intranasal Naloxone:

On July 6, 2016, Health Canada announced the approval of the nasal formulation of naloxone as an emergency public health measure in response to the current opioid crisis. The federal Minister of Health signed an interim order to temporarily allow naloxone in nasal spray form to be imported from the U.S. and sold in Canada.

The Interim Order allows the product, which has been approved by the U.S. Food and Drug Administration, to be temporarily sold in Canada. This product has not yet been made available to date to PHS or pharmacy naloxone programs. It is expected there will be a higher cost for intranasal naloxone compared to injectable naloxone.

PHS Naloxone Program Gaps/Pressures:

- No new funding for staffing or administration was provided by the MOHLTC when naloxone became available to health units in 2014. PHS chose to use a 100% MOHLTC-funded infectious disease public health nurse position to support this work as drug use is associated with an increased risk of infectious diseases.
- The Van cannot meet service demands within current hours for needles and naloxone. Staff recently counted 61 clients turned away from Van service during 17 shifts between March 15 to May 31, 2016.
- Currently no PHS Harm Reduction sites are open on Sundays, including Van services, where clients could receive a naloxone kit.
- Persons discharged from detention centres who use substances are given a service card but not a naloxone kit. Persons leaving detention are at higher risk of overdose after having a period of drug abstinence (Binswanger et al, 2007). While the MOHLTC has expanded the naloxone program to include detention centres, no provincial funding has been provided to support this initiative.
- Drug use is associated with significant stigma. Some people who use drugs may use them in isolation, in unsafe manners (e.g., larger doses quickly), or in unsafe areas (e.g., alleyways) in order to avoid the public or law enforcement. These riskier behaviours increase the risk of fatal and non-fatal overdose. Some jurisdictions (e.g., Vancouver, Europe, Australia) use supervised drug consumption rooms to provide a safer location for drug use where people who use drugs can be monitored for overdose and treated quickly (see BOH16037). These sites can also serve as opportunities to provide people who use drugs with naloxone. Currently, there are no supervised drug consumption rooms in Ontario.

Proposed Recommendations to Increase Naloxone Distribution:

In order to distribute more naloxone kits, an increase in staffing is required as the current program has reached capacity. It is proposed that an additional 1.0 FTE PHN and additional Van hours and Van staffing will be effective to reach those at higher risk of opioid overdoes as well as program development.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

Ontario Public Health Standards (2016) require that priority populations have access to harm reduction services to reduce the transmission of sexually transmitted infections and blood-borne infections.

Public health promotes community capacity building by fostering partnerships and collaborating with community partners. Addressing determinants of health and reducing health inequities are fundamental to the work of public health in Ontario. Effective public health programs and services consider the impact of the determinants of health on the achievement of intended health outcomes. Effective public health programs and services take into account communities' needs, which are influenced by the

determinants of health. As well, an understanding of local public health capacity and the resources required, including collaboration with partners to achieve outcomes, is essential for effective management of programs and services.

RELEVANT CONSULTATION

Fiona Sillars, Program Analyst AIDS and Hepatitis C Programs, MOHLTC has been consulted regarding potential expansion of PHS' naloxone program as this would impact stock ordered from MOHLTC. There are no concerns with expansion of naloxone distribution and requiring more stock in the future.

Tim McClemont, Executive Director of The AIDS Network confirms willingness to provide additional staff for Van outreach if additional funding is approved.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

A review of over 250 records of clients who have received naloxone from PHS showed that the majority of kits were distributed via The Van, home visits and through current needle syringe distribution sites (Hamilton Urban Core Community Health Centre, Wesley Street Health Clinic, and The AIDS Network).

Current evidence supports the extensive scale-up of access to naloxone (Kim. D et al, 2009). Program staff note that multiple strategies are needed as clients may express interest and leave their name for a call back, but are then difficult to reach. The best approach is for naloxone to be available at the moment when a client is willing to receive training and a kit. PHS staff have built highly trusting relationships with clients who engage over time to accept a service which contributes to the success of the current naloxone program.

ALTERNATIVES FOR CONSIDERATION

Alternative 1:

Increase Van service hours by 12 hours per week (i.e. add two hours to current shift Monday to Saturday). Requires two additional 0.5 FTE Van outreach staff and additional 0.5 FTE PHN for program development at the total cost of $117,049.

Pros: Increase naloxone availability through both the Van by 10 hours per week and PHN time by 17.5 hours per week.

Cons: Additional cost to the City of Hamilton; increase in Van hours may not be sufficient to meet service/naloxone demands.

Alternative 2:

Increase Van service hours by four hours per week by adding a new shift on Sundays (8:00 pm to midnight). Requires additional 0.2 FTE Van outreach staff at a total cost of $12, 261.

Pros: Increases naloxone availability through the Van by four hours per week.
Cons: Does not increase naloxone distributed by PHN through home visits, group training or site visits. Increase in Van hours may not be sufficient to meet service/naloxone demands; additional cost to the City of Hamilton.

Alternative 3:

No change to Van hours, hire additional 0.5 FTE PHN at a cost of $56,813.

Pros: Increases naloxone availability through PHN by 17.5 hours per week. Improves coverage for existing 0.5 FTE to respond promptly to client calls.
Cons: Does not increase naloxone distribution through the Van; may not be sufficient to meet service/naloxone demands; additional cost to the City of Hamilton.

ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN

Community Engagement & Participation

Hamilton has an open, transparent and accessible approach to City government that engages with and empowers all citizens to be involved in their community.

Healthy and Safe Communities

Hamilton is a safe and supportive city where people are active, healthy, and have a high quality of life.

APPENDICES AND SCHEDULES ATTACHED

Appendix A to Report BOH16036 - Hamilton Overdoses and Deaths

REFERENCES:

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Canadian Drug Policy Coalition (2014). Opioid Overdose Prevention and Response in Canada. http://www.drugpolicy.ca/wp-content/uploads/2013/01/CDPC_OverdosePreventionPolicy_Final_July2014.pdf [accessed August 11, 2016].

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Kim D, Irwin KS, Khoshnood K.(2009) Expanded Access to Naloxone: Options for Critical Response to the Epidemic of Opioid Overdose Mortality. Am J Public Health. 2009 March; 99(3): 402–407.