



INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	May 14, 2018
SUBJECT/REPORT NO:	Co-Locating Naloxone with Automated External Defibrillators (BOH18005) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Jan Johnston (905) 546-2424, Ext. 3055
SUBMITTED BY & SIGNATURE:	Michelle Baird Director, Public Health Services, Epidemiology, Wellness and Communicable Disease Control Division, Healthy and Safe Communities Department

Council Direction:

The Board of Health, at its meeting on December 4, 2017, received and referred the correspondence from the corporation of the City of Kingston, respecting a motion passed at the Kingston City Council Meeting on November 7, 2017 regarding naloxone to the Medical Officer of Health and the General Manager, Community and Emergency Services Department.

Executive Summary:

At the time of Kingston's motion, the federal and provincial changes to enhance appropriate and accessible harm reduction services had not yet occurred. The naloxone expansion to frontline workers and first responders, as well as the allowance of overdose prevention sites, to provide necessary health services to help reduce the growing number of overdose deaths affecting the most vulnerable populations in Ontario, occurred after the motion. Responding within the climate at the time, Kingston's motion resulted in the placement of two naloxone kits with Automated External Defibrillators (AEDs) in fourteen city-owned and operated facilities where AEDs currently exist. The co-location of naloxone with AEDS remains ineligible for Ministry of Health and Long-Term Care (MOHLTC) funding and thus Kingston incurs costs through their levy. Kingston, Frontenac, Lennox and Addington (KFL&A) public health staff responsible for the naloxone expansion program have recently reported the naloxone kits placed in these city facilities have remained unused.

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Public Health Services (PHS) assessed the feasibility of placing two naloxone kits (two doses of intranasal naloxone spray per kit) with AED at city-owned and operated facilities where AEDs currently exist. Given the expanded availability of naloxone kits, the costs associated with such a program, and the potential for a more targeted approach, implementing such a program in Hamilton is not recommended at this time. Staff will report back on naloxone expansion as it progresses.

Background:

In September 2017, the MOHLTC provided 100% funding, under Ontario's Opioid Strategy, to each local board of health (BOH) to support building sustainable outreach and response capacity to address drug and opioid-related challenges in their communities to:

- Implement, maintain and/or expand local opioid-related response initiatives;
- Act as naloxone distribution leads for eligible community organizations, and;
- Support the implementation and/or enhancement of early warning systems to ensure the timely identification of, and response to, a surge in opioid overdoses.

An Opioid Response Plan and Enhancement of Early Warning Systems were created with input from various community partners. Specific objectives of the plan are to:

- Develop communication channels for the collection and sharing of relevant surveillance data to detect increases in opioid activity (www.hamilton.ca/opioidmonitoring);
- Facilitate a coordinated response to a surge in opioid activity;
- Establish the foundation for a long term Drug Strategy, and;
- Identify ways for community organizations to work together to combat the opioid issue and provide access to relevant resource material.

PHU-led expansion of the Ontario Naloxone Program (ONP) was announced by the MOHLTC on September 1, 2017 that Public Health Units would be able to order naloxone kits for eligible organizations including: Community Health Centres (including Aboriginal Health Access Centres); AIDS Service Organizations; Outreach organizations; Shelters; and Withdrawal management programs. These organizations must also:

- Work directly with drug-using populations at risk of opioid overdose through harm reduction programming, outreach and/or social determinants of health;
- Reach a difficult to reach (priority) population not otherwise served where there is known drug using/opioid activity, and;
- Has demonstrated staffing capacity to manage naloxone distribution/training with clients, inventory, and reporting to the ONP site.

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Hamilton PHS is currently working on the process of enacting this expansion, which includes the development of:

- an application and approval process;
- a training program;
- an inventory management system data collection tools;
- a Ministry of Health and Long-Term Care reporting process; and,
- a Memorandum of Understanding for each organization.

Expansion to Police and Fire Services was launched January 28, 2018 by the MOHLTC and the Ministry of Community Safety and Correctional Services as an expansion of the ONP. On March 28, 2018, Council approved the “expanded use of naloxone on Hamilton fire vehicles” in which PHS Staff will support this naloxone expansion initiative (as above). Hamilton Police Services has also indicated that they will take part in the expanded naloxone program.

In less than eighteen months, Hamilton PHS staff distributed a total of 2601 naloxone kits, and 744 people were reported as being revived by the kits.

Participating Ontario pharmacies offer free injectable and nasal spray naloxone kits. A prescription is not required to access naloxone via pharmacies, however, it is required that a client show their health card. Through pharmacies a client can receive naloxone as well as training on how to recognize an opioid overdose and how to use the naloxone kit. This is an additional venue where naloxone is being made available to the community. In fact over the period September 2017 to February 2018 pharmacies in Hamilton distributed 1679 naloxone kits to clients.

Assessment:

AEDs

In Hamilton, there are around 250 AEDs in City of Hamilton facilities; each monitored by paramedics (includes libraries, rec centres/community centres). Epinephrine Auto Injectors are co-located with AEDs in which Recreation Centre staff is responsible for monitoring maintaining auto injectors in their facilities.

Overdoses

There is no current efficient means of accessing data from Hamilton Paramedic Services regarding the number of 911 overdose calls to City of Hamilton facilities as the system doesn't support this type of data extraction (manual audit would be required if data requested). The SIS PWID survey, among 48 people who had overdosed in the past, 69% reported last overdosing at a residence. From the Hamilton Paramedic Services data, most 911(55%) calls for suspected opioid overdoses occur at a residence:

Place	% of 911 Calls
Residence	55%
Street	20%
Public Place	16%
Other	20%

Cost Estimates

To locate two nasal naloxone kits with every AED located at City of Hamilton facilities approximate costs would be over \$49,500 as well as the cost of around \$4000-\$6000 for customizing the 'Track your AED' web-based data base, to allow for tracking of AED co-located nasal naloxone. PHS costs for staff training (group training is upwards of 60 min/each session) as well as processes for monitoring and maintaining naloxone co-located with AEDs would need to be determined.

Future Naloxone Expansion

Although there may be an increase of the accessibility of naloxone by conveniently co-locating with AEDs in facilities such as recreation centres throughout the City of Hamilton, there is no existing evidence supporting that it is an effective response to the opioid crisis. The resource strain (staffing, distribution and maintenance of naloxone kits; training for City of Hamilton (COH) staff; the possibility that the locale may increase the chances of individuals accessing city facilities for the purpose of getting naloxone for the use of opioids; and the MOHLTC will not support this type of expansion suggest that a targeted approach would be more effective in building a sustainable response that is culturally and demographically appropriate. PHS will be exploring expansion at "hotspots" within the City of Hamilton. Hotspots could include COH facilities that have reported overdoses; staff that interact often with people at highest risk for overdose. Locale can be informed by Hamilton Paramedic Services consultation, MOHLTC consultation as well as the SIS study which demonstrated the area of greatest need and concentration of people who use drugs and are at risk for overdose.

PHS, along with community partners continues to address the opioid community crisis through opportunities such as naloxone expansion, delivery of harm reduction services via the mobile harm reduction van and supporting the implementation of an overdose prevention site. In addition PHS continues to monitor opioid surveillance data, including improving access to data such as paramedic data, in order to inform decision making related to opioid response.

Appendices Attached:

Appendix "A" to Report BOH18005 - Kingston City Council Minutes, Nov 7, 2017