

alPHa's members are
the public health units
in Ontario.

alPHa Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

April 27, 2018

Roselle Martino
Assistant Deputy Minister, Health and Long-Term Care
777 Bay St, Suite 1903
Toronto, ON M7A 1S5

Dear Roselle,

Re. Expanding Access to Naloxone

On behalf of the Association of Local Public Health Agencies (alPHa) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing to congratulate you on your recent announcement to further expand access to Naloxone in Ontario.

As you know, alPHa passed a resolution in 2015 (attached) that calls for widespread availability of and easy access to life-saving naloxone for anyone who might need it. We therefore welcome your April 23rd announcement of making naloxone available in hospital emergency departments or urgent care centres, which builds upon the ongoing expansion of naloxone availability. We are most appreciative of the Government's sustained action on this issue.

That said, some of our members, particularly those in large urban centres, have begun to express concerns about the strain on resources that the addition of hospitals as recipients of naloxone and related training will cause.

Public health is not a traditional supplier of anything to hospitals other than vaccines, and this distribution channel is different from that of naloxone. We are therefore wondering if there are existing avenues that could be utilized, such as direct ordering by the on-premises pharmacies through the Ontario Naloxone Program for Pharmacies. We would appreciate the opportunity to discuss with you and with our hospital colleagues such alternative avenues for naloxone distribution and training to ensure that this life-saving intervention is as widely available as possible and properly administered.

We are very pleased that you continue to take positive action on this important public health issue, and we look forward to continuing to support you and the Provincial Overdose Coordinator in achieving the aims of the Ontario Strategy to Prevent Opioid Addiction and Overdose.

Yours sincerely,



Carmen McGregor
President, Association of Local Public Health Agencies

COPY: Hon. Helena Jaczek, Minister of Health and Long-Term Care
Dr. David Williams, Chief Medical Officer of Health / Provincial Overdose
Coordinator;
Penny Sutcliffe, Chair, Council of Ontario Medical Officers of Health (COMOH)

ENCL.

alpha RESOLUTION A15-5

TITLE: Provincial Availability of Naloxone

SPONSOR: Windsor-Essex County Board of Health

WHEREAS approximately 50,000 Ontarians are addicted to opioids; and

WHEREAS opioids may cause fatal overdoses if taken incorrectly; and

WHEREAS 5,935 fatal opioid-related overdoses occur in Ontario between 1991 and 2010; and

WHEREAS opioid-related overdoses account for 12.1% of the deaths among 25-34 year-olds and rose from 3.3% of the deaths to 12.1% of the deaths of that population from 1991-2010; and

WHEREAS a harm reduction program to address opioid overdoses is consistent with the requirements of the Ontario Public Health Standards to prevent substance misuse; and

WHEREAS naloxone is a medication that can reverse the symptoms of an opioid overdose, potentially reducing harm; and

WHEREAS naloxone is a medication without addictive or abusive properties and has no “street” value; and

WHEREAS several Ontario Public Health Units have successfully implemented their own local naloxone programs, effectively reversing opioid overdoses; and

WHEREAS the provincial Expert Working Group on Narcotic Addiction has recommended that the ministry “increase and sustain the availability of naloxone overdose prevention kits and harm reduction information via public health units across the province”; and

WHEREAS current opioid overdose prevention programs, including those at Public Health Units, are limited in their service to at-risk populations by the types of programs – Public Health Units that manage a core needle Exchange program (NEP), community-based organizations that have been contracted by Public Health Units to manage an NEP, and Ministry-funded Hepatitis C Teams – as well which clients they can serve, i.e., those currently enrolled in an NEP;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies requests that the Ministry of Health and Long-Term Care develop and implement a provincial Naloxone Strategy that would include and expand access to Naloxone to a minimum of:

- Not-for-profit agencies, Emergency Departments, Correctional Facilities, Paramedics/Emergency Medical Technicians, and organizations that service individuals at risk of opioid overdose,
- Individuals that prescribe to, support and/or care for individuals at risk of opioid overdose, and
- Any individual living in Ontario that is 16 years of age and older and dependent on opioids;

AND FURTHER that the Premier of Ontario, the Minister of Health and Long-Term Care, the Associate Minister of Health and Long-Term Care, the Chief Medical Officer of Health for Ontario, Public Health

Ontario, the Centre for Addiction and Mental Health, the College of Physicians and Surgeons of Ontario, the Ontario Public Health Association, and the Association of Municipalities of Ontario, the Expert Working Group on Narcotic Addiction and the Municipal Drug Strategy Co-ordinator's Network of Ontario be so advised.

ACTION FROM CONFERENCE: Resolution CARRIED AS AMENDED