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CITY HEALTH UNIT

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Dr. Rosana Salvaterra  
Peterborough County-City Health Unit  
Medical Officer of Health, Peterborough County  
10 Hospital Drive  
Peterborough ON K8J 8M1

Dear Dr. Salvaterra:

Thank you for your letter and your concern around harm reduction in opioid overdose in Ontario. I appreciate the time and effort your group has given toward proposing new policies to deal with the issue of overdose prevention and interventions.

My ministry takes the issue of narcotics use and misuse seriously. The Comprehensive Mental Health and Addictions Strategy, launched in 2011 with a focus on children and youth, provided more than 50,000 additional children and youth with access to mental health and addiction services. The strategy is now expanding to support the transition between youth and adult services and to improve the quality of services for Ontarians of all ages. To support the implementation phase of the Strategy, the Mental Health and Addictions Leadership Advisory Council will engage with service providers and people who live with mental illness and/or addictions and their families across the province. Together, they will develop and provide advice to my ministry on how to transform the mental health and addictions sector.

On October 13th, 2015 a health leadership table was called together to discuss this important issue. Having been informed by discussions with members of Ontario's Mental Health and Addictions Leadership Advisory Council, clinicians, treatment experts, health provider associations and regulatory colleges, my ministry is working to ensure that Ontario has in place a narcotics strategy to guide actions at the, local and regional levels that will support prevention, treatment and recovery for all Ontarians.

In 2013/14, my ministry established the Ontario Naloxone Program (ONP), which provides annual funding of \$200,000 towards the purchase and distribution of naloxone. Naloxone is an opiate antagonist that reverses the effects of an opiate overdose. Through the ONP, naloxone is made available to clients of core Needle Exchange Programs (NEPs) housed in both public health units and contracted local community agencies, as well as provincially-funded Hepatitis C teams. Currently, there are 20 eligible organizations that have been approved to distribute naloxone through the Ontario Naloxone Program. Over 1,700 naloxone kits have been distributed since start of program. The purchase and distribution of naloxone takes place through the Ontario Government Pharmaceutical and Medical Supply Service.

Additionally, we are constantly monitoring the use of prescription narcotics, including opioids, through the Ontario Narcotics Monitoring Network. We are also coordinating our approach with other ministries under the expanded Ontario Mental Health and Addictions Strategy, which ultimately will improve patient-centred care for people struggling with addictions, particularly at a younger age.

According to *Ontario's Narcotic's Strategy* published by the ministry, a number of prescription narcotics and other controlled substances, including the "fentanyl transdermal system [patch]", are being monitored through the provincial Narcotics Strategy. Under the federal *Controlled Drugs and Substances Act*, fentanyl is a Schedule 1 controlled drug, along with other potent opioids.

The *Safeguarding our Communities Act (Patch for Patch Return Policy)*, 2015, (Bill 33), has passed third reading, and regulations have yet to be amended for it to receive royal assent. Once it becomes law, it will:

- Require a prescriber to record on the prescription, the name and location of the pharmacy where the patient "intends to fill the prescription";
- Require the prescriber to notify the pharmacy about the prescription (in s. 2 of the Bill), and require a prescriber to comply with any other requirements provided for in the regulation;
- Require that a "dispenser at a pharmacy" dispense the drug only in accordance with the Bill's requirements;
- Provide that if the dispenser does not collect any fentanyl patches and only be permitted to dispense fentanyl patches in accordance with the contingency plan set out under the regulations;
- Provide that the operator of a pharmacy must ensure that every dispenser employed or retained by the pharmacy complies with the dispensing requirements; and
- Authorize the Lieutenant Governor in Council to make regulations, including regulations defining "fentanyl patch".

Again, thank you for your proposal and the effort that has gone into it, we will look further into your ideas and initiatives as we continue our efforts to eliminate opioid addiction and overdose.

Yours sincerely,



Dr. Eric Hoskins  
Minister