Honourable Deb Matthews
Minister of Health & Long-Term Care
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To the Honourable Deborah Matthews, Minister of Health and Long Term Care:

On behalf of the Municipal Drug Strategy Co-ordinator's Network of Ontario, we write to urge immediate restoration of naloxone distribution- the emergency antagonist of choice for reversing an opioid overdose. Naloxone is on the World Health Organization's Model List of Essential Medicines as the "most efficacious, safe and cost-effective" medicine in priority conditions.

Naloxone provision in the United Kingdom and across the USA at local, state and federal levels benefit from firm targets, timelines and funding. Indeed, with naloxone provision and related interventions, one USA community reduced accidental overdoses by 69% and Emergency Department visits by 15% in just one year.

On April 4, 2012, the MOHLTC demonstrated leadership and fiscal responsibility when you announced province-wide distribution of naloxone to mitigate the crisis of accidental opioid overdoses, estimated to be the third leading cause of accidental death in Ontario.

One year later, on April 10, 2013, the Ontario Harm Reduction Distribution Program (OHRDP) - the distribution vehicle chosen by MOHLTC- ceased distribution of naloxone. We can appreciate regulatory compliance issues but of great concern to communities across Ontario is the absence of alternative access to this medicine.

Since the announcement of 2012, communities across Ontario have dedicated a tremendous amount of time and effort to building naloxone-based overdose prevention programs. Clearly, this intersectoral collaboration is jeopardized by the lack of access to naloxone.

Canada, and Ontario in particular, are global leaders in opioid consumption; the absence of naloxone support is a curious omission, particularly in light of the rank of accidental opioid overdose death when compared to other causes of death and injury in Ontario. The 2011 Coroner data offers no solace and instead points to a preventable crisis of death and injury.

The issue is urgent in many communities and we trust the Minister's Office stands by its commitment prevent and reduce opioid-related morbidity and mortality. Delays will cost the lives of Ontario citizens. There are three issues in need of attention:

1. Most urgent is the need to immediately restore direct access to naloxone via harm reduction programs as per promise of April 4, 2012

What is critical is that all willing physician providers of naloxone have quickest and lowest threshold access to naloxone and thus:

- do not expend finances for access
- are not encumbered by administration; in times of crisis, administrative expediency is paramount
- Medical Directives are not subject to approval determination by MOHLTC staff; in our experience, physicians in a variety of settings have sought out the evidence and had the conversations necessary to recommend naloxone distribution. We note that naloxone distribution is supported by the AMA, APHA, NIDA, ONDCP- the executive branch of the White House- and others in the USA.

In this regard, the simple and expedient solution would see providers order direct from Sandoz or perhaps the Ontario Government Pharmacy; MOHLTC receives and pays invoices; product is shipped from Sandoz direct to physicians.

2. Should an alternative mechanism be considered over the medium-long term, the MOHLTC collaborate with communities and providers to develop a method that supports local community needs with minimal provider level barriers. For example, many fear that naloxone distribution will be tethered exclusively to Public Health Units which may exclude most physician providers and add an unnecessary layer without any apparent value to patients, prescribers or the taxpayer. Similarly, we are concerned that methadone patients will be excluded rather than be a key focus of support for naloxone distribution. Finally, naloxone should be added to the Ontario Drug Benefit Plan without delay particularly in light of the longstanding and continued support for opioids on the ODBP.
3. Support recommendation A25 from the MOHLTC-convened Expert Working Group on Narcotic Addiction to "increase and sustain the availability of Naloxone overdose prevention kits and harm reduction information and materials via public health units across the province.", though given actual circumstances in local communities, we recommend supporting any prescribers with a willingness to take on the additional work of overdose prevention via naloxone.

We very much appreciate your early efforts to establish naloxone distribution in Ontario- the first Province to demonstrate such leadership. We hope a free and accessible naloxone distribution program can be immediately established again in Ontario and the MOHLTC will support collaborating communities in providing the best care possible for Ontario citizens.

On behalf of the Municipal Drug Strategy Co-ordinators' Network of Ontario, we urge you to treat this issue as urgent and immediately solvable; at ground-level it is very much a preventable crisis. We can start saving dollars, lives and injuries tomorrow but rely on the senior leadership of your office in directing the MOHLTC to do its part. And of course we would be happy to assist in ensuring a quick and pragmatic resolution.

Regards,



Patricia Cliché, Chairperson
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