

Presentation to HSJCC  
November 1<sup>st</sup>, 2016

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# Goals and Objectives

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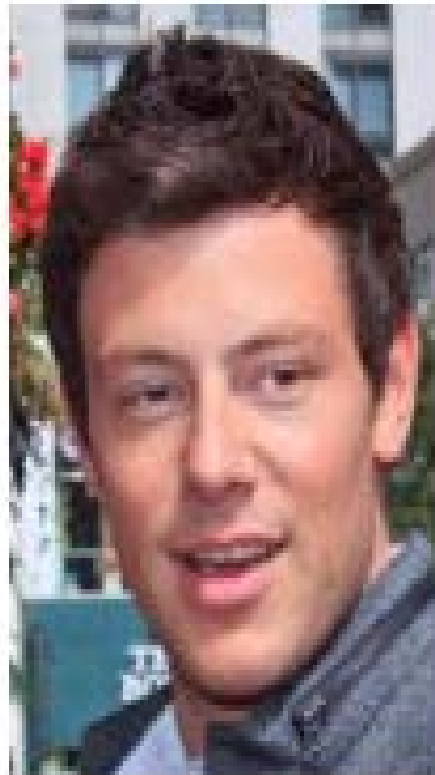
- 1. Discuss Take-Home Naloxone kits
- 2. Describe the P4P program
- 3. Explain the “Paperless Drug Card Initiative”

# TAKE-HOME NALOXONE KIT



# Learning Objectives

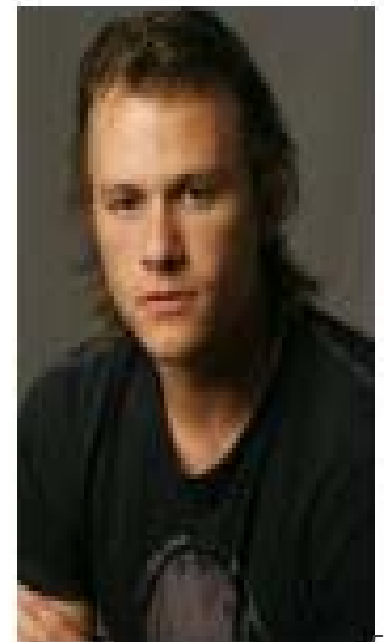
- Discuss briefly rates of opioid overdose
- Recognize signs and symptoms of opioid overdose
- Management of an opioid overdose
- Understand role of take home Naloxone
- Identify resources for Naloxone training



Tina Espy



Barrin Examiner, December 10, 2012



# Why invest in Overdose Prevention?

- Accidental overdoses are the 3<sup>rd</sup> leading cause of unintentional death in Ontario - a comparable figure to traffic fatalities
- Oxycontin and other opioids tied to 1 in 8 deaths in young adults (Ontario study)
- Prescriptions for high-dose opioids on rise (Canadian study)

# Background

- Provincial Narcotic Strategy in 2010
  - included harm reduction programs
- 2012 Oxycontin (Opioid) discontinued
- March 2012 - Ministry of Health and Long-Term Care (MOHLTC) created Expert Working Group on Narcotic Addictions

# Opioids

- Natural opioids: contained in resin of opium poppy (morphine, codeine)
- Semi-synthetic opioids: created from natural opioids such as hydromorphone, hydrocodone, oxycodone, heroin etc.,
- Fully Synthetic Opioids: Methadone, Fentanyl



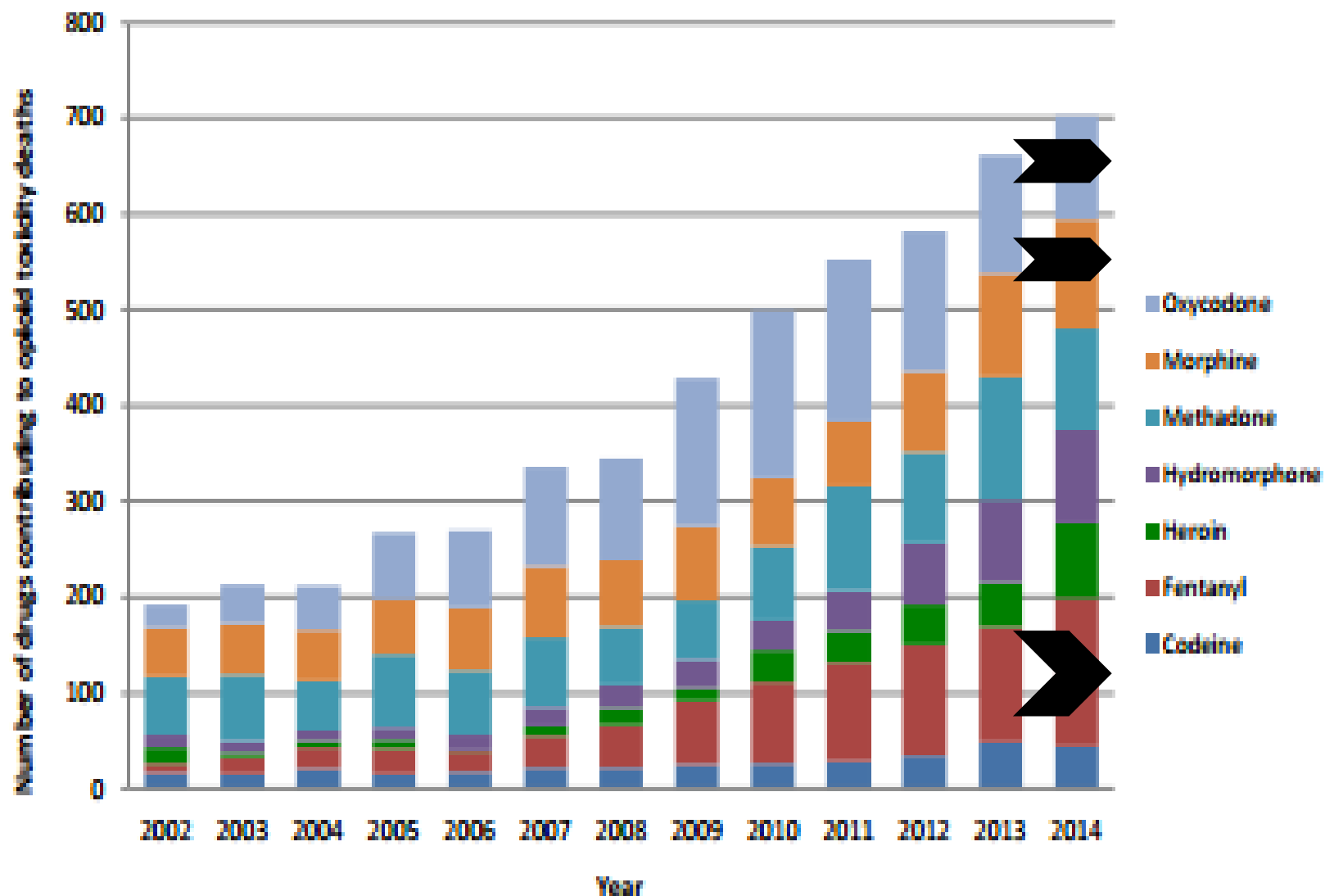


# What is Naloxone?



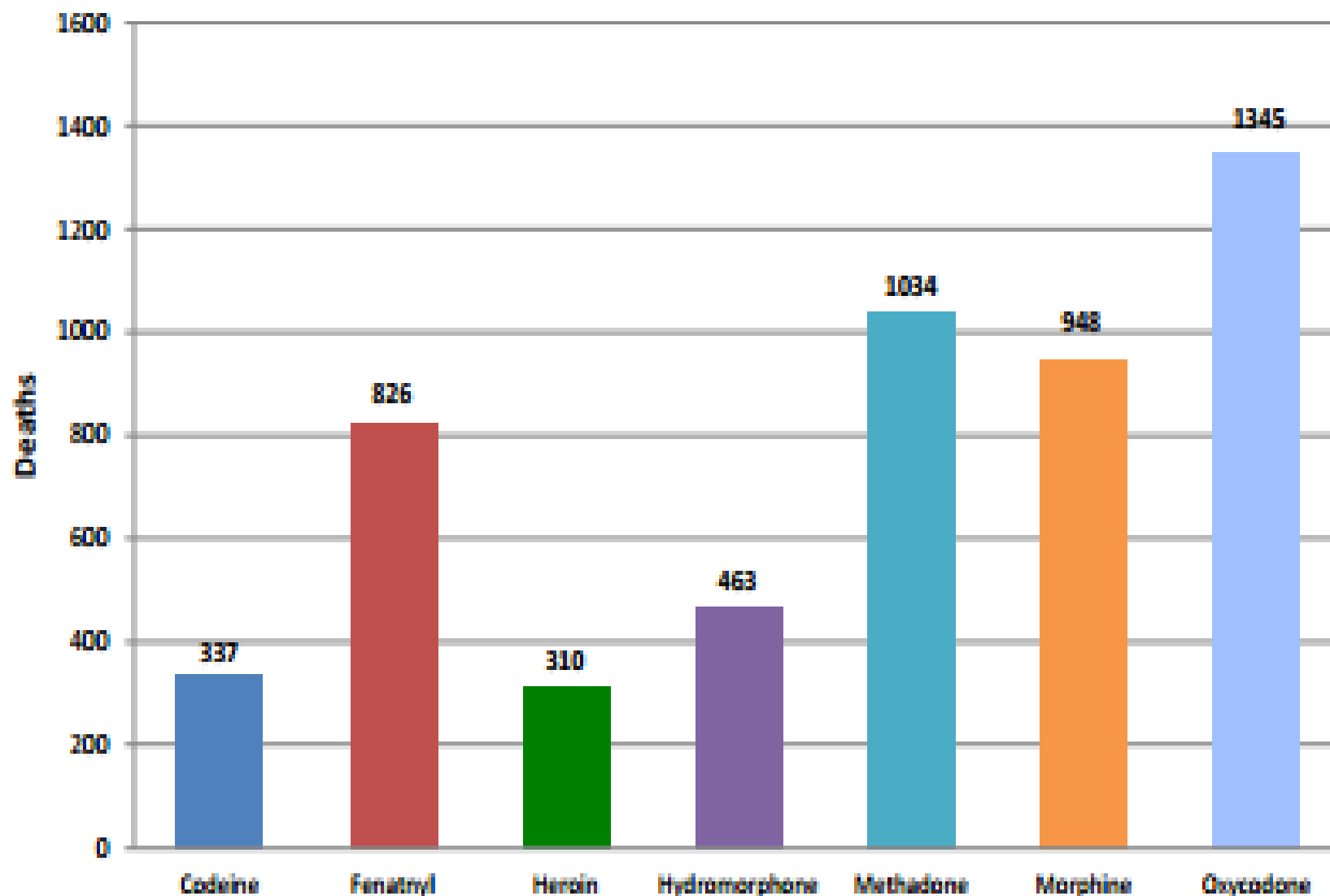
Source: Adapted Guide To Developing and Managing Overdose Prevention and Take-Home Naloxone Projects

## Number of drugs contributing to opioid toxicity deaths in Ontario, by year from 2002-2014



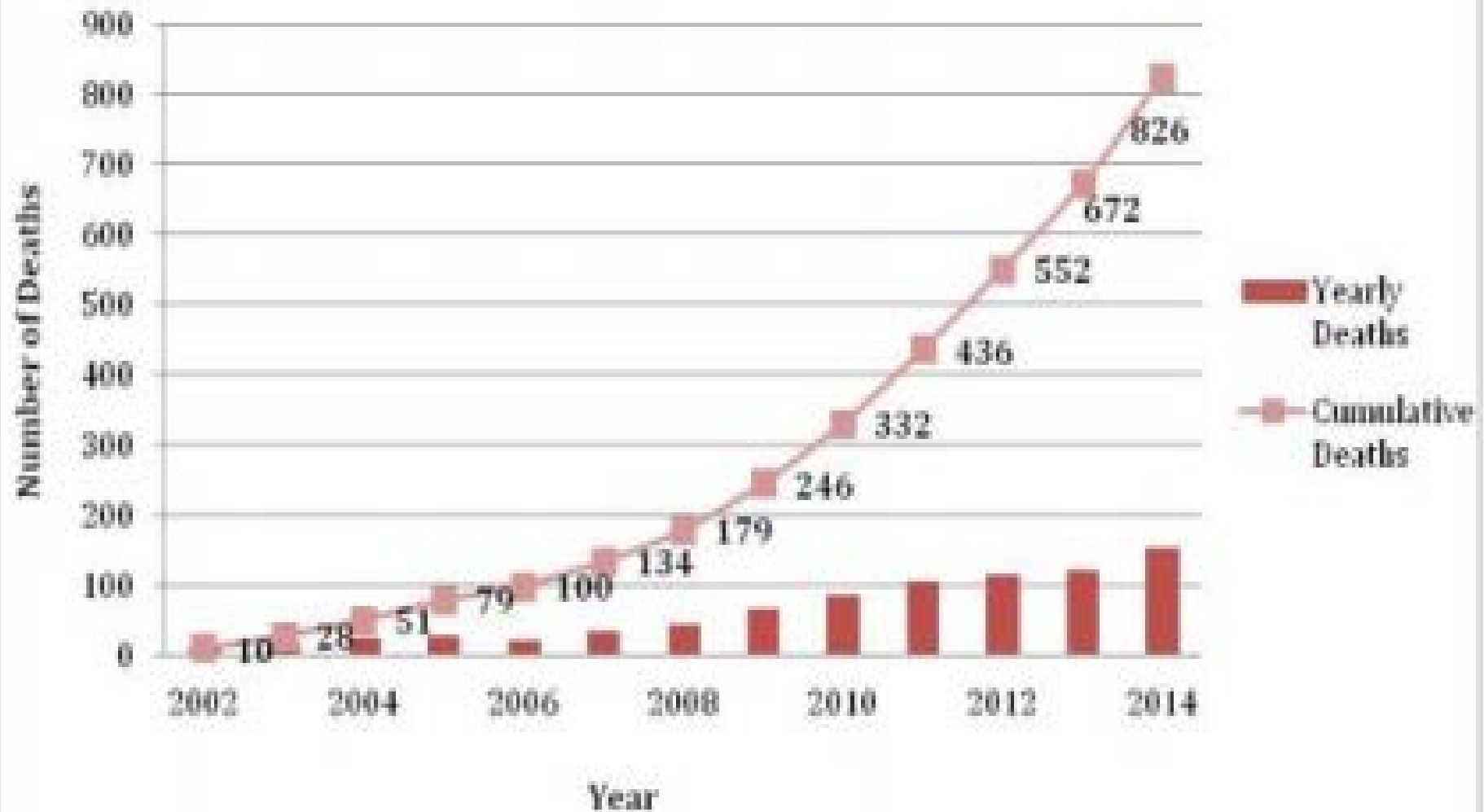
The total number of opioid toxicity associate deaths in Ontario annually from 2002 to 2014. Some deaths can be attributed to multi-drug toxicity, therefore the total number of opioid toxicity deaths per year displayed in this graph does not equal the number of unique individual deaths from opioid toxicity in Ontario for that year.

## Drugs related to opioid toxicity deaths in Ontario, 2002-2014



The total number of deaths related to opioid toxicity in Ontario from 2002 to 2014. Some deaths can be attributed to multi-drug toxicity, therefore a single decedent may have more than one opioid related to death.

## Fentanyl Related Deaths in Ontario, 2002-2014



# Risk Factors for Opioid Overdose

- **Patient factors**
  - Loss of tolerance
  - Comorbidities
  - Previous overdose
  - Using alone
- **Opioid factors (prescribed and non-prescribed)**
  - Dose
  - Potency
  - Contaminants
  - Routes of administration
- **Polysubstance use**

# What is an OPIOID Overdose?

- Rarely instantaneous
- Can happen 1-3 hours after use
- Body has ingested more than it can handle
- Opioids attack receptors that control breathing
- Oxygen can't get to the brain
- Heart stops
- Unconscious, Coma, Death
- Long-term Brain/Nerve/Physical Damage

# Why is Naloxone needed?

- Opioid Antagonist
- Medication that reverses only OPIOID overdose
- Can not get high on it
- Can not abuse it
- Stays active for 20-90 minutes depending on metabolism, amount of drug used

# Naloxone Take Home Kits

- Health Canada rescheduled to Schedule 2 (OTC)  
March 22 2016
- Ontario
  - Schedule II, available free through pharmacies
  - Available through numerous harm reduction sites
  - Schedule 2 because training needed for administration of medication
- Currently only IM formulation currently available in Canada
  - Ampoules or vials
  - Intranasal formulation coming soon



# Using Naloxone in an Opioid Overdose – 4 steps

- 1. Recognizing OD
- 2. CALL 911
- 3. Prepare/administer naloxone
- 4. Aftercare

# Recognizing Opioid Overdose

- Shallow/no breathing
- Vomiting/gurgling
- Skin cold/Pallor
- Blueing under fingernails
- UNRESPONSIVE
- Pain – sternal rub
- Auditory stimuli – yelling their name
- Shaking their shoulders

REALLY HIGH	OVERDOSE
Muscles become relaxed	Deep snoring or gurgling (death rattle)
Speech is slowed/slurred	Very infrequent or no breathing
Sleepy looking	Pale, clammy skin
Nodding	<b>Heavy</b> nod
Will respond to stimulation like yelling, sternal rub, pinching, etc.	No response to stimulation
	Slow heart beat/pulse

# Responding to Overdose

Follow the **SAVE ME** steps below to respond.

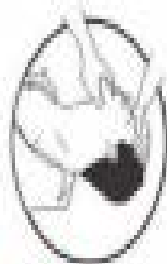


If the person must be left unattended at any time, put them in the recovery position.



**Stimulate**

Unresponsive? **CALL 911**



**Airway**

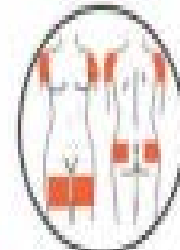


**Ventilate**

1 breath every 5 seconds



**Evaluate**



**Muscular Injection**

1 mL of naloxone

*Continue to provide breaths until the person is breathing on their own*



**Evaluate**

2nd dose?

*If no response after 3-5 minutes give another injection*

**>POINT**

Prevent Overdose  
In Toronto

# 5 STEPS TO SAVE A LIFE

**1**



## SHAKE & SHOUT

at shoulders      their name

**2**



## CALL 911

if unresponsive

**3**



## INJECT NALOXONE

1 ampoule (1mL) into  
arm or leg muscle

**4**



## CHEST COMPRESSIONS

or full CPR and/or rescue  
breathing as trained

**5**



## IS IT WORKING?

If no improvement in 3-5 minutes  
repeat steps 3 & 4

**STAY!**

Stick around until EMS arrives  
in case they still need help

Call **911**

[toronto.ca/health](https://toronto.ca/health)

 **Toronto** Public Health

[Toronto Public Health](https://toronto.ca/health)

# Naloxone Kit

- Naloxone 0.4mg/mL ampoules
- Minimum 2 in a bundle
- Minimum 6 month expiry date
- Safety syringes (3mL x 25ga)
- Unlikely to be used for anything else
- Reduced risk of needle-stick injury
- Nitrile gloves
- Breathing mask
- Alcohol swabs
- Ampoule breakers

# How to use Naloxone

- Spin/Open ampoule
- Use alcohol swab if needed
- Prepare syringe
- Draw up all contents of 1 ampoule
- Inject into thigh, buttocks or shoulder
- Fully depress the plunger of safety syringe
- Needle retracts into barrel
- Evaluate
- Continue to give breaths
- Re-administer q5mins if not working

# After Care

- When the person wakes up
  - Stay with them until ambulance arrives
  - They will likely be confused - explain that they overdosed
  - Do not let them use more substances
  - Withdrawal symptoms will dissipate rapidly
  - Be prepared to give more naloxone if necessary

# What are barriers to calling 911 from the perspective of a substance user?

- Fear of legal risk (outstanding warrants, DSS involvement, loss of public housing)
- Fear of judgment from family/ community
- Personal embarrassment/shame
- Other punitive measures (students lose financial aid)
- Urban legends (homicide charge for being at an OD, being deported)



# Overdose precautions for Clients

- Don't use alone
- Have a partner
- Larger groups; have a sober guide ("trip sitter")
- Limit drug use until potency known
  - First hits are small ( $\frac{1}{4}$  or  $\frac{1}{2}$  of normal quantity)
- Limit polysubstance use
- Have naloxone available

# Intranasal Naloxone

- Fast tracked by Health Canada
- Provincial regulators now looking at scheduling
- \$125 USD per 2 devices?

**NARCAN<sup>®</sup> Nasal Spray 4mg**

**FIRST and ONLY FDA-Approved**  
Nasal Naloxone for Emergency Treatment of Opioid Overdose!

- Needle-free
- Ready-to-use

NARCAN<sup>®</sup> Nasal Spray is not a substitute for emergency medical care.

Introducing the NARCAN<sup>®</sup> Now App  
Access training and safety information in an easy-to-use app.

Being Prepared  
Watch the instructions for use video before an overdose emergency.

**How to Use NARCAN<sup>®</sup> Nasal Spray**

3 Steps to Help Reverse Opioid Overdose

Using NARCAN<sup>®</sup> Nasal Spray involves 3 simple steps.

- 1 PEEL** back the package to remove the device.
- 2 PLACE** the tip of the nozzle in either nostril until your fingers touch the bottom of the patient's nose.
- 3 PRESS** the plunger firmly to release the dose into the patient's nose.

# Preventing Overdose In Toronto (POINT) Program



- The Works, Toronto Public Health:  
277 Victoria St



# Who would benefit from Opioid Overdose Response Education & Naloxone Training

- Person who is either currently using opioids
- Past opioid user who is at risk of returning to opioid use
- Person who abuse prescription opioids or heroin
- Patients who have required emergency care for opioid overdose
- Persons enrolled in opioid dependence treatment programs
- Persons with a history of opioid dependence or abuse who are being released from prison
- Patients receiving prescription opioid therapy with risk factors for adverse effects
- Family member or friend of someone at risk of opioid overdose
- Persons living with or in frequent contact with those listed above

# Resources

[www.opatoday.com/professional/resources/forpharmacists/tools-and-forms/naloxone](http://www.opatoday.com/professional/resources/forpharmacists/tools-and-forms/naloxone)

Ontario Public Drug Programs Division Updates  
Naloxone June 29, 2016:

<https://www.opatoday.com/professional/resources/publications/OPDPJune29-July5#opdp16076>

# PATCH<sub>4</sub>PATCH PROGRAM

**Briefly discuss the need for the P<sub>4</sub>P program**  
**Describe the P<sub>4</sub>P program**

# Patch 4 Patch Program

- Collaboration among physicians, pharmacists and patients
- Promotes safe, effective, responsible use of Fentanyl
- Goal is to decrease the number of overdoses related to Fentanyl misuse



# What is Fentanyl?

- Synthetic
  - Opioid analgesic
  - Several fentanyls, salts, derivatives, analogues
- Rapid acting
- Potent
- Controlled drug
- Therapeutic uses

# Sources of Fentanyl

- Prescribed
  - Often unsafe
    - Diversion
- Uncontrolled
  - Often imported
  - Powder, tablets, mixed

Friesen et al CMAJ Apr 4 2016 and CCENDU Bulletin August 2015

# Non-Medical Use (or Illicit Use)

- Street names
  - Apache, China Girl, China White, Dance Fever, Friend, Goodfella, Jackpot, Murder 8, TNT and Tango and Cash
- Street Prices(per patch)

## Number of Opioid Toxicity Deaths and Opioid + Alcohol Toxicity Deaths by Drug in Ontario from 2002 to 2014

Year	Codeine*	Fentanyl	Heroin	Hydromorphone	Methadone	Morphine	Oxycodone	TOTAL Decedents**
2002	18	10	23	18	69	62	31	210
2003	17	20	7	14	74	64	45	225
2004	23	28	8	13	65	66	55	246
2005	21	30	10	16	85	73	90	299
2006	20	26	2	21	75	80	107	292
2007	28	36	10	25	81	81	123	341
2008	24	50	19	31	69	80	133	355
2009	33	73	15	42	63	87	202	449
2010	34	91	39	46	92	86	211	514
2011	39	112	45	53	118	85	217	548
2012	45	140	57	85	118	96	189	598
2013	56	136	60	111	147	129	154	633
2014	60	176	100	127	127	139	146	673
<b>TOTAL</b>	418 (413-428)	928 (925-934)	395 (389-407)	602 (599-608)	1183 (1182-1185)	1128	1703	<b>5383</b>

\*For years where the number of deaths was reported as "<5" the number of deaths was assumed to be 2 for the purposes of summing and displaying the data. In the total number of deaths column, the minimum and maximum number of deaths possible are given in brackets.

\*\*Some deaths can be attributed to multi-drug toxicity, therefore a single decedent may account for more than one drug in each row. The Total Decedents column gives the total number of unique individual opioid toxicity deaths per year.

Source: Office of the Chief Coroner.

## Drugs Contributing to opioid toxicity and opioid + alcohol toxicity deaths in Ontario per year from 2002-2014

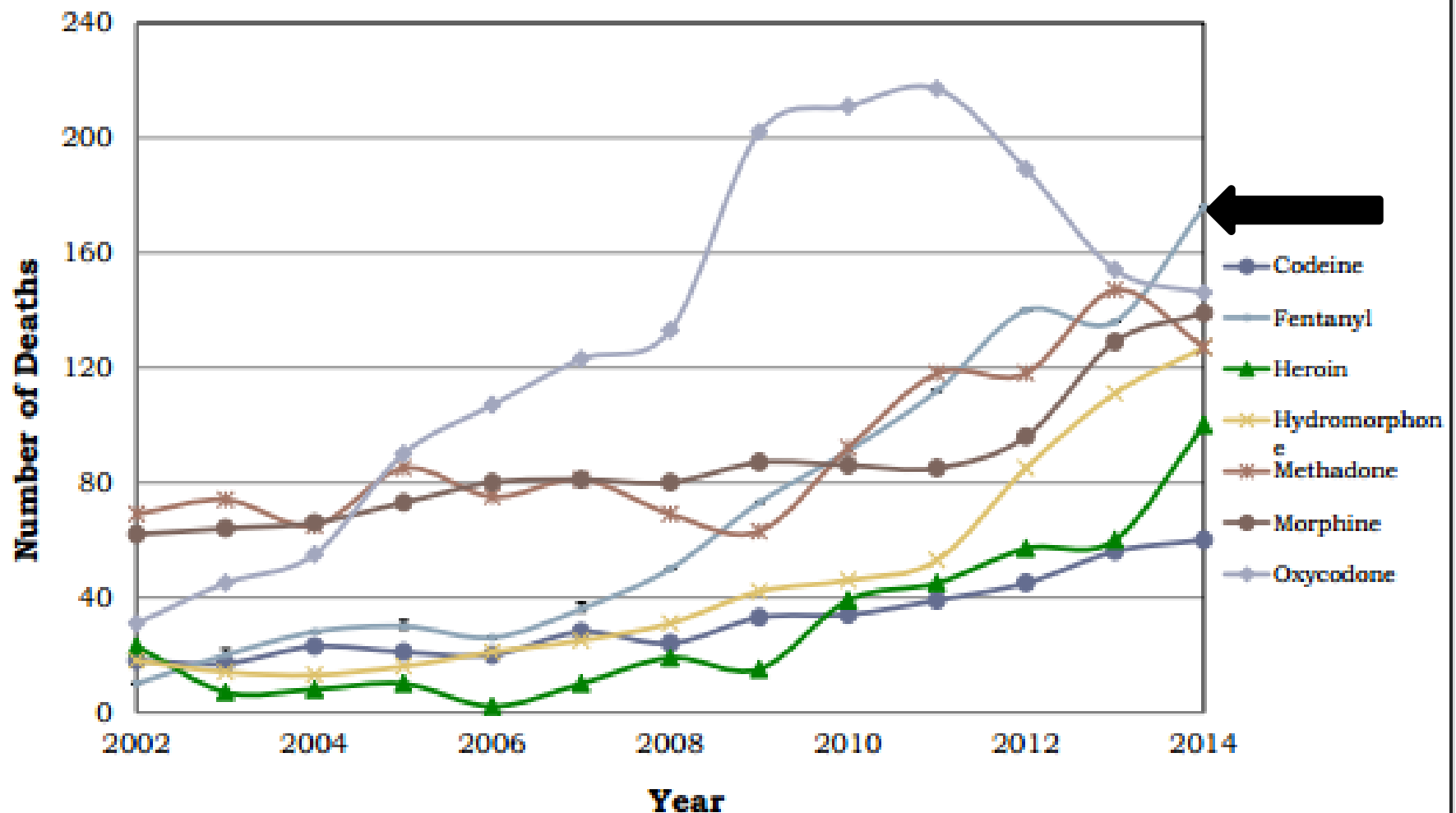


Figure 3: The total number of deaths with which a drug was associated for opioid toxicity deaths and opioid + alcohol toxicity deaths in Ontario from 2002 to 2014. For years where the number of deaths associated with a drug were reported as "<5" the number of deaths was assumed to be 2.

## Yearly Number of Opioid Toxicity Deaths in Ontario by Drug, 2002-2014

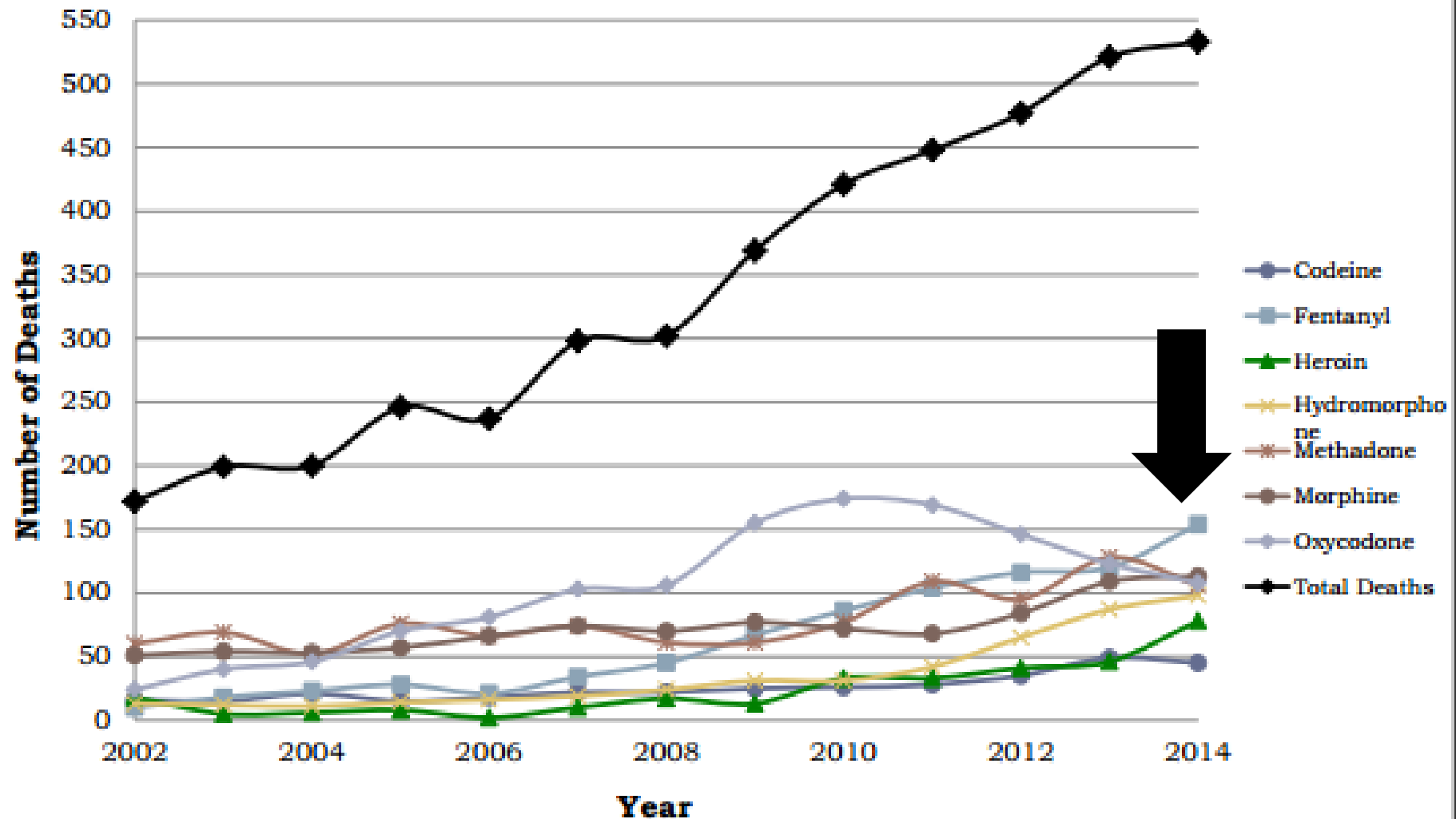


Figure 4: The total number of deaths with which a drug was associated and the total number of unique individual opioid toxicity deaths annually in Ontario from 2002 to 2014. Some deaths can be attributed to multi-drug toxicity, therefore a single decedent may have more than one opioid contributing to death.

# Putting deaths due to OD in context

- 
- Motor vehicle deaths (2014)
  - 481

- 
- Streptococcus pneumoniae
  - 623

- 
- Opioid-related (2014) as per Office of the Chief Coroner, Ontario
  - 673

- <http://www.mto.gov.on.ca/english/publications/pdfs/preliminary-2014-orsar-selected-statistics.pdf>
- [http://www.publichealthontario.ca/en/eRepository/ONBoID\\_ICES\\_Report\\_ma18.pdf](http://www.publichealthontario.ca/en/eRepository/ONBoID_ICES_Report_ma18.pdf)
- Office of the Chief Coroner, Ontario



# Interventions

- Prescription monitoring programs
  - Decrease in prescriptions highly suggestive of misuse (1.6% to 1.0%, 2011 to 2013)
- Oxycodone delisting
  - Decrease in oxycodone dispensing
  - Increase in other opioid prescribing
- Physician education
- Media reporting

- Murphy Y, Goldner EM, Fischer B. Prescription Opioid Use, Harms and Interventions in Canada: A Review Update of New Developments and Findings since 2010. Pain Physician. 2015 Jul-Aug;18(4):E605-14.
- Gomes T, Juurlink DN. Opioid Use and Overdose: What We've Learned in Ontario. Healthc Q. 2016;18(4):8-1



# What is the Patch 4 Patch - Fentanyl Patch Return Initiative?

- It is a 'one in, one out' model, where patients are asked to return any patches previously dispensed to them back to the pharmacy before they are able to receive more.
- Patch disposal sheet provided to patient
- Prescribing physicians are requested to limit prescriptions to a 30 day supply (typically 10 patches).

# What is the Paperless Drug Card Initiative?

O  
D  
B



When  
Who  
How

## Common Questions

# Official word:

“The Ministry of Community and Social Services (MCSS) is improving service delivery to social assistance clients by enabling them to use their Ontario health card to access the Ontario Drug Benefit (ODB) program to get their prescription medicine, rather than issuing them with a monthly paper drug card for this purpose”.

# When : September 1, 2016

- Transition period
  - Clients will be able to use their OHIP card to enable them to get their prescription medication.
  - Clients will still receive their monthly paper drug card during this period and may continue to use the paper drug card to get their prescription medication.
- The transition period will allow time for
  - Clients who are not in possession of a valid Ontario health card, to obtain a new or replacement card before full implementation
  - Pharmacies and clients to adjust to the new process.

**BUT.....**

- **As of December 2016, social assistance clients will no longer receive a monthly paper drug eligibility card.**

# Who will be affected?

- All social assistance clients who are recipients of:
  - Ontario Disability Support Program (ODSP) – **Plan C**
  - Assistance for Children with Severe Disabilities (ACSD) Program – **Plan C**
  - Temporary Care Assistance (TCA) Program – **Plan D**
  - Ontario Works Program (OW) – **Plan D**
- This also includes First Nations clients managed by ODSP and Ontario Works delivery agents.

# How will claims be processed?

- Pharmacies will use the social assistance client's Ontario health card to process claims through the Health Network System (HNS) for reimbursement.
- Help Line toll-free at 1-888-284-3928 for verification

# Questions:

- **How does the OHIP authorization actually work?**
  - Social Assistance Management System (SAMS) to Ministry of Health and Long-Term Care (MOHLTC) Ontario Drug Benefit (ODB) interface containing social assistance client eligibility information.
  - Pharmacist validates coverage via HNS
  - Interface is updated daily (new and terminated) and monthly (entire social assistance caseload)
- **Possible errors?**
  - health card number error
  - service provided before effective date
  - coverage expired before service
  - no record of beneficiary
  - patient not covered by this plan
  - can result in delays in updated information in HNS upwards of 72 hours
- **What happens if someone's assistance is cancelled/suspended?**
  - SAMS network will provide information to pharmacist

# Questions cont'd..

## ■ Does the drug coverage end immediately upon the suspension?

- Drug coverage will end on the last day of the month, prior to the effective month of suspension
  - Example: suspension in SAMS on October 14, drug coverage continues till October 31<sup>st</sup> and suspended November 1<sup>st</sup>

REASON = EQUITY BETWEEN THE TWO CLIENTS

- Current cases will receive a drug card for the month following the last month of eligibility.
  - Example: if a case is suspended or terminated effective November 1, the client will still receive a drug card for November, even though there is no eligibility - because ODSP issues income support retroactively at the end of the month, and the drug and dental cards are also issued at the end of the month but for the following month
- In contrast, Ontario Works currently issues both financial support and benefit cards at the beginning of the month, for that month.
  - There is no change to the way Ontario Works cases will be treated



# Questions cont'd..

- If there is an appeal, how does the drug coverage get reinstated during the appeal if interim assistance is granted?
- The caseworker would indicate in SAMS that interim assistance has been granted and drug coverage would be reinstated along with the case. The change would be reflected in the SAMS to MOHLTC ODB interface, which would subsequently provide data to the HNS.
- If someone loses their OHIP card, how quickly can a paper drug card be issued?
- If necessary, ODSP/Ontario Works staff can issue a manual paper drug card right away and it can be faxed to the pharmacy, per the current process

# Questions cont'd..

- **If someone travels and needs to use their health card, does their social assistance status then become known? Does their travel become known by ODSP/Ontario Works?**
- If a client is travelling within Ontario, then the client can use his/her Ontario health card anywhere in the province to access prescribed drugs without having to pay and pharmacists can see that the client is eligible for ODB.
- If the HNS responds with an error code, pharmacists have to contact the Social Assistance Verification Help Line to verify the client is in receipt of social assistance for the period in question.
- Clients cannot access Ontario health coverage using their Ontario health card or social assistance drug eligibility card outside of the province of Ontario. There is also no access to the HNS for pharmacists outside Ontario.
- ODSP/Ontario Works staff do not track the usage of the Ontario health card as a way to monitor travel.
- If the client needs assistance with medical travel, he/she will need to obtain prior approval from their caseworker by completing a Mandatory Special Necessities Form

# More questions....

- **How will the paperless drug card implementation impact CCAC coverage?**
- The Paperless Drug Card initiative is not changing social assistance client coverage. It is merely phasing out the use of the paper drug card to enable clients to access drug coverage with their Ontario health card
- **What if a client is granted coverage today - will coverage be instantaneous?**
- SAMS and ODB interface happens daily and monthly
- HNS upload - upwards of 72 hours lag time
- Pharmacist calls Help Line Agent
- **Is there a penalty for retro terminations?**
- No. The rules around recovery of drug costs under the ODB have not changed. There would be no overpayment
- **Is there help for special populations? (e.g. homeless)**
- Yes. Staff and community agencies are asked to assist their clients with obtaining a health card if they don't have one. This applies to homeless persons and all other clients requiring assistance.