

Harm Reduction Program Enhancement Questions and Answers

Population and Public Health Division
Ministry of Health and Long-Term Care

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General Questions

1. Why were Public Health Units (PHUs) selected to implement the Harm Reduction Program Enhancement?

- Public Health Units (PHUs) were selected as they already provide, or ensure the provision of, harm reduction programs and services in their local communities. The Harm Reduction Program Enhancement (HPRE) builds on work already being done by PHUs (needle exchange/syringe programs, naloxone distribution, education to community partners, etc.), and will provide PHUs with additional resources to expand those initiatives.

2. How was the funding allocation for each Public Health Unit determined?

- Funding allocations were determined using:
 - Proxy measures for drug use (amount of naloxone distributed in the community, number of needles distributed through Needle Exchange/Syringe Programs);
 - Health indicators (number of opioid-related emergency room visits, hospitalizations, and deaths);
 - PHU size (geography and population); and
 - Preliminary data on the number of community-based organizations that may distribute naloxone.

3. Can a PHU designate another organization to lead and implement the Harm Reduction Program Enhancement?

- Yes. PHUs can designate another organization to lead implementation of specific components of the Harm Reduction Program Enhancement.
- The PHU will be responsible for ensuring service delivery takes place according to the requirements of the Ministry of Health and Long-Term Care Public Health Funding and Accountability Agreement.

4. Will resources be developed to help with implementation? What type of resources/training will be made available?

- The ministry will provide implementation supports to PHUs to ensure the successful implementation of the Harm Reduction Program Enhancement. This will include a Community of Practice (CoP) and a Naloxone Distribution Toolkit.
- The ministry anticipates the CoP will be implemented in Fall 2017 and will be an opportunity for PHUs and/or designated agencies to share learnings, resources, etc. as the Harm Reduction Program Enhancement is implemented.
- The toolkit will include materials to support communications and training related to naloxone distribution. The ministry plans to make this available in Fall 2017 and the toolkit will be updated as required. In the interim, the ministry will ensure PHUs have support, and have their needs addressed through timely response to inquiries, and/or additional webinar, newsletters, etc.

- 5. Will there be a standard toolkit of communications materials provided?**
- It is possible that communication materials may be developed as part of the Community of Practice, and the ministry will take this suggestion back for further consideration.
- 6. One of the listed reporting requirements for PHUs is drug toxicity deaths. Are PHUs expected to report data received from the coroner or to get more timely data from sources like Emergency Medical Services (EMS) and hospitals?**
- The ministry is currently developing reporting and monitoring expectations, and will clarify how population health data is to be captured and reported to ministry. The ministry will leverage its access to data systems as appropriate, and aim to mitigate reporting burden for PHUs as much as possible.
- 7. How will community organizations provide activity reports? Will the ministry require reports from each community partner or from the PHU?**
- The PHU will be responsible for reporting back to the ministry. Reporting requirements are being developed and will be provided to PHUs. This will include information on what is to be collected from community partners. Current (quarterly) reporting as part of the Ontario Naloxone Program will continue.
 - PHUs will also be responsible for appropriate collection of data from eligible community organizations.
- 8. Is the ministry considering enhancing funding for needle exchange?**
- On August 29, 2017, the Minister of Health and Long-Term Care announced that the province will be expanding the Needle Exchange/Syringe Program. More information on this will be provided when it becomes available.

Funding

- 9. Is the money for existing or new programs/services? Can PHUs decide what to spend it on?**
- Funding must be used for direct service delivery of the Harm Reduction Program Enhancement, which includes supporting local opioid response initiatives, including naloxone distribution to eligible community-based organizations and work on early warning and surveillance of opioid overdoses. Depending on the PHU, this may mean leveraging/expanding existing programming or implementing new programming.
- 10. What type of staff can be hired?**
- Funding must be used for direct service delivery of the Harm Reduction Program Enhancement. Each PHU will need to determine how to operationalize these program components including deciding how best to staff the program. The number and type of positions hired will depend on the needs of each local community.

- 11. Does the funding need to be allocated to “new” staff? Can PHUs add to existing salaries or convert contract positions to permanent ones?**
- Many PHUs will have collective agreements and hiring practices that influence which type of employee they will hire to support this initiative (i.e. new, existing). It is up to the PHU to ensure adequate staffing for the Harm Reduction Program Enhancement.
- 12. Costs related to salary and benefits will increase annually. Will cost of living increases be considered in the funding level to maintain the level of services on an ongoing basis?**
- As part of the evaluation of the HRPE, the ministry will review funding allocations and make changes as needed.
- 13. Can the funds be used for purchase of services from community partners?**
- Yes, PHUs can use this funding to partner with community organizations to optimize service delivery.
- 14. Will this funding enhancement have a negative impact on the current funding PHUs receive from for harm reduction programs?**
- No. This funding is considered an enhancement to the existing harm reduction programs funded by the ministry. This is designed to enhance existing programs not negatively impact other harm reduction programs and services.
- 15. Can we expect further funding in the 2018 calendar year?**
- PHUs are being provided base funding and will receive the same funding in subsequent calendar years.
- 16. Will the funding for the harm reduction enhancement need to be spent by the end of the calendar year?**
- The funding is being provided for the calendar year. If your PHU will not be able to spend the full amount by end of the calendar year, please let the ministry know as soon as possible.

Local Opioid Response

- 17. Are all PHUs expected to develop or support the development of a local overdose response plan?**
- Yes. All communities are expected to have an opioid response plan, or equivalent, in place. This plan can include harm reduction and education/prevention initiatives, and should work to increase access to harm reduction programs and services and improve health outcomes (e.g., decrease in opioid overdose and overdose-related deaths, opioid-related emergency room visits, opioid-related hospitalizations). The plan should also include early warning and surveillance components.
 - PHUs can leverage existing plans (with amendments, if necessary) to meet the Harm Reduction Program Enhancement requirements.

18. Does the PHU have to lead the development of the local overdose response plan? What if there is another agency already leading or considering leading this work?

- The intent is to ensure all communities have an overdose response plan (or equivalent) in place. PHUs may partner with/support other organizations as needed to ensure a plan is developed and implemented.
- The PHU will be responsible for ensuring actions from the plan are implemented according to the requirements of the Ministry of Health and Long-Term Care Public Health Funding and Accountability Agreement and for reporting results to the ministry.

19. What type of information will be tracked in the Ontario Harm Reduction Database?

- The intent of the Database is to record information about services provided, and safer injection and inhalation equipment distributed through the provincial harm reduction programs. These programs include Needle Exchange/Syringe Programs and their respective satellite/mobile sites.

20. When will we expect to hear more about the Ontario Harm Reduction Database?

- Information on next steps for the Ontario Harm Reduction Database will be provided in Fall 2017.

Naloxone Distribution

General Questions

21. When will the ONP expansion through PHUs begin? When can I start signing up community organizations for naloxone distribution and how?

- The naloxone expansion begins on September 1st, 2017; PHUs are eligible to begin placing orders that include kits destined for eligible community organizations.

22. Will the kits arrive already prepared or will PHUs need to put them together?

- The kits will arrive fully assembled and ready for distribution. The ministry is also working on a process to allow ONP sites to order refill kits (i.e. naloxone only rather than the full kit).

23. My PHU does not currently take part in the Ontario Naloxone Program. Is this now a requirement?

- PHUs are expected to ensure naloxone kits are easily accessible, without health cards, in their communities.
- The PHU can operate an ONP site themselves or designate this role to another organization.

24. If my PHU is currently not an ONP site and wishes to become one, are we required to complete the existing process for becoming an ONP site *in addition* to the Harm Reduction Program Enhancement process?

- In order to distribute naloxone, a PHU, as the naloxone distribution lead, will be required to complete the ONP application process. The ONP application process includes the submission of two documents: a letter of interest and a signed agreement (as provided by the ONP ministry contact person).

25. My PHU is small and cannot store large volumes of kits. How can we maintain enough supply for our community partners?

- The ministry understands there may be challenges with respect to storage; however, PHUs are expected to establish protocols to ensure an adequate supply of naloxone, which takes into account storage considerations.

26. Will pharmacies be transitioning to nasal naloxone?

- The ministry is exploring options to increase availability of nasal naloxone.

27. There are certain contraindications and allergies related to naloxone use. Is the ministry providing guidance on how to address this?

- Naloxone is contraindicated in patients known to be hypersensitive to Naloxone hydrochloride or to any of the other ingredients contained in the formulation. In terms of risk of use during pregnancy, Adapt Pharma, the manufacturer of Narcan® Nasal Spray says the following “Use of NARCAN® Nasal Spray may cause withdrawal symptoms in your unborn baby. Your unborn baby should be examined by a healthcare provider right away after you use NARCAN® Nasal Spray.” This information will be provided in the relevant materials developed by the ministry.

Ordering

28. How will PHUs order naloxone on behalf of community-based organizations? How will clients of community organizations access naloxone? Will they need their health cards?

- PHUs will submit naloxone orders (based on requests from eligible community organizations) to the MOHLTC. Once approved, the Ontario Government Pharmaceutical and Medical Supply Service (OGPMSS) will ensure delivery of the naloxone kits to the PHU. The PHU is responsible for arranging delivery of kits to community organizations.
- At the community organization, the naloxone kits will be distributed free of charge to clients and no health cards will be required.

29. Do I need to limit the number of kits per organization?

- It is up to the PHU to operationalize the naloxone expansion component of the Harm Reduction Program Enhancement. When considering the inventory of eligible community organizations, PHUs should assess overall supply and demand, storage, and delivery requirements.

30. What should I do if I am running out of naloxone before my ordering day?

- If you are experiencing a spike in demand and your naloxone kit stock is low, please contact the Ontario Naloxone Program directly as they may be able to place a rush order. The ministry suggests that each PHU, or designated organization, set a minimum threshold at which new orders are placed so that naloxone kit stock does not run low.

31. Are there plans for an inventory/distribution database for naloxone?

- There will not be a specific inventory/distribution database for naloxone. Data related to naloxone distribution may be included in the Ontario Harm Reduction Database; however, final decisions have not yet been made.

32. When PHUs are ordering for themselves or a community organization, will the inventories need to be tracked separately?

- The ONP ordering and reporting forms have been updated to include community organizations. PHUs or their designate will need to indicate how much is naloxone being ordered for each organization.

33. Can organizations order naloxone for staff who would like to intervene in an overdose?

- Naloxone provided under this enhancement is intended for distribution to clients, their friends and family.

34. Will community organizations order through the PHU or the ministry? Will the ministry provide order forms we can use?

- PHUs will order naloxone kits through the ministry on behalf of their eligible community organizations.
- A sample order form will be made available to sites in the coming weeks. The current ordering process used by ONP sites will not change; however, the order form has been modified to include orders for community organizations.

Working with Eligible Community Organizations

35. What types of organizations are eligible to receive naloxone from PHUs?

- Eligible organizations are: [Community Health Centres](#) (including [Aboriginal Health Access Centres](#)), AIDS Service Organizations, outreach organizations, shelters, and withdrawal management programs.
- To determine if an organization falls into the outreach and withdrawal management program categories, health units should confirm the organization:
 - Works directly with drug-using populations at risk of opioid overdose through harm reduction programming, outreach and/or social determinants of health;

- Reaches a difficult to reach (priority) population not otherwise served where there is known drug using/opioid activity; and,
- Has demonstrated staffing capacity to manage distribution/training with clients, inventory, and reporting to the ONP site.

36. Can naloxone only be distributed to eligible community organizations?

- Only eligible community organizations can receive naloxone from PHUs.

37. Do PHUs need to have agreements with eligible community organizations that will be distributing naloxone?

- PHUs will be required to develop, or leverage existing, agreements with eligible community-based organizations that participate in the harm reduction program enhancement (i.e. Memorandum of Understanding / Service Level Agreement). An agreement must be in place prior to placing orders for the community-based organization in question.

38. Can a sample contract between a PHU and community organization be provided?

- The ministry is unable to provide legal advice; however, the sharing of resources may occur as part of the CoP once it is established. The ministry also encourages PHUs or their designated organization to get in touch with others who already have such agreements in place and may be willing to share a sample contract.

39. Are PHUs expected to train new sites and/or clients at these sites?

- PHUs will be expected to train staff from eligible organizations on who may receive naloxone and the recommended quantity to dispense.
- PHUs will also train staff at eligible organizations on how to administer naloxone in cases of opioid overdose, recognizing the signs of overdose and ways to reduce the risk for overdose. PHUs will also instruct agency staff on how to provide this training to end users (i.e. people who use drugs, their friends and family).
- PHUs are not expected to provide training directly to the clients of community organizations.
- PHUs are expected to continue to provide training to their own eligible clients if they are an ONP site.

40. Can you comment further on policies and procedures we should be guiding partner agencies on? And are we correct in understanding medical directives are not expected?

- Naloxone has been delisted and no longer requires a prescription; therefore, staff can dispense naloxone without a medical directive.
- The ministry does not have expectations on specific policies or procedures that community organizations require. However, PHUs may be asked by eligible community organizations for support in developing policies and procedures re: naloxone distribution.

41. Are PHUs responsible for reaching out to potential partners in their communities, or are community partners expected to approach the PHU? Does the ministry have a list of potential partners in each community?

- PHUs are expected to reach out to eligible community organizations to establish access points for naloxone in their communities. PHUs can develop a list of potential (eligible) community organizations to bring onboard as part of their situational assessment and stakeholder identification process.

42. My PHU is in a remote rural area and our community partners are a significant distance away. How do I distribute kits to them?

- The Ontario Government Pharmacy (OGP) will continue to deliver naloxone to ONP sites, including PHUs. The PHU will be responsible for arranging delivery of naloxone to community partners (i.e. eligible community organizations).
- PHUs are expected to leverage existing distribution mechanisms (e.g. delivery of other program supplies such as harm reduction equipment and STI medication) to arrange delivery of naloxone to community organizations in a timely manner.
- Except in rare circumstances, community organizations participating in the ONP should not be expected to pick-up their orders from the PHU.

43. How will the community be made aware of the location of new naloxone sites?

- As new sites become operational, they will be added to the Ontario government's naloxone webpages: <https://www.ontario.ca/page/get-naloxone-kits-free>. The webpages include an interactive tool for searching naloxone sites by location.

First Nations

44. Will naloxone be distributed in First Nations communities/on reserve?

- Eligible community organizations that are located in, or work with, First Nations communities are eligible to obtain naloxone through this expansion. This includes, but is not limited to Aboriginal Health Access Centres.
- PHUs should consider First Nations communities and organizations when they establish eligible community organizations as access points for naloxone.

45. How will naloxone be distributed to First Nation Communities that do not have a distribution site within the PHU's catchment area?

- MOHLTC is currently working with Health Canada on an approach to provide access to naloxone kits for First Nations communities. More information will be provided when it becomes available. In the interim, PHUs can inform the MOHLTC if such need exists within their area.

Early Warning and Surveillance

46. What is the intent of the new funding related to opioid overdose early warning and surveillance?

- The new funding will allow PHUs to take leadership and provide resources to develop (enhance) a system to identify and respond to unexpected/unusual opioid-related overdoses in their jurisdictions.

47. Some PHU jurisdictions in Ontario do not have significant illicit synthetic opioid use. Why would they need to have such a system in place?

- No PHU jurisdiction is immune to the possibility of illicit synthetic opioids being used by its residents, whether knowingly or unknowingly.
- These systems are designed to warn individuals when there are concerns about the local drug supply; this information could help prevent drug-related morbidity and mortality.

48. Would it be possible for Public Health Ontario (PHO)/another organization to liaise with the coroner to obtain more recent data?

- The Office of the Chief Medical Officer of Health will liaise with the Coroner to determine access to death-related data and report back.

49. Which health units have early warning systems in place already?

- The ministry is aware of Kingston, Frontenac and Lennox & Addington Public Health and Leeds, Grenville & Lanark District Public Health having early warning systems in place. Should your PHU also have an early warning system in place, please inform the Office of the Chief Medical Officer of Health.

50. Can the ministry support PHUs in receiving data from the narcotic monitoring system?

- We need further clarification whether this is a request for record level data or analysis.