ICHA | Inner City Health Associates

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March 14, 2016

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Health Canada
Prescription Drug Status Committee
Address Locator 3102C3
Holland Cross, Tower B
1600 Scott Street
Ottawa, Ontario
K1A 0K9

Dear Sir/Madam,

**RE: Letter in Support of De-listing Naloxone (file number: 16-100479-342)**

Since 2000, over 5000 Ontarians have died of an overdose linked to drugs; the bulk (75%) of these are related to narcotic use (i.e. Fentanyl, Oxycodone, Morphine, Heroin). This is a crisis related to both an increase in the use of prescription opioids as well as illicit street use. The only treatment available for opioid overdose is an opioid antagonist, such as naloxone, which has been used for decades in emergency rooms and ambulances across the province. It is an exceedingly safe and effective medication, with almost no contraindications to its use.

As members of the Inner City Health Associates (ICHA), a group of sixty physicians serving the homeless and vulnerably housed across the Greater Toronto Area, we support this proposed change by Health Canada to remove the prescription status from naloxone. While the Ministry of Health and Long-Term Care has been able to provide individuals who use drugs with naloxone via community harm reduction services, there is no system in place to facilitate naloxone availability at broader agencies such as drop-in services, shelters and other programs without a medical prescription. Unfortunately, many of these sites lack access to a Physician and as such, high-risk clients who attend such agencies are at risk of accidental death by overdose. Indeed, there have been reported cases of clients dying in shelters and drop-in centres where naloxone was not available, and emergency services did not arrive in time to administer this life-saving medication.

ICHA believes that naloxone should be available for emergency use by trained non-medical staff in high-risk settings and that risks are minimal and can be safely managed. We would also urge Health

Canada to license alternate formulations of naloxone in Canada such as nasal preparations and auto-injectors. The current formulation requiring responders to break a vial and draw the medication into a syringe is a barrier to wide spread use and introduces an unnecessary risk to naloxone use.

We therefore fully support the proposal to de-list naloxone from the Prescription Drug List. We believe this is a necessary change in order to stem the recent rash of opiate overdose deaths. By ensuring greater access to naloxone in high-risk settings, the risk of overdose and death in vulnerable individuals will be significantly decreased.

Respectfully,

Leslie Shanks
Medical Director
Inner City Health Associates
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