

Alberta Health, Office of the Chief Medical Officer of Health

Responding to Alberta's opioid crisis Public progress report

November 30, 2016

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Public progress report, November 30, 2016

This report provides an update on Alberta's actions in the month of November 2016 in response to the province's opioid crisis. It does not include information on the multiple initiatives and accomplishments made prior to November 2016.

Surveillance data is not included in this progress report. The third quarter 2016 Opioids and Substances of Misuse report is available on the Alberta Health website at:

www.health.alberta.ca/documents/Opioids-Substances-Misuse-Report-2016-Q3.pdf

Background

On October 27, 2016, Alberta announced it was implementing a range of new tools to address overdoses and deaths related to fentanyl and other opioids as part of an urgent government response to reduce the harms associated with opioid misuse.

An Urgent Opioid Response team with representatives from government's senior level leadership was established to initiate or expedite immediate actions.

Representatives from Alberta Health; Alberta Health Services; Indigenous Relations; Justice and Solicitor General including the Office of the Chief Medical Examiner; and the College of Physicians and Surgeons of Alberta had their first meeting on October 28, 2016.

Subsequent meetings were held on November 8 and November 22, 2016. The team will continue to meet bi-weekly.

Urgent priority areas

- Naloxone
- Supervised consumption services
- Opioid replacement therapy
- Appropriate opioid prescribing
- Public awareness
- Working with Indigenous partners
- Police/public security
- Surveillance
- Engaging community-level experts

Preventing overdose deaths

Naloxone

Naloxone is a drug that can be used to temporarily reverse opioid overdoses. It is essential to make no-charge, life-saving naloxone readily available to people who use opioids, as well as their friends and families, emergency services and others who might witness an overdose.

In Alberta, take home naloxone is free of charge through a program administered by Alberta Health Services (AHS). Naloxone is available without prescription in community pharmacies. Outside of a pharmacy setting, naloxone must be prescribed by registered nurses, psychiatric nurses, or physicians. Currently, first responders who are members of a regulated health profession and have the required training can administer naloxone.

The ultimate goal is to unschedule naloxone for use in emergency treatment for opioid overdose. Naloxone could then be administered by a broader range of emergency personnel and first responders. In addition, take-home naloxone could be distributed by health professionals, front-line community-based organizations, harm reduction service providers, and be available to anyone in the presence of someone appearing to be suffering from an opioid overdose.

Progress so far

- As of November 30, 2016, 8,532 take-home naloxone kits have been dispensed to Albertans.
- 921 sites have registered with AHS to distribute take home naloxone.
 - ♦ Of the total 921 sites, 737 are community pharmacies and 184 are non-community pharmacy sites.
 - ♦ Non-community pharmacy sites include harm reduction agencies, provincial correctional facilities, post-secondary institutions, opioid dependency treatment clinics, community health centres, inner city agencies, AHS Pharmacies, First Nations reserve communities with First Nations Inuit health branch nurses and urgent care centres in urban and rural communities.
- Alberta Health is assessing what other regulatory changes can be made so that non-regulated first responders such as fire fighters and police can carry and administer naloxone.
- Naloxone nasal spray is significantly more expensive than the naloxone intramuscular injection and is not currently publicly-funded. A feasibility analysis of publicly-funded nasal spray is underway.

Police and public security

Preliminary efforts have been focused on two areas: 1) making naloxone available to individuals upon their release from provincial and federal correctional facilities in Alberta and, 2) addressing bystander fear or reluctance to call 911 when witnessing an overdose.

Naloxone is used to temporarily reverse opioid overdoses, including fentanyl, but overdose victims need immediate emergency medical help. Public awareness messages and naloxone

training emphasize the need to call 911 after naloxone has been administered, yet people who use drugs often cite fear of arrest as a main reason for not calling 911.

Progress so far

- The Emerging Substances Police Advisory Task Group has undertaken an assessment of policies and practices related to naloxone distribution to inmates prior to being released from correctional facilities, and police response to 911 calls for probable drug overdoses.
- Alberta Health is working with AHS to identify and mitigate barriers to naloxone distribution to inmates upon their release from provincial correctional centres and remand centres.
- AHS public awareness campaigns and harm reduction programs located around Alberta are reinforcing the need to call 911 and ask for an ambulance in the event of an overdose.

Supervised Consumption Services

Supervised consumption services are health services provided in a safe and hygienic place where individuals are able to use drugs under the supervision of well-trained clinical staff. These services reduce overdose deaths, improve access to medical and social supports, and are not found to increase drug use and criminal activity. The Federal Minister of Health must be approved an application for exemption to the *Controlled Drugs and Substances Act* before supervised consumption services can be made available to Albertans. However, efforts are underway to work with community organizations to better understand how these services might fit in Alberta's overall harm reduction approach.

Progress so far

- Alberta Health is providing a \$230,000 grant to Access to Medically Supervised Injection Services Edmonton to support the community engagement process and development of an application for a federal government exemption to integrate supervised consumption services in pre-existing health and social service agencies in inner city Edmonton.
- Alberta Health has approved \$500,000 in grants for communities interested in assessing the need for supervised consumption services, where needle distribution programs currently exist.

Preventing overdoses before they happen

Opioid replacement therapy

Opioid substitution treatment or opioid replacement therapy (ORT) is the most effective intervention to treat opioid use disorder and other associated harms. Expanding the role of primary health care in ORT is one way to increase Albertans' access to ORT by transitioning stable patients in ORT specialty clinics to primary health care, where appropriate.

The transition process is complex and involves:

- Identifying stable patients in specialty clinics; involving patients in decision-making; matching stable patients who agree to transition with family physicians; providing transition support for patients; connecting involved family physicians to specialist support; ensuring wrap-around support for patients & primary health care staff.

Progress so far

- 285 potential patients in AHS-based specialty clinics have been identified. These patients are considered stable, with no drug use for at least one year. It is estimated up to one third of the identified patients will be able to transition, given the appropriate support.
- Initial focus is on family physicians already qualified to provide ORT. These physicians will need support to successfully transition patients to their care.
- Logistical gaps in connecting family physicians to specialists were identified.
- Initial focus is on settings (e.g., family care clinics and AHS pain clinics) where expertise and competencies are in place to provide support to patients.

Promoting appropriate prescribing of opioids

In addition to illicit opioids, legal prescription opioids, when used or prescribed inappropriately, also have a high potential for serious harms like addiction, overdose and death. Formal collaboration between Alberta Health and the College of Physicians and Surgeons of Alberta (CPSA) is well underway to promote more appropriate prescribing and use of opioids.

Progress so far

- A working group, co-chaired by CPSA's Deputy Registrar, including physicians, public health, pharmacists, chronic pain centers and the Pain Society of Alberta, are meeting regularly.
- A draft work plan has been developed and has been shared with a larger stakeholder group. It identifies immediate, intermediate and long term activities in five focus areas.
- CPSA and Alberta College of Pharmacists are providing their members with high-risk patient index information.

Public awareness

AHS continues to make opioid and fentanyl-specific information and resources available for health professionals, parents, teachers and the general public via www.stopods.ca.

Progress so far

Alberta Health provided funding to AHS to develop a naloxone awareness social media campaign. The online campaign will support a harm reduction approach and target the male demographic, 16–34 years of age, in suburban areas. The campaign will be in market (Facebook, Instagram, and Twitter) from December 2, 2016 to February 27, 2017, to enhance public awareness of the take home naloxone program and will maintain social media presence of Alberta's opioid crisis until a comprehensive opioid awareness campaign led by AHS goes to market in early 2017.

Working with Indigenous partners

Reducing the harms associated with illicit and prescription opioids experienced by Indigenous individuals, families and communities (on and off reserve/settlements) is an urgent priority.

Available data indicates that First Nations people in Alberta are disproportionately affected by opioid use. The most recent Alberta opioid surveillance report indicates the overall rate of emergency department visits related to opioids and narcotics from 2011-2015 was approximately five times higher than the rate among non-First Nations. The overall opioid dispensation rate was two times higher for First Nations (187 per 1000 population) compared to non-First Nations (98 per 1000).¹

Progress so far

- The First Nations and Rural Naloxone Task Group is assessing how to support Health Canada and First Nations communities to expand naloxone availability and accessibility to First Nations on and off reserve.
- Alberta Health and Indigenous Relations are working with the Métis Nation of Alberta Association, the Métis Settlement General Council and Aseniwuche Winewak Nation to support developing needs assessments and action plans for each Indigenous organization to understand and address the impact of opioid use in their respective communities/populations.
- Indigenous Relations has facilitated an initial meeting of representatives from Alberta Health, Alberta Human Services, AHS, Health Canada (First Nations and Inuit Health Branch) and general practitioners currently providing services in Indigenous communities.
- Indigenous Relations and Alberta Health have established a position committed to supporting this work.

¹ Opioids and Substances of Misuse Alberta Report, October 27, 2016

Generating evidence and engaging a variety of experts to make informed decisions

Opioid surveillance

Alberta has made great strides in generating surveillance data on fentanyl and opioid-related deaths, including emergency department (ED) visits and opioid dispensation. Surveillance shows the magnitude of the problem and identifies trends to help government develop more effective targeted interventions.

Alberta and BC are the only provinces with up to date data on opioid overdose deaths, including those linked to fentanyl.² A report released November 16, 2016 on hospitalizations and ED visits due to opioid poisoning in Canada examined ED visits in Ontario and Alberta — the only two provinces that collect enough detailed ED data to identify opioid poisonings over the study period.³

Progress so far

- The Emerging Substance Monitoring Task Group facilitates information sharing between stakeholders on emerging issues related to substance abuse. Membership includes Alberta Health, AHS, ALERT, Canadian Centre on Substance Abuse, OCME, Health Canada (First Nations and Inuit Health Branch) and relevant academics and stakeholder groups.
- Numerous presentations have been given on the 3rd Quarter Opioid Surveillance Report since its public release on October 27, 2016.
- To facilitate better data collection and reporting for First Nations, Alberta Health applied to the Department of Indigenous and Northern Affairs Canada (INAC) for access to the Indian Registry System. Alberta's three Treaty Chiefs supported the application, which was submitted in collaboration with the Alberta First Nations Information Governance Centre (AFNIGC). On November 7, verbal approval was provided for Alberta Health's application. Alberta Health will now work with the AFNIGC and INAC to draft an information sharing agreement.
- Alberta Health has obtained permission from the Métis Nation of Alberta to link their membership list with Health data to quantify ED visits related to opioids, as well as prescription drug dispensations.
- An analysis of naloxone kit distribution by community pharmacies per ED visits and deaths related to opioids and substances of misuse has been completed. Geographic gaps in naloxone kit distribution were identified and information will be shared with the AHS program.

² <http://globalnews.ca/news/3072316/a-province-by-province-look-at-opioid-overdose-stats-including-fentanyl/>

³ <https://www.cihi.ca/en/types-of-care/pharmaceutical-care-and-utilization/13-canadians-hospitalized-each-day-for-opioid>

Engaging community-level experts

Many of Alberta's professional subject matter experts are already actively participating in the development and implementation of urgent priority areas related to opioids. Alberta Health is working to identify additional, alternate subject matter experts who can be called on to work with various government task groups if needed.

Government will leverage already-established partnerships with front line harm reduction service providers and community agencies to identify access and engage people who use opioids, their family members, people with lived experience and others affected by substance use disorders. Working with existing partners will help government set up ad hoc interactions and meet short turnaround timelines.

Progress so far

- A comprehensive list of existing coalitions and meeting mechanisms is being developed and currently includes Harm Reduction Programmers from seven Alberta cities; the 25 community agencies and clients represented on the Access to Medically Supervised Injection Services Edmonton; the Alberta Addicts who Educate and Advocate Responsibly (AAWEAR) which has local chapters in Edmonton, Calgary, Red Deer and Lethbridge; iHuman; and the Youth Unit at Boyle Street Community Services.