

Alberta Health

Office of the Chief Medical Officer of Health

Responding to Alberta's opioid crisis

Public progress report: 2

March 31, 2017

Background

The Government of Alberta, including Alberta Health Services, has been formally responding to the increase in fentanyl-related deaths since the provincial take-home naloxone program was started in March 2015.

In October 2016, in response to third quarter surveillance data indicating a further increase in the number of fentanyl-related deaths, Alberta announced it was implementing a range of new tools to address overdoses and deaths related to fentanyl and other opioids. Alberta's Chief Medical Officer of Health was asked to lead the government response and an Urgent Opioid Response Team was established to initiate or expedite immediate actions.

A report on activities undertaken in October and November in response to the opioid crisis was posted in December 2016.

This update provides details on Alberta's actions, since the last report, in the following areas:

- Harm Reduction Initiatives
- Treatment
- Prevention
- Surveillance and Analytics
- Collaboration

For more information

Detailed surveillance data is not included in this report.

- The Opioids and Substances of Misuse Alberta Interim Q1 Report 2017, released on April 7, 2017, is available on the Alberta Health website at: <http://www.health.alberta.ca/documents/Opioids-Substances-Misuse-Report-2017-Q1-Interim.pdf>
- The Opioids and Substances of Misuse Alberta Report, 2016 Q4, released on February 7, 2017, is available at: www.health.alberta.ca/documents/Opioids-Substances-Misuse-Report-2016-Q4.pdf

November 2016 Progress Report: www.health.alberta.ca/health-info/opioid-response.html

For Alberta Health news releases related to opioids, go to <http://www.health.alberta.ca/newsroom.html>

Harm Reduction Initiatives

Making Naloxone Available to Prevent Overdose Deaths

The Alberta government covers the cost of the naloxone (injectable) kits and funds Alberta Health Services (AHS) to run the provincial Take Home Naloxone Program, which started in 2015. Efforts have been focused on getting no-charge naloxone, which temporarily reverses an opioid overdose, in the hands of people who use opioids, their friends and families, emergency responders and others who might witness an overdose.

Update on Activities:

- As of Feb. 28, 2017, **12,819** no-charge naloxone kits have been given out to Albertans.
- More than **1,000** distribution sites are registered with AHS to distribute kits to Albertans. This includes community pharmacies, harm reduction agencies, provincial correctional facilities, post-secondary institutions, opioid dependency treatment clinics, community health centres, inner city agencies and First Nations reserve communities.
 - A list of community pharmacies that have registered with AHS to provide naloxone kits to Albertans is available at: <http://www.albertahealthservices.ca/assets/healthinfo/mh/hi-amh-thn-pharmacies.pdf>.
 - A list of all other distribution sites, including the harm reduction agencies, is available at: <http://www.albertahealthservices.ca/assets/healthinfo/mh/hi-amh-thn-walk-in-clinics.pdf>.
- In February 2017, government made naloxone an “unscheduled” drug in Alberta, which means Albertans are able to get it without a prescription from all naloxone distribution sites. Prior to February, Albertans could get naloxone from pharmacies without a prescription but other agencies and locations needed an authorized health professional onsite to prescribe naloxone.
- Unsheduling the drug means Albertans have more access to naloxone kits and overdose prevention training, and are able to respond to an emergency overdose situation.
- Also in February 2017, government executed Ministerial Orders to give police officers, peace officers and firefighters (once appropriately trained) the authority to administer naloxone by injection. Previously, only regulated health professionals such as paramedics could inject naloxone since injection below the dermis is a restricted activity. AHS and first responders are working together to ensure all first-responder organizations are appropriately trained and have access to injectable naloxone.
- In response to feedback from frontline providers about the naloxone used to for reversing overdoses, the provincial Take Home Naloxone Program is in the process of increasing the number of vials of naloxone in each kit from two to three.
- The GetNaloxone social media campaign (on Facebook, Instagram, and Twitter) aims to enhance awareness of the AHS Take Home Naloxone Program. It began in December 2016 and

has been extended to May 2017.

- Efforts continue to provide overdose awareness training and make naloxone kits available to individuals upon their release from provincial correctional facilities in Alberta. This has proven to be more challenging in provincial remand centres, since individuals may be released at times when staff are not available to provide training and distribute kits.
- Some law enforcement agencies and first responder organizations have expressed a preference for nasal naloxone which is more expensive than injectable naloxone and not currently publicly funded. Alberta Health continues to assess the option of publicly funding nasal naloxone in addition to injectable naloxone. In the meantime, first responders are able to purchase nasal naloxone directly from manufacturers.

Accelerating the Availability of Supervised Consumption Services in Alberta

Supervised consumption services (SCS) 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 or criminal activity.

Offering SCS to Albertans who use drugs is not an immediately available intervention since a federal exemption to the *Controlled Drugs and Substances Act* is required before an agency can provide these health services. The current application includes 26 requirements that agencies must complete. In December 2016, the federal government indicated it would be simplifying the exemption application process but Health Canada has not yet provided timelines on when the changes will come into effect or how long it will take to have applications reviewed and approved.

Update on Activities:

- In January 2017, Alberta Health provided \$230,000 in grant funding to Access to Medically Supervised Injection Services Edmonton (AMSISE) to support the community engagement process and development of an application for a federal government exemption for SCS.
 - The AMSISE plan is to integrate medically supervised injection services into three existing organizations that already serve community members with problematic substance use. The organizations are Boyle McCauley Health Centre, Boyle Street Community Services and George Spady Society. The Royal Alexandra Hospital, previously mentioned as a potential site, will continue to assess their need for supervised consumption services and develop an application for federal government exemption if required. For more information on AMSISE, go to: https://crismprairies.ca/wp-content/uploads/2017/02/AMSISE-Brochure_Web.pdf.
 - In March 2017, Alberta Health provided AMSISE with an additional \$100,000 to expedite the development of requirements for the federal exemption application process. AMSISE aims to submit an exemption application to Health Canada in August 2017.

- Alberta Health is also providing grant funding to support SCS needs assessment by government-funded, non-profit organizations operating needle distribution programs in other Alberta cities. These needle distribution programs have well-established relationships with the target population for SCS and with other agencies providing social and health services to this population. The organizations receiving funding are expected to establish coalitions with relevant community and municipal organizations and AHS to guide the assessments for SCS.
- Specifically, funding will be go to:
 - HIV Community Link, which will work in partnership with Safeworks, to lead a community coalition to accelerate the development of an exemption application in Calgary.
 - So far, the newly established Calgary Coalition on Supervised Consumption includes representation from HIV Community Link, Safeworks, Alberta Health Services; the City of Calgary; Calgary Police Service; Alpha House; University of Calgary; Calgary Homeless Foundation; Addicts who Educate and Advocate Responsibility (AAWEAR) and the Calgary Harm Intervention and Prevention (CHIP) Task Force.
 - HIV North Society (Grand Prairie and Fort McMurray); HIV West Yellowhead (Edson); Turning Point (Red Deer); HIV Community Link (Medicine Hat); and ARCHES (Lethbridge) to support coalitions to assess the need for SCS in these communities.
 - Needs assessments are expected to be completed by the fall of 2017.

Treatment

Opioid Replacement Therapy

A critical step to reducing opioid overdoses is improving access to opioid replacement therapy (ORT). Actions continue to be focused on increasing the number and capacity of health care providers who can support Albertans on ORT.

Update on Activities:

- Health is working closely with AHS to transition stable patients in AHS-based opioid dependency treatment clinics, where appropriate, to primary health care settings that have capacity to manage patients on ORT. The process of successfully transitioning stable patients from specialty clinics to primary health care settings is complex and lengthy.
- Barriers preventing physicians from initiating and maintaining patients on ORT are being identified in order to seek solutions.
 - The CPSA removed one barrier for physicians interested in prescribing Suboxone by no longer requiring physicians to report completion of a Suboxone prescribing course. However, the CPSA continues to recommend the Centre for Addiction and Mental Health Buprenorphine-Assisted Opioid Dependence Treatment course or training from: www.suboxonecme.ca.
 - The cost of taking an ORT training course has been identified as a possible barrier, and Alberta Health has requested that Health Canada fund the cost of training across the country.
- Alberta Health is funding the Alberta College of Family Physicians to host a collaborative planning summit in April 2017. Multiple primary health care stakeholders that have a part in identifying gaps and challenges will come together to build on the work already being done to create solutions for the opioid crisis in Alberta.
- Health is exploring how opioid dependency treatment can become a routine part of family medicine residency programs.
- The Alberta College of Family Physicians struck an Opioid Crisis Response Task Force in late December to review opportunities for members to participate and support the opioid response.

Prevention

Promoting appropriate prescribing of opioids

Recognizing that some prescribing practices have contributed to the opioid problem, Alberta Health, AHS and the College of Physicians and Surgeons (CPSA) are collaborating to promote appropriate opioid prescribing. The CPSA is not asking physicians to stop prescribing opioids, but to prescribe responsibly, and based on evidence-informed best practices. The College expects physicians to prescribe safely for patients already on long-term opioid therapy, to take steps to prevent diversion and to be cautious in initiating opioids for new patients with chronic pain.

Update on Activities:

- On March 3, 2017, the CPSA Council approved a new standard of practice *“Prescribing: Drugs With Potential For Misuse Or Diversion”* which takes effect April 1, 2017. The new standard has been developed to ensure that physicians are following best practices for opioid prescribing. For more details: <http://www.cpsa.ca/lets-talk-about-prescribing/>.
- In December 2016, the CPSA provided physicians with a report that compared their prescribing practices in community settings for opioids and for benzodiazepines to the Alberta average. Physicians were advised to re-assess patients on dosages that exceed recommendations and were specifically cautioned not to abruptly withdraw or quickly taper medications. The CPSA is informing patients that they can lodge a formal complaint if there is evidence that opioids are being abruptly withdrawn or physicians are refusing to prescribe opioids.
- The CPSA continues to communicate the following messages to patients and physicians:
 - It is never appropriate to abandon a patient on long-term opioid therapy, or abruptly cut off or threaten to cut off the patient’s medication.
 - The lowest effective dose is the safest dose.
 - Patients taking prescribed opioids should not be stigmatized. Any person taking an opioid medication can develop dependence over time. This is a known risk of the medication, and is not the fault of the patient.

Public Awareness

Update on Activities:

- AHS continues to make opioid information and resources available for health professionals, parents, teachers and the general public via www.stopods.ca.
- Alberta Health is providing grant funding to AHS to facilitate a comprehensive, two-year, drug awareness campaign. The first two phases will focus on fentanyl/opioids, providing information on naloxone and overdose awareness, how to access harm reduction services and help (across the continuum of care), as well as educating the public about harm reduction and reducing stigma around drug use. Campaign development will begin in April.

Surveillance and Analytics

Alberta's response to the opioid crisis relies on timely data collection, reporting and analysis to inform our action. Surveillance allows us to assess the magnitude of the problem and identifies trends to help us develop more effective targeted interventions.

Update on Activities:

- The Opioids and Substances of Misuse Alberta Report, 2016 Q4 was released Feb. 7, 2017 (<http://www.health.alberta.ca/documents/Opioids-Substances-Misuse-Report-2016-Q4.pdf>).
- Compared to the Q3 report, the Q4 report includes additional information on the prescription history of those who died related to fentanyl or an opioid other than fentanyl. It also includes emergency medical services (EMS) data and the distribution of EMS responses related to opioid events in Alberta. The report indicates an increase in the number of overdose deaths related to fentanyl in the last quarter of 2016, when compared to the third quarter.
- The Opioids and Substances of Misuse Alberta Interim Q1 Report 2017 was released on April 7, 2017 and is available on the Alberta Health website at: <http://www.health.alberta.ca/documents/Opioids-Substances-Misuse-Report-2017-Q1-Interim.pdf>
- The assignment of an Alberta Health epidemiologist to the Office of the Chief Medical Examiner has improved access and analysis of opioid-related death data.
- On Feb. 8, 2017, Justice and Solicitor General Minister Kathleen Ganley announced that Alberta is hiring two more medical examiners for a total of 10 to reduce caseloads and deal with emerging issues such as fentanyl overdoses.

Collaboration

Working with Indigenous partners

Reducing the harms associated with opioids experienced by Indigenous individuals, families and communities (on and off reserve, on Métis settlements, and in urban settings) is an urgent priority.

Update on Activities:

- Indigenous Relations established an Indigenous Opioids Committee in November 2016. Membership has been expanded to include physicians providing services to First Nations on reserve and off reserve, health directors from First Nations communities, as well as representatives from police, Health Canada's First Nations and Inuit Health Branch, Alberta Health and AHS.
- Indigenous Relations is supporting a project to engage key community resources, including people with lived experience with opioids, in interviews to better understand the impact of opioids on Indigenous peoples and communities in Alberta. Findings will be used to identify key priority areas in the action plan. A preliminary draft of an action plan, based on the narrative project and input from the committee and key stakeholders, will be completed by the end of April.
- Alberta Health is providing funding for opioid action plans for Metis communities and a northern Alberta First Nation community.

Engaging people with lived experience

We continue to be committed to engaging people with lived experience (with problematic substance use) to inform harm reduction approaches, policies and programs.

Update on Activities:

- A focus group discussion on the provincial response to the opioid crisis was held in January with the Edmonton chapter of Alberta Addicts Who Educate and Advocate Responsibly (AAWEAR).
- Representatives from AAWEAR met with Alberta Health's Associate Minister on Feb. 21, 2017, the first National Day of Action on the Overdose Crisis to discuss their suggestions for addressing the opioid crisis in Alberta.
- Alberta Health staff continue to meet regularly with community-level agencies regarding the opioid crisis, their harm reduction interventions, and plans for community needs assessments for supervised consumption services.

Collaborating with other Jurisdictions and the Federal Government

Update on Activities:

- On March 10, 2017, the Government of Canada announced \$6 million in urgent support to the Province of Alberta to assist with its response to the growing effects of the opioid crisis.
 - While the exact allocation of the federal funds is still being determined, it will help support strategies identified by Alberta Health, AHS and community partners. Priority areas include the Take Home Naloxone program, expansion of opioid dependency treatment, expediting federal exemption applications for supervised consumption services, and methadone and Suboxone treatment programs.
 - In total, the Government of Canada has announced \$81 million in funding to address the ongoing crisis. In addition to the \$6 million for Alberta, \$10 million has been provided to British Columbia, and \$65 million over five years was previously announced for federal initiatives. The \$65 million over five years will be used to support the federal government's ongoing implementation of the Opioid Action Plan and the new Canadian Drugs and Substances Strategy announced in December 2016, which reinstates harm reduction as a core pillar of Canada's drug policy.
- Alberta is a member of the federal/provincial/territorial Special Advisory Committee (SAC) on the Epidemic of Opioids Overdoses. The SAC has a time-limited mandate to provide advice to the Conference of federal/provincial/territorial Deputy Ministers of Health pertaining to the coordination, public health policy and technical content on matters related to the current epidemic of opioid overdoses in Canada.
 - The SAC is coordinating information sharing on best practices for supervised consumption services, opioid dependency treatment, and naloxone distribution.
 - Another area of action is to identify priority data needs, review available data sources, assess options to allow for inter-jurisdictional data comparability, and outline a time-limited data collection and analysis process in order to assess opioids overdoses at the national level.