

Minister's Opioid Emergency Response Commission: Recommendations and update on provincial response

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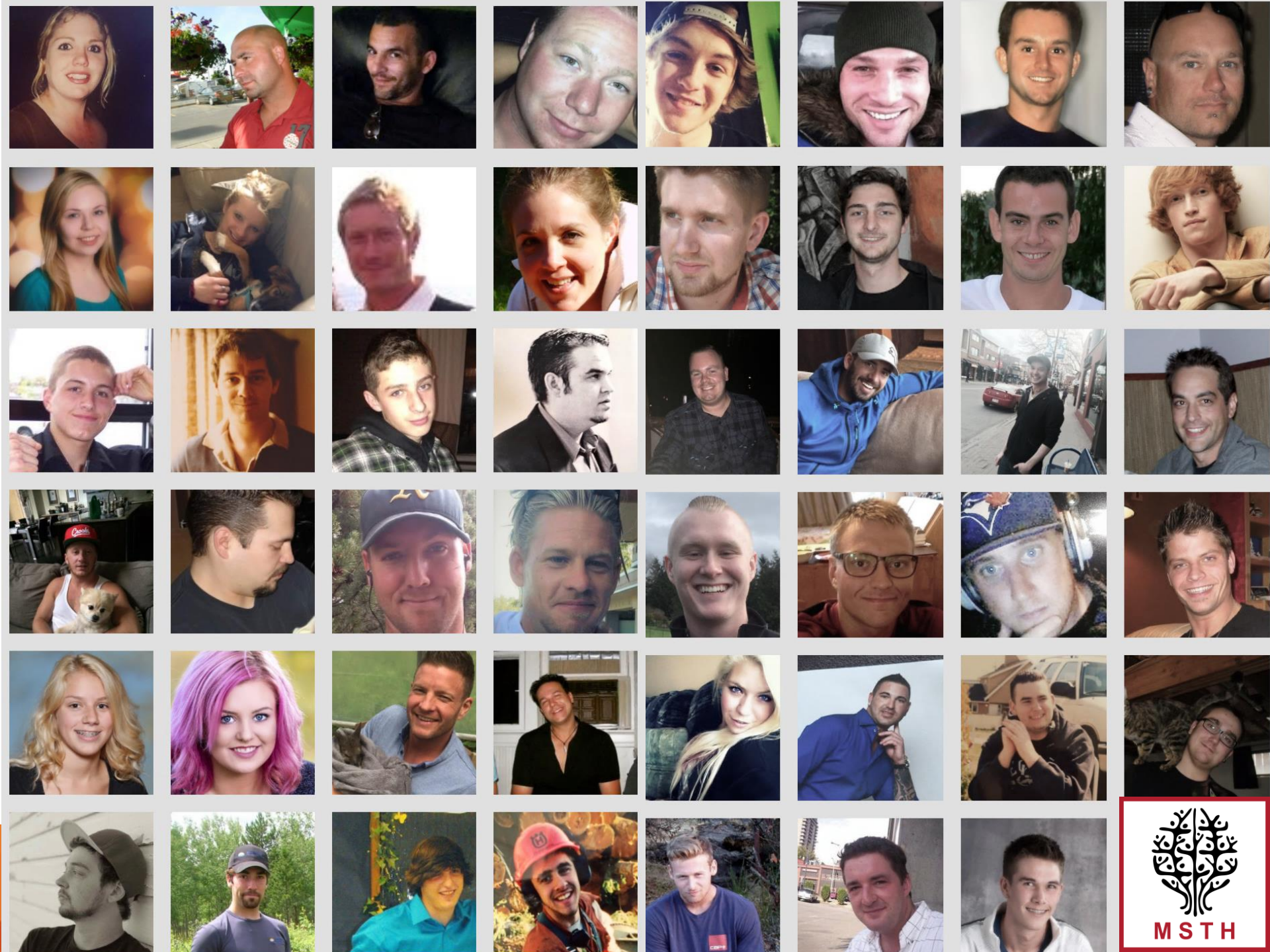
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Alberta Community Crime Prevention Association Annual Conference, May 9, 2018

Purpose

- **To provide an overview of:**
 - **Alberta's opioid emergency**
 - Early actions
 - **The Minister of Health's Opioid Emergency Response Commission (MOERC)**
 - Recommendations and next steps

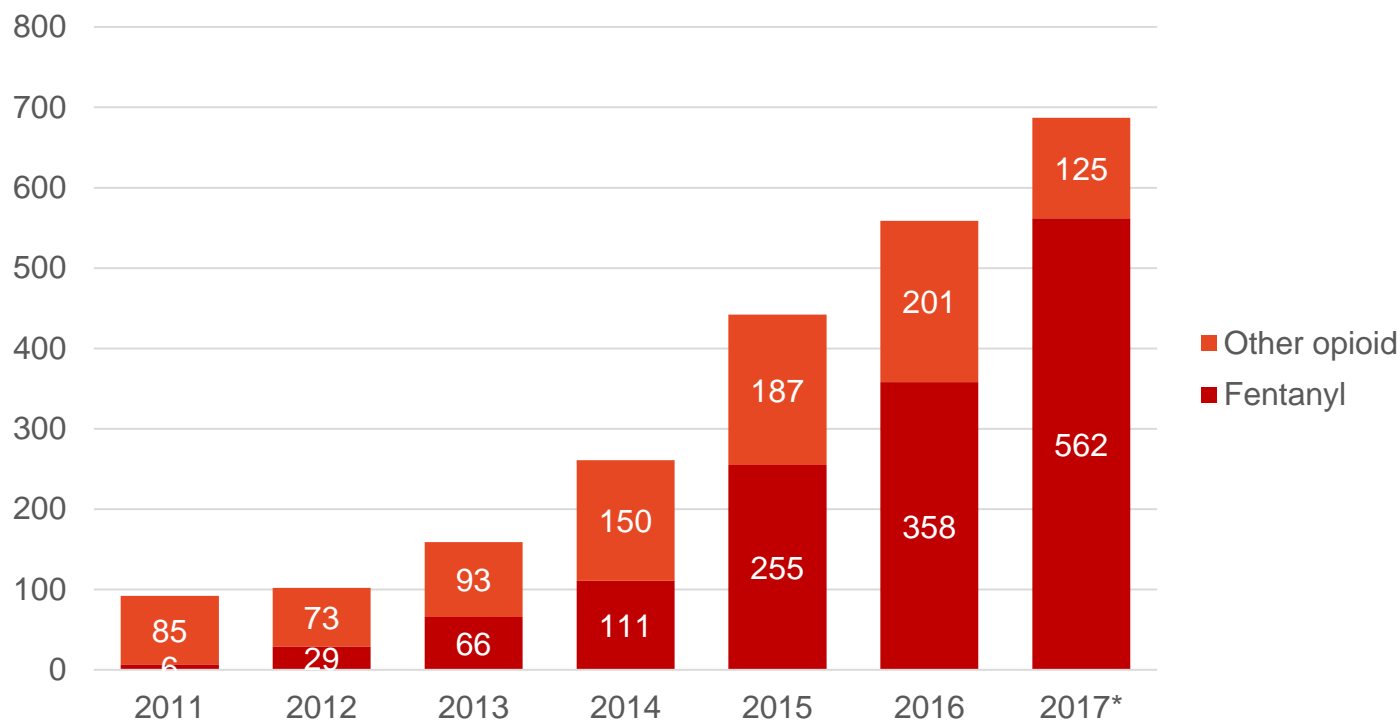
ALBERTA'S OPIOID EMERGENCY



Opioid-related deaths increased in 2017

- The most up to date data show that 687 people died from an apparent accidental opioid poisoning in 2017
 - In comparison, 559 people died from an apparent accidental opioid poisoning in 2016
- On average, that means 1.9 individuals died every day in Alberta as a result of an apparent accidental opioid poisoning in 2017
 - In comparison, an average of 1.5 individuals died every day in Alberta as a result of an apparent accidental opioid poisoning in 2016

Unintentional opioid-related deaths in Alberta, 2011 – 2017 *



687* = total opioid-related overdose deaths in 2017*; ~ 77% of deaths fentanyl-related

[*Q4 other opioid deaths not yet available for 2017; 2016 + 2017 data are unintentional *apparent* opioid-related deaths; 'fentanyl' incl. fentanyl, carfentanil and 3 other analogues; 'other opioid' includes: prescription opioids, heroin and U-47700]

Mortality Data: Fentanyl

	2017		2018 YTD*	
	Count	Rate	Count	Rate
South	32	10.5	3	8.5
Calgary	272	16.6	36	18.8
Central	48	9.9	6	10.6
Edmonton	177	12.9	25	15.6
North	60	12.2	4	7.0
Alberta	589	13.7	74	14.8

Number and rate of fentanyl[†] related drug poisoning deaths per 100,000 population, by Zone and Year.
(YTD = Jan. 1 – Feb.11, 2018)

	2016		2017	
	Count	Rate	Count	Rate
Lethbridge	10	10.3	18	19.0
Medicine Hat	3	4.4	7	10.2
Calgary	149	11.2	233	17.7
Red Deer	23	21.0	25	22.6
Edmonton	101	10.4	135	13.8
Fort McMurray	9	11.0	14	17.5
Grande Prairie	10	13.4	26	33.8
Total	305	11.2	458	16.8

Rate (per 100,000 person years) and number of apparent accidental drug poisoning deaths related to fentanyl, by city (based on place of death). Jan. 1, 2016 to Dec. 31, 2017.

Mortality Data: Opioids other than Fentanyl

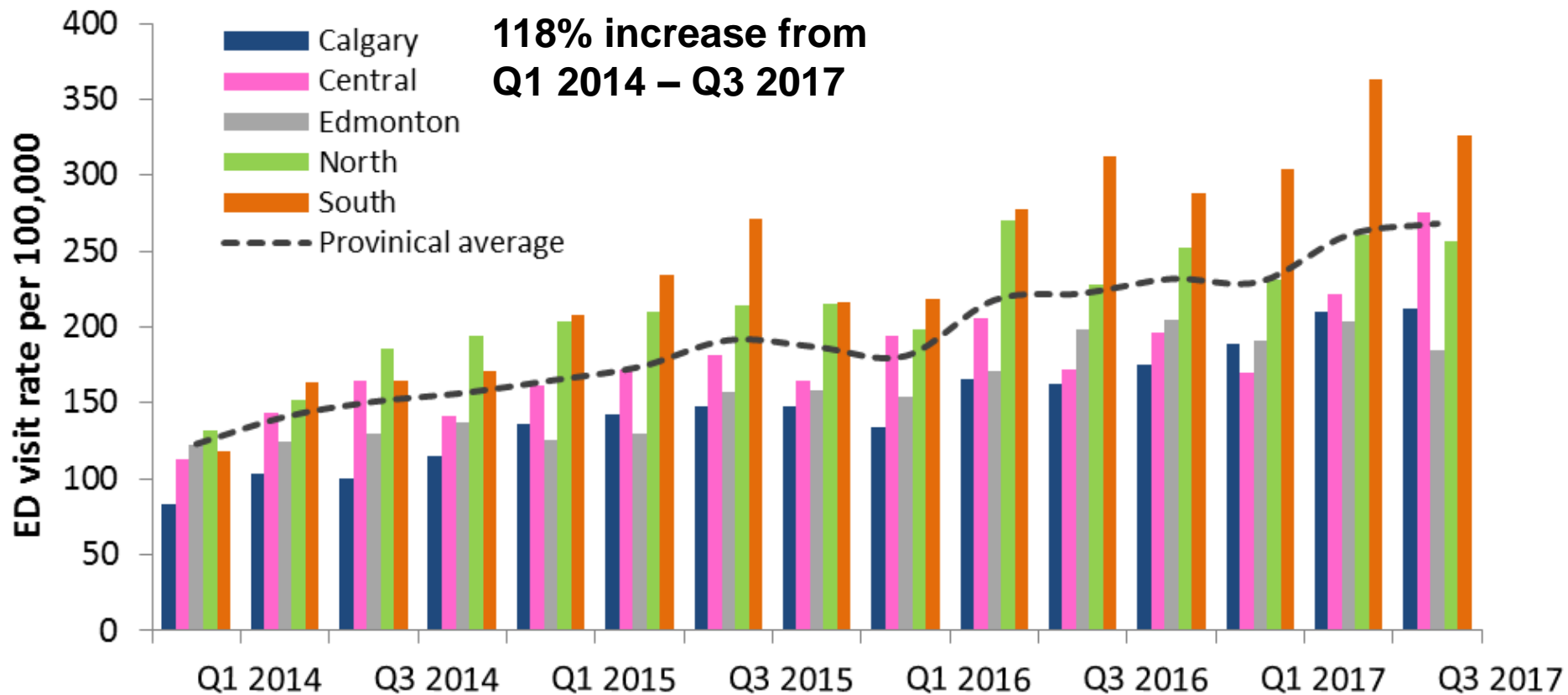
	2016		2017 YTD*	
	Count	Rate	Count	Rate
South Zone	16	5.3	10	4.4
Calgary Zone	59	3.7	41	3.3
Central Zone	31	6.4	16	4.4
Edmonton Zone	83	6.1	39	3.8
North Zone	12	2.4	19	5.1
Alberta	201	4.7	125	3.9

Rate (per 100,000 person years) and number of apparent accidental drug poisoning deaths related to an opioid other than fentanyl, by city (based on place of death). Jan. 1, 2016 to Sep. 30, 2017.

	2016		2017 YTD*	
	Count	Rate	Count	Rate
Lethbridge	4	4.1	4	5.6
Medicine Hat	4	5.8	2	3.9
Calgary	44	3.3	33	3.3
Red Deer	11	10.0	4	4.8
Edmonton	67	6.9	35	4.8
Fort McMurray	1	1.2	2	3.3
Grande Prairie	1	1.3	5	8.7
Total	132	4.8	85	4.2

Rate (per 100,000 person years) and number of apparent accidental drug poisoning deaths related to an opioid other than fentanyl, by Zone (based on place of death). Jan. 1, 2016 to Sep. 30, 2017.

Rate of emergency department (ED) visits related to opioid use and other substances of misuse, by quarter and Zone, per 100,000 person years. Jan. 1, 2014 to Sep. 30, 2017.



Demographics: Fentanyl and other opioids

Figure 9: Apparent accidental poisoning deaths related to fentanyl, by sex and age. Jan. 1, 2017 to Dec. 31, 2017.

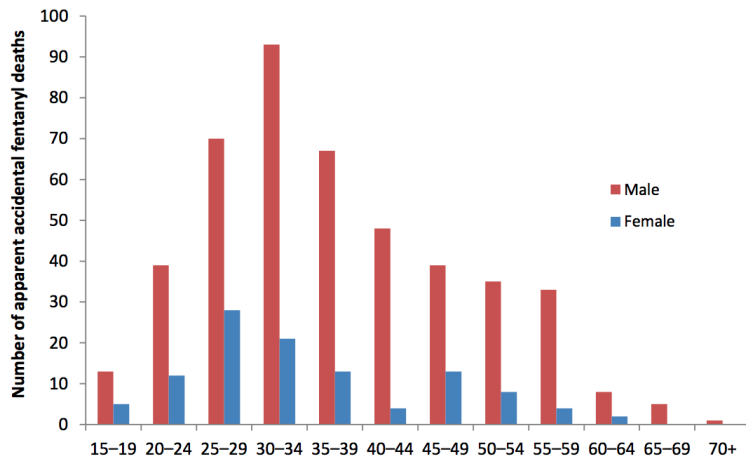
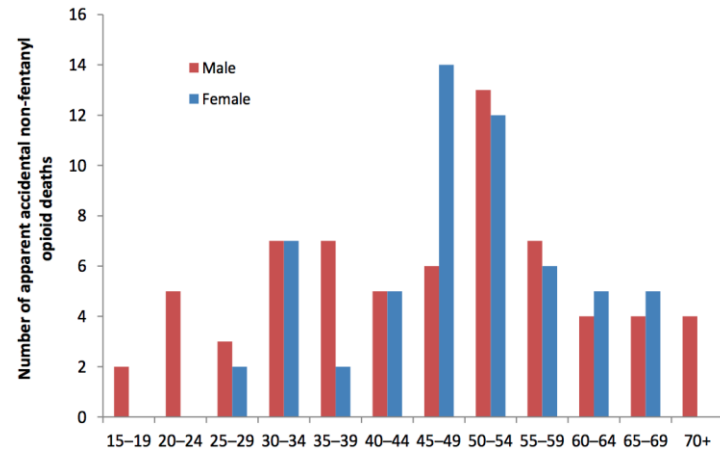


Figure 10: Apparent accidental poisoning deaths related to an opioid other than fentanyl, by sex and age, Jan. 1, 2017 to Sep. 30, 2017.



Rate of fatal overdose death is 3x higher amongst First Nations people in Alberta as compared to members of the general population

Alberta's Opioid Response

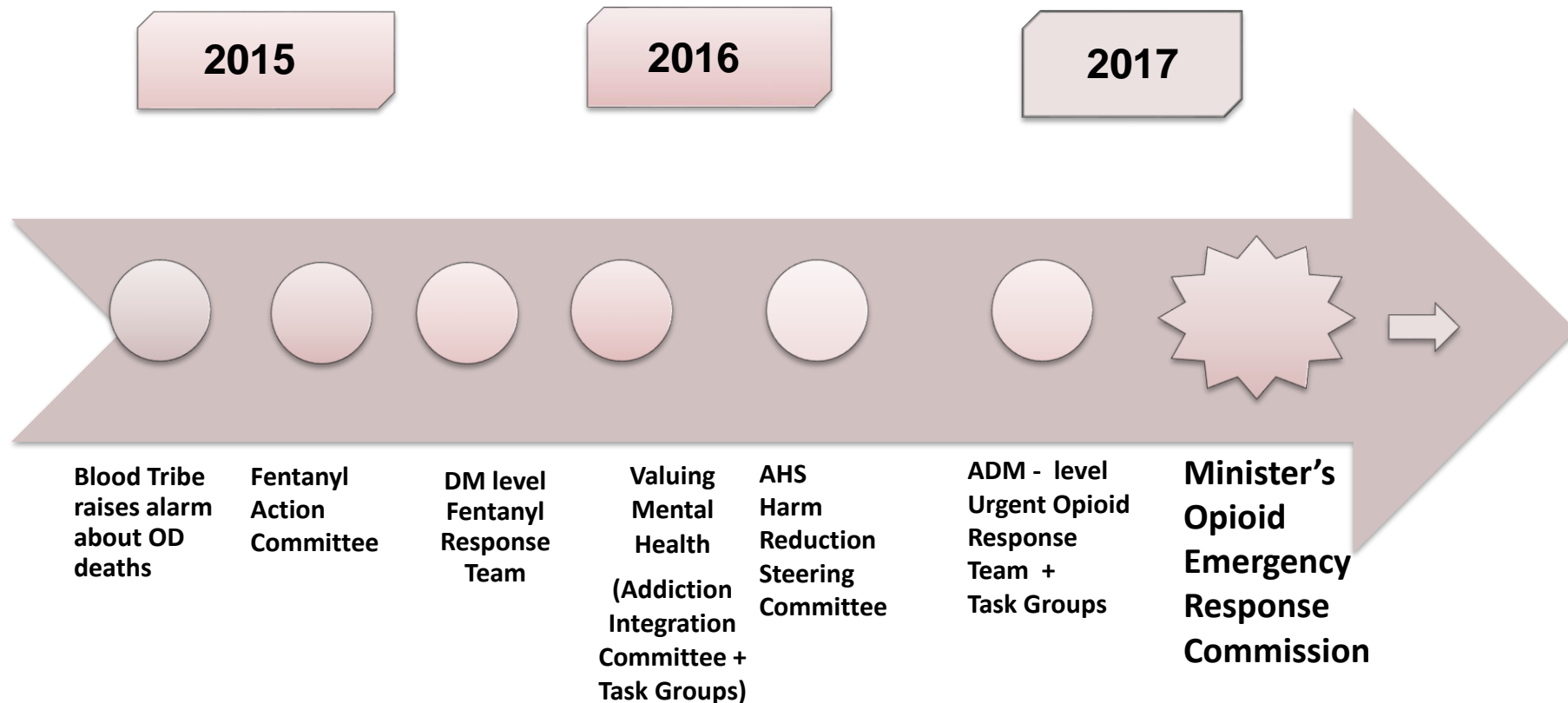
Alberta's opioid response

- Provincial government opioid response began in March 2015
- Many stakeholders contributing efforts to address the crisis
 - various other levels of government, health service delivery, and community partners playing an important role
- The MOERC built off foundation of earlier actions undertaken, and pre-existing relationships between the government and stakeholders.

Strategic Areas

- Harm Reduction
- Treatment
- Prevention
- Enforcement and Supply Control
- Collaboration
- Surveillance and Analytics

Alberta's Response Timeline



Brief overview

EARLY ACTIONS

Harm Reduction Initiatives – Naloxone

- Naloxone distribution program established
- De-scheduled naloxone (no prescription needed)
- As of April 2018:
 - 54,000+ kits have been distributed to Albertans
 - 1,500+ distribution sites

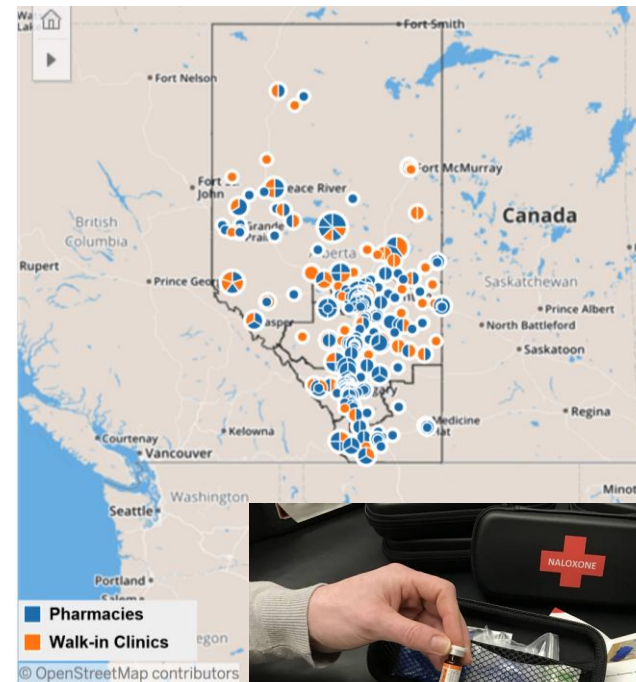


Image : CBC News

Treatment – Expanding access

- **Opioid agonist treatment**
 - Also called **opioid dependency treatment**
 - Includes medications like **buprenorphine (Suboxone) or methadone**
 - **Gold standard for treating opioid use disorder**

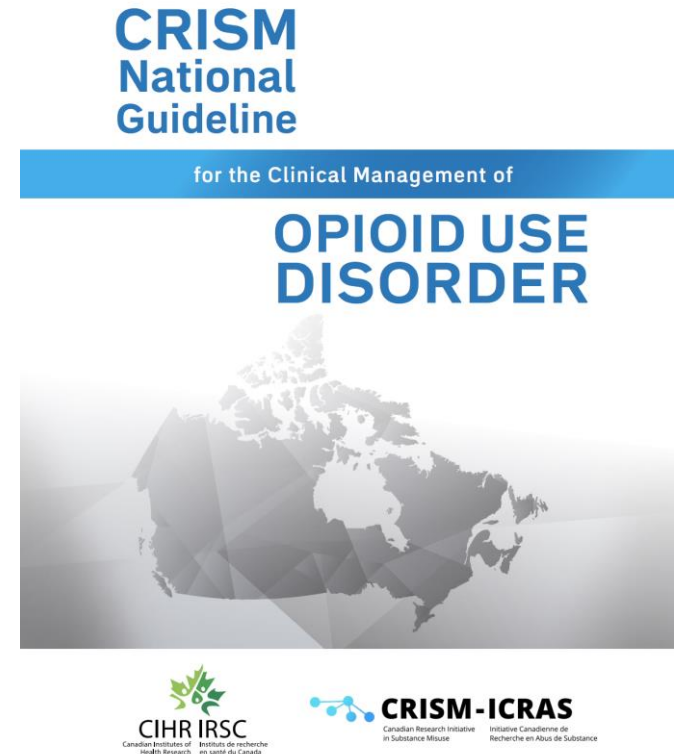


Image : CBC News

Treatment – Expanding access

- **New AHS clinics opened in underserved areas**
 - **AHS Opioid Dependency Programs open (Grande Prairie, Ponoka, Rocky Mountain House, Stettler, Wetaskiwin); and**

Prevention

- College of Physicians and Surgeons of Alberta + Alberta College of Pharmacists released new opioid-related practice standards
- AHS Multi-Phase Communications Campaign funded
 - Phase 1: opioids and naloxone; Phase 2: appropriate prescribing

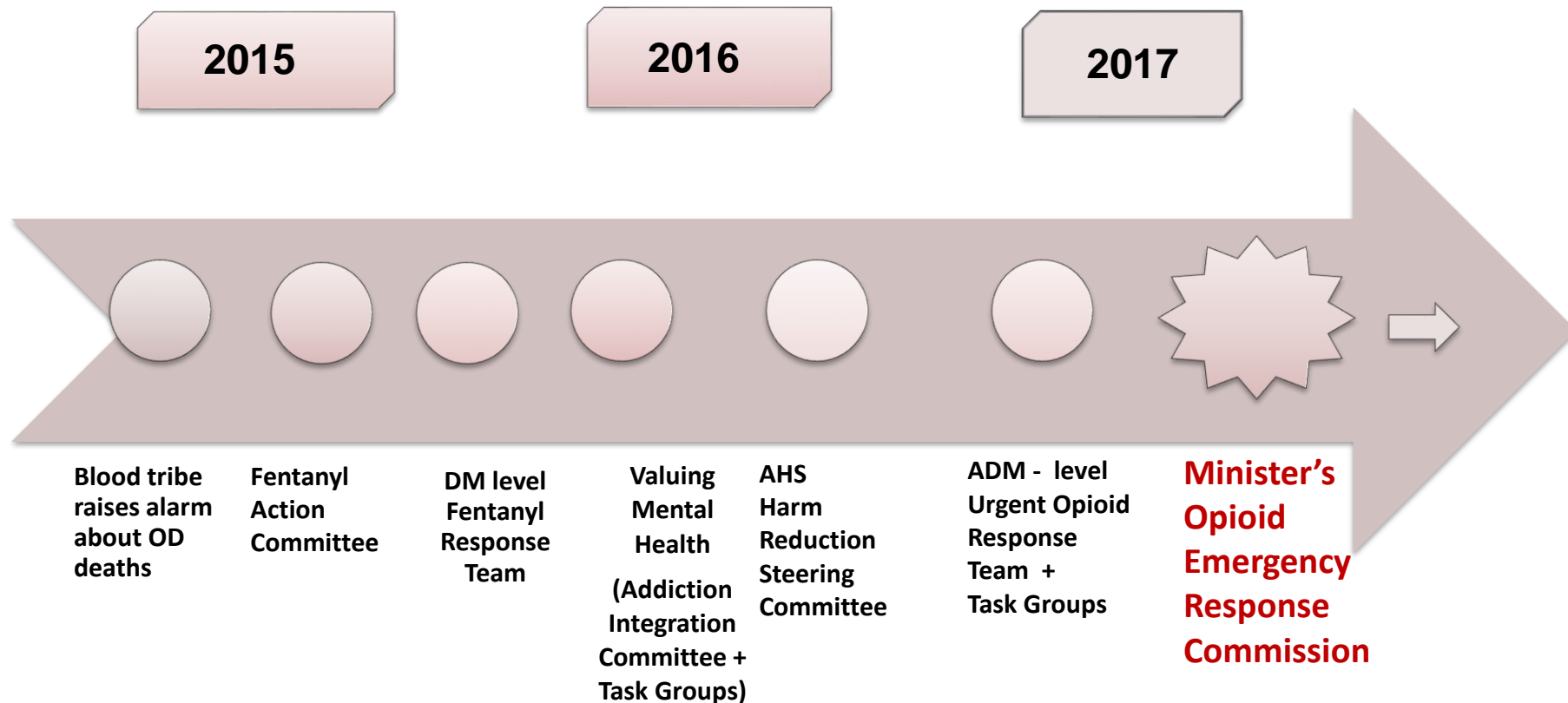


Enforcement and supply control

- **Ministerial Order to authorize Police, Peace Officers & Fire Fighters to administer injectable naloxone**
- **Pill press legislation**

Minister's Opioid Emergency Response Commission

Alberta's Response Timeline



Minister's Opioid Emergency Response Commission (MOERC) Mandate

- One year mandate to develop recommendations to effectively combat the opioid crisis.
 - Focus on urgent, coordinated actions to prevent death
- \$30 million of new funding announced in Budget 2017 for opioid response
- Appointed by order in council on May 31, 2017

Membership

- 14 members
- Co-Chair with Dr. Karen Grimsrud, provincial Chief Medical Officer of Health
- Includes members with lived experience, clinical, Indigenous, harm reduction, AHS, law enforcement, and Ministries of Justice and Health perspectives



Progress to date

- **Met 13 times since forming**
- **26 recommendations released to date**
 - **all accepted by the Minister**
 - **<https://www.alberta.ca/opioid-emergency-response-commission.aspx>**

Overview

MOERC RECOMMENDATIONS

Harm Reduction - Supervised Consumption Services (SCS)

- Supervised consumption services provide sterile environments to consume pre-obtained illegal drugs
 - Connections to treatment and other health and social supports
- Commission reviewed several applications for SCS
 - Recommended that the Minister provide funding for nine

Harm Reduction - Overdose Prevention Sites (OPS)

- Also recommended establishing a provincial process for approving OPS
 - Temporary events, urgent health threats, etc.
 - Smaller scale/lower intensity service model
 - Provincial class exemption secured

Blood Reserve opens overdose prevention site in response to opioid crisis



The safe consumption site now set up on the Kainai First Nation provides a place where people can consume substances in a safe environment while under medical supervision.

Harm Reduction – SCS and OPS

- **Operational**

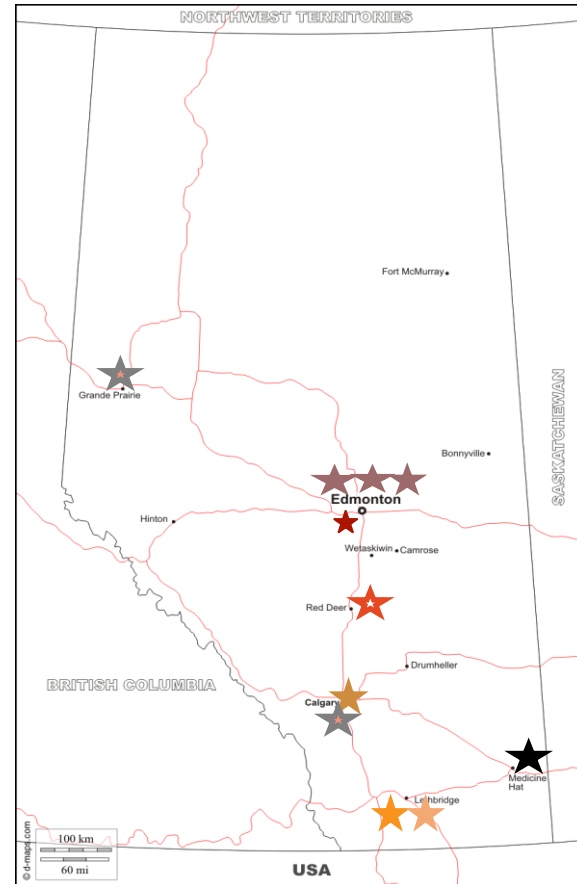
- SCS, ARCHES; Lethbridge
- SCS, Sheldon Chumir Centre; Calgary
- SCS, Boyle Street Community Services; Edmonton
- SCS, George Spady Society; Edmonton
- SCS, Royal Alexandra Hospital; Edmonton
- OPS, Stand Off, Kanai First Nation

- **Exempted**

- SCS, Boyle MacCauley Health Centre; Edmonton

- **Proposed**

- SCS, fixed; Medicine Hat
- SCS, mobile; Grande Prairie
- SCS, mobile; Calgary
- SCS, fixed; Red Deer



Treatment – increasing options

- **Injectable opioid agonist treatment**
 - **Effective option for those patients for whom methadone and buprenorphine have not been effective**
- **Recommended establishment of two pilot clinics, in Edmonton and Calgary**

Alberta approves pilot programs for injectable opioid therapy



KEITH GEREIN

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Treatment – expanding system capacity

- **Recommended \$9.5 million of funding for Alberta's primary care networks and partner organizations to increase the role of family doctors in Alberta's opioid response**
 - **Increase access to OAT and harm reduction interventions in primary care through training and educational resources for physicians**

Treatment – expanding system capacity

- **Recommended funding to provide opioid agonist treatment initiation in Emergency Departments in Calgary and Edmonton**
- **Expansion of the ARCH team program at the Royal Alexandra Hospital in Edmonton**
- **Implementation of the ARCH team program at the Peter Lougheed Centre in Calgary**

Treatment – consumer protection

- Recommended that the Minister expedite legislation to strengthen the provincial government's capacity to regulate private addiction and mental health treatment facilities, services, and care providers
 - Ensure safe, quality care and consumer protection

Prevention – increasing community awareness

- Recommended that the Minister provide funding to organizations in the community to raise awareness about the opioid epidemic and strategies for preventing deaths
 - \$1.4 million provided to 29 different projects

Enforcement and supply control

- Recommended the development of provincial evidence-based guidelines for first responders and other stakeholders regarding:
 - Remediation of fentanyl-contaminated sites
 - Personal protective equipment for preventing occupational exposure to fentanyl

Collaboration

- **Recommended the Minister fund Indigenous-specific opioid response grants to tackle the crisis at community and provincial levels**
 - **Funding call for Indigenous communities and organizations that serve Indigenous people**
 - **On and off Reserve or Settlement communities**

Additional recommendations

- **The Commission has made additional public recommendations to the Minister related to the following:**
 - **Surveillance: Evaluation of Supervised Consumption Services**
 - **Alberta's Naloxone Program**
 - **Treatment**
 - **Communications**
 - **Ethno-cultural community supports**
 - **Drug checking services**
 - **National Harm Reduction Conference**
 - **Remediation**
 - **Support for the Ministry of Justice and Solicitor General**

Conclusion

- **Alberta has made significant progress in advancing an evidence-based public health approach to substance use**
- **Implementation of MOERC recommendations is ongoing**
- **Looking ahead**

Thank you

Questions or comments: Elaine.Hyshka@gov.ab.ca

Extra slides

Recommendations to Date

- **The Commission has made 26 public recommendations to the Minister related to the following:**
 - **Harm Reduction: Supervised Consumption Services (5)**
 - **Surveillance: Evaluation of Supervised Consumption Services**
 - **Alberta's Naloxone Program (3)**
 - **Treatment (6)**
 - **Supporting Indigenous Communities (2)**
 - **Primary Care**
 - **Communications (2)**
 - **Ethno-cultural community supports**
 - **Overdose prevention sites**
 - **Drug checking services**
 - **National Harm Reduction Conference**
 - **Remediation**
 - **Support for the Ministry of Justice and Solicitor General**

Collaboration

- **Federal Level**
 - **Contributing to national surveillance reporting**
- **Municipal Level**
 - **Work with city counterparts on opioid response initiatives**
- **Indigenous Communities**
 - **Indigenous Action Plan**

Surveillance & Analytics

- **Comprehensive quarterly reporting: *Opioid and Substances of Misuse* reports**
 - **Interim Fentanyl apparent death reporting**
- **Opioids and Substances of Misuse Among First Nations People in Alberta**
 - **First report released November 6, 2017**

Treatment – Regulatory Bodies

- **College of Physicians and Surgeons of Alberta**
 - Made it easier for any physician in Alberta to prescribe Suboxone
- **College and Association of Registered Nurses of Alberta**
 - Nurse Practitioners can prescribe Suboxne