Tackling Alberta’s Opioid Crisis

November 22, 2017
Speakers

• Dr. Nicholas Etches, Medical Officer of Health and Medical Director for Public Health, Calgary Zone, Alberta Health Services
• Dr. Christopher Sikora, Lead Medical Officer of Health, Edmonton Zone, Alberta Health Services
• Dr. Mircea Fagarasanu, Corporate Safety and Employee Health, City of Edmonton
The Opioid Crisis

Alberta Urban Municipalities Association

Nick Etches MD FRCPC – Medical Officer of Health, Calgary Zone
Lead Provincial Medical Officer of Health for Harm Reduction

November 23, 2017
Faculty/Presenter Disclosure

✧ Faculty: Nick Etches

✧ Relationships with commercial interests:
  ✧ Grants/Research Support: none
  ✧ Speakers Bureau/Honoraria: none
  ✧ Consulting Fees: none
  ✧ Other:
    ✧ Practice fee for service Addictions Medicine focused on Opioid Agonist Therapy
    ✧ Part owner of Metro City Medical Clinic Calgary
OPIOIDS

• Opioids: synthetic or natural chemical that binds to opioid receptors
• Nervous system depressants
• Results in euphoria, decreased heart rate, slows down breathing, drowsiness, slow/slurred speech, constricted pupils
• Some examples:
  • Heroin
  • Oxycodone
  • Hydromorphone
  • Hydrocodone
  • Fentanyl
  • Can be sold “hiding” in other drugs - heroin
  • Sold as fake OxyContin (green beans, shady 80’s)
  • Non-pharmaceutical grade is much more toxic than and causes higher rates of respiratory distress and overdose
  • Morphine
  • Methadone
This is not a new problem

- Deaths due to an acute drug toxicity with
  - One or more opioids listed on the ME’s certificate of death
  OR
  - A review of the toxicology database showed one or more opioids present

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Overdose deaths involving fentanyl are increasing

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Overdose deaths by Opioid type

2014 – 120 fentanyl OD deaths
Overdose deaths by Opioid type

2015 – 257 fentanyl OD deaths
In 2015, more Calgarians have died from fentanyl use than traffic collisions and homicides combined.

Your next dose of fentanyl may be your last.

#FentanylKills

Fentanyl awareness ad from Calgary police and Alberta Health Services.

Overdose deaths by Opioid type

2016 – 368 fentanyl OD deaths

2017 = *projected* 482 fentanyl OD deaths

*241 fentanyl OD deaths in the first half of 2017
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<td>TOTAL ALL AGES</td>
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Table 3: Rate (per 100,000 person years) and number of deaths due to an apparent drug overdose related to fentanyl, by place of death, by Zone. Jan. 1, 2016 to Jun. 30, 2017.

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Overdoses are occurring in outside the downtown core

Figure 4: Proportion of apparent drug overdose deaths related to fentanyl, by central urban core/non-central core addresses in the Cities of Edmonton and Calgary, based on the place of death, Jan. 1, 2016 to Dec. 31, 2016.

City of Edmonton

- Central urban core: 20.0%
- Non central urban core: 80.0%

Total deaths included: 95

Edmonton central urban core: Boyle Street, Central McDougall, McCauley, Oliver, Queen Mary Park, Riverdale, Rossdale Cloverdale, Garneau, Strathcona, University of Alberta.
Emergency Department/Urgent Care Centre visits for ICD-10-CA code T40 (Poisoning by narcotics and psychodysleptics [hallucinogens]); 2003 - 2017 (YTD)
ED Visits for Overdose (2016)

Percentage by zone:
- SOUTH: 9.6%
- CALGARY: 29.4%
- CENTRAL: 10.7%
- EDMONTON: 27.1%
- NORTH: 9.6%
- Unknown: 13.6%

Count by gender and zone:
- Male: 700
  - SOUTH: 192
  - CALGARY: 239
  - CENTRAL: 173
  - EDMONTON: 592
  - NORTH: 206
  - Unknown: 381
- Female: 434
  - SOUTH: 177
  - CALGARY: 173
  - CENTRAL: 455
  - EDMONTON: 164
  - NORTH: 145
  - Unknown: 145
British Columbia: Dramatic increase in overdose deaths
Coming to a jurisdiction near you

This remains a North American Phenomenon

- **BC (2016)**
  - 655 fentanyl overdose deaths, 978 drug overdose deaths, 4.63 million population
  - 14.1 fentanyl overdose deaths per 100,000
  - **20.6 drug overdose deaths per 100,000**

- **Alberta (2016)**
  - 368 fentanyl overdose deaths, 586 opioid overdose deaths, 4.25 million population
  - 8.7 fentanyl overdose deaths per 100,000
  - **13.8 opioid overdose deaths per 100,000**

- **United States (2015)**
  - 33,000 opioid overdose deaths, 320.9 million population
  - **10.3 opioid overdose deaths per 100,000**

- **Ontario (2015)**
  - **5.3 opioid overdose deaths per 100,000**

- **European Union (2014)**
  - 5576 opioid overdose deaths in 2014, 505 million population
  - **1.10 opioid overdose deaths per 100,000**

This is a North American Phenomenon

✧ Opioid overdose deaths in North America are ~9 times higher than in Europe, and ~3 times higher than in Australia

Key Points

1. This is a public health crisis
2. This is not going away any time soon
Law Enforcement Challenges

- Number of illicit users
- Distributed supply chain
In 2008, there were **14,800** prescription painkiller deaths.\(^4\)

For every 1 death there are...

- **10** treatment admissions
- **32** emergency dept visits
- **130** people who or are dependent\(^7\)
- **825** nonmedical users\(^7\)
Law Enforcement Challenges

Distributed supply chain
Key Points

1. This is a public health crisis
2. This is not going away any time soon
3. We can’t arrest our way out of this problem
'We can't arrest our way through our addiction problems,' says Calgary police chief

Roger Chaffin says safe consumption sites could be a solution as drug-related crime soars

By Bill Graveland, The Canadian Press  Posted: Apr 12, 2017 2:07 PM MT  |  Last Updated: Apr 12, 2017 3:46 PM MT

Chaffin told students and staff at the college that one solution to the drug crisis could be legal consumption sites where health professionals can oversee the use of drugs and the safety of users. (CBC)
What about detox?

Detoxification vs. Stabilization and Maintenance

For opioid abusers who do not wish to enter treatment or do not qualify for ongoing maintenance therapy, some treatment programs provide medically assisted detoxification services, which involve weaning patients off addictive substances and managing withdrawal. However, research shows such programs are closely associated with relapse. And because tolerance to opioids fades rapidly even during a short period of abstinence, one episode of opioid misuse following detoxification can result in a life-threatening or deadly overdose.
91% of patients in residential detox relapse
Loss of tolerance and overdose mortality after inpatient detoxification were more likely than other patients to have died within a year. No patients who failed to complete detoxification died. Heroin addicts are among former opiate addicts after their release from prison.

Participants, methods, and results
Key Points

1. This is a public health crisis
2. This is not going away any time soon
3. We can’t arrest our way out of this problem
4. We can’t detox our way out of this problem
The ‘First Principles’ of the Opioid Crisis

- We have a large opioid-dependent population (licit and illicit use)
- This is not modifiable in the short-to-medium term
- The illicit supply is toxic
- While opioid dependent individuals are taking illicit opioids (fentanyl, carfentanil etc) we will reliably see high rates of opioid overdose death
The ‘First Principles’ of the Opioid Crisis

• Thus, we need to find mechanisms to provide pharmaceutical-grade opioids to this population
  – Opioid-agonist treatment (methadone, buprenorphine)
  – Supervised injectables (hydromorphone)

• Underwritten by
  – Better surveillance data (so we know who to reach and how)
  – Stigma reduction (so drug users feel safe accessing services)
  – Temporizing measures (naloxone, supervised consumption of illicit drugs)
What Municipalities can do

• Reduce stigma
  – Publicly, repeatedly, and unambiguously position addiction as a health issue and not a criminal one
  – Include people with lived experience on working groups, committees etc, and commit to engaging with them in a meaningful way
  – Consider funding or collaborating on educational campaigns that humanize the issue
Calgary's 1st supervised drug use site to be at Sheldon Chumir Health Centre

Calgary police chief Roger Chaffin said it's important to remember that addiction is not a crime, and that there are many issues at play, including homelessness and mental health.

"It is not a crime to be addicted. Having an avenue to develop relationships with our vulnerable populations will help us find opportunities to get them the treatment they need to find their way out of addiction," he said.
What Municipalities can do

• Collaborate
  – Municipal Leadership, Law Enforcement, Social Services, People Who Use Drugs, Community Organizations, Health
  – Support harm reduction interventions
    • Harm reduction supply distribution (e.g. naloxone kits, new needles)
    • Supervised consumption
  – Facilitate provision of services offering pharmaceutical-grade supply
    • Opioid agonist treatment
    • Treatment with supervised injectables
What Municipalities can do

• Collect data to help plan and evaluate interventions
  – First Responder data on overdoses (e.g. fire, police)
  – Needle debris (Fire), public drug use
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What Municipalities can do

• Education
  – Where to get help
  – ‘Bad Drug’ Alerts
DRUG ALERT

TORONTO, ONTARIO ~ APRIL 29, 2016

THE FACTS:
- "green beanies" showing up on downtown east side
- look like Oxy 80s BUT sandier texture, green colour is different
- sold as FENTANYL
- one overdose reported in person experienced with opioids

THINGS YOU CAN DO TO INCREASE YOUR SAFETY:
- DON'T assume your tolerance will protect you from overdose
- USE ONLY A TINY AMOUNT for your first hit
- USE AMONG OTHERS but not at the same time (be ready to help each other)
- PLEASE CALL 911, life is precious (clear drugs & equipment before help arrives)

FOR ALL OPIATE OVERDOSES: CALL 911! USE NALOXONE! PERFORM CPR!

GET NALOXONE from The Works
Call 416 392 0520 for info
What Municipalities can do

• Support and work with local organizations providing services
  – Harm reduction and social service agencies
  – Organizations representing People Who Use Drugs
  – Peer groups
  – Health Providers
yes. it does suck.
BUT!
we’re in this together.
QUESTIONS & ANSWERS

Thank you for your time!
Opioid overdose crisis response

Addressing Root Causes

- Take Home Naloxone Program
- Minister’s Opioid Emergency Response Commission
- Community-based needs assessment
- Expanded treatment access
- Enforcement
- Supervised Consumption Services

Supervised consumption services
What is Harm Reduction?

Policies, programs and practices that aim primarily to reduce the adverse health, social or economic consequences of the use of legal and illegal psychoactive substances without necessarily reducing consumption.
Public Health and Drug Policy

“The Paradox of Prohibition” - adapted from Marks

- Unregulated criminal market
- Unregulated market
- Direction of cannabis policy
- Direction of alcohol/tobacco policy
- Social and health harms
- Drug policy spectrum
- Ultra prohibition
- Prohibition with harm reduction/decriminalisation
- Strict legal regulation
- Light market regulation
- Commercial promotion
I DON'T PROMOTE DRUG USE.
I DON'T PROMOTE CAR
ACCIDENTS EITHER, BUT I STILL
THINK SEATBELTS ARE A GOOD IDEA.

Harm Reduction - practicing common sense since the 1980's.
Harm reduction

“The CNA and CANAC recognize harm reduction as a pragmatic public health approach aimed at reducing the adverse health, social and economic consequences of at-risk activities…”

(CAN and CANAC Joint Statement on Harm Reduction)

“The CMA fully endorses harm reduction strategies and tools, including supervised injection sites…CMA’s position is that addiction should be recognized and treated as a serious medical condition.”

(Review of the Controlled Drugs and Substances Act, Canadian Medical Association, March 2014)

“The WHO strongly supports harm reduction as an evidence-based approach to HIV prevention, treatment and care for people who inject drugs.”

(Evidence for Action Technical Papers: Effectiveness of Sterile Needle and Exchange Programming in Reducing HIV/AIDS in Injecting Drug Users)
Harm Reduction

AHS policy:
“Alberta Health Services recognizes the value of harm reduction as an important component in the continuum of care required to effectively serve individuals that use psychoactive substances. Alberta Health Services may directly, or in partnership with community agencies, provide a range of harm reduction programs and services that assist individuals, families and communities to reduce the risk and adverse consequences of psychoactive substance use.” (2013)
Calgary’s 1st supervised drug use site to be at Sheldon Chumir Health Centre

Calgary police chief Roger Chaffin said it's important to remember that addiction is not a crime, and that there are many issues at play, including homelessness and mental health.

"It is not a crime to be addicted. Having an avenue to develop relationships with our vulnerable populations will help us find opportunities to get them the treatment they need to find their way out of addiction," he said.
Evidence-based options

1. Community-Based Naloxone
2. Opioid Dependency Treatment (methadone, buprenorphine)
3. Supervised Consumption Sites

**These are all forms of harm reduction**
Community-Based Naloxone

• Naloxone is a medication that reverses the effects of an overdose from opioids
  ◦ On the WHO list of essential medicines
• Not a controlled substance
• IM or intranasal formulations
• Comes with training
• No longer requires a prescription in Alberta
Areas implementing THN had fewer deaths from opioid overdoses

46% reduction in overdose deaths with high THN implementation
CBN update (September 30, 2017)

• 30,972 overdose response Kits dispensed (cumulative total including ACCH)
  – Non-ACCH Sites: 16 565
  – ACCH: 14 407
• 1 326 Registered Sites
• 2 330 Reversals Reported
Supervised consumption services are a place where people can use drugs in a monitored, hygienic environment to reduce harm from substance use while offering additional services such as counselling, social work, and opioid-dependency treatment.
Supervised Consumption Services

- Supervised consumption services reduce:
  - overdose deaths
  - ambulance call outs
  - transmission of diseases and infections
  - public substance use
  - discarded needles
35% reduction in overdose fatality rate near Insite; 9.3% reduction farther away

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Table 2: Overdose mortality rate in Vancouver between Jan 1, 2001, and Dec 31, 2005 (n=290), stratified by proximity to the SIF and after (Sept 21, 2003, to Dec 31, 2005) the opening of the Vancouver SIF. The location of death was determined from provincial coroner records. We compared overdose fatality rates within an a priori specified 500 m radius of the SIF and for the rest of the city.
Supervised consumption services

Reduced ambulance call outs

Figure 2 Ambulance attendances at opioid-related overdoses in immediate and neighbouring Medically Supervised Injecting Centre (MSIC) areas, within opening hours: May 1998–April 2006
Improvement in public order

European Monitoring Centre for Drugs and Drug Addiction

For example, in Barcelona, a fourfold reduction was reported in the number of unsafely disposed syringes being collected in the vicinity from a monthly average of over 13 000 in 2004 to around 3 000 in 2012 (Vecino et al., 2013).
Changes in public order after the opening of a medically supervised safer injecting facility for illicit injection drug users

Evan Wood, Thomas Kerr, Will Small, Kathy Li, David C. Marsh, Julio S.G. Montaner, Mark W. Tyndall

Abstract

**Background:** North America’s first medically supervised safer injecting facility for illicit injection drug users was opened in

© 2004 Canadian Medical Association or its licensors
Improvement in public order

Changes in public order after the opening of a medically supervised safer injecting facility for illicit injection drug users

Evan Wood, Thomas Kerr, Will Small, Kathy Li, David C. Marsh, Julio S.G. Montaner, Mark W. Tyndall

The survey protocol involved measuring specified public order indicators within a predefined geographic area and at predefined times of the week during the 6 weeks before and the 12 weeks after the facility opened. Specifically, we obtained maps of the neighbourhood’s network of roads and alleyways and selected a pre-defined study area consisting of the 10 city blocks that surrounded the safer injecting facility.
SCS do not increase crime

Pre-SIF period = time before Safe Consumption Site operation
SCS do not increase crime

Figure 2. Number of theft\textsuperscript{a} incidents in Kings Cross LAC and in the rest of Sydney: Jan 1999 to Mar 2010

\textsuperscript{a} Theft includes break and enter, receiving stolen goods, vehicle theft, stealing, fraud and other theft
Supervised Consumption Services

• Supervised consumption services increase:
  • referral to social and health services
  • detox use
  • long term addiction treatment
  • client hygiene and cleanliness
Supervised consumption services

Improvement in treatment access

The SIF’s opening was associated with a 30% increase in detoxification service use, increased rates of long-term addiction treatment initiation and reduced injecting around the SIF.

-Wood et al. 2007
Exemptions approved

• Lethbridge (ARCHES)
• Edmonton (AMSISE)
• Edmonton (AHS – RAH)
• Calgary (AHS)
AUMA Opioid Presentation
City of Edmonton
Understanding Edmonton

Edmonton Population

- 899,477 (Municipal Census, 2016)
- Over 1.3 million in the Capital Region
- Average age = 37.7
- Average Edmonton Household Income = $57,360
- Edmonton Area Unemployment Rate = 8.7%*

*three-month moving average – seasonally adjusted

Population 20 Years and Over by Highest Level of Schooling

- Less than Grade 9 = 7%
- Grades 9 to 13 = 29%
- Trade Certificate or Diploma = 13%
- College = 24%
- University = 27%
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- Community services
- Fire and Police, Housing
- Community development

- Needle Exchange, Supervised consumption
- Housing, Advocacy, user communities
- Public participation

- Research
- Knowledge translation
- Expertise

- Mental health
- Public health, Harm reduction
- Acute care services Surveillance

- Funding
- Policy Coordination
City of Edmonton

The City of Edmonton is comprised of:
- 14,000 employees (almost 10000 permanent positions)
- 7 departments with 33 branches

City workers provide citizens with a number of front-line services:

- Fire Rescue
- Social Work and Community Outreach
- Parks and Recreational Facilities
- Bus and Light Rail Transportation
- Roadway Maintenance
- Waste Management
- Bylaw Enforcement.
AUMA Opioid Presentation

Focus on:
- Common purpose
- Communication
- Collaboration
- Consistency

Supported by:
- Data/information sharing

Supported by:
- City of Edmonton
- Alberta Health Services
- Community Agencies
Emergency Department visits (all opioid related) - 922
(City of Edmonton) January to June, 2017
  - Slightly decreasing trend over the last 3 months

Emergency Medical Services responses (all opioid related) – 441
(City of Edmonton) January to June, 2017
  - Slightly decreasing trend over the last 3 months
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Edmonton ED visits (all opioid related)
Jan to Jun 2017, by Local Geographic Area*

Edmonton ED visits (all opioid related)
Jan to Jun 2017, by Local Geographic Area*
EMS responses (all opioid related)
Jan to Jun 2017 by Local Geographic Area*
## AUMA Opioid Presentation

**Fentanyl related deaths**

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**South**

**Calgary**

**Central**

**Edmonton**

**North**

**Cumulative total**

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**BUILDING A SAFER CITY**

**OCCUPATIONAL HEALTH & SAFETY**

Edmonton
AUMA Opioid Presentation

Alberta Ministry-lead Opioid Emergency Response Commission, under the Opioid Emergency Response Regulation in the Public Health Act was created in May 2017

- This commission will oversee and implement urgent coordinated actions on the opioid crisis
- With focus on the following 6 strategic areas:
  1. Harm-reduction Initiatives
  2. Treatment
  3. Prevention
  4. Enforcement and Supply Control
  5. Collaboration
  6. Surveillance and Analytics
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Responding to the Opioid Crisis

Key (local) areas of work include:

1. Expansion of mental health services
2. Take home Naloxone expansion into community/workplace, needle exchange
3. Support for Supervised Consumption Services (3 community + 1 hospital approved)
4. Community Engagement around overdose
5. Data sharing initiatives
AUMA Opioid Presentation

Responding to the Opioid Crisis

City of Edmonton Approach

- February, 2017, Edmonton Fire Rescue Services (EFRS) to carry Naloxone injection kits as per Ministerial Order
- Assessed several groups for level of risk based on the BC Naloxone Risk Assessment
- Determined employee risk groups who may come into contact with consequences of overdose:
  - Peace Officers
  - Park Rangers
  - Municipal Enforcement Officers
  - Transit Peace Officers
- Other groups were identified as low risk
City of Edmonton Approach for Higher Risk Groups

The hazard assessments have been updated to include the following control measures:

- Awareness training, including assessment of scene/environment for signs of synthetic opioids.
- If individual is unresponsive, call 911.
- Involving appropriate law enforcement if large amount of drugs and paraphernalia.
- Wear appropriate personal protective equipment (PPE) e.g. eye protection, double nitrile gloves, N95 fit tested respirator, Tyvek coveralls and booties, as suggested by the scene/environmental assessment.
- Supporting established first response protocols, including appropriate cardio/pulmonary support
- Submit a near miss report.
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Responding to the Opioid Crisis

City of Edmonton Approach

- Currently exploring the possibility of **expanding** the control measures for the **higher risk groups**:
  - Naloxone nasal spray (Narcan) for own use
  - Training for Narcan administration
  - Ensure employees are aware of EFAP
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Utilization of a holistic community-focused approach by all partners:
Focus on:

- Neighborhoods and physical environments (housing, safety)
- Education (workplace, public, health care settings)
- Health Equity
- Community context (integration, engagement, support)
- Harm reduction
- Reorienting health care services
AUMA Opioid Presentation

Key Learnings and Next Steps

Multiple other initiatives intended to address community building

- End Poverty Edmonton
- Mental Health expansion
- Transitioning to community-oriented health services
- Permanent Supportive Housing
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Key Learnings and Next Steps

Never underestimate the need to communicate (eg. Edmonton-based Supervised consumption services)

- Community-led initiative (COE, AHS, community, users, FD, PD, GOA)
- Support from Police, City, Ministry
- Local engagement undertaken

Proposed City/AHS facilitation engagement committee

Need to focus on local/community effects
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Key Learnings and Next Steps

- Quarterly updates to Council
- Engaging the Executive Leadership Team
- Constant communication and collaboration with
  - City of Calgary
  - City of Vancouver
  - Alberta Health Services
  - Alberta Municipal Health and Safety Association (AMHSA)
  - Internally: Fire, Police, other stakeholders
- Sharing information, learning from each other, addressing emerging trends
Questions