

Leading
through 
Change

Tackling Alberta's Opioid Crisis

November 22, 2017

2017 AUMA Convention & AMSC Trade Show

November 22 - 24 | Calgary TELUS Convention Centre



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**

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

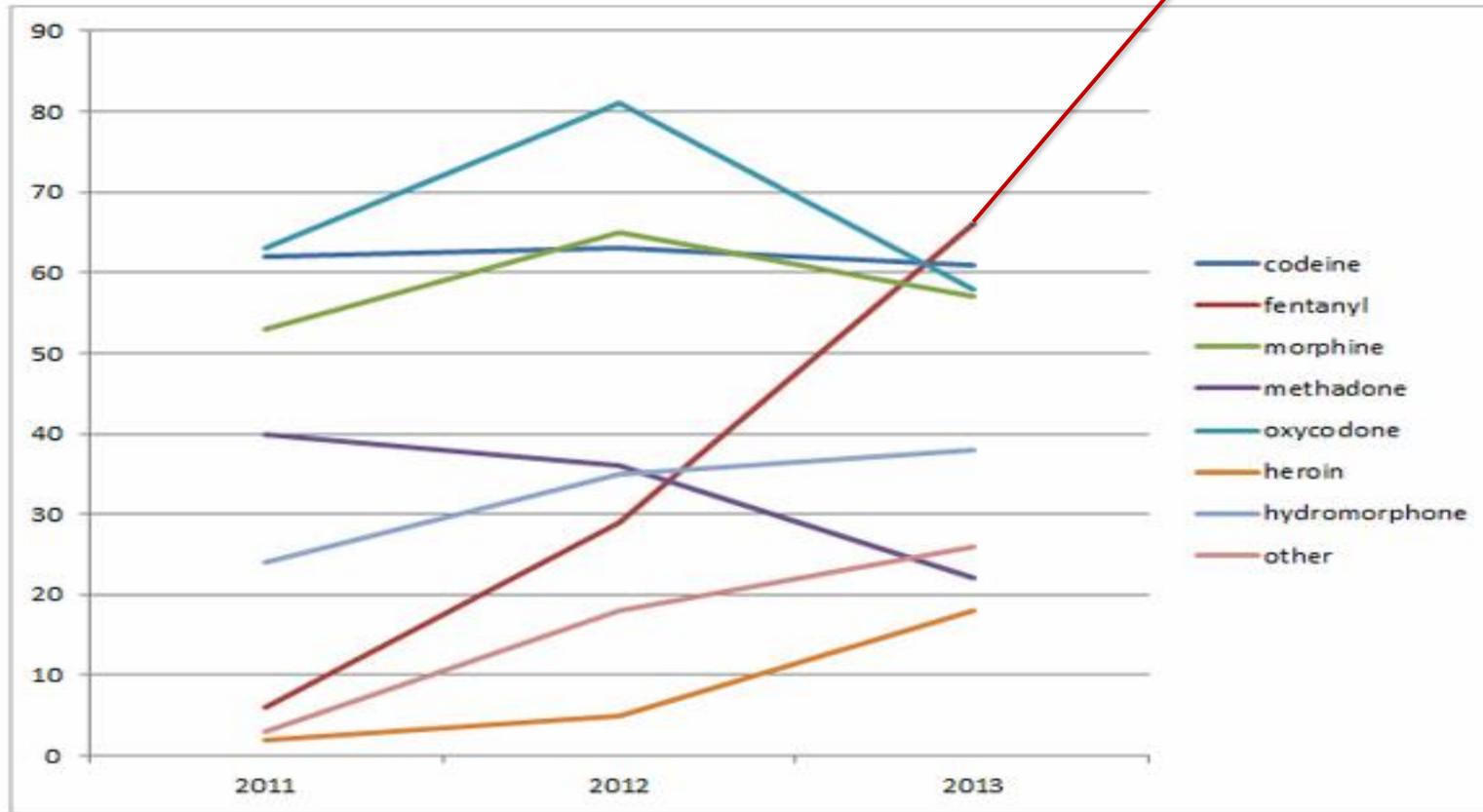
Year	Edmonton	Calgary	Rural (4)	Total
2011	68	48	97	213
2012	77	69	125	271
2013	68	84	139	291

Overdose deaths involving fentanyl are increasing

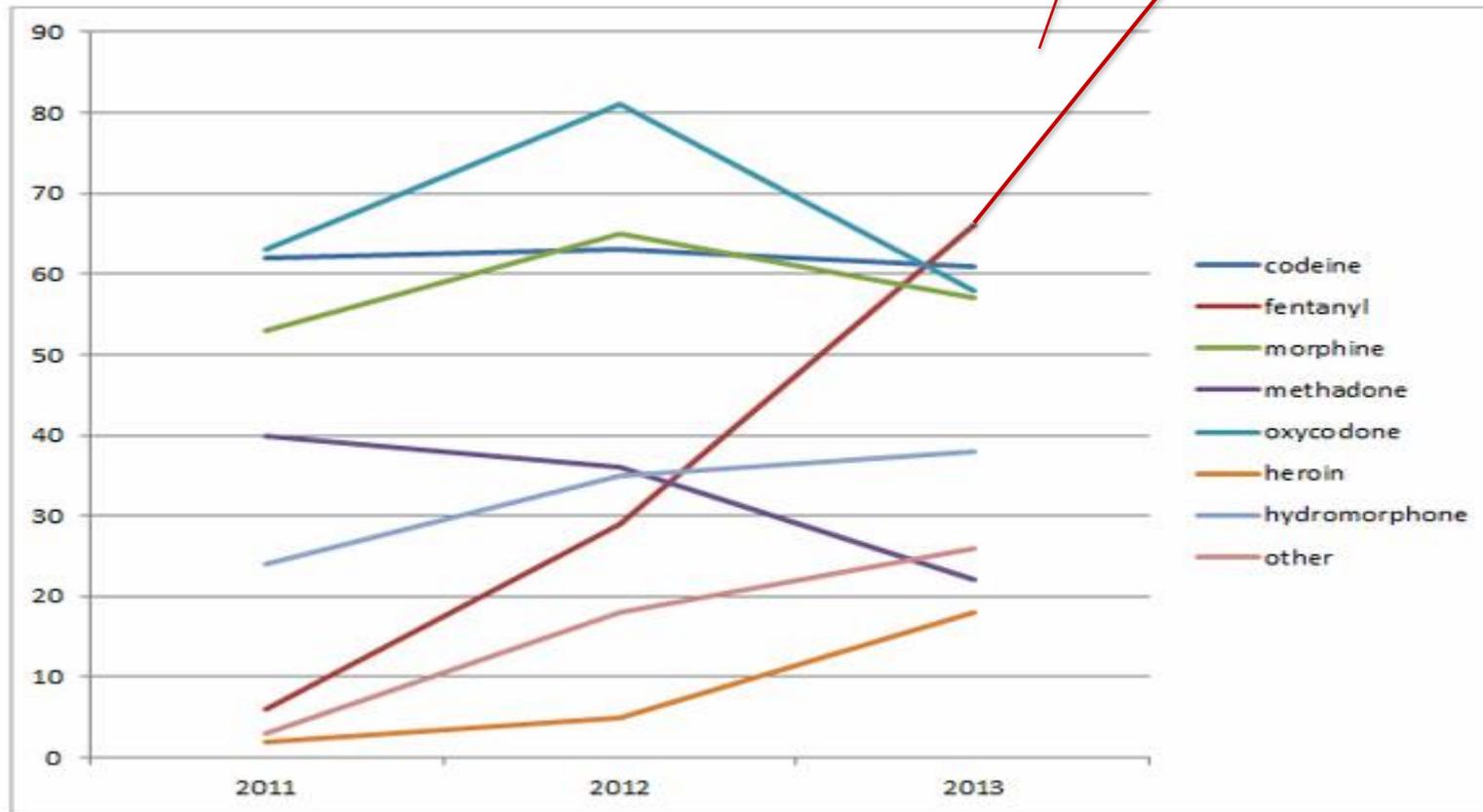
Year	Edmonton	Calgary	Rural(4)	Total
2011	3	0	3	6
2012	7	6	16	29
2013	12	21	33	66
2014	38	29	53	120
2015	75	90	107	272
2016	112	152	85	349
2017				241 (Q1 and Q2 only)

2014 – 120 fentanyl OD deaths

Overdose deaths by Opioid type



Overdose deaths by Opioid type





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



CALGARY
POLICE
SERVICE

Fentanyl awareness ad from Calgary police and Alberta Health Services.

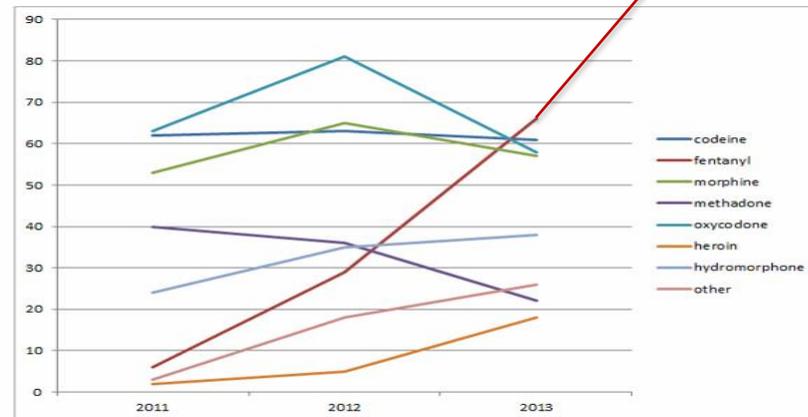
<http://calgaryherald.com/news/crime/calgary-man-charged-with-smuggling-fentanyl-from-china>

2017 – *projected* 482 fentanyl OD deaths

*241 fentanyl OD deaths in the first half of 2017

Overdose deaths by Opioid type

2016 – 368 fentanyl OD deaths



AGE RANGE	2011			2012			2013			2014		
	M	F	T	M	F	T	M	F	T	M	F	T
AGE 0-4	0	0	0	0	0	0	0	0	0	0	0	0
AGE 5-9	0	0	0	0	0	0	0	0	0	0	0	0
AGE 10-14	0	0	0	1	0	1	0	0	0	0	0	0
AGE 15-19	2	0	2	6	3	9	1	1	2	3	0	3
AGE 20-24	7	2	9	12	8	20	28	9	37	18	1	19
AGE 25-29	19	3	22	21	14	35	27	12	39	26	6	32
AGE 30-34	12	11	23	15	11	26	26	14	40	21	12	33
AGE 35-39	12	9	21	14	8	22	16	6	22	15	9	24
AGE 40-44	19	10	29	17	19	36	18	10	28	13	10	23
AGE 45-49	21	8	29	25	20	45	25	16	41	8	4	12
AGE 50-54	20	16	36	19	12	31	18	15	33	12	13	25
AGE 55-59	13	4	17	16	10	26	10	11	21	8	12	20
AGE 60-64	11	7	18	4	7	11	12	6	18	6	3	9
AGE 65-69	1	4	5	3	3	6	4	3	7	3	3	6
AGE 70-74	0	1	1	2	0	2	1	1	2	1	1	2
AGE 75-79	0	1	1	0	1	1	0	0	0	0	0	0
AGE 80-84	0	0	0	0	0	0	0	1	1	0	0	0
AGE 85-89	0	0	0	0	0	0	0	0	0	0	0	0
AGE 90+	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL ALL AGES	137	76	213	155	116	271	186	105	291	134	74	208

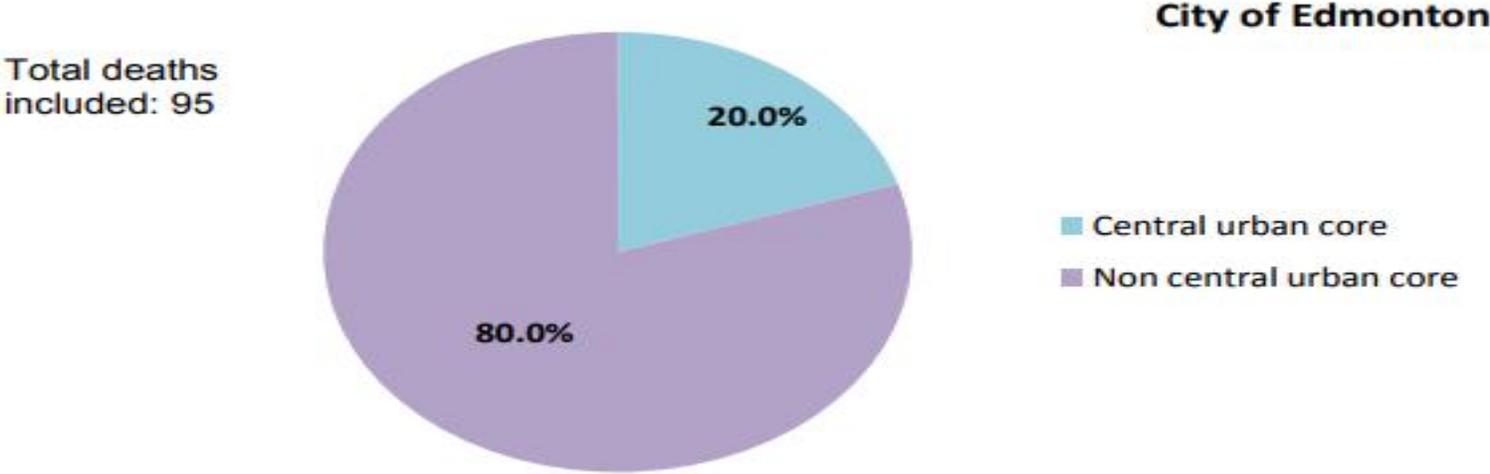
Table 3: Rate (per 100,000 person years) and number of deaths due to an apparent drug overdose related to **fentanyl**, by place of death, by Zone. Jan. 1, 2016 to Jun. 30, 2017.

	2016		2017 YTD*	
	Count	Rate	Count	Rate
South Zone	17	5.6	11	7.2
Calgary Zone	162	10.0	107	13.1
Central Zone	39	8.1	15	6.2
Edmonton Zone	118	8.7	80	11.7
North Zone	32	6.5	28	11.4
Alberta	368	8.7	241	11.3

<https://open.alberta.ca/dataset/1cfed7da-2690-42e7-97e9-da175d36f3d5/resource/5b2cbe3f-ea27-4688-bdde-d630ee770ba0/download/Opioids-Substances-Misuse-Report-2017-Q2.pdf>

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.



Edmonton central urban core: Boyle Street, Central McDougall, McCauley, Oliver, Queen Mary Park, Riverdale, Rossdale Cloverdale, Garneau, Strathcona , University of Alberta.

Emergency Department/UrgentCare Centre visits for ICD-10-CA code T40 (Poisoning by narcotics and psychodysleptics [hallucinogens]); 2003 - 2017(YTD)

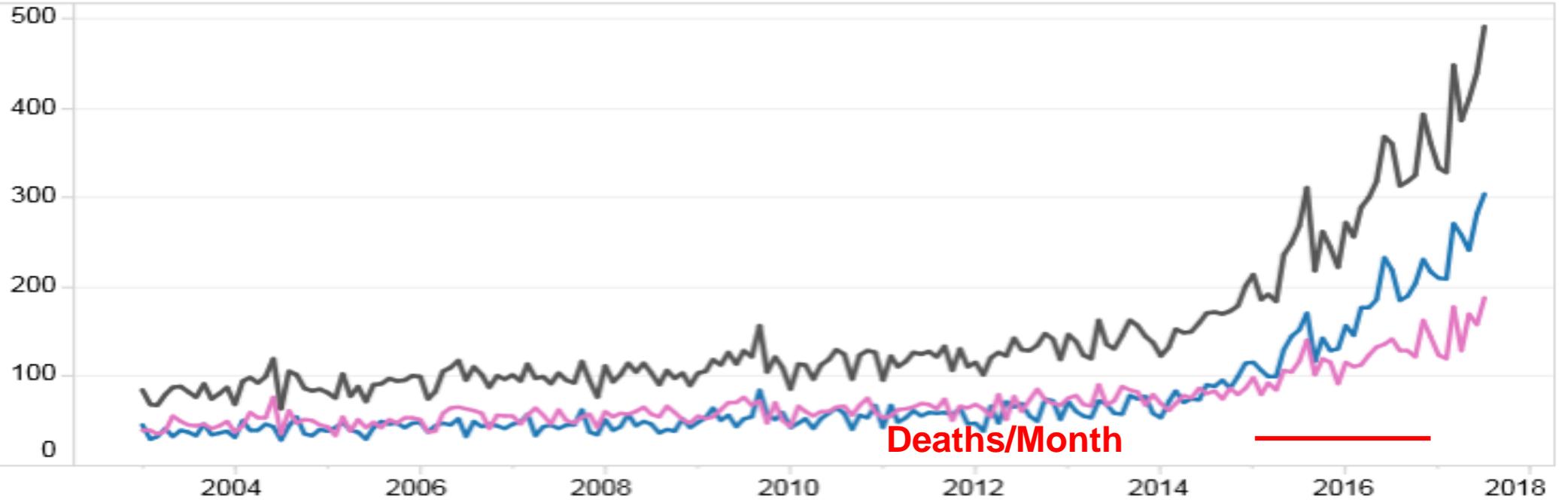
Display

by gender

and by

Month

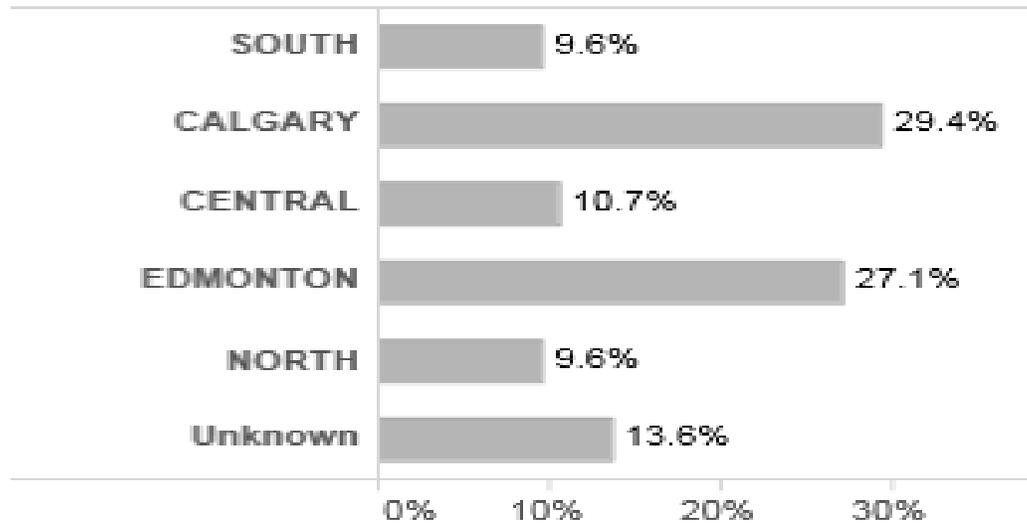
Alberta



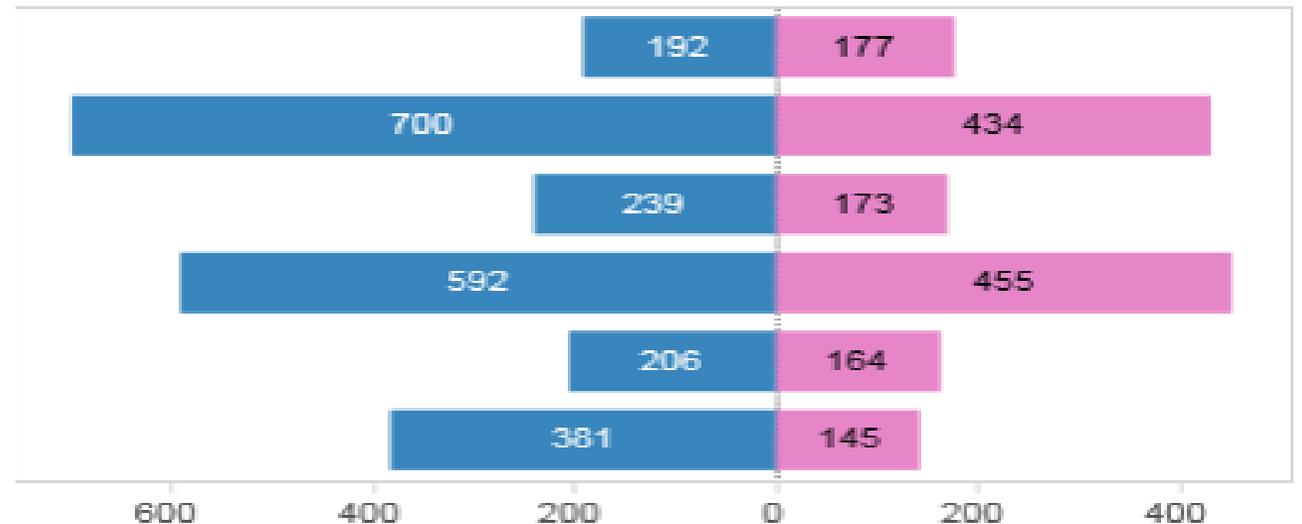
Deaths/Month

ED Visits for Overdose (2016)

Percentage by zone



Count by gender and zone



Emergency Department/UrgentCare Centre visits for ICD-10-CA code All; 2003 - 2017 (YTD)

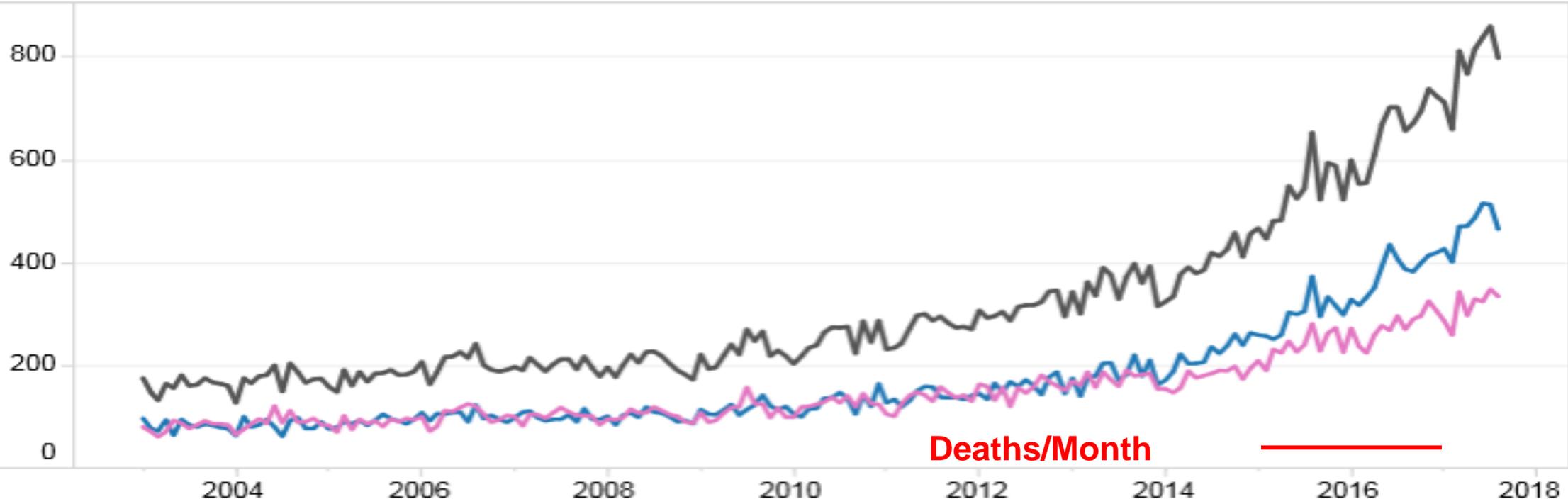
Display

by gender

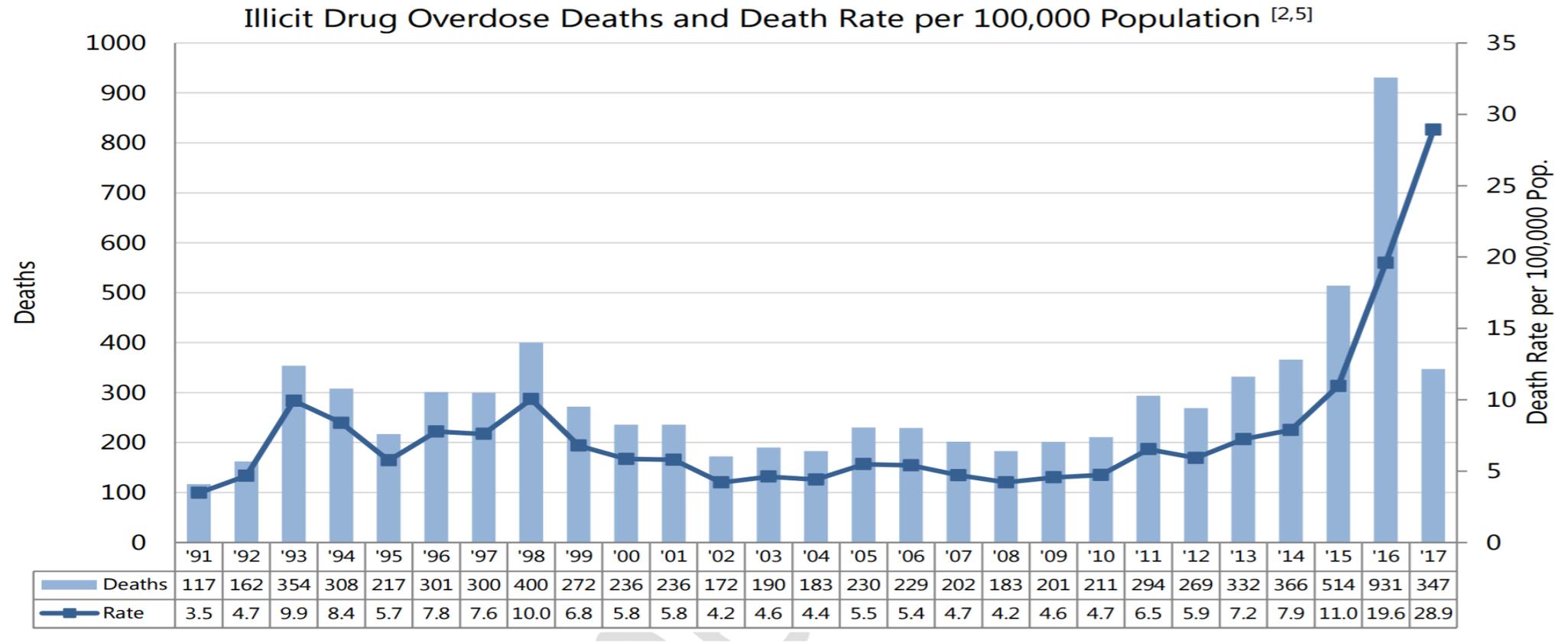
and by

Month

Alberta

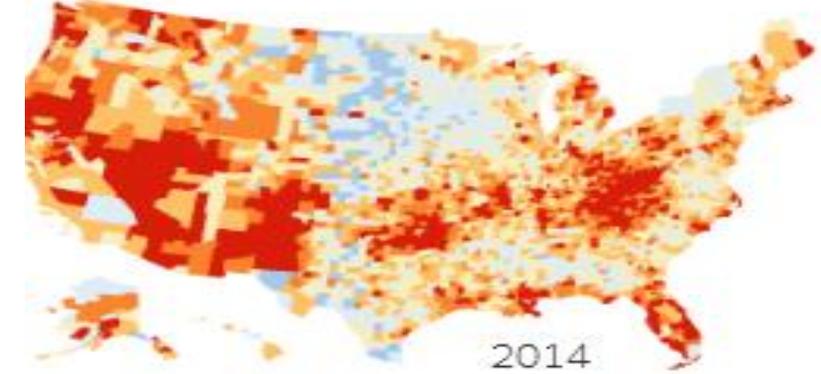
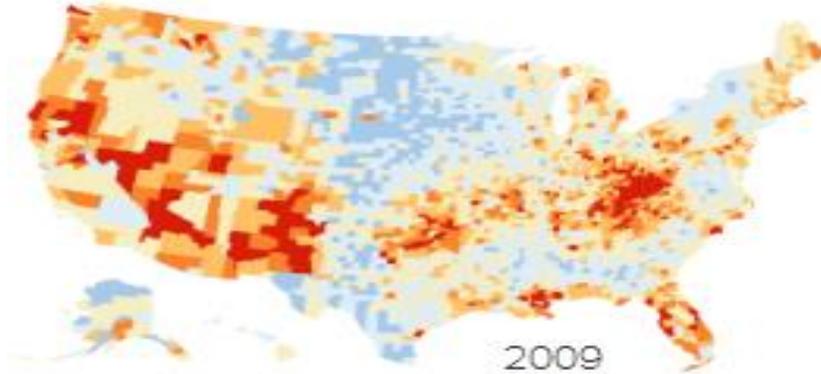
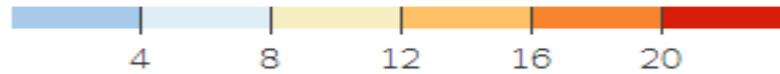


British Columbia: Dramatic increase in overdose deaths



Coming to a jurisdiction near you

Overdose deaths per 100,000



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

<https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/NDARC%20BULLETIN%20Opioid%20Deaths%202012.pdf>

<http://www.emcdda.europa.eu/system/files/publications/2637/TDAT16001ENN.pdf>

<http://odprn.ca/wp-content/uploads/2016/11/ODPRN-Opioid-Use-and-Related-Adverse-Events-Nov-2016.pdf>

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 dependent⁷

825
nonmedical
users⁷

Law Enforcement Challenges

https://www.benzochemicals.com/?product=acetylfentanyl



Sign In | Join Free | Buy Now | Sell Now | My EC21 | Community | Help

Products | Selling Leads | Buying Leads | Companies | Global Buyer DB | Post Your Products

acetyl fentanyl | All Categories | Search | Advanced Search

Categories
Pharmaceutical Intermediates (62)
Drugs (2)
Other Chemicals (1)

Group Products
All Products
1 Product Per Company

Search Options
Select Certification
 Show Premium Suppliers
Search

Subscription
 Trade Alert
Notify me of new acetyl fentanyl info.
 RSS Feeds

My Recent History

Products > acetyl fentanyl : 65 Products found from 56 Suppliers & Manufacturers

Supplier Country
United States (57) | Ukraine (5) | United Kingdom (1) | Russia (1) | More Countries

View as [List] [Grid] | (1-20 out of 56) | Show : 20 40 50

 **AcetylfentanylII, Acetyl-fentanylII Powder(ACE,CHINA WHITE)Call or Text 301-800-0012**

Place of origin: China
Min. Order: 50 grams
Price Condition: FOB

AcetylfentanylII, Acetyl-fentanylII Powder(ACE,CHINA WHITE)Call or Text 301-800-0012 we have high purity acetylfentanylII in stock.Purity is at least 99%.We have two colors in stock presently that is the white and the...

[Related Keywords : AcetylIIfentanylII]

RC King Tradings Llc [Supplier]
United States
TRADE PRO since 2015
Contact Now

 **#AcetylfentanylII/ Acetyl FentanylII**

Place of origin: United States
Min. Order: 20 grams
Price Condition: FOB USA

Acetylfentanyl (acetyl fentanyl) is an opioid analgesic medication that is certainly a great analog associated with fentanyl. Numerous studies projected acetylfentanyl is actually around 5 to 15 times...

[Related Keywords : research checmical, chemicals, drugs]

RC- Pharmaceuticals [Supplier]
United States
Contact Now

Looking for acetyl fentanyl ?

You've come to the right place. This page is your acetyl fentanyl one-stop source for the competitive price and quality. If you have a difficulty finding a right supplier, post your Buying Leads for FREE now!

Sponsored Sites

SAMMY dress

HOODIE FOR MEN



\$9

Recommended dosage: few milligrams. Please be careful and do your research.

Viagra Powder (99%+ Pure) \$39.97-\$799.97

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



LIVE Calgary More Streams
The Homestretch
Listen Live

'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)

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\$56 @ 1.99% \$0 + \$750
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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.²⁷ 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

Lapse and relapse following inpatient treatment of opiate dependence.

[Smyth BP¹](#), [Barry J](#), [Keenan E](#), [Ducray K](#).

+ Author information

Abstract

We conducted a prospective follow-up study of consecutive opiate dependent patients admitted to a residential addiction treatment service for detoxification. We measured the rate of relapse following discharge, and sought to identify factors that were associated with early relapse (i.e., a return to daily opiate use). Follow-up interviews were conducted with 109 patients, of whom, 99 (91%) reported a relapse. The initial relapse occurred within one week in 64 (59%) cases. Multivariate survival analysis revealed that earlier relapse was significantly predicted by

What about detox?

Loss of tolerance and overdose mortality after inpatient

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Patients who “successfully” completed 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

Participants, methods, and results

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fessor and director
Jim McCambridge
senior research worker
David Best

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

CBCnews | Calgary



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Canada **Calgary**

Calgary's 1st supervised drug use site to be at Sheldon

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.



Associate minister of health Brandy Payne, flanked by Calgary police chief Roger Chaffin on the left and Calgary Mayor Naheed Nenshi, announced a plan Wednesday to open a supervised drug use site in Calgary. (CBC)

Deer

Wednesday	Thursday	Friday	Saturday
			
18°C	19°C	24°C	23°C

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



Alberta
Government

www.albertahealthservices.ca

Alberta
Health Services

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

307 Naloxone Administered as action taken by Station

Start Date: 12/13/16 (fixed)

End Date: 11/6/17

Total Patients Administered Naloxone: 288

Rate of Naloxone Administered: 0.88 patients per day

Station	2016	2017	2017	2017	2017	2017	2017	2017	2017	2017	2017	2017	Total
	12	01	02	03	04	05	06	07	08	09	10	11	
	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	
01	7	3	2	7	2	2	5	3	1		3		35
02	3	4	5	1	4	2	2	4	6	9	2		42
04		1	1	2				2					6
05	1	1	2		3	3	4		1	1	1		17
06			2	1	3	1				1			8
07	1	1			2		1	1	2				8
08	1	2	1			1		2		1	2		10
09				1			2						3
10			1	1		2	2	2	4	2	1		15
11				2	2		1	1	7	5			18
12	2	1	3		2	1	1	4	5	6			25
14			3	2	3	2	1	1	1	1			14
15	1	2	1	1	2	1	2	2	1	1	2	1	17
17							1		1				2
18				1									1
19								1					1
20						1							1
22	1	2	2		2	2	2	1	2		1		15
23			2			1	3		2	3			11
25	1	2					1					1	5
26								1					1
28	1			1	1						1		4
30	1						3	1		1			6
31										1		1	2
32	1									1			2
33	1							1		1	1	1	5
34						1							1
35									1				1
37	1						1			2			4
38								1	1				2
39					1	1			1				3
40								1		1			2
41			1										1
Sum Mo	23	19	26	20	27	21	32	29	36	37	14	4	288

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:

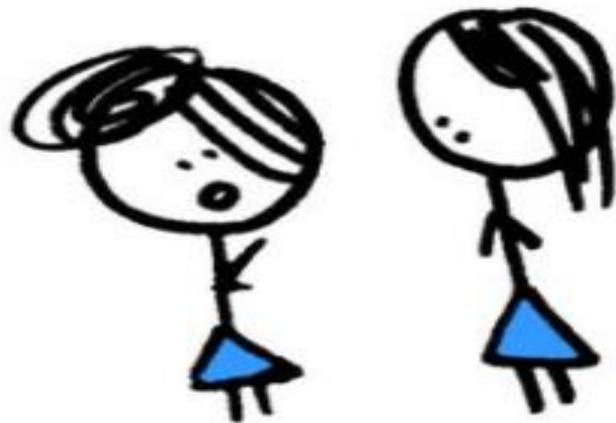
- DON'T assume your tolerance will protect you from overdose
- USE ONLY A TINY AMOUNT for your first hit
- USE AMONG OTHERS but not at the same time (be ready to help each other)
- PLEASE CALL 911, life is precious (clear drugs & equipment before help arrives)

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

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

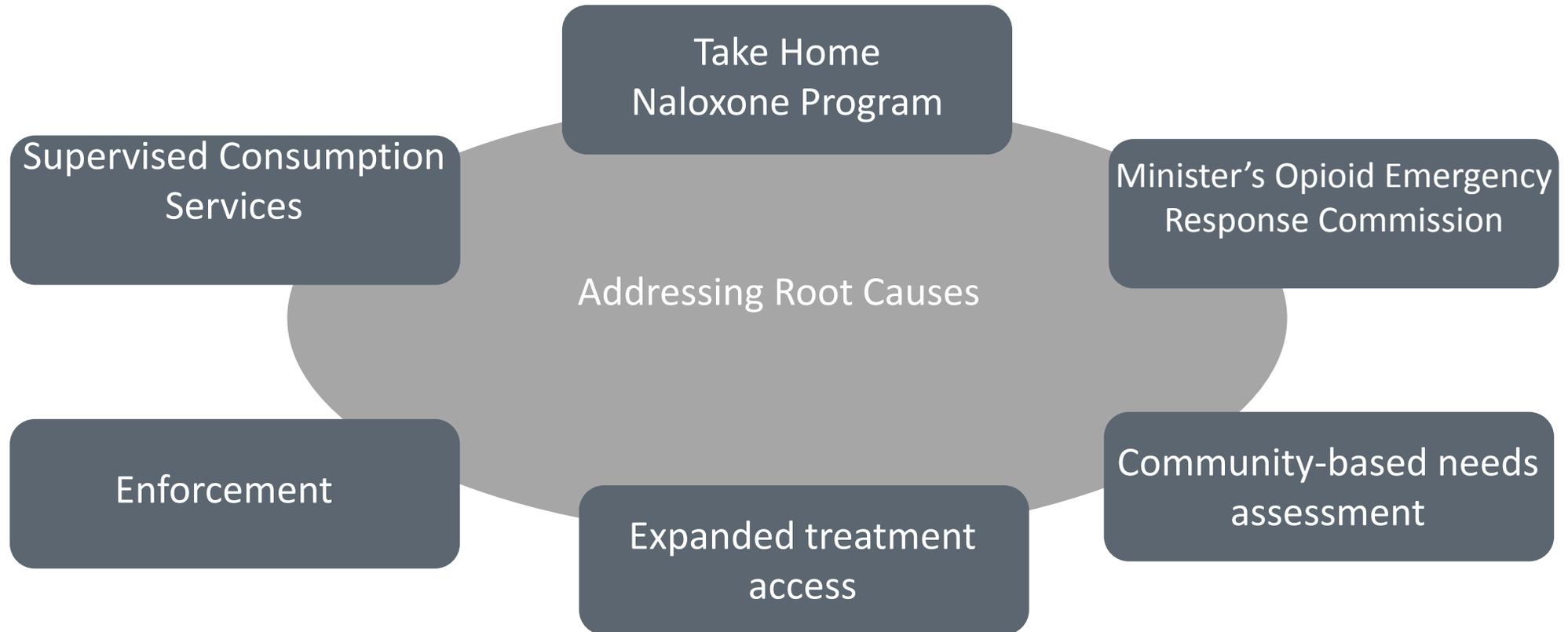
yes. it does suck.
BUT!
we're in this
together.



QUESTIONS & ANSWERS

Thank you for your time!

Opioid overdose crisis response

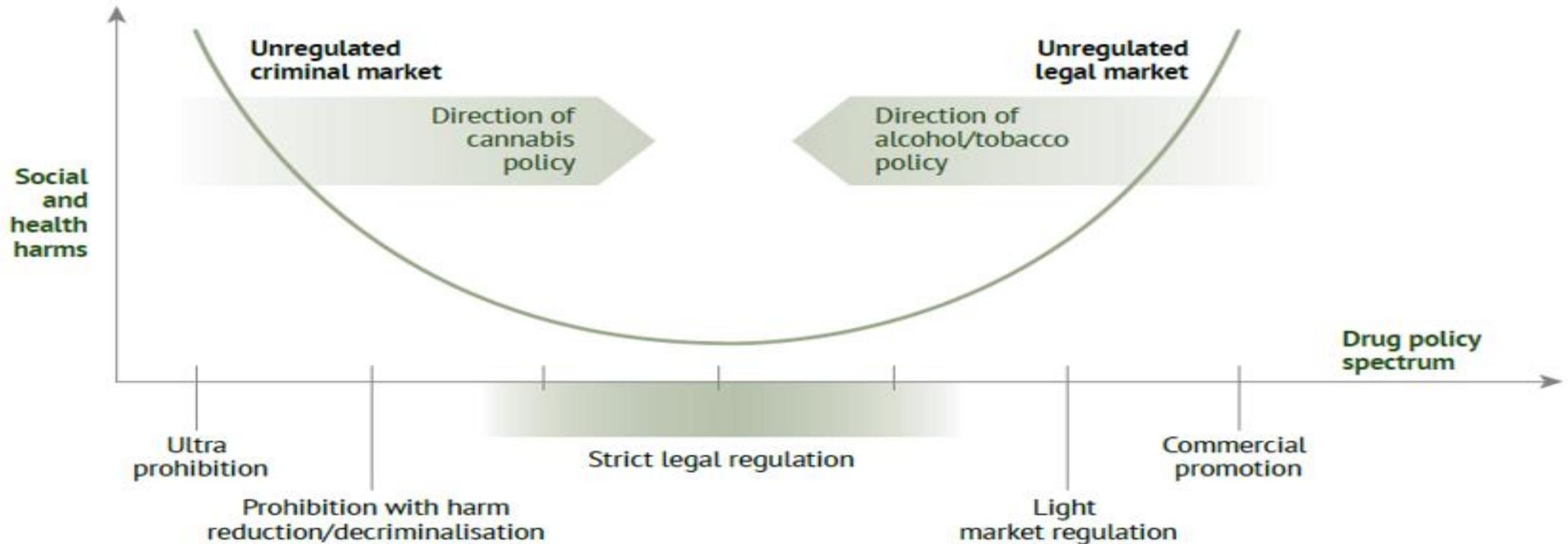


What is Harm Reduction?

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



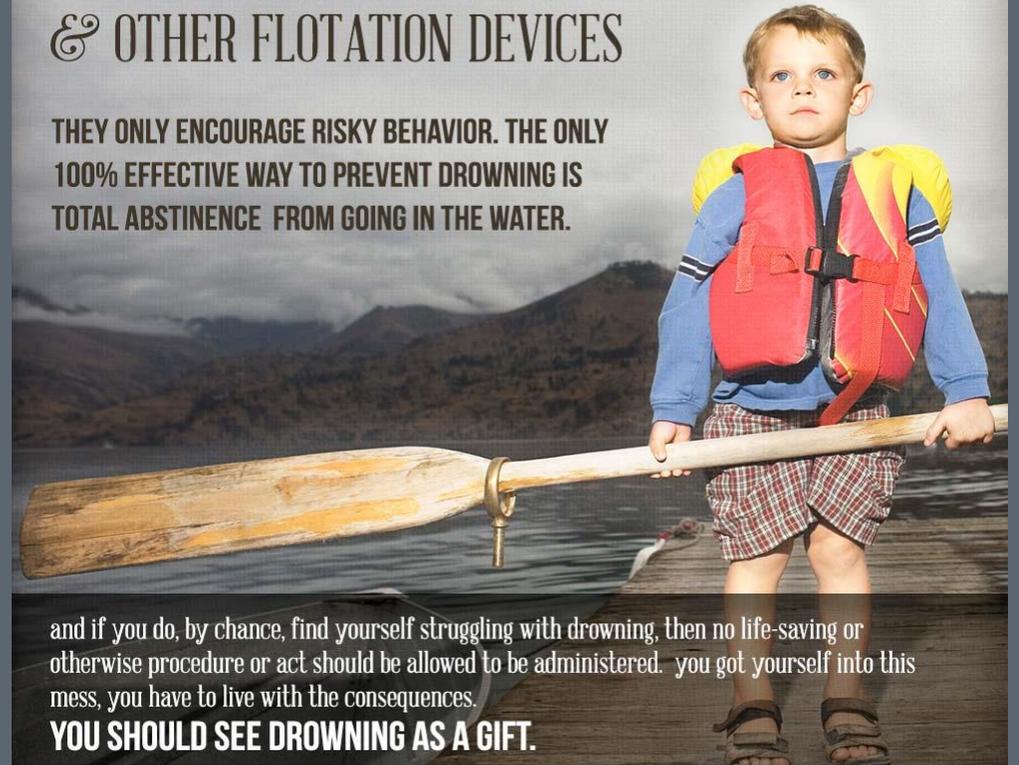
I DON'T PROMOTE DRUG USE.
I DON'T PROMOTE CAR
ACCIDENTS EITHER, BUT I STILL
THINK SEATBELTS ARE A GOOD IDEA.

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

WE SHOULD BAN LIFE JACKETS & OTHER FLOTATION DEVICES

care2
<http://bit.ly/ban-floaties>

THEY ONLY ENCOURAGE RISKY BEHAVIOR. THE ONLY
100% EFFECTIVE WAY TO PREVENT DROWNING IS
TOTAL ABSTINENCE FROM GOING IN THE WATER.



and if you do, by chance, find yourself struggling with drowning, then no life-saving or otherwise procedure or act should be allowed to be administered. you got yourself into this mess, you have to live with the consequences.

YOU SHOULD SEE DROWNING AS A GIFT.

ALSO, IF YOU WERE FORCIBLY **PUSHED** INTO THE WATER, **DON'T WORRY**. IF IT WAS A LEGITIMATE PUSHING, **YOUR BODY WILL FIND A WAY TO SHUT OUT ALL THE WATER AND SURVIVE THE DROWNING.**

original source: <http://breanieswordvomit.tumblr.com/>

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 Dugs 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)

Sheldon M. Chumir Health Centre
Supervised Consumption Services



The image shows the top navigation bar of the CBC News Calgary website. On the left is the 'CBCnews | Calgary' logo. To the right is a row of five news anchors. Further right is a 'LIVE' button with 'Calgary More Stream' text, and below it, 'Radio One' and 'Listen Live' options. Below the anchors is a horizontal menu with categories: Home, Opinion, World, Canada (highlighted), Politics, Business, Health, Entertainment, Technology & Science, and Video. Below this menu is a sub-menu with 'Canada' and 'Calgary' (highlighted).

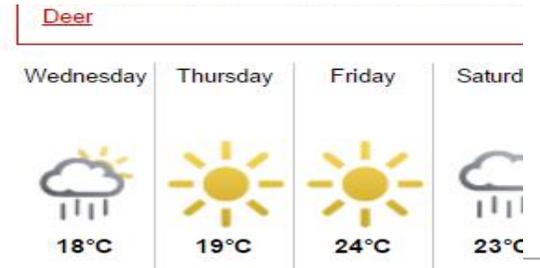
Calgary's 1st supervised drug use site to be at Sheldon

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.



Associate minister of health Brandy Payne, flanked by Calgary police chief Roger Chaffin on the left and Calgary Mayor Naheed Nenshi, announced a plan Wednesday to open a supervised drug use site in Calgary. (CBC)



The image shows a weather forecast for 'Deer'. The forecast is presented in a table with four columns for the days: Wednesday, Thursday, Friday, and Saturday. Each column contains a weather icon and a temperature in degrees Celsius.

Wednesday	Thursday	Friday	Saturday
			
18°C	19°C	24°C	23°C

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

Table 4| Models of overdose education and nasal naloxone distribution implementation and unintentional opioid related overdose death rates in 19 communities* in Massachusetts, 2002-09

Cumulative enrollments per 100 000 population	Rate ratio	Adjusted rate ratio† (95% CI)	P value
Absolute model:			
No implementation	Reference	Reference	
Low implementation: 1-100 enrollments	0.93	0.73 (0.57 to 0.91)	<0.01
High implementation: >100 enrollments	0.82	0.54 (0.39 to 0.76)	<0.01

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

- 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

Reduction in overdose mortality after the opening of North

	ODs occurring in blocks within 500 m of the SIF*		ODs occurring in blocks farther than 500 m of the SIF*	
	Pre-SIF	Post-SIF	Pre-SIF	Post-SIF
Number of overdoses	56	33	113	88
Person-years at risk	22 066	19 991	1479 792	1271 246
Overdose rate (95% CI)*	253.8 (187.3–320.3)	165.1 (108.8–221.4)	7.6 (6.2–9.0)	6.9 (5.5–8.4)
Rate difference (95% CI)*	88.7 (1.6–175.8); p=0.048	..	0.7 (-1.3–2.7); p=0.490	..
Percentage reduction (95% CI)	35.0% (0.0%–57.7%)	..	9.3% (-19.8% to 31.4%)	..

SIF=supervised injection facility. Pre-SIF period=Jan 1, 2001, to Sept 20, 2003. Post-SIF period=Sept 21, 2003, to Dec 31, 2005. *Expressed in units of per 100 000 person-years.

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.

British Columbia Centre
for Excellence in HIV/AIDS
(B D L Marshall PhD,
M-J Milloy MSc, E Wood PhD,
S. ...)

Reduced ambulance call outs

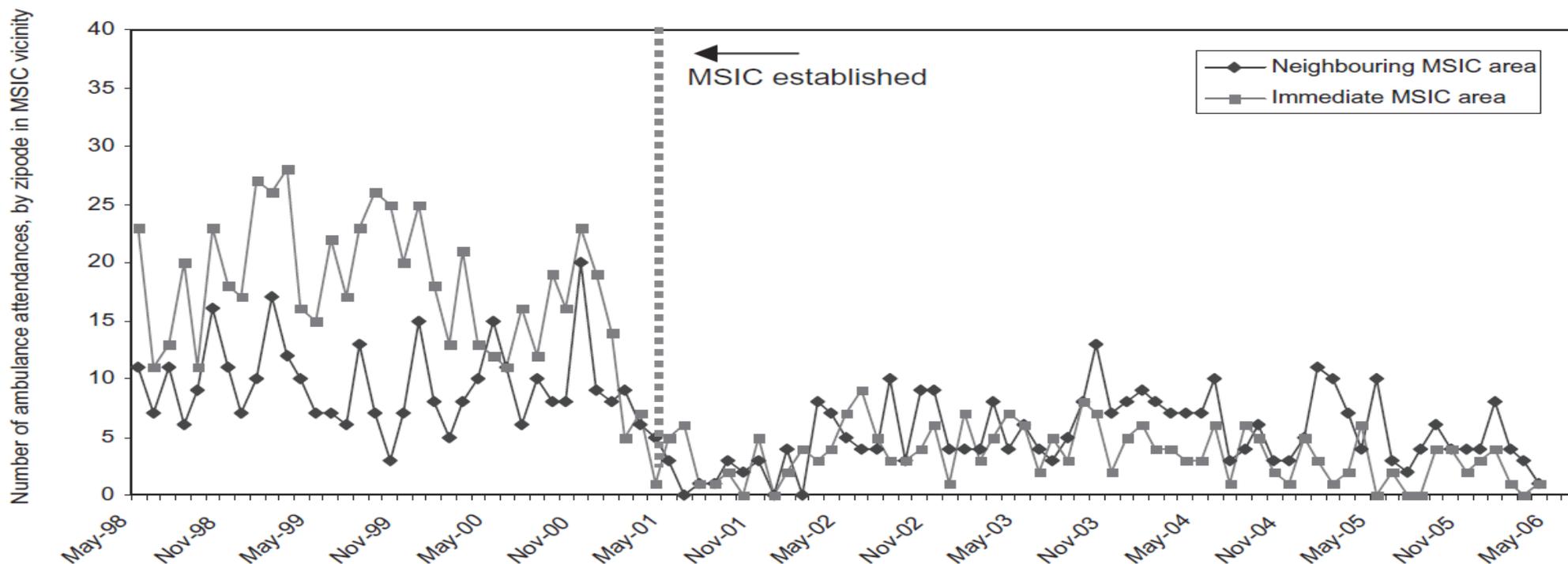


Figure 2 Ambulance attendances at opioid-related overdoses in immediate and neighbouring Medically Supervised Injecting Centre (MSIC) areas, within opening hours: May 1998–April 2006

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).

SCS improve 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

Abstract

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

ities, where injection drug users (IDUs) can inject previously obtained illicit drugs under the supervision of medical staff, have been established in an effort to reduce the community and public health impacts of illicit drug use.¹⁴ Inside

CMAJ • SEPT. 28, 2004; 171 (7)

731

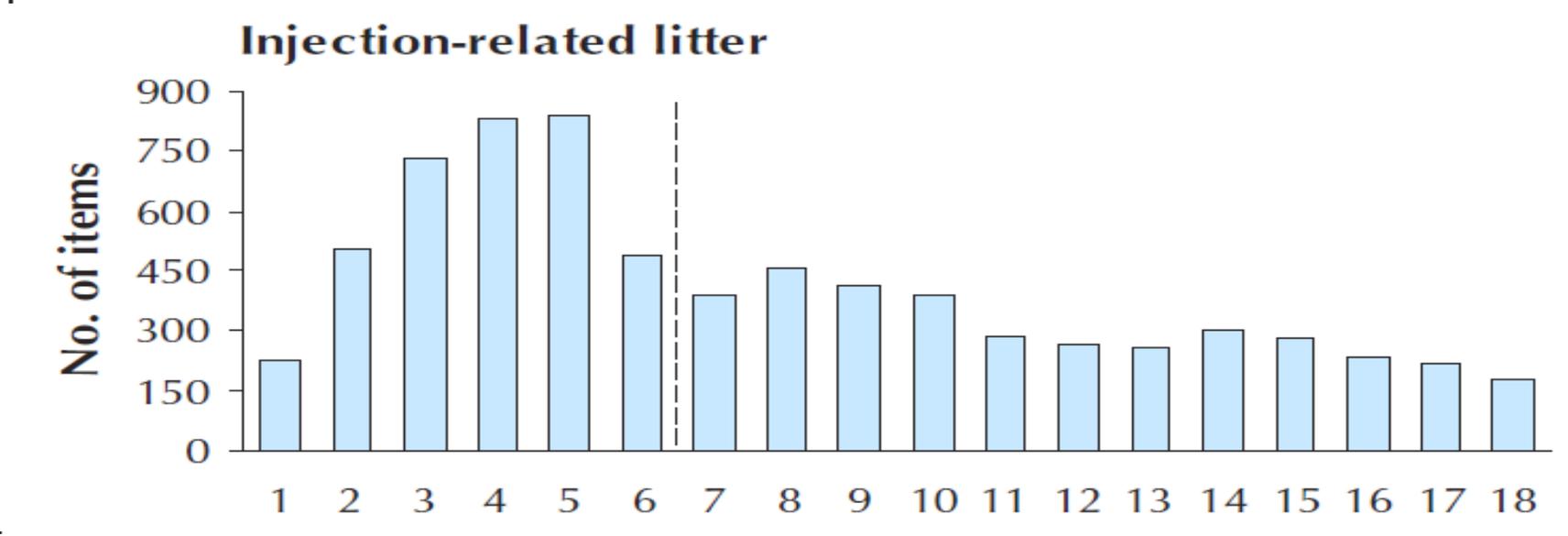
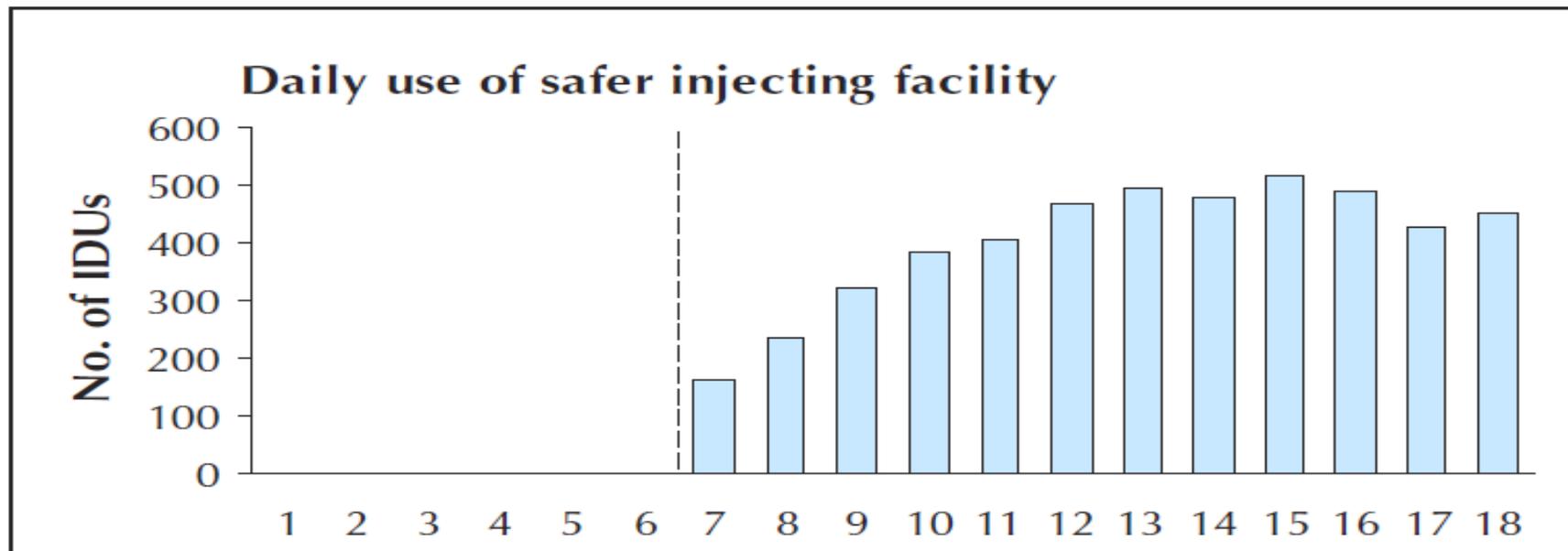
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Improvement in public order

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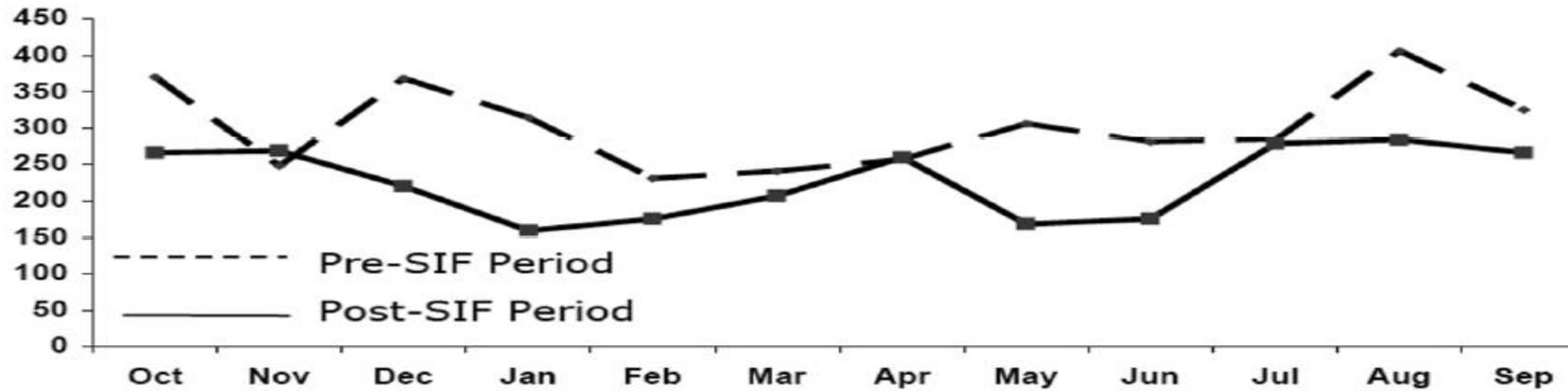
The survey protocol involved measuring specified public order indicators within a predefined geographic area and at predefined times of the week during the 6 weeks before and the 12 weeks after the facility opened. Specifically, we obtained maps of the neighbourhood's network of roads and alleyways and selected a predefined study area consisting of the 10 city blocks that surrounded the safer injecting facility.



Week

SCS do not increase crime

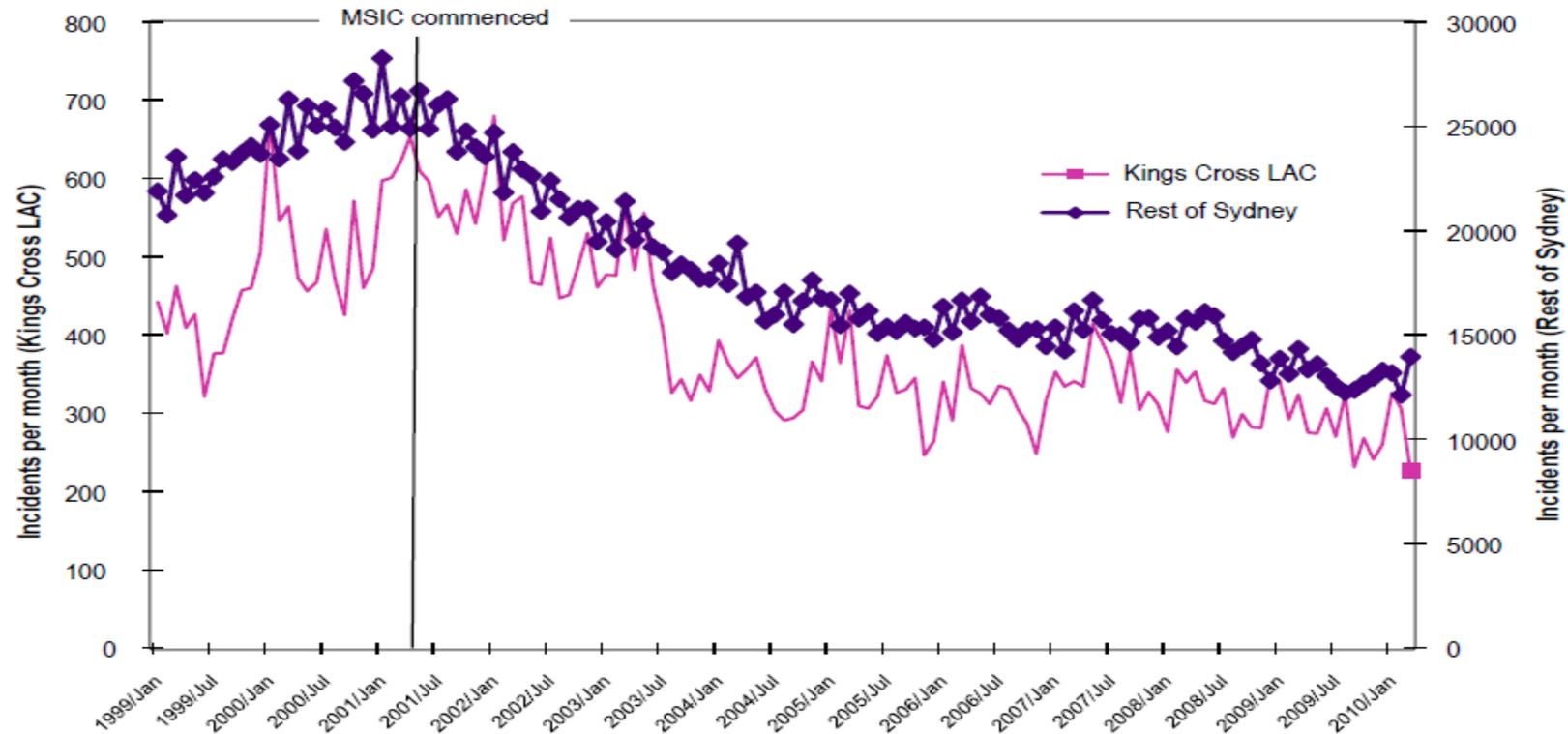
Panel C) Vehicle Theft



Pre-SIF period = time before Safe Consumption Site operation

SCS do not increase crime

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



^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

Improvement in treatment access

RESEARCH REPORT

doi:10.1111/j.1360-0443.2007.01818.x

Rate of detoxification service use and its impact among a cohort of supervised injecting facility users

Evan Wood^{1,2}, Mark W. Tyndall^{1,2}, Ruth Zhang¹, Julio S. G. Montaner^{1,2} & Thomas Kerr^{1,2}

British Columbia Centre for Excellence in HIV/AIDS, St. Paul's Hospital¹ and Department of Medicine, University of British Columbia, Canada²

ABSTRACT

Background Vancouver, Canada recently opened a medically supervised injecting facility (SIF) where injection drug users (IDU) can inject pre-obtained illicit drugs. Critics suggest that the facility does not help IDU to reduce their drug use. **Methods** We conducted retrospective and prospective database linkages with residential detoxification facilities and used generalized estimating equation (GEE) methods to examine the rate of detoxification service use among SIF participants in the year before versus the year after the SIF opened. In secondary analyses, we used Cox regression to examine if having been enrolled in detoxification was associated with enrolling in methadone or other forms of

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

AUMA Opioid Presentation

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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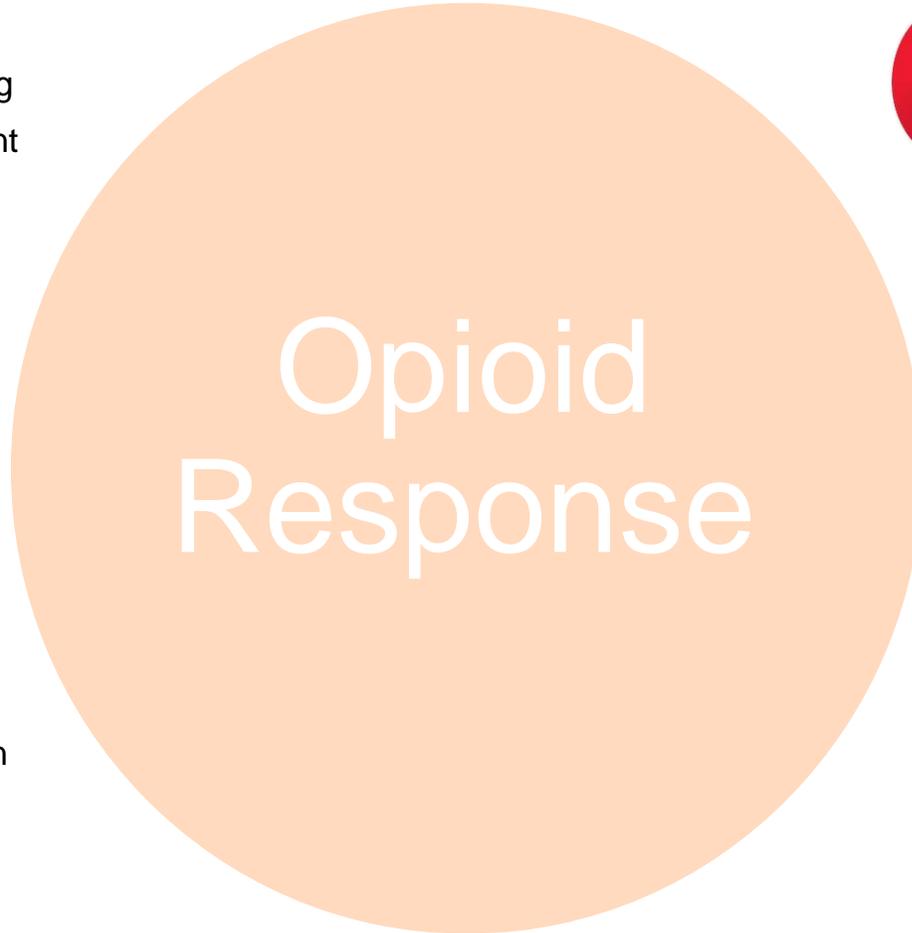
- Community services
- Fire and Police, Housing
- Community development



- Research
- Knowledge translation
- Expertise



- Funding
- Policy Coordination



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



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



AUMA Opioid Presentation

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:

- | | |
|--|---|
| <ul style="list-style-type: none">• Fire Rescue• Social Work and Community Outreach• Parks and Recreational Facilities• Bus and Light Rail Transportation | <ul style="list-style-type: none">• Roadway Maintenance• Waste Management• Bylaw Enforcement. |
|--|---|

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Focus on:

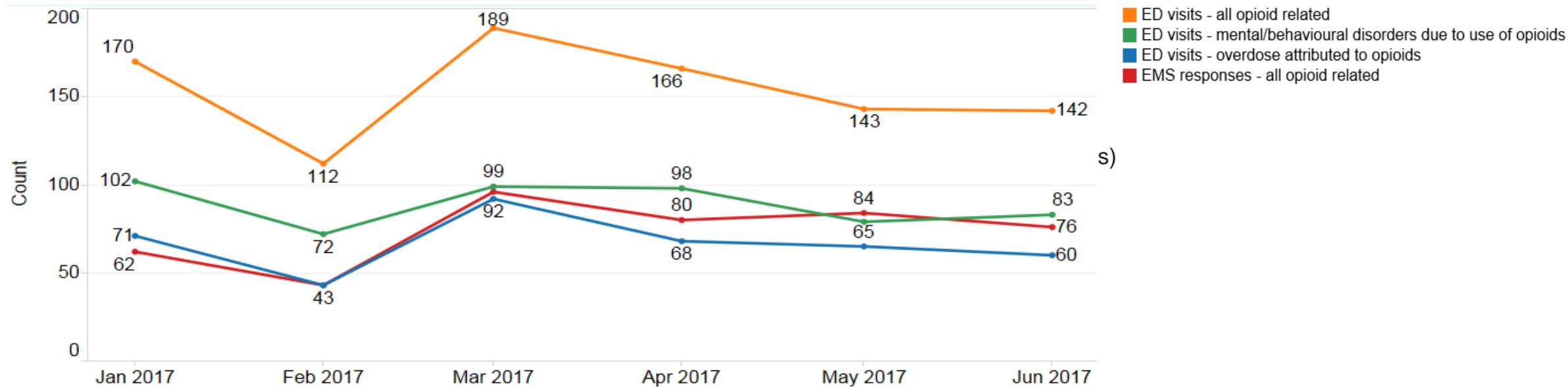
- Common purpose
- Communication
- Collaboration
- Consistency

Supported by:

- Data/information sharing



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- **Emergency Department visits (all opioid related) - 922**

(City of Edmonton) January to June, 2017

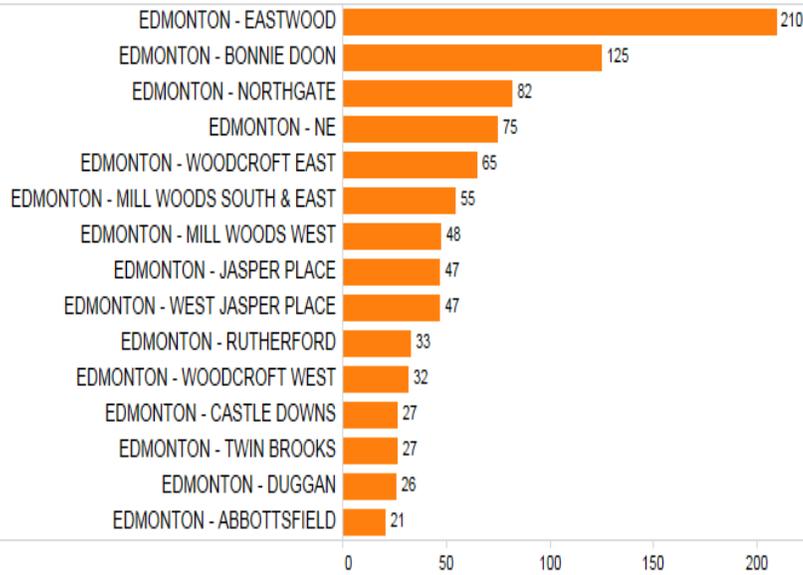
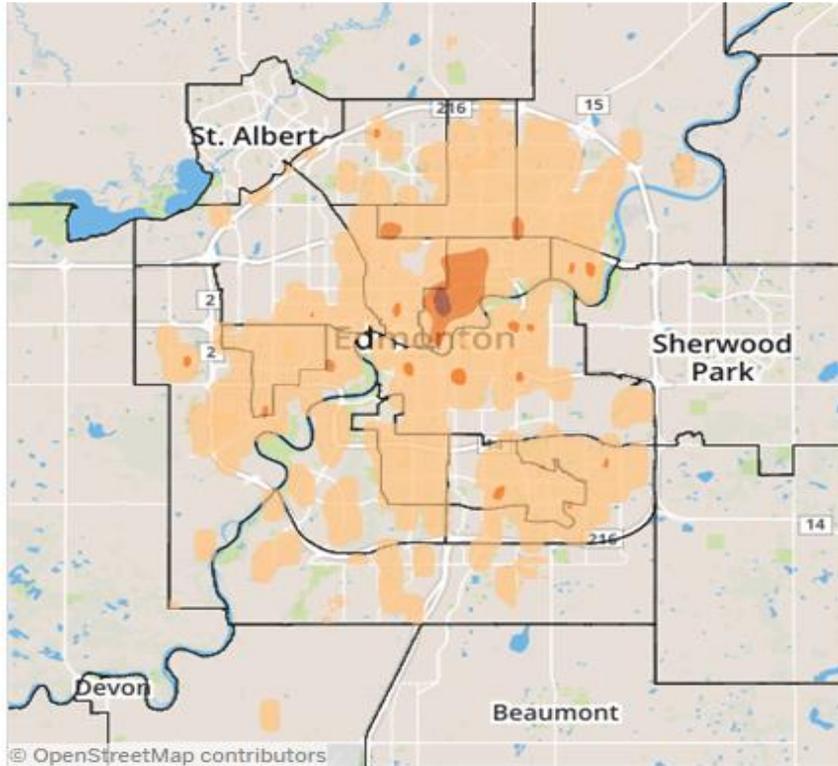
- Slightly decreasing trend over the last 3 months

- **Emergency Medical Services responses (all opioid related) – 441**

(City of Edmonton) January to June, 2017

- Slightly decreasing trend over the last 3 months

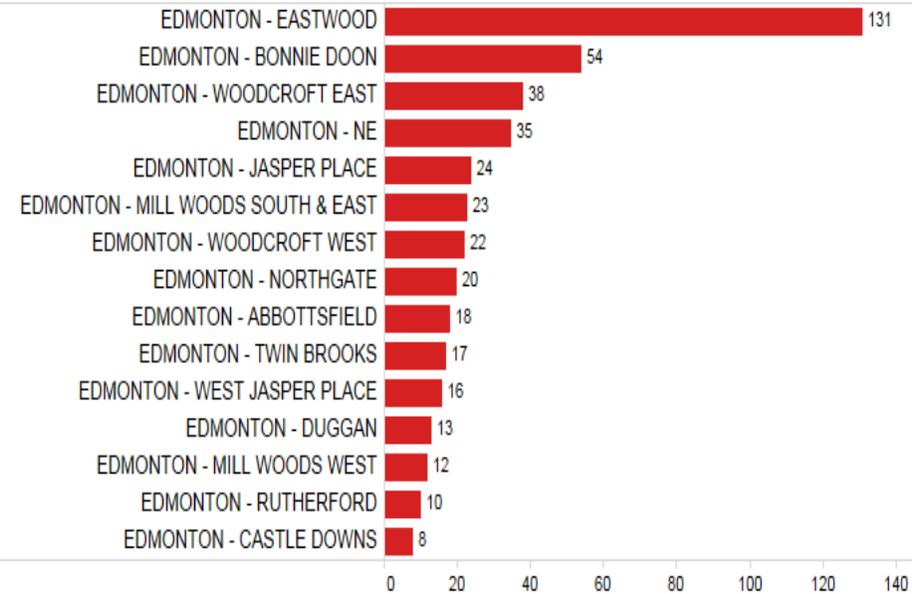
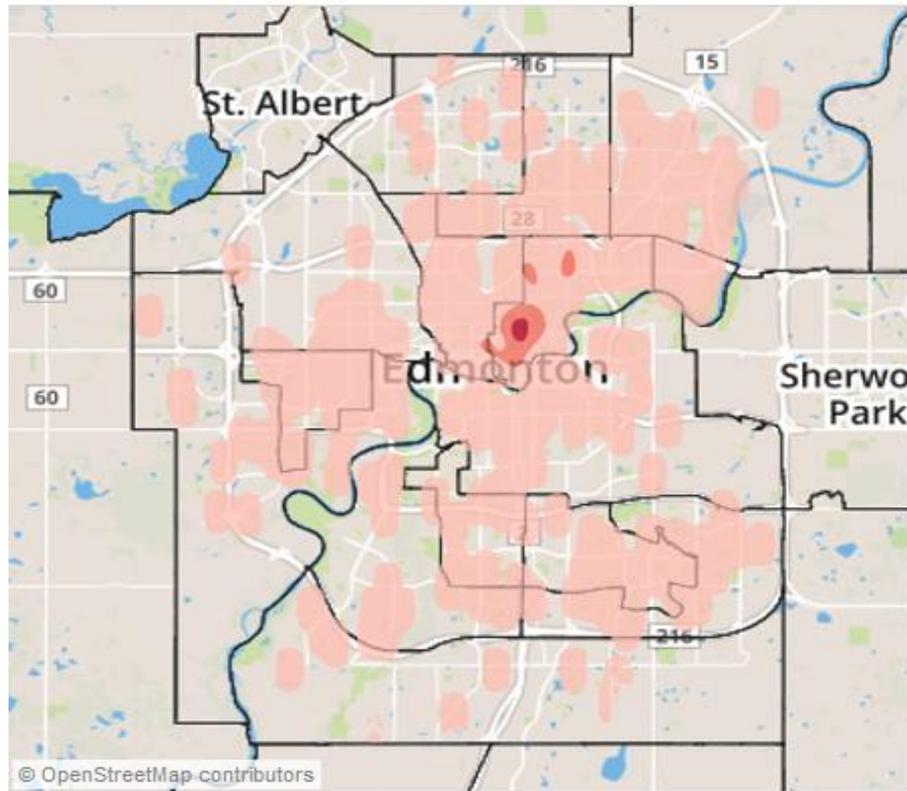
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Edmonton ED visits (all opioid related)
Jan to Jun 2017, by Local Geographic Area*

Lower  Higher

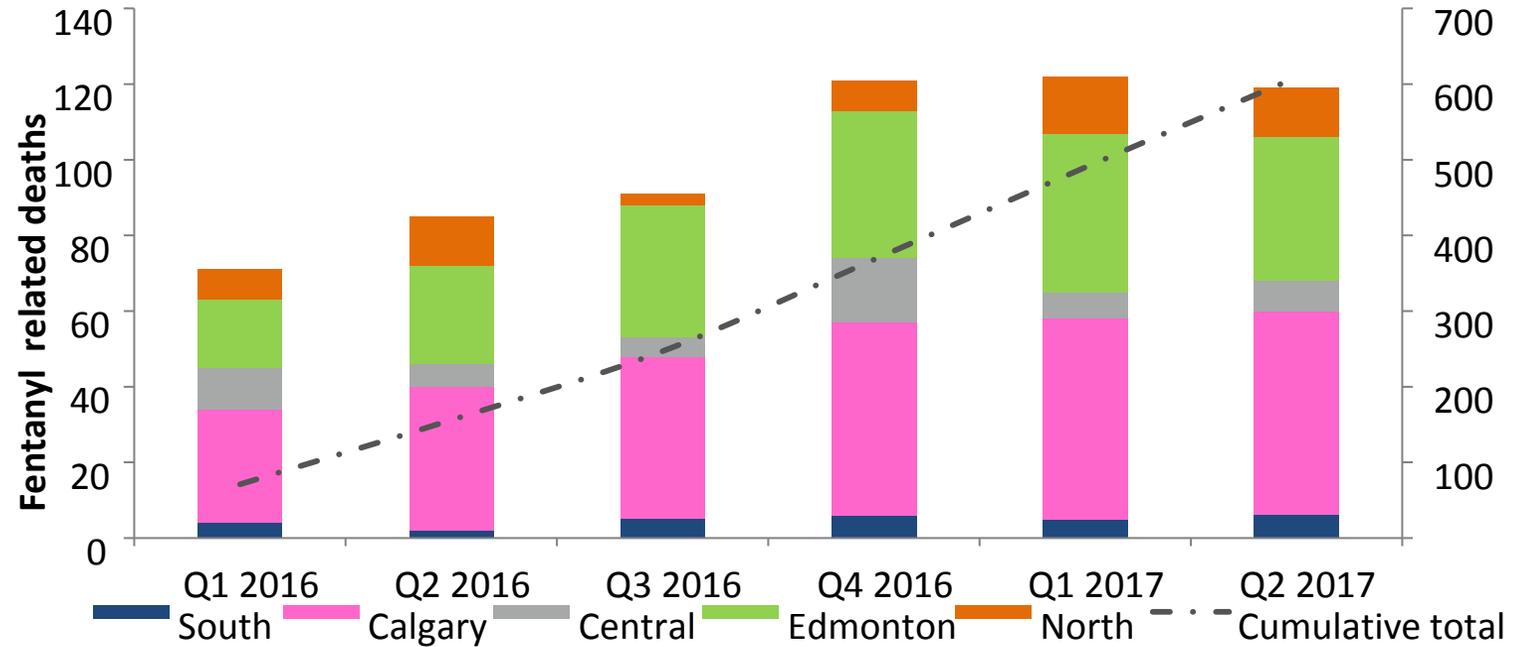
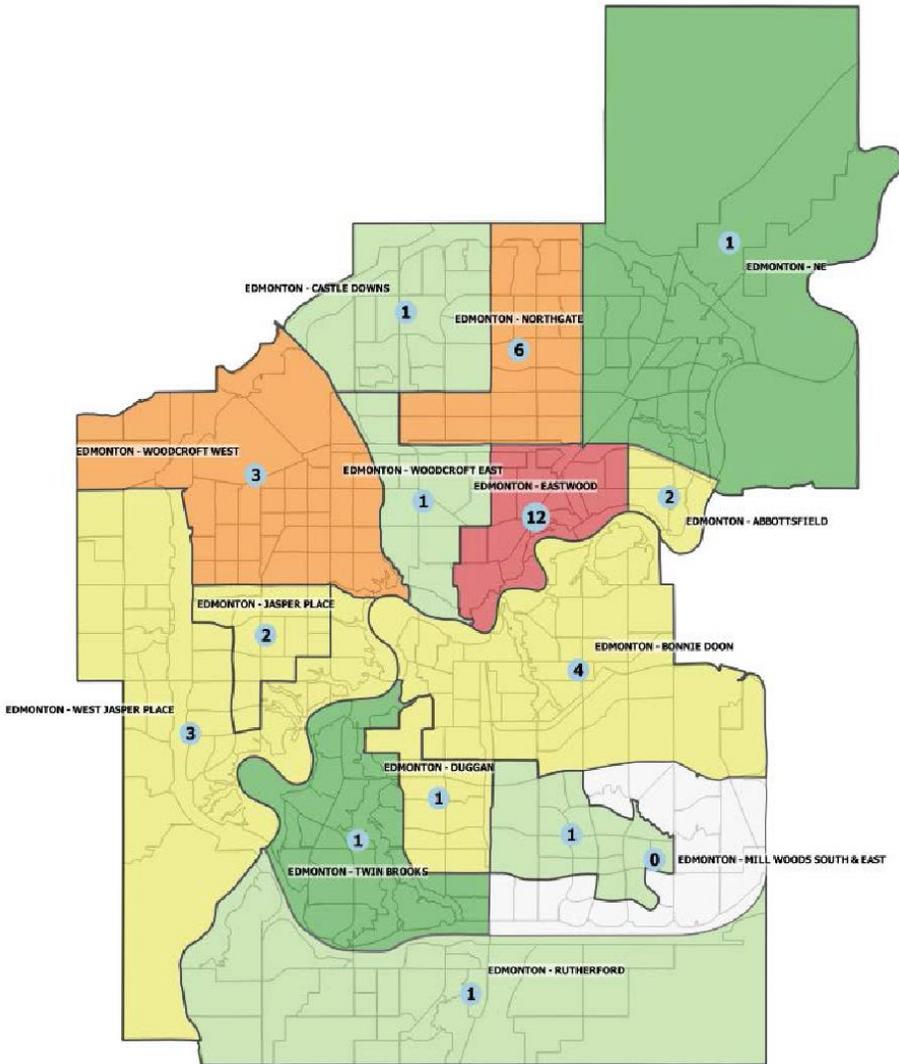
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EMS responses (all opioid related)
Jan to Jun 2017 by Local Geographic Area*

Lower  Higher

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	2016		2017 YTD*	
	Count	Rate	Count	Rate
Edmonton	103	10.6	65	13.3

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

AUMA Opioid Presentation

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

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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

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Responding to the Opioid Crisis

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

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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

