A large, dark, textured ball of pills is shown rolling down a steep, dark cliffside. Several small figures of people are seen climbing up the cliff, struggling against the weight of the ball. The background is a cloudy sky.

# The opioid epidemic in Canada: Spotlighting provincial efforts to address the crisis

Issue brief #2 | May 2018

In the first Issue Brief, [The Opioid Epidemic: Spotlighting International Efforts to Address the Crisis](#), we provided an overview of the varying international responses to the opioid crisis. In this second Issue Brief, we focus on Canada, and the various federal and provincial efforts undertaken to help tackle this national emergency.

Canada is in the midst of an opioid epidemic that is now being identified as a national public health crisis<sup>1</sup>. With approximately 2,500 apparent opioid-related deaths in 2016, which is an average of eight deaths per day<sup>2</sup>, Canadians are the second highest per capita consumers of opioids in the world after the United States<sup>3</sup>. Preliminary data for 2017 suggests that this figure will surpass 4,000 Canadian deaths<sup>4</sup>.

The opioid crisis is a complex problem and its impact is being felt to varying degrees across the country, with devastating consequences for individuals, families, and communities. Governments, non-governmental organizations, health and public safety professionals, and individual Canadians throughout the country have been responding to the crisis in an effort to save lives.

In November 2016, the Joint Statement of Action to Address the Opioid Crisis was the Government of Canada's first major country-wide effort to address the issue<sup>5</sup>. This led to the formation of the [Canadian Drugs and Substances Strategy](#) ("CDSS") in December 2016 and the launch of a formal four-pillar approach to combat the crisis, including:

1. Prevention;
2. Treatment;
3. Harm reduction; and
4. Enforcement.

The CDSS will utilize timely, comparable, and national-level data to underpin decision-making and policy development, and to identify trends and best practices in order to address problematic substance abuse<sup>6</sup>.

## National Level

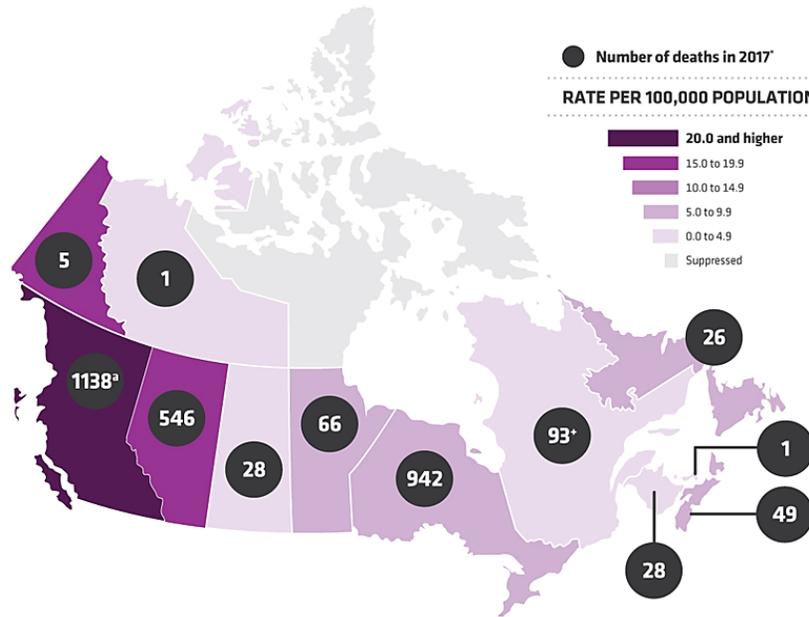
In the 2017 budget, the Government of Canada announced an investment of CAD \$100 million over five years to combat the national opioid crisis, with another CAD \$22.7 million specifically ear-marked for the CDSS. Additional funds were allocated to a [Harm Reduction Fund](#), which supports community-based initiatives to reduce rates of hepatitis C and HIV<sup>7</sup>, and to provide support and training to new supervised consumption sites across Canada<sup>8</sup>. Other specific pan-Canadian interventions initiated in 2017 include, but are not limited to, the launch of opioid prescribing guidelines<sup>9</sup>, authorized supervised consumption sites that offer drug checking services<sup>10</sup>, patient education tools<sup>11</sup>, and supporting pilot projects designed to provide a safer pharmaceutical alternative to illegal drugs<sup>12</sup>.

## Provincial Level

These national strategies are also being rolled out at the provincial level. The framework for action set out by the CDSS is guiding the provinces and territories by creating a coordinated system of care for opioid addiction for patients and their family members.

In Canada’s largest provinces, the opioid epidemic has been particularly prominent. The Public Health Agency of Canada indicates that British Columbia (“BC”) has been the most hard-hit, with 1,138 apparent opioid-related deaths logged in the first three quarters of 2017. Ontario follows with 942 deaths within the same timeframe, while Alberta and Quebec have 546 deaths and 93+ deaths, respectively<sup>13</sup>. Figure 1 below illustrates the magnitude of opioid-related deaths by province or territory between January and September in 2017<sup>14</sup>.

Figure 1: Apparent Opioid Deaths January-September 2017



\*Includes data from July to September only. For 2017 data, Quebec reports deaths related to all illicit drugs including, but not limited to, opioids. This number is expected to rise.  
<sup>a</sup>British Columbia reports deaths related to all illicit drugs including, but not limited to, opioids.  
<sup>b</sup>The estimated annual rates for 2017 are based on available data from January to September.

Source: Apparent Opioid-Related Deaths in Canada, March 2018

While evidence in the area is lacking, it is generally understood that First Nations communities have been disproportionately affected by the opioid crisis<sup>15</sup>. Although First Nations in BC comprise 3.4% of the population, they are five times more likely to experience an overdose and three times more likely to die from one than non-Indigenous people<sup>16</sup>. Indigenous Albertans are three times more likely to die of opioid overdoses than non-Indigenous Albertans<sup>17</sup>. It is up to the provinces to ensure that these communities are given equal access to treatment and that culturally-appropriate services are provided in these areas (see the case study below).

**Case Study:** The First Nations Health Authority in BC will spend CAD \$20 million over the next 3 years on specific prevention, harm reduction and treatment services for First Nations people in BC. The majority of the money in year one will be spent on the development of culturally-relevant harm-reduction projects in 55 communities. It will also increase the number of communities who have received naloxone training from 126 to 203 and will add another 43 communities to the 86 that already serve as naloxone distribution sites. It is hoped that these initiatives will help tackle the issue more effectively than services currently available, the majority of which are not specific to BC’s Indigenous population.

Local issues require localized initiatives and Canada’s largest provinces have developed policies to combat the opioid crisis from multiple angles. The remainder of this Issue Brief describes different initiatives undertaken in response to the opioid crisis at a local level by the governments of Canada’s largest provinces within the framework of the CDSS’s four action pillars. We have also included notable steps taken by some of the smaller provinces to help combat the opioid crisis in their regions.



## British Columbia



BC, as the province that has been most affected by the crisis, has implemented several key initiatives to fight opioid addiction from its onset to the aftermath of an overdose.

The BC Drug Overdose and Alert Partnership (“DOAP”), founded in 2014, was established to prevent and reduce the harms associated with substance use. As a method of harm reduction, the DOAP identifies and disseminates timely information about harms related to substance use, including overdose, adverse reactions to contaminated products, and other emerging issues<sup>19</sup>. In addition, the DOAP released its Opioid Overdose Response Strategy (“DOORS”) on February 4, 2016<sup>20</sup>, which identifies a number of key actions within the CDSS framework that municipal, provincial and federal agencies can take to help address BC’s opioid crisis. These include:

- Increased access to Naloxone, an opioid overdose agonist, through changes in both practice and government policy, as a form of **harm reduction**;
- Improved overdose prevention education, training, and services, such as the formation of a Prescription Monitoring Oversight Committee; and
- Enhanced surveillance and utilization of overdose data as a manner of both **prevention** and **enforcement**, such as improved data sharing between law enforcement, public health, researchers, coroners, and drug analysis and toxicology labs for improving response plans and early warnings to reduce harms.

With the declaration of a public health emergency in April 2016 by BC’s Provincial Health Officer<sup>21</sup>, the province began collecting real-time information on the opioid crisis, which is now reported and analyzed across the health system. The information can immediately identify where risks are arising and enable proactive action to warn and protect people who use drugs. In addition, due to the severity of the crisis in BC, the province is ahead of other provinces in building a network of mental health and addiction **treatment** services. These include increasing the number of providers who can prescribe opioid substitution therapy, such as methadone and suboxone, and the release of draft guidelines and standard care pathways for the diagnosis and management of opioid use disorder in primary care by the Guidelines and Protocols Advisory Committee<sup>22</sup>.

**Case Study:** Training for Family Doctors – in BC, significant emphasis has been placed on training primary care physicians to prescribe opioid substitutes<sup>23</sup>. In a six-month period, the number of physicians prescribing opioid substitutes increased from 800 to 1,400, while the number of people enrolled in opioid substitution therapy grew from 22,000 to 27,000<sup>24</sup>.



## Alberta



In May 2017, the Alberta Health Minister’s Opioid Emergency Response Commission was created under the Opioid Emergency Response Regulation in the Public Health Act. The Commission oversees and implements urgent, coordinated actions on the opioid crisis, focusing on six strategic areas: harm reduction, treatment, prevention, enforcement and supply control, collaboration, and surveillance and analytics. The Commission includes representation from a diverse group affected by the opioid crisis, including law enforcement, Indigenous communities, harm reduction program experts, and parent advocates<sup>25</sup>.

In order to aid in the **prevention** of opioid addiction, the Commission has placed increased importance on opioid-related surveillance and data tracking. In particular, the commission publishes quarterly opioid surveillance reports, which are used to assess the use and misuse of opioids and other narcotics in Alberta through existing public health surveillance<sup>26</sup>. In partnership with the College of Physicians and Surgeons of Alberta, the province has introduced a “New Standard of Practice on Prescribing” opioids as painkillers in order to improve prescription drug monitoring and to implement new tools to prevent prescription drug misuse. Working closely with doctors to track prescriptions of opioids should aid with efforts to find alternative or safer methods of pain treatment<sup>27</sup>.

By way of **treatment**, Alberta provides methadone and suboxone maintenance services to those suffering from opioid addiction<sup>28</sup>. The Alberta Health Services Opioid Dependency Program will also begin a pilot program whereby an injectable drug, hydromorphone, will be trialed as a treatment for opioid dependency. This drug will be aimed at helping those who do not respond to orally-administered suboxone and methadone<sup>29</sup>.

Furthermore, the Commission is offering grants to fund public awareness community initiatives focused on the opioid crisis. This grant program is an important prevention and treatment initiative with respect to the mental health aspects of the opioid crisis<sup>30</sup> (See case study below for details).

Alberta is also working on implementing **harm reduction** programs. Examples include:

- Peer and outreach supports;
- Needle distribution and/or distribution of other harm reduction supplies, such as Naloxone, to Albertan cities; and
- Supervised consumption services, which include injection sites that provide a safe and hygienic place for people to use drugs while supervised by trained staff<sup>31</sup>.

The Commission has invested CAD \$2.6 million in Alberta Law **Enforcement** Response Teams (“ALERT”) who specialize in responding to opioid-related overdose situations. The Commission has also provided Proceeds of Crime grants totaling CAD \$220,000 to police and their community partners to raise awareness of the dangers of fentanyl and other drugs.

**Case Study:** Alberta Health Services launched a CAD \$700,000 campaign to raise awareness of the province’s opioid crisis and how Albertans can help save lives through the use of naloxone. The campaign places advertisements on billboards, radio, and social media spots, and advertises on campuses, bars, and public transit with messages about overdose prevention and the resources available for illicit opioid users. The campaign is targeted at those who use narcotics such as fentanyl, plus it provides important information to their friends, family, and members of the general public currently unaffected by the opioid crisis<sup>32</sup>.



Beginning in 2016, Ontario implemented its first comprehensive opioid strategy to prevent opioid addiction and overdose through the use of data collection, modernization of prescription and dispensing practices, and connecting patients with high quality addiction treatment services<sup>33</sup>.

Similar to the other large provinces, Ontario has launched a new surveillance and reporting system to better respond to opioid overdoses in a timely manner, and to inform how best to direct effective **treatment**. Access to naloxone overdose medication has also been expanded and is available free of charge for patients (and their families) through pharmacies and eligible organizations to help prevent overdose deaths and strengthen **harm reduction**. Likewise, access to suboxone has been increased through controlled centers. Ontario has also invested CAD \$17 million annually in Ontario’s Chronic Pain Network to create or enhance 17 chronic pain clinics across the province, ensuring that patients receive timely and appropriate care.

Ontario has also begun developing evidence-based standards for doctors and health care providers on appropriate opioid prescribing, which will be released by the end of 2018. The standards aim to help **prevent** unnecessary dispensing and over-prescribing of painkillers, with the ultimate goal of curbing opioid addiction from the outset. In conjunction with prescription monitoring, Ontario de-listed high-strength formulations of long-acting opioids from the Ontario Drug Benefit Formulary on January 1, 2017 to help prevent addiction and to support appropriate prescribing for pain. Ontario has also implemented stricter controls on prescribing and dispensing fentanyl patches, whereby patients are now required to return used fentanyl patches to their pharmacy before more patches can be dispensed.

The federal Good Samaritan Drug Overdose Act was implemented in May 2017 due to a growing awareness that drug users were reluctant to call 911 when with someone who had overdosed, as they feared being charged with a criminal offence such as drug possession. The private member’s bill sought to prevent people who call 911 from being charged a possession offence; however, it was already evident in Ontario that people weren’t being charged prior to the Act being passed. In certain areas, such as Peterborough, law **enforcement** will also apply this immunity to people who are on a probation order, serving a conditional sentence or are on parole<sup>34</sup>.

With an emphasis on prevention, treatment, harm reduction, and enforcement measures, the government of Ontario hopes to not only save lives, but also enhance the lives of its families and communities through the prevention and reduction of opioid abuse.

**Case Study:** Ontario has approved nearly CAD \$7 million in funding for seven supervised injection sites. Five of these sites opened between August 2017 and February 2018. These sites provide core harm reduction supports and services, such as supervised injections and access to harm reduction supplies including suboxone<sup>35</sup>. Suboxone’s effectiveness has previously been demonstrated in Ontario during a medical study involving six First Nation communities in Thunder Bay. Approximately 95% of participants in the study migrated to an opiate alternative within 30 days of having access to harm reduction supplies<sup>36</sup>.



## Quebec



The College of Physicians (Le Collège des Médecins) and the Order of Pharmacists (l'Ordre des Pharmaciens) of Quebec have pledged to combat the opioid crisis in their province<sup>37</sup>.

Quebec has begun to mobilize strategic partners to establish an action plan for the safe use of opioids in the province as a means of curbing the crisis through **prevention** measures. In line with this, Quebec is establishing a Prescription Monitoring Program that will aim to identify high-risk prescribers and at-risk patients. Interventions through the Program will also include targeted professional development and training programs that aim to reduce or eliminate the practice of systematically prescribing long-term opioids for post-operative **treatment** of pain. Quebec will also promote common curriculums in its universities for the management of chronic pain.

If necessary, additional actions exist within the jurisdiction of professional regulatory associations to **enforce** inspection visits, formal investigations, and disciplinary processes. In an effort to improve **harm reduction**, Quebec has also created a take-home naloxone program whereby social services providers, including first responders, paramedics, firefighters, and law enforcement, are trained to use naloxone kits.

**Case Study:** In line with increasing opioid-related deaths, opioid prescriptions have risen in Quebec by an average of 28% between 2011 and 2016<sup>38</sup>. After identifying a number of gaps in the monitoring of prescriptions within the province, Le Collège des Médecins du Québec and l'Ordre des Pharmaciens du Québec called for the establishment of a Prescription Monitoring Program in 2016.

Doctor and pharmacist prescription activity will soon be monitored electronically by the Dossier Sante Quebec (“DSQ”) and any non-standard practice may be reported for investigation. The new system will identify high-risk prescribers and at-risk patients, promote the optimal use of opioids, and modify prescribing practices in hospitals, such as systematically prescribing long-term opioids for postoperative pain management<sup>39</sup>.

## All other provinces and territories

Notable steps taken by other provinces to combat the opioid crisis include:



### New Brunswick

As part of its “One Patient, One Record” vision, New Brunswick has implemented a Drug Information System (“DIS”). Similar to the systems implemented in other provinces, the New Brunswick system contains real-time medication history for patients who have a prescription filled in any pharmacy in the province<sup>40</sup>. Both the DIS and the province’s Prescription Monitoring Program (“PMP”)<sup>41</sup> display a patient’s prescription information within the provincial electronic health record. Over the next year, additional elements of the PMP will be implemented so that alerts can be triggered in real time to help prescribers and pharmacists identify potential issues. These include so-called “double-doctoring,” which refers to patients having their prescriptions filled at multiple pharmacies. It is hoped that these measures will allow clinicians to make safer, more informed decisions at the point of care, representing an important **prevention** initiative for the province.



In August 2017, the Newfoundland and Labrador Provincial Government provided funding to the AIDS Committee of Newfoundland and Labrador and the four regional health authorities to establish a province-wide targeted take-home naloxone program with kits to be available at the end of November<sup>42</sup>. This was done in tandem with other important measures to combat the opioid crisis, including:

- Development of a safe prescribing course in partnership with the College of Physicians and Surgeons of Newfoundland and Labrador, and Memorial University’s Faculty of Medicine;
- **Enforcement** of new regulatory standards from the Newfoundland and Labrador Pharmacy Board requiring all pharmacies to be connected to the Provincial Pharmacy Network;
- Development of a province-wide Prescription Monitoring Program;
- Improved access to **harm reduction** measures and effective **treatment** options, including suboxone as an alternative to methadone; and
- Development of a provincial public awareness and education program on opioids.

### Final Thoughts

Each of Canada’s largest provinces have taken significant steps toward combating the opioid crisis. Highlights of the efforts addressed in this Issue Brief are summarized in the table below.

	Prevention	Treatment	Harm Reduction	Enforcement
<b>British Columbia</b>	<ul style="list-style-type: none"> <li>- Collection of real-time information that identifies where risks are arising and enables proactive action in that area;</li> <li>- Improved overdose prevention education, training, and services, such as the formation of a Prescription Monitoring Oversight Committee; and</li> <li>- Training of primary care physicians in prescribing opioid substitutes.</li> </ul>	<ul style="list-style-type: none"> <li>- Building a network of mental health and addiction treatment services;</li> <li>- Increasing the number of health care providers who can prescribe opioid substitution therapy; and</li> <li>- Release of draft guidelines and standard care pathways for the diagnosis and management of opioid use disorder.</li> </ul>	<ul style="list-style-type: none"> <li>- Dissemination of information by DOAP about harms related to substance use; and</li> <li>- Increased access to Naloxone.</li> </ul>	<ul style="list-style-type: none"> <li>- Improved data sharing between law enforcement, public health, researchers, coroners, and drug analysis and toxicology labs to improve response plans and early warnings to reduce harms.</li> </ul>

	Prevention	Treatment	Harm Reduction	Enforcement
<b>Alberta</b>	<ul style="list-style-type: none"> <li>– Publication of quarterly opioid surveillance reports used to assess the use and misuse of opioids; and</li> <li>– Introduction of “New Standard of Practice on Prescribing” and improvement of prescription drug monitoring.</li> </ul>	<ul style="list-style-type: none"> <li>– Methadone and suboxone maintenance services;</li> <li>– Pilot program for injectable drug, hydromorphone, as a potential treatment for opioid dependency for those who do not respond to suboxone and methadone; and</li> <li>– Offering of grants to fund public awareness community initiatives.</li> </ul>	<ul style="list-style-type: none"> <li>– Peer and outreach supports;</li> <li>– Needle distribution and/or distribution of other harm reduction supplies to Alberta cities; and</li> <li>– Supervised consumption services and injection sites.</li> </ul>	<ul style="list-style-type: none"> <li>– Creation of ALERT taskforce to respond to opioid-related overdose situations; and</li> <li>– Provision of Proceeds of Crime grants to police and community partners to raise awareness of the dangers of fentanyl and other drugs.</li> </ul>
<b>Ontario</b>	<ul style="list-style-type: none"> <li>– Delisting of high-strength formulations of long-acting opioids from the Ontario Drug Benefit Formulary;</li> <li>– Implementation of stricter controls on prescribing and dispensing fentanyl patches; and</li> <li>– Development of evidence-based standards for doctors and health care providers on appropriate opioid prescribing to be released by end of 2018.</li> </ul>	<ul style="list-style-type: none"> <li>– Launch of new surveillance and reporting system to better respond to opioid overdoses and to inform how best to direct effective treatment; and</li> <li>– Creation or enhancement of 17 chronic pain clinics.</li> </ul>	<ul style="list-style-type: none"> <li>– Expansion of access to naloxone overdose medication to patients and their families free of charge; and</li> <li>– Increased access to suboxone through controlled centers.</li> </ul>	<ul style="list-style-type: none"> <li>– Implementation of Good Samaritan Drug Overdose Act to prevent people who call 911 from being charged with drug possession; and</li> <li>– Extension of Act’s immunity to people who are on a probation order, serving a conditional sentence or on parole.</li> </ul>
<b>Quebec</b>	<ul style="list-style-type: none"> <li>– Establishing a Prescription Monitoring Program to identify high-risk prescribers and at-risk patients.</li> </ul>	<ul style="list-style-type: none"> <li>– Promotion of common curriculums in universities for the management of chronic pain.</li> </ul>	<ul style="list-style-type: none"> <li>– Implementing a take-home naloxone program; and</li> <li>– Training of social services providers, including first responders, paramedics, firefighters, and law enforcement to use naloxone kits.</li> </ul>	<ul style="list-style-type: none"> <li>– Additional powers given to professional regulatory associations to enforce inspection visits, formal investigations, and disciplinary processes.</li> </ul>

In our previous Issue Brief, [The Opioid Epidemic: Spotlighting International Efforts to Address the Crisis](#), we had already concluded that there is not one solution or “magic cure,” and this is no different in Canada. Since Canada is, unfortunately, one of the leading countries globally in opioid use and abuse, bold approaches to combat the crisis are urgently needed.

On a positive note, a federal strategy has been developed and is currently being rolled out across the country. Provinces are tailoring approaches specific to their local situations and the case studies highlighted in this paper show that there is movement on of the the CDSS’s pillars of action: that is, prevention, treatment, harm reduction, and enforcement.

The biggest frustration is that the combined efforts have not yet produced better outcomes. While positive steps are being taken, it is too soon to say whether the tide is turning. Immediate change requires urgency, a vision, and funding. Without question, the urgency is there. The vision is shaping up. And the various upcoming elections, both provincially and federally, will tell us whether voters and policy makers are willing to invest in a multitude of solutions that make a real difference in the lives of Canadians affected by the opioid epidemic.

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