Response to the Fentanyl Crisis in Alberta

NDEWS Webinar

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Alberta, Canada
Canadian Tobacco, Alcohol & Drug Survey (CTADS), 2013: Past-year use

- Alcohol: 75.9% (Canada), 74.5% (Alberta)
- Cannabis: 10.6% (Canada), 9.1% (Alberta)
- Cocaine/Crack: 0.9% (Canada), 0.2% (Alberta)
- Hallucinogens: 0.6% (Canada), 0.4% (Alberta)
- Ecstasy: 0.4% (Canada), 0.1% (Alberta)
- Salvia: 1.6% (Canada), 1.3% (Alberta)
- Heroin: 10.9% (Canada), 9.4% (Alberta)
- Any 6 drugs: 11.3% (Canada), 9.7% (Alberta)
- Any 5 drugs: 10.9% (Canada), 9.4% (Alberta)
- Any drug: 11.3% (Canada), 9.7% (Alberta)

Canada and Alberta compared for past-year use of various substances.
Triplicate Prescription Program (TPP) Prescriptions, 1996-2014

# Patients and Prescriptions, Opioid

Year
Multiple Values
Prescriber Type
- MDOR
- DDS
- DOHNG
- DIET
- DPM
- DVM
- HP
- UN
- YOR

Analytic Class
- Anesthesia
- Opioid

# Patients
# Prescriptions


# Prescribers and Pharmacies, Opioid

Year
Multiple Values
Prescriber Type
- MDOR
- DDS
- DOHNG
- DIET
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- DVM
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Analytic Class
- Anesthesia
- Opioid

# Pharmacies
# Prescribers

## 2014 Prescriptions: Opioids

<table>
<thead>
<tr>
<th>Main Ingredient</th>
<th>Prescription Count</th>
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<tbody>
<tr>
<td>OXYCODONE</td>
<td>261,834</td>
</tr>
<tr>
<td>HYDROMORPHONE</td>
<td>81,139</td>
</tr>
<tr>
<td>MORPHINE</td>
<td>61,604</td>
</tr>
<tr>
<td>METHADONE HYDROCHLORIDE</td>
<td>37,958</td>
</tr>
<tr>
<td>FENTANYL</td>
<td>19,692</td>
</tr>
<tr>
<td>BUPRENORPHINE</td>
<td>15,188</td>
</tr>
<tr>
<td>Tapentadol (Tapentadol Hydrochloride)</td>
<td>5,006</td>
</tr>
<tr>
<td>MEPERIDINE</td>
<td>3,587</td>
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<tr>
<td>BUTALBITAL</td>
<td>2,812</td>
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<tr>
<td>HYDROCODONE</td>
<td>1,057</td>
</tr>
<tr>
<td>BUTORPHANOL</td>
<td>429</td>
</tr>
<tr>
<td>PENTAZOCINE</td>
<td>294</td>
</tr>
<tr>
<td>KETAMINE</td>
<td>45</td>
</tr>
<tr>
<td>NORMETHADONE HYDROCHLORIDE</td>
<td>35</td>
</tr>
<tr>
<td>SUFENTANIL (SUFENTANIL CITRATE)</td>
<td>31</td>
</tr>
</tbody>
</table>
Emergency Department Admissions: All substance related disorders and alcohol, 2003-2014

- Substance related disorders (F10–F19 & F55)
- Alcohol related disorders
Emergency Department Admissions by Substance
Number of emergency department visits related to poisoning related to poisoning by opioids and other substances of abuse, by substance and cause, January 4, 2015 to April 2, 2016
New Treatment Cases, Reported Past-Year Substance Use

- Alcohol
- Tobacco
- Marijuana/Hashish
- Cocaine
- Opioids
- Amphetamines/Stimulants
Deaths in Alberta where fentanyl was determined to be a cause or contributing cause, by zone in 2015
Alberta’s Response to the Fentanyl Crisis

Fentanyl Response Team assembled, with efforts focused in six key areas:

1. Take home naloxone program
2. Emerging substances monitoring
3. Prevention and education
4. Aboriginal and rural treatment
5. Treatment access
6. Harm reduction policy
Immediate Response

Take home naloxone program:
• Distributing 9,000 publicly funded Take Home Naloxone kits from almost 800 sites, and providing overdose prevention training to recipients;
• Ministerial Orders to allow EMTs and EMRs to administer naloxone on ambulances and RNs and RPNs to prescribe;
• Reclassified Naloxone to make it available without a prescription in pharmacies
Immediate Response

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Naloxone kits dispensed, by zone and week, January 24, 2016 to May 22, 2016
Immediate Response

2. Emerging substances monitoring
   • Developing internal and external cross-sector web/dashboards

3. Prevention and education
   • Completed 2 public campaigns, information sheet for parents and teachers of youth

4. Aboriginal and rural treatment
   • Tailored education, information, ensuring on reserve access, trouble shooting
Immediate Response

5. Treatment access
   • Grants to service provider to increase ODT access, increase publicly funded treatment beds

6. Harm reduction policy
   • Developing a provincial approach to harm reduction

Ongoing action through *Valuing Mental Health: Alberta’s Addiction and Mental Health Strategy*, including a broader addiction focus
Questions?

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