Fentanyl and Take Home Naloxone: The Alberta Experience

Alberta Community Crime Prevention Association
April 28, 2016

Dr. Nick Etches
Medical Officer of Health – Calgary Zone
Outline

• Surveillance
• Response
• Future Directions
Outline

• Surveillance
• Response
• Future Directions
Opioid overdose deaths in Alberta are increasing

- 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

<table>
<thead>
<tr>
<th>Year</th>
<th>Edmonton</th>
<th>Calgary</th>
<th>Rural (4)</th>
<th>Total</th>
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<td>2013</td>
<td>68</td>
<td>84</td>
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Overdose deaths involving fentanyl are increasing

<table>
<thead>
<tr>
<th>Year</th>
<th>Edmonton</th>
<th>Calgary</th>
<th>Rural(4)</th>
<th>Total</th>
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<td>2013</td>
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<tr>
<td>2014</td>
<td>38</td>
<td>29</td>
<td>53</td>
<td>120</td>
</tr>
<tr>
<td>2015</td>
<td>75</td>
<td>90</td>
<td>107</td>
<td>272</td>
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Overdose deaths by Opioid type

2014 – 120 fentanyl OD deaths
Overdose deaths by Opioid type

2015 – 272 fentanyl OD deaths
<table>
<thead>
<tr>
<th>AGE RANGE</th>
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<th>2014</th>
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<td>15</td>
</tr>
<tr>
<td>AGE 35-39</td>
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<td>9</td>
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<td>14</td>
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<tr>
<td>AGE 40-44</td>
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<td>10</td>
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<td>17</td>
</tr>
<tr>
<td>AGE 45-49</td>
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<td>25</td>
</tr>
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<tr>
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<td>AGE 90+</td>
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<tr>
<td>TOTAL ALL AGES</td>
<td>137</td>
<td>76</td>
<td>213</td>
<td>155</td>
</tr>
</tbody>
</table>
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.

### Opioid related Emergency Department / Urgent Care Centre Visits in Alberta (2012 - 2016***)

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<thead>
<tr>
<th></th>
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<tr>
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<td>309</td>
<td>338</td>
<td>413</td>
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<td>14</td>
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<tr>
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<tr>
<td>Total</td>
<td>78</td>
<td>91</td>
<td>183</td>
<td>338</td>
<td>36</td>
<td>1,104</td>
<td>1,237</td>
<td>1,324</td>
<td>1,547</td>
<td>137</td>
<td>83</td>
<td>117</td>
<td>133</td>
<td>523</td>
<td>55</td>
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</table>

* AHS EOC is now monitoring ICD10 code T401, as it is also used in situations of fentanyl overdose. Naloxone interventions should likewise have the potential to also impact these numbers.

** ICD10 code T402 represents a category of opioids that includes, but not limited to, fentanyl.

*** AHS EOC is now monitoring ICD10 code T404, as it is also used in situations of fentanyl overdose. Naloxone interventions should likewise have the potential to also impact these numbers.

**** The data for 2016 in the above table includes data as of January 31, 2016.

### Fentanyl / Naloxone related Health Link calls* in Alberta (2015** & 2016**)

<table>
<thead>
<tr>
<th>Region</th>
<th>Cumulative number of calls (2015 - 2016)</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>January</th>
<th>February</th>
<th>March</th>
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<tbody>
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<td>SOUTH</td>
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<td>7</td>
<td>4</td>
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<td>33</td>
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<td>55</td>
<td>47</td>
<td>44</td>
<td>46</td>
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<tr>
<td>CENTRAL</td>
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<td>4</td>
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<td>7</td>
<td>8</td>
<td>8</td>
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<tr>
<td>EDMONTON</td>
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<td>23</td>
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<td>21</td>
<td>26</td>
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<td>32</td>
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<td>Total</td>
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<td>65</td>
<td>55</td>
<td>74</td>
<td>74</td>
<td>109</td>
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<td>105</td>
<td>79</td>
<td>95</td>
<td>96</td>
<td>51</td>
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</table>

* Includes all calls answered by Health Link (nurses and information & referral agents) where the documentation includes the keywords fentanyl, naloxone, opioid or opiate.

** The above table includes data from January 1, 2015 to 13 March, 2016.

### Deaths* in Alberta in which Fentanyl was detected and implicated (January 1 - December 31, 2015***)

<table>
<thead>
<tr>
<th>Region</th>
<th>Death</th>
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<tbody>
<tr>
<td>SOUTH</td>
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</tr>
<tr>
<td>CALGARY</td>
<td>60</td>
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<tr>
<td>CENTRAL</td>
<td>35</td>
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<tr>
<td>EDMONTON</td>
<td>75</td>
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<tr>
<td>NORTH</td>
<td>67</td>
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<tr>
<td>Total</td>
<td>272</td>
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</table>

* The death data are from the Office of the Chief Medical Examiner for Alberta

** The above table includes data from January 1 to December 31, 2015.
Emergency Department/UrgentCare Centre Count (of unique Visits) by Month for ICD10 code T40 (Poisoning by, adverse effect of and underdosing of narcotics and psychodysleptics); 2003 - 2015
ED visits for overdose – Calgary
ED Visits for Overdose (2015)

Percentage by zone

<table>
<thead>
<tr>
<th>Zone</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>SOUTH</td>
<td>11.6%</td>
</tr>
<tr>
<td>CALGARY</td>
<td>29.0%</td>
</tr>
<tr>
<td>CENTRAL</td>
<td>11.0%</td>
</tr>
<tr>
<td>EDMONTON</td>
<td>27.2%</td>
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<tr>
<td>NORTH</td>
<td>11.8%</td>
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<tr>
<td>Null</td>
<td>9.4%</td>
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</table>

Count by gender and zone

<table>
<thead>
<tr>
<th>Gender</th>
<th>SOUTH</th>
<th>CALGARY</th>
<th>CENTRAL</th>
<th>EDMONTON</th>
<th>NORTH</th>
<th>Null</th>
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<tr>
<td>Male</td>
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<td>397</td>
<td>162</td>
<td>379</td>
<td>163</td>
<td>159</td>
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<td>Female</td>
<td>157</td>
<td>342</td>
<td>119</td>
<td>315</td>
<td>139</td>
<td>81</td>
</tr>
</tbody>
</table>

www.albertahealthservices.ca
Emergency Department/UrgentCare Centre Count (of unique Visits) for ICD code T40 (Poisoning by, adverse effect of and underdosing of narcotics and psychodysleptics) by facilities; 2015
Non-overdose Opioid-related ED visits

Emergency Department/UrgentCare Centre Count (of unique Visits) by Month for ICD10 code F11 (Mental and behavioural disorders due to use of opioids); 2003 - 2015
Non-overdose Opioid-related ED visits
Non-overdose ED visits for Opioids

Emergency Department/UrgentCare Centre Visits for ICD10 code F11 (Mental and behavioural disorders due to use of opioids); 2015

**Percentage by zone**

- SOUTH: 10.1%
- CALGARY: 28.2%
- CENTRAL: 11.6%
- EDMONTON: 22.6%
- NORTH: 15.7%
- Null: 11.8%

**Count by gender and zone**

- **Total**
  - Male: 554
  - Female: 384
- **By Zone**
  - SOUTH
    - Male: 155
    - Female: 180
  - CALGARY
    - Male: 195
    - Female: 191
  - CENTRAL
    - Male: 441
    - Female: 313
  - EDMONTON
    - Male: 284
    - Female: 239
ED Visits – Combined

Emergency Department/Urgent Care Centre Count (of unique Visits) by Month for ICD10 code All; 2003 - 2015
ED Visits – Combined
Emergency Department/Urgent Care Centre Visits for ICD10 code All; 2015

Percentage by zone

<table>
<thead>
<tr>
<th>Zone</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOUTH</td>
<td>10.7%</td>
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<tr>
<td>CALGARY</td>
<td>28.5%</td>
</tr>
<tr>
<td>CENTRAL</td>
<td>11.4%</td>
</tr>
<tr>
<td>EDMONTON</td>
<td>24.6%</td>
</tr>
<tr>
<td>NORTH</td>
<td>14.1%</td>
</tr>
<tr>
<td>Null</td>
<td>10.7%</td>
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</table>

Count by gender and zone

<table>
<thead>
<tr>
<th>Zone</th>
<th>Male</th>
<th>Female</th>
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<tbody>
<tr>
<td>SOUTH</td>
<td>291</td>
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<tr>
<td>CALGARY</td>
<td>937</td>
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First Nations
Emergency Department/Urgent Care Centre & Inpatient visits for ICD10 code T40 & F11, Alberta; by year, 2003-2015

Note: include T406-409 and F110-119; patients from Alberta.
Emergency Department/Urgent Care Centre & Inpatient visits for ICD10 code T40 & F11 for First Nation; by year, 2003-2015

T40 (Poisoning by, adverse effect of and underdosing of narcotics and psychodyseptics)

F11 (Mental and behavioural disorders due to use of opioids)

Note: Include T400-409 and F110-119, patients from Alberta.

www.albertahealthservices.ca
Emergency Department/Urgent Care Centre & Inpatient visits for ICD10 code T40 & F11 for First Nation; by gender and year, 2003-2015

T40 (Poisoning by, adverse effect of and underdosing of narcotics and psychodysleptics)
F11 (Mental and behavioural disorders due to use of opioids)

Note: include T400-409 and F110-119; patients from Alberta.
Why
Acetylfentanyl Powder (99%+ Pure)
(2 CUSTOMER REVIEWS)  ★★★★★

$39.97–$6,999.97

Quantity
Choose an option ▼

SKU: N/A
Category: Research Chemicals

Product Description
Buy Acetylfentanyl (Desmethylfentanyl, Acetyl fentanyl, "China White")

1g $39.97 (40.00/g)
10g $169.97 (17.00/g)
100g $899.97 (9.00/g)
500g $3,699.97 (7.40/g)
1kg $6,999.97 (7.00/g)

Similar to: Heroin

Recommended dosage: few milligrams. Please be careful and do your research.
1 kg @ $12,500
1 kg = 1,000,000 mg
@ 1 mg/tab = 1,000,000 tabs
@ $20/tab = $20,000,000

ROI
159,900%
Outline

• Surveillance
• Response
• Future Directions
Awareness Campaign

• Launched in September, re-launched in December
IT’S NEVER GOING TO BE YOU...
UNTIL IT IS.

Fentanyl may be hiding in the drugs you’re using.
You won’t see it, smell it or taste it, but it can kill you.
If you’re going to use, don’t use alone. And, get Naloxone.
What is fentanyl?
Fentanyl is a strong medicine made from opioids (chemicals used to treat sudden and ongoing pain). It’s up to 100 times stronger than other opioids like morphine, heroin, or oxycodone.

Drug dealers often sell fentanyl as fake oxycodone. Buyers may think they’re getting oxycodone, but they’re getting another opioid drug that has fentanyl and other substances in it. On the street, these drugs have nicknames like:

- green beans
- beans
- green apples
- apples
- shady eighties
- eighties
- fake oxy
- greenies

Why do people take fentanyl?

How can I be sure that I’m buying real oxycodone?
The only way to be sure your oxycodone is real is to get it prescribed by a doctor. You can take it safely by following your doctor’s directions and taking the recommended dose. However, drugs bought on the street are never safe.

Can using fentanyl poison me?
Yes, it can poison you if you take too much. Early signs of fentanyl poisoning may include:

- sleepiness
- trouble breathing (it may sound like snoring)
- slow, shallow breathing
- cold, clammy skin
- unresponsiveness to pain or a person’s voice

The most dangerous side effect of fentanyl is that it can cause you to stop breathing, which can lead to death.
ODs: Signs & Symptoms

The following symptoms are signs of an overdose.

If you are using drugs, or are with someone who has used drugs, and you or they have any of these symptoms **call 911**:

- breathing is slow or not breathing at all
- nails and/or lips are blue
- choking or throwing up
- making gurgling sounds
- skin is cold and clammy
- can’t wake them up
Reduce Your Risk

Fentanyl is 100 times more toxic than morphine, heroin, or oxycodone. Even small amounts can result in overdose.

If you’re going to use:

• don’t use fentanyl, or any other drug, when you’re by yourself;
• start using in small amounts;
• do ‘test shots’ (or test doses);
• don’t mix drugs;
• avoid speedballing;
• always carry a Naloxone Kit;
• know when to call 911.
Addiction and Mental Health Contact

If you’re concerned about your own or someone else’s use of illicit drugs, or misuse of drugs of any kind, or if you would simply like more info on drug use, call the Addiction and Mental Health Helpline (available 24 hours a day, seven days a week) at 1-866-332-2322.
2/3 of Calgary’s fentanyl overdoses happen in suburban communities.

Have you talked to your children?

#FentanylKills

Fentanyl awareness ad from Calgary police
Evidence-based options

1. Take Home Naloxone
2. Opioid Dependency Treatment (methadone, buprenorphine)
3. Safe Consumption Sites
AHS has a harm reduction policy

- “AHS recognizes the value of harm reduction as an important component in the continuum of care required to effectively serve individuals that use psychoactive substances”
- “AHS 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”
Safeworks is the AHS Harm Reduction Team

- RNs, Social Workers, Peer Outreach
- Target populations:
  - Drug users
  - Sex trade workers
  - MSM
  - Street involved youth
Core Services

- Harm Reduction Resources
- Needle Exchange
- Health Assessments
- STI Testing, Treatment, Follow Up
- Hep C testing and referrals
- Vaccines
- Wound Care
- Sobriety Support
- Counseling & Referral
- Education
WHAT IS HARM REDUCTION

A spectrum of strategies designed to minimize or reduce the internal and external harms caused by using drugs and associated high-risk behaviours (e.g. sex trade)

Emphasizes any positive change and meeting people where they’re at.
“Harm reduction refers to policies, programmes and practices that aim to reduce the harms associated with the use of psychoactive drugs in people unable or unwilling to stop. The defining features are the focus on the prevention of harm, rather than on the prevention of drug use itself, and the focus on people who continue to use drugs”. (Harm Reduction International 2013)
PRINCIPLES OF HARM REDUCTION

- Evidence based and cost effective
- Incremental
- Dignity and Compassion
- Pragmatism
- Focus on harms
- Prioritization of goals
Global 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)
SUPPORTIVE STRATEGIES

• Focus on the risks, not the substances
• Focus on any positive change
• Build change based on the client’s strengths
• Invest in the process, not the outcome
• Engage your client’s ambivalence
• Challenge your own ambivalence
• Show people they have some control
• Treat your client the way you would want to be treated
The Challenge: Different Health Priorities

High Priority

#1 - Getting high & using habits
Avoiding withdrawal
Emergencies

Sleep
Nutrition

Getting tested, etc.

Low Priority
The Challenge:
Personal Vs. Professional Values

It may be difficult to work with people who are engaging in high-risk behaviours.

Harm reduction does not judge drug use or high-risk decisions as ‘good’ or ‘bad’, but looks at a person’s relationship to drugs.
The Challenge: Addiction

Big barriers to abstinence include:

- Tolerance – wanting to avoid withdrawal
- Challenges to Quitting – friends, family, self
- Reasons for Substance Use – denial, avoidance
- Pain – chronic, physical, psychological

Harm reduction helps create a safer space for your client to contemplate change!
Taking Harm Reduction to Work: Create Relationships

Things we all need to remember:

- Be patient
- Listen and offer positive feedback
- Expect boundaries to be tested
- Allow the client to be the expert in his own life
- Don’t push personal goals or values
- You cannot ‘save’ them
- Stay non-judgmental
- Always respect
- Build trust
Taking Harm Reduction to Work: Create Relationships

Things we *all* need to remember:

- Try not to act superior for having made different choices
- People won’t quit until *they* are ready
- Learn from your clients, they have a surprising amount of knowledge and expertise
Taking Harm Reduction to Work: Get Involved

- Refer, refer, refer!
- Help manage those “related issues” (housing, nutrition, income support, etc.)
- Spend time creating trusting relationships

You don’t have to be a harm reduction program to do harm reduction!
OVERDOSE PREVENTION

How can we support clients who are actively using? Educate about overdose prevention!!

Key messages:
- Try to not use alone
- Use safer routes
- Do a test hit first
- Know the signs and symptoms of an OD
- Not mixing drug
- Put in the recovery position, call 911
- Where to find community support & resources
Community Resources

Telephone-based information

- Health Link 811 (Alberta-wide)
- Addiction Helpline 1-866-322-2322 (Alberta-wide)
Online Resources

Calgary addiction services and treatment facilities

- www.calgaryaddiction.com

AHS Fentanyl Information

- www.albertahealthservices.ca/drugsfool.asp
- www.albertahealthservices.ca/info/Page11357.aspx

Safeworks Harm Reduction Program:

- www.albertahealthservices.ca/services.asp?pid=service&rid=1702
Take Home 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
• Administered by EMS 890 times last year (fiscal 2013-14)
• Edmonton (Streetworks) started the first program in Canada in 2005
• Toronto 2011 (expanded to all of Ontario 2013), BC 2012
Take Home Naloxone Kit

- 2 ampoules of 0.4mg/ml Naloxone
- 2 retractable syringes
- 2 alcohol swabs
- 2 nitrile gloves
- One-way rescue breathing barrier mask
- Administration instructions
- Kit identifier information
RESEARCH

Opioid overdose rates and implementation of overdose education and naloxone distribution in Massachusetts: interrupted time series analysis

Alexander Y Walley assistant professor of medicine, medical director of Massachusetts opioid overdose prevention pilot13, Ziming Xuan research assistant professor2, H Holly Hackman epidemiologist3, Emily Quinn statistical manager4, Maya Doe-Simkins public health researcher1, Amy Sorensen-Alawad program manager1, Sarah Ruiz assistant director of planning and development3, Al Ozonoff director, design and analysis core56

- 19 communities
- Overdose education and naloxone provision
- Outcomes:
  - Deaths due to opioid overdoses
- Trained 2912 bystanders
- 327 administrations
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

<table>
<thead>
<tr>
<th>Cumulative enrollments per 100 000 population</th>
<th>Rate ratio</th>
<th>Adjusted rate ratio† (95% CI)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absolute model:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No implementation</td>
<td>Reference</td>
<td>Reference</td>
<td></td>
</tr>
<tr>
<td>Low implementation: 1-100 enrollments</td>
<td>0.93</td>
<td>0.73 (0.57 to 0.91)</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>High implementation: &gt;100 enrollments</td>
<td>0.82</td>
<td>0.54 (0.39 to 0.76)</td>
<td>&lt;0.01</td>
</tr>
</tbody>
</table>

* Other factors which may influence overdose death rates are included in the models.
Community management of opioid overdose

TABLE 1. SUMMARY OF THE RECOMMENDATIONS

<table>
<thead>
<tr>
<th>No.</th>
<th>Recommendation</th>
<th>Strength of recommendation</th>
<th>Quality of evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>People likely to witness an opioid overdose should have access to naloxone and be instructed in its administration to enable them to use it for the emergency management of suspected opioid overdose.</td>
<td>Strong</td>
<td>Very low</td>
</tr>
</tbody>
</table>
Naloxone

Q21 Do you feel comfortable helping someone who has overdosed?

Answered: 86  Skipped: 2

- Yes
- No
- Unsure
Q23 If naloxone was available, would you be interested in having it?

Answered: 87   Skipped: 1

- Yes
- No
- Unsure
AH Take Home Naloxone Program

- Program launched July 2015
- 3250 kits purchased provincially
- Kits distributed through the harm reduction organizations, including AHS Safeworks in Calgary
- Sites require a trainer and a prescriber
- To date, 1517 kits have been given out, 130 overdose reversals reported
AHS Take Home Naloxone Program

- October 20, Provincial Emergency Command Center launched
- November 3, Calgary Zone Emergency Operations Center launched
- December 10, Ministerial Order allowing RNs to prescribe naloxone
- Program launched January 2015
- 4000 kits purchased provincially
- Currently working to expand distribution throughout AHS and with community partners
Fentanyl is often passed off as the new form of OxyContin.
Don’t be fooled.

Fentanyl is about 100 times more toxic than morphine, heroin, or oxycodone.

In 2014 alone, there were more than 100 deaths in Alberta, associated with Fentanyl.

In a number of those deaths, the people had many other drugs in their blood as well, including medicine used on animals during castration procedures.

Fact is: you never really know what you’re getting.

Fentanyl is often sold on the street as green beans, beans, green apples, apples, shady eighties, eighties, greenies or fake oxy.

But no matter what you buy... Fentanyl may be hiding in the drugs you’re using, and it can kill you.

*Credit to knowyoursource.ca/ for source material
Get Naloxone

Naloxone is a drug that can reverse a Fentanyl overdose, so long as it is given right away.

In other words: if you’re having an OD from Fentanyl (or other opioids), Naloxone can save your life.

You can get a Naloxone Kit to carry with you, when using drugs.

Naloxone kits are available free of charge to anyone at risk of opioid overdose (i.e. current or previous users of opioids).

To get your Naloxone Kit, visit one of the following organizations or a walk-in clinic:

- **Pharmacies and walk-in clinics carrying Take Home Naloxone Kits** (interactive map)
- **Take Home Naloxone Walk-in Clinics (PDF)**
- **Pharmacies Carrying Take Home Naloxone Kits** (PDF)

**MEDICINE HAT**
HIV Community Link
http://www.hivcl.org/about-us/medicine-hat/

**LETHBRIDGE**
Lethbridge HIV Connection
Current State - Provincial

1. 129 non-pharmacy sites, 64 of which accept walk-ins
   - Includes 40 EDs
   - 572 patients/friends/family trained
   - 533 kits dispensed
2. 573 community pharmacies
   - 123 kits dispensed
3. Certified trainers:
   - 1529 internal staff, 203 external staff
   - Another 298 in the certification process
## Current State - Provincial

<table>
<thead>
<tr>
<th>Zone</th>
<th>Sites registered (Includes corrections, ODP, Health Centres, AHS Pharmacies, etc)</th>
<th>Of the site registered how many accept walk in clients?</th>
<th>Community Pharmacies registered</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Zone</td>
<td>36</td>
<td>31</td>
<td>57</td>
</tr>
<tr>
<td>Edmonton Zone</td>
<td>15</td>
<td>5</td>
<td>185</td>
</tr>
<tr>
<td>Central Zone</td>
<td>28</td>
<td>18</td>
<td>55</td>
</tr>
<tr>
<td>Calgary Zone</td>
<td>33</td>
<td>8</td>
<td>222</td>
</tr>
<tr>
<td>South Zone</td>
<td>17</td>
<td>2</td>
<td>54</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>129</strong></td>
<td><strong>64</strong></td>
<td><strong>573</strong></td>
</tr>
</tbody>
</table>
Current State – First Nations
THN Access in Calgary Zone

- All urban EDs All urban AMH sites (detox, residential treatment)
- All inpatients in urban acute care facilities
- 2 post-secondary institutions offering THN to walk-ins
- 3 inner city primary clinics (CUPS, The Alex and East Calgary FCC), 2 PCNs, 1 community clinic
- 4 sexual and reproductive health clinics
- Rural EDs and AMH sites in planning phase, ongoing work with Primary Care
- All EMS ambulances in the Zone
Outline

- Surveillance
- Response
- Future Directions
Future Directions - Governance

- ECC decommissioned February 3, 2016
- Provincial Joint Harm Reduction Steering Committee launched
  - Co-chaired by PPAH and AMH
  - Continue expansion of THN access
  - Expand access to opioid dependency treatment
  - Consider options around safe injection sites
  - Develop comprehensive harm reduction initiatives and increase harm reduction capacity in all Zones
- The Fentanyl Response Team is transitioning to be part of the Valuing Mental Health Advisory Committee. The first meeting will occur on May 12, 2016.
Opiate-blocker Naloxone no longer requires a prescription, Health Canada says

Health advocates had been calling for the change following fentanyl-related overdoses

By Maryse Zeidler, CBC News  Posted: Mar 22, 2016 5:40 PM PT  |  Last Updated: Mar 22, 2016 5:40 PM PT

Take-home naloxone kits are available without a prescription, but must be administered through an injection. A nasal-spray form is not yet available in Canada. (CBC)
Future Directions – Naloxone Access

• Alberta’s Scheduled Drugs Regulation is being amended to move naloxone from Alberta’s Schedule 1 (prescription drugs) to Schedule 2 (behind the counter medication).
• This work is anticipated to be completed by May, 2016.
• However, this will only allow non-prescription access to naloxone through pharmacies. All other providers (i.e., nurses) will continue to require a prescription.
• These changes will NOT allow access to naloxone by a third party.
Future Directions – Naloxone Access

• Discussions are underway with the Alberta College of Pharmacists and other professional colleges regarding changing professional standards to allow providing the drug to third parties.
Future Directions - Surveillance

- A cross-stakeholder Emerging Substances Monitoring Working Group is meeting to develop and implement a means to monitor and a protocol to respond to emerging substance use issues.
Future Directions

• AHS is working to implement year-one priorities of the ODT Service Delivery Model & Expansion Action Plan. AH has provided grant to AHS for $3 million to enable this work to move forward.

• Partnership with law enforcement
Future Directions – Opioid Prescribing

Canada 753mg/capita
US 693 mg/capita
Questions/Discussion