

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

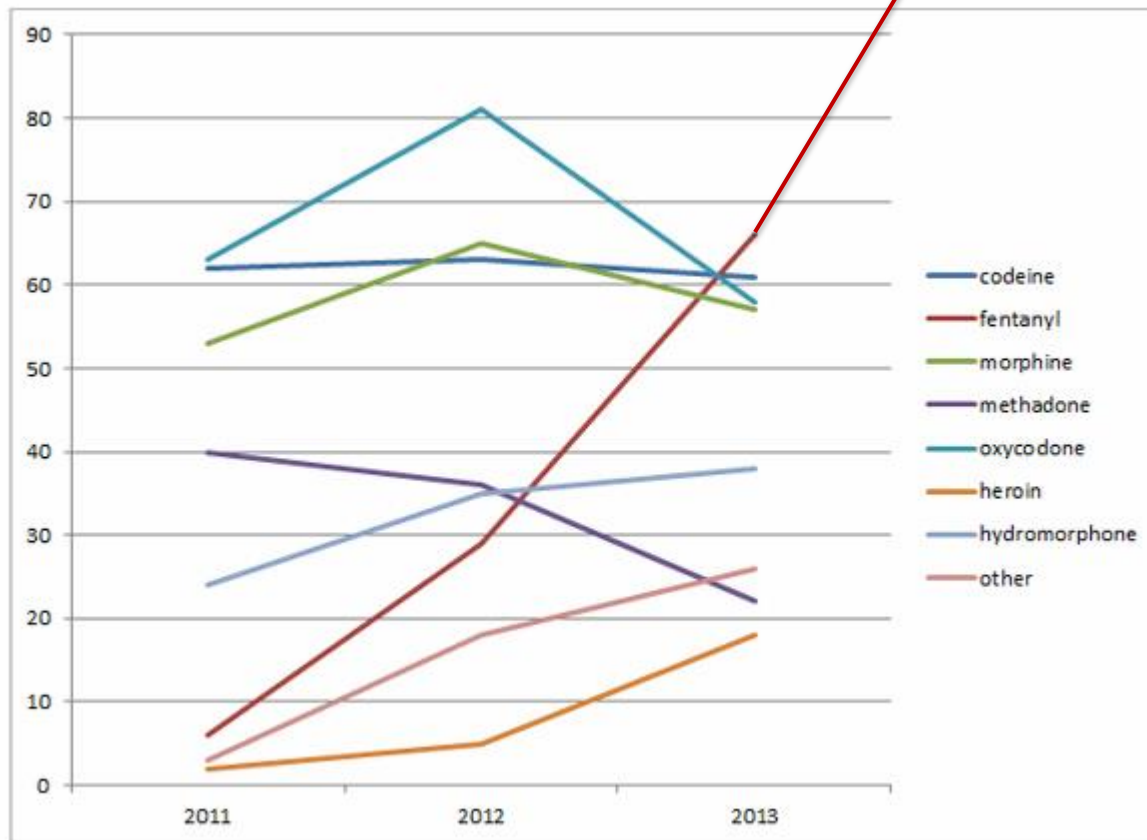
- Deaths due to an acute drug toxicity with
 - One or more opioids listed on the ME's certificate of deathOR
 - A review of the toxicology database showed one or more opioids present

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

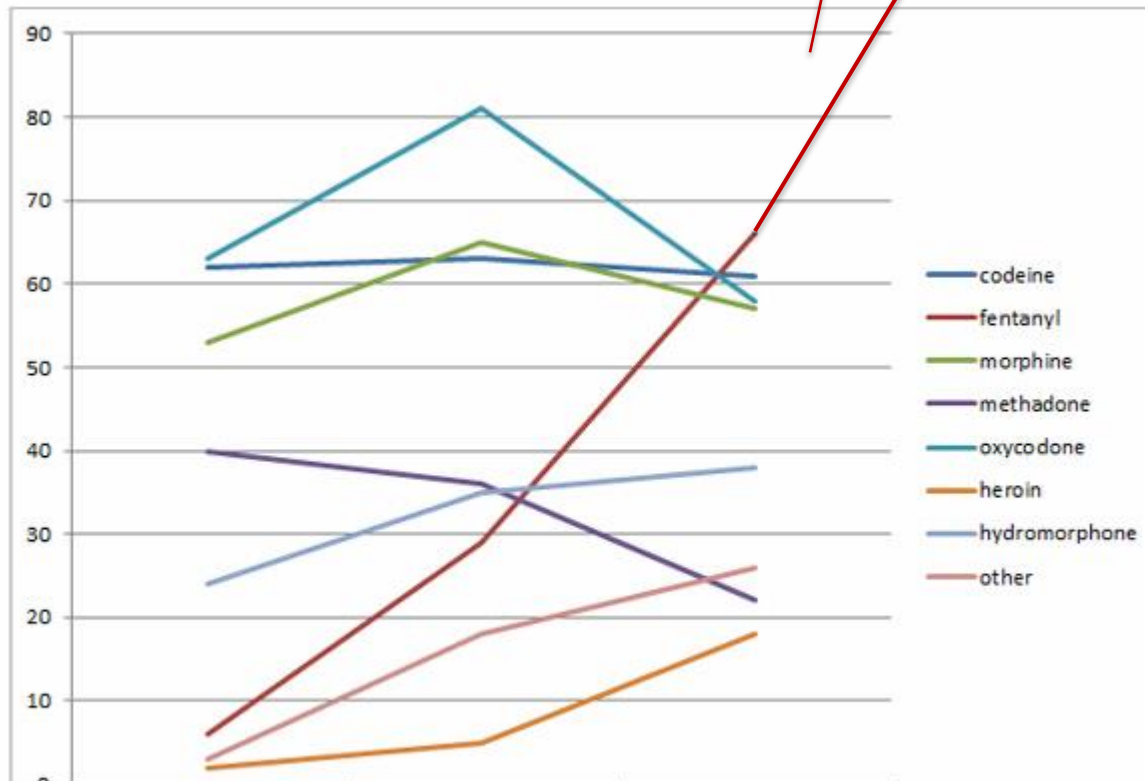
Overdose deaths involving fentanyl are increasing

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

Overdose deaths by Opioid type



Overdose deaths by Opioid type



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



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.

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

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

	T401* (Poisoning by heroin)					T402** (Poisoning by other opioids)					T404*** (Poisoning by other synthetic narcotics)				
	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016
SOUTH	3	7	6	3	1	119	111	134	197	10	15	22	11	59	5
CALGARY	31	36	55	92	14	266	309	336	412	39	21	26	41	175	16
CENTRAL	3	5	17	41	8	135	157	154	172	17	11	14	16	58	6
EDMONTON	28	19	57	118	6	385	421	434	470	45	18	35	37	92	16
NORTH	5	11	13	25	3	115	154	181	178	17	14	17	17	93	4
Unknown	8	13	35	59	4	84	85	85	120	9	4	3	11	48	8
Total	78	91	183	338	36	1,104	1,237	1,324	1,547	137	83	117	133	523	55

*: AHS ECC 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 ECC 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**)

Cumulative number of calls (2015 - 2016)	2015												2016		
	January	February	March	April	May	June	July	August	September	October	November	December	January	February	March
SOUTH	4	8	7	7	4	5	6	13	5	12	8	3	6	4	3
CALGARY	22	37	34	21	25	33	38	50	42	55	55	47	44	48	24
CENTRAL	9	6	9	4	3	4	4	8	4	3	6	6	7	8	8
EDMONTON	15	22	23	28	21	26	18	27	28	27	30	17	26	32	12
NORTH	8	3	8	5	1	5	7	9	3	2	6	4	11	5	4
Unknown	1	1			1	1	1	2				2	1		
Total	59	77	81	65	55	74	74	109	82	99	105	79	95	95	51

*: 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

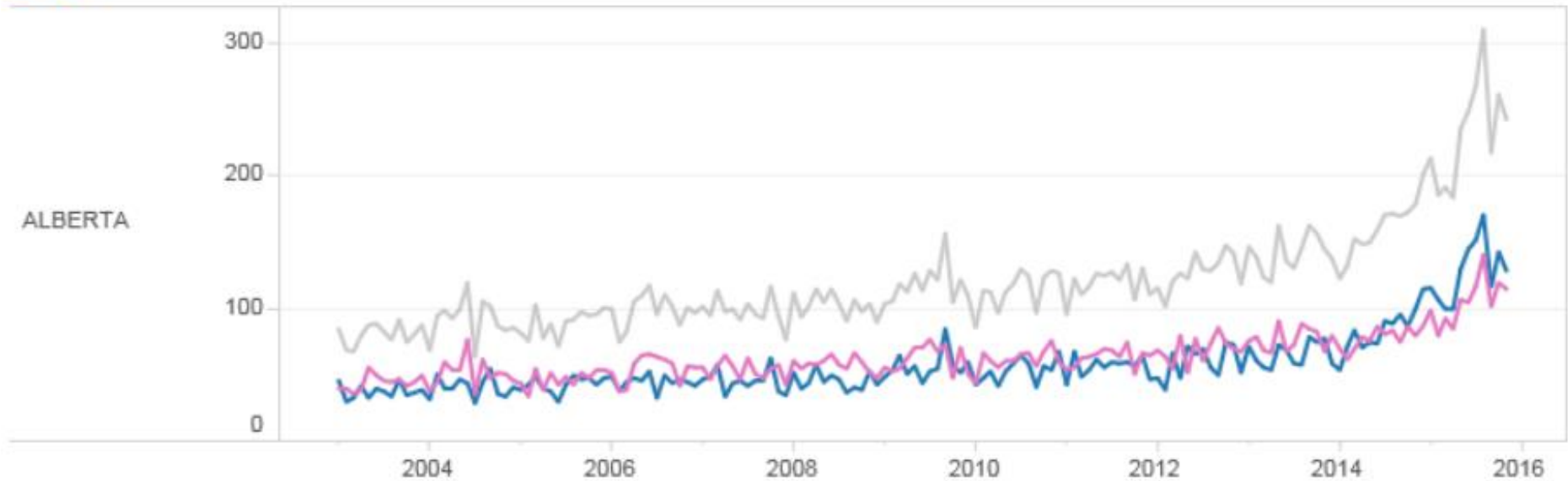
Deaths* in Alberta in which Fentanyl was detected and implicated (January 1 - December 31, 2015**)

	Death
SOUTH	15
CALGARY	90
CENTRAL	35
EDMONTON	75
NORTH	57
Total	272

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

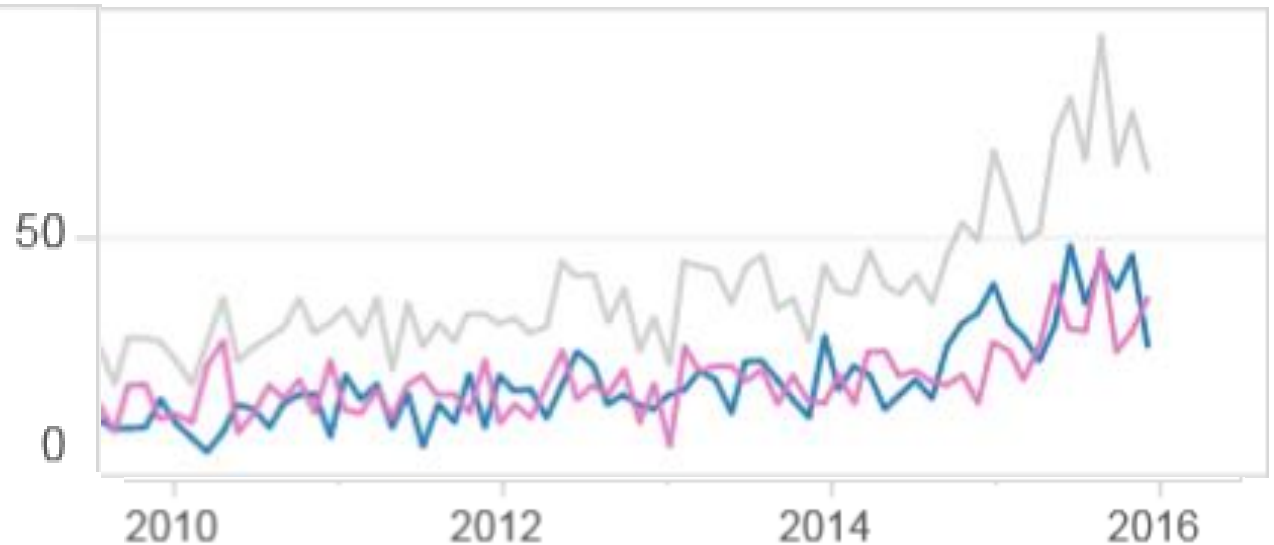
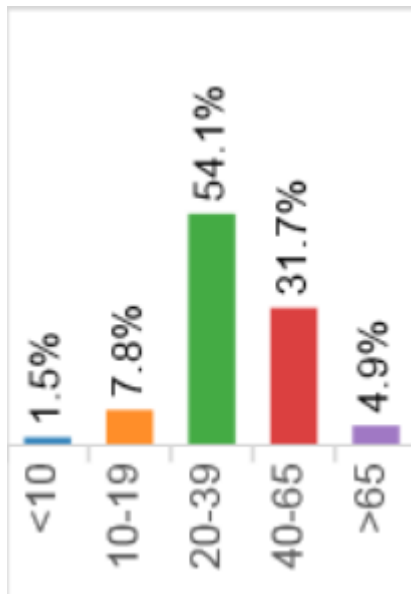
** : the above table includes data from January 1 to December 31, 2015.

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



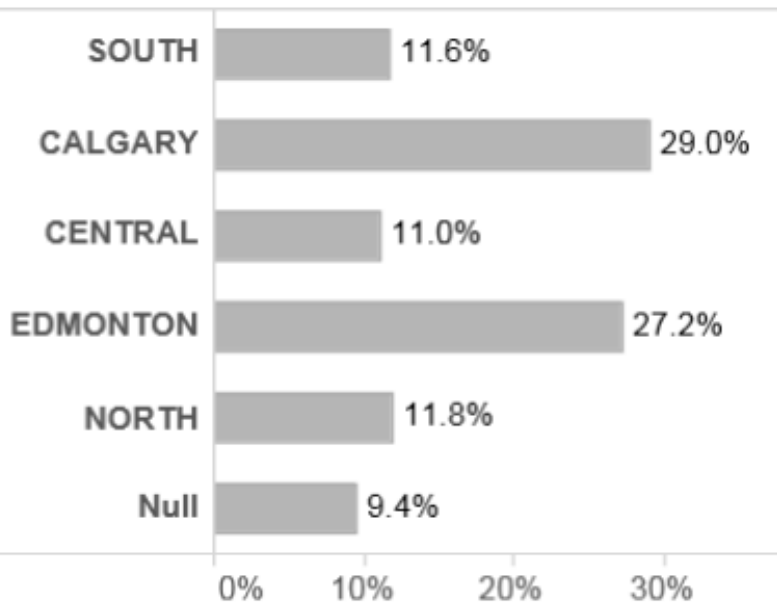
ED visits for overdose – Calgary

CALGARY

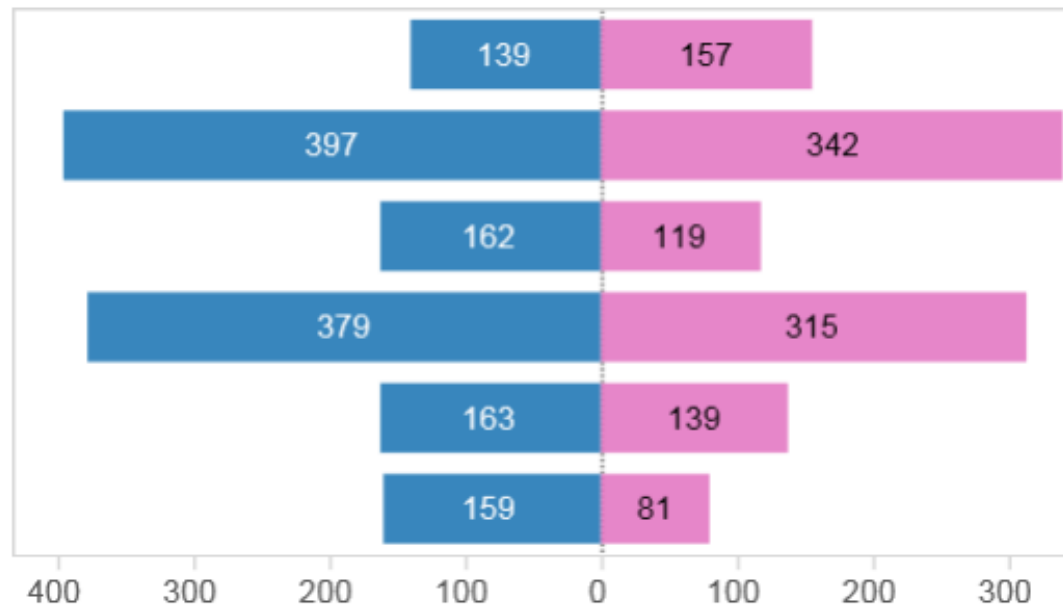


ED Visits for Overdose (2015)

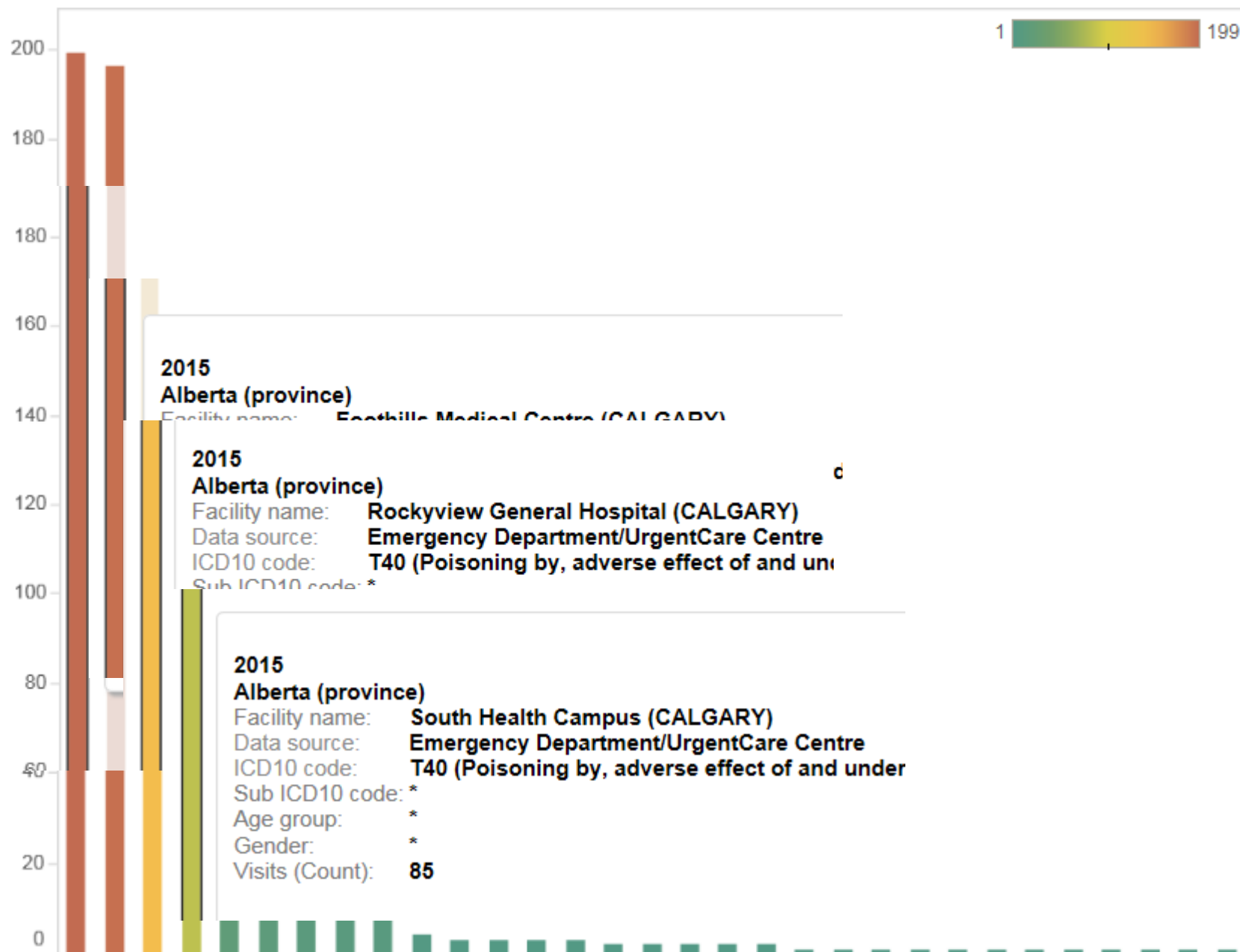
Percentage by zone



Count by gender and zone

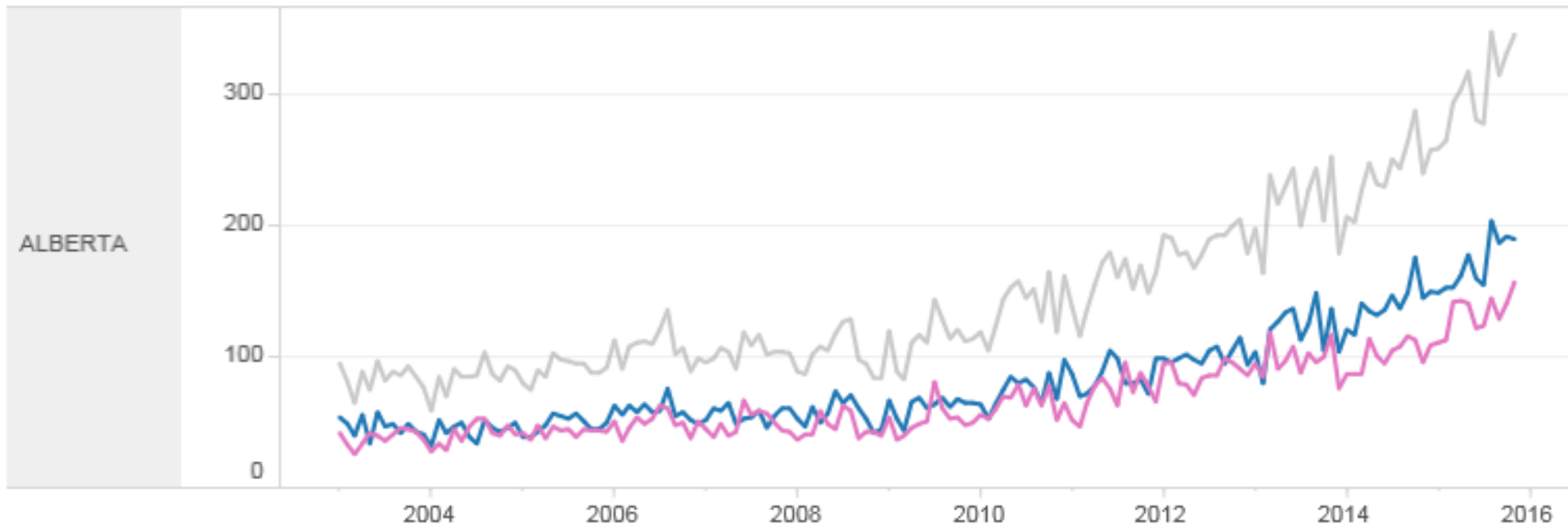


Emergency Department/UrgentCare Centre Count (of unique Visits) for ICD code T40 (Poisoning by, adverse effect of and underdosing of narcotics and psychodysleptics) by facilities; 2015

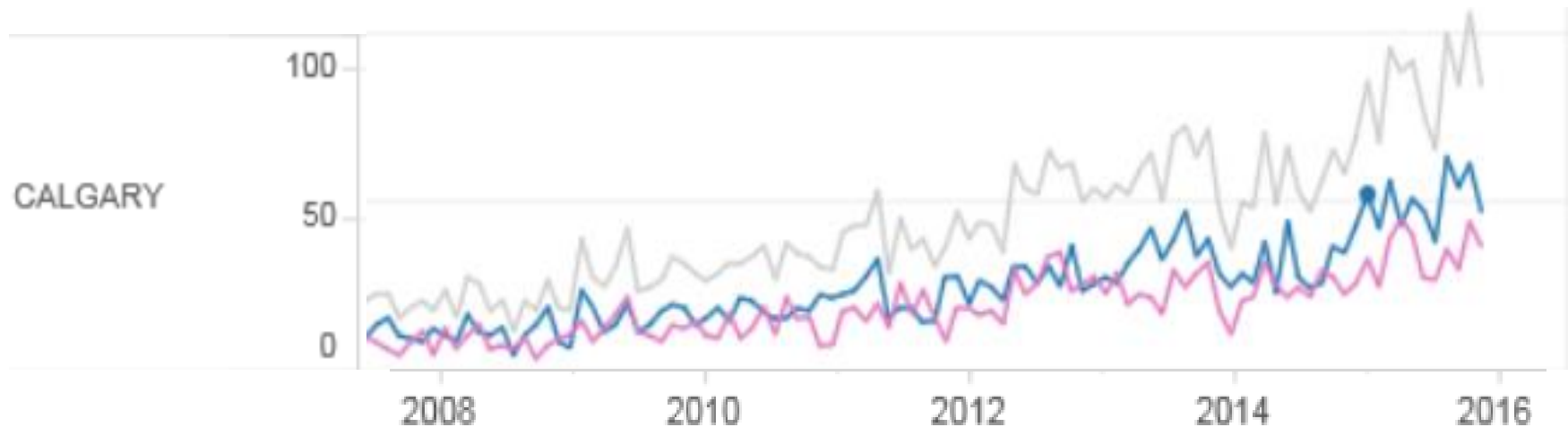


Non-overdose Opioid-related ED visits

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



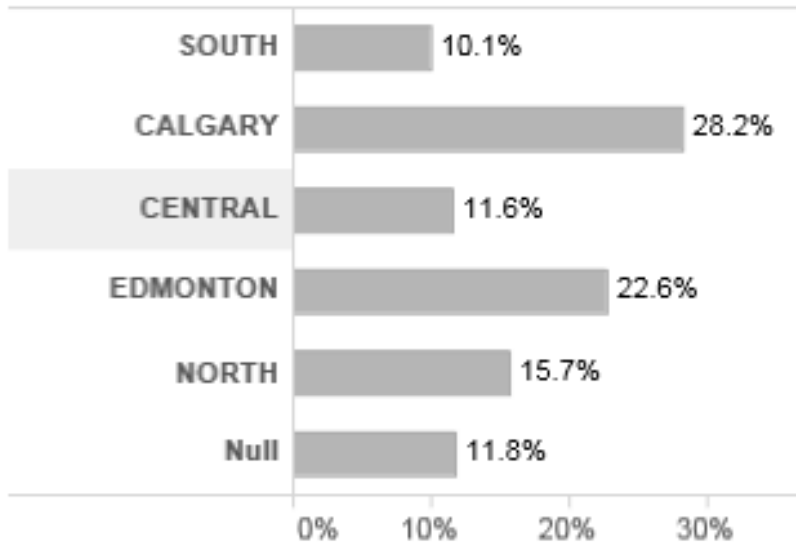
Non-overdose Opioid-related ED visits



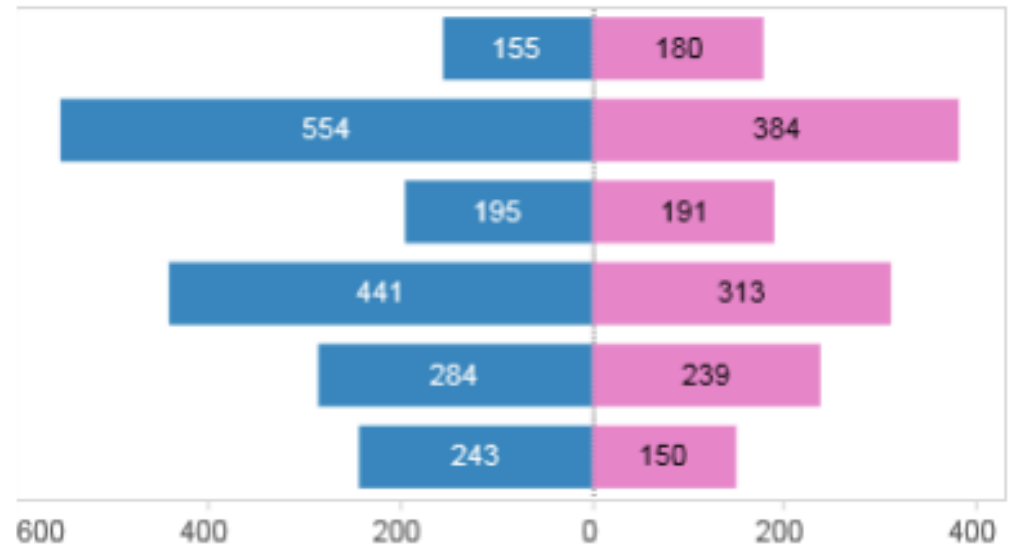
Non-overdose ED visits for Opioids

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

Percentage by zone

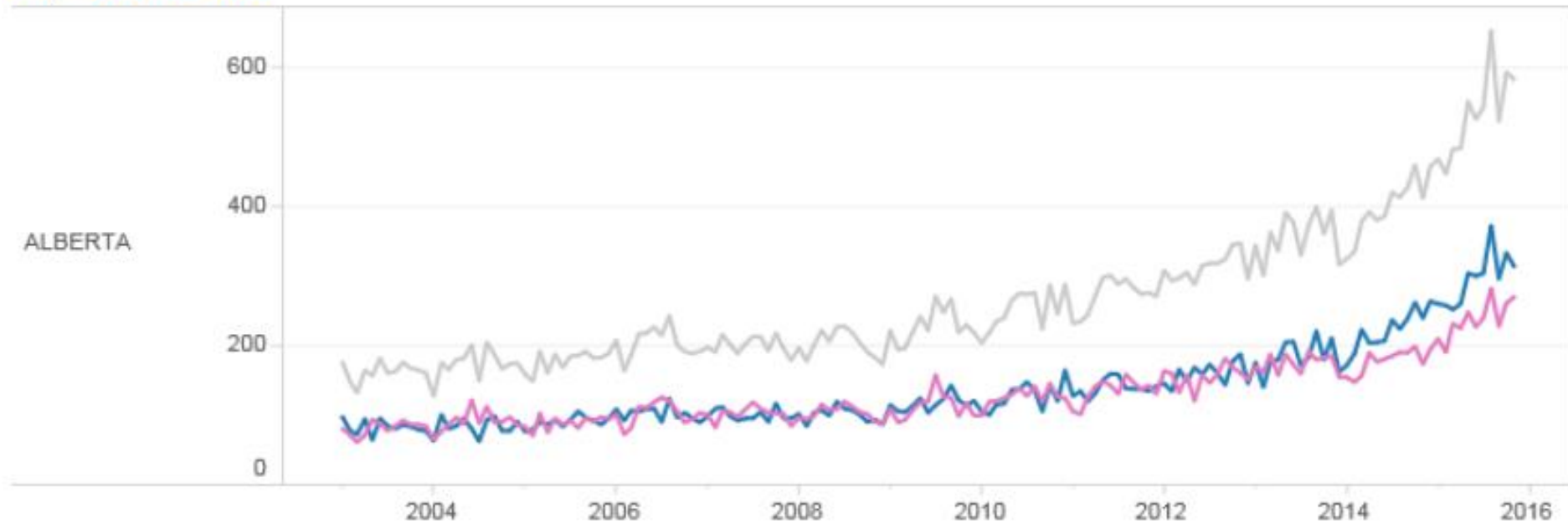


Count by gender and zone

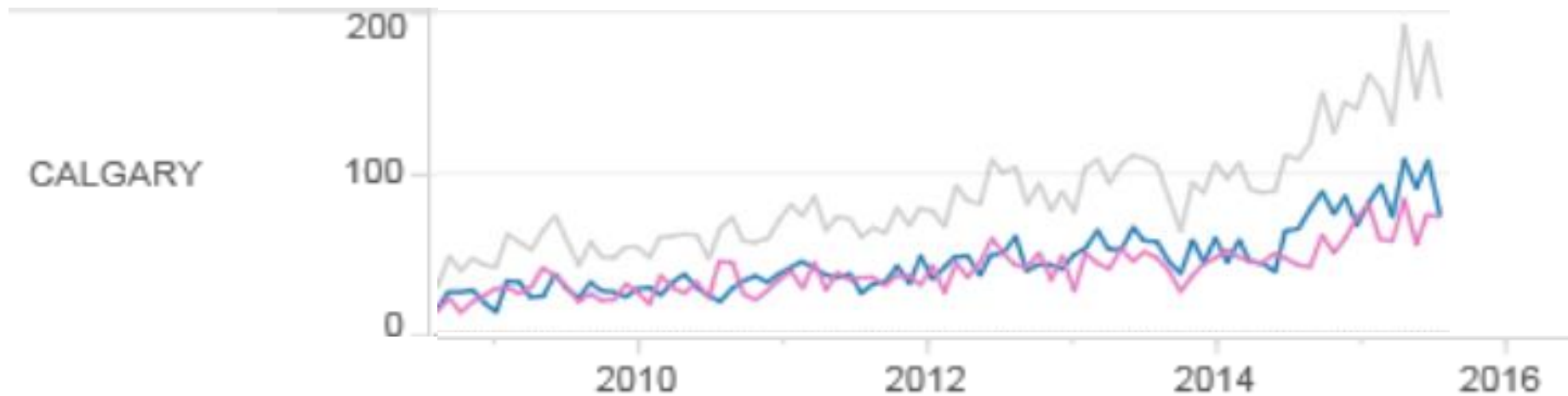


ED Visits – Combined

Emergency Department/UrgentCare Centre Count (of unique Visits) by Month for ICD10 code All; 2003 - 2015

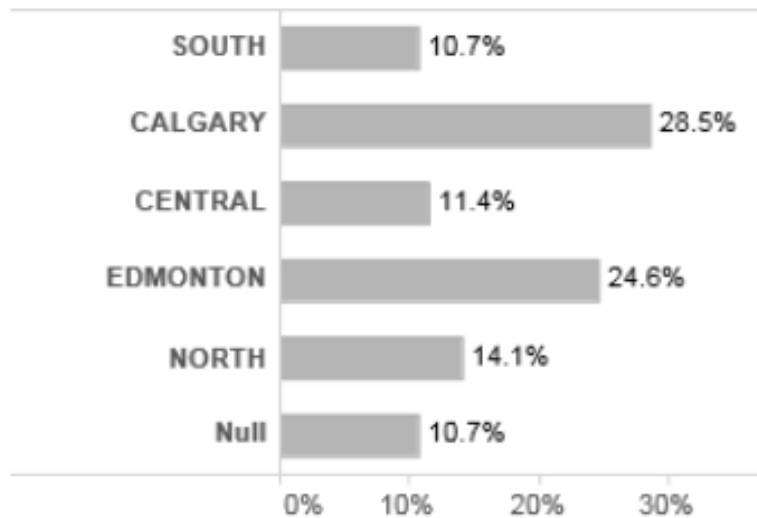


ED Visits – Combined

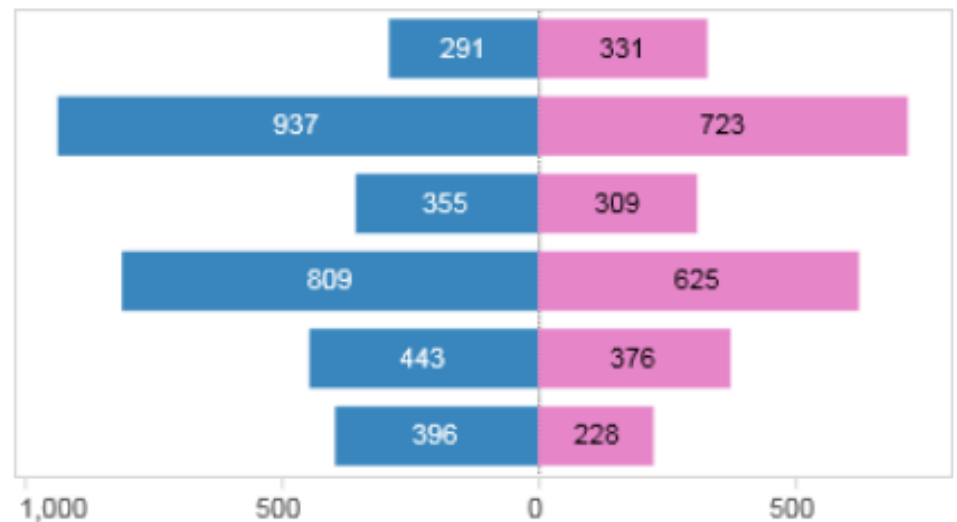


Emergency Department/UrgentCare Centre Visits for ICD10 code All; 2015

Percentage by zone



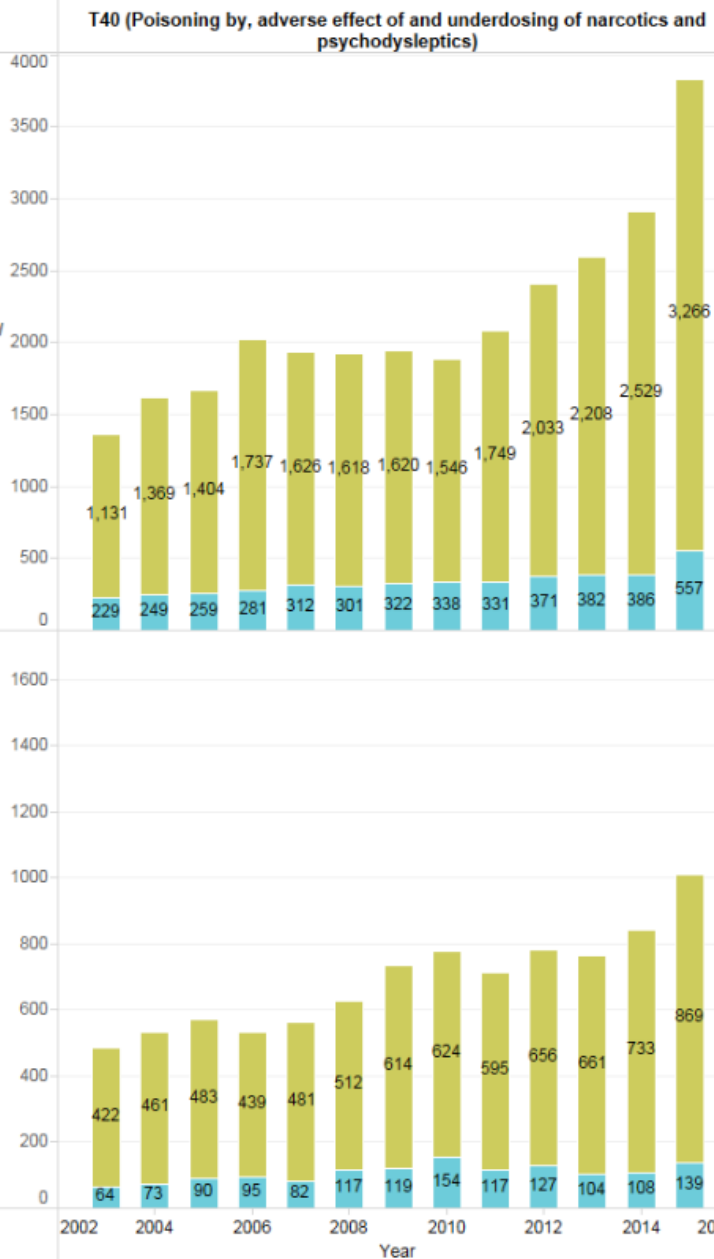
Count by gender and zone



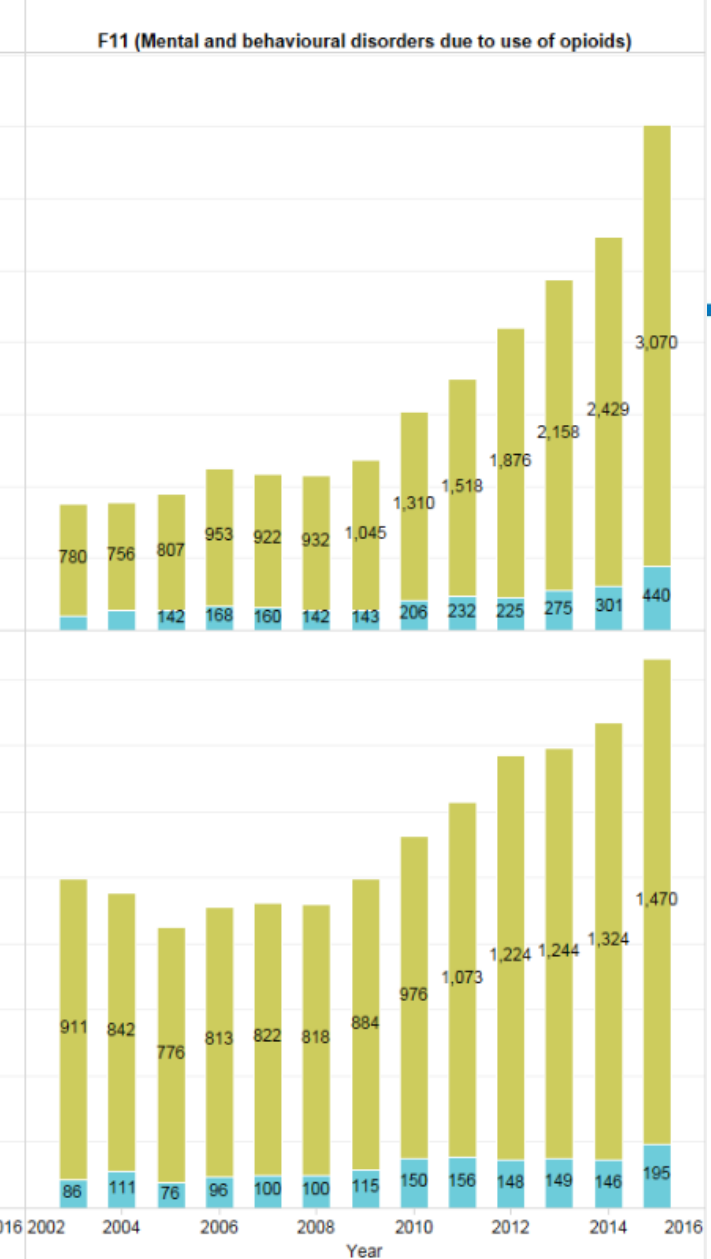
First Nations



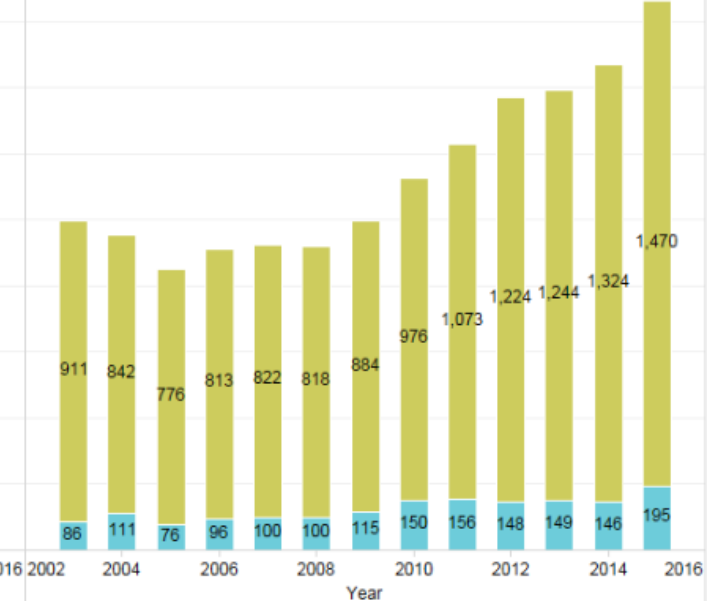
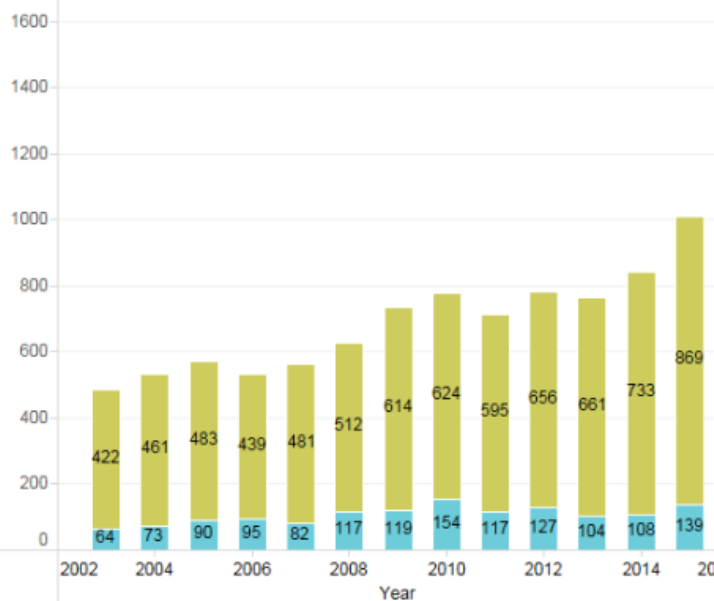
Emergency Department/
UrgentCare
Centre



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



Inpatient

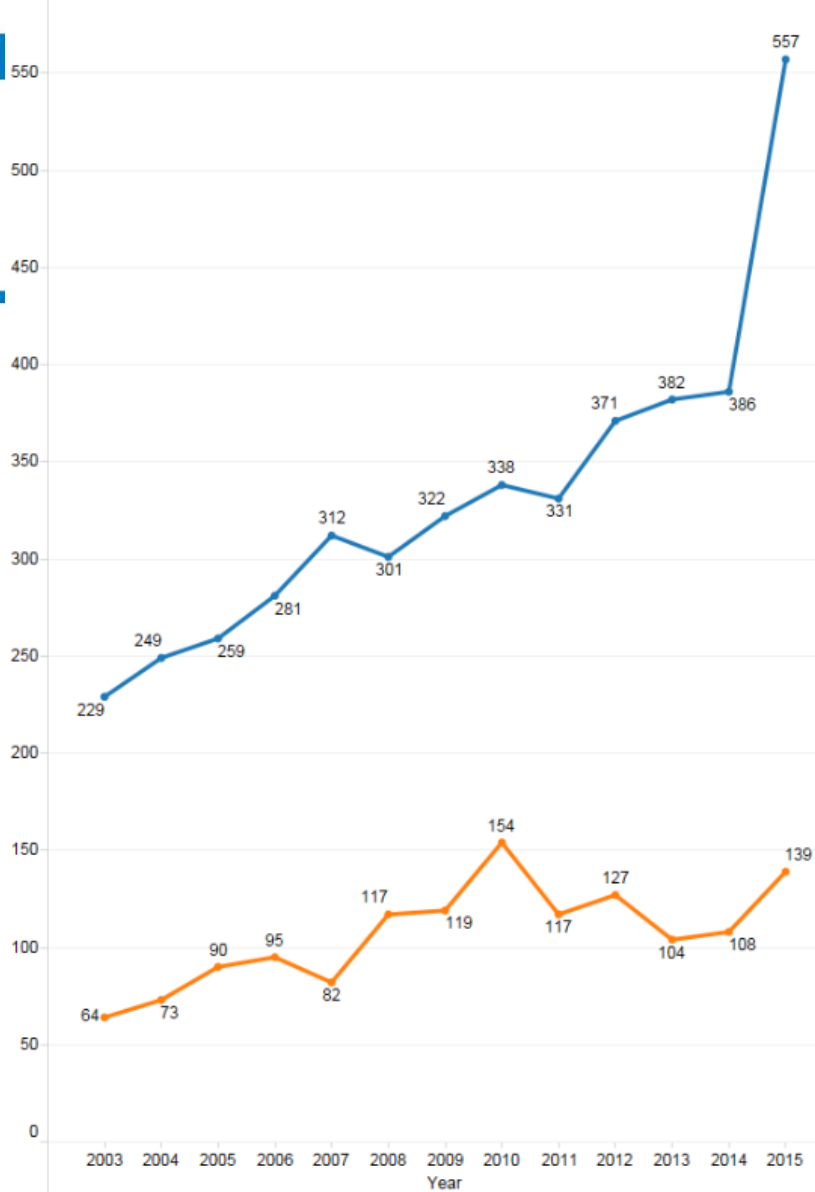


■ Non-First Nation ■ First Nation

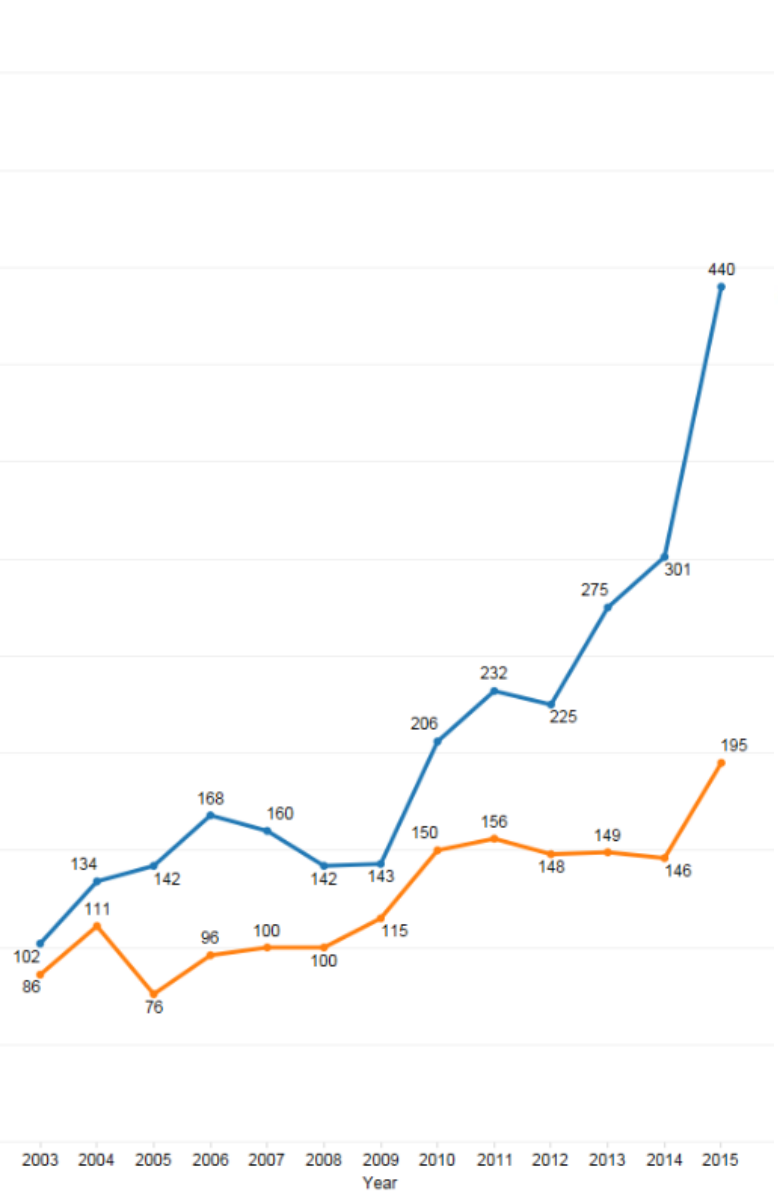
Note: include T400-409 and F110-119; patients from Alberta.



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



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



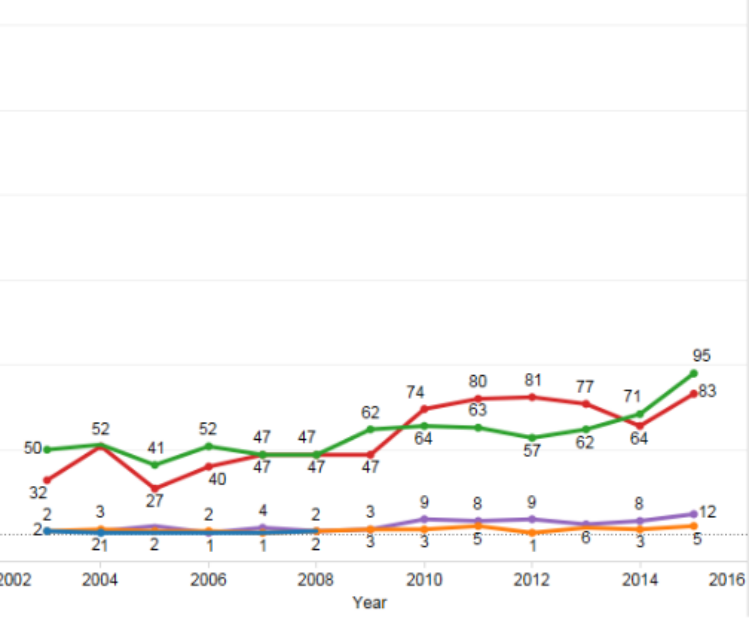
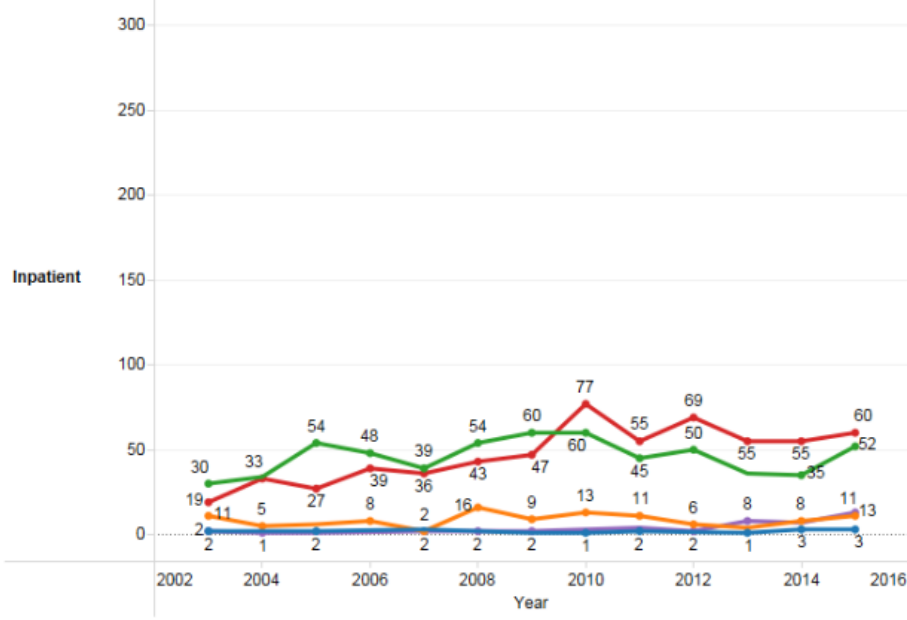
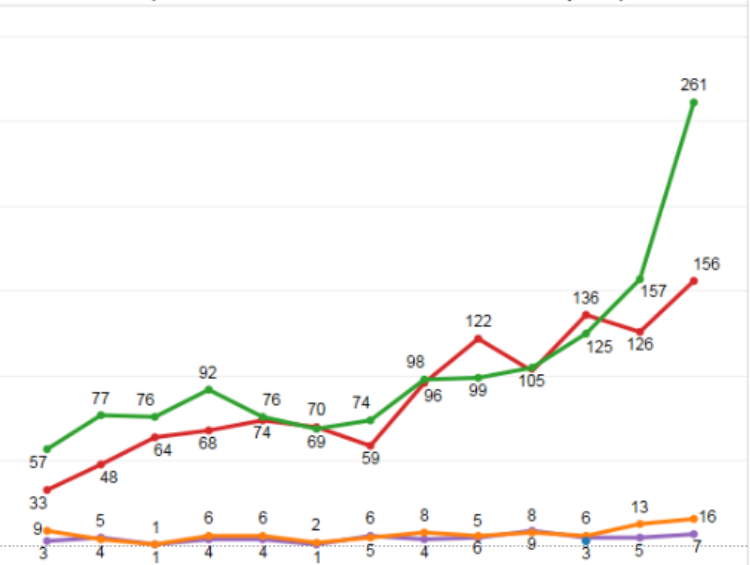
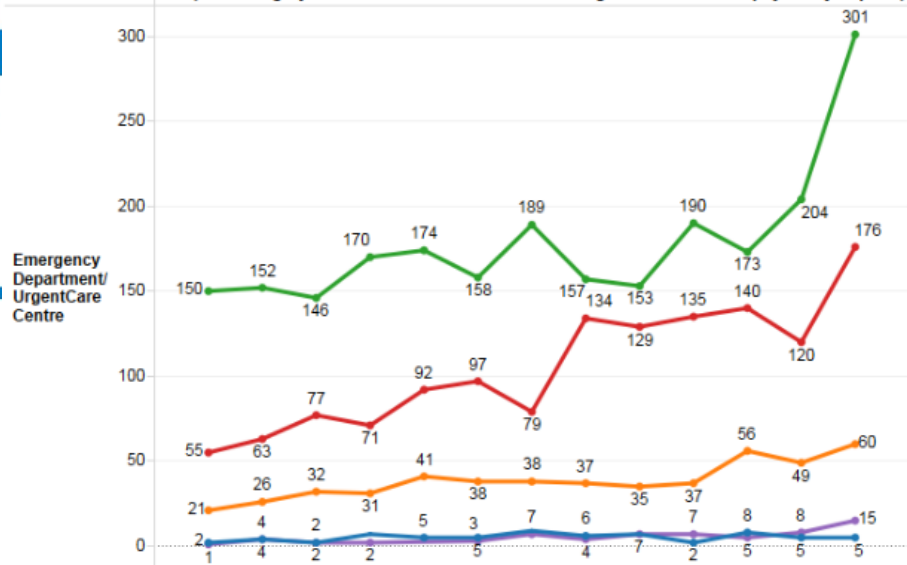
■ Emergency Department/UrgentCare Centre ■ Inpatient

Note: include T400-409 and F110-119; patients from Alberta.



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

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



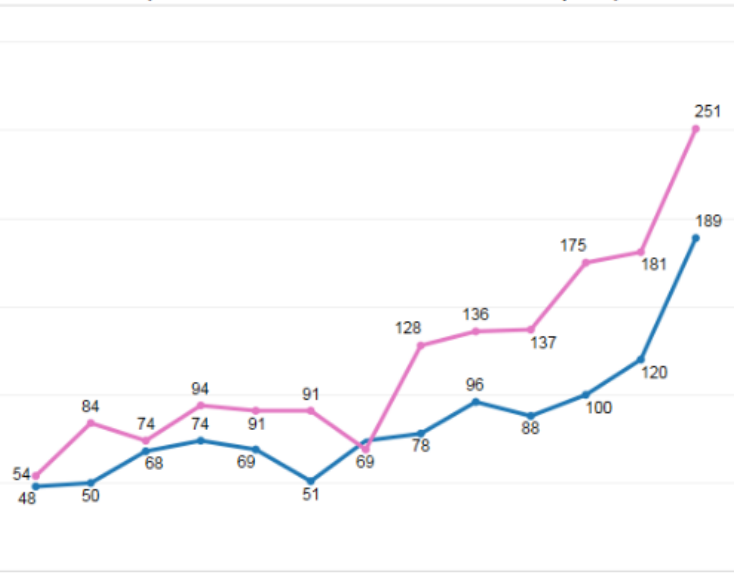
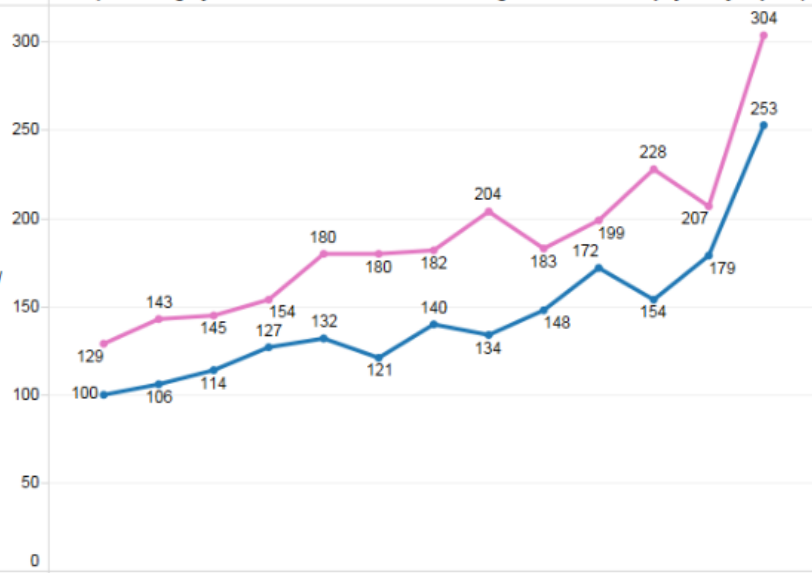
Legend: <10 (blue), 10-19 (orange), 20-39 (green), 40-65 (red), >65 (purple)

Note: include T400-409 and F110-119; patients from Alberta.

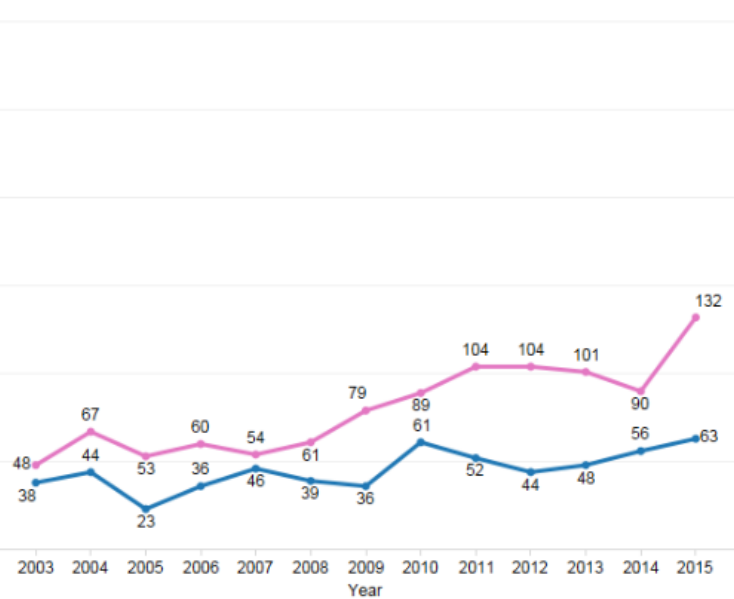
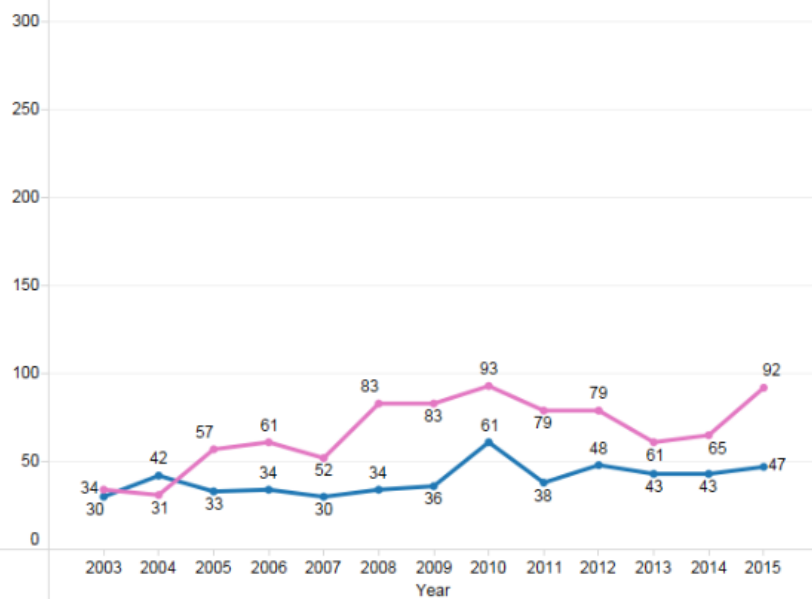
T40 (Poisoning by, adverse effect of and underdosing of narcotics and psychodysleptics)

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

Emergency Department/
UrgentCare Centre



Inpatient



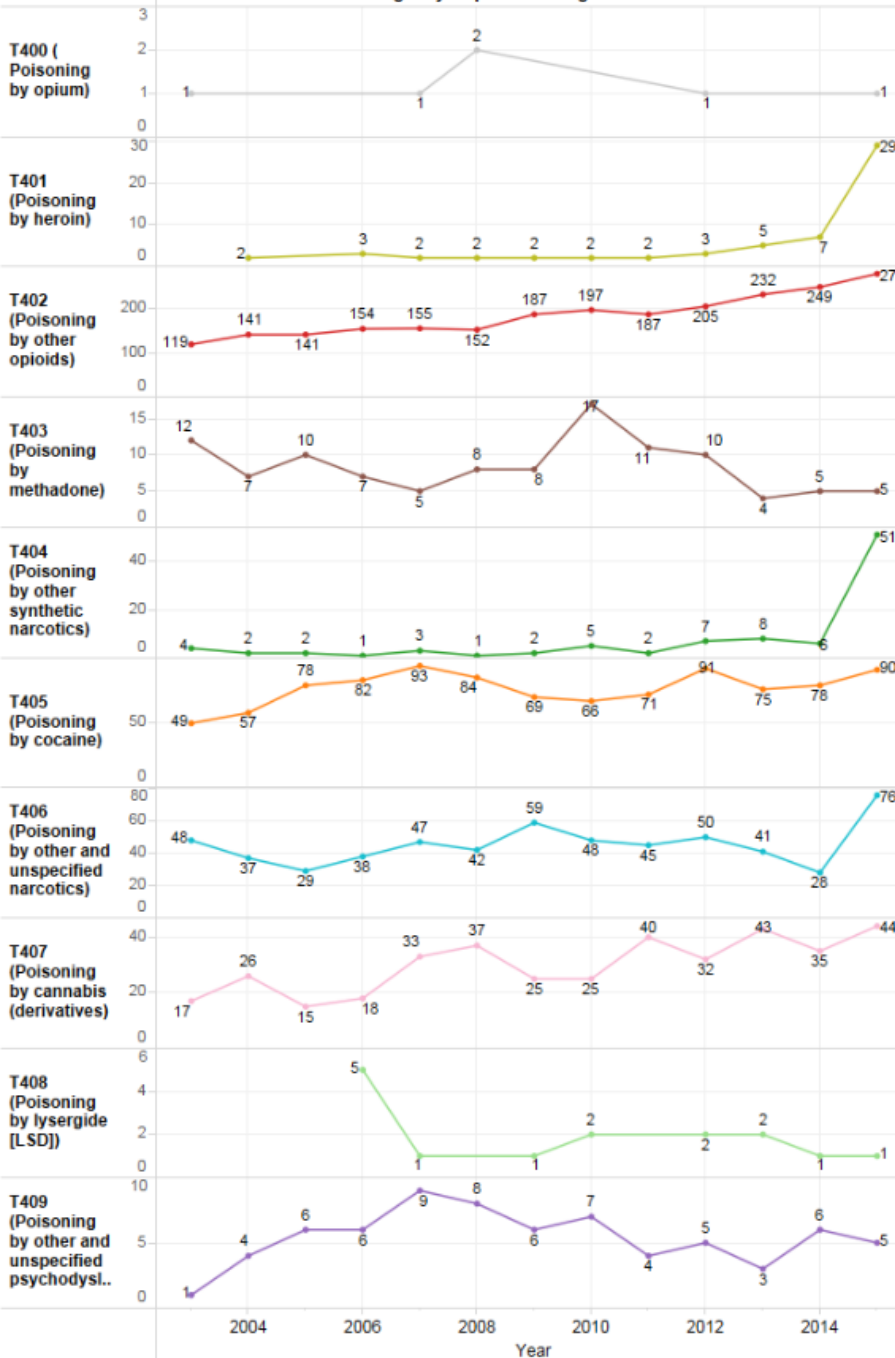
Female

Male

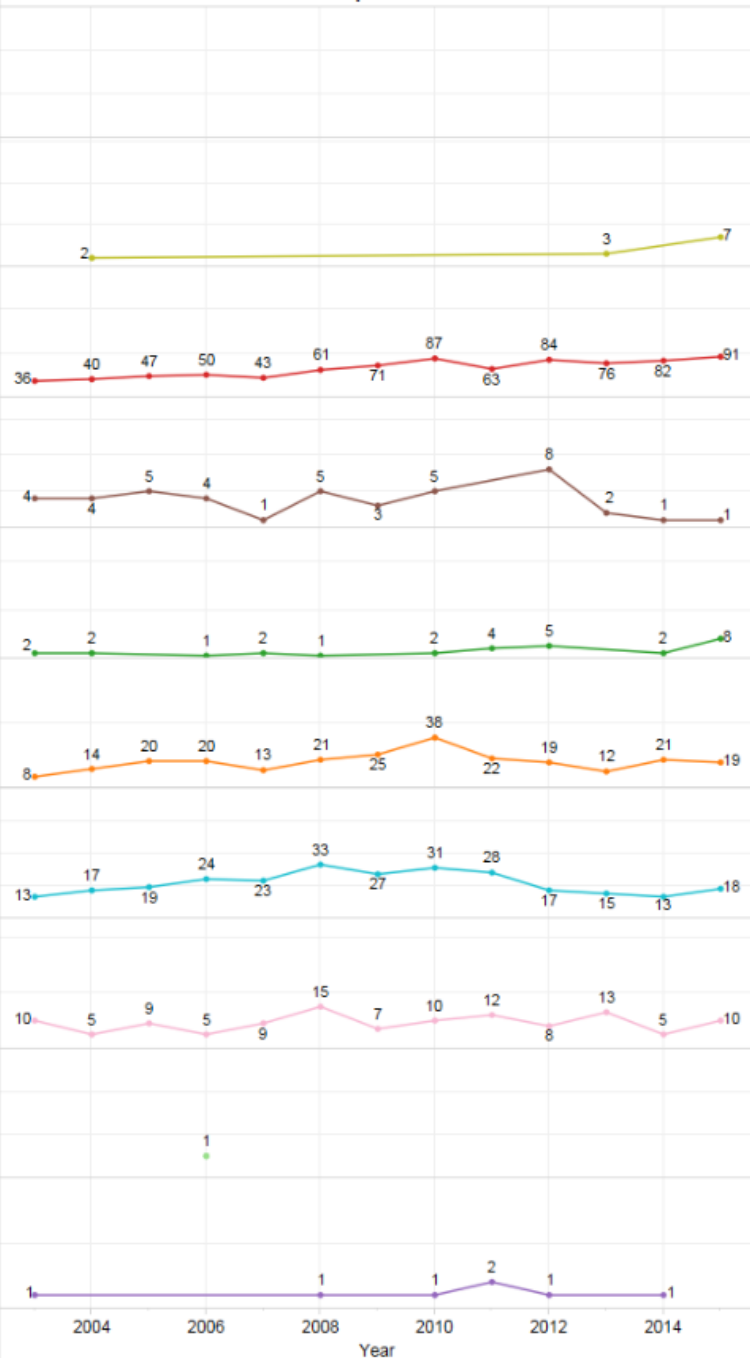
Note: include T400-409 and F110-119; patients from Alberta.

Emergency Department/UrgentCare Centre & Inpatient visits for ICD10 code T40 for First Nation; by sub-ICD 10 codes and year, 2003-2015

Emergency Department/UrgentCare Centre



Inpatient

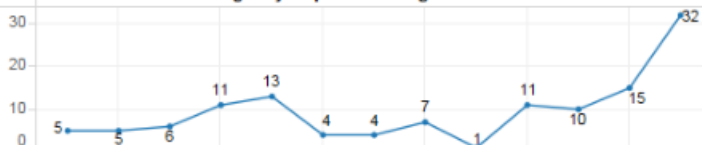




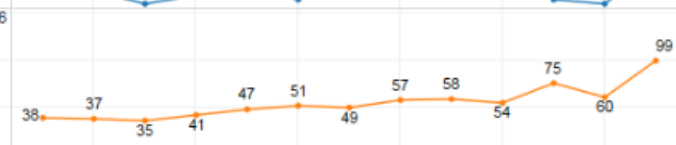
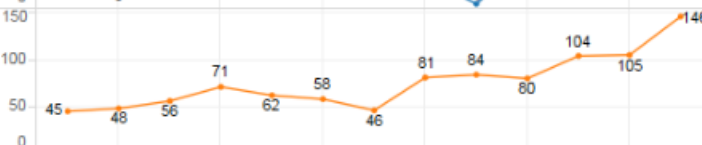
Emergency Department/UrgentCare Centre

Inpatient

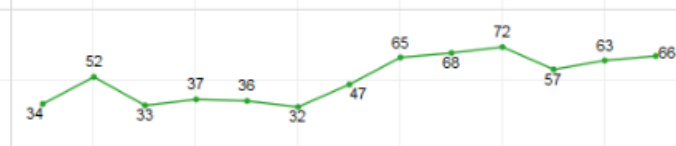
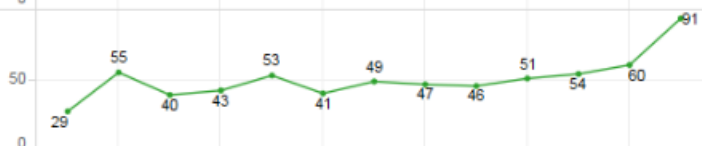
F110 (Mental and behavioural disorders due to use of opioids, acute intoxication)



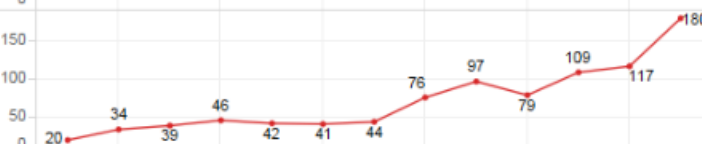
F111 (Mental and behavioural disorders due to use of opioids, harmful use)



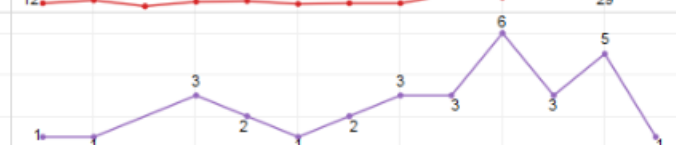
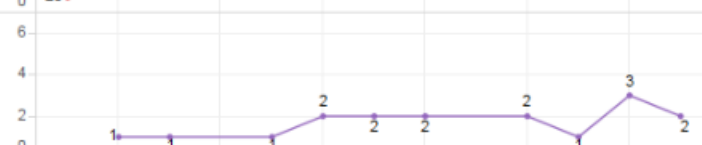
F112 (Mental and behavioural disorders due to use of opioids, dependence syndrome)



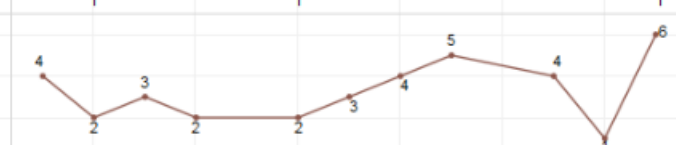
F113 (Mental and behavioural disorders due to use of opioids, withdrawal state)



F114 (Mental and behavioural disorders due to use of opioids, withdrawal state with delirium)



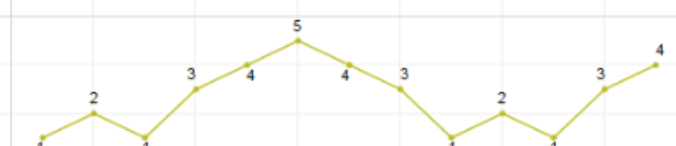
F115 (Mental and behavioural disorders due to use of opioids, psychotic disorder)



F117 (Mental and behavioural disorders due to use of opioids, residual and late-onset psychotic disorders)



F118 (Mental and behavioural disorders due to use of opioids, other mental and behavioural disorders)



F119 (Mental and behavioural disorders due to use of opioids, unspecified mental and behavioural disorders)



Why

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

EC

Products

acetyl fent

Categories

Pharmacology (62)

Drugs (2)

Other Chemicals

Groups

All Products

1 Product

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Select Category

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Acetylfentanyl Powder (99%+ Pure)

(2 CUSTOMER REVIEWS)



\$39.97 - \$6,999.97

Quantity

Choose an option

SKU: N/A

Category: Research Chemicals

DESCRIPTION >

ADDITIONAL INFORMATION

REVIEWS (2)

Product Description

Buy Acetylfentanyl (Desmethylenfentanyl, 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.

Log in Options

Log In
Register

Products

Oxandrolone / Anavar Powder (99%+ Pure) 
\$139.97 - \$6,999.97

AB-PINACA Powder (99%+ Pure) 
\$14.97 - \$1,799.97


Bk-2C-B Powder (99%+ Pure) 
\$64.97 - \$2,199.97

AB-FUBINACA Powder (99%+ Pure) 
\$14.97 - \$1,799.97

MAM-2201 powder (99%+ Pure) 
\$14.97 - \$1,999.97

Methoxyphenidine Powder (99%+ Pure) 
\$14.97 - \$3,799.97

Dimethylone Crystal (99%+ Pure) 
\$14.97 - \$2,199.97

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

Community | Help

Products

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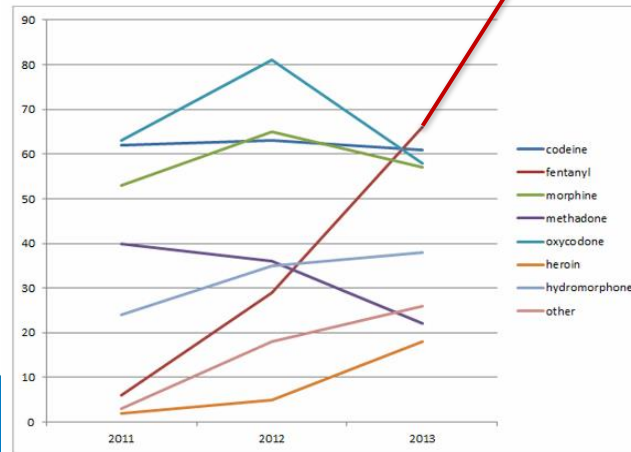
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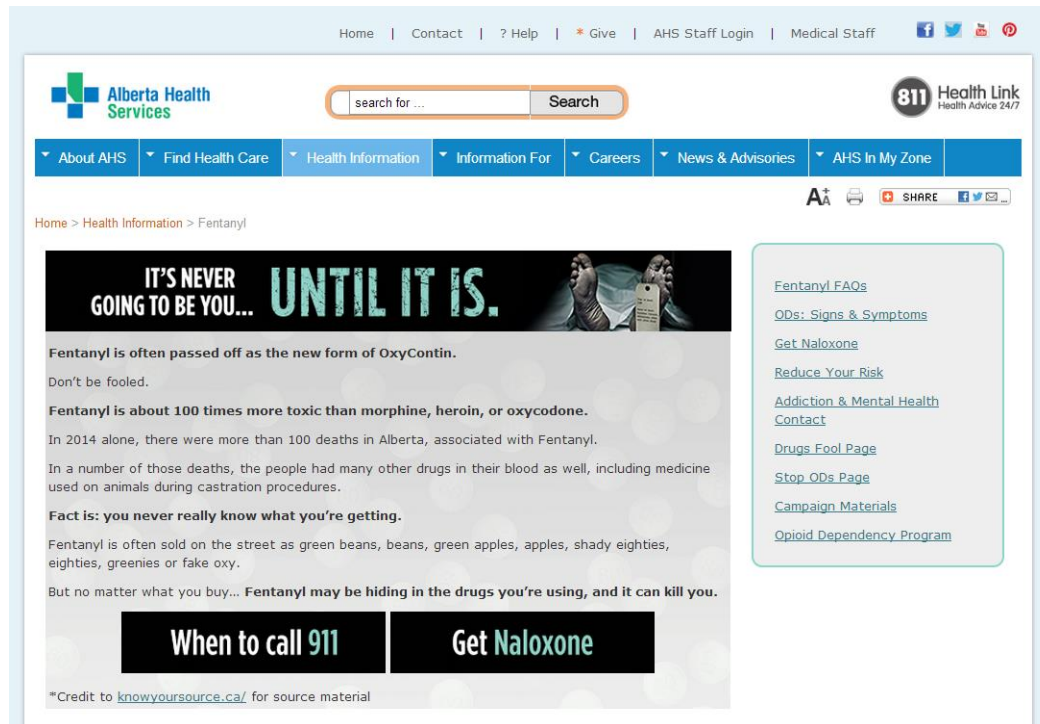
Outline

- Surveillance
- **Response**
- Future Directions



Awareness Campaign

- Launched in September, re-launched in December



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Alberta Health Services

search for ... Search

811 Health Link Health Advice 24/7

About AHS Find Health Care Health Information Information For Careers News & Advisories AHS In My Zone

Home > Health Information > Fentanyl

IT'S NEVER GOING TO BE YOU... UNTIL IT IS.

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.

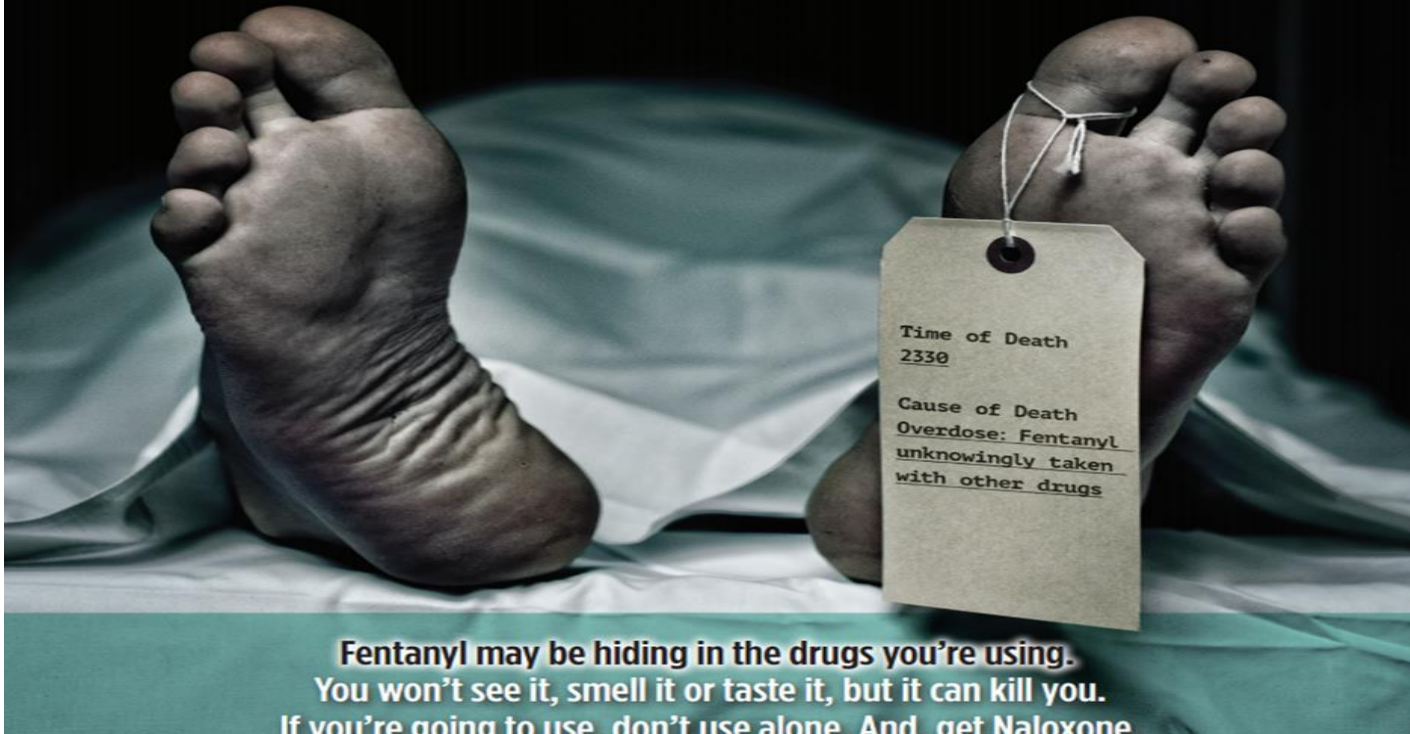
But no matter what you buy... Fentanyl may be hiding in the drugs you're using, and it can kill you.

When to call 911 **Get Naloxone**

*Credit to knowyoursource.ca/ for source material

Fentanyl FAQs
ODs: Signs & Symptoms
Get Naloxone
Reduce Your Risk
Addiction & Mental Health Contact
Drugs Fool Page
Stop ODs Page
Campaign Materials
Opioid Dependency Program

IT'S NEVER GOING TO BE YOU...
UNTIL IT IS.



FAQ

Fentanyl

PAD!S

Poison & Drug Information Service

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.

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▼ Information For

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[Home](#) > [Health Information](#) > [Fentanyl](#) > ODs: Signs & Symptoms

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](#).

[Home](#) > [Health Information](#) > [Fentanyl](#) > [Addiction and Mental Health Contact](#)

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](tel:1-866-332-2322).



2/3 of Calgary's fentanyl overdoses happen in suburban communities.

Have you talked to your children?

#FentanylKills



CALGARY
POLICE
SERVICE

Fentanyl awareness ad from Calgary police *CALGARY POLICE SERVICE*

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”
- <https://extranet.ahsnet.ca/teams/policydocuments/1/clp-harm-reduction-for-psychoactive-substance-use-policy.pdf>

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

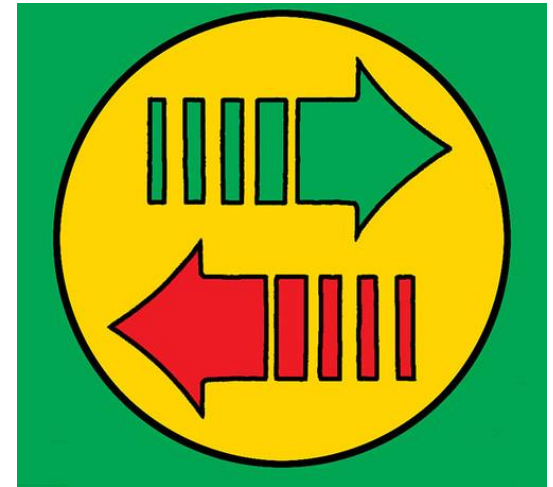
A spectrum of strategies designed to minimize or reduce the internal and external harms caused by using drugs and associated high-risk behaviours (e.g. sex trade)

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 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)

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



Low Priority

#1 - Getting high & using habits

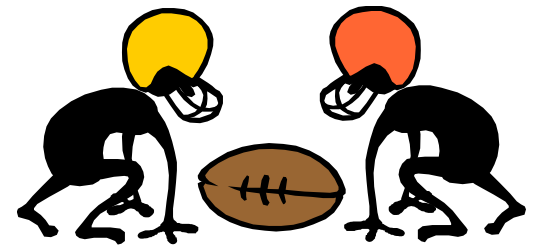
Avoiding withdrawal

Emergencies

Sleep

Nutrition

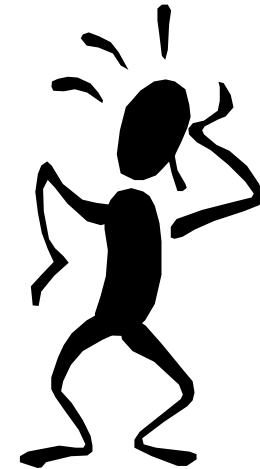
Getting tested, etc.



The Challenge:

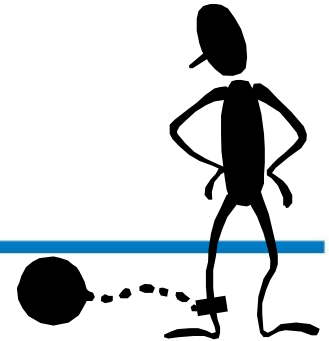
Personal Vs. Professional Values

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:

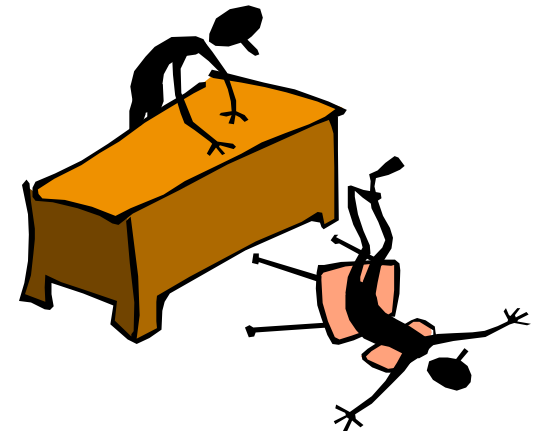
- Tolerance – wanting to avoid withdrawal
- Challenges to Quitting – friends, family, self
- Reasons for Substance Use – denial, avoidance
- Pain – chronic, physical, psychological

**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

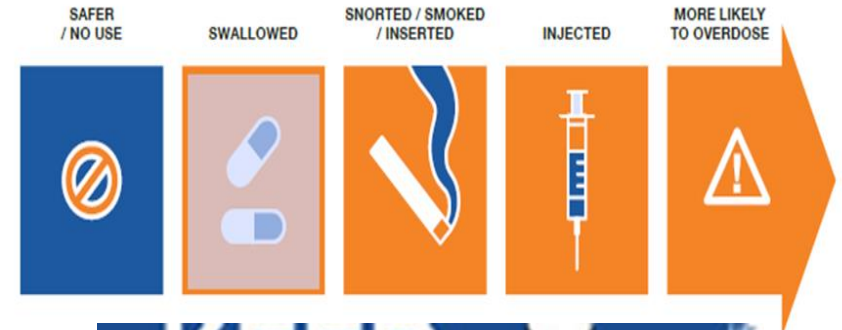


You don't have to be a harm reduction
program to do harm reduction!

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

CHOOSE A SAFER ROUTE



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

BMJ

BMJ 2013;346:f174 doi: 10.1136/bmj.f174 (Published 31 January 2013)

Page 1 of 12

RESEARCH

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

 OPEN ACCESS

Alexander Y Walley *assistant professor of medicine, medical director of Massachusetts opioid overdose prevention pilot*^{1,3}, Ziming Xuan *research assistant professor*², H Holly Hackman *epidemiologist*³, Emily Quinn *statistical manager*⁴, Maya Doe-Simkins *public health researcher*¹, Amy Sorensen-Alawad *program manager*¹, Sarah Ruiz *assistant director of planning and development*³, Al Ozonoff *director, design and analysis core*^{5,6}

- 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

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

Community management of opioid overdose

TABLE 1. SUMMARY OF THE RECOMMENDATIONS

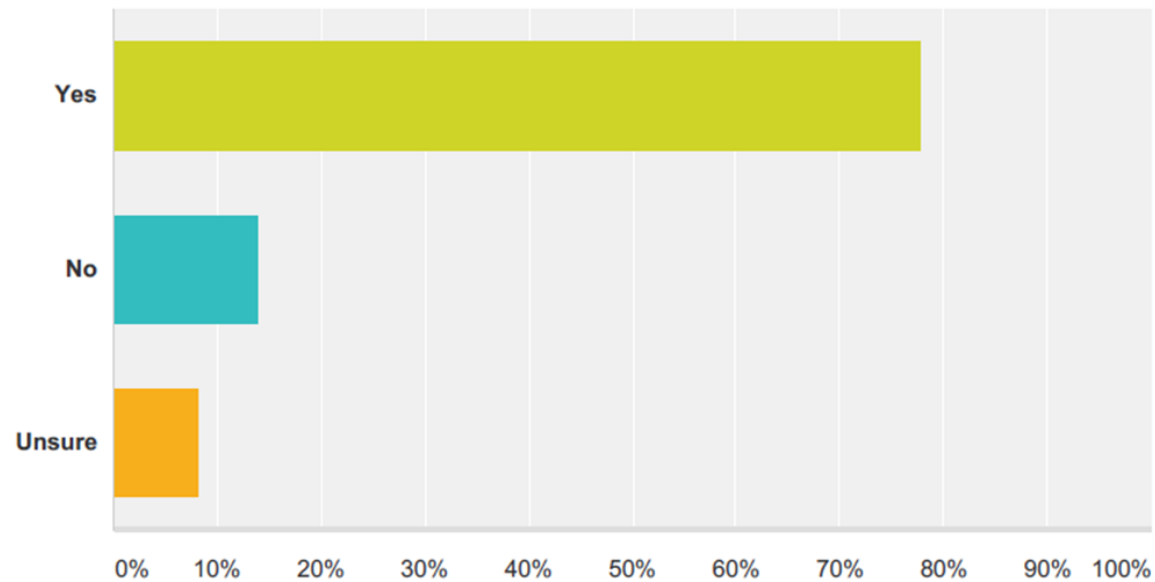
No.	Recommendation	Strength of recommendation	Quality of evidence
1	People likely to witness an opioid overdose should have access to naloxone and be instructed in its administration to enable them to use it for the emergency management of suspected opioid overdose.	Strong	Very low



Naloxone

Q21 Do you feel comfortable helping someone who has overdosed?

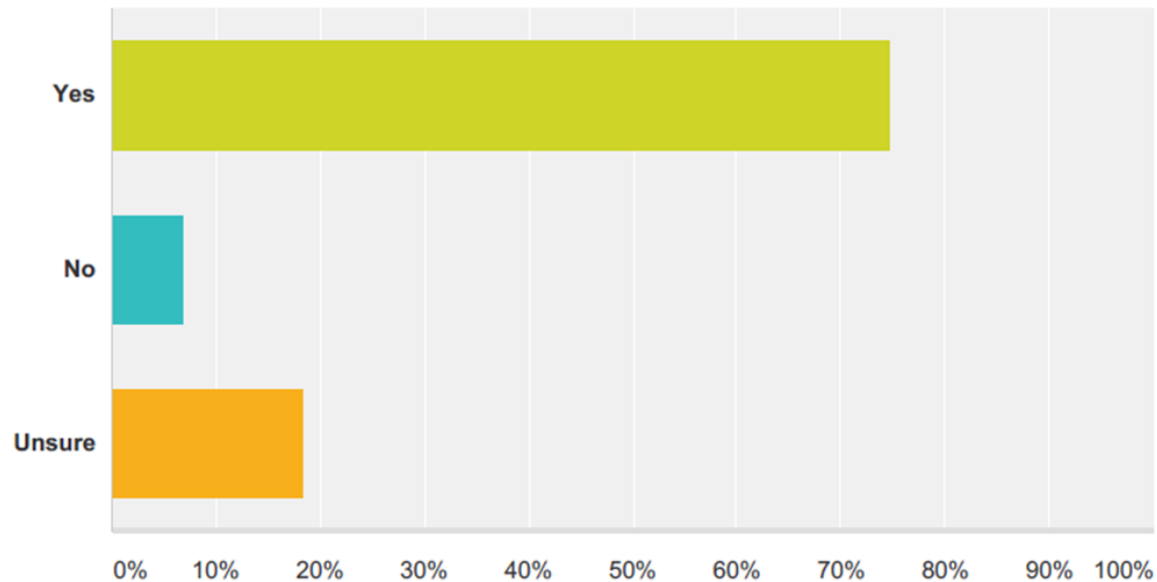
Answered: 86 Skipped: 2



Naloxone

Q23 If naloxone was available, would you be interested in having it?

Answered: 87 Skipped: 1



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

www.drugsfool.ca



IT'S NEVER
GOING TO BE
YOU...

UNTIL IT IS.

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

Fentanyl FAQs

Information for Health Professionals

Take Home Naloxone Program

Opioid Dependency Program

Stop ODs

Reduce Your
Risk

ODs: Signs &
Symptoms

Get
Naloxone

Campaign
Materials

Addiction and Mental Health
Contact

Prevention
Resources

Reduce Your Risk

Reduce Your
Risk

ODs: Signs &
Symptoms

Get
Naloxone

Campaign
Materials

Addiction and Mental Health
Contact

Prevention
Resources

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

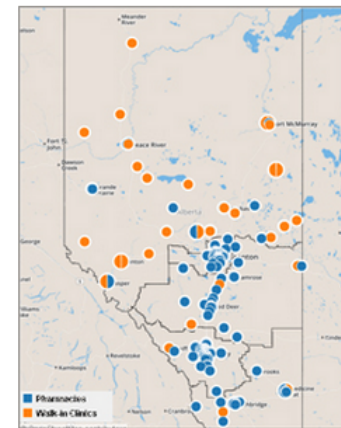
<http://www.hivcl.org/about-us/medicine-hat/>

LETHBRIDGE

Lethbridge HIV Connection

Take Home Naloxone Kits

View our [interactive map](#) of pharmacies and walk-in clinics carrying Take Home Naloxone Kits:



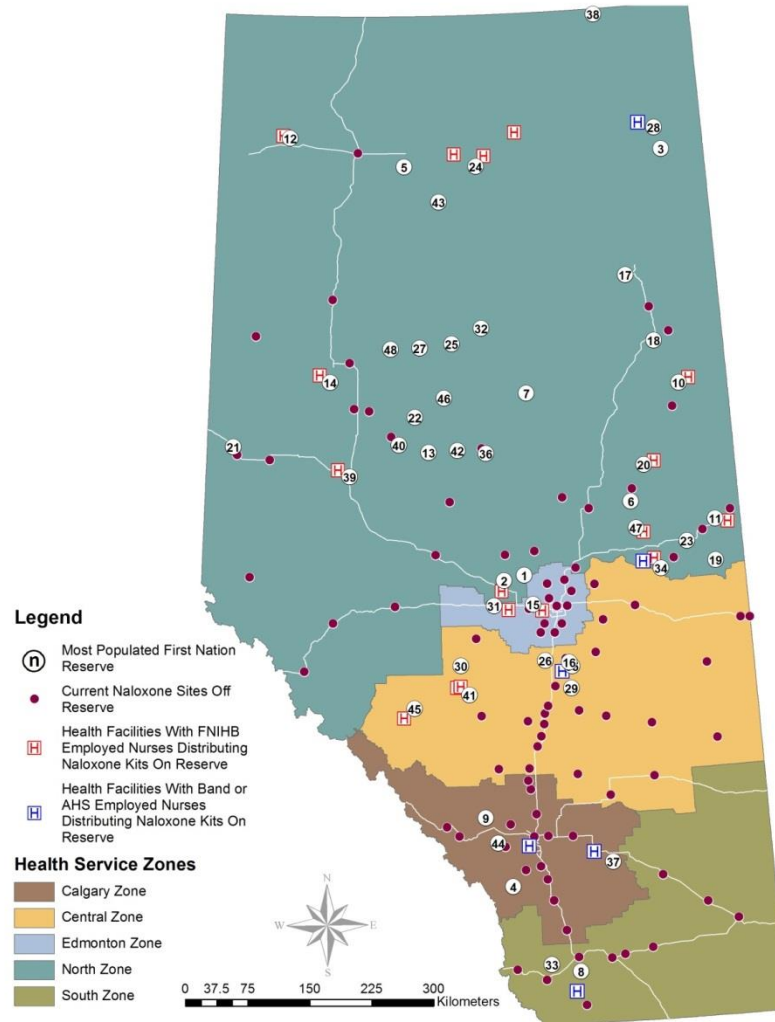
Current State - Provincial

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

Current State - Provincial

Zone	Sites registered (Includes corrections, ODP, Health Centres, AHS Pharmacies,etc)	Of the site registered how many accept walk in clients?	Community Pharmacies registered
North Zone	36	31	57
Edmonton Zone	15	5	185
Central Zone	28	18	55
Calgary Zone	33	8	222
South Zone	17	2	54
Totals	129	64	573

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)

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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.

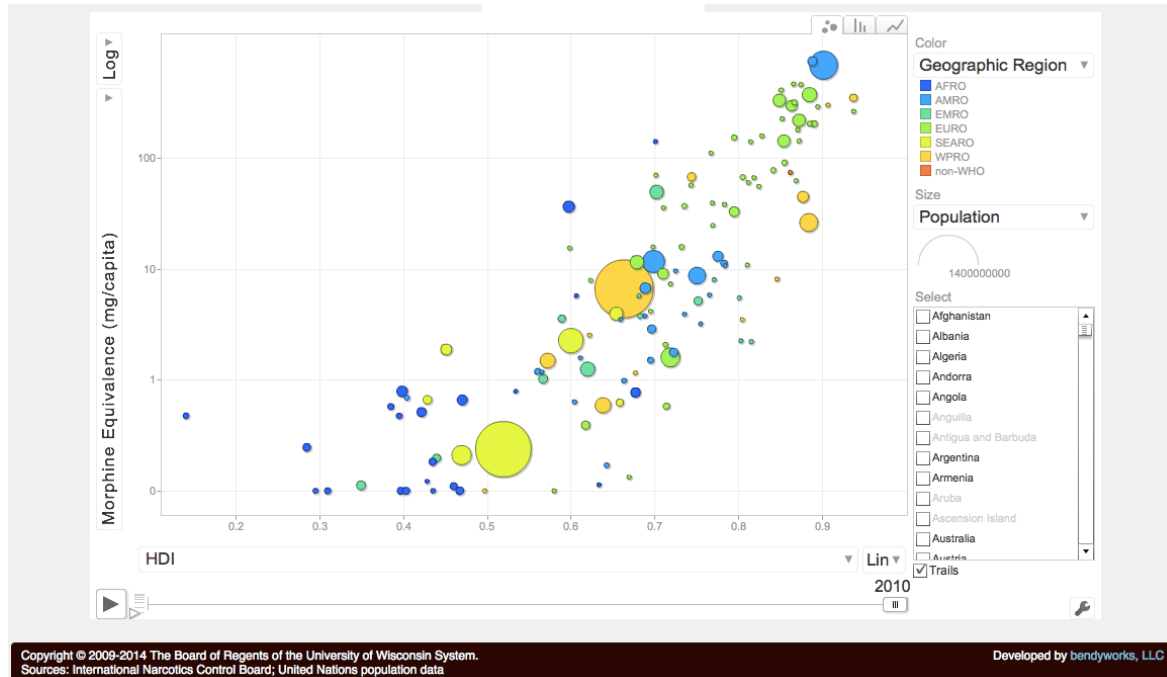
Future Directions - Surveillance

- 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

