

Minister's Opioid Emergency Response Commission

Record of Discussion: August 17–18, 2017

1. Welcome and Personal Reflections

Dr. Klein reiterated to the members that she would be co-chair for the August and September meeting, due to Dr. Grimsrud's absence.

The Commission started their meeting by reflecting on members' experiences with victims of the opioid crisis.

2. Review of Agenda and Conflict of Interest Declarations

The Commission reviewed the agenda and purpose for the two day meeting.

Members updated their conflict of interest declarations.

3. Co-Chair Updates

Dr. Klein updated the Commission on the implementation team and administration processes for the Commission.

Dr. Hyshka updated the Commission on the establishment of an overdose prevention site in Moss Park, Toronto; and on the publication of the B.C. Center for Disease Control's final report from their second overdose exchange meeting.

4. Update: Preliminary Report on Supervised Consumption Services Needs Assessments

Alberta Community Council on HIV (ACCH) representative presented preliminary data from the community coalitions undertaking the Supervised Consumption Services (SCS) Needs Assessments. The final reports from the SCS needs assessments will be presented to the Commission in Fall, 2017.

5. Alberta Take Home Naloxone Program

Alberta Health Services (AHS) representatives presented on the current provincial publicly-funded Take Home Naloxone Program, including services, distribution model, and budget.

ACCH representative presented on their proposal for enhancements to the community based aspects of the provincial Take Home Naloxone Program.

The Alberta College of Pharmacists presented on the role of the College and pharmacists in the Take Home Naloxone Program.

6. Take Home Naloxone Program Discussion

The Commission formulated the following **recommendations**, for consideration by the Minister, regarding funding for the publically-funded Take Home Naloxone Program:

- Support the proposal and funding request from AHS for the Take Home Naloxone Program which provides naloxone (injectable) kits to organizations for distribution to Albertans at risk

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of experiencing or witnessing an opioid overdose, and first responder organizations¹ for administration to Albertans in overdose scenarios.

- Support the proposal and funding request from ACCH to enhance the community based aspects of the Take Home Naloxone Program, with the stipulation of accountability measures provided by Alberta Health.

Specifically regarding the scope and mandate of the publically-funded Take Home Naloxone Program, the Commission **recommends** that:

- AHS, in partnership with the ACCH, have the discretion to provide organizations not otherwise distributing kits but experiencing a high number of overdose situations, to obtain take home naloxone kits through the provincial program for provision to their employees for use in an overdose event.
- Organizations seeking naloxone kits (any formulation) for occupational health and safety reasons be responsible for bearing the costs associated with the procurement of naloxone kits and the necessary training.
- The Minister not publicly fund naloxone intranasal formulation at this time. However, the Minister should consider subsidizing the procurement costs of nasal spray naloxone for first responder organizations choosing to purchase it for their members' use in opioid overdose situations, with the following stipulations:
 - The organization is not eligible for other subsidy or reimbursement mechanism.
 - The subsidy is no more than the cost of the publicly-funded injectable naloxone kits. Additional incremental costs associated with the procurement of nasal spray naloxone are the responsibility of the first responder organization.
 - The organization being subsidized must develop, implement, and enforce organizational policies for members to administer naloxone to members of the public experiencing an opioid overdose, when indicated.

Decisions and Next Steps:

The Commission requested that AHS continue to enhance the Take Home Naloxone Program by:

- developing, in partnership with ACCH, a risk assessment framework to evaluate requests, on a case-by-case basis, from organizations not otherwise distributing kits but experiencing a high number of overdose situations, to obtain take home naloxone kits through the publicly-funded provincial program for provision to their employees for use in an overdose event;
- developing a quality assurance plan which would facilitate the assessment of gaps and opportunities for program improvements and innovations.

AHS was invited to return to the Commission with proposals related to these products for Commission consideration at the September meeting.

¹ First Responder Organizations, defined as police and peace officer organizations and fire departments, are eligible for publicly funded injectable take home naloxone kits and training supports upon demonstration of organizational policies and related training and implementation plans for members' administration of naloxone to members of the public experiencing an opioid overdose.

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7. Overview of the Primary Care Structure in Alberta

The Commission heard a presentation from K. Ness and representatives from the Primary Care Networks on how Primary Care is organized in Alberta.

8. Opioid Use Disorder Treatment: Role of Primary Care

The Alberta College of Family Physicians' representatives presented a proposal for comprehensive primary care knowledge synthesis and translation.

Decisions and Next Steps:

Commission members support the participation of primary care physicians and the Alberta College of Family Physicians in the opioid response.

The Commission decided that, instead of supporting the current proposal from Alberta College of Family Physicians, it would prefer to consider a more comprehensive and collaborative proposal that includes knowledge synthesis and translation as well as additional urgent actions that can be developed and implemented by multiple stakeholders in Alberta's primary care system. This proposal, once available, will be presented for commission consideration in Fall, 2017.

9. Treatment Discussion

Alberta Health representative presented on potential options for improving access to opioid agonist therapies and injectable opioid agonist therapies.

The Commission formulated the following treatment-related **recommendations**, for consideration by the Minister:

- Not fund universal coverage of methadone or Suboxone from the funding allocated to the urgent opioid response. The Commission acknowledges the critical role of opioid agonist treatment but prefers that current resources be allocated toward expanding the number of opioid agonist treatment spaces and other options to enhance the urgent response to the opioid crisis.

Decisions and Next Steps:

Commission members support the further exploration of injectable opioid agonist therapies in Alberta. The Commission requested a proposal with more information from AHS for implementing injectable opioid agonist therapies be brought back to the Commission for their review and consideration at the September 2017 meeting.

10. Opportunities for Collaboration

Alberta Health representative presented an overview of the recommendations from the Big Cities Mayors' Caucus Mayors' Task Force on the Opioid Crisis, publicly released in May, 2017.

Indigenous Relations representative presented on the Indigenous Opioids Advisory Sub-Committee Recommendations for Action (not yet released publicly).

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Decisions and Next Steps:

The Commission requested that Alberta Health work with Indigenous Relations to propose options for engaging and supporting further participation of Indigenous communities in the opioid response, based on the information presented by Indigenous Relations. The Commission will consider potential options/mechanisms and proposed next steps at the September meeting.

11. Evaluation Discussion

Alberta Health representative presented on the development of an evaluation approach for the urgent opioid response, in particular the provincial evaluation of SCS, as previously recommended by the Commission.

Decisions and Next Steps:

Alberta Health will continue the development of the evaluation approach, working with the Institute of Health Economics. The Institute of Health Economics will engage with the organizations proposing SCS on the proposed approach.

12. Surveillance Update

Alberta Health representative presented the most recent Alberta surveillance data on opioids and other problematic substances, publicly released August 16, 2017.

13. Report to Cabinet and Budget Discussion

The Commission was introduced to the requirements for their report to Cabinet. Alberta Health will draft the report; Commission members will have the opportunity to review content.

The members were provided an update on the recommendations to Minister formulated thus far, followed by a facilitated discussion on future funding options and directions for the Commission to consider.

14. Other Business and Future Meetings

M. Taylor reminded members that August 31 is International Overdose Awareness Day.

The next meeting of the Commission is scheduled on September 11 and 12, 2017.