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CONTROL COMMISSION
CICAD**

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CANADA'S OPIOID CRISIS AND OUR PUBLIC HEALTH RESPONSE

Canada's Opioid Crisis and our Public Health Response

CICAD 61
April 2017



YOUR HEALTH AND SAFETY... OUR PRIORITY.

Purpose

- To provide an overview of the current opioid crisis in Canada, with a focus on recent trends in British Columbia
- To provide an overview of the public health response to the opioid crisis in Canada

Canada's Current Drug Policy

- The Government of Canada's drug policy is:
 - comprehensive
 - collaborative
 - compassionate; and
 - evidence-based
- It balances public health and public safety through support for:
 - upstream prevention;
 - compassionate treatment;
 - evidence-based harm reduction measures; and
 - appropriate and proportional regulation and law enforcement measures

What do we know about opioid use and abuse in Canada?

- Canadians are, per capita, the second highest consumers of prescription opioids in the world
- General population survey¹ (age 15+, latest data from 2015, past year)
 - 2% of those who reported using opioids reported “using them to get high”, a result not different from 2013
 - Heroin use is usually too low to be reportable in the general population
- School-based survey² (age 12-18, latest data from 2014-15, past year)
 - 3% reported misusing pain relievers
 - 1% reported misusing oxycodone
 - 0.4% reported misusing fentanyl
 - 0.6% reported using heroin

Sources:

¹ Canadian Tobacco, Alcohol and Drugs Survey 2013 and 2015

² Canadian Student Tobacco, Alcohol and Drugs Survey 2014-15

Fentanyl-related deaths - a public health crisis

- Between 2009 and 2014, there were at least 1,019 drug poisoning deaths in Canada where post-mortem toxicological screening indicated the presence of fentanyl.
- More than half of these deaths occurred in 2013 and 2014.
- The province of British Columbia has declared a state of public health emergency (April 2016), allowing enhanced data collection
 - In 2016, there were 922 illicit drug overdose deaths, a dramatic increase over the same period the previous year¹
 - From 2015-2016, 40% of illicit drug overdose deaths for which data was available were associated with fentanyl¹

¹ Source: <http://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/death-investigation/statistical/illicit-drug.pdf>



BC Centre for Disease Control
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Distribution of Illicit Drug Overdose Deaths in British Columbia 2010

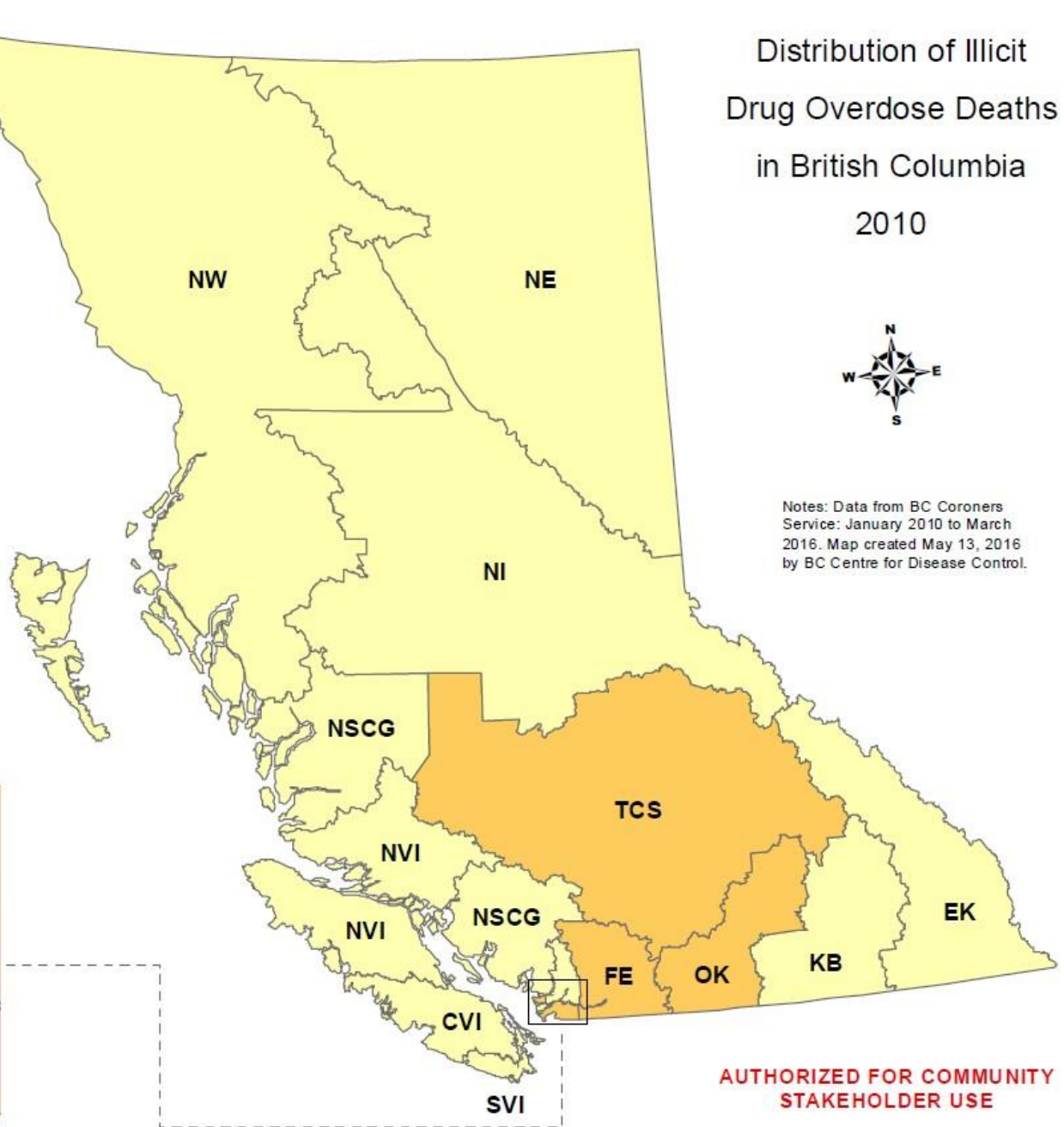
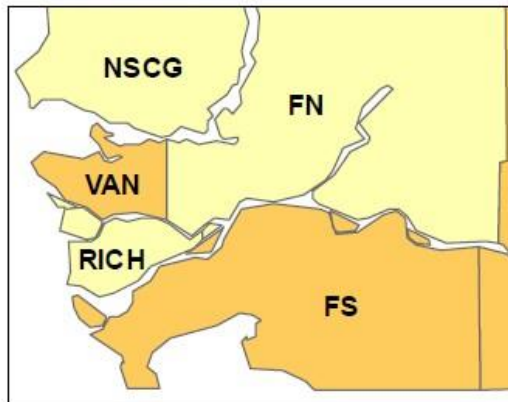


Notes: Data from BC Coroners Service: January 2010 to March 2016. Map created May 13, 2016 by BC Centre for Disease Control.

Rate per 100,000
population by HSDA



Greater Vancouver Inset



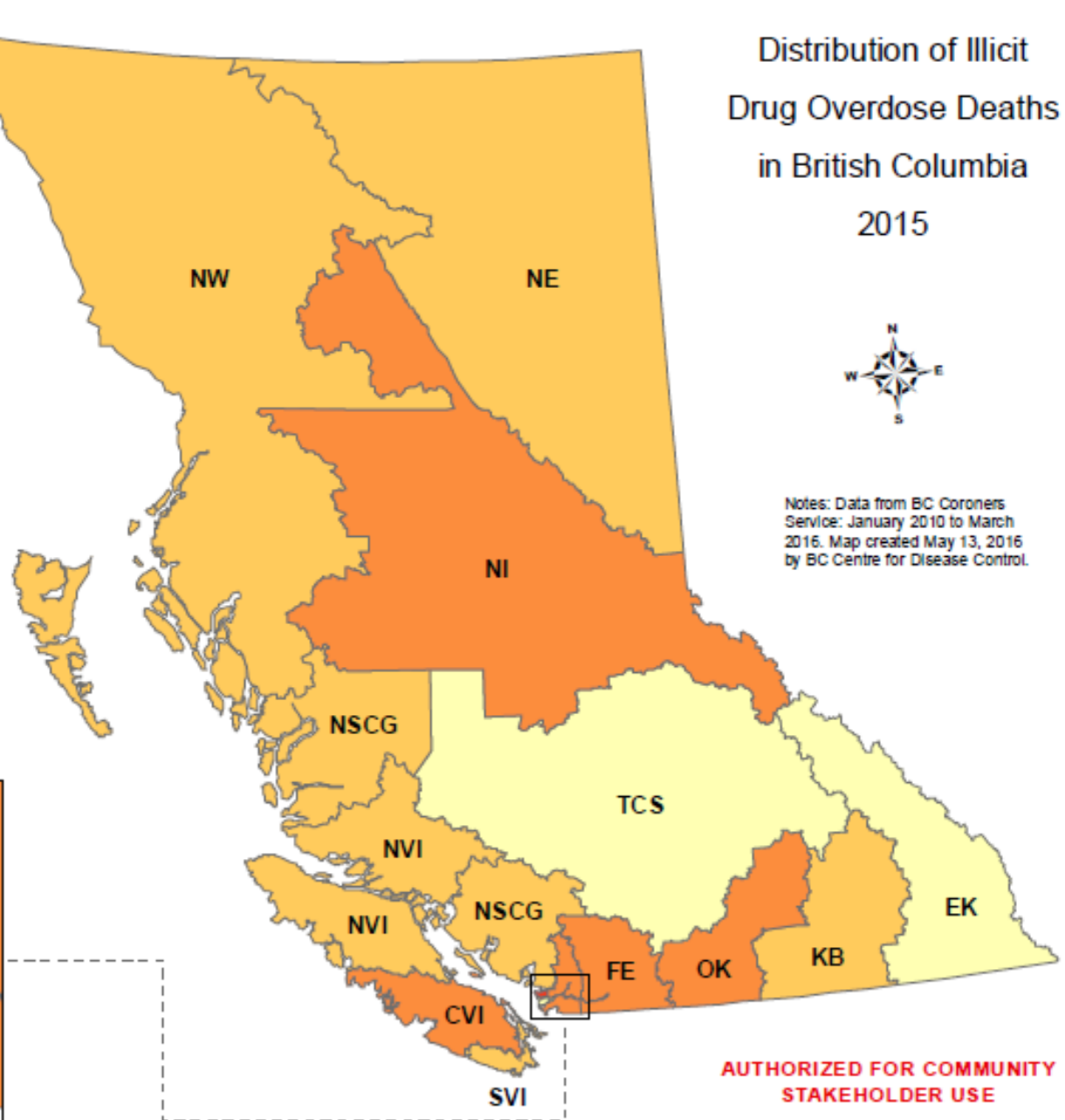
**AUTHORIZED FOR COMMUNITY
STAKEHOLDER USE**



BC Centre for Disease Control
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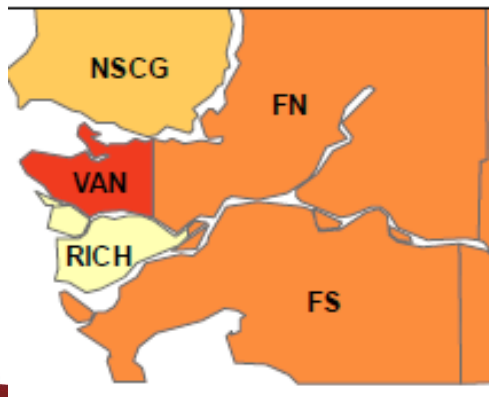
Distribution of Illicit Drug Overdose Deaths in British Columbia 2015

Rate per 100,000 population by HSDA



Notes: Data from BC Coroners Service: January 2010 to March 2016. Map created May 13, 2016 by BC Centre for Disease Control.

Greater Vancouver Inset



AUTHORIZED FOR COMMUNITY STAKEHOLDER USE



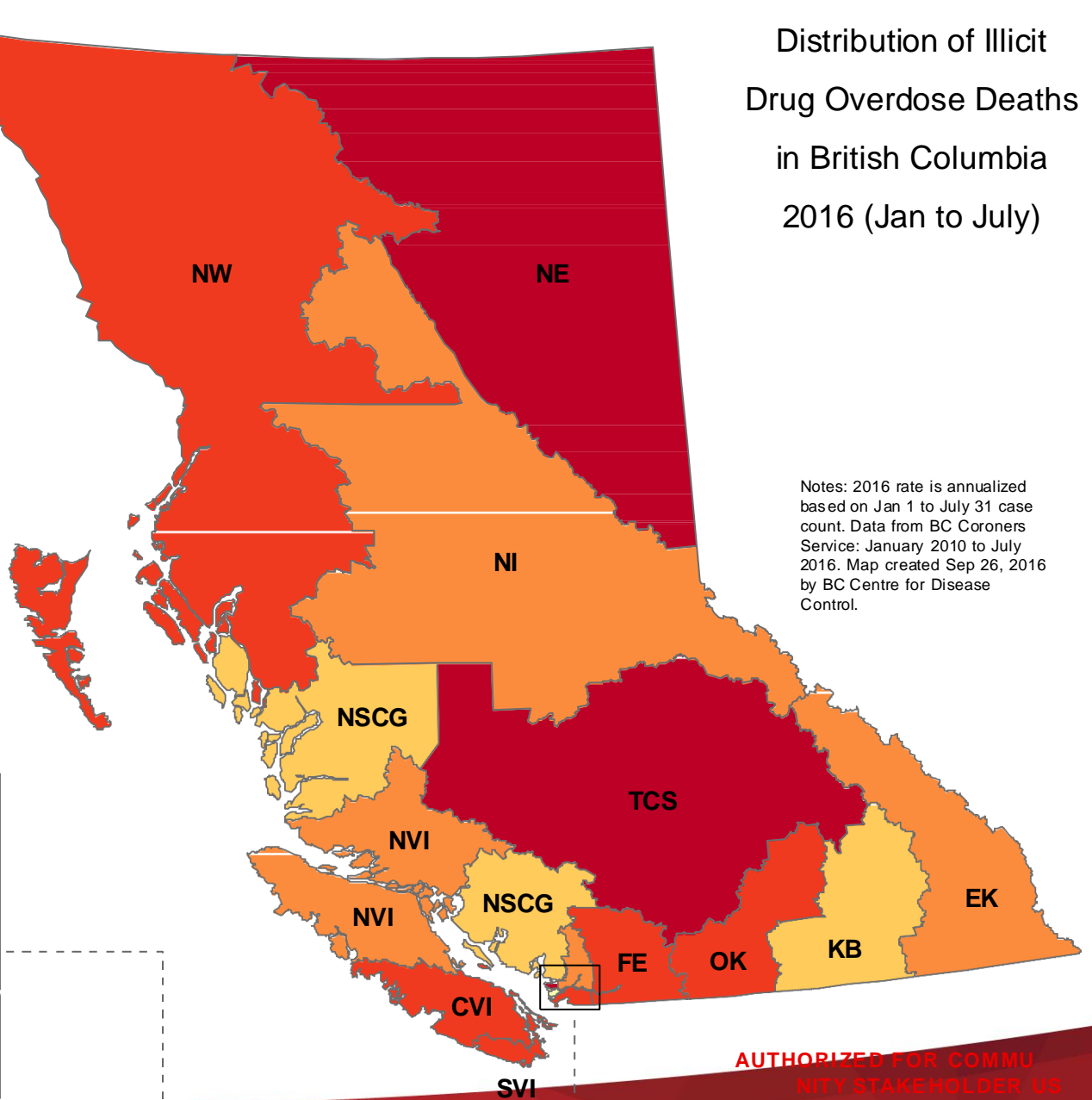
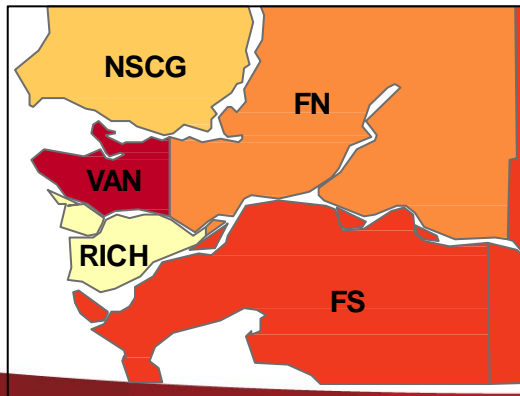
BC Centre for Disease Control
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Distribution of Illicit Drug Overdose Deaths in British Columbia 2016 (Jan to July)

Rate per 100,000
population by HSDA



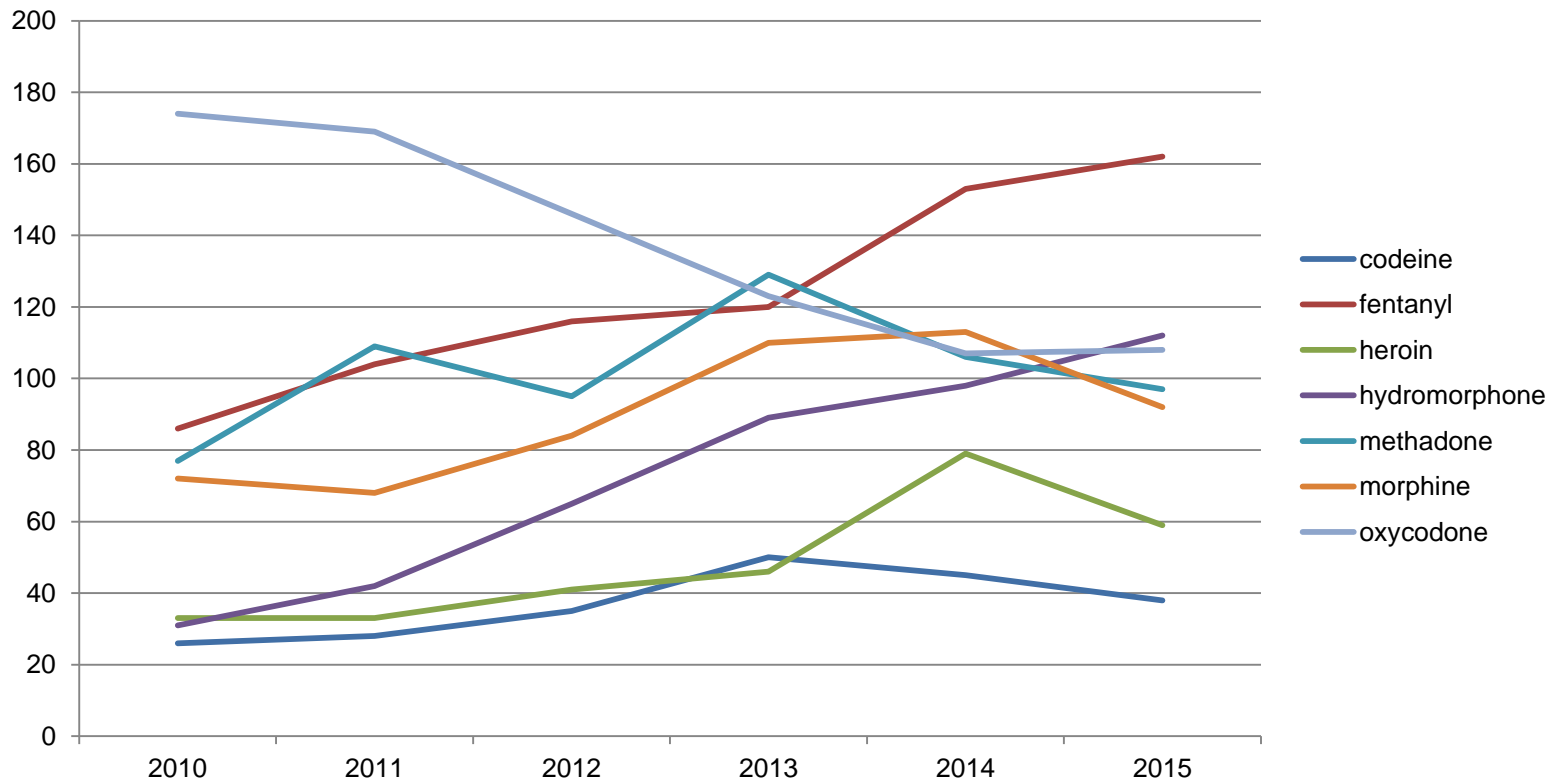
Greater Vancouver Inset



Notes: 2016 rate is annualized based on Jan 1 to July 31 case count. Data from BC Coroners Service: January 2010 to July 2016. Map created Sep 26, 2016 by BC Centre for Disease Control.

But it's not just fentanyl

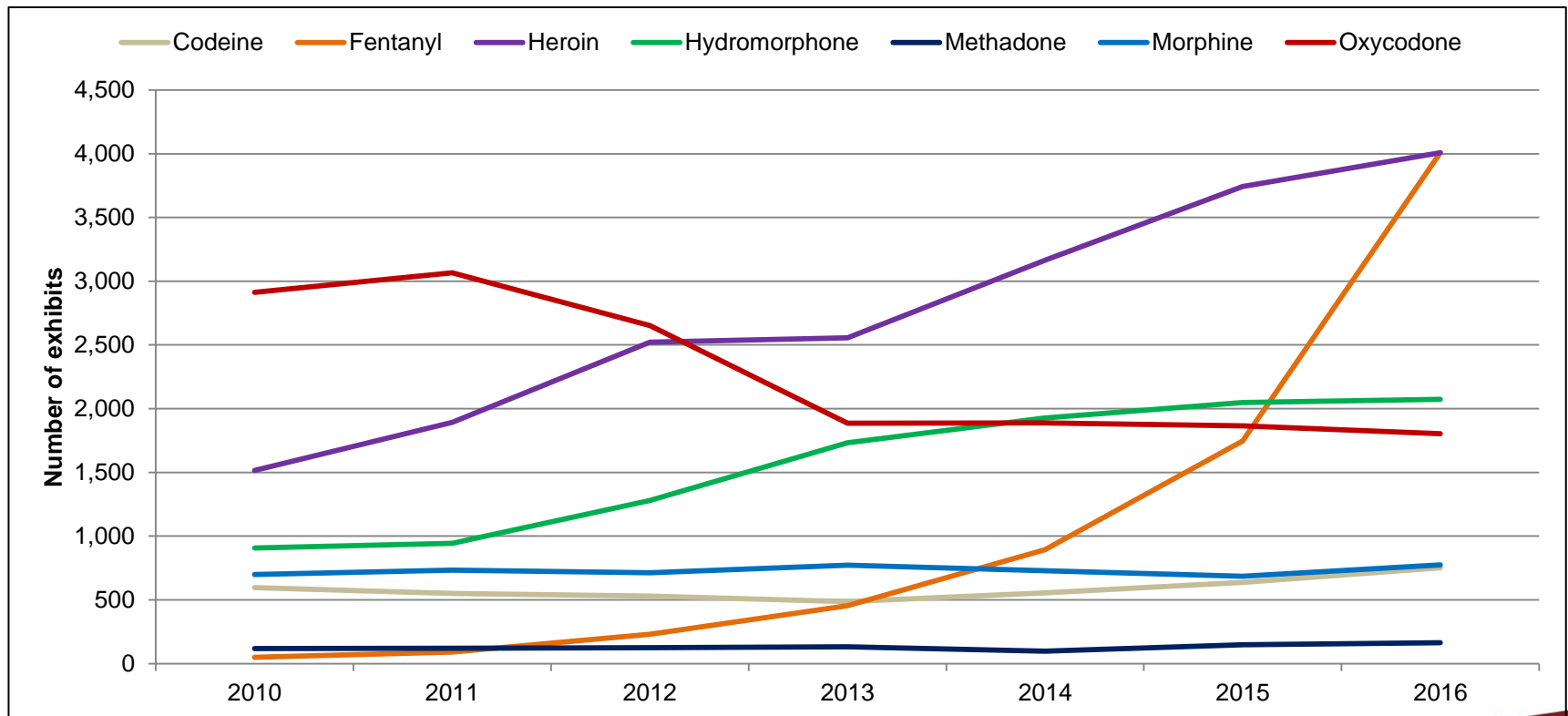
- Increasing trends in deaths related to most opioids, including prescription and illegal



Data from the Office of the Chief Coroner of Ontario

Similar patterns seen in the illegal market

- Number of exhibits of fentanyl submitted by law enforcement and sent for laboratory identification continues to show substantial increases and number of heroin exhibits continues to increase as well.
- Hydromorphone exhibits increased until 2015 and then showed little change in 2016 while oxycodone decreased until 2013 and then remained stable.



Source: Drug Analysis Service, Laboratory Information Management System

Fentanyl and Fentanyl Analogues

- Samples seized by law enforcement and sent for laboratory identification have shown a substantial rise in exhibits containing fentanyl and increasing numbers of analogues.

	2010	2011	2012	2013	2014	2015	2016
Fentanyl	50	90	231	455	894	1,746	4,007
Acetylfentanyl				48	30	56	242
Beta-hydroxythiofentanyl					2	4	2
Butyryl Fentanyl						4	154
3-MethylFentanyl						15	112
Carfentanil							40
Furanyl fentanyl							272
Para-fluorobutyryl fentanyl							7
Para-fluorofentanyl							1
Para-fluoroisobutyryl fentanyl							4

Source: Drug Analysis Service, Laboratory Information Management System

- Law enforcement intelligence suggests that fentanyl is being mixed with heroin, cocaine, and other substances, and that the majority is illicitly produced outside of Canada
- Moving west to east:
 - In 2016, there were 2,857 fentanyl exhibits identified at the Vancouver Drug Analysis Services laboratory
 - 991 at Toronto
 - 159 at Montreal

Opioid Conference and Summit

- On November 18th, and 19th, 2017, Minister Philpott, federal Minister of Health co-hosted a conference and summit with Minister Hoskins, Ontario Minister of Health and Long-Term Care, on opioids
- The conference involved a broad range of stakeholders to discuss ways forward to address problematic opioid use
- The summit brought together a targeted group of health regulators and decision-makers (45 groups) that have committed to take a specific action to address the opioid crisis (128 commitments), with timelines attached and a commitment to public reporting
- Information is available online at www.canada.ca/opioids

Federal Action on Opioids

The Government of Canada is committed to taking action on Canada's opioid crisis through:

1. **Prevention**
2. **Treatment**
3. **Harm reduction**
4. **Enforcement**

Actions in these areas will be supported by a **strong evidence base** and a **targeted public health emergency response**.

This approach is aligned with the **Canadian Drugs and Substances Strategy**, which was announced by the Minister of Health in December 2016.

Prevention

Inform Canadians about the risks of opioids

- Amend regulations to require mandatory warning stickers and information handouts for patients receiving prescribed opioids
- Implement an evidence-informed public education campaign about problematic substance use

Support better prescribing practices

- Promote best practices and national approaches through the F/P/T Prescription Monitoring Program Network
- Share information on prescribing practices with P/T regulatory licensing bodies
- Support the development of evidence-based tools for health professionals (e.g., updated Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain)

Prevention (continued)

Reduce easy access to unnecessary opioids

- Determine whether new contraindications are necessary for approved opioids to help practitioners make prescribing decisions
- Consider amending regulations to require a prescription for low-dose codeine products
- Propose regulatory amendments to require manufacturers to develop and implement risk management plans for opioids
- Provide updated guidance to pharmacies on the handling and destruction of returned prescription drugs

Treatment

Facilitate access to treatment options for pain and opioid use disorder

- Expedite review of submissions for non-opioid pain relievers
- Facilitate access to medications to treat opioid use disorder that are not available on the Canadian market but are approved in other jurisdictions
- Improve access to buprenorphine/naloxone in rural and remote First Nations communities
- Consult on special exemption requirement for methadone prescribing
- Amend regulations to enable access to diacetylmorphine (pharmaceutical grade heroin) through Health Canada's Special Access Program

Promote collaboration and knowledge exchange on innovative approaches

- Work with the Canadian Institutes of Health Research to host a knowledge exchange event on opioid use disorder treatment
- Work with the Canadian Agency for Drugs and Technologies in Health and other partners to fill knowledge gaps on treatment options for pain and opioid use disorder
- Collaborate with the Non-Insured Health Benefits Program (NIHB) and other public drug plans on initiatives for plan-based problematic prescription drug use to increase innovation and prevent cost shifting

Harm Reduction

Support harm reduction measures for communities

- Support the establishment of supervised consumption sites:
 - proposed amendments to the *Controlled Drugs and Substances Act* to remove any undue barriers (Bill C-37 is moving quickly through Parliament)
 - keep the public informed on the status of applications submitted to Health Canada
- Facilitate access to naloxone:
 - non-prescription status
 - interim order to allow emergency access to nasal spray from US
 - expedited review and approval of nasal spray for Canadian market
 - distribution in rural and remote First Nations communities
- Continue to share real-time information about emerging substances from the Drug Analysis Service with public health authorities
- Support for the Good Samaritan legislation (Bill C-224, to protect individuals who seek emergency assistance for overdose from simple possession charges)

Enforcement

Use legislative and regulatory authorities to address the illegal drug supply

- Made regulatory changes to control fentanyl precursors under the *Controlled Drugs and Substances Act* and its *Precursor Control Regulations*
- Bill C-37 proposes legislative changes to control pill presses and allow border officers to open small packages

Strong Evidence Base

Consult experts

- Held Scientific Advisory Panels to provide advice on various elements of the Federal Action on Opioids
- Hosted a Best Brains Exchange on how to establish a National Drugs Observatory

Support research on opioid use and harms

- Funded CIHR's Canadian Research Initiative in Substance Misuse (CRISM)
- Launched a CIHR funding opportunity for new research projects on gender implications related to opioids
- Supported a CIHR synthesis grant aiming to review the current literature and increase our knowledge related to the harms associated with opioids in Canada

Enhance data collection, monitoring and surveillance

- Launched a federal opioid data working group (Health Portfolio, CIHI and StatsCan)
- Supported the Canadian Institute for Health Information (CIHI) to improve data collection, monitoring and surveillance on opioid use and harms

Public Health Emergency Response

Deliver effective public health communications

- Providing public health leadership on the emergency response to the opioid crisis, through Interim Chief Public Health Officer, Dr. Theresa Tam

Provide surge capacity, mobilizations and support to other jurisdictions

- Provided a total of 113 person-days of epidemiological assistance from PHAC to two jurisdictions, to assist with analysis and writing of monthly opioid overdose reports

Coordinated federal, provincial and territorial response

- Activated a federal, provincial and territorial Special Advisory Committee (SAC) on the Epidemic of Opioid Overdoses, which meets bi-weekly and comprises chief medical and public health officers

Enhance data, surveillance and research

- Created an Opioids Overdose Surveillance Task Group, reporting to the SAC

QUESTIONS?

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