

# A TALE OF TWO PROVINCES: British Columbia and Alberta

## EWODOR Conference

23rd – 24th October 2023  
Dublin, Ireland

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# Disclosures

## Paul Sobey

- **Relationships with commercial interests:**
- Principal of ROSC Solutions Group (RSG)
  - Contracts with Government of AB
  - Expand Provincial ROSC, TCs, TLUs, RTI
- Grants/research support: SFU (CARMHA)
- Speakers Bureau/Honoraria: WCB, RCC
- Consulting fees: Provide evaluations and expert opinions to public and private entities
- No financial relationship with cannabis industry or monitoring industry or other pharmacological entity
- Mitigation of potential bias – the subject I am discussing may increase work for my professional organization or RSG
- Practiced medicine in Vancouver area for >30 years
- In Alberta since March 2023
- Person in long term recovery
- The views expressed are my own

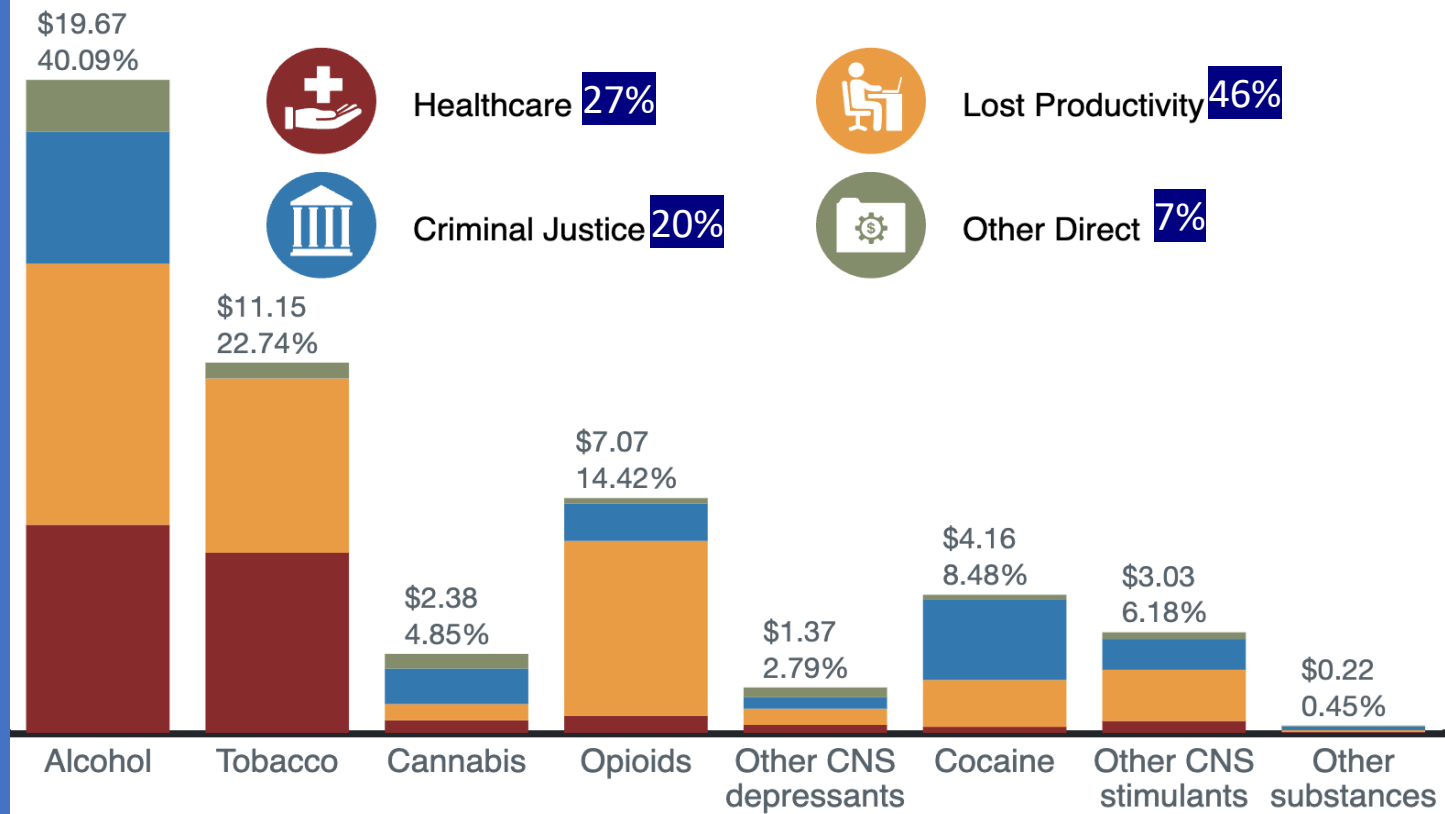
# Learning Outcomes

**At the completion of this presentation the participant will:**

- Understand the historical development of drug policy in BC and AB
- Understand the dichotomy in approaches taken to the substance use crisis in BC and AB
- Understand BC's role in exporting policy to other jurisdictions

# Themes

- Creating the narrative
- Control of the data
- Supply side vs. demand reduction approaches
  - Infectious diseases approach
- Decriminalization
- Medical vs. recovery oriented models



# CSUCH Canadian Substance Use Costs and Harms

## \$49.1 BILLION

That is the cost of harms related to substance use in Canada

(Latest available data: 2020)

<https://csuch.ca/>

# **A FRAMEWORK FOR ACTION**

A Four-Pillar Approach  
to Drug Problems in Vancouver

PREVENTION

TREATMENT

ENFORCEMENT

HARM REDUCTION

**REVISED**



Donald MacPherson,  
Drug Policy Coordinator, City of Vancouver  
April 24, 2001

# Insite, North America's first supervised drug-use site, turns 20 as overdose crisis evolves

Credited with dramatically curbing needle-sharing and reducing blood-borne infections in Vancouver, the facility hits a milestone amid a new public-health crisis

**ANDREA WOO >**

VANCOUVER

PUBLISHED SEPTEMBER 14, 2023

UPDATED SEPTEMBER 20, 2023



# Sentinel Papers

[J Urban Health](#). 2008 Nov; 85(6): 812–825.

PMCID: PMC2587648

Published online 2008 Aug 29. doi: [10.1007/s11524-008-9312-9](https://doi.org/10.1007/s11524-008-9312-9)

PMID: [18758964](https://pubmed.ncbi.nlm.nih.gov/18758964/)

## The North American Opiate Medication Initiative (NAOMI): Profile of Participants in North America's First Trial of Heroin-Assisted Treatment

[Eugenia Oviedo-Joekes](#),<sup>1,2</sup> [Bohdan Nosyk](#),<sup>2</sup> [Suzanne Brissette](#),<sup>3</sup> [Jill Chettiar](#),<sup>2</sup> [Pascal Schneeberger](#),<sup>3</sup>  
[David C. Marsh](#),<sup>1,2,4,5,6</sup> [Michael Krausz](#),<sup>2,4</sup> [Aslam Anis](#),<sup>1,2</sup> and [Martin T. Schechter](#)<sup>1,2</sup>

[Subst Abuse Treat Prev Policy](#). 2015; 10: 3.

PMCID: PMC4355145

Published online 2015 Jan 26. doi: [10.1186/1747-597X-10-3](https://doi.org/10.1186/1747-597X-10-3)

PMID: [25619263](https://pubmed.ncbi.nlm.nih.gov/25619263/)

## The SALOME study: recruitment experiences in a clinical trial offering injectable diacetylmorphine and hydromorphone for opioid dependency

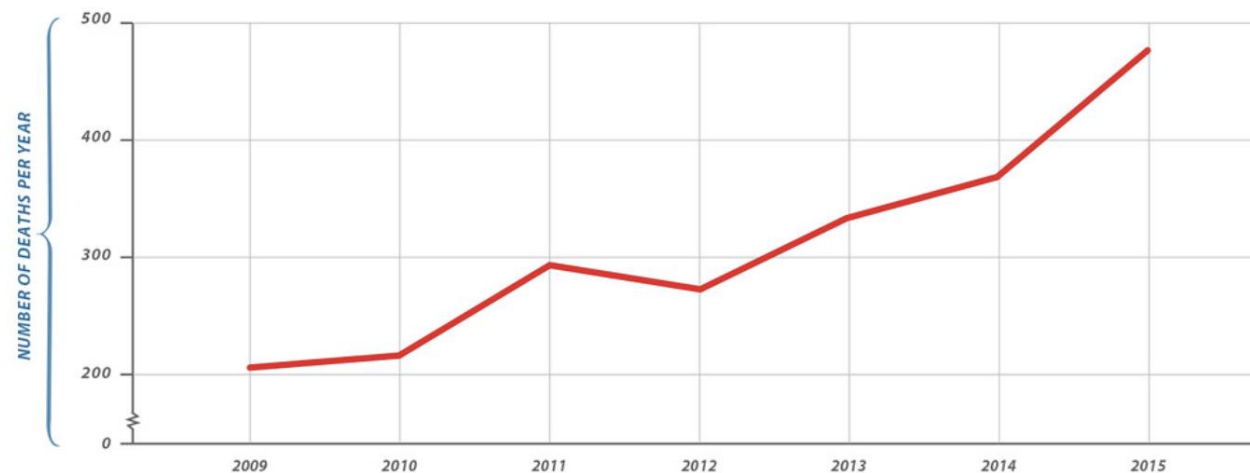
[Eugenia Oviedo-Joekes](#),<sup>1</sup> [Kirsten Marchand](#), [Kurt Lock](#), [Scott MacDonald](#), [Daphne Guh](#), and [Martin T Schechter](#)

**Health**

# Provincial health officer declares public health emergency

**Share****News Release****Victoria**

Thursday, April 14, 2016 11:00 AM

**Media Contacts****Kristy Anderson**Media Relations Manager  
Ministry of Health  
250 952-1887 (media line)**More from this Ministry****ILLICIT DRUG OVERDOSE DEATHS IN BRITISH COLUMBIA**

There were 474 apparent illicit drug overdose deaths in 2015, which is a 30% increase in deaths from 2014 (365 deaths)

There were 76 deaths in Jan. 2016, which is the largest number of deaths in a single month for the examined period (Jan. 1, 2007 to Feb. 29, 2016).

**Public Safety and Solicitor General**

# Province declares state of emergency to support COVID-19 response

**Share****News Release****Victoria**

Wednesday, March 18, 2020 12:37 PM

**Media Contacts****COVID-19 Joint Information  
Centre**

Media Relations

embc.covid19jic@gov.bc.ca

236 478-1336

**More from this Ministry**

- [Factsheets & Opinion Editorials](#)
- [Visit Ministry Website](#)



# RISK MITIGATION

## IN THE CONTEXT OF DUAL PUBLIC HEALTH EMERGENCIES

### AUTHORS AND REVIEWERS (IN ALPHABETICAL ORDER)

Keith Ahamad, MD; Paxton Bach, MD; Rupi Brar, MD; Nancy Chow, RN; Neasa Coll, MD; Miranda Compton, MSW; Patty Daly, MD; Julius Elefante, MD; Guy Felicella; Ramm Hering, MD; Elizabeth Holliday; Cheyenne Johnson, RN; Perry Kendall, MD; Laura Knebel, MD; Mona Kwong, PharmD; Tamara Mihic, PharmD; Garth Mullins; Daniel Pare, MD; Gerrard Prigmore, MD; Samantha Robinson, RN; Josey Ross, MA; Andy Ryan, MD; Aida Sadr, MD; Christy Sutherland, MD; Meaghan Thumath, RN; David Tu, MD; Sharon Vipler, MD; Jeff West; Evan Wood, MD; Steven Yau, MD

### REVIEWED BY:

Ministry of Health  
Ministry of Mental Health and Addictions  
Office of the Provincial Health Officer  
College of Physicians and Surgeons of BC  
College of Pharmacists of BC  
BC College of Nursing Professionals  
First Nations Health Authority



## Concurrent Opioid, Crystal Meth, and Tobacco Use

### Plan

#### *Opioids:*

- Methadone 30mg PO once daily
- Hydromorphone 24mg PO TID–QID (max 12 tabs per day of 8mg)
- Delivered; daily dispense, not witnessed

#### *Stimulants:*

- Dexedrine 10mg IR PO TID (max 60mg/24hrs)

#### *OR*

- Dexedrine 20mg SR BID with 10mg IR q4–6h PRN (max IR 20mg/day)
- Delivered; daily dispense, not witnessed

#### *Nicotine:*

- Nicotine patch 21mg daily
- Monthly dispense and delivery

## Concurrent Opioid and Stimulant Use

### Plan

#### *Opioids:*

- Hydromorphone 16mg PO TID (max 6 tabs per day of 8mg)
- M-Eslon 100mg PO BID (for long-acting coverage)
- Daily dispense, not witnessed

#### *Stimulants:*

- Dexedrine 10mg SR PO BID

#### *OR*

- Dexedrine 10mg IR BID–TID
- Delivered; daily dispense, not witnessed

Arrange regular in-person follow-up with local outreach team, if available. Follow up with telehealth visits, and encourage to call in to discuss how she is feeling and if the doses are adequate.



## About safer supply services

- Safer supply services provide prescribed medications to people who use drugs, overseen by a health care practitioner, with the goal of preventing overdoses and saving lives. They are provided in a less clinical and more flexible way compared to other care options for substance use, such as opioid agonist treatment (OAT).

For example, safer supply services may offer:

- a range of medication options
- accessible locations (for example, services available at a community health centre)
- flexible eligibility requirements
- flexible dosing conditions and carrying rules (for example, clients may be able to pick up their supply and use as needed)
- flexible client goals (for example, focusing on improving health and not requiring that clients stop using illegal drugs)

These services are intended to reach people at risk of overdose for whom currently available care options have been ineffective or inappropriate.

At the discretion of health care practitioners, the medications prescribed by safer supply services may include: opioid, stimulant and benzodiazepine medications



## **The benefits of safer supply**

There is strong national and international evidence supporting OAT with prescribed opioids as an effective treatment for substance use disorder.

While the evidence base for safer supply services is still developing, early research findings are promising and show that these services are associated with:

- lower rates of overdose and individual overdose risk
- reductions in the use of fentanyl and other street-acquired substances
- reduced hospital admissions and emergency room visits
- improved connections to general medical care
- improved connections to housing and social supports
- improved connections to care and treatment for people who have not had support services in the past
- decreased criminal activity
- reduced infections
- overall improvements in health and social wellbeing



CENTRE FOR APPLIED  
RESEARCH IN MENTAL HEALTH  
AND ADDICTION (CARMHA)

# PUBLIC SUPPLY OF ADDICTIVE DRUGS: A RAPID REVIEW

## Rapid Review Definition and Objectives

For the purpose of this review, 'safe supply' is defined as:

- *the provision of pharmaceutical opioids, heroin, crystal methamphetamine, cocaine, or other substances*
- *to people who are addicted to or dependent on these substances and who are at high risk for poisoning*
- *for unwitnessed consumption via their preferred route of administration.*

The review investigates the association between 'safe supply' and:

- fatal and non-fatal overdose;
- the health or safety of individuals or communities (e.g., crime, drug diversion);
- any other benefits or consequences.

# SELECT KEY FINDINGS

- Nineteen studies met our inclusion criteria by:
  1. reporting original research findings;
  2. advocating for safe supply; and
  3. appearing in peer-reviewed journals.
- None of the identified studies were systematic reviews, economic analyses, or randomized controlled trials.
- None of the identified studies investigated outcomes associated with providing addictive drugs for personal use outside the context of a structured program.
- The results most commonly reported confirmed extremely high rates of homelessness, unemployment, food insecurity, and other indicators of poverty and social exclusion among people at high risk for poisoning.
- Only one of the included studies recommended specific evidence-based interventions to address the risk factors for addiction reported in their results.
- Most of the identified studies (n=15) were conducted in British Columbia by teams with primary expertise in infectious diseases (e.g., HIV).

# Potential for Adverse Outcomes

- No reviewed manuscripts discussed details ordinarily essential to the financing, planning and implementation of a major health and social service/public health intervention including:
  - Criteria that would be used to establish eligibility;
  - Estimated size of the eligible population;
  - Specific medications, doses, and formulations that would be included;
  - Estimated annual public cost of PSAD;
  - Demonstration that the costs of PSAD compare favourably to established interventions that reduce harms among people who experience addiction, mental illness, and poverty;
  - Assessing and mitigating potential for adverse outcomes and
  - Criteria signifying PSAD should be stopped and exit plan

# 6,007

## BC Coroners Service Death Review Panel: A Review of Illicit Drug Toxicity Deaths

Report to the Chief Coroner of British Columbia

Release Date: March 9, 2022

### Major Findings

- Drug toxicity deaths continue to increase;
- The drug supply is increasingly toxic;
- Indigenous people are disproportionately affected;
- There is a strong concurrence of substance use and mental health disorders;
- Most decedents had recent contact with health professionals prior to their death;
- Individuals living in poverty, and with housing instability, are particularly vulnerable;
- Multiple substances are detected in the majority of the deaths;
- Very few of the decedents engaged with substance use disorder treatment services; and
- These deaths are occurring across the province in urban and rural and remote centres.

The panel identified three key areas to reduce deaths due to illicit drug toxicity:

Safer Drug Supply

Coordinated, Goal Driven  
Provincial Strategy

Comprehensive Continuum of  
Substance Use Care

These findings are the basis for the following recommendations made to the chief coroner by the panel.

**RECOMMENDATION 1:**

Ensure A Safer Drug Supply To Those At Risk Of Dying From The Toxic Illicit Drug Supply

**RECOMMENDATION 2:**

Develop A 30/60/90 Day Illicit Drug Toxicity Action Plan with Ongoing Monitoring

**RECOMMENDATION 3:**

Establish An Evidence-Based Continuum Of Care

# Why we decriminalized personal possession of some drugs

The decriminalization of people who possess certain illegal drugs for personal use is a critical step in B.C.'s fight against the toxic drug crisis.

It will help reduce the barriers and stigma that prevent people [from accessing life-saving supports and services](#). Substance use is a public health matter, not a criminal justice issue.

## What changes

Health Canada granted an exemption from the [Controlled Drugs and Substances Act](#) to the Province of B.C. This is effective from January 31, 2023 to January 31, 2026.

Under this exemption, adults (18 years and older) in B.C. are not going to be arrested or charged for possessing small amounts of certain illegal drugs for personal use. The illegal drugs covered by the exemption are:

- Opioids (such as heroin, morphine, and fentanyl)
- Crack and powder cocaine
- Methamphetamine (Meth)
- MDMA (Ecstasy)

Adults found in personal possession of any combination of these illegal drugs that adds up to a combined total of 2.5 grams or less are not subject to criminal charges and the drugs are not seized. Instead, they are offered information about [health and social supports](#). This includes support with making a referral to local treatment and recovery services, if requested.



# The Relationship between the legal status of drug possession and the criminalization of marginalized drug users: A literature review

Akm Moniruzzaman, Stefanie N. Rezansoff, and Julian M. Somers\*

## ABSTRACT

The longstanding association between addiction, crime, and mortality has become increasingly severe in Canada, affecting larger numbers of individuals and communities. Diverse and irreconcilable courses of action have been proposed involving the decriminalization of drug possession, expanded resources to promote recovery from addiction, or both. The current review used the PICOTS method to identify peer-reviewed publications that reported outcomes of reducing the criminal consequences of drug possession and the specific relationship between law reform and the well-being of people who are at greatest risk for poisoning. We separately included notable reports and grey literature discussing outcomes associated with the Portuguese National Drug Strategy. Over 2,500 articles were retrieved from three databases, with six meeting all inclusion/exclusion criteria. An additional five manuscripts were retrieved specific to Portugal. The evidence reviewed indicates that drug decriminalization alone is associated with potential harms to drug users and their communities, and that potential benefits may be realized when law reform is closely coordinated with the provision of evidence-based resources that promote recovery from addiction. The evidence summarized in this review supports careful consideration of the factors necessary to promote social reintegration among people who are at highest risk for drug-related harms, including repeated criminal offending and death.

**Key Words** Decriminalization, addiction, recovery, poisoning, repeat offending.

## INTRODUCTION

People who experience drug addictions are overrepresented in Canada's criminal justice sector. Rezansoff and colleagues (2013, p. 1) investigated criminal recidivism among 31,014 people sentenced to provincial corrections, observing that "nearly 50% of repeat offenders had a physician-diagnosed substance use disorder" prior to sentencing. A body of research discusses the harmful effects of incarceration on housing, income, and mortality among people who use drugs (PWUD). Reviewing the failure of the War on Drugs over 30 years ago, Alexander and Somers (1990) concluded that "punitive measures directed at [drug] users are not only ineffective, but counter-productive" (p. 272).

More recently, the association between addiction, crime, and mortality has stimulated proposed changes to Canada's criminal code regarding the simple possession of illicit drugs, popularly described as the "decriminalization of drug use" (e.g., Kolla et al., 2022, p. 1194). The current review examines scientific and scholarly evidence addressing the outcomes

of legal reforms concerning the possession of illicit drugs. The review begins by summarizing conflicting recommendations of recent reports addressing the crises of addiction and drug poisoning in Canada, which provide a framework for the current study.

### Recent Reports Addressing Decriminalization of Drug Possession in Canada

In 2020, the Canadian Association of Chiefs of Police (CACP) released a report acknowledging that "[a]n understanding of decriminalization starts by recognizing that it is not a single approach, but a spectrum of principles, policies and practices that can be implemented in various ways" (Special Purpose Committee on the Decriminalization of Illicit Drugs, 2020, p. 4). This spectrum includes actions that are specific to the criminal justice sector as well as actions undertaken elsewhere in society that prevent addictions and promote recovery from them.

Following their review of international and Canadian evidence, the CACP advised that "It will be key in a Canadian

- 67,824 offences
- Among 14,530 people in British Columbia
- Drug possession accounted for only 3.8% of their offences
- Property crimes 50.1%
- Already decriminalized
- **Crimes of DISPAIR not stigma**

## Concluded

The evidence reviewed indicates that drug decriminalization alone is associated with potential harms to drug users and their communities, and that potential benefits may be realized when law reform is closely coordinated with the provision of evidence-based resources that promote recovery from addiction.

Correspondence to: Dr. Julian M. Somers, Faculty of Health Sciences, 8888 University Drive, Burnaby, BC V5A 1S6 Canada. E-mail: jsomers@fu.ca

To cite: Moniruzzaman, A., Rezansoff, S. N., & Somers, J. M. (2022). The relationship between the legal status of drug possession and the criminalization of marginalized drug users: A literature review. *Journal of Community Safety and Well-Being*, 7(4), 140–147. <https://doi.org/10.25502/jcswb.287>

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# Controlling Data Access



NP Comment

## Adam Zivo: The silencing of drug addiction experts who criticize 'safe supply'

*Professor says the B.C. provincial government is censoring him*

Get the latest from Adam Zivo  
straight to your inbox

Sign Up >

Adam Zivo

Published Jan 02, 2023 • Last updated Jan 04, 2023 • 5 minute read

507 Comments



Dr. Julian Somers, seen in a file photo from Vancouver's notorious Downtown Eastside, alleges the provincial government is attempting to silence him because he is critical of its homelessness policies and its supply of opioids to addicts. PHOTO BY LORI CULBERT / POSTMEDIA NEWS



## Drug fail: The Liberal government's 'safer supply' is fuelling a new opioid crisis

In this special report, columnist Adam Zivo details how drugs handed out for free are being sold on the black market to fund fentanyl addictions

National Post: May 9, 2023. Adam Zivo

<https://nationalpost.com/feature/how-the-liberal-governments-safer-supply-is-fuelling-a-new-opioid-crisis>

# NATIONAL POST

## Safe(r) Supply



NP Comment

## Adam Zivo: Former drug addict begs government to stop safer supply

*'This is like the OxyContin crisis. It feels like a 2.0 of that — a Canadian version'*

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straight to your inbox

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Adam Zivo

Published Oct 07, 2023 • Last updated 2 days ago • 5 minute read

[221 Comments](#)



A recovering drug addict says his addiction was fuelled by the easy availability and affordability of hydromorphone that was diverted from safer supply programs. PHOTO BY JOHN MAHONEY / POSTMEDIA NEWS



Safe(r) Supply



NP Comment



## Adam Zivo: The fight against 'safer supply' heats up

*'Safe Supply' is a nice marketing slogan,' say some of Canada's leading addictions experts. 'It is not safe'*

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straight to your inbox

[Sign Up >](#)

Adam Zivo

Published Oct 05, 2023 • Last updated 3 days ago • 3 minute read

 119 Comments



An addict injects hydromorphone. An open letter from more than a dozen Canadian addiction experts is calling on the federal government to reform or cancel safer supply drug programs altogether. PHOTO BY DARRYL DYCK / THE CANADIAN PRESS



## May 16, 2023

# Opioid crisis: Fiery debate erupts in House of Commons over Liberals' safe supply policy



Poilievre: "There is one product that has come down in price, the price of powerful opioids. The PM has spent 100M on so called Safe Supply."

Bennett: Mr. Speaker, we are pretty fed up with this fight against evidence-based programs that are actually saving lives. We cannot allow the Conservatives to take us back to the failed ideology of the past."

## Why redefine and reframe diversion?

“‘Diversion’, as this term is conventionally used, is not typically understood as practices of giving and helping, but may nevertheless be perceived as such by those who undertake them.” ([Havnes et al., 2013](#))

## What are the benefits of diversion?

“Both the provision and purchase of diverted buprenorphine support user-defined risk minimization strategies to avoid withdrawal, reduce heroin use, and satiate opioid cravings in periods of lowered tolerance.” ([Kavanaugh & McLean, 2020](#))



# Reframing Diversion for Health Care Providers



Frequently Asked Questions

## What social and structural contexts motivate diversion?

“Criminalization, coupled with negative framings of drug selling as predatory, contributes to the difficulty in examining acts of mutual aid and care that surround drug selling as practices of care.” ([Kolla & Strike, 2020](#))



## Diversion of Safe(r) Supply

One patient interviewed by Zivo estimated that only 10 to 20 per cent of safer supply recipients use their hydromorphone as intended. The rest simply sell their pills for cash or trade them for fentanyl.”

NP Comment

[f](#) [t](#) [in](#) [share](#)

### Adam Zivo: Think safer supply is safe? These recovering drug addicts say otherwise


*A large portion of the government-supplied pills are 'diverted' and sold on the black market, they say*

Get the latest from Adam Zivo straight to your inbox [Sign Up >](#)

Adam Zivo

Published Oct 13, 2023 • Last updated 21 hours ago • 6 minute read

[101 Comments](#)



Government-run safer supply programs are being widely abused by clients who sell their free hydromorphone on the black market to make money to buy stronger drugs, according to recovering drug addicts interviewed by Adam Zivo. PHOTO BY VISUALFIELD / FOTOLIA

NATIONAL POST

## Diversion of Safe(r) Supply to Youth

They painted a disturbing portrait of a community where the abuse of “dillies” (the slang term for Dilaudid, a brand of hydromorphone) is ubiquitous among teenagers, thanks, in part, they say to the wide-scale defraudment of “safer supply” programs.



NP Comment

### Adam Zivo: A 14-year-old is dead. Her dad blames 'safer supply' drugs

*He feels 'brushed aside' by the government and worries about how the investigation of his daughter's death is being handled.*

Get the latest from Adam Zivo  
straight to your inbox

[Sign Up >](#)

Adam Zivo

Published May 31, 2023 • Last updated Jun 02, 2023 • 10 minute read

[285 Comments](#)



Greg Sword (left) and his daughter Kamilah Sword, 14. Kamilah died from an overdose after becoming addicted to hydromorphone, a drug commonly prescribed as part of safer supply programs.

*“There’s a small group of individuals who are using this as a political weapon and I feel very, very badly that they are using this as a political weapon, literally, on the bodies of 12,000 people who have died,” Lapointe asserted. “Disappointing is too soft a word for how I feel about that. I think it’s reprehensible that this is a medical crisis that people are trying to politicize.”*



UPDATED

## B.C. safer supply criticisms shot down by coroner



With the latest figures showing more than 12,000 people have died in B.C. from the toxic drug supply since 2016, the chief coroner and a drug policy advocate are pushing back against recent criticisms of safer supply.



THE UNIVERSITY OF BRITISH COLUMBIA

Faculty of Medicine  
Department of Pediatrics

August 18, 2023

# Drug overdoses are now the leading cause of death among B.C. youth ages 10 to 18 years

<https://pediatrics.med.ubc.ca/2023/08/18/drug-overdoses-are-now-the-leading-cause-of-death-among-b-c-youth-ages-10-to-18-yrs/#:~:text=List%20of%20updates-,Drug%20overdoses%20are%20now%20the%20leading%20cause%20of%20death%20among,ages%2010%20to%2018%20yrs&text=Matthew%20Carwana%2C%20a%20pediatrician%20and,represent%20the%20most%20severe%20outcomes.>



Matthew Carwana MD, MPH, FRCPC

Clinical Instructor, Division of General Pediatrics, Department of Pediatrics, Faculty of Medicine, UBC

Director, Social Pediatrics Program, BC Children's Hospital

Investigator, BC Children's Hospital Research Institute

Faculty Member, The Human Early Learning Partnership (HELP)

## Overall, in 2022:

Equating to  
an **average** of

**6.3**

deaths per day.



There were  
a **total** of

**2,293**

suspected illicit drug  
toxicity deaths.

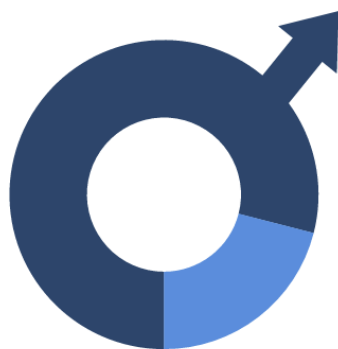


Equating to  
a **rate** of

**43.1**

deaths per 100,000  
population.

### By Sex



**79%**

were male.

### By Age



**70%**

were aged 30-59.

### By Place of Injury



**55%**

at **private residences.**



**29%**

at **other inside residences.**

(e.g. social and supportive housing,  
SROs, shelters, and hotels and  
other indoor locations)

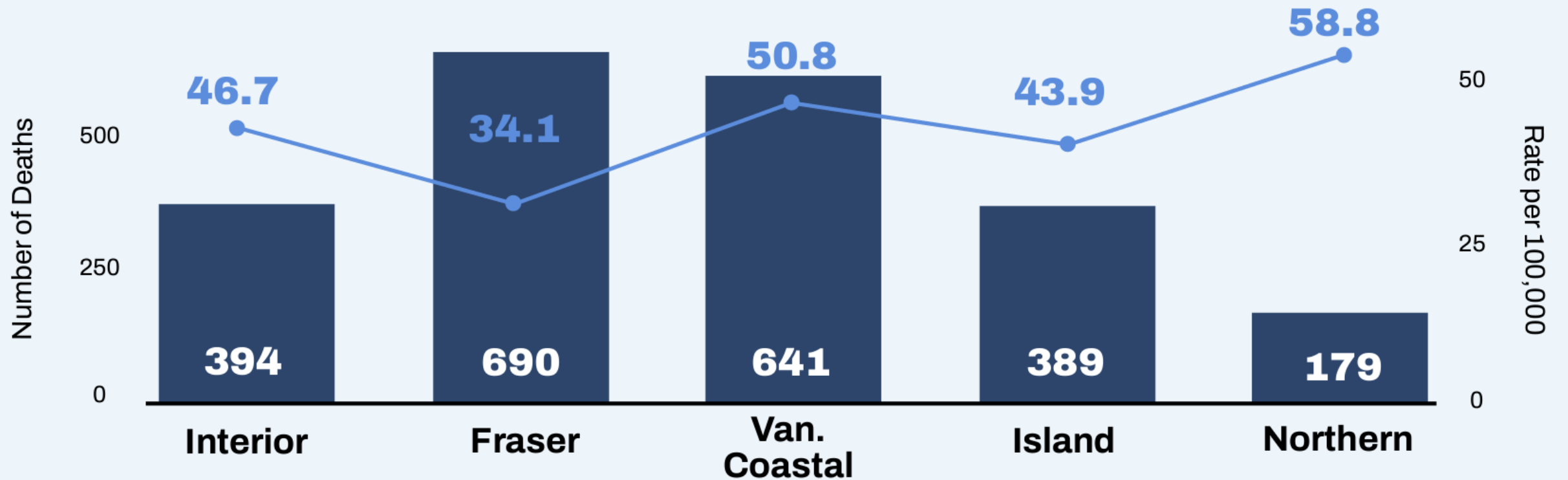


**15%**

at **outdoor locations.**

(e.g. parks, vehicles, sidewalks)

## By Health Authority of Injury



# Fentanyl Tablet

(PRN Program)

Prescribed  
Safer Supply  
Protocols



BRITISH COLUMBIA  
CENTRE ON  
**SUBSTANCE USE**

*Networking researchers, educators & care providers*

# Fentanyl Tablet

(Maintenance Program)

Prescribed  
Safer Supply  
Protocols



# Sufentanil

Prescribed  
Safer Supply  
Protocols



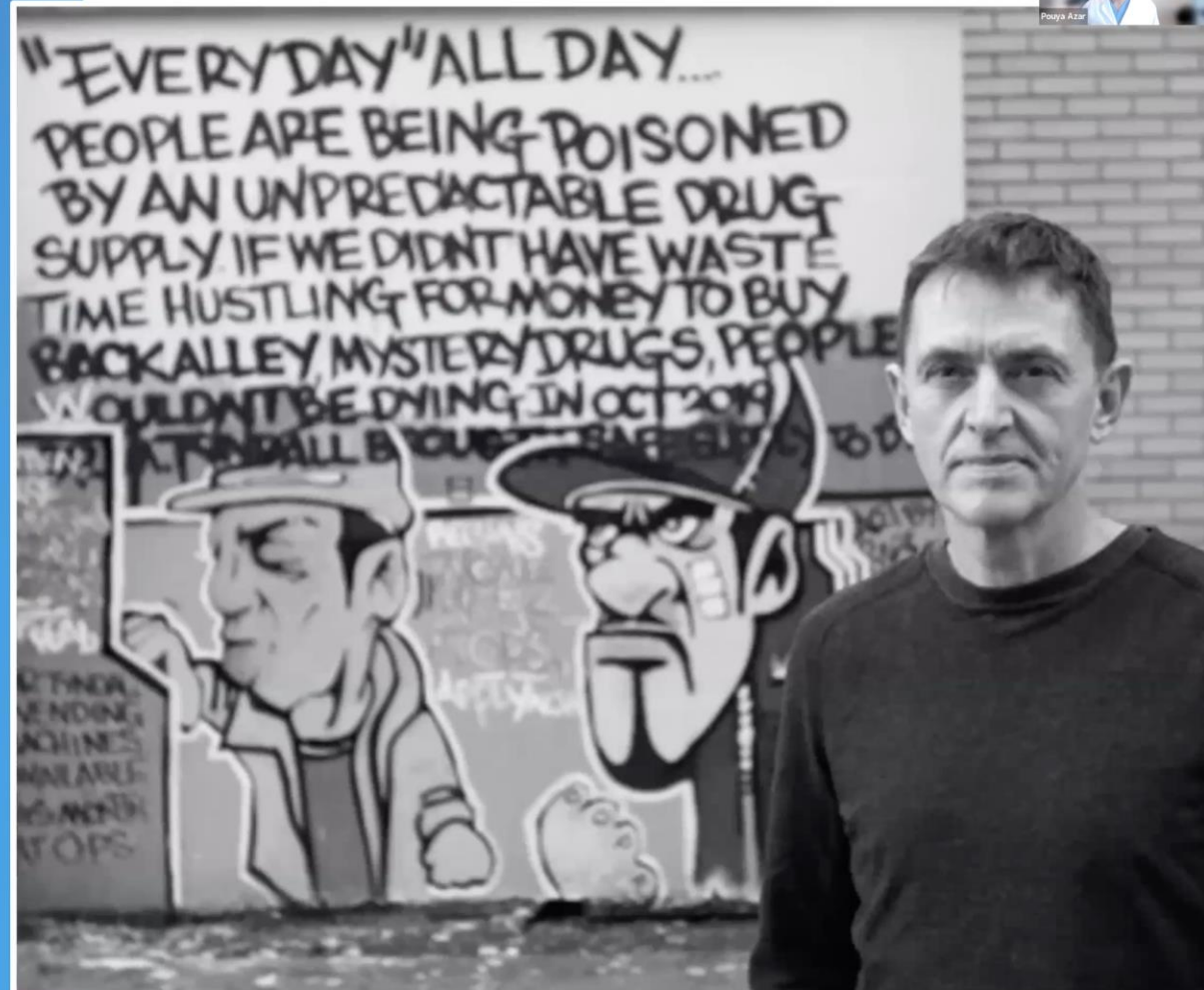
<https://www.bccsu.ca/clinical-care-guidance/prescribed-safer-supply/>

"There's a distinct possibility that one of these pills could slip into a high school," **Tyndall says**. "But in the whole scheme of things, with 1,500 people dying, it's a very small price to pay."

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**Lapowsky, I. (2019).**

<https://www.wired.com/story/one-doctors-answer-to-drug-deaths-opioid-vending-machines/> Accessed May 26th, 2023.



Lapowsky, I. (2019). <https://www.wired.com/story/one-doctors-answer-to-drug-deaths-opioid-vending-machines/> Accessed May 26th, 2023.

# The Alberta Model Highlights

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Building a Recovery-  
Oriented System of  
Care




# A new direction

- Focusing on recovery
  - **Recovery with *Addiction***: ...sustained action addressing inherent biological, social, and spiritual disturbances, aiming to improve quality of life by seeking balance and healing in all aspects of health and wellness... and consistent pursuit of a drug free life
  - **Recovery with *Mental Health***: ...achieving and maintaining remission and living a satisfying, hopeful, and contributing life, even when a person may be experiencing ongoing symptoms of a mental health problem or illness
- Recovery Oriented Systems of Care (ROSC)
  - person-centered, community-based services, building on the strengths and resilience of individuals, families, and communities to achieve a life free of illicit drugs, and improved health, wellness, and quality of life for those with or at risk of alcohol and drugs problems or mental health issues.

A large orange circle on the left side of the slide, partially cut off by the edge.

## Leadership in Alberta

- Premier direction to implement a cross-ministry recovery oriented approach in all mandate letters
  - Dedicated Minister
  - Dedicated Ministry
  - Alberta Health Services appointment of a Provincial Chief Program Officer for Addiction and Mental Health
- 
- A series of three yellow brushstroke-like lines in the bottom right corner of the slide.

# ROSC Ministers

- Addiction Mental Health – Lead
- Community Social Services – poverty, shelters, housing
- Health
- Public Safety
- Justice
- Indigenous Relations
- Children's Services
- Education

# The Continuum of Care

- Prevention = Schools, Universities, Harm Reduction
- Intervention = Police, Corrections, Courts, Workplace, Families
- Treatment = Medication, Inpatient, Outpatient
- Recovery = Mutual self support, Recovery Coaches, Housing

# Data Driven

- Alberta Developed the most comprehensive data analytics system in North America.
  - The Alberta Substance Use Surveillance System
  - All data is posted publically
  - Drive data as granular as possible
  - To be added: treatment admissions, wait time averages, outcomes data/MRP



# Alberta substance use surveillance system

Updated October, 2023

The Opioid Dependency Program (ODP), provides methadone or Suboxone® initiation and maintenance treatment to people dependent on opioids and helps them access services they need to live healthy lives.

Alberta

Alberta  
Calgary  
Central  
Edmonton  
North  
South

Unique treated clients

3,048

Year: 2018

Unique treated clients

4,032

Year: 2019

Unique treated clients

5,069

Year: 2020

Unique treated clients

6,127

Year: 2021

Unique treated clients

7,881

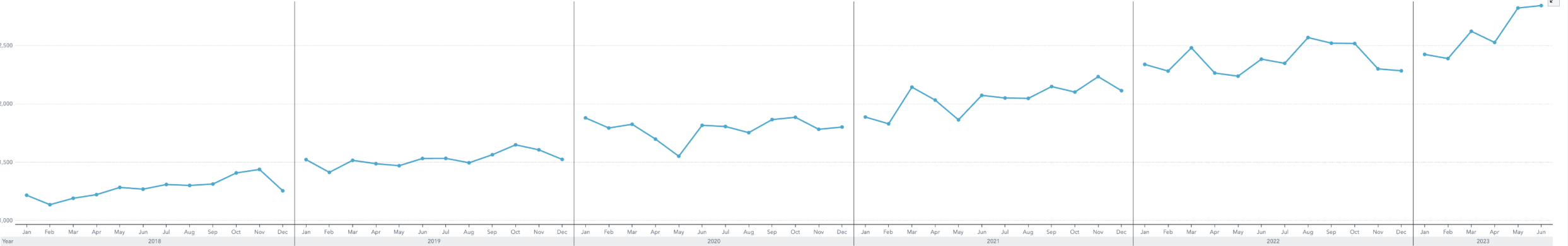
Year: 2022

Unique treated clients

6,211

Year: 2023

Unique treated client count by month



**Note:** ODP count data has shifted to visit based counts (unique treated clients who attended therapeutic appointments in a reporting period) and is no longer reported as enrollment based client count (unique active clients). This is due to the adoption of Connect Care.

**Source:** AHS Consolidated Addiction and Mental Health Data Repository (AMHDR) sourced from information systems for community based AMH treatment services.

The following data is based on AHS ODP client samples submitted to the Alberta Centre for Toxicology. This data does not capture the entirety of the AHS ODP clinic enrollment and operations.

Other drugs present ▾

Buprenorphine screened positive

Metadone screened positive

Other drugs present

Annual average  
**44.6%**  
Year: 2018

Annual average  
**48.4%**  
Year: 2019

Annual average  
**59.4%**  
Year: 2020

Annual average  
**53.8%**  
Year: 2021

Annual average  
**49.0%**  
Year: 2022

Annual average  
**44.6%**  
Year: 2023

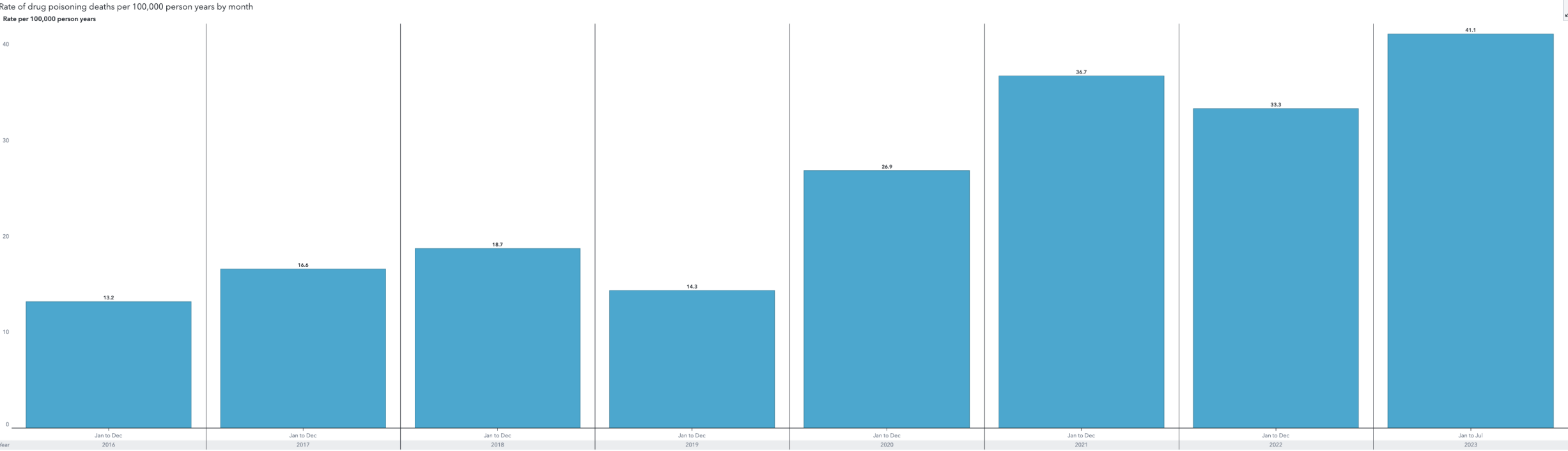
AHS Opioid dependency program (ODP) sample testing outcomes  
Percent of samples / Annual average



**Note:** The following includes unintentional acute drug poisoning deaths that have been certified by the Medical Examiner, and **any apparent unintentional fentanyl related deaths**. Apparent fentanyl related deaths have identified fentanyl in toxicology and the initial circumstances point to a likely drug poisoning death. Several deaths in more recent years are currently under investigation by the Medical Examiner. Therefore, more recent data will be less complete for non-fentanyl related drug deaths. **Drug categories are not mutually exclusive.** Multiple substances can contribute in one death. Please see the polysubstance tab to see how multiple drugs contribute in drug related deaths.

Alberta Municipality Zone Month Year

Alberta Any opioid



# Corrections

- Therapeutic Living Units – TC model adapted to correctional facility
- Red Deer July 24, 2023 (22)
- Lethbridge October 2, 2023 (22)
- Fort Saskatchewan February 5, 2024 (22 to 48)
- Calgary March 11, 2024 (22 to 44)
- OAT access, including Sublocade\*
- Exploring legislative enhancements to enable addiction treatment as alternative to criminal measures

# Policing

- Police are an integral part of the response
- Police empowered and at the forefront
- First jurisdiction to allow police to officers to offer immediate access to addiction treatment
- Paramedics in cellblocks
- Medication induction

# Recovery Coaching

- Investment of \$1M to train and deploy Recovery Coaches
- Create individualized recovery plans, assist with navigating and integrating into their communities and build healthy support systems
- Waitlist support

# First Nations

- Dedicated recovery communities (5)
- Capital and operating investment on reserve
- Blend of traditional and western ways

## Workplaces

- Explore incentives for employers to hire clients leaving recovery treatment (e.g., employment bursaries, wage subsidy)
- Recovery communities help build relationships with employers and boost client employability prior to discharge
- Development of a Recovery Informed Workplace model

# Families

- ROSC recognizes the important of reconnecting with family
  - Toll free line to support families of people who use substances
  - Virtual mutual support meetings
  - Short term residential program for family members treatment co-dependency.
  - Family Recovery Coaches



# Housing and Recovery



- Cross ministry work to embed recovery oriented services into shelters
- Expand recovery housing
- Increase focus on addiction recovery in supportive housing environments

# Treatment

- Significant investment to provide Albertans access to an affordable, accessible range of treatment options
- Residential Treatment – Short and Long term
- Recovery Communities
- Intensive Outpatient
- Evidence based medication
- Provincial access

# New Recovery Communities

- Recovery communities are a form of long-term residential treatment that focus on supporting people who are pursuing recovery.
- Recovery Communities are also a form of transitional housing, education and work skills training.
- Red Deer      75 beds - opened May 15, 2023
- Lethbridge    50 beds - opened September 21, 2023
- Gunn            75 beds – slated to open May - June 2024
- Blood, Enoch Cree, Tsuut'ina, Siksika Tribes MOUs signed
- Calgary        75 beds    budgeted / planned
- Edmonton     100 beds   budgeted / planned

# System Capacity

- 8000 new publicly-funded addiction treatment **spaces**
  - Total publicly funded capacity is up 45% (from 19,000 to over 27,000 spaces).

# Addiction Medicine (OAT)

- Award-winning Virtual Opioid Dependency Program
- Alberta Health Services Opioid Dependency clinics
- OAT Gap Coverage Program
- More than 7,800 Albertans accessing OAT in 2022

# Virtual Opioid Dependency Program

- Expert call center
- Prescribing center
- Buprenorphine, Sublocade, Methadone
- Police integrated, manages corrections prescribing
- Anywhere, anytime, no fee, same day, no waitlist

British Columbia	Alberta
Harm Reduction approach	Recovery oriented approach -
Supply side approach	Demand reduction approach
Safe(r) Supply with expanded opioid protocols, licensing prescriber and access methods	Limiting non-OAT access to highly structured clinics
Diversion issues	
Narrative – toxic drug supply, ID approach	Narrative – building treatment capacity + ROSC
Piecemeal funding	275M in 2023 on MH and ADC 500M 2023 to 2026
Decriminalization January 2023	
Increasing street chaos and public disorder	
Centre of Excellence (BCCSU) – core of HR approach	
Restricted access to data	Publicly accessible data system
Same core group dictating drug policy for years	Directed by Expert Advisory Committee