

MAY 2017

Progress Report on the Joint Statement of Action to Address the Opioid Crisis in Canada

Appendix: Progress Reports from Organizations and Ministries

(December 2016 to February 2017)



Health Canada Santé
Canada Canada



Canadian Centre
on Substance Use
and Addiction

Evidence. Engagement. Impact.

Organization: Accreditation Canada

Commitment/Action(s) <i>(As indicated in the Joint Statement of Action)</i>	Key Activities: <i>(activities/tasks to complete the commitment/action)</i>	Due: <i>(MMM/YYYY)</i>	Status: <i>(Choose one)</i>	Progress Update: <i>(Details on the progress of commitments and activities, milestones, barriers, etc.)</i>
1) Reviewing Qmentum medication management standard, including those requirements with respect to identifying, monitoring, and addressing opioid misuse, abuse and diversion in light of the Joint Statement of Action plan to Address the Opioid Crisis	Call out for Technical Committee on Medication Management	03/2017	In Progress	Through its Standard Development Organization partner, Health Standards Organization (HSO), Accreditation Canada has begun recruitment for the Technical Committee that will guide revision of the Medication Management standard. The revision will include consideration of identification, monitoring and addressing opioid misuse, abuse and diversion. The application process for Technical Committees closes March 13, 2017.
	Literature review on Medication Management, including opioid management	06/2017	In Progress	HSO has started a scoping review of literature on trends in medication management, including opioid misuse. This review will inform the basis of themes and draft content to be presented to the Technical Committee.
	Draft of revised Medication Management standard	10/2017	Delayed	Reviewing existing Qmentum medication management standard, including those requirements with respect to identifying, monitoring and addressing opioid misuse, abuse and diversion in light of the Joint Statement of Action to Address the Opioid Crisis.
	Public Review	3/2018	Delayed	During the Public Review, Accreditation Canada publishes a draft standard on its website opening it up to feedback from all members of the public. Accreditation Canada will actively seek feedback from all signatories to the Joint Statement of Action.
	Approved revised Medication Management standard	4/2018	Delayed	The Technical Committee will consider all of the feedback from the Public Review and make amendments, as appropriate.

Publication of revised Medication management standard	5/2018	Delayed	The final standard will be published on Accreditation Canada's website.
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Narrative Highlights
(Please provide a short narrative of key highlights for the public report)

Accreditation Canada and its Standard Development Organization partner, Health Standards Organization (HSO), have begun recruitment for a Technical Committee on Medication Management to guide revision of the related Qmentum standard. Technical Committees are comprised of health service providers and stakeholders, policy makers, academics, and patients taking a collaborative approach to addressing all aspects of the medication pathway, which includes the patient's role in medication management. The revision will include consideration of identification, monitoring and addressing opioid misuse, abuse and diversion. HSO has already started a scoping review of literature on trends in medication management, including opioid misuse. This review will inform the basis of themes and draft content to be presented to the Technical Committee. Publication of the revised standard is expected in 2018.

Organization: Accreditation Canada

Commitment/Action(s) <i>(As indicated in the Joint Statement of Action)</i>	Key Activities: <i>(activities/tasks to complete the commitment/action)</i>	Due: <i>(MMM/YYYY)</i>	Status: <i>(Choose one)</i>	Progress Update: <i>(Details on the progress of commitments and activities, milestones, barriers, etc.)</i>
2) Developing a specific standard(s) to incorporate and reflect the language of the Joint Statement of Action plan to Address the Opioid Crisis.	Call out for Technical Committees	03/2017	In Progress	Through its Standard Development Organization partner, Health Standards Organization (HSO), Accreditation Canada has begun recruitment for Technical Committees that will guide development and revision of standards and review best practices.
	Literature review on Medication Management, including opioid management	06/2017	In Progress	HSO has started a scoping review of literature on trends in medication management, including opioid misuse. This review will inform the basis of themes and draft content for new standards to be presented to one of the newly formed Technical Committees.
	Identification of complementary standard(s)	09/2017	Delayed	
	Draft standard(s)		Delayed	
	Public Consultation		Delayed	
	Approved complementary standard(s)		Delayed	
	Publication of complementary standard(s)		Delayed	

Narrative Highlights*(Please provide a short narrative of key highlights for the public report)*

Accreditation Canada and its Standards Development Organization partner, Health Standards Organization (HSO) have begun recruitment of over 25 permanent Technical Committees that will guide the development of new standard. Technical Committees are comprised of health service providers and stakeholders, policy makers, academics, and patients taking a collaborative approach to addressing all aspects of the medication pathway, which includes the patient’s role in medication management. Based on the literature review on Medication Management, HSO will identify requirements to address the opioids crisis to be introduced through amendment or revision in all of its health services standards or the development of new standards. It is expected that opportunities to reinforce the standards framework will be realized within 24 months.

Organization: Accreditation Canada

Commitment/Action(s) <i>(As indicated in the Joint Statement of Action)</i>	Key Activities: <i>(activities/tasks to complete the commitment/action)</i>	Due: <i>(MMM/YYYY)</i>	Status: <i>(Choose one)</i>	Progress Update: <i>(Details on the progress of commitments and activities, milestones, barriers, etc.)</i>
3) Contributing to any potential updates to Abuse and Diversion of Controlled Substances: A Guide for Health Professionals or any other guidelines that may emerge as a result of the Joint Statement of Action Plan to Address the Opioid Crisis and related processes.	Accreditation Canada will continue to actively seek out opportunities to provide feedback related to other organization’s actions on the Joint Statement of Action.		In Progress	

Narrative Highlights*(Please provide a short narrative of key highlights for the public report)*

Accreditation Canada, and its Standard Development Organization, Health Standards Organization, are committed to a process of co-creation, working with stakeholders to develop leading, evidence-informed standards in quality health services and to contributing to the actions of other stakeholders/organizations participating in the Joint Statement of Action through proactive collaboration.

Organization – Association of Canadian Faculties of Dentistry

Commitment/Action(s) <i>(As indicated in the Joint Statement of Action)</i>	Key Activities: <i>(activities/tasks to complete the commitment/action)</i>	Due: <i>(MMM/YYYY Y)</i>	Status: <i>(Choose one)</i>	Progress Update: <i>(Details on the progress of commitments and activities, milestones, barriers, etc.)</i>
Commitment 1: Teaching every student registered in Dentistry programs across all ten Dental Schools in Canada to develop the knowledge and skills required to reduce the harms associated with opioids.			In Progress	
1.1 Dalhousie University		Sept/2017	Complete	Dalhousie has completed these commitments, as they have been part of our curriculum for some time.
1.2 Université Laval	No report at this stage	Sept/2017	In progress	
1.3 Université de Montréal	students are evaluated on the course content	Sept/2017	Complete	Within courses STO-1043 and STO-2043, we focussed on general pharmacology including opioid indications, mechanisms of action, optimal use of opioids, their prescription, dependence, secondary effects, as well as the associated risks of abusing opioids. To better understand the side effects, drug interactions, and the individual responses of patients receiving opioids for the dental pain treatment, chemistry, and metabolism of opioids is also developed and discussed during the presentation of clinical cases within the course STO2043.
1.4 McGill University	All undergraduate dental students currently receive training and skills to reduce harm associated with the prescription of opioids in the third year course Dental Pharmacology DENT319. Students are tested on their knowledge.	Sept/2017	Complete	The course content was reviewed to ensure that the topic was adequately covered.
1.5 University of Toronto	All undergraduate students receive lectures and seminars on opioids and substance use disorder.	Sept/2017	Complete	Second year dental students receive 3 hours of lectures and small group learning on the on pharmacology of opioids and on drug abuse, followed by clinical application. Third year dental students receive 6.5 hours of lectures on analgesics including opioids, followed by a 1.5 hours of lectures on dependency. Fourth year students do an online course on pain management where these same topics are reinforced.
1.6 Western University	No report at this stage	Sept/2017	In progress	
1.7 University of Manitoba	No report at this stage	Sept/2017	In progress	

1.8	University of Saskatchewan	No report at this stage	Sept/2017	In progress	
1.9	U of Alberta	Course lectures, seminars and patient rounds throughout the four DDS undergraduate years include specific content pertaining to pain, pain mechanisms, pain management, narcotic and non-narcotic medications and analgesics, nitrous oxide analgesia and sedation. Course content and clinical discussions also include diagnosis and management of substance abuse (both patient and practitioner), addiction and patients being treated for disorders requiring long term narcotic use. Clinical grand rounds during the students' third and fourth years of our program include presentation and discussion of patients presenting with a history of narcotic use, substance abuse, addiction and assessment for post-operative pain management and analgesic selection. Course content in the third year includes prescription writing, restricted medications (AB Triplicate Prescriptions) and responsibilities of the practitioner with dispensing.	Sept/2017	In progress	While we feel that our learners receive adequate didactic and clinical education in the use and management of opioid and sedative drugs we recognize that the various courses and information areas need to be more centralized and we are planning to incorporate this in our current curriculum review.
1.10	University of British Columbia	No report at this stage	Sept/2017	In progress	
	Commitment 2: Course outlines for all dentistry students will include the topic of opioid use, prescribing and related harms, and relevant knowledge and skills evaluations				
2.1	Dalhousie	Course outlines for all dentistry students will include the topic of opioid use, prescribing and related harms, and relevant knowledge and skills evaluations.	Sept/2017	Complete	Dalhousie has completed these commitments, as they have been part of our curriculum for some time.

2.2 Univeristé Laval	No report at this stage	Sept/2017	In progress	
2.3 Université de Montréal	students are evaluated on the course content	Sept/2017	In progress	Within course STO-3080, opioid prescription and the importance of pre- treatment evaluation. New guidelines for the use of opioids in treating chronic pain will be part of the courses STO2043, topic: opioids use in Canada. Opioid prescription procedures will be part of the courses STO 2043 and STO 3080, in order to reflect the Canadian directory lines which are about to be established by Health Canada and the Canadian Patient Safety Institute
2.4 McGill University	The course outline Dental Pharmacology DENT319 will be updated in for 2017 to describe more specific details regarding opioids.	Sept/2017	Complete	A Clinical psychologist and expert in opioid misuse and addiction with acute and chronic pain conditions will be giving lectures in the course DENT319
2.5 University of Toronto	No report at this stage	Sept/2017	In progress	
2.6 Western University	No report at this stage	Sept/2017	In progress	
2.7 University of Manitoba	No report at this stage	Sept/2017	In progress	
2.8 University of Saskatchewan	No report at this stage	Sept/2017	In progress	
2.9 University of Alberta	DDS506 (year 1) - Pharmacology of Laxative and Anti-Diarrheal Medication DDS508 (year 1) - Pain Management (Oncology) DDS507(year 2) - Acute & Chronic Pain: Diagnosis & Management DDS520 (year 2) - Addiction & Substance Use Disorders DDS541 (year 2 Pharmacology) – one section specific to narcotic & non-narcotic analgesics, prescription & restricted narcotics DDS545 (year 3 Oral Surgery) – Lecture series includes opioids and non-opioid analgesics, management of patients on opioids, addiction & opioid alternatives including recognition of addiction. DDS545 (year 3 Endodontics) – Approach to pain management, use of opioids & addiction.	Sept/2017	In progress	Develop a course that specifically deals with opioids, their proper use, abuse and potential harmful outcomes. This course would follow a spiral model that spans the four years of our program.
2.10 University of British Columbia	No report at this stage	Sept/2017	In progress	
Narrative Highlights [none provided]				

Organization: Association of Faculties of Medicine of Canada

Commitment/Action(s) <i>(As indicated in the Joint Statement of Action)</i>	Key Activities: <i>(activities/tasks to complete the commitment/action)</i>	Due: (MMM/YYYY)	Status: <i>(Choose one)</i>	Progress Update: <i>(Details on the progress of commitments and activities, milestones, barriers, etc.)</i>
<p>1) Continuing to ensure that the accreditation standards for Canada's medical schools include instruction in the diagnosis, prevention, appropriate reporting and treatment of the medical consequences of common societal problems, including the opioid crisis.</p> <p>2) By November 2017: Having faculty experts:</p> <ul style="list-style-type: none"> a. Review opioid educational activities currently in use in its 17 faculties of medicine; and b. Create and share a repository of educational products that reflect best c. Practice and provide them to all faculties. 	<p>A survey of undergraduate, postgraduate and continuing professional development leaders about the content and location of their curricula for instruction in the diagnosis, prevention, appropriate reporting and treatment of the medical consequences of the opioid crisis is underway.</p> <p>The list of faculty experts is being generated.</p> <p>The repository is being gathered</p>	<p>JUN/2017</p> <p>APR/2017</p> <p>JUN/2017</p>	<p>In Progress</p> <p>In Progress</p>	<p>Large volumes of curricula data have been and are being collected. To date, (7/17) undergraduate responses and (6/17) postgraduate responses. CPD forthcoming in early February.</p>
			<p>In Progress</p>	

Narrative Highlights

(Please provide a short narrative of key highlights for the public report)

In an effort to prepare the next generation of physicians with the necessary tools to curb the nation's current opioid epidemic, the AFMC is committed to strategies in enhancing current medical school core competencies. The survey of our 17 schools across the educational continuum is underway and a group of expert faculty teachers and leaders will be "virtually" convened to identify existing best practices and toolkits to aid in the teaching of students and residents. The achievement of expectations established by the statement by AFMC in establishment of cross-institutional core competencies for the prevention and management of opioid drug abuse will be a collaboration to identify medical students' training in primary, secondary, and tertiary prevention strategies regarding opioid drug misuse. Our efforts will represent innovative and forward-thinking contributions by medical school curricula to curb the opioid epidemic by providing medical students with a strong foundation in prevention, identifying substance use disorders, and referring patients to appropriate treatment. With this enhanced educational foundation Canada's medical students will be better prepared to enter residency training and to provide excellent patient care as our future physicians.

Organization: Association of Faculties of Pharmacy of Canada

Commitment/Action(s) (As indicated in the Joint Statement of Action)	Key Activities: (activities/tasks to complete the commitment/action)	Due: (MMM/YYYY)	Status: (Choose one)	Progress Update: (Details on the progress of commitments and activities, milestones, barriers, etc.)
1) Conduct an environmental scan to identify faculty experts, best teaching practices and the extent to which current curricula addresses pain management, opioid use and misuse.	<ul style="list-style-type: none"> ▪ Develop plan for environmental scan ▪ Data collection ▪ Analyze, interpret scan results ▪ Develop and implement dissemination plan. ▪ AFPC Annual Conference presentation 	<ul style="list-style-type: none"> ▪ Jan/Feb 2017 ▪ Feb/Mar ▪ Apr/May ▪ Apr/May ▪ Jun 2017 	In Progress	<ul style="list-style-type: none"> ▪ Established working group with representatives from each Faculty of Pharmacy ▪ Finalized environment scan plan
2) Adapt and disseminate the recommendations of the First Do No Harm: Responding to Canada's Prescription Drug Crisis Strategy "Competencies for health professionals in pain management, drug prescribing, dependence, addiction and abuse" within the curricula for undergraduate levels and continuing professional development of the 10 faculties of pharmacy.	<p>Adapt</p> <ul style="list-style-type: none"> ▪ Draft competencies for pharmacists ▪ Stakeholder consultations on draft document ▪ Finalize competency document <p>Disseminate</p> <ul style="list-style-type: none"> ▪ Develop dissemination plan ▪ Implement plan ▪ (Monitor uptake) 	<ul style="list-style-type: none"> ▪ Mar/Apr 2017 ▪ May/June ▪ Jul/Aug ▪ Aug/Sep ▪ Sep/Oct 	In Progress	<ul style="list-style-type: none"> ▪ Developed plan

Narrative Highlights
(Please provide a short narrative of key highlights for the public report)

AFPC has convened a group of faculty members from each of the 10 faculties of pharmacy in Canada. We have developed plans and timelines to achieve our commitments. The environmental scan plan for the undergraduate programs has been begun, with data collection to take place over the next month.

Canadian Agency for Drugs and Technologies in Health (CADTH)

Commitment/Action (As indicated in the Joint Statement of Action)	Key Activities: (activities/tasks to complete the commitment/action)	Due: (MMM/YYYY)	Status: (Choose one)	Progress Update: (Details on the progress of commitments and activities, milestones, barriers, etc.)
1) <i>Analyzing the international literature to identify best practices and provide evidence-based recommendations, advice and decision support tools that will inform and guide patients, clinicians and policy-makers regarding pain management interventions (drug and non-drug), and the treatment of opioid addiction.</i>	Established a cross-functional CADTH Opioid Working Group to identify, lead, and coordinate efforts to fulfill CADTH's commitment.	Jan 2017	Complete	
	Conducted a review of the commitments made in the Joint Statement to highlight potential areas for collaboration and partnership with other organizations	Jan 2017	Complete	
	Developed an action plan for the CADTH Opioid Working Group to guide the activities of CADTH to respond to our commitment to the Joint Statement of Action.	Feb 2017	Complete	
	Identifying and pursuing partnerships with various external organizations to support CADTH opioid WG's activities and deliverables, and ensure uptake of CADTH evidence to inform policies and practices.	ongoing	In Progress	This is an ongoing effort at CADTH. As of Feb 2017, multiple collaboration opportunities are being pursued with organization and associations, especially those that have made a commitment in the Joint Statement of Action (including ISMP-C, RxFiles, McMaster National Pain Centre Guidelines Group, Canada Health Infoway, and various healthcare professional associations)
	Co-branding on a tool "Navigating Opioids for Chronic Pain" which highlights the increasing harms associated with opioid therapy with the increase in the number of morphine milligram equivalents per day (MME/D)	Feb 2017	Complete	http://www.cpd.utoronto.ca/opioidprescribing/navigating-opioids/ This tool was developed by University of Toronto, Faculty of Medicine and Physicians for Responsible Opioid Prescribing (PROP) in collaboration with the Institute of Safe Medication Practices Canada. CADTH will distribute the tool via CADTH Liaison Officers and through CADTH social media
	Developing Evidence Bundles on the CADTH website for a one-stop shop to find relevant CADTH evidence on opioids	Feb 2017	Complete	Featuring approximately 75 completed evidence reviews and tools related to Opioids, organized under the categories: Treatment of Pain, Misuse/Abuse/Harms, Addiction, and Alternatives to Opioids. www.cadth.ca/opioids
	Developing Evidence Bundles on the CADTH website for a one-stop shop to find relevant CADTH evidence on management of pain	Mar 2017	In Progress	

Developed an In Brief (a one page summary of evidence) on Crushed Buprenorphine based on a CADTH Rapid Response 'Crushed Buprenorphine or Buprenorphine-Naloxone for Opioid Dependency: A Review of the Clinical Effectiveness and Guidelines'	Feb 2017	Complete	<p>Link to Rapid Response and Report in Brief https://cadth.ca/crushed-buprenorphine-or-buprenorphine-naloxone-opioid-dependency-review-clinical-effectiveness-and</p> <p>CADTH will continue to develop In Briefs (including other knowledge mobilization (KM) tools) based on past and upcoming CADTH evidence reviews</p>
Develop CMAJ Quiz based on CADTH Rapid Response on 'Buprenorphine/Naloxone Versus Methadone for the Treatment of Opioid Dependence: A Review of Comparative Clinical Effectiveness, Cost-Effectiveness and Guidelines'	Mar 2017	In Progress	CADTH will continue to develop CMAJ quiz (including other KM tools) based on recent and upcoming CADTH evidence reviews. The quiz is hosted on CMAJ website to make healthcare practitioners aware of available evidence on specific treatments.
Intranasal and Intramuscular Naloxone for Opioid Overdose in Pre-Hospital Settings (Rapid Response report, Summary with Critical appraisal)	Mar 2017	In Progress	
Opioid Formulations with Tamper Resistance or Abuse Deterrent Features (Environmental Scan)	Mar 2017	In Progress	
Probuphine (buprenorphine implant) for opioid use disorder (Emerging Health Technology Bulletin)	Mar 2017	In Progress	
Support the pan-Canadian collaboration of F/P/T Drug Plan Managers through coordination and provision of information	ongoing	In Progress	This will be an ongoing effort to support CADTH Advisory Committee members, as needed.
Social Media sharing of CADTH evidence on opioids and pain management, and brokering related information from other organizations	ongoing	In Progress	www.twitter.com/CADTH_ACMTS
Non-pharmacological (physical and psychological) treatment of Pain (Acute and Chronic Pain) (Rapid Response report, Summary with Critical appraisal)	May 2017	In Progress	Project in scoping phase
Non-pharmacological (physical and psychological) treatment of Pain (Acute and Chronic Pain) (Rapid Response report, Summary with Critical appraisal)	May 2017	In Progress	Project in scoping phase

Strategies for Tapering, rotation or cross-over of opioids (Rapid Response report, Reference list or Summary of abstracts)	April 2017	In Progress	Project in scoping phase
Evidence on effectiveness and safety of sustained released methadone, injectable hydromorphone, and diacetylmorphine, for opioid use disorder (Rapid Response report, Reference list or Summary of abstracts)	April 2017	In Progress	Project in scoping phase
Magnesium for MSK pain (Rapid Response report, Reference list or Summary of abstracts)	April 2017	In Progress	Project in scoping phase
Availability and access to non-pharmacological treatment of Pain in Canada (Environmental Scan)	Aug 2017	In Progress	Project in scoping phase
Vivitrol (naltrexone) for the treatment of opioid use disorder (Emerging Health Technology Bulletin)	Aug 2017	In Progress	Project in scoping phase
Multidisciplinary pain clinics across Canada (Program Structure, Funding etc.) (Environmental Scan)	Aug 2017	In Progress	Project in scoping phase
New Pharmacological Alternatives to Opioids for Pain (Emerging Health Technology Bulletin)	Aug 2017	In Progress	Project in scoping phase

Narrative Highlights *(Please provide a short narrative of key highlights for the public report)*

CADTH has established a cross-functional opioid Working Group, co-chaired by Dr. Janice Mann (Knowledge Mobilization Officer) and Sirjana Pant (Pharmacist, Program Development Officer), to identify, lead, and coordinate efforts to fulfill CADTH's commitment. The Working Group has developed an Action Plan to guide its activities. The Working group will continue to identify topics for evidence review and knowledge mobilization activities, in collaboration with its customers and partners. This will ensure the uptake of the evidence to inform policies and practices related to opioids and pain management. CADTH is also identifying and pursuing partnerships with various external organizations to collaborate on related activities and deliverables.

CADTH will continue to deliver evidence reviews on topics related to pain management and on opioids. Some of the upcoming evidence review reports include a rapid response report on intranasal naloxone spray; emerging health technology bulletin on Probuphine (buprenorphine implant); an environmental scan Opioid Formulations with Tamper Resistance or Abuse Deterrent Features, among others. Evidence reviews, emerging health technology bulletins and environmental scans on topics related to non-pharmacological management of pain, management of acute pain, drug tapering strategies and treatment options for opioid use disorder will be initiated in March 2017. For an easy, one-stop access to CADTH evidence reviews; CADTH has developed an Opioid Evidence Bundle on its website. This evidence bundle houses key CADTH evidence reviews on opioids. A similar evidence bundle on pain management is in progress. CADTH will also continue to develop knowledge mobilization and implementation support tools such as one-page Report in Briefs that are based on the evidence reviews. CADTH will also be involved in brokering knowledge developed by other organizations, for example, the "Navigating Opioids for Chronic Pain" tool developed by University of Toronto, Faculty of Medicine, and endorsed by several other organizations.

Organization: Canadian Association of Poison Control Centres

Commitment/Action(s) <i>(As indicated in the Joint Statement of Action)</i>	Key Activities: <i>(activities/tasks to complete the commitment/action)</i>	Due: <i>(MMM/YYYY)</i>	Status: <i>(Choose one)</i>	Progress Update: <i>(Details on the progress of commitments and activities, milestones, barriers, etc.)</i>
<p><i>Commits to working to establish a Canadian national database of poisonings to improve information about the extent of exposures across Canada. This database offers a unique picture of the number & outcomes of exposures across Canada.</i></p>	Initiation of upload of anonymized call exposure information to a national hub	Mar 2017	Complete	A secure system has been identified to which to upload anonymized call exposure data.
			Complete	Data elements to be uploaded from poison centre charts have been identified.
			In Progress	An initial data upload of three months of call centre cases has been completed for testing of system entry, storage, user manipulation. Ongoing testing. Year to date data will be uploaded by March 1 from PADIS.
			In Progress	MOU drafted & being reviewed from other provinces to allow similar data uploads.
			In Progress	
			In Progress	

Narrative Highlights

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The Community of Poison Centres continues to be motivated to develop a Canadian wide electronic system of collecting data and reporting on exposures to allow better informed public policy, surveillance, and prevention. To date, a secure platform of hosting poison centre data has been identified, initial data uploaded and testing begun before real time streaming of data is initiated. A number of events of public interest will be monitored regularly after surveillance definitions are put in place as other poison centres add their data.

Canadian Association of Schools of Nursing (CASN)

Commitment/Action(s) <i>(As indicated in the Joint Statement of Action)</i>	Key Activities: <i>(activities/tasks to complete the commitment/action)</i>	Due: <i>(MMM/YYYY)</i>	Status: <i>(Choose one)</i>	Progress Update: <i>(Details on the progress of commitments and activities, milestones, barriers, etc.)</i>
1) Disseminating evidence-based educational resources on opioid use through a communication strategy for nurse educators, registered nurses and nurse practitioners, and students in collaboration with the Canadian Nurses Association.			In Progress	<ul style="list-style-type: none"> • CASN leveraged three regional workshops on Nurse Practitioner (NP) prescribing controlled drugs and substances to educate nurses on: a) the opioid crisis, b) the joint Canadian Action Plan, and c) nurses' and NPs' role in addressing this crisis. • Participants from across the country engaged in brainstorming sessions to identify solutions on a) how nurses can contribute to the prevention of opioid misuse and abuse when providing nursing care, b) how nurses can contribute to the treatment of opioid misuse and abuse, and c) how nursing as a profession can contribute to a reduction of the opioid crisis. • The feedback received is being synthesized and will be published into a document that will be reviewed and revised by a national advisory committee which includes nurse practitioners and other stakeholders. • Multiple stakeholders will be surveyed to provide feedback on the document. • The final document will be disseminated widely. • The workshop provided CASN with evidence based research from experts in the field (pain management, methadone clinics, and harm reduction). CASN is developing a plan to disseminate these resource materials on our website. • CASN is collaborating with the Canadian Nurses Association (CNA),

<p>2) Educating nursing faculties on the growing opioid crisis in Canada through a series of blogs, lunch-and-learn webinars and a dedicated editorial section in our newsletter reaching over 2,000 members. As a result, nursing faculty will have the increased knowledge and support to educate the future generation of nurses about opioid prescribing and the harms associated with opioids.</p>	<ul style="list-style-type: none"> • Blog series to raise awareness and share • Lunch and learn webinar series • Newsletter editorial section 	<p>In Progress</p>	<p>and is aggressively disseminating the <i>Harm Reduction Webinar Series</i>, developed by CNA.</p> <ul style="list-style-type: none"> • Cultivating content and potential guest authors for CASN's blog to provide unique and expert • Currently developing a strategy for disseminating communications
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Narrative Highlights
(Please provide a short narrative of key highlights for the public report)

CASN has leverage three in-person regional workshops to educate nurses on the opioid crisis, the joint Canadian action plan and the role for nurses and nurse practitioners in addressing the opioid crisis. A document outlining: a) how nurses can contribute to the prevention of opioid misuse and abuse when providing care, b) how nurses can contribute to the treatment of opioid misuse and abuse, and c) how nursing as a profession can contribute to the reduction of the opioid crisis is being developed by a national advisory committee. CASN will continue collaborating with our nursing partners to develop a communications and dissemination strategy to share the key tools and supports necessary for nurse educators to educate future nurses about opioid prescribing and the harms associated with opioid misuse, abuse and diversion.

Organization: Canadian Chiropractic Association (CCA)

Commitment: Developing evidence-based professional practice recommendations and guidelines to facilitate the appropriate triage and referral of Canadians suffering from chronic and acute musculoskeletal conditions and reduce reliance on opioids.	Key Activities: (activities/tasks to complete the commitment/action)	Due: (MM/YYYY)	Status: (Choose one)	Progress Update: (Details on the progress of commitments and activities, milestones, barriers, etc.)
Action(s): (As indicated in the Joint Statement of Action)	Literature review	02\2017	Complete	Draft is complete. Review is underway.
	Establishing national Advisory Committee (NAC)	02\2017	Complete	The national Advisory Committee's work commenced on February 13, 2017. The work will continue until the completion of the recommendations by June 2017.
	Development of recommendations	04\2017	In Progress	The NAC will be directing the work and draft is expected in early March.
	Stakeholder\user engagement	05\2017	In Progress	The CCA will be consulting stakeholders and end users.
	Final recommendations and report	05\2017	In Progress	Following an external review, final recommendations and report will be completed by end of May 2017.
	Dissemination	07\2017	In Progress	Early dissemination is planned for June 2017 and further activities will be launched as part of our Phase 2.

Narrative Highlights

(Please provide a short narrative of key highlights for the public report)

Opioids have quickly emerged as one of the primary means for managing acute and chronic non-cancer pain in primary care settings. Available evidence points to back pain and other musculoskeletal conditions as a leading reason for use of prescribed opioids. Evidence shows that alternative multi-modal approaches to managing musculoskeletal conditions are effective and safe. Yet, triage and referrals to community-based providers can be challenging and may be a barrier to prompt access to appropriate care options for musculoskeletal conditions.

The Canadian Chiropractic Association has assembled a national Advisory Committee to provide strategic guidance in the development and dissemination of evidence-based professional practice recommendations and resources to facilitate the appropriate triage and referral of Canadians suffering from chronic and acute musculoskeletal conditions. The focus of this initiative is to provide resources and clinical decision aids to help reduce the pressure to prescribe for MSK-related pain for prescribing professions. The practice recommendations and resources will be informed by initiatives such as the 2017 Draft Recommendations for Use of Opioids in Chronic Non-Cancer Pain that also highlight the importance of access to non-pharmacological alternatives. Leveraging these resources and initiatives is expected to reduce the over-reliance on opioids as first-line management of MSK-related pain.

Thus far, the CCA has completed a review of select evidence and best practices, and the national Advisory Committee has informed initial practice recommendations. The CCA has also started preliminary discussions with stakeholders and end users to gain a better understanding of the challenges and opportunities to facilitate triage and referral between primary care settings and community-based providers.

The Council of Chief Medical Officers of Health (CCMOH)

Commitment/Action(s) <i>(As indicated in the Joint Statement of Action)</i>	Key Activities: <i>(activities/tasks to complete the commitment/action)</i>	Due: <i>(MMM/YYYY)</i>	Status: <i>(Choose one)</i>	Progress Update: <i>(Details on the progress of commitments and activities, milestones, barriers, etc.)</i>
1) <i>Exchanging and disseminating best practices and lessons learned from jurisdictions addressing the opioid crisis</i>	<ul style="list-style-type: none"> - Bi-weekly teleconferences of the Special Advisory Committee (SAC) on the Epidemic of Opioid Overdoses to support F/P/T discussions - Sharing of information across jurisdictions through the Canadian Public Health Intelligence Network (CNPHI) platform 	Ongoing	In Progress	<ul style="list-style-type: none"> - SAC was activated in December 2016 and has held four teleconferences to date - Priority areas for discussion include: supporting harm reduction, improving data/surveillance and addressing prevention and treatment options - On-going exchange and collaboration across jurisdictions via CNPHI (e.g., guidelines, FAQs, information sheets)
2) <i>Providing evidence-based public health advice to the Public Health Network Council and Conference of Deputy Ministers of Health</i>	<ul style="list-style-type: none"> - As SAC discussions continue, advice/recommendations will be developed as required 	Ongoing	In Progress	<ul style="list-style-type: none"> - An update on SAC activities was provided to the F/P/T Conference of Deputy Ministers of Health in February 2017
3) <i>Providing support and input in the establishment of key metrics for comparable data collection and reporting across Canada</i>	<ul style="list-style-type: none"> - Establishment of a Task Group under the SAC to: support timely information-sharing among jurisdictions, examine potential indicators and standardize case definitions, and support collaboration between CIHI, coroners and medical examiners on data standards 	Ongoing	In Progress	<ul style="list-style-type: none"> - Efforts are underway to strengthen data sources and coordinate timely data sharing across jurisdictions. - An initial review of available data shared by jurisdictions was completed in January 2017 - The first Opioid Data Task Group teleconference took place in February 2017 - SAC will be represented at the March 2017 meeting of chief coroners/medical officers, led by CIHI

Narrative Highlights

The Special Advisory Committee (SAC) is a time-limited mechanism for public health collaboration and information sharing between jurisdictions. In December 2016, federal, provincial and territorial governments activated the SAC on the Epidemic of Opioid Overdoses to focus on urgent issues related to overdoses and deaths linked to the use of opioids. The SAC is co-chaired by the Interim Chief Public Health Officer of Canada and the Chief Medical Officer of Health for Nova Scotia. Membership includes members of both the Public Health Network Council and Council of Chief Medical Officers of Health (CCMOH), with all provinces and territories represented. The SAC provides a mechanism to support the CCMOH in delivering on its commitments in the Joint Statement of Action to Address the Opioid Crisis.

Canadian Council of Registered Nurse Regulators

Commitment/Action(s) <i>(As indicated in the Joint Statement of Action)</i>	Key Activities: <i>(activities/tasks to complete the commitment/action)</i>	Due: <i>(MMM/YYYY)</i>	Status: <i>(Choose one)</i>	Progress Update: <i>(Details on the progress of commitments and activities, milestones, barriers, etc.)</i>
1) Develop a guideline document for RN and NP regulators	Establish provincial leads	Dec 31, 2016	Complete	BC and NFL are leads
	Identify Subject Matter Experts in each organization	Jan 30, 2017	Complete	
	Document and current stat review in each province	April 1, 2017	In Progress	
	Develop draft guideline for review by provinces	April 31, 2017	In Progress	Not yet started – step above required first.
	Final document submitted to Govt	June 2017	In Progress	
				In Progress

Narrative Highlights

(Please provide a short narrative of key highlights for the public report)

Work is underway. The commitment that CCRNR is responsible for will compliment and align with provincial governments’ priorities and those of our sister organizations (Canadian Nurses Association, Canadian Association of Schools of Nursing) and ensure a consistent approach to the development and enforcement of appropriate standards for Registered Nurses and Nurse Practitioners engaged in administering, dispensing or prescribing Controlled drugs and substances.

Canadian Centre on Substance Abuse

Commitment/Action(s) (As indicated in the Joint Statement of Action)	Key Activities: (activities/tasks to complete the commitment/action)	Due: (MMM/YYYY)	Status: (Choose one)	Progress Update: (Details on the progress of commitments and activities, milestones, barriers, etc.)
<p>1) On a quarterly basis, starting March 2017: Reporting on the Joint Statement of Action to Address the Opioid Crisis by communicating regularly with, connecting with, monitoring the progress of, and facilitating reporting by all members.</p>	<ul style="list-style-type: none"> • Monthly communication with signatories and provinces and territories • Compiling work plans, templates and progress reports • Writing report, editing, translating, layout, publishing 	Ongoing	In Progress	<ul style="list-style-type: none"> • Completed first initial check-in calls in January and February 2017 • Provided organizations with progress reporting templates and key dates document • Established a regular reporting process with organizations • Provided advice and guidance on how to track progress on their commitments • Confirmed key working contacts/point persons • Led the work with all the signatories and provincial/territorial jurisdictions to report on and complete the first public progress report for March 2017
<p>2) Starting immediately, working with Health Canada to engage stakeholders and identify new partners with clear accountability for action for reducing the harms associated with opioids and other problematic substance use.</p>	<ul style="list-style-type: none"> • Ongoing engagement via teleconference calls and email to coordinate new commitments by new organizations, and new commitments by existing signatories. 	Ongoing	In Progress	<ul style="list-style-type: none"> • Engaging with new and existing stakeholders to develop new commitments to the opioid crisis • Consulted with Health Canada for the approval and inclusion of new commitments and new partners to the Joint Statement of Action • Welcomed and worked with several new partners to add commitments to the existing Joint Statement of Action (Canadian Association of Occupational Therapists, Canadian Dental Association, Canadian Federation of Medical Students, Canadian Physiotherapy Association, Centre for Addiction and Mental Health, Coalition for Safe and Effective Pain Management, Paramedic Chiefs of Canada, the Royal College of Dentists of Canada)
<p>3) Providing leadership and guidance to individual and collective efforts, as part of ongoing work related to the First Do No Harm (FDNH)</p>	<ul style="list-style-type: none"> • Engaging the FDNH strategy through the work of the Executive Council (EC) 	Ongoing	In Progress	<ul style="list-style-type: none"> • Organized and co-chaired a face-to-face meeting of the FDNH EC meeting which took place on March 27, 2017 in Ottawa. The EC provided advice and support on topics related to the opioid prescribing guidelines, progressive treatment approaches, data on prevalence, consumption and harms of opioid misuse, and

<p>strategy to address the harms associated with opioids and other psychoactive prescription drugs.</p>				<p>access to treatment in First Nation communities. In addition to addressing gaps in the joint statement of action and how the EC could help in addressing them.</p>
<p>4) Promoting inclusion of newly developed Competencies for Healthcare Professionals related to Addiction and Pain in licensing exams and educational programs and curricula.</p>		<p>Ongoing</p>	<p>In Progress</p>	<ul style="list-style-type: none"> CCSA is working with partners and stakeholders to extend the reach of the competencies in the upcoming year.
<p>5) By March 2018, assessing the effectiveness of different clinical pathways to improve treatment for youth and older adults in Canada experiencing issues related to opioids and other psychoactive prescription drugs.</p>	<ul style="list-style-type: none"> Engaging with jurisdictions to validate the high-level care pathways for treatment of prescription drug harms for youth and older adults. Exploring opportunities with specific jurisdictions to conduct tests of change on the high-level care pathways to determine their relevance and appropriateness for implementation in other contexts. 	<p>March 2017</p> <p>March 2018</p>	<p>In Progress</p>	<ul style="list-style-type: none"> Held series of consultation meetings to inform development of care pathways with national subject-matter experts from primary care and mental health, and addictions and community organizations (November 23, 2016 and December 1, 2016); people with lived experience through national and regional youth councils (November 8, 2016, January 23 and March 20, 2017); followed by regional consultations with service providers in Thunder Bay, Ont. (January 17, 2017); Vancouver and Victoria, B.C. (February 28- March 2, 2017) and Halifax, N.S. (March 27, 2017). Feedback from regional partners has resulted in updates to the draft care pathways with the view to releasing revised resources during the 2017–2018 fiscal year. We have noted a number of barriers to uptake of care pathways, including lack of resources and availability of services and a lack of coordinated systems of care. We will continue to seek new and different opportunities to conduct tests of change with jurisdictions and assess the effectiveness of these revised resources with our partners.

Canadian Pain Society

Commitment/Action(s) <i>(As indicated in the Joint Statement of Action)</i>	Key Activities: <i>(activities/tasks to complete the commitment/action)</i>	Due: <i>(MMM/YYYY)</i>	Status: <i>(Choose one)</i>	Progress Update: <i>(Details on the progress of commitments and activities, milestones, barriers, etc.)</i>
<p>1) Acting as a content resource <i>(about pain and its management)</i> to government and partners who are working to reduce harms caused by opioids</p>	<p>1) Developed and launched the <i>Opioid Resource Page</i> on the CPS website.</p> <p>2) Now that the site is live we will reach out to other stakeholder organizations to offer the opportunity to share resources that they have developed about pain and its treatment; we envisage a useful repository of resources for many stakeholders.</p> <p>3) The CPS responds in a timely manner to all media requests for information on opioid use in pain management.</p>	<p>January 24, 2017</p>	<p>In Progress</p>	<p>The webpage is live: http://www.canadianpainsociety.ca/</p> <p>The Opioid Resource Page contains the CPS position statement on opioid analgesics in pain management and provides a variety of opioid resources and guidelines (including patient reports and letters). Further, it posts the Joint Statement of Action to Address the Opioid Crisis, the society's commitment to the Joint Action Plan, and a detailed report from the Opioid Summit written by CPS's President-Elect, Fiona Campbell. The page also hosts a variety of documents published and distributed by the government, including substance abuse strategies and other communications.</p> <p>The CPS plans to canvass all members for their feedback and to share what they are doing to address the opioid crisis. The Resource Page contains a Comments Section that will aid in this process.</p>
<p>4) Working with the joint action members to assure that any strategy that aims to prevent diversion or misuse of opioid analgesics will contain measures to assure that they remain available to those patients who require them for</p>	<p>Participating with Health Quality Ontario (HQP) in a Quality Standards Advisory Committee (QSAC) to develop a new provincial standard: <i>'Opioid Prescribing for Pain'</i></p>	<p>End 2017</p>	<p>In Progress</p>	<p>Fiona Campbell is among several CPS members who have been invited by HQO to sit on the QSAC to develop and implement the <i>Opioid Prescribing for Pain</i> standard</p>

<p>appropriate medical use, and that these individuals are treated compassionately</p>			
<p>5) Continuing to emphasize the need for better education for health professionals and patients about appropriate pain care and safe use of opioid analgesics for the treatment of pain.</p>	<p>1) CPS has offered its expertise to the Association of Faculties of Pharmacy of Canada (AFPC) working group.</p> <p>2) CPS members have partnered with the University of Toronto Centre for the Study of Pain (UTCSP) to develop opioid specific education sessions and resources for (~1000) undergraduate trainees from 6 Faculties who participate annually in Interfaculty Pain Week.</p>	<p>In Progress</p>	<p>1) BEC is a member of the AFPC’s Opioid Working Group. The goal of this group is to “Conduct an environmental scan to identify faculty experts, best teaching practices and the extent to which current curricula addresses pain management, opioid use and misuse.”</p> <p>2) An opioid module has been developed: ‘<i>Opioids as a Component of Pain Management: An Interprofessional Responsibility</i>’. We are hoping to make this resource more widely available by hosting it on the CPS Opioid Resource Page.</p>
<p>3) <i>Continuing to emphasize the need for better interprofessional multimodal treatment for patients with pain (e.g. physiotherapy, psychotherapy), which may not only reduce opioid requirements, but also potentially mitigate pain and suffering</i></p>	<p>1) Emphasizing the need for availability of interprofessional multimodal treatment is part of the work of the HQO QSAC as described above.</p> <p>2) The Annual Scientific Meeting of the CPS has plenary sessions, workshops and posters to provide education about evidence based interprofessional multimodal pain treatments, and innovative pain research</p>	<p>In Progress</p>	<p>In partnership with the CCSA, CPS will be having an opioid workshop at its Annual Scientific Meeting. This workshop will speak to the Opioid crisis, how this led to the Summit, and what the Summit and Joint Action Statement means for the CPS and pain community. The CCSA will provide an update on the commitments to the Joint Action Plan, and progress to date - particularly regarding measurable outcomes. And finally the new Opioid Prescribing Guideline/standard, commissioned by Health Canada, will be presented</p>

Narrative Highlights

(Please provide a short narrative of key highlights for the public report)

The Opioid Resource Page on the CPS website is a key highlight, and a brand new resource that provides the infrastructure by which we can partner with other organizations to host resources that will serve the needs of our members, stakeholder organizations and the public at large to find i) information required to inform the safe management of patients with pain, ii) government updates / communications pertaining to the opioid crisis.

College of Family Physicians Canada

Commitment/Action(s) <i>(As indicated in the Joint Statement of Action)</i>	Key Activities: <i>(activities/tasks to complete the commitment/action)</i>	Due: <i>(MMM/YYYY)</i>	Status: <i>(Choose one)</i>	Progress Update: <i>(Details on the progress of commitments and activities, milestones, barriers, etc.)</i>
1)	Curating an online repository of Continuing Professional Development courses in opioid prescribing;	Dec. 2017	In Progress	Terms of reference for oversight group affirmed. Recruitment of members underway.
	Determining educational needs and knowledge gaps for a variety of audiences, and designing program elements to address them	Dec. 2017	In Progress	Initial scoping assessment of currently available programming complete Terms of reference for oversight group developed and affirmed Recruitment of members underway Criteria developed for educational programming to recommend to support compliance with new guideline recommendations.
	Using Prescription Monitoring Program and other data to assess the impact of specific educational interventions	Dec. 2017	In Progress	Two initiatives – AB and NL – being pursued
	Determining educational needs and knowledge gaps for a variety of audiences, and designing program elements to address them	Dec. 2017	In Progress	Awaiting implementation of educational interventions
			In Progress	
			In Progress	

Narrative Highlights <i>(Please provide a short narrative of key highlights for the public report)</i>
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This work, along with several other initiatives, is being undertaken with the 7 other organizations involved in the Pan-Canadian Collaborative for Improved opioid Prescribing

Organization – Canadian Medical Association

Commitment/Action(s) (As indicated in the Joint Statement of Action)	Key Activities: (activities/tasks to complete the commitment/action)	Due: (MMM/YYYY)	Status: (Choose one)	Progress Update: (Details on the progress of commitments and activities, milestones, barriers, etc.)
<p>1) <i>Disseminating new tools and resources to promote the uptake, use, and impact of the updated Canadian Guideline for Opioids in Chronic Non-Cancer Pain, to over 83,000 physicians. This will also include a new webpage to host relevant educational resources and updated guidance documents.</i></p>	<ul style="list-style-type: none"> ▪ Creation of webpage on cma.ca ▪ Inclusion of links to resources and supports for physicians for appropriate opioid prescribing ▪ Communications with CMA members on draft Opioid Guideline consultation ▪ Communications with CMA members on final Opioid Guideline 	12/2017	In Progress	<ul style="list-style-type: none"> ▪ A webpage was posted on cma.ca under <i>Advocacy/Take Action</i>; ▪ A Letter was sent to all CMA members (over 83,000 physicians) with an invitation to respond to the consultation on the draft <i>Canadian Guideline for Opioids in Chronic Non-Cancer Pain</i>, as well as social media messaging; ▪ Ongoing participation in the Pan-Canadian Collaborative on Opioid Prescribing which will produce, among other deliverables, the development of a repository of tools and resources; and ▪ Participation in an advisory committee for a Health Canada funded project for audit and feedback for family physicians' practices regarding opioid prescribing.
<p>2. <i>Surveying a sample of its members on the facilitators and barriers to implementation of the new Canadian Guidelines for Opioids in Chronic Non-Cancer Pain, to determine the level of awareness and educational needs of Canadian physicians, as well as to identify system issues such as access to pain and addiction treatment options.</i></p>	<ul style="list-style-type: none"> • Collaborate with McMaster National Pain Centre in the planning of a survey to be administered to CMA members; • Development and testing of survey; • Administration of survey; • Preparation of report on results; • Dissemination of report. 	12/2017	In Progress	<ul style="list-style-type: none"> ▪ CMA in discussion with the McMaster National Pain Centre to partner on survey to CMA members;

		In Progress	
		In Progress	

Narrative Highlights

(Please provide a short narrative of key highlights for the public report)

The Canadian Medical Association (CMA) has targeted its advocacy and engagement efforts with members to secure broad input and comment on the draft *Canadian Guideline for Opioids in Chronic Non-Cancer Pain* through a survey sent to all CMA members. This effort to get feedback from front-line physicians as to the challenges related to Canada’s opioid crisis is critical to ensuring actionable and effective guidelines. The consultation closes on Feb. 28, after which time the results will be provided to the McMaster National Pain Centre. In addition to ensuring our members are aware of the work on the new draft prescribing guidelines, the CMA is also intensifying its work with other stakeholders to support the development of a comprehensive national strategy to reduce the negative outcomes associated with opioids in Canada.

Canadian Medical Protective Association (CMPA)

Commitment/Action(s) (As indicated in the Joint Statement of Action)	Key Activities: (activities/tasks to complete the commitment/action)	Due: (MMM/YYYY)	Status: (Choose one)	Progress Update: (Details on the progress of commitments and activities, milestones, barriers, etc.)
<i>Monitoring and reporting on medical-legal issues and lessons learned related to opioid prescribing by physicians.</i>	Record the frequency and analyze medical-legal cases for themes to help improve patient care		In Progress	CMPA plans both a quantitative and qualitative analysis of medical-legal cases dealt with in 2017. This will be compared to our last extensive analysis on this topic done in 2015.
<i>Sharing this analysis with Joint Statement of Action partners and other groups to promote system level changes to improve opioid prescribing and to inform the development of educational offerings across Canada.</i>	Sharing analysis		In Progress	<ul style="list-style-type: none"> Shared CMPA analysis with Opioid Prescribing for Pain Quality Standard Advisory Committee, Health Quality Ontario (HQO), Dec 9, 2016 Shared CMPA analysis at CMPA Executive Committee/FMRAC Board Joint Meeting, February 8, 2017
<i>Further enhancing the CMPA's educational outreach to increase awareness of appropriate prescribing practices, and reporting on the number of presentations delivered to physicians and stakeholders in 2017.</i>	Educational sessions		In Progress	<p>The following are upcoming opioid presentations:</p> <p>Date: April 8, 2017 Speaker: Dr. Ellen Tsai Hospitalists – Fraser Health Authority Surrey, BC Presentation: <u>Opioids</u></p> <p>Date May 12, 2017 Speaker: Dr. Janet Nuth Physicians – Rural Coordination Centre of BC Prince George, BC Presentation: <u>Addictions – Prescriptions</u></p> <p>Medication safety, including information on opioid prescribing, will also be presented at the two 2017 regular CMPA symposia and the five 2017 Regional Conferences across Canada including the Regional Conference session in Fort McMurray.</p>
<i>In 2017, publishing a</i>	Article: <i>Injection-based</i>		In Progress	<ul style="list-style-type: none"> Article is currently being researched.

<p><i>short series of evidence-based articles on better prescribing that will be distributed to all 95,000 Canadian physicians; these will also be made publically available on our web site with other existing publications on this topic.</i></p>	<p><i>interventions for pain management</i></p> <p>The chronic use of opioids is generating considerable attention and concern. Alternative ways to treat pain including spinal injections may be seen as better albeit with their own risks. The article will look at the medical-legal risks of these interventions and how to avoid them.</p>			<ul style="list-style-type: none"> • To be posted to website, distributed via November eBulletin and published in December issue of <i>CMPA Perspective</i>.
<p><i>Developing and implementing a social media campaign on tips to improve opioid prescribing, with a potential reach of many thousand physicians and trainees.</i></p>	<p>Share risk-management articles, publications and advice through targeted Opioid Awareness campaign to be delivered via Twitter, LinkedIn and Facebook.</p>		<p>In Progress</p>	<ul style="list-style-type: none"> • Information pieces collated. • Drafting social media components • Targeting April and October 2017 campaigns

Narrative Highlights
(Please provide a short narrative of key highlights for the public report)

Note that in 2016 we published the following:

- [Opioids: We Can Do Better, 2016](#)
- [Opioid prescribing for chronic non-cancer pain, 2016](#)
- [Safe use of opioid analgesics in the hospital setting, 2016](#)
- [CMPA urges caution when prescribing opioid medications, 2016](#)

These publications were posted to our website and distributed to our over 95,000 physician members via our monthly eBulletin. They were also shared via our Twitter and LinkedIn accounts along with another opioid-related article ([Preventing the misuse of opioids](#)).

The CMPA also profiles a “Case of the Week” as part of its social media outreach. In September 2016 we shared a case study from our Good Practices Guide detailing the impacts of [Inappropriate Opioid Prescribing](#).

Finally, the CMPA authored article [Tackling the misuse of opioids: Safe prescribing](#) published in the October 2016 issue of Hospital News. The monthly publication is available free in high-traffic areas in hospitals and related institutions across Canada and by direct subscription (60,000 monthly print circulation and over 40,000 monthly online visitors).

Organization: Collège des médecins du Québec

Commitment/Action(s) (As indicated in the Joint Statement of Action)	Key activities: (activities/tasks to complete the commitment/action)	Due: (MMM/YYYY)	Status: (Choose one)	Progress Update: (Details on the progress of commitments and activities, milestones, barriers, etc.)
1) Mobilize partners to draw up a plan of action	<ul style="list-style-type: none"> Inventory of opioid interventions in Quebec (departments, public health, federations, concerned associations, community organizations, patient associations, etc.) Internal Collège des médecins opioid committee with monthly meetings. Hold a partner meeting during organization 		In Progress	
2) Establish a monitoring program	<ul style="list-style-type: none"> Monitoring program developed and ready for implementation Press conference by the Collège des médecins du Québec and the Ordre des pharmaciens du Québec to obtain access to data (Dec. 13, 2016) 		In Progress	➤ Main obstacle: access to data
3) Change prescription practices on discharge from hospital	<ul style="list-style-type: none"> Awareness raising project on the relevance of prescribing opioids for a limited time (newsletter, poster) 		In Progress	

4) <i>Promote a common university curriculum</i>	<ul style="list-style-type: none"> The common curriculum project will be presented to the Medical Study and Certification Committee in spring 2017 		In Progress	
5) <i>Update guidelines and training program</i>	<ul style="list-style-type: none"> Guidelines on chronic pain and opioids Guidelines on addiction Guidelines on replacement staff 		In Progress	<ul style="list-style-type: none"> ➤ In progress, but waiting for Canadian guidelines ➤ Decision to include the acute pain approach in order to better frame the relevance of using opioids and limiting the duration of use
			In Progress	

Narrative highlights

(Please provide a short narrative of key highlights for the public report)

Press conference by the Collège des médecins du Québec and the Ordre des pharmaciens du Québec on the magnitude of the opioid problem and on the need to implement a monitoring program (December 2016) *see attachment.*

Monthly meeting of the Internal Opioid Committee in order to meet commitments.

Canadian Nurses Association (CNA)

Commitment/Action(s) <i>(As indicated in the Joint Statement of Action)</i>	Key Activities: <i>(activities/tasks to complete the commitment/action)</i>	Due: <i>(MMM/YYYY)</i>	Status: <i>(Choose one)</i>	Progress Update: <i>(Details on the progress of commitments and activities, milestones, barriers, etc.)</i>
<p>1) By November 2017: Developing and disseminating educational resources related to opioid use for provincial and territorial nursing associations and colleges in collaboration with the Canadian Association of Schools of Nursing. These resources will provide current, evidence-based information to support registered nurses, nurse practitioners, clinical nurse specialists and licenced practical nurses in their practice.</p>			<p>In Progress</p>	<ul style="list-style-type: none"> • CNA is planning a webinar series to run from March through June 2016 on prescribing controlled drugs and substances with a harm reduction focus: • This is the promotional text: Substance use trends in Canada: What nurses need to know — A five-part series Join this series and hear nurse experts discuss some of today’s key questions regarding substance use. What roles are nurses playing to prevent and respond to these complex health issues? Learn more about nursing approaches, the nurse-client relationship and how to address the substance use stigma. The five webinars will examine: Opioid overdose prevention basics for nurses An evidence-based review of opioid agonist treatments and what they mean for nursing practice Supervised consumption sites: Where are we now? Creating safe spaces in health care for people who use drugs Cannabis in Canada: Implications for nursing in a changing legal and health-care landscape Be part of the conversation. Registration opening soon - See more at: https://www.cna-aiic.ca/en/professional-development/cna-webinar-series#sthash.VApQ9I3p.dpuf • CNA is collaborating with the Canadian Association of Schools of Nursing (CASN) and the College of Canadian Registered Nurse Regulators (CCRNC)

			to disseminate material developed by nursing organizations and others.
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Narrative Highlights

(Please provide a short narrative of key highlights for the public report)

CNA will be hosting a webinar series on harm reduction and substance use this spring. Substance use trends in Canada: What nurses need to know — A five-part series Join this series and hear nurse experts discuss some of today’s key questions regarding substance use. What roles are nurses playing to prevent and respond to these complex health issues? Learn more about nursing approaches, the nurse-client relationship and how to address the substance use stigma. The five webinars will examine: Opioid overdose prevention basics for nurses An evidence-based review of opioid agonist treatments and what they mean for nursing practice Supervised consumption sites: Where are we now? Creating safe spaces in health care for people who use drugs Cannabis in Canada: Implications for nursing in a changing legal and health-care landscape Be part of the conversation. Registration opening soon - See more at: <https://www.cna-aiic.ca/en/professional-development/cna-webinar-series#sthash.VApQ9I3p.dpuf>

Canadian Pharmacists Association (CPhA)

Commitment/Action(s) <i>(As indicated in the Joint Statement of Action)</i>	Key Activities: <i>(activities/tasks to complete the commitment/action)</i>	Due: <i>(MMM/YYYY)</i>	Status: <i>(Choose one)</i>	Progress Update: <i>(Details on the progress of commitments and activities, milestones, barriers, etc.)</i>
<p><i>Developing a sector-wide strategy in Pharmacy on opioid misuse focused on prevention, control and monitoring and addiction management. This will include maximum dispensed quantities of narcotics, effective pain management, Drug Information System / Electronic Health Record monitoring systems to help reduce diversion, and addiction treatment programs, among others. The strategy will advance education programs, as well as regulatory and practice guidelines.</i></p>	<p>CPhA has set up a planning committee to help structure the summit and inform the format/content etc. This committee is comprised of expert pharmacists.</p> <p>In the lead-up to the summit, we intend to identify commitments for possible inclusion in the action plan/strategy.</p> <p>The summit, which will include a plenary at the conference, is planned for June 2, 2017</p>	June 2017	In Progress	CPhA will be hosting an opioid summit in conjunction with its 2017 National Conference in Quebec, on June 2 nd . This conference will bring together pharmacy stakeholders and experts to inform and develop a pharmacy specific action plan on opioid misuse, with the goal of releasing an action plan at the conference.
<p><i>Undertaking and promoting pharmacy practice based research in the area of opioid abuse (e.g., addiction management, optimal strategies for managing co-morbidities, innovative and best practice pharmacy approaches, and de-prescribing strategies).</i></p>	Leverage and promote research through Canadian Pharmacist Conference (June 2017)	Q3 2017	In Progress	CPhA will be working with our research communities to identify best pharmacy practices in opioid stewardship and addiction treatment services. Part of this is determining how many pharmacies offer addiction treatment services and how this compares to need. With regards to opioid stewardship, we are currently assessing opportunities for research into collaborative pain treatment/addiction practices that fully utilize the knowledge and skills of pharmacists.
<p><i>Producing an environmental scan of Continuing Professional Development programs across the</i></p>	CPhA has produced a scan of CPD programs across the country and is now finalizing an		Complete	To obtain information regarding undergraduate medical education, we have been working with AFPC to identify pain management, opioid use and misuse curricula and it was agreed to work collaboratively and adapt

<i>country as they relate to pharmacists to better understand what already exists and to ensure that there is no duplication.</i>	additional external scan of all CPD programs and tools that would help pharmacists. The scan will include a listing of accredited CE programs and non-accredited events (webinars, workshops, etc.) relevant for pharmacists.			<p>programs as appropriate to ensure that there is no duplication.</p> <p>We have also undertaken a search of relevant American Pharmacists Association CPD resources in pain, addiction and safe prescribing practices to help inform our own education resources.</p> <p>CPhA is also with CCSA and other organizations with similar commitment/themes in an effort to collaborate on education related activities.</p>
<i>Continuing to work with Health Canada, Regulatory Authorities and stakeholders towards extending prescribing authority for pharmacists to include medication management of controlled substances.</i>	Set up advisory committee to outline the required steps to enable pharmacists to manage controlled substances		In Progress	As this is a collaborative effort that requires the input of other stakeholders, CPhA will continue to work with the appropriate organizations/authorities to establish a pathway to achieving this objective.
			In Progress	

Narrative Highlights

(Please provide a short narrative of key highlights for the public report)

Pharmacists across the country are on the front line of dealing with opioid abuse, and are often the first health care providers to identify and help mitigate an abuse problem. The Canadian Pharmacists Association is deeply concerned about the growing crisis of opioid misuse in Canada and is committed to providing national leadership on this file. Our main focus over the coming months is on bringing together the pharmacy community at an opioid summit at the 2017 Canadian Pharmacist Conference, and supporting ongoing pharmacy education and awareness initiatives across the country.

CPhA is committed to support pharmacists by producing an environmental scan of Canadian Continuing Professional Development programs in pain management, opioid use and misuse as they relate to pharmacists. To date, we have been able to identify more than 50 discrete CPD programs and events (webinars, workshops, etc.) directed to pharmacists. The next step is communicating with organizations and groups with similar commitments to better understand what already exists and to ensure that there is no duplication.

In addition to the commitments made as part of the Joint Action plan, CPhA has also undertaken an environmental scan of naloxone availability in Canada (with a focus on pharmacy) and has been engaged in the dissemination of the opioid prescribing guidelines. We continue to look for opportunities to work with our other health provider colleagues to leverage our respective expertise, and identify opportunities for action.

Organization: Colleges of Physicians & Surgeons of Alberta

Commitment/Action(s) <i>(As indicated in the Joint Statement of Action)</i>	Key Activities: <i>(activities/tasks to complete the commitment/action)</i>	Due: <i>(MMM/YYYY)</i>	Status: <i>(Choose one)</i>	Progress Update: <i>(Details on the progress of commitments and activities, milestones, barriers, etc.)</i>
1) Provide every AB physician who prescribes opioids/benzodiazepines a comparative data report	8200 data reports sent out in December 2016	December 2016	Complete	We have surveyed the 8200 report recipients. 2194 individuals responded to the survey. Of those that responded, 98% reviewed the report, 66% found the report helpful and 53% plan to make changes to their prescribing practices. Nearly 1300 physicians provided comments and we are currently analyzing the data to help inform future reports.
2. Adopt a standard of practice that will require physicians to prescribe opioids consistent with latest guidelines	Draft standard Send out for consultation Council to review consultation feedback and modify standard Implement	March 2017	In Progress	Standard drafted September 2016 Consultation complete Consultation feedback from patient groups in particular suggests concern that “enforcing” guidelines related to dose limits will result in patient harm from physicians’ abruptly withdrawing or tapering opioids. CPSA Council will need to balance this potential risk with the risk of not setting standards to address prescribing that varies from good practice. Council meets March 1 and 2, 2017
3. Conduct randomized control trial to assess effectiveness of interventions	Acquire ethics approval Educational interventions are currently underway Assessment of impact will occur in the second half of 2017	December 2017	In Progress	Ethics approval obtained Educational interventions are currently underway Assessment of impact will occur in the second half of 2017
4. Link physicians who prescribe very high OME (3000 or more) to a mentor	Identify high dose prescribers each quarter Assign a mentor Follow progress	December 2017	In Progress	Currently all physicians who prescribed more than 4000 OME to patients in 2016 have been assigned a mentor. In 2017 we will reduce the threshold for this intervention to 3000 OME
5. Conduct large scale targeted educational interventions using data (audit and feedback) each quarter	Determine indicators for interventions Work with educational experts to ensure presentation of data and supportive materials has intended impact Prepare data reports	December 2017	In Progress	We have begun our work on the first intervention which will use 2017 Q1 data and will be mailed out to physicians in May 2017 To date we have: -Determined first indicator will be concomitant prescribing of opioid/benzodiazepine

Conduct mail out Evaluate impact			-Established partnerships with educational experts at University of Calgary -Identified members to use as test “end user” group
		In Progress	

Narrative Highlights

(Please provide a short narrative of key highlights for the public report)

In December 2016, CPSA sent reports to 8200 physicians who prescribed an opioid and/or benzodiazepine in the third quarter of 2016. The reports contained prescribing information compared to peers and best practice guidelines. The reports also identified specific patients who received prescriptions in excess of best practice recommendations and/or who attended multiple prescribers. The reports have captured the attention of Alberta physicians and their patients. 66% of physicians found the reports helpful and over 50% intend to make changes to their prescribing practices.

College of Physicians and Surgeons of British Columbia

Commitment/Action(s) <i>(As indicated in the Joint Statement of Action)</i>	Key Activities <i>(Activities/tasks to complete the commitment/action)</i>	Due <i>(MMM/YYYY)</i>	Status <i>(Choose one)</i>	Progress Update <i>(Details on the progress of commitments and activities, milestones, barriers, etc.)</i>
2) <i>Publishing a new professional standard and guideline on PharmaNet access</i>	<p>Develop a standard requiring physicians to access PharmaNet at point of care.</p> <p>Together with key partners in BC's health system, operationalize the ability of physicians to easily access PharmaNet at point of care.</p>		In Progress	<p>The Board of the College of Physicians and Surgeons of BC has endorsed the concept of requiring PharmaNet access at all clinical practice locations. Processes to formally exempt practitioners under acceptable circumstances will be considered. Accessing PharmaNet is not uniformly possible in all clinic locations at this time.</p> <p>The College continues to hold discussions with the Ministry of Health about enabling widespread access that is secure and protects patient privacy, facilitating the integration of PharmaNet information into electronic medical records, and supporting electronic prescribing.</p> <p>The College is also consulting with other interested stakeholders, including Doctors of BC and the profession, to find solutions to access barriers in order to fully operationalize this commitment.</p>
			In Progress	
			In Progress	

College of Physicians and Surgeons of British Columbia

Commitment/Action(s) <i>(As indicated in the Joint Statement of Action)</i>	Key Activities <i>(Activities/tasks to complete the commitment/action)</i>	Due <i>(MMM/YYYY)</i>	Status <i>(Choose one)</i>	Progress Update <i>(Details on the progress of commitments and activities, milestones, barriers, etc.)</i>
1) <i>Forming a Prescription Monitoring Oversight Committee that will receive PharmaNet data and do detailed analysis of that data to deliver customized reports to regulatory colleges to identify prescribing that may be unsafe.</i>	<p>Formation of an oversight committee consisting of the four regulatory colleges to provide oversight of a provincial prescription monitoring program.</p> <p>Obtain PharmaNet data from source and create in-house capacity to do detailed analysis and customized reports.</p>		In Progress	Through the registrars, the regulatory colleges have endorsed this action, and will approach their respective boards to advance this project. The action requires the commitment of the Ministry of Health to support and agree to the data transfer to the College of Physicians and Surgeons of BC.
			In Progress	

Narrative Highlights

(Please provide a short narrative of key highlights for the public report)

The Federation of Medical Regulatory Authorities of Canada (FMRAC) is addressing the role of the medical regulatory authorities (MRAs) in curbing the prescription opioid crisis. The June 2016 FMRAC annual conference looked at successful MRA intervention strategies to address safe prescribing, including practical tools that could be adopted. At the end of the conference, the issue kept coming back to the MRAs' need for consistent and comprehensive prescription monitoring programs across the country. Those prescribing data need to be up to date, accessible in real time and, hopefully, shareable across jurisdictions. Access to those data should not necessarily be restricted to MRAs, as governments, researchers and physicians themselves could benefit from having that knowledge.

The 2017 FMRAC Annual Conference on June 11–12 in Winnipeg will focus on collaborative solutions to the regulation of opioid prescribing. The desired outcome is to achieve agreement on:

1. The key parameters for a potential pan-Canadian framework on opioid prescribing, including minimum regulatory standards and recommendations, to which medical regulatory authorities could aspire;
2. Potential approaches to influence action at a national level on priority issues relating to appropriate prescribing;
3. The key features of prescription monitoring programs; and
4. Opportunities for inter-professional collaboration.

Organization: College of Physicians and Surgeons of Newfoundland and Labrador

Commitment/Action(s) <i>(As indicated in the Joint Statement of Action)</i>	Key Activities: <i>(activities/tasks to complete the commitment/action)</i>	Due: <i>(MMM/YYYY)</i>	Status: <i>(Choose one)</i>	Progress Update: <i>(Details on the progress of commitments and activities, milestones, barriers, etc.)</i>
1) Development of Safe-Prescribing Program		June 2017	In Progress	Completed
			In Progress	

Narrative Highlights
(Please provide a short narrative of key highlights for the public report)

This safe-prescribing program has been developed and physicians who apply for a licence to practise medicine in NL for the first time will be directed to complete this online program before being issued their licences to practise medicine as of March 1, 2017.

College of Physicians and Surgeons of Ontario

Commitment/Action (s) <i>(As indicated in the Joint Statement of Action)</i>	Key Activities: <i>(activities/tasks to complete the commitment/action)</i>	Due: <i>(MMM/YYYY)</i>	Status: <i>(Choose one)</i>	Progress Update: <i>(Details on the progress of commitments and activities, milestones, barriers, etc.)</i>
1) <i>Collaborating with the Ontario MOHLTC on the recently released strategy and development of a plan to use Narcotics Monitoring System data held by the Ministry to promote patient safety. This includes:</i>	<ul style="list-style-type: none"> • Identifying possible high risk prescribing and referring to regulatory bodies for follow up; and • Developing a plan to identify low risk prescribing and providing a variety of educational interventions, including tools, that are tailored to individual needs of prescribers. 	Jun/2017	In Progress	The CPSO has received information from the MOHLTC about high dose prescribers and is following up. The CPSO looks forward to working with the MOHLTC to identify and follow up on low risk prescribing, using the Narcotics Monitoring System..
2) <i>Publically reporting, as permitted by legislation, on the outcomes of the current approach</i>		Dec/2017	In Progress	Current work to follow up on high dose prescribers pursuant to an algorithm has not yet been completed.
3) <i>Updating existing policy to reflect revised Canadian Guidelines and Health Quality Ontario Quality Standards (if available)</i>		Dec/2017*	In Progress	This work is dependent on the completion of work on the guidelines.
4) <i>Once all physicians have access to narcotics profiles, inclusion of expectation in policy for physicians to check the medication profile prior to prescribing narcotics</i>	Policy revision	Dec/2017*	In Progress	Physicians are expected to have access to narcotics profiles in 2017. The CPSO looks forward to working with the MOHLTC to communicate the benefits of this program.
5) <i>Using prescribing information (comparative</i>			In Progress	Health Quality Ontario is working to include prescribing information in physician practice reports. The CPSO looks forward to working with HQO on this initiative.

prescribing reports or prescribing data), when available, to inform educational approaches in conjunction with assessment of physician practice

6) *Supporting and contributing to a broader strategy to ensure necessary supports are available to patients and other health professionals.*

		In Progress	<p>The CPSO has published multiple articles in Dialogue on opioids and a list of resources for physicians to support safe prescribing. 2016 articles included:</p> <p>Issue 1: Expanding Access to Naloxone Issue 2:</p> <ul style="list-style-type: none"> • Increase in overdose deaths prompts release of US opioid guidance • Regulations intended to thwart abuse of fentanyl patches • Different structure for new Canadian opioid guidelines <p>Issue 3:</p> <ul style="list-style-type: none"> • Stepping up efforts to ensure safe opioid prescribing • Opioid Use and Abuse • New Legislation aims to curb abuse of fentanyl patches • Abrupt opioid cessation can cause serious harm • Encourage high-risk patients to obtain life-saving naloxone <p>Issue 4:</p> <ul style="list-style-type: none"> • A Reason for Optimism • Health Canada, provinces commit to tackling opioid crisis • College's Action Plan on Inappropriate Prescribing • ISMP develops opioid prescribing messages for community physicians • Dramatic variation of opioid use, deaths across province <p>Coming issue (2017)</p> <ul style="list-style-type: none"> • Infographic on stats from Ontario Narcotic Atlas • Interview with doctor who inherited opioid practice <p>Resources are available here http://www.cpso.on.ca/CPSO-Members/Opioid-Prescribing-Resources</p>

Narrative Highlights

(Please provide a short narrative of key highlights for the public report)

The CPSO is currently investigating multiple physicians who have prescribed 650 OME/day of a single opioid to 8 or more patients and have prescribed 20,000 OME in a single dispense. Information gleaned from these investigations will be shared, as permitted by legislation, once the investigations are complete.

The CPSO continues to work with the MOHLTC and other stakeholders to focus on 4 main elements: Updated opioid guidelines, access to medication profiles for physicians, access to comparative prescribing information and prescribing monitoring.

First Do No Harm Executive Council

Commitment/Action(s) (As indicated in the Joint Statement of Action)	Key Activities: (activities/tasks to complete the commitment/action)	Due: (MMM/YYYY)	Status: (Choose one)	Progress Update: (Details on the progress of commitments and activities, milestones, barriers, etc.)
1) As stewards of the First Do No Harm strategy, providing ongoing guidance in the coordination, implementation and evaluation of the strategy's recommendations through a face-to-face meeting and regular updates.	<ul style="list-style-type: none"> • Face to face meeting in March 2017 in Ottawa with the 20 members of the FDNH Executive Council (EC) from across Canada. • Topics included opioid prescribing guidelines, opioid treatment guidelines in B.C., CIHI initiatives and data on opioid misuse, and supporting treatment in First Nations communities. 		In Progress	<ul style="list-style-type: none"> • CCSA provided a progress update to the EC on the Opioid Summit, Joint Statement of Action to Address the Opioid Crisis and commitments by various partners, and the keys gaps. • The EC provided advice and guidance about next steps and key projects to be pursued by the group as part of the FDNH strategy and the Joint Statement of Action. • Defined areas of focus for the EC taking into account the current landscape related to opioids, stimulants and sedative-hypnotics. An action plan was developed with to: <ul style="list-style-type: none"> ○ Review CIHI's summary report on opioid use and harms ○ Support and review the B.C. opioid use disorder treatment guidelines and provide feedback to help nationalize them ○ Support the communication and knowledge translation/mobilization of the new prescribing and treatment guidelines ○ Support the development of an FPT report card and inventory on the strategy recommendations ○ Support prescription drug drop-off day initiatives
2) Continuing this role of expertise and coordination in the complex areas of problematic substance use. For example, collaborating with McMaster University, to update existing Canadian Guideline for Safe and Effective	<ul style="list-style-type: none"> • Face to face meeting in March 2017 in Ottawa of FDNH EC to further this commitment. • Outlining gaps in the joint statement of action and key areas the FDNH EC could address and support. 		In Progress	<ul style="list-style-type: none"> • The FDNH EC will continue to look for new opportunities for partnership and collaboration amongst members to coordinate activities in key areas related to the new opioid prescribing and treatment guidelines, CIHI data on opioid use and harms, and others.

<p>Use of Opioids for Non-Cancer Pain and contributing to the development of e-tools for prescribers (train-the-trainer modules, face-to-face delivery, toolkits).</p>				
<p>3) By March 2017: Producing a manuscript examining prescribing patterns for short- and long-acting opioids in Ontario using Institute for Clinical Evaluative Sciences (ICES) data.</p>	<ul style="list-style-type: none"> • Acquire data from ICES • Analyze data • Draft manuscript and submit to a scientific journal • Knowledge mobilization (KMb) activities (TBD based on key findings) 		<p>In Progress</p>	<ul style="list-style-type: none"> • All requested data received from ICES (early Mar. 2017) and data analysis ongoing • Teleconference with project team held in Feb. 2017 to discuss key findings • Manuscript introduction, methods and preliminary figures drafted (Mar. 2017) • Preliminary KmB plan drafted (Mar. 2017) • Teleconference to discuss findings and implications with extended project team to occur in Apr. 2017 • Manuscript will be submitted to a scientific journal in Q2 with the aim of increasing knowledge on the unique contributions of community opioid load from short- and long-acting opioids in order to understand their effects on population-level harms.
<p>4) By November 2017: Promoting the more effective identification and treatment of those addicted to opioids and promoting resources to address opioid overdose.</p>			<p>In Progress</p>	<ul style="list-style-type: none"> • The B.C. Centre on Substance Use presented on progressive treatment approaches in B.C. related to opioid substitution therapy, emergency room guidelines, and access to treatment, as well as on the new B.C. guidelines for treatment of opioid use disorder. • BCCSU and the FDNH EC discussed the work of CRISM in nationalizing the B.C. guidelines for opioid use disorder and the role the EC could play. The EC agreed to support the review of the BC guidelines and provide feedback to help nationalize them. • CCSA and the Assembly of First Nations presented on the joint project of supporting access to opioid-dependence treatment in First Nation communities. The EC will continue to provide advice and guidance on initiatives supporting and expanding access.

Organization: First Nations Health Authority (BC)

Commitment/Action(s) <i>(As indicated in the Joint Statement of Action)</i>	Key Activities: <i>(activities/tasks to complete the commitment/action)</i>	Due: <i>(MMM/YYYY)</i>	Status: <i>(Choose one)</i>	Progress Update: <i>(Details on the progress of commitments and activities, milestones, barriers, etc.)</i>
<p>1) <i>Preventing overdose-related deaths through promoting awareness and appropriate use of naloxone and awareness of harms associated with fentanyl and other opioids through Indigenous learning circles</i></p>	<p>a. Social Marketing/Media: Naloxone and Fentanyl Awareness Education and Awareness sent through social marketing/media.</p> <p>b. Naloxone Training & Harm Reduction Awareness: Health Professional Education and Guidance, including:</p> <ul style="list-style-type: none"> • Host train the trainer sessions for families, supports, First Responders, nurses on Naloxone use. • Provide regular education and updates for “All Nurses” <p>c. Anti-Stigma Training To address stigma and discrimination toward people</p>	Ongoing	In Progress	<p>a. Social Marketing/Media</p> <ul style="list-style-type: none"> • FNHA participates in both provincial and regional social marketing initiatives to provide prevention and response messages in response to the overdose crisis in BC. • FNHA utilizes a wide range of social media opportunities (leadership blogs; FNHA website; website links; sharing “stories”) to communicate with First Nations communities, their members and health and social service providers about opioids and the overdose crisis and available resources. <p>b. Naloxone Training and Harm Reduction Awareness:</p> <ul style="list-style-type: none"> • Over 100 First Nations communities in BC have been trained to administer and distribute Naloxone. • FNHA offers harm reduction “town hall meetings” and training to communities on an as-requested basis. • Nurses have ongoing opportunities for training / updated information. • FNHA continues to collaborate with community partners and regional staff to support more local, community-based responses to the overdose crisis. <p>c. Anti-Stigma Training CIE sessions have occurred in two RHAs with plans for the third underway.</p>

	<p>who use drugs, Compassion, Inclusion and Engagement (CIE) is a collaborative partnership “<i>To provide opportunities for First Nations people, peers, community partners, service providers and leadership to engage in collaborative dialogue, planning and action to foster the development of intersectoral peer and service networks that inspire and sustain innovation and improvement in harm reduction services and supports across agencies, service settings, jurisdictions and sectors.</i>”</p> <p>d. FNHA Harm Reduction Policy Statement</p>			<ul style="list-style-type: none"> • Thus far, the CIE initiative has recruited 26 peer and 29 service providers and managers representing 6 communities, 4 health authorities and 9 community organizations. • Community capacity building is a slow process ‘ • This initiative has a well- developed evaluation component. <p>d. Draft FNHA Harm Reduction Policy Statement currently being reviewed.</p>
<p>2) <i>Working with partners on the ongoing process of implementing the Declaration on Cultural Safety and Humility throughout the health system.</i></p>	<p>a. Promote and support cultural safety and humility training for FNHA staff and collateral partners and agencies</p>	<p>Ongoing</p>	<p>In Progress</p>	<p>a. In response to requests from communities for culturally relevant learning material, FNHA has created a “Harm Reduction model”. The model “functions as a platform to assist community conversations around supporting and caring for people who use substances. It is designed to reflect collective First Nations principles related to health and healing, while honoring traditional knowledge specific to BC communities.”</p> <ul style="list-style-type: none"> • FNHA is working with multiple partners and stakeholders to advance the declaration. FNHA’s initiatives include developing a complaints process, a Cultural Safety and Humility Policy Statement, implementing an awareness campaign, and training for FNHA

				<p>staff. FNHA has developed a number of cultural safety resources.</p> <ul style="list-style-type: none"> • CIE initiative (described in 2) works to integrate Indigenous cultural safety and humility into its work of transforming systems and capacity building.
<p>3) <i>Working with partners, design and establish safe consumption sites for First Nations communities in collaboration with Regional Health Authorities</i></p>	<p>a. Assist in the establishment of safe consumption sites and that services are trauma informed and culturally safe.</p>		In Progress	<p>a. In response to the crisis in BC, RHAs are setting up safe consumption sites (SCS) while waiting for Federal approval. “Pop up” SCS are also being supported as key community responses to preventing overdose deaths. FNHA staff are available / to work with regional staff to assist, the development of services that are trauma informed and culturally safe.</p>
<p>4) <i>Working with the Ministry of Health and the Regional Health Authorities to ensure that the evidence-base on opioid use and related, harms, in particular overdose rates, is collected. Once data is received, the First Nations Health Authority can match against the First Nations Client File.</i></p>	<p>a. Improve access to overdose data:</p> <ul style="list-style-type: none"> • BC Coroner’s office • Emergency room • Regional Health Authority 		In Progress	<p>a. Surveillance update:</p> <ul style="list-style-type: none"> • Data Linkage with BCCDC in progress. • Requested from BCCDC preliminary analysis of raw data. • Overdose data at Emergency Departments for Fraser Health Authority & Vancouver Coastal Health – Documents signed. Awaiting data linkage to take place soon. • Received Coroners Report of Illicit Opioid OD Deaths Aboriginals. Data is not accurate nor reliable. Analysis of data linked with FNCF would be more accurate. • Data of Coroners Report of Illicit Opioid OD Deaths Aboriginals presented to the FNHA Overdose Prevention Response Coordinating Committee (OPRCC) • Maintaining ongoing communication and links with the MoH, BCCDC, RHA & Coroners Services.

Narrative Highlights

(Please provide a short narrative of key highlights for the public report)

- The First Nations Health Authority is fully engaged in British Columbia's response to the Overdose Crisis participating on key committees / task groups. The Overdose Prevention Response Coordinating Committee provides strong internal coordination informed by an Implementation Plan (evergreen). Working closely with provincial, regional and community partners, FNHA staff have provided Naloxone training and access to Naloxone to over 100 communities.
- FNHA communications is involved in both provincial and regional social marketing initiatives to provide prevention and response messages. A wide range of social media opportunities (leadership blogs; FNHA website; website links; sharing "stories") are used to provide a range of current information.
- In response to requests from communities for culturally relevant learning material, FNHA has created a "Harm Reduction model". First Nations cultures, teachings, spirituality provide a set of principles. The model "functions as a platform to assist community conversations around supporting and caring for people who use substances. Access to harm reduction supplies is expanding. Work on an FNHA Harm Reduction Policy Statement is in its final stages.
- An instrumental focus of the First Nations Health Authority work is working with health system partners to integrate the Declaration on Cultural Safety and Humility in all aspects of its response to the Overdose Crisis in BC and in the actions committed to at the Opioid Summit.

Organization: Health Quality Ontario

Commitment/Action(s) <i>(As indicated in the Joint Statement of Action)</i>	Key Activities: <i>(activities/tasks to complete the commitment/action)</i>	Due: <i>(MMM/YYYY)</i>	Status: <i>(Choose one)</i>	Progress Update: <i>(Details on the progress of commitments and activities, milestones, barriers, etc.)</i>
<ul style="list-style-type: none"> • <i>Develop quality standards for opioid use disorder and opioid prescribing for pain.</i> • <i>By September 2017: Distributing drafts of these standards for public feedback.</i> • <i>Support prescribing practices consistent with the quality standards by providing every family physician in the province with a report showing how their opioid prescribing compares to their peers and to best practice.</i> • <i>Develop a specialized public report on opioid prescribing and opioid-related harm in Ontario.</i> • <i>Involve people with lived experience in all of these activities.</i> 	Quality Standards for opioid use disorder and opioid prescribing for pain	March 2018	In Progress	<p>Advisory Committees for each of these quality standards have had their first meetings. Patients are represented on these committees. The development of the quality standards is on track.</p> <p>As a result of the first meeting of the Opioid Prescribing for Pain Quality Standard Advisory Committee and subsequent consultation with the co-chairs and other clinicians from the Emergency Department and Primary care settings, HQO has decided to create two standards for opioid prescribing for pain: one for chronic pain and one for acute pain.</p>
	Practice Report	Fall 2017	In Progress	Advisory and Technical working groups are meeting regularly. Practice Report indicators, change ideas, tools and supports for prescribers are in development. Reports are being socialized with patients, clinicians and professional associations. Mechanisms to ensure alignment of the reports with other provincial activities underway.
	Specialized Public Report	April 2017	In Progress	Draft report now complete and being reviewed by system partners.

Narrative Highlights

(Please provide a short narrative of key highlights)

Health Quality Ontario is working closely with system partners for a collaborative and coordinated approach to develop the Quality Standards, Practice Reports and Specialized Public Reports. In addition to multidisciplinary Advisory Committees and Working Groups that include patients and caregivers, Health Quality Ontario and the University Health Network – Health Canada funded research project “Improving Canadian Family physician knowledge and performance in safe prescribing of opioids for chronic non-cancer pain” co-hosted the Ontario Opioid Workshop, a World Café session that gathered input from patients, caregivers, clinicians, pharmacists, educators, regulators and policy makers on existing and emerging tools to reduce opioid-related harm. Feedback from the Workshop, Advisory Committee meetings, and external reviewers are informing changes to the materials.

Organization: Canada Health Infoway

Commitment/Action(s) <i>(As indicated in the Joint Statement of Action)</i>	Key Activities: <i>(activities/tasks to complete the commitment/action)</i>	Due: <i>(MMM/YYYY)</i>	Status: <i>(Choose one)</i>	Progress Update: <i>(Details on the progress of commitments and activities, milestones, barriers, etc.)</i>
<p>Canada Health Infoway, commit to reducing the harm and costs of opioid-related fraud and misuse with the launch of PrescribeIT™ Canada's national e-prescribing service.</p> <p>PrescribeIT's secure electronic transmission will ensure that prescriptions cannot be altered or forged and will provide value-add data to physician regulators, policy makers and others.</p> <p>The launch in Ontario and Alberta by March 2018 will be the beginning of a staged rollout across the country and provide for narcotics surveillance, improved analytics and deliver better health outcomes for Canadians.</p>	<p>Launch of PrescribeIT™</p>	<p>March 2018</p>	<p>In Progress</p>	<ul style="list-style-type: none"> • Have completed Memoranda of Understanding and Business Cases with Ontario and Alberta. Business Case in progress with Nova Scotia • RFP for the design-build-operations of the Solution was released publicly in October, 2016 and the RFP closed December 12, 2016. We are now in the process finalizing our selected partner for the technology. • Currently on-track for delivery of PrescribeIT™ Limited Production Release 1 in July 2017
	<p>Establishing a national medication management stakeholder community where clinical leaders can share information and tools with others across the country to discuss, learn and apply knowledge to</p>	<p>December 2016</p>	<p>Complete</p>	<p>The Medication Management Community on our collaborative platform InfoCentral has been established. A Community Working Group has been launched, and five meetings have been held. The Terms of Reference for the Working Group was finalized and posted at the end of January, along with potential content to be featured.</p>

promote medication safety practices, leveraging collaborative platform tools.			
Conducting an environmental scan of countries that have adopted electronic prescribing for narcotics and apply the lessons learned to the Canadian context	January 2017	Complete	The environmental scan is complete.
Undertaking research with the Canadian Pharmacists Association and MDBriefcase to better understand the prescribing and dispensing process in Canada	January 2017	Complete	The research is complete.. The report " 2017 Current Prescribing and Dispensing Landscape in Canada " has been posted on Infoway's collaboration site InfoCentral, and a webinar is scheduled for February 23 rd .
Providing education and awareness of legislation and regulations associated with e-prescribing	March 2017	In Progress	Relevant legislation is being reviewed and FAQs focusing on e-prescribing are being developed for stakeholders. An action plan is in development for Q4 2016/17 that will outline additional education and awareness activities.
Providing updated national Electronic Medication Reconciliation Toolkit developed in partnership with the Institute for Safe Medication Practices Canada	March 2017	In Progress	The initial draft of the updated toolkit is complete. Review and revision of the draft is expected through to the end of February 2017 with publication on target for March 2017.
Launching a publicly-available clinical drug list for use by prescribers in collaboration with Health Canada's Health Products and Food Branch	June 2017	In Progress	The Canadian Clinical Drug Dataset Editorial Guidelines were posted Dec 20, 2016 for public comment. On track to be available for use by Limited Production Release 1.
Update e-prescribing standards – both terminology and messages to enable interoperability for the PrescribeIT™ (e-prescribing service).	June 2017	In Progress	FHIR message profiles for e-prescribing are complete. Validation of the Clinical Value Set content and terminology is on track for February 2017.
Launch improved analytics feeds in Ontario and Alberta, as the beginning of a staged rollout	March 2018	In Progress	Requirements and scope will be confirmed as part of Release 1 planning for PrescribeIT™ (Q1 2017/18)

across the country to provide for narcotics surveillance			
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Narrative Highlights

(Please provide a short narrative of key highlights for the public report)

Canada Health Infoway has made significant progress in its commitment to reducing the harm and costs of opioid-related fraud and misuse as the work towards the launch of PrescribeIT™, Canada’s national e-prescribing service, continues. As part of the effort to deliver better health outcomes for Canadians, Infoway has secured the support of two ‘early-adopter’ jurisdictions and is working with other provinces that have expressed interest in integrating PrescribeIT™ into their planning cycles. Alongside the stakeholder outreach, Infoway’s team is also completing the final stage of its procurement process as it negotiates the terms of the agreement with a technology partner that will support the design, build and ongoing operations of the service. As the negotiations progress, planning for the Limited Production Releases (trial runs) continues and is on track for rollout mid-2017 with a second trial in early-2018. In the meantime, clinical leaders can now share information and tools with others across the country to discuss, learn and apply knowledge to promote medication safety practices through the national medication management stakeholder community, and research intended to better understand the prescribing and dispensing process in Canada is now available.

Institute for Safe Medication Practices Canada (ISMP Canada) together with the Canadian Patient Safety Institute (CPSI) and Patients for Patient Safety Canada (PFPSC)

Commitment/Action(s) <i>(As indicated in the Joint Statement of Action)</i>	Key Activities: <i>(activities/tasks to complete the commitment/action)</i>	Due: <i>(MMM/YYYY)</i>	Status: <i>(Choose one)</i>	Progress Update: <i>(Details on the progress of commitments and activities, milestones, barriers, etc.)</i>
<p>By August 2017: Empowering patients to improve knowledge about the use of opioids, the options for non-medication treatment of pain, and the prevention of harm from medications by developing tools for patients and their healthcare providers.</p>	<p>Develop tools and provide necessary supports designed for patients and health care providers so that both patients and their healthcare providers can have more effective and meaningful communication about opioids.</p>	<p>Aug/2017</p>	<p>In Progress</p>	<p>The following opioid handout was developed and endorsed by Neighbourhood Pharmacies: https://www.ismp-canada.org/download/OpioidStewardship/opioid-handout-1page.pdf</p> <p>The Pharmasave chain has endorsed the handout for use in their pharmacies: https://www.ismp-canada.org/download/OpioidStewardship/OpioidHandout-Pharmasave-bw.pdf</p> <p>The following version of the handout is available for general use: https://www.ismp-canada.org/download/OpioidStewardship/opioid-handout-bw.pdf</p> <p>An infographic, developed together with Continuing Professional Development at the University of Toronto, shows at a glance the relative potencies of opioids, and it is a reminder that there can be risk with any dose. This infographic will be further disseminated with knowledge translation efforts, together with the Canadian Agency for Drugs and Technologies in Health (CADTH), and is available at: https://www.ismp-canada.org/download/OpioidStewardship/navigation-opioids-11x17-canada.pdf</p>

<p>By November 2017: Providing resources for dealing with left-over end-of-life opioid supplies in the home. These resources will include information and procedures addressing improved in-house storage to reduce the risk of accidental harm, information about the safe storage and disposal of medicines, and procedures for the safe disposal of medicines and equipment.</p>		Nov/2017	In Progress	ISMP Canada, together with CPSI and PFPSC, is working with the Canadian Anesthesiologists' Society (CAS), the Canadian Agency for Drugs and Technologies in Health (CADTH), and the Canadian Society of Hospital Pharmacists (CSHP) to create the project plan.
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Narrative Highlights

(Please provide a short narrative of key highlights for the public report)

ISMP Canada, together with CPSI and Patients for Patient Safety Canada, has worked with many partners, to develop a handout that can be provided with every opioid prescription. Community pharmacies have begun to use the handout to empower patients and improve knowledge about the use of opioids. Evaluation of this work informs Health Canada commitments.

An infographic developed together with Continuing Professional Development at the University of Toronto, shows at a glance the relative potencies of opioids, and is a reminder that there can be risk with any dose. The infographic has been endorsed by CADTH; knowledge dissemination has been planned.

Organization: *Manitoba Health, Seniors and Active Living, Province of Manitoba*

Commitment/Action(s) <i>(As indicated in the Joint Statement of Action)</i>	Key Activities: <i>(activities/tasks to complete the commitment/action)</i>	Due: <i>(MMM/YYYY)</i>	Status: <i>(Choose one)</i>	Progress Update: <i>(Details on the progress of commitments and activities, milestones, barriers, etc.)</i>
<i>Improving data collection to better target interventions.</i>	Manitoba continues to develop and work with Health Canada and other stakeholders on data standards, public reporting, surveillance and knowledge translation.	Spring 2017	In Progress	In development with stakeholder partners.
<i>Expanding access to Manitoba's Provincial Naloxone Distribution Program.</i>	Manitoba launched their Provincial Naloxone Distribution Program on January 2, 2017	Launched	Complete	The Provincial Naloxone Distribution Program launched on January 3, 2017. There are now over 20 sites across Manitoba distributing naloxone to those at risk of an opioid overdose. More sites are being added weekly. 395 kits were ordered by sites in January, 2017.
<i>Improving prescription drug monitoring to prevent prescription drug misuse.</i>	Manitoba developing initiatives and implementations to monitor, evaluate, and educate prescribers.	Ongoing	In Progress	In development with stakeholder partners.
<i>Providing specialized education for service providers and parents.</i>	Manitoba has launched a Public Awareness Campaign	Launched	Complete	Manitoba launched its own social media awareness campaign in November, 2016. Images/messaging were shared through social media platforms and a website was developed and launched that contains information for the public and service providers on the dangers of fentanyl/opioids and where to go for help.

Narrative Highlights

(Please provide a short narrative of key highlights for the public report)

Since the November 2016 release of the Joint Statement of Action to Address the Opioid Crisis, Manitoba has and will continue to work the areas of:

- improve data collection to better target interventions,
- expand access to Manitoba's Provincial Naloxone Distribution Program,
- improve prescription drug monitoring to prevent prescription drug misuse, and
- provide specialized education for service providers and parents

Manitoba has launched a new social media awareness campaign in response to growing concerns over the number of reported overdoses due to fentanyl. As well in January 2017 Manitoba launched the Provincial Naloxone Distribution Program.

These 2 initiatives are part of Manitoba's commitment actions to Address the Opioid Crisis. Prevention is key to fighting the current opioids crisis here and across Canada. The province is focusing on increasing awareness about the dangers of opioids, like fentanyl, to ensure Manitobans clearly understand their impact.

Manitoba will continue to working collaboratively with our partners across the country and here in Manitoba as we focus on immediate and long-term solutions to address this very real public health concern.

Organization: Ontario Ministry of Health and Long-Term Care

Commitment/Action(s) <i>(As indicated in the Joint Statement of Action)</i>	Key Activities: <i>(activities/tasks to complete the commitment/action)</i>	Due: <i>(MMM/YYYY)</i>	Status: <i>(Choose one)</i>	Progress Update: <i>(Details on the progress of commitments and activities, milestones, barriers, etc.)</i>
1) Implement Ontario's Strategy to Prevent Opioid Addiction and Overdose	<ul style="list-style-type: none"> • Since the strategy announcement on October 12th, MOHLTC has been engaged in broad stakeholder consultations to determine future initiatives. • Minister Hoskins recently announced funding support for the proposed Toronto supervised injection sites. • New Mental Health and Addictions Funding 	<p>May 2017</p> <p>Announced January 9, 2017</p> <p>Announced February 8th, 2017</p>	<p>In Progress</p>	<ul style="list-style-type: none"> • Over the last month, the Ministry of Health and Long-Term Care has been conducting broad stakeholder consultations with physician, nursing, dental, pharmacist associations and colleges, community mental health organizations, people with lived experience, family members/caregivers and many others. • The Ministry will be considering this feedback as we work to implement the various initiatives in the Strategy and determine potential additional actions. • Work is underway within the ministry to develop a framework to guide decision-making around future SIS proposals. • Ontario is providing faster access to mental health and addictions services across the province, with new investments that will ensure thousands more people can get the support they need when they need it.
			In Progress	
			In Progress	

Organization: National Association of Pharmacy Regulatory Authorities

Commitment/Action (s) <i>(As indicated in the Joint Statement of Action)</i>	Key Activities: <i>(activities/tasks to complete the commitment/action)</i>	Due: <i>(MMM/YYYY)</i>	Status: <i>(Choose one)</i>	Progress Update: <i>(Details on the progress of commitments and activities, milestones, barriers, etc.)</i>
1) Developing and implementing a pharmacist-patient communication tool that will provide guidance to pharmacists on how to have difficult conversation with patients regarding opioid use.	<p>Environmental scan or needs assessment survey to determine the most common concerns and knowledge gaps of pharmacists</p> <p>Environmental scan to determine what tools are available for similar situations</p> <p>Gap analysis and key message development</p> <p>Select and develop appropriate tools</p> <p>Disseminate/mobilize the tools</p>	2017	In Progress	Working group formed. Environmental scan started.
	Feedback, Follow up and Evaluation of the tools	2018		
2) Contributing to national monitoring and surveillance through compiling the extent by which provinces are able to gather data from multiple sources on the doses of opioids, for example, in "morphine equivalents" or another common measure, to possibly correlate national Prescription	<p>Information gathering: regarding PMPs and organizations, such as insurance companies, who may track morphine equivalence</p> <p>Through NAPRA members, determine if morphine equivalents could be tracked using existing data or if new data would be required</p> <p>2017-2018 Milestones</p> <p>Develop a consistent, structured approach that would serve the public by, for example, keeping patients from harm and</p>	2018	In Progress	To be initiated later in 2017.

Monitoring Program data with new national guidelines on watchful doses that are prescribed to patients across all provinces and territories and Canadian Forces Pharmacy Services.

exploring possibilities like better opioid prescribing practices			
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Narrative Highlights
(Please provide a short narrative of key highlights for the public report)

Pharmacists are highly-accessible medication experts and valued members of multidisciplinary care teams. In addition to medication management, pharmacists can help patients with non-drug and lifestyle choices and can connect patients to resources in the community. With chronic illnesses such as diabetes or hypertension, the pharmacist has a long-standing role as patient educator and coach. With addiction and mental illness, fewer pharmacists are comfortable in this role. Giving pharmacists the tools to move beyond a gatekeeper role to an educator role – helping patients recognize and seek help for their addiction – may do more to improve public safety. To that end, NAPRA will develop a tool that will assist pharmacists in having difficult conversations regarding opioid use. A working group has been struck that will provide direction and advice. An environmental scan is underway, with the goal of finding and learning from any similar tools that may already exist.

Organization – Ministry of Health, Province of New Brunswick

Commitment/Action(s) <i>(As indicated in the Joint Statement of Action)</i>	Key Activities: <i>(activities/tasks to complete the commitment/action)</i>	Due: <i>(MMM/YYYY)</i>	Status: <i>(Choose one)</i>	Progress Update: <i>(Details on the progress of commitments and activities, milestones, barriers, etc.)</i>
By December 2016 , completing the roll-out of New Brunswick's Drug Information System (DIS), currently on track.		Complete	In Progress	<ul style="list-style-type: none"> • Drug Information System
Implementing a Prescription Monitoring Program Application that will provide alerts and tools to prescribers and pharmacists in real-time that will support the appropriate prescribing and use of monitored drugs, help prevent harms, and help identify patients who may be at risk of addiction.		Ongoing	In Progress	<ul style="list-style-type: none"> • Prescription Monitoring Program
Continuing to collaborate with stakeholders with respect to the distribution of Naloxone kits and the associated necessary training.		Ongoing	In Progress	

Narrative Highlights

(Please provide a short narrative of key highlights for the public report)

The Department of Health is in the process of establishing an NB Interdepartmental Illicit Fentanyl Task Group to oversee the development and implementation of plans and other measures to prevent and respond to illicit Fentanyl overdoses in New Brunswick – terms of reference will be finalized in the next two to three weeks.

Priorities and/or initiatives will be determined through the work of the NB Interdepartmental Task Group. However, work is already underway via the Opioids Overdose Surveillance sub-Group to develop an opioid overdose surveillance and reporting structure.

Other priorities will evolve as the Task Group progresses. It is expected that discussions will likely include, but not be limited to, items such as Communications and Naloxone as examples.

Department of Health and Community Services, Province of Newfoundland and Labrador

Commitment/Action(s) <i>(As indicated in the Joint Statement of Action)</i>	Key Activities: <i>(activities/tasks to complete the commitment/action)</i>	Due: <i>(MMM/YYYY)</i>	Status: <i>(Choose one)</i>	Progress Update: <i>(Details on the progress of commitments and activities, milestones, barriers, etc.)</i>
1. By December 31, 2017: Implementing a Provincial Prescription Monitoring Program focused on prescription drugs with high potential for abuse.	Establishing the governance structure for the program	Dec/2016	In Progress	An Advisory Committee has been established. The Department is currently working with the NL Centre for Health Information (NLCHI) on the governance structure for the operations of the program.
	Implementing of Safe Prescribing Course for Physicians	Jan/2017	In Progress	The course was launched the week of February 27, 2017.
	Establishing wide-scale access to patient drug profiles for physicians	May/2017	In Progress	Any physician office with internet access has the ability to access patient drug profiles through Health-NL; however, wide-scale access is dependent on all pharmacies being connected to the pharmacy network (see below).
	Implementing a Provincial Pharmacy Network	May/2017	In Progress	As of February 24, 2017 173 pharmacies have been connected with 28 remaining. This represents 86% of the pharmacies in the province.
	Operationalizing Prescription Monitoring Program database and analytics capacity	Dec/2017	In Progress	Work has not been initiated on this task to date.
	Explore the legislation required to enable the Prescription Monitoring Program	N/A	In Progress	NL is taking steps to proceed with drafting legislation to support the implementation of the program. A working group has been established to inform the drafting process.
2. Implementing a Provincial Take Home Naloxone Kit program to increase capacity for Opioid Overdose response	Collaborating with community partners, regional health authorities, and other government departments in the development of a provincial Take Home Naloxone Kit program	Dec/2016	Complete	Through collaborative efforts with regional health authorities and our provincial needle exchange program (SWAP), Naloxone take home kits were developed and distributed.
	Establishing target populations and provincial distribution sites;	Dec/2016	Complete	Naloxone take home kits were disseminated to 81 sites throughout the province. Eleven sites still require training. 70 sites are fully operational.

	Developing and implementing related training, education and program awareness materials	Jan/2017	In Progress	Webinars have been ongoing since November 2016. Awareness materials are being developed.
	Developing and implementing a program evaluation framework to strengthen the effectiveness of the provincial Take Home Naloxone program	Oct/2017	In Progress	Resources have been allocated to Eastern Regional Health Authority to develop and implement program evaluation.
	Developing and implementing a multi-faceted opioid overdose awareness and education campaign	Jan/2017	In Progress	Posters, social media ads incorporating education components are being developed and distribution planning in progress.
3. By March 2017: Initiating coverage of Suboxone under special authorization, until an Atlantic Common Drug Review can be completed.	Determining updated physician licensure requirements to prescribe Suboxone	Dec/2016	Complete	College of Physicians and Surgeons NL lifted the requirement to have a methadone exemption to prescribe Suboxone in Fall, 2016. In December 2016, Minister of Health and Community Services John Haggie announced open access to Suboxone, thereby removing requirement for special authorization.
	Identifying training/operational requirements for physicians/pharmacists/others working with clients on Suboxone	Dec/2016	In Progress	Physicians in NL are required to complete a CAMH online prescribing course for Suboxone. A Mandatory Safe Prescribing course was announced in February 2017. Developed in partnership with the College of Physicians and Surgeons of Newfoundland and Labrador and Memorial University's Faculty of Medicine, the course offers focused instruction on safe and appropriate prescribing practices for opioids, stimulants and benzodiazepines and is mandatory for all new physicians seeking a license in the province and is open to other prescribers and health professionals. RHA based health professional staff education and resource development is ongoing.
	Communicating and consulting	Jan/2017	Complete	There have been ongoing communications and

	on the plan with Newfoundland and Labrador Medical Association, Association of Registered Nurses of Newfoundland and Labrador, Prescribers, Pharmacy Association of Newfoundland and Labrador and others as required			discussion through a provincial opioid dependence treatment working group.
	Finalizing and implementing training and any operational requirements, e.g. revised billing codes	Feb/2017	Complete	Billing codes have been revised and implemented.
	Communicating publicly	Mar/2017	In Progress	Public Awareness Campaign to be launched in March 2017.

Narrative Highlights

(Please provide a short narrative of key highlights for the public report)

Newfoundland and Labrador has identified three actions to address the current problem of opioid misuse, including:

- Implementing a Provincial Prescription Monitoring Program focused on prescription drugs with high potential for abuse-As of February 24, 2017, 86% of pharmacies in the province have been connected to the provincial pharmacy network, which contributes to wider access to patient drug profiles for physicians. The Safe Prescribing course for physicians was launched in February 2017.
- Implementing a provincial Naloxone Take Home Kit to increase the capacity for Opioid overdose response - Through collaborative efforts with Regional Health Authorities and our provincial needle exchange program (SWAP), Naloxone take home kits have been developed and disseminated to 81 sites throughout the province. Webinars have been ongoing since November 2016 and awareness materials are being developed.
- Initiating coverage of Suboxone – In fall 2016, the NL College of Physicians and Surgeons lifted the requirement to have a methadone exemption to prescribe Suboxone. The Minister of Health and Community Services announced open access to Suboxone, thereby removing requirement for special authorization. A Public Awareness Campaign will be launched in March 2017.

Organization: Nova Scotia Department of Health and Wellness

Commitment/Action(s) <i>(As indicated in the Joint Statement of Action)</i>	Key Activities: <i>(activities/tasks to complete the commitment/action)</i>	Due: <i>(MMM/YYYY)</i>	Status: <i>(Choose one)</i>	Progress Update: <i>(Details on the progress of commitments and activities, milestones, barriers, etc.)</i>
<p><i>Developing detailed actions in the following seven areas:</i></p> <ol style="list-style-type: none"> 1. Data Collection and Monitoring 2. Health Promotion 3. Harm Reduction 4. Access to Naloxone 5. Opioid Addiction Treatment 6. Enhancing opioid prescribing and pain management 7. Justice/Law Enforcement 	<p>Opioid Misuse and Overdose Response Plan Work Groups have been established and will report to the Opioid Misuse and Overdose Response Plan Leadership Team.</p>		<p>In Progress</p>	<p>Working groups have developed action plans and NS is in the process of compiling the work into a comprehensive response plan document. Concurrently, ongoing activity is occurring within each of the seven areas.</p>
			<p>In Progress</p>	

Narrative Highlights

(Please provide a short narrative of key highlights for the public report)

Working groups in each of the seven areas have developed action plans and Nova Scotia is in the process of compiling the work into a comprehensive response plan to the opioid crisis. Concurrently, ongoing activity is occurring within each of the seven areas.

Organization: Northwest Territories Health and Social Services Authority

Commitment/Action(s) <i>(As indicated in the Joint Statement of Action)</i>	Key Activities: <i>(activities/tasks to complete the commitment/action)</i>	Due: <i>(MMM/YYYY)</i>	Status: <i>(Choose one)</i>	Progress Update: <i>(Details on the progress of commitments and activities, milestones, barriers, etc.)</i>
<p>1) Establishing a Northwest Territories Opioid Drug Misuse and Overdose Task Force, led by the Northwest Territories Chief Public Health Officer. This task force will develop a comprehensive action plan to respond to ongoing issues related to opioid drug misuses and overdose and to provide strategic oversight, leadership, leadership and coordination on the implementation of initiatives related to opioid drug misuse and overdose.</p>	<p>The five priorities outlined by the Opioid Drug Misuses and Overdose Task Force are as follows:</p> <ol style="list-style-type: none"> 1. Awareness <ol style="list-style-type: none"> a. Enhance public awareness of risks associated with opioids and highlight services for current users. 2. Improving Access to Harm Reduction Measures <ol style="list-style-type: none"> a. Availability of antidote Naloxone in all communities. 3. Access to Replacement Therapy <ol style="list-style-type: none"> a. Improve access to opioid replacement therapy (suboxone) and other addictions treatment services. 4. Surveillance <ol style="list-style-type: none"> a. Ensure effective surveillance of opioid-related adverse effects. 5. Prescription Monitoring <ol style="list-style-type: none"> a. Updating Prescribing Guidelines b. Design a prescription monitoring program to ensure appropriate prescribing of opioids. 	<p>The Opioid Drug Misuse and Overdose Task Force was established in November 2016 and meets on a regular basis.</p>	<p>In Progress</p>	<ul style="list-style-type: none"> • Opioid Task Force consists of the Northwest Territories Health and Social Services Authority, the Department of Health and Social Services, Justice and ECE, and outside agencies and members of the public where appropriate. • The Task Force has been meeting and will continue to meet on a regular basis. • The Task Force will look at many issues from communication and public education to harm reduction and clinical practices with the aim of reducing the risk of opioid dependence and abuse in the Northwest Territories. • Injectable naloxone is now available without a prescription and distributed by pharmacists, behind the counter. • In communities that do not have pharmacies, individuals may also obtain naloxone kits through their health centre or clinic. • Awareness campaign will be rolled out beginning in March 2017.

Narrative Highlights

(Please provide a short narrative of key highlights for the public report)

As part of the Joint Statement of Action to Address the Opioid Crisis, the Northwest Territories committed to the establishment of an Opioid Drug Misuse and Overdose Task Force, led by the NWT Chief Public Health Officer. The Task Force was established in November 2016, and has met a number of times, and will continue to meet on a regular basis as it works to develop a comprehensive action plan. Recent work by the Task Group has been focused on the planning and development of a public awareness campaign to educate the public and on the dangers of opioid misuse.

Organization: Prince Edward Island Department of Health and Wellness

Commitment/Action(s) <i>(As indicated in the Joint Statement of Action)</i>	Key Activities: <i>(activities/tasks to complete the commitment/action)</i>	Due: <i>(MMM/YYYY)</i>	Status: <i>(Choose one)</i>	Progress Update: <i>(Details on the progress of commitments and activities, milestones, barriers, etc.)</i>
1) Convening focused planning tables of key stakeholders in the coming months to develop targeted initiatives to combat opioid abuse.	-gather stakeholders -develop Leadership committee -determine TOR -design task groups, identify stakeholders for task groups -develop action plan, with input from stakeholders -determine path for implementation	Aug/2017	In Progress	<i>January 4th 2017</i> – meeting of stakeholders including review of PEI opioid trends <i>January 2017</i> - Commitment to develop action plan, co-led by Chief Public Health Office (CPHO) and Department of Justice and Public Safety <i>February 2017</i> – Leadership Committee formed and 1 st Leadership committee meeting <i>March/April 2017</i> – 1 st meeting of task groups
2) Area of focus: initiating prescription drug monitoring and accountability framework under the Narcotics Safety and Awareness Act	Part of Collaboration on Supply Task Group -develop and prioritize objectives -identify steps for implementation -develop implementation plan	Aug/2017	In Progress	This area falls within the mandate of the task group Collaborating on Supply - stakeholders contacted - initial meeting currently being organized
3) Area of focus: enhancing opioid surveillance to establish a strong evidentiary base to support decision-making	Part of Opioid Surveillance Task Group -develop and prioritize objectives -identify steps for implementation -develop implementation plan	Aug/2017	In Progress	This area falls within the mandate of the task group Opioid Surveillance – stakeholders contacted – initial meeting set
4) Area of focus: collaborating with Justice staff and other officials to develop strategies that target illicit sources of opioids and diversion of prescribed opioids	Part of Collaboration on Supply Task Group -develop and prioritize objectives -identify steps for implementation -develop implementation plan	Aug/2017	In Progress	This area falls within the mandate of the taskgroup Collaboration on Supply - stakeholders contacted - initial meeting currently being organized

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Narrative Highlights

(Please provide a short narrative of key highlights for the public report)

In early January 2017, an initial meeting of stakeholders was held; PEI health system data related to opioids was reviewed. Subsequently, the PEI Chief Public Health Officer and Department of Justice and Public Safety committed to co-lead development of a provincial action plan to prevent opioid-related overdoses and deaths. A Leadership Committee on Opioid-Related Overdoses and Deaths was then formed with the mandate to develop the PEI action plan, with Dr. Heather Morrison, Chief Public Health Officer and Erin Mitchell, Deputy Minister of Justice and Public Safety as co-chairs. The initial Leadership Committee meeting took place in February, 2017. Three task groups, on Opioid Surveillance, Collaboration on Supply and Harm Reduction, are being struck. PEI is embracing a combination of approaches, including a focus on prevention, as well as enabling a rapid response in the event of a crisis, and an overall enhanced evidence base. A priority is to design a province-wide naloxone distribution system.

Organization: Royal College of Dental Surgeons of Ontario

Commitment/Action(s) <i>(As indicated in the Joint Statement of Action)</i>	Key Activities: <i>(activities/tasks to complete the commitment/action)</i>	Due: <i>(MMM/YYYY)</i>	Status: <i>(Choose one)</i>	Progress Update: <i>(Details on the progress of commitments and activities, milestones, barriers, etc.)</i>
1) By December 2017: Requesting and reviewing Narcotics Monitoring System data for opioid prescriptions by dentists and dental specialists for the calendar year 2016 and comparing this data to that received for the calendar year 2014 to assess the impact of the Guidelines on the Role of Opioids in the Management of Acute and Chronic Pain in Dental Practice (published in 2015).	1) Contact the MOHLTC to request NMS data for 2015 and 2016. 2) Provide MOHLTC with data re demographics of member dentists for December 31, 2015 and December 31, 2016 to generate reports. 3) Receive reports from MOHLTC. 4) Analyze reports and compare findings with those obtained for 2014. 5) Prepare draft report of findings. 6) Finalize report of findings.	December 2017	In Progress	Activities #1 and #2 have been completed. Initially, we planned to request NMS data for 2016 only; however, for completeness, we decided to request NMS data for 2015, as well. Activity #3 is in progress, as we anticipate receipt of reports from MOHLTC in March.

Narrative Highlights
 The Royal College of Dental Surgeons of Ontario (RCDSO) has requested Narcotics Monitoring System data for 2015 and 2016 from the Ontario Ministry of Health and Long Term Care (MOHLTC). The RCDSO has provided the MOHLTC with data regarding the demographics of member dentists for 2015 and 2016 to generate the reports. The RCDSO anticipates receipt of the reports from the MOHLTC in March, at which point they will be analyzed and compared to the findings obtained for 2014. These results will assist the RCDSO in assessing the impact of the Guidelines on the Role of Opioids in the Management of Acute and Chronic Pain in Dental Practice (published in 2015), and determining the necessity and nature of any further programs to ensure the safe and appropriate use of opioids by Ontario dentists.

Royal College of Physicians and Surgeons of Canada

Commitment/Action (s) <i>(As indicated in the Joint Statement of Action)</i>	Key Activities: <i>(activities/tasks to complete the commitment/action)</i>	Due: <i>(MMM/YYYY)</i>	Status: <i>(Choose one)</i>	Progress Update: <i>(Details on the progress of commitments and activities, milestones, barriers, etc.)</i>
<p>1) <i>By March 2017:</i> <i>Engage experts to develop a Royal College statement of principles on safe opioid prescribing</i></p>	<ul style="list-style-type: none"> • Consultations with key RC informants re: content and principles in alignment with RC mission and values 		In Progress	<ul style="list-style-type: none"> • Principle Statement completed • Received approval by the RC Executive Committee of Council (ECC) in January 2017 for submission to Council for their approval in February 2017.
<p>2) <i>By June 2017:</i> <i>Create a central e-portal to host educational and practice related reference resources that will be accessible to all Fellows and residents in order to bring a greater focus to the medical and surgical dimensions of safe opioid prescribing.</i></p>	<ol style="list-style-type: none"> 1. Completing plans for design (structure) of the on-line repository including legal advice related to intellectual property transfer and ownership of the platform; 2. Establishing an advisory committee to develop the criteria and serve as peer reviewers of resources submitted for inclusion within the repository; 3. Developing the submission process by which resources can be considered. 		In Progress	<ol style="list-style-type: none"> 1. Review current Royal College technical infrastructure to host the on-line repository in light of a recent assessment by an external agency. 2. Draft Terms of Reference for the creation of an On-line Repository Advisory Committee was drafted, reviewed and revised based on feedback from members of the Pan-Canadian Collaborative <ul style="list-style-type: none"> • Pan-Canadian collaborative members will be recommending names of potential members with recruitment to start in February 2017. • First Advisory Committee teleconference to be held in March 2017 • Draft eligibility criteria for the inclusion of resources or tools within the 3. Draft eligibility criteria for the inclusion of resources and tools within the on-line repository has been drafted and reviewed by members of the Pan-Canadian Collaborative. <ul style="list-style-type: none"> • The process for submitting resources may follow the same process for the Bioethics Curriculum. This process will be reviewed and the first meeting of the Advisory Committee in March 2017.

3) *Ongoing 2017*
Carry out a communication plan to engage with and disseminate knowledge to Fellows of the Royal College

<ol style="list-style-type: none"> 1. Further develop the on-line repository content and resources based on agreed upon design. website content and resources based on the to disseminate 2. Develop a communications plan with internal RC team members to promote the on-line repository's content and resources 		In Progress	<ol style="list-style-type: none"> 1. Ongoing procurement of web content and resources will commence once the design and eligibility / peer review process has been finalized. 2. February 2017 article written on RC activities regarding opioid crisis for Royal College " Dialogue" communique disseminated to 48,000 Fellows.
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Narrative Highlights

(Please provide a short narrative of key highlights for the public report)

The core focus for the first two quarters of 2017 is to form an on-line advisory committee that will establish the design of the repository; establish process by which resources or tools can be submitted for consideration and the criteria and peer review process for determining which resources or tools will be included within the on-line repository. This advisory committee will work closely with the working groups that are being formed to assess current needs and develop educational resources to respond to the opioid crisis.

Organization – Saskatchewan Ministry of Health

Commitment/Action(s) <i>(As indicated in the Joint Statement of Action)</i>	Key Activities: <i>(activities/tasks to complete the commitment/action)</i>	Due: <i>(MMM/YYYY)</i>	Status: <i>(Choose one)</i>	Progress Update: <i>(Details on the progress of commitments and activities, milestones, barriers, etc.)</i>
<p>Continuing to provide data and financial support to the College of Physicians and Surgeons of Saskatchewan to operate the Prescription Review Program to reduce the abuse and diversion of opioids.</p>	<p>Prescription Review Program (PRP) provides education supports to physicians, optimizes provision of medication, and identifies concerns through a database from the Ministry of Health.</p> <p>Annual Opioid Conference in Saskatoon</p> <p>Pain and Addiction education session in Saskatoon.</p> <p>Collaboration with the College of Pharmacy Professionals of Saskatchewan to explore strategies to enhance the PRP's effectiveness in addressing the problem of opioid misuse.</p>	<p>Ongoing</p> <p>April 2017</p> <p>Oct 27-28, 2017</p>	<p>In Progress</p>	<p>See Key Activities section for progress update details.</p>
<p>Continuing with the provincial Pharmaceutical Information Program (PIP) to allow authorized healthcare professionals to electronically view current and past prescriptions of Saskatchewan residents.</p>	<p>Involved in pharmacy practice management system integration.</p> <p>Dedicate resources to the PIP Data Quality Improvement Program</p> <p>PIP is integrated with some Emergency Medical Records (EMRs), removing barriers for using PIP.</p>	<p>Ongoing</p>	<p>In Progress</p>	<p>100% of community pharmacies in Saskatchewan are now integrated directly with PIP. This allows for real-time transmission of prescription information to PIP. Other benefits include drug interaction checking and identification of potential double doctoring/inappropriate prescribing.</p> <p>Approximately 600 physicians are integrated to PIP and can view PIP profiles within the patient's EMR record.</p>

<p>Continuing to support the RxFiles, a Saskatchewan-based academic detailing program that provides ongoing education to health professionals on various aspects of drug therapy, including pain management and prescription misuse.</p>	<p>Continue to identify gaps in opioid use, over use, and under use (in regard to chronic pain management).</p> <p>Evaluate topic scope to see what aspects are suitably addressed with academic detailing and/or RxFiles.</p> <p>Collaborate with College of Physicians & Surgeons of Saskatchewan (CPSS) and the Saskatchewan College of Pharmacy Professionals (SCPP) to promote resources and coordinate interventions.</p>	<p>Ongoing</p>	<p>In Progress</p>	<p>See Key Activities section for progress update details.</p>
<p>Working with the Saskatchewan Office of the Chief Coroner to ensure the Saskatchewan Ministry of Health and all stakeholders have up to date information on the number of opioid overdose deaths, and monitor for regions and populations where risk is increasing.</p>	<p>Provides quarterly update on opioid related deaths in Saskatchewan to the Ministry of Health and all stakeholders.</p>	<p>Ongoing</p>	<p>In Progress</p>	<p>See Key Activities section for progress update details.</p>
<p>Continuing the work initiated in 2015 to provide training and take-home naloxone (THN) kits at no cost to eligible Saskatchewan residents in collaboration with Regional Health Authorities.</p>	<p>The Ministry of Health has created a plan which will allow the Regional Health Authorities to purchase their own THN kits and supplies in order to expand the program reach within these regions. Expansion plans include providing the education and kits in detoxification centres, inpatient addiction treatment centres, emergency</p>	<p>Ongoing</p>	<p>In Progress</p>	<p>See Key Activities section for progress update details.</p>

	departments, prevention and risk reduction programs, and community based organizations.			
Increasing the number of locations across the province that provide the training and distribute take-home naloxone kits to individuals at risk of an opioid overdose.	In addition to the expansion work noted above, the Ministry of Health will be working with the remaining Regional Health Authorities to establish initial sites in these regions.	Ongoing	In Progress	Currently the Take Home Naloxone kits are available in five Regional Health Authorities.
Working with the Pharmacy Association of Saskatchewan to have take-home naloxone kits in retail pharmacies and to ensure that complementary training occurs in these situations.	Retail pharmacies have the ability to sell THN kits to the public and are required to provide medication education to the purchasers/customer. Ministry of Health assisted in the securing of a standard THN kits as well as provide a training manual the Pharmacy Association of Saskatchewan could use as a guide.	Complete	Complete	See Key Activities section for progress update details.

Narrative Highlights

(Please provide a short narrative of key highlights for the public report)

Saskatchewan is taking an inter-sectorial approach to address opioid use/misuse.

Drug Plan coverage of Suboxone (and generics) used in the treatment of opioid addiction was expanded effective January 1, 2017. Coverage is now provided in a manner similar to methadone when prescribed by a designated Suboxone (buprenorphine/naloxone) prescriber as determined by the Saskatchewan College of Physicians and Surgeons.

Prior to this change, Suboxone and generics were covered under the Drug Plan when methadone was not accessible or when methadone was not appropriate. This change will increase access to an alternative opioid-replacement therapy that may be more beneficial than methadone maintenance treatment for some individuals.

Saskatchewan's commitments to the Joint Statement of Action to Address the Opioid Crisis:

1. Continuing to provide data and financial support to the College of Physicians and Surgeons of Saskatchewan to operate the Prescription Review Program to reduce the abuse and diversion of opioids.
2. Continuing with the provincial Pharmaceutical Information Program to allow authorized health care professionals to electronically view current and past prescriptions of Saskatchewan residents.
3. Continuing to support the RxFiles, a Saskatchewan-based academic detailing program that provides ongoing education to health professionals on various aspects of drug therapy, including pain management and prescription misuse.
4. Continuing the work initiated in 2015 to provide training and Take Home Naloxone kits at no cost to eligible Saskatchewan residents in collaboration with regional health authorities.
5. Increasing the number of locations across the province that provide the training and distribute Take Home Naloxone kits to individuals at risk of an opioid overdose.
6. Working with the Pharmacy Association of Saskatchewan to have Take Home Naloxone kits in retail pharmacies and to ensure that complementary training occurs in these situations.
7. Working with the provincial coroner's office to ensure the Saskatchewan Ministry of Health has up to date information on the number of opioid overdose deaths, and monitor for regions and populations where risk is increasing.