

MAY 2017

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

(December 2016 to February 2017)



**Health
Canada** **Santé
Canada**



**Canadian Centre
on Substance Use
and Addiction**

Evidence. Engagement. Impact.

The Opioid Conference and Summit

In recognition that no single individual, approach or organization can effectively “fix” Canada’s opioid crisis alone, the **federal Minister of Health Jane Philpott** asked the **Canadian Centre on Substance Use and Addiction (CCSA)** to partner with Health Canada to organize an Opioid Conference and Summit, which was held on November 18 (Conference) and 19 (Summit), 2016. This two-day event, co-hosted by **the Honourable Jane Philpott, Federal Minister of Health** and the **Honourable Eric Hoskins, Ontario Minister of Health and Long-Term Care** included a conference on day one followed by a smaller summit on day two. Seven provincial and territorial ministers of health and several chief medical officers of health attended both days.

The Conference engaged a broad range of over 200 stakeholders (including provincial and territorial representatives, regulatory authorities, First Nations representatives, advocates, NGOs, national organizations, people with lived experience, health professionals and researchers). In addition, more than 1,400 people participated via webcast. Conference participants were engaged in an interactive dialogue on best practices, lessons learned, innovations and the latest evidence. The conference sessions focused on key themes of prevention and education, harm reduction and overdose prevention, surveillance, research and monitoring, supply reduction and enforcement, and treatment.

The Summit engaged a smaller group of approximately 40 health professional organizations, national organizations and associations, regulators, and decision makers with the authority to commit to taking specific concrete actions to address problematic opioid use. The resulting *Joint Statement of Action to Address the Opioid Crisis* (Joint Statement of Action) reflects the combined commitment to act on this crisis. All Summit attendees, including the federal Minister of Health and nine provincial and territorial ministers of health, contributed to the Joint Statement of Action, which included clear deliverables and timelines. Each participating organization agreed to work within their respective areas of responsibility to reduce the harms associated with opioids through timely, concrete actions that deliver clear results. Organizations that contributed to the Joint Statement committed to reporting on the progress in delivering those results.

Background

In the past two decades, the use of and harms associated with opioids have increased dramatically. The health and social impact of opioid use, including the related harms of addiction, overdose and death on individuals, families and communities, is devastating (Centre for Addiction and Mental Health, 2016). The number of opioid-related overdoses and deaths has continued to grow despite efforts to address the current crisis. Emergency room visits are on the rise and there are increased demands for a range of treatments, services and supports. Societal harms include crime and victimization, loss of human potential, and pressures on community and institutional resources. The human and economic costs associated with these harms are significant (Hansen, Oster, Edelsberg, Woody, & Sullivan, 2011).

The roots of what we now call the opioid crisis can be traced back many years to the false promotion of opioid prescribing as low-risk, non-addictive, effective treatments for moderate pain (Centre for Addiction and Mental Health, 2016). Between 1998 and 2007, retail spending on opioid drugs per Canadian more than doubled (Rehm, Fischer, & Gittins, 2009). The rate of dispensing high-dose opioid formulations increased 23.0%, from 781 units per 1,000 population in 2006 to 961 units per 1,000 population in 2011 (Gomes et al., 2014). Problematic substance use and addiction are also thought to be linked to psychological, social and biological factors, including mental health, poverty and homelessness, and genetics (U.S. Department of Health and Human Services, 2016).

Adding to the complexity of this important public health issue, while opioids are associated with significant harms, they can also have therapeutic benefits for those with specific conditions. The challenge is to provide appropriate health care to those who need it and enable access to medications, when appropriate.

Today, when people discuss the opioid crisis, they tend to reference the rapid increase in overdose deaths attributable to powerful illegal substances like fentanyl, a drug 50 to 100 times more potent than morphine (National Institute on Drug Abuse, 2016). The public health crisis we are facing in Canada is caused by the increase in use of both illegally produced and prescription psychoactive drugs.

Snapshots illustrating the crisis have been gathered in recent months:

- In British Columbia (B.C.), there were 931 illicit drug overdose deaths in 2016 and recently released data for 2017 has identified 116 illicit drug overdose deaths in January and 102 illicit drug overdose deaths in February (B.C. Coroners Service, 2017). There were 374 illicit drug overdose deaths with fentanyl detected in 2016. This was a 194% increase over the number of deaths (127) occurring during the same period in 2015 (B.C. Office of the Chief Coroner, 2016). B.C.'s provincial medical health officer declared a public health emergency in April 2016.
- In Alberta, there were 343 overdose deaths in 2016 in which fentanyl was detected, including 22 cases where carfentanil (a drug that is 10,000 times more potent than morphine) was involved, compared to 257 overdose deaths in 2015 (Alberta Health, 2017).
- In Ontario, opioid overdose deaths increased 242% between 1991 and 2010, with 638 opioid-related deaths in Ontario in 2013¹ (Ontario Drug Policy Research Network, 2016).

The opioid crisis has been felt across Canada, sparing no jurisdiction or socio-demographic group. While many provinces, territories, and local communities have been working to address this urgent issue, national and federal action — a recognition of the crisis as a national public health issue requiring a collaborative, comprehensive, sustained approach — was also needed. Federal, provincial and territorial ministers of health, along with the other health sector partners, recognized that they also have a particular role to play in tackling the opioid crisis. In fact, no one organization, approach or level of government can effectively address this crisis on their own. There is a need for collective action to achieve collective impact.

¹ The most recent year of data available.

At a federal level, in June 2016, the Minister of Health announced the Health Portfolio's actions to address the opioid crisis, which align with the pillars of the newly introduced [Canadian Drugs and Substances Strategy](#):

- Prevention
- Treatment
- Harm reduction
- Enforcement

These pillars are supported by a strong foundation in evidence, as well as a targeted public health emergency response to the opioid crisis.

In May 2017, Health Canada published its first report on the Federal Action on Opioids, which includes commitments from across the Health Portfolio, including Health Canada, the Public Health Agency of Canada, and the Canadian Institutes of Health Research. It also includes commitments from the Canadian Institute for Health Information, which has received funding from the Government of Canada to develop a pan-Canadian approach to prescription drug use monitoring, surveillance and reporting. The report can be found online and will be updated regularly.

Commitments under the Joint Statement of Action to Address the Opioid Crisis

Commitments Made by Federal, Provincial, Territorial Governments

In addition to the governments across Canada that made official commitments under the Joint Statement of Action, various provincial and territorial governments have also announced opioid action plans and strategies to deal with the specific causes and impacts associated with the crisis in their jurisdictions:

- Number of provinces/territories endorsing the Joint Statement of Action 9
- Total number of federal/provincial/territorial commitments 45

Department or Ministry	Commitment
Health Canada	<p>Update on Health Portfolio's actions to address the opioid crisis</p> <p>Statement from the Chief Public Health Officer of the Public Health Agency of Canada</p>
Province of British Columbia	<p>B.C.'s Public Health Emergency Progress Update on B.C.'s Response to the Opioid Overdose Crisis (March 2017)</p> <p>B.C. Public Health Opioid Overdose Emergency Report (January 2017, B.C. Centre for Disease Control)</p> <ul style="list-style-type: none"> • Drug Overdose and Alert Partnership • Opioid Overdose Response Strategy • Joint Task Force

Department or Ministry	Commitment
Manitoba Health, Seniors and Active Living	See Appendix for Progress Report
Ministry of Health New Brunswick	See Appendix for Progress Report <ul style="list-style-type: none"> • Drug Information System • Prescription Monitoring Program
Department of Health and Community Services Newfoundland and Labrador	See Appendix for Progress Report <ul style="list-style-type: none"> • Opioid Action Plan
Department of Health and Wellness, Province of Prince Edward Island	See Appendix for Progress Report
Ministry of Health and Social Services, Northwest Territories	See Appendix for Progress Report <ul style="list-style-type: none"> • Opioid Drug Misuse and Overdose Task Force
Ministry of Health and Wellness Nova Scotia	See Appendix for Progress Report
Ministry of Health and Long-Term Care Ontario	See Appendix for Progress Report <ul style="list-style-type: none"> • Strategy to Prevent Opioid Addiction and Overdose
Ministry of Health Saskatchewan	See Appendix for Progress Report
Alberta Health	Alberta Health did not make official commitments under the Joint Statement of Action, but has an Opioid Action Plan and is reporting on their opioid response .

Assembly of First Nations	Commitment
Special Chiefs Assembly	Resolution for the Development of a First Nations Opioid Strategy

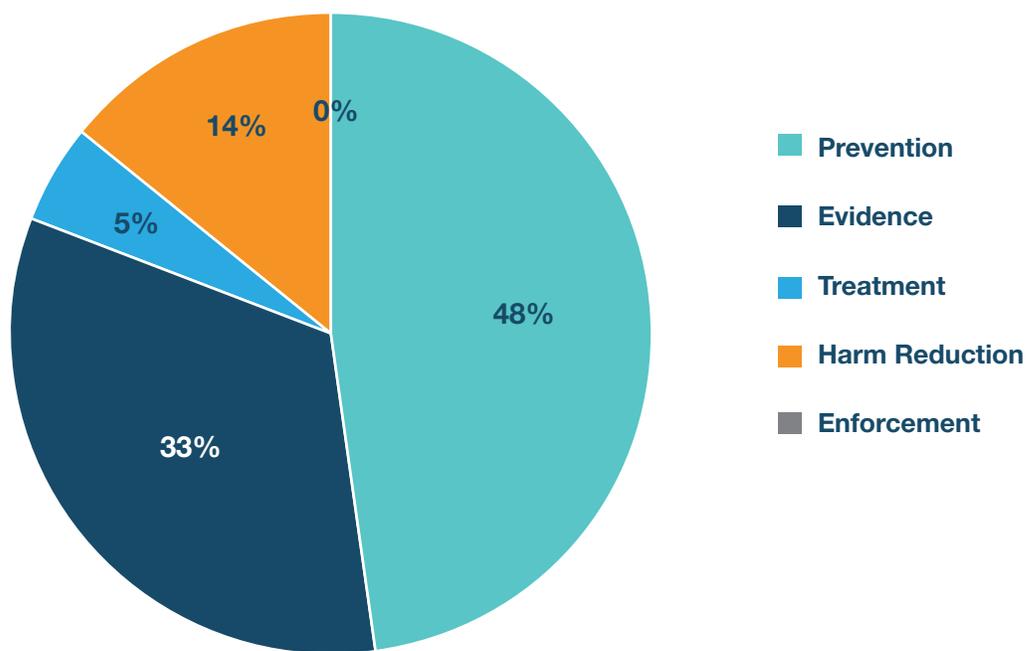
Canadian cities continue to deal with the opioid crisis on the front lines. Therefore, municipalities have also come together through the launch of [The Mayors' Task Force on the Opioid Crisis](#) by the **Federation of Canadian Municipalities** in February 2017. The Mayors' Task Force² will share frontline experiences and best practices in addressing the crisis among cities. It will also work with all levels and sectors of government to coordinate a national response.

² The Task Force includes mayors of 12 cities across Canada: Calgary, Edmonton, Hamilton, Kitchener, London, Montreal, Ottawa, Saskatoon, Surrey, Toronto, Vancouver, and Winnipeg.

Commitments by Organizations

Total number of organizations and groups	32
Total number of commitments	84
Number of new organizations and groups who joined the Joint Statement of Action since the last report	9
Number of new commitments since the last report	39
Number of commitments completed since Summit	7

Commitments by key areas under the Canadian Drugs and Substances Strategy



The completed progress reports of all organizations and government ministries are provided in the [appendix](#).

Reporting on Progress

The Role of the Canadian Centre on Substance Use and Addiction

Building on the work and collective efforts on the national strategy, *First Do No Harm: Responding to Canadian Prescription Drug Crisis*, and on behalf of the federal Minister of Health, CCSA committed to maintaining its role as convener and connector. The work of Health Canada and CCSA on the Joint Statement of Action connects with and complements the major efforts happening across Canada in various jurisdictions, including the initiatives under the Health Portfolio's Opioid Action Plan and the Canadian Drugs and Substances Strategy.

In this ongoing role, CCSA is responsible for following-up with organizations that have current public commitments in the Joint Statement of Action. For accountability and transparency, actions related to the commitments signed in the Joint Statement of Action will be publically released by means of regular reports, with this being the first. The narrative section of these reports will highlight some of the key progress made to date on select commitments. This report provides a snapshot of the work initiated in the last few months since the Summit. For each report, CCSA will collect progress report templates from each organization and jurisdiction outlining all of their key activities. The organizations are responsible for their own content and progress, and their completed progress reports will be included verbatim as an appendix to each report.

As a part of this reporting process, CCSA will continue to convene groups with similar commitments to facilitate planning, to identify opportunities for collaboration, and to ensure that stakeholders are aware of the breadth of work occurring across the country to help reduce the risk of duplication of efforts.

The reports will act as a mechanism for ongoing accountability and will also serve as a way to coordinate efforts by aligning everyone's activities. We encourage collaboration among organizations with similar commitments with a number of signatories already connecting their efforts.

“Many words have been used to describe the opioid crisis in Canada: *Deadly. An epidemic. Frightening. These words are all true. But there are also words we can use to describe the public health response: Collaborative. Action-oriented. Achievable. CCSA is proud to be assembling regular reports for the federal Minister of Health that illustrate the efforts made by the diverse community to address this epidemic. I am confident we're headed in the right direction.*”

Rita Notarandrea

CEO, Canadian Centre on Substance Use and Addiction

New Partners this Quarter

As part of this combined commitment to act on the opioid crisis, the Joint Statement of Action will be an evergreen document with the ongoing addition of new partners with new commitments to address areas in which there may be gaps. It will also include the addition of new commitments by existing partners, to continue to build on the work currently in progress and being completed.

The Canadian Association of Occupational Therapists commits to:

- **By December 2017:** Convening webinars and workshops on non-opioid occupational therapist interventions for pain management:
 - o Developing a role paper on primary care that includes pain management;
 - o Facilitating two, two-day “Chronic Pain Management” workshops;
 - o Facilitating two, two-day “Occupation and Trauma” workshops;
 - o Facilitating two, one-day “Substance Use with Occupational Therapy” workshops.
- **By December 2017:** Releasing and disseminating the following publications:
 - o “Coping Strategies for Occupational Engagement and Recovery Program Manual”;
 - o “Licit, Illicit, Prescribed Substance Use within Occupational Therapy Scope of Practice”.
- **By December 2017:** Positioning occupational therapists on primary healthcare teams by working with the College of Family Physicians of Canada.
- **By December 2017:** Presenting papers and hosting a booth at the 2017 Family Medicine Forum.
- Identifying and addressing professional development needs for non-opioid occupational therapy interventions in primary, home and community care settings.
- Developing and disseminating practice tools about safe, clinically effective occupational therapy interventions that are alternatives to opioids.
- Engaging in the Canadian Pain Coalition.
- Participating in collaborative efforts of the Coalition for Effective and Safe Pain Management. Examples of the collaborative efforts include development of templates, tools, frameworks and other resources specific to occupational therapy for effective and safe pain management.
- Working with the Canadian Armed Forces and the Department of Veterans Affairs Canada in the dissemination of guidance documents and other tools to support non-opioid pain management occupational therapy interventions.
- Working with Health Canada’s Non-Insured Health Benefits (NIHB) Program to promote and disseminate culturally appropriate tools to assist occupational therapists working with Indigenous communities around pain management.

Janet Craik, Executive Director

Canadian Dental Association commits to:

- **By November 2017:** Continuing to create and disseminate educational tools, through both its electronic and paper vehicles, that inform dentists of the dangers related to opioid abuse as well as best practices for pain control in their patients.

Larry Levin, President-Elect

Canadian Federation of Medical Students commits to:

- **By June 2017:** Organizing naloxone training sessions for medical students across the country.
- **By June 2017:** Developing local grassroots peer-to-peer educational opportunities at medical schools across the country (representing over 8,000 students) to educate students on opioid prescribing, harm reduction, and the relationship between the crisis and social determinants of health.
- **By December 2017:** Exploring options in collaboration with faculty for increasing medical student education on chronic pain, opioid prescribing and addictions management through curricular processes.
- **By December 2017:** Developing a research team to investigate Canada's opioid crisis as a complex system.

Sarah Silverberg, Vice-President Government Affairs

The Canadian Physiotherapy Association commits to:

- **By May 2017:** Promoting a public awareness campaign during National Physiotherapy Month to highlight the role of physiotherapy as safe and effective pain management, and a viable first choice for patients with musculoskeletal pain.
- **By May 2017:** Partnering with the Pain Sciences Division of the Canadian Physiotherapy Association to improve access to pain education for physiotherapists in Canada.
- **By September 2017:** Developing an evidence-based professional practice toolkit with recommendations and guidelines for the healthcare team to facilitate the appropriate triage and referral of Canadians suffering from chronic and acute pain.
- **By October 2017:** Working with the Coalition for Safe and Effective Pain Management to develop evidence-based professional practice recommendations and guidelines to facilitate the optimization of non-opioid alternatives to pain relief.
- **By October 2017:** Promoting the collection of electronic outcome measures as a means to demonstrate the effectiveness of physiotherapy and other conservative options in the treatment of pain.
- **By December 2017:** Partnering with the other organizations to advance education of healthcare professionals and increase access to interprofessional, multimodal pain management.

Linda Woodhouse, President

The Centre for Addiction and Mental Health commits to:

- **In 2017–2018:** Serving as the principal host organization for the Canadian Research Initiative in Substance Misuse (CRISM) Ontario node
- Serving as Ontario clinical lead and coordination hub for the CRISM-based pan-Canadian OPTIMA study (multi-site prescription opioid disorder treatment randomized control trial).
- Training other sites across Canada to replicate Project ECHO's Ontario Chronic Pain and Opioid Stewardship, which aims to provide primary care providers with the knowledge and support to manage chronic pain safely and effectively by linking them in a supportive community of practice.
- Offering three courses that prepare physicians, pharmacists, nurses, counsellors, and other health and service providers to offer a comprehensive range of services for people with opioid dependence:
 - o Opioid Dependence Treatment Certificate Program;
 - o Buprenorphine-Assisted Treatment of Opioid Dependence: An Online Course for Front-Line Clinicians; and
 - o Opioid Problems, Treatment Solutions (online-facilitated training).
- **By July 2017:** Supporting the dissemination of the National Opioid Disorder Treatment Guidelines.
- **By October 2017:** Developing and implementing (on existing digital platforms) opioid-specific forums, including:
 - o An online e-portal of educational and practice-related opioid resources for professionals, the public, and people with lived experience; and
 - o A mentoring forum specifically for pharmacists (Pharmacist Mentoring for Addiction and Pain).

Catherine Zahn, President and CEO

Coalition for Safe and Effective Pain Management³ commits to:

- **By June 2017:** Developing a discussion paper that will:
 - o Assess the current reasons for opioid prescribing in primary care settings;
 - o Describe primary physical and psychological alternatives for pain management for current non-users of opioids with associated evidence; and
 - o Present policy options for better integration and access to these alternatives.
- **By October 2017:** Developing specific recommendations for governments and other stakeholders that would help to optimize clinical alternatives for pain management in order to reduce reliance on opioids, particularly for current non-users of opioids.

Michael Heitshu, Chair

³ The Coalition for the Safe and Effective Pain Management consists of the Canadian Association of Occupational Therapists, the Canadian Chiropractic Association, the Canadian Nurses Association, the Canadian Pain Society, the Canadian Pharmacists Association, the Canadian Physiotherapy Association and the Canadian Psychological Association.

HealthCareCAN commits to:

- **By May 2017:** Establishing and working with existing public health and healthcare networks to convene meetings of members to facilitate the sharing of best practices, including, but not limited to, surveillance, treatment, and overdose prevention.
- **By June 2017:** Holding a town hall forum on Opioids at the National Health Leadership Conference in Vancouver. This conference is attended by more than 700 health system leaders and those working at the front lines of Canadian healthcare.
- **By December 2017:** Working with members to leverage and share education programs about the dangers of handling fentanyl and carfentanyl for first responders.
- **By December 2017:** Working with academic health sciences centres and other partners to identify a best practice curriculum on pain management and opioid related disorders.
 - o **By December 2018:** Once identified, working with members to roll out this curriculum to healthcare providers across the country. As many initial addictions start in hospital, there is a need to ensure that hospital based providers are current on pain management best practices.
- **On an ongoing basis:** Working with Health Canada, the Canadian Society of Hospital Pharmacists, other stakeholders and our members to identify best practices related to the handling and monitoring of medications within hospital, with the aim of reducing the loss and theft of opioid medications.
- **On an ongoing basis:** Working with Health Canada and our members to ensure real-time alerts and the surveillance of opioid drugs and analogues within and outside of Canada.
- **On an ongoing basis:** Ensuring interaction between our members and CIHI to aid in improving timeliness and accuracy of data regarding adverse opioid related health events requiring hospital based assessment and treatment.

Bill Tholl, President and CEO

Paramedic Chiefs of Canada commits to:

- **By December 2017:** Providing a national forum, via teleconferences, meetings and webinars, for paramedic services across the country to share best practices, receive the most up to date information on the opioid crisis from all impacted services and communicate with the tri-services community. The Paramedic Chiefs will communicate to their membership outcomes of these meetings and webinars regularly.
- **By December 2017:** Continue to be proactive in reaching out to all provinces and paramedic services to regularly review the status of the crisis in all jurisdictions. The Paramedic Chiefs of Canada and its Board of Directors, representing each province and territory in Canada, will ensure the opioid crisis is a standing item on monthly Board agendas and subsequent face-to-face meetings.

Kelly Nash, Executive Director

The Royal College of Dentists of Canada commits to:

- **By November 2017:** Engage all chief examiners and examination teams, in all disciplines, to ensure that candidates for examination possess knowledge of current best practices of safe opioid prescribing.
- **By November 2017:** Develop and implement a communication plan to disseminate knowledge of current best practices for safe opioid prescribing to Members and Fellows of The Royal College.

Christopher Robinson, President

Peter McCutcheon, Executive Director

Key Highlights through March 2017

Launch of the Opioid Prescribing Guideline

A monumental effort has gone into updating the opioid prescribing guidelines, taking into account the needs of those suffering from pain and the potential for harm. The recently updated 2017 *Canadian Guideline for Safe and Effective Use of Opioids in the Management of Chronic Non-Cancer Pain* (the Guideline), for which Health Canada funded the **Michael G. DeGroot National Pain Centre at McMaster University**, reflects the latest evidence and best practice moving forward. With the growing opioid crisis, there was a need to revise the Guideline from its 2010 version, to include current research and new evidence, to address the increased risk of overprescribing, and to ensure easier accessibility to the Guideline and its uptake by healthcare providers. The Guideline is intended to educate and inform clinicians, researchers, and patients, and to assist and guide practice decisions about the safe and effective use of opioids for chronic non-cancer pain management. The Guideline challenges clinicians to reevaluate their prescribing practices and encourage opportunities to learn. The new Guideline will also include additional products related to an online app of the Guideline, new patient decision and point of care aids, clinical decision tools, and an updated list of accredited courses and educational materials.



The Canadian Medical Association is eager to get these guidelines into the hands of our 85,000 physician-members. These guidelines, along with our continuing work to support development of a comprehensive national strategy, are key steps in reducing the negative outcomes associated with opioid use in Canada.

Dr. Granger Avery

President, Canadian Medical Association

The new Guideline was shared for widespread consultation and feedback in February 2017. The final Guideline, taking into account feedback, will be released in May 2017. Many other signatories to the Joint Statement of Action have committed to the dissemination of the new Guideline throughout 2017 including the **Canadian Medical Association, Royal College of Physicians and Surgeons of Canada, the College of Family Physicians of Canada** and other provincial colleges, and the **Canadian Pharmacists Association**.

New Standard of Practice on Prescribing

In December 2016, the **College of Physicians and Surgeons of Alberta** (CPSA) sent comparative prescribing pattern reports to 8,200 physicians who prescribed an opioid 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 with 66% of physicians finding the reports helpful and over 50% intending to make changes to their prescribing practices. The CPSA also committed to adopting a standard of practice on safe prescribing that will require physicians to prescribe opioids consistent with the latest opioid guidelines. The new standard of practice on [Prescribing: Drugs with Potential for Misuse or Diversion](#) comes into effect April 1, 2017. This is a new process for prescribing high-risk drugs like opioids that will improve physician prescribing and enhance patient safety.

Safe-Prescribing Program Implemented

The **College of Physicians and Surgeons of Newfoundland and Labrador** successfully developed and implemented a new education tool, the Safe-Prescribing Program. The program is mandatory as of March 1, 2017 for all new physicians seeking a licence to practice medicine in this province for the first time. Current practicing physicians will be directed to complete the program on the College's instructions. The program will provide focused instruction on safe and appropriate prescribing practices for opioids, stimulants and benzodiazepines. The program will also be extended to other healthcare provider groups, such as nurse practitioners, dentists and pharmacists.

Prescription Monitoring

The **College of Physicians and Surgeons of B.C.** formed a Prescription Monitoring Oversight Committee consisting of the four regulatory colleges to provide oversight of a provincial prescription monitoring program, receive PharmaNet data, and create in-house capacity to do detailed analysis and customized reports. PharmaNet is the province-wide network that links all B.C. pharmacies to a central set of data systems, in which every prescription dispensed in B.C. is entered. The College has endorsed the concept of requiring PharmaNet access at all clinical practice locations. Accessing PharmaNet is not uniformly possible in all clinic locations at this time. 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.

Pan-Canadian Collaborative on Education for Improved Opioid Prescribing

Gaps have been found in continuing education programs offered to healthcare professionals. To address one of these gaps, eight⁴ national organizations formed the **Pan-Canadian Collaborative on Education for Improved Opioid Prescribing** (the Collaborative), a partnership that will focus on educational resources for prescribers with the objective of addressing the harms associated with prescription opioids. The Collaborative, initiated and chaired by the **College of Family Physicians of Canada**, reflects a shared commitment to a coordinated pan-Canadian approach and action across multiple sectors and

⁴ Collaborative members include the Canadian Centre on Substance Use and Addiction, the Canadian Medical Association, the Canadian Medical Protective Association, the College of Family Physicians of Canada, the Federation of Medical Regulatory Authorities of Canada, MDcme, Memorial University, the Michael G. DeGroote National Pain Centre, the Royal College of Physicians and Surgeons of Canada.



The College of Family Physicians of Canada will be implementing all its commitments through collaborative work within a consortium of eight organizations with an interest in physician education. The group is committed to jointly working on communication, learning and new knowledge creation initiatives that will be of benefit to our respective (and shared) members and their patients. Working in this way has enabled all the organizations involved to accomplish much more than we could have alone.

Dr. Jamie Meuser MD, CCFP, FCFP

Executive Director, Professional Development and Practice Support
College of Family Physicians of Canada

jurisdictions of relevance to physicians, their patients, and their communities. The Collaborative has committed to curating an online repository of continuing professional development courses in opioid prescribing. As a member, the Royal College of Physicians and Surgeons of Canada is leading most of this work for the online repository with collective input from the rest of the Collaborative. In addition, the Collaborative is currently determining educational needs and knowledge gaps for a variety of audiences and designing program elements to address them. The Collaborative recognizes that other approaches need to be included concerning pain management and is collaborating with the **Canadian Agency for Drugs and Technologies in Health (CADTH)** on evidence validation for non-pharmaceutical approaches to pain management in community settings. These initiatives will assist physicians and other regulated healthcare professionals in accessing resources that would support them to effectively manage patients with acute and chronic pain.

Coalition for Safe and Effective Pain Management

The Canadian Chiropractic Association (CCA) 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 (MSK) conditions. The focus of this initiative is to provide resources and clinical decision aids for prescribing professionals to help inform their decision making in the management of MSK-related pain. The practice recommendations and resources will be informed by initiatives such as the 2017 *Canadian Guideline for Safe and Effective Use of Opioids in the Management of 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. In early 2017, the CCA also worked with other health professions to form an inter-professional coalition⁵ to reduce opioid prevalence and focus on upstream and preventative approaches. **The Coalition for Safe and Effective Pain Management** will evaluate the most common reasons for opioid prescribing in primary care settings and clinical alternatives for non-cancer pain management, and develop recommendations for improving access to those alternatives. The Coalition has also made a new commitment in the Joint Statement of Action.

⁵ Associations involved in forming the coalition are the Canadian Association of Occupational Therapists, the Canadian Chiropractic Association, the Canadian Nurses Association, the Canadian Pain Society, the Canadian Pharmacists Association, the Canadian Physiotherapy Association, the Canadian Psychological Association.

National Network of Coroners Reports and Meeting

While some evidence and data does exist, there are serious gaps in understanding the nature and extent of the current opioid problem. The **Canadian Institute for Health Information (CIHI)** has continued making progress to address those gaps with their efforts to improve data collection, monitoring and surveillance on opioid use and harms. In 2014, CIHI received federal funding to coordinate a pan-Canadian [approach for the monitoring and surveillance](#) of prescription drugs. This approach included data reporting standards necessary to better understand the impact of opioids on death rates in Canada. To this end, CIHI is currently developing key metrics on the prevalence, consumption and harms of opioid misuse and to publicly report on an ongoing basis the number of:

- People receiving opioids per 1000 population;
- Defined daily doses (DDDs) of opioids per 1000 population;
- Hospital admissions due to opioid poisonings; and
- Emergency department visits due to opioid poisonings.

On March 1, 2017, CIHI hosted a meeting of provincial and territorial chief coroners and medical examiners to continue its work to establish a national network of coroners' reports, develop a common definition for opioid-related death, and begin developing a plan to collect consistent data on opioid-related deaths. During the meeting, chief coroners and medical examiners arrived at a preliminary consensus on two pan-Canadian definitions: one for apparent overdose death due to any substance and one for apparent opioid-related deaths. In the Joint Statement of Action, CIHI committed to continuing its work to strengthen surveillance and data collection on a priority basis and set concrete milestones for 2017 and 2018.

Patient Education Tools

The **Institute for Safe Medication Practices Canada (ISMP Canada)** together with the **Canadian Patient Safety Institute (CPSI)** and **Patients for Patient Safety Canada (PPFSC)** commits to empowering patients by improving 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. Key work is underway to develop tools and provide necessary supports designed for patients and healthcare providers so that both patients and their healthcare providers can have more effective and meaningful communication about opioids. ISMP Canada, together with CPSI and PPFSC, 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, including Neighbourhood Pharmacies and the Pharmasave chain endorsing the handout for use in their pharmacies. Evaluation of this work informs Health Canada commitments.

“Community pharmacists are providing more information to patients and their families about opioids; the opioid handout provides information about signs of overdose and risk of addiction with opioid use.”

David U
President and CEO, Institute for
Safe Medication Practices Canada

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. This infographic will be further disseminated, with knowledge translation efforts, together with the **Canadian Agency for Drugs and Technologies in Health**.

Release of the Guidelines for Treatment of Opioid Use Disorder

Although prescribing is a key component in the prevention of problematic opioid use, addressing current opioid use disorder is also imperative. Through the **Canadian Institutes of Health Research (CIHR)**, the federal government established, in 2014, a national consortium on problematic substance use called the **Canadian Research Initiative in Substance Misuse (CRISM)**. Through CRISM, CIHR established four research nodes across Canada (British Columbia, the Prairies, Ontario, Quebec/Maritimes) to create a strong platform for research on substance misuse with a stable infrastructure that connects research experts, healthcare systems, and knowledge users, with public health and policy. In February 2017, CRISM researchers released *A Guideline for the Clinical Management of Opioid Use Disorder* for the Government of B.C., all B.C. physicians, nursing and allied health professional, and other care providers involved in the treatment of individuals and opioid use disorder. It is available now for educational purposes and after June 5, 2017, it will become the provincial guideline. CRISM researchers are currently working on adapting these guidelines for use at the national level.

Conclusion

The Joint Statement of Action focuses on the importance of collective actions taken by key partners in the health community. Canada is dealing with a complex health issue, and no one organization, approach or level of government will be able to address it alone. Collective efforts are required to achieve collective impact. This report on actions to date is the first of its kind. While much work is already underway in the areas of prevention, health and health care, law enforcement and education, CCSA will continue working with leaders in the various jurisdictions who have committed to taking concrete action in this Joint Statement of Action. Efforts for the next quarter will focus on encouraging further commitments from current partners and from new organizations and jurisdictions to continue to fill gaps and enrich the breadth and scope of the Joint Statement of Action.

References

- B.C. Centre for Disease Control. (2017). *The BC Public Health Opioid Overdose Emergency*. Vancouver, B.C.: Provincial Services Authority. Retrieved Feb. 22, 2017, from www.bccdc.ca/resource-gallery/Documents/Educational%20Materials/Epid/Other/Public%20Facing%20Surveillance%20Report_Jan2017.pdf.
- B.C. Office of the Chief Coroner. (2016) *Fentanyl-Detected Illicit Drug Overdose Deaths — January 1, 2012 to October 31, 2016*. Burnaby, B.C.: Ministry of Public Safety and Solicitor General. Retrieved Feb. 22, 2017, from www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/death-investigation/statistical/fentanyl-detected-overdose.pdf.
- B.C. Office of the Chief Coroner. (2017) *Illicit Drug Overdose Deaths in BC — January 1, 2007 to January 31, 2017*. Burnaby, B.C.: Ministry of Public Safety & Solicitor General. Retrieved Mar. 14, 2017, from www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/death-investigation/statistical/illicit-drug.pdf.
- Centre for Addiction and Mental Health (2016). *Prescription Opioid Policy Framework*. Toronto, Ont.: Author.
- Gomes, T., Mamdani, M.M., Dhalla, I.A., Cornish, S., Paterson, J.M., & Juurlink, D.N. (2014). The burden of premature opioid-related mortality. *Addiction*, 109, 1482–1488.
- Hansen, R.N., Oster, G., Edelsberg, J., Woody, G.E., & Sullivan, S.D. (2011). Economic costs of nonmedical use of prescription opioids. *Clinical Journal of Pain*, 27, 194–202.
- Ontario Drug Policy Research Network. (2016). *Opioid Use and Related Adverse Events in Ontario*. Toronto, Ont.: Author. Retrieved Feb. 22, 2017, from odprn.ca/wp-content/uploads/2016/11/ODPRN-Opioid-Use-and-Related-Adverse-Events-Nov-2016.pdf.
- Rehm, J., Fischer, B., & Gittins, J. (2009). An overview of non-medical use of prescription drugs and criminal justice issues in Canada. Paper presented at the Technical University, Dresden, Germany.
- U.S. Department of Health and Human Services, Office of the Surgeon General. (2016). *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington, D.C.: Author. November 2016.
- U.S. National Institute on Drug Abuse. (2016). Retrieved Mar. 16, 2016, from www.drugabuse.gov/drugs-abuse/fentanyl.

© Canadian Centre on Substance Use and Addiction, 2017.

Production of this document has been made possible through a financial contribution from Health Canada.
The views expressed herein do not necessarily represent the views of Health Canada.



Health
Canada

Santé
Canada



Canadian Centre
on Substance Use
and Addiction

Evidence. Engagement. Impact.