December 10, 2021

**Public Statement:**

**The sharp increase in the number of opioid related poisoning incidents and deaths, and the Alberta government’s insufficient response, leave room for improvement.**

The Edmonton Zone Medical Staff Association’s Opioid Poisoning Committee has reviewed the recent announcements made by the provincial government, between December 4th to 8th, in response to escalating drug poisoning deaths. We offer the following facts in response.

Doubling of addiction treatment spaces

We enthusiastically support ensuring that Albertans, throughout the province and regardless of ability to pay, can access evidence-based inpatient addiction treatment. However, relying only on medical detoxification, inpatient (aka residential) treatment, and abstinence-based recovery excludes many Albertans for whom such strategies are not desired, indicated, or feasible. In addition, inpatient treatment has limited evidence for opioid use disorder, unless paired with pharmacotherapy. Abstinence-based treatment for opioid use disorder is not recommended by Canadian national guidelines as it is associated with an increased risk of death, mainly from opioid poisoning due to resuming opioid use after treatment. We are concerned with the ongoing characterization of the opioid poisoning crisis as solely an addiction problem when the most serious consequences that Albertans are experiencing, fentanyl- and other poisoning-related deaths, is primarily a toxic supply problem.

My Recovery Plan software implementation

Though efforts to better integrate care are well intentioned, the mandatory collecting and sharing of personal information with multiple providers may deter many Albertans, whose drug use is criminalized by current drug policy and stigmatized in healthcare settings, from seeking supports. We have been equally concerned about proposed mandatory collection of personal identifiers from people accessing supervised consumption services—because it will deter them from seeking supports, thus exposing them to a higher risk of death. Until healthcare spaces specifically, and drugs more broadly, are decriminalized, we recommend that collection and sharing of personal information for people accessing substance-related services remain voluntary in the case of supervised consumption settings, and limited to the immediate care team only in other settings unless explicit patient consent is obtained to disclose information more broadly.

Digital Overdose Prevention System (DORS)

We have sought but not received details on the logistics of app use, uptake, acceptability, effectiveness, and privacy considerations. Recently the ministry reported 650 downloads of the app with 230 registered users, a strikingly low number relative to the number of Albertans who use drugs, but no data on meaningful outcomes such as actual calls to Emergency Medical Services (EMS) have been released. Data on EMS response counts, response times, deaths, and any poisoning-associated morbidity for app users vs non-users is required to ensure that the app is reducing and not increasing harm, and is a useful expenditure of taxpayer dollars. Until such information from the initial piloting of the app is made public, it is premature to recommend broad expansion of this service, particularly when many areas do not have reliable access to timely EMS care. Virtual supports, while potentially useful as an addition to the current system, should not replace in-person supervised consumption supports that have a large body of scientific evidence supporting their ability to prevent deaths and severe morbidity from opioid poisoning. In addition, drug poisoning responses in a supervised consumption service rarely require EMS support, and admissions to hospital are even less frequent. This is likely because immediate intervention is provided, something that a virtual app cannot replicate due to the time required for the alarm to trigger, attempts for contact to be made, and EMS to arrive.

Nasal naloxone pilot

Though naloxone is an important harm reduction tool, the availability of nasal naloxone does not confer any significant additional benefits beyond other naloxone formulations.

Expansion of opioid agonist therapy

The Virtual Opioid Dependency Program (VODP) addresses an important gap in care and we applaud support for this program, as well as coverage for opioid agonist therapy medication (i.e. oral and injectable buprenorphine, oral methadone).

We thank the Government for its efforts to support people who are seeking addiction treatment; however, the strategies proposed do not directly address or mitigate the harms caused by the current toxicity of the illegal drug supply.