



**MINISTER'S OPIOID**

**EMERGENCY RESPONSE COMMISSION**

**RECOMMENDATIONS**

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# Minister's Opioid Emergency Response Commission

A dedicated emergency commission to help Alberta respond to the opioid crisis.

## Overview

The [Chief Medical Officer of Health](#) is leading the response to the opioid crisis and is working closely with:

- health experts
- community groups
- parent advocates
- people who have used or continue to use opioids or drugs
- law enforcement
- the medical community
- other Alberta government ministries

The Minister's Opioid Emergency Response Commission was created in May 2017 under the Opioid Emergency Response Regulation in the Public Health Act.

The commission will oversee and implement urgent coordinated actions on the opioid crisis, focused on 6 strategic areas:

- harm-reduction initiatives
- treatment
- prevention
- enforcement and supply control
- collaboration
- surveillance and analytics

## Commission members

The commission is co-chaired by Dr. Karen Grimsrud and Elaine Hyshka and includes representation from a diverse group affected by the opioid crisis, including law enforcement, Indigenous communities, harm-reduction program experts and parent advocates.

- **Dr. Karen Grimsrud**, Chief Medical Officer of Health for Alberta (co-chair)
- **Elaine Hyshka**, assistant professor, University of Alberta's School of Public Health (co-chair)
- **Karen Turner**, president, Alberta Addicts Who Educate and Advocate Responsibly (AAWEAR)
- **Marliss Taylor**, program manager, Streetworks, Edmonton's needle-distribution program
- **Dr. Esther Tailfeathers**, physician on Kainai First Nation (Blood Tribe)
- **Petra Schulz**, parent advocate with Moms Stop the Harm
- **Atiya Ashna**, diversity and community collaboration specialist
- **Staff Sgt. Jason Walker**, Calgary Police Service
- **Dr. Nicholas Etches**, Calgary clinician with expertise in opioid addiction and treatment
- **Dr. Karen Mazurek**, deputy registrar, College of Physicians and Surgeons
- **John Cabral**, Assistant Deputy Minister, Health Services Delivery Division, Alberta Health
- **Bill Sweeney**, Senior Assistant Deputy Minister, Public Security Division, Alberta Justice and Solicitor General
- **Kathryn Todd**, vice president, Research, Innovation and Analytics, as well as executive lead for Seniors, Addiction and Mental Health with Alberta Health Services
- **Peter MacKinnon**, senior provincial director, Population, Public and Indigenous Health Strategic Clinical Network, Alberta Health Services
- **Bill Given**, mayor of Grande Prairie
- **Dr. Nathaniel Day**, medical lead of Alberta Health Services' Rural Opioid Dependency Program in central Alberta

## Commission reports

### Commission records of discussion

- [Opioid commission minutes - June 2018](#) (PDF, 75 KB)
- [Opioid commission minutes - May 2018](#) (PDF, 94 KB)
- [Opioid commission minutes - April 2018](#) (PDF, 94 KB)
- [Opioid commission minutes - March 2018](#) (PDF, 281 KB)
- [Opioid commission minutes - February 2018](#) (PDF, 191 KB)
- [Opioid commission minutes - January 2018](#) (PDF, 295 KB)
- [Opioid commission minutes - December 2017](#) (PDF, 370 KB)
- [Opioid commission minutes - November 2017](#) (PDF, 282 KB)
- [Opioid commission minutes - October 2017](#) (PDF, 113 KB)
- [Opioid commission minutes - September 2017](#) (PDF, 139 KB)
- [Opioid commission minutes - August 2017](#) (PDF, 120 KB)

**Minister's Opioid Emergency Response Commission  
Recommendations to the Minister  
Updated July 5, 2018**

The Minister's Opioid Emergency Response Commission was established May 31, 2017 to support the Government of Alberta's urgent response to the opioid crisis. As part of its mandate, the Commission is responsible for making recommendations to the Minister for timely coordinated actions to address opioid use and related issues. The following are the Commission recommendations forwarded to the Minister to date.

Note: Subsequent to the Minister's review and acceptance of Commission recommendations, the implementation of recommendations will be undertaken by the appropriate parties, in collaboration with Alberta Health staff.

**Recommendation 1: Operational Funding for Supervised Consumption Services**

The Commission recommends the Minister provide operational funding for the four supervised consumption services exemption applications for locations in Edmonton (4 locations), Calgary (1 location) and Lethbridge (1 location), currently under review by Health Canada.

The exact budget allocations will be determined pending further analysis and due diligence by Alberta Health. Due diligence includes a review of operational funding proposals to ensure:

- Funding is limited to proposed components that are directly related to supervised consumption services;
- Linkages or the ability to connect clients to other social and health supports and services are demonstrated;
- Efforts to contain costs have been undertaken; and
- A commitment to participate in a coordinated and comprehensive provincial evaluation process is clearly articulated.

**Future Funding Proposals/Applications to Health Canada**

The Commission does not recommend the establishment of a pre-determined cap on budget allocation for supervised consumption services at this time. The Commission remains open to considering future proposals for supervised consumption services operational funding or other overdose prevention initiatives, if appropriate. Additional recommendations could be made by the Commission in the future, pending discussions on proposals, an assessment of overall intervention options to address the opioid crisis, and budget considerations.

**Recommendation 2: Evaluation of Supervised Consumption Services**

The Commission recommends the Minister provide funding for the development and implementation of a coordinated, comprehensive provincial evaluation framework for supervised consumption services, instead of funding separate, stand-alone evaluation projects for individual supervised consumption services locations or cities.

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**Recommendation 3: Alberta's Take Home Naloxone Program**

The Commission recommends the Minister:

- a) support the proposal and funding request from Alberta Health Services for the Take Home Naloxone Program which provides naloxone (injectable) kits to organizations for distribution to Albertans at risk of experiencing or witnessing an opioid overdose, and first responder organizations for administration to Albertans in overdose scenarios.
- b) support the proposal and funding request from Alberta Community Council on HIV to expand the community based aspects of the Take Home Naloxone Program, with the stipulation of accountability measures provided by Alberta Health.

**Recommendation 4: Scope and Mandate of Alberta's Take Home Naloxone Program**

The Commission recommends that:

- a) Alberta Health Services, in partnership with the Alberta Community Council on HIV, have the discretion to provide organizations not otherwise distributing kits but experiencing a high number of overdose situations, to obtain take home naloxone kits through the provincial program for provision to their employees for use in an overdose event.
- b) Organizations seeking naloxone kits (any formulation) for occupational health and safety reasons be responsible for bearing the costs associated with the procurement of naloxone kits and the necessary training.
- c) The Minister not publicly-fund naloxone intranasal formulation at this time. However, the Minister should subsidize the procurement costs of nasal spray naloxone for first responder organizations choosing to purchase it for their members' use in opioid overdose situations, with the following stipulations:
  - The organization is not eligible for other subsidy or reimbursement mechanism.
  - The subsidy is no more than the cost of the publicly-funded injectable naloxone kits. Additional incremental costs associated with the procurement of nasal spray naloxone are the responsibility of the first responder organization.
  - The organization being subsidized must develop, implement, and enforce organizational policies for members to administer naloxone to members of the public experiencing an opioid overdose, when indicated.

**Recommendation 5: Treatment**

The Commission recommends the Minister not fund universal coverage of methadone and Suboxone from the funding allocated to the urgent opioid response. The Commission acknowledges the critical role of opioid agonist treatment but prefers that current resources be allocated toward expanding the number of opioid agonist treatment spaces and other options to enhance the urgent response to the opioid crisis.

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**Recommendation 6: Supporting the Indigenous Response**

The Commission recommends the Minister make a specific funding opportunity available to Indigenous Communities and organizations who serve Indigenous people for initiatives that address the urgent opioid crisis. The Commission recommends this be achieved through an open call for proposals for interventions that support a specific Indigenous Community or Indigenous people on a broader scale. The funding opportunity should be available for all Indigenous Communities (that is on and off Reserve or Settlement Communities). As appropriate, the Commission suggests that the Indigenous Opioids Advisory Sub-Committee Action Plan could act as a guide for the Community and organization proposals and response. The Commission respectfully suggests that people with lived experience are engaged in the development and implementation of these proposals.

**Recommendation 7: Enhancing Alberta's Take Home Naloxone Program**

The Commission recommends the Minister support the proposal and funding request from Alberta Health Services for enhancements to the Take Home Naloxone Program, including quality assurance and a risk assessment framework.

The Commission also supports the rebranding of the Take Home Naloxone program to decrease stigma and increase accessibility.

**Recommendation 8: Increasing the Role of Primary Care in the Urgent Opioid Response**

The Commission recommends the Minister support the proposal and funding request from Primary Care Networks and their partners to increase and accelerate the participation of primary care in the urgent opioid response in the following areas:

- Urgent Treatment
- Optimization of existing Primary Care Networks Programming
- Education and knowledge translation targeted to primary care
- Opioid related population based health service planning and integration

**Recommendation 9: Supervised Injectable Opioid Agonist Therapy**

The Commission recommends the Minister support the proposal and funding request from Alberta Health Services for a phased implementation of a supervised injectable opioid agonist therapy (sIOAT) program in Edmonton and Calgary. The Commission suggests engagement with Community Health providers, relevant professional Colleges, and people with lived experiences in the design and delivery of this program.

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**Recommendation 10: OAT in Acute Care and Expansion of the ARCH Program**

The Commission recommends the Minister support the proposal and funding request from Alberta Health Services to:

- Implement an opioid agonist therapy initiation program (using Suboxone) in the Emergency Departments for Calgary and Edmonton. The Commission strongly advises a formalized connection between the Emergency Departments, the Primary Care Networks, and related community providers is established to ensure continuity for clients is maintained;
- Expand the Addiction Recovery and Community Health (ARCH) program operating at the Royal Alexandra Hospital in Edmonton; and
- Initiate the expanded ARCH program in Calgary, once an appropriate site is determined.

**Recommendation 11: Communications Strategy**

The Commission recommends the Minister support the proposal from Alberta Health Communications to provide grants for community initiatives to support the urgent opioid response. The Commission recommends that these initiatives and subsequent urgent opioid response Communication products are developed with meaningful engagement of people with lived experience.

**Recommendation 12: Punjabi Community Health Services Calgary Society Addiction Program**

The Commission recommends the Minister support the proposal and funding request from Punjabi Community Health Services Calgary Society for the expansion of their Addiction program to support the urgent opioid response. The expansion of this program will include:

- An Opioid Prevention Support Group;
- Case Management;
- Family enhancement; and
- Enhancing currently offered programming to include opioid-use supports.

**Recommendation 13: Overdose Prevention Sites**

The Commission supports, in principle, the use of overdose prevention sites, regardless of the intent to establish a permanent site, as one tool to support Albertans using substances including opioids.

The Commission recommends the Minister direct the department to undertake efforts to facilitate access to overdose prevention sites in Alberta. The Commission also recommends the development of a process for the application, implementation, operations, and monitoring of overdose prevention sites for Alberta.



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**Recommendation 14: Drug Checking Services**

The Commission recommends the Minister permit the use of drug testing within approved supervised consumption service sites and overdose prevention sites sanctioned by the Province.

The Commission recommends the Minister further explore the potential use of these drug checking services outside of supervised settings, with a focus on the experiences of other jurisdictions, and consultation with people who are using substances.

**Recommendation 15: Universal Class Exemption (Methadone)**

The Commission recommends the Minister support the Federal Government's proposal to allow practitioners to prescribe methadone to patients without application for an individual exemption, and support the Commission in providing feedback to Health Canada through the consultation mechanism to reflect their position. In addition, the Commission suggests ongoing provincial efforts among the Ministry and related partners to support appropriate training and standards for health professionals involved in the prescribing and dispensing of methadone to ensure that this drug is provided in a safe and effective manner.

**Recommendation 16: Narcotic Control Regulation (Diacetylmorphine)**

The Commission recommends the Minister support the Federal Government's proposal to remove some of the regulatory restrictions specific to diacetylmorphine in the *Narcotic Control Regulations*, and support the Commission in providing feedback to Health Canada through the consultation mechanism to reflect their position. In addition, the Commission suggests ongoing provincial efforts among the Ministry and related partners to support appropriate training and standards for health professionals involved in the prescribing and dispensing of diacetylmorphine to ensure that this drug is provided in a safe and effective manner.

**Recommendation 17: National Harm Reduction & Drug Policy Conference**

The Commission recommends the Minister work with related partners to coordinate avenues of available funding to support the organization of the 2018 National Harm Reduction & Drug Policy Conference.

The Commission supports, in principle, the National Harm Reduction & Drug Policy Conference. This event, to be hosted in Edmonton in October 2018, would reach a wide audience of people affected by the opioid crisis, such as, people who use substances, their families, frontline workers, people of Indigenous descent, ethno-cultural communities, researchers, and policy makers. The conference addresses topics such as changing behaviour, challenging stigma,



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facilitating knowledge transfer, enabling cross country collaboration, identifying system challenges, and addressing policy issues that create barriers to addressing the opioid crisis and problematic substance use. Hosting the National Conference would highlight Alberta's opioid response efforts, nationally.

**Recommendation 18: Remediation and Personal Protective Equipment Guideline**

The Commission recommends the Minister develop provincial evidence-based guidelines addressing the public health risks associated with exposure to fentanyl and other substances suspected to be opioids. This should include guidance on appropriate personal protective equipment as well as standards for remediation of fentanyl contaminated sites such as buildings and vehicles.

**Recommendation 19: Calgary Coalition on Supervised Consumption Services**

The Commission endorses the proposal from the Calgary Coalition on Supervised Consumption for a mobile supervised consumption service, operated by HIV Community Link. The Commission recommends HIV Community Link apply for a federal exemption for this supervised consumption service in the City of Calgary, as one strategy to address the high number of fentanyl-related overdose fatalities experienced in that community.

Once a federal exemption is obtained, the Commission recommends the Minister make funds available for start-up costs and ongoing operational funding for this service. The Commission recommends these services are provided with a demonstration of:

- Linkages or the ability to connect clients to other social and health supports and services;
- Efforts to contain costs and seek efficiencies; and
- Commitment to participate in the provincial evaluation.

**Recommendation 20: Medicine Hat Coalition on Supervised Consumption Services**

The Commission endorses the proposal from the Medicine Hat Coalition on Supervised Consumption for an integrated supervised consumption service, housed within HIV Community Link. The Commission recommends HIV Community Link apply for a federal exemption for this service in the City of Medicine Hat, as a mechanism to: enhance harm reduction service options; provide a safe alternative for people who use drugs; and respond to the high rate of opioid related harms.

Once a federal exemption is obtained, the Commission recommends the Minister make funds available for start-up costs and ongoing operational funding for this service. The Commission recommends these services are provided with a demonstration of:

- Linkages or the ability to connect clients to other social and health supports and services;
- Efforts to contain costs and seek efficiencies; and

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- Commitment to participate in the provincial evaluation.

**Recommendation 21: HIV North Society**

The Commission endorses the proposal from HIV North Society for a mobile supervised consumption service, operated by HIV North Society, Grande Prairie. The Commission recommends HIV North Society apply for a federal exemption for this service in the City of Grande Prairie, as one strategy to address the high rate of fentanyl-related overdose fatalities experienced in that community.

Once a federal exemption is obtained, the Commission recommends the Minister make funds available for start-up costs and ongoing operational funding for this service. The Commission recommends these services are provided with a demonstration of:

- Linkages or the ability to connect clients to other social and health supports and services;
- Efforts to contain costs and seek efficiencies; and
- Commitment to participate in the provincial evaluation.

**Recommendation 22: Red Deer Coalition on the Opioid Crisis**

The Commission acknowledges that Red Deer continues to have one of the highest rates of opioid overdose deaths in the province, and recommends the availability of supervised consumption services in the City of Red Deer, as one strategy to address these fatalities. The Commission endorses the proposal from the Red Deer Coalition on the Opioid Crisis to establish a fixed site supervised consumption service, operated in the current Turning Point facility. It is the opinion of the Commission, based on all the evidence, that a fixed site will best address the service needs of the community and support the response to the opioid crisis.

If this option is not attainable, the Commission recommends that additional supervised consumption service models are considered for Red Deer. Supervised consumption services in Red Deer should address the needs of service users as articulated in Red Deer's 2017 needs assessment; and be hosted by Turning Point Society Central Alberta, due to their connection to persons who may participate in the services and supports provided.

**Recommendation 23: Increasing Community Awareness**

The Commission recommends the Minister allocate additional funding to the communications strategy presented in October, 2017 due to the high number of quality applications that were initially received. The Commission recommends that the additional funding be allocated to community-based awareness initiatives developed in response to the Alberta Health December 2017 call for proposals on the opioid response. The Commission recommends that these initiatives, and any subsequent products, be developed with meaningful engagement of people with lived experience.

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**Recommendation 24: Support for Justice and Solicitor General Strategies to Address the Opioid Crisis**

The Commission recommends that:

- a) The Minister endorse the continued support from the Ministry of Justice and Solicitor General, for the Alberta Law Enforcement Response Teams (ALERT) and joint force operations in Alberta.
- b) The Minister endorse efforts from the Ministry of Justice and Solicitor General to develop evidence-based, standardized approaches for drug treatment court (DTC) programs in Alberta. This will facilitate future expansion of existing DTCs, and aid in the development of additional programs within interested communities.
- c) The Minister support the department in working with Ministry of Justice and Solicitor General to explore opportunities for pre-charge and post-charge diversion for individuals with substance use issues, with specific focus on the expansion of Case Development Groups and Situation Tables as tools to address the opioid crisis.
- d) The Minister, in conjunction with the Minister of Justice and Solicitor General, send a letter to Health Canada in support of additional resources for the Drug Analysis Service to expedite access to results from drug checking.

**Recommendation 25: Addiction & Mental Health Protection**

The Commission recommends that the Minister support the department to expedite the development of legislation to strengthen the Government's capacity to ensure safe, quality care and consumer protection for Alberta's addiction and mental health facilities, services and care providers. The Commission endorses that legislation is required to enable Government to employ mechanisms to address safety, quality and consumer protection issues as they arise.

**Recommendation 26: Increasing the Indigenous Response**

The Commission recommends the Minister allocate additional funding to the Indigenous specific opioid response. These additional funds are recommended to be used to enhance the proposals for interventions supporting Indigenous Communities (as previously recommended by the Commission) as well as the provision of additional funding for provincial in-scope initiatives.

**Recommendation 27: Engagement**

The Commission recommends that those with lived experience, and those they identify as family and/or a part of their support network, be actively engaged in the development and implementation of programs and services related to substance use, including those associated with prevention, treatment, and harm reduction.

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**Recommendation 28: Contamination & Safe Supply**

The Commission is concerned by the extreme toxicity of illegally manufactured fentanyl (and analogues), and the increasing degree to which it is contaminating the illegal drug market and contributing to overdose mortality.

The Commission recommends the Minister support the department to engage in opportunities to address the contamination crisis related to street-sourced drugs. This may include the provision of a safer opioid supply to people at risk of overdose, a strategy the Commission supports in principle, as one tool to address Alberta's opioid crisis, which is among the worst in Canada.

**Recommendation 29: Low Barrier, Oral Hydromorphone Distribution Project**

The Commission recommends the Minister support the department in undertaking efforts to facilitate Alberta initiating a low-barrier, oral hydromorphone distribution project, as one opportunity to address the opioid crisis and related contamination of street-sourced opioids. The Commission suggests that an Alberta-specific proposal be developed as an arm of the British Columbia Centre for Disease Control's low barrier, oral hydromorphone distribution project. The Alberta project will build off early learnings in British Columbia, and will reflect the Alberta context of the opioid crisis. The Commission recommends the Minister initiate the Alberta project by supporting the department to engage in actions that facilitate an application for funding from the Substance Use and Addiction Program (Health Canada).

**Recommendation 30: Terminology**

The Commission recommends the Minister support the department in engaging in conversations within the Ministry and amongst relevant stakeholders, including Alberta Health Services and professional regulatory bodies, to harmonize terminology and promote the use of non-stigmatizing, person-centered language as it relates to those who use substances.

**Recommendation 31: Substance Use Prosecution**

The Commission recommends the Minister support the department in engaging in conversations with provincial and federal prosecution services and judges to facilitate knowledge transfer related to substance use language and terminology, and evidence-based treatment options for people who use substances.

**Recommendation 32: Corrections Data and Opioid Agonist Therapy**

The Commission recommends the Minister support the department in working with the Ministry of Justice and Solicitor General (JSG) to facilitate Alberta Health access to provincial

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corrections specific data, as it relates to those who use substances. In addition, the Commission recommends that the Minister support the department in facilitating the work of JSG and Alberta Health Services to expand opioid agonist therapy initiation and maintenance within provincial correctional facilities, and to support post-discharge community transitions.