

Methamphetamine, the Canadian Drug Strategy and Alberta

Standing Committee on Health

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Alberta Context:

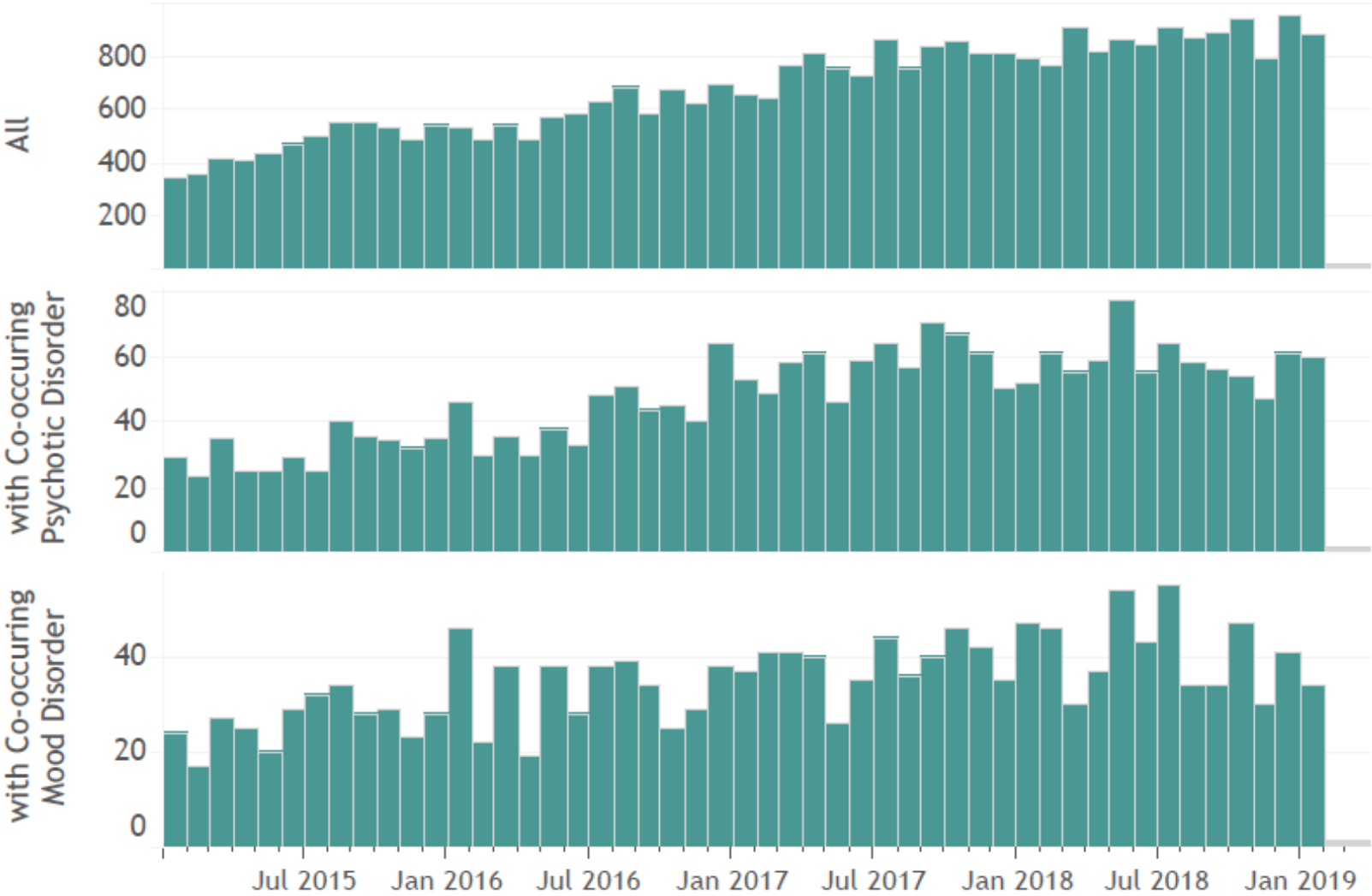
- MOERC (Minister's Advisory) – given \$30M to direct to opioid intervention over 2 years
- Very active focus on harm reduction and opiate focus, with small attention to general addiction tx
- Best Take Home Naloxone program in country
- Rapid rise in methamphetamine use – low cost

Indigenous:

- Money available to AHS as well as community, including Bands – \$5M
- Blood Tribe has opened Safe Withdrawal Site
- High variability from band to band
- Population moves between reserve and city
- Transportation is chronic problem
- Slowly moving from Ottawa focus for health to Band-Fed-
Prov work for Indigenous

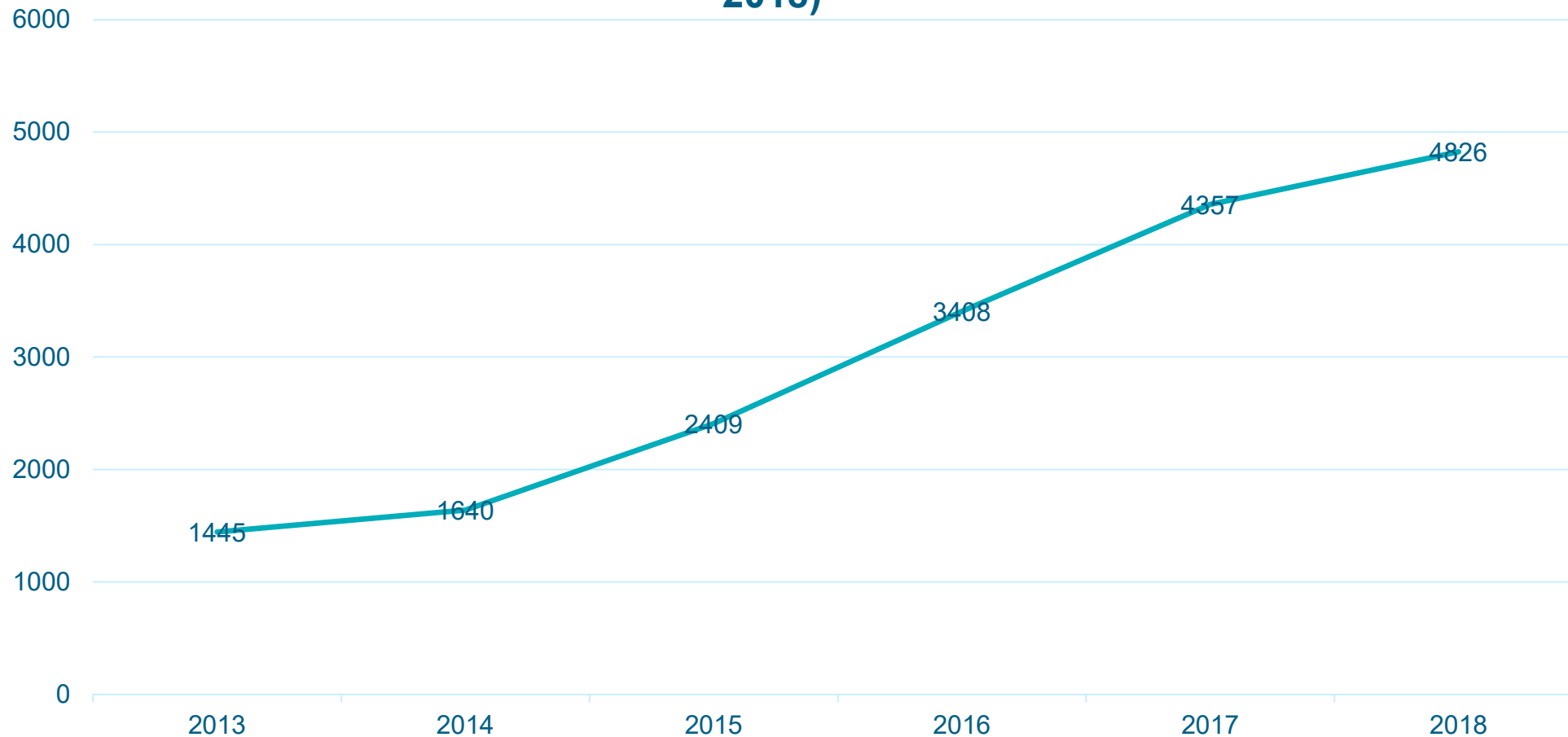
Methamphetamine Dashboard

Emergency Department/Urgent Care Centre Visits



Alberta Opioid Surveillance Summary

Opioid related ED/UCC Visits in Alberta – Total Poisonings (2013-2018)

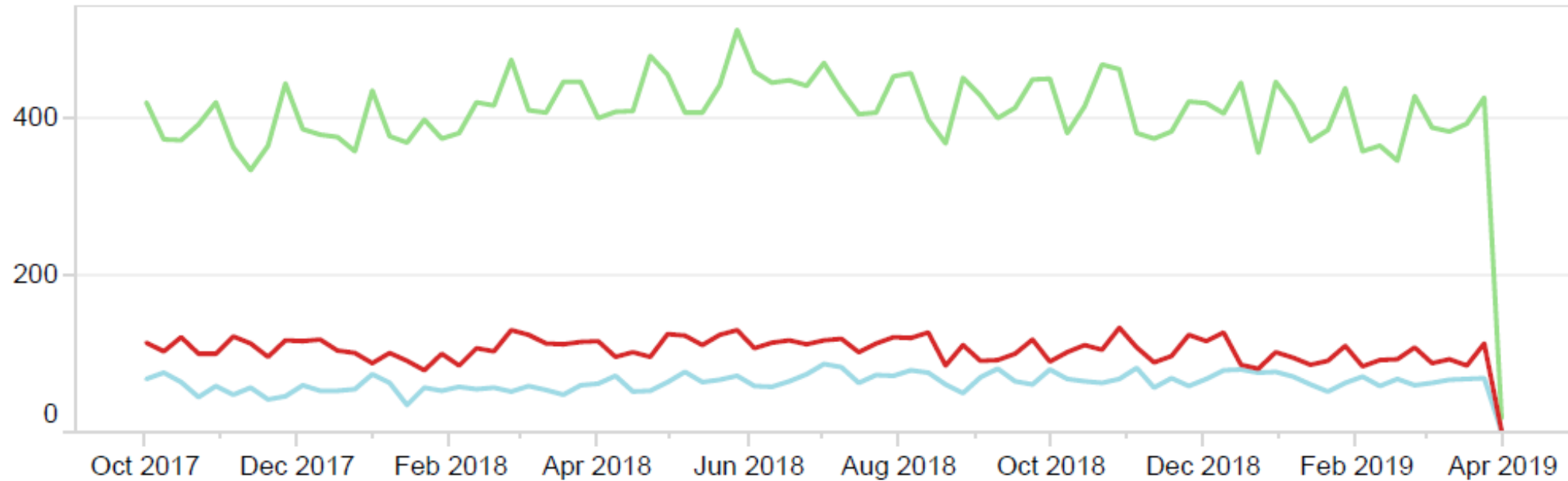


Syndromes of Substance Misuse - ED

Substance misuse related syndromic complaints (count), Alberta ..

Week

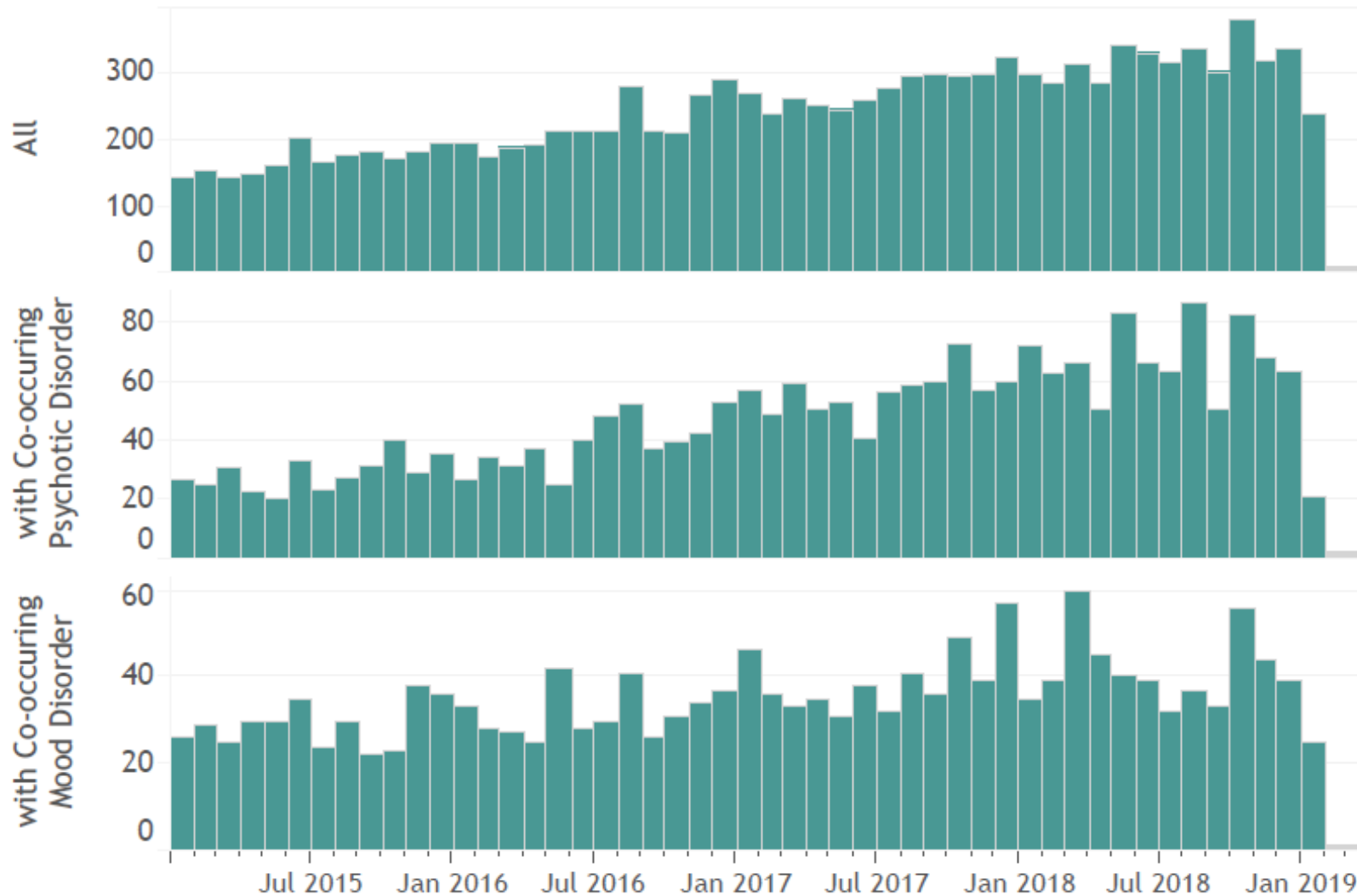
By Chief Complaint/Protocol, Alberta, Oct 2017 to Mar 2019



OVERDOSE INGESTION SUBSTANCE MISUSE/INTOXICATION SUBSTANCE WITHDRAWAL

Methamphetamine Dashboard

Hospitalizations

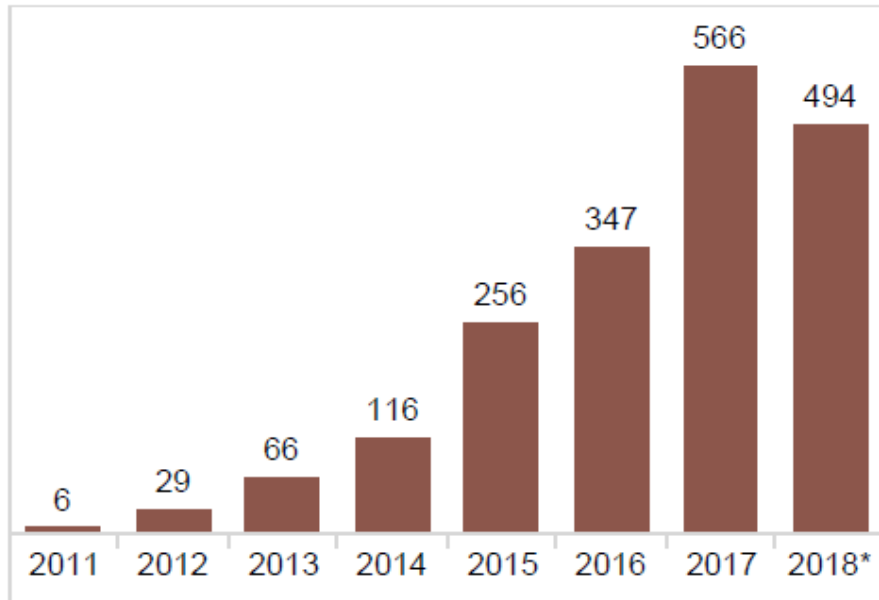


Alberta Opioid Surveillance – Fentanyl Deaths

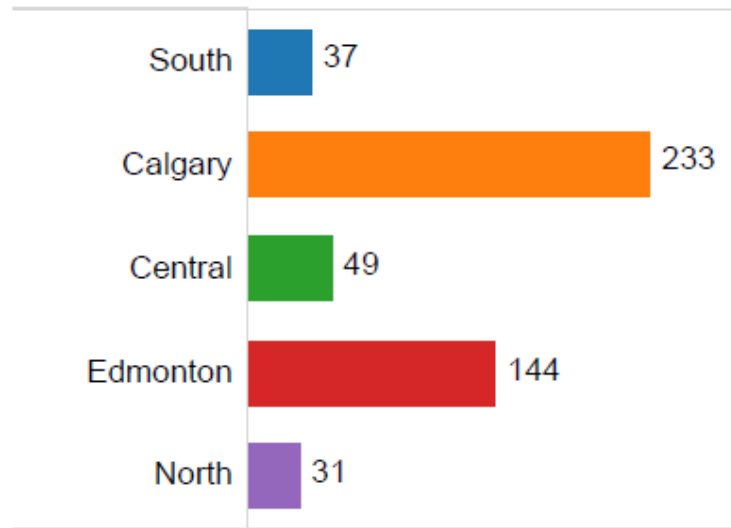
Deaths in Alberta in which Fentanyl was detected and implicated

Death counts, Alberta 2011-2018*

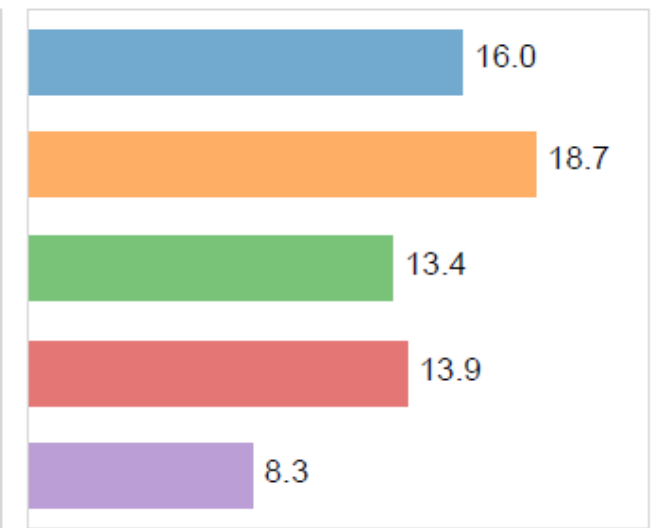
Deaths by zone, year: 2018*



Count



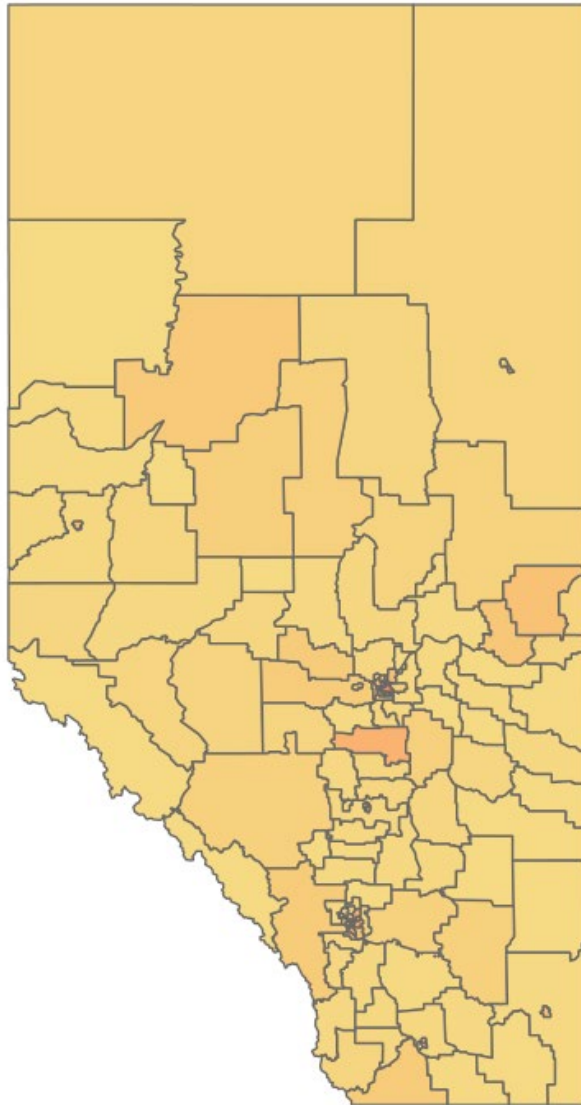
Crude rate (per 100,000)



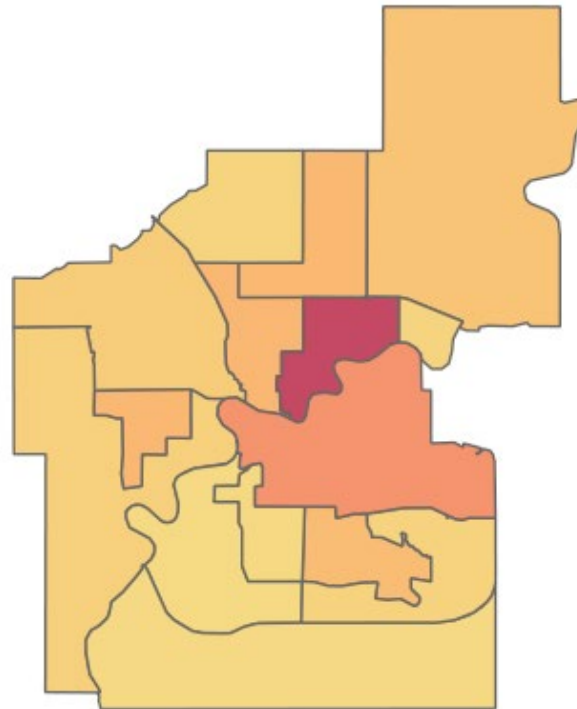
Carfentanil was identified in 165 deaths in 2017 and 135 deaths so far in 2018*

* 2018 (Jan 1 - Sep 30) (Reference: Alberta Opioid Response Surveillance Report, 2018 Q3, as of December 11, 2018)

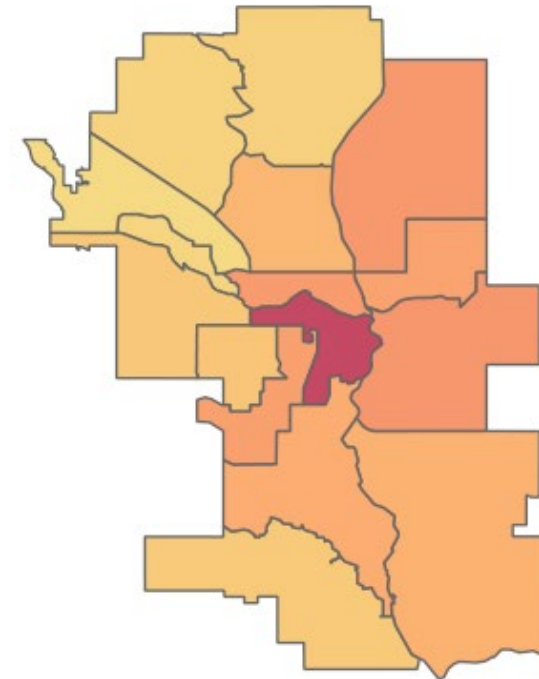
Methamphetamine Dashboard – ED/UCC Visits



City of Edmonton by LGA



City of Calgary by LGA

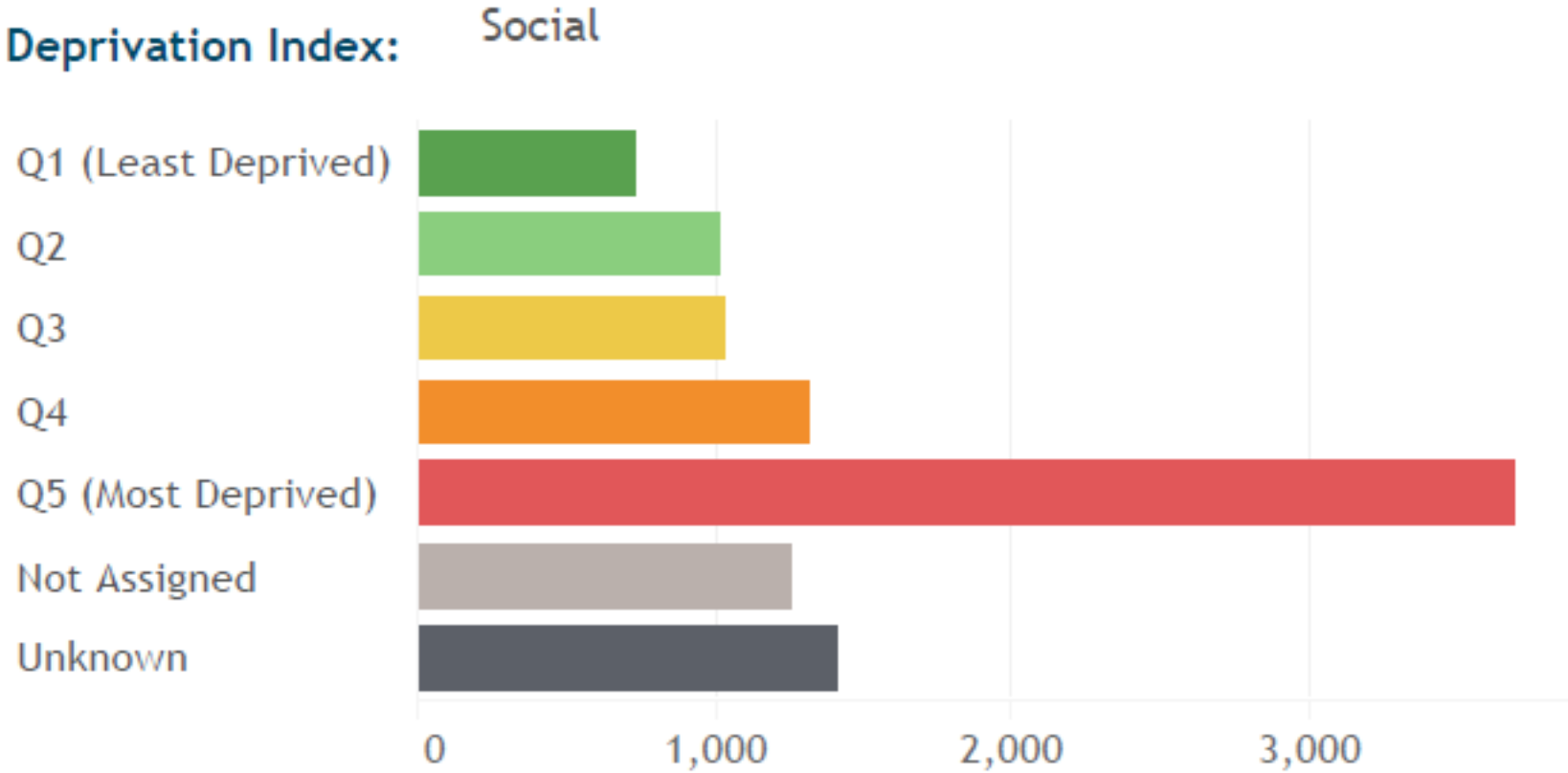


Low

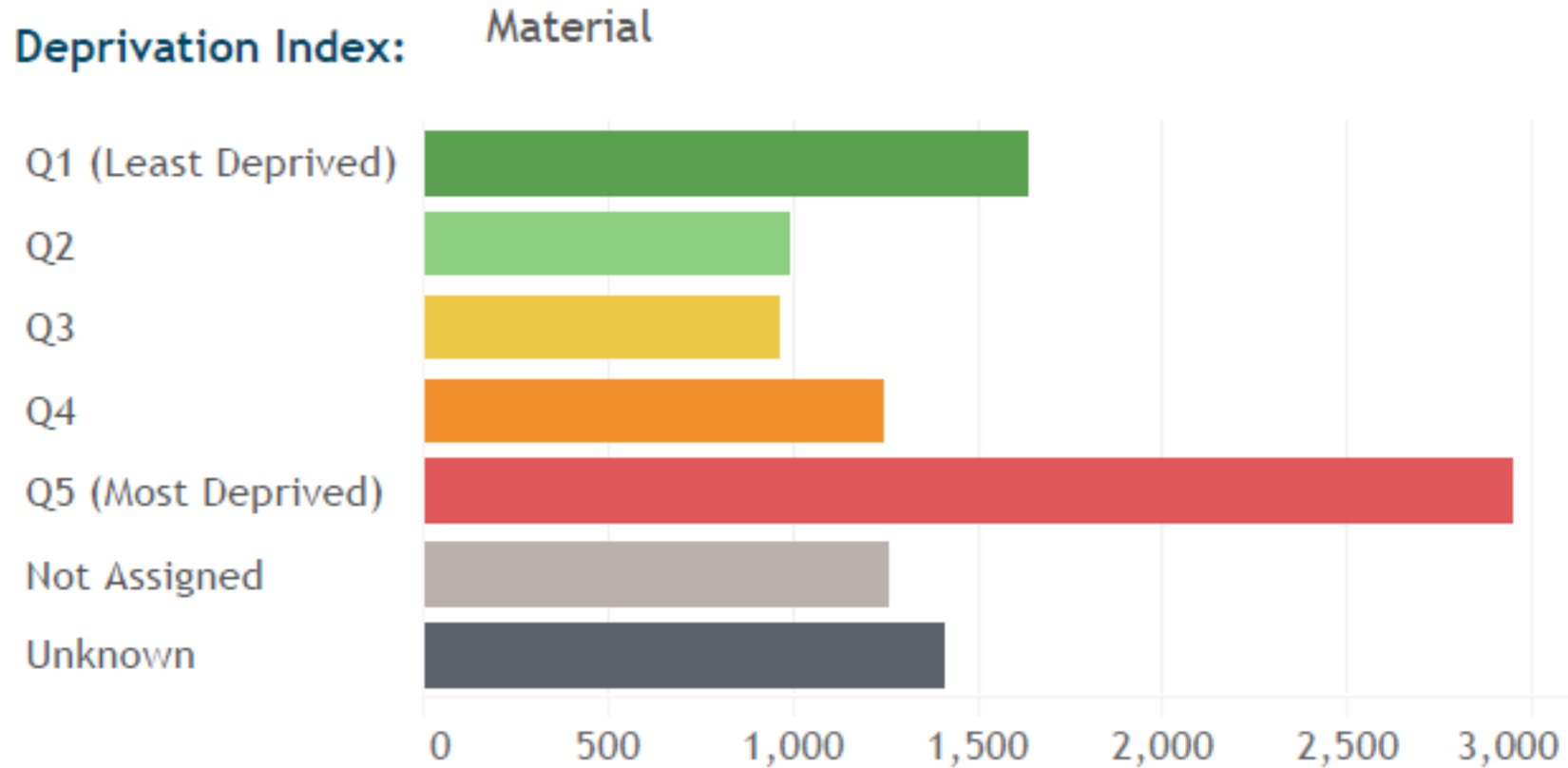


High

Methamphetamine Dashboard – ED/UCC Visits – Social Deprivation

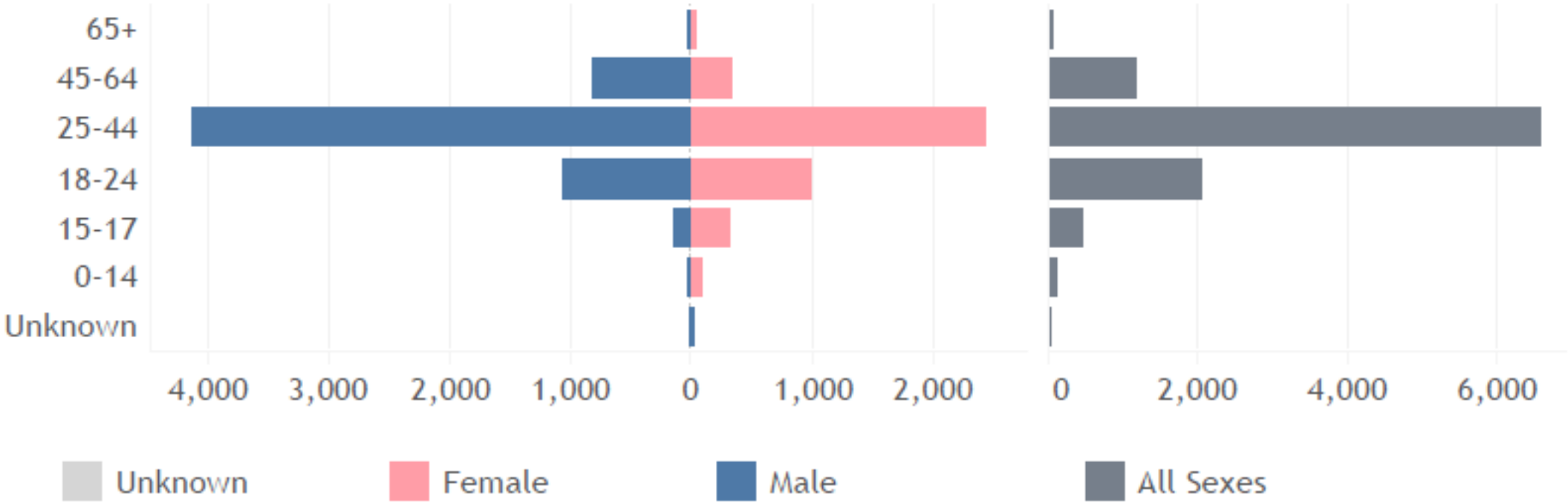


Methamphetamine Dashboard – ED/UCC Visits – Material Deprivation



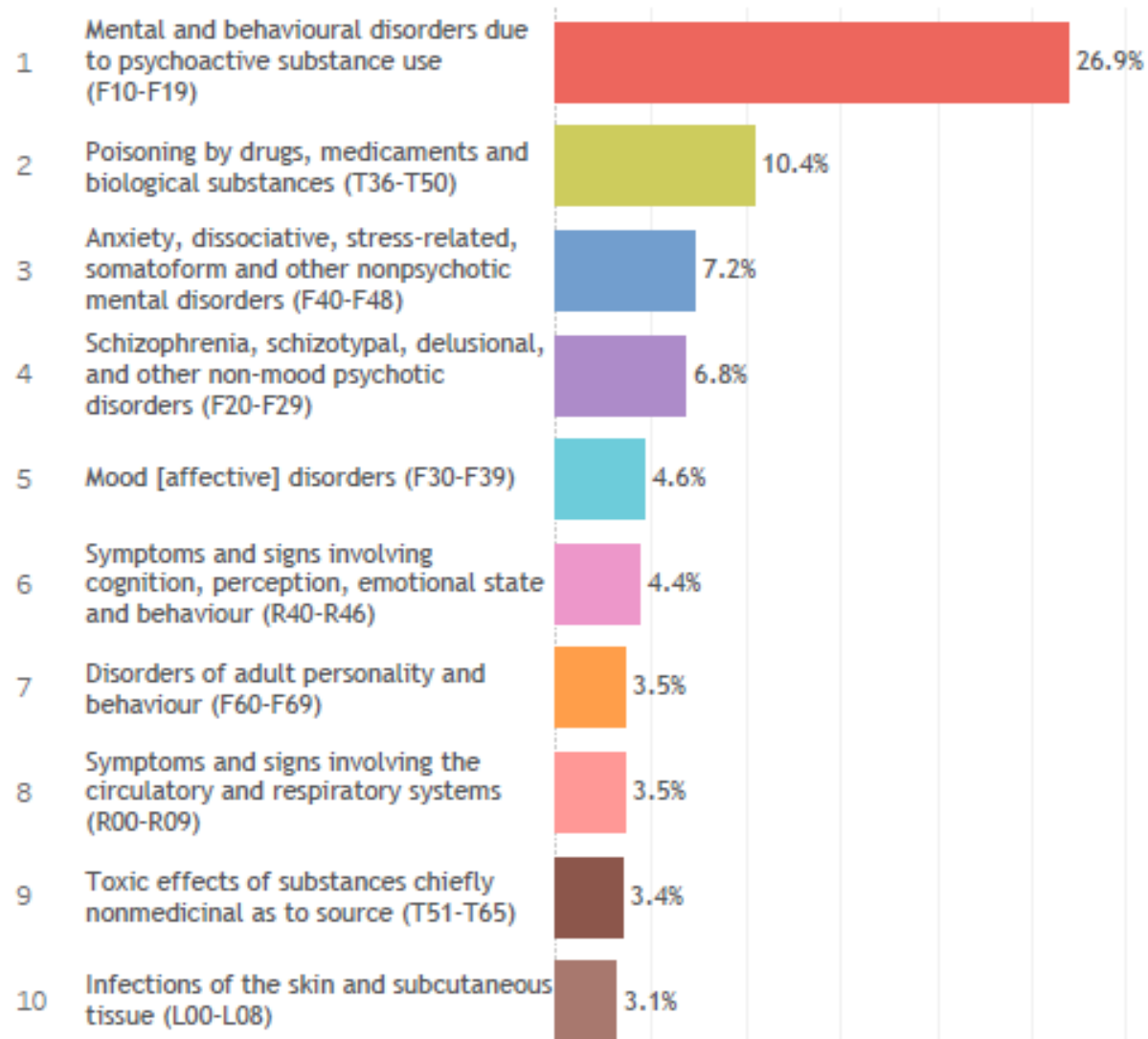
Methamphetamine Dashboard – ED/UCC Visits – Gender

Age and Sex



Methamphetamine Dashboard – Co-Occurring Disorders

Emergency Department/Urgent Care Centre Visits



Prevention:

- High degree of social dysfunction and high Adverse Childhood Experience (ACE) scores
- Many ramifications from colonial legacy – must support bands to find what works for them
- Economic adversity / housing / food security need to be addressed

Treatment:

- No specific antidote / medical treatment for meth
- Withdrawal stabilization often is longer than for alcohol
- Sustained recovery requires longer term support than most treatment programs can provide

Enforcement:

- Is de-criminalization a possibility such as in Portugal?
- Indigenous represent high percentage in jails (40%)
- Drug courts/diversion have some success

Harm Reduction:

- Bands receive \$ for STBBI – variable in attitude to HR – historically abstinence-based
- Meth helps keep people awake at night – safety on the street
- Collaboration with community HR programs works well when it does happen

Evidence:

- Some good statistics from FNIHB
- Challenging to gain provincial data on indigenous healthcare due to stigma and distrust

Funding:

- Funding is not tied closely to specific measures on reserve
- The closer to home, the more likely that local conditions can be addressed – what is the experience of BC's Ministry of Indigenous Health?

Questions?

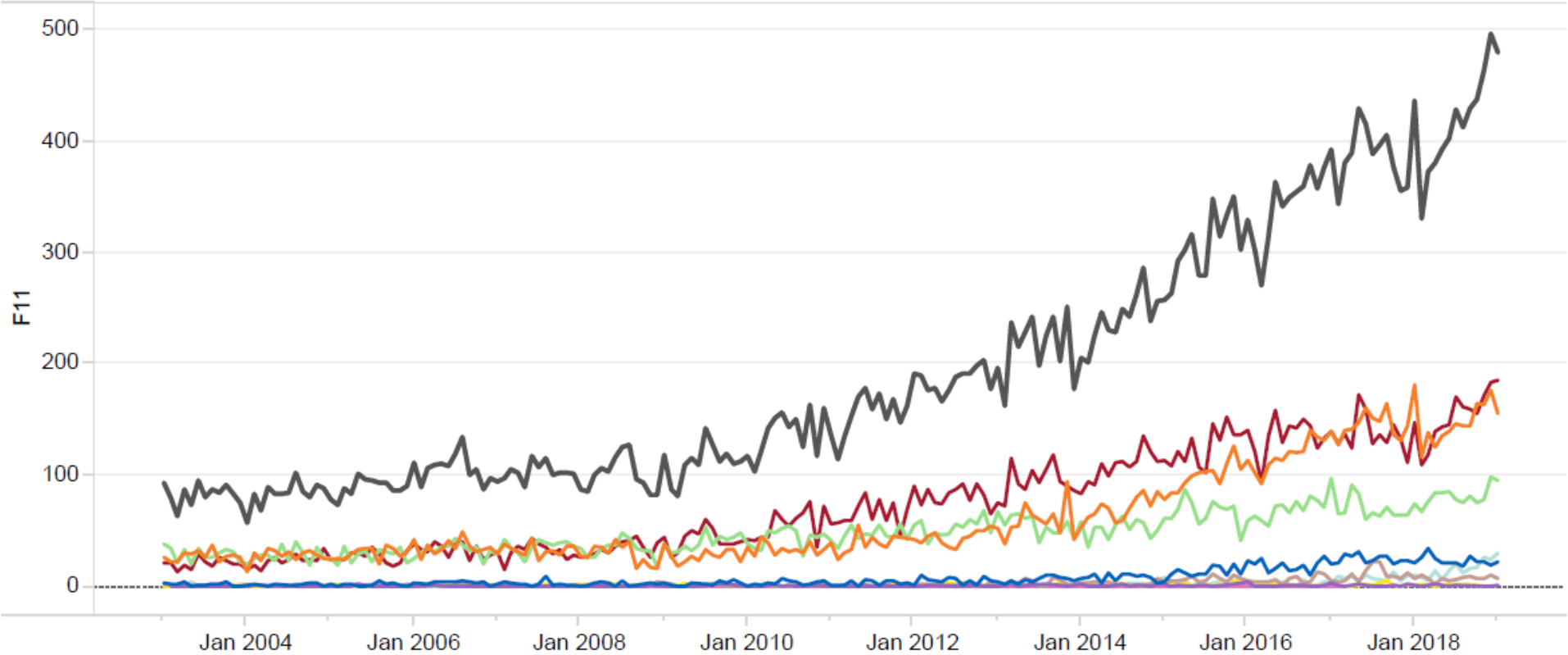
Discussion...

Reference Webpages:

- <https://www.alberta.ca/opioid-emergency-response-commission.aspx>
- <https://www.drugabuse.gov/publications/drugfacts/methamphetamine>
- <http://www.ccsa.ca/Eng/Pages/SearchResults.aspx#k=methamphetamine>
- <http://csuch-cemusc.ccsa.ca/Resource%20Library/CSUCH-Canadian-Substance-Use-Costs-Harms-Infographic-2018-en.pdf>
- <https://www.toronto.ca/legdocs/mmis/2019/hl/bgrd/backgroundfile-129421.pdf>

Alberta Opioid related ED/UCC visits

ICD-10-CA code F11 (Mental and behavioural disorders due to use of opioids)



- F110 (Mental and behavioural disorders due to use ..)
- F111 (Mental and behavioural disorders due to use ..)
- F112 (Mental and behavioural disorders due to use ..)
- F113 (Mental and behavioural disorders due to use ..)
- F114 (Mental and behavioural disorders due to use ..)
- F115 (Mental and behavioural disorders due to use ..)
- F116 (Mental and behavioural disorders due to use ..)
- F117 (Mental and behavioural disorders due to use ..)
- F118 (Mental and behavior ..)
- F119 (Mental and behavior ..)