



Joint Statement of Action  
to Address the Opioid Crisis:  
A Collective Response

ANNUAL REPORT  
**2016–2017**



Health  
Canada Santé  
Canada



Canadian Centre  
on Substance Use  
and Addiction

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## Executive Summary

### About the Joint Statement of Action

In response to Canada's growing opioid crisis, former federal Health Minister Jane Philpott and Ontario Minister of Health and Long-Term Care Eric Hoskins invited health professional associations, national organizations, regulators and decision makers to come together at the Opioid Summit held in November 2016. The objective of the summit was to establish a collective response to the opioid crisis and to identify specific actions required to address the crisis in Canada.

At the culmination of the summit, the release of the *Joint Statement of Action to Address the Opioid Crisis* (Joint Statement of Action) reflected a collective commitment by summit participants to work within their respective areas of responsibility to improve prevention, treatment, harm reduction and enforcement associated with problematic opioid use through timely, concrete actions that deliver clear results.

At the time of the Opioid Summit, the Joint Statement of Action included over 30 partners with multiple commitments spanning the key areas of prevention, treatment, harm reduction and building the evidence base related to opioids in Canada. Since then, a number of new organizations or groups have become partners. There now are 54 Joint Statement of Action partners that include government and non-government organizations, representing 202 commitments to take individual and collective action to address the opioid crisis. This report focuses on the progress achieved by non-governmental partners, including health professional associations, national organizations and pan-Canadian health organizations.

### A Year in Review

Since November 2016, Joint Statement of Action partners have been dedicated to taking action and completing their commitments to addressing the opioid crisis. As of November 2017, there are 147 commitments by non-governmental partners. Of these, 47 commitments have been fully completed or implemented into ongoing practice, and 93 commitments are in progress and on track for completion by their respective deadlines. A list of Joint Statement of Action partners is included as Appendix B below.

Examples of successes from the Joint Statement of Action's first year include:

- The empowerment of patients by improving knowledge about the use of opioids through the work of the Institute for Safe Medication Practices Canada, together with the Canadian Patient Safety Institute and Patients for Patient Safety Canada;
- Enhanced medical school core competencies related to opioid prescribing and treatment of chronic pain through work by the Association of Faculties of Medicine of Canada (AFMC),
- The promotion of alternatives to opioids for pain management through a report completed by the Coalition for Safe and Effective Pain Management (CSEPM);
- The hosting of a Health Leaders Roundtable on the Opioid Crisis by HealthCareCAN;
- The advancement of e-prescribing solutions via Canada Health Infoway's PrescribeIT tool;

- Publication of a specialized report *9 Million Prescriptions* by Health Quality Ontario, which outlined the current state of opioid prescribing in Ontario;
- Development of national data standards for opioids by the Canadian Institute for Health Information, as well the weekly collection of opioid-related hospitalization data; and
- Publication of the Opioid Evidence Bundle and Pain Evidence Bundle by the Canadian Agency for Drugs and Technologies in Health (CADTH), which include evidence reviews and tools related to opioids and pain management.

The work of the Joint Statement of Action has been translated into needed progress across the field. For example, commitment activities have contributed to increased stakeholder engagement and reach, and increased knowledge, as well as the increased capacity of individuals and communities to address the opioid crisis.

More specifically, Joint Statement of Action activities in 2016–2017 include the development of 269 knowledge dissemination products, 234 collaboration and knowledge exchange activities, and over 300 media and social media activities. These results demonstrate the collective impact of Joint Statement of Action partners on the opioid crisis. Together, we are changing how pain is managed in Canada, how physicians are trained and how data is collected, and we are contributing to the evidence base to help inform opioid-related policy.

## The Way Forward

Through collaboration, knowledge sharing and committed action, Joint Statement of Action partners are demonstrating their continued commitment to a collective response to address the opioid crisis. While the first year of the Joint Statement of Action shows a positive story of progress, there remains much to be done to curb the opioid crisis in Canada and to reduce the number of overdoses seen on a daily basis. It is clear that no one organization, level of government or approach can address this crisis alone and mitigate the harms that Canadians are experiencing across the country. It will take time and a coordinated, long-term, sustained response from multiple sectors to truly see the impact of the actions being taken today.

As a partner of the Joint Statement of Action, the Canadian Centre on Substance Use and Addiction (CCSA) is committed to addressing the opioid crisis through its various initiatives, to continuing to coordinate the ongoing reporting on progress made by the other Joint Statement partners, and to fostering knowledge exchange and collaboration among organizations by facilitating webinars and teleconferences.

The Joint Statement of Action reflects the collective will of the individuals and organizations providing support to those who have pain or a substance use disorder or both. Organizations are committed to acting as a unified force, working together with stakeholders and partners to do more. Collaborative, evidence-informed and sustained actions are our best strategy to stem the tide of this crisis and create systems-level changes that will not only end the opioid crisis in our country, but improve the quality of life for communities across Canada.

## Introduction

### About the Annual Report

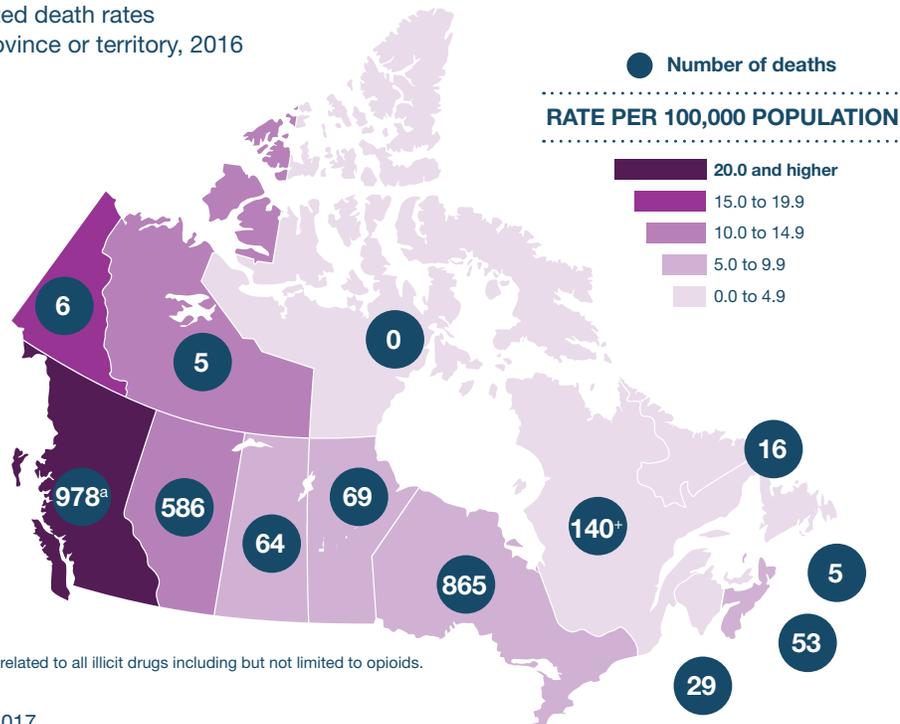
Since the release of the *Joint Statement of Action to Address the Opioid Crisis* (Joint Statement of Action) in November 2016, partners have made significant progress in their commitments to address critical issues related to the opioid crisis in Canada. This report provides an overview of how the Joint Statement of Action was established, describes highlights on the progress of the non-governmental partners in completing their commitments in 2016–2017 and looks towards the future to determine how best to facilitate further action and a collective response to address the opioid crisis.

### The Opioid Crisis in Canada

In 2016, an increase in the number of overdoses and deaths related to opioids alerted the Canadian public that the health and social impact of opioid use, including the harms of addiction, overdose and death, was devastating individuals, families and communities. Since this time, the number of opioid-related overdoses and deaths has continued to rise at the national level. Across the country, emergency room visits are on the rise and there is a rising rate of hospitalizations for opioid poisoning (Canadian Institute for Health Information, 2017).

Nationally, the latest data indicate that in 2016 in Canada there were 2,816 apparent opioid-related deaths, with a corresponding opioid-related death rate of 7.8 per 100,000 population. As seen in Figure 1 below, the data show that Western Canada has experienced the highest rates of apparent opioid-related deaths in 2016 (Public Health Agency of Canada, 2017). This figure was highest in British Columbia, where rates exceeded 20.0 per 100,000 population (Public Health Agency of Canada, 2017).

**Figure 1.** Apparent opioid-related death rates (per 100,000 population) by province or territory, 2016



<sup>a</sup>British Columbia reports unintentional deaths related to all illicit drugs including but not limited to opioids.  
<sup>+</sup>Expected to rise

Public Health Agency of Canada, 2017.

Fentanyl appears to be fueling the rise of deaths observed in several jurisdictions. In 2017 the rate of apparent opioid-related deaths involving fentanyl more than doubled in January to March 2017, as compared to the same period in 2016 (PHAC, 2017). From January through July 2017, there were 706 illicit drug overdose deaths with fentanyl detected in British Columbia (B.C. Coroners Service, 2017). In Alberta, there were 315 fentanyl-related drug overdose deaths between January 1 and August 12, 2017 (Alberta Health, 2017).

## The Joint Statement of Action

In response to Canada's growing opioid crisis, and in recognition that no single individual, approach or organization can effectively address the crisis alone, former federal Minister of Health Jane Philpott invited her then co-chair of the Conference of Health Ministers, the Honourable Eric Hoskins, Ontario Minister of Health and Long-Term Care, to co-host the Opioid Conference and Summit. Seven provincial and territorial ministers of health and several chief medical officers of health attended both events.

The Opioid Conference brought together a broad range of over 300 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 discussed best practices, lessons learned, innovations and the latest evidence to inform approaches for addressing the opioid crisis. 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 Opioid Summit, held the following day, brought together a smaller group of representatives of approximately 40 health professional associations, national organizations, pan-Canadian health organizations, regulators, decision makers and provincial/territorial ministries of health with the authority to commit to taking specific concrete actions to address problematic opioid use across Canada. One key accomplishment of this summit was having participants endorse the Joint Statement of Action, which reflects the commitment of partners to act on the crisis. All summit participants (see Figure 2), including the federal Minister of Health and nine provincial and territorial ministers of health, contributed to formulating the Joint Statement of Action, which includes 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 signed the Joint Statement of Action also committed to reporting on their progress in delivering those results.

**Figure 2.** Participants at the opioid conference and summit on November 2016



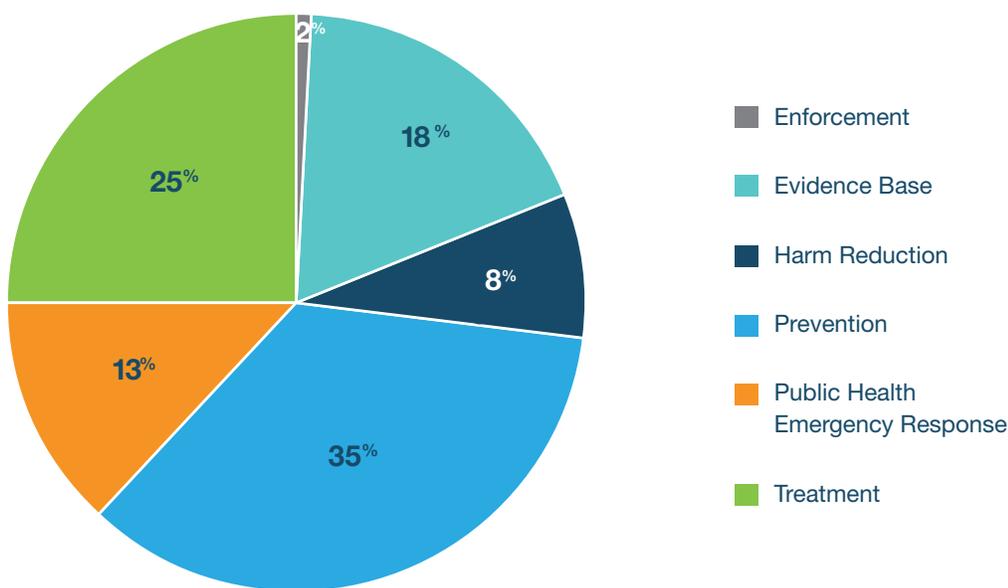
## Joint Statement of Action Commitments

The Joint Statement of Action empowers organizations and jurisdictions to promote a collective response to the opioid crisis and drive impact at the national, jurisdictional and local levels through the fulfillment of their commitments. As of November 2017, there has been an increase in the number of organizations who have signed on to taking action as well as an increase in the number of specific commitments made. There are currently 54 Joint Statement of Action partners, representing 202 commitments to taking action to address the opioid crisis.

The 202 commitments span the four pillars of the federal government’s Canadian Drugs and Substances Strategy: Prevention, Treatment, Harm Reduction and Enforcement. They also contribute to building the evidence base around opioids in Canada and promoting a public health emergency response (see Figure 3). As Figure 3 demonstrates, Joint Statement of Action commitments focus primarily on health and the healthcare sector. However, others are actively engaged in addressing the opioid crisis.

For example, the Canadian Association of Chiefs of Police hosted a national conference in May 2017 titled Managing the Fentanyl Crisis, which aimed to address the growing fentanyl trend across Canada and provide senior police and public safety leaders with a better understanding of how to meet the challenges it poses to their organizations and the communities they serve. Police departments across the country have prioritized fentanyl investigations in their communities, and are engaged in community-level initiatives for educating the public, including youth and parents, about the dangers of fentanyl. Enhancing collaboration between the healthcare and enforcement sectors to promote these activities and others will be a priority for future Joint Statement of Action activities.

**Figure 3.** Proportion of commitments by key pillars under the Canadian Drugs and Substances Strategy



## **Supporting Progress: The Role of the Canadian Centre on Substance Use and Addiction**

As part of its commitment to the Joint Statement of Action, since November 2016 CCSA has been monitoring progress, facilitating the sharing of information to avoid duplication of efforts and encouraging greater collaboration among Joint Statement of Action partners.

CCSA has also been working with Health Canada to engage stakeholders and identify new partners to contribute to the collective response to the harms associated with opioids. In the past year, 22 new signatories have joined the Joint Statement of Action, representing 118 new commitments. CCSA has also been leading the reporting of progress on efforts by non-governmental organizations to meet the commitments in the Joint Statement of Action. This work has involved synthesizing the updates from all Joint Statement partners into reports made available to the public.

In addition to these activities, CCSA hosts teleconferences and webinars as a means of facilitating knowledge sharing and discussion among the partners. These activities aim to highlight progress on the commitments and foster collaboration. The first of such events was a teleconference in April 2017 highlighting the release of the updated *Canadian Guideline for Opioids for Chronic Non-Cancer Pain*, which aids healthcare providers in decision making about the safe and effective use of opioids for chronic non-cancer pain management. During the session, Dr. Jason Busse, Associate Professor, Department of Anesthesia, at McMaster University, spoke about developing the Guideline and plans for its dissemination. Opportunities for collaboration among partners whose commitments centred on helping to facilitate the dissemination of the Guideline were also discussed.

In August, CCSA hosted a webinar on Prevention through Patient Education on Opioids, featuring the Institute for Safe Medication Practices Canada and the Canadian Patient Safety Institute. The webinar spoke to the work of the two organizations on their commitments to empower consumers with questions to ask and information to reduce the imbalance of knowledge, as well as to improve storage and disposal of opioids in the context of end-of-life care. The presenting organizations shared examples and products of their effective collaboration. A patient advocate representing Patients for Patient Safety Canada also joined the presentation to share its perspective on this valuable work.

Finally, CCSA has developed a publicly accessible webpage to provide an online hub for the Joint Statement of Action partners. The website features newly developed Joint Statement of Action tools and resources, news items and upcoming events related to the opioid crisis, the latest evidence related to approaches and what works in addressing the impact of the opioid crisis, and possible learning opportunities for Joint Statement of Action partners.

## Taking Action to Address the Opioid Crisis: Key Results from 2016–2017

### Joint Statement of Action: Progress to Date

Since the signing of the Joint Statement of Action in November 2016, non-governmental partners have been working on meeting their commitments and fostering real impact. As of November 2017, 47 commitments have been fully completed by non-governmental partners or implemented into ongoing practice, while 93 commitments are in progress and on track for completion by their respective deadlines.

The following section highlights the progress made by a number of key non-governmental partners over the course of 2016–2017. A full list of Joint Statement of Action products and resources is included in Appendix A.

### Case Studies of Action Taken: Highlights of 2016–2017

#### Patient Education Tools

The **Institute for Safe Medication Practices Canada**, together with the **Canadian Patient Safety Institute** and **Patients for Patient Safety Canada** commits to empowering patients by improving knowledge about the use of opioids, the options for non-opioid treatment of pain, and the prevention of harm from medications by developing tools for patients and their healthcare providers.

Over the course of 2017–2018, these partners have been working diligently 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. For example, a *Navigating Opioids* infographic, developed with Continuing Professional Development at the University of Toronto, aims to facilitate conversations about opioids and be a reminder that there can be a risk with any dose of opioids. Further, an opioid handout, *Opioid Pain Medicines: Information for Patients and Families*, was developed together with partners and is now available to the public. *Essential Clinical Skills for Opioid Prescribers* was developed in partnership with Women's College Hospital and disseminated to family physicians across Canada. The document *5 Questions to Ask about Your Medications* was developed to improve communications among patients and their healthcare providers. A complementary document that will answer the five questions for opioid medicines is being developed together with partners. Finally, an information card for patients and caregivers outlining preferred practices for dealing with leftover end-of-life opioid supplies in the home was published in November 2017.

#### Preparing Future Physicians

In an effort to prepare the next generation of physicians with the necessary tools to curb the nation's escalating opioid epidemic, the **Association of Faculties of Medicine of Canada** (AFMC) is committed to developing strategies to enhance medical school core competencies across the country. A survey of the 17 faculties of medicine spanning the educational continuum from undergraduate medical education, postgraduate training and continuing professional practice was conducted to identify existing curricula related to opioid prescribing and the treatment of chronic pain. The results of the survey informed a three-step review conducted by groups of experts in the field, top faculty teachers and leaders, which identified

existing best practices and existing toolkits. AFMC plans for this work to inform the establishment of competencies for medical students and residents related to opioid use disorder. These cross-institutional core competencies would involve training in primary, secondary and tertiary prevention strategies for safe opioid prescribing and the treatment of chronic pain.

The AFMC produced a report outlining the concrete steps being taken by each faculty to ensure the curricula of each medical school in Canada meets the content guidelines. The report was submitted to Health Canada in November 2017.

The efforts of the Association of Faculties of Medicine of Canada represent innovative and forward-thinking contributions by medical schools to curb the opioid epidemic by providing medical students with a strong foundation in prevention, screening for substance use disorders and referring patients to appropriate treatment when required. With this enhanced educational foundation, Canada's medical students will be better prepared to enter residency training and to provide enhanced patient care in this area as our future physicians.

### Promoting Alternatives to Pain Management

In February 2017, the **Coalition for Safe and Effective Pain Management (CSEPM)**<sup>1</sup> was formed to identify and communicate the considerable role that Canada's healthcare providers play helping Canadians manage their acute, sub-acute and chronic non-cancer pain starting "upstream" prior to the use of opioids. This 12-member group brings together healthcare system experts, associations of health professionals and patient organizations that have an important role in patient navigation or in the delivery of physical and psychological alternatives to opioids in primary care settings, but whose services are not often accessible in primary care settings where their earlier intervention can have important healthcare outcomes and other benefits.

Over the course of the year, CSEPM worked to develop recommendations for prioritizing clinical alternatives for managing pain without relying on opioids. These recommendations for how Canada's healthcare system can change to improve patient navigation and access to non-pharmacological alternatives to opioids are intended to identify safe and effective pain management that primary care providers can be confident will help patients with acute, sub-acute and chronic pain, and reduce both the number of new opioid users and also the amount of opioids used. CSEPM's first report-in-short, *Reducing the Role of Opioids in Pain Management*, was released at CCSA's Issues of Substance conference in November 2017.

### Health Leaders Roundtable on the Opioid Crisis

On June 12, 2017, the Honourable Jane Philpott, former federal Minister of Health hosted a Ministerial Roundtable on the Opioid Crisis in partnership with **HealthCareCAN**. The event convened over 30 health leaders for shared concrete and practical solutions to addressing the crisis that its members and partners could implement in hopes of facilitating national scale and spread. The event was held in conjunction with the National Health Leadership Conference presented by the Canadian College of Health Leaders and HealthCareCAN in Vancouver, and was part of HealthCareCAN's commitment in the Joint Statement

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<sup>1</sup> CSEPM is comprised of the Canadian Association of Occupational Therapists, Canadian Centre on Substance Use and Addiction, Canadian Chiropractic Association, Canadian Nurses Association, Canadian Pain Society, Canadian Patient Safety Institute, Canadian Pharmacists Association, Canadian Physiotherapy Association, Canadian Psychological Association, Canadian Orthopaedic Association, Institute for Safe Medication Practices Canada and Patients for Patient Safety Canada.

of Action. The roundtable took a national perspective and addressed the critical role of HealthCareCAN members, healthcare organizations and hospitals across Canada in addressing the opioid crisis. The event explored opportunities for both members and partners to develop practical, concrete solutions to scale up and share best practices in addressing the many health factors contributing to the opioid crisis.

The discussion resulted in a HealthCareCAN report entitled, *Responding to the Opioid Crisis: Leading Practices, Challenges and Opportunities*, compiled from input from roundtable participants. The report highlights:

- Leading practices in harm reduction, prevention and surveillance, and treatment with opportunity for national scale and spread;
- A summary of challenges associated with the opioid crisis that are unique to hospitals and healthcare organizations; and
- Activities that HealthCareCAN members and partners could undertake to address the opioid crisis.

As part of another commitment to the Joint Statement of Action, HealthCareCAN will seek to formalize a process for facilitating the sharing among its members of activities addressing the opioid crisis.

### Advancing e-Prescribing Solutions

**Canada Health Infoway** (Infoway) has been working with Health Canada, the provinces and territories, industry stakeholders, retailers and other private sector companies to design, build and operate the technology infrastructure for PrescribeIT™, a multi-jurisdiction e-prescribing solution that will enable prescribers to electronically transmit a prescription to a patient's pharmacy of choice. The PrescribeIT™ service will provide safer and more effective medication management by connecting prescribers, through their existing electronic medical records systems, to community retail pharmacies, through their existing pharmacy management system, to enable the electronic transmission of prescriptions, including narcotics.

Over the course of 2016–2017, Infoway has been implementing the PrescribeIT Limited Production Release (LPR) in Ontario. The LPR will continue to other jurisdictions over the course of 2018, with full-scale roll out beginning in mid-2018. As the PrescribeIT system is deployed, it is expected to maximize the ability of the healthcare system to help reduce fraud and misuse, avoid fragmentation of patient healthcare information; and ensure data integrity for opioid monitoring and surveillance.

### Monitoring and Surveillance of Opioids and Collecting High-Quality Data

#### *Health Quality Ontario*

While the evidence and data surrounding the opioid crisis continues to increase, there remain significant gaps in understanding the nature and extent of the current opioid problem, including how this information can be used to inform and support the approaches and services necessary to address the opioid crisis. To this end, in May 2017, Health Quality Ontario released an opioid specialized report, *9 Million Prescriptions*, focused on the current state of opioid prescribing in Ontario. Despite the increasing numbers of opioid-related deaths and the growing awareness of opioid addiction, the number of opioid prescriptions continues to rise, with more than nine million prescriptions for opioids filled in 2015–2016 and one in every seven Ontarians filling prescriptions every year (Health Quality Ontario, 2017).

While this does not necessarily reflect problematic use of opioids, the fact remains that education about safe use is important as the prevalence of usage increases. Since its release, the report has drawn great interest from the public and media, generating over 400 media stories (print, online, radio, broadcast) and over 100 million media impressions. This attention signals a continued need for high-quality, evidence-based data, at the provincial/territorial and national levels.

### ***Canadian Institute for Health Information***

The Canadian Institute for Health Information (CIHI) is also working to support monitoring, surveillance and reporting of problematic opioid use. This work is being accomplished through several activities related to developing national data standards, public reporting and knowledge translation around opioid use and harms.

Activities related to developing national data standards for opioids include continued collaboration with provincial and territorial chief coroners and medical examiners to develop recommendations for investigating and reporting drug-related deaths. For instance, CIHI facilitated the development of *a common definition of opioid overdose deaths* in March 2017, which all jurisdictions have agreed to work towards adopting, noting that some jurisdictions still need to work towards this definition. The Public Health Agency of Canada has been working with provinces and territories to publicly report apparent opioid-related deaths on a quarterly basis. Two reports have been released, the first in June 2017 and *most recently in September 2017*. Public reporting activities include the release of *Hospitalizations and Emergency Department Visits Due to Opioid Poisoning in Canada* in November 2016. This report was developed jointly by CIHI and CCSA. The report included pan-Canadian and provincial trends in opioid poisoning hospitalizations for 10 years and emergency department visits in Alberta and Ontario for five years up to 2014–2015, and included analyses on patient demographics, clinical characteristics and provincial/territorial rates.

Updated statistics were released in September 2017 in the chartbook, *Opioid-Related Harms in Canada*. The suite of digital products included a chartbook of graphs and maps with pan-Canadian and provincial trends to 2016–2017, data tables and a web-oriented summary of key messages with infographics. For the first time, rates of hospitalization for Canada's largest cities and rates of emergency department visits for cities in Alberta and Ontario were reported.

In November 2017, CIHI will release *Pan-Canadian Trends in Opioid Prescribing, 2012–2016*. This descriptive analysis will include pan-Canadian and provincial trends in opioid prescribing for five years (2012 to 2016) using community-based prescription data.

Additionally, as of April 1, 2017, all emergency departments in Ontario are required to submit data on a weekly basis to CIHI on opioid-related visits. CIHI is providing this data to the Ontario Ministry of Health and Long-Term Care on a weekly basis to support public health responses and policy initiatives.

To support knowledge translation, CIHI publishes a quarterly *Substance Use Surveillance eNewsletter* highlighting recent activities and newly available products from key organizations working in the field of substance use and surveillance. The latest eNewsletter was published in *May 2017* and the fall eNewsletter will be released in November 2017.

Moving forward, CIHI will continue to work closely with Health Canada, the Public Health Agency of Canada, CCSA, federal/provincial/territorial leaders and other experts to identify new and emerging information needs to support a coordinated response to the opioid crisis.

### ***Canadian Agency for Drugs and Technologies in Health***

In an effort to fill the gap of identifying and aggregating new information and emerging evidence needs, the Canadian Agency for Drugs and Technologies in Health (CADTH) continues to work with new partners and strengthen existing partnerships. Clinician groups grappling with the opioid crisis on the front lines of health care and searching for evidence-based alternatives to opioids for the effective management of pain are one such group.

In addition to the [Opioid Evidence Bundle](#), CADTH has also developed a [Pain Evidence Bundle](#), which includes more than 50 completed evidence reviews and tools related to pain management. The evidence bundles provide online resources for healthcare decision makers to access CADTH reviews of evidence. As CADTH identifies knowledge gaps and receives additional research questions, it adds new reports to these evidence bundles on its website. Links to these pain management and opioid evidence bundles are also included in the *Canadian Guideline for Opioids for Chronic Non-Cancer Pain* as a resource to help healthcare providers follow the first recommendation of the guideline, which is to optimize non-opioid options for pain before a trial of opioids. CADTH continues to [deliver evidence reviews](#), [emerging health technology bulletins](#) and [environmental scans](#) on topics related to pain management, alternative treatment options for opioid use disorder, overdose interventions and drug-tapering strategies.

The evidence and data that CADTH is collecting are a critical reminder that organizations must work collaboratively and across all sectors to reduce the risk of opioid-related harms. Data that are current, accurate and presented in an accessible manner help all parties with planning new initiatives and support existing approaches and services.

## **Key Results of Joint Statement of Action Activities**

Over the course of 2016–2017, organizations have engaged in a number of different activities to fulfill their commitments to increase awareness and understanding of the opioid crisis, including collecting the available evidence and disseminating the needed responses. These activities include the synthesis, dissemination and exchange of knowledge, as well as a variety of collaborative activities including webinars, education standard reviews, numerous workshops and training sessions.

Joint Statement of Action activities have led to increased stakeholder engagement and reach, increased knowledge about the issues, as well as an increased capacity of individuals and communities to respond to the opioid crisis. Table 1 below provides a high-level summary of the activities according to themes as reported by the non-governmental partners with detailed outputs and outcomes of these activities.

Activity themes	Detailed activities and examples of reported results
<p><b>10 – Knowledge synthesis activities</b></p>	<p><b>10 activities reported on the synthesis of knowledge</b> (i.e., scoping reviews, analyses conducted, etc.)</p>
<p><b>269 – Knowledge dissemination products</b></p>	<p><b>269 knowledge products published or launched</b></p> <ul style="list-style-type: none"> <li>• 3,325 copies publicly disseminated</li> <li>• 70,000 physicians reached via the <i>Canadian Medical Association Journal</i> and 60,000+ healthcare professionals reached via Hospital News on opioid-related topics</li> <li>• 2 sites have implemented Canada Health Infoway’s product, PrescribelT™, in their practice</li> </ul>
<p><b>234 – Collaboration and knowledge exchange activities</b></p>	<p><b>135 – Knowledge exchange</b></p> <ul style="list-style-type: none"> <li>• 20 presentations</li> <li>• 48 discussions, sessions, meetings, teleconferences, panels, etc.</li> <li>• 12 larger events hosted or attended                             <ul style="list-style-type: none"> <li>• 38 pharmacy and partner organizations attended the Canadian Pharmacists Association Summit</li> </ul> </li> <li>• 42 workshops, webinars and training sessions delivered                             <ul style="list-style-type: none"> <li>• 4,040+ participants attended workshops or webinars hosted by multiple partners</li> <li>• 126 First Nations communities reached through training provided by First Nations Health Authority. As a result of the training sessions, 7,018 Take-Home Naloxone kits have been distributed at 78 primary distribution sites</li> </ul> </li> <li>• 13 other dissemination activities (i.e., broader dissemination strategies around knowledge products, sharing resources with collaborating partners, etc.)                             <ul style="list-style-type: none"> <li>• 8,200 physicians sent survey related to comparative data reports, 2,194 physicians responded. 1,163 physicians are now motivated to change prescribing practices based on receiving comparative prescribing data</li> </ul> </li> </ul> <p><b>99 – Collaboration and engagement</b></p> <ul style="list-style-type: none"> <li>• 81 formal arrangements for collaboration between organizations                             <ul style="list-style-type: none"> <li>• Collaboration between PrescribelT™ (Canada Health Infoway) and 20 community pharmacies, representing 3,300 pharmacies in six provinces in addition to 900 physicians expressing interest on behalf of 718,000 patients</li> </ul> </li> <li>• 5 committees or working groups established</li> <li>• 6 stakeholder engagement activities                             <ul style="list-style-type: none"> <li>• 55 peers and service providers recruited to lead training sessions</li> <li>• 7 support or advisory activities</li> </ul> </li> </ul>
<p><b>322+ Media and social media activities</b></p>	<ul style="list-style-type: none"> <li>• 10 websites launched or updated                             <ul style="list-style-type: none"> <li>• Collectively, 12,165 visits were reported for websites from multiple partners</li> </ul> </li> <li>• 8 news articles</li> <li>• 3 social media events</li> <li>• 1 campaign</li> <li>• 300+ Tweets</li> </ul>
<p><b>3 – Policy-related activities</b></p>	<ul style="list-style-type: none"> <li>• 2 instances of adoption of revised standards</li> <li>• 1 instance of endorsements                             <ul style="list-style-type: none"> <li>• 150+ organizations endorsing the “5 Questions to Ask”</li> </ul> </li> </ul>

## Looking Forward

### Opportunities to Expand Impact

As the opioid crisis continues to expand, there remains more to be done to address current gaps in areas of action and foster a cohesive, collective response to this complex crisis. Sustained action over a period of time by many is required to curb the tide.

Opportunities for bridging existing gaps include:

- Enhancing collaboration across sectors, including law enforcement and justice, as well as those sectors that influence social determinants of health. This collaboration will ensure that the national opioid response is cohesive and comprehensive going forward.
- Synthesizing the evidence of what works and bridging the gap between what we know and what we do. This work is imperative to ensure that practices and programs are reflective of the latest evidence, that the system of care is responsive and navigable, that the individual's experience of the system of care is user friendly and without stigma, and that those who use drugs and are seeking services have timely access to quality care and interventions.
- Supporting gender-specific approaches to prevention, treatment and harm reduction through the development of evidence informed guidelines, protocols and practices for opioid use.
- Focusing on responding to the opioid overdose crisis in First Nations communities. Responses must follow the leadership of First Nations partners and communities and incorporate a First Nations perspective on health and wellness that begins with the individual, family and community.

### Promoting a Collective Response

The Joint Statement of Action represents a recognition by its 54 partners that no single organization, approach or level of government working alone can transform the system of services and supports to create the kind of real and lasting change required to address the opioid crisis. Mobilization of efforts, meaningful collaboration within and across sectors and translating what we know to what we do is critical to this collective response.

Joint Statement of Action partners remain dedicated to completing the commitments made in November 2016 in an effort to reduce the harms of opioids across Canadian communities. Many partners will build on the successes outlined above to contribute additional efforts to addressing the crisis. We welcome other organizations to make commitments and join in these collective efforts.

Collectively, organizations responding to the crisis are exploring future action for Canada's collective opioid response. Such activities include advancing the understanding of pain and appropriate care, improving opioid prescribing practices, educating patients about opioids, enhancing healthcare professional knowledge and competencies related to opioid prescribing and treatment of opioid use disorder, and strengthening the evidence base related to opioid prescribing and the prevalence of harms.

CCSA, together with Health Canada, will continue its leadership in convening the organizations committed to taking action to support their efforts in completing their commitments, welcoming new organizations, and building on their accomplishments to drive collective impact. This work will be achieved by building and fostering informal communities of practice across the pillars of the Canadian Drugs and Substances Strategy, synthesizing the work underway and disseminating the resources and tools developed by partners from coast to coast to coast.

## Conclusion

Together the Joint Statement of Action partners mobilize individual and shared efforts to drive collective impact on the major health and social issue of problematic opioid use. This report has showcased the accomplishments of several Joint Statement of Action partners from across Canada. It is clear that no single organization or level of government working alone can transform the system of services and supports and create the kind of real and lasting change that is required. However, by working in tandem and in a comprehensive and sustained way, we can effect real change.

Individuals living with substance use disorders deserve the same investment, level of care and support as those with any other chronic health condition. In addition to bringing to light the need for a long-term, comprehensive view on effective pain management, the current crisis has clearly shown the need to change the way substance use disorders are understood and addressed, as well as how people with problematic substance use are assessed, treated and supported in our communities. Joint Statement of Action partners are working to collect evidence of what works as a means of informing policies, practices and approaches to address the crisis.

The Joint Statement of Action reflects the collective will of the individuals and organizations providing support to those who have pain or a substance use disorder or both. Joint Statement of Action partners are committed to acting as a unifying force, working together with stakeholders and partners to do more. New partners and additional commitments are always welcomed to support sustained, collective action.

Collaborative, evidence-informed and sustained actions are our best strategy to stem the tide of this crisis and create systems-level changes that will not only end the opioid crisis in our country, but improve the quality of life for Canadians and our communities.

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## Appendix A: Joint Statement of Action Products and Resources

### Canada Health Infoway

- [Medication Management Community](#)
- [2017 Current Prescribing and Dispensing Landscape in Canada](#)
- [Paper to Electronic MedRec Implementation Toolkit \(2<sup>nd</sup> Edition\)](#)
- [Canadian Clinical Drug Data Set](#)
- [InfoScribe: From Clinical Requirements to Specifications](#)

### Canadian Agency for Drugs and Technologies in Health

- CADTH maintains evidence bundles on various healthcare related issues, which contain assessments, advice, recommendations and tools. Consult:
  - [Opioid Evidence Bundle](#)
  - [Pain Evidence Bundle](#)

### Canadian Association of Occupational Therapists

- [Licit, Illicit, Prescribed: Substance Use and OT](#)
- [Coping Strategies to Promote Occupational Engagement and Recovery: A Program Manual for Occupational Therapists and Other Care Providers](#)
- [Working for the Canadian Armed Forces and Veterans Affairs Canada: A Guidance Document for Occupational Therapists](#)

### Canadian Association of Schools of Nursing

- [Nurse Practitioner e-Resource, Prescribing Controlled Drugs and Substances: About the Project](#)
- [Nurse Practitioner Education Competencies for Prescribing Controlled Drugs and Substances](#)
- [Nurses' Role in Combating the Opioid Crisis in Canada](#)

### Canadian Council of Registered Nurse Regulators

- [The Role of the Nursing Regulator in Safe Controlled Drugs and Substances Prescribing and Harm Reduction: Guidance for Regulators of Registered Nurses and Nurse Practitioners](#)

### Canadian Institute for Health Information

- [Definition of Opioid-Related Death](#)
- [Hospitalizations and Emergency Department Visits Due to Opioid Poisoning in Canada](#)
- [Opioid-Related Harms in Canada: Chartbook](#)

### Canadian Medical Association

- [Downloadable Poster: 2017 Canadian Opioid Prescribing Guideline](#)
- [Opioids and the CMA](#)
- [CMA General Council Session on Opioids: Physicians Facing Canada's Opioid Crisis \(Video\)](#)

#### Canadian Medical Protective Association

- [Opioids: We Can Do Better](#)
- [Opioid Prescribing for Chronic Non-Cancer Pain](#)
- [Safe Use of Opioid Analgesics in the Hospital Setting](#)
- [Preventing the Misuse of Opioids](#)
- [Medication Risks: Opioids.](#)
- [Tackling the Misuse of Opioids: Safe prescribing](#)

#### Canadian Nurses Association

- [Discussion Paper – Harm Reduction & Illicit Substance Use: Implications for Nursing](#)
- [CNA webinars \(link to YouTube channel here\):](#)
  - [Opioid Overdose Prevention Basics for Nurses – March 7 \(English\) & March 9 \(French\)](#)
  - [An evidence-based review of opioid agonist treatments – April 4 \(English\) & April 6 \(French\)](#)
  - [Supervised consumption sites: Where are we now? – May 2 \(English and French\)](#)
  - [Creating Safe Spaces in Health Care for People who Use Drugs – May 30 \(English\) & June 7 \(French\)](#)
  - [Cannabis in Canada: Implications for nursing in a changing legal and health-care landscape – June 27 \(English\) & June 29 \(French\).](#)

#### Canadian Pain Society

- [Opioid Resource Page](#)

#### Canadian Pharmacists Association

- [Pharmacy Opioid Summit – Collection of Organizational Commitments](#)
- [Naloxone Made Easy \(Video\)](#)
- [Environmental Scan – Access to Naloxone Across Canada](#)

#### Canadian Physiotherapy Association

- [Opioids and Pain Management](#)
- [Physiotherapist Pain Management Self-Assessment](#)
- [Physiotherapist Self-Assessment Checklist – Pain Resources by Competency](#)

#### Centre for Addiction and Mental Health

- [About ECHO Ontario Mental Health at CAMH and University of Toronto](#)
- [Opioid Dependence Treatment Certificate Program](#)
- [Buprenorphine-Assisted Treatment of Opioid Dependence: An Online Course for Front-Line Clinicians](#)
- [Opioid Problems, Treatment Solutions - An Online Course for Health Care Providers in Ontario](#)
- [Making the Choice, Making it Work](#)

#### The College of Physicians and Surgeons of Ontario

- [Narcotics Monitoring System \(NMS\) Opioid Investigations – Backgrounder](#)
- [CPSO Opioid Investigations Infographic](#)
- [Appropriate Opioid Prescribing](#)
- [Opioid Position Statement](#)
- [CPSO Opioid Strategy](#)
- [A Message to Patients Living with Chronic Non-Cancer Pain](#)
- [The CPSO Opioid Strategy – For Patients: Frequently Asked Questions](#)
- [Opioid Prescribing Resources](#)
- [Statement on Naloxone](#)
- [Prescribing Drugs](#)

#### College of Registered Nurses of Alberta

- [The Role of the Nursing Regulator in Safe Controlled Drugs and Substances Prescribing and Harm Reduction: Guidance for Regulators of Registered Nurses and Nurse Practitioners](#)

#### First Nations Health Authority

- [Overdose Data and First Nations in B.C.: Preliminary Findings](#)
- [Overdose Prevention FAQ's](#)
- [Top 5 Myths About Addiction](#)
- [Talking About Substance Use](#)
- [Shane Baker's Personal Story of Opioid Recovery](#)
- [FNHA Cultural Safety Resources](#)

#### HealthCareCAN

- [Responding to the Opioid Crisis: Leading Practices, Challenges and Opportunities](#)

#### Health Quality Ontario

- [9 Million Prescriptions – What we know about the growing use of prescription opioids in Ontario](#)
- [MyPractice: Primary Care for Family Physicians](#)
- [Partnered Supports for Helping Patients Manage Pain](#)
- [Opioid Use Disorder \(Opioid Addiction\) A quality standard currently in development](#)
- [Opioid Prescribing for Chronic Pain A quality standard currently in development](#)
- [Opioid Prescribing for Acute Pain A quality standard currently in development](#)

#### Institute of Safe Medication Practices Canada

- [Opioid Pain Medicines Information for Patients and Families](#)
- [Sink or Swim? Helping Patients and Practitioners to Understand Opioid Potencies and Overdose Risk](#)
- [Essential Clinical Skills for Opioid Prescribers](#)
- [5 Questions to Ask About Your Medications](#)
- [Opioid Storage and Disposal Information Card](#)

#### Royal College of Physicians and Surgeons of Canada

- [Statement of Principles on Opioid Use](#)
- [Safer Opioids for All](#)
- [Canada's Opioid Crisis – Our Role](#)
- [Opioids: Resources To Help You Prescribe Safely](#)

## Appendix B: Joint Statement of Action Signatories

Accreditation Canada / Health Standards Organization	<a href="https://accreditation.ca">https://accreditation.ca</a>
Association of Canadian Faculties of Dentistry	<a href="https://www.acfd.ca">https://www.acfd.ca</a>
Association of Faculties of Medicine of Canada	<a href="https://afmc.ca">https://afmc.ca</a>
Association of Faculties of Pharmacy of Canada	<a href="http://afpc.info">http://afpc.info</a>
Canada Health Infoway	<a href="https://www.infoway-inforoute.ca">https://www.infoway-inforoute.ca</a>
Canadian Agency for Drugs and Technologies in Health	<a href="https://www.cadth.ca">https://www.cadth.ca</a>
Canadian Association of Occupational Therapists	<a href="https://www.caot.ca">https://www.caot.ca</a>
Canadian Association of Poison Control Centres	<a href="http://www.capcc.ca">http://www.capcc.ca</a>
Canadian Association of Schools of Nursing	<a href="http://www.casn.ca">http://www.casn.ca</a>
Canadian Centre on Substance Use and Addiction	<a href="http://www.ccsa.ca">http://www.ccsa.ca</a>
Canadian Chiropractic Association	<a href="https://www.chiropractic.ca">https://www.chiropractic.ca</a>
Canadian Council of Registered Nurse Regulators	<a href="http://www.ccrnr.ca">http://www.ccrnr.ca</a>
Canadian Dental Association	<a href="https://www.cda-adc.ca">https://www.cda-adc.ca</a>
Canadian Dental Regulatory Authorities Federation	<a href="http://www.cdraf.org">http://www.cdraf.org</a>
Canadian Federation of Medical Students	<a href="https://www.cfms.org">https://www.cfms.org</a>
Canadian Institute for Health Information	<a href="https://www.cihi.ca">https://www.cihi.ca</a>
Canadian Institute for Health Research	<a href="http://www.cihr-irsc.gc.ca">http://www.cihr-irsc.gc.ca</a>
Canadian Medical Association	<a href="https://www.cma.ca">https://www.cma.ca</a>
Canadian Medical Protective Association	<a href="https://www.cmpa-acpm.ca">https://www.cmpa-acpm.ca</a>
Canadian Nurses Association	<a href="https://www.cna-aiic.ca">https://www.cna-aiic.ca</a>
Canadian Pain Coalition	<a href="http://www.canadianpaincoalition.ca">http://www.canadianpaincoalition.ca</a>
Canadian Pain Society	<a href="http://www.canadianpainsociety.ca">http://www.canadianpainsociety.ca</a>
Canadian Patient Safety Institute	<a href="http://www.patientsafetyinstitute.ca">http://www.patientsafetyinstitute.ca</a>
Canadian Pharmacists Association	<a href="https://www.pharmacists.ca">https://www.pharmacists.ca</a>
Canadian Physiotherapy Association	<a href="https://physiotherapy.ca">https://physiotherapy.ca</a>
Canadian Society of Hospital Pharmacists	<a href="https://www.cshp.ca">https://www.cshp.ca</a>
Centre for Addiction and Mental Health	<a href="http://www.camh.ca">http://www.camh.ca</a>
Coalition for Safe and Effective Pain Management	<a href="http://www.csepm.ca">http://www.csepm.ca</a>

Collège des médecins du Québec	<a href="http://www.cmq.org">http://www.cmq.org</a>
College of Family Physicians of Canada	<a href="http://www.cfpc.ca">http://www.cfpc.ca</a>
College of Physicians and Surgeons of Alberta	<a href="http://www.cpsa.ca">http://www.cpsa.ca</a>
College of Physicians and Surgeons of British Columbia	<a href="https://www.cpsbc.ca">https://www.cpsbc.ca</a>
College of Physicians and Surgeons of Newfoundland and Labrador	<a href="https://www.cpsnl.ca">https://www.cpsnl.ca</a>
College of Physicians and Surgeons of Ontario	<a href="http://www.cpsso.on.ca">http://www.cpsso.on.ca</a>
Council of Chief Medical Officers of Health	<a href="http://www.phn-rsp.ca/network-eng.php">http://www.phn-rsp.ca/network-eng.php</a>
First Do No Harm Executive Council	<a href="http://www.ccsa.ca/Eng/topics/Prescription-Drugs/Pages/default.aspx">http://www.ccsa.ca/Eng/topics/Prescription-Drugs/Pages/default.aspx</a>
First Nations Health Authority	<a href="http://www.fnha.ca">http://www.fnha.ca</a>
HealthCareCAN	<a href="http://www.healthcarecan.ca">http://www.healthcarecan.ca</a>
Health Quality Ontario	<a href="http://www.hqontario.ca">http://www.hqontario.ca</a>
Institute for Safe Medication Practices Canada	<a href="https://www.ismp-canada.org">https://www.ismp-canada.org</a>
National Association of Pharmacy Regulatory Authorities	<a href="http://napra.ca">http://napra.ca</a>
Paramedic Chiefs of Canada	<a href="https://www.paramedicchiefs.ca">https://www.paramedicchiefs.ca</a>
Royal College of Dental Surgeons of Ontario	<a href="http://www.rcdso.org">http://www.rcdso.org</a>
Royal College of Dentists of Canada	<a href="https://www.rcdc.ca">https://www.rcdc.ca</a>
The Royal College of Physicians and Surgeons of Canada	<a href="http://www.royalcollege.ca">http://www.royalcollege.ca</a>





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