Dear Family Physician,

The 2018 Q3 Alberta Opioid Response Surveillance Report highlights the continuing opioid crisis we are facing in Alberta.

Here are some quick facts and figures from the report that help paint the picture:

- 523 people died from an apparent accidental opioid poisoning so far in 2018.
- On average, two individuals die every day in Alberta as a result of an accidental opioid poisoning.
- While fentanyl-related deaths continue to increase, the increase appears to have slowed, and concurrently, non-fentanyl opioid deaths have decreased significantly.
- While it is too early to know for sure, this suggests overdose deaths may be plateauing.
- From January 1, 2018 to September 30, 2018, 87 per cent of deaths occurred in larger urban municipalities (Edmonton, Calgary, Red Deer, Grande Prairie, Fort McMurray, Lethbridge, Medicine Hat).
- In 2018, 77 per cent of accidental fentanyl related deaths listed at least one other substance as contributing to death, the most frequent being methamphetamine and cocaine.
- Almost all opioid poisoning deaths are now related to fentanyl. In the second quarter of 2018, 92 per cent of all opioid poisoning deaths were related to fentanyl.
- To compare, the first quarter of 2016 revealed 56% of opioid related deaths were due to fentanyl and 44% were non-fentanyl deaths.
- 79 per cent of apparent accidental drug poisoning deaths related to fentanyl were among males. Among males, the highest number of deaths occurred among individuals spanning the ages of 25 to 29 years.

There is no argument that there are patients at risk of opioid dependency in all of our practices and we need to be able to manage this chronic disease. The Alberta College of Family Physicians website has some excellent resources under their Primary Health Care Opioid Response Initiative, as does the AMA’s Toward Optimized Practice site, and I encourage everyone to have a look.

Managing patients with opioid dependency is challenging and takes significant family physician time and resources. There are no new fee codes to support this type of work (especially starting Opioid Agonist Therapy), but AMA’s Health Economics team and the Section of General Practice have assembled a Substance Use Disorder Toolbox of fee codes that can be used.

As always, you can e-mail us with any feedback or questions at gppres@albertadoctors.org.

Regards,

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President - AMA Section of General Practice