ALBERTA

Deputy Premier
Minister of Health
MLA, Edmonton - Glenora

M.O. 37/2017

WHEREAS Alberta is experiencing an unprecedented rise in opioid related overdoses and other harmful effects of certain uses of opioids, resulting in a public health crisis;

WHEREAS the Government of Alberta, along with its partners, has implemented numerous measures to address this public health crisis;

WHEREAS some of the measures previously implemented have included changes to the laws of Alberta, including the issuing of numerous extraordinary Ministerial Orders authorizing persons to engage in restricted activities aimed at preventing, combatting or alleviating a public health emergency as defined in the *Public Health Act*, and the re-scheduling and de-scheduling of naloxone to increase Albertans' access;

WHEREAS the number of overdoses continues to increase despite all of the measures taken to date, and overdoses and other harmful effects of certain uses of opioids urgently need to be addressed;

WHEREAS numerous additional actions must be taken on an urgent basis and in a coordinated way to address this public health crisis as quickly and effectively as possible;

WHEREAS the rapid deployment of resources and actions that adjust to changing conditions are urgently needed to combat the opioid crisis;

WHEREAS pursuant to the *Public Health Act*, the Lieutenant Governor in Council made the Opioid Emergency Response Regulation (Regulation) and established the Minister's Opioid Emergency Response Commission (Commission); and

WHEREAS pursuant to section 2 of the Regulation, the purpose of the Regulation is to declare that the unprecedented rise in opioid-related overdoses and other harmful effects of certain uses of opioids constitutes a public health crisis and to provide for the rapid and coordinated deployment of necessary resources and actions to combat this public health crisis;

THEREFORE, I, SARAH HOFFMAN, Minister of Health, do hereby:

1. Pursuant to section 5(1)(c) of the Regulation, appoint the following persons as members of the Commission:
    a. Kathy Ness;
    b. Bill Sweeney;
    c. Jason Walker;
    d. Kathryn Todd;
    e. Gerry Predy;
    f. Karen Mazurek;

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g. Nicholas Etches;
h. Marliss Taylor;
i. Esther Tailfeathers;
j. Karen Turner;
k. Petra Schulz;
l. Atiya Ashna; and
m. Elaine Hyshka.

2. Pursuant to section 5(2) of the Regulation, designate Elaine Hyshka as co-chair to the Commission;

3. Pursuant to section 5(1)(b) and (4) of the Regulation, appoint Dr. Kristin Klein, Deputy Medical Officer of Health, to act as a member and chair in the place of the Chief Medical Officer of Health if the Chief Medical Officer of Health is absent or unable to act;

4. Pursuant to section 12 of the Regulation, determine that members of the Commission, other than employees of the Government, are entitled to receive payment of or reimbursement for travelling, living or other expenses incurred while away from their ordinary places of residence and in the course of duties as members in accordance with any directive issued by the Treasury Board respecting travel, meal and hospitality expenses, as though the members were employees as defined in the *Public Service Act*;

5. Pursuant to section 9(1) of the Regulation, set the terms of reference and procedures to be followed by the Commission as those set out in the attached Appendix.

The term of appointment of the members of the Commission expires on May 31, 2018.

DATED at Edmonton, Alberta this 31 day of May, 2017.

SARAH HOFFMAN
MINISTER

APPENDIX – Terms of Reference and Procedures

1. Purpose

The number of overdose deaths related to the use of opioids (including fentanyl) in Alberta continues to increase. While numerous actions have been and continue to be taken by Government and key stakeholders, Alberta's surveillance data indicates that opioid-related overdose remains a public health crisis. In 2016, there were approximately 19,930 emergency department visits related to the use of opioids, fentanyl and/or narcotics. 349 Albertans died from apparent drug overdoses related to fentanyl in 2016 (a 33% increase from 2015).

Given the increasing morbidity and mortality related to opioids, and the complex nature of the issues to be addressed, it is essential that comprehensive and timely actions be taken to address this crisis. The actions, both short-term and long-term, must be based on expert guidance from multiple stakeholders.

Key stakeholders include multiple Government Ministries (e.g. Health, Justice and Solicitor General, Community and Social Services, Municipal Affairs, Indigenous Relations, Children's Services, Advanced Education, Education, Labour, Seniors and Housing), key government agencies (e.g. AHS), numerous other stakeholder organizations (e.g. community service-delivery organizations, first responders, municipalities, First Nations and other indigenous groups, regulatory bodies of health care professionals, Health Canada, Justice Canada, Correctional Service Canada, faculties of medicine, the Alberta Medical Association, family physician associations, labs) and impacted individuals and families (and related advocacy organizations).

All must be engaged and actively involved in the development of concrete tactics, tools and actions based on their expertise or experience as relevant. This will help to ensure that Government and all needed stakeholders make timely and well-informed decisions that address the crisis through rapid deployment of resources and actions that adjust to changing conditions as needed.

2. Priorities

The Commission shall focus its initial efforts on supporting the coordination of priority action items, which shall include:

- expedited applications to the federal Minister of Health for supervised consumption services in Edmonton and Calgary under section 56.1 of the *Controlled Drugs and Substances Act;*
- expedited needs assessments respecting other harm reduction initiatives in Alberta, including needs assessments for other supervised consumption services;
- further expansion of access to naloxone, including further authorizing others to administer or distribute naloxone in all needed settings;
- increased access to related treatment, including opioid dependency treatment;,
- increased drug coverage, as needed, for all Albertans for opioid dependency treatment (e.g. buprenorphine/naloxone and methadone);
- the development of curriculum and/or standards for treatment as needed (e.g. safe opioid tapering); and
- additional initiatives to support the appropriate prescribing and use of opioids.

3. Scope

The Commission's work will encompass all action items identified to fit within the needed urgent response to the opioid crisis. It will remain mindful of the on-going work of Valuing Mental Health and coordinate with that work as appropriate with respect to medium and long-term action items.

4. Functions

To address this crisis, and given the mandate and responsibilities of the Commission, key functions of the Commission include:

- determining the most effective and coordinated way to prepare and finalize recommended actions, including recommendations related to budget;
- providing timely and well-informed recommendations respecting actions to address the crisis and to support the rapid deployment of resources, adjusting strategies based on changing conditions and continually assessing the effectiveness of actions taken;
- determining the most effective and coordinated manners of engaging with all stakeholders to inform Minister and support the work of the Commission;
- determining the most effective and coordinated way to work with relevant stakeholders to implement action items on an action-by-action basis;
- determining the most effective way to identify and address any barriers to providing informed recommendations, monitoring progress or implementing action items; and
- taking steps as needed to address any barriers or provide recommendations when steps to do so are outside the authority of the Commission.

5. Deliverables

- prepare recommended actions to be taken, along with a budget, for approval by the Minister;
- make recommendations to Minister based on the best information, evidence and expertise available;
- evidence of and reports on engagement with stakeholders;
- evidence of and reports on progress made towards the implementation of action items;
- evidence of and reports on work done to identify and address any barriers to providing informed advice, monitoring progress or implementing action items;
- evidence of and reports on communication of all aspects of the Commission's mandate and progress, including progress made by Government and all stakeholders in the planning and implementation of all action items and the results of such implementation; and
- evidence of and reports on budgetary items and the impact, where possible, of such expenditures.

6. Decision-making

Decisions on advice to be provided shall ideally be made by consensus. However, if the Chief Medical Officer of Health is of the opinion that consensus cannot be reached after reasonable attempts considering all of the circumstances, the final decision will be made by

the Chief Medical Officer of Health who will provide advice to Minister that consensus was not achieved and the disparity of views that were expressed.

7. Attendance by guests

The Chief Medical Officer of Health will determine the role that guests will play at meetings (i.e. whether a particular guest may attend to hear the discussion, or whether they may participate fully in the discussion of one or more agenda items).

8. Conflicts of Interest

Members must be aware of and, to the extent possible, avoid conflicts of interest. Further, members must, to the extent possible, not participate in outside activities that create conflicts of interest. For example:

i. Business Interests and Financial Interests: Members should not hold business interests or financial interests directly, or indirectly through a closely associated person, that could benefit from or influence the work of the Commission.

ii. Employment/Appointment: Members should not have or take new appointments or employment that affects their performance or impartiality in their work with the Commission. Members must be aware of and manage any potential conflicts of interest between their current position and their future circumstance, and should remove themselves from any Commission decisions affecting their new appointment or employment.

iii. Political Activity: Members may participate in political activities, including holding membership in a political party, supporting a candidate for elected office or seeking elected office. However, they should not use their position with the Commission to seek contributions for a political party or solicit political support from current or future clients or entities doing business with the Commission. In addition, any political activity should be clearly separated from activities related to the work for the Commission; should not be done while carrying out the work of the Commission; and should not make use of Commission facilities, equipment or resources in support of these activities. If a member is planning to seek an elected municipal, provincial or federal office, they must disclose their intention to the Chief Medical Officer of Health.

iv. Volunteer Activity: If Members are involved in volunteer work, the activity must not influence or conflict with the work of the Commission.

Members and guests have a continuing obligation to promptly and fully disclose conflicts of interest in writing to the Chief Medical Officer of Health. A disclosure alone does not remove a conflict of interest.

If an unanticipated conflict of interest arises during a meeting, hearing or other business of the Commission, members and guests must bring this to the attention of the Chief Medical Officer of Health as soon as possible.

When there is a change in a member's responsibilities within the Commission or in personal

circumstances, any relevant information about any conflict of interest shall be disclosed in writing to the Chief Medical Officer of Health as soon as possible.

The Chief Medical Officer of Health will endeavour to address and assist in managing conflicts of interest. If a conflict of interest has been identified, depending on the nature of the conflict of interest, a mechanism or system must be established to deal with the conflict

Where a conflict of interest cannot be avoided, members and guests participating or attending Commission meetings must take the appropriate steps to manage the conflict in consultation with the Chief Medical Officer of Health. Management could include steps such as:

- Declaring interests;
- Abstaining from voting;
- Withdrawing from discussion;
- Not receiving relevant information;
- Removing oneself from matters in respect of the conflict of interest;
- Avoiding the particular interest or activity causing the conflict of interest;
- Divesting conflicting business interests;
- Severing connections that may create a conflict of interest;
- Entering into confidentiality agreements; or
- Resigning from the position with the Commission.

If, in the Chief Medical Officer of Health's opinion, a conflict of interest is not appropriately managed by a member or guest, the Chief Medical Officer of Health will decide how the conflict is to be managed.

9. Confidentiality/documents/records

Members and guests must comply with all applicable privacy laws that govern the collection, use, disclosure and safeguarding of information.

Members and guests must respect and protect information which is identified as confidential or which would reasonably be considered to be confidential. All members and guests must swear an oath of confidentiality.

Members and guests must not discuss or otherwise disclose any information, including the recommendations made by the Commission, until such time as the information has been authorized for release or has been released to stakeholders (including the public), or where the member or guest is obligated to do so by legislation or by an order of a court, tribunal or pursuant to a legal proceeding.

Once a member or guest has left the Commission, they must not disclose any confidential information.

10. Meeting times

Meetings will be held at a minimum on a monthly basis, and at any other time at the call of the Chief Medical Officer of Health. Members will be encouraged to attend in person. However, meetings may be held with the support of videoconferencing or teleconferencing, when necessary, to facilitate participation.

