

# Alberta's Virtual Opioid Dependency Program

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Nathaniel Day MD CCFP Dip. ABAM FASAM CHE

Medical Director, Addiction, Alberta Health Services,  
Provincial Addiction and Mental Health







# Presenter Disclosure

Nathaniel Day MD CCFP Dip. ABAM FASAM CHE

Medical Director, Addiction, AHS Provincial Addiction and Mental Health and Corrections Health Services

Relevant Financial Disclosures:

Grant funding for VODP from Alberta Health via Alberta Health Services

No commercial interests to disclose



# Quick background – Dangerous Drugs

## Alberta 2019 and 2022

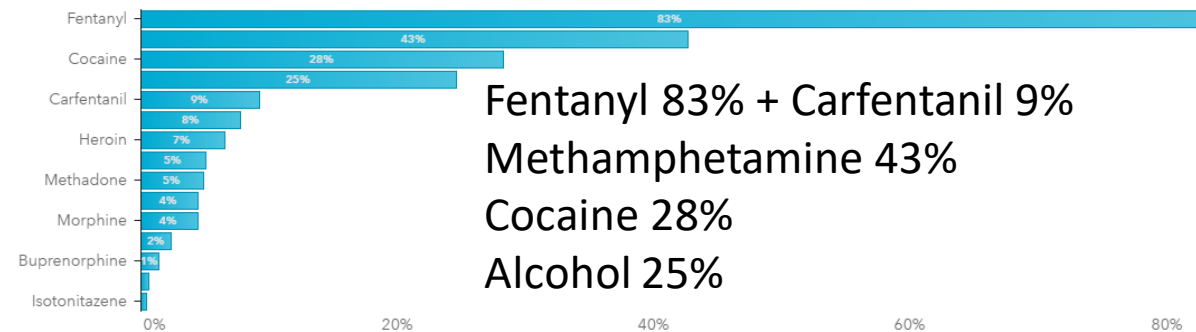
### British Columbia 2019-22 grouped

Table 5: Top Drugs Involved Among Illicit Drug Toxicity Deaths, 2019-22

Drug Detected	BC (n=2,648)
Illicit fentanyl & analogues	85.8%
Cocaine	44.5%
Methamphetamine/amphetamine	41.9%
Other opioids	22.4%
Ethyl alcohol	25.7%
Benzodiazepines	15.8%
Other stimulants	2.7%

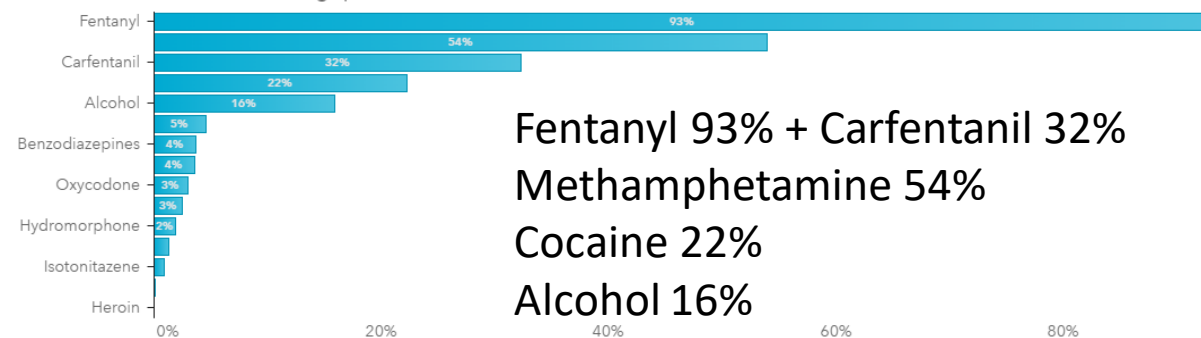
[BCCS Illicit Drug Toxicity Report to Dec 2022 - Final \(gov.bc.ca\)](https://www2.gov.bc.ca/gov2/othergov/BCCS/BCCS_Illicit_Drug_Toxicity_Report_to_Dec_2022_-_Final.pdf)

Percent of deaths above involving specified substances



Fentanyl 83% + Carfentanil 9%  
Methamphetamine 43%  
Cocaine 28%  
Alcohol 25%

Percent of deaths above involving specified substances



Fentanyl 93% + Carfentanil 32%  
Methamphetamine 54%  
Cocaine 22%  
Alcohol 16%

# Information to Think About...

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Alberta's 2022 overdose fatality rate was ~33/100,000, approximately 10/100,000 population below the rate in British Columbia (~43/100,000)

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We have seen a reduction in overdose deaths in 2022 compared to 2021. However, rates remain very high compared to pre-pandemic.

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Overdose in Alberta is a multidrug issue (methamphetamine, cocaine and alcohol especially), that causes death in 3:1 males to females and predominantly in people who are in private residences and working aged.

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Data, including regional and community data is readily available by checking [Health Analytics reporting site \(alberta.ca\)](https://healthanalytics.alberta.ca)

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The vast majority of people presenting to care now report seeking and wanting fentanyl/heroin/carfentanil, as opposed to accidentally ingesting those substances.

# OAT Medications Save Lives and Can Facilitate Entry to Sustained Recovery

Research

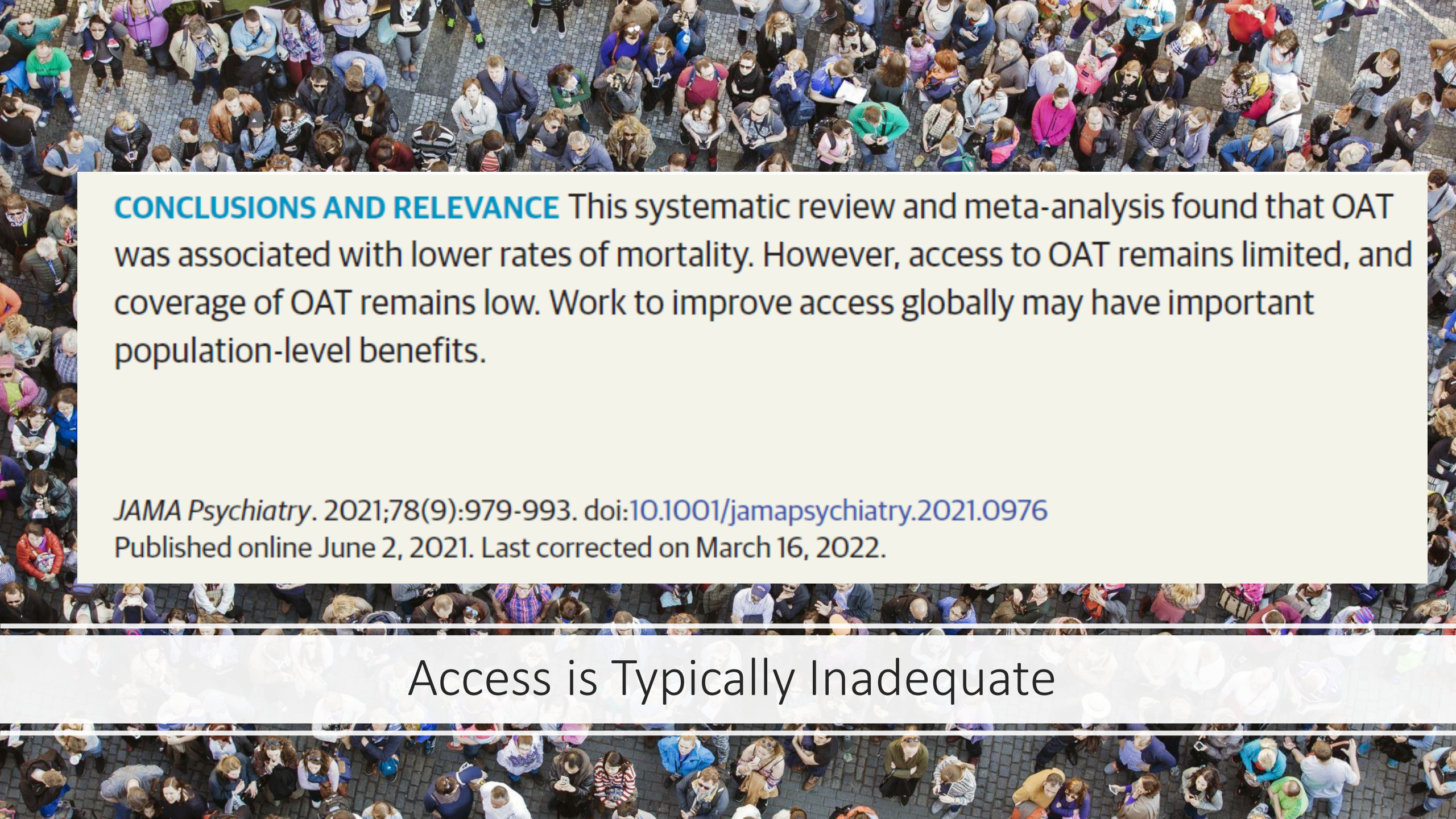
JAMA Psychiatry | [Original Investigation](#)

## Association of Opioid Agonist Treatment With All-Cause Mortality and Specific Causes of Death Among People With Opioid Dependence A Systematic Review and Meta-analysis

Thomas Santo Jr, MPH; Brodie Clark, BPsych; Matt Hickman, PhD; Jason Grebely, PhD; Gabrielle Campbell, PhD; Luis Sordo, MD, PhD; Aileen Chen, BPsych; Lucy Thi Tran, BPsychSc; Chrianna Bharat, BSc; Prianka Padmanathan, MRCPsych; Grainne Cousins, PhD; Julie Dupouy, MD, PhD; Erin Kelty, PhD; Roberto Muga, MD, PhD; Bohdan Nosyk, PhD; Jeong Min, MSc; Raimondo Pavarin, MPH; Michael Farrell, MD; Louisa Degenhardt, PhD

- Large review of 15 Randomized Controlled Trials and 36 Cohort Studies, covering almost 750,000 patients
- All cause mortality reduced by more than 50% (RR 0.46)
- Association of reduced mortality consistent regardless of gender, age, geographic location, HIV or Hep C status, IV Drug use history.
- Both Methadone and Buprenorphine (Suboxone) showed these improvements
- Lower suicide risk, lower drug related overdose/poisoning risk, lower alcohol related deaths, lower cancer and cardiac death risks. Reduces mortality risk in jail and after release from jail.



An aerial, high-angle photograph of a large, diverse crowd of people gathered in a public square or plaza. The people are densely packed, and the ground is paved with cobblestones. The crowd is composed of individuals of various ages, ethnicities, and clothing styles, creating a vibrant and busy scene.

**CONCLUSIONS AND RELEVANCE** This systematic review and meta-analysis found that OAT was associated with lower rates of mortality. However, access to OAT remains limited, and coverage of OAT remains low. Work to improve access globally may have important population-level benefits.

*JAMA Psychiatry*. 2021;78(9):979-993. doi:10.1001/jamapsychiatry.2021.0976  
Published online June 2, 2021. Last corrected on March 16, 2022.

Access is Typically Inadequate



















Rural  
Access

Low  
Barrier,  
Harm  
Reduction

Inpatient  
Treatment

Desperate  
Patient in  
Withdrawal

ED Post  
Overdose

Youth  
Services

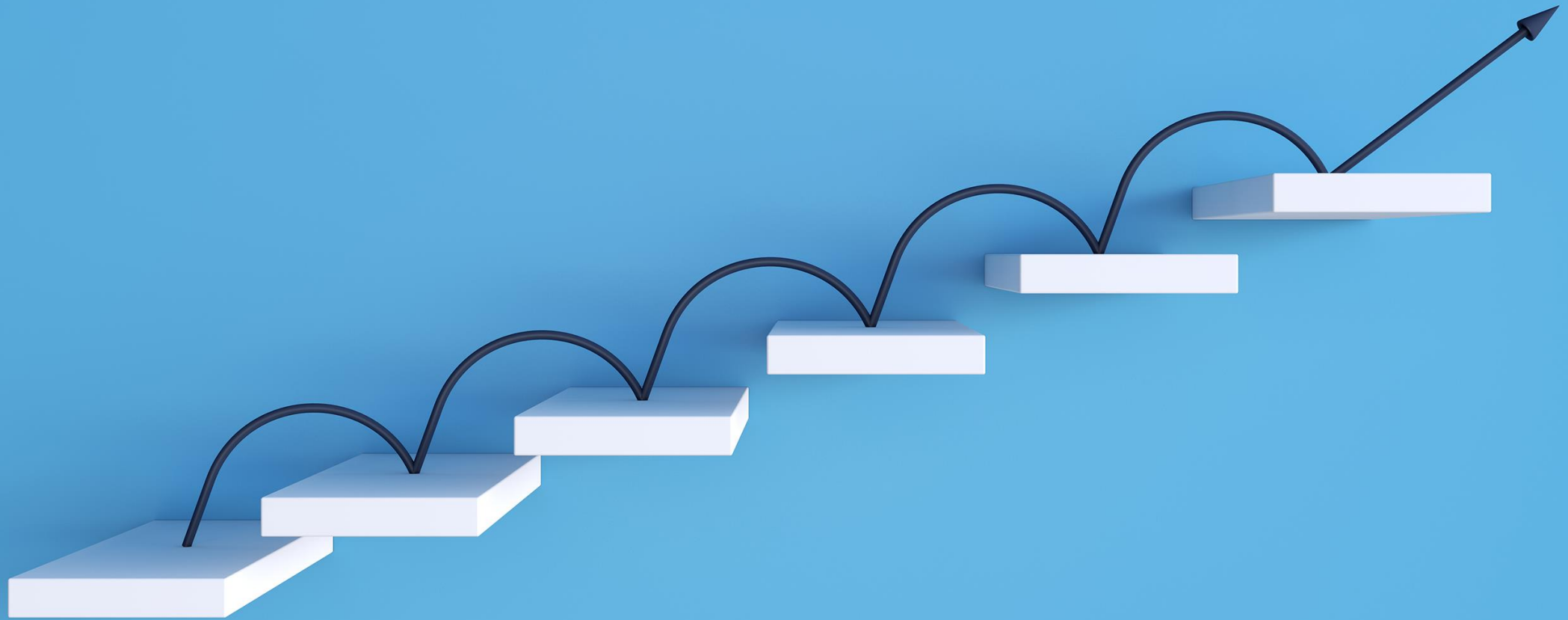
Remote  
Workers

Corrections  
Releases

Police and  
Corrections  
Needs

Community  
Transitions







## With VODP Every Alberta Resident with Opioid Use Disorder Has:

VODP  
Ongoing  
Care

Access to  
Ongoing  
Care in or  
Close to  
Home.

VODP  
Same Day  
Starts

Same Day  
Assessment  
and  
Treatment  
Induction  
Access

VODP  
Transitions

Immediate  
Transitions  
Support if  
Moving,  
Released from  
Hospital,  
Corrections or  
other Spaces

VODP Low  
Barrier  
Service

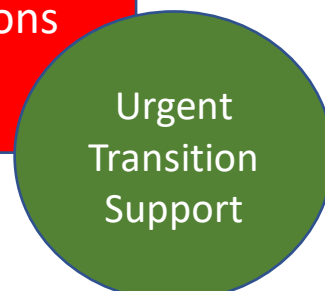
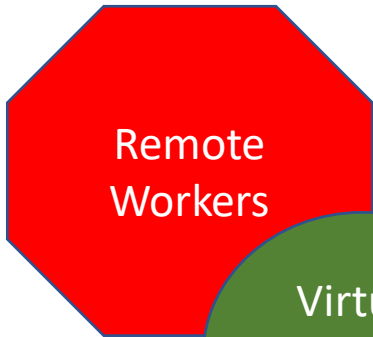
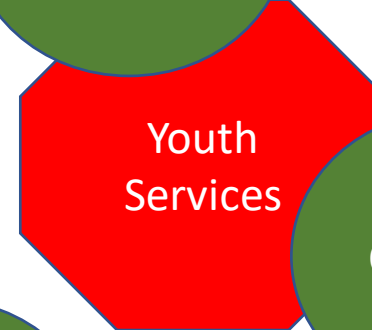
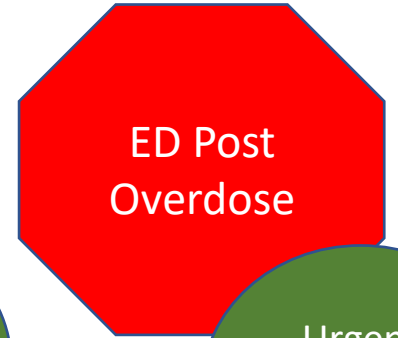
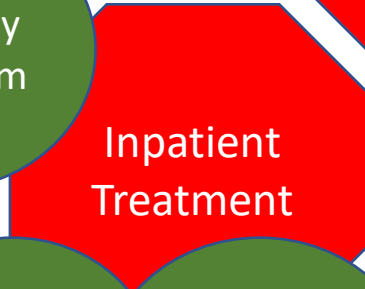
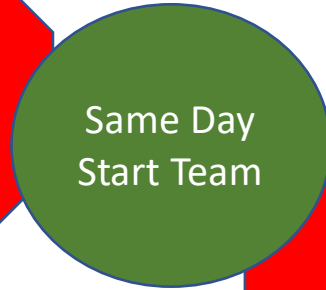
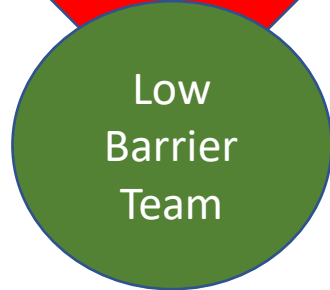
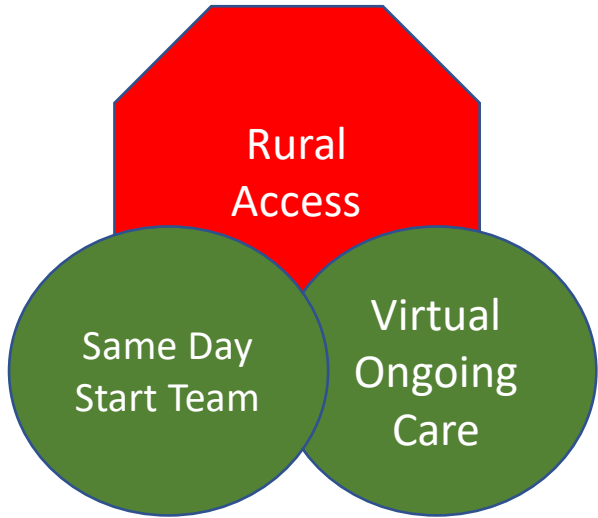
Ability to  
Receive Low  
Barrier  
Services  
When  
Needed

VODP  
Children  
and Youth

Treatment  
Opportunities  
for Children  
and Youth in  
Crisis

\*In Pilot Phase







ALBERTA'S VIRTUAL  
OPIOID DEPENDENCY  
PROGRAM

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[Why Treat?](#)

[Resources](#)

# VODP - HOW CAN WE HELP?

Technology Delivered Same Day Medication Starts, Opioid Treatment Transition Service, and Ongoing Opioid Dependency Care. 7 Days Per Week.

1-844-383-7688





# Alberta's VODP

- Any Alberta Resident Can Call 1-844-383-7688 and Get Same Day Assessment and Treatment.
  - No Waitlist, No Charge, Median Wait time 0 Days, "Treatment on Demand."
- Any Alberta Resident Can Receive Ongoing Care through VODP or Transitional Care to Provider of Their Choice
- Any Emergency Doctor Can Start Suboxone or Methadone (in consultation) and Hand Off Care to VODP With No Delay.
- Anyone Changing Care Settings, e.g. Corrections Release, Can Receive Same Day Help
- VODP Is Continuing to Find New Places Where People Need Care
  - Low Barrier team, shelter spaces, police holding cells

# Alberta's Innovative VODP

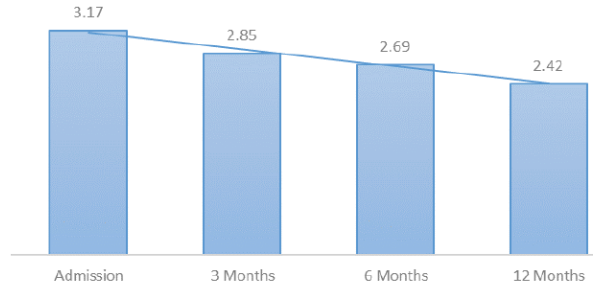
## One Call for Help Today

1. You Call or are Referred (1-844-383-7688)
2. Professional Staff Immediately Complete Your Assessment
3. Addiction Medicine Consultant Reviews Intake and any Available Collateral Information (Connect Care (EPIC), Netcare, ASIST notes, etc.) and then Connects Virtually with You (Typically Within Minutes)
4. A Treatment Plan is Created, A Prescription is Sent to A Local Pharmacy of Your Choice
5. Pharmacist Reviews Initiation Plan and Provides Medication to You
6. Staff Connect with You the Next Day to Work on Next Steps.

**1-844-383-7688**



### Social Functioning (Mean BTOM SFS)

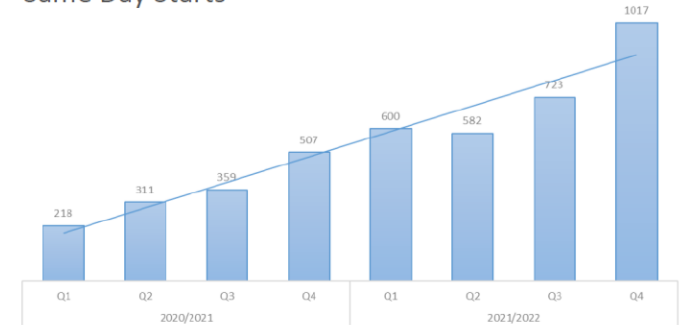


*(Brief Treatment Outcome Measure - Condensed Version (BTOM-C v1.0) Social Functioning Scale (SFS) - Lower scores reflect improved social functioning)*

### Accidental Overdose by Assessment Time

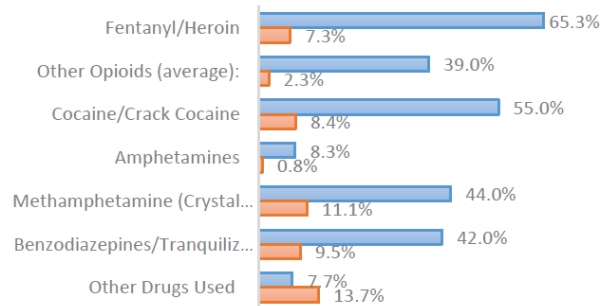


### Same Day Starts



### Drug Use

Admission vs 3 Months



“I’ve gained trust with this program, it doesn’t feel like I’m being punished.”

“Being able to work all over the province and still being able to get (my) medication.”

Employment: 56% of clients who reported a change in job status described new income related to employment on reassessments.

# Two New Rural Programs. One Virtual, one a new bricks and mortar clinic in an underserved area.

1. Healthcare delivery can and should innovate.
2. Additional resources improves access, but innovation along with those additional resources carries much more power.

## Virtual Delivery of Opioid Addiction Treatment



## New Rural Face to Face Program

### Rural Bricks and Mortar Clinic







# Partnership Building

- CPSA
  - Mandate to Protect the Public
  - Evidence to Support Change
  - Understand and Utilize Regulations
- Alberta Health Services
  - Emergency Departments
  - Detox Sites and Hospitals
- Government of Alberta
  - Motivated to Improve System Performance



# Police and Corrections Work



- Police Cells
  - Up to 24 hour stay
  - Release by Justice of the Peace
  - Withdrawal illness presents challenges to police and justices
- Privacy
  - Phone booths for Lawyer calls
  - Healthcare intervention, not police work
- Connections to Community
  - Community Pharmacy for Rx. (Tracking)
  - VODP low barrier team next day follow up.

# Police and Corrections Work

- Edmonton Remand Center

- Short length of stay
- Logistical challenges resulting in:
  - Struggles with determining who qualifies for OAT
  - Clients released post acute withdrawal

- Asynchronous Telehealth Project

- All Inmates Screened for OUD, offered UTT Screening to Support Diagnosis.
- Recorded Video Assessment on Admission (24h/day)
- Rapid turnaround with target Addiction Medicine Review within 24h.







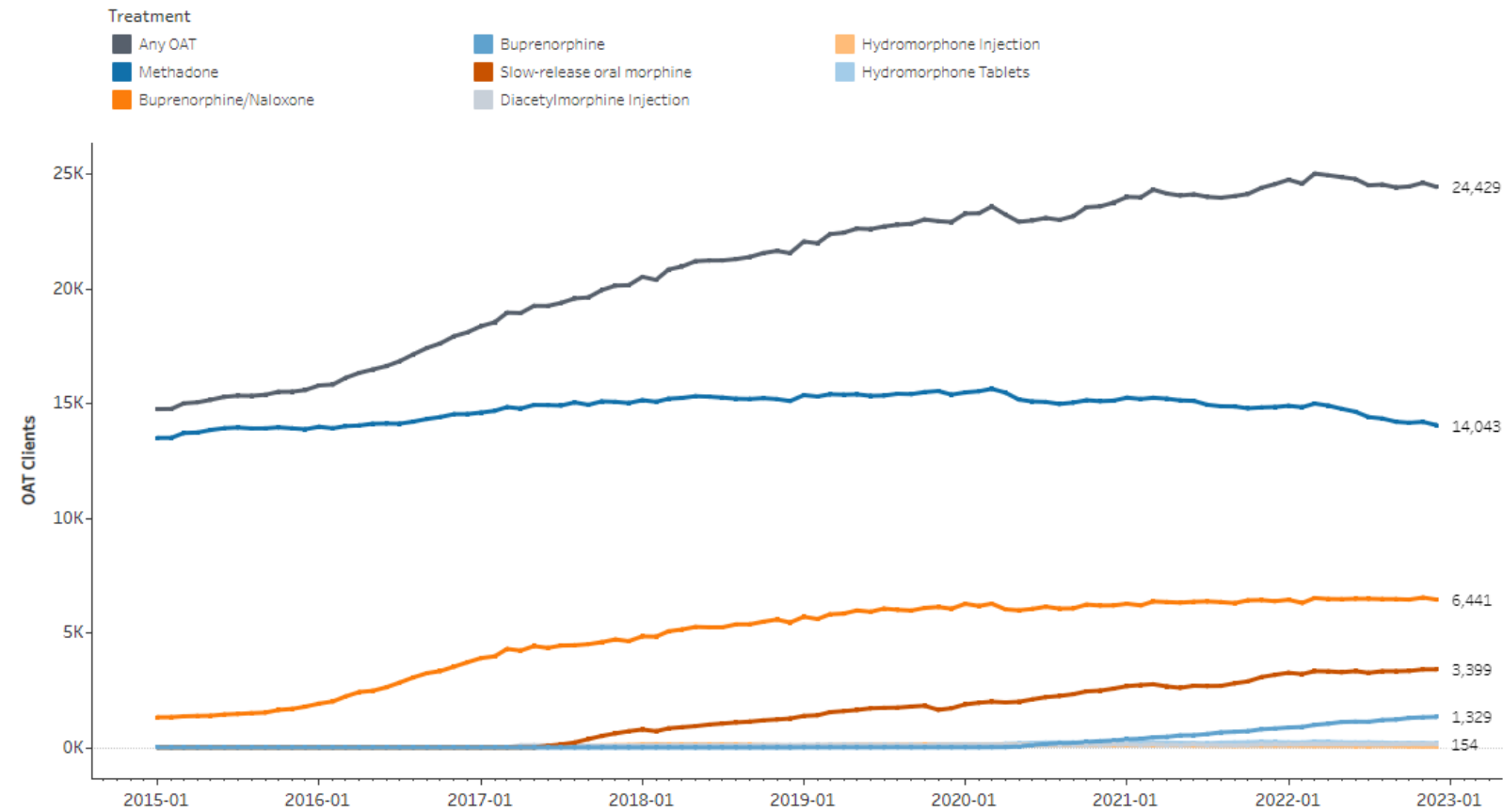
# System level results

- Immediate Virtual Access Is So Appealing To Patients That Flow Into This Model Is High.
  - (Estimate 80-90% of All AHS OAT Starts Occur in VODP, depending on month)
- Program Has System Level Push Into Safest Options
  - Suboxone vs. methadone in AB
- Alberta GAP Coverage Program Helps Push Into Safest, Most Evidence Based Options
- Nearly 10% of patients treated in low barrier police/corrections approach dosing in community at 90 days.



# Number of Clients Dispensed Opioid Agonist Treatment (OAT)

Health Authority: All BC, Sex: All, Age Group: All



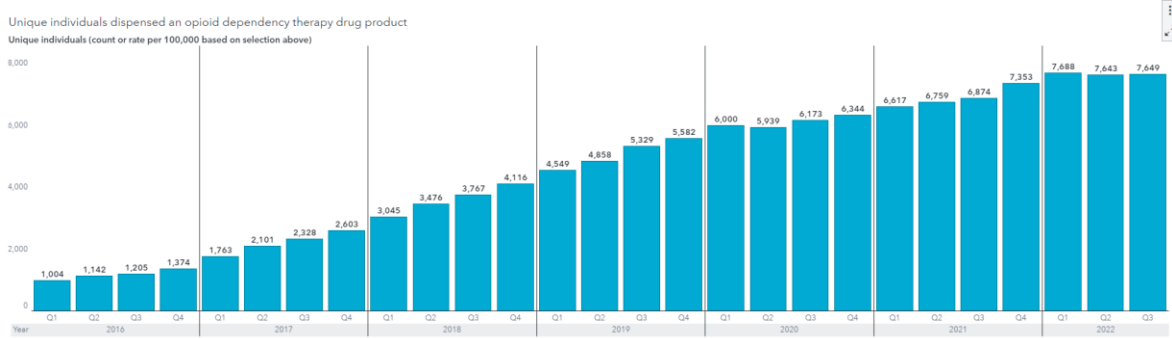
Methadone – 57%

Buprenorphine – 26%

Morphine – 14%

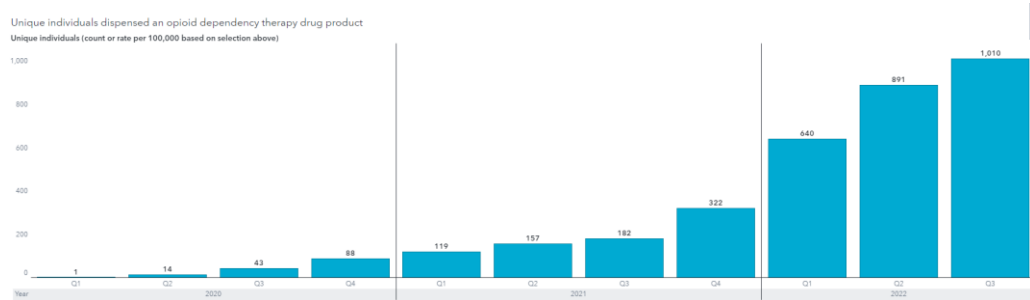
Hydromorphone – 5%

British Columbia Prescribing Data for Opioid Agonist Therapy (Feb 2023)  
[Unregulated Drug Poisoning Emergency Dashboard \(bccdc.ca\)](https://bccdc.ca)

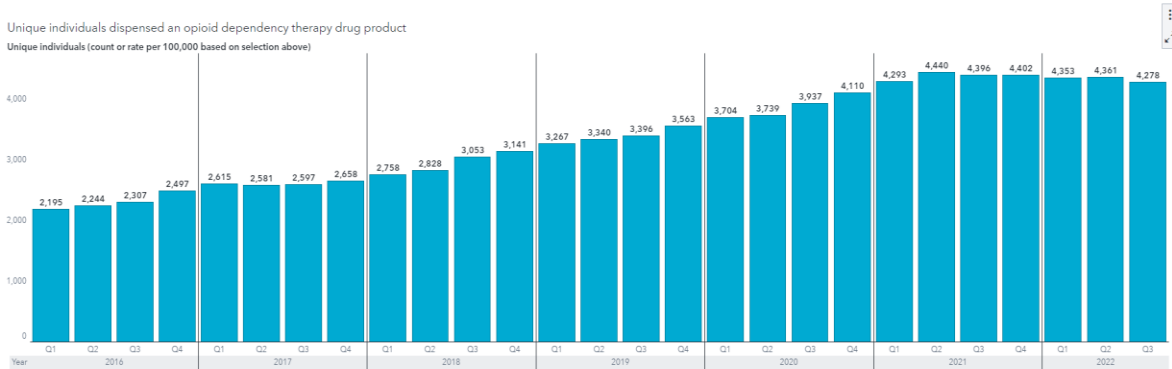


Buprenorphine Naloxone 58%

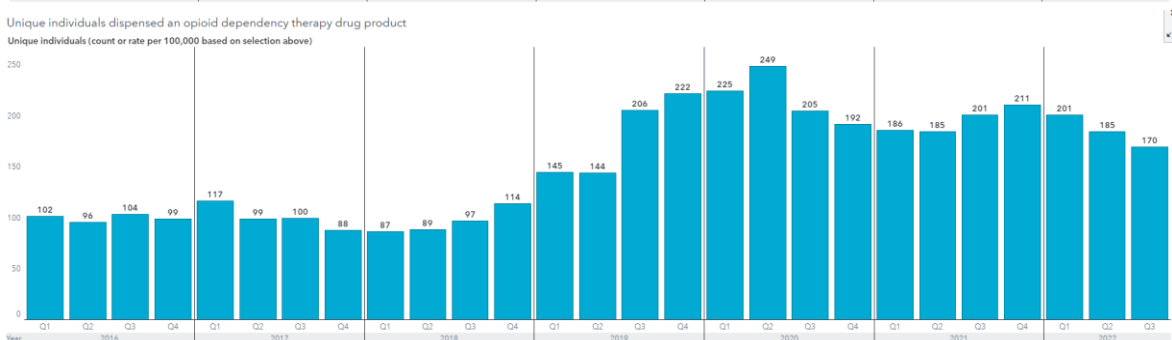
Buprenorphine 66%



Buprenorphine Injectable 8%



Methadone 33%



Hydromorphone 1%





## Alberta is Building A Recovery Oriented System of Care.

- Recovery is Not Controversial
- A Recovery Oriented System Requires Coordination, Adaptable Services, and a focus on Patient and Community Outcomes.
- Addiction Medicine has a Profound Role to Play in Guiding System Improvement



## Alberta's Recovery Oriented System of Care

- Questions?
- VODP Peer Reviewed Article [Virtual opioid agonist treatment: Alberta's virtual opioid dependency program and outcomes | Addiction Science & Clinical Practice | Full Text \(biomedcentral.com\)](#)