



Province of Alberta

PUBLIC HEALTH ACT

OPIOID EMERGENCY RESPONSE REGULATION

Alberta Regulation 99/2017

With amendments up to and including Alberta Regulation 87/2018

Office Consolidation

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(Consolidated up to 87/2018)

ALBERTA REGULATION 99/2017

Public Health Act

OPIOID EMERGENCY RESPONSE REGULATION

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Preamble

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, combating 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; and

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

THEREFORE the Lieutenant Governor in Council enacts as follows:

Definitions

1 In this Regulation,

- (a) "Commission" means the Minister's Opioid Emergency Response Commission established by section 3;
- (b) "individually identifying health information" means individually identifying health information within the meaning of the *Health Information Act*;
- (c) "personal information" means personal information as defined in the *Freedom of Information and Protection of Privacy Act*.

Purpose

2 The purpose of this 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.

Minister's Opioid Emergency Response Commission established

3 The Minister's Opioid Emergency Response Commission is established.

Mandate of Commission

4(1) The Commission reports directly, through the Chief Medical Officer, to the Minister.

(2) The Commission is mandated to develop recommendations for, and facilitate or monitor the implementation of, as the case may be, urgent coordinated actions to effectively combat the opioid crisis.

(3) In carrying out its mandate under subsection (2), the Commission will

- (a) obtain the best information and evidence available respecting opioid use and responses to the opioid crisis, including, without limitation, information and evidence obtained through consultation with stakeholders;
- (b) make recommendations to the Minister for timely coordinated actions to address opioid use and related issues, including, without limitation, actions in the following strategic areas:
 - (i) harm reduction initiatives;
 - (ii) treatment;
 - (iii) prevention;
 - (iv) enforcement and supply control;
 - (v) collaboration;
 - (vi) surveillance and analytics;
- (c) prepare and submit to the Minister a proposed plan for implementing the recommended actions;
- (d) prepare and submit to the Minister a proposed budget for the coordinated implementation of the recommended actions.

(4) In carrying out its mandate under subsection (2), the Commission will facilitate or monitor the implementation of the actions, plan and budget as approved by the Minister by

- (a) working with the Government departments, agencies, organizations and individuals in a position to implement or assist or partner in the implementation of each action,
- (b) consulting with stakeholders, as appropriate,
- (c) monitoring the progress of the implementation, and

- (d) monitoring the expenditures in the implementation.
- (5) The Commission will consider possible additional actions on an ongoing basis and prepare and submit to the Minister a proposed plan and budget for implementing any recommended additions or changes.
- (6) The Commission will monitor the outcomes and effects of the actions implemented.
- (7) The Commission will provide communications as directed by the Minister, including communications respecting the approved actions, plan and budget.
- (8) The Commission will periodically, and on the request of the Minister, in the form and time specified, submit reports, plans and recommendations to the Minister respecting the outcomes and effects of the actions.
- (9) The Commission will undertake any other related tasks as requested or directed by the Minister.
- (10) The Commission will create and retain documentation of all activities undertaken under this section.

Composition of Commission

- 5(1)** The Commission consists of the following members:
 - (a) the Chief Medical Officer, who is designated as chair;
 - (b) the Deputy Medical Officer of Health appointed by order of the Minister;
 - (c) individuals appointed by order of the Minister.
- (2) The Minister may, by order, designate one individual appointed under subsection (1)(c) as co-chair.
- (3) A member of the Commission holds office during the pleasure of the Minister for a term not to exceed one year and is eligible for reappointment.
- (4) The Deputy Medical Officer of Health appointed under subsection (1)(b) does not participate as part of the quorum of the Commission, unless the Deputy Medical Officer of Health is acting pursuant to subsection (5).
- (5) Where the Chief Medical Officer is absent or unable to act as member and chair, the Deputy Medical Officer of Health appointed under subsection (1)(b) is designated to act as member and chair in

place of the Chief Medical Officer for the period of the absence or inability to act.

(5.1) The Minister may, by order, appoint an individual as an alternate to act in the place of a member of the Commission during the member's absence or inability to act.

(6) Subject to subsections (5) and (5.1), no individual is permitted to act as an alternate for a member of the Commission who is absent or unable to act as a member.

(7) An individual who is invited by the Chief Medical Officer may, in accordance with the invitation, attend one or more meetings of the Commission as a guest.

(8) A majority of members of the Commission constitutes a quorum.

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**Authority for administration of,
access to, naloxone**

6(1) On the Minister's own initiative, or on the recommendation of the Commission, the Minister will, in accordance with Schedule 7.1 of the *Government Organization Act*, broaden the authority for the administration of naloxone for emergency use for opioid overdose outside hospital settings beyond the authority granted under ministerial orders previously issued.

(2) On the Minister's own initiative, or on the recommendation of the Commission, the Minister will increase access to naloxone beyond the access granted through regulations previously enacted to re-schedule and then de-schedule naloxone.

Additional activities of Minister

7 On the Minister's own initiative, or on the recommendation of the Commission, the Minister will make recommendations to the Executive Council respecting the following, for the purposes of addressing opioid prescription, overdose prevention and opioid dependency treatment:

- (a) in respect of colleges of professions regulated by the *Health Professions Act*,
 - (i) best practice standards, audits, enforcement and progress reporting to the Minister, and
 - (ii) the development and implementation of an opioid strategy, including, at a minimum, a strategy for training relating to harm reduction and addictions;

- (b) mechanisms needed to ensure that any private insurance carrier remains engaged in the funding of opioid replacement therapy.

**Additional recommendations,
direction of Minister**

8(1) On the Minister's own initiative, or on the recommendation of the Commission, the Minister, in accordance with the *Health Professions Act*, will make recommendations to the Executive Council, including recommendations respecting college standards of practice, bylaws, regulations or other mechanisms to address opioid prescription, overdose prevention and opioid dependency treatment, including, but not limited to, recommendations respecting physician competence to provide opioid replacement therapy and expanded pharmacist participation in the take home naloxone program.

(2) On the Minister's own initiative, or on the recommendation of the Commission, the Minister will give direction to a regional health authority in respect of facilities operated by the regional health authority providing addiction services or acute care services to adopt opioid overdose protocols, including, without limitation, protocols facilitating access to treatment, counselling, and further expansion of the take home naloxone program for patients attending the facilities.

**Terms of reference, procedures,
direction**

9(1) The Minister may, by order, set terms of reference and procedures to be followed by the Commission in carrying out its mandate.

(2) The Minister may provide direction to the Commission through the Chief Medical Officer relating to the Commission's mandate, for the purpose of providing priorities and guidelines in its performance of its mandate and for the purpose of assisting the Commission in the coordination of its work.

**Collection, use, disclosure,
provision of information**

10(1) The Minister and the Commission may directly or indirectly collect, use and disclose information, including personal information and individually identifying health information, as required for the purposes of this Regulation.

(2) The Minister may require a person, including, but not limited to, a health practitioner providing public mental health or addiction

treatment services and a regional health authority, to provide any information required for the purposes of this Regulation.

Establishment of committees

11 The Commission may establish committees, which may include individuals who are not members of the Commission, to assist the Commission in carrying out its mandate.

Remuneration, expenses

12 The Minister may, by order, determine the remuneration and expenses payable to members of the Commission, other than members who are employees of the Government.

Support to Commission

13 If the Minister considers it necessary, the Minister shall provide to the Commission the services of employees of the Government under the Minister's administration to provide administrative, technical or other support to the Commission in carrying out its mandate.

Reporting to Executive Council

14 The Minister will report to the Executive Council on a quarterly basis, or as otherwise directed by the Executive Council, respecting the progress in combating the opioid crisis.

Safety, quality of diagnostic, treatment centres, services

15 On the Minister's own initiative, or on the recommendations of the Commission, the Minister may make recommendations to the Executive Council for the purposes of regulating the safety and quality of public and private mental health diagnostic and treatment centres, public and private mental health or addiction treatment programs and services and individuals providing public and private mental health or addiction treatment programs or services in the provision of opioid-related treatment.

Expiry

16 For the purpose of ensuring that this Regulation is reviewed for ongoing relevancy and necessity, with the option that it may be repassed in its present or an amended form following a review, this Regulation expires on November 30, 2019.

AR 99/2017 s16;87/2018



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