



PEI Data: Surveillance and Monitoring of Cannabis and Other Substances





Hello!

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We are still in the early stages of substance use surveillance in PEI, and we continue to enhance our substance use surveillance program.

Outline



- Progress to date
- Work in progress
- Future directions
- Constraints & enablers



Progress to date

Current substance use surveillance program



Bi-weekly

Opioid-related ODs
(Trauma Reg data)

Monthly

IWK Poison Centre
data for opioids

Quarterly

Accidental opioid-
related ODs and deaths

Short-term cannabis
harms (IWK Poison Ctr
data)

Annually

Take-Home Naloxone kit
distribution

Acute toxicity deaths
(FPT)

PEI Cannabis Survey

Opioid-Related Rapid Response Protocol

Accidental opioid-related overdoses and deaths



Time Period	# of opioid-related <u>overdoses</u> ¹	# and % of apparent opioid-related <u>overdoses</u> involving fentanyl	# of apparent opioid-related <u>deaths</u> ²	# and % of apparent opioid-related <u>deaths</u> involving fentanyl or fentanyl analogues
Jul – Sep 2019	0	0	not yet available ⁴	not yet available ⁴
Apr – Jun 2019	2	0 (0%) ⁵	not yet available ⁴	not yet available ⁴
Jan – Mar 2019	2	1 (50%) ⁵	1 ⁴	0 (0%) ⁴
2018	25	0 ⁵	7 ⁴	1 (14%) ⁴
2017	10 ³	0 ⁵	5	0 (0%)
2016	not available	not available	5	1 (20%)

Notes for previous slide



1. Accidental/unintentional overdoses involving opioids does not include overdoses that occurred as a result of intentional self-inflicted harm.
2. Accidental/unintentional deaths involving opioids does not include deaths that occurred as a result of intentional self-inflicted harm; only closed (certified) cases are reported.
3. Surveillance by the Chief Public Health Office of toxicological cases presenting to PEI's emergency departments began in May 2017.
4. Death investigations can take 12 to 18 months to complete. Data for 2018 and 2019 are incomplete and numbers may increase as coroner investigations continue.
5. For overdose cases, fentanyl and fentanyl analogues are not detected by traditional toxicology screens. As of November 21st, 2018, fentanyl screening was made available at all four emergency departments in PEI. Information on the presence of fentanyl and analogues for overdose cases is incomplete as it remains a physician clinical decision as to whether or not fentanyl testing is required for the treatment of an overdose patient.

Take-Home Naloxone kit distribution



Time Period	THN kits distributed to NEP	THN kits distributed to other sites	Reports of administration of THN kits	THN kits distributed to community groups/programs
Jun 1, 2017 – Oct 15, 2019	675	411	22 ¹	121

Notes for previous slide



1. Naloxone is administered when signs of decreased level of consciousness are identified; a decreased level of consciousness is not necessarily a result of opioids. Most confirmed instances of opioid-related overdoses (reported since 2017) and all deaths (reported since 2016) involved mixed toxicology. If a naloxone kit is used by a client of the THN program, an anonymous form is filled out with the details of the situation and the form is returned to the CPHO for surveillance purposes. There have been twenty-two forms submitted as of Oct 15, 2019, indicating that naloxone was administered. In twenty-one of the forms, it was reported that the person survived; no information was provided on one form. Note that the CPHO does not have numbers on naloxone usage by first responders or other health service providers as this is not part of the Provincial THN Program.

2018 PEI Cannabis Survey

Overview

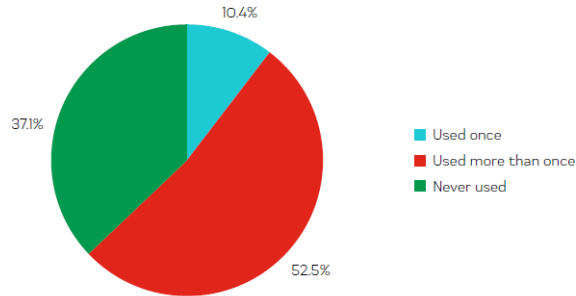


- Developed by PEI's Chief Public Health Office
- Supplements health and safety data collected through national surveys
- Describes non-medical cannabis use behaviours, attitudes towards cannabis, and knowledge of lower-risk cannabis use among Islanders 16yrs+ who completed the first PEI Cannabis Survey in Aug-Sept 2018, *before* legalization
- More than 4,300 Islanders completed the survey
- Two-thirds were female
- Range of ages, regions, income levels, marital and employment statuses, educational levels, and ratings of general and mental health

2018 PEI Cannabis Survey

Cannabis use is common in PEI and is likely to increase

FIGURE 3.1. LIFETIME NON-MEDICAL CANNABIS USE



Based on data from the 2018 PEI Cannabis Survey.

TABLE 2.1. DISTRIBUTION OF NON-MEDICAL CANNABIS GROUPS AMONG THE SURVEY PARTICIPANTS

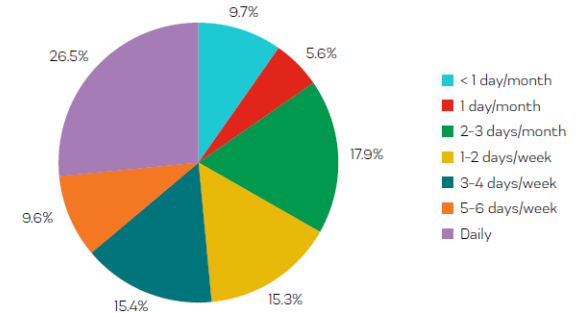
NON-MEDICAL CANNABIS USE GROUPS	NUMBER	FREQUENCY (%)
Non-users	1,990	47.5
Current users	1,138	27.2
Former users	1,196	25.3

Based on data from the 2018 PEI Cannabis Survey.

With legalization, consumption is anticipated to increase:

- 35% of current users may increase consumption, and
- 30% of former users and non-users may try cannabis

FIGURE 5.2. FREQUENCY OF NON-MEDICAL CANNABIS USE IN THE PAST 30 DAYS, CURRENT USERS

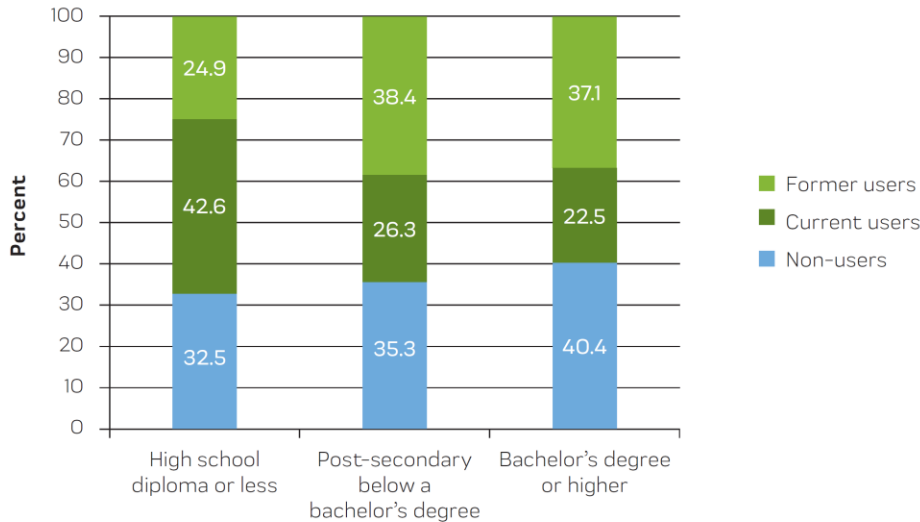


Based on data from the 2018 PEI Cannabis Survey.

2018 PEI Cannabis Survey

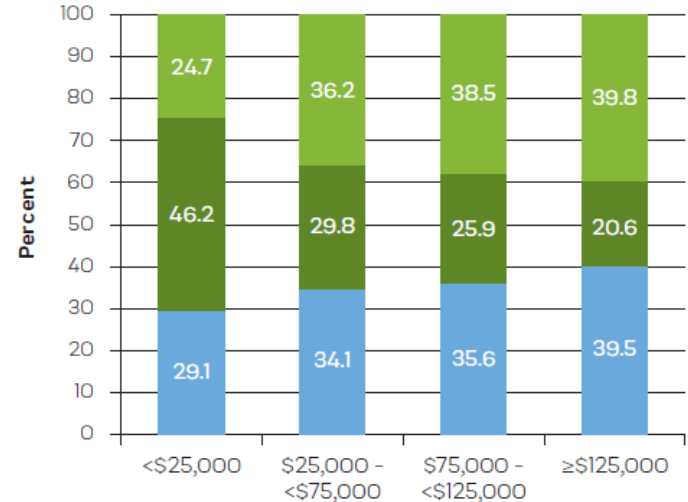
Cannabis use is more common among vulnerable populations

FIGURE 2.12. LEVEL OF EDUCATION BY CANNABIS USE



Based on data from the 2018 PEI Cannabis Survey. The differences between the groups were statistically significant at $p < 0.05$.

FIGURE 2.14. HOUSEHOLD INCOME BY CANNABIS USE



Based on data from the 2018 PEI Cannabis Survey. The differences between the groups were statistically significant.

2018 PEI Cannabis Survey

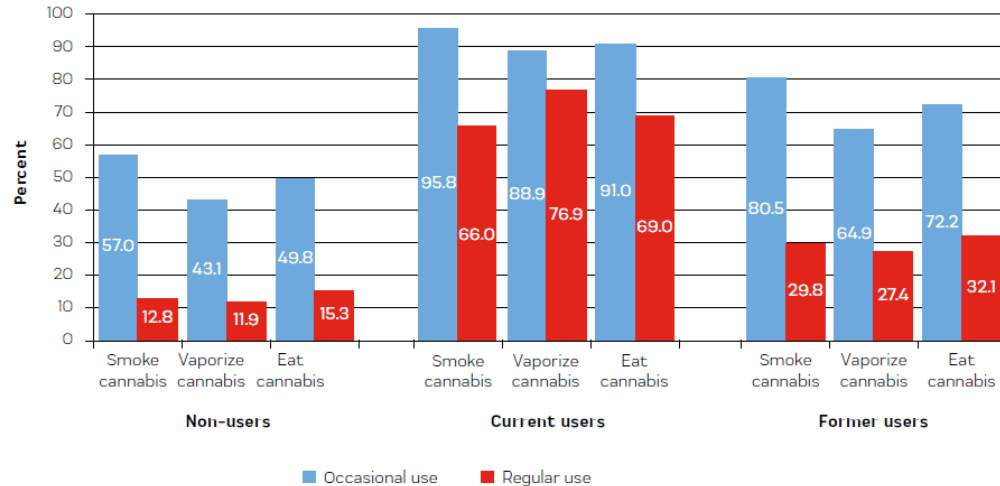
Many people who currently use cannabis are engaging in higher-risk behaviors

- Reported higher-risk behaviors included:
 - daily or near daily cannabis use,
 - beginning cannabis use at a younger age,
 - using cannabis with a poor mental health status,
 - using high-potency cannabis products,
 - using combusted cannabis products,
 - using cannabis in combination with alcohol and tobacco,
 - driving within six hours of cannabis use or being a passenger of someone who used within six hours, and
 - using cannabis to get “stoned” or “high” before or while at school or at work

2018 PEI Cannabis Survey

People who currently use cannabis have a lower perception of cannabis-related health and social risks

FIGURE 6.10. CANNABIS USE BY PERCEPTION THAT NON-MEDICAL CANNABIS USE

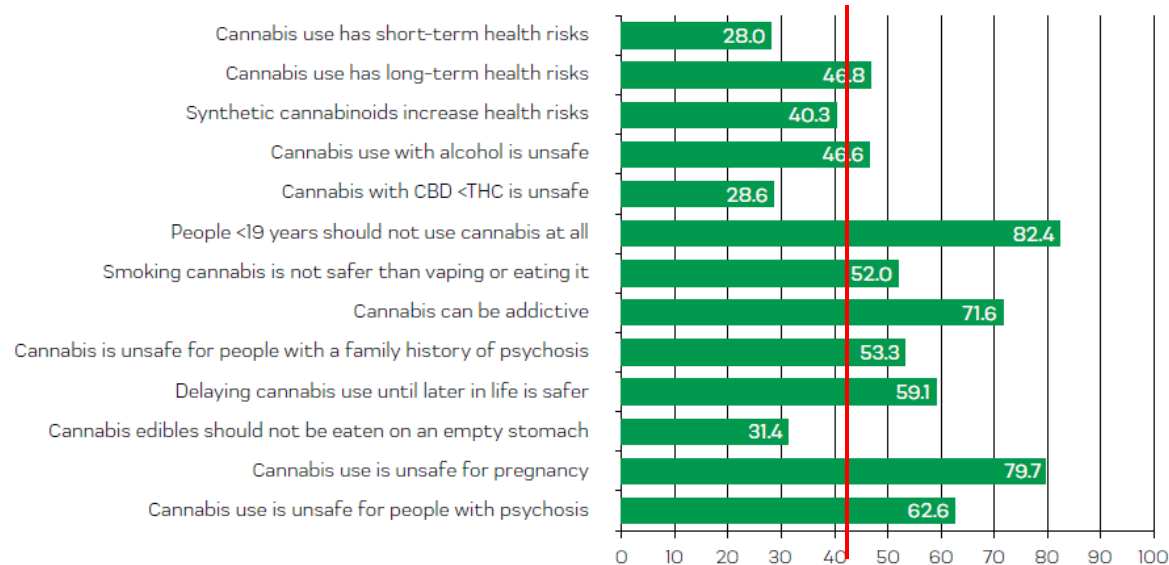


Based on data from the 2018 PEI Cannabis Survey. The differences between the groups are statistically significant at $p < 0.05$.

2018 PEI Cannabis Survey

There are considerable knowledge gaps regarding lower-risk cannabis use

FIGURE 6.21. PERCENT OF CORRECT ANSWERS FOR EACH KNOWLEDGE ITEM



Based on data from the 2018 PEI Cannabis Survey.



Work in progress

New additions to substance use surveillance program

Weekly/ Bi-weekly

~~Opioid-related ODs
(Trauma Reg data)~~

EMS data (replace
Trauma Reg data)

Monthly

IWK Poison Centre
data for opioids

Quarterly

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(FPT)

PEI Cannabis Survey

Just the Facts
Evaluation

MH&A client indicators



Future directions

Integrated problematic substance use surveillance program



General population surveys

Knowledge

Attitudes

Beliefs

Behaviours

Acute events

IWK Poison Ctr

EMS data

ER data/
NACRS

Acute toxicity
deaths

MH&A clients

Patterns
of use

Harms

Motives

Treatment
outcomes

System
factors

- Priorities: alcohol, tobacco, cannabis, opioids
- Vulnerable populations: SDH, MH&A clients
- Integrated indicator framework
- Overarching survey

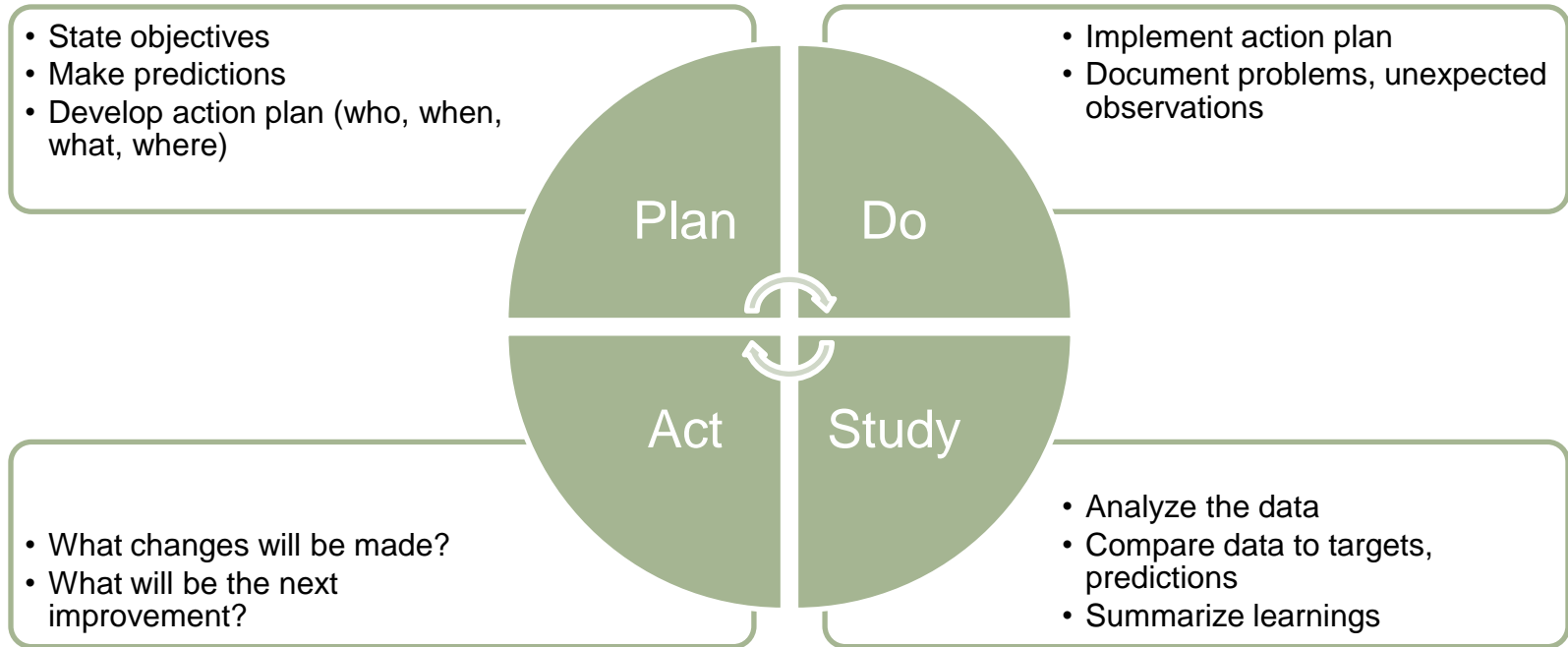
Projects underway



- Problematic Substance Use among Mental Health and Addictions Clients (in progress)
 - Increase knowledge about MH&A clients
 - Better understand substance use among this population
 - Improve the surveillance capacity of MH&A data systems
- Evaluating Cannabis Policy in Prince Edward Island: Patterns of Use and Related Outcomes (awaiting funding decision)
 - Present a profile of cannabis use, mental health and addictions outcomes, and safety outcomes in the context of existing cannabis legislation and policy in PEI

Knowledge to action

Plan-Do-Study-Act



Constraints & enablers

Constraints



- Human resources- analysis, IT
- Limited NACRS coverage
- Limited data from healthcare providers and government departments
- Quality and completeness of administrative data in case management systems

Enablers



- Data access
- Partnerships/ relationships
- Collaboration across government
- Small jurisdiction



Thanks!

Any questions?

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