

# PRINCE EDWARD ISLAND ACTION PLAN TO PREVENT AND MITIGATE OPIOID-RELATED OVERDOSES AND DEATHS





## Preamble

The PEI Action Plan to Prevent and Mitigate Opioid Overdoses and Deaths was developed in response to the increasing numbers of opioid-related overdoses and deaths occurring in other Canadian jurisdictions, and the anticipated arrival of fentanyl and other highly toxic opioids into the illegal market in PEI. The presence of illegal fentanyl was confirmed in pills seized by the RCMP for the first time in PEI in June 2017.

The presence of fentanyl and other potent synthetic opioids in illegal opioid products, as well as in other illegal drugs, has been linked to increases in opioid-related overdoses and deaths in Canada. In 2016, there were five accidental (unintentional) opioid-related deaths in PEI.<sup>1</sup> All deaths involved mixed toxicology (i.e. one or more opioids, plus one or more non-opioid substances).

Increasing opioid prescriptions are also linked to increasing rates of opioid misuse. In PEI, the overall number of opioid prescriptions, excluding methadone, has been decreasing since 2013. Opioid consumption in morphine equivalence, excluding methadone, has been stable since 2010. The number of prescriptions and individuals receiving prescriptions for codeine and oxycodone has been decreasing since 2013. The upward trend in methadone prescriptions is directly linked to the establishment and ongoing growth of the Opioid Replacement Therapy Program (also referred to as the Methadone Maintenance Treatment Program).

The development of this plan builds on the existing efforts that PEI has made in addressing opioid misuse and opioid use disorder over the last decade. Through professional and effective collaboration across government and with the community, PEI has successfully implemented several initiatives including:

- Establishing the Drug Information System, which captures opioid prescribing and dispensing data and flags duplicate therapy, when clients fill more than one active opioid prescription,
- Establishing methadone maintenance clinics, including sites in Charlottetown, Summerside, and Montague to provide the recommended first-line treatment for opioid use disorder,
- Establishing a provincial Needle Exchange Program, with seven sites across PEI, to support harm reduction, and,
- Passing the *Narcotics Safety and Awareness Act* in 2013, to enable the establishment of a formal prescription monitoring program.

These initiatives contribute to improved public safety and individual and community wellbeing, including reduced crime, reduced morbidity, and reduced risk of overdose and death.

---

<sup>1</sup> Opioid-Related Death: An acute intoxication/toxicity death resulting from the direct effects of the administration of substance(s) where one or more of the substances is an opioid.

## The Development of the Plan

At a national opioid summit in November 2016, the PEI Department of Health and Wellness committed to:

- Initiate prescription drug monitoring and an accountability framework under the *Narcotics Safety and Awareness Act*,
- Enhance opioid surveillance to establish a strong evidentiary base to support decision-making, and,
- Collaborate with Justice staff and other officials to develop strategies that target illicit sources of opioids and diversion of prescribed opioids.

Subsequently, the PEI Chief Public Health Office and the Department of Justice and Public Safety committed to co-lead development of a provincial action plan to prevent opioid-related overdoses and deaths.

A Leadership Committee was formed and three task groups were created on Harm Reduction, Opioid Surveillance and Collaboration on Supply, with membership from key stakeholder groups.

This plan draws from the existing work of federal, provincial, territorial, and municipal governments across Canada, the available scientific literature, and input from local stakeholders. In addition to the twenty-one stakeholders on the Opioid Leadership Committee and task groups, there were twenty-two participants in two facilitated consultation sessions (in Charlottetown and Summerside respectively), including non-governmental organizations, service providers, and colleges and associations of health care providers. An additional seven individuals provided written or verbal feedback. Interviews were conducted with fourteen people with lived experience.

## The Scope of the Action Plan

The purpose of this action plan is to prevent and mitigate unintentional opioid overdoses and deaths among youth and adults in Prince Edward Island.

The scope of the action plan includes the following areas of focus:

- Surveillance of opioid-related overdoses and deaths,
- Rapid response protocol to address a sudden increase in opioid-related overdoses in PEI,
- Harm reduction, including access to naloxone, communications and education, and opioid replacement therapy,
- Appropriate prescribing and dispensing of prescription opioids, and,
- Diversion of prescription opioids.

These areas of focus were identified as immediate priorities to respond to preventing and mitigating opioid overdose and death.

This action plan is complementary to the PEI Mental Health and Addictions Strategy “Moving Forward Together”. Indeed, the success of this framework on addressing opioid overdoses and deaths relies upon the overall success of our health care and social systems.

Ultimately, to prevent the harms associated with opioid misuse and opioid use disorder and to promote recovery, interventions affecting the factors which influence problematic drug use and which impact success in recovery are required. The social determinants of health, which are modifiable influences on people’s lives, include income and social status, social support networks, education and literacy, employment/working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, health services, gender, and culture. It is recognized that actions in these areas are being taken by many other government departments and agencies and community organizations in PEI.

Two underlying considerations that were specifically identified as requiring further attention during the development of the action plan included education and early intervention for youth, and pain management. While these areas were outside of the scope of this action plan, specific recommendations to move these priorities forward are included in this plan.

It should be noted that other substances are currently associated with higher mortality in PEI than opioids and multiple substances are usually involved in opioid-related deaths in PEI. This action plan was developed in this context, recognizing that an appropriate strategy is required to prevent opioid overdoses and deaths, and that many of the intended outcomes from this action plan are transferable to other substances, and benefit a larger population.

## Implementing and Evaluating the Action Plan

To ensure the implementation of this action plan, an implementation team formed of representatives from the different areas and organizations tasked with actions shall meet quarterly in order to report on progress, review the PEI context, and plan for next steps. Reports of actions taken and next steps will be prepared and communicated publicly on a 6 month basis until the end of 2019 or until otherwise determined.

The implementation of this action plan will be guided by the following principles:

- **Intersectoral approach:** The planning and delivery of interventions are enhanced through consultation, partnership, and coordination across government departments and sectors including frontline service providers, communities and people with lived experience, representing a range of populations including indigenous, seniors, newcomers and youth.
- **Person and family centred:** Individuals and families will be engaged in the planning and delivery of interventions.
- **Evidence-based and outcome oriented:** Approaches are informed by evidence, new programs are established with ongoing monitoring and evaluation integrated, and the monitoring and evaluation of existing programs is enhanced.
- **Holistic wellness:** The influence of the social determinants of health will be considered in evaluations, assessments, and service delivery.
- **Promoting an environment without stigma and discrimination:** An understanding of addiction, treatment and harm reduction must be consistently fostered throughout implementation.
- **Protection of public health and safety, minimizing harms and maximizing benefits:** For any initiatives undertaken through this action plan, consideration must be given to the potential unintended consequences, risks and benefits.

## Things to Note when Reading this Document

- This action plan was designed based on the current understanding of the opioid situation both nationally and locally.
- The anticipated completion dates are tentative; implementation needs to be flexible to incorporate and reflect an evolving opioid-related overdose and deaths context or to respond to unforeseen barriers.
- The Government of PEI has already taken steps in order to prevent opioid-related overdoses and deaths in PEI, including initiating a pilot Take Home Naloxone program and opioid overdose surveillance, as well as expanding access to the opioid replacement therapy medication buprenorphine-naloxone (e.g. Suboxone®).

# PEI Action Plan: Areas of Focus

---

## *Area of Focus:* **Opioid Overdose and Death Surveillance**

Information regarding opioid-related overdoses and deaths is necessary to support the development of public policy, to identify a need for public health action, and to communicate to health professionals, other departments and agencies and the general public.

Multiple agencies and government departments are involved in responding to opioid-related overdoses and deaths. Care in the instance of an opioid-related adverse health event can be provided by first responders including police (municipal or RCMP), firefighters (Medical First Responders), Emergency Medical Services, and at hospitals. Following an opioid-related death, a Coroner, the Chief Coroner and Vital Statistics are all involved.

Surveillance data will be used to inform the rapid response protocol, to determine when a potential spike in opioid-related overdoses or deaths has occurred.

### **Strategic Priorities**

- Establish opioid-related overdose surveillance
- Establish opioid-related death surveillance

### **Next Steps**

- Initiate weekly surveillance of opioid-related overdoses by August 2017
- Initiate quarterly surveillance of opioid-related deaths by September 2017
- Establish policies for the sharing of surveillance data with partners and public reporting by fall 2017

## *Area of Focus:* **Rapid Response**

Emergency response plans are used to effectively prepare for and mitigate emergencies that put human health at risk, such as an escalation in opioid-related overdoses and deaths. Plans generally have multiple levels or stages of response depending on the level of risk to human health. Stages of response may include routine operational monitoring, enhanced monitoring of a specified incident or threat, partial activation and full activation of response plan.

### **Strategic Priority**

- Establish rapid response protocol

### **Next Steps**

- Develop and test a rapid response protocol, including a system for early notification of stakeholders and the public, for application in the instance of an increase in the number of opioid-related overdoses or deaths by fall 2017



## *Area of Focus:* **Harm Reduction**

Currently there are several harm reduction programs for people who use drugs in PEI, including needle exchange, opioid replacement therapy, education, and peer support, delivered through both government and community organizations. Building on existing services, three priority areas were identified to reduce and mitigate opioid overdoses and deaths: naloxone, harm reduction communications and education, and opioid replacement therapy.

### **Harm Reduction: Naloxone**

The distribution of naloxone has become a key part of opioid harm reduction strategies to reduce death and morbidity resulting from opioid overdoses. Naloxone reverses the effects of opioids; it has been used in hospitals and emergency departments to treat opioid overdoses for decades.

Currently in PEI, hospitals, emergency departments, health teams in provincial correctional facilities, opioid replacement clinics, Emergency Medical Services and police (both RCMP and municipal) are all equipped with naloxone. Naloxone kits may also be purchased by individuals at pharmacies (no prescription is required).

As a result of the PEI Opioid Action Plan development process, a pilot program providing free Take Home Naloxone kits to existing clients of the PEI Needle Exchange Program (NEP) was initiated in June 2017.

### **Strategic Priority**

- Support access to naloxone to populations likely to respond to or experience an opioid overdose

### **Next Steps**

- Develop and implement a program for equipping service providers likely to respond to an opioid overdose with naloxone by fall 2017
- Develop and implement phase 1 of a free Take Home Naloxone program, for individuals at high risk of an overdose in PEI by fall 2017 (expanding to clients of opioid replacement clinics, the Provincial Addictions Treatment Facility, and Corrections facilities)



## Harm Reduction: Opioid Replacement Therapy

There is currently a stepped care approach in place for individuals in PEI seeking treatment for opioid use disorder. Individuals who are referred for opioid use disorder treatment (either by themselves or by others) undergo an intake screening and a medical and psychosocial assessment, to assist in determining the appropriate treatment for them. Treatment options include detoxification, counselling using a range of cognitive and behavioural approaches, peer support, and opioid replacement therapy. In accordance with evidence-based treatment guidelines for opioid use disorder, opioid replacement therapy (methadone or buprenorphine-naloxone e.g. Suboxone®) is offered as a first line therapy for the treatment. The pharmacologic component of opioid replacement therapy is one element of an integrated care approach, including monitoring, counselling and case management. Treatment intensity is routinely adjusted to individual patient needs and circumstances over time.

Opioid replacement therapy reduces harms associated with opioid use disorder, including deaths, HIV risk behaviours, and crime associated with drug-seeking, while promoting recovery by reducing withdrawal symptoms and cravings and improving individuals' ability to function. The client population requiring opioid replacement therapy in PEI is growing related to the lengthy duration of maintenance treatment and as more Islanders become addicted to opioids. The delivery of opioid replacement therapy in PEI has expanded in recent years, to four opioid replacement therapy clinics partnered with community pharmacies, as well as therapy offered in Corrections facilities and by some family physicians. Some variation exists among the levels of support for medication costs and case management depending on the location of service delivery. Additional information on client demographics and their progress through treatment would help inform treatment delivery and program planning.

The Government of PEI has recently taken steps to enhance access to opioid replacement therapy medications for the treatment of opioid use disorder. As of April 1st, 2017, access to buprenorphine-naloxone (e.g. Suboxone®) was expanded by removing criteria limiting coverage to individuals with contraindications to methadone or to between the ages of 18 and 24.

### Strategic Priority

- Enhance opioid replacement treatment delivery

### Next Steps

- Optimize treatment delivery through collaboration among opioid replacement clinics to facilitate timely and equitable access by spring 2018
- Develop a proposal for a uniform provincial opioid replacement therapy Pharmacare program to reduce financial barriers to treatment by fall 2017
- Strengthen outcome measurement and monitoring of opioid replacement therapy program by fall 2018



## Harm Reduction: Education and Communication

Ensuring Prince Edward Islanders, including youth and families, are well-informed of the risks associated with opioid misuse, and how to prepare for and respond to an overdose, is important to promote public safety. Also, information about when and how to access treatment, and how to engage in safer drug use can assist to reduce harms associated with opioid misuse among people who use drugs.

### Strategic Priority

- Enhance harm reduction education and communication

### Next Steps

- Develop and begin implementation of a communication plan on public safety about opioids for the general public, including the risks associated with drug use, the presence of fentanyl in illegal drug products, and to call 911 for overdoses by fall 2017
- Develop and begin implementation of an evidence-based communication plan on harm reduction and access to treatment for people who use drugs by fall 2017

## Suspect an Overdose?

CALL 911

Ask onsite  
first aid  
for help

Administer  
naloxone  
if you have it

Stay with the  
person until  
help arrives

You have the power to save a life.

Learn more at [Canada.ca/Opioids](https://Canada.ca/Opioids)

Together we can #StopOverdoses



Government  
of Canada

Gouvernement  
du Canada

Canada

## Know the Signs of an Opioid Overdose



Blue lips or nails



Dizziness and confusion



Can't be woken up



Choking, gurgling or  
snoring sounds



Slow, weak  
or no breathing



Drowsiness or  
difficulty staying awake



## *Area of Focus:* **Collaboration on Opioid Supply**

Understanding the opioid supply context is instrumental to preventing and mitigating opioid-related harms. Increasing opioid prescriptions are linked to increasing rates of opioid misuse.

PEI passed the Narcotics Safety and Awareness Act in 2013 with the purpose of enhancing the health and safety of Prince Edward Islanders by authorizing the monitoring, analyzing and reporting of information, related to the prescribing and dispensing of monitored drugs, including opioids, in order to promote appropriate prescribing and dispensing practices for monitored drugs; identify instances of abuse and misuse of monitored drugs; and reduce the risk of addiction and death resulting from the abuse or misuse of monitored drugs. PEI committed to developing a prescription monitoring program in November 2016, to operationalize the Act.

Prescription monitoring programs (PMPs) review trends in prescribing and dispensing, which are then used to develop interventions to promote patient safety, like clinician education or promoting medication profile reviews. PEI has already established an electronic system for collecting and storing data on prescriptions dispensed in community pharmacies to PEI residents with PEI health cards: the Drug Information System (DIS). Health PEI also collects information on prescriptions dispensed to patients in hospitals through its Clinical Information System (CIS).

### **Strategic Priorities**

- Initiate a formal prescription monitoring program (PMP) on PEI
- Strengthen prescribing and dispensing practices
- Reduce diversion of prescribed opioids

### **Next Steps**

Health PEI and the Department of Health and Wellness, in partnership with professional regulatory bodies:

- Establish a PMP oversight committee by September 2017
- Develop de-identified practitioner/dispenser-level monitoring reports to share with relevant colleges/associations on a periodic basis by fall 2017
- Draft Provincial Fentanyl Patch for Patch regulations by fall 2017
- Develop and publish 1st annual prescription monitoring public report by fall 2017
- Form a multi-stakeholder committee on clinician education involving professional regulatory bodies and associations and Health PEI by January 2018
- Determine the structure for the PMP by winter 2017/2018
- Develop response framework for when potential instances of diversion are identified using PMP data by winter 2017/18
- Establish a PMP administration structure by winter 2017/2018
- If necessary, draft and propose legislative changes by winter 2017/18
- Develop and commence implementation of a clinician education and awareness strategy by spring 2018
- Operationalize PMP by summer 2018

## Pain Management

Among other factors, prescribing practices related to pain management have been linked to increased rates of opioid misuse and related harms. Hence, in order to positively impact opioid overdoses and deaths in the long term, upstream interventions must include a focus on addressing the reasons why individuals are seeking and/or receiving opioid prescriptions for pain, specifically in the area of chronic non-cancer pain.

In the development of this action plan, multiple stakeholders noted challenges related to pain management for Islanders including, but not limited to:

- Limited access to pain care for some Islanders,
- Limited access to alternative pain care options,
- Fear of addiction when being prescribed opioids for legitimate reasons,
- Unrealistic expectations concerning level of pain reduction achievable with treatments,
- Conflicting education around prescribing guidelines for prescribers, and,
- Variation among prescribing practices.

There were also opportunities noted, including the recent publication of the Canadian Guideline for Opioids for Chronic Non-Cancer Pain in May 2017.

### Recommendation:

The formation of a multi-stakeholder committee with the mandate to address the below is recommended, by December 2017. Suggested committee members include different types of prescribers, pain management specialists, pharmacists, medical directors, the Worker's Compensation Board, and representatives for other health care providers involved with patient education and provision of care such as nurses and physiotherapists.

Suggested areas for the committee to consider include:

- Access to pain management services, including care providers, medications and alternative nonpharmacologic treatments,
- Patient participation and education,
- Physician education on pain management,
- The adoption of opioid prescribing and dispensing best practice guidelines,
- The adoption of pain management guidelines by prescribers, and
- Public education around opioid prescribing.

## Education and Early Intervention For Youth

Substance use often begins in adolescence and young adulthood. There are opportunities to reach youth to intervene soon after experimenting with drugs begins and prior to initiation of opioid use.

During the development of this action plan, stakeholders noted the need to develop a coordinated, evidence-based approach to address the following areas:

- Integrating evidence-based approaches for education on risks associated with the illegal use of opioids into programming on substance use for youth and families, and,
- Enhancing capacity among those who interact or work with at-risk youth, including families, the school community and other community organizations, to recognize the signs of drug use and to direct youth to applicable programs and services, that can help build resiliency, address trauma, and promote healthy decision making.

### Recommendation:

The development of a coordinated, evidence-based approach for the integration of education on opioids into substance use programming and to support early intervention for at risk youth, in partnership with stakeholders including the school community, police services, Child and Family Services, Mental Health and Addictions, and community partners, is recommended as a priority area of action for the Student Well Being core teams.



## PEI Action Plan to Prevent and Mitigate Opioid-Related Opioid Overdoses and Deaths

STRATEGIC PRIORITIES	NEXT STEPS
<ul style="list-style-type: none"> <li>Establish opioid-related overdose surveillance</li> <li>Establish opioid-related death surveillance</li> </ul>	<ul style="list-style-type: none"> <li>Initiate weekly surveillance of opioid-related overdoses by August 2017</li> <li>Initiate quarterly surveillance of opioid-related deaths by September 2017</li> <li>Establish policies for the sharing of surveillance data with partners and public reporting by fall 2017</li> </ul>
<ul style="list-style-type: none"> <li>Establish rapid response protocol</li> </ul>	<ul style="list-style-type: none"> <li>Develop and test a rapid response protocol, including a system for early notification of stakeholders and the public, for application in the instance of an increase in the number of opioid-related overdoses or deaths by fall 2017</li> </ul>
<ul style="list-style-type: none"> <li>Support access to naloxone to populations likely to respond to or experience an opioid overdose</li> </ul>	<ul style="list-style-type: none"> <li>Develop and implement a program for equipping service providers likely to respond to an opioid overdose with naloxone by fall 2017</li> <li>Develop and implement phase 1 of a free Take Home Naloxone program, for individuals at high risk of an overdose in PEI by fall 2017 (expanding to clients of opioid replacement clinics, the Provincial Addictions Treatment Facility, and Corrections facilities)</li> </ul>
<ul style="list-style-type: none"> <li>Enhance harm reduction education and communication</li> </ul>	<ul style="list-style-type: none"> <li>Develop and begin implementation of a communication plan on public safety about opioids for the general public, including the risks associated with drug use, the presence of fentanyl in illegal drug products, and to call 911 for overdoses by fall 2017</li> <li>Develop and begin implementation of an evidence-based communication plan on harm reduction and access to treatment for people who use drugs by fall 2017</li> </ul>
<ul style="list-style-type: none"> <li>Enhance opioid replacement treatment delivery</li> </ul>	<ul style="list-style-type: none"> <li>Optimize treatment delivery through collaboration among opioid replacement clinics to facilitate timely and equitable access by spring 2018</li> <li>Develop a proposal for a uniform provincial opioid replacement therapy Pharmacare program to reduce financial barriers to treatment by fall 2017</li> <li>Strengthen outcome measurement and monitoring of opioid replacement therapy program by fall 2018</li> </ul>
<ul style="list-style-type: none"> <li>Initiate a formal prescription monitoring program (PMP) on PEI</li> <li>Strengthen prescribing and dispensing practices</li> <li>Reduce diversion of prescribed opioids</li> </ul>	<p>Health PEI and the Department of Health and Wellness, in partnership with professional regulatory bodies:</p> <ul style="list-style-type: none"> <li>Establish a PMP oversight committee by September 2017</li> <li>Develop de-identified practitioner/dispenser-level monitoring reports to share with relevant colleges/associations on a periodic basis by fall 2017</li> <li>Draft Provincial Fentanyl Patch for Patch regulations by fall 2017</li> <li>Develop and publish 1st annual prescription monitoring public report by fall 2017</li> <li>Form a multi-stakeholder committee on clinician education involving professional regulatory bodies and associations and Health PEI by January 2018</li> <li>Determine structure for the PMP by winter 2017/2018</li> <li>Develop a response framework for when potential instances of diversion are identified using PMP data by winter 2017/18</li> <li>Establish a PMP administration structure by winter 2017/2018</li> <li>If necessary, draft and propose legislative changes by winter 2017/18</li> <li>Develop and commence implementation of a clinician education and awareness strategy by spring 2018</li> <li>Operationalize PMP by summer 2018</li> </ul>

RECOMMENDATIONS	NEXT STEPS
<ul style="list-style-type: none"> <li>Pain Management</li> </ul>	<ul style="list-style-type: none"> <li>- Form a multi-stakeholder committee on pain management by December 2017</li> </ul>
<ul style="list-style-type: none"> <li>Education and Early Intervention for Youth</li> </ul>	<p>Student Well Being core teams:</p> <ul style="list-style-type: none"> <li>- Develop a coordinated, evidence-based approach for the integration of education on opioids into substance use programming and to support early intervention for at risk youth</li> </ul>

Note: The timelines may be altered as implementation progresses to reflect the evolving opioid-related overdose and deaths context or to respond to unforeseen barriers.



## **Prince Edward Island Opioid Leadership Committee:**

Co-Chair: Dr. Heather Morrison (Chief Public Health Officer)

Co-Chair: Erin Mitchell (Deputy Minister, Department of Justice and Public Safety)

Chair Task Group - Opioid Overdose and Death Surveillance: Dr. Carolyn Sanford (Provincial Epidemiologist, Chief Public Health Office) / Dr. Marguerite Cameron (Epidemiologist, Chief Public Health Office)

Chair Task Group - Collaboration on Opioid Supply: Denise Lewis Fleming (Chief Operating Officer, Health PEI)

Co-Chair Task Group - Harm Reduction: Corinne Rowsell (Senior Public Health Policy and Planning Officer, Chief Public Health Office)

Co-Chair Task Group - Harm Reduction: Verna Ryan (Chief Administrative Officer, Mental Health and Addictions)

Autumn Tremere (Senior Communications Officer, Department of Health and Wellness)

Jiselle Bakker (Project Manager)

## **Task Group: Opioid Overdose and Death Surveillance:**

Dr. Spencer Brown (Emergency Department physician, Health PEI)

Dr. Des Colohan (Chief Coroner)

Gordon Garrison (Policing Services, Department of Justice and Public Safety)

Robin Laird (Health Information Unit, Health PEI)

Adam Peters (Vital Statistics, Department of Justice and Public Safety)

James Sullivan (Emergency Health and Planning Services, Health PEI)

## **Task Group: Harm Reduction:**

Stacey Burns (Harm Reduction, Chief Public Health Office)

Roy Cairns (Pharmacy Consultant, Department of Health and Wellness)

Dr. George Carruthers (Physician, Queen Street Clinic)

Kathy Jones (Public Health and Children's Developmental Services, Health PEI)

Karen MacDonald (Community and Correctional Services, Department of Justice and Public Safety)

## **Task Group: Collaboration on Opioid Supply**

Dr. Brian Barrett (Dental Association of PEI)

Cynthia Bryanton (Association of Registered Nurses of PEI)

Cpl. Andy Cook (Royal Canadian Mounted Police)

Dr. Rachel Kassner (PEI College of Physicians and Surgeons)

Erin MacKenzie (PEI Pharmacists Association)

Grant Wyand (Provincial Pharmacare Program and Drug Information System, Health PEI)

Michelle Wyand (PEI College of Pharmacists)

Consultation was conducted with individuals with lived experience, front line providers and non-governmental organizations.