

Addressing the Drug Poisoning Crisis in Grey-Bruce and Ontario: Backgrounder for the Grey County Council

Prepared by the Community Drug & Alcohol Strategy and the Grey Bruce Health Unit
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Calls to Action

Addressing the drug poisoning crisis requires action from all levels of government.

Local leaders can support **on-the-ground efforts** by:

- 1) Working with community partners to expand and enhance harm reduction outreach services.
- 2) Assessing the need for internal harm reduction education and identifying opportunities to incorporate harm reduction into current policies and practices.

Local leaders can act by advocating to **Provincial Leadership** for the following:

- 3) That the Ministry of Health appoint a dedicated coordinator focused solely on the provincial response to the emergency, and tasked with building partnerships between various sectors and act as a liaison between the government and the sectors.
- 4) That the Provincial Minister of Health and relevant regulatory Colleges support and fund the provision of safe supply initiatives and support the implementation of safe supply initiatives by adding the required formulations to the Ontario Drug Benefit Formulary to enable injectable safe supply initiatives to operate.

Local leaders can act by advocating to **Federal Leadership** for the following:

- 5) That the Federal Minister of Health declare the drug poisoning crisis a National Public Health Emergency and that the crisis be met with the same urgency observed in the federal response to the COVID-19 pandemic.
- 6) That the Federal Government urgently adopt a comprehensive, pan-Canadian action plan that addresses the factors that both contribute to harmful substance use and obstruct recovery, such as inadequate housing and social safety nets, with the goal of eliminating overdoses and drug poisoning deaths in Canada.
- 7) That the Federal Minister of Health decriminalize the possession of all drugs for personal use and scale up prevention, harm reduction, and treatment services.
- 8) That the Federal Minister of Health and relevant regulatory Colleges support and fund the provision of safe supply initiatives.

Background to Support the Calls to Action

- Evidence shows that in many areas throughout the nation, the COVID-19 pandemic is compounding the drug poisoning crisis, with harms from a range of substances significantly increasing throughout the duration of the pandemic.
- High rates of opioid-related deaths across Canada have been a significant and long-standing public health issue, predating the Covid-19 pandemic by over a decade.
- During the Covid-19 pandemic, there has been an increase in opioid-related deaths across Ontario and Canada as reflected in the following statistics:

- 3,351 opioid toxicity deaths reported within the first six months of the implementation of COVID-19 prevention measures, from April to September 2020 nationally, representing a 74% increase in comparison to the six months prior of 1,923 deaths.
- In Ontario, 1,705 opioid toxicity deaths reported between July and September 2020, the highest quarterly count since national surveillance began in 2016, representing a 120% increase from the same time frame in 2019 (776 deaths).
- 2,426 deaths due to opioid-related causes reported in Ontario in 2020, representing a 60% increase compared to 2019.
- Rates of opioid-related deaths have risen throughout the province during the Covid-19 pandemic, with rates more than doubling in 15 of 34 Public Health Units.
- There were 24 opioid-related deaths in Grey Bruce in 2020, a 50% increase from 2019.
- Half (52%) of accidental opioid toxicity deaths in Canada in 2020 also involved a stimulant, reflecting the polysubstance nature of the drug poisoning crisis.
- The drug poisoning crisis is not limited to opioids and includes increasing harms from a range of substances. Results from Toronto's Drug Checking Service show an increase in unexpected, highly potent drugs in the unregulated drug supply.
- The Covid-19 pandemic will resolve, and the drug poisoning crisis will continue.
- There is no one cause of the drug poisoning crisis; this issue is driven by the interaction of several issues, including the over-prescription of opioids, the toxic illegal supply of drugs, stigma, and criminalization, and this requires a multi-level response involving investments in prevention, treatment, harm reduction, justice, and housing.
- People who use drugs are on the frontlines of the drug poisoning crisis, and community leadership from people who use drugs, their families, and allies is a vital piece to ensuring the response to the drug poisoning crisis is appropriate and effective.
- Evidence based interventions that are required in this response include but are not limited to safe opioid supply, enhanced naloxone distribution, increased access and reduced barriers to services for people who use drugs, supervised consumption and overdose prevention sites, and policy reform to decriminalize, legalize and regulate all drugs.
- In July 2020, the Canadian Association of Chiefs of Police (CACP) endorsed the decriminalization of personal possession of drugs and urged all police agencies in Canada to recognize substance use as a public health issue. In December 2020, the Ontario Association of Chiefs of Police stated its support for the CACP decriminalization recommendations, as well as its support for safer supply and supervised consumption services.
- The Association of Municipalities of Ontario (AMO) and Ontario's Big City Mayors (OBCM) are calling for a multi-level response to end the drug poisoning crisis. These recommendations involve emergency management and policy reform that acknowledges the root causes of addiction, such as housing related factors, poverty, unemployment, and trauma.
- The pandemic response demonstrated how public health, community partners, and multiple levels of government can collaborate to address a complex issue.
- A coordinated, multi-sector, multi-level response that capitalizes on the momentum in combatting Covid-19 and channels efforts to address the drug poisoning crisis is needed.

Resources and Further Reading

1. **Through the Lens of Life Experience, Grey-Bruce Peer Advisory Committee, 2021**
<https://drugstrategy.org/wp-content/uploads/2021/06/Through-the-Lens-of-Lived-Experience.pdf>
2. **Grey-Bruce Opioid Response Plan, Opioid Working Group, 2020**
<https://www1.publichealthgreybruce.on.ca/Portals/0/Topics/AlcoholandDrugs/Harm%20Reduction/Grey%20Bruce%20Opioid%20Response%20Plan.pdf?ver=2020-01-23-153710-693>
3. **Changing Circumstances Surrounding Opioid Related Deaths, Ontario Drug Policy Research Network, 2021**
<https://odprn.ca/wp-content/uploads/2021/05/Changing-Circumstances-Surrounding-Opioid-Related-Deaths.pdf>
4. **Addressing the Opioid Overdose Crisis in Ontario: Municipal Recommendations for a Provincial Response**
<https://www.amo.on.ca/sites/default/files/assets/DOCUMENTS/Reports/2019/AddressingtheOpioidOverdoseEmergencyinOntario20190904.pdf>
5. **Working Together to Improve our Wellness: Recommendations from Ontario's Big City Mayors to improve mental health and addiction services in Ontario**
https://www.ontariobigcitymayors.ca/lwdcms/doc-view.php?module=news&module_id=747&doc_name=doc

Appendix: Glossary of Terms

Decriminalization of Drugs: Decriminalization refers to the repeal of laws and policies that define drug use and/or the possession of drugs for personal use as a criminal offence. Trafficking and production are still considered criminal activities. Drug use becomes an administrative rather than a criminal offence and is moved to the jurisdiction of public health.

Harm Reduction: An approach that seeks to reduce the health and social harms associated with substance use and addiction without necessarily requiring people who use substances to abstain or stop. Harm reduction provides people who use substances a choice of how they will minimize harms through non-judgemental and non-coercive strategies that enhance skills and knowledge to live safer and healthier lives.

Legalization of Drugs: Legalization refers to a status whereby the production, sale, and consumption of particular drugs are legal under certain circumstances. There may be regulations and restrictions on the manner and location of production, sale, and use - in order to support public health. Drug legalization is in line with regulatory efforts to restrict access to children, dissuade use while driving or working in certain jobs, ban use in certain locations, control manufacturing and distribution (including taxation and labeling), and create standards for purity and potency.

Naloxone: A medication which temporarily reverses opioid overdose.

Opioid Agonist Therapy (OAT): OAT, also known as opioid substitution therapy (OST), is the standard treatment for opioid use disorder. It involves prescribing long-acting oral or injectable opioids to improve stability and reduce withdrawal symptoms.

Safe Opioid Supply (SOS): A harm reduction approach which involves replacing illegal drugs with pharmaceutical alternatives. SOS combines immediate-release opioids with long-acting opioids to mitigate withdrawal symptoms, improve sleep and functioning, and reduce the likelihood an individual will access the illegal drug supply. Safe opioid supply is often provided with wrap around services such as housing and primary care.

Supervised Consumption Site (SCS): SCS are facilities that have been exempted by Health Canada under section 56.1 of the *Controlled Drugs and Substances Act*. Inside an SCS, people can use their own illicit drugs without being prosecuted for drug possession. In addition to witnessed injection and emergency overdose response, SCS typically offer a range of other support services to clients, including referrals to treatment programs and access to housing supports. Procedurally, establishing a SCS is laborious and time-consuming.

Overdose Prevention Site (OPS): OPS were established as a community-based response to overdose deaths and the slow bureaucracy associated with SCS applications. OPS tend to be peer-run, basic facilities (sometimes consisting of a tent in a public park) where people can use their own illicit drugs, access sterile harm reduction equipment, and receive emergency overdose response as needed. OPS are lower-barrier than SCS and offer the expertise and direct experience of experiential peer workers. OPS may permit modes of consumption that are prohibited in most SCS, such as drug inhalation. In Ontario, OPS are run via a temporary, Province-wide exemption from the federal government.

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