POLITICAL ACTION BULLETIN

Ontario's escalating overdose crisis

Between January 2016 and March 2022, more than 30,800 Canadians died from an opioid overdose. Ontario is not immune to this tragedy. In 2021, preliminary data from Public Health Ontario showed that 2,880 lives were lost - an average of eight people per day.

Evidence shows that the number of overdose deaths rose dramatically during the COVID-19 pandemic due to several factors. Pandemic-related public health measures, such as social distancing and the closure of public spaces, had devastating consequences on people who use substances. Increased social isolation, no or limited access to direct services and supports, an increasingly toxic drug supply, negative impacts on mental health and unsupported withdrawal all played a role in escalating the crisis. Urgent evidence-based action with a harm reduction approach is required to stop preventable deaths.

RNAO recommends that the provincial government:

- support and fund overdose prevention and supervised consumption sites (SCS) in every community in need across the province
- amend the Ontario Drug Formulary to support an expansion of safer supply programs
- decriminalize simple drug possession by obtaining a province-wide exemption from the federal government to Section 56.1 of the Controlled Drugs and Substances Act (CDSA)

Background

History of the crisis

The genesis of our current opioid crisis goes back three decades. The prescription of opioids such as codeine, fentanyl, morphine, oxycodone and hydromorphone increased significantly in the 1990s when drug companies started to develop and market new formulations of opioids for pain relief. A notable example, OxyContin, was introduced to the Canadian market in 1996 by Purdue Pharma. This was followed by an extended period of high rates of opioid prescribing.

By 2012, there was growing awareness of over-prescribing, as well as serious risks associated with opioid use, including physical dependence, substance use disorder and overdose. This led to efforts to decrease prescribing by changing drug formulations, developing guidelines for prescribing high-strength opioids and restricting access to opioids. An unintended consequence of these actions was an increase in street drug use.

In part, the rapid escalation of deaths since 2016 can be attributed to the growing toxicity of the illegal drug supply that is often laced with highly potent forms of opioids such as fentanyl, carfentanil and their analogues. Fentanyl contributed to 89.2 per cent of accidental opioid-related deaths in Ontario in 2021 – a 602 per cent increase since 2016. The COVID-19 pandemic had a large impact on drug overdose deaths – the number of opioid overdose deaths in Ontario in 2019 was 1,559, and a staggering 2,880 in 2021.

The impact of the crisis has triggered major litigation in Canada and the United States (U.S.) against drug manufacturers, distributors and wholesalers over their practices related to marketing and lack of oversight over the high rates of distribution. In Canada, for example, Ontario joined a national class action suit in 2019 launched by British Columbia in 2018 against more than 40 drug manufacturers and wholesalers. In part, it is alleged in part that drug companies helped trigger the overdose crisis by falsely marketing opioids as less addictive than other pain relief drugs.

There have also been criminal proceedings in the U.S. against at least one pharmaceutical company related to opioids. In 2020, Purdue Pharma plead guilty to criminal charges over its handling of its addictive prescription opioid OxyContin. And in 2021, consulting firm McKinsey & Company agreed to pay almost $600 million to 47 U.S. states to settle criminal investigations into its role in increasing opioid sales.

Changing legal and political landscape

In 2011, the Supreme Court of Canada found that Insite – the first supervised injection services (SIS) site in North America, located in Vancouver – could continue to operate after attempts to shut it down. The court found that Insite "has been proven to save lives with no discernible negative impact on the public safety and health objectives of Canada." The court also ordered the federal government to revise its policies within one year to allow other supervised injection services (SCS) to operate legally in Canada.

What are supervised consumption services?

Supervised consumption sites (SCS) include:

- supervised injection services (SIS)
- overdose prevention services (OPS)
- consumption and treatment services (CTS)

SCSs operate from a harm reduction approach with the primary goal of keeping people alive and avoiding overdose deaths. They allow people to use previously-obtained illicit drugs under the supervision of registered nurses (RN), nurse practitioners (NP) and peer support workers. They provide sterile supplies, overdose prevention and management, as well as low-barrier access to other health and social support services. Most SCSs also offer drug checking services to determine whether their clients' street drugs have been laced with toxic substances.

An SCS requires approval from the federal government for exemption under the CDSA. Without such an exemption, SCS staff and people who use substances would be exposed to the risk of criminal prosecution for certain drug offenses under the CDSA.

Unsanctioned safe injection sites (SIS) began popping up in Toronto and Ottawa in 2017 in response to the need for overdose prevention services in these communities. Sanctioned interim sites soon followed.

In December 2017, Health Canada allowed provinces to request an exemption under the CDSA for temporary overdose prevention services (OPS) to respond to the increasing opioid crisis. In January 2018, the Ontario government expedited applications to establish OPSs. By October 2018, the Ontario government announced plans to fund 21 CTS sites – an arbitrary number not based on actual community need. This plan has not changed, despite a demonstrated critical need in communities across Ontario exacerbated by the pandemic.

There are currently 26 SCSs operating in Ontario, including 17 of the 21 CTS sites promised by the government in 2018. (See link for a map of all sites in Ontario: https://health.canada.ca/en/health-canada/services/drugs-medication/opioids/responding-canada-opioid-crisis/map.html#wb-auto-7).

RNAO advocacy

For more than a decade, RNAO has advocated for evidence-based substance use policy founded on the understanding that substance use disorder is a health issue, not a criminal matter. In 2011, RNAO joined a nation-wide nursing coalition in support of keeping Insite open. From 2013 to 2016, RNAO demanded the Ontario government open and fund SISs/OPSs and decriminalize simple possession and use of drugs. In more recent years, RNAO has advocated for an increase in safer supply programs.

In February 2018, RNAO released a best practice guideline (BPG) – *Implementing supervised injection services* – to support the clinical practice of nurses and others working with people who inject drugs. RNAO undertook this work in response to the growing need in our province, and at the request of Toronto's then Medical Officer of Health, Dr. David McKeown, who served as panel co-chair for the guideline. The BPG was developed using a systematic review of evidence and extensive consultation with an expert panel, including community members with lived experience. The 11 recommendations in the BPG cover a range of topics, including integrating peer workers and health and social services into programming and aligning future locations and operations according to local population needs.

RNAO approach: Harm reduction

The crisis of opioid-related deaths demands immediate action using a harm reduction approach. Harm reduction is an evidence-based, person-centred approach that prevents or lessens the harms associated with substance use. It includes a series of programs, services and practices that provide people who use substances with choices on how they can minimize harms through non-judgmental and non-coercive strategies.

RNAO considers the current response to this public health crisis grossly insufficient. It has resulted in thousands of preventable deaths, hospitalizations and emergency department visits. This has added a huge strain to our already overburdened health-care system. And, it has caused tremendous grief to the loved ones of those who have died from overdose.

RNAO recommendations

RNAO urges the following changes to the government's response:

1. *Support and fund overdose prevention sites and supervised consumption sites in every community in need across the province*

In 2018, the provincial government arbitrarily capped the number of CTS sites without regard to community need, and despite the fact that SCS interventions have been shown to save lives. SCSs have the potential to reduce the number of fatal and non-fatal substance overdoses and the spread of infectious diseases. They also lead to cost savings by connecting people with wrap-around health and social services. They help save lives and can stop the increase in overdose deaths. The number of sites in our province must reflect actual community need.

RNAO recommends that the government lift the cap immediately on CTS sites to provide these services to every community in need of them.

2. *Amend the Ontario Drug Formulary to support the expansion of safer supply initiatives*

At the intersection of dual public health emergencies – COVID-19 and opioid-related overdoses – people who use substances are faced with a number of risks such as fatal or non-fatal overdose, risk of infection and health risks related to withdrawal for those who must self-isolate or quarantine because of COVID-19. The contaminated drug supply is a major driver of the opioid overdose crisis. An extension of harm reduction beyond supervised consumption, safer supply is a pragmatic and ethical response to the opioid overdose crisis for persons at high risk of overdose. RNAO supports providing low-barrier access by prescriptions to safer supplies of pharmaceutical-grade substances as a safer alternative to the poisoned drug market for individuals at high risk of overdose.

Some safer supply programs already exist across Ontario, with funding from the federal government. They help reduce preventable deaths and keep people connected to care. However, not all safer supply drug options are listed on the Ontario Drug Formulary. This limits their effectiveness as a harm reduction response. And, the absence of coverage of some safer supply options creates a financial barrier for those seeking help. In contrast, B.C. offers a larger scope of safer supply options as part of their provincial drug benefit. RNAO would like a similar program in place in Ontario.

RNAO recommends that the Ontario Drug Formulary be amended to eliminate financial barriers to a broader variety of safer supply options.

3. *Decriminalize simple drug possession by obtaining a province-wide exemption to Section 56.1 of the Controlled Drugs and Substances Act (CDSA) from the federal government*

Substance use is a matter of public and personal health. The ongoing criminalization of substance use diverts focus and resources away from harm reduction and the health-care needs of people who use substances. Continued criminalization also stigmatizes those who use substances. This stigma isolates users, forcing those who use drugs or have addiction issues into the shadows and, as a result, increases the risk of overdose. Research shows that individuals who use drugs face multiple layers of discrimination and barriers to getting health care. And, incarcerating people who use substances does not address or prevent community harms associated with unsupervised drug use.

WHAT IS DECRIMINALIZING SIMPLE POSSESSION?

"Decriminalizing simple possession" means eliminating criminal sanctions for possession of an amount of controlled drugs clearly intended for personal use.

The Controlled Drugs and Substances Act (CDSA) is a federal law that makes the possession of certain controlled substances a criminal act. The CDSA provides a process for creating exemptions to criminal possession – for example, if an exemption would be in the public interest.

Decriminalization as a response to the overdose crisis is gaining momentum across Canada. A number of federal bills have been or are being debated in parliament – for example, C-216, C-5 and S-232 – that seek to decriminalize simple possession or change the nature and extent of sentencing for those found guilty of possessing illegal drugs. Municipal governments, local boards of health and police associations have also been active in pushing for decriminalization. For example, the cities of Edmonton, Montreal and Vancouver all passed motions calling on the federal government to decriminalize simple possession within their respective municipal boundaries. Toronto's board of health applied for a federal exemption to Section 56.1 of the CDSA in January 2022. And, both the Canadian Association of Chiefs of Police and the Ontario Association of Chiefs of Police have endorsed decriminalization as a response to the overdose crisis.

Efforts in Vancouver have met with some success. Following the motion of Vancouver city council, the province of British Columbia (B.C.) sought a province-wide exemption for simple possession. Starting in January 2023, a three-year pilot program will allow individuals to legally possess up to 2.5 grams of certain illicit substances.

RNAO recommends that Ontario apply to the federal department of health for a province-wide exemption under section 56.1 of the CDSA.

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