# RNAO feedback on intent to develop new regulations under the *Controlled Drugs and Substances Act* with respect to supervised consumption sites and services

Submission to the Controlled Substances Directorate of Health Canada, via federal consultation process

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**Re: Health Canada's intent to develop new regulations under the *Controlled Drugs and Substances Act* (CDSA) with respect to supervised consumption sites and services**

Dear Director Boudreau,

The Registered Nurses' Association of Ontario (RNAO) is the professional association representing registered nurses (RN), nurse practitioners (NP), and nursing students, in all roles and sectors across Ontario. Since 1925, RNAO has advocated for healthy public policy, promoted excellence in nursing practice, increased nurses' contributions to shaping the health system, and influenced decisions that affect nurses and the public they serve. RNAO has urged implementation of evidence-informed drug policy at both the federal, provincial and municipal levels for more than a decade[1] [2] [3]; thus, welcome this opportunity to provide feedback on Health Canada's intent to develop new regulations under the *Controlled Drugs and Substances Act* (CDSA) with respect to supervised consumption services (SCS) and sites.[4] RNAO also has important expertise on advising evidence-based practices related to substance use, with best practice guidelines on *Engaging Clients Who Use Substances*[5], *Supporting Clients on Methadone Maintenance Treatment*[6], and *Implementing Supervised Injection Services*[7].

People who use substances are disproportionately impacted by COVID-19.[8] The existing social, economic and political inequities that this group of vulnerable Canadians faces have been magnified, further contributing to their marginalization in communities across the nation during the pandemic. Within the first five months of 2020 alone, there were 770 deaths from opioid-related causes in Ontario –an average of over 5 deaths per day.[9] Further, Ontario's Chief Coroner reported 50 to 80 Ontarians are dying each week from drug overdoses since the pandemic began, compared to a median of 44 per week in 2019.[10] As these dual public health emergencies intersect, RNAO urges both immediate action and long-term planning that are based on the best available evidence to stem the loss of life from both COVID-19 and the escalating opioid overdose epidemic.[11] There is substantive evidence on the effectiveness of harm reduction and SCS, and RNAO applauds the commitment of the federal government to scale up SCS in order to save lives and ensure that all Canadians have access to the evidence-based health services they need.

RNAO has framed our feedback in accordance with the three queries posed by Health Canada in the notice of intent[12]:

**Impacts of Supervised Consumption Sites or Services**

Impact of SCS on people who use drugs

With an estimated 35,000 Canadians seeking services provided by supervised consumption sites between 2017 and 2019, it is starkly apparent that there is a high demand among people who use substances for SCS.[13] SCS saves lives by reducing both health and social harms associated with substance use. Canadians that are reliant on the increasingly toxic drug supply from the illicit drug market are at increased risk of overdose morbidity and mortality, as well as other negative health outcomes (e.g. cellulitis, endocarditis, human immunodeficiency virus [HIV], hepatitis C virus [HCV]).[14] The evidence highlights that SCS provides safer injection conditions, enhances access to primary health care and reduces overdose frequency[15] -- all significantly impactful outcomes on people who use substances. SCS are effective at reducing harms related to intravenous drug use, such as decreasing sharing and reusing of syringes and the related risk of transmitting infectious diseases. Supervised consumption sites serve as a referral pathway for access to detoxification, treatment and other vital health (e.g. wound care) and social services (e.g. counseling).[16] These sites often attract and retain marginalized people who may have limited and inconsistent interaction with the health system, despite numerous unmet health and social needs. Consistent access to SCS can help people who use drugs to build trusting relationships with frontline service providers, that are non-judgmental and supportive; thereby, helping persons find a path to recovery when they are ready.[17]

Impact of SCS on communities

Evidence supports that SCS reduces public drug use and drug-related litter in public places, ensuring a safer local community.[18] It is critical to remember that people who use drugs are members of our communities—deserving of respect and dignity. SCS can lead to increased community awareness about harm reduction and supervised consumption services and may contribute to a reduced stigmatization of people who use drugs. The evidence does not suggest that SCS increases drug use, theft or crime; rather, can bring stability to the community by improving public order.[19]

Impact of SCS on provinces/territories

Notable cost savings produced through overdose management at supervised consumption services across Canada are reported, given the reduction in costs associated with a reduced reliance on emergency services.[20] Evidence has demonstrated SCS to be an efficient and

effective use of financial resources, particularly with respect to a reduction in associated health care costs with HIV and HCV.[21]

**Federal Regulatory Barriers and Burdensome Aspects of SCS Process**

Decisions pertaining to implementation and accessibility to health services should be based on the evidence of need and the prospective benefit of addressing that need; however, implementation of SCS, despite escalating opioid overdose fatalities, continues to be highly vulnerable to the political context at all levels of government. For example, federal SCS applications are still considered on a case-by-case basis for a section 56.1 exemption under the CDSA; thus, the federal minister of health remains the gatekeeper for Canadians to access evidence-based health services that they need. This type of discretionary regime is not applied to other evidence-based health services in Canada, which contributes to the stigmatization and discriminatory treatment of health services intended to meet the needs of people who use drugs. The lack of confidence in the sustainability of SCS because of this federal regulatory barrier is stressful and disruptive for both people who use drugs and the nurses and other providers of those services, fearing criminal liability under the CDSA.

The resource-intensive process of applying for SCS federal exemption under section 56.1 of the CDSA does not align with the time-sensitive nature of this public health crisis. A primary aspect of the SCS process that RNAO considers to be unnecessarily burdensome is the community consultation portion. Garnering public support should not hinder timely access to SCS services to meet an urgent need. There is always potential for community stakeholders to express dissatisfaction with SCS, but criticism should not preclude implementation of SCS; rather, engagement of community stakeholders over time can aid in the development of cooperative relationships.[22] The criterion to submit a community consultation report "reinforces the notion that SCS are exceptional, that their value is a matter of debate, and that they exist outside of the continuum of care for at-risk populations"[23].Ontario's enhanced requirements to consult with groups that may be resistant to SCS causes further harm by giving multiple platforms to express discrimination. In RNAO's 2019 federal election campaign, we urged nurses and the public to vote for candidates that commit to responding to the opioid crisis by ensuring that supervised consumption sites are available and funded where needed, not where they are 'wanted'.[24]

To provide SCS, nurses work collaboratively with other team members, including, but not limited to, mental health and harm reduction workers, social workers, and workers with living or lived experience to meet the needs of people accessing those services.[25] When led by people with lived expertise of substance use, new harm reduction initiatives have shown to be more accessible, accommodating, relevant and acceptable for people who use substances.[26] Evidence shows beneficial impacts from meaningfully integrating persons with lived experience in SCS, including promoting respect, decreasing stigma, and improving health equity for those accessing

services.[27] A criminal record should not be a barrier to participation in working at a supervised consumption site and should not dismiss one's ability to fill a vital role in providing SCS.[28] [29]

In addition, the securement of funding should not be a precondition to obtaining a federal exemption under section 56.1 of the CDSA. In some cases, it can be challenging to secure funding to operate a supervised consumption site or overdose prevention site without the legal certainty of an exemption first. Currently, four sites are operating in Ontario with the Health Canada exemption that do not have provincial funding; federal funding should be made available to support SCS where needed across the country. In communities of need, some service providers, including community organizations, may not have the financial or human resources necessary to meet the pre-condition of securing funding. Federal funding and support that is sustained and not time-limited is critical to support SCS in all communities with need. Small communities in Ontario that are actively working towards securing SCS sites are unable to meet the stringent application requirements.[30]

Challenged by dual public health emergencies, people who use drugs are faced by a number of unprecedented risks, including overdose and other harms related to an increasingly toxic illicit drug supply, spread of infection among those with underlying health conditions, and potential for unsupported withdrawal for those who must self-isolate to prevent the spread of COVID-19.[31] The development of new regulations under the CDSA respecting supervised consumption sites and services is a unique opportunity to integrate SCS into a continuum of comprehensive health and social services for people who use drugs and leverage the innovative approaches taken during the COVID-19 pandemic.

Given that 20 of the 38 SCS currently operational in Canada are in Ontario, the federal SCS process should be sensitive to Ontario's CTS process. The application process needs to be streamlined across all levels of government without unnecessary bureaucratic hurdles. A precondition for a provincial CTS application is a federal exemption under section 56.1 of the CDSA; yet, a lot of the requirements are duplicative and resource-intensive. RNAO recommends the government to assert a leadership role with the provinces and territories to provide greater access to life-saving SCS.

**Scenario: The Gordian Knot of Federal (SCS) and Provincial (CTS) Barriers**

Barriers to receiving a federal exemption to open a supervised consumption services (SCS) site from Health Canada under the *Controlled Drugs and Substances Act* and barriers to being approved and funded as a consumption and treatment services (CTS) site by the Ministry of Health result in a Gordian Knot that impede access to life-saving health services. The strands that make up the federal portion of this knot are sequential and political in nature. If those parts manage to be unraveled, applicants can seek approval and funding at the provincial level with its own sequential and political strands predisposed to tangle.

In response to concerns about an increase in overdose deaths, a community-based organization (CBO) (such as a local HIV/AIDS organization) starts the process of trying to open a SCS by meeting the Health Canada requirements. In collaboration with the local public health unit, they are able to provide a report describing the need in their community as well as a report documenting their public consultation process. As part of the application process, they must submit a detailed site floor plan, but they are unable to secure a suitable location as landlords are unwilling to rent to them. Not only are landlords worried about usage of their property as a SCS, they are also worried about the CBO's capacity to pay the rent and the length of their lease. A second significant barrier is that the federal application requires documentation confirming sources of funding. The CBO has strong relationships with those needing SCS services but their resources are limited. They will not be able to open and be sustainable without a regular source of funding.

If a CBO has an approved location and interim funding (e.g. from previously operating as a temporary overdose prevention site), the CTS application can be denied for not meeting program requirements or at the discretion of the Ministry. Program requirements include being at least 600m from another CTS or similar service and additional community engagement to address concerns for a proposed site within 100m-200m to parks, schools, and child care services. Besides the consultation process to meet the federal requirements, the CTS application requires additional evidence of community support that includes local businesses, business associations, local citizens, community groups, police, board of health, and a municipal council resolution.

Moving forward, RNAO recommends a radical policy shift that includes decriminalizing activities related to personal drug use.[32] The Canadian Association of Chiefs of Police recognizes that substance use is a public health issue and reaffirms the evidence suggesting that decriminalization for simple possession is not an effective way to reduce the public health and public safety harms that are associated with substance use and addiction.[33] In the interim, the federal government should regulate a simple and streamlined SCS process by granting class exemption under section 55 of the CDSA to operate SCS, when a set of minimal conditions are met that exist to protect the health and safety of people who use drugs, frontline service providers and the communities they serve.

**Types of Supervised Consumption Services: Opportunities and Evidence**

A continuum of SCS is needed in Canada, ranging from low-threshold services to comprehensive health services that provide primary care, mental health care, treatment and/or social services.[34] Local communities have differing needs and should have the flexibility to offer a range of services that meets the needs of people who use drugs within that community.

In 2018, RNAO released a best practice guideline entitled *Implementing Supervised Injection Services*.[35] This evidence-based resource highlights that regulations prohibiting assisted injection

from a nurse was a barrier to using supervised injection services. Women and people living with disabilities are disproportionately represented among those who require assistance with injecting drugs and do not have equitable access to SCS given the regulatory barriers that currently exist. RNAO's best practice guideline recommends:

- Recommendation 3.5: Advocate for legislation and regulations to support ethical policies and procedures that increase access to and utilization of supervised injection services for people who require assisted injection support, and youth who inject drugs.[36]

Studies have demonstrated that requiring assistance to inject drugs is associated with an increased risk of syringe-sharing, injection-related injury or infection, HIV and overdose, as well as street- or partner-related violence, abuse and exploitation.[37] The capacity to inject should not prevent the most vulnerable people from accessing SCS. RNAO recommends modification of the exemption under the CDSA section 55 and 56 to allow a nurse or peer to provide injection assistance without criminal prosecution.[38]

The contaminated and toxic illicit drug supply is a major driver of the opioid overdose crisis. From January to March 2020, 86 percent of accidental opioid-related deaths involved fentanyl or fentanyl analogues in Ontario—representing a 40 percent increased compared to accidental opioid-related deaths in 2016.[39] 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.[40] RNAO supports providing access to a safer supply of pharmaceutical-grade opioids as a safer alternative to the poisoned illicit drug market.[41] A network of primary care clinicians in Ontario have developed a guiding document for community-based Safer Opioid Supply programs (SOS) that are harm reduction driven and aimed at reducing the risk of overdose and overdose deaths.[42] As outlined in the August 2020 letter from the federal Minister of Health to the provincial and territorial ministers of health, "Providing a pharmaceutical-grade alternative to the toxic street supply (i.e. a safer supply), both in the context of treatment or as a harm reduction measure, can support people who use drugs by reducing their risk of overdose, infection and withdrawal."[43]

In conclusion, amid COVID-19, nurses in Ontario have valued the actionable commitment of the federal government in ensuring people who use drugs have the tools and support they need to reduce health and social harms and remain safe. The funding and support provided to expand access to safer supply projects in Ontario for those at risk of overdose and the proactive class exemptions under the CDSA to allow for the establishment of Urgent Public Health Need Sites are important examples of this commitment.[44]

RNs and NPs play a pivotal role in SCS, one that is complex and unique and requires a breadth of knowledge, professional autonomy and critical thinking.[45] As such, they are well-positioned to advocate on behalf of and alongside people with lived experience to urge immediate action in response to the escalating opioid overdose crisis. RNAO appreciates your consideration of our feedback on the intent to develop new regulations with respect to SCS. We look forward to working with the federal and provincial governments to ensure Canada and Ontario's response to the current opioid crisis is robust, well-coordinated and effective.

Warm regards,

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Chief Executive Officer, RNAO

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