

November 18, 2016

## Civil Society Statement to the National Opioid Summit

Canada is in the midst of an opioid overdose crisis. This statement outlines concerns that civil society organizations have about the emerging federal, provincial and territorial response to this crisis and proposes a collaborative way forward to end the crisis. We applaud the federal government for taking this crisis seriously and engaging in steps to prevent drug overdose by rescheduling the life saving drug Naloxone, passing Bill C-224 - *The Good Samaritan Drug Overdose Act* and committing to make the necessary changes to the *Respect for Communities Act* to remove barriers to the timely establishment of supervised consumption services. These are all strategies the community has been working towards for many years and we appreciate the strong support for harm reduction approaches that this government has demonstrated.

Specifically, we would like to thank Federal Minister Philpott and Provincial Minister Hoskins for convening this conference and the activities surrounding it. It is an important and formative step towards developing a truly national response to the serious public health epidemic of overdose deaths that individuals, families and communities across this country are dealing with.

However, we are keenly aware that much of the community that is directly affected by this opioid crisis was not invited to attend this summit. As organizations fully engaged and supportive of a comprehensive and coordinated response to opioids in Canada, we have some concerns including:

- The perspectives of people, who are using opioids, whether legal or illegal, must be considered as central to the emerging plans of action that governments are currently developing. After all, these are the citizens who are dying at unprecedented rates. Their perspective must be included in any attempts to intervene in this crisis.
- Civil society, including the families directly impacted by these deaths, is not being engaged adequately by governments mounting responses to the opioid crisis. Urgent, sustained and collaborative responses are required that must be implemented in concert with a range of community actors. To date this collaboration is not occurring in most jurisdictions.
- The urgent response required must be adequately resourced for a significant period of time since the crisis will not be turned around overnight and must be proportional

to the scale of the problems being addressed as in other public health emergency response and preparedness – road safety, Ebola, SARS etc.

- The move to prohibit high dose opioids from the market in concert with prescription monitoring programs to reduce access to opioids must be coordinated with the scaling up of adequate harm reduction services in each province and consultation with those who use drugs. If this doesn't occur, the experience with the removal of oxycodone from the market, the primary driver of the rise of fentanyl related overdose deaths, may be repeated.
- The predominant view that this crisis has been created by the medical system is problematic. While the increased access to opioids has played a role in increasing problematic opioid use, the vast majority of people who are dependent on these substances are so because of the traditional drivers of problematic substance use - poverty, trauma/abuse, colonization, and other psycho-social vulnerabilities.

### **We propose:**

- Treat the situation as the health epidemic that it is and deploy the adequate range of public health tools designed for the epidemic response, including timely, actionable data and adequate funding to support the full implementation of the evidence based interventions that are available including:
  - Scaling up all evidence based treatment modalities including suboxone, methadone, hydromorphone, and heroin assisted treatment across the country.
  - Scaling up access to supervised consumption services (SCS) in communities where needed.
    - Complete necessary changes to the Respect for Communities Act to reduce the excessive amount of paperwork needed to create SCS's.
  - Scaling up consistent access to naloxone
  - Implement an ongoing collaborative process such as a national opioid task force on opioid response and prevention.
    - Task force will develop, implement and monitor the crisis response plan aimed at reducing drug overdose in Canada and take the lead on formulating a long-term strategy.
    - Task force should include a diverse group of stakeholders including members from civil society, people who use substances, health, science and provincial and territorial representatives.

- Do not employ supply reduction interventions (e.g. prescription drug monitoring programs and elimination of high dose opioids from the market) without further study of the unintended consequences of these types of prohibitive policies.
  - Understand that restricting supply without addressing the major gaps in treatment services will lead to more people turning to the illegal drug market worsening this overdose crisis.
- Commit a review of Canada’s drug criminalization and prohibition-based drug policies. One hundred years of prohibition has not worked. People are dying. We need a new regulatory approach to deal with currently illegal drugs. We are several years into this opioid crises and need to recognize the systems failure that is evident by the number of deaths that continue to happen.
  - We need a new system that actually has the levers of access and control built in.
- We need tangible target dates for action at the federal, provincial and territorial levels of government for implementation of specific policy and program interventions.
  - All provinces need to dedicate adequate funding to enable the implementation of a comprehensive response at the community level.

Canadians are dying at an unprecedented rate due to opioid overdose. The piecemeal policies and programs that all levels of government have been implementing are at best “band-aid” solutions. Action is needed now. This crisis calls for an urgent, proportional and collaborative response to save lives. We look forward to working with all parties towards this end.

**Canadian Drug Policy Coalition**

**Canadian HIV/AIDS Legal Network**

**Canadian Association of People Who Use Drugs**

**Coalition of Nurses and Nursing Students for Supervised Injection Services**