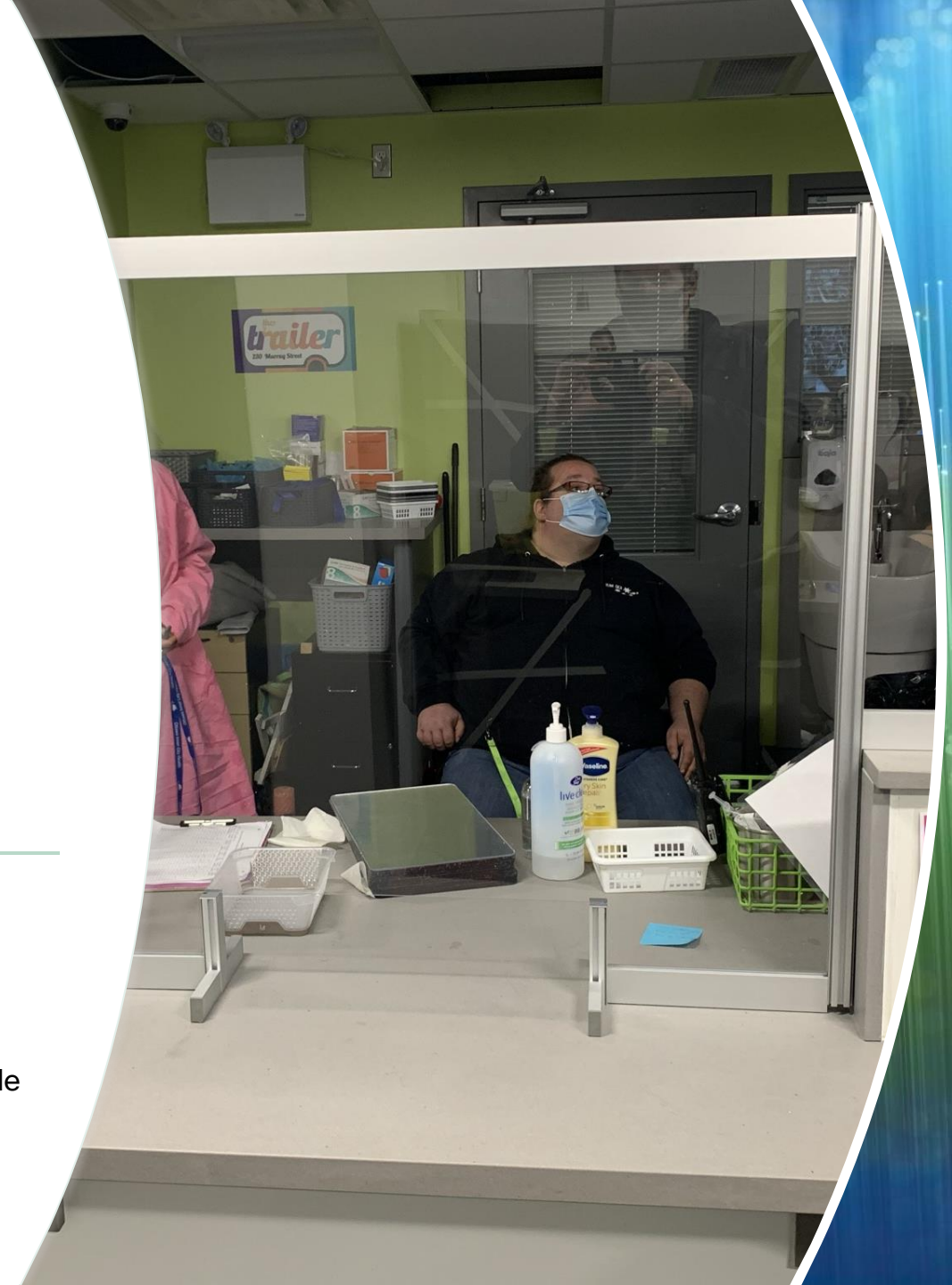
# The War on Drugs

# A Failed Exercise




The Opiate Crisis In Canada

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# From Prescription Opioids to Illicit Fentanyl

## A Brief History

- Prior to 2017 most illicit opiate use involved prescription grade drugs
- Role of the pharmaceutical industry and the medical community
- Shifting sand... from pharmaceutical to street drugs
- Organized Crime role

## How We Failed Our Communities

- Government policy
- Medical institutions
- Stigma-refusal to listen to the voices of people with lived and living experience
- Created the need for the illicit drug market to address demand, law enforcement inadvertently fueled the shift to a drug supply which was stronger and less safe

# A Worsening Crisis

- Overdose deaths
- Paramedic and hospital encounters
- Impact on policing and judicial resources
- Age distribution/life expectancy
- All populations impacted, but specific groups are impacted more than others
- Changes in the substances which are fatal too rapid for health provider and funders to adapt

# Opioid related Harms In Canada

From January 2016 to September 2023 there have been 42,494 opioid-related deaths

January to September 2023:

- 4,646 hospitalizations
- 21,708 emergency room visits
- 33,015 paramedic calls for an overdose
- 5,975 accidental overdose deaths

- The latest surveillance data show that 169,723 reported opioid-related poisoning between January 2016 and September 2023.
- Fentanyl and its analogues were involved in 44% of opioid-related poisoning emergency department visits.
- 22 dead per day
- 17 hospitalizations
- 80 Emergency Department
- 121 Emergency Medical Services

# Raw Data

| Crude rate of opioid-related harms per 100,000 population | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Harm | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 Jan-Sept |
| Apparent opioid-related deaths daily | 7.8 | 10.7 | 11.9 | 9.8 | 16.5 | 19.1 | 19.9 | 22 |
| Hospitalizations for opioid-related overdoses daily | 16.8 | 18.4 | 17.6 | 15.5 | 17.8 | 19.6 | 18.5 | 17.4 |



# Supervised Consumption Site(s)

Canada’s first Supervised Consumption Site came about as a result of high HIV rates among the intravenous drug using population, opened in Vancouver in 2003.

Grew in popularity with sites opening in many major Canadian cities.

In 2017 new legislation (C-37) changed the application process for a Supervised Consumption Site.

Begins with the application and granting of an exemption for clients to have illegal drugs in the facility.



# Bill C-37 Application Criteria

Supreme Court of Canada spoke to five criteria:

- Impact on crime rates;
- Local conditions indicating need;
- Regulatory structure in place to support the facility;
- Resources available to support its maintenance; and
- Expressions of community support or opposition.

Legislation also focussed on law enforcement:

- All applications and decisions would be made public.
- Law enforcement gained increased powers under money laundering authority.
- Border services gained search authority to look for Opioid ingredients in transit.
- Increased police officer authorities for military police investigating drug offences.

# Supervised Consumption Sites(Canada)

Thunder Bay, ON
Sudbury, ON
St. Catherines, ON
Kitchener, ON
Kingston, ON
Hamilton, ON
Ottawa, ON
Toronto, ON
London, ON
Peterborough, ON
Guelph, ON



Vancouver, BC
Kelowna, BC
Kamloops, BC
Victoria, BC
Surrey, BC
Grand Prairie, AL
Calgary, AL
Lethbridge, AL
Edmonton, AL
Saskatoon, SK
Montreal, QC

# Impact of Consumption Site

March 2020 to January 2024

- 356,687 individual clients
- 2,423,702 individual visits
- 38,971 overdoses
- 16,180 Naloxone uses by staff
- Zero fatalities
- 3,245 calls for other medical services
- 752 calls to law enforcement

What a Consumption site can do:

- Reduce overdose deaths of site users
- Test drugs being used
- Connect people with supportive services
- Reduce the spread of disease among the addicted population
- Reduce drug paraphernalia found in public venues
- Reduce the number of addicts using drugs in public spaces.

# Community Impact of Supervised Consumption Facility

POSITIVES:

- Prevents overdoses.
- Saves lives during overdose situations: Naloxone and promotes safety.
- Engagement between addict & healthcare providers.
- Engages on alternatives, like treatment.
- Promotes other harm reduction strategies, clean needles, drug testing, and education.
- Intervention of associated illnesses, such as mental health, infections , hepatitis C, etc…
- A place where users once stabilized, can work and support other members of the community.

NEGATIVES:

- Becomes a focus for drug users and drug trafficking.
- May be seen to promote or condone drug use.
- Does not emphasize enough definitive absence, based  treatment.
- Does not provide enough “wrap around services” in an effort to provide exit streams.
- Not enough emphasis on “Continuum of Care”.
- Law enforcement identifies challenges of drug users engaged in illegal activity and activities of dealers in area.
- Can become the “end game” for clients with no prospect for future.

# Supervised Consumption and Safe Supply

Some locations provide a “safe supply” alterative.

- A relatively new term.
- Defined: “a legal and regulated supply of drugs with mind/body altering properties that traditionally have been accessible only through the illicit drug market.”
- A goal of safe supply is to enable people who use drugs to access regulated substances from a legal source, rather than toxic versions from illicit markets.
- A registered “opioid” addict can receive prescribed drugs to replace what they would normally obtain from street dealers.



# Perspective

- Supervised consumption sites can be “access points of care”.
- Important to have wrap around services available.
- Engage clients in access to residential drug treatment programs.
- Engage community in monitoring of issues within area of Consumption Site.
- Enhance law enforcement activity - potential impact of crime increase.
- Consideration for consumption site for access to alternative drug therapy.
- Continuous and independent monitoring and analysis of Consumption Site for impact on clients and community.
- Consideration for medical staff to engage in a “controlled” safe supply program or pilot for registered drug users accessing Consumption Site.