

Addressing the Drug Poisoning Crisis in Grey-Bruce and Ontario: A Call to Action

Prepared by the Community Drug & Alcohol Strategy for Grey County Council

Presented by:

Ian Reich, Public Health Manager, Sexual Health, Harm Reduction, Grey Bruce Health Unit

Clark MacFarlane, Chief Executive Officer, CMHA Grey Bruce Mental Health and Addictions Services

Alison Govier, Coordinator of the Community Drug and Alcohol Strategy

Sandra McLay-Winters, Peer Advisory Committee Member

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. For this reason, this presentation is focused on opioid-related harms, however it must be acknowledged that other substances are involved in and driving this devastating drug poisoning crisis.

Purpose of the Presentation

1. Provide council with accurate, current and locally relevant information about important public health concerns related to the drug poisoning crisis;
2. Review proven and emerging interventions that are gaining traction across the province and country;
3. Discuss the local response and what actions councils can take to support communities in Grey and Bruce counties.



A collaborative of organizations and community groups, with the mission to improve health and wellbeing for individuals, families and communities and Bruce and Grey counties by reducing the harms associated with substances.



Community Drug & Alcohol Strategy

- The Community Drug & Alcohol Strategy (Drug Strategy) is a collaborative of organizations and community representatives who agree to actively work together, in good faith, to reduce the harms associated with substance use.
- Our vision is improved health and wellbeing for individuals, families and communities in Bruce and Grey counties.
- The collaborative was established in 2009 under the name 'Grey Bruce Task Force on Crystal Meth' and has since broadened its mandate to address all substances.
- Members of the Drug Strategy recognize that substance use and addiction is a complex health issue that affects all residents of Bruce and Grey counties. Though some groups may be at increased risk of harm, substance use and addiction occur across socioeconomic boundaries and the impact on families, community and service systems is felt by all.
- The work of the Drug Strategy leverages strong relationships already in place across Bruce and Grey counties, creating new opportunities for collaboration and resource alignment around substance use and addiction issues.
- The Drug Strategy is resourced by grants from Grey County and Bruce County. The work is facilitated by a full-time network coordinator.
- Our efforts are aligned with the 30+ municipal drug strategy groups across Ontario. These strategies take a multi-sectoral approach (treatment, harm reduction, enforcement, and prevention) to address substance-related harms, while responding to unique regional needs and opportunities.)

- We are governed by a flexible form of affiliation that enables organizations and community groups to work together in Working Groups.

For more information visit:

Website: www.drugstrategy.org

Strategic Plan: https://drugstrategy.org/wp-content/uploads/2019/09/CommunityDrugAlcoholStrategy_StrategicPlanSinglePages_WEBv4_SEPT6_2019.pdf

Opioid Working Group

- The Opioid Working Group is a subgroup of the Community Drug and Alcohol Strategy. The Grey Bruce Health Unit provides leadership for this group, bringing together professionals and community members to address the opioid epidemic locally.

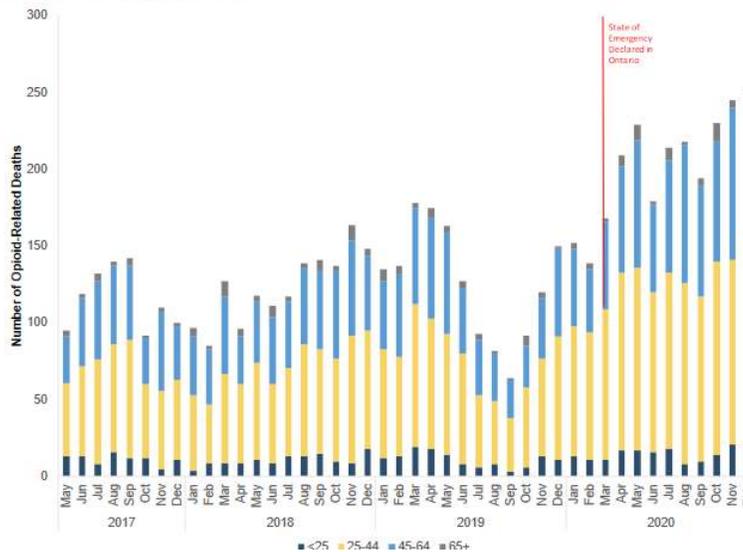
For more information:

Grey Bruce Opioid Response Plan:

<https://www1.publichealthgreybruce.on.ca/Portals/0/Topics/AlcoholandDrugs/Harm%20Reduction/Grey%20Bruce%20Opioid%20Response%20Plan.pdf?ver=2020-01-23-153710-693>

Trends in Opioid-Related Deaths

Monthly number of opioid-related deaths in Ontario prior to, and during, the COVID-19 pandemic



- The pandemic emerged in the midst of an ongoing epidemic of opioid-related deaths.
- Data shows that the pandemic is compounding the opioid epidemic, with harms increasing throughout the duration of the pandemic.
- The pandemic response has consisted of waves of public health restrictions of varying severity to help mitigate the spread of COVID-19. These restrictions have included physical distancing measures that resulted in reduced service levels for health and social services, such as pharmacies, outpatient clinics, and harm reduction sites, that provide care to people who use drugs.
- Despite the intention to reduce the impact of COVID-19, there was also concern that these measures would lead to unintended harms.

These unintended harm include:

- Decreased access to services (e.g. treatment, Naloxone, supplies) which leads to increased risk of relapse, withdrawal, spread of blood borne infections (HIV, Hepatitis C), and overdose.
- Stress caused by threats to lives and livelihoods and isolation leading to increased substance use as a coping mechanism.
- Social isolation, which leads to people using alone, increasing the risk of fatal overdoses.
- Border closures cause disruptions in the illegal supply of drugs, which in turn causes increased contamination of the illicit supply with smaller volumes of more concentrated and unpredictable substances.
- People experiencing withdrawal and/or reduced tolerance due to breaks in using leading to

increased overdose risk.

In the months following the State of Emergency declaration in Ontario on March 17, 2020, there was a significant acceleration in the number of opioid-related deaths observed across Ontario. Overall, in 2020, there were 2,426 opioid-related deaths, a 60.0% rise from 1,517 deaths the year prior.

- The vast majority (95.7%) in the pandemic cohort of opioid-related deaths are accidental in nature.
- Rates of opioid-related death rose significantly in half of Ontario's public health units during the pandemic.
- This impacts us all, but the hardest hit groups are those who are already vulnerable due to socio-economic inequities.

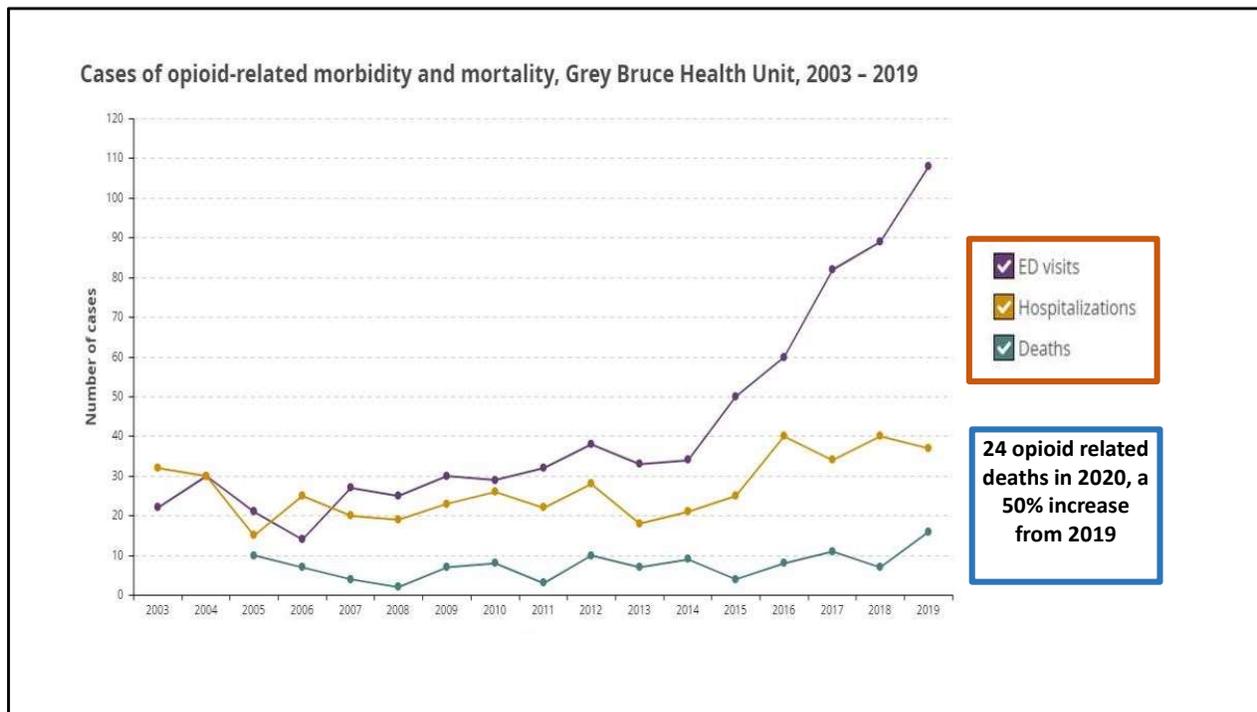
Socio-economic inequities:

- In Ontario, both before and during the pandemic, opioid-related occurred more often in neighborhoods with the highest material deprivation and neighborhoods with higher ethno-cultural diversity.
- The proportion of opioid-related deaths among people experiencing homelessness has risen significantly over the course of the pandemic. During the pandemic in 2020, the number of opioid-related deaths among people experiencing homelessness more than doubled (from 135 to 323 deaths), representing 16.0% of all opioid-related deaths in the province (compared to 11.6% in the pre-pandemic period).
- Approx. half of deaths occurred among people who were unemployed at the time of their death.
- Approx. one-third of deaths among employed individuals occurred among people in the construction industry

For more information:

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>

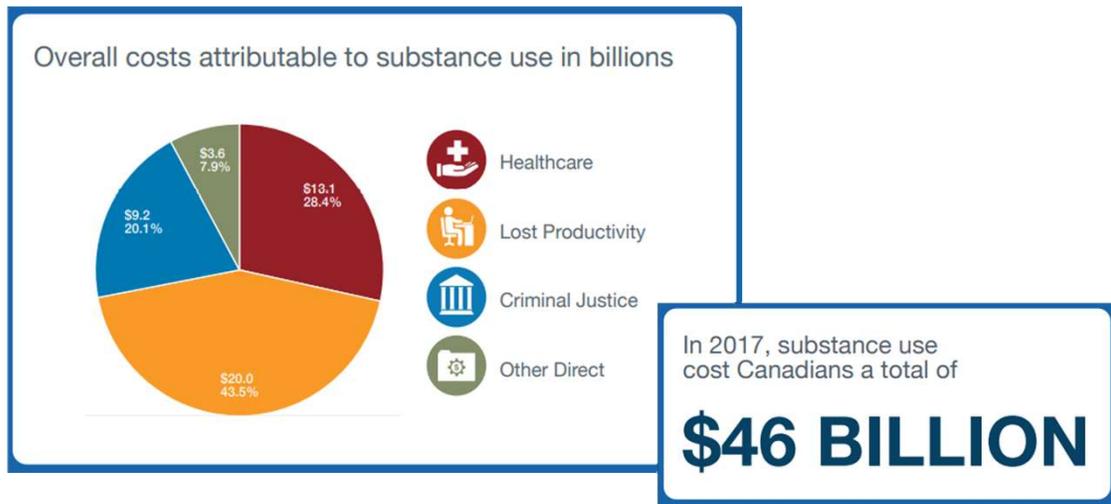


- The trend of increased opioid related deaths during the pandemic is also reflected in data at the local level.
- Preliminary data released from the Chief Coroner’s Office of Ontario shows that there were 24 opioid related deaths in GB in 2020, a 50% increase from the 16 deaths in 2019.
- The number of opioid related emergency department (ED visits) remained the same (108 in 2019 and 107 in 2020), and EMS calls decreased – less people calling 911 for help may be a factor.
- Opioid related hospitalizations have remained close to the same in recent years, with a slight decrease (23 opioid related hospitalizations from Jan-Sept 2020 in GB; 26 in that same time period in 2019; complete 2020 data for this indicator is not available as of June 2021). If people survive an overdose in the ED, they often leave the hospital without being admitted.

Source: Public Health Ontario. (2021). Cases of opioid-related morbidity and mortality, Grey Bruce Health Unit, 2003-2019.

<https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool>

Quantifying Substance-Related Harms



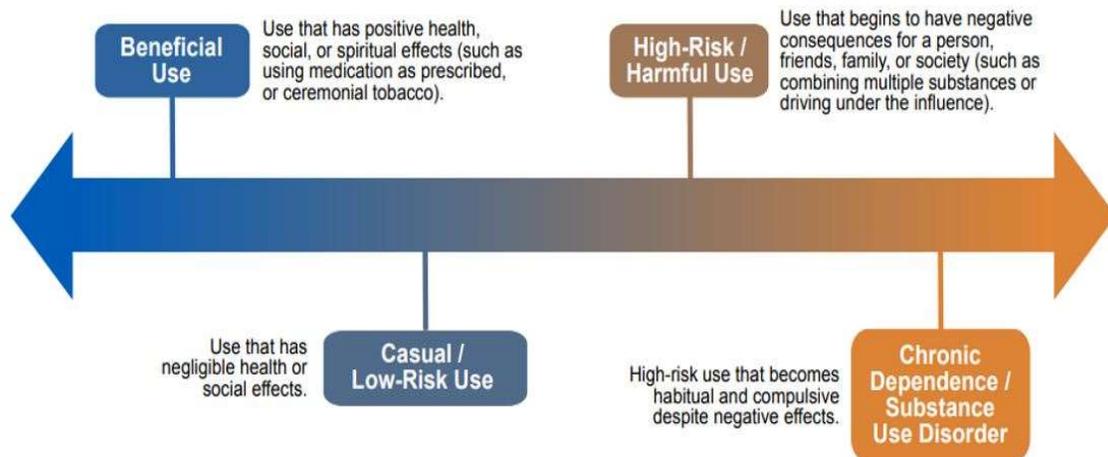
- Substance use has costs to families, communities, and economies, with the overall costs in the billions when factoring in healthcare, lost productivity, criminal justice and other direct costs.
- Specific costs related to opioids from 2015-2017 in Canada were \$5.9 billion or 12.9% of total costs. Opioids' cost comes 3rd to alcohol and tobacco – which is expected as the number of people using these substances far outnumber those using opioids. Opioids are especially concerning because of the unregulated illicit supply. People who use these substances cannot access opioids from safe and regulated sources so they cannot be certain about what they are using.
- While some costs of substance use are tangible, such as those outlined on the slide, others are more difficult to quantify – trauma, family dysfunction, human suffering.

Source:

Canadian Substance Use Costs and Harms Scientific Working Group. (2020). Canadian substance use costs and harms (2015-2017).

<https://www.ccsa.ca/canadian-substance-use-costs-and-harms-2015-2017-report>

The Substance Use Continuum



Source: [Alberta Health Services](#)

- Substance use is a common, complex phenomenon and it exists on a continuum.
- Most Canadians use some psychoactive substance (e.g. alcohol) without social stigma related to their use or fear of poisoning related to unregulated supply.
- Substance use disorder (SUD) is a diagnosable medical condition caused by repeated exposure to substances that changes brain biology, especially in areas related to motivation, cravings, and decision-making. It overrides survival instinct in favour of substance-seeking behaviours.
- People move along the continuum for a variety of reasons.
- Due to trauma and marginalization some people are more predisposed to SUD, but it can also have many interwoven or even unknown causes. No one chooses SUD.
- SUD is not a necessary condition for overdose or drug poisoning, because of the unregulated supply, even casual use is risky.
- Stigma and marginalization of people who use drugs stem from moralized views of addiction as lifestyle choice. These views are embedded in our societal constructs because of drug policies that condemn and criminalize people who use drugs. As a result, people with SUD are more likely than the general public to experience difficulty or exclusion from finding a safe place to live, retaining employment, accessing essential healthcare services, maintaining relationships and participating in social activities. Internalization of negative attitudes towards people with SUD can prevent people from reaching out for supports.

Substance Use, Mental Health, and The Social Determinants of Health



- We must acknowledge the links between substance use, mental health, and the broader social determinants of health (SDOH). The SDOH can represent both risk and protective factors for substance use and mental health issues.
- Both mental health and substance use issues can develop as a result of common risk factors such as early childhood experiences of abuse or neglect; a family history of addiction or mental illness; social isolation; and chronic pain.
- One can also perpetuate the other.
- Harmful substance use may develop in response to the mental distress caused by negative social conditions such as poverty and housing instability; people turn to substance use as a coping mechanism.
- Mental health and addiction (MH&A) services are spread across more than 16 different ministries and funding bodies and significantly underfunded relative to federal spending on physical health.
- Sector siloes: Individuals and families seeking help to address mental health, substance use and other needs such as housing, are required to navigate a complicated system of supports and reconcile conflicting policies, information, attitudes and options.
- The status quo is doing harm. We need a comprehensive system that addresses the marginalizing conditions that lead to harmful substance use and makes it easier for people to seek and get the support they need.

Image sourced and adapted from image in Waterloo Region Crime Prevention Council's video entitled, [Upstream](#). Available at: [WRCPC Upstream Prevention Video – YouTube](#).

Complex Issue Requires a Multi-level Response

Issue	Existing Local Response	Further Opportunities
Over-prescription of opioids	Decrease opioid use, treat addiction, and increase access to services. <ul style="list-style-type: none"> • Rapid Access Addiction Medicine Clinic • Ontario Addiction Treatment Centre • Methadone Clinic 	<ul style="list-style-type: none"> • Increased access and reduced barriers to services • Medication stewardship • More chronic pain resources
Toxic, illicit drug supply	Overdose prevention and management: <ul style="list-style-type: none"> • Naloxone distribution • Network of naloxone distribution agencies • GB Opioid Alert System • Harm Reduction Outreach 	<ul style="list-style-type: none"> • Safe Consumption Services (e.g. OPS and SCS) • Drug Testing Kits • Safe Opioid Supply
Stigma and criminalization	<ul style="list-style-type: none"> • Anti-stigma efforts • Education of Police Services 	Policy reform to decriminalize, legalize and regulate drugs.

Centering people with lived experience as key actors in all policy and intervention solutions

- 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.
- 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.
- 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.
- 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.

What Can Council Do?

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 support on the ground efforts by providing access to municipal spaces and identifying new sites for the expansion of harm reduction outreach to underserved regions and vulnerable groups. Coordinating with partners to increase the types of services offered is another opportunity for outreach enhancement.

What Can Council Do?

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 safer supply initiatives by adding the required formulations to the Ontario Drug Benefit Formulary to enable injectable safer supply initiatives to operate.

Our recent experience locally has demonstrated the value of intersectoral collaboration; we would like to see this scaled up to the provincial level. Provincial support for safe supply initiatives is also required while expanding the options available to those accessing this vital service.

What Can Council Do?

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 overdose 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.

Local efforts are important, but are only one piece of what is needed to resolve this crisis. Council can also take action by letting other levels of government know that we need them to do their part too. We are asking Council to work with us to advocate to the provincial and federal governments to make our community safer.

1. A resolution drafted by the group Moms Stop the Harm (MSTH) already exists and has been endorsed by several municipalities within and outside Ontario. This resolution was recently expanded through a joint motion to Chatham Kent Council by MSTH, CK Peer to Peer team, Reach Out CK and a Chatham Kent Municipal Councillor. This is available for Council's use.
2. We need a national plan that addresses the conditions that lead to harmful substance use if we want to reach a goal of eliminating overdoses and overdose deaths.
3. Criminalization perpetuates stigma, keeps people from accessing the services they need, and has proven itself to not be effective in combatting this crisis. The Canadian Association of Chiefs of Police has endorsed decriminalization.
4. Safe supply initiatives exist on an ad hoc basis in a few places across the country. They have shown promising results where they are running, but there are still too many barriers to their widespread implementation.

References

- Government of Ontario. (2020). Recognize and temporarily reverse an opioid overdose. Retrieved from [Recognize and temporarily reverse an opioid overdose | Ontario.ca](#)
- Govier, A. (2018). Community Drug and Alcohol Strategy. Reducing Harm in Bruce and Grey. Strategic Plan 2018-2022. Retrieved from https://drugstrategy.org/wp-content/uploads/2019/09/CommunityDrugAlcoholStrategy_StrategicPlanSinglePages_WEBv4_SEPT62019.pdf
- Hales, J., Kolla, G., Man, T., O'Reilly, E., Rai, N., Sereda, A. (2019). *Safer Opioid Supply Programs (SOS): A Harm Reduction Informed Guiding Document for Primary Care Teams-April 2020 update*. Available online: <https://bit.ly/3dR3b8m>
- Harm Reduction TO. (n.d.). Drug decriminalization and legalization. Retrieved from [Decriminalization & Legalization — Harm Reduction TO](#)
- Nowell, M. (2021). *Safe supply: What is it and why is it happening in Canada*. Retrieved from <https://www.catie.ca/en/pif/spring-2021/safe-supply-what-it-and-what-happening-canada>
- Penn (2020). *Lessons not learned. The overdose crisis in Canada*. Retrieved from <https://www.catie.ca/en/positiveside/spring-2020/lessons-not-learned>
- Pivot Legal Society. (2020). Canada's Supervised Consumption and Overdose Prevention Sites. Retrieved from https://www.pivotlegal.org/scs_ops_map
- Public Health Agency of Canada. (2021). *Apparent opioid and stimulant toxicity deaths. Surveillance of opioid and stimulant-related harms in Canada*. Retrieved from <https://health-infobase.canada.ca/src/doc/SRHD/UpdateDeathsMarch2021.pdf>
- Public Health Ontario. (2021). Cases of opioid-related morbidity and mortality, Grey Bruce Health Unit, 2003-2019. Retrieved from <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool>
- Tyndall, M. (2018). An emergency response to the opioid overdose crisis in Canada: a regulated opioid distribution program. *CMAJ* 2018 January 15;190:E35-6. doi: 10.1503/cmaj.171060. Retrieved from [2018 Tyndall An emergency response to the opioid overdose crisis in Canada a regulated opioid distribution program - Google Docs](#)
- Centre on Drug Policy Evaluation. (2021). What's in Toronto's Drug Supply? Results from Samples Checked by Toronto's Drug Checking Services. Retrieved from https://drugchecking.cdpe.org/wp-content/uploads/dlm_uploads/2021/04/Toronto-DCS-Report_2020.pdf
- Ontario Association of Chiefs of Police. (2020). OACP Statement: Decriminalization for Simple Possession of Illicit Drugs. Retrieved from <https://www.oacp.ca/en/news/oacp-statement-decriminalization-for-simple-possession-of-illicit-drugs.aspx>