ACTION = LIFE: Call for an Immediate Response to National Crisis of Opioid Overdose Deaths

August 2016

The Right Hon. Justin Trudeau
Prime Minister of Canada

The Hon. Jane Philpott
Minister of Health

The Hon. Jody Wilson-Raybould
Minister of Justice and
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The Hon. Sarah Hoffman, Minister of Health, Alberta
The Hon. Terry Lake, Minister of Health, British Columbia
The Hon. Jim Reiter, Minister of Health, Saskatchewan
The Hon. Kelvin Goertzen, Minister of Health, Seniors and Active Living, Manitoba
The Hon. Eric Hoskins, Minister of Health and Long-Term Care, Ontario
The Hon. Gaétan Barette, Minister of Health and Social Services, Quebec
The Hon. Robert L. Henderson, Minister of Health and Wellness, Prince Edward Island
The Hon. Victor Boudreau, Minister of Health, New Brunswick
The Hon. Leo Glavine, Minister of Health, Nova Scotia
The Hon. John Haggie, Minister of Health and Community Services, Newfoundland & Labrador
The Hon. George Hickes, Minister of Health, Nunavut
The Hon. Glen Abernethy, Minister of Health and Social Services, Northwest Territories
The Hon. Mike Nixon, Minister of Health and Social Services, Yukon Territory

Canada is experiencing an overwhelming opioid overdose crisis. Over the past several years Canada has seen an alarming increase in reported opioid-related fatalities and injuries.[1] On April 8th 2016, British Columbia became the first jurisdiction in Canada to declare a public health emergency. To date it remains the only province to take such a step, even as the crisis is ending lives across Canada. In Ontario, a person dies from an opioid-related death every 14 hours.[2] Since 2000, more than 5000 people have died in Ontario of an opioid overdose, an increase of 463%.[3] Evidence of a large-scale, unprecedented crisis has been documented in Alberta,[4] Quebec[5] and other provinces.[6] As the federal Health Minister recently observed, in BC and Alberta today, we are seeing more people die from opioid misuse than from automobile accidents.[7] The opioid overdose epidemic has been called "the worst drug safety crisis in Canadian history."[8] This crisis can affect anyone, including those using prescription opioids medically or non-medically, as well as people who use drugs purchased on the illegal unregulated market.[9] Most recently, deaths from fentanyl — a powerful opioid drug that is produced legally as well as in illegal labs — have increased dramatically. In many cases, it appears that people mistakenly took fentanyl, thinking they were using heroin, oxycodone, cocaine or another substance.[10] Alberta's Health Minister has stated fentanyl is a national problem.[11] As a country we need to publicly acknowledge this national overdose crisis and take proactive steps to prevent the deaths of more Canadians.

Overdose deaths are preventable if the right measures are taken. As we approach International Overdose Awareness Day, held on August 31, the undersigned organizations call on you, as the Prime Minister and as the federal, provincial and territorial health and justice ministers, to immediately implement this 5-point action plan. This includes creating a national overdose task force comprised of qualified health and harm reduction

professionals to develop an **immediate coordinated, evidence-based national response** to the alarming increase in opioid deaths whether from prescribed or illegal drugs.

ACTION NEEDED NOW

We call on you to act without delay on the recommendations that follow. These 5 points serve as the initial steps of a nationwide crisis response aimed at reducing opioid overdose fatalities and injuries in Canada:

1. Rapidly scale-up access to naloxone, a life-saving emergency medicine to reverse opioid overdose.

Naloxone is a non-toxic and safe opioid antagonist that reverses the effects of opioid overdose and saves lives.[12] Currently, in Canada, it is only available as an intramuscular injection and until recently, has been used primarily in hospital settings. In March, the federal government amended the prescription status of naloxone to allow its emergency use, without a prescription, for opioid overdose outside hospital settings. Some provinces and territories (7 of 13) have already implemented limited, community-based take-home naloxone programs – normally kits containing 2 single-dose naloxone ampoules (0.4 mg) for injection; others have undertaken regulatory changes to allow use by first responders.[13] We also welcome the federal health Minister's announcement in July 2016 that she has signed an interim order to immediately allow nasal spray naloxone to be imported from the U.S. into Canada.[14] Despite these changes, there continue to be real practical and financial barriers to accessing naloxone across Canada.

Canada needs additional proactive measures to ensure that naloxone, in various user-friendly formulations – such as intranasal spray, pre-filled syringes or auto injectors – gets into the hands of people who take opioids, their friends and families, emergency services and others who might witness an overdose. Expanded low-barrier naloxone access will reduce injuries, save lives, and begin to provide similar levels of care that are dedicated to reducing other preventable deaths.[15] We call on you to take the following steps without delay:

- Approve the recently filed new drug submission for nasal spray naloxone to allow for the sale of this formulation in Canada.
- Commit funds for large-scale purchases of naloxone kits, including in nasal spray formulation.
- Ensure all first responders are supplied with naloxone as standard equipment and authorized to administer it in the event of suspected opioid overdose.
- Remove any remaining regulatory restrictions – whether in provincial law or in rules adopted by regulatory bodies – so as to enable a broader range of personnel such as fire, police, emergency shelter personnel and others that may be exposed to overdose situations to administer naloxone in the event of suspected opioid overdose.
- Building on existing mechanisms for purchasing and distributing harm reduction supplies, distribute naloxone kits to front-line, community-based organizations and organizations of people who use drugs for use and distribution via their outreach programs.
- Ensure harm reduction and treatment referrals are provided to anyone at risk of an overdose. This includes access to naloxone training and naloxone kits when being discharged from correctional facilities, acute care hospitals, and drug treatment programs.
- Add naloxone to all provincial and territorial formularies to ensure it is covered under provincial

and territorial drug plans.

- Mandate all pharmacists to supply affordable naloxone kits.
- Create policies that encourage co-prescribing naloxone with high dose opioids.

2. Enact and publicize "Good Samaritan" Legislation that gives immunity from arrest for those who, in the presence of an overdose, call 911 for assistance.

A witness is present at most overdose emergencies. One Ontario study found that a call was made to emergency services in only 46% of such cases; the primary barrier cited was fear of police presence and the potential for criminal charges.[16]

In June 2016, MPs from all parties voted unanimously to send Bill C-224 to the House of Commons Standing Committee on Health for study. The *Good Samaritan Drug Overdose Act* would amend the *Controlled Drugs and Substances Act* to give immunity from prosecution for the offences of simple possession of a controlled substance, to anyone who calls 911 to report an overdose. We applaud the introduction of private member's Bill C-224, which calls for action on this very serious issue, but we believe real changes require the scope of Bill C-224 to be expanded. If Bill C-224 were broadened to include the immunity it provides to trafficking, for outstanding warrants for non-violent offenses such as shoplifting, and to people detained in provincial, territorial and federal institutions as well as those under correctional supervision in the community, it would maximize the chances that people will call for emergency assistance without fear of arrest for these offenses.

The creation of this legislation is only the first step in encouraging more Canadians to call emergency services. The following changes are necessary to ensure that Canadians understand and use the "Good Samaritan" Legislation:

- Amend federal Bill C-224 to broaden the immunity it provides to include trafficking, for outstanding warrants for non-violent offenses such as shoplifting, and to people detained in provincial, territorial and federal institutions as well as those under correctional supervision in the community, and accelerate the approval of this amended bill.
- Provinces and territories should mandate provincial/territorial police to not respond to 911 calls related to overdose unless asked due to safety issues.
- The federal government, provincial and territorial governments, police and health authorities work together to allocate funding for a public education plan to ensure a high degree of public awareness of the "Good Samaritan" Legislation and its place in the overdose emergency response plan.

3. Expand access to treatment.

A necessary step to reducing opioid overdoses is improving access to options for opioid substitution treatment. Despite there being four pharmaceutical treatment options for opioid addiction in Canada, access to these options remains limited throughout the country. These treatments fall into two categories: 1) opioid agonist treatment (OAT) and 2) injectable opioid treatment (IOT).

There are currently two OAT options available in Canada for the treatment of opioid use disorder: methadone and buprenorphine/naloxone (e.g., Suboxone). Methadone prevents opioid withdrawal, reduces opioid cravings, blocks the euphoric effects of other opioids, and reduces mortality.[17] Methadone has been used as a treatment for opioid use disorders in Canada since the 1960s.[18] With significant legislation surrounding

prescribing practices of methadone in many parts of Canada, access to this treatment varies greatly from region to region.

Buprenorphine/naloxone, another option to treat opioid dependence, was approved by Health Canada in 2007. Buprenorphine/naloxone has been shown to have comparable treatment outcomes to methadone, with fewer side effects and drug interactions, lower safety risks in cases of diversion (e.g., use by individuals who do not have a prescription), as well as significant safety advantages.[19] Restrictive directly observed therapy requirements are also unnecessary in the case of buprenorphine/naloxone, making this medication an option for those for whom the daily witnessed ingestion requirements of methadone creates barriers. Even with substantial evidence showing the benefits of buprenorphine/naloxone, access to this drug remains a challenge for many. In particular, regulatory requirements that individuals must first try methadone before being able to access buprenorphine/naloxone must be immediately removed. British Columbia has recently taken this step and other provinces should follow suit.

Throughout Canada there continues to be a significant population of vulnerable people who are unable to consistently adhere to or benefit from OAT. For these individuals, studies in Europe and Canada have shown that injectable opioid treatments (IOT), like injectable diacetylmorphine (Heroin-Assisted Treatment [HAT]) or hydromorphone, are evidence-based, cost-effective treatment alternatives.[20] By providing IOT in a health care setting, opioid-dependent individuals who cannot be stabilized on OAT will be better engaged and retained in treatment, and will be better protected from harms such as death due to overdose.[21]

Poor access to OAT and IOT across Canada can be directly linked to the limited number of skilled addiction care providers. Training primary care physicians in addiction medicine is urgently needed to increase access to treatment throughout our country. Other barriers to accessing OAT include unaffordable user or clinic fees, restrictive directly observed therapy requirements, and reluctance to access or maintain care due to stigma.[22]

The following actions would ensure greater access to opioid substitution therapies:

- Federal, provincial and territorial governments work together to ensure the rapid uptake of these four opioid treatment modalities within their health delivery systems, including by developing a national strategy to train primary care physicians in addiction medicine.

- Eliminate the need for physicians to seek section 56 exemptions from the *Controlled Drugs and Substances Act* (CDSA) in order to prescribe methadone.

- Proceed with immediate regulatory action at the federal level to scale up injectable diacetylmorphine (best evidence) or hydromorphone as a treatment for opioid dependence by:

    - Adding diacetylmorphine (best evidence) and hydromorphone to provincial and territorial formularies.
    - Expanding injectable hydromorphone access through Health Canada's special access program so that physicians are able to reapply yearly instead of every three months.
    - Expediting the licensing procedures for diacetylmorphine (pharmaceutical heroin) for use in treatment of problematic opioid use.

4. Fully repeal the *Respect for Communities Act*, which creates barriers to life-saving and health-protecting safer drug consumption services.

Despite objections from virtually all health experts, in June 2015 the then-federal government passed Bill C-2, the *Respect for Communities Act* (RPA). Under this new act a minimum of 26 requirements must be met before

the federal Minister of Health may even consider exercising ministerial discretion to issue an exemption from the *Controlled Drugs and Substances Act* to operate supervised consumption services (SCS) without risk of prosecution. Most of these provisions involve getting letters from various government officials, including health professionals and police officials. Yet, as a number of peer-reviewed studies demonstrate and the Supreme Court of Canada recognized in *Canada (Attorney General) v. PHS Community Services Society*, it is clear that SCS save lives, improve public safety, reduce disease transmission, promote entry into addiction treatment and are cost effective.[23] At a time when local authorities are under pressure to respond to an opioid overdose crisis, the excessive and unreasonable requirements for approval set out in the RPA are diverting scarce resources, clearly impeding localities from implementing comprehensive responses to the opioid crisis, putting the lives of vulnerable Canadians at risk, and arguably unconstitutional. No other health service that works with people with mental health and/or substance use disorders is subjected to these kinds of requirements.

Canada's provinces and territories have an established framework for needle and syringe distribution and harm reduction services. The only distinction between needle and syringe distribution programs and SCS is that clients are encouraged to stay within a SCS program. This ensures the person does not inject in public, that needles are not shared and individuals can be resuscitated in the event of an overdose, and that referrals to treatment can be offered on site.[24] The Canadian government needs to recognize the Supreme Court of Canada's ruling and the extensive scientific evidence that establishes the benefits of SCS and make the exemption process to create SCS more accessible for organizations already delivering harm reduction services to people who use drugs.

We call for the following:

- The federal government should immediately repeal the harmful and restrictive *Respect for Communities Act*.
    - As this process will take time, we urge the federal government to suspend the need for exemptions for a 12-month period during this unprecedented public health emergency.
- The federal Health Minister should convene a working group comprised of provincial/territorial health ministers and other officials to work with proponents of SCS to develop an action plan for scaling up SCS. This includes creating a more efficient and effective exemption process.
- Commit to an immediate and significant investment on the part of provincial, territorial and federal governments in the form of sustained core funding from provincial/territorial governments, and capital infrastructure grants from the federal government to facilitate the immediate implementation of SCS.

5. Convene a National Task Force on Opioid Overdose Response and Prevention.

Canada needs an immediate evidence-based response to the epidemic that we are witnessing throughout the country. This letter serves as an outline of what can be done now to begin to reduce the unacceptable number of preventable deaths due to drug overdose that are occurring across Canada. A National Task Force on Opioid Overdose Response and Prevention would be tasked with the development, implementation and monitoring of a crisis response plan aimed at reducing drug overdose in Canada and take the lead on formulating a long-term strategy. This 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. These stakeholders are at the forefront of this crisis and recognize the needs of Canadians who use drugs. Their input is invaluable and could make a real difference in creating long- term policies and programs that are beneficial to all.

We appreciate Minister Philpott's commitment to address issues related to opioid overdose with her June 17th

announcement of an opioid summit that would take place this fall. Minister Philpott stated the goal of this summit would be to identify a prioritized list of action items, and to establish clear timelines.[25] She expressed that a key point of this summit is to discuss the creation of a prescription-monitoring program (PMP) in Canada. Although PMPs are often promoted as an overdose prevention tool, evidence supporting the effectiveness of PMPs in reducing overdose mortality is at best, mixed.[26]

We urge caution when considering supply reduction efforts without taking into consideration the fact that a significant number of people who are dependent on opioids will turn to the illegal market if access is reduced. At a time when so many Canadians are at extreme risk of overdose when accessing the illegal opioid market, supply reduction efforts can have deadly outcomes. The recent and ongoing surge of fentanyl availability within the illegal market is in fact one of the outcomes of a supply reduction action – the removal of oxycodone from the market, which in turn created a new market for more powerful and dangerous opioids of unknown strength.[27]

The government must consult with relevant stakeholders including current opioid users about any new policies limiting supply and the possible repercussions these may have. We firmly believe that this summit would be the perfect opportunity to convene all relevant stakeholders, including people who use substances and frontline staff, to create a National Task Force on Opioid Overdose Response and Prevention and to discuss PMPs as well as other possible policies and programs designed to limit opioid-related harms to Canadians.

We call for the following actions:

- Allocate funding for a National Task Force on Opioid Overdose Response and Prevention.
- Immediately convene the National Task Force on Opioid Overdose Response and Prevention.
- Ensure that the voices of people who use drugs are meaningfully included throughout this process.

LIFE WON'T WAIT

The overdose crisis that has swept Canada is preventable. Proven evidence-based strategies are available, yet each passing week brings dozens of additional opioid-related deaths, and substantially more non-fatal, life-threatening overdoses, and many more grieving families and friends. While the current government has signalled an evidence-based and responsive health policy on harm reduction and taken some important steps forward, further, immediate action is needed – by both federal and provincial/territorial governments – to develop an overdose prevention and response plan with targets, timelines and funding. We can do much better at responding to the thousands of opioid-related medical emergencies that are certain to occur unless action is taken.

Canada is at a critical juncture in its approach to preventing, identifying and treating opioid use. Implementing the above recommendations would substantially improve patient and provider access to much-needed options for care, and would have a meaningful impact on the health and well-being of the many Canadians affected by opioid use disorders.

Our organizations call on you to take action now to prevent further death and injury to Canadians.

Canadian Association of People Who Use Drugs
Canadian Drug Policy Coalition
Canadian HIV/AIDS Legal Network
International Centre for Science in Drug Policy
Alberta Addicts Who Educate and Advocate Responsibly (AAWEAR)

Action for Addiction Recovery Committee
AIDS Committee of Windsor
AIDS Saint John
AIDS Vancouver Island
All Nations Hope Network
Ankors
Association québécoise des centres d'intervention en dépendance (AQCID)
Association Québécoise pour la promotion de la santé des personnes utilisatrices de drogues (AQPSUD)
BC Centre for Excellence HIV/AIDS
British Columbia Association for People on Methadone (BCAPOM)
Blood Ties Four Directions
CACTUS Montréal
Canadian AIDS Society
Canadian Association of Nurses in HIV/AIDS Care
Canadian Harm Reduction Network
Canadian Students for Sensible Drug Policy
Canadian Treatment Action Council
CATIE
Centre A.S.P.A. thérapie externe en toxicomanie
Coalition of Nurses and Nursing Students for Supervised Injection Services
CMHA Parkland Region
Direction 180
Independent Scientific Committee on Drugs (ISCD)
Drug Users Advocacy League (DUAL)
Elliott Underground Construction Inc.
Families for Addiction Recovery
Grateful or Dead User Group
GRIP Montréal
Help Not Handcuffs
HIV AIDS Legal Clinic Ontario (HALCO)
HIV Community Link
HIV/AIDS Resources and Community Health (ARCH)
i2i Peer Support
International Doctors for Healthy Drug Policies (IDHDP)
Kenya AIDS NGOs Consortium (KANCO)
Living Positive Resource Centre, Okanagan
Mainline
Manitoba Public Health
McGill Nurses for Healthy Policy
Méta d'Âme
Mountain Rose Women's Shelter Association
mumsDU: moms united and mandated to saving the lives of Drug Users
Northern Healthy Connections Society
Okanagan College Faculty Association
OurSpace Toronto
Pacific AIDS Network Society
Parkdale Community Health Centre
Knowledge and Power of Women (KAPOW)
Queen West Central Toronto Community Health Centre
PARN - Your Community AIDS Resource Network
Point de repères
Positive Living Society of British Columbia (Positive Living BC)

Sandy Hill Community Health Centre / Centre de santé communautaire Côte-de-Sable
South Riverdale Community Health Centre
Stella, l'amie de Maimie
Streetworks
Sunshine House Inc!
The 595 Prevention Team
AIDS Committee of Durham Region
Thrive - Kingston Community Health Centres
Toronto HIV/AIDS Network
Turning Point Society of Central Alberta
School of Social Work, University of Victoria
Vancouver Area Network of Drug Users (VANDU)
Yes 2 Supervised Consumption Services (Yes2SCS)
YouthCO HIV & Hepatitis C Society of BC

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