

Minister of Health



Ministre de la Santé

Ottawa, Canada K1A 0K9

AUG 27 2020

Mr. Richard Elliott
Executive Director
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Dear Mr. Elliott:

Thank you for your correspondence of May 13, 2020, co-addressed to my colleagues, the Honourable Bill Blair, Minister of Public Safety and Emergency Preparedness, and the Honourable David Lametti, Minister of Justice and Attorney General of Canada, calling on the Government of Canada to decriminalize simple drug possession. I would like to take this opportunity to thank you once again for meeting with Minister Lametti and me on July 27, 2020, to discuss some of the key points raised in your letter.

The Government of Canada is greatly concerned that, in many regions of the country, the 2019 novel coronavirus (COVID-19) pandemic is compounding the ongoing public health crises related to high rates of opioid overdose and deaths as well as acute substance use harms. These crises are exacerbated in communities where there is chronic overcrowding, including a shortage of housing or other shelters. At the intersection of these public health crises, people who use drugs are experiencing increased risks of mortality due to COVID-19, spread of COVID-19 in their communities, drug withdrawal if they must self-isolate or quarantine and, tragically, overdose and other harms related to an increasingly toxic illicit supply.

The latest mortality data from the British Columbia Coroners Service is distressing, with the highest number of opioid-associated deaths ever reported. Furthermore, Alberta Emergency Medical Services responded to a 74 percent increase in overdoses in the past few months, and the Toronto Paramedic Services attended 343 overdose calls in April 2020 – the highest number in one month in that city since September 2017. Altogether, this illustrates how devastating the compounding effects of the dual public health crises of COVID-19 and substance use are for people and communities across the country.

This is why I have instructed the Department to identify additional areas where federal exemptions, national guidelines or funding opportunities could help mitigate the impacts of the dual public health crises of COVID-19 and opioid-related overdose and death.

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For example, we must do more to reduce barriers to allow people who use drugs to access pharmaceutical-grade alternatives to the contaminated street supply (a “safer supply”).

As you know, prior to the pandemic, Health Canada took regulatory action to increase access to pharmaceutical-grade medications. This included approving the use of injectable hydromorphone by qualified health care professionals as a treatment for severe opioid use disorder and adding diacetylmorphine (prescription-grade heroin) to the List of Drugs for an Urgent Public Health Need. The Department also began funding safer supply pilot projects through the Substance Use and Addictions Program, and it will concurrently evaluate these projects so we can learn and share effective approaches.

I also asked the Canadian Research Initiative in Substance Misuse (CRISM) to develop six national rapid guidance documents to address the urgent needs of people who use substances, service providers and decision makers during the pandemic. These documents are available at <https://bit.ly/2PNNunH>, and they include guidance on prescribing alternative pharmaceuticals during the pandemic. I will be asking CRISM to adapt this to broader national guidance on a safer supply over the longer term.

As you may know, Health Canada also issued an exemption to ease requirements for prescribing, dispensing and transporting controlled substances during the pandemic, with the objective of making it easier for people to access the medications that they need, including those for opioid agonist treatment, such as buprenorphine and methadone. On July 31, 2020, this temporary exemption was extended by an additional year to September 2021, and Health Canada will explore options for permanently amending the regulatory framework to allow for this adjusted scope of practice. In addition, the Department has also made it easier for overdose prevention sites to be rapidly established in temporary community shelters. These exemptions, as well as other tools supporting health care providers and people who use drugs as they navigate these unusual times, are collated, explained and can be accessed at <https://bit.ly/3iwJ156>.

To help overcome some of the reticence I have heard from health professionals to deliver this model, I will be engaging my provincial and territorial counterparts, regulatory colleges and other stakeholders to encourage them to look within their spheres of influence and practice to facilitate these models of care.

It is also important for the Government of Canada to support alternative approaches that direct people to care and social services if they come into contact with law enforcement.

I will continue to encourage cross-discipline collaboration and support the increased use of diversion programs that create pathways away from the criminal justice system toward appropriate health services and social supports. For example, Health Canada recently approved funding over three years to support a project in Peterborough, Ontario, to develop a multi-sector response, with a team dedicated to caring for people at risk of experiencing overdoses, to direct people from the justice system and into care.

Health Canada officials continue to look for ways to gather evidence and develop additional interventions on these evolving and linked crises. Should your teams have any data they would be willing to share, I would be grateful if it could be provided by e-mail to Mr. Eric Costen, Associate Assistant Deputy Minister, Controlled Substances and Cannabis Branch at eric.costen@canada.ca.

I remain committed to working with my Cabinet colleagues to address the intersection of the COVID-19 pandemic and the ongoing overdose crisis. We will continue to support measures to address the immediate needs of people who use drugs and help mitigate the impacts of these dual public health crises.

Again, thank you for writing and meeting with my colleagues and me, and for your ongoing contributions to improving the welfare of people who use drugs. Please accept my best wishes.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'P. Hajdu', with a stylized flourish at the end.

The Honourable Patty Hajdu, P.C., M.P.

c.c. The Honourable Bill Blair, P.C., C.O.M., M.P.
The Honourable David Lametti, P.C., M.P.