

Submission to Health Canada: Consultation to inform proposed new regulations for supervised consumption sites and services

October 14, 2020

Thank you for this opportunity to comment on Health Canada's proposal to develop new regulations under the *Controlled Drugs and Substances Act* (CDSA) for supervised consumption sites and services. As Canada's opioid crisis escalates, our response must escalate as well.

Along with prevention and treatment, harm reduction plays a critical role in decreasing the impact of drug-related harms at the individual and population levels.¹ Early in its mandate, the federal government took important steps in this area, notably by reinstating harm reduction as a pillar of Canada's national drug strategy and removing barriers to establishing supervised consumption sites (SCS).

SCS serve an important function. By offering hygienic environments in which pre-obtained drugs can be consumed under the supervision of trained staff, they have been shown to help reduce transmission of HIV, hepatitis C, and other blood-borne infections, to lower the incidence of fatal overdoses, and to increase referrals to treatment.² SCS can offer other harm reduction services, with needle exchange programs, naloxone distribution, and peer support being common and important examples.

SCS are well positioned to offer other effective harm reduction services. Drug checking services, which test street drugs to detect the presence of contaminants, can help mitigate the harms of a toxic drug supply.³ Toronto's drug checking services pilot project,⁴ funded by Health Canada, is the type of initiative that could be established at (or offered in conjunction with) other sites that offer supervised consumption services. We encourage Health Canada to consider funding similar projects. Obtaining the necessary CDSA exemptions is a complex and lengthy undertaking, so a streamlined regulatory process may be needed.

SCS can help people connect with other health and social services.⁵ In some cases, a SCS may be the only point of contact a person has with the health system. Ensuring SCS have the infrastructure and capacity to provide interested individuals with access or referrals to primary care, addictions and mental health care, and broader social services like housing is another way Health Canada can address this crisis.

Fatal opioid overdoses appear to be rising across the country amid the COVID-19 pandemic. There are several reasons why adverse drug-related events may increase during this kind of social disruption,

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including changes in the drug supply, but public health measures to control the spread of COVID-19 may also have had the unintended consequence of exacerbating the opioid crisis.⁶ In particular, the scaling down of health and harm reduction services appears to have pushed people to use drugs alone more frequently, putting them at increased risk.⁶ This underlines the critical role of SCS in the context of dual public health emergencies.⁷

In addition to SCS, the federal government has taken welcome steps in recent years to improve access to injectable opioid agonist treatments (iOAT). First-line treatments for opioid use disorder (buprenorphine, methadone) may not be effective for every individual, and for some with severe opioid use disorder, iOAT is an appropriate evidence-based intervention. As of 2019, there are national clinical and operational guidelines for iOAT.⁸ But serious barriers to iOAT remain. Hydromorphone and diacetylmorphine are difficult to acquire due to complex regulatory requirements as well as lack of comprehensive coverage for specific concentrations on provincial formularies. We encourage Health Canada to help make these evidence-based interventions become more accessible. They should also be available at supervised consumption sites where possible.

A comprehensive response to the opioid crisis must include harm reduction, but also prevention as well as robust, accessible treatment systems. There is much room to improve in all these areas. As the federal government has acknowledged,⁹ we must also work to reduce the stigma around substance use. But it is difficult to imagine how we can defeat stigma as long as substance use disorders are criminalized. In light of the worsening opioid crisis, and as part of a public health approach,¹⁰ Canada should begin moving towards non-criminal means of dealing with the personal possession and use of psychoactive substances.

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camh The Centre for Addiction and Mental Health (CAMH) is Canada's largest mental health and addiction teaching hospital and one of the world's leading research centres in this field. CAMH is committed to playing a leading role in transforming society's understanding of mental illness and substance use and building a better health care system. To help achieve these goals, CAMH communicates evidence-informed policy advice to stakeholders and policymakers.

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