


*DOES COVID-19
SHOW US THE WAY:*

*A CANADIAN
PERSPECTIVE
ABOUT PEOPLE
WHO USE DRUGS*



We would like to acknowledge that the land we work and play on is the ancestral and unceded territory of the Indigenous people of Turtle Island. Acknowledging territory should take place within the larger context of genuine and ongoing work to forge real understanding, and to challenge ongoing colonialism. We strive to collaborate and respect all of the indigenous tribes of Turtle Island.

Every individual and every institution have a role to play in making the needed changes to dismantle systemic racism and oppression against Black and Indigenous People in our society. We think one action that anyone can take is raising your own cultural awareness - learning about other cultures, asking questions, reading, listening, and becoming more self-aware. While doing this work, we must keep an open mind and open heart. Through this acknowledgment and the harm reduction philosophy we commit ourselves to this lifelong work in creating real effective change within our society.

Land Acknowledgment



Disclosures

Matthew Bonn reports personal fees from AbbVie and grants and personal fees from Gilead Sciences, outside of the submitted work.

Matthew Bonn is also a drug user and a person who was formerly incarcerated.



Presentation Outline

IMPACTS COVID HAVE HAD ON PEOPLE WHO USE DRUGS

- NEGATIVE IMPACTS
- POSITIVE IMPACTS

ADDRESSING THE SYNDEMIC: ROLES FOR DECRIMINALIZATION AND SAFE SUPPLY

- DECRIMINALIZATION
- SAFE SUPPLY

WHAT WE NEED NOW!

WILL IT GET DONE?

*IMPACTS
COVID HAVE
HAD ON
PEOPLE WHO
USE DRUGS*



22,828 apparent opioid toxicity deaths between January 2016 and March 2021^{1,2}

- 1,772 apparent opioid toxicity deaths occurred between January and March 2021 (approximately 20 deaths per day), similar to the period from October to December 2020 (1,781), but representing a 65% increase compared to January to March 2020 (1,073 deaths).
- Since the onset of the COVID-19 pandemic, 6,946 apparent opioid toxicity deaths occurred (April 2020 to March 2021), representing an 88% increase from the same period prior to the pandemic (April 2019 to March 2020 – 3,691 deaths).
- A number of factors have likely contributed to a worsening of the overdose crisis, including the increasingly toxic drug supply, increased feelings of isolation, stress and anxiety and limited availability or accessibility of services for people who use drugs.

NEGATIVE IMPACTS

Hepatitis C and COVID-19

A virus called SARS-CoV-2 can cause an illness called coronavirus disease-2019 (COVID-19).

In general, studies in people without HCV have found that the presence of the previously mentioned health conditions (among others) can increase the risk for severe manifestations of COVID-19.

Doctors in Pittsburgh and other cities in the U.S. cooperated in a study where they investigated the risk for hospitalization and death in people with and without HCV infection, all of whom had been diagnosed with COVID-19.

The doctors found that people with HCV infection were significantly more likely to be hospitalized once they developed COVID-19 compared to people without HCV who developed COVID-19. However, people with HCV who also had COVID-19 were not at increased risk for being admitted to an intensive care unit (ICU) or dying once hospitalized.

Study finds increased risk of hospitalization but not death in people with hepatitis C virus who have COVID-19

- **Chronic hepatitis C virus (HCV) infection causes ongoing liver injury that leads to serious complications in the long-term**
- **Many people with HCV have other health conditions that, in theory, increase their chances of developing severe COVID-19**
- **A study found that people with HCV and COVID-19 were at increased risk for hospitalization but not death**

Editorial

Unemployment in the time of COVID-19: A research agenda ☆

David L. Blustein ^a ✉, Ryan Duffy ^b, Joaquim A. Ferreira ^c, Valerie Cohen-Scali ^d, Rachel Gali Cinamon ^e, Blake A. Allan ^f

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<https://doi.org/10.1016/j.jvb.2020.103436>

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NEGATIVE IMPACTS

Research Paper

‘Peer’ work as precarious: A qualitative study of work conditions and experiences of people who use drugs engaged in harm reduction work

A. Greer ^a ✉, V. Bungay ^b, B. Pauly ^c, J. Buxton ^d

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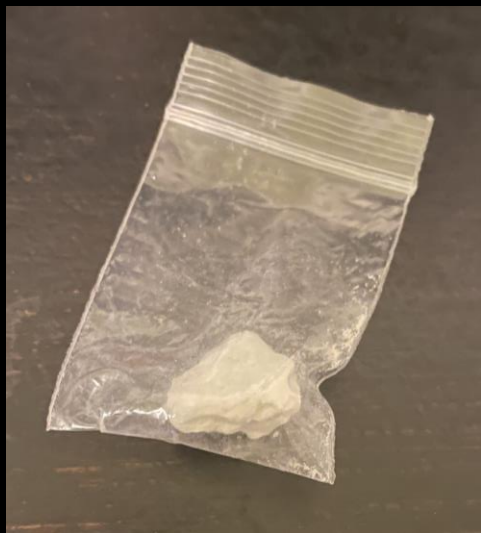
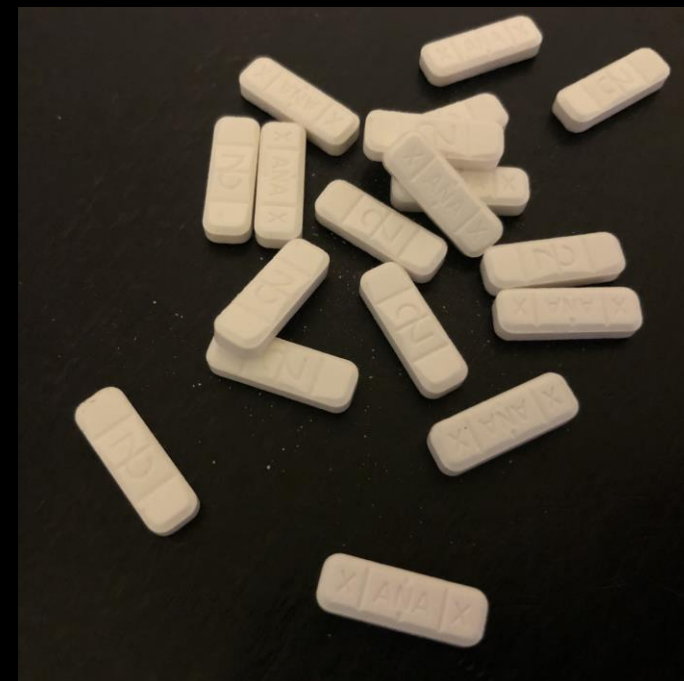
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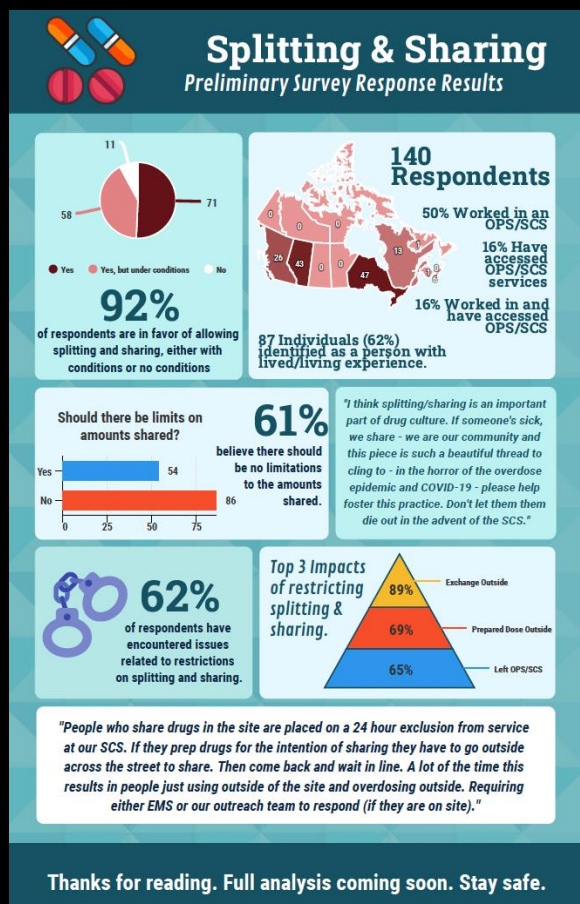
An inside look at BC's illicit drug market during the COVID-19 pandemic

And Canada's...





POSITIVE IMPACTS



SPLITTING & SHARING IN OPS/SCS – PROTOCOL TEMPLATE

Corey Ranger RN BN
V5.0 2021-07-17

How Splitting and Sharing Got the OK at Canada's Overdose Prevention and Supervised Consumption Sites

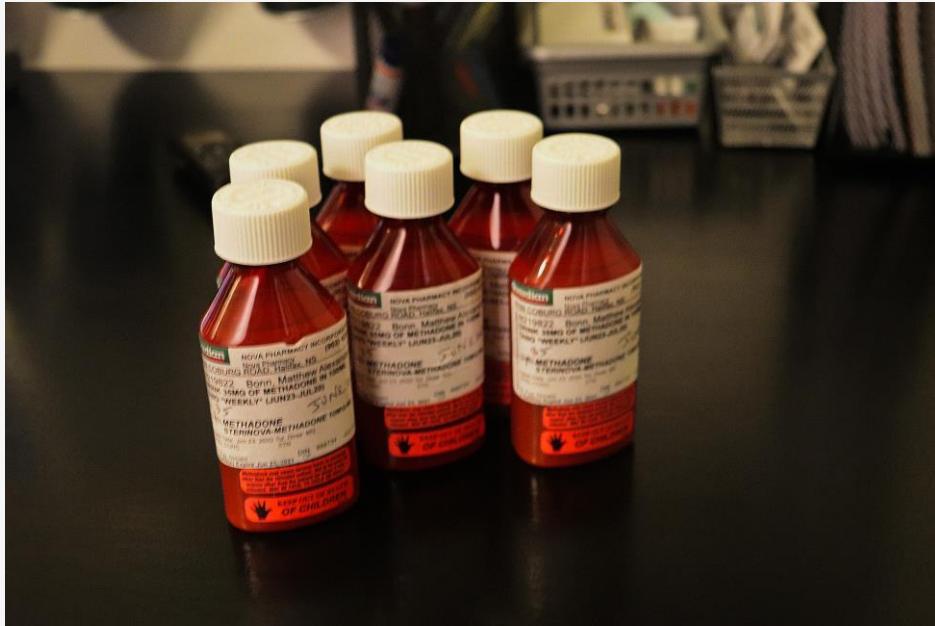
☐ Policies and/or procedures for offering drug splitting/sharing (if applicable, please attach)

A policy with procedures on how to manage drug splitting/sharing should be provided. Drug splitting/sharing means dividing a portion of illegal substances between clients, before or after drugs are prepared for consumption. These procedures should include the following information:

- SCS staff members are not permitted to split/share illegal substances for SCS clients while on shift.
- Drug splitting/sharing must only take place between clients enrolled at the site.
- Each client involved in drug splitting/sharing must be consuming illegal substances onsite during that visit.
- Drug splitting/sharing must take place within the consumption area under staff supervision.
- Drug splitting/sharing cannot involve any exchanges for financial compensation, goods or services.
- Drug dealing onsite is strictly prohibited.

If there will be a limit on the number of clients that may be involved and/or the quantity of illegal substances that may be split/shared in an instance of splitting/sharing, these should be defined within the relevant policies and procedures for splitting/sharing.

POSITIVE IMPACTS



To maintain Canadians' access to controlled substances for medical treatments (e.g., treatment of substance use disorders and chronic pain), while they adhere to social distancing guidance from public health officials or if they need to self-isolate, Health Canada has issued the attached exemptions for prescriptions of controlled substances under the *Controlled Drugs and Substances Act* (CDSA) and its Regulations. If permitted within the applicable provincial/territorial scopes of practice, the exemptions:

- permit pharmacists to extend prescriptions;
- permit pharmacists to transfer prescriptions to other pharmacists;
- permit prescribers to issue verbal orders (i.e., over the phone) to extend or refill a prescription; and
- permit pharmacy employees to deliver prescriptions of controlled substances to patient's homes or other locations where they may be (i.e self isolating).



Health
Canada

Santé
Canada



**Telemedicine support for
addiction services**

NATIONAL RAPID GUIDANCE

VERSION 1 GUIDANCE DOCUMENT

***POSITIVE
IMPACTS***

Addressing the Syndemic of HIV, Hepatitis C, Overdose, and COVID-19 Among People Who Use Drugs: The Potential Roles for Decriminalization and Safe Supply

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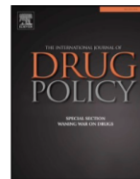
*ADDRESSING THE SYNDEMIC: ROLES FOR
DECRIMINALIZATION AND SAFE SUPPLY*



Contents lists available at [ScienceDirect](#)

International Journal of Drug Policy

journal homepage: www.elsevier.com/locate/drugpo



Consumer protection in drug policy: The human rights case for safe supply as an element of harm reduction

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“It’s Helped Me a Lot, Just Like to Stay Alive”: a Qualitative Analysis of Outcomes of a Novel Hydromorphone Tablet Distribution Program in Vancouver, Canada

Andrew Ivsins • Jade Boyd • Samara Mayer •
Alexandra Collins • Christy Sutherland •
Thomas Kerr • Ryan McNeil

Accepted: 22 September 2020

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ROLES FOR SAFE SUPPLY



HOW “SAFE SUPPLY” IS DEFINED

Safe supply refers to a legal and regulated supply of drugs with mind/body altering properties that traditionally have been accessible only through the illicit drug market.

Drugs included are opioids such as heroin, stimulants such as cocaine and crystal methamphetamine, hallucinogens such as MDMA and LSD, and marijuana.

What Safe Supply is Not

Substitution treatments, such as methadone, buprenorphine/suboxone, and slow release oral morphine do not meet the criteria as safe supply because they do not contain the mind/body altering properties that people seek in recreational drugs. Substitution treatments have benefited many people and absolutely must be made available to anyone who is ready to make it work, but this is not what we are talking about when referring to safe supply. It should be mentioned that many people would benefit from access to both substitution treatment and safe supply options, and these options can be used in conjunction with each other.

SAFE SUPPLY

CONCEPT DOCUMENT

February 2019

Some Examples of Safe Supply

ALCOHOL

The commonly used example of safe supply is alcohol, available legally and regulated in various ways throughout much of the world. In contrast to the era of alcohol prohibition early last century, when thousands of Americans perished from the effects of consuming alcohol from the black market that was either tainted or distilled very poorly, the benefits of a legal and regulated supply of alcohol is obvious.⁸ During prohibition it was possible to acquire safe alcohol through prescription, but being able to dispense it in stores, bars, and restaurants with conditions has proven to be more effective in meeting the needs of alcohol consumers.

CANNABIS

Only recently has the political climate allowed for consideration of a safe supply of cannabis, even though the health risks with cannabis are generally not as severe as they are for alcohol. Traditionally one had to rely on the cannabis cafes in the Netherlands for safe supplies of marijuana, but recent developments in the Americas in the last decade and some have changed all that. Beginning in the 1990s with cannabis becoming available by prescription and administered through dispensaries in California, cannabis policy has relaxed to the point where regulated supplies of cannabis are available without prescription in a number of states in the US, as well as Canada and Uruguay.

OPIOIDS (HEROIN/FENTANYL)

Under the War on Drugs it has not been as practical or feasible politically to consider safe supply options for certain drugs such as heroin, but there are examples. Perhaps the most well known are the Heroin Assisted Treatment (HAT) clinics first set up across Switzerland, and then spread to Germany, Denmark, Spain, the Netherlands and Vancouver, Canada. In these clinics, heroin is prescribed and administered to clients on site under the supervision of health care workers. The amount of the drug prescribed is tailored to the tolerance level of the user and the aim is to give enough so there is no incentive for the client to get more from the black market. (Clinics somewhat similar to these used to operate with success in North America in the early part of last century.)⁹

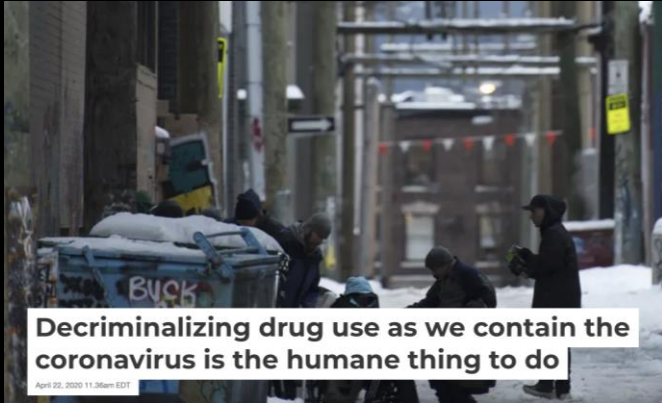
STIMULANTS

There is an ongoing search in the research community to find a replacement for cocaine that will retain participants in cocaine replacement trials, but the level of success has been limited. A 2016 Cochrane review of 26 studies and nine potential replacement stimulant medications concluded that although the evidence is unclear, the treatments looked promising and that the concept should be investigated further.¹¹ In 2007, Vancouver City Council was seriously considering implementing a large-scale stimulant replacement program testing a number of these options, but was unable to follow through with the idea.¹²

SAFE SUPPLY

CONCEPT DOCUMENT

February 2019



Decriminalizing drug use as we contain the coronavirus is the humane thing to do



Canada Is So Close to Decriminalizing Drugs: Let's Make It Happen



Legalize and regulate non-medical use of all drugs, prioritizing opioids

Allowing heroin prescriptions and expanding safe supply would be a positive step for people who use drugs, and could plot a course to legalization.

by W.A. Bogart
December 22, 2020

CORONAVIRUS JANUARY 29, 2021 / 1:07 PM / UPDATED 8 MONTHS AGO

Canada considering drug decriminalization to fight overdose crisis

By Anna Mehler Paperny

3 MIN READ



DECRIMINALIZATION

Toronto

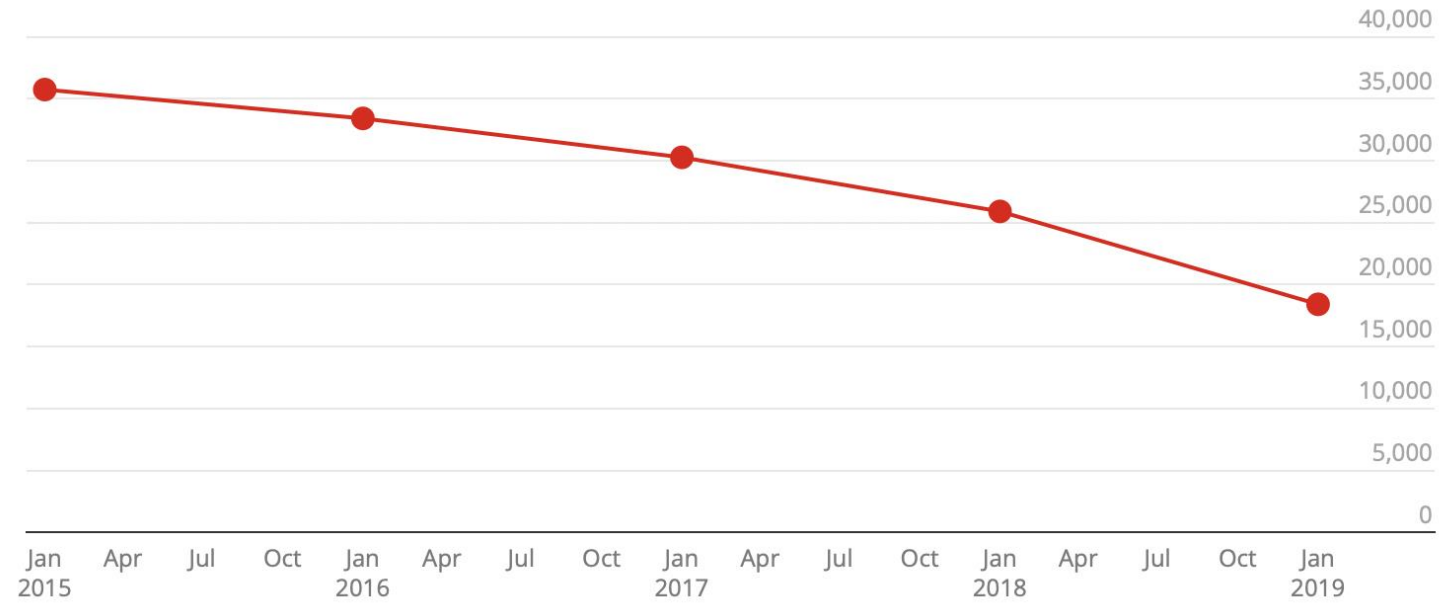
Toronto seeks federal exemption to decriminalize drug use as opioid overdoses rise



City wants Health Canada to grant exemption that changes drug laws in Toronto

CBC News · Posted: Sep 27, 2021 4:00 AM ET | Last Updated: September 28

Canadians charged with drug possession annually



CBC NEWS

Source: Statistics Canada

POSSESSION OF DRUGS STATS

Toronto

Toronto seeks federal exemption to decriminalize drug use as opioid overdoses rise



City wants Health Canada to grant exemption that changes drug laws in Toronto

CBC News · Posted: Sep 27, 2021 4:00 AM ET | Last Updated: September 28

British Columbia

B.C. mayors lend support to Vancouver's drug decriminalization plan



'The current system isn't working,' says Saanich mayor

CBC News · Posted: Jun 15, 2021 7:00 AM PT | Last Updated: June 15

Health

Drug decriminalization movement gaining momentum in Canada as overdose deaths surge



Prominent mental health teaching hospital joins calls to decriminalize all illicit drugs



[Lauren Pelley](#) · CBC News · Posted: Sep 29, 2021 4:00 AM ET | Last Updated: September 30



*ADRESSING THE SYNDEMIC: ROLES FOR
DECRIMINALIZATION AND SAFE SUPPLY*

Decriminalize Now!

It's time to decriminalize drugs now across Canada
CAPUD is suing Canada to remove criminal penalties
on drug use

#DrugDecrimCanada

DONATE TO SUPPORT US TODAY



#DRUGDECRIMCANADA

Drug Users Are Suing the Canadian Government Over the War on Drugs

The lawsuit says forcing people to buy drugs from a poisoned drug supply is unconstitutional. It is calling for decriminalization of using and dealing drugs.



By [Manisha Krishnan](#)

TORONTO, CA

#DRUGDECRIMCANADA



WHAT WE NEED NOW!

SAFE SUPPLY

DECRIMINALIZATION

EMPLOYMENT OPPORTUNITIES

AFFORDABLE HOUSING

*TESTING TREATMENT
FOR HIV/HCV*

ACCESS TO OPS/SCS

DEFUNDING THE POLICE

WILL IT GET DONE?!



How the political parties are addressing Canada's overdose crisis



Decriminalization and safer alternatives are among the themes mentioned

[Alanna Smith](#) · The Canadian Press · Posted: Sep 10, 2021 1:27 PM MT | Last Updated: September 10



Composite illustration featuring Liberal Leader Justin Trudeau, left, Conservative Party of Canada Leader Erin O'Toole, centre left, NDP Leader Jagmeet Singh, centre, Bloc Québécois Leader Yves-François Blanchet and Green Party Leader Annamie Paul. (Andrej Ivanov/AFP/Getty Images, Adrian Wyld/The Canadian Press, Patrick Doyle/Reuters, Patrick Doyle/Reuters, Sean Kilpatrick/The Canadian Press)

"People with addiction should not be the focus of the criminal justice system. People that are dealing and preying on people with addiction should be the focus," said O'Toole.

"(Safe supply) is certainly something we have invested in and will continue to stand for," Trudeau said during an announcement on mental health commitments.

"We've seen a number of provinces particularly British Columbia, very interested in moving forward on some forms of decriminalization and we are absolutely open to working with them."

"The **New Democratic Party**, **Green Party** and Bloc Québécois — all of which held seats before dissolution — said in statements to The Canadian Press that they support decriminalization. Both the Greens and New Democrats also committed to safe supply."



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