Document 4 – Evidence That Supports Recommendation 5

Approach to Alcohol

Retail Availability – The availability of alcohol has changed dramatically during the pandemic[1]. An example is the temporary allowance of restaurants to sell alcohol through take-out or delivery options to provide support to restaurant owners during public health restrictions, a measure that has since been made permanent.[2] Governments can have an impact on harms that can be caused by alcohol by decreasing availability.[3] In order to fully understand the impacts of the increase in availability, it is necessary to first evaluate and report on those impacts.

Marketing and Promotion – Restrictions relating to the marketing and promotion of cannabis and tobacco have proven effective but more needs to be done in this regard as relates to alcohol. A notable example of harmful marketing is the 'pinking' of alcohol and the 'mommy wine culture' marketing to women. Alcohol is being marketed to women as a way to cope with stress and gives the message that moms can't cope unless they are drinking.[4] We also know that alcohol consumption, and therefore alcohol-related health risks, are on the rise in women.[5]

In Canada, alcohol marketing is regulated by both federal and provincial governments, with local governments having an impact through local by-laws or alcohol advertising guidelines embedded in their municipal alcohol policies.[6] By restricting the marketing, promotion, and endorsement of alcohol in the same way currently done for cannabis and tobacco, the government can impact the use and therefore the harms caused by alcohol.

Supervised Consumption Services

Supervised consumption services (SCS) provide lifesaving interventions for people who use drugs by reducing the health risks associated with drug use, including accidental overdose and the transmission of infectious diseases like HIV and hepatitis C.

SCS offer a wide range of services including distribution of single use supplies, education, naloxone distribution, clinical services, crisis intervention, onsite treatment and provide many people with an access point to the health and social care systems.[7] SCS connect people to substance use treatment and other health and social services, including medical care, mental health care and housing.[8] Notably, SCS have proven effective at reaching some of the most marginalized people who use drugs, whose social, physical and mental health-related needs are rarely met.[9]

SCS provide a sense of community and a sense of safety for people who use drugs. During the COVID-19 pandemic this support has been essential for many in the Ottawa community. SCS provided basic needs for clients as many had complete lack of access to necessities to be able to follow public health recommendations to protect themselves and the community, including access to washrooms, hand hygiene and masks. Clients were increasingly feeling cut off from social supports and services. Additionally, when housing supports were provided, there was an increased fear of further stigmatization, eviction and risk of violence related to testing positive for COVID-19 in a congregate setting. The community has mobilized support, but access to SCS is still challenging and the pandemic highlights the inequalities that exist for people who use substances and the important services that SCS provide.

As OPH continues to actively work with partners to adapt services within the COVID-19 context, the need for responsive models have been highlighted and it has been essential to incorporate harm reduction services when establishing self-isolation and distancing centres as well as respite services. Locally, this includes the addition of a COVID-19 self-Isolation centre offering 40 beds for isolation and treatment for people who are homeless or in shelters, with onsite harm reduction and SCS.

More broadly, SCS can contribute to both health and safety in local communities by reducing drug use in public spaces and associated discarded needles and other drug use materials.[10] Ongoing community engagement and liaison is critical to ensure impacts to the local community, including people who use drugs, are proactively and collectively mitigated or addressed. Evaluations of SCS in Canada have shown them to be cost-effective services, notably by reducing the health care costs associated with the treatment of HIV and hepatitis C infection.[11] As an integral part of a harm reduction approach to substance use, SCS can also reduce stigma against people who use drugs by demonstrating that the health and wellness of all members of our community are valued and prioritized. In 2020, Ottawa's 4 Supervised Consumption Services recorded over 93,000 service encounters and reversed over 3200 suspected overdoses[12]. These interventions divert clients from requiring paramedic or emergency department services, which has contributed to health care system savings and allowed for the essential prioritization of services that cannot be offered in a community care setting.

Over the past several years, significant efforts have been made by Health Canada to facilitate the expansion of SCS across the country and simplify the required application process for a section 56.1 exemption under the *Controlled Drug and Substances Act (CDSA)*. Building on these advancements, removing the Provincial cap on the number of services funded in Ontario could decrease access barriers and provide the flexibility

to implement models required to meet the unique needs of different communities across Ontario. Efforts to provide consumption and treatment services (CTS) in more locations could be supported by streamlining the Provincial approval process to align more closely with Federal regulations. The expansion of supervised consumption and overdose prevention services is urgently needed to save lives and improve the health, safety and well-being of people who use drugs and their families in Ontario.

Pharmaceutical Alternatives to the Unregulated Toxic Drug Supply

As opioid-related harms continue to increase, the need is urgent for a comprehensive range of treatment services and interventions. Increasing access to evidence-based opioid agonist treatment (OAT), such as buprenorphine, is an integral part of the recommended first-line treatment approach for opioid use disorder (OUD), and a core component of a multi-pronged response to treatment within the current opioid crisis.

Initiating treatment of OUD with buprenorphine in an Emergency Department (ED) or hospital setting is highly effective at retaining patients in treatment and reducing subsequent ED visits and hospitals have a unique opportunity to reach the individuals at highest risk of overdose.[13,14,15] Surveys of ED physicians indicate that increased physician training and access to ongoing treatment supports would decrease barriers to prescribing buprenorphine in the ED[16,17]. Immediate support is needed to increase the capacity of primary care practitioners and hospitals to provide OAT for those in need. Further, the scale up of Rapid Access Addiction Medication clinics, including virtual services, like those offered by the Royal and Sandy Hill Community Centre is required to increase access to low-barrier, client centered care to initiate OAT and connect clients to ongoing care in the community.

Agonist treatment with long-acting oral opioids (e.g. methadone, buprenorphine) reduces the use of illicit opioids and many of the harms associated with their use, however they do not work for everyone. People most adversely affected by chronic opioid dependence tend to not be attracted to or are not retained in this type of treatment for very long or they continue to use illicit opioids while in treatment.[18, 19] As such, alternative approaches to treatment are required.

National guidelines recommend that injectable OAT (iOAT) using diacetylmorphine or hydromorphone be considered for individuals who continue to inject opioids despite adequate trials of methadone and buprenorphine.[20, 21] Numerous studies in Europe and Canada have provided empirical evidence that supervised medically prescribed injectable opioids (diacetylmorphine and hydromorphone), are effective and cost-

effective treatments for people with severe opioid use disorder. Findings have shown success in decreasing the use of illicit substances and an increase in retention in treatment.[22, 23] Locally, Ottawa Inner City Health is in the process of making changes to its Managed Opiate Program (MOP), which will enhance capacity to offer this treatment in different housing settings. Many of the people who started MOP in the first phase of the program are well into their recovery process. Self-reported outcomes include: migration to noninjectable forms of opiate substitution, stable housing, employment, and continued relationships with family and community.[24]

Building on the success of these interventions, safer supply initiatives seek to offer a lower barrier service model, providing accessibility and flexibility for clients, including less restrictive eligibility requirements and additional medication options, which enables reach to a broader population of people who use drugs. Safer supply services provide prescribed medications to people who use drugs and are overseen by a medical professional. These services are intended to reach people who are dependent on the illegal toxic drug supply, are at heightened risk of overdose, and who's needs are not being met by other available care options. Benefits to this approach include reduced infections, decreased crime rate, lower rate of overdose deaths, reduced hospital and emergency room visits and improved connections to medical, housing, and social supports.[25] Locally, Safer Supply Ottawa currently has just over 335 clients engaged in care across 3 service providers (Recovery Care, Ottawa Inner City Health and Somerset West Community Health Centre) as part of the pilot initiative. While program evaluation is still underway, early findings are indicating a reduction in overdose risk as well as improved connections to other needed health, social service and substance use supports. 96% of clients reported use of fentanyl at their initial intake visit. Of these clients, 64% reported a reduction in their use of fentanyl at the majority of their follow up visits. Further, the program's Housing Support Worker has been recording an average of over 200 interactions a month with clients, providing services like obtaining identification, assisting with setting up income support, assistance with housing registry applications, accompaniment to apartment viewings, and has provided over 980 referrals to wrap around services from August 2020 to March 2021[26].

The unpredictability and toxicity of the local drug supply have worsened during the COVID-19 pandemic, increasing the dangers in the community. Expanding access to pharmaceutical-grade alternatives to the unregulated drug supply has been recognized as a life-saving and critical part of a comprehensive approach to the drug overdose crisis.[27]

Provincial and Federal support and funding for the implementation of a spectrum of safer pharmaceutical alternatives and iOAT options, including listing additional higher concentration iOAT medication on the Ontario Drug Benefit Formulary Drug Benefit Formulary and the domestic production of diacetylmorphine, would increase the accessibility of lifesaving medications required to meet the needs of people at highest risk of overdose.

Drug Checking Services

There is approximately a 25-year history of drug checking services internationally that provides experience to guide good practice. Drug checking services may be valuable for monitoring the drug supply for especially dangerous contents and issuing health alerts to people who use drugs. It may also be an important outreach approach for people who use drugs to access health information and services.[28]

Results from Provincial and local Drug Checking Services show an increase in unexpected, toxic drugs in the unregulated supply. This has included increased presence of highly potent opioids, benzodiazepine-related drugs and other adulterants, increasing the risk of overdose and other harms[29]. Expanding access to drug checking services across the community would provide people who use drugs with the opportunity to make informed decisions based on knowledge about the contents of their drugs and provide vital information, including alerts, on Ottawa's unregulated drug supply. Funding for longer-term implementation of a range of accessible drug checking services in diverse community settings to meet local needs is required as part of a comprehensive approach to prevent overdoses.

Harms from stimulants

- Nationally, data from six provinces (including Ontario) show an increase in stimulant-related hospitalizations and deaths in 2020, and that 60 percent of accidental opioid toxicity deaths from January to September 2020 also involved a stimulant.[30]
- The majority (71 percent) of identified apparent stimulant toxicity deaths involved cocaine, and 46 percent involved methamphetamines.[31]
- Locally, drug checking data from Sandy Hill’s CTS indicates that 96.7% of drugs bought as opioids and 42.2% of drugs bought as stimulants contain illicit fentanyl, fentanyl analogues or other synthetic opioids.[32]

There has been increasing concern among service providers, both locally and across the province, about the increasing harms from stimulant use, including concerns about the challenges in adapting substance use and harm reduction services to meet the needs of people who use stimulants. While there are some supports and services for people who use stimulants, they are limited and not meeting the need.

Increasing the availability of services for people using methamphetamine and other stimulants and funding enhanced training for service providers on supporting people who use stimulants are essential for developing the innovative responses required to reduce the harms of stimulant use across Ontario. Areas of need include, but are not limited to: (1) services (such as supervised spaces) for those recovering from the effects of stimulants; (2) resources to support frontline staff across sectors who provide services to people who use stimulants; (3) resources to advance safer supply for stimulants; and (4) treatment options for people who use stimulants.

Grief and Trauma Supports

The need for grief and trauma supports for people who use drugs, their families and friends and front-line workers responding to the overdose crisis has been well documented and research conducted reaffirms these needs. Those frequently witnessing and responding to fatal and non-fatal overdoses describe the significant toll on their mental health, including dealing with the impacts of anxiety, anticipatory loss, and burnout. Adequate workplace and community responses to support those affected have not been available.[33]

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