

**THE NEED FOR
DECRIMINALIZATION &
SAFER SUPPLY:
EVIDENCE FROM CURRENT
RESEARCH & PRACTICE**

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SAFER SUPPLY PROGRAM MANAGER**



DISCLAIMER

**The views expressed herein do not necessarily represent
the views of Health Canada**

OBJECTIVES

- Question why we are in the 7th year of the drug poisoning crisis.
- Look at why we need to address the stigmatization and criminalization of people who use drugs.
- Explore the barriers and enablers of opioid agonist therapy and safer supply – Peterborough research project.
- Understand the need to scale up safer supply programs.
- Understand the need for decriminalization, legalization, and regulation of all drugs.

ON CANADA.



OUR HOME
ON NATIVE LAND



26,690

**OPIOID TOXICITY DEATHS
JANUARY 2016 TO SEPTEMBER 2021**



20

DEATHS PER DAY, JANUARY TO SEPTEMBER 2021

SOCIAL CONSTRUCTS: DRUGS, ADDICTION, DEVIANCE, DISEASE

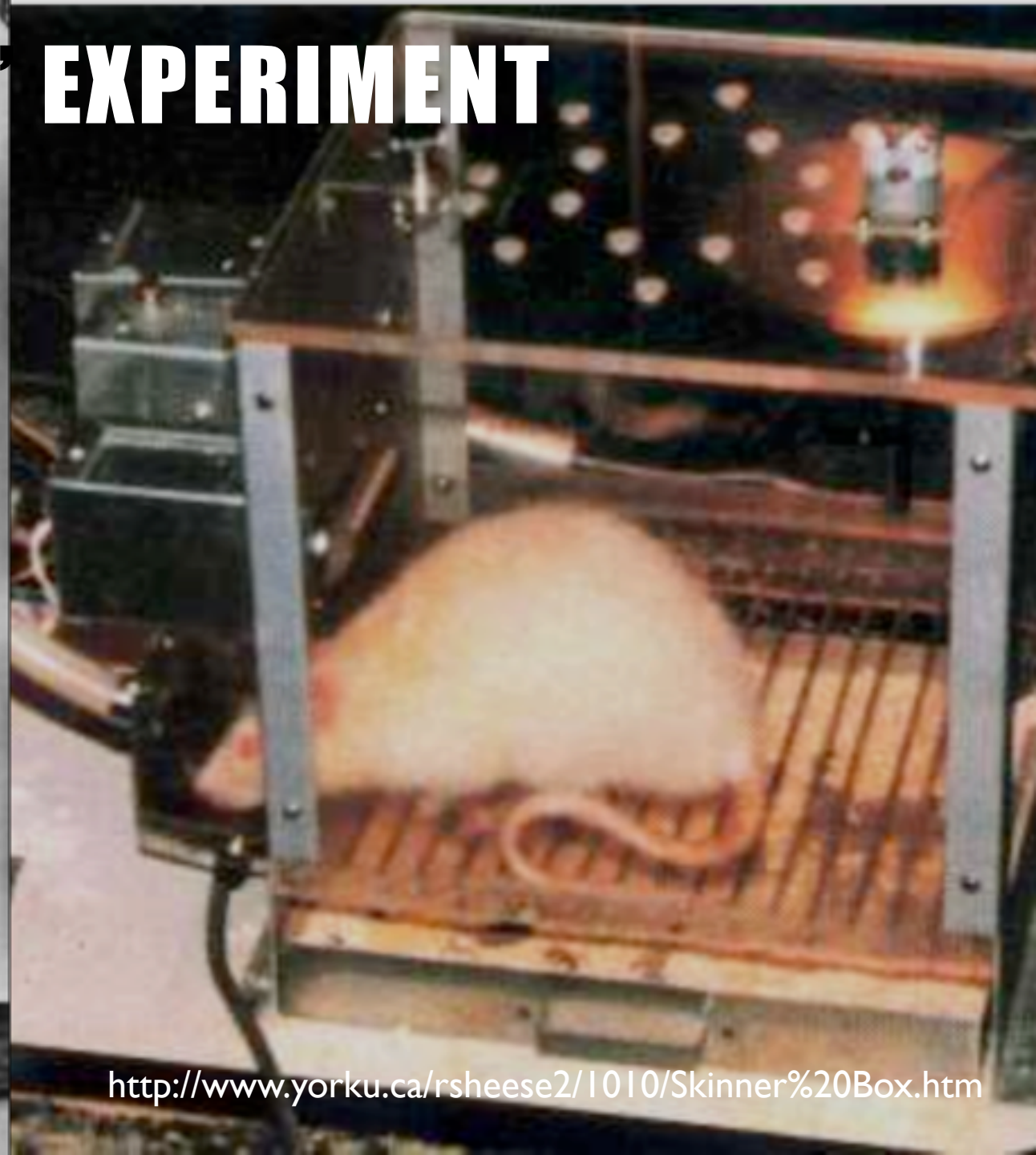
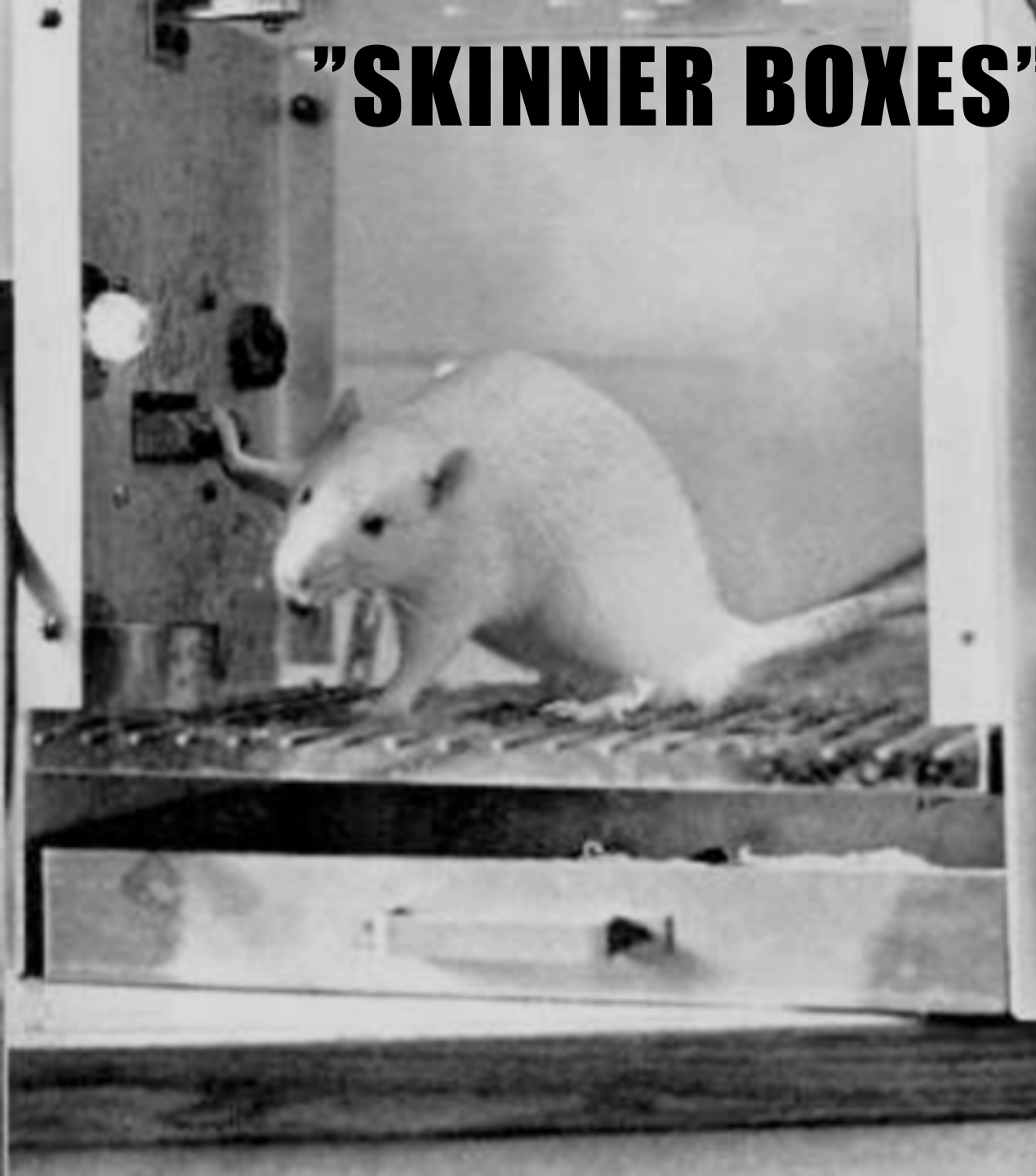


https://web.uvic.ca/vv/student/medicine/image/a021082_cocaine.jpg

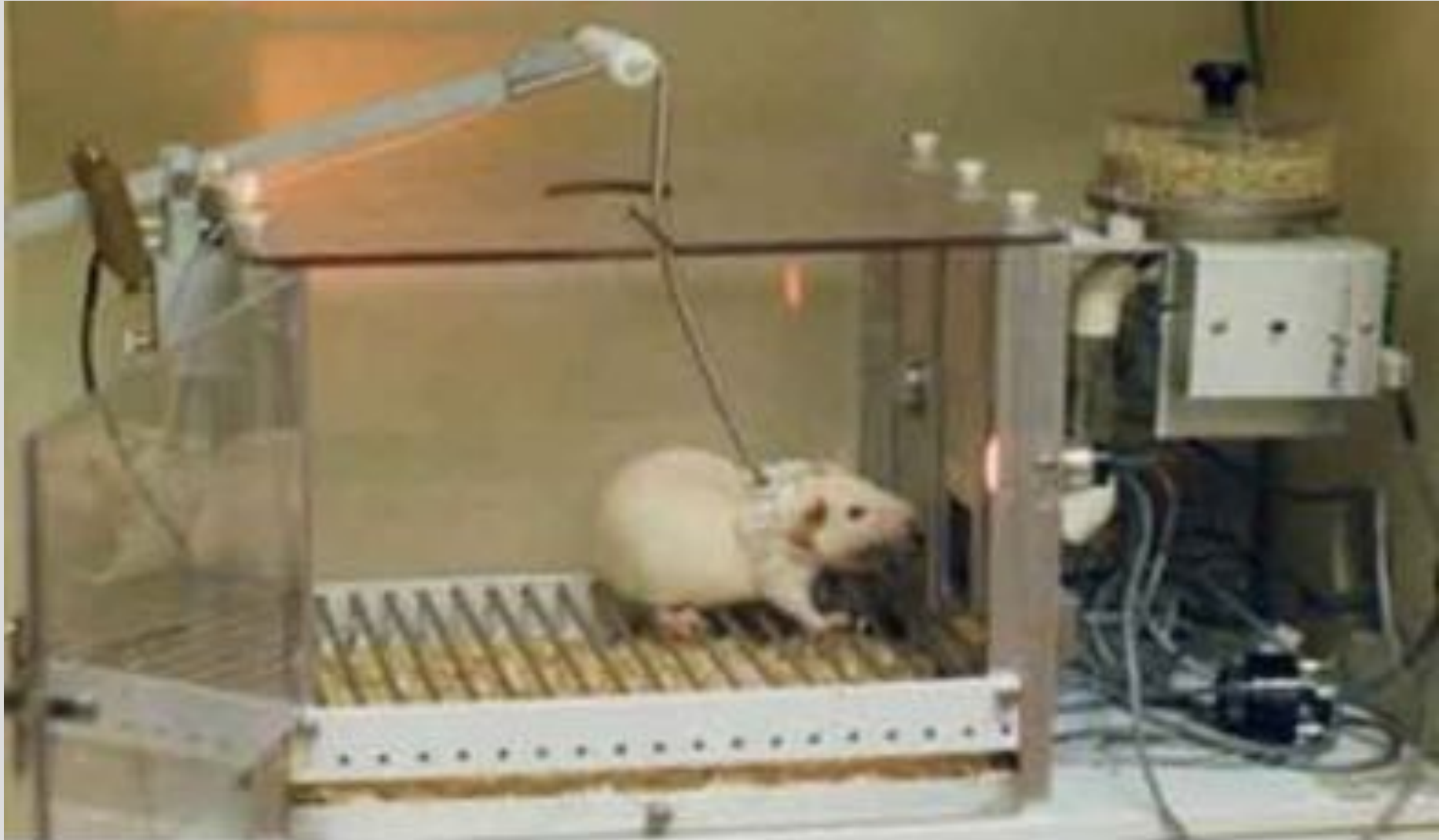


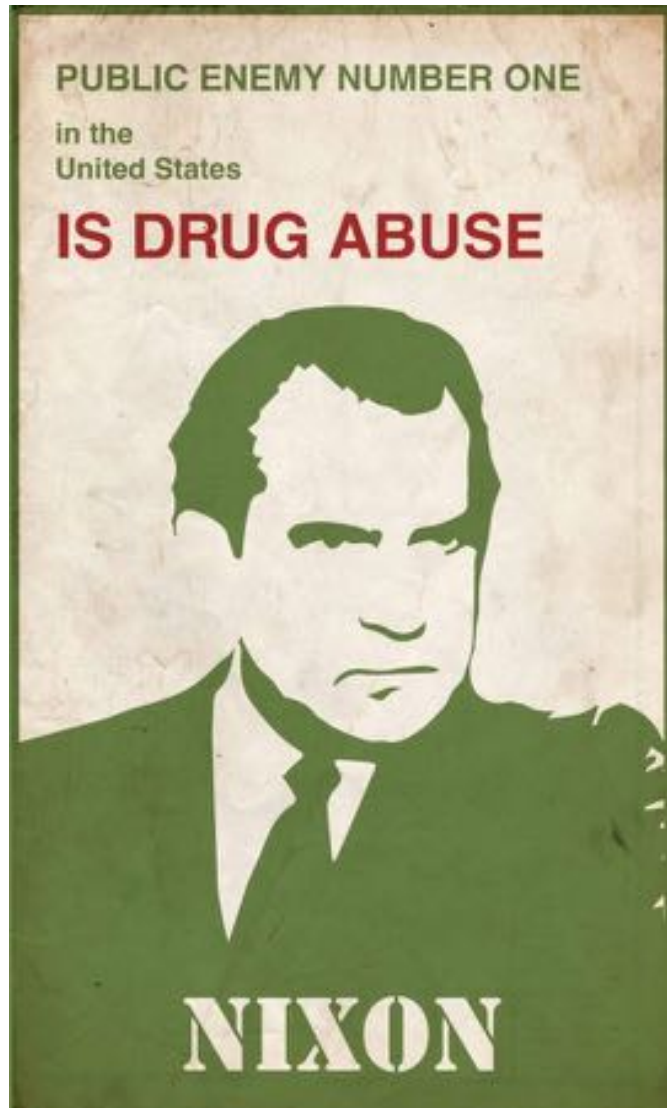
<https://c8.alamy.com/comp/FF9KGF/opium-war-cartoon-1864-nto-the-weak-relation-cartoon-from-an-american-FF9KGF.jpg>

"SKINNER BOXES" EXPERIMENT



"SKINNER BOXES" EXPERIMENT





Nixon's war on drug addicts

From RICHARD SCOTT

Washington, June 17

President Nixon told Congress today that the drug problem in the United States had assumed the dimensions of a national emergency. He asked for an additional \$64 millions to provide emergency measures for dealing with it.

"RAT PARK" EXPERIMENT

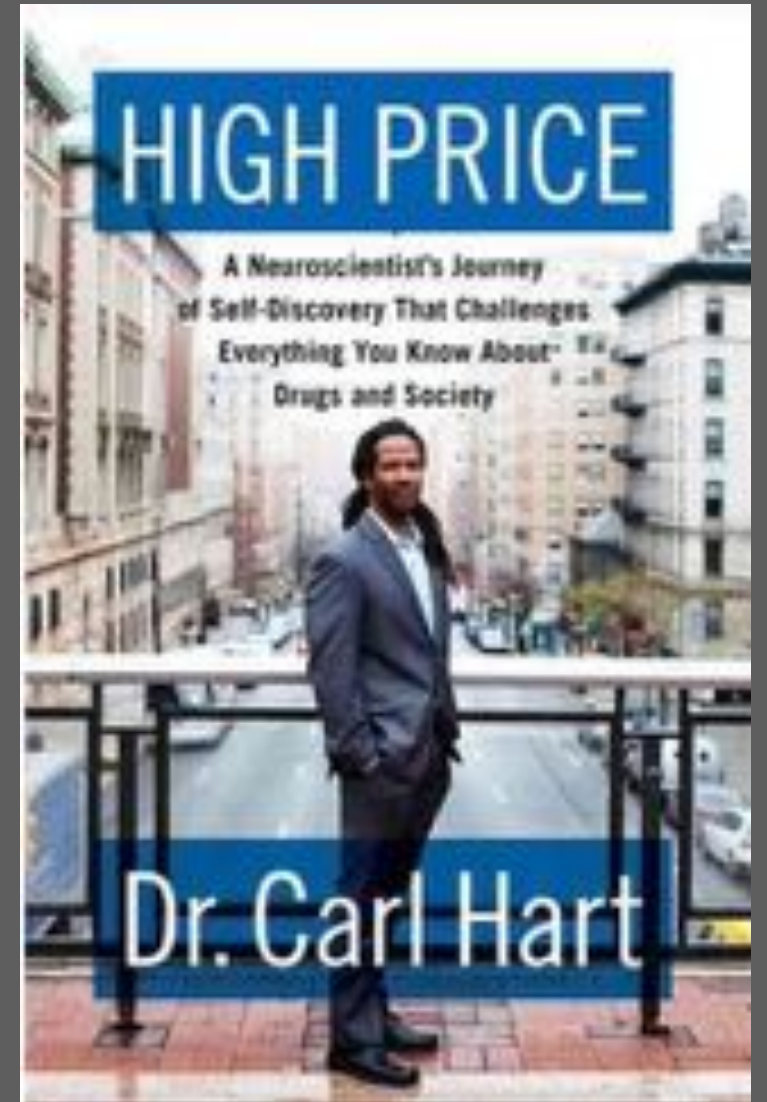


<https://www.brucekalexander.com/articles-speeches/rat-park/148-addiction-the-view-from-rat-park>

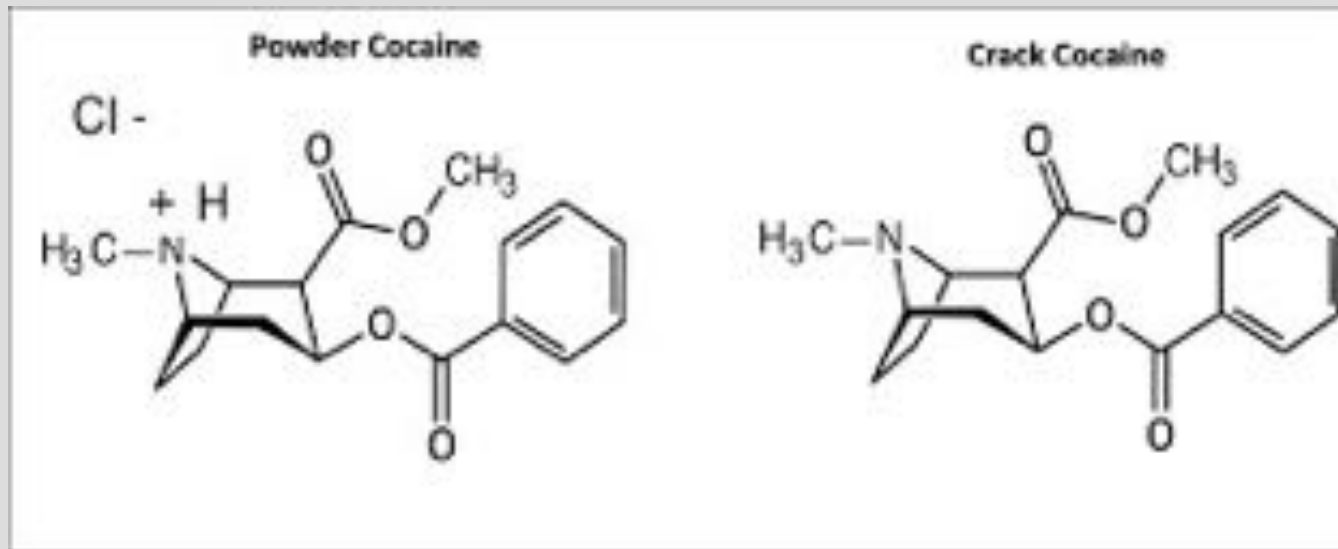
50%

A

B

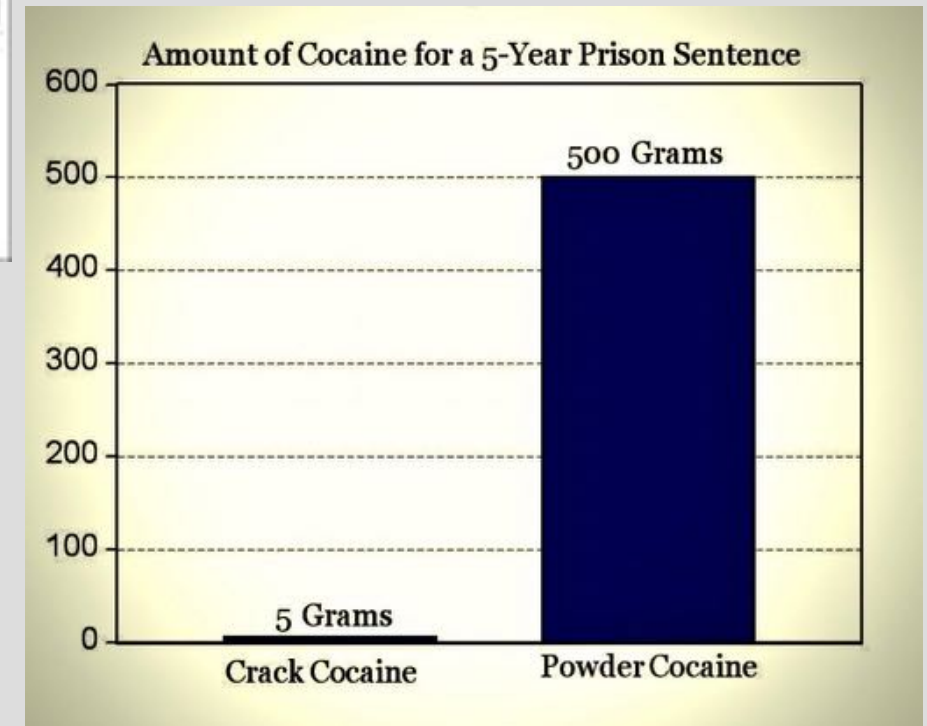


CRIMINALIZATION OF CRACK VS COCAINE



“The racial implications of the 1986 law were devastating,” said Eric E. Sterling, then legal counsel to the House of Representative’s Subcommittee on Crime, who helped write the 1986 bill.

<https://eji.org/news/racial-double-standard-in-drug-laws-persists-today/>



CRIMINALIZATION OF OPIOIDS TODAY







**WAR ON
DRUGS
- IS A -
WAR ON
US!!**

**WAR
DRUGS
- IS A -
WAR ON
US!!**



STIGMA

**PUBLIC HEALTH APPROACH
GROUNDED IN HUMAN RIGHTS
AND HEALTH AND SOCIAL EQUITY**

CURRENT GOLD STANDARD TREATMENT FOR OPIOID USE DISORDER: OPIOID AGONIST THERAPY (OAT)



Buprenorphine/Naloxone (Suboxone)

Methadone

Kadian

NEED FOR A VARIETY OF SERVICES



<https://www.vox.com/science-and-health/2018/9/27/17907964/safe-injection-site-study-retraction>



<https://psmag.com/social-justice/medication-assisted-treatment-our-best-bet-to-beat-the-opioid-crisis-california>



<https://theyee.ca/News/2017/01/28/Ways-Stop-BC-Overdose-Drug-Deaths/>



MY EXPERIENCE

**DRUG POLICY IS A
PUBLIC HEALTH
ISSUE, NOT A
CRIMINAL ISSUE**

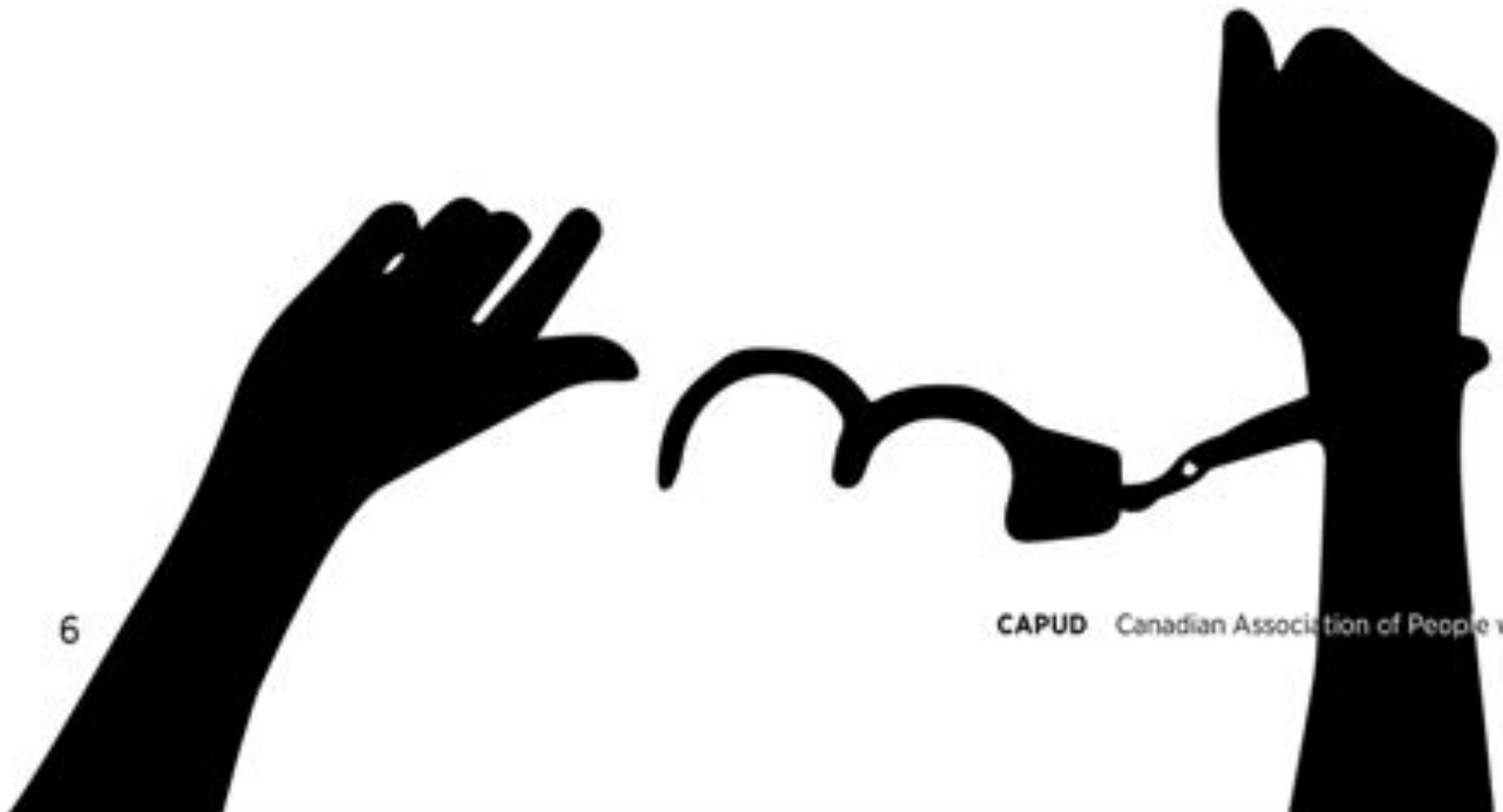
DECRIMINALIZATION: POINTS TO REMEMBER

1. People who use drugs must be central to the process at every stage
2. Centre the voices of Black and Indigenous peoples
3. Listen to female-identifying and gender non-conforming people

IN ADDITION TO DECRIMINALIZATION

- Harm reduction, safer supply and treatment
- Community-driven model with voluntary supports
- Meet people who use drugs where they are at and when they need it
- Access to the medications people need
- Basic needs met

#SAFESUPPLY MEANS FREEDOM.




6

CAPUD Canadian Association of People who Use Drugs



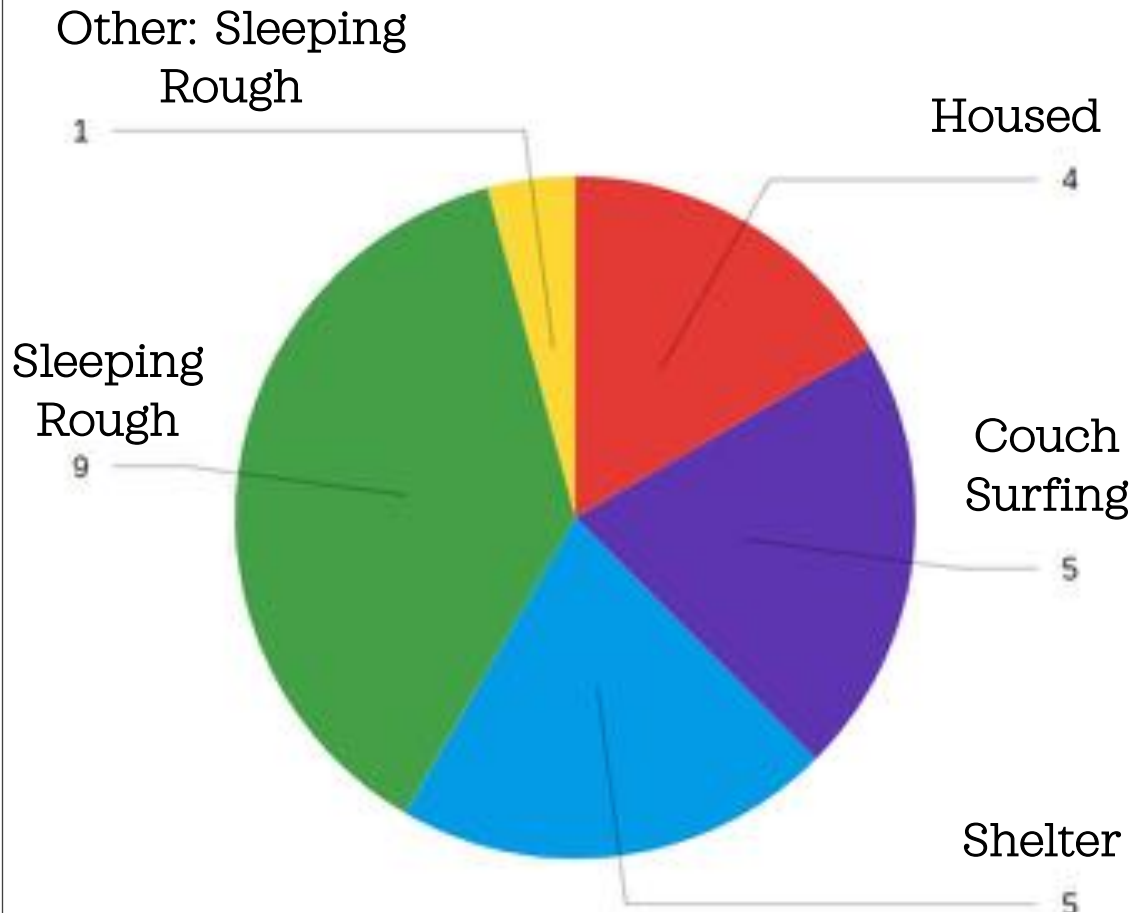
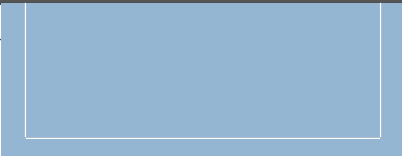
PETERBOROUGH RESEARCH PROJECT: BARRIERS AND ENABLERS TO OPIOID AGONIST THERAPY AND SAFER SUPPLY

Interviews and Focus Groups: August - October 2021

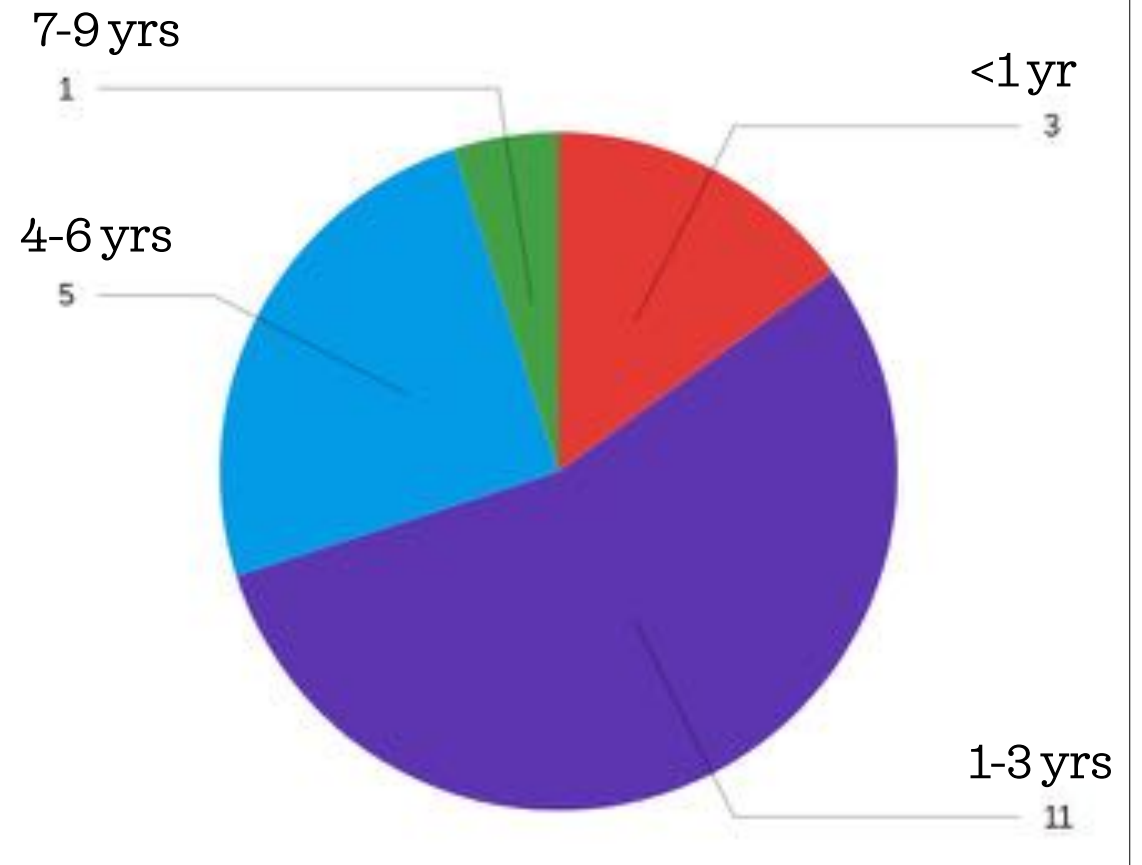


RESULTS OF RESEARCH: BARRIERS AND ENABLERS TO OPIOID AGONIST THERAPY AND SAFER SUPPLY

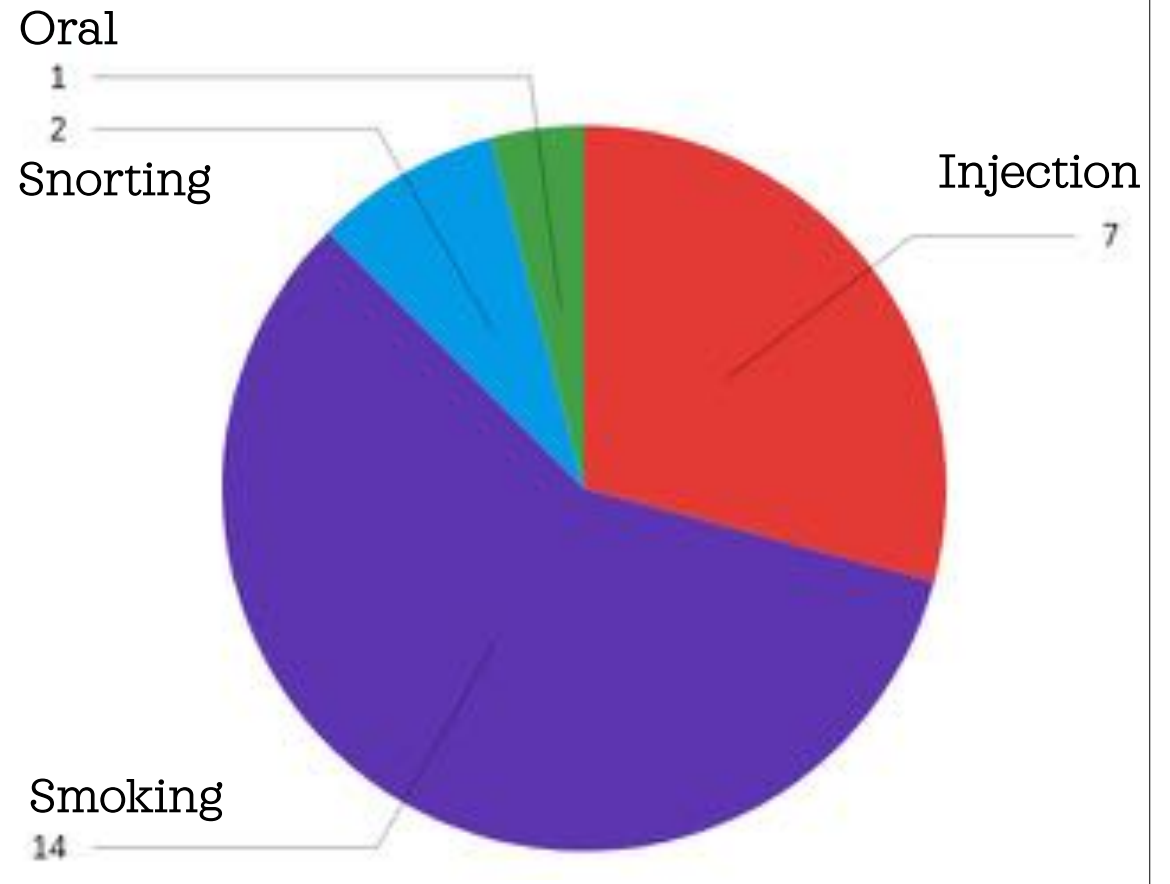
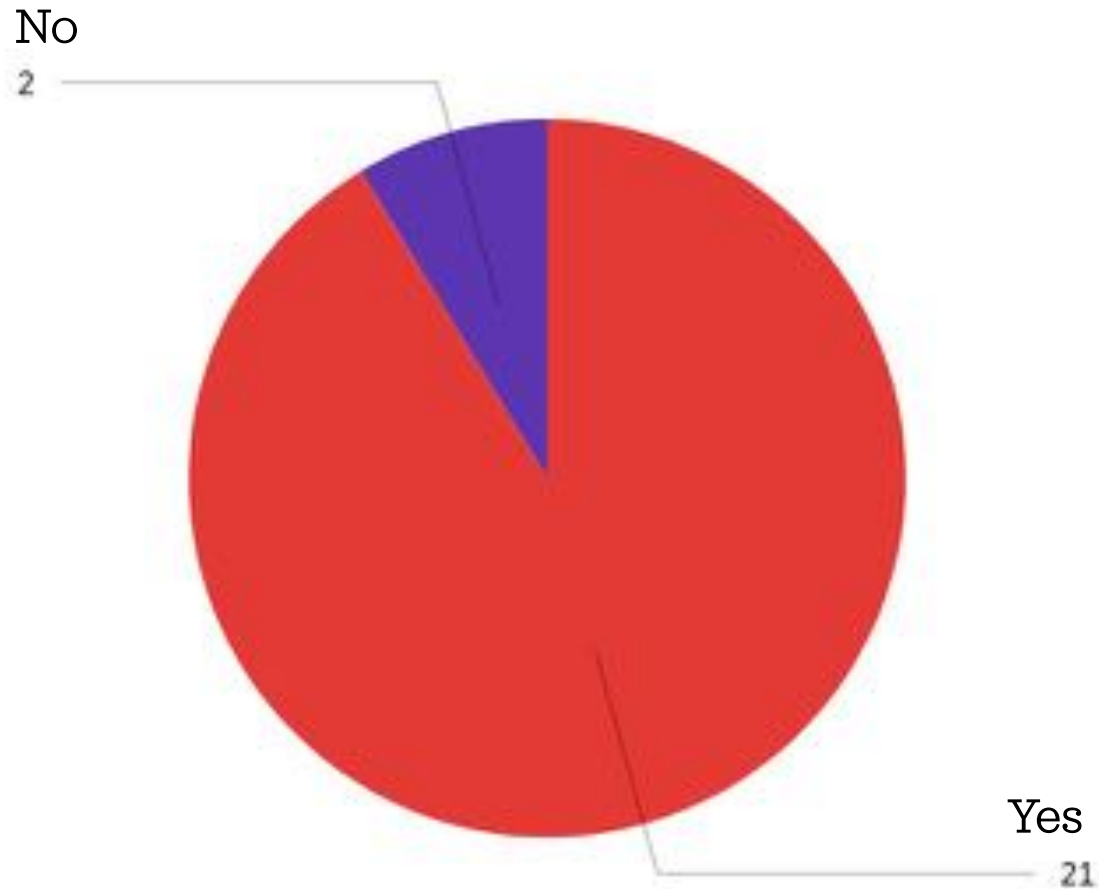
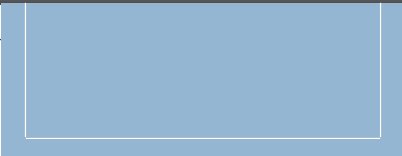
Focus Groups with People Who Use Drugs



WHERE ARE YOU SLEEPING?

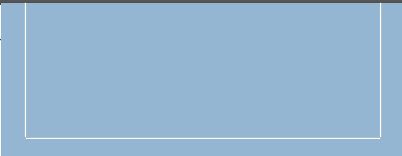


FOR HOW LONG HAVE YOU BEEN UNHOUSED?

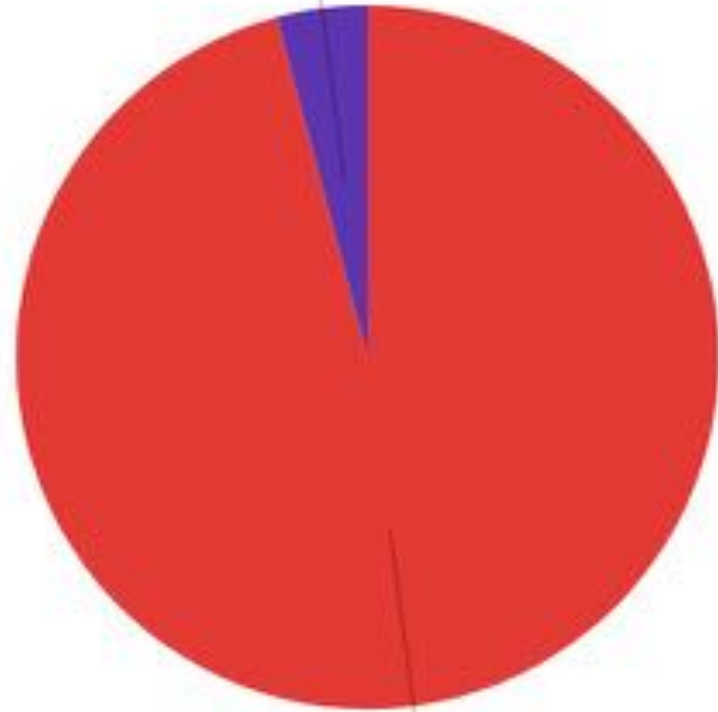


DO YOU CURRENTLY USE STREET ACQUIRED FENTANYL?

HOW DO YOU USE IT?

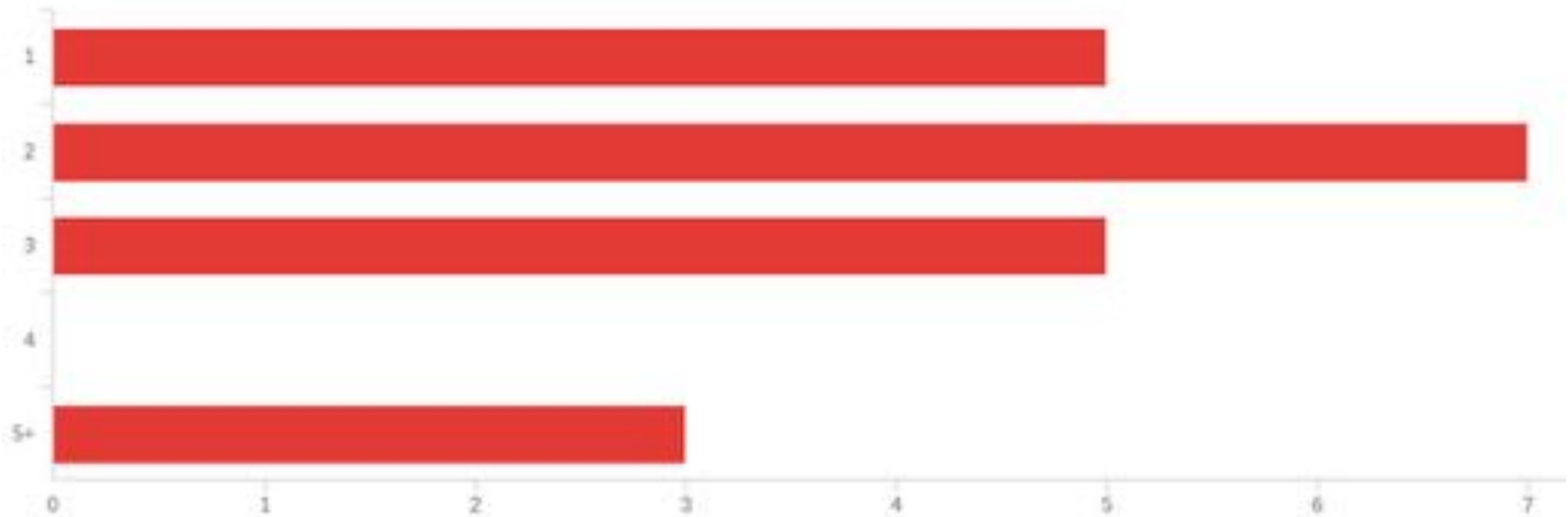
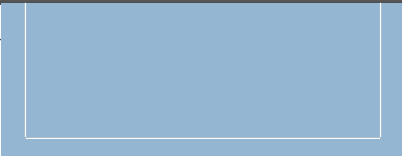


No
1

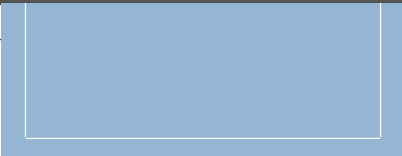


Yes
23

DO YOU USE STREET ACQUIRED STIMULANTS?

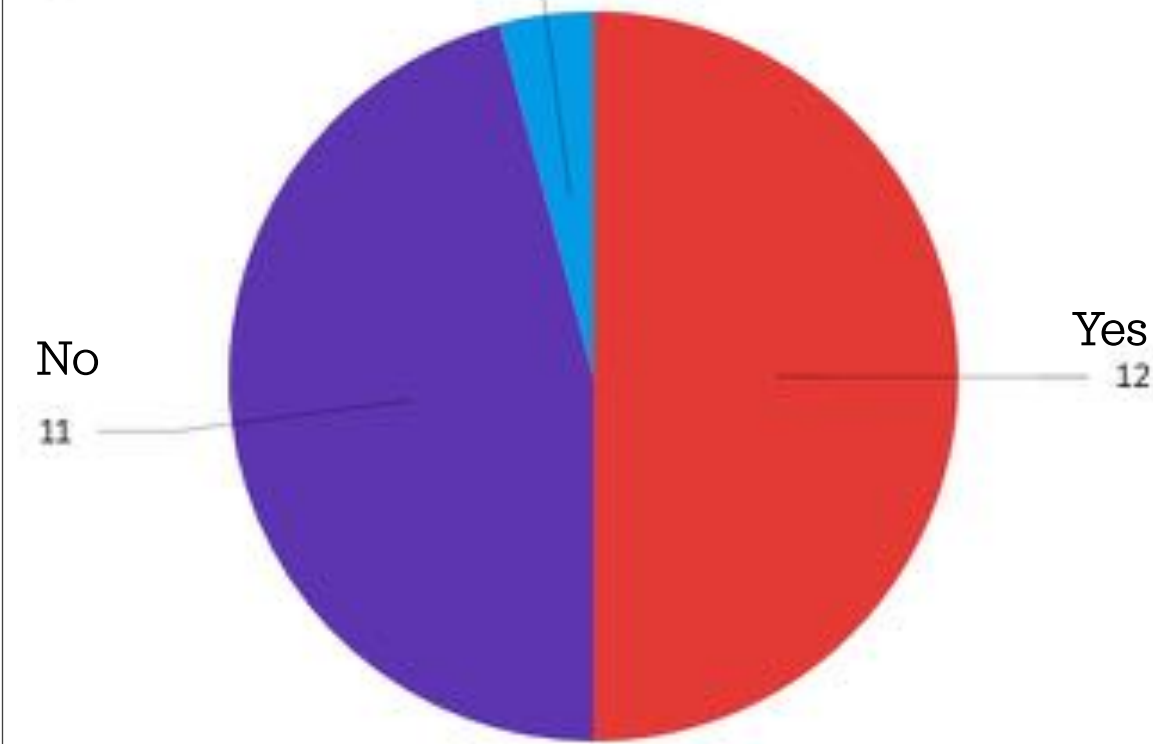


HOW MANY TIMES HAVE YOU OVERDOSED IN THE PAST 6 MONTHS?



Unsure

1



No

11

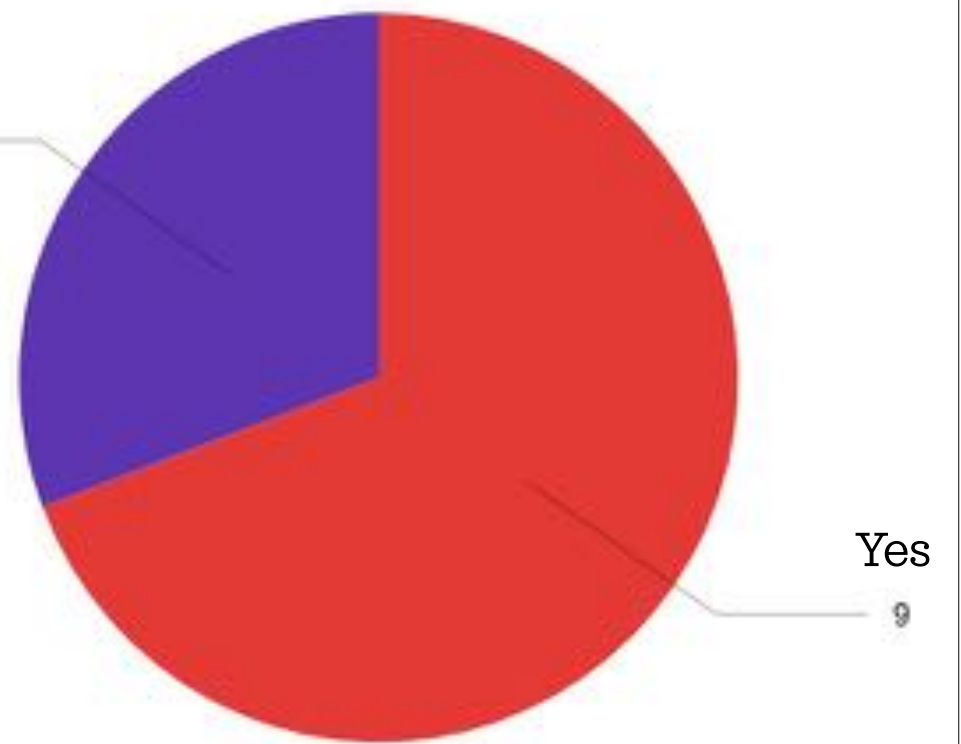
Yes

12

HAVE YOU EVER DONE ANY TREATMENT FOR SUBSTANCE USE?

No

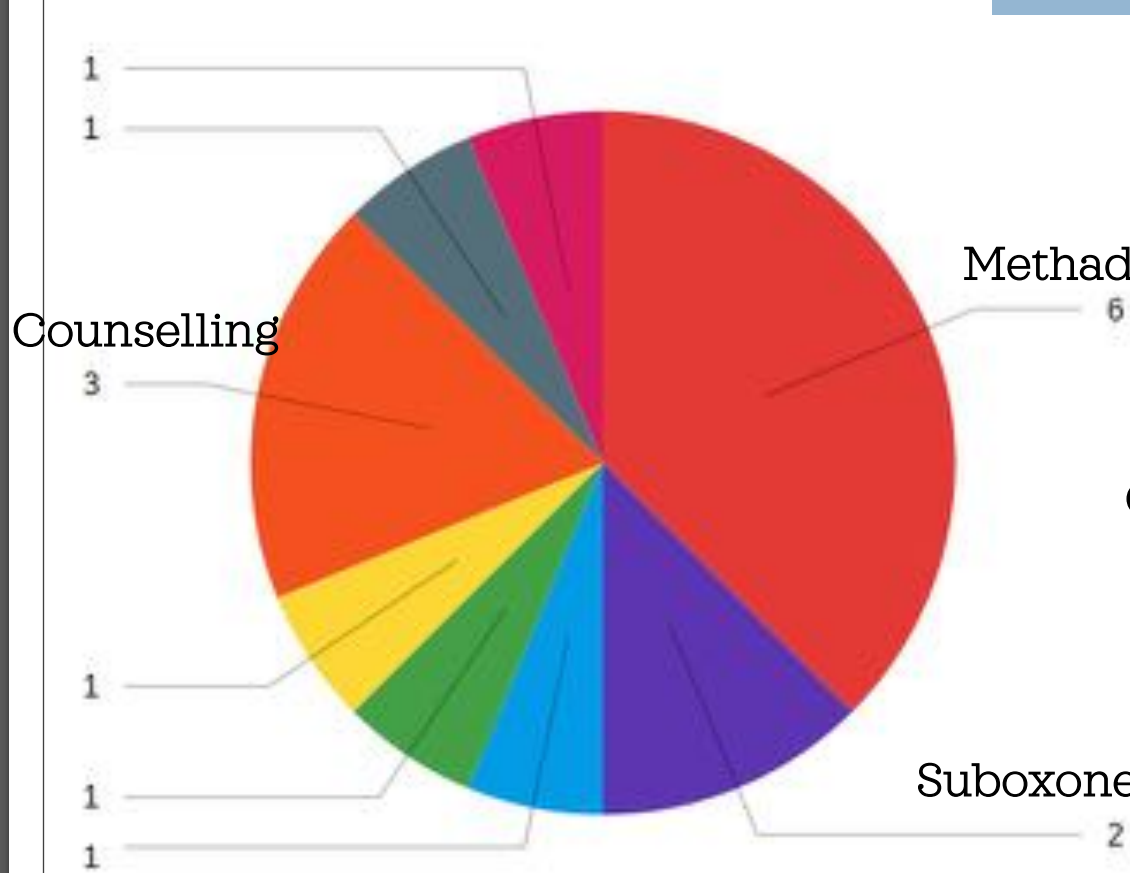
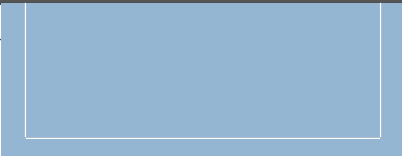
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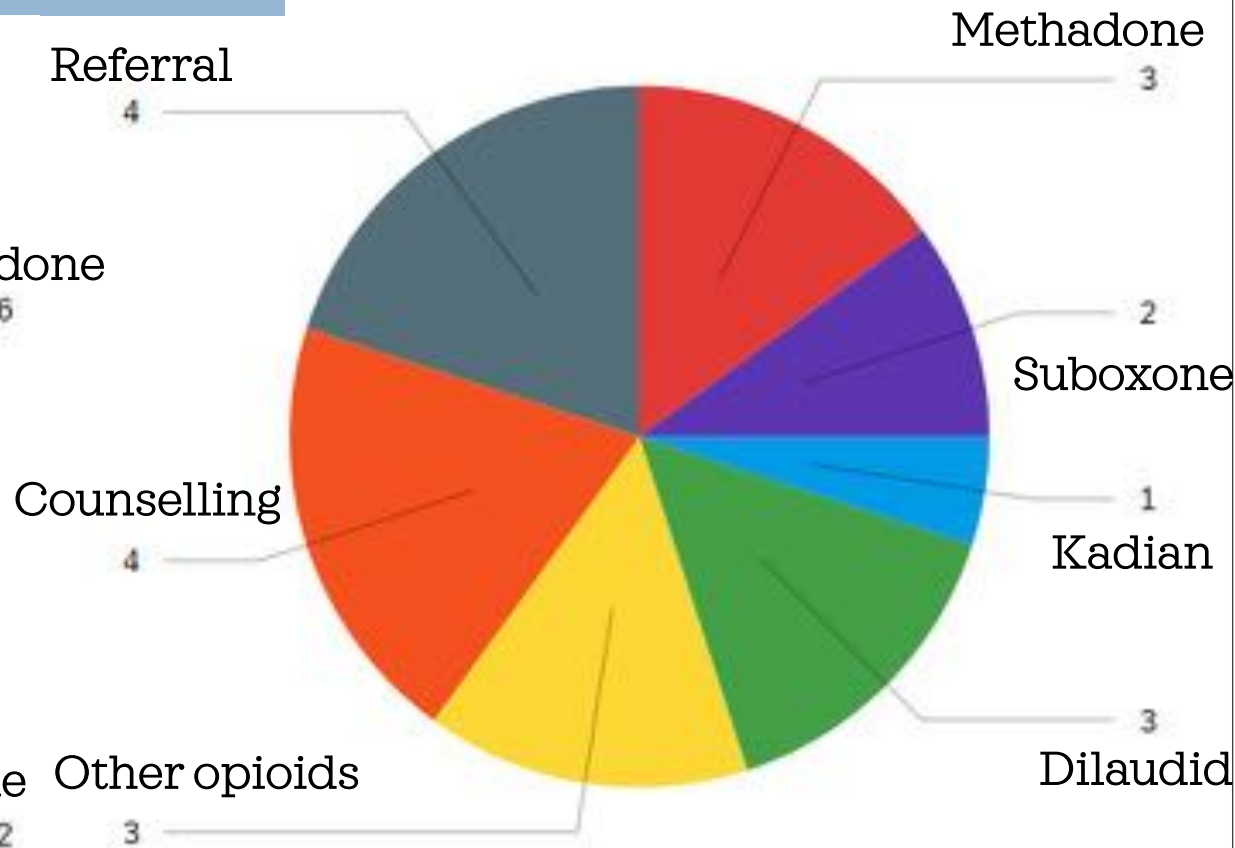
Yes

9

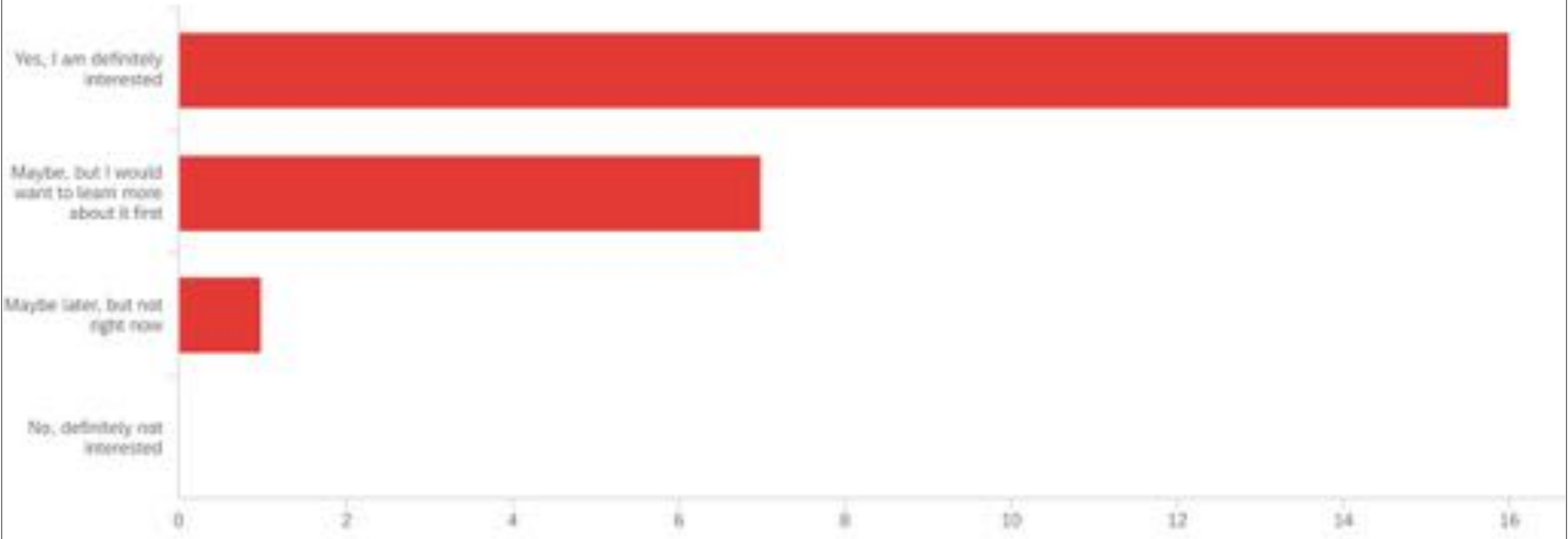
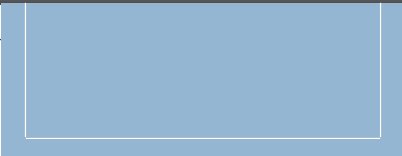
HAVE YOU EVER BEEN ON OPIOID AGONIST THERAPY?



WHAT OPTIONS IS YOUR NP/MD CURRENTLY OFFERING YOU?



WHAT WOULD YOU LIKE YOUR NP/MD TO OFFER YOU?



WOULD YOU BE INTERESTED IN SAFER SUPPLY IF IT WAS OFFERED?

PEOPLE WHO USE DRUGS OAT BARRIERS & ENABLERS

Opioid Agonist Therapy Barriers

- Judgment, stigma
- Liquid handcuffs
- Punitive and paternalistic
- Lack of caring, respect, privacy
- Not listening to client goals
- Accessibility issues
- No people with lived experience

Opioid Agonist Therapy Enablers

- When it works, it works well
- Easy/quick to get on
- Prefer to go to own NP/MD
- Positive pharmacy experiences
- Need people with lived experience
- Want resources to change life or get off
- Want access to counselling


PEOPLE WHO USE DRUGS SAFER SUPPLY BARRIERS & ENABLERS

Safer Supply Potential Barriers

- Judgment, stigmatization, criminalization
- Lack choice of and dose of medication
- Lack of people with lived experience
- No exit plan
- No access to basic needs (housing, stolen meds)
- Community will see it as enabling; fear PWUD
- Lack of support at shelters/drugs everywhere
- Access issues – paying for meds, criteria to get on
- PWUD not trusting health care

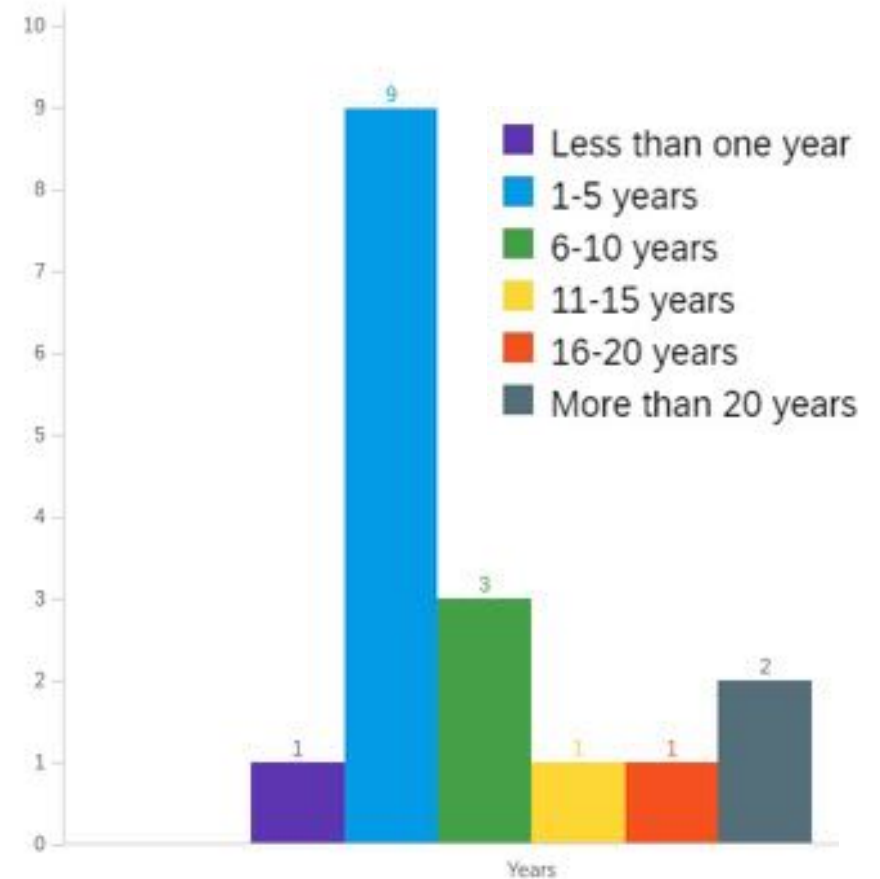
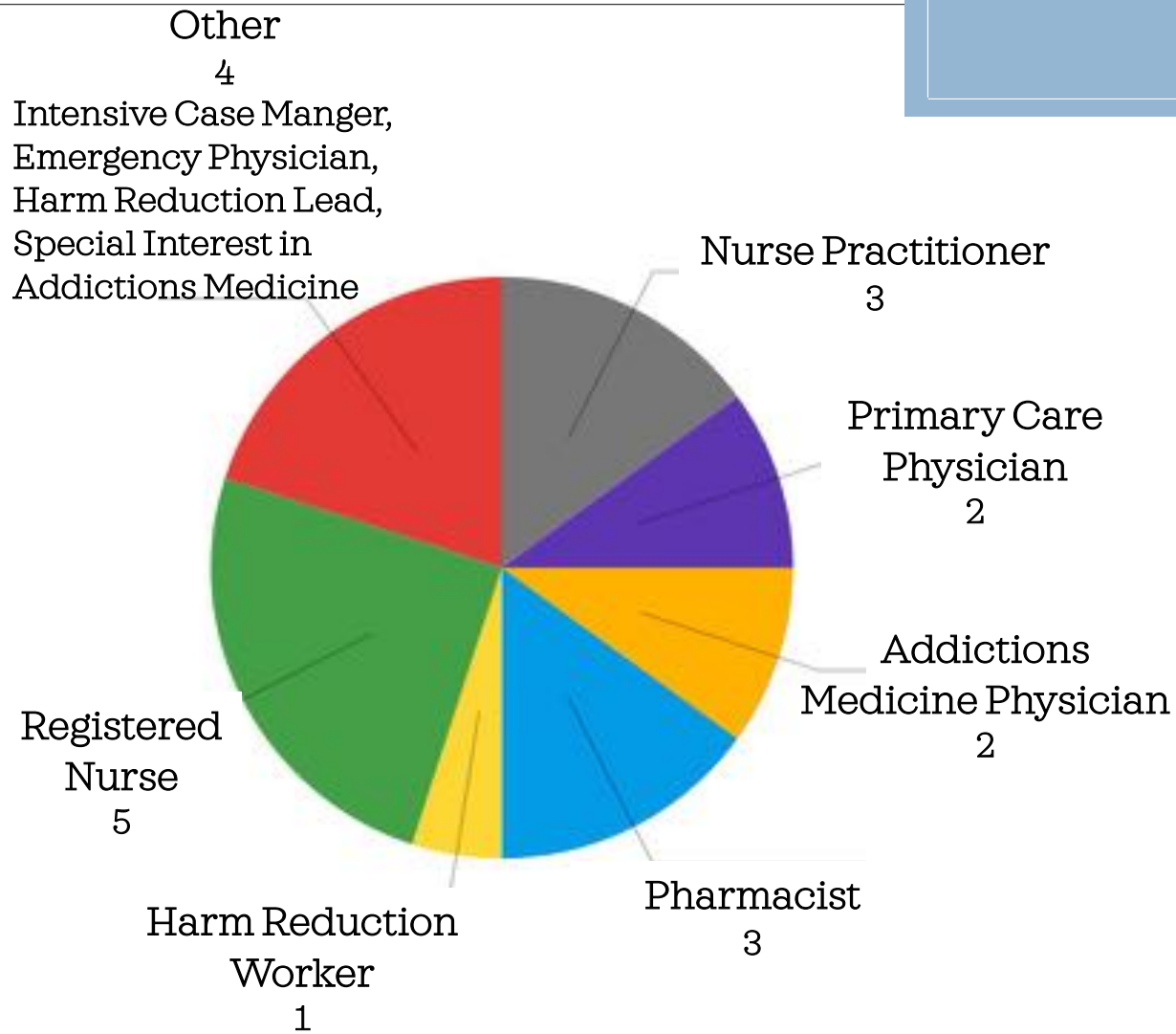
Safer Supply Potential Enablers

- Provides an alternative option/choice to OAT
- Respect, treat as a client, meet where they are at
- Needs PWUD involvement
- Counselling – option for 1:1 and group
- Support and guidance from your community
- Make/reach individual goals
- Outreach for appointments and med delivery
- Need basic needs met, especially housing
- Community will support when crime rate drops
- Need to partner with shelters
- Prefer own NP/MD prescribing
- Need culture-specific resources

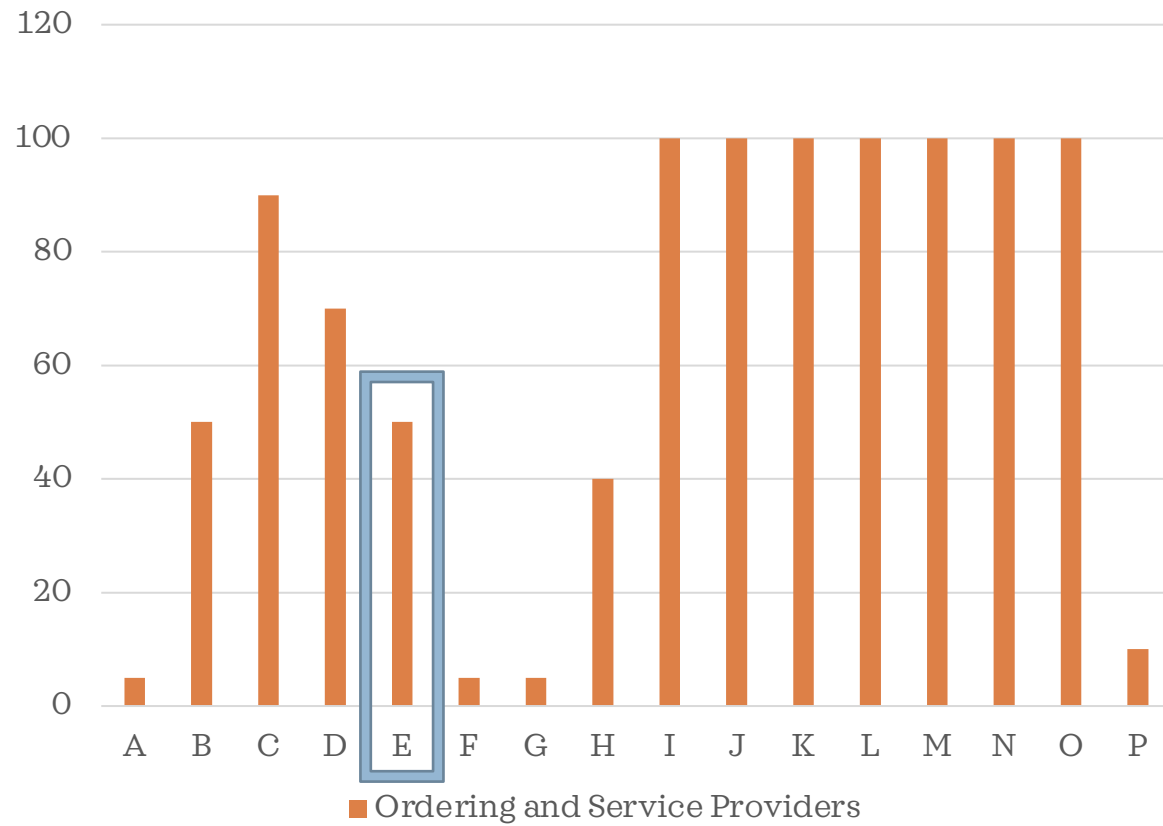


RESULTS OF RESEARCH: BARRIERS AND ENABLERS TO OPIOID AGONIST THERAPY AND SAFER SUPPLY

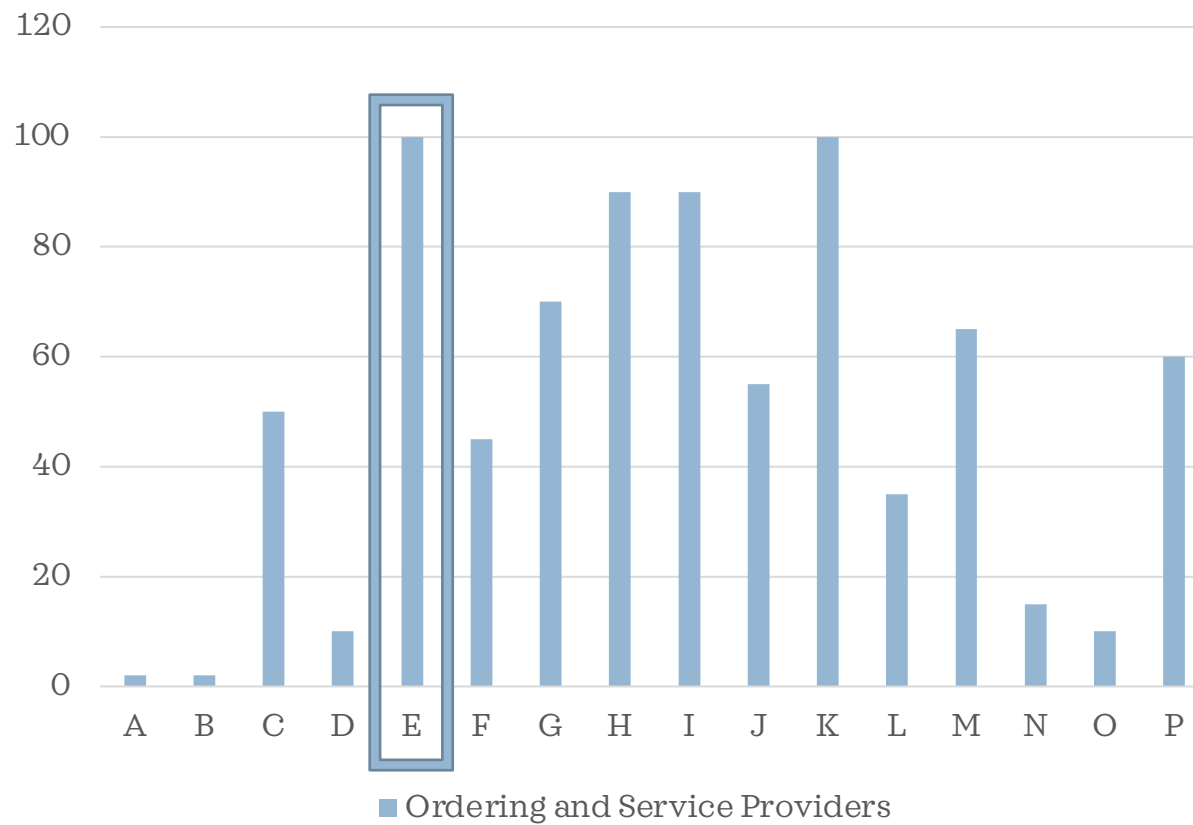
Interviews with Ordering and Service Providers



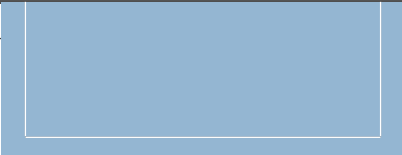
PROFESSIONAL ROLES AND YEARS OF SERVICE N=17



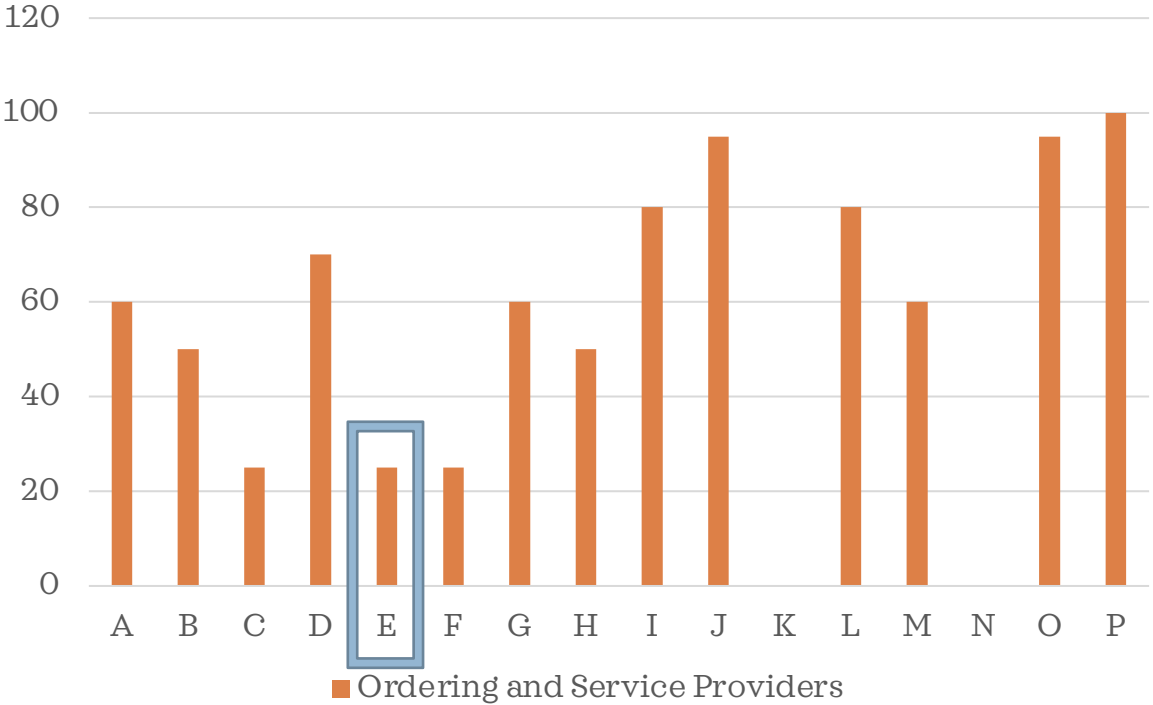
PERCENTAGE OF CLIENTS WITH
SUBSTANCE USE DISORDER



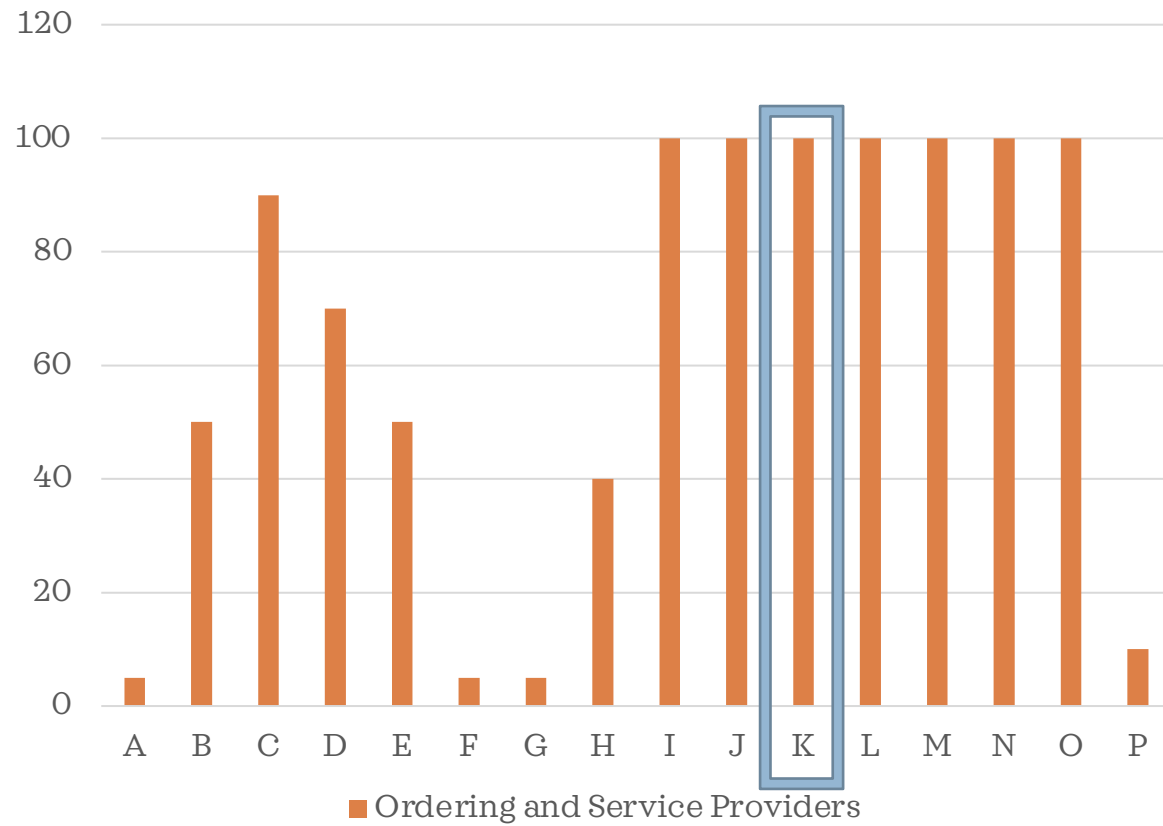
PERCENTAGE OF CLIENTS WITH
OPIOID USE DISORDER



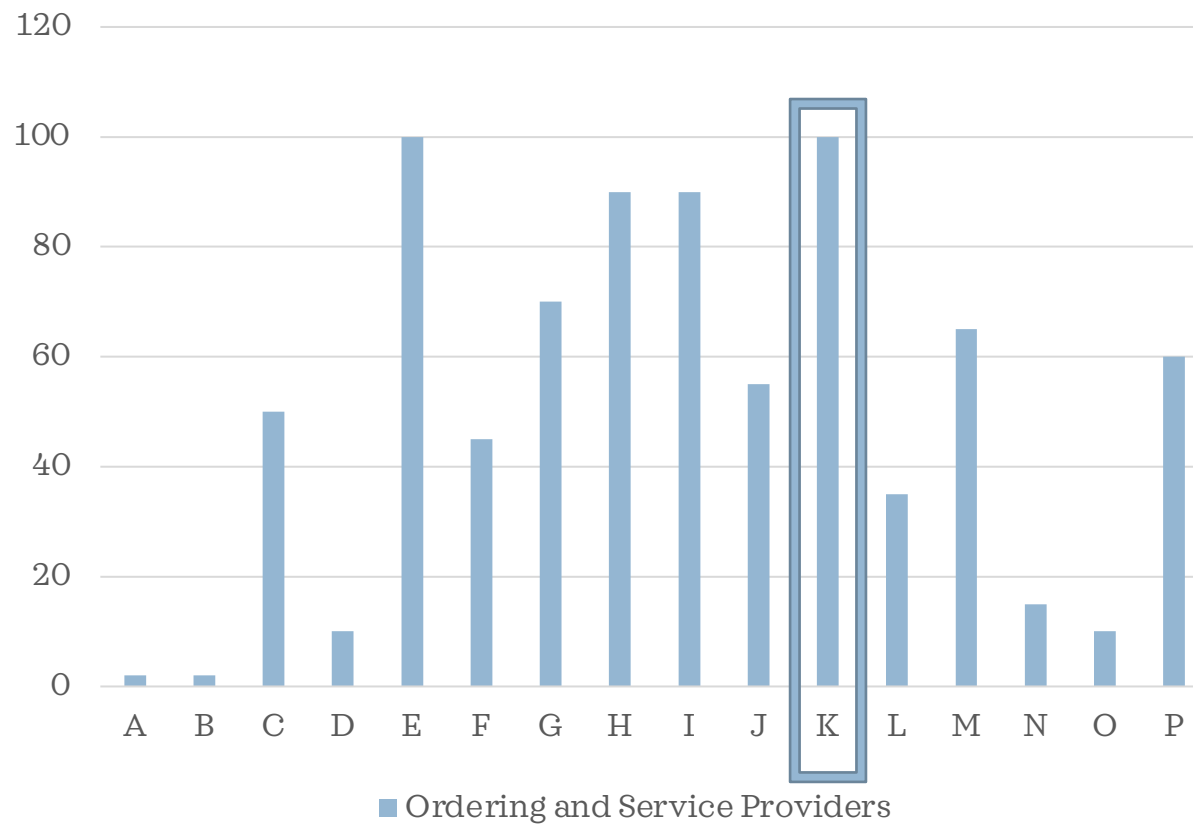
Percentage of Clients Receiving OAT



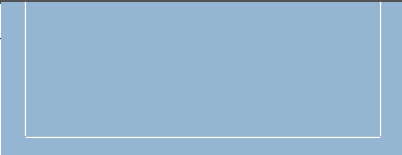
CLIENTS RECEIVING OAT
N=16



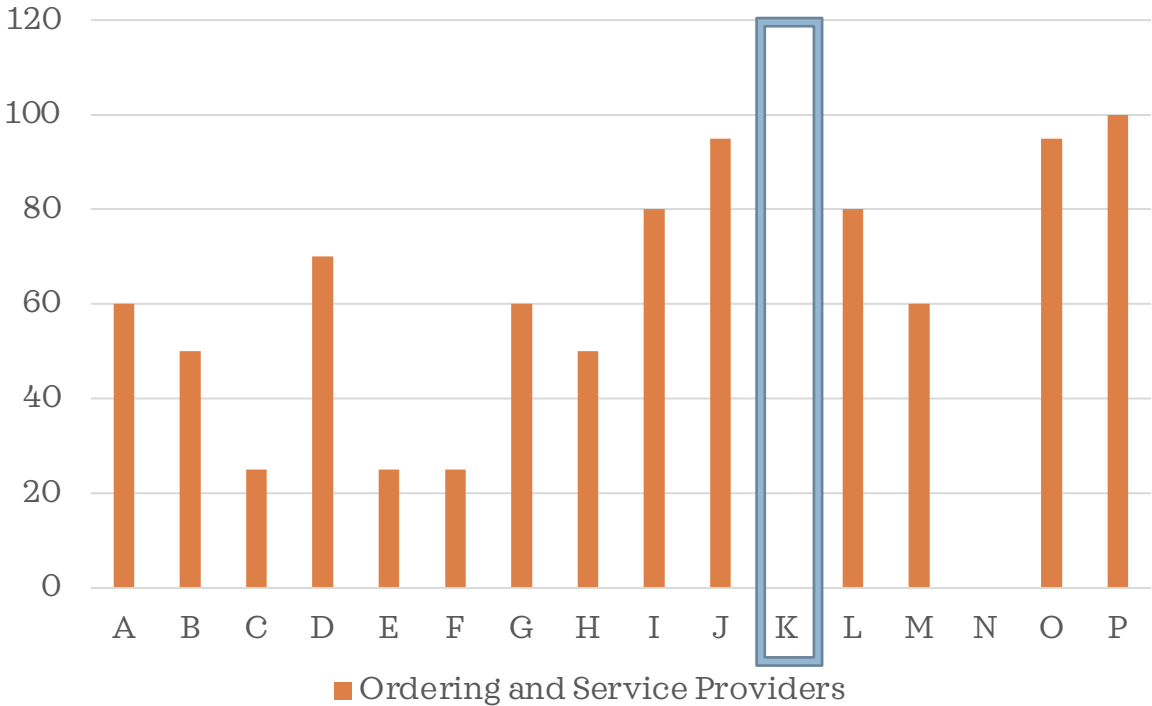
PERCENTAGE OF CLIENTS WITH
SUBSTANCE USE DISORDER



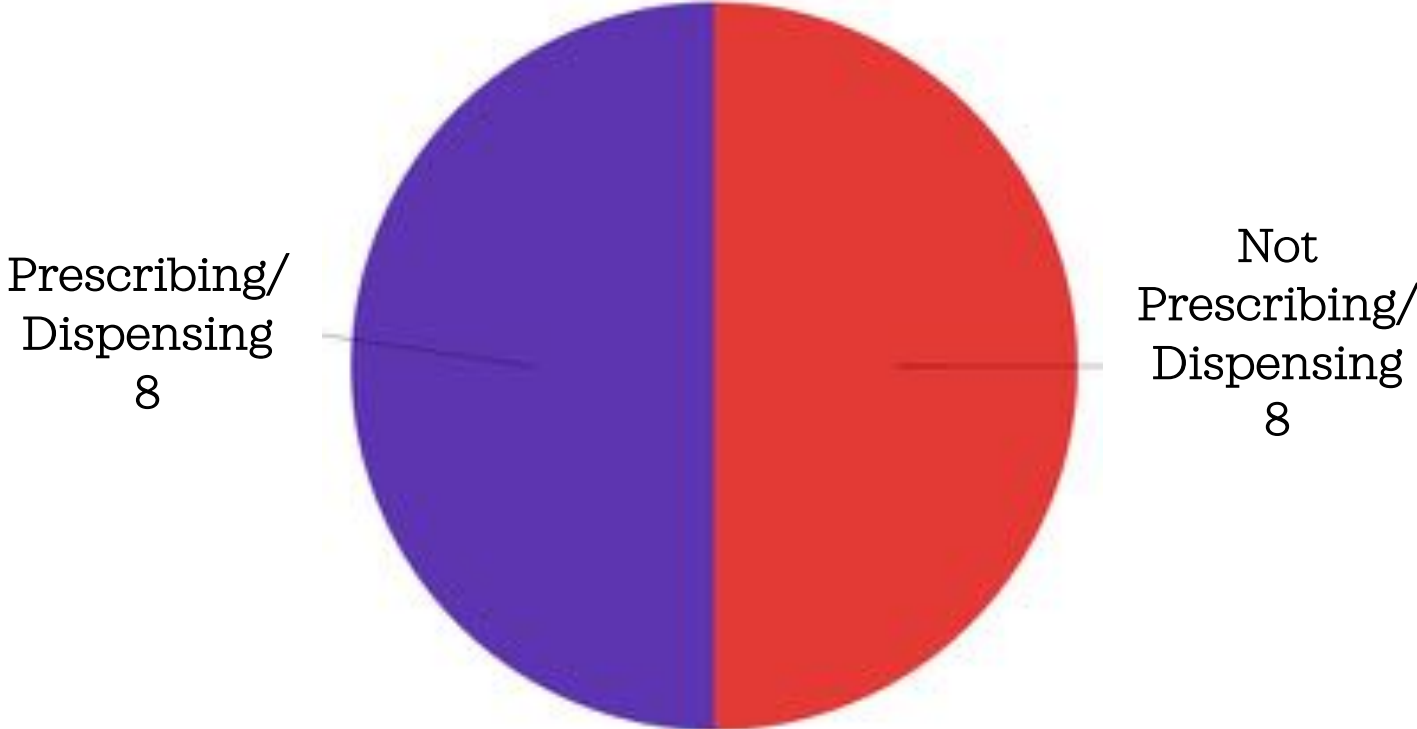
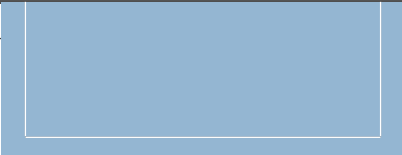
PERCENTAGE OF CLIENTS WITH
OPIOID USE DISORDER



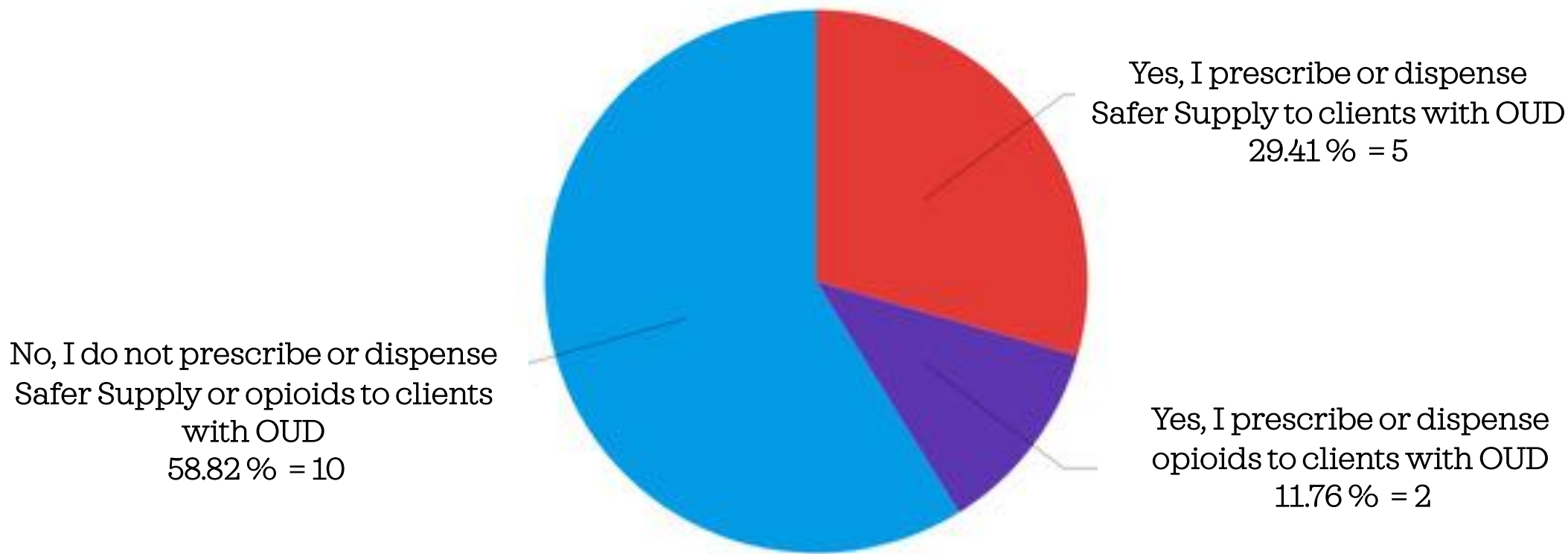
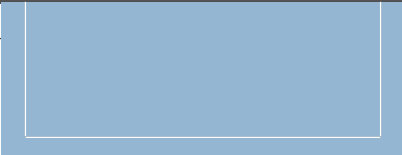
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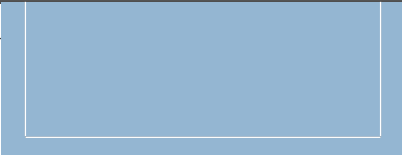
CLIENTS RECEIVING OAT
N=16



ORDERING AND SERVICE PROVIDERS
PRESCRIBING OR DISPENSING OAT

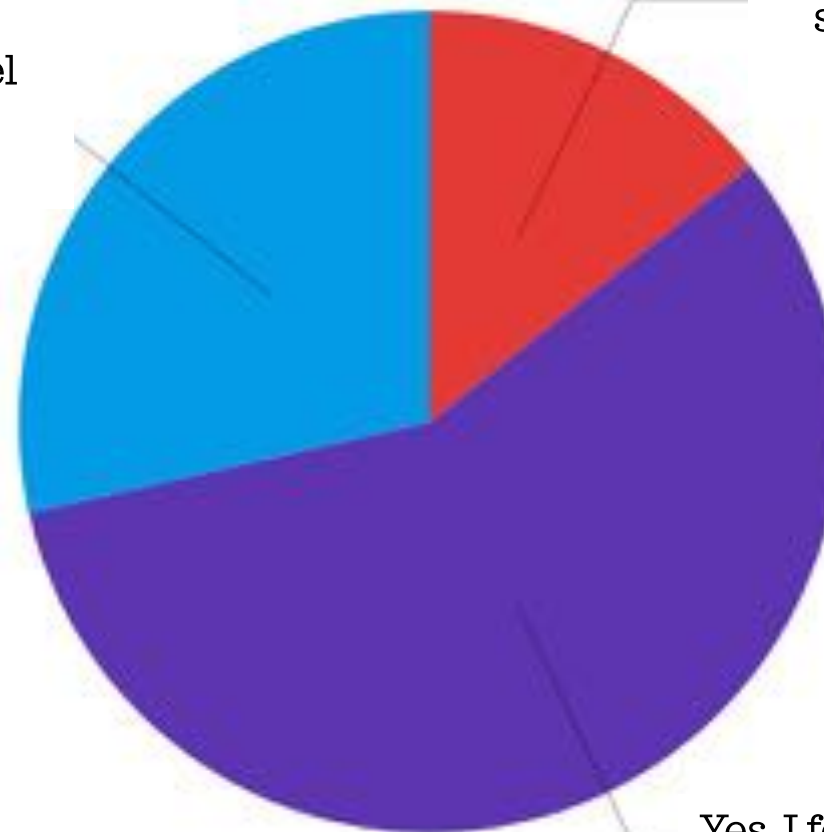


PRESCRIBING AND DISPENSING OF SAFER
SUPPLY OR OPIOIDS TO CLIENTS WITH OUD
N=17



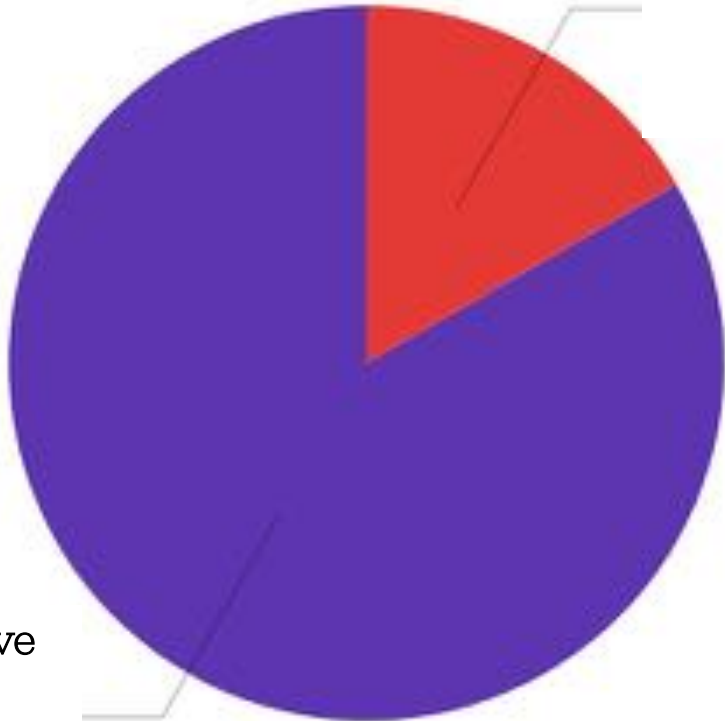
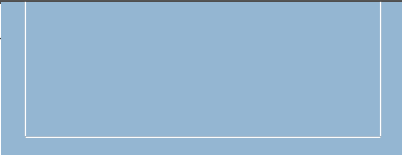
PERCEPTION OF SUPPORT FOR
PRESCRIBING OR DISPENSING
SAFER SUPPLY OR OPIOIDS TO
CLIENTS WITH OUD

No, I do not feel
supported
2



Yes, I feel fully
supported
1

Yes, I feel somewhat
supported
4



Yes, I have coverage
1

No, I do not have coverage
5

ORDERING AND SERVICE PROVIDERS WITH CROSS COVERAGE

How Coverage Works

Other prescribing NPs and MDs at the organization will cover when needed; NPs from partner agencies will assist with weekend on call rotation

*noted by participant as working well

ORDERING AND SERVICE PROVIDERS: OAT BARRIERS & ENABLERS

Opioid Agonist Therapy Barriers

- Program model
 - Regimented and not accessible
 - Lack holistic, individualized care
 - Poor retention
 - Lack of plan to discontinue treatment
- Client Experience
 - Judgment, stigmatization
 - Lack of communication and privacy
 - Temptation and toxic illicit street supply
 - Lack of access to basic needs
 - Inadequate treatment of pain

Opioid Agonist Therapy Enablers

- Program Model
 - Flexible and accessible
 - Holistic approach
 - Education and understanding
 - Safety
- Client Experience
 - Choice in medication
 - Privacy and trusting relationships
 - Meet personal goals
 - Access to health care and basic needs

ORDERING AND SERVICE PROVIDERS: SAFER SUPPLY BARRIERS & ENABLERS

Safer Supply Barriers

- Program Model
 - Coverage and sustainability
 - Fear and diversion
 - Evidence and understanding
 - Accessibility and buy in
 - Challenging model
- Client Experience
 - Judgment, stigmatization, criminalization
 - Lack choice in medications
 - Toxic illicit street supply
 - Lack access to health care/basic needs

Safer Supply Enablers

- Program Model
 - Flexible and accessible
 - Education/understanding/evidence/buy in
 - Holistic care
 - Safety and support
 - Funding and policy changes
- Client experience
 - End judgment, stigma, criminalization
 - More choice in medication
 - Communication and trust
 - Meet personal goals
 - Access to basic needs

**AMENDMENT:
PETERBOROUGH
SAFER SUPPLY
PROGRAM**

- \$1-million budget funded by Health Canada's Substance Use and Addictions Program (SUAP)
- Based out of 360NPLC, with outreach component, as per research
- Safer supply team – health, social, and harm reduction services
- 50-person safer supply program with gradual enrollment: May 2022
- Program planning, implementation, and evaluation guided by research and Safer Supply Lived Experience Advisory Committee. Continued consultation with Safer Supply Service and Ordering Providers Advisory Committee
- Rely on community partnerships
- Lead public education and awareness, and create a local community of practice
- Robust research and evaluation component with participants, staff, and the community

STERIFILT+ BY APOTHICOM



<https://www.apothicom.org/orders.htm>



<https://ankors.bc.ca/tag/safer-supply/>



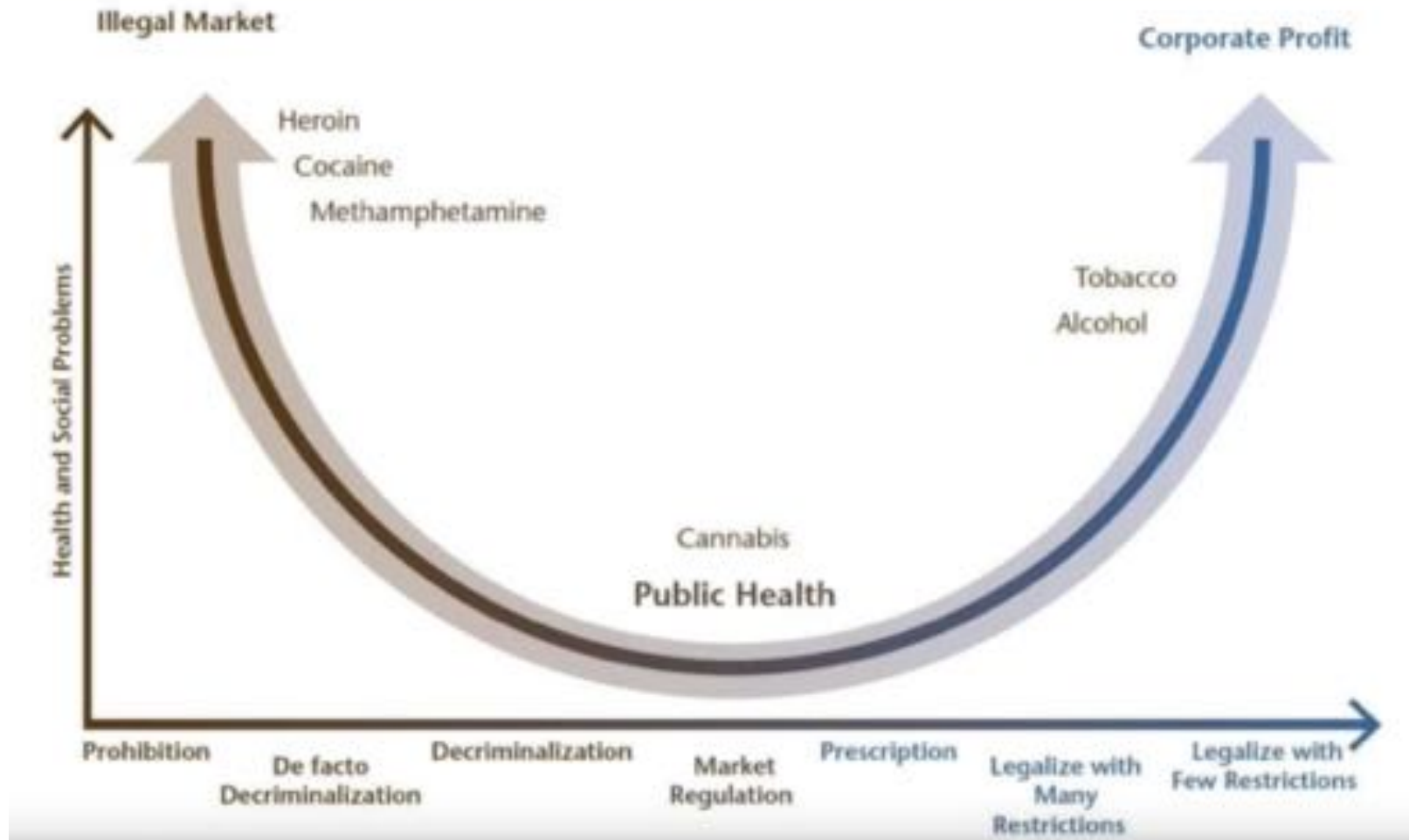
<https://www.thestar.com/politics/federal-election/2021/09/07/about-17-canadians-die-every-day-from-opiod-overdoses-heres-what-canadas-political-parties-say-we-should-do-about-that.html>




20

DEATHS PER DAY, APRIL TO SEPTEMBER 2021

THE PARADOX OF PROHIBITION



BILL C-216

- Decriminalize simple possession of drugs listed in the Controlled Drugs and Substances Act
 - Provide a path for expungement of conviction records for those convicted of simple possession
 - Develop and implement a national health-based strategy to:
 - Manage the risk of drug poisoning through access to a regulated safer supply of drugs
 - Expand trauma-based treatment programs throughout the country
- 

- *We need a safe supply of drugs*
- *We need to regulate the drug market*
- *We need this safe supply to be available to people without needing a prescription*

The role of drug choice and distribution needs to be put back into the hands of the people who use them.

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QUESTIONS?

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