

## **NSS-CoP Statement on Toxic Drug Poisoning Awareness Day**

## For immediate release

August 31, 2022 – <u>International Overdose Awareness Day</u>. Today we mourn for and remember those we love and have lost. We join others in reframing today as Toxic Drug Poisoning Awareness Day because we know that the <u>unregulated drug supply</u> is the predominant cause of overdose deaths in Canada.

Between 2016 and 2021, <u>29,052 people</u> died from toxic drug poisoning across the country. In 2021 alone, a devastating <u>7,560 people</u> died – approximately 21 deaths per day.

Today – and every day – we honour the families, friends, loved ones, and community members who mourn and grieve these <u>immense losses</u>. We stand in solidarity with those who have been relentlessly organizing for life-saving services like supervised consumption sites, decriminalization legislation, harm reduction programs, and safer supply models.

<u>Safer supply</u> is a harm reduction driven, public health approach that involves the provision of pharmaceuticals of known quantity and quality to adults who use unregulated drugs and who are at high risk of overdose. Giving people alternatives to the toxic unregulated drug supply keeps them alive and improves their quality of life. This is not a new concept – people have been advocating for <u>safer supply models for decades</u>.

As the <u>National Safer Supply Community of Practice</u> (NSS-CoP), our 950+ members work together to build medicalized safer supply prescribing, program delivery, and support for all who provide care and services from a harm reduction perspective. All our members – physicians, nurse practitioners, nurses, people who use(d) drugs, harm reduction workers, researchers, program coordinators, policy analysts, and activists – know that there is a critical need to provide better care to people who use drugs and an urgent need for meaningful and significant policy change.

Canada must substantially expand medicalized <u>safer supply programs</u> rooted in harm reduction and person-centered care. We must also support non-medicalized, <u>peer-led models</u> of safer supply. This requires the swift implementation of <u>decriminalization</u> and <u>regulation</u>.

Safer supply saves lives. We must act. Now.



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