

CARE DEFICIT ASSESSMENT SERIES

With the assistance of the Joint Physician Advocacy Committee, the AMA is releasing a series of issue papers relating to different aspects of the COVID care deficit. These talking points are for you in case of conversations with patients or others.

ISSUE 6 DRUG POISONING PHYSICIAN TALKING POINTS

Impacts on patients

- The drug poisoning crisis has become increasingly deadly during the pandemic for People Who Use Drugs (PWUD). Last year, 1,817 Albertans died of drug poisoning, making 2021 the deadliest year in our history.
- A more toxic drug supply, difficulty in accessing health care and harm reduction services, and the stress and social isolation created by COVID-19 have accelerated the drug poisoning crisis into a state of emergency.
- Although overall funding for supervised consumption services and harm reduction in Alberta has increased since 2019, during the pandemic several of Alberta's supervised consumption sites (SCSs) were closed or relocated.
- Alberta's Digital Overdose Response System (DORS) app helps people who use drugs alone summon emergency services if they become unresponsive.
- Alberta's emergency department and primary care crises are also impacting the care PWUD receive.
- Alberta offers treatment on demand through the AHS Virtual Opioid Dependency Program but there is limited awareness of the program amongst many PWUD.
- PWUD are encountering an increasingly unpredictable and toxic drug supply.
- Research is underway to explore safer supply, a harm reduction approach which sees PWUD receive a regulated supply of pharmaceutical-quality drugs so they are less at risk from toxic substances.
- Many experts are advocating for the decriminalization of drug supply for personal use, which shifts resources, efforts and focus toward the prevention, treatment and safer use of drugs.
- Substance use disorders continue to be treated as a moral failing by much of society, rather than as a health condition. PWUD often face stigma within the community and the health care system.

Solutions

- Expansion of SCS spaces to allow PWUD to use drugs safely, under the watch of trained professionals who can link them to other health services and supports.
- Recognize that harm reduction and addiction treatment must continue to co-exist.
- Continue increasing access to opioid agonist therapy and other treatment options.
- Address the importance of social determinants of health, such as housing and income support, in harm reduction and recovery.
- Increase mental health supports for PWUD and improve coordinated care with communities and within community services as well as health care services.
- Continue to advocate for the decriminalization of drug possession for personal use to keep PWUD out of the criminal justice system.
- Help physicians, frontline health care workers, and all Albertans better understand that addiction is a health issue – just like cancer, diabetes or any other health condition.
- Support further research into evolving harm reduction to address the toxic drug supply.

Resources for patients

We have compiled a list of resources for patients, families and caregivers. We hope that it will be helpful. The list is not exhaustive, and the AMA is not associated with the delivery of any of these services. More information is available in the [full-length paper](#).