

## CARE DEFICIT ASSESSMENT SERIES

The AMA asked some of our physician experts how their patients have been impacted by the COVID care deficit. In this series, physicians share insight from the frontlines and the opportunities they see for improvement.

It will take all of us, working together, to recover from the care deficit. We hope to generate discussion among physicians, patients and our health system partners to help find a way forward.

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### ISSUE 6 DRUG POISONING CRISIS DETAILED OVERVIEW

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#### The care deficit

People who use drugs (PWUD), their families and friends, and the frontline health care workers who care for them, can all attest to the devastating and often deadly impact the COVID care deficit has had on the drug poisoning crisis. Over the course of the COVID-19 pandemic, Alberta, along with many other jurisdictions across North America, has seen a dramatic rise in unintentional drug poisoning deaths. Last year, 1,817 Albertans died of drug poisonings, with 1,617 of those deaths attributable to opioids, making 2021 the deadliest year in our province's history. Although physicians, other frontline workers and community members are doing their best to meet the needs of PWUD, 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.

At the peak of the drug poisoning crisis, Alberta regularly saw four to five opioid-related deaths a day and drug poisoning remains the number one cause of fully preventable unnatural deaths. Fatalities in May and June of this year were down: In June 2022 there were a total of 98 opioid-related deaths, a number that was 44% lower than in November 2021 but overall, still higher than pre-pandemic levels. "Compared to previous years, Alberta counted 131 opioid-related deaths in June 2021, 110 in June 2020, and 71 in June 2019." (Calgary Herald, August 26, 2022) While there are different perspectives even within the medical profession on the policies and practices that will make a difference, we all agree that we must do whatever we can to prevent further tragedy.

#### Difficulties accessing services

While the opioid poisoning crisis is a national public health issue, certain parts of Canada have been particularly hard hit. [Government of Canada data](#) shows that from January to December 2021, 88% of all accidental opioid poisoning deaths occurred in British Columbia, Alberta or Ontario. Many frontline workers report that the increase in opioid poisonings has been impacted by numerous factors, including challenges in accessing services such as supervised consumption sites (SCSs). SCSs provide a safe space for PWUD to use their own drugs under the supervision of trained staff in order to prevent accidental overdoses. When medical issues occur, SCSs staff are trained to administer medical interventions such as oxygen and Naloxone. SCSs also typically offer a range of other harm reduction services and help PWUD access essential health and social services, including addiction recovery support when requested.

Unfortunately, during the earliest days of the pandemic, many SCSs were underutilized, due in large part to public health measures that reduced SCSs capacity in order to accommodate physical distancing. Many PWUD were also afraid of contracting COVID-19 and avoided seeking care in various health settings.

Although overall funding for supervised consumption services and harm reduction in Alberta has increased since 2019, during the pandemic several of Alberta's SCSs were closed or relocated. In August 2020, Lethbridge's ARCHES, the busiest SCS in Canada, was permanently closed. [Despite the opening of a mobile consumption site with more limited capacity to fill the gaps](#) as the province explored longer-term solutions, in the last two months of 2021

Lethbridge experienced the highest rate of drug poisoning deaths - more than doubling the provincial average. There were also changes to other SCS spaces across the province. In the fall of 2020, it was announced that the Boyle Street SCS would temporarily close and the George Spady Centre in Edmonton, which is located across the street from the Boyle Street SCS, would expand its supervised consumption services by increasing the number of booths and extending hours of operation to 24-7. During winter 2021, a temporary overdose prevention site was also opened at the Edmonton Convention Centre to support Albertans. In April 2021, the Boyle Street SCS was permanently closed. In May 2021, it was also announced that plans were in place to replace the SCS at Calgary's Sheldon M. Chumir Health Centre with two sites at new locations, although the province has promised that services will not be interrupted when that move eventually occurs.

Research shows that approximately 70% of drug poisoning overdoses occur in a private residence, which is one of the reasons Alberta launched the Digital Overdose Response System (DORS) app, which is specifically designed to help people who use drugs alone summon emergency services if they become unresponsive. That being said, the remaining 30% of overdoses involve people that require physical SCS services. For them, the impact of COVID and difficulties in accessing SCS services have been a deadly combination.

While it is difficult to know exactly how decreased access to SCSs in Alberta's cities impacted Alberta's opioid poisoning crisis, we do know the province recorded 1,817 drug poisoning deaths in 2021.

Alberta's emergency department and primary care crises are also impacting the care PWUD receive. Many PWUD are unable to connect to a primary care home and do not have access to a family physician. With emergency departments overwhelmed by patients seeking both urgent and primary care, PWUD are waiting longer to be seen and treated. Often, patients become frustrated and leave without being seen, which may disincentivize them from seeking future care. Although Alberta offers treatment on demand through the AHS Virtual Opioid Dependency Program, which has no waitlist and allows for medications to be covered through the Opioid Agonist Therapy (OAT) Gap Coverage Program, there is relatively limited awareness of the program amongst many PWUD.

Alberta's growing EMS challenges have left those experiencing accidental drug poisonings waiting dangerously long for care. Frontline physicians and addiction experts note that some of the additional strain on Alberta's EMS system can be attributed to difficulty accessing SCS spaces, which were able to prevent opioid poisonings before they happened. Data suggests Alberta's SCSs have been successful in preventing approximately 80% of the medical events that, if unsupervised, would have otherwise led to an overdose-related EMS call or hospitalization. With fewer PWUD being able to access SCS services, the need for EMS responses and emergency department use has increased, diverting resources away from other patients and further straining our health care system.

Unfortunately, it is difficult to determine the full impact of the drug poisoning crisis without timely access to local-level data. Alberta Health suspended the quarterly public release of neighbourhood-level maps in July 2020. Although the quarterly data made it difficult for frontline workers to respond in real-time, it did offer some important insights. Without that data, it is harder for frontline workers and communities to note trends and respond effectively.

At the same time, there is a lack of data on drug poisonings that take place in smaller centres. A recent FOIP request from the Edmonton Zone Medical Staff Association (EZMSA) and Postmedia resulted in access to data on opioid-related death counts and rates for 110 of 132 local geographic areas in Alberta in 2021. This information showed that drug poisoning deaths occur in communities across the province, from Hanna to Canmore to Cardston-Kainai.

### **Toxic supply**

Drug poisoning deaths have skyrocketed during the pandemic due to a number of concurrent factors, including an increasingly unpredictable drug supply. COVID-19 border closures and travel restrictions disrupted existing drug supply chains, which forced suppliers to create more potent forms of drugs to get them across the borders. The

intent is to dilute those drugs once they get into the country, but often it's an unpredictable process. Some addiction experts call it “the cookie dough effect,” where the ingredients are the same, but there’s no way to know how many chocolate chips will show up in each cookie. In this recipe the chocolate chips are fentanyl.

There are also new drugs making their way into the supply chain. Late last year, the [Canadian Centre on Substance Use and Addiction released a bulletin describing the risks and harms associated with nonmedical benzodiazepines or NMBs](#), which when used with substances like fentanyl can increase the risk of drug poisoning by slowing vital functions. A [CBC article](#) explored some of the many reasons why Canada’s drug supply has become so deadly.

The increasing toxicity around the available drug supply has led some experts to call for a 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. Although there is a spectrum of opinions regarding safer supply, it’s an approach that has been embraced by some substance use experts and advocacy groups, including those who have lost loved ones to opioid poisonings. [A recent Time article explored the safe supply movement](#) and the thinking behind it, and research is actively underway in several Canadian provinces evaluating its use as a harm reduction tool.

Late last year, the Government of Alberta’s Select Special Committee to Examine Safe Supply set out to examine the concept of safer supply and invited submissions from addiction experts and advocates to share their insight and suggestions. The AMA was invited to present to the committee and did so, acknowledging the wide range of opinions and approaches but calling for an Alberta-based pilot for safe supply to better understand its risks and benefits and build evidence. When the committee’s [final report](#) was released June 29, 2022, many of those who made submissions expressed concerns. Along with questions about the methodology, many critics said that the report placed too much emphasis on controlling the prescription of opioids when most poisonings are associated with non-prescription opioids and other contaminants.

### **Decriminalization**

One important area of focus for physicians, other experts and PWUD is the decriminalization of drug supply for personal use. We have known for many years that there is no evidence indicating more people will use drugs if we take away the legal consequences for possessing and using them. [Research studies have instead shown there are serious harms resulting from laws that criminalize the use and possession of certain drugs](#), and that certain groups are more negatively impacted by existing drug laws.

Arresting people and incarcerating or fining them also doesn’t mitigate how many people are being poisoned by the toxic drug supply. Instead, PWUD may avoid reaching out for help due to fear of stigma and going to jail. Decriminalization shifts resources, efforts and focus toward the prevention, treatment and safer use of drugs.

Incarceration is expensive and many experts have raised the alarm that jailing PWUD may only make things worse. [A Maclean’s article from 2021 explored some of the many ways Canada’s penal system is broken](#). Many law enforcement organizations recognize that incarcerating people for drug possession is an ineffective choice. In the summer of 2020, the Canadian Association of Chiefs of Police called on the federal government to decriminalize possession of small amounts of illicit drugs. Since then, municipalities and health regions across the country have echoed that call, with many applying for a Health Canada Exemption to allow them to decriminalize the possession of drugs including cocaine, amphetamines and opioids. For example, in April 2022 the City of Edmonton announced it will apply for an exemption to the Controlled Drugs and Substances Act.

In late May 2022, it was announced that as of January 31, 2023, British Columbia will be the first province to decriminalize possession of 2.5 grams of illicit drugs such as opioids, cocaine, methamphetamine and MDMA within BC. While critics have said that amount is too small to make a difference, it is an important first step in exploring the impact of decriminalization.

## Stigma

Stigma continues to be a barrier to care for many PWUD, with studies showing that stigma can prevent people from seeking the supports they need. Substance use disorders continue to be treated as a moral failing by much of society, rather than as a health condition. PWUD often face prejudice and discrimination within the community and the health care system. Many PWUD and their families report that their health concerns, including mental health struggles, are often not taken seriously. Drug use and mental illness frequently co-exist, and in some instances mental health issues such as anxiety, depression and ADHD may precede addiction. Likewise, childhood trauma is often linked to adolescent and adult addiction issues and there have been many studies exploring the impact of Adverse Child Events on substance use. Trauma of any kind can predispose people to drug use and it is important to take a trauma informed approach to care.

## Impact on patients

PWUD are facing increasingly risky environments. Difficulties in accessing SCS spaces have forced an increasing number of PWUD into unsafe situations where they are using drugs on the streets or on public transit and they know they can be observed in case of overdose. Some physicians report that PWUD are using in clinical-adjacent spaces (e.g., washrooms), because they know they will be cared for in the event of an overdose. There has also been an increase in public drug use, including on transit. There have been several news stories detailing public concerns about open drug use and an increase in violent incidents. Some municipalities have responded by banning loitering and public drug use on transit, but harm reduction advocates explain that using drugs in public spaces is actually a safety precaution for PWUD as they are afraid to use alone.

Other patients, who were working toward addiction recovery, have either caught COVID-19 or experienced health issues that led to relapses. This is particularly difficult for unhoused PWUD, who lack somewhere safe to be while they deal with their illness and also require monitoring and support to address their needs.

The opioid poisoning crisis and the COVID care deficit have underlined many inequities within our health care system that impact racialized and marginalized Albertans. First Nations people have been overrepresented in the opioid poisoning crisis, with a disproportionate number of First Nations people experiencing drug poisonings and death compared to the proportion of the population they represent. In BC, First Nations people died at 5.3 times the rate of other BC residents in 2020, up from 3.9 times in 2019. The situation here in Alberta is equally grim, especially in the southern half of the province. A recent CTV News story reported that there have been over 110 overdose deaths on the Piikani Nation since the start of the pandemic and that access to harm reduction and treatment services is more difficult to access in First Nations communities.

PWUDs are facing the same challenges in accessing primary and specialist care within our system that patients across Alberta are experiencing. They are also facing challenges in accessing the social, financial and community supports they need, including being able to travel to receive care. Some addiction support centres require a one-hour public bus ride at a time when specific public transportation supplements were defunded for people who rely on provincial income support.

## Impact on the community

While the loss of any person to opioid poisoning is a tragedy, it is devastating for the family, friends and communities that are left behind. Statistics tell us that opioid use and resulting unintentional poisonings or death are most commonly men (75%) between the ages of 20 and 49. What those numbers don't tell us is who the people behind those statistics are and the void that has been left behind. They are children, parents, siblings, spouses, coworkers and friends who are gone forever.

Many groups, from family members of people who have died due to opioid poisonings to frontline health care workers, have advocated for policy changes and increased supports that could save the lives of PWUD. They have also tried to raise awareness of the increasing deadliness of the crisis.

### **Short-term strategies, workarounds and solutions**

The Government of Alberta has invested more than \$140 million to enhance the mental health and addiction care system and create more publicly funded treatment spaces. In Budget 2022 they committed an additional \$60 million to building Alberta's recovery-oriented system of care which includes both harm reduction and treatment. As part of the province's efforts to support a systems-based approach to care, they have removed daily fees for residents in recovery, supported the construction of recovery communities and funded newer addiction medications such as Sublocade.

In 2021, the province launched the Digital Overdose Response System (DORS), a free mobile app intended to prevent overdose deaths among people using opioids and other substances while alone. The program was recently expanded to include the entire province. In addition, Alberta provides immediate, no-cost coverage for OAT medications for the first 120 days and expedites entry into treatment programs, making it easier for patients to begin OAT quickly. Alberta has also significantly increased funding for harm reduction, investing a total of \$35.5 million in 2021/2022.

In addition, the federal government recently announced that it will spend more than \$1 billion to fight opioid poisoning, by funding various programs across the province.

Alberta's frontline physicians report that these investments and initiatives that support a recovery-oriented system of care are important but that there is much additional work that needs to be done both to deal with the care deficit and the opioid poisoning crisis. It is important for Alberta to expand its systems of care that encompass both treatment and harm reduction, so we can meet patients where they're at right now.

During the pandemic, physicians and other health care providers have implemented several workarounds, including:

- Working to help influence policy decisions and encouraging the expansion of SCS spaces.
- Offering Naloxone kits and teaching loved ones and citizens how to recognize an overdose.
- Working with advocacy groups to convey that addiction is a health issue and not a moral failing.
- Educating PWUD about the increased toxicity of the drug supply and encouraging the use of in-person SCSs, spotting (i.e., avoiding use alone), and where those options are not available, use of the DORS app or the phone-based National Overdose Response Service.
- Innovating around low barrier access to treatment including access to OAT.

### **What's needed**

The AMA's Representative Forum recently endorsed a comprehensive evidence-based plan to reduce drug poisoning deaths that includes treatment and recovery but also harm reduction and upstream interventions of root causes, such as poverty and socio-structural vulnerability. The AMA welcomes the public discussion and attention to these issues during a public health crisis. Solutions must include evidence-based public health guidelines to reduce opioid poisoning and to provide safe and effective interventions as recommended by the CMOH, respected scientists and health care leaders with knowledge and expertise in these areas. To address the growing urgency of the crisis, frontline physicians suggest the following:

- Working with those with lived experience as a PWUD or someone who has lost a loved one to help them share their stories and advice.
- Expansion of SCS spaces to allow for 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 to offer a menu of options for PWUD.
- Continue increasing access to OAT 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.
- 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, other frontline health care workers, and all Albertans better understand that addiction is a health issue – just like cancer, diabetes or any other health condition – so that PWUD who meet the criteria for addiction receive the same compassionate, comprehensive care that all patients deserve.
- Support further research into evolving harm reduction and other public health strategies to address the toxic drug supply.

### Resources for patients

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- [Alberta 211](#) connects Albertans with mental health and addiction resources in their communities.
- The [Virtual Opioid Dependency Program](#) provides access to evidence-based opioid agonist treatment (OAT), including Sublocade. There is no waitlist and no fees to start treatment.
- Naloxone kits are available free of charge [at over 2,000 locations across](#) the province.
- The DORS app helps protect people who use drugs alone. Download the app at [DORSapp.ca](#).
- The National Overdose Response Service (NORS) at 1-888-688-6677 (NORS).
- Alberta Health Services Addiction Helpline (<https://www.albertahealthservices.ca/findhealth/service.aspx?Id=1008399>).
- [We need to talk about opioid poisonings in our community](#) – a guide for what people can do to help.
- The Edmonton City Council call to implement safe supply drug pilot program.
- [City of Edmonton Drug Poisoning \(Overdose\) Prevention](#)
- [WHYSCS: Evidence for Supervised Consumption Services](#)
- Moms Stop the Harm <https://www.momsstoptheharm.com>

**Thank you for your interest in this issue!**

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