



Searching for a Drug Strategy

Seeking a Response to Substance-Related Harms and the Overdose Crisis

May 2024

Town Hall Summary	2
Shaleesa Ledlie: From Pandemic to Epidemic	4
Tara Gomes: Beyond Treatment	5
Geoff Bardwell: Evidence-Based and Collaborative Approaches	7
Bill Bogart: Decriminalization in Canada	9
Rebecca Haines-Saah: Rethinking Youth Drug Prevention	11
Rebecca Penn: Safer Alternatives	13
Paxton Bach: Opioid Agonist Treatment & Safer Supply	15
Dan Smith: Belleville's Opioid Crisis	17

Town Hall Summary

On May 30, 2024, a town hall meeting was held to address the escalating opioid crisis and discuss comprehensive strategies involving prevention, treatment, harm reduction, and enforcement. The event featured several distinguished speakers who provided insights based on their expertise and experiences in various aspects of drug policy and public health.

Shaleesa Ledlie presented data on the opioid toxicity crisis in Ontario, highlighting the dramatic increase in opioid-related deaths over the past decade. She discussed the role of the COVID-19 pandemic in exacerbating the crisis and the shift towards fentanyl and its analogues in the drug supply. Ledlie emphasized the need for a multifaceted response tailored to the diverse needs of different demographic groups and regions.

Dr. Tara Gomes underscored the limitations of treatment-focused responses, noting that a significant portion of opioid-related deaths occur among individuals without a diagnosis of opioid use disorder. She called for a broader approach that includes harm reduction, low-barrier treatment options, and culturally appropriate services for vulnerable populations, such as people experiencing homelessness and First Nations communities.

Dr. Geoff Bardwell discussed the necessity of developing a local drug strategy in Waterloo Region, emphasizing the importance of involving individuals with lived experience and community partners. He outlined the essential components of a drug strategy, including identifying gaps in knowledge and services, setting clear objectives, and implementing evidence-based strategies.

Bill Bogart provided a detailed overview of decriminalization in Canada, highlighting its distinctions from legalization and its potential impact on drug policy. He discussed examples from other regions, including Portugal and Oregon, and emphasized the importance of explicit decriminalization to encourage individuals to seek help without fear of prosecution.

Dr. Rebecca Haines-Saah, a youth substance use researcher, emphasized the importance of effective prevention strategies, debunking myths about fear-based messaging and stressing the need for fact-based education. She highlighted the role of social issues such as poverty, discrimination, and community support in preventing substance use among youth.

Rebecca Penn focused on safer supply, explaining that the primary issue is the unpredictable and toxic nature of the unregulated drug supply. She highlighted the effectiveness of safer supply programs in reducing deaths and improving quality of life

for participants. Penn called for a comprehensive approach that includes harm reduction, treatment, decriminalization, and prevention, along with addressing social determinants of health.

Dr. Paxton Bach discussed opioid agonist treatment (OAT) and its role in managing opioid use disorder. He emphasized the need for a comprehensive response to the overdose crisis, including safer supply as an additional tool in the treatment arsenal. Bach highlighted the importance of individualized treatment approaches and the need to combat stigma to prevent individuals from using drugs alone.

Dan Smith provided an overview of Belleville's response to the opioid crisis, explaining the rationale behind declaring a state of emergency. The declaration was aimed at securing provincial support to address the strain on local resources and to establish a new social services facility and a local detox center. The province committed verbally to invest in a continuum of care, recognizing the need for comprehensive solutions.

This town hall underscored the complexity of the opioid crisis and the necessity of a multifaceted approach involving prevention, harm reduction, treatment, and enforcement. The speakers collectively advocated for evidence-based strategies, comprehensive care, and collaborative efforts to effectively address the crisis and support affected individuals and communities.

Shaleesa Ledlie: From Pandemic to Epidemic

- **Significant Increase in Deaths:** Opioid-related deaths in Ontario increased from 550 in 2010 to over 2,800 in 2021, with the pandemic exacerbating the situation.
- **Fentanyl's Role:** Fentanyl and its analogues were involved in 86% of opioid-related deaths in early 2023, a substantial rise from 2017-2018, with polysubstance use being a common factor.
- **Impact on Youth and Changing Drug Use Trends:** The crisis disproportionately affects younger adults, with a significant shift towards inhalation methods over injection.

Shaleesa Ledlie presents a detailed analysis of the opioid toxicity crisis in Ontario, tracing its alarming increase over the past decade. In 2010, Ontario recorded approximately 550 opioid-related deaths, but this number surged to over 2,800 by 2021. The COVID-19 pandemic significantly exacerbated the crisis due to factors such as an unpredictable drug supply, border closures, lockdowns, reduced access to community-based programs, and increased anxiety and loneliness. The first year of the pandemic saw a 79% increase in monthly opioid-related deaths, a rate that has not returned to pre-pandemic levels.

A crucial element in this crisis is the shift towards fentanyl and its analogues in the unregulated drug supply, starting around 2015. By 2021, fentanyl was involved in about one in every 27 deaths among people under 85 in Ontario. Among younger adults in their 20s and 30s, this statistic is even more alarming, with one in every three deaths being opioid-related. Early 2023 data shows that fentanyl was involved in 86% of opioid-related deaths, up from around 70% in 2017-2018. Only 10% of these deaths involved prescription opioids, while 65% involved stimulants and benzodiazepines, indicating prevalent polysubstance use. The combination of fentanyl and sedatives complicates overdose responses, increasing the likelihood of fatal outcomes.

Shaleesa also notes that over half of opioid-related deaths occurred from inhalation rather than injection, reflecting changing drug use trends. Many deaths happened without anyone present to administer naloxone or perform resuscitation. The crisis increasingly affects younger populations, with 170 deaths among those under 25 in the first year of the pandemic. Shaleesa emphasizes the need for a multi-pronged response to the crisis, tailored to meet the diverse needs of different demographic groups and regions across Ontario.

Dr. Tara Gomes: Beyond Treatment

- **Diverse Affected Populations:** A significant number of opioid-related deaths occur among individuals without a diagnosis of opioid use disorder, highlighting the need for harm reduction and low-barrier treatment options.
- **Need for Culturally Appropriate Services:** First Nations people face higher rates of opioid-related deaths, necessitating culturally relevant and accessible services.
- **Tailored Community Responses:** Responses must be tailored to the unique needs of different communities across Ontario, considering variations in substance use patterns and overdose rates.

Dr. Tara Gomes delivers an in-depth analysis of the opioid crisis in Ontario, focusing on the necessity of diversifying responses beyond traditional treatment. She begins by challenging the prevalent notion that increasing access to treatment alone can resolve the crisis. Gomes highlights that approximately one-third of individuals who succumb to opioid toxicity in Ontario do not have a diagnosed opioid use disorder, meaning they are not eligible for treatment programs designed for addiction. These individuals often use drugs recreationally or occasionally and are significantly impacted by the unpredictable potency of the unregulated drug supply. This reality underscores the need for broader harm reduction strategies that address the immediate risks posed by such a volatile drug environment.

Gomes notes that while about 70,000 people started treatment with medications like methadone and Suboxone last year, 25-33% of these individuals discontinued treatment within the first month. This high dropout rate is due to various reasons, including the rigidity of treatment protocols and personal circumstances. She stresses that traditional treatment does not work for everyone, necessitating the availability of multiple, low-barrier treatment options and comprehensive harm reduction responses.

One of the critical points Gomes emphasizes is the importance of tailored interventions for diverse populations. For instance, people experiencing homelessness are disproportionately affected by opioid toxicity, with one in six opioid-related deaths during the early pandemic occurring within this group. Many of these deaths happened in shelters or temporary housing, highlighting the need for integrated substance use services within housing programs to provide safe drug use environments and immediate intervention capabilities.

First Nations people represent another heavily impacted group, with a higher concentration of opioid-related deaths linked to the historical trauma of colonization and the residential school system. Gomes calls for culturally appropriate, accessible services for First Nations people, both in urban areas and within their communities. She stresses that these services must be sensitive to cultural contexts to be effective.

Gomes also addresses the rising incidence of opioid-related harms among youth and young adults, who face reduced access to treatment and services tailored to their unique needs. This demographic requires innovative approaches that resonate with their preferences and comfort levels.

Moreover, Gomes points out that the opioid crisis affects all regions of Ontario differently. For example, the prevalence of inhalation versus injection, and the types of substances used, vary across the province. She advocates for community-specific strategies to address these variations effectively. This includes developing infrastructure for safer drug consumption spaces that accommodate inhalation, which is increasingly common but often unsupported by existing facilities.

Finally, Gomes calls for unified action across different levels of government and collaboration with researchers. She notes the fragmentation across federal, provincial, and local governments, each with distinct priorities and strategies, as a barrier to cohesive action. By prioritizing evidence-based approaches and setting aside political differences, a more effective and comprehensive response to the opioid crisis can be developed.

Dr. Geoff Bardwell: Evidence-Based and Collaborative Approaches

- **Absence of a Comprehensive Strategy:** Despite existing services and community willingness, Waterloo Region lacks a cohesive, community-led drug strategy.
- **Evidence-Based and Adaptive Approaches:** Strategies should be based on evidence, involve continuous monitoring and evaluation, and be tailored to local contexts.
- **Collaborative Efforts:** Effective responses require collaboration across different levels of government and with researchers, setting aside political differences.

Dr. Geoff Bardwell, a public health expert from the University of Waterloo, discusses the considerations necessary for developing a local drug strategy in the Waterloo Region. Bardwell, whose expertise includes drug policy, interventions like opioid agonist treatments, supervised consumption services, and the role of technology, highlights the absence of a comprehensive, community-led drug strategy in the region. Although there are existing services and community willingness, a cohesive strategy is lacking.

He begins by detailing the essential components of a drug strategy, emphasizing the involvement of individuals with lived experience and community partners. This collaboration is crucial for identifying gaps in knowledge and services and setting clear, measurable objectives. Bardwell references existing data, including coroner's reports and a recent public health report, to illustrate the growing prevalence of drug inhalation over injection, and the significant increase in demand for smoking supplies in harm reduction programs.

Bardwell proposes several strategic goals and tactics, such as reducing opioid overdose deaths related to drug smoking by 40% by 2027. This could involve educational outreach by people with lived experience, implementing a warm referral system for opioid agonist treatment, and piloting smokable opioid agonist treatments. He stresses the importance of evidence-based approaches and adapting strategies to local contexts.

Additionally, Bardwell addresses the necessity of designing actionable plans with specific timelines and budgets, as well as continuous monitoring and evaluation to measure effectiveness and make necessary adjustments. He acknowledges the complexity of the issue and the need for multiple interventions, emphasizing that well-designed, implemented, and evaluated strategies are crucial.

He also highlights the challenges posed by the fragmentation across federal, provincial, and local governments, calling for collaborative efforts and setting aside political differences to effectively address the crisis.

Bill Bogart: Decriminalization in Canada

- **Definition and Goals:** Decriminalization means not charging individuals criminally for possessing small amounts of drugs, differing from legalization, which also addresses supply.
- **Examples and Outcomes:** Portugal's initial success with decriminalization highlights the importance of supporting public health initiatives. Oregon's experience shows the need for public and political support.
- **Current Efforts in Canada:** British Columbia's pilot project and Toronto's de facto practices indicate growing interest in decriminalization, though political challenges remain.

Bill Bogart provides a detailed overview of the current state of decriminalization in Canada, emphasizing its distinction from legalization. Decriminalization implies that individuals will not face criminal charges for possessing and using small amounts of drugs, while legalization addresses both the demand and supply aspects, allowing legal access to these substances. The goals of decriminalization include reducing criminal charges for drug use, alleviating the burden of criminal records, addressing discriminatory practices, freeing up police and court resources, and encouraging individuals to seek help without fear of prosecution. However, Bogart notes that decriminalization alone cannot address broader issues related to drug use, such as poverty, homelessness, and mental health problems.

Bogart discusses examples from other regions, starting with Portugal, which decriminalized drugs 25 years ago. Initially, this move saw positive outcomes, including reduced deaths and HIV infections, without an increase in drug use or drug tourism. However, recent reductions in public health supports have lessened these successes, though drug use rates remain below the European average. In the United States, Oregon's voter-approved decriminalization faced significant pushback due to public use and anti-social behavior, leading to its repeal.

In Canada, British Columbia has initiated a three-year pilot project for decriminalization, starting in January 2023, with federal oversight. This project faces challenges related to public use and associated behaviors, with concerns that restricting public use might increase isolated drug use, leading to more overdoses. Toronto has shown interest in decriminalization, supported by the city's chief medical officer of health and police chief, but faces opposition from the provincial government.

Bogart emphasizes the importance of explicit decriminalization over de facto practices to ensure broader benefits, such as encouraging individuals to seek help publicly. Clear policies regarding public use are crucial to avoid misunderstandings and ensure safety. He concludes by noting the need for careful consideration of public use policies and the benefits of a clear, public decriminalization stance to encourage help-seeking behavior without fear of legal repercussions.

Dr. Rebecca Haines-Saah: Rethinking Youth Drug Prevention

- **Ineffective Strategies:** Fear-based messaging and stigmatizing drug use do not prevent youth substance use.
- **Realistic Goals:** Preventing all experimentation is unrealistic; providing fact-based education is more effective.
- **Social Issues:** Addressing poverty, discrimination, and providing community programs are key to effective drug prevention.

Dr. Rebecca Haines-Saah discusses the importance of prevention in drug policy, focusing on youth substance use. She begins by debunking common myths about prevention and emphasizes the need for effective strategies. Haines-Saah outlines the four pillars of drug strategy: prevention, treatment, harm reduction, and enforcement, developed in Vancouver decades ago. As a youth substance use researcher with 25 years of experience, she emphasizes that fear-based messaging and stigmatizing drug use do not work. Strategies like "Just Say No" and scare tactics fail to address the social and contextual factors influencing youth substance use. Instead, providing fact-based education is crucial.

She explains that preventing any experimentation is unrealistic. The average age for initiating substance use and sexual activity in Canada is around 14. Effective prevention should focus on providing accurate information, similar to sex education during the AIDS epidemic. This approach does not endorse drug use but aims to keep young people safe.

Haines-Saah's third key message is that the best drug prevention is not about drugs but about addressing broader social issues. Ending poverty, targeting discrimination (homophobia, racism, xenophobia, colonialism), and providing community-based programs can significantly reduce substance use. These efforts create a supportive environment, reducing the likelihood of young people turning to substances for coping.

She highlights past ineffective prevention methods, such as the "Just Say No" campaign and brain harm messaging, which did not provide useful information to youth. Instead, successful prevention strategies include building safer school communities, promoting social and emotional learning, and resolving conflicts amongst peers. Programs like the Icelandic model, which reduced substance use prevalence by providing free recreation and parent support groups, are examples of upstream approaches.

Haines-Saah concludes by stressing the importance of open communication, trust, and respect between parents and teens. Parents should model responsible substance use and engage in non-judgmental dialogue with their children. Schools should implement evidence-based programs that focus on building positive behaviours and skills. Additionally, involving teens in program development ensures that interventions are relevant and effective.

Rebecca Penn: Safer Alternatives

- **Unregulated Drug Supply:** The crisis stems from the toxic, unregulated drug supply, not an increase in addiction rates.
- **Effectiveness of Safer Supply:** Research indicates that safer supply reduces deaths and improves quality of life.
- **Comprehensive Approach:** Addressing the crisis requires multiple strategies, including harm reduction, treatment, and prevention.

Rebecca Penn discusses the concept of safer supply in drug policy, aiming to clarify common misconceptions and highlight its benefits within a drug strategy framework. She outlines five key points:

1. **Unregulated Drug Supply:** The main issue is the unpredictable and toxic nature of the unregulated drug supply. This crisis is often mislabeled as an addiction crisis, but the spike in deaths is due to the toxicity of street drugs, not an increase in addiction rates. Many who die from drug toxicity are recreational or occasional users without substance use disorders.
2. **Goal of Safer Supply:** Safer supply aims to reduce harms associated with the unregulated drug supply by providing pharmaceutical-grade drugs of known potency and content. This approach focuses on harm reduction rather than addiction treatment, ensuring users have a safer alternative to street drugs.
3. **Evidence of Effectiveness:** Research shows that safer supply programs reduce deaths and improve the quality of life for participants. These programs help stabilize drug use, reduce reliance on street drugs, and provide access to additional health and social services.
4. **Need for Multiple Options:** Addressing the drug crisis requires a comprehensive approach, including harm reduction, treatment, decriminalization, and prevention. Safer supply should be one of many tools available, ensuring that different needs are met across various populations.
5. **Reliable Information Sources:** Penn stresses the importance of using evidence-based resources to inform drug policies. She recommends the National Safer Supply Community Practice website for trustworthy information on safer supply protocols, research, and evaluations.

Penn emphasizes that the unpredictable nature of the illegal drug supply is the root problem. Pharmaceutical fentanyl, while potent, is safe when regulated. However, street

fentanyl is dangerous due to its unknown content and potency. The goal of a safer supply is to offer a safer alternative, reducing the risk of poisoning and death.

She provides an example of a fictional individual, Allison, who benefits from a safer supply program. By stabilizing her drug use with regulated opioids, Allison improves her overall health and life circumstances, accessing various support services and reconnecting with her family.

Penn acknowledges the need for non-medical models of safer supply and regulatory changes to expand access. Diversion of safer supply drugs is a concern, but evidence suggests it occurs within immediate circles rather than the wider public. Policies and protocols are in place to address diversion.

In summary, Penn argues that safer supply programs are a crucial part of a multi-faceted approach to the drug crisis, offering safer alternatives to street drugs, reducing deaths, and improving the quality of life for users.

Dr. Paxton Bach: Opioid Agonist Treatment & Safer Supply

- **OAT as Gold Standard:** Opioid agonist treatment, including methadone and Suboxone, is the gold standard for treating opioid use disorder.
- **Safer Supply Effectiveness:** Evidence indicates that safer supply can reduce overdose deaths and improve quality of life, though further research is needed.
- **Comprehensive Approach:** A multi-faceted approach, including safer supply, is essential to address the complex and evolving overdose crisis.

Dr. Paxton Bach discusses opioid agonist treatment (OAT), highlighting its role as the gold standard for treating opioid use disorder. OAT includes medications like methadone, Suboxone, and slow-release morphine, which are crucial for preventing deaths among those with opioid use disorder. Bach emphasizes the complexity of the overdose crisis, describing it as a "wicked problem" composed of various evolving and context-specific issues. He stresses the need for comprehensive and localized responses tailored to specific community needs.

Bach acknowledges the importance of a multi-faceted approach, including safer supply, which provides prescribed medications as safer alternatives to the toxic illegal drug supply. Safer supply aims to reduce overdose deaths and other harms associated with unregulated street drugs. The program primarily involves prescribing hydromorphone, a specific opioid, and is currently implemented in a prescriber-based model in British Columbia (BC). Bach discusses two key questions regarding safer supply: its effectiveness in reducing overdose deaths and the potential unintended consequences.

Evidence suggests that safer supply can be effective. A review of 20 publications, including peer-reviewed studies and program evaluations, indicates a possible decrease in fatal opioid toxicity events and improvements in physical and mental health among participants. Two studies from BC report a 91% decreased risk of all-cause mortality and increased likelihood of accessing OAT among those receiving safer supply medications.

However, Bach highlights the need for further research on the long-term effects and potential harms of safer supply programs. While there have been reports of increased addiction rates and opioid-related hospitalizations, surveillance data do not show clear evidence of these issues. Diversion of prescribed medications, such as hydromorphone, into the illicit market is a concern, but it remains a minor part of overall opioid trafficking.

From a clinical perspective, Bach views safer supply as an additional tool in the treatment arsenal. While methadone and Suboxone are highly effective for many patients, safer supply can help those for whom these treatments are not suitable. Hydromorphone provides a predictable alternative to the unpredictable street drug supply, helping to stabilize patients and prevent overdoses. Bach stresses the importance of individualized treatment approaches, recognizing that different patients have different needs and goals.

Bach also addresses the terminology shift from "drug overdose" to "drug poisoning," reflecting the reality that many deaths are due to the unpredictable and contaminated drug supply rather than solely addiction. He emphasizes the need to combat stigma and ensure that individuals do not have to use drugs alone, as this increases the risk of fatal overdoses.

Dan Smith: Belleville's Opioid Crisis

- **Crisis Declaration:** Belleville declared a state of emergency due to escalating homelessness, mental health issues, and drug overdoses, straining local resources.
- **Provincial Support:** The city requested provincial assistance for a new social services facility and a local detox centre.
- **Continuum of Care:** The province committed verbally to invest in a continuum of care, including detox facilities and transitional housing, recognizing the need for comprehensive solutions.

Dan Smith provides an overview of Belleville's response to the opioid crisis, which led to the declaration of a state of emergency. The declaration, made on February 8th, was prompted by a worsening situation characterized by increasing homelessness, mental health issues, and drug overdoses. Belleville's emergency was widely covered by local, provincial, and national media, highlighting the severity of the crisis.

Smith explains the factors behind the declaration, including the overextension of local resources, the need for provincial support, and significant public and media attention. He emphasizes that the emergency was declared to address the strain on municipal services and to secure additional resources from the province.

The declaration followed a checklist from Emergency Management Ontario, with Belleville meeting six criteria, including exceeding local capabilities and requiring provincial support. The city faced concerns about its ability to provide essential services while managing the crisis, which also impacted the local economy and downtown businesses.

Following the emergency declaration, Belleville submitted a request for assistance to the province, focusing on two main needs: a new facility to replace the overcapacity Hub, which provides social services and a warming center, and the establishment of a local detox center. The province responded quickly, initiating discussions and committing verbally to invest in a continuum of care, including detox facilities and transitional housing.

Smith notes the broader implications of the crisis, acknowledging that Belleville is not alone and other cities, such as Peterborough and Kingston, face similar challenges. He stresses the importance of collaboration and sharing best practices among municipalities.

In summary, Belleville's declaration of emergency was a strategic move to address the escalating opioid crisis, secure provincial support, and implement comprehensive solutions to support vulnerable populations and ensure community safety.

Recordings of this, and previous, town halls are available on the website, and there will be more to come. Connect with us online to find out more about future events in this series:

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