

# Strengthening Canada's Approach to Substance Use Issues: Input to the Canadian Drugs and Substances Strategy (CDSS)

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Consultation input from Middlesex-London  
Community Drug and Alcohol Strategy

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Middlesex –London  
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## **The Middlesex-London Community Drug and Alcohol Strategy**

The Middlesex-London Community Drug and Alcohol Strategy (CDAS) is a locally developed long-term strategy for preventing and addressing substance use-related harms in London and Middlesex County in Ontario, Canada.

Based on a four pillar framework of prevention, treatment, harm reduction and enforcement it is the result of the expertise of over 50 local partners representing health, education, social services, law enforcement, the non-profit sector, the private sector, municipal government, and people with lived experience, as well as the diverse voices of hundreds of citizens who are invested in the health and wellness of Middlesex-London. The vision of the CDAS is a caring, inclusive, and safe community that works collaboratively to reduce and eliminate the harms associated with drugs and alcohol.

Members of the CDAS Implementation Steering Committee, including representatives of the Middlesex-London Health Unit, Addiction Services of Thames Valley, London Police Service, Regional HIV/AIDS Connection, and Canadian Mental Health Association - Middlesex have reviewed the Background Document: Public Consultation on Strengthening Canada's Approach to Substance Use Issues published September 5<sup>th</sup>, 2018 as well as the Consultation's areas for discussion, and provides the following input for consideration.

The Middlesex-London Community Drug and Alcohol Strategy and its partners thank the Government of Canada for holding this consultation and its continued commitment to sustain and strengthen an evidence based Canadian Drugs and Substances Strategy (CDSS).

## Question 1

**What sorts of circumstances do you see within your networks, communities or in society that you think contribute to problematic substance use?**

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**Inequalities related to the determinants of health** – in particular, poverty and access to safe and affordable housing. People who are unstably housed or homeless are some of the most underserved and vulnerable populations in Canada. Because of this, coupled with higher rates of mental health issues, feelings of shame, fear, hunger, pain, and the stresses of living on the streets, a much higher proportion of people who are homeless experience addictions and harms of substance use.

**Marketing practices and social norms related to legal substances.** Using alcohol as an example, alcohol is legal and widely consumed yet with clear evidence of health and social harms. A public health approach balances the legality of a substance with evidence based regulations related to marketing, pricing, availability of the product, and education to the consumer; for example, in the form of product warning labels. Nonetheless, there has been continued growth in the aggressive promotion of alcohol products and a clear move away from harm-reducing public policy, such as those related to pricing, marketing and availability.

**Stigma** significantly contributes to problematic substance use. It is a causal factor in problematic substance use and a barrier to seeking help, receiving support and recovery. Local focus groups of both Indigenous people and youth identifying as LGBTQ2+ identified additive stigma as well as racism as significant barriers. We know that the impacts of stigma and marginalization on people who use substances only serve to intensify negative consequences of substance use.

## Question 2

**Have you seen or experienced programs, practices or models at the local or regional level that could be expanded, or implemented more broadly, to improve circumstances or social determinants of health that influence substance use?**

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There are programs and models that could be expanded and implemented more broadly. We recommend the following as examples:

**Increase awareness and support funding for evidence based upstream initiatives, e.g. Icelandic Model.** In Ontario, Waterloo Region and Lanark County are working toward adoption and implementation of such a model.

“Planet Youth Lanark County is not a program. It is a new approach to identify and establish long term, community-driven strategies that promote positive social and environmental change. Some of the steps taken in Iceland and other countries that have proven successful include: removing barriers to positive activities and pursuits for youth, bringing awareness to the public about the benefits of increased family time, improving lines of communication between schools, parents, community organizations and youth.” <http://planetyouthlanark.ca/>.

**Support low-cost accessible recreation opportunities e.g. ACT-i-pass.** The ACT-i-Pass is a card that allows all grade 5 students that live or attend school in the city of London the opportunity to access

FREE recreation programs throughout their ENTIRE school year. <http://inmotion4life.ca/activity-exercise/acti-pass>

**Continue to focus on housing as a key to prevention through Housing First initiatives.** A local model of success is London Cares Homeless Response Services. London Cares Homeless Response Services is a Housing First intervention aimed at individuals experiencing chronic and persistent homelessness based on a highly collaborative community-based approach. <https://londoncares.ca>.

**Interventions that support families e.g. Nurse-Family Partnership ® (NFP).** This is an evidence-based home-visiting program for first-time parents and their children. The NFP pairs expecting mothers with a Public Health Nurse to receive ongoing home visits throughout pregnancy, infancy and toddlerhood (until age 2). The program supports developing parenting skills, building a strong network of support for the mother baby, supporting a safe and nurturing environment for family and baby. <https://www.healthunit.com/nurse-family-partnership> <https://nfpcanada.mcmaster.ca/>

\* In addition to the above examples and areas of focus, the Government of Canada can further support substance use prevention by **ensuring strong legislation and regulations at the federal level** that supports/ensures implementation at the provincial and local levels maintains the intent of federal policy. For example, the *Cannabis Act* aims to: keep cannabis out of the hands of youth, keep profits out of the pockets of criminals, and protect public health and safety by allowing adults access to legal cannabis

### Question 3

**What needs to change to make sure that opioid medications are being provided and used appropriately, based on the needs of each patient?**

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Continue to promote the 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain to provide updated guidance to physicians on appropriate prescribing practices.

Ensure education regarding pain management and opioid prescribing guidelines is included in medical training and training for other prescribing health care providers e.g. dentists, nurses.

Require provincial opioid monitoring systems be put in place across Canada and support the interconnectedness of these systems.

Enhance focus on patient education regarding opioids.

In addition to focus on opioids, support programs and policies that increase physician knowledge of and population access to alternate forms of pain management, including non-pharmaceutical e.g. mindfulness, physiotherapy, and other forms of pain management.

Support training opportunities for health and other professionals about risk and protective factors for addiction, as well as harm reduction and injection drug use.

#### Question 4

**How can we make sure that those who require prescription opioids to manage their pain have access to them, without judgement or discrimination?**

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Continued and increased healthcare provider education: 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain to provide updated guidance to physicians on appropriate prescribing practices.

Ensure opioid prescribing control and monitoring systems do not result in unintended consequences such as creating an increased demand for access to illicit opioids.

Support programs and policies that increase physician knowledge of and population access to alternate forms of pain management, including non-pharmaceutical e.g. mindfulness, physiotherapy, other.

Ensure equitable access to pain management including pain clinics.

Provide opportunities for community members and organizations to learn about substance use, harm reduction, addictions and stigma around drug use.

Provide opportunities for healthcare professionals to learn about substance use, harm reduction, addictions and stigma around drug use.

#### Question 5

**Which kinds of messages would work best to help Canadians understand the serious harms that can result from stigma around substance use?**

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**Factual information about substances that counters a "blame the user" mentality:** Provide opportunities for community members and organizations to learn about substance use, harm reduction, and addictions including the risk and protective factors for problematic substance use.

**Stories:** Share positive messaging and continue to help people tell their personal stories in a non-stigmatizing way. A local example of this is Addiction Services of Thames Valley *Possible Campaign* <http://adstv.on.ca/itspossible/>

**Language:** Work towards shifting language to reduce stigma (e.g., overdose to poisoning).

**Role of Media:** Continue to challenge media to not perpetuate stigma in both imaging and language.

#### Question 6

**How can we best act to reduce stigma across the country? (you may select more than one answer)**

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✓ Information campaigns by governments

✓ Information campaigns by non-governmental organizations, celebrities, social media influencers, etc.

✓ Engagement with people who use drugs to help them share their stories and experiences with stigma with the public Other(s)

## Question 7

### What would you recommend to improve substance use treatment services in Canada?

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Reduce system barriers and create greater access to treatment and recovery services.

Explore and support new models of treatment to meet community need e.g. "daytox", Indigenous models of care, low-threshold treatment and service options.

Expand the use of models that integrate mental health support, harm reduction and connection to a range of substance treatment options. E.g. Rapid Access Addiction Medicine (RAAM) Clinics. RAAM Clinics have been implemented in several communities in Ontario. In London, the clinic team includes a physician, nurse practitioners and addictions and mental health counsellors.

Funding for a continuum of treatment and care for individuals using substances for example pre-treatment beds/stabilization housing between withdrawal and treatment or other recovery programming.

Support concrete strategies that enable access e.g. childcare, transportation.

Close the gap between short term programs and longer term residential program wait times.

Address stigma.

The general public and those who live with or have family members that live with addiction are often not aware of the range of treatment options. Increasing public awareness and understanding regarding the continuum of treatment as outlined in the consultation document is an important step in increasing access.:

- Providing services quickly, once a person is ready to undertake treatment
- Providing a full range of services which include early intervention and outreach, management of withdrawal symptoms, inpatient and outpatient services, and long-term care and support
- Tailoring treatment to an individual's needs (physical, mental, social, spiritual, etc.)
- Getting extra help and support, such as from family, friends and one's community
- Providing culturally-appropriate supports (e.g. for Indigenous peoples)
- Additional, non-medical, supports known as "wraparound" services (e.g., stable housing, education, training, employment, and child care)

## Question 8

### What obstacles or barriers do people face when they want to access treatment in Canada?

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Barriers to accessing treatment include: transportation and availability of services – notably in rural areas; access to culturally appropriate and culturally sensitive services that are trauma informed; access to

a broad enough continuum of services; lack of service integration and interconnectedness – including interconnectedness of addiction and mental health services; access to child care, financial barriers; stigma; awareness of treatment options and others.

### Question 9

**The federal government has been focussed on removing regulatory barriers to effective treatment. For example, we have recently made it easier for treatment providers to prescribe medications such as methadone for people with opioid use disorder.**

**Are there other regulatory barriers to treatment that the federal government should look at, in order to help increase access to evidence-based treatment in Canada?**

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Ensuring access to opioid maintenance services is particularly challenging for Indigenous people both in reserve communities and in urban and other settings. Tailored programming with staff working in an Indigenous governance models and reflecting the different cultural practices of the variety of Indigenous people living in these communities should be available wherever Indigenous people live. Use of Suboxone as a treatment modality can facilitate treatment over longer distances, and help keep Indigenous people connected with their culture.

Access to diacetylmorphine (prescription heroin) has been heavily regulated and used more for treatment of pain than as a treatment option for people with dependency on other opiates that can be lethal. Dispensing practices that are limited to hospitals also have created barriers for people who cannot attend the hospital multiple times a day. The removal of these barriers increases treatment options for drug dependent people.

In addition, access to more drug checking programs at Supervised Consumption Sites can assist those using drugs to titrate their doses if the potency is very high. Regulations and cost are a barrier to more programs.

### Question 10

**In addition to current harm reduction initiatives – such as supervised consumption sites, needle exchange programs – what other harm reduction services should governments consider implementing in Canada?**

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Continue to reduce barriers for communities to implement supervised consumption sites.

Managed alcohol programs (MAPs) are an important tool to reduce alcohol related harms in a very marginalized high needs population. A proposal to implement a MAP locally in London, ON has not been successful related to provincial funding. Other barriers include stigma related to providing alcohol to alcohol dependent people (people ask “shouldn’t they just stop or be made to stop?”), as well as finding a location that does not invoke “NIMBYism”. Locally it has been identified by stakeholders that being co-located with stabilization beds and programs or withdrawal management could be a good connection.

Canada’s Low Risk Alcohol Drinking Guidelines (LRADG) containing information for people to reduce harms from alcohol were released in 2011, yet many Canadians are unaware of these guidelines and

continue to drink at levels exceeding them. Recently released Low Risk Cannabis Use Guidelines (LRCUG) also contain important information to reduce harms from cannabis. Federal education campaigns are recommended to increase public awareness of both LRADG and LRCUG.

Implement policy that mandates standard labels on all alcohol products including number of standard drinks in a container, health warnings and nutritional information.

Implement Needle Syringe Programming and a broader harm reduction approach within corrections facilities across Canada. Programs that ensure access to sterile injecting equipment are an important component of a comprehensive approach to reducing the vulnerability of prisoners to HIV/HCV and other blood bourn illnesses.

### Question 11

**Many harm reduction tools focus on opioid use disorder (e.g., naloxone). How can the federal government develop harm reduction tools to address a broader range of substances, such as stimulant drugs (e.g., methamphetamines, cocaine)?**

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Implement policies that enable substitution of pharmaceutical grade medications as replacements for illicit substances such as crystal methamphetamine.

Drug checking services allow people to know what is in their substance and have the potential to save lives. We commend the Government of Canada in piloting drug checking and investment in developing this technology. Expanded access of drug checking is needed as an important harm reduction tool to reduce harms and save lives.

### Question 12

**How can we better bring public health and law enforcement together to explore ways to reduce the cycle of involvement for people who use substances with the criminal justice system?**

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**Community Drug Strategies** bring diverse community service providers together to work on projects collectively, otherwise these professionals would not normally interact or work together, such as public health and law enforcement.

**Access to Drug Treatment Court** is a critical component of the continuum of addiction treatment in Canada. Federal funding should be matched by provincial funding and be made available for more courts that create diversion from jail sentences and address criminogenic thinking and behaviours. Drug Treatment Courts should be fully funded and supported as best practice throughout the country.

Drug treatment courts create opportunities for behaviour modification that can last a lifetime and save lives and money and reintegrate families. Pro-social behaviours are introduced to participants through rewards and sanctions, close monitoring and reporting in an addiction treatment and justice partnership. Outcomes for the investment in Drug Treatment Courts are positive and show that diversion programs rooted in addiction treatment can successfully change behaviours long-term.



Consider **other pre-court diversion opportunities** i.e. immediate release to treatment or harm reduction facility for those who meet criteria (low risk and are willing to participate in treatment, health care, etc.) Opportunities to intervene early in the criminogenic lifestyle can be created through **Problem-Solving Courts** that link those with legal and drug use problems to the services that can help them before they need diversion from longer sentences.

Drug Treatment Programs and Drug Treatment Courts create a partnership of supports for individuals and link justice and treatment and other supports to help individuals with criminal backgrounds move away from crime fuelled by addiction and into pro-social activities and productive lifestyles.

### Question 13

**What further steps can the federal government take to better address current regulation and enforcement priorities, such as addressing organized drug crime and the dangerous illegal drugs like fentanyl being brought into Canada?**

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1. In 2017, Bill C-37 received Royal Assent to amend the Controlled Drugs and Substances Act. This Bill provided valuable tools to better equip law enforcement to disrupt opioid importation and production. One tool critical in disrupting the opioid crisis was regulating pill presses and encapsulators, thereby making it more difficult for drug dealers to mass produce counterfeit pills. Unfortunately, Bill C-37 did not go far enough to deter the importation of pill presses for illicit purposes. Specifically:

- Lack of comprehensive vetting of persons and businesses importing pill presses and encapsulators
- No requirement for importers to articulate intended use
- No controls over domestic sales or resale of imported pill presses
- CBSA not provided with full range of powers under s.46 of the CDSA to arrest and charge for illegal importation of pill presses

Counterfeit pills containing fentanyl and its analogs continue to make their way to the illicit drug markets across Canada. Enforcement action on drug labs demonstrate that pill presses, encapsulators, stamps and dyes are widely used in the production of these counterfeit pills. Tightening up the regulations will assist law enforcement with disrupting the distribution of illicit counterfeit fentanyl pills.

2. Cross-border access to data is one of the most pressing and concerning issues for law enforcement worldwide, particularly in the areas of organized crime. Currently, criminal investigations are limited and hindered by the jurisdictional rules surrounding where the data is stored. This is an open invitation to criminals to hide their activity by storing information in another jurisdiction. In addition, current procedures present challenges in terms of the voluntary collaboration of service providers, cooperation between law enforcement agencies, the implementation of certain investigative techniques, and the effective implementation of international mutual legal assistance in criminal matters. Initiatives are underway internationally to counter this situation, including the drafting of a 2nd Protocol to the Budapest Convention on Cybercrime. The United States adopted the CLOUD Act in 2018, enabling easier access to user

data abroad. They were able to do this by reciprocal agreements that respected international comity and yet still protected users' privacy. Canada must support these initiatives and I would request that the Government of Canada actively consult with the CACP in pursuing similar access from Canada. Canadian law enforcement often relies on the Mutual Legal Assistance Treaty (MLAT) in Criminal Matters Act, to access information stored outside Canada or held by service providers located outside Canada. Pursuing information through MLAT can take as many as 22 months which is not effective for investigation or timely presentation of evidence in court.

## Question 14

### **Recognizing Indigenous rights and self-determination, how can all governments work together to address the high rates of problematic substance use faced by some Indigenous communities?**

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Indigenous persons within Canada have a lengthy and complex history with colonization with extreme inequities in all aspects of life, including culturally unsafe healthcare, inadequate education systems, sub-standard housing, and mental and physical abuse experiences. Commitment to Reconciliation across all levels of government, reducing and eliminating inequities and addressing systemic barriers to wellness is imperative to preventing and addressing substance use related issues.

"Health and well-being must be pursued in the context of the community in which First Nations people live and remain connected throughout their lives" *Honouring our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada*.

Indigenous persons and communities are the experts in their own lives and the needs of their communities. Preventing and addressing substance use issues should focus on strengths and supporting (e.g. through funding) Indigenous models of care.

Work alongside Indigenous communities to identify and address Indigenous-specific determinants of health, such as colonization and cultural continuity, that contribute to problematic substance use.

Utilize culturally appropriate models of social determinants of health (e.g. Indigenous-informed model by the National Collaborating Centre for Aboriginal Health)

## Question 15

### **What can we learn from Indigenous approaches to problematic substance use, such as using holistic approaches, that may help inform activities under the CDSS?**

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Holistic and cultural focused approaches address wellness as a whole and include elements of physical, mental, emotional, and spiritual health versus the focus on disease. Causal factors in problematic substance use are complex and interrelated. Activities supported by the Government of Canada under the CDSS should focus on interconnected and long term strategies that consider the whole person and address the complexity of substance use, e.g. wrap around treatment programs that have cultural, spiritual and mental health elements embedded.

An example of a holistic healing model is the First Nations Mental Wellness Continuum Framework designed by the Thunderbird Partnership Foundation. <https://thunderbirdpf.org/first-nations-mental-wellness-continuum-framework/>. It is a national framework that addresses mental wellness among First Nations in Canada. It identifies ways to enhance service coordination among various systems and supports culturally safe delivery of services. The Thunderbird Partnership Foundation is an essential resource and a leader in holistic healing and wellness related to substance use and addiction within the First Peoples communities of Canada.

## Question 16

### **How can governments, and the health, social, and law enforcement sectors design more effective substance use policies and programs for at-risk populations?**

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Work in purposeful partnership with diverse populations to enhance access to culturally safe prevention, treatment, harm reduction and enforcement related programs and services.

Include populations that have been identified as at higher risk in the development and implementation of programs, policies and services. Provide financial remuneration for this work.

Create and enable (including funding) new Peer training programs (e.g. peer support workers, Peer support and mutual aid) that are specific to people who have lived experience with addiction.

Ground policies and programs and anchor funding for these programs in principles that are inclusive. For example, some of the guiding principles that ground the Middlesex-London Community Drug and Alcohol Strategy locally include: Community strength based; Non-stigmatizing; Hopeful; Responsive to barriers; Culturally safe, Equity focused; Reconciliation aware.

Support and mandate culturally safe and trauma-informed care training to agencies and organizations and embed policies and practices to ensure services are culturally safe.

Implement programs that interconnect addiction, mental health, housing, and other supports using interdisciplinary wrap-around models.

## Question 17

### **What are effective policies and programs to help improve access to prevention, treatment, and harm reduction services for at-risk populations?**

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There are known risk factors that may influence the likelihood of someone using substances and developing a substance use disorder. Because of inequities influenced by the social determinants of health, certain groups are more at-risk for problematic substance use and disproportionate harm. At risk populations include, but are not limited to, people who are unstably housed or homeless; lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ2+) youth; Indigenous populations; populations in correctional facilities; people with histories of trauma; people living with mental illness.

Policies and programs that address poverty, homelessness, housing and other social determinants of health including Indigenous determinants of health:

- Access and availability of efficient, attainable, scattered and diverse housing stock.
- Financial support/basic income programs at rates that reflect cost of living.
- Financial support for medical expenses and treatments not covered by health benefits (e.g., transportation to health related appointments).
- Expanded supportive housing approaches and Housing First programs to assist people experiencing chronic and persistent homelessness to secure permanent housing with support.
- Work alongside Indigenous communities to identify and address Indigenous-specific determinants of health, such as colonization and cultural continuity, that contribute to problematic substance use.

Programs that ensure information is communicated using accessible and targeted language to reflect the needs of diverse populations.

Programs and policies that address and eliminate stigma:

- Provide opportunities for community members and organizations to learn about substance use, harm reduction, addictions and stigma around drug use.
- Provide opportunities for healthcare professionals to learn about substance use, harm reduction, addictions and stigma around drug use.

## Question 18

**What urgent gaps related to substance use (in terms of data, surveillance, and/or research) need to be addressed in Canada?**

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Data/surveillance:

As outlined in the consultation background document, there are significant limitations in access to comprehensive and systematically organized data including emergency room visits, poisonings, coroner reports, overdoses, prescribing rates, crime rates, incarceration rates, impaired driving rates, and use of treatment and harm reduction facilities, notably, disaggregated across social and economic characteristics.

We are pleased that the Government of Canada is working towards developing and implementing a Canadian Drugs Observatory that would provide systematic and sustained data collection in Canada and urge continued focus related to this.

Research:

Evidence based reform of current drug laws and policy: In order to effectively prevent and address substance related harms, we urge the Canadian government to place focus on researching evidence of the benefits of changing legislation related to criminalizing possession of substances.

## Question 19

**How can we use research tools to better identify emerging substance use issues as early as possible?**

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Emerging substance issues often are first noticed on the front line level, before they are identified by traditional surveillance and reporting systems. Federal support to develop novel data collection systems and implement these systems at the provincial and local levels would be a step in identifying issues sooner.

Require provincial opioid monitoring systems be put in place across Canada and support the interconnectedness of these systems.

## Question 20

**We look forward to continuing to work together as a country to address substance use issues from a health perspective. If you have any additional comments or ideas on potential next steps in the CDSS, please include them below.**

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We commend and thank the Government of Canada for its commitment to a public health focused and evidence based four pillar approach to addressing substance use in Canada. Please find additional comments below.

The Government of Canada should play a strong role in continuing to build evidence and implement policies that support, enable and compel implementation of timely evidence based action at the provincial and municipal levels.

Urgent and growing attention to safe affordable housing as a key determinant of health should be a foundation of the four pillar CDSS.

The Government of Canada should continue to invest in the Substance Use and Addictions Program (SUAP) to fund and support evidence-informed and innovative initiatives across health promotion, prevention, harm reduction, treatment and rehabilitation - targeting a broad range of legal and illegal substances including opioids, alcohol, cannabis and prescription drugs.