

Board of Health Briefing Report

To: Chair and Members of the Board of Health
Date: June 8, 2022
Topic: **Decriminalization of Substance Use**
Submitted by: Dr. Glenn Corneil, Acting Medical Officer of Health/CEO
Prepared by: Walter Humeniuk, Research Planning and Policy Analyst
Reviewed by: Shakil Mirza, Research Planning and Policy Analyst
Amanda Mongeon, Manager of Community Health
Kerry Schubert-Mackey, Director of Strategic Services & Health Promotion

RECOMMENDATIONS

1. **THAT** the Timiskaming Board of Health endorse the Kingston, Frontenac, Lennox & Addington (KFLA) Drug Strategy Advisory Committee's [online petition](#) to reduce the harms to those who use illicit drugs. The petition to the House of Commons calls upon the Government of Canada to:
 - a. Decriminalize the use of drugs for personal use,
 - b. Support the provinces in their efforts to respond to the drug poisoning crisis, and
 - c. Create a dedicated stakeholder-advised Standing Committee to respond to Canada's drug poisoning crisis that supports harm reduction, prevention, and treatment options for people who use substancesand that this be communicated to the Timiskaming Alcohol & Drug Strategy Steering Committee and the KLFA Drug Strategy Advisory Committee for their information.
2. **THAT** the Timiskaming Board of Health support the call on the federal government to decriminalize the possession of all illicit drugs for personal use as an evidence-informed approach that acknowledges that substance use is a health issue and not one of morality, will power or criminal justice and, further that the federal government support the immediate scale up of prevention, harm reduction, and treatment services and that this be communicated in writing to The Honourable Federal Minister of Health with copies to the following
 - Local MPs
 - Ontario Association of Chiefs of Police
 - Canadian Association of Chiefs of Police
 - Association of Local Public Health Agencies
3. **AND FURTHER THAT** the Timiskaming Board of Health endorse the letter from Simcoe-Muskoka District Health Unit (SMDHU) to the Ontario Minister of Health ([Appendix A](#)) in response to the Opioid Crisis province-wide (recommendations 1 – 7), and that this be communicated in writing to the Ontario Minister of Health with copies to the following
 - Associate Minister of Mental Health and Addictions,
 - Local MPPs
 - Timiskaming Drug and Alcohol Strategy
 - Association of Local Public Health Agencies

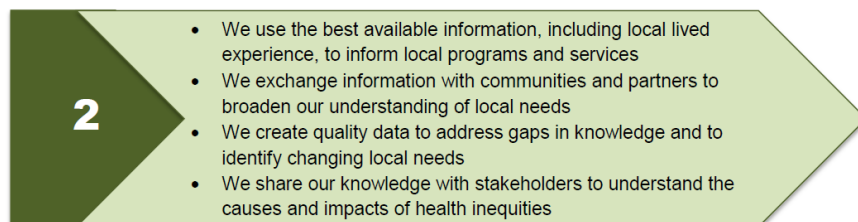
Overview

- The district of Timiskaming experienced 26 suspected drug-related deaths between January 2019 and April 2022.¹
- Prior to cannabis legalization, approximately 41% of Timiskaming residents aged 12 years and older reported having used an illicit substance within their lifetime.²
- Current drug policies have had little or no impact on rates of drug use.^{3,4}
- The associated harms of criminalization result in increased health inequities. They are more likely to be experienced by racialized groups and those experiencing homelessness, poverty, mental illness, and substance use disorders.⁵
- A criminal record can lead to further marginalization, posing as a lifetime barrier to securing employment and housing.⁶
- Enforcement activities can force those who use drugs to use in unsafe places and engage in high-risk behaviours such as using alone or sharing needles resulting in higher rates of drug-related poisonings and blood-borne infections.⁷
- Stigma resulting from criminalization can deter those who use drugs from accessing medical services, treatment, and harm reduction services.^{7,8,9}
- There is an urgent need for a practical, evidence-informed public health approach to saving lives, reducing harms, and removing barriers to effective interventions.⁷
- Decriminalizing the possession of drugs for personal use is part of a comprehensive public health approach to drug policy and allows substance use to be treated as a health and social issue rather than a criminal matter.¹⁰
- Timiskaming Health Unit, in partnership with CMHA and a number of other community organizations, is leading the development of the Timiskaming Drug and Alcohol Strategy. Using an evidence-based framework that includes prevention, harm reduction, treatment and community safety, this work complements at the local level the federal and provincial level work addressed by this briefing note.

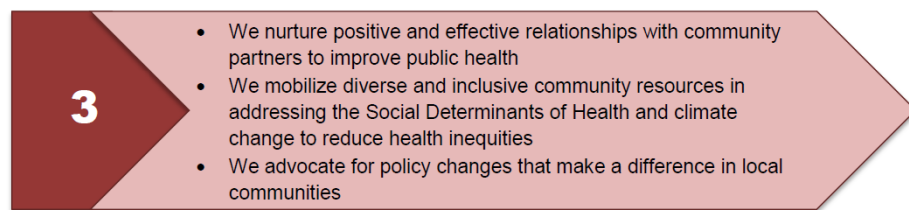
Ontario Public Health Standards (2018) and Timiskaming Health Unit Strategic Plan 2019-2023

This work directly contributes to meeting requirements and expected outcomes in the Ontario Public Health Standards (2018) and aligns with the following THU 2019-2023 strategic directions 2 and 3.

We create, share and exchange knowledge



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Background

Canada's overdose crisis has been escalating at an alarming rate with the proliferation in the use of high-potency opioids such as fentanyl. The COVID-19 pandemic has further exacerbated the crisis with no signs of slowing.¹¹ Coroner data for Timiskaming district show 26 suspected drug-related deaths between January 2019 and April 2022, all preventable.¹ Despite stringent drug enforcement, global substance use increased by almost 20 percent between 2006 and 2013.³ In Timiskaming, prior to cannabis legalization, approximately 41 percent of surveyed residents age 12 years and over reported having used an illicit substance within their lifetime.² National, provincial, and local rates of drug-related overdoses, overdose-related deaths, and toxic drug supplies demonstrate that current drug policies are ineffective at reducing high-risk substance use.^{3,7} There is an urgent need for a practical, evidence-informed public health approach to saving lives, lowering harms, and removing barriers to effective interventions.

Decriminalization is not the same as legalization. Decriminalization involves the removal of criminal penalties for the possession of small amounts of psychoactive substances for personal use. The production, distribution, and sale of illicit psychoactive substances would continue to be criminal offences. The goal of decriminalizing possession for personal use is to reduce the harms experienced by those who use drugs. While decriminalization alone is not intended to solve the current opioid crisis, it is one part of a larger strategy that must be accompanied by a health promotion approach to substance use, prevention, treatment, and a full continuum of harm reduction practices, including supervised consumption services, safer supply programs, drug testing, and expanded addiction and mental health recovery care services.

The criminalization of psychoactive substances costs the Canadian judicial system approximately \$4.8 billion per year in law enforcement, court proceedings, and corrections.¹² Of the 48,000 drug-related offences committed in Canada in 2019, the most common charge was for simple possession for personal use.¹³ The funds currently allocated to enforcing, prosecuting, and punishing drug possession could be better utilized and redirected to the provinces and municipalities to increase access to harm reduction and substance use treatment services. The criminalization of possession of drugs for personal use results in significant social and health harms to those who use drugs, and some populations are more at-risk than others.

High-risk substance use is a complex health issue with social, economic, and public safety impacts. Criminalizing psychoactive substance use increases health inequities. The associated harms are more likely to be experienced by some groups over others, such as racialized groups and people experiencing homelessness, poverty, mental illness, and substance use disorders.⁵ In addition to the harms resulting from legal fees, monetary fines, and incarceration, criminal records can pose as lifetime barriers to securing gainful employment and housing.⁶ The stigma and shame attached to criminal behaviour and the enforcement activities of local police may deter those who use drugs from seeking medical care, substance use treatment, and accessing harm reduction services.^{7,8,9} Criminalizing drug use forces those who use drugs to use in unsafe spaces and may lead to high-risk behaviours such as using alone or sharing needles.⁷ These high-risk behaviours can result in higher rates of drug-related overdoses, drug-related deaths, and blood-borne infections.⁷ Countries that have decriminalized possession of drugs for personal use and invested in public health interventions have witnessed decreases in drug use among priority populations, decreased HIV rates, and reduced drug-related deaths.⁴

[British Columbia](#) has become the first province to receive an exemption under the Controlled Drugs & Substances Act (CDSA) resulting in the removal of criminal penalties for people who possess drugs for personal use. There is a growing number of sectors and agencies calling on the Federal government to decriminalize simple possession across Canada such as the Association of Local Public Health Agencies ([aLPHa](#)), numerous individual local public health agencies, the Drug Strategy Network of Ontario ([DSNO](#)), the Centre for Addiction and Mental Health ([CAMH](#)), as well as law enforcement with both the [Ontario Association of Chiefs of Police](#) and the [Canadian Association of Chiefs of Police](#) echoing the call for decriminalization. A [2021 report](#) by Health Canada's Expert Task Force on Substance Use includes a recommendation for bold actions, such as finding alternatives to criminalizing people who use substances. Decriminalization of possession of drugs for personal use also aligns with the harm reduction pillar of the multi-sectoral Timiskaming Drug and Alcohol Strategy led by the Timiskaming Health Unit and the Canadian Mental Health Association-Cochrane Timiskaming branch.

Summary and Local Work

Timiskaming Health Unit, in partnership CMHA and a number of other community organizations, is leading the development of the Timiskaming Drug and Alcohol Strategy. Using an evidence-based framework that includes prevention, harm reduction, treatment and community safety, this work complements at the local level the federal and provincial level work addressed by this briefing note.

The Timiskaming Board of Health is in an important position to join many others to call for and increase awareness about the need to decriminalize drug possession for personal use. While unregulated production and sale of controlled substances will remain illegal, decriminalizing simple possession and eliminating criminal records allows substance use to be treated as a health and social issue rather than a criminal matter. It is one essential step toward reducing stigma, increasing access to services and support, and lessening the impacts of criminalization on the lives of people who use drugs and our communities.

Furthermore, based on the well-demonstrated need, it is timely for the Timiskaming Board of Health to join calls for a coordinated, multi-sectoral approach to the opioid crisis that addresses the social determinants of health and supports the scale up of prevention, harm reduction, and a range of treatment services.

SMDHU Letter Re: Response to the Opioid Crisis in Simcoe Muskoka and Ontario-Wide (2022)



March 16, 2022

The Honourable Christine Elliott
Minister of Health
House of Commons
Ottawa, ON K1A 0A6

Dear Minister Elliott:

Re: Response to the Opioid Crisis in Simcoe Muskoka and Ontario-wide

On March 16, 2022, the Simcoe Muskoka District Health Unit (SMDHU) Board of Health endorsed a set of provincial recommendations to help address the ongoing and escalating opioid crisis experienced within Simcoe Muskoka and province-wide. Despite regional activities in response to the opioid crisis, there remains an urgent need for heightened provincial attention and action to promptly and adequately address the extensive burden of opioid-related deaths being experienced by those who use substances.

In the 19 months of available data since the start of the pandemic (March 2020 to September 2021) there have been 245 opioid-related deaths in Simcoe Muskoka. This is nearly 70% higher than the 145 opioid-related deaths in the 19 months prior to the start of the pandemic (August 2018 to February 2020), when our communities were already struggling in the face of this crisis. The first nine months of 2021 saw an opioid-related death rate more than 33% higher than the first nine months of 2020, suggesting the situation has not yet stabilized.

As such, the SMDHU Board of Health urges your government to take the following actions:

1. Create a multisectoral task force to guide the development of a robust provincial opioid response plan that will ensure necessary resourcing, policy change, and health and social system coordination.
2. Expand access to evidence informed harm reduction programs and practices including lifting the provincial cap of 21 Consumption and Treatment Service (CTS) Sites, funding Urgent Public Health Needs Sites (UPHNS) and scaling up safer opioid supply options.
3. Explore revisions to the current CTS model to address the growing trends of opioid poisoning amongst those who are using inhalation methods.
4. Expand access to opioid agonist therapy for opioid use disorder through a range of settings (e.g. mobile outreach, primary care, emergency departments), and a variety of medication options.
5. Provide a long-term financial commitment to create more affordable and supportive housing for people in need, including people with substance use disorders.
6. Address the structural stigma and harms that discriminate against people who use drugs, through provincial support and advocacy to the Federal government to decriminalize personal use and possession of substances and ensure increased investments in health and social services at all levels.

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Your Health Connection

7. Increase investments in evidence-informed substance use prevention and mental health promotion initiatives, that provide foundational support for the health, safety and well-being of individuals, families, and neighbourhoods, beginning from early childhood.
8. Fund a fulltime position of a Drug Strategy Coordinator/Lead for the Simcoe Muskoka Opioid Strategy.

The SMDHU Board of Health has endorsed these recommendations based on the well-demonstrated need for a coordinated, multi-sectoral approach that addresses the social determinants of health and recognizes the value of harm reduction strategies alongside substance use disorder treatment strategies, as part of the larger opioid crisis response. Evidence has shown that harm reduction strategies can prevent overdoses, save lives, and connect people with treatment and social services. Further, there is an urgent need to change the current Canadian drug policy to allow a public health response to substance use, through decriminalization of personal use and possession paired with avenues towards health and social services, as our Board called for in 2018. These recommendations collectively promote effective public health and safety measures to address the social and health harms associated with substance use.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Board of Health Chair
Simcoe Muskoka District Health Unit

cc: Associate Minister of Mental Health and Addictions
Attorney General of Ontario
Chief Medical Officer of Health
Association of Local Public Health Agencies
Ontario Health
Ontario Boards of Health
Members of Parliament in Simcoe Muskoka
Members of Provincial Parliament in Simcoe Muskoka
Mayors and Municipal Councils in Simcoe Muskoka

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