From: <u>Laponsee, Tanya (HC/SC)</u> on behalf of <u>Novak, Jennifer (HC/SC)</u>

To: <u>Darryl Walker</u>

Cc:Debbie Johnstone; Tracey ArthurSubject:Opioid Overdose Crisis in CanadaDate:July 14, 2021 8:47:50 AM

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Dear Mayor Darryl Walker,

Thank you for your correspondence dated February 19, 2021, addressed to the Honourable Patty Hajdu, Minister of Health, concerning the opioid overdose crisis in Canada. We appreciate you forwarding the resolution that the White Rock Council passed on February 8, 2021. I have been asked to respond to you directly. While I cannot determine why there has been such a long delay in receiving your letter, it is unacceptable. Please accept my sincere apologies for the delay in responding.

I am grateful for the time that you took to share your concerns with us. Hearing from concerned communities like yours is important to us. The Government of Canada has made it a priority to listen to Canadians most impacted by problematic substance use and the opioid overdose crisis to inform a comprehensive, collaborative, and compassionate response. We recognize the complexity and the devastating impacts that the crisis is having on individuals, our friends, families, and communities across the country.

The Government of Canada's approach to substance use issues has been guided by our federal drug strategy – the Canadian Drugs and Substances Strategy (CDSS). The CDSS takes a public health-focused approach, and lays out our framework for evidence-based actions to reduce the harms associated with substance use in Canada. It includes four key pillars – prevention, treatment, harm reduction, and enforcement.

Since the introduction of the CDSS in 2016, the Government of Canada has taken evidence-based action to address the opioid overdose crisis through investments of over \$700 million as well as legislative and regulatory action. As part of this investment, Budget 2021 proposes to provide \$116 million over two years, starting in 2021-22, building on \$66 million invested in the 2020 Fall Economic Statement, for the Substance Use and Addictions Program (SUAP) to support a range of innovative approaches to harm reduction, treatment, and prevention at the community level.

We understand and share your concerns regarding the challenges in connecting people to appropriate services in a fragmented treatment landscape. While provinces and territories are generally responsible for funding and delivery of treatment services, the federal government has a role to play in making sure appropriate and evidence-based treatment options are available. We continue to support efforts to increase access to harm reduction services, such as supervised consumption sites; strengthen enforcement to help reduce the toxic illegal drug supply; increase

awareness and prevention efforts, including addressing substance use stigma; and, build the evidence base through investments in research and surveillance.

We have taken actions to reduce barriers to providing people who use drugs with a safer, pharmaceutical-grade alternative to the toxic illegal drug supply. For example, Health Canada has eased restrictions on pharmacists and the transportation of controlled substances, to make it easier for people to access the medications they need during the COVID-19 pandemic while following public health advice, such as physical distancing. Health Canada's SUAP is currently funding 18 safer supply projects that are offering services across 30 sites in five provinces. This represents total investments of \$59.9 million across British Columbia, Ontario, Quebec, New Brunswick and Nova Scotia. These investments will help provide pathways to care and treatment. The evaluation of these innovative projects will continue to build the evidence base to support the scaling up of effective models.

The provision of health care services is, with a few exceptions, a provincial and territorial responsibility, not a federal one. While recent regulatory flexibilities at the federal level have helped reduce barriers, expansion of safer supply services requires the buy-in of provincial and territorial Ministers of Health, relevant professional and regulatory bodies, and health care providers who can prescribe the relevant medications and provide care to people with substance use disorders. We continue to engage with these stakeholders to inform them about safer supply and encourage them to look within their sphere of influence and work to remove barriers to this promising practice.

Further, the Government of Canada continues to support the use of programs that create pathways away from the criminal justice system toward appropriate health services and social supports. For example, in August 2020, the Public Prosecution Service of Canada <u>issued</u> guidance to prosecutors stating that alternatives to prosecution should be considered for simple possession offences, except when there are serious aggravating circumstances. On February 18, 2021, the Department of Justice Canada introduced <u>Bill-C-22</u>, which would repeal mandatory minimum penalties for drug-related offences and require police and prosecutors to consider other responses to some drug-related offences, such as diversion to addiction treatment programs.

Concerning the declaration of a national public health emergency, the federal government has publicly recognized and committed to responding to the opioid overdose crisis and is already using the broad range of powers at its disposal. Declaring a public health emergency and invoking the federal Emergencies Act, to manage critical situations of a temporary nature, would not provide any additional measures that would support our immediate or longer-term response efforts. The comprehensive federal response has included reducing legislative and regulatory barriers, awareness campaigns, improving the knowledge base and providing emergency funding to provinces and territories, which were put in place without a formal declaration of a public health emergency.

The opioid overdose crisis is a complex public health issue and we recognize that no

single organization or level of government can solve this situation alone. The Government remains committed to working with a wide range of partners – including the provinces and territories, people who use drugs and with lived and living experience, Indigenous peoples and racialized communities, civil society organizations, public health and law enforcement leaders – to determine the best ways to support people who use substances, advance solutions to save lives and help reverse this national public health crisis while recognizing that problematic substance use must be treated as a health condition. Thank you again for taking the time to share your views.

Yours sincerely,

Jennifer Novak
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