Association of Ontario Health Centres
Community-governed primary health care

Association des centres de santé de l'Ontario
Soins de santé primaires gérés par la communauté

AOHC Statement on Harm Reduction and the Overdose Crisis

October 2017

Introduction

In keeping with the Association of Ontario Health Centre's values of health equity, leadership, collaboration and knowledge this statement is a commitment to action by AOHC and its member agencies to show leadership in addressing the current overdose crisis in our communities.

Ontario is facing serious and growing opioid and overdose crises with a rising number of people dying from drug overdoses. This is a complex public health and social justice issue.

Many AOHC members are seeing the devastating impact of this crisis on the people and communities they serve. It is affecting people from all backgrounds: youth and seniors, rural and urban, Indigenous, White and racialized, high income as well as people living on low incomes.

We believe that the response to this crisis must be framed within a health equity approach that includes policies and interventions that address discrimination and oppression.

The response must be user-driven and respectful, recognizing the rights of people who use drugs and the over-prescription of opioids for chronic pain conditions. The response must be evidence-informed.

We believe the response to this public health issue must be framed within a harm reduction approach that seeks to minimize the harms associated with drug use and drug policy without requiring the individual to have a goal of abstinence. AOHC recognizes that members are at different stages in the work on harm reduction and we will provide supports for their journey.

Commitment

AOHC and members commit ourselves to show leadership and take actions on the overdose crisis in our practices and by working within the broader community.

In our own practices, we will:

- Train staff to administer naloxone to help save lives of people who overdose on opioid drugs.
- Support harm reduction as a client- centred approach to care that respects client autonomy and meets people where they are.

- Work with people who use drugs to develop, design and deliver any harm reduction programs we offer.
- Promote and support an organizational culture which is non-judgmental to drug use and recognizes the human rights of all individuals regardless of drug and substance use.
- Support substance use treatment programs for people who want to stop taking opioids or who are at risk of overdose; for example, opioid agonist therapy treatments using methadone or suboxone, and slow opioid tapering to reduce daily doses.
- Support and advocate for non-pharmaceutical pain management such as physiotherapy, acupuncture, cognitive-behavioural therapy and other evidence-based chronic pain /substance use management interventions.

In our work within the broader community, we will:

- Collaborate locally with people who use drugs, harm reduction workers, community leaders, health care providers and other allies to explain the need for bold, user-driven health strategies to reduce overdose deaths and keep people alive.
- Support the call for the Ontario government to declare the opioid overdose crisis an emergency in order to facilitate increased funding for harm reduction programs and front-line workers, the rapid establishment of additional overdose prevention sites and the timely establishment of comprehensive low-barrier managed opioid programs.
- Advocate for faster, more effective public policy responses by the provincial government, including more funding for harm reduction programs, faster approval and funding for Supervised Injection Services, and emergency responses such as overdose prevention sites.

Background

Opioids have been used therapeutically and recreationally for thousands of years, starting with opium derived from poppies. People will always use drugs: to avoid psychological pain/trauma, to relieve physical pain, for recreational purposes, and to enhance creativity or pleasure.

The medicinal use of opioids became widespread in the early 19th century. In Canada, concern about opium use led to the Proprietary and Patent Medicine Act in 1908, which required drug companies to list ingredients of heroin, morphine and opium and prohibited the use of cocaine in medicines.

Synthetic opioids, such as oxycodone, were introduced in the 1950s, followed by slow-release formulations of opioids in the 1990s and early 2000s, which doctors began to prescribe more widely for treatment of chronic pain.

These formulations included the fentanyl patch and OxyContin, the latter made by U.S.-based Purdue Pharma and aggressively marketed to physicians as a highly effective painkiller without

unacceptable side-effects. Prescription numbers soared, along with growing reports of opioid use and overdose. This has also created a large market for the diversion of licit opioids along with the influx of highly toxic illicit variations.

Mental health challenges and trauma are also key root causes contributing to opioid use.

It is now known that prescribing high doses of opioids for chronic pain is neither safe nor effective. The opioids become less effective the longer they are taken, with the risk that people seek higher doses and become dependent. If the dosage is lowered the person can suffer from withdrawal. If unable to get a prescription people who are dependent may turn to illicit markets where drugs of unknown toxicity are present.

Highly toxic powdered fentanyl analogues from overseas have flooded onto the illicit market and are escalating overdose deaths in Canada. In 2016 there were at least 2, 458 Canadians who died from opioid-related causes and the number is predicted to exceed 3,000 in 2017. In BC, in 2012 only 4% of overdose deaths were related to fentanyl. For the first six months of 2017 that figure is 81%.

Policy makers have failed to respond quickly or effectively. While communities in Toronto and Ottawa waited in 2017 for final approval of Supervised Injection Services (SIS) at four locations, community workers set up pop-up Overdose Prevention Sites (OPS) in August as an emergency response.