

CARE DEFICIT ASSESSMENT SERIES

The AMA asked some of our physician experts how their patients have been impacted by the COVID care deficit. In this series, physicians share insight from the frontlines and the opportunities they see for improvement.

It will take all of us, working together, to recover from the care deficit. We hope to generate discussion among physicians, patients and our health system partners to help find a way forward.

ISSUE 6 DRUG POISONING EXECUTIVE SUMMARY

The care deficit

Over the course of the COVID-19 pandemic, Alberta along with many other jurisdictions across North America, has seen a dramatic rise in unintentional drug poisoning deaths. Last year, 1,817 Albertans died of drug poisonings, making 2021 the deadliest year in our province's history. A more toxic drug supply, difficulty in accessing health care and harm reduction services, and the stress and social isolation created by COVID-19 have accelerated the drug poisoning crisis into a state of emergency.

Drug poisoning deaths

At the peak of the drug poisoning crisis, Alberta regularly saw four to five opioid-related deaths a day and drug poisoning remains the number one cause of fully preventable unnatural deaths. Although fatalities in May and June of 2022 were down, they are still higher than pre-pandemic levels. While there are different perspectives even within the medical profession on the policies and practices that will make a difference, we all agree that we must do whatever we can to prevent further tragedy.

Difficulties accessing services

Many frontline workers report that the increase in opioid poisonings has been impacted by numerous factors, including challenges in accessing services such as supervised consumption sites (SCSs). During the earliest days of the pandemic, many SCSs were underutilized, due in large part to public health measures and patient concerns about contracting COVID-19. Although overall funding for supervised consumption services and harm reduction in Alberta has increased since 2019, during the pandemic several of Alberta's SCSs were closed or relocated, which impacted the ability of people who use drugs (PWUD) to access services. [Alberta's emergency department and primary care crises](#) are also impacting the care PWUD receive, as they are waiting longer to be seen and treated. Alberta does offer treatment on demand through the AHS Virtual Opioid Dependency Program, but there is limited awareness of the program.

Toxic supply

Drug poisoning deaths have skyrocketed during the pandemic, in part due to an increasingly toxic drug supply. There are also new drugs making their way into the supply chain. This increasing toxicity has led some experts to call for safer supply, a harm reduction approach which sees PWUD receive a regulated supply of pharmaceutical-quality drugs so they are less at risk from toxic substances. Research is actively underway in several Canadian provinces evaluating its use as a harm reduction tool.

Decriminalization

Decriminalization of drugs for personal use shifts resources, efforts and focus toward the prevention, treatment and safer use of drugs. Many municipalities and health regions across the country support the call for decriminalization, with many applying for a Health Canada Exemption to allow them to decriminalize the possession of drugs including

cocaine, amphetamines and opioids. In April 2022, the City of Edmonton announced it will apply for an exemption to the Controlled Drugs and Substances Act. As of January 31, 2023, British Columbia will be the first province to decriminalize possession of 2.5 grams of illicit drugs such as opioids, cocaine, methamphetamine and MDMA.

Impact on patients

Difficulties in accessing SCS spaces have forced many PWUD into unsafe situations, where they are using drugs on the streets or on public transit where they know they can be observed in case of overdose. The drug poisoning crisis has underscored inequities within our health care system that disproportionately impact racialized and marginalized Albertans. In addition to challenges accessing health care, many PWUD also face challenges in accessing the social, financial and community supports they need. [Stigma continues to be a barrier to care](#) for many PWUD, with substance use disorders often treated as a moral failing rather than as a health condition.

Short-term strategies, workarounds and solutions

The Government of Alberta has invested more than \$140 million to enhance the mental health and addiction care system and create more publicly funded treatment spaces. As part of the province's support of a systems-based approach to care, they have removed daily fees for residents in recovery and funded newer addiction medications such as Sublocade. In 2021 the province launched the Digital Overdose Response System (DORS) mobile app intended to prevent overdose deaths among people using while alone.

Alberta's frontline physicians report that these investments and initiatives are important but more needs to be done. Short-term solutions include:

- Encouraging the expansion of SCS spaces.
- Offering Naloxone kits and teaching loved ones and citizens how to recognize an overdose.
- Working with advocacy groups to convey that addiction is a health issue and not a moral failing.
- Educating PWUD about the increased toxicity of the drug supply and encouraging the use of in-person SCSs, spotting (i.e., avoiding use alone), the DORS app or the phone-based National Overdose Response Service.
- Innovating around low barrier access to treatment including access to opioid agonist therapy (OAT).

What's needed

The AMA's Representative Forum recently endorsed a comprehensive evidence-based plan to reduce drug poisoning deaths that includes treatment and recovery but also harm reduction and upstream interventions of root causes, such as poverty and socio-structural vulnerability. To address the growing urgency of the crisis, frontline physicians suggest the following:

- Recognize that harm reduction and addiction treatment must offer a menu of options for PWUD.
- Continue increasing access to OAT and other treatment options.
- Address the importance of social determinants of health, such as housing and income support, and increase mental health supports for PWUD.
- Improve coordinated care with communities and within community services as well as health care services.
- Continue to advocate for decriminalization to keep PWUD out of the criminal justice system.
- Educate others that addiction is a health issue so that PWUD receive the same compassionate, comprehensive care all patients deserve.
- Support further research into evolving harm reduction and other public health strategies to address the toxic drug supply.

Resources for patients

We have compiled a list of resources for patients, families and caregivers. We hope that it will be helpful. The list is not exhaustive, and the AMA is not associated with the delivery of any of these services. More information is available in the [full-length paper](#).

Thank you for your interest in this issue!

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