

## REDUCING DRUG POISONING INJURIES

### Recommendation

That the October 30, 2023, Community Services report CS01242, be received for information.

<b>Requested Action</b>	Information		
<b>ConnectEdmonton's Guiding Principle</b>	<b>ConnectEdmonton Strategic Goals</b>		
<b>CONNECTED</b> This unifies our work to achieve our strategic goals.	<b>Healthy City</b>		
<b>City Plan Values</b>	LIVE		
<b>City Plan Big City Move(s)</b>	Inclusive and compassionate	<b>Relationship to Council's Strategic Priorities</b>	Community Safety and Well-Being
<b>Corporate Business Plan</b>	Serving Edmontonians		
<b>Council Policy, Program or Project Relationships</b>	<ul style="list-style-type: none"> <li>• Overdose Prevention &amp; Response Teams</li> <li>• Strategy for Community Mental Health</li> <li>• Community Plan to Prevent and End Homelessness Update</li> <li>• Updated Affordable Housing Strategy</li> <li>• Community Safety and Wellbeing Strategy</li> <li>• Encampment Response Improvement Project</li> <li>• Downtown Core &amp; Transit Safety Plan</li> <li>• Indigenous Framework</li> <li>• TRC Municipal Response Plan</li> <li>• MMIWG 2SLGBTQIA Action Plan</li> <li>• RECOVER Edmonton Urban Wellness Framework</li> <li>• Suicide Prevention Plan</li> <li>• Chinatown Strategy</li> </ul>		
<b>Related Council Discussions</b>	<ul style="list-style-type: none"> <li>• May 5, 2019 CR_7031, Opioid Update</li> <li>• September 4, 2019, CR_7460, Youth Council Report</li> <li>• March 8, 2020, CR_7585, Youth Opioid Strategies and Youth Mental Health Survey Results</li> <li>• May, 20, 2020, CR_8189, Opioid Update</li> <li>• March 21, 2022, OCM01092, Controlled Drug and Substances Act Section 56(1) Exemption Process</li> <li>• June 19, 2023, CS01220rev, Drug Checking Program - Collaboration with</li> </ul>		

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### Homeless Serving Agencies - Update

- June 19, 2023 CS01453, Multi-Disciplinary and Outreach Ecosystem
- December 4, 2023, CS01745, Mental Health and Addiction within City of Edmonton

### Previous Council/Committee Action

At the April 19, 2022, City Council meeting, the following motion was passed:

1. That Administration work collaboratively with stakeholders (including but not limited to Alberta Health Services, Alberta Health, Edmonton Police Services, public health and medical experts, people with lived experience, family and patient advocates, and Indigenous peoples) to:
  - (a) Develop recommendations to reduce drug poisoning injuries and deaths in Edmonton, and
  - (b) Prepare a draft submission to Health Canada for a section 56(1) exemption to the Controlled Drugs and Substances Act to decriminalize simple personal possession (excluding trafficking) of illicit substances in Edmonton.
2. That Administration develop an intergovernmental advocacy strategy to reduce drug poisoning injury and deaths in Edmonton, including decriminalization of simple personal possession, safe supply, safe consumption sites, treatment and supportive housing.

### Executive Summary

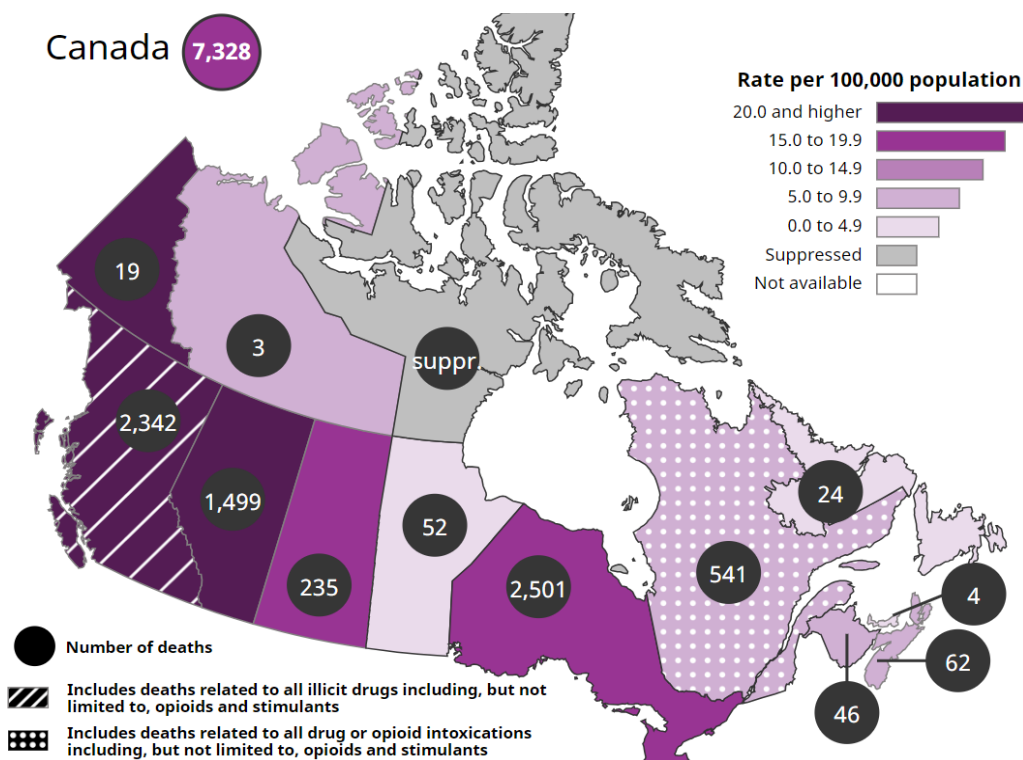
- Edmonton continues to experience a drug poisoning crisis. Drug poisoning-related calls have increased in recent years, reaching a record high during summer 2023.
- Administration has built relationships with key stakeholders who are seeking to address the drug poisoning crisis on an ongoing basis. Administration is committed to maintaining and furthering these relationships.
- Conversations regarding drug poisonings are complex and require nuanced language. This report reflects and addresses a continuum of approaches and supports, including harm reduction and recovery, recognizing that people's needs vary at different points in their lives and wellness journeys.
- The complex legislative landscape surrounding drug poisonings presents challenges in identifying a clear role for the City of Edmonton. While health services are not a core municipal service or responsibility, there are some key actions the City may undertake in preventing and responding to drug poisoning incidents.
- Immediate next steps for Administration include:
  - 1) Creating a steering committee composed of key stakeholders, who are also seeking to address, present and respond to the crisis.
  - 2) Convening a regional summit of diverse stakeholders to continue the discussions initiated through engagement processes.
  - 3) Developing a local substance use strategy, built upon the foundation of proposed recommendations in the Drug Poisoning Reduction Advocacy & Action Plan and best practices from the development of existing City strategies.

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### REPORT

The impact of the drug poisoning crisis has increased across the country since 2016, exacerbated by the COVID-19 pandemic. Nationally, a total of 7,328 apparent opioid toxicity deaths occurred in 2022 (January-December)<sup>1</sup>. The latest data suggests that an average of 21 people per day have died between January to March 2023, up from the 20 people per day who died from opioid poisoning in Canada in 2022. In 2022, Alberta had one of the highest per capita death rates across Canada with roughly 33 deaths per 100,000 people, compared to the national average of 18.8 deaths per 100,000 people. Modeling released from the Public Health Agency of Canada suggests that under certain scenarios the total number of opioid-related deaths could further increase to new record levels in 2023<sup>2</sup>.

#### Number and rates (per 100,000 population) of total apparent toxicity deaths in 2022



Source: Government of Canada, Health Infobase (June 2023)<sup>3</sup>

<sup>1</sup> Federal, provincial, and territorial Special Advisory Committee on the Epidemic of Opioid Overdoses. Opioid- and Stimulant-related Harms in Canada. Ottawa: Public Health Agency of Canada; June 2023. <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/>

<sup>2</sup> Public Health Agency of Canada. Modelling opioid-related deaths during the overdose crisis. Ottawa: Public Health Agency of Canada; June 26, 2023. [health-infobase.canada.ca/en/health-canada/services/opioids/data-surveillance-research/modelling.html](https://health-infobase.canada.ca/en/health-canada/services/opioids/data-surveillance-research/modelling.html)

<sup>3</sup> Federal, provincial, and territorial Special Advisory Committee on the Epidemic of Opioid Overdoses. Opioid- and Stimulant-related Harms in Canada. Ottawa: Public Health Agency of Canada; June 2023. [health-infobase.canada.ca/substance-related-harms/opioids-stimulants/](https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/)

## REDUCING DRUG POISONING INJURIES

In 2022, approximately 640 Edmontonians died from drug poisoning; this is nearly 59.7 deaths per 100,000 people in Edmonton compared to 36.6 in Calgary<sup>4</sup>. Between January and June of 2023, 313 people in Edmonton died due to drug poisoning.

The costs and harms of the drug poisoning crisis are extensive. The overall economic cost of substance use (due to healthcare, criminal justice and other direct costs as well as lost productivity) in Canada in 2020 was \$49.1 billion; this is equivalent to about \$1,291 for each person in the country<sup>5</sup>. For Alberta, it was \$7.23 billion (equivalent to \$1,638 per person).

Understanding that healthcare services are not a legislated responsibility of municipal governments in Alberta, the City of Edmonton has made substantial efforts and investments in both preventing and responding at a municipal level. There are strong connections between the City's overall efforts in reducing drug poisoning injury and deaths to City priorities described in ConnectEdmonton and Council Priorities, alongside City strategies such as the Community Safety and Well-being Strategy (Attachment 1).

### Legislative Context

In Alberta, municipalities are governed by the *Municipal Government Act*. Municipalities oversee protective services that include police officers, community peace officers and firefighters and may be engaged in a variety of other activities that contribute to safe and healthy communities. This may include responding to public safety concerns and local health challenges occurring in public spaces and City facilities (such as transit spaces) and supporting the delivery of a variety of social programs and community services that ultimately contribute to the social determinants of health.

While addressing complex social issues and health-related challenges are often intertwined across different orders of government, many facets touching on drug poisoning prevention and response remain a direct responsibility of other orders of government. This includes the delivery of healthcare and social assistance, supporting human rights, child welfare, Indigenous relations and the administration of justice and criminal law including managing courts, correctional facilities and diversion programs.

Both the federal and provincial governments have significant legislative and funding levers available to prevent and respond to drug poisonings, and therefore, any future provincial or federal policy changes have the potential to greatly influence local community efforts. For example, the Government of Canada establishes drug control laws, is able to grant exemptions for new supervised consumption sites and drug checking services and has provided grants to support various community-based drug poisoning reduction projects. The provision of treatment services falls under provincial responsibility for public health. The Government of Alberta also oversees significant expenditures into mental health and addiction related programs and services, and has launched various initiatives in support of broader public safety interests (Attachment 2), which describes the Intergovernmental context.

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<sup>4</sup> Alberta Substance Use Surveillance System (updated August 2023).

<sup>5</sup> Canadian Substance Use Costs and Harms Scientific Working Group. (2023). Canadian substance use costs and harms 2007–2020. (Prepared by the Canadian Institute for Substance Use Research and the Canadian Centre on Substance Use and Addiction.) Ottawa, Ont.: Canadian Centre on Substance Use and Addiction.

## REDUCING DRUG POISONING INJURIES

### Current Literature

Despite varied opinions, there is broad consensus that a holistic, integrated approach is key to addressing drug poisoning. One recommendation made by Health Canada's Expert Task Force on Substance Use<sup>6</sup> was to remove the notion of pillars in the Canadian Drugs and Substances Strategy, which divided efforts up into four main pillars (prevention, treatment, harm reduction, and enforcement built upon a strong evidence base), and to instead focus on a holistic, integrated approach<sup>7</sup> that uses a population and "health promotion approach to substance use and minimizing harms"<sup>8</sup>.

Rather than addressing the drug poisoning crisis as a "war on drugs", which stigmatizes individuals, the need to address it as a public health crisis is becoming more widely accepted. In a 2021 survey, the Canadian Public Health Association defined a public health approach to substance use as "a non-judgmental approach that seeks to maintain and improve the health of populations based on principles of social justice, attention to human rights and equity, evidence-informed policy and practice, and addressing the underlying determinants of health."

Two highly discussed approaches for addressing the drug poisoning crisis include decriminalization of simple personal possession and safer supply programs. On January 31, 2023, British Columbia began a three-year pilot project for decriminalization of simple personal possession of certain substances. Analysis is underway on the early results of the pilot and City of Edmonton Administration will be monitoring for any future releases once shared.

In 2021, Public Health Ontario conducted a rapid review and jurisdictional scan on decriminalization of drugs<sup>9</sup>. They suggested that, while the published literature primarily examines the effectiveness of decriminalization or legalization in the context of cannabis, there is less evidence available on decriminalization of drug possession for personal use. Currently available international evidence suggests that, under favorable/supportive conditions, drug decriminalization may demonstrate several benefits, in particular, for reducing drug-related harms and costs. As noted in the March 21, 2022 Office of the City Manager report (OCM01092, *Controlled Drug and Substances Act* Section 56(1) Exemption Process), anticipated benefits of decriminalization include: decreased harm, improved public health and improved health equity.

Health Canada describes safer supply as a way of "providing prescribed medications as a safer alternative to the toxic illegal drug supply to people who are at high risk of overdose. Safer supply services can help prevent overdoses, save lives, and connect people who use drugs to other

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<sup>6</sup>[canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/expert-task-force-substance-use.html](https://canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/expert-task-force-substance-use.html)

<sup>7</sup> The June 2021 report refers to two examples as circular models that demonstrate the integration required for how a multi-dimensional strategy should function: The substance use health model adopted by CAPSA and the First Nations Mental Wellness Continuum Framework.

<sup>8</sup>[canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/expert-task-force-substance-use/reports/report-2-2021.html#a7](https://canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/expert-task-force-substance-use/reports/report-2-2021.html#a7)

<sup>9</sup> Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2022). Scan of evidence and jurisdictional approaches to the decriminalization of drugs. Toronto, ON: King's Printer for Ontario. [publichealthontario.ca/-/media/Documents/D/2022/decriminalization-drugs-environmental-scan.PDF?sc\\_lang=en](https://publichealthontario.ca/-/media/Documents/D/2022/decriminalization-drugs-environmental-scan.PDF?sc_lang=en)

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health and social services.” Health Canada contracted an independent qualitative assessment<sup>10</sup> of 10 federally-funded safer supply pilot projects (in British Columbia, Ontario and New Brunswick). Between December 2020 and March 2021, they gathered information through surveys and interviews with safer supply program leads, staff and participants. Early results show positive impacts on clients’ lives.

A qualitative study<sup>11</sup> conducted between February and October 2021 across four safer supply programs in Ontario found that safer supply programs “have the potential to address disease prevention and health promotion gaps that stand-alone downstream harm reduction interventions cannot address, by working upstream and providing a safer alternative to fentanyl.” Early evidence suggests clients enrolled in safer supply programs have significantly reduced emergency room visits and hospitalizations, improved healthcare engagement, fewer overdoses and overdose-related deaths, reduced drug-related harms and improved health and social outcomes.

There are limitations in literature evaluating the effect of specific drug policies and existing studies are often limited in terms of how they examine the impact of such policies; for example, most studies included statistics on the prevalence of use as the main outcome. However, focusing solely on this type of data narrows the conversation on drug use and does not capture the broader, more relevant impacts of decriminalization on drug-related harms.

### Jurisdictional Scan

Administration identified a number of jurisdictions that have implemented strategies to address mental health and addictions and/or the drug poisoning crisis as shown in Attachment 3. In both local and international examples, the health authority played a lead role in strategy development and implementation. Of jurisdictions that pursued decriminalization, Health Canada has stressed that support from the local enforcement and health authority is required for a decriminalization request to be approved.

While Edmonton can learn from other jurisdictions around the world to address substance use, it will require locally specific solutions. The second report released by Health Canada’s Expert Task Force on Substance Use (June 2021)<sup>12</sup> included recommendations such as: “We need made-for-Canada solutions that are tailored to the specific historical, cultural, social, political, and geographic contexts of Canada’s diverse population groups.” It is essential to continue to engage with local experts, including people with lived and living experience, medical professionals, public health experts and academics alike to understand what solutions are relevant and feasible and will have the greatest success in meeting locally-specific needs.

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<sup>10</sup> McMurchy D., Palmer R W H. Assessment of the Implementation of Safer Supply Pilot Projects. Ottawa, Ontario. March 2022.

<sup>11</sup> Gagnon, M., Rudzinski, K., Guta, A., Schmidt, R. A., Kryszejtys, D. T., Kolla, G., & Strike, C. (2023). Impact of safer supply programs on injection practices: client and provider experiences in Ontario, Canada. *Harm Reduction Journal*, 20(1), 1-10.

<sup>12</sup>

[canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/expert-task-force-substance-use/reports/report-2-2021.html](https://canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/expert-task-force-substance-use/reports/report-2-2021.html)



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### Drug Poisoning Reduction Advocacy & Action Plan

The Drug Poisoning Reduction Advocacy & Action Plan (Attachment 4) presents recommended options developed by Administration, informed by engagement, jurisdictional review, research and data gathering and leading/best practices. This plan seeks to further current efforts and highlight opportunities for future City initiatives to address the diverse realities experienced by Edmontonians using substances. Supporting the advancement of City interests with other orders of government and agencies is also strategically embedded throughout the plan, recognizing that relationship building and supporting broader advocacy efforts occurs through various collaboration, coordination and engagement channels.

Recommendations in the Drug Poisoning Reduction Advocacy & Action Plan are divided into short-term, medium-term, and long-term, and fall into five themes, which include:

- Convening and Coordination
- Data Sharing and Information
- Funding Support
- Strategic Direction and Alignment
- Advocacy and Collaboration

### Next Steps

Edmonton is facing a defining moment with various options available for responding to the local drug poisoning crisis and promoting wellness and safety. While long-term solutions and preventive approaches are crucial, there are also immediate actions the City of Edmonton can take to support ongoing efforts and acknowledge the urgent need.

The Drug Poisoning Reduction Advocacy & Action Plan includes options in the form of 36 proposed recommendations. There are three key opportunities to highlight as mechanisms for addressing the proposed recommendations:

- 1) **Create a steering committee** composed of key stakeholders, who are also seeking to address, present, and respond to the crisis.
- 2) **Convene a regional summit** of diverse stakeholders to continue the discussions initiated through engagement for this report. This will also allow Administration to continue validating recommendations and next steps, identify additional solutions and align future advocacy efforts.
- 3) **Develop a local substance use strategy** built upon the foundation of proposed recommendations in the Drug Poisoning Reduction Advocacy & Action Plan, and best practices from the development of existing City strategies. The development of an overarching, collaborative strategy would ensure meaningful alignment with existing strategies and ongoing work, intentional identification of metrics and data collection, and evidence-based decision making. A multifaceted and locally specific approach is imperative to support individuals at different points on the continuum of substance use and ultimately address the broader determinants of health and structural inequity/root causes of addictions.

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Proposed recommendations to the drug poisoning crisis varied across stakeholders, with no single, agreed upon approach. However, there was resounding consensus that any successful approach will require all partners, with various perspectives across the continuum of care, to come to the table in a collaborative manner. The majority of stakeholders recommended that the City of Edmonton play the role of a convenor to build the foundation for a necessary and successful collaborative response to the crisis.

### Budget/Financial Implications

Administration will assess which items of the Drug Poisoning Reduction Advocacy & Action Plan can be supported through existing budgets and grant programs. Items requiring a new funding source may be brought forward for Council's consideration during future supplemental budget adjustment processes.

### Community Insight

Administration led engagement from April 2023 to late August 2023. More than 40 meetings took place with over 120 people participating. Targeted stakeholders expanded upon stakeholder groups listed in the Council motion and included: medical experts, public health experts, Alberta Health Services, Government of Alberta, Edmonton Police Service, Edmonton Fire Rescue Services, community agencies, treatment providers, family advocates, people with lived and living experience, Indigenous communities, Business Improvement Associations, regional municipalities and trades organizations. Administration engaged participants through one-on-one meetings and in smaller group settings. The engagement took into consideration and built on the engagement conducted for a previous report which included engagement on drug checking programs (June 19, 2020 Community and Public Services Committee, CS01220REV - Drug Checking Program - Collaboration with Homeless Serving Agencies - Update).

The attached What We Heard Report (Attachment 5) provides a summary of the feedback received through the engagement process.

### GBA+

Data shows a notable disparity in the occurrence of drug poisoning injuries and deaths among distinct demographic groups: the highest number of drug poisoning deaths in 2022 were men aged 35-39<sup>13</sup>. Indigenous peoples are also disproportionately impacted by drug poisonings<sup>14</sup>. However, it is important to note people from various backgrounds and circumstances use drugs, regardless of demographic factors, geographic location, socio-economic status, housing situation, etc. For example, since 2022, roughly half of the drug poisoning deaths in Edmonton took place in private residences compared to approximately 25 per cent of deaths taking place in public locations. This data challenges the assumption that most drug poisonings take place in public amongst the homeless population.

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<sup>13</sup> Alberta Substance Use Surveillance System (updated August 2023).

<sup>14</sup>

<https://open.alberta.ca/dataset/ef2d3579-499d-4fac-8cc5-94da088e3b73/resource/1d3c4477-7a5b-40a8-90f0-a802dbfd7748/download/health-alberta-opioid-response-surveillance-report-first-nations-people-2021-06.pdf> ; <https://www150.statcan.gc.ca/n1/en/pub/82-003-x/2018010/article/00002-eng.pdf?st=rulllubb>



## REDUCING DRUG POISONING INJURIES

Despite the extensive engagement conducted to inform this report, Administration did encounter some engagement challenges. Edmonton saw increased drug poisonings throughout the summer months – including the highest number of drug-poisoning emergency medical services related calls ever seen (223 calls in one week compared to 106 as the highest number of calls in one week from 2022)<sup>15</sup>. In addition to a lack of capacity due to the heightened response, stakeholders expressed consultation fatigue. Notably, stigmatization of substance use created additional barriers to hearing from certain voices. Despite such challenges, Administration engaged a number of people who use drugs, as well as those who advocate for people who use drugs, are family members of people who use drugs, work directly with people who use drugs or have lived/living experience themselves. Informal conversations also took place with key community stakeholders to discuss Administration’s approach. Administration continues to work with local organizations and groups to engage meaningfully and equitably with people who use drugs.

Equity measures taken throughout the engagement and development of this report include:

- Ongoing consultation with community stakeholders such as agency staff, advocates, and people with lived/living experience regarding the process undertaken.
- Providing multiple options for engagement (in person, virtual, written submission, one-on-one or group conversations, etc.).
- Providing honoraria through gift cards for those engaged with lived/living experience.
- Ensuring that conversations with stakeholders represented perspectives from a range of different identities (e.g., frontline and first responders, policy level, youth, tradeswork, 2SLGBTQIA+, Indigenous, community agencies, academia, etc.).
- Asking participants to identify other key stakeholders who may be interested in or impacted by the project.

## Attachments

1. Alignment with City Strategies and Policies: Visualization of Connections
2. Intergovernmental Context
3. Strategies and Initiatives being Implemented in other Jurisdictions
4. Drug Poisoning Reduction Advocacy & Action Plan
5. What We Heard Report

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<sup>15</sup> Alberta Substance Use Surveillance System (updated August 2023).