



Position Statement – Access to Harm Reduction Services

Casey House believes that reducing the risks of drug use through harm reduction in a judgment-free environment is an essential health service. We believe that health care should be thoughtful, tailored, and meet people where they are at, and that wide-ranging harm reduction services are needed as part of a comprehensive continuum of mental health and addictions care.

“Harm reduction supports both social justice for people criminalized for their substance use and an evidence based public health response to substance use in the community. Harm reduction must shift from exemptions to existing policy to an accepted and central intervention with a full continuum of supports and care.”ⁱ

– Health Canada Expert Task Force on Substance Use, Report 2, June 2021:

Recommendations on the Federal Government’s Drug Policy as Articulated in a Draft Canadian Drugs and Substances Strategy (CDSS)

For many people, substance use is a way to cope with intersecting challenges such as trauma, poverty, homelessness and mental health concerns, which can create multiple barriers to having one’s basic needs met.

Working with people to reduce the risks of drug use through harm reduction, without judgment or requiring that they stop using drugs, is an essential component of health service delivery. Harm reduction includes a diverse range of services such as providing a safe place for people to use their own drugs under the supervision of trained staff (supervised consumption services), and prescribed alternatives to the toxic supply of illegal drugs (safer supply). Harm reduction services prevent and reverse overdoses, promote safer drug use, reduce infectious disease transmission, and improve engagement with health care overallⁱⁱ.

While harm reduction is a key pillar of Canada’s national public health approach to substance use, and while services are broadly available across the country, access remains a critical gapⁱⁱⁱ in many communities and is not yet common in hospitals. For instance, even in major urban centres there are few health care settings that provide access to safer supply which is not nearly enough to meet the demand. Without a strong network of prescribers, people may experience interruptions in accessing a safer supply of drugs and return to the illicit market which has been increasingly toxic.

Providing a diverse range of harm reduction services across the health care system, and access to housing that supports people to maintain their health and shelter, will enable people who use drugs to access care that is aligned to the reality of their lives.

Drivers of Hospital-Based Harm Reduction – Policy & Practice

Access to harm reduction services is one of three issues that are key to addressing systemic barriers to health care and outcomes for people who use drugs. This multi-faceted approach is especially critical given the increasingly toxic supply of unregulated drugs, growing risk of overdose, and lack of safe, affordable and supportive housing, which is one of multiple social determinants of health.



Key numbers: opioid- and stimulant-related harms in Ontario

- Between 2016 and 2020 there were 7,551 apparent **opioid toxicity deaths** in Ontario^{iv}. In 2020 alone there were 2,426 **opioid-related deaths**^v (60% increase from 2019) and 1,671 apparent **stimulant toxicity deaths**^{vi} (66% increase from 2019).
- During the pandemic, the number of opioid-related deaths among **people experiencing homelessness** more than doubled, and represented 16% of all opioid-related deaths in Ontario^{vii} in 2020.
- During the pandemic, just over one-third of **overdose deaths were inhalation-related** (33.7%) – an 11% increase from pre-pandemic times^{viii}.

Calls to action

A role for governments

1. We call on all levels of government to support, improve and/or invest (as applicable) in access to:
 - Take-home naloxone kits (nasal spray and injectable), including distribution by regulated and unregulated health professionals in hospital settings
 - Supervised consumption services for injection, intranasal, oral and inhalation drug use
 - Safer injection and inhalation drug use supplies
 - Safer supply of regulated drugs (prescribed alternatives to the unregulated street supply)



- Effective medications for oral and injectable opioid agonist therapies (OAT/iOAT), including access to hydromorphone and diacetylmorphine at effective dosages
- Mental health and addictions service providers including psychologists, social workers, and psychiatric nurses
- Safe, affordable and supportive housing as a social determinant of health

A role for hospitals

2. We encourage hospitals to provide low-barrier access to a range of culturally-sensitive harm reduction services in a judgment-free environment, including:
 - 24/7 access to safer injection and inhalation drug use supplies
 - 24/7 access to take-home naloxone kits
 - Supervised consumption services for injection, intranasal, oral and inhalation drug use
 - Opioid agonist therapy (OAT/iOAT) programs in connection with local community clinics to ensure clear pathways to post-discharge continuance of care

A role for individual clinicians

3. We encourage physicians and nurse practitioners to:
 - Prescribe a safer supply of regulated drugs (prescribed alternatives to the unregulated street supply) in accordance with professional guidance and training requirements from their respective regulatory colleges

*This position statement is one of three such statements related to **hospital-based harm reduction**, alongside *Hospital Culture and Workforce* and *Drug Policy*. For more information about Casey House's policy priorities and a glossary of key terms, visit caseyhouse.ca/our-insights/advocacy.*

Contact

Myna Kota | Public Policy and Stakeholder Affairs Lead | mkota@caseyhouse.ca

ⁱ Health Canada. (2021). *Expert Task Force on Substance Use, Report #2, Recommendations on the Federal Government's Drug Policy as Articulated in a Draft Canadian Drugs and Substances Strategy (CDSS)*. Retrieved from: <https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/expert-task-force-substance-use/reports/report-2-2021.html>

ⁱⁱ Miroslav Miskovic, Soo Chan Carusone, Adrian Guta, Bill O'Leary, Karen dePrinse, Carol Strike, "Distribution of Harm Reduction Kits in a Specialty HIV Hospital", *American Journal of Public Health* 108, no. 10 (October 1, 2018): pp. 1363-1365.

iii Harm Reduction International (2020) Global State of Harm Reduction 2020. London: Harm Reduction International.

iv Special Advisory Committee on the Epidemic of Opioid Overdoses. Opioid- and Stimulant-related Harms in Canada. Ottawa: Public Health Agency of Canada; June 2021. <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants>

v Gomes T, Murray R, Kolla G, Leece P, Bansal S, Besharah J, Cahill T, Campbell T, Fritz A, Munro C, Toner L, Watford J on behalf of the Ontario Drug Policy Research Network, Office of the Chief Coroner for Ontario and Ontario Agency for Health Protection and Promotion (Public Health Ontario). Changing circumstances surrounding opioid-related deaths in Ontario during the COVID-19 pandemic. Toronto, ON: Ontario Drug Policy Research Network; 2021.

vi Special Advisory Committee on the Epidemic of Opioid Overdoses. Opioid- and Stimulant-related Harms in Canada. Ottawa: Public Health Agency of Canada; June 2021. <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants>

vii Gomes T, Murray R, Kolla G, Leece P, Bansal S, Besharah J, Cahill T, Campbell T, Fritz A, Munro C, Toner L, Watford J on behalf of the Ontario Drug Policy Research Network, Office of the Chief Coroner for Ontario and Ontario Agency for Health Protection and Promotion (Public Health Ontario). Changing circumstances surrounding opioid-related deaths in Ontario during the COVID-19 pandemic. Toronto, ON: Ontario Drug Policy Research Network; 2021.

viii Ibid.