



Canada's overdose crisis: authorities are not acting fast enough

We appreciate the lessons outlined by Benedikt Fischer and colleagues¹ in their Comment on the opioid overdose crisis in Canada. From the frontline perspective, working at an overdose prevention site at the epicentre of the overdose crisis in Canada's largest city, our major lesson is that all levels of government are not acting fast enough, and that the stigma against and criminalisation of people who use drugs are impeding the public health response.

In August, 2017, volunteers with the Toronto Overdose Prevention Society opened the Moss Park Overdose Prevention Site—an unsanctioned (without official approval) overdose prevention site in tents in a downtown park—in response to the slow and ineffectual response to more than a decade of rising overdose rates. At that point, not a single overdose prevention site or supervised-consumption service had opened in Ontario, Canada's largest province. In 11 months of operation, Moss Park Overdose Prevention Site supervised 9062 injections, intervened in 251 overdoses, and helped to develop a framework for implementing authorised overdose prevention sites across the province. By July, 2018, Moss Park Overdose Prevention Site was given legal exemption to operate, and was funded along with 20 other sites across Ontario. A change in government

has left these sites under renewed threat. Additionally, only four provinces (out of the 13 provinces and territories in Canada) have implemented overdose prevention sites or supervised-consumption services. It is unacceptable that an essential health service is subject to political whims, and is not available equally across the country.

While overdose prevention sites and supervised-consumption services are life saving, these facilities do not address the root cause of the current overdose crisis: an increasingly toxic illicit drug supply that is killing 11 Canadians per day.² January, 2019, saw a rise in overdoses and atypical adverse reactions. That month, Moss Park Overdose Prevention Site had 2050 visits and intervened in 90 overdoses, an increase from the 26 overdoses treated in December 2018. Testing of a sample of so-called purple fentanyl, responsible for several atypical overdoses, found it contained a dangerous mix of substances, including several fentanyl analogues, various stimulants, and a novel synthetic cannabinoid, AMB-FUBINACA.

Safer supply programmes provide alternatives to the illicit drug supply. Despite strong evidence for heroin-assisted treatment,³ and Canadian innovations in injectable opioid agonist treatment,⁴ scale-up remains slow. New pilot interventions to divert people from the toxic illicit drug supply continue to be notable exceptions.⁵

From the front lines, the reticence of authorities to immediately scale up

these critical public health interventions across the entire country—and concurrently explore options and models of decriminalisation and regulation—seems negligent and will result in continued preventable deaths.

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- 2 Special Advisory Committee on the Epidemic of Opioid Overdoses. National report: apparent opioid-related deaths in Canada (January 2016 to June 2018). Public Health Agency of Canada. December, 2018. <https://infobase.phac-aspc.gc.ca/datalab/national-surveillance-opioid-mortality.html> (accessed Feb 23, 2019).
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- 4 Oviedo-Joekes E, Guh D, Brissette S, et al. Hydromorphone compared with diacetylmorphine for long-term opioid dependence. *JAMA Psychiatry* 2016; **73**: 447–79.
- 5 Woo A. Vancouver to offer opioid pills in latest effort to prevent overdose deaths. *The Globe and Mail*. Dec 28, 2018. <https://www.theglobeandmail.com/canada/british-columbia/article-with-opioid-pill-programs-vancouver-inches-toward-addressing-safe/> (accessed Feb 23, 2019).