Canadian Union of Public Employees

Submission to the

Public Consultation on Strengthening Canada's Approach to Substance Use Issues

Of

Health Canada

December 2018

CUPE | Canadian Union of Public Employees

The Canadian Union of Public Employees and the Opioid Crisis in Canada

The Canadian Union of Public Employees (CUPE) is Canada's largest union with over 665,000 members across the country, in every province. CUPE represents workers in health care, emergency services, education, early learning and child care, municipalities, social services, libraries, utilities, transportation, airlines and more.

Everyday, the work of CUPE members intersects with the opioid crisis in Canada. Members see first hand how opioid addiction impacts the lives of Canadians, as well as their families, friends and communities. They understand the pressures the crisis is placing on our emergency, health care, social, and other public services. They're experiencing higher workloads, stress and burnout because of the significant demands the crisis is placing on them in the workplace.

Approximately 170,000 CUPE members work on the front lines of and provide direct responses to the opioid crisis:

- Emergency dispatchers perform over-the-phone assessments of individuals experiencing an overdose. They coach callers on how to administer naloxone and to perform CPR and they dispatch paramedic and police services to the scene of an emergency.
- Paramedics provide emergency services to individuals experiencing an overdose. They provide pre-hospital medical care and transport patients to hospital. Paramedics administer naloxone and CPR to reverse the effects of an overdose and they provide advanced cardiac life support if the individual goes into cardiac arrest.
- Harm reduction workers supervise individuals accessing safe consumption and overdose prevention sites. They provide sterile injecting equipment, monitor service users after they consume drugs, and provide emergency care in the event of an overdose. Staff also provide onsite counselling and refer patrons to other social, health care, and addiction treatment services.
- Hospital workers in emergency departments and intensive care units provide medical treatment to individuals who have experienced an opioid overdose. They connect individuals experiencing addiction with resources and treatment services and provide ongoing medical care to individuals living with infections transmitted through intravenous drug use, such as Hepatitis C and HIV/AIDS.

CUPE also has more than 300,000 members who, because they work with the public in public spaces, regularly encounter or are likely to encounter, opioid-related issues on-the-job that impact them both personally and professionally:

- Social service workers enter homes where drugs may be present. They assist children whose parents use, manufacture and/or sell opioids. They develop safety plans to minimize risks to children and bring children into protective care when necessary. Social service workers also counsel youth who are experiencing addiction and refer them to relevant treatment programs.
- Library workers encounter patrons using drugs or experiencing an opioid overdose in the workplace. Some library workers have administered naloxone to patrons, while others have called 911 to obtain help for patrons experiencing an overdose. Library workers also find discarded needles around the buildings they work in and in the library washrooms.
- Municipal workers clean up sharps and other drug paraphernalia from city streets, parks, and other public spaces. In some communities, they witness street-level drug deals and regularly encounter street-entrenched individuals who are actively injecting drugs.
- Education workers respond to workplace emergencies, including students under the influence of drugs who are at risk of an overdose. They're responsible for calling 911 and providing first aid. They help students locate information on addiction services for themselves and their family members and they support students who are impacted by a parent or family member living with addiction Education workers also clean up discarded needles and other drug paraphernalia that are found on school property.

CUPE recognizes that the federal government is committed to working with the provinces and territories to respond to and address the opioid crisis. Our members recognize the financial investments the government has made over the past two years to support the Canadian Drugs and Substances Strategy (CDSS), to increase access to treatment, and to reduce stigma related to opioid use.

However, CUPE members are concerned that despite the actions undertaken by the federal government, the prevalence of opioid use disorder continues to increase, and more people continue to die every year from an opioid overdose. These trends show no sign of slowing down. In addition, many members are struggling to cope with the increased workload and stress that the crisis places on them in their workplaces. As a result, they know that more needs to be done to address this growing public health emergency.

As such, CUPE recommends that the federal government increase the support it's providing to the provinces and territories so that they can intensify their efforts to provide fully-funded, public, and evidence-based health care responses to the opioid crisis that includes:

1) Increased staffing for projects that are responding to the opioid crisis;
2) Expanded harm reduction, detoxification and treatment on demand programs; and,
3) Access to prescription opioids for individuals suffering from addiction.

Improving Access to Comprehensive, Evidence-Based Treatment Services

Question 7: What would you recommend to improve substance use treatment services in Canada?

In the 2017 Budget, the federal government "announced an investment of $100 million over five years, and $22.7 million ongoing, to support national measures associated with the CDSS and to respond to the opioid crisis."[1] In Budget 2018, the government promised to more than double this amount to $231.4 million over five years.[2] An additional $5 billion over 10 years for the provinces and territories was also promised to improve access to mental health and addiction services. While it's expected some of this funding will support opioid addiction treatment, details regarding how the money will be allocated have yet to be formally released.[3]

While considerable investments have been promised by the federal government to help address the opioid crisis, the situation remains urgent: emergency room visits resulting from opioid poisonings and accidental opioid overdose deaths are rising due to a drug supply that's contaminated with fentanyl. Staff on the front lines are suffering high levels of stress and burnout because the crisis is escalating and dramatically increasing their workloads. More must be done to implement dynamic solutions to this complex and growing problem.

Harm reduction, detoxification, and treatment on demand programs are critical to saving lives. Harm reduction is part of a continuum of health care services for people who use drugs that complement treatment and other strategies that seek to prevent or reduce the use of drugs.[4] Because some individuals are unable or unwilling to stop using drugs and seek treatment for their addiction, harm reduction strategies focus on "keeping people

[1] Government of Canada, "Government of Canada Actions on Opioids: 2016 and 2017," https://www.canada.ca/content/dam/hc-sc/documents/services/publications/healthy-living/actions-opioids-2016-2017/Opioids-Response-Report-EN-FINAL.pdf.
[2] Government of Canada, "Budget 2018 Funding for the Opioid Crisis," https://www.canada.ca/en/health-canada/news/2018/03/budget-2018-funding-for-the-opioids-crisis.html.
[3] Ibid.
[4] Harm Reduction International, "What is Harm Reduction?" https://www.hri.global/what-is-harm-reduction.

alive and as healthy as possible until they can arrive at a place in their life where treatment or abstinence works for them."[5]

The benefits of harm reduction, including supervised consumption sites, are well-documented. They:

- Decrease deaths and hospital visits due to overdose and injection related emergencies;
- Lower injection rates;
- Reduce unsafe injection practices;
- Increase access to health care services, including addiction treatment, counselling, wound care, and testing for blood borne infections;[6] and,
- Increase enrollment in detoxification programs.[7]

CUPE recommends that the federal government significantly increase funding for public harm reduction, detoxification, and on demand treatment programs. This will ensure that services are available based on need and not an ability to pay, while also ensuring there's adequate services to meet the demand. Services must be accessible to everyone and provided in stigma- and judgement-free settings to reduce barriers that often prevent people who use drugs from accessing them.

With the right supports in place, recovery from opioid addiction is possible. Expanding services will decrease barriers to accessing those supports, including "addictions counselling, cognitive behavioural therapy, consultations with addiction medicine physicians and social workers, life-skills counseling, housing referrals, trauma therapy, medication-supported detoxification, opioid maintenance treatment, peer-support, specialized services for Indigenous people, women and youth, etc."[8]

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[5] Travis Lupick, *Fighting For Space: How a Group of Drug Users Transformed One City's Struggle With Addiction* (Vancouver: Arsenal Pulp Press, 2017), 17.

[6] Centre for Addiction and Mental Health, "What You Need to Know About Supervised Consumption Sites," April 2018, http://eenet.ca/sites/default/files/2018/ORH/SCS%20infographic%20(AODA%20compliant)%20FINAL%202_0.pdf.

[7] European Monitoring Centre for Drugs and Drug Addiction, "Drug Consumption Rooms: An Overview of Provision and Evidence," June 2018, http://www.emcdda.europa.eu/system/files/publications/2734/POD_Drug%20consumption%20rooms.pdf. European Monitoring Centre for Drugs and Drug Addiction, "Drug Consumption Rooms: An Overview of Provision and Evidence," June 2018, http://www.emcdda.europa.eu/system/files/publications/2734/POD_Drug%20consumption%20rooms.pdf.

[8] Canadian Mental Health Association, "Care Not Corrections: Relieving the Opioid Crisis in Canada," April 2018, https://cmha.ca/wp-content/uploads/2018/04/CMHA-Opioid-Policy-Full-Report_Final_EN.pdf.

In addition to creating new safe consumption sites and spaces in detoxification and treatment programs, substantial funding is needed to ensure these services are adequately staffed. This will enable communities to establish new services where none exist. It will also help to alleviate the stress and burnout that workers on the front lines are experiencing due to high workloads that result from the crisis.

Increased staffing levels will also reduce the long wait lists for services covered under provincial and territorial health insurance plans that prevent people addicted to opioids from accessing the services they need when they need them. Across the provinces, wait lists for methadone treatment currently range from 2 weeks to 12 months. In some areas, including rural, remote, and Indigenous communities, this service is nonexistent or requires substantial travel.[9] Moreover, a survey conducted in Ontario in 2013 found that 65% of publicly-funded residential treatment services had wait lists and that "56% of the agencies with community withdrawal management programs were overburdened with their wait list."[10] This is a major problem because individuals placed on wait lists are less likely to enroll in treatment services.[11]

Increased funding can also enhance the integration of harm reduction, detoxification, and treatment services with primary and mental health care. This will significantly benefit individuals with concurrent mental health and opioid addiction issues because it will "ensure treatment for active drug users is available to address the underlying mental health issues that may contribute to or exacerbate drug addiction."[12] It will also improve efforts to expand the availability of programs tailored to meet the specific service needs of youth and expectant and new mothers.[13] This is important because youth are often unable to access adult treatment centres and have to leave their communities and support systems to obtain appropriate help. It's also important because there's a rise in the number of babies born with neonatal abstinence syndrome, driving the need for better and more services for new and expectant mothers.[14]

Significantly increasing federal funding to the provinces and territories to expand public harm reduction, detoxification, and treatment services, and to ensure those services are adequately staffed, will go a long way in helping to curb the opioid crisis. Communities across Canada can't wait; they need more funding for these vital services now. Without them, the crisis will spread and deepen and the toll on front line workers will grow.

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[9] Ibid.
[10] Ibid.
[11] Ibid.
[12] Bill Casey, "Report and Recommendations on the Opioid Crisis in Canada," December 2016, http://publications.gc.ca/collections/collection_2016/parl/xc62-1/XC62-1-1-421-6-eng.pdf.
[13] Canadian Mental Health Association, "Care Not Corrections: Relieving the Opioid Crisis in Canada."
[14] Ibid.

Innovative Approaches to Harm Reduction

Question 10: In addition to current harm reduction initiatives – such as supervised consumption sites, needle exchange programs – what other harm reduction services should government consider implementing in Canada?

Harm reduction initiatives include supervised consumption sites and needle exchange programs, as well as pharmacological interventions; specifically, the prescription of medical grade opioids to help treat addiction. This includes opioid agonist therapy (OAT), such as methadone maintenance treatment, and injectable opioid agonist therapy (iOAT), such as diacetylmorphine/medical grade prescription heroin. Together, these treatments are known as opioid substitution therapies.

CUPE supports the federal regulatory changes to Health Canada's Special Access Program that came into force in May 2018, and make it easier for health care practitioners to prescribe, administer, sell, or provide methadone and diacetylmorphine to their patients under federal law.[15] These changes are significant because they will help to decrease barriers to accessing a broader range of opioid substitution treatment options that were previously not readily available to those in need. When people no longer feel the need to inject and when they no longer need to support their drug use through crime, they can focus on the things that are important to them, such as finding housing or work and reconnecting with family and friends.[16]

Despite these changes, however, there are still significant barriers to accessing OAT and iOAT in many parts of the country, especially rural and remote areas. In British Columbia, the Crosstown Clinic, which offers diacetylmorphine-assisted treatment in a supervised clinical setting, has a maximum load of 200 patients. The clinic's unable to support everyone who'd benefit from its services in Vancouver's Downtown Eastside, an area often described as "ground zero for the drug epidemic" in Canada.[17] And it's the only clinic across the country where people who use drugs can obtain diacetylmorphine by prescription, so it's not readily available to patients outside of this small area.

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[15] Government of Canada, "Methadone Program," April 27, 2017, https://www.canada.ca/en/health-canada/services/health-concerns/controlled-substances-precursor-chemicals/exemptions/methadone-program.html.

[16] Elizabeth Cameron, "Why Alberta Plans to Offer Prescription Opioid Injections," *The Toronto Star*, May 1, 2018, https://www.thestar.com/calgary/2018/05/01/why-alberta-plans-to-offer-prescription-opioid-injections.html.

[17] Travis Lupick, "Two Blocks of East Hastings Street Saw More Than 3,000 Overdose Calls in Just Two Years," February 7, 2018, https://www.straight.com/news/1029776/two-blocks-east-hastings-street-saw-more-3000-overdose-calls-just-two-years.

As such, CUPE recommends that the federal government expand the availability of OAT and iOAT for those whom they're deemed appropriate. Funding must be increased to allow for the creation of new and the expansion of existing public clinics and services that offer OAT and iOAT. The services must be available to everyone based on need, not an ability to pay. Ample funding must also be provided to ensure these services are adequately staffed. This will help to reduce wait times for these critical treatment programs.

Both nurse practitioners and medical doctors are eligible to prescribe diacetylmorphine to their patients. However, outside of the Crosstown Clinic, practitioners are not actively exercising this right in order to assist their patients, and pharmacies don't have the proper infrastructure in place to keep the medication in stock. CUPE therefore recommends that the government expand training for health care practitioners to remove some of the discomfort they may have with prescribing diacetylmorphine to patients. This will not only expand the availability of injectable opioid agonist therapies to individuals in Vancouver's Downtown Eastside, it will also make it available elsewhere across the country where no services currently exist.

The federal government took an important step when it reduced the regulatory barriers to accessing prescription opioid therapies for individuals living with addiction. The government now needs to increase the funding dedicated to expanding the public provision of these treatment options, ensure the services are adequately staffed, and increase training opportunities for prescribers to ensure the regulatory changes in turn provide an actual benefit to those they are intended to help.

General Feedback

Question 20: If you have any additional comments or ideas on potential next steps in the CDSS, please include them below.

As noted above, CUPE members work in many sectors on the front lines of the opioid crisis. Because they're providing direct responses to the crisis, they understand how opioid addiction impacts the lives of Canadians and they're knowledgeable about what the federal government can do to help alleviate this growing problem. CUPE members are proud that their work is saving lives and effectively addressing a broad range of issues related to the crisis. However, they're simultaneously experiencing significant pressures and high levels of stress and burnout that result from the major demands their work places on them.

Strengthening Canada's approaches to the opioid crisis must include measures intended to assist people who use drugs and suffer from opioid addiction. But they must also include measures that address the work-related issues that front line staff are encountering to ensure that Canadians impacted by the opioid crisis can continue to access the public services they rely on, while also protecting and promoting workers' physical and mental health and well-being.

In 2018, CUPE conducted a national membership survey on the opioid crisis and how the crisis intersects with our members' work. The data collected from the survey indicates that the demands and pressures placed on CUPE members by the opioid crisis is significantly impacting them, especially among front line workers. Members reported that they're experiencing:

- Feelings of frustration;
- Stigmatization due to their close association with drug users (harm reduction workers);
- Mental strain, emotional, and psychosocial issues;
- Physical and compassion fatigue;
- High levels of stress, critical incident stress, and stress-related injuries;
- Violence and aggression from individuals who are under the influence of drugs or have been resuscitated with naloxone;
- Dangerous situations that put workers' health and safety at risk;
- Significant increases in call volumes leading to large increases in workload (paramedics);
- Burnout from high workloads/overwork;
- Multiple-loss related trauma and grief;
- Mental health injuries, including post-traumatic stress disorder;
- A lack of support from managers in the workplace;
- Increased sick and stress leave; and,
- High levels of exposure to contaminated sharps.

Every day, front line workers provide vital public services to Canadians impacted by the opioid crisis. Because they work in a crisis environment, governments and employers must ensure that front line workers receive the help they need in order to perform their jobs effectively and in a manner that protects and promotes their health and safety.

Respondents to CUPE's national membership survey on the opioid crisis identified that the following measures would help to alleviate the work-related issues faced by front line workers:

- Increased recognition of the impacts of the opioid crisis on, and of the need for increased supports and resources for, front line workers;
- Increased access to grief and trauma counseling and other mental health services;
- Improved benefit plans;
- Increased wages for low-wage workers, especially those who are precariously employed, lack benefits coverage, and can't afford to pay out-of-pocket for needed mental health services;
- Improved access to stable and safe working conditions;
- Increased staffing levels, especially for paramedics, mental health, addictions, and harm reduction workers;
- Increasing the number of ambulances available to respond to emergencies in communities hard hit by the opioid crisis;
- Increased funding for front line services;
- Canceling emergency department closures; and,
- Recognizing harm reduction workers as first responders.

CUPE recommends that the federal government commit additional funding to the opioid crisis to ensure front line workers receive the supports and resources they need to help alleviate the significant demands the crisis places on them. If employers don't have adequate funding to provide the supports and resources front line workers need, we won't be able to sustain, let alone expand, the country's responses to this serious problem and more lives will continue to be needlessly lost.

CUPE's Recommendations

1) Significantly increase funding for public harm reduction, detoxification, and on demand treatment programs with sufficient funding dedicated to ensuring all services are adequately staffed.

2) Significantly increase funding to expand the availability of opioid agonist (OAT) and injectable opioid agonist therapies (iOAT) with sufficient funding dedicated to ensuring public services and clinics that provide these treatment options are adequately staffed.

3) Expand training for health care practitioners who are eligible to prescribe diacetylmorphine to remove some of the discomfort they may have with prescribing iOAT therapies to patients.

4) Significantly increase funding for the opioid crisis to ensure front line workers receive the supports and resources they need to alleviate the workload issues, high levels of stress, and burnout that result from the demands their work places on them.

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