

April 2023



267 O'Connor Street, Suite 401
Ottawa, ON K2P 1V3

t: 613 565 7740
f: 613 565 7742
office@cfms.org
www.cfms.org

The CFMS office is located on the
traditional unceded territory of the
Algonquin Anishnaabeg People.

To Members of Parliament

Cc: Minister Carolyn Bennett (Minister of Mental Health and Addictions), Minister Jean-Yves Duclos (Minister of Health), Minister David Lametti (Minister of Justice)

We, the Canadian Federation of Medical Students (CFMS), are writing to urge you to support federal **decriminalization of substances, a national safer supply strategy, and an equitable framework that ensures all jurisdictions and communities receive appropriate funding and support from the government to respond to the overdose crisis**. Based on most recently available data, 3,556 apparent opioid toxicity deaths were recorded from January 2022 – June 2022. This corresponds to approximately 20 deaths per day. For comparison, in the years prior to the pandemic, there were between 8 (in 2016) and 12 (in 2018) deaths per day.¹ The Public Health Agency of Canada predicts that these numbers will continue to rise in 2023, with projections depending on the ability of health interventions to **prevent overdose** and the level of fentanyl in the drug supply.²

While these may just seem like numbers on a page, as medical students, we are personally invested because we see first-hand the devastation that overdose deaths leave on loved ones and their surrounding communities. We see lives being taken away without warning, deaths that we know are preventable through health and social interventions. We also see the tremendous stigma that criminalization brings to people who use drugs (PWUDs), which impedes their access to healthcare and social supports, increasing their risk of overdose.

This topic is on the forefront of our minds. The CFMS recently produced a [position paper](#) on the Overdose Crisis. We also made this the topic of our most recent [National Day of Action](#). We urge you to read our position paper on the topic and engage with the resources we have put together for this issue as part of our National Day of Action this past fall.

Both the academic literature and the lived experiences of PWUDs have indisputably demonstrated the harms that come with criminalization:

1. Barriers to health services: Criminalization creates administrative barriers that impede the establishment and scale up of safe consumption sites (SCSs) and other lifesaving services, due to the extensive application required for a section 56.1 exemption.
2. Increasing risks of overdose: Under the current legislative landscape, police are permitted to confiscate harm reduction supplies and occupy areas around SCSs. This deters usage of SCS and leads to increased consumption of drugs while alone or at home, which has been shown to significantly increase risk of fatal overdose given a lack of bystanders close by who are able to intervene in the event of an emergency.
3. Stigma: Legislation sets the tone for how society deters or outright prevents PWUDs from accessing healthcare, social services, and housing/employment opportunities, thereby perpetuating a cycle of disadvantage.
4. Economic costs: In 2017, the federal government lost \$9.2 billion dollars on policing and legal expenses associated with criminalization of substances and lost \$20 billion dollars to lost productivity from substance use.³

However, decriminalization alone is not enough. We believe that a national safer supply strategy must be implemented in tandem with decriminalization. As future healthcare professionals, we believe that everyone deserves a continuum of care that addresses patient needs through a public health lens. A comprehensive continuum of care recognizes that harm reduction is equally important to prevention and treatment strategies, and believes in the autonomy of individuals to make their own decisions. We already do the same for other substances: alcohol, nicotine, and marijuana use is legal and regulated, despite their well documented potential for harm to self and others. In the face of these potential harms, we've created a comprehensive strategy that addresses prevention (warning labels, age limits) and treatment (support groups, medications for dependence). We've also implemented a comprehensive harm reduction strategy. Harm reduction for nicotine use looks like e-cigarettes, patches, and lozenges. Harm reduction for alcohol use looks like low-alcohol beverage options and drinking and driving campaigns. In the same vein, safer supply is harm reduction, and harm reduction recognizes that recovery does not look the same for everyone.

Lastly, in order for any of these proposals to take effect, we need to ensure that funding is distributed equitably across all jurisdictions and communities in Canada. Instead of being viewed as a public health emergency, the overdose crisis is continually politicized, criminalized, and ideologized, meaning that individuals will not have access to resources otherwise available to them if they lived in another area of Canada. This level of fragmentation would not be acceptable in any other area of healthcare today. We believe that adequate funding and resources must be allocated specifically to address the overdose crisis, and that standardized criteria be met to receive this funding. We recommend that proportionate resources from this transfer be allocated to the establishment and ongoing provision of services aimed at preventing overdoses and reducing morbidity from the overdose crisis. We also recommend that minimum criteria be outlined by the Federal government, based on the burden of this crisis on each region, that must be met by each province/territory in order for this funding to be received. The Liberal Party proposed a 5-year \$4.5 billion federal mental health block

transfer that has the potential to meet this need, but a similar block transfer could be created to ensure appropriate distribution of resources.

The CFMS believes that national decriminalization of all substances is a lifesaving strategy that must be adopted. We also believe that decriminalization comes hand-in-hand with an appropriate safer supply strategy as well as a comprehensive funding model that ensures all communities receive equitable access to resources. The overdose crisis must be addressed through a public health framework, not a criminal justice one as it is currently, in order to stop the tremendous loss of life as soon as possible.

Therefore, the CFMS and its stakeholders call on you to:

1. Meet with the CFMS Advocacy Team to learn more about this issue! Contact coordinator@cfms.org to set up a meeting.
2. Bring up this issue as an S.031 statement in the House of Commons, at caucus meetings, and with your colleagues on the Standing Committee on Health. To summarize, we are asking for:
 - a) **Federal decriminalization of substances**
 - b) **A national safer supply strategy**
 - c) **An equitable framework that ensures all jurisdictions and communities receive appropriate funding and support from the government to respond to the overdose crisis**

We believe that it is our responsibility as future healthcare professionals to bring attention to issues that affect the health and wellbeing of people in Canada. In turn, we believe it is the government's responsibility to respond urgently and in kind, knowing that every day of inaction is costing lives. The overdose crisis has brought devastating harms to communities across Canada, and it is within your power to prevent it.

Sincerely,

The Overdose Crisis Task Force and Political Advocacy Follow Up Task Force, on behalf of the Canadian Federation of Medical Students

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1. 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; December 2022. <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/>
 2. Modelling opioid-related deaths during the COVID-19 outbreak. Ottawa: Public Health Agency of Canada; December 2022. <https://www.canada.ca/en/health-canada/services/opioids/data-surveillance-research/modelling-opioid-overdose-deaths-covid-19.html>
 3. Canadian Substance Use Costs and Harms Report (2015–2017). Canadian Centre on Substance Use and Addiction. <https://csuch.ca/publications/CSUCH-Canadian-Substance-Use-Costs-Harms-Report-2020-en.pdf>