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## Commission on Narcotic Drugs

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Item 6 of the provisional agenda\*

**Follow-up to the implementation at the national,  
regional and international levels of all  
commitments, as reflected in the Ministerial  
Declaration of 2019, to address and counter the  
world drug problem**

### **Statement submitted by the Canadian Centre on Substance Abuse, a non-governmental organization in special consultative status with the Economic and Social Council\*\***

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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\* [E/CN.7/2022/1](#).

\*\* Issued without formal editing.



## **Ensuring access to safer supply, as well as harm reduction, treatment, and other health services for people who use drugs**

### **Introduction and Objectives**

This brief is submitted by the Canadian Centre on Substance Abuse<sup>1</sup> (Special Consultative Status) on behalf of the Canadian Civil Society Working Group on United Nations Drug Policy. It should be considered alongside the submission by the HIV Legal Network.

The following recommendations highlight priority areas in which Member States can play a leadership role in advancing evidence-informed, inclusive and effective drug policy that is grounded in a public health approach and in alignment with complementary United Nations initiatives, including the promotion of human rights and achievement of the Sustainable Development Goals.

### **Ensuring access to safer supply, as well as harm reduction, treatment, and other health services for people who use drugs**

The current system of international scheduling reinforces the “Iron Law of Prohibition,” which dictates that as law enforcement becomes more intense, the potency of prohibited substances increases. Moreover, the observed displacement/replacement effect indicates that the scheduling of substances is routinely followed by the emergence of new substances often posing greater harm from consumption. The reliance on scheduling and law enforcement contributes harm to people who use drugs, including the steadily increasing rate of accidental overdoses around the world. Such approaches would benefit from undertaking risk assessments and considering the optimal sequencing of interventions before scheduling new substances.

Although we are adapting to living with the global COVID-19 pandemic, it has and continues to increase the already significant risks facing people who use drugs, who are at higher risk of both contracting and dying from the disease. Additionally, people who use drugs face greater barriers to accessing treatment for COVID-19 in both public and private health-care systems, which the pandemic has stretched to their limits.

Global drug markets have been disrupted by the pandemic and the subsequent restrictions on transnational movement. The disruption has increased the volatility and toxicity of the unregulated drug supply due to the limited availability of supply needed for the manufacturing processes of many currently scheduled substances. As a result of these supply changes people who use drugs have faced worsened hardship and dangers. Disruptions also appear to have created serious price fluctuations in the unregulated market, resulting in increased financial hardship for people who use drugs. Some have been forced to engage in dangerous behaviour to obtain drugs that are now more costly.

Lockdown and physical distancing measures implemented by many Member States have decreased the ability of people who use drugs to access harm reduction and treatment services. They also disrupted the work of organizations seeking to facilitate harm reduction measures such as overdose prevention sites and supervised consumption services. When these harm reduction measures are suspended entirely or run at a reduced capacity, people who are already isolated from peers, social services, and the community end up having no other choice but to use alone. This results in an increased risk of fatal overdose. In Ontario, there were 2,426 opioid

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<sup>1</sup> The Canadian Centre on Substance Abuse has changed its working name to the Canadian Centre on Substance Use and Addiction

related deaths in 2020, a 60.0 per cent increase from 1,517 deaths from the year prior.<sup>2</sup> British Columbia surpassed the total number of overdose-related deaths of 2020, recording 2,224 fatalities in 2021, compared to 1,767 by the end of 2020.<sup>3</sup> This represents a 26 per cent increase, or the equivalent of six British Columbians dying every day due to toxic drugs. Importantly, there was a significant increase during the pandemic in opioid-related deaths in neighbourhoods with higher ethno-cultural diversity in Ontario.<sup>4</sup> In British Columbia, Indigenous peoples have borne a disproportionate burden of overdose deaths.<sup>5</sup>

People who use drugs face higher risks of comorbidities that can lead to severe negative health outcomes if they become infected with COVID-19, such as death from other respiratory illnesses. Despite this, people who use drugs, especially those who live with HIV, hepatitis C, and/or other blood-borne infections, must overcome more barriers to accessing treatment and health-care services. This is a problem exacerbated by the additional strain placed on public health care by the pandemic.

Canada and other Member States have implemented measures to alleviate the negative impacts of the COVID-19 pandemic on people who use drugs. These include the greater availability of take-home doses for opioid agonist therapy, fast-tracking of exemption processes for overdose prevention sites, and the wider availability of “urgent public health need” sites. Given the life-saving impact these initiatives have had, it should be ensured that they are retained even after containment of the COVID-19 virus. Retention of these and other initiatives is recommended in the UNODC’s World Drug Report 2021. They recommend other possible responses including maintaining COVID-19 adaptations to the delivery of drug-related services in order to increase accessibility and coverage of services, continuously updating scientific standards to keep abreast of the acceleration of Internet-based services, and prioritizing people who use drugs and with drug use disorders for COVID-19 screening and vaccination because of their health vulnerability.<sup>6</sup>

Canada promotes a public health approach to drug policy and safer supply is an important part.<sup>7</sup> This is because safer supply guarantees substances that are of known quality and quantity for people who use drugs.<sup>8</sup> Having been trialled in Canada at the provincial level with support from the federal government, emerging evidence is showing safer supply as effective both at saving lives and at reducing illegal drug use. Participants in these pilot programmes have benefited from safer supply options as

<sup>2</sup> [www.publichealthontario.ca/-/media/Documents/C/2021/changing-circumstances-surrounding-opioid-related-deaths.pdf?sc\\_lang=en](http://www.publichealthontario.ca/-/media/Documents/C/2021/changing-circumstances-surrounding-opioid-related-deaths.pdf?sc_lang=en), p. 5.

<sup>3</sup> RCI, 9 December 2021 “2021 now deadliest year for illicit-drug overdoses in B.C., after record 201 deaths in October, coroner says” <https://ici.radio-canada.ca/rci/en/news/1846240/2021-now-deadliest-year-for-illicit-drug-overdoses-in-b-c-after-record-201-deaths-in-october-coroner-says>, British Columbia Office of Public Safety and the Solicitor General, BC Coroners Service, “More than 2,200 British Columbians lost to illicit drugs in 2021”, 9 February 2022 <https://news.gov.bc.ca/releases/2022PSSG0010-000188>.

<sup>4</sup> Preliminary Patterns in Circumstances Surrounding Opioid-Related Deaths in Ontario during the COVID-19 Pandemic, p. 7, A report prepared by: The Ontario Drug Policy Research Network, The Office of the Chief Coroner for Ontario/Ontario Forensic Pathology Service, Public Health Ontario, Centre on Drug Policy Evaluation, [www.publichealthontario.ca/-/media/documents/o/2020/opioid-mortality-covid-surveillance-report.pdf?sc\\_lang=en](http://www.publichealthontario.ca/-/media/documents/o/2020/opioid-mortality-covid-surveillance-report.pdf?sc_lang=en).

<sup>5</sup> First Nations Health Authority (FNHA), “First Nations Toxic Drug Deaths Doubled During the Pandemic in 2020”, 27 May 2021, [www.fnha.ca/about/news-and-events/news/first-nations-toxic-drug-deaths-doubled-during-the-pandemic-in-2020](http://www.fnha.ca/about/news-and-events/news/first-nations-toxic-drug-deaths-doubled-during-the-pandemic-in-2020), British Columbia Office of Public Safety and the Solicitor General, BC Coroners Service, “More than 2,200 British Columbians lost to illicit drugs in 2021”, 9 February 2022, <https://news.gov.bc.ca/releases/2022PSSG0010-000188>.

<sup>6</sup> World Drug Report 2021, Booklet No. 1, p.4, [www.unodc.org/unodc/en/data-and-analysis/wdr-2021\\_booklet-1.html](http://www.unodc.org/unodc/en/data-and-analysis/wdr-2021_booklet-1.html).

<sup>7</sup> Global Commission on Drug Policy (2018). Regulation: The Responsible Control of Drugs. Regulation\_Report\_WEB- FINAL.pdf. See also: Canadian Association of People who Use Drugs (2019). Safe Supply Concept Document. <https://vancouver.ca/files/cov/capud-safe-supply-concept-document.pdf>.

<sup>8</sup> Joanne Csete & Richard Elliott (2020). “Consumer protection in drug policy: The human rights case for safe supply as an element of harm reduction,” International Journal of Drug Policy, 102976, DOI: <https://doi.org/10.1016/j.drugpo.2020.102976>.

seen as metrics of client retention, lowering participants' use of illegal drugs, and improving overall quality of life.<sup>9</sup> For example, heroin maintenance trials in Vancouver involving more than 200 participants had retention rates of over 80 per cent after a year on treatment, and those remaining on treatment had drastic reductions in their illegal opioid use. In comparison, in British Columbia retention rates of new clients on methadone are under 35 per cent a year.<sup>10</sup>

North America has some of the highest rates of opioid and stimulant use in the world, with a growing number of accidental opioid- and stimulant-related overdose deaths. In the face of the current overdose crisis in North America, safer supply has shown to be a life-saving initiative. London (Ontario) Intercommunity Health Centre's safer supply programme has been effective in reducing the risks and harms facing people who use drugs who are involved in the programme.<sup>11</sup> Safer supply initiatives in Canada have been fostered and supported by provincial and federal governments, as well as civil society organizations.

As noted above, Canada has advocated strongly for international drug policies which reduce stigma towards drug use and people who use drugs. Prohibition has resulted in stigma. The provision of a safer supply is a necessary step towards ending stigmatization of and discrimination against people who use drugs.

**We urge Canada to acknowledge the shortcomings and risks of a reliance on scheduling and law enforcement interventions to address the unregulated drug supply and associated harms.**

**We also urge Canada to reiterate its previously stated commitment to safer supply in statements at the CND, and to support accessible, gender-sensitive, and culturally appropriate treatment, harm reduction, and other health services that are tailored to meet their specific needs.**

**Finally, we urge Canada to implement, promote, and advance discussions among other Member States of the importance of retaining existing positive measures now in place to alleviate the negative impacts of the COVID-19 pandemic, while strongly encouraging the adoption of future responses outlined in the UNODC's World Drug Report 2021.**

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<sup>9</sup> Canadian Association of People who Use Drugs (2019), Safe Supply Concept Document. <https://vancouver.ca/files/cov/capud-safe-supply-concept-document.pdf>.

<sup>10</sup> Sustained Release Oral Morphine, Injectable Hydromorphone, and Prescription Diacetylmorphine for Opioid Use Disorder: Clinical and Cost-effectiveness, and Guidelines' (Ottawa: CADTH, April 2017). (CADTH rapid response report: summary of abstracts).

<sup>11</sup> CATIE, "Safe supply: What is it and what is happening in Canada?" – What do we know about safe supply programs in Canada so far?, 9 February 2021, [www.catie.ca/prevention-in-focus/safe-supply-what-is-it-and-what-is-happening-in-canada](http://www.catie.ca/prevention-in-focus/safe-supply-what-is-it-and-what-is-happening-in-canada).