Recommendations of the Mayors' Task Force on

THE OPIOID CRISIS

FCM BIG CITY MAYORS' CAUCUS

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CITIES ARE ON THE FRONT LINES OF THE OPIOID CRISIS. OUR EMERGENCY RESPONDERS AND COMMUNITY WORKERS ARE REVIVING PEOPLE FROM OVERDOSES, DISTRIBUTING NALOXONE KITS, EDUCATING PEOPLE ABOUT DANGERS IN THE DRUG SUPPLY AND SUPPORTING FAMILY MEMBERS LEFT BEHIND.

MAYORS ARE NOW WORKING TOGETHER TO SAVE MORE LIVES, BUT WE CAN'T DO THIS ALONE. More than 2,300 people died of opioid overdoses in 2016 — a crisis that is only beginning to escalate. This requires a national response by all orders of government.

OUR RECOMMENDATIONS DRAW FROM OUR FRONTLINE EXPERIENCE. Tackling this crisis will require urgent and coordinated action on harm reduction, treatment, public education and enforcement.

We are calling on the federal government to lead this national response—by setting clear targets, sharing information, targeting investments, and coordinating responses across all orders of government.

If we do this crucial work together, we can save lives and prevent further addiction.

Gregor Robertson Mayor, City of Vancouver Chair, BCMC Mayors' Task Force on the Opioid Crisis

RECOMMENDATIONS FOR A PAN-CANADIAN OPIOID RESPONSE

The Task Force is calling upon the federal government to urgently adopt a comprehensive, pan-Canadian action plan with the goal of eliminating opioid overdose and overdose deaths in Canada.

In order to achieve these goals, the Task Force recommends that the federal government adopt the following recommendations:

- The federal government immediately establishes and reports on comprehensive timelines, measures and definitive evidence-based targets for specific outcomes related to each of the four pillars of the Canadian Drugs and Substances Strategy identified below, prioritizing targets for reducing overdose and overdose fatalities and deliver a progress report on the establishment of such targets by September 2017.
- 2. The adoption of a comprehensive and coordinated pan-Canadian action plan which addresses the root causes of the opioid crisis. An intergovernmental action plan should align federal, provincial/territorial (P/T) and local strategies, respond to the specific needs of Indigenous communities, and rapidly expand all aspects of the collective response.

3. The pan-Canadian action plan should include concrete actions to meaningfully and urgently address all four pillars of the Canadian Drugs and Substances Strategy, including:

A. HARM REDUCTION

- Support and implement evidence-based practices in order to substantially reduce opioid-related overdoses including facilitating access to drug checking/testing technologies for fentanyl and other drugs including opioids.
- ii. Eliminate barriers preventing people from seeking medical support during an overdose.
- iii. Facilitate access to supervised consumption services, including through the expedited implementation of Bill C 37 and approval of existing applications as appropriate.

B. TREATMENT

- i. As an urgent priority, expand access to a range of treatment options including medically-supervised opioid substitution therapy (OST), including injectable options for people who have not found success with other interventions, and eliminate remaining barriers that limit access to OST.
- ii. Eliminate delays in access to comprehensive, wrap-around treatment services and long-term recovery supports.



C. PREVENTION

- i. Work with stakeholders to implement national public education campaigns, before the end of 2017, including one focused on youth, to raise awareness of the risks of fentanyl and nonprescription opioid use, reduce stigma, and provide information on treatment and support options.
- With the active involvement of people with lived experience, develop and implement evidence-based strategies to address stigma and discrimination against people who use drugs.
- iii. Continue with implementation of education programs and guidelines for physicians, pharmacists, nurses and other healthcare providers with respect to the proper use of opioids and alternative pain management techniques and the development of metrics to measure changes in prescribing practices.
- iv. Ensure that any strategy to restrict access to prescription opioids balances the legitimate needs of patients so that access to pain treatment is not unnecessarily restricted and that harm reduction and treatment services are in place to mitigate against unintended consequences such as increased use of illicit drugs.

D. ENFORCEMENT

- i. Continue expanded law enforcement efforts with respect to the production and importation of non-prescription opioids, including the new federal restrictions on the importation of pill presses contained in Bill C 37.
- ii. Establish national evidence-based protocols for the remediation of contaminated scenes and the handling of fentanyl and carfentanil.

- 4. Improved surveillance, data collection and reporting should be an immediate focus of the action plan with a progress report by September 2017, in support of the four pillars approach and the development of targets for key indicators:
 - a. Immediately establish a standardized, pan-Canadian format for the collection of death and non-fatal overdose data with respect to the opioid crisis;
 - b. Ensure consistent and timely access to opioidrelated death and overdose data by establishing a pan-Canadian reporting standard with a minimum of quarterly reports and a target of monthly reports in all provinces/territories; and
 - c. Expand efforts to improve the evidence-base by collecting and reporting on demographic data, including in particular the impact of the opioid crisis on Indigenous communities, with a focus on prevention and addressing social determinants of health.
- 5. Ensuring a coordinated national response to the opioid crisis involving all orders of government by engaging cities and local public health officials in the Special Advisory Committee (SAC) process, with a focus on the objectives set forth in the four pillars and the need for improved data coordination.



- 6. Consulting with the Mayors' Task Force on priorities for new federal funding dedicated to the opioid crisis response (including the \$116 million announced in Budget 2017) to ensure that federal efforts are targeted to address local needs and delivered urgently.
- 7. Working with cities to address the urgent need to develop more social and affordable housing, including supportive housing and housing employing a harm reduction approach, through the implementation of the federal government's National Housing Strategy and a long-term expansion of the Homelessness Partnering Strategy.
- 8. Working with P/Ts, municipalities, indigenous organizations and stakeholders to develop, implement and monitor the Canadian Poverty Reduction Strategy, which should address both the root causes of addiction, as well as supports to alleviate the immediate consequences of addiction.
- 9. Establishing an intergovernmental dialogue about access to substance use prevention, harm reduction and treatment options for individuals in Canada's correctional system, and the role of the criminal justice system in addressing the root causes of the opioid crisis.



About the Mayors' Task Force on the Opioid Crisis

The Mayors' Task Force on the Opioid Crisis was formed in February 2017. Its goals are to share front line experiences and best practices among cities addressing the crisis, and to work with all orders of government to better coordinate a full national response.

Chaired by Vancouver Mayor Gregor Robertson, the Task Force is an initiative of the Big-City Mayors' Caucus of the Federation of Canadian Municipalities.

Task Force members (as of May 2017):

- Mayor Gregor Robertson, Vancouver (Chair)
- Mayor Brian Bowman, Winnipeg
- Mayor Matt Brown, London
- Mayor Charlie Clark, Saskatoon
- Mayor Denis Coderre, Montreal
- Mayor Fred Eisenberger, Hamilton
- Mayor Michael Fougere, Regina
- Mayor Linda Hepner, Surrey
- Mayor Don Iveson, Edmonton
- Mayor Naheed Nenshi, Calgary
- Mayor John Tory, Toronto
- Mayor Berry Vrbanovic, Kitchener
- Mayor Jim Watson, Ottawa

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