

Statement on the Opioid Crisis in Canada

Excerpted from The Presbyterian Church in Canada Acts and Proceedings 2018, pp. 351-360.

OVERTURE NO. 2, 2018 (p.488)

Re: Resources to assist in responding to opioid crisis

Overture No. 2, 2018 was submitted by the Presbytery of Winnipeg and asks for a resource or resources to help congregations address the pastoral, theological, community support and social policy aspects of the opioid crisis.

Defining the Opioid Crisis in Canada

Canada's opioid crisis refers to the current overdose emergency caused by the use of fentanyl and other opioid-class drugs and has led to an unprecedented number of deaths. Some people struggling with addiction first access opioids as prescribed medical treatment, others access opioids through illicit channels. Regardless, Canada has the second highest (behind the United States) rate of opioid use per capita in the world. (Canadian Institute for Health Information)

About the Chemical Properties of Opioids, and Addiction to Opioids

Fentanyl is a synthetic opioid or opiate. Natural opioids are derived from opium like morphine and codeine. Synthetic opioids include hydrocodone, oxycodone (brand name OxyContin) and fentanyl. Codeine is 0.15 times the strength of morphine. Fentanyl is 50–100 times stronger than morphine. Carfentanil is 10,000 times stronger than morphine.

Fentanyl has legitimate medical uses. Developed in the 1960s and used primarily to manage chronic pain, or to use in combination with other drugs for sedation during medical procedures, fentanyl is listed as an essential medicine by the World Health Organization.

Opioids work by mimicking the body's natural endorphins, the hormones that block pain messages to the brain. Public health experts note that opioids' powerful addictive properties literally change the brain of the person using the drug creating cravings and compulsive behaviour. The ability to choose to use, or not use, these drugs quickly disappears. (Thompson)

Lord, when did we see you addicted?

“Lord, when did we see you addicted?” was an article in the December 2017 edition of Sojourners about the opioid crisis in the United States. The article frames compassionate loving care at the centre of harm reduction and community responses to what has become a deadly public health emergency.

Jesus' ministry was to and with people who were sick, dying, broken and poor. It was marked by touch, fellowship and healing.

In John 8, a man with leprosy approaches Jesus. People with leprosy were segregated. Leprosy was associated with being unclean. Patients were ostracized because of their illness. Far from being fearful of, or drawing away from this man, Jesus touches him. He spends time with him and then encourages him to be restored to community life. This parable challenges us to see and treat illness where we encounter it, and to treat those who are ill as beloved of our community, and worthy of care.

In Matthew 15, a Syrophenician woman with a sick and suffering daughter approaches Jesus. Jesus' response in Matthew 15 is quite different than his response in John 8. At first he does not acknowledge her. When she again tries to gain Jesus' attention, his disciples ridicule and send her away. Jesus says: "I was sent only to the lost sheep of the house of Israel." She is someone else's problem. Her persistence is finally rewarded: she knew that Jesus had the ability to help her sick child and she persisted in her mission to seek treatment for her child, finally getting the recognition and help she knew was needed. This parable teaches that we give care where and when it is needed.

In Mark 3:1–6, Jesus heals someone on the Sabbath, breaking Jewish laws. He does this publically and without shame.

The writer of Matthew ties judgment and redemption to exercising radical familiarity (to association, fellowship and kinship love) with people who may (or may not) fall outside one's normal sphere of concern. The author of Matthew writes "I was a stranger and you welcomed me, I was naked and you gave me clothing, I was sick and you took care of me."

Responses to the opioid crisis need to remove shame and stigmatism and address the suffering of people, caused by numerous factors that are often beyond the control of any one person, community or level of government and will only be effectively addressed when all parties work together to respond to a multi-faceted public health crisis.

Scope of the Crisis

In 2016, there were an estimated 2,800 deaths in Canada associated with opioid overdose. Canada's chief public health officer, Dr. Theresa Tam, describes the roots of the crisis, "We are facing two different but overlapping issues: first, overdose deaths from prescription opioids and second, overdose deaths from illicit drugs laced with fentanyl or other synthetic opioids."

Prior to 1996, opioids were primarily prescribed to cancer patients and other patients suffering debilitating pain. In 1996 Health Canada approved OxyContin (oxycodone) to relieve moderate-to-severe pain. This decision was a watershed moment. Purdue Pharmaceutical, maker of OxyContin, launched a marketing campaign to promote the drug and generated \$31 billion USD in revenue from sales in Canada and the United

States. Doctors prescribed the drug for less severe conditions including backaches and fibromyalgia. In 2015 alone, doctors wrote enough prescriptions for one in every two Canadians.

Law Suits against Purdue Pharmaceutical

Purdue was sued by several municipal and state governments in the United States. In 2007, Purdue pled guilty to criminal and civil charges that they misled government regulators, physicians and patients about the harms and dangers of the drug. (Salvaterra) The fine was \$634.5 million USD. The State of Alabama launched another case against Purdue in February 2018. A 2007 class action submitted to the Supreme Court of Nova Scotia claimed that the marketing of OxyContin in Canada was highly abusive and led to detrimental health outcomes for patients.

There were allegations that Purdue (and Abbott Laboratories Inc., the company that was involved in the distribution of OxyContin in Canada) engaged in marketing techniques which included paying costs and fees for doctors to attend pain management meetings and that pharmacists were advised that if they did not renew prescriptions of OxyContin for their patients, their patients would suffer. (Robertson and Howlett, Lexchin and Kohler) The class action also claimed that doctors who prescribed the medication were not initially informed about the serious risk of abuse and addiction with OxyContin ingestion. In Canada, Purdue will pay a \$20 million CAD fine with \$2 million allocated to provincial health providers, which, if approved by all courts, will settle a Canadian class action suit. (Lexchin and Kohler)

In 2012, Purdue removed OxyContin and replaced it with a more tamper-resistant alternative drug, OxyNEO. At the same time, provinces limited coverage of opioids in drug plans. When medically prescribed opioid sources were limited, the market for illicit opioids soared.

The Market for Illicit Fentanyl

Since 2015, when the drug agency that oversees regulation in China added 116 synthetic drugs to its list of controlled substances – including fentanyl and other fentanyl-like substances – the manufacture of fentanyl became invisible. Science Magazine notes: “Chinese labs began altering the fentanyl molecule – easy for anyone with basic knowledge of chemistry and lab tools – so that they have created new, unregulated variants, some of them even more potent than the original.” (McLaughlin) Most illicit fentanyl in Canada is produced (illicitly) in China and smuggled into Canada. Fentanyl is odourless and tasteless. Because of this and because of the potency of small doses, it is not difficult to smuggle small packages in a variety of other imported goods. This has led to the widespread contamination of the illicit drug supply.

Overdose deaths from opioids have been rising steadily over the past decade but the current crisis was first recognized in western Canada. In December 2014, the Alberta government issued a province-wide warning to doctors about illicit fentanyl. In March

2015, Stand Off First Nation in Southern Alberta was the first community to declare a state of emergency related to fentanyl. In December 2015, Alberta's Minister of Health allowed first responders to treat overdose victims with the fentanyl antidote drug, naloxone. In 2016, British Columbia's Minister of Health declared a public health emergency because of deaths due to fentanyl overdoses.

Unlike the United States, Canada does not have a national system tracking fatal opioid overdoses. The public health danger stems from fentanyl's potency and invisibility. It can be easily and undetectably cut into other drugs. People using illicit drugs may not know they are being exposed to fentanyl. Small and trace amount exposures can endanger the person consuming the drug as well as family, friends, first responders and other health workers assisting overdose victims. First responders and healthcare workers report increased stress and burnout from daily life-and-death urgent calls related to opioid overdoses. The emergence of Overdose Prevention Sites (OPS) speaks to the need to provide low barrier (stations that require fewer administrative procedures to set up and approve) spaces close to places where drugs are being used or shared in order to protect those who might not visit a supervised drug injection sites (SIS). They are also often seen as interim measures while federal approval for a SIS is being sought.

Responding to the Crisis

Frontline Responses

The Canadian Institute for Health Information reports a 20 percent increase in the past two years of Canadians admitted to hospital for opioid toxicity. For people who use non-prescription drugs, establishing safe or supervised drug injection sites reduces the number of fatalities and uses fewer health care resources in responding to people who overdose. The sites have sterile equipment, access to medical staff and health care, supervision and access to resuscitation and the antidote drug, naloxone. Sites can also be an entry point for people struggling with addictions to connect with addiction counselling and anti-withdrawal drugs. Sites offer greater protection and reduce risks for front-line workers such as first responders.

Often communities are divided in their opinions about supervised injection sites. Some think they encourage or enable drug addiction and criminality. Others say the focus is harm reduction, reducing the number of deaths and providing a necessary health service. As Dr. Christy Sutherland, a family physician who treats patients in Vancouver's Downtown Eastside, said, "People die less when you bring them inside and when you attach them to medical care... That's the outcome that we should be concerned about as physicians – not what it looks like to the public." (Canadian Press 2017)

Church Responses

Callingwood Road Church, Edmonton

Claudette Young is an elder at Callingwood Road Church in Edmonton. During a family crisis nine years ago, she sought family supports for parents with children struggling with addictions. Finding no appropriate supports locally, she contacted an American group called Because I Love You (BILY) and started an Edmonton chapter, and is now its Executive Director.

BILY is a non-profit organization that creates spaces for families in crisis to meet with, and support, other families in crisis. There are no fees. Parents of children/teens and adults of all ages who are struggling with addictions, mental health, criminal activities, etc. come to share their stories and seek comfort, support and advice from other parents in similar circumstances. Groups are mentored by parent volunteers who provide support during, and outside of, weekly meetings. There is a facilitated youth group for teens and their parents. One focus of the youth program is to build self esteem and teach communication tools. Additionally, BILY operates a 24-hour hotline supported by volunteers. Callingwood Road Church provided funding and other support to set up a BILY group in Edmonton and continues to support BILY. Ms. Young reports that people in Parkland County (west of Edmonton), in response to the fentanyl crisis, requested a second chapter of BILY for their community and, in May 2017, a chapter of BILY in Parkland County was established, overseen by Ms. Young.

Ms. Young notes that hundreds of Albertans have died and are continuing to die every day, and that each of these individuals has value and worth. She encourages churches to take action: “You don’t have to have a personal connection for this to be an issue in your community.” She challenges church members to do what they can and to consider how church facilities can be used to support families in crisis.

Grace Church, Calgary

Roberto DeSandoli directs youth ministry at Grace Church in Calgary, a position he began in the summer of 2017. This downtown church is close to a youth shelter. Street youth congregate on church property. Grace’s property manager often removes drug paraphernalia (e.g. needles). Mr. DeSandoli and Grace’s staff interact with the youth on a daily basis.

Periodically there are tense moments between church staff and members of the homeless community (e.g. if they are asked to leave church property for engaging in inappropriate behaviour). After an overdose incident, Grace procured a naloxone kit and let the homeless community know that the kit is available in an emergency.

Seeking guidance from service-providing organizations in the community offered helpful information for ministry in this situation. Mr. DeSandoli reminds us that this ministry witnesses to the dignity and value of human life no matter what situation a person may be in.

Saskatoon Native Circle Ministry

The Rev. Stewart Folster is the executive director of Saskatoon Native Circle Ministries (SNCM). SNCM's community deals with drug and alcohol addiction on a daily basis. The Rev. Folster reports that SNCM staff have been threatened with knives and guns, and with retaliation from gang members. Drug use in their community tends to be crystal meth, fentanyl and alcohol. Stewart Folster writes: "We have lost a lot of people from drug overdose and alcohol related illness and gang violence in the past few years. So pray for all of us in every mission and keep us in mind if there is any way you can help. God's blessings and peace."

Winnipeg Inner City Missions

Winnipeg Inner City Missions deals with drug and alcohol addiction on a daily basis. The staff and volunteers minister to low income people, many of whom are Indigenous, and many of whom are also living with the legacy of residential schools. The Rev. Dr. Margaret Mullin, Executive Director, writes:

The drug and alcohol crisis is a part of our daily experience. People who attend the drop-in centre and church can be very volatile and sometimes violent. Staff and volunteers must have adequate personal capacity to deal with any crisis as it arises. Fentanyl is being laced into everything, it seems, and more people are dying from overdosing. Our people are dying out here and it is directly related to colonization and the residential school legacy. We bear witness that generational trauma is real and devastating.

St. Andrew's Church, Thunder Bay

The Rev. Joyce Yanishewski is the minister at St. Andrew's Church in Thunder Bay, Ontario. The church is situated in downtown Thunder Bay. Members of the homeless community tend to congregate on or near church property and substance abuse is prevalent. The church set up a safe disposal site for needles. In November 2017, the church installed a custom gate with locks at the top of the sanctuary steps. The gate honours the architecture of the building, but also provides a barrier to the alcove that has consistently been used for unlawful and harmful behaviours. The combination of these actions has helped to reduced incidence of substance abuse and drug use on church property.

The Rev. Yanishewski connected with the district health unit and an agreement was reached to have a mobile nursing unit set up in the parking lot of the church twice weekly. This unit offers free health services to the community and is particularly important to the well being of the homeless population who can easily access the van for care.

She encourages churches to consider installing safe disposal bins on church property where public safety is a concern. She notes it is not just to collect needles from drug use, but can also be used to dispose of needles and lances from treating diabetes or other conditions that require the use of needles.

Chalmers Church, London, Ontario

The Rev. John Bannerman is the minister at Chalmers Church in London, Ontario. He attended a talk given at King's University College in London by Dr. Chris Mackie, Medical Officer of Health for London Middlesex. Dr. Mackie's presentation noted the serious nature of the drug problem in London. The Rev. Bannerman writes: "I appreciated that Dr. Mackie spoke [of the need for] an ethic of love as we reach out to those who are addicted to opioids and other drugs and alcohol. I spoke with Dr. Mackie briefly following his presentation and I plan to invite him to speak at one of our Sunday church lunch events later this year."

ARISE Ministry, Toronto

ARISE Ministry offers outreach, case management and spiritual care to individuals involved in the sex trade. ARISE is supported by the Presbytery of East Toronto and The Presbyterian Church in Canada. The Rev. Deb Rapport is Executive Director of ARISE.

The Rev. Rapport shared that in the summer of 2017, three people who were part of the community served by ARISE died from fentanyl-related overdose. Their loss is still being grieved by their community and ARISE staff.

Moss Park, located in the downtown east end of Toronto, has a safe injection site and has saved people's lives. Deb Rapport advises churches to learn more about safe injection sites and their role in reducing deaths related to the opioid crisis. ARISE ministry has naloxone kits. She encourages churches, and the wider community, to acquire a kit and be trained in its use. Kits are available for free in many provinces and public and community health centres can provide training using the kit. Access to naloxone saves lives.

She notes the need for churches to create safe spaces for all people to share their stories and struggles: "Someone may have a loved one struggling with addictions and feel they cannot share their grief and anxieties openly for fear of being judged."

Evangel Hall Mission, Toronto

Evangel Hall Mission (EHM) was founded by The Presbyterian Church in Canada and supports people living with homelessness, poverty and in isolation. It is located in the west end of downtown Toronto. EHM provides safe space, hot meals and support services to individuals who are homeless or who may be living in unstable conditions. Evangel Hall Mission operates an 84-unit apartment

building serving 110 residents and assists people in finding housing and support to stay housed.

Some of EHM's clients, both drop-in participants and residents, are impacted by the opioid crisis. All frontline support staff and EHM management are trained to use naloxone and have taken overdose response training.

EHM provides referrals to doctors, counselors, addictions workers, mental health agencies and information about safe injection sites. A nurse is onsite two days per week. A doctor is onsite during "Out of the Cold" meals. EHM offers its clients and tenants one-on-one support and daily Narcotics Anonymous groups. EHM tenants also have opportunities for eviction prevention supports that include access to safe disposals for needles, etc.

EHM provides pastoral care for its clients including one-on-one meetings, group support meetings, worship and, when needed, memorial services.

EHM sits on the community advisory committee for the new safe injection site that is opening up at the Queen West Community Health Centre. EHM notes that this site is a five minute walk from EHM and will be a very important resource to many EHM clients. EHM was invited onto the community advisory committee because of its pre-existing relationship with Queen West Community Health Centre. The advisory group provides input and advice on identifying benefits and risks to the community, as well as how to make the site effective for people who use it.

EHM says "As a Presbyterian mission, we are proud to be an important part of the community response to the crisis, and to follow in Jesus' footsteps to serve those most in need."

Queen Street East Church and South Riverdale Community Health Centre, Toronto

Across Canada, community health centres provide primary health care. They also function as community hubs, advocating for healthy public policy, encouraging community participation and initiating health promotion programs. Community health centres provide frontline care and a response to public health emergencies. Within the network of these centres, there are staff with longtime expertise in working with communities and populations who are marginalized and vulnerable to health and social crises including people struggling with substance use.

South Riverdale Community Health Centre (SRCHC) is in southeast Toronto and is located beside Queen Street East Church. They are long-time neighbours and have an established relationship.

SRCHC focuses its services on the particular needs of vulnerable populations including people who are poor, precariously housed and struggling with mental

health and/or substance use; have multiple chronic health conditions; and are newcomers to Canada. Because some of SRCHC's clients struggle with substance use issues, SRCHC is focused on building trust with and keeping people alive as the core of the non-judgmental service and approach embedded in harm-reduction and other programs. The ultimate goal is to instill hope and personal agency, and to address internalized and generalized stigma by reinforcing the value, rights and dignity of each person. The centre is often a first point of connection for other health and social services.

SRCHC opened a safe consumption site in November 2017, after navigating a three-year governmental process for approval. This is now part of the longstanding harm reduction program which began as a needle distribution service 20 years ago to reduce the risk of infectious disease transmission (such as Hepatitis C) and in so doing promotes safer, healthier communities. More than 3,000 people use the centre's harm reduction services annually.

"We need to recognize that stigma kills" notes Lynne Raskin, SRCHC's Executive Director, while speaking about the harmful patterns of shame and secrecy that too often prevent people who struggle with substance use and other stigmatizing social issues from connecting with other people and public services. The goal of this work, she emphasizes "is to keep people alive and as healthy as possible so they can continue to make choices in their lives".

Community health centres are in communities across Canada. They are community-governed, connect with their local communities, are welcoming and are excellent resources and community allies.

Knox Church, Vankleek Hill

Vankleek Hill is in Ontario, half way between Ottawa and Montreal. Mr. Verne Gilkes, church elder, is a retired police officer and has noted that while no one in the community has died of an overdose yet, he is concerned about the opioid crisis. After having a conversation with his minister, the Rev. James Douglas, Mr. Gilkes contacted the Eastern Ontario Health Unit and first responders groups, and is setting up a public event about the opioid crisis.

Government Responses

On November 19, 2016, federal, provincial and territorial Ministers of Health, along with community organizations, issued a Joint Statement of Action to Address the Opioid Crisis. The statement was a commitment to improve harm reduction measures including increased access to naloxone, reviewing better treatment options for patients, information sharing and sharing best practices between public health and medical professional agencies (including prescriber and regulatory bodies), and increasing public outreach and awareness. Other aspects of the agreement differ according to jurisdictional purviews (e.g. the RCMP will have different priorities from provincial governments).

Community frontline agencies continue to emphasize the need for access to naloxone and supervised consumption sites. The Government of Canada is reviewing more than a dozen applications for sites across Canada.

Additional Information about Supervised Injection/Consumption Sites

Public health experts advocate for a harm-reduction approach to the opioid crisis. Part of a harm reduction framework includes supervised consumption sites. Some of the public perceptions of these sites were outlined earlier in this report. Scientists at Toronto's St. Michael's Hospital and the University of Toronto conducted a Toronto and Ottawa Supervised Consumption Assessment Study. (Bayoumi and Strike) They concluded that supervised injection/consumption sites could save lives by reducing infections, preventing overdoses and more effectively encouraging people with addictions and connecting them to additional health services and treatment. The study and its conclusions were published in 2012, before the deadly impacts of illicit fentanyl were fully realized. Since that time, and as a direct response to the opioid/fentanyl crisis, beginning in May 2017, the Government of Canada has approved 29 applications for safe consumption sites in Alberta, British Columbia, Ontario and Quebec. Information about this may be found on its website: canada.ca/en/health-canada/services/substance-abuse/supervised-consumption-sites.

An evaluation of the first and longest running permanent safe consumption/injection site in Vancouver estimated that the site saved healthcare money because of fewer overdoses and lower rates of injection-related diseases reduced hospital visits. The site also increased access to methadone treatments. (Bayoumi and Zaric)

One of the conclusions to be drawn from researching the scope and scale of the opioid crisis is that it is not a problem of any one particular group. People in urban and rural communities, of many different backgrounds, from different social and economic groups, struggle with addictions to opioids. In a situation of crisis, we must focus attention on emergency response as well as long term solutions with a focus on saving as many lives as possible.

Additional Information on Purdue's Marketing of OxyContin and How Drug Marketing is Regulated in Canada

It is the responsibility of the government to regulate and ensure that drug products available in Canada are safe and do what pharmaceutical companies say they do. Government and other regulators also oversee how drugs are marketed. Prescription drugs cannot be marketed in Canadian media, except in industry related publications such as medical journals. The Pharmaceutical Advertising Advisory Board (PAAB) is an independent and not-for-profit organization funded on a fee-for-service basis. PAAB has a preclearance from Health Canada for advertising directed to healthcare professionals through outlets such as medical journals, but prescription drugs can be advertised to the

public in the United States and these advertisements reach Canadians through American broadcasters and publishers.

The Regulatory “Grey Area” of Drug Marketing

Since 2000, the University of Toronto has organized a week-long course in pain management for its Health Science students. Between 2002 and 2006, the course was funded by unrestricted educational grants from four pharmaceutical companies, including Purdue. Until 2010, students were given a book on pain management produced by Purdue. An unpaid speaker for the course was on Purdue’s speaker’s bureau. (Lexchin and Kohler)

There is no national body that regulates interactions between physicians and the pharmaceutical industry. The Canadian Medical Association’s “Guidelines for Physicians in Interactions with Industry” are voluntary guidelines.

Each province and territory has medical regulatory authorities. In Ontario, for example, this is the College of Physicians and Surgeons of Ontario (CPSO). Regulatory authorities have the mandate to protect patients and the authority to oversee, investigate and discipline its members. The CPSO has guidelines on physicians’ relationships with the pharmaceutical industry.

What Can You Do?

- If you have concerns about your personal, or a loved one’s, use of prescribed opioids, talk to a doctor. Be informed about risks related to habit-forming drugs, addiction and risks associated with concurrent benzodiazepine or alcohol use.
- If a family member or friend is using opioids and is at risk of an overdose, consider getting a naloxone kit and be trained in its use. Encourage your loved one never to use drugs alone. Caution any loved ones about the dangers of using any illicit drugs and the risk of opioid poisoning.
- Find out what your community’s plan is to address opioid use and look for ways to support it.
- Support your community’s drug strategy if one exists.
- Talk to your community’s public health official. Find out if your community is considering hosting a safe consumption site. Ask how you can become involved.

In Church Life

- Introduce the topic of substance use, addiction, and related issues, in your church. Talk about these challenges. Pray about them. Provide educational materials, such as the resources listed in this report, and other resources. Do not remain silent. Ask questions. Talk to each other and talk to community organizations. Host community conversations.
- Encourage church members to question doctors when pain medications are prescribed. This is not about questioning whether someone needs pain medication.

- The focus is on patient education and care. Ask about side effects, whether medicines have habit-forming qualities, and how long to stay on pain medications.
- Educate your congregation about the risks of keeping unused medications. Most pharmacies will take back unused prescription medication for safe disposal.
 - Host circles and support groups for people struggling with addiction and their families and friends. These circles should be facilitated by experienced volunteers or paid professionals. One way to do this is to contact Narcotics Anonymous about hosting one of their groups; many churches already do this.
 - Compile contact information to programs and services for people in crisis. Ensure church leaders have access to this information.
 - Find out if there is a community health centre in your community. Learn about its work and find ways to support it. You can find information on the website of the Canadian Association of Community Health Centres (cachc.ca). Provinces will also have provincial associations.

Pray

- Pray for people with substance use disorders who may be struggling with addiction or mental health problems; for members of their families; for ministers, counsellors, first responders and other health care providers who provide care for people struggling with pain, trauma, mental illness and addiction.

Educate

- Examine and address your own prejudice towards people who use drugs. Refrain from using words that dehumanize them. They are people with addictions, not addicts or drug abusers.
- Find community groups responding to the opioid crisis and support their work.
- Start a public conversation. Contact your local public health official for resources and information about opioid use. Host a public information event.

Read

- “Lord, when did we see you addicted?” in the December 2017 edition of Sojourners for information about church responses to the opioid crisis in the United States.
- The Globe and Mail articles “How Canada got addicted to fentanyl” and “How a little-known patent sparked Canada's opioid crisis” to learn about the growth of opioid use in Canada and Purdue Pharmaceutical’s role in the Canadian opioid crisis. These articles are available on The Globe and Mail’s website at theglobeandmail.com.
- Do a web search on “church responses to the opioid crisis”. Many faith organizations have additional resources and suggestions.

Advocate

- If your community is applying for either a temporary overdose prevention site or a more permanent supervised injection site, find out how you can help to support this, as well as other efforts to expand harm reduction services.
- Advocate for stigma-free access to pain management, community withdrawal programs and rapid access treatment services in your community.

Recommendation No. 5 (adopted, p. 13)

That the Moderator write to the federal and provincial Ministers of Health affirming the decisions to approve safe consumption/injection sites as a life-saving measure in the opioid crisis in Canada.

Recommendation No. 6 (adopted, p. 13)

That the Moderator write to provincial Ministers of Health inquiring about their plans to improve access to and funding for addiction treatment services.

Recommendation No. 7 (adopted, p. 13)

That the Moderator write to the federal Minister of Health asking that Health Canada to 1) set stronger print marketing regulations for drugs with habit-forming properties that have a high level of potential for abuse and 2) provide procedures for medical professionals to register complaints with Health Canada about prescription drug print ads.

Recommendation No. 8 (adopted, p. 13)

That the Moderator write to the federal Minister of Health affirming Health Canada's decision that warning stickers will be mandatory with all dispensed prescription opioids as well as a handout for patients.

Recommendation No. 9 (adopted, p. 13)

That the Moderator write to the Canadian Medical Association inquiring how the association assesses the impact of its voluntary "Guidelines for Physicians in Interactions with Industry".

Recommendation No. 10 (adopted, p. 13)

That the Moderator write to provincial and territorial medical regulatory authorities (Colleges of Physicians and Surgeons) inquiring how they assess the impact of their policies and guidelines for physicians' interactions with the pharmaceutical industry.

Recommendation No. 11 (adopted, p. 13)

That congregations assess the need to keep a naloxone kit on church property, ensuring that staff and/or volunteers are properly trained in its administration (if a kit is procured) as a life saving, harm reduction measure.

Recommendation No. 12 (adopted, p. 13)

That congregations assess the need for safe disposal sites on church property, as a harm reduction measure.

Recommendation No. 13 (adopted, p. 13)

That congregations wishing to learn more about responses to the opioid crisis in their community be encouraged to contact their local Medical Officer of Health, Public Health Office or their community health centre.

Recommendation No. 14 (adopted, p. 13)

That the above report and recommendations be the response to Overture No. 2, 2018 re resources to assist in responding to the opioid crisis.