Recommendations for Standing Committee on Health – regarding Methamphetamine

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The following are recommendations which we provide from our collective experience, but do not necessarily represent the opinions of any organization with which we are affiliated. They have been organized in accordance with the organization of the Canadian Drugs and Substances Strategy.

Prevention:

- In an effort to acknowledge both the harms of economic adversity and the inter-generational harms from colonization, Adverse Childhood Events (ACES) be used as a tool to both understand the effects on individuals, and also to build on promising experiences as a basis for interventions in schools.

Treatment:

- That policies and practice place more emphasis on continuity and aftercare in an effort to help individuals be more successful on their recovery journey.
- That policies and practice appreciate that while there may be specific approaches for certain addictions (such as Opiate Agonist Therapy for opiate use disorder), co-occurring or sequential abuse of other substances is the norm for any substance use disorder such as methamphetamine. As such, general addiction services need support, not just services targeting a single agent.
- That policies encourage (possibly require) that medical stabilization of addiction, such as Opiate Agonist Therapy (methadone and buprenorphine/naloxone), be allowed and supported in residential treatment facilities supported by the Federal government and its agencies.
- That with increased use of stimulants such as methamphetamine, there would be benefit for more immediate access to care from the Emergency Department to reduce demand on inpatient psychiatric units

Enforcement:

- That options other than incarceration for drug offences be expanded and encouraged (such as Drug Courts and Diversion programs)
- That a formal evaluation of the Portugal experience in de-criminalization be considered by Health Canada along with the Department of Justice as a means to reduce incarceration and re-direct funds to drug treatment.
- That targeted funding be provided to police services to help manage social disruption associated with methamphetamine use, but not necessarily increasing incarceration (such as around Sheldon Chumir Health Centre in Calgary).

Harm Reduction:

- That Harm Reduction discussions be promoted for individual Bands to consider if this may be supportive of current abstinence-based strategies or otherwise helpful in their particular context.

- That Bands be encouraged to work with local harm reduction agencies if they are not already connected, especially as this facilitates help both on and off reserve.
- That there be venues for Indigenous communities to share promising approaches such as the Blood tribes' Supervised Withdrawal Site.

Evidence:

- That Bands (and larger Indigenous organizations), provinces and the Federal government continue to develop collaborations to track Indigenous persons and health interventions on and off reserve. This can facilitate development of the most effective interventions, be it for addiction or other medical and social concerns.
- That there be regional and national venues / mechanisms to share new and promising practices for prevention and treatment within Indigenous communities.

Funding:

- That there continues to be efforts to improve health-related travel arrangements for Indigenous persons (especially on reserve) and continue to develop remote approaches such as videoconference / telehealth visits. It would be ideal if some of these could be arranged from the person's home (understanding that information security is a concern).
- That collaboration between Federal, Provincial and Bands continue to work to develop community-directed health solutions with control of the funding being as close to home as is feasible.