

Consolidating perspectives on the nature of Saskatoon's evolving opioid crisis: Final project summary

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Background to Project

The aim of the *Consolidating perspectives* study was to bring information and perspectives together regarding the evolving opioid crisis in Saskatoon. It was driven by anecdotal evidence that our perspectives on the nature of the opioid crisis vary considerably, making timely and adequate responses more difficult.

The study sought to address three key research questions:

1. What is the current nature of the opioid crisis in Saskatoon?
2. What do key stakeholders perceive as contextual influences affecting opioid use in Saskatoon? Do stakeholders consider those influences modifiable?
3. How can stakeholders better share information and knowledge of opioid use? What research is needed?

This project began with an extensive literature review on opioid use, which revealed three main themes of research in this field: observations of the current crisis; influences affecting the nature of the crisis; and scans of current responses. Using information gleaned, the research team conducted interviews with local stakeholders connected to or working within the continuum of care for people who use drugs in Saskatoon and area. Using snowball sampling and direct referrals, 21 interviews were conducted with 24 total participants. Additionally, publicly available administrative data on opioid usage from various sources was gathered.

During analysis, the research team identified key themes from interviews and summarized them. The administrative data were compiled into a single “snapshot” of opioid usage in Saskatoon and Saskatchewan. These summaries were presented in a discussion document and shared with interview participants prior to a stakeholder forum on October 29th, 2018. A final

revised technical report reflecting the full results of that process is available upon request (contact James Dixon at james.dixon@usask.ca).

This abridged document provides an overview of the proceedings at the forum and summarizes the conversations that took place.

Summary of Technical Report

Nature of the Crisis

The interviews yielded a multitude of descriptions of the overall nature of the opioid crisis experienced by people in Saskatoon. These included:

- 1. *There is no 'opioid' crisis*** but rather there is a high usage of crystal methamphetamine in Saskatoon which needs to be addressed in any response.
- 2. *The crisis is about the arrival of fentanyl*** because the nature of the drug accelerates and increases the harms from use. I.e.: Immediate overdose or death.
- 3. *The crisis is about the lack of systematic response*** and participants called for better coordination between service providers, government, community organizations, advocates, and people who use drugs.
- 4. *There is a different crisis being experienced on the East-side vs West-side*** as described as the 'atypical' drug user (young, male, white, east-side dwelling, recreational oral and nasal use) and the 'typical' drug user (male, west-side dwelling, Indigenous ancestry, injection use). It was described as important to address the needs of all people affected in any coordinated response.
- 5. *The prescription opioid crisis is being addressed*** but there is more to be done and better pain management is needed.
- 6. *Insufficient preparation likely to mean a crisis is coming*** but it was also suggested harms can be reduced through well-designed intervention and outreach services at the program level and increased availability of health and social service provision at the systems level.

Contextual Factors Influencing the Crisis

Social Influences

Participants identified many social determinants of health as influencing opioid use including housing, transportation, gender, race, food security, income, childhood experiences, historical trauma, coping skills and behaviours, and access to appropriate health or support services. Mental health challenges were described as one major link between these determinants and opioid use (and drug use more generally). These factors led participants to describe the need for increased awareness and education on the realities of drug use to reduce stigma held by the general public and professionals whose work is implicated by the crisis.

Political Environment

Funding was reflected as a key mechanism by which governments implement decisions. The majority of respondents recognized a lack of funding from various levels of government as a major barrier for addressing the crisis. Public perception and competing priorities of governments were suggested as reasons for this. It was recognized that government decisions were made for political security and to maintain power, relying on short term “band-aid” solutions to the crisis over long term, evidence-informed strategies. Participants called for governmental commitments to service providers by increasing funding for sustainable staffing and a coordinated provincial response plan that brings all involved parties to the same table.

Economic Factors

Participants noted how profits and profit-oriented systems have driven the crisis via the influence of business improvement districts, the current fee-for-service health care model, the role of the pharmaceutical industry, and the local and national illicit drug market. A legal drug supply was noted as a significant action to address some of these factors while also reducing enforcement and health costs.

October 29th Forum

Participants

Nineteen stakeholders took part in the forum on October 29th. Participants represented various service providers along the continuum of care, policy makers at the municipal and provincial level, media representatives as well as advocates from various organizations.

Methodology

The forum utilized the methodology of a World Café where individuals engaged in four separate conversations facilitated by research team members. The conversations were guided by these questions:

1. What actions might mitigate the impending tsunami¹?
2. How can stakeholders better share information and knowledge of opioid use? What else do stakeholders need to know?
3. If you could change ONE thing influencing the use of opioids what would that be? Why?
4. Are we thinking “big enough” in our understanding and response to opioid use? What is missing from the conversation we are having about opioids?

At the end of these conversations, facilitators consolidated prioritized topic areas into key themes to address the guiding question. These key themes were then presented to the larger group. These themes have been summarized in the following section.

¹ This question was developed based on a key theme in the interviews of a ‘tsunami’ wave-like crisis about to engulf the province of Saskatchewan.

Conversation Conclusions

Interestingly, similar discussions had taken place at each table and could be summarized into four key actions needed to address the opioid crisis in Saskatoon. The need for actions to be data-driven, sustainably funded, conducted with meaningful engagement of both Indigenous leadership and community members as well as people with lived or living experienced underpinned each of the identified action items.

Coordination of Service Providers

Lack of coordination between service providers was noted as the biggest challenge affecting responses to opioid use in Saskatoon. Participants called for greater communication among service providers, and more timely and agile sharing of information and data among organizations and governments. A network or coalition was suggested as a means to coordinate information sharing among stakeholders and advocacy efforts for change at government or systems levels.

One Stop Shop

Participants called for a coordinated low-barrier, 24-hour service delivery centre where clients would be able to access services needed all in one location. Services mentioned included harm reduction, health, treatment, housing, and employment support.

Awareness Raising

Participants noted that responding to opioid use in the province could be improved through culture change as a means to reducing stigma and increasing community support for people who use drugs and the organizations serving them. This was seen as necessary for political change, and an awareness raising campaign and public education were considered routes to building public support.

Response Plan and Long-Term Strategy

Service providers noted the need for a coordinated multi-pronged approach to address opioid use. They highlighted that this response plan would need to be housed in the provincial government and should include specific indicators, detailed service provision approaches, means of communication between stakeholders, and financial support for intervention strategies. Further, addressing HIV, mental health, and drug use more generally should also be considered in this strategy.

Future Action

Major action items from this project call on the Saskatchewan Government to develop a long-term collaborative strategy that integrates the abovementioned four areas. These four areas can be understood along the continuum of care as denoted in the attached graphic.

Practice Actions to Address Saskatoon's Evolving Opioid Crisis Along the Continuum of Care

Through conversations with participants in this study, the research team saw a reflection of recommendations along the continuum of care. Although this diagram presents a linear continuum of care, we understand the continuum steps often overlap and are cyclical in nature. Importantly, for each action item, participants highlighted the need for all interventions to be data-driven, sustainably funded, and conducted with meaningful engagement

