



# BILL C-37: AN ACT TO AMEND THE CONTROLLED DRUGS AND SUBSTANCES ACT AND TO MAKE RELATED AMENDMENTS TO OTHER ACTS

Brief for the Standing Committee on Health

February 2017

# Background

This brief was prepared by the Canadian Nurses Association (CNA) for consideration by the House of Commons Standing Committee on Health with regard to its study of Bill C-37, *An Act to amend the Controlled Drugs and Substances Act and to Make Related Amendments to Other Acts*.

Registered nurses (RNs) and nurse practitioners (NPs) have a responsibility to provide appropriate, non-judgmental care to all individuals regardless of setting, social class, income, age, gender or ethnicity. Because they are often the primary point of access to health care for individuals who use illegal drugs, the care RNs and NPs provide serves to decrease some of the other harms of drug use.

Using harm reduction services, including supervised consumption sites (SCSs), RNs and NPs reduce overdose-related deaths. SCSs allow these nurses to provide care in a safe environment, without which they end up delivering care “in back alleys and/or housing facilities where people often stay in unsanitary and crowded conditions.”<sup>1</sup>

While CNA supports the majority of the proposed amendments to Bill C-37, further amendments are needed to prevent additional delays in opening SCSs, particularly during the current opioid crisis. This brief will therefore focus on the importance of removing procedural barriers related to such openings.

While Bill C-37’s proposed amendments to the *Controlled Drugs and Substances Act* intend to remove these same barriers, a more immediate response to Canada’s overdose epidemic is necessary.

## Recommendations

CNA supports the recommendations related to section 56.1 as set forth in the Pivot Legal Society’s *Brief to the Standing Committee on Health on Bill C-37* (February 6, 2017), which provide mechanisms to enable greater access to essential services during the opioid crisis.

Increasing access to these life-saving services will not only help individuals who are grappling with problematic substance use and addiction. It will also assist first-responders and acute care facilities in addressing non-opioid, epidemic-related health issues to help the wider population.

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<sup>1</sup> (Canadian Association of Nurses in HIV/AIDS Care, 2014, p. 4)



# Conclusion

As CNA has said, “a government truly committed to public health and safety would work to enhance access to prevention and treatment services — instead of building more barriers.”<sup>2</sup> While Bill C-37 as currently written is a great improvement on previous legislation (Bill C-2), further action is urgently needed to open more SCSs.

Removing these remaining barriers will enable us to support the individuals, families and communities affected by problematic substance use. In activating the proposed mechanisms to provide these essential harm reduction services, we are responding appropriately to a national public health crisis. In addition, while providing services in prevention, overdose first aid, and health and recovery, we will alleviate some of the burden on first responders and acute care facilities whose resources can be used to address health needs for the rest of the population.

Removing all unnecessary barriers that would allow us to address the current opioid crisis is a solution that will benefit everyone in Canada.

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<sup>2</sup> (CNA, 2015, para. 2)



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