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# 2018 Law Enforcement Roundtable on the Opioid Crisis

## Meeting Summary



Canadian Centre  
on Substance Use  
and Addiction

Canada 

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## MEETING SUMMARY

### Introduction

Canada is facing an urgent challenge to reduce the harms associated with opioids. Much action is taking place across the country to respond to the current epidemic. Sharing information and lessons learned is critical to ensure that our country can develop and implement effective policies, programs, and practices to address the opioid crisis.

In March 2018, the Canadian Centre on Substance Use and Addiction (CCSA) hosted two back-to-back events on opioids to provide a comprehensive overview of the crisis and to discuss solutions. The first event, the Law Enforcement Roundtable on the Opioid Crisis, focused on the law enforcement efforts to combat the opioid crisis and will be discussed later in this summary. The second event addressed the four pillars of the Canadian Drugs and Substances Strategy (CDSS) from a health perspective.

With support from Public Safety Canada, the Law Enforcement Roundtable on the Opioid Crisis brought together representatives from the Royal Canadian Mounted Police (RCMP), Canada Border Services Agency, provincial and municipal police services, First Nations police, national organizations and academia, as well as senior government officials, to discuss responses to the opioid crisis. (See Appendix A for a list of organizations represented at the meeting).

The objectives for the day were:

1. To identify best practices that are being used in North America to respond to the opioid crisis;
2. To explore the applicability of these initiatives to other jurisdictions; and
3. To uncover the knowledge gaps that require attention.

### Opening Remarks

The Honourable Ralph Goodale, Minister of Public Safety and Emergency Preparedness, opened the Roundtable by reminding attendees that individuals of all races, genders, and socioeconomic statuses are affected by the opioid crisis. He stated that it is critical that our response includes supply interdiction by law enforcement and border services. He also stated that law enforcement have a role to play in working hand-in-hand with public health and social services to reduce stigma, increase access to treatment, and address the underlying causes of opioid use disorders.

Minister Goodale outlined the significant investments that have been made by the federal government to improve services, as well as some of the legislation that has been passed to respond to the opioid crisis, including the *Good Samaritan Drug Overdose Act* and *Bill C-37: An Act to amend the Controlled Drugs and Substances Act and to make related Amendments to other Acts*. He indicated that the Government of Canada is committed to a comprehensive, compassionate, and evidence-based response.

## **Highlights and Key Themes**

Throughout the day, presenters shared their expertise with participants, highlighting best practices, challenges, and opportunities. A series of six breakout sessions allowed smaller groups to have in-depth conversations about particular topics and plenary sessions brought the group back together as a whole to share key messages. Themes emerging from the Roundtable discussions are summarized below.

### **Production**

When it comes to production, there are a number of notable observations. China has been identified as the main source country of fentanyl found in Canada. In the Dominican Republic, police investigations in laboratories revealed that pill presses were being used. In Mexico, precursors were found during searches, suggesting that fentanyl is also being synthesized in the country. Domestically, laboratories producing fentanyl have been found in British Columbia, Alberta, and Quebec. Sophisticated, international drug traffickers operated some of these laboratories, whereas others involve “criminal entrepreneurs” defined as individuals who have an expertise in chemistry related to methamphetamines and are transferring their knowledge to develop fentanyl. These laboratories are often identified by tracking the purchase of the substances that are precursors to fentanyl.

### **Trafficking**

While some organized crime groups are dealing fentanyl, large cartels do not play a major role in fentanyl trafficking. Cartels and organized crime operations have large supply chains and distribution networks because they need to sell large quantities of the substances to turn a profit. The logistics of importing and distributing such high volumes mean that only a few groups are able to take on this role.

Because of its potency, fentanyl is moved using other methods. Small amounts of fentanyl can be imported and then cut into other drugs to increase volume. Fentanyl is also easily obtained from the dark web and transported through the regular mail service. Typically, fentanyl traffickers use the drug themselves or are mid- to low-level traffickers. Cartels may not get involved with fentanyl because it is too difficult to eliminate other potential competitors who are able to obtain small, potent amounts and because fentanyl-related cases attract significant media attention, increasing the risk of detection. Furthermore, while authorities are attending to fentanyl related matters, organized crime groups are provided the opportunity to traffic other substances (e.g. cocaine) with less risk of detection.

Importantly, the high profit margins associated with selling fentanyl may entice organized crime groups to become more involved in selling this substance in the future. Fentanyl is favoured by traffickers due to its ease of distribution—it is easy to source and import.

### **Detection**

Multiple conversations examined the difficulty of detecting fentanyl given that it is often shipped to Canada in small quantities. Legislative changes as a result of Bill C-37 respond to this challenge by allowing border agents to inspect packages smaller than 30 grams, which they previously could not do. Enforcement officials indicated that investigative techniques will have to adapt as they are no longer searching for large quantities of a substance to identify distributors; the potency of fentanyl means that small volumes are now of concern.

## **Penalties**

As the opioid crisis continues in Canada, there has been an increase in the number of fentanyl cases heard in court. A database has been established to compile information related to fentanyl cases, including sentencing decisions and expert reports from chief medical examiners (namely in Alberta, Ontario, and British Columbia) which provide coroners statistics on overdose deaths and community impact reports to demonstrate the magnitude of cases involving fentanyl trafficking. Eighty sentencing decisions have been included in the database since 2014.

Prosecution strategies are evolving beyond the Controlled Drugs and Substances Act (CDSA) and now include charges under the Criminal Code. To further deter traffickers, charges related to fraud, robbery, and manslaughter are being added. However, it should be noted that it is difficult to convict traffickers of manslaughter because it has to be proven that the trafficker knew a substance could be lethal. Our judicial system must demonstrate an appreciation for the complexity of these situations, suggesting that where dealers indicate that the drug is potentially fatal, they may do so as a warning and not due to a lack of concern for life.

Drug Treatment Courts, where individuals charged with possession are referred to treatment instead of the judicial system, are being scaled up in some areas. There are also efforts taking place inside correctional facilities to provide take-home naloxone kits to individuals before their release. The kits are valuable to those whose tolerance to substances has decreased while incarcerated and are at particular risk of an overdose upon release if they resume pre-incarceration levels of drug use.

## **Enforcement as a Conduit to Treatment**

Throughout the day, participants underscored the importance of police officers' role in connecting individuals experiencing harm and the services that can help. Referring to the practice as "social referral," officers spoke of helping people into treatment not just before and after arrest, but also through interactions they have with the same people regularly. By connecting with individuals they see often, officers can gauge their readiness for treatment and then be the "open door" when they are ready to receive help. Partnerships between enforcement and the health system are also required to ensure enforcement agents can access the appropriate services for their clients when the right moment comes.

For law enforcement to serve as a conduit to harm reduction and treatment services, dedicated resources for enforcement initiatives are needed. For instance, participants mentioned that First Nations police agencies do not have the funding for drug enforcement officers, yet 60% of some communities in Northern Ontario are on Suboxone treatment, indicating a dire need for attention to this issue.

## **Stigma**

Stigma is an enormous barrier to individuals seeking and maintaining treatment; this was highlighted in multiple sessions. Furthermore, there is a predominant focus on "abstinence only" or abstinence-based treatment, which reinforces this stigma. In this sense, stigma breeds opposition to life-saving harm reduction measures. Not only is there a need to address stigma in the medical and law enforcement communities, but also among the general public.

Language is extremely important in addressing stigma. Throughout the day, the importance of using people-first language (e.g. “people who use drugs” as opposed to “addicts” or “users”) was emphasized.

## **Collaboration**

Many communities have formed committees or task forces to share information and keep abreast of the evolving situation. These groups, which often include law enforcement, other first responders, people with lived and living experience, medical professionals and so on, meet regularly to review “hotspots” where concentrations of overdoses are occurring to identify areas where a greater government response is required or where additional enforcement training is needed.

Presenters emphasized the importance of establishing these relationships and response mechanisms early on, even if they are not currently needed in the community. Representatives from British Columbia recounted how they were lagging behind the crisis for some time, having taken them more than a year to establish appropriate supports. They urged other jurisdictions, even those not currently experiencing the crisis to the same extent, to plan and establish wrap-around approaches now so that they are able respond efficiently and effectively if overdoses begin to occur. For example, a plan needs to be in place to move health services to areas where there is an increase in overdoses, as evidenced by a spike in emergency department visits or paramedic calls.

Community-based partnerships can also prevent future overdoses. For instance, in New York City, 40 different agencies look at the same map of overdose occurrences to implement intervention strategies. At one point, a fatal overdose in a homeless shelter prompted immediate action. Within 30 days, all shelters in the area were equipped with naloxone and staff had been trained to administer it.

International partnerships are also critical. Information is being shared among the United States, Mexico, Canada and China, and a memorandum of understanding has been established between the latter two countries to address the distribution of fentanyl.

## **Timely, Accurate, Imperfect Data**

A clear understanding of a particular problem is needed in order to respond appropriately. This is exceedingly difficult in the context of the opioid crisis given its complex, ever-evolving nature. Some jurisdictions are making strides in collecting data to get a clearer picture. New York City officials established a partnership where the medical examiner’s office provides information on probable fatal overdoses to first responders on a daily basis. This information is typically 90% accurate and, while not perfect, it allows for the identification of pockets of activity so that responses can be rolled out in an expedient manner.

The way information is obtained about substances seized during police operations also needs to change to respond to the current climate. The focus is currently on large shipments, but fentanyl imports often occur in small shipments, so these practices need to be reprioritized. Additionally, the analysis of seized substances can be quite slow unless there is an impending court date. Due to the potential fatality fentanyl carries, results from analyses need to be provided more quickly.

## **The Role of Community**

Presenters spoke to the important role that community plays in responding to the opioid crisis. For instance, the U. S. Drug Enforcement Agency has a 360-degree strategy that involves law enforcement, diversion and community outreach. After law enforcement stems the supply of drugs in an area, their role shifts and they provide support to the community in their efforts to take ownership of their neighborhoods and make changes to prevent further opioid-related issues.

### **Highlights from Breakout Sessions**

#### **Breakout 1: Reducing the Stigma**

- The opioid crisis can be understood as a crisis of contaminated supply. As such, the opioid response can be aligned with any other public health response, such as that which is used to address water contamination.
- Problematic substance use is a public health issue, not a criminal justice issue. Stigma prevents people from reaching out for help.
- Language matters. Speak about people first, with compassion and respect.

#### **Breakout 2: International Law and Border Security Enforcement**

- There are significant gaps with respect to information sharing. Municipal and provincial authorities do not have access to federal databases and vice-versa.
- Information-sharing with the Financial Transactions and Reports Analysis Centre of Canada (FINTRAC) has a dollar value threshold. Because fentanyl transactions do not reach this amount, they are more difficult to detect.
- While international mail suspected of containing illicit substances can be intercepted at the border, authorities are not able to conduct a search of domestic mail.

#### **Breakout 3: Role of Organized Crime**

- Criminality associated with drug trafficking manifests in many ways (e.g. gun violence is often linked to opioids). Strategies and intelligence should address the four main pillars of criminality: gangs, violence, firearms, and drugs.
- Most enforcement agencies are using existing resources in dealing with this crisis; however, more intelligence is needed to assess the issue and support the development of new strategies.
- Rather than being involved in the distribution chain, traditional organized crime groups may be involved in violent intimidation and taxing of those who are dealing opioids.
- The RCMP is building its capacity to address Dark Web marketplace for fentanyl; however, there is a need to invest more resources here.

#### **Breakout 4: Enhancing Collaboration**

- There are significant barriers to accessing treatment. Often there is no simple entry point, treatment-on-demand is rarely available, and individuals may lack insurance coverage or ability to pay for costly services. Shame and stigma compound these issues when seeking help.
- Examples of programs that address these barriers through increased collaboration between health services and law enforcement include:

- **Gloucester’s ANGEL Initiative** – This project established the local police department as a point of access to treatment. Individuals arriving at the station can ask for help to address their drug use and receive a direct referral to treatment without fear of prosecution.
- The **Arlington Outreach Initiative** - Provides proactive outreach to known substance users to support them in developing a plan to help keep them safe, facilitate recovery, and connect their support networks with services.

#### **Breakout 5: Indigenous Communities**

- There are not enough resources to do integrated police work in Indigenous communities. Instead, First Nations police services are only able to do reactive police work.
- Much of the policing that occurs in Indigenous communities is of a westernized-nature. Given the high rates of incarceration among Indigenous people, this may indicate that these methods are ineffective.
- There is limited enforcement capacity to address the opioid crisis among other issues plaguing Indigenous communities, but these communities also have limited medical capacity. As such, they are not well positioned to address a potential wave of overdoses.
- It is important to recognize that the issues that First Nations people face are longstanding and systemic. In order to develop a more holistic approach to the opioid crisis, water, employment, and housing issues must also be addressed through sustainable, long-term partnerships.

#### **Breakout 6: Legislative Tools**

- Bill C-37 includes amendments to the *Controlled Drugs and Substances Act (CDSA)*, the *Customs Act* and other related acts to better equip officials to respond to the opioid crisis. However, there are some remaining gaps to be addressed.
- For instance, while border officers are now able to intercept and open international mail of any weight, domestic mail remains a challenge as law enforcement do not have the same authority.
- With respect to pill presses, there is some concern that simply having to register these devices is not enough. Conversely, there is also some concern that there is a lack of evidence to suggest that more stringent controls would contribute to supply reduction.
- There is a question of whether officers are expected to be experts in determining whether an overdose situation exists and thus whether the Good Samaritan Law applies.

#### **Recommendations**

Information exchanged throughout the day allowed officials from across North America to learn about best practices. Discussions indicated that continued investment in enforcement efforts is a critical component to combatting the opioid crisis. Several recommendations for action moving forward were identified. These include:

1. Increasing the availability of treatment-on-demand and building law enforcement capacity to facilitate access to these services.
2. Allocating more resources to do integrated police work in Indigenous communities. There is limited enforcement capacity to address opioids and other issues plaguing these communities.



3. Addressing the stigma associated with drug use. Confronting stigma among law enforcement will allow these first responders to better serve as a conduit to treatment and harm reduction services.
4. Ensuring individuals with living or lived experience are a part of the conversation around opioids. Ultimately, their input must inform decision making.
5. Immediately establishing comprehensive plans to respond to fentanyl and related substances in communities across Canada even if it is not currently a concern in a given area.
6. Bringing awareness to sentencing practices in fentanyl trafficking cases. In drug trafficking cases, fentanyl is considered an aggravating factor and as such, sentences for trafficking fentanyl have become more severe. Because this may have a deterrent effect, the message should be communicated broadly.
7. Addressing the need to clearly communicate the purpose and intent of the *Good Samaritan Drug Overdose Act* to the public, to clarify when it applies, and how overdose is defined.
8. Increasing collaboration at all levels. It is important that information is available to all partners as needed to take appropriate, coordinated action.

The day concluded with remarks from the Honourable Bill Blair, Parliamentary Secretary to the Minister of Justice and the Minister of Health, who stated that a compassionate and comprehensive, caring approach is required to end the devastation of the opioid crisis.

## **Appendix A: Organizations Represented at the Roundtable**

Abbotsford Police  
Akwasasne Mohawk Police Service  
Anishinabek Police Service  
British Columbia Police Services  
Calgary Police Service  
Canada Border Services Agency  
Canadian Association of Chiefs of Police  
Canadian Centre on Substance Use and Addiction  
Canadian Firearms Advisory Committee  
Canadian Municipal Network on Crime Prevention  
Centre for Addiction and Mental Health  
Community Addictions Peer Support Association  
Department of Homeland Security Attaché  
Department of Justice Canada  
Drug Enforcement Agency  
Financial Transactions and Reports Analysis Centre of Canada  
Government of Ontario  
Health Canada  
King's University College  
Moms Stop the Harm  
New York City District Attorney  
Nishnawbe-Aski Police  
Ontario Provincial Police  
Ottawa Police Services  
Peel Regional Police  
Peterborough Police  
Policing Services and Public Safety Manitoba  
Public Prosecution Services of Canada  
Public Safety Canada  
Regina Police Service  
Royal Canadian Mounted Police  
Statistics Canada  
St'atl'imx Tribal Police  
St. Michael's Hospital/University of California San Diego  
Thunderbird Partnership Foundation  
University of Alberta  
University of Saskatchewan