



# Substance Use and the Climate Emergency

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The COVID-19 pandemic brought to the forefront the impact that public health crises outside of the substance use field can have on people who use drugs. Another crisis – the climate emergency – is already significantly impacting the health and well-being of people who use drugs. The most vulnerable in our communities are the most affected by the climate emergency, and this vulnerability is exacerbated by broader issues, including the current toxic drug crisis.

This brief is a preliminary exploration of how the climate emergency and people who use drugs interconnect. It considers both the impacts of acute climate-related disasters (such as wildfires, floods and droughts) and the slower, long-term impacts of the climate crisis (such as biodiversity loss, hotter weather and loss of Arctic ice) on substance use (European Commission, n.d.). The brief looks at lessons learned from COVID-19 disruptions and how we can apply these lessons to abate the impacts of the climate emergency on people who use drugs. It concludes with policy recommendations that seek to reduce the compounding impacts of the climate emergency and the drug toxicity crisis to improve the health, well-being and safety of people who use drugs.

This brief draws on the immediate lessons learned from the COVID-19 pandemic as a model for crisis response and the minimal existing research on the intersection of the climate emergency and people who use drugs. Policy recommendations that can be implemented immediately are highlighted, but additional research and action are needed, particularly as the climate emergency and its impacts are better understood. To effectively mitigate the impacts of the toxic drug crisis and climate emergency, any work beyond this introductory brief must centre the voices of people who use drugs from an intersectional perspective.

## Background

In 2022, the Intergovernmental Panel on Climate Change (IPCC) released a report stating that the Earth is on course to reach or surpass 1.5 degrees Celsius of warming above preindustrial levels within the next two decades. This increase will result in rising sea levels, causing severe and catastrophic weather events to happen more often.

Coinciding with the IPCC's report, we have seen the very real impacts of the climate emergency, such as increases in the number, size and severity of forest fires in Canada in 2023. These acute climate-related disasters disrupt people's daily lives and can displace them from their homes and communities for indefinite periods of time. In 2021, access to opioid agonist treatment was disrupted in British Columbia because of flooding (Wyton, 2021).

Disruptions in the availability and access to substances have been directly linked to the increased toxicity in the drug supply (Ali et al., 2021; Canadian Community Epidemiology Network on Drug Use, 2020). Climate-related disasters can disrupt supply chains in places where the unregulated drugs



come from (where the drugs are manufactured or key ingredients grown), potentially changing the supply of drugs across Canada (James, 2022). Local acute climate-related events can also affect drug trafficking routes and cause delays in transport causing changes in the usual supply, both in quantity and in quality (Wyton, 2021). These effects show that climate-related events can and will disrupt both access and supply.

Research has begun to explore how climate-related events impact and influence mental health and substance use (Vergunst et al., 2022). Discussions include a statement by the American Psychological Association around a potential link between substance use disorders and a rise in mental health disorders due to the climate emergency. These mental health disorders are caused by psychological and emotional responses to the toll of the climate crisis and include climate anxiety (stress caused by threats to the environment) and climate grief (grief due to ecological loss) (Cunsolo et al., 2020; Swim et al., 2011). Substance use, including but not limited to substance use disorders, can also affect people's health and well-being through acute and chronic illnesses, which can be exacerbated by extreme weather and reduced access to care during climate-related disasters. Also, since people who use drugs are at higher risk of being criminalized, being involved in the criminal justice system, and having criminal records, they can experience greater barriers in accessing housing and shelter to protect themselves from environmental changes and disasters. All these factors can be exacerbated by the uncertainty of the climate emergency.

### **Lessons from the COVID-19 Pandemic**

The climate crisis is characterized by severe weather events, such as floods and wildfires, which we refer to here as acute climate-related disasters (Bergquist et al., 2019; Ebi et al., 2021; National Academies of Sciences, Engineering, and Medicine, 2016). The climate emergency can also have slower, long-term impacts, such as biodiversity loss, hotter weather and loss of Arctic ice, that can and will shift climates, geography and populated areas. These impacts can cause disruptions in the access to and supply of pharmaceuticals, increase the use of the toxic unregulated supply as an alternative, and interrupt access to care and services that people who use drugs rely on (Clayton et al., 2021).

COVID-19 was a significant public health threat that was coupled with severe social and geographical restrictions. As a result, we saw increased substance use and worsening mental health among a notable proportion of the population (Roberts et al., 2021). Like the COVID-19 pandemic, the climate crisis is an emergency event with public health threats and threats to social connections and geographical mobility. Given the similar impacts of the COVID-19 pandemic and the climate emergency, the lessons we learned from the pandemic can be used to plan for climate-related disruptions.

### ***Opioid Agonist Treatment***

Opioid agonist treatment (OAT) is a highly regulated and effective treatment used to prevent withdrawal and reduce opioid-related cravings. OAT includes methadone and buprenorphine, which are long-acting opioid drugs that can replace short-acting opioids and prevent withdrawal without causing a high due to their slow-release properties (Centre for Addiction and Mental Health, 2016). It reduces the risk of opioid-related deaths and harms, withdrawal, and cravings for opioid drugs. People who use OAT commonly access it daily in community pharmacies (Sproule & Zhang, 2021). In addition to the systemic barriers to accessing a stable prescription for OAT, before the COVID-19 pandemic it took a well-maintained record of attending the pharmacy daily for dosing and clearing urine drug screening to be given access to take-home OAT.



With the COVID-19 outbreak and its subsequent physical distancing protocols, access to treatment and availability of providers were immediately disrupted. As a result, the federal government announced a temporary Section 56 exemption of the *Controlled Drugs and Substances Act*. This exemption facilitated access to OAT during this time of disruption (Health Canada, 2021). The intent of the exemption was to support practitioners and pharmacists in providing continuity of care for patients who received controlled substances, such as OAT, within the public health restrictions of the COVID-19 pandemic.

The exemption allows prescribers to provide verbal prescriptions for certain controlled substances to pharmacists. It also allows pharmacists to extend and renew prescriptions of controlled substances, transfer prescriptions of certain controlled substances to other pharmacists, and allow pharmacy employees to deliver certain prescribed controlled substances, including OAT, to patients' homes or stated locations (College of Pharmacists of British Columbia, 2021). These changes came alongside provincial and specialist guidelines in multiple jurisdictions to accelerate the provision of take-home doses for people with existing OAT prescriptions rather than the traditional expectation of daily visits to the pharmacy.

Research conducted by St. Michael's Hospital of Unity Health Toronto reviewed the impact of these exemptions and supporting guidelines to see whether access needs were being met without causing additional harm (Bouck et al., 2022). The research suggests that allowing greater flexibility with OAT could keep patients in treatment while not increasing the risk of overdose. Other studies have also demonstrated the importance of flexibility and continuity with OAT during and after natural disasters (Zolopa et al., 2021).

Changes in access to OAT and other controlled drugs showed that it is important to adapt to the needs of patients during times of crisis to ensure continuity of care. There are many risks to patient well-being associated with premature treatment cessation from OAT. Risks include resuming use of the unregulated supply, exposure to unknown toxins, poisoning and death, as well as emotional vulnerability and anxiety caused by disruptions in the continuity of care, and disruption in stability and wellness (Sun et al., 2020). However, some provincial and territorial governments and guidelines have gone back to traditional approaches of requiring a period of monitoring before allowing take-home doses of OAT as the response to COVID-19 has somewhat settled (Centre for Addiction and Mental Health, 2021). Due to these repeals, in a climate-related disaster the rushed and burdensome regulatory processes implemented during the COVID-19 pandemic would need to be repeated to ensure continuity of care.

### ***Virtual Care and Supports***

During the immediate onset of the COVID-19 pandemic (March–June 2020), the availability of substance use treatment and harm reduction services was immediately reduced and the capacity of these services was compromised. These impacts were caused by closures and public health restrictions on how many clients could access clinics and inpatient facilities. As a result, some clients participated in higher-risk substance use (e.g., using substances alone in an unwitnessed setting) (Canadian Centre on Substance Use and Addiction, 2020).

Services shifted rapidly through the expansion of access to virtual care and support (VCS). VCS not only allowed access to care when people were unable to physically attend programs and services, but it allowed people to remotely access substance use specialists outside of their geographical area. VCS is a good alternative for people who usually experience stigma when accessing care in person (Eibl et al., 2017; Wang et al., 2021).



However, the COVID-19 pandemic has resulted in a decline of direct services for people who use drugs (Canadian Community Epidemiology Network on Drug Use, 2020). Some studies found those using VCS were satisfied with available programs and services and experienced few barriers, while others had negative experiences (Goodman, et al., 2022). A study done on the equity of VCS services in Newfoundland and Labrador found that VCS remains out of reach for equity-deserving populations due to systemic barriers, including lack of equipment and lack of private and safe spaces to use computers (Dassieu et al., 2023).

VCS offers the potential to shift to online care for short periods of time to ensure continuity of care when there are disruptions in access to standard in-person programs and services. This is an area that has yet to be fully explored and presents an opportunity to ensure people who use drugs are able to access programs and services to help meet their basic health and social needs in times of environmental crisis. At the beginning of the COVID-19 pandemic, client access to care and support was disrupted as there were no protocols in place to ensure continuity of care. To be best prepared for climate-related disasters, protocols on how to handle client needs in case of disruptions need to be outlined well before a disaster occurs. These protocols should include a geographically diverse network of providers that could provide emergency care and support, as well as emergency prescribing and pharmacy protocols.

Lastly, it is crucial to note that some programs and services cannot fully achieve their desired outcomes or be provided virtually. For example, witnessed consumption sites require in-person visits so emergency intervention can be initiated in case someone experiences a poisoning. Despite the promising results of virtual witnessed consumption services, the appropriateness of using these services in a climate-related event must be considered since emergency resources, such as power, will be diverted (Makanda, 2021). There are also barriers to VCS programs and services for people in rural and remote places or those who are precariously housed who do not have internet access to receive the online services not available by phone.

Predicting these issues and allowing adaptive service provisions (such as providing witnessed consumption services outdoors) are important policy considerations. These policy considerations include continuing the expansion of internet access for people in remote and rural areas, and understanding and accounting for the fact that not everyone has the financial means for private internet access. In-person services also need to extend beyond downtown cores of cities and be provided to people where they are at. Policies should include having protocols in place for VCS to shift to phone or other means of access during times of disruption, as well as having greater access to services in suburban, rural and remote areas.

### ***Increased Toxicity in the Unregulated Drug Supply***

The unregulated drug supply in Canada saw many changes because of the COVID-19 pandemic. The already toxic drug supply became even more toxic while harm reduction interventions were put on hold due to physical distancing restrictions (Tyndall, 2020). The Canadian Community Epidemiology Network on Drug Use (CCENDU) released a bulletin on information collected between March 31 and May 10, 2020. The bulletin explored the impact the COVID-19 pandemic had on the unregulated drug supply and resulting health harms (Canadian Community Epidemiology Network on Drug Use, 2020). It reported that there was a change or decline in the availability of substances, the prices of drugs increased or were sold at the same price but were diluted, and there was an increase in drug adulteration and health harms.

The change or decline in the availability of substances was linked to border closures, business closures, physical distancing restrictions and other major impacts of the pandemic. CCENDU found



that there were fewer drugs entering the country due to disruptions in supply chains, closures of overseas drug synthesis facilities, and shipping routes being disrupted by border closures. It was also found that these disruptions led to drug shortages and an increase in clandestine production within Canada. These factors resulted in changes to the quantity and quality of drugs found in the unregulated drug supply, including the increase of xylazine in some parts of the country in unregulated opioids (Bowles et al., 2021). There was also evidence to suggest a change in the type of drugs entering the country. Opium, a drug not typically found in large quantities in Canada, was seized in Ontario. Lastly, sellers within Canada may have been unavailable or sick because of the pandemic, pushing people who use drugs to turn to less familiar sources, thereby increasing their risks.

A later bulletin released by CCENDU in 2022 noted that since the COVID-19 pandemic, polysubstance use has increased significantly, resulting in a high proportion of drug toxicity deaths (Canadian Community Epidemiology Network on Drug Use, 2022). This finding was further confirmed through wastewater analysis that found patterns of substance use changed throughout the pandemic. These results reaffirm the concerns outlined in CCENDU's 2020 bulletin.

Both bulletins provide policy and practice responses to the changes in supply. These responses include ensuring continuity of services and support, as well as scaling up harm reduction and safe supply initiatives that respond to the unpredictable toxic drug supply.

### ***Impact on Mental Health and Substance Use***

Throughout the pandemic, the Canadian Centre on Substance Use and Addiction and the Mental Health Commission of Canada surveyed people within Canada to understand the impacts the COVID-19 pandemic had on people's mental health and substance use (Canadian Centre on Substance Use and Addiction & Mental Health Commission of Canada, 2021). From the first survey in the series, it was apparent alcohol use and cannabis use increased and mental health worsened for many respondents. More striking was the interconnection between substance use and mental health. For example, people who were experiencing problematic alcohol or cannabis use, as well as those diagnosed with a substance use disorder, were up to three times more likely to experience moderate to severe symptoms of depression, anxiety and suicidal ideation. People reporting moderate to severe symptoms of depression were up to 3.2 times more likely to report problematic alcohol or cannabis use (Canadian Centre on Substance Use and Addiction & Mental Health Commission of Canada, 2022).

As explained above, there was a shift toward VCS to try to provide continuity of care during the pandemic. A crisis disrupts the provision of care, even virtually. The transfer to VCS takes time, resulting in lapses in the continuity of care. Further, not all types of services can be provided through VCS (Loeb et al., 2020). Ramping up access to appropriate and quality mental health and substance use services for all people across the country, through combinations of in-person and VCS services, is critical in preparing and adapting to the impacts of the climate emergency. Acute climate-related disasters happen suddenly, and systems need to be ready to respond.

The COVID-19 pandemic compounded and added stresses to the mental health and substance use health (MHSUH) workforce. The MHSUH workforce faced and continues to face burnout, stress and trauma from the drug toxicity crisis, wage inequalities, funding gaps and stigma (Leslie et al., 2022; Taha et al., 2022). Despite these impacts and the many barriers imposed on these service providers, they have shown their ability to be adaptive and innovative in meeting the needs of people who use drugs. Addressing the barriers imposed on the MHSUH workforce and providing adequate support,



such as long-term funding and public education to destigmatize mental health and substance use health, is an important part of addressing climate-related harms.

## **Impacts of the Climate Emergency on Substance Use**

People who use drugs are particularly vulnerable to the effects of the climate emergency. The drug supply, mental health and social determinants of health are all impacted by the climate crisis. For people who use drugs, these changes can have significant implications on their health, well-being and access to essential resources. The intersection of the climate emergency and substance use highlights the urgent need for understanding and addressing the unique vulnerabilities and risks faced by this population. By recognizing and integrating the impacts of the climate emergency into substance use interventions, we can work toward comprehensive solutions that promote both individual and environmental resilience in the face of this global crisis.

### ***Drug Supply***

Like the COVID-19 pandemic, acute climate-related disasters have the potential to impact the unregulated drug supply. There are already examples of how climate-related events, such as floods, have disrupted the supply chains of substances and the provision of substance use services and programs in Canada (Wyton, 2021). Disruptions in external supply chains caused by climate-related disasters will also impact what is seen in the domestic substance supply. While VCS has expanded since the onset of the COVID-19 pandemic, the pandemic has proven that not all services can be provided virtually.

The climate emergency brings its own unique challenges, including slower, long-term impacts. It has had negative impacts on global crop production, including plant-based substances (Raza et al., 2019; Khattri & Pandey, 2021). The climate crisis has impacted yields, efficacy, accessibility and chemistry. It could contribute to producers opting for novel synthetic substances as these substances do not depend on environmental variables and require significantly less space to produce (Reuter et al., 2021). Synthetic substances, such as synthetic opioids, have been linked to cheaper and more potent supplies resulting in increased health and fatality risks (Pardo & Reuter, 2020). This makes plant-based substances financially riskier than their synthetic counterparts. They also carry increased risks of environmental impacts due to the potential of their hazardous material infiltrating local environments where they are produced and manufactured (European Monitoring Centre for Drugs and Drug Addiction, 2023).

Despite the climate emergency disrupting some plant-based production, some plant-based drugs, such as opium, have adapted to it. Not only is opium a drought-resistant plant, making it adaptable to climate-induced droughts, but its natural morphine levels have been found to be rising due to the increase in atmospheric carbon dioxide (Ziska, 2008). While plant-based drug production is less of a concern than the increased production and potency of synthetic substances, this unexpected increase in the potency of drugs in the unregulated drug supply can adversely impact the health and well-being of people who use drugs.

### ***Mental Health and Substance Use***

The impacts and risks to mental health associated with the climate emergency are already happening and are rapidly accelerating (Hayes et al., 2018). In some instances, these impacts and risks to mental health are changing people's relationships with substances (Kotarba et al., 2010).

Mental health impacts from acute climate-related disasters include posttraumatic stress disorder (PTSD), depression, anxiety, problematic substance use and suicidal thoughts (Tang, 2021). Studies on post-disaster mental health have found that these symptoms are typically felt for five to seven



months after an event. However, some studies have found that people experience mental health impacts for years after the event (Clayton et al, 2021). The trauma of climate-related disasters has been linked to post-disaster substance use (Alexander & Ward, 2017). For example, in Bangladesh, it was found that after flooding events, people's existing mental health problems were exacerbated, sometimes resulting in increased substance use (Choudhury et al., 2006). In 2012, Hurricane Sandy, a storm that devastated the Caribbean and Mid-Atlantic region of the United States, was more intense and had a greater impact on the communities it hit due to changes in climate (Strauss et al., 2021). These communities also saw an increase in risky behaviours such as reusing or sharing needles. For example, due to displacement, people who use drugs in New York City did not have access to sterile equipment or their usual drug use locations (Pouget et al., 2015).

In addition to acute climate-related disasters, there are long-term impacts of the climate emergency that cause slower, large-scale and unpredictable changes in communities, contributing to climate anxiety and climate grief (Bergquist et al., 2019). Long-term impacts include biodiversity loss, hotter weather, loss of Arctic ice, increased and ongoing flooding, and longer periods of drought (European Commission, n.d.). Long-term impacts of the climate emergency have been linked to widespread mental health symptoms, including stress, sleep disturbances, psychological disorders, depression and anxiety, which in turn can exacerbate substance use (Tang, 2021).

The disruptions and displacements caused by the climate emergency have a direct influence on people's mental health and substance use. These impacts can be attributed to various factors such as changes in the availability of drugs, the emergence of new substances, an upsurge in drug use as a coping mechanism, and fluctuations in the accessibility and availability of harm reduction and treatment services (Zolopa et al., 2021).

The climate crisis also affects people's demeanour and behaviour due to rising global temperatures. There is established evidence showing a correlation between physical aggression and violence and hotter weather (Anderson, 2012; Miles-Novelo & Anderson, 2019). For example, patterns have shown that hotter summers yield greater violent crime levels than cooler summers, and summer months have higher crime rates than winter months (Myers & Lecher, 2019). Aggression and violence are expected to increase as the Earth continues to rapidly warm (Miles-Novelo & Anderson, 2023).

### ***Social Determinants of Health***

Exacerbating the interrelationship between mental health and substance use, the climate emergency has long-term adverse impacts on livelihood, connection to culture and land, and many other social determinants of health. For example, climate-related changes in the landscape can result in displacement, severing people's ties with land that has historically been used for farming and housing, and land that holds cultural and familial significance (Tabe, 2019). The climate emergency is also causing significant biodiversity loss (losing the richness of ecological life, both in plants and animals), which has been linked to mental distress and emotional responses caused by the negative environmental changes (Cianconi et al., 2022; Mace et al., 2012).

Climate-related disruption and displacement has unique impacts on people who use drugs. First, it can disconnect or remove people who use drugs from the life-saving services, communities, routines and programs they rely on. After Hurricane Katrina hit New Orleans in 2005, people were displaced to Houston where drug use patterns shifted to adapt to the supply available in Houston. When people from New Orleans returned home years after the hurricane, they brought new preferences, use patterns and suppliers with them, altering the regional relationship with substance use (Kotarba et al., 2010). These shifts can also be risky. We have seen that the drug toxicity crisis develops



differently in each region, so relocation can leave people unaware of what is common in the local unregulated drug supply (Canadian Community Epidemiology Network on Drug Use, 2022). Xylazine may be more prevalent in one location while fentanyl may be more common in another; each location requires its own approach in harm reduction to reduce adverse health impacts.

The climate emergency also impacts the economy through job loss, loss of industry, economic downturn and disruptions in global financial markets. Economic changes have been linked to changes in substance use and an increase in chaotic usage (Azagba et al., 2021; Turner et al., 2022). Economic changes are also tied to housing insecurity and homelessness. This is partly due to energy insecurity and acute climate-related disasters (Bezgrebelna et al., 2022). People who use drugs and are experiencing homelessness or housing insecurity face many challenges in their daily lives, and the climate emergency further compounds their vulnerabilities (Anderson et al., 2021). Exposure to the extreme weather patterns of the climate crisis, such as heatwaves and extreme cold, can also exacerbate existing health and mental health conditions (Kidd et al., 2021). People who are unhoused lack privacy or secure spaces to consume substances. These factors increase interaction with police, may rush use, and encourage consuming substances alone or consuming large amounts to avoid drug possession charges (Collins et al., 2022). These behaviours increase harm associated with substance use and the risk of deadly events.

The most vulnerable people in our communities are the most affected by the climate emergency (Benevolenza & DeRingne, 2019; Doherty & Clayton, 2011). Indigenous people, racialized people, low-income populations, women, and historically marginalized, equity-deserving groups often bear a disproportionate burden of the impacts of the climate crisis. These burdens are exacerbated when people from these groups use drugs. Centring the voices and experiences of historically marginalized groups, including people who use drugs, is crucial when tackling the climate emergency.

The extent of how the climate crisis will impact substances, substance use, social determinants of health and people who use drugs is still not fully understood and requires ongoing study, monitoring and policy adaptation. These wide-ranging impacts show the difficulty of preventing, mitigating and adapting to the impacts of acute and long-term climate-related events. They showcase the need for innovative and adaptive responses to improve the safety and health of people who use drugs.

## Policy Considerations

Climate policy makers are no strangers to the issues of substance use and harm reduction. In fact, they have looked at harm reduction lessons to learn how to create successful policies to reduce harm through behavioural changes (Szalavitz, 2021). However, the reverse case – harm reduction and substance use practitioners learning to create successful climate policy – is more novel and requires urgent policy consideration.

The climate emergency compounds the impacts of the drug toxicity crisis and the ongoing effects of the COVID-19 crisis, so addressing the harms the climate emergency has on people who use drugs is crucial. These efforts include expanding harm reduction and treatment services and deeming these programs and services as essential. In addition to these specific supports for people who use drugs, improving the social determinants of health for all people in Canada is of utmost priority. These determinants include housing security for everyone.

The impacts of the climate emergency are felt the most by the most vulnerable people in our communities. Centring the leadership of people who use drugs with an intersectional lens, including Black people, people and governments of First Nations, Inuit and Métis; two-spirit, lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, and other sexually and gender diverse people (2SLGBTQIA+); and other historically and persistently marginalized communities is crucial in





creating impactful policies. Creating opportunities for their leadership and direct engagement of their communities is the only way forward. This engagement includes respecting and abiding by Indigenous governments and governance. This brief is intended to initiate the needed discussion on how the climate crisis will impact people who use drugs; however, these discussions need to be led by these communities to be successful.

The climate emergency is a global crisis causing irreparable harm to people, communities and the planet. We can only mitigate and adapt to its impacts. Acute impacts require rapid and emergency responses, but both acute and long-term impacts require foresight and policy planning.

The following policy considerations are important to optimize the response to the erratic and often sudden nature of climate-related events. These considerations can reduce the harm caused by the climate emergency felt by people who use drugs while providing them with continuity of care during times of uncertainty.

### ***Section 56 Exemptions***

- Retain the Section 56 exemptions under the *Controlled Drugs and Substances Act* that were issued during the COVID-19 pandemic to broaden access to take-home doses of OAT past the September 30, 2026, expiration date and enshrine it within law.
- Retain the additional powers given to pharmacists under COVID-19 measures to facilitate the continuity of care of prescribed controlled substances.
- Explore the lists of controlled substances that were permitted under COVID-19 public health measures to see whether exemptions could be expanded.
- For the federal health minister: expediently permit Section 56 exemptions during climate-related disasters for requests that directly enable continuity of care for people who use drugs, either by regional request or proactively through ministerial powers.

### ***Government Collaboration***

- Create advisory committees led by people who use drugs to work with governments, agencies, the emergency management sector, harm reduction experts and healthcare providers to proactively develop emergency preparedness responses to acute climate-related disasters. Creating this advisory board with an intersectional lens is essential.
- At the federal, provincial and territorial levels, cultivate a relationship between ministries of emergencies management, mental health and addictions, and environment and climate change to reduce barriers in addressing both the toxic drug crisis and climate emergency, collaborating where appropriate.
- Cultivate international discussions on lessons learned and effective adaptations implemented by other countries responding to climate-related disruptions to try and provide continuity of care.

### ***Healthcare and Research Sector***

- Create procedures for healthcare providers (such as regulatory colleges and associations) to guide professionals to ensure continuity of care during climate-related disruptions for people who use drugs and who also use services and programs. These procedures should allow a level of adaptation to circumstances and fit within provincial and territorial emergency management protocols. For example, procedures could include allowing witnessed consumption services to be



provided outdoors if the usual facilities cannot be accessed due to events or allowing pharmacists to renew prescriptions of narcotic drugs during times of emergency.

- Increase research and create guidelines for MHSUH service providers on appropriate support plans for people who have faced traumatic, acute climate-related disasters.
- Increase research and create guidelines for upstream trauma supports and prevention for MHSUH service providers to support those who need help adapting to the longer-term impacts of the climate emergency.
- Continue expanding VCS and addressing barriers to accessing VCS (such as costs of private services and access to internet connections) while also considering provisions that will meet the needs of people who use drugs during a climate-related disaster.

While the relationship between substance use and the climate emergency is gaining more focus, it is still an underexplored area that needs greater engagement between sectors. In addition to the impacts the climate crisis will have on substance use, the impacts of substance use on the environment is important to explore. The United Nations Office on Drugs and Crime has reported how unregulated drug production contributes to the climate emergency; this is another area where the intersection and impacts of climate and drugs warrant additional policy consideration (United Nations Office on Drugs and Crime, 2022). Addressing the environmental impacts of drug cultivation and use must also consider the effects these efforts will have on people who use drugs. It is essential people who use drugs are part of these discussions.

This brief is intended to be the beginning of the discussion on how to prepare, protect and support people who use drugs in our climate emergency. It seeks to show how the climate crisis and substance use are interconnected and highlight why people and organizations within the substance use field should be exploring these issues. It also calls to light the importance of including people who use drugs within these discussions and actions. It is the first step of many more to come.



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