Care not Corrections

Relieving the Opioid Crisis in Canada

CANADIAN MENTAL HEALTH ASSOCIATION

SUMMARY REPORT

APRIL 2018

Canadian Mental Health Association
Mental health for all

100 *years of community*

SUMMARY REPORT

Canada is confronting an unprecedented public health crisis. In 2016-2017, an average of 16 Canadians a day were hospitalized for opioid poisonings, and in 2016 alone, over 2,861 died from opioid poisoning – the equivalent of eight deaths per day. While the national data for 2017 has not yet been released, it is estimated that up to 4,000 people may have died from opioid poisoning. The high rates of hospitalization and mortality have most recently been attributed to fentanyl and fentanyl analogues; however, this crisis also stems from a combination of social factors, including the overprescription of opioids and the social inequalities that produce suffering for many Canadians, which can drastically impact their health outcomes.

The Government of Canada has introduced important legislative changes that address the crisis by taking a public health approach. These changes have saved lives, and we applaud the government for this work. However, as this crisis continues to escalate, there is an urgent need for policy that is grounded in the best available evidence, as well as a need for intersectoral collaboration to support the health and well-being of Canadians who struggle with substance use and mental illness. As such, the Canadian Mental Health Association (CMHA), driven by its national Public Policy Working Group in conjunction with the CMHA National Board, has created this document to propose evidence-based/evidence-informed recommendations for government, policy makers and health organizations to support a bold and effective population health approach that focuses on care rather than corrections towards relieving the opioid crisis. Below, we present six recommendations that we have identified as key priority areas for action. To view the full 53-page document and all of our recommendations, please visit www.cmha.ca.

GUIDING PRINCIPLES

Involving people with lived experience (PWLE) in policy planning and program development engenders better population health outcomes; initiatives led by PWLE have proven particularly successful in ensuring that new initiatives are accessible, accommodating, relevant and acceptable for people who use substances. The participation of PWLE should be a standard in all levels of policy planning and program development.

Policy planning and program development should be carried out in consultation with Indigenous communities, and health and social services for Indigenous communities should be grounded in culture and in supports that are Indigenous-controlled and culturally safe, including those that are trauma-informed. Ensuring that Indigenous communities have access to culturally appropriate and safe services at all stages – from health promotion to treatment – will assist stakeholders in the social services and mental health care sectors in supporting health outcomes for Indigenous communities and becoming allies in advancing the goals outlined by the Truth and Reconciliation Commission.

Key Recommendations

Strengthen the social determinants of health and invest in mental health services to ensure mental health for all (1.1)

Although the opioid crisis is widely attributed to the overprescription of opioids for physical pain, it is beginning to be better understood that the psychological suffering engendered by structural inequalities is a significant and overlooked root cause. Environmental stressors such as poverty, unemployment, homelessness, insecure housing, trauma, racism, gender inequality, sexual and physical abuse and discrimination based on ability are important factors that increase the risk of problematic substance use and mental illness. Addressing the opioid crisis will thus require policymakers and service providers to look upstream and embrace a health promotion model that addresses the social determinants of health, helps individuals gain control over their own health, and supports resilient communities. To support upstream measures, we will need true universal health care, affordable housing and childcare, and access to education and employment. Health promotion will also require investment in accessible, low-barrier community-based services so that people will get the care and support they need when they need it.

Decriminalize the personal possession of illegal drugs with the goal of aligning Canadian drug laws with public health (4.1)

Evidence strongly suggests that policies that punish and criminalize people who use substances don't work, as failed anti-drug and "war on drugs" policies have shown. Criminalizing people who use drugs stigmatizes substance use; it also fosters a climate in which they feel unsafe in accessing life-saving interventions and treatment services, and further marginalizes people living in poverty and those experiencing racism, gender-based inequality, violence and other forms of oppression. In 2001, Portugal decriminalized psychoactive substances for personal use, which reduced the number of people arrested and incarcerated for drug-related offences and facilitated their access to treatment. We recommend that an evidence-based public health approach to substance use means decriminalizing illegal substances for personal use and increasing funding and resources for social services, mental health services and addictions treatment.

Research, fund and improve access to treatment for Opioid Use Disorder, including evidence-based/evidence-informed alternative treatments (2.1)

Treatment for problematic substance use is not accessible to many Canadians. Wait times for accessing publicly-funded addictions treatment can range from a few days to over a year depending on one's location in

Canada, may be accompanied by fees, and is not always well integrated. This means that people who need a variety of care services, including trauma-informed services and wrap-around supports like housing and skills training, are not having their needs met. Treatment standards for opioid use disorder also vary across the provinces and territories, and it is only recently that national guidelines have been introduced. As they currently stand, the guidelines do not offer the full range of evidence-based treatments, including injectable hydromorphone and diacetylmorphine, from which some individuals may benefit if other forms of treatment have not worked. There is a strong need to improve treatment services so that they are accessible, integrated, comprehensive and appropriate. It is also critical to provide universal access to treatments such as psychotherapy – which are recommended in combination with pharmacological interventions – and to invest in programs and research exploring innovative treatments such as mindfulness and meditation.

Develop a National Pain and Addictions Strategy that includes investment in research, education and clinical care targeted toward finding safer pain management approaches (2.2)

Experts acknowledge that pain in Canada is poorly managed and that there is a lack of funding for non-pharmacological treatment alternatives. Until recently, physicians widely prescribed opioids for the treatment of acute and chronic pain, but prescribing practices have since changed in response to the growing evidence that opioids can be addictive and are less effective than initially thought in treating chronic pain. The changes in prescribing practices are welcome to ensure that fewer people begin taking opioids and that the pain experienced by patients already on opioids is treated appropriately and safely. However, concerns have been raised about the unintended consequences of denying patients medication or tapering doses too quickly, which may force them into the illegal drug market. To effectively manage pain, pain experts suggest that patients need access to a multidisciplinary care team offering a range of treatment options that might include non-pharmacological and pharmacological interventions. Effective pain management will also require conducting more research into more efficacious pharmacological interventions, evaluating the consequences of the new dosage guidelines, providing better training on pain and addictions treatment to primary care physicians and providing equitable funding for non-pharmacological treatment alternatives.

Build on the success of overdose prevention sites and supervised consumption sites and increase accessibility by providing public education on their effectiveness (3.3)

Supervised consumption sites and overdose prevention sites are effective in saving lives. Not only do they reverse accidental poisonings, but they also reduce the incidences of Hepatitis C Virus and HIV by providing access to

sterile supplies and other supportive services. The Government of Canada has taken action by amending the *Controlled Drugs and Substances Act* to make it easier to establish supervised consumption sites and overdose prevention sites. Even with these changes, many communities in Canada still do not have supervised consumption sites or overdose prevention sites. We also know that up to 94% of deaths from accidental poisonings are occurring indoors, most of the time in private residences. We recommend that the federal government continue to work closely with the provinces/territories and their municipalities to facilitate the establishment of new overdose prevention and supervised consumption sites and to collaborate to address the stigma that often acts as a barrier to their establishment. We also recommend exploring alternative models for supervised consumption – i.e. using videoconferencing technologies or developing alternative consumption settings – to address the needs of people who use substances when alone in private residences.

Research and support innovative pilots that offer prescription drugs as an alternative to the contaminated drug supply for people who continue to use illegal drugs because addictions treatment has not worked or because they are not ready for treatment (3.2)

Efforts to address the opioid crisis have been focused on people who are prescribed opioids for pain and opioid use disorder. As a result, people who use illegal drugs but are not currently seeking treatment for substance use problems are being overlooked – even though this group is at the highest risk for accidental poisoning from fentanyl and fentanyl analogues. In B.C., ground zero of the opioid crisis, researchers, health professionals, and front-line workers are pioneering innovative programs that provide people who would otherwise use dangerous illegally-obtained drugs with “clean” opioids and cannabis. These initiatives are not meant to address addictions – rather, they are a public health response to the crisis. While this approach is not in itself a solution to the crisis or to opioid addictions, and will present important challenges, it is in line with a harm reduction and public health approach for people most at risk of fatal poisoning from fentanyl.