**The Opioid Crisis in Canada**



**Canadian Federation of Medical Students**

**Fédération des étudiants et des étudiantes en médecine du Canada**

**www.cfms.org**

**Executive Summary**

Over the past few decades, the rates of opioid overuse have been rapidly increasing across the country, making Canadians the second highest per capita consumers of prescription opioids worldwide. There are numerous major factors that have resulted in and exacerbated the growing opioid crisis. These include:

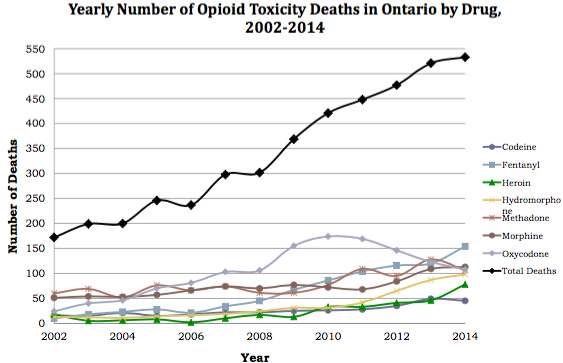
* The lack of effective means to properly **manage chronic pain**
* The lack of infrastructure and resources both in **treating patients** with opioid dependency and caring for those with mental health disorders
* The lack of effective **harm reduction programs** to reduce the health risks of drug use

**Problem Definition**

**In addressing the national opioid crisis, the Canadian Federation of Medical Students calls on the Government of Canada to:**

1. **Prioritize increased access to multidisciplinary chronic pain centres by supporting provincial/territorial efforts to establish and expand these treatment programs**
2. **Continue to invest in mental health programs and research to better understand the interactions between mental illness and opioid misuse**

**The Canadian Federation of Medical Students also supports the passing of Bill C-37: *An Act to amend the Controlled Drugs and Substances Act and to make related amendments to other Acts.***

Opioids are a class of natural or synthetic drugs that are prescribed for pain relief and, as a side effect, often produce euphoria. These addictive drugs are vastly **over-prescribed for the treatment of chronic pain**. In 2015, physicians wrote 53 opioid prescriptions for for every 100 people in Canada.1 As a result, the Government of Canada has increased spending on opioid treatment and addiction programs; a more than 50% increase in spending was noted from 2011 to 2014 alone.2 Despite a rise in Government spending on opioid addiction programs, opioid overuse accounts for approximately 13 hospitalizations per day, representing a 30% increase since 2007.3 Between 2009-2014, 1 to 2 Canadians died from fentanyl-related deaths every 3 days.4 There is a clear need for improving access to multidisciplinary treatment options for chronic pain.

*Source: Office of the Chief Coroner of Ontario  
Report for the Years 2012 – 2015*

Furthermore, Canada has seen an alarming rise in illicit opioid use. These recreational drugs are often of unknown potency and consumers are at substantial risk for overdose and death. **Access to harm reduction-based safe consumption sites** for injection drugs has lagged behind the strong evidence of their effectiveness in reducing morbidity and mortality. Understanding the link between **mental health and addiction** is a crucial aspect of addressing the opioid crisis. Patients with other mental health disorders are twice as likely to develop a substance-use problem.5 Despite recent Ministerial commitments to enhancing funding for mental health in the provinces, more can be done to specifically understand the interactions between mental health and opioid using a long-term approach and target programs appropriately in order to offer better prevention and treatment for those using opioids, who are at risk of becoming addicted or already addicted.

***1. Proposed Recommendation for Reducing the Burden of Chronic Pain***

**Solutions and Implications**

* **Prioritize increased access to multidisciplinary chronic pain centres by supporting provincial/territorial efforts to establish and expand these treatment programs.** This should be accomplished by scaling up access to publicly fundedbio-psycho-social management options for chronic pain, including interdisciplinary, non-pharmacological, non-opioid pharmacological, psychosocial and withdrawal treatment options for chronic, non-cancer pain.6,7 Access varies widely by province and territory, is particularly lacking in rural and remote areas and wait-times are long.8,9 Further, the cost is often prohibitive, as visits to non-physician health professionals is paid by private-sector insurance or out-of-pocket.8,10 The federal government could also support national or community networks of multidisciplinary pain centres. Networks would enhance coordination between pain centres and primary care, fund research in the area of chronic pain to enhance decision-support, and ensure that education on effective pain management is included in the curricula of health professionals. 7,8,11,12

***Impact of Recommendation***

* **Reduce the burden of opioid-related morbidity and mortality.** Access to multidisciplinary pain management programs have been shown to improve pain treatment outcomes, as well as reduce the inappropriate use of pain medications, including reliance on opioids, which is contributing to the current opioid crisis.8,13
* **Reduce the significant economic burden of lost productivity and healthcare expenditures associated with chronic pain.** Multidisciplinary management of chronic pain would produce significant cost-savings in healthcare expenditure and through restoring some of the lost workforce productivity produced annually by unmitigated chronic pain, as well as being shown to reduce hospitalizations due to chronic pain.6
* **Fulfill the moral imperative to improve quality of life and reduce human suffering**, and uphold basic human rights of access to essential health services. Globally pain is under-managed, leading to unnecessary suffering,14 and is associated with the worst quality of life compared with all chronic conditions, substantially increasing the risk of suicide1. Multidisciplinary management is evidenced to have superior pain management outcomes, as well as improving psychological functions, sleep and physical function.12

***Proposed Recommendation for Addressing Mental Health Associated Opioid Misuse***

* **Continue to invest in mental health programs and research to better understand the interactions between mental illness and opioid misuse.** Canadian mental health experts, including the Public Health Agency of Canada, do not yet have an explicit understanding of the relationship between opioid drugs and mental health issues. If the opioid crisis is to be addressed at the root, the relationship(s) between mental illnesses and opioid use and misuse must be fully elucidated, necessitating investment in research focused on defining this association. In an effort to address the opioid crisis, Canadian stakeholders have already made commitments to improve quality and access to addiction treatment programs.15 However, sustainable solutions to the opioid crisis must be rooted in preventative measures; interventions should be in place before opioid misuse begins. This will require stakeholders to take a more proactive approach to programming—a commitment to improve mental health care for those at risk of addiction.

***Impact of Recommendation***

* **Prevent morbidity and mortality associated with mental illness and opioid misuse through improved program offerings based on a true understanding of their relationship.** Research identifying the association(s) between mental illnesses and opioid misuse will aid in defining the upstream mental health factors contributing to opioid use and misuse. These factors will form the foundation of targeted and proactive mental health strategies, including targeted community treatment and support programs for youth. While 70% of mental health illnesses begin in childhood or adolescence,5 those suffering from mental health are twice as likely to have a substance use problem.16 Effective treatment programs for mental health can be protective for developing further substance use problems. Such an approach to the opioid crisis has the potential to reduce morbidity and mortality associated with both mental health illnesses and opioid misuse.
* **Reduce the economic burden of lost productivity and healthcare expenditures associated with mental health illnesses and opioid misuse.** The economic burden of mental illness in Canada is estimated at $51 billion per year.5 This includes health care costs, lost productivity, and reductions in health-related quality of life. Investing in original research that will lay the groundwork for targeted and proactive mental health strategies and improving mental health services for those at risk of addiction, will reduce the economic burden associated with mental health crises and opioid misuse. National tracking of comorbidity of mental health and opioid-related fatalities, similar to those in the USA and Australia, can enable faster access and better understanding of trends in opioid mortality for targeted solutions.3,17

***Proposed Recommendation to Support Bill C-37***

* **Pass Bill-C-37.** Bill C-37 removes some extraneous requirements necessitated under the *Respect for Communities Act* in implementing safe consumption sites, that were overly burdensome and unnecessary to maintain public safety. In the Supreme Court of Canada’s 2011 ruling on *Canada (Attorney General) vs. PHS Community Services Society*, the majority opinion recognized that the evidence supports the notion that safe injection sites decreased the amount of disease and death in the community, without posing a threat to public safety.

***Impact of Recommendation***

* **Reduce the burden of morbidity and mortality associated with injection drug use by facilitating scaling-up of safe consumption sites.** Safe consumption sites are a very effective evidence-based model of harm reduction for those using injection drugs—dramatically decreasing mortality as well as associated new infections. The opening of InSite in Vancouver, the first safe injection site in Canada, led to a 35% reduction in overdose mortality in the neighbourhood, where elsewhere in Vancouver only a 9% decrease over the same period of time.18

*Illicit Drug Overdose Deaths including and excluding Fentanyl in British Columbia, 2007-2016 (Oct). Zero deaths occurred at supervised consumption sites or drug overdose prevention sites*

*Source: BC Coroner’s Service, Illicit Drug Overdose Deaths in BC January 1 2007 to December 31 2016*

* **Expect public safety and crime rates to remain unchanged in communities with safe consumption sites.** Evidence has demonstrated the benefits of safe consumption sites far outweigh any perceived risks to the community.19,20,21 In fact, crime rates have remained unchanged in regions surrounding safe injection sites in studies that have evaluated rates of crime before and after opening of a safe injection site. The majority of patients who use safe injection sites live within a 500-meter radius of the facility, thus it is, for the most part, not bringing new individuals into a community.20

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