

ELECTION 2019

# Public Health Matters

CPHA is encouraging voters to question their local candidates on some key public health issues. We have an opportunity to challenge all candidates to set a higher standard for Canadians. We should not be satisfied with rehearsed answers that lack depth. We need to hold the candidates themselves to a higher standard and expect more from them.

## Opioid crisis

Canada needs a federal government that is committed to sustained investment in public health across the country. CPHA calls on the next federal government to invest in strategies and programs that support strong healthy people in Canada regardless of their economic and social status.

### A HIGHER STANDARD FOR CANADIAN FAMILIES

There is an expanding opioid crisis in Canada that is resulting in epidemic-like numbers of opioid-related disability and deaths. These deaths are the result of an interaction between prescribed, diverted and illegal opioids (such as fentanyl) and the entry into the illegal drug market of newer, more powerful synthetic opioids. Those who survive an opioid-related poisoning may have brain damage resulting in long-lasting disabilities. The current approaches to managing this situation – focused on changing prescribing practices and interrupting the flow of drugs – have been insufficient to reduce the death toll. Similarly, improved access to naloxone and increased availability of supervised consumption facilities (SCF) have saved lives but have not reduced the expansion of the crisis. These approaches should be supplemented with an enhanced and comprehensive public health approach that addresses the root causes of this epidemic. Such an approach would include the meaningful involvement of people with lived experience.

**It's time for Canada to do better.**

### CALL TO ACTION

CPHA is calling on the next federal government – in partnership with provinces, territories, municipalities and Indigenous Peoples and their governance structures – to expand current efforts to manage this crisis through the following actions:

- Meaningfully involve people with lived experience with substance and opioid use in the development, implementation and evaluation of drug-related legislation, regulation, policies and programs;
- Expand and strengthen the integration of surveillance information from the provinces and territories, so that the extent of this crisis can be determined and the progress in combatting it can be accurately evaluated;
- Collect comprehensive statistics about people living with brain damage following an opioid-related poisoning;
- Address the causes and determinants of problematic substance use, including the social determinants of health;

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- Strengthen substance use prevention and health promotion programs;
- Support the increased availability of harm reduction services (naloxone, SCF, etc.);
- Expand access to existing treatment options for problematic substance use, integrated with mental health care (where appropriate), and identify alternative treatment options that meet the needs of specific populations;
- Expand multi-professional treatment options for chronic pain management, including non-pharmacological interventions;
- Work with Indigenous Peoples and their governance organizations to establish prevention, harm reduction and health promotion programs that meet the needs of their communities; and
- Expand research into the causes and determinants of problematic substance use.

## WHY IT MATTERS

The opioid crisis continues to devastate communities and families across the country. It is affecting the health and lives of people from all walks of life, all age groups and all socio-economic backgrounds. More than 10,300 apparent opioid-related deaths occurred between January 2016 and September 2018:

- 3,017 deaths occurred in 2016, 4,034 occurred in 2017;
- 3,286 deaths occurred between January and September 2018; 93% were unintentional;
- Most accidental apparent opioid-related deaths occurred among males (75%); however, this varied by province or territory;
- Age group patterns also vary by region; however, the vast majority of deaths were among young and middle-aged adults;
- Between 1990 and 2014, the age-standardized opioid-related years of life lost increased by 142% while disability adjusted life years (DALY) increased by 63%, representing the beginning of the opioid epidemic;
- Between 1990 and 2014, health loss was greater for males than females, and for those aged 25 to 29 years, followed by 30 to 34 years of age; and
- Fentanyl and other fentanyl-related substances continue to be a major driver of this crisis. From January to September 2018, 73% of accidental apparent opioid-related deaths involved fentanyl or fentanyl analogues.

## QUESTIONS FOR THE CANDIDATES

1. Does your party support a public health response to the opioid crisis?
2. What steps would your government take to support a public health approach to reduce the harms associated with problematic substance use in Canada?
3. What policies is your party proposing that will address the social determinants of health and support people with lived experience in their journeys of recovery?
4. What is your party's plan to reduce the stigma associated with substance use?

## RESOURCES

- [CPHA Position Statement: The Opioid Crisis in Canada](#)
- [CMA Policy: Harms Associated with Opioids and other Psychoactive Prescription Drugs](#)

## ABOUT CPHA

Founded in 1910, the Canadian Public Health Association is the independent voice for public health in Canada with links to the international community. We are a national, independent, not-for-profit, voluntary association. Our members believe in universal and equitable access to the basic conditions which are necessary to achieve health for all.