



CANADIAN
PUBLIC HEALTH
ASSOCIATION

The Voice of Public Health

THE OPIOID CRISIS in Canada

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THE VOICE OF PUBLIC HEALTH

The Canadian Public Health Association is the independent national voice and trusted advocate for public health, speaking up for people and populations to all levels of government.

We champion health equity, social justice and evidence-informed decision-making. We leverage knowledge, identify and address emerging public health issues, and connect diverse communities of practice. We promote the public health perspective and evidence to government leaders and policy-makers. We are a catalyst for change that improves health and well-being for all.

We support the passion, knowledge and perspectives of our diverse membership through collaboration, wide-ranging discussions and information sharing.

We inspire organizations and governments to implement a range of public health policies and programs that improve health outcomes for populations in need.

OUR VISION

A healthy and just world

OUR MISSION

To enhance the health of people in Canada and to contribute to a healthier and more equitable world.

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The current approaches to managing this situation have failed to reduce the death toll and should be supplemented with an enhanced and comprehensive public health approach.

There is an expanding opioid crisis in Canada that is resulting in epidemic-like numbers of overdose deaths. These deaths are the result of an interaction between prescribed, diverted and illegal opioids (such as fentanyl) and the recent entry into the illegal drug market of newer, more powerful synthetic opioids. The current approaches to managing this situation – focused on changing prescribing practices and interrupting the flow of drugs – have failed to reduce the death toll and should be supplemented with an enhanced and comprehensive public health approach. Such an approach would include the meaningful involvement of people with lived experience.

The Canadian Public Health Association (CPHA) calls on the Government of Canada, in partnership with provinces, territories, municipalities and Indigenous peoples' governments to expand current efforts to manage this crisis through the following actions:

All governments and relevant non-governmental organizations

- Meaningfully involve people with lived experience with opioids as part of the development, implementation and evaluation of opioid-related legislation, regulation, policies and programs; and
- Support initiatives that address the causes and determinants of problematic substance use.

Federal Government

- Repeal or substantially amend the Respect for Communities Act to provide quicker, more inclusive approaches to establishing safer consumption facilities in communities where such services are needed;
- Make all necessary tools and resources available to support the efforts of the provinces and territories in addressing the opioid crises in their jurisdictions;
- Have all forms of naloxone available as over-the-counter products for those who need it;
- Expand and strengthen the integration of surveillance information from the provinces and territories, so that the extent of this crisis can be evaluated;
- Expand and enforce restrictions on the importation of illegally-produced fentanyl and its precursor components;
- Limit extra-professional purchase of pill presses;
- Support expanded research into the causes and determinants of problematic substance use;
- Expedite approvals of newer therapeutic modalities for medication assisted and opioid substitution treatment (e.g., injectable naltrexone and long-acting buprenorphine); and
- Develop legislation to protect those who respond to overdose victims.

Provincial and territorial governments

- Where conditions exist, declare the opioid crisis a public health emergency to facilitate the allocation of resources and to overcome legal or other barriers in the interest of public health;
- Make all necessary tools and resources available to support the efforts of municipalities and regions addressing the opioid crises in their jurisdictions;
- Include all forms of naloxone in their provincial formularies;
- Make naloxone in all its forms available without cost to first responders, harm reduction workers and those at risk of opioid overdose and their family members;
- Expand treatment options, availability and accessibility for those seeking to address problematic substance use;
- Improve access to medications for opioid addiction;
- Encourage and provide funding to municipalities and regional health services to establish safer consumption facilities;
- Exercise caution in delisting opioids from provincial formularies;
- Work with the federal government to collect and integrate the available opioid use data to establish a national summary of the extent of this crisis;
- Work with urban and rural municipalities to develop harm reduction and health promotion approaches to problematic opioid use that reflect the needs of the communities; and
- Provincial/territorial health professional educational institutions to work with provincial/territorial and federal regulatory bodies to improve prescribing and dispensing practices for opioids.

Municipalities

- Support and provide harm reduction and health promotion services necessary to mitigate the opioid crises in their jurisdictions.

Indigenous Peoples' Governments

- Federal, provincial and territorial governments work with Indigenous peoples' governance organizations to establish prevention, harm reduction and health promotion programs that meet the needs of their communities.

Context

Throughout North America the misuse of opioids, particularly fentanyl, is a growing public health crisis. In British Columbia, the increase in the number of reported overdose deaths attributable to fentanyl was greater than 200 in the first three months of 2016, leading to the declaration of a public health emergency by the provincial Medical Officer of Health.¹ In 2015, BC recorded 328 overdose deaths with more than half being attributable to fentanyl.¹ Similar data have been reported in Alberta,² while recent reports indicate that a similar situation is developing in Ontario.³ Over the period 2009 to 2014, there were at least 655 fentanyl-related deaths in Canada with the number in BC increasing 7-fold while Alberta increased 20-fold over this timeframe.⁴ Complicating this scenario is the recent confirmation of more powerful opioids, such as W-18 and carfentanil (a large animal tranquilizer), as the cause of overdose deaths in Alberta.⁵ An ongoing challenge with understanding the extent of the current situation is the lack of consistent data collection and reporting at the provincial/territorial and national levels.

Fentanyl is a powerful synthetic opioid pain reliever that is chemically related to morphine, but 50 to 100 times more potent.⁶ It enters the illegal market by

diversion of pharmaceutical fentanyl products from the domestic supply chain or by illegal importation of the drug via Internet sales,⁷ notably from China.⁴ In addition, the precursors for fentanyl can be imported as can the equipment necessary to manufacture pills. In Canada, the price of fentanyl is now lower than that for heroin, and as such, this drug is being used as a partial or total replacement for heroin without the end-user knowing. It may also show up as a contaminant in other illegal psychoactive substances resulting in the user unexpectedly overdosing. Naloxone is the sole product legally available in Canada to reverse opioid overdose; the nasal spray version of which has only recently received Health Canada approval for sale.⁸ In British Columbia, the ‘Take Home’ naloxone program has been in existence since 2012,⁹ but similar programs are only now being established in other provinces and territories. A challenge to their development is the general limited funding available for harm reduction and health promotion programs at the provincial/territorial, and municipal levels.

Compounding this situation are the ongoing difficulties with the establishment of safer consumption facilities, resulting from the current implementation of the Respect for Communities Act.¹⁰

In June 2016, the federal Minister of Health identified several steps the department will be taking to address this issue. These include: providing Canadians with better information about opioid risks; improving medical practices to support better opioid prescribing practices; reducing access to unnecessary opioids; expediting regulatory approval and importation of naloxone nasal spray; supporting improved treatment options for patients with addiction; and improving the evidence base.¹¹ In addition, the House of Commons Standing Committee on Health has held hearings concerning the opioid crisis in Canada.¹²

We encourage all levels of government to continue their efforts to address this crisis, while considering the benefits of supplementing them with a public health approach to addressing the management of illegal psychoactive substances. The evidence supporting such an approach can be found in the CPHA Discussion Paper entitled “A New Approach to Managing Illegal Psychoactive Substances in Canada.”¹³

REFERENCES

1. British Columbia. [Provincial Health Officer declares public health emergency](#). 2016.
2. Hyshka E. Western Canada’s opioid overdose Epidemic: An urgent need for better public health responses. Presented at: [Charting the Future of Drug Policy in Canada](#). Toronto, ON: 2016 June 17.
3. Karstens-Smith G. [Fentanyl crisis coming to Ontario: police and community groups warn](#). CBC News 2016 Aug 29.
4. Canadian Centre for Substance Abuse. [CCENDU Bulletin: Deaths involving fentanyl in Canada, 2009-2014](#). Ottawa, ON: 2015.
5. Mertz E. [Carfentanil, a drug 100X more powerful than fentanyl, confirmed in deaths of 2 Albertans](#). Global News 2016 Oct 7.
6. National Institute on Drug Abuse. [Fentanyl](#). 2016.
7. Howlett K, Giovannetti J, Vanderklippe N, Perreux L. [A Killer High: How Canada got addicted to fentanyl](#). The Global and Mail 2016 June 28.
8. Health Canada. [Notice - Availability of Naloxone Hydrochloride Nasal Spray \(NARCAN\) in Canada](#). Ottawa, ON: 2016 July 6.
9. Jafari S, Buxton JA, Joe R. Rising fentanyl related overdose deaths in British Columbia. *Can J Addiction* 2015;6(1):4-6.
10. Canadian Public Health Association (CPHA). [Policy brief: Supervised consumption facilities – meeting a community need](#). *CPHA Health Digest*, Winter 2013-2014;36(4).
11. Philpott J. [Speaking notes for the Honourable Jane Philpott, Minister of Health – 2nd Charting the Future of Drug Policy in Canada Conference](#). Toronto, ON: 2016 June 17.
12. Parliament of Canada. [The Standing Committee on Health \(HESA\) hearings on the opioid crisis in Canada](#). 2016 Oct 18.
13. Canadian Public Health Association (CPHA). [A New Approach to Managing Illegal Psychoactive Substances in Canada](#). Canadian Public Health Association, Ottawa ON: 2014 May.



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