

Opioid epidemic requires national response

As Ottawa and the provinces negotiate a new health accord, addictions have to be a priority



In light of over 200 recent deaths from fentanyl, a synthetic opioid, the chief medical officer of health of British Columbia has declared B.C.'s first ever public health emergency. (HO / THE CANADIAN PRESS)

By **THOMAS PIGGOTT AND JIA HU**

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Opioid-related deaths have reached a crisis level in Canada.

In light of over 200 recent deaths from fentanyl, a synthetic opioid, the chief medical officer of health of British Columbia has declared B.C.'s first ever public health emergency. In neighbouring Alberta, deaths from fentanyl have increased by 4,500 per cent over the last five years. Here in Ontario, one out of every eight deaths among young adults is attributable to opioids.

The opioid epidemic sweeping across the country is affecting people from all walks of life — the young and the old, the wealthy and the homeless. No one is immune.

Thus far, some Canadian provinces have acted in an isolated fashion to stem this public health crisis, but as the death toll continues to rise, the time for a national response is now.

The year ahead will be a significant one for public health and health care in Canada. The federal government, led by physician health minister Jane Philpott, is in the midst of negotiating a new health accord with the provinces. This accord is important because it defines the amount of funding provinces and territories will receive from the federal government to support provincial health programs. This funding allows Ottawa to influence priorities and address areas of need.

The long overdue health accord will chart the course for the future of Canada's health-care system. Prime Minister Justin Trudeau, in his mandate letter to Minister Philpott, explicitly called for the new accord to "make high quality mental health services more available to Canadians who need them."

Central to the dialogue of improving mental health services must be recognition of the importance of addressing addictions. These must be thought of as mental health issues, rather than issues of personal responsibility, crime and blame.

So, what can the new health accord do?

First, funding must be made available for increased harm reduction services across the country. The federal government has breathed new life into effective harm reduction strategies such as supervised injection sites, and Health Canada recently announced that naloxone, an antidote to opioids, would be made available without a prescription at pharmacies. Both of these strategies must be rapidly scaled-up across Canada.

Second, the federal government should help ensure individuals receive effective and timely treatment for their addictions. This not only means greater access to counselling and therapy, but also to opioid substitution therapies like methadone and buprenorphine. These medications provide stability in the life of people who use drugs so that they can recover and improve functioning. Referral to these treatments should be available for patients whenever they interact with the health-care system, whether it is at their family doctor or when they come into the emergency department with an overdose.

The health accord must also address the root cause of addictions. The medical community is in part culpable for the opioid crisis: inappropriate prescribing of opioids in the management of chronic pain by physicians is a known driver of addictions.

As a result, it is incumbent upon physicians to be a part of the solution. Emphasis should be placed on improving clinical guidelines on opioid prescribing and the pathways of care for managing patients with chronic pain. Increased funding for non-opioid and non-pharmaceutical pain management solutions and improved access to specialist care for these patients will also prevent opioid addictions from starting in the first place.

Finally, these new services should be informed by valid data and research. Currently, it is difficult to compare the number of opioid-related deaths between provinces as provincial coroners collect the information differently. The federal government should strengthen standardized data collection and research that would guide improved public health action.

Ultimately, the new health accord must prioritize a radical approach to mental health and addiction in order to curb the rise in opioid-related deaths in Canada. The approach should be grounded in harm reduction and treatment, while focusing on targeting the upstream factors that cause and perpetuate addictions.

As the federal government seeks to work with the provinces on the negotiation of a new health accord, addictions have to be a priority.

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