

Addiction Recovery in Canada

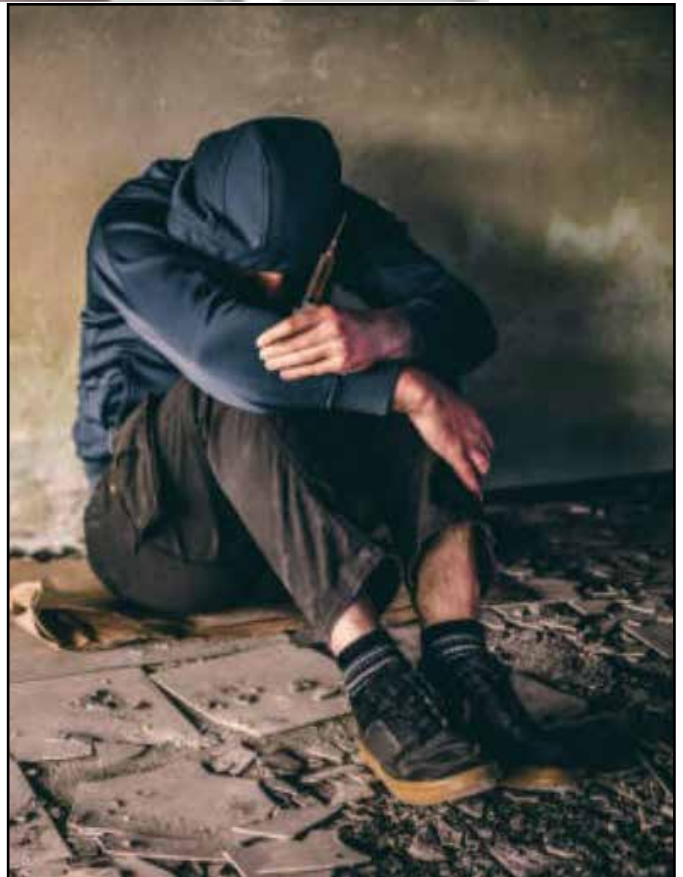


13,000 people died in Canada between 2016-2019 as a result of the opioid crisis. But opioids aren't the only addiction issue in Canada. Alcohol is the most commonly abused substance for Canadians, which carries risks of immediate injuries while impaired as well as risks for long-term health effects such as liver damage and cancer.

In 2017, the cost of substance use in Canada was calculated to be a staggering \$46 billion. Almost 63% of these total costs were due to alcohol and tobacco in relation to lost productivity and healthcare costs.

Rehabilitation

In response to the rise of opioid overdoses driven by opioids laced with fentanyl and other synthetic opioids, Canada has experimented with providing a safer supply of drugs, supervised consumption services, and pharmacological treatments, transition support, treatment programs that address a person's environmental needs such as housing, employment, and/or stigmatization problems.



Rehabilitation is available through public funding or private funding, though the quality of services may vary. Wait times for publicly funded rehab treatment are notoriously long with limited spaces, while privately funded residential treatment centers require payment from insurance or the individual. Treatment plans may include outpatient care, inpatient treatment, residential centers, withdrawal management centers, or continuing care. Outpatient programs can be just as effective as inpatient programs, and treatment can be specialized for the needs of different communities and populations.

Critics of the safe-supply strategy are concerned that safer supply drugs (such as hydromorphone) is being re-sold on the open market so users can flip them in order to buy stronger drugs like fentanyl, as evidenced by the street price collapse of hydromorphone.

Current Canadian laws determine if a court order is required to push someone into drug treatment. Except for exceptionally severe situations, adult drug users can refuse rehabilitation treatment.

Alberta Eying New Legislation

In October of 2022, incoming premier Danielle Smith announced a party focus on addiction recovery. Alberta's UCP party introduced a new Mental Health and Addiction Ministry, headed by Nicholas Milliken. The government boosted support of drug treatment courts and expanded a program to offer



opioid treatment to individuals in police custody. The Alberta government added 10,000 treatment spaces to provide detox and recovery services, and committed to adding 700 treatment beds, five new mental-wellness centers, new youth recovery spaces, online recovery communities, and to building a health record software system that would link facilities and Albertans, aggregate waitlists, and track data on individual recovery goals and outcomes.



Smith has described supervised consumption sites as making things worse. “The answer to addiction and public safety is not more drugs or ignorance or looking the other way and hoping for the best,” she said in May 2023.

In April and May 2023, reports surfaced that the AB government was considering new legislation, called the “Compassionate Intervention Act.” This legislation would broaden the circumstances under which people with severe drug addictions could be placed into treatment without their consent. The proposed act would allow a family member, doctor, psychologist, or police officer to petition a non-criminal judge to issue a treatment order.

This legislation seems partly based on observation of the US expanded use of court-mandated drug treatment programs. Generally, a person cannot be civilly committed unless they're deemed a danger to the health or safety of themselves or others.

Smith argues that those with substance use disorders are not capable of making healthy decisions themselves, but there is very little research showing that forcing someone into drug treatment helps them in the long run. Some studies show that forced recovery programs may be harming people instead. Studies in 2016 and 2018 found that involuntary treatment was associated with an increased risk of a drug overdose after release, possibly due to the loss of tolerance to the drug when someone stops using them. Also, a reluctant rehab participant is less likely to accept or adhere to rehab aftercare, leaving them more vulnerable and less trusting of the world. There are also cases of involuntary drug treatment centers around the world effectively turning into internment camps.

The proposed legislation has been met with criticism from advocates, experts, and opposition NDP for prioritizing recovery in favor of harm reduction efforts. Opposition Rachel Notley applauded the UCP proposal to invest in addiction recovery, but was critical of forced recovery. Notley advocates support for broader forms of therapy and more transitional support after rehabilitation. Shortly after the proposed legislation was announced, the legislature was adjourned for the May 2023 provincial election.

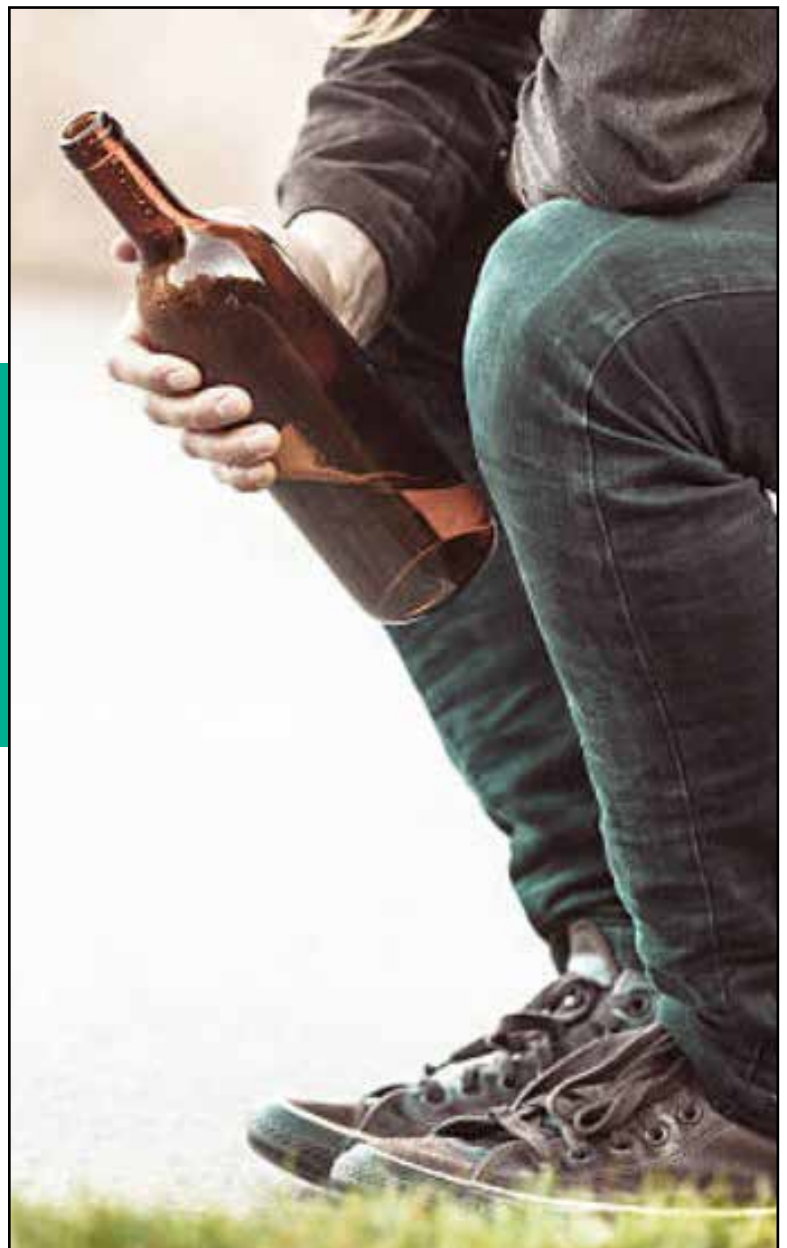
Canadian Drugs and Substances Strategy

The national drugs strategy in Canada is led by the Minister of Health in collaboration with other federal departments, agencies, and civil society groups. Research is ongoing, so the strategy is re-evaluated every 5 years and revised as needed.

During the 2016 evaluation of the strategy, evaluation authors wrote:

“Future strategies should consider the root causes of problematic substance use, the interaction with other issues (e.g., mental health, poverty, victimization, and socioeconomic status), and gaps in the emotional and financial resources available to at-risk populations.”

In response, the National Anti-Drug Strategy was replaced with the Canadian Drugs and Substances Strategy (2017, revised 2021). This strategy re-instated a fourth pillar from a previous strategy: Harm Reduction. All four pillars of the current strategy are supported by a strong evidence base. The fourth pillar considers why people use psychoactive substances, the most common substances used, and the roles of different levels of government, civil society partners, and stakeholders in addiction and recovery.



Should We Be Worried?

As of May 30, 2023, Danielle Smith continues to act as premier of Alberta and has stated her desire to see this legislation go forward. Milliken has been voted out from his position, and the NDP party is poised to provide significant opposition to the UCP. This is one of those scenarios where politics can directly affect the development and support of healthcare services.

When designing a strategy to combat addiction, there are a few things that need to be prioritized. First and foremost, the strategy will affect real and very vulnerable people. It's important to consider the root causes of problematic substance use, the interaction with other issues (such as mental health, poverty, victimization, and socioeconomic status), and gaps in the emotional and financial resources available to at-risk populations. Addiction is a chronic disease, and relapse is a completely normal part of the recovery process, not a moral failing.



The More You Know: Naloxone

Opioid overdose causes the breathing to slow to dangerous levels and sometimes the heart may stop. The victim may look like they are asleep, breathing very shallowly, unresponsive, and/or turning blue. available for free. As well, some workplaces provide training on administering naloxone.

The effects of opioid overdose can be temporarily reversed using naloxone, which is either injected in a manner similar to Epi-pens or as a nasal spray (also known as NARCAN). CPR may be required to restart the heart and/or lungs.

Naloxone kits are available free of charge at many pharmacies and community-based organizations. Naloxone training resources are available online or through first-aid training services for free or at various price points. The Canadian Red Cross and your provincial or territorial Health ministry may have courses

The More You Know: Needle Safety

Opioids aren't always injected, but it's helpful to know how to respond to discarded drug paraphernalia in the community. Check your municipal public health department for programs and resources available to you.

Generally speaking, safe handling and disposal guidelines for needles are to wear gloves and carefully use tongs, pliers, or tweezers to place the needle in a hard plastic container, such as a pop bottle. Take care not to make direct contact with the needle and keep the sharp end pointed away from you. Find a needle drop box to dispose the container with the needle inside. Wash your hands and/or use hand sanitizer, and clean and disinfect the tweezers. Pharmacies will have a sharps box for proper disposal, and your municipality health department may have a form available for you to report what you found.

