

## A public health approach to Canada's opioid crisis



An unprecedented public health crisis is confronting North America: a deadly drug overdose epidemic. Opioids (including prescription opioids and illegal opioids, such as heroin and illicitly manufactured fentanyl) are the main drivers of drug overdose deaths in the USA and Canada. The situation in the USA has been widely publicised in international media outlets. Opioids were responsible for more than 42 000 deaths in 2016 in the USA, a number five times higher than in 1999. The situation in Canada is equally devastating. Each day, 16 Canadians are hospitalised as a result of opioid poisonings, and an estimated 4000 died from opioid overdoses last year. Death rates from drug overdoses in some parts of Canada are skyrocketing as high as those in the states hardest hit in the USA: in British Columbia, the overdose death rate was 30.2 deaths per 100 000 individuals from January to October 2017. These are not mere numbers and statistics; these are a real threat to public health and to public good—with important ramifications for the stability and quality of life of individuals, families, and communities, and come at a huge cost to the Canadian health-care system and society.

Canada has introduced important measures to address the crisis. And these measures have saved lives, as shown in a study by Michael Irvine and colleagues in *The Lancet Public Health*. In British Columbia (where a public health emergency was declared in 2016) this crisis is specifically associated with fentanyl, which is far more potent than morphine or heroin, and which was detected in 83% of overdose deaths. In response to this carnage, authorities have scaled up the distribution of overdose prevention kits (take-home naloxone). Irvine and colleagues' modelling study estimated that the programme prevented 226 deaths during the study period (Jan 1–Oct 31, 2016) and that one death was averted for every 65 naloxone kits distributed, one for every ten kits that were used. They also suggest that earlier distribution of the intervention might have had an even greater impact on overdose deaths. Undeniably, rapid and wide distribution of naloxone is key to saving lives, but “while good, it is far from good enough” for Catherine Comiskey writing the accompanying Comment. She also stresses the importance of a holistic and multifaceted approach.

As the opioid crisis in Canada continues to escalate, there is an urgent need for more comprehensive policies grounded in the best available evidence.

Acknowledging the breadth and complexity of the issue at stake and that the war on drugs does not work, on April 17, the Canadian Mental Health Association (CMHA) published a report *Care not Corrections—Relieving the opioid crisis in Canada*, calling to tackle opioid use as a health issue and not as a criminal matter. The report was developed by a team of policy and research experts and offers a compelling approach. The recommendations are based on four pillars: prevention, treatment, harm reduction, and collaboration and support—rather than enforcement, thereby emphasising the need to divert resources from the criminal justice system to the health-care system. Six recommendations have been identified as key priorities for action: strengthen the social determinants of health and invest in mental health services; research, fund, and improve access to treatment for opioid use disorders; develop a national pain and addiction strategy for safer pain management; increase overdose prevention sites and supervised consumption sites; support prescription drugs as an alternative to contaminated drugs; and decriminalise the personal possession of illegal drugs (following Portugal's example). The CMHA report unambiguously recognises the centrality of harm reduction in drug policy, in line with the Global Commission on Drug Policy and the European Monitoring Centre for Drugs and Drug Addiction. It offers the Canadian Government and policy makers a comprehensive, evidence-based, and innovative variety of recommendations for an effective and ambitious public health response to the Canadian opioid epidemic.

The opioid crisis is a complex health and social issue requiring a complex health and social response. A response that is evidence-based, holistic, multi-disciplinary, collaborative, and compassionate. A response that balances accessibility to opioids for medical use with minimal risk of opioid diversion.

Opioid use is a global challenge. The opioid drug market is a global market. The criminality is global. The human suffering is global. A more assertive global response from WHO and its regional offices that challenges member states to take a public health approach and hold them accountable is needed. ■ *The Lancet Public Health*

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For the CMHA report see  
[https://cmha.ca/wp-content/uploads/2018/04/CMHA-Opioid-Policy-Full-Report\\_Final\\_EN.pdf](https://cmha.ca/wp-content/uploads/2018/04/CMHA-Opioid-Policy-Full-Report_Final_EN.pdf)