



## Opioids: A national crisis needs a federal response



BC-CfE Research Associate, Pauline Voon

On March 7, Health Minister Jane Philpott received a letter from U.S. senators urging Canada to join forces in combatting prescription drug abuse. Four days later, a bipartisan bill supporting a national drug-addiction program sprinted through the U.S. Senate with a 94-1 vote, in an unprecedented display of unity that has rarely been seen between Republicans and Democrats in recent years.

On March 15, the U.S. Center for Disease Control and Prevention released a national Guideline for Prescribing Opioids for Chronic Pain. Then, on March 18, the U.S. Department of Health and Human Services unveiled a National Pain Strategy, the first federally co-ordinated plan to address chronic pain in America.

These major recent developments bring us to the question: When will Canada step up to the plate to address prescription-drug use, opioid addiction and chronic pain?

One in five Canadians suffer from chronic pain, which is more than the number with diabetes, heart disease and cancer combined. As a result, pain is one of the most common reasons for seeking medical care, resulting in a huge burden on our health system.

At the same time, there is now a general consensus that opioid medications – once considered the gold-standard treatment for pain – pose high risk for harms such as overdose and addiction, which outweigh their potential benefits. Now, due to overprescribing of opioid medications over the past decade and a half, we are seeing these exact consequences throughout Canada – to the extent that in several Canadian settings, more people are dying from opioid overdoses than from motor-vehicle accidents involving alcohol.

In 2012, health minister Leona Aglukkaq deferred federal responsibility for the opioid epidemic by listing strategies that “all clearly fall under provincial and territorial jurisdiction.” Clearly, that approach has failed.

As provinces scramble to find their own solutions to these problems, the federal government and national professional health bodies have the power to take leadership in several key areas:

1. Improving education in pain and addiction. Only **one third** of Canadian medical schools provide mandatory

instruction in pain management, and veterinarians receive five times more hours of training in pain management than medical students in Canada. Worse yet, up to 95 per cent of primary-care physicians are unable to identify substance abuse. Despite these glaring problems, national health bodies, such as the College of Family Physicians, have recently rejected calls for mandatory training on opioid prescribing.

2. Improving access to overdose prevention. On March 22, Health Canada allowed naloxone, a lifesaving injectable antidote to opioid overdose, to be available without a prescription. This is a major step toward preventing overdose deaths. Now, Health Canada should fast-track more user-friendly formulations of naloxone such as auto-injectables and nasal sprays.

3. Improving access to addiction treatment. There are many treatments for opioid addiction. Unfortunately, even conventional treatments (e.g., methadone maintenance treatment) are often difficult to access. Meanwhile, newer treatments (e.g., buprenorphine/naloxone) are often not prescribed due to unnecessary restrictions by Health Canada and provincial regulatory bodies, despite these treatments being safer and more convenient.

4. Improving non-opioid alternatives for pain management. It is not enough to simply crack down on the number of opioids being prescribed without providing safe and effective alternatives for pain. Research has shown how individuals may resort to buying painkillers – or even heroin – off the street if they are denied pain medication from physicians.

We need multifaceted national pain and addiction strategies, such as those introduced by our neighbours to the south over the past month. Since 2011, there have been endorsements from more than 150 organizations for a Canadian Pain Strategy, but no progress has yet been made.

The time for national leadership is now.

*Pauline Voon is a Registered nurse and research associate at the B.C. Centre for Excellence in HIV/AIDS, and doctoral student in the School of Population and Public Health at the University of British Columbia.*

### UPCOMING EVENT

#### “HIV Management: It’s Easier Than You Think!”

The BC Centre for Excellence in HIV/AIDS, in partnership with UBC CPD (Continuing Professional Development), is pleased to offer a workshop on HIV/AIDS primary care and management in Victoria on Thursday, May 6, 2016. The workshop will be delivered in an in-person interactive format with expert facilitators to maximize opportunities for group discussion, knowledge sharing, and questions. Presentations will be followed by case study discussions.

The goal of this session is for physicians to develop and build the confidence to provide primary care for HIV-positive patients.

**Date:** Friday, May 6, 2016 from 12:30-5 p.m

**Location:** Victoria General Hospital, Room 263, 1 Hospital Way, Victoria, BC V8Z 6R5

**Free:** Course materials provided and lunch available in Victoria

**Credits:** Up to 4.5 Mainpro-M1

**Videoconference:** Across Vancouver Island

**Registration:** <http://ubccpd.ca/course/hiv-management>

Space is limited. Early registration is advised.

\*Online Registration ends Thursday, April 28, 2016 at 11:59 p.m.

For more information please contact [education@cfenet.ubc.ca](mailto:education@cfenet.ubc.ca)

## BC-CfE research scientist helps SFU Public Policy student team win national championships

Simon Fraser University’s School of Public Policy team took home its second consecutive top prize last month at the prestigious National Public Administration and Policy Case Competition—hosted by the University of Ottawa’s Graduate School of Public and International Affairs.

Team members Eric Bing, Hope Caldi, Sarah Griffiths and Sandy Lee were coached by public policy professors Nancy Olewiler and Kora DeBeck, also a BC-CfE research scientist. Team SFU presented on how Ontario and Quebec governments could combine their efforts to deal with their aging populations and the resulting health care, labour market and economic pressures.

Read more at [bit.ly/SFUPPWin](http://bit.ly/SFUPPWin).

### LECTURES & EVENTS

#### What’s New in Addiction Medicine?

##### ***Does AA Work?: A Review of the Evidence for 12-Step Programs in the Treatment of Substance Use Disorders***

Speaker: Dr. Kit Fairgrieve

Tuesday, April 26, 2016, 12–1PM

Hurlburt Auditorium (2nd floor), St. Paul’s Hospital

#### Spring HIV/Antiretroviral Update

Monday, April 25, 2016, 8:30 AM–5PM

Grand Ballroom-North Tower, Sheraton Wall Centre Hotel

#### HIV Care Rounds

##### ***PrEP***

Speaker: Dr. Mark Hull

Thursday, April 21, 2016, 8–9AM

Conference Room 7, Providence Level 1, St. Paul’s Hospital

##### ***Primary Care Guidelines***

Speakers: Dr. Silvia Guillemi, Dr. Rolando Barrios, Dr. Aida Sadr, Dr. Marianne Harris

Thursday, May 19, 2016, 8–9AM

Conference Room 7, Providence Level 1, St. Paul’s Hospital

For more information, contact us at

**Education@cfenet.ubc.ca** or visit our website at [www.education.cfenet.ubc.ca](http://www.education.cfenet.ubc.ca)

### BC Centre for Excellence in HIV/AIDS

- > Improve the health of British Columbians with HIV through comprehensive research and treatment programs;
- > Develop cost-effective research and therapeutic protocols;
- > Provide educational support programs to health-care professionals;
- > Monitor the impact of HIV/AIDS on B.C. and conduct analyses of the effectiveness of HIV-related programs.

Physician Drug Hotline  
1.800.665.7677

St. Paul’s Hospital Pharmacy Hotline  
1.888.511.6222

Website  
[www.cfenet.ubc.ca](http://www.cfenet.ubc.ca)

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