

Overview of Health Canada's Approach to Problematic Substance Use

Prepared to provide information to the Commissioners of the National Inquiry into Missing and Murdered Indigenous Women and Girls under Rule 33

Introduction

Problematic substance use is a significant public health and safety issue affecting individuals, and communities across Canada. According to the First Nations Regional Health Survey (2015-2016), published in March 2018, alcohol and drug use continues to be a challenge for community wellness faced by on-reserve communities.¹ Evidence indicates that problematic substance use can lead to a number of public health and safety issues including dependence, overdose, violence and crime², which contributes to both the vulnerability and violence suffered by Indigenous women and girls.

Health Canada plays an important role in the funding and delivery of initiatives focused on the prevention, treatment, harm reduction and enforcement measures aimed at addressing problematic substance use. Health Canada approaches problematic substance use in a comprehensive, collaborative, compassionate and evidence-based manner, with the goal of improving the lives and reducing the vulnerability of those who are impacted by problematic substance use and its consequences, including Indigenous women and girls.

This document aims to provide the National Inquiry into Missing and Murdered Indigenous Women and Girls (the National Inquiry) with an overview of Health Canada's work in this regard, as well as links to key relevant resources.

Background

The Minister of Health is responsible for maintaining and improving the health of Canadians. The Minister is supported by the Health Portfolio which comprises Health Canada, the Public Health Agency of Canada, the Canadian Institute of Health Research, the Patented Medicine Prices Review Board and the Canadian Food Inspection Agency. Health Canada is established pursuant to the *Department of Health Act* and is responsible for administering many pieces of legislation and developing and enforcing regulations under these legislations that have a direct impact on the health and safety of Canadians.

¹ https://fnigc.ca/sites/default/files/docs/fnigc_rhs_phase_3_national_report_vol_1_en_final_web.pdf

² White, Loeber, Stouthamer-Loeber, and Farrington. Developmental associations between substance use and violence. *Development and Psychopathology*, 11 (1999), 785–803.

Canada has had successive federal drug strategies in place since 1987 that have aimed to balance public health and public safety objectives through the areas of prevention, treatment, enforcement, and at times, harm reduction. In December of 2016, the Minister of Health announced the new Canadian Drugs and Substances Strategy (CDSS).³ The CDSS takes a public health approach to problematic substance use and emphasizes compassion and collaboration between sectors. This new approach recognizes that there are powerful social factors in play that require health and social service responses, alongside ones aimed at reducing the supply of illegal drugs. Reflecting this, the Government of Canada has taken a coordinated approach to address the crisis, with actions and commitments coming from across numerous federal departments and agencies. The strategy is delivered in collaboration with 14 other federal departments and agencies, including Indigenous Services Canada (ISC). The scope of the strategy includes both legal and illegal substances and the strategy also places a particular emphasis on reducing the stigma associated with problematic substance use. A consultation process is currently underway to seek feedback from Canadians on next steps for the CDSS, including efforts to support Indigenous groups and to address risks to vulnerable populations.⁴ Health Canada is working with ISC to engage the Indigenous community and raise awareness about the consultation. In addition, Health Canada is currently looking at different avenues to continue our engagement with them.

Response to the Opioid Crisis

In her mandate letter, the Minister of Health⁵ was tasked with leading the coordination of the federal response to the opioid crisis. Federal actions to address the opioid crisis have been summarized in a public report: Government of Canada Actions on Opioids: 2016 and 2017.⁶ Since early 2016, actions from numerous departments have resulted in:

- a change in approach to problematic substance use generally, to provide a greater focus on public health;
- greater coordination among partners, to ensure we have not left gaps and that our initiatives are working together;
- changes in legislation and regulations, to address barriers to services or treatment options and gaps in our enforcement authorities;
- enhanced or targeted compliance and enforcement measures, to address illegal activities with drugs;
- new or refocused programming and increased funding to provide needed services; and,
- collaborative efforts to build a more robust evidence base, to inform actions and identify new trends.

³ <https://www.canada.ca/en/health-canada/news/2016/12/new-canadian-drugs-substances-strategy.html>

⁴ <https://www.canada.ca/en/health-canada/programs/consultation-strengthening-canada-approach-substance-use-issues.html>

⁵ <https://pm.gc.ca/eng/minister-health-mandate-letter>

⁶ <https://www.canada.ca/en/health-canada/services/publications/healthy-living/actions-opioids-2016-2017.html>

The examples of these actions can be found further below under the prevention, treatment, enforcement and harm reduction headings. Building on these actions, the Government of Canada has announced investments of \$231.4 million over five years for additional measures to help address the opioid crisis in Budget 2018.⁷ New federal actions will build on four key areas: increasing access to treatment services for all Canadians, addressing stigma associated with people who use drugs, taking action at our borders and enhancing our support for law enforcement, and expanding the evidence base to inform and evaluate our response.⁸

An additional \$200 million, with \$40 million per year ongoing, was announced in Budget 2018 to enhance the delivery of culturally appropriate addictions treatment and prevention services in First Nations communities with high needs. As part of the response, ISC has received funding to increase access to community-based opioid agonist treatment, including residential and day treatment programs, mobile problematic substance use disorder services; and opioid agonist treatments with wraparound care. This is expected to result in an increased number of communities with the capacity to safely manage more individuals in opioid agonist treatment with wraparound care.

Some key examples of on-going areas of focus are highlighted below.

Prevention

Currently, Health Canada prevention efforts under the CDSS focus on raising awareness through communications materials, as well as funding for research studies and community-based projects through the Substance Use and Addictions Program (SUAP).⁹ SUAP recently amended their terms and conditions and they can now fund projects on reserve. Given this, they expect to fund more projects targeting Indigenous communities. One of the projects currently funded under the program is the *Enhancing Primary Care Capacity for Evidence-Based & Community-Oriented Opioid Treatment in Indigenous Contexts in Alberta: Feasibility & Scale-Up of a Telehealth Model*, an initiative out of the University of Calgary. Its objective is to adapt a telehealth model for opioid replacement therapy delivery within remote areas, including Indigenous primary care settings, to increase access to Suboxone and reduce barriers to distribution.

Public education campaigns and outreach initiatives since May 2017 have included providing Canadians with information online at Canada.ca/Opioids¹⁰ related to the federal government's response to the opioid crisis, a series of videos including one on the dangers of fentanyl¹¹, and

⁷ <https://www.budget.gc.ca/2018/docs/plan/budget-2018-en.pdf> (see in particular pages 128, 167-171, 263-265 and 267)

⁸ <https://www.canada.ca/en/health-canada/news/2018/03/budget-2018-funding-for-the-opioids-crisis.html>

⁹ <https://www.canada.ca/en/health-canada/services/substance-use/canadian-drugs-substances-strategy/funding/substance-use-addictions-program.html>

¹⁰ <https://www.canada.ca/opioids>

¹¹ <https://www.canada.ca/en/health-canada/services/video/fentanyl.html>

posters¹² and wallet cards¹³ about seeking emergency help for someone experiencing an overdose in various Canadian cities.

In addition, in June 2018, the Minister of Health announced a series¹⁴ of measures to address industry's opioid marketing practices, including the Government's intention to severely restrict most forms of prescription opioids marketing. As a result, Health Canada now requires pharmacists to affix warning stickers to opioid prescriptions and distribute information sheets at the time of dispensation to provide clear information to patients about using opioids safely and the risks associated with their use.

The next steps on prevention-specific efforts are currently under development. They will mainly focus on addressing root causes of problematic substances use (i.e. social determinants of health).

Treatment

The availability of treatment and support services for individuals whose health is negatively affected by problematic substance use is an important part of Canadian drug policy and the CDSS. Although responsibility for the delivery of most publicly available drug treatment and rehabilitation services in Canada rests with the provincial and territorial (P/T) governments, the Government of Canada works closely with P/T governments and other key stakeholders in this regard to remove regulatory barriers to treatment and to provide funding for treatment programs. This includes funding to support innovative, evidence-informed approaches to treatment, as well as sharing knowledge about best practices in drug treatment across the country. P/Ts are invited to propose problematic substance use treatment investment opportunities, after which they sign a bilateral agreement with Health Canada. To date, agreements have been signed with New Brunswick, Newfoundland and Labrador, Quebec and British Columbia. In addition, recognizing the scope of the opioid crisis, the Government of Canada has committed \$150 million for a one time Emergency Treatment Fund through Budget 2018¹⁵ to support multi-year projects that improve access to evidence-based treatment services.

In March 2018, the Minister of Health announced that the Government of Canada was removing barriers to accessing diacetylmorphine (prescription heroin) and methadone for the treatment of opioid use disorder.¹⁶ For example, health practitioners are no longer required to seek an exemption from Health Canada to prescribe, administer, sell or provide methadone to their

¹² <https://www.canada.ca/content/dam/hc-sc/documents/services/substance-abuse/prescription-drug-abuse/opioids/toolkit/awareness-resources/gsl-poster-eng.pdf>

¹³ <https://www.canada.ca/content/dam/hc-sc/documents/services/publications/healthy-living/opioid-overdose-wallet-cards-public-events/full-wallet-card-eng.pdf>

¹⁴ <https://www.canada.ca/en/health-canada/news/2018/06/minister-of-health-ginette-petitpas-taylor-announces-intent-to-severely-restrict-marketing-of-opioids.html>

¹⁵ <https://www.canada.ca/en/health-canada/services/substance-use/problematic-prescription-drug-use/opioids/responding-canada-opioid-crisis/emergency-treatment-fund.html>

¹⁶ <https://www.canada.ca/en/health-canada/news/2018/03/the-honourable-ginette-petitpas-taylor-minister-of-health-announces-new-measures-to-reduce-barriers-to-treatment-and-231-m-to-address-the-o.html>

patients. For diacetylmorphine, the amendments provide flexibility by allowing patients to receive the product outside a hospital setting. The amendments also allow nurse practitioners to prescribe diacetylmorphine – if permitted by their province or territory. New funding has also been provided to a number of innovative projects, such as drug checking pilots, pilots on safer alternative to opioids, hydromorphone (Dilaudid), and peer support programs.¹⁷

It is difficult to predict the specific impact of these measures on Indigenous peoples. On-reserve, there are already exemptions in place to permit nurses to conduct additional activities with controlled substances to allow them to completely care for communities, especially in remote or isolated settings. These exemptions are just now being extended to all community health settings.

Enforcement

Under the CDSS, the enforcement pillar emphasizes the government's commitment to strengthen enforcement efforts related to drug importation, production, supply and distribution. At the federal level, a significant number of resources are focused on law enforcement efforts to address activities related to illegal drugs as well as alcohol and drug impaired driving.¹⁸

Health Canada also plays a role in compliance and enforcement by ensuring that persons conducting legal activities with controlled substances are appropriately authorized to do so, namely by developing legislation, regulations, policies and operations that support the control of drugs and other substances, therefore minimizing the potential for diversion to illegal markets.¹⁹ Health Canada complements this activity with random on-site inspections of places authorized to administer controlled substances to ensure that those within the legal supply chain comply with the *Controlled Drugs and Substances Act* (CDSA)²⁰ and its regulations.

Harm Reduction

Under the CDSS, harm reduction has been reintroduced as a key pillar of Canada's drug policy.²¹ Harm reduction is an integral part of a public health approach to drug policy that fits within the continuum of integrated prevention and treatment services. Harm reduction measures aim to reduce the negative health, social, and economic impacts of substance use (e.g. injury, disease transmission, crime, overdose, death, etc.) at the individual and community level and do not require abstinence as the primary goal. Examples include supervised consumption sites (SCS), increasing the availability of naloxone kits, encouraging individuals to seek help and educating the general population on problematic substance use to reduce stigma.

¹⁷ <https://www.canada.ca/en/health-canada/news/2018/03/reducing-regulatory-barriers-to-accessing-treatment-and-new-funding-for-innovative-projects.html>

¹⁸ Drug-impaired driving: <https://www.canada.ca/en/services/policing/police/community-safety-policing/impaired-driving/drug-impaired-driving.html>

¹⁹ <https://www.canada.ca/en/health-canada/corporate/about-health-canada/branches-agencies/healthy-environments-consumer-safety-branch/drug-strategy-controlled-substances-programme.html>

²⁰ <http://laws-lois.justice.gc.ca/eng/acts/C-38.8/>

²¹ Backgrounder on CDSS:<https://www.canada.ca/en/health-canada/news/2016/12/new-canadian-drugs-substances-strategy.html>

Since the introduction of the strategy, Health Canada has simplified the application process to establish SCS and today, there are more than 25 approved sites across the country.²² Two mobile sites are located in British Columbia, one in Kamloops and one in Kelowna, which are operated by BC Interior Health Authority. In addition, the Blood Ties Four Direction Centre operating in Whitehorse is now also authorized to provide drug checking services to its clients, so people can understand the risks and make a more informed decision.

In March 2016, Health Canada made naloxone available without a prescription. Naloxone can be used in emergency situations to temporarily reverse the effects of an opioid overdose, thus preventing deaths. Naloxone kits can now be accessed by health providers, first responders, schools, bars and individuals. The Government of Canada also supported the *Good Samaritan Drug Overdose Act*²³, which provides some legal protection for individuals who seek emergency help during an overdose. The goal is to encourage people to make a call to help save a life without fear of charges of simple possession of a controlled substance as well as from charges concerning a pre-trial release, probation order, conditional sentence or parole violations related to simple possession.

Finally, Health Canada is committed to reducing the stigma faced by people who use drugs. Health Canada recognizes that it is important to address stigma so that people can get the health and social supports they need. Stigma-related resources have been added to Health Canada's web pages.²⁴ The department is also developing a series of videos with the health ministries of British Columbia and Nova Scotia, and is working with colleagues across the government to change the language we use when talking about people who use drugs. A national public education campaign on stigma is also being developed. Health Canada continues to consult with lived and living experience groups to understand how they have experienced stigma and how we can work to end it.

Additional Information

General information: <https://www.canada.ca/en/health-canada/services/substance-use/canadian-drugs-substances-strategy.html>

Regulating controlled substances and precursors: <https://www.canada.ca/en/health-canada/corporate/mandate/regulatory-role/what-health-canada-regulates-1/controlled-substances-precursors.html>

Activities conducted under NADS/CDSS: <http://www.justice.gc.ca/eng/rp-pr/cp-pm/eval/rep-rap/2018/nads-sna/eilp-epji.html>

²² <https://www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/status-application.html>

²³ http://laws-lois.justice.gc.ca/eng/AnnualStatutes/2017_4/

²⁴ <https://www.canada.ca/en/health-canada/services/substance-use/problematic-prescription-drug-use/opioids/stigma.html>