ASSOCIATION MÉDICALE CANADIENNE CANADIAN MEDICAL ASSOCIATION

Opening Statement

House of Commons Standing Committee on Health

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Thank you Mr. Chair.

I am Dr. Jeff Blackmer, the Vice-President of Medical Professionalism for the Canadian Medical Association.

On behalf of the CMA, let me first commend the committee for initiating an emergency study on this public health crisis in Canada.

As the national organization representing over 83,000 Canadian physicians, the CMA has an instrumental role in collaborating with other health stakeholders, governments and patient organizations in addressing the opioid crisis in Canada.

On behalf of Canada's doctors, the CMA is deeply concerned with the escalating public health crisis related to problematic opioid and fentanyl use.

Physicians are on the front lines in many respects.

Doctors are responsible for supporting patients with the management of acute and chronic pain. Policy makers must recognize that prescription opioids are an essential tool in the alleviation of pain and suffering, particularly in palliative and cancer care.

The CMA has long been concerned with the harms associated with opioid use. In fact, we appeared before this committee as part of its 2013 study on the government's role in addressing prescription drug abuse.

At that time, we made a number of recommendations on the government's role – some of which I will reiterate today.

Since then, the CMA has taken numerous actions to contribute to Canada's response to the opioid crisis.

These actions have included advancing the physician perspective in all active government consultations.

In addition to the 2013 study by the health committee, we have also participated in the 2014 ministerial roundtable and recent regulatory consultations led by Health Canada — specifically, on tamper resistant technology for drugs and delisting of naloxone for the prevention of overdose deaths in the community.

Our other actions have included:

- Undertaking physician polling to better understand physician experiences with prescribing opioids;
- Developing and disseminating new policy on addressing the harms associated with opioids;
- Supporting the development of continuing medical education resources and tools for physicians;
- Supporting the national prescription drug drop off days; and,
- Hosting a physician education session as part of our annual meeting in 2015.

Further, I'm pleased to report that the CMA has recently joined the Executive Council of the First Do No Harm strategy, coordinated by the Canadian Centre on Substance Abuse.

In addition, we have joined 7 leading stakeholders as part of a consortium formed this year to collaborate on addressing the issue from a medical standpoint.

I will now turn to the CMA's recommendations for the committee's consideration. These are grouped in four major theme areas.

1) Harm Reduction

The first of them is harm reduction.

Addiction should be recognized and treated as a serious, chronic and relapsing medical condition for which there are effective treatments.

Despite the fact that there is broad recognition that we are in a public health crisis, the focus of the federal National Anti-Drug Strategy is heavily skewed towards a criminal justice approach rather than a public health approach.

In its current form, this strategy does not significantly address the determinants of drug use, treat addictions, or reduce the harms associated with drug use.

The CMA strongly recommends that the federal government review the National Anti-Drug Strategy to reinstate harm reduction as a core pillar.

Supervised consumption sites are an important part of a harm reduction program that must be considered in an overall strategy to address harms from opioids. The availability of supervised consumption sites is still highly limited in Canada.

The CMA maintains its concerns that the new criteria established by the *Respect for Communities Act* are overly burdensome and deter the establishment of new sites.

As such, the CMA continues to recommend that the act be repealed or at the least, significantly amended.

2) Expanding Pain Management and Addiction Treatment

The second theme area I will raise is the need to expand treatment options and services.

Treatment options and services for both addiction as well as pain management are woefully under-resourced in Canada.

This includes substitution treatments such as buprenorphine-naloxone as well as services that help patients taper off opioids or counsel them with cognitive behavioural therapy.

Availability and access of these critical resources varies by jurisdiction and region. The federal government should prioritize the expansion of these services.

The CMA recommends that the federal government deliver additional funding on an emergency basis to significantly expand the availability and access to addiction treatment and pain management services.

3) Investing in Prescriber and Patient Education

The third theme I will raise for the committee's consideration is the need for greater investment in both prescriber as well as patient education resources.

For prescribers, this includes continuing education modules as well as training curricula. We need to ensure the availability of unbiased and evidenced-based educational programs in opioid prescribing, pain management and in the management of addictions.

Further, support for the development of educational tools and resources based on the new clinical guidelines to be released in early 2017 will have an important role.

Finally, patient and public education on the harms associated with opioid usage is critical.

As such, the CMA recommends that the federal government deliver new funding to support the availability and provision of education and training resources for prescribers, patients and the public.

4) Establishing a Real-time Prescription Monitoring Program

Finally, to support optimal prescribing, it is critical that prescribers be provided with access to a real-time prescription monitoring program.

Such a program would allow physicians to review a patient’s prescription history from multiple health services prior to prescribing. Real-time prescription monitoring is currently only available in two jurisdictions in Canada.

Before closing, I must emphasize that the negative impacts associated with prescription opioids represent a complex issue that will require a multi-faceted, multi-stakeholder response.

A key challenge for public policy makers and prescribers is to mitigate the harms associated with prescription opioid use, without negatively affecting patient access to the appropriate treatment for their clinical conditions.

To quote a past CMA president: “the unfortunate reality is that there is no silver bullet solution and no one group or government can address this issue alone”.

The CMA is committed to being part of the solution.

Thank you.