



Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers
autorisés de l'Ontario

Hon. Kathleen Wynne
Premier of Ontario
Room 281
Queen's Park
Toronto, ON M7A 1A1

October 29, 2015

RE: Preventing Drug-related Deaths in Ontario

Dear Premier Wynne,

The Registered Nurses' Association of Ontario (RNAO) was pleased to attend a meeting organized by the Ministry of Health and Long-Term Care on October 13 on the use and misuse of narcotics in Ontario. RNAO would like to follow up by providing recommendations on ways that the province could prevent premature deaths and improve health outcomes related to drugs, including alcohol and narcotics.

Globally¹ and in Canada,² the burden of disease attributed to the use of legal substances such as tobacco and alcohol is greater than the use of illegal drugs. In contrast to the Smoke-Free Ontario Strategy that is working towards making this province the Canadian jurisdiction with the lowest smoking rate,³ public policy related to alcohol is moving in the wrong direction. Although the public health evidence is clear that alcohol is no ordinary commodity,⁴ Ontario has announced changes to retail alcohol sales that privilege convenience over social responsibility.⁵ Based on data from the introduction of private sector alcohol outlets in British Columbia, it is estimated that Ontario's decision to sell beer in 450 grocery stores across the province could lead to more than 100 alcohol-related deaths per year.⁶ Revenue generated from taxes on alcohol are far outstripped by alcohol's health and social costs. The annual costs directly attributed to alcohol-related harms for Ontario have been conservatively estimated at \$5.3 billion for health care, premature mortality, lost productivity due to disability, law enforcement, and corrections.⁷

A review of 5,935 opioid-related deaths in Ontario between 1991 and 2010 demonstrated a 242 per cent increase in the overall rate of opioid-related mortality over those two decades.⁸ By 2010, nearly one of every eight deaths (12.1 per cent) among Ontarians aged 25 to 34 years was opioid-related.⁹ Over all age-groups in 2010, one of every 170 deaths (0.6 per cent) in Ontario was related to opioids.¹⁰ In 2013, there were 625 opioid-related deaths or one death every 14 hours in our province.¹¹ Those who are at-risk of an accidental overdose include those who are taking opioids as prescribed as well as those who use opioids not prescribed for them.¹² Building on lessons learned from the global community,^{13 14 15 16} many of these deaths can be prevented by expanding access to naloxone, which reverses the effects of the overdose immediately. The Municipal Drug Strategy Co-ordinator's Network of Ontario¹⁷ and Toronto Public Health¹⁸ have outlined the public health evidence and linked them to recommendations for action to prevent deaths from overdoses that include: health

promotion and education; naloxone; Good Samaritan legislation; supervised injection services; and opioid substitution treatment.

One of the goals of Ontario's Comprehensive Mental Health and Addiction Strategy is to "provide timely, high quality, integrated, person-directed health and human services" so "people have easy access to the right mix of supports."¹⁹ This goal will be impossible to achieve as long as mental health services continue to be too often divorced from addiction services²⁰ and both kinds of services tend to reside in silos hindering access to primary health care.²¹ Organized around service providers rather than their needs, "individuals with mental illness and addiction are expected to adapt to fit into the system and access services and supports only when and where the system can provide them."²² Instead of enabling for-profit methadone maintenance services that are not structured to be integrated, comprehensive, and person-centred,^{23 24 25} transition opioid substitution treatments (suboxone²⁶ as well as methadone) into primary health care. The current methadone maintenance system is expensive, vulnerable to fraud, provides fragmented care, and increases stigma of an already marginalized segment of society. Currently, decreased physician reimbursement is perceived to potentially threaten access to methadone services.²⁷ One means of strengthening access to integrated, comprehensive primary health care is by amending provincial regulations under the *Nursing Act* to enable nurse practitioners to prescribe controlled drugs and substances, as they already do in Alberta, Manitoba, Nova Scotia, Saskatchewan, and several jurisdictions in the United States.²⁸

Thank you for considering these recommendations:

Recommendation 1: Stop proposed plans to "modernize" beer and wine retailing.^{29 30} Any changes to the social responsibility model of alcohol sales currently in place must be based on public health evidence that health outcomes will not be negatively affected.

Recommendation 2: The Ministry of Health and Long-Term Care should take the lead and have overall responsibility for developing an evidence-informed provincial alcohol strategy.³¹

Recommendation 3: The Ministry of Health and Long-Term Care should develop a comprehensive and integrated provincial overdose prevention strategy,³² informed by the recommendations in the *Prescription for Life* report.³³

Recommendation 4: The Minister of Health should designate a Ministry of Health and Long-Term Care lead to facilitate immediate action on overdose prevention and response and provide leadership on the development and implementation of a comprehensive provincial overdose prevention strategy.³⁴

Recommendation 5: Transform the opioid substitution system to one that is organized around meeting the needs of people rather than reimbursement preferences of providers. This could involve integrating opioid substitution into comprehensive primary health care, including addressing provincial regulatory barriers that prevent nurse practitioners from prescribing opioid substitutes.

The Registered Nurses' Association of Ontario (RNAO) and our members would be pleased to provide more information and expertise as needed.

Warm regards,



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Chief Executive Officer, RNAO

cc. Hon. Dr. Eric Hoskins, Minister of Health and Long-Term Care
Patrick Dicerni, Interim ADM, Strategic Policy and Planning Division
Suzanne McGurn, ADM, Ontario Public Drug Programs Division

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