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

RNAO Speaking Notes on:
Bill 101, Narcotic Safety & Awareness Act, 2010 to the Standing Committee on Social Policy

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Registered Nurses' Association of Ontario (RNAO)

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Good afternoon. My name is Maureen Cava and I am a member of on the Board of Directors for the Registered Nurses' Association of Ontario (RNAO). With me today is RNAO's Senior Policy Analyst, Lynn Anne Mulrooney.

RNAO is the professional association for registered nurses who practise in all roles and sectors across this province. We represent over 30,000 registered nurses. Our mandate is to advocate for healthy public policy and for the role of registered nurses in enhancing the health of Ontarians.

We appreciate the opportunity to present this submission on Bill 101 to the Standing Committee on Social Policy.

Bill 101, if passed, would allow the Ministry of Health and Long-Term Care (MOHLTC) to collect, monitor, and analyze information related to prescription narcotics and other controlled substances dispensed to anyone in Ontario through an electronic database.

RNAO supports Bill 101 as an important first step to address the urgent situation causing death and misery for so many individuals, families, and communities across the province. RNAO recommends attentiveness to safeguards to ensure confidentiality and privacy. These elements are essential for all Ontarians when personal data is collected. There is even more at stake for those with actual or perceived mental health and addiction challenges who already experience societal stigma and discrimination. RNAO also urges further consultation with rural, remote, and Aboriginal communities and their front-line clinicians in order to address challenges that could hinder the Bill's effective implementation.

RNAO congratulates the Select Committee on Mental Health and Addictions for their attentive listening in their travels across the province and recommends implementation of the approaches in their thoughtful report, **Navigating the Journey to Wellness: The Comprehensive Mental Health and Addictions Action Plan for Ontarians**.

As the committee found and too many inquests have confirmed, there is no coherent mental health system to help the one in five Ontarians living with mental illness and addiction problems. It is perhaps not surprising that only three in 10 Ontarians living with mental illness and addictions problems are able to access any help as Ontario and Canada rank lowest of OECD countries in terms of spending on mental health service. Ontario cannot afford <u>not</u> to act on a comprehensive mental health and addiction strategy because the human toll touches almost every family.

For this reason, RNAO continues to advocate for the development of an integrated and seamless mental health-care system for all Ontarians, with interprofessional collaboration, delivered at the individual's preferred location, with special consideration for members of Aboriginal communities, older adults

tackling both new and ongoing mental health and addictions challenges, people from racialized communities, new Canadians, people with disabilities, discharged members of the Canadian Forces, children and youth requiring increased and enhanced mental health and addiction services, inmates in correctional facilities, and rehabilitated ex-convicts.

The title page of the provincial Narcotic Strategy describes it as “Ontario’s plan to reduce the misuse and abuse of prescription narcotics and other controlled substances.” Although there is a stated benefit that the strategy will “ensure those with legitimate medical needs get the medications they require,” there is a danger that a focus on narcotic abuse could hinder access to essential pain control.

The World Health Organization has observed that 50 years of a focus on the prevention of drug abuse has resulted in severe under-treatment of severe pain in more than 150 countries, both industrialized and developing. The **New York Times**, for example, recently reported on how patients in nursing homes “have become unintended casualties in the war on drugs because of a new level of enforcement intended to prevent narcotics from getting into the wrong hands.” Canada and the United States both rank ninth in the Quality of Death Index that compares end-of-life care across 30 OECD countries and 10 selected others. The United Kingdom ranks first in quality of end-of-life care as a result of its hospice care network, statutory involvement in end-of-life care, access to painkillers, training availability, public awareness, and physician-patient transparency.

At a recent meeting of the Registered Nurses’ Association of Ontario, a number of nursing leaders expressed concern about inconsistent and inequitable access to palliative care services across the province. Compassionate, knowledgeable skilled nurses spoke of their frustrations knowing that those in their care were not receiving the care they felt ethically obligated to provide at the same time as they were struggling with long hours, disproportionately low wages, and the need to engage in fundraising for what should be essential health services. These system gaps, including difficulties with poor pain and symptom management, have also been documented by the Ontario End of Life Strategy and Cancer Care Ontario. Nurses expert in palliative care are skilled at a wide variety of comfort and care measures to address pain and other symptoms. Narcotics are one of the essential interventions for pain control. Lessons from extended independent nurse prescribing in palliative care in the United Kingdom is an area worth exploring for its potential contribution to holistic, seamless palliative care for patients as well as for insight into challenges.

While it is obvious that we have a societal responsibility to ensure that those who are dying are as comfortable as possible, we must also be responsible in addressing the needs of the up to 3.6 million who live with chronic pain in the province. People in pain need to be able to access what they need without

stigma—this includes people with addiction and mental health issues who also have pain control needs. While there may be a temptation to try to divide people into two distinct groups (“legitimate patients with pain” and “abusers”), reality is not that neat.

We would like to invite the Standing Committee on Social Policy to read our full set of recommendations along with our detailed rationale in our written submission.

The Registered Nurses’ Association of Ontario thanks the Standing Committee on Social Policy for the opportunity to present our feedback in support of Bill 101 and the opportunity to improve health and wellness for all Ontarians through bold leadership on a comprehensive Mental Health and Addictions Strategy as well as improving access to appropriate and humane pain control.