



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

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**RE: Tamper Resistance under the *Controlled Drugs and Substances Act***

Dear Mr.Ianiro,

The Registered Nurses' Association of Ontario (RNAO) is the professional association representing registered nurses, nurse practitioners, and nursing student in Ontario. Our members practise nursing in all sectors and roles across Ontario. We appreciate the opportunity to provide feedback on Health Canada's proposed new regulations under the *Controlled Drugs and Substances Act* (CDSA) for tamper-resistant formulations of opioid pain relievers.

While tamper-resistant formulations may have a role to play in reducing harms from opioid misuse, RNAO urges Health Canada and provincial-territorial health ministries to focus on comprehensive public health strategies, rooted in the social determinants of health, to address the causes of substance misuse. While mental health and addiction challenges impact individuals from every walk of life, there are complex, dynamic, reinforcing, and intersecting relationships between equity and mental health.<sup>1</sup> Experiences of historical and current trauma and discrimination due to poverty, racialization, sexual orientation, gender identity, disability, etc. negatively impact health outcomes and access to critically needed health services.

In 2010, RNAO made a submission on Bill 101, *Narcotic Safety and Awareness Act* to Ontario's Standing Committee on Social Policy.<sup>2</sup> In that submission, RNAO reinforced the need for reducing health inequities by creating vibrant communities, a comprehensive mental health and addiction strategy, and the need for narcotic strategies to address both needed pain control as well as mitigate potential misuse.

Building on that submission, we urge cautious exploration of tamper-resistant formulations in concert with abiding concerns about "no overall decline in opioid use and overdose rates."<sup>3</sup>

At best, "replacement of a widely prescribed opioid formulation known for its abuse potential alone may have little impact on overall rates of prescription opioids as a class."<sup>4</sup> At worse, there is evidence that some are turning from abuse-deterrent formulations to more dangerous, unregulated drugs such as heroin.<sup>5 6 7</sup> In the United States, the mortality rates associated with prescription opioids declined and leveled off since 2010 but death rates associated with heroin have sharply increased.<sup>8</sup> In Canada, once oxycodone became harder to obtain, there were dramatic increases for other opioids such as hydromorphone rising by 79 per cent and fentanyl by 20 per cent between 2009 and 2013.<sup>9</sup> Rising overdose deaths linked to fentanyl have been reported in Alberta and Ontario.<sup>10 11</sup> In 2013, Global News reported that in Ontario oxycodone deaths fell in 2012 but "deaths due to virtually every other painkiller rose...to a total of 576 acute toxicity deaths, up from 547 the year before."<sup>12</sup>

To improve health and health equity, RNAO recommends that:

- the federal government work with provincial/territorial/First Nations, Métis, and Inuit governments to improve the social determinants of health through a national poverty reduction strategy and a national housing strategy and other comprehensive and coordinated means to address homelessness, lack of affordable housing, food insecurity, dangerously low social assistance rates, and low-waged, precarious work;
- increase access to mental health and addiction prevention, treatment, and recovery services and programs, including Suboxone so that Indigenous people do not have to leave their home communities to access methadone maintenance treatment<sup>13</sup>
- expand access to harm reduction services including supervised injection services, community access to naloxone and other overdose prevention strategies<sup>14</sup>
- enable access to safe, effective, and compassionate pain management through improved palliative care, universal publicly-funded and publicly-administered Pharmacare, and access to evidence-based treatment interventions
- ensure prescribers of opioids and all regulated health professionals are knowledgeable about and implement evidence-based best practices that are distinct from marketing activities from the pharmaceutical industry<sup>15</sup>
- evaluate efficacy, ease of use, cost, and other consequences of tamper resistant formulations

RNAO appreciates the opportunity to participate in this consultation and we encourage you to adopt our recommendations.

Warm regards,



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Chief Executive Officer, RNAO

## References

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