



Fast

# FACTS

CANADIAN CENTRE FOR POLICY ALTERNATIVES - MANITOBA

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## Responding to the Fentanyl crisis: Constructing better drug policy in Manitoba

Increasing tragic deaths from Fentanyl are raising calls to deal with this crisis. Evidence shows that controlling supply and criminalizing drug users does not address the root causes of addictions, which are complex and multi-faceted. Research shows that supports to those experiencing addictions, both harm reduction and treatment, are needed as this piece will discuss.

Earlier this month the Canadian government convened a summit to address the opioid crisis. Encouragingly, the federal Health Minister Jane Philpott has committed to an evidence-based, health care approach to managing Canada's opioid problem. This is promising as the previous Conservative government has a history of rooting drug policy primarily in criminalizing drugs and drug users rather than investing in treatment or bolstering harm reduction efforts. In 2015 the Harper government passed Bill C-2 (*Respect for Communities Act*) which made it much more difficult to open safe-injection sites. Legislation such as this demonstrates the incredible gap that can occur between evidence and public policy.

Focusing too heavily on drug law enforcement at the expense of public health and regulatory approaches has been associated with an increase in violence and homicide. Effective drug policy must support individuals and their families to address the underlying risk factors of addiction, such as the distress that drives the individual to use in the first place. Much of the responsibility

for implementing programming lies in the hands of the provinces. Addiction supports in the province remain insufficient and, disconcertingly, Manitoba Health Minister Goertzen is not increasing resources for addictions services to deal with the crisis.

The issue of opiate misuse first started commanding our collective attention in the early 2000s when Oxycontin became a household name. Until the mid-90s, prescribing opioids was largely reserved for debilitating illness or end-of-life care. But in 1996 this changed. At that time, Health Canada approved Purdue Pharmaceutical's new kid on the block, Oxycontin. Able to deliver pain relief over many hours, doctors began prescribing it for everything from backaches to fibromyalgia. Oxycontin was billed as a revolutionary new way to treat chronic pain.

But the drug quickly became a favourite of those hooked on opiates; legal if it was prescribed to you and easy to get on the street if it wasn't. It was also easy to abuse. Crushing the tablets allowed users to snort or inject the drug resulting in a more immediate high than when taken orally. In response to increasing reports of abuse of the drug, Oxycontin was pulled from the market in 2012 and replaced

there is an alternative.

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with OxyNEO: a patented formula that prevents those abusing the drug to snort or inject the pills. This move was an attempt to address what was already becoming clear: Canada had an opiate problem. Unfortunately, discontinuing Oxycontin and replacing it with a drug that was considered less prone to abuse failed to address the underlying problem of addictions.

Today Fentanyl fills the void left by the tighter regulation and reformulation of Oxycontin. A synthetic opioid a hundred times more powerful than heroin, far too many people have become addicted to this deadly drug, many of whom have died. While some have knowingly switched to using Fentanyl, many are unaware that they are taking it. This deadly drug has even been laced into non-opiate drugs such as cocaine, methamphetamine, and even marijuana.

Increasingly, it is evident that criminalizing approaches have poor efficacy when it comes to reducing drug addiction. Since the 1960's, the US has spent an estimated \$2.5 trillion on 'War on Drug' strategies with the results having the opposite effect of what was intended: drug prices have actually declined while purity has risen. Further, there is a racializing component to this approach: In the US one in nine African American men aged 25-29 are incarcerated primarily as a result of drug law violations even though ethnic minorities use drugs at the same rate as other US populations.

While much rhetoric about drug use claims that controlling the access to drugs is the most important approach, research on opioid dependence suggests that the reasons why people become addicted is complicated. Treatment options need to accurately reflect these complexities. Further, Fentanyl is such a deadly addiction that people are dying while waiting to get into treatment. The number of treatment beds and community addictions supports needs to be increased.

In the last two years the number of deaths in Manitoba related to Fentanyl have doubled. Many suspect this is a

vast underestimation. The Government of Manitoba recently convened a Task Force to examine this epidemic with recommendations expected in early 2017. As we saw with the removal of Oxycontin, simply trying to control the supply without increasing treatment options holds the potential to make matters worse. Simply removing one drug, as was done with Oxycontin, is not an effective solution. Instead, we need a public health strategy that helps people with addictions to address the multiple risk factors that can lead to drug misuse.

Government needs to learn from these past policy missteps. It remains paramount that any policies that emerge from the Fentanyl Task Force be rooted in evidence-based research, bolsters harm reduction efforts and most importantly invests in treatment options for those who struggle with addictions.

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References available upon request.