



## Statement on Canada's Opioid Crisis and Drug Addiction

### Introduction

It has become increasingly clear in recent years that Canada is facing a serious substance abuse crisis. Although this problem has existed in various forms for some time, the recent deaths of so many Canadians due to overdoses – particularly through the use of new potent opioids like fentanyl and carfentanyl – is alarming. In British Columbia, for example, 914 deaths resulted from street drug overdoses in 2016, almost twice as many as in the previous year.<sup>1</sup> The majority of these deaths are connected to fentanyl use. Opioid overdose deaths are also on the rise across the country, posing a serious problem for health authorities.

The Catholic Bishops of Canada are deeply troubled by the devastating effects of these drugs, in particular their ability to extinguish human life in an instant. Even when they do not kill directly, their addictive power creates what Pope Francis recently referred to as “a new form of slavery.”<sup>2</sup> Persons suffering from addiction often have a distorted perception of reality and of what should be desired; the addiction itself is neither representative of who they really are nor is it an authentic expression of their will.

Moreover, the social ramifications of drug addiction are many. It can be the cause of family breakdown and all kinds of impoverishment (social, educational, economic, emotional, spiritual, etc.). During pregnancy, the use of narcotics can result in miscarriage as well as infant chemical dependency and congenital health problems. Beyond the measurable effects of the crisis today, there are others that we do not yet know: effects that are passed down to the children of those afflicted by addictions or that linger in families and communities for years to come.

A drug addiction crisis is a complex reality involving a combination of diverse narcotics, people, backgrounds, and contemporary pressures. A comprehensive and definitive summary of the myriad factors at play and their effects is beyond our immediate scope. In light of the current drug crisis in Canada, however, we are convinced it is important to provide a general orientation in order that the Catholic faithful and other people of good will might better respond to this issue now and in the future, from the national to the local level, both individually and communally.

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<sup>1</sup> “Illicit Drug Overdose Deaths in BC: January 1, 2007 – January 31, 2017,” Report of the Coroner’s Service of British Columbia. <http://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/death-investigation/statistical/illicit-drug.pdf>.

<sup>2</sup> Pope Francis, Address to the Pontifical Academy of Sciences, November 24, 2016.

## Causes of Canada's Opioid Crisis

The current crisis has roots in a practice, adopted by many physicians some twenty years ago and promoted by the pharmaceutical industry, of addressing chronic pain by prescribing highly addictive opioids (e.g., oxycontin, oxycodone, and fentanyl). While this practice may have been warranted in some cases, it quickly became overused. In 2014 alone, for instance, Canada saw nearly 22 million opioid prescriptions filled.<sup>3</sup> It is hardly surprising, then, that many of these patients are now addicted. Furthermore, it is not clear in every instance that the benefits of using opioids outweigh the considerable risks associated with addiction. Indeed, since the needs of those suffering from addiction exceed the limits of what can be medically prescribed, these drugs have made their way onto the street, where they are illegally bought and sold as well as distributed for recreational consumption. The medical community is now beginning to acknowledge that far greater prudence and discernment is needed when prescribing highly addictive medications for pain management and other medical uses.<sup>4</sup>

### *Social and environmental factors*

While anyone can become addicted, there are clear social and environmental factors that can make a person particularly susceptible, such as poverty, family breakdown, substandard education, poor parenting, exposure to violence, abuse, and social isolation. It is a great tragedy that so many Canadians seek to cope with these difficult life circumstances by turning to narcotics. They are holding out on a false promise, for narcotics take no pity on those who consume them.

### *Mental illness*

A large proportion of those who suffer from drug addiction have a range of mental illnesses, such as schizophrenia, bipolar disorder, depression, anxiety, and post-traumatic stress disorder. In considering substance abuse and mental illness, the relationship between cause and effect is not always clear. Yet there can be little doubt that for many persons suffering with addictions, mental illness is a roadblock on the pathway to recovery; it is another barrier that keeps those suffering from addiction locked in a veritable prison in which their health suffers, interests narrow, and dependence grows. Moreover, the stigmatization of mental illness – the fact that it is often invisible to others and commonly misunderstood – hampers rehabilitation and recovery efforts.

### *Proliferation of drugs from abroad*

Although the current problem of opioid addiction and abuse was in many ways created by our own healthcare system, today synthetic opioids imported from abroad can be easily ordered online and delivered to your door. The increased availability of these drugs, often aided by

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<sup>3</sup> Carly Weeks and Karen Howlett, "Prescriptions of opioid drugs in Canada skyrocketing," *The Globe and Mail*, April 5, 2016. <http://www.theglobeandmail.com/news/national/sales-of-opiod-drug-prescriptionsskyrocketing/article26008639/>.

<sup>4</sup> For example, the College of Physicians and Surgeons of British Columbia, in its updated *Professional Standards and Guidelines on Safe Prescribing of Drugs with Potential for Misuse/Diversion*, states: "The public health crisis of prescription drug misuse has developed in part due to the prescribing of physicians. The profession has a collective ethical responsibility to mitigate its contribution to the problem of prescription drug misuse, particularly the over-prescribing of opioids, sedatives and stimulants." <https://www.cpsbc.ca/files/pdf/PSG-Safe-Prescribing.pdf>.

organized crime in Canada, has aggravated the situation. Moreover, the absence of regulation in the manufacturing process of foreign opioids has been a contributing factor in many deaths.<sup>5</sup>

### *Intergenerational trauma*

The high incidence of substance abuse in Indigenous communities should give pause. In addition to the factors listed above, the presence of which is often over-represented in Indigenous communities, a growing body of knowledge from frontline healthcare providers and scientific researchers is pointing to the significance of intergenerational trauma; namely, the effects of traumatic experiences transmitted across generations, touching the lives of the children and grandchildren of the initial victims. Just as a traumatic event in itself can deeply impact a survivor, so the memories of traumatic events, be they collective or individual, which continue to live through narratives and images that are passed on to successive generations, can be so powerful as to constitute a memory in their own right. Since there can be a relationship between traumatic events that cause acute and chronic stress and substance abuse, it is not surprising that Indigenous peoples, and others deeply affected by the traumas of previous generations, can be susceptible to higher levels of drug and other kinds of substance addiction.<sup>6</sup>

### **Addressing the Problem**

There are no simple solutions to a problem as complex as drug addiction. Whereas some kinds of human suffering are strictly physiological and can be addressed with a single localized intervention, addiction is different; it touches equally on the physical, psychological, social, and spiritual dimensions of the person, rendering the path to recovery more complex, diverse, and long. A Christian approach to overcoming drug addiction needs to consider how someone trying to recover can be properly helped, supported and accompanied.

### *Family*

The family is and remains the fundamental building block of society. In the struggle against drug addiction, we may go so far as to say that the family is “the cornerstone of prevention, treatment, rehabilitation, reintegration, and health strategies.”<sup>7</sup> The message of the Catholic Church to those whose family members suffer from addiction is: Do not abandon them; they need your support more than ever!

### *Professional care and community support*

The use of drugs has neurological effects, influencing both decision-making processes and behaviour, consequently complicating the ability of the sufferer to manage addiction. The management problem leads in turn to social problems, such as the sufferer’s inability to retain employment or to fulfill responsibilities at home and in the wider community, all of which is

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<sup>5</sup> Karen Howlett *et al.*, “How Canada Got Addicted to Fentanyl,” *The Globe and Mail*, January 5, 2017. <http://www.theglobeandmail.com/news/investigations/a-killer-high-how-canada-got-addicted-tofentanyl/article29570025/>.

<sup>6</sup> Amy Bombay, Kim Matheson, Hymie Anisman, “Intergenerational Trauma: Convergence of Multiple Processes among First Nations peoples in Canada,” *Journal of Aboriginal Health / Journal de la santé autochtone*, 5.3 (November 2009), 6-47.

<sup>7</sup> Archbishop Bernardito Auza, Permanent Observer of the Holy See to the United Nations, *Address to the UN Special Session of the General Assembly on the World Drug Problem*, April 21, 2016. <https://holyseemission.org/contents//statements/571a5654e20326.50801850.php>.

often further compounded by feelings of guilt. In addition to the management and social problems to which addiction leads, there is the deeper question of cultural and familial breakdown in the sufferer's life, best described as the failure of key human relationships at critical stages of development. The complexity of these intertwining elements – chemical, environmental, social, and empathic – combined with the lifelong risk of relapse, underscore the importance of professional care and community support.

In addition to the crucial need for the loving support of family, mentioned above, is the equally important need for accessible and comprehensive health and social services. These services ought to include the availability of psychiatric and psychological care, as well as the social structures aimed at supporting abstinence. At all levels, professional care must be non-judgmental and reliable. A comprehensive and effective rehabilitation program will also seek to stimulate a person's spiritual sense, from which hope, perseverance, and emotional healing – so central to the recovery process – can often arise. It is here that a religious tradition tied to a community of faith, such as a parish or church group, can play a crucial role; not as a substitute for professional care, but as a source of pastoral and spiritual support, both for the person suffering from addiction and his/her family and friends, particularly in times of acute difficulty.<sup>8</sup> It must also be borne in mind that isolation and rejection often experienced by those who suffer from addiction can intensify the addiction or even trigger relapse. For this reason, the sense of value that may come from belonging to a faith community can be indispensable to recovery.

#### *Intergovernmental cooperation*

Our focus, so far, has been on addressing the problem of drug addiction. Such a problem exists, however, largely because drugs are in circulation. In order to stem the continuous flow of narcotics across international borders, cooperation is required between governments and among law enforcement agencies. Limiting this influx will require input from the countries of origin and cannot be restricted only to enacting stricter border controls in destination countries. The efforts of those engaged in combatting the international drug trade also need to be supported by people of faith and religious groups.

#### *Correcting social attitudes*

The statistics related to addiction can shock us, but each sufferer is more than a number; he or she is a person created in the image of God with a name, a story, and a family. While addiction can cause great personal damage to the sufferer as well as to his or her family and community, this must never overshadow or cast doubt on the inherent dignity of the sufferer as a person. He or she is one of these "little ones" for whom Christ died.<sup>9</sup> Following the example of Jesus, as well as numerous Saints, individuals and communities must break through the social barricades by which sufferers are judged harshly and separated from the rest of society so that the persons affected may know God's unconditional love for them.

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<sup>8</sup> A useful resource on pastoral approaches for addressing drug addiction is "Church: Drugs and Addiction", Pontifical Council for Health Pastoral Care, Vatican City, 2001.

<sup>9</sup> Cf. Matthew 18:14 "So it is not the will of your Father in heaven that one of these little ones should be lost."

## Harm Reduction and “Safe” Injection Sites

Support for “harm reduction” measures, such as implementing needle exchange programs, establishing “safe” injection sites, and making overdose antidotes more widely available, has grown over the past few years. While these measures may reduce the immediate harm done to sufferers by limiting overdose fatalities and the spread of certain communicable diseases, they alone do not address the deeper problem of addiction, nor do they bode well for public safety.<sup>10</sup> For this reason, such measures should not be made the centrepiece of a drug strategy that aims to be truly effective and comprehensive. Referring to methods that promote drug use in the name of safety, Pope Francis observed: “The problem of drug use is not solved with drugs.”<sup>11</sup> The concern of Bishops regarding harm reduction measures, however, should not be confused with medically supervised drug substitution – a best practice used in the weaning process that has helped many sufferers reach the goal of abstinence.

## What Can We Do?

Governments have a moral responsibility to ensure that, in addressing this crisis, communities be equipped with universally accessible and up-to-date rehabilitation methods and recovery programs. At the same time, the impact that ordinary citizens can make at the grassroots should not be overlooked. This problem affects all of us, so we must all have a share in the solution. Archbishop J. Michael Miller, C.S.B., of the Archdiocese of Vancouver – it is this city which is at the epicentre of the present overdose crisis in Canada – has recently published a pastoral letter on the topic. He invites ordinary Canadians to consider how they may play an active role in the solution through a variety of possible means:<sup>12</sup>

- urge elected officials to give the overdose crisis the attention it deserves, emphasizing the need for more treatment and residential care for those addicted;
- call for more education around safe-prescribing practices;
- ask the federal government to tighten regulation of opioid manufacturing;
- advocate for improved pain management training for physicians and care providers, and better management of chronic pain for all;
- promote support services in parishes and entities, such as 12-step programs and other recovery methods;
- support police in doing educational presentations in schools and communities; and
- contribute financially to organizations on the frontlines of this battle.

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<sup>10</sup> Both the President of the Toronto Police Association, Michael McCormick, and the President of the Ottawa Police Association, Matt Scoff, expressed concerns about safe injection sites before the House of Commons Standing Committee on Public Safety and National Security. SECU-35 (October 29, 2014). <http://www.parl.gc.ca/HousePublications/Publication.aspx?Language=e&Mode=1&Parl=41&Ses=2&DocId=6747909>.

<sup>11</sup> Pope Francis, *Address to 31<sup>st</sup> International Drug Enforcement Conference*, Rome, June 19, 2014.

<sup>12</sup> See *Pastoral Statement on the Addiction Crisis*, February 16, 2017 by the Most. Rev. J. Michael Miller, C.S.B., Archbishop of Vancouver. <http://rcav.org/wp-content/uploads/All-Faithful-Pastoral-Statement-on-Vancouvers-Overdose-Crisis.pdf>.

## **Marijuana Legislation and Alcohol Abuse**

Although this statement focuses on the danger of opiates and other “hard” drugs, the present intention of Parliament to introduce legislation to legalize marijuana/cannabis merits mention.<sup>13</sup> From the standpoint of public health, not only does this course of action appear to be unwise, it is potentially dangerous. The very significant health risks associated with the use of cannabis are widely recognized, particularly in young people. They include the heightened risk of heart attack, stroke, all of the respiratory and carcinogenic pathologies associated with tobacco smoke, and a multitude of psychiatric disorders, including schizophrenia.<sup>14</sup> Studies have pointed to marijuana as a “gateway drug”, underscoring the propensity of users to consume it in combination with other licit and illicit drugs, including some which may be “harder.”<sup>15</sup> At a time when so many resources are already being spent to discourage recreational tobacco use, it is difficult to comprehend the disregard for public safety entailed in legalizing marijuana, which is arguably much more dangerous.

It is also timely to recall that after tobacco, the most common chemical addiction in our society involves alcohol. This is the most frequently used “gateway drug” and its use is often associated with other forms of substance abuse. The harm caused in Canada by the abuse of alcohol is estimated to cost our society \$14.6 billion a year.<sup>16</sup> Alcohol abuse not only affects personal health and wellbeing, but harms relationships and family life. It can cause major mental health problems for other family members, including anxiety, fear and depression. Its use by women during pregnancy can lead to the child having serious problems with learning, memory, attention span, communication, vision or hearing.

## **Conclusion**

Jesus is known to Christians as the one who heals. Persons who suffer from addiction should take comfort in the knowledge that Jesus wishes them to be well and that the Lord continues to pour forth his grace and blessings upon us. The Gospels chronicle how he cured the sick, restored sight to the blind, raised the dead, and cast out demons.<sup>17</sup> He also brought hope to the burdened and brokenhearted.<sup>18</sup> His message extends also to caregivers, for he taught that when we care for the sick, we care for Christ himself.<sup>19</sup> We are called, therefore, to bring hope and healing to those enslaved by drug addiction as well as to their families and communities.

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<sup>13</sup> “Liberals to announce that marijuana will be legal by July 1, 2018,” CBC News.

<http://www.cbc.ca/news/politics/liberal-legal-marijuana-pot-1.4041902>.

<sup>14</sup> See, e.g., “Health Risks of Marijuana,” Health Canada website: <http://healthycanadians.gc.ca/healthy-living-vie-saine/substance-abuse-toxicomanie/controlled-drugs-substances-controllees/marijuana/effects-effets-eng.php>

<sup>15</sup> See the website of the National Institute of Drug Abuse, “Is marijuana a gateway drug?” <https://www.drugabuse.gov/publications/research-reports/marijuana/marijuana-gateway-drug>.

<sup>16</sup> See the website of the Canadian Centre on Substance Abuse, <http://www.ccsa.ca/Eng/topics/alcohol/Pages/default.aspx>.

<sup>17</sup> For example, Matthew 9:2-8, 18-26; 12:22.

<sup>18</sup> Matthew 11:28: “Come to me, all you that are weary and are carrying heavy burdens, and I will give you rest.”

<sup>19</sup> Matthew 25:36 “I was sick and you took care of me.”

The Bishops of Canada accompany, support and pray for those who suffer from drug addiction or any other kind of addiction, including their families and friends. We encourage those who are recovered or recovering to persevere. We also pray for the unfortunate souls whose lives have been lost. We urge support for the healthcare professionals and volunteers who work in recovery centres and programs across the country. We also implore all Canadians to consider the obligation each of us has in addressing this crisis, recalling the words of Pope Francis:

It is necessary to confront the problems underlying the use of these drugs, by promoting greater justice, educating young people in the values that build up life in society, accompanying those in difficulty and giving them hope for the future. We all need to look upon one another with the loving eyes of Christ, and to learn to embrace those in need, in order to show our closeness, affection and love.<sup>20</sup>

A handwritten signature in black ink, reading "Douglas Crosby". The signature is written in a cursive style with a small cross at the beginning.

(Most Rev.) Douglas Crosby, OMI  
Bishop of Hamilton  
President of the Canadian Conference  
of Catholic Bishops

12 April 2017

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<sup>20</sup> Pope Francis, Visit to St. Francis of Assisi of the Providence of God Hospital, Rio de Janeiro, July 24, 2013.