

Stopping “steady stream” of overdose deaths a public health priority

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Federal Health Minister Dr. Jane Philpott made it clear from the start that she pays attention to every concern that comes her way from people on the front lines of Canada’s growing opioid crisis.

“I want you to know that I hear that and it cuts me to the core, and I will work every day to turn that around,” Philpott said at [Canada’s Drug Futures Forum](#) in Ottawa. “Please don’t take the fact that I can’t fix this overnight, just like none of you alone can fix this overnight, as meaning I’m not working every single day to solve this.”

For Philpott, this is not just a matter of policy. It’s personal. As a family physician, she saw the effects of opioid abuse on her patients. She told the story of one such patient, given the pseudonym Cynthia, who had turned to drugs after a troubled life of sexual abuse, homelessness, unemployment and, worst of all, the death of her two young children.

“I think of her not infrequently and I wonder if she is still alive ... I worry if she has become a statistic, one of the thousands of Canadians who will die this year of a drug overdose,” said Philpott. “My determination to see the end of the overdose crisis that we are seeing in Canada

is, quite simply, because people like Cynthia deserve to live and be well.”

Addressing the opioid crisis won’t be easy, Philpott acknowledged. An effective approach will have to be comprehensive and based on evidence, she said, adding that collaboration and compassion are also vital. “We must not fool ourselves into thinking there are simple solutions, or that any single policy decision will change the course of this crisis,” said Philpott.

So far, attempts to address the crisis have been lacking, Philpott said, noting that overdose deaths continue to rise each month in many parts of Canada. Everyone involved must take a hard look at what works and what doesn’t work, based on evidence, although that evidence can be difficult to come by.

“One of the most deeply concerning aspects, which frustrates all of us, is the appalling dearth of data, and the glacial pace at which we are getting updated information,” said Philpott. “The crisis of overdose deaths is one of the biggest public health challenges that this country is facing and we simply don’t have the data we need.”

Discord among the many people working toward similar goals, whether they are

politicians or physicians or harm-reduction advocates, doesn’t help the cause, said Philpott. Time wasted arguing and making life difficult for each other is time that could have been spent working together toward a solution.

“And in case it’s not abundantly clear, collaboration absolutely means meeting and listening to the voices of people who use drugs,” said Philpott. “I think it’s fair to say that society reserves particular discrimination and judgment ... towards people who have become dependent on opioids or other drugs. Our response to people with addictions is especially in need of a lens of compassion.”

The challenges are daunting and will remain so, said Philpott, but they are not excuses for inaction. The top priority, the one she has been fixated on since become the federal health minister, is to stop the “steady stream of deaths.”

“The topic of drug policy remains politically and emotionally charged and open to controversy,” Philpott concluded. “But that must not deter us from an ambitious approach to finding and implementing solutions.”

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