Families for Addiction Recovery

January 21st, 2018

To: Premier Wynne

We look forward to our discussion on Friday, January 26th, 2018 at your Constituency Office. Representing Families for Addiction Recovery (FAR) at this meeting will be Dr. Barbara Watts, Board Member, and myself. Joining us will be Cara Vaccarino, Executive Director of Bellwood Health Services Inc (Bellwood) and Gail Czukar, CEO of Addictions and Mental Health Ontario (AMHO).

In preparation, below please see proposed agenda items and key discussion areas:

1. **Secure dedicated funding from cannabis sales**

    - Stigma and discrimination have led to chronic underfunding of mental health conditions, particularly addiction.
    - This discrimination must be acknowledged and redressed.
    - **REQUESTED ACTION:** Announce all of the profits from cannabis sales will be used to fund treatment of addiction and other mental health conditions until expenditures equal the burden of disease.

2. **Immediately invest in treatment beds for addicted youth**

    - A waitlist can be a death sentence for youth struggling with addiction and/or other mental health conditions.
    - The waitlist at Pine River Institute (PRI) is currently 16 months for males and there are over 200 youth on the waitlist.
    - Youth addiction is an acknowledged service gap.
    - Treating addiction is cost effective and has the best outcomes.
    - **REQUESTED ACTION:** Fund the $7.2 million annual operating budget for Bellwood's Fresh Start Programs and the PRI Expansion Plan.

3. **Place drugs to treat alcohol use disorder on the provincial drug formulary**

    - A MOHLTC commissioned report in 2015 recommended that two front line medications used to treat alcoholism, naltrexone and acamprosate, be covered as Limited Use products under the provincial drug formulary.
    - The cost is about $2.8 million and based on a US study this expense could lower health care costs for those receiving the medications by 30%.
    - **REQUESTED ACTION:** Add naltrexone and acamprosate to the Ontario Drug Benefits Program.

4. **Obtain a seat at the table**

    - The family voice is often missing in discussions regarding the regulation of alcohol, cannabis and tobacco, addiction treatment and recovery despite families being on the frontlines.
    - **REQUESTED ACTION:** Ensure that families affected by addiction are given a seat at the table. FAR, a Canadian registered charity, requests the opportunity of representing these families.

A more detailed memo and supporting documentation is attached below.

Regards,

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1. Fund Treatment with Dedicated Funding from Cannabis Sales

Why do we need dedicated funding?

Canada spends just over 7% of its public health budget on mental illness and addiction but the burden of these diseases in Canada in 2013 was between 10% and 11%[1]. CAMH has estimated that this spending deficit in Ontario alone is $1.5 billion[2]. By comparison, countries like New Zealand and the UK spend 10%-11% of their public health budget on mental illness and addiction. In 2012, the Mental Health Commission of Canada in *Changing Directions, Changing Lives, The Mental Health Strategy for Canada*, called for Canada to increase the amount it spends on mental illness and addiction from 7% to 9% over 10 years. This recommendation pre-dates the federal government's commitment to legalize cannabis, which will generate income for the federal and provincial governments, and the current opioid overdose epidemic which is killing thousands of Canadians annually, many of them our youth and young adults with addiction and mental health problems.

The service gaps are greatest for youth, the vast majority of whom do not receive any treatment. Treatment is the most effective and cheapest alternative. The National Institute on Drug Abuse (NIDA) in the US states that every dollar invested in addiction treatment programs yields a return of between $4 and $7 in reduced drug-related crime, criminal justice costs, and theft. When savings related to healthcare are included, total savings can exceed costs by a ratio of 12 to 1.

The Ontario government made a profit in excess of $2.5 billion from the sale of alcohol in the 2015-2016 fiscal year. Yet the Province of Ontario does not provide timely treatment for adolescents with alcohol use disorders or other substance use disorders (SUDs). The wait time at Pine River Institute (the only long term residential treatment facility in Ontario for youth) was 14 months in 2012 and 16 months in 2017 for males. There are currently over 200 youth on the waiting list. The wait time has actually increased since the Ontario government announced that youth addiction is a priority for the government. Bad things happen when youth wait for treatment. It has been estimated that 70% of juvenile offenders have mental illness and/or addiction.

Families for Addiction Recovery (FAR) is asking the provincial government to announce that the provincial funds from the sale of cannabis will be used primarily for treatment of addiction and other mental health conditions until the spending shortfall set out above is corrected.

As we are about to legalize cannabis, the government should not just be concerned about keeping cannabis out of the hands of our youth, but in ensuring those who develop a substance use disorder receive publicly-funded, timely, compassionate, evidence-based treatment. Recently MP Bill Blair said this regarding the legalization of cannabis:

"How do we reduce the harm of this drug? How do we protect our kids? Because we recognize the science that it is very, very dangerous for the developing adolescent brain. That's why we want to keep it away from our kids. We also recognize that the earlier they start to use it, the more frequently they use it and the higher the potency of what they use, then the risks increase."

It is ironic that once our system fails, and our kids not only access cannabis but become addicted, there is little access to publicly funded treatment. How can it be that we care so much about keeping drugs out of the hands of our kids and do so little to protect and support our kids who are struggling with addiction?

To quote two of Canada's most pre-eminent addiction medicine specialists:

[1] Institute for Health Metrics and Evaluation (2015). *Global Burden of Diseases, Injuries, and Risk Factors Study, 2013*. Data retrieved from http://www.healthdata.org/data-visualization/gbd-compare

[2] http://www.camh.ca/en/hospital/about_camh/newsroom/for_reporters/Pages/addictionmentalhealthstatistics.aspx

Dr. Evan Wood, BCCSU: *"Oftentimes, I hear people say that the addictions system is broken ... Actually, the system isn't broken, we need to build a functioning addictions system."* CBC Interview, Sept. 16, 2016.

Dr. Meldon Kahan, Women's College Hospital: *"The scandal is that there are evidence-based treatments for substance use disorder which are effective that are not being used."* META:PHI presentation, May 24, 2017.

2. Beds for youth

The Summary of the Youth Addictions Working Group of the Ontario Mental Health and Addictions Leadership Advisory Council of the MOHLTC in March, 2017 states:

"Gaps in residential treatment availability and access have been identified via multiple sources of data. The Working Group would direct increased investment in residential treatment services to:

- Serving youth currently on a waitlist in residential treatment programs specialized for youth
- Enhancing transitions both to and from community-based treatment services, to ensure optimal and coordinated treatment for youth along a continuum of care.

The Working Group advises that Ontario is at a critical juncture where **investments** in developmentally appropriate services **are urgently needed** to alleviate service pressures and meet the needs of youth experiencing risks and/or harms from addictions." (emphasis ours)

a) Bellwood's New Start Treatment Programs

Bellwood Health Services Inc (Bellwood) has prepared a Briefing Note, to be sent separately, providing details of their proposed New Start youth treatment programs.

FAR requests that the government fund the annual operating costs of $7.2 million for these programs which would provide:

- 25 residential beds serving approximately 525 youth per year
- hospital day treatment and
- an intensive outpatient program.

b) Pine River Institute (PRI) Expansion Plan

An Expansion Plan for PRI dated July, 2014 is attached. There are three parts to the expansion plan. The first part has been abandoned as they need the private pay beds to subsidize their 29 beds funded by the MOHLTC.

FAR requests that the government fund the second and third parts of the PRI Expansion Plan:

- a transition house for eight youth requiring $750,000 annually;
- a 26 bed expansion requiring:
  - a $2 million capital investment and
  - an operating budget of $4.1 million annually.

3. Medications for Alcohol Use Disorder (AUD)

> "In 2015, the federal chief health officer's report said 80 per cent of Canadians drank alcohol, that more than three million drank enough to be at risk of immediate harm or injury and that 4.4 million were at risk of chronic health effects, such as liver cirrhosis and various forms of cancer.
>
> The annual cost of alcohol abuse, an estimated $14.6 billion in 2002, is higher than government revenue from the control and sale of alcoholic beverages in almost all jurisdictions in Canada."
> Toronto Star, Jan. 22, 2018.

A recent report by the Canadian Institute for Health Information (CIHI), Alcohol Harm in Canada, Examining Hospitalizations Entirely Caused by Alcohol and Strategies to Reduce Alcohol Harm concluded that there were over 77,000 hospital admissions in 2016 for alcohol related causes, more than for heart attacks.

The MOHLTC commissioned a report by Doctors Meldon Kahan, Sheryl Spithoff and Anita Srivastava dated Aug. 24th, 2015 (attached) to determine the cost of adding two front-line medications to treat AUD, acamprosate and naltrexone, to the Ontario Drug Benefits Program. The cost of doing so in 2015 was estimated to be about $2.8 million annually. Based on a US study, this expense could lower health care costs for those receiving the medications by 30%.

FAR requests that the government add acamprosate and naltrexone to the Ontario Drug Benefits Program.

4. Seat at the Table

The family voice is often missing in discussions regarding the regulation of alcohol, cannabis and tobacco, addiction treatment and recovery despite families being on the frontlines.

FAR would like to be a voice for families at any task force or committee established by the Ontario government or its agencies regarding the protection and support of youth and others with addiction, the regulation of alcohol and other drugs, and drug policy.