

“Psychology Works” Fact Sheet: The Opioid Crisis in Canada

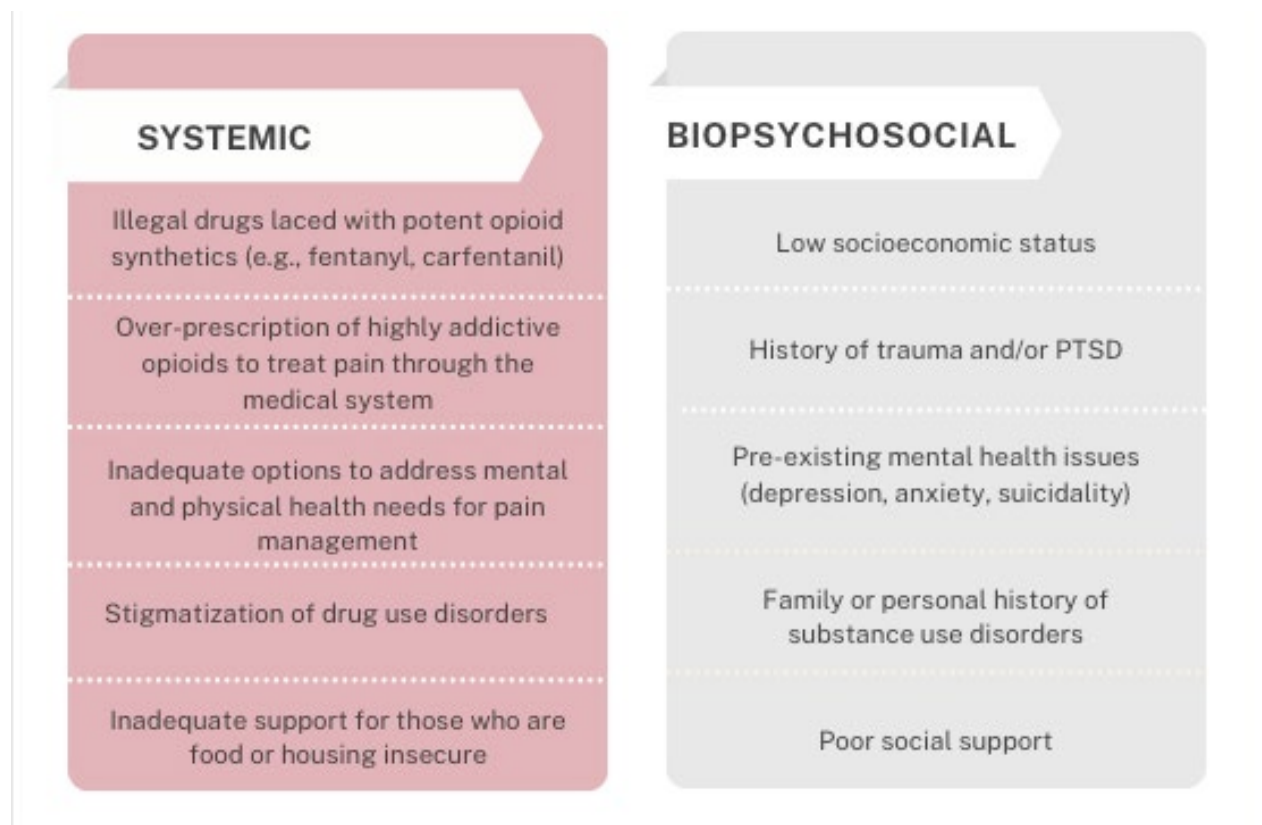
Understanding the Opioid Crisis

When we think of opioids, such as codeine, morphine, and oxycodone, we often think of the drugs prescribed to help with pain. However, the feelings of joy and well-being brought on by pain relief are also what make opioids an addictive substance, sometimes leading to problematic use beyond their intended medical purposes.

In Canada, the opioid crisis is a devastating public health issue, with opioid-related deaths being persistently on the rise over the last decade. In 2018, it was estimated that nearly 10% of Canadians who were prescribed opioids reported using them in some problematic way. In these cases, problematic use might mean tampering with or taking higher doses of the substance to improve moods or get “high”.

The Risk Factors

So, how did we get here and why is it getting worse? To understand every piece of the puzzle, it is important to consider both **systemic** (i.e., how does society at-large play a role?) *and* **biopsychosocial** risk factors that contribute to the opioid crisis.



Who is Most At-Risk?

While everyone needs to be aware of the addictive risks that come alongside taking a prescribed opiate, certain groups may be particularly vulnerable to problematic opioid use.

- In 2021, 88% of opioid overdoses occurred in three Canadian provinces: **BC, Alberta, and Ontario**.¹ Larger populations and greater prevalence of chronic homelessness likely contributes to the greater impact of the opioid crisis in these provinces.
- **Middle-aged** individuals (i.e., between 20 and 59 years of age) account for the majority of opioid-related deaths in Canada (see Footnote 1).
- **Men** account for most opioid related hospitalizations (68%) and deaths (74%; see Footnote 1) due to their greater likelihood to seek out and use opioids in a risky way. For example, they are more likely to acquire opioids through an illegal source, use drugs beyond the recommended dosage, use more potent drugs (i.e., Fentanyl), or not use drugs via the recommended ingestion method.
- **Women** may be quicker to progress from **use** of opioid to **dependence**, suffer from more severe emotional and physical consequences of drug use, and are more likely to misuse opioids after being prescribed them.

The Impacts of COVID-19

While the **COVID-19** landscape is changing quickly, you cannot talk about the Opioid Crisis with considering the impacts of the pandemic. For one, individuals using opioids and other substances are at a higher risk of contracting COVID-19. Moreover, COVID-19 has significantly worsened the impact of the opioid crisis. In fact, when compared to the year prior to the pandemic (April 2019 – March 2020, 3,747 deaths), opioid-related deaths rose by an estimated 95% (April 2020 – March 2021, 7,362 deaths; see Footnote 1). These troubling statistics have led to what some experts are calling “the shadow pandemic”. Illustrating this, in BC, nearly 4x as many people died of an opioid overdose when compared to COVID-19 deaths.

A number of factors may be contributing to this upsurge in opioid-related deaths during the pandemic, including: 1) more potent alternatives on the toxic drug market; 2) stay-at-home measures reducing access to social/peer support, supervised injection sites, and social services; and 3) increased substance use to cope with isolation, anxiety, and stress (see Footnote 1).

¹ Health Canada, Public Health Agency of Canada, and U.S. Department of Health and Human Services. (2022). *Canada-U.S. Joint white paper: Substance use and harms during COVID-19 and approaches to federal surveillance and response*. Department of Health and Human Services, Office of the Assistant Secretary for Health. <https://www.hhs.gov/overdose-prevention/sites/default/files/documents/canada-us-joint-white-paper-substance-use-harms-during-covid-19.pdf>

How Can Psychology Help?

Treatment

The frontline treatment for Opioid Use Disorder (OUD) is medication. Specifically, milder “longer-acting” opioids, such as methadone, are used to replace “shorter-acting” opioids (e.g., heroin, oxycodone, fentanyl) to prevent withdrawal symptoms and reduce drug cravings. This occurs without feeling “high” or sleepy, allowing those addicted to opioids to lessen their dependence and stabilize their lives without shocking the system.

Psychosocial approaches to treating OUD tend to be combined with pharmacological treatments. For example, when combined with methadone treatment, several psychological approaches have been shown to be effective at reducing opioid use. These include cognitive behavioural therapy, contingency management, and web-based behavioural interventions.

Opioid dependence often arises after an individual was prescribed opioids as pain killers through the medical system. Thus, psychological interventions for pain management are another important treatment avenue for problematic opioid use. Research shows that the following are effective pain management psychological interventions:

- Cognitive Behavioural Therapy
- Acceptance and Commitment Therapy
- Mindfulness Meditation
- Clinical Hypnosis
- Biofeedback
- Self-Management
- Motivational Interviewing

Prevention

Preventative “upstream” interventions, aim to address biopsychosocial risk factors across the life course, such as family/personal history of substance misuse, low socioeconomic status, adverse childhood events (e.g., abuse and/or neglect), coexisting mental health disorders (e.g., anxiety and depression), chronic pain management, poor social support, and history of (ongoing) trauma. This may include targeted public health strategies for reducing the risk of non-medical prescription opioid use.

Harm Reduction

Harm reduction refers to the set of strategies used to minimize negative consequences often related to substance use. For opioid use, this includes services such as safe injection sites where individuals can inject narcotics with healthcare staff on site; take home naloxone kits to help reverse an overdose; infectious disease testing; options for opioid substitution therapies; and supplying clean needles to those injecting drugs. Equitable, same-day access to harm reduction services have proven to be an effective and critical strategy to save lives and can reduce the impact of the opioid crisis.

As COVID-19 continues to worsen the opioid crisis, many top public health officials have called on the federal government to rely on more harm reduction strategies. This may include the decriminalization of the possession of opioids and other illegal drugs for personal use. This would break down the legal barriers preventing individuals with opioid use disorder from accessing opioids. Additionally, providing a "safe supply" for individuals with opioid use disorder is another feasible and effective strategy. This would allow for legal, regulated opioids to be readily available to individuals who need it.

Where Can I Go for More Information?

Canadian Research Initiatives in Substance Misuse Guidelines: <https://crism.ca/projects/covid/>

Canadian Centre on Substance Use and Addiction: <https://www.ccsa.ca/>

Health Canada Toolkit - COVID-19 and Substance Use:

<https://www.canada.ca/en/health-canada/services/substance-use/toolkit-substance-use-covid-19.html>

Letter from the Minister of Health regarding treatment and safer supply:

<https://www.canada.ca/en/health-canada/services/substance-use/minister-letter-treatment-safer-supply.html>

You can consult with a registered psychologist to find out if psychological interventions might be of help to you. Provincial, territorial and some municipal associations of psychology often maintain referral services. For the names and coordinates of provincial and territorial associations of psychology, go to <https://cpa.ca/public/whatisapsychologist/PTassociations/>.

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Your opinion matters! Please contact us with any questions or comments about any of the *Psychology Works* Fact Sheets: factsheets@cpa.ca

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