

June 10, 2016

Jacqueline Gonçalves
Director General, Controlled Substances Directorate
Health Canada
150 Tunney's Pasture Driveway
Ottawa, Ontario K1A 0K9

Re.: Proposed regulations relating to access to diacetylmorphine for emergency treatment

Dear Ms. Gonçalves:

The Centre for Addiction and Mental Health (CAMH) welcomes Health Canada's proposal to return the regulatory oversight of diacetylmorphine (heroin) to the Narcotic Control Regulations, as it was prior to changes introduced in 2013.

Opioid use disorders are treatable. The standard of care includes inpatient and outpatient psychosocial treatment, withdrawal management, and pharmacotherapy (i.e. opioid maintenance therapies such as methadone and buprenorphine/naloxone). Comprehensive, integrated treatment systems that offer this continuum of services have been shown to improve health outcomes.

However, a minority of patients with severe opioid use disorder respond poorly or not at all to standard therapies. Heroin-assisted treatment (HAT) has been found effective as a "last resort" intervention for such patients by several comprehensive trials in different countries: it is associated with significant improvements in physical and mental health and overall functioning, reduced use of illicit drugs and involvement with the criminal justice system, and improved treatment retention and employment outcomes.¹ Several jurisdictions, including Denmark, Germany, the Netherlands, Switzerland, and the United Kingdom, have integrated HAT into their treatment systems.²

Of course, this approach is not intended as first-line treatment for opioid use disorder, and it is important to note that Canada lags behind many jurisdictions in terms of access to standard therapies. We encourage Health Canada to work with the provinces to make buprenorphine/naloxone treatment more accessible and available, and to work towards bringing injectable naltrexone to Canada.

Since the purpose of Health Canada's Special Access Programme (SAP) is to provide access to non-marketed drugs for practitioners treating patients with serious or life-threatening conditions when conventional therapies have failed, are unsuitable, or unavailable, heroin should certainly be available through the SAP. For a minority of affected individuals it may be the most appropriate and effective treatment, and thus it has an important place in our health system. The regulatory changes made in 2013 placed barriers to the use of heroin-assisted treatment in evidence-supported contexts; therefore, we support the federal government's intention to repeal these regulations.

For more information, please contact:

JF Crépault
Senior Policy Analyst, CAMH
416 535-8501 x32127
JeanFrancois.Crepault@camh.ca

camh The Centre for Addiction and Mental Health (CAMH) is Canada's largest mental health and addiction teaching hospital, as well as one of the world's leading research centres in this area. CAMH combines clinical care, research, education, policy development, and health promotion to transform the lives of people affected by mental health and addiction issues.

¹ Ferri M, Davoli M, Perucci CA (2011). Heroin maintenance for chronic heroin-dependent individuals. *Cochrane Database of Systematic Reviews*, 12: CD003410. Oviedo-Joekes E, Brissette S, Marsh DC et al. (2009). Diacetylmorphine vs methadone for the treatment of opioid addiction. *New England Journal of Medicine*, 361: 777-86.

² European Monitoring Centre for Drugs and Drug Addiction (2012). Recent evidence and current practices of supervised injectable heroin treatment in Europe and beyond. EMCCDDA Insights Series No. 11. Luxembourg: Publications Office of the European Union.