

What is Addiction?

Addiction is a medical condition that leads to compulsive behaviour that a person carries out repeatedly over time, despite obvious evidence of a negative effects on their life. Addictive behaviours typically cause a spike in brain chemicals, such as dopamine and serotonin, which bring pleasure and a desire to seek out more of the same.

What Causes Addiction?

Addiction requires three things: a susceptible organism; a drug [or behaviour] with addictive potential; and stress¹. Susceptibility to addiction is created by trauma—injuries to mental health; just like chronic physical conditions can leave people susceptible to infection, trauma can make people susceptible to addiction. This trauma often occurs early in life, and may be inter-generational in nature. In many cases, the initial drug use for those that become addicted is an attempt at self-medication—that is, a way to dull the ongoing pain of the trauma. The strong increase in dopamine that many modern drugs cause (up to 1200% increase) leads to a reduction in receptors in the brain. This means that a drug must be used more frequently, and in stronger concentrations, to achieve the same effect, while the negative effects of the behaviour tend to grow as the addiction progresses.

“My Friend” Tried Drugs Once but Didn’t Become Addicted. Do Some People Choose Addiction?

This relates to the requirement for a “susceptible organism.” If, as an example, you had two people that took ibuprofen (a standard, over-the-counter, anti-inflammatory drug), one has an elbow that is a bit sore and the other has daily, debilitating migraines as a result of a neck injury. The one with a sore elbow is unlikely to fall into a pattern of addiction taking ibuprofen, even though they enjoy a great pain-free day; the one who finally gets a few hours of peace from ongoing pain very well might develop a dependency on ibuprofen.

The same is true with mental health. Two people might try the same drug, but only one has debilitating emotional pain from previous trauma or is under extreme stress to the point of existential crisis. In fact, we see this play out regularly when people have surgery and are prescribed opioids for pain. Some find themselves quite easily addicted while others don’t have the pre-disposition or stress to drive the addiction, making it less likely (though not impossible).

¹ Mate, Gabor. *In the Realm of Hungry Ghosts: Close Encounters with Addiction*.

Why is SUMA Concerned About Addictions?

Health care of any kind is not, and should not be, a municipal issue. Unfortunately, when root-cause issues related to addiction aren't dealt with at the appropriate level, municipalities end up having to address the social effects of that inaction (crime, homelessness, tent cities), despite having the least financial capacity of any order of government. The results are a greater burden on local property taxpayers, and a substantial loss of efficiency and effectiveness. It is always far more costly to deal with response and recovery than it is to invest in preparation and mitigation.

What Can Be Done About Addictions?

There is no simple fix for addictions, but they can be addressed by focusing on the three requirements for addictions to begin. This should include:

- Reducing the supply of drugs on the street through improved gang enforcement, intervention, and rehabilitation;
- Reducing extreme stressors by ensuring that support programs provide adequate support for the essentials of life;
- Supporting and treating mental health, both proactively before people enter addiction, and as a part of addictions treatment;
- Preventing trauma that may lead to addictions, particularly among children, by reducing rates of child poverty, exposure to violence and abuse; and
- Ensuring access to adequate nutrition, high quality childcare, early intervention services and barrier-free educational opportunities.

In addition, we need to do everything we can to keep people alive and ensure that they are aware of the services available to them to assist with addictions recovery. This absolutely must include harm reduction measures, such as safe consumption sites and pipe/needle exchanges.

Why Is Harm Reduction Important?

In an ideal world, everyone suffering from addiction would be ready to enter treatment, come out with wrap-around supports to help them stay the course, and reintegrate into their community. Unfortunately, this simply isn't an ideal world, and not everyone is ready to enter treatment.

Harm reduction measures play two important roles: they protect the individual suffering from the addiction by giving them a safe place and safe equipment to use; and they

protect the public coffers by reducing the costs of addiction-related healthcare and responding to overdoses, while reducing the transmission of preventable diseases.²

Saskatchewan has an HIV infection rate of five times the national average (20.3 per 100,000, or roughly 120 new infections annually)³, with each new infection costing the province approximately \$1.5 million in long-term healthcare costs. Providing clean needles has a direct effect on transmission rates, as does providing clean pipes, given that many of those suffering from addiction will choose to inject their drug of choice when a pipe is not available.

Proper funding for safe consumption sites can also reduce the number of used needles and pipes being discarded in communities, which can be built upon by installing more public needle drops.

Can't We Just Force People into Recovery?

Several governments in Canada have publicly mused about the possibility of forced recovery. While this may well be founded in good intentions, and with a goal of helping suffering people get well again, the approach may do more harm than good.

Many of the greatest traumas that people experience involve the loss of bodily autonomy and control. By forcing people into treatment, and depriving them of their personal freedom and autonomy, there is a substantial likelihood of re-traumatization. Even if re-traumatization doesn't occur, there is very little evidence of forced recovery actually working, when it has been tried in the past.⁴

What Has the Province Done to Address This?

The province has responded to the calls from SUMA and other stakeholders by substantially increasing the number of available addictions treatment beds and working to reshape the treatment model used in the province into something more effective, by including wrap-around community supports. This has all been completed under the banner of a "recovery-oriented" model of addictions treatment.

The challenge of a recovery-oriented system of care is that it fails to meet people where they're at, and only engages them when they are ready to enter treatment. That means that many of the root causes of addiction go untreated; the number of opportunities to engage people and encourage treatment are reduced; the infection rates of

² <https://nida.nih.gov/research-topics/harm-reduction>

³ "HIV in Canada: 2021 Surveillance Highlights." *Canada.ca*, 3 Jan. 2024, www.canada.ca/en/public-health/services/publications/diseases-conditions/hiv-2021-surveillance-highlights.html.

⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4752879/>

communicable diseases increases; and the number of overdose deaths continues to grow. Perhaps worse is the likelihood of the children being brought up in these situations being traumatized themselves and following the same path.

The result is a massive strain on our communities, our already-struggling healthcare system, and our policing and corrections systems. The level of human suffering is substantial and the financial cost to our province is enormous.

What Is SUMA Asking For?

- Address critical needs by creating addictions treatment beds, with proper oversight and community supports. It's important that this is done *without* taking away from existing shelter beds.
- Increase direct social work for those with addictions to encourage recovery.
- Implement more proactive mental health supports within the existing health framework for all Saskatchewan residents, to address root causes of addiction.
- Address critical stress levels by increasing income support programs (SIS/SAID) to provide sufficient funding to meet minimum costs of living in Saskatchewan, and adding additional social housing options for those with complex needs, including active addictions.
- Properly fund Community Based Organizations that deliver the vast majority of outreach and harm reduction programming, with long-term contracts to provide financial stability.
- Begin funding safe consumption sites to reduce disease transmission, healthcare costs, and response costs, while providing better individual outcomes.
- Relax requirements for needle exchanges and address needles in the community through increased public needle drops.
- Reinstate funding for pipe supplies, to reduce the number of people resorting to potentially-contaminated injections when a pipe cannot be found.