

The Economics of Addiction (2019)

Opening Statement

More than one Billion people globally were afflicted by mental health and substance abuse disorders in 2016. The impact of this is substantial; in 2014, the cost of substance use in Canada was \$38.4 Billion, while in Alberta, it is estimated that associated costs amount to \$1,332 per person, regardless of age.¹ While marginalized people, such as those living in poverty, are often over-represented in substance use-statistics, all types of people are impacted – including professionals, nearly all age groups, and people from rural and urban areas.

Background

In addition to the health and social costs, there are other externalities incurred as the Canadian Centre on Substance Use found our economy lost \$2.5 Billion in productivity due to mental illness and addiction in 2014. Further, the cost to the justice system, including added first responders and police officers, was \$974 Million in 2014. It is important to highlight that services provided by municipalities are largely borne by businesses through high non-residential tax rates. In addition, businesses often endure added costs to ensure the safety of their clients and vitality of their businesses; this includes outlays ranging from additional fencing to, surveillance cameras and added security expenses. As well, it is possible that businesses are affected by higher staff turnover, in addition to it being more of a challenge to hire in the first place. These costs are often ongoing, compounding the financial burden to businesses.

The Provincial Government of Alberta has taken steps to address the opioid crisis. In May 2017, the Province of Alberta developed a Minister's Opioid Emergency Response Commission. On July 5, 2018, the provincial Opioid Emergency Response Commission produced 32 recommendations to the Minister. Some of these recommendations included funding and increasing spaces for treatment, funding for awareness projects, funding for existing and new supervised consumption sites, and expanding the community-based Naloxone Program. Canada's Federal drug policy also uses a four-pillar approach; prevention, treatment, harm reduction, and enforcement. They are the four key pillars in the Canadian Drugs and Substances Strategy, supported by evidence. Examples of Federal responses to the opioid crisis include the Good Samaritan Drug Overdose Act and the granting of exemptions for overdose prevention sites. The policy undertaken by the Federal and Provincial governments clearly illustrate the various initiatives that have been undertaken by both levels of government to address mental health and addictions across Canada. These steps underscore the importance of coordination among different levels of government to effectively address this concern.

¹ Canadian Centre on Substance Use and Addiction. (n.d.). Retrieved July 10, 19, from <https://www.ccsa.ca/>

The Lethbridge Context

There are many initiatives, activities, supports, and advocacy efforts that the City of Lethbridge has implemented as a response to the substance abuse crisis in Lethbridge.

Some examples of these services in Lethbridge include The Watch, a Diversion Outreach Team and a needle debris collection program, implemented by the Downtown Clean & Safe Strategy. Lethbridge is also home to a Supervised Consumption Site, which is operated by ARCHES. This facility has been in operation since February 28, 2018.

Many literature reviews have indicated that more treatment facilities are required to meaningfully address this issue; of specific concern are the need for detox facilities and affordable and successful supportive housing.

The Lethbridge Chamber of Commerce applauds the City of Lethbridge for their recognition of this. Over the past 5 years, The City of Lethbridge has advocated to the Government of Alberta for intox, detox, and supportive housing, in addition to the Supervised Consumption Site and harm reduction strategies that are already in place.

The Government of Alberta responded to these requests, and on Dec. 7, 2018 announced that an \$11.2 million dollar project that would include a permanent supportive housing complex for Lethbridge residents who experience homelessness. In addition, the Provincial government committed to investing \$1.6 Million to create up to 30 new intox spaces in the city. This investment will facilitate a safe space for people to stay while they are under the influence.² On July 10, 2019, the Provincial Government indicated that they had put the \$11.2 Million rehabilitative housing project on hold pending a review. Despite this development, Lethbridge Mayor Chris Spearman is hopeful that the intox facility will proceed as scheduled³.

Without a detox and a supportive housing strategy in place, Lethbridge's local business community will continue to feel the effects of the opioid crisis.

Detoxification

Medical detoxification safely manages the withdrawal that is associated with stopping drug use.⁴ Detox facilities assist those who are dealing with withdrawal symptoms and moving towards a drug-free lifestyle. There are a variety of methods that underlie detox ranging from out-patient or

² Mahoney, A. (18, December 7). Supportive housing complex, new intox spaces announced to deal with the opioid crisis in Lethbridge. Retrieved July 10, 19, from <https://chatnewstoday.ca/2018/12/07/supportive-housing-complex-new-intox-spaces-announced-to-deal-with-the-opioid-crisis-in-lethbridge/>

³ Opinko, D. (19, July 10). Provincial funding for \$11.2-million rehabilitative housing project in Lethbridge "under review". Retrieved July 10, 2019, from <https://lethbridgenewsnow.com/2019/07/10/provincial-funding-for-11-2-million-rehabilitative-housing-project-in-lethbridge-under-review/>

⁴ Walker, C. (2015, February 11). Patients Addicted to Opioid Painkillers Achieve Good Results With Outpatient Detoxification. Retrieved July 10, 2019, from <https://www.drugabuse.gov/news-events/nida-notes/2015/02/patients-addicted-to-opioid-painkillers-achieve-good-results-outpatient-detoxification>

community-based services to in-patient on residential services.⁵ Research indicates that “assessment and referral to follow-up treatment programs is important to achieving long-term reductions in substance use following detox.”⁶ Some studies have shown that providing supportive housing to individuals with substance abuse treatment programs (such as detox) can produce a variety of positive outcomes including abstinence, increased employment earnings, and fewer illegal activities.⁷

Currently, the only detox center that could be identified in the Lethbridge area is The Lethbridge Recovery Centre at Chinook Regional Hospital (CRH) which offers detox services to anyone addicted to drugs and alcohol. However, clients with opioid addictions are not being serviced through the detox program provided there despite the overwhelming need. In fact, as Alberta Health Services’ (AHS) director of addictions and mental health facilities for the South Zone, Thomas Mountain, said, “If someone comes to us looking for detox from one of the opioids, our role is really to connect them with an opioid replacement therapy organization or program.”⁸

Supportive/Modular Housing

In 2018, it was estimated that there were 223 homeless individuals living in Lethbridge.⁹ Among those surveyed, 41% cited the most common reason for loss of housing as drug and alcohol addictions.¹⁰ The traditional linear approaches to services, where people “progress through a series of congregate living arrangements with varying levels of onsite support before graduating to independent living arrangements”,¹¹ is characterized by frequent moves and barriers to service and has been cited as not meeting the needs of those requiring supports.

Supportive housing offers people who have been living on the street a fresh start, a safe and warm home; where they can receive the assistance they need to address long-term health concerns, mental illness and substance abuse. Research has found that housing is an essential element in recovering from mental illness, and in managing addictions and problematic

⁵ Canadian Centre on Substance Abuse. (2014, July). The Effect of Post-Detoxification Housing on Substance Abuse. Retrieved July 10, 2019, from <https://www.ccsa.ca/sites/default/files/2019-04/CCSA-Effects-of-Post-Detox-Housing-on-Substance-Abuse-Review-2014-en.pdf>

⁶ Ibid.

⁷ Lo Sasso, A.T., Byro, E., Jason L.A., Ferrari, J.R., & Olson B. (2012) Benefits and costs associated with mutual-help community-based recovery homes: The Oxford House model. *Evaluation and Program Planning*, 35(1), 47-53; Majer, J.M., Jason, L.A., Aase, D.M., Droege J.R., & Ferrari J.R. (2013) Categorical 12-step involvement and continuous abstinence at 2 years. *Journal of Substance Abuse Treatment*, 44(1) 46-51; Tuten, M., DeFulio A., Jone, H.E., Stitzer, M. (2012) Abstinence-contingent recovery housing and reinforcement-based treatment following opioid detoxification., *Addiction*, 107(5), 973-982.

⁸ Benning, K. (19, January 9). New Lethbridge hospital detox beds not being used by opioid users. Retrieved July 10, 19, from <https://globalnews.ca/news/4833109/lethbridge-hospital-detox-beds-opioid-users/>

⁹ City of Lethbridge. (2018, July 19). Lethbridge Takes Part in Third Province-wide Homeless Count. Retrieved July 10, 2019, from <https://www.lethbridge.ca/NewsCentre/Pages/Lethbridge-Takes-Part-in-Third-Province-wide-Homeless-Count.aspx>

¹⁰ Ibid.

¹¹ Gulcur, L., Stefancic, A., Shinn, M., Tsemberis, S. & Fischer, S. (2003). Housing, Hospitalization, and Cost Outcomes for Homeless Individuals with Psychiatric Disabilities Participating in Continuum of Care and Housing First Programs. *Journal of Community and Applied Social Psychology*, 13, 171-186.

substance use. Some studies have gone so far as to suggest that stable housing has led to decreased substance use¹².

Literature has also found encouraging links between housing and employment. One study found that when men were provided the assurance of a program that provided housing as part of a 6-month addiction treatment plan, the availability of housing could double the percentage of males achieving stable employment within 12 months¹³. Assisting individuals to attain employment provides businesses access to an expanded labour force. Other positive externalities include increased local spending and enhanced perceptions of the downtown, both which are significant for the local business community. Ensuring this development is an important step in creating a virtuous cycle that helps create stability in the areas most affected.

Employment

Research has shown that working helps people overcome substance abuse and stay sober.¹⁴ Aside from the provision of income and health benefits, it can instill meaning and purpose in their lives which are powerful incentives to stay off drugs¹⁵. Employment can also help foster a process whereby former users begin to feel increased connectivity to their community. Recovery is a process and former users have to develop the requisite skills that will allow them to flourish in the workplace; at the same time, they cannot do this if local opportunities are not accessible and attainable. With this in mind, it is important that the Lethbridge business community play a supportive role in combatting the effects of substance abuse by providing employment opportunities for individuals transitioning to recovery. The Chamber will reach out to its membership and create an internal list of companies that are “recovery friendly.” Through this undertaking, we hope to compile a list of employment opportunities (both voluntary and paid) that will help individuals attain skills and enhance their own situation, while making a meaningful contribution to the local labour force.

With all of this in mind, the Lethbridge Chamber of Commerce recommends that the City of Lethbridge and the Provincial Government of Alberta:

1. Undertake an evidence-based coordinated approach to detox and supportive housing that supports access and has limited barriers to entry.
2. Seek national, provincial, and local business support in providing access to employment opportunities that will help both prevention and recovery/reintegration efforts

¹² Pauly, B., Reist, D., Schactman, C., & Belle-Isle, L. (2011, January). *Housing and Harm Reduction: A Policy Framework for Greater Victoria*[Scholarly project]. In *University of Victoria*. Retrieved July 10, 2019, from <https://www.uvic.ca/research/centres/cisur/assets/docs/report-housing-and-harm-reduction.pdf>

¹³ Kertesz, S. G., Mullins, A. N., Schumacher, J. E., Wallace, D., Kirk, K., & Milby, J. B. (2006). Long-Term Housing and Work Outcomes Among Treated Cocaine-Dependent Homeless Persons. *The Journal of Behavioral Health Services & Research*,34(1), 17-33.

¹⁴ Bernstein, L. (18, November 27). One of the biggest challenges of kicking addiction is getting a job. Retrieved July 16, 2019, from https://www.washingtonpost.com/national/health-science/one-of-the-biggest-challenges-of-kicking-addiction-is-getting-and-keeping-a-job/2018/11/27/87e8a168-d958-11e8-aeb7-ddcad4a0a54e_story.html?noredirect=on&utm_term=.7c1c44543e58

¹⁵ Ibid.

3. Identify what role they can play, individually and cooperatively, in preventing substance use and ameliorating its impacts
4. Work with all three levels of government, the community at large, the business community, and the not-for-profit sector to maintain an active network that works together to advance these recommendations