

# A Minister of Addictions for Canada

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Imagine a Minister for Addictions, not only for individuals we criminalize and stigmatize as “drug addicts” but for us all. So misunderstood is addiction, so scant is our public discourse about its scientific basis and so deep is the despair wrought by its present spread that we require a government reboot.

Health Canada plays an important role in reviewing the safety and effectiveness of new commercial drugs and natural health products; it establishes guidelines for the safe use of alcohol and tobacco. Yet Health Canada faces challenges communicating the risks associated with addictive substances. Its August 2016 marijuana “consumer fact sheet” warned Canadians about marijuana’s deleterious health effects, stating: “Long-term use may result in psychological dependence (addiction)” (Health Canada 2016). Yet 29% of Canadians today do not think that marijuana is addictive; 36% mistakenly believe marijuana benefits mental health (RIWI Corp 2018).

To be sure, there may be long-term public health benefits to legalizing marijuana or other currently illicit substances. Yet I want to see some longitudinal data to prove it. If this government or any other comparative jurisdiction could reveal medical records data showing that the legalization of any illicit addictive substance reduces the stigma associated with addiction and thereby decreases chronic addiction, this would be powerful evidence to effect change in public policy. I have seen none of this evidence from any jurisdiction or from any public health body in the world. A Ministry of Addictions can remedy this research gap and can act as a check on mercurial political ambitions that rapidly liberalize access to gambling, alcohol and other addictions (e.g., Is vaping addictive? The jury is out.).

A new Minister of Addictions can speak with authority on addictions of all types and, importantly, communicate that we are all at risk, as well as explain why.

In 2017, British Columbia launched a Ministry of Mental Health and Addictions to improve the access and quality of mental health and addictions services and to develop a rapid response to the fentanyl crisis. In the United Kingdom, after appointing a Minister for Loneliness (a frequent trigger for

addiction), Prime Minister Theresa May recently announced the appointment of Health Minister Jackie Doyle-Price to a new role as Minister for Suicide Prevention. She will lead the UK government’s efforts to cut the number of suicides and overcome the stigma that prevents people with addiction and mental illness from seeking needed help. These bold steps are instructive for Canada.

“There but for the grace of God go I.” To understand addiction is to embrace this concept, the phrase owing its origin to writer-physician Sir Arthur Conan Doyle. Fittingly, Doyle’s famous protagonist was addicted both to his “seven-percent solution” and to the pursuit of scientific evidence.

Sherlock Holmes would sleuth out perpetrators of crimes by figuring out their weaknesses; he knew that we are all at risk of succumbing to a personal temptation. For some of us, it is food, or cocaine or behaviours we cannot seem to stop, such as gaming or gambling. Addiction can throw us into “freneticism,” speeding us through red lights, or slumbering into inertia, to the point of neglecting important family responsibilities.

Various addictions are just different flavours of flirtation – to each his or her own bait. There are people addicted to fortune tellers, spending money they do not have to be reassured (for a time) about what the future holds. Some people can harbour an unhealthy addiction in healthism – overdoing exercise and so-called healthy eating to the point of zealotry.

It is important to discuss these rarer addictive enticements so that people understand addiction (i.e., all addiction, be it a substance or activity that interrupts daily functioning) for what it is: hungry dopamine receptors in the brain are avid to be fed, with manifestations that differ from person to person. Jean Jacques Rousseau, in his *Discourse on the Origin of Inequality* (Rousseau 1755/1992), noted that the human condition is one that blinds us to what truly makes us content. It also blinds us to what makes us needy. If you rely so much on caffeine that you choose to be late to an important job interview or to an annual employee performance review because you so desperately need that third morning jolt of coffee, then you are addicted.

It is par for the course to dismiss out of hand the idea that

we are all vulnerable or to assert that only “serious” addictions merit counselling. Our ideas about what is and is not a “normal” addiction change over time. Among today’s students on university campuses, smoking cigarettes counts as a real addiction, but heavy cannabis consumption oddly does not. Coffee does not count either. Nor does obsessive texting. We compose and circulate convenient lies, in the end hurtful to us all, that addiction happens only to “addictive personalities.” Yet we are all potential addicts; some of us only hide it better. Some of us are naïve about the process, but beware lest we be blindsided when the right trigger emerges at the wrong time.

A 2017 meta-analysis of all prior major scientific studies, conducted by Mark Griffiths of Nottingham Trent University for the *Global Journal of Addiction and Rehabilitation Medicine* (Griffiths 2017), examined the literature on “addictive personalities.” This was the conclusion: “Practitioners consider specific personality traits to be warning signs, but that’s all they are. There is no personality trait that guarantees an individual will develop an addiction and there is little evidence for an ‘addictive personality’ that is predictive of addiction alone. In short, ‘addictive personality’ is a complete myth.”

The recent legalization of marijuana in Canada is a relatively minor factor in a larger Ministry of Addictions’ agenda of arming ourselves to tackle the addiction problem – how to avert it, how to manage its acute stages, how to prevent relapses and how to accomplish the difficult challenge of rehabilitation. In the worst cases, there are dire health consequences, financial consequences, family and neighbourhood consequences, criminal consequences and, tragically, fatal consequences.

The Ministry of Addictions will need to deal with much more than what we now consider to be “health.” The minister must know about biology and medicine but also about policing, social determinants of health and psychology and so much more. Only by assigning a minister to addictions and by giving a major public voice to the voiceless – those with potentially devastated lives – can Canada show real global leadership in addiction prevention, intervention and recovery.

Perhaps my biggest surprise since beginning to understand the life path of addictions is how little the public knows or seeks to know. Even trained medical professionals know very little about the basics of addiction. Many doctors, roughly 9% (Weir 2000), suffer from distressing addictions themselves; they are vulnerable because they have access to powerful drugs and they can afford the cost, at least initially. Addictions are chronic conditions. Once hooked, the temptation to return to the “first high,” always the best high, is overwhelming, but also elusive. You do not seek clinical help because you think you can do it alone, because you think, at first, that it is not a serious matter.

If you are one of the lucky ones who admit to a problem and checks into therapy, you need, then, to be on guard for the rest of your life, ever vigilant. Dry periods, when you think you are

over it, are followed by relapses. Getting off one addiction can often lead to another; you can never truly say you are cured.

One might ask whether a new federal Minister for Addictions is just one more “nanny-state” enactment – sound and fury and mere “virtue signalling” – without meaningful consequence. The opposite is true.

Health Canada need not relinquish its policy-making role in the areas of tobacco, alcohol and substance abuse to the new ministry. The Ministry of Addictions needs to educate the public and represent the community of sufferers, broad in number yet today unheard. A Ministry of Addictions can stitch together the growing but uncoordinated parent Facebook groups, local charities and disparate addiction awareness and education initiatives across Canada into a federated organization with a fearless voice. It can research and measure what works and what does not, and it can squelch addiction mythology (“only the poor and uneducated get addicted to drugs”).

The new Minister for Addictions will be able to respond to our critics around the world – have no doubt they will come – who say, “Okay, Canada, you have legalized an addictive substance to stamp out organized crime and reduce access to unregulated high-potency pot for our kids ... but now talk to us about what also matters, the addiction crisis.” Is Canada ready to talk? **HQ**

### About the Author

Neil Seeman, CEO of RIWI Corp. and a senior fellow of Massey College, is the co-author of three books on the science of mental health and is writing a new book about addiction.

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