



The Opioid Crisis – A Brief Historical Perspective

by Connor Brenna, B.Sc, MD candidate (2021) – Faculty of Medicine, University of Toronto
Inaugural Recipient of our Quentin Rae-Grant Archival Research Award



“Opium Poppy” (*Papaver somniferum*)

Photo, 2005, courtesy California Academy of Sciences

The opium poppy (*Papaver somniferum*) and its derivatives have long been used as medical analgesics and recreational drugs. The term ‘opioid’ refers to both natural (opium-based) and synthetic substances, which bind opioid receptors in the brain and blunt the experience of pain. Opioids have been irreplaceable when used safely, and destructive when mishandled; their immediate pain-relieving activity presents an opening for addiction.

Today’s opioid crisis, characterized by parallel waves of both addiction and overdose deaths, has followed an increased availability of these drugs and their media attention in the Western world, accompanied inversely by a severe shortage of medical opioids. History can teach us two relevant lessons about opioid use: the complicated interface between drugs and politics, and the need for education on opioid prescription.

The opium poppy was cultivated by Sumerians in Mesopotamia as long ago as 3000-3400 BC. Opium use spread along the Silk Road to Rome, India, and China. Poppy extracts found many creative applications in antiquity: to calm the cries of children, relieve pain, treat seizures, prevent gastrointestinal or ocular dysfunction, and much more. The works of Galen, the

most prominent physician of Greco-Roman antiquity, popularized the medical use of opium around 200 AD. Opium was a mainstay of many painkilling mixtures over the centuries; one such derivative was laudanum. Formulated by the 16th-century Swiss-German alchemist, Paracelsus, laudanum consisted of opium alkaloids dissolved in alcohol. Though popularized for surgical use, recreational consumption and addiction of laudanum transformed many lives, appearing in historical works such as Thomas De Quincy’s “Confessions of an English Opium-Eater” and Samuel Taylor Coleridge’s “Kubla Khan”.

Morphine is another opium derivative, named for Morpheus, the Greek god of dreams. First developed in 1805 by Friedrich Serturmer, it quickly became the most widely used painkiller. After the advent of the hypodermic needle in the 1850s it became the standard against which the strength of all later opioids was compared. Heroin is a derivative of morphine, synthesized in the late 1800s by Bayer pharmaceuticals. Bayer marketed heroin as a “non-addictive” substitute for morphine as well as a cure for alcoholism. These purported virtues initially made it very popular; however, its ability to reach the brain more rapidly than other opioids made it highly addictive. The fast-acting compound had already grown deep roots in the Americas, and in 1900 heroin and other opiate-based drugs could be purchased readily from the Sears Roebuck catalogue. The manufacture, import, sale, and distribution of heroin remained legal in North America until its associated risks were recognized: it was banned in Canada by the *Opium Act* of 1908, and in the United States by the *Anti-Heroin Act* of 1924.

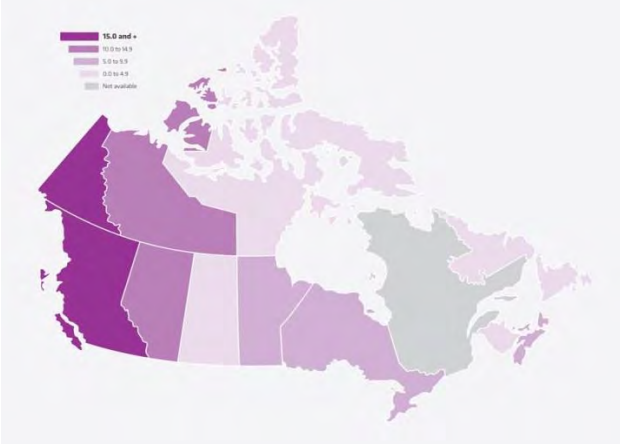
Along with analgesic exploration and development, opioids attracted attention as an economic and political tool. In the East, opioids contributed to political, social, and economic upheaval in China. Between the 15th and 17th century, Western powers looked to China as an expanding commercial market for opium. The Chinese state intervened when opium addiction began to threaten the national economy, decreeing that opium was not to be imported.



(Continued, page 2)

“The Opioid Crisis, Historical” – continued

It was too late: imports continued illegally, with great financial incentives for English merchants to deliver opium to a newly demanding Chinese population. Much of this opium was grown in India during British colonization where, in 1813, the British government declared the “Bengal Resolution”: a policy restricting opium use in India while simultaneously maximizing its export to China for profit.



Map of Canada: apparent opioid-related deaths per 100,000 population across provinces & territories for 2016. (B.C. reported unintentional deaths related to all illicit drugs including, but not limited to, opioids.) – Health Canada, “Actions on Opioids,” online 2016.

A recurring controversy over opioids and other analgesics is the question of how much pain should people be obliged to endure. With painkillers readily available, should patients suffer any pain? The pain-abolishing stance conflicts with traditions of pain-acceptance, which propose tolerance of low levels of pain for two main reasons: either the risks of dulling it are thought to exceed the cost of living with it, or for the ascetic (often religious) concept that suffering may purify the soul. Patients often suffer at the end of life, hence the dramatic increase in uptake of palliative care with the recognition that end-of-life care has typically been inadequate.

The opioid crisis has been characterized by an increase in the use of both prescription and non-prescription opioid drugs in the Western world – a focus of political and medical debates. Some suggest that the crisis originated in the decade after the American Civil War, when the USA per capita opiate consumption tripled to accommodate the wounded, provoking a first major wave of addiction. Since then, despite the lack of education on the topic, physicians have promoted availability of prescription opioids for relieving suffering where possible – including a successful political advocacy campaign in 1979 to legalize pharmaceutical-grade heroin again by Canadian, Dr. Kenneth Walker (a.k.a. Dr. W. Gifford-Jones).

From 1916, despite studies on the various side effects of opioids, many drug manufacturers aggressively marketed new painkillers like Oxycodone as revolutionary non-addictive drugs, fostering widespread prescription drug abuse. Prescribed opioids became accessible and reimbursed by healthcare plans, while non-pharmacologic therapies for pain management such as massage or physiotherapy were not covered. The liberal use of opioids by doctors spread from patients with end-stage cancer to patients with fractured hips or wisdom teeth, while the Western Hemisphere saw a resurgence of the addictive potential of opioids that had damaged China two centuries earlier.

At present opioid prescription is on the decline, arguably at great cost to some patients in pain, and illicit use of opioids are on the rise. This use includes fentanyl, which is reported as 50-100 times stronger than morphine, and its even stronger derivatives like carfentanyl (about 25 times as strong as fentanyl). In 2017, 1,422 deaths in BC alone were attributed to drug overdose, approximately 81% of these involving fentanyl. Greater restrictions over opioid prescription will persist as the cultural and medical pendulum swings back towards non-pharmacologic pain management, in much-needed efforts to curb opioid addiction and deaths by overdose.

Rendezvous With Madness – October 2019



Screening October 19th, *Irene's Ghost* –
at Workman Arts, 651 Dufferin Street.

Directed by Iain Cunningham,
part of the 27th *Rendezvous with Madness Festival*
October 10 - 20, 2019.

Made up of mostly archival footage and poetic animations, *Irene's Ghost* is a stunning documentary that follows a son's search for the mother he never knew. Over six years and after the birth of his son, Cunningham breaks his silence and begins to string together a portrait of a mother he never knew.

Although Cunningham's father never spoke of his mother, through interviewing his mother's friends and family the filmmaker discovers the truth of his mother's story by lovingly reconstructing Irene's lost life.

<https://workmanarts.com/rwm-events/irene-ghost/>

Newly-elected Board Members, 2019

President Syd Jones and the Board of Directors are greatly pleased to announce that, at the Friends of the CAMH Archives' (FoCA) 29th Annual General Meeting held May 22, 2019, a pre-notified Bylaw amendment proposal was unanimously endorsed to permit adding up to four additional Board members. Through nominations & consents obtained, we are delighted to announce these four additional members:

Lisa Brown-Gibson, C.M.



Photo credit: Annette Seip

Lisa Brown retired recently as the founding Artistic/Executive Director of Workman Arts. She is currently a student in Palliative and End of Life Care.

Arthur McCudden



Arthur McCudden is also a recent retiree from CAMH, where he held a number of positions including Senior Information Officer in the Information Centre.

Sandhya Patel



Sandhya Patel is an independent consultant with extensive experience in the health care sector as a nurse, specializing in mental health, research and education. She recently retired as the Director of Research Quality Assurance - CAMH Research Division.

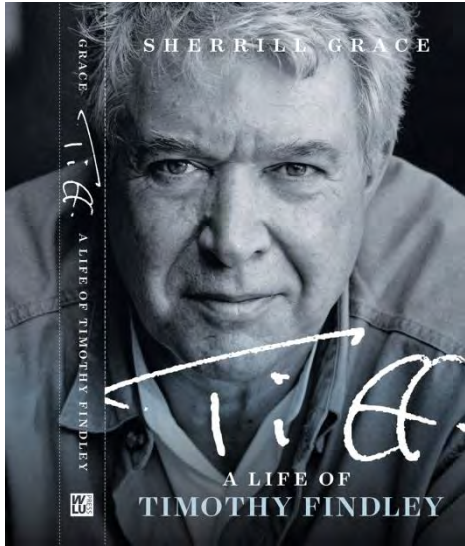
Tim Tripp



Tim Tripp is Director of Library and Information Services at the University Health Network in Toronto, and a former Director of Library Services and Knowledge Mobilization at CAMH.

NEW BOOK ADVANCE NOTICE

For Release in June, 2020



More information concerning this definitive literary biography now in progress will appear from the author, Professor Sherrill Grace, O.C., and the publisher, Wilfrid Laurier University Press (WLUP), in our next Newsletter.

UPDATES – CAMH Heritage Features

A. Conservation of the 1889 East Wall



This year the north-east sections of the CAMH Historic East Wall received conservation repairs, consistent with Toronto City Council’s ruling on its preservation. Please see a concise video clip concerning our Heritage Walls:-

<https://globalnews.ca/news/5461957/yyz-why-toronto-camh/>

This update includes a link to the contractors’ Wall Conservation specs, sub-linked here as “Heritage Report”:
<https://www.camh.ca/en/camh-news-and-stories/camh-redevelopment-update-preserving-camhs-historic-boundary-wall>

B. Relocating the 1850 Dome’s Spiral Stairs



As reported in our Spring newsletter the unique, 1850 spiral staircase will also benefit from expert conservation work, preceding its relocation to the new Crisis and Critical Care building on Queen Street, slated for completion next year.

C. New Exhibit Panel for “Breaking Down Barriers”

This wonderfully informative and colourful new panel brings essential socio-cultural and legal knowledge for our public historical-archival exhibit, created in 2012 at the CAMH Doctors Association Building, open to all at 101 Stokes St.



D. Retention Policy for Former Patients' Inactive Clinical Records

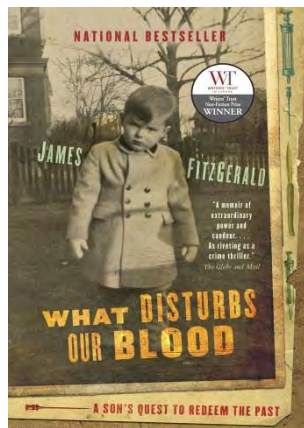
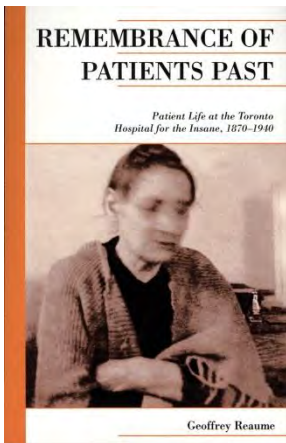
Patients' files – rigorously maintained while they receive services and follow-up care – systematically record a bevy of minute details that collectively bear witness to the persistence and complexity of treating mental illness. After each patient's ultimate separation their records are securely stored, while occasionally consulted for education and research by expert professionals, and sometimes by the patients or their families.



William Ingram at Queen Street, Oct. 1932, courtesy of the Ingram Family and Archives of Ontario, RG 10, Series 20-B-2. Charlotte Ingram said of this photo, "Now I have a picture with eyes I can finally look into."

– FoCA Newsletter, Autumn 2017

Supporting individual stories and family histories, along with scientific research and learning, the collective legacies of Ontario's health records since the 19th century helped enable advancements in clinical care, and rich institutional histories.



Hence, as CAMH was formed in 1998, a formal agreement to preserve its prior patient records at the Ontario Archives was made an initial order of business for the Minister of Health, the Provincial Archivist and CAMH's newly-appointed CEO.

Nevertheless, subsequent legislation permitted hospitals to set their own retention periods. Voluminous quantities of their hardcopy records, prior to the advent of today's born-digital formats, led several Toronto hospitals to decide collectively on a 35-year limit for inactive records, to be followed by their secure destruction rather than being preserved. This year CAMH reviewed that 2011 policy and has re-endorsed it.

William Lyon MacKenzie at the York Jail

by Maximilian Smith, PhD candidate – History, York U.
Hewton Archival Research Award recipient, 2016

On 4 January 1830, almost eight years before his infamous republican uprising, William Lyon Mackenzie “went to prison.” He was sent to the York (later Toronto) Jail as chairman of a select committee appointed by the House of Assembly to investigate the complaints of several prisoners. They were unhappy with several aspects of their confinement, but chief among their complaints were the “howlings and groans” and the noisome smells of three “lunatic” women confined in the basement cells. Touched by the plight of these women, Mackenzie suggested that if they were taken “to a particular ward in the hospital ... and gently treated,” they “might either wholly recover their reason, or at least become convalescent.”

Mackenzie's report to the Assembly began a decades-long process of lunacy reform in Upper Canada, culminating in completion of a permanent asylum building in 1850. My dissertation examines the process of asylum reform, exploring the many voices that contributed to the implementation of institutional lunacy care in Upper Canada. Of particular interest is the timing of asylum reform. Why did Mackenzie's report finally draw interest in 1830? The “insane” had already been confined to the province's district jails for decades by that time. And if the plight of lunatics was recognized and acted upon in Upper Canada by 1839, with the passage of the *Act to authorise the erection of an Asylum*, why were similar provisions not made in Manitoba until the 1886 erection of Manitoba's Asylum for the Insane?

International trends in medicine and social welfare certainly contributed to the development of private and state-administered lunatic asylums throughout 19th century Britain and North America, but the localized experiences of provincial administrators, medical practitioners and, of course, the mentally ill, also contributed to temporal variances in the emergence of institutional lunacy care. CAMH's Hewton Archival Research Award enabled me to conduct one week of fieldwork at the Manitoba Archives in the summer of 2016. The data collected during this research trip have enabled me to develop a theory of institutional formation which can account for the gradual emergence of lunacy care in different geographic contexts throughout the latter half of the 19th century.

“Asylum management” was a liminal profession, often skirting the boundaries of professionally recognized medicine and religious association practice. It was a profession based largely on precedent; aspiring asylum superintendents conducted professional tours of reputable asylums, often at great personal cost. Established superintendents, in turn, conducted inspections of newer asylums.

The networks developed through these tours formed the basis for the development of professional associations such as the Association of Medical Superintendents of American Institutions for the Insane (from 1844 – later the A.P.A.), and allowed existing asylums such as Upper Canada’s Provincial Lunatic Asylum to serve as precedents for the development of newer institutions like the Manitoba Asylum for the Insane.

The A.R.F. *Bon Accord* Residential Model

**by Jeremy Milloy, PhD – W. P. Bell Postdoctoral Fellow,
Mount Allison University
Griffin Archival Research Award recipient, 2018**

The relationship between substance use disorder and the workplace is important, yet understudied. Employers have long demanded sober, industrious workers. Labour organizations have inveighed against the damaging effects of alcohol and drugs. Businesses have funded organizations and interventions to combat substance use. Governments and experts have held out waged employment as a crucial means for rehabilitating those affected. Amidst them all, everyday women and men have used alcohol and drugs to handle workplace stress, build solidarity, make extra money on the job, alleviate boredom, and manage pain and injury. They have also established the workplace as a key site of recovery, connection, and belonging.

I have been researching these historical relationships as a Social Sciences and Humanities Research Council of Canada postdoctoral fellow, and now as the W. P. Bell Postdoctoral Fellow in Canadian Studies at Mount Allison University.

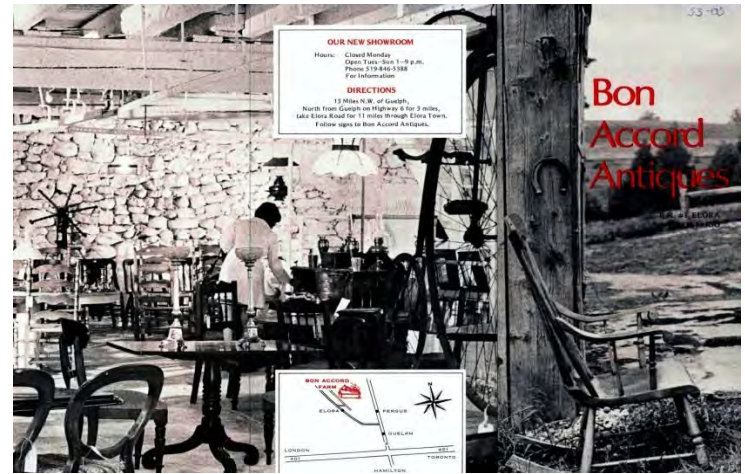


*“Bon Accord”
Elora, Ontario
1967 – 1973*

Photos: CAMH
Archives, A.R.F. fonds

At the CAMH Archives, one of the principal case studies I researched was the recovery community established at *Bon Accord* farm near Elora, Ontario. The Addiction Research Foundation (A.R.F.) was keen to change Ontario laws and practices on public intoxication they felt were outdated and ineffective. They decided that effective advocacy required an example that the issues of those who presented as the intoxicated population on the streets, or “Skid Row drunks” as they were often called at the time, could be handled outside of the justice system, prison cells, and asylums. They believed that demonstrating that these men (all

those who were part of this program) could be rehabilitated, not only in terms of alcoholism but also as workers, would show that more enlightened policies could work.



So in 1967 they set up *Bon Accord* as a residential program, directed by Rev. Don Collier, where men would work in a furniture workshop whose sales were intended to bankroll program costs. One of the most fascinating aspects of the community was that it was largely self-governing. Members could even decide how and when they might consume alcohol, a marked departure from the era’s dominant treatment paradigm of total surrender of authority and complete abstinence. In his outstanding recent history of Alcoholics Anonymous and its influence on addiction treatment, *US of AA*, Joe Miller writes of the abstinence orthodoxy established by U.S. government agencies and AAers, which resulted in virulent attacks on researchers like Mark and Linda Sobell, who had argued that controlled drinking was possibly an efficacious approach with alcoholics.

Yet as A.R.F. researcher, Gus Oki noted, reflecting on *Bon Accord* in David Archibald’s history of the A.R.F., “we were making the same observations” that supported “the claim that alcohol dependence is highly individualistic and influenced by the environment.” The challenge, however, was maintaining a healthy lifestyle once an individual left the controlled, highly supportive environment at *Bon Accord*.

The *Bon Accord* experiment – short-lived until 1973 – was important as a thoughtful alternative to the prevailing medical and criminal justice responses to men with alcohol dependence, and one that posited a role for meaningful, supported work and democratic participation as alternatives to isolation and addiction. I plan to present my research into *Bon Accord* at a conference on the relationship between labour and Canadian carceral facilities, in 2020 at Brock University. This conference will result in an edited collection on this topic. This research would not have been possible without the archival resources and historical support of the CAMH Archives, and the Friends of the CAMH Archives’ Griffin Award grant, for which I am deeply grateful.

Hewton, Griffin and Rae-Grant Funding Awards to Support Archival Research in 2020

The Friends of the CAMH Archives (FoCA), dedicated to the history of Canadian psychiatry, mental health and addiction, have established three endowment funds. These endowments annually provide funding in memory of their late colleagues, Ms. E.M. (Lil) Hewton and Dr. J.D.M. (Jack) Griffin, OC, and – inaugurated last year through the generosity of the Laidlaw Foundation – the Dr. Quentin Rae-Grant Scholarship.

The purpose of these funding awards is to provide financial assistance to students, and others not necessarily associated with an academic institution, who propose to undertake archival research on an aspect of the history of mental health, including addiction, in Canada. The FoCA Board at its discretion may approve awards to a maximum of \$2,500 each.

There is no application form. Candidates are invited to submit a letter of intent, not exceeding 500 words, together with a budget and résumé, not later than November 30, 2019. These research awards are conditional on the recipients agreeing to submit progress reports within one year, and a final report including a financial synopsis within two years of receiving their financial allocation.

For examples of the archival research projects (formerly “Bursaries”) previously awarded, please refer to that feature as included in the SPRING editions of our past years’ Newsletters, indexed at:

<https://www.camh.ca/en/health-info/camh-library/camh-archives/friends-of-the-archives>

To apply for a 2020 award, please submit an application by the November 30, 2019 deadline to:

Sydney Jones – President, Friends of the Archives
CAMH, 1001 Queen Street West
Toronto, Ontario M6J 1H4

Please note that electronic submissions are preferred, via: John.Court@camh.ca

Friends of the CAMH Archives (FoCA)



The NHL season’s launch reminds us that **Ronald J.E. (Ron) Ellis**, renowned former hockey star who later became a mental health advocate, was awarded a *Courage to Come Back Award* in 2000 – CAMH’s 7th annual series. Ellis played 16 NHL seasons for the Leafs, who won the 1967 Stanley Cup, and in the famed 1972 Summit Series against the Russian National team. – CAMH Foundation photo donated in 2019 to the Archives.

Centre for Addiction and Mental Health
1001 Queen St. West, Toronto, Ontario M6J 1H4
Tel. 416-535-8501 x.32159
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Membership Renewal Notice for 2020

New & renewal memberships and donations are preferred via our safe, secure, online partner:



<https://www.canadahelps.org/en/charities/the-museum-of-mental-health-services-toronto-inc/>

Or by surface mail:

Name: _____ Prefix: _____
Address: _____
Postal Code: _____ E-mail: _____

* Membership: \$ 30.00 or \$25.00 for students & seniors, on a calendar year basis (currently valid through Dec. 31, 2020)

* Donation: \$ _____ (optional, at your discretion)

Total: \$ _____

* An Income Tax receipt will be provided for your membership remittance plus any additional donation.

Please consider remitting online or, alternatively, by mailing this form together with a cheque, payable to “Friends of the CAMH Archives”

Surface mailing address: Friends of the CAMH Archives, 1001 Queen Street West, Toronto, Ontario M6J 1H4