

Answering the Call

Substance Use and Abuse in Canada

A N S W E R I N G T H E C A L L

The issues around substance use and abuse in Canada are complex and multi-dimensional. Their effects are social and personal, their dimensions legal, economic and health-related.

This document responds to a call issued by Canadians, their governments, non-governmental organizations and others for a more coordinated approach to meeting the challenges posed by problematic substance use and abuse. Answering the call will require concerted effort, collaboration and commitment—from the national level to Canada's smallest communities.

At the core of this document is a collective conviction that a national framework for action on substance use and abuse is necessary, practical and—most of all—achievable through dedication and the sharing of expertise, experience, ideas and perspectives.

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FOR A COUNTRY OF CANADA'S SIZE AND DIVERSITY, THERE IS CONSIDERABLE CONVERGENCE IN FINDINGS ACROSS PROVINCES REGARDING THE PREVALENCE OF ALCOHOL AND ILLICIT DRUG USE AND RELATED HARMS. THERE ARE ALSO IMPORTANT DIFFERENCES IN TERMS OF LEVELS AND PATTERNS OF USE, AND RISK OF HARMS THAT ARE OF SIGNIFICANCE NOT ONLY TO RESEARCHERS, BUT TO DECISION-MAKERS AND ULTIMATELY TO ALL CANADIANS.¹

Problematic substance use in Canada: a snapshot

From 1994 to 2004, the overall rate of alcohol and other drug use rose in Canada. Rates went from 72% in 1994 to 79% in 2004 for alcohol; from 7% to 14% for cannabis; from 0.7% to 1.9% for cocaine/crack use; and from 1.1% to 1.3% for LSD/speed/heroin.² Decisions made by youth to use alcohol and drugs merit particular attention because the impact of early decisions can affect future rates of use. Reports of substance use among youth reveal that there has been a general increase in rates of use since the 1990s, including increases in the reporting of multiple substance use.

The Canadian Addiction Survey (CAS, 2004) examined the rate and pattern of use of various substances by youth aged 15-24. Approximately 83% of youth in this age group were current consumers of alcohol. The proportion of Canadian youth who reported binge drinking—defined as consumption of five or more drinks on a single occasion at least once monthly—was 37%; those who reported doing so at least once weekly was 12%. Use of other drugs among youth aged 15 to 24 in the 12 months preceding the survey was approximately 37% for cannabis; 5.5% for cocaine/crack; 0.1% heroin; 3.9% speed (amphetamines); 4.4% ecstasy (MDMA) or other similar drugs; and 3.5% for hallucinogens (PCP, LSD, etc.).

The Ontario Student Drug Use Survey, the longest ongoing survey of student drug use in Canada, provides a detailed examination of the changes in rates of use among youth. Alcohol use, binge drinking, inhalants, cannabis, hallucinogens other than LSD or PCP, and ecstasy decreased during the 1980s and increased during the 1990s. Use is currently stable at elevated rates.

For example, cannabis use declined from 29% in 1979 to 10% in 1991, and then increased to 28% in 2003. Smoking cigarettes and LSD use decreased during the 1980s and increased during the 1990s, but are currently moving downwards. Smoking declined from 35% in 1979 to 20% in 1991, then moved upward to 27% in 1999, and then dropped to 17% in 2003.

¹ Canadian Addiction Survey: A national survey of Canadians' use of alcohol and other drugs, November 2004.

² Prevalence of use within 12 months preceding each survey

The trend was similar for LSD use, which was at 9% in 1979, dipped to 5% in 1991, 6% in 1999, and 3% in 2003. Cocaine use and, to a lesser extent, crack use declined during the 1980s, but has increased since the 1990s. For example, cocaine use declined from 5% in 1979 to 2% in 1991, but increased to 3% in 2003. Non-medical use of stimulants, tranquillizers and barbiturates decreased during the 1980s, but stabilized during the 1990s. Heroin, PCP and methamphetamine use has been low and stable over time.

All of these results are based on Ontario students in grades seven to 13 and cannot be generalized to the rest of Canada or to different age groups. However, they are indicative of the diversity of substances used by youth.

After a period of decline throughout the 1980s and early 1990s, the rate of police-reported drug offences rose by 42% between 1992 and 2002. Much of this can be attributed to an 81% rise in cannabis offences, most of which were for simple possession. The rate of trafficking offences increased over the period 1977 to 1992, but has since declined 13%. Rates of importation and production offences are relatively low compared to possession offences, but have more than doubled since the early 1990s. In 2002, cannabis offences accounted for 76% of all drug-related incidents, followed by cocaine (13%) and heroin (1%) and the remaining 10% of offences are related to other types of drugs including LSD, ecstasy, barbiturates, and others.

Injection drug use is a serious public health and social problem in Canada. According to the Canadian Addiction Survey, there are approximately 269,000 Canadians who inject drugs, most commonly heroin, cocaine and steroids. Injection drug use is linked to overdose, HIV, hepatitis C, other communicable pathogens, suicide, abscesses, infections, poor nutrition, and endocarditis. One study estimates that the direct and indirect costs of HIV/AIDS attributed to injection drug use at \$8.7 billion over a six-year period if trends continue. Because the prevalence of hepatitis C is much higher than HIV infection, the medical costs to treat injection drug induced hepatitis C are expected to exceed those for HIV.

Aboriginal people have been disproportionately affected by the harm associated with substance abuse. They are over-represented in inner-city populations, the sex-trade, and the prison system. The use of inhalants has been identified by Aboriginal populations as a serious problem that often begins as young as four years. The national Environmental Scan of First Nations and Inuit Mental Health Services (2002) reported that addictions appear to be increasing. Many sources suggest that the rates of FASD (Fetal Alcohol Spectrum Disorder) in some First Nations and Inuit Communities are higher than the national average.

Canada's incarcerated population is divided between federal offenders—those serving sentences of two years or more in federal penitentiaries—and those under provincial/territorial jurisdiction, who serve sentences of less than two years. Approximately 80% of federal offenders have a history of alcohol or drug abuse, and more than half were under the influence of alcohol or drugs when they committed the offence that led to their incarceration. Although the exact nature of the relationship between alcohol and drug use and criminal behaviour is not known, it has long been recognized that a link exists between problematic substance use, past criminal behaviour, and risk of future criminal behaviour. Many offenders enter the correctional system with an alcohol or drug problem, and a majority is found to be under the influence of alcohol or drugs when committing the offence that led to their incarceration.

According to an end-of-2000 review, 26% of the prison population was comprised of drug offenders. More specifically, 18% were serving sentences for drug trafficking, 3% for importation, 1% for cultivation, and 10% for possession of illicit drugs. Research indicates that recent drug use is prevalent among offenders and that offenders consume large amounts of psychoactive substances, at rates higher than the general population. Alcohol is the most commonly used substance before incarceration.

Fetal Alcohol Spectrum Disorder (FASD) is an umbrella term that includes Fetal Alcohol Syndrome (FAS) and related disabilities. It is one of the leading causes of preventable birth defects and developmental delays in children. In Canada, at least one child is born with FASD each day. FASD has an estimated incidence rate of 9.1 per 1000 live births in industrialized countries. The FASD-related lifetime extra health care, education and social service costs per individual are estimated to be \$1.4M (U.S.).

Despite the increase in the prevalence of drinking by Canadians, the incidence of fatally injured drivers who tested positive for alcohol has declined from 53% in 1987 to 33% in 1999. It then increased to 38% in 2001. The number of drivers who exceeded the criminal threshold for alcohol use decreased from 43% in 1987 to 32% in 2001. Based on the data available from multiple sources about drinking and driving, an estimate of the number of people killed in alcohol related motor vehicle collisions is calculated; this estimate went from over 2,200 in 1987 to approximately 1,100 in 2001. During this same time, the number of people charged with impaired driving offences has been reduced from approximately 128,000 in 1987 to approximately 70,000 in 2001.

Alcohol remains the primary criminal cause of motor vehicle deaths on Canadian roads; however, drugs are increasingly being recognized as a significant problem. Studies on the presence of drugs in toxicological samples of fatally injured drivers vary from 20% to 26%. Cannabis, benzodiazepines and cocaine are the most frequent substances detected.

The health, social, and economic costs of alcohol and illicit drugs to Canadian society in 1992 was estimated to be \$8.9 billion. These costs are attributable to direct losses associated with the workforce and administrative costs for transfer payments; and prevention and research, law enforcement, and health care. The largest cost was lost productivity due to illness and premature death. Since this estimate was calculated, illicit drug use in Canada has increased and some serious new issues have emerged,

including increases in injection drug use in the 1990s, the advent of ecstasy at the turn of the millennium, and reports of increasing use of crystal methamphetamine and diversion of prescription painkillers such as Oxycodone.

Highlights from the Canadian Addictions Survey

GENERAL FINDINGS
17.8% of Canadians had exceeded the drinking guidelines in the past year.
Males aged 18-24, and single persons were the most likely to exceed the drinking guidelines.
13.6% of Canadians engaged in hazardous alcohol use and are considered high-risk drinkers.
High-risk drinkers included 8.9% of female drinkers and 25.1% of male drinkers. More than 30% of those under the age of 25 were identified as high-risk drinkers.
Nearly a quarter of former and current drinkers report that their drinking has caused harm to themselves or others at some time in their lives. 8.8% of current drinkers report experiencing harm from their drinking during the past year.
Most drinking occasions occur without harm and the majority of people are not harmed by alcohol. The more heavily people drink, the more likely they are to report harm to themselves and harm from others.
Men report more harm to self and from others. The younger the respondent the more vulnerable he or she is to alcohol-related harm from one's own drinking and the drinking of others.
CANNABIS AND OTHER ILLICIT DRUGS
44.5% of Canadians report using cannabis at least once in their lifetime.
About 5% of Canadians report cannabis-related concerns, such as failing to control use.
16.5% of Canadians report using illicit drugs (other than cannabis) at least once in their lifetime.
3.0% of Canadians report using other illicit drugs during the past year. 1.9% of Canadians have used cocaine/crack during the past year. The rate of illicit drug use during the past year is highest among men, and among those aged 18-24.
Young people more likely to report past year use other illicit drugs. 17.8% 18 to 19 years 11.5% 20 to 24 years
Among those who have used other illicit drugs during the past year, 42.1% report risk indicator symptoms indicative of the need for intervention.

The genesis of this framework

This Framework is the product of extensive consultation. As a first step, cities across the country played host in 2004 to a series of ten roundtables and discussions that focused on the prevalent and growing issue of substance use and abuse in Canada. Priority issues identified consistently throughout these consultations were followed up by focused thematic workshops in which issues were explored in greater depth.

That exploration is ongoing. Language, for example, is an issue of particular concern. Words and phrases such as *use*, *addict*, *user*, *misuse*, *addictions*, *problematic use*, and many others are used to describe the broad range of issues in the *substance use* field. There is a need for furthering discussions on terminology to clarify meanings and develop common understanding.

This Framework reflects the contributions of all those who have shared their expertise, practical experience, academic training, policy and programming perspectives, knowledge of research issues and frontline experience from a wide range of professions and occupations, including:

- addiction and mental health specialists;
- physicians and health practitioners;
- lawyers and legal experts;
- frontline counselors and caregivers;
- organizations representing drug users;
- researchers and policy officers;
- government officials in education, health, and justice;
- non-governmental organizations;
- Aboriginal service providers; and
- policing and enforcement representatives.

All brought something else critical to the success of the Framework: commitment to preventing and ameliorating the adverse health, social and economic impacts of problematic substance use.

THIS FRAMEWORK ACTIVELY FOSTERS COLLABORATION BY BRINGING KEY STAKEHOLDERS TOGETHER TO REALIZE THE MOST BENEFICIAL RESULTS FOR THE GREATEST NUMBER OF PEOPLE.

A framework for all

Much good work is underway in Canada to address problematic substance use. There is a myriad of interventions and initiatives aimed at reducing the harm associated with alcohol and other drugs. Non-governmental organizations, the private sector, federal, provincial, territorial and municipal departments and agencies have developed, or are developing, drug strategies. This Framework, once implemented, will leverage a wealth of Canadian expertise from these entities—propelling a comprehensive and coordinated effort that enables, enhances and values individual initiatives across Canada.

This Framework is intended to reflect a national perspective on problematic substance use. It outlines objectives, principles and priorities for action that have been identified collectively and shown to be held in common by stakeholders. In this sense, the Framework should complement and facilitate other efforts underway, as well as guide collaborative partnerships in planning for national responses. More than simply encouraging collaboration, the Framework actively fosters it by bringing key stakeholders together to realize the most beneficial results for the greatest number of people.

Envisioning a National Framework for Action on Substance Use and Abuse



What the Framework achieves

The benefits of a national framework for action are many. It increases the possibilities for governmental support at all levels; enables better planning and utilization of resources; and it establishes a common frame of reference.

On all aspects of problematic substance the Framework serves to generate dialogue across jurisdictions, sectors and functions and to promote understanding of these issues by:

- Articulating a vision, principles and objectives for national action;
- Setting out strategic priorities and directions that allow coherent planning, delivery and evaluation of activities;
- Providing the umbrella under which strategies to address specific issues can be developed;
- Defining and clarifying the roles, responsibilities and accountabilities of the different jurisdictions and stakeholders;
- Providing mechanisms to ensure coordination and facilitate collaboration between jurisdictions and sectors; and
- Creating an environment within which funding can be leveraged.

Substances: defined

The substances covered in this Framework include alcohol, pharmaceuticals (both over-the-counter and prescription), illicit drugs, inhalants and solvents.

WITH THE RIGHT TOOLS, ATTITUDES,
SUPPORT AND COMMITMENT, THE VISION
WILL BE TRANSFORMED INTO REALITY
ACROSS COMMUNITIES, MUNICIPALITIES,
AND PROVINCES AND TERRITORIES.

VISION

Seeing clearly and with hope

The vision statement is positive and inclusive. It acknowledges that the harms associated with problematic substance use affect, both directly and indirectly, individuals, families and communities. It also implicitly invites partnerships to deal with those harms and their causes. The vision remains open to the full range of necessary interventions, from prevention, through treatment, enforcement and harm reduction activities.

All people in Canada live in a society
increasingly free of the harms
associated with problematic use of
alcohol, drugs and other substances

Framework principles at a glance

- PROBLEMATIC SUBSTANCE USE IS A HEALTH ISSUE
- PROBLEMATIC SUBSTANCE USE IS SHAPED BY SOCIAL AND OTHER FACTORS
- THE MOST SUCCESSFUL APPROACH TO PROBLEMATIC SUBSTANCE USE EMBRACES THE FULL CONTINUUM OF PREVENTION, TREATMENT, ENFORCEMENT AND HARM REDUCTION INTERVENTIONS
- ACTION IS KNOWLEDGE BASED AND EVIDENCE INFORMED
- HUMAN RIGHTS ARE RESPECTED AND HONOURED
- STRONG PARTNERSHIPS ARE THE FOUNDATION FOR SUCCESS
- RESPONSIBILITY, OWNERSHIP AND ACCOUNTABILITY ARE SHARED BY ALL

PRINCIPLES

Guiding the Way

In working toward the vision, several key principles guide the collaborative work of individuals, governments and organizations.

PRINCIPLE 1: PROBLEMATIC SUBSTANCE USE IS A HEALTH ISSUE

Problematic substance use is first and foremost a health issue and should be afforded high priority and recognized on par with physical illness. It should be fully integrated and given a high profile within the health care system to ensure that those adversely impacted not find themselves stigmatized and marginalized.

PRINCIPLE 2: PROBLEMATIC SUBSTANCE USE IS SHAPED BY SOCIAL AND OTHER FACTORS

Addressing problematic substance use requires a population health approach that:

- considers the potential influence of socio-economic status, culture, access to health services, employment, and housing;
 - recognizes how stigma, trauma, violence and cultural dislocation may predispose some particularly vulnerable populations to problematic substance use.
 - understands that substance abuse often co-occurs with other conditions such as mental illness or addictions such as gambling or tobacco; and
 - considers not only the harm to the user but also to families, communities, society and the economy.
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PRINCIPLE 3: THE MOST SUCCESSFUL APPROACH TO PROBLEMATIC SUBSTANCE USE EMBRACES THE FULL CONTINUUM OF PREVENTION, TREATMENT, ENFORCEMENT, AND HARM-REDUCTION INTERVENTIONS.

Reducing the harms associated with problematic substance use requires integrated, comprehensive responses to ensure a continuum of appropriate activities, programs, and policies.

PRINCIPLE 4: ACTION IS KNOWLEDGE-BASED AND EVIDENCE-INFORMED

Wherever possible, demand-reduction, supply-reduction and harm-reduction interventions associated with problematic use should be based on evidence from research and evaluation. Best practices, as well as traditional interventions such as those drawn from Aboriginal history and culture, and new knowledge derived from exploratory qualitative and quantitative research and evaluation activities, all bolster decision-making capacity to allow informed choices by clients and practitioners.

PRINCIPLE 5: HUMAN RIGHTS ARE RESPECTED AND HONOURED

Equitable access to a full continuum of addiction and other services must be provided to all people living in Canada. This right must be granted regardless of an individual's socio-economic status, gender, culture, race, sexual orientation, or geographic location. Substance users enjoy the same respect afforded all people under the *Canadian Charter of Rights and Freedoms* and relevant international conventions to which Canada is a signatory. Aboriginal people's voices must be heard and their views and participation sought in developing Aboriginal policy and programming.

PRINCIPLE 6: STRONG PARTNERSHIPS ARE THE FOUNDATION FOR SUCCESS

Given the complex nature of the underlying causes of problematic substance use and the links to other social issues and sectors, there is a need to establish linkages to form partnerships. Partnerships allow people to come together to achieve what might not be achievable otherwise. Partnerships build capacity. They take many forms, including those with and between governments, the provinces and territories, and with many community organizations, academia, the police, young people, social and health services, and the private and voluntary sectors. Partnerships require ownership *by all* to facilitate integration and coordination *by all*: vertically and horizontally, from the federal level to the smallest communities.

PRINCIPLE 7: RESPONSIBILITY, OWNERSHIP AND ACCOUNTABILITY ARE SHARED BY ALL

Common goals are identified and achieved when all levels of government—along with First Nations, Inuit and Métis communities, NGOs, industry, professional agencies, and others take ownership of issues and work together to address them. Issues, desired outcomes, and roles need to be collectively defined and understood so that accountabilities are clear.

OBJECTIVES

Translating vision into action

Objectives provide clarity for developing strategic plans to address specific issues. They help focus attention on priorities and sustain ongoing discussion and action over time. Concerted and coordinated action by many under the umbrella of this Framework empowers all involved to bring about positive change in the lives of users, their families and communities. This change focuses on action to:

- Decrease illicit drug use and the harmful use of other substances.
- Decrease the availability of illicit drugs.
- Delay the age at which young Canadians begin experimenting with alcohol and other drugs.
- Decrease alcohol and other drug-related harm to individuals, families and communities.
- Increase the use of non-judicial and alternative justice measures for users.
- Decrease avoidable health, social, and economic costs.

PRIORITIES

Focusing efforts

Priorities identified for action to date are outlined below. Shared ownership of the Framework enables leaders within any sector to emerge as champions for a given priority or to advocate a particular focus for action.

While priorities may stand alone and be addressed regionally or locally, coming together under the umbrella of a national framework helps leverage experience and expertise for joint action that augments local or regional initiatives, resulting in an increased number of positive outcomes.

Commonalities across priorities are key linkages that automatically bring a national scope to the issues. For example, youth, Aboriginal peoples and offenders are often more vulnerable to the harms of problematic substance use. Under the principles of this Framework, action planning should have a special focus on these populations in the development of all research, policy and programming development and community initiatives.

Roles and responsibilities

Planning for action on any priority and determining roles and responsibilities is a key outcome and a gauge of the Framework's success. Roles and responsibilities related to a specific priority will vary depending on the issue. Jurisdictional obligations and powers (often entrenched in law), fiscal capacity and human resources, to name but a few, all have a bearing on how roles and responsibilities are assumed. All sectors will bring different strengths and levers to provide the needed impetus for best results.

THE FIELD OF ADDICTIONS MUST NOT BE BURDENED WITH LANGUAGE THAT ACTS AS A BARRIER TO THINKING POSITIVELY ABOUT THE ISSUE... TERMS SUCH AS "ADDICTION" AND "ABUSE" HOLD NEGATIVE CONNOTATIONS THAT AFFECT HOW RESOURCE ALLOCATION, RESEARCH, TRAINING AND BASIC POLICY ISSUES ARE APPROACHED.

Raising the profile of problematic substance use

Although problematic substance use directly or indirectly affects many Canadians, the issue does not receive the same profile that is accorded to other health and social problems. It has been suggested that language around substance use may act as a barrier to thinking positively about the issue and that it contributes to stigmatization and discrimination. This not only affects the individual user, but his or her family as well. For example, terms such as "addiction" and "abuse" are perceived to hold negative connotations.

It is also suggested that the stigma associated with substance use is partly responsible for how policy issues are approached and how resources are allocated. For example, it has been noted that *addictions* per se is not mentioned specifically in *The Canada Health Act* or profiled as being a high priority.

Raising the profile of problematic substance use and minimizing the stigma associated with it, is recognized as a necessary first step that will help facilitate the achievement of other priorities. To accomplish this, a comprehensive, coordinated approach is required that should include:

- public education at the national, provincial/territorial and regional level to de-stigmatize addictions; and
- long-term messaging to convey that harmful substance use is equal to other physical illnesses; and,
- building consensus around common definitions and terminology such as misuse, abuse, dependence and addiction.

Focusing on youth

Recent surveys have revealed an increase in alcohol and other drug use among Canadian youth, an issue of concern to all governments and stakeholders.

Although some youth are more at-risk of harmful substance use than others, it is important to reach a broad diversity of youth, including urban, suburban, Aboriginal, and rural youth of all age groups, socio-economic background and interests. It is also important to speak to them in ways that are accessible and meaningful to them. For example, the Internet can be used as a key vehicle to reach them.

Meaningful youth engagement at the onset is necessary in order to develop successful strategies to address problematic substance use among youth. Effective investments may include long-term, sustained prevention and public-education campaigns to better inform youth about the harms associated with substance use, as well as improved access to youth-specific treatment programs.

Reducing problematic use of alcohol

Problematic use of alcohol is consistently acknowledged across the country as a significant public health problem contributing to the burden of illness in Canada. Alcohol use in Canada and the harms associated with it are far more prevalent than those of other substances. Alcohol consumption can result in fatalities and serious injury through motor vehicle accidents, suicide, violence, liver cirrhosis, and FASD. The significant social and economic costs of alcohol abuse include lost productivity and law enforcement efforts. Alcohol abuse is of particular concern in Aboriginal communities, as well as among youth and pregnant women. Its effects in the workplace are also of concern.

There are many stakeholders in Canada who intervene in various ways to prevent, reduce and address the harms caused by alcohol. Responsibilities are largely dispersed among levels of government, non-government organizations, academia, and the industry itself. Some responsibilities are, however, shared among partners. These include prevention, research, taxation, and regulation. There is a need to identify specific areas of focus where partners can use their respective levers toward national action.

Evidence strongly supports the need to address problematic alcohol use while recognizing the documented positive health effects associated with moderate alcohol consumption. Steps to be taken include: comprehensive and coordinated action to promote the use of routine screening and brief interventions for hazardous drinkers or those at risk; developing and promoting policies to reduce chronic disease, including FASD; addressing the drinking context and promoting the use of targeted interventions; structuring alcohol taxes in a purposeful manner; and developing a culture of moderation rather than one of intoxication for both youth and adults.

Preventing Fetal Alcohol Spectrum Disorder (FASD)

The use of alcohol during pregnancy has been shown to affect a developing fetus, causing a range of permanent physical disabilities and behavioural disorders known as Fetal Alcohol Spectrum Disorder (FASD). The leading form of preventable birth defects and developmental delays in North America, FASD is a complex, life-long disability and public health issue affecting individuals, communities and society as a whole.

While evidence suggests that the incidence and prevalence of FASD in First Nations and Inuit populations is higher than in non-Aboriginal populations, it is not only an Aboriginal issue. It is a risk for all women of childbearing age, and can affect individuals in all walks of life, in all the regions of the country.

Without proper supports and interventions, individuals who suffer from FASD are at greater risk of disrupted school experiences, recurring employment problems, encounters with the criminal justice system, and suicide attempts. FASD not only affects an individual's quality of life: it also has significant repercussions for their families, caregivers and communities. Only a small percentage of affected individuals ever live independently without substantial community and family support.

Preventing alcohol-related birth defects requires concerted action at all levels to address the underlying risk factors. Current thinking suggests that this might best be achieved by: improving awareness of the dangers and impacts of alcohol consumption during pregnancy, enabling women to make informed decisions about

their health and the health of their family; building an integrated system of supports and resources characterized by leadership, direction, partnership and collaboration to prevent FASD and to meet the needs of people living with FASD and their families; and enabling individuals with FASD, their families and communities to improve their outcomes and develop to their full capacity via screening tools and interventions that are both gender and culture appropriate.

Reducing pharmaceutical drug misuse

The misuse of pharmaceutical drugs is an issue of concern across Canada, with apparent regional differences in specific products. For example, Talwin® and Ritalin® combinations are of greatest concern in the West; misuse of Oxycodone is similarly problematic in the Eastern provinces. Balancing the need to make pharmaceutical products available for therapeutic use while minimizing the risk of problematic use is a key challenge. There is very little research available on the prevalence of problematic pharmaceutical use, making it difficult to draw conclusions about epidemiology of prescription drug abuse in Canada. Reporting is intermittent, and there are different reporting mechanisms and a variety of indicators used to measure abuse.

Preventing the problematic use of pharmaceuticals requires coordinated action between governments, stakeholders and industry. Current thinking suggests that this might best be achieved by: educating health care professionals and the public about the potential harms associated with the improper use of pharmaceuticals; developing a framework for systematically reporting the prevalence and nature of abuse of prescription drugs in Canada; monitoring prescription records to detect potentially problematic patterns of prescribing; developing product formulation strategies to reduce the risk of harmful use, for example, developing controlled delivery systems that are resistant to tampering like crushing or chewing; and improving research related specifically to treatment of harmful pharmaceutical use.

Reaching out to Canada's North

Northern communities face many unique challenges. Issues of culture, language, social and geographic isolation, poverty, housing and education contribute to an increasing risk for problematic substance use in these communities. Infrastructure disparities and hard to reach areas add to the complexity of addressing problematic substance use in Canada's Northern communities. Research has shown that the use of substances, particularly alcohol and solvent abuse, is more common in northern and remote communities where social and economic structures may not be as strong or as developed. Often, the use of alcohol is linked with higher rates of suicide, violence and poor performance in schools.

The complex and often interwoven conditions faced by Canada's Northern communities set the stage for an increased vulnerability to problematic substance use. Addressing the underlying issues of this serious problem and providing access to appropriate treatment, aftercare and programs, using holistic approaches, are needed.

Addressing the needs of Aboriginal communities

Among the social and health issues affecting Aboriginal people, alcohol and problematic substance use poses a serious threat to Aboriginal communities. Alcohol abuse in Aboriginal communities is four times the national average and is associated with low employment, family violence and suicide. FASD and solvent abuse are also particular challenges for Aboriginal children and youth. Like Canada's Northern

communities, some Aboriginal communities also face issues of isolation, both social and geographic. Barriers such as language, geography and lack of culturally sensitive services pose significant challenges to accessing health care and treatment.

There has been an abundance of research and study on how best to address the unique needs of Aboriginal people. Addressing the root causes of problematic substance use in Aboriginal communities is considered critical. There is also a need to provide access to treatment using a holistic approach, recognizing the involvement of the individual and the whole community. Training and capacity building within Aboriginal communities and empowering Aboriginal people to develop and implement their own culturally sensitive strategies are important to achieving long-term sustainable progress. Approaches for Aboriginal people living on and off reserve also need to be coordinated.

Responding to the needs of offenders

Although the exact nature of the relationship between alcohol and drug use and criminal behaviour is not known, it has long been recognized that a link exists between problematic substance use, past criminal behaviour, and risk of future criminal behaviour. Many offenders enter the correctional system with an alcohol or drug problem, and a majority is found to be under the influence of alcohol or drugs when committing the offence that led to their incarceration. Rates of HIV and Hepatitis C are higher among offenders than the general population, and disease transmission within the closed environment of a correctional facility is of serious concern. Offenders also move back and forth from correctional facilities to the community, which poses a risk of transmission to the general population.

Investments in problematic substance use programs for offenders are needed in order to reduce the risk of re-offending, reduce the spread of communicable diseases among offenders and the general population, and contribute to the health and safety of communities. The special needs of Aboriginal and women offenders require tailored programs and services. Reliable screening and diagnostic tools to identify, and subsequently treat offenders with FASD, as well as mental health problems are needed. It is important to ensure that problematic substance use programs provided to offenders are appropriate and effective in leading to reduced recidivism. Measures directed at reducing the supply of, and demand for drugs among offenders also need to be key areas of focus.

Addressing supply management

Many communities, rural and urban, are adversely affected by organized crime activity related to drugs. Poly-drug production, trafficking and distribution all take place within close range of schools, businesses and the farming community. Marijuana-grow operations and clandestine laboratories used in the production of synthetic drugs continue to be a growing concern.

Police across Canada are strategically focusing efforts to address organized crime. Advances in technology and managing interagency intelligence at the domestic and international levels are increasing the complexity of law enforcement drug efforts. To help police address emerging and growing risks in the area of supply management there is a need to focus efforts on enhanced information sharing and intelligence. Comprehensive national data must be collected to provide a better picture of the substance abuse problem. Other activities underway to support enforcement include research into the effectiveness of law enforcement efforts; improved training and capacity for police officers to implement new legislation and methodologies;

strengthening the coordination among partners; and creating new partnerships across sectors.

Sustaining workforce development

Frontline workers in the field of addictions have particularly difficult and stressful jobs. North of the 60th parallel where the burnout rate is highest, this is multiplied many times over. A significant influx of resources is needed to deal with treatment and aftercare to cover expenses related to the remoteness of Northern communities. The need to recruit and retain care workers—and to support their professional development—is crucial, especially if holistic and culturally relevant programs are to be designed and delivered effectively.

Across all of Canada the need for collaborative action by key stakeholders in the field—including government, academia, regional addiction organizations, non-profit, and private sectors—is needed to help ensure the ongoing availability of appropriately trained workers at all levels. Actions identified to date to fill needs include: establishing national standards and competencies to enhance knowledge and skills; developing education and training curricula consistent with best practices; promoting professionalism of the workforce through a range of mechanisms such as websites, national conferences and advanced learning institutes; and, conducting research on the workforce to support knowledge transfer.

Implementing a national research agenda

Canada's capacity to make informed policy decisions and to develop and implement the appropriate prevention, promotion, harm reduction, treatment and enforcement programs to address alcohol and drug issues depend in great part on our collective knowledge and understanding of the nature and scope of substance use and abuse issues. Implementing a national research agenda is an essential priority.

The Framework contributes to conditions that facilitate increased collaboration and information sharing among stakeholders, researchers, experts and jurisdictions. It embraces the development and implementation of a National Research Agenda that will enable collective identification of issues of common concern, as well as research needs and priorities of national interest.

The National Research Agenda focuses on: basic and applied research; surveillance and monitoring (including surveys and ongoing data collection); evaluation, including policy and program evaluation on prevention, treatment, enforcement, and harm reduction interventions; and infrastructure (i.e. the entirety of supportive mechanisms needed to ensure viable, dynamic, high quality and comprehensive research in the substance use and abuse field). Building or augmenting existing infrastructure or mechanisms to support the development of a research agenda is pivotal for ongoing identification of priorities for action under the Framework over time. It is also essential for immediate action on priorities already identified.

Creating the pre-requisite conditions for collaboration among stakeholders, researchers, experts, and jurisdiction is a first step in implementing a national research agenda. To this end, working groups linked to a National Research Use and Abuse Advisory Committee are needed to implement the proposed national research agenda and to plan how to: approach the development of an evaluation work plan; continue research planning, including the study of determinants of problematic substance use; develop a national surveillance strategy, including building consensus around a common set of indicators; and develop knowledge transfer mechanisms.

GOVERNANCE OF THE FRAMEWORK

Options are currently under consideration and will be discussed at the national forum in June 2005.

MOVING FORWARD

Forging partnerships for action

Shared ownership of the Framework allows for leaders among leaders to emerge as advocates for specific priorities and serve instrumentally in forging partnerships to develop new strategic action plans or bolster existing ones. Working under the umbrella of the Framework provides a unique opportunity to create strong, multilateral partnerships. These partnerships combine individual strengths and experiences within powerful strategic alliances that lead toward achievement of the Framework's vision—to the benefit of all those living in Canada.

The Framework belongs to all. Therefore, all may lead. Within the context of the Framework, the knowledge and experience of all are recognized. While the Government of Canada and the Canadian Centre on Substance Use have mandated obligations to provide leadership and coordination, all those involved may use the Framework as an enabling tool to focus attention on priority issues and bring about change in accordance with the Framework's principles and objectives. The Framework provides the voluntary sector, addictions agencies, the private sector, education and health sectors, industry, others, and all levels of government a unique opportunity to identify national priorities, plan strategically, and shape national process, program and policy.

IN CLOSING

A path that must be followed

Above all else, this document indicates the necessity of a national framework for action to deal effectively with the many aspects of substance use and abuse in Canada. Applied, it will enable greater coordination and integration to address substance abuse at all levels and across all jurisdictions. It will contribute to the development of a collective, national snapshot of the issues and priorities to be addressed. It will help provide clarity around roles and responsibilities, encourage the exchange of best practices and—most importantly—enable more informed decision-making for the development of strategic planning for the benefit of all Canadians.