



Brief Submitted by the Canadian Centre on Substance Use and Addiction

Health Canada Consultation on the Controlled Drugs and Substances Strategy

Introduction

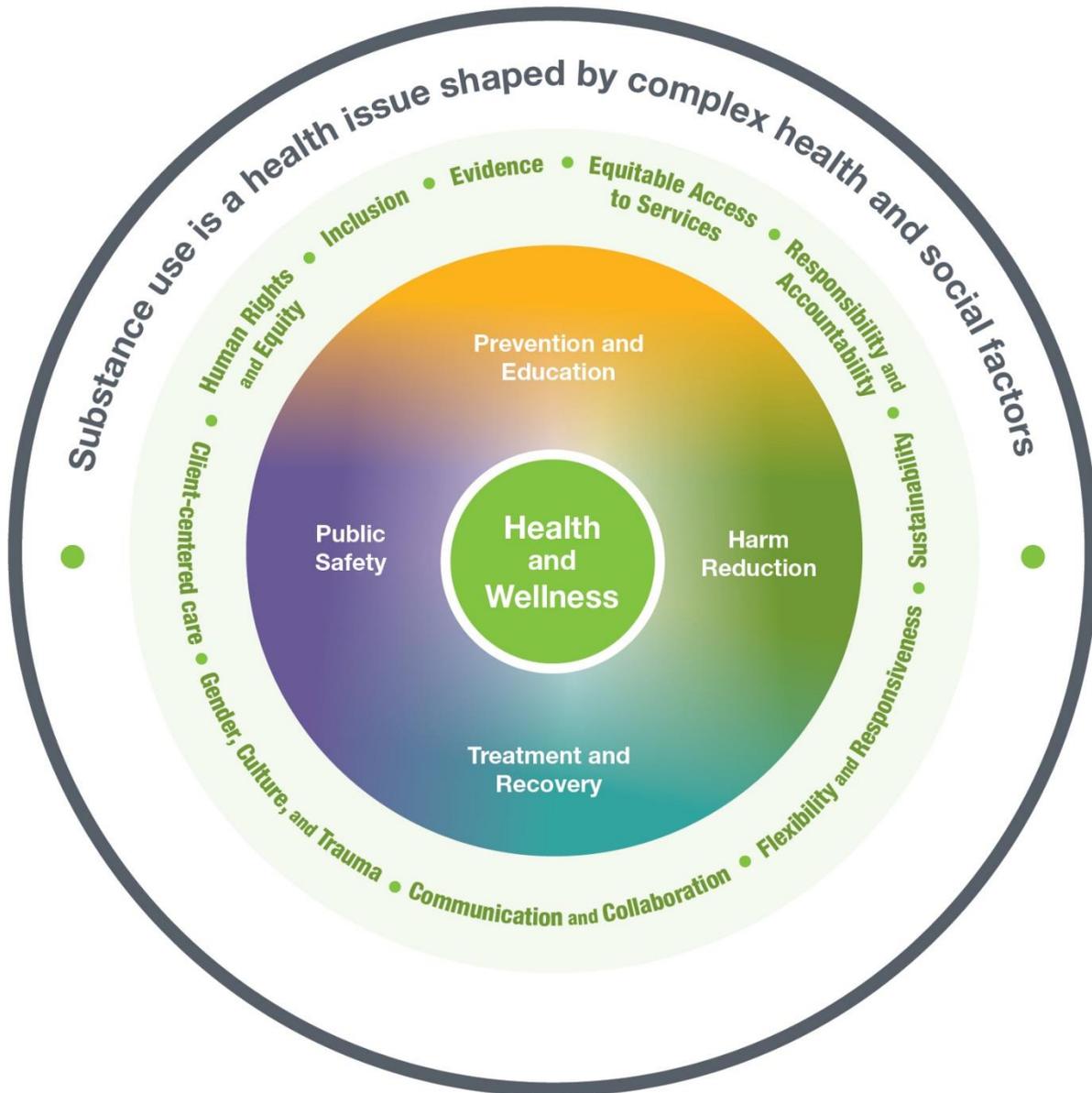
The Canadian Centre on Substance Use and Addiction (CCSA) is the only agency with a legislated national mandate to reduce the harms of alcohol and other drugs on Canadians. CCSA was created by an Act of Parliament in 1988 to provide national leadership to address substance use in Canada. CCSA welcomes this opportunity to leverage 30 years of experience working at the national level with previous drug strategies to provide Health Canada with recommendations for the future.

Model

Both current and previous controlled drugs and substances strategies (CDSS) use a pillared model to demonstrate the importance of a multi-pronged approach. This model, however, is limited in its ability to illustrate the high level of coordination and collaboration required between sectors, and in fact reflects the siloed approach that has been characteristic of approaches to substance use to date.

CCSA recommends that Health Canada consider adopting a model that reflects the [First Nations Mental Wellness Continuum](#). A circular model is better suited to illustrate the collaborative nature of the core components of the strategy, and to situate them within broader considerations such as overarching principles. Layers can also be added to reflect different contexts or perspectives. The circle also provides a more culturally relevant and comprehensive depiction of wellness that will support alignment with Indigenous approaches.

The model illustrated in the following figure places health and wellness at the centre of the circle, surrounded by the four core components. A gradient in place of solid lines represents the flow between the components; all four overlap and interact with one another. Principles then provide the overall guiding context for the strategy.



Objectives

The goals a strategy is trying to achieve or the problems it is trying to solve should guide its structure, content and implementation. Clearly defined, measurable objectives provide the ability to monitor and evaluate progress. A combination of broad, long-term, strategic objectives and specific, time-limited objectives is optimal. Broad, long-term objectives provide direction for the strategy as a whole, promoting consistency and coherence across its components over time. Specific, time-limited objectives can be associated with sub-components or sub-priorities within the strategy, and removed or revised as these components and priorities evolve. Examples of objectives for a renewed CDSS are listed below.



Broad, Long-term Objectives

- Promoting health and wellness: at the centre of the strategy is the goal of promoting health and wellness, taking a holistic approach that incorporates physical, mental, social and spiritual wellness objectives.
- Reducing the negative health, social, economic and public safety impacts of substance use in Canada.

Specific, Time-limited Objectives

- Reduce deaths due to overdose caused by illegal or diverted substances;
- Reduce the number of individuals driving while under the influence of drugs;
- Increase the rate of individuals with timely access to evidence-based treatment services;
- Reduce the rate of high-risk alcohol consumption;
- Reduce the rate of youth cannabis use;
- Increase the age of initiation for cannabis use;
- Increase data quality, availability and timeliness;
- Increase the proportion of accredited publicly and privately funded treatment centres; and
- Increase the parity of substance use services and supports with those for other health conditions in terms of quality, availability, accessibility, awareness and understanding.

Principles

CCSA recommends that clearly defined principles underlie and provide guidance for the renewed CDSS. The following examples draw on a number of sources, including the principles of the 2005 *National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances*, and subsequent national stakeholder consultations conducted in 2016 for a refresh of the National Framework. These principles also build on the *Common Statement of Principles on Shared Health Priorities*, which illustrates the potential role of the federal government in establishing principles and priorities across levels of government.

Understanding Substance Use

Substance use is a health issue: Recognizing that substance use is a health issue is foundational to developing effective, adequately resourced approaches that operate as equal and integrated components of the healthcare system.

Substance use is shaped by complex health and social factors: An effective response is multi-disciplinary and multi-sectoral, incorporating the social determinants of health.

Guiding an Effective Response

Human rights and equity are not only respected but also actively defended, including equitable treatment and freedom from stigma and discrimination.



Inclusion: Those most impacted, including individuals with lived or living experience of substance use and substance use disorders and their families, are meaningfully involved at all levels of developing and implementing approaches to substance use.

Evidence: Best practices inform initiatives at both system and service levels, and ongoing research and evaluation supports continuous quality improvement.

Equitable access to quality services and supports: All Canadians, regardless of location, personal characteristics or needs, have access to evidence-informed, quality services and supports that span the full continuum of care, from public health, prevention and education to treatment and continuing care.

Client-centred care: Clients are active partners in services responsive to individual needs, characteristics and preferences.

Gender, culture and trauma inform all components of the approach to substance use, from research to service delivery, and are applied across all sectors.

Communication and collaboration takes place across all sectors, professions, ministries and levels of government, responding to the complexity of substance use in a seamless fashion.

Flexibility, responsiveness and innovation provide the ability to be nimble and respond to changing contexts, emerging issues and client needs.

Sustainability: Funding and evaluation timelines are sufficient to demonstrate impact and inform appropriate continuity, adaptation or scale up. Investments support developing stable infrastructure, and building and maintaining a skilled and qualified workforce,

Responsibility and accountability: Responsibilities for funding and service delivery are clearly identified. All parts of the system are held accountable through performance measurement and continuous quality improvement that is focused on applying evidence and demonstrating impact.

Content

The CDSS provides the federal government with a framework through which to leverage its unique role and capacity in, for example, the following areas:

- Providing national leadership and fostering innovation and scalability of proven approaches;
- Coordinating an all-of-government response;
- Undertaking national data collection;
- Conducting national education and awareness campaigns and initiatives;
- Forming the national legislative and regulatory context;
- Coordinating national and international policing and public safety initiatives; and
- Allocating federal resources to support national priorities for action.

A renewed CDSS also has the opportunity to benefit from and build on previous strategies, and on national initiatives such as the *National Framework for Action to Reduce the Harms Associated with Alcohol and Other Substances in Canada*, which CCSA [refreshed](#) through national stakeholder consultations in 2016.



Building a Solid Foundation

Access to an evidence-informed, comprehensive continuum of services and supports spans the four proposed quadrants of the strategy, and provides a foundation for reducing the harms associated with substance use. The evaluation by the Department of Justice of the National Anti-Drug Strategy highlighted the fact that improvements to the continuum of care outlined in the [Recommendations for a National Treatment Strategy](#) (2008) remain an ongoing need. Often, investment in substance use focuses on specialized services for those suffering the most acute harms. However, research tells us that greater impact can be achieved through investing further upstream in prevention and public health and in brief interventions conducted in non-specialist settings. Through the CDSS, the federal government has the opportunity to exercise leadership in enhancing the quality and availability of services across the full continuum, providing the foundation for more proactive and strategic systems while also being responsive to emerging trends and acute needs.

Currently, the structure and funding of Canada's healthcare system contributes to the challenge of inconsistent availability and quality of care among provinces and territories. An additional opportunity for the federal government to leverage its leadership capacity is by establishing a set of core services, including prevention, harm reduction, treatment and continuing care, supported by a minimum standard of care. The CDSS can provide a mechanism to develop and support the identification of these core services and the implementation of such a standard, thereby increasing the consistency of access to a coordinated service continuum.

Previous initiatives, including those at the provincial level such as the identification of [Core Services](#) by the Ontario Mental Health and Addictions Leadership Advisory Council, as well as those funded through the previous drug strategies, provide building blocks for identifying core services and developing the continuum of care. The [needs-based planning project](#) led by the Centre for Addiction and Mental Health, for example, provided a mechanism for estimating population needs across the full service continuum. Such a tool could be leveraged to support evidence-informed resource allocation at the federal level by establishing a core set of services and illustrating gaps in that set that result in unmet needs in the population.

The availability of current, accurate and reliable data is fundamental to a comprehensive approach. Such data allows the identification of new and emerging concerns and the tracking of trends over time and place. It informs the identification of priorities and supports performance measurement and evaluation. Enhancing data collection, analysis and reporting is therefore an integral component of a renewed strategy that is based on evidence and accountability.

Core Components

The following sections present the core components of the strategy and provide examples of the type of initiatives associated with each. These components are points along a continuum of responses, with integration and collaboration fundamental to achieving progress toward both broad and specific goals. For example, enhancing clinical practice through professional development and standards is essential to improved services in prevention and education, harm reduction and treatment. Increased service efficacy also impacts public safety, for example by addressing a risk factor for criminal recidivism. Collaboration and capacity building among components is also highlighted in the need for multi-disciplinary care and effective emergency management, as illustrated in the coordinated response required by the current opioid crisis.



Prevention and Education

- Health promotion and upstream intervention across the social determinants of health, including adverse childhood events (ACEs);
- Targeted prevention with a focus on strength-based approaches and resiliency;
- Education approaches based on evidence of what works to promote awareness of the harms of substance use and to reduce associated risks;
- Education and awareness targeting the reduction of stigma; and
- Supporting the implementation of guidelines for the use of opioids for chronic, non-cancer pain.

Harm Reduction

- Measures to reduce the harms associated with substance use, including both primary (directly related to the substance) and secondary (related to context of use such as blood-borne virus transmission due to syringe sharing); and
- Promoting of safer use guidelines for legal substances (e.g., cannabis and alcohol).

Treatment and Recovery

- Establishing standards for services spanning the full continuum of care to provide a seamless and effective experience for the client;
- Supporting and investing in innovation and the scale-up of best and promising practice;
- Increasing equity of access to services for inmates while in correctional facilities and at discharge; and
- Promoting a recovery-oriented system of care and focus on enhancing recovery capital.

Public Safety

- Increasing strategic collaboration and information-sharing across domestic and international agencies to address illegal supply;
- Investing in research and training to ensure that police have the tools needed to enforce the laws related to substance use; and
- Facilitating connections between the justice system, healthcare system and treatment services to support access to diversion options for individuals whose criminal activity is related to problematic substance use.

A Collaborative Approach to Implementation

A comprehensive approach to substance use involves health, social, economic and criminal justice sectors, all levels of government, and those most impacted through lived and living experience. The Department of Justice's evaluation of the National Anti-Drug Strategy noted the importance of collaboration to the success of the strategy, and the need to address continued silos among pillars.

Collaboration has two key benefits: increasing impact and reducing duplication of effort. Supporting collaboration aligns with the federal government's national role and multi-sectoral capacity. Health



Canada is in a position to lead by example. Gaps in communication and coordination across the health portfolio (i.e., PHAC, CIHR and the core Health Canada branches) have been evident in previous responses to substance use. There are also opportunities to leverage more effectively the experience, expertise, networks and capacity of federal departments such as Statistics Canada, as well as federally funded bodies such as the Pan-Canadian Health Organizations and national organizations such as the Thunderbird Partnership Foundation. Establishing more consistent and constructive communication mechanisms among all partners will be key in determining the efficiency and impact of the strategy.

The CDSS can also increase its impact through communication and alignment with complementary strategies, including:

- Provincial and territorial substance use strategies (which often also addressing mental health);
- National tobacco and alcohol strategies;
- Chronic disease prevention and management strategies;
- The anticipated national pain strategy; and
- The anticipated national pharmaceutical strategy.

Priorities

Identifying priorities provides a strategy with focus and direction. Identifying priorities can also pose risks. Context, trends and impacts evolve over time, and fixed priorities may lose relevance. Attempting to capture all important substances, populations, system changes and other considerations can also spread attention and resources too thin, limiting the impact – if everything is a priority, nothing is a priority.

To address these challenges, CCSA recommends that Health Canada work with partners, including other federal departments, provincial and territorial governments, and Pan-Canadian Health Organizations, to develop clear criteria for identifying priorities. This process could take place leading into the announcement of a new CDSS or as a first step of the strategy itself. These criteria will provide an evidence-informed and systematic way to identify initial priorities and to conduct regular reviews that will ensure relevance and currency.

The complexity of substance use, its nature, impacts and the response to it, prevent the identification of a single set of meaningful criteria for identifying priorities. Using a categorized approach will help to bring together common considerations while reflecting the complexity of the issue. The following table provides examples of grouping categories, as well as criteria and possible priorities that could be included for each.



Category	Criteria	Priorities
System	Degree to which item is a barrier to accessing effective services Potential positive impact on access to effective services Degree to which item is a barrier to improved evidence and knowledge mobilization Potential positive impact on healthcare responses to substance use Potential to reduce economic impact of substance use Potential to reduce stigma Degree to which item addresses social determinants of health associated with substance use Ability to provide innovation and a health orientation to regulatory and enforcement activities	Increasing the parity of substance use and other health conditions Enhanced training and support for healthcare providers working in the field of substance use Improved physician remuneration for services related to substance use Competencies and professional recognition for service providers, including peers Oversight and accountability for privately funded treatment facilities
Substance	Acute and chronic harms associated with use (e.g., contribution to chronic disease, hospitalizations), according to both average and high-risk levels of consumption Economic impact Rates of use in the population, including general and high-risk segments Stability of patterns of use (e.g., established versus emerging) Identification of new risks, harms or mechanisms to reduce harms associated with the substance Association with organized crime or international trafficking	Opioids Methamphetamine Cannabis Alcohol
Population	Disproportionate experience of risks or harms Level of risk for experiencing future harms, for example due to demographics or consumption trends	Indigenous Communities Youth (ACEs) Female alcohol consumers Individuals living with chronic pain

Governance

Leadership

Developing and implementing an effective national strategy requires strong leadership and extensive coordination to ensure that the diverse ministries, sectors and levels of government involved in addressing substance use in Canada are working collaboratively. Placing leadership for the CDSS with Health Canada promotes recognition of substance use as a health issue. Health Canada is also in a position to both support and demonstrate coordination by improving communication and collaboration within Health Canada and across the health portfolio. The scope and importance of the coordination role requires dedicated and adequately resourced secretariat support.

The establishment of a diverse advisory committee to oversee the implementation of the strategy and concrete expected outcomes reflects the central role of coordination and collaboration, as well



as the need to ensure a multi-faceted response and accountability. An inclusive and representative committee would include members from, for example:

- Federal departments (e.g., Health Canada, Indigenous Services, Justice, Public Safety)
- Provinces and territories
- Pan-Canadian Health Organizations
- Non-governmental organizations and associations
- Groups representing those with lived and living experience of substance use

Accountability

A continuous quality improvement approach to the implementation of the strategy will increase its capacity for timely impact, and enable course corrections, as appropriate. Specific and measurable objectives and investments will facilitate review and evaluation, with progress reported annually by the secretariat and reviewed by the advisory committee, for example.

Funding

The federal government has a number of tools at its disposal to support the CDSS. Funding for core operations such as the secretariat and data collection falls within internal departmental budgets. Given that service provision extends to provincial and territorial jurisdiction, the federal government could choose to leverage the health accords signed with the provinces and territories to provide funding for substance use contingent on alignment with the national strategy and demonstrated impact according to agreed objectives. The proposal-based project funding systems used under previous drug strategies relied on Health Canada's capacity for management and resulted in inefficiencies at the project level associated with funding delays and reporting burden. Lack of support for sustainability, communication among projects funded and scale-up further resulted in some duplication of effort and the impacts being both geographically specific and time-limited.

Funding that aligns with the national scope of the strategy would instead focus on supporting coordination and initiatives suited to multi-jurisdictional scale, adaptability and spread. The strategic focus on concrete objectives and impact, as well as enhanced data collection, also supports accountability for investment.

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CCSA was created by Parliament to provide national leadership to address substance use in Canada. A trusted counsel, we provide national guidance to decision makers by harnessing the power of research, curating knowledge and bringing together diverse perspectives.

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