



**Submission to Health Canada:
Consultation on strengthening Canada’s approach to substance use issues**

December 21, 2018

The Centre for Addiction and Mental Health (CAMH) welcomes the federal government’s consultation on the future of the Canadian Drugs and Substances Strategy (CDSS). This consultation follows several positive developments in this area in the past few years, including:

- Reinstatement of harm reduction as a pillar of the national strategy
- Incorporation of alcohol and pharmaceutical drugs into the CDSS
- Legalization and health-focused regulation of cannabis
- Action on opioids, notably the reduction of barriers to harm reduction services
- Increase in excise duty rates on alcohol products and Creation of an Office of Alcohol Policy

Canada is on track to a more effective and humane approach to substance use. We can, of course, do better. Canada remains in the grips of an opioid crisis, alcohol now causes more hospitalizations than heart attacks, and the overall costs of substance use continue to increase.¹ Health Canada’s background document, “Public Consultation on Strengthening Canada’s Approach to Substance Use Issues,”² discusses many approaches and initiatives that the government should consider implementing. In this submission we will focus on a few key areas where we believe the CDSS can be improved.

Committing to a public health approach

Our first, overarching recommendation is that the Canadian Drugs and Substances Strategy explicitly adopt a public health approach. Many of the core features of such an approach are included in Health Canada’s background paper:

- Recognition of a spectrum of substance use, from benign to harmful (page 5)
- Definition of problematic substance use as “a health issue that can be prevented, managed, and treated, and that requires a health focused response” (p. 3)
- Acknowledgement of the need to address “the root causes of problematic substance use” (pp. 9-11)
- Commitment to evidence-based policies and programs (p. 3)

The principles of a public health approach have been central to the federal government’s legalization and regulation of cannabis,³ and Health Canada’s background document also makes reference to it (p. 17). We urge

the federal government to formally commit to a public health approach to substance use in the CDSS. (For discussions of the features and parameters of a public health approach, see the references in this endnote.⁴)

One element notably absent from the background paper is a focus on population health, which the Public Health Agency of Canada defines as an approach that “focuses on improving the health status of the population. Action is directed at the health of an entire population... rather than individuals.”⁵ A population-health lens should be applied to the objectives, tactics, and evaluation of the CDSS.

Population-health objectives and evaluation

The goal of the CDSS is “to protect the health and safety of all Canadians by minimizing harms from substance use for individuals, families and communities.”⁶ A population health approach can serve as a lens through which to define and assess such harms. Using measures of morbidity and mortality – notably burden of disease – the federal government can assess the overall harms of problematic drug use, as well as the harms of different substances relative to each other, and allocate resources accordingly. These measures can also be used to set goals for the CDSS and to measure its impact, with the overall goal of the strategy being the reduction of substance-attributable morbidity and mortality.

Population-health tactics

Population-health strategies focus primarily on risk; they “attempt to control the determinants of incidence” and “lower the mean level of risk factors.”⁷ In the context of substance use, this involves measures aimed at the substances themselves and the environments in which they are obtained and consumed, rather than the individuals consuming them. There are evidence-based, high-impact, cost-effective, and feasible population-health measures that would substantially reduce substance-related harm, and it is in this realm that the greatest reductions in substance-related harm can be achieved.⁸ Several measures, notably excise tax increases that raise prices, tight restrictions on advertising, and impaired-driving countermeasures, are under federal jurisdiction. Such interventions should be the central focus of the CDSS.

Other areas where the federal role is important

Research to practice

The federal government plays an important role funding research, for example via the Canadian Institutes of Health Research, the Substance Use and Addictions Program, and Canadian Research Initiative in Substance Misuse. There are emerging areas where there is an urgent need to generate evidence – for example, pharmacotherapies for cannabis use disorder and developmentally appropriate opioid treatment options for youth. There is also a need to enhance funding for the kind of research that can result in large-scale innovation, notably in the areas of harm reduction (especially models for providing safe [medical-grade] drugs to dependent users) and pharmacotherapy (medications for substance dependence).

The federal government is also well placed to support the uptake of proven policies, practices, and therapies. There are areas, for instance, where evidence of effectiveness is already strong but for various reasons there is limited uptake. Examples include forms of harm reduction like injectable opioid agonist treatment and managed alcohol programs. There are also medications that are available in other jurisdictions but not in Canada – notably extended-release injectable naltrexone, the buprenorphine/naloxone sublingual film, and the naloxone auto-injector. Bridging this gap should be part of the strategy.

We welcome the federal government’s plan to establish a national drug policy observatory. We hope it will indeed, as indicated in the Health Canada discussion paper (page 26), “provide systematic and sustained data collection in Canada, act as a central hub to provide authoritative information about drug and substance use among Canadians, and inform Canadian drug policies, programs and decision making.”

Finally, while health care delivery is of course a provincial responsibility, the federal government can play a role supporting the development and implementation of national guidelines in various areas. For example, the following are drawn from the final recommendations of the 2017 Canadian Drug Futures Forum (see page 7):⁹

- Develop harmonized national guidelines on best practices for supporting youth in transition out of foster care who are at heightened risk of substance use disorder.
- Develop national guidelines and infrastructure to improve access to injectable treatments in community settings (i.e., hydromorphone, diacetylmorphine [medical heroin]), and to opioid agonist therapy (OAT; e.g., methadone, buprenorphine, slow-release oral morphine).
- Develop comprehensive discharge plans for people released from jail or prison, including harm reduction strategies (e.g. overdose prevention) and, if indicated, substance use disorder treatment, with monitoring and follow-up.

Industry oversight

The link between exposure to advertising and consumption behaviour is well established. Exposure to alcohol and tobacco marketing, for instance, is associated with earlier initiation, as well as increased consumption and harm – especially among young people.¹⁰ The same appears to be true of cannabis advertising.¹¹ Moreover, aggressive marketing by pharmaceutical companies played a major role in the genesis of the opioid epidemic.¹²

Since advertising and promotion are important drivers of substance-related harms, strict oversight is a crucial part of any drug strategy. Oversight should extend to digital media, which is currently unregulated. It should also include the role and influence of the pharmaceutical industry in health professionals’ education and professional development.¹³

Industries involved in the production and distribution of legal psychoactive substances – whether alcohol, cannabis, tobacco, or prescription drugs – should not participate in the development of policies and strategies around substance use. The CDSS and related initiatives should be shielded from industry interference.¹⁴

Integrating the CDSS with other federal strategies

Health Canada's background document rightly emphasizes social determinants of health. Inadequate income, housing, and food security, for example, have all been shown to be negatively linked to health outcomes – and the same is true of drug-related harms.¹⁵ Formally integrating the CDSS with national housing and poverty reduction strategies will strengthen these efforts. We also recommend that the federal government work towards the establishment of a guaranteed basic income.¹⁶

Reforming the Canadian Drugs and Substances Act

Evidence shows that enforcement-based drug strategies do not reduce drug-related harms.¹⁷ Instead, an enforcement focus further stigmatizes people with substance use disorders, causes health harms, and exacerbates health inequities. As part of a public health approach, Canada should begin moving towards non-criminal means of dealing with the personal possession and use of psychoactive substances. To this end, we draw attention to the following recommendations of the Canadian Drug Futures Forum (pages 6):¹⁸

- Implement the Truth and Reconciliation Commission Calls to Action (#30-32) related to sentencing for drug-related offenses.
- End the practice of requiring that individuals plead guilty to access diversion programs, and expand the range of offenses eligible for drug treatment courts and other diversion programs.
- Establish a federal commission to: a) conduct a cost-benefit analysis of current drug control policies, b) explore potential steps toward decriminalization, legalization, and regulation of each class of currently illegal drugs, and c) consider formal acknowledgement and redress for harms of drug prohibition policies.

Reforming Canada's drug laws will be a complex undertaking. It's time to start that conversation.

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camh The Centre for Addiction and Mental Health (CAMH) is Canada's largest mental health and addiction teaching hospital, as well as one of the world's leading research centres in this area. CAMH combines clinical care, research, education, policy development, and health promotion to transform the lives of people affected by mental health and addiction issues.

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