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SUBSTANCE ABUSE ISSUES AND PUBLIC POLICY IN CANADA: III. WHAT, WHEN, WHO AND WHY?

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SUBSTANCE ABUSE ISSUES AND PUBLIC POLICY IN CANADA: III. WHAT, WHEN, WHO AND WHY?[1]

Concepts such as substance abuse, addiction and problematic substance use, among others, have always been somewhat ambiguous. This ambiguity presents problems for those involved in the education, prevention, research, treatment, policy, law enforcement and criminal justice fields associated with problems related to alcohol and other psychoactive substances. Given the range of perspectives and the multidisciplinary group of people involved, there are as many definitions of substance abuse as there are theories on the origins of this phenomenon and how best to address it. The very choice of words used to define or describe a particular behaviour or human condition is often influenced by sociocultural considerations and may be based on ethical and moral judgments. In order to discuss policies and issues related to the use and abuse of psychoactive substances, it is first necessary to understand the concepts.

As part of a series of short papers on substance abuse issues and public policy in Canada, this paper aims to provide a better understanding by defining what psychoactive substances are and what substance abuse is, as well as clarifying the terms dependence and misuse. In addition, the paper identifies particular population groups at risk of using and abusing psychoactive substances and briefly discusses the question of why some people become dependent on psychoactive substances.

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(1) This document is the third in a series entitled *Substance Abuse Issues and Public Policy in Canada* by the same author. The others are: *I. Canada's Federal Drug Strategy*, PRB 06-15E; *II. Parliamentary Action (1987-2005)*, PRB 06-05E; *IV. Prevalence of Use and Its Consequences*, PRB 06-19E; and *V. Alcohol and Related Harms*, PRB 06-20E, Parliamentary Information and Research Service, Library of Parliament, Ottawa, 2006.

WHAT ARE PSYCHOACTIVE SUBSTANCES?

The term psychoactive substance refers to a series of substances, licit or illicit, that, when ingested, affect the mind, mood or other mental processes and temporarily change the way a person thinks, feels or acts. Many psychoactive substances are legally prescribed in Canada each year to relieve pain or to treat anxiety and depression or insomnia. Some substances, such as alcohol and nicotine, are available in various forms for purchase without prescription. Others, such as cannabis, heroin and cocaine, are controlled through the enforcement of the *Controlled Drugs and Substances Act* (CDSA),[2] which prohibits possessing, trafficking, importing, exporting, and producing any such substance.

However, it is noteworthy that some substances currently controlled under the CDSA can be produced for medical purposes, and people can be in possession of such substances if they have been granted an official authorization. For example, the possession and cultivation of marihuana for medical purposes is now regulated under the *Marihuana Medical Access Regulations*,[3] which "allow the use of marihuana by people who are suffering from serious illnesses, where conventional treatments are inappropriate or are not providing adequate relief of the symptoms related to the medical condition or its treatment, and where the use of marihuana is expected to have some medical benefit that outweighs the risk of its use."[4] As well, a clinical trial of heroin-assisted treatment has recently been approved by Health Canada. The North American Opiate Medication Initiative (NAOMI)[5] is "exploring whether heroin-maintenance therapy provides a viable option for chronic heroin users who have failed all other treatments."[6]

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(2) *Controlled Drugs and Substances Act* (1996, c. 19), http://laws.justice.gc.ca/en/c-38.8/125346.html.

(3) Health Canada, *Publication of the Regulations Amending the Marihuana Medical Access Regulations (MMAR)*, http://www.hc-sc.gc.ca/dhp-mps/pubs/precurs/mmar-ramm_e.html.

(4) For more information on access to marihuana for medical purposes, see Health Canada's Web site, http://www.hc-sc.gc.ca/dhp-mps/marihuana/index_e.html.

(5) North American Opiate Medication Initiative (NAOMI), Backgrounder, http://www.naomistudy.ca/pdfs/naomi_background.pdf.

(6) John Bermingham, "Ottawa Green-Lights Free Heroin Program," *The Province* [Vancouver], 19 August 2004.

WHEN DOES SUBSTANCE USE BECOME A PROBLEM? SUBSTANCE ABUSE, DEPENDENCE AND MISUSE

Substance abuse is a term that is widely used but that means different things to different people. It is thus important to clarify at the outset what is meant by this term in the context of the present discussion. This series of publications on substance abuse issues and public policy adopts the definition given in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR),[7] which describes substance abuse as a

> maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:
>
> - recurrent substance use resulting in a failure to fulfill major role obligations at work, school, home;
> - recurrent substance use in situations in which it is physically hazardous (e.g., driving or operating machinery);
> - recurrent substance-related legal problems; and
> - continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.[8]

The DSM-IV-TR also describes substance dependence as "a maladaptive pattern of substance use, leading to clinically significant impairment or distress" as manifested by three (or more) of the following, occurring at any time in the same 12-month period:

- tolerance (i.e., need for markedly increased amounts to achieve intoxication or desired effect, and markedly diminished effect with continued use of the same amount of a substance);
- withdrawal (i.e., characteristic of withdrawal syndrome for the substance, and taking the same substance or one closely related to relieve or avoid withdrawal symptoms);
- consuming larger amounts or over a longer period than was intended;

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(7) American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: DSM-IV-TR*, 4th ed., Washington, D.C., 1998.

(8) *Ibid*.

- persistent desire or unsuccessful efforts to cut down or control substance use;
- spending a great deal of time in activities to obtain the substance, to use the substance or to recover from its effects;
- giving up or reducing important social, occupational or recreational activities because of substance use; and
- continued use despite awareness of having a persistent or recurrent physical or psychological problem that is to have been caused or exacerbated by the substance.(9)

As to the word "misuse," it is used in this series of publications to mean the use of a substance for a purpose that is not consistent with legal or medical guidelines.

WHO USES PSYCHOACTIVE SUBSTANCES?

Although substance use and abuse can affect any Canadian regardless of sex, age, ethnic origin, educational level, or employment status, studies have shown that certain groups are more at risk than others. For example, women are more likely than men to use prescription drugs that could lead to dependency (e.g., tranquillizers, pain relievers, sleeping pills).(10) Young teenagers and adults are more likely than older people to use illicit substances and to use these in riskier ways. Aboriginal peoples tend be more at risk of developing a substance abuse problem.(11) The same is true for criminal offenders,(12) sexually exploited children, sex trade

(9) *Ibid*.

(10) Renée A. Cormier, Colleen Anne Dell and Nancy Poole, "Women and Substance Abuse Problems," *Women's Health Surveillance Report (BMC Women's Health 2004)*, Vol. 4 (Supplement 1):S8, 25 August 2004.

(11) See, for example, Kahà:wi Joslyn Jacobs' thesis on an urban Aboriginal population and substance abuse, physical and mental health, "Mental Health Issues in an Urban Aboriginal Population: Focus on Substance Abuse," Faculty of Graduate Studies and Research, Department of Psychiatry, McGill University, Montréal, March 2000.

(12) A study on the health care needs of federal inmates in Canada has recently been published in the *Canadian Journal of Public Health*, "A Health Care Needs Assessment of Federal Inmates in Canada," Vol. 95, Supplement 1, March/April 2004, http://www.cpha.ca/shared/cjph/archives/CJPH_95_Suppl_1_e.pdf. The study found that 70% of inmates are identified at intake as requiring treatment for an alcohol and/or drug use disorder.

workers[13] and street youths.[14] However, the adverse health (physical and psychological), social and economic consequences of substance abuse and dependence do not discriminate; they affect not only the people who abuse psychoactive substances but also their families and their communities.

WHY DO PEOPLE BECOME DEPENDENT ON PSYCHOACTIVE SUBSTANCES?

Why can some people casually experiment with some psychoactive substances or even use such substances regularly for many years without becoming dependent, while others will develop a dependence on certain psychoactive substances? Researchers have yet to agree on an answer to this question. The progression from experimentation to occasional use and then to regular use, abuse, tolerance and dependence is not well understood. However, researchers agree that there is no single cause of substance dependence, but rather many complex and interrelated factors that make people more susceptible to abuse substances and to become dependent on psychoactive substances. Most of the current knowledge about the factors leading to substance dependence is based on two types of material: case studies of people who are or have been substance-dependent and who have come into contact with social, health or legal services, voluntarily or involuntarily; and the pharmacology of psychoactive substances. Much less information is available on individuals who use psychoactive substances regularly but have not developed dependence.

There are as many possible contributing factors as there are theories of substance abuse and dependence: moral (e.g., lack of self-control), biological/physiological (e.g., genetic predisposition, chemical imbalance, central nervous system damage), psychological (e.g., emotional and/or behavioural problems, mental illness), or sociological (e.g., adaptive response

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(13) For example, see Micheal L. Reckart, “Sex-work Harm Reduction,” *The Lancet*, Vol. 366, December 2005, http://www.thelancet.com.

(14) For example, see the recent study by Shelley Mallett, Doreen Rosenthal and Deborah Keys, “Young people, drug use and family conflict: Pathways into homelessness,” *Journal of Adolescence*, Vol. 28, Issue 2, February 2005, pp. 185-199. See as well Edward M. Adlaf and Yola M. Zdanowicz, “A Cluster-Analytic Study of Substance Problems and Mental Health Among Street Youths,” *American Journal of Drug and Alcohol Abuse*, October 1999; and Gary Roberts *et al*., *Preventing Substance Use Problems Among Young People – A Compendium of Best Practices*, coordinated by the Canadian Centre on Substance Abuse for the Office of Canada’s Drug Strategy, Health Canada, 2001.

to social stressors, peer pressure). Most experts today would agree that substance abuse and dependence is such a complex issue that it is best to adopt a multi-disciplinary approach to addiction (e.g., biopsychosocial theory).(15)

Factors associated with substance dependence may differ from those related to substance abuse. For example, peer pressure may lead to substance use or abuse, whereas a genetic predisposition is more likely to explain substance dependence. Other factors that have been associated with substance dependence, based on various levels of scientific evidence, include an addictive personality disorder, the pharmacological make-up of a substance (whereby its effects on the central nervous system of an individual may promote the development of dependence), and mental health disorders (depression, post-traumatic stress disorder, etc.).

(15) For example, see Addictions Foundation of Manitoba, *A Biopsychosocial Model of Addiction*, June 2000, http://www.afm.mb.ca/pdf/BPS-FINAL.pdf.