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SUBSTANCE ABUSE ISSUES AND PUBLIC POLICY IN CANADA: I. CANADA'S FEDERAL DRUG STRATEGY

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CANADA

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SUBSTANCE ABUSE ISSUES AND PUBLIC POLICY IN CANADA: I. CANADA'S FEDERAL DRUG STRATEGY[(1)]

INTRODUCTION

Canadian policies related to psychoactive substances have multiplied since the enactment in 1908 of the *Opium Act* prohibiting the non-medical use of opiates. Efforts to prevent, treat, and control substance use and abuse are now directed at a variety of illicit and licit substances including cannabis, cocaine, heroin, methamphetamines, ecstasy, tobacco, alcohol, inhalants, and prescription and over-the-counter medications.

Canada's Drug Strategy (CDS) is a key initiative coordinated by the federal government which addresses the harmful effects (including health, social, safety and economic consequences) of substance use and abuse on individuals, families, and communities. Numerous partners including federal departments,[(2)] provincial and territorial governments, non-governmental organizations, professional associations and international agencies are collaborating on the CDS.

This paper will briefly outline the history of the CDS, provide information on its four key pillars and present the highlights of recent federal activities in support of the strategy.

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(1) This document is the first in a series entitled *Substance Abuse Issues and Public Policy in Canada* by the same author. The others are: *II. Parliamentary Action (1987-2005)*, PRB 06-05E; *III. What, When, Who and Why?*, PRB 06-11E; *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.

(2) Health Canada is the lead department. Other federal partners are: Public Health Agency of Canada, Public Safety and Emergency Preparedness Canada, Canada Border Services Agency, Royal Canadian Mounted Police (RCMP), Correctional Service Canada, Department of Justice Canada, and Foreign Affairs Canada.

HISTORY OF CANADA'S DRUG STRATEGY

In 1987, the Government of Canada launched a five-year, $210-million strategy, the National Drug Strategy, to address concerns related to drug abuse in Canada. Recognizing that a balanced approach was needed, the strategy addressed both the supply and the demand sides of the drug problem. Six major areas were identified as strategic components: education and prevention; treatment and rehabilitation; enforcement and control; information and research; international cooperation; and a national focus (aimed at identifying drug demand reduction programs that could serve a national purpose).(3)

In 1992, the federal government renewed its commitment and launched a second phase of the strategy by merging the National Strategy to Reduce Impaired Driving and the National Drug Strategy. This initiative was named Canada's Drug Strategy. The continued objective was to reduce the harmful effects of substance abuse on individuals, families, and communities by addressing both the supply of and demand for licit and illicit substances. Of the $270 million allocated to the strategy, 60% was to be directed to demand reduction and 40% to supply reduction.

In 1998, the federal government reaffirmed its commitment to the principles of the CDS. Four pillars were identified: education and prevention; treatment and rehabilitation; harm reduction; and enforcement and control. However, funding was significantly reduced, and many advocates involved in the field of substance use and abuse policy expressed concerns at the consequences of such financial cutbacks. In fact, many have referred to 1997-1998 as the sunset of Canada's Drug Strategy.

CANADA'S DRUG STRATEGY

The Government of Canada announced in May 2003 that it was investing $245 million over the next five years in the CDS. This announcement followed calls for a comprehensive renewed drug strategy with dedicated resources from the Auditor General of Canada (December 2001),(4) the Senate Special Committee on Illegal Drugs (September 2002)

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(3) Government of Canada, *National Drug Strategy: Action on Drug Abuse*, 1988.

(4) Office of the Auditor General of Canada, *2001 Report of the Auditor General of Canada*, Chapter 11, "Illicit Drugs – The Federal Government's Role," 2001, http://www.oag-bvg.gc.ca/domino/reports.nsf/html/0111ce.html.

and the House of Commons Special Committee on Non-Medical Use of Drugs (December 2002).[5]

The four pillars of the renewed strategy remain prevention, treatment, harm reduction and enforcement. The Government of Canada has also broadened its commitment by investing in four new areas of activity: leadership; research and monitoring; partnerships and intervention; and modernized legislation and policy.

Health Canada continues to provide leadership and national coordination, with the added responsibility to report to Parliament and Canadians every two years on the strategy's direction and progress. Its first report, expected in 2006, is to include information on the progress made on the following key objectives:

- decreasing the prevalence of harmful drug use;
- decreasing the number of young Canadians who experiment with drugs;
- decreasing the incidence of communicable diseases related to substance abuse;
- increasing the use of alternative justice measures such as drug treatment courts;
- decreasing the illicit drug supply and addressing new and emerging drug trends; and
- decreasing avoidable health, social and economic costs.[6]

KEY PILLARS OF CANADA'S DRUG STRATEGY

Prohibition, legalization, medicalization and harm reduction are four common approaches to the use and abuse of psychoactive substances. These models differ in how they perceive such use and abuse, and in what they believe are the characteristics of users and the consequences of substance use and abuse. As well, the four models have different views on how society should react to the health, social and economic consequences of substance use and abuse.

Supporters of prohibition generally associate the use of a psychoactive substance with morally corrupt behaviour that can be modified, and argue that control is best achieved by legal sanctions. Proponents of legalization believe, among other things, that more problems are actually caused by the criminalization of substance use and its users, and that criminal penalties

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(5) The work of these two special committees is discussed in Chantal Collin, *Substance Abuse Issues and Public Policy in Canada: Parliamentary Action (1987-2005)*, PRB 06-05E, Parliamentary Information and Research Service, Library of Parliament, Ottawa, 13 April 2006.

(6) Health Canada, *Information: Canada's Drug Strategy*, May 2003, http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/2003/2003_34bk1_e.html (accessed on 22 March 2006).

for illicit substance use should be removed. On the other hand, under the medicalization approach, the person who abuses psychoactive substances is perceived to be ill and in need of medical attention and control. Finally, harm reduction, which gained popularity during the 1980s when the spread of HIV/AIDS came to be viewed as a greater threat to individuals and public health than substance use, adopts a value-neutral view of the use and users of psychoactive substances, one that does not see these as intrinsically immoral, criminal or medically deviant.

Canada's Drug Strategy is based on the principle of a balanced approach which includes components of all the above models. This is reflected in the strategy's four pillars: education and prevention; treatment and rehabilitation; harm reduction; and enforcement and control.

A. Education and Prevention

1. The Basics

By and large, substance use and abuse are particularly prevalent among youth and young adults, street-involved youth, Aboriginal peoples, sex trade workers, and people who have been in contact with the criminal justice system. In Canada, education and prevention are primarily the responsibility of provincial and territorial governments. High-risk populations are the primary target of education and prevention programs at the federal level. There are many approaches to education and prevention at all levels of government, including: school programs; programs targeted specifically at high-risk populations (e.g., community-based programs); mass media awareness campaigns; alternative activities and youth groups (e.g., recreational activities); family-based approaches; policy approaches (e.g., school policies on substance use and possession on school property); health warning labels; and harm reduction approaches.

2. Federal Role

The current goals of federal education and prevention programs are to help people avoid the use of harmful substances, and, in the case of users, to enhance their ability to control their use and prevent the development of a substance use problem. To achieve these goals, education, motivation, and awareness-raising initiatives are used in concert with laws and regulations on criminal activities and taxation. This approach recognizes that different groups have different needs in relation to prevention of substance use and abuse.

The Canadian Centre on Substance Abuse, an important partner in Canada's Drug Strategy, plays a pivotal role in education and prevention through public awareness-raising activities, data collection, the distribution of information, and the provision of advice to policy makers.

Specific federal initiatives in the field of prevention include drug awareness programs delivered by the RCMP, such as Drug Abuse Resistance Education (DARE), Drugs and Sport, Delivering Education and Awareness for Life (DEAL), Drugs in the Workplace, the Aboriginal Shield Program, and Go All the Way … Without Drugs.(7) Other programs such as the National Crime Prevention Strategy and the National Native Alcohol and Drug Program(8) also fund substance abuse prevention-related projects in communities across Canada.

B. Treatment and Rehabilitation

1. The Basics

Provinces, territories, and local communities have primary responsibility for the development and implementation of drug and alcohol treatment and rehabilitation programs. Substance dependency is a complex disorder that has many dimensions. As a result, treatment is never simple. Treatment and rehabilitation services vary in their approach, philosophy, principles, and goals. For many service providers, the goal of treatment is lifelong abstinence from alcohol and substance use. Others, though, believe that recovery is a lifelong process and that treatment facilities should not request abstinence as a condition of treatment. Most would agree, however, that a holistic approach, which recognizes the importance of integrated services, partnerships and a continuum of care, is an essential component of treatment delivery.

Treatment and rehabilitation programs typically offer services such as early identification and intervention, assessment and referral, medical detoxification, basic counselling, therapeutic interventions, clinical follow-ups and workplace initiatives. Some programs specialize in treating an addiction to a particular substance (e.g., solvent, heroin);

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(7) Information on these programs is available on the RCMP'S Drug Awareness Service Web page at http://www.rcmp-grc.gc.ca/das/programs_e.htm.

(8) Health Canada's First Nations and Inuit Health Branch, through its National Native Alcohol and Drug Abuse Program (NNADAP), funds approximately 729 positions in community-based programs aimed at preventing alcohol and other drug abuse among First Nations people and Inuit. Approximately $30 million is spent annually through this program. For more information, see the program's Web site at http://www.hc-sc.gc.ca/fnih-spni/pubs/ads/nnadap_rev-pnlaada_exam/index_e.html.

others treat specific groups (e.g., men, women, youth, Aboriginal peoples); and some address specifically the growing problem of concurrent mental health and substance use disorders.

It should be noted that the treatment of opioids addiction has proven over the years to be particularly difficult, which has led to the development of alternative treatment programs such as the use of methadone or the prescription of heroin. Methadone maintenance is a specific form of treatment that is increasingly available in Canada. It provides heroin addicts with a chemical substitute for heroin, under strict medical supervision. This form of treatment is offered only when others have failed, and addicts must participate in mandatory counselling. Methadone is the only opioid currently permitted for long-term treatment of opiate-dependent persons in Canada. Heroin-maintenance therapy is offered only within a clinical trial process. The North American Opiate Medication Initiative (NAOMI) is "exploring whether heroin-maintenance therapy provides a viable option for chronic heroin users who have failed all other treatments."(9) The program enrolled its first participants in February 2005 in Vancouver, and in June 2005 in Montréal. Entry criteria include being 25 or older, addiction to opioids for at least five years, daily injection opioid use for at least a year, and at least two episodes of methadone maintenance treatment for 30 or more consecutive days.(10) More than 100 injection opiate users are currently enrolled in the project. The intent is to enrol 470 participants.

2. Federal Role

The federal government provides financial support to provincial and territorial efforts in the field of treatment and rehabilitation, both indirectly through the Canada Health Transfer and more directly through the CDS's Alcohol and Drug Treatment Rehabilitation Program.(11) According to Health Canada, "there are approximately 1,000 addiction treatment programs in Canada, with multiple levels of intervention and flexible, community-based activities which address the specific needs of individuals with substance use problems."(12)

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

(10) NAOMI, Backgrounder, April 2005, p. 4, http://www.naomistudy.ca/pdfs/naomi_background.pdf.

(11) According to Health Canada, as of August 2005, "the Government of Canada contributes $14 million annually toward the cost of treatment and rehabilitation programs through a series of bilateral contribution agreements with participating provinces and territories." See http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/2005/2005_93bk2_e.html. This spending has remained fairly constant since at least 2000-2001.

(12) Health Canada, "Treatment and Rehabilitation," *Drugs and Health Products* Web site, http://www.hc-sc.gc.ca/dhp-mps/substan/treat-trait/index_e.html.

Health Canada's First Nations and Inuit Health Branch also supports a national network of 52 residential treatment centres in First Nations communities and organizations through the National Native Alcohol and Drug Abuse Program.(13) Furthermore, the federal government is responsible for the delivery of treatment programs to individuals incarcerated in federal institutions, members of the RCMP, members of the Canadian Armed Forces, and persons who have not lived in a province or territory long enough to receive insured health services.

With respect to the treatment of opioid addiction, the Canadian Institutes of Health Research (CIHR), Canada's premier health research funding agency, has provided $8.1 million to the NAOMI initiative to study heroin-maintenance therapy. Preliminary results are expected late in 2006. Health Canada ensures access to controlled substances for approved, legitimate purposes by providing exemptions allowing individuals to possess narcotics when it is deemed to be in the public interest, or necessary for a medical or scientific purpose.

Finally, the Canadian Centre on Substance Abuse maintains a database of addiction organizations (including gambling) which, as of 6 February 2006, listed some "2,400 organizations involved in the addiction field in Canada. It includes federal, provincial and territorial government departments and agencies involved with addictions issues, national non-government organizations, health care organizations, treatment providers and addictions researchers."(14)

C. Harm Reduction

1. The Basics

Harm reduction is one of the four pillars of Canada's Drug Strategy. This health-centred approach, with the goal of reducing the health and social harms related to substance use and abuse, grew out of efforts in the 1980s to reduce the risks of contracting and spreading blood-borne diseases (e.g., HIV/AIDS, Hepatitis) among injection drug users. Harm reduction adopts a value-neutral view of drug use and users, accepting the fact that some users cannot or will not stop using psychoactive substances. "Education, knowledge and informed decision-

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(13) The NNADAP originated in the 1970s and is now largely controlled by First Nations communities. Information is available on-line at http://www.hc-sc.gc.ca/fnih-spni/substan/ads/nnadap-pnlaada_e.html.

(14) Canadian Centre on Substance Abuse, *About the Database of Addictions Organizations in Canada*, http://www.ccsa.ca/CCSA/EN/Addiction_Databases/AddictionsOrgsAbout.htm.

making by substance users are key pillars of the harm reduction approach."[15] It should be noted that even though harm reduction was initially directed toward injection drug use, many jurisdictions have since adapted this approach to other illicit drugs, as well as to legal substances such as alcohol[16] and tobacco.[17]

Elements of harm reduction, although subject to varied definitions, can be found in a number of prevention and treatment strategies as well as in some policy options. For example, some prevention strategies aim to reduce the adverse effects of substances by discouraging their initial use and encouraging users to consume more moderately or to seek help if their use becomes problematic. Other strategies attempt to persuade people who use potentially harmful substances to adopt behaviours that reduce or minimize the adverse effects or consequences of their substance use. These include:

- community-based outreach programs targeted at marginalized populations such as street-involved youth, homeless people, sex trade workers, Aboriginal peoples or injection drug users that provide these populations with information about services available to them as well as providing them with low-threshold services;
- needle exchange programs that provide injection drug users with clean needles and syringes;
- methadone maintenance programs that offer methadone as a substitute for opioids to chronic users who have not been able to stop using such substances with the assistance of more mainstream treatment programs;
- medically managed and supervised prescription of heroin to chronic users of opioids who have not been helped by other treatments and cannot stop using such substances; and
- medically supervised injection sites where health professionals are ready to intervene should a person overdose, and where substance users can access information about health, treatment and rehabilitation programs.

Harm reduction strategies can also be based on legalization, where the manufacture, sale or possession of substances is authorized, with perhaps some regulations

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(15) Benedikt Fischer, "Harm Reduction," in *Substance Abuse in Canada: Current Challenges and Choices*, Canadian Centre on Substance Abuse, 13 April 2005, pp. 11-15.

(16) See, for example, the *Canadian Medical Association Journal*, Vol. 174, Issue 1, 3 January 2006, which includes an article and a commentary on an innovative, shelter-based "managed alcohol program" which seeks to minimize personal harm and adverse social effects related to high rates of alcohol and drug use among homeless people.

(17) For information on the development of a harm-based classification of the entire range of tobacco and tobacco-replacement products, see an innovative project by the Institute on Governance available on-line at http://www.iog.ca/knowledge_areas.asp?pageID=17.

relating to their sale, advertisement, or place of consumption. Other strategies incorporate decriminalization, either implicit, where certain actions such as possession of opioids at a supervised injection site are allowed, or explicit, where criminal penalties for the consumption and possession of an illicit substance are reduced or eliminated.

Although harm reduction has been endorsed by Canada's Drug Strategy since the early days of the strategy, it remains a controversial approach subject to substantial research. Community-based outreach programs and needle exchange programs are among the first harm reduction programs to have been introduced in Canada.

2. Federal Role

In June 2003, Health Canada approved an exemption from the application of the *Controlled Drugs and Substances Act* to allow the launch of a supervised injection site pilot project. In a news release, Health Canada also stated that it would provide up to $1.5 million over four years to support the evaluation component of the project. The evaluation will provide insight into the efficacy of the harm reduction approach in this particular case. The first medically supervised injection site opened its doors in Vancouver in 2003.(18) The drug-law exemption given to this project will be reviewed in September 2006.

As well, Canada has also endorsed the NAOMI project, which will run controlled clinical trials of heroin-maintenance therapy.(19) The results from this project will shed further light on the success of the harm reduction approach.

With regard to the use of crack, recent research has indicated an increasing risk of contracting infectious diseases through the sharing of crack pipes. Some municipalities are looking to distribute "safe crack kits" that include information on safer practices to users of this substance.

Finally, harm reduction measures are also making their way, albeit very slowly, into correctional institutions. Inmates are particularly at risk since they have among the highest prevalence of substance abuse problems, including injection drug use. Since 2002, all correctional institutions under the authority of Correctional Service Canada have provided bleach

(18) Information on InSite, the supervised injection site, is available on the Vancouver Coastal Health's Web site at http://www.vch.ca/sis/.

(19) The NAOMI clinical trials in Canada are funded by the Canadian Institutes of Health Research. Questions and answers on the NAOMI project are available on the project's Web site at http://www.naomistudy.ca/pdfs/naomi_faq.pdf.

to inmates for sterilizing injection equipment, and in 2005, the operation of tattoo parlours in federal correctional institutions was approved. These two initiatives aim to reduce the risk of contracting infectious diseases. A Correctional Service Canada Study Group on Needle Exchange Programs has also recommended that a needle exchange pilot program be instituted in correctional facilities. Correctional Service Canada and the Public Health Agency of Canada are studying this recommendation.[20]

D. Enforcement and Control

1. The Basics

In Canada, as in many other countries, the role of law enforcement and control in relation to substance use has been and continues to be a source of debate and controversy. Canada's Drug Strategy has always been based on the principle of balancing the need to reduce both the supply of drugs and the demand for drugs. However, the failure of past law enforcement efforts to counteract trade in illegal drugs has led to arguments for decriminalization or the lifting of criminal prohibitions on personal possession of currently prohibited substances, and/or for the legalization of illicit substances. In support of decriminalization and/or legalization, it is claimed that current enforcement costs deplete resources that could be better used for health-related programs, that violence and drug wars are a product of the illegal drug trade, that approaches to the abuse of harmful licit and illicit substances are inconsistent, that no one should have to live with the stigma of a criminal record for simple possession of an illicit substance, and, particularly in the case of cannabis, that young people get initiated to more dangerous illicit substances by their contact with the criminal world of drug traffickers.

With respect to drug-related offences, one of the many legal concerns debated is the continued disparity between court sentences. For example, judges can give anything from an absolute discharge to up to seven years' imprisonment for simple possession of an illicit substance. It has been argued that more court diversion programs are needed to treat substance users with major psychological or addiction or abuse problems. Another concern is that a number of social consequences result from an encounter with the criminal justice system and from the imposition of criminal penalties, yet some advocates argue that there is no scientific

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(20) For more information on harm reduction in the criminal justice system, see Gerald Thomas, *Harm reduction policies and programs for persons involved in the criminal justice system*, Canadian Centre on Substance Abuse, Ottawa, May 2005, http://www.ccsa.ca/NR/rdonlyres/B092A5D6-C627-4503-8F21-8A1AB8923B3A/0/ccsa0039002005.pdf.

evidence demonstrating that criminal law is a major deterrent to illegal drug trade or substance use. Some arguments against decriminalization of simple possession of cannabis, for example, rely on the fear that health and social costs would increase if the stigma of substance use were to be removed, and it is maintained that substance use would increase as a result. Arguments against legalization are numerous, ranging from public safety issues to Canada's obligations under international treaties to maintain its drug laws and policies of enforcement.

Other efforts at controlling the use of psychoactive substances have focused on substance use in the workplace, which can cause performance problems, increased sick leave, disruptive behaviour, accidents and injuries, as well as important associated economic costs. Employers' concerns have led to various forms of drug testing programs in both the public and private sectors. Indeed, "a significant number of companies in Canada have been putting alcohol and drug policies in place during the past few years, and in many situations, testing of one form or another has become a policy component."(21)

2. Federal Role

At the federal level, various government bodies are involved in detection, control, and enforcement efforts that incur high costs for personnel and equipment. The *Controlled Drugs and Substances Act* (CDSA) provides the framework for the control, import, production, export, distribution, and possession of psychoactive substances in Canada. The RCMP (which is part of Public Safety and Emergency Preparedness Canada) is responsible for enforcing the CDSA with the assistance and cooperation of provincial and municipal police forces throughout Canada.(22) The RCMP is also responsible for the Customs and Excise Program charged with controlling the movement of certain goods, including tobacco, alcohol and drugs. Justice Canada oversees the prosecution of drug-related offences, while Correctional Service Canada is mandated with the administration of substance-related sentences of two years or more.

The Canadian Human Rights Commission has long been concerned with the human rights implications of workplace drug testing. The Commission has developed a policy on alcohol

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(21) Barbara Butler & Associates Inc., *Brief Analysis of Current Workplace Substance Abuse Issues and Activities in Canada*, March 2004 (updated: August 2005), http://www.ccsa.ca/NR/ rdonlyres/3149E2A2-D5E6-4E27-B5F2-16573D3A6F08/0/extl0110552004.pdf.

(22) The RCMP produces an annual report on the drug situation in Canada. The latest (2004) report is available on-line at http://www.rcmp-grc.gc.ca/crimint/drugs_2004_e.htm. See also Norm Desjardins and Tina Hotton, "Trends in drug offences and the role of alcohol and drugs in crime," *Juristat*, Vol. 24, No. 1, February 2004, http://www.statcan.ca/bsolc/english/bsolc?catno=85-002-X200400 18424.

and drug testing in the workplace, which perceives a dependence on alcohol or a drug as a disability. The policy reflects a need to balance the privacy and human rights of employees with public safety issues related to the use and abuse of psychoactive substances in the workplace.(23)

HIGHLIGHTS OF RECENT FEDERAL ACTIVITIES

A. National Framework for Action to Reduce the Harms Associated With Alcohol and Other Drugs and Substances in Canada

In support of Canada's Drug Strategy, Health Canada launched in 2004 a series of cross-country roundtables to facilitate collaboration and information sharing between stakeholders, researchers, experts and jurisdictions. To explore in greater depth the issues raised during these roundtables, various workshops were also convened. These consultations led to the development of a draft national framework for action to address problematic substance use in Canada and to reduce its associated harms. Presented at a national forum in Montréal in June 2005, the National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada was discussed, revised and agreed upon by a broad group of stakeholders (which included physicians and health practitioners, epidemiologists and social scientists, policy officers, service providers and front-line counsellors, law enforcement representatives, addiction and mental health specialists, lawyers and legal experts, and government officials.) Participants are now seeking endorsement of the Framework by their Ministers, boards and governing bodies. A meeting to discuss progress made in this regard is expected before the end of 2006.(24)

The Framework's vision statement "describes what all partners, working together, hope to achieve": namely, that "[a]ll people in Canada live in a society free of the harms associated with alcohol and other drugs and substances."(25) To focus efforts, some initial priorities for action are also identified in the Framework. They include:

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(23) Canadian Human Rights Commission, *Canadian Human Rights Commission Policy on Alcohol and Drug Testing: Executive Summary*, http://www.chrc-ccdp.ca/pdf/poldrgalceng.pdf.

(24) More information on past and future activities related to the National Framework is available on the Web site of the Canadian Centre on Substance Abuse at: http://www.ccsa.ca/CCSA/EN/Partnerships/National_Framework/NationalFramework.htm.

(25) Health Canada and the Canadian Centre on Substance Abuse, *National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada: Answering the Call*, First Edition, Fall 2005, p. 11, http://www.ccsa.ca/NR/rdonlyres/4F0512B8-C7A3-4019-B6C2-55497F837A9F/0/ccsa0113222005.pdf.

- increasing awareness and understanding of problematic substance use;
- reducing alcohol-related harms;
- addressing fetal alcohol spectrum disorder (FASD);
- preventing the problematic use of pharmaceuticals;
- addressing enforcement issues;
- sustaining workforce development;
- implementing a national research agenda and facilitating knowledge transfer;
- improving the quality, accessibility, and range of options to treat harmful substance use including substance use disorders;
- modernizing legislative, regulatory and policy frameworks;
- focusing on children and youth;
- reaching out to Canada's North;
- supporting First Nations, Inuit and Métis communities in addressing their needs; and
- responding to offender-related issues.(26)

B. Other Activities

Various other activities have been undertaken in recent years under Canada's Drug Strategy. In 2004, Health Canada launched the Drug Strategy Community Initiatives Fund to provide financial assistance to projects that will address a number of issues related to problematic substance use.(27) The goal of this initiative is "to facilitate the development of local, provincial, territorial, national and community-based solutions to problematic substance use" and "to promote public awareness of problematic substance use."(28) According to Health Canada's *Departmental Performance Report* for the period ending 31 March 2005, the department provided funding for 51 community-based projects at a cost of $3 million. Priorities have also been identified and a call for proposals issued for projects to be funded in 2005-2006.

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(26) *Ibid.*, pp. 16-23.

(27) Health Canada, *Drug Strategy Community Initiatives Fund – Funding Guidelines* (last updated 19 April 2006), http://www.hc-sc.gc.ca/ahc-asc/pubs/drugs-drogues/fund_guide-fonds_lignes_direct/index_e.html.

(28) *Ibid.*

In total, during the 2004-2005 fiscal year, Health Canada in its role of administrator of the *Controlled Drugs and Substances Act* "worked with law enforcement agencies to identify more than 91,000 seized samples of controlled substances, and provided expert advice and aid in dismantling 50 illicit drug labs."(29)

A cost study entitled *The Costs of Substance Abuse in Canada 2002* was released by the CCSA on 26 April 2006. This long-awaited study addressed the need for information on the social costs of alcohol, tobacco and illicit drugs for Canadian society. It estimated those costs at $39.8 billion in 2002, including "services such as health care and law enforcement, and the loss of productivity in the workplace or at home."(30) Legal substances (tobacco and alcohol) accounted for 79.3% of that total estimate and illegal drugs accounted for the remaining 20.7%.(31)

In March 2005, the CCSA released detailed findings from the Canadian Addiction Survey. This was the first major survey of the use of alcohol and other drugs in Canada since 1994. In April 2005, the CCSA published the first in a series of annual reports on emerging addiction issues and policy entitled *Substance Abuse in Canada: Current Challenges and Choices*. In November 2005, the CCSA hosted a national conference entitled "Issues of Substance." The conference offered about 400 substance abuse and addictions professionals "a forum to share ideas and learn about innovation and action in the areas of prevention, treatment, harm reduction and enforcement."(32)

In November 2004, a workshop on alcohol policy was held in Ottawa. To facilitate the discussions, the Canadian Centre on Substance Abuse (CCSA) developed a background paper entitled *Alcohol-Related Harms and Control Policy in Canada* that provides information on alcohol use and its impacts, best practices related to alcohol misuse, and a discussion of alcohol control policy in Canada.

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(29) Health Canada (2006).

(30) J. Rehm *et al.*, *The Costs of Substance Abuse in Canada 2002: Highlights*, Canadian Centre on Substance Abuse, March 2006, p. 1, http://www.ccsa.ca/NR/rdonlyres/18F3415E-2CAC-4D21-86E2-CEE549EC47A9/0/ccsa0113322006.pdf.

(31) *Ibid.*

(32) Canadian Centre on Substance Abuse, News Release, "*Issues of Substance*, CCSA's national conference, helps address calls for greater coordination in Canada's substance abuse and addictions field," 14 November 2005, http://www.ccsa.ca/NR/rdonlyres/7CFDEC0C-453E-4982-B85A-44B1008BC186/0/ccsanewrel20051114e.pdf. For more details on the conference, visit its Web site at http://issuesofsubstance.ca/IOS/EN/.

CONCLUSION

Canada's Drug Strategy, with its four pillars, has proven to be a key component of initiatives undertaken to reduce the use of psychoactive substances and its related harms. In 2003, the Government of Canada invested $245 million in the strategy for a period of five years. Health Canada and the Canadian Centre on Substance Abuse, in cooperation with most organizations and agencies involved in addressing drug-related activities across Canada, have moved the strategy forward and have agreed upon a national framework for action to address substance use and abuse in Canada that should be endorsed in the near future. This national framework is supported by a broad group of stakeholders that include physicians and health practitioners, law enforcement representatives, government officials, and many more.

Understanding of substance use and abuse has grown substantially under Canada's Drug Strategy. The 2004 national addiction survey provided researchers and policy advisers with valuable information on the prevalence of substance use and its related harms. Nonetheless, significant information gaps remain, particularly with regard to high-risk populations, the abuse of substances such as methamphetamines, the rise in multiple-drug use, and issues relating to co-occurring addiction and mental health disorders. Knowledge is essential to innovative policy making; consequently many advocates believe that Canada needs to continue its support of research in this field. Similarly, to ensure continued efforts under the CDS, stakeholders maintain that the Government of Canada should renew its commitment to financial support of the strategy.