



Government  
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# Canada's

# DRUG STRATEGY



Canada 

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# Canada's Drug Strategy

This document has been prepared by the Interdepartmental Working Group on Substance Abuse, at the direction of the Assistant Deputy Ministers' Steering Committee on Substance Abuse, with representation from the following federal departments of the Government of Canada:

Health Canada

Solicitor General

- Solicitor General Secretariat
- Royal Canadian Mounted Police
- Correctional Service Canada

Foreign Affairs and International Trade

Justice Canada

Canadian Heritage

Revenue Canada

Transport Canada

Human Resources Development Canada

Treasury Board of Canada

Privy Council Office



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# Executive Summary

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Canada's drug strategy reflects a balance between reducing the supply of drugs and reducing the demand for drugs.

The strategy involves federal/provincial/territorial governments and addictions agencies, non-governmental organizations, professional associations, law enforcement agencies, the private sector, and community groups. The effectiveness of individual interventions is linked to the degree to which four principles have been recognized in development and implementation: sensitivity to gender, culture, and age; involvement of target groups; attention to the needs of drug users; and the underlying determinants associated with substance abuse. Two other principles are relevant: an appropriate legislative framework is needed and prevention is the most cost-effective approach.

Seven components provide a framework for the federal government's

drug strategy: research and knowledge development; knowledge dissemination; prevention programming; treatment and rehabilitation;

legislation, enforcement and control; national coordination; and international cooperation.

In terms of future directions, the federal government intends to strengthen its prevention work responding to the needs of youth and young adults, as well as seniors, enhance border interdiction activities, increase efforts to target the proceeds of crime and the property used to commit crimes, identify and assess innovative approaches to treatment and rehabilitation, and respond to the considerable harm associated with injection drug use.

**The Canadian federal government continues to provide leadership on substance abuse issues.**

# Introduction

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**D**rugs affect every country of the world. Problems associated with substance abuse, production of illicit drugs, and drug trafficking cause harm to individuals, families, and communities. Coordinated action at the national and international levels is needed to reduce the demand, illicit supply, and trafficking. The United Nations International Drug Control Programme (UNDCP) and the Inter-American Drug Abuse Control Commission (CICAD) have urged governments to develop national frameworks to address the global drug problem.

Canada began a concerted effort to address substance abuse problems in 1987, launching two consecutive five-year strategies. For a detailed account of the historical context, please see Appendix A. Information on the current drug situation can be found in Appendix B.

The substances involved in Canada's current strategy on drugs include alcohol, medications (both over-the-counter and prescription), illicit drugs, inhalants, and banned and restricted performance-enhancing sport drugs (as defined by the International Olympic Committee). Although the use of tobacco is not discussed specifically in this framework, most prevention initiatives consider the use of tobacco along with other substances. A separate strategy has been developed to identify specific approaches to tobacco use prevention, protection, and cessation.

This document attempts to present a snapshot of Canada's current strategy on alcohol and other drugs. The situation is evolving constantly at all levels. Responses to drug problems, including both demand and supply reduction efforts, are constantly reassessed to ensure relevance and appropriateness.

# Basic Principles

A number of key principles have formed the foundation of the federal drug strategy:

- ▶ A **balance between** supply reduction and demand reduction is needed. This principle is best accomplished by strong partnerships between health and enforcement sectors.
- ▶ **Prevention** is considered to be the most cost-effective intervention.
- ▶ A variety of **multisectoral partnerships** is key among federal government departments, provincial/territorial governments and addiction agencies, non-governmental organizations, health, social, professional, and law enforcement agencies, multilateral organizations, the private sector, and community groups. Collaboration among jurisdictions and levels of government brings together the support and expertise required to deliver programs and sustain efforts.
- ▶ Programs and policies should be formulated with **sensitivity to gender, culture, and life-stage**.
- ▶ **Involvement of target groups** in research, program planning, development, and delivery is fundamental. Integral involvement of those who will be the ultimate recipients of programs, resources, and services is essential to appropriateness, relevance, and success.
- ▶ Prevention, treatment and rehabilitation programs must **meet the needs of drug users**, many of

whom use more than one drug at a time.

- ▶ Prevention, treatment and rehabilitation programs must **consider the determinants of health<sup>1</sup>** and address the underlying factors associated with substance abuse.
- ▶ An appropriate and comprehensive **legislative framework** is necessary.
- ▶ In relation to supply reduction, **targeting the upper echelon of criminal organizations** involved in the domestic and international drug trade is critical, requiring an increased focus on investigating and prosecuting proceeds of crime offences.

Various partners addressing alcohol and other drug problems apply these principles to different degrees. There has been progress, however, in the extent to which each principle has been employed in the development of programs and policies.

<sup>1</sup> Evidence indicates that the key factors that influence population health are income and social status, social support networks, education, employment and working conditions, physical environments, biology and genetic make-up, personal health practices and coping skills, healthy child development, health services, gender, and culture.

**A number of key principles have formed the foundation of the federal strategy on alcohol and other drugs.**

# Goals and Objectives

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**The long-term goal of Canada's drug strategy is to reduce the harm associated with alcohol and other drugs to individuals, families, and communities.** Harm associated with alcohol and other drugs can be physical, psychological, societal, and/or economic.<sup>2</sup>

**Substance abuse is primarily a health issue.**

Because substance abuse is primarily a health issue<sup>3</sup> rather than an enforcement issue, harm reduction is considered to be a realistic, pragmatic, and humane approach

as opposed to attempting solely to reduce the use of drugs.

The Government of Canada believes that reducing the harm associated with alcohol and other drugs is accomplished through five goals and corresponding objectives:

1. **Reduce the demand for drugs.**<sup>4</sup>
  - ▶ Increase understanding of risks associated with illicit drug use (particularly among youth), with particular emphasis on the use of "hard drugs" such as cocaine, LSD, speed, and heroin.
2. **Reduce drug-related mortality and morbidity.**
  - ▶ Reduce high-risk patterns of alcohol and other drug use, including the inappropriate use of inhalants, medications, and performance-enhancing sport drugs.
3. **Improve the effectiveness of and accessibility to substance abuse information and interventions.**
  - ▶ Identify and promote best practices in substance-abuse prevention, education, treatment and rehabilitation.

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<sup>2</sup> Physical harm includes death, illness, addiction, the spread of diseases such as HIV/AIDS and hepatitis, and injury caused by drug-related accidents and violence. Psychological harm can include fear of crime and violence and effects of family breakdown. Societal harm refers to breakdown of social systems. Economic harm includes the large-scale impact of the illegal drug trade and enforcement efforts as well as economic harm to individual users and society, including costs of decreased and lost productivity, workplace accidents, and health care.

<sup>3</sup> Health is considered to be more than simply the absence of disease and infirmity, but a state of complete mental, social, and physical well-being. It is determined by the social, political, and economic context of people's lives, as well as by their biology. Positioning substance abuse as a health issue, and operating with a harm reduction approach, forms the basic foundation of Canada's strategic approach to substance abuse.

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<sup>4</sup> Drugs include alcohol, medications (both over-the-counter and prescription), illicit drugs, inhalants, and banned and restricted performance-enhancing drugs.



4. Restrict the supply of illicit drugs and reduce the profitability of illicit drug trafficking.
  - ▶ Reduce the illegal importation of illicit drugs.
  - ▶ Reduce the reported availability of illicit drugs at the street level.
- ▶ Reduce the ability of persons involved in the supply and trafficking of drugs to make use of the profits from their illegal actions.
5. Reduce the costs of substance abuse to Canadian society.

# Canada's Framework

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A comprehensive framework provides the basis for the federal government's drug strategy. The framework recognizes the importance and interdependence of seven components: research/knowledge development; knowledge dissemination; prevention programming; treatment and rehabilitation; legislation, enforcement and control; national coordination; and international cooperation.

## Research/Knowledge Development

In order to develop effective strategies to reach the goals and objectives set out in this document, Canada undertakes a variety of research and knowledge development activities. Many levels of government, non-governmental

**“CCENDU”  
serves as an  
early-warning  
network.**

organizations, and communities monitor substance-abuse patterns, trends, and emerging problems to better understand the populations they wish to serve. The federal government conducts large-scale surveys to identify emerging trends in the general population and among certain demographic subgroups, assesses harm, estimates the costs of substance abuse, and determines public opinion surrounding alcohol and other drugs policies.

The Canadian Community Epidemiology Network on Drug Use (CCENDU) is a surveillance system bringing together locally-relevant information about the nature, extent, and consequences of substance abuse. Locally, CCENDU provides accurate and timely information, promotes information sharing, and enhances community expertise and research capacity. Nationally, it provides comparative data, serves as an early-warning network, and facilitates partnerships.

As important as large-scale research projects, are special qualitative studies, community surveys, literature reviews, and consultative processes to explore details pertaining to emerging drug issues, such as links between alcohol use and increased risk for HIV transmission, and concepts with applications to the field, such as resiliency and its links to substance abuse. Special populations considered to be at particular risk for substance abuse, either due to marginalization, lack of services, or increased number of risk factors, are consulted and studied in a participatory fashion to identify their characteristics, needs, and barriers to prevention and treatment/rehabilitation.

The federal government provides a drug analysis service, which is capable of creating extensive profiles of drugs currently being used in Canadian communities. This information is

particularly important when new designer drugs emerge, when drugs of high potency are in circulation, and when drugs are being used in new combinations. Drugs are also analyzed to detect pesticide residues, solvent and other chemical contamination, microbiological contamination, and natural toxins.

Canada places a strong emphasis on both process and outcome evaluations of strategies, programs, and initiatives to address substance abuse. Evaluations are used to measure effectiveness, enhance programs, and guide policy development. The results are widely disseminated across the country to guide similar initiatives.

### **Knowledge Dissemination**

Dissemination of knowledge and best practices is key to the federal government's strategy on alcohol and other drugs. Although the federal government conducts original research to better understand and respond to emerging issues, it also compiles existing information from a variety of sources and disseminates the findings to an expansive range of partners. For example, directories of programs, resources, and services are assembled to assist groups and individuals to access help. A national clearinghouse provides access to alcohol and other drug information and expertise.

Much of the work in the drug field is accomplished by and for communities. Innovative programs at the community level are often adapted into models by the federal government and packaged for national application or widespread distribution to other communities facing similar challenges.

### **Prevention Programming**

A large proportion of the government's efforts to reach the goals and objectives involves preventing substance use problems in the first place. Great importance is placed on enabling individuals, families, and communities to acquire knowledge, change attitudes, develop skills, and adopt healthy behaviours.

Consideration of the determinants of health is key to prevention programming. Efforts are made to address not only substance abuse, but issues of marginalization, disparate social and economic status, levels of education and employment status, and other underlying issues. It is believed that prevention is best accomplished through a blend of public awareness campaigns, educational resources, training of service providers, and community action. Prevention programs are developed and implemented cooperatively with provincial/territorial governments, non-governmental organizations, private sector, and community groups. Prevention programming in Canada recognizes the importance of healthy child development as a crucial determinant of health throughout the life cycle. As a result, the federal government has undertaken a number of early intervention initiatives to foster the development of healthy children. Parenting resources are available to assist parents to communicate effectively with children at early ages about drug use. Other programs have been developed to assist parents who have experienced their own problems with alcohol and other drugs to prevent these problems among their children.

**A national clearinghouse provides access to alcohol and other drug information and expertise.**

Public awareness campaigns are most often carried out using mutually beneficial partnerships with the private sector. The harm associated with alcohol and other drugs is conveyed to the public, in large part, using posters, brochures, radio, television, direct mail, the internet, contests, and games. The federal government has partnered with broadcasters to enhance the health messaging of popular television and radio programs, especially for youth and parents. Special activities and events are initiated in communities to raise awareness of the need to work

**Consideration of the determinants of health is key to prevention programming.**

collectively to address substance use problems. Governments, non-governmental organizations, and the private sector provide a combination of education and public awareness initiatives to reduce the number of fatalities and

serious injuries resulting from collisions involving drinking drivers. Public awareness campaigns have been developed to reduce the use of banned and restricted performance-enhancing drugs by sports participants. Canadian travellers are warned about the consequences of transporting drugs across international borders, either knowingly or as victims, and are warned of the increased risks that may be involved in buying and/or using drugs abroad.

A number of educational resources have been developed at the national level to provide the public with information about the harm associated with alcohol and other drugs. Educational resources encourage the appropriate use of medications, particularly among seniors; anti-doping

education modules have been developed for high-performance athletes; primary prevention programs have been developed for school-aged youth, their teachers, and their parents to facilitate knowledge and skill development; and holistic curricula have been used in thousands of schools across Canada.

Canadian police and customs officers work collaboratively with health experts to deliver drug awareness programs in schools and workplaces, providing young people, their parents and teachers with information about alcohol and other drugs, alternatives to drug use, and role models with whom to identify. Significant cooperation has been achieved among non-governmental organizations, police, teachers, provincial/territorial governments, community groups, and the private sector.

Canada has acknowledged and responded to the particular issues relevant to youth-at-risk. Intervention programs for these young people have been implemented at the community level, in partnership with provincial/territorial governments, the private sector, community groups, and the youth themselves. Prevention programs for youth-at-risk consider the disparate social and economic circumstances that often face these youth, and make a special effort to find innovative ways to reach them, intervene, and contribute to supportive social environments. Training is provided to outreach workers to address the complex needs of youth-at-risk, and peer-helping is often employed as an effective strategy. The involvement of youth in all aspects of program planning and delivery is crucial to success and sustainability.

Increasing emphasis is being placed on education and training of health

professionals to increase their knowledge of drug issues, appropriate responses, and proper prescribing practices. Training programs have also been developed for those in the alcohol service industry to help them to intervene in situations involving excessive alcohol consumption. Aboriginal service providers across the country have received training in substance abuse, community development, and program evaluation to assist them in responding to the unique issues facing their communities.

Comprehensive outreach programs including needle exchange for injection drug users are available in Canada to slow the spread of HIV. The availability of needle exchange has in no way led to an increase in drug use. On the contrary, needle exchange programs have reduced rates of needle-sharing among clients and have linked many drug users with health services. Bleach is available to inmates in many prison systems to reduce the risk of HIV transmission.

Despite the availability of needle exchange in Canada, the prevalence of HIV among injection drug users continues to escalate at an alarming rate. Many agencies and levels of government in Canada have been involved in HIV prevention and harm reduction programs for injection drug users. However, there is strong consensus that enhanced multi-sectoral collaboration is urgently needed to address this complex issue.

### **Treatment and Rehabilitation**

Treatment and rehabilitation services in Canada include the following: detoxification services, early identification and intervention, assessment and referral, basic counselling and case management, therapeutic intervention, and aftercare

and clinical follow-up. Treatment is offered on an out-patient, day-patient, or in-patient basis, including short-term and long-term residential care. Special treatment and rehabilitation programs have been developed to address the specific needs of certain target groups of the population, such as women, youth, Aboriginal people, and driving-while-impaired offenders. Specific emphasis is placed on responding to the needs of families affected by problems involving alcohol and other drugs.

Treatment is offered to inmates in federal correctional institutions. More than 50% of federal offenders report on admission that they were either under the influence of alcohol and other drugs during the time they committed their offences or that drugs were a major factor. Special attention is taken to match inmates with appropriate programs. A pre-release program, based on a cognitive/behavioural approach, focuses on coping skills. A similar program for long-term offenders teaches skills that can be used in prison. Another program is available to assist newly released offenders to reconnect with the community and prevent relapse. A gender-specific program is also available for federally sentenced women. Another specialized program prepares Aboriginal offenders for institutional or community-based intervention.

Provisions exist in current drug legislation to encourage treatment and rehabilitation in appropriate circumstances. For example, a growing number of jurisdictions in Canada offer

**Special programs have been developed to address the specific needs of certain sub-groups of the population.**

assessment, treatment, and rehabilitation programs for driving-while-impaired (DWI) offenders as a means to address the underlying drinking problem usually present in repeat offenders. Alcohol treatment programs for convicted DWI offenders are generally modelled after or are part of those developed for problem drinkers from the general population. They can include individual or group counselling, in-patient treatment, Alcoholics Anonymous, behaviour modification, and social-cognitive approaches.

Methadone maintenance treatment programs are considered to be an effective means of reducing the harm associated with the use of opiates. The objectives of methadone maintenance treatment are to reduce the use of illicit drugs, reduce the rate of mortality, reduce the transmission of infectious diseases including HIV and hepatitis, improve psychosocial adaptation, and reduce criminal activity. Methadone maintenance treatment programs are cost effective and have been shown to reduce rates of needle-sharing. The federal government has streamlined the authorization process for physicians willing to prescribe methadone in the treatment of narcotic addiction. For example, the authorizations do not specify any limit in the number of patients, and physicians are not requested to provide the government with information concerning patients. More efforts are being made to increase access to methadone maintenance treatment programs in the treatment of opiate addiction.

Most alcohol and other drug treatment and rehabilitation programs and services in Canada fall under provincial/territorial jurisdiction. The federal government collaborates with the provinces and territories to stimulate the development of

innovative substance abuse treatment and rehabilitation programs, evaluate programs, identify best practices, and disseminate information across the country.

### **Legislation, Enforcement, and Control**

Three international conventions guide domestic legislation, enforcement, and control: the 1961 Single Convention on Narcotic Drugs and its 1972 Protocol, the 1971 Convention on Psychotropic Substances, and the 1988 Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. Canada's legislation controls the import, production, export, distribution, possession, and use of psychoactive substances that can result in harm when distributed or used without controls. The law also provides mechanisms to ensure that the export, import, production, distribution, possession, and use of internationally regulated substances are confined to medical, scientific, and industrial purposes. In 1997, Canada proclaimed in force the new *Controlled Drugs and Substances Act*, which modernized and consolidated the existing legislation and provided the police with additional tools to combat illicit drug-related activity. Enforcement measures are available to police and the courts for the interdiction and suppression of unlawful import, export, production, distribution, and possession of controlled substances and for forfeiture of any property used or intended to be used in the commission of such offenses and profits derived from such offenses.

The federal government plays a leadership role in the investigation and prosecution of domestic offences related to the drug trade. Investigation

of drug-related crime is undertaken by the federal police as well as by provincial and local police forces. The Drug Analysis Service, provided by the federal government, plays a key role in the investigation of drug-related crime. From a legal perspective, criminal prosecution activities related to drugs are closely monitored. Strategies are developed for dealing with such issues as proceeds of crime, emerging investigative techniques, and offence-related property.

The federal government also has primary jurisdiction over the interdiction of drug supplies into Canada through the protection of Canada's borders and coastlines. The Coastal Watch Program, administered by federal police, has expanded to counter maritime drug importations, penetrations of Canadian airspace by suspected drug importers, and aerial importation of drugs by general aviation aircraft. Tracking and targeting of high-risk aircraft, vessels, containers, mail and travellers by customs officials have reduced the amount of drugs smuggled into the country. In addition, improved intelligence gathering and analytical capabilities have been established through an enhancement of existing equipment, the development of agreements to exchange information with customs services in other countries and the creation of computerized links with the United States' intelligence sources.

Customs interdiction officers are strategically deployed to the highest risk areas across Canada. Canine drug detector teams not only interdict narcotics and firearms but also promote drug awareness and education. Sophisticated contraband detection equipment is employed, as well as participation in joint force operations

with the police and the exchange of intelligence with foreign customs authorities. Cooperative agreements with air and marine carriers on drug enforcement have also been developed.

It has become increasingly clear that targeting the proceeds of crime and property used to commit crimes is an effective way to disrupt organized crime and ensure that the profits do not serve to undermine legitimate businesses and financial and political institutions. Experience has also demonstrated that coordinated enforcement efforts contribute substantially to the improvement of Canada's ability to deprive criminal organizers of the profits generated by the drug trade.

These lessons have translated into the establishment of Integrated

Proceeds of Crime

(IPOC) Units. The goal of the IPOC Units is to deprive criminals of their profits and property used to commit crimes in order to serve as a deterrent and convey the message that Canada is not a good

environment in which to do business. These Units promote coordination of law enforcement efforts and are comprised of national, provincial, and local police, forensic officers, customs officers, and lawyers. Their work results in criminal forfeitures on behalf of Her Majesty the Queen in right of Canada. In turn, Canada shares those moneys both domestically and internationally.

In Canada, impaired driving is a criminal offence, and legislation governing impaired driving offences is contained in the Criminal Code of Canada. Impaired driving refers to any

**Targeting the proceeds of crime is an effective way to disrupt organized crime.**

one of the following terms: impaired operation of a motor vehicle, driving with a blood alcohol concentration over 80 mg in 100 ml of blood, failing or refusing to provide a blood or breath sample, impaired operation of a motor vehicle causing bodily harm, and impaired operation of a motor vehicle causing death. The nature of the penalties depends on the type of conviction and the number of previous offences. Various jurisdictions implement licence suspensions and other administrative sanctions, vehicle impoundment, immobilization, or confiscation, licence plate tagging, and/or mandatory assessment and rehabilitation, depending on the nature of the offence. Combined education and enforcement campaigns, such as RIDE (Reduce Impaired Driving Everywhere), Counter Attack, and Check Stop, are conducted regularly by most jurisdictions across the country.

Controlling the use of drugs in prisons remains an important issue. In addition to treatment for federal offenders, investigation of drug offenses and development of new detection technologies and policies is a priority.

Finally, Canada takes measures to control the use of banned and restricted performance-enhancing drugs in high-performance amateur sport. Specific activities include policy development on penalties for doping in sport and creation of a doping control (testing) program which analyzes more than 3,000 samples a year with state-of-the-art detection methods.

### **National Coordination**

The federal government of Canada provides leadership and undertakes national coordination on issues pertaining to alcohol and other drugs, working collaboratively with provincial

and territorial governments, non-governmental organizations, the private sector, and multilateral organizations. An Assistant Deputy Ministers' (ADMs') Steering Committee on Substance Abuse, made up of senior officials from the federal departments addressing alcohol and other drugs, meets regularly to improve the overall effectiveness of the strategy. The ADMs' Steering Committee provides direction to an Interdepartmental Working Group on Substance Abuse, tasked with coordinating federal activities, developing consensus on priorities, and identifying emerging issues.

Each federal department addressing alcohol and other drugs collaborates with a number of key players to ensure their initiatives are coordinated and that key issues are identified and brought to the attention of the Working Group. Regular teleconferencing and roundtable discussions allow information-sharing among partners with specific interests.

National workshops result in broad and collaborative national action plans regarding populations-at-risk and key issues. Ongoing mechanisms for consultation with a broad range of partners and target groups ensures all initiatives are relevant and on track.

Regular meetings bring together representatives of the federal government with partners from provincial and territorial governments. These meetings provide opportunities to share information on current

**The Government of Canada works with a variety of partners to address alcohol and other drugs.**



activities, explore opportunities for further collaboration, and ensure a coordinated approach between federal and provincial/territorial levels.

A national Health and Enforcement in Partnership (HEP) Steering Committee, composed of both government and non-governmental organizations representing health and enforcement sectors, meets regularly to identify opportunities for collaboration between the two sectors. The HEP Steering Committee also organizes national roundtables with broader representation to encourage cooperation between health and enforcement at the national, provincial/territorial, and local levels.

The Canadian Centre on Substance Abuse, a national, non-governmental organization funded primarily by the federal government, provides a national focus for information on alcohol and other drugs. The Centre works to promote increased public awareness and participation regarding drug-related issues. Dissemination of knowledge and data is key to the Centre's role, and a clearinghouse provides information to a range of stakeholders and the general public, using leading-edge technology.

### **International Cooperation**

Canada places a high priority on international cooperation and promotes a balanced approach to the global drug problem. Drug trafficking is an international problem with growing links to violence, money-laundering, corruption, organized crime, and arms trafficking. Canada recognizes the need for a coordinated international response to address weak links and meet international standards. In this context, Canada has made a commitment to work multilaterally, regionally, and

bilaterally on drug issues.

Canada has ratified the United Nations Conventions related to drugs: the 1961 Single Convention on Narcotic Drugs and its 1972 Protocol; the 1971 Convention on Psychotropic Substances; and the 1988 Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. In addition, Canada has fifteen bilateral mutual legal assistance treaties in place and is a signatory to the Inter-American Convention on Mutual Assistance in Criminal Matters. The 1988 United Nations Convention, the Inter-American Convention, and the bilateral treaties all relate to drug offences and enable Canada to provide and obtain mutual assistance with its treaty partners in this area. Canada has also concluded extradition treaties to facilitate its ability and that of its treaty partners to ensure that international borders are not used to avoid prosecution by those involved in drug trafficking. In 1996, the European Anti-Doping Convention was signed.

Canada plays an active role in the United Nations, with several bodies addressing drug and related crime issues. It serves as an elected member on the Commission on Narcotic Drugs (CND), the governing body for the United Nations International Drug Control Programme (UNDCP). Within the CND, Canada is also an active participant in the Heads of National Law Enforcement Agencies (HONLEA) which operates in Asia, Africa, Latin America and the Caribbean, and in Europe. It also collaborates with the United Nations Commission on Crime Prevention and Criminal Justice (UNCCPCJ), the principal UN forum dealing with crime issues.

Canada also participates in the World Customs Organization (WCO),

a major organization providing customs expertise, coordination of international memoranda of understanding with carriers and trade

Canada is also active in several other fora: the Dublin Group, a local, regional, and global consultative forum that discusses drug issues in over 40 capitals; the Financial Action Task Force (FATF) and its sister organization, the Caribbean FATF, which conducts peer reviews and provides fora for consultation and coordination on money-laundering issues; the Summit of the 8 Experts Group on Transnational Crime (Lyon Group), which is implementing forty recommendations for combatting transnational organized crime that were adopted by leaders at the Lyon Summit in 1996; regional forums such as ASEAN in Asia or CARICOM in the Caribbean; and a number of international fora related to anti-doping in sport.

In the Hemisphere, Canada is an active member of the following: the Inter-American Drug Abuse Control Commission of the Organization of American States (CICAD/OAS); the Summit of the Americas process, where the Miami and Santiago Declarations of Principles and Plans of Action commit governments in the hemisphere to a

organizations, as well as technical assistance and training for member customs organizations.

wide range of initiatives directed at drug abuse and production; follow-up to specific events such as the World Conference on Organized Transnational Crime; and in specialized organizations of customs (the Caribbean Customs Law Enforcement Council or CCLEC).

Participation in these international fora permits Canada to share expertise and benefit from the experience of other countries in addressing drug and related crime problems. Joint projects with UNDCP, CICAD, and the World Health Organization (WHO) have been initiated to share information on substance abuse strategies that can be transferred to other countries. Essential police training and technical assistance is provided on a bilateral basis and through CICAD, working to decrease the availability of illicit drugs and suppress the flow of drugs into Canada.

**Canada promotes a balanced approach to addressing drugs.**

# Directions and Priorities

The federal government continues to provide leadership in the area of alcohol and other drugs, coordinate activities nationally, and collaborate at the international level. Efforts continue on an interdepartmental basis to work within the framework of overarching strategic components: research and knowledge development; knowledge dissemination; prevention programming; treatment and rehabilitation; legislation, enforcement and control; national coordination; and international cooperation. Canada continues to place priority on addressing the global drug problem, working cooperatively within the Hemisphere and with the United Nations to promote a balanced approach and monitor and respond appropriately to emerging international issues and trends.

The fundamental objective of harm reduction remains constant, employing a balanced approach between restricting the supply of drugs and reducing the demand. In terms of demand reduction, emphasis has been refined, addressing substance use within a population health framework, considering the underlying factors associated with substance use problems and the determinants of health as they affect people across key life stages. In the supply reduction area, the strategy reflects the enforcement and coordination tools provided by the new legislative framework of the *Controlled Drugs and Substances Act*. An increased focus is placed upon targeting the proceeds of crime and the property used to commit crime, helping

to ensure that the financial incentives of directing and organizing illicit drug activities are eliminated.

The value of a coordinated strategy has been recognized, and further emphasis is now being placed on enhancing coordination efforts to ensure a balanced approach. The Assistant Deputy Ministers' Steering Committee on Substance Abuse, composed of senior officials from various federal departments and supported by a working group, continues to address issues of importance to the federal government, while actively supporting collaboration among federal partners and monitoring implementation of the federal strategy. Regular meetings involving federal, provincial, and territorial governments explore opportunities for heightened collaboration. The Health and Enforcement in Partnership Steering Committee is examining further mechanisms to ensure a collaborative and balanced approach between the two sectors.

The federal government recognizes the value of learning from the past and building on what has been accomplished. A wealth of information has been collected on what works in Canada, and it is now necessary to identify, analyze, and disseminate knowledge regarding best practices. Likewise, considerable effort is being

**The fundamental objective of harm reduction remains constant.**

placed on developing an evaluation framework and establishing realistic and measurable performance indicators. The resulting information will provide insights into how emerging drug issues should be addressed.

While continuing to capitalize on many of the approaches that have been shown to be effective, a number of priorities have emerged. A stronger and renewed focus is being placed on the needs of youth and young adults. Documented increases in rates of substance abuse among young people between 1993 and 1995 demonstrate the importance of balancing initiatives for high risk youth with energized prevention activities for all young people.

Several issues require attention regarding the treatment of substance use problems. The harm associated with injection drug use, including outbreaks of HIV and overdose deaths, is a major concern. Many people who require both substance abuse treatment and treatment for HIV/AIDS may have difficulties accessing treatment for either or both problems. Emphasis is being placed on working closely with HIV/AIDS groups and addictions agencies to respond to the most urgent priorities in reducing the harm to this extremely vulnerable group. Specifically, efforts are being made to

increase access to methadone maintenance treatment programs for opiate users. In addition to examining current best practices in the substance abuse treatment field, new treatment modalities are being explored, particularly in the treatment of opiate and cocaine dependency.

Issues pertaining to medication use among seniors is another area requiring attention. Efforts continue to attempt to reduce the various harms attributed to misuse, including over-use, inappropriate prescribing, interactions with alcohol, and drug interactions. The impairing effects of certain medications, commonly used by seniors, on driving ability is an area of emerging concern. Efforts are also necessary to educate seniors about the do's and don'ts when crossing international borders with prescription medication.

Although the federal government has made further efforts to work on an interdepartmental level to address common areas of concern, each department continues to focus on the substance abuse issues relevant to its own mandate. It is clear, however, that while each department addresses its own priorities, coordination is crucial in order for individual departmental efforts to fit into the overall strategy.

## Appendix A

# Historical Context

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The impetus for a concerted Canadian effort to address substance use problems emerged in 1987 in response to mounting concerns in North America about increasing rates of drug-related problems. Drug-related problems were posing a long-term and serious threat to the health and well-being of Canadians. Several federal departments united their efforts with those of other partners to launch a National Drug Strategy to raise awareness and educate the public about the problems associated with substance abuse, enhance the availability and accessibility of treatment and rehabilitation, energize enforcement and control, coordinate national efforts, and cooperate with international organizations to promote a balanced approach to the global drug problem.

Proceeds of crime legislation was passed in 1989, permitting the seizure and forfeiture of assets arising from criminal activity, including drug trafficking. It was recognized that it was more effective to target illicit profits of criminals than to continue to emphasize street-level law enforcement.

Canada made a conscious choice to pursue international cooperation and has been an active member of the UNDCP's governing body, the Commission on Narcotic Drugs (CND) since 1946. In response to the concern over the drug problem in the hemisphere, Canada also joined the Organization of American States (OAS) in 1990 and its drug body, the Inter-American Drug Abuse Control Commission (CICAD) in 1991. Since that time, Canada has become increasingly engaged in other fora dealing with the drug problem and related crime, including regional groups such as those in the Caribbean or Asia and specialized groups dealing with specific issues such as customs, law enforcement and money-laundering.

Back in Canada, it was evident by the end of 1991 that public awareness had increased regarding the consequences of drug-related problems, drinking and driving was generally considered unacceptable, and school prevention programs were being implemented all across Canada.

But despite the headway that had been made, a number of challenges were still evident. Illicit drug problems increased among a core group of heavy users and smuggling methods became more sophisticated. Problems associated with medication misuse (both over-the-counter and prescription) and over-medication began to receive more attention. Street youth and Aboriginal people were not being reached by current initiatives, and the often hidden substance use problems of women and seniors were not being adequately addressed. New drugs had surfaced, complicating the picture, and there was widespread recognition that moving beyond raising awareness would require thorough consideration of complex determinants of health.

As a result, the government renewed its commitment to address substance abuse by merging the National Strategy to Reduce Impaired Driving and the National Drug Strategy and launching a second phase in 1992, entitled Canada's

Drug Strategy (CDS). It was necessary to capitalize on the momentum that had been gained over the past five years, while continuing to focus on prevention, particularly with youth. At the same time, the government wanted to develop and implement innovative ways to reach people who are hard to reach and those whose needs had not been adequately addressed. Five priority populations were identified: youth, women, seniors, Aboriginal peoples, and driving-while-impaired offenders.

Recognizing its responsibilities as a producer, transit and consuming country, Canada also maintained its commitment to work in cooperation with other countries to address the global drug problem and related crime. Work continued with the United Nations and the Organization of American States and some financial contributions were directed to specific projects in certain regions, including Latin America and the Caribbean and Asia. In addition, bilateral cooperation on this issue was strengthened both in the area of law enforcement and demand reduction.

## Appendix B

# Current Situation

Canada's drug strategy, including the basic principles, framework components, goals and objectives, and directions and priorities, is based on an analysis of lessons learned over the past ten years and an assessment of the current drug situation.

This appendix provides an overview of the current situation in Canada and trends over the past few years with respect to the use of alcohol and other drugs. Much of the information provided was taken from the most recent cross-Canada survey of alcohol and other drug use (Canada's Alcohol and Other Drugs Survey). For more detailed information, please refer to the technical report of this survey, entitled "Canada's Alcohol and Other Drugs Survey 1994: A Discussion of the Findings".

Current data on the general Canadian population indicate that in general, rates of substance abuse are decreasing. Rates of drug use among youth, however, are showing a marked increase.

### Substance Use Among Youth and Young Adults

Alcohol and other drug use among young people is characterized by rapid change. From the early teens onward, there tends to be decreasing psychological and physical dependency on parents and other adults, combined with increasing peer influence. Throughout adolescence, however, the family still tends to exert considerable control that may conflict with peer influence and with situations where this control is no longer valid. It is important to recognize the context around alcohol and other drug use among young people in order to understand their patterns of substance use (Hewitt, Vinje & MacNeil, 1995).

Although rates of drug use in the general population are showing a gradual decline, rates of use among young people are a cause for concern. According to the Ontario Student Drug Use Survey: 1977-1995<sup>5</sup>, rates of drug use that had been declining during the past decade levelled off in 1991, and then began increasing again between 1993 and 1995. But for the most part, rates of drug use among youth were lower in 1995 compared with the late 1970s or early 1980s (Adlaf, Smart & Walsh, 1995).

It is difficult to identify the factors that influence changing rates of drug use. The causes of drug use are complex, involving a combination of both individual and social factors. It is likely that changes in drug use patterns are influenced by drug-related attitudes and beliefs, most notably, perceived risk and disapproval.

**Rates of drug use among young people are a cause for concern.**

<sup>5</sup> The Addiction Research Foundation's "Ontario Student Drug Use Survey: 1977-1995", which now spans an 18-year period, is the longest on-going study of adolescent drug use in Canada. To date, the study is based on ten surveys conducted every two years since 1977 and its purpose is to monitor use of alcohol and other drugs among Ontario students in Grades 7, 9, 11, and 13.

However, it is unknown whether changes in beliefs cause changes in drug use, or whether changes in drug use cause changes in beliefs. Another source of influence could be increased availability, especially for the use of cannabis (Adlaf, Ivis, Smart & Walsh, 1995).

### Alcohol

The percentage of Ontario student drinkers consuming five or more drinks on a single occasion during the past four weeks increased from 30.6% in 1993 to 34.9% in 1995. However, the proportion of students who drink (58.8%) is still well-below 1979 levels (76.9%). Drinking among youth increases with age; rates climb from 30.5% of 7th graders to 77.1% of 13th graders. One third of students consumed beer with high alcohol content (5.6% and greater) during the 12 months before the survey, and 10.4% typically consumed six or more bottles during these occasions (Adlaf, et al., 1995). Similar trends were found in Nova Scotia (Poulin and Wilbur, 1996).

Canada's Alcohol and Other Drugs Survey<sup>6</sup> tells us that women in the 18 to 19 year-old age group have the highest rate of current drinking among all women (79.1%). Men in the 20 to 24 age group have the highest rate of current drinking among men (90.9%) (Health Canada, 1995).

**Drinking  
among  
youth  
increases  
with age.**

In the long term, drinking and driving among youth in Ontario has declined. The percentage driving within an hour of consuming two or more drinks dropped from 58.1% in 1977 to 20.4% in 1991 (Adlaf, et al., 1995). Similar trends were found in Nova Scotia (Poulin and Wilbur, 1996). National coroner data indicate that in 1995, 44.0% of drivers aged 18 and 19 and 58.3% of drivers aged 20 to 25 killed in motor vehicle accidents<sup>7</sup> had been drinking (Mayhew, Brown, and Simpson, 1997).

National data also tell us that there is an inverse relationship between age and the rate of reporting harm from others' drinking; younger people are more vulnerable to such negative consequences of alcohol-use, while chances of consequences decrease in older groups (MacNeil and Webster, 1997).

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<sup>6</sup> Canada's Alcohol and Other Drugs Survey (CADS) is the most recent cross-Canada survey of alcohol and other drug use. CADS is a telephone interview survey of 12,155 Canadians who are 15 years and older, speak one of the two official languages, live in one of the 10 provinces, and are not full time residents of institutions. For more detailed information, please refer to the more comprehensive, technical report entitled "Canada's Alcohol and Other Drugs Survey 1994: A Discussion of the Findings".

<sup>7</sup> Excludes operators of bicycles, snowmobiles, farm tractors, and other non-highway vehicles.



## Medication

According to the *Ontario Student Drug Use Survey*, the most commonly used substances for medical purposes are barbiturates, used by 4.8% of Ontario students surveyed, followed by stimulants, used by 4.1%, and tranquillizers, used by 1.8%. Use of the three types of drugs does not differ significantly by gender. There were no changes in these percentages between 1993 and 1995. The long-term trends, however, are quite noticeable. Between 1977 and 1995, the use of tranquillizers dropped from 8.6% to 1.8%, the use of barbiturates dropped from 14.2% to 4.8%, and the use of stimulants dropped from 6.6% to 4.1% (Adlaf, et al., 1995). Of the three substances used non-medically, the most widely used are stimulants (6.3% of students surveyed), followed by barbiturates (2.7%), and tranquilizers (1.6%). As with medical use, non-medical use did not vary according to gender. Although none of the three substances changed significantly in use between 1993 and 1995, rates of non-medical use are significantly lower in 1995 than they were in surveys conducted since 1987 (Adlaf, et al., 1995).

## Illicit Drugs

According to the *Ontario Student Drug Use Survey: 1977-1995*, use of cannabis increased from 12.7% in 1993 to 22.7% in 1995, and the percentage of cannabis users who used 40 or more times during the past 12 months increased from 13.6% to 19.4%. Use of speed increased from 2.0% to 4.6%, PCP from 0.6% to 1.7%, hallucinogens (other than PCP or LSD) from 3.1% to 7.6%, cocaine from 1.5% to 2.4%, and ecstasy from 0.6% to 1.8%. The percentage of students reporting injection drug use increased from 5.4% in 1993 to 8.8% in 1995 (Adlaf, et al., 1995).

Nova Scotia and New Brunswick are also experiencing a trend toward increased use of other illicit drugs. In these two provinces, cannabis use nearly doubled from 1991/92. In 1991/92, about 17% of students in these two provinces used cannabis; in 1996, 32.1% of Nova Scotia students and 29% of New Brunswick students reported using cannabis at least once in the last year.

According to Canada's Alcohol and Other Drugs Survey, cannabis is used mainly by young people. The proportion of current users steadily decreases with age, from 25% among those 15 to 19 years old to 10% among people 25 to 34 years old to 1.4% among those more than 45 years of age (MacNeil and Webster, 1997).

Recent public opinion research identifies continued shifts in perceptions and attitudes of Canadian youth toward the use of cannabis both in Canada and on trips outside the country; more youth are finding cannabis use to be acceptable (Goldfarb Consultants, 1997). The research also shows that youth and young adults with low incomes, youth from Quebec, and young Canadians travelling across the United States border are especially unaware of the risks and consequences of being involved in drug-related activities while outside the country (The Karom Group, 1993; Binarius Research Group, 1996; Goldfarb Consultants, 1997).

**Cannabis is used mainly by young people.**

In 1996, Canadian customs officers apprehended a number of youth and young adults attempting to re-enter Canada with an illicit substance. Of the total number apprehended (725), approximately 60% were between the ages of 12 and 30. (Revenue Canada, 1996).

## Substance Use Among Adults

### Alcohol

**Although the prevalence of alcohol use in the general population has decreased, the harm is still considerable.**

According to Canada's Alcohol and Other Drugs Survey, rates of current drinking<sup>8</sup> in the general population dropped by 5.6 percentage points between 1989 and 1994 from 77.1% to 71.5%. Current drinkers are also drinking less per week (4.6 drinks per week in 1989 compared to 3.9 in 1994) (Health Canada, 1995). Rates for light/frequent<sup>9</sup> drinking plateau at 35 to 64 years of age, while heavier drinking rates are concentrated among those 24 and younger (MacNeil and Webster, 1997).

Approximately one in five current drinkers (21.0%) state that they drove after consuming two or more drinks in the previous hour. In 1989, the percentage was 22.8% (Health Canada, 1995). According to national coroner data, 55.6% of drivers aged 26 to 35 killed in motor vehicle accidents in 1995 had been drinking; 49.1% of those 36-45 had been drinking, 30.9% of those 46 to 55, and 18.8% of those over 55 (Mayhew, Brown, and Simpson, 1997).

Although the prevalence of alcohol use in the general population has decreased, the harm is still considerable. In 1994, 73.4% of Canadians reported that they had been harmed at some point in their lives by someone's drinking, and about one in five (19.8%) current and former drinkers felt that drinking had caused harm to themselves (Health Canada, 1995).

For all population groups, the links between alcohol use and violence have gathered considerable interest in Canada. The two main concerns are the link between the perpetrator's substance abuse and violent behaviour, and the link between the victim's experience of violence and his or her substance abuse. Canadian research shows that women are at six times the risk of violence by partners who frequently consume five or more

	<b>1994</b>	<b>1989</b>
Alberta	76.4	81.9
British Columbia	75.6	82.9
Quebec	73.9	76.4
Manitoba	73.6	79.3
Saskatchewan	73.0	78.4
<b>Canada as a whole</b>	<b>72.3</b>	<b>77.7</b>
Nova Scotia	72.1	71.2
Newfoundland	71.4	67.6
Ontario	69.4	77.6
New Brunswick	67.8	68.0
Prince Edward Island	67.2	63.7

Canada's Alcohol and Other Drugs Survey: Preview 1995 (Health Canada, 1995).

<sup>8</sup> Current drinking was defined as consuming alcohol in the past 12 months.

<sup>9</sup> Light/frequent drinkers have alcohol once a week or more and fewer than five drinks on days they drink.

drinks at one time, compared to women whose partners never drink. It has also been shown that women abused in the past or living with an abusive partner may use alcohol or other drugs to deal with the pain, anxiety, and fear of their situation (Health Canada, 1993).

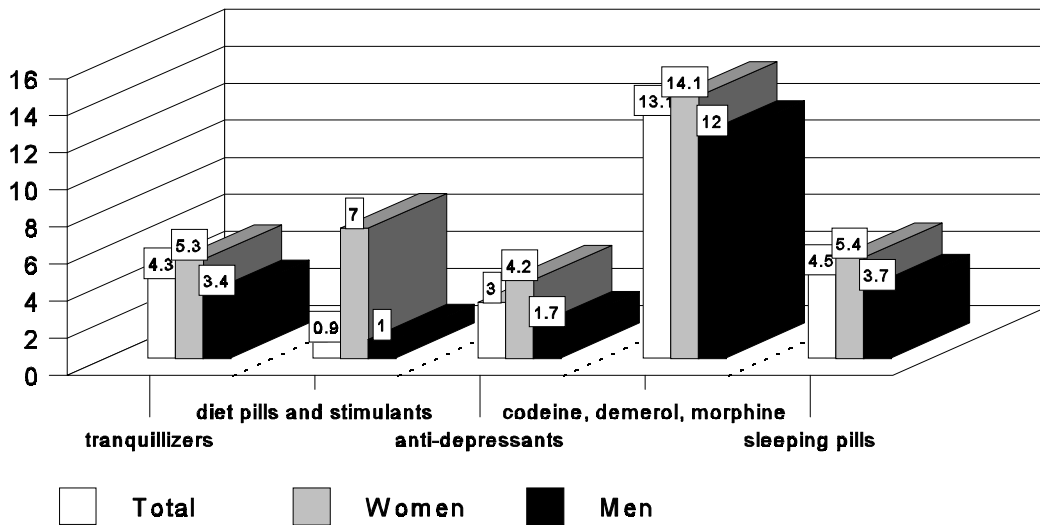
There is also growing attention being paid to the role of alcohol in the spread of HIV through unprotected sex. Alcohol use often precedes unsafe sex due to an expectation that drinking and sexual activity go hand in hand.

**Medication**

According to Canada's Alcohol and Other Drugs Survey, close to five million Canadians (20.8%) use one or more of prescription pain pills, sleeping pills, tranquillizers, anti-depressants, and diet pills<sup>10</sup>. It is important to note that these figures represent appropriate as well as inappropriate use. More women than men use medication (23.9% vs 17.7%) (Health Canada, 1995). The association between prescription medication use and gender has been observed in other Canadian surveys (MacNeil and Webster, 1997). There does, however, appear to have been a slight downward trend in the use of prescription tranquillizers and sleeping pills in the past decade. The downward trend is pronounced among women (MacNeil and Webster, 1997).

**More women than men use medication.**

**Past-Year Use of Selected Prescription Medications in Canada  
Among Those 15+ (%)**



Canada's Alcohol and Other Drugs Survey: Preview 1995 (Health Canada, 1995).

<sup>10</sup> Respondents were asked about their use of medications in the past twelve months.

Overall, use of prescription medication appears to increase with age. While use of prescribed pain medication is evenly distributed across all age groups, use of tranquilizers, sleeping pills and antidepressants increases with age. For example, about 1% of people under 20 years of age use tranquilizers, whereas by 65, more than 8% do. Similar patterns have emerged for sleeping pills and antidepressants (MacNeil and Webster, 1997).

### Illicit Drugs

**The spread of HIV among injection drug users is a primary concern.**

According to Canada's Alcohol and Other Drugs Survey, current use<sup>11</sup> of cannabis has remained stable (6.5% in 1989 and 7.4% in 1994), but use of cocaine or crack has dropped to 0.7% from 1.4% in 1989. The proportion of people who use LSD, speed, and/or heroin has increased to 1.1% from 0.4% in 1989. Among users of cocaine, LSD, speed, heroin, and/or steroids, 7.7% report injecting drugs at some point in their lives (Health Canada, 1995); it is thought that the actual percentage is likely higher. About one in four people who have used illegal drugs, steroids, or inhalants reported that use of these substances had harmed them at some point in their lives. 17.6% reported harm to their physical health (Health Canada, 1995).

#### Illicit Drug Use Trends Among Those 15+ (%)

	1994		1989	
	lifetime	current	lifetime	current
Cannabis, cocaine, LSD, speed/amphetamines, and/or heroin	23.9	7.3	23.5	n/a
Cannabis	23.1	7.4	23.2	6.5
Cocaine	3.8	0.7	3.5	1.4
LSD, speed/amphetamines, and/or heroin	5.9	1.1	4.1	0.4

Canada's Drug and Other Drugs Survey 1994: A Discussion of the Findings (MacNeil and Webster, 1997).

<sup>11</sup> Defined as use within the year prior to the survey.

The spread of HIV among injection drug users, their sexual partners, and their children is a primary concern. Forty-one percent of injection drug users have shared needles to inject drugs<sup>12</sup> (Health Canada, 1995). Of the people in Canada diagnosed with AIDS, slightly more than 8% identified injection drug use as a risk factor, and almost half of them named injection drug use as their only risk factor. Pockets of HIV epidemics have forced addiction treatment service and AIDS service organizations to respond quickly to the needs of increasing numbers of HIV-positive drug users. Emerging epidemiological data emphasizes the magnitude of the problem. In Montreal, the prevalence rate has reached 20% and in Vancouver, it is now 25%. The incidence of HIV among injection drug users in Vancouver has been documented at 18.6 per 100 person-years (meaning that among 100 uninfected individuals on January 1, 1997, who continue injecting, 19 of them will have become infected by the end of the year. This is the highest rate in North America (Task Force on HIV/AIDS and Injection Drug Use, 1997).

Issues raised by HIV/AIDS in prisons have been extensively studied in Canada. Between April 1994 and August 1995, a period of only 16 months, a 40% increase was documented by Correctional Services Canada in the number of known cases of HIV/AIDS in federal correctional institutions (Jurgens, 1996). As such, increasing effort is being made to examine ways to prevent the spread of HIV due to injection drug use among offenders.

### **Performance-Enhancing Sport Drugs**

Canada conducts approximately 2000 doping control tests per year on Canadian elite athletes. Seventy percent of these tests are conducted without prior notice. Excluding the positive test results from body building, powerlifting, and junior football, there is approximately a 3% violation rate. Between 1993 and 1996, the percentage of positive test results in Olympic sports (including junior football) decreased from 2.5% to 1.1%. However, one quarter of powerlifters and body builders tested in 1996 had positive test results (Canadian Centre for Ethics in Sport, 1997).

### **Substance Use Among Older Canadians**

It has been well documented that Canada's population is aging. This fact is of particular concern, given that the use of medications, particularly multiple medications, is greatest among the very old. As with other age groups, substance use among seniors is a multifaceted issue. In particular, inappropriate use of medication and abuse of alcohol pose a serious threat to the health and quality of life of Canadian seniors. Advancing years may increase the possibility of chronic or acute illness, with the accompanying increase in the number of prescribed medications. At the same time, the complex physiological processes that occur as part of the aging process can affect the action of medications and alcohol for many seniors.

**Inappropriate medication use among seniors is a primary concern.**

<sup>12</sup> This estimate is based on unacceptably low numbers of respondents according to Statistics Canada guidelines. Further investigations are warranted.

Seniors travelling with prescription medications are often unaware that their personal medications may come under close scrutiny when crossing international borders. Some over-the-counter medications sold in Canada are either illegal in other countries or require a prescription. In order to ensure a safe trip, all medications should be kept in separate, original, and labelled containers. Those using any controlled drugs should carry a doctor's prescription, and those using syringes should carry a medical certificate.

### **Alcohol**

Although inappropriate medication use among seniors is a primary concern, it is important also to observe trends in alcohol use among seniors. The highest proportions of people who report never having consumed alcohol tend to be concentrated at the oldest (and youngest) ends of the age spectrum, while rates of former drinkers increase with age. According to Canada's Alcohol and Other Drugs Survey, almost one quarter (24%) of seniors 75 years of age and older are former drinkers; 28.4% are lifetime abstainers. Rates of heavy drinking among seniors are extremely low. However, light frequent drinking is reported by 27.6% of those 65-74 and 20.5% of those 75 years of age and older (MacNeil and Webster, 1997).

### **Medication**

Use of one or more prescription medications increases to 27.4% among those 65 years of age and older from 18.5% among those 15-24. The finding of an association between aging and use of prescription psychoactive medications is consistent with previous surveys (MacNeil and Webster, 1997). Although much of the psychoactive and other medication use by seniors is appropriate, the fact that they may be taking many medications at the same time is a cause for concern. Because of a reduced rate of drug metabolism and excretion in the elderly, use of psychoactive medications can result in a decreased state of alertness or in harmful drug interactions (MacNeil and Webster, 1997).

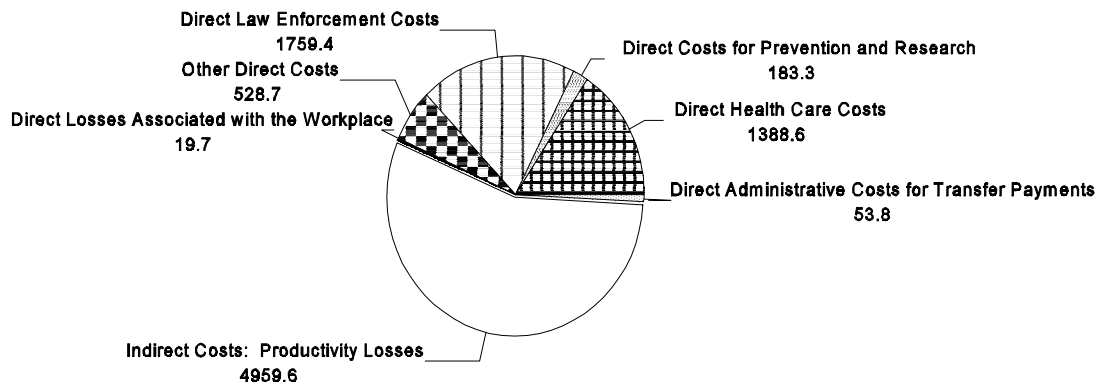
### **Illicit Drugs**

Illicit drug use among seniors is extremely rare. It is estimated that less than 1% of Canadians over 55 years of age currently uses cannabis (MacNeil and Webster, 1997).

## Costs of Substance Abuse

The costs associated with substance abuse are astounding. The health, social, and economic costs of alcohol and illicit drugs to Canadian society in 1992 was estimated to be a staggering \$8.89 billion. This figure represents the most optimistic cost; the actual number could be significantly higher. These costs are attributable to direct losses associated with the workforce, transfer payments, prevention and research, law enforcement, and health care. Alcohol represents \$7.52 billion, and illicit drugs were estimated at \$1.37 billion. The largest cost for both alcohol and illicit drugs was due to lost productivity due to illness and premature death.

**Estimated Total Costs of Alcohol and Illicit Drugs  
in Canada in 1992 (in millions of dollars)**



The Costs of Substance Abuse in Canada  
(Single, Robson, Xie and Rehm, 1996)

## References

- Adlaf, Edward M., Ivis, Frank J., Smart, Reginald G., and Walsh, Gordon W., 1995. *The Ontario Student Drug Use Survey: 1977-1995*. Addiction Research Foundation of Ontario: Toronto.
- Binarius Research Group, 1996. *Report on the Anti-Drug Information Program (ADIP) on the Results of Research with Canadians Travelling Abroad*. Ottawa.
- Canadian Centre for Ethics in Sport, 1997. Canadian Centre for Ethics in Sport Doping Control Database. Ottawa.
- Department of Foreign Affairs and International Trade. *Consular Statistics*.
- Goldfarb Consultants, 1997. *The Goldfarb Report 1997*. Toronto.
- Health Canada, 1995. *Canada's Alcohol and Other Drugs Survey: Preview 1995*. Minister of Supply and Services (H39-338/1995E): Ottawa.
- Health Canada, 1995. *Partners for Action: A Canadian Workshop on Seniors and Medication, Alcohol, and Other Drugs*. Ottawa.
- Health Canada, 1994. *Strategies for Population Health: Investing in the Health of Canadians*. Minister of Supply and Services Canada (H39-316/1994E). Ottawa.
- Health Canada, 1993. *Family Violence and Substance Abuse*. National Clearinghouse on Family Violence (H72-22/14-1994E). Ottawa.
- Hewitt, D., Vinje, G., and MacNeil, P. (Eds.), 1995. *Horizons Three: Young Canadians' Alcohol and Other Drug Use: Increasing our Understanding*. Ottawa.
- Jurgens, Ralf, 1996. *HIV/AIDS in Prisons: Final Report*. Canadian HIV/AIDS Legal Network and the Canadian AIDS Society. Montreal.
- The Karom Group, 1993. *Drug Awareness Survey*. Toronto.
- MacNeil, P., and Webster, I., 1997. *Canada's Alcohol and Other Drugs Survey 1994: A Discussion of the Findings*. Minister of Public Works and Government Services Canada (H39-338/1-1994E). Ottawa.
- Mayhew, D.R., Brown, S.W., and Simpson, H.M., 1997. *Alcohol Use Among Drivers and Pedestrians Fatally Injured in Motor Vehicle Accidents: Canada 1995*. The Traffic Injury Research Foundation of Canada. Ottawa.
- Poulin, C., and Wilbur, B., 1996. *Nova Scotia Student Drug Use 1996: Technical Report*. Communications Nova Scotia. Halifax.
- Revenue Canada, 1996. *Integrated Customs Enforcement System (ICES) Database*. Ottawa.
- Single, E., Robson, L., Xie, X., and Rehm, J., 1996. *The Costs of Substance Abuse in Canada*. Canadian Centre on Substance Abuse. Ottawa.
- Task Force on HIV/AIDS and Injection Drug Use, 1997. *HIV, AIDS and Injection Drug Use: A National Action Plan*. Canadian Centre on Substance Abuse, Canadian Public Health Association. Ottawa.