
Alcohol, other drugs & related harms in Ontario

a scan of the environment

**a background document to support the development of an Ontario Drug Strategy
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**in support of Ontario's Health, Education and Enforcement in Partnership (HEP)
network**

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Alcohol, other drugs and related harms in Ontario

CONTEXT OF THE ENVIRONMENTAL SCAN

In Ontario, work is underway (through a provincial network of health, education, enforcement and others) to develop an Ontario Drug Strategy. This environmental scan report of Ontario provides a context or a backdrop for the development of this provincial drug strategy*. It includes a profile of alcohol and other drug use in Ontario, that is, who uses, what is being used, and what the associated harms and related costs are for the province and the people of Ontario.

Information presented here has been collected from various sources including: research surveys of the general population, secondary school and post secondary university and college students, data related to the cost of alcohol and other drug use in Canada, and from published articles. Additional information has come from the Centre for Addiction and Mental Health (CAMH), the Canadian Centre on Substance Abuse (CCSA), the Drug and Alcohol Treatment Information System (DATIS), Health Canada, and information sources from different levels of government and various sectors.

Although this report has been compiled as a companion document to help inform the development and direction of an Ontario Drug Strategy and provincial priorities, it will be a helpful resource for anyone working in the alcohol and drug field.

**for further information please see the companion document: A Proposed Drug Strategy Framework for Ontario - a comprehensive approach to alcohol and other drugs (consultation-working draft) July 2007*

LIMITATIONS

There are some limitations to this environmental scan report of Ontario. For some issues it was not possible to locate information specific to the province. Some information is only available for Canada, or for a select area such as the City of Toronto. As a result, this environmental scan report will continue to be a work in progress. As new information comes forward, it will be used to help identify new priorities, subsequent actions and implementation planning. All resources used are listed at the end of this report.

Note: While tobacco is also a legal drug that poses significant health risks and harms, it is being addressed under the Smoke-free Ontario Strategy and the Smoke-free Ontario Act that is being coordinated/implemented by Ontario's Ministry of Health Promotion and evaluated by the Ontario Tobacco Research Unit. As a result, tobacco will not be discussed in this environmental scan. For more information please go to: www.mhp.gov.on.ca/english/health/smoke_free/legislation.asp

DEFINING SUBSTANCE USE

For the purposes of this report, drugs are defined as any substance, other than food, that is taken to change the way the body and/or mind function. Mood altering drugs or psychoactive drugs are ones that change or affect the way a person thinks, feels or acts. A large number of psychoactive drugs are prescribed and appropriately used for pain, anxiety or sleep. Most drugs used for medicinal purposes are legally available by prescription or over-the counter but have the potential for abuse and misuse. An example of a legal drug that has some limited restrictions and is used for non-medicinal purposes but has the potential for abuse is alcohol. Another example of a legal substance that is used inappropriately to alter mood, includes various solvents (such as gasoline) that are not intended for inhalation or ingestion, and can cause significant harm.

Illicit drugs and/or drugs that are used for non-medicinal purposes, carry different levels of health, legal, social and economic consequences or harms. For example, while the moderate use of alcohol in adults of legal age may not contribute to significant harms and has been shown to have some very limited health benefits, crack/cocaine or crystal meth use can cause significant harms including psychological and/or physical dependence with as little as one time use. An added risk with illicit drugs is not knowing exactly what has been consumed as there is no legal quality control mechanisms and these drugs have often been manufactured in illegal labs, diluted with other substances, or have been illegally cultivated. Most recently, the drug “ecstasy” has been found to include crystal meth that can cause significant harm to the user.

For more information on the moderate use of alcohol, see CAMH's Low Risk Drinking Guidelines at: http://www.camh.net/About_Addiction_Mental_Health/Drug_and_Addiction_Information/low_risk_drinking_guidelines.html

One Standard Drink = 13.6 g of alcohol

12 oz. Beer (5% alcohol)	=	5 oz. Wine (10-12% alcohol)	=	3 oz. Fortified Wine (16-18% alcohol)	=	1.5 oz. Liquor (40% alcohol) <small>(1.5 oz. overproof liquor is about two standard drinks)</small>
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Various factors, individual and social, can protect against or elevate the risk of harmful drug use. Protective factors such as social supports, education, employment, healthy physical environments, strong families and communities, healthy public policies, limited drug availability and personal health practices all contribute to minimizing the harmful use of alcohol and other drugs. The absence of those factors in turn, contributes to increasing drug use and related risks.

People use drugs for various reasons such as: curiosity/experimentation, to celebrate, to socialize, to deal with social pressures, physical pain, and/or emotional pressures, because of media and advertising, or because of previous drug use and dependence. (taken from Health Canada, 2000)

GENERAL PROFILE OF ONTARIO

Ontario is an extremely diverse province both culturally and geographically. It is home to more than 1/3rd of Canada's population with over 12 million people residing in the province. Ontario encompasses over 400 municipalities including Canada's largest city, the City of Toronto. Residents live in large to medium-sized urban centres scattered across the province, in rural communities or in some cases, very remote and isolated areas, particularly in the northern part of the province. Ninety percent of the province's land mass is in northern Ontario, but 90% of the population lives in southern Ontario.

There are a number of strengths in Ontario to build on, but with strengths, also comes challenges that need to be addressed in the development of an Ontario Drug Strategy.

SOME EXAMPLES OF STRENGTHS IN ONTARIO

- ✦ 20 universities and 28 publicly funded community colleges
- ✦ 14 newly formed Local Health Integration Networks (LHINs) across Ontario funded by the Ministry of Health and Long Term Care (MOHLTC)
- ✦ Various Centres of Excellence
- ✦ 4002 elementary and 884 secondary schools
- ✦ Access to various data sources such as: the Ontario Student Drug Use Survey (CAMH); eMonitor (CAMH); Campus Alcohol Survey (CAMH); The Costs of Substance Abuse in

Canada 2002 (CCSA) that provides breakdown figures for Ontario; and the Canadian Addictions Study (CCSA)

- ✦ 30 provincial government ministries (many are directly/indirectly involved in substance abuse issues)
- ✦ Various Ontario based training facilities and regulatory bodies
- ✦ Over 200 drug, alcohol & problem gambling programs
- ✦ Successful integration of mental health and substance abuse issues
- ✦ Over 60 municipal police services, the Ontario Provincial Police and the RCMP
- ✦ The Ontario Association of Chiefs of Police (OACP) represents all Ontario police leaders
- ✦ 36 public health units (implement mandatory substance abuse & injury prevention guidelines)
- ✦ Numerous provincial health, addictions, mental health, education, and enforcement organizations that have reach across the province through their associations, members, programs and services
- ✦ Various cultural networks and associations
- ✦ Various community-based initiatives/strategies in Ontario that address harmful substance use (22 FOCUS community projects funded by the Ministry of Health Promotion to address alcohol related injury and chronic disease; various municipally-driven drug strategies)
- ✦ Other provincial drug-related efforts that may impact on an Ontario Drug Strategy

SOME EXAMPLES OF CHALLENGES IN ONTARIO

- ✦ Substance abuse issues compete with many other provincial issues
- ✦ Data have either not been collected on some substance abuse issues or are not easily accessible or available in a timely fashion - without adequate Ontario data, it is difficult to develop a complete picture of the province and the need to realign priorities and resources
- ✦ Harms associated with substance abuse are often not well understood or recognized as a primary risk factor that needs to be addressed
- ✦ Balancing provincial/community health and safety issues and resources is complex
- ✦ Currently, there is a lack of provincial government will and leadership to address substance abuse issues in a coordinated way across the sectors
- ✦ Many efforts within the provincial government and across other governments (federal and municipal) exist but are fragmented and often unconnected
- ✦ Various sectors address harmful substance use but are often not linked to each other
- ✦ Within some sectors, there are differences of opinions, perspectives & priorities
- ✦ Greater attention needs to be paid to addressing broader, overarching issues that impact on substance related harms - such as the determinants of health (employment, housing, etc.) and issues that impact on diverse populations
- ✦ Harm reduction, as an approach (where abstinence is not required) is not supported by all key sectors
- ✦ The political climate impacts on attention and resources paid to substance related issues

PROFILE OF SUBSTANCE USE IN ONTARIO

GENERAL ADULT POPULATION:

Considering the wide variety of mood-altering substances available such as over-the-counter drugs including painkillers like aspirin, acetaminophen and ibuprofen; cold, flu and allergy medications; beverages containing caffeine such as coffee and colas; as well as alcohol and drugs that are illegal in Canada such as cannabis, there are very few people in Ontario who have not used a drug at one time or another. However, **alcohol is the most widely used psychoactive drug**. Surveys show that about 80% of Ontarians report using alcohol. Of this group over 15% report harmful or hazardous levels of use.

The Centre for Addiction and Mental Health's (CAMH) Monitor, first conducted in 1977, is the longest ongoing addiction and mental health survey among adults in Canada. This survey is the primary vehicle for monitoring addictions and mental health issues among adults in Ontario.

According to the Ontario data from the 2001 survey:

- 83.6% of men report using alcohol during the year previous to the survey
- 75.5% of women report using alcohol during the year previous to the survey
- About 34% of adults report lifetime use of cannabis (used it at least once in their lifetime)
- 11% of adults report use of cannabis in the past year

Although women tend to drink less than men do, the same amount of alcohol affects a woman more than a man. Because women have less water in their bodies than men, the alcohol is less watered down and does more physical damage to women more quickly than it does to men (CAMH, 2007).

The CAMH Monitor only tracks and reports alcohol and cannabis use by adults. The Canadian Addiction Survey (CAS) has some additional information on other drug use by adults in Ontario. Because use of the five illicit drugs considered (**cocaine, speed, ecstasy, hallucinogens and heroin**) is quite low for each drug individually, the CAS reports provincial information by grouping these five drugs.

According to the Canadian Addiction Survey (2005), in Ontario, 14% of adults surveyed report lifetime use of any of the five drugs. Of these adults:

- over 22% report harms in their lifetime from drug use
- just over 2% report use in the past year and of these adults, almost 13% report one or more harms from their own drug use in the past year

SCHOOL ATTENDING YOUTH:

The Centre for Addiction and Mental Health has conducted biennial surveys of Ontario students in grades 7 through 12 since 1977 to monitor their patterns of alcohol and other drug use.

Alcohol use according to the 2007 survey:

- 61% of students report drinking alcohol at least once in the past year before the survey
- the amount of drinking for males and females is the same
- alcohol use significantly increases with each grade and climbs by about 10 percentage points with each grade - for example: 28% of students in grade 7 report having used alcohol once in the past year while 83% report use by grade 12, similar to reports in the adult (18+) population surveys
- about 30% of students who report alcohol use report **drinking at a hazardous level**, that is, 5 or more drinks on a single occasion in the past four weeks. Of those students who report using alcohol, 1% report drinking hazardingly in grade 7 and 34% in grade 12

Alcohol consumption rates also differ by region. For example, Toronto students (55%) are the least likely to drink alcohol when compared to students in the three other regions (North, East, West).

This lower rate is sometimes described as the "healthy immigrant effect" due to the high number of newcomers from cultures where substance use is less common. (The Toronto Drug Strategy 2005)

Other drug use according to the 2007 survey:

- over one-quarter (26%) of school-attending youth report using cannabis at least once in the year before the survey
- unlike alcohol use, males are more likely to use cannabis (27%) than females (24%)
- as with alcohol use, using cannabis at least once increases with each grade from 4% in grade 7 to 45% in grade 12. Again, cannabis use in one's lifetime was lower in Toronto
- the top five other drugs students report having used at least once in the last year: **hallucinogens** (5.5%), **solvents** (5.8%), **stimulants** (6.0%), **ecstasy** (3.5%), & **cocaine** (3.4%)
- about 2% of all students used **OxyContin®** non-medically in the past year, up from the previous survey

COLLEGE & UNIVERSITY STUDENTS:

This information is from the 2004 Canadian Campus Survey. Because this is a national survey, there is limited data specific to Ontario.

- Over 84% of Ontario college and university students report having used **alcohol** at least once in the past year before the survey
- Of those who report drinking alcohol almost 19% report **heavy episodic drinking** (i.e., 5 or more drinks per occasion)
- Almost half who report drinking alcohol (45.1%) report **harmful consequences**
- 33% of students report **cannabis** use once in the last year
- In the 12 months prior to the survey, 8.2% report use of **any illicit drug** other than cannabis
- 1.8% report use of any illicit drug in the month previous to the survey

Heavy episodic drinking: 5 or more drinks per occasion
Harmful consequences: 9 alcohol-related harms such as hangovers, memory loss, regretted actions and missing classes due to hangover or drinking since the beginning of the school year

OFFENDER POPULATION:

In Canada, the majority of offenders show evidence of some kind of substance abuse problems (CCSA FAQ 2004)

- In 2005/06, 65.7% of adult admissions to Ontario correctional institutions had ever had alcohol problems while 42.4% had current problems and 68.1% had ever had drug problems while 44.9% had current problems. (Correctional Services Division MCSCS)
- Just over 50% of all Canadian offenders report that substance use and abuse was either directly or indirectly related to one or more of the offences on their present conviction. (CCSA FAQ)
- In a sample of probationers 25 years of age and under in Toronto, 35% reported using alcohol and 53.8% reported using drugs in the hour before commission of the offenses for which they were on probation (CAMH, virtual resource)
- The HIV/AIDS infection rate of prisoners in the federal system is more than 10 times higher than in the general population (1.7% vs. 0.13%)
- Rates of Hepatitis C among prisoners (overall prevalence of 23.6%) is more than 20 times higher than in the general population

PEOPLE WITH CONCURRENT DISORDERS:

A person with a mental health problem has a higher risk of having a substance use problem, just as a person with a substance use problem has an increased chance of having a mental health problem (Skinner et al, 2004). Again there is little Ontario data but a Canadian survey found that:

- 16.1% of people diagnosed with any mental disorder during their lifetime experienced a substance abuse problem some time in the preceding year
- 27.5% of those identified with a current alcohol problem will also have a mental illness at some point in their lifetime
- 38.3% of those with a current substance use problem other than an alcohol problem will also have a mental health disorder at some point in their lifetime

The risk of mental illness increases with the severity of the substance use disorder, that is, the more severe the substance use disorder is, the higher the likelihood that there will be concurrent mental disorder as well

STREET YOUTH:

Young people who are involved in street life are at high risk for serious problems related to their alcohol and drug use. A study entitled *Street Youth in Canada* (2006) found in 2003:

- Approximately 75% of street youth reported using alcohol in the three months previous to the study

- Of street youth who reported using alcohol, approximately 37% reported alcohol intoxication in the three months previous to the study
- Approximately 23% reported injection drug use in their lifetime
- Most common drugs injected were cocaine (38%), morphine (34%), heroin (26%) and speed (11%)
- 30% of those who reported injection drug use, reported not always using clean needles or equipment
- 73% reported non-injection drug use in their lifetime
- Most common non-injected drugs used were marijuana (78%), crystal meth (7%), cocaine and ecstasy (5% each)

HOMELESS POPULATION:

Although there is no specific data from Ontario, there have been studies done in Toronto and other large cities in Canada.

- A Toronto study found 33% of homeless people had had a substance abuse diagnosis in their lifetime (Pathways into Homelessness, Goering et al., 1998)
- 20% had a current substance abuse diagnosis
- Over 90% of homeless people had used marijuana and many had a diagnosis of abuse or dependence
- Cocaine was used by 65% of shelter users followed by analgesics (41%), tranquillizers (39%), and sedatives (35%)

Currently, efforts by social service agencies to help homeless people are fragmented and ineffective (CAMH, virtual resource) and the lack of a structured link to health interventions is highly problematic

LESBIAN, GAY, BISEXUAL, TRANS-GENDERED:

- Discrimination against people with different sexual orientations is widespread (CAMH - virtual resource)
- Some research evidence suggests that gay people use substances to cope with these experiences and the attendant feelings (CAMH, virtual resource)
- Both heavy alcohol use and use of drugs other than alcohol appear to be prevalent among young lesbians and gay males, and among some older groups of lesbians and gay men (Hughes and Eliason, 2002)

FIRST NATIONS:

- Approximately 243,000 people of aboriginal ancestry live in Ontario
- Alcohol abstinence is more common amongst First Nations people, but so is heavy drinking - 66% report using alcohol in the past year (compared to approximately 80% of adults in the general populations as reported in the CAMH Monitor) but 16% who do drink report consuming 5 drinks or more per occasion compared to 6% in the overall adult general population survey in Ontario
- 27% used cannabis in the past year - about double the Canadian rate (First Nations Regional Longitudinal Health Survey 2002/03)

Indigenous young people have a greater lifetime prevalence and earlier age of onset for substance abuse than their mainstream counterparts. (CAMH, virtual resource).

OLDER ADULTS:

- Drinking at least once in the past year was reported by 76.7% of Canadians ages 55 - 64; by 70% of those aged 65 to 74; and by 64.4% of those over 75 (CAS, 2005)
- Older adults can incur problems at lower levels of alcohol consumption because of age-related physiological changes, declining health and functional status and medication use (Fink et al, 2002)

- Alcohol may cause or worsen chronic illnesses or symptoms such as insomnia, depression and hypertension (Pierucci-Lagha, 2003) and make older persons more susceptible to falls and conditions such as delirium (Rigler, 2000)

WORKPLACE:

- A typical workplace has a rate of alcoholism and excessive drinking in approximately 10% to 20% of employees (CAMH, 2003) and a rate of illicit drug use from 2% to 7%
- A recent American study found alcohol use and impairment directly affects approximately 15% of the U.S. workforce (Frone, 2006)
- In general, research has found that although moderate alcohol consumption may have a beneficial effect on productivity, alcohol dependence, alcohol abuse, and heavy drinking lower productivity (Gmel and Rehm, 2003)
- Employee Assistance Programs (EAPs), workplace alcohol/drug policies, Occupational Health and Safety Committees can help workplaces address issues through health promotion activities, early identification, codes of conduct and access to treatment services

OVERVIEW OF IMPACTS ASSOCIATED WITH HARMFUL SUBSTANCE USE

Harmful use of alcohol and other drugs affects everyone in Ontario in various ways. Here are some examples of impacts.

FISCAL IMPACTS

From a fiscal perspective, the harmful use of alcohol or other drugs can significantly impact on direct health care costs, law enforcement, property damage and lost productivity due to morbidity and premature mortality.

According to a study conducted by the CCSA (Rehm, et al., 2006) the total cost of the harmful alcohol use in Ontario in 2002 was \$5,318.4 billion while the total cost of illegal drugs was \$2,923.5 billion.

More specifically fiscal impacts include:

- Cost related to injury, disability and premature death - from crashes, falls, fires, violent acts such as assault, date rape, domestic abuse, child abuse, homicide, poisonings, suicide and many other forms of intentional and unintentional injury, many of which are preventable
- Cost of treating chronic health problems such as various cancers and stroke
- Crime, enforcement and court costs associated with alcohol and other drug related offences such as trafficking, illegal possession, cultivation or manufacturing or criminal acts that are committed while under the influence or for the purpose of purchasing drugs
- Work related costs such as employee absenteeism, accidents, lost productivity and lost years of life
- Health costs associated with communicable diseases
- Costs associated with addiction prevention and treatment
- Costs as a result of alcohol and other drug related fires

HUMAN AND SOCIAL IMPACTS

Even more significant are the human and social impacts associated with harmful alcohol and drug use that can't be measured in a quantifiable way. Examples include:

- The individual and their family (wide range of impacts including crisis, disruption, loss of income, housing, employment, impact on children, health, legal costs, etc.)
- Community services and community safety
- Workplace: lost work days, increased sick time, reduced productivity, injury and job loss
- Education - some students are expelled and/or excluded from education due to drug use
- School performance and peer relationships
- Poverty and homelessness

- Stress on the health care system and access to appropriate health care

Note: more specific costs associated with a number of these impact/harm parameters are further discussed on pages 10 - 13.

SPECIFIC IMPACTS, HARMS & ASSOCIATED COSTS IN ONTARIO

HEALTH IMPACTS

ALCOHOL & CHRONIC DISEASE: (taken from: Giesbrecht et al, 2005; Haydon, et al, 2006)

- Alcohol is related to over 60 medical conditions through various pathways
- These include intoxication, resulting mostly in motor vehicle crashes, injuries, and violence; and alcohol dependency, resulting mainly in, but not limited to, liver cirrhosis, various cancers, pancreatic damage and risk for high blood pressure
- Binge drinking can double the risk of ischemic stroke and increase the risk of hemorrhagic stroke 2-3 fold. (Ontario Prevention Clearinghouse, 2004)

HEALTH CARE COSTS IN ONTARIO
(taken from: The Costs of Substance Abuse in Canada 2002 - Rehm et al., 2006)

- overall health care costs attributable to alcohol were \$1,160.1 billion
- overall health care costs attributable to illegal drugs were \$373,786.8 million
- potential years of life lost due to alcohol were 48,628 while those lost to illegal drugs were 23,324
- approximately 189 Ministry of Health and Long Term Care (MOHLTC) funded substance abuse treatment programs exist in Ontario (ConnexOntario, 2006)
- 69,621 people were in treatment for a substance related problem in 2005/06 in Ontario (DATIS, 2007) at a cost of \$130 million (Thomas, 2005)

TRAUMA - INTENTIONAL & UNINTENTIONAL INJURY:

- A study of 11 lead trauma hospitals in Ontario in 2000/01 found that 29% of **major injury hospitalizations** were alcohol related. The leading causes were motor vehicle crashes (54%), falls (16%) and assaults (14%) (Bryant, et al., 2006)
- Eighty-six percent of major injury cases involved **males**, with the **19-20** year age group constituting the largest proportion
- Alcohol consumption was also found to be involved in 39% of **preventable water-related deaths** from 1997 to 2001
- Of the 428 hospitalizations due to **cycling** from 1995/96 to 1999/00, 31% had a positive BAC
- Alcohol was also a factor in 40% of the 36-snowmobile deaths in the 2000/01 season

ALCOHOL-RELATED INJURY COSTS IN ONTARIO*

The Economic Burden of Injury in Ontario (2006) outlines the cost of injury in Ontario and proposes a comprehensive provincial injury prevention strategy be launched.

Total cost of alcohol-related injury was \$440 million:

- Cost of motor vehicle injuries was \$156 million
- Cost of falls injuries was \$117 million
- Cost of interpersonal violence was \$52 million

(*from deaths, hospitalized injuries, non-hospitalized injuries, partial permanent disability and total permanent disability)

**HIV/
AIDS:**

- In February 2006, the Ontario Aids Network reported that 32,037 people in Ontario have been infected with HIV and that 26% (n=8,267) have died

- While the means of infection are changing, 1,768 were infected through injection drug use though new infections among drug users has been declining since 1992

COST OF HIV/AIDS IN CANADA

- In Canada, in 1991, total annual health care costs ranged between \$54.3 million and \$210.4 million depending on the number of T-cells (Dodds et al., 2000)
- These costs were for inpatient and outpatient treatment, drugs and long term care
- One study in southern Alberta found the average health care cost per patient per month was \$1,119 in 2000/01 (Krentz et al., 2003) or approximately \$13,428 per year (Fraser Health Authority, 2006)

PRENATAL EXPOSURE TO ALCOHOL:

- FASD (Fetal Alcohol Spectrum Disorder) is a leading cause of preventable developmental and cognitive disabilities amongst Canadian children. (Roberts et al., 2000).
- In Canada the incidence is estimated to be 1 in 100 live births (Stade et al. 2006)
- In a BC study, over a one year period, 1% of 287 young offenders had FAS and 23.3% had alcohol-related effects (Roberts, 2000)
- Other studies indicate the number of offenders who have FASD may be much higher and as a result, the Addictions Research Centre, Correctional Service Canada is engaged in a project to estimate the incidence of FASD among federal offenders (Boland et al., 2006)

COSTS ASSOCIATED WITH FASD

Total adjusted annual costs associated with FASD per child were \$14,342 in Canada (\$12,922 in Ontario and Manitoba) including specialized medical care and education (Stade et al., 2006)

Other associated costs (not including caregiver's lost wages and costs of incarceration) include residential placement, supported employment, psychiatric care, foster and respite care, supplementary and social assistance (Lupton, 2003)

SUICIDE:

- 40-60% of those who die by suicide are intoxicated at the time of their death (SAMHSA, 2001)
- People who are addicted to alcohol are at higher risk for suicide if they also suffer from depression (Canadian Mental Health Association)
- Intoxication by drugs or alcohol may increase suicide risk by decreasing inhibitions, increasing aggressiveness and impairing judgement
- Of the 42 drug overdose deaths in Nova Scotia from 1993 to 1995, 47.6% were suicide. Alcohol was detected in almost half the cases. In only two cases was death attributed to an illicit drug (cocaine) (Poulin, et al, 2000).

COST OF ALCOHOL-RELATED SUICIDE

In 1999, alcohol-related suicide and self-inflicted injury cost Ontario \$115 million dollars (Smartrisk, 2006)

FIRE - IMPACT

- From 1995 to 2001, 19% of fire fatalities in Ontario were alcohol impaired (FEMA, 2003)
- Smoking was the leading cause in alcohol-related fatalities
- In residential preventable fires, 29% of the victims were impaired at the time of the fire (Ontario Fire Marshall, Ontario, 2005)

CRIME, ENFORCMENT & CORRECTIONS - IMPACT

- In Canada it is estimated that 30.4% of all recorded criminal offences are attributable to **alcohol** (761,638 incidents) and 22.1% of all recorded criminal offences are attributable to **illegal drugs** (554,131 incidents)
- Of alcohol-attributable incidents, almost 80% were crimes of provincial alcohol statutes, almost 4% were due to impaired driving and 16% were violent crimes
- Of all illegal drug-attributable incidents, over 96% of incidents involved drug laws and 4% of all incidents were violent crimes

COST OF CRIMES RELATED TO SUBSTANCE ABUSE (taken from: the Costs of Substance Abuse in Canada 2002 - Rehm et al., 2006)

- Cost of alcohol-attributable crimes was \$236,796 million
- Cost of illegal drug-attributable crimes was \$170,664 million
- Policing costs attributable to alcohol were \$811.24 million
- Policing costs attributable to illegal drugs were \$603.53 million
- Total corrections costs attributable to alcohol were \$263.9 million
- Total corrections costs attributable to illegal drugs were \$228.5 million

WORKPLACE - IMPACT

- A typical workplace has a rate of alcoholism and excessive drinking in approximately 10% to 20% of employees (CAMH, 2003) and a rate of illicit drug use from 2% to 7%
- A recent American study found alcohol use and impairment directly affects approximately 15% of the U.S. workforce (Frone, 2006)
- In general, research has found that although moderate alcohol consumption may have a beneficial effect on productivity, alcohol dependence, alcohol abuse, and heavy drinking lower productivity (Gmel and Rehm, 2003)
- Various efforts such as Employee Assistance Programs (EAPs), workplace alcohol and drug policies, Occupational Health and Safety Committees, and Neighbour at Work programs can help a workplace address some of these issues through health promotion activities, early identification, codes of conduct and access to treatment services

SUBSTANCE-RELATED WORKPLACE COSTS (taken from: The Costs of Substance Abuse in Canada in 2002 - Rehm et al., 2006)

- Work time losses in Canada
 - Short-term disability:
 - 227,650 days due to alcohol
 - 90,433 days due to illegal drugs
 - Long-term (permanent) disability:
 - 18,099 days due to alcohol (mean age 34)
 - 12,668 days due to illegal drugs (mean age 29)
- Total productivity losses due to alcohol: \$6,163.9 million & total productivity losses due to illegal drugs: \$4,408.4 million
- Cost of EAP and health promotion programs in Canada in 2002:
 - \$17 million was attributable to alcohol
 - \$4 million was attributable to illegal drugs
- \$2.4 million was spent on drug testing

RELATED INTERVENTIONS, STRATEGIES & FRAMEWORKS

PROVINCE OF ONTARIO - examples

Alcohol Policy Framework for Reducing Alcohol Related Problems (CAMH)

- Facilitate ways of responding to provincial/ federal alcohol policy issues
- Provide best practices information for alcohol policies

Concurrent Disorders Policy Framework (2006)

- Developed by the Concurrent Disorders Network of Ontario
- Recognition that substance use and mental health issues vary in their degree of harm and severity
- Address the needs of people living with concurrent substance use and mental health issues and that significant barriers exist to obtaining services
- Focus on influencing the delivery of services when people with concurrent disorders and their families seek help

Crystal Meth - inter-ministerial working group

- Spearheaded by the Ministry of Community Safety and Correctional Services
- Report being developed

Drug Treatment Court

- Special courts within the legal system that emphasize treating rather than incarcerating drug addicts
- Aims to improve an addict's social stability and reduce criminal behaviour associated with substance dependency
- Evaluations show participants demonstrate a significant improvement in their physical and mental health resulting in cost savings to the health care system

Green Tide Task Force - marijuana grow operations

- Introduction of legislation in Ontario to:
 - Allow local hydro distribution companies to disconnect hydro without notice for emergency, safety or system reliability issues - such as a grow op
 - Require building inspections of all homes that police confirm contained a grow op
 - Amend the Fire Protection and Prevention Act, 1997, by doubling the maximum penalties for contraventions of the Ontario Fire Code as are common in grow ops

Methadone Maintenance Strategy

- Treatment is designed to reduce illegal and harmful opioid use along with related problems associated with this addiction (e.g., crime, death, disease).
- Research has shown that there are no negative health effects even when methadone is used for twenty or thirty years.
- Methadone is effective in HIV/AIDS prevention by reducing the frequency of injecting and of needle sharing
- Currently considering a campaign to increase awareness and educate others about methadone maintenance

Needle Exchange Programs

- Program provides injection drug users with clean needles and syringes and other supplies necessary for safe drug injection
- Benefits include increasing safety, reducing health harms from improperly discarded injecting equipments and transmission of blood-borne diseases (such as HIV and HCV) and improving access to health and other human services

Ministry of Health Promotion

- Injury prevention strategy - framework complete
- HEAL - Healthy Eating and Active Living Strategy
- Smokefree Ontario Act

Municipal Alcohol Policies (MAP)

- Municipal alcohol policies have been developed to manage alcohol use in municipal recreation facilities and on municipal property
- Close to 200 municipalities in Ontario have a Municipal Alcohol Policy

Municipal drug strategies

- The Toronto Drug Strategy - A comprehensive approach to alcohol and other drugs (2005)
- Ottawa's Integrated Drugs and Addictions Strategy (2007)
- Other Ontario cities are also in the process of developing/considering municipal drug strategies

Ontario's Chronic Disease Prevention and Management Framework (2006)

- Primary health care renewal - Family health teams
- Public health renewal - health promotion and prevention initiatives
- Local Health Integration Networks (LHINs)
- E-Health strategy
- Specific chronic disease strategies
- Engaging ministry stakeholders in a systematic approach to addressing chronic disease

Ontario Schools Anti-bullying Initiatives

- A Registry of Bullying Prevention Programs appears on the Ministry of Education's website (<http://www.edu.gov.on.ca/eng/safeschools/registry.html>)
- In process of being developed:
 - A province wide anti-bullying hotline
 - A set of key criteria for schools and boards to use to establish effective anti-bullying programs in every school

Ontario Road Safety Strategy

- Ministry of Transportation

Partners in Action: Ontario's substance abuse strategy (1993) (former strategy)

- Directed at the general population; covered all aspects of dealing with alcohol and other drug abuse; and was to be carried out on all fronts (community, family, schools, social services, workplace, and leisure settings)
- Included three priority areas: health promotion, health recovery, enforcement

Promoting Healthy Communities: A Framework for alcohol policy and public health in Ontario (OPHA, 2003)

- Cornerstones of healthy public policy with regard to alcohol:
 - Effective controls on alcohol, including pricing, advertising and promotion, enforcement
 - Supportive environments: such as government support and leadership, effective treatment system, and policies to address the broader determinants of health
 - Inclusive decision-making (transparent and sensitive to communities) that reflects concern with public health and safety

A Provincial Strategy to Coordinate Human Services and Criminal Justice Systems in Ontario (through MOHLTC)

- Part of the human services and justice coordination project

- Need to better coordinate, plan and use resources for people who come into conflict with the law and need clinical services
- Strategy targets adults with a mental disorder or those who are developmentally delayed

Setting the Course - a framework for integrating addiction treatment services in Ontario (1999 - former Ontario Substance Abuse Bureau)

- Describes the treatment system in Ontario - including problems and gaps
- Identifies steps that can be taken to improve the quality of addiction services in Ontario, increase capacity, coordinate services and use resources effectively
- Focus on client-centred approach to treatment
- Still being used today in Ontario to guide addiction treatment services

Smoke-free Ontario Strategy

- Goal: to reduce tobacco consumption by 20 per cent by the end of 2007
- Smoking is no longer allowed in enclosed places where people are employed or where the public has access
- Prevention of tobacco use, especially by young people
- Protection of Ontarians from second-hand smoke
- Cessation support for those who wish to quit

OTHER PROVINCIAL, TERRITORIAL, NATIONAL STRATEGIES - examples

Alberta Drug Strategy - a provincial framework for Action on Alcohol and Other Drugs

- Objectives include: delay onset of alcohol and other drug use; decrease alcohol and other drug problems in at-risk groups; reduce alcohol and drug-related morbidity and mortality; reduce harms associated with alcohol and other drug use; decrease availability of illicit drugs; decrease health, social and economic costs

Canada's Strategy on HIV/AIDS: Moving Forward Together

- 1990 - phase 1 of the strategy was launched with a commitment of \$112 million over three years to support research, surveillance and community development
- 1993 - phase 2 of the strategy was a commitment of \$211 million over five years with a focus on building partnerships; education and prevention; guidelines for training health care professionals; innovative models for family care and support; more effective drug therapies; recognition of high risk populations (gay men and people infected through the blood supply)
- New policy directions include: enhanced sustainability and integration; increased focus on those most at risk (hard-to-reach and marginalized populations); increased public accountability

Canadian Heart Health Initiative

- Countrywide multi-level strategy for the prevention of cardiovascular disease
 - Coalition building and maintenance is the hallmark of the initiative
 - Successful implementation of partnerships and coalition-based models to further heart health policy and program implementation through a linkage system involving the national, provincial and community levels.

Every Door is the Right Door - a British Columbia Planning Framework to Address Problematic Substance Use and Addiction

- Fundamental concepts include: population health, health promotion, harm reduction and community capacity-building
- Approaches problematic substance use as a health issue
- Need for collaborative, multi-system response

Municipal Drug Strategies

- Vancouver Drug Strategy - Preventing Harm from Psychoactive Substance Use (2005)
- The Regina and Area Drug Strategy - to improve the quality of life for all citizens, and provide a healthier and safer community by reducing the impact of addictions (2003)

National Alcohol Strategy: Reducing Alcohol-related Harm in Canada: Toward a Culture of Moderation (2007) - recommendations

- Developed by national committee
- Currently looking for organizations to take the lead on 41 recommendations
- Identifies four strategic areas for action:
 - Health promotion, prevention and education
 - Health impacts and treatment
 - Availability of alcohol
 - Safer Communities

National Crime Prevention Strategy (partnership between the Department of Justice and the Portfolio of the Solicitor General Canada)

- Focus on educating and supporting communities in their efforts to develop and implement effective ways to reduce local crime and victimization
- Goal: to develop community-based responses to crime with a particular emphasis on children and youth, Aboriginal people and women

National Anti-drug strategy (2007)

- Collaboration between Department of Justice, Public Safety Canada and Health Canada
- Focus on prevention, treatment and enforcement
- \$22 million over two years

National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada (Fall 2005 edition)

- Leadership provided by Health Canada and the Canadian Centre on Substance Use
- Broad consultation process
- Priorities include: focus on addressing specific issues; building supportive infrastructure and addressing the needs of special populations
- Now seeking broad endorsement from across Canada

Premier's Project Hope - Saskatchewan's Action Plan for Substance Abuse

- Address four priority areas: treatment; supply reduction; coordination; and prevention

INTERNATIONAL DRUG STRATEGIES - examples

- Australia
- Amsterdam
- Merseyside, England
- Frankfurt, Germany

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GLOSSARY

HEP: The Canadian Centre on Substance Abuse initiated the national HEP Program (Health, Education and Enforcement in Partnership) that supports the development and implementation of the “National Framework for Action to Reduce the Harms Associated with Alcohol, Other Drugs and Substances in Canada” and the development of provincial/territorial drug strategies. HEP provides a platform where national, provincial/territorial and municipal substance use and abuse stakeholders can share information with each other and with other provinces and national stakeholders

Multi-sectoral: A multi-sectoral approach is defined as responses to an issue by different functional or sectoral ministries or agencies. For example, when addressing the substance abuse issue, various sectors such as health, addictions, enforcement, education, transportation and others could be involved. Multi-sectoral collaborations/projects include many diverse actors or sectors that may share responsibilities, resources and expertise. This may include any combination of national and local government, large and small business, non-governmental organizations and charities, and people who live in the community.

One Standard Drink:

- 13.6 g of alcohol
- 5 oz/142 ml of wine (12% alcohol)
- 1.5 oz/43 ml of spirits (40% alcohol)
- 12 oz/341 ml of regular strength beer (5% alcohol)
- High alcohol beers (extra strength) and coolers have more alcohol than one standard drink.

Binge drinking: There is no consensus on the definition of binge drinking but one commonly accepted description is five or more drinks in a row on a single occasion for men and four or more drinks for women.

Hazardous/harmful drinking: This definition is based on the World Health Organization’s Alcohol Use Disorders Identification Test (AUDIT) screener that identifies a score of 8 or more out of 40 (see WHO website at: <http://www.who.int/en/>)

Harmful consequences: Canadian university studies have examined alcohol related harms and have identified 9 specific harms some of which include: hangovers, memory loss, regretted actions and missing classes due to hangover or drinking since the beginning of the school year

Heavy episodic drinking: 5 or more drinks per occasion

Illicit drugs:

Illicit drugs are those drugs whose use, possession, or sale is illegal - such as cocaine. The term also refers to legal drugs used without a prescription, such as valium and oxycontin. There are five categories of illicit drugs - narcotics, stimulants, depressants (sedatives), hallucinogens, and cannabis. These categories include many drugs legally produced and prescribed by doctors as well as those illegally produced and sold outside of medical channels.

Detailed descriptions of various drugs and other drug related topics can be found at the following websites:

- ✦ Centre for Addiction and Mental Health: www.camh.net
- ✦ Canadian Centre on Substance Abuse: www.ccsa.ca

Four pillars: In terms of alcohol and other drugs, the Four Pillars refers to a coordinated, comprehensive approach that balances public order and public health in order to create a safer, healthier community. The four pillars include:

✦ **Prevention:** Prevention includes a wide range of strategies aimed at increasing protective factors and minimizing/reducing risk factors. Examples include: promoting healthy families and communities, protecting child and youth development, preventing or delaying the onset of substance use among young people and reducing harms associated with substance use. Successful prevention efforts aim to improve the health of the general population (population health) and reduce differences in health between groups of people. Many prevention efforts focus on the development of health public policies.

✦ **Treatment:** Offering individuals and their families, access to a wide range of services that help the addict come to terms with their harmful or high-risk substance use and help them lead healthier lives. Services include: outpatient and peer-based counselling, methadone maintenance programs, daytime and residential treatment, withdrawal management (detox), family support programs, housing support and ongoing medical care

✦ **Enforcement:** Enforcement includes various aspects of the criminal justice system, from policing services, to courts dealing with drug offences and the corrections system. This approach recognizes the need for peace and quiet, public order and safety in communities and targets organized crime, drug dealing, drug houses, those involved in the drug trade and those using drugs. Enforcement also refers to enforcing alcohol and other drug laws and dealing with various harms (intentional and unintentional injury from high risk alcohol and other drug use such as violence and other crimes).

✦ **Harm reduction:** Harm reduction addresses the needs of people who use substances, their families and the communities who may be affected by that use. Harm reduction accepts that total abstinence from all drug use may not be a realistic goal for some people, particularly in the short term. Harm reduction strategies include methadone treatment and needle exchange programs (Selby, CAMH connexions 2005/06) and improving coordination with health services and other agencies that link drug users to withdrawal management (detox), treatment, counselling and prevention services that they might not otherwise access.

Harm reduction is any policy or program designed to reduce drug-related harm without requiring the cessation (abstinence) of drug use. Interventions may be targeted at the individual, the family, community or society. (CAMH and Harm Reduction: A background paper on its meaning and application for substance use issues, November 2006).