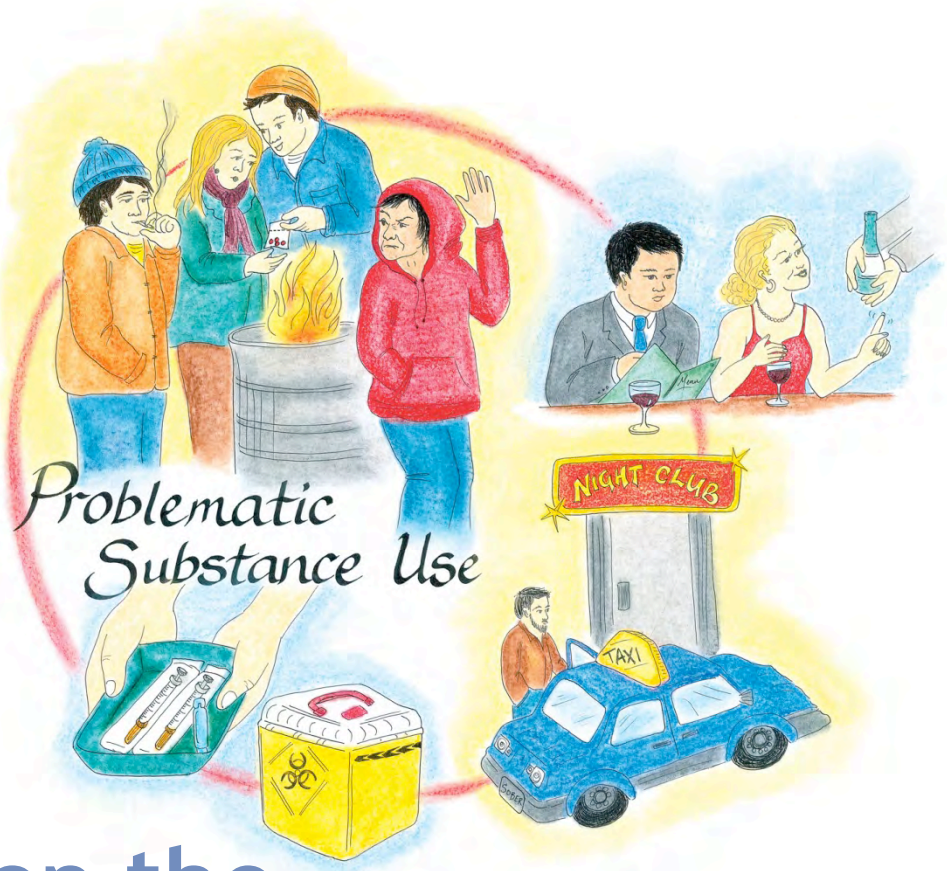

Position on the Prevention of Problematic Substance Use

with a Focus on Alcohol

An Integrated Population Health Approach

Reorder #10-420-6044
Version 1: June 7, 2012

northern health
the northern way of caring

> ***"… Sometimes it feels like this. There I am standing by the shore of a swiftly flowing river, and I hear the cry of a drowning man. So I jump into the river, put my arms around him, pull him to shore and apply artificial respiration. Just when he begins to breathe, there is another cry for help. So I jump into the river, reach him, pull him to shore, apply artificial respiration, and then just as he begins to breathe, another cry for help. So back in the river again, reaching, pulling, applying, breathing and then another yell. Again and again, without end, goes the sequence. You know, I am so busy jumping in, pulling them to shore, applying artificial respiration, that I have no time to see who is upstream pushing them all in."***
>
> *McKinlay, J.; 1979*

For further information about this position statement, please contact:

Franca Petrucci, Addictions Knowledge Exchange Leader
Northern Health
Telephone: 250-649-7224
Email: franca.petrucci@northernhealth.ca

Northern Health Corporate Office
Suite 600, 299 Victoria Street,
Prince George, BC Canada V2L 5B8
General enquiries: 1-866-565-2999 or 250-565-2649
www.northernhealth.ca

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1.0 Introduction

This paper outlines Northern Health's position regarding the prevention of problematic substance use and associated harms. Mental illness and problematic substance use is the leading cause of disability in British Columbia, the largest contributor to disease burden among the population aged 15-34, and is the third largest contributor to BC's overall burden of disease (after cancer and cardiovascular disease, to which alcohol consumption significantly contributes).[i] The health system can play an important role in promoting health, including mental health and preventing harms associated with substance use. Using a population health approach, we will engage with communities and individuals to move towards increased health and wellness. This will be accomplished by promoting the awareness and prevention of problematic substance use. We will work with federal, provincial and community partners to improve the health, wellbeing and quality of life of those living, working, learning and playing in Northern BC.

2.0 Background

Problematic substance use, like other human behaviours, is influenced by multiple factors, including personal, social, economic and environmental factors. To effectively address the negative impacts and promote the prevention of problematic substance use, an understanding is required that substance use extends beyond individual lifestyle choices or health opportunities. This necessitates paying attention to social and health inequities and root causes as they relate to substance use.

It is not the intent of this paper to provide a comprehensive understanding of those issues that lead to problematic substance use. This paper intends to introduce evidence-informed key concepts in problematic substance use and to present Northern Health's position on the prevention of problematic substance use and associated harms.[1]

To understand how we can affect the prevention of problematic substance use, it is important to first define key terms and to understand the role of alcohol as a risk factor. The following section outlines these issues.

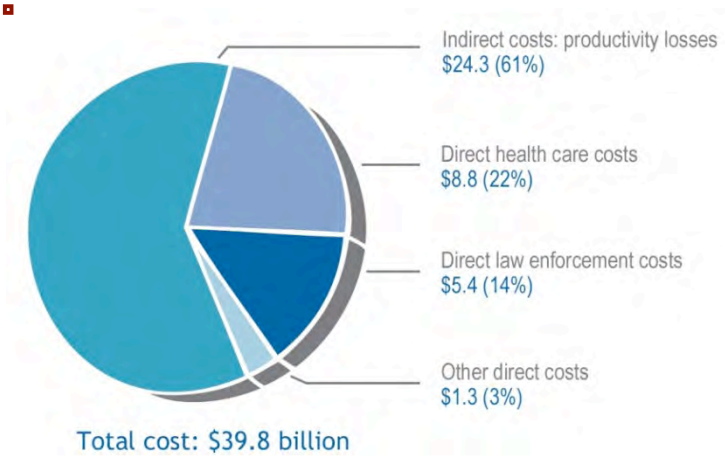
2.1 Key Terms

In the context of the health system, problematic substance use refers to the use of psychoactive substances that negatively impact the health of individuals, families, friends or the community. **Psychoactive substances** are those plants, chemicals or preparations which can be taken to alter a person's mood or consciousness. The substance impacts the brain and, subsequently, behaviour. Psychoactive substances can include: tobacco, alcohol, certain medications and illegal drugs (e.g., cannabis, heroin, cocaine).[ii]

Substances that contribute to the greatest health harms and health system costs are identified in the distribution of the burden of disease. In BC, these include tobacco (12%), alcohol (10%), and illegal substances (2%).[iii] When the economic costs are considered (Figure 1), in 2002 nearly $40 billion was attributed to problematic substance use in Canada. Of this (Figure 2), tobacco accounts for nearly 43% of the costs and alcohol nearly 37%. However, illegal substances account for over 20% of the economic burden of substance use even though it only contributes to 2% of the burden of disease.

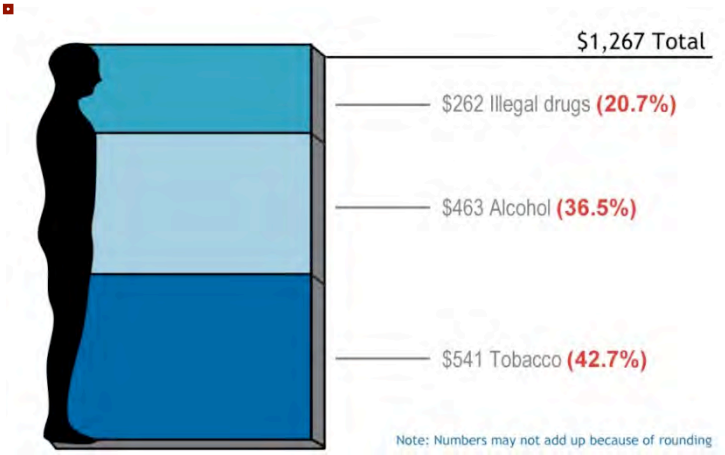
[1] Services for problematic substance use exist along a continuum – from health promotion to tertiary prevention and harm reduction (Appendix A). While this paper touches on various points of the continuum, its principal focus is on primary prevention.

Figure 1: Costs Attributable to Problematic Substance Use by Cost Category in Canada, 2002



Source: Rehm *et al.* (2006).

Figure 2: Per Capita Costs of Problematic Substance Use in Canada, 2002



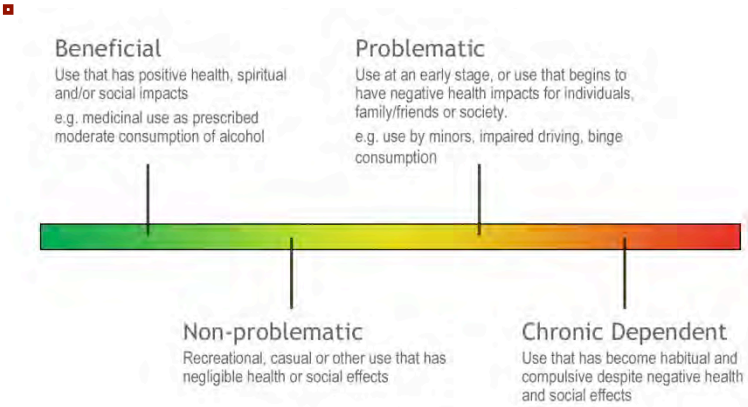
Source: Rehm *et al.* (2006).

As tobacco use is addressed in a separate Northern Health position paper, this paper will focus primarily on the problematic use of alcohol, illegal drugs and non-medical use of psychoactive pharmaceutical drugs. Due to the proportion of the burden of disease and because data is most widely available, most data used makes reference to alcohol. It is intended that, where appropriate, the principles in preventing problematic use of alcohol are transferable to preventing the problematic use of other psychoactive substances.[2]

Instances or patterns of substance use occur along a spectrum of use (Figure 3), which ranges from being beneficial and non-problematic to problematic or dependent uses. **Problematic use** refers to substance use that negatively impacts individuals, families, friends or the community and a subset of problematic use includes chronic dependent use (or addiction).[iv] Further, there can be addiction to (potentially) problematic behaviours (e.g., exercise, Internet use and gambling).

[2] One key difference between alcohol and illegal substances is that governments have no control over production or cultivation standards, product quality, price and availability of illegal substances.

Figure 3: Spectrum of Use



Source: Government of British Columbia, Ministry of Health Services and Ministry of Children and Family Development (2010).

2.2 Problematic Substance Use as a Risk Factor

The problematic use of substances may be a risk factor for chronic disease and other negative outcomes. Specifically, alcohol is a significant risk factor for chronic disease and other negative outcomes, such as injuries.[3] Harms caused by or associated with problematic substance use are broad. They include harms at the individual level, system level, and societal level. For example:

- **Individual harms:** intoxication, injury, participation in risky behaviours, acute and chronic illness, disruption of social function
- **System harms:** long-term effects on health and resultant burden on the health care system; burden on criminal justice system for arresting, prosecuting and incarcerating people using or trafficking currently illegal drugs; opportunity costs of enforcing ineffective drug laws; underfunding evidence-based interventions that address the determinants of health
- **Social harms:** family breakdown, violence, crime, child neglect, absenteeism from work, unemployment, financial and legal problems, drug-related criminal activity[v]

Moreover, there is growing evidence that many of the harms associated with problematic substance use are related to policies and enforcement practices that prohibit such substances (see Sections 5.6 and 5.7). As problematic substance use is correlated with injuries, this position statement should be considered with the Northern Health position on the Prevention of Injuries.[4]

[3] The major disease burden in Canada due to alcohol use is from injuries, followed by chronic diseases, such as cancers and cardiovascular illness. The major cost to society from alcohol use is due to absenteeism. (Rehm *et al.* 2006).

[4] Problematic substance use also overlaps with other health issues (e.g., mental health, blood-borne pathogens and maternal and child health). At the time of completing this position statement, Northern Health has not completed position statements on these other issues. As other position statements are developed, they can be found online at www.northernhealth.ca/AboutUs/PositionStatements.aspx

3.0 Understanding the Prevalence

To understand the prevalence of problematic substance use, it is beneficial to report on rates. Problematic substance use can be understood in a number of different ways: rates of substance use (individual) or socioeconomic impacts, such as the impact to our economy or social impacts. Ideally, it would be beneficial to understand this at a regional scale; however, this information is not available. Overall, problematic substance use rates are not captured well in data sets.

3.1 Rates of Use

In 2002, the total annual economic costs associated with substance use in Canada were estimated at $39.8 billion, or $1,267 per capita.[vi] BC spends approximately $1.3. billion each year on mental health and substance use services delivered through the health care system[vii]; this does not account for support services which are offered outside of the health care system, such as community-based services. Other ways to assess the impact of problematic substance use include consumption rates and hospitalization data. As noted above, this paper will focus primarily on the problematic use of alcohol due to the proportion of the burden of disease and because data is most widely available on this substance. These are reviewed below.

3.1.1 Consumption Rates

Based on official sales records, alcohol consumption is considered a valuable indicator to the extent of alcohol-related harm in a community; it is effective for predicting rates of alcohol-related disease and injury.[viii] In the period 1998-2008, consumption rates in BC have consistently been higher than national rates (Table 2). While national rates and BC provincial rates are increasing, they are increasing at approximately the same rate.

Table 1: Adult Per Capita Consumption of Alcohol, Selected Regions, 1998-2008[ix]

Selected Region	Litres of absolute alcohol / person[5]		% increase 1998-2008
	1998	2008	
Canada	7.50	8.40	12.0
BC	8.26	9.18	11.1

However, per capita consumption rates across BC vary (Table 3). While Northern Health fares well in comparison to other BC health authorities, the per capita consumption rate in Northern Health is still above the provincial average.[6]

Table 2: Adult Consumption of Alcohol, 2007[x]

Health Region	Litres of absolute alcohol / person
Interior Health	11.10
Vancouver Island Health	10.71
Northern Health	9.73
*British Columbia**	*8.82*
Vancouver Coastal Health	8.61
Fraser Health	7.03

**Not a health region; provincial average.*

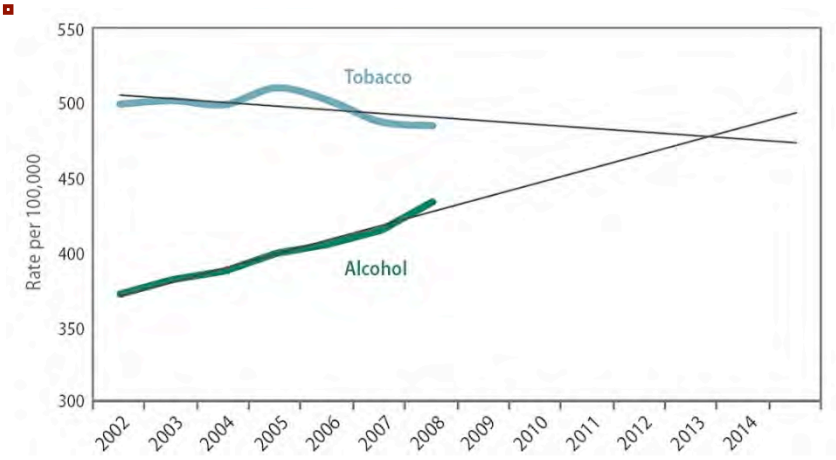
[5] One litre of absolute alcohol is the equivalent of 58 standard drinks.

[6] HSDA level per capita consumption rates were not available at the time this report was being written.

3.1.2 Alcohol-Related Hospitalization and Death

Another way to understand the impact of the problematic substance use in society is by considering how it contributes to hospitalizations. Alcohol is a leading contributor to the rate of cardiovascular and cancer-related hospitalizations and is the primary contributor to substance-related injuries in BC and in Northern Health. As seen in Figure 4, while hospitalization rates due to tobacco are decreasing, hospitalization rates due to alcohol use are increasing. As such, work in reducing hospitalization rates from tobacco is apparently effective and similar work needs to be done to mitigate the increasing rates due to alcohol use.

Figure 4: BC Hospitalization Rates Caused by Alcohol Use vs. Tobacco Use



Source: Government of British Columbia, Ministry of Health Services and Ministry of Children and Family Development (2010).

Alcohol causes more hospitalization than all major illicit drugs combined.[xi] In 2009, alcohol-related hospitalizations were over five times higher than those related to the use of illicit drugs.[xii] People may be hospitalized for a range of issues related to alcohol, including: some types of cancers, diabetes, neuropsychiatric disorders (e.g., alcoholic psychosis, alcohol dependence syndrome, etc…), cardiovascular diseases and digestive disorders. In some cases, the majority of hospitalizations may be related to alcohol use (e.g., liver cirrhosis). In other cases, estimates are used to determine the proportions caused by alcohol (e.g., throat cancer).

Table 3: Alcohol-caused Hospitalizations, 2007[xiii]

Health Region	Hospitalizations per 100,000
Northern Health	657.16
Interior Health	460.10
Vancouver Island Health	410.22
*British Columbia**	*404.2*
Fraser Health	369.65
Vancouver Coastal Health	314.84

** Not a health region; provincial average.*

Alcohol causes more deaths than all major illicit drugs combined.[xiv] In 2006, there were 378 deaths attributed to illicit drugs in BC. In the same year, 905 deaths were attributed to

alcohol. The alcohol-caused deaths represent 20,882 potential years of life lost.[7] As seen in Table 4, Northern Health had the greatest amount of alcohol-caused deaths in the province and this has generally been the trend since 2001. However, Northern Health has demonstrated a downward trend in this period.

Table 4: Alcohol-caused Deaths, 2006[xv]

Health Region	Deaths per 100,000[8]
Northern Health	24.8
Interior Health	22.1
Vancouver Island Health	21.5
*British Columbia**	*19.5*
Fraser Health	18.5
Vancouver Coastal Health	16.4

** Not a health region; provincial average.*

To conclude the section on rates, Northern Health experiences the highest rates of alcohol-caused hospitalizations and deaths in the province. However, consumption rates are not the highest.

3.2 Population Health

Despite evidence supporting a tailored and population health approach to the prevention and/or management of problematic substance use, little attention has been paid to the diversity of people seeking help for problematic substance use. Differences in gender, age, cultural background and sexual orientation do not exist in the development of problematic substance use management and prevention approaches. Specifically, Aboriginal peoples are faced with unique challenges relating to the history and legacies of colonialism. Thus, they are more vulnerable to problematic substance use and associated harms. This is discussed in the following section.

3.2.1 Aboriginal Peoples

In Canada, a population health approach must include addressing the unique circumstances of Aboriginal peoples. The health and social well-being of Aboriginal people is compromised by a multi-generational loss of culture, traditions, language and homelands. The experience of colonization and the compounding negative impacts of residential school policies and ongoing racism and discrimination are identified as strongly linked to the current high rates of problematic substance use in many Aboriginal communities.[xvi]

BC's Aboriginal peoples require culturally-specific approaches.[xvii] While cultural and spiritual values are identified as protective factors against problematic substance use for Aboriginal peoples, there are considerable gaps in the availability of culturally-informed services and supports across Canada.

[7] Potential years of life lost is a measure of premature death.

[8] Standardized for age and sex.

4.0 Key Concepts in Problematic Substance Use

4.1 Harm Reduction / Abstinence

Harm reduction refers to policies, programs and practices that seek to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive substances.[xviii] Harm reduction focuses on keeping people safe and minimizing death, disease and injury associated with higher risk behaviour, while recognizing that the behaviour may continue despite the risks.

Harm reduction is an essential part of a comprehensive response to problematic substance use that complements prevention, treatment and enforcement. A harm-reduction philosophy should inform strategies directed at the whole population, in addition to specific programs aimed at sub-populations of vulnerable people. It seeks to lessen the harms associated with substance use while recognizing that individuals may not be ready or in a position to cease use.

Harm reduction does not require, nor does it exclude, abstinence as an ultimate goal. For most people, substance use does not lead to chronic dependence, yet many harms result from non-dependent substance use.

4.2 Stigma and Discrimination

To effect change in the area of problematic substance use and the people it impacts, the stigma and discrimination that exists around the topic must be addressed. In those with substance use disorders, stigma contributes to adverse outcomes. Adverse outcomes may include the development of poor mental and physical health; not seeking, entering or completing treatment; delayed recovery and reintegration and increased risky behaviour (e.g., needle sharing).[xix] Stigma exacerbates social alienation and impacts other domains of life and determinants of health, such as education, employment, income, housing and social relationships.

5.0 Strategies for Prevention

Preventing problematic substance use exists along a continuum – from health promotion to tertiary prevention and harm reduction (Appendix A). Preventing problems before they begin is the most effective way to ensure favourable health outcomes for individuals and communities. Primary prevention seeks to prevent the onset of problems and this is the focus of this paper. Primary prevention includes universal and selected prevention. However, prevention occurs along the continuum of services preventing problematic substance use, including secondary and tertiary prevention (e.g., harm reduction strategies such as needle exchange programs).

One of the greatest challenges in problematic substance use is the offering of a comprehensive and integrated continuum of services. Problematic substance use covers such a broad range of risks and harms; no single system or sector can be expected to provide the full range of services and supports required to adequately meet the needs and wants of people with problematic substance use, their families, friends and other carers. Moreover, the response requires much more than services; it will require a comprehensive approach of policy, supportive environments, community action, personal skill development, and reorienting of health services (see Section 7.0). The prevention of problematic substance use is currently being considered by various organizations within and outside of Canada. By highlighting the work that is currently underway, we can start to understand where there may be opportunities for partnership to deliver more effective services.

Identifying this work is an important first step toward building on existing strengths and avoiding duplication. Some of the key initiatives which address this concern are listed in the following sections.

5.1 Canada's Low-Risk Alcohol Drinking Guidelines

Canada's Low-Risk Alcohol Drinking Guidelines are informed by the most recent and best available evidence.[xx] Developed by the National Alcohol Strategy Advisory Committee in 2011, they are an important tool to reduce the risk of alcohol-related harms to Canadians. They are an essential component of Canada's National Alcohol Strategy. The five guidelines highlight individual limits for men and women, give suggestions for special occasions, provide examples of when zero is the limit and the safest and suggest where alcohol use should be delayed (Appendix B). p

5.2 Collecting Current and Relevant Data

An innovative development in BC for the surveillance of substance-related harms is the Centre for Addictions Research of BC and the BC Mental Health and Addictions Research Network's BC Alcohol and Other Drug Monitoring Project. This project aims to describe the main patterns of harms associated with substances in British Columbia and provide policy-makers, program developers and researchers with access to timely and accurate data on the epidemiology of harms associated with substances.

5.3 Provincial Government Policy

The BC Ministry of Health, in collaboration with the five regional health authorities and other key stakeholders in the field of mental health and substance use, developed a ten year plan to address mental health and substance use in BC: *Healthy Minds, Healthy People*. This has become government policy driving a decade-long vision for collaborative and integrated action on mental health and substance use in BC. The plan aims to assist individuals with the most severe challenges and to address the needs of all British Columbians and – where possible – prevent problems before they start.[xxi] Effective approaches to problematic substance use do not assume that the continuum of services (Appendix A) are discrete or independent from one another; effective approaches are coordinated, integrated and holistic across this continuum.

5.4 Culturally-Appropriate Health Planning

The *Tripartite First Nations Health Plan* recognizes that the mental health and substance use related needs of BC's Aboriginal people require culturally-specific approaches, and lays out a corresponding commitment to develop an Aboriginal mental health and substance use plan. BC's tripartite partners (the federal government, the provincial government, the interim First Nations Health Authority, the BC Association of Aboriginal Friendship Centres and Métis Nations BC) are currently developing a complementary and culturally distinct Aboriginal-specific ten-year plan for BC's Aboriginal populations. The plan will consider mental wellness, problematic substance use and young adult suicide.[xxii]

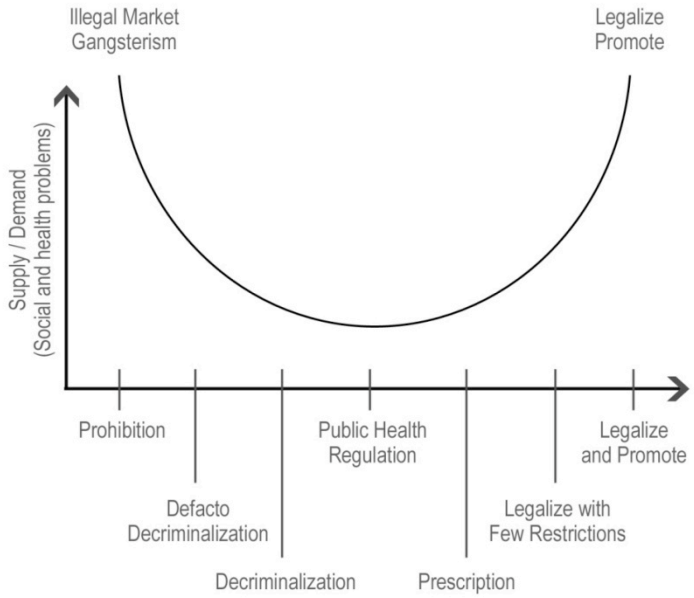
5.5 National Treatment Strategy

Since the 1980s, there has been increasing support for an integrated, systematic approach to planning and delivering services and supports for problematic substance use. [xxiii] *A Systems Approach to Substance Use in Canada: Recommendations for a National Treatment Strategy* describes a tiered model for services and supports to addressing substance use problemsThis is a broad approach that includes efforts such as services for health promotion and prevention, primary care, emergency care, hospital-based care, housing, and employment services, educational institutions, correctional and other justice-related services, family and social services, and prenatal services.

5.6 A Public Health Oriented Approach

In their 2011 report on regulating psychoactive drugs, the Health Officer's Council of British Columbia recommends that a public health oriented approach is needed to regulate all psychoactive substances.[xxiv] This approach assumes that people use substances for anticipated beneficial effects, but recognizes that there are potential harms to the use of substances and unintended effects of control policies. The goal is to balance the benefit to harm ratio: that the associated control interventions are proportionate to the harms from substance use. Paradoxically, supply, demand and harms (social and health) are highest at both extremes. As seen in Figure 5, the approach suggests that the supply, demand and harms of substance use would be minimized at a mid-point between the extremes of prohibition and legalization.

Figure 5: A Public Health Approach



Source: Health Officers of British Columbia, (2011).

5.7 Alignment with International Examples

There is international recognition that criminalizing people who use substances is not effective in reducing usage rates; conversely, criminalization contributes to substantial health-related harms.[xxv] Working from this premise, many countries have adopted harm reduction strategies that are proven to be effective with no unintended consequences. Joint recommendations released by several United Nations agencies, including the World Health Organization, promote the expansion of harm reduction efforts. This work is already underway in many countries, including the development of more than 90 supervised substance consumption facilities in Switzerland, the Netherlands, Germany, Spain, Luxembourg, Norway, Canada and Australia.

6.0 Northern Health Position

Northern Health wants to increase health and wellness and improve quality of life for Northerners by preventing problematic substance use and associated harms. This will be achieved by working with individuals and community partners to promote the following messages:

- A shared understanding of problematic substance use
- Inform the health system and educate the public about problematic substance use
- A shared commitment to operate from a harm reduction philosophy in all aspects of policy; consider public health approach to regulation
- A systems and multi-sector approach to the prevention of problematic substance use, including mobilizing different parts of the health system (e.g., Mental Health and Addictions, Primary Care, Acute Care, Injury Prevention, Public Health, Aboriginal Health) and engagement with sectors beyond health (e.g., education, social services, policing)
- Provide and support clear messages that address safer substance use and reduced risk taking (e.g., for Northerners of legal drinking age who choose to drink alcohol, promote Canada's Low Risk Alcohol Drinking Guidelines)
- Prevent, delay and reduce substance use by at-risk populations
- Problematic substance use data is gathered, assessed and reported to continue to monitor the impact in Northern BC

7.0 Strategies to Achieve this Position

The Ottawa Charter for Health Promotion is an international resolution of the World Health Organization. Signed in Ottawa, Canada in 1986, this global agreement calls for action towards health promotion through five areas of strategic action. In concert, these strategies can create a comprehensive approach to prevent problematic substance use and associated harms.

This section presents examples that support the five strategic action areas of the Ottawa Charter to achieve the same goals outlined in this position paper. Examples are evidence-based and come from an environmental scan of strategies proven effective in other places.

7.1 Build Healthy Public Policy

A broad range of local, regional, provincial, and federal organizations have a role in building healthy public policies that promote the prevention of problematic substance use and associated harms. Some examples include:

- Support and promote knowledge and information capacity regarding problematic substance use to advocate for healthy public policies; advocacy is essential to influence public policies that are instrumental in preventing harms.
- Policies governing the sale and use of psychoactive substances in communities require thorough analysis as they may contribute to harm by failing to take into account unintended consequences. Some harms associated with substances are not simply a matter of individual use and choice, but a result of legislation and enforcement policies.
- Restrict price discounting and advertising at the retail level. The economic availability of alcohol and tobacco strongly affects the level of consumer demand.
- Support and promote municipal alcohol policy in partnership with local governments (e.g., local zoning bylaws to limit liquor sales near schools).
- Support the development and implementation of Aboriginal-specific prevention and harm reduction plans to address problematic substance use.
- Restrict access to alcohol by minors.
- Advocate for/support provincial policies that can prevent or reduce alcohol-related harms.

7.2 Create Supportive Environments

People interact with a variety of settings through daily life – settings where they live, work, learn, and play. These settings should be carefully considered when seeking to create supportive environments. Within each of these environments, there is opportunity to prevent problematic substance use and associated harms, through initiatives in settings such as:

7.2.1 Home

- Work with Aboriginal communities to facilitate less or lower-risk alcohol drinking in their communities.
- Promote and support prevention initiatives targeted toward older adults (65+) including screening, home visits as required, education for caregivers and linkages with community groups.
- Establish parental education and support programs for the prevention of problematic substance use.

7.2.2 Work

- Promote and support public awareness and education strategies informing employees of Canada's Low-Risk Alcohol Drinking Guidelines.
- Ensure a work culture that support employees, free of stigma, discrimination and punitive measures.
- Access to a range of support services through Employment Assistant Programs.

7.2.3 School & Campus

- Promote and support interactive and evidence- based educational support on alcohol, cannabis and tobacco for all schools, including the Joint Consortium for School Health substance use toolkits.
- Encourage and support positive school adjustment through a multi- components strategy in partnership with school boards, addressing the needs of teachers, parents and children.
- Support and/or initiate engagement of prevention of problematic substance use and associated harms in post-secondary education institutions, through involvement with the Healthy Minds, Healthy Campuses initiative.
- Support school districts in developing alternatives to suspension for students who are caught using substances at school.

7.2.4 Leisure

- Restrict alcohol advertising to children/youth.
- In partnership with the police, local government and community organizations, facilitate evidence-based initiatives to increase safety and promote social responsibility around licensed liquor premises.
- Encourage involvement of young people in recreational activities and contexts where tobacco, alcohol and cannabis are not present.

7.3 Strengthen Community Action

Successful actions to promote the prevention of problematic substance use are planned and implemented through partnerships and collaborations. Often public, private, and non-governmental organizations may be involved from local, regional, provincial, and federal

levels. Examples of partnerships that build community capacity for preventing problematic substance use and associated harms include:

- Culturally-appropriate and informed services and supports to meet the needs of Aboriginal peoples and other ethnically diverse cohorts of the population.
- Promote industry accords and community action projects to increase licensee accountability.
- Acknowledge and collaboratively develop programs to support the diversity of people seeking help for problematic substance use, such as differences in gender, age, ethnocultural background and sexual orientation.
- Work with provincial, regional, and community-based partners to reduce stigma and discrimination towards people with problematic substance use.
- Focus on community-level strategies and partnerships to ensure approaches are shaped by the unique needs of the community and specific target groups.
- Engage people who use substances to provide advice at all stages of planning and in delivery of services at all levels.
- Encourage the police to implement policies, protocols and actions that support the reduction of harm from substance use (e.g., impaired driving, blood-borne pathogen transmission, overdose fatalities).
- Engage broad community participation in influencing social attitudes and responses to alcohol, tobacco, and cannabis.
- Surveillance and monitoring assists in clarifying the prevalence and trends in harms associated with substances as well as the needs and priorities of vulnerable populations. Evaluation enables the assessment of program effectiveness. Northern Health should:
    - Collaborate with other health authorities, the Ministry of Health, community organizations and academic groups to enhance monitoring and surveillance (including monitoring and reporting systems for injuries and viral infections associated with substances).
    - Monitor characteristics of vulnerable populations within the health authorities, taking into account the social, economic and environmental determinants of health.
    - Gather, assess and report statistical information from a range of sources to reflect current status and trends related to the use and harm of alcohol, cannabis and other psychoactive substances.
    - Establish an evaluation framework for the program on prevention of harms associated with substances.
- Encourage and support, in partnership with school boards and community groups, a smooth transition to independence and adult life and responsibilities through volunteering, mentoring and community training programs.

7.4 Develop Personal Skills

A variety of resources and systems are available to support individuals and families to improve health outcomes through awareness, engagement, education and capacity building. Stakeholders can focus on the various levels of behaviour change and construct programs accordingly. Examples of programs and campaigns that encourage the development of personal skills to prevent problematic substance use and associated harms include:

- Promote consumption of lower alcohol content and non-alcoholic drinks.
- Enhance training and understanding of the issues among health care provider, as well as policy planners, employers, human resources personnel, emergency staff (e.g., police and other first responders) and social services.
- Advocate for safer drinking programs among 19-24 year olds, for delivery through institutions that engage this age group.
- Adopt a comprehensive strategy to decrease substance use during pregnancy and reduce exposure of infants and young children to harmful substances.
- Support mitigation of risk factors for adults and specific vulnerable sub-groups through programs to address broad social dimensions.

7.5 Reorient Health Services

A broad range of people are available to assist with reorienting health services; one single sector cannot provide the full range of services and supports required to adequately meet the needs and wants of people with problematic substance use. For example, health professionals, local government, community planners, sport and recreation professionals, general practitioners, allied health professionals and volunteer groups can promote the prevention of problematic substance use. Some examples of where this has been effective include:

- Dedicate resources for a coordinator to steward recommended strategies (e.g., a position similar to a Nicotine Intervention Coordinator).
- Embed a harm reduction philosophy in all aspects of policy, programming and practice. This will work to create safer context for substance use and reduce risk-taking.
- Develop a comprehensive continuum of services to address problematic substance use, including health promotion, prevention, harm reduction, early identification, treatment, long-term rehabilitation and reintegration support. These services are not mutually exclusive and form an integrated system of care.
- Address stigma and discrimination towards people with problematic substance use. Become role models in communities through organizational policies and practices which ensure programs and services reflect positive, respectful and compassionate attitudes and behaviours towards those who use substances.
- Develop regional strategies and plans to shift attitudes, address systemic inequities and remove barriers.
- Expand services to reduce harms associated with illegal drug use (e.g., improved access to needle and syringe distribution programs, multi-faceted support services, treatment and harms reduction programs in corrections facilities, supervised consumption sites, etc.).
- Support the use of brief interventions by health professionals and other professionals.
- Educate health care professionals on managing the safe use of psychoactive pharmaceuticals.
- Similar to a tobacco reduction program, health organizations could develop and offer problematic substance use programs.
- Support family physicians to prioritize provision of quality mental health and substance use care in their practices (e.g., time and resources, such as: BC Medical Association's Problem Drinking Guidelines/Alcohol Screening Tool).

- In order to develop effective individual care plans, BC has enabled physicians to have additional time to interact with patients to fully understand their symptoms and develop care plans specific to their needs.
- Family physicians benefit from evidence-based treatment guidelines that provide direction on assessment and the most appropriate course of action.

8.0 Conclusion

In conclusion, Northern Health aims to adopt a position on the prevention of problematic substance use and associated harms. Since substance use is a primary modifiable behavioural risk factor for the development and progression of a wide variety of chronic disease states, these initiatives can contribute to the overall promotion of physical and mental health. Preventable disease significantly burdens our health care system and the overall health of our Northern population. This paper presents evidence-based strategies that have been implemented and are proven to promote the prevention of problematic substance use in other jurisdictions. These strategies support the comprehensive framework presented by the Ottawa Charter and support Northern Health's position.

9.0 Other Resources

Children and Substances

US Department of Health and Human Services. National Institute on Drug Abuse. (2003). *Preventing Drug Use among Children and Adolescents: A research-based guide to Parents, Educators, and Community Leaders* (2nd ed.). Retrieved from http://www.drugabuse.gov/sites/default/files/redbook_0.pdf

Preventing and Reducing Harm

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Government of British Columbia, Ministry of Health. (2005). *Harm Reduction: A British Columbia community guide*. Retrieved from http://www.health.gov.bc.ca/library/publications/year/2005/hrcommunityguide.pdf

Health Officers Council of British Columbia. (2011). *Public Health Perspectives for Regulating Psychoactive Substances: What we can do about alcohol, tobacco, and other drugs.* Retrieved from http://drugpolicy.ca/wp-content/uploads/2011/12/Regulated-models-Final-Nov-2011.pdf

Provincial Health Officer Reports

Government of British Columbia, Office of the Provincial Health Officer. (2010). *Investing in Prevention: Improving health and creating sustainability.* Retrieved from http://www.health.gov.bc.ca/library/publications/year/2010/Investing_in_prevention_improving_health_and_creating_sustainability.pdf

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Planning Documents

Government of British Columbia, Ministry of Health Services. (2004). *Every Door is the Right Door: A British Columbia planning framework to address problematic substance use and addiction.* Retrieved from http://www.health.gov.bc.ca/library/publications/year/2004/framework_for_substance_use_and_addiction.pdf

Government of British Columbia, Ministry of Health Services and Ministry of Children and Family Development. (2010). *Healthy Minds, Healthy People: A ten-year polan to addrss mental health and substance use in British Columbia.* Retrieved from http://www.health.gov.bc.ca/library/publications/year/2010/healthy_minds_healthy_people.pdf

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iii BC Health Authorities. Ministry of Healthy Living and Sport. 2009. Model Core program Paper: Prevention of Harms Associated with Substances. Available online: http://www.health.gov.bc.ca/public-health/pdf/Prevention_of_Harms_Associated_with_Substances-Model_Core_Program_Paper.pdf. Accessed 19 Jan 2012.

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xii Centre for Addictions Research of BC. (2009). *Hospitalizations & Deaths*. Retrieved from http://www.carbc.ca/AODMonitoring/ProjectComponents/HospitalizationsDeaths.aspx

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Appendix A
Continuum of Services for Problematic Substance Use

Health Promotion	Primary Prevention		Secondary Prevention/ Harm Reduction	Tertiary Prevention/ Harm Reduction	
				Treatment, Monitoring & Relapse Prevention	
	Universal Prevention	Selected Prevention	Indicated Prevention	Early Identification and Treatment	Treatment and Self-Management with Selected Supports	Intensive Treatment, Long-term Rehabilitation and Support

Preventing harmful substance use before problems begin is the most effective way to ensure favourable health outcomes for individuals and communities. Prevention is inextricably linked with overall health promotion aimed at changing the underlying individual, social and environmental determinants of health. Prevention initiatives strive to: delay age of first substance use, avoid high-risk substance use by children and youth, prevent alcohol and other substance use by pregnant women and/or prevent problematic use of alcohol or medications by adults and seniors.

Primary prevention is prevention of the onset of problematic substance use and includes universal and selective prevention. *Universal prevention* targets whole populations not identified on the basis of individual risk. It aims to strengthen protective factors and minimize risk factors within individuals, families and communities. *Selected prevention* targets people with identifiable risk factors that predispose to problematic substance use, and aims to alter potential susceptibility or reduce exposure.

*Examples of **universal prevention** include: School-based preventions strategies, media literacy programs, public awareness initiatives, culturally responsive community-based approaches, and Aboriginal Health initiatives.*

Secondary prevention includes *early detection and intervention* to identify and reduce substance use problems. It targets people with early signs of problematic substance use. It aims to reduce harms, limit disability, prevent dependency, and promote social inclusion and community functioning. Secondary prevention includes *indicated prevention*, which targets individuals who's biological or sociological markers indicate a predisposition to problematic substance use but who show minimal signs of substance use problems.

*Some examples of **secondary prevention** initiatives and resources include: Programs aimed at health of high-risk populations, reproductive health services, school-based programs for personal development and well-being, culturally-sensitive harm reduction training, prevention programs targeted to specific substance use, peer education programs, HIV/AIDS prevention and harm reduction programs, provincial resources dedicated to the prevention of problematic substance use and providing information about substance use, addictions and mental health.*

Tertiary prevention lessens the disability resulting from problematic substance use and mental disorders, reduces co-morbidity and restores effective functioning. It aims to reduce further damage or impact of long-term disease and disability to people with substance use disorders. Tertiary prevention minimizes suffering and maximizes life expectancy and quality of life. The health risks associated with problematic substance use and mental health make it critical that service providers provide ongoing, comprehensive assessments and interventions to reduce impact of disease and disability and promote positive health outcomes.

*Some examples of **tertiary prevention** initiatives include: Community HIV/AIDS and hepatitis C programs, harm reduction programs, concurrent disorders programs, peer education and empowerment for people who use substances.*

Examples of **selected prevention** include: Coordinated drug strategies developed jointly at the municipal level, coordinated provincial strategies, coordinated local strategies and BC Aboriginal Health Centres.

Source: Government of British Columbia, Ministry of Health Services. (2004). Every Door is the Right Door: A British Columbia planning framework to address problematic substance use and addiction. Retrieved from http://www.health.gov.bc.ca/library/publications/year/2004/framework_for_substance_use_and_addiction.pdf

Appendix B
Canada's Low-Risk Alcohol Drinking Guidelines

Guideline 1 (Your limits)

- Reduce your long-term health risks by drinking no more than:
  - ⇨ 10 drinks a week for women, with no more than 2 drinks a day most days
  - ⇨ 15 drinks a week for men, with no more than 3 drinks a day most days
- Plan non-drinking days every week to avoid developing a habit.

Guideline 2 (Special occasions)

- Reduce your risk of injury and harm by drinking no more than 3 drinks (for women) and 4 drinks (for men) on any single occasion.
- Plan to drink in a safe environment. Stay within the weekly limits outlined in Guideline 1.

Guideline 3 (When Zero's the limit)

Do not drink when you are:

- Driving a vehicle or using machinery and tools
- Taking medicine or other drugs that interact with alcohol
- Doing any kind of dangerous physical activity
- Living with mental or physical health problems
- Living with alcohol dependence
- Pregnant or planning to be pregnant
- Responsible for the safety of others
- Making important decisions

Guideline 4 (Pregnant? Zero is safest)

- If you are pregnant, planning to become pregnant, or about to breastfeed, the safest choice is to drink no alcohol at all.

Guideline 5 (Delay your drinking)

Alcohol can harm the way the body and brain develop. Teens should speak with their parents about drinking. If they choose to drink, they should do so under parental guidance; never more than 1–2 drinks at a time, and never more than 1–2 times per week. They should plan ahead, follow local alcohol laws and consider the Safer drinking tips listed in this brochure.

- Youth in their late teens to age 24 years should never exceed the daily and weekly limits outlined in Guideline 1 (Your limits).

Tips

- Set limits for yourself and abide by them.
- Drink slowly; no more than 2 drinks in any 3 hours.
- For every drink of alcohol, have one non-alcoholic drink.
- Eat before and while you are drinking.
- Always consider your age, body weight and health problems that might suggest lower limits.
- While drinking may provide health benefits for certain groups of people, do not start to drink, or increase your drinking, for health benefits.

Source: Canadian National Alcohol Strategy Advisory Committee. (2011). Canada's Low-Risk Alcohol Drinking Guidelines. Retrieved from http://www.ccsa.ca/eng/priorities/alcohol/canada-low-risk-alcohol-drinking-guidelines/Pages/default.aspx