

# Canadian Centre on Substance Use and Addiction

## 2019 Pre-Budget Submission

### August 3, 2018

---

#### Page 1 – Name of organizations

Canadian Centre on Substance Use and Addiction (CCSA)

#### Page 2 – Recommendation

*“That the federal government, invest \$25 million over five years through the Canadian Centre on Substance Use and Addiction (CCSA) to work in partnership with the Canadian Mental Health Association (CMHA) to create a Substance Use Network on Innovation (SUNI) that accelerates the translation and application of new knowledge and innovative programs and practices to improve the lives of Canadians suffering from substance use disorders.”*

#### Page 3 – Body of submission

##### Introduction

In March 2018, an External Review of the Pan-Canadian Health Organizations (PCHOs), entitled *Fit for Purpose* identified vulnerabilities in Canada’s health care system and presented options for improving health care delivery for Canadians now and into the future. The Report states that Canada should adopt the World Health Organization’s model of Integrated, People-Centred Health Services, endorsed by countries the world over, including Canada. Notably, the report calls for collaboration amongst researchers, policy makers, clinicians, provincial and territorial leaders, and the public to foster engagement and promote a “bottom-up” approach to health system transformation to ensure that the health priorities identified by the PCHOs are meeting local needs.

Framed in this context, this proposal is intended to complement and contribute to the discussions about the future reconfiguring or remandating of the PCHOs which is under the auspices of the Minister of Health’s Implementation Steering Group.

In recognition of this stronger need for collaboration at the grass roots level, CCSA is proposing a partnership with the Canadian Mental Health Association (CMHA) to create a *Substance Use Network on Innovation (SUNI)* to operationalize research and policy on substance use so that it can be effectively translated into practice by mental health service providers and their programs at the local level. Given the current opioid crisis and legalization of cannabis, the need to share the latest evidence with those on the front lines has never been greater.

While the societal costs of substance use are significant (\$38.4 Billion in 2014), an investment of \$25 million over five years via *SUNI* will build needed capacity to deliver evidence-based training, programs and services that will reduce the incidence and impacts of substance use and improve the health outcomes of Canadians. It will also promote Canada’s economic competitiveness by helping those suffering from substance use disorders lead more productive lives that contribute to civil society.

##### The Cost of Substance Use in Canada – What Do the Numbers Tell us?

A seminal report on the cost of substance use in Canada released by CCSA (*Canadian Substance Use Costs and Harms Study*, CCSA, 2018) found the following:

- Substance use in Canada costs \$38.4 Billion per year, or almost \$1,100 per person.
- Of this total, \$15.7 Billion (41%) were related to lost productivity, \$11.1 Billion (29%) were healthcare costs, and \$9.0 Billion (29%) were associated with the criminal justice system.
- Alcohol and tobacco accounted for almost 70 percent of these costs.
- Alcohol causes almost 15,000 deaths each year; alcohol-related cancer is the leading cause of these deaths.
- Almost 20% of all violent crimes committed in Canada can be attributed to alcohol.

Furthermore, opioids continue to take more lives each year, with 3,987 Canadian lives lost in 2017. With the legalization of cannabis on the horizon, there may also be an increased demand for services to treat cannabis use disorders and other mental health problems linked to cannabis use.

The evidence is clear that the costs are substantial and cut across all segments of society. We also know that investing in programs and services that prevent and treat substance use carries significant benefits. Studies have reported a savings of \$15-\$18 for every dollar invested in substance use programs (*A Case for Investing in Youth Substance Abuse Prevention*. CCSA 2013. *Substance Abuse Prevention Dollars and Cents: A Cost-Benefit Analysis*. Center for Substance Abuse Prevention (US), Substance Abuse and Mental Health Services Administration).

Furthermore, investing in substance use treatment programs results in savings – one study reporting a 7:1 ratio of benefits to costs (*Benefit-Cost in the California Treatment Outcome Project: Does Substance Abuse Treatment “Pay for Itself”?* Health Services Research, 2006). CCSA (*Life in Recovery Report*. 2017) also found significant differences between those in recovery (79%) compared to active addiction (53%) that remain steadily employed, miss work or school (4% in recovery compared to 61% in active addiction), or commit or experience family violence (5% in recovery compared to 41% in active addiction).

With these investments, the financial pressures endured by hospitals, social services and the criminal justice system would be lessened, and the quality of life of Canadians would improve. Combined, both contribute to vibrant and growing economy and one of the best places to live and work.

Investing in on-the-ground policy, program and practice solutions that can change the lives of those suffering from substance use disorder and strengthen our economy. A key component is to ensure that persons with lived and living experience, their families, and health care providers have better access to (new) knowledge in treating substance use.

In practical terms, this means that it is essential to have a delivery network that makes sure that health care providers are fully aware of the leading clinical practices in treating opioid and alcohol use disorder, understand the health impacts of cannabis and methamphetamines, in addition to being familiar with innovative programs and supports that are needed to undertake and maintain a successful recovery.

Given the limited resources that are dedicated to treating substance use across Canada, CMHA and CCSA are of the view that there is a unique strategic role for both organizations to expand delivery capacity and strengthen the relationship between evidence, policy and practice.

Simply put, this proposal looks to strategically leverage each organization’s core value proposition – which is CMHA’s local delivery networks and CCSA’s content expertise and proven track record of sharing the latest knowledge – to the benefit of those suffering from substance use disorder.

## **The Opportunity**

There is an opportunity to create a more cohesive and impactful partnership between CMHA (which has 87 Divisions, Branches and Regions across all provinces that provide mental health services to Canadians in need), and CCSA (which is a leading national organization that focuses on the evidence on substance use and its harms).

CCSA was created by an Act of Parliament in 1988 to provide national leadership to address substance use in Canada. A trusted counsel, we provide national guidance to decision makers by harnessing the power of research, curating knowledge and bringing together diverse perspectives. Our vision is a healthier Canadian society where evidence transforms approaches to substance use. Over the course of its mandate, CCSA has produced a number of impactful reports across the spectrum of substance use.

CMHA would make an excellent partner for knowledge translation and program implementation given that it is a pan-Canadian organization that is embedded in the local communities that it serves. CMHA was founded in 1918 and is one of the oldest registered charities in Canada. Each year, CMHA provides services and supports to more than 1.3 million Canadians through the combined efforts of more than 16,000 volunteers and staff across the country in over 330 communities in each province. As the nationwide champion for mental health, CMHA works with a vast array of local partners in each community and facilitates access to the resources people require to maintain and improve mental health and community integration, build resilience, and support recovery for Canadians with mental illness.

Given CMHA’s focus on providing mental health services and supports, there is an opportunity to build additional on-the-ground delivery capacity when it comes to accessing knowledge, supports and services as it relates to substance use. At the same time, CCSA is interested in extending its reach beyond its current array of stakeholders and partners to point-of-service delivery organizations. Combined, this is a win-win opportunity to meld *capacity* with *content* and place the right information in the hands of those who work in this field and those who are subject to the harms of substance use.

With a total investment of \$25 million over five years, CCSA will partner with CMHA to develop a *Substance Use Network for Innovation (SUNI)* that would focus on identifying several strategic priorities, including:

- Currently, where you live in Canada dictates what substance use services you can access. In this model, the SUNI will ensure an implementation plan so that all Canadians have reasonable access to the same quality and level of service. Using the CMHA Stepped Care Model, individuals and their families will be matched to the least intensive, least intrusive service that is shown to be effective for their specific problems and severity. The SUNI will be comprised of researchers, individuals with lived experience of addiction and recovery, local CMHA service providers and partners, so that new knowledge can be quickly translated and implemented into practice. Building on the evidence from implementation science, these Networks will also provide active support for adoption and uptake of new knowledge and practices from a change management approach. These Networks will also establish a “train the trainer” model to scale up the implementation of evidence-based practices and develop capacity for service providers outside of CMHA.
- Using best practices in the field of implementation science to systematically create and implement a series of addiction care pathways (ACPs) to support individuals with a broad range of substance use disorders. These ACPs will include standards of care that will be co-developed and implemented within local areas so that they are responsive to local needs and the unique characteristics of the community (e.g., Indigenous Communities).
- Will develop a minimum standards accreditation process to ensure that there is ongoing measurement and monitoring of services and supports that adhere to best practice standards. This accreditation process would complement CMHA's Peer Support Canada Certification, which ensures a minimum standard of quality for individual counsellors and service providers.

Recognizing that many local services and supports that could be helpful for individuals with substance use problems and their families are outside the CMHA network, the SUNI Accreditation and Certification processes and related training and supports will be offered to other organizations including: hospitals, emergency rooms, clinics, and other community-based services in local communities. In addition, there will also be training supports for local police and first responders to support their approach to working with individuals with a range of substance use problems.

CMHA and CCSA would propose that this five-year Fund could be renewable, subject to a formal review. We would also be open to creative ways in which the resources invested by the federal government could be leveraged and/or supplemented by provincial, territorial and municipal governments.