



Canadian Centre
on **Substance Use**
and **Addiction**

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Submission for the Pre-Budget Consultations in Advance of the 2021–2022 Federal Budget

Submitted by the Canadian Centre on Substance Use
and Addiction



Recommendations

CCSA recommends that the Government of Canada support a return to a healthy economy by reducing the economic impact of substance use on Canadian society through the following measures:

1. Investing in population-level and targeted surveillance for a period of three to five years to identify emerging needs for substance use services resulting from the COVID-19 pandemic.
2. Investing in developing the workforce skills and capacity needed to address substance use in both specialized services and in broader healthcare settings.
3. Establishing a multi-year fund to provide financial support to publicly funded community substance use services facing increased operating costs due to COVID-19 to support continued and expanded operational capacity.
4. Committing to continued funding of the Wellness Together website and its expansion to develop and maintain a single, interactive, point-of-access to services and system navigation support available to all Canadians.
5. Ensuring that initiatives targeted to improving quality of care in long-term care facilities include facilities providing substance use treatment, and providing funding to support a coordinated approach to implementing national standards of care for those facilities.

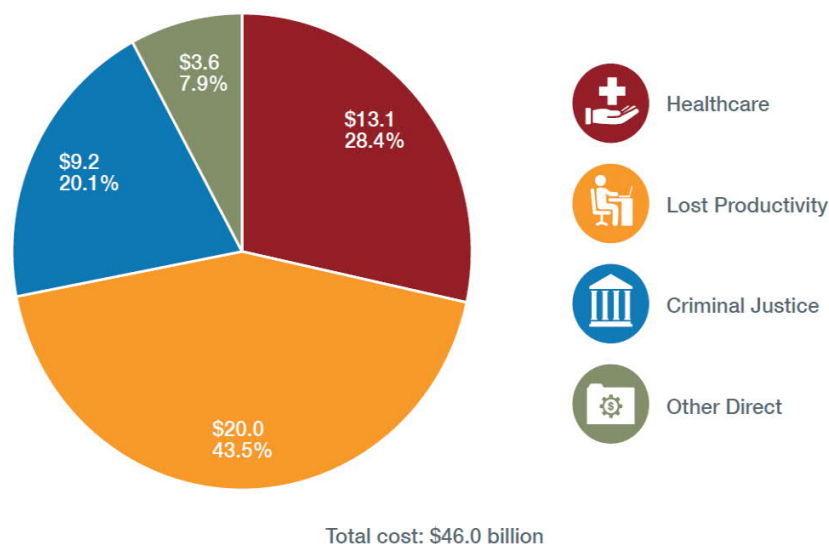


Rationale

Investing in a Healthy Economy

Substance use costs Canadians close to \$46 billion dollars annually.¹ As illustrated in Figure 1, this includes \$20 billion in lost productivity and over \$13 billion in healthcare costs. The Canadian Centre on Substance Use and Addiction (CCSA) is proposing federal investment in initiatives that will reduce these costs. These investments will provide an essential contribution to the economy that will support the resilience and wellness of all Canadians, reduce the burden on the healthcare system, and respond to the increased demand on the system resulting from the COVID-19 pandemic.

Figure 1: Overall costs (in billions) and percentage of total overall costs attributable to substance use in Canada, 2017



Investing in evidence-based approaches to substance use is an effective way to reduce health, social and criminal justice costs and harms from substance use. These investments provide Canadians with the support they need to achieve and maintain wellness and to be part of re-starting a healthy economy. For example, Canadians in recovery from substance use report increased levels of steady employment, fewer missed days of work or school, less criminal activity, and increased payment of bills and taxes on time.²

A public health vision for a healthy economy rests on principles of equity and freedom from stigma and discrimination. The COVID-19 pandemic has amplified the lack of equitable access to care experienced by people who use drugs, vulnerable Canadians and those with substance use disorders. It has highlighted the lack of parity between substance use services and other healthcare services, as harm reduction and treatment services have been forced to reduce hours or close due to lack of access to personal protective equipment (PPE) and training for staff and peers. The

¹ Cost figures based on 2017 data, the most current available. See www.csuch.ca for more information.

² McQuaid, R.J., Malik, A., Moussouni, K., Baydack, N., Stargardter, M., & Morrissey, M. (2017). *Life in recovery from addiction in Canada*. Ottawa, Ont.: Canadian Centre on Substance Use and Addiction.



pandemic has also created opportunities for system transformation by shining a light on these issues and by accelerating pre-existing initiatives to increase virtual care capacity. The Government of Canada has the opportunity to leverage these opportunities and to support a coordinated system that provides timely and equitable access to evidence-based services and supports across the continuum of care, and that ensures substance use is not a barrier to active participation in a healthy, post-pandemic economy.

Estimating Need

Recommendation 1

An effective response requires understanding the scope and nature of the problem. Evidence from previous crises and pandemics indicates that Canada should be prepared for a surge in demand for mental health services, continuing over multiple years. Several factors indicate that we can expect a similar increase in demand for substance use services and supports across the entire continuum, from outreach and harm reduction to treatment, recovery and continuing care in the community:

- Polls conducted following the pandemic have indicated increases in alcohol consumption.³
- Increased rates of overdose and deaths due to overdose are being reported at municipal and provincial levels across Canada. British Columbia recorded a new one-month record of 175 deaths due to suspected opioid poisoning in June.
- Some jurisdictions are reporting decreased calls to substance use support lines, indicating that those in need may be delaying seeking support.⁴
- The pandemic has resulted in the loss of social connection and increased stress and anxiety for many Canadians.⁵ These are risk factors for a return to substance use or higher-risk substance use.

Population-level surveys under-represent priority populations, such as those with unstable housing. Targeted surveys require more resources, but provide information essential to informing an effective response. CCSA, in partnership with the Mental Health Commission of Canada (MHCC), is launching a series of polls in fiscal year 2020–2021 that can be extended at an annual cost of \$200,000 per year, and enhanced to include targeted focus groups for an additional \$50,000.

Building the Capacity to Respond

Recommendation 2

There are a number of points of access to health care for Canadians experiencing harms due to substance use, including family physicians, emergency departments and specialized services. However, many of the professionals providing these services have limited training in addressing clients' substance use needs, despite the frequent co-occurrence of substance use, mental health and physical health concerns.⁶ This gap in training results in delayed access to appropriate

3 For example, CCSA-commissioned [Nanos polls](#) conducted in April and May; Wave 1 of the [Statistics Canada Canadian Perspectives Survey Series](#).

4 Ontario, for example, reported a 15.4% decrease in ConnexOntario calls related to substance use since the pandemic began.

5 CCSA. (2020). *Impacts of the COVID-19 pandemic on people who use substances: What we heard*. Ottawa, Ont.: Author; Wave 1 of the [Statistics Canada Canadian Perspectives Survey Series](#).

6 For example, [recent data from the Canadian Institute for Health Information](#) indicates the prevalence of mental health and substance use disorders among Canadians hospitalized for self-harm.



interventions and contributes to the stigma that is a barrier to seeking support for many Canadians who use substances.²

Providing diverse care providers with the skills and knowledge they need to identify and address substance use concerns will provide Canadians with more timely support. CCSA has developed competencies that outline the knowledge, skills and values that practitioners in various healthcare roles need to identify and support clients' substance use needs. CCSA is currently updating its [Competencies for the Substance Use Workforce](#) and working with MHCC to support their adaptation to and application in mental health and virtual care contexts.⁷ Investing \$300,000 in fiscal year 2021–2022 to support continued development of the competencies and \$250,000 per year in fiscal years 2022–2024 to support implementing them in multidisciplinary settings will ensure that healthcare providers have the tools to provide Canadians with the best available care.

Providing Continuity of Care

Recommendation 3

To ensure staff and client safety during the pandemic, many community substance use services, including those providing essential harm reduction services to address the opioid crisis, have had to make costly changes to their operations, including the purchase of PPE, staff training in PPE use, enhanced cleaning regimens and renovations to allow for physical distancing. Restricting movement in and out of programs means disruptions to continuity of care and changes to standard practices such as progressive discharge from residential to home settings. Controlling transmission of the coronavirus may require a quarantine period before admission to treatment, which poses significant logistical challenges in providing accommodation and supports. Transitioning from in-person to virtual care has also resulted in costs for equipment and licence purchases for both staff and clients, and the need for training in virtual care delivery and digital literacy is ongoing.

At the same time, services are facing decreased funding due to reduced client numbers, as physical distancing requirements limit the number of people they can accommodate. Federal mechanisms such as the Emergency Community Support Fund and the Resilience funding stream have provided crisis supports to community organizations, and provide models for the provision of targeted funding. The operational and financial impacts of COVID-19 will extend into 2021 and beyond, requiring sustained investment to ensure that providers can continue to support Canadians in their journey to wellness from the harms of substance use.

Recommendation 4

Access to substance use services in Canada is a longstanding challenge recognized in the Common Statement of Principles on Shared Health Priorities and in the Federal Minister of Health's mandate letter. Canadians seeking services must locate and navigate those services using disconnected and incomplete sources of information: they do not know where to start and have difficulty finding out what is available. The search for services can be stigmatizing and access to them limited due to availability, cost and required referrals.

Canadians need a central, reliable point-of-access to information, services and support for navigating the substance use system — to get the information and help they need, when and where they need it.

⁷ The pre-budget submission provided by MHCC provides additional detail on enhancing capacity and ensuring quality of care through standards for virtual service delivery.



Timely access to services results in reduced impact on employment, education and family, and reduced costs to the healthcare system.

The Wellness Together portal launched by the Government of Canada provides a foundation for such a centralized point-of-access to information and to services via virtual care, and addresses both mental health and substance use. Continued investment in this portal is needed to provide equitable and free access to information and services to help Canadians begin or continue their journey to wellness from the harms of substance use.

A central point-of-access must be collaborative to bridge jurisdictional boundaries, providing Canadians with access to both national virtual care services and support to navigate community-based services. Federal government leadership and investment can support the necessary coordination between federal departments (e.g., Health Canada, PHAC), existing provincial and territorial programs (e.g., Bridging the gApp, ConnexOntario), Pan-Canadian Health Organizations (e.g., CCSA, Canada Health Infoway, MHCC), and organizations providing services.

Ensuring Quality of Care

Recommendation 5

The COVID-19 pandemic has exposed the unacceptable care and living conditions provided in many long-term care facilities in Canada. Residential treatment centres for substance use, particularly those that are privately funded, also lack regulatory oversight to ensure positive client outcomes and minimum standards of care. For both publicly and privately funded facilities, accreditation or certification is voluntary in all but Alberta and Quebec.

The Government of Canada has the opportunity to demonstrate leadership and work with the provinces and territories, as well as national organizations such as CCSA, the Canadian Mental Health Association and the Canadian Executive Council on Addictions, to address regulatory oversight and develop national standards of care for all residential substance use treatment facilities. This work can build on existing initiatives by organizations such as Accreditation Canada and the Health Standards Organization, as well as those in Alberta and Quebec.

The financial and human resource costs involved in implementing standards and achieving accreditation can be prohibitive, particularly in times of economic strain and increased operational demands.⁸ The federal government can further support access to quality care by investing an initial \$1 million in developing regulatory standards, and creating a three-year funding opportunity of \$2 million per year targeted to support organizations in complying with standards. The resulting improvements in quality of care will help Canadians with substance use disorders achieve the wellness they need to return to their families and their jobs, and contribute to their communities. These improvements will also decrease costs to the healthcare system and support a revitalized, post-pandemic economy.

⁸ Accreditation Stakeholders Working Group. (2015). *Accreditation for residential substance abuse treatment: Getting started*. Ottawa, Ont.: Canadian Centre on Substance Abuse.