Submission to the Parliamentary Standing Committee on Health (HESA): Prioritizing a Child and Youth Lens in the Opioid Epidemic and Toxic Drug Crisis Study

Children's Healthcare Canada (CHC), along with our members, urges the Standing Committee on Health (HESA) to include a child and youth-centered perspective in its study on the opioid epidemic and toxic drug crisis. Through extensive consultation with our member organizations, health providers, and leading child health experts, we recognize that this crisis has deep and far-reaching impacts on Canada's youngest citizens—impacts that are too often overlooked in favor of adult-focused interventions. Addressing these gaps is essential, as children and youth face distinct challenges, vulnerabilities, and barriers when it comes to mental health, substance use, and addiction.

We respectfully submit this brief to advocate for the inclusion of a comprehensive, evidence-based approach to children's mental health and substance use in HESA's study. Children's Healthcare Canada would also be honored to convene leading child health experts to testify before the committee and provide direct insights into the unique needs of children and youth in this critical study.

The Urgency of Action for Children and Youth:

From our consultation with children's healthcare providers, a clear and consistent message emerged: the current systems of care are failing children and youth. Among the primary concerns:

Rising Mental Health Pathology in Children: Children and youth are particularly vulnerable in the current opioid and toxic drug crisis. Data from Statistics Canada's 2022-2023 Canadian Health Survey on Children and Youth (CHSCY) underscores this vulnerability: 24% of children and youth aged 5 to 17 reported challenges with their mental health, while only 41% received the care they needed. Moreover, rates of substance use among youth are climbing, with 13% of youth aged 12 to 17 reporting cannabis use in the past year. Alarmingly, this survey found that more children are grappling with serious mental health challenges today than in previous generations. [i]

Growing evidence reveals the increasing intersection of mental health disorders and substance use among children and youth. Early childhood exposure to adverse experiences, including trauma and family substance misuse, increases the likelihood of youth developing substance use disorders later in life. Despite these clear correlations, Canada's healthcare system is largely unprepared to meet the complex and unique developmental needs of children and youth caught in the opioid crisis. Their needs demand tailored, age-appropriate, and coordinated interventions—yet this remains largely absent from the current response.[ii]

Fragmentation and Inequity in Care: Children and youth in Canada face a fragmented, siloed system that is failing to meet their complex needs. There is no unified national framework to ensure consistent, integrated care. Services for mental health and addiction are spread across disjointed systems with little coordination, resulting in inconsistent care across provinces and

territories. This lack of national integration creates significant gaps, particularly for rural and Indigenous youth, where geographic isolation exacerbates access issues. In Saskatchewan, for example, youth suicide rates are alarmingly high due to a combination of inter-generational trauma, substance use, and isolation, yet services remain scattered and underfunded .

The system is siloed between provinces, resulting in inefficiencies in the delivery of support to children and youth. Research from the Child Health Policy Centre at Simon Fraser University, details that mental health services for children and youth are often reactive and delayed, failing to address the early stages of substance use. [ii]

Systemic Barriers and Stigma: Stigma continues to be one of the greatest barriers preventing young people from accessing the care they need. Only 41% of children and youth who experience mental health challenges receive professional support, leaving the majority without the care they require. [i] The stigmatization of youth struggling with substance use, compounded by systemic failures, ensures that young people fall through the cracks of a system not designed for them. This is especially true for marginalized communities—racialized, Indigenous, and economically disadvantaged youth who face even greater barriers to accessing equitable care.

Marketing and Substance Use Influences: Marketing and easy access to substances such as alcohol, nicotine, and cannabis are increasingly targeting youth. In Nova Scotia, alcohol marketing has contributed to increased substance use among youth, as provincial regulations are insufficient without a unified federal alcohol act. Data from the CHSCY study also reveals concerning trends in youth cannabis use, with 13% of youth aged 12 to 17 reporting cannabis use within the past year. [i] This, combined with other substance exposures, raises risks for early addiction and mental health challenges.

Family and Community Involvement: Substance abuse in youth often exists within complex family dynamics, requiring a family-centered approach. Despite this, many youth are assessed and treated without involving their families, which undermines the potential for long-term recovery. In particular, children with caregivers who misuse substances face compounded risks. Successful programs like the Substance Abuse Program for African-Canadian Youth at CAMH demonstrate the importance of community-based models that engage families and use culturally informed care. It is also critical to address the maternal and neonatal impacts of toxic drug use, ensuring that pregnant individuals and newborns receive appropriate, comprehensive care to mitigate long-term health consequences and break the cycle of substance use across generations.

Geographic and Economic Disparities: Rural and remote areas face severe shortages in mental health and substance abuse services. CHSCY data highlights that youth in rural areas are more likely to experience unmet mental health needs than those in urban settings. [i]

Recommendations for HESA's Consideration

1. **Embed a Child and Youth Lens into National Strategies:** Children are not small adults—yet our current approach to the opioid crisis largely borrows from adult-focused models, ignoring the developmental, emotional, and social realities of childhood and adolescence. We call on the federal government to incorporate a child and youth lens into all aspects of the national opioid strategy. This lens must be embedded in the planning, implementation, and evaluation of interventions and policies aimed at mitigating the opioid and toxic drug crisis. Without doing so, we risk perpetuating a system that fails to protect our youngest and most vulnerable.

2. **Integrate Services and Care Models for Youth**: Children and youth are often underserved by care models that fail to address their unique developmental needs. We urge the federal government to incorporate a child and youth-specific lens into all strategies for addressing mental health and substance use. Integrated "Youth Wellness Hub" models, emerging in several provinces, should be expanded and adopted nationally to provide comprehensive, coordinated care that reflects the interconnected nature of mental health and substance use in children and adolescents. This model would bridge critical service gaps across systems, ensuring that care is both accessible and developmentally appropriate for Canada's youngest populations. Without this focus, interventions risk failing the children and youth they aim to protect.

3. **Invest in Prevention and Early Intervention**: We must shift from a reactive model of care to a proactive one. Early intervention and prevention are critical to stemming the tide of addiction and mental health disorders. Programs such as PreVenture, which target early signs of substance use, have shown promising results in reducing substance abuse among at-risk youth. The federal government should significantly increase investments in early childhood programs, mental health services, and substance use prevention strategies, ensuring that these services are universally accessible and attuned to the needs of youth.

4. **Build Integrated, Family-Centered Care Models**: Children do not live in isolation; their experiences are deeply connected to their families and communities. It is essential that we move towards integrated care models that place families at the center of treatment. We strongly recommend that the government incentivize the development of co-designed, family-centered models, ensuring that services work collaboratively with families rather than in isolation.

5. **Address Geographic and Socio-Economic Disparities**: Youth in rural and remote areas are at particular risk due to the scarcity of services in these regions. We urge the government to prioritize equitable access to care for all children and youth, regardless of their geographic location or socio-economic status. This includes expanding telehealth and virtual care models that can bridge the gap for rural communities and providing targeted funding to Indigenous health services to address the needs of youth in these communities.

6. **Invest in Child and Youth Mental Health and Substance Use Research:** The federal government should invest in research focused on the unique mental health and substance use challenges faced by children and youth. This investment will help build a

robust body of evidence to inform best practices, improve care, and address gaps in the current system. Research should prioritize early intervention, the impact of trauma, culturally responsive care, and harm reduction strategies tailored to youth, ensuring that interventions are informed by the specific needs of diverse communities.

7. **Develop a National Standard of Care for Youth Substance Use:** The federal government should develop and implement a national standard of care for youth-specific mental health and substance use services. Such a standard should be evidence-based, trauma-informed, and culturally sensitive, with particular attention to marginalized populations. This would ensure consistency in service delivery across the country, and hold provinces and territories accountable for providing equitable care to all children and youth.

The opioid epidemic and toxic drug crisis is a multifaceted and urgent issue that requires immediate attention, particularly from the perspective of Canada's children and youth. Our healthcare system is currently failing to meet the needs of these vulnerable populations. We urge HESA to recognize the importance of including a dedicated child and youth-focused lens in its study, ensuring that federal policy decisions reflect the realities faced by young Canadians.

Children's Healthcare Canada stands ready to assist the Committee by convening leading child health experts to testify and provide further insights on the pressing needs of children and youth in the context of this crisis. By taking a proactive, integrated, and equitable approach, we can save young lives and secure a healthier future for all Canadians.