

What We Heard: Refreshing the National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada

Background

The *National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada* (the National Framework) was released in fall 2005 in response to the call by Canadians, their governments, non-governmental organizations and other key stakeholders for a coordinated approach to meeting the challenges posed by the harms associated with alcohol and other drugs and substances. The National Framework reflected extensive consultation across Canada with representatives of a wide range of professions and occupations who shared their expertise, practical experience, academic training, policy and programming perspectives, knowledge of research issues, and frontline experience.¹

The National Framework represented a national consensus as to the collective vision and roadmap for change in Canada to build a healthy society and address the stigma associated with problematic substance use and addiction. Since its production, the National Framework has guided the work of the Canadian Centre on Substance Use and Addiction (CCSA, formerly known as the Canadian Centre on Substance Abuse) and has influenced the development of municipal, provincial and territorial drug strategies throughout Canada. It also formed the backbone of national strategies to address alcohol, treatment and prescription drug issues.

It has been 12 years since the launch of the National Framework, which identified 13 priorities for action. See Table 1 for those priorities.

¹ The professions and occupations consulted include addiction and mental health specialists, epidemiologists and social scientists, physicians and health practitioners, lawyers and legal experts, frontline counsellors and caregivers, organizations representing people who use drugs, researchers and policy officers, non-governmental organizations, Indigenous service providers, policing and enforcement representatives. Persons with lived experience and their families were also consulted.



Table 1: National Framework Priorities for Action

Category	Priority for Action
To address specific issues	<ul style="list-style-type: none">• Increasing awareness and understanding of problematic substance use• Reducing alcohol-related harms• Preventing the problematic use of pharmaceuticals• Addressing enforcement issues• Addressing fetal alcohol spectrum disorder (FASD)
To build supportive infrastructure	<ul style="list-style-type: none">• Sustaining workforce development• Improving the quality, accessibility and range of options to treat harmful substance use including substance use disorders• Implementing a national research agenda and facilitating knowledge transfer• Modernizing legislative, regulatory and policy frameworks
To address the needs of key populations	<ul style="list-style-type: none">• Focusing on children and youth• Reaching out to Canada's North• Supporting First Nations, Inuit and Métis communities in addressing their needs• Responding to offender-related issues

In mid-2016, CCSA initiated a process to refresh the National Framework to review the priorities and ensure that they still reflected current trends in the environment, emerging issues and evidence, and CCSA's priorities and approaches to reducing the harms associated with alcohol and other drugs and substances.

The Refresh Process

The refresh process involved renewed consultation and engagement with stakeholders. CCSA held **two** full-day consultations, one in Vancouver and one in Toronto, in which 107 stakeholders from across the country participated. CCSA also conducted **twelve** one-hour interviews with targeted stakeholders to ensure that their input was adequately reflected in the document and to explore selected themes in more depth. The Appendix lists all participants in the consultations.

In advance of their consultation or interview, participants received a copy of the National Framework, a summary of the major areas of work accomplished through collaboration between CCSA and partners via a vis the Framework's 13 identified priorities, as well as a summary of results from a 2015 survey of 226 stakeholders about to the relevance of the Framework's priorities.

The consultation and interview discussions were synthesized into this summary of **what we heard**. The purpose of this document is to provide a platform for further engagement and consultation with stakeholders as to how the National Framework should be refreshed so as to continue to serve as Canada's roadmap for action to address the complex, whole-of-society challenge of reducing the harms associated with alcohol and other drugs and substances.

At the core of this document is the conviction that the goals contained in a national framework for action are necessary, useful, practical and achievable. The issues around problematic substance use in Canada are complex, global and multi-dimensional. The effects are social and personal, involve legal, economic and health-related dimensions, span the life cycle, cross sectors and systems, and have a direct or indirect effect on virtually everyone. Through education, dedication,



effort and, most importantly, the sharing of expertise, experience, ideas and perspectives, progress can be made and the National Framework goals can be attained.

What We Heard

Stakeholders were asked to comment and share their perspectives on the following topics:

- **Progress against National Framework priorities:** Where has progress been made against the priorities identified in the National Framework? Where do significant gaps remain?
- **Environment and contextual change over time:** How has the environment within which the National Framework priorities are being advanced changed over the past twelve years? What changes have occurred to the environment in which work related to National Framework priorities is being done?
- **How the National Framework should be updated:** What changes are needed to refresh the National Framework's vision, principles, goals and priorities so as to continue to serve as Canada's roadmap for action to address and reduce the harms associated with alcohol and other drugs and substances?
- **Key areas of focus over the next two years:** What could and should be accomplished within the next two years? What should be the role of CCSA and other key groups in these areas?

In discussing the above questions, there was more commonality than differences among the participants. This report summarizes what we heard from the collective about each topic. Where differences did emerge, they are noted.

Progress against National Framework Priorities

In general, stakeholders found that progress had been made against the National Framework priorities, though they found it somewhat challenging to assess the degree of that progress. The nature of the change called for in the National Framework — described by participants as a long-term, social change — was acknowledged to require decades to accomplish. While difficult to assess progress at a global level, stakeholders did identify specific areas of progress, as listed below.

When discussing the progress made against National Framework priorities, many participants pointed out that the change in federal government shortly after the Framework's release impacted the degree of progress that could be made. This impact was especially felt in relation to the integration and expansion of harm reduction approaches across the continuum of care, services and supports for problematic substance use. Participants were more optimistic that progress could be made in the context of the current federal government.

Participants suggested that progress was difficult to assess at a global level because regular progress reporting had not been built into the rollout of the National Framework. They suggested that progress against the refreshed National Framework should be evaluated and reported on a regular basis, and that CCSA, together with a working group, would be well positioned to fulfill this role with the appropriate resources.

Progress Made

Stakeholders identified a number of areas in which progress on the National Framework's 13 priorities had been made over the past twelve years.



- **Conceptualization of problematic substance use:** Some participants suggested that problematic substance use is increasingly viewed as a health issue, with some corresponding reduction in stigma and discrimination against those who use substances. Other participants suggested that in relation to reducing stigma and discrimination, much of the progress has been in the areas of depression and anxiety, and less in relation to problematic substance use and addiction. Most participants agreed that our society still has a long way to go in understanding the science about this health condition, acknowledging and using the evidence surrounding approaches for treatment and intervention, and conceptualizing problematic substance use as an issue related to public health and the social determinants of health.
- **Alcohol strategy:** Some participants identified the progress made against the goals outlined in the [National Alcohol Strategy](#) and cited the [National Alcohol Strategy Advisory Committee](#) as a useful structure through which to advance the strategy's goals. Other participants suggested the need to be cautious in ascribing progress against the alcohol strategy, citing recent data on increases in per person alcohol consumption and deregulation initiatives in some provinces. (Only Saskatchewan shows an increase. Across all other provinces, it remains stable.)
- **Continued implementation of harm reduction approaches:** Many participants, particularly those at the Vancouver consultation, stated that, despite a decade-long unfavourable political context, advances had been made by frontline workers and advocates in adopting and implementing harm reduction approaches and interventions based on the latest evidence.
- **Opioid substitution therapy:** Many participants identified progress in increasing access in many settings to low-threshold opioid replacement therapy and naloxone for treating overdoses, while also stating that much work was still needed in this area.
- **Workforce development:** Many participants identified the [workforce competencies](#) and wage parity initiatives as important and valuable work. Participants felt that more work should be done to further disseminate this resource and support its implementation across sectors.
- **Tool development and dissemination:** Participants stated that a variety of helpful tools (e.g., [low-risk drinking guidelines](#); best practices for [supervised consumption sites](#); [opioid prescribing guidelines](#), summary of the costs of substance use) had been developed and disseminated. Many participants suggested that CCSA could support developing guidelines for low-risk cannabis use (the Centre for Addiction and Mental Health has since released [Canada's Lower-Risk Cannabis Use Guidelines](#)). CCSA has numerous resources and publications, all of which can be found on our [website](#).

Gaps in Progress

Participants identified several areas against which insufficient progress had been made on the National Framework goals and priorities over the past twelve years.

- **Policy and legislative orientation:** Despite some progress having been made in changing the perception of problematic substance use so it is seen as a health issue, the majority of participants felt that global, national and provincial policy frameworks and legislation are still predominantly oriented toward viewing problematic substance use as a criminal justice issue. Participants described how this orientation has significantly slowed the integration and expansion of harm reduction approaches and interventions across Canada (e.g., drug-checking services, access to supervised consumption sites, access to substitution therapies, availability of prescribed injectables), and has prevented acknowledging and evaluating the harms associated with chosen drug policy approaches. Several stakeholders pointed out that CCSA's name reflects



pejorative stigmatizing language and suggested a name change. (Effective May 18, 2017, CCSA has changed its name to the Canadian Centre on Substance Use and Addiction. Part of CCSA's mission is to ensure that people with substance use issues can seek and receive the treatment and supports we know can help. In changing our name, we are taking action to influence social discourse and helping to remove stigmatizing language from important conversations.)

- **National surveillance and monitoring:** Participants identified the lack of a national data surveillance and monitoring system for substance use trends and progress against National Framework priorities as a significant gap that impedes the ability to respond to trends and assess progress.
- **Meaningful involvement of people with lived experience:** While federal, provincial and territorial policy frameworks state that people with lived experience of problematic substance use and their families should be meaningfully involved at all levels of the system, participants stated that progress against this principle has been slow.
- **Meeting First Nation, Inuit and Metis peoples' needs:** While some stakeholders provided compelling examples of First Nations, Inuit and Metis (FNIM) communities organizing to meet local needs, the majority of participants thought significant gaps remain in meeting the National Framework priority to support FNIM peoples. All agreed that this goal should remain a national priority and be informed by the Truth and Reconciliation Commission.
- **Internal sector alignment:** Many participants said that even though harm reduction approaches are included in the National Framework principles, the substance use-related sector continues to be fraught with division about different concepts and models of problematic substance use treatment and support (e.g., harm reduction versus abstinence-based approaches). While much of this division is due to misunderstandings of such concepts as harm reduction and recovery, participants noted that division has slowed the ability of the sector to develop and communicate a united voice about the key issues to address and strategies to address them.

Environment and Contextual Change over Time

Participants identified environmental and contextual changes that have occurred over the past twelve years that should inform the refresh of the National Framework. These changes include:

- **Continued evolution toward an approach based on public health and the social determinants of health:** Participants were clear that while significant work remains to be done (e.g., with respect to aligning policy, legislation and broad public opinion), the substance use-related sector itself has aligned around the need for an approach to reducing the harms that is based on public health, the evidence surrounding the treatment of substance use disorders and the social determinants of health. Despite some remaining divisions within the sector about competing theories and models related to problematic substance use, participants in the sector have worked together:
 - To educate policy makers and the public about substance use disorders being a health condition, and the social determinants of health as the “causes and causes of causes” of problematic substance use;
 - To advocate for and integrate harm reduction approaches into their work;
 - To advocate for a recovery-oriented system of services and supports; and
 - To begin conversations on the potential for the broad decriminalization of substance use.



Participants cited the federal government's planned legalization of recreational cannabis use and its national housing and poverty reduction strategies as clear indications of the impact of this trend.

- **The opioid crisis:** Almost every participant identified the opioid crisis as definitive of our current context. While preventing problematic use of pharmaceuticals was identified as a priority issue in the original National Framework, all agreed the scope of the issue has grown significantly over the decade and that this growth highlights issues with past drug policy and insufficient access to services. Changes in opioid prescribing patterns and growth in the development and use of synthetic drugs are trends that were linked to the exponential growth in opioid use and overdose deaths. Participants identified harm reduction interventions as a key strategy in responding to these trends, while also noting the gaps in the current system for the treatment of substance use disorders.
- **Increased focus on meeting the needs of Canada's most vulnerable citizens and residents:** Within the population of those dealing with substance use issues, vulnerable populations are disproportionately affected by the harms associated with substance use. Participants spoke of separate, but mutually reinforcing trends that are serving to further align local healthcare delivery structures and providers around working together to better meet the needs of Canada's most vulnerable citizens (e.g., people who are homeless, rural or remote, and First Nations communities). These trends include the response to the opioid crisis, the devolution of responsibility for healthcare planning to local communities, the process and directions of the Truth and Reconciliation Commission, the emergence of drug user unions and advocacy groups, and the increased recognition of broader housing needs.
- **Increasing economic and social inequality:** Even as participants described an increased focus on meeting the needs of Canada's most vulnerable citizens and residents, they also spoke of the continued widening of economic and social inequality across the country. Participants noted the inherent contradiction in welfare cuts being made at the same time as conversations about establishing a minimum basic income are beginning noting the role of poverty.
- **Integration of mental health and problematic substance use policy, governance and services:** Over the last decade, most provinces and territories have integrated their mental health and problematic substance use policy frameworks, and have sought to increase coordination of services provided by funded service providers through a variety of mechanisms. A couple of participants suggested that CCSA and the Mental Health Commission of Canada could model this trend by seeking additional opportunities to work together on collaborative projects and initiatives. (This process was underway at the time of the consultations, with CCSA and the Mental Health Commission exploring opportunities to collaborate on existing or future projects and initiatives.)

Given the current opioid crisis and continued gaps in the treatment continuum, others referenced the need to ensure that the body of evidence pertaining to treatment approaches and interventions pertaining to both mental illness and substance use disorders be put into practice and that an integrated skill set be required for those health professionals addressing these disorders.

- **Diverging regulatory directions for different substances:** Participants spoke to concerns about what they see as diverging policies and legislative directions for various substances:
 - **Alcohol** (relaxing of regulations on access and pricing), **cannabis** (legalization with strict regulation of access), **prescription drugs** (delisting drugs after they become a problem



without enhancing replacement therapies and other treatment interventions), and **other drugs and substances** (continued criminalization of people who use illicit drugs and substances).

Participants discussed the mixed messages this creates, especially for youth. Participants also discussed the impact of public education initiatives and the mixed results on this front (e.g., participants spoke about progress in reducing drinking and driving among youth, while binge drinking has remained problematic). Several participants proposed looking at the example of tobacco for strategies to make the use of alcohol and other drugs and substances less socially acceptable. Others suggested looking at campaigns to promote safe sex as models of how to acknowledge and normalize substance use, while seeking to prevent its harms.

- **Demographic changes:** Many participants raised the question of key demographic trends (e.g., an aging population, increased ethnocultural diversity, and the growing number of people presenting with histories of trauma), and the impact these trends have on how people understand and access support for substance use-related needs. Participants also discussed what these needs included, such as ethnoculturally sensitive and culturally competent services, trauma-informed service responses, and the integration of treatment and interventions related to problematic substance use into the general health system, particularly in primary care.

How the National Framework Should Be Updated

Vision

The National Framework's vision is as follows: "All people in Canada live in a society free of the harms associated with alcohol and other drugs and substances." The majority of participants agreed that this statement was still relevant and reflected their fundamental aspirations.

However, some participants felt the vision was unrealistic in its desire for a society **free** of harms, and suggested it should be updated to be more realistic and acknowledge the use of substances in societies across the ages. Participants provided the following suggestions for alternative descriptions of the society the National Framework envisions:

- A society in which people use substances safely and beneficially;
- A society that achieves a just balance between public safety and personal freedom; and
- A society that ensures the optimum health and happiness of those who use drugs.

Participants also felt that this framing would be less judgmental of people's use of substances and focus more on the optimization of people's health, wellness and quality of life. Participants urged the sector to continue to promote the use of non-pejorative terminology and language when discussing substance use and people's substance use-related needs.

Several participants suggested that the vision statement be refreshed to focus not only on reducing the harms associated with substance use, but also the policies and legislative and regulatory frameworks governing their accessibility and use. Participants at the small group consultation held with the Pan-Canadian Public Health Network Council and Council of Chief Medical Officers of Health supported this suggestion. Finally, some participants suggested that "alcohol" be removed from the vision statement so that it is identified as a drug and not seen as somehow different from other drugs and substances.



Principles

Participants had both general and specific suggestions for the principles in the National Framework to make them more appropriate to the current context. Generally, participants suggested that the principles be updated:

- To modernize the language throughout, with particular emphasis on:
 - Reflecting an approach based on public health and the social determinants of health;
 - Incorporating an approach based on individual, family and community strengths;
 - Viewing local, community-based approaches and community supports as critical to success; and
 - Ensuring the application of gender, culturally informed, trauma-informed, social justice and health equity perspectives to everything done in the name of the Framework.
- To remove the word “problematic” throughout, to better align with suggestions for developing a more realistic, health-focused vision statement; and
- To create a smaller list of more impactful principles by combining some related concepts together (e.g., combine “problematic substance use is a health issue” and “problematic substance use is shaped by social and other factors”).

Participants made specific suggestions for changes to or additions of individual principles:

- Include biological and psychological factors in the principle “problematic substance use is shaped by social and other factors”;
- Add “recovery” to the principle “successful responses to reduce the harms associated with alcohol and other drugs and substances address the full range of health promotion, prevention, treatment, enforcement, and harm reduction approaches” and change “enforcement” to “regulatory”;
- Clarify what is meant by the principle “responsibility, ownership and accountability are understood and agreed upon by all”;
- Change “human rights are respected” to “human rights are actively defended” to signal the need to defend the human rights of marginalized or criminalized people;
- Reflect the role of the social determinants of health by reflecting the cross-sectoral nature of partnerships needed in the principle “strong partnerships are the foundation for success”;
- Expand on the principle “those most affected are meaningfully involved” to state that this involvement is at all levels, including policy setting, research, knowledge exchange and dissemination, service delivery and outcome evaluation;
- Reconsider the cause-and-effect relationship implied by the principle “reducing the harms associated with alcohol and other drugs and substances creates healthier, safer communities”;
- Add a principle that explicitly states that continued criminalization of drugs creates significant harms that must be addressed as one of the harms associated with substance use and a cause of other harms;
- Add a principle about adequate funding of the system to address the harms of substance use, broadly defined, including components that belong to the social determinants of health; and



- Add a principle about aligning the National Framework vision, principles and priorities with those developed in the parallel process underway with Indigenous nations and communities.

Goals

The majority of participants agreed that the National Framework's goals remained relevant and worthy. It was suggested that they should be reviewed, updated and shortened to align with the refreshed vision and principles. For example, some suggested that the goal of providing "supportive environments" should explicitly include environments where people can use drugs safely. Some suggested that a third goal could be added around researching and advocating for policy alternatives to criminalizing illicit drug use.

Priorities

Participants had much to say about what the priorities should be for a refreshed National Framework. Stakeholders differed as to the degree of change they felt was needed to the Framework's existing priorities. Some participants felt that the existing priorities remained relevant subject to some changes of language or their order to modernize, highlight or clarify the existing priorities. For example, some participants suggested that the three priority areas be reordered so that "priorities to address the needs of specific populations" came first, before "priorities to build supportive infrastructure" or "priorities to address specific issues." More stakeholders advocated for a more wholesale change in the conceptualization and articulation of Framework priorities.

There were differences among participants in the emphasis each would place on particular priorities. For example, some participants felt that addressing the opioid crisis and, in particular, decriminalizing all drugs should be the top priority of a refreshed National Framework, whereas other participants felt that this priority should not be pursued to the exclusion of other priorities and that we ought to take the long view of needs in this area. Notwithstanding these differences, most participants agreed that, if possible, the number of priorities should be reduced, both to focus stakeholder efforts and to improve communication of the priorities to policy makers, other sectors, system stakeholders and the public. Participants also agreed that a key priority for the refreshed Framework must be to ensure regular pan-Canadian reporting on progress at the national, provincial, territorial and possibly municipal levels. Such reporting had not happened in a coordinated way for the original Framework.

The participants' proposals for the priorities of a refreshed National Framework clustered into six mutually reinforcing areas:

1. Take a public health approach

The majority of participants agreed that to address the harmful effects of substance use requires a fundamental shift to move our efforts upstream while also addressing the needs of those currently experiencing harms. Stakeholders need to work together across sectors:

- To conduct an analysis on the main drivers of problematic substance use, which will include a clear focus on addressing the impact of trauma and the social determinants of health, and share and address the results of this analysis;
- To take a population-specific and culturally informed approach that reflects the evidence so that the needs of specific populations are addressed;
- To analyze and communicate how current policy, legislative and regulatory frameworks must be transformed to reduce harms from substance use (i.e., evaluating and addressing the positive



and negative impacts associated with current drug policy approaches as part of an overall shift from a primarily criminal justice-focused approach to a public health-focused approach);

- To work across sectors to collate, disseminate and scale up evidence-based health promotion, primary prevention and targeted prevention initiatives to increase individual, family and community resilience, with emphasis on bolstering performance against the social determinants of health (beginning with the development of a repository of evidence-based and informed best practices in these areas);
- To increase efforts focused on eliminating the stigma and discrimination experienced by people who use substances both by normalizing substance use and by incorporating harm reduction into the conceptualization of people's recovery journeys and across the entire treatment and support continuum (and avoiding politicization of evidence-based treatment approaches); and
- To use the pending legalization of cannabis for recreational use to test the reorientation of our system to a public health approach across multiple perspectives: policy, legislation, regulation, public education, health promotion, prevention, treatment, research and outcome evaluation (including the unintended impacts from this change).

2. Close critical service gaps

All participants agreed that we must close critical service gaps within our health promotion, prevention, and treatment service and support systems to address the needs of those impacted negatively by substance use. Participants suggested a few ways to close service gaps:

- Provide sustainable, cross-sectoral investment that is equitably distributed across communities and system components; commensurate with investments in other parts of the health and social services systems that have similar impacts on social health and well-being; and sufficient for developing and integrating the problematic substance use workforce with primary care;
- Support local communities in identifying and addressing their needs by building their capacity to leverage existing and emerging evidence as to what works in addressing the harms associated with substance use, building local capacity for community-based planning, prevention and early intervention, and supporting local implementation and outcome evaluation; and
- Focus on meeting the needs of vulnerable and at risk populations, including children, youth and transitional-aged youth; older adults; FNIM communities; residents of Canada's rural and remote communities; women who are pregnant; people involved in the criminal justice system; new immigrants and refugees; and people with histories of trauma.
- Focus on meeting the needs of those with complex mental health and addiction issues, which includes a centralized access point to care that streamlines the client-family experience and provides care that is truly integrated and informed.

Most participants agreed that Indigenous communities must be supported to develop and implement culturally safe, community-defined solutions in alignment with the recommendations and directions of the Truth and Reconciliation Commission.

3. Address the opioid crisis and end overdose deaths

The majority of participants identified the opioid crisis as a failure of our system and our approaches to prevent and reduce the harms of substance use. All agreed that a priority for a refreshed National Framework needs to be a concerted, intersectional effort to resolve the opioid crisis and end overdose deaths. Participants identified key components of this effort, including expansion of prescription



monitoring capacity; drug-checking service capacity; access to opioid replacement and overdose reversal therapies; and access to a much broader range of treatment options to address the harmful effects of substance use as well as a broader range of non-opioid pain management strategies.

Some stakeholders expressed concern that this priority must not be advanced to the exclusion of progress against other National Framework priorities, but tackled within the context of an overall strategy to achieve the Framework's vision and goals. Other participants noted that the lessons learned from the opioid crisis must be applied proactively in an effort to prevent and reduce harms from emerging novel synthetic and over-the-counter psychoactive substances. The system needs to be better prepared at all levels to respond quickly to new developments within and beyond the sector.

4. Ensure the meaningful involvement of people with lived experience

Participants agreed that people with lived experience of substance use and substance use-related harms (i.e., family members, friends and community members) must be engaged with and supported to participate in meaningful ways at all levels of the system. Participants suggested that this engagement can be accomplished in two primary ways:

- Provide sustainable funding and support for people with lived experience to organize and build their capacity to engage meaningfully in transformation efforts across the system; and
- Establish and implement the principles, guidelines, processes, structures and mechanisms to enable such engagement and the co-design of system transformation efforts by people with lived experience and their loved ones.

5. Accelerate research and mobilize knowledge as to what works

Participants discussed the need to work together across sectors and disciplines to accelerate research and mobilize the knowledge to inform policy and practice and close the evidence gaps; this includes knowledge transfer and uptake gaps on what works to prevent and reduce harms from substance use (with a first step being the establishment of a repository of what works in these areas). Some participants suggested that this work could include developing and disseminating pan-Canadian treatment standards and guidance in key areas, and developing evidence about what infrastructure and interventions work to support lower-risk use of drugs and other substances.

Other stakeholders highlighted the need to close a specific evidence gap about what is needed to shift the existing treatment system from a primary focus on acute, episodic treatment to an increased focus on the provision of ongoing long-term community supports similar to chronic condition management interventions, while also looking at prevention and upstream initiatives that work.

Many stakeholders highlighted the importance and urgency of this priority in the context of the liberalization of access to alcohol in many provinces and territories, and the pending legalization of recreational use of cannabis, given the potential for unintended consequences from these changes. They also highlighted the implications of this priority in relation to the need for an enhanced focus on workforce development and the role of primary care in the substance use-related care system.

6. Establish a pan-Canadian surveillance and monitoring capacity

Participants agreed from the outset of each consultation or interview on the need to work together to establish a national data surveillance, analysis and public reporting capacity for substance use and the impacts of substance use. Such a capacity would involve provincial, territorial and possibly municipal data submissions and reporting on an annual basis. This capacity would also include regular pan-Canadian reporting on progress made against the priorities of the refreshed Framework.



Key Areas of Focus over the Next Two Years

Participants were asked what they thought should be accomplished within two years of the completed refresh of the National Framework. Table 2 provides a sample of the range of responses to they provided to this question, grouped by priority. Participants also commented on where CCSA could or should have a leadership, initiating or convening role in regards to each of these proposed accomplishments. These are noted in the table by “(CCSA)” after the specific accomplishment.

Table 2. Proposed accomplishments within two years

Priority	Sample of proposed accomplishments within two years
1. Take a public health approach	Evidence collated and broadly shared for taking a public health approach to substance use (e.g., what it is, why and how to move forward) (CCSA) Analysis conducted and results communicated about the impact of increased liberalization of access to alcohol and related policies (CCSA) Needle exchange programs implemented in prisons Police engaged and considering shift from enforcement to “drug use detection and triaged response” Canada represented at United Nations meetings, speaking to the impact of international treaties on national approaches to drugs and substance use
2. Close critical service gaps	Indigenous communities supported to establish a level playing field in terms of access to culturally safe, culturally competent and relevant services and resourcing Robust harm reduction services and treatment-on-demand are available in pilot prisons
3. Address the opioid crisis and end overdose deaths	Comprehensive strategy developed and implemented across sectors to address opioid crisis Accessibility to opioid agonists significantly improved Suboxone promoted and provided as first line opioid substitution therapy Community sites for drug checking established and being evaluated as to their impact Treatment on demand and long-term community supports are available and based on what works
4. Ensure the meaningful involvement of people with lived experience	Dedicated funding and capacity-building for groups and organizations representing people with lived experience, including family groups and organizations
5. Accelerate research and mobilize knowledge as to what works	Repository established of evidence-based, evidence-informed practices in health promotion, primary prevention and targeted prevention initiatives (i.e., what works to prevent and reduce harms from substance use) Research and evaluation strategy developed and being implemented to evaluate the impacts of cannabis legalization (CCSA) Partnership projects identified and launched with the Mental Health Commission of Canada, in regards to a robust, evidence-based pan-Canadian strategy to reduce stigma and discrimination against people who use substances (CCSA)
6. Establish a pan-Canadian data surveillance and monitoring capacity	Cross-sectoral cost study of impact of substance use completed (CCSA) Indicators and data sources identified for a national data surveillance and monitoring system (CCSA) Strategy developed and being implemented to enable pan-Canadian data surveillance and monitoring



Next Steps

The 107 stakeholders who participated in the two full-day consultations in Vancouver and Toronto, and those interviewed in the twelve individual and small-group interviews generated the ideas in this document. While participants expressed a diversity of views, there was also remarkable alignment around some of the priorities to be included in a refreshed National Framework.

This document is meant to provide a basis for further engagement and discussion with stakeholders as to how the National Framework should be refreshed so as to continue to serve as Canada's roadmap for action to address the complex, whole-of-society challenge of reducing the harms associated with alcohol and other drugs and substances. To this end, CCSA will use this document to set the stage for further dialogue and engagement with stakeholders and governments.

More specifically, CCSA will:

- Disseminate this report among all stakeholders we had consulted during the National Framework refresh process, as well as with our federal/provincial/territorial partners; and
- Update the accompanying [chart](#) for the *What We Heard* report to better reflect the current landscape;
- Continue to coordinate and support a system-wide response to the opioid crisis through our continued leadership on the First Do No Harm Executive Council and our commitments to the Opioid Summit's Joint Statement of Action; and
- Use the feedback from these consultations to help inform our planning and priority-setting initiatives, including:
 - Advancing and promoting an evidence based public health approach to cannabis legalization; and
 - Engaging a broader array of stakeholders, and supporting data-driven system reform.

Together with our partners, we can use the National Framework as a platform to mobilize individual and shared efforts to drive collective impact on the major health and social issues associated with problematic substance use. We encourage all interested individuals and organizations to implement projects independently or in collaboration, with the objective of driving long-term, collective results.

No one organization or level of government working alone can transform the system of care and create the kind of real and lasting change Canadians deserve. However, by harnessing our combined efforts with evidence and the determination to create lasting change, we can significantly improve the lives of Canadians and their families.



Appendix: List of Participants

Toronto, Ontario Consultation, November 24, 2016

Name	Affiliation	Name	Affiliation
Cheryl Arratoon	Canadian Centre on Substance Use and Addiction	Gisele Maillet	Government of New Brunswick
Lisa Ashley	Canadian Nurses Association	Vincent Marcoux	Association Québécoise des centres d'intervention en dépendance
Raffi Balian	South Riverdale Community Health Centre and with the Toronto Drug Users' Union	Rhowena Martin	Canadian Centre on Substance Use and Addiction
Candide Beaumont	Association des intervenants en dépendance du Québec	Lisa Massicotte	Association des intervenants en dépendance du Québec
Jane Buxton	British Columbia Centre for Disease Control	Jamie Meuser	College of Family Physicians of Canada
Walter Cavalieri	Canadian Harm Reduction Network	Jill Mitchell	Alberta Health Services
Connie Coniglio	British Columbia Mental Health and Substance Use Services	Andrew Murie	MADD Canada
Janis Cramp	Addictions and Mental Health Ontario	Gonzo Nieto	Canadian Students for Sensible Drug Policy
J.F. Crepault	Centre for Addiction and Mental Health	Howard Njoo	Public Health Agency of Canada
Frank Crichlow	Toronto Drug Users Union	Rita Notarandrea	Canadian Centre on Substance Use and Addiction
Ian Culbert	Canadian Public Health Association	Mark Paris	Drug Free Kids Canada
Zoë Dodd	South Riverdale Community Health Centre, Toronto Drug Users' Union	Rick Peters	Kelsey Trail Health Region
Joyce Douglas	Canadian Medical Association	Nancy Poole	British Columbia Centre of Excellence for Women's Health
Katherine Eberl Kelly	Pan-Canadian Joint Consortium for School Health	Amy Porath	Canadian Centre on Substance Use and Addiction
Richard Elliott	Canadian HIV/AIDS Network	Dana Pulsifer	Nova Scotia Health Authority
Robert Eves	Canadian Centre on Substance Use and Addiction	Hubert Sacy	Éduc'alcool
Nadia Fairbairn	British Columbia Centre for Excellence in HIV/AIDS	Paul Sajan	Canadian Institute for Health Information
Ada Giudice-Tompson	Advocates for the Reform of Prescription Opioids	James Sanford	Acadia University
Tara Gomes	Institute for Clinical Evaluative Sciences	Susan Shepherd	Toronto Drug Strategy



Name	Affiliation
Alissa Greer	Centre for Addictions Research British Columbia
Michael Hanson	Government of Yukon
Valerie Hourdeaux	Centre de traitement des dépendances Le Rucher
Rebecca Jesseman	Canadian Centre on Substance Use and Addiction
Harold Kalant	University of Toronto
Tina Leclair	Manitoba Health, Seniors and Active Living
Opal McInnis	Government of Nunavut
Don McPherson	Canadian Drug Policy Coalition

Name	Affiliation
Wayne Skinner	Centre for Addiction and Mental Health
Lis Sondergaard	Canadian Centre on Substance Use and Addiction
Beth Sproule	Centre for Addiction and Mental Health
Sherry Steward	Dalhousie University
Trudy Stuckless	Central Health Newfoundland
Michael Trew	Alberta Health Services
Mark Ware	McGill University
Theresa Woolridge	Canadian Centre on Substance Use and Addiction

Vancouver, British Columbia Consultation, February 28, 2017

Name	Affiliation
Neal Berger	Cedars at Cobble Hill
Lorna Bird	Vancouver Area Network of Drug Users
Jill Bowerman	Health Canada
Dr. Susan Boyd	University of Victoria
Denise Bradshaw	Heartwood Centre for Women
Peter Butt	University of Saskatchewan
Kora De Beck	University of British Columbia
Ann Dowsett Johnston	Faces and Voices of Recovery Canada
Brian Emerson	Health Officers Council of British Columbia
Robert Eves	Canadian Centre on Substance Use and Addiction
Mark Goheen	Fraser Health Mental Health and Substance Use Services
Brittany Graham	Eastside Illicit Drinkers Group for Education
Valerie Grdisa	Registered Nurses Association of Ontario

Name	Affiliation
Tracey Morrison	Western Aboriginal Harm Reduction Society
Bill Nelles	Mid-Island Treatment Society
Rita Notarandrea	Canadian Centre on Substance Use and Addiction
Kathleen Perkin	British Columbia Ministry of Health
Sean Plater	Victoria Police Department
Alan Podadowski	First Nations Wellness/Addiction Counsellor Certification Board
Colleen Poon	McCreary Centre Society
Amy Porath	Canadian Centre on Substance Use and Addiction
Dan Reist	Centre for Addictions Research British Columbia
Adair Roberts	Adair Roberts and Associates
Brian Rush	Centre for Addiction and Mental Health
Mike Serr	Abbotsford Police Department
Sandy Sherman	Alberta Health



Name	Affiliation	Name	Affiliation
Lorraine Grieves	Provincial Health Services Authority	Alex Sherstobitoff	AIDS Network Kootenay Outreach and Support Society
Mark Haden	Vancouver Coastal Health	Marshall Smith	British Columbia Recovery Council
David Hedlund	Health Care Consultant, Saskatchewan	Lis Sondergaard	Canadian Centre on Substance Use and Addiction
Michael Hunter	Health Canada	Bill Spearn	Vancouver Police Department
Michelle Hynes-Dawson	Alberta Gaming and Liquor Commission	Art Steinman	Vancouver School Board
Elaine Hyshka	University of Alberta	Laura Tate	Inner Change Foundation
Jesse Jahrig	Alberta Health Services	Gerald Thomas	British Columbia Ministry of Health
Rebecca Jesseman	Canadian Centre on Substance Use and Addiction	Kenneth Tupper	University of British Columbia
Malcolm King	Canadian Institutes of Health Research, Aboriginal People's Health	Karen Urbanoski	University of Victoria
Michael Krausz	University of British Columbia	Karen Ward	Vancouver Area Network of Drug Users
Jackie Lemaire	Addictions Foundation Manitoba	Michelle Wong	British Columbia Ministry of Health
Ann Livingston	Vancouver Area Network of Drug Users	Jody Yanko	Saskatchewan Ministry of Health
Mary Marlow	Vancouver Coastal Health	Sarah Young	Vancouver Coastal Health
Rhowena Martin	Canadian Centre on Substance Use and Addiction		

Interviews and Small-Group Consultations

Date	Name	Affiliation
Jan. 30, 2017	Betty Lou Kristy	Lived Experience/Family Advocacy (Mental Health, Addiction, Trauma and Bereavement)
Feb. 6, 2017	Nick Boyce	Ontario HIV and Substance Use Training Program
Feb. 6, 2017	Michael Parkinson	Waterloo Region Crime Prevention
Feb. 7, 2017	Donna May	Moms Mandated and United to Save the Lives of Drug Users (mumsDU)
Feb. 9, 2017	Cynthia Olsen	Thunder Bay Drug Strategy, City of Thunder Bay
Feb. 10, 2017	Carol Hopkins Clement Chartier Kathy Kettler Judy Whiteduck	Thunderbird Partnership
Feb. 14, 2017	Brenda Stankiewicz	Sudbury and District Health Unit
Mar. 2, 2017	Jessica Penner	Peterborough Drug Strategy Initiative



Date	Name	Affiliation
Mar. 14, 2017	Jordan Westfall Karen Ward	Canadian Association for People Who Use Drugs
Mar. 15, 2017	Marika Sandrelli Sherry Mumford	Fraser Health
Mar. 17, 2017	Gail Czukar	Addictions and Mental Health Ontario
Apr. 5, 2017		Pan-Canadian Public Health Network Council Council of Chief Medical Officers of Health

