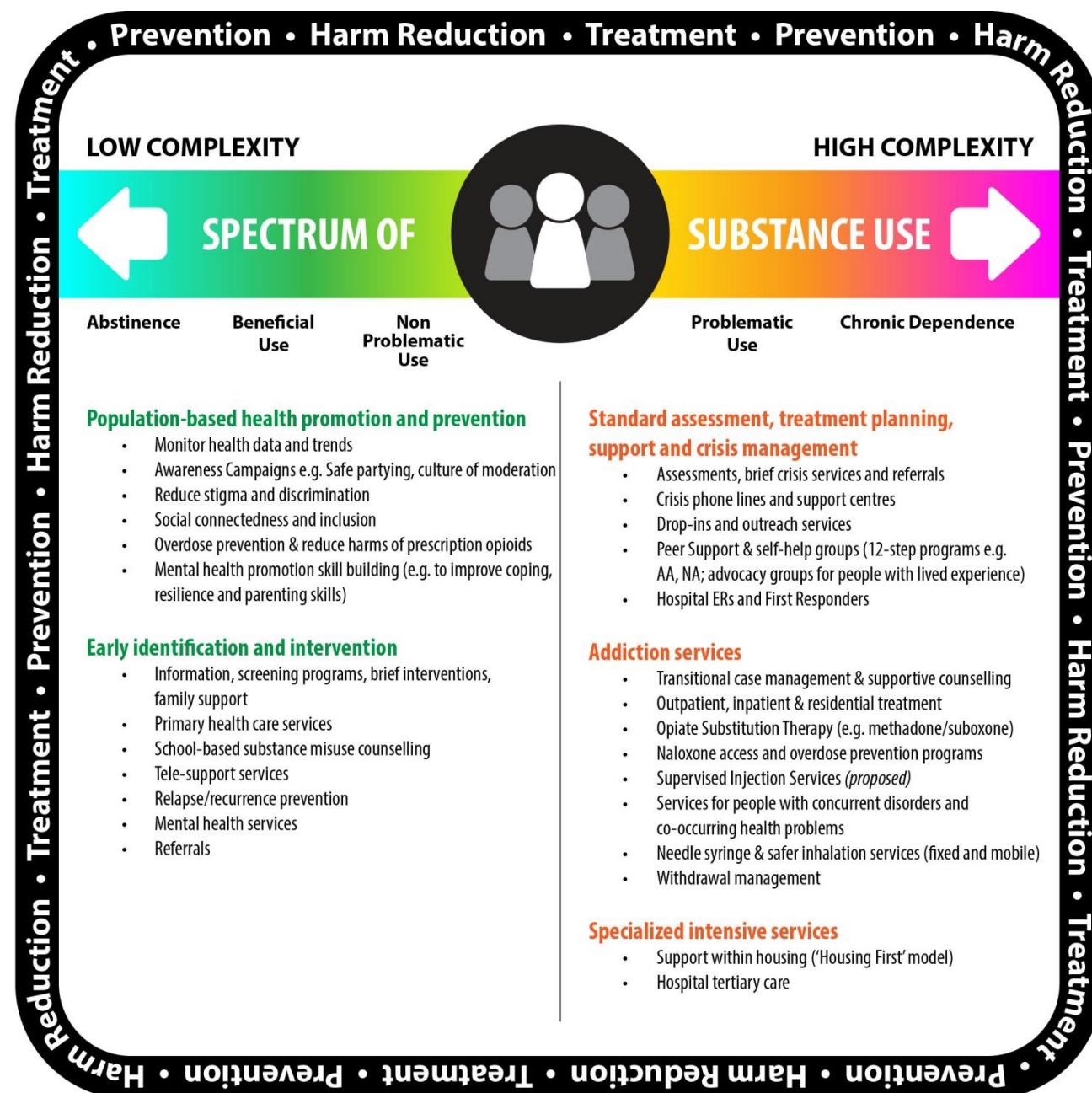


## Document 1 - Current Landscape of Services in Ottawa to Address Problematic Substance Use

Figure 1. The spectrum of substance use.<sup>1</sup>



<sup>1</sup> Adapted from: Every Door is the Right Door: Towards a 10-year mental health and addictions strategy. A discussion paper July 2009; A New Approach to Managing Illegal Psychoactive Substances in Canada. CPHA. May 2014; and American Society of Addiction Medicine. Continuum of Care for Addressing Substance Use, Abuse, Dependency.

The **Spectrum of Substance Use** is a client-centered approach to supporting people based on the complexity of their substance use. Beginning with Low Complexity on the left, the spectrum extends to the right towards High Complexity. Low complexity begins with abstinence, followed by beneficial use, non-problematic use, problematic use and lastly, chronic dependence on the high complexity end.

The following services represent abstinence, beneficial use and non-problematic use found under the Low Complexity half of the spectrum:

1. Population-based health promotion and prevention

- Monitor health data and trends
- Awareness Campaigns e.g. Safe partying, culture of moderation
- Reduce stigma and discrimination
- Social connectedness and inclusion
- Overdose prevention & reduce harms of prescription opioids
- Mental health promotion to build skills to improve coping, resilience and parenting skills

2. Early identification and intervention

- Information, screening programs, brief interventions, family support
- Primary health care services
- School-based substance misuse counselling
- Tele-support services
- Relapse/recurrence prevention
- Mental health services
- Referrals
- Mental health services

At the High Complexity side of the spectrum, the services representing problematic use and chronic dependence are:

1. Standard assessment, treatment planning, support and crisis management

- Assessments, brief crisis services and referrals
- Crisis phone lines and support centres
- Drop-ins and outreach services
- Peer Support & self-help groups (12-step programs e.g. AA, NA; advocacy groups for people with lived experience)
- Hospital ERs and First Responders

## 2. Addiction services

- Transitional case management & supportive counselling
- Outpatient, inpatient & residential treatment
- Opiate Substitution Therapy (e.g. methadone/suboxone)
- Naloxone access and overdose prevention programs
- Supervised Injection Services (*proposed*)
- Services for people with concurrent disorders and co-occurring health problems
- Needle syringe & safer inhalation services (Fixed and Mobile)
- Withdrawal management

## 3. Specialized intensive services

- Support within housing ('Housing First' model)
- Hospital tertiary care

## Definitions<sup>2 3 4 5</sup>

### **Abstinence**

Non-use of drugs.

### **Beneficial use**

Use that has positive health, spiritual, and/or social effects (e.g., pharmaceuticals used as prescribed; coffee/tea to increase alertness; moderate consumption of alcohol; ceremonial uses of tobacco, peyote or ayahuasca).

### **Non Problematic Use**

Recreational, casual, other use that has negligible health or social effects.

### **Problematic Use**

Use at an early age, or use that may have negative consequences for individuals, friends/family, communities or society (e.g., impaired driving; binge consumption; harmful routes of administration).

### **Chronic Dependence**

Use that has become frequent and compulsive despite negative health and social effects.

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<sup>2</sup> Definitions of beneficial use, non-problematic use, problematic use and chronic dependence from: Figure 1 Spectrum of Psychoactive Substance Use. [A New Approach to Managing Illegal Psychoactive Substances in Canada](#). CPHA. May 2014, p. 2

<sup>3</sup> Definition of treatment from Centre for Addiction and Mental Health. [Addiction 101 Online Tutorial](#).

<sup>4</sup> Definition of harm reduction is in part from Cheung, Y. W. (2000). Substance Abuse and Developments in Harm Reduction. *Canadian Medical Association Journal*. June 13, 2000. 162(12): 1697.

<sup>5</sup> Definition of prevention is in part from and [A New Approach to Managing Illegal Psychoactive Substances in Canada](#). CPHA. May 2014, p. 17

**Prevention**

To work upstream, by addressing issues before they occur. Includes low barrier blood testing, immunization programs, screening and brief intervention, evidence-based education, and social marketing.

**Harm Reduction**

To reduce immediate harm from drug use and minimize death, disease and injury. A harm reduction approach does not require that people abstain. Includes programs such as needle and syringe programs, methadone maintenance treatment, supervised injection services, and outreach and education programs.

**Treatment**

To help reduce or eliminate the substance use or the activity. Since different factors lead different people to addiction, no single type of treatment will work for everyone. There are different types of treatment for different substances.