

Guiding Principles for Substance Abuse Policy

Canadian Centre on Substance Abuse



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In December 1992, the Board of Directors of the Canadian Centre on Substance Abuse approved the “Guiding Principles for Substance Abuse Policy” with the intention of providing recommendations for the development and implementation of effective substance abuse policy in Canada. In October 2004, these principles were updated to reflect current circumstances and state of knowledge.

Purpose

The following paper outlines a set of principles to promote the creation and implementation of effective alcohol and other drug policies throughout Canada. They are intended as a guide to those involved in both the development and implementation of policies at all levels of government.

Guiding Principles: Parameters

Before setting out a proposed set of guiding principles for policy-making, it is important to clarify terms and state certain parameters:

- First, the term “policy” should be defined. “Policy” can refer to a wide range of issues ranging from criminalization of drug use to decisions on how to organize a treatment system within a particular community. However, in this document, the term policy refers to the sum of those considerations (i.e., options and recommendations) underlying a particular course of action for the control, prevention and/or treatment of problems associated with alcohol and other drug use. Therefore, these guiding principles are meant to apply not only to broad control policies, such as national drug policy or alcohol control laws, but also to explicit and implicit decisions regarding prevention programming and the provision of treatment.

- Second, the terms “substance” and “alcohol and other drugs” are generally meant to cover alcohol, tobacco, prescription drugs, over-the-counter medications, illicit drugs, solvents, inhalants and other psychoactive drugs. Although these terms do not include addictions that do not involve the use of alcohol or other drugs (e.g., gambling, overeating, etc.), the same guiding principles might apply to policies concerning all addictive behaviours.
- Third, the development of substance abuse policies can be usefully viewed within the context of health promotion. According to this perspective, a central goal of public policy is to promote and protect public health. Public policy is one of two general approaches to preventing and treating substance abuse and promoting health. Policies will be most effective if they support and are supported by the other general approach, namely, education. Health promotion and prevention strategies, including policies, must respond to the social, health, criminogenic and economic risk factors associated with substance abuse problems, and will be more effective to the extent that they involve regional and community partnerships.
- Finally, a statement of the guiding principles for alcohol and other drug policy would be incomplete without reference to the fact that there are distinct limits to substance abuse programs and policy that must be recognized. Substance abuse should be viewed as a symptom of social and individual problems and not just as a cause of such problems. Although there are clearly differences among individuals with regard to vulnerability, substance abuse is inexorably enmeshed in personal, social and societal factors such as poverty, unemployment, family dysfunction, discrimination and personal values. In essence, policy represents only one lever to address problems associated with substance abuse and will be most effective if combined with interventions that affect the determinants of substance abuse.

Preamble

- Substance abuse is a serious health and social problem in Canada.
- Substance abuse produces significant costs to Canada's economy in terms of both its direct impact on the health care and criminal justice systems, and its indirect impact on productivity as a result of premature death and ill health.
- Substance abuse policy should be goal-oriented and include specific performance measurement criteria. The benefits and costs of a given policy need to be explicitly considered in all stages of the policy-making process.
- Substance abuse policy is more likely to be effective when it involves partnerships and a sense of ownership by all relevant stakeholders.

Guiding Principles for Substance Abuse Policy-Making

1. Harm Reduction

One goal of substance abuse policy is to reduce the use of alcohol and drugs, but the first priority should be to decrease the negative consequences of substance misuse. The primary goal of harm reduction is to reduce the health and social problems associated with the use and control of alcohol and other drugs among individuals, families and communities. Abstinence from alcohol and other drug use is an important goal for some, but it is not necessarily the only acceptable or even the primary goal for all substance abusers. In some circumstances, it is

preferable to set a hierarchy of goals with more immediate and realistic outcomes set as first priorities to be achieved in steps toward risk-free use or, if appropriate, abstinence. For example, a strategy for the reduction of harm among injection drug users might involve the following hierarchy of goals:

- reduction and/or cessation of needle-sharing;
- use of oral rather than injectable drugs;
- reduction in quantity of drugs consumed; and
- abstinence.

2. Continuum of Interventions

There should be a balanced approach to substance abuse policy that addresses the full continuum of risks for developing problems with the use of alcohol and other drugs, including

- strategies to enhance health and prevent substance abuse problems in the general population that incorporate comprehensive analyses of all relevant risk and protective factors;
- prevention programs targeted at special high-risk groups;
- early detection and intervention for at-risk and excessive substance use;
- individualized treatment and rehabilitation.

3. Policy Effectiveness

Policies related to the control, prevention and treatment of alcohol and other drug problems should be evidence-based, well designed, effectively managed, community-based and oriented to the needs of the individual.

3.1 Policy Research

- *Evidence-Based*: Policies and programs for the control, prevention and treatment of alcohol and other drug problems should be based on objective, scientifically validated information that is collected and analyzed in a timely and ongoing fashion. These data should be collected at multiple levels (local, regional and national) to inform decision-making at all appropriate levels of government.
- *Employ a Broad Continuum of Methods*: Policy research and development should draw on data derived from a broad cross-section of methodologies, including large-scale epidemiological studies, cohort studies, ethnographic research and case studies.
- *Use of Best Practices*: Prevention and treatment programs should use the best available techniques and technology.
- *Knowledge Transfer*: Policy research should include specific components related to knowledge transfer so that research-driven innovations and discoveries can be continually incorporated into control policies and prevention/treatment programs. It should also promote methods for identifying innovations discovered by practitioners and transferring them to researchers for analysis and dissemination to the broader substance abuse field.
- *Specific Strategic Research Themes*: The following are strategic research themes relevant to the advancement of substance abuse policy in Canada:
 - Aboriginal Peoples
 - Biology of Substance Abuse
 - Epidemiology and Surveillance
 - Etiology of Substance Abuse
 - Health Promotion, Prevention and Healthy Public Policy
 - Populations/Resiliency
 - Research into Knowledge Exchange and Dissemination
 - Sex Differences and Gender Influences
 - System Design and Evaluation, and Public Policy
 - Treatment and Relapse Prevention

3.2 Policy Design

- *Coverage*: Prevention and treatment programs should be available in a timely fashion to all who need them. Control laws should be enforced equally throughout the community, and not differently enforced among particular cultural or socio-economic groups. At the same time, policies and programs should take regional and local conditions into account whenever possible.
- *Targeting*: Prevention and treatment programs should be targeted to specific needs. Generally, this refers to the relative risk of harm, as, for example, with regard to fetal alcohol effects among pregnant women, risk of HIV infection among injection drug users, and risk of alcohol dependency and other drug problems among First Nation groups, the homeless and other special populations. In addition, control policies should be specifically targeted to the problems they are intended to deal with and minimize unintended effects on non-target populations/behaviours.
- *Comprehensiveness*: There should be a variety of services offered that are tailored to individual needs. In general, the intensity of intervention should correspond to the level of risk with brief interventions reserved for low-risk substance misuse and more intensive interventions used for high-risk situations.
- *Culturally Sensitive*: Policies and programs for the control, prevention and treatment of alcohol and drug misuse should be sensitive to diverse cultural values and perspectives. Ideally, programs should incorporate components of the perspectives and values of the populations they are intended to serve.
- *Gender Sensitive*: The causes and consequences of alcohol and drug misuse can vary considerably between males and females. Policies and programs for the control, prevention and treatment of substance misuse should, at the very minimum, be sensitive to these differences. In some circumstances, however, the differences between males and females may be significant enough to warrant substantively different programs and policies for each.
- *Age Appropriate*: The causes and consequences of alcohol and drug misuse also vary considerably by age. Policies and programs for the control, prevention and treatment of substance misuse should be sensitive to differences associated with age.

3.3 Policy Implementation

Policies and programs for the control, prevention and treatment of alcohol and other drug problems should recruit highly qualified staff, involve staff in key decisions, and communicate clearly and honestly to clients and communities regarding goals and effectiveness.

- *Community-Based Policies:* Where appropriate, programs should be community-based. In general, it is preferable to provide service as close as possible to clients' homes, with more intensive services provided at the regional or provincial level.
- *Orientation to the Needs of the Individual:* Less intrusive interventions should be preferred over more intrusive. Policies should be client-centred. For example, clients and families should be directly involved in setting the goals of treatment. Policies should ensure that individuals, families and communities are empowered to assume appropriate levels of responsibility without increasing their sense of powerlessness.
- *Ongoing Systematic Evaluation:* Policies and programs should be subject to systematic and ongoing assessments of needs and evaluations of effectiveness.

4. Cost Effectiveness

Policies related to the control, prevention and treatment of alcohol and other drug problems should be evaluated in terms of their cost effectiveness. All policies and programs should be systematically evaluated and progress should be routinely monitored. Cost effectiveness should also be enhanced by effective partnerships with private industry, non-governmental organizations and self-help groups. Policies and programs should be coordinated to avoid duplication of effort.