Canadian Centre
on Substance Abuse
Centre canadien de lutte
contre les toxicomanies

Partnership. Knowledge. Change.
Collaboration. Connaissance. Changement.

www.ccsa.ca • www.cclt.ca

National Treatment Indicators Report

2011–2012 Data

January 31, 2014

National Treatment Indicators Report

2011–2012 Data

January 31, 2014

This document was published by the Canadian Centre on Substance Abuse (CCSA).

Suggested citation: Pirie, T., Jesseman, R., Di Gioacchino, L., & National Treatment Indicators Working Group. (2014). N*ational Treatment Indicators Report: 2011–2012 Data.* Ottawa, Ontario: Canadian Centre on Substance Abuse.

CCSA, 500–75 Albert Street
Ottawa, ON K1P 5E7
Tel.: 613-235-4048
Email: info@ccsa.ca

Production of this document has been made possible through a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

This document can also be downloaded as a PDF at www.ccsa.ca

Ce document est également disponible en français sous le titre :

Rapport sur les indicateurs nationaux de traitement : données de 2011–2012

ISBN 978-1-77178-064-3

Executive Summary

Background

Substance abuse is a significant health, economic and social issue in Canada. One way to reduce the burden of substance abuse is through evidence-informed treatment. Such an approach requires reliable data to inform decisions about effective system and service planning.

In 2012, the Canadian Community Health Survey (CCHS) found that 4.4% of Canadians met the criteria for a substance use disorder. Yet according to the data collected by the National Treatment Indicators (NTI) project, only 151,000 Canadians are accessing publicly funded treatment services. This number represents approximately 0.4% of Canadians aged 15 and older (as of 2011).[1] This gap in the number of Canadians with substance use problems and those actually using treatment services suggests that a considerable number of individuals who could benefit from treatment services are not accessing them.

In Canada, variations in the way substance use treatment data is collected across the country has made it difficult to describe a complete picture of the use of treatment services, the people accessing these services, and the trends among jurisdictions and over time. These information gaps also restrict Canada's ability to provide comprehensive treatment services data to initiatives addressing the health and social impacts of substance abuse at the international level.

Project Purpose and Contribution

The NTI project was developed to work towards collecting consistent information across jurisdictions to fill the information gaps and help improve the quality, range and accessibility of the treatment system. The NTI report presents information about treatment services for use by researchers, analysts, leaders, decision makers and advisors looking to support system and service planning, development and communications.

NTI data contribute to the system-level information required by decision-makers to plan, implement, monitor, and evaluate evidence-informed services and supports for the treatment of substance abuse in Canada by:

- Providing the first cross-Canada picture of treatment system use through data collected according to a set of common indicators;
- Providing a central, accessible source of information that allows those within and outside the substance use field to discover what national treatment system data exists;
- Building Canada's capacity to provide meaningful, reliable information on substance use treatment services to support evidence-based decision making at regional, provincial, territorial and national levels; and
- Facilitating collaboration and knowledge sharing between Canada and other countries and international organizations by providing a central source for national-level data.

[1] Statistics Canada. (2013). *Population by year, by province and territory.* Retrieved from http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/demo02a-eng.htm.

Limitations

It is important to note that the NTI report captures data from publicly funded, non-hospital-based treatment services only and does not include information from sources such as hospitals, privately-funded specialized treatment centres, community supports (e.g., Alcoholics Anonymous), or primary care services (e.g. those offered by family physicians). Variation in data collection and reporting mean that direct comparisons between jurisdictions should not be made.

Results

This third NTI report provides 2011–2012 fiscal-year data from eight provinces, one territory and one federal agency. It has expanded its scope to include information on two new indicators: clients' past-year drug use as well as clients' employment status at time of treatment. The addition of past-year drug use allows these treatment service data to be linked with findings from other national reports such as CADUMS, as well as information obtained from the Canadian Institute for Health Information (CIHI).

As the third in the series, this report is the first that is able to look at trends in the data from 2009–2010 to 2011–2012. The results show a great deal of variability in service use trends across Canada, with Alberta, New Brunswick, Nova Scotia, and Newfoundland and Labrador reporting decreases in the number of individuals accessing services and Ontario, Prince Edward Island, Saskatchewan and Manitoba reporting increases. The ratio of episodes to individuals, however, has remained consistent across most of Canada, indicating that people's service trajectories have remained relatively stable.

Key Findings

- An estimated 151,074 individuals (or 0.4% of the 2011 Canadian population) accessed publicly funded substance-use treatment services across Canada in the 2011–2012 fiscal year. This estimate is conservative since private treatment centres, hospital-based treatment and community supports are not included.
- Alcohol was the most common substance used in the past 12 months by those accessing treatment services, followed by cannabis.
- The use of cannabis, stimulants, and hallucinogens in the past 12 months was more common among individuals younger than 35 years of age than among individuals over 34.
- Individuals with no fixed address accounted for as much as 35% of residential treatment episodes.
- As much as 12% of **unique individuals** accessing substance use treatment, and as much as 22% of **unique individuals** accessing problem gambling treatment accessed treatment because of someone else's substance use (e.g., they accompanied a family member or friend to treatment or they accessed treatment services themselves to help them cope with a friend or family member's problem). This rate has remained consistent since 2009–2010.
- On average, individuals access treatment services more than once, or access more than one type of treatment, in a given year in nearly all jurisdictions.[2]
- In most jurisdictions, new clients represent the majority of individuals accessing substance use treatment.

[2] Exceptions to this statement are Prince Edward Island and Correctional Service of Canada.

- Non-residential treatment was the most common type of service accessed in terms of the number of episodes and the number of unique individuals.
- Males accounted for the highest proportion of *episodes* for substance use services in all treatment categories and jurisdictions with the exception of residential treatment and non-residential treatment in Yukon. Males also made up the majority of *individuals* accessing all types of treatment services.
- Youth (ages 15–24) accounted for a considerable proportion (between 15% and 45%) of treatment episodes.
- Males were more likely than females to report having used drugs by injection in the past 12 months in four of the six reporting jurisdictions.
- The majority of episodes for opioid treatment in Newfoundland, Ontario, Manitoba and Alberta were accessed by males. In Prince Edward Island and Saskatchewan, females were more likely to access public opioid substitution treatment.

The NTI data demonstrate that substance use has serious impacts beyond the individual who has a problem. For example, individuals seeking help for a family member or a close friend's substance use accounted for over 10% of treatment episodes in 2011–2012. This behaviour emphasizes the need for treatment services to develop approaches that include family and loved ones of the clients.

The 2011–2012 NTI report is the first to capture information regarding past-year drug use. The data indicate that the treatment population captured by the project has a similar drug use profile to the general Canadian population. For example, in 2011 alcohol and cannabis were the top two substances used by Canadians 15 years of age and older (Health Canada, 2012). This finding is echoed in the 2011–2012 NTI past-year drug use data, which indicate that in many provinces these two substances were the most commonly reported drugs used in the past year.

Another similarity between the NTI treatment population and the general population is that in nearly every jurisdiction, more males than females self-reported using alcohol, cannabis, cocaine, hallucinogens, hypnotics and sedatives. Other sex differences were seen in injection drug use and the use of opioid treatment services.

Conclusions and Next Steps

This report contributes new information on the use of publicly funded substance use and gambling treatment services in Canada. It identifies common patterns and trends in treatment service use and provides a picture of the demographic characteristics of the people who access treatment services.

The NTI data indicate that publicly funded treatment services are being accessed by a variety of individuals (e.g., males, females, youth, seniors, employed, unemployed) with varying substance use profiles as well as by individuals who are attending treatment to cope with another person's substance use. The findings demonstrate the need to offer a comprehensive range of treatment services that target the unique needs and characteristics of the people accessing them. Examples include gender-based services, age-appropriate services, housing and employment supports, family services and services that respond to different drug use profiles (e.g., alcohol, stimulants, pharmaceuticals, multiple substances).

The high rates of people accessing treatment who are unemployed or have no fixed address also indicate the importance of including employment and housing supports as part of a comprehensive treatment approach.

A considerable proportion of Canadians who could benefit from publicly funded treatment services are not accessing them. To obtain a better understanding of the gap between service need and service use, the NTI Working Group is linking to a needs-based planning (NBP) project being led by

the Centre for Addiction and Mental Health (CAMH) and the University of Quebec. Together, these two projects will contribute information required for evidence-based system planning. In the future, the NTI project also hopes to expand data collection to a broader scope of service providers (e.g., community- and hospital-based services and supports) to capture data that better reflect the full continuum of services provided in Canada.

Improved information provided over time and through additional sources will lead to the achievement of the goal of the NTI project: to produce a comprehensive picture of service use to inform policy, resourcing and development, which will help improve the overall quality, range and accessibility of substance use services and supports in Canada.

Table of Contents

List of Acronyms

General

n	Number
DWI	Driving while impaired
N/A	Not applicable
NFA	No fixed address
OTC	Over-the-counter
RWM	Residential withdrawal management
NRWM	Non-residential withdrawal management
RT	Residential treatment
NRT	Non-residential treatment

Canadian organizations and jurisdictions

AB	Alberta
ACRDQ	Association des centres de réadaptation en dépendance du Québec
AFM	Addictions Foundation of Manitoba
AHS	Alberta Health Services
AMU	Addictions Management Unit (Manitoba)
BC	British Columbia
CAMH	Centre for Addiction and Mental Health
CCSA	Canadian Centre on Substance Abuse
CIHI	Canadian Institute for Health Information
CRD	Centres de réadaptation en dépendance (Quebec)
CSC	Correctional Service Canada
CSSS	Centres de santé et des services sociaux (Quebec)
DHA	District Health Authority
LHIN	Local Health Integration Network (Ontario)
MB	Manitoba
NB	New Brunswick
NL	Newfoundland and Labrador
NNADAP	National Native Alcohol and Drug Abuse Program
NS	Nova Scotia
NU	Nunavut
NWT	Northwest Territories
NYSAP	National Youth Solvent Abuse Program
ON	Ontario
PEI	Prince Edward Island
PHSA	Provincial Health Services Authority (British Columbia)
QC	Quebec
RHA	Regional Health Authority
SK	Saskatchewan
VAC	Veterans Affairs Canada
YT	Yukon

Canadian data collection

ADG	Alcohol, Drugs and Gambling System
AIMS	Addictions Information Management System
AMIS	Addiction and Mental Health Information System
ASIST	Addiction System for Information and Service Tracking
ASsist	Addiction Services Statistical Information System Technology
CADUMS	Canadian Alcohol and Drug Use Monitoring Survey
CCENDU	Canadian Community Epidemiology Network on Drug Use
CRMS	Client Referral Management System
DATIS	Drug and Alcohol Treatment Information System
DART	Drug Abuse Registry of Treatment
ISM	Integrated System Management
MHIS	Mental Health Information System
MRR	Minimum Reporting Requirements
NTI	National Treatment Indicators
NTIWG	National Treatment Indicators Working Group
OMS	Offender Management System
RASS	Regional Addiction Service System
SIC-SRD	Système d'information clientèle pour les services de réadaptation en dépendance
SPSS	Statistical Package for the Social Sciences
STORS	Service Tracking and Outcome Reporting System

Introduction

Substance abuse is a significant health, economic and social issue in Canada. The 2012 Canadian Community Health Survey (CCHS) estimated that 4.4% of Canadians aged 15 and older met the criteria for a substance use disorder. Substance use is also a significant contributor to diseases such as cancer, HIV/AIDS, cardiovascular disease and diabetes—further burdening healthcare systems that are already overwhelmed.

According to the 2011 Canadian Alcohol and Drug Use Monitoring Survey (CADUMS), close to 10% of Canadians 15 years of age and older have used an illegal drug. Of these, 17.6% have experienced harm associated with their drug use (Health Canada, 2012). In addition, the majority of Canadians report consuming alcohol in the past year (78%). Of these, 18.7% exceeded Canada's *Low-Risk Alcohol Drinking Guidelines*[3] increasing their risk of experiencing chronic effects and 13.1% exceeded the Guidelines increasing their risk of experiencing acute effects (Health Canada, 2012).

One way to reduce the risks and harms associated with alcohol and other drug use is to ensure Canadians have access to a comprehensive system of effective, evidence-based services and supports. Historically, however, instead of taking a strategic approach to system development, investments in this area often do little more than carry forward existing allocations or respond to public and political calls for action (National Treatment Strategy Working Group, 2008).

Better, more consistently collected data at all levels will:

- Support the business case for investing in substance use treatment services for people;
- Illustrate the size of the system and its client base;
- Better assess the capacity of systems at all levels to respond to demand;
- Identify underserved populations;
- Measure and monitor the impact of system change;
- Facilitate the evaluation of specific strategies or programs at regional, provincial/territorial or national levels;
- Identify trends in the characteristics of people seeking services;
- Indicate trends and patterns;
- Inform system planning and development;
- Increase collaboration and communication between jurisdictions;
- Enable valid comparisons between national and jurisdictional data; and
- Contribute reliable, pan-Canadian information to international data-collection.

The National Treatment Indicators (NTI) project addressed the need for better data: a set of measures that are, for the first time, collecting treatment system data according to common categories across Canada.[4] The NTI report is the only publicly accessible source of information on publicly funded treatment centres in Canada. It illustrates the type of treatment information that is

[3] Canada's *Low-Risk Alcohol Drinking Guidelines* are available from www.ccsa.ca.

[4] Gambling information is also provided where it is readily available.

currently being collected, and helps to identify information gaps. It also helps indicate whether the treatment system is responding to the latest trends and evolving knowledge in substance use field.

This report is intended for a broad audience that includes researchers, analysts, leaders, decision makers and advisors looking for information to support service planning, development and communications. The components of this report present varying levels of detail to meet the needs of these different audiences.

National Treatment Indicators

Building on previous work by the Canadian Institute for Health Information (2001), the Canadian Centre on Substance Abuse (Thomas, 2005) and the National Treatment Strategy Working Group (2008) to identify the gaps between the information needed to monitor Canada's treatment system and the information that is actually available, the NTI project aims to provide a comprehensive picture of substance use treatment utilization in Canada.

The project is led by the National Treatment Indicators Working Group (NTIWG), which was formed in 2009 and includes representatives from all 10 provinces, one territory (Yukon), federal departments with treatment delivery responsibility and the Canadian Institute for Health Information (CIHI). The NTIWG intends to continue to expand its membership to obtain complete cross-Canada representation. (NTIWG Membership, Appendix A.)

The NTI project has been funded to date through Health Canada's Drug Treatment Funding Program (DTFP). In recognition of the data-collection and -monitoring capacity that participation in the project has facilitated, NTI partners have expressed support for continuing the project beyond the current funding period. Continuity will also be supported by:

- Increased data collection capacity developed at the provincial/territorial level, often through DTFP funding;
- Established processes for generating data aligning with the NTI protocols;
- A new web-based data collection tool that will reduce the time required for reporting; and
- Potential funding opportunities identified, including a renewed DTFP stream from 2014 to 2018.

Progress to Date

For the purpose of this report, jurisdictions refers to provincial, territorial, federal, First Nations, Inuit and Métis authorities with stewardship over substance use service systems.

The NTI project has evolved significantly since its creation in 2009. The project's first report, published in March 2012, presented 2009–2010 fiscal year data on nine indicators provided by six provinces (Prince Edward Island, Nova Scotia, New Brunswick, Ontario, Saskatchewan and Alberta), one Quebec-based organization (Association des centres de réadaptation en dépendance du Québec) and one federal agency (Correctional Service of Canada). The second report included data on the same nine indicators, while incorporating data from two additional provinces (Newfoundland and Labrador, Manitoba) and one territory (Yukon), bringing it closer to full national representation. Additionally, the second report increased the data on participation in driving-while-impaired programs. This third report includes data from the same provincial, territorial and federal sources as the second report, but has been expanded in scope to include information on two additional indicators: clients' past-year substance use and clients' employment status.

The NTI project is also featured on the Systems Approach to Substance Use in Canada website (www.nts-snt.ca). This website provides system-level information for all provinces and territories in Canada as well as information briefs, change management guides, and planning tools and templates for enhancing the accessibility, quality and range of services and supports for substance use.

The Road Ahead

Building on the project's progress to date, the long-term goal of the NTIWG is to continue to expand data collection and provide a truly comprehensive national picture that will better serve system planning needs, including:

- Data from all provinces, territories, and national agencies with substance use service delivery responsibility;
- Data on services provided in hospital settings;
- Data on non-specialized services offered by community and private sector partners; and
- Data on an expanded set of indicators (see Appendices B and C).

Administrative Context: Contributing to a National and International Picture

In Canada, the administration and delivery of health care services is the responsibility of each province or territory, guided by the provisions of the *Canada Health Act*. The provinces and territories fund these services with assistance from the federal government. Treatment for substance use and gambling is included under the umbrella of healthcare services. There are also federal agencies that provide treatment for specific populations. The Correctional Service of Canada for federally incarcerated offenders; Veterans Affairs Canada for veterans, Canadian Forces members and the Royal Canadian Mounted Police; and Health Canada's First Nations and Inuit Health Branch, which funds the National Native Alcohol and Drug Abuse Program (NNADAP) and National Youth Solvent Abuse Program (NYSAP) for First Nations and Inuit.

Jurisdictions are free to tailor their healthcare systems to best meet the unique needs of their populations. However, autonomy also results in a number of inter-jurisdictional differences in how services are funded and delivered, affecting the range of available treatment options across the country. For example, provinces and territories may contract services through regional health authorities or directly with service agencies. Substance use systems can be completely distinct from or fully integrated with mental health systems, or somewhere in between. Although all jurisdictions collect information to monitor system activities and performance, the nature and sophistication of these efforts varies substantially. As a result of these variations, the data collected are often not comparable across jurisdictions, but brought together they begin to form a pan-Canadian picture of substance use treatment utilization that can inform system planning, resourcing and development.

Canada also has international reporting responsibilities. The United Nations Office on Drugs and Crime (UNODC), the World Health Organization (WHO), the Pan-American Health Organization (PAHO) and the Inter-American Drug Abuse Control Commission (CICAD) all have annual or semi-annual reporting requirements. The reports produced by these organizations all include national treatment data. Much of the information Canada currently provides on substance use services is based on partial data from some provinces and territories, or estimates derived by taking data from a small number of jurisdictions and extrapolating to the national level. By building Canada's capacity to provide meaningful, reliable information on national substance use services to the international level, the NTI project is facilitating collaboration and knowledge sharing between Canada and other countries and international organizations.

Methods

This report provides jurisdictional-level descriptive information on treatment services in Canada by presenting information such as the number of individuals accessing publicly funded specialized treatment services and their basic demographic characteristics (e.g., age, gender). The treatment indicators were identified by the National Treatment Indicators Working Group (NTIWG) based on information already being collected at the jurisdictional level. This initial set of indicators (referred to as "green light" indicators) provided the core starting point for the NTI reports. The NTIWG also identified "yellow light" and "red light" indicators with the intention of expanding data-collection capacity over time to continually enhance the information available on services and supports for substance use in Canada. (See Appendix B for more information on the indicators.) The report also provides gambling information where available.[5]

Green light indicators

1. Total number of treatment episodes in public, specialized treatment services for substance use problems.
2. Total number of treatment episodes in public, specialized treatment services for problem gambling.
3. Total number of unique individuals treated in public, specialized treatment services for substance use problems.
4. Total number of unique individuals treated in public, specialized treatment services for problem gambling.
5. Total number of episodes and unique individuals treated in public, specialized treatment services by categories of residential withdrawal management, non-residential withdrawal management, residential treatment and non-residential treatment.
6. Total number of episodes and unique individuals treated in public, specialized treatment services by gender, age and housing status; and within categories of residential withdrawal management, non-residential withdrawal management, residential treatment and non-residential treatment.
7. Total number of episodes and unique individuals treated in public, specialized treatment services by injection drug status.
8. Total number of individuals in opioid substitution treatment in public, specialized treatment services and external opioid substitution clinics.
9. Total number of individuals served within driving-while-impaired programs.

The data presented in the NTI reports are the outcome of a multi-stage process. First, service providers enter client level data, which are then submitted at the regional or provincial level according to reporting requirements. The data are then analyzed at the provincial level according to

[5] In many jurisdictions, services for gambling and substance use are under the same administrative envelope. The NTIWG agreed to include gambling data separately where it was available for information purposes, but to maintain an overall focus on substance use consistent with project objectives and funding. There are many other initiatives with a focus exclusively on gambling that contain information and interpretation beyond the scope of this report.

the definitions and data-collection protocols developed by the Canadian Centre on Substance Abuse (CCSA) in consultation with the NTIWG.[6] Next, data are entered into collection templates and submitted to CCSA by NTIWG members. (All information provided to CCSA and presented in the report is at the aggregate level rather than the individual case level.) Finally, CCSA conducts data analysis and produces the report in close consultation with the NTIWG.

Jurisdictional Data Collection

This report provides 2011–2012 fiscal-year data from eight provinces, one territory, one provincial association and one federal department. Specifically, provincial-level treatment service data were provided by Newfoundland and Labrador, Prince Edward Island, Nova Scotia, New Brunswick, Ontario, Manitoba, Saskatchewan and Alberta; and territorial-level data were provided by Yukon. The Correctional Service of Canada (CSC) provided data on the federal offender population. The Association des centres de réadaptation en dépendance du Québec (ACRDQ) also provided data on driving-while-impaired programs in Quebec.

A variety of different systems, methods and processes are currently used to collect information about treatment services across Canada. There is generally a substantial amount of service and client information collected during the screening and assessment or intake process. In most provinces and territories, regional health authorities manage the collection of this information and then provide summary information to the provincial Ministry of Health or other funding and oversight bodies. However, funding for substance use treatment is sometimes provided in a single envelope with no specific accountability for individual services. Requirements for the type and quality of data submitted to funders also vary. Across the provinces, there are a number of differences in terms of the quality and quantity of the information being collected, the format in which it is recorded and its availability. Appendix D provides a summary of the data-collection systems in place across Canada as well as information on their administrative context (such as the service delivery structure and provincial ministry responsible).

Limitations

Developing a list of common core indicators presents many challenges. The general limitations to the current data are described below and noted in explanations throughout the report. The Notes on the Data at the beginning of Appendix E describe specific conditions. Because of these limitations the data are not completely comparable across jurisdictions. Fortunately, the limitations are expected to diminish with time as data-collection capacity develops and jurisdictions identify new methods to report information more directly in line with the NTI data-collection protocols. At this time, however, the following limitations must be considered when reviewing the data:

- **Services included:** The data represent only publicly funded and specialized services. Private treatment[7] and rapid detoxification data are not included. Many clients with substance use problems also have a multitude of other health-related issues that may be the cause of their contact with the health care system. The report presents some information regarding hospital separations; however, it does not capture most substance use treatment in primary care or hospital contexts. As the NTI project evolves, CCSA hopes to better capture data reflecting the full

[6] Data collection protocols are available from CCSA on request. See Appendix C for more information on the data-collection process.

[7] Privately funded treatment providers operate independently and are under no obligation to provide data to the jurisdictions or any federal authority.

continuum of substance use treatment services provided in Canada (e.g., community supports, primary care).

- **Jurisdictional participation:** This report is based on data submitted by 10 of a possible 16 administrative jurisdictions across Canada. Some jurisdictions were unable to participate for capacity reasons. CCSA and the NTIWG will continue to work with all jurisdictions to increase data submission and find additional data sources (e.g., driving-while-impaired programs, methadone maintenance treatment programs) in future years.
- **Reliability:** The accuracy of aggregate data depends on the accuracy and consistency of the individual case data being entered at the frontline level. In many provinces and territories, there are different data-collection systems in place across regions, creating inconsistencies in data definitions and data-entry practices. Service-level data-collection capacity is developing and will help improve consistency in future reports.
- **Service definitions:** The collection of consistent information relies on the use of a standard, agreed-upon set of definitions. However, service delivery models vary widely across Canada. The core indicator definitions can be revisited as the project progresses to ensure that they best reflect the work of the field.
- **Administrative variation:** Small differences in how cases are recorded can result in tremendous variations at the aggregate level. For example, some jurisdictions consider a case to be "open" at first contact, whereas others wait until the formal treatment intake.
- **Comparability:** The limitations listed above mean that although all jurisdictions are using the same data collection protocols, the data being provided across jurisdictions are not yet comparable.

Results

This report contains information from the 2011–2012 fiscal year on 11 indicators related to substance use and gambling treatment services, submitted by 10 jurisdictions (Yukon, Alberta, Saskatchewan, Manitoba, Ontario, New Brunswick, Nova Scotia, Newfoundland and Labrador, Prince Edward Island and Correctional Service of Canada). Because of the limitations noted in the previous section of the report, **data should not be compared across jurisdictions**.

Empty cells in the tables indicate that data could not be provided by the respective jurisdiction. Cells displaying "N/A" indicate that the data point is not applicable (e.g., the category of treatment is not provided in the jurisdiction). Asterisks indicate that numbers have been suppressed (i.e., for data representing less than five individuals for most jurisdictions or less than 10 individuals for New Brunswick). Suppression of data helps to ensure that individuals are not identifiable due to unique characteristics or service access within the aggregate-level data. If a jurisdiction was unable to present information for a particular indicator that jurisdiction was removed from the table.

The interpretation of these results should also be guided by recognition that the number of people receiving substance use and gambling services is the result of many combined factors, and is not an accurate measure of need in the population. Factors influencing service numbers include the rate of a given problem in the population; the structure, availability and accessibility of services within the system; and various other health and social factors. For example, a high-profile anti-stigma campaign for youth with substance use problems may result in an increase in referrals and rates of treatment in one jurisdiction, despite no change in the actual baseline rate of substance use and associated harms.

Episode: An episode refers to admission to a specific treatment service. A person can access several different services, or re-enter the same service more than once in a given year and therefore have multiple episodes.

Unique Individual: A unique individual refers to a single person. One unique individual might have several treatment episodes over the course of a year.

The results also include the ratio of individuals to service episodes, recognizing that a single individual can have several episodes in a given year. The ratio, however, indicates an average that can be affected by variations in how an episode is measured between jurisdictions[8] or by a small number of individuals with a high number of episodes.

[8] Some systems count a new episode when a new system component or category of service is accessed; others limit new episodes to individuals entering the system as a whole. Resolving this inconsistency is one of the goals of the NTIWG for future reports.

Indicator 1

Total number of treatment episodes in public, specialized treatment services for substance use problems

Indicator 2

Total number of treatment episodes in public, specialized treatment services for problem gambling

Indicators 1 and 2 are presented together in the interest of brevity. They provide information on the total number of specialized treatment service episodes related to substance use and problem gambling, respectively, in a given jurisdiction during the 2011–2012 fiscal year.

Table 1 provides information on the total number of treatment episodes related to substance use (i.e., residential withdrawal management, non-residential withdrawal management, residential treatment, non-residential treatment) and problem gambling in a given jurisdiction during the 2011–2012 fiscal year. Table 1 also indicates whether a jurisdiction experienced an increase or decrease in the total number of substance use treatment episodes from their first year of data submission to the 2011–2012 fiscal year. While the majority (60%) of jurisdictions experienced an increase in the total annual number of treatment episodes, Nova Scotia and CSC experienced a 12.2% and 24.1% decrease from 2009–2010 to 2011–2012, respectively. Saskatchewan experienced a 6.4% increase from 2009–2010 to 2011–2012 and Yukon experienced a 71.5% increase from 2010–2011 to 2011–2012.

Table 1. Treatment episodes for substance use and problem gambling, 2011–2012[9]

Jurisdiction	Substance Use			Problem Gambling	
	n	n/100,000	Difference[10]	n	n/100,000
Newfoundland and Labrador	2,895	564	↓ 43	187	36
Prince Edward Island	3,161	2,170	↓ 100	22	15
Nova Scotia	12,935	1,364	↓ 1,792	289	30
New Brunswick	9,138	1,210	↑ 13	438	58
Ontario	109,464	819	↑ 1,711	5,947	44
Manitoba * #	17,278	1,380	↑ 148	696	56
Saskatchewan	21,489	2,031	↑ 1,300	338	32
Alberta	52,709	1,395	↑ 72	2,240	59
Yukon	5,060	14,294	↑ 2,109	N/A	N/A
CSC ¶	2,064	8,913	↓ 655	N/A	N/A

Table 2 compares the total number of substance use and problem gambling treatment episodes for individuals seeking treatment for themselves to those seeking treatment on behalf of a family member. The data indicate that as much as 10% of substance use treatment episodes and as much

[9] Population estimates used to calculate rate per 100,000 are based on Statistics Canada 2011 estimates for the entire population of a jurisdiction, retrieved from http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/demo02a-eng.htm. CSC population was drawn from the 2012 Corrections and Conditional Release Statistical Overview, retrieved from http://www.publicsafety.gc.ca/cnt/rsrcs/pblctns/2012-ccrs/index-eng.aspx.

[10] Differences can be a result of changes made to data collection or reporting and might not necessarily reflect a true increase or decrease within a given jurisdiction.

as 21% of problem gambling treatment episodes during 2011–2012 were accounted for by individuals who were accompanying a family member or friend to treatment or who accessed treatment services themselves to help them cope with a friend or family member's problem. This finding is consistent with previous NTI reports and demonstrates that the effects of substance use and problem gambling go beyond the individual with the problem. This finding also demonstrates that there is a need to provide treatment services targeted to the friends and family members of individuals who use substances.

Table 2. Treatment episodes for substance abuse and problem gambling where the person was seeking treatment for themselves or seeking treatment for a family member, 2011–2012

Jurisdiction	Substance Use					Problem Gambling				
	Episodes where individuals were seeking treatment for themselves		Episodes where individuals were seeking treatment for a family member		Total number of treatment episodes	Episodes where individuals were seeking treatment for themselves		Episodes where individuals were seeking treatment for a family member		Total number of treatment episodes
	n	%	n	%		n	%	n	%	
Newfoundland and Labrador #	2,819	96.8	93	3.2	2,912	186	98.4	*	1.6	189
Prince Edward Island	2,981	94.3	180	5.7	3,161	22	100.0			22
Nova Scotia	12,476	96.5	459	3.5	12,935	235	81.3	54	18.7	289
Ontario	103,909	94.9	5,555	5.1	109,464	4,674	78.6	1,273	21.4	5,947
Manitoba *	15,941	92.3	1,337	7.7	17,278	578	83.0	118	17.0	696
Saskatchewan †	20,122	93.9	1,316	6.1	21,438	304	89.9	34	10.1	338
Alberta	47,848	90.8	4,861	9.2	52,709	2,018	90.1	222	9.9	2,240
CSC ¶	2,064	100.0	N/A	N/A	2,064	N/A	N/A	N/A	N/A	N/A

Indicator 3

Total number of unique individuals treated in public, specialized treatment services for substance use (alcohol and other drugs) problems

Indicator 4

Total number of unique individuals in public, specialized services for problem gambling

Indicators 3 and 4 are presented together in the interest of brevity. They provide information on the total number of unique individuals treated in public, specialized treatment services for substance use and problem gambling, respectively, during the 2011–2012 fiscal year.

Table 3 provides information on the total number of individuals who accessed treatment for substance use and problem gambling in a given jurisdiction during the 2011–2012 fiscal year. Between the 2009–2010 and 2011–2012 reports, half of the jurisdictions experienced a decrease in the total number of individuals accessing treatment while the other half experienced an increase. Newfoundland and Labrador, Nova Scotia, and CSC, for example, each experienced a decrease of over 15% while Prince Edward Island and the Yukon each experienced an increase of approximately 20%.

Table 3 also presents the ratio of episodes to individuals. Findings indicate that, on average, individual's access treatment services more than once in a given year in nearly all jurisdictions. For many jurisdictions this ratio has remained constant over the years (within a few decimal points);

however, other jurisdictions, such as Yukon and Newfoundland and Labrador have experienced an increase in the number of episodes their respective clients have in a given year. For example, the ratio of episodes to individuals for the Yukon has increased from 4.0 in 2010–2011 to 5.7 in 2011–2012. The ratio of episodes to individuals for Newfoundland and Labrador increased from 2.0 in 2010–2011 to 2.4 in 2011–2012. In Prince Edward Island the ratio of episodes to individuals has fluctuated over the past few years from 1.2 in 2009–2010 to 1.4 in 2010–2011 and then to 1.0 in 2011–2012. Interpretation of the ratios presented in Table 3 should take into consideration the fact that there are variations in how an episode is measured between jurisdictions, and that a small number of individuals with a high number of service episodes can inflate the overall average.

Table 3. Unique individuals accessing substance use and problem gambling services, 2011–2012

Jurisdiction	Substance Use				Problem Gambling		
	n	n/100,000	Difference	Ratio of episodes to individuals	n	n/100,000	Ratio of episodes to individuals
Newfoundland and Labrador #	1,223	238	↓ 231	2.4	94	18	2.0
Prince Edward Island	3,110	2,135	↑ 485	1.0	22	15	1.0
Nova Scotia	7,400	780	↓ 2,114	1.7	249	26	1.2
New Brunswick	5,780	765	↓ 214	1.6	296	39	1.5
Ontario	70,319	526	↑ 553	1.6	5,513	41	1.1
Manitoba * #	10,900	871	↑ 741	1.6	389	31	1.8
Saskatchewan †	15,240	1,441	↑ 546	1.4	278	26	1.2
Alberta	34,213	906	↓ 640	1.5	1,682	45	1.3
Yukon	891	2,517	↑ 148	5.7	N/A	N/A	N/A
CSC ¶	1,998	8,628	↓ 642	1.0	N/A	N/A	N/A

Between 5% and 12% of individuals were seeking treatment due to someone else's substance use, and in some jurisdictions as much as 22% of individuals accessed problem gambling treatment for a family member or friend. Newfoundland and Labrador, Nova Scotia, Ontario, Manitoba, Saskatchewan and Alberta have seen a decrease in the proportion of individuals accessing substance use treatment for a friend or family member, while Prince Edward Island has experienced and increase. Table 1 in Appendix E provides a detailed breakdown of unique individuals seeking treatment for substance use and problem gambling for themselves or others during 2011–2012.

Table 4 presents the number and percentage of individuals who were new cases during the 2011–2012 fiscal year. In most jurisdictions new clients represent the majority of individuals accessing substance use treatment.

Table 4. Unique individuals who are new cases, 2011–2012

Jurisdiction	Substance Use		Problem Gambling	
	n	%	n	%
Newfoundland and Labrador	791	64.7	32	34.0
Prince Edward Island	2,542	81.7		
Nova Scotia	3,375	45.6	233	93.6
New Brunswick	2,062	35.7	133	44.9
Ontario	45,254	64.4	2,423	44.0
Manitoba *	10,592	97.2	389	100.0
Alberta	27,259	79.7	1,328	79.0
CSC	1,697	84.9	N/A	N/A

Indicator 5

Total number of episodes and unique individuals treated in public, specialized treatment services by treatment category

Indicator 5 presents a breakdown of the number of episodes and unique individuals accessing specialized treatment services for substance use by treatment category (i.e., residential withdrawal management, non-residential withdrawal management, residential treatment, non-residential treatment).

Among jurisdictions that provided data, non-residential treatment was the most common type of service accessed in terms of the total number of episodes and the total number of unique individuals (see Tables 5 and 6 respectively). This finding is consistent with both the first and second NTI reports, which used 2009–2010 and 2010–2011 data, respectively.

Table 5. Treatment episodes by service category, 2011–2012

Jurisdiction	Residential Withdrawal Management			Non-Residential Withdrawal Management[11]			Residential Treatment			Non-Residential Treatment		
	n	%	Ratio (E:I)	n	%	Ratio (E:I)	n	%	Ratio (E:I)	n	%	Ratio (E:I)
Newfoundland and Labrador #	789	28.0	2.4	N/A			210	7.5	1.0	1,819	64.5	1.0
Prince Edward Island[12]	982	32.9	1.6	691	23.2	1.3	139	4.7	1.1	1,169	39.2	1.1
Nova Scotia	4,832	38.7	4.3	739	5.9	2.6	479	3.8	3.3	6,426	51.5	1.2
New Brunswick	3,089	33.8	1.5	N/A			372	4.1	1.2	5,677	62.1	1.3
Ontario §	40,372	38.9	2.4	1,709	1.4	1.1	9,963	8.2	1.1	69,101	57.0	1.2
Manitoba[13] *	1,921	12.1	1.9				2,710	17.0	1.1	11,310	70.9	1.4
Saskatchewan †	4,013	19.9	1.3	385	2.0	1.3	1,742	9.1	1.0	12,981	67.9	1.1
Alberta	11,769	24.6	2.2	N/A			5,120	10.7	2.5	30,959	64.7	1.2
Yukon[14]	747	14.8	2.3	N/A			150	3.0	1.1	4,163	82.3	2.7
CSC	N/A			N/A			N/A			2,064	100.0	1.0

Table 6. Unique individuals by service category, 2011–2012 #

Jurisdiction	Residential Withdrawal Management		Non-Residential Withdrawal Management		Residential Treatment		Non-Residential Treatment	
	n	%	n	%	n	%	n	%
Newfoundland and Labrador[15]	334	14.3	N/A		209	9.0	1,789	76.7
Prince Edward Island[16]	609	25.7	550	23.2	132	5.6	1,076	45.5
Nova Scotia	1,116	16.0	287	4.1	147	2.1	5,408	77.7
New Brunswick	2,032	29.5	N/A		322	4.7	4,528	65.8
Ontario	16,799	20.2	1,550	1.9	8,763	10.6	55,868	67.3
Manitoba[17] *	1,027	9.0			2,444	21.3	7,988	69.7
Saskatchewan ‡	3,014	18.0	297	1.8	1,666	10.0	11,755	70.3
Alberta #	5,318	15.5	N/A		2,077	6.1	26,839	78.4
Yukon	323	16.4	N/A		133	6.7	1,517	76.9
CSC	N/A		N/A		N/A		1,998	100

[11] Newfoundland and Labrador, New Brunswick, Alberta and CSC do not offer non-residential withdrawal management.

[12] Gambling services (n=22) are included in the overall classification of non-residential services.

[13] Residential withdrawal management information does not include carry-over data from one agency (n=387) based on Table 1.

[14] Yukon is unable to separate residential withdrawal management and non-residential withdrawal management because clients attending "detox" stay in their building until they are ready to leave.

[15] Newfoundland and Labrador does not offer non-residential withdrawal management.

[16] Gambling services (n=22) are included in the overall classification of non-residential services.

[17] Residential withdrawal management information does not include carry-over data from one agency (n=387) based on Table 1.

Indicator 6

Total number of episodes and unique individuals treated in public, specialized treatment services by gender, age, and housing status, and within categories of treatment

Gender

Previous research has shown that males are more likely than females to use licit and illicit psychoactive substances and to use these substances in more dangerous ways (CADUMS, 2011; Pirie & Simmons, in press).

The 2011–2012 NTI data indicate that males made up the majority of episodes for substance use services in all treatment categories and jurisdictions with the exception of residential treatment and non-residential treatment in Yukon. Similarly, males made up the majority of individuals accessing all types of treatment services in all jurisdictions with the exception of non-residential withdrawal management in Ontario. Detailed tables are included in Appendix E.

Age

Using substances at a young age has been shown to have both short- and long-term biological consequences and might also lead to future drug use and addiction (CCSA, 2007). According to the 2011 CADUMS, youth and young adults (ages 15–24) have higher rates of substance use than older Canadians. NTI data indicate that this population accounted for approximately 14 to 45% of both treatment episodes and unique individuals for all service categories except residential treatment.[18] Individuals aged 25-34 accounted for at least 20% of episodes and unique individuals for all service categories.

Housing Status

The majority of treatment episodes were by individuals with a fixed address. However, it is important to point out that among jurisdictions reporting data for the 2011–2012 fiscal year, individuals with no fixed address accounted for as much as:

- 30% of residential withdrawal management episodes;
- 35% of residential treatment episodes; and
- 14.5% of non-residential treatment episodes.

Indicator 7

Total number of episodes and unique individuals treated in public, specialized treatment services that have used drugs by injection within the 12 months prior to treatment

Table 7 provides information on the total number of treatment episodes and individuals who reported using drugs by injection in the past 12 months. In total, 10,261 clients of public, specialized treatment from six jurisdictions reported using drugs by injection in the 12 months prior to beginning treatment. Figure 1 provides a breakdown by gender of the total number of individuals who used

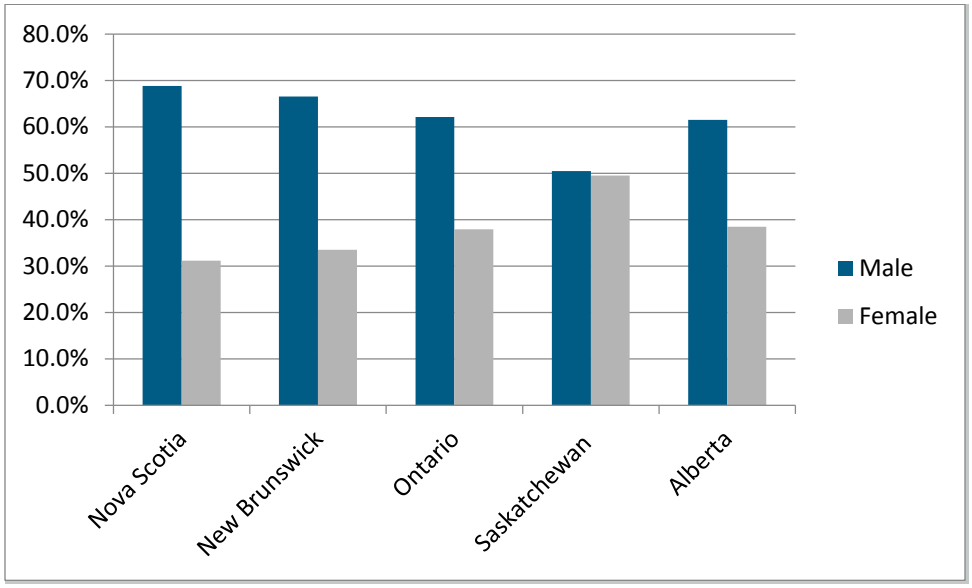
[18] Residential treatment in New Brunswick and Newfoundland and Labrador were an exception. In these provinces youth and young adults accounted for approximately 5% and 10% of treatment episodes and unique individuals, respectively.

drugs by injection in 2011–2012. In all reporting jurisdictions, a greater number of males than females reported having used drugs by injection in the 12 months prior to beginning treatment.

Table 7. Individuals reporting injection drug use, 2011–2012

Jurisdiction	Episodes		Individuals	
	n	% of all treatment episodes	n	% of all individuals seeking treatment
Nova Scotia	1,982	15.3	442	6.0
New Brunswick	694	7.6	364	6.3
Ontario	11,390	10.4	5,959	8.5
Saskatchewan	2,859	13.3	1,798	11.8
Alberta	3,525	6.7	1,698	5.0

Figure 1. Percentage of individuals who reported using drugs by injection by gender, 2011–2012



Indicator 8

Total number of episodes for opioid substitution treatment in public, specialized services and external methadone clinics

Tables 8 and 9 present information on the number and percent of episodes in public opioid treatment services (such as methadone and buprenorphine treatment) by gender and age, respectively.[19] The majority of opioid treatment service episodes in Newfoundland and Labrador, Ontario, Manitoba and Alberta were male. In Prince Edward Island and Saskatchewan, however, females were more likely to access public opioid substitution. In all jurisdictions, the majority of

[19] The data for Manitoba in Tables 8 and 9 is based on AFM opiate substitution programs only. Numbers represent admissions in fiscal year only and not the overall number of participants in the program.

opioid substitution treatment and/or external methadone clinic episodes were accessed by individuals between the ages of 25 and 34.

Table 8. Total number of public opioid substitution episodes by gender, 2011–2012

Jurisdiction	Male n (%)	Female n (%)
Newfoundland and Labrador	64 (68.1)	30 (31.9)
Prince Edward Island	24 (48.0)	26 (52.0)
Nova Scotia	73 (67.6)	35 (32.4)
New Brunswick		1,672
Ontario	2,876 (57.3)	2,143 (42.7)
Manitoba	78 (53.8)	67 (46.2)
Saskatchewan	150 (45.2)	182 (54.8)
Alberta	740 (61.6)	462 (38.4)

Table 9. Total number of public opioid substitution episodes by age, 2011–2012

Jurisdiction	Age Group							
	<15 n (%)	15-17 n (%)	18-24 n (%)	25-34 n (%)	35-44 n (%)	45-54 n (%)	55-64 n (%)	65+ n (%)
Newfoundland and Labrador			11 (11.6)	51 (53.7)	23 (24.2)	5 (5.3)	5 (5.3)	
Prince Edward Island			10 (20.0)	29 (58.0)	7 (14.0)	*		
Nova Scotia		*	29 (26.9)	48 (44.4)	20 (18.5)	6 (5.6)	*	
Ontario	10 (0.2)	57 (1.1)	983 (19.6)	2,069 (41.2)	1,096 (21.8)	663 (13.2)	126 (2.5)	17 (0.3)
Manitoba		*	35 (24.1)	73 (50.3)	25 (17.2)	5 (3.4)	*	
Saskatchewan		*	51 (15.4)	142 (42.8)	79 (23.8)	52 (15.7)	6 (1.8)	
Alberta	*	*	101 (8.4)	448 (37.1)	359 (29.8)	235 (19.5)	54 (4.5)	5 (0.4)

Indicator 9

Total number of people served within driving-while-impaired programs

Tables 10 and 11 provide a breakdown of the number (and percentage) of individuals served within driving while impaired (DWI) programs by gender and age, respectively.[20] More than 80% of individuals within DWI programs were male, and most were between the ages of 25 and 34.[21]

[20] The DWI data for Manitoba in Tables 10 and 11 is provided by AFM and includes all referral types (e.g., ID educational workshop, residential rehabilitation, day program). The DWI data for Saskatchewan is provided by Saskatchewan government insurance; includes data for both the DWI course and Recovery program.

[21] Discrepancies between Table 10 and Table 11 might be a result of the gender category "other" being omitted from the total counts.

Table 10. Unique individuals served within driving-while-impaired programs by gender, 2011–2012

Jurisdiction	Total	Male n (%)	Female n (%)
Newfoundland and Labrador	79	69 (87.3)	10 (12.7)
Nova Scotia	1,309	1,103 (84.3)	206 (15.7)
New Brunswick	1,220		
Manitoba	1,588	1,271 (80.0)	317 (20.0)
Saskatchewan	3,775	3,048 (80.7)	727 (19.3)
Quebec	8,867	7,629 (86.0)	1,238 (14.0)

Table 11. Unique individuals served within driving-while-impaired programs by age, 2011–2012

Jurisdiction	Age Group							
	<15 n (%)	15-17 n (%)	18-24 n (%)	25-34 n (%)	35-44 n (%)	45-54 n (%)	55-64 n (%)	65+ n (%)
Newfoundland and Labrador	0	0	9 (11.1)	27 (33.3)	17 (21.0)	17 (21.0)	6 (7.4)	5 (6.2)
Nova Scotia	0	*	254 (19.4)	359 (27.4)	255 (19.5)	265 (20.3)	128 (9.8)	47 (3.6)
New Brunswick[22]			208 (17.0)	327 (26.8)	242 (19.8)	248 (20.3)	136 (11.1)	59 (4.8)
Manitoba		5 (0.3)	391 (24.6)	437 (27.5)	329 (20.7)	257 (16.2)	134 (8.4)	37 (2.3)
Saskatchewan	6 (0.2)	20 (0.5)	1,085 (28.6)	1,235 (32.6)	655 (17.3)	527 (13.9)	197 (5.2)	65 (1.7)
Quebec	0	9 (0.1)	1,723 (19.4)	2,345 (26.5)	1,676 (18.9)	1,778 (20.1)	970 (10.9)	366 (4.1)

Indicator 10

Total number of unique individuals accessing public, specialized treatment services by drug(s) used in the past 12 months

Tracking the substances used by people in treatment is an important part of monitoring trends in the use and impact of different substances. This information can also be matched against what we know about substance use through data on different populations. All data sources indicate that alcohol and cannabis are the two most commonly used substances in Canada. For example, the 2011 CADUMS found that 78% of Canadians ages 15 and older reported past-year use of alcohol and approximately 40% reported past-year use of cannabis. In addition, the 2012 CCHS report indicated that 3.2% of Canadians ages 15 and older met the criteria for alcohol abuse or dependence while 1.3% met the criteria for cannabis abuse or dependence. While these percentages might appear small, this represents approximately 785,000 and 369,000 Canadians, respectively.

Data obtained from CIHI indicate that alcohol accounted for 0.57% (15,296 individuals) of all general hospital separations in 2009 and cannabinoids accounted for 0.03% (937 individuals) of all separations. Figure 2 illustrates the percentage of individuals accessing public, specialized treatment services according to the most common drugs used in the past 12 months. For a complete listing of the prevalence of all drug categories by jurisdiction, please see Figure 4 in Appendix E.

With the exception of inhalants in Saskatchewan and Alberta, prescription drugs in Prince Edward Island and “other drugs” in New Brunswick, a greater number of males than females self-reported

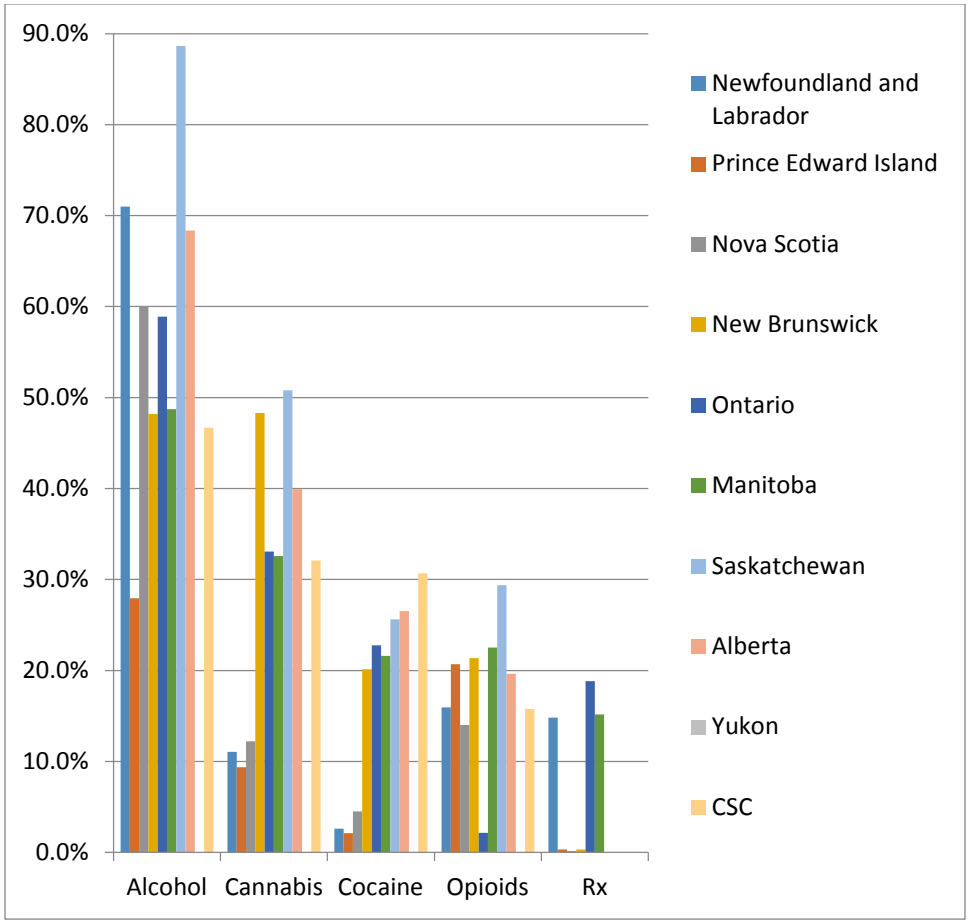
[22] Data provided by the Center for Education and Research in Safety (CERS) is based on 2012 calendar year. It captures individuals who completed the auto control course for a first-time and/or second-time offence.

substance use. Figures 5 through 16 in Appendix E provide gender-detailed breakdowns of the percentage of individuals accessing public, specialized treatment services by jurisdiction for each reported substance.

Given differences in data collection, however, it is difficult to rank the importance of these drugs. It is also important to note that the drugs listed below identify any drugs used in the past 12 months, making it impossible to identify the specific drug or drugs for which clients were seeking treatment.

Figures 17 through 28 in Appendix E present a breakdown of the percentage of individuals accessing public, specialized treatment by drug and age in each jurisdiction. The data indicate that the use of most drugs is evenly distributed across age categories. The exceptions are cannabis, stimulants and hallucinogens, which tend to be higher among those younger than 35. On average, individuals between the ages of 25 and 34 had the highest self-reported past-year prevalence of alcohol, cocaine, opioids, hypnotics, sedatives, steroids and "other drugs" in nearly all jurisdictions that provided data. Individuals between the ages of 18 and 24 had the highest self-reported past-year prevalence of cannabis.

Figure 2. Percentage of unique individuals reporting past-year use of alcohol, cannabis, cocaine, opioids, and pharmaceuticals

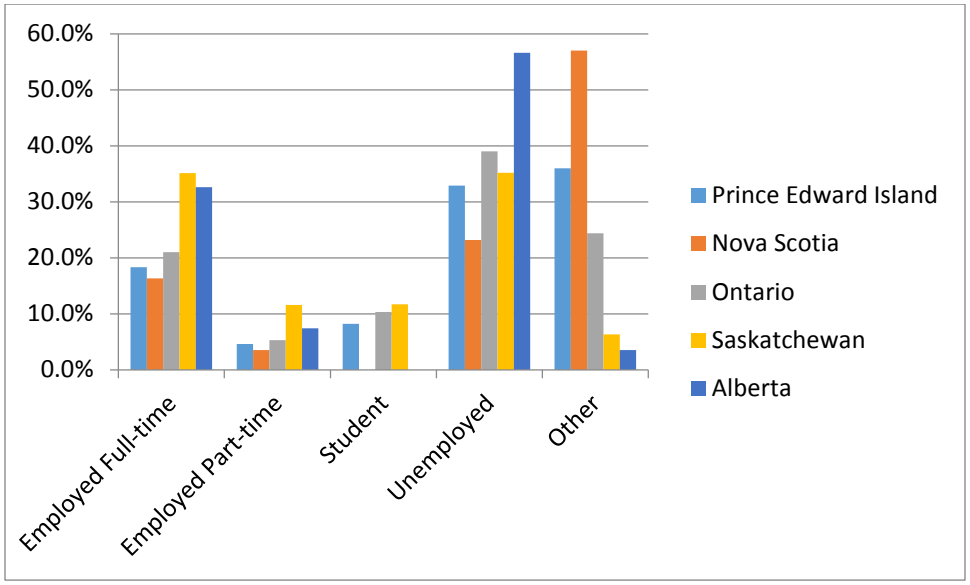


Indicator 11

Episodes for public specialized treatment services by employment status

Figure 3 presents a breakdown of employment status for individual episodes by jurisdiction[23]. Between 16.3% and 35.1% of treatment episodes were accessed by individuals who, at the time of their treatment episode, were employed full-time; between 23.2% and 56.6% were unemployed at the time they sought treatment. It is important to note that the "other" employment status category presented in Figure 3 may include the following sub-categories: retired, unpaid labour, employment assistance/insurance, disability and leave of absence. For jurisdictions that collect this level of information, the "other" category may appear disproportionately higher than jurisdictions that do not collect such information.

Figure 3. Percentage of episodes by employment status



[23] Percentages are based on episodes, not individuals.

Discussion

The data provided in this third National Treatment Indicators (NTI) report provide pan-Canadian, multi-jurisdictional demographic information on clients who accessed public, specialized treatment during the 2011–2012 fiscal year. The findings from this report will help inform evidence-based decision making and system-level planning and development.

As the third in the series, this report is the first that is able to look at trends in the data from 2009–2010 to 2011–2012. The results show a great deal of variability in service use trends across Canada, with Alberta, New Brunswick, Nova Scotia, and Newfoundland and Labrador reporting decreases in the number of individuals accessing services and Ontario, Prince Edward Island, Saskatchewan and Manitoba reporting increases. The ratio of episodes to individuals, however, has remained consistent across most of Canada, indicating that people's service trajectories have remained relatively stable.

In 2012, the Canadian Community Health Survey (CCHS) found that 4.4% of Canadians met the criteria for a substance use disorder. Yet according to the data collected by the NTI project, only 151,000 Canadians are accessing publicly funded treatment services. This number represents approximately 0.4% of Canadians aged 15 and older (as of 2011).[24] This gap in the number of Canadians with substance use problems and those actually using treatment services suggests that a considerable number of individuals who could benefit from treatment services are not accessing them. To obtain a better understanding of the gap between service need and service use, the NTI Working Group is linking to a needs-based planning (NBP) research team led by the Centre for Addiction and Mental Health (CAMH) and the University of Quebec. The NBP model estimates levels of treatment need based on population data and then translates these levels of need into service categories (Rush, Tremblay, Fougere, Perez, & Fineczko J, 2013). The NBP and NTI service categories align, allowing a comparison of population need versus service use. Together, the two projects will contribute information required for evidence-based system planning.

It is also important to note that this report captures publicly funded treatment services only and does not include information from sources such as privately-funded specialized treatment centres, hospitals, community supports (e.g., Alcoholics Anonymous) or primary care services (e.g., those offered by family physicians). As such, this report is unable to estimate the percentage of the population served by these other services and supports. Future NTI reports will attempt to capture the number of privately funded services and supports to provide a more complete picture of addictions treatment in Canada.

The NTI data indicate that publicly funded treatment services are being accessed by a variety of individuals (e.g., males, females, youth, seniors, employed, unemployed) with varying substance use profiles. Effectively responding to that variety of clients requires the availability of a comprehensive range of treatment services, including gender-based services, age-appropriate services, housing and employment supports, and family services.

The NTI data also demonstrates that substance use has serious impacts beyond the individual who has a problem. For example, individuals who were seeking help to deal with a family member or close friend's substance use accounted for more than 10% of treatment episodes in 2011–2012. This fact speaks to the need for treatment services to develop approaches that include a client's family and loved ones.

---

[24] Statistics Canada. (2013). *Population by year, by province and territory.* Retrieved from http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/demo02a-eng.htm.

The 2011–2012 NTI report is the first to capture information regarding past-year drug use. The data indicate that the treatment population captured by the NTI project has a similar drug use profile to the general Canadian population. For example, the 2011 CADUMS data found that alcohol and cannabis are the top two substances used by Canadians 15 years of age and older. This finding is echoed in the 2011–2012 NTI data, which indicate that, in many provinces, these two substances were the most commonly reported drugs used in the past year. Another similarity between the NTI treatment population and the general population was that in nearly every jurisdiction, more males than females self-reported using alcohol, cannabis, cocaine, hallucinogens, hypnotics and sedatives. Lastly, although youth (ages 15–24) have higher rates of substance use than older Canadians, they did not make up the majority of individuals accessing treatment.

The key findings from this report are as follows:

- Alcohol was the most common substance used in the past 12 months by those accessing treatment services, followed by cannabis.
- The use of cannabis, stimulants, and hallucinogens in the past 12 months was more common among individuals younger than 35 years of age.
- Individuals with no fixed address accounted for as much as 35% of residential treatment episodes.
- As much as 12% of **unique individuals** accessing substance use treatment, and as much as 22% of **unique individuals** accessing problem gambling treatment accessed treatment because of someone else's substance use (e.g., they accompanied a family member or friend to treatment or they accessed treatment services themselves to help them cope with a friend or family member's problem). This rate has remained consistent since 2009–2010.
- On average, individuals access treatment services more than once, or access more than one type of treatment, in a given year in nearly all jurisdictions.
- In most jurisdictions, new clients represent the majority of individuals accessing substance use treatment.
- Non-residential treatment was the most common type of service accessed in terms of the number of episodes and the number of unique individuals
- Males accounted for the highest proportion of *episodes* for substance use services in all treatment categories and jurisdictions with the exception of residential treatment and non-residential treatment in Yukon. Males also made up the majority of *individuals* accessing all types of treatment services.
- Youth (ages 15–24) accounted for a considerable proportion (between 15% and 45%) of treatment episodes.
- Males were more likely than females to report having used drugs by injection in the past 12 months in four of the six reporting jurisdictions.
- The majority of episodes for opioid treatment in Newfoundland, Ontario, Manitoba and Alberta were accessed by males. In Prince Edward Island and Saskatchewan, females were more likely to access public opioid substitution.

Conclusions

This report has contributed new information on publicly funded substance use and gambling treatment services in Canada. It has identified common patterns and trends in treatment service use, providing a picture of the demographic characteristics of the people who access these services. Although the nature of the data currently prevents accurate comparisons between jurisdictions, consistent results indicate trends and patterns relevant to system and service planning—making the information helpful at both the national and jurisdictional levels.

For example, the rate of people seeking help to deal with a family member or close friend's substance use indicates the need for services and supports that go beyond the individual with the problem. It also indicates the broad impact substance use has beyond the 1.2 million Canadians estimated to have a substance use disorder—further supporting the need for greater investments to reduce the associated health, social and economic harms of substance use.

The fact that rates of treatment use by youth are somewhat low despite higher rates of reported substance use (CADUMS, 2012) indicates a gap between service use and potential need. This gap points to the importance of research to explore, for example, if young adults face greater barriers to service access, if they are more likely to access non-specialized services not captured in the NTI data, or if they are less likely to see the need to seek support for their substance use. The answers to these questions will contribute to evidence-based system planning, such as introducing more age-appropriate services or designing screening and assessment approaches that better capture young adults.

This report also highlights the importance of inter-sectoral collaboration to meet complex client needs. High rates of unemployment and homelessness indicate that substance use services should have a collaborative relationship with employment and housing services. Effective collaborations that make it easier to access the full range of services will further contribute to the common goal of better individual outcomes.

The NTI report has also improved the scope and accuracy of the data Canada is able to provide to international reporting bodies such as the World Health Organization and Organization of American States. At the jurisdictional level, this report provides a source of readily available data to prompt and inform dialogue between system planners, service providers and funding decision makers and will prove particularly helpful in jurisdictions that do not regularly publish system-level data.

Next Steps

This report is the third in a series of progressively comprehensive national reports on publicly funded substance use treatment utilization in Canada – the only source of such information available to date. The data presented in this report are intended to provide analysts, researchers, leaders, decision-makers, and advisors with a better understanding of specialized treatment service use. This information can then be used to inform planning and support research; contributing to a more evidence-based treatment system.

The data definitions and protocols developed for the NTI project have improved what we know about treatment use in Canada by increasing in the quality and consistency of the data being collected and reported across the country. These impacts are especially visible in jurisdictions that have been able to incorporate the NTI protocols as they restructure their own data-collection processes.

This improved consistency has helped the NTIWG continue to expand and strengthen the data it collect each year. Featuring data on clients' employment status and substances used in the past 12 months, the current report has now moved into the "yellow light" indicators (see Appendix B for more information on the indicators). It also includes data from the Canadian Institutes for Health Research on hospital separations in which substance use was a factor, expanding on the context in which treatment services are provided and providing an area for further inquiry in future reports. A new web-based data-collection tool will make further expansion easier by simplifying and improving data entry and analysis.

As the NTI project evolves, the Canadian Centre of Substance Abuse (CCSA) hopes to engage with a broader scope of service providers, including community- and hospital-based provider, to capture data that better reflect the full continuum of services provided in Canada. Collectively, the expansion of information provided over time and through additional sources will lead to the realization of the goal of the NTI project: to produce a comprehensive picture of service utilization to inform effective policy, resourcing and development for substance use treatment in Canada. Achieving this goal further contributes to the overall goal of CCSA's treatment initiatives: to improve the range, quality and accessibility of services and supports for substance use problems.

References

Butt, P., Beirness, D., Gliksman, L., Paradis, C., & Stockwell T. (2011). *Alcohol and health in Canada: A summary of evidence and guidelines for low-risk drinking*. Ottawa, ON: Canadian Centre on Substance Abuse.

Canadian Centre on Substance Abuse. (2007). *Substance abuse in Canada: Youth in focus*. Ottawa, ON: Canadian Centre on Substance Abuse.

Canadian Institute for Health Information. (2001). *Mental health and addiction indicators: Prototype report*. Ottawa, ON: Author.

Health Canada. (2012). *Canadian Alcohol and Drug Use Monitoring Survey, 2011* (dataset). Ottawa, ON: Health Canada.

National Treatment Strategy Working Group. (2008). *A systems approach to substance use in Canada: Recommendations for a national treatment strategy*. Ottawa, ON: National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada.

Pirie, T., & Simmons, M. (in press). *Cannabis use and risky behaviours and harms: a comparison of rural and urban populations in Canada*. Ottawa, ON: Canadian Centre on Substance Abuse.

Public Safety Canada. (2012). *Corrections and conditional release statistical overview*. Ottawa, ON: Public Works and Government Services Canada.

Rush, B., Tremblay, J., Fougere, C., Perez, W., & Fineczko J. (2013). D*evelopment of a needs-based planning model for substance use services and supports in Canada: Final report*. Toronto, ON: Centre for Addiction and Mental Health.

Statistics Canada. (2013). Table 051-0001: *Estimates of population, by age group and sex for July 1, Canada, provinces and territories, annual (persons unless otherwise noted)*. CANSIM (database).

Statistics Canada. (2013). *Canadian Community Health Survey (CCHS): Mental health, by age group and sex, Canada and provinces*. CANSIM (database).

Thomas, G. (2005). *Addiction treatment indicators in Canada: An environmental scan*. Ottawa, ON: Canadian Centre on Substance Abuse.

Young, M., Jesseman, R., & Thomas, G. (in press). *The impact of substance-related disorders on hospital service utilization*. Ottawa, ON: Canadian Centre on Substance Abuse.

Appendix A: National Treatment Indicators Working Group Membership

Name	Organization
Anderson, Brent	Manitoba Healthy Living and Seniors
Chen, Debra	Canadian Institute for Health Information
Desrosiers, Pierre	Association des centres de réadaptation en dépendance du Québec
Edwards, Mark	Health Canada
Estey, John	New Brunswick Department of Health
Farrell MacDonald, Shanna	Correctional Service of Canada
Flexhaug, Monica	British Columbia Ministry of Health
Gallant, Stephen	Health Prince Edward Island
Hansen, Rebecca	Yukon Addiction Services, Alcohol and Drug Services
Hay, Laura	First Nations and Inuit Health Branch, Health Canada
Jahrig, Jesse	Alberta Health Services
Jesseman, Rebecca	Canadian Centre on Substance Abuse
McCallum, John	Saskatchewan Ministry of Health
Pellerin, Annie	New Brunswick Department of Health
Pirie, Tyler	Canadian Centre on Substance Abuse
Rideout, Gina	Newfoundland and Labrador Department of Health and Community Services
Rocca, Claudio	Drug and Alcohol Treatment Information System (Ontario)
Ross, David	Veterans Affairs Canada, National Centre for Operational Stress Injuries
Ross, Pamela	Nova Scotia Department of Health and Wellness
Rush, Brian	Centre for Addiction and Mental Health

Membership is current as of October 15, 2013.

Appendix B: Green, Yellow and Red Light Indicators

The following "green light" indicators were identified by National Treatment Indicators Working Group (NTIWG) as items that were either captured by existing jurisdictional data-collection mechanisms or could be reasonably be captured through modified mechanisms within the first or second year of the NTI project (i.e., 2009–2010 or 2010–2011).

1. Total number of treatment episodes in public, specialized treatment services for substance use problems.
2. Total number of treatment episodes in public, specialized treatment services for problem gambling.
3. Total number of unique individuals treated in public, specialized treatment services for substance use problems.
4. Total number of unique individuals treated in public, specialized treatment services for problem gambling.
5. Total number of episodes and unique individuals treated in public, specialized treatment services by categories of residential withdrawal management, non-residential withdrawal management, residential treatment and non-residential treatment.
6. Total number of episodes and unique individuals treated in public, specialized treatment services by gender, age and housing status, and within categories of residential withdrawal management, non-residential withdrawal management, residential treatment and non-residential treatment.
7. Total number of episodes and unique individuals treated in public, specialized treatment services by injection drug status.
8. Total number of individuals in opioid substitution treatment in public, specialized treatment services and external opioid substitution clinics.
9. Total number of individuals served within driving-while-impaired programs.

The following "yellow light" indicators were identified by the NTIWG as items that may be available with some revisions to data collection or reporting mechanisms.

1. Total number of episodes and unique individuals treated in public, specialized treatment services by drugs used.
2. Total number of episodes and unique individuals treated in specialized treatment services by drug of principle concern (minimally alcohol/other drug and perhaps a small number of broader categories).
3. Total number of episodes and unique individuals treated in public, specialized treatment services by employment status.

The following “red light” indicators are considered not feasible in the foreseeable future because of the need for significant revisions to data collection procedures or to considerable challenges in accessing the required data.

1. Total number of episodes and unique individuals treated in public **and private** specialized treatment services by age and gender.
2. Total number of episodes and unique individuals treated in public, specialized treatment services by frequency of drug use.
3. Total number of episodes and unique individuals treated in public, specialized treatment services by age of first drug use.
4. Total number of episodes and unique individuals treated in public, specialized treatment services by ethnic/cultural status.

Appendix C: Definitions

Closed case

Closure criteria vary from province to province.

Driving-while-impaired (DWI) programs

Including education programs as well as treatment and rehabilitation programs, DWI programs are typically mandated by the court for those who plead guilty or are found guilty of an impaired-driving offence. Participation in such programs is typically a condition of license reinstatement. The content and administration of such programs vary among jurisdictions.

Employment status

Employment statuses include employed full-time, employed part-time, student, unemployed and other (e.g., retired, unpaid labour, employment assistance/insurance, disability, leave of absence).

Episode[25]

An episode refers to admission to a specific treatment service. One person might access several services over the course of a year (for example, by transferring from withdrawal management to non-residential treatment or leaving and re-entering services) and therefore have multiple episodes.

Family member

Family member is broadly described to include a child, parent, spouse, significant other and other close relations.

Gambling

Gambling is the act of risking money, property or something else of value on an activity with an uncertain outcome. There are a variety of venues where gambling takes place and includes:

- Games at a casino such as blackjack or slot machines;
- Betting on horses at a racetrack;
- Lotteries;
- Video lottery terminals (typically found in bars and restaurants);
- Betting on sports games, including private betting among acquaintances, betting with a bookie or through an organization such as Pro Line;
- A poker game or other such card game played in private residences with acquaintances or in a gaming venue; and
- Online games where a player pays a fee to join and can either win or lose money.

Housing status

Housing status refers to whether an individual reports a fixed address or not.

Open case

A case opens when a client is officially registered. This is most often done face to face, but can also be done remotely (e.g., over the phone), especially in rural areas.

[25] Variation in jurisdictional data collection remains for this indicator. For example, some systems count a new episode when a new system component or category of service is accessed while others limit new episodes to individuals entering the system as a whole.

Problem gambling

Problem gambling is gambling behaviour that leads to negative consequences for the gambler, others in his or her social network, or the community.

Residential treatment

Residential treatment refers to programs in which overnight accommodation is provided for the purpose of substance use or gambling treatment. This does not include programs delivered in settings such as youth shelters, homeless shelters, prison facilities or mental health facilities where the primary purpose of residence is to address needs such as mental health, housing or public safety.

New individuals

Unique people that began treatment during the current reporting year. This number would therefore exclude individuals with a treatment episode that began in the previous fiscal year.

Non-residential treatment

Non-residential treatment refers to all remaining services that are not included in either detoxification or residential categories. This category includes outpatient services as well as services offered by facilities such as halfway houses, youth shelters, mental health facilities or correctional facilities where the primary purpose of residence is not substance use service provision. Non-residential treatment excludes withdrawal management or detoxification services.

Specialized services

Specialized services have a mandate to provide alcohol, other drug and/or gambling treatment programs and services. Tobacco is not included.

Unique individual

A unique individual refers to a single person. One unique individual might have several treatment episodes over the course of a year.

Withdrawal management

Withdrawal management refers to the initial supervised, controlled period of withdrawing substances of abuse. Only withdrawal services that are part of a continuum (i.e., including counselling or aftercare) should be recorded; this does not include ambulatory services or brief detox. **Residential withdrawal management** includes programs where clients spend nights at the treatment service facility. **Non-residential withdrawal management** includes social detox, daytox and home detox.

Substance categories

Category	Examples
Alcohol	beer, wine, liquor
Cannabis	marijuana, hashish, hash oil
Cocaine	cocaine powder, crack rocks
Opioids	morphine, codeine, heroin, oxycontin, fentanyl, methadone, opium
Stimulants (excluding cocaine)	amphetamines, methamphetamines, ecstasy, methylphenidate
Hypnotics and sedatives	tranquillizers, anti-depressants, barbiturates, benzodiazepines, GHB, methaqualone
Hallucinogens	LSD, mushrooms, PCP, mescaline, salvia, ketamine
Inhalants and solvents	gasoline, glue, hairspray, aerosols, household cleaners, paint thinner
Steroids and performance enhancing drugs	human growth hormone, testosterone, winstrol, dianabol
Over-the-counter medication	antihistamine, Aspirin, ephedrine
Prescription drugs	Concerta, Ritalin, Adderall, Dexedrine
Other drugs	non-beverage alcohol

Appendix D: System Administration and Data Collection

Jurisdiction	Responsible Ministry	Service Delivery Structure	MH&A Integration[26]	Data Systems	Browser-based System[27]	Reporting
NL	Department of Health and Community Services	Four regional health authorities	Y	CRMS (Client Referral Management System)	N	Annually (provincial level)
PEI	Department of Health and Wellness	Health PEI (centralized provincial agency)	Y	ISM (Integrated System Management)	N	Annually
NS	Department of Health and Wellness	Nine district health authorities and the IWK Health Centre	IP	ASsist (Addiction Services Statistical Information System Technology)	Y	Real-time updates at regional and provincial levels
NB	Department of Health	Two regional health authorities	Y	RASS (Regional Addiction Service System)	N	Annually
QC	Ministry of Health and Social Services	16 addiction rehabilitation centres 95 community health and social service centres Also through more than 100 inpatient private and community resources, either certified or in the process of certification or renewal	N	SIC-SRD (Système d'information clientèle pour les services de réadaptation en dépendance)	N	Annually
ON	Ministry of Health and Long-Term Care	14 LHINs (Local Health Integration Networks) Also through community agencies	Y	DATIS (Drug and Alcohol Treatment Information System)	Y	DATIS figures are reported quarterly and annually

[26] Refers to the integration of mental health and substance use services at the administrative level: Y = yes; N = no; IP = in progress.

[27] Refers to the ability to connect to a central data-collection system that allows all users to enter data directly from various locations and for the generation of summative reports.

Jurisdiction	Responsible Ministry	Service Delivery Structure	MH&A Integration[26]	Data Systems	Browser-based System[27]	Reporting
MB	Department of Healthy Living and Seniors (HLS) Department of Health	Addictions Foundation Manitoba and 11 provincial grant-funded agencies Adult residential withdrawal services and one residential treatment program are delivered through the two regional health authorities	N	HLYS statistical databases (SPSS-compatible) as well as an Excel-based system for provincial aggregate data	N	Data are provided monthly to the Addictions Management Unit by Addictions Foundation Manitoba and other provincially grant-funded addictions agencies Adult residential withdrawal management data is requested annually
SK	Saskatchewan Ministry of Health	12 regional health authorities	IP	ADG (Alcohol, Drugs and Gambling) System MHIS (Mental Health Information System) AMIS (Addiction and Mental Health Information System – Saskatoon Health Region)	N	
AB	Alberta Health and Wellness	Alberta Health Services Also through AHS community contracted services.	Y	ASIST (Addiction System for Information and Service Tracking) for AHS direct services STORS (Service Tracking and Outcome Reporting System) for AHS contracted agencies	Y	Annually (provincial level)
BC	Ministry of Health Services	One provincial health authority and five regional health authorities	Y	AIMS (Addictions Information Management System) MRR (Minimum Reporting Requirements), which will integrate substance use and mental health, is in pilot stage	N	N/A at provincial level
YT	Ministry of Health and Social Services	Ministry has service delivery responsibility	N	Access database (manual data entry into an Excel file)	N	Monthly
NWT	Department of Health and Social Services	Eight health authorities	Y	Excel-based system (manual data entry)	N	Monthly
NU	Department of Health and Social Services	Community health centres Also significant reliance on out-of-territory services	N	No client or system data (except financial) are currently collected systematically	N	N/A

Jurisdiction	Responsible Ministry	Service Delivery Structure	MH&A Integration[26]	Data Systems	Browser-based System[27]	Reporting
CSC	Public Safety Canada	Five regions, including institutions and Aboriginal healing lodges	N	OMS (Offender Management System)	Y	
NNADAP / NYSAP	Health Canada's First Nations & Inuit Health Branch	Network of addiction treatment and prevention programming Includes 55 First Nations addiction treatment centres and more than 550 NNADAP community-based prevention programs	N	Currently developing a new data-collection system	N	
VAC	Veterans Affairs Canada	VAC district offices provide service referrals to 10 operational stress injury clinics across Canada as well as private service providers	Y	National Centre for Operational Stress Injuries conducts performance management for the 10 operational stress injury clinics	N	Quarterly and annually

Appendix E: Data Tables

Notes on the Data

The notes below describe conditions associated with some of the data used in this report. The application of a condition will be indicated by a symbol following the jurisdiction to which the condition applies. The symbol will link to a note on this page.

* Several agencies were unable to provide carry-over data (i.e., cases that began in 2010–2011 and continued into 2011–2012). Therefore, the majority of data represent only the information collected from cases beginning April 1, 2011, to March 31, 2012.

† Discrepancies are the result of missing data.

‡ Discrepancies are the result of double counting.

§Treatment episodes in Ontario can include multiple service categories and will be double counted when summing across all types. In addition, individuals who fall in two age categories within the year will be counted twice when summing across the age ranges.

¶ As of January 2010, the Pacific Region of Correctional Service Canada (CSC) has implemented a pilot of the Integrated Correctional Program Model, which focuses on all aspects of the offender's criminal behaviour, but is not a specialized substance abuse treatment program. Because of this pilot program, the CSC data do not include offenders from the Pacific Region. In February 2012, the Atlantic Region of CSC also implemented a pilot of the Integrated Correctional Program Model, so data from this region do not include substance abuse treatment data for February and March 2012. Women offenders participated in the Women's Integrated Correctional Program during the fiscal year 2011-2012, so there are no data available concerning substance abuse treatment program participation for women offenders.

Discrepancies exists because a service can treat more than one presenting issue; that is, unique individuals can be counted in multiple service types. Individuals can be counted once when seeking services for themselves and again when seeking services for a family member. For this reason, the overall total can be less than the additive total of self and other.

** Discrepancies are the result of clients who did not provide a date of birth and where cases had more than one presenting issue.

†† Discrepancies are a result of missing information regarding clients' date of birth.

‡‡ Some clients have admittance into more than one of the facilities; therefore, clients may be counted separately in these categories and once in the overall total. Further, some clients are missing because no proffered address has been identified.

§§ One non-residential treatment (NRT) agency treats trauma as well as addictions. For this indicator the agency could not separate the addictions and non-addictions populations. As a result the full totals were used.

¶¶ Multiple agencies were unable to provide carry-over data. Discrepancies in this data are a result of the way the AFM collects data. More specifically, some clients can be in both residential and non-residential treatment services in a year and can be double counted when summing across all types.

Multiple agencies were unable to provide data.

Table 12. Unique individuals seeking treatment for substance use and problem gambling for themselves or others, 2011–2012

Jurisdiction	Substance Use					Problem Gambling				
	Individuals seeking treatment for themselves		Individuals seeking treatment for a family member		Total number of individuals	Individuals seeking treatment for themselves		Individuals seeking treatment for a family member		Total number of individuals
	n	%	n	%		n	%	n	%	
Newfoundland and Labrador #	1164	95.2	59	4.8	1,223	93	98.9	*	1.1	94
Prince Edward Island[28]	2,367	93.1	175	6.9	2,542					
Nova Scotia	6,958	94.0	442	6.0	7,400	203	81.5	46	18.5	249
Ontario	65,147	92.6	5,172	7.4	70,319	4,280	77.6	1,233	22.4	5,513
Manitoba #	10,233	93.1	755	6.9	10,988	314	79.1	83	20.9	397
Saskatchewan †	14,012	92.2	1,179	7.8	15,191	247	88.8	31	11.2	278
Alberta	29,982	87.6	4,231	12.4	34,213	1,480	88.0	202	12.0	1,682
CSC	1,998	100.0	N/A	0.0	1,998	N/A		N/A		

[28] Prince Edward Island is unequipped to provide data on gambling at this time.

Table 13. Treatment episodes by service category and gender, 2011–2012

Jurisdiction	Residential Withdrawal Management		Non-Residential Withdrawal Management		Residential Treatment		Non-Residential Treatment	
	Male n (%)	Female n (%)	Male n (%)	Female n (%)	Male n (%)	Female n (%)	Male n (%)	Female n (%)
Newfoundland and Labrador #	564 (71.5)	225 (28.5)	N/A	N/A	133 (63.9)	75 (36.1)	1,163 (64.8)	631 (35.2)
Prince Edward Island	650 (66.2)	332 (33.8)	481 (69.6)	210 (30.4)	88 (63.3)	51 (36.7)	754 (64.5)	415 (35.5)
Nova Scotia	3,296 (68.3)	1,533 (31.7)	370 (66.2)	189 (33.8)	279 (58.4)	199 (41.6)	4,814 (72.9)	1,786 (27.1)
New Brunswick	2,231 (72.2)	857 (27.8)	N/A	N/A	288 (80.2)	71 (19.8)	3,685 (64.9)	1,991 (35.1)
Ontario §	30,121 (74.6)	10,243 (25.4)	797 (46.6)	912 (53.4)	6,569 (66.0)	3,390 (34.0)	43,250 (62.6)	25,829 (37.4)
Manitoba [29] §§	1,187 (62.3)	719 (37.7)			1,518 (56.0)	1,191 (44.0)	6,973 (61.1)	4,445 (38.9)
Saskatchewan †	2,589 (58.9)	1,809 (41.1)	NA	NA	1,101 (63.2)	641 (36.8)	9,174 (66.7)	4,590 (33.3)
Alberta	8,082 (68.7)	3,680 (31.3)	N/A	N/A	3,346 (65.4)	1,771 (34.6)	19,786 (64.1)	11,086 (35.9)
Yukon	520 (69.6)	227 (30.4)	N/A	N/A	73 (48.7)	77 (51.3)	1,289 (48.6)	1,363 (51.4)
CSC	N/A	N/A	N/A	N/A	N/A	N/A	2064	N/A

[29] Multiple agencies were unable to provide carry-over data.

Table 14. Unique individuals by treatment category and gender, 2011–2012

Jurisdiction	Residential Withdrawal Management		Non-Residential Withdrawal Management		Residential Treatment		Non-Residential Treatment	
	Male n (%)	Female n (%)	Male n (%)	Female n (%)	Male n (%)	Female n (%)	Male n (%)	Female n (%)
Newfoundland and Labrador[30]	223 (67.4)	108 (32.6)	N/A	N/A	132 (63.8)	75 (36.2)	1,136 (65.0)	612 (35.0)
Prince Edward Island[31]	398 (65.4)	211 (34.6)	392 (71.3)	158 (28.7)	83 (62.9)	49 (37.1)	694 (64.5)	382 (35.5)
Nova Scotia	781 (70.1)	333 (29.9)	119 (66.5)	60 (33.5)	4,074 (73.9)	1,439 (26.1)	77 (52.4)	70 (47.6)
New Brunswick	1,440 (70.9)	591 (29.1)	N/A	N/A	258 (80.9)	61 (19.1)	2,940 (64.9)	1,587 (35.1)
Ontario §	11,504 (68.5)	5,287 (31.5)	742 (47.9)	808 (52.1)	5,642 (64.4)	3,117 (35.6)	35,073 (62.8)	20,773 (37.2)
Manitoba §§ ¶¶	618 (61.1)	394 (38.9)			1,359 (55.6)	1,084 (44.4)	4,853 (59.9)	3,243 (40.1)
Saskatchewan ‡	1,938 (59.8)	1,303 (40.2)	N/A	N/A	1,065 (64.0)	599 (36.0)	7,519 (67.1)	3,680 (32.9)
Alberta #	3,447 (64.9)	1,866 (35.1)	N/A	N/A	1,410 (68.0)	664 (32.0)	17,347 (64.8)	9,415 (35.2)
CSC	N/A	N/A	N/A	N/A	N/A	N/A	1,998 (100.0)	N/A

[30] Some clients have admittance into more than one of the facilities; therefore, clients might be counted separately in these categories and once in the overall total.

[31] Discrepancies are a result of data that was not provided.

Table 15. Residential withdrawal management episodes by age, 2011–2012

Jurisdiction	Age Group							
	<15 n (%)	15-17 n (%)	18-24 n (%)	25-34 n (%)	35-44 n (%)	45-54 n (%)	55-64 n (%)	65+ n (%)
Newfoundland and Labrador **		24 (3.0)	158 (20.0)	222 (28.1)	126 (16.0)	159 (20.2)	85 (10.8)	15 (1.9)
Prince Edward Island		12 (1.2)	277 (28.2)	261 (26.6)	160 (16.3)	167 (17.0)	81 (8.2)	24 (2.4)
Nova Scotia		21 (0.4)	662 (13.7)	1,124 (23.3)	999 (20.7)	1,120 (23.2)	676 (14.0)	230 (4.8)
New Brunswick	*	47 (1.5)	404 (13.1)	782 (25.4)	658 (21.3)	714 (23.2)	360 (11.7)	118 (3.8)
Ontario §	12 (0.0)	433 (1.1)	5,109 (12.7)	9,188 (22.8)	9,104 (22.6)	11,242 (27.8)	4,005 (9.9)	1,279 (3.2)
Manitoba[32] §§ ##	56 (3.7)	159 (10.5)	143 (9.4)	409 (27.0)	340 (22.4)	310 (20.4)	75 (4.9)	24 (1.6)
Saskatchewan †	89 (2.0)	394 (9.0)	614 (14.0)	1,247 (28.4)	963 (21.9)	742 (16.9)	277 (6.3)	72 (1.6)
Alberta ††	276 (2.3)	651 (5.5)	1,194 (10.1)	2,968 (25.2)	2,863 (24.3)	2,842 (24.2)	809 (6.9)	162 (1.4)
Yukon								
CSC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Table 16. Non-residential withdrawal management episodes by age, 2011–2012

Jurisdiction	Age Group							
	<15 n (%)	15-17 n (%)	18-24 n (%)	25-34 n (%)	35-44 n (%)	45-54 n (%)	55-64 n (%)	65+ n (%)
Newfoundland and Labrador **	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Prince Edward Island			139 (20.1)	173 (25.0)	135 (19.5)	140 (20.3)	89 (12.9)	15 (2.2)
Nova Scotia			92 (16.5)	183 (32.7)	105 (18.8)	110 (19.7)	57 (10.2)	12 (2.1)
New Brunswick	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ontario §		21 (1.2)	194 (11.4)	472 (27.6)	431 (25.2)	392 (22.9)	155 (9.1)	44 (2.6)
Saskatchewan †	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Alberta ††	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CSC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

[32] Limited carry-over data for youth. No residential withdrawal management carry-over data from one agency (n=387) based on Table 1.

Table 17. Residential treatment episodes by age, 2011–2012

Jurisdiction	Age Group							
	<15 n (%)	15-17n (%)	18-24 n (%)	25-34 n (%)	35-44 n (%)	45-54 n (%)	55-64 n (%)	65+ n (%)
Newfoundland and Labrador **			20 (9.5)	55 (26.2)	57 (27.1)	40 (19.0)	32 (15.2)	6 (2.9)
Prince Edward Island		12 (8.6)	42 (30.2)	26 (18.7)	22 (15.8)	21 (15.1)	13 (9.4)	*
Nova Scotia	*	34 (7.1)	62 (12.9)	108 (22.5)	100 (20.9)	74 (15.4)	83 (17.3)	17 (3.5)
New Brunswick	13 (3.5)		17 (4.6)	87 (23.4)	101 (27.2)	99 (26.6)	45 (12.1)	10 (2.7)
Ontario §	33 (0.3)	279 (2.8)	1,565 (15.7)	2,907 (29.2)	2,345 (23.5)	2,121 (21.3)	630 (6.3)	83 (0.8)
Manitoba[33]	36 (1.5)	177 (7.2)	414 (16.7)	857 (34.6)	544 (22.0)	320 (12.9)	104 (4.2)	23 (0.9)
Saskatchewan †	41 (2.4)	195 (11.4)	266 (15.3)	493 (28.3)	356 (20.4)	274 (15.7)	95 (5.5)	22 (1.3)
Alberta ††	16 (0.3)	116 (2.3)	844 (16.5)	1,644 (32.1)	1,194 (23.3)	995 (19.4)	273 (5.3)	38 (0.7)
CSC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Table 18. Non-residential treatment episodes by age, 2011–2012

Jurisdiction	Age Group							
	<15 n (%)	15-17 n (%)	18-24 n (%)	25-34 n (%)	35-44 n (%)	45-54 n (%)	55-64 n (%)	65+ n (%)
Newfoundland and Labrador **	5 (0.3)	37 (2.1)	280 (15.5)	564 (31.3)	369 (20.5)	298 (16.5)	191 (10.6)	57 (3.2)
Prince Edward Island	58 (5.0)	173 (14.8)	283 (24.2)	248 (21.2)	152 (13.0)	165 (14.1)	79 (6.8)	11 (0.9)
Nova Scotia	68 (1.0)	459 (6.9)	1,158 (17.5)	1,532 (23.2)	1,254 (19.0)	1,229 (18.6)	674 (10.2)	232 (3.5)
New Brunswick	184 (3.2)	1,334 (23.5)	1,079 (19.0)	1,034 (18.2)	839 (14.8)	772 (13.6)	330 (5.8)	105 (1.8)
Ontario §	1,994 (2.9)	6,388 (9.2)	11,604 (16.8)	17,398 (25.2)	13,841 (20.0)	12,051 (17.4)	4,577 (6.6)	1,248 (1.8)
Manitoba §§ ##	361 (3.2)	1,372 (12.1)	2,297 (20.3)	3,158 (28.0)	2,078 (18.4)	1,423 (12.6)	501 (4.4)	103 (0.9)
Saskatchewan †	374 (2.7)	1,324 (9.6)	2,999 (21.8)	3,814 (27.7)	2,517 (18.3)	1,923 (14.0)	652 (4.7)	161 (1.2)
Alberta ††	938 (3.0)	2,850 (9.2)	5,662 (18.3)	8,596 (27.8)	6,182 (20.0)	4,766 (15.4)	1,599 (5.2)	366 (1.2)
CSC	N/A	N/A	348 (16.9)	735 (35.6)	539 (26.1)	361 (17.5)	71 (3.4)	10 (0.5)

[33] No data from one agency (n=235). Does not include carry-over data.

Table 19. Treatment episodes by service category for individuals with a fixed address, 2011–2012

Jurisdiction	Residential Withdrawal Management		Non-Residential Withdrawal Management		Residential Treatment		Non-Residential Treatment	
	n	%	n	%	n	%	n	%
Newfoundland and Labrador ‡‡	706	89.5	N/A		184	87.6	1,596	87.8
Nova Scotia	N/A		N/A		N/A		N/A	
New Brunswick	N/A		N/A		N/A		N/A	
Ontario §	28,023	69.4	1,570	91.9	8,665	87.0	64,763	93.7
Manitoba §§ ##	585	97.2	X		618	64.8	717	85.5
Saskatchewan	N/A		N/A		N/A		N/A	
Alberta #	10,063	99.9	N/A		4,876	95.1	27,617	89.2
Yukon	N/A		N/A		N/A		N/A	
CSC[34]	N/A		N/A		N/A		992	52.6

Table 20. Treatment episodes by service category for individuals with no fixed address, 2011–2012

Jurisdiction	Residential Withdrawal Management		Non-Residential Withdrawal Management		Residential Treatment		Non-Residential Treatment	
	n	%	n	%	n	%	n	%
Newfoundland and Labrador ‡‡	83	10.5	N/A		26	12.4	221	12.2
Nova Scotia	N/A		N/A		N/A		N/A	
New Brunswick	N/A		N/A		N/A		N/A	
Ontario §	12,349	30.6	139	8.1	1,298	13.0	4,338	6.3
Manitoba §§ ##	17	2.8			336	35.2	122	14.5
Saskatchewan	N/A		N/A		N/A		N/A	
Alberta #	8	0.1	N/A		253	4.9	3,342	10.8
Yukon	N/A		N/A		N/A		N/A	
CSC[34]	N/A		N/A		N/A		895	47.4

[34] Housing data is only available for 1,887 episodes and 1,826 individuals.

Table 21. Unique individuals in residential withdrawal management by age, 2011–2012

Jurisdiction	Age Group							
	<15 n (%)	15-17 n (%)	18-24 n (%)	25-34 n (%)	35-44 n (%)	45-54 n (%)	55-64 n (%)	65+ n (%)
Newfoundland and Labrador ‡‡		21 (6.3)	81 (24.5)	93 (28.1)	54 (16.3)	39 (11.8)	35 (10.6)	8 (2.4)
Prince Edward Island		7 (1.1)	165 (27.1)	155 (25.5)	112 (18.4)	99 (16.3)	59 (9.7)	12 (2.0)
Nova Scotia	N/A	*	177 (15.9)	277 (24.8)	239 (21.4)	227 (20.3)	131 (11.7)	61 (5.5)
New Brunswick	*	35 (1.7)	309 (15.2)	550 (27.1)	439 (21.6)	422 (20.8)	199 (9.8)	74 (3.6)
Ontario §	8 (0.0)	293 (1.7)	2,929 (17.4)	4,524 (26.9)	3,807 (22.7)	3,642 (21.7)	1,296 (7.7)	300 (1.8)
Manitoba §§ ¶¶	56 (26.0)	159 (74.0)						
Saskatchewan ‡	70 (2.2)	312 (9.6)	495 (15.3)	911 (28.1)	691 (21.3)	525 (16.2)	186 (5.7)	51 (1.6)
Alberta #	204 (3.8)	480 (9.0)	627 (11.8)	1,339 (25.2)	1,120 (21.1)	1,138 (21.4)	331 (6.2)	79 (1.5)
CSC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Table 22. Unique individuals in non-residential withdrawal management by age, 2011–2012

Jurisdiction	Age Group							
	<15 n (%)	15-17 n (%)	18-24 n (%)	25-34 n (%)	35-44 n (%)	45-54 n (%)	55-64 n (%)	65+ n (%)
Newfoundland and Labrador ‡‡	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Prince Edward Island			104 (18.9)	139 (25.3)	108 (19.6)	116 (21.1)	69 (12.5)	14 (2.5)
Nova Scotia	N/A	N/A	31 (17.3)	54 (30.2)	34 (19.0)	38 (21.2)	17 (9.5)	5 (2.8)
New Brunswick	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ontario §		21 (1.4)	185 (11.9)	430 (27.7)	386 (24.9)	352 (22.7)	139 (9.0)	37 (2.4)
Saskatchewan ‡	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Alberta #	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CSC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Table 23. Unique individuals in residential treatment by age, 2011–2012

Jurisdiction	Age Group							
	<15 n (%)	15-17 n (%)	18-24 n (%)	25-34 n (%)	35-44 n (%)	45-54 n (%)	55-64 n (%)	65+ n (%)
Newfoundland and Labrador ‡‡			20 (9.5)	55 (26.1)	58 (27.5)	40 (19.0)	32 (15.2)	6 (2.8)
Prince Edward Island		12 (9.1)	41 (31.1)	24 (18.2)	21 (15.9)	19 (14.4)	12 (9.1)	*
Nova Scotia	*	10 (6.8)	18 (12.2)	33 (22.4)	26 (17.7)	35 (23.8)	20 (13.6)	*
New Brunswick	13 (3.9)		16 (4.8)	76 (22.9)	92 (27.7)	87 (26.2)	38 (11.4)	10 (3.0)
Ontario §	32 (0.4)	264 (3.0)	1,352 (15.4)	2,549 (29.1)	2,061 (23.5)	1,859 (21.2)	572 (6.5)	74 (0.8)
Manitoba §§ ¶¶	29 (1.3)	131 (5.8)	398 (17.7)	776 (34.6)	509 (22.7)	288 (12.8)	94 (4.2)	21 (0.9)
Saskatchewan ‡	39 (2.3)	181 (10.9)	251 (15.1)	477 (28.7)	342 (20.6)	262 (15.7)	91 (5.5)	21 (1.3)
Alberta #	13 (0.6)	108 (5.2)	211 (10.2)	627 (30.2)	492 (23.7)	466 (22.4)	139 (6.7)	21 (1.0)
CSC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Table 24. Unique individuals in non-residential treatment by age, 2011–2012

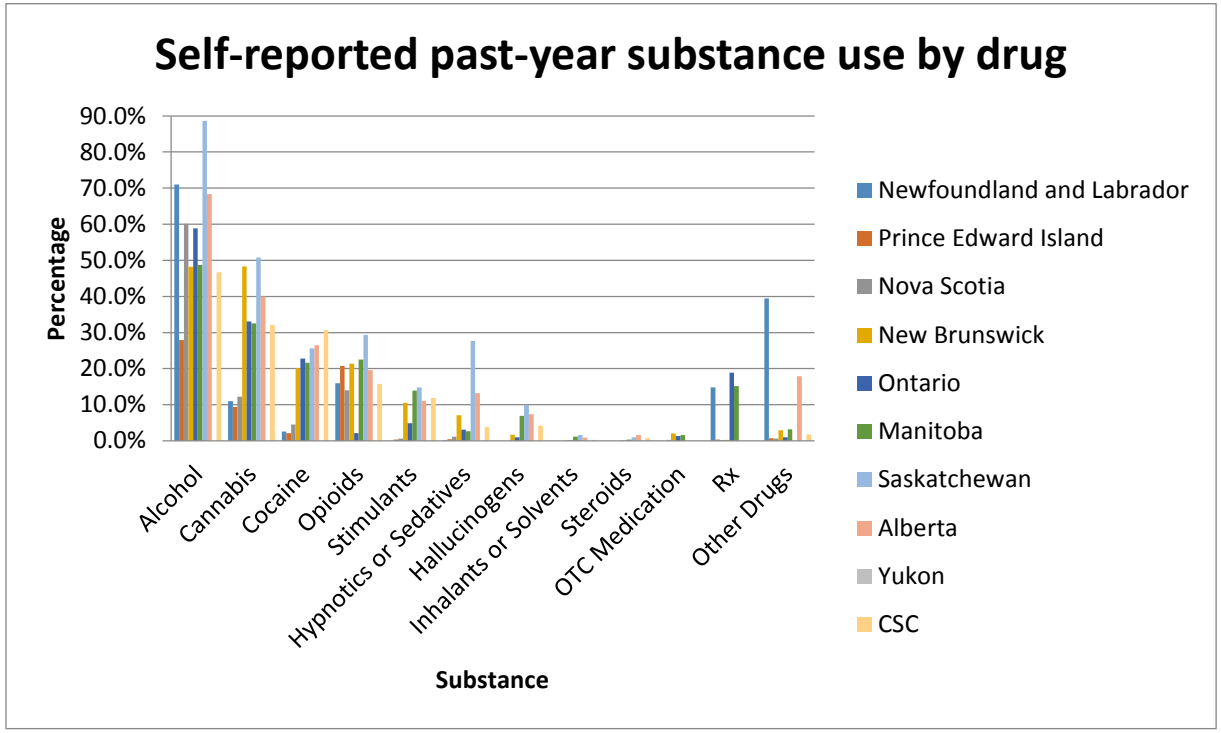
Jurisdiction	Age Group							
	<15 n (%)	15-17 n (%)	18-24 n (%)	25-34 n (%)	35-44 n (%)	45-54 n (%)	55-64 n (%)	65+ n (%)
Newfoundland and Labrador ‡‡	5 (0.3)	37 (2.1)	272 (15.5)	541 (30.9)	360 (20.5)	293 (16.7)	188 (10.7)	57 (3.3)
Prince Edward Island	50 (4.6)	157 (14.6)	255 (23.7)	227 (21.1)	146 (13.6)	156 (14.5)	73 (6.8)	12 (1.1)
Nova Scotia	62 (1.1)	402 (7.3)	1,014 (18.4)	1,278 (23.2)	1,025 (18.6)	1,006 (18.2)	541 (9.8)	188 (3.4)
New Brunswick	170 (3.8)	1,122 (24.8)	854 (18.9)	785 (17.3)	663 (14.6)	582 (12.9)	267 (5.9)	85 (1.9)
Ontario §	1,894 (3.4)	5,612 (10.0)	9,488 (17.0)	13,533 (24.2)	10,864 (19.4)	9,572 (17.1)	3,797 (6.8)	1,108 (2.0)
Manitoba §§ ¶¶	309 (3.9)	1,130 (14.2)	1,638 (20.5)	2,114 (26.5)	1,401 (17.6)	968 (12.1)	330 (4.1)	81 (1.0)
Saskatchewan ‡	340 (3.0)	1,138 (10.2)	2,498 (22.3)	3,068 (27.4)	1,999 (17.8)	1,507 (13.5)	516 (4.6)	133 (1.2)
Alberta #	848 (3.2)	2,440 (9.1)	4,863 (18.1)	7,526 (28.0)	5,322 (19.8)	4,123 (15.4)	1,398 (5.2)	319 (1.2)
CSC	N/A	N/A	326 (16.3)	717 (35.9)	525 (26.3)	350 (17.5)	70 (3.5)	10 (0.5)

Table 25. Unique individuals by treatment category and living situation, 2011–2012

Jurisdiction	Residential Withdrawal Management		Non-Residential Withdrawal Management		Residential Treatment		Non-Residential Treatment	
	Fixed Address n (%)	No Fixed Address n (%)	Fixed Address n (%)	No Fixed Address n (%)	Fixed Address n (%)	No Fixed Address n (%)	Fixed Address n (%)	No Fixed Address n (%)
Newfoundland and Labrador ‡‡	303 (91.5)	28 (8.5)	N/A	N/A	183 (87.6)	26 (12.4)	1,556 (88.0)	213 (12.0)
Nova Scotia	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New Brunswick	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ontario §	13,982 (83.2)	2,817 (16.8)	1,430 (92.3)	120 (7.7)	7,745 (88.4)	1,018 (11.6)	53,195 (95.2)	2,673 (4.8)
Manitoba §§ ##	620 (61.2)	393 (38.8)			593 (64.5)	326 (35.5)	703 (85.9)	115 (14.1)
Saskatchewan	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Alberta #	4,353 (81.9)	965 (18.1)	N/A	N/A	1,899 (91.4)	178 (8.6)	23,868 (88.9)	2,971 (11.1)
CSC[35]	N/A	N/A	N/A	N/A	N/A	N/A	963 (52.7)	863 (47.3)

[35] Housing data is only available for 1,887 episodes and 1,826 individuals.

Figure 4. Self-reported past-year substance use by drug, 2011–2012[36]



[36] For Manitoba, data is from AFM data only.

Figure 5. Percentage of unique individuals reporting having used alcohol in the past 12 months prior to treatment by gender, 2011–2012 †

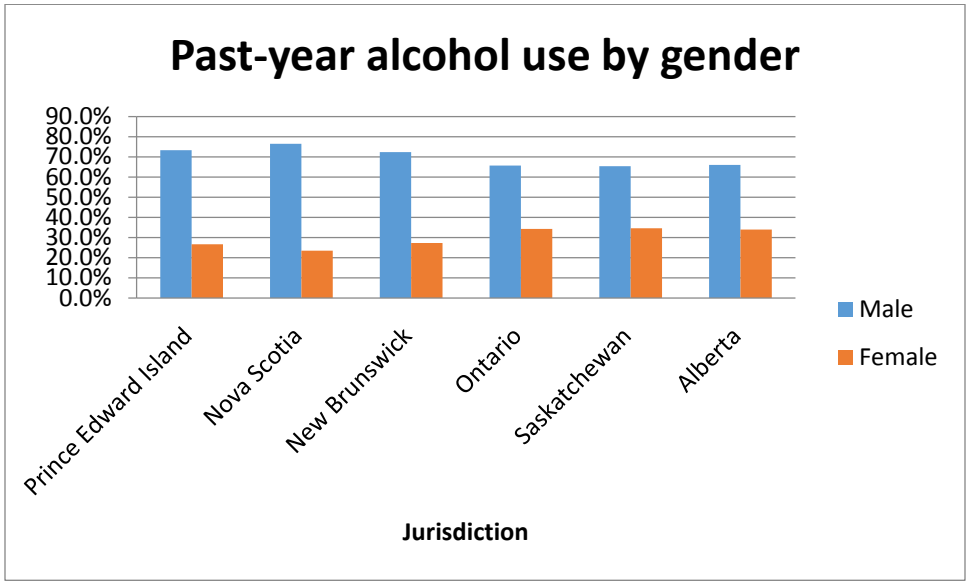


Figure 6. Percentage of unique individuals reporting having used cannabis in the past 12 months prior to treatment by gender, 2011–2012

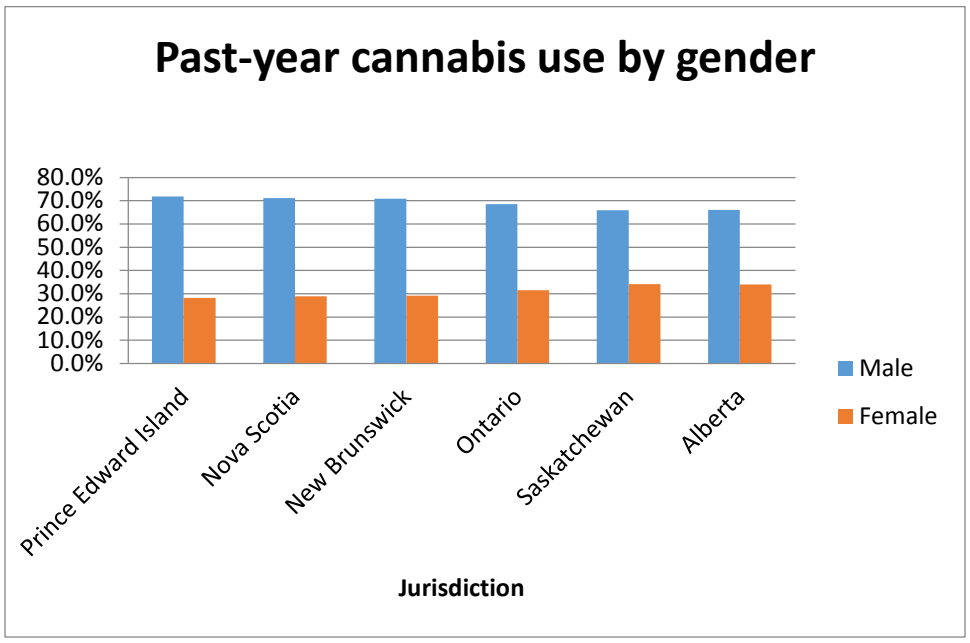


Figure 7. Percentage of unique individuals reporting having used cocaine in the past 12 months prior to treatment by gender, 2011–2012

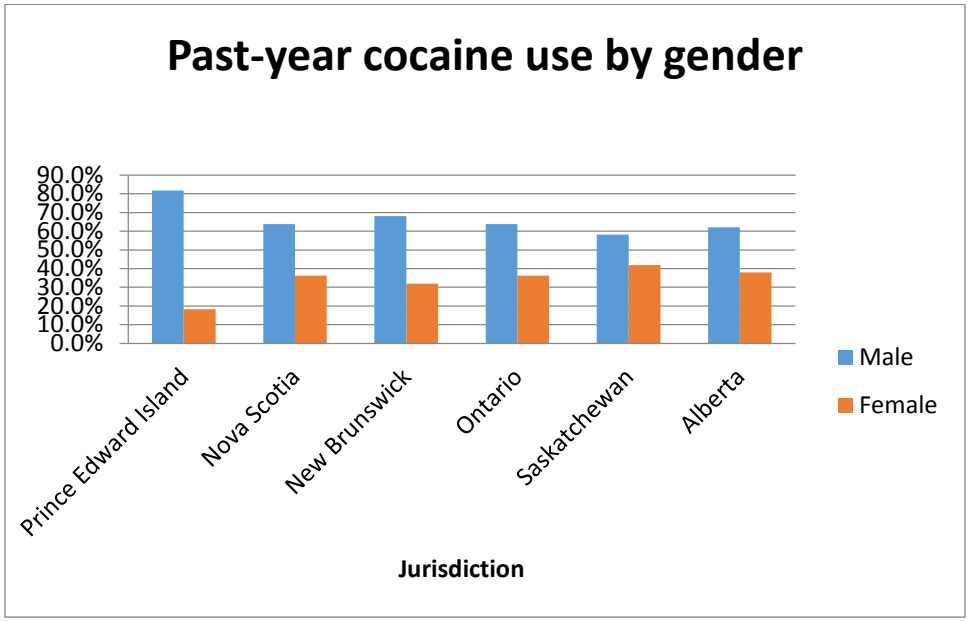


Figure 8. Percentage of unique individuals reporting having used opioids in the past 12 months prior to treatment by gender, 2011–2012

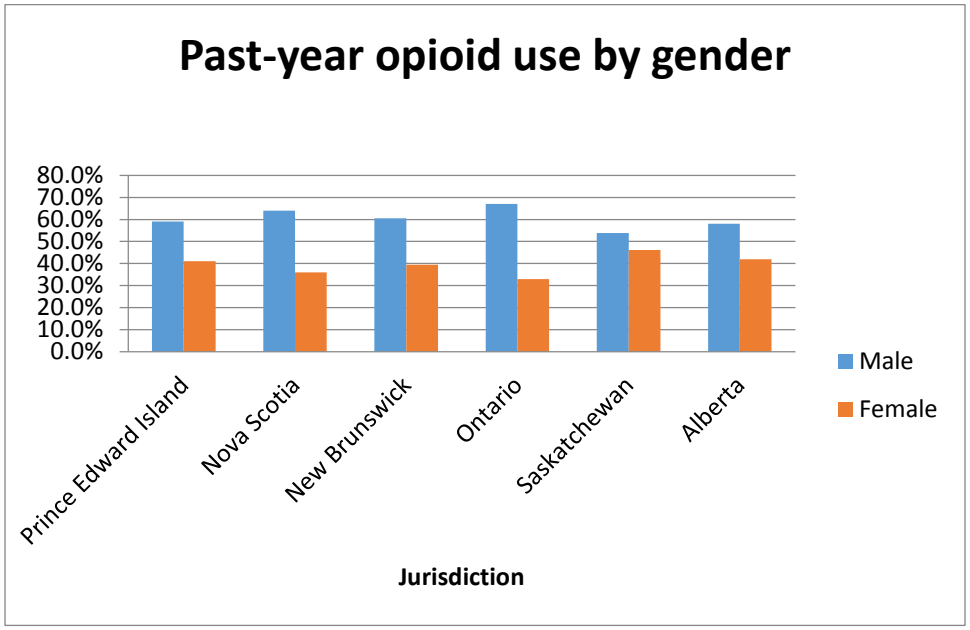


Figure 9. Percentage of unique individuals reporting having used stimulants in the past 12 months prior to treatment by gender, 2011–2012

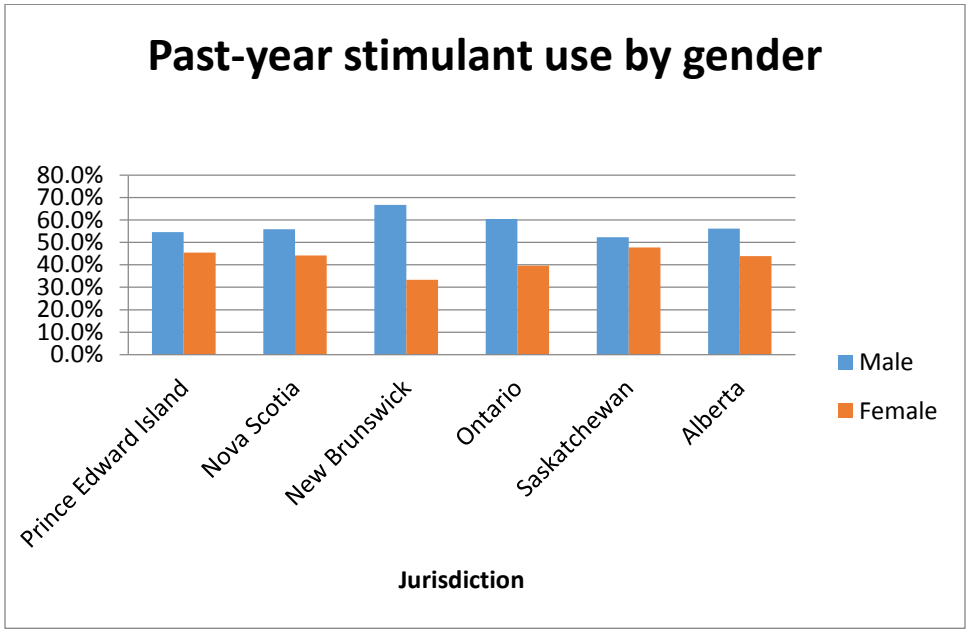


Figure 10. Percentage of unique individuals reporting having used hypnotics or sedatives in the past 12 months prior to treatment by gender, 2011–2012

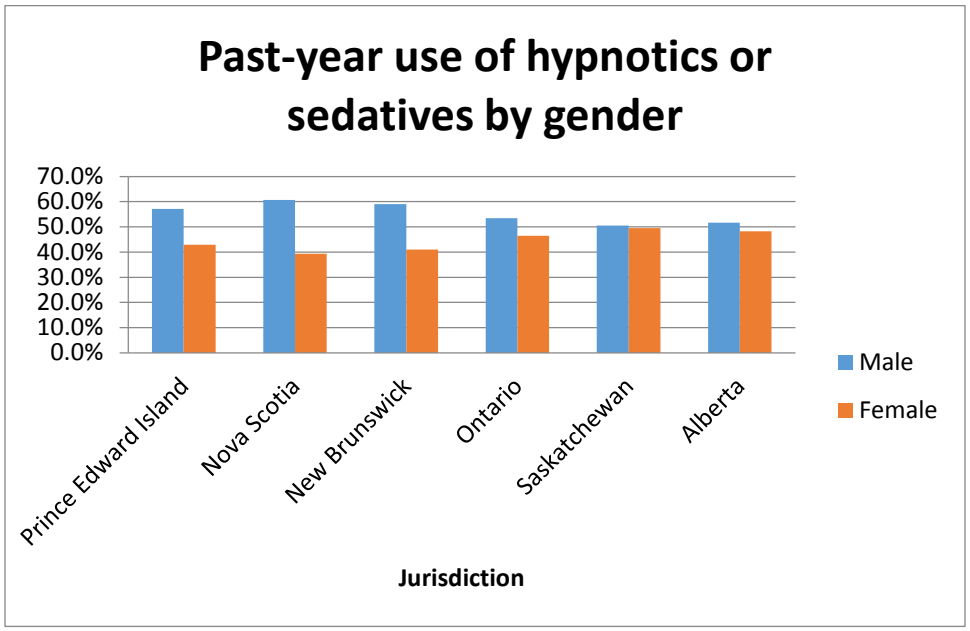


Figure 11. Percentage of unique individuals reporting having used hallucinogens in the past 12 months prior to treatment by gender, 2011–2012

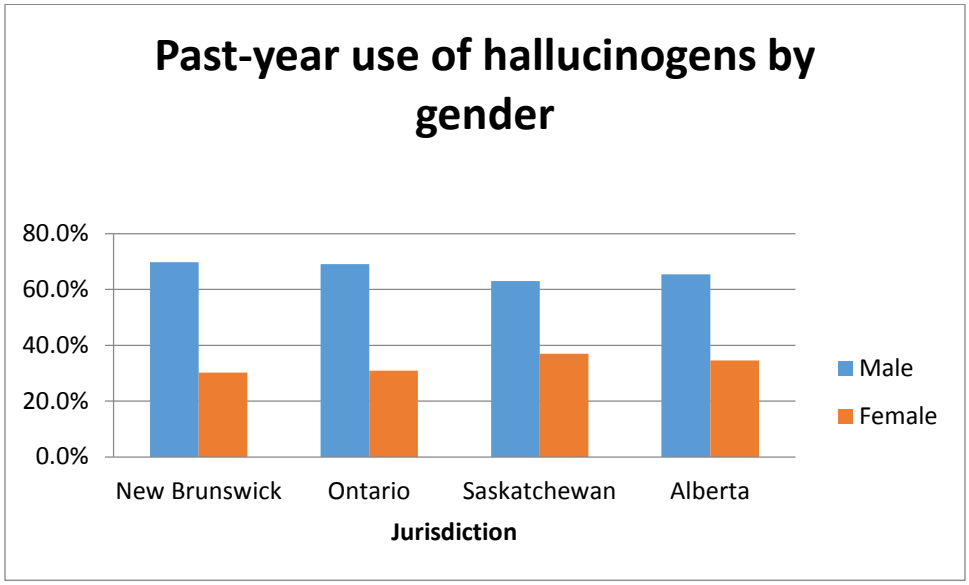


Figure 12. Percentage of unique individuals reporting having used inhalants in the past 12 months prior to treatment by gender, 2011–2012

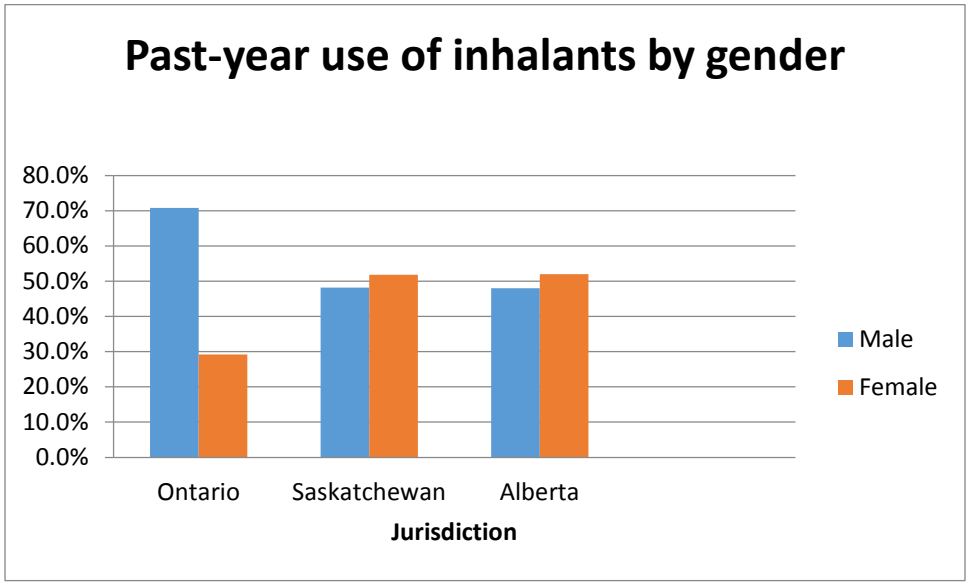


Figure 13. Percentage of unique individuals reporting having used steroids in the past 12 months prior to treatment by gender, 2011–2012

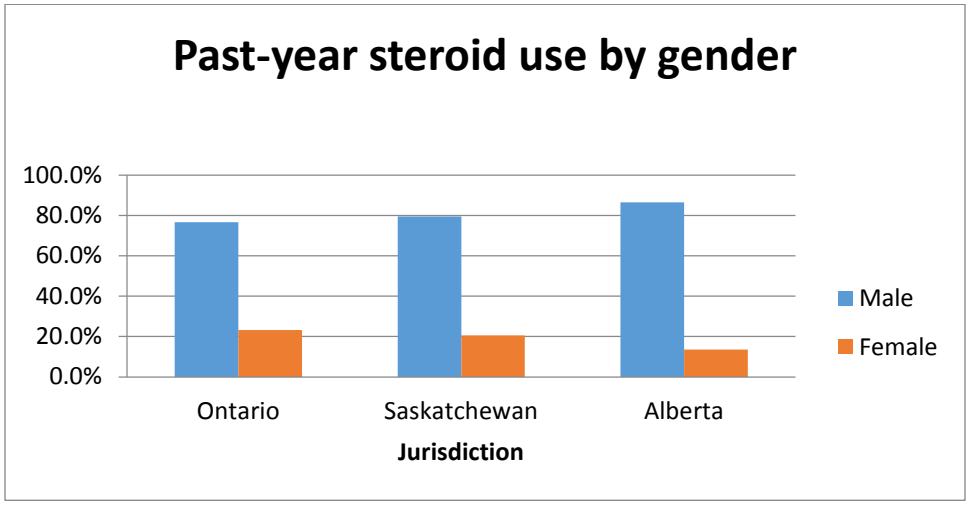


Figure 14. Percentage of unique individuals reporting having used OTC medication in the past 12 months prior to treatment by gender, 2011–2012

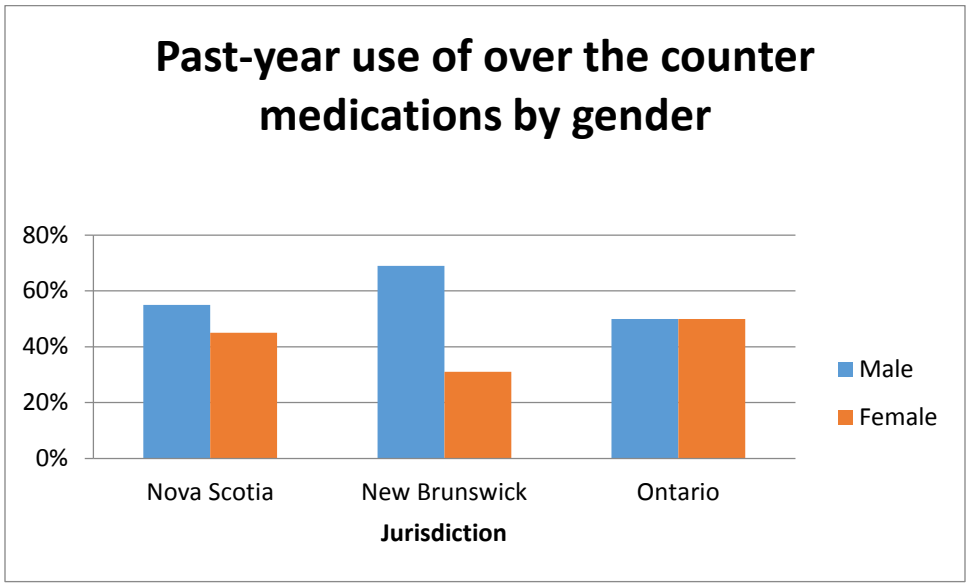


Figure 15. Percentage of unique individuals reporting having used prescription drugs in the past 12 months prior to treatment by gender, 2011–2012

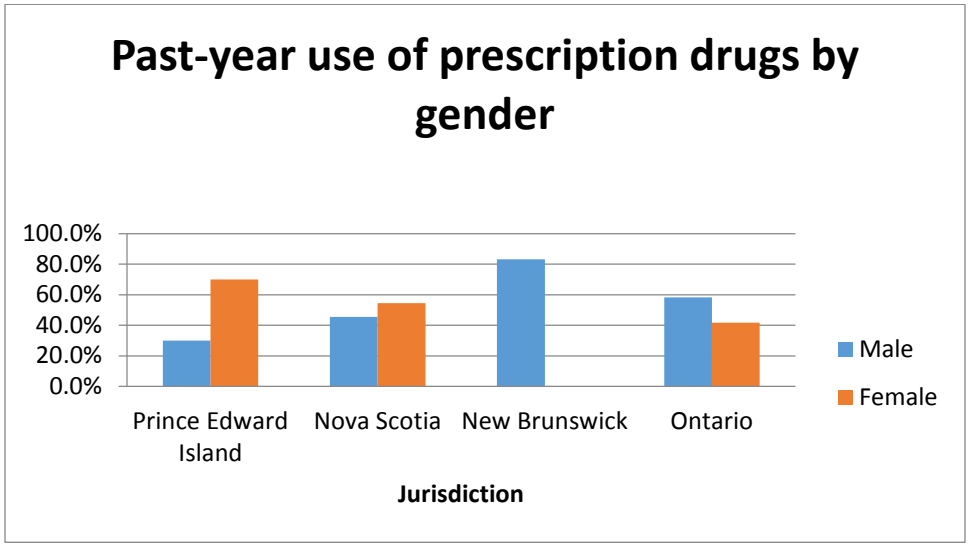
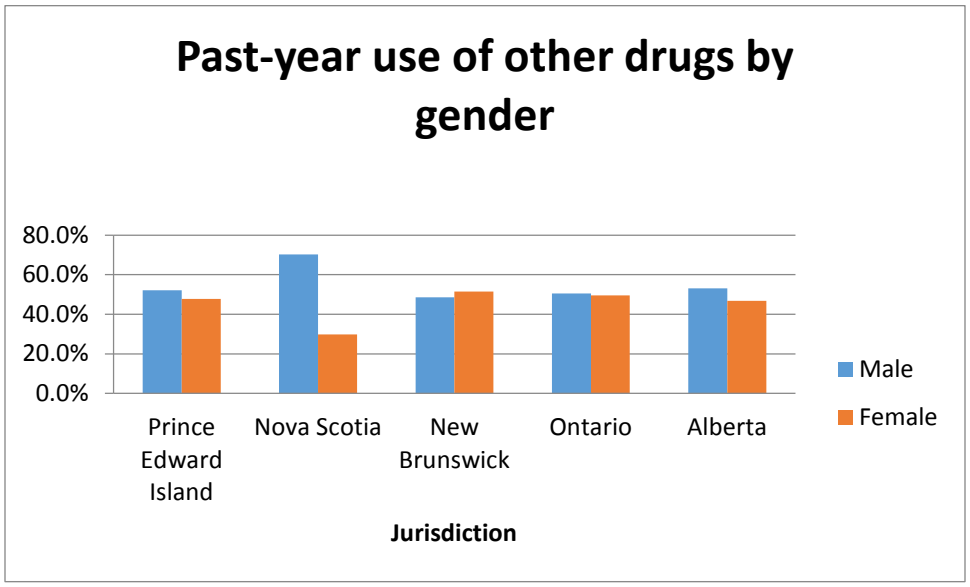
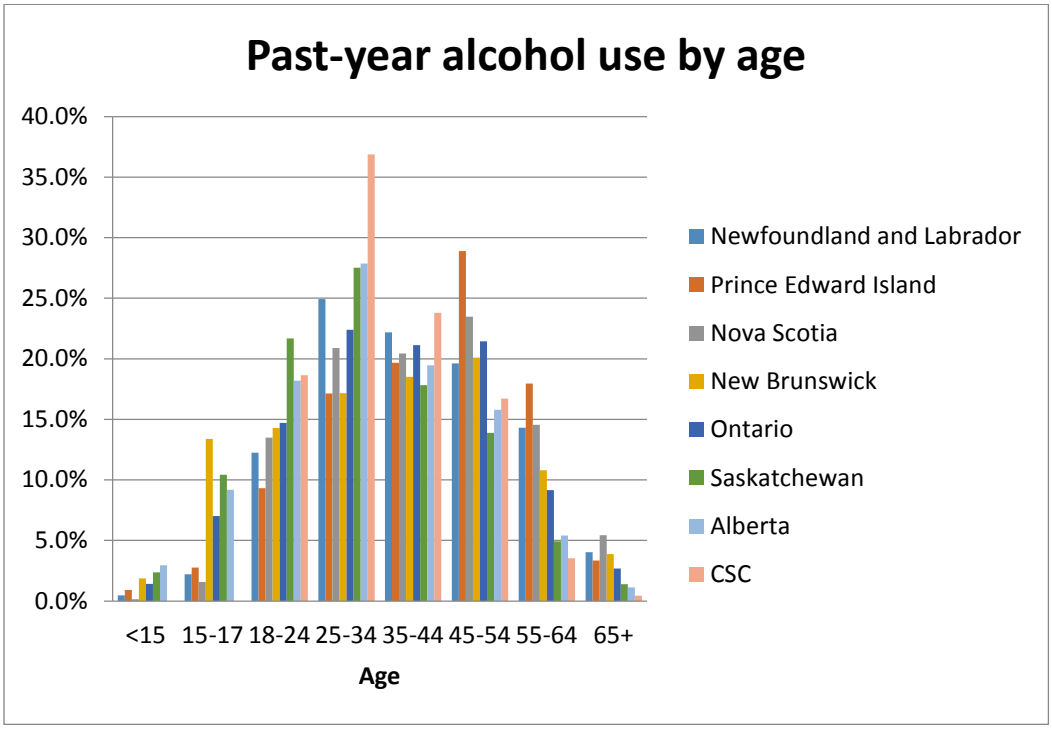


Figure 16. Percentage of unique individuals reporting having used other drugs in the past 12 months prior to treatment by gender, 2011–2012[37]



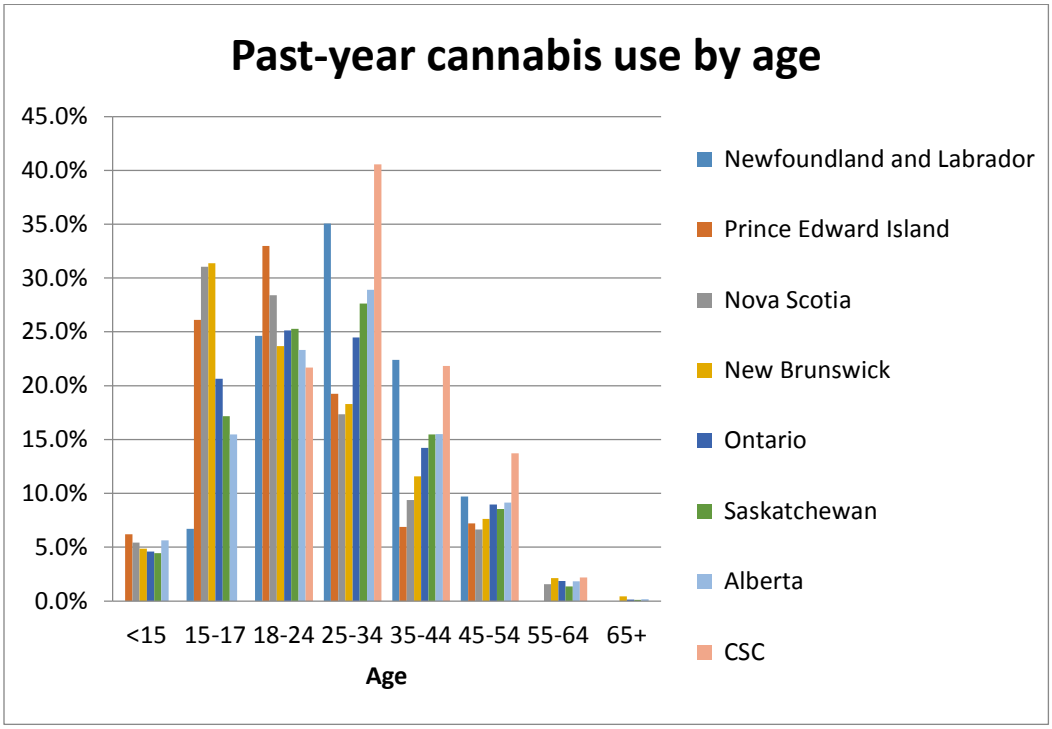
[37] Discrepancies for Newfoundland and Labrador are a result of some clients not providing a date of birth.

Figure 17. Percentage of individuals accessing public, specialized treatment services who reported using alcohol in the past 12 months by age, 2011–2012[38]



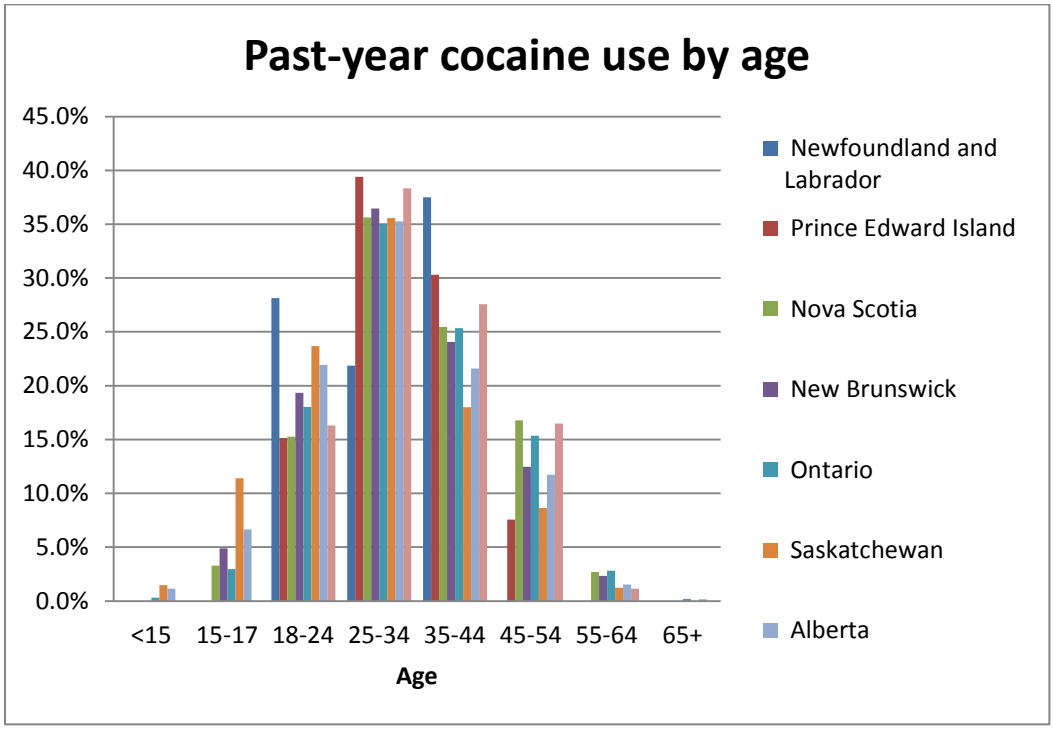
[38] For Newfoundland and Labrador, discrepancies are the result of some clients not providing a date of birth. For Saskatchewan, discrepancies are the result of missing data.

Figure 18. Percentage of individuals accessing public, specialized treatment services who reported using cannabis in the past 12 months by age, 2011–2012[39]



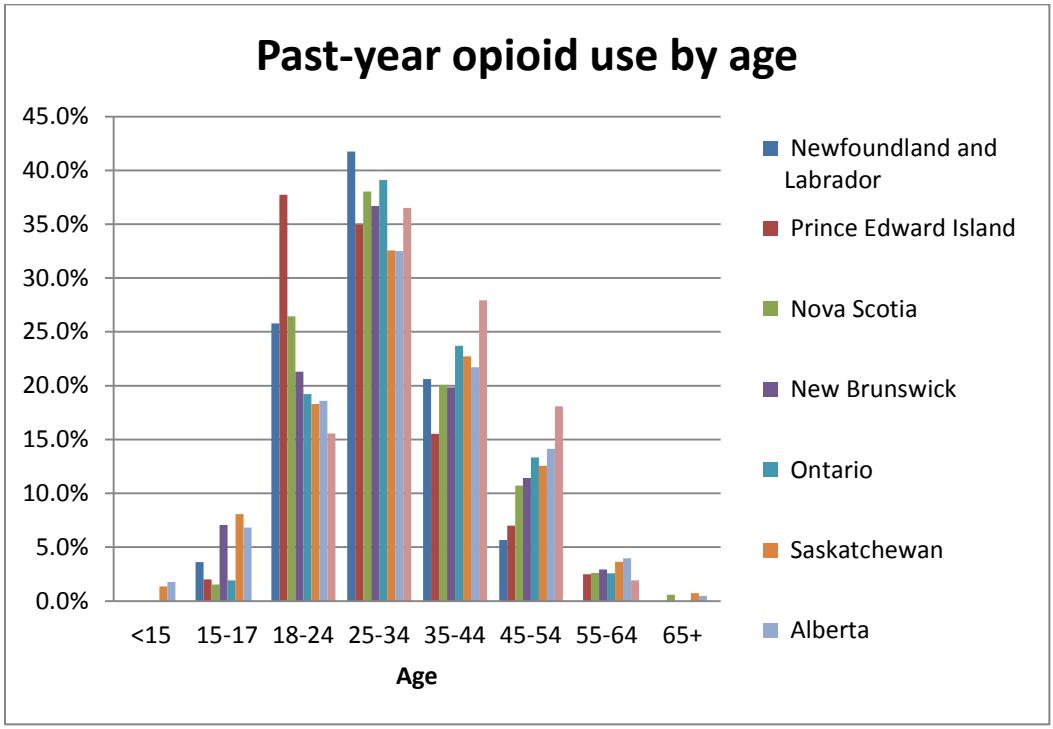
[39] Discrepancies for Saskatchewan are the result of missing data.

Figure 19. Percentage of individuals accessing public, specialized treatment services who reported using cocaine in the past 12 months by age, 2011–2012[40]



[40] For Newfoundland and Labrador, discrepancies are the result of some clients not providing a date of birth. For Saskatchewan, discrepancies are the result of missing data.

Figure 20. Percentage of individuals accessing public, specialized treatment services who reported using opioids in the past 12 months by age, 2011–2012[41]



[41] For Saskatchewan, discrepancies are the result of missing data.

Figure 21. Percentage of individuals accessing public, specialized treatment services who reported using stimulants in the past 12 months by age, 2011–2012

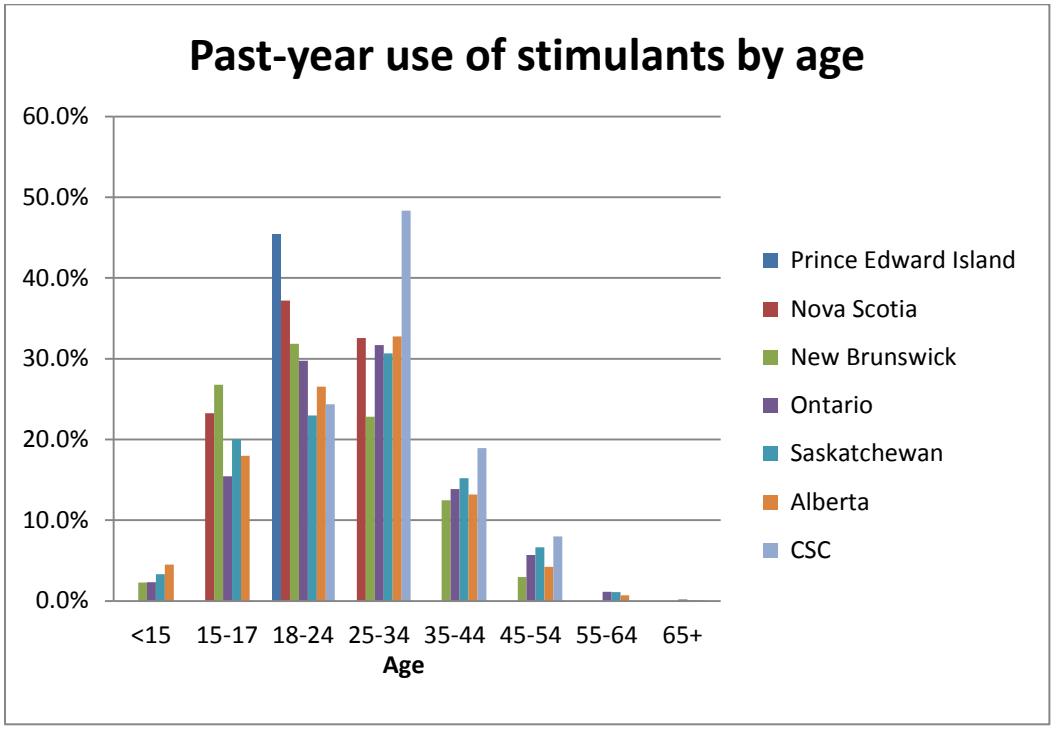


Figure 22. Percentage of individuals accessing public, specialized treatment services who reported using hypnotics and sedatives in the past 12 months by age, 2011–2012

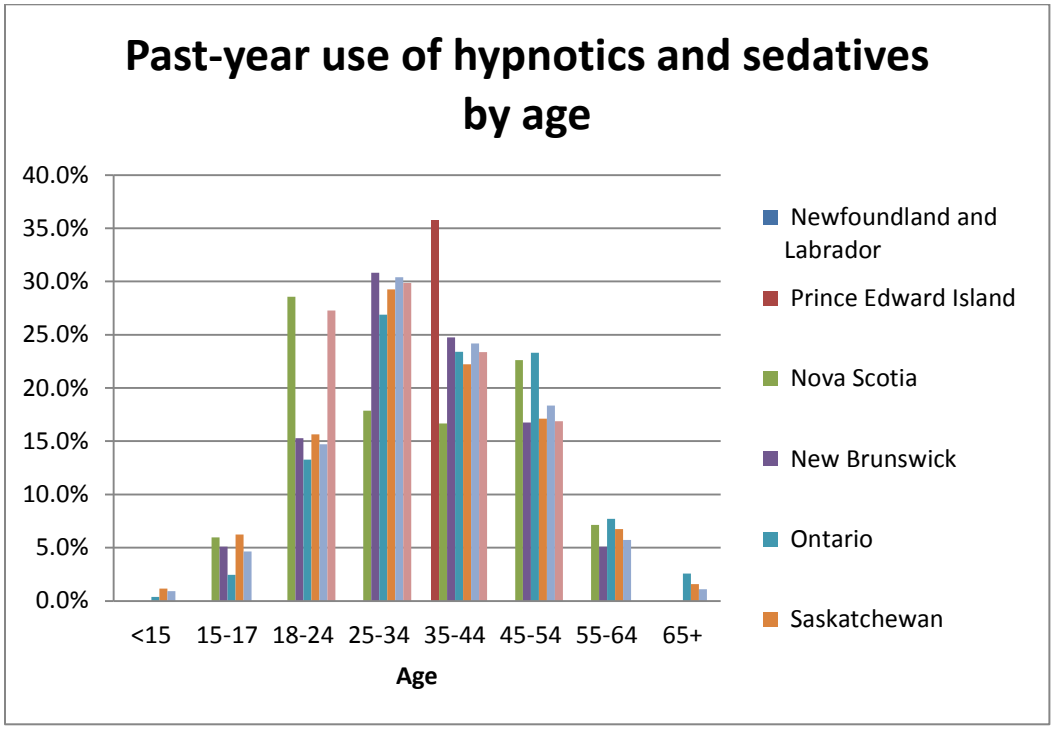


Figure 23. Percentage of individuals accessing public, specialized treatment services who reported using hallucinogens in the past 12 months by age, 2011–2012

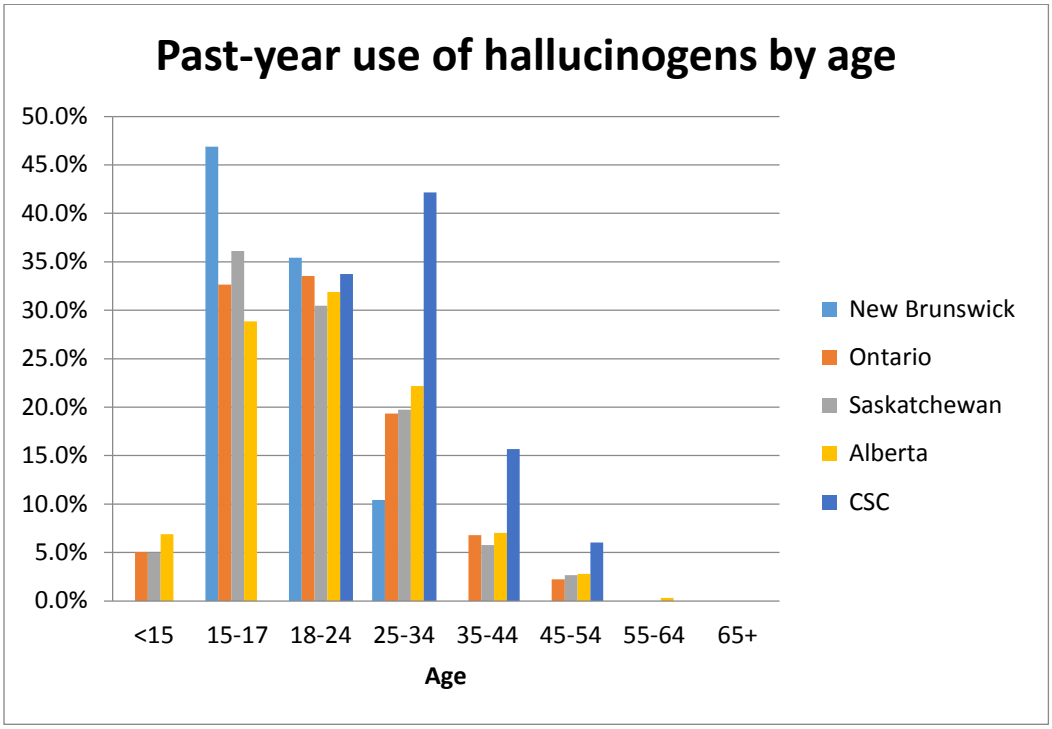


Figure 24. Percentage of individuals accessing public, specialized treatment services who reported using inhalants or solvents in the past 12 months by age, 2011–2012

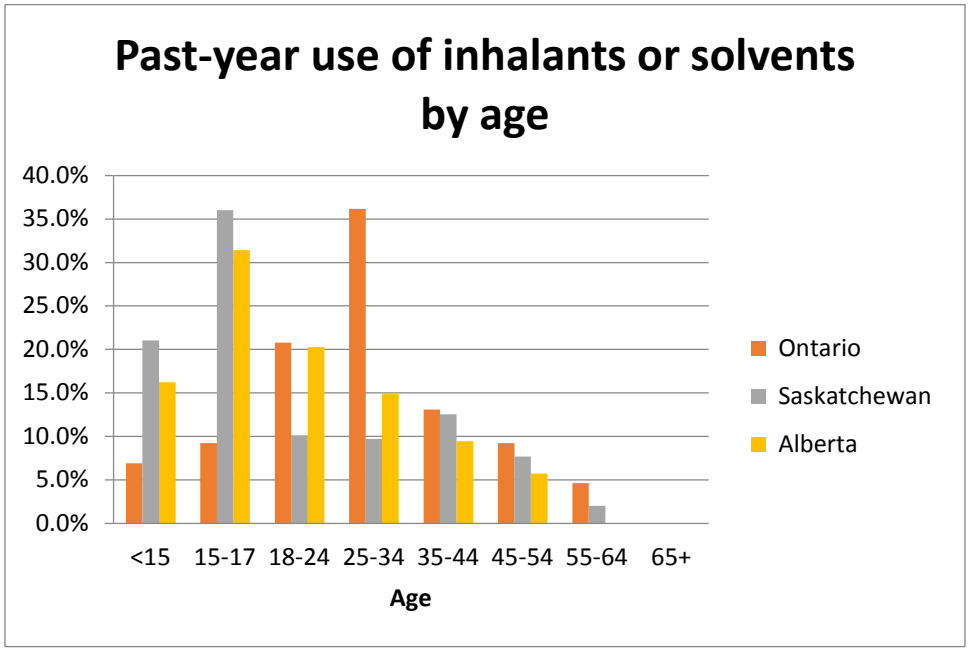


Figure 25. Percentage of individuals accessing public, specialized treatment services who reported using steroids in the past 12 months by age, 2011–2012

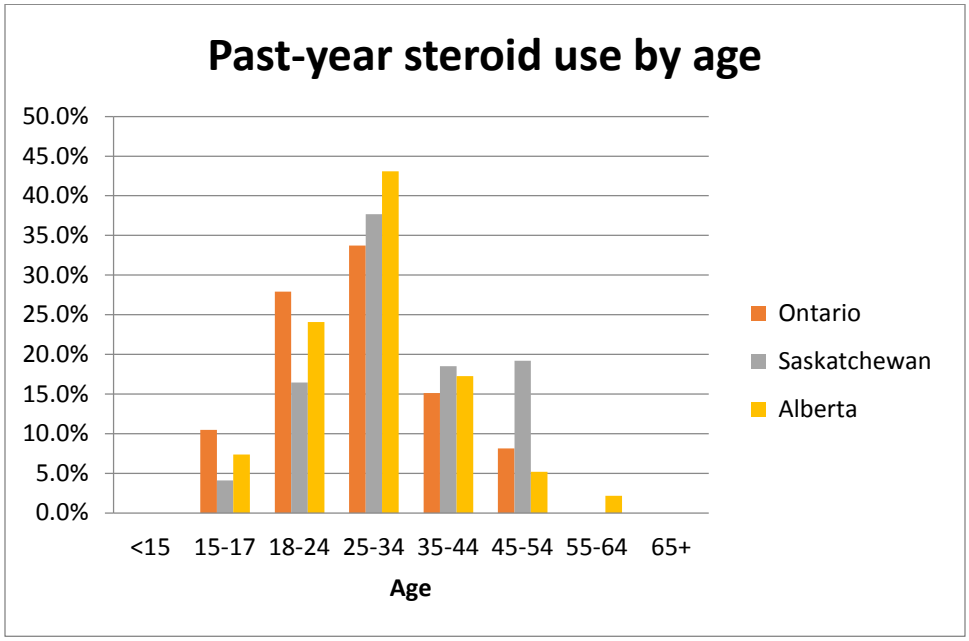


Figure 26. Percentage of individuals accessing public, specialized treatment services who reported using OTC medication in the past 12 months by age, 2011–2012

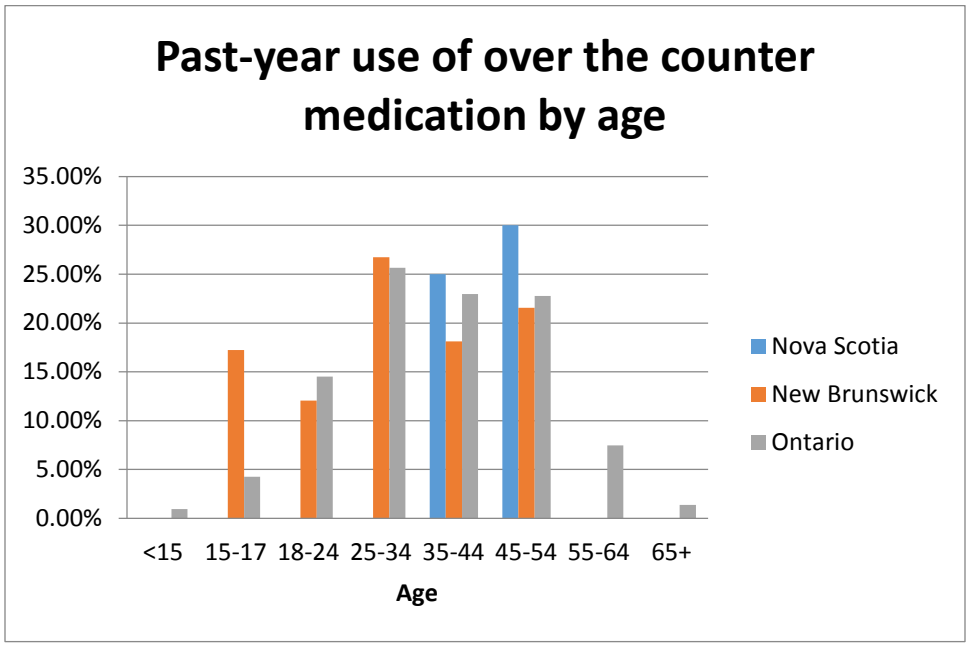


Figure 27. Percentage of individuals accessing public, specialized treatment services who reported using prescription drugs in the past 12 months by age, 2011–2012

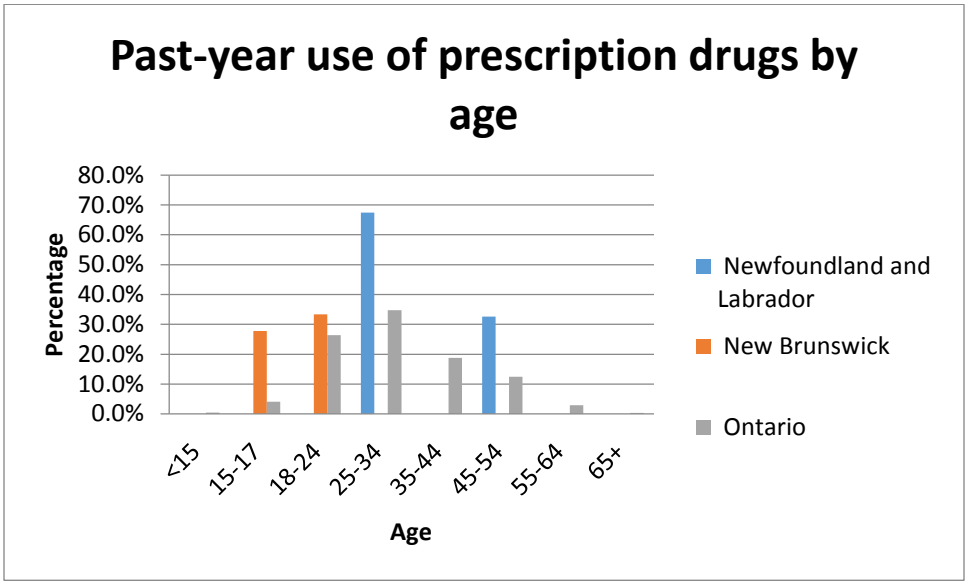


Figure 28. Percentage of individuals accessing public, specialized treatment services who reported using other drugs in the past 12 months by age, 2011–2012