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National Treatment Indicators Report

2016–2018 Data

January 2021

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Conflict of Interest

None of the listed authors has any conflicts of interest to declare.

Executive Summary

Key Messages

- Substance use treatment services are an integral part of Canada's evidence-based strategy to reduce the burden of substance use. Data on treatment utilization is needed to inform operations and strategic planning, and to ensure that treatment services are available and accessible to those that need them.
- This report summarizes information on the number of Canadians accessing publicly funded, community-based treatment services for substance use between 2016 and 2018. These data include basic demographic information and identification of problem substances reported among those accessing treatment.
- Jurisdiction profiles illustrate trends in substance use treatment utilization and will help monitor the capacity of jurisdictions to report on a core set of treatment indicators.
- Overall, approximately one in 200 Canadians were in treatment for substance use. More than 60% of the individuals seeking substance use treatment were male and alcohol was the single most common problem substance reported.
- Two out of three individuals accessing substance use treatment services reported the use of any illicit drug and most individuals reported problems with multiple substances, suggesting a high prevalence of polysubstance use.

Introduction

Many Canadians experience substantial legal, social and health consequences because of alcohol and other substance use. For a variety of reasons, people seek and can benefit from substance use treatment services. Collecting and reporting data on the number of Canadians accessing substance use treatment services helps ensure that the treatment system is operating in a way that meets population needs and trends.

The National Treatment Indicators (NTI) project began in 2009 to provide a more comprehensive national picture of substance use treatment utilization in Canada. The NTI project is led by the Canadian Centre on Substance Use and Addiction (CCSA), in collaboration with the NTI Working Group (NTIWG), which consists of representatives from the provinces and territories, as well as from other national organizations involved with treatment delivery or reporting. The working group is co-chaired by CCSA and an expert on substance use treatment from the research community. (The current co-chair is from the Canadian Institute for Substance Use Research at the University of Victoria.) The NTI reports have provided the only synthesis of publicly funded, community-based treatment[1] data across Canada.

In 2019, the NTIWG reviewed its data reporting protocols and jurisdictional capacities for collecting and reporting substance use treatment data. It identified an opportunity to align its data collection process with the United Nations Office on Drugs and Crime (UNODC) international indicators that aim

1 Community-based treatment consists of specialized services that exclude primary care services or hospital admissions. It includes specialized services for withdrawal management and counselling programs offered in residential and outpatient settings. Private treatment services not covered by government insurance plans and paid for by the client are excluded; privately paid for treatment providers operate independently and are under no obligation to provide data to jurisdictional or federal authority.

to measure substance use treatment utilization globally. The NTIWG aligned its indicators with those of the UNODC, and this report presents Canadian information for the fiscal years 2016–2017 and 2017–2018 for these indicators. In addition, this report also includes jurisdiction profiles to illustrate trends in substance use treatment utilization and to help monitor jurisdictions' capacity to report on the international treatment indicators.

Methods

Working group members were asked to provide information on individuals treated in public, community-based services for substance use problems for selected international indicators from the UNODC annual report questionnaire (Appendix B and C). These indicators are reported overall and for specific substance categories (Appendix D). Provinces and territories report as closely to the definitions of the indicators as possible and exceptions are noted in the report. Variability of data management systems, resourcing commitments, and data collection and reporting practices generally limit the scope and comparability of data across jurisdictions. In addition, this report does not include data from all Canadian jurisdictions with substance use treatment services.

Results

105,569 individuals between April 1, 2016, and March 31, 2017, and 106,166 individuals between April 1, 2017, and March 31, 2018, accessed publicly funded, community-based substance use treatment services. These data include treatment services from seven provinces that account for 60% of Canada's population: Alberta, Saskatchewan, Ontario, New Brunswick, Prince Edward Island, Nova Scotia, and Newfoundland and Labrador.

Alcohol was reported most frequently as a problem substance[2] among individuals in treatment: between April 1, 2016, to March 31, 2018, 64% of individuals reported alcohol as a problem substance. During this time, 66% of individuals reported any illicit substance[3] as a problem substance. Following alcohol, cocaine and cannabis were the most reported problem substances among individuals in treatment. More than half of individuals seeking treatment reported at least two problem substances, suggesting a high prevalence of polysubstance use. Males accounted for 62% of individuals accessing treatment, while females accounted for 38%. A similar ratio of males to females in treatment was observed for both alcohol (63% male and 36% female) and any illicit substance (60% male and 37% female). The median age of individuals accessing substance use treatment varied from the mid-to-late thirties, depending on the reported problem substance.

Conclusions

This report summarizes data on the number of individuals who accessed publicly funded, community-based treatment services for substance use between 2016 and 2018. The NTI project is currently working to improve consistency across all jurisdictions in reporting on international indicators for treatment utilization and this report presents the first summary aggregating these data from participating jurisdictions. The report also includes jurisdictional profiles that summarize data

2 A problem substance is any substance that is reported as causing problems and for which the client is seeking treatment. An individual can report using more than one problem substance.

3 Illicit drugs include all substances under international control, including cannabis, opioids, cocaine, amphetamine-like stimulants, sedatives and tranquilizers, hallucinogens, solvents and inhalants, and non-medical use of prescription medications (i.e. opioids, sedatives, amphetamines). For this report, cannabis is considered an illicit substance since the time period covered by the data precedes legalization, but future cycles of NTI data collection will capture estimates for illicit substances both including and excluding cannabis to recognize the unique status of cannabis in Canada.

for each participating province and territory on basic demographic information and the identification of problem substances reported among those accessing treatment. These profiles also illustrate each jurisdictions' capacity to report on the international indicators in 2016–2018. Reporting on these indicators contributes to the ongoing development of both a national and international picture of substance use treatment and helps inform our understanding of drug trends. This approach also provides a core set of indicators for which jurisdictions can align their reporting, acknowledging the limited capacity of most jurisdictions to report on a larger number of indicators for substance use treatment. This basic information on individuals in substance use treatment is important for informing policy, resourcing and development to ensure optimal service availability and delivery. The COVID-19 pandemic will have an impact on substance use treatment utilization across Canada and the NTI project is positioned to quantify this impact in future reports.

Introduction

Alcohol and drug use are significant health, economic and social issues. In 2017, it was estimated that substance use led to over 277,000 hospitalizations, more than 74,800 deaths and over 867,500 criminal incidents, and cost Canadians $46 billion dollars, including $20 billion in lost productivity (Canadian Substance Use Costs and Harms Scientific Working Group, 2020a).[4] In 2016, there were approximately 3.5 times more hospitalizations attributable to substance use compared to heart attacks (Canadian Institute for Health Information, 2017; Canadian Substance Use Costs and Harms Scientific Working Group, 2020b). Many Canadians experience substantial legal, social and health consequences because of alcohol and other substance use. People seek and benefit from substance use treatment services for a variety of reasons. This report presents information for 2016–2018 on the number of individuals accessing publicly funded, community-based treatment services across Canada. The data presented support a more accurate understanding of substance use in Canada and inform systems-level planning and development across jurisdictions. This report is intended for a broad audience, including researchers, analysts, leaders, decision makers and advisors looking for information to support service planning, development and communications.

Substance Use in Canada

Canada has some of the highest consumption rates for alcohol (Canadian Centre on Substance Use and Addiction, 2019a) and cannabis (Canadian Centre on Substance Use and Addiction, 2020a) in the world. According to the 2017 Canadian Tobacco Alcohol and Drug Survey (CTADS), among Canadians aged 15 or older who reported past-year alcohol use (78%), 21% exceeded the low-risk drinking guidelines[5] (Statistics Canada, 2019). Regular use of cannabis (weekly or more frequent use over months and years) can also increase the risk for adverse health outcomes (Canadian Centre on Substance Use and Addiction, 2019b) and almost 5% of Canadians aged 15 and older reported in 2017 that they used cannabis daily or almost daily (Canadian Centre on Substance Use and Addiction, 2020a). Approximately 16% of Canadians over the age of 15 reported using cannabis in the past three months (Statistics Canada, 2019). 16% percent of Canadians aged 15 years or older reported using at least one illicit drug (including cannabis) in the past 12 months and 18% of them reported experiencing one or more types of drug-related harms (Statistics Canada, 2019).

Of those who use substances, a portion will develop problematic patterns of use that interfere with their life and wellbeing, and some of these will experience a substance use disorder. People experiencing problematic substance use or with a substance use disorder may at some point seek treatment. In 2012, 4.4% of Canadians aged 15 and older (an estimated 1.3 million) met the criteria for a substance use disorder within the past year, and approximately 21.6% of Canadians (an estimated six million) met the criteria for a substance use disorder during their lifetime (Pearson, Janz, & Ali, 2013). Most of these lifetime cases were for alcohol use disorder (18.1%), followed by cannabis use disorder (6.8%), and other forms of substance use disorders (4.0%, combined across cocaine, heroin, solvents, non-medical use of prescription drugs[6] and other illicit substances). Males were 2.5 times more likely than females to report past-year symptoms consistent with a substance

4 Lost productivity is the value of work lost due to premature mortality, long-term disability and short-term disability (absenteeism and presenteeism).

5 These guidelines set safe alcohol limits per week for men and women to help reduce long-term health risks from drinking alcohol (Canadian Centre on Substance Use and Addiction, 2018).

6 Non-medical use of prescription drugs includes taking the medication in greater amounts than prescribed or more often than directed, using it to get high, use for reasons other than as prescribed, and tampering with a product before taking it.

use disorder (6.4% versus 2.5%), and youth aged 15 to 24 had the highest rate of substance use disorders (11.9% versus 1.9% for those aged 45 and older).

Substance Use Treatment Services

One way to reduce the burden of substance use is through evidence-informed treatment. Treatment objectives can include reduction or cessation of substance use, as well as improving social functioning, personal relationships and quality of life. Recent analyses indicate a gap between the number of individuals who could benefit from treatment services and the number who are actually able to access them (Canadian Mental Health Association, 2018; McPherson & Boyne, 2017; Rush, Tremblay, & Babor, 2019). This issue is not unique to Canada; in the United States, it is estimated that only one in ten individuals with a substance use disorder receive specialized treatment services (Surgeon General Report, 2017), and it is estimated that Australia only meets 27% to 56% of treatment demand (Ritter, Chalmers, & Gomez, 2019).

Data on both treatment demand and treatment utilization are needed to inform operations and strategic planning, and to ensure that effective treatment services are available and accessible for those who need them. Basic information on the number of Canadians accessing specialized services for substance use treatment each year and on current or emerging trends and patterns across different substances helps ensure that the treatment system is operating in a way that meets population needs now and in the future. This information is also needed to estimate the costs of providing substance use treatment services, so informing best policies and practices in delivery of care and cost-benefit analyses for expanded access to treatment services.

In Canada, the provinces and territories are responsible for health services in their jurisdictions, guided by the provisions of the *Canada Health Act*.[7] Substance use treatment is under the umbrella of health services, and includes community-based programs,[8] hospital-based programs and primary care services. For example, some pharmacological treatments, such as opioid agonist therapy and assistance with managing symptoms of withdrawal, are offered in primary care settings. Substance use treatment services can also be provided as part of an integrated mental health program. Jurisdictions tailor the mix of these treatment services to best meet the needs of their populations. This tailoring results in differences in how services are funded or delivered and data are collected and reported.

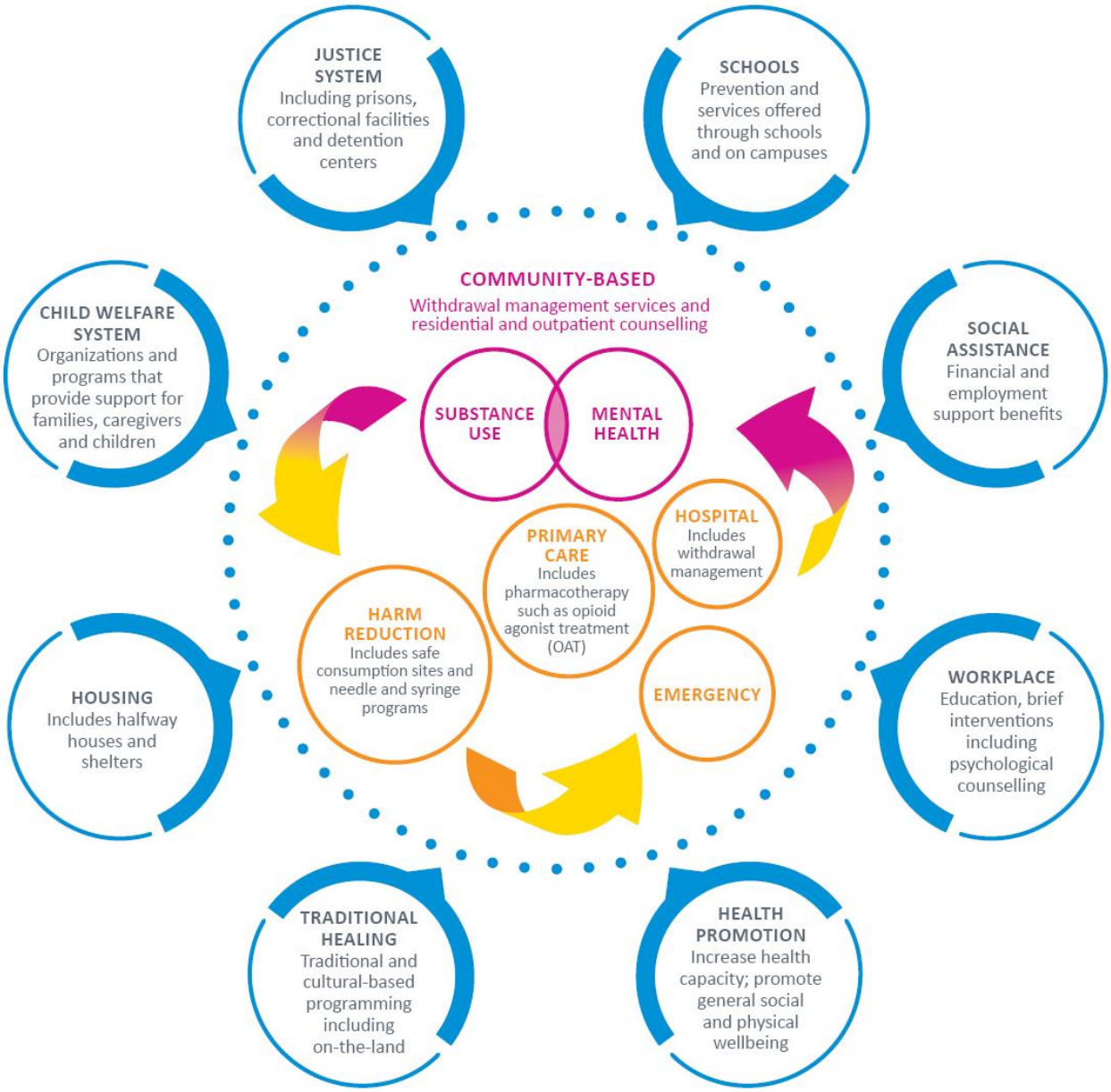
People can receive treatment for alcohol and other drugs in a variety of settings not currently captured by this report. It will be important to broaden the definition of substance use treatment services as they become increasingly embedded within mental health, primary care, and other health and social services. This report presents aggregate-level data on publicly funded, community-based treatment services only. These services are an essential component in the continuum of services and supports for substance use problems and disorders, from health promotion and prevention to harm reduction and treatment. (See Figure 1 for a representation of the spectrum of treatment and related services that identifies those services from which data for this report are captured.). The data do not include inpatient and ambulatory services in psychiatric or general hospitals, crisis and emergency services, or primary care services. It also excludes harm reduction strategies and services that lessen the consequences associated with substance use, such as supply distribution and needle recovery programs, take home naloxone kits, supervised consumption and injection services, and overdose prevention services. Privately funded treatment providers and services are

7 Excluding some populations served through federal programs, including federal prisoners, Indigenous populations living on reserves and members of the Canadian Forces.

8 Community-based treatment consists of specialized services that exclude primary care services or hospital admissions.

also excluded.[9] There are several ongoing projects that are seeking to increase and standardize the data on substance use treatment in Canada. The National Treatment Indicators Working Group (NTIWG) is continuously working on this effort, and other projects include the Canadian Substance Use Costs and Harms study led by CCSA and the Canadian Institute for Substance Use Research, as well as the Shared Health Priorities project led by the Canadian Institute for Health Information.

Figure 1. Spectrum of specialized substance use treatment (inner circle), including community-based substance use treatment services from which this report captures data (pink), and related support services (outer circle)



9 Privately funded services are not covered by government insurance plans and are paid for by the client. Privately paid for treatment providers operate independently and are under no obligation to provide data to the jurisdictions or any federal authority.

National Treatment Indicators Project

The National Treatment Indicators (NTI) project began in 2009 as a response to calls for improved data collection on substance use treatment in Canada (National Treatment Strategy Working Group, 2008). The NTIWG was established, consisting of representatives from the provinces and territories, as well as some federal departments with treatment delivery responsibilities. The working group is co-chaired by CCSA and an expert on substance use treatment from the research community. (The current co-chair is from the Canadian Institute for Substance Use Research at the University of Victoria.)

Since 2012, the group has released biennial reports of the numbers and characteristics of people seeking treatment for substance use. These reports provide important information to health planners and decision makers on treatment demand across the country. However, challenges persist in obtaining consistent and comparable data across jurisdictions, including differences in data collection and under-resourcing of clinical information and management systems.

In 2019, the NTIWG reviewed its data reporting protocols and evaluated jurisdictional capacities. It reviewed similar efforts to report on treatment demand in other countries and regions, including projects led by the European Union, Australia and the United States. It engaged with stakeholders at Health Canada who are involved in national monitoring and surveillance. Among other relevant initiatives, Health Canada generates annual statistics on illicit or controlled substances to fulfil Canada's international reporting requirements to the United Nations Office on Drugs and Crime (UNODC), the World Health Organization, the Pan-American Health Organization, and the Inter-American Drug Abuse Control Commission. Among the suite of indicators generated for these reports are indicators of national demand for treatment of illicit substances (see Appendix D). A review of the international indicators on treatment demand suggested some opportunities for streamlining the NTI project and better aligning it with international initiatives.

The NTIWG has accordingly revised its indicators to align with international indicators of treatment demand starting with the 2016–2017 and 2017–2018 reporting cycles (Appendix C). These revisions involved a considerable reduction in the number and types of indicators, while at the same time improving Canada's ability to report on national treatment demand in a way that is consistent with other countries. Alignment with the international indicators provides a core starting point on which to build not only national consistency but also international value by providing an accurate picture of treatment utilization in Canada for global comparison.

Methods

Data Collection, Reporting and Analysis

Working group members were asked to provide information on as many publicly funded, specialized substance use treatment services from their jurisdiction as possible for selected international indicators from the UNODC annual report questionnaire (Appendix C). The guiding principles for using these indicators are as follows:

1. The indicators are selected from the UNODC annual report questionnaire (Appendix B).
2. The indicators will include Health Canada's minimum international reporting requirements on illicit substances,[10] but are augmented to also capture treatment demand for licit substances (namely alcohol and cannabis) in Canada.
3. Recognizing that data systems will evolve over time, the indicators are selected with planned and desired improvements in data systems in mind.
4. Provinces and territories report as closely to the definitions of the indicators as possible. Any time there is a difference between the indicator definition and what a province or territory can report, an exception is noted both in the report (Appendix F) and in the annual report questionnaire submitted to the UNODC by Health Canada.

The data presented are the outcome of a multi-stage process. First, service providers enter client information into an administrative database. This data is then compiled by analysts at the regional and provincial/territorial levels, according to jurisdictional reporting requirements. The data are analysed at the provincial/territorial level according to the definitions and data collection protocols and reported in aggregate form. The indicators are reported annually using a standardized template in Excel format that mirrors the annual report questionnaire (Appendix B). Statistics Canada policies on disclosure of data are used as guidelines to prevent individual or attributional identification.[11]

Limitations

Jurisdictions face a range of challenges in collecting and reporting consistent and accurate data for substance use treatment services (Canadian Centre on Substance Use and Addiction, 2020b), which limits the scope and comparability of the data that are reported here. Variability of data management systems, resourcing commitments, and data collection and reporting practices can result in wide variations among jurisdictions at the aggregate level and generally limit the comparability of data across jurisdictions. It is also difficult to fully quantify the scope of substance use treatment services captured by each jurisdiction. The following limitations must be considered when reviewing and interpreting the results.

Treatment services included: The data represent only publicly funded, community-based services. The report does not capture private treatment, treatment in primary care or hospital settings, and all treatment services specifically for Indigenous peoples and funded by the federal government. Given that primary care services include pharmacological treatment, a major omission in the dataset is

10 Note that illicit substances include **non-medical use** of prescription medications (i.e., opioids, sedatives, amphetamines).

11 In accordance with these guidelines, the sensitivity of counts and estimates are determined by two main criteria. One is the number of individuals represented in each cell, and the other is based on measure of concentration (e.g., if a count contributes more than a certain percentage to another cell total). An example of sensitivity based on the former criterion is that a cell count must exceed a minimum value, such as five. Sensitive cells (e.g., counts of fewer than six people) are suppressed, rounded or collapsed with other cells.

that numbers for opioid agonist treatment administered outside the context of community-based services are not included. This absence contributes to a significant underestimate for the total number of individuals in treatment who report opioids as a problem substance. The total number of individuals in treatment for other substances may also be underreported due to this limitation.

Jurisdictional participation: Eight of the 12 Canadian jurisdictions that are part of the NTIWG were able to collect and share data for this year's report. The missing jurisdictions for data collection collectively make up 40% of Canada's population, and so the estimates for treatment utilization reported here are a significant underestimate of a national picture. CCSA and the NTIWG continues to work with all jurisdictions to improve and enhance data collection as well as identify additional sources of information to include in future reports.

Results

National Summary

105,569 individuals between April 1, 2016, and March 31, 2017, and 106,166 individuals between April 1, 2017, and March 31, 2018, accessed publicly funded, community-based substance use treatment services.[12] These data include treatment services from seven provinces across Canada (Alberta, Saskatchewan, Ontario, New Brunswick, Prince Edward Island, Nova Scotia, and Newfoundland and Labrador) and data from the Youth Solvent Addiction Committee, a network of 10 First Nation youth residential treatment centres located in various regions of Canada and funded by the federal government.[13] Total estimates for each jurisdiction are included in Appendix E.

Problem Substances

Problem substances include any substance that is reported as causing problems and for which the client is seeking treatment. Issues can include physical and mental health concerns, disrupted relationships, social or vocational concerns, impaired performance at work or school, and legal or financial troubles. An individual can report more than one problem substance. Total estimates for problem substances exclude individuals for whom a reason for seeking treatment is not fully determined or who declined reporting any specific problem substance (see Appendix F).[14]

Most individuals accessing treatment reported "any illicit drug" as a problem substance. For the purposes of this report, any illicit drug includes all substances under international control,[15] including cannabis, opioids, cocaine, amphetamine-type stimulants, sedatives and tranquilizers, hallucinogens, solvents and inhalants, and non-medical use of prescription medications (i.e., opioids, sedatives, amphetamines).[16] In 2016–2017, 65% of individuals (n=68,841) accessing treatment reported "any illicit drug" as a problem substance and in 2017–2018, 67% of individuals (n=71,072) reported "any illicit drug" as a problem substance.

The most common problem substances reported for the two years are ranked in order in tables 1 and 2. Percentages indicate the proportion of individuals in treatment reporting a substance category as a problem substance. Alcohol was the most frequently reported problem substance among individuals accessing treatment services, reported by 64% or more than 67,000 people each year.

Following alcohol, cocaine and cannabis were the most reported problem substances for most jurisdictions. Between 2016–2017 and 2017–2018, there was an overall increase of 7% in the proportion of individuals reporting cocaine as a problem substance, and a 13% increase in the proportion of individuals reporting amphetamine-type stimulants, including methamphetamine.

12 These numbers Include individuals accessing treatment for the use of illicit substances (see Appendix D), including the non-medical use of prescription drugs, alcohol and any other substances collected and reported by jurisdictions (see Appendix F). Treatment for gambling only or tobacco only are excluded.

13 The National Native Alcohol and Drug Abuse Program is another federally funded network of treatment centres specifically for Indigenous communities. Data on the number of individuals accessing this program were not available for this report.

14 An exception is Newfoundland and Labrador where estimates include treatment for unknown substances, documented as "Substance Use" with no further specificity.

15 Psychoactive substances are classified and placed under international control by international conventions to control and limit the use of these drugs to protect public health and minimize the diversion of precursor chemicals to illegal drug manufacturers.

16 Non-medical use of prescription medications includes using them without a prescription written for the individual taking the drug, using a prescription provided from multiple doctors, nurses or pharmacists ("double-doctoring"), using them for purposes other than those indicated when prescribed, using in ways other than prescribed (different form or route), or taking more or less often than prescribed.

Table 1. Most common problem substance reported among individuals seeking treatment, 2016–2017

Jurisdiction	Alcohol	Cocaine	Cannabis	Opioids	Amphetamine-type stimulants	Tranquilizers and sedatives	Other substances
Total	1	2	2	3	4	6	5
NWT	1	2	3	S	S	S	S
Alberta	1	2	5	4	3	7	6
Saskatchewan	1	2	4	5	3	7	6
Ontario	1	3	2	4	5	6	7
New Brunswick	—	—	—	—	—	—	—
PEI	1	4	2	3	5	7	6
Nova Scotia	1	3	4	2	6	5	7
Newfoundland and Labrador	1	n/a	n/a	n/a	n/a	n/a	n/a

Notes for Table 1: Dashed line (—) indicates data not available.

Table 2. Most common problem substance reported among individuals seeking treatment, 2017–2018

Jurisdiction	Alcohol	Cocaine	Cannabis	Opioids	Amphetamine-type stimulants	Tranquilizers and sedatives	Other substances
Total	1	2	3*	4*	5	7	6
NWT	1	2	3	4	S	S	S
Alberta	1	2	5	4	3	7	6
Saskatchewan	1	3*	4	5	2*	7	6
Ontario	1	3	2	4	5	6	7
New Brunswick	1	3	5	2	4	6	7
PEI	1	3*	2	4*	5	7	6
Nova Scotia	1	3	4	2	5*	6*	7
Newfoundland and Labrador	1	n/a	n/a	n/a	n/a	n/a	n/a

Notes for Table 2: * indicates a change (up or down) in ranking from 2016–2017.
Notes for both tables: Other substances include hallucinogens, solvents and inhalants (all jurisdictions), prescribed mood-altering drugs (PEI), non-beverage alcohol, anti-depressants, androgens and ketamine (Alberta), and other psychoactive drugs (Ontario).
Amphetamine-type stimulants include methamphetamine.
"S" indicates data suppressed.
"n/a" indicates not applicable because substance categories do not match reporting definitions in Appendix D.

Polysubstance Use

Polysubstance use among people who use substances is common (Liu, Williamson, Setlow, Cottler, & Knackstedt, 2018; Patra, Fischer, Maksimowska, & Rehm, 2009). Polysubstance use is the simultaneous or concurrent use of at least two substances from different substance categories. For the purposes of this report, polysubstance use is indicated if an individual reports a problem substance in more than one substance category (Appendix D). Based on data from jurisdictions reporting on polysubstance use among individuals accessing treatment, the majority (55%) reported problems with multiple substances, suggesting a high prevalence of problematic polysubstance use.

Sex

Most individuals accessing treatment in 2016–2018 were male. Overall, males accounted for 62% of individuals accessing treatment, while females accounted for 38%. The ratio of males to females was consistent across jurisdictions and problem substances. Among individuals reporting alcohol as a problem substance, 63% were males and 36% were females; among individuals reporting any illicit drug as a problem substance, 60% were males and 37% were females.

Median Age

Most jurisdictions report median ages in the range of mid-to-late thirties among individuals accessing treatment services in 2016–2018 (Table 3). Overall, the age demographic for individuals who report alcohol as a problem substance is slightly older (median ages across jurisdictions ranging from age 36 to 50 in 2017–2018) compared to all individuals reporting any substance ("all problem substances," median ages across jurisdictions ranging from age 32 to 40 in 2017–2018). The age demographic for individuals who report any illicit drug, excluding alcohol, as a problem substance is slightly younger (median ages across jurisdictions ranging from age 31 to 37).

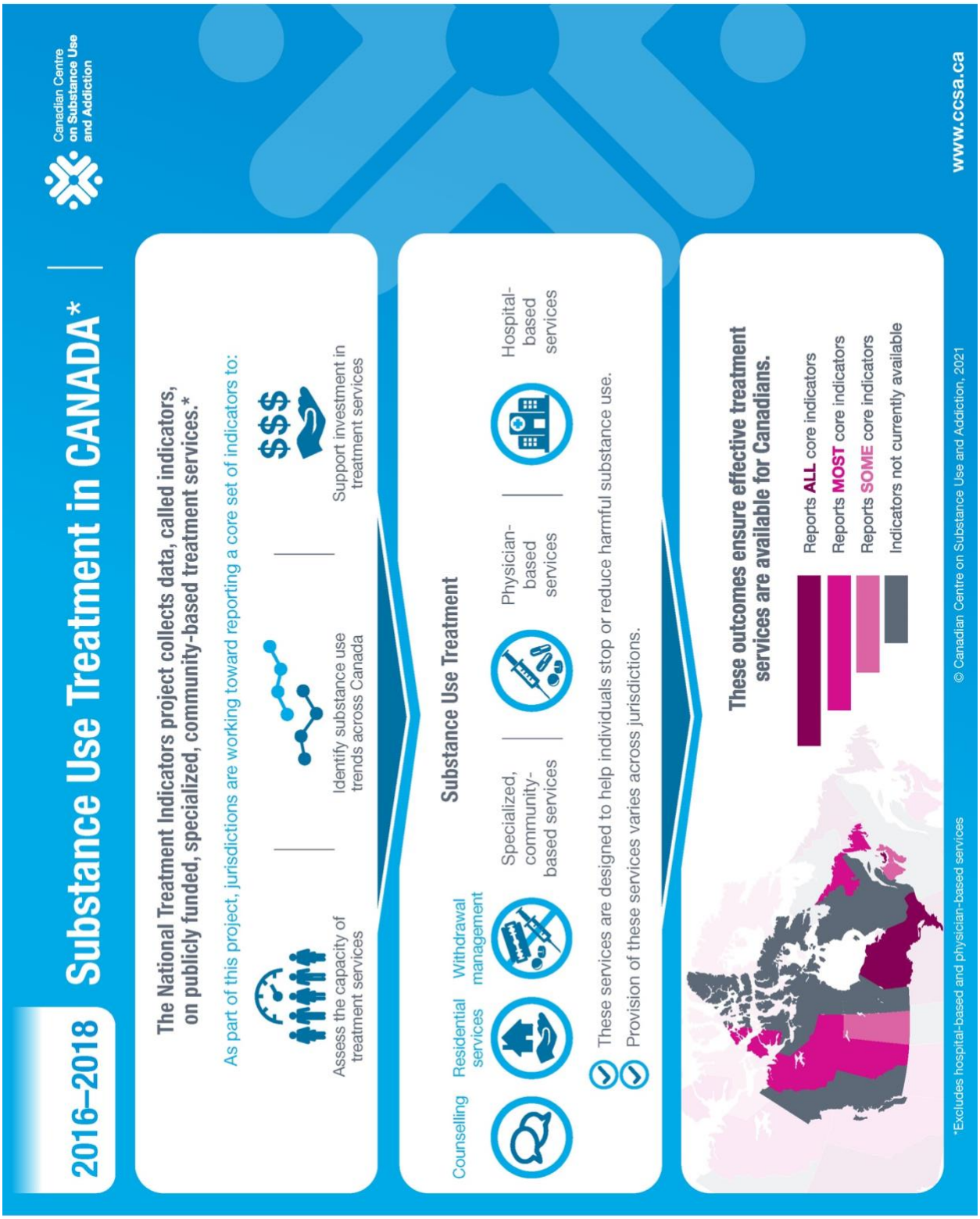
Table 3. Median age among individuals seeking treatment by substance category and reporting year

Substance Category	Year	NWT	Alta	Sask	Ont	NB	PEI	NS	NL
All problem substances*	2016–2017	33	34	—	34	43	36	—	36
	2017–2018	39	34	—	32	40	37	—	36
Any illicit drug	2016–2017	—	32	—	31	—	—	—	33
	2017–2018	—	32	—	31	37	—	—	33
Alcohol	2016–2017	33	36	—	37	—	—	49	49
	2017–2018	38	36	—	37	50	—	48	48

Notes: Dashed line (—) indicates data not available.
*All reported problem substances including any illicit drug, alcohol and any other substances specified by jurisdictions (Appendix F). Excludes counts for individuals accessing treatment for gambling only or tobacco only (unless exception noted in Appendix F).

Jurisdiction Profiles

The following jurisdiction profiles summarize the available data on individuals accessing publicly funded, community-based substance use treatment services in 2016–2017 and 2017–2018. Jurisdictions vary in the degree to which their data aligns with the international indicators and specific exceptions for each jurisdiction are noted in Appendix F. These profiles are intended as a resource to help those at the provincial and territorial level monitor trends in substance use treatment utilization, including the most commonly reported problem substances, and also to help monitor each jurisdiction's capacity to report on the core set of indicators used for both national and international reporting purposes. Alignment with international indicators is intended to improve consistency across all jurisdictions in reporting a core set of treatment utilization indicators.


2016–2018
Substance Use Treatment in CANADA*
Canadian Centre on Substance Use and Addiction
The National Treatment Indicators project collects data, called indicators, on publicly funded, specialized, community-based treatment services.*
As part of this project, jurisdictions are working toward reporting a core set of indicators to:
Assess the capacity of treatment services
Identify substance use trends across Canada
$$$
Support investment in treatment services
Substance Use Treatment
Counselling
Residential services
Withdrawal management
Specialized, community-based services
Physician-based services
Hospital-based services
These services are designed to help individuals stop or reduce harmful substance use.
Provision of these services varies across jurisdictions.
These outcomes ensure effective treatment services are available for Canadians.
Reports ALL core indicators
Reports MOST core indicators
Reports SOME core indicators
Indicators not currently available
*Excludes hospital-based and physician-based services
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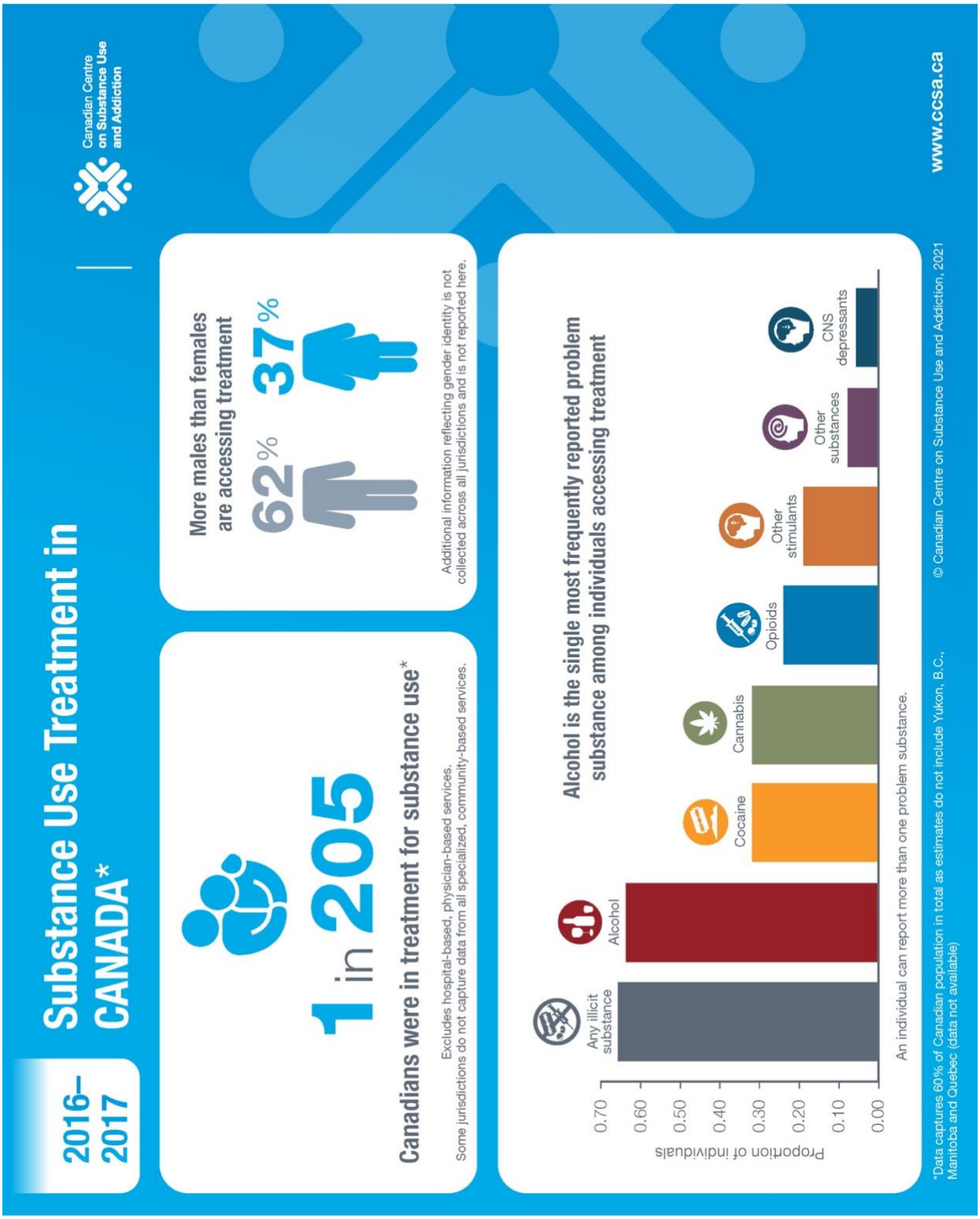
2016–2017
Substance Use Treatment in CANADA*
Canadian Centre on Substance Use and Addiction
1 in 205
Canadians were in treatment for substance use*
Excludes hospital-based, physician-based services.
Some jurisdictions do not capture data from all specialized, community-based services.
More males than females are accessing treatment
62% 37%
Additional information reflecting gender identity is not collected across all jurisdictions and is not reported here.
Alcohol is the single most frequently reported problem substance among individuals accessing treatment
Proportion of individuals
0.70
0.60
0.50
0.40
0.30
0.20
0.10
0.00
Any illicit substance
Alcohol
Cocaine
Cannabis
Opioids
Other stimulants
Other substances
CNS depressants
An individual can report more than one problem substance.
*Data captures 60% of Canadian population in total as estimates do not include Yukon, B.C., Manitoba and Quebec (data not available)
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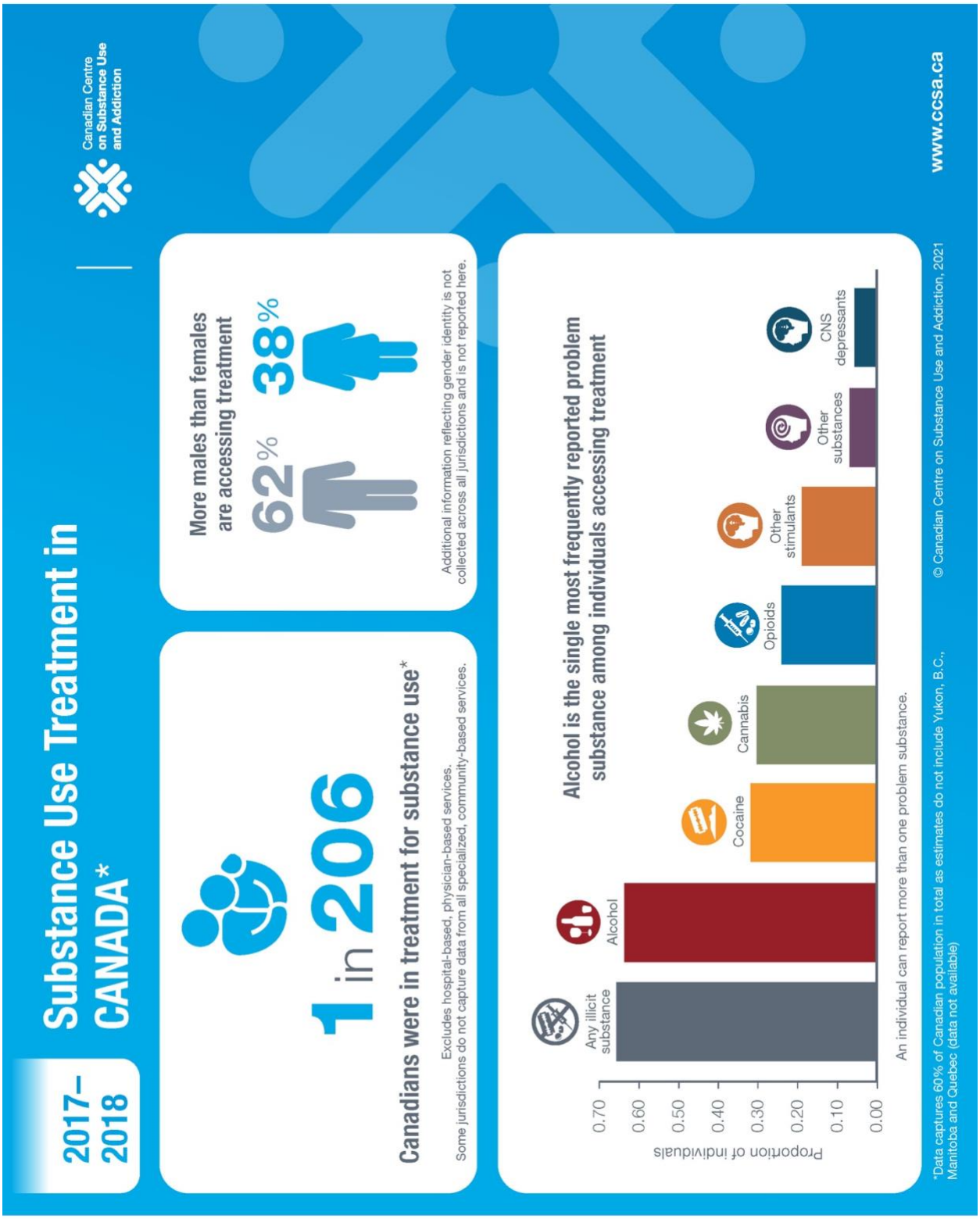
2017–2018
Substance Use Treatment in CANADA*
Canadian Centre on Substance Use and Addiction
1 in 206
Canadians were in treatment for substance use*
Excludes hospital-based, physician-based services.
Some jurisdictions do not capture data from all specialized, community-based services.
More males than females are accessing treatment
62% 38%
Additional information reflecting gender identity is not collected across all jurisdictions and is not reported here.
Alcohol is the single most frequently reported problem substance among individuals accessing treatment
Proportion of individuals
0.70
0.60
0.50
0.40
0.30
0.20
0.10
0.00
Any illicit substance
Alcohol
Cocaine
Cannabis
Opioids
Other stimulants
Other substances
CNS depressants
An individual can report more than one problem substance.
*Data captures 60% of Canadian population in total as estimates do not include Yukon, B.C., Manitoba and Quebec (data not available)
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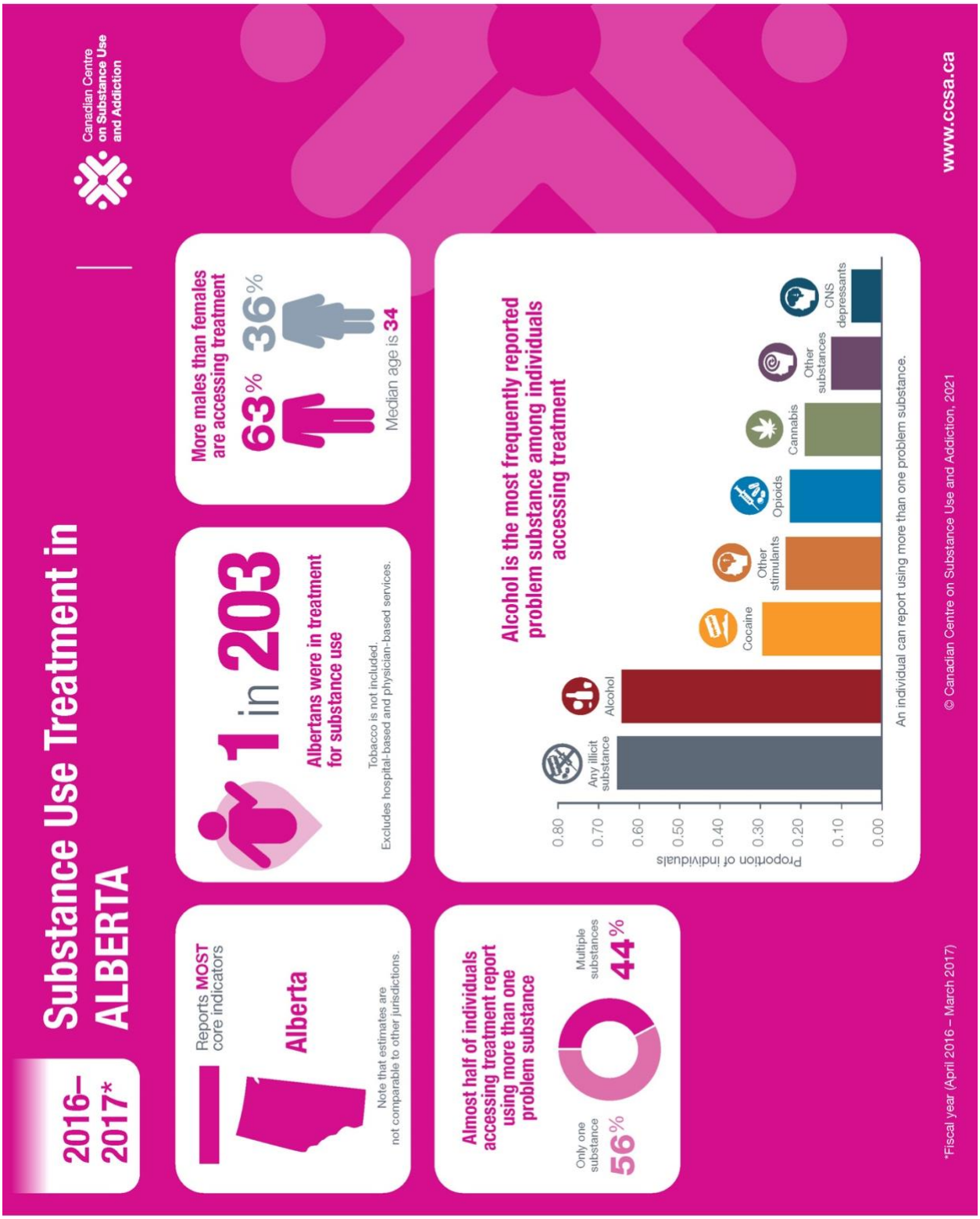
2016–2017*
Substance Use Treatment in ALBERTA
Canadian Centre on Substance Use and Addiction
Reports MOST core indicators
Alberta
Note that estimates are not comparable to other jurisdictions.
1 in 203
Albertans were in treatment for substance use
Tobacco is not included.
Excludes hospital-based and physician-based services.
More males than females are accessing treatment
63% 36%
Median age is 34
Almost half of individuals accessing treatment report using more than one problem substance
Only one substance 56%
Multiple substances 44%
Alcohol is the most frequently reported problem substance among individuals accessing treatment
Proportion of individuals
0.80
0.70
0.60
0.50
0.40
0.30
0.20
0.10
0.00
Any illicit substance
Alcohol
Cocaine
Other stimulants
Opioids
Cannabis
Other substances
CNS depressants
An individual can report using more than one problem substance.
*Fiscal year (April 2016 – March 2017)
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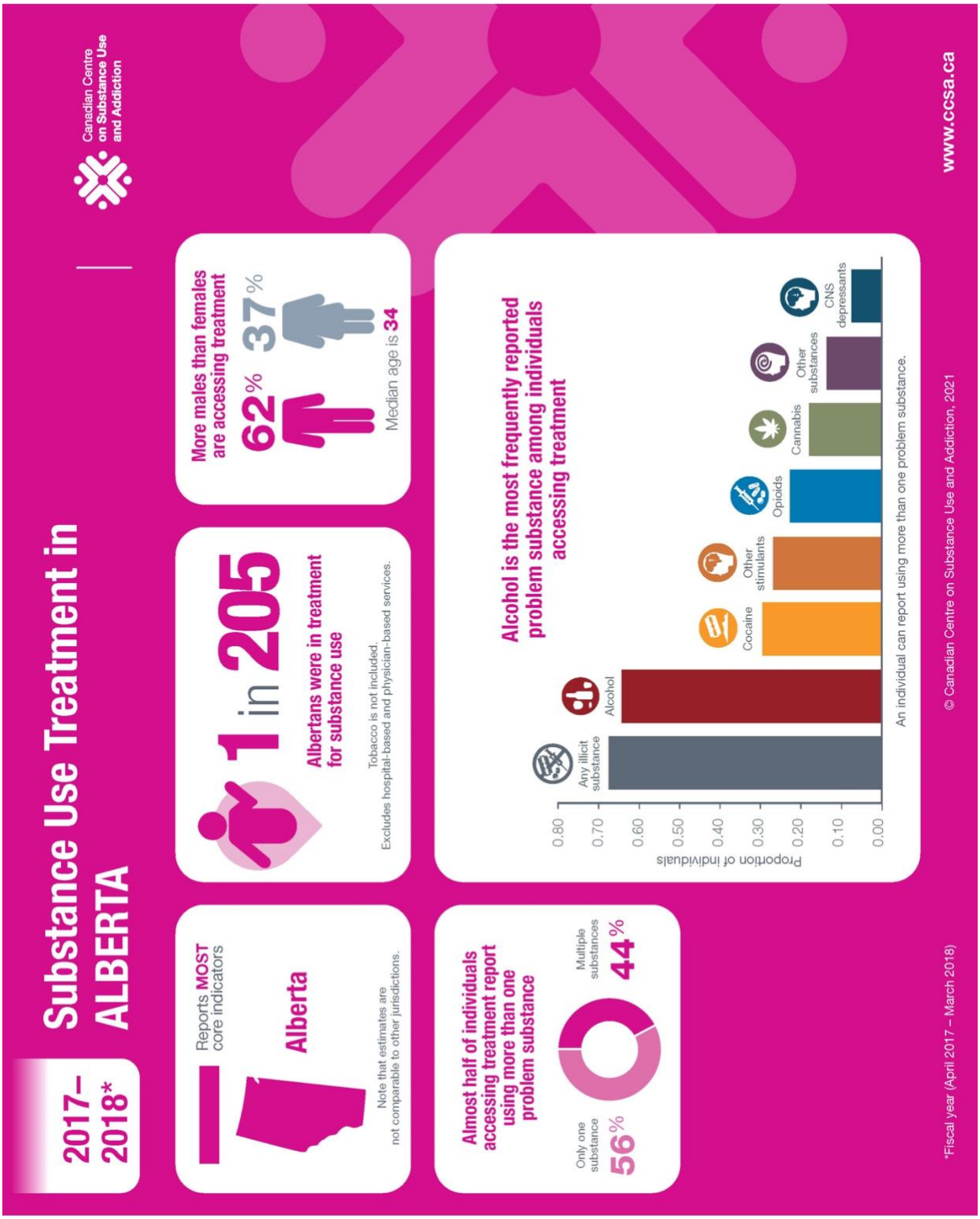
2017–2018*
Substance Use Treatment in ALBERTA
Canadian Centre on Substance Use and Addiction
Reports MOST core indicators
Alberta
Note that estimates are not comparable to other jurisdictions.
1 in 205
Albertans were in treatment for substance use
Tobacco is not included.
Excludes hospital-based and physician-based services.
More males than females are accessing treatment
62% 37%
Median age is 34
Almost half of individuals accessing treatment report using more than one problem substance
Only one substance 56%
Multiple substances 44%
Alcohol is the most frequently reported problem substance among individuals accessing treatment
Proportion of individuals
0.80
0.70
0.60
0.50
0.40
0.30
0.20
0.10
0.00
Any illicit substance
Alcohol
Cocaine
Other stimulants
Opioids
Cannabis
Other substances
CNS depressants
An individual can report using more than one problem substance.
*Fiscal year (April 2017 – March 2018)
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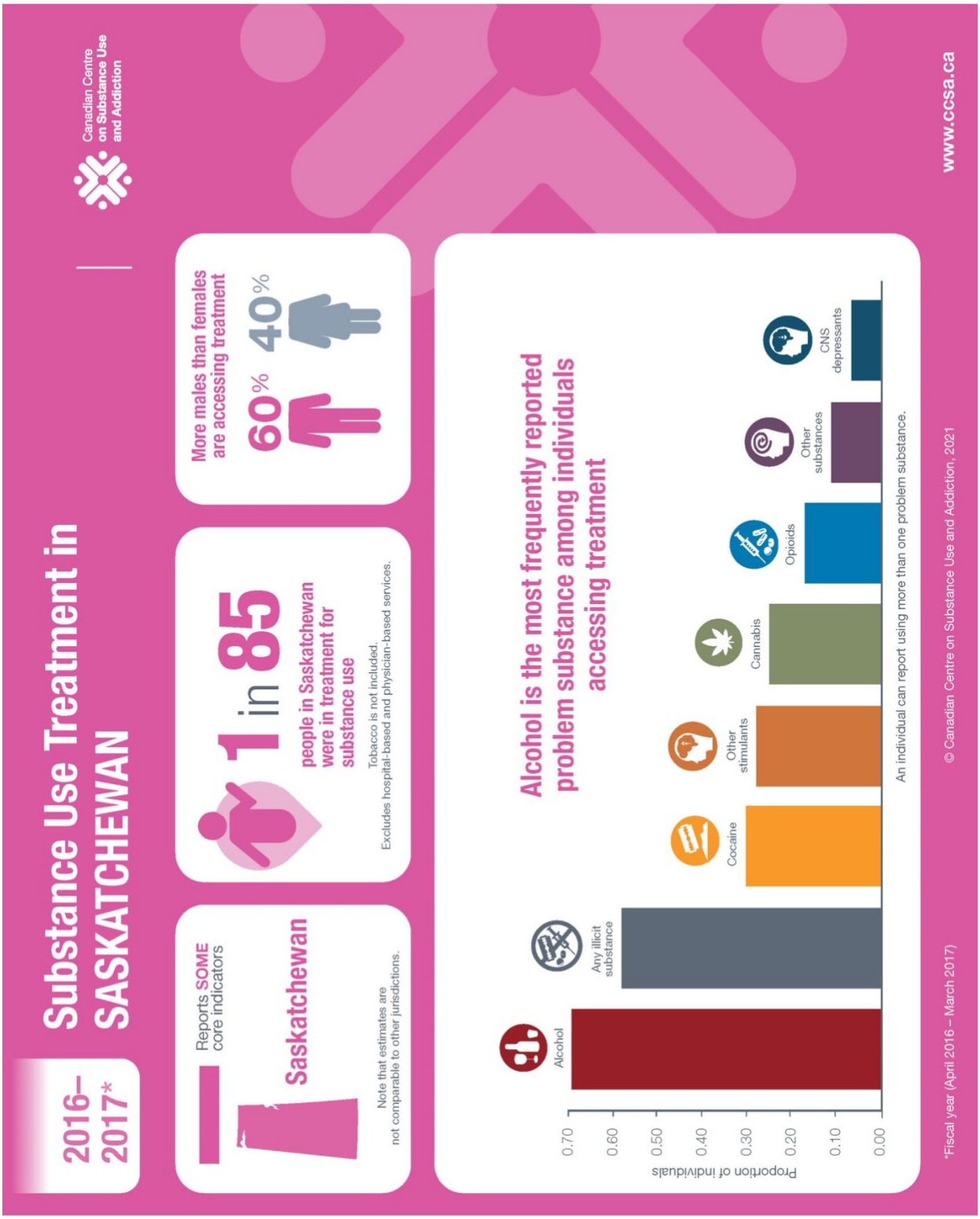
2016–2017*
Substance Use Treatment in SASKATCHEWAN
Canadian Centre on Substance Use and Addiction
Reports SOME core indicators
Saskatchewan
Note that estimates are not comparable to other jurisdictions.
1 in 85
people in Saskatchewan were in treatment for substance use
Tobacco is not included.
Excludes hospital-based and physician-based services.
More males than females are accessing treatment
60% 40%
Alcohol is the most frequently reported problem substance among individuals accessing treatment
Proportion of individuals
0.70
0.60
0.50
0.40
0.30
0.20
0.10
0.00
Alcohol
Any illicit substance
Cocaine
Other stimulants
Cannabis
Opioids
Other substances
CNS depressants
An individual can report using more than one problem substance.
*Fiscal year (April 2016 – March 2017)
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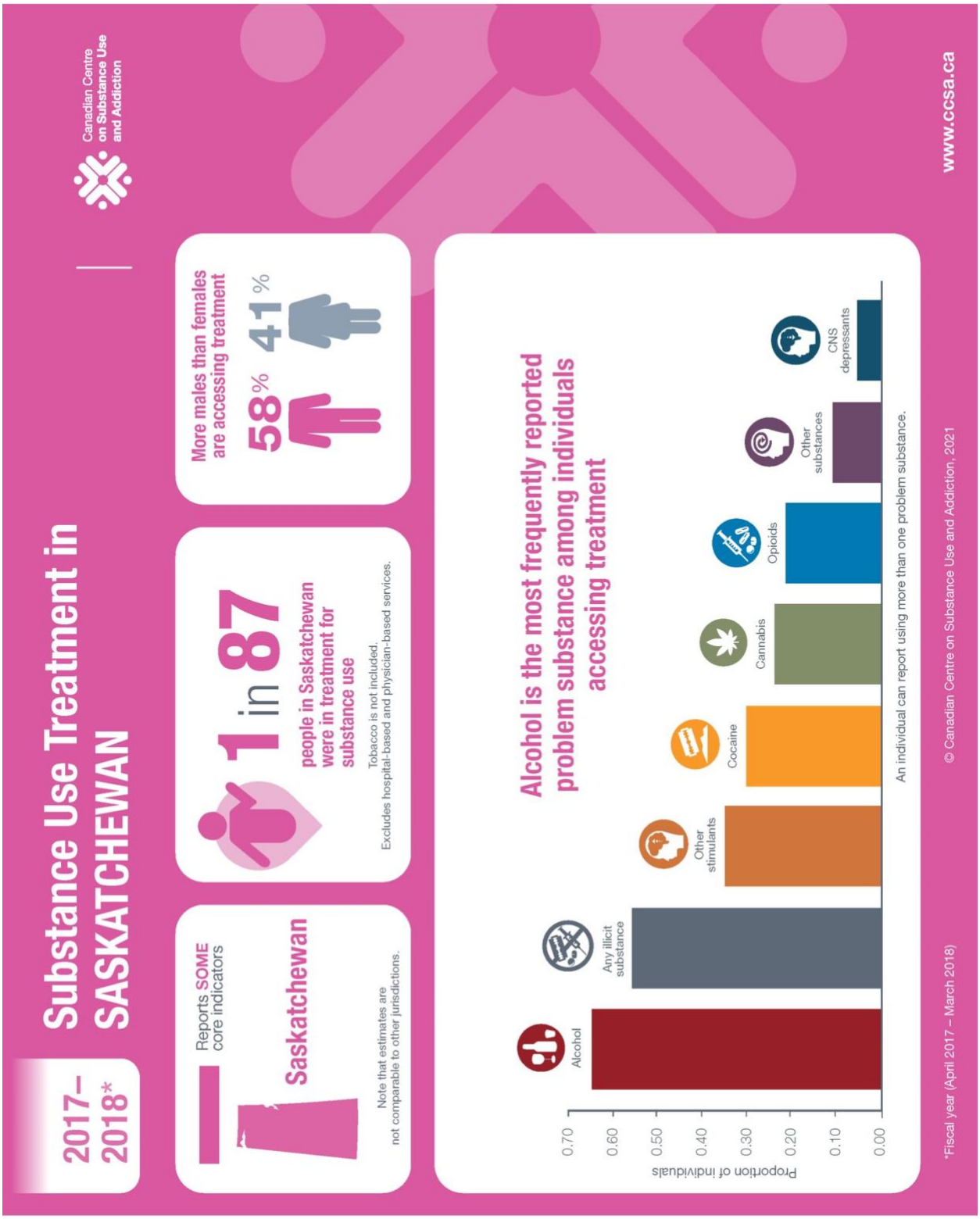
2017–2018*
Substance Use Treatment in SASKATCHEWAN
Canadian Centre on Substance Use and Addiction
Reports SOME core indicators
Saskatchewan
Note that estimates are not comparable to other jurisdictions.
1 in 87
people in Saskatchewan were in treatment for substance use
Tobacco is not included.
Excludes hospital-based and physician-based services.
More males than females are accessing treatment
58% 41%
Alcohol is the most frequently reported problem substance among individuals accessing treatment
Proportion of individuals
0.70
0.60
0.50
0.40
0.30
0.20
0.10
0.00
Alcohol
Any illicit substance
Other stimulants
Cocaine
Cannabis
Opioids
Other substances
CNS depressants
An individual can report using more than one problem substance.
*Fiscal year (April 2017 – March 2018)
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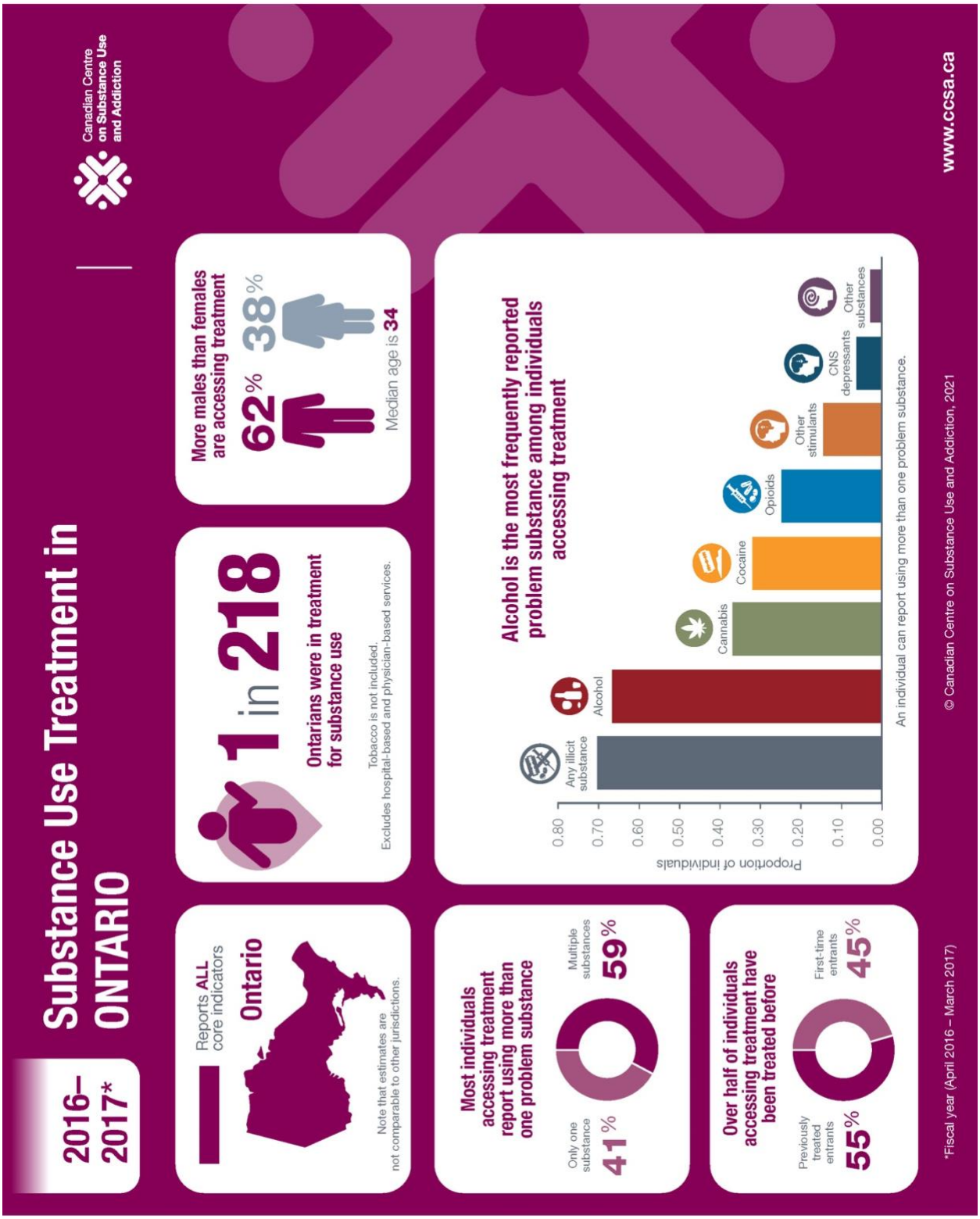
2016–2017*
Substance Use Treatment in ONTARIO
Canadian Centre on Substance Use and Addiction
Reports ALL core indicators
Ontario
Note that estimates are not comparable to other jurisdictions.
1 in 218
Ontarians were in treatment for substance use
Tobacco is not included.
Excludes hospital-based and physician-based services.
More males than females are accessing treatment
62% 38%
Median age is 34
Alcohol is the most frequently reported problem substance among individuals accessing treatment
Proportion of individuals
0.80
0.70
0.60
0.50
0.40
0.30
0.20
0.10
0.00
Any illicit substance
Alcohol
Cannabis
Cocaine
Opioids
Other stimulants
CNS depressants
Other substances
An individual can report using more than one problem substance.
Most individuals accessing treatment report using more than one problem substance
Only one substance 41%
Multiple substances 59%
Over half of individuals accessing treatment have been treated before
Previously treated entrants 55%
First-time entrants 45%
*Fiscal year (April 2016 – March 2017)
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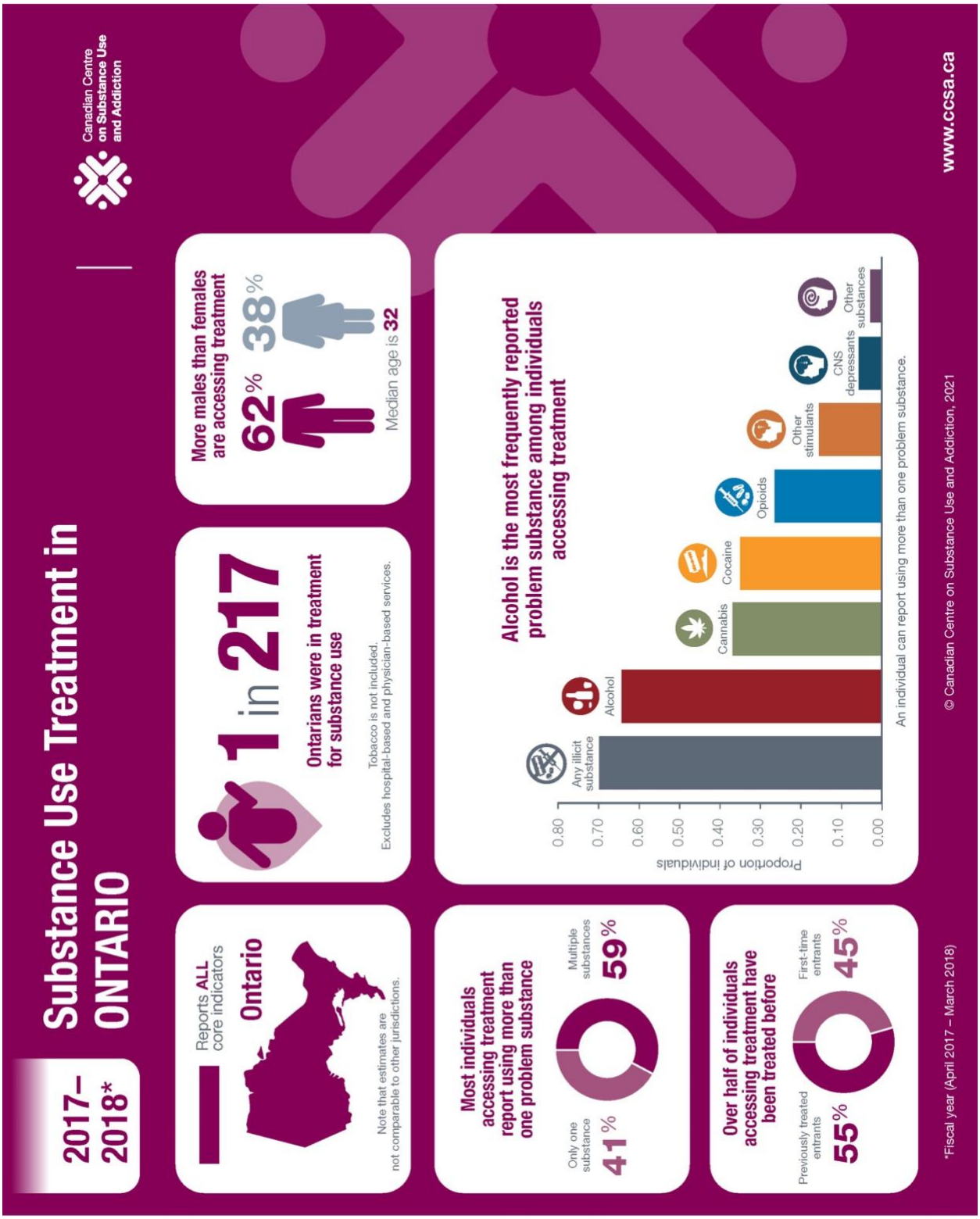
2017–2018*
Substance Use Treatment in ONTARIO
Canadian Centre on Substance Use and Addiction
Reports ALL core indicators
Ontario
Note that estimates are not comparable to other jurisdictions.
1 in 217
Ontarians were in treatment for substance use
Tobacco is not included.
Excludes hospital-based and physician-based services.
More males than females are accessing treatment
62% 38%
Median age is 32
Most individuals accessing treatment report using more than one problem substance
Only one substance 41%
Multiple substances 59%
Over half of individuals accessing treatment have been treated before
Previously treated entrants 55%
First-time entrants 45%
Alcohol is the most frequently reported problem substance among individuals accessing treatment
Proportion of individuals
0.80
0.70
0.60
0.50
0.40
0.30
0.20
0.10
0.00
Any illicit substance
Alcohol
Cannabis
Cocaine
Opioids
Other stimulants
CNS depressants
Other substances
An individual can report using more than one problem substance.
*Fiscal year (April 2017 – March 2018)
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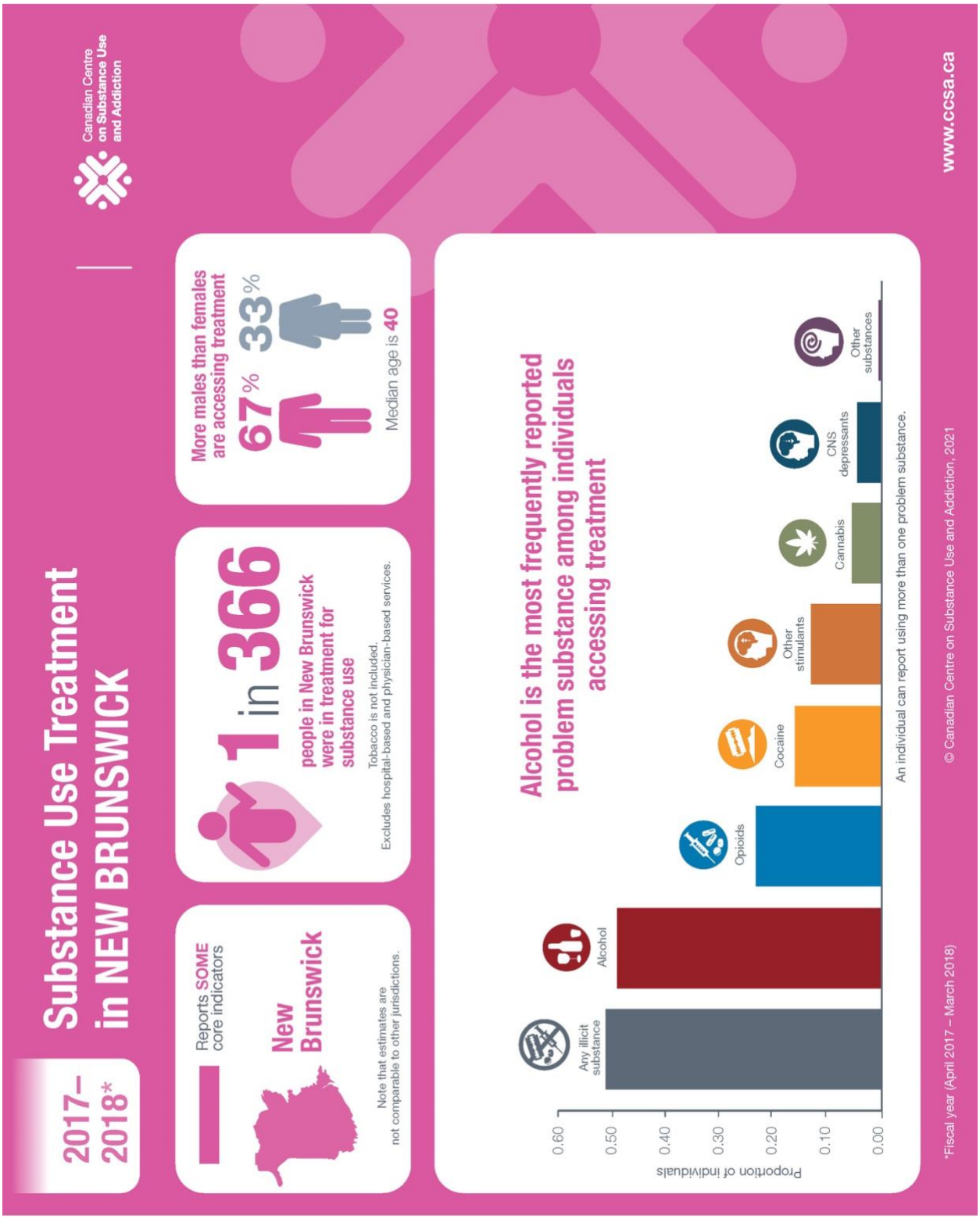
2017–2018*
Substance Use Treatment in NEW BRUNSWICK
Canadian Centre on Substance Use and Addiction
Reports SOME core indicators
New Brunswick
Note that estimates are not comparable to other jurisdictions.
1 in 366
people in New Brunswick were in treatment for substance use
Tobacco is not included.
Excludes hospital-based and physician-based services.
More males than females are accessing treatment
67% 33%
Median age is 40
Alcohol is the most frequently reported problem substance among individuals accessing treatment
Proportion of individuals
0.00
0.10
0.20
0.30
0.40
0.50
0.60
Any illicit substance
Alcohol
Opioids
Cocaine
Other stimulants
Cannabis
CNS depressants
Other substances
An individual can report using more than one problem substance.
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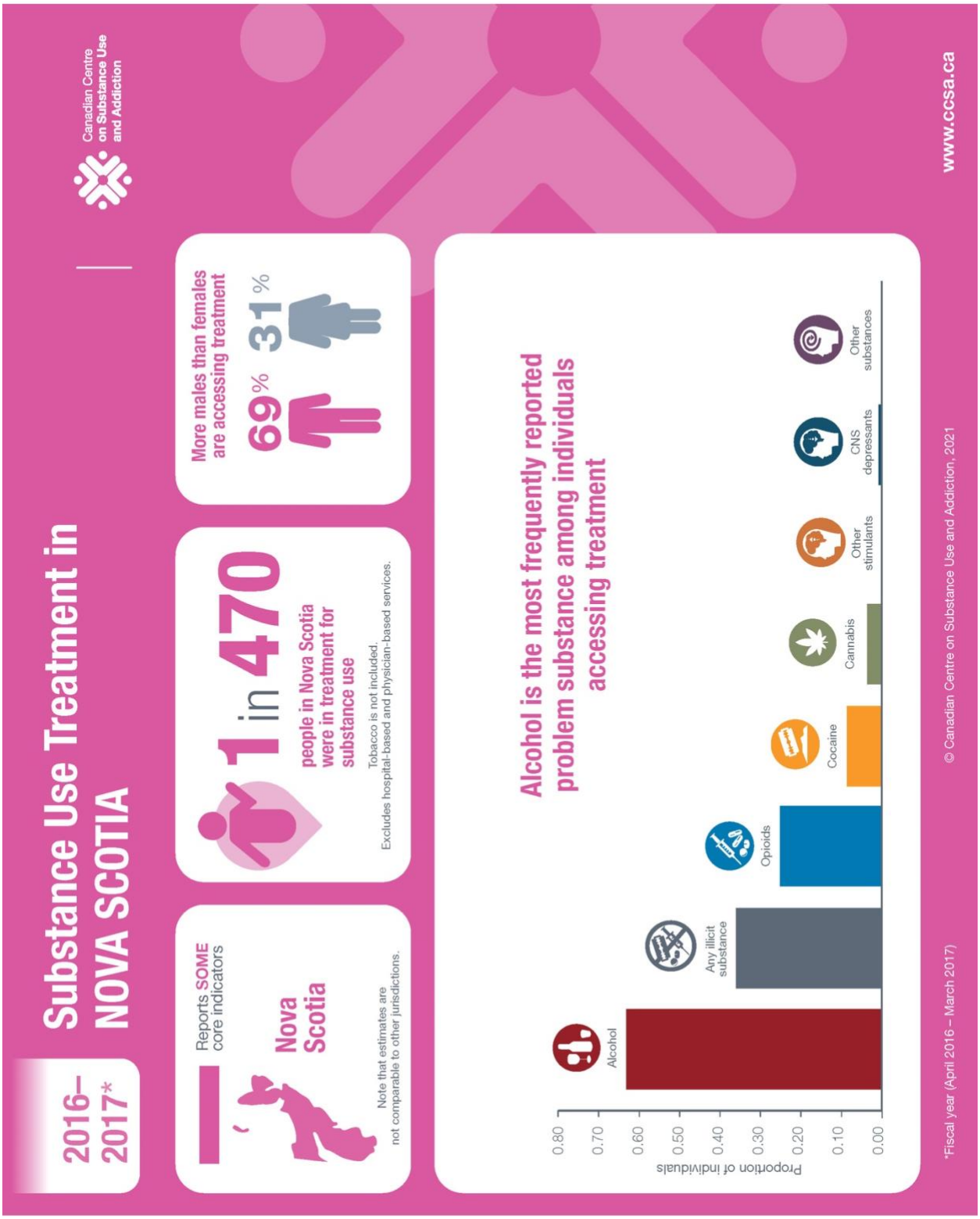
2016–2017*
Substance Use Treatment in NOVA SCOTIA
Canadian Centre on Substance Use and Addiction
Reports SOME core indicators
Nova Scotia
Note that estimates are not comparable to other jurisdictions.
1 in 470
people in Nova Scotia were in treatment for substance use
Tobacco is not included.
Excludes hospital-based and physician-based services.
More males than females are accessing treatment
69% 31%
Alcohol is the most frequently reported problem substance among individuals accessing treatment
Proportion of individuals
0.80
0.70
0.60
0.50
0.40
0.30
0.20
0.10
0.00
Alcohol
Any illicit substance
Opioids
Cocaine
Cannabis
Other stimulants
CNS depressants
Other substances
*Fiscal year (April 2016 – March 2017)
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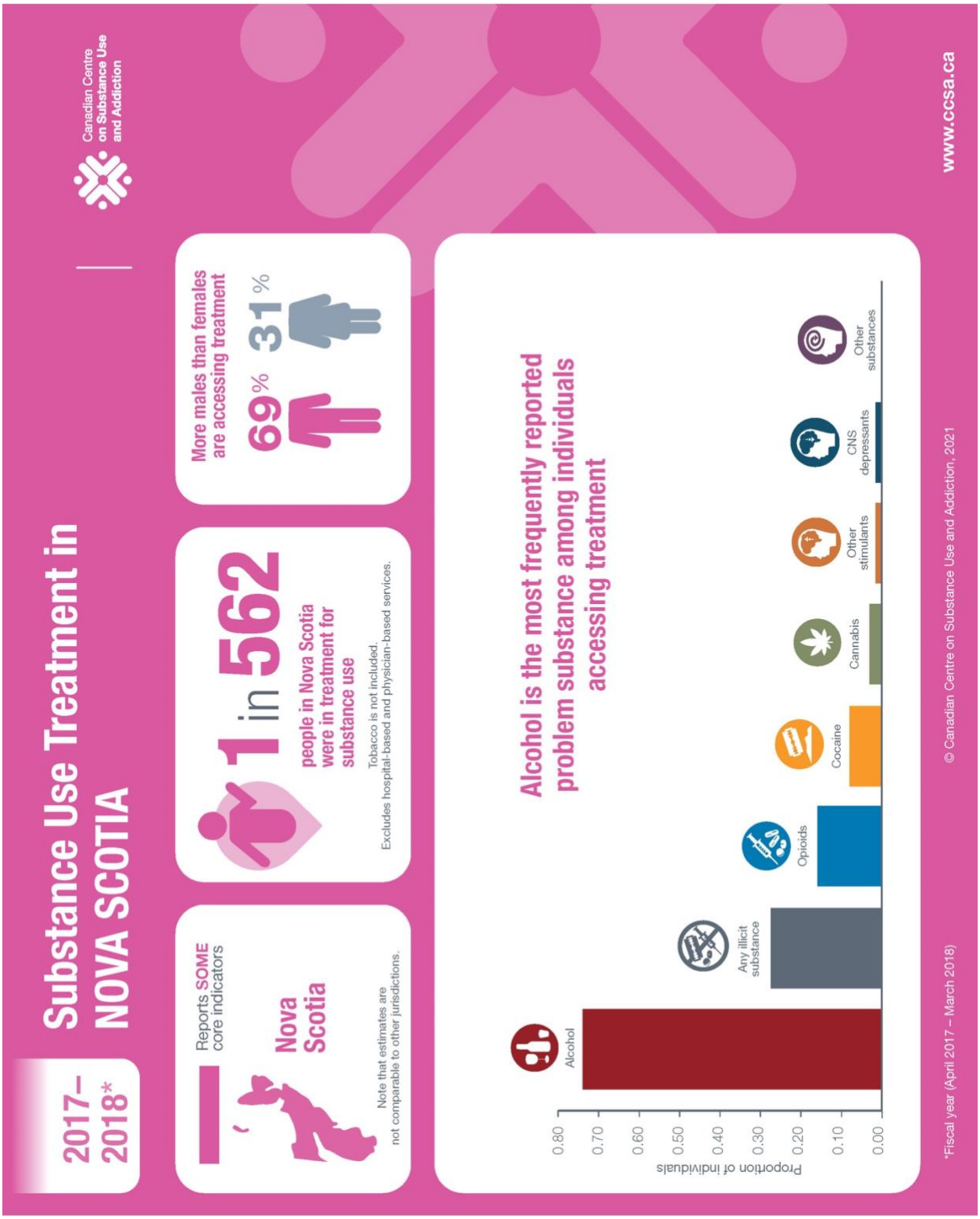
2017–2018*
Substance Use Treatment in NOVA SCOTIA
Canadian Centre on Substance Use and Addiction
Reports SOME core indicators
Nova Scotia
Note that estimates are not comparable to other jurisdictions.
1 in 562
people in Nova Scotia were in treatment for substance use
Tobacco is not included.
Excludes hospital-based and physician-based services.
More males than females are accessing treatment
69% 31%
Alcohol is the most frequently reported problem substance among individuals accessing treatment
Proportion of individuals
0.80
0.70
0.60
0.50
0.40
0.30
0.20
0.10
0.00
Alcohol
Any illicit substance
Opioids
Cocaine
Cannabis
Other stimulants
CNS depressants
Other substances
*Fiscal year (April 2017 – March 2018)
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2016–2017*
Substance Use Treatment in PRINCE EDWARD ISLAND
Canadian Centre on Substance Use and Addiction
Reports ALL core indicators
Prince Edward Island
Note that estimates are not comparable to other jurisdictions.
1 in 92
people in PEI were in treatment for substance use
Tobacco is not included.
Excludes hospital-based and physician-based services.
More males than females are accessing treatment
60% 40%
Median age is 36
Most individuals accessing treatment report using more than one problem substance
Only one substance 46%
Multiple substances 54%
Alcohol is the most frequently reported problem substance among individuals accessing treatment
Proportion of individuals
0.70
0.60
0.50
0.40
0.30
0.20
0.10
0.00
Alcohol
Cannabis
Any illicit substance
Opioids
Cocaine
Other stimulants
Other substances†
CNS depressants
An individual can report using more than one substance.
†The majority of other substances are prescribed mood altering drugs.
Almost two-thirds of individuals accessing treatment have been treated before
Previously treated entrants 62%
First-time entrants 38%
*Fiscal year (April 2016 – March 2017)
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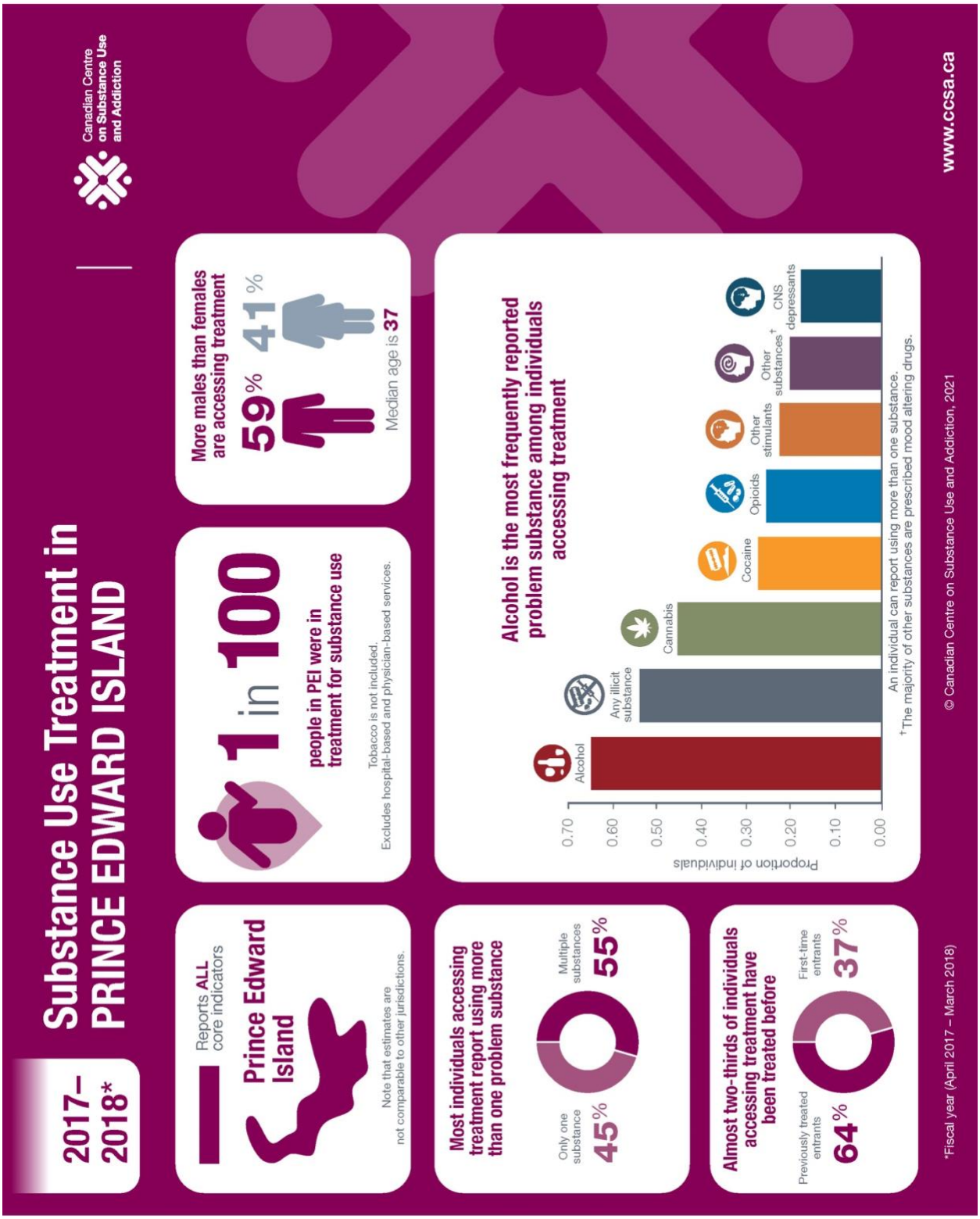
2017–2018*
Substance Use Treatment in PRINCE EDWARD ISLAND
Canadian Centre on Substance Use and Addiction
Reports ALL core indicators
Prince Edward Island
Note that estimates are not comparable to other jurisdictions.
1 in 100
people in PEI were in treatment for substance use
Tobacco is not included.
Excludes hospital-based and physician-based services.
More males than females are accessing treatment
59% 41%
Median age is 37
Alcohol is the most frequently reported problem substance among individuals accessing treatment
Proportion of individuals
0.70
0.60
0.50
0.40
0.30
0.20
0.10
0.00
Alcohol
Any illicit substance
Cannabis
Cocaine
Opioids
Other stimulants
Other substances†
CNS depressants
An individual can report using more than one substance.
†The majority of other substances are prescribed mood altering drugs.
Most individuals accessing treatment report using more than one problem substance
Only one substance 45%
Multiple substances 55%
Almost two-thirds of individuals accessing treatment have been treated before
Previously treated entrants 64%
First-time entrants 37%
*Fiscal year (April 2017 – March 2018)
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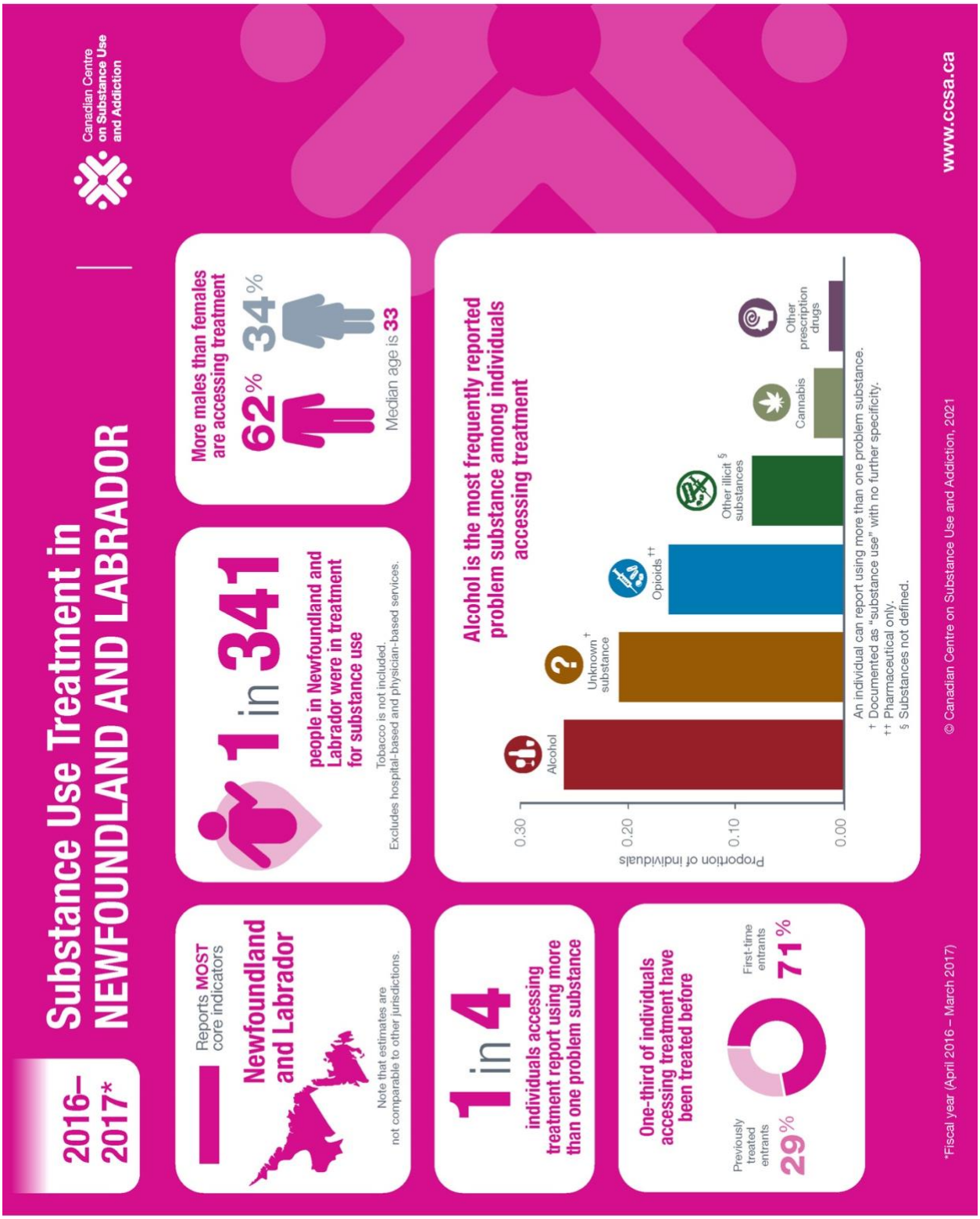
2016–2017*
Substance Use Treatment in NEWFOUNDLAND AND LABRADOR
Canadian Centre on Substance Use and Addiction
Reports MOST core indicators
Newfoundland and Labrador
Note that estimates are not comparable to other jurisdictions.
1 in 341
people in Newfoundland and Labrador were in treatment for substance use
Tobacco is not included.
Excludes hospital-based and physician-based services.
More males than females are accessing treatment
62% 34%
Median age is 33
1 in 4
individuals accessing treatment report using more than one problem substance
Alcohol is the most frequently reported problem substance among individuals accessing treatment
Proportion of individuals
0.30
0.20
0.10
0.00
Alcohol
Unknown substance †
Opioids ††
Other illicit substances §
Cannabis
Other prescription drugs
An individual can report using more than one problem substance.
† Documented as "substance use" with no further specificity.
†† Pharmaceutical only.
§ Substances not defined.
One-third of individuals accessing treatment have been treated before
Previously treated entrants 29%
First-time entrants 71%
*Fiscal year (April 2016 – March 2017)
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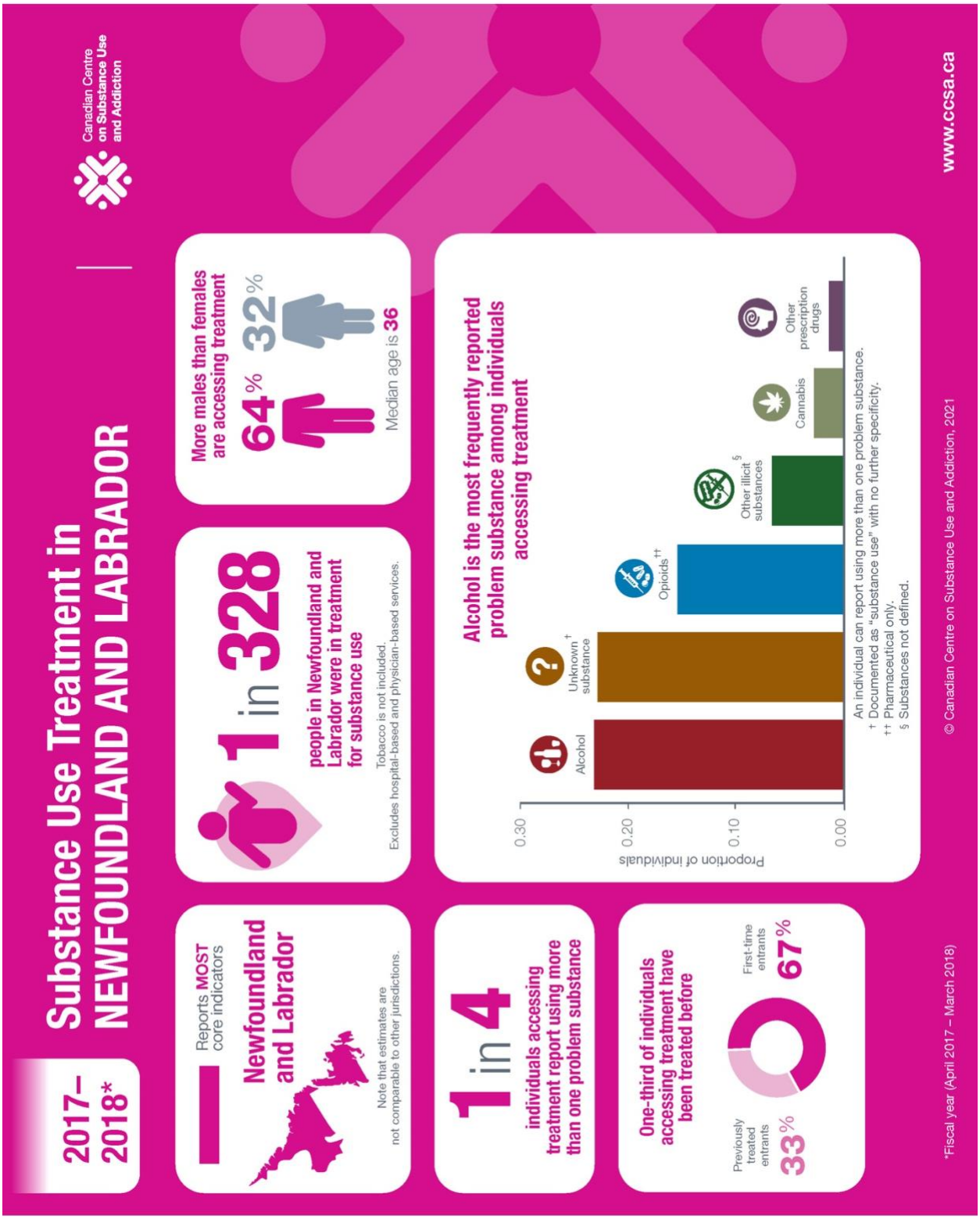
2017–2018*
Substance Use Treatment in NEWFOUNDLAND AND LABRADOR
Canadian Centre on Substance Use and Addiction
Reports MOST core indicators
Newfoundland and Labrador
Note that estimates are not comparable to other jurisdictions.
1 in 328
people in Newfoundland and Labrador were in treatment for substance use
Tobacco is not included.
Excludes hospital-based and physician-based services.
More males than females are accessing treatment
64% 32%
Median age is 36
1 in 4
individuals accessing treatment report using more than one problem substance
One-third of individuals accessing treatment have been treated before
Previously treated entrants 33%
First-time entrants 67%
Alcohol is the most frequently reported problem substance among individuals accessing treatment
Proportion of individuals
0.30
0.20
0.10
0.00
Alcohol
Unknown †
Opioids ††
Other illicit §
substances
Cannabis
Other prescription drugs
An individual can report using more than one problem substance.
† Documented as "substance use" with no further specificity.
†† Pharmaceutical only.
§ Substances not defined.
*Fiscal year (April 2017 – March 2018)
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2016–2017* Substance Use Treatment in NORTHWEST TERRITORIES

Canadian Centre on Substance Use and Addiction

Reports **MOST** core indicators

Northwest Territories

Note that estimates are not comparable to other jurisdictions.

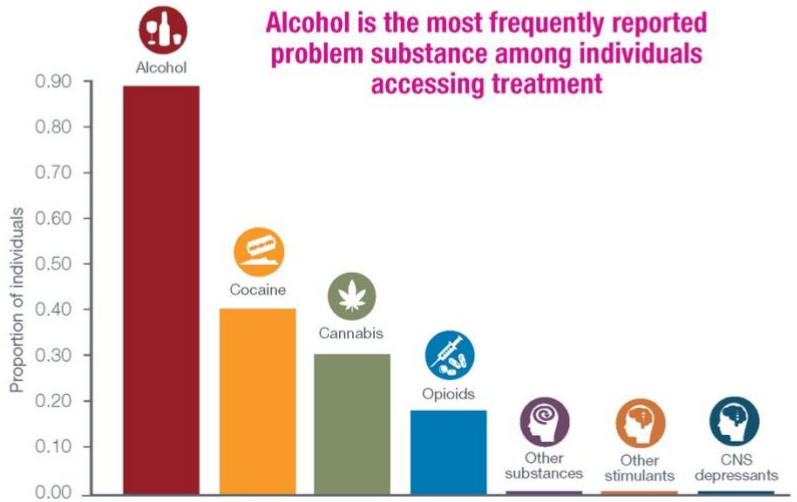
- Most residents access specialized services outside of the territory.
- These individuals are included in the estimates for other jurisdictions, notably Alberta.

More females than males are accessing treatment

Median age is **33**

About half of individuals accessing treatment report using more than one problem substance

Alcohol is the most frequently reported problem substance among individuals accessing treatment



An individual can report using more than one problem substance.

*Fiscal year (April 2016 – March 2017)

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2017–2018*
Substance Use Treatment in NORTHWEST TERRITORIES
Canadian Centre on Substance Use and Addiction
Reports MOST core indicators
Northwest Territories
Note that estimates are not comparable to other jurisdictions.
Most residents access specialized services outside of the territory.
These individuals are included in the estimates for other jurisdictions, notably Alberta.
More males than females are accessing treatment
56% 44%
Median age is 39
About half of individuals accessing treatment report using more than one problem substance
Only one substance 56%
Multiple substances 44%
Alcohol is the most frequently reported problem substance among individuals accessing treatment
Proportion of individuals
0.00
0.10
0.20
0.30
0.40
0.50
0.60
0.70
0.80
0.90
Alcohol
Cannabis
Cocaine
Opioids
Other substances
Other stimulants
CNS depressants
An individual can report using more than one problem substance.
*Fiscal year (April 2017 – March 2018)
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Discussion

This report summarizes data on the number of individuals accessing publicly funded, community-based treatment services for substance use. These data include basic demographic information and identification of reported problem substances. Information on the number of individuals accessing specialized substance use treatment services, including emerging trends and patterns across different substances, is needed to inform strategic planning, identify service gaps and allocate resources to address these gaps.

Age

The median age of individuals accessing treatment services across jurisdictions ranged from 32 to 40 in 2017–2018. Median age is a useful indicator for the age distribution of the population accessing treatment services as it is more robust against outliers and gives a more appropriate estimate of the age distribution when this distribution is not symmetric. Previous NTI reports have indicated that the age distribution of individuals accessing treatment is skewed to the older end of the age spectrum: a larger proportion of individuals aged 35 and older access treatment compared to those aged 24 and younger, even though individuals aged 25 to 34 account for the greatest proportion (approximately 30%) of all treatment service events (McQuaid & DiGioacchino, 2017).

Although they make up at least half of individuals accessing treatment, youth and young adults (less than age 35) experience greater odds of having unmet needs for access to mental health and substance use services (Urbanoski, Inglis, & Veldhuizen, 2017). Adolescence and young adulthood are a time of high risk for problematic substance use (Kessler et al, 2005), which further highlights the need for prevention and early intervention efforts focused on youth and young adults.

Sex and Gender

A large body of evidence indicates that sex- and gender-related factors affect access to and use of substance use treatment services (Greaves, L., & Poole, 2008). This report shows that in Canada more than 60% of individuals seeking substance use treatment were male. These findings are partly reflective of differences in prevalence rates for substance use among men and women. Males are more likely to report using any illicit drug in the past year (19.9% among males and 11.8% among females), including cannabis (18.7% among males and 11.1% among females). A greater percentage of males (13.1%) exceed the low-risk drinking guidelines than females (9.9%) (Statistics Canada, 2019). In 2017, rates of inpatient hospitalizations and emergency department visits attributable to substance use were approximately twice as high in men compared to women (Canadian Substance Use Costs and Harms Scientific Working Group, 2020b).

However, prevalence estimates of use and associated harms only partially explain why more men than women access substance use treatment. Women face unique obstacles to accessing treatment such as difficulty finding child care and other child welfare concerns (e.g., child apprehension), and distinct health and social factors that require support (e.g., housing, violence, etc.) (Schmidt, Wolfson, Stinson, Poole, & Greaves, 2019). Another well-established difference between males and females is that after initiating substance use women progress more quickly to problematic use, particularly for alcohol (Zilberman, Tavares, & El-Guebaly, 2004). That is, women increase their substance use more quickly, which leads to a different set of social, mental and physical impacts. Given that males and females experience addiction in different ways, and that women face unique barriers in accessing treatment and having positive outcomes, experts recommend gender-specific

treatment services and supports (Greaves & Poole, 2008; Schmidt et al., 2019). Attention to the role of women-centred care and to factors such as trauma history, co-occurring mental disorders and parenting status will improve access to treatment services among women.

Individuals who identify with minority sexual orientations and genders (e.g., lesbian, gay, bisexual, transgender, queer, etc. [LGBTQ+]) experience both high prevalence rates of substance use and unique barriers to accessing substance use treatment (Corliss et al., 2010; Marshal et al., 2008; Schrager et al., 2014). More research is needed to understand the experiences of individuals in the LGBTQ+ community with substance use treatment and to identify their specific needs (Corliss et al., 2010; Lyons et al., 2015; Schrager et al., 2014). The collection of health administrative data on substance use treatment services does not yet include sufficient data on sexual and gender minorities to support understanding and identifying their needs. Most jurisdictions only collect data on binary, biological sex categories or sex at birth. The NTI project, aligning with the UNODC annual report questionnaire on substance use treatment, collects additional data when available for individuals who "do not identify as male or female." The UNODC has recently identified incorporating a gender dimension as essential to improving the annual report questionnaire (United Nations Office on Drugs and Crime, 2018). Several jurisdictions in Canada are moving to capture both sex at birth and gender as two separate fields in their data collection processes. Developing more robust gender indicators will help to better quantify treatment demand across population subgroups and improve models for needs-based planning.

Problem Substances

As noted in previous NTI reports, the 2016–2017 and 2017–2018 treatment data again highlight that alcohol is overwhelmingly the most common problem substance identified among individuals accessing treatment. These data highlight the continued financial and health impact alcohol has on Canadian society (Canadian Substance Use Costs and Harms Scientific Working Group 2020a). They reinforce the importance of investing in targeted treatment services such as early intervention and screening, brief intervention and referral (College of Family Physicians of Canada & Canadian Centre on Substance Use and Addiction, 2012), as well as prevention and education initiatives such as the low risk alcohol drinking guidelines (Butt, Beirness, Gliksman, Paradis, & Stockwell, 2011). CCSA is leading an initiative to update Canada's low risk alcohol drinking guidelines by March 2022 to align them with the most recent evidence and to provide recommendations that address the needs of specific groups at risk for alcohol-related harms, such as youth, women, older adults, and people with mental or physical illnesses.

The current NTI report is the first to provide national-level data specifically on problem substances across all substance categories (Appendix D). It also provides national-level data on the number of individuals accessing treatment for illicit drugs, an important indicator for monitoring international trends for the prevalence and availability of psychoactive substances. In Canada, almost two out of three individuals accessing substance use treatment services report the use of any illicit drug. Illicit drugs comprise two main categories: the first is drugs that are illegal to process, sell and consume (e.g., cocaine, methamphetamine and heroin); the second includes drugs that are legal to process, sell and consume (e.g., prescription opioids, amphetamines and sedatives) under certain circumstances such as when prescribed by a physician, but that are used otherwise than as directed or obtained by illegal means. The non-medical use of prescription drugs has increased in many regions of the world including North America and the issue has garnered significant attention from international agencies such as the World Health Organization and UNODC (United Nations Office on Drugs and Crime, 2011; United Nations, 2020).

In line with Canadian regulations in 2016–2018, cannabis is considered an illicit drug in this report. Future NTI reports will separate out cannabis as a problem substance when reporting on cannabis after 2018. From a data collection perspective, this distinction should not significantly impact the reporting of cannabis as a problem substance. However, the increased availability of cannabis and cannabis-related products resulting from legalization may have an impact on the number of people accessing treatment for cannabis use from 2018 onward.

The data in this report also highlight a difference in the proportion of individuals reporting cocaine or amphetamine-type stimulants, including methamphetamine and non-medical use of prescription stimulants, as problem substances between 2016 and 2018. Although the proportion was higher in 2017–2018, subsequent reporting cycles will determine whether this increase is a trend.

The substances reported as problem substances varied by region. The proportion of individuals reporting cocaine and amphetamine-type stimulants as problem substances was generally higher in Alberta and Saskatchewan than in other jurisdictions. This finding is consistent with other sources indicating an increased prevalence and availability of stimulants in western Canada in the past several years (Canadian Centre on Substance Use and Addiction, 2019c; Canadian Community Epidemiology Network on Drug Use Working Group, 2020; Canadian Community Epidemiology Network on Drug Use Working Group, 2019). The Atlantic provinces, New Brunswick, Nova Scotia and P.E.I., have a higher proportion of individuals reporting opioids and cannabis as problem substances than in other jurisdictions. Similarly, Ontario reports cannabis as the most common problem substance after alcohol. Across jurisdictions, the total number of individuals reporting opioids as a problem substance remained relatively constant between 2016 and 2018.

Because of limitations of data collection and reporting systems, comparisons among jurisdictions for prevalence of problem substances should be made with caution. Data management systems in some jurisdictions may be set up to report certain problem substance more readily. It is also important to remember that the number of individuals accessing specialized publicly funded treatment for opioids in Canada will be underestimated in this report as it largely excludes opioid agonist treatment.

These data also suggest that polysubstance use is common among individuals seeking substance use treatment. There is some evidence to suggest that hospitalizations attributable to polysubstance use are also high, second only to alcohol (Young & Jesseman, 2014). Polysubstance use has important implications for treatment strategies and trajectories, and is associated with elevated risk of mental and physical health problems (Bailey, Farmer, & Finn, 2019; Connor, Gullo, White, & Kelly , 2014).

Conclusions

This report is the only national report presenting aggregated data across Canada on the utilization of publicly funded, community-based substance use treatment services. The NTI project is working to improve consistency across jurisdictions in reporting on international indicators for treatment utilization and this report presents the first national summary using these indicators. Adopting the international indicators has positioned the NTI project to increase its applicability, while also highlighting the challenges jurisdictions face in reporting on a wider set of indicators that could be standardized across Canada (Atif & Konefal, 2020). Ultimately, this information is needed to inform treatment system planning and evaluation, and to monitor substance use trends at the national and international levels.

Next Steps

CCSA is working to improve consistency of data collection and reporting and jurisdictional alignment with the international indicators for substance use treatment. This data will contribute to the ongoing development of an international picture of substance use treatment and drug trends. Resources for improving data management systems are still needed to help jurisdictions collect and report data on these indicators (Canadian Centre on Substance Use and Addiction, 2020c).

CCSA also anticipates expanding the scope of substance use treatment data captured by the NTI reports beyond the publicly funded, community-based services currently included. The expanded scope includes obtaining data from more diverse and inclusive sources than the ones to which the NTI working group has usually turned. This expansion would contribute to a more complete picture of substance use treatment utilization and would include data from physician-based services and Indigenous organizations, communities and governments, as well as data from harm reduction services. These data are consistent with the international treatment indicators as the definition of drug treatment defined by the UNODC is "any structured intervention aimed specifically at addressing a person's drug use, including stabilization or reduction of drug use, maintenance or abstinence regimes, behavioural therapy, medical or psychological interventions, etc."

One of the main ways to identify service gaps is to compare estimates for the number of individuals accessing substance use treatment services with the estimates for the number of individuals who need such services. A research team led by Dr. Brian Rush at the Centre for Addiction and Mental Health has developed a model based on population data to estimate the resources required to address the needs for services and supports for substance use problems across jurisdictions (Rush, Tremblay, & Brown, 2019). Data from this model together with data collected by the NTI project will make it possible to quantify the gap between service need and actual utilization, which will address an important limitation that currently exists in the substance use treatment sector.

The COVID-19 pandemic is having an impact on substance use treatment service utilization across Canada (Canadian Centre on Substance Use and Addiction, 2020d; Crockford, 2020). Multiple sources, including the NTI working group, indicate a decline in the availability of substance use treatment services due to policies and practices implemented to reduce the spread of COVID-19 (Canadian Centre on Substance Use and Addiction, 2020d; Dunlop et al., 2020). The pandemic is also impacting international and domestic drug markets and supply chains, which will likely affect trends in reported problematic substance use (Canadian Centre on Substance Use and Addiction, 2020c; United Nations Office on Drugs and Crime, 2020). The NTI project is positioned to quantify the impacts of the COVID-19 pandemic on substance use treatment service utilization and these impacts will be highlighted in future reports. This data will be important to informing policy, resourcing and development to ensure optimal service availability and delivery in future public health crises.

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Appendices

Appendix A: National Treatment Indicators Working Group Membership

As of August 2020

Name	Organization
Berger, Jennifer	Canadian Institute for Health Information
Bowlby, Sandy	Yukon Department of Health and Social Services
Dell, Debra	Youth Solvent Addictions Committee
Elliot, Daniel	Data Evaluation Leadership Transformative Analyses (Ontario)
Frescura, Anna-Maria	Health Canada
Hudson, Amanda	Health PEI
Konefal, Sarah	Canadian Centre on Substance Use and Addiction
Laroche, Julie	Health Canada
Leggett, Sean	Manitoba Healthy Living and Seniors
MacCon, Karen	Data Evaluation Leadership Transformative Analyses (Ontario)
Maloney-Hall, Bridget	Canadian Centre on Substance Use and Addiction
McAleenan, Karen	New Brunswick Department of Health
McKenzie, Lisa	Newfoundland Labrador Centre for Health Information
Morgan, Grace	Health Canada
Nelson, Nigel	Saskatchewan Ministry of Health
Pelletier-Cyr, Mado	New Brunswick Department of Health
Perez-Ara, Adrián	Government of Nunavut
Racine, Stephane	Health Canada
Ross, Pamela	Nova Scotia Health Authority
Rush, Brian	Centre for Addiction and Mental Health
Shabdanalieva, Jildiz	British Columbia Ministry of Health
Shen, Zhijie	Alberta Health Services
Urbanoski, Karen	University of Victoria
Vadneau, Alana	Health Canada
Yau, Jessica	Government of Northwest Territories

Appendix B: International Drug Treatment Indicators

Table 1. United Nations Office on Drugs and Crime (UNODC) international indicators for drug treatment, which are part of an annual report questionnaire

Drug treatment

61	Do you have any data regarding the number of people receiving drug treatment in your country?	Select one:

62	a) In which year were the data referred to in question 61 collected?	
	b) Which part of the country or what types of treatment facilities are covered by the data?	

Note: Questions 63-66 refer to the year specified in question 62a

Class and type of drugs	Question			
	63	64	65	66
	What is the estimated number of people who received drug treatment?[a]	What percentage of people in drug treatment entered treatment for the first time ever?	What percentage of people in drug treatment are female?	What is the median age of people in drug treatment?
Any illicit drug[b]				
Primary drug[c]				
Cannabis				
Opioids				
Heroin				
Opium				
Pharmaceutical opioids (non-prescription/non-therapeutic use)[d]				
Other illicit opioids (specify)				
Cocaine				
Cocaine (salt and crack)				
Other types of cocaine (specify)[e]				
Amphetamine-type stimulants				
Methamphetamine				
Amphetamine				
"Ecstasy"-type substances				
Prescription stimulants (non-prescription/non-therapeutic use) (specify)[f]				

Tranquilizers and sedatives				
Benzodiazepines[g]				
Barbiturates[h]				
Other sedative hypnotics (specify)[i]				
Hallucinogens				
LSD				
Other hallucinogens (specify)				
Solvents and inhalants				
Other drugs such as those under national but not international control (specify)[j]				
What portion of people were treated for polydrug use?				

67	**Does the total number of people in treatment reported above include people in treatment for the abuse of substances other than those under international control?**	*Select one:*	
	If the answer is yes, please specify the substances not under international control for which people are in treatment		

68	**What is the estimated proportion of drug users in need of treatment that are currently receiving treatment in your country?**	*Select one:*	

Definitions	Question 69: What definition of "people in drug treatment" applies to the responses provided to questions 62-66? (select YES for all that applies)	
All people receiving treatment in the reporting year	*Select YES if it applies:*	
People starting treatment in the reporting year	*Select YES if it applies:*	
People in treatment at census date	*Select YES if it applies:*	
People discharged from treatment	*Select YES if it applies:*	
Other (specify)	*Select YES if it applies:*	

Metadata

What sources of information (published and unpublished) were referred to in answering these questions?

[a] In this question, the numbers should refer to individuals who have received treatment and who would normally be included in national reporting requirements.

[b] For the purposes of this questionnaire, alcohol and tobacco are not included.

[c] The "primary drug" is the main drug used by a person and for which he or she is seeking treatment.

[d] Pharmaceutical opioids may include preparations containing buprenorphine, codeine, dextropropoxyphene, fentanyl, hydrocodone, hydromorphone, methadone, morphine, oxycodone and pethidine.

[e] Other types of cocaine include coca paste and cocaine paste, cocaine base, basuco, paco, merla etc. (based on the Multilateral Evaluation Mechanism of the Inter-American Drug Abuse Control Commission (CICAD)).

[f] Prescription stimulants may include preparations containing amfepramone, fenetylline, methylphenidate, pemoline, phenmetrazine and phentermine.

[g] Benzodiazepines may include preparations such as alprazolam, clonazepam, diazepam, temazepam and flunitrazepam (e.g. Rohypnol).

[h] Barbiturates may include preparations containing allobarbital, barbital, phenobarbital, pentobarbital, secbutabarbital etc.

[i] Other sedative hypnotics may include preparations containing meprobamate, methaqualone, zolpidem etc.

[j] Including gamma-butyrolactone (GBL), mushrooms with psychoactive properties, tramadol and substances also known as "new psychoactive substances" such as JWH-018, JWH-073, mephedrone (4-MMC), 3,4-methylenedioxypyrovalerone (MDPV), p-methoxymethamphetamine (PMMA), 1-(3-chlorophenyl)piperazine (mCPP), 1-benzylpiperazine (BZP), ketamine, khat, or salvia divinorum. Regarding the naming of new psychoactive substances, please refer to the UNODC Report "The challenge of new psychoactive substances" Annex, accessible at: https://www.unodc.org/documents/scientific/NPS_Report.pdf

Appendix C: NTI Indicators

All indicators are reported overall and for specific substance categories (Appendix D).

Indicator 1: Total number of unique individuals treated in public, specialized treatment services for substance use problems. The breakdown by substance classes is done for problem substances (see Appendix G). Individuals may report more than one problem substance.

Indicator 2: Total number of individuals in substance use treatment who entered treatment during the reporting year for the first time, who had never entered treatment in any preceding fiscal year.

Indicator 3: Total number of individuals in substance use treatment who are a) female, b) male or c) do not identify as male or female.

Indicator 4: Median age of individuals in substance use treatment during the reporting year.

Appendix D: Substance Categories

Alcohol	Alcohol is reported as a **problem substance**.
Any illicit drug, including cannabis	An illicit drug or cannabis is reported as a **problem substance**. Illicit drugs include all substances under international control, including cannabis, opioids, cocaine, amphetamine-like stimulants, sedatives and tranquilizers, hallucinogens, solvents and inhalants and **non-medical use** of prescription medications (i.e., opioids, sedatives, amphetamines). Alcohol and tobacco are excluded. An individual is counted if they report both alcohol (or tobacco) and any illicit drug as problem substances.
Cannabis	Cannabis is reported as a **problem substance**. This includes marijuana (herb), hashish (resin) and other types of cannabis including synthetic cannabinoids (e.g., JWH_018, AM-2201)
Opioids	An opioid is reported as a **problem substance**. This includes heroin, opium, **non-medical use** of pharmaceutical opioids such as buprenorphine, codeine, dextropropoxyphene, fentanyl, oxycodone (e.g., Oxycontin), hydrocodone (e.g., Vicodin), hydromorphone, methadone, morphine and pethidine. Other illicit opioids (e.g., "Homebake," AH-7921) are also reported in this class. Indicator counts are then further broken down by type of opioid: heroin, opium, pharmaceutical opioids, and other illicit opioids (please specify the name if you report on this class).
Cocaine	Cocaine is reported as a **problem substance**. This includes powder (salt), crack and other types of cocaine, such as cocoa paste, cocaine paste, cocaine base, *basuco, paco* and *merla*. Indicator counts are then further broken down by type of cocaine: cocaine (powder and crack) and other types of cocaine (please specify the name if you report on this class).
Amphetamine-type stimulants	A stimulant (other than cocaine) is reported as a **problem substance**. This includes amphetamine, methamphetamine, non-medical use of prescription stimulants such as amfepramone, fenetylline, methylphenidate (e.g., Ritalin), pemoline, phenmetrazine, phentermine and dextroamphetamine, "ecstasy"-type substances (e.g., MDA, MDE/MDEA, MDMA), other illicit amphetamine-type stimulants (e.g., Captagon, methcathinon, mephedrone (4-MMC), methylone (bk-MDMA), 3,4-methylenedioxypyrovalerone (MDPV), 1-benzylpiperazine (BZP), 2C-B). Indicator counts are then further broken down by type of stimulant: methamphetamine, amphetamine, "ecstasy"-type substances, prescription stimulants.
Sedatives and tranquilizers	A benzodiazepine or barbiturate is reported as a **problem substance**. This includes benzodiazepines such as alprazolam (e.g., Xanax), clonazepam (e.g., Rivotril), diazepam (e.g., Valium), temazepam and flunitrazepam (e.g., Rohypnol), barbiturates such as allobarbital, barbital, phenobarbital, pentobarbital, secbutabarbital, etc., gamma-hydroxybutyric acid (GHB), or other sedative hypnotics such as meprobanate, methaqualone (Mandrax) and zolpidem. Indicator counts are then further broken down by type: benzodiazepines, barbiturates, other (please specify).
Hallucinogens	Hallucinogens are reported as a **problem substance**. This includes lysergic acid diethlamide (LSD), or other hallucinogens (e.g., phencyclidine (PCP), compounds of the NBOMe-series and dimethyltriptamine (DMT)). Indicator counts are then further broken down by type: LSD, other (please specify).

Solvents and inhalants	Solvents or inhalants are reported as a **problem substance**. This includes a variety of vapours, gases and aerosols from acetone, ethyl and methyl acetate, toluene, benzene, butane, propane, naphtha, etc., which can be found in paint thinner, petrol, paint, dry cleaning fluid, felt-tip marker fluid, glue, hair spray, deodorants and spray paint.
Other drugs such as those under national but not international control	Other drugs are reported as a **problem substance**. Examples include gamma-butyrolactone (GBL), psilocybin ("mushrooms") and tramadol, and "new psychoactive substances" such as, p-methoxymethamphetamine (PMMA), 1-(3-chlorophnyl)piperazine (mCPP), alpha-pyrrolidinopentiophenone (alpha-PVP), ketamine, methoxetamine, khat, or salvia divinorum. Please refer to the complete list of narcotic drugs under international control for the current list of narcotic drugs under international control.
Polysubstance use	**Polysubstance use** is indicated if an individual reports **problem substances** in more than one substance class.

Appendix E. Number of Individuals in Treatment by Jurisdiction.

Jurisdiction	2016–2017	2017–2018
Alberta	20,688	20,680
Saskatchewan	13,396	13,426
Ontario	63,787	64,810
New Brunswick	2,212	2,083
Prince Edward Island	1,594	1,504
Nova Scotia	2,008	1,690
Newfoundland and Labrador	1,553	1,612
Northwest Territories	62	216
Nunavut	1,051	—
Youth Solvent and Addiction Committee	331	361
Total*	105,569	106,166

***Note:** Counts for Northwest Territories and Nunavut are not included in the total as an unknown proportion of these individuals are counted in other jurisdictions.

Appendix F: Indicator Specifications for Jurisdictions

Alberta		
Indicator Elements	**Does data match the indicator element? (Yes/No)**	**Jurisdiction specifications**
Includes as many publicly funded and specialized substance use treatment services as possible	Yes	
Excludes tobacco and gambling.	Yes	
Excludes unique individuals who accessed treatment services for a friend or family member.	Yes	
Excludes medical use of prescription medications, drugs used for medical treatment under prescription, including the use of over-the-counter medication as directed.	Yes	
Substance classes match those described in Appendix D: any illicit drug, opioids, cocaine, amphetamine-type stimulants, sedatives and tranquillizers, hallucinogens, solvents and inhalants, polysubstance use.	No	Total number of individuals includes non-beverage alcohol, anti-depressants and androgens, and other drugs such as ketamine. The category "hallucinogens" includes LSD, peyote cactus, magic mushrooms, Ecstasy, PCP, MDMA, etc. This is not entirely consistent with the classifications defined in Appendix D.
Problem substance is reported as any substance that is reported as causing problems and for which the client is seeking treatment.	Yes	Substance breakdowns are based on clients' responses to the question at admission: "Have you been concerned about this substance use in the past 12 months?." The response rate is about 80%. Clients who do not respond with any valid substance category are excluded from the total count. Clients can respond with more than one substance category.
Polysubstance use is indicated if an individual reports multiple problem substances (both including and excluding alcohol).	Yes	
An individual starting more than one treatment episode in the fiscal year is only counted once (i.e., exclude multiple admissions for a single individual).	Yes	
Includes percentage of individuals in treatment who entered treatment for the first time ever (who had never entered treatment in any previous reporting year).	No	
Includes count of unique individuals who received substance use treatment during the reporting year who are a) female and b) male.	Yes	
Includes count of unique individuals who received substance use treatment during the reporting year who c) do not identify as male or female.	Yes	
Includes median age of individuals in substance use treatment during the reporting year.	Yes	

Saskatchewan		
Indicator Elements	**Does data match the indicator element? (Yes/No)**	**Jurisdiction specifications**
Includes as many publicly funded and specialized substance use treatment services as possible.	Yes	
Excludes tobacco and gambling.	No	Estimate for "any substance" includes gambling (n=17 in 2016-17 and n=20 in 2017-18), which may include individuals who do not report additional problem substances.
Excludes unique individuals who accessed treatment services for a friend or family member.	Yes	
Excludes medical use of prescription medications, drugs used for medical treatment under prescription, including the use of over-the-counter medication as directed.	Yes	
Substance classes match those described in Appendix D: any illicit drug, opioids, cocaine, amphetamine-type stimulants, sedatives and tranquillizers, hallucinogens, solvents and inhalants, polysubstance use.	No	Note exception for gambling - see note above. "Any illicit drug" determined by whether "yes" is indicated for a drug problem (excludes alcohol). Opioids include prescription and non-prescription narcotics only.
Problem substance is reported as any substance that is reported as causing problems and for which the client is seeking treatment.	Yes	Problem substance is defined as "creating problems."
Polysubstance use is indicated if an individual reports multiple problem substances (both including and excluding alcohol).	No	
An individual starting more than one treatment episode in the fiscal year is only counted once (i.e., exclude multiple admissions for a single individual).	Yes	
Includes percentage of individuals in treatment who entered treatment for the first time ever (who had never entered treatment in any previous reporting year).	No	
Includes count of unique individuals who received substance use treatment during the reporting year who are a) female and b) male.	Yes	
Includes count of unique individuals who received substance use treatment during the reporting year who c) do not identify as male or female.	Yes	
Includes median age of individuals in substance use treatment during the reporting year.	No	

Ontario		
Indicator Elements	**Does data match the indicator element? (Yes/No)**	**Jurisdiction specifications**
Includes as many publicly funded and specialized substance use treatment services as possible.	Yes	
Excludes tobacco and gambling.	Yes	
Excludes unique individuals who accessed treatment services for a friend or family member.	Yes	
Excludes medical use of prescription medications, drugs used for medical treatment under prescription, including the use of over-the-counter medication as directed.	Yes	
Substance classes match those described in Appendix D: any illicit drug, opioids, cocaine, amphetamine-type stimulants, sedatives and tranquillizers, hallucinogens, solvents and inhalants, polysubstance use.	Yes	Additional substance categories reported include "other psychoactive drugs."
Problem substance is reported as any substance that is reported as causing problems and for which the client is seeking treatment.	Yes	Up to five problem substances may be reported.
Polysubstance use is indicated if an individual reports multiple problem substances (both including and excluding alcohol).	Yes	
An individual starting more than one treatment episode in the fiscal year is only counted once (i.e., exclude multiple admissions for a single individual).	Yes	
Includes percentage of individuals in treatment who entered treatment for the first time ever (who had never entered treatment in any previous reporting year).	Yes	The identifier used to report on unique individuals is based on the first name initial, last name at birth initial, date of birth and gender of a client.
Includes count of unique individuals who received substance use treatment during the reporting year who are a) female and b) male.	Yes	
Includes count of unique individuals who received substance use treatment during the reporting year who c) do not identify as male or female.	Yes	
Includes median age of individuals in substance use treatment during the reporting year.	Yes	

New Brunswick		
Indicator Elements	**Does data match the indicator element? (Yes/No)**	**Jurisdiction specifications**
Includes as many publicly funded and specialized substance use treatment services as possible.	Yes	Breakdown by substance class (2017-18) is available for approximatly 90% of inpatient services. 2018-2019 will be 100 % for inpatient services. Breakdown of substance class ("substance of choice") excludes outpatient services (referred to as Adult Addiction Services). Outpatient substance class will be captured starting FY fiscal 2021-2022.
Excludes tobacco and gambling.	Yes	See above note regarding the identification of substance class ("substance of choice").
Excludes unique individuals who accessed treatment services for a friend or family member.	Yes	
Excludes medical use of prescription medications, drugs used for medical treatment under prescription, including the use of over-the-counter medication as directed.	Yes	
Substance classes match those described in Appendix D: any illicit drug, opioids, cocaine, amphetamine-type stimulants, sedatives and tranquillizers, hallucinogens, solvents and inhalants, polysubstance use	Yes	
Problem substance is reported as any substance that is reported as causing problems and for which the client is seeking treatment.	Yes	Problem substance is defined as "primary substance of choice," If an individual has been treated for more than one primary substances of choice in the reporting period , they are counted for each primary substance of choice.
Polysubstance use is indicated if an individual reports multiple problem substances (both including and excluding alcohol).	No	Polysubstance use is not reported.
An individual starting more than one treatment episode in the fiscal year is only counted once (i.e., exclude multiple admissions for a single individual).	Yes	
Includes percentage of individuals in treatment who entered treatment for the first time ever (who had never entered treatment in any previous reporting year).	No	
Includes count of unique individuals who received substance use treatment during the reporting year who are a) female and b) male.	Yes	
Includes count of unique individuals who received substance use treatment during the reporting year who c) do not identify as male or female.	Yes	
Includes median age of individuals in substance use treatment during the reporting year.	Yes	

Prince Edward Island		
Indicator Elements	**Does data match the indicator element? (Yes/No)**	**Jurisdiction specifications**
Includes as many publicly funded and specialized substance use treatment services as possible.	Yes	
Excludes tobacco and gambling.	Yes	
Excludes unique individuals who accessed treatment services for a friend or family member.	Yes	
Excludes medical use of prescription medications, drugs used for medical treatment under prescription, including the use of over-the-counter medication as directed.	Yes	
Substance classes match those described in Appendix D: any illicit drug, opioids, cocaine, amphetamine-type stimulants, sedatives and tranquillizers, hallucinogens, solvents and inhalants, polysubstance use.	Yes	Estimate for any illicit drug determined by adding all individuals reporting any substance class as "substance of choice", excluding those who reported alcohol as their "substance of choice." Total estimates include the category "prescribed mood altering drugs," which are included in "other."
Problem substance is reported as any substance that is reported as causing problems and for which the client is seeking treatment.	Yes	PEI reports both problem substance (assessments indicating "yes" to substance category) and primary problem substance (defined as "substance of choice.") To be more consistent with other jurisdictions, breakdowns for substance categories are by problem substance with the exception of any illicit substance (see above).
Polysubstance use is indicated if an individual reports multiple problem substances (both	Yes	
An individual starting more than one treatment episode in the fiscal year is only counted once (i.e., exclude multiple admissions for a single individual).	Yes	
Includes percentage of individuals in treatment who entered treatment for the first time ever (who had never entered treatment in any previous reporting year).	Yes	First ever treatment dates back to 2004. Not reported for specific substance classes.
Includes count of unique individuals who received substance use treatment during the reporting year who are a) female and b) male.	Yes	Gender breakdown not reported for breakdown of specific substance classes.
Includes count of unique individuals who received substance use treatment during the reporting year who c) do not identify as male or female.	No	
Includes median age of individuals in substance use treatment during the reporting year.	Yes	Reported overall but not for substance classes.

Nova Scotia		
Indicator Elements	**Does data match the indicator element? (Yes/No)**	**Jurisdiction specifications**
Includes as many publicly funded and specialized substance use treatment services as possible.	No	Due to reporting limitations, the data only include individuals who stayed at an inpatient unit (residential). Between 2016-17 and 2017-18, three inpatient units were converted to outpatient units and data from these are therefore not included in 2017-18 data. Treatment for opioids in particular is typically treated in an outpatient setting and contributes to the decrease over time for individuals in treatment for opioids.
Excludes tobacco and gambling.	Yes	
Excludes unique individuals who accessed treatment services for a friend or family member.	Yes	
Excludes medical use of prescription medications, drugs used for medical treatment under prescription, including the use of over-the-counter medication as directed.	Yes	
Substance classes match those described in Appendix D: any illicit drug, opioids, cocaine, amphetamine-type stimulants, sedatives and tranquillizers, hallucinogens, solvents and inhalants, polysubstance use.	Yes	
Problem substance is reported as any substance that is reported as causing problems and for which the client is seeking treatment.	Yes	Primary substance is reported: the main problem substance for which the client is seeking treatment.
Polysubstance use is indicated if an individual reports multiple problem substances (both including and excluding alcohol).	No	Polysubstance that is captured in the database is defined as "polydrug use" with no information on what substances are causing problems, so cannot separate out which substances are or are not included.
An individual starting more than one treatment episode in the fiscal year is only counted once (i.e., exclude multiple admissions for a single individual).	Yes	
Includes percentage of individuals in treatment who entered treatment for the first time ever (who had never entered treatment in any previous reporting year).	No	
Includes count of unique individuals who received substance use treatment during the reporting year who are a) female and b) male.	Yes	
Includes count of unique individuals who received substance use treatment during the reporting year who c) do not identify as male or female.	No	
Includes median age of individuals in substance use treatment during the reporting year.	Yes	Not included for "any illicit substance" category.

Newfoundland and Labrador		
Indicator Elements	**Does data match the indicator element? (Yes/No)**	**Jurisdiction specifications**
Includes as many publicly funded and specialized substance use treatment services as possible.	Yes	
Excludes tobacco and gambling.	Yes	Excludes gambling only but includes "gambling and substance use" as a substance category.
Excludes unique individuals who accessed treatment services for a friend or family member.	Yes	
Excludes medical use of prescription medications, drugs used for medical treatment under prescription, including the use of over-the-counter medication as directed.	Yes	
Substance classes match those described in Appendix D: any illicit drug, opioids, cocaine, amphetamine-type stimulants, sedatives and tranquillizers, hallucinogens, solvents and inhalants, polysubstance use.	No	Total estimate for "any substance" includes unknown substances (documented as "Substance Use" with no further specificity). Substances identified in categories that do not match include: Street Drug Use Other (referred to as "Other illicit substances" in profiles), Prescription Drug Use Other, Over-the-Counter Medication, and Gambling and Substance Use. Opioids are defined as "Prescription Drug Use - Opiates." Any illicit substance includes treatment for all substances excluding alcohol, including unknown substances.
Problem substance is reported as any substance that is reported as causing problems and for which the client is seeking treatment.	Yes	
Polysubstance use is indicated if an individual reports multiple problem substances (both including and excluding alcohol).	No	Polysubstance that is captured in the database cannot separate out which substances are or are not included.
An individual starting more than one treatment episode in the fiscal year is only counted once (i.e., exclude multiple admissions for a single individual).	Yes	
Includes percentage of individuals in treatment who entered treatment for the first time ever (who had never entered treatment in any previous reporting year).	Yes	
Includes count of unique individuals who received substance use treatment during the reporting year who are a) female and b) male.	Yes	
Includes count of unique individuals who received substance use treatment during the reporting year who c) do not identify as male or female.	Yes	
Includes median age of individuals in substance use treatment during the reporting year.	Yes	

Northwest Territories		
Indicator Elements	**Does data match the indicator element? (Yes/No)**	**Jurisdiction specifications**
Includes as many publicly funded and specialized substance use treatment services as possible.	No	Most residents access substance use treatment services outside of the territory and data on the number of individuals accessing treatment within the territory are not available.
Excludes tobacco and gambling.	Yes	
Excludes unique individuals who accessed treatment services for a friend or family member.	Yes	
Excludes medical use of prescription medications, drugs used for medical treatment under prescription, including the use of over-the-counter medication as directed.	Yes	
Substance classes match those described in Appendix D: any illicit drug, opioids, cocaine, amphetamine-type stimulants, sedatives and tranquillizers, hallucinogens, solvents and inhalants, polysubstance use.	No	Not possible to filter out alcohol from total estimate and therefore obtain an estimate for "any illicit drug."
Problem substance is reported as any substance that is reported as causing problems and for which the client is seeking treatment.	Yes	
Polysubstance use is indicated if an individual reports multiple problem substances (both including and excluding alcohol).	Yes	
An individual starting more than one treatment episode in the fiscal year is only counted once (i.e., exclude multiple admissions for a single individual).	Yes	
Includes percentage of individuals in treatment who entered treatment for the first time ever (who had never entered treatment in any previous reporting year).	No	
Includes count of unique individuals who received substance use treatment during the reporting year who are a) female and b) male.	Yes	
Includes count of unique individuals who received substance use treatment during the reporting year who c) do not identify as male or female.	No	
Includes median age of individuals in substance use treatment during the reporting year.	Yes	

Appendix G: Glossary

Gender: The socially constructed roles, behaviours, expressions and identities of girls, women, boys, men and gender diverse people. It influences how people perceive themselves and each other, how they act and interact, and the distribution of power and resources in society. Gender has traditionally been conceptualized as binary (girl/woman and boy/man), yet there is considerable diversity in how individuals and groups understand, experience and express it.

Illicit drugs: All substances under international control, including cannabis, opioids, cocaine, amphetamine-like stimulants, sedatives and tranquilizers, hallucinogens, and solvents and inhalants.

Opioid agonist therapy: An effective pharmacological treatment for opioid use disorder. Pharmaceutical agonists used in Canada include methadone/Methadose), buprenorphine/naloxone (Suboxone) or slow-release morphine (Kadian). Opioid agonist therapy has been shown to prevent withdrawal and reduce cravings for opioids, reduce harms associated with illicit opioids and help people with opioid use disorders to stabilize their lives.

Non-medical use: Using a prescribed medication without a prescription written for the individual taking the drug, using a prescription provided from multiple doctors, nurses or pharmacists ("double-doctoring"), using a medication for purposes other than those indicated when prescribed (e.g., for euphoric effect), using in ways other than prescribed (different form or route), or taking more or less often than prescribed.

Polysubstance use: The simultaneous or concurrent use of at least two substances from different categories of substances.

Private treatment: Services that are not covered by government insurance plans and that are paid for by the client. Privately funded treatment providers operate independently and are under no obligation to provide data to jurisdictional or federal authorities.

Prescription drugs: Medications prescribed to a patient by a health professional to help manage health conditions. These medications are regulated by Health Canada through the *Food and Drugs Act* to ensure their safety, effectiveness and quality. Many prescription drugs have an acceptable safety profile when used as prescribed, but can also be intentionally or unintentionally misused (e.g., taken in larger doses than prescribed or by a different route of administration) or used for non-medical reasons without a prescription.

Problem substance: Any substance that is reported as causing problems and for which the client is seeking treatment.

Sex: Biological attributes in humans and animals that are primarily associated with physical and physiological features including chromosomes, gene expression, hormone levels and function, and reproductive or sexual anatomy. Sex is usually categorized as female or male, but there is variation in the biological attributes that comprise sex and how those attributes are expressed.