



Standing Committee on Health: Children's Health Brief

Submitted to the Standing Committee on Health in August 2022.

The Canadian Centre on Substance Use and Addiction (CCSA) welcomes the opportunity to provide a brief to the Standing Committee on Health's focus on children's health. CCSA is the only national organization with a legislated mandate to reduce the harm of alcohol and other drugs on people in Canada. Created by an act of Parliament almost 35 years ago, CCSA provides national leadership by harnessing the power of research and providing evidence-informed guidance to decision makers, curating knowledge and bringing together diverse perspectives to galvanize individual and collective efforts.

Research from CCSA has produced important information about children's health and substance use. For example, in a study on emergency department (ED) admissions, youth and young adults admitted to the ED due to substance use predominately reported the use of alcohol, followed by cannabis and opioids (King et al., in press).

In addition to concerns about ED visits, early childhood experiences play a large role in the health and well-being of children and their future, including their relationships with substances. Adverse childhood experiences (ACEs) affect brain development. Understanding this can help prevent substance use issues and build resilient communities.

Substance use health is directly tied to the social determinants of health, including a safe and healthy childhood. As such, substance use health is an important consideration within the children's health sphere.

Youth and Emergency Department Visits

CCSA's study, *An Evaluation of Psychoactive Substances that Bring Youth to the Emergency Department*, sought to find out which psychoactive substances are bringing youth and young adults to the ED. It documents the magnitude of the problem and the severity of these cases across Canada (King et al, in press). From these findings, the project should contribute to and encourage evidence-informed substance use-related research initiatives, prevention programs, policies and regulations that are specific to community needs.

For this study, youth were defined as those between the ages of 12 and 17 years and young adults as between the ages of 18 and 24 years. Data spanning from Jan. 1, 2016, to Dec. 31, 2019, were collected from one ED in Saskatoon, Sask.; two EDs in Sherbrooke, Que.; and four EDs in Halifax, N.S. and the surrounding area. Data included all alcohol-, cannabis- and opioid-related visits.



The key findings include:

- More than 1 in 4 ED visits were by minors (the study defined “minor” as under the legal drinking age in each region);
- Alcohol was the primary concern;
- Some trends differed by region and substance;
- Injuries were the most often the main reason for visiting the ED (unintentional injury as first most common with intentional injuries as the second);
- Cases were often severe;
- More than 1 in 3 cases reported polysubstance use;
- Prior ED visits for substance use were common; and
- Sex differences were observed.

The study found that young people across the country are visiting the ED for what constitute serious medical emergencies after having consumed primarily alcohol as well as other substances. As such, the prevention of alcohol-related ED visits among youth and young adults needs to be prioritized. Furthermore, much of the national, provincial and territorial ED data are not sufficient in informing community-level initiatives. This study shows the value of community-level analysis to allow for the detection of local trends to inform prevention and harm reduction efforts specific to youth and young adults and to each region.

CCSA will continue working with existing partners to raise awareness and inform strategies that might mitigate harms, including informing practices and policies within the communities studied. CCSA also intends to facilitate similar work in more cities across the country to determine local patterns.

Adverse Childhood Experiences

Early childhood experiences play a large role in how we interact with the world and how our minds are shaped. ACEs are stressful experiences, such as household dysfunction, neglect and abuse, that happen before the age of 18 years. There is a large body of scientific evidence that links ACEs to mental health and substance use health issues later in life. However, this evidence is not widely known and is often excluded from decision making processes around policies and practices.

Knowing how ACEs affects brain development and health outcomes can help address risks for substance use and associated harms. CCSA has collaborated with the Alberta Family Wellness Initiative to increase understanding of the science through a resource called Brain Story. [The Brain Story](#) describes to non-experts the relationships between ACEs, brain development and health outcomes. Understanding how ACEs affect brain development and shape health outcomes is essential for identifying risk for substance use and associated harms. This information can also help identify points of intervention to prevent or treat substance use later in life.

In addition to this support, CCSA has evidence that organizations and communities can expect health outcomes will be improved if they align their policies and programs with the science. CCSA created the [Brain Builders Lab](#) initiative to bring together professionals from across the country to develop community-based projects that integrate Brain Story science into policy, practice and public discussions. Sixty-five applicants from 11 provinces were selected to participate in this process.



Over two years, participants implemented their project plans with support from CCSA. In February 2021, participants met again to showcase the impact of their projects. At that time, there were 25 projects that created 230 unique products, delivered 435 unique activities and reached more than 34,500 stakeholders. All participants reported increased knowledge and awareness among their stakeholders; 76 per cent reported practice changes; 44 per cent reported policy changes among their stakeholders, including 40 per cent who mandated or encouraged the Brain Story certification as staff training; and 64 per cent reported better system co-ordination and collaboration.

As such, an important component of children's health is incorporating these findings, as well as further exploring and working to prevent ACEs' impact on the health and well-being of children, youth and adults.

Calls to Action

That the Standing Committee on Health include substance use health and addiction as part of the continuum of care of children's health, including investing in the upstream efforts to prevent ACEs from occurring and from impacting substance use health later in life.

That CCSA brief the Standing Committee on Health on taking an evidence-based approach to providing substance use health care within the continuum of care of children's health.

References

King, S., Paradis C., and Reynolds, J. (in press) *An evaluation of psychoactive substances that bring youth to the emergency department*. Ottawa, Ont.: Canadian Centre on Substance Use and Addiction.

