

Addiction Treatment in Canada: The National Treatment Indicators Report (2014–2015 Data)

The current National Treatment Indicators (NTI) report is the sixth in the series. It presents aggregate-level descriptive information on individuals who accessed publicly funded services for substance use treatment in Canada during 2014–2015.

Key Findings from the 2014–2015 Data

- In 2014–2015, a total of 105,222 unique individuals from seven Canadian provinces accessed publicly funded substance use treatment services, which accounted for 203,629 treatment service events.
- Alcohol was the most common substance for which treatment was sought, and the most common substance used in the past 12 months by clients of publicly funded treatment centres.
- The majority of treatment service events were accessed by males (63.9%), a trend consistent since 2011–2012
- Individuals between the ages of 25 and 34 accounted for the highest percentage of treatment service events, a trend consistent since 2011–2012.
- Non-residential treatment accounted for the majority of treatment service events (67.4%), a trend consistent since 2011–2012.

Why Does This Matter?

Providing Canadians with appropriate and timely access to treatment requires reliable data to inform effective system and service planning. The NTI project addresses a need for more rigorous treatment data by implementing a set of measures to collect treatment system data across Canada according to common categories. The NTI project remains the only national, accessible source of information on publicly funded substance use treatment services across Canada. It illustrates the type of treatment information that is currently being collected, and helps to identify information gaps. The intent of this report is to contribute to the system-level information required by decision makers to plan, implement, monitor and evaluate evidence-informed services and supports for the treatment of substance use in Canada.

What Did We Do?

The NTI project was established in 2009 with the goal of collecting consistent information across jurisdictions to fill the information gaps and help improve the quality, range and accessibility of treatment in Canada. Each year, data from publicly funded substance use treatment services are analyzed at the provincial/territorial level

A **unique individual** refers to a single person. One unique individual might have several service events over the course of a year.

A **service event** refers to admission to a specific treatment service with an associated discharge or case closure. One person might access several services over the course of a year. For example, transferring from one program or service to another (e.g., withdrawal management to non-residential treatment) will comprise two service events. A non-residential service event may include multiple appointments.



according to standardized NTI definitions and data-collection protocols, and are provided to CCSA. For the current report, data was provided by Alberta, Saskatchewan, Manitoba, Ontario, Nova Scotia, Prince Edward Island, New Brunswick, Newfoundland and Labrador, and the National Youth Solvent Abuse Program. Additionally, other jurisdictions such as the Yukon, the National Native Alcohol and Drug Abuse Program, and the First Nations and Inuit Health Branch contributed information to the report. CCSA worked in close consultation with the NTI working group members to analyze these data and produce the report.

What Did We Find?

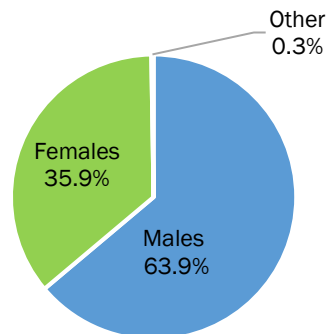
These data reveal that between April 1, 2014, and March 31, 2015, a total of 150,222 unique individuals accessed publicly funded substance use treatment services across seven provinces that could provide consistent data (Alberta, Saskatchewan, Manitoba, Ontario, Nova Scotia, Prince Edward Island, and Newfoundland and Labrador), which accounted for 203,629 treatment service events. In addition, 464 First Nations and Inuit youth attended treatment centres under the National Youth Solvent Abuse Program.

Of individuals accessing treatment in 2014–2015, 8% did so **to address the use of a friend or family member**. This highlights the need for services and supports to extend beyond the individual seeking treatment.

Gender

Across the jurisdictions, males accounted for the majority of treatment service events (Figure 1). This finding is consistent with prevalence rates for substance use data, in which males have higher rates of illicit drug use and a greater percentage of males exceed the low-risk drinking guidelines.¹

Figure 1. Treatment service events by gender (own use)^{2,3}



Age

Individuals aged 25–34 years accounted for the greatest percentage of all treatment service events (28.6%) in 2014–2015 (Figure 2). These data highlight the need for prevention and early intervention efforts that focus on youth and emerging adults.

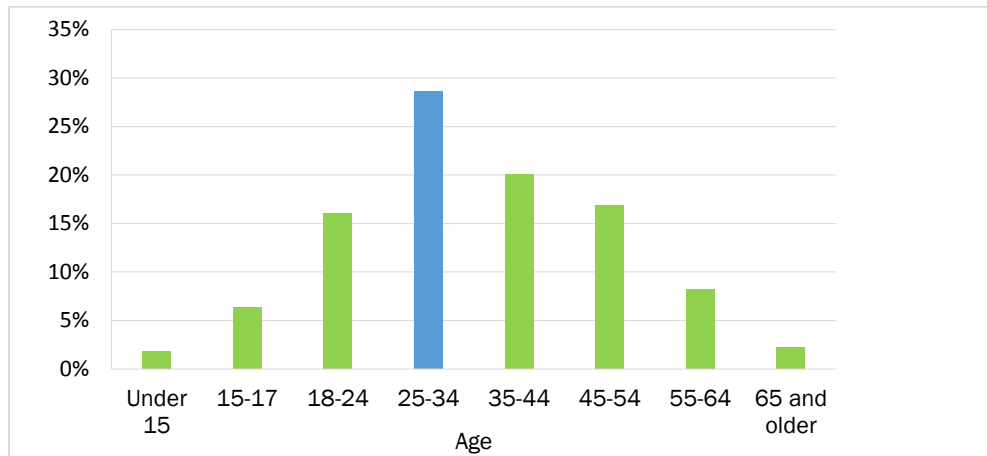
1 Statistics Canada. (2017). *Canadian Tobacco, Alcohol and Drugs Survey: Summary of results for 2015*. Ottawa, Ont.: Author.

2 Figures labelled with “own use” reflect service events or unique individuals who accessed treatment for themselves and not for friends or family members.

3 Not all jurisdictions collect other gender.



Figure 2. Treatment service events by age (own use)



Treatment Type

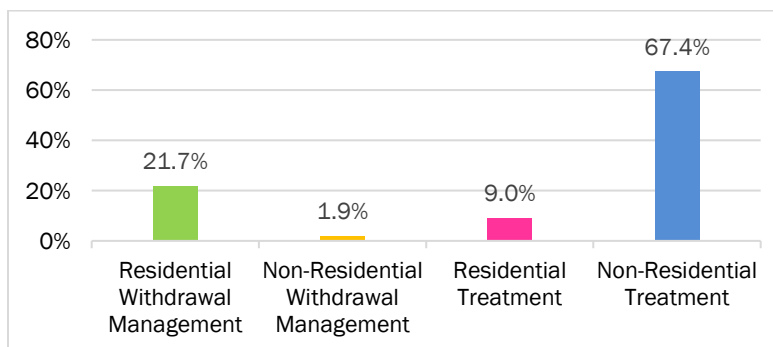
Non-residential treatment accounted for the majority of treatment service events in 2014–2015, followed by residential withdrawal management, residential treatment and non-residential withdrawal management (Figure 3).⁴ This could be due, in part, to the fact that non-residential treatment is often the most accessible service (i.e., same community, town, etc.) compared to other service types, and is also a less intensive form of treatment compared to residential services.

Non-residential treatment refers to outpatient services as well as services offered by facilities such as halfway houses, youth shelters, mental health facilities or correctional facilities where the primary purpose of residence is not substance use service provision.

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

Withdrawal management refers to the initial supervised, controlled period of withdrawing from substances. **Residential withdrawal management** includes programs where clients spend nights at a withdrawal management facility, treatment facility or hospital. **Non-residential withdrawal management** includes daytox and home or community detox.

Figure 3. Service events by treatment type (own use)



⁴ Of the reporting jurisdictions, non-residential withdrawal management services are only offered in Ontario and Prince Edward Island.



Alcohol and Other Drugs

Alcohol was the primary substance for which treatment was sought across Ontario, Nova Scotia and Prince Edward Island where comparable data were available. Other jurisdictions, including Alberta, Saskatchewan and Manitoba do not collect data on the primary substance for which treatment was sought. However, they were able to provide the substances used in the past 12 months among individuals accessing treatment, and alcohol was the most common substance reported being used. These data highlight the continued financial and health impact alcohol has on Canadian society, and the importance of investing in targeted treatment services such as early intervention, and screening, brief intervention and referral,⁵ as well as prevention and education initiatives such as the low-risk alcohol drinking guidelines.⁶

What Does This Study Mean for You?

Although the NTI project has improved our understanding of the usage of substance use treatment in Canada, there are still many knowledge and information gaps that need to be addressed. The NTI Working Group is committed to enhancing the collection and reporting of substance use treatment service data in Canada to improve the accuracy and validity of treatment information supplied by the various jurisdictions. The goal of the Working Group is to continue to expand membership and to expand and strengthen data collection to provide a truly comprehensive national picture. If your organization wishes to contribute to this important work, consider joining the NTI Working Group. If your organization cannot contribute data, but is involved in addiction treatment and would like more information about the project or reports, please contact us at NTI-INT@ccsa.ca.

Where Can You Learn More?

Access the full report, [Addiction Treatment in Canada: The National Treatment Indicators Report: 2014–2015 Data](#), and see the [National Treatment Indicators](#) page for past reports. Use the [Information Request](#) page to ask to be added to our distribution list. Join the conversation online to help create a healthier society, free of the harms of substance use, by following [@CCSACanada](#).



CCSA was created by Parliament to provide national leadership to address substance use in Canada. A trusted counsel, we provide national guidance to decision makers by harnessing the power of research, curating knowledge and bringing together diverse perspectives.

CCSA activities and products are made possible through a financial contribution from Health Canada. The views of CCSA do not necessarily represent the views of the Government of Canada.

5 College of Family Physicians of Canada & Canadian Centre on Substance Abuse. (2012). Alcohol screening, brief intervention and referral. Retrieved from www.sbir-diba.ca.

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