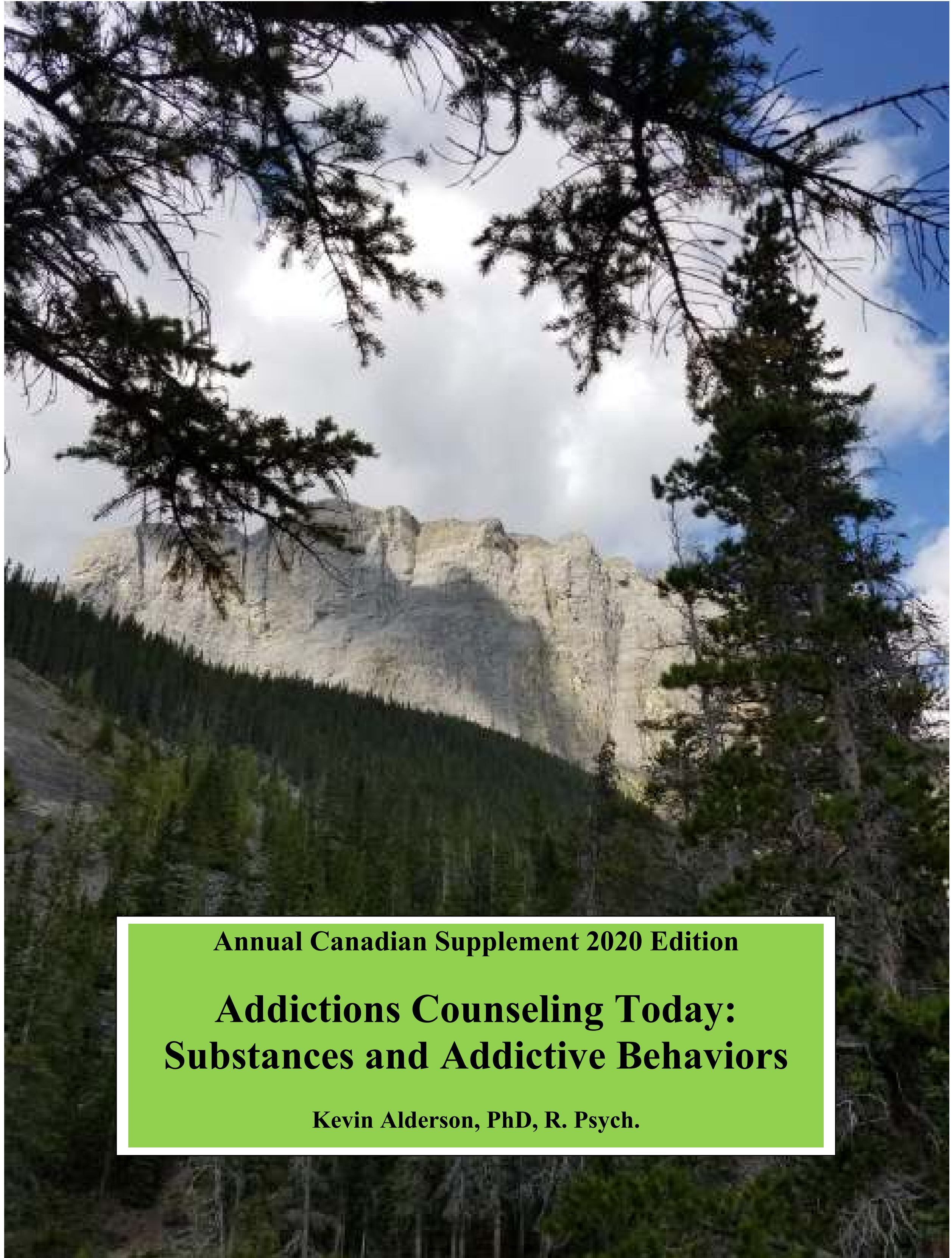

Annual Canadian Supplement 2020 Edition

Addictions Counseling Today: Substances and Addictive Behaviors

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The *Canadian Supplement* is intended for general circulation, but it also acts as an addendum to the American textbook called *Addictions Counseling Today: Substances and Addictive Behavior*, also written by Dr. Alderson. The publisher is Sage out of Thousand Oaks, California. It is available from Chapters, Amazon, and other online book distributors.

If you have suggestions for additions to this supplement, please contact Dr. Alderson at alderson@ucalgary.ca. Your suggestions will be incorporated in the next edition if this information is not already contained within the textbook itself.

Annual Canadian Supplement 2019 Edition

Addictions Counseling Today: Substances and Addictive Behaviors

Instead of the national anthem's promise of a country that is strong and free, the opioid crisis in Canada has made some weak and dependent. "Opioid dependence and opioid-related deaths [in Canada] have increased *dramatically* in the past 20 years" (Eibl, Morin, Leinonen, & Marsh, 2017, p. 446; italics mine). Data from Ontario indicated that between 1991 and 2010, opioid-related deaths increased by 242% (Eibl et al., 2017). Opioids overdoses are now the leading cause of death in Canada for individuals between 18 and 35 years of age (Eibl et al., 2017).

The Government of Canada (2019d) reported that Canada has lost more than 11,500 individuals to opioid-related deaths between January 2016 and December 2018. Furthermore, the number of deaths have increased each year since 2016 (i.e., 3,017 in 2016; 4,100 in 2017; 4,460 in 2018). About 11 deaths a day are occurring in Canada due to opioid overdoses, and the fastest growing population to need help stemming from this crisis are adolescents and young adults between ages 15 and 24. According to the International Narcotics Control Board (as cited in Helmerhorst, Teunis, Janssen, & Ring, 2017), "Opioids are used much more in the United States and Canada than elsewhere in the world" (p. 857). Nosyk et al. (2013) stated that in 2012, there were between 75,000 and 125,000 people in Canada who injected drugs, and another 200,000 who were dependent on prescription opioids. As of 2016, the highest rates of opioid hospitalizations and deaths have occurred in the west side of the country, including British Columbia, Alberta, the Yukon, and the Northwest Territories (Belzak & Halverson, 2018).

We have also seen recently the symbol of maple trees clouded with the smoke from burning marijuana leaves. While the impact of cannabis legalization on youth remains uncertain, what we know (based on a study of 6,709 Canadian grade 9 to 12 students who have used, or use, marijuana) is that the younger one begins using it, the likelier they will (a) continue using, (b) increase frequency of use, and (c) drive after getting high (Azagba & Asbridge, 2019). With legalization, Canadians have now become the guinea pigs of an international "weed" experiment (Wadsworth & Hammond, 2019).

Neilson and Lin (2019) used data from the 2011-2012 Canadian Community Health Survey (CCHS), a population-based survey of Canadians ages 12 and older (80% were 25 years +), to study the relationship between sedentary behaviour during leisure time and cannabis use. Their sample of 48,240 respondents were from Saskatchewan, Ontario, and Nunavut. The odds of engaging in sedentary free-time behaviour was 80% higher for heavy cannabis users and 30% higher for occasional cannabis users (compared to never users). The "lazy days of summer" may be more a reality than merely a personification.

Drug abuse costs Canadian taxpayers a great deal of money. According to Dr. Dre Vera Etches' (2013) report to the Ottawa Board of Health, drug abuse costs taxpayers $22.8 billion annually! Over the past decade, Canada has gone from being a minor drug producer to now a major supplier of ecstasy and methamphetamine to the world (Canadian Centre for Addictions [CCA], 2019b). This has resulted from the increased involvement of gangs who traffic and produce drugs in Canada.

The History of Drug Abuse in Canada

According to the CCA (2019a), the history of drug abuse in Canada began about 1850. British Columbia agreed to join Confederation in 1871, and part of the agreement with the Dominion government was that B.C. would build a railway connecting it with eastern Canada within 10 years. In the latter part of the 19th century, immigrants from China landed in British Columbia to assist in building the most difficult part of the railroad, a 200-mile stretch that extends through the Fraser Canyon. They were paid about a third of what White, Black, and Indigenous workers earned. Some Chinese workers brought opium with them, thereby introducing these potent painkillers to Canada.

Then Minister of Labour, Mackenzie King, became concerned with the increasing number of opium users, which led to the Opium Act of 1908. This Act outlawed opium. Opiates were still widely added to patent medicines, however, driving the government to pass a second act called the Proprietary and Patent Medicine Act. This Act prevented cocaine from being used in medicinal preparations. Furthermore, pharmaceutical companies were now required to label products containing morphine, opium, or heroin.

The Opium Act led to the development of a black market for opium. In 1911, Parliament brought in the Opium and Drugs Act to create stiffer penalties for noncompliance with the law. In 1921, drug offenders would receive a seven-year sentence. Late in 1923, additional prohibited drugs were included, which turned morphine, cocaine, and cannabis into illegal substances. Drug abusers were viewed as criminals, not as individuals experiencing an illness or disease. Most individuals convicted under the 1911 Opium and Drugs Act were Chinese, which led many Canadians to think that the drug laws were enacted for the Chinese immigrants.

How did Parliament respond? They introduced the Opium and Narcotic Drug Act in 1929, which included more penalties. This Act continued until 1960. In 1961, Parliament passed the Narcotic Act, which again included stiffer penalties than previous Acts. In 1996, yet another Act was passed called the Drugs and Substance Act. This Act classified drugs into eight schedules (i.e., I through VIII). Schedule I and II drugs targeted drug trafficking, carrying a maximum life sentence. Possession of drugs, on the other hand, was included in schedule VIII. In 2001, Canada became the first country in the world to legally allow terminally ill patients access to cannabis.

The Canadian government introduced drug courts in late 1998 (Werb et al. 2007). Their intent is to divert individuals charged with lesser drug charges to enter treatment programs instead of prisons (Werb et al., 2007). According to Eibl et al. (2017), in 1999, the introduction of slow-release oxycodone, together with an increased number of opioid prescriptions, is what started the opioid dependence epidemic in Canada. For example, Canada experienced a 24% increase in opioid prescriptions between 2010 and 2014 (Eibl et al., 2017).

Opioid agonist therapy (OAT) became available in Canada in 1959 with the introduction of methadone, but it was not officially commenced until 1964. Health Canada regulated the

responsibility for its use until 1995[1], at which time they delegated oversight to the provincial health systems (Eibl et al., 2017). The result of this is that methadone programming has developed differently in every province. This has led to a variety of policies, delivery methods, and strategies for managing the enlarging opioid epidemic (Eibl et al., 2017). For example, Ontario and British Columbia have rapidly expanded their OAT over the last 20 years, while other provinces are just beginning this expansion (Eibl et al., 2017). Furthermore, while treatment options have increased, access remains a problem in many parts of the country (especially in rural and remote regions). In rural areas in Ontario, for example, patients are expected to travel up to 126 km to receive OAT, and for many, this becomes a daily 100 km drive, each way (Eibl et al., 2017).

Physicians (usually family physicians and some psychiatrists) are permitted to prescribe OAT after receiving a federal exemption to Section 56 of the Controlled Drugs and Substances Act (Eibl et al., 2017). Patients can then receive a daily schedule dose of a less-problematic opioid (usually liquid methadone or sublingual buprenorphine-naloxone) at a clinic, physician's office, or pharmacy. Buprenorphine-naloxone has become the first-line treatment in remote First Nation communities because there are no methadone providers available (Eibl et al., 2017). Once a patient is stabilized, they are often eligible to receive "take-home" doses (Eibl et al., 2017). OAT is typically administered in one of three primary settings including (a) provincially funded addiction clinics, (b) a physician's office, and (c) provincial and federal correctional facilities. Enrolled patients in OAT are permitted to continue their dosing while in hospital settings.

The College of Family Physicians of Canada (see https://www.cfpc.ca/cac/#acquire) is currently establishing priorities for a new certificate (i.e., Certificate of Added Competence) in Addiction Medicine. Since 2016, the Royal College of Physicians and Surgeons of Canada has offered an Area of Focused Competence Diploma in Addiction Medicine (see http://www.royalcollege.ca/rcsite/specialty-discipline-recognition/categories/discipline-recognition-areas-focused-competence-afc-programs-e).

Drug Use in Canada

Drug Use in Ages 15 and Higher

According to the CCA (2019b), several studies have shown that drug abuse in Canada has declined since 2006. CCA did not report its sources, but results from the 2017 Canadian Tobacco, Alcohol and Drugs Survey ([CTADS]; Government of Canada, 2019b) tell a different story regarding recent years. The CTADS is conducted biennially by Statistics Canada on behalf of Health Canada. The recently published 2017 results were based on 16,349 respondents in Canada, interviewed by telephone between February and December 2017. Results from the study represent a weighted total statistically of 30.3 million Canadian residents, aged 15 years and older (note that the residents of the territories are not included in the CTADS). The percentages provided refer to past year use only. See Table 1 for a summary of these results.

[1] Health Canada continues to assume responsibility for providing methadone for opioid dependence in First Nation, Metis, and Inuit individuals (Eibl et al., 2017).

Table 1. 2015 → 2017 Past Year Substance Use in Canada in Percentages (Ages 15 +)

#	Substance	2015	2017	% Change
1	Cigarette smokers	13%	15%	+2%
2	E-cigarettes	13%	15%	+2%
3	At least 1 of 6 illegal drugs (includes cannabis)	13%	15%	+2%
3	Cannabis alone	12%	15%	+3%
4	At least 1 of 5 illegal drugs (excludes cannabis)	2%	3%	+1%
5	Alcoholic beverages	78%	78%	0
6	Stimulants obtainable from a physician	1%	2%	1%
7	Sedatives/tranquillizers	11%	12%	0 *
8	Opioid pain relievers	13%	12%	0 *
9	Psychoactive pharmaceuticals (above 3 combined)	22%	22%	0
10	Reported at least one harmful effect from illegal drugs	1%	2%	+1%

* Not a statistically significant difference in the study.

The current percentage of cigarette smokers in Canada rose from 13% in 2015 to 15% in 2017 (Government of Canada, 2019b). When only the age bracket of adults aged 25 and older are considered, the increase is from 13% (i.e., 2015) to 16% (i.e., 2017). A percentage increase from 13% to 15% also occurred regarding the use of e-cigarettes. When provinces are compared, residents in Prince Edward Island have the lowest rate of smokers (12%) while the highest rate is found in Newfoundland and Labrador (20%) in individuals 15 years of age and older.

The prevalence of past year use of at last one of six illegal drugs (i.e., cannabis, cocaine or crack, ecstasy, speed or methamphetamines, hallucinogens, and heroin) increased from 13% in 2015 to 15% in 2017 (Government of Canada, 2019b). The age brackets that have most often used drugs in the past year include ages 15 to 19 (20%) and ages 20 to 24 (35%). This is in comparison to adults 25 years of age and older (13%).

Cannabis was the most commonly used drug, and this increased across the provinces from 12% in 2015 to 15% in 2017 (Government of Canada, 2019b). Past-year use of cannabis had the highest prevalence in ages 15 to 19 (19%) and young adults ages 20 to 24 (33%). The mean age for commencing cannabis use was 18 in males and 19 years in females. Furthermore, most who reported using cannabis in the past year had used it in the past three months (75% in 2017 compared to 72% in 2015, which constitutes an increase from 2015). Contrary to what many people believe, some individuals do become physically dependent and addicted to cannabis (Health Canada, 2019).

In 2017, 78% of the respondents reported drinking alcoholic beverages in the past year, which was unchanged compared with 2015 (Government of Canada, 2019b). Prevalence across the provinces ranged for 68% in Prince Edward Island to 84% in Quebec. These figures are also unchanged between 2015 and 2017.

Drug use of other drugs not including cannabis (i.e., cocaine or crack, ecstasy, speed or methamphetamines, hallucinogens, and heroin) also increased from 3% in 2017 compared to 2% in 2015 (Government of Canada, 2019b). Stimulant use obtained from a physician increased from 1% in 2015 to 2% in 2017. Past year sedative use remained unchanged. Sedative use by ages 25 years and older (13%) was higher than ages 20 to 24 (8%) and ages 15 to 19 (5%). Use was also higher in females (14%) compared to males (9%) in 2017. An important finding was that while only 1% of illegal drug users reported experiencing at least one harmful effect in the past year in 2015, this percentage increased to 2% in 2017.

Use of psychoactive pharmaceuticals (i.e., sedatives/tranquillizers, stimulants, and prescription pain relievers) was the same for both 2017 and 2015 (22%). The most commonly used psychoactive pharmaceuticals were opioid pain killers over the past 12 months with a prevalence rate of 12% (unchanged between 2015 and 2017; Government of Canada, 2019b).

Drug Use in Grades 7 through 12 in Canada

A year earlier than the CTADS (Government of Canada, 2019b), the Government of Canada (2018) released results from the Canadian *Student* Tobacco, Alcohol and Drugs Survey conducted between 2016 and 2017 [italics my own]. The total sample included 52,103 students in grades 7 to 12. Their weighted results represent over 2 million Canadian students. The percentages provided refer to past year use only. See Table 2 for a summary of these results.

Table 2. 2014-2015 → 2016-2017 Past Year Substance Use in Canada in Percentages (Grades 7-12)

#	Substance	2014-2015	2016-2017	% Change
1	Cigarette smokers (current)	3%	3%	0
2	E-cigarettes	20%	23%	+3%
3	At least 1 of 6 illegal drugs (includes cannabis)	13%	15%	+2%
4	Cannabis alone	17%	17%	0
5	Alcoholic beverages	40%	44%	+4%
6	Synthetic cannabinoids	3%	3%	0
7	Sedatives/tranquillizers to get high	1%	2%	+1%
8	Stimulant use to get high	2%	3%	+1%
9	Opioid pain relievers to get high	3%	3%	0
10	Psychoactive pharmaceuticals (above 3 combined)	4%	6%	+2%
11	Dextromethorphan	1%	5%	+4%

In 2016-2017, 18% of students in grades 7 to 12 had ever tried smoking a cigarette, while 3% were current cigarette smokers. The results were unchanged from 2014-2015. The prevalence of ever trying an e-cigarette, however, increased to 23%, reflecting an increase of 3% from 2014-2015.

On average, students had their first alcoholic beverage at 13.4 years of age, and prevalence regarding use of alcohol over the past 12 months increased to 44% compared to 40% in 2014-2015 (Government of Canada, 2018). Cannabis use was consistent over the two reporting periods at 17% of students in grades 7 to 12, with an average age of 14.2 years for when they first tried it.

Illegal and other drug use by Canadian adolescents has increased in some instances and decreased in other cases (Government of Canada, 2018). Over the past 12 months, 3% have used a synthetic cannabinoid. Salvia is an herb in the mint family found mostly in southern Mexico. When ingested, it causes hallucinations that while lasting less than 30 minutes can be intense and frightening (see https://teens.drugabuse.gov/drug-facts/salvia). Over the past 12 months, use was 1.3%, a reduction from a high of 5% in 2008-2009. Use of psychoactive pharmaceuticals rose from 4% in the 2014-2015 to 6% in 2016-2017.

Psychoactive pharmaceuticals include sedatives/tranquillizers, stimulants, and prescription pain relievers. In 2016-2017, the prevalence of past year use of psychoactive pharmaceuticals (primarily oxycodone, fentanyl, morphine, codeine, and Tylenol 3) to get high increased from 4% last cycle to 6% (approximately 115,000 students). Stimulant use to get high increased to 3% from 2% compared with the previous reporting period, and sedatives/tranquillizers to get high also increased by 1% (from 1% to 2%).

A substantial increase occurred in the use of dextromethorphan, an ingredient found in many over-the-counter cough suppressants. The past 12-month use increased from 1% in 2014-2015 to 5% in 2016-2017. Use of over-the-counter sleep medications and Gravol also increased from 1% to 4%. The next survey will occur during the 2018-2019 school year (Government of Canada, 2018).

Overall, it appears that substance use (nicotine and illegal drugs) has increased between 2015 and 2017 for both adolescents and adults. Is this a one-time "glitch," or is it the beginning of a new pattern of increasing substance use by Canadians? There is no way to predict this at present.

The Drug and Substances Strategy for the Government of Canada

The drugs and substances strategy for the Government of Canada (2019a) includes five pillars:

1. Prevention of problems with drugs and other substances.
2. Treatment and rehabilitation of individuals with substance use disorders (SUDs).
3. Support for harm reduction targeted at reducing the negative consequences of SUDs.
4. Enforcement aimed at illicit drug production, supply, and distribution.
5. For all work pertaining to SUDs to be supported with a strong evidence base.

When you first enter the Government of Canada'(2019a) website, seven links appear with additional information provided once you click the link. The seven links take you to: (a) prevention, (b) enforcement, (c) evidence, (d) treatment, (e) harm reduction, (f) funding, and (g) strengthening Canada's approach to substance use issues. There is also an eighth link if you want

to contact the Secretariat for the Canadian Drugs and Substances Strategy (see their webpage for the latest information concerning each initiative).

El-Guebaly (2014) noted that Canadian addiction services are both national and provincial. Ten features define treatment:

1. Early Identification, Assessment, Intervention, and Referral. The intent is to reduce patient (and familial) suffering and financial cost of treatment by providing early identification and care.
2. Detoxification. Detoxification services are available in most urban centres.
3. Ambulatory/Day Treatment Care. The focus is on lower-cost ambulatory instead of residential or hospital care.
4. Residential Care. Various levels of residential care are available in urban centres and many rural areas.
5. Hospitals. Rarely are designated beds assigned for the care of addicted patients in Canada.
6. Concurrent Disorders Networks and Regionalization. The national emphasis over the past few years has been to integrate addiction and mental health services.
7. Drug-Specific Strategies. These include strategies for tobacco, opioid management, medical marijuana, and other cannabis products.
8. Mutual Support Groups. This began in Canada in 1902 with the Ontario Society for the Reformation of Inebriates. AA and most other 12-step mutual support groups are available in every urban and rural centre in Canada. Groups like SMART Recovery (Self Management and Recovery Training), Women for Sobriety, and Gamblers Anonymous are not available everywhere.
9. Behavioural Addictions. Provincial governments are the regulators and recipients of most of the funds associated with gambling revenue. Compared with the United States, governments have created several specialized treatment programs. Internet, sex, and other behavioural addictions are dealt with sporadically and appear to have not established a treatment network.
10. Training, Qualification, and Research. Training for addiction work in Canada's 18 medical schools remains marginal. It is anticipated that this is and will continue improving.

Job Classification, Education, and Salaries of Addiction Counsellors in Canada

In Canada, all occupations fit somewhere within the National Occupational Classification (NOC) system (see https://www.canada.ca/en/employment-social-development/services/noc.html). Addiction counselling is included under code 4153 (i.e., Family, marriage and other related counsellors). The specific job titles under this code are "addictions counsellor," "alcohol addiction counsellor," "drug addiction counsellor," "gambling addictions counsellor," and "gambling addictions therapist."

For a *Globe and Mail* article, Lindzon (2018) interviewed Brian Paterson, A Canadian Certified Counsellor in private practice and a former director of the Tamarack Recovery Centre, a non-

profit addiction treatment facility in Winnipeg. Paterson reported that legally mandated training and certification is ***not*** required in all provinces, and job prospects and salary are often based on education and experience. Most addiction counsellors typically earn a bachelors' degree in social work or the humanities, and some pursue a masters' degree in counselling, psychology (usually applied psychology), or social work. Those working in a non-profit detox centre might earn between $30,000 and $40,000 per year. Individuals with a bachelors' degree might earn $40,000 to $55,000, and those with a professional association designation (and often a masters' degree) may earn between $55,000 and $70,000 a year in a for-profit treatment centre.

Several community colleges in Canada also offer addiction counsellor credentials. As educational and experiential requirements vary depending on the certification pursued, and these are subject to change, please check the next section, which includes the webpages for the six accreditations available in Canada for addiction counsellors.

Other sources provide different estimates. For example, Ontariocolleges.ca (2019) reported that the average beginning salary for jobs in the addictions field is in the low- to mid-$30,000, but this might be higher depending on one's level of experience and the employing organization. Indeed.com (2019) reported that their salary estimate is based on 708 employees, users, and both past and present job advertisements on the Indeed website in the past three years. Indeed.com stated that the average salary in Canada for addiction counsellors is $29.57 per hour (range = $14.70 - $49.45 per hour). Indeed.com also reported that most addiction counsellors stay in their current job for between two and four years.

Given that addictions (and mental health issues) are growing problems in Canada, Ontariocolleges.ca (2019) predicted that addictions will be a growing field. Paterson (as cited in Lindzon, 2018) also said that job prospects "are strong for addiction counsellors" (para. 10) but stated that the reason for this is that there is a high burnout rate in this profession, which leads to a substantial turnover. Working in the addictions field can be mentally exhausting and emotionally draining (Paterson, as cited in Lindzon, 2018).

Accreditation and Certification of Addiction Counsellors and Treatment Programs

Accreditation

The Canadian Centre on Substance Use and Addiction ([CCSA], n.d.) stated that several national organizations offer voluntary accreditation for substance abuse treatment programs. These include the following:

1. Accreditation Canada (formerly known as Canadian Council on Health Services Accreditation). https://accreditation.ca/
2. Commission on Accreditation of Rehabilitation Facilities (CARF) Canada. http://www.carf.org/CARFCanada/
3. Council on Accreditation (COA). http://coanet.org/home/
4. Employee Assistance Society of North America (EASNA). This group mentors organizations on becoming accredited for employee assistance programs through the COA. https://easna.org/

5. [Quebec]. Ministère de la Santé et des Services sociaux (MSSS). The MSSS has developed voluntary standards and certification for private or community organizations that provide treatment for substance abuse in Quebec. http://www.msss.gouv.qc.ca/
6. [Quebec]. Accreditation Canada or the Conseil québécois d'agrément (CQA; https://cqaqualite.ca/fr). Quebec has legislation requiring all public institutions to be accredited by either of these two organizations every three years.

Certification

CCSA (n.d.) also included information regarding certification for substance abuse professionals. They are currently creating a national certification based on Competencies for Canada's Substance Abuse Workforce, which is a report that they produced in 2014 (see https://ccsa.ca/competencies-canadas-substance-abuse-workforce-section-vii-technical-competencies-report). Seven Canadian organizations provide certification for substance abuse and allied professionals. These include the following:

1. Canadian Addictions Counsellors Certification Federation (CACCF). https://caccf.ca/
2. Canadian Centre for Accreditation (CCA). https://www.canadiancentreforaccreditation.ca/
3. Canadian Council of Professional Certification (CCPC) Global. https://www.ccpcglobal.com/
4. Canadian Counselling and Psychotherapy Association (CCPA). https://www.ccpa-accp.ca/
5. Canadian Society of Addiction Medicine (CSAM). https://csam-smca.org/
6. International Employee Assistance Professionals Association (EAPA). http://www.eapassn.org/
7. Indigenous Certification Board of Canada (ICBOC). http://icboc.ca/

Resources for Canadians with Addiction Issues

The Government of Canada (2017; see reference list) provided the most complete and up-to-date list of addiction and substance abuse organizations. They have links that are named as follows:

1. Get help now. This list provides emergency phone numbers, and in some cases links, to services for children, adolescents, and adults across Canada.
2. Provincial and territorial health services. Links are provided to each of the provinces and territories health services that are provided at no cost to citizens and residents.
3. Programs for First Nations and Inuit. Indigenous individuals have access to two programs funded by the Government of Canada: (a) the National Native Alcohol and Drug Abuse Program (NNADAP; see https://www.canada.ca/en/indigenous-services-canada/services/first-nations-inuit-health/reports-publications/substance-use-treatment-addictions/alcohol-drugs-solvents/national-native-alcohol-drug-abuse-program.html), and (b) the National Youth Solvent Abuse Program (NYSAP; https://www.canada.ca/en/health-canada/services/substance-use/canadian-drugs-substances-strategy/funding/national-youth-solvent-abuse-program.html). There is also a link to a list of treatment centres for Indigenous individuals.
4. Additional services and resources. Links are provided in their website to the Canadian Centre on Substance Use and Addiction, the Centre for Use Crime Prevention,

eMentalHealth.ca, Finding Quality Addiction Care in Canada, Parent Action on Drugs, the Kelty Mental Health Resource Centre, Boundary, and Here to Help.

Wikipedia (2019) also provided a list and description of several addiction and substance abuse organizations in Canada. Their list is as follows: Addiction Services, Alcohol Policy Network, Canadian Addiction Rehab, Canada Drug and Alcohol Rehab Programs, Canadian Centre on Substance Use and Addiction, Centre for Addiction and Mental Health, Deal.org, Health Canada, KeepControl.ca, Kids Help Phone, National Anti-Drug Strategy, Ontario Problem Gambling Research Centre, Pot and Driving Campaign, Problem Gambling Services, and Drugs & Organized Crime Awareness Service.

Mutual Support Groups

For ALL Addicted Individuals

1. Self-Management and Recovery Training (SMART Recovery). https://www.smartrecovery.org/. A non-profit organization whose principles are based on rational emotive behaviour therapy. Many meetings are held in Canada.

2. Rational Recovery. https://rational.org/index.php?id=1. A private organization whose principles are based on rational emotive behaviour therapy. Many meetings are held in Canada.

3. Recoveries Anonymous. https://www.r-a.org/. This group deals with several addictions. Many meetings are held in Canada.

4. Daily Strength Addiction and Recovery Groups. https://www.dailystrength.org/categories/Addiction_Recovery. There are currently 14 different groups focused on various addictions. See the link for details.

For ALL Partners and/or Family of Addicted Individuals

1. Self-Management and Recovery Training (SMART Recovery). https://www.smartrecovery.org/. Many meetings are held in Canada.

2. Co-Dependents Anonymous Canada. https://codacanada.ca/.

3. Communicating with Someone Who Has an Addiction. https://www.verywell.com/how-to-talk-to-an-addict-22012. This website is not a group, but it is a helpful resource for the partner and/or family.

Mutual Support Groups for Specific Addictions (i.e., Chapters 9-21)

Chapter 9. Alcohol Addiction

For the Addicted Individual

1. Alcoholics Anonymous. https://www.aa.org/. Several locations are available in Canada.

2. Alcoholics Anonymous online groups. http://aa-intergroup.org/directory.php. Access online groups for Alcoholic Anonymous.

3. Women for Sobriety. https://womenforsobriety.org/. Available in a few locations in Canada (i.e., Ontario, Nova Scotia, Alberta). If there are no meetings in your area, you can request a Phone Support Volunteer or join their Online Support forum.

For the Partner and/or Family

1. Alateen. https://www.ementalhealth.ca/index.php?m=record&ID=10360. Alateen is part of Al-Anon. Alateen is their recovery program for young people. Use this link to find meetings in Canada.

2. Adult Children of Alcoholics. https://adultchildren.org/mtsearch/?input_country=CAN&cordinate_srch=calgary&MyRadius=10&MyType=All. Many meetings are held in Canada.

Chapter 10. Cannabis Addiction

For the Addicted Individual

Marijuana Anonymous. https://www.marijuana-anonymous.org/find-a-meeting/. Meetings in a few provinces (i.e., British Columbia, Ontario, Quebec, and Nova Scotia). Instructions are provided for someone who wants to begin a meeting where they live.

Chapter 11. Opioid Addiction

For the Addicted Individual

Narcotics Anonymous. https://www.na.org/meetingsearch/. Many meetings are held in Canada.

For the Partner and/or Family

Nar-Anon. https://www.nar-anon.org/. Many meetings are held in Canada.

Chapter 12. Nicotine Addiction

For the Addicted Individual

Nicotine Anonymous. www.nicotine-anonymous.org. Face to face and Internet meetings available.

Chapter 13. Other Drug Addictions
For the Addicted Individual

1. LifeRing Secular Recovery. https://lifering.org/. On-line and face to face meetings in several Canadian locations.

2. Cocaine Anonymous. https://ca.org/. Many meetings are held in Canada.

3. Narcotics Anonymous. https://na.org. Many meetings are held in Canada.

For the Partner and/or Family
Nar-Anon. https://www.nar-anon.org/. Available in some Canadian cities. Instructions are provided for someone who wants to begin a meeting where they live.

Chapter 14. Gambling Addiction
For the Addicted Individual

1. Gamblers Anonymous (GA). http://www.gamblersanonymous.org/ga/locations. Check this website for a listing of where meetings are held in Canada.

2. Freedom from Problem Gambling (self-help workbook). https://www.cdph.ca.gov/Programs/OPG/CDPH%20Document%20Library/Freedom-Workbook.pdf. This is a great resource for everyone.

For the Partner and/or Family

1. National Problem Gambling Helpline. https://www.ncpgambling.org/help-treatment/national-helpline-1-800-522-4700/
Quoted from their website: "The network consists of 28 call centers which provide resources and referrals for all 50 states, Canada and the US Virgin Islands. Help is available 24/7 and is 100% confidential."

2. Personal Financial Strategies for the Loved Ones of Problem Gamblers (PDF). http://www.calproblemgambling.org/wp-content/uploads/2012/06/Personal-Financial-Strategies-for-the-Loved-Ones-of-Problem-Gamblers-1.pdf. An excellent resource for the loved ones of problem gamblers.

Chapter 15. Internet-Based Addictions
For the Addicted Individual

1. On-Line Gamers Anonymous. http://www.olganon.org/welcome-recovering-gamers. As you would expect, this group offers online meetings and a meeting chatroom.

2. Media Addicts Anonymous. http://mediaanonymous.org/. You can contact a recovering member via this website. They also offer information regarding how to start a media anonymous meeting (see http://vifru.org/MA_meeting_format/MA%20meeting.htm).

3. Emotions Anonymous (EA). https://emotionsanonymous.org/what-we-offer/find-a-meeting/global.html. Here is the place to find out if there is a meeting where you live, or perhaps to create one if it doesn't already exist.

For the Partner and/or Family

OLG-Anon. http://www.olganon.org/welcome-family-and-loved-ones. Another resource from On-Line Gamers Anonymous.

Chapter. 16. Sex Addiction

For the Addicted Individual

1. Sexaholics Anonymous (SA). https://www.sa.org/f2f/Canada/. This website lists face-to-face meetings in Canada. SA also offers email meetings and phone and voice over Internet protocol (FOIP) meetings.

2. Sex Addicts Anonymous (SAA). https://saa-recovery.org/. They offer face-to-face meetings, telemeetings, and online meetings. Check their website for details.

3. Sex and Love Addicts Anonymous (SLAA). https://slaafws.org/meetings. This website will tell you where face-to-face meetings are in Canada, as well as online meetings and telephone meetings.

4. Sexual Compulsives Anonymous (SCA). http://www.sca-recovery.org/. This site contains a good amount of information. It does not appear that they currently have meetings in Canada.

5. Sexual Recovery Anonymous (SRA). http://sexualrecovery.org/start_a_meeting.html. This American group is likely open to starting meetings in Canada.

6. Sex Addiction Support Groups. http://porn-free.org/support_groups.htm. Note that most of these groups incorporate Christian ideology. There is a chapter currently in British Columbia.

For the Partner and/or Family

1. Codependents of Sex Addicts (COSA). http://www.cosa-recovery.org/states/Canada.html. There are currently meetings in Edmonton and Vancouver, but also online meetings and phone meetings are available.

2. Recovering Couples Anonymous (RCA). https://recovering-couples.org/rcaevents/category/meetings/. Use this link to find meetings in Canada.

3. S-Anon International Family Groups (S-Anon). http://www.sanon.org/find-a-meeting/s-anon-meeting-locations-canada/. S-Anon hosts some meetings in Canada (use the link to find these). They also host Skype and online meetings.

4. CoSex and Love Addicts Anonymous (COSLAA). http://coslaa.org/. The website reports that COSLAA is coming to Canada, and they mention Montreal and Vancouver. Check their website for details.

Chapter 17. Romantic Relationship Addiction
For the Addicted Individual

1. Sex and Love Addicts Anonymous (SLAA; http://www.slaafws.org/). They offer online meetings and telephone meetings. They also host meetings in Canada. Check their website for details.

2. Love Addicts Anonymous group. http://loveaddicts.org/Startingameeting.html. There do not appear to be meetings in Canada currently. The link here provides information on how to start your own meeting.

For the Partner and/or Family
CoSex and Love Addicts Anonymous (COSLAA). http://coslaa.org/. There may be a meeting now established in Montreal and Vancouver. Check their website for details.

Chapter 18. Food Addiction
For the Addicted Individual

1. Food Addicts in Recovery Anonymous (FA). https://www.foodaddicts.org/international-english. There are 30 weekly meetings held in Canada.

2. Food Addicts Anonymous. www.foodaddictsanonymous.org/. There is only one face-to-face meeting held in all of Canada (in Lethbridge, Alberta). There are, however, numerous phone meetings and email meetings.

3. Food Addiction Support Group. https://www.dailystrength.org/group/food-addiction. This is an online support group.

For the Partner and/or Family
Food Addicts in Recovery Anonymous (FA). https://www.foodaddicts.org/international-english. There are 30 weekly meetings held in Canada.

Chapter 19. Exercise Addiction
For the Addicted Individual
Addictions.com. https://exercise-addiction.supportgroups.com/welcome. An online group is available.

Chapter 20. Shopping Addiction
For the Addicted Individual
Debtors Anonymous. http://www.debtorsanonymous.org/. Online meetings are available.

Chapter 21. Work Addiction
For the Addicted Individual
Workaholics Anonymous. http://www.workaholics-anonymous.org/meetings/wa-meetings.
There is a list of online meetings and for most provinces.

For the Partner and/or Family
Work-Anon Fellowship (A program of recovery for friends and family of a workaholic).
http://work-anon.blogspot.com/. They offer telephone meetings.

Summary

The opioid crisis and related deaths have increased dramatically in the last 20 years in Canada. For individuals between 18 and 35 years of age, opioid overdoses have become the leading cause of death. The highest rate of opioid hospitalizations and deaths as of 2016 have occurred in the west side of the country, including British Columbia, Alberta, the Yukon, and the Northwest Territories. The Government of Canada has a drug and substances strategy that is focused on prevention, treatment, harm reduction, enforcement, and that is evidence-based.

While the impact of legalized cannabis is currently unknown, we do know that the younger one begins using it, the likelier they will continue using, increase their frequency of use, and drive after getting high. Over the last decade, Canada has become a major supplier of ecstasy and methamphetamine around the world.

The history of drug abuse in Canada began around 1850. Some Chinese immigrants brought opium with them when they were recruited to build the most difficult part of Canada's national railroad. This soon led Parliament to pass a sequence of laws that levied stricter penalties on users but especially on those who produced, distributed, and supplied users.

The College of Family Physicians of Canada is currently establishing priorities for a new certificate (i.e., Certificate of Added Competence) in Addiction Medicine. Since 2016, the Royal College of Physicians and Surgeons of Canada has offered an Area of Focused Competence Diploma in Addiction Medicine.

While several studies indicated that drug abuse was declining in Canada since 2006, statistics from 2017 tell a different story. The percentage of substance users, 15 years of age and older, has increased by 1-to-4% since 2015 regarding cigarette smoking, e-cigarettes, cannabis, cocaine or crack, ecstasy, speed, methamphetamines, hallucinogens, and heroin. In 2017, 78% of respondents reported drinking alcoholic beverages in the past year, a percentage that did not change since 2015. Sedative use and use of psychoactive pharmaceuticals also remained unchanged during these two years.

Regarding adolescents in grades 7 through 12, cigarette smoking remained the same between 2015 and 2017 but the prevalence of ever trying an e-cigarette increased by 3%. Alcohol use by adolescents increased by 4%. Illegal and other drug use in adolescents increased in some instances and decreased in other cases during these two years in Canada.

In Canada, addiction counsellors are coded as 4153 (i.e., Family, marriage and other related counsellors) in the National Occupational Classification system. There are many levels of training for addiction counsellors, including certificates on one end and doctoral credentials on the other. The average salary for an addiction counsellor is $29.57 per hour. Given that addictions and other mental health issues are growing problems in Canada, it is expected that addictions work will continue to grow. Six organizations accredit substance abuse treatment programs in Canada while seven Canadian organizations provide certification to individual addiction counsellors.

The chapter concluded with a list of resources for Canadians with addiction issues. Lastly, listings of mutual support groups for addicted individuals and some for their partners and/or family members were provided.

References for Canadian Supplement

Azagba, S., & Asbridge, M. (2019). Age of first use, current marijuana use and driving after use among Canadian high school students. *Addictive Behaviors, 90,* 329-333.

Belzak, L., & Halverson, J. (2018). The opioid crisis in Canada: A national perspective. *Health Promotion and Chronic Disease Prevention in Canada: Research, Policy and Practice, 38*(6), 224-233.

Canadian Centre for Addictions (CCA). (2019a). *A history of drug abuse in Canada*. Retrieved on May 14, 2019, from https://canadiancentreforaddictions.org/history-of-drug-abuse-in-canada/

Canadian Centre for Addictions (CCA). (2019b). *Drug use and abuse in Canada*. Retrieved on May 12, 2019, from https://canadiancentreforaddictions.org/drug-use-and-abuse-in-canada/

Canadian Centre on Substance Use and Addiction (CCSA). (n.d.). *Accreditation and certification*. Retrieved on May 12, 2019, from http://www.ccdus.ca/Eng/topics/Workforce-Development/Certification-and-Accreditation/Pages/default.aspx

Eibl, J. K., Morin, K., Leinonen, E., & Marsh, D. C. (2017). The state of opioid agonist therapy in Canada 20 years after federal oversight. *Canadian Journal of Psychiatry, 62*(7), 444-450.

el-Guebaly, N. (2014). A Canadian perspective on addiction treatment. *Substance Abuse, 35*(3), 298-303.

Etches, D. V. (2013, March 18). *Report to Ottawa Board of Health*. Retrieved on May 12, 2019, from http://ottawa.ca/calendar/ottawa/citycouncil/obh/2013/03-18/report%20c.pdf

Government of Canada. (2017, November 15). *Get help with problematic substance use*. Retrieved on May 12, 2019, from https://www.canada.ca/en/health-canada/services/substance-use/get-help/get-help-problematic-substance-use.html

Government of Canada. (2018, June 12). *Summary of results for the Canadian Student Tobacco, Alcohol and Drugs Survey 2016-17*. Retrieved on May 12, 2019, from https://www.canada.ca/en/health-canada/services/canadian-student-tobacco-alcohol-drugs-survey/2016-2017-summary.html

Government of Canada. (2019a, March 1). *Canadian drugs and substances strategy*. Retrieved on May 14, 2019, from https://www.canada.ca/en/health-canada/services/substance-use/canadian-drugs-substances-strategy.html

Government of Canada. (2019b, January 4). *Canadian Tobacco, Alcohol and Drugs Survey (CTADS): summary of results for 2017*. Retrieved on May 12, 2019, from https://www.canada.ca/en/health-canada/services/canadian-tobacco-alcohol-drugs-survey/2017-summary.html

Government of Canada. (2019c, April 3). *Drugs and medication*. Retrieved on May 8, 2019, from
https://www.canada.ca/en/health-canada/services/drugs-medication.html

Government of Canada. (2019d, June). *National report: Apparent opioid-related deaths in Canada*. Retrieved on June 17, 2019, from https://health-infobase.canada.ca/datalab/national-surveillance-opioid-mortality.html

Health Canada. (2019a, January 11). *Addiction to cannabis*. Retrieved on May 8, 2019, from https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/health-effects/addiction.html

Helmerhorst, G. T., Teunis, T., Janssen, S. J., & Ring, D. (2017). An epidemic of the use, misuse and overdose of opioids and deaths due to overdose, in the United States and Canada: Is Europe next? *Bone & Joint Journal, 99-B*(7), 856-864.

Indeed.com. (2019, May 10). *Addiction counselor salaries in Canada*. Retrieved on May 13, 2019, from https://ca.indeed.com/salaries/Addiction-Counselor-Salaries

International Narcotics Control Board (INCB). (2015). *Table A: Estimated world requirements of narcotic drugs in grams for 2016*. Retrieved on May 13, 2019, from https://www.incb.org/documents/Narcotic-Drugs/Technical-Publications/2015/annex_2_estimates_EFS.pdf

Lindzon, J. (2018, May 12). I want to be an addiction counsellor. But will my salary be? *Globe and Mail*. Retrieved on May 13, 2019, from https://www.theglobeandmail.com/report-on-business/careers/career-advice/i-want-to-be-an-addiction-counsellor-what-will-my-salary-be/article24140892/

Neilson, H. K., & Lin, Z. (2019). Is cannabis use associated with sedentary behavior during leisure time? A study in Canada, 2011-2012. *Substance Use & Misuse, 54(*5), 852-862.

Nosyk, B., Douglas, A. M., Brissette, S., Kerr, T., Marsh, D. C., Schackman, B. R., … Montaner, J. S. G. (2013). A call for evidence-based medical treatment of opioid dependence in the United States and Canada. *Health Affairs, 32*(8), 1462–1469.

Ontariocolleges.ca. (2019). *What to expect from a career in addictions and mental health therapy*. Retrieved on May 13, 2019, from https://www.ontariocolleges.ca/en/programs/health-food-and-medical/addictions-mental-health

Werb, D., Elliott, R., Fischer, B., Wood, E., Montaner, J., & Kerr, T. (2007). Drug treatment courts in Canada. *Canadian HIV AIDS Policy & Law Review, 12*(2/3), 12-17.

Wikipedia. (2019, March 31). *List of addiction and substance abuse organizations*. Retrieved on May 12, 2019, from
https://en.wikipedia.org/wiki/List_of_addiction_and_substance_abuse_organizations