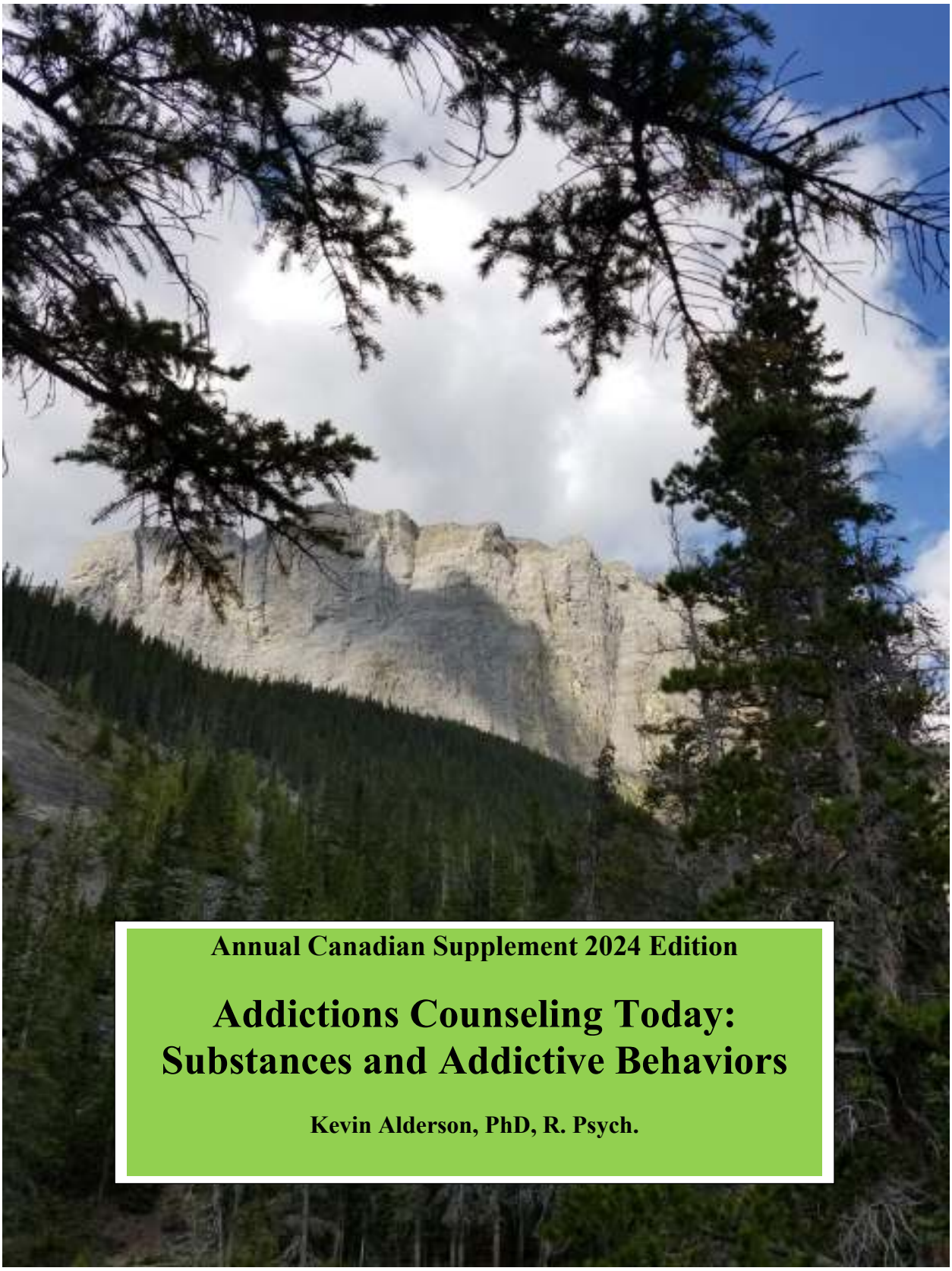

Annual Canadian Supplement 2024 Edition

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 by Dr. Alderson called *Addictions Counseling Today: Substances and Addictive Behavior* (Sage Publications). It is available from Chapters, Amazon, and other online book distributors.

If you have suggestions for additions to this supplement, please get in touch with Dr. Alderson at alderson@ucalgary.ca. Your suggestions will be incorporated in the next edition if this information still needs to be added to the textbook.

The second edition will be renamed *Counseling Clients with Substance Use Disorders and Behavioral Excesses* (2nd ed.), and Cognella Publications will publish it in December 2024.

Annual Canadian Supplement 2024 Edition

Addictions Counseling Today: Substances and Addictive Behaviors

Instead of the national anthem's promise of a country that is strong and free, the psychoactive drug crisis in Canada has made some weak and dependent. Interviews conducted with 200 adult drug users across Canada revealed that nearly half increased their substance use since COVID-19 (Ali et al., 2021). A 21% increase in hospitalizations occurred in Canada due to stimulant-related poisoning between April 2020 and March 2021 compared to the same months a year earlier (Government of Canada, 2021).

"Opioid dependence and opioid-related deaths [in Canada] have increased *dramatically* in the past 20 years" (Eibl et al., 2017, p. 446; italics mine). Data from Ontario indicated that between 1991 and 2010, opioid-related deaths increased by 242% (Eibl et al., 2017). Opioid overdoses are now the leading cause of death in Canada for individuals between 18 and 35 years of age (Eibl et al., 2017).

Opioid-related harms and deaths worsened during the COVID-19 pandemic (Health Canada, 2021). Table 1 below shows the number of opioid deaths between 2016 and 2022:

Table 1. Number of Opioid Deaths in Canada

2016	2017	2018	2019	2020	2021	2022
2,831	3,925	4,219	3,716	6,421	8,015	7,328
2016-2021 stats from PHAC (2023); 2022 stats from Statista (2023)						

The total number of opioid deaths now (January 2016 to March 2023) is 38,514 (Public Health Agency of Canada (PHAC, 2023). There were 1,904 opioid deaths alone between January and March 2023 (PHAC, 2023).

About 21 deaths a day are occurring in Canada due to opioid overdoses (PHAC, 2023), 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 et al., 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. The highest rates of opioid deaths occur in British Columbia, Alberta, and Ontario (PHAC, 2023).

We have also recently seen the symbol of maple trees clouded with 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 the 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 were 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 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 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 the 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 challenging part of the railroad. This 200-mile stretch 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 introduced the Opium and Drugs Act to create stiffer penalties for noncompliance. 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 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, 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 allow terminally ill patients access to cannabis legally.

The Canadian government introduced drug courts in late 1998 (Werb et al., 2007). They intended 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, 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. Still, it was not officially commenced until 1964. Health Canada regulated the responsibility for its use until 1995[1], when 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 problematic in many parts of the country (especially in rural and remote regions). In rural Ontario, for example, patients are expected to travel up to 126 km to receive OAT. For many, this becomes a daily 100 km drive each way (Eibl et al., 2017).

Physicians (usually family physicians and some psychiatrists) can 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 scheduled 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 patients are stabilized, they are often eligible for "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 can continue their dosing while in hospital settings.

The College of Family Physicians of Canada (see https://www.cfpc.ca/en/education-professional-development/examinations-and-certification/certificates-of-added-competence-in-family-medicin) created 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 https://www.royalcollege.ca/en/accreditation-pgme-programs/accreditation-areas-focussed-competence-afc-programs/search-programs-by-afc/afc-programs-directors.html#addiction-medicine).

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

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. The Canadian Tobacco, Alcohol and Drugs Survey (CTADS) split into two in 2019: the Canadian Alcohol and Drugs Survey (CADS; Government of Canada, 2023a) and the Canadian Tobacco and Nicotine Survey (CTNS; Government of Canada, 2023b). The results of these large and representative studies from 2015 to 2019 paint a different portrait of drug use in Canada (see Table 2).

Table 2. 2015 → 2019 Past Year Substance Use in Canada in Percentages (Ages 15 +)

#	Substance	2015	2017	2019	% Change 2015-2019
1	Cigarette smokers	13%	15%	10.9%*	-2%
2	Vaping (percent who vaped in the past 30 days)	N/A	N/A	5.8%**	N/A
3	Cannabis alone	12%	15%	21%	+9%
4	At least 1 of 6 illegal drugs (excludes cannabis)	2%	3%	3%	+1%
5	Alcoholic beverages	78%	78%	76%	-2%
6	Stimulants obtainable from a physician	1%	2%	2%	1%
7	Sedatives/tranquillizers	11%	12%	11%	0
8	Opioid pain relievers	13%	12%	14%	+1%
9	Psychoactive pharmaceuticals (above 3 combined)	22%	22%	23%	+1%
10	Reported at least one harmful effect from illegal drugs	1%	2%	2%	+1%

* Note. The Canadian Tobacco and Nicotine Survey's results above are from 2022.
** Note. Percent who vaped in the past 30 days (2022 statistic).

Cannabis was the most used drug, and this increased across the provinces from 12% in 2015, 15% in 2017, and 21% in 2019, a year after its legalization (Government of Canada, 2019a; PHAC, 2023). Contrary to what many people believe, some individuals do become physically dependent and addicted to cannabis (Health Canada, 2019). In 2015 and 2017, 78% of the respondents reported drinking alcoholic beverages in the past year, compared to 76% in 2019 (Government of Canada, 2019a; PHAC, 2023).

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 2019 and 2017 compared to 2% in 2015 (Government of Canada, 2019a; PHAC, 2023). Stimulant use obtained from a physician increased from 1% in 2015 to 2% in 2017 and 2019. Past year sedative use remained unchanged.

Use of psychoactive pharmaceuticals (i.e., sedatives/tranquillizers, stimulants, and prescription pain relievers) was 22% in 2015 and 2017 and increased by 1 percent in 2019. The most used

psychoactive pharmaceuticals were opioid painkillers over the past 12 months in 2019, with a prevalence rate of 14% (PHAC, 2023).

Drug Use in Grades 7 through 12 in Canada

A year earlier than the CTADS (Government of Canada, 2019a), the Government of Canada (2018) released results from the Canadian *Student* Tobacco, Alcohol and Drugs Survey (CSTADS) 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 3 for a summary of these results. Results for the 2018-2019 CSTADS were based on 62,850 students (Government of Canada, 2019b).

Table 3. 2014-2015 → 2018-2019 Past Year Substance Use in Canada in Percentages (Grades 7-12)

#	Substance	2014-2015	2016-2017	2018-2019*	% Change
1	Cigarette smokers (current)	3%	3%	3%	0
2	E-cigarettes	20%	23%	-	+3%
3	At least 1 of 6 illegal drugs (including cannabis)	13%	15%	-	+2%
4	Cannabis alone	17%	18%	18%	+1%
5	Alcoholic beverages	40%	44%	44%	+4%
6	Synthetic cannabinoids	3%	3%	4%	+1%
7	Sedatives/tranquillizers to get high	1%	2%	2%	+1%
8	Stimulant use to get high	2%	3%	4%	+2%
9	Opioid pain relievers to get high	3%	3%	3%	0
10	Psychoactive pharmaceuticals (above 3 combined)	4%	6%	7%	+3%
11	Dextromethorphan	1%	5%	6%	+5%

*Government of Canada (2019b). Note that the results from the 2021-2022 Canadian Student Tobacco, Alcohol and Drugs Survey have been temporarily removed from their website (as of Nov. 5/23) pending corrections (see https://www.canada.ca/en/health-canada/services/canadian-student-tobacco-alcohol-drugs-survey.html for the latest update).

About 20% of students had used an e-cigarette in 2018-2019, with or without nicotine, in the past 30 days, compared to 10% in 2016-2017. In 2018-2019, 19% of students in grades 7 to 12 had ever tried smoking a cigarette, even a puff, 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. Prevalence regarding the 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 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 mainly found 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 to 7% in 2018-2019.

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 from 2% to 3% to 4% during the 6-year reporting period. Sedatives/tranquillizers to get high increased by 1% (from 1% to 2%) from 2014-2015 to 2016-2017 and stabilized at 2% for 2018-2019.

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 to 6% in 2018-2019. Use of over-the-counter sleep medications and Gravol also increased from 1% to 4% between 2014-2015 and 2016-2017 and remained stable in 2018-2019.

Overall, it appears that substance use (nicotine and illegal drugs) has increased 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 (2023d) includes four integrated priority areas:

1. Prevention and education.
2. Substance use services and supports.
3. Evidence.
4. Substance controls.

These are explained in their publication.

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

1. Early Identification, Assessment, Intervention, and Referral. The intent is to reduce patient (and familial) suffering and the 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 Self Management and Recovery Training (SMART) Recovery, Women for Sobriety, and Gamblers Anonymous are not available everywhere.
9. Behavioural Addictions. Provincial governments are the regulators and recipients of most 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 still needs to be improved. 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 are only required in some provinces. Job prospects and salary are often based on education and experience. Most addiction counsellors typically earn a bachelor's degree in social work or the humanities, and some pursue a master's 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 annually. Individuals with a bachelor's degree earn $40,000 to $55,000. Those with a professional association designation (and often a master's degree) may earn between $55,000 and $70,000 yearly 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 (2023) 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 stated that the average salary in Canada for addiction counsellors is $30.23 per hour (see https://ca.indeed.com/career/addiction-counselor/salaries).

Given that addictions (and mental health issues) are growing problems in Canada, Ontariocolleges.ca (2023) 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 addiction field can be mentally exhausting and emotionally draining (Paterson, as cited in Lindzon, 2018).

Accreditation and Certification of Addiction Counsellors and Treatment Programs

Accreditation

1. Canadian Addiction Counsellors Certification Federation (https://www.caccf.ca/). Their website states: "The Canadian Addiction Counsellors Certification Federation is the gold standard certification for addiction specific counsellors in Canada and Internationally."
2. Accreditation Canada (https://accreditation.ca/about/). Their website states: "Accreditation Canada delivers a wide range of high-impact assessment programs for health and social service organizations, powered by HSO, and customized to local needs. Accreditation Canada works with more than 900 expert peer surveyors with extensive health care and social services experience and trained in Accreditation Canada's customized, continuous assessment program."
3. Canadian Centre for Accreditation (https://www.canadiancentreforaccreditation.ca/). Their website states: "The Canadian Centre for Accreditation is a national, not-for-profit organization offering accreditation specifically tailored to community-based health and social services across Canada. The CCA was formed through the partnership of five Canadian associations of community service providers, bringing together our combined 100 years of accreditation experience."

Certification

1. The Canadian Centre on Substance Use and Addiction created a list of competencies for Canada's substance use workforce (available from https://www.ccsa.ca/understanding-competencies).
2. Canadian Council of Professional Certification (CCPC) Global (https://www.ccpcglobal.com). Quoted from their website: "CCPC Global Inc. (The Canadian Council of Professional Certification) was established in 1975 for the purpose of recognizing, by way of certification, the accomplishments of professionals working in their specific field of work. The CCPC Accreditation program was established as a quality assurance measure for education providers and those being educated in that given discipline. CCPC is your Mark of Excellence."

3. Indigenous Certification Board of Canada (https://icboc.ca/). Quoted from their website: "ICBOC is a national Indigenous professional certification body that ensures the recognition and maintenance of indigenous workers occupations related to addictions and mental wellness as well as in other unregulated fields."

Resources for Canadians with Addiction Issues

The Government of Canada (2023c) provided the most complete and up-to-date list of addiction and substance abuse organizations. They have links that are named as follows:

1. About. This section explains that the page is for those who need help with substance use, including overdose prevention resources.
2. Canada-wide services. Several are listed here with contact information and links.
3. Provincial and territorial health and support services. Links are provided to each of the provinces and territories' health services at no cost to citizens and residents.
4. Programs for Indigenous peoples. The resources listed here are invaluable for Indigenous individuals.

Wikipedia (2023) 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, JACS, 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. Recoveries Anonymous. https://www.r-a.org/. This group deals with several addictions. Many meetings are held in Canada.

3. 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 Families 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. How to Communicate 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

(Note. The chapter numbers below refer to my textbook, *Addictions Counseling Today: Substances and Addictive Behavior*)

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 Alcoholics 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. Al-Anon Meetings. For a list of meetings, go to https://al-anon.org/al-anon-meetings/

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

3. Adult Children of Alcoholics & Dysfunctional Families. https://adultchildren.org/. 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). There are also online meetings. Instructions are provided for someone who wants to begin a meeting where they live.

Chapter 11. Opioid Addiction
For the Addicted Individual
Opiates Anonymous. https://opaworldservices.com/. 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 are 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). The website depends on where you live in Canada. Type "gamblers anonymous [+ your location]" to find nearby or online meetings.

2. Freedom from Problem Gambling (self-help workbook). https://uclasemel.net/gambling/freedom-from-problem-gambling/. This is a great resource for everyone.

For the Partner and/or Family
1. Find gambling help for Canadians. https://www.responsiblegambling.org/for-the-public/problem-gambling-help/help-for-canadians/

2. Personal Financial Strategies for the Loved Ones of Problem Gamblers (PDF). https://www.ncpgambling.org/files/public/Loved_Ones_Guide_NCPG_Booklet.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. https://www.mediaaddictsanonymous.org/. You can contact a recovering member via this website.

3. Emotions Anonymous (EA). https://emotionsanonymous.org/. Here is the place to find out if there is a meeting where you live or 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 appears that they currently have meetings outside of Canada.

5. Sexual Recovery Anonymous (SRA). https://www.sranyc.org/. This American group is likely open to starting meetings in Canada.

6. Freed for Life. https://www.freed4life.me/. This group incorporates Christian ideology.

For the Partner and/or Family

1. Codependents of Sex Addicts (COSA). https://cosa-recovery.org/meetings/locations/local-meetings-in-canada/. 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/meetings/?tsml-day=any&tsml-query=canada. Use this link to find meetings in Canada.

3. S-Anon International Family Groups (S-Anon). https://sanon.org/find-a-meeting/. 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.
5.

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. https://loveaddictsanonymous.org/. There are no 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/find-meeting-next. There are 30 weekly meetings held in Canada.

2. Food Addicts Anonymous. https://faacanhelp.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/find-meeting-next. There are 30 weekly meetings held in Canada.

Chapter 19. Exercise Addiction
For the Addicted Individual
Visit https://www.goodrx.com/well-being/behavioral-addiction/am-i-addicted-to-exercise-causes-symptoms-treatment for information and some support group ideas.

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 for most provinces.

For the Partner and/or Family
Work-Anon Fellowship (A recovery program 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 deaths in 2023 occurred in British Columbia, Alberta, and Ontario. The Government of Canada has a drug and substance strategy focused on prevention and education, substance use services and supports, evidence, and substance controls.

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 it, increase their frequency of use, and drive after getting high. Over the last decade, Canada has become a significant 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 challenging part of Canada's national railroad. This soon led Parliament to pass laws that levied stricter penalties on users, especially on those who produced, distributed, and supplied users.

The College of Family Physicians of Canada created 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 has been 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 vaping, cocaine or crack, ecstasy, speed, methamphetamines, hallucinogens, and heroin. The percentage increase in cannabis use increased 6% between 2017 (a year before legalization) to 21% in 2019 (one year after legalization),

In 2015 and 2017, 78% of respondents reported drinking alcoholic beverages in the past year, a percentage that decreased by 2% in 2019. Sedative use and use of psychoactive pharmaceuticals also remained unchanged during these four years. Alcohol and drug use increased during the pandemic.

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. It 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 $30.23 per hour. Given that addictions and other mental health issues are growing problems in Canada, it is expected that addiction 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

Ali, F., Russell, C., Nafeh, F., Rehm, J., LeBlanc, S., & Elton-Marshall, T. (2021). Changes in substance supply and use characteristics among people who use drugs (PWUD) during the COVID-19 global pandemic: A national qualitative assessment in Canada. *International Journal of Drug Policy, 93,* 1-8.

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.

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

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

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 from http://ottawa.ca/calendar/ottawa/citycouncil/obh/2013/03-18/report%20c.pdf

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

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

Government of Canada. (2019b, December 23). *Summary of results for the Canadian Student Tobacco, Alcohol and Drugs Survey 2018-19*. Retrieved from https://www.canada.ca/en/health-canada/services/canadian-student-tobacco-alcohol-drugs-survey/2018-2019-summary.html

Government of Canada. (2021, September 22). *Opioid- and stimulant-related harms in Canada (September 2021)*. Retrieved from https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/

Government of Canada. (2023a, June 28). *Canadian Alcohol and Drugs Survey (CADS): Summary of results for 2019*. Retrieved from https://www.canada.ca/en/health-canada/services/canadian-alcohol-drugs-survey.html

Government of Canada. (2023b, September 19). *Canadian Tobacco and Nicotine Survey (CTNS): Summary of results for 2022*. Retrieved from https://www.canada.ca/en/health-canada/services/canadian-tobacco-nicotine-survey.html

Government of Canada. (2023c, September 5). *Get help with problematic substance use*. Retrieved from https://www.canada.ca/en/health-canada/services/substance-use/get-help/get-help-problematic-substance-use.html

Government of Canada. (2023d, October 30). *The Canadian Drugs + Substances Strategy*. Retrieved from https://www.canada.ca/content/dam/hc-sc/documents/services/publications/healthy-living/canadian-drugs-substances-strategy-approach-related-harms-overdose-crisis/cdss-report-eng.pdf

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

Health Canada. (2021, March 29). *Government of Canada announces $20 million to help communities respond to increasing opioid-related overdoses*. Retrieved from https://www.newswire.ca/news-releases/government-of-canada-announces-20-million-to-help-communities-respond-to-increasing-opioid-related-overdoses-824611945.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 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 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 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. (2023). *What to expect from a career in addictions and mental health therapy*. Retrieved from https://www.ontariocolleges.ca/en/programs/health-food-and-medical/addictions-mental-health

Public Health Agency of Canada (PHAC). (2023, September). *Apparent opioid and stimulant toxicity deaths: Surveillance of opioid and stimulant-related harms in Canada*. Retrieved from https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/

Statista. (2023, August 31). *Number of opioid overdose deaths in Canada in 2022, by province*. Retrieved from https://www.statista.com/statistics/812260/number-of-deaths-from-opioid-overdose-canada-province/

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. (2023, September 28). *List of addiction and substance abuse organizations*. Retrieved from https://en.wikipedia.org/wiki/List_of_addiction_and_substance_abuse_organizations