Canadian Substance Use Costs and Harms

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Disclosure Statement

- I have no affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

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The views expressed herein do not necessarily represent the views of Health Canada.

Project Background

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Project Background

- Most recent comprehensive assessment on the harms and economic burden of substance use (SU) in Canada was the CCSA-led study by Rehm and colleagues, conducted in 2006 using 2002 data

- This study continues to be cited but data is no longer current

- The ability to report costs and trends in harms uniquely caused by the use of substances would be a valuable asset to federal, provincial and territorial (FPT) efforts aimed at reducing these harms

Deviations from Rehm et al., 2006

- Estimates will be for several years
  - 2007 to 2014
- Several substance categories will be included:

ALCOHOL   TOBACCO   CANNABIS   COCAINE

OPIOIDS   OTHER CNS DEPRESSANTS   OTHER CNS STIMULANTS   ALL OTHER PSYCHOACTIVE DRUGS
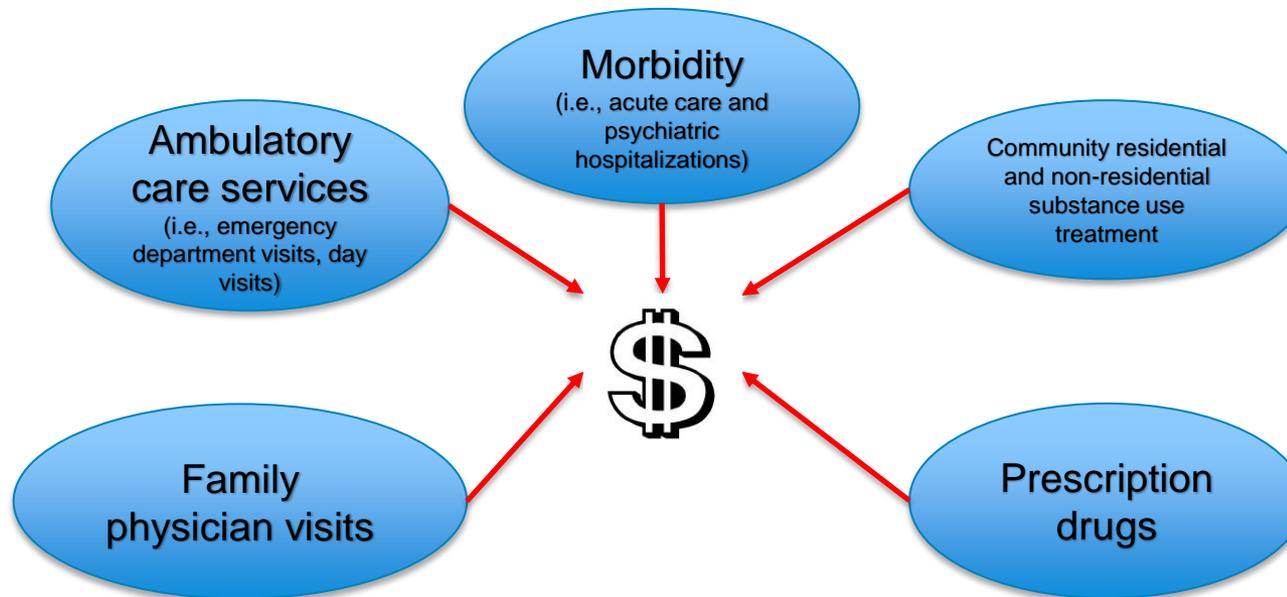
Attributable Fraction Methodology

- Some health conditions and events are 100% attributable to SU (i.e., poisonings, impaired driving charges) while others are only partially attributable (i.e., stomach cancer, homicide)

- Attributable fraction (AF) approach:

  - Identify the condition (or event or indicator) attributable to SU

  - Determine the relationship between the extent of exposure and the indicator

  - Identify prevalence of exposure in the general population

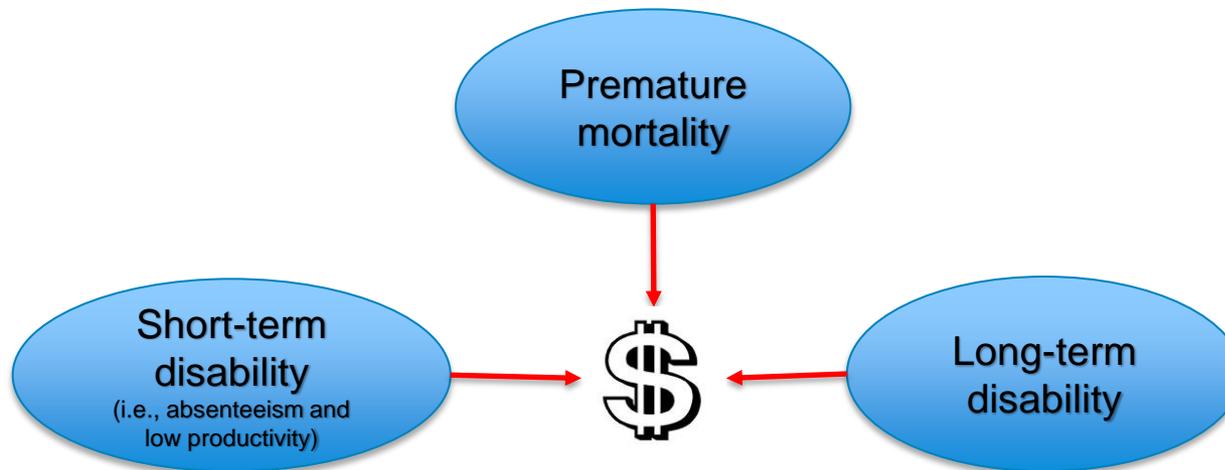 - Combine information to obtain SU-related AFs

Enhancements to Methods & Data

- Inclusion of Territories

- Reassessment of crime-related AFs for all substances using new data from the Correctional Service of Canada.

- Up to date estimates of relative risks for health conditions from international literature for both morbidity and mortality

- Use of a new CISUR resource, the International Model for Alcohol Harms and Policies, for more precise estimates of alcohol harms

- Steps to avoid double counting across multiple substances

- Use of primary diagnoses only in health data for more conservative estimates
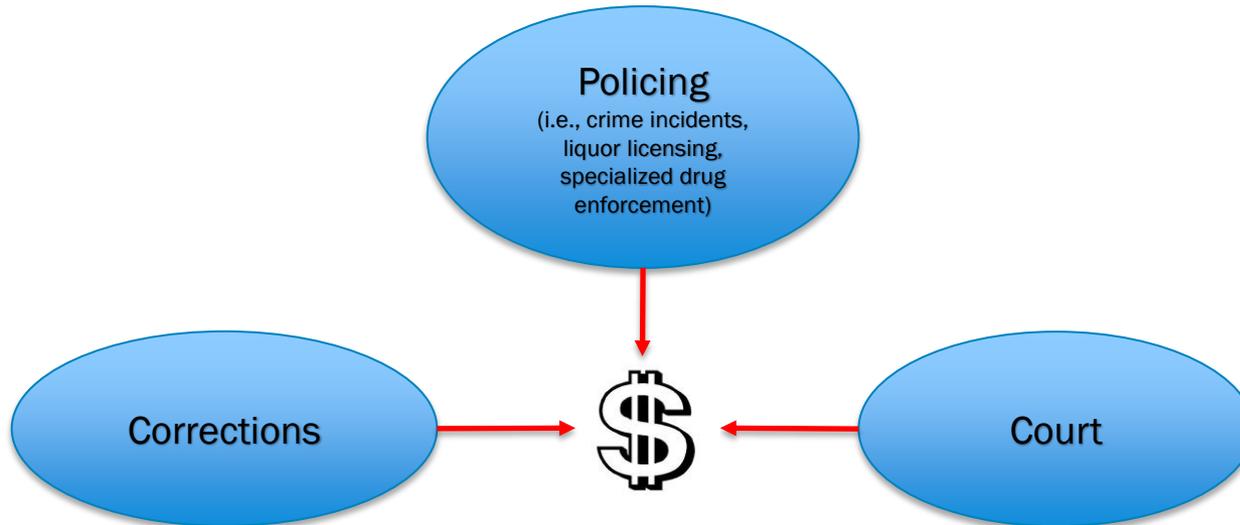
Health Cost Indicators

Morbidity (i.e., acute care and psychiatric hospitalizations)

Ambulatory care services (i.e., emergency department visits, day visits)

Community residential and non-residential substance use treatment

Family physician visits

Prescription drugs

Lost productivity cost indicators

Criminal justice cost indicators

Other direct cost indicators

Research and prevention
(i.e., Health Canada, CIHR etc.)

Transfer payments
(administrative costs for social assistance and workers' compensation)

Fire damage to property

Workplace losses
(employee assistance and drug testing programs)

Traffic accident damage (property only)
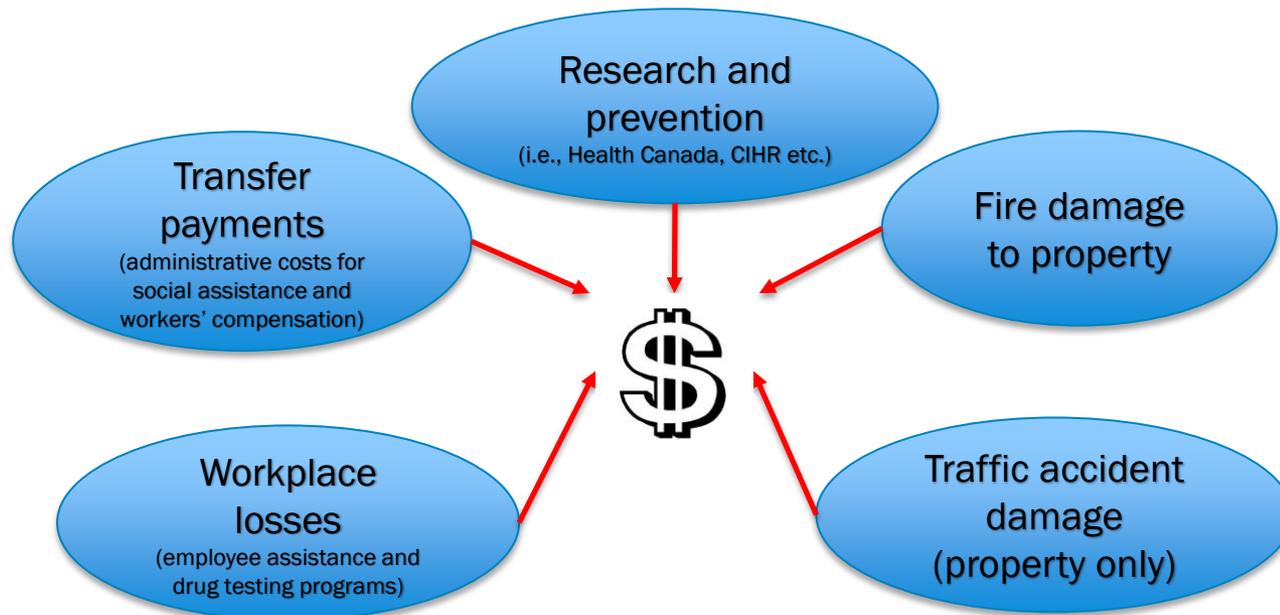
Release

- Tentative release date in late June
- Online data visualization tool in Fall 2018

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