

# A Systems Approach

*to Substance Use Services in Canada*



Canadian Centre on Substance Abuse  
Centre canadien de lutte contre l'alcoolisme et les toxicomanies

## **Systems Approach Workbook**

A Systems Approach to Substance Use in Canada:  
**Developing a Continuum of Services and Supports**

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OCTOBER 2012

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ISBN 978-1-927467-20-6

## Developing a Continuum of Services and Supports

This document provides a brief overview of the continuum of services and supports recommended in *A Systems Approach to Substance Use in Canada: Recommendations for a National Treatment Strategy*. This document accompanies the *Systems Approach Workbook*, a web-based resource to support the implementation of the recommendations found in the Systems Approach report.

### Report Development

The Systems Approach report is the product of the National Treatment Strategy (NTS) Working Group, which was established in 2007 to improve the quality, accessibility and range of options to address harmful substance use. Improving the options was one of 15 priority areas identified under the *National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada* (2005). Action on this priority area was initiated and supported by the British Columbia Mental Health and Addiction Services (BCM HAS), the Centre for Addiction and Mental Health (CAMH) and the Canadian Centre on Substance Abuse (CCSA).

The NTS Working Group drew representatives from across jurisdictions and sectors, including people with clinical, policy, government, community, First Nations, Inuit, client and caregiver experience and expertise. It was co-chaired by two representatives of the Canadian Executive Council on Addictions (CECA)—Gail Czukar from CAMH and Patrick Smith from BCM HAS—and by Rita Notarandrea from CCSA. The NTS Working Group members drew on background materials covering current knowledge and best practices as well as their own areas of expertise to develop a comprehensive, *evidence-informed*<sup>1</sup> report.

### Core Principles

The Systems Approach report was developed according to nine *core principles* intended to guide *system* development toward improving the *services and supports* for *substance use problems* in Canada:

1. The full range of risks and harms associated with substance use must be recognized.
2. A coordinated multisectoral approach is required to address the risks and harms.
3. Practices must be informed by evidence.
4. Systems must be based on need.
5. Services and supports must be informed by *gender- and diversity-based analysis*.
6. Services and supports must be person-centred.
7. Families and other loved ones are integral.
8. Services and supports must focus on both risk and readiness.
9. Systems are accountable for providing effective services and supports.

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<sup>1</sup> See the Glossary for an explanation of italicized terms.

## Core Recommendations

Canada can strengthen its support for people with alcohol and drug problems through improved collaboration, communication and coordination between all sectors involved in addressing the harms associated with substance use. The Systems Approach report contains 20 recommendations to achieve this transformation. In brief, it recommends:

- A continuum of services and supports be developed and implemented that is based on a *Tiered Model* in which the tiers represent different levels of services and supports corresponding to the acuity, chronicity and complexity of risks and harms associated with substance use;
- Needs-based planning be undertaken and resources allocated to develop the Tiered Model across Canada's many jurisdictions;
- A comprehensive strategy be developed to address the stigma and discrimination that prevent many people from accessing services and supports for substance use problems;
- Canada's knowledge exchange and research capacity be developed to ensure evidence-informed practices are identified and adopted;
- National data on substance use services and supports be improved, and other resources to support planning and evaluation activities be enhanced; and
- Leadership and coordination for implementing the recommendations be established through a National Treatment Strategy Leadership Team.

The continuum of services and supports recommended in the report is presented according to a Tiered Model. The additional recommendations are intended to provide the structural, system-level support required for the implementation of the Tiered Model.

## The Tiered Model

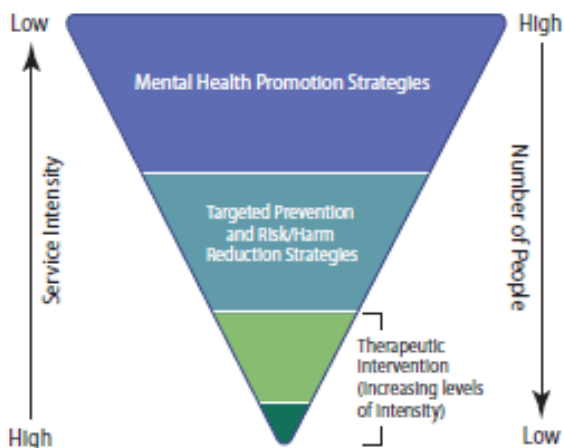
The Tiered Model presents a framework for structuring system design and service availability. The tiers were originally conceptualized as logical groupings of services and supports according to the acuity, chronicity and complexity of substance use risks and harms, and their corresponding intensity. Lower tier services are broadly available and generally offered at the community level (for example, health promotion and prevention initiatives or brief interventions). Higher tier services are resource-intensive and fall primarily within the specialized treatment sector (for example, day-treatment or residential facilities). To provide a comprehensive continuum of care, capacity needs to be developed not just within the specialized addiction services, but across all of the tiers.

**The Tiered Model is not fixed or prescriptive.** The Systems Approach report presents the Tiered Model using the graphic below to promote thinking about a comprehensive continuum of services beyond the specialized sector; for example, multidisciplinary community outreach, primary care and social services.

FIGURE 1: DIMENSIONAL DESCRIPTION OF THE FIVE TIERS

|        | ELIGIBILITY | NATURE OF PROBLEMS | SHARE OF POPULATION | IN NEED COST PER PERSON | DEGREE OF SPECIALIZATION AND INTENSITY | DEGREE OF INTEGRATION WITH COMMUNITY LIFE |
|--------|-------------|--------------------|---------------------|-------------------------|----------------------------------------|-------------------------------------------|
|        | LIMITED     | SEVERE             | SMALLEST            | HIGHEST                 | HIGHEST                                | LOWEST                                    |
| Tier 5 | ↑           | ↑                  | ↑                   | ↑                       | ↑                                      | ↑                                         |
| Tier 4 |             |                    |                     |                         |                                        |                                           |
| Tier 3 |             | MODERATE           |                     |                         |                                        |                                           |
| Tier 2 |             |                    |                     |                         |                                        |                                           |
| Tier 1 | ↓           | ↓                  | ↓                   | ↓                       | ↓                                      | ↓                                         |
|        | OPEN        | AT RISK            | BIGGEST             | LOWEST                  | LOWEST                                 | HIGHEST                                   |

The Tiered Model is intended to be adapted to suit a broad range of contexts. For example, many project partners are finding it useful to think of the tiers as population groupings according to relative levels of risk and harm rather than as grouping of services. The Tiered Model has also been graphically reinterpreted as an inverted pyramid ([Healthy Minds, Healthy People, British Columbia, 2010](#)) and as nested ovals ([Creating Connections: Alberta's Addiction and Mental Health Strategy, Government of Alberta, 2011](#)).



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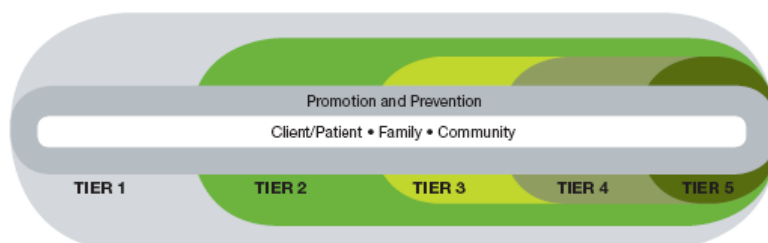


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**The central premise of the Tiered Model is client-centered care.** Clients should be able to access evidence-informed, effective services that respond to their individual needs from any point in the system. This will require both coordination and collaboration at the system and service levels, for example, through evidence-based system planning and shared service protocols. The efficacy of services and supports for substance use across the tiers—not just those within the specialized addiction system—needs to be evaluated.

**Tiers are not fixed categories.** There is no “Tier 1 service” or “Tier 4 client.” An individual service may, for example, have an intensive residential program (Tier 5) with a long-term community follow-up component (Tier 1). Clients should be able to move between services or tiers as appropriate to their needs and preferences.

## The Guiding Concepts

The Systems Approach report identifies eight *guiding concepts* on which the Tiered Model is based, and that should be considered and reflected across the service continuum the Tiered Model presents:

1. **No wrong door:** Individuals seeking treatment can access the full continuum by entry at any level and be linked to those services and supports that fit their needs.
2. **Availability and accessibility:** Services and supports are available and accessible within a reasonable distance and travel time.
3. **Matching:** Services and supports are matched to an individual’s needs and strengths.
4. **Choice and eligibility:** Individuals may select among options should there be more than one available that meets his or her needs.
5. **Flexibility:** Individuals should be moved upward or downward through tiers as needed.
6. **Responsiveness:** Effective treatment should ultimately help individuals to move to lower tiers as their needs change.
7. **Collaboration:** There should be collaboration between all levels of services and supports to ensure quality treatment and facilitate the individual’s journey through the tiers.
8. **Coordination:** There should be easy sharing of information between systems.

## Additional Support

For more information about the *Systems Approach to Substance Use in Canada*, please contact the CCSA at [systems@ccsa.ca](mailto:systems@ccsa.ca).