

A stylized, layered landscape illustration. The background features rolling hills in shades of blue and green. In the foreground, there are fields with diagonal hatching in green and yellow. A large, dark green bird is shown in flight on the left side. The sky is light blue with white, fluffy clouds. The overall style is graphic and modern.

Haliburton, Kawartha Lakes, Northumberland

DRUG STRATEGY

Community Priorities 2018



Published by
Haliburton, Kawartha Lakes, Northumberland Drug Strategy
September 2018

Accessible formats available upon request.

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DRUG STRATEGY

Serving Haliburton County, the City of Kawartha Lakes, and Northumberland County

Greetings,

On behalf of the Haliburton, Kawartha Lakes, Northumberland (HKLN) Drug Strategy (formally known as the HKPR Drug Strategy), it is our pleasure to release our first comprehensive report on the priorities for addressing substance use-related harms in this region. The local rates of alcohol use, prescription drug use, and other illicit substances are impacting the health and safety of our three counties. This report will provide a community-focused guide to address the harms associated with substance use.

Specifically, this report will describe the goals and objectives of the Drug Strategy; provide a summary of community priorities related to the harms associated with substance use in Haliburton County, City of Kawartha Lakes, and Northumberland County; and provide recommendations for action through the Four Pillar approach to substance use: Harm Reduction; Prevention and Education; Treatment; and Justice and Enforcement. This report will also describe the various resources and supports that already exist in our communities.

We would like to thank the service providers and community members who work tirelessly to help support the development of a healthy, safe, and resilient community. We hope that this report, and the continued efforts of the Drug Strategy, will help facilitate a coordinated community response to addressing the harms associated with substance use. We encourage you to read this Strategy and to share the information with your colleagues and clients, neighbours and friends.

Together we will build a healthier and safer community free from the harm and stigma associated with substance use.

Sincerely,

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Haliburton, Kawartha Lakes,
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Acknowledgments

The HKLN Drug Strategy respectfully acknowledges that the work we do is located on the traditional territories of the Mississaugas of Treaty 20. This territory is covered by the Williams Treaty signed in 1923 and Treaty 20, signed in 1818. The HKLN Drug Strategy respectfully acknowledges that the Mississauga Nations are the stewards and caretakers of these lands and waters in perpetuity, and that they continue to maintain this responsibility to ensure their health and integrity for generations to come.

We would like to sincerely thank everyone who has contributed to the development of this report. A special thank you to Birds n Bees Design for their design elements and for contributing to the emblem of the HKLN Drug Strategy; to Said Jiddawy for their help with the design and development of this report; and to those who contributed to the written material presented in this report.

We also thank the Ontario Trillium Foundation for generously funding this project.

A special thank you is due to the many community members and partners who participated in the surveys and community forums that helped inform the work of this Strategy.

And finally, thank you to the members and organizations that make up the HKLN Drug Strategy:

Four Counties Addiction Services Team
HKPR District Health Unit
Ontario Addiction Treatment Centre
PARN – Your Community AIDS Resource Network
A Place Called Home
Boys and Girls Clubs of Kawartha Lakes
Chimo Youth Services
City of Kawartha Lakes Community Care
City of Kawartha Lakes Family Health Team
Kawartha Lakes Pharmasave
Remedy's Rx on Kent
Kawartha Lakes Haliburton Housing Corporation
Canadian Mental Health Association – HKPR
Fleming College, Counselling and Accessible Education Services
Kawartha Lakes Police Services
City of Kawartha Lakes OPP
Kawartha Lakes Paramedic Service
Central East Correctional Centre
Ross Memorial Hospital, Mental Health Program
Women's Resources
Kawartha-Haliburton Children's Aid Society
Point in Time Centre
Haliburton Highlands Family Health Team
Haliburton OPP
YWCA Women's Centre of Haliburton County

Campbellford Hospital, Mental Health Program
Northumberland Hills Hospital, Mental Health Program
Change Health Care Methadone Clinic
CMHA, Four County Crisis
Green Wood Coalition
Transition House
Northumberland County
Port Hope Northumberland Community Health Centre
Northumberland County EMS
Port Hope Fire and EMS
Port Hope Police Services
Cobourg Police Services
Northumberland OPP
Northumberland Child Development Centre
Ministry of Children and Youth Services, Youth Probation
Rebound Child & Youth Services Northumberland
Salvation Army Cobourg
Northumberland Community Legal Centre
Peterborough Victoria Northumberland and Clarington
Catholic District School Board
Trillium Lakelands District School Board
CAREA Community Health Centre
Brain Injury Association Peterborough Region
Peterborough Drug Strategy

Executive Summary

Across Ontario approximately 33 drug strategies have been implemented to respond to substance use-related harms and issues faced by community members, service providers, health care systems, and all levels of government. The purpose of the Haliburton, Kawartha Lakes, Northumberland (HKLN) Drug Strategy (formally known as the Haliburton, Kawartha, Pine Ridge Drug Strategy) is to facilitate a collaborative, evidence-based approach to minimize the risks and harms associated with substance use in Haliburton County, City of Kawartha Lakes, and Northumberland County, including Alderville First Nation.

Results from the community consultation process in the HKPR District and from data collected from many sources revealed that a number of substances were of concern and community members indicated a number of other key priorities, including: community safety, improved strategies for impaired driving, opportunities for children and youth, as well as increased access to substance-use related supports and services in the region.

The HKLN Drug Strategy takes account of all substances, including alcohol, cannabis, and prescription and street drugs, but excludes tobacco use. Part of the strategy's development has included an extensive community consultation process with partners, service providers, the general public, policy-makers, those with lived experience, youth, and more, to determine where the most need is. Many partners have already been involved in local initiatives related to fentanyl, naloxone, and Needle Exchange Programs, which were identified as priorities for our area, and will

continue to play a key role in taking action on the community's identified priorities.

This strategy draws on a Four Pillar approach that has been internationally recognized as an effective way to address the harms associated with substance use. It uses the four pillars of Harm Reduction; Prevention & Education; Treatment; and Justice & Enforcement to form a balanced foundation on which to build a comprehensive community drug strategy.

There are five guiding principles that represent the core values and priorities of the Drug Strategy, which will guide the setting of priorities and support the implementation of key deliverables. These principles are:

- **Collaborative**
- **Evidence-informed**
- **Inclusive and Accessible**
- **Local Relevance**
- **Sustainable**

The Drug Strategy is structured at different levels, comprised of a Steering Committee, Drug Strategy Coordinator, and over 50 organizations and 80 individuals that make up the membership of the Strategy. The Strategy spans a vast, geographically diverse region, thus the successes, impacts, and outcomes of the Drug Strategy may look different, and be measured differently, in each county.

This report will serve as a roadmap for community members and service providers at the local level to navigate issues related to substance use through collective action on the priorities and recommendations identified by people living and working in the HKLN region. With these priorities in mind, the work of the Drug Strategy is to

advocate for pragmatic, compassionate, evidence-based, and health-centered solutions to some of the key issues associated with the use, demand, and supply of substances. How the strategy unfolds will ultimately depend on a variety of factors, the most important of which are political commitment, funding, and opportunities for collaboration.¹

A Word on Language

The language we use has a powerful impact on the people we work with and for. This is of particular concern in the substance use field as a number of words and phrases often used actually increase stigma and discrimination, which may then decrease a person's access to necessary health and social services. Terms like addict, drug seeker, drug abuse, dependence, misuse, and problematic use,

How To Read This Report

We are presenting the key priorities that were identified by the community and service providers in each of the three counties. This report will include various perspectives on substance use, and will provide information and examples of interventions and programs that have been used regionally and provincially to reduce the harms associated with substance use. It is hoped that with a review of substance-use related issues and existing programs, we can inspire collaborative action on the identified priorities in the HKLN region.

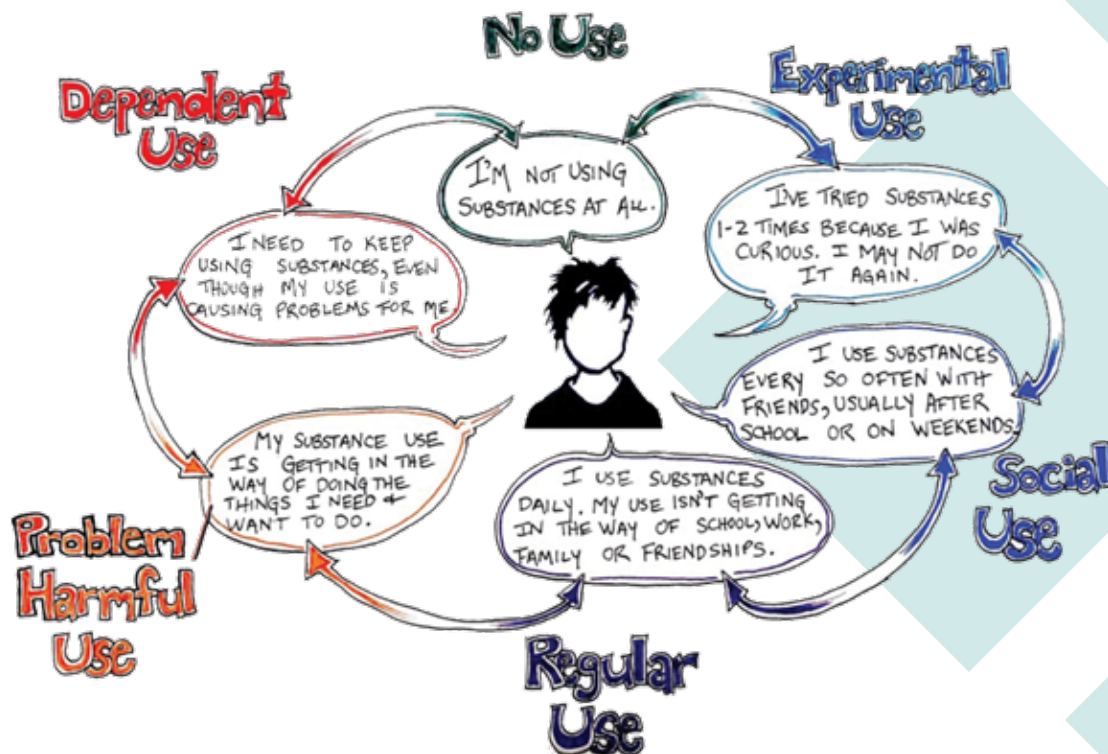


Figure i - Substance Use Continuum (Mindyourmind, 2018)

¹ MacPherson, Mulla & Richardson, 2006

can alter the way we perceive and define individuals in our community. Terms like these often disproportionately weigh one aspect of a person's life against that person's identity as a whole. Furthermore, using terms that hold negative connotations can "affect how resource allocation, research, training and basic policy issues are approached".²

Considering the impact that language can have, there is a need for further discussion on how some terms will be used and defined by this Strategy. The terminology we use should strive to be as general, neutral, and all-encompassing as possible. As a Drug Strategy, it is our intention to be inclusive to people from all communities, genders, and cultures that engage in substance use. We also must be attentive to the many reasons for which people engage in substance use, recognizing that these reasons are complex and numerous. Furthermore, the Drug Strategy represents a diversity of agencies and perspectives on substance use, including people with lived experience, and we want to encourage inclusivity in how we talk about substance use.

We recognize that substance use occurs across a continuum, including beneficial or therapeutic uses, recreational uses, as well as intermittent and chronic use. As a Drug Strategy, we are predominantly concerned with the potential harms and negative impacts of substance use on individuals and communities.

2 Canadian Centre on Substance Abuse, 2005, p. 16

Substance Use & Its Impact

The impact of substance use is felt across all communities and populations in Canada. The harms and issues associated with substance use can be complex and multidimensional, having implications for the economy, justice and enforcement sectors, as well as the social and physical health of individuals and their communities.

The economic cost of substance use in Canada in 2014 was estimated to be \$38.4 billion. This estimate represents a cost of approximately \$1,100 for every Canadian, regardless of age.¹ Legally available psychoactive substances [synthetic drugs that have been specifically designed to mimic the pharmacological effects of existing controlled substances], tobacco, and alcohol have contributed over two-thirds to these costs and there were increasing costs associated with opioids and cannabis between 2007 and 2014. The productivity losses related to substance use amounted to 41% of the total cost; while the costs associated with healthcare and criminal justice continue to be a significant portion as well.¹

For more information on the social costs and harms associated with substance use, please refer to the Pillar summaries. Together, this information will help to inform policy decision making and resource allocation for justice, law enforcement, prevention, treatment, education, and harm reduction services in the HKLN region.

The four substances associated with the largest costs were:



Alcohol (\$14.6 billion or 38.1% of the total cost)¹



Tobacco (\$12.0 billion or 31.2% of the total cost)¹



Opioids (\$3.5 billion or 9.1% of the total cost)¹



Cannabis (\$2.8 billion or 7.3% of the total cost)¹

The distribution by cost type was as follows:



Lost productivity (\$15.7 billion or 40.8% of the total cost)¹



Healthcare costs (\$11.1 billion or 29.0% of the total cost)¹



Criminal justice costs (\$9.0 billion or 23.3% of the total cost)¹



Other direct costs (\$2.7 billion or 7.0% of the total cost)¹

¹ Canadian Substance Use Costs and Harms Scientific Working Group, 2018

County Context

The Haliburton, Kawartha Lakes, Northumberland Drug Strategy serves Haliburton County, City of Kawartha Lakes, and Northumberland County (serving the same catchment area as the HKPR District Health Unit, shown below).

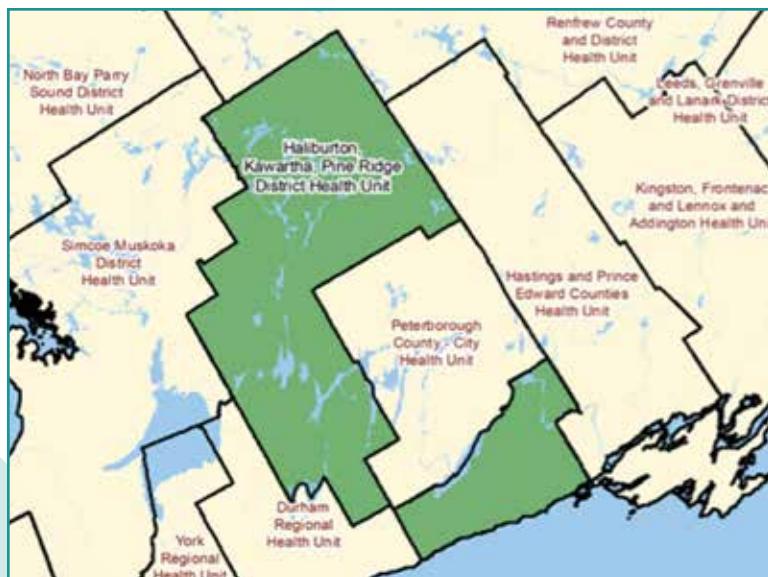


Figure ii - Census Profile - Map : Haliburton, Kawartha, Pine Ridge District Health Unit (Health region, December 2013)

City of Kawartha Lakes

The City of Kawartha Lakes (CKL) covers a land area of 3,067 square kilometres and has over 250 lakes. The County of Simcoe and the District of Muskoka are to the northwest, the County of Haliburton to the northeast, to the east is the County of Peterborough and on the south and southwest is Durham Region. In addition to the approximately 73,200 permanent residents, there is a large seasonal population estimated at 31,000 residents each summer.

The City is serviced by Ross Memorial Hospital, located in Lindsay. CKL is part of the Trillium Lakelands District School Board and Peterborough Victoria Northumberland and Clarington Catholic (PVNCC) District School Board. The City also has one OPP Detachment and one city police service.

Because of the largely rural composition of the City of Kawartha Lakes, there is limited public transportation. City of Kawartha Lakes has public bus transit in the town of Lindsay only (known as Lindsay Transit), running three lines of hourly service.

The economic base of Kawartha Lakes reflects a diversified economy which includes: agriculture, manufacturing, construction, retail trade, finance and real estate, tourism, educational services and other public sector jobs.

Kawartha Lakes is a single-tier municipality, governed by City Council consisting of the Mayor and one councillor from each of the City's wards.

Haliburton

Haliburton County, also known as the Haliburton Highlands, covers over 4,000 square kilometres of natural landscapes and over 600 lakes. The County is to the northeast of the City of Kawartha Lakes and shares boundaries with the District of Muskoka, Hastings County, the District of Nipissing and the County of Peterborough. The permanent population is 17,026 with an estimated seasonal population of more than 48,000.

The county is serviced by hospitals in Haliburton and Minden, both administered by Haliburton Highlands Health Services. Haliburton County is part of the Trillium Lakelands District School Board.

The economy is in large part comprised of tourism, retail, trade, and construction; however, the arts, entertainment and recreation sectors also employ a large proportion of the labour force. The County's economic activity is made up of a large proportion of part-time and seasonal work.

Haliburton County is comprised of four separate municipalities.

Northumberland

Northumberland County is situated on the north shore of Lake Ontario, in central Ontario, Canada. It is located east of the Regional Municipality of Durham (formerly Durham County), west of Hastings County, southeast of the City of Kawartha Lakes and south of Peterborough County. The population of Northumberland (combining the County and Alderville First Nation) is 85,598 residents.

Northumberland is part of the Kawartha Pine Ridge District School Board and PVNCC District School Board. Northumberland County has one OPP

Detachment and two police services. Northumberland is serviced by Northumberland Hills Hospital in Cobourg and Campbellford Memorial Hospital in Campbellford.

Northumberland County consists of seven municipalities, with Alderville First Nation within the Northumberland census division but independent of county administration.

Alderville First Nation

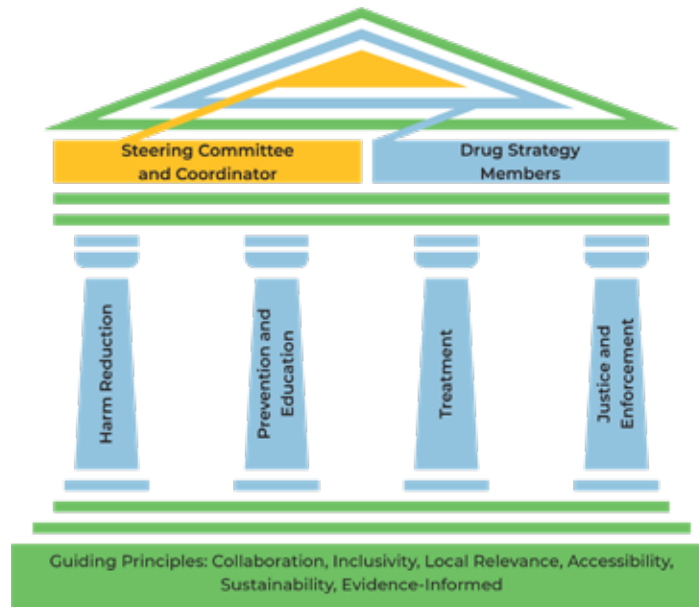
The Alderville First Nation is an Anishinaabe First Nation located in South-Central Ontario, on the south side of Rice Lake, and approximately 30km north of Cobourg, covering Williams Treaty area. Alderville has been home to the Mississauga Anishinabeg of the Ojibway Nation since the mid-1830s.

As of December 2017, Alderville First Nation had 1,162 registered band members, with approximately 300 people living on reserve and a majority of residents living outside of Alderville (off-reserve) in neighbouring communities.

Alderville is home to a diversity of artists, small business owners, and entrepreneurs. Approximately one third of the adult resident population works on-reserve. The reserve also offers a variety of health and social services and programs, including a Traditional Medicine Clinic, Community Care Program, and one staff member on reserve dedicated to Drug & Alcohol Prevention.

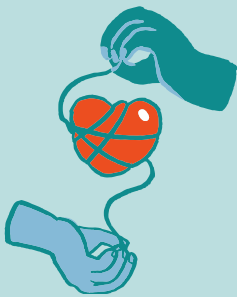
The community is governed by an elected Chief and Council, and maintains political affiliations with the Ogemawahj Tribal Council, a non-political Regional Chiefs' Council, and the Union of Ontario Indians (Anishinabek Nation), a Tribal Political Organization.

About the HKLN Drug Strategy



The structure of the Drug Strategy is organized to respond to the complex nature of substance use and related harm; therefore, it is important to note a few key details about the work we do and how we do it. The Strategy is made up of a Steering Committee, a Coordinator, and Drug Strategy members – all sharing a common goal to reduce the harms associated with substance use. We do this through a collaborative four pillar approach, which includes:

1. Harm Reduction



The philosophy and practice of harm reduction is considered a pragmatic, evidence-based approach to drug use, which seeks to reduce substance use-related harms to individuals and communities, without necessarily discontinuing substance use itself. The main goal of harm reduction is meeting a person where they are at with their substance use, at any given time. Some approaches may include street outreach, safer injection and inhalation programs, prescription maintenance programs, supervised consumption sites and overdose prevention sites, drug testing services, and access to naloxone, counselling, and referrals.



2. Prevention and Education

One of the most cost-effective and long-lasting ways to reduce the harms associated with substance use is to prevent them from happening through education and interventions in early childhood and adolescence. Intended outcomes for prevention efforts may include reduced individual, family, neighbourhood and community harm from substance use; delayed onset of substance use; reduced incidence and prevalence of harmful substance use; and improved public health, safety, and order.



3. Treatment

The Treatment pillar encompasses the priorities and interventions that address the physical, emotional, mental, and spiritual health of people who use or have used substances. This may include reducing barriers that prevent people from becoming engaged in care, and increasing options for recovery and treatment. The aim is not only to improve the health and wellbeing of individuals engaging in substance use, but also to improve the quality of life for families, neighbourhoods, and communities affected by substance use.



4. Justice and Enforcement

The pillar of Justice and Enforcement encompasses interventions that seek to strengthen community safety by responding to criminal activity and safety issues associated with the use, manufacture, and sale of legal and illegal substances. This pillar also includes social justice and enforcement efforts that address substance use and work with those struggling with addictions, as well as other community leaders in the justice, enforcement, social, and health sectors to address shared challenges.

A more fulsome definition of each pillar can be found in later sections of this report, as well as a number of pillar-specific projects and programs that are available both locally and regionally. In addition to the four pillars, the Drug Strategy has a number of guiding principles that shape the work we do and how we operate. These principles will also be described in greater detail in the section to follow.

Why the Drug Strategy was Formed

Having a local drug strategy will help to ensure coordination of efforts and consistency of approaches used, will improve communication between and opportunities for involvement from multiple stakeholders over a wide geography, and enable the region to better respond as a community to evolving substance use trends and harms.

The Ontario Trillium Foundation awarded the Haliburton, Kawartha Lakes, Northumberland Drug Strategy a grant for three years, which started in July 2016 and will end in December 2019. These funds have been directed toward the development of a local drug strategy, including hiring a coordinator for our region, hosting community consultations, and initiating some project work with partners to address issues related to substance use in the three counties. Four partners came together to submit the application on behalf of the HKLN Drug Strategy, each representing one of the 4 pillars of a drug strategy approach. The four partners on the Trillium application are PARN – Your Community AIDS Resource Network; the Haliburton, Kawartha, Pine Ridge District Health Unit; the Four Counties Addiction Services Team (FourCAST); and Kawartha Lakes Police Service.

The HKLN Drug Strategy Coordinator is housed at the PARN office in Peterborough, with regular travel throughout our region. Peterborough City and County has their own drug strategy and coordinator, whom we work with closely since many of our partners and services overlap.

Many municipalities, counties, and urban centres have established drug strat-

egies and/or overdose prevention plans, many of which were reviewed and considered in development of this drug strategy. The HKLN Drug Strategy is also a part of the Municipal Drug Strategy Coordinators Network of Ontario (MDSCNO), a network of municipal and regionally-based drug strategies that have a wide-range of expertise on issues related to substance use.

Organization of the Drug Strategy

Vision Statement:

The HKLN Drug Strategy strives for supportive and safe environments that promote the health and resiliency of individuals, families and communities, and reduce the harms and stigma associated with substance use.

Guiding Principles

The guiding principles listed below are action-oriented statements reflecting the fundamental values that guide the collaborative efforts of the HKLN Drug Strategy and work toward the Drug Strategy's vision of fostering healthy environments. These guiding principles underpin the four pillar approach, used most commonly in drug strategies, and are aligned with many key principles suggested by the Federation of Canadian Municipalities (FCM) to guide drug strategy planning efforts.¹ The guiding principles are: collaborative; local relevance; evidence-informed; inclusive and accessible; and sustainable.

Collaborative

The HKLN Drug Strategy recognizes that strong partnerships are the foundation for success, especially when it comes to responding to the complex un-

¹ Piscitelli, 2017

derlying factors that shape substance use in our communities. We need to call upon the expertise and strengths of many stakeholders, organizations, and individuals directly (and indirectly) affected by substance use to develop a comprehensive approach to addressing substance-use related harms. We will do this by building upon knowledge, developing relationships through collaborative networking, and fostering integrated service environments that increase the community's access to necessary services.

Evidence-informed

Being evidence-informed ensures that the HKLN Drug Strategy is using the most up-to-date information and best practices to ensure that community priorities will be undertaken in ways that are most effective, efficient, and equitable. This will ensure that the Drug Strategy remains strategic in recommending interventions shown to be effective with reducing the harms associated with substance use.

Having programs and decision-making processes that are “evidence-informed” implies that agencies are considering the best available evidence from a broad range of information and sources when delivering program activities. Policy and decision-making processes can be influenced by economic constraints, community views, organizational priorities, and the political environment; however, without the support of good evidence, these factors are insufficient for decisions that affect the lives of people and communities.² Good evidence can be found in many sources, including evidence reviews, program evaluations, scientific research, expert opinion, and peoples’ lived experiences.

Inclusive and Accessible

This guiding principle recognizes the importance of equitable access to information, opportunities, support, and programs and services, regardless of whether an individual uses alcohol or other drugs. As a Drug Strategy, this means employing effective communication strategies and ensuring that all initiatives led by the Strategy consult and engage with members of the community. The HKLN Drug Strategy also recognizes that the needs of each county are unique, and that geographical location can often influence the availability and access to necessary resources. With this understanding, the Drug Strategy strives to engage community members and service providers in each of the three counties to ensure that priorities are defined appropriately and initiatives are implemented equitably.

Local Relevance

Since the Drug Strategy is collaborative and serves a geographically diverse area, it is important that the objectives and initiatives of the Drug Strategy continually work with community members and service providers in each of the 3 counties. This means providing opportunities for consultation and collaborative activities to ensure that initiatives and objectives are locally relevant and that projects equitably engage and include members of the community.

Sustainable

The partnerships that make up the HKLN Drug Strategy are diverse in nature and include representatives from harm reduction, prevention, treatment, justice, and enforcement, as well as municipalities, peers with lived experience of substance use, Indigenous organizations, and research and evaluation experts. Together we hope to develop a shared vision of pro-

moting health and resiliency, while reducing the harms and stigma associated with substance use. By acting on a common agenda, we work towards developing integrated and inclusive service environments, and toward building effective, long-term coalitions that can be sustained, beyond funding contracts.³

Objectives

Keeping in line with the vision statement and guiding principles, the objectives of the HKLN Drug Strategy are to:

- To provide a forum to network with partners working in the substance use field in Haliburton County, City of Kawartha Lakes, and Northumberland County
- To foster collaboration and partnerships in the substance use field
- To help coordinate the efforts of partners working on a common agenda
- To promote, support, and initiate evidence-based strategies to reduce the harms associated with substance use
- To avoid duplication of services related to substance use by maximizing existing services and resources, and creating integrated and inclusive service environments
- To engage diverse groups in addressing issues of substance use
- To share information about local drug use trends, emerging issues, and new research pertaining to the field of substance use

- To increase awareness of the harms associated with alcohol and drug use, and the strategies to prevent or minimize those harms

Structure

Steering Committee

The strategic direction and executive efforts of the HKLN Drug Strategy is led by a steering committee and Strategy Coordinator. The Steering Committee is comprised of the four partners that came together to submit the Ontario Trillium Foundation application.

Membership

The HKLN Drug Strategy is a partnership of over 50 organizations and/or departments across the three counties working directly or indirectly in social services and healthcare. There are about 80 individual members that sit on the Drug Strategy and we expect this number to grow as we embark on developing a strategy with them. Current members include the HKPR District Health Unit, police services, fire departments, EMS, treatment services, pharmacists, non-profit groups, mental health and addictions programs, youth services, social services, and family health teams. Membership is open to any interested person, group, or agency in the HKLN District that supports the vision, guiding principles, and objectives of the HKLN Drug Strategy. Membership is noted by participation in bi-monthly meetings. Those unable to attend meetings in-person or by web/teleconference may be considered affiliate members and elect to receive information only.

Duties of Members

- Provide advice to the HKLN Drug Strategy and Steering Committee

³ Frieden, 2014

- Attend, prepare for, and participate in meetings
- Represent individual agencies/groups (if one), and communicate between it and the HKLN Drug Strategy membership
- Share relevant agency/group/individual updates with other Members
- Participate in discussions and decision-making
- Propose and contribute to initiatives that align with the Drug Strategy's vision, guiding principles, and objectives
- Participate in collaborative initiatives and project working groups
- Support the work of other members, through partnerships, promotion of services, and referrals
- Elect a Chair and/or take on Chair responsibilities on a bi-annual basis

While operational decisions are made by the Coordinator and Steering Committee, Working Groups comprised of HKLN Drug Strategy Members make project specific decisions. Bi-monthly member meetings provide a platform for information sharing among Drug Strategy Members, balancing the need for inclusion with the need for action. Decisions are made by consensus of Members in attendance at in-person meetings, and by majority vote of participating Members by electronic means (i.e., e-mail, online survey) where real-time discussions to assess consensus are impractical due to time, geography, or other constraints.

Sources Informing the HKLN Drug Strategy

A number of sources are used to inform the continued efforts of the Drug Strategy, including:

- Local data and reports developed by local health care providers including hospitals, the health unit, EMS, police, and community agencies and committees
- County-specific data collected through community consultations, community surveys, and key informant interviews
- Provincial and local surveillance data on substance use trends from Public Health Ontario, the Ontario Drug Policy Research Network, the Ministry of Health and Long-Term Care, and other data sources
- The Municipal Drug Strategy Coordinators Network of Ontario (MDSCNO) and other municipal drug strategy programs and reports

We will focus on the strategic priorities and successes of other Ontario municipal drug strategies, and literature reviews and scientific studies evaluating the effectiveness of the four pillars approach aimed at reducing the harms associated with alcohol and other drugs. Some of this evidence also includes consultations with communities and service providers, as well as evaluation processes that serve to continually evaluate the development, implementation, and outcomes of the Drug Strategy.

Community Consultations

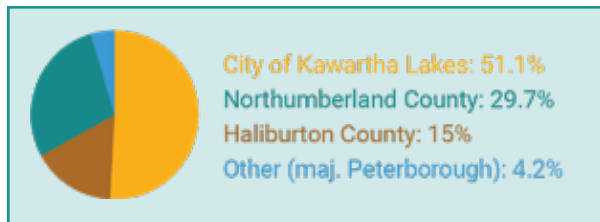
Substance use trends are evolving constantly and communities need to continuously adapt and respond to concerns and harms associated with substance use. That being said, it is important to have a snapshot of the substance use trends for alcohol and other drugs to provide context for action.

In 2016-2017, the HKLN Drug Strategy engaged service providers and community members in a consultation process in each of the three counties to better understand their concerns and priorities for matters related to the harms associated with substance use. To our knowledge, this is the first time a broad survey has been completed in regard to people's attitudes and perceptions of substance use in the HKLN region. The key concerns and priorities that resulted from these surveys have been collected and analyzed to inform future program plans aimed at reducing the harms associated with substance use.

Community Surveys

As a result of the community consultation process, there were 548 surveys completed, either online or with a paper copy. Special efforts were made to get input from significant populations, including visits to three methadone clinics – one in each of the three counties. The number of survey respondents was largely driven by service providers and organizations in

the three counties that offered paper copies of the survey to clients (who might otherwise not have completed it online).



We intended to have responses proportional to the populations in each of the counties; however, we were not successful in that. It was challenging to restrict access to the survey by postal code or address, so we had some responses from outside the three counties, mostly from Peterborough. The analysis that followed the community consultation process did not include data from the 23 'Other' responses.

Interviews with Service Providers

In addition to the community surveys, informal, open-ended interviews were held with 79 service providers from 55 organizations and/or departments. In a second survey that was conducted between July and August 2018, service providers across the three counties were asked whether the priorities they initially identified were still important and aligned with their work. The survey had 62 respondents, and the survey data were collected and summarized to substantiate the priorities identified during the first consultation process with service providers and community members. A summary of the identified community priorities will follow.

Summary of Community Priorities

Shared ownership of identified priorities or priority areas provide opportunities for leaders to emerge, partnerships to develop, and collective action to take place. The priorities identified to date are grouped together by the four pillars of the Drug Strategy and are outlined below. There are also a number of key items, such as priority populations and factors within the service environment, which transcend many of the priorities and guide the manner in which each priority could be addressed. Actions taken to address these priorities will facilitate a coordinated response in the three counties. With the priorities identified regionally or locally, members of the Drug Strategy can promote collaborative action on the priority areas by leveraging their experiences and resources, allowing for a number of positive outcomes.

While many of the primary concerns and key priorities were uniform across the three counties, each county prioritized the following items in a slightly different order. The key priorities are:

- **Crime and Community Safety**
- **Impaired Driving**
- **Children and Youth**
- **Lack of Resources and Access to Services**

Within each key priority area are other sub-priorities that fall within one of the four pillars as can be seen in figure v.

Across these key priorities, survey respondents identified a number of priority populations, including youth, families, Indigenous populations, the LGBTQ com-

munity, people who engage in substance use, and people with mental health challenges. For example, many survey respondents discussed the importance of educating youth about the harms associated with substance use, as well as providing opportunities for recreation and leisure that will help to reduce the likelihood of engaging in substance use in the first place. Many community members and service providers also mentioned the need for more prevention-based programs and services. There is a perceived lack of opportunities for young people in the HKLN region, especially in rural areas and where transportation is an issue.

Secondly, in the midst of increasing responsibilities for service providers to respond to the identified priorities, one service provider noted that there were increasing challenges regarding liability and knowing how to address substance-use related harms within their organization. Many service providers agreed that action on the priority areas should also include an increased awareness of the services and resources that already exist in the community, better navigation of the service environment (for both service providers and community members), and greater consistency among the community supports and services offered.

In addition to the above-mentioned priorities, service providers and community members identified a number of other priorities, which include:

- Addressing issues related to an aging population



 <p>Harm Reduction</p>	Greater access to safe(r) injection/inhalation kits, safe disposal, and naloxone
	Increased awareness and understanding of harm reduction
	Access to drug maintenance therapies (i.e. medical prescription of heroin)
	Substance use-related housing evictions
	Reducing stigma associated with substance use
	Responding to increasing opioid overdoses and overdose deaths
 <p>Prevention & Education</p>	Patient-focused and patient-centered prevention strategies
	Better access to primary health care
	Greater access to fitness & recreation for youth and people with low income
	Greater awareness about prescription use and opioids
	Better understanding of the intersections between mental health, trauma, addiction and substance use
 <p>Treatment</p>	Access to local detoxification services and residential treatment centres
	Funding for alternative treatments options that exist in community
	More timely access to addiction services and psychiatric services
	More investment in services working towards recovery
	Addressing stigma among health and social service providers, and within treatment programs
 <p>Justice & Enforcement</p>	Increasing the number of Adult Protective Service Workers
	Decriminalizing drugs for personal use
	Violence and robberies associated with fentanyl
	Drug and alcohol-related crime
	Proactive police involvement in drug-related events
<p>Priority populations: Youth, families, Indigenous populations, the LGBTQ+ community, people who engage in substance use, and people with mental health challenges</p>	
<p>Service environment: Increased awareness of services and better navigation of service environment; more drop-in facilities; greater consistency in community supports and services; increased responsibilities for service providers</p>	

Figure v - The four pillars with their sub-priorities

- Access to affordable public transportation
- Greater access to shelters and transitional housing options
- Lack of affordable housing options
- Lack of employment opportunities
- More attention to domestic violence and human/sex trafficking issues

While these other priorities may not fall within one of the four pillars, they do

very much influence the identified key priorities. These other priorities could be identified as broad prevention strategies that could potentially delay onset of substance use and reduce the harms associated with substance use. For instance, rural regions highlight the challenges associated with a lack of services, a lack of transportation options, and the increased cost of providing services in a rural location. The differences between urban and rural settings may also change the way in which substance use is made visible and how it is perceived. When drug use is visible, it is often linked to homelessness,

unstable housing, and mental illness, to a large extent. However, substance use can also be more hidden in geographically rural areas and with the ways in which people engage in substance use (i.e., prescription drug use), thus sometimes it can be challenging to engage with people who are using drugs.

Finally, increasing awareness and understanding of substance use was a priority that was repeatedly identified. Although substance use affects many people in Ontario, the issue does not always receive the same attention as other health and social issues. It has been suggested that language used to describe substance use and attitudes towards people who engage in substance use may act as barriers to understanding and responding effectively to the issue. Negative language and attitudes can contribute to stigma and discrimination. This not only affects the individual who uses drugs, but their loved ones and community as well. It is also suggested that the stigma associated with substance use is partly responsible for how policy issues are approached and how resources are allocated. Increasing awareness and understanding of substance use, which would in turn reduce the stigma associated with it, is recognized as a necessary first step that will help promote the achievement of other priorities. To accomplish this, sustained and coordinated approaches are needed to promote the use of consistent language and messaging related to substance use, as well as an increasing awareness of the many factors that often contribute to substance use (mental health, trauma, housing, and other determinants of health).¹

It is hoped that with this summary of community priorities, recommendations and actions will begin to develop among members of the Drug Strategy and other community partners. To set the stage for community action, a summary

of priority substances, the four pillars of the Drug Strategy, and a number of local programs and resources will be provided in the following sections of this report.

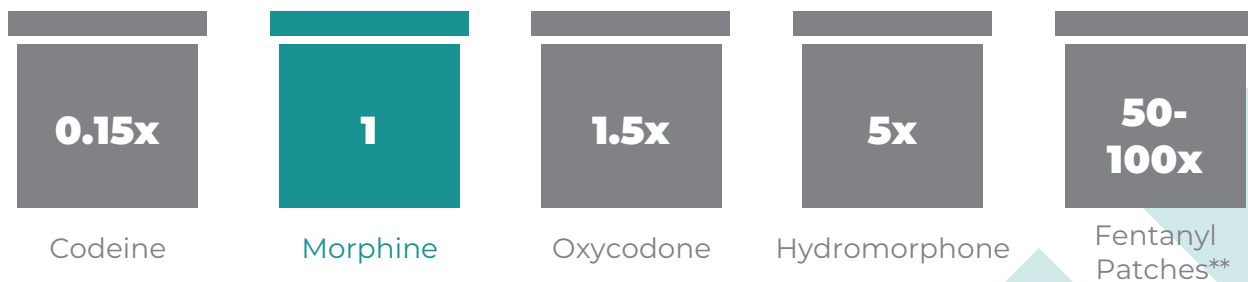
More information about the results from the community surveys and interviews with service providers can be requested at coordinator@hkIndrugstrategy.ca.

¹ Canadian Centre on Substance Abuse, 2005

Substance Use Trends and Priority Substances

Issues related to substances affect every country, province, and region, and the Haliburton, Kawartha Lakes, Northumberland region is no exception. Substance use and related harms affect individuals, families and communities. While the situation is evolving constantly, it is important to provide more information about the use of alcohol and other drugs to provide a framework for action.

phoric sensation. While many opioids share a similar chemical structure, their potency varies greatly. For instance, fentanyl is a powerful opioid that is 50-100 times more potent than morphine and has been implicated in the rising number of deaths across Canada.² In fact, the opioid crisis has more recently been defined by drug contamination with illicitly manufactured versions of fentanyl and fentanyl



The Canadian Centre on Substance Use and Addiction and the Canadian Institute for Substance Use Research¹ have identified alcohol, opioids, and cannabis as the highest contributors to the economic cost of substance use in Canada (excluding tobacco). With a growing opioid crisis, increasing rates of alcohol-related health conditions, and cannabis legalization coming in October 2018, it is necessary to give further attention to these issues and substances.

Opioids

Opioids are natural or synthetic substances typically used to reduce pain in clinical settings, often producing a eu-

alogues, and fentanyl was shown to be present in 68% of opioid-related deaths in Ontario in 2017, compared to 45% in 2016.³

While opioids can be an effective part of pain management for some medically supervised patients, opioid-related harms, such as addiction and overdose, present significant challenges for public health. The country is experiencing a public health crisis, and we are certainly seeing the effects both locally and provincially when it comes to the increasing harms associated with both prescription and non-prescription opioid use. Specifically, we have seen a sharp increase in hospital and emergency room visits, as well as an increase in opioid-related overdose and overdose deaths.⁴ The Public Health

1 Canadian Institute for Substance Use Research, 2018

2 CAMH, 2016

3 Special Advisory Committee on the Epidemic of Opioid Overdoses, 2018

4 Opioid Strategy Action Group, 2018

Agency of Canada recently released a report estimating that approximately 4,000 Canadians lost their lives due to opioid-related overdoses in 2017, a 30% increase since 2016. In Ontario specifically, there were 1125 reported opioid-related deaths in 2017.³ The opioid crisis is also having a significant impact on the healthcare system in Ontario as there were 7,658 emergency department visits related to opioid overdoses from January to December 2017, compared with 4,453 during the same time period in 2016 (a 72% increase).⁵

When we look at our prescribing rates in North America, Canada and the United States have the highest rates of prescription opioid use in the world.

Health Quality Ontario estimated that roughly 1 in 7 Ontarians filled an opioid prescription in 2015/2016 (Health Quality Ontario, 2017). CAMH (2016) also reports that in addition to Ontario's high prescribing rates, there is a lack of investment in alternative pain management approaches and pain management training in Canada.

“

The death toll is worse than any other infectious epidemic in Canada, including the peak of AIDS deaths, since the Spanish flu that took the lives of 50,000 people a century ago.

- Former Canadian Minister of Health, Jane Philpott, 2012

”

County-level rates of opioid use and other opioid-related trends provided by the Ontario Drug Policy Research Network

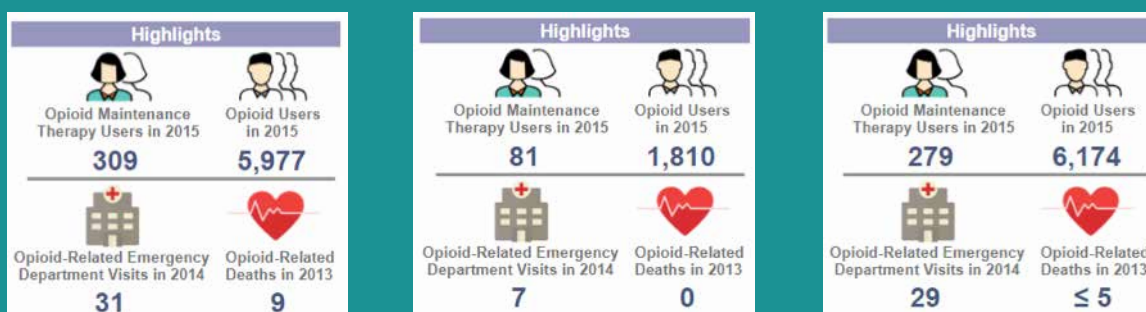


Figure vii, viii, ix - Rates in Kawartha Lakes, Haliburton, and Northumberland County, respectively

While the increasing harms related to opioid use have been attributed to a tainted drug supply of fentanyl and fentanyl analogues, there are many more factors contributing to the opioid crisis.

On August 29, 2017, Dr. Eric Hoskins, former Minister of Health and Long Term Care, announced the government's plan to provide support to those affected by the opioid crisis, including additional fund-

5 Ministry of Health and Long-Term Care, 2018

“

Ontario's dispensing levels per capita are five times higher than those in the United Kingdom and four times higher than those in Germany – even though between Canada and those countries there is 'no tangible evidence for correspondingly different pain care needs or outcomes

- CAMH , 2016

”

ing improvements to pain management and opioid prescribing. This announcement supported the Ministry's comprehensive strategy to prevent opioid dependence and overdose through the following three pillars:

1. Modernizing opioid prescribing and monitoring
2. Improving the treatment of pain
3. Enhancing addiction supports and harm reduction.⁴

Part of this funding was made available to the Central East Local Health Integration Network (LHIN), which enabled the development of an Opioid Strategy, and allowed for immediate funding for:

1. The establishment of Rapid Access Addiction Medicine (RAAM) clinics
2. Enhancements to withdrawal management services
3. Enhancements to outreach and harm reduction services (including better access to naloxone, and improved reporting tools for opioid-related events)

Action on the abovementioned objectives requires a collaborative approach. While some facets of the Opioid Strategy will require enhancements in funding, “[many] of the recommendations can be implemented and/or sus-

tained without new funds and are based on a **shared commitment toward improved processes, targeted education, upstream prevention and intervention, and a dedication toward improving service quality for better outcomes**”.⁴

Alcohol

Alcohol is the most common substance used by Canadians, and many have communicated the benefits, and social and cultural significance of consuming alcohol. While many people drink without negative consequences, alcohol was shown to cause the most harm in Canada (after tobacco use), contributing to significant economic, health, social, and criminal justice costs. In 2014, the total cost of alcohol use across Canada was determined to be \$14.6 billion.⁶

The Canadian Centre on Substance Use and Addiction has identified a number of harms associated with the over-consumption of alcohol, including chronic health conditions (i.e., cirrhosis of the liver), motor vehicle accidents, suicide, violence, mental illness, and fetal alcohol spectrum disorder (FASD). Harm from alcohol use has also shown to be of particular concern in Aboriginal communities, as well as among youth, seniors, and pregnant women. For instance, the 2015 prevalence of past-year use of alcohol among Canadian youth in the 15 to 24 year old group is at 83%, which is slightly higher than the adults aged 25 years and older (78%).⁷

⁶ Canadian Substance Use Costs and Harms Scientific Working Group, 2018
⁷ Statistics Canada & Health Canada, 2017

In response to harms associated with over-consumption, the federal, provincial and territorial health ministers launched Canada's Low-Risk Alcohol Drinking Guidelines (LRDG), consisting of guidelines and of tips to help Canadians moderate their consumption and reduce their risks of alcohol-related harm. However, a recent study has shown that "less is better, none is best" when it comes to alcohol consumption and risk for developing health problems.⁸ Experts agree that approaches aimed at reducing the harms associated with alcohol use must be multifaceted. These approaches may involve working with the enforcement and justice leaders, increasing public education, and targeting schools, workplaces, and alcohol-drinking establishments.⁹

Cannabis

Commonly referred to as marijuana, weed, hash—cannabis was the most frequently used illicit drug in Canada, used by 12% of the population in 2015.⁷ The rate of cannabis use among Canadian youth aged 15–24 years (24.4%) was 3 times higher compared to adults (8.0%), and approximately 1/4 of cannabis users reported using for medical purposes.⁷ In Ontario, about 1 in 5 students (or 19%) in grades 7 to 12 said they used cannabis at least once in the past year.¹⁰ Among this group, most used a bong, joint or edibles. It is important to note that 81% of students reported that they have not used cannabis at all in the past year.¹⁰

To learn more about Canada's Low-Risk Alcohol Drinking Guidelines, view the Canadian Centre on Substance Use and Addictions' brochure.

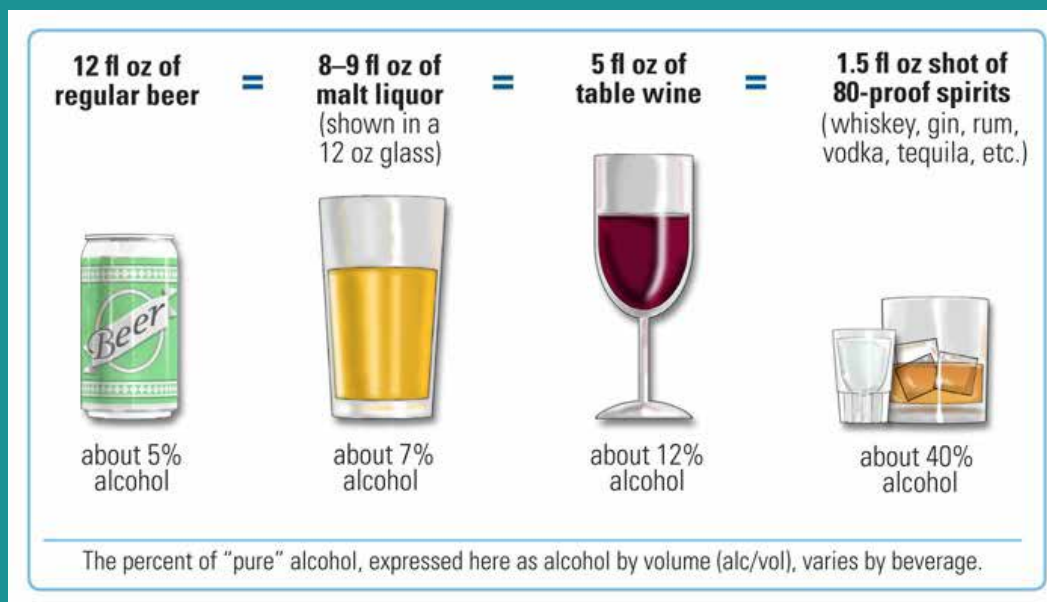


Figure x - Guidelines proposed to reduce long-term health risks:
 Women: 0-2 drinks a day, up to 10 drinks a week
 Men: 0-3 drinks a day, up to 15 drinks a week

8 GBD 2016 Alcohol Collaborators, 2018
 9 CCSA, 2005
 10 Boak, Hamilton, Adlaf & Mann, 2017

A growing body of research suggests that chronic marijuana use can have negative implications for mental and physical health, brain function (memory, attention and thinking), and driving performance. Although much research to date has focused on the health risks associated with marijuana use, clinical evidence supporting the use of marijuana for specific medical purposes is also beginning to emerge. The Canadian Centre on Substance Use and Addiction developed a policy brief called, *Marijuana for Medical Purposes*, and can be viewed on their website.

Cannabis will be legal in Canada as of October 17, 2018. The Cannabis Act creates a strict legal framework for controlling the production, distribution, sale, and possession of cannabis across Canada. The Act aims to accomplish 3 goals:

1. Reduce and prevent cannabis use among youth
2. Keep profits out of illicit markets
3. Protect public health and safety by allowing adults access to safe, legal cannabis.¹¹

For more information about Cannabis Legalization and Regulation, visit the Canadian Department of Justice website at <http://www.justice.gc.ca/eng/cj-jp/cannabis/>.

¹¹ Government of Canada, Department of Justice, 2018

Four Pillar Approach

Considering emerging and complex substance use trends, the current Canadian Drugs & Substances Strategy was developed using a multi-faceted “Four Pillar” approach, which is grounded in public health principles. The four pillar approach integrates prevention, treatment, enforcement, and harm reduction in a complementary manner to address the health, safety, and societal issues associated with substance use.

The four pillar approach includes foundational principles of trauma-informed care, anti-stigma, anti-oppression, and is inclusive of health equity, social justice, and evidence-based methods. The approach is common to other regional and municipal drug strategies that have been developed across Ontario in response to the harms associated with alcohol and other substances. This approach acknowledges that the prohibition (ban) of illicit substances may not actually eliminate the availability and use of illicit substances, but in fact have negative implications for the people who use substances and the larger community.¹ Thus, the four pillar model promotes a collaborative approach to reduce the harms associated with substance use, and address the impact that is felt locally by individuals, families, and the community.²

Substance use is a complex issue that cannot be resolved by any single change in policy or practice. Therefore, the four pillars of prevention, treatment, enforcement, and harm reduction collectively provide a framework to combine resources and coordinate efforts to address the concerns and harms related to substance use.³ Each pillar provides a

nuanced perspective to substance use and working with people who use substances, and comprises a number of strategies that can be used to reduce the harms associated with substance in various ways and contexts.

The constantly shifting nature of substance use trends and drug markets requires timely, innovative, and adaptive responses. The best solution for any given jurisdiction will be determined by a thorough consideration of contextual factors, including resources and readiness for change among community members, service providers, and key decision makers. Therefore, the many individuals and organizations that make up the HKLN Drug Strategy will work within the four pillar model to collectively determine whether adaptations to existing models are required to better reflect their own context and objectives for reducing the harms associated with substance use in each of the three counties.

Harm Reduction

The philosophy and practice of harm reduction is considered a pragmatic, evidence-based approach to drug use, which seeks to reduce substance use-related harms to individuals and communities, without necessarily discontinuing substance use itself.⁴ Harm Reduction remains an important pillar to many drug strategies across Ontario with shared goals of:

- Advocating for the uptake and increase in harm reduction services

1 Haden, 2006; MacPherson, Mulla & Richardson, 2006

2 Peterborough Drug Strategy, n.d.

3 Piscitelli, 2017

4 Bergen-Cico & Lapple, 2015

- Increasing awareness and understanding of harm reduction
- Preventing and reducing the incidence of opioid-related harms and opioid overdoses
- Improving the management and response to overdose events through education and naloxone distribution
- Reducing the stigma and discrimination associated with substance use⁵

To find where you can receive a free naloxone kit, visit: <https://www.ontario.ca/page/where-get-free-naloxone-kit>



RM CLINIC LOCATIONS, HOURS & CONTACT INFORMATION

Peterborough AIDS Resource Network (PARN)
Peterborough Regional Health Centre (PRHC)

159 King St. Suite 302
K9J 2R8, Peterborough, ON
t: 705-749-9708
f: 705-748-3060

Monday, Wednesday & Friday
8 a.m. to 11:00 a.m.

PRHC
Peterborough Regional
Health Centre

Revised April 2018, Form #6403

Within the harm reduction approach, the main goal is meeting a person where they are at with their substance use, at any given time. Harm reduction programming comes in many forms, including street outreach (literally meeting people where they are at), safer injection and inhalation programs, prescription maintenance programs (i.e., methadone maintenance therapy and access to Suboxone), supervised consumption sites and overdose prevention sites, drug testing services, and access to naloxone, counselling, and referrals.

Harm reduction does not enable drug use, but instead recognizes that substance use is a part of life and attempts to reduce the harms associated with the behaviour. For example, safe injection sites have shown significant success throughout North America, especially in terms of reducing public disorder, infectious disease transmission, and overdoses, and increasing number of clients seeking treatment and other necessary supports.⁶

Although the HKLN region does not have a safe injection site of its own, community members do have access to an array of local harm reduction programs and services, including:

- **Needle Exchange Programs and safe needle disposal services**
- **Access to safer injection and safer inhalation equipment**
- **Overdose prevention training and naloxone kits**
- **Mobile outreach van services**
- **Rapid Access Addiction Medicine (RAAM) Clinic**

5 MDSCNO Analysis
6 Kerr, Mitra, Kennedy & McNeil, 2017

Harm Reduction services are available throughout the three counties including through PARN satellite sites in Minden, Haliburton, Cobourg, Port Hope, Colborne, and Lindsay. There are two mobile outreach projects in Northumberland and City of Kawartha Lakes that offer harm reduction services throughout those counties on specific days each month.

Did you know that harm reduction programs in the HKLN region had over 1526 visits in 2017?

**Harm
Reduction
Works
@PARN**

Prevention and Education

One of the most cost-effective and long-lasting ways to reduce the harms associated with substance use is to prevent them from happening through education and interventions in early childhood and adolescence. It is well known through research that children are more resilient and develop healthy coping behaviours when they have what they need growing up. When they don't have a stable and loving home environment, they may develop unhealthy behaviours. This is often termed Adverse Childhood Experiences, or ACEs. Childhood experiences, both positive and negative, have far-reaching outcomes in terms of future violence, victimization and perpetration, and life-long health and opportunities. ACEs have been linked to risky health behaviors, chronic health conditions, low life potential, and early death.

As the number of ACEs increases, so does the risk for these outcomes. Research in Canada and the US consistently shows that the more children are exposed to adverse events, the more likely they are to have trauma and perhaps will develop harmful substance use. Most treatment programs take a trauma-informed approach to working with substance use issues. Childhood experiences are an important public health issue and we have begun to address this in the past 30 years.

In our region, we should consider the impacts of growing up in multi-generational poverty, with child abuse and neglect, and a lack of access to resources such as after school programs. We can especially look at the impacts of colonization and residential schools on our Indigenous peoples, both on and off reserve. Families that have had generations of substance use issues tend to have increased unhealthy coping skills and less resilience to overcome these adverse childhood events. Early childhood educators, schools, and social services are addressing these, though communities tend to forget about prevention and longer-term work as when we face crises that demand much of our resources and attention.

Prevention efforts can be quite complex and diverse in nature. Efforts may involve different levels of intervention (primary, secondary, or tertiary prevention) or may draw on a number of different perspectives of prevention (population health models, community-based strategies, and legal/enforcement approaches).⁷ Intended outcomes for prevention efforts may include reduced individual, family, neighbourhood and community harm from substance use; delayed onset of substance use; reduced incidence and prevalence harmful substance use; and improved public health, safety and order.⁷

⁷ MacPherson, Mulla & Richardson, 2006

One local prevention strategy in CKL is the “**Medication Take Back Campaign**”. Substance use trends indicate rising rates of recreational prescription medication use among youth – the majority of whom obtain these drugs from family medicine cabinets and from friends. In an effort to reduce the diversion of prescription medications and contribute to increased community safety, the HKPR District Health Unit, in partnership with police, pharmacies and other agencies, participates in prescription drug drop-off events. These events offer a safe, convenient way to dispose of unused medications and promote pharmacy take back programs. To learn more, contact the **HKPR District Health Unit** at **1-866-888-4577**, or visit <http://www.healthsteward.ca/>

Peer-led programs have been successful prevention efforts to reduce the harms associated with substance use.

For example, the Parent Action on Drugs’ **Challenges, Beliefs and Changes (CBC) Program** is a peer-based prevention education program for senior secondary students to present on the harms associated with substance use to their younger peers at the grade eight/nine level. The program attempts to empower school-aged youth to make effective decisions about the use of alcohol and other drugs.

The Youth Hub in Haliburton is another example of a prevention model that can help minimize the harms associated with substance use and reduce the rates of substance use among youth.

youth wellness hubs
ONTARIO

The right kind of services at the right time by the right provider in the right place.

Treatment

Treatment remains an important pillar to many drug strategies across Ontario with shared goals of:

- Improving the physical, emotional, mental, and spiritual health of people who use or have used substances
- Improving the quality of life of families, neighbourhoods, and communities affected by substance use
- Reducing the barriers that prevent people from becoming engaged in care
- Increasing the number of people who access treatment
- Expanding treatment programs

- Building community capacity to provide addiction services.⁸

There are many types of services available for those seeking opportunities to make changes to their substance use, or are concerned about another's substance use. FourCAST (Four Counties Addiction Services Team) is the main service provider in the HKLN region and offers many services. Community-based withdrawal management allows for a person to stay at home and go through withdrawal in a managed and safe way. They also offer Hospital to Home services and have specific opioid case management services, as well as group supports. Other supportive services in the region include Narcotics Anonymous and Alcoholics Anonymous.

Justice and Enforcement

The pillar of Justice and Enforcement encompasses interventions that seek to strengthen community safety by responding to criminal activity and safety issues associated with the use, manufacture, and sale of legal and illegal substances. Justice and Enforcement remain important pillars to many drug strategies across Ontario with shared goals of:

- Increasing community safety
- Ensuring access to addictions supports in the court system
- Developing effective pathways to support community members with substance use issues transitioning out of the justice system
- Promoting alternative healing and recovery options for court-ordered programming (supporting individuals

whose addiction has resulted in criminal activities)

- Exploring evidence-based strategies to address social justice and enforcement efforts in addressing substance use and those struggling with addictions
- Encouraging working partnerships between police, justice, and social/health service providers to address shared challenges⁸

Efforts to control and regulate illicit substances have largely relied on legislation. In Canada, the Controlled Drugs and Substances Act determines which substances are regulated and how they are marketed, while controlling the production, distribution, and use of illicit substances. Alcohol, tobacco, and pharmaceuticals (and soon to be cannabis) are legal substances that all levels of governments control through regulations and taxes. Regulatory options do not attempt to prohibit the use of particular substances, but instead control the sale of substances, with attention to the health and social harms related to each substance.⁹

The use of enforcement interventions solely have been shown to be ineffective at controlling illicit substance use, and have actually been shown to contribute negatively to the health and social needs of individuals and communities.¹⁰ In fact, markets for various illicit substances have continued to flourish and street-level prices have declined, while street-level possession charges have increased, and so have the costs associated with courts, policing, and the justice system.¹¹ With fear of incarceration, people are more likely to use substances in unsafe environments and in unsafe ways, which

8 Schwartz, R., Taylor, E., & Strategy Design and Evaluation Initiative, 2018

9 MacPherson, Mulla & Richardson, 2006

10 Haden, 2006

11 Jesseman & Payer, 2018

has contributed to increasing rates of overdoses and overdose-related deaths, HIV, and hepatitis C virus (HCV)⁴. Finally, the criminalization of people who use drugs ties people to a criminal record, which can later serve to hinder access to employment and housing opportunities, as well as access to health and prevention services, including needle exchange and treatment programs.¹²

drugs by removing mandatory criminal sanctions, often replacing them with opportunities for education, harm reduction, and treatment services.¹³ The HKLN Drug Strategy is not taking a position on decriminalization at this time, but would like to draw attention to provincial and municipal police forces that have been promoting non-criminal justice alternatives to drug offences. These “de facto” enforcement approaches can be implemented

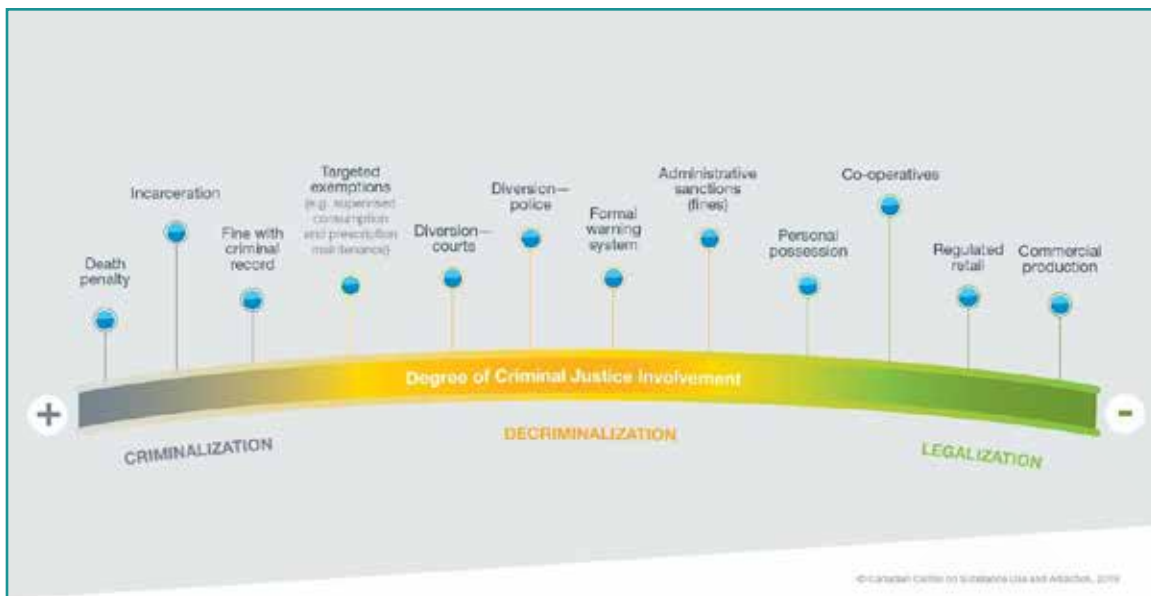


Figure xii - The regulatory continuum

In consideration of the negative implications of criminalizing illicit drug use, various leaders across the country are advocating for a public health approach to overdose prevention by decriminalizing all drugs for simple possession and personal use. It is hoped that decriminalization will improve the response to the growing number of opioid-related overdoses and deaths, and police services across the country have increasingly noted, **“We can’t arrest our way out of the opioid crisis”**.

Decriminalization offers a range of policies and practices to reduce the harms associated with the criminalization of illicit

relatively quickly compared to changes to formal legislation, and they can be tailored to respond to local issues.⁷ Such programs seen in the three counties include:

- Good Samaritan Drug Overdose Act
- Mental Health and Police Programs
- Police Diversion Programs

Within the four pillar approach, the Justice and Enforcement Pillar have the opportunity to intersect with other pillars to consider strategic approaches explore the role of the legal context of substance use.

¹² Haden, 2006; DeBeck, Wood, Montaner & Kerr, 2006

¹³ Jesseman & Payer, 2018

The Good Samaritan Drug Overdose Act

The Good Samaritan Drug Overdose Act provides some legal protection for people who experience or witness an overdose and call 9-1-1 for help. The act can protect you from:

- Charges for possession of a controlled substance (i.e. drugs) under section 4(1) of the Controlled Drugs and Substances Act
- Breach of conditions regarding simple possession of controlled substances (i.e. drugs) in:
 - Pre-trial release
 - Probation orders
 - Conditional sentences
 - Parole

The Good Samaritan Drug Overdose Act applies to anyone seeking emergency support during an overdose, including the person experiencing an overdose. The act protects the person who seeks help, whether they stay or leave from the overdose scene before help arrives. The act also protects anyone else who is at the scene when help arrives.

The act does not provide legal protection against more serious offences, such as:

- Outstanding warrants
- Production and trafficking of controlled substances
- All other crimes not outlined within the act

The **Community Response Program** in CKL comprises a Mental Health Clinician and specially trained plain clothed police officer who respond to community concerns involving individuals who may be experiencing a mental health crisis. The team uses a non-dramatic approach to provide mental health risk assessments to clients in need, and help introduce (or reintroduce) individuals to services suitable for ongoing treatment and support.

A similar program exists in Northumberland called the **Mental Health Engagement and Response Team**, and it runs in partnership with Cobourg Police, Port Hope Police, Northumberland OPP, and community health providers at Northumberland Hills Hospital.

Indigenous Perspectives

Although we do not have a specific pillar for Indigenous perspectives, it is important to note that employing an Indigenous lens or perspective when working with the four pillar model is vital for working with both Indigenous and non-Indigenous communities, and for effectively addressing the harms associated with substance use. When engaging with First Nations communities and clientele in our work and in our day-to-day lives, it is important to be mindful of underlying trauma that may exist from the longstanding impacts of residential schools and colonization. Intergenerational trauma can have negative impacts on Aboriginal peoples' education, culture and languages, health, child welfare, administration of justice, and economic opportunities and prosperity.¹ In some cases, the trauma and grief that people experience can manifest as issues with mental health and harmful substance use.

First Nations communities strive for community collectivism and engagement, and there have been more nations working towards bringing the cultural healing practices back into their community. Indigenous knowledge systems are strongly connected to spirituality, holism, and the natural environment. Therefore, approaches to reduce the harms associated with substance use should incorporate cultural teachings and values to support sensitive conversations around addictions and harm reduction through an Indigenous lens.

The four pillar approach has been proven effective in working with communities around the harms associated with substance use. When working with communities of varying cultural backgrounds, the four pillar approach could be further informed by other frameworks and tradi-

tional teachings. When working within the four pillar model, it is essential to incorporate harm reduction and trauma-informed approaches to help facilitate open communication and engage people where they are at, at any given point, recognizing that people are the experts on their lives and their journeys. What can be added to this approach is becoming more aware of the different cultural tribes and the territories on which many of us reside. These approaches are essential to building trust, respect, and reciprocal relationships.

Cultural Competency training has become an expected practice in many workplaces across Canada. This training is designed to increase knowledge, enhance self-awareness, and strengthen the skills of those who work directly and indirectly with Aboriginal people. Cultural Competency training involves many components and topics, such as trauma-informed practices, assessment and treatment planning, trauma-focused interventions, aspects of colonial history, and sociocultural perspectives of health and wellbeing.

1 Truth and Reconciliation Commission of Canada, 2015

A number of Cultural Competency training opportunities are available to service providers in the HKPR region, including:

- The Safe Guards Training Program offers training locally on topics related to intergenerational trauma, as well as custom, in-service trainings with agencies. For more information, visit www.safeguards-training.net/Training/
- Trainings are also offered to HKPR service providers through the Nogojiwanong Friendship Centre in Peterborough
- The Ontario Indigenous Cultural Safety Program is offered Ontario-wide and administered by the Southwest Ontario Aboriginal Health Access Centre. <http://soahac.on.ca/ICS-training/>

Training is also offered through the Ontario Federation of Indigenous Friendship Centres <http://www.ofifc.org>



Working with Indigenous Harm Reduction: the First Nations Health Authority in B.C. is using cultural representation from four prominent animals in B.C., representing symbolism, healing principles, and harm reduction strategies.



Did you know that the Nogojiwanong Friendship Centre has a Court Worker Program offered to people living in the HKLN region?

The goal of the Court Worker Program is to assist in reducing the over representation of Aboriginal people in the justice system, by assisting Aboriginal individuals to better understand their rights, options and responsibilities when appearing before the courts. The program can assist adults and youth charged with a criminal offense; separating couples; and parents involved in child welfare matters.

Next Steps

The HKLN Drug Strategy is in the middle stage of its development, but we expect the strategy to last much longer than the life of its three year funding opportunity. After the release of this report with the priorities identified, it is expected that members of the Drug Strategy will develop recommendations for action in our 3 counties and plan to take action on the priority areas.

Over the next year the HKLN Drug Strategy will be finalizing evaluation plans that will measure the effectiveness of the Strategy, identify areas for improvement, and deliver a series of piloted tools to improve the Strategy's evaluation efforts. Since we are a collaborative initiative, ongoing "...evaluation should be thought of as systematically giving voice to those who most need to be heard to move the strategy forward. Evaluation is a means to allow stakeholders to tell their stories, explain how they have benefitted (or not) from the work of the strategy, and offer their unique perspective on ways to grow and improve the work".¹ The Strategy will continually seek and leverage the expertise and resources of many key partners in the three counties, including service providers, policy-makers, municipal governments, peers with lived experience of substance use, youth, Indigenous organizations, and research and evaluation experts.

Again, the shared ownership of the identified priorities will provide opportunities for leaders to emerge, partnerships to develop, and collective action. This report is meant to be an inclusive document that recognizes the diversity of the geography and communities that it serves, as well as the complexity of strategies aimed to reduce the harms associated with substance use. Anyone may use this report as an en-

abling tool to focus attention on priority issues and bring about change in accordance with the Drug Strategy's principles and objectives. By doing so, it is hoped that this report, and the Drug Strategy as a whole, will enable greater coordination and integration at all levels and across all jurisdictions.

The Drug Strategy will continue to play an integral role in the development and implementation of key initiatives that attempt to reduce the harms associated with substance use, as well as monitor and evaluate the success of the subsequent initiatives that follow.

1 Schwartz, R., Taylor, E., & Strategy Design and Evaluation Initiative, 2018b, p. 4

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