

Haliburton, Kawartha Lakes, Northumberland

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# DRUG STRATEGY

## Evaluation Report

Findings from 2019 Evaluation Activities

Prepared: December 2019

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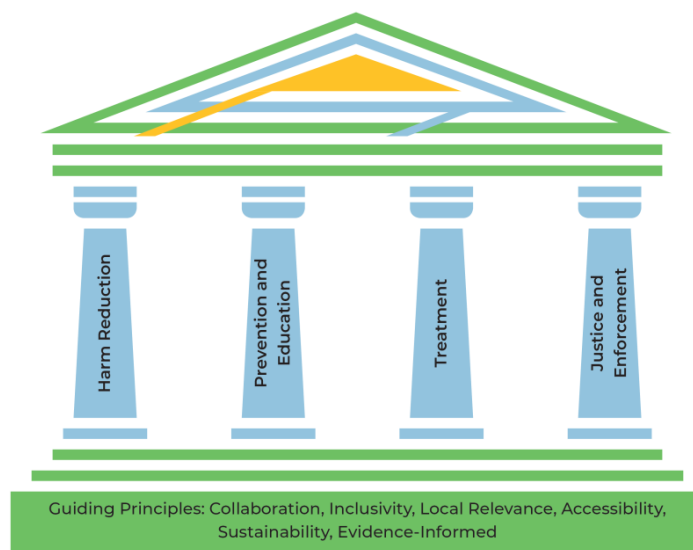


2019

## BACKGROUND

The Haliburton, Kawartha Lakes, Northumberland Drugs Strategy (HKLNDS) has contributed to the development of strong foundational components that support coordination and collaboration across three counties, as well as implementation of a District-wide strategy to address concerns related to substance use. Using a collaborative and locally-informed approach, the main goals of the HKLNDS are to prevent, reduce or eliminate harms related to substance use at the individual and community level, and to improve the quality of life for all community members and service providers in the three counties through a cross-sectoral approach.

The strategy encompasses a four pillar approach, coordinating the pillars of harm reduction; prevention and education; treatment; and justice and enforcement, with the principles of collaboration, inclusivity, local relevance, accessibility, sustainability, and evidence-informed to guide its efforts.



**Figure 1. HKLNDS Four-Pillar Structure**

To measure the relationships formed and the impact of the HKLNDS, the HKLNDS used various tools from the Municipal Drug Strategy Coordinators Network of Ontario (MDSCNO) Evaluation Framework (Taylor & Schwartz, 2018) to inform and guide this evaluation process. The MDSCNO Evaluation Framework was a project led by the Strategy Design and Evaluation Initiative (SDEI) at the University of Toronto to support local and regional drug strategies measure their impact in the wider community and the HKLNDS contributed significantly to these efforts.

### Community Priorities

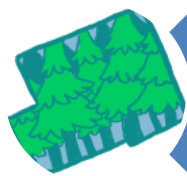
The HKLNDS engaged community members and service providers in an extensive community consultation process in 2017 to identify concerns and priorities related to substance use. Outcomes of this process revealed four top priorities with other priorities related to the four pillars (Appendix A).

The four top priorities identified by community members were:

1. **Community safety**
2. **Access to treatment and services**
3. **Children and youth**
4. **Impaired driving**

The results of the community consultation process were discussed at a HKLNDS members meeting in November of 2018 and members were engaged in a reflective process to make sense of the priorities, specific to the organization and county that they work in, as well as identify additional resources and needs. HKLNDS members were asked to identify priorities that would have a lasting or long-term impact in their agency and/or in their community of work. Discussions were held by Ontario Telemedicine Network (OTN) and members (**n=16**) met face-to-face with other members of the same county.

Members ranked the priorities (1 = having the most impact) by county and the results are as follows:



#### **Haliburton County**

Better service integration and coordination

Alternative treatment/recovery options available in the community



#### **Kawartha Lakes**

Increased awareness and understanding of harm reduction

Reducing stigma associated with substance use (anti-stigma initiatives)

Services and interventions targeting children and youth (i.e. education initiatives)



#### **Northumberland County**

Better service coordination and integration

Better engagement of people with lived experience (peers)

Services and interventions targeting children and youth (i.e. education initiatives)

## EVALUATION OVERVIEW

- Purpose:** To identify where and how the collaborative is making progress.
- Audience:** The HKLNDS Steering Committee and Strategy Members. Findings will also be shared to community stakeholders and funders.
- Evaluation** Where and how is the HKLNDS making progress?
- Questions:** How credible is the HKLNDS?  
What is the perceived impact of the HKLNDS?

From the MDSCNO Evaluation Framework, the SDEI created two data collection tools (an interview and survey tool) and protocols that were used in this evaluation to first identify where and how the HKLNDS is making progress, and to then explore the early impacts of the Strategy. Using these tools, the HKLNDS wanted to hear from current members of the HKLNDS, as well as members formerly involved with the HKLNDS and/or community leaders who were knowledgeable about the Strategy.

A third data collection tool (a self-assessment/evaluation) was developed out of conversations between the Evaluator and the HKLNDS Coordinator and used to better capture the internal processes contributing to the drug strategy's impact in the three-county area. Insights and learnings from the Coordinator's perspective will be shared throughout this report.

The methods and key indicators of each phase are outlined:

### Phase 1:

**Interviews** with drug strategy members

#### Key indicators

- Level of engagement and collaboration
- Identification of processes to improve credibility
- Identification of gaps and barriers

### Phase 2:

**Community survey** with drug strategy members and community stakeholders; and **self-assessment** by Coordinator

#### Key indicators

- Awareness of the strategy by community stakeholders
- Perception of the Strategy's impact by community stakeholders

## OVERVIEW OF EVALUATION METHODS

### Interviews

Interviews were conducted with HKLNDS members to gather perspectives on the identified indicators. Interview questions asked members about the niche and credibility of the drug strategy, as well as collaboration and member engagement efforts.

In total, responses were gathered from **eight (n=8)** HKLNDS members. An open-invitation was sent to all HKLNDS members to participate in the interview process. In the second round of recruitment, several HKLNDS members were hand-selected depending on the county they worked in, their pillar focus and the length of their engagement with the Strategy.

The interviews were audio recorded (with consent provided) and transcribed by two interviewers. Interviewers were placement students from Trent University and were supervised by the HKLNDS Coordinator, thus being partially external to the Strategy. Since an external evaluator could not be hired due to funding limitations, this was the best option to provide at least partial distance from the interview results.

Audio files and raw survey responses were only accessible to the two interviewers to the HKLNDS to help maintain the anonymity of interview responses. The two interviewers aggregated interview responses into thematic categories and all identifying information was removed. A summary document was then shared with the HKLNDS Coordinator.

### Surveys

An online survey was also developed to better understand to what extent HKLNDS members and community stakeholders felt the work of the Strategy had made an impact in the Haliburton, Kawartha, Pine Ridge (HKPR) District.

A total of 158 stakeholders were invited to participate in this survey through an email invite sent by the Drug Strategy Coordinator. The invite was distributed to those who:

- i. Had previously been involved directly in the HKLNDS, but were no longer involved;
- ii. Had been connected through the HKLNDS in some capacity (i.e. E-newsletter); and
- iii. Work in the substance use/addiction field and have an awareness of the Strategy

It was expected that these stakeholders would have adequate knowledge about the HKLNDS in order to provide feedback, while still being removed from direct contributions to the Strategy that might overstate its current impact.

The final sample included **30 participants (n=30)**, with a majority of respondents being Drug Strategy Members and working in the Harm Reduction and Prevention/Education Pillars. The online survey was administered through Survey Monkey and community stakeholders were given a two-week timeline to complete the survey.

Sample characteristics of survey respondents:

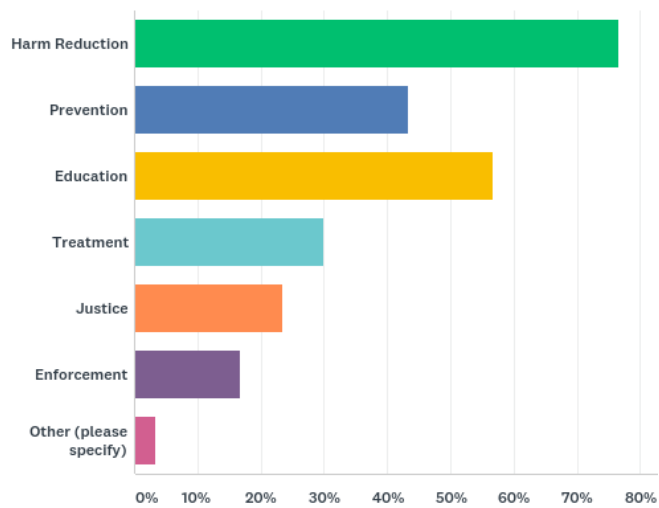


Figure 2. Survey respondents' pillar focus

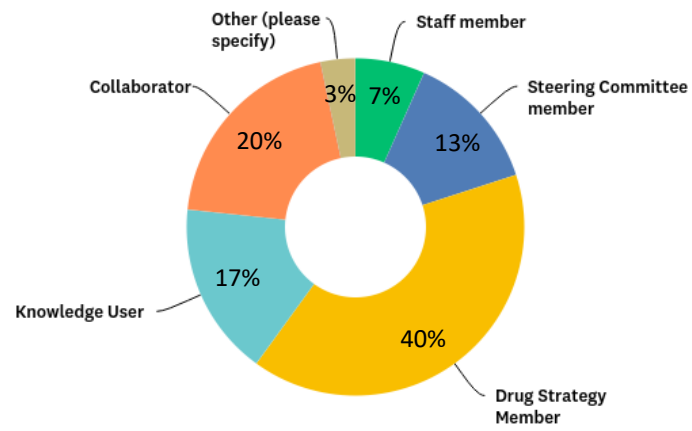


Figure 3. Survey respondents' role with the HKLNDs

## FINDINGS

### Phase 1: Successes and Challenges

From interviews with eight HKLNDS members, the perceived role of the drug strategy was to promote **safety among patients and clients; collaborate with partners; ensure consistency and alignment of priorities among organizations and counties; and increase knowledge and awareness of substance use to reduce stigma among those who engage in substance use**. HKLNDS members identified a number of effective strategies and challenges that influenced the role and credibility of the HKLNDS.

#### Successes

**Four-pillar representation and membership.** The key area of success for the HKLNDS was that it was able to establish a robust membership that brought pertinent partners with diverse representation together to work on a common agenda. One participant claimed that the HKLNDS was **“[very] credible because I think that the people that are participating [in the Strategy] have strategic roles within the community so they are working with the target groups... and [keeps] us all working in the same direction.”** The Strategy provided a collaborative forum for relationships to be formed and for service providers across the three counties to meet face-to-face and learn of each other’s programming, resources and local responses.

**Having a full-time coordinator** dedicated to coordinating and supporting drug strategy activities had strengthened the impact and visibility of the Strategy. Many respondents noted that they did not have the capacity to do “this work” and it often gets pushed “to the side of their desk”. One respondent commented, **“The Drug Strategy and, in particular, the Coordinator, have ignited conversations and shone a light. No one else is in a position to do this work at a community-building level....which is desperately needed.”** Another participant mentioned, **“The time and energy that went into the work is not something someone can do off the side of their desk. Really valuable and the Coordinator was wonderful to work with.”**

**Ongoing and effective communication** was also noted by survey respondents as key to the success of the HKLNDS. Many participants commented on the Strategy’s effectiveness at improving educational efforts through ongoing three-county meetings, seminars, weekly e-newsletters and generating public awareness through newspapers, radio shows and ongoing advocacy activities. One interview participant commented that the HKLNDS was effective in **“...sending out information on a consistent basis with updates from media, from the press...just letting us know things that are current and things that we can do, and how we can become involved. I think that they’re probably one of the best communicators in terms of committee or strategy alike.”**

Another respondent claimed the Strategy was effective in **“[bringing] community partners together for information sharing, education and discussion regarding substance use issues, resources, supports. This helps to keep those of us working directly with clients current and aware of**

*substance use issues, trends and services both available and needed*". So while frontline providers did not always have the capacity to collaborate in HKLNDS meetings, having ongoing communication activities (such as the E-newsletters) were helpful in keeping related conversations current and on people's agenda.

## Challenges

Although HKLNDS members were not asked directly about the gaps and barriers of drug strategy implementation efforts, several challenges were highlighted:

- Getting buy-in from the larger communities and municipalities
- Implementing HKLNDS activities within a regional/district-wide structure
- Ensuring information and decisions from HKLNDS meetings are shared by HKLNDS members with their host organizations
- Moving discussion and information from sharing to action
- Reducing stigma around substance use: *"[There] is so much stigma and discrimination in the community and that puts up a barrier for the drug strategy to get connected with organizations that really should be involved but at this point, they don't have the capacity to be."*
- Having limited local data collection and sharing to comprehensively identify issues and guide responses

These gaps and barriers are not dissimilar to the experiences of members of other drug strategies across the province. Specifically, members from the Waterloo Region Integrated Drugs Strategy (WRIDS) highlighted:

*Limited financial resources; high-stress and volume of individual work-loads; scheduling conflicts and lack of time; changing priorities in responding to crisis; considering other health determinants in the context of substance use and community health; not having a clear purpose, actionable items, or outcomes; overlapping initiatives and roles with other committees/work groups; and responding to other external influences* (WRIDS, 2018).

## Suggestions

HKLNDS members also highlighted a number of suggestions and recommendations to strengthen the HKLNDS' role and response in the three counties. Such suggestions included:

- Having buy-in and partnership with agencies and community stakeholders who already have respected visibility
- Implementing more community- and locally-driven activities and initiatives
- Offering workshops and panels on an ongoing basis to discuss and share ideas, and to challenge persistent stigma and discrimination



- Developing a District-wide strategic plan that can be tailored at a local or county level
- Engaging people who use drugs and/or with lived experience of substance use to guide drug strategy efforts
- Healing through art, and supporting opportunities for people to share their stories and experiences
- Combining resources among agencies to offer community members more/different options/choices
- Having sustainable funding for HKLNDS programs and initiatives, and for a full-time Coordinator position

Because the HKPR District is so diverse and geographically dispersed, it requires a comprehensive and tailored response to the challenges and experiences faced by communities and organizations. While HKLNDS members highlighted important responses and recommendations to improve drug strategy efforts, they need to be considered in relation the community or organization in which they are situated.

## Phase 2: Perceived Impact of the HKLNDS

When asked about the perceived impact of the HKLNDS in the community survey, **67% (n=20)** of respondents felt that the Strategy had a positive impact on the community to a **great or good extent** and **57% (n=17)** of respondents felt that that their engagement with the HKLNDS added value to their work and/or organization.

A number of indicators were identified by HKLNDS members in Phase 1 of the evaluation (interviews with Strategy members) to measure the Strategy's impact

in the community, including an uptake in harm reduction programming throughout the three counties; an increase in collaboration among pertinent partners and improved communications efforts. One participant noted, *"[The Strategy] connected me to the education around naloxone and opioids. I would have never had that before and I come across a lot of people with very serious substance use who are not ready to go to any agency. Now I have a tool in my hand to start talking to people about harm reduction and I can give them a kit so that's awesome for me."* The table below summarizes other key activities accomplished by the HKLNDS over the past three years.

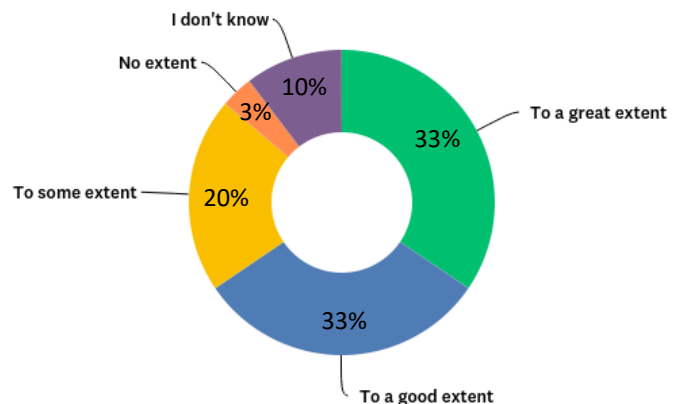


Figure 4. Perceived positive impact on the community

**Table 1.** A list of key accomplishments from the HKLNDS, by pillar

Pillars	Accomplishments
<b>Harm Reduction</b>	<ul style="list-style-type: none"> <li>• Supported greater access to safe(r) injection/inhalation kits, safe disposal</li> <li>• Increased awareness of naloxone and supported the distribution of naloxone kits</li> <li>• Helped draft the HKPR Opioid Response Plan, in partnership with HKPRDHU</li> <li>• Increased awareness and understanding of harm reduction</li> </ul>
<b>Prevention &amp; Education</b>	<ul style="list-style-type: none"> <li>• 65 E-newsletters developed and distributed</li> <li>• 10 of pre-written newspaper columns and blogs</li> <li>• 30+ news articles and 4 TV/radio shows</li> <li>• 4 online media accounts</li> <li>• 5 annual campaigns delivered (including Medication Take Back, International Day of Action on the Overdose Crisis, International Overdose Awareness Day, Sexual Assault Prevention Month, National Addictions Awareness Week)</li> <li>• 18 educational workshops, presentations and conferences</li> <li>• 1 commUNITY film produced</li> <li>• 2 Unity Projects completed</li> <li>• Supported the Challenges, Beliefs and Changes (CBC) program in HKPR high schools</li> <li>• Designed unique and locally relevant branding of the HKLNDS</li> </ul>
<b>Treatment</b>	<ul style="list-style-type: none"> <li>• Advocated for greater access to alternative treatment and recovery options in the community (i.e., OTN capabilities for remote access and peer-support networks)</li> <li>• Supported the development of a collaborative, community-based response between one police service and an addiction service agency</li> </ul>
<b>Justice and Enforcement</b>	<ul style="list-style-type: none"> <li>• Increased awareness of Good Samaritan Drug Overdose Act</li> <li>• Promoted and supported the delivery of enforcement-led community response programs (i.e., Kawartha Lakes Community Response Unit and M-HEART in Northumberland County)</li> <li>• HKLNDS Coordinator participated in three local Human Services and Justice Coordinating Committees (HSJCC)</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>• 83 HKLNDS members and 50+ organizations represented</li> <li>• 154 people subscribed to E-newsletter</li> <li>• 4 staff members worked with the HKLNDS</li> <li>• 11 committees that the HKLNDS Coordinator collaborated on</li> <li>• 6 student placements were hosted</li> <li>• 2 HKLNDS reports were prepared</li> <li>• Participated on a provincial drug strategy network, the Municipal Drug Strategy Coordinators Network (MDSCNO), and contributed to the development of a drug strategy evaluation framework</li> </ul>

While collaboration, communication and greater awareness of programs and services were identified as key activities of the HKLNDS, the below graph depicts the extent to which HKLNDS members perceived the HKLNDS had an impact on the following nine activities or action-related items.

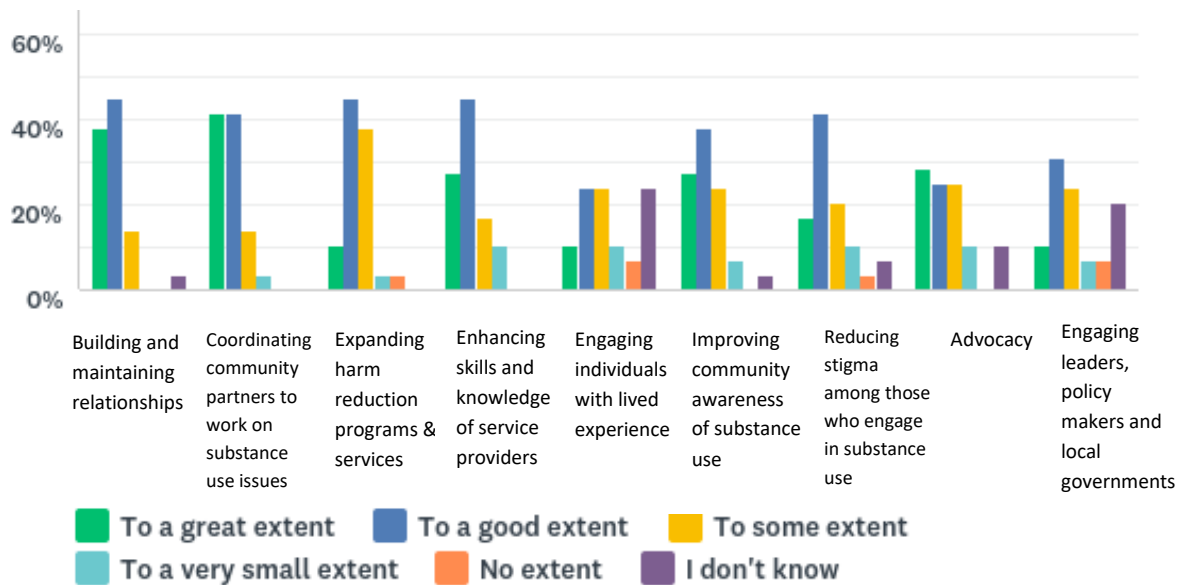


Figure 5. The perceived impact of the HKLNDS on various activities

## DISCUSSION OF THE FINDINGS

From an in-depth consultation with drug strategy coordinators across the province, the MDSCNO Evaluation Framework revealed the complexity of municipal drug strategies. The framework explains that drug strategies are complex structures because:

- *There are often many partners involved in decision making and implementing interventions;*
- *There are many interventions, which wax and wane and change over time in response to funding and shifting priorities and fall under wide-ranging themes;*
- *The goals of the strategy are broad, and the focus can shift over time across the four pillars and beyond; and*
- *The environment is complex with many competing influences on the target goal of reducing the harms associated with substance use (e.g., a shifting drug supply, policy landscape, and other organizations operating in the field)* (Taylor & Schwartz, 2018).

Because strategies are complex, rigorous evaluation efforts can be particularly challenging because:

- *Program evaluators are usually trained in evaluating single program interventions;*
- *Access to good data for measuring population level outcomes can be scarce;*
- *There is a large volume of work required to evaluate a large number of interventions; and*
- *It is difficult to attribute long-term changes (i.e., population health outcomes), to the work of the strategy, in a complex environment* (Taylor & Schwartz, 2018).

Although evaluation work can be tricky, the HKLNDs endeavoured to complete a contribution analysis, which allowed us to look at the perceived impact of the Strategy over a three-year period, and to look at the influence the Strategy had on program development and delivery, even though it might not have been directly involved in implementation efforts. Contribution analysis also helps tell a plausible story about system- or population-level changes and “[supports] a common understanding that demonstrates how the work of the strategy likely had ‘influence’ on the big picture changes that [the strategy was] working towards” (Taylor & Schwartz, 2018, p. 4). With this lens, we can look at several findings from this two-phase evaluation that point to the HKLN Drug Strategy’s impact and influence on **community awareness and will; niche initiatives; and systems and policy change** in the HKPR District. The following section will explore these three thematic findings more in depth, while integrating the perspective of the HKLNDs Coordinator and other key literature.

### Outcome Area: Community Awareness and Will

Supporting organizations and communities in their readiness to identify and act on substance use-related issues were important first steps for drug strategy efforts. This included generating wider community awareness; improved communication and online social media campaign activities; training and presentations for service providers; building empathy and better understanding of substance use, addiction and recovery; changing behaviours; and adapting existing services and programs. **73% (n=22)**

of HKLNDS members and community stakeholders that participated in the online community survey felt that Strategy had an impact either to a great or good extent on enhancing skills and knowledge of service providers and **67% (n=20)** said that the HKLNDS improved community awareness of substance use either to a great or good extent. Drug strategy initiatives were implemented effectively when they had buy-in and engagement at three levels: the general public, champion organizations, and decision-makers.

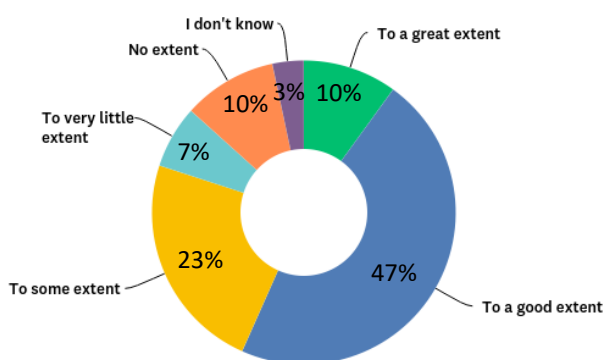
The HKLNDS also contributed to the greater awareness of the need for a collective and collaborative response to drug-related issues and harms. The Four Pillars is one proposed model that integrates diverse perspectives and approaches into one coordinated response. One of the pillars, Harm Reduction, is a pragmatic response to substance use that promotes flexibly, choice and person-led approaches. Harm Reduction approaches focus on preventing or reducing the harms associated with someone's use of substances, and not necessarily substance use itself. Harm Reduction programming was considered somewhat controversial at its early introduction in the three-counties and may have influenced its uptake among certain service providers and organizations, previous to educational efforts implemented by the HKLNDS.

Evaluation findings highlighted in the Haliburton Kawartha Pine Ridge (HKPR) Opioid Enhancement report that was prepared by the SDEI found some reluctance among organizations in the HKPR District to get on-board with distributing naloxone kits and/or other harm reduction equipment (i.e., safer injection and inhalation equipment) when the program was first initiated, for fear of stigmatizing the people that access their programs and services. One respondent noted their organization's particular reluctance to deliver harm reduction measures, such as distribution of naloxone, because they felt there were unintended harms associated with naloxone distribution, including unintentionally encouraging risky behaviours (Taylor & Schwartz, 2019).

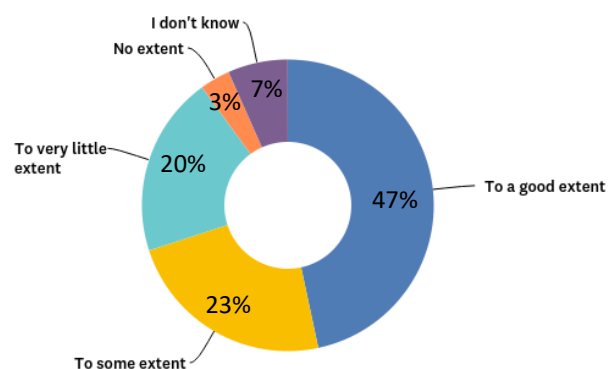
Harm Reduction was considered to be a nuanced approach to reducing substance use harms among some drug strategy partners at the early stages of the Strategy's implementation in 2016, but over time partners and partnering organizations better understood the evidence and benefits underlying such an approach, and increasingly integrated components of harm reduction practice and philosophy in their organizational structure and culture. While the HKLNDS didn't participate in the naloxone program directly, it could be demonstrated that the Strategy contributed to the greater uptake of the program for several reasons. First, the Drug Strategy Coordinator was the HKPR engagement lead for the naloxone program, prior to their role with Strategy; thus members could have conflated these two different roles and naloxone-related efforts may have been unintentionally prioritized. The HKLNDS also provided a collaborative forum for frontline providers to meet bi-monthly to provide updates and discuss potential issues related to the delivery of harm reduction programming. Finally, the HKLNDS continually provided naloxone and harm reduction program updates, shared promising practices through E-newsletters and kept HKLNDS members informed about how to engage in initiatives taking place throughout the three counties.

It was important that this evaluation measured changes in opinions and observed behaviours of HKLNDS members and community stakeholders to explain how the efforts of the HKLNDS might have

contributed to the changes seen at individual, organizational and community levels. When asked about changes in attitudes towards substance use and/or people who engage in substance use, **57% (n=17)** survey respondents agreed that the HKLNDS had contributed to a change in attitude either to a great or good impact; and **47% (n=14)** said the Strategy had greatly influenced a change in behaviours among staff and/or the delivery of programs within their organization.



**Figure 6. Perceived impact on change in attitudes**



**Figure 7. Perceived impact on behaviour change**

To conclude, the HKLNDS experienced an increased awareness among service providers and community members over the three-year span of the project, which led to the identification of issues and priorities related to substance use within communities, as well as an increased propensity and capacity to generate a collective response.

### **Outcome Area: Niche Initiatives – Programs, projects, and services**

Programs, projects and services provide immediate tangible benefits to individuals and families, and offer the opportunity to influence population-level targets if they are scaled up over time. It was the role of the HKLNDS to support and coordinate many programs and initiatives, while giving organizations and service providers a collaborative mechanism to learn from one another and strengthen individual approaches.

HKLNDS members also observed changes to the way services and programs were delivered and identified cross-pollination between the 4 pillars over the past three years. For example, two police services in the district now deliver community-based response services where officers (Enforcement Pillar) and mental health nurses and/or addiction counsellors (Treatment Pillar) proactively reach out to community members in need of mental health and/or substance use-related supports. Additionally, a Court Support Worker (Justice Pillar) in one of the counties now offers mental health and addictions support in the court, as well as referrals and harm reduction programming (Treatment and Harm Reduction Pillars). While the HKLNDS cannot directly measure its influence on these changes among service provision in the counties, we can confer the impact the drug strategy has had in supporting these initiatives through their involvement with the strategy.

Due to the wide diversity of activities and initiatives among HKLNDS members, there are no common sets of indicators and methods used to report these types of outcomes. However, a good practice for future drug strategy work should be to create a Theory of Change or logic model that traces a project or program's intended impacts to the group's medium and long-term outcome goals. It is also important to compare these intended outcomes with other programs/projects/organizations and ensure that data from HKLNDS partner agencies is shared and feeds into the whole.

### **Outcome Area: Systems and Policy Change**

From a systems perspective, a holistic approach is required to address the challenges posed by substance use-related issues and harms. Because people may engage in substance use for systemic reasons, a community interested in deep and sustainable reductions in the overall level of substance-use harm must adopt systems change as a central component of its strategy. The most common areas of systems change reported by HKLNDS members were coordination and streamlining services and supports, enhancing multi-sectoral partnerships and collaboratives, initiating action-oriented teams, and creating opportunities for people with lived/living experience of substance use. **83% (n=25)** of survey respondents agreed that the HKLNDS had an impact, either to a great extent or good extent, on coordinating community partners to work on substance use related issues.

While HKLNDS members agree that a factor of success for the Strategy was having the HKLNDS Coordinator participate on multiple committees to allow for cross-pollination and to ensure that substance use issues were being addressed across sectors, it might be more effective, going forward, to maintain cross-collaboration and integration of services through multiple pathways. For instance, rather than having a "housing response table", "safer communities initiative" and "poverty roundtable", it would be advantageous to see where the objectives and mandates of these initiatives align to improve efficiency and reduce duplication of efforts. Furthermore, because harmful or problematic substance use cannot be sustainably reduced without addressing the root causes (i.e., housing status, basic income), the collaboration and integration of diverse stakeholders and committees might serve to address the intersectional factors that contribute to harmful substance use in the first place.

### **CONCLUDING REMARKS**

Findings from this evaluation process strongly demonstrate that the HKLNDS was integral in providing a collaborative mechanism for community members, service providers and elected officials to work, align organizational mandates, establish a common agenda, and respond in a collective and multi-faceted fashion. Future evaluation efforts should further investigate how the Strategy might be contributing to change at the systems and service level. Continuing to track activity outputs and considering the larger community and societal context is also recommended. It is also recommended to seek feedback from current members, community members and people who engage in substances use on an ongoing basis to contribute to the continuous development of the Strategy and minimize future barriers.

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## APPENDIX A




 <p><b>Harm Reduction</b></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><b>Prevention &amp; Education</b></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><b>Treatment</b></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><b>Justice &amp; Enforcement</b></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><b>Priority populations:</b> Youth, families, Indigenous populations, the LGBTQ+ community, people who engage in substance use, and people with mental health challenges</p>	
<p><b>Service environment:</b> 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 8. List of community-identified priorities by pillar

The report can be found online at

[www.hklndrugstrategy.ca](http://www.hklndrugstrategy.ca)

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