THE TIMISKAMING DRUG AND ALCOHOL STRATEGY (TDAS)

2022-2025 Plan for Action

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ACKNOWLEDGEMENTS

The members of the Timiskaming Drug and Alcohol Strategy (TDAS) acknowledge that our work occurs within the Robinson-Huron Treaty, Treaty 9 and unceded Indigenous territory, specifically within the traditional territories of Beaverhouse, Matachewan, Temagami and Timiskaming First Nations. Today these lands encompass communities with enduring presence of Algonquin, Anishnabai, Ojibwe, Cree, and Métis Peoples. We offer our gratitude for their shaping and strengthening of our community, province, and country, and affirm our collective responsibility and commitment to work toward reconciliation.

We are mindful of those with lived or living experience of substance use and addiction, their individual and collective experiences, and those who have lost their lives as a result. We recognize the expertise of those with lived or living experience, whose insights are invaluable in our efforts to improve the quality and impact of services and resources related to substance use and addiction and reduce the harms that result from it.

We greatly appreciate and thank:
- Public Health Agency of Canada for funding the TDAS Coordinator and Research Analyst positions.
- Drug Strategy Network of Ontario for their willingness to offer their support and expertise

We would like to sincerely thank all members and organizations of the TDAS Committee and working groups for their contributions to this report and continued support of the strategy.
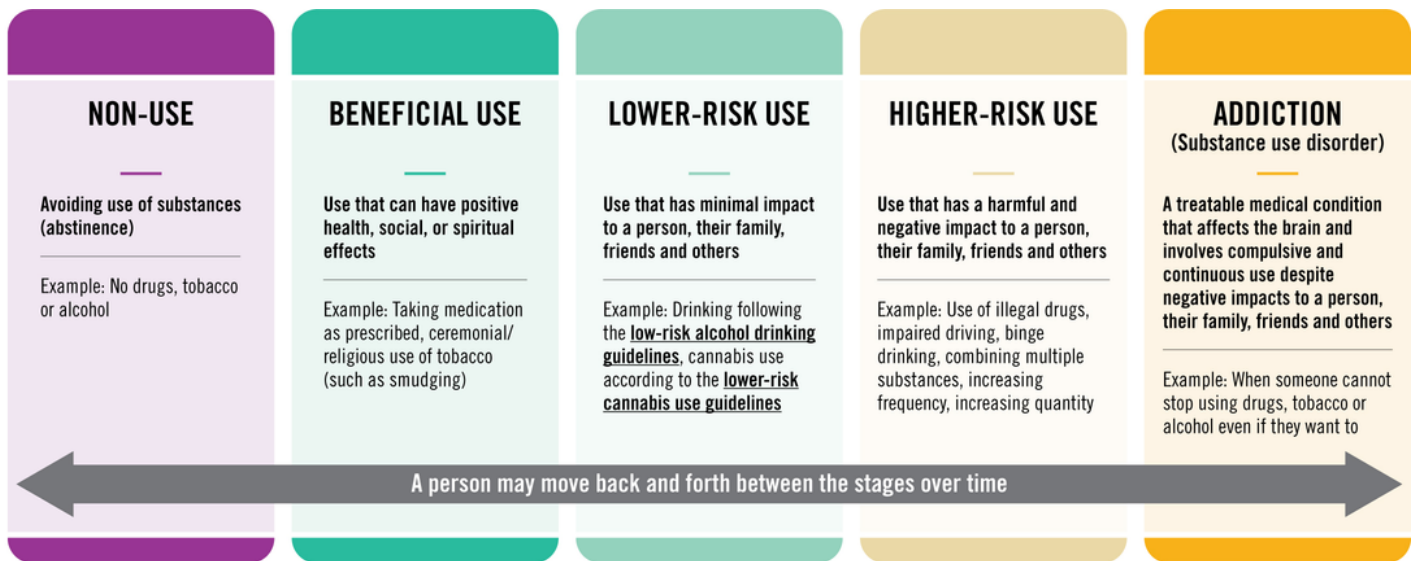
- Beaverhouse First Nation*
- Blanche River Health*
- Canadian Mental Health Association*
- Centre de santé communautaire du Témiskaming*
- City of Temiskaming Shores
- Conseil Scolaire Catholique de District des Grandes-Rivières
- District of Timiskaming Social Services Administration Board*
- District School Board Ontario North East
- Englehart Family Health Team*
- Keepers of the Circle*
- Mino M'shki-ki Indigenous Health Team*
- Municipality of Cobalt
- North Eastern Ontario Family and Children's Services*
- Northeastern Recovery Centre*
- Ontario Health North*
- Ontario Provincial Police*
- Pavilion Women's Centre
- Salvation Army Kirkland Lake*
- Temagami Family Health Team*
- Timiskaming Health Unit*
- Timiskaming Municipal Association*
- Timiskaming Opioid Poisoning Prevention Task Force
- Town of Kirkland Lake
- Township of Matachewan

*Steering Committee member who may also participate in one or more working groups.

INTRODUCTION

The driving force behind high-risk substance use is very complex and greatly impacts the health and safety of individuals and society. It has been shown that certain living and working conditions influence the likelihood of substance use issues in a person's life. For example, life and working conditions such as poverty, food insecurity, traumatic experiences, unemployment, homelessness, and others all increase the risk of high-risk substance use. The negative effects of substance use impact all levels of society – individuals, family and peers, and communities. An effective response to this complex issue needs to be collaborative and comprehensive with a suite of interventions focused on substance use health.

Spectrum of Substance Use

NON-USE	BENEFICIAL USE	LOWER-RISK USE	HIGHER-RISK USE	ADDICTION (Substance use disorder)
Avoiding use of substances (abstinence)	Use that can have positive health, social, or spiritual effects	Use that has minimal impact to a person, their family, friends and others	Use that has a harmful and negative impact to a person, their family, friends and others	A treatable medical condition that affects the brain and involves compulsive and continuous use despite negative impacts to a person, their family, friends and others
Example: No drugs, tobacco or alcohol	Example: Taking medication as prescribed, ceremonial/religious use of tobacco (such as smudging)	Example: Drinking following the low-risk alcohol drinking guidelines, cannabis use according to the lower-risk cannabis use guidelines	Example: Use of illegal drugs, impaired driving, binge drinking, combining multiple substances, increasing frequency, increasing quantity	Example: When someone cannot stop using drugs, tobacco or alcohol even if they want to

A person may move back and forth between the stages over time

https://www.canada.ca/en/health-canada/services/substance-use/about-problematic-substance-use.html

In early 2021, TDAS was formed to better understand the local context of substance use and the associated harms. Since then, a lot of work has been carried out to assess available information, gather more, and create a Strategy that is truly for Timiskaming and by Timiskaming. The purpose of this Strategy is to build on the existing efforts in the Timiskaming area, inclusive of Temagami.
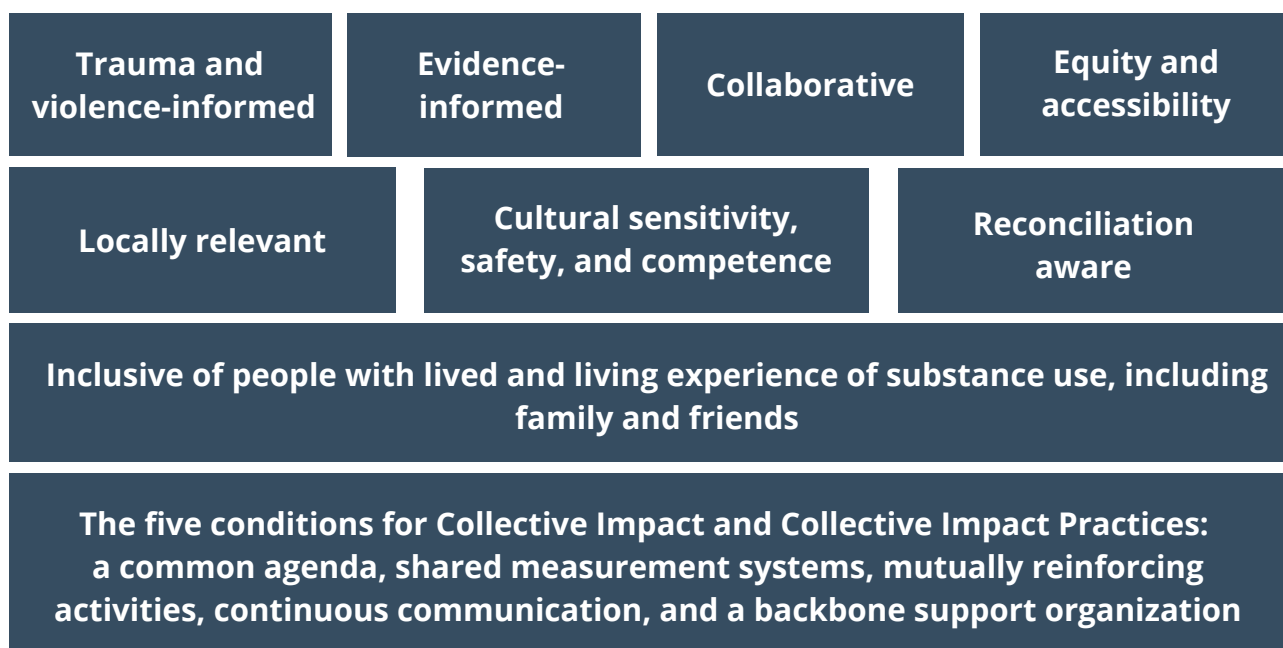
BACKGROUND

Goal
The goal of the Strategy is to prevent and reduce the harms associated with substance use to improve the quality of life of all residents of Timiskaming.

Guiding Principles
All work is being guided by the following nine principles:

Trauma and violence-informed	**Evidence-informed**	**Collaborative**	**Equity and accessibility**
Locally relevant	**Cultural sensitivity, safety, and competence**	**Reconciliation aware**	

Inclusive of people with lived and living experience of substance use, including family and friends

The five conditions for Collective Impact and Collective Impact Practices: a common agenda, shared measurement systems, mutually reinforcing activities, continuous communication, and a backbone support organization
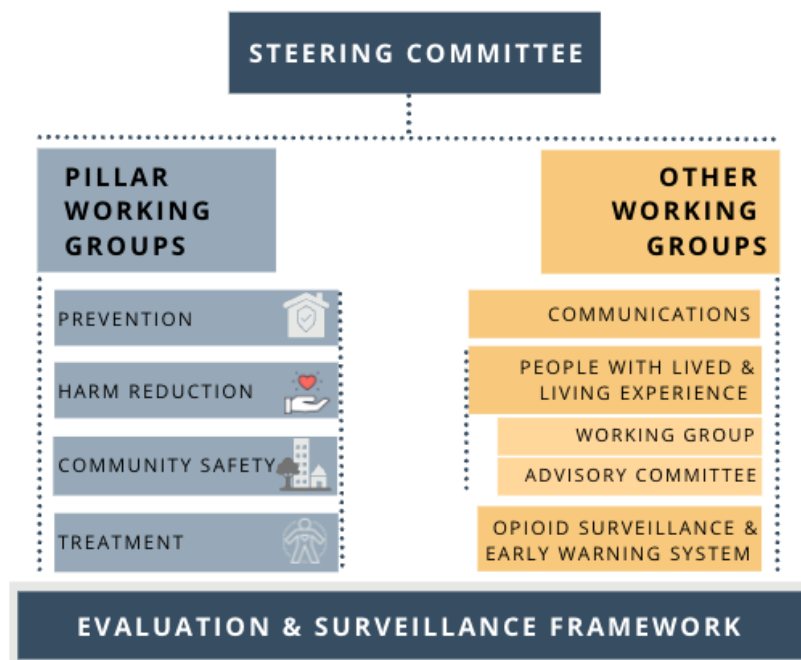

Membership
The Strategy membership consists of over 20 community organizations and people with lived and living experience. Sectors represented include mental health and addictions treatment services, Indigenous services, child and family health services, social services, municipalities, community members, family health teams, hospitals, school boards, police, and public health.

BACKGROUND

Structure

The Strategy is supported by a Steering Committee, four pillar working groups, three other working groups, and is grounded in an evaluation and surveillance framework.

The Steering Committee provides leadership in the development, implementation, and evaluation of the strategy. It supports connecting the work of the four pillars, ensures all work is in alignment with our guiding principles and that the TDAS is evidence-informed with the opportunity to innovate. Some of the key roles of the Steering Committee include:
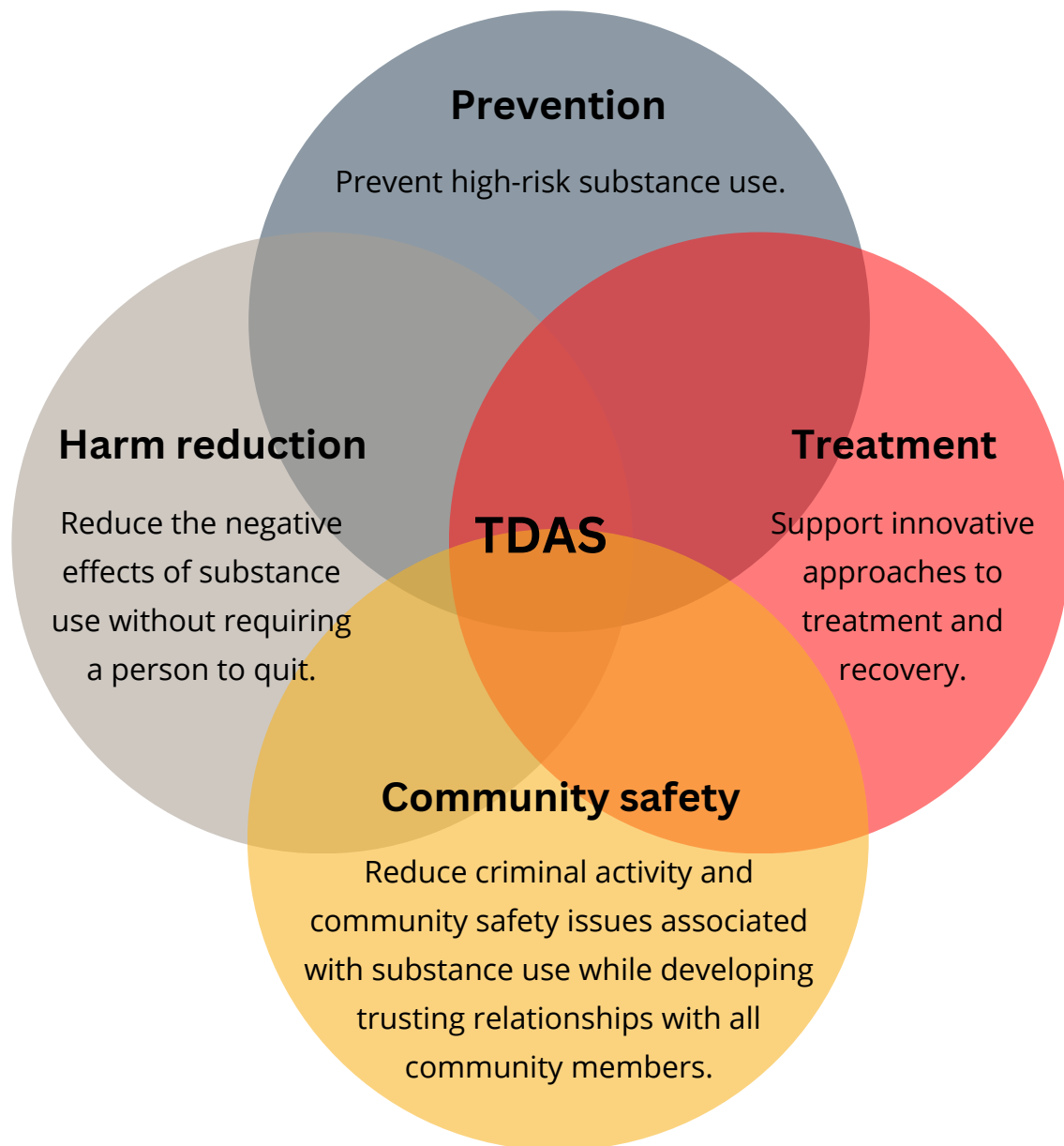

STEERING COMMITTEE

PILLAR WORKING GROUPS
- PREVENTION
- HARM REDUCTION
- COMMUNITY SAFETY
- TREATMENT

OTHER WORKING GROUPS
- COMMUNICATIONS
- PEOPLE WITH LIVED & LIVING EXPERIENCE
- WORKING GROUP
- ADVISORY COMMITTEE
- OPIOID SURVEILLANCE & EARLY WARNING SYSTEM

EVALUATION & SURVEILLANCE FRAMEWORK

- **Communication**: Developing a website and brand as well as coordinating and supporting communication strategies across pillars where indicated.
- **Shared Measurement**: Coordinating and supporting data collection which includes monitoring, surveillance, and an evaluation strategy to support TDAS performance, continuous improvement and accountability, and a common agenda that is responsive to current and emerging needs.
- Support the **early warning system** related to drug poisonings.
- **Explore next steps related to a strong mental health theme** identified in the local community consultation.
- Explore the feasibility of **local application of the <u>recommendations</u> put forward by Canada's Expert Task Force on Substance Use** for the national drug strategy

The pillar working groups are responsible for ensuring a comprehensive and coordinated approach is taken to plan and implement the Strategy. The pillar working groups are guided and directed by the Steering Committee. The other working groups have been established to provide support across all entities of the TDAS structure. In particular, the People with Lived and Living Experience Advisory Committee participates on all pillar working groups and the Steering Committee, in addition to providing expertise on all TDAS documents and processes.

BACKGROUND

Framework

An evidence-informed framework is being used to ensure a coordinated and comprehensive approach. The four pillars work together to address community needs and create solutions that make sense in the local context.

Prevention

Prevent high-risk substance use.

Harm reduction

Reduce the negative effects of substance use without requiring a person to quit.

TDAS

Treatment

Support innovative approaches to treatment and recovery.

Community safety

Reduce criminal activity and community safety issues associated with substance use while developing trusting relationships with all community members.

HISTORY

Since Spring of 2021, TDAS members have worked together to understand the situation in Timiskaming related to substance use and its harms and to find solutions to improve the health and wellbeing of residents. The work that has taken place to get to this point of releasing the Strategy is summarized below. Since forming, environmental scans, literature reviews, and ongoing knowledge exchange have occurred. This work is continuous in our pursuit to create and implement a Strategy that is responsive and evidence informed.

Spring 2021: the TDAS Steering Committee and pillar working groups formed. By July, a communications working group and People With Lived and Living Experience working group formed.

August 2021: Timiskaming Health Unit was successful in their application to the Public Health Agency of Canada to receive funding for human resources to support moving the Strategy forward.

March 2022: a communications strategy and a strategy to engage with people with lived and living experience were created and approved.

May 2022: a People with Lived Experience Advisory Committee was established, recruiting 5 community members from across the district to provide expertise on the local situation and needs, guiding the development and implementation of the Strategy.

June 2022: a community consultation report was shared publicly to allow community members to submit feedback on the proposed TDAS approach and recommended actions to take. The Consultation Report was developed from January-May and feedback across the district was collected in June and July through survey, emails, written-in, phone calls, and two webinar sessions.

October 2022: The results of the community consultation were shared publicly in an infographic.

Each step has led to the creation of this current TDAS document. Moving forward, the TDAS will remain flexible to respond to and prioritize emerging needs, positioning itself to keep the needs of residents and resources of local services at the center of its work. It is important to recognize that there is potential to intersect with other local strategies and initiatives such as Timiskaming's Community Safety and Wellbeing Plan and the Indigenous Mental Health and Wellness Strategy (in progress). Opportunities to work with others and avoid duplicating efforts will continue to be identified.

THE STRATEGY

This document outlines priority objectives and actions to take locally over the next three years. It has been informed by the perspectives of partnering agencies and people with lived and living experience, existing literature, environmental scans, local data, and what we heard during our community consultation. While we have worked to understand the needs locally, it is important to recognize that the current situation can change. Through continuous monitoring of our progress the Strategy goal, objectives, and actions can expand or shift to remain relevant and effective. Therefore, this Strategy serves as a living document being monitored, updated, and evaluated at regular intervals.

Strategic Directions

Four strategic directions emerged from the planning phase of the strategy, identifying key approaches needed to achieve the TDAS goal:

Enhance collaboration and build or strengthen relationships among community organizations and community members	**Increase capacities**
Create and demonstrate an impact	**Enhance engagement, awareness, and education of organizations and community members**

Objectives and actions have been developed within each of the four pillar groups which align with one or more of the above strategic directions. Action has already been taken on some of the plans below, while some are long-term initiatives.

THE STRATEGY

Prevention

What the TDAS hopes to achieve through prevention efforts:

Prevention:
Preventing high-risk drug and substance use.

- Reduce the rate of high-risk substance use across the lifespan.
- Delay the onset of potential youth substance use.
- Enhance the protective factors of high-risk substance use.
- Reduce the risk factors of high-risk substance use, including the related stigma.

How the TDAS plans to achieve those prevention objectives:

- Improve data collection, monitoring, and reporting of substance use related trends including risk and protective factors to better inform program planning.
- Identify and implement interventions (including policies and programming) to enhance protective factors and reduce or prevent risk factors across the lifespan with a focus on youth, including early intervention and relapse prevention.
- Collaborative community education campaigns on harms, protective and risk factors, stigma, and others.

THE STRATEGY

Harm reduction

What the TDAS hopes to achieve through harm reduction efforts:

- Reduce stigma related to substance use and the harm reduction approach.
- Promote and provide accessible harm reduction services and supports.
- Support timely referral and access to health and social services.

Harm reduction:

Reduce the negative effects of substance use without requiring a person to quit.

How the TDAS plans to achieve those harm reduction objectives:

- Develop and implement an anti-stigma communications campaign targeting health, harm reduction and other service providers.
- Adopt and implement a communications campaign related to stigma which targets the general population.
- Increase the number of harm reduction service sites.
- Build capacity to support a sublocade program.
- Learn about the local application of a safe consumption site.
- Increase the number of safe disposal sites for used substance use equipment and paraphernalia.
- Provide ongoing updates and learning to and from the network of local harm reduction service providers.
- Review and improve the current quality of data collection and reporting.
- Identify referral pathways for substance use related services and for community resources and other supports such as housing, health care, social assistance, nutrition, mental health, and family support.
- Enhance group program offerings such as peer support.
- Engage with emergency departments and emergency response services to better understand their overdose response and process.

THE STRATEGY

Treatment

What the TDAS hopes to achieve through treatment efforts:

Treatment

Support innovative approaches to treatment and recovery.

- Promote and provide accessible and equitable treatment services and supports.
- Increase the understanding and use of trauma informed approach, integrating mental health promotion and care.
- Reduce stigma related to substance-use treatment.

How the TDAS plans to achieve those treatment objectives:

- Establish and promote educational opportunities for prescribers of treatment medicine.
- Advocate for and explore feasibility of implementing detox beds, day/evening treatment, residential treatment, safe beds, and aftercare.
- Increase Rapid Access Addiction Medicine clinic capacity.
- Explore feasibility of recovery/addictions housing.
- Continue to identify and remove barriers to treatment services and supports, such as decreased wait times.
- Develop and strengthen care pathways for substance use and addiction treatment including discharge planning processes.
- Identify referral pathways for substance use related services.
- Review and improve the current quality of data collection and reporting.
- Facilitate training for taking a trauma informed approach among care providers.
- Ensure services and supports are mental health promoting and linked to mental health treatment as needed.

THE STRATEGY

Community Safety

What the TDAS hopes to achieve through community safety efforts:

- Develop and strengthen the coordinated approach between enforcement and health and social services.
- Reduce and prevent trafficking of illicit substances.
- Develop and strengthen community safety measures.

> **Community safety:**
> Reduce criminal activity and community safety issues associated with substance use while developing trusting relationships with all community members.

How the TDAS plans to achieve those community safety objectives:

- Establish effective and timely pathways to support community members with substance-related issues to safely transition from, or divert from, the justice system
- Assess the need for increased capacity of the Community Street Crime Unit (CSCU) and identify opportunities for additional support
- Continue to work collaboratively with specialists to support enforcement in drug trafficking investigations (i.e., crime stoppers)
- Learn about local application of decriminalization of substances and remain informed by provincial and federal policy
- Continue to enforce and promote existing policies to increase community awareness, such as: Smoke-Free Ontario Act, Good Samaritan Drug Overdose Act
- Continue to monitor, share, and report local criminal charges associated with substance use to inform policy and program decisions
- Remain informed and learn about the local application of promising practices to strengthen relationships with community members and protect vulnerable populations
- Address substance use safety measures in schools through identified smoking areas and education campaigns
- Assess and monitor road safety related to substance use and implement protective measures

THE STRATEGY

In addition to the work outlined under each pillar group, in response to what we learned from the consultation, the TDAS will be developing a comprehensive list of all services and supports available to Timiskaming community members. The list will be made available to a broad range of audiences and will work to improve accessibility of services and supports and referral pathways amongst healthcare professionals.

MOVING FORWARD

Implementation of this Strategy is a shared responsibility of all TDAS members. Effecting change to prevent and reduce the harms associated with substance use and improve the quality of life of all community members requires collective action and leadership to be taken. As next steps are taken to advance the details of this document, the TDAS will convene and bring together key participants.

This document represents our best knowledge and learning at this time. As data collection, evidence-informed practices, and the local context shifts, so too will our approach. The TDAS will continue to monitor and evaluate our progress and keep the community and invested parties updated on our work.

Want up-to-date information on the TDAS?

✉ Email us at TDAS@timiskaminghu.com

🌐 Check our webpage at: https://www.timiskaminghu.com

📞 Call 705-465-4895

GLOSSARY

Words and terms	Definitions
Capacity	To increase a person's or group's skills, knowledge, and abilities so that they are capable to be more effective and make a positive change.
Collaborative	To work together with others towards a common goal.
Collective Impact	A network of community members, organizations, and institutions who combine and coordinate their efforts to achieve population and systems level change.
Community consultation	A process that provides community members an opportunity to share their views, opinions and concerns, and identify responses and solutions to problems that affect them.
Comprehensive	Considering and involving a lot of topics and factors at the same time.
Early warning system	An alert system and process to identify emerging drugs that pose a potential threat to public health.
Environmental scan	An assessment of a situation related to health programs or to identify things that make it harder or easier to solve health problems.
Evidence informed	A solution or approach that is supported by the best research, clinical expertise, and lived experience expertise.
Harms	Substance use is linked to a range of harms, from mild to severe, that happen with all types of use. Feeling ill, injuries and chronic disease, financial hardship, problems with relationships, legal issues, homelessness, and substance-related disorders are examples of some of the more well-known harms.
High-risk substance use	Substance use that may have negative health and social impacts, such as injury, illness, criminal justice involvement, school dropout, and loss of life.

GLOSSARY

Words and terms	Definitions
Illicit substances	Any drug or substance that is not legally obtainable and whose use, sale, possession, purchase, or transfer is not allowed by law. For example, heroin or cocaine.
Literature review	An overview of previously published works and research on a topic.
People with lived and living experience	People who use or have used substances and their family, friends, and caregivers.
Pillars	Specific topic areas or areas of focus. In this document: prevention, harm reduction, treatment and community safety.
Risk and protective factors	Risk factors make it more likely that someone will have negative effects from substance use and protective factors make it less likely.
Safe consumption site	Designated sites where people can bring their own drugs to use under the safety and support of trained personnel to prevent drug poisonings and reduces the spread of infectious diseases.
Stigma	Negative attitudes, beliefs, or behaviours about or towards a group of people because of their situation in life. There are three types: • Self-stigma: happens when someone internalizes negative messages about people who use drugs and apply them to themselves • Social stigma: negative attitudes or behaviours towards people who use drugs or towards their friends and family members • Structural stigma: policies in health and social services that increase stigma such as not providing services until drug use is better managed

GLOSSARY

Words and terms	Definitions
Strategy	A plan of action or policy that lists clear steps to achieve goals
Sublocade	One medication available for treating opioid addiction. It is an injectable form of buprenorphine, which is an opioid used to treat opioid use disorder, acute pain, and chronic pain.
Substance use	The use of drugs or alcohol including substances such as cigarettes, illegal drugs, prescription drugs, inhalants and solvents.
Substance use health	An approach that includes education, prevention, regulation, self-directed access to support and treatment as wanted, and working towards barrier-free access to health and social services.
Working group	A committee or group studying and reporting on a particular topic and make recommendations based on its findings.