

OXFORD COUNTY COMMUNITY

Drug & Alcohol

STRATEGY

NOV. 23, 2018

TABLE OF CONTENTS

Letter from Chair of the Oxford County Drug and Alcohol Strategy Steering Committee	
Aknowledgements	1
Executive Summary	2
Background	2
Vision	2
Mission	2
Process of creating the Oxford Community Alcohol and Drug Strategy	
Core themes emerging from community consultations	4
Implementation Plan	4
Introduction	
Why does Oxford County need an Alcohol and Drug Strategy?	5
Guiding Principles for the Oxford County and Alcohol Drug Strategy	8
The Creation of the Oxford County Drug and Alcohol Strategy	
Evidence Review	10
Community Consultations	12
Qualitative Analysis	13
Community Consultation Findings: Core Themes	
Recommended Actions	
Implementation Plan	
APPENDICIES	
Appendix A - Participating Community Agencies	39
Appendix B - Participating Community Network Groups/Tables	39
Glossary	39
References	45

LETTER FROM CHAIR OF THE OXFORD COUNTY DRUG AND ALCOHOL STRATEGY STEERING COMMITTEE

Greetings,

On behalf of the Oxford County Drug and Alcohol Strategy Steering Committee, I am pleased to present the Oxford County Community Drug and Alcohol Strategy. This Strategy is the product of extensive consultation and reflects the contributions and input of a wide range of community stakeholders who brought their insights and expertise to bear on the issue of reducing problematic substance-use and related harms.

The Strategy includes 89 action items to address problematic substance use in Oxford County. These action items were informed by a review of local data, a review of evidence-based best practices in the literature, and community consultations with over 50 individuals from 28 community agencies and 15 network tables/groups, as well as 11 people with lived experience. The development of the Oxford County Community Drug and Alcohol Strategy was generously funded by Southwestern Public Health.

The Oxford County Drug and Alcohol Strategy Project Steering Committee remains committed to local ownership, and to working with community members, as well as funders and the government to move this plan into action.

Together we will build a safer and healthier community.

Sincerely,



Peter Heywood
Chair – Oxford County Drug and Alcohol Strategy Committee



ACKNOWLEDGEMENTS

The Oxford County Community Drug and Alcohol Strategy was developed and led and by the Oxford Community Drug and Alcohol Strategy Project Steering Committee. The group held its first meeting on March 6th, 2018, attended by members from 12 community agencies and three community members with lived experience. The initial group was expanded to include two more members from different community agencies.

The process of creating the community drug and alcohol strategy involved conducting an evidence review, reviewing other community drug and alcohol strategies, local data best practice and comprehensive community consultations with more than 50 individuals. The individuals represented

various key stakeholder groups, including community agencies, community network tables and people with lived experience, all of whom participated in focus groups and/or interviews.

This Strategy would not have been possible without support from the community, including individuals and groups passionate about addressing problematic substance use. The contributions of everyone who participated in developing this Strategy are sincerely appreciated. The result is a truly community-driven strategy containing specific actions to improve the lives of people with lived experience and those affected by problematic substance use. Members of the Oxford Community Alcohol Drug Strategy Project Steering Committee include:

NAME	ORGANIZATION
Randy Peltz	Oxford County Community Health Centre
Linda Sibley	Addiction Services Thames Valley
Sandy Jansen	Tillsonburg/Ingersoll Hospitals
Sue Tobin	Ingersoll Nurse Practitioner-Led Clinic
Pat Baigent	Canadian Mental Health Association
Liz Urbantke	Emergency Physician Woodstock Hospital/Coroner
Bill Renton	Woodstock Police
Tony Hymers	Ontario Provincial Police
Mary Van Den Neucker	Southwestern Public Health
Peter Heywood	Southwestern Public Health
Brian Lester	Regional HIV/AIDS Connection
Aaron Smith	Community Member
Shannon Byrnes	Community Member
Patrick McMahon	Community Member
Mamta Chail-Teves	Wellkin Child & Youth Mental Wellness
Lynn Hinds	Sub-Region Planning and Integration (Oxford), South West Local Health Integration Network

The Steering Committee would also like to thank DPRA Canada for its invaluable support during all phases of the project, including research, project management, consultation, and report writing.

EXECUTIVE SUMMARY

BACKGROUND

Like many communities across Canada, Oxford County is experiencing an opioid crisis. The Ministry of Health and Long-Term Care has made funding available to boards of health across Ontario to improve local opioid response capacity and initiatives. As a result, Oxford County initiated the development of a community drug and alcohol strategy. Although the impetus for the initiative was generated in response to the current opioid epidemic, the reality in many communities is that other substances, including alcohol, cannabis and illicit drugs, continue to present significant harms and challenges.

A recent report by Southwestern Public Health (formerly known as Oxford County Public Health and Emergency Services) documents the increase in opioid-related emergency department visits and poisonings over the past decade.¹ While opioid-related concerns continue to rise, alcohol represents the highest presenting problem substance within the community (28.5%), followed by both cannabis (13.3%) and prescription opioid use (13.3%).² Harms associated with illicit substances, particularly cocaine and methamphetamines, have also been reported to be on the rise from many healthcare and public health professionals who took part in the community consultations held during the development of this Strategy.

Accordingly, the Oxford County Community Alcohol and Drug Strategy contains an action plan with key recommendations as well as an implementation plan, targeting a broad range of licit and illicit substances. The Strategy focuses on health equity and includes both population-level and targeted approaches to address problematic substance use within Oxford County.

VISION

A community working together to help prevent and reduce problematic substance use and problematic substance-use related harms within the community.

MISSION

To provide an action plan highlighting priority areas and clear pathways to achieving all community-based recommended actions.



“While opioid-related concerns continue to rise, alcohol represents the highest presenting problem substance within the community..”



PROCESS OF CREATING THE OXFORD COUNTY COMMUNITY DRUG AND ALCOHOL STRATEGY

The initial catalyst for developing the strategy was the formation of the Oxford County Community Alcohol and Drug Strategy Steering Committee ('Steering Committee'). Composed of members from leading agencies and community members with lived experience in the area of problematic substance use, the Steering Committee provided direction and key insights throughout the development process.

This process entailed a two-pronged approach: (1) Conducting an Evidence Review and (2) Facilitating Community Consultation.

(1) CONDUCTING AN EVIDENCE REVIEW

The first step in the development of the Oxford County Community Alcohol and Drug Strategy involved a review of relevant literature and local data. A total of 51 documents were reviewed, including local reports of problematic substance use in Oxford County (n=23), academic articles and grey literature of best practices for addressing problematic substance use (n=21) and other local strategies (n=7). This initial process informed the development of a draft action plan, with preliminary guiding recommendations structured around the four pillars approach to problematic substance use: Prevention, Harm Reduction, Treatment, Justice and Community Safety.

(2) FACILITATING COMMUNITY CONSULTATIONS

The second step in the strategy development process involved community consultations. Community consultations were carried out, including focus groups and in-depth interviews with more than 50 community stakeholders from across Oxford County. Participants included individuals who work for 28 community agencies, individuals who work and volunteer with 15 working network groups and tables, and 11 individuals with lived experience. This process helped refine the recommended actions and highlighted priority areas within the community.



"CN Railway Bridge" by cmh2315fl is licensed under CC BY 2.0

CORE THEMES EMERGING FROM COMMUNITY CONSULTATIONS

Qualitative analysis of focus group and interview discussions carried out during the community consultations identified a number of core themes and concerns regarding problematic substance use in Oxford County.

These core themes include:

- Addressing stigma;
- Investing in upstream approaches;
- Ensuring adequate housing;
- Reducing transportation barriers and increasing outreach initiatives;
- Building local infrastructure and resources for problematic substance use;
- Enhancing education and awareness;
- Supporting and engaging families; and
- Focusing on children and youth.

RECOMMENDED ACTIONS

Based on the evidence review and community consultations, recommended actions relating to addressing the core themes were identified. These recommended actions were organized according to the four pillars and address a range of strategic areas including:

- Leadership and Coordination;
- Education and Awareness;
- Community Capacity Building;
- Training, Research, Evaluation & Advocacy; and
- Social Determinants of Health.

IMPLEMENTATION PLAN

Key components for implementing the recommended actions in the community are described, including:

- Drug strategy implementation and governance structure;
- Timeframe for completion of actions items;
- Performance measures for monitoring and evaluation of progress; and
- Potential risks and mitigation strategies.

INTRODUCTION

“..Oxford County is experiencing an opioid epidemic as rates of opioid-related emergency department visits and poisonings continue to increase.”

WHY DOES OXFORD COUNTY NEED A COMMUNITY DRUG AND ALCOHOL STRATEGY?

Community agencies and residents from across Oxford County told us problematic substance use is an issue that impacts their health, their sense of safety, security and community wellness. Like many communities across Canada, Oxford County is experiencing an opioid epidemic as rates of opioid-related emergency department visits and poisonings continue to increase.

Alarming, Oxford County was ranked seventh in Ontario for the highest number of high-strength opioid users. Alcohol is also a major concern within the County, as the rate of exceeding low-risk alcohol drinking guideline for chronic disease is higher than the provincial average.³

The harms associated with problematic substance use are significant and include acquisition of blood-borne and wound infections, family

trauma, crime, unstable housing, unemployment and early drop-out of education.⁴ According to local reports, those most vulnerable in Oxford County to such harms include children and youth (especially those who live in households where parents misuse substances) and people who inject drugs.⁵

Women and older adults (aged 45+) were cited as groups particularly vulnerable to opioid-related harms and dependence.⁶ Research also demonstrates that LGBTQ-2S, Indigenous Peoples, individuals experiencing mental illnesses and individuals in the justice system are also at higher risk to engage in problematic substance use and experience greater substance-related harm.^{7,8,9,10}

A 2017 report estimated that between 400 to 1200 community members in Oxford County are struggling with problematic substance use concerns.¹¹ However this figure may not reflect the full picture of problematic substance use within the County as it excludes substances such as alcohol and cannabis. Data on admissions to Ministry of Health and Long-Term Care funded substance use services reveal that alcohol and cannabis are the number one and number two substances presenting problematic use in the past 12 months in Oxford County (2016-2017, see figure 1).¹²

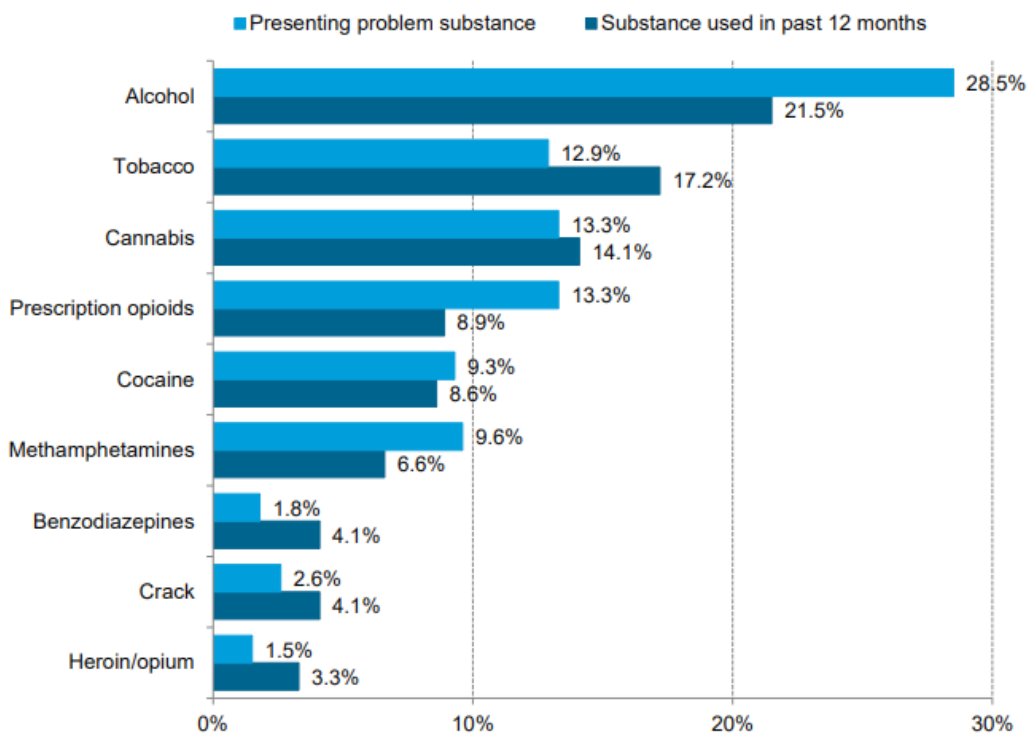
The combined data suggests that the prevalence of problematic substance use among Oxford County residents may be much higher than indicated by any one source.

Oxford County faces unique challenges in serving people with problematic substance use due to the community's blend of urban and rural areas. The lack of available prevention programs and treatment services as well as transportation-related issues are major challenges to accessing appropriate services in the County. Challenges related to accessing appropriate services is a major concern, both because of the lack of availability of prevention programs and treatment services as well as transportation-related issues.^{13,14,15} Community

members shared solutions and ideas to help address the gaps, including: prioritizing upstream solutions to prevent problematic substance use, expanding current programs and developing innovative new approaches; creating supportive and welcoming environments, and increasing public awareness of available services.

The following Strategy seeks to address the challenges presented by problematic substance use by providing recommended actions under four key pillars: (1) prevention, (2) treatment, (3) harm reduction and (4) justice and community safety. It considers the needs of vulnerable groups within the community, as well as the general population, and presents a strategy that will benefit the entire community.

FIGURE 1:
*Rates of Problematic Substance Use and Substance Use between 2016 and 2017 in Oxford County**



*Based on client admissions from Ministry of Health and Long-Term Care funded services

UNDERSTANDING THE TERM PROBLEMATIC SUBSTANCE USE

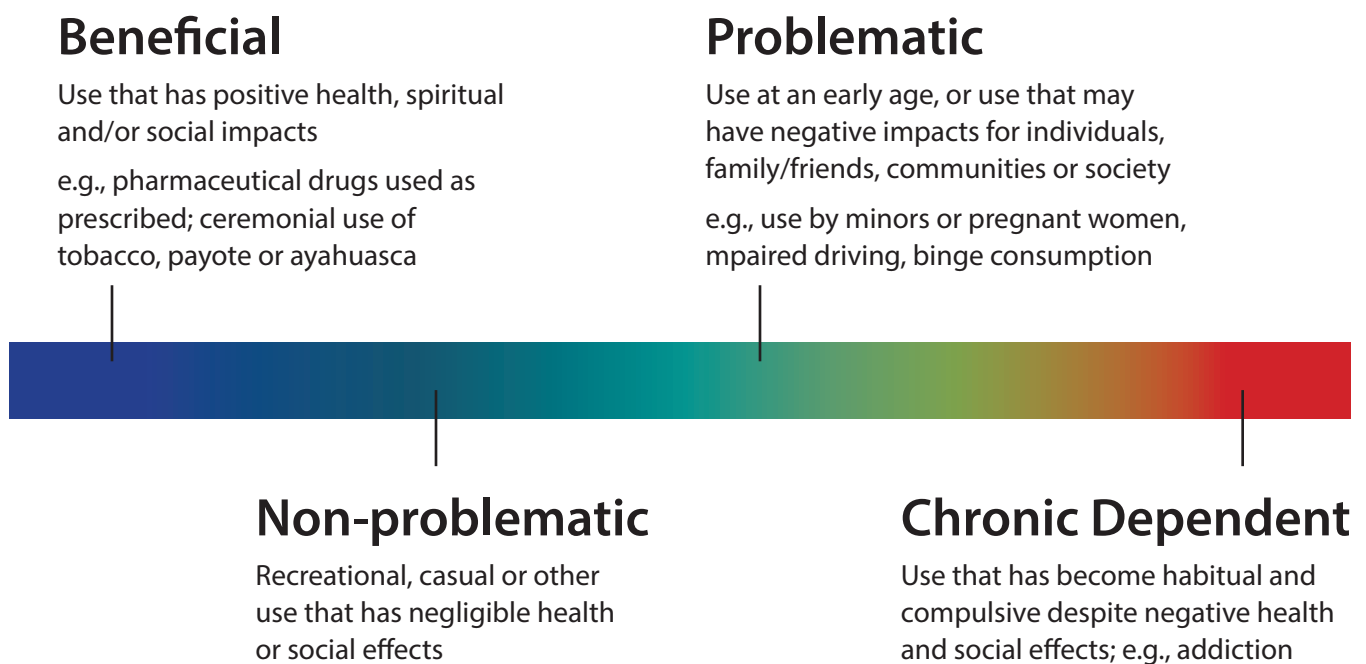
The term **problematic substance use** was chosen by the Oxford County Community Drug and Alcohol Strategy Project Steering Committee. Community members with lived experience on the Steering Committee preferred and were more comfortable with this term as it was considered non-stigmatizing in comparison to other terms such as addictions/disorders and substance abuse/misuse.

The term problematic substance use humanizes individuals experiencing such concerns and portrays the harms associated with it. Often the term addictions and/or disorders may be associated with purely a medical

lens while the term abuse or misuse highlights something 'bad' or puts blame on the individual. In this case, the term problematic substance use encompasses a more holistic definition of "instances or patterns of substance use associated with physical, psychological, economic or social problems or use that constitutes a risk to health, security or well-being of individuals, families or communities." 16

The Strategy recognizes that substance use occurs along a spectrum from beneficial use to non-problematic use to problematic use¹⁷ (see figure 2 below). It is important to note that the spectrum is not meant to show a linear path to problematic substance use, but rather, demonstrates when the individual, their family/ friends and community start to experience negative health and social consequences of use. The reason for why problematic substance use occurs is complex and is not the purpose of showing this spectrum (e.g., recreational use does not always lead to problematic substance use). For the purposes of this strategy, individuals or populations that are vulnerable to problematic substance or use substances that put themselves, others and/or their community at risk will be targeted. As a result, the Oxford County Community Alcohol and Drug Strategy focuses its recommended actions at the end of the spectrum.

FIGURE 2: *Substance Use Spectrum*



http://www.fnha.ca/documents/fnha_mwsu.pdf

GUIDING PRINCIPLES FOR THE OXFORD COUNTY COMMUNITY DRUG AND ALCOHOL STRATEGY

The following principles reflect the key values and beliefs that shape and direct the actions in the Strategy. These principles were identified in discussions with the Steering Committee and key stakeholders and are aligned with those identified by 10 municipal drug strategies in Ontario between 2005 and 2015.¹⁸

COLLABORATION AND PARTNERSHIP: Focusing on bringing together multiple agencies, organizations and levels of government to address problematic substance use.

EVIDENCE-INFORMED: Pursuing approaches to preventing and addressing problematic substance use that are informed by best practices in the literature and supported by science, research and evidence.

INNOVATION: Supporting new and creative solutions to preventing and addressing problematic substance use.

LOCAL RELEVANCY: Ensuring approaches to prevent and address problematic substance use meet the needs of the local community and individuals who use substances and/or are at risk.

INCLUSION AND DIVERSITY: Engaging a wide variety of stakeholders to create solutions to prevent and address problematic substance use.

HEALTH EQUITY: Ensuring health and social inequities are addressed by improving the distribution of resources and accessibility of programs/services for disadvantaged populations at risk and/or experiencing problematic substance use.

RESULTS-DRIVEN: Ensuring the Strategy is held accountable by including measurable targets and goals.

SUSTAINABILITY: Ensuring that approaches to prevent and address problematic substance use are focused on long-term solutions and will receive continued support as needed.

KEY APPROACHES AND CONSIDERATIONS

In addition to the Guiding Principles, the following key approaches and considerations were incorporated into the process of developing a comprehensive and equitable Strategy:

POPULATION-LEVEL AND TARGETED APPROACH

The recommended actions and implementation plan address both population-level and high-risk needs across and within Oxford County for greater inclusivity. A population-level approach applies an intervention to the entire population while a targeted approach applies an intervention to a priority sub-population,¹⁹ such as those experiencing a greater number of risk factors for problematic substance use. This is in keeping with proportionate universalism as it balances population and targeted types of approaches according to the needs of marginalized populations²⁰.



"Tillsonburg, Ontario" by Doug Kerr is licensed under CC BY 2.0

LIVED EXPERIENCE PERSPECTIVE

The Oxford County Drug Strategy was co-created by people with lived experience (PWLE). The Steering Committee acknowledges the critical importance of the meaningful engagement of people with lived experience to ensure that the Strategy addresses their needs and concerns in the local context.

SOCIAL DETERMINANTS OF HEALTH

The social determinants of health (SDOH) overlap consistently with the four pillars of prevention, treatment, harm reduction, and justice and community safety. These social and structural factors, including housing, employment and education, significantly influence the health and well-being of individuals at risk of problematic substance use and those undergoing harm reduction and treatment services, and are central to effectively addressing problematic substance use at a community and systemic level within Oxford County.

COORDINATING AND COLLABORATING WITH OTHER OXFORD COUNTY STRATEGIES

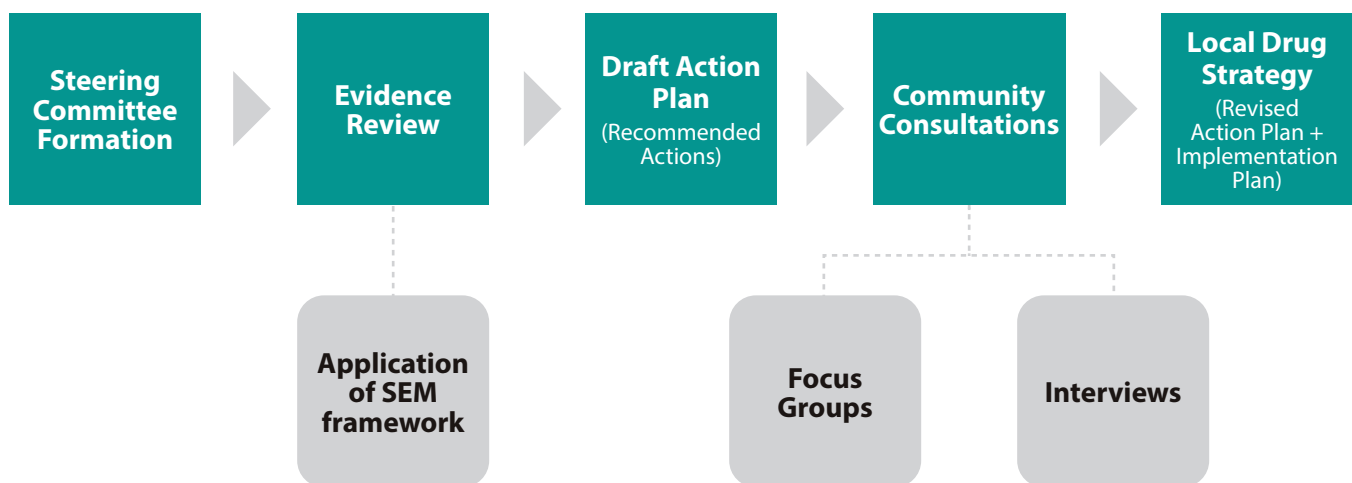
In developing the Strategy, significant efforts were made to collaborate with a range of other community mobilization and engagement strategies already underway in Oxford County. These include efforts such as the Oxford County Shelter Plan, the Zero Poverty Plan, and the Community Sustainability Plan, that focus on addressing the social determinants of health, as well as reducing risk and enhancing protective factors. Working synergistically with these other initiatives will help address problematic substance use by improving community health and safety.

THE CREATION OF THE OXFORD COUNTY COMMUNITY DRUG AND ALCOHOL STRATEGY

The Oxford County Drug and Alcohol Strategy Steering Committee ('Steering Committee') was formed in March 2018, tasked with providing leadership and oversight of the development of the Strategy. The Steering Committee provided key guidance in drafting the action and implementation plan, provided insight into local priorities and constraints as well as effective community consultation and engagement strategies.

The recommended actions presented in this Strategy are based on: (1) an evidence-review of local data and best practice in the literature, and situational assessment conducted by Southwestern Public Health (2) community consultations, involving focus groups and interviews with community agencies, community network tables/groups, and people with lived experience in Oxford County.

FIGURE 1. *Strategy Development Process*



EVIDENCE REVIEW

The first phase in the development of the Oxford County Community Drug and Alcohol Strategy involved a review of relevant literature and local data, to develop a more robust understanding of problematic substance use issues and effective community-level responses.

This process helped inform the development of the action plan for the Strategy. This involved reviewing 23 reports on the local context in Oxford County, such as local drug and alcohol use demographics and trends, current programs being implemented, potential service gaps, and consideration of the social determinants of health for the local population.

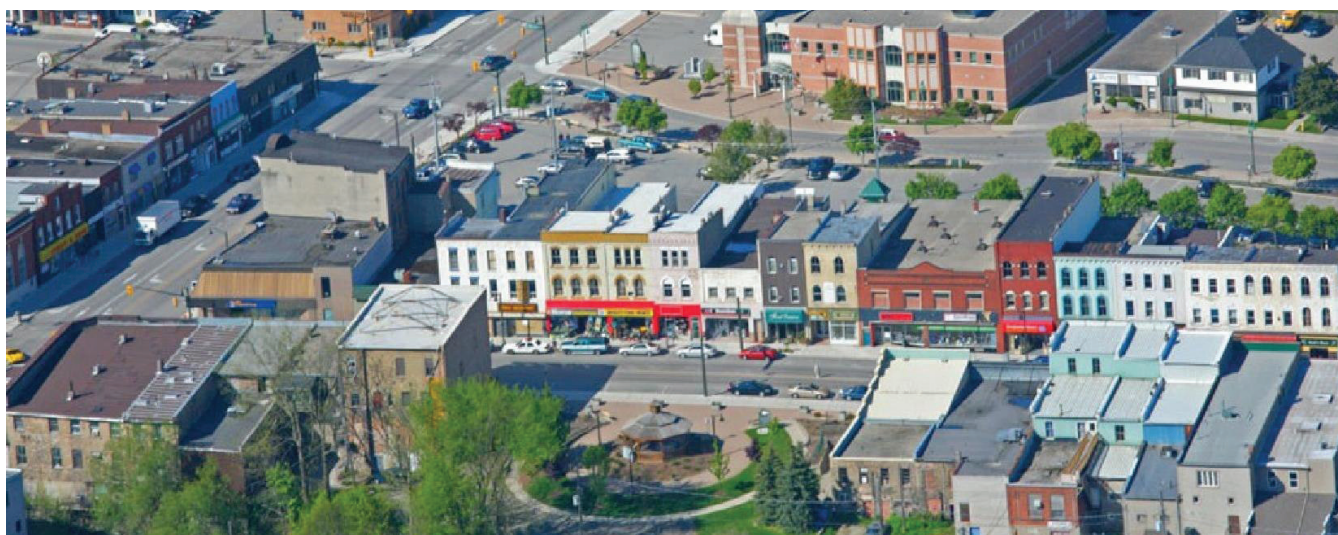
An additional 21 academic articles and grey literature reports were reviewed on best practices for addressing problematic substance use with a focus on the four pillars: prevention, treatment, harm reduction and justice and community safety.

The four-pillar approach is a well-known framework for addressing problematic substance use across a continuum of care. As the leading framework used within all local strategies across Canada, it advocates a balance between public health and public order.²¹ Seven community strategies developed by seven different Canadian cities and/or municipalities were also reviewed, including Windsor-Essex County, Waterloo Region, Toronto, Halton, Vancouver, Peterborough, and Brantford and Brant.

Recommendations contained in the strategies that were reviewed tended to be grouped into one of the following strategic areas under each core pillar:

- (1) LEADERSHIP AND COORDINATION:** Refers to recommendations that require communication, collaboration and partnerships within organizations and across community organizations, calling upon decision makers within community organizations to motivate and engage in suggested recommendations.
- (2) EDUCATION AND AWARENESS:** Refers to the dissemination of knowledge to key groups or the general public to improve knowledge capacity and understanding of specific topics.
- (3) COMMUNITY CAPACITY BUILDING AND TRAINING:** Refers to either a top-down or bottom-up organizational approach that seeks to expand and/or implement current programs, services and training.
- (4) RESEARCH, EVALUATION AND ADVOCACY:** Refers to recommendations involving the examination and evaluation of evidence-informed and innovative solutions to prevent and address current concerns within the problematic substance use landscape and pushing for changes on key policy issues at the local, provincial and/or federal level.
- (5) SOCIAL DETERMINANTS OF HEALTH:** Refers to addressing systemic barriers and underlying risk factors, while also enhancing protective factors to ensure problematic substance use approaches address the range of factors that influence health and well-being.

A socio-ecological framework (SEM) was applied to the review of the local data to better understand the specific risks and protective factors for problematic substance use within Oxford County at four different levels — individual, interpersonal, community and societal (social determinants of health).²²



“Downtown Ingersoll” by cheese poet is licensed under CC BY 2.0

COMMUNITY CONSULTATIONS

Community consultations with local stakeholders across Oxford County were integral to shaping the Strategy. Input from the community consultations was critical to developing and refining relevant and timely recommended actions to meet the community's needs. Community consultation methods included (1) focus groups and (2) interviews. A total of 52 community stakeholders participated in the community consultation process.

FOCUS GROUPS

A total of eight focus groups were held within the area municipalities, including the City of Woodstock, the towns of Tillsonburg, and Ingersoll. Each focus group was approximately 1.5 hours in length.

To ensure adequate representation of key groups of stakeholders impacted by the issues, focus group were convened around a number of key themes:

- Lived Experience (n=2)
- Children and Youth (n=1)
- Enforcement, First-Responders and Justice (n=1)
- Public Health Staff and Frontline Providers (n=1)
- Vulnerable Groups (n=1)
- Addressing the 4 Pillars (n=1)
- Social Determinants of Health (n=1)

Focus Group Theme and Participants		
Focus Group Theme		Number of Participants
Lived Experience	Individuals	7
	Family/Friends	4
Children and Youth		5
Enforcement, First-Responders & Justice		10
Public Health and Frontline Providers		8
Addressing the 4 Pillars		6
Social Determinants of Health		6
Vulnerable Groups		8
TOTAL		54*

*This total reflects 52 distinct focus group participants with two individuals participating twice in different focus groups.

FOCUS GROUP PARTICIPANTS

Focus group participants consisted of (1) people with lived experience, (2) community agency staff, and (3) community network group/table members. These participants were recruited to the theme that best fit their role/experience within the community (see above for themes).

- 1. PEOPLE WITH LIVED EXPERIENCE (PWLE)**– These participants included individuals who are currently or have in the past experienced problematic substance use, and individuals who have been affected by a friend or family member’s problematic substance use.
- 2. COMMUNITY AGENCY STAFF** – Overall, 28 community agency staff that interact with and/or provide support for individuals experiencing problematic substance use had participated in the focus groups. Staff included senior management and executives, program and coordination leads, school board administrators, police officers, paramedics, firefighters, pharmacists, physicians (community health and hospital-based), nurses (public health, community and hospital-based), social workers/counselors, outreach workers and probation and parole officers. Focus groups focused on children and youth, enforcement, first-responders & justice, and public health and frontline providers. See Appendix A for a list of all participating community agencies.
- 3. COMMUNITY NETWORK GROUP/TABLES MEMBERS** - Representatives of community network groups or tables in Oxford County seeking to address a specific area of problematic substance use within the community were also engaged in the focus groups. Fifteen community network groups/tables participated, including those focused on addressing the four pillars, social determinants of health, and vulnerable populations. See Appendix B to see a list of all community network groups/tables that participated in the focus groups.

INTERVIEWS

Two interviews were conducted during the community consultation process to accommodate participants who had challenges participating in the focus groups (such as scheduling conflicts and/or preference for one-on-one discussion). Questions from the focus group guide were adapted for an interview format. One interview was with a community agency staff while the other was with an individual with dual experiences — both lived experience and experience working at a community agency.

QUALITATIVE ANALYSIS

The focus group and interviews were recorded with the written informed consent of the participants, and notes were taken at each session. These notes were reviewed separately by two analysts to identify key issues and emerging themes for each session. These two analysts then reviewed and discussed these findings to develop a consensus on the core overall themes for all of the sessions. These core themes helped guide the refinement of actions in the Strategy and are described in the next section.

COMMUNITY CONSULTATION FINDINGS: CORE THEMES

The following themes were identified as Oxford County’s biggest challenges and most pressing priorities during the community consultation process.

1. ADDRESSING STIGMA

People with Lived Experience (PWLE) face stigma in everyday interactions within their community and with service providers. All focus groups and interview participants agreed that stigma must be addressed to ensure PWLE are treated with dignity and respect.

KEY RECOMMENDED ACTIONS INCLUDE:

1. promoting awareness of the prevalence of mental health and problematic substance use issues in the community;
2. delivering programs and services in an empowering and recovery-oriented manner;
3. respecting program and treatment choices;
4. reducing desensitization and compassion fatigue among front-line providers; and
5. providing anti-stigma training to all healthcare and public health professionals who interact with people with lived experience.

2. INVESTING IN UPSTREAM APPROACHES

Problematic substance use impacts a wide range of community members, regardless of age, income, gender, ethnicity, or sexuality. However, individuals who have a history of experiencing trauma, chronic pain, abuse, alcoholism or drug addiction of a parent, or other adverse childhood experiences, have a higher risk of developing problematic substance use.

One focus group participant stated that over 80% of clients who have accessed their problematic substance use services have experienced some type of trauma. It is imperative that problematic substance use is approached through a holistic and upstream lens, and addresses the impact of trauma and associated negative health and social outcomes.²³

Many public health staff expressed the importance of utilizing a health promotion and prevention approach to enhance protective factors in addition to focusing on risk factors. Protective factors that take an upstream approach include community participation (e.g., in art, music, sports and school activities), a sense of connectedness, access to peer and social support, availability of community outdoor spaces, parent supports and substance-free family events.



“I think there is this ‘Not in My Back Yard’ mentality. ...I think there needs to be a culture shift which goes back to addressing the stigma because that’s where it stems from.”

Community Network Group/Table Member



“It becomes a blame game, so she’s in this predicament because she uses drugs, instead of she’s in this predicament because she’s experienced trauma.”

Community Network Group/Table Member



KEY RECOMMENDED ACTIONS INCLUDE:

- providing education on trauma (including education on the impact of colonialism and residential school system on Indigenous People) and problematic substance use for the community as a whole;
- providing greater training for trauma-informed care for healthcare providers;
- enhancing protective factors that increase community resiliency and increasing local surveillance of community protective factors;
- creating supportive environments for health and well-being (e.g., the Icelandic Model of Drug and Alcohol Prevention);
- developing personal skills (e.g., proper coping mechanisms, parenting-skills);
- advocating for healthy public policies (e.g., alcohol and cannabis policies that protect the public's health from harm); and
- re-orienting health services by working with schools, researchers, municipalities and recreation to increase understanding of health promotion and prevention to increase buy-in for upstream approaches.

3. ENSURING ADEQUATE HOUSING

With high rents and low vacancy rates, securing adequate, stable housing in Oxford County for people with problematic substance use is extremely challenging. The availability of social housing is extremely limited, and long wait-lists are common. These factors often contribute to precarious housing or homelessness for those coping with problematic substance use, especially those discharged from the hospital.

Amidst the challenges, there are also promising developments. One focus group discussed the County's current housing-related efforts, including the development of additional rent-geared-to-income units.

KEY RECOMMENDED ACTIONS INCLUDE:

1. identifying greater funding opportunities to increase resources for housing initiatives;
2. providing community housing updates from the municipality;
3. advocating for greater availability of low-threshold housing and Addiction Supportive Housing in the community; and
4. strategizing to decrease youth homelessness, and recognizing this population as a priority.

“People need a home in order for the rest of their life to start falling into place. Housing is a basic need. We’re finding that’s very difficult in Oxford County because housing doesn’t actually exist here.”

Community Network
Group/Table Member



4. REDUCING TRANSPORTATION BARRIERS AND INCREASING OUTREACH SERVICES

Oxford County's mix of urban and rural communities presents unique challenges for residents in accessing programs and services for problematic substance use. Many services, such as detox facilities and rehabilitation centres, are not available within the County, forcing residents to travel to other jurisdictions to seek treatment. Accordingly, transportation was highlighted as a key challenge for PWLE across many focus groups and interviews. Existing services in Oxford County tend to be located in urban centres, which presents accessibility challenges for residents of rural areas.

Public health staff echoed the need for greater transportation to community events, preventative programs and recreational activities. This was particularly important for children and youth and low-income families.

KEY RECOMMENDED ACTIONS INCLUDE:

1. providing reliable and affordable transportation services to all types of programs, events and recreational spaces (e.g., community, preventative, treatment, harm reduction and justice) within and outside the County; and
2. increasing the provision of outreach services to help mitigate transportation issues.

5. BUILDING LOCAL INFRASTRUCTURE AND RESOURCES FOR PROBLEMATIC SUBSTANCE USE

This theme refers to the need to enhance the range of services and supports available in Oxford County. Like many communities, the County requires greater local infrastructure and range of additional interventions to address the current gaps in services and supports for residents affected by problematic substance use. Greater efforts and investment are required to expand current infrastructure and increase access to a broad continuum of services for those who wish to seek treatment and find support.

KEY RECOMMENDED ACTIONS INCLUDE:

- developing greater infrastructure to support local programs/ services (e.g., detox and rehabilitation facility, diversion programs);
- expanding current problematic substance use supports and services;
- developing standardized solutions to immediate crisis support;
- providing transitional support between key service areas (e.g., hospital to community, methadone clinic to counselling);

“

“I was taught in school, ‘meet them where they are at.’ If they are under a bridge, then you go under the bridge. I find Oxford wants them [PWLE] to come to Oxford, not Oxford go to them.”

Person with Lived Experience

”

“

“There’s not enough detox centres for sure. When someone always asks for detox, we say there is nowhere.”

Community Agency Staff

”

“There is a lot of help out there, but he has had to dig for it and take the initiative on his own.”

Family Member with Lived Experience

- adopting integrated service delivery approaches (e.g. ‘one-stop’ shops);
- implementing specialized treatment programs (e.g., concurrent disorders, dual diagnosis, culturally appropriate programs); and
- exploring the implementation of innovative and evidence-informed problematic substance use treatment, harm reduction and justice programming/services.

6. ENHANCING EDUCATION AND AWARENESS

Enhancing education and awareness was a prominent theme across all focus groups. Many with family members and people with lived experience within the focus groups expressed frustration when it came to accessing programs and services. Community agency staff reiterated the need for education and awareness of existing programs/services as well as general mental health and problematic substance use information to the community. Greater awareness of evidence-based health promotion and prevention initiatives, including greater education and awareness of protective factors of problematic substance use are imperative to continue to collaborate and increase buy-in for upstream approaches across the community.

KEY RECOMMENDED ACTIONS INCLUDE:

- improving opioid maintenance therapy knowledge, access and prescription practices;
- providing system navigation supports;
- promoting clearer pathways to care and support;
- continuing to collaborate as community partners on awareness initiatives focusing on alcohol, cannabis, opioids- give community common messages from all service providers;
- increasing awareness of the evidence-based prevention initiatives that increase protective factors to decrease problematic substance use;
- promoting awareness of protective factors at all levels of the ecological model- individual, family, community, policy; and
- promoting “Re-think your Drinking” Campaign and government-led campaigns.

7. SUPPORTING AND ENGAGING FAMILIES

Problematic substance use impacts the entire family, not just the individual. Too often, families lack accessible information and support to help their loved ones cope effectively before negative health and social consequences ensue.

KEY RECOMMENDED ACTIONS INCLUDE:

- facilitating opportunities for family members to be more involved with the treatment and recovery process;
- providing greater access to family support groups across the County;
- providing the “Strengthening Families” program, as a collaborative initiative; and
- increasing awareness of strategies for parents whose children may be at risk for problematic substance use.

8. FOCUSING ON CHILDREN AND YOUTH

Children and youth were consistently highlighted as a key target audience across all focus groups and interviews. Research demonstrates the importance of early childhood experiences in shaping lifelong health and well-being, and the profound impact of adverse childhood experiences.²⁴ Children and youth who experience problematic substance use later in life are more likely to have experienced trauma, been in foster-care, drop out of school early, have parents with problematic substance use concerns, and/or identify as Indigenous or LGBTQ-2S. Protective factors such as greater access to recreational spaces, access to education and empowering youth by giving them a voice are all important to consider when suggesting recommended actions.

KEY RECOMMENDED ACTIONS INCLUDE:

- providing clearer transition supports between youth and adult mental health and problematic substance use services;
- expanding current alternative education programs while developing youth-focused diversion programs;
- co-creating school and community problematic substance use programming with youth;
- identifying best-practices for prevention programming within schools;
- providing more recreational and safe spaces within the community for youth;
- providing naloxone training for youth outside of school hours; and
- creating and inviting youth to participate in a Prevention Working Group.

“My mom goes with my brother [person with lived experience] into the meetings, however the psychiatrist does not make eye contact with her and does not hear what she says. There should be some way to talk to the doctor about it. She feels helpless because she can’t talk with the doctor.”

Family Member with Lived Experience

“I think there is a gap between what are evidence-based practices and what actually gets to teachers and students.... a lot of these programs have been running for a very long time so they’re not reviewed regularly.”

Community Agency Staff

RECOMMENDED ACTIONS

The following are the recommended actions the Oxford County Community Drug and Alcohol Strategy Project Steering Committee seeks to address in a short-term (<2 years), medium-term (2-4 years) and long-term (>4 years). The recommended actions are organized under the following four pillars:

1. PREVENTION
2. TREATMENT
3. HARM REDUCTION
4. JUSTICE AND COMMUNITY SAFETY



Each of these recommendations includes actions in the following five key strategic areas:

1. COLLABORATION AND LEADERSHIP
2. EDUCATION AND AWARENESS
3. COMMUNITY CAPACITY BUILDING AND TRAINING
4. RESEARCH, EVALUATION AND ADVOCACY
5. SOCIAL DETERMINANTS OF HEALTH

1. PREVENTION

Oxford County calls for greater evidence-informed prevention initiatives, particularly those targeted at children and youth and the broader community. Prevention recognizes and discourages social harms and problem behaviours amongst people with an emphasis on delaying, decreasing or removing alcohol and other drug use, and reducing risk.

Promotion works at a broader level to strengthen health, well-being and resiliency, by addressing the root causes of harmful behaviours. Protecting and improving the health of populations requires the use of both prevention and health promotion strategies. Community members are concerned that the current opioid epidemic, and changing policies around alcohol availability and alcohol-related harms, combined with the legalization of cannabis may increase the prevalence of substance consumption, leading to greater risk of developing problematic substance use. Community members also emphasized the need for greater adoption of best practices for prescribing pain medication to prevent problematic substance use, and substance use disorders, while investing resources into early intervention services.



GOAL:

to prevent problematic substance use from occurring and to deter or delay problematic substance use within oxford county by increasing various prevention initiatives.

<i>Recommendation(s)</i>	<i>Actions</i>	<i>Timeline(s)</i>
Leadership and Collaboration		
Increase coordination of prevention activities of problematic substance use among community agencies and organizations	<ul style="list-style-type: none"> Continue to collaborate as community partners on awareness initiatives focusing on alcohol, cannabis and opioids. 	Short-term
	<ul style="list-style-type: none"> Invite members of the local school boards, youth, and other interested education members to join the Oxford Community Drug and Alcohol Strategy Steering Committee. 	Short-term
	<ul style="list-style-type: none"> Create a working document of all existing evidence-based prevention initiatives and activities with community agencies. 	Medium-term

<i>Recommendation(s)</i>	<i>Actions</i>	<i>Timeline(s)</i>
Leadership and Collaboration (continued)		
Work with schools and school boards to include evidence-based prevention programs on problematic substance use.	<ul style="list-style-type: none"> Identify and work with school principals and teachers to connect them with community organizations like ODAC for short-term, specialized prevention programs. 	Medium-term
	<ul style="list-style-type: none"> Build on existing relationships with school boards and identify school champions (such as retired principals) to encourage school board participation in evidence-based prevention programs on problematic substance use. 	Medium-term
Reorient health services using an upstream lens.	<ul style="list-style-type: none"> Increase understanding of health prevention and promotion to increase buy-in for upstream approaches by collaborating with schools, researchers, municipalities, recreation, businesses and service clubs/other non-profit groups in doing this work. 	Long-Term
Education and Awareness		
Develop, support and promote campaigns as well as education and awareness initiatives on problematic substance use for both high-risk groups and the general public.	<ul style="list-style-type: none"> Promote the Iceland model of drug and alcohol prevention among community partners and stakeholders. 	Short-term
	<ul style="list-style-type: none"> Promote awareness of parental strategies to decrease problematic substance use. 	Short-term
	<ul style="list-style-type: none"> Promote “Re-think your Drinking” campaign and other government-led campaigns. 	Short-term
	<ul style="list-style-type: none"> Engage youth in schools to develop a social media campaign on opioid use and misuse, including types of opioids, risks and protective factors and the legal implications of selling prescription drugs. 	Short-term
	<ul style="list-style-type: none"> Engage youth and teachers in schools to develop an awareness campaign for bullying and self-esteem initiatives. 	Short-term
	<ul style="list-style-type: none"> Develop an education campaign for the public on opioid-related risk, using naloxone, and protective factors as well as avenues for support/treatment in collaboration with community stakeholders and the media. 	Short-term

<i>Recommendation(s)</i>	<i>Actions</i>	<i>Timeline(s)</i>
Community Capacity Building and Training		
Develop programs that engage and target youth in health promotion activities.	<ul style="list-style-type: none"> Identify, prioritize and support the development of positive spaces for youth in school and the community such as youth centres to engage in more meaningful activities and facilitate positive coping mechanisms. 	Medium-term
	<ul style="list-style-type: none"> Explore implementation of the “Strengthening Families” program in Oxford County, as a collaborative initiative. 	Medium-term
	<ul style="list-style-type: none"> Provide more coordinated and increased opportunity for recreation and safe spaces within the community for youth. 	Long-term
	<ul style="list-style-type: none"> Explore opportunities and funding options to create supportive environments by increasing access and decreasing barriers to recreation. 	Long-term
	<ul style="list-style-type: none"> Explore ways to create supportive environments by facilitating increased positive human connections within our community. 	Long-term
Research, Evaluation and Advocacy		
Explore and/or evaluate education and awareness programs on problematic substance misuse in schools.	<ul style="list-style-type: none"> Evaluate the Race Against Drugs program taking place in schools. 	Medium-term
	<ul style="list-style-type: none"> Evaluate existing peer-to-peer mentorship programs within schools for continued improvement and then scale efficiently, especially when youth transitioning between senior elementary school or junior high and high school. 	Medium-term
	<ul style="list-style-type: none"> Increase local surveillance of community protective factors, that increase community resilience and track progress over time. 	Medium-term
	<ul style="list-style-type: none"> Explore evidence-informed early intervention programs around problematic substance use for youth in schools, such as the Preventure Program in Montreal. 	Long-term
	<ul style="list-style-type: none"> Explore and implement an evidence-informed alcohol education and awareness campaign for the public to combat normalization. 	Long-term

Recommendation(s)	Actions	Timeline(s)
Research, Evaluation and Advocacy (continued)		
Explore problematic substance use amongst communities potentially at risk and effective avenues for targeting these groups.	<ul style="list-style-type: none"> Continue to investigate problematic substance use among socially and economically disadvantaged groups to understand unique risk and protective factors and adverse childhood experiences to shape evidence-informed prevention initiatives. 	Medium-term
Advocate for healthy public policies.	<ul style="list-style-type: none"> Gather data in order to collectively advocate for alcohol policies at the provincial and municipal level that protect the public from harm. 	Long-term
	<ul style="list-style-type: none"> Gather data in order to collectively advocate for cannabis policies at the provincial and municipal level that protect the public from harm. 	Short/Long-term
Advocate for healthcare provider champions to support preventing and addressing opioid misuse.	<ul style="list-style-type: none"> Enlist healthcare provider champions to encourage healthcare providers to use and share available resources on opioid therapy and treatment such as the 2017 Canadian Guidelines for Opioid Therapy and Chronic Non-Cancer Pain, the Health Quality Ontario (HQO) Quality Standard on Opioid Use Disorder: Care for People 16 Years of Age and Older, and the Choosing Wisely: Opioid Wisely Campaign. 	Short-term
Social Determinants of Health		
Identify youth as a priority population when it comes to housing and homelessness and explore ways to prioritize this population when it comes to housing.	<ul style="list-style-type: none"> Explore youth homelessness models that could be used in Oxford. 	Short-term
	<ul style="list-style-type: none"> Identify current transportation supports and barriers and create a document showing where and how transportation exists and where it does not. 	Medium-term
Increase awareness of supports available through employers including those in specific industries such as the auto sector and factory work.	<ul style="list-style-type: none"> Promote awareness of resources and counselling services available through the Employee Assistance Program (EAP). 	Short-term

2. TREATMENT

Oxford County calls for greater investment to develop and expand local treatment programs and services within Oxford County given that the availability of local treatment and supports did not meet the demand among PWLE. Many PWLE could not find immediate help when seeking it, while many others were met with transportation, financial and housing barriers, and wait-lists. Detox and rehabilitation programs are not available within Oxford County, making it extremely difficult to access, particularly for those with financial and transportation barriers.

Furthermore, due to the nature of the mental health and addiction system, many crisis, treatment and social supports are siloed, making navigation of the system complex. The system must work towards an integrated model of care to provide greater system navigation and clearer pathways to care.



GOAL:

To help individuals with problematic substance use concerns make healthier decisions, support recovery, and move towards decreasing and/or stopping problematic substance by increasing various treatment initiatives.

<i>Recommendation(s)</i>	<i>Actions</i>	<i>Timeline(s)</i>
Leadership and Collaboration		
Increase coordination of different organizations and programs providing treatment services	<ul style="list-style-type: none"> Improve communication and coordination of care between the patient care team and pharmacies and clinics dispensing opioid maintenance therapy (OMT) across Oxford County Streamline transitions of care between youth and adult services, mental health and addictions services, hospital and community support, and justice system to community supports 	<p>Medium-term</p> <p>Long-term</p>
Education and Awareness		
Increase awareness among healthcare providers and the community of treatment options for problematic substance use	<ul style="list-style-type: none"> Promote awareness of current resources (such as 211) in community agencies and schools that can provide direct information on available programs and services for problematic substance use in the community 	Short-term

<i>Recommendation(s)</i>	<i>Actions</i>	<i>Timeline(s)</i>
Education and Awareness (continued)		
Increase awareness among healthcare providers and the community of treatment options for problematic substance use	<ul style="list-style-type: none"> • Increase awareness about opioid dependence treatment for health care providers, including the Opioid Dependence Treatment Core Course offered by the Centre for Addiction and Mental Health (CAMH) 	Short-term
	<ul style="list-style-type: none"> • Increase awareness and understanding of non-medical treatment options for problematic substance use (e.g., holistic approaches) among healthcare providers and people with problematic substance use 	Medium-term
	<ul style="list-style-type: none"> • Increase education and awareness of trauma (including impact of colonization and residential schools on Indigenous People, (e.g. the Ontario Indigenous Cultural Safety training program, with seats funded by the South West LHIN and available on an annual basis to interested parties at no cost) and encourage prioritization of trauma-informed, trauma-capable, and oppression-informed care for addressing problematic substance use amongst healthcare providers and frontline providers 	Medium-term
Community Capacity Building and Training		
Expand current programs and services in the problematic substance use treatment system	<ul style="list-style-type: none"> • Implement standardized solutions for immediate crisis supports (e.g., Rapid Access Addiction Medication clinics, increase on-call psychiatrists in hospitals) 	Short-term
	<ul style="list-style-type: none"> • Develop a local detox/withdrawal management pilot program in an Oxford County hospital emergency room to see if it is feasible to establish a more permanent local detox/withdrawal program 	Medium-term
	<ul style="list-style-type: none"> • Support a rideshare program to decrease transportation barriers when accessing programs and services 	Medium-term
	<ul style="list-style-type: none"> • Expand family support groups for problematic substance use across the county 	Medium-term
	<ul style="list-style-type: none"> • Train more health care providers to understand and treat concurrent disorders and dual diagnosis 	Long-term

<i>Recommendation(s)</i>	<i>Actions</i>	<i>Timeline(s)</i>
Community Capacity Building and Training (continued)		
Ensure treatment and problematic substance use programs are targeted to meet the needs of vulnerable populations within the community	<ul style="list-style-type: none"> Provide cultural-competency training to all professionals that interact with vulnerable groups of PWLE 	Short-term
	<ul style="list-style-type: none"> Develop culturally appropriate treatment programs and/or options for vulnerable groups (e.g., LGBTQ-2S, Indigenous people, immigrants, etc.) 	Medium-term
Research, Evaluation and Advocacy		
Investigate new evidence-based treatment approaches for problematic substance use	<ul style="list-style-type: none"> Investigate innovative and evidence-informed treatment approaches for cannabis use disorder 	Short/Medium-term
	<ul style="list-style-type: none"> Further investigate innovative e-health and m-health programs and services to increase access to resources and services (medical and non-medical) for people experiencing problematic substance use in rural areas (e.g., online peer support/navigation, telepsychiatry) 	Medium-term
	<ul style="list-style-type: none"> Investigate how to improve the engagement of family members in the treatment and recovery process 	Medium-term
	<ul style="list-style-type: none"> Explore the potential of developing local rehabilitation programs within the community and their integration into in-patient care within the hospital setting 	Medium-term
Advocate for more resources to support the implementation of and access to necessary treatment services	<ul style="list-style-type: none"> Advocate for more crisis workers who focus on problematic substance involving alcohol or crystal meth 	Short-term
	<ul style="list-style-type: none"> Increase beds available within inpatient treatment programs and advocate for increased beds in collaboration with regional partners 	Medium-term
	<ul style="list-style-type: none"> Advocate for more funding of behavioural or psychological therapies such as counselling, cognitive-behavioural therapy, and psychotherapy for people with problematic substance use and/or mental illness to decrease direct costs to clients 	Long-term

<i>Recommendation(s)</i>	<i>Actions</i>	<i>Timeline(s)</i>
Research, Evaluation and Advocacy (continued)		
Advocate for more resources to support the implementation of and access to necessary treatment services	<ul style="list-style-type: none"> Advocate for low-cost or free services for alternative medicines such as chiropractic, physiotherapy and massage for chronic pain 	Long-term
Social Determinants of Health		
Foster partnerships between local businesses, schools and vocational rehabilitation programs and/or Oxford County Human Services to support the recovery of individuals experiencing problematic substance use	<ul style="list-style-type: none"> Develop and create a strategy to engage employers in hiring PWLE and lessening thresholds for job requirements 	Medium-term
	<ul style="list-style-type: none"> Increase the number of local employment and funding partners with vocational programs for PWLE by engaging in community outreach initiatives (e.g. community workshops or events) 	Long-term
Promote awareness and increase social supports for people experiencing problematic substance use	<ul style="list-style-type: none"> Increase information availability of housing, financial (e.g. Ontario Works, Ontario Disability Support Program, income benefits from filing taxes), education and employment programs for individuals experiencing problematic substance use and/or in recovery 	Short-term
	<ul style="list-style-type: none"> Advocate for funding opportunities to invest in more housing stability workers 	Medium-term

3. HARM REDUCTION

Overall, background research and consultations emphasized the success of current harm reduction programming within the County. With over 2000 visits to the Needle Exchange Program in 2017, harm reduction programming continues to support initiatives that reduce substance-related harm, such as blood-borne infections.

Oxford County calls for greater efforts to expand current harm reduction programming by hiring peer outreach workers and exploring the implementation of other evidence-informed harm reduction initiatives. Greater investment into low-threshold housing is also a significant need within the County. Due to the stigma associated with harm reduction activities, Oxford County should also promote the effectiveness of these activities to the community while continuing to address community stigma on problematic substance use.

Furthermore, implementation of the Naloxone Training Program has proven successful and timely during the opioid crisis. Greater efforts are required to continue to expand across the County, such as training for more community members, not just high-risk groups.



GOAL:

To reduce and eliminate health, social and economic harms of problematic substance use among individuals, families, and the community of Oxford County by increasing harm reduction initiatives.

<i>Recommendation(s)</i>	<i>Actions</i>	<i>Timeline(s)</i>
Leadership and Collaboration		
<p>Increase collaboration between public health and healthcare organizations, welfare and social agencies, the municipality and other relevant community-based organizations to increase access to harm reduction programs</p>	<ul style="list-style-type: none"> • Improve referral systems between harm reduction programs and health and social services, including low-threshold housing supports • Coordinate with the municipality, Clinic 461, and local stakeholders to find a more private approach to deliver services to patients to ensure their access to confidential healthcare services 	<p>Medium-term</p> <p>Long-term</p>
Education and Awareness		
<p>Increase education and awareness of available harm reduction programs and policies to the community to improve knowledge of existing harm reduction programs and policies</p>	<ul style="list-style-type: none"> • Promote awareness of the Naloxone Training Program and Needle Exchange Program 	<p>Short-term</p>
<p>Increase education surrounding stigma associated with problematic substance use and harm reduction programs and policies to ensure safe and inclusive spaces for people experiencing problematic substance use</p>	<ul style="list-style-type: none"> • Implement and support educational outreach initiatives (e.g., Strengthening your Voice- CAMH; Speakers Bureau-Schizophrenia Society of Ontario) delivered through sharing stories of lived experience (e.g., documentary screenings, in-person presentation) to youth in schools and the broader community with a focus on problematic use of cannabis, alcohol, opioids and crystal meth 	<p>Short-term</p>

<i>Recommendation(s)</i>	<i>Actions</i>	<i>Timeline(s)</i>
Education and Awareness (continued)		
Increase education surrounding stigma associated with problematic substance use and harm reduction programs and policies to ensure safe and inclusive spaces for people experiencing problematic substance use	<ul style="list-style-type: none"> • Provide evidence-informed anti-stigma training and promote respectful language and dialogue within all community agencies providing problematic substance use services and support 	Medium-term
	<ul style="list-style-type: none"> • Promote awareness of harm reduction programs and policies as evidence-informed practices to reduce stereotypes and stigma through different channels such as workshops and the media 	Medium-term
Community Capacity Building and Training		
Expand low-threshold programming and other harm reduction programs and policies within Oxford County	<ul style="list-style-type: none"> • Increase training and capacity of Naloxone Training Program and Needle Exchange Program by hiring peer outreach workers to help deliver the program in hard to reach populations (e.g., train the trainer) 	Short-term
	<ul style="list-style-type: none"> • Support and expand the number of pharmacies across all municipalities that provide Naloxone kits and training 	Short-term
	<ul style="list-style-type: none"> • Support and expand mobile health unit services that deliver a 'one-stop shop' approach, such as delivery of harm reduction supplies and programs, education, basic medical care and referrals to communities and high-risk populations that have difficulty accessing fixed harm reduction sites 	Short-term
	<ul style="list-style-type: none"> • Increase capacity of 24-hour crisis support services and access to crisis support workers 	Medium-term
	<ul style="list-style-type: none"> • Provide the Naloxone Training Program to youth outside of school hours or in youth recreational spaces 	Medium-term
	<ul style="list-style-type: none"> • Conduct program planning and implementation of a Wound Care Program for people who inject drugs based on findings from a 2017 situational assessment by Oxford County Public Health 	Medium-term

<i>Recommendation(s)</i>	<i>Actions</i>	<i>Timeline(s)</i>
Research, Evaluation and Advocacy		
Increase efforts to conduct community needs assessments, environmental scans and feasibility studies to plan for novel and innovative evidence-informed harm reduction strategies	<ul style="list-style-type: none"> • Conduct a community needs assessment to determine the feasibility of a supervised consumption site and Managed Alcohol Program within the community, including comprehensive consultations with relevant community members 	Medium-term
Advocate for more resources to support increased access to necessary health and social supports	<ul style="list-style-type: none"> • Advocate for funding to support more community system navigators or peer navigators to promote clearer pathways for PWLE to access care 	Short-term
	<ul style="list-style-type: none"> • Advocate for the inclusion of wound care services in the County's broader harm reduction approach for people in Oxford County who inject drugs 	Medium-term
Social Determinants of Health		
Expand diverse housing initiatives to support people experiencing problematic substance use	<ul style="list-style-type: none"> • Advocate for Shelter First approach when working with PWLE 	Medium-term
	<ul style="list-style-type: none"> • Increase low-threshold shelter and addiction supportive housing for people experiencing problematic substance use and homelessness 	Long-term
	<ul style="list-style-type: none"> • Increase the range of services provided through supportive housing programs to include a 'one-stop-shop' approach for clients, with harm reduction initiatives, HIV/AIDS and Hepatitis C testing, wound care, hygienic services, counselling and mental health supports 	Long-term
Expand and support educational initiatives that address the needs of youth	<ul style="list-style-type: none"> • Expand alternative education programs for youth who cannot be served in traditional schools due to substance use, misuse and/or harmful behaviours (e.g. Student with a College Program) 	Long-term

4. JUSTICE AND COMMUNITY SAFETY

Oxford County calls for greater awareness, education, and collaboration amongst first responders, community members, and PWLE with regard to the Justice System. Community members need to be made aware of the legal issues resulting from the legalization of cannabis, while PWLE would benefit from more information on the laws and legal implications affecting them, such as the Good Samaritan Law. First responders can also be an important source of information on community resources for PLWE in the community. There is also a need to support first responders in carrying out their work with PWLE and ensuring they have access to resources to manage these interactions and address burn out. There are also opportunities to create greater community awareness of the diversion activities currently pursued in the County, such as the Situation Table, and efforts underway to pursue new diversion activities, such as the Drug Court.



GOAL:

To strengthen the ability of law enforcement, including police, regulatory agencies, the courts, licensing authorities and other actors in the criminal justice system, to uphold public safety and reduce harms associated with problematic substance use by increasing various justice and community safety initiatives.

<i>Recommendation(s)</i>	<i>Actions</i>	<i>Timeline(s)</i>
Leadership and Collaboration		
Foster partnerships and develop a coordinated approach among law enforcement, community stakeholders, neighborhood groups and community agencies to address drug-related crime and related problematic substance use affecting the community	<ul style="list-style-type: none"> Design and implement a policing and public safety campaign around cannabis legislation enforcement, including information on the personal possession limit and the legal implications of drug-impaired driving 	Short-term
	<ul style="list-style-type: none"> Coordinate with community agencies to implement a community drug court for youth and adults 	Long-term
Education and Awareness		
Increase awareness around new laws and regulations regarding problematic substance use	<ul style="list-style-type: none"> Promote the “Good Samaritan” law amongst the community in collaboration with other community agencies and organizations to reduce barriers to accessing emergency services 	Short-term

<i>Recommendation(s)</i>	<i>Actions</i>	<i>Timeline(s)</i>
Education and Awareness (continued)		
Increase awareness of law enforcement agency initiatives that mitigate harm to drug users	<ul style="list-style-type: none"> Develop a communications campaign on the Situation Table, its effectiveness and success through law enforcement social media and face to face presentations 	Short-term
	<ul style="list-style-type: none"> Provide community updates on securing a drug court in Oxford County 	Short-term
Community Capacity Building and Training		
Build capacity and support for current law enforcement programs targeting problematic substance use	<ul style="list-style-type: none"> Expand access to the Situation Table and support development of the Drug Court through identifying additional funding sources 	Medium-term
	<ul style="list-style-type: none"> Support the development of the MHEART program to ensure they can provide concurrent services for individuals experiencing substance use disorder who may be at risk of overdose 	Medium-term
	<ul style="list-style-type: none"> Increase monitoring of alcohol involved incidents (e.g., impaired driving) and share any identifiable trends with applicable stakeholders 	Medium-term
	<ul style="list-style-type: none"> Implement an initiative for peer support workers to support people experiencing problematic substance use in legal and court processes 	Long-term
Research, Evaluation and Advocacy		
Explore opportunities to support first responders in their interactions with PWLE	<ul style="list-style-type: none"> Support training the police in Mental Health First Aid for Public Safety 	Short-term
	<ul style="list-style-type: none"> Investigate and explore greater supports for first responders and the necessary service providers to handle substance-induced psychosis 	Medium-term
	<ul style="list-style-type: none"> Support participation in the Crisis Intervention Training Train-The-Trainer program to enhance police engagement with persons experiencing mental health and substance use crisis. 	Medium-term

<i>Recommendation(s)</i>	<i>Actions</i>	<i>Timeline(s)</i>
Research, Evaluation and Advocacy(continued)		
Advocate for increased support for PWLE in the justice system	<ul style="list-style-type: none"> • Advocate for navigation support for PWLE entering the justice system • Advocate to ensure access to opioid dependence treatment for PWLE in the justice system 	<p>Medium-term</p> <p>Long-term</p>
Social Determinants of Health		
Advocate for increased support for PWLE in the justice system	<ul style="list-style-type: none"> • Increase first responder awareness of available social resources for PWLE that they can connect their clients to by building community relationships (e.g., community events, info seminars, training opportunities) 	Medium-term

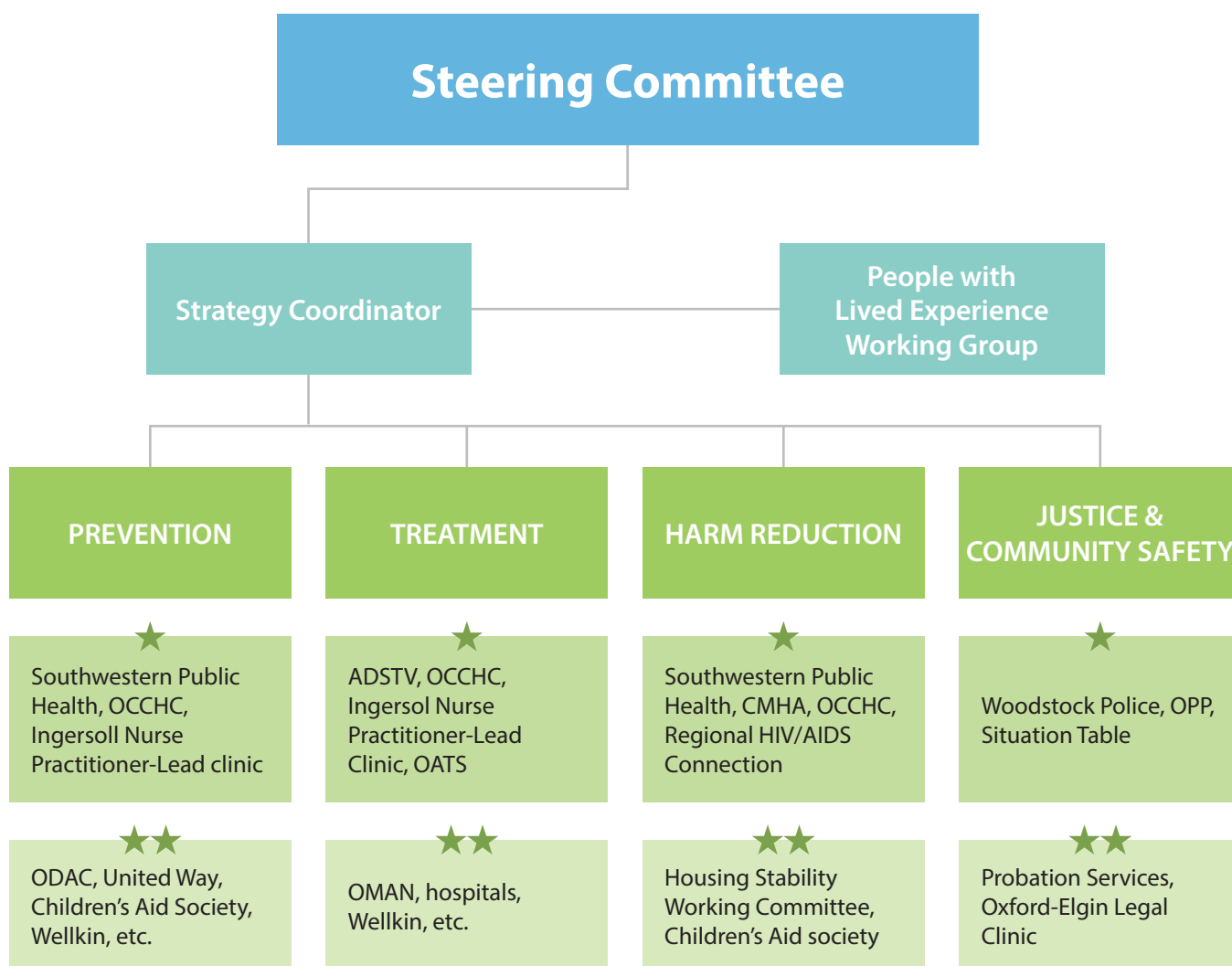


IMPLEMENTATION PLAN

To carry out the recommended actions items described above, the following structure, timeframe, performance measures, and risk mitigation strategies have been proposed. This implementation plan emerged from the community consultations and discussions with the Oxford County Community Drug and Alcohol Strategy Project Steering Committee as a sustainable and effective way to ensure the identified recommended action items are carried out and supported for the continued benefit of the community. The following sections provide the details of implementation activities.

LOCAL DRUG STRATEGY IMPLEMENTATION STRUCTURE

The following Strategy structures will be established to ensure effective oversight and coordination in carrying out the action plan activities.



★ Participating agencies may include

★★ Supporting members may include

COMMUNITY DRUG AND ALCOHOL STRATEGY STRUCTURES/ROLES

There are four main structures or roles that will be formed to implement the Oxford County Local Drug Strategy: The Drug Strategy Steering Committee, the People with Lived Experience (PWLE) Working Group, the Strategy Coordinator, and the Four Pillar Streams. Descriptions of these different groups are provided below.

COMMUNITY DRUG AND ALCOHOL STRATEGY PROJECT STEERING COMMITTEE

The Steering Committee will be a continuation of the Steering Committee formed to support the development of the Oxford County Community Drug and Alcohol Strategy, which includes representatives from leading community agencies focused on problematic substance use. The Steering Committee will provide oversight and guidance of implementation of recommended action items outlined within this Strategy.

This includes receiving updates from the Strategy Coordinator on the progress of activities carried out by the Four Pillar Streams for the drug strategy, providing direction to the Strategy Coordinator and Four Pillar Streams, receiving input and feedback from the PWLE Working Group, identifying approaches to overcome implementation barriers, and acting as a decision-making body in determining which actions should be prioritized in the community. The Steering Committee will meet bi-monthly to receive updates and provide guidance on furthering progress on the strategy.

STRATEGY COORDINATOR

The Strategy Coordinator will be a newly created position (dependant on funding). In this role, the Coordinator will report to the Steering Committee on the activities taking place to support the Strategy, and seek guidance from the Steering Committee on how to support community agencies and key stakeholders in carrying out the Strategy action items.

The Coordinator will help to organize Steering Committee meetings, including sending out meeting invitations, booking meeting space, developing the agenda, and taking meeting minutes. The Coordinator will be responsible for coordinating the Four Pillar Streams, which will involve meeting with leading and supporting agencies on a regular basis to foster collaboration and encourage progress on meeting the objectives of the strategy.

The Coordinator will also liaise with the PWLE Working Group, asking for their insight and feedback on issues of concern raised by the Steering Committee and Four Pillar Streams, and organizing and setting up meetings and making connections between key groups as needed.

The Coordinator will also represent the Oxford County Community Drug and Alcohol Strategy Project Steering Committee on Municipal Drug Strategy Coordinators Network of Ontario. This Network has representatives from 155 municipalities, regions, townships, counties and First Nations throughout Ontario, and its members co-ordinate local or regionally-based drug strategies. Participation in this Network entails bi-monthly, two-hour teleconferences, and participation will allow the Coordinator to learn from the experiences of other members while they share best practices and identify solutions to common problems, disseminating this knowledge to the groups supporting the Strategy.

PWLE WORKING GROUP

The PWLE Working Group will be composed of five to 10 Oxford County community members that have lived experience with problematic substance use. This includes community members who have themselves experienced problematic substance use, or those with family and friends that have had these experiences. This group will meet bi-monthly to discuss concerns related to problematic substance use in the community, and provide advice and insight to the Coordinator on actions being carried out by the Four Pillar Streams.

The Coordinator will attend and support these meetings to gather feedback and input, and share this information with the Steering Committee and Four Pillar Streams. The Coordinator will also facilitate setting up meetings between the PWLE Working Group and the Steering Committee and/or the Four Pillar Streams as needed.

FOUR PILLAR STREAMS

The Four Pillar Streams will consist of existing organizations supporting the actions identified for each of the four pillars: prevention, treatment, harm reduction, and justice & community safety. Each pillar will have leading and supporting community agencies and groups that will work together to carry out pillar actions. Leading agencies are the organizations that will take primary responsibility and accountability for implementing the actions with the assistance of the supporting agencies.

This approach works with existing organizations in Oxford County that are focused on addressing problematic substance use and encourages them to collaborate within and across pillars to prioritize Strategy action items identified through the community consultations. Each of the pillar streams will meet as needed with the Coordinator helping to facilitate these meetings. The Coordinator will check in regularly with the pillar stream groups to encourage action item progress and coordination of activities. The pillar streams will connect with the PWLE Working Group and Steering Committee through the Coordinator and meet with these groups as needed for additional guidance and advice.

1. TIMEFRAME

The actions in the Strategy have been identified as necessary for Oxford County to address problematic substance use in the community. Depending on several factors, such as priority level, access to funding, and feasibility, these actions have been given a time frame for completion and are organized into short-term (<2 years), medium-term (2-4 years), and long-term (>4 years) completion phases. The table below outlines the anticipated timeframe for these strategy actions divided by pillar. Each of the Four Pillar Streams and their leading and supporting agencies will be responsible for supporting the implementation of the actions in their respective pillars. Timeframes have been outlined beside each recommended action listed above.

2. PERFORMANCE MEASURES: MONITORING AND EVALUATION

The Coordinator will help with monitoring and evaluating progress in completing the action items outlined in the Strategy and efforts towards achieving the goals of this strategy to address issues of problematic substance use at a community and systemic level within Oxford County. The Coordinator will collect data on this progress, providing updates at the bi-monthly Steering Committee meetings and a

report of these findings on an annual basis. Based on this report, the Steering Committee may decide to re-prioritize activities or shift direction as needed in collaboration with the PWLE Working Group and the Four Pillar Streams. At the five-year mark, a formal evaluation using collected data, along with interview and survey data, will be carried out by the Coordinator with the support of community groups and agencies.

The Coordinator will work with community partners to collect data on a number of program-level indicators for each pillar, as well as community-level indicators.

3. RISK AND MITIGATION STRATEGIES

There are a number of potential risks and challenges that may affect the implementation of the Strategy. The tables below identify some of these key risks and suggests a number of mitigation strategies that the Steering Committee, Coordinator and organizations can use to address these potential challenges.

Potential Risk	Mitigation Strategy
<p>1. Funding: There may be challenges accessing continued funding and support for the actions in the Strategy, particularly given changing political priorities in the health landscape. Organizations may already be hard pressed to provide their current services within limited budgets.</p>	<ul style="list-style-type: none"> • Form partnerships with multiple organizations to distribute the costs and reduce the expenses for any individual organization • Identify opportunities for in-kind funding through using or redeploying existing resources • Host a think tank to identify non-traditional methods of getting more funding
<p>2. Workload: Many organizations rely on staff that may already be overwhelmed and under-resourced. The addition of Strategy action items may seem to be adding more work to an already overstretched workforce.</p>	<ul style="list-style-type: none"> • Identify action items that are already initiated and prioritize their progress • Find ways to prevent burn out, such as allowing people to move in and out of Strategy groups • Limit meetings for the pillar streams to an as-needed basis • Work with the Coordinator to identify process efficiencies and opportunities for supporting staff in carrying out activities
<p>3. Crisis response: The opioid epidemic and challenges with other substances raise concerns about potential crises affecting the community and the ability of agencies to respond. Crises may also result in taking agencies away from their intended activities for the Strategy.</p>	<ul style="list-style-type: none"> • Work with the Coordinator to disseminate the Opioid Overdose Response Plan amongst community stakeholders and develop communication materials to ensure agencies are aware of and prepared to take on their identified roles in the case of an opioid crisis • Work the Coordinator to identify other potential crisis situations and the resources and organizations needed to manage them • Allow for flexibility in completing Strategy action items to give space to adequately address crisis scenarios

Potential Risk	Mitigation Strategy
<p>4. Imprecise action items: The action items presented in the Strategy present community priorities identified during the consultations. While efforts have been made to provide specificity around each action item, some have been left more general to allow for local agencies to determine how best to accomplish the item. However, some organizations may need assistance in determining how to get started with certain action items.</p>	<ul style="list-style-type: none"> • Map out steps to take with action items with the Coordinator • Collaborate with agencies in the same pillar stream to identify how to proceed with priority action items
<p>5. Competing priorities: There are a number of different community strategies and priorities in Oxford County that may result in groups putting other efforts ahead of the actions in the Strategy.</p>	<ul style="list-style-type: none"> • Work together with other strategies in Oxford County to identify shared interests such as combatting housing and other social issues to support PWLE • Consider meeting with and/or including members focused on other strategies in the Strategy groups to gain their insights and foster collaboration



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Appendices

APPENDIX A

PARTICIPATING COMMUNITY AGENCIES

Thames Valley District School Board
Wellkin Child & Youth Mental Wellness
Children’s Aid Society
Woodstock Police Service
OPP
County of Oxford-Paramedic Services
Base Hospital
Blandford-Blenheim Fire Department
Canadian Mental Health Association Oxford
Tillsonburg Fire
Southwestern Public Health
Domestic Assault Services Oxford
Southwest LHIN
Woodstock General Hospital
Oxford County Community Health Centre
Pharmasave- Ingersoll
Addiction Services of Thames Valley
Oxford Health Link
Woodstock Probation Services
County of Oxford- Human Services
Social Planning Council
Operation Sharing
Salvation Army
United Way Oxford
Indwell-Harvey Woods LOFT
Indigenous Justice Program/Oxford-Elgin
Legal Clinic
Community Employment Services-
Newcomer Services
Ingamo

APPENDIX B

PARTICIPATING COMMUNITY NETWORK GROUPS/TABLES

Oxford Mental Health and Addictions Network (OMAN)
Oxford Addiction Treatment Strategy (OATS)
Oxford Drug Awareness Committee (ODAC)
Ingersoll Resource Network
Situation Table
Homelessness/Housing Stability Working Committee
Zero Poverty Action Committee
Domestic Assault Review Team (DART)
Rainbow Coalition
Oxford County Suicide Prevention Team
Future Oxford- Community Oxford
Survivors Voices Oxford
Violence Against Women Community Table
Southwest Regional Coordinating Committee of Violence Against Women
Oxford County Social Housing Table

GLOSSARY

ADDICTION: An alternative term for additions is “dependence”. There are two kinds of substance dependence: psychological dependence and physical dependence. Psychological dependence occurs when a person feels s/he needs the drug to feel comfortable or function. Some people come to feel they need a substance just to be able to feel they can cope with daily life. Physical dependence occurs when a person’s body has adapted to the presence of a drug and tolerance has developed, which means that the person needs more of the drug to get the same effect. When drug use stops, symptoms usually occur.

ADDICTION SUPPORTIVE HOUSING: is a program designed to assist people who have trouble maintaining housing due to their substance use and are looking to make positive changes in their life. Participants work with an Intensive Addictions Case Manager (IACM) on a regular basis. The Intensive Addictions Case Managers work with clients to develop an individualized approach to treatment.

ADVERSE CHILDHOOD EXPERIENCES: are stressful or traumatic events, including abuse and neglect. They may also include household dysfunction such as witnessing domestic violence or growing up with family members who have substance use disorders. ACEs are strongly related to the development and prevalence of a wide range of health problems throughout a person's lifespan, including those associated with problematic substance use.

CANADIAN GUIDELINES FOR OPIOID THERAPY AND CHRONIC NON-CANCER PAIN: is a clinical practice guideline to inform the prescribing of opioids for adults with chronic noncancer pain. The target audience includes those who prescribe opioids or create policy regarding this issue. The evidence-informed guideline was funded by Health Canada and the Canadian Institutes of Health Research.

CANNABIS USE DISORDER: Cannabis use disorder is the continued use of cannabis despite clinically significant distress or impairment.

CHOOSING WISELY- OPIOID WISELY CAMPAIGN: is a campaign that encourages thoughtful conversation between clinicians and patients to reduce harms associated with opioid prescribing. Central to the campaign is a set of 15 specialty-specific recommendations for when the use of opioids should not be first-line therapy. These recommendations cover 12 different clinical specialties.

COGNITIVE BEHAVIOUR THERAPY (CBT): is a structured, time-limited, problem-focused and goal-oriented form of psychotherapy. CBT helps people learn to identify, question and change how their thoughts, attitudes and beliefs relate to the emotional and behavioural reactions that cause them difficulty.

COLONIZATION: The colonization of North America attempted to assimilate Aboriginal peoples into the settlers' European ways of living. Settler policies and attitudes meant that Aboriginal peoples were cut off from their traditional culture, languages, spirituality, economies, systems of governance and other important parts of their identity. The Indian Residential School System is one of the better-known examples of an intergenerational colonial system with impacts that still reverberate today.

DRUG TREATMENT COURTS: provide judicially-supervised treatment instead of incarcerating individuals who have problematic substance use concerns that is related to their criminal activities (e.g., drug-related offences such as drug possession, use, or non-commercial trafficking and/or property offences committed to support their drug use such as theft or shoplifting).

COMPASSION FATIGUE: The emotional residue or strain of exposure to working with those suffering from the consequences of traumatic events. Compassion Fatigue can occur due to exposure on one case or can be due to a "cumulative" level of trauma.

CONCURRENT DISORDER: a condition in which a person has both a mental illness and a substance use problem.

COPING MECHANISMS: Coping mechanisms are ways to which external or internal stress is managed, adapted to or acted upon. Coping mechanisms can be identified as positive (e.g., seeking support from friends and family) or negative (e.g., suppressing emotions) depending on the benefits/harms associated with the coping behaviour.

COUNSELLING: is advice which a therapist or other expert gives to someone about a particular problem.

CULTURAL-COMPETENCY TRAINING: instruction in order to be able to interact effectively with people of different cultures.

DETOX/WITHDRAWAL PROGRAMS: programs which guide and safely manage the acute physical symptoms of withdrawal associated with stopping drug use.

DUAL DIAGNOSIS: A person with dual diagnosis has both a mental disorder and an alcohol or drug problem.

EARLY INTERVENTION: aims at addressing substance misuse problems or mild disorders and helping to prevent more severe substance use disorders.

eHEALTH AND mHEALTH: referring to “electronic health” and “mobile health”, emerging fields dealing with health services and information delivered or enhanced through the Internet and/or mobile technologies.

EMPLOYMENT ASSISTANCE PROGRAM (EAP): is a confidential, short-term, counselling service for employees with personal problems that affect their work performance.

EVIDENCE-INFORMED (OR BASED): the use of objective evidence to inform design, approach and practice.

GOOD SAMARITAN LAW: The Good Samaritan Drug Overdose Act applies to anyone who: seeks emergency support during an overdose, including the person experiencing an overdose. The act also protects anyone else who is at the scene when emergency services arrive.

HARM REDUCTION: is an evidence-based, client-centered approach that seeks to reduce the health and social harms associated with problematic substance use, without necessarily requiring people who use substances from abstaining or stopping.

HEALTH PROMOTION: is the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions.

HEALTH QUALITY ONTARIO (HQO) QUALITY STANDARD ON OPIOID USE DISORDERS- CARE FOR PEOPLE 16 YEARS OF AGE AND OLDER: focuses on care for people 16 years of age and older (including those who are pregnant) who have or are suspected of having opioid use disorder. The scope of the standard covers all services and settings, including nursing homes, mental health settings, remote nursing stations, and correctional facilities, in all geographic regions of the province.

HOLISTIC (OR ALTERNATIVE) APPROACHES: a system of comprehensive or total client care that considers the physical, emotional, social, economic, and spiritual needs of the person.

ICELANDIC MODEL OF DRUG AND ALCOHOL PREVENTION: is a theoretically grounded, evidence-based approach to community adolescent substance use prevention that has grown out of collaboration between policy makers, behavioural scientists, field-based practitioners and community residents in Iceland. The intervention focuses on reducing known risk factors for problematic substance use, while strengthening a broad range of parental, school and community protective factors.

INPATIENT AND OUTPATIENT PROGRAMS: programs which assist with withdrawing from drug use. Inpatient programs usually involve patients living in a closed treatment environment. This treatment center provides a safe and secure place for patients to undergo more intensive treatment than outpatient care can offer. Outpatient programs allow patients to continue living at home and going about their daily activities while undergoing treatment. These programs involve daytime or evening therapies, with each patient returning to their own home overnight.

JUSTICE AND COMMUNITY SAFETY: Recognizes the need for peace, public order and safety. It works to reduce crime and community harms associated with substance use while protecting the vulnerable and preserving and protecting life.

LOW-THRESHOLD HOUSING: are shelters or community housing that do not require abstinence from the use of drugs and/or alcohol.

MANAGED ALCOHOL PROGRAM: involves the provision of accommodation alongside controlled access to alcohol to replace non-beverage alcohol and reduce heavy drinking episodes for individuals otherwise resistant to abstinence treatment.

MOBILE HEALTH UNIT: are customized vehicles that travel within the community, both urban and rural, that provide prevention, harm reduction and healthcare services where people work, live, and play. They overcome barriers of time, money, and trust, and provide community-tailored care to vulnerable populations.

NALOXONE: is a medication called an “opioid antagonist” used to counter the effects of opioid overdose, for example, morphine and heroin overdose.

NEEDLE EXCHANGE PROGRAM: a program in which intravenous drug users are provided with clean needles and injection equipment in exchange for their used needles. The used equipment is then treated as hazardous bio-medical waste and is destroyed safely. These programs are a central form of harm reduction.

ONE-STOP SHOP MODEL: combines multiple health and human service providers in a single location to deliver services to clients. Bringing together services in one location can benefit clients in accessing healthcare, transportation, referrals, and services.

ONTARIO 211: is a free helpline that connects you to community and social services in your area 24 hours a day, 365 days a year, in over 150 languages.

ONTARIO DISABILITY SUPPORT PROGRAM (ODSP): is one of Ontario’s social assistance programs. ODSP provides income and employment supports to eligible Ontario residents who have disabilities.

ONTARIO WORKS (OW): are benefits for people who need money because they cannot find work or temporarily cannot work. OW has two main parts: Financial assistance. Employment assistance.

OPIOID DEPENDENCE TREATMENT CARE

COURSE: A certificate course offered by the Centre for Addiction and Mental Health (CAMH) which will prepare learners to effectively and safely manage the treatment of clients receiving methadone or buprenorphine for opioid dependence. The course will also promote interprofessional collaboration among the health care team involved in the delivery of opioid dependence treatment.

OPIOID SUBSTITUTION/MAINTENANCE

THERAPIES (e.g., METHADONE OR SUBOXONE): A comprehensive treatment program that involves the long-term prescribing of methadone or other medication to treat opioid use disorder symptoms and cravings. Central to this therapy is the provision of counselling, case management and other medical and psychosocial services.

OVERDOSE: The use of a drug in an amount that causes acute adverse physical or mental effects. Overdose may produce transient or lasting effects and can sometimes be fatal.

PEOPLE WITH LIVED EXPERIENCE: refers to any person who has any lived experience with substance use, either current or past.

PEER OUTREACH WORKERS/PEER NAVIGATORS:

an individual who has had experience with the mental health and addiction system and who has been trained to help people with a serious mental illness and/or problematic substance use with their physical health care and wellness needs.

PREVENTION: focuses on reducing the factors which increase the risk of developing substance use problems. Prevention interventions can also aim to increase protective factors and improve overall well-being. Substance use related prevention aims to prevent or delay substance use, in addition to reducing harms associated with use.

PREVENTURE PROGRAM: Preventure is a school-based intervention aimed at reducing adolescent drug and alcohol use in high-risk teenagers. Students with high-risk personality profiles as identified by a screening questionnaire are invited to participate in two 90-minute group workshops. The workshops focus on motivating adolescents to understand how their personality style leads to certain emotional and behavioural reactions. Four different workshops are run, each focused on developing specialised coping skills relevant to following personality styles:

- Sensation seeking
- Impulsivity
- Anxiety sensitivity
- Negative thinking.

PROBLEMATIC SUBSTANCE USE: refers to use which could either be dependent (e.g. addiction) or recreational (e.g. binge drinking) with negative consequences. It is not necessarily the frequency of drug use which is the primary 'problem' but the effects that substance use has on a person's life (i.e. experience of social, financial, psychological, physical or legal problems as a result of substance use).

PROPORTIONATE UNIVERSALISM: is an approach that balances targeted and population-level approaches and puts health perspectives through actions proportionate to needs and levels of those disadvantaged in a population.

PROTECTIVE FACTORS: Protective factors are conditions or attributes (skills, strengths, resources, supports or coping strategies) in individuals, families, communities or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk in families and communities.

RACE AGAINST DRUGS PROGRAM: The Race Against Drugs is a community-based drug and alcohol awareness program in Oxford with an objective to educate students about the dangers of drug and alcohol abuse.

RAPID ACCESS ADDICTION MEDICINE: The Rapid Access Addiction Medicine (RAAM) Clinic serves those with substance abuse issues, primarily addictions to opioids and alcohol. The purpose of the clinic is to provide quick access to care for addiction issues, including assessments, counselling and prescriptions for medications that may help with lessening cravings and withdrawal symptoms. The RAAM Clinic will also help patients to navigate access to other addiction services in our community and provide support through transitions.

RE-THINK YOUR DRINKING CAMPAIGN: Rethink Your Drinking is an awareness campaign that encourages moderation or low-risk drinking to support healthy lifestyle choices and reduce short and long-term risks associated with alcohol consumption.

RECREATIONAL USE: the casual use of a drug at irregular intervals and is claimed to be non-addictive but may have negligible health or social impact

REHABILITATION PROGRAMS: a service that provides treatment and recovery services to someone who abuses or has become addicted to a substance.

RENT-GEARED-TO-INCOME UNITS: The rent is based directly on the tenant's income.

RISK FACTORS: A risk factor is any attribute, characteristic or exposure of an individual that increases the likelihood of developing a disease or injury.

SHELTER FIRST APPROACH: is an approach that focuses on moving people who are chronically and episodically homeless as rapidly as possible from the street or emergency shelters into permanent housing with supports that vary according to client need.

SITUATION TABLE: is a forum and framework for highly structured collaboration among human service providers such as first responders, health trustees, government institutions and community-based agencies. It mobilizes existing resources to help citizens/families rapidly reduce acutely elevated risk.

SOCIAL DETERMINANTS OF HEALTH (SDOH):

The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.

SOCIO-ECOLOGICAL MODEL (SEM): is a

theory-based framework for understanding the multifaceted and interactive effects of personal and environmental factors that determine behaviors, and for identifying behavioral and organizational leverage points and intermediaries for health promotion within organizations. There are four nested, hierarchical levels of the SEM: Individual, interpersonal, community, and social determinants of health/policy.

SPEAKERS BUREAU: is a program at the Schizophrenia Society of Ontario that features speakers who want to share their personal experience with mental illness. Sharing stories of how mental illness has impacted them directly or how it affected them through a family member or loved one, their stories serve to educate others about schizophrenia and open the conversation to a better understanding of what it means to live with it.

STIGMA: An attribute, behaviour, or reputation which is socially discrediting in a particular way: it causes an individual to be mentally classified by others in an undesirable, rejected stereotype rather than an accepted, positive one.

STRENGTHENING FAMILIES PROGRAM: The Strengthening Families Program (SFP) is a 10- to 14-week parenting and family skills training program for high-risk and general population families. It is unique because the whole family attends and practice new relationship skills together in family groups.

STRENGTHENING YOUR VOICE: is a program at the Centre for Addiction and Mental Health (CAMH). It is a day-long training designed to prepare people with lived experience of problematic use of opioids and/or family members of those with problematic use to share their personal stories.

STUDENT WITH A COLLEGE PROGRAM: is an alternative education program partnership between the Thames Valley District School Board and Fanshawe College. SWAC students spend time completing their secondary school diplomas as well as having the opportunity for dual-credit courses at Fanshawe College.

SUBSTANCE-INDUCED PSYCHOSIS: A substance may induce psychotic symptoms during intoxication (while the individual is under the influence of the drug) or during withdrawal (after an individual stop using the drug). Psychotic symptoms include delusions- false beliefs and/or hallucinations- seeing, hearing, feeling, tasting or smelling things that are not there.

SUPERVISED CONSUMPTION SITE: is an evidence-based health service that provides a safe and hygienic place for people to use drugs while supervised by trained staff, while also being an entry point for other aspects of care.

TRAUMA-INFORMED CARE: an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma.

TREATMENT: To help individuals with problematic substance use concerns make healthier decisions, support recovery, and move towards decreasing and/or stopping problematic substance by increasing various treatment initiatives.

VOCATIONAL PROGRAMS: provides individual assessment, career and education counselling, skills training, and community employment opportunities for both inpatients and outpatients in a welcoming and recovery- oriented environment.

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OXFORD COUNTY COMMUNITY
DRUG AND ALCOHOL STRATEGY

Nov. 23, 2018 DPRA Canada

