STRENGTHENING OUR PATH FORWARD:

Oxford County Community Mental Health and Substance Use Strategy

OXFORD COUNTY COMMUNITY DRUG AND ALCOHOL STRATEGY v2.0

OMHAAC

OXFORD
Mental Health
& Addictions
Action Coalition

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LETTER FROM THE CO-CHAIRS OF THE OXFORD MENTAL HEALTH AND ADDICTIONS ACTION COALITION

Greetings,

On behalf of the Oxford Mental Health and Addictions Action Coalition (OMHAAC), we are pleased to present the refreshed **Oxford County Community Mental Health and Substance Use Strategy**.

Since the Strategy was first launched in November 2018, our community has experienced significant change. We have witnessed both growing challenges and remarkable innovation in how organizations, service providers, people with lived and living experience, governments, and community members work together to support Oxford County's health and well-being. This refreshed Strategy reflects those changes and reaffirms our collective commitment to preventing substance and addiction-related harms, promoting mental wellness, and ensuring individuals and families can access the support they need within their community.

Over the past several years, Oxford County has made meaningful progress through the development and expansion of programs, services, and partnerships, including:

- The establishment of a Homelessness & Addiction Recovery Treatment (HART) Hub led by the Oxford Ontario Health Team, in collaboration with Woodstock Hospital, the Oxford County Community Health Centre and the Canadian Mental Health Association Thames Valley Addiction & Mental Health Services (CMHA TVAMHS)
- A Rapid Access Addiction Medicine (RAAM) Clinic led by the Oxford County Community Health Centre.
- The creation of a Youth Wellness Hub led by Wellkin.
- The Families CARE program led by CMHA TVAMHS
- The implementation of Planet Youth led by Southwestern Public Health.
- The expansion of emergency shelter services and supportive housing led by Operation Sharing, Indwell, and Ingamo Homes, and traditional housing led by United Way and Oxford County Community Health Centre.
- The development of a 10-Year Shelter Plan: "Housing for all" strategy for Oxford County, led by Oxford County.
- The Mental Health Engagement and Response Team (MHEART), a collaborative initiative between the Woodstock Police Service (WPS) and CMHA TVAMHS.
- The adoption of a county-wide 2026-2029 community safety and well-being plan, led by Safe & Well Oxford, establishing shared priorities including mental health, substance use, and addiction.

These accomplishments demonstrate the strength of collaboration across our community and provide a strong foundation for future action.

The refreshed Strategy includes updated priorities and action items informed by local data, evidence-informed practices, guiding documents, input from community partners, and the voices of individuals with lived and living experience. Together, these perspectives have helped shape a practical and responsive roadmap that reflects the needs, strengths, and aspirations of Oxford County. We gratefully acknowledge Southwestern Public Health's financial support in developing this Strategy.

Addressing mental health, substance use, and addiction is a shared responsibility that requires ongoing partnership, commitment, and innovation. OMHAAC remains dedicated to bringing organizations and community members together to advance this work and to monitor progress toward our shared goals.

We invite all partners, residents, funders, and decision-makers to join us in implementing this refreshed Strategy. Together, we can foster a healthier, safer, more inclusive, and more resilient Oxford County for everyone.

Sincerely,

Peter Heywood and Megan Hostland

Co-Chairs
Oxford Mental Health and Addictions Action Coalition (OMHAAC)

OMH AAC
OXFORD Mental Health & Addictions Action Coalition

ACKNOWLEDGEMENTS

The refresh of the Oxford County Community Mental Health, Substance Use and Alcohol Strategy was led by the Oxford Mental Health and Addictions Action Coalition (OMHAAC). The coalition is made up of community organizations that interface with programs and services for individuals and families affected by mental health and substance use challenges. It also includes community members with lived and living experience or family members. The refresh of the strategy would not have been possible without the contributions of members of OMHAAC:

Alexandra Hospital Ingersoll	Oxford Ontario Health Team
The Children's Aid Society of Oxford County	Oxford County Human Services
CMHA Thames Valley Addiction and Mental Health Services	Regional HIV/AIDS Connection
Community Members	Southwestern Public Health
Domestic Abuse Services Oxford	St. Joseph's Healthcare London
Indwell	Tillsonburg District Memorial Hospital
Ingersoll Nurse Practitioner-Led Clinic	Thames Valley Family Health Team
Ontario Provincial Police (Oxford Detachment)	United Way Oxford
Operation Sharing	Wellkin Child and Youth Mental Wellness
Oxford County	Woodstock Hospital
Oxford County Community Health Centre	Woodstock Police Services

EXECUTIVE SUMMARY

The purpose of the Oxford County Community Mental Health and Substance Use Strategy is to promote the health, safety, and well-being of our community by preventing, delaying, or reducing the impact of mental health and addictions. This refreshed strategy aims to provide a coordinated, evidence-informed approach that prevents use, supports early intervention, enhances access to effective treatment and recovery services, and strengthens partnerships across sectors. By addressing the root causes of substance use and creating supportive environments, the strategy seeks to improve individual and community outcomes, reduce stigma, and ensure that every person has the opportunity to thrive.

> **"... the strategy seeks to improve individual and community outcomes, reduce stigma, and ensure that every person has the opportunity to thrive."**

The Oxford County Community Drug and Alcohol Strategy was first developed in 2018. Since its development, significant progress has been made in addressing the strategy's recommendations. However, changes in the substance use landscape have prompted a refresh of the 2018 strategy. Additionally, Oxford County's population has continued to grow since 2021, reflecting ongoing demographic shifts since the COVID-19 pandemic.

The updated Strategy will use evidence from a literature review to strengthen existing recommended actions and integrate new recommended actions through a mental health lens, ensuring a more holistic, upstream, and person-centred approach to substance use prevention and community well-being. Mental health and substance use are deeply interconnected, sharing common risk and protective factors. The refreshed strategy presents an opportunity to embed mental health elements into all pillars to enhance prevention and treatment interventions, reduce harm, and improve outcomes across the lifespan.

VISION

A community where every person enjoys good mental health, well-being, and a sense of belonging throughout their lifetime, supported by individuals and agencies working collectively to address diverse mental health and addiction challenges with a health equity lens.

MISSION

To prevent, delay, or reduce the impact of mental health and addiction challenges by ensuring that citizens of Oxford County have timely access to an integrated continuum of services incorporating health promotion, prevention, early intervention, harm reduction, treatment, and justice and community safety options.

GUIDING PRINCIPLES

The following principles reflect the key values and beliefs that shape and direct the actions in the Strategy. These principles were first identified in the Oxford County Community Drug and Alcohol Strategy developed in 2018 and were adapted for the Oxford County Community Mental Health and Substance Use Strategy.

COLLABORATION AND PARTNERSHIP: Foster meaningful collaboration among community organizations, healthcare providers, governments, people with lived and living experience, families, and community members to support coordinated, integrated responses to mental health, substance use, and community well-being.

EVIDENCE- INFORMED: Pursuing approaches to prevention, treatment, harm reduction and community safety that are informed by evaluation findings, local data, and best practices in the literature and supported by science, research, and evidence.

INNOVATION: Promote new and emerging approaches that strengthen mental health and well-being, address substance-use related harms, improve service access, and adapt to changing community needs.

LOCAL RELEVANCY: Ensure strategies, programs, and services reflect the unique strengths, needs, priorities, and experiences of Oxford County residents.

INCLUSION AND DIVERSITY: Promote meaningful engagement of diverse voices and perspectives, including people with lived and living experience, youth, families, Indigenous communities, equity-deserving groups, and community partners, to inform decision-making and action.

HEALTH EQUITY: Address health and social inequities by reducing barriers to care and improving access to resources and opportunities for individuals and communities experiencing disproportionate impacts related to mental health and substance use.

SUSTAINABILITY: Support long-term, adaptable solutions that strengthen community capacity, foster system resilience, and ensure ongoing commitment to improving mental health, well-being, and substance use outcomes.

IMAGE USED WITH PERMISSION FROM SOUTHWESTERN PUBLIC HEALTH, 2026

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 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 such as those experiencing a greater number of risk factors for substance use.

Lived Experience Perspective

The Strategy was co-created by people with lived and living experience (PWLLE). The Oxford Mental Health and Addictions Action Coalition acknowledges the critical importance of meaningful engagement with people with lived experience to ensure 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 substance use and those undergoing harm reduction and treatment services, and are central to effectively addressing substance use at a community and systemic level within Oxford County.

Guidance Documents

This Strategy was guided by key local and provincial frameworks, including the 2018 Oxford County Community Drug and Alcohol Strategy, Safe & Well Oxford Communities (2021), Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addictions System (2020), and the Oxford County Homeless Response Strategy. Collectively, these documents informed the Strategy's vision, priorities, and recommended actions, helping to ensure a coordinated and responsive approach to community well-being.

IMAGE USED WITH PERMISSION FROM SOUTHWESTERN PUBLIC HEALTH, 2026

BACKGROUND

POPULATION AND DEMOGRAPHIC SHIFTS IN OXFORD COUNTY

As noted in the Growth Analysis and Land Needs Assessment Report developed by Watson & Associates and Dillon Consulting, Oxford County experienced steady population growth between 2001 and 2021, increasing from 103,200 to 126,700 residents.(1) This trend continued in more recent years. According to a community profile conducted by Southwestern Public Health, Oxford County experienced 9.9% population growth between the 2016 and 2021 censuses.(2) During this period, Tillsonburg and Woodstock were among the top 10 fastest-growing small urban centres across Canada, and interprovincial migration was the leading factor driving population growth.(2) The region is expected to continue growing in the years ahead.(1) Alongside this growth, Oxford County's population is aging, with the proportion of residents aged 55 years and older increasing from 26% in 2006 to 33% in 2021.(1) At the same time, the young adult population, ages 20 to 34, increased slightly over this timeframe.(1)

> ***"Oxford County experienced 9.9% population growth between the 2016 and 2021 censuses."***

The demographic data presented below are based on Southwestern Public Health Community Health Status Reports and represent the Southwestern Public Health region, encompassing Oxford County, Elgin County, and the City of St. Thomas.

Mental Health Demographics

The state of mental health in the SWPH region has changed over the last several years. Local data suggest that population mental health has declined. For example, among residents aged 12 and older, the proportion who rated their mental health as fair or poor increased from 6.1% in 2015/2016 to 11.7% in 2019/2020.(3) The data also show that individuals identifying as female were more likely than individuals identifying as male to rate their mental health as fair or poor, and that younger age groups have reported poorer mental health.(3) For instance, the proportion of residents aged 12 to 24 who rated their mental health as fair or poor increased from 4.3% in 2015/2016 to 23.2% in 2019/2020.(3) Males reported higher rates of addiction disorders and substance use, while females had higher rates of hospitalizations and emergency department visits for mood and anxiety disorders.(3) Overall, these trends point to growing concern about mental health in Oxford County.

Alcohol Demographics

Alcohol consumption among community members has also changed in recent years. The proportion of SWPH residents who reported having at least one drink in the past week increased from 57.0% in 2015/2016 to 60.3% in 2019/2020.(4) Conversely, high-risk drinking has decreased locally, with the proportion of SWPH residents reporting seven or more drinks per week declining by approximately 3% since 2015/2016.(4) Reports of heavy drinking, defined as consuming five or more drinks for males or four or more drinks for females on one occasion, have remained relatively stable across the SWPH region, with approximately 20% of respondents reporting heavy drinking since 2015/2016.(4) Alcohol-related death rates increased between 2019 and 2021, more than doubling over this period and reaching 3.4 deaths per 100,000 population by 2021.(4) Although the proportion of high-risk drinkers has decreased locally, the overall proportion of SWPH residents who report current alcohol use has increased. As a result, a substantial number of residents may remain at risk of experiencing alcohol-related harms.(4)

Opioid Demographics

Opioid-related trends in the SWPH region have changed in recent years. Reports identify a gradual decrease in the number of individuals using opioids for the first time locally, alongside an increase in harm reduction activities. However, recent changes in Ontario's harm reduction landscape may affect these trends, making continued monitoring important.(5) The local rate of emergency department visits for opioid poisoning has increased over time, with a decrease observed in 2022 followed by another increase in 2023.(5) It is also important to note that the local rate of emergency department visits for opioid poisoning has remained elevated compared to the provincial rate in Ontario.(5) The rate of deaths due to opioid toxicity increased between 2014 and 2017 and continued on an upward trajectory until 2022, with steep increases observed both locally and provincially during the onset of the COVID-19 pandemic in 2020 and 2021.(5) Although opioid toxicity deaths decreased in 2022 and have continued to decline locally, the death rate remains approximately 1.5 times higher than in 2019, at 10.8 deaths per 100,000 population.(5)

Cannabis and Tobacco Demographics

Since cannabis was legalized through the Cannabis Act in 2018, reported cannabis use has increased in the SWPH region. In 2015/2016, 34.6% of residents reported using cannabis more than once in the past 12 months, compared with 45.4% in 2019/2020.(6) However, it is important to note that before legalization, residents may have been less comfortable reporting cannabis use.(6) Historically, male residents have reported cannabis use at higher rates than female residents; however, between 2015 and 2020, there was an increase in females reporting cannabis use more than once in the past 12 months.(6) By 2019/2020, reported cannabis use among females was nearly as high as reported use among males (44.2% vs. 47.3%).(6) Indicators of cannabis-related harms suggest greater psychological dependence among SWPH residents than among Ontarians overall (27.4% vs. 21.6%), with higher rates reported by males than females in 2019/2020 (25% vs. 19%).(6) Cannabis poisoning-related emergency department visits and hospitalizations have fluctuated over time, but both have remained consistently higher in the SWPH region than the provincial rate since 2017.(6)

The proportion of residents in the SWPH region who reported being current daily tobacco smokers has remained relatively consistent over time, with 17.2% of the population reporting daily smoking in 2019/2020.(7) E-cigarette use increased from 2.6% to 3.3% between 2015/2016 and 2017/2018 among SWPH residents.(7) In 2019, youth in the SWPH region reported higher e-cigarette use than youth in Ontario overall, at 32.0% locally compared with 22.7% provincially.(8) More recent data from a Planet Youth study found that 15% of respondents reported lifetime vaping use, highlighting a likely shift in e-cigarette and vaping trends.(9)

Youth Substance Use Demographics

Substance use trends among youth have shifted since the previous drug strategy was developed. In 2019, local data showed that youth in the SWPH region reported higher use of alcohol, tobacco, e-cigarettes, cannabis, and magic mushrooms compared with youth across Ontario.(8) Among students in Grades 7 to 12, 74.7% of local youth reported having consumed alcohol, compared with 64.8% of youth in Ontario overall.(8) Binge or heavy drinking was also reported at higher rates among SWPH youth than Ontario youth, at 20.0% and 14.8%, respectively.(8) More recent data collected by Planet Youth found that 45% of surveyed youth reported lifetime alcohol use, making it the most commonly used substance among youth.(9) According to data from the Ontario Student Drug Use and Health Survey, the only statistically significant difference between local youth and the provincial youth population was for tobacco cigarette use: 9.6% of local youth reported smoking tobacco cigarettes, compared with 5.0% of youth across Ontario.(8) Planet Youth data also found that 15% of youth

reported lifetime vaping use.(9) Together, these findings suggest that youth substance use remains an important area for ongoing prevention, education, and monitoring in the SWPH region.

CHANGES IN THE LOCAL HARM REDUCTION LANDSCAPE

Since the introduction of the previous strategy in 2018, the Government of Ontario has implemented several changes that have influenced the local harm reduction landscape. In 2024 and 2025, the Ontario Government passed the Community Care and Recovery Act and the Safer Streets, Strong Communities Act, respectively, which prohibited the operation of drug injection sites within 200 metres of a school or child-care centre while simultaneously investing $378 million in the creation of Homelessness and Addiction Recovery Treatment (HART) Hubs.(10,11) The Investment in HART Hubs was later expanded to almost $550 million to open 28 locations across Ontario, including close to 900 supportive housing units.(12) Additionally, the Safer Streets, Stronger Communities Act and the Community Care and Recovery Act prohibited local boards and municipalities from taking part in federal safer supply initiatives and from applying for exemption for the decriminalization of illegal substances.(10) In summary, these changes in recent years underline the current provincial focus on treatment and recovery for substance-use-related issues.

IMAGE USED WITH PERMISSION FROM SOUTHWESTERN PUBLIC HEALTH, 2026

KEY ACHIEVEMENTS OF THE DRUG AND ALCOHOL STRATEGY SINCE 2018

Significant progress has been made since the inception of the Oxford County Community Drug and Alcohol Strategy in 2018. Since 2018, the dedication of community partners, service providers, and people with lived and living experience has strengthened the foundation of a truly collaborative response. This collective effort reflects a shared commitment to fostering a healthier and safer Oxford County. Accomplishments include:

- ✓ Strengthening prevention efforts through support of the Icelandic Prevention Model and expansion of the Youth Wellness Hub;
- ✓ Enhancing community care and education with initiatives such as the opening of the rapid access addiction medicine (RAAM) clinic;
- ✓ Expansion of mobile outreach services;
- ✓ Implementation of the Oxford County HART Hub introducing bed-based mental health and addictions treatment beds and a coordinated network of mobile outreach, primary care and transitional housing resources;
- ✓ Implementation of the families CARE program;
- ✓ Advancing harm reduction initiatives through needle management strategies, completion and publication of a consumption and treatment services feasibility study, and mobile outreach bus; and
- ✓ Improving justice and community safety capacity with the MHeart program as well as first-responder awareness of supports available for people with lived and living experience.

Overall, the Drug and Alcohol Strategy has strengthened Oxford County's collective ability to prevent substance-related harms, enhance care, and promote community safety. These achievements reflect a shared commitment to building a healthier, more connected community and lay a strong foundation for continued progress.

TESTIMONIALS

“ OXFORD COUNTY COMMUNITY HEALTH CENTRE

"The RAAM clinic continues to prioritize low barrier, rapid access to service for patients in our community living with substance use disorders. Our team is passionate about providing evidence-based care and linking to services within our community from our first visit with patients. We have seen great success in increasing access to long injectable treatment for Opioid Use Disorder that is preventing overdose, decreasing cravings and reducing harm to our patients. This practice alone has improved adherence, and patient stability and has resulted in our need to expand our drop-in hours to accommodate more patient intakes. The team's expertise and commitment to harm reduction have been instrumental to its success. We are currently rolling out education and implementation of HIV Pre-exposure prophylaxis (PrEP) and Post exposure Prophylaxis (PEP) to our high-risk clients. The RAAM Clinic is well-positioned to build on this momentum and expand high-impact services. We believe strongly in community partnership and connecting services to our most vulnerable members."

“ PLANET YOUTH

"Since the release of the 2018 Oxford Community Drug and Alcohol Strategy, Planet Youth Oxford-Elgin-St. Thomas has made significant strides in strengthening community-based prevention and improving our understanding of the factors that influence youth substance use and well-being. Through the establishment of two dedicated community coalitions, one in Oxford County and one serving Elgin County and St. Thomas, Planet Youth has brought together schools, parents, youth, service providers, municipalities, and community leaders around a shared vision of creating healthier environments where young people can thrive.

A key milestone has been the successful completion of our first cycle of comprehensive youth data collection, with 100% participation from publicly funded secondary schools across the region and strong engagement from hundreds of students. In addition to gathering critical local data, Planet Youth has facilitated parent forums, youth engagement sessions, and service provider discussions that have strengthened community awareness and collaboration. As we move into the intervention planning phase, our communities are now equipped with an unprecedented level of local insight and collective commitment to implement targeted, evidence-informed strategies that support youth well-being, reduce risk factors, and build long-term protective factors for future generations."

“ OXFORD COUNTY HART HUB

"Oxford County's HART Hub launched its centralized intake line in November 2025 and officially opened the doors to the Oxford Wellness Centre on December 3, 2025. This milestone marked the first offering of bed-based withdrawal management services and residential mental health and addictions treatment services in Oxford County. Since December 2025, the Oxford HART Hub has proceeded to mobilize the enhanced Mobile Health Outreach Bus and transitional housing services based on the application for funding submitted by Oxford partners, many of whom participate in this Community Drug and Alcohol Strategy. The commitment by the Oxford County leadership, community advocates, people with lived and living experience, and front-line staff have all been crucial in laying the foundation and enabling the initiatives that are highlighted in this strategy.

Early outcomes of our collaborative efforts in just over 8 months demonstrates that the Oxford County HART Hub has received over calls from over 150 unique individuals to our centralized intake line. Those calls have resulted in over 80 clients accessing withdrawal management services and over 30 clients moving into residential treatment services. In the community, Oxford County HART Hub funding has resulted in the addition of a Nurse Practitioner and Registered Nurse to the Mobile Health Outreach Bus. Over 1200 clients have received primary care and community outreach services with 18 individuals housed and receiving housing intake supports. With continued commitment from Community Drug and Alcohol Strategy advocates, we have planted the seeds to actualize the goals outlined. We continue to create opportunities to build upon our existing resources to serve our community efficiently and effectively through extensive collaborative efforts.

We look forward to upscaling Oxford County HART Hub services with continued program development and partnerships. In 2027 our permanent Oxford Wellness Centre – Graham Street location will increase bed-based service capacity which will offer additional space to enable the goals outlined in the Community Drug and Alcohol Strategy. The Oxford HART Hub has actualized an initial centralized intake service to enable all of the community partners who have committed to an extensive service offering to be present in one unified location.

We are excited to continue building our community collaborative efforts to serve community members."

UPDATING THE OXFORD COUNTY COMMUNITY DRUG AND ALCOHOL STRATEGY

The refresh of the Oxford County Community Drug and Alcohol Strategy began in spring 2025 and was completed in summer 2026. Throughout this process, the original 2018 strategy was recognized as a foundational document. The core elements of the original strategy, including the development process, key themes, guiding principles, and overarching approaches and considerations, remain central to the renewed strategy.

PARTNER ENGAGEMENT

In September 2025, a focus group was held with OMHAAC members to inform the strategy refresh. Participants shared their perspectives on the overall direction of the strategy, including overarching themes and key priorities. After the session, the feedback was reviewed and synthesized into key themes. The primary themes that emerged were:

CHANGING LANDSCAPE: Recognize evolving community and population needs, emerging trends in substance use and mental health, and the need for adaptive and responsive strategies.

TRAUMA-INFORMED APPROACH: Embed trauma-informed principles across services, policies, and interactions to ensure safety, trust, and cultural responsiveness.

STIGMA: Address stigma through education, awareness, and inclusive practices that promote dignity and reduce barriers to care.

MENTAL HEALTH LENS: Strengthen the integration between substance use and mental health services.

COLLABORATION: Enhance coordination and shared accountability among service providers, community partners, and overall systems.

HOUSING: Recognize the foundational need for access to stable, supportive, and affordable housing as a foundational component of health and recovery.

> ***"The community has changed a lot since the drug and alcohol strategy was first developed in 2018. The local population is increasing, and it will be important to recognize a range of cultures within the community."***

Ongoing stakeholder engagement, including community members and people with lived and living experience, will continue throughout strategy implementation and evaluation.

MENTAL HEALTH INTEGRATION FRAMEWORK

Mental health and substance use are closely interconnected, and individuals may experience both challenges concurrently. To ensure a comprehensive and person-centred response, this strategy integrates mental health considerations across all pillars of prevention, treatment, harm reduction, and justice and community safety. The approach to this strategy recognizes that addressing substance use in isolation is insufficient and instead, a coordinated and holistic system is needed to support individuals, families, and communities. Local organizations will hold formal roles in both the action coalition and its working groups. Additionally, representation from people with lived and

living experience is intentionally broadened to include individuals who have experienced mental health challenges and concurrent disorders, not just substance use, to ensure the strategy reflects the realities of those impacted. This framework acknowledges the significant overlap between mental health and addiction, recognizing that effective community responses must address both together to improve outcomes and reduce barriers to care.

LITERATURE SEARCH

A targeted literature review informed the Oxford Community Mental Health and Substance Use Strategy. The search included two databases, Medline Ovid MEDLINE(R) and Health Evidence, and was limited to English-language results. Search concepts included alcohol, cannabis, opioid, tobacco and e-cigarette interventions; the relationship between substance use and mental health; and priorities identified through Fall focus groups with drug strategy members.

KEY THEMES

Six key themes emerged from the literature: harm reduction and barriers to care; mental health; alcohol policy and interventions; culturally informed treatment; smoking and vaping cessation; and youth-focused harm reduction and prevention. Together, these themes highlight the importance of a comprehensive drug and alcohol strategy that combines population-level policy, accessible services, culturally safe care, stigma reduction, and targeted prevention.

THEME 1: HARM REDUCTION

Literature provides strong support for harm reduction as a core component of a comprehensive drug and alcohol strategy. Effective interventions include opioid agonist therapy (13), needle and syringe programs (14,15), safer opioid supply programs (16), naloxone distribution, and supervised consumption services (17,18). Evidence suggests that these interventions can reduce rates of overdose and drug poisoning among people who use drugs (PWUD) (18). Although the review identifies a range of effective interventions, recent funding cuts and limited government support have constrained their availability and feasibility for implementation. As a result, while harm reduction interventions remain important components of a comprehensive strategy, the committee may face challenges in adopting them within the current policy and funding environment.

The literature also highlighted additional harm reduction strategies. For example, Blais et al. conducted a systematic review of police-based diversion measures aimed at diverting PWUD away from the criminal justice system.(19) The review found that approaches designed to prevent the criminalization of drug use and provide alternative pathways for PWUD can help reduce drug-related criminal offences and associated harms.(19) The literature also emphasized the importance of addressing barriers to care, particularly stigma. PWUD may experience self-stigma, which can reduce the likelihood of seeking support (20), while stigma from health care professionals can further hinder access by contributing to lower-quality care or avoidance of health services altogether (21). Osinski et al. found that stigma toward PWUD among health care professionals in acute care settings influenced perceptions of harm reduction measures such as take-home naloxone.(22) Similarly, Magnan et al. reported that 12 of 15 studies evaluating stigma-reducing interventions found small but statistically significant reductions in stigma among health care

professionals.(21) Effective interventions included direct interaction with patients who have substance use disorders and training or education for health care professionals.(21,22)

THEME 2: MENTAL HEALTH

The literature consistently identified connections between substance use interventions and mental health outcomes. Witt et al. found that reductions in alcohol use were generally associated with improvements in suicidal ideation and behaviour.(23) Giesbrecht et al. similarly found that alcohol policy interventions, particularly restrictions on alcohol availability, may reduce alcohol-related suicide, while clinical interventions that directly address the relationship between alcohol use and suicide appear especially effective.(24) Evidence for community-based interventions remains limited, indicating a need for further research and careful local evaluation.

Mental health support is therefore an important component of drug and alcohol strategies. Trauma-informed approaches aim to strengthen social and emotional skills, increase awareness of the impacts of adverse experiences, and reduce the risk of re-traumatization. Bailey et al. found that youth-focused trauma-informed programs, delivered primarily through group sessions in school or community settings, show promise in preventing mental ill-health and substance use, although the evidence base remains limited by risk of bias.(25)

Evidence also supports cognitive behavioural therapy and psychosocial interventions for substance use disorders. Boness et al. found that cognitive behavioural therapy is effective, adaptable, and suitable for varied populations, including technology-supported delivery models.(26) Tran et al. found that psychosocial interventions may reduce drug use, depression, and HIV risk behaviours, while cognitive behavioural therapy may improve retention in care.(27)

THEME 3: ALCOHOL POLICY AND INTERVENTIONS

Alcohol remains a significant contributor to preventable death, disability, and social harm. The literature supports population-level alcohol policies as key tools for reducing alcohol-related harms, including measures that control affordability, limit availability, and restrict marketing.(28) Systematic reviews by Kilian et al. and Guindon et al. also found that alcohol pricing policies can reduce consumption.(29,30) Within the strategy context, advocacy for evidence-informed alcohol policy remains important, particularly where local implementation may depend on broader political and regulatory environments.

Community-level alcohol interventions can complement policy approaches. Evidence supports warning labels, impaired-driving countermeasures, changes to drinking environments, early intervention, and treatment.(28) Zuckermann et al. found that alcohol container health warning labels reduced beverage selection, drinking before driving, and sales.(31) Comprehensive community initiatives may also reduce alcohol and other drug-related harms when they include school-based or parenting activities, media campaigns, community mobilization, and enforcement components.(32,33) For people experiencing homelessness, Managed Alcohol Programs may stabilize drinking and reduce heavy episodic drinking, particularly when combined with Housing First and social supports, although concerns about increased consumption remain.(34) Contingency management

also shows some promise due to its adaptability and scalability, but public perception may affect implementation.(35)

THEME 4: CULTURALLY INFORMED TREATMENT

The literature highlighted the importance of culturally informed and equity-oriented approaches to reducing drug- and alcohol-related harms. Four articles examined Indigenous-relevant adaptations to substance use programs, while additional studies focused on culturally adapted treatments for broader racialized and minority populations.(36,37)

For Indigenous peoples, interventions developed in non-Indigenous contexts may not adequately address the impacts of colonization, intergenerational trauma, and culturally specific understandings of wellness. Pride et al. found support for multi-pronged, intersectional approaches that are culturally adapted or culturally grounded.(38) Toombs et al. emphasized the importance of "culture as treatment" models, particularly those led by cultural experts, while also noting a lack of interventions designed and led by Indigenous peoples.(39) Henderson et al. found that program mechanisms emphasizing compassion and self-determination were associated with reduced substance use.(40)

Beyond Indigenous-specific approaches, culturally adapted interventions may improve relevance and effectiveness for racialized and minority populations. Hai et al. found support for culturally adapted evidence-based treatments among racialized adults in the United States.(37) Leinberger-Jabari et al. similarly found that culturally tailored smoking cessation interventions may help more people quit compared with non-tailored interventions.(41) Overall, the evidence suggests that culturally informed strategies should be developed with affected communities and grounded in local needs, strengths, and experiences.

THEME 5: SMOKING AND VAPING CESSATION

The literature identified strong support for smoking cessation interventions and emerging evidence for vaping prevention. At the population level, anti-smoking campaigns, smoking bans, health warnings, tax increases, and smoke-free legislation were associated with improved cessation outcomes and reductions in tobacco-related morbidity and mortality, including cardiovascular, respiratory, and perinatal outcomes.(42,43)

At the individual and community levels, effective cessation interventions actively engaged participants and provided tailored support. Evidence supported active self-help programs, nurse-led counselling and education, mental health support, family-based components, peer support, and video counselling. (44–48) These findings suggest that smoking cessation efforts are strongest when individual support is paired with broader policy measures.

For vaping, the evidence focused primarily on prevention among youth and young adults. Strategies associated with reduced use or intentions to use included parental monitoring, school-based interventions with social-emotional learning components, comprehensive indoor air laws, peer-led school campaigns, and educational presentations.(49–51) However, several reviews noted the need for more rigorous and long-term studies before firm conclusions can be drawn.

THEME 6: YOUTH AND YOUNG ADULT HARM REDUCTION

Youth and young adults require age-responsive harm reduction and prevention approaches. Noyes et al. found that this population faces barriers such as limited youth-tailored programming, low awareness of overdose and infection risks, unfamiliarity with harm reduction, limited access to treatment, and greater likelihood of higher-risk behaviours such as sharing drug equipment.(52) Beck et al. reported similar barriers among youth in British Columbia, including self-stigma, difficulty navigating services, poorly located or limited service options, lack of youth-specific supports, and negative provider interactions.(53) Facilitators to care included non-judgmental care, education on infections and vaccines, peer networks, services that meet basic needs, supportive providers, and practical risk mitigation guidance.(53)

The literature also identified promising prevention strategies for youth and young adults. Vaping prevention approaches included parental monitoring, school-based interventions, smoke-free location policies, peer-led campaigns, and educational presentations.(49–51) School-based substance use prevention showed promise in improving opioid-related knowledge, attitudes, and beliefs and reducing substance use, violence victimization, and violence perpetration through whole-school interventions that promote student commitment.(54,55) Community- and family-based approaches may also support adolescent prevention by addressing cultural issues, strengthening parenting skills, and building family resilience.(56) Although evidence on family-involved interventions for co-occurring alcohol use and mental health concerns remains mixed.(57) Overall, the evidence supports multi-component prevention approaches that are youth-centred, relational, and context-specific.

IMPLICATIONS FOR STRATEGY

The literature supports a comprehensive, evidence-informed mental health and substance use strategy that combines harm reduction, prevention, treatment, mental health supports, stigma reduction, and policy advocacy. Intervention implementation should consider local resources, public perception, and policy constraints.

Equity should be embedded across the strategy through culturally safe, community-informed approaches that respond to the needs of Indigenous peoples, racialized communities, youth, people experiencing homelessness, and people who use drugs. Stigma reduction, peer involvement, non-judgmental service delivery, and practical support are important facilitators of access and engagement.

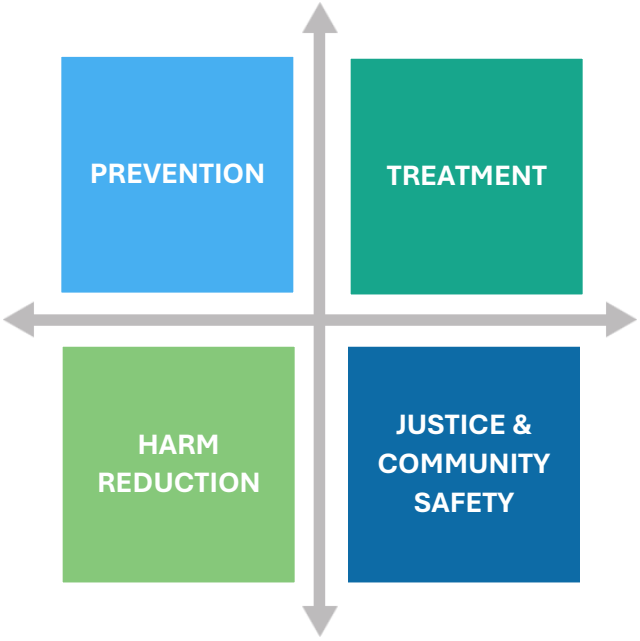
Promising directions include stigma-reducing training and lived/living experience engagement; culturally informed programs; smoking cessation supports paired with policy measures; and youth-centred prevention and harm reduction initiatives. Ongoing monitoring and evaluation will be important to assess local impact and adapt the strategy over time.

RECOMMENDED ACTIONS

The 2018 Strategy included 88 recommendations. Through the refresh process, committee feedback emphasized the need to streamline and prioritize actions to improve clarity, feasibility, and implementation. As a result, the refreshed Oxford Community Mental Health, Substance Use and Alcohol Strategy includes 34 recommendations that build on the previous Strategy while incorporating key findings from the literature review and stakeholder engagement process.

The recommended actions are organized around four pillars: prevention, treatment, harm reduction, and justice and community safety. Each pillar includes recommended actions organized under the following five strategic areas:

1. **LEADERSHIP AND COLLABORATION:** Actions that strengthen communication, collaboration, and partnership within and across organizations, while engaging decision-makers to support and advance strategic priorities.
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:** Actions that strengthen organizational and community capacity through the development, enhancement, or implementation of programs, services, training, and resources.
4. **RESEARCH, EVALUATION, AND ADVOCACY:** Actions that support the use of evidence, monitoring, evaluation, innovation, and advocacy to address emerging issues and influence policy at the local, provincial, and federal levels.
5. **SOCIAL DETERMINANTS OF HEALTH:** Actions that address systemic barriers, underlying risk factors, and protective factors that influence health, well-being, and substance use outcomes.



PREVENTION

OMHAAC continues to support evidence-informed initiatives that prevent substance misuse in Oxford County. Prevention focuses on reducing risk, delaying initiation, and decreasing substance use by addressing individual, family, school, community, and policy-level factors. Protecting and improving population health requires coordinated prevention and health promotion strategies that build protective factors, reduce stigma, and create supportive environments for children, youth, families, and the broader community.

The literature review identified the importance of comprehensive prevention approaches to address vaping and tobacco use among youth and young adults. This evidence supports the recommendation to strengthen coordinated, evidence-informed approaches that include education, policy, enforcement, retailer engagement, youth engagement, and protective-factor-based prevention strategies. Local Planet Youth data reinforces this need, with 15% of youth reporting lifetime vaping use.(9) Focus group findings also suggest that vaping has become normalized among some youth populations, and that some youth obtain vaping products through friends and retail sources despite being underage.

Planet Youth findings also highlight opportunities to strengthen the environments that support youth well-being. For example, only 32% of youth reported that students are nice to each other at school, suggesting a need to improve belonging and connectedness.(9) The data also indicate that strong family protective factors are associated with lower substance use. (9) These findings support a comprehensive approach to child and youth substance use prevention that strengthens family connection, school belonging, positive leisure opportunities, mental well-being, and community engagement through implementation of the Planet Youth approach. This expands the previous recommendation to promote the Icelandic model of drug and alcohol prevention among community partners and stakeholders by more directly connecting local evidence to action.

GOAL:

To prevent, deter, or delay substance use in Oxford County by strengthening coordinated, evidence-informed prevention initiatives that build protective factors and support healthier communities.

PREVENTION RECOMMENDED ACTIONS	
STRATEGIC AREA	**RECOMMENDED ACTIONS**
LEADERSHIP & COLLABORATION	• Increase support for the coordination of prevention activities among community agencies and organizations.

PREVENTION RECOMMENDED ACTIONS	
STRATEGIC AREA	**RECOMMENDED ACTIONS**
LEADERSHIP & COLLABORATION (continued)	• Reorient health and social services toward upstream prevention by improving equitable and timely access to care, actively reducing systematic, geographic, and practical barriers, minimizing stigma, and integrating trauma-informed, culturally responsive, and equity-centred approaches and shared training. • Strengthen comprehensive, evidence-informed approaches to vaping and tobacco prevention that include education, policy, enforcement, retailer engagement, youth engagement, and protective-factor-based prevention strategies.
EDUCATION & AWARENESS	• Develop, support, promote, and utilize existing campaigns as well as education and awareness initiatives on substance use as well as mental wellness for both high-risk groups and the public. • Develop, support, and promote coordinated education, awareness, and public information campaigns on substance use that increase understanding of opioid-related risks, protective factors, and available pathways to support, in collaboration with community stakeholders and media partners.
COMMUNITY CAPACITY BUILDING & ADVOCACY	• Enhance and better coordinate access to a wider range of recreational programs while increasing the availability of safe, inclusive community spaces for youth to engage, connect, and thrive. • Support a comprehensive, evidence-informed approach to child and youth substance use prevention that strengthens protective factors related to family connection, school belonging, positive leisure opportunities, mental well-being, and community engagement through implementation of the Planet Youth approach.
RESEARCH EVALUATION & ADVOCACY	• Collectively advocate for alcohol, cannabis, and tobacco policies at all levels of government. • Advocate for public policies that support overall health and well-being, including mental health, by addressing social and structural determinants and promoting environments that foster safety, resilience, and well-being.

TREATMENT

People who use substances often have complex and interconnected needs that require timely, coordinated, and person-centred treatment supports. In Oxford County, many mental health, addiction, crisis, and social services continue to operate in separate parts of the system, which can make navigation difficult for individuals, families, and service providers. Strengthening treatment therefore requires a more integrated model of care with clearer pathways, stronger system navigation, and improved coordination across health, community, and social supports. OMHAAC aims to increase and support local treatment options for people who use drugs by improving access, reducing barriers, and supporting continuity of care.

The Roadmap to Wellness outlines Ontario's plan to build a more connected mental health and addictions system and identifies opportunities that can inform local service planning in Oxford County. The document notes that many Ontarians struggle to know what services are available or where and how to get help.(58) These challenges contribute to

service fragmentation and create barriers to timely access. In response, the recommendation to create a "no wrong door" approach to local mental health and substance use services for all ages through a centralized intake and navigation hub was added to support easier access, clearer navigation, and more coordinated pathways to care.

The Roadmap to Wellness also emphasizes the need for a coordinated and standardized system approach to mental health and addictions treatment.(58) This aligns with evidence that people with substance use concerns benefit from ongoing support during transitions between hospital, community care, and other services. Findings from James et al. indicate that motivated patients should be supported throughout hospital discharge to maximize opportunities for continued treatment.(59) Continued engagement in care is associated with improved health and social outcomes, including reduced hospital readmissions, emergency department presentations, and overdose-related morbidity and mortality following discharge.(59) As a result, the drug strategy refresh included a recommendation to work with community health care providers to support and prioritize continuity and transitions of care across the health care continuum to address system fragmentation.

GOAL:

To support individuals with substance use concerns in accessing timely, coordinated, and person-centred treatment services that promote recovery, improve continuity of care, and reduce barriers to support.

TREATMENT RECOMMENDED ACTIONS	
STRATEGIC AREA	**RECOMMENDED ACTIONS**
LEADERSHIP & COLLABORATION	• Increase collaboration and coordination of service providers and organizations providing mental health or substance use treatment services to reduce duplication and improve service integration. • Streamline transitions of care between youth and adult services, mental health and addictions services, hospital and community support, and justice systems to community supports. • Create a "no wrong door" approach to local mental health and substance use services for all ages through a centralized intake and navigation hub.
EDUCATION & AWARENESS	• Increase awareness among healthcare providers and the community of treatment options for mental health and substance use. • Increase awareness of trauma and prioritize trauma-informed, trauma-capable, and oppression-informed care among healthcare and frontline providers.
COMMUNITY CAPACITY BUILDING & ADVOCACY	• Explore and expand treatment supports and services for individuals who have concerns relating to substance use, mental health, and sexual assault.

TREATMENT RECOMMENDED ACTIONS	
STRATEGIC AREA	**RECOMMENDED ACTIONS**
COMMUNITY CAPACITY BUILDING & ADVOCACY (continued)	• Work with community health care providers to support and prioritize continuity and transitions of care in the healthcare continuum to address system fragmentation. • Expand and better integrate existing substance use treatment programs and services while strengthening linkages with mental health, housing, and community supports to align with person-centreed, coordinated, and equitable-care approach.
RESEARCH EVALUATIONS & ADVOCACY	• Advocate for more resources to support the implementation of and access to treatment services.

HARM REDUCTION

Harm reduction remains a critical pillar within OMHAAC's comprehensive approach to addressing substance use in Oxford County. The literature review supports harm reduction interventions such as opioid agonist therapy, needle and syringe programs, safer opioid supply programs, naloxone distribution, and supervised consumption services to reduce overdose, drug poisoning, and other substance use-related harms. Given recent funding changes and shifting policy environments, implementation may need to be adapted to local resource and policy realities.

Evidence also highlights the importance of reducing stigma, improving service access, and strengthening connections between harm reduction programs and broader health and social support. Education, training, and meaningful interaction with people with lived experience can improve provider attitudes and support more inclusive, person-centred care.(21) Coordinated responses that connect harm reduction with housing, healthcare, social services, and justice-sector partners can further reduce harms and support stability for people who use drugs.

The recommendation to *prioritize expanding awareness, early identification, and targeted interventions to reduce alcohol-related harms in the community* was newly developed through the strategy refresh process. Alcohol contributes substantially to avoidable health, social, and economic harms, and community-level interventions can complement broader policy approaches. Evidence from the literature review identified that comprehensive community initiatives may also reduce alcohol and other drug-related harms when they include school-based or parenting activities, media campaigns, community mobilization, and enforcement components.(32,33) Managed Alcohol Programs and contingency management may offer additional targeted supports for some populations, particularly when paired with housing and social supports.(35,60)

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

HARM REDUCTION RECOMMENDED ACTIONS	
STRATEGIC AREA	**RECOMMENDED ACTIONS**
LEADERSHIP & COLLABORATION	• Strengthen collaboration among public health, healthcare providers, social and welfare agencies, municipal services, and community organizations to expand access to harm reduction programs and supports. • Enhance referral pathways between harm reduction programs and health and social services, including low-threshold housing supports, to ensure seamless access to care for individuals experiencing substance use or mental health challenges.
EDUCATION & AWARENESS	• Expand overdose prevention efforts by increasing the distribution of naloxone kits, providing training to people with lived experience, families, and community members, and ensuring rapid access in high-risk areas. • Promote stigma reduction by providing evidence-informed training on respectful language, harm reduction, mental health, and substance use, and by fostering safe, inclusive spaces across all community services. • Prioritize expanding awareness, early identification, and targeted interventions to reduce alcohol-related harms in the community.
COMMUNITY CAPACITY BUILDING & ADVOCACY	• Expand low-barrier, inclusive harm reduction services by integrating them into community hubs to ensure increased access. • Enhance overdose prevention by expanding access to naloxone kits and training, implementing public education on overdose recognition and response, and supporting mobile outreach in high-risk areas or in hard-to-reach populations.
RESEARCH EVALUATION & ADVOCACY	• Expand and diversify housing options for individuals experiencing substance use or mental health challenges, including increasing low-threshold shelters and addiction-supportive housing to improve stability and access to care.
SOCIAL DETERMINANTS OF HEALTH	• Integrate harm reduction initiatives with housing, employment, and mental health supports by providing wraparound services that address the social harms of substance use.

JUSTICE AND COMMUNITY SAFETY

Justice and community safety is an important component of OMHAAC's comprehensive approach to addressing substance use in Oxford County. This pillar focuses on strengthening coordinated, health-oriented responses that support public safety while reducing the harms associated with criminalization, stigma, and fragmented pathways to care. Collaboration among law enforcement, first responders, community

agencies, neighbourhood groups, and people with lived and living experience (PWLLE) can help ensure that responses to substance use-related concerns are trauma-informed, equitable, and connected to appropriate supports.

The literature review highlights the value of diversion and collaborative justice-sector approaches that connect people who use drugs to community-based supports rather than relying solely on criminal justice responses. For instance, Blais et al highlight the potential of police-based diversion methods to divert PWUD away from the criminal justice system. This evidence supports continued coordination with community agencies to support drug courts in Oxford County and increase access to justice-based treatment options as part of a broader continuum of care.

The recommendation to *strengthen culturally safe and equity-focused prevention and harm reduction by including local groups to inform interventions was newly added to the recommended actions in response to evidence from the Ontario Government's Roadmap to Wellness and* the literature review. The Roadmap to Wellness highlights a commitment to continue to work collaboratively with Indigenous partners and communities to create culturally appropriate mental health, addictions and well-being services across the continuum of care.(58) Furthermore, the literature supports integrating indigenous communities and leaders in the creation and distribution of services, highlighting the importance of "culture as treatment" models that integrate intersectional approaches that are culturally adapted or grounded.(38,39) Culturally informed models can be adapted for all racialized and marginalized populations to ensure equitable treatment options for all communities in Oxford County.

GOAL:

To strengthen coordinated, equitable, and health-oriented justice and community safety responses in Oxford County by improving collaboration among justice, emergency response, health, social service, and community partners; expanding diversion and treatment pathways; and supporting culturally safe approaches that reduce harms related to substance use.

JUSTICE & COMMUNITY SAFETY RECOMMENDED ACTIONS	
STRATEGIC AREA	**RECOMMENDED ACTIONS**
LEADERSHIP & COLLABORATION	• Build coordinated partnerships among law enforcement, community organizations, and neighbourhood groups to collaboratively address drug-related crime, mental health, and substance use impacts in the community. • Coordinate with community agencies to continue support of the community drug court for youth and adults.

JUSTICE & COMMUNITY SAFETY RECOMMENDED ACTIONS	
STRATEGIC AREA	**RECOMMENDED ACTIONS**
EDUCATION & AWARENESS	• Increase public understanding of the "Good Samaritan" law by collaborating with community partners to encourage safe, timely access to emergency services and reduce barriers to seeking help.
COMMUNITY CAPACITY BUILDING & ADVOCACY	• Foster partnerships and build capacity to develop a coordinated approach among first responders, community stakeholders, neighbourhood groups, people with lived and living experience (PWLLE), and community agencies to address substance use-related concerns affecting the community. • Strengthen culturally safe and equity-focused prevention and harm reduction through the inclusion of local groups to inform interventions.
RESEARCH EVALUATION & ADVOCACY	• Strengthen support for first responders in their interactions with people with lived and living experience (PWLLE) by equipping them with the tools, training, and partnerships needed for safe and effective engagement. • Increase access to justice-based treatment options.

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IMPLEMENTATION PLAN

Implementation of the refreshed Oxford County Community Mental Health, Substance Use and Alcohol Strategy will be supported through a coordinated structure that promotes shared leadership, clear communication, accountability, and action across partners. This structure will help move recommended actions from planning into practice while remaining responsive to emerging community needs.

OXFORD MENTAL HEALTH AND ADDICTIONS ACTION COALITION

The Oxford Mental Health and Addictions Action Coalition is made up of representatives from key community organizations working in substance use, mental health, health promotion, social services, justice, and community safety alongside people with lived and living experience. OMHAAC will serve as the primary body responsible for guiding implementation of the strategy. Its role will be to set priorities, support coordinated action, monitor progress, and help address barriers that arise during implementation. Through regular meetings, updates, and reports from the strategy coordinator and working groups, the coalition will provide strategic direction and support shared accountability across partners.

STRATEGY COORDINATOR

The strategy coordinator will support implementation by coordinating communication, tracking progress, organizing coalition and working group meetings, and helping partners move recommended actions forward. The coordinator will provide regular updates to OMHAAC, identify implementation needs and opportunities, and support collaboration among community agencies, working groups, and partners. The role will also include meaningful engagement with people with lived and living experience so that their perspectives continue to inform planning, implementation, and evaluation.

WORKING GROUPS

Dedicated working groups will be established to advance specific priorities within the refreshed strategy. These groups will bring together subject matter experts, service providers, community partners, and people with lived and living experience to plan and implement actions within defined areas of focus. Working groups will be flexible and may be formed, adapted, or concluded as priorities evolve. This approach will strengthen cross-sector collaboration, clarify roles and responsibilities, support accountability, and foster shared ownership of solutions.

MEASURING SUCCESS

To measure the success of the Oxford County Community Drug and Alcohol Strategy, OMHAAC will use a documentation, monitoring, and evaluation approach that tracks implementation progress, outcomes, and community impact over time. This approach will guide data collection, identify responsible partners and data sources, clarify reporting timelines, and support continuous quality improvement throughout implementation.

UNIVERSITY OF WATERLOO CAPSTONE PROJECT

EVALUATION PLAN

Master of Public Health students from the University of Waterloo developed an evaluation plan and reporting framework for the refreshed Drug Strategy. The evaluation will systematically track implementation, effectiveness, and community impact. The framework will help coalition partners monitor progress, assess outcomes, and identify opportunities for continuous quality improvement. It includes both process and outcome measures related to implementation fidelity, service accessibility, substance-related harms, mental health integration, health equity, and overall community well-being.

The evaluation plan is intended to:

1. Assess the implementation of the refreshed strategy, including the integration of mental health priorities across the Prevention, Treatment, Harm Reduction, and Justice and Community Safety pillars.
2. Evaluate the effectiveness of collaborative partnerships and cross-sectoral approaches in supporting the delivery of mental health and substance use initiatives.
3. Measure changes in access to, utilization of, and navigation through mental health and substance use services.
4. Monitor trends in key mental health and substance use indicators, including service demand, health outcomes, and substance-related harms.
5. Assess changes in community awareness, knowledge, and attitudes related to mental health, substance use, stigma reduction, and help-seeking behaviours.
6. Examine the extent to which the strategy contributes to improved community wellbeing, resilience, and protective factors among priority populations.
7. Evaluate whether the strategy is supporting equitable access to services and addressing barriers experienced by vulnerable and underserved populations, including youth, rural residents, Indigenous communities, and individuals with mental health and substance use concerns.
8. Generate evidence to support continuous quality improvement, accountability, and evidence-informed decision-making among coalition partners and stakeholders.
9. Identify emerging trends, gaps, and opportunities to inform future planning, implementation, and refinement of the strategy.

Evaluation findings will be communicated to stakeholders through a range of knowledge translation products and activities, including annual reports, executive summaries, community dashboards, infographics, presentations, public reporting, and community engagement sessions.

INDICATOR MENU

An Indicator Menu will be developed as a flexible resource that allows coalition partners to select measures based on strategic priorities, available resources, and data availability. The menu will include both evergreen indicators and new mental health indicators to support continuity with existing monitoring efforts while reflecting the refreshed strategy's expanded focus on mental

health, wellbeing, health equity, and integrated care. This approach will allow the coalition to maintain consistent reporting while adapting to emerging community needs and evolving priorities. The committee will establish timelines for data review and reporting and update them as new data become available.

RISK AND MITIGATION STRATEGIES

Several potential risks and challenges may affect the implementation of the Strategy. The tables below identify some of these key risks and suggest mitigation strategies to address these potential challenges.

POTENTIAL RISK	MITIGATION STRATEGY
FUNDING: There may be challenges to accessing continued funding and support for the actions in the Strategy given changing political priorities in the health landscape. Organizations may already be hard pressed to provide their current services within limited budgets.	• 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
WORKLOAD: Many organizations rely on staff that may already be overwhelmed and under-resourced. Adding Strategy action items may seem like more work for an already overstretched workforce.	• Identify action items that are already initiated and prioritize their progress • Find ways to prevent burnout, 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
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 pull agencies away from their intended activities for the Strategy.	• 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 with the Coordinator to identify other potential crises 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
IMPRECISE ACTION ITEMS: 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.	• 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
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.	• Work together with other strategies in Oxford County to identify shared interests such as combatting housing and other social issues to support PWLLE • Consider meeting with and/or including members focused on other strategies in the Strategy groups to gain their insights and foster collaboration

IMAGE USED WITH PERMISSION FROM SOUTHWESTERN PUBLIC HEALTH, 2026

GLOSSARY

ADDICTION: An alternative term for addiction 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.

ALCOHOL RELATED HARMS: refer to the negative physical, mental, and social consequences of drinking alcohol. These harms include short-term issues like injuries and violence, long-term illnesses like cancer and liver disease, and social impacts on families and communities.

ANXIETY DISORDERS: a mental health condition that causes intense, ongoing fear and worry that do not go away and affects daily life.

COGNITIVE BEHAVIOURAL 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.

COMMUNITY CARE AND RECOVERY ACT: an Ontario law passed on December 4, 2024 that restricts supervised consumption sites, bans new or existing sites within 200 metres of schools and daycares, and stops municipalities from seeking federal drug decriminalization or safer-supply funding without provincial approval.

COMMUNITY WELL-BEING: the combination of social, economic, environmental, cultural, and political conditions that allow individuals and groups to flourish.

CONTINGENCY MANAGEMENT PROGRAM: an evidence-based behavioural therapy that provides tangible, immediate rewards (like gift cards, vouchers, or prize draws) to reinforce positive actions, such as maintaining sobriety or attending treatment sessions.

CULTURALLY INFORMED APPROACHES: a framework that integrates an individual's cultural background, beliefs, values, and lived experiences into professional practices like healthcare, therapy, and education.

DIVERSITY: The variety of identities found within an organization, group, or society. Diversity is expressed through factors such as culture, ethnicity, religion, sex, gender, sexual orientation, age, language, education, ability, family status or socioeconomic status.

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

FAMILIES CARE PROGRAM: a group-based program that helps family members cope and relate effectively with the person who has a substance use concern.

HARM REDUCTION: an evidence-based, client-centred approach that seeks to reduce the health and social harms associated with substance use, without necessarily requiring people who use substances to abstain or stop.

HEALTH EQUITY: means that everyone has a fair chance to be as healthy as possible,

regardless of factors known as the social and structural determinants of health

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.

HOLISTIC APPROACH: a system of comprehensive or total client care that considers the physical, emotional, social, economic, and spiritual needs of the person.

INNOVATION: a process of introducing new ideas, products, services, or methods that create real value.

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.

MANAGED ALCOHOL PROGRAMS: 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.

MENTAL HEALTH ENGAGEMENT AND RESPONSE TEAM (MHeart): a collaborative mobile support pairing local police services with mental health professionals to respond to acute crisis calls.

MOBILE HEALTH OUTREACH SERVICES: services such as the Mobile Health Outreach Bus (MHOB) that provide barrier-free health care, mental health support, housing navigation, and basic supplies directly to individuals in Woodstock, Ingersoll, and Tillsonburg.

NALOXONE: 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.

OPIOID AGONIST THERAPY: a medical treatment for opioid use disorder that uses safe, long-acting medications like methadone, buprenorphine/naloxone, and blocks strong drug cravings.

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

PERSON-CENTERED APPROACH: a humanistic framework that views every individual as an expert in their own life with a natural drive toward growth. Instead of directing the person, the practitioner acts as a supportive guide who offers empathy, honesty, and total acceptance.

PLANET YOUTH: a global initiative using data and collaboration to support youth well-being and prevent substance use.

POPULATION-LEVEL APPROACH: aims to improve health and wellness across an entire community or society rather than focusing only on individual patients. It shifts the focus to broad, environmental, and social changes that lower risk for everyone without requiring heavy personal effort.

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.

PROTECTIVE FACTORS: 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.

RAPID ACCESS ADDICTION MEDICINE (RAAM): 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.

SOCIAL DETERMINANTS OF HEALTH: 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.

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.

SUBSTANCE USE DISORDER: a disease that affects a person's brain and behaviour and leads to an inability to control the use of a legal or illegal drug or medicine.

SUPPORTIVE ENVIRONMENTS: physical, social, and emotional settings that promote safety, trust, and well-being.

SUPERVISED CONSUMPTION SERVICES: clinical spaces for people to bring their own drugs to use in the presence of trained health professionals.

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

VAPING: the use of an electronic device to heat a liquid which produces aerosol that is inhaled into the lungs. Vaping liquid usually contains nicotine, flavouring and chemicals. Vaping may also be used to inhale cannabis aerosols.

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