

Peterborough Drug Strategy



Building the Foundation for Wellness
a strategic plan

June 2012

PETERBOROUGH
DRUG
STRATEGY

Table of Contents

The Peterborough Drug Strategy - Steering Committee Members.....	3
Acknowledgements.....	4
Vision:.....	5
Mission:	5
Guiding Principles:.....	5
Inclusion	5
Collaboration	5
Respect.....	5
Sustainability	5
Relevancy	5
Evidence	5
Innovation	5
Why Does Peterborough Need a Drug Strategy?.....	6
Substance Use in Peterborough City and County.....	7
Costs of Substance Use	7
Data in Peterborough.....	9
Who Is Most at Risk for Addiction?	11
The Process of Creating the Peterborough Drug Strategy	13
RECOMMENDATIONS.....	14
Supportive Environments: Theme 1 - System Improvement	15
Supportive Environments: Theme 2 - Opportunities and Access	15
Supportive Environments: Theme 3 - Children, Youth and Families	16
Supportive Environments: Theme 4 - Safety	16
Supportive Environments: Theme 5 - Stigma	17
Supportive Environments: Theme 6 - Beyond the Region of Peterborough	17
Education: Theme 1 - System Improvement	18
Education: Theme 2 - Opportunities and Access	18
Education: Theme 3 Children, Youth and Families	19
Education: Theme 4 - Safety.....	19
Education: Theme 5 - Stigma	19
Education: Theme 6 - Beyond the Region of Peterborough	20
Housing: Theme 1 - System Improvement	21
Housing: Theme 2 - Opportunities and Access	21
Housing: Theme 3 - Children, Youth and Families	21
Housing: Theme 4 - Safety.....	21
Housing: Theme 5 - Stigma	22
Housing: Theme 6 - Beyond the Region of Peterborough	22
Health and Social Services: Theme 1 - System Improvement.....	23
Health and Social Services: Theme 2 - Opportunities and Access	23
Health and Social Services: Theme 3 - Children, Youth and Families	24
Health and Social Services: Theme 4 - Safety	24
Health and Social Services: Theme 5 - Stigma	25
Health and Social Services: Theme 6 - Beyond the Region of Peterborough	25
Conclusion:	26
Appendix I: Glossary of Terms:.....	28

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Acknowledgements

It is a reflection of the energy and commitment of the organizations involved in the development of the Peterborough Drug Strategy that more than 650 residents contributed their ideas to the process. Thank you to all who took the time to contribute to the creation of this Strategy. Through focus groups, one on one consultations and a general survey, the willingness of the community to discuss concerns, share ideas for change, and explore hopes for the future is the cornerstone of the Peterborough Drug Strategy.

Thank you also to the members of the Advisory Team, Donna Rogers, Tim Farquharson, John Stoeckle, Suzanne Galloway, Peter Williams, Beth Day, Dawn Berry Merriam, Kathy Neill, Laine Schubert, Suzie Johnson, and Dorothy Oliver, who have been meeting regularly over the last four years to foster the partnerships necessary to develop a community drug strategy.

The work of creating this drug strategy and consulting with the community was greatly bolstered by the work of Jennifer Knight, Hunter Kole, Tom Regher, Susan Chambo, Heidi Reesor, and Scott Harman. Their insight and passion to

bring people together to talk openly about how substance use affects the communities of Peterborough City and County was invaluable in crafting recommendations that reflect the needs of our area. Many people reviewed the drug strategy at various times and provided detailed feedback to better inform the action items and the appendix on existing resources including Linda Mitchelson and Hallie Atter.

Many thanks are also due to the members of the Ontario Municipal Drug Strategy Coordinators Network who have offered their support and expertise throughout all phases of this project. Specifically, Patty Hadju, Michael Parkinson, Susan Shepherd and Raechelle Devereaux, who have selflessly shared their experiences and resources to help shape the development process in Peterborough.

Finally, we acknowledge the financial support of the Ontario Trillium Foundation, for investing in the health and strength of the communities of Peterborough City and County.

The Peterborough Drug Strategy developed and released a message campaign exploring the stories behind addiction. These images were used to raise awareness and draw attention to work of the Drug Strategy.



Vision:

The vision of the Peterborough Drug Strategy is to improve the health, safety, and well being of all citizens by working together to reduce the harm caused by substance use.



Mission:

To develop a comprehensive drug strategy, including legal and illegal drugs, except tobacco, for the City and County of Peterborough that reflects the needs of our community and demonstrates the strength gained from working together.

Guiding Principles:

Inclusion

People will be involved in a meaningful way in the development, delivery, and evaluation of research and programs that are intended to serve them. All levels of government, the academic, legal and human service sectors, the private sector, and the community share the responsibility to develop and implement strategies and responses to reduce the negative impacts of substance use.

Collaboration

We know that broad collaboration is the key to progress and success in Peterborough.

Respect

We respect the equality, dignity, human rights, strengths, and choices of people, families, neighbourhoods, and communities. Drug use is value neutral. A person's worth is neither diminished nor increased by virtue of his/her drug use. We value compassion over judgment.

Sustainability

We will work towards recommendations that rely on more effective use of community resources and services and actively seek additional funding to address gaps that cannot be met with current resources.

"There are way too many people being affected by this. Substance abuse is becoming normal and common."

- Key Informant

Relevancy

We will seek ways to develop strategies and responses that are relevant to the needs of individuals who use substances as well as to families and communities affected by substance use.

Evidence

We agree that successful strategies are based on research and practice that demonstrate effectiveness. A full range of evidence sources will be considered, including scientific, community-based and user experience.

Innovation

We are open to new and creative ideas that have promising features and fit within our goals.

Why Does Peterborough Need a Drug Strategy?

Community organizations and residents across the city and counties of Peterborough consistently report that substance use is a key factor affecting health, crime, safety, family strength, and community wellness. Concern has been raised that the need for treatment and support outweighs the existing capacity for service response in our communities. It is widely recognized that problematic substance use and mental health are closely linked. Residents have expressed that the most concerning issue related to crime and policing is substance use. All people in Peterborough City and County are affected by substance use - whether their own, that of a loved one, neighbor or co-worker - the impact to both individuals and our community is immeasurable.



A comprehensive plan to reduce the negative impacts of substance use is necessary to reduce fragmentation, limit duplication of services and ensure community activities are well informed. To engender an approach that is balanced, non-judgmental, and innovative, many stakeholders with varying experience and expertise were invited to the planning table. Through this partnership building, we have increased commitment to collaboration and to working in a way that can more cohesively address the complexities of substance use. Through the Peterborough Drug Strategy (PDS), local organizations and residents now have a roadmap to engage in this important work.

The recommendations for action expressed in this strategy document are a reflection of this gathering of expertise and evidence. Some of the necessary work can be achieved locally, while other aims will only progress if support is garnered at the provincial and national levels. Together, with the dedicated people of the steering committee and support from the community, we can work together to reduce the negative impacts of substance use and invest in a strong, safe and healthy community.

Substance Use in Peterborough City and County

Much of what we know about substance use in Peterborough has already been summarized in the PDS' *Discussion Document* released in spring 2011 (see References Section). Below is a summary of this information with additions from more recently obtained data, including the PDS' consultations held in spring 2011 (see Appendix IV for details).

Costs of Substance Use

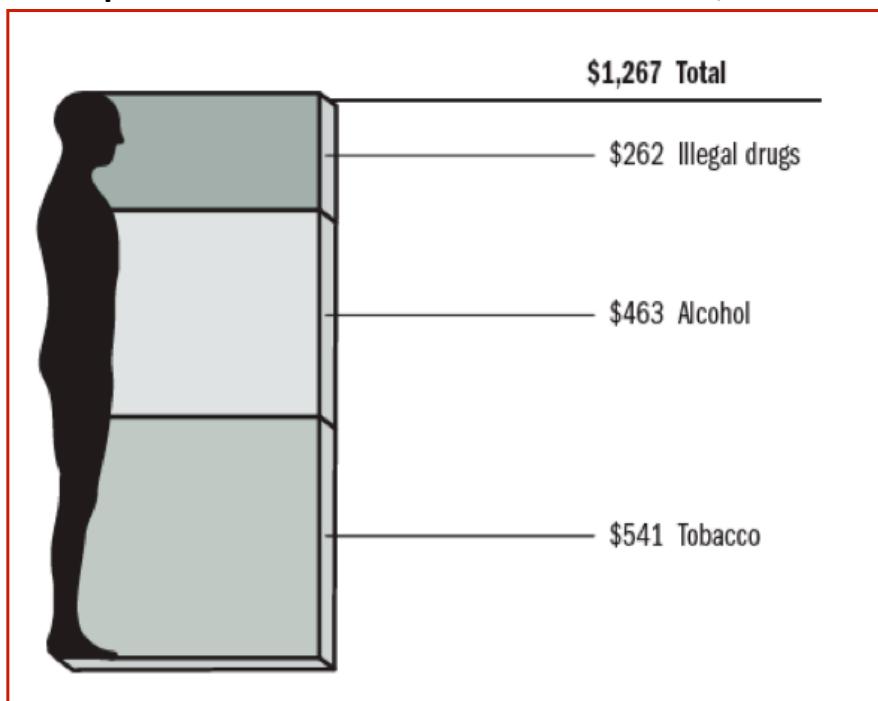
When usage of substances is not safe, the result is often costly legal, health and social problems. In fact, substance use is estimated to cost every resident of Peterborough City & County over \$630 annually, with 60% of these costs attributable to alcohol use¹.

Much of this is lost productivity that directly impacts the viability of local businesses.

Chronic disease, injury, and overdoses related to substance use increase the burden on our health care and emergency services.

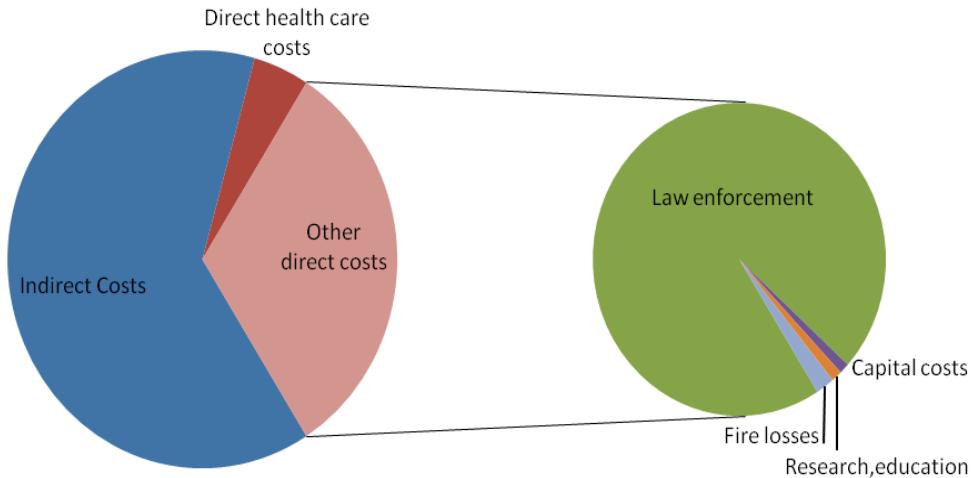
Violence and crime associated with alcohol and other drugs increase demands on our police and justice systems, while reducing community sense of safety.

Per capita costs of substance abuse in Canada, 2002



Source: Rehm et al. (2006). The Costs of Substance Abuse in Canada 2002: Highlights. Canadian Centre on Substance Abuse

Estimated Costs of Substance Use - CELHIN



Source: The Costs of Alcohol and Illicit Drug Abuse and Mental Illness in CELHIN, 2007 (Sarnocinska-Hart, 2008)

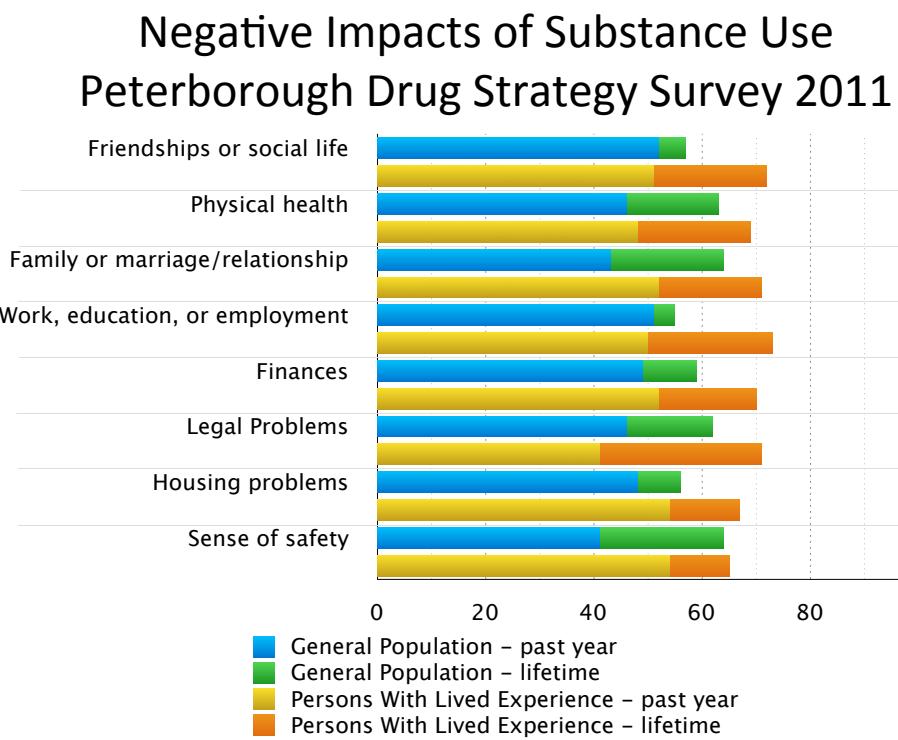
Health Costs

Injuries from substance use include those due to falls, collisions, drowning, fire-related injuries and drug-related physical and sexual aggression. The use of alcohol and other drugs has also been linked to increased risk for chronic disease². Illicit drug use involves risks not present with legal, regulated drugs such as contamination, overdoses caused by unknown strength or purity, and risk of incarceration. If drugs are injected, there is also increased risk of contracting HIV or Hepatitis C.

Peterborough has the 4th highest rate of Hepatitis C of 36 health units³.

A review of emergency department visits to Peterborough Regional Health Centre shows that between 2003 and 2009, there were 3,368 related to substance misuse (an average of 481 per year – this does not include injuries or poisonings). A review of emergency department (ED) visits to Peterborough Regional Health Centre shows that between 2003 and 2009, there were 3,368 related to substance misuse (an average of 481 per year – this does not include injuries or poisonings). Alcohol misuse represented the most frequent reason for a substance misuse ED visit (71.3%), followed by use of multiple drugs (9.8%), opioids (7.2%), and cocaine (7.2%). Among males, those aged 45 to 54 made up the largest proportion of visits (26.5%), whereas females 15 to 24 comprise the largest proportion of visits (33.1%).⁴

On average, Peterborough loses 16 citizens each year to drug overdoses (obvious suicides are not included in this number)⁵. Of 21 fatal drug overdoses in 2010, ten were due to alcohol alone,



five involved prescription opioids alone, while six involved other drugs. Non-fatal overdoses also burden individual health and the health care system.

Social Impacts

Over half of the respondents to the Peterborough Drug Strategy survey ranked Peterborough's drug problem as a 4 or 5 (with 1 being "No Problem" and 5 being "Big Problem"). Over half had experienced negative impacts on their friendships or social life, financial situation, or work, education or employment in the past year due to alcohol or other drug use. More than 40% reported impacts on their housing, sense of safety, legal situation, health, or family or marriage/relationship in the past year due to the use of alcohol or other drugs. Over half reported experiencing interpersonal violence including pushing or shoving, verbal abuse, feeling insulted or humiliated, or unwanted sexual experiences or unsafe sex. These harms were more often reported by younger respondents (aged 16-24) and those who identified as having lived with problematic substance use.



Liquor license infractions are by far the greatest number of drug charges laid in Peterborough City & County (an average of 516 charges per year compared to 271 illicit drug charges). It is estimated that between 50-60% of robberies in 2008 and 2009 were motivated by drugs⁶. There has been an increase in street-based sex trade (often referred to as survival sex work) where the sex worker reports substance use or addiction as one of the prime motivators for their work⁷.

Impaired driving charges declined between 2005-2007 but have leveled off in recent years to an average of 182 per year. The number of Peterborough drivers involved in collisions who had been drinking alcohol is almost double the provincial average⁸. The number of Ontario students who report driving after using alcohol (7%) or cannabis (12%) or are passengers with a driver who has been drinking (24%) or using drugs (16%) remains a concern⁹.

The Data in Peterborough

Alcohol is responsible for the majority of drug-related harms (besides tobacco). Adult drinkers in Peterborough are at greater risk for the harms of alcohol since they engage in heavy (or ‘binge’) drinking at rates 9.1% higher than the provincial average¹⁰. To minimize alcohol-related health risks, Canadians are advised to drink according to the Low Risk Drinking Guidelines, but adults

of drinking age in Peterborough are drinking in excess of the provincial guidelines more than the Ontario average (30.8%, 26.9%)¹¹. Research suggests that Peterborough high school students’ (Gr.7-12) use of alcohol is 10% higher than the provincial average (56% vs. 46%)¹². Student drinkers in Peterborough also engage in more binge drinking than their Ontario counterparts (78% vs. 71%)¹³. Fifty four per cent of people presenting at Fourcast, Peterborough's main addiction treatment provider, site alcohol as a problem substance¹⁴.

In terms of illicit drug use, almost 8% of Canadian adults (aged 25+) have used the top six illicit drugs in the past year (2009)¹⁵. Use amongst youth (aged 15-24) is more than three times higher. The most common illicit drugs identified when people seek treatment in Peterborough are crack/cocaine (21%) and cannabis (26%). The rates of illicit drug use in Canada appear to have remained the same or declined since 2004, except for cannabis use – which has increased.

“You get to the point where addiction becomes more important than a lot of other things.”
- Key Informant

Cannabis (frequently called marijuana) is the most popular illicit drug. Over 26% of Canadian youth (aged 15-24) report using cannabis in the past year (2009) – a rate four times higher than adults¹⁶. Research suggests that 29% of high school students in Peterborough use marijuana compared to 24% of Ontario students. The average age at which Peterborough students try marijuana is 14 years old¹⁷. Youth under the age of 16 presenting to Fourcast for treatment most often identify cannabis as their problem substance¹⁸.



“The nightmare and the horror of living this – watching people you love live a life they don’t want.”

- Key Informant



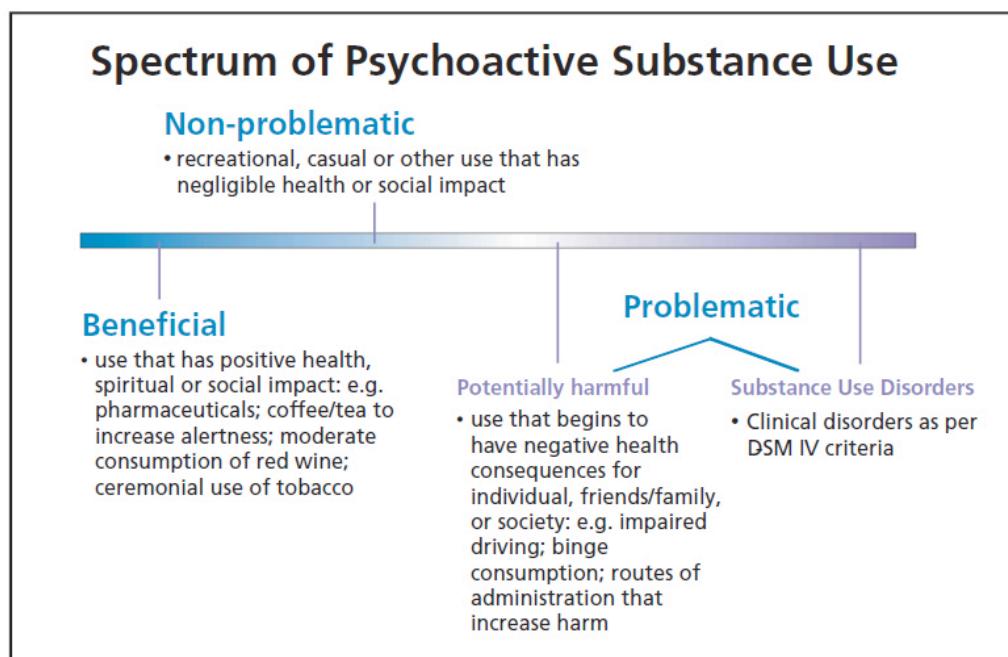
The misuse of prescription painkillers -especially opioids is of particular concern in Peterborough. A review¹⁹ of Ontario Drug Benefit prescriptions shows that Peterborough City & County had the 2nd highest prescribing rate (number of prescriptions per capita). In terms of average daily dose, Peterborough ranks 6th highest in the province. Peterborough is 7th highest for opioid related death rates. The proportion of people presenting at Fourcast for help with opioids (18%) has been growing over recent years. The majority of these treatment seekers were originally prescribed the painkillers for legitimate pain. In February 2011, 1,050 individuals were registered to receive Methadone Maintenance Treatment for their

opioid addiction at three clinics and a pharmacy in Peterborough²⁰.

Clearly, we are a substance using society and Peterborough is no exception. What is surprising is the level of judgement that exists around drugs and those that use them. This stigma seriously undermines both community efforts to reduce harms and individual efforts to seek help.

Who Is Most at Risk for Addiction?

People of all cultures, incomes and religions use a wide variety of psychoactive substances. Some use regularly without health or social problems (such as a beer after work or a joint on the weekend), while others may have periods of heavier use that can be harmful (such as binge drinking or drug experimentation in youth; heavy drinking during a period of unemployment). Still others become addicted and use daily, even when their use causes damage to themselves and others.



Source: BC Ministry of Health Services. "Every Door is the Right Door: a British Columbia planning framework to address problematic substance use and addiction" 2004.

“Based on my experience, I believe there is a direct relation between poverty and substance abuse. Poverty is a trap. It's so hard trying to rise above the streets. So you drink and you get high to alleviate the shame. A person's dignity becomes completely eroded after awhile. I believe that education, stable housing and work that is viable are part of the solution for how we deal with substance abuse.”

- Key Informant



There is a wide range of health, social, economic, and situational conditions that place some people at particular risk for problems from substance use. Some of the most vulnerable groups are:

People who have had adverse childhood experiences such as trauma, childhood sexual, emotional, physical abuse or neglect, witnessing violence against women, alcoholism or drug addiction of a parent are at greater risk of substance misuse and addiction.

Youth who are not in the mainstream who may be disconnected from school, family, or other support systems are at increased risk for substance use and addiction.

People who are homeless or otherwise street-involved face extreme hardship, chronic pain, mental illness, little or no family support, and very poor chances of finding and keeping housing; all contributing factors lead to an increased risk of problematic substance use or addiction.

Lesbian, gay, bisexual and transgender (LGBT) youth and adults have higher than average rates of

substance use and this is often attributed to life experiences of homophobia and transphobia²¹. Alcohol and other drugs also play a large role in the socialization of LGBT youth in clubs in urban settings, as well as in facilitating entry into the community.

Aboriginal people in Canada have significantly higher rates of substance use than the general population, linked with the considerable social disadvantages experienced by Aboriginal groups, including poverty, low education, unstable family structure, physical abuse, and poor social support networks. These factors are further exacerbated by discrimination, the after-effects of residential schools, and barriers to health care such as the lack of culturally appropriate services²².

People with mental health issues are recognized as a high risk group for problematic substance use. One third of individuals who are dependent on alcohol also have a psychiatric diagnosis and half of those who use illicit drugs also have a mental illness²³.

People in detention centers, jails and prisons report high rates of substance use. Seven out of ten people in the federal correctional system have "engaged in problematic use of alcohol and other drugs" in the year prior to their incarceration²⁴. 51% of people in Canada's federal prisons are estimated to have issues with alcohol; 48% with drugs other than alcohol²⁵. (Statistics aren't available on substance use in Ontario correctional facilities).

Substance use is just one aspect of an individual's life. Successful strategies to reduce the harms from substance use must address the range of conditions that affect physical, emotional, and spiritual health including social inclusion, safe environments, adequate income, education, appropriate shelter and housing, access to health care, safe and nutritious food, peace, equity, and social justice.

The Process of Creating the Peterborough Drug Strategy

The Peterborough Drug Strategy Task Force began in 2009 with five agencies interested in taking a comprehensive approach to addressing substance use in Peterborough City and County. A four pillar approach is recognized internationally as an effective way to address harms associated with substance use.

The Four Pillars: Prevention, Harm Reduction, Enforcement and Treatment form a balanced, solid foundation on which to build a comprehensive community drug strategy. In 2011, with funding from the Ontario Trillium Foundation, this four pillar group expanded the membership to form a Steering Committee including more than twenty community organizations and individual citizens representing a broad cross section of interests and expertise.

This steering committee, guided by Peterborough City Councilor Henry Clarke held a series of focus groups that asked more than 600 people in Peterborough City and County for their input about local issues related to substance use, possible solutions and ideas for change. These focus groups were hosted in the spring of 2011. They were open to the general population and included service providers, youth, seniors, people with lived experience of substance use and First Nations individuals. In addition the committee surveyed

606 people, gathering information about the impact of substance use, knowledge of local treatment and support services, and ideas for change.

"Marijuana is a gateway drug but not because of the drug. Smoking pot is not the gateway. Marijuana is a gateway drug because of the dealer. People go to their dealers to get pot and then their dealer says: 'Hey, have you ever tried E?' That's how they get into other stuff. You build a relationship with your dealer. Some people trust their dealer more than other adults."

- Key Informant

Information gathered from the community was analyzed by the steering committee to determine areas of focus to create effective change in Peterborough City and County. These focus areas were then grouped in four sectors linked by seven key themes. Evidence based actions have been recommended in each focus area, ranging from the broad strokes of system improvement to specific recommendations for opportunities for children and families. When looked at together, these actions have the potential to impact the overall health of the city and county of Peterborough and greatly reduce the negative impacts of substance use.

The Peterborough Drug Strategy was built on the Four Pillars of Prevention, Harm Reduction, Treatment and Enforcement.



Recommendations

The Peterborough Drug Strategy was built on the four pillars of Prevention, Harm Reduction, Enforcement, and Treatment. When analyzing the data from the community consultation and grouping recommendations for action, it was obvious that the four pillars overlap. The concerns that arose under one pillar were linked closely with the other pillars as well.

Informed by this, four key sectors were identified where focused work is needed to move toward a community less affected by the harm of substance use. These sectors are:

Supportive Environments, Education, Housing, and Health and Social Services.



Potential action items were then grouped in six themes:

System Improvement; Opportunities and Access; Children, Youth and Families; Safety; Stigma; and Beyond the Region.

Supportive Environments

Supportive Environments:

Theme 1 - System Improvement

Potential Actions:

1.1 Continue to look for innovative ways to integrate service response and develop links between service providers consistent with local and provincial strategies and directives.

1.2 Promote human services integration, ensuring that when an individual seeks help, they are provided with timely, person-centred service regardless which organization they contact first.

Supportive Environments: Theme 2 - Opportunities and Access

Objective: Build community infrastructure that improves the quality of life for all citizens.

Potential Actions:

2.1 Support local economic development to attract more employment opportunities to Peterborough.

2.2 Provide drug and alcohol free events.



2.3 Advocate for transportation strategies in the city and county that allow for easier access to services and recreation.

2.4 Call on municipal governments to develop comprehensive community infrastructure plans that equally prioritize physical, economic, and social infrastructure.

Supportive Environments: Theme 3 - Children, Youth and Families

Objective: Prioritize that children, youth, and families have the support and opportunities necessary to thrive.

Potential Actions:

- 3.1 Invest in parents and adult role models and promote these influential roles in preventing problematic substance use.
- 3.2 Advocate for local youth mentoring programs to receive adequate and sustainable funding.
- 3.3 Provide safe spaces for young people to find support and belonging.
- 3.4 Work with local school boards to develop alternatives to suspension programs for students who are using substances.

Supportive Environments: Theme 4 - Safety

Objective 1: Develop local protocols and policies that promote a culture of moderation and safer use.

Potential Actions:

- 4.1 Develop/update municipal alcohol policies for the City and eight Townships.
- 4.2 Promote the National Low Risk Drinking Guidelines.
- 4.3 Improve communications about contaminated/"bad"drugs and infection outbreaks amongst the vulnerable drug using population.

Objective 2: Foster safe neighborhoods where harm from substance use and the availability of illicit substances are actively reduced.

Potential Actions:

- 4.4 Update the Found Needle Protocol and offer training and information in the community.
- 4.5 Invest in the development and expansion of the Community Support Court.
- 4.6 Improve mechanisms for community members to prevent and report crime.
- 4.7 Educate community members about the social implications and legal consequences of drug trafficking.
- 4.8 Continue to prioritize strategies that target mid to high level drug traffickers.
- 4.9 Continue to provide education and tools to prescribers to reduce the over-use or diversion of prescription narcotics.
- 4.10 Develop an adult diversion program for adults charged with possession of illicit substances (not for the purpose of trafficking).



Supportive Environments:

Theme 5 - Stigma

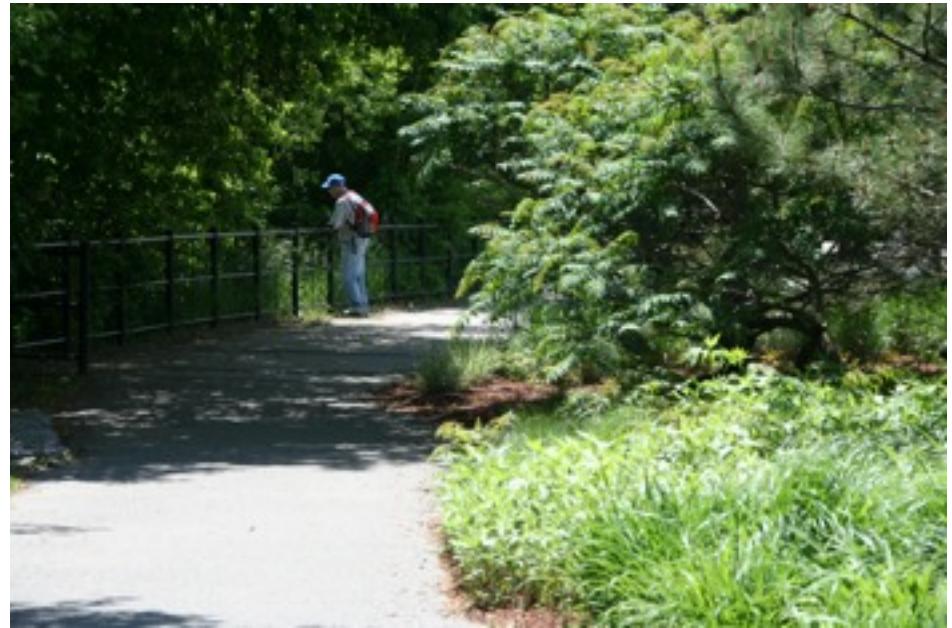
Objective: Promote an inclusive, compassionate community where addictions and mental health are understood as health concerns.

Potential Actions:

5.1 Provide training opportunities for front line service providers in all sectors to increase knowledge about addictions and mental health from a health perspective.

5.2 Develop a collaborative message campaign to raise awareness and challenge misconception about addiction and mental health.

5.3 Provide training and opportunities for people with lived experience of substance use and mental health to share their stories.



mandatory minimum sentencing related to possession of substances and advocate for evidence-based reform of current drug laws and policy.

6.3 Advocate for the provincial government to implement priorities set in the Ontario Mental Health and Addictions Strategy.

6.4 Call for increased access to essential local data about drug overdoses and the cost of substance use from the provincial government.

6.5 Advocate for retention of government monopoly of alcohol retailing and a cost-benefit analysis of alcohol use.

Supportive Environments: Theme 6 - Beyond the Region of Peterborough

Objective: Advocate that provincial and federal governments set public policy and determine spending priorities that support the optimal health of all citizens.

Potential Actions:

6.1 Advocate that the provincial government follow through on its commitment under the Ontario Narcotics Strategy to implement an electronic prescription monitoring program and training for prescribers should also be provided and strongly encouraged.

6.2 Call on the federal government to withdraw or repeal bills or legislation that introduces

“We have to fix the whole. If you take one out and fix it, it’s coming back to the same thing. With a community program, working with families as a whole, there’s healing as a whole”
- Key Informant



Education

Education: Theme 1 - System Improvement

Objective: Prioritize education and awareness about substances that reduces harm population wide.

Potential Actions:

1.1 Deliver evidence based prevention messaging for all ages about substance use.

1.2 Develop and seek ways to deliver baseline training for human services workers, including Police, EMS and health care staff about addiction, mental health, and basic counseling skills.

1.3 Provide opportunities for residents of Peterborough City and County to learn and

converse about substance use, mental health, and strategies for change.

Education: Theme 2 - Opportunities and Access

Objective: Promote existing resources and create tools for sharing information about new opportunities and programs.

Potential Actions:

2.1 Support the ongoing asset mapping being done in Peterborough City and County.

2.2 Develop a strategy to collect, post and promote new and existing programs and services that support people who are affected by substance use.

Education: Theme 3

- Children, Youth and Families

Objective: Systematically engage and educate children, youth and families about substances and the risks associated with substance use.

Potential Actions:

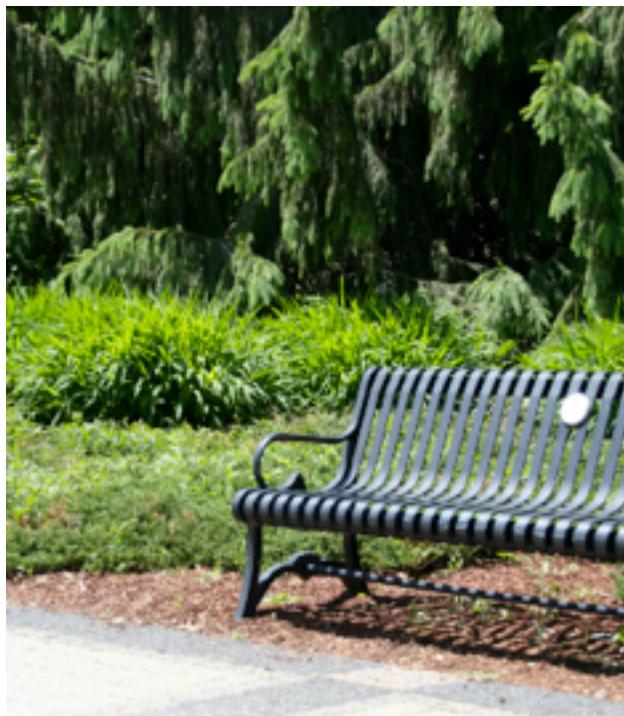
3.1 Convene all stakeholders who deliver education about substances in schools and find ways to collaborate on consistent messaging and more efficient use of resources.

3.2 Foster peer mentoring and messaging about drug use in Peterborough schools.

3.3 Work with community stakeholders and local school boards to develop a strategy to provide information about substance use to parents.

3.4 Develop the resource section of www.peterboroughdrugstrategy.com to provide more current resources and curriculum about substance use.

3.5 Engage with youth in their debate about the safety and legality of cannabis.



3.6 Develop a 'Youth Speakers Panel' that provides opportunity for young people to learn from the experiences of their peers.

Education: Theme 4 - Safety

Objective: Raise awareness about and advocate for the integration of harm reduction philosophy and approaches across all sectors.

Potential Actions:

4.1 Provide opportunities for people with lived experience of substance use to share their stories and demonstrate that harm reduction is an intervention and engagement strategy where the welcoming, inclusive policies and practices of service providers are an effective step in the journey toward health.

4.2 Provide education to City and County employees (public works, transit, etc.) that needle exchange programs increase public safety, not discarded needles.

Education: Theme 5 - Stigma

Objective: Provide opportunities for the community of Peterborough to learn how to become more inclusive.

Potential Actions:

5.1 Provide innovative opportunities for community members to increase their knowledge about the issues associated with substance use, as well as the difference between legalization and decriminalization.

5.2 Provide more opportunities for people with lived experience of substance use to share their stories.

Education: Theme 6 - Beyond the Region of Peterborough

Objective: Work to imbed learning about substances throughout the Ontario School Curriculum and advocate for provincial and federal strategies to raise awareness about substances population wide.

Potential Actions:

- 6.1 Advocate for curriculum development that systematically engages and educates students about how to make wise choices about substance use.
- 6.2 Urge the provincial and federal government to increase funding for educational programs that teach the social and emotional skills necessary for the development of healthy, resilient children.
- 6.3 Urge the federal government to include alcohol and medications in their National Anti-Drug Strategy.
- 6.4 Advocate for the development of a provincial drug strategy.



Housing

Housing: Theme 1 - System Improvement

Objective: Prioritize the development of and investment into a full continuum of shelter and appropriate housing.

Potential Actions:

- 1.1 Support and work to inform the Peterborough Housing and Homelessness Ten Year Plan.
- 1.2 Support the continued collaboration and work of the Homelessness Support Services Coordination Committee.
- 1.3 Look for innovative solutions to housing challenges for individuals identified with persistent housing, substance use and mental health challenges.

Housing: Theme 2 - Opportunities and Access

Objective: Increase the availability and accessibility of safe, supportive, and affordable housing.

Potential Actions:

- 2.1 Work with municipal governments to increase the housing stock.
- 2.2 Advocate on a municipal level to increase funding for an appropriate range of housing options for people with addictions and mental health concerns.
- 2.3 Urge the municipality to facilitate the creation of secondary suites to increase the availability of affordable housing.

Housing: Theme 3 - Children, Youth, and Families

Objective: Increase the availability and accessibility of safe, supportive and affordable housing for youth and families.

Potential Actions:

- 3.1 Ensure that children, youth and families are a part of the Housing and Homelessness Ten Year Plan.
- 3.2 Advocate for youth to be recognized as a target group in any affordable/supportive housing initiative.
- 3.3 Advocate to prioritize local conversation and planning for appropriate supportive housing options for youth graduating from the Children's Aid System.

Housing: Theme 4 - Safety

Objective: Invest in shelter and housing that is equipped to provide emergency and long term services.

Potential Actions:

- 4.1 Explore steps between shelter, semi-independent, assisted living, long term care and independent living for individuals affected by substance use.
- 4.2 Advocate for sustainable funding for local emergency shelters that provides adequate dollars for staff retention, training, and supportive programming.
- 4.3 Develop supportive and semi-independent housing options for individuals with a history of problematic substance use.

Housing: Theme 5 - Stigma

Objective: Develop an education campaign to better inform the public about the pivotal role housing plays in the health of people who use substances.

Potential Actions:

5.1 Support the continued work of the Affordable Housing Actions Committee (AHAC) to bring stakeholders together and actively inform and engage the community about housing as a key factor in the health of people with addictions and mental illness.

5.2 Engage local landlords to increase knowledge and understanding of addiction and the important role housing plays in recovery.

Housing: Theme 6 - Beyond the Region of Peterborough

Objective: Advocate for provincial and federal governments to set spending priorities that support a robust system of housing and shelter.

Potential Actions:

6.1 Advocate for increased funding through the Federal Homelessness Partnering Strategy.

6.2 Advocate for increased and continued funding through the Investment in Affordable Housing Program from the Ministry of Municipal Affairs and Housing.

6.3 Call on the federal government to develop a Federal Housing Strategy.

6.4 Advocate to the Ministry of Health and Long term Care for funding for emergency shelters and supportive housing for individuals dealing with substance use and mental health.



“Great Tenant. Bit of a back problem and she went downhill fast. She was a nice older lady. Made my skin crawl – cleaning out all those pills from so many different doctors.”
- Key Informant

Health and Social Services

Health and Social Services: Theme 1 - System Improvement

Objective: Continue to develop and invest in the Drug Strategy partnership.

Potential Actions:

- 1.1 Develop a two year work plan for the Peterborough Drug Strategy partnership and seek funding to support a Strategy Coordinator and a prioritized action plan.
- 1.2 Continue to expand and explore ways to collaborate on service delivery.

Health and Social Services: Theme 2 - Opportunities and Access

Objective: Increase the availability and accessibility of timely, high quality, person centred health and other human services.

Potential Actions:

- 2.1 Explore the use of communications technology to provide service delivery and support that is accessible and confidential.
- 2.2 Build partnerships between family health teams and other social services to promote collaboration and provide access to community expertise about addictions and mental health.
- 2.3 Develop capacity for improved discharge planning, aftercare, and continued community treatment upon release from jail or hospital.



- 2.4 Advocate for a Methadone Maintenance Therapy Case Manager to augment the support given to methadone patients.

Health and Social Services: Theme 3 - Children, Youth and Families

Objective 1: Prioritize family centered health care, social services and treatment services.

Potential Actions:

- 3.1 Research best practices for whole family treatment and explore options for implementation in Peterborough.
- 3.2 Build capacity for families to access a wide range of services in one location.
- 3.3 Invest in child and family programs to contribute to the strength of the family unit.
- 3.4 Increase the awareness of available youth and family supports.
- 3.5 Further develop existing local intervention processes to include early intervention for children and youth showing the first signs of substance use.
- 3.6 Develop educational materials and training for workers supporting children, youth and families about substance use and pathways to change.
- 3.7 Explore child care options for individuals seeking treatment.

Objective 2: Develop local priorities for youth specific treatment options.

Potential Actions:

- 3.8 Research the feasibility of youth specific treatment in the Peterborough area.
- 3.9 Expand harm reduction activities to include youth specific strategies, including peer education and outreach.

Health and Social Services: Theme 4 - Safety

Objective 1: Increase the availability and accessibility of safe, clean equipment and provide education and referrals for people who use drugs.

Potential Actions:

- 4.1 Provide training and equipment to prevent overdoses.
- 4.2 Increase the locations that provide clean drug use equipment.
- 4.3 Seek stable, continued funding for Safer Inhalation Kits to reduce the transmission of Hepatitis C and HIV.
- 4.4 Increase opportunities for education about safer drug use for people who use substances.

Objective 2: Invest in community based crime prevention.

Potential Actions:

- 4.6 Explore best practices about collaborative community crime prevention and explore options for implementation in Peterborough.

Health and Social Services: Theme 5 - Stigma

Objective: Cultivate a culture of respect for persons presenting for health and other social services regardless of substance use or mental health.

Potential Actions:

- 5.1 Provide opportunities for health care providers, service workers, police and justice system workers to learn about addiction and mental health from people with lived experience.
- 5.2 Develop a referral system to better inform intake at hospital and provide links to support (upon release) for individuals who use substances or have poor mental health.
- 5.3 Engage with the Peterborough Regional Health Centre and other primary health care providers to improve care provision for people living with addictions and mental illness.

Health and Social Services: Theme 6 - Beyond the Region of Peterborough

Objective: Advocate for adequate municipal, provincial and federal funding for addictions and mental health.

Potential Actions:

- 6.1 Advocate for publicly funded and insured coverage for more comprehensive pain management that includes alternatives to pain medication.
- 6.2 Advocate to the Ministry of Health and Long Term Care to provide coverage under the Ontario Health Insurance Plan for alternatives to prescription medications for the treatment of pain.
- 6.3 Advocate for Ontario Works (OW) and Ontario Disability Support Program (ODSP) rates to be raised to better reflect cost of living and allow recipients more resources to access adequate nutrition, recreation, and appropriate housing.
- 6.4 Advocate for funding from all levels of government to provide a full continuum of treatment and care.
- 6.5 Advocate to the Ministry of Community Safety and Correctional Services that harm reduction equipment and information be made available in both federal and provincial prisons.



Conclusion:

The actions outlined in this document are a reflection of the expertise held by prevention, law enforcement, treatment and harm reduction professionals and many people directly affected by alcohol and drug use, including youth and families. As the Peterborough Drug Strategy moves towards action, local people will be consulted and invited to continue to contribute to this collaborative work of reducing the impact of substance use on Peterborough City and County.

Many individuals have already expressed interest in collaborating to implement the many recommendations contained in this report. This enthusiasm and commitment will in a large part fuel the implementation of the recommendations. Support and action from all levels of government will also be necessary for Peterborough to foster a safe, strong and healthy community. The implementation of some strategies will require new funding. Other strategies will require changes or enhancements to existing programs and services, which may require adjusting how things are done. Ongoing coordination and collaboration will be key to reducing the impact of substance use in our community.

Each year, the direct cost of substance use in Peterborough City & County is estimated at over \$29 million (mostly health care and law enforcement). Lost productivity due to substance misuse costs our community over \$54 million annually. The impact of substance use on quality of life (family cohesion, sense of safety, peaceful neighbourhoods, engaged youth) is incalculable. At this time, an investment in a four pillar approach to reduce these harms is vital – and will reduce costs in the longer term. Together, we can make a difference.

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- ¹⁷ Peterborough County-City Health Unit (2011). Smoking Profile for a Sampling of Peterborough Area High Schools. Waterloo, ON: Propel Centre for Population Health Impact. (Survey with 1,376 students (Gr.7-12) in four high schools in Peterborough County & City in Fall 2010).
- ¹⁸ Drug and Alcohol Treatment Information System (DATIS). "Ag---05 Problem Substances by Age Group and Gender for Open Admissions: Site 01 Fourcast---Peterborough downloaded from DATIS database September 16, 2010.
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Glossary of Terms

Four Pillars:

Prevention refers to interventions that seek to prevent or delay the onset of substance use as well as to avoid problems before they occur. More than education, prevention involves strengthening the health, social and economic factors that can reduce the risk of substance use, including access to health care, stable housing, education and employment. Examples of prevention include mentoring programs, municipal alcohol policies, and limiting the sale of alcohol.

Harm Reduction refers to a range of pragmatic and evidence-based public health policies and practices designed to reduce the harmful consequences associated with drug use. Harm reduction includes blood alcohol limits, safe injection equipment and condom distribution, counseling and referrals, etc.

Treatment refers to the programming provided to people already dealing with a substance use issue, with services ranging from a philosophy of total abstinence to one that focuses on managing use. Examples of treatment include residential withdrawal management ("detox") and outpatient treatment, counseling, and substitution therapies (e.g., methadone maintenance therapy).

Enforcement refers to interventions that seek to strengthen community safety by responding to the crimes and

community disorder issues associated with legal and illegal substances. Enforcement includes the broader criminal justice system of the courts, probation and parole, etc.

List of Terms:

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 he or she needs the drug to function or feel comfortable. Some people come to feel they need a substance just to be able to 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 to use more of the drug to get the same effect. When drug use stops, symptoms of withdrawal occur.

Affordable Housing Action Committee (AHAC) an action committee dedicated to identifying emerging needs around affordable housing (supply, policy, resource development) and to sort and assign these needs. AHAC works to use communication and consultation strategies for the better awareness of and commitment to affordable housing needs and policies throughout the community, as well as to influence policy development about affordable

housing at all levels of government.

Asset mapping: a methodology that seeks to uncover and highlight the strengths within communities as a means for sustainable development.

Best practice: On the evidence available, the best intervention to produce improved outcomes for an identified issue.

Binge drinking or 'heavy' drinking is defined as consuming 5 or more drinks on one occasion. Heavy drinking is of concern because it is related to injuries, traffic collisions, unwanted or unsafe sex, violence and sudden cardiac death.

Community infrastructure: the basic facilities, services, and installations needed for the functioning of a community or society, such as transportation and communications systems, water and power lines, and public institutions including schools, post offices, and prisons, as well as social services.

Community Support Court: Alternative sentencing for offenders with mental health and addiction issues. The support court, which in Peterborough sits every second Friday, requires an accused to plead guilty, but takes a more holistic approach to sentencing with the help of community agencies that guide them through court approved treatment plans. Clients participate in a structured

outpatient program with extensive case management services. Upon successful completion of the program, clients receive a non-custodial sentence, rather than incarceration.

Culturally Appropriate:

Conforming to a culture's acceptable expressions and standards of behaviour and thoughts. Interventions and educational materials are more likely to be culturally appropriate when representatives of the intended target audience are involved in planning, developing and pilot testing them.

Diversion program: A component of the criminal justice system designed to enable alleged criminal offenders to avoid charges and a criminal record. Successful completion of diversion program requirements often will lead to a dropping or reduction of the charges while failure may bring back or heighten the penalties involved.

Fourcast: The Four County Addiction Services Team is a community addiction treatment agency offering professional counselling services for anyone concerned about substance use or problem gambling. Fourcast offers a full range of out-patient treatment services for people experiencing problems with alcohol, drug use and gambling problems. Referrals are accepted from all sources and all inquiries are confidential. Specialized programs are offered for youth and those with concurrent disorder of mental illness. Programs differ in duration based

on client need and interest - individual and group programs available.

Harm Reduction Equipment: any tools or equipment that is used in the effort to reduce the harmful consequences associated with drug use. Harm reduction equipment includes blood alcohol limit tests, safe injection/inhalation equipment and condoms.

Housing First: A philosophy based on the assertion that housing is a basic right, and should not be denied to anyone, even if they are using alcohol or substances in a problematic way.

Local Health Integration Network (LHIN): The province of Ontario is divided into 14 regions or Local Health Integration Networks whose main roles are to plan, fund and integrate health care services locally. The LHIN representing Peterborough City and County is the Central East LHIN (CELHIN)

Low-risk drinking guidelines: Developed by a team of medical and social researchers from the University of Toronto and the Centre for Addictions and Mental Health, the Low-Risk Drinking Guidelines indicate the maximum recommended number of alcoholic beverages to consumer per day and per week for men and women of legal drinking age and who do not have a pre-existing condition as defined in the guidelines.
www.tinyurl.com/LowRiskDrinking

Mental health: A crucial component of overall health and an essential resource for living,

influencing how we feel, perceive, think, communicate and understand. Without good mental health, people can be unable to fulfill their full potential or actively participate in everyday life. Traditionally, a person was considered to have good mental health simply if they showed no signs or symptoms of a mental illness. In recent years, however, there has been a shift towards a more holistic approach to mental health and today, we recognize that good mental health is not just the absence of mental illness.

Methadone: A synthetic opioid used medically to help manage and alleviate symptoms of withdrawal in persons with opioid addiction. Methadone is sometimes used for pain management.

Methadone Maintenance Treatment (MMT): a comprehensive treatment program that involves the long-term prescribing of methadone as an alternative to the opioid on which the client was previously dependent. Central to MMT is the provision of counselling, case management and other medical and psycho-social services.

Ontario Disability Support Program (ODSP): A social assistance program provided by the Government of Ontario which provides income and employment supports to people with disabilities who are in financial need.

Opioid: The generic term applied to alkaloids and their derivatives obtained from the opium poppy (*Papaver somniferum*), their

synthetic analogues, and compounds synthesized in the body, including morphine, pethidine, heroin and codeine. Refers to the entire class of drugs that bind the opiate receptors in the brain.

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.

Peterborough City and County: is located in central-eastern Ontario, approximately 125 kms north-east of the Greater Toronto Area.

Peterborough City and County includes Peterborough City proper, as well as the counties of:

Asphodel-Norwood, Cavan-Monaghan, Douro-Dummer, Galaway-Cavendish & Harvey, Havelock-Belmont-Methuen, North Kawartha, Otonabee-South Monaghan and Smith-Ennismore-Lakefield.

Peterborough Housing and Homelessness 10 Year Plan: A new provincial requirement for the City which sees the consolidation of 5 homelessness related programs (Consolidated Homelessness Prevention Program, Emergency Hostels, Domiciliary Hostels, Rent Bank and Emergency Energy Fund) into a 10 year Housing and Homelessness plan, to be completed by 2014. The plan will follow 4 basic principles: (1) Integrated, inclusive, community

based planning which anticipates future needs (2) a people-centred approach to holistic service delivery (3) a focus on the housing continuum from homelessness to home ownership (4) that planning should be an iterative process that involves users as well as service providers.

Resiliency: the capability of individuals, families, groups and communities to cope with and overcome significant adversity or stress in ways that promote health, wellness and result in an increased ability to constructively respond to future adversity.

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.

System Integration: A recognized relationship between different sectors of society which has been formed to take action on an issue to achieve health outcomes in a way which is more effective, efficient or sustainable than might be achieved by one sector acting alone.

Youth: a person between the ages of 12 and 24.



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