

## **Draft Middlesex-London Community Drug and Alcohol Strategy Recommendations**

Below are the draft recommendations of the Community Drug and Alcohol Strategy (CDAS). These draft recommendations have been developed through the focused efforts of CDAS pillar workgroups and steering committee members for community input. The input gained through in-person consultation sessions and online survey will help to refine the recommendations, identify priorities, and help form the final Strategy.

There are a current total of 29 draft recommendations. Under each recommendation are more specific actions. The recommendations have been organized under the four pillars: treatment, harm reduction, enforcement and prevention, however there is much overlap. Recommendations and actions are intended to reflect the CDAS guiding principles: Community strengths-based; Evidence informed; Non-stigmatizing; Accessible; Locally relevant; Collaborative; Hopeful; Responsive to barriers; Action-oriented and results driven; Culturally safe; Inclusive; Equity focused; and Reconciliation aware.

Some recommendations and actions are already being implemented. There is much important work being done in our community. Part of the role of CDAS is to support and strengthen this work and ways in which it connects.

We look forward to your feedback.

### **Treatment Pillar Draft Recommendations:**

#### **1. Improve linkages and collaboration among the continuum of services.**

- Explore and improve the different models of withdrawal management care (e.g., Daytox Clinic) and how they fit into the continuum of services.
- Strengthen capacity for service providers to work together to share best practices and common processes.
- Strengthen engagement with treatment organizations across different funding sectors (e.g., private/public).
- Enhance relapse prevention supports and services.
- Collaborate with institutions and community agencies to implement discharge planning and transition protocols to improve care for individuals leaving hospitals and jails.
- Advocate for enhanced linkages and collaboration across Ministries at the provincial level.

## 2. Reduce system barriers and create greater access to treatment and recovery services.

- Implement “pre-treatment beds/stabilization housing” between withdrawal and residential treatment and/or other recovery programming.
- Explore and advocate for new models of treatment to meet community need (e.g., Daytox, indigenous model, full-day non-residential programs, low-threshold treatment and service options, a recovery community/centre, sobering centre).
- Advocate to close the gap between short-term programs and longer-term residential program wait times.
- Promote self-managed treatment and recovery options as appropriate (e.g., guided self change program).
- Increase the hours of availability and options for treatment services.
- Provide more opportunities, resources and supports for family and friends to be involved in recovery.
- Explore the extent to which transportation is a barrier and develop strategies to address.

## 3. Enhance coordination of treatment services and community awareness of these services.

- Support the development and maintenance of an inventory of treatment services available in Middlesex-London.
- Create a strategy to help support people using drugs and/or alcohol to access services.
- Advocate to all levels of government to provide funding for a full continuum of treatment and care.
- Advocate for training for service providers across different services including primary care, hospital care, and community based treatment.

## 4. Develop a coordinated service response specific to Crystal Methamphetamine (drug induced psychosis).

- Investigate the efficacy of separate treatment paths for people using crystal methamphetamine.
- Investigate and develop both evidence-based residential and community treatment models specific to crystal methamphetamine.

- Support existing efforts to provide evidence-based information and training to those in contact with people who use crystal methamphetamine including local businesses.
- Provide education and supports to people who use crystal methamphetamine as well as their peers (e.g., user guide to methamphetamine).

## **Harm Reduction Pillar Draft Recommendations:**

### **5. Work collaboratively to address the opioid crises within Middlesex-London.**

- Develop a community overdose awareness campaign (e.g., Stop Overdose Ottawa campaign).
- Work towards shifting language from overdose to poisoning.
- Enhance collaboration between opioid substitution therapy providers and community services.
- Advocate for more access to Suboxone as a means of treatment including through primary care physicians and enhancement of counselling service availability at opioid substitution clinics.
- Advocate for prescribed heroin treatment.
- Support existing efforts to implement Supervised Consumption Facilities in London including a comprehensive model of care.
- Advocate for continued provincial attention to the opioid crises including continued policy commitment under Ontario Narcotics Strategy.

### **6. Monitor substance use trends in Middlesex-London.**

- Use data and information to identify new drugs and new drug use trends to minimize negative impacts.
- Advocate for enhanced surveillance and monitoring of local level substance use trends as well as risk and protective factors.

### **7. Develop a comprehensive community needle syringe recovery strategy.**

- Expand the availability of portable needle disposal kits and needle disposal bins throughout Middlesex-London.

- Explore and implement strategies that increase capacity to respond to discarded syringes (e.g., peer syringe recovery teams).
- Advocate for increased funding for a syringe recovery strategy.
- Empower and educate the public regarding safe handling of sharps.

## 8. Increase access to naloxone and overdose prevention training in Middlesex and London.

- Advocate to increase places where naloxone can be distributed as well as people who can provide naloxone and training (e.g., peer trainers).
- Advocate for provision of naloxone kits and training to anyone being treated for an overdose at point of care.
- Support organizations to have naloxone available as standard first aid measure (e.g., support with policies and procedures).
- Explore and remove barriers that prevent naloxone being used (e.g., Special Investigation Unit currently investigates all cases when police administer naloxone).

## 9. Expand harm reduction services.

- Advocate for organizations across the continuum of care (e.g., treatment services, family health teams, hospitals, etc.) to integrate harm reduction philosophies and strategies within their organizations (e.g., lower risk use and overdose prevention education, access to harm reduction supplies and supports).
- Establish a managed alcohol program/facility for people with severe chronic alcohol addiction to address overall health and wellbeing.
- Advocate for extended hours of services and locations for distribution of harm reduction supplies and services in London and Middlesex.
- Determine need and explore strategies to expand availability of harm reduction services and supplies in rural communities (e.g., expansion of mobile services).
- Participate in research and evaluation of harm reduction services.

## 10. Ensure people who are using drugs have access to accurate and timely information.

- Inform people of locations where to access naloxone.

- Inform people of contaminated/'bad' drugs within the community.
- Inform people of infection outbreaks among people who use drugs.

### 11. Work to reduce stigma related to substance use and addictions.

- Promote an inclusive, compassionate community that understands substance use and addictions as health concerns.
- Provide opportunities for community members and organizations to learn about substance use, harm reduction, addictions, and stigma around drug use.
- Share positive messaging and continue to help people tell their personal stories in a non-stigmatizing way.
- Continue to challenge the continuum of service providers and media to not perpetuate stigma.
- Support training opportunities for health and other professionals about addiction, harm reduction, and injection drug use.
- Advocate for substance use content to be included in the education curriculum of professionals who work with people who use drugs (e.g., health and social services workers, police, educators, etc.).

### 12. Ensure programs and services in Middlesex-London are person focused.

- Advocate for and support cultural safety and trauma informed care training to agencies and organizations.
- Work in purposeful partnerships with diverse populations to enhance access to culturally safe prevention, treatment, harm reduction, and enforcement related programs.
- Advocate to ensure training for service providers and programs reflect the needs of diverse populations that exist throughout Middlesex-London including Indigenous communities.

### 13. Integrate the knowledge of people with lived experience in substance use initiatives.

- Advocate for new Peer Training Programs that are specific to addiction peers.
- Encourage participation of people with lived experience during development and implementation of programs, services, and campaigns.

**14. Advocate for policies that address poverty, homelessness, housing, and other social determinants of health including indigenous determinants of health.**

- Advocate to increase access and availability of efficient, attainable, scattered, and diverse housing stock.
- Advocate for financial support programs (e.g., Ontario Works, Ontario Disability Support Program) to increase rates that better reflect cost of living.
- Advocate for financial support for medical expenses not covered by OHIP or non-insured health benefits (e.g., transportation to health related appointments).
- Advocate for expanded supportive housing approaches and promote Housing First programs to assist people experiencing chronic and persistent homelessness to secure permanent housing with support.
- Advocate for Emergency Shelter specialization (e.g., youth shelters).

**15. Advocate for evidence-based reform of current drug laws and policy.**

- Research evidence of the benefits of changing legislation related to criminalizing possession of substances.

**Enforcement Pillar Draft Recommendations:**

**16. Increase community knowledge about reporting incidences.**

- Support public education related to reporting crime, specifically providing the community with information about online reporting, knowing who to report to, and what to expect.
- Provide information to the community and key stakeholders about Duty to Report legislation for the welfare of children.

**17. Expand the use of neighbourhood safety audits in communities across Middlesex-London.**

- Explore and advocate for neighbourhood safety audits through 'NeighbourGood London' in all London neighbourhoods.

- Advocate for funding to develop community safety audits throughout all neighbourhoods in Middlesex County.

#### 18. Improve collaboration between police services, health and social services.

- Expand the coordination of police service activities with activities of health and social service agencies to develop long-term solutions that improve the health and safety of people living in Middlesex and London.

#### 19. Provide education and training to correctional staff, judges, and police officers about substance use, harm reduction, and treatment.

- Assess and evaluate any gaps in training to provincial and federal judges, and local police on substance use and harm reduction.
- Provide training for correctional staff regarding substance use, including recognizing and supporting people experiencing symptoms of withdrawal.

#### 20. Advocate for recovery-focused solutions for people involved with the criminal justice system (e.g., drug court).

- Support the reinstatement of diversion programs that combine treatment with a problem-solving lens that addresses diverse and unique needs.
- Advocate for appropriate bail conditions for people with substance use-related charges.
- Review similar recovery focused programs occurring elsewhere to inform successful implementation.
- Advocate for key influential stakeholders to address diversion programs at a systems level.

#### 21. Advocate for policy and legal change within the correctional system that supports both harm reduction and treatment.

- Advocate for evidence-based programs and services for both harm reduction and treatment support in federal and provincial correctional facilities.
- Advocate that harm reduction equipment, treatment support, and general health information (e.g., understanding substance use, wound care, education) be made available in both federal and provincial prisons.

- Improve discharge planning, aftercare, and continued community treatment – including harm reduction – upon release through enhanced collaboration between services.

## 22. Increase response to public space challenges related to drugs and alcohol.

- Explore and advocate for models of comprehensive needle recovery that support the effective and safe management of discarded sharps for citizens and property owners within London and Middlesex.

## 23. Enhance the community's understanding of the "right" first responder to contact in situations where addiction crisis is apparent.

- Influence coordination and collaboration among first responders to work in a manner that ensures the right resources and care are mobilized.
- Foster service provider, business, and workplace awareness of crisis response resources and choices to make other than 911.
- Facilitate knowledge transfer to community members about crisis response resources in London and Middlesex.
- Support the development of an information campaign (e.g., when to go to a walk-in crisis centre, when to go to the emergency department, when to call 911, etc.).

## Prevention Pillar Draft Recommendations:

### 24. Provide accurate and evidence-based substance related information and prevention messaging to the community.

- Provide education opportunities to the Middlesex-London community about the facts and impact of substance use.
- Provide key audiences (e.g., youth and parents, young adults, older adults) with targeted information and messaging regarding substances.
- Use and promote national and provincial education campaigns and materials related to Cannabis, the legalized regulated market, and drug impaired driving laws. Develop local messages to fill any gaps.
- Use workplaces to share information and encourage healthy workplace policies.



- Support schools by providing up-to-date and evidence-based information and resources to inform curriculum and school policy and aid in the implementation of comprehensive school health.

## 25. Advocate for, and implement, targeted strategies and programs to reduce known substance use risk factors and increase protective factors that help to prevent problematic substance use.

- Implement and advocate for targeted programs (e.g., family-based programs, Nurse Family Partnership) that provide early supports to parents and families who may be at higher risk.
- Implement and advocate for targeted programs for children and youth that are determined to be at risk for problematic substance use.
- Promote programs that enhance wellbeing and resiliency through stressful life transitions (e.g., elementary school to high school, high school to college, retirement).
- Acknowledge that education and success at school are key protective factors. Support supplementary school success programs such as free tutoring, mentoring, and behaviour management programs.
- Promote a range of supports and services to support people and families experiencing, or at risk of, homelessness.

## 26. Support primary care as a valuable partner in prevention.

- Support primary care practitioners in the delivery of evidence-based information, resources, and tools when working with patients, including families, youth, adults, and older adults (e.g., screening and brief intervention tools, Low Risk Alcohol Drinking Guidelines).
- Advocate for support and funding for alternative (i.e., non opioid) methods of pain management.
- Support the role that primary care can play in supporting people living in poverty (e.g., Ontario College of Family Physicians Poverty Tool for Primary Care).

## 27. Ensure supportive built environments and social environments in our communities.

- Work with municipal decision-makers to include evidence-based substance prevention considerations in municipal planning and policies (e.g., Municipal Alcohol Policies, bylaws related to cannabis legalization).
- Promote and create opportunities in Middlesex and London for positive social involvement and community connectedness for all residents (e.g., increase opportunities and reduce barriers to participate in local social and recreational activities).
- Challenge social norms related to alcohol and increase awareness of alcohol-related harms.
- Advocate for provincial policy that reduces substance-related harms (e.g., cannabis and alcohol pricing and taxation, drug impaired driving laws).

## 28. Ensure children and youth feel safe and connected to their community.

- Create opportunities for positive community/school involvement and participation to foster feelings of inclusion and social capital among children and youth.
- Enhance school and community partnerships to build a sense of personal and group belonging within schools and the community.
- Support and enhance participation in meaningful community leisure and recreational activities.

## 29. Enhance positive parenting programs, resources, and supports in the community.

- Advocate for and promote positive parenting through a comprehensive community strategy that targets awareness, education, and skill building programs and resources.
- Encourage workplaces to develop and implement policies that support work-life balance and flexible working hours for parents.