

REPORT TO

# NORTH BAY AND AREA DRUG STRATEGY COMMITTEE

RE: PROVINCE OF ONTARIO GRANT  
MINISTRY TOURISM, CULTURE AND SPORT

Prepared by  
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Ministry of Tourism,  
Culture and Sport



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# NORTH BAY AND AREA COMMUNITY DRUG STRATEGY COMMITTEE MEMBERSHIP

Patricia Cliche – Connecting Community Partners in Injury Prevention (Chair)

Wendy Prieur – North Bay Recovery Home (Vice Chair)

Sherri Pinder – Canadore College

Ted Whittle – North Bay Police Service

Constable Al Bedard – North Bay Police Service

Dennis Chippa – AIDS Committee of North Bay

Constable Shawn Fougere – Ontario Provincial Police

Judy Koziol – Volunteer

Marcel Rochefort – District of Nipissing Social Services Administration Board

Jacques Begin – Town of Mattawa

Lisa Lurz – Nipissing First Nation Health Services

Corrine Wilde – Community Counselling Centre of Nipissing

Lise Leblanc – Alliance Centre

Celeste Auger Proulx – West Nipissing Community Health Centre

Megan Ryan – North Bay Regional Health Centre

Mary Davis – Nipissing Mental Health Housing and Support Services

# Executive Summary

The North Bay & Area Drug Strategy Steering Committee began by developing a Vision Statement that would inspire and communicate a clear and concise direction of the Committee. We envision a safer and healthier community that optimizes the lives, abilities and health of individuals. Terms of Reference were then developed to provide the Committee with a purpose and structure on working together towards a common goal. We conducted broad research with a wide range of stakeholders to reach the overall goal of developing a community-based and community-informed Strategy. In the early stages of existence, the committee spent much time carrying out research on best practices from a number of areas and eventually established sub-committees based on the 4 pillars philosophy.

In 2012, through a grant made possible from the Ministry of Tourism, Sport and Culture, a Project Coordinator was hired and the committee worked towards meeting the following objectives:

- a) To create a greater awareness surrounding the causes of substance and alcohol misuse and to prevent injuries, death and violence
- b) To respond to the community needs in the areas of misuse, addictions and related injuries
- c) To create a comprehensive regional approach to solutions presented as part of this project
- d) To create community awareness as to the risks associated with the use of alcohol and drugs
- e) To provide professional development for all practitioners on topics such as brain disorders and the implications surrounding this issue as it pertains to drugs and alcohol
- f) To provide a forum for practitioners and key decision makers to coordinate and integrate efforts to create more effective and efficient methods of addressing the key issues

A planning session was held to identify a number of key objective areas and a plan of action was developed. As a result of the plan of action that was developed, the committee carried out the following initiatives.

1. Four public meetings held in Mattawa, Callander, West Nipissing and North Bay. Over 90 people attended these meetings and provided insight into the issues that they face and that they are aware of in their communities. The information provided substantiated the 11 key objectives that the steering committee had identified.
2. The committee brought in a program called “Talk 4 Teens” with Rick Osborne. Over a 4-day period, Mr. Osborne talked to over 3500 high school students in the area and shared his life story of addiction and crime. During his presentations, he addressed one of the key messages that came out of the public forums; that being HOPE.
3. A forum was hosted for senior executives and elected officials where a representative of the Waterloo Regional Crime Prevention Council outlined how they proceeded with their strategy.
4. A forum for front line workers was hosted and their input was sought regarding the opportunities and barriers associated with a number of the key objectives that were developed.

The committee has applied to the Ontario Trillium Foundation for funding to proceed to the next phase. If successful in obtaining funding, the committee will build on the existing information that has been gathered and using the 4 pillars (prevention, harm reduction, enforcement and treatment) as the base for future action, proceed with addressing the recommendations developed in phase one and continue to work towards heightened awareness and education regarding the misuse of drugs and alcohol.

# How We Got Started

In February 2011, the Chair of Connecting Community Partners in Injury Prevention determined that there was a need to create a drug strategy for the community. This was further emphasized during the last municipal election when the Mayor of North Bay made reference, in his platform, for the need for a drug strategy.

On March 10, 2011 the first meeting was called for the North Bay Drug Awareness Community at the North Bay Police Services building. Community partners from the previous committee were invited including new members. At this meeting a number of items were decided:

- Election of a Chair
- Development of Terms of Reference
- Decision on North Bay vs. Nipissing - awareness vs. promotion
- Membership
- Planning Day
- Visit with Mayor A. McDonald
- List of potential activities

From that date, this Committee changed their name to the North Bay and Area Drug Strategy Committee as it was recognized that there was a need to include our surrounding communities in our comprehensive strategy. Many hours were spent researching other communities that had completed their Drug Strategy (Thunder Bay, Peterborough) and were used as guides. In summary, our goal was to build on existing expertise in our area, while looking at Best Practice research and lessons learned from other communities.

From there we expanded our Membership, established our Four Pillars and developed Terms of Reference.

In November of 2012, we received funding from the Ministry of Tourism, Sport and Culture and Project Coordinator was hired to oversee the project. The work that was completed, as a result of that grant, substantiated the need for a regional drug strategy and allowed us to gather much information for a wide variety of sources.

As part of the sustainability of the work to be completed, it was necessary to secure additional government assisted funding. What we refer to as Phase One of this project saw the Ministry of Tourism, Sport and Culture provide funding that was related to awareness, information sharing, public input and special programs such as Rick Osborne’s Talk 4 Teens program. It was projected that we would directly reach 500 people through the work of this first phase. In actuality, the number people directly impacted by this project exceeded 3700. This number breaks down as follows:

Public consultations.....	95
Forums.....	120
High School Students through Talk 4 Teens .....	3,500

As a result of these sessions, much information was received and that information is reflected in this report.

There is substantial quantitative data that speaks to the need for ongoing funding. The following statistics supplied by the North Bay Parry Sound District Health Unit speak to this issue.

Using the data from the 2012 Substance Use Among Youth Report prepared by the North Bay Parry Sound District Health Unit, it becomes quite apparent that we have a significant problem with drug and alcohol misuse in our area. What this report indicates is that in most situations the area covered by this report shows that students in our area exceed the provincial average. The charts further substantiate that we have a significant issue in our area and without a concentrated strategy with the resources required to have a significant impact; the issue is only going to increase. A sample of the information gathered in the report supports this claim.

- 38% of students used illegal drugs during the past year
- 23% of students met the criteria of the CRAFFT screening program designed to determine if more dialogue required relating to drug and alcohol use while the provincial average is 13%
- 14% of students in our area smoke while the provincial average 9%
- 37% have consumed at least 5+ drinks over a 4 week period while the provincial stat is 23%
- 35% have used Cannabis as compared to the Ontario figure of 22%
- 23% of those surveyed were given or bought illegal drugs on school property
- 33.8% of youth surveyed stated that they had not use substance during the past year. It should be noted that this number is commendable, but what is it saying is that 66.2% state that they were users during that time period.

\* CRAFFT is a behavioral screening tool for use for children under the age of 21\*

It is an acronym of first letters of key words in the six screening questions:

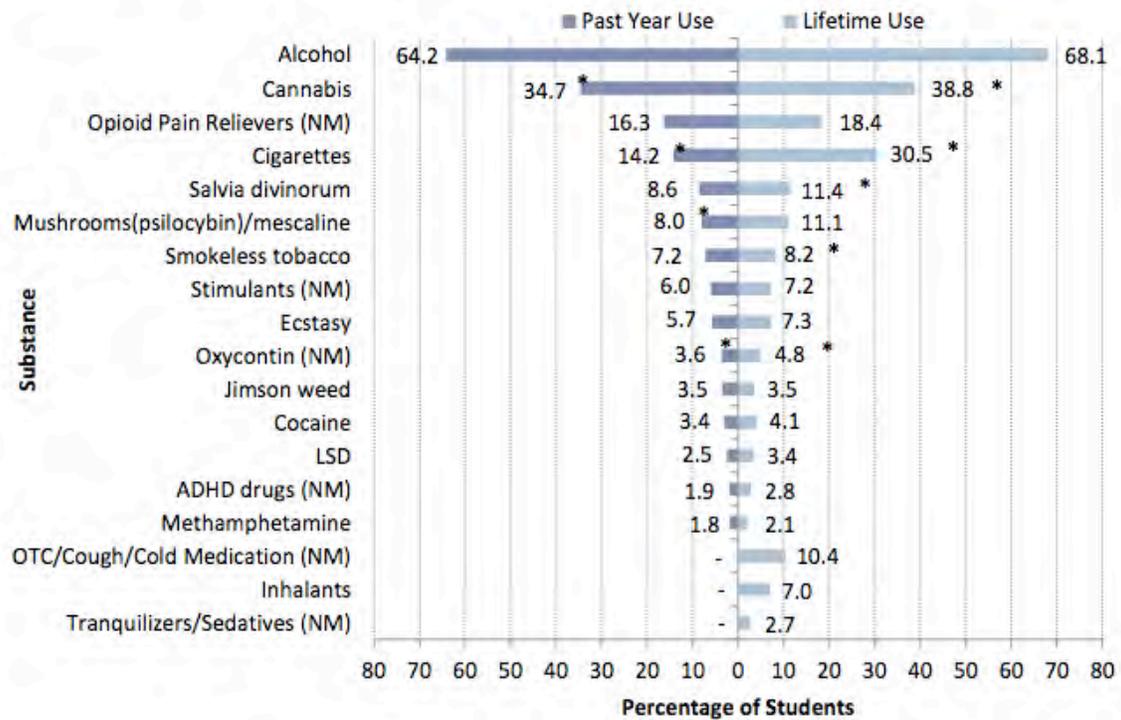
(C- car R-relax A-alone F-forget F-friends T - trouble)

**Past Year Drug Use (%) for the Total Sample, by Sex, and by Grade, 2011 OSDUHS**

	Total	Males	Females	G7	G8	G9	G10	G11	G12
Alcohol	54.9	54.6	55.1	17.4	26.4	50.5	59.6	73.5	78.4 *
High-Caffeine Energy Drinks	49.5	52.2	46.5	34.1	41.8	48.6	49.0	56.2	58.5 *
Binge Drinking	22.3	22.7	21.8	1.1	4.1	13.7	24.4	35.3	39.7 *
Cannabis	22.0	23.0	21.0	2.4	5.9	11.9	25.5	36.8	36.4 *
Opioid Pain Relievers (NM)	14.0	12.9	15.2	8.5	10.9	13.0	14.9	18.0	16.0 *
Cigarettes	8.7	9.3	8.2	s	2.8	3.7	10.3	14.5	14.4 *
OTC Cough/Cold Medication	6.9	8.0	5.7 *	3.1	7.5	4.5	8.9	11.7	5.5 *
Inhalants (Glue or Solvents)	5.6	5.3	5.9	12.2	9.2	4.5	3.7	3.6	s *
Smokeless Tobacco	4.6	7.5	1.6 *	s	1.3	1.4	7.8	7.2	6.9 *
Stimulants (NM)	4.1	3.0	5.3 *	s	2.5	3.3	4.0	7.7	4.5 *
Mushrooms (Psilocybin) or Mescaline	3.8	5.0	2.6 *	s	1.1	1.6	3.5	8.0	6.3 *
Salvia Divinorum	3.7	5.1	2.1 *	s	s	3.1	5.0	5.2	6.2 *
Ecstasy (MDMA)	3.3	3.5	3.2	s	s	s	2.7	7.9	4.6 *
Cocaine	2.1	2.5	1.6	s	s	s	s	4.9	2.5 *
Tranquillizers/Sedatives (NM)	1.9	1.8	2.1	s	s	0.7	s	3.2	2.3 *
Jimson Weed	1.7	2.2	1.2 *	s	s	s	2.8	2.8	1.2
OxyContin (NM)	1.2	1.5	1.0	s	s	s	s	2.9	1.6 *
LSD	1.2	1.8	0.6 *	s	s	s	1.1	2.8	1.1 *
Methamphetamine (incl. Crystal Meth.)	1.0	1.2	0.8	s	s	s	s	s	s
ADHD Drugs (NM)	1.0	1.2	0.7	s	s	s	s	s	s
Ketamine	0.9	1.4	s *	s	s	s	s	s	s
Crack	0.7	0.9	s	s	s	s	s	s	s
Any NM Use of a Prescription Drug	16.7	15.1	18.5 *	9.6	12.5	15.0	18.0	23.0	18.8 *
Any Illicit Drug Use, incl. NM Prescr. Drug	37.4	37.7	37.0	21.3	23.2	30.7	43.5	51.4	45.6 *

Notes: estimates for heroin, doda, BZP pills, mephedrone, and over-the-counter Gravol were suppressed; binge drinking (5+ drinks on one occasion) refers to the past 4 weeks; NM=non-medical use, without a doctor's prescription; OTC=over-the-counter drug used for non-medical purposes or to "get high"; "Any NM Use of a Prescription Drug" refers to non-medical use of any one of the following classes of prescription drugs: opioids, ADHD drugs, other stimulants, or tranquilizers/sedatives; "Any Illicit Drug Use, incl. NM Prescription Drug" refers to use of any one of 22 drugs (excludes alcohol, tobacco, and high-caffeine energy drinks); s=estimate suppressed due to unreliability; \* indicates a statistically significant sex difference, or grade differences (p<.05), not controlling for other factors.

**Figure 1. Percentage of Students by Past Year & Lifetime Use, by Substance, NBP SDHU Region, 2011**



**Table 1. Percentage (95% CI) of Students who used Any Illegal Drug (Including Prescription used Non-Medically) in the Past Year, by Gender, Grade & Region, 2011**

	NBPSDHU Region	Other northern regions	Ontario
<b>Total</b>	37.6 (29.4, 46.7)	37.8 (33.2, 42.7)	37.4 (35.8, 39.0)
<b>Gender</b>			
Male	48.4*†† (44.4, 52.4)	36.3 (31.5, 41.5)	37.7 (34.9, 40.7)
Female	27.0 (16.8, 40.5)	39.6 (33.2, 46.4)	37.0 (33.5, 40.5)
<b>Grade</b>			
7	19.1 (10.8, 31.3)	14.8 (10.0, 21.3)	21.3 (17.4, 26.0)
8	30.3 (14.3, 53.1)	22.4 (13.8, 34.2)	23.2 (18.7, 28.5)
9	29.4 (18.4, 43.4)	35.8 (20.6, 54.5)	30.7 (26.0, 36.0)
10	37.9 (19.8, 60.1)	31.8 (20.7, 45.4)	43.5 <sup>o</sup> (36.6, 50.6)
11	41.0 (27.1, 56.6)	63.4 (39.8, 82.0)	51.4 (46.3, 56.5)
12	55.2 (29.9, 78.0)	50.2 (37.4, 63.0)	45.6 (40.5, 50.8)

\* Estimate is significantly different from the provincial estimate

† Estimate is significantly different from the northern (excluding NBPSDHU) region estimate

**Table 10. Percentage (95% CI) of Students who Consumed Alcohol in the Past Year, by Gender, Grade & Region, 2011**

	NBPSDHU Region	Other northern regions	Ontario
<b>Total</b>	64.2 (53.8, 73.5)	58.5 (51.6, 65.1)	54.9 (52.1, 57.6)
<b>Gender</b>			
Male	68.2 (57.2, 77.6)	56.7 (48.7, 64.4)	54.6 (52.0, 57.2)
Female	60.0 (48.9, 69.9)	60.4 (52.2, 68.0)	55.1 (51.3, 58.8)
<b>Grade</b>			
7	25.8 (13.9, 43.0)	22.2 (18.0, 27.1)	17.4 (13.5, 22.1)
8	31.9 (22.1, 43.5)	31.4 (25.1, 38.5)	26.4 <sup>◊</sup> (22.6, 30.5)
9	46.9 (33.5, 60.8)	55.1 (45.5, 64.3)	50.5 <sup>◊</sup> (43.8, 57.2)
10	66.7 (56.8, 75.3)	57.1 (35.7, 76.2)	59.6 (54.9, 64.2)
11	78.5 (72.4, 83.6)	84.1 (67.5, 93.1)	73.5 <sup>◊</sup> (66.8, 79.4)
12	88.4 (73.7, 95.4)	84.3 (66.7, 93.5)	78.4 (74.6, 81.8)

◊ Estimate is significantly different from the estimate for the previous grade level

Source: 2011 OSDUHS, Centre for Addiction & Mental Health

**Table 2. Percentage (95% CI) of Students who used Any Prescription Drugs Non-Medically in the Past Year, by Gender, Grade & Region, 2011**

	NBPSDHU Region	Other northern regions	Ontario
<b>Total</b>	18.7 (16.4, 21.3)	15.2 (10.6, 21.4)	16.7 (15.1, 18.4)
<b>Gender</b>			
Male	21.2 (16.7, 26.7)	13.9 (7.8, 23.5)	15.1 (13.2, 17.2)
Female	16.0 (11.5, 21.9)	16.7 (12.9, 21.3)	18.5 (16.5, 20.7)
<b>Grade</b>			
7	9.9 (5.7, 16.8)	7.5 (4.8, 11.5)	9.6 (7.5, 12.2)
8	16.7*† (15.6, 17.8)	9.6 (5.8, 15.5)	12.5 (10.3, 15.1)
9	16.2 (10.6, 23.9)	15.4 (6.0, 34.1)	15.0 (12.7, 17.7)
10	18.8 (12.9, 26.5)	8.4* (4.8, 14.1)	18.0 (15.7, 20.7)
11	26.8 (18.7, 36.8)	33.6 <sup>◊</sup> (15.6, 58.2)	23.0 (18.1, 28.7)
12	18.3 (12.1, 26.7)	15.1 (9.9, 22.4)	18.8 (15.8, 22.3)

\* Estimate is significantly different from the provincial estimate

† Estimate is significantly different from the northern (excluding NBPSDHU) region estimate

◊ Estimate is significantly different from the estimate for the previous grade level

Source: 2011 OSDUHS, Centre for Addiction & Mental Health

## The Four Pillars of a Drug and Alcohol Strategy

The Four Pillars of a drug and alcohol strategy speak to the following four areas:

- a) Prevention
- b) Harm Reduction
- c) Enforcement
- d) Treatment

With the inception of this committee, the four pillars have been an integral part of the process. The committee has developed an in depth component defining these pillars as well as Terms of Reference and the alignment of the input gathered from the public meetings. The complete section is included in Appendix A.

The committee members individually ranked the key objectives based on what they deemed as priorities and the aggregate of those rankings are listed below.

KEY OBJECTIVES	PRIORITY RANKING
• The need for a judicial system that recognizes that the cause and the sentencing process needs to be geared to not only punishment of the offender, but also to aim towards the rehabilitation of the offender	9
• The creation of a program of education for officers and decision makers as to the viable options available to offenders from a pre-sentencing perspective	10
• The need for a stronger link between enforcement and treatment from an education and awareness perspective	7
• Development of community resiliency for substance abuse and contributing issues	11
• A broad based education program focused on all ages (from pre-kindergarten to University) that speaks to the need for a change in society's value system	5
• Broadening out collective responsibility for awareness and solutions to the scope of the problem	8
• Reducing the risks and consequences associated with alcohol and drug use from youth leading into adulthood thus reducing the harm to the overall community	3
• Identifying and addressing the gaps in service, and the alternatives that are available or need to be made available, to the social determinants of health to reduce the risks such as housing, employment, education, health and social inclusion.	1
• Enhanced coordination of care amongst service providers to reduce gaps and duplication of service	2
• The need for Cross Sector Engagement	6
• To provide high quality accessible treatments service delivery that emphasizes a client centered focus that will meet client needs, holistic needs and reduce the stigma associated with drug and alcohol misuse.	4

# Public Consultations

The North Bay and Area Drug Strategy Committee hosted a series of public consultations in 4 municipalities; West Nipissing, Callander, North Bay and Mattawa. These consultations provided the opportunity for the general public to provide feedback on the issues relating to drug and alcohol misuse. The committee heard from over 90 citizens who provided a wide range of information on a variety of drug and alcohol related topics.

As a result of the input we received from the general public, the committee aligned the comments to the 11 key objectives that were established in their original planning forum. The comments received provide support for the key objectives that were previously identified. Below is a synopsis of what we heard and how it aligns to the key objectives that have been identified.

1. The need for a judicial system that recognizes that the cause and the sentencing process needs to be geared to not only punishment of the offender, but also to aim towards the rehabilitation of the offender
  - Costs associated with incarceration could be reduced and dollars could be focused on rehabilitation
  - Stronger consequences for those responsible for selling illicit drugs
  - Create linkages between social service agencies and the judicial system
  - To design a similar education campaign that has been developed with regard to tobacco cessation
2. The creation of a program of education for law enforcement and decision makers as to the viable options available to offenders from a pre-sentencing perspective
  - A need to enhance the service delivery to include a more comprehensive spectrum of available services including harm reduction programs
  - Education for citizens as to how they are part of the solution
3. The need for a stronger link between enforcement and treatment from an education and awareness perspective
  - Include mandatory rehabilitation as part of the sentencing process
4. Identify protective factors that promote community resilience for substance abuse and contributing issues
  - The creation of a prescription data base that registers all prescriptions that are issued and reduces duplication that is currently taking place
  - Smaller quantities of prescription drugs made available
  - Education about controlling access to drugs and alcohol in the home
  - Lack of warning labels on drugs and alcohol emphasizing danger to one's health similar to what currently is on cigarette packages
  - Identify successes and promising practices
5. A broad based education program focused on all ages (from pre-kindergarten to University) that speaks to the need for a change in society's value system
  - A comprehensive revamping of the education curriculum to include compulsory life skills programs that is reflective of the current social climate
  - Education programs to be introduced into the education system at an earlier stage
  - Address the issue of bullying
  - Address peer pressure through inclusion strategies
  - Designing creative strategies to engage youth in education and treatment programs
  - Ongoing education on the harmful effects of alcohol and other drug use

6. Broadening our collective responsibility for awareness and solutions to the scope of the problem
  - Need for an understanding as to why drug use has become so prevalent
  - Parent education programs
  - Parents need to feel that they are not alone and the need for parent/guardian support groups is a critical protective factor
  - The need for ease of access to information to assist parents on signs, causes and most importantly where they can access immediate help
  
7. Reducing the risks and consequences associated with alcohol and drug use from youth leading into adulthood thus reducing the harm to the overall community
  - Marketing campaign similar to that relating to the dangers of smoking and drinking and laws that will have the same affect
  - Warning labels on alcohol and prescription drugs
  - Community education on the importance of reducing the access to prescription drugs by children & youth
  - Utilize testimonials from those in drug and alcohol recovery programs
  
8. Identifying and addressing the gaps in service and the alternatives that are available or need to be made available to the social determinants of health to reduce the risk such as housing, employment, education, health and social inclusion
  - Technology that has ease of access for information regarding support programs
  - Promotion of the services available in the District
  - Lack of affordable housing
  
9. Enhanced coordination of care amongst service providers to reduce gaps and duplication of service and build capacity
  - The need for a higher level of coordination and identification of lead role responsibilities in order to maximize resources and to identify and address the priorities in a more expeditious manner
  
10. Cross Sector Engagement
  - To work closely with the Medical profession in order to
    - i. Create a national prescription data base
    - ii. Develop controlled prescribing practices
  
11. Providing high quality accessible treatment service delivery that emphasizes a client centered focus that will meet client needs, holistic needs and reduce the stigma associated with drug and alcohol misuse
  - Encourage service providers to utilize outcome surveys to improve treatment goals

\* *Added Note:* An observation that was made included two words that were repeated over and over were that of HOPE and STIGMA. It was noted that hope needs to be part of recovery and treatment of substance use problems. Furthermore, the stigma associated with drug and alcohol use must also be addressed and eliminated. The North Bay & Area Drug Strategy Committee acknowledges these two very important issues and aims to keep them as part of their focus moving forward.

## Moving Forward

With over 200 people providing input at public meeting, forums and consultations, an abundance of information was gathered. A vast range of issues, thought, perceptions and needs were identified within our unique Northern communities. Moving forward, there are several key areas that need to be investigated further. It is clear that drug and alcohol use & misuse is an extremely complex issue within our communities. Consequently, the reality is that there is no simple solution. As such, for gains to be made, successful initiatives will need to address the stigma that surrounds substance use and acknowledge that the various social determinants of health must be part of any holistic strategy. In collaboration with various key stakeholders, and community partners, the North Bay & Area Drug Strategy Committee will build on the groundwork and momentum of this discussion paper/report to develop a comprehensive action plan. The ultimate goal is to develop an effective drug strategy that meets the needs of individuals, youth and families impacted by substance use and misuse in our area. In doing so, together we will have accomplished our vision of a safer and healthier community that optimizes the lives, abilities and health of individuals in our communities.

## Acknowledgements

Sincere thanks and gratitude are extended to the dedicated committee members and their agencies that have provided support and valuable information required for this Discussion Paper/Report. Dedicated, committed members spent endless volunteer hours working in partnership to ensure that a comprehensive strategy was being planned.

Thank you also to the Four Pillar Committees who have created their sub-committee around their relevant topic, drawing from a variety of professionals in the communities. Their timeless commitment is exceptional.

Finally, research supports that multi-sectoral collaboration is a key approach when communities seek to diminish the harm associated with substance misuse. This has certainly been the experience of the North Bay & Area Drugs Strategy Committee to date. We look forward to future collaborative efforts within our communities.

Sincerely  
Patricia Cliche, Chairperson

# Appendix A

## The 4 Pillars of a Drug and Alcohol Strategy

In order to build a solid base to move forward from, the Committee has followed the lead of most, if not all, drug and alcohol strategies and formed 4 working groups based on the 4 Pillar approach. The 4 Pillars include:

- a) Prevention
- b) Harm Reduction
- c) Enforcement
- d) Treatment

Studies throughout the world have proven that the 4 pillar approach has resulted in a:

- a) Dramatic reduction in the number of drug users consuming drugs on the street
- b) Significant drop in overdose deaths
- c) Reduction in the infection rates for HIV and hepatitis

The 4 Pillar structure may be used in a myriad of different ways based on the local needs and capacity to work within this structure. As is the case with any volunteer involvement, time and resources are somewhat limited and the need for concentrated work time can be a detriment to the pace at which work might be done.

The Steering Committee established four sub-committees based around the 4 pillar concept and outlined terms of reference for each one as outlined below.

From the research that has been conducted on similar strategies across Canada, the definition of the 4 pillars is basically the same. Also, it appears that the approach to the implementation of the action plans associated with the 4 pillars seems to be similar as well. The Framework for Action as developed in Vancouver recognized the need for commitment for non-governmental agencies, law enforcement, criminal justice system and health care professionals to come together to develop a coordinated, comprehensive framework for action to address the issue of drug misuse in their community.

From the forums that have taken place, it appears that a similar approach is needed in our area in order to maximize our resources and have a significant impact on the issue of drug and alcohol misuse in our area. Our committees have been making progress and we are recommending that when we secure additional funding, the 4 pillars will serve as the basis for the future direction of our committee. Our recommendations will demonstrate how that we proceed with a comprehensive plan of action based around the 4 Pillars and we involve as many key partners as possible in the process.

# Prevention

## PREVENTION PILLAR DEFINITION

A set of interventions designed to avoid the physical, mental and emotional affects of disease and injury associated with substance misuse.

Create supportive environments and promote the health resiliency of individuals and communities in order to prevent problematic use of alcohol and other illicit drugs.

Prevention includes strengthening the health, social and economic factors that can reduce the risk of substance misuse. This includes but is not limited to access to health care, stable housing, education, employment, recreation and often divided into, primary, secondary and tertiary prevention.

**Primary prevention** - seeks to prevent the occurrence all together

**Secondary prevention** - seeks to limit the duration or amount of use before permanent damage occurs

**Tertiary prevention** - seeks to minimize complications and premature deterioration association with use

## TERMS OF REFERENCE

**Vision:** We envision a safer and healthier community that optimizes the lives, abilities and health of individuals.

**Purpose:** To serve as a subcommittee to the North Bay & Area Community Drug Strategy Committee

**Objectives:**

1. To research and provide an inventory of prevention programs on substance misuse within our region.
2. To provide a comprehensive prevention perspective to the North Bay & Area Community Drug Strategy Committee
3. To identify and recommend to the Steering Committee evidence-based programs that can be adapted in our communities.

# Harm Reduction

## HARM REDUCTION PILLAR DEFINITION

Interventions that seek to reduce the harms associated with substance use for individuals, families and communities. It can include, but does not require abstinence. The focus is on the individual's behavior, not on the substance use itself. Effective harm reduction approaches are pro-active, offer a comprehensive range of coordinated, user-friendly, client-centered and flexible programs and services and provide a supportive, non-judgmental environment.

Examples of harm reduction include needle and condom distribution, safer bars and low risk drinking guidelines.

## TERMS OF REFERENCE

- Vision:** We envision a safer and healthier community that optimizes the lives, abilities and health of individuals, including those who use substances.
- Purpose:** To serve as a subcommittee to the North Bay & Area Community Drug Strategy Committee
- Objectives:**
1. To use evidence-based information to guide strategies related to reducing harm within the community relating to use/misuse of drugs and alcohol.
  2. Provide information on best practices for harm reduction to the North Bay community.
  3. Reduce the harm and increase the safety in a non-judgmental manner.

# Enforcement

## ENFORCEMENT PILLAR DEFINITION

Interventions that seek to strengthen community safety by responding to the crimes and community disorder issue associated with the importation, manufacturing, cultivation, distribution, possession and use of legal and illegal substances. Enforcement includes the broader criminal justice system of the courts, probation and parole, etc. Effective enforcement also means being visible in communities, understanding local issues and being aware of existing community resources.

Examples of enforcement include community policing initiatives and drug treatment courts.

## TERMS OF REFERENCE

**Vision:** We envision a safer and healthier community that optimizes the lives, abilities and health of individuals

**Purpose:** To serve as a subcommittee to the North Bay & Area Community Drug Strategy Committee

**Objectives:**

1. To share information on current local drug trends and provide information to the Drug Strategy Committee regarding substance misuse issues being encountered by local police agencies in order for the committee to better understand these local issues.
2. To identify criminal activities in our communities and how they may relate to substance misuse.
3. To provide annual enforcement statistics to the North Bay & Area Community Drug Strategy Committee regarding substance misuse within our communities.
4. To create awareness and education to the general public and to other members of the North Bay & Area Drug Strategy Committee regarding the dangers and risks to substance misuse whenever required.
5. And whenever possible, to provide updates of completed police investigations regarding enforcement projects involving drug activity within our communities.

# Treatment

## TREATMENT PILLAR DEFINITION

Interventions that seek to improve the physical, emotional and psychological health and well-being of people who use or have used substances (and sometimes their families) through various psychosocial and psychopharmacological therapeutic methods. The goal is to incorporate multiple client centered recovery focused treatment philosophies. Effective treatment is evidence-based, easily accessible and has the active involvement of the person being treated. Examples of treatment include withdrawal management (detox), residential and out-patient treatment, counselling and ambulatory medication assisted recovery.

## TERMS OF REFERENCE

**Vision:** We envision a safer and healthier community that optimizes the lives, abilities and health of individuals.

**Purpose:** To serve as a subcommittee to the North Bay & Area Community Drug Strategy Committee, whose goal is to create a drug strategy that will address problematic substance use and addiction through the Treatment Pillar, which includes early and post Treatment

**Objectives:**

1. To ensure district representation on subcommittee specific to treatment services.
2. To contribute to the ongoing need for seamless treatment process for clients.
3. To ensure an evidence-based strategy (using qualitative & quantitative data) is developed and that it is continually updated in order to inform and measure the success of strategic work.
4. To ensure that the work takes into consideration the diverse needs of all groups of problematic substance use and addictions.
5. To create linkages to the treatment community for the purpose of raising the profile of problematic substance use and addiction issues and leverage extensive support for any initiatives merging from the committee.
6. To support the North Bay & Area Community Drug Strategy Committee's efforts in ensuring follow up implementation plans.
7. The committee supports evidenced-based treatment according to the Principles of Effective Treatment.

# Principles of Effective Treatment

The National Institute for Drug Abuse (NIDA) developed the following 13 fundamental principles that characterize effective drug abuse treatment. These research based principles characterize effective drug abuse treatment and are detailed in NIDA's new research-based guide, *Principles of Drug Addiction Treatment: A Research-based Guide*. They include:

1. No single treatment is appropriate for all individuals. Matching treatment settings, interventions and services to each patient's problems and needs is critical.
2. Treatment needs to be readily available. Applicants can be lost if treatment is not immediately available or readily accessible.
3. Effective treatment attends to multiple needs of the individual, not just drug use. Treatment must address the individual's drug use and associated medical, psychological, social, vocational and legal problems.
4. Treatment needs to be flexible and to provide ongoing assessments of patient needs, which may change during the course of treatment.
5. Remaining in treatment for an adequate period of time is critical for treatment effectiveness. The time depends on an individual's needs. Programs should include strategies to prevent patients from leaving treatment prematurely.
6. Individual and/or group counseling and other behavioral therapies are critical components of effective treatment for addiction. In therapy, patients address motivation, build skills to resist drug use, replace drug-using activities with constructive and rewarding nondrug-using activities, and improve problem-solving abilities. Behavioral therapy also facilitates interpersonal relationships.
7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies. Methadone and levo-alpha-acetylmethadol (LAAM) help persons addicted to opiates stabilize their lives and reduce their drug use. Naltrexone is effective for some opiate addicts and some patients with co-occurring alcohol dependence. Nicotine patches or gum or an oral medication such as bupropion can help persons addicted to nicotine.
8. Addicted or drug-abusing individuals with co-existing mental disorders should have both disorders treated in an integrated way. Because these disorders often occur in the same individual, patients presenting for one condition should be assessed and treated for the other.
9. Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use. Medical detoxification manages the acute physical symptoms of withdrawal. For some individuals it is a precursor to effective drug addiction treatment.
10. Treatment does not need to be voluntary to be effective. Sanctions or enticements in the family, employment setting or criminal justice system can significantly increase treatment entry, retention and success.
11. Possible drug use during treatment must be monitored continuously. Monitoring a patient's drug and alcohol use during treatment can help the patient withstand urges to use drugs. Such monitoring also can provide early evidence of drug use so that treatment can be adjusted.
12. Treatment programs should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis and other infectious diseases and counseling to help patients modify or change behaviors that place them or others at risk of infection. Counseling can help patients avoid high-risk behavior and help people who are already infected manage their illness.
13. Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment. As with other chronic illnesses, relapses to drug use can occur during or after successful treatment episodes. Participation in self-help support programs during and following treatment often helps maintain abstinence.