

Board of Health Briefing Report

To: Chair and Members of the Board of Health
Date: October 5, 2022
Topic: Developing the Timiskaming Drug and Alcohol Strategy – A Summary of Local Work
Submitted by: Dr. Glenn Corneil, Acting MOH/CEO
Prepared by: Megan McBride, Public Health Promoter
Reviewed by: Amanda Mongeon, Kerry Schubert-Mackey

RECOMMENDATION

It is recommended that the Timiskaming Board of Health

- i. Receive the briefing note *Developing the Timiskaming Drug and Alcohol Strategy – A Summary of Local Work* for information.

Ontario Public Health Standards (2018) and Timiskaming Health Unit Strategic Plan 2019-2023

This work directly contributes to meeting requirements and expected outcomes in the Ontario Public Health Standards (2018) and aligns with the following THU 2019-2023 strategic directions:

1. **We infuse our work with learning and passion:** *we apply a health equity lens in all our work*
2. **We create, share and exchange knowledge:** *we use the best available information, including local lived experience, to inform local programs and services; we exchange information with communities and partners to broaden our understanding of local needs; we create quality data to address gaps in knowledge and to identify changing local needs; we share our knowledge with stakeholders to understand the causes and impacts of health inequities*
3. **We collaborate with partners to make a difference in our communities:** *we nurture positive and effective relationships with community partners to improve public health; we mobilize diverse and inclusive community resources in addressing the Social Determinants of Health and climate change to reduce health inequities; we advocate for policy changes that make a difference in local communities*
4. **We adapt to address the diverse and changing local needs:** *our programs and services are evidence-informed, customized and evaluated to ensure they address local needs; we clarify roles with partners and allied agencies to reduce duplication, fill gaps and maximize our collective impact to create healthy populations*

Overview

- Northern Ontario has long been disproportionately affected by the drug poisoning crisis.
- Hospitalizations for cannabis-related harms and alcohol-related conditions in Timiskaming were more than double the provincial rate in 2018, and opioid-related ED visits in Timiskaming were the highest they have ever been in 2020 with 35 occurring.^{2,3,4}
- Harmful substance use is a complex issue to address and requires a collective cross-sectoral response.
- The Timiskaming Drug and Alcohol Strategy (TDAS) began to form in early 2021 and has over 20 organizations and people with lived and living experience (PWLLE) involved.

- THU Co-Chairs the TDAS Steering Committee (SC) and provides the backbone support for the initiative.
- The TDAS operates on an evidence-based framework including pillars of prevention, harm reduction, treatment, and community safety.
- PHAC provided \$150,000 in funds to support the hiring of a full-time coordinator and research, planning, and policy analyst.
- A communications strategy and PWLLE Advisory Committee were developed this year.
- 115 responses were received during a community consultation in June and July of this year, providing feedback and comments on proposed approaches and draft recommended actions to prevent and reduce the harms associated with substance use to improve the quality of life of all Timiskaming residents.

Background

Canada continues to be in the midst of a drug poisoning (overdose) crisis wherein existing policies and interventions are not adequate. This has been exacerbated by the COVID-19 pandemic, recording record high drug-related deaths and significant health and social impacts due to mitigation efforts (i.e., social distancing, service closures, etc.).¹ Northern Ontario in particular has long been disproportionately affected by the drug poisoning crisis. Hospitalizations for cannabis-related harms and alcohol-related conditions in Timiskaming were more than double the provincial rate in 2018, and opioid-related ED visits in Timiskaming were the highest they have ever been in 2020 with 35 occurring.^{2,3,4} Further, coroner data for Timiskaming district show 26 suspected drug-related deaths occurred between January 2019 and April 2022, all of which were preventable.⁵

The driving force behind harmful substance use is a complex interplay of risk and protective factors, as well as systemic, psychological, biological, social, economic, and other factors. A collective response needs to be equally matched to this complex issue – the response needs to be comprehensive, multi-sectoral, and coordinated with a suite of interventions. In recognition of this, THU initiated the formation of a TDAS SC in early 2021 and assumed a Co-Chair role alongside the Canadian Mental Health Association Cochrane-Timiskaming branch. Since then, community organizations and people with lived and living experience have worked diligently to better understand the local needs and determine actions to prevent and reduce the harms associated with substance use and improve quality of life. Throughout the comprehensive planning stage, THU has provided the backbone support to the TDAS, including hosting the collaborative Microsoft Teams platform where project-related documents are housed and meetings occur, supporting translation needs, hosting the TDAS [webpage](#), and employing the TDAS Coordinator and Research, Policy and Planning Analyst (RPPA).

In alignment with [Canada's](#) drug strategy and over 30 [community drug strategies](#) in Ontario, the TDAS operates on an evidence-based framework that includes prevention, harm reduction, treatment, and community safety.^{6,7} Working groups for each of these pillars were established shortly after the SC, meeting regularly to coordinate local action in response to the current needs. To further support the work across these four pillars and the SC, additional working groups and committees have been formed: Communications, People with Lived and Living Experience, and an Opioid Surveillance and Early Warning System. The strategy is grounded in an evaluation and surveillance framework. An overview of the governance structure can be found in the [Appendix](#). Over 20 community organizations and people with lived and living experience are collectively supporting and responsible for moving the planning and framework recommendations forward. THU assumed the chair role for both the prevention and harm reduction pillar working group.

Summary of Local Work

While TDAS work will be ongoing and ever responsive, since formation of the SC, the TDAS has nearly completed the process of creating its initial plan. In August of 2021, THU was successful in securing \$150,000 of funds from Public Health Agency of Canada to support human resources for the project: one full-time Research, Planning and Policy Analyst and one full-time Public Health Promoter to act as Project Coordinator. These roles were filled in September of 2021 for approximately 6 months and one year and have been extended by the support of THU until October 2022 and March 2023 respectively.

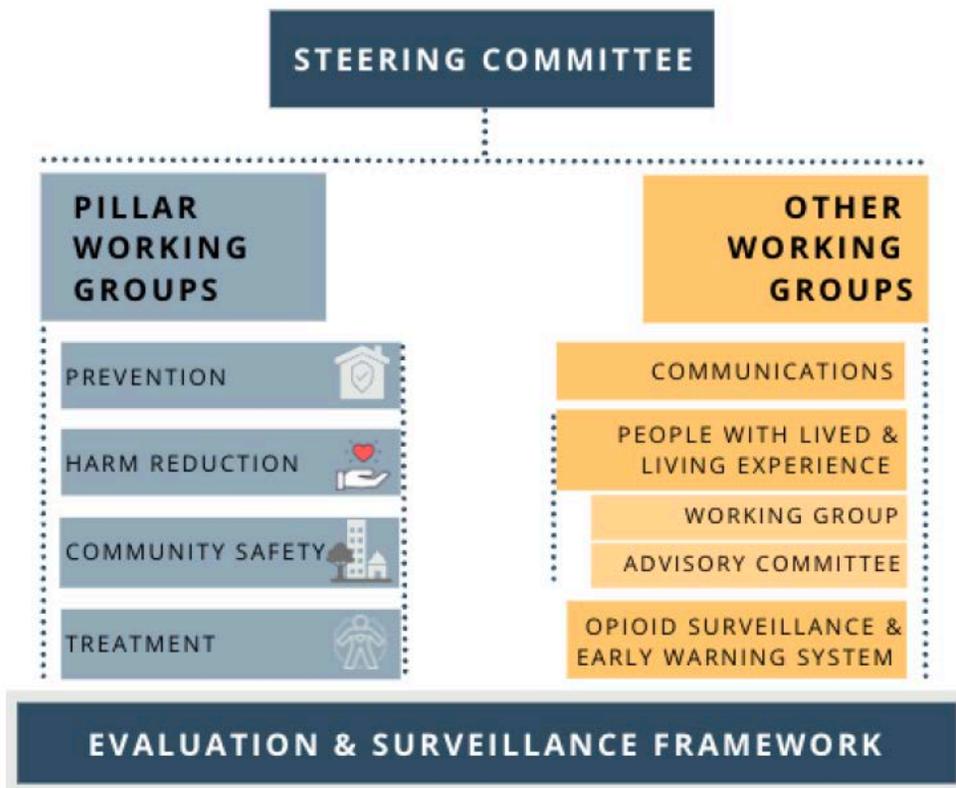
Following this, a communications strategy and an engagement strategy for PWLLE were developed and approved. The communications strategy details TDAS guiding principles of communications-related work and reporting, while the PWLLE strategy proposed a way forward to meaningfully involve those who have experience with substance use in the planning and implementation of the TDAS. Both strategies are grounded in best-practice approaches, amended to apply to the local context, and were approved by the SC to move forward with during the early months of 2022. In May of this year a PWLLE Advisory Committee, consisting of community members who identify as having experience with substance use, formed to provide expertise on the needs in Timiskaming and to collaborate with organizational partners on planning and implementation. This committee meets regularly and joins pillar group meetings as they occur.

Most recently in June and July of this year, the TDAS sought comments and feedback from the community on the proposed approaches and draft recommended actions to take ahead of finalizing the strategy. The consultation report, *Developing the Timiskaming drug and alcohol Strategy (TDAS) - Background Document for Public Consultation*, was created and reviewed by all TDAS members to provide the necessary information to gather meaningful feedback on the work that has taken place. A total of 115 responses were received via survey, email, and phone. Analysis is underway to understand what was heard, and a report back to the community is in development to summarize the findings ahead of releasing the final strategy.

TDAS members are working diligently to create an evidence-based strategy to address the urgent local needs and plan for preventing and reducing the harms associated with substance use and improve quality of life. The final strategy will remain flexible and responsive, continuing to identify opportunities for both collaboration with other local initiatives, such as the Community Safety and Wellbeing Plan and Indigenous Mental Health and Wellbeing Strategy, and additional funding.

Appendix A

Figure 1: TDAS Governance Model



References

1. Public Health Ontario. Alcohol harms snapshot. Published December 1, 2021. Accessed January 21, 2022. <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/alcohol-harms>
2. 19. Public Health Ontario. Cannabis harms. Published January 31, 2020. Accessed January 21, 2022. <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/cannabis-harms>
3. Public Health Ontario. Interactive opioid tool. Published December 6, 2021. Accessed January 21, 2022. <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool>
4. Ontario Drug Policy Research Network; Office of the Chief Coroner for Ontario/Ontario Forensic Pathology Service; Ontario Agency for Health Protect and Promotion (Public Health Ontario); Centre on Drug Policy Evaluation (2020). Preliminary patterns in circumstances surrounding opioid-related deaths in Ontario during the COVID-19 pandemic. Toronto, ON: Ontario Drug Policy Research Network. Accessed on May 18, 2022 from <https://www.publichealthontario.ca/-/media/documents/o/2020/opioid-mortality-covid-surveillance-report.pdf?la=en>
5. Ontario Coroner Data (Unpublished). Suspect drug-related deaths in Ontario January 2019 – April 2022.
6. Municipal Drug Strategy Coordinator’s Network of Ontario. About the municipal drug strategy coordinator’s network of Ontario. Accessed September 28, 2022. <https://www.drugstrategy.ca/about.html>
7. Government of Canada. Canadian drug and substances strategy. Accessed September 28, 2022. <https://www.canada.ca/en/health-canada/services/substance-use/canadian-drugs-substances-strategy.html>