

Brantford — Brant Community

# DRUGS STRATEGY

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# EXECUTIVE SUMMARY



Substance use is a complex social issue that affects everyone and requires comprehensive coordination from all sectors of society to address. With the pending cannabis legalization underway and the tragic impact of the opioid crisis, it is increasingly important to prioritize action at every level of government and within the broader community. Fortunately, there is now more research in the field of substance use and addiction than ever before. There is a better understanding of the protective factors that prevent misuse and risk factors contributing to addiction and more evidence for best practices in treatment and recovery interventions. There is a deeper understanding of the impacts of stigma and marginalization on individuals who use substances. And, although much more needs to be done to shift our societal views away from judgment and prejudice, strides are being made in educating the public of the realities of substance use and encouraging compassionate and dignified treatment of all persons.

From the beginning, the Brantford-Brant Community Drugs Strategy has been a community effort; countless individuals provided thoughtful and critical feedback. This strategy will serve as a roadmap to work together. The four-pillared approach guides our thinking about the issues surrounding substance use in a holistic, careful manner.

## **The strategy outlines recommendations that aim to:**

- Delay or prevent substance use
- Keep individuals safe and healthy while respecting their unique choices
- Ensure individuals have access to timely, adequate services and are treated with dignity and respect
- Reframe addiction from a criminal justice issue to a public health issue

## **By channeling the vision of a healthy, safe community free from the harms of drug use, eight overarching goals were developed to frame the recommendations:**

**Goal 1:** A Community That Is Proactive and Prevention Focused

**Goal 2:** A Community That Is Responsive to the Unique and Immediate Needs of Vulnerable People

**Goal 3:** A Community That Supports the Recovery and Long Term Success of Individuals

**Goal 4:** A Community That Prioritizes the Health and Safety of its Residents

**Goal 5:** A Community That Values the Dignity, Expertise and Spirit of All People

**Goal 6:** A Community That Works Collaboratively

**Goal 7:** A Community That Wants to Learn More

**Goal 8:** A Community That Engages, Supports, and Empowers Youth

**“ Addressing drug use requires a multi-faceted communal approach mobilizing all civic partners and which incorporates the strengths and the many varied existing skills found within our community.**

**– Dr. Malcolm Lock,  
Medical Officer  
of Health**

# A NOTE FROM THE OFFICE OF SAFE BRANTFORD



In early summer of 2016, the Safe Brantford Core Team, recognizing the significant impact that addictions issues have on community well-being, identified the creation of a local drugs strategy as an important community priority.

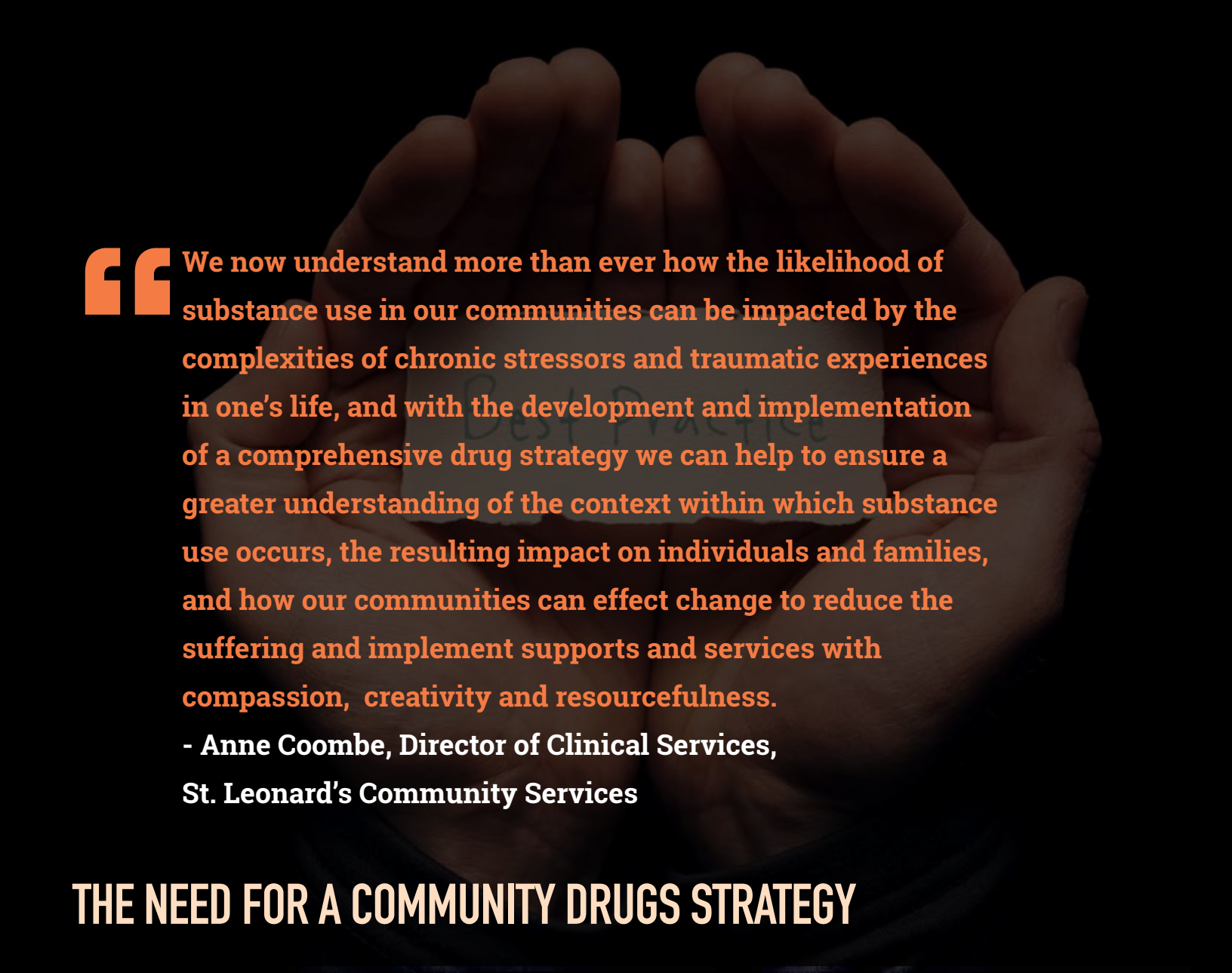
The development of the Strategy followed a similar path to other drug strategies, based on lessons from other municipalities. A four-pillar approach was adopted, focusing on prevention, treatment, harm reduction and enforcement. With the support of the Drugs Strategy Working Group, and the Safe Brantford Core Team, a framework for engagement and a number of community-driven recommendations were developed.

The Strategy development was informed by nearly two hundred individuals who were consulted to provide critical feedback regarding their personal and professional perspectives. Fifty youth ranging in ages from 11-25 years, 40 individuals with lived experience with substance use or addiction, and nearly 70 employees from 13 different local service organizations or institutions provided thoughtful and critical input. Additionally, 77 responses to electronic surveys circulated to service providers and the Brantford Police Services were received.

We would like to sincerely thank everyone who contributed to the development of this Strategy. It was truly a community effort. Thank you to the youth who provided candid, insightful and heartfelt feedback. Thank you to those who contributed personal stories of lived experience for your willingness to speak openly and honestly about the supports and systems from their unique point of view. And to the service providers and community members who work tirelessly to ensure that everyone is supported and cared for in our community. It is the hope of the Safe Brantford Core Team that this Strategy will serve as a roadmap for coordinated community action to mitigate the harms associated with substance use.

**“ Addressing complicated social challenges like substance use requires a sustained effort from the entire community. Municipalities can provide important leadership and coordination by bringing together experts, community leaders and individuals with lived experience to develop strategies and solutions that improve the quality of life for all residents.**

**– Jo Cupoli-Atanas,  
General Manager,  
Public Health,  
Safety and Social Services,  
City of Brantford**



**“ We now understand more than ever how the likelihood of substance use in our communities can be impacted by the complexities of chronic stressors and traumatic experiences in one’s life, and with the development and implementation of a comprehensive drug strategy we can help to ensure a greater understanding of the context within which substance use occurs, the resulting impact on individuals and families, and how our communities can effect change to reduce the suffering and implement supports and services with compassion, creativity and resourcefulness.**

**- Anne Coombe, Director of Clinical Services,  
St. Leonard’s Community Services**

## **THE NEED FOR A COMMUNITY DRUGS STRATEGY**

Substance use is a part of social culture. People from all different backgrounds use legal and non-legal drugs medically and/or recreationally. While most people use safely, drug and alcohol use can be problematic and pose many health and safety risks to individuals. There are significant social and financial costs associated with substance use. A drug strategy provides comprehensive direction for how a community can work collaboratively to mitigate the harms and costs associated with substance use.

# Health and Safety Risks and Consequences



Drugs and alcohol, if misused, can cause a number of adverse health effects. Using substances can take a serious toll on one's physical health as well as altering the nervous system and cognitive function. Problematic substance use may also result in a number of personal consequences.

Some of the health risks and personal consequences include:

- Pharmacological effects of the substance, impairing a person's ability to safely and completely make decisions
- Injuries or violence as a result of intoxication
- Addiction
- Inability to stay in work or school
- Potential involvement with the criminal justice system
- Ruptured relationships with family and friends
- Marginalization and social stigma
- Increased chances of risky sexual behaviours
- Deteriorating physical health and adverse health problems such as cardiovascular issues, chronic diseases, blood-borne infections
- Toxic effects such as overdose or death <sup>iii</sup>

Substance use can also impact mental health. Excessive use and abuse of alcohol and illegal drugs have been shown to be associated with psychiatric disorders, such as anxiety, major depressive disorder, and psychological distress. <sup>iii</sup>

Among high school age students, illegal drug use, with or without cannabis use, has been shown to increase the risk of depression, suicidal thoughts, and suicide attempts. Youth in the late teenage years who live in urban areas and have poorer mental health status have been seen to have higher likelihood of using substances. <sup>v</sup>

## Did you know . . .



Second to tobacco, alcohol is the most widely used psychoactive drug that causes harms in Canada.

Excessive alcohol use can lead to immediate and long-term risks, including injury, violence, heart disease, depression, anxiety, and liver disease. <sup>vi</sup>



# Economic and Social Costs



The financial implications of drug use are substantial. In Canada, the cost of substance use (including tobacco) was estimated to be \$39.8 billion in 2002, which translates into \$1,267 per capita.

**39%** in direct costs (e.g., healthcare services, prevention programs, enforcement)

**61%** in indirect costs (e.g., lost productivity due to drug use-related illness, disability, or premature mortality) <sup>xiii</sup>

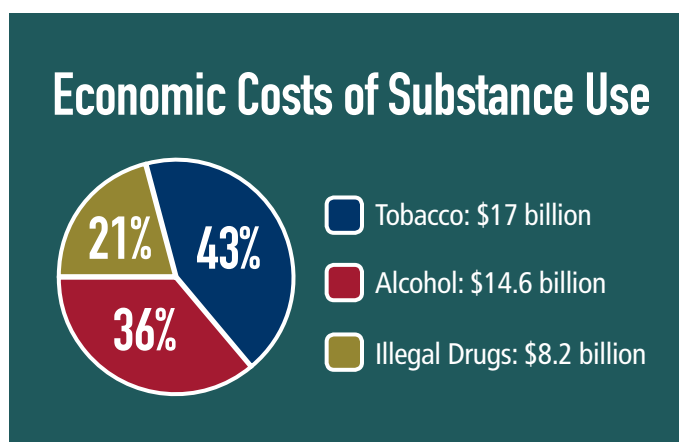
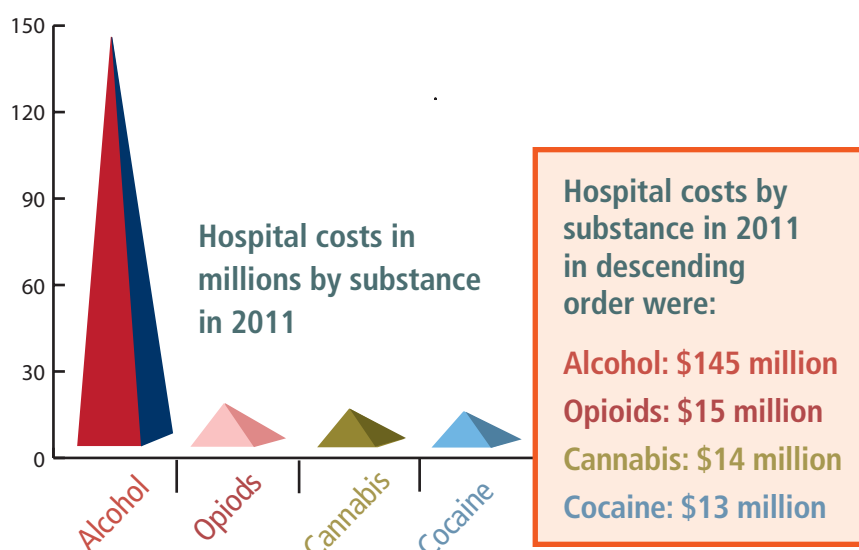


Figure 1: Legal substances (tobacco and alcohol) account for 79.3% of the total cost of substance abuse



## Spotlight on Opioids

Opioids are substances most commonly used medically to reduce pain. However, they are produced both legally and illegally. Both prescribed and illicit opioids can be easily misused. When misused, opioids can cause significant harms to individuals. Opioids are highly addictive and can cause overdose and death. Common opioids are oxycodone, codeine, hydromorphone, methadone, and fentanyl. Canadians are the world's second largest per capita consumer of prescription opioids after Americans.<sup>viii</sup>

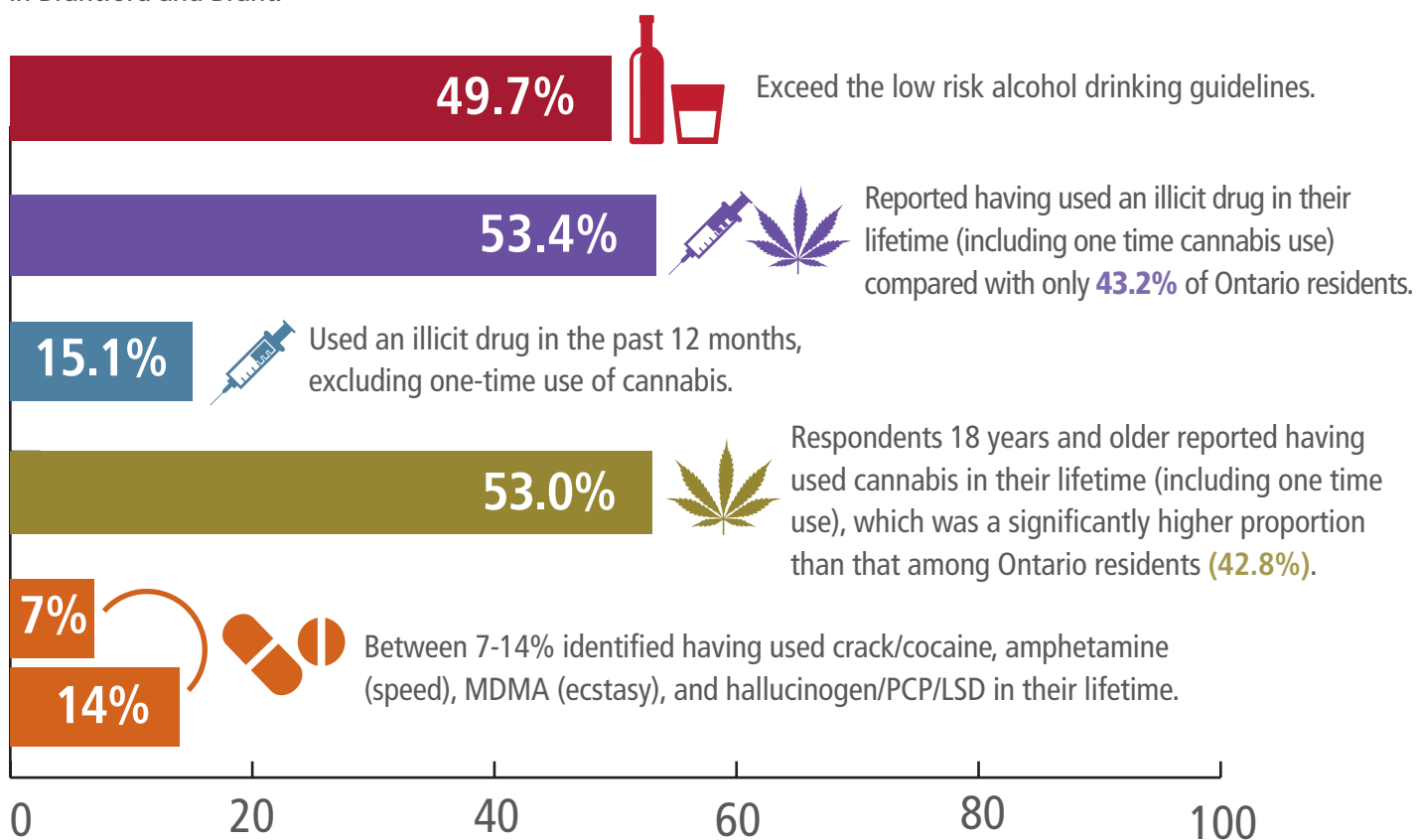
Currently, Ontario and all of Canada is facing a public health crisis related to the overuse of prescription and illicit opioids, resulting in rampant addiction, and hundreds of overdose deaths. Preliminary data suggest that there were 2458 apparent opioid-related deaths in Canada in 2016. <sup>x</sup>

In Ontario, the rate of opioid-related deaths quadrupled between 1991 and 2015, from 14 deaths per million (144 deaths) to 53 deaths per million (734 deaths).<sup>xi</sup> In 2014, the total number of opioid-related deaths alone (N=676) was much higher than the number of people who died in motor vehicle accidents in Ontario (N=481).<sup>xii</sup>

# Overview of Substance Use in Brantford and Brant



According to the Canadian Community Health Survey of the residents in Brantford and Brant:







**Fentanyl – I hate that drug. FCK (fentanyl can kill) we should all have that shirt. I've lost three friends in the last 4 months. It's like playing Russian roulette.**

**– Focus Group Participant**



## Fentanyl

Fentanyl is a highly potent synthetic opioid prescribed for the treatment of acute and chronic pain. It is a white, crystallized powder substance with no odour. It is most commonly found in Ontario in the form of a therapeutic patch, but is also being produced illicitly in clandestine labs, sold at street level and can be found in the form of counterfeit medications, as a cutting ingredient in cocaine and heroin, or on its own.

Fentanyl is approximately 100 times more potent than morphine and 40 times more potent than heroin. A deadly dose of fentanyl is 2 milligrams, which is equal to just 2 grains of salt. Fentanyl is responsible for a number of the opioid-related deaths across Canada.

In 2016 a roundtable of community stakeholders was convened from across Brantford, Brant and Six Nations to respond to the growing concern regarding fentanyl, with the intention of creating a community-wide harm reduction strategy. The harm reduction plan includes a communication strategy, monitoring of the prevalence of opioids, and the promotion of naloxone (Narcan). The roundtable has launched a campaign that includes a website (fentanylcankill.ca), t-shirts, posters and public ads. A series of public education forums are being held throughout the community. The Brantford Police is working directly with both local school boards to enhance youth education.

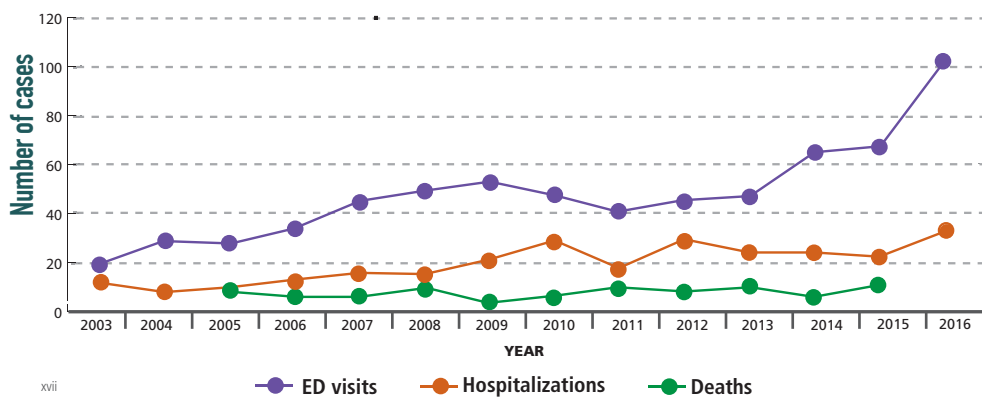
The Brant County Health Unit is developing a system that will monitor incidents of overdose and fatalities as well as naloxone use.

In Brantford and Brant, additional local data is collected from the Needle Exchange Program. That data indicates that opioids are the preferred drugs among clients (e.g., morphine, hydromorphone/dilaudid, heroin, fentanyl) (86.4% in 2016). Other drugs being used include cocaine/crack (5.4% in 2016) and crystal meth/methamphetamine (5.3% in 2016).

The Needle Exchange Program has seen a 10% increase in clients between 2011 and 2016 (from 5186 visitors to 5751 visitors); however, the number of new needles being given out has grown by 113% during that period (from 180,440 needles given out to 384,037 needles given out).



### Cases of opioid-related morbidity and mortality, Brant County Health Unit, 2003–2016



# Youth and Substance Use in Brantford and Brant<sup>xviii</sup>



When asked about substance use, Brantford and Brant students reported:

## Alcohol use



53%

Have used alcohol at least once in their lifetime

42%

Tried drinking for the first time before entering high school

25%

Reported that their parents/guardians allow them and their friends to drink at home

68%

Believe that alcohol is very or fairly easily accessible

## Drug use



37%

Used at least one drug in 2015

30%

Reported using cannabis in their lifetime

14%

Reported using at least one prescription drug for non-medical purposes in the last year

6%

Used over the counter cough or cold medication for non-medical purposes in their lifetime



## CANNABIS LEGALIZATION

Legislation has been proposed to legalize and regulate cannabis in Canada before July 2018. A federal taskforce was convened to develop recommendations on the legalization and regulation of cannabis in Canada, resulting in over 80 recommendations to promote and protect public health and safety, especially among youth.

The Centre for Addiction and Mental Health released the Lower Risk Cannabis Use Guidelines to help inform health communication/promotion activities <sup>xix</sup>

In Brantford and Brant, there have been higher rates of cannabis use among youth, pregnant women, and people aged 25-44, as compared to those groups in the province. <sup>xx xxi</sup>





## AN INTEGRATED DRUGS STRATEGY

# Our Framework



## Vision

A healthy, safe community free from the harms of drug use.

## Mission

To implement the Brantford-Brant Community Drugs Strategy that promotes harm reduction through community leadership and engagement, collaborative action, and inclusive programs and services.

## Four Pillars

A four pillared approach ensures planning and actions around substance use are done in an integrated and holistic way.

**Prevention / Education** Prevention or delay of the use of substances.

**Treatment / Recovery** Interventions that focus on improving the health and well-being of individuals who use or have used substances.

**Enforcement / Justice** Promotion of community safety through criminal justice systems responses to substance use.

**Harm Reduction** Reduction of the adverse health, social and economic consequences of substance use.



## Guiding Principles

**Strengths Based** Recognizing community and individual strengths and assets to build on what currently exists

**Inclusion** Recognizing diversity within the community and its unique needs, including the promotion of universal access to programming

**Harm Reduction** Providing non-judgmental services for people who are not abstaining from substance use, while celebrating individual successes

**Social Determinants of Health** Recognizing the underlying risk factors and root causes of substance use, and identifying drug use as a symptom arising from those factors

**Holistic Health** Recognizing health as the emotional, physical, psychological and spiritual dimensions that comprise an individual's wellbeing

**Collaboration** Building consensus and working collectively to reduce or eliminate system barriers while valuing the resources and contributions of all partners

**Person-Centred** Recognizing and respecting unique needs of individuals seeking help while providing non-judgmental support as they define their own outcomes



## IDENTIFYING THE ISSUES

In order to understand concerns around substance use locally, a number of stakeholders including youth, service providers and individuals with lived experience were consulted to ensure the Strategy was grounded in their experience and expertise.

The interviews and focus groups were intended to:

- 1) solicit information about individuals exposure to or experience with substances and what the perceived effects are personally and for the community
- 2) understand the experience of accessing community services
- 3) inform how our community can best respond in order to mitigate the harms associated with substance use



# Substance Use

- *Alcohol* was reported as one of the most commonly used substances across all different age groups. Many reported that alcohol was the most normalized.

**“Alcohol is an issue, but it gets overshadowed. Because alcohol is socially acceptable, it kind of fits in a different area of its own. It is so big in our culture.”**  
– Focus Group Participant

- *Cannabis* (via inhalation or ingestion) was identified as the most popular drug used by youth and by adults. Youth seemed to see cannabis as a less harmful substance and viewed it as “natural”, normalized and safe.
- *Crystal methamphetamine and opioids* were reported as the most problematic and destructive substances used locally. Many people reported legal and illegal opioids being misused and sold at street level. It was also reported that prescription drugs were sold to supplement incomes. Many expressed serious concerns around fentanyl.
- Co-dependent using and the social aspect of substance use were also identified as an issue.

**“There is a huge social component to it. We have couples that come in. It becomes a more difficult dynamic when two people are using.”** – Service Provider



## Lean

Youth often mentioned “Lean” (also known as purple drank, sizzurp, dirty sprite): a drink made with cough syrup, soft drink and hard candies. Certain cough syrups contain codeine, a powerful opioid, and often promethazine, which has sedative effects and can impair thinking or motor reactions.



# Contributing Reasons For Substance Use



- Trauma was identified by nearly all focus group participants as the core issue contributing to substance use. Substance use was recognized as a way to deal with abuse, difficult experiences, as a coping mechanism or as a way to escape.

**“ Don't ask about the addiction, ask about the pain. – Focus Group Participant**

- Many individuals also identified using substances as a way to self-medicate, and as a way to manage mental health.

**“ Some substance users, some prefer to use, say, cocaine, and some use opiates, because they all have different highs. You can moderate your moods. They like it better than what their psychiatrist prescribes – because of less or different side effects. – Focus Group Participant**

- Most people reported that their living environment, influence from peers and exposure in the home had a strong influence on an individual's decision to use substances.

**“ It's an inter-generational thing. When you look at it, it's not just addiction. If you're growing up in that atmosphere where it's been normalized you're more likely to try it. – Service Provider**

**“ There's a social media influence – like everyone is about weed on Facebook. On Facebook you will show how you are partying, and talk about partying. – Youth Participant**

- A lack of meaningful opportunities in recreation, education and employment was also identified as a key contributing factor. Others reported using because they were simply curious. Some said they wanted to and they found pleasure and fun in using different substances.

**“ They gave up on their goals- cause of limited opportunities. They feel like they are stuck – stuck in a shelter, stuck in temp agencies. Then they look down on themselves. – Focus Group Participant**

## What is Trauma?

Trauma is defined as experiences that overwhelm an individual's capacity to cope. Trauma can happen early in life including child abuse, neglect, witnessing violence and disrupted attachment, as well as later in life having experiences such as violence, accidents, natural disaster, war, and sudden unexpected loss.

The effects of trauma vary from person to person and can have both physical and physiological manifestations. Traumatic experiences can interfere with a person's sense of safety, self and self-efficacy, as well as the ability to regulate emotions and navigate relationships. Traumatized people commonly feel terror, shame, helplessness and powerlessness. Early trauma has been shown to impair brain development and can have significant negative impacts on memory.

It is common for individuals who have been traumatized to use substances as a mechanism to cope. Unfortunately, this often leads to addiction and results in further stress and traumatization in the individual's life.<sup>xxii</sup>

# Access and Barriers to Services



What are the biggest barriers that people may face when trying to access services?

**Schools** **Knowing**  
**Public Education**  
**Services** **Program** **Funding**  
**Transportation** **Getting**  
**Shelter** **Location** **Stigma**  
**Child Care** **Beds** **Clients**  
**Substance** **Barrier**

- The location of services and lack of adequate reliable transportation were reported as major barriers and were especially highlighted by those living in Brant County, with limited physical mobility, with mental illness or living on low incomes. The lack of outreach services was identified as an issue as well as services only operating on a Monday to Friday, 9-5 schedule.

**“Like the needle exchange...Biggest drawback to this program, for example, at say 1 o'clock, it's fine, but no help after 5 o'clock. – Focus Group Participant**

- Many participants expressed that they were not always aware of the services available in the community. Individuals also discussed the difficulty they had navigating services whether it was trying to understand the role and mandate of each service organization; eligibility requirements, or undergoing lengthy intake processes.
- Stigma was identified as a critical barrier for both youth and adults when accessing services. Many individuals who have had an addiction detailed previous experience with feeling marginalized, judged and treated poorly by the “helping” community.

**“Finding a doctor is hard, and if you do find one, they have bad attitudes. One asked me “why don't I just quit?” – As if it was that easy. It was condescending. – Focus Group Participant**

- Fear of criminal persecution or potential involvement with the child welfare system when looking for support for an addiction was also a recurring theme. Most youth reported that they would be uncomfortable telling anyone at school (e.g. a teacher, counsellors) that they or their peers were struggling with substance use due to fear of criminal or academic repercussions.



## GOALS AND RECOMMENDATIONS

Eight overarching goals have been identified along with recommendations for the community to reach those goals.



# Goal 1: A Community That Is Proactive and Prevention Focused

Individuals who are well-informed and equipped with the appropriate tools are more likely to make healthy and safe choices.



## Recommendations:

### 1. Increase awareness and education about substance use and mental health for youth and their caregivers:

- Together with youth, local police forces, school boards, health professionals and community organizations, review and create a coordinated curriculum and resources regarding substance use and mental health that would be available for all organizations
- Offer curriculum based presentations to youth and parents in the school system and community at large, with a focus on coping skills, and dealing with trauma
- Include youth and adults with lived experience in delivering educational programming
- Advocate to the Ministry of Education for additional mental health content to be integrated into elementary and secondary curriculum where necessary

### 2. Increase public awareness of:

- Canada's Lower Risk Cannabis Use Guidelines and Lower Risk Drinking Guidelines
- Overdose prevention, especially around fentanyl and other opioids, including the use of naloxone
- Safe prescription drug use and the importance of monitoring personal supply
- Harm reduction principles and its function in community safety
- The realities of substance use, addiction and stigma for the individual and families

**“ [Addiction] can affect anyone in any socio economic class. There's a huge impact to family. It tears a family apart – even families with all the resources. With addiction, everyone is affected. For every overdose there's 5- 10 people affected. – Key Informant Interview**

## What is Harm Reduction?

Harm reduction approaches aim to reduce negative health, social, and economic impacts of drug use without requiring the individual to abstain from drug use. Harm reduction includes a focus on realistic and achievable goals for the person who chooses to use drugs, and ensuring that those who use drugs are treated with dignity and in a non-judgemental way.

In Brantford / Brant, there are currently two harm reduction strategies:

The Needle Exchange Program is a free service, offered at three sites, for people to pick up sterile equipment (e.g., needles, spoons) and drop off used equipment to prevent the sharing and re-using of paraphernalia.

The overdose response program, offers free naloxone kits to respond to opioid overdose, that are available at the Brant County Health Unit, St. Leonard's Community Services, and local pharmacies. Kits are available to people who may be at risk of opioid overdose as well as their family and friends.

# Goal 1: A Community That Is Proactive and Prevention Focused

Individuals who are well-informed and equipped with the appropriate tools are more likely to make healthy and safe choices.



## 3. Increase access to holistic pain management services and encourage safe drug prescribing practices:

- Engage with local physicians and pharmacy associations
- Explore alternative pain management resources, and advocate for psycho-social and physical treatments to be made available (e.g. physiotherapy, massage therapy, yoga, meditation) at no - or low-cost
- Increase health practitioner knowledge of alternative pain management approaches

**ff** We [pharmacists] could do more awareness around keeping meds in your cabinet.  
– Local Pharmacist

## 4. Improve engagement with rural community

- Develop strategies for public education
- Ensure rural community is aware of services and key public health messages





## Goal 2: A Community That Is Responsive to the Unique and Immediate Needs of Vulnerable People

Services must be timely, appropriate and adequate for individuals and families in need of support.



### Recommendations:

5. Establish a withdrawal management and residential treatment centre in Brantford

6. Advocate for coordinated and timely treatment services

- Engage in sub region planning with the LHIN to support the alignment and integration of services and to increase quality of care
- Explore treatment on demand models that allow for 24/7 access to immediate treatment



**Addicts need service right away. When you are ready, you need to see someone.**

– Focus Group Participant

7. Ensure the work of addictions and mental health practitioners is valued and best practices are followed

- Advocate for competitive wages for addictions and mental health staff
- Increase training opportunities for front line staff

8. Integrate the experiences and knowledge of individuals with lived experience

- Expand or enhance current peer support programs
- Support the development of a peer support network



**The population has [the] wrong outlook on how to deal with drug addicts. You gotta love people, you gotta get them jobs, you gotta give them hope, instead of letting the system get them down.**

- Focus Group Participant

## Goal 2: A Community That Is Responsive to the Unique and Immediate Needs of Vulnerable People

Services must be timely, appropriate and adequate for individuals and families in need of support.



### 9. Focus on client-centered service

- Increase availability of population-specific treatment options (e.g. Indigenous-specific, youth-specific, and concurrent-disorder focused)
- Ensure family members of those living with addiction have parallel treatment and recovery options available to them
- Ensure that individuals are knowledgeable and informed about their treatment options (e.g. various available opiate substitution therapies)
- Increase supports for individuals with specialized needs including for those involved in sex work, pregnant women, LGBTQ2S individuals, older adults and family members of those living with an addiction
- Ensure access to programs and services that extend beyond conventional business days and hours
- Explore street outreach models and/or create more centralized locations for accessing services
- Improve access to services for individuals living in rural communities

**“ [We need] more holistic kinds of treatment. I see substance use as a false refuge; this is just something you are doing, not who you are. What is the function of the drug - are you trying to be numb or more alive, and why do you feel you need that? We need to treat the issues underneath. Some people might get sober, and then be doing their meetings, and stuff, but haven't touched the trauma. – Service Provider**

### 10. Promote community education and awareness of trauma-informed care

- Educate about the intergenerational impacts of trauma, substance use and colonialism
- Identify agencies who provide trauma-informed care across this community

### 11. Increase access to medically supervised mental health and addictions programming

- Investigate rapid access addictions medicine clinics (RAAM clinics)

### 12. Increase access to educational and employment opportunities

**“ Can't just treat the addiction; you need to think about the whole person. – Focus Group Participant**

# Goal 3: A Community That Supports the Recovery and Long Term Success of Individuals

The road to recovery is not always linear, and requires continuous and coordinated supports for individuals and their family.

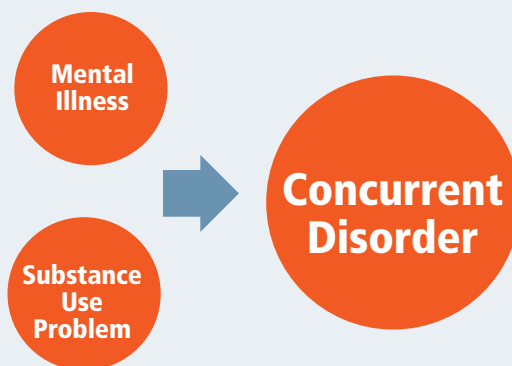
## Recommendations:

13. Ensure adequate aftercare and continuous supports for individuals leaving day programs, residential treatment and/or detox (e.g. transition housing, on-going counselling, peer support groups, etc.)
14. Focus on continuous care for individuals leaving institutions such as jails or hospitals
  - Support and strengthen the partnership between institutions and community agencies
  - Implement discharge planning and transition protocols

### Did you know...

Individuals leaving incarceration have lower than normal tolerance for substances. "Annually in Ontario, approximately 88 individuals die due to drug toxicity in the year after release from provincial incarceration, corresponding to one in ten of all drug toxicity deaths in adults in Ontario. The death rate is highest in the weeks following release. Most deaths involve opioids and often another person who could have intervened was present." <sup>xxiv</sup>

15. Ensure individuals on methadone or other opioid substitution therapies are connected to resources including addictions counselling
  - Encourage partnerships between methadone clinics and community services
  - Deepen connections between physicians and pharmacists and involve both professions in community education opportunities



## Concurrent Disorder

Concurrent disorder describes a condition in which a person has both a mental illness and a substance use problem.

People with mental illness have much higher rates of addiction than people in the general population, and vice versa. People who have concurrent disorders often have to go to one service for mental health treatment and another place for addiction treatment. However, these two problems are often related, and they affect each other. So clients have the best success when both problems are addressed at the same time, in a coordinated way.

# Goal 3: A Community That Supports the Recovery and Long Term Success of Individuals

The road to recovery is not always linear, and requires continuous and coordinated supports for individuals and their family.



## 16. Increase opportunities for coordinated planning with individuals struggling with addiction and mental health issues

- Establish clear pathways to medical and mental health supports for individuals who overdose

## 17. Increase supports for families who have been affected by addiction

- Expand programming focused on whole-family recovery and healing

**“ There's such a lack of support for family members – for treatment and support. People flounder so desperately because it's so scary. They are desperately trying to save their loved one from the depths and despair- and even death- of addiction. Yes, we need to treat the person who is addicted but you also need to treat the family members as well, including the children, with the same intensive care. - Key Informant Interview**

## 18. Increase access to housing options

- Communicate supportive housing and homelessness prevention resources for high risk individuals
- Ensure individuals leaving treatment have safe, appropriate housing options
- Advocate for additional safe, affordable and supportive housing in Brantford/Brant County

## 19. Increase recovery-focused solutions for individuals involved in the criminal justice system

- Advocate for enhanced use of pre-charge diversion and extra judicial sanction programs
- Work with Crown Attorney and police to review appropriate bail conditions for individuals with substance-use related charges

**“ It's so hard because drug use is not a justice issue. The threat of jail isn't a deterrent – they do it in jail anyways- addiction takes over the threat. Criminalizing addiction is not helpful. - Service Provider Focus Group Participant**

## The housing challenge

Although not all people who use substances are homeless, the rates of substance use amongst homeless or precariously-housed individuals is disproportionately high. People who are homeless and have substance use problems face a number of barriers in obtaining adequate, safe housing including maintaining employment, accessing treatment services and facing stigma from landlords.

Emergency shelters or transitional housing supports are usually implemented to address homelessness. However, many require individuals to remain abstinent from drug and alcohol use resulting in many people being turned back to the streets or other environments that are not conducive to addressing their substance use issues.

Some individuals may go to treatment to address their addiction. After completing treatment, a crucial part of recovery and sobriety maintenance is having a safe and supportive place to live. Supportive housing options offer an environment where individuals are better able to deal with their substance use problems. However, there is a severe lack of supportive housing options available to people, not only in Brantford / Brant but across Canada. This severely impacts an individual's recovery outcomes. <sup>xxvi</sup>

# Goal 4: A Community That Prioritizes the Health and Safety of Its Residents

All communities are affected by substance use. Initiatives built with a harm reduction model reduce the negative consequences associated with substance use while recognizing and respecting the rights of individuals who use drugs.



## Recommendations:

### 20. Broaden access to medications that can reverse the effects of opioids (i.e. Naloxone)

- Increase awareness of local low-barrier distribution sites (e.g. St. Leonard's Community Services) and encourage it as a model for other community agencies
- Increase public naloxone training opportunities (e.g. at community organizations)
- Encourage local institutions and businesses to integrate naloxone into their first aid policies
- Public Health and Pharmacists Associations to continue to support pharmacists in implementing and marketing the naloxone program

### 21. Expand the Needle Exchange Program (NEP)

- Broaden the availability of sharps containers across the community
  - Include local businesses and institutions
  - Consult with users to identified safe and appropriate spaces for sharps containers
- Encourage needle disposal units to be implemented in high traffic public spaces
- Develop collaborative plan for timely needle retrieval
- Establish clearly delegated responsibilities and points of contact for needle retrieval
- Broaden the Needle Exchange Program by increasing hours of operation, acquiring more equipment, expanding on location and staff capacities

### 22. Implement supervised consumption services (e.g. supervised injection services site)

- Evaluate capacities and successes of current harm reduction practices in Brantford-Brant, and identify potential impacts of supervised consumption services
- Conduct a feasibility study for supervised consumption site implementation

**Safe injection site would be good. Safe space to smash would keep people outta [public washrooms].**  
– Focus Group Participant

### 23. Expand harm reduction outreach services

- Explore mobile harm reduction models and funding opportunities
- Implement a street outreach program with easily identifiable staff and volunteers

### 24. Advocate for increased treatment and mental health supports for persons while incarcerated

### 25. Increase barrier-free access to arts, leisure and recreation programming for children, youth and adults (e.g. digital inclusion strategy, low-cost sports and recreation programs, and better access to transit)

**We need way more access to rec activities and sports. It sounds funny, but having access to a computer and wifi can help. I got a tablet and now I can listen to music. I have something to do that I enjoy. You need access to activities, resources and somebody you can confide in, if not, you're gonna snap.**  
– Focus Group Participant



## Goal 5: A Community That Values the Dignity, Expertise and Spirit of All People

The voice and unique expertise of persons with lived experience is required in all decision making to ensure projects and initiatives meet the needs of the community. Stigmatization and marginalization can be reduced through an understanding of the impacts of trauma.



### Recommendations:

26. Support the actions identified in the Community Mental Health Action Plan (2015):  
Access to Services, Collaboration, Supportive Housing, and Education.

27. Expand Indigenous led, culturally appropriate programming and care

28. Position people with lived experience central in decision making  
(e.g. having peer representation on boards, advisory councils, and working groups)

**“ In Brantford- substance users are way at the bottom, but we are the most experienced  
- I have 40 years real experience. – Focus Group Participant**

29. Launch an anti-stigma campaign targeting community members, local institutions and services

- Increase training for community responders and service providers around mental health and addictions  
(e.g. Mental Health First Aid Training, COAST model)





# Goal 6: A Community That Works Collaboratively

Coordination and collaboration can leverage existing resources to meet community needs.



## Recommendations:

### 30. Develop a mechanism for ongoing implementation and evaluation of the Drugs Strategy

- Hire a drug strategy coordinator
- Develop and implement an action plan
- Ensure ongoing evaluation of impact and outcome monitoring

### 31. Create cross-training and knowledge exchange opportunities across community service sector

- Investigate options for sharing of information while protecting client privacy
- Encourage the use of technology and web-based information systems to enable easier service navigation

### 32. Develop a standardized framework for working with individuals with addictions and mental health concerns (e.g. establish a common understanding of harm reduction framework)

- Capitalize on shared funding initiatives (e.g. sharing resources such as space, staff and skills, collective impact opportunities)
- Build on existing collaborations (e.g. Fentanyl Roundtable, Brant Community Response Team)
- Increase integrated mental health, and addictions support in the hospital

### 33. Develop sustainability plan to ensure on-going operation and successes of the Mobile Crisis Response Team



## Goal 7: A Community That Wants to Learn More

Community education and research is the key to keeping current with best practices in harm reduction, mental health and addictions services.



### Recommendations:

34. Offer education opportunities for community members and organizations to learn about harm reduction and stigma around drug use

35. Improve local monitoring and data collection regarding substance use, particularly on opioid usage and overdose

- Explore best practices from other communities
- Strengthen academic partnerships and encourage new research on substance use within the local community



# Goal 8: A Community That Engages, Supports, and Empowers Youth

Communities that engage youth as active partners and create meaningful opportunities for participation help create healthy and safe communities



## Recommendations:

36. Support actions outlined in the provincial *Moving on Mental Health Strategy*, and local work plans

37. Encourage enhanced coordination between mental health and addiction services for youth

- Establish clear pathways for youth accessing mental health or addiction services
- Increase availability and access to youth specific addictions treatment

38. Support the goals of the *Together for Youth A Coordinated Youth Services Strategy for the City of Brantford and the County of Brant (2017)*

- Increase awareness of programs that support youth (e.g. the youth homelessness prevention program - SWAG Program: Stability, Wellness, Advocacy and Guidance)
- Seek ongoing engagement from youth



**We don't need information; we need inspiration.**  
– Youth Participant

## Imagining youth-designed drug education

When youth were asked about what a successful education program would look like to them, they provided the following suggestions:

- Peer led education -youth or people with lived experience with addiction in the teaching role
- Ensure drug education is coupled with mental health education – discuss trauma, coping mechanisms, and substance impacts on mental health
- Be realistic - no fear tactics, no sugar-coating, give sensible drug education and harm reduction tips, and science based information on substance use
- Create informal settings for drug education - small, circle groups, potentially outside of the school system
- Build trustworthy and strong relationships- value youth input and be relatable





## NEXT STEPS

The development of the Brantford – Brant Community Drugs Strategy is the initial step in long term coordinated community planning and action. The continued support and commitment from municipal staff and leaders, service agencies, schools, police, health care, and community members is paramount in the success of this Strategy.

The community will continue to provide leadership to the Strategy, prioritizing recommendations, developing action plans and creating sustainability through funding opportunities.

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## Working Group:

Aja Peterson, City of Brantford - Safe Brantford  
Anne Coombe, St. Leonard's Community Services  
Chief Geoff Nelson, Brantford Police Service

Ruth Gratton, Brant County Health Unit  
Tin Vo, Brant County Health Unit

## Consulted Organizations

Boys and Girls Club  
Brant Community Health Care System  
Brant Family and Children Services  
Brant County Health Unit  
Brantford Police Service  
Brantford Public Library  
Brant Haldimand Norfolk Catholic District School Board  
Canadian Mental Health Association- Brant  
City of Brantford – Social Services  
Conestoga College  
County of Brant  
de dwa da dehs nye>s Aboriginal health centre  
Downtown Action Committee  
Education Works Alliance  
Grand Erie Learning Alternatives  
Grand Erie School Board

Grand River Community Health Centre  
Nova Vita  
Pharmacist Association of Brant  
Salvation Army – Brantford Booth Centre  
St. Leonard's Community Services  
Welcome In  
Wesley Urban Ministries – Youth Outreach Services  
Why Not? Youth Resource Centre  
Wilfrid Laurier University  
Winston Court residents  
Woodview Mental Health and Autism Services  
St. Leonard's Community Services  
Victim Services  
Youth Justice Services - Ministry of Children and Youth Services



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