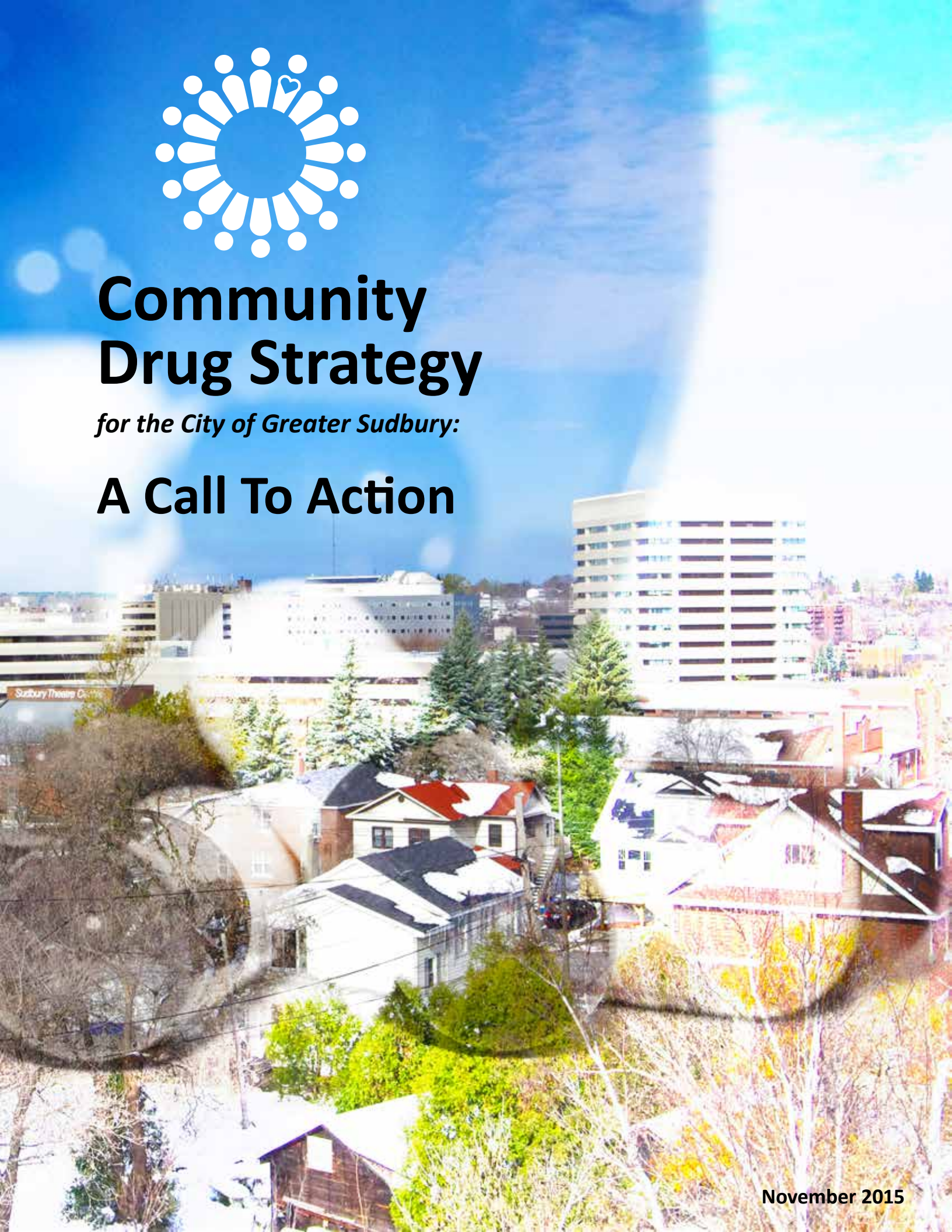




Community Drug Strategy

for the City of Greater Sudbury:

A Call To Action



A CALL TO ACTION

Substance misuse affects everyone. From the challenges of keeping medications away from children and teens to alcohol misuse in teens and adults; to experimentation with substances and addictions, and accidental poisonings – substance misuse affects all of society.

Experimentation with alcohol, marijuana and other drugs can lead to decisions that put lives at risk. Experimentation with substances can also lead to addiction. While prescription drugs are intended to restore and maintain health, they can lead to addiction, crime, financial burdens and injury when not used as prescribed. Illegal drugs and related crimes are a source of fear and destruction in our communities. Business and home robberies decrease a community's sense of security. Each year, drinking and driving kills and injures people in our community, leaving family and friends emotionally scarred.

However we are making a difference.

Pregnant moms are aware of the potential harmful effects of drugs on their unborn babies, therefore they avoid drugs. Parents keep medication out of reach of their children. Educators and parents implement programs to build resiliency in youth to help them make decisions to avoid the dangers of experimenting with drugs. Doctors and pharmacists remind their clients about the risks of misusing prescribed drugs. Friends stop friends from driving impaired.

And we know that we can all do more. We can:

- Learn about drugs that are commonly misused.
- Talk to your family and neighbours about what we have learned.
- Dispose of any old or unused medications.
- Get involved. Our ideas can help find solutions to prevent the initiation of and the harms associated with drug use.
- Let people know we care if we are concerned about their use of substances.
- Seek professional help for ourselves or someone we love.

Together, across all sectors and with an engaged community, we can make a difference.

This Community Drug Strategy report has been created through extensive consultation and provides guidance for our next steps. It is our collective **CALL TO ACTION.**



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A Message from the Community Drug Strategy Steering Committee Co Chairs



The Greater Sudbury Police Services and the Sudbury & District Health Unit on behalf of the Community Drug Strategy Steering Committee, are proud to release the first comprehensive Community Drug Strategy for the City of Greater Sudbury. The local rates of alcohol use, heavy drinking, and illegal drug use in our city are higher than those for the province overall and impact the health and safety of our City¹. The Community Drug Strategy is a Call to Action, providing a community focused strategic map to address the issue of substance misuse. This call to action will require the collective efforts of all members of our community including service providers, public and private institutions and citizens. We encourage you to read this Strategy and to share the information with your colleagues and clients, neighbours and friends.

We would also like to take this opportunity to thank the many researchers, policy experts, service providers and community members who have given so generously of their time and expertise to help guide the creation of this strategy map. We look forward to continuing our work together as we implement these strategies to address substance misuse in our community.

Together we will build a healthier and safer community free from the many of harms associated with substance misuse.

Dr. Penny Sutcliffe, MD, MHSc, FRCPC
Medical Officer of Health
Sudbury & District Health Unit

Paul Pedersen - M.P.A., Dip.ED, C.M.M. III, C.M.I. VII
Chief of Police
Greater Sudbury Police Service



¹Sudbury Community Foundation, 2014

EXECUTIVE SUMMARY

Vision

A community working together to improve the health, safety, and well-being of all individuals, families, neighbourhoods, and communities in the City of Greater Sudbury by reducing the incidence of drug use and creating a society increasingly free of the range of harms associated with substance misuse.

Goals

To fulfill this vision we will actively work to:

- Improve community **health** and address drug-related issues by increasing public awareness of drug use and misuse as a health issue, by providing a range of services including treatment and harm reduction and encouraging a developmental asset building approach to prevention and community development.
- Increase **community safety** across the City of Greater Sudbury by implementing evidence-informed, drug-related crime prevention initiatives.
- Encourage **partnerships** among municipal government, academia, legal, health and human services sectors, the private sector, and the community to share the responsibility for the development and implementation of substance-related strategies and responses.
- Ensure ongoing **monitoring and evaluation** of this strategy.
- Encourage all levels of **government** to take action and **responsibility** for their elements of the framework within their respective jurisdiction.



Five (5) Foundations



Every building needs a solid foundation. Our drug strategy will be built on five foundations that will be integrated into the plan forming both the support and the structure of our Community Drug Strategy.

Health Promotion and Prevention of Drug Misuse

involves providing coordinated, evidence-informed education, awareness-raising activities, developmental asset building approaches to improve youth resiliency and strengthening local policies related to the prevention of drug misuse and its impacts.

Treatment provides a continuum of necessary interventions and supports to help people regain their health through harm reduction and possible abstinence from drug use.

Harm Reduction provides strategies to reduce drug-related harm without requiring the cessation of drug use. Interventions may be targeted at the individual, family, community, or society.

Enforcement and Justice work together to strengthen community safety by responding to crimes and community disorder issues associated with legal and illegal drugs.

Sustaining Relationships encourage the development of partnerships between the community, sector organizations, and all levels of government.



Ten (10) Guiding Principles

The following principles reflect the key values and beliefs that shape and direct the actions of the Community Drug Strategy for the City of Greater Sudbury:

Socially Just

The equality, dignity, rights, and choices of individuals, families, neighbourhoods, and communities are respected.

Acceptance

A person's choice to use or not to use substances is accepted as fact.

Diversity

The diversity of people is recognized and incorporated into our responses to substance use issues.

Equitable Access

Universal access to appropriate, acceptable services and resources across the city is promoted and ensured.

Participation

People are involved in a meaningful way in the development, delivery, and evaluation of research and programs that are intended to serve them.

Partnership

All levels of government, academia, legal and human services sectors, the private sector, and the community share the responsibility to develop and implement strategies and responses.

Determinants of Health and Health Equity

Strategies address the range of conditions that affect physical, emotional, psychological and spiritual health including safe environment, adequate income, education, appropriate shelter and housing, access to health care, safe and nutritious food, peace, equity, and social justice. Equity in health is promoted.

Balance

Initiatives will be balanced to ensure investments are appropriate across the four strategies of prevention, harm reduction, treatment and enforcement.

Accountability and Transparency

Clearly defined methods are in place for demonstrating accountability and transparency toward all stakeholders in relation to drug use.

Building Assets

Community and individual strengths are used to build capacity of the community.

Nine (9) Key Priorities

1. The City of Greater Sudbury implements actions to reduce harms associated with substance use.
2. The City of Greater Sudbury is an inclusive city with accessible and appropriate services for its diverse population.
3. All people in the City of Greater Sudbury have access to safe, appropriate and affordable shelter and housing.
4. All levels of government set public policy and determine spending priorities that support optimal health for all citizens.
5. All people in the City of Greater Sudbury have optimal success and health.
6. People who use substances have optimal physical, social, emotional, mental and spiritual health.
7. People with substance addictions can get well.
8. Community members are safe in their neighbourhoods.
9. Government, businesses, agencies, neighbourhoods, families and all people work collaboratively and in partnership to build safe and supportive environments.

Acknowledgements

Community Drug Strategy Steering Committee Members

Honourary Co-Chairs

Dr. Penny Sutcliffe,
Medical Officer of Health
Sudbury & District Health Unit

Chief Paul Pedersen (2014)
Greater Sudbury Police Service

Community Drug Strategy Working Group Co-chairs

Sheilah Weber, Superintendent
Greater Sudbury Police Service

Brenda Stankiewicz, RN, P.H.N.
Sudbury & District Health Unit

This Community Drug Strategy for the City of Greater Sudbury is the result of years of dedicated planning and action of many people. We are grateful to the following for their contribution to the creation of this strategy.

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Greater Sudbury Police Service

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Peter Thai
Pharmacist

Robert Thirkill
Inspector
Greater Sudbury Police Service

Todd Zimmerman
Inspector
Greater Sudbury Police Service

In the time needed to develop this drug strategy we were pleased to have worked with Jean Hanson (1950 – 2014), whose insights and vision guided our discussions. A dedicated leader, she was keenly focused on the needs of the community and ways to be inclusive of everyone. Jean's action-oriented approach to life is reflected in this Drug Strategy.

Acknowledgements

In particular, we are grateful to Tracey Leroux, the Drug Strategy Coordinator (2012 - 2013) who organized meetings, recorded notes and forged community connections to enhance the work of the Community Drug Strategy Steering Committee.

Various community agencies reviewed the drug strategy at numerous points providing clear and detailed feedback, including Social Planning Council, Centre for Addiction and Mental Health, Greater Sudbury Police Service and the Sudbury and District Health Unit; we are grateful for your insights.

To the many people with lived experiences who eagerly shared their stories and suggestions for change, we offer our heartfelt appreciation. We anticipate that this strategy will help to find the freedom from the harms of substance misuse that you seek.

Over 50 agencies in the City of Greater Sudbury enthusiastically and openly shared their experiences, thoughts and concerns about the prevention and harms of, and solutions for drug and alcohol misuse. Your cooperation and collaboration is reflected in the strength of this strategy.

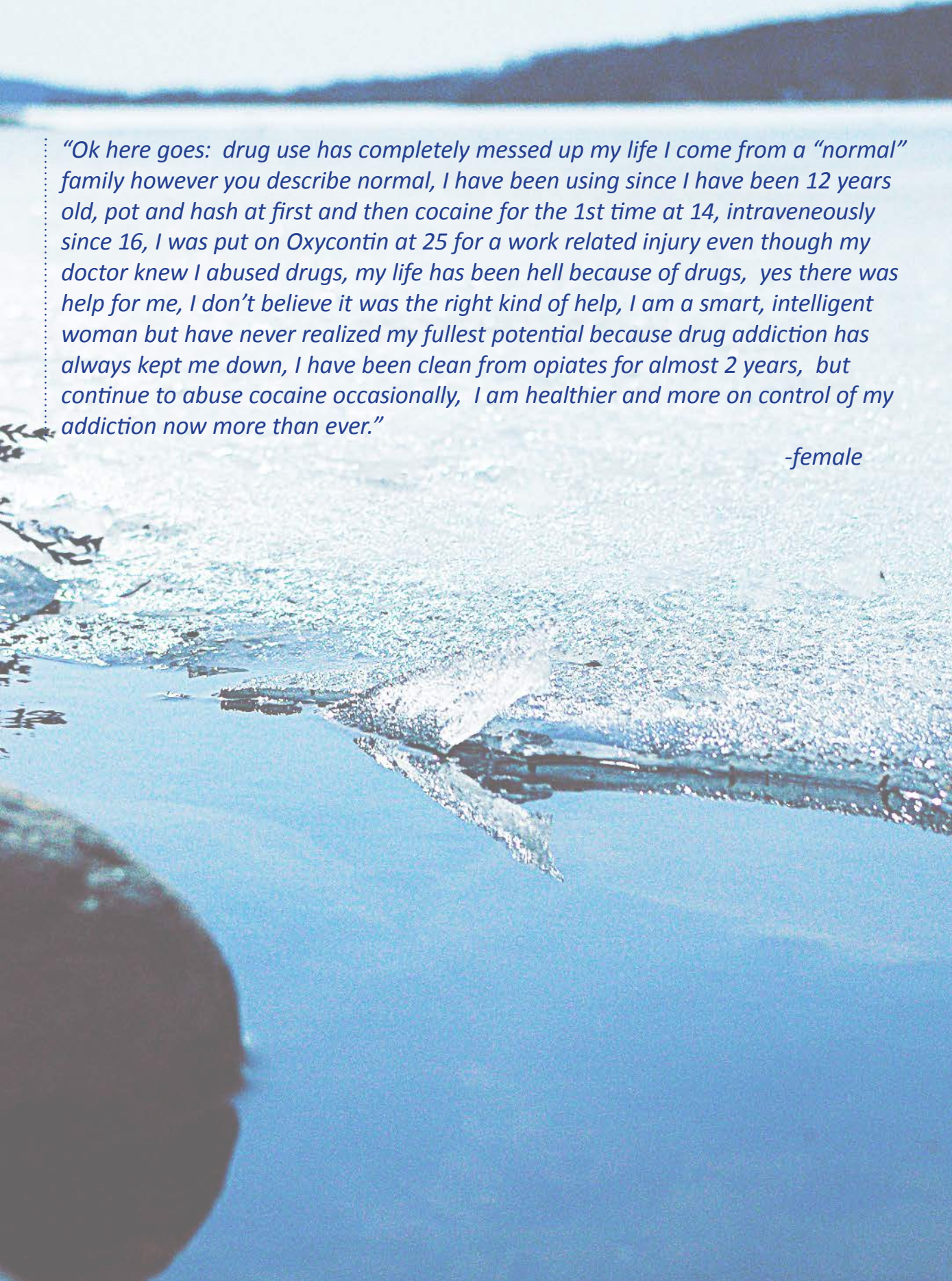
We are indebted to the many students from local elementary schools who contributed their photographic talents to visually enhance this document. In particular we wish to acknowledge from Lansdowne Public School: Vanessa, Brayden, Kaitlin, Katana, and Allyssa, from MacLeod Public School: Ryan, and from St. David's Catholic School: Logan and Luke.

In addition to these fine young photographers, we are grateful to Greg Taylor and Brenda Stankiewicz for the use of their photographic work.

Thanks also are due to the Municipal Drug Strategy Coordinators of Ontario, who have offered advice, support and guidance at all stages of the project and especially to the City of Thunder Bay for sharing its Strategy with Sudbury for reproduction and modification.

Finally, we gratefully acknowledge the financial support received from the Safer and Vital Communities grant and the Ontario Trillium Foundation. We express our sincere appreciation for their continued interest and concern for the health and safety within the City of Greater Sudbury.

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“Ok here goes: drug use has completely messed up my life I come from a “normal” family however you describe normal, I have been using since I have been 12 years old, pot and hash at first and then cocaine for the 1st time at 14, intravenously since 16, I was put on Oxycontin at 25 for a work related injury even though my doctor knew I abused drugs, my life has been hell because of drugs, yes there was help for me, I don’t believe it was the right kind of help, I am a smart, intelligent woman but have never realized my fullest potential because drug addiction has always kept me down, I have been clean from opiates for almost 2 years, but continue to abuse cocaine occasionally, I am healthier and more on control of my addiction now more than ever.”

-female



WHY DOES GREATER SUDBURY NEED A DRUG STRATEGY?

Drug misuse is an issue that impacts all sectors of society. From the challenges of keeping medications away from children and teens, to alcohol misuse in teens and adults, to experimentation with substances and addiction, and accidental poisonings, the misuse of substances affects all ages.

While prescription medications are intended to restore and maintain health, they can lead to addiction, crime, financial burdens and injury when not used as prescribed. Business and home robberies decrease the community's sense of security. Illegal drugs and the criminal element involved are a source of fear and destruction in our communities. Sex trade is often driven by the need to feed an addiction and hide emotional hurts. Drinking and driving kills and injures many in our community annually leaving family and friends emotionally scarred.

In the City of Greater Sudbury rates of alcohol use, heavy drinking, and illegal drug use are higher than the provincial average (Sudbury Community Foundation, 2014).

Substance misuse can lead to unintentional and intentional injuries, various chronic diseases and economic hardship. The health consequences of substance misuse further burden the health care system.

Deaths due to substance misuse are rising (Clark, 2010). Treatment centers are at capacity and the demand continues (Kohtakanguas, 2011). The City of Greater Sudbury is situated as a distribution point for illegal and illicit drugs and narcotics entering Northern Ontario due to its geographic proximity and easy access to transportation routes, which include the Trans-Canada Highway and Highway 400 (Greater Sudbury Police, 2014).

Technology has changed the way western society functions. As social environments continue to shift and change, so does the culture of drug use.

Alcohol, prescription drug and illegal drug misuse require separate and yet sometimes similar approaches and solutions. Local solutions are needed for local problems. Across Ontario, several communities are developing and implementing strategies to respond to the various harms and challenges associated with substance misuse (See Appendix A).

Solving the issues of drug misuse requires the cooperation and collaboration of many community partners and private citizens. Raising awareness and educating people about substance misuse in the community and the important roles that we play is vital. Police services, enforcement and the criminal justice system enhance

community safety and are necessary to deter the activities of the criminal element. Treatment services are needed for those who are addicted.

For some, a life of abstinence may not be possible, requiring harm reduction services. A recent report from the Public Health Agency of Canada (PHAC) notes that while needle distribution rose in Ontario in 2012 - 2013, the province saw a decrease in the number of new HIV and other blood borne illness diagnoses among people who use injection drugs over that same period (PHAC, 2013).

Community education about the need for harm reduction services is necessary.

Moreover, the solutions are found when all people, including family and caregivers,

businesses, faith groups, educators, primary care, and governments work together in a sustained way to find answers to the issues of substance misuse in our communities.

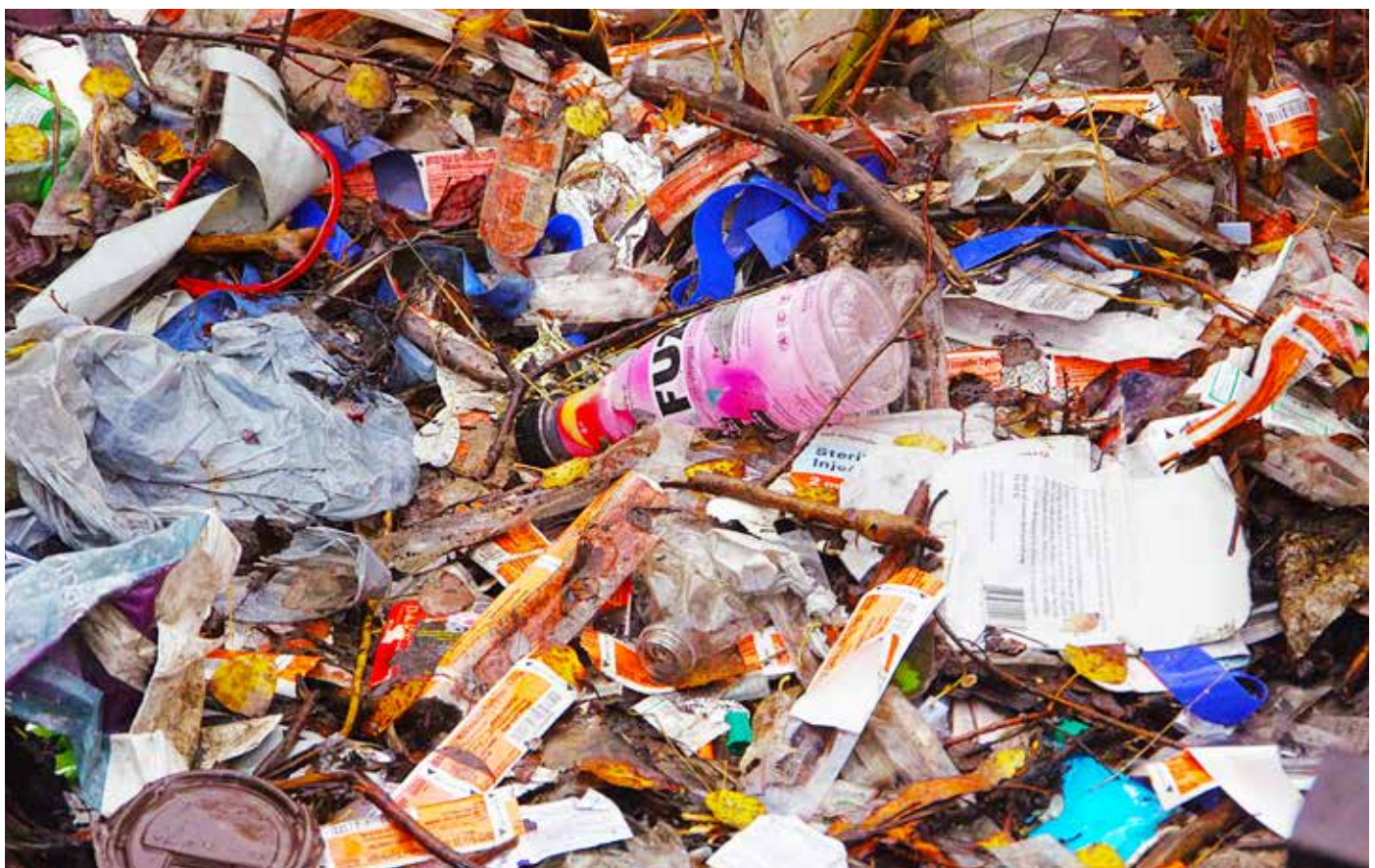
By preventing substance misuse or reducing the harms of substance misuse in our community, the Community Drug Strategy aims to reduce the incidence of violence and injury, chronic disease, sudden death, property crime, violent crime, prostitution, other crimes and victimization in the City of Greater Sudbury.

The root causes of substance misuse frequently include family stress, neglect, poverty, physical or sexual abuse, poor living conditions, early childhood experiences, unemployment, low education, illiteracy and

more. These underlying roots often lead to ineffective coping mechanisms, such as substance misuse.

It is clear that effective connections and collaborations beyond the traditional criminal justice sector are pivotal to the success of the City of Greater Sudbury's Community Drug Strategy process.

By engaging partners in health, social housing, education, income security and social services and considering how policies, programs and services interact, we are beginning to target the social determinants that influence individual and community resiliency and decision making and substance misuse, including illegal substance use.





DRUG USE FACTS IN THE CITY OF GREATER SUDBURY

An environmental scan was conducted to understand substance misuse in the Sudbury area. According to the Canadian Community Health Survey (CCHS), between 2009 and 2012, 14% of Sudbury & District Health Unit (SDHU) service area, (which includes Sudbury East, Espanola, Manitoulin Island and Chapleau) residents aged 12 and older, reported using some kind of illicit drug in the previous 12 months. This is significantly higher than the rate reported for Ontario overall (12%) (Statistics Canada, 2009-12).

The Ontario Student Drug Use and Health Survey (OSDUHS) collects information from a random sample of youth (grades 7-12) from across Ontario. According to the survey, 34% of youth in the SDHU service area reported using at least one illicit drug (excluding alcohol, tobacco, energy drinks and steroids) or the medical use of prescription

drugs in the previous 12 months; a figure that is not statistically different from all of Northern Ontario (31%) and Ontario (36%). When cannabis use is excluded, the rate of reported drug use in the previous 12 months among SDHU service area (19%) and Northern Ontario (17%) youth is significantly lower than that reported overall in Ontario (23%) (Centre for Addiction and Mental Health, 2013).

Youth in the SDHU area and Northern Ontario were more likely to report using alcohol (55% and 59%, respectively) and binge drinking (22% and 28% respectively) in the previous 12 months compared to Ontario (50% and 20% respectively). These results are statistically significant (CAMH, 2013).

Youth were less likely to report using prescription medications to get high (16% and 13% for SDHU service area and Northern

Ontario, respectively), compared to 20% for Ontario. Specifically, the reported rates of non-medical use of prescription opioid pain relievers were 9% for the SDHU service area, 7% for Northern Ontario and 12% in Ontario. These differences are statistically significant (CAMH, 2013).

In all geographic areas, a large majority (72% to 87%) of student users of opioid pain relievers reported getting the pills at home (Boak, Hamilton, Adlaf, & Mann, 2013).

When asked about their driving habits over the previous 12 months, 5% of Ontario youth with a driver's license reported driving a vehicle within 1 hour of drinking 2 or more alcoholic drinks, while 11% reported driving within an hour of using marijuana or hashish (CAMH, 2013).

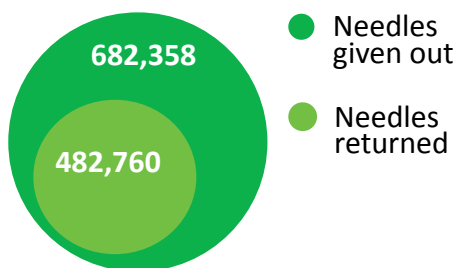
As well, 10% (rates are interpreted with caution due to high sampling variability)* of SDHU-area youth with a license to drive a snowmobile, boat or ATV reported doing so within one hour of drinking two or more alcoholic drinks. This rate is consistent with the rate reported by Northern Ontario youth (11%*), but is significantly higher than that reported by youth in Ontario overall (6%) (CAMH, 2013).

While there is little data available indicating the scope of drug use in our community the CCHS reveals that 52% of SDHU residents have tried marijuana at least once in their lifetime, this is significantly higher than Ontario (42%). Excluding those people who have tried marijuana at least once, 41% of SDHU residents admit to having used illicit drugs at some point in their lifetime, this is significantly higher than Ontario (34%) (Statistics Canada, 2009 - 12).

First Nations communities in the Sudbury area indicate rising concerns related to opioid addictions. For example in 2008/09, 801 First Nations people received treatment for opioid addiction in the north (in LHIN 13 & 14). This compares to 2094 non-First Nations people. (Caverson, 2010).

In 2013, 482,760 needles were returned to the Needle Exchange program in the City of Greater Sudbury. In that same year 682,358 needles were given out. This represents an exchange rate of 71% (The Point Needle Exchange, 2014).

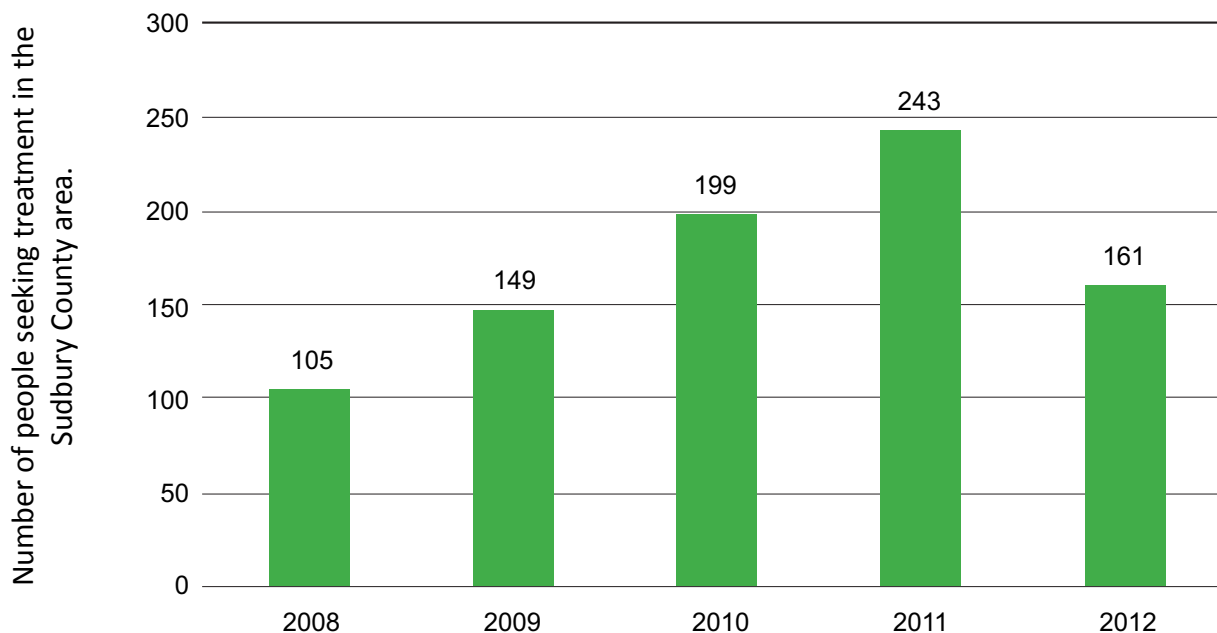
Figure 1: Number of needles given out and returned to the Needle Exchange Program, 2013



Data gathered from people seeking treatment indicates that in 2012, 96 people from Sudbury County (Connex Ontario) sought treatment through the Drug Treatment Registry for Oxycontin addiction and a further 65 sought treatment for narcotic analgesic addiction, for a total of 161 people. Additionally, 13 people sought treatment for benzodiazepine and other prescription drug addiction (Connex Ontario, 2012).

The number of people seeking treatment for prescription narcotic addiction had risen steadily until 2011 (Connex Ontario, 2012) (See Figure 2).

Figure 2 : Population Seeking Treatment for Prescription Narcotic Addiction, Sudbury County Area, 2012



According to City of Greater Sudbury Emergency Medical Services, in 2013, 400 calls were made for drug overdoses while 1020 calls were made for alcohol intoxication (City of Greater Sudbury Emergency Medical Services, 2014).

Opioid-related visits to the emergency department at Health Sciences North has been steadily increasing to almost double the rates from 2003. This rate is significantly higher than the provincial rate (IntelliHEALTH, 2014). See Figure 3.

Between 2008 and 2012, the Office of the Chief Coroner reported 87 deaths in the City of Greater Sudbury due to drug toxicity. The average age of deceased was 44.2 years old. Of these, 79 deaths were related to prescription drug misuse (Office of the Chief Coroner for Ontario, 2014).

In 2013, 549 drug offences charges were laid. In the same

year, 93 drug related robberies were reported (GSPS, 2014).

According to the Ontario Court of Justice, Criminal Court Statistics, in the Greater Sudbury area, approximately 141 people were charged with possession of drugs, while 282 people were charged for drug trafficking between July 2013 and June 2014 (Ontario Court of Justice, 2014).

The more a person drinks alcohol, the greater the risks for personal injury or harm through motor vehicle collisions or violence. Alcohol use over a long time increases a person's risks for some chronic diseases, including high blood pressure and stroke; addictions and mental health issues; and mouth, oesophageal, stomach, liver, colon and breast cancers (Butt, 2011).

Drug use will distort perception and change the mood of the user. When drug use leads to decreased concentration and causes short-term memory loss

school or work performance can be impacted.

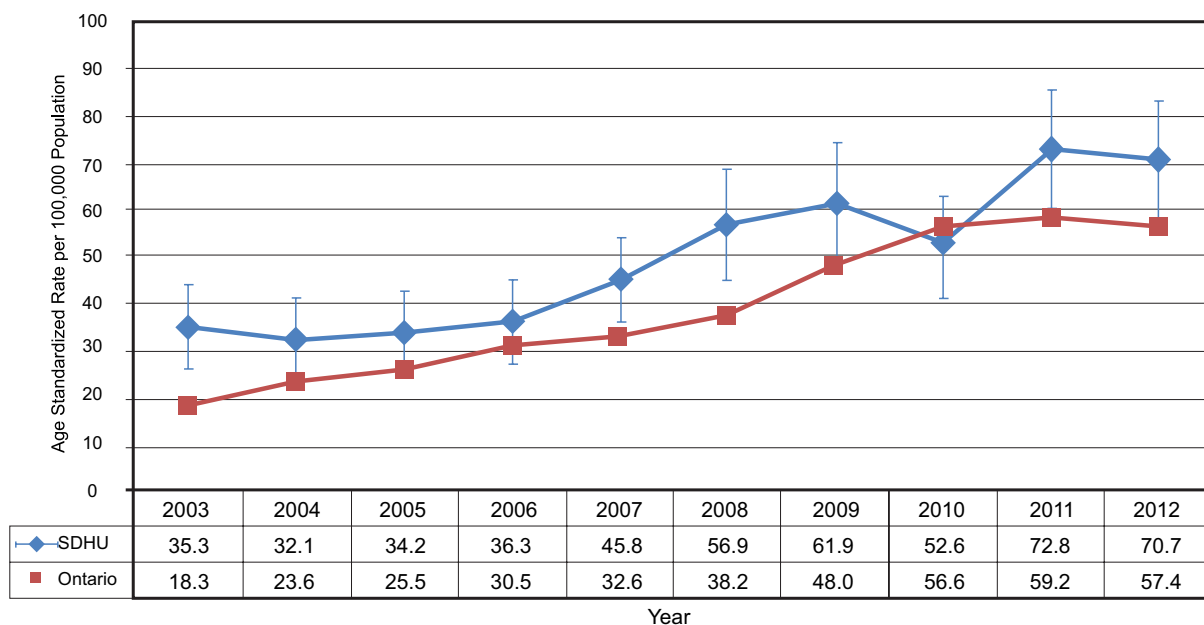
Depending on how a drug is used, it can directly affect the lungs, nose, blood system, stomach or other bodily functions. The abuse of these drugs can lead to sudden death because of cardiac or respiratory arrest.

While marijuana use has been linked to schizophrenia in some people, the use of many street drugs can lead to brain impairment or mental health issues.

Many people use alcohol together with other substances. This results in the intensified effect of each drug causing severe impairment.

Illegal drugs are not subject to health and safety standards. They may be contaminated with pesticides, toxic fungi or other drugs.

Figure 3: Rate of Opioid-Related Emergency Department Visits, SDHU and Ontario 2003-2012





RISK AND PROTECTIVE FACTORS FOR ADDICTION

Drugs are everywhere. At any time someone is experimenting with one drug for the first time, while another person may be using the same drug because s/he believes s/he needs it to feel normal. Some people may drink alcohol only on special occasions, while others need alcohol every day. Some people turn to prescription drugs to improve health, others use prescription drugs to get high. Why do some people become addicted when others do not?

Each person's risk for addiction is unique. Biology, life experience and social conditions are factors that can either increase a person's risk for addiction or protect that person from becoming addicted to alcohol and drugs. Research has demonstrated that youth who have more protective factors are less likely to misuse drugs or alcohol and, conversely, youth who have fewer protective factors are more likely to

misuse substances (Fisher, Imm, Chinman, Wandersman, 2006).

Risk factors for drug misuse include:

- Age of first use
- Genetics
- Epigenetics
- Self esteem
- Attitudes and beliefs about drugs
- Family history of addiction
- Adverse childhood experiences
- Diagnosed and undiagnosed mental health disorders
- Stress
- Loneliness
- Pain from injuries or chronic disease requiring treatment
- Influence of society, media and social media
- Associating with people who use substances
- The type of drug used

Some people, because of their life situation are also at risk for substance misuse. Higher risks groups include older people dealing with pain who may misuse drugs unintentionally, street workers who use substances to escape the difficulties of their current situation and homeless people who use substance to help them cope.

Resiliency is the ability to 'bounce back' from difficult situations without resorting to harmful behaviours to cope.

Family, peers, schools and communities can build relationships that help build resiliency and support positive and healthy development (Ontario Association of Chiefs of Police, 2010). Healthy relationships offer social support and assistance with decision making that can deter substance use.

The more risks a person is exposed to, the more likely that person will misuse substances. The opposite is also true. The more protective factors a person has, the less likely that person will misuse substances. However, there are people who are exposed to many risk factors and do not misuse substances and there are others who seem to have the protective factors in place, and yet they become addicted.

Building these developmental assets can result in these protective factors (Search Institute, 2008):

- Individual skills and strengths
- Personal coping skills
- Positive adult role models
- Positive self esteem
- Self-efficacy
- Sense of responsibility
- Well-developed problem solving skills
- Success in school
- Values diversity
- Maintains good health
- Exhibits leadership

Parents and caregivers who are confident with their parenting skills offer adequate supervision and engage in their child's life can mitigate risk factors. Families can build protective factors and developmental assets when they:

- Practice open communication, including expectations of behaviours
- Talk about drugs, establish clear rules about drug use and enforce these rules consistently
- Demonstrate value for family members and offer support

“When I was a teenager I became addicted to drugs and alcohol. It left a path of sheer devastation in it's wake. However, eventually I went to a substance abuse treatment centre and found not only hope but recovery as well. Living a life in recovery has given me more than I could have ever asked for. I went back to school and finished an undergraduate degree in psychology. Then I decided that wasn't enough, so I completed a Master In Business Administration. I am now in my final year of law school, set to graduate in June 2015. The sky is truly the limit when you're living a clean life.”

Serena (First Nations Woman)





Schools can build student success and protective factors when they:

- Encourage involvement in extra-curricular activities
- Discuss substance misuse and offer anti-drug messaging
- Create environments that protect against substance misuse

Strong social connections can offer protection against substance misuse. This can include having one or more close friends who offer emotional support, long-term friendships and socialization with people who do not use substances.

Caring communities:

- Welcome youth with easily accessible, community-sponsored activities
- Offer opportunities to build strong social bonds and a feeling of connectedness
- Demonstrate low tolerance for violence

The Community Drug Strategy will decrease risk factors and increase protective factors in youth, families, schools and the community as we develop resiliency in the City of Greater Sudbury.

“My use stems from shame. I have lots of past issues. I have no education and I have wasted a lot of my life. Some of it is my fault, but some of it was my past growing up in the system and not a family. I wish I had never tried drugs in the first place. It is hard to ask for help when your life is in a hole. I know I have lots to offer. I have tried to be clean. I just blew \$4,000 on drugs. I use just to bury the shame I feel.”

Mark, HIV and Hep C positive.





THE PROCESS OF CREATING THE COMMUNITY DRUG STRATEGY FOR THE CITY OF GREATER SUDBURY

Through the combined leadership of the Greater Sudbury Police Service and Sudbury & District Health Unit, the Community Drug Strategy Steering Committee is proud of its many successes to date. With funding from the Safer and Vital Communities Grant, a part time Drug Strategy Coordinator was hired. Working twenty hours per week, the Coordinator was tasked with organizing community meetings, keeping meeting notes, and the development of a Substance Misuse Service Directory.

The first phase in our journey began with an initial Community Drug Strategy meeting. The meeting occurred on March 30, 2010 and hosted over 52 community partners from prevention, treatment, harm reduction and enforcement, who contributed their broad ranging

ideas to develop the foundation for the Community Drug Strategy.

A Project Planning Committee then worked with these ideas to form the vision statement and five foundations for the Community Drug Strategy for the City of Greater Sudbury. Project guiding principles and a timeline were developed.

In June 2011, through a series of foundation-focused meetings attended by 50 community partners, the ideas that were proposed at the March 2010 meeting were further developed.

Five foundation-focus meetings were hosted at the Canadian Hearing Society. At each of these five meetings, representatives from each of the five foundations received an update about the work of the planning group. They also learned from the stories of

guest speakers who had lived experience with drug use.

The groups were asked to reflect and report on the following questions:

- What is working in our community?
- What is not working in our community?
- What are the solutions?
- What do you feel powerless about?

The results of these meetings were collated and on June 21, 2011 participants were invited to return to a follow up meeting, learn about the work of the other foundation groups and to develop strategies in seven common key areas:



Services: how people interact with services ranging from harm reduction, to treatment and recovery and how agencies interact with each other.

Funding: seeking funding for the drug strategy and related projects.

Justice: how the justice system interacts with people who use substances.

Policy: reducing substance use through policy.

Education: creating learning opportunities to reduce substance use.

Community: seeking ways to engage the community in the drug strategy.

Roots: seeking to reduce the circumstances that lead to substance use.

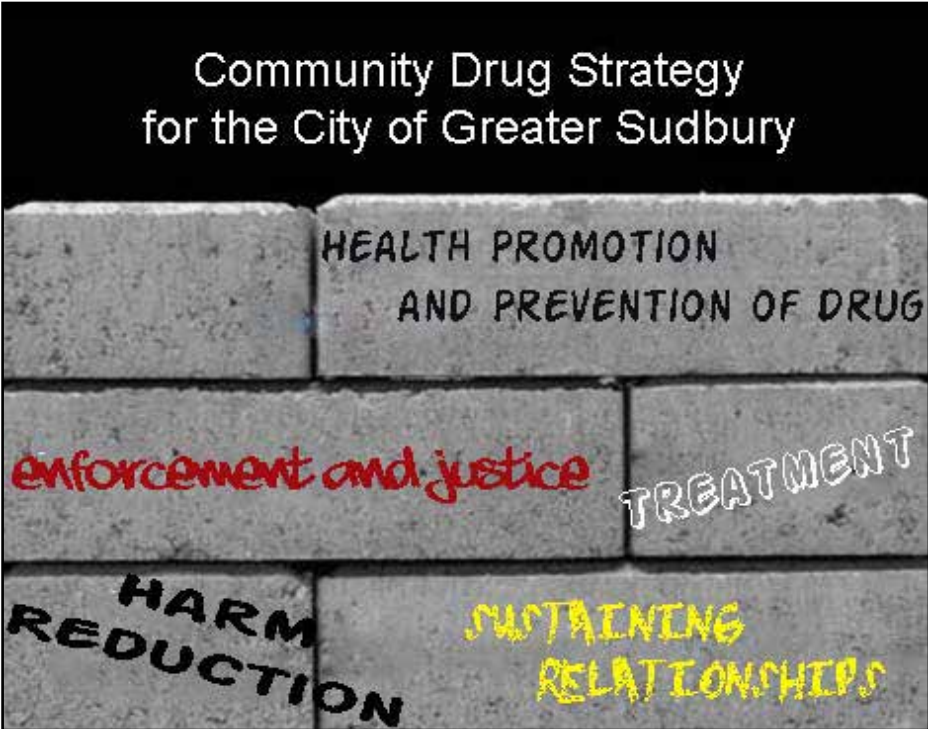
A draft report was written and shared with the planning group.

A Steering Committee for the *Community Drug Strategy for the City of Greater Sudbury* was established with members representing each of the

five foundation areas of the Community Drug Strategy, who expressed interest in being involved on the steering committee. This committee led the development of the *Community Drug Strategy for the City of Greater Sudbury* document.

Since 2010, efforts to raise awareness about substance misuse and the development of a strategy in our community

have included large group, general audience presentations at venues throughout the City of Greater Sudbury reaching a total audience of over 3,000 people. Furthermore, additional presentations about the prevention of substance misuse have occurred in workplaces and at the invitation of community groups. Elementary school children attended school-based events including the Values,





Influences and Peers (VIP) program facilitated by the Greater Sudbury Police Service and Racing Against Drugs facilitated by the RCMP with community partners. Secondary students were engaged in substance awareness, skill building and advocacy presentations through the P.A.R.T.Y. program at Health Sciences North, Safe Graduation events, Ontario Students Against Impaired Driving events and various other community events.

In 2011, fifty physicians from across Northern Ontario took part in a Centre for Addiction and Mental Health (CAMH) training event focused on prescription

narcotic awareness. Partners involved with the Community Drug Strategy were engaged in the planning for this event.

The Community Drug Strategy has completed three years of a multi-year process. Engaging community partners, raising awareness of the issues and educating various segments of our community requires a great deal of time and commitment.

Raising awareness and community education are the first steps of a community development process that will include skill building, creating supportive environments and policy development. These are

essential elements for creating a healthy and safe community for everyone.

Because of the political nature of some solutions, federal and provincial policy requirements were considered, and have been included in this Community Drug Strategy.

Solutions for drug use issues in our communities are multiple, complex and continue to shift with changes in society. As a result schools, parents and many others in the community report that they often do not know what to do or where to find help.



The lack of acknowledgment of substance misuse issues contributes to a growing social tolerance for substance misuse.

In other cases, some people are not ready to accept help and choose to tackle their issues themselves.

Substance misuse in our community is a vast, far-reaching and complex issue with implications for all sectors of society. It will require flexible, multifaceted solutions to address the associated harms. Time, insufficient evidence and funding, and until now, the lack of a coordinated Community Drug Strategy, are challenges to preventing and reducing the

harms associated with substance misuse in our community.

Despite these challenges, the outlook for the City of Greater Sudbury is positive. With a strong capacity to respond, a deep reservoir of genuine good will, and a willingness to work collaboratively to achieve a collective impact, existing partnerships and a diversity of service providers, we are well poised to move forward.

Complementing the Community Drug Strategy for the City of Greater Sudbury is the Provincial Anti-Violence Intervention Strategy, Poverty Reduction Strategy, Healthy Communities Cabinet, Rainbow Sudbury Crime

Stoppers, the New Opportunities and Hope Project, and the Second Chance Committee. These are excellent examples of community mobilization and engagement efforts geared towards improving community health and safety.

Additionally, the Ontario Drug Strategy network continues to work with communities across this province to promote the need for local drug strategies, enhance knowledge of the issues and to offer support to members.

The synergy of these strategies indicates that the City of Greater Sudbury is well positioned to improve health, safety and wellness for all of its citizens.

Key Priorities

Priority One

The City of Greater Sudbury implements actions to reduce harms associated with substance use.

Priority Two

The City of Greater Sudbury is an inclusive city with accessible and appropriate services for its diverse population.

Priority Three

All people in the City of Greater Sudbury have access to safe, appropriate and affordable shelter and housing.

Priority Four

All levels of government set public policy and determine spending priorities that support optimal health for all citizens.

Priority Five

All people in the City of Greater Sudbury have the opportunity for optimal success and health.

Priority Six

People who use substances have optimal physical, social, emotional, mental and spiritual health.

Priority Seven

People with substance addictions can get well.

Priority Eight

Community members are safe in their neighbourhoods.

Priority Nine

Government, businesses, agencies, neighbourhoods, families and all people work collaboratively and in partnership to build safe and supportive environments.

Priority One

The City of Greater Sudbury implements actions to reduce harms associated with substance use.

A coordinated implementation plan supporting the goals of improved community health, increased community safety and enhanced partnerships is ratified, implemented and sustained.

Community drug strategies that are successful in the prevention of substance use and reducing harm associated with substance use have staff time dedicated to the task of ensuring that strategy recommendations are implemented to ensure lasting change.

The City of Greater Sudbury has an ideal structure to help integrate current and new efforts to improve the quality of life for all of its citizens. The City of Greater Sudbury is the hub of Northeastern Ontario and provides specialized services to all citizens from many northern communities.

Indicators of Progress

- Ratified Drug Strategy and implementation plan
- Number of dedicated staff hours to support the City of Greater Sudbury's Community Drug Strategy implementation plan
- Community Drug Strategy is included in the City of Greater Sudbury's strategic plan, as well as the strategic plans, priorities or directions of other key stakeholders
- Development of a Community Drug Strategy implementation monitoring and evaluation plan

Actions to Achieve Priority One

- 1.1** Community Drug Strategy is endorsed by the Steering Committee member organizations.
- 1.2** Community Drug Strategy implementation and evaluation plan is developed.
- 1.3** Track the number of dedicated staff hours to support the City of Greater Sudbury's Community Drug Strategy implementation plan.
- 1.4** Seek funding opportunities to support the implementation and evaluation of the Community Drug Strategy.
- 1.5** Encourage that the Drug Strategy is included in the City of Greater Sudbury's strategic plan, priorities or directions.



Priority Two

The City of Greater Sudbury is an inclusive city with accessible and appropriate services for its diverse population.

Community Services will be designed and delivered with input from the people they are intended to serve. The intended result is programs that are easy to access, meet the needs of the population, and decrease stigma or discrimination. When people take part in decision making they become engaged with the community.

Boards of organizations engage the people they are designed to serve when considering changes to relevant services (Thunder Bay Drug Strategy, 2011). By encouraging local boards and governing structures to reflect the diversity of our population where feasible: access, relevancy and program effectiveness can all be increased.

Services must work with people representative of the City of Greater Sudbury's diverse population to improve the quality of programs and services and access for all. Organizations must make a commitment to create culturally respectful and safe environments for staff and clients while ensuring services are available that respect differing approaches and needs.

Indicators of Progress

- Community Services Boards will implement a mechanism for community engagement
- Number of local boards ensuring meaningful representation from people with lived experience, or a mechanism for community engagement
- Number of inclusive, safe, and engaging services and programs (Thunder Bay Drug Strategy, 2011)
- Number of formal partnerships between people living with addictions and broader sector

Actions to Achieve Priority Two

2.1 Encourage equitable representation from all populations and cultural backgrounds on local boards where feasible. Where not feasible, encourage boards to develop mechanisms for community engagement.

2.2 Support community partner organizations in the City of Greater Sudbury to provide inclusive, safe and appropriate services (Thunder Bay Drug Strategy, 2011).



Priority Three

All people in the City of Greater Sudbury have access to safe, appropriate and affordable shelter and housing.

In accordance with the Long-Term Affordable Housing Strategy (Ministry of Municipal Affairs and Housing, 2010), the Community Drug Strategy recognizes the importance for all people in the City of Greater Sudbury to have access to safe, appropriate and affordable shelter and housing.

Safe and affordable housing not only helps people with addictions to recover, it also helps caregivers provide stable and healthy environments for their children. In the City of Greater Sudbury, wait lists for social housing are long, especially for single bedroom units (ONPHA, 2014). Without social housing, many people must accept transient, unsafe or unhealthy housing, and resort to temporary solutions such as couch-surfing at friends' apartments and staying in rooming houses or shelters.

People who are using substances may have nowhere to turn for shelter, especially during times

of weather extremes. Without shelter, people who are using substances continue to be left on the streets to face the elements and are at risk for injury, violence or arrest for public intoxication.

Some cities, including Thunder Bay, London and Hamilton, have managed alcohol programs to address these issues. The City of Greater Sudbury is currently planning a managed alcohol program. These programs offer people who are chronic users and homeless a place to stay that is tolerant of providing small doses of regular alcohol in exchange for improvements in life skills and attempts to manage alcohol use. The London Police Service estimates cost savings of \$78,000, annually with a managed alcohol program (South West LHIN, 2011).

While supportive housing options exist for women and men in the City of Greater Sudbury, the waiting lists are long. Women

leaving correctional institutions have very few options for housing and supports.

While the City of Greater Sudbury has a youth-specific supportive or transitional housing program, more can be done to support the needs of at-risk youth. People under 18 years who receive social assistance must designate an adult trustee to receive money on their behalf. Many face economic abuse at the hands of their trustees, affecting their ability to maintain secure housing.

Housing is a key determinant of health, and accordingly, the Long-Term Affordable Housing Strategy encourages communities to find local solutions to housing needs. People who have affordable, safe and appropriate housing have fewer health problems, including those related to substance use (Thunder Bay Drug Strategy, 2011).



Indicators of Progress

- Number of people on social housing waiting lists
- Number of complaints of social disorder including public intoxication
- Number of transitional housing spaces
- Number of supportive housing units
- Number of people using shelter spaces
- Number of people identified as homeless
- Number of housing units designated for families, women and youth
- Trustees are held accountable for their actions (Thunder Bay Drug Strategy, 2011)

Actions to Achieve Priority Three

3.1 Advocate for the development of a Federal Housing Strategy that includes funding for social housing.

3.2 Advocate for local solutions in response to the Long-Term Affordable Housing Strategy.

3.3 Advocate for an increase in basic housing stock through innovation, including the possibility of retrofitting unused buildings.

3.4 Support the work of the Sudbury Homelessness Network.

3.5 Increase the availability of housing projects to support people with mental health and addiction problems.

3.6 Improve the range of housing options available for women, families and youth, including safe emergency shelter, case management services and transitional housing services.

3.7 Invest in community revitalization models that incorporate a mixed-housing approach.

3.8 Streamline the social housing application.

3.9 Support for a shelter that accepts intoxicated clients of all ages.

3.10 Support the Managed Alcohol Program residence (wet shelter).

3.11 Advocate for a storage facility program to safeguard personal property for people entering institutional systems or who are otherwise unhoused.

3.12 Create a program to store personal identification (ID) for vulnerable populations.

3.13 Create housing options that follow the Housing First philosophy (ONPHA, 2013).



Priority Four

All levels of government set public policy and determine spending priorities that support optimal health for all citizens.

The health of the citizens of the City of Greater Sudbury is determined in part by the actions and policies of municipal government. Policies, laws and spending priorities of our federal, provincial and municipal governments, influence local decision making (Thunder Bay Drug Strategy, 2011). By unifying our voice and advocating as a community, we have increased capacity to encourage federal and provincial policy and expenditures that are evidence-informed.

In 2005, the National Anti-Drug Strategy was changed to focus primarily on enforcement (Government of Canada, 2013).

The revised strategy removes alcohol as a substance of concern, has a reduced emphasis on prevention, does not support harm reduction as a pillar, and only addresses harms associated with illicit drugs. With the majority of federal expenditures related to substance use directed to the enforcement sector, programs that work to prevent or reduce harms associated with all substance use are not adequately supported (Treasury Board of Canada Secretariat, 2014). As further evidence of Canada's reliance on enforcement to manage substance use issues, the federal government has enacted legislation that creates mandatory minimum sentencing

for substance related offenses.

Bill C-10: Safe Streets and Communities Act (Parliament of Canada, 2012) and recent changes to the Controlled Drugs and Substances Act, have the capacity to further criminalize substance users.

Bill C-10 limits judicial discretion in sentencing which allows judges to take into account the circumstances of the offence. Criminalization for substance use offences can have numerous deleterious results, including: higher rates of infectious disease, lack of access to treatment, and a criminal record resulting in poor employment outcomes (International Centre for Science in Drug Policy, 2010; Babor, Caulkins, Edwards, Fischer,

Foxcourt, Humphreys, & Strang, 2010).

Evidence from other jurisdictions globally points to a need for enhanced harm reduction initiatives over enforcement (Babor et al., 2010)

Social assistance rates are not adequate for people to maintain stable housing, access nutritious food and meet basic needs. This puts children and families at increased risk of acquiring poor coping strategies such as developing substance use problems. To make progress on preventing harms resulting from substance use, conditions must be created that support citizens to live healthy, safe, and productive lives.



Indicators of Progress

- Fewer people apply for social assistance
- Shorter treatment wait lists
- National Anti-Drug Strategy priorities and components
- Federal legislation related to substance use focuses on prevention
- Government spending on prevention, treatment, harm reduction and enforcement
- Treatment availability for incarcerated people
- Harm reduction services in correctional facilities
- Enhanced support for local harm reduction initiatives. Examples include but not limited to needle exchange program, Operation Red Nose, crack pipe distribution, etc.
- Expansion of publicly funded allowable treatments to include funding for bio bins, crack pipes, etc.
- Sentencing outcomes for trafficking offences
- Ontario Disability Support Program (ODSP) policies
- Fetal Alcohol Spectrum Disorder (FASD) strategies

Actions to Achieve Priority Four

- 4.1** Advocate for change at all three levels of government for increased funding for addiction treatment services, harm reduction initiatives and sustainable prevention programming for children and youth that supports positive social and behavioural development.
- 4.2** Support the province to release an electronic prescription monitoring program (PMP) and encourage access to training for all prescribers.
- 4.3** Encourage continued local support for safe medication disposal initiatives.
- 4.4** Support local harm reduction initiatives including, but not limited to, the placement of stand-alone needle collection bins, provision of naloxone and Suboxone, and crack pipe distribution.
- 4.5** Advocate for increased judicial appointments for the City of Greater Sudbury to expand the capacity of our local legal system to offer drug court diversion programs.
- 4.6** Encourage the federal government to withdraw or reverse legal measures providing for mandatory minimum sentencing related to possession of substances.
- 4.7** Advocate for a public health oriented drug policy approach. This includes a regulatory framework that controls all

steps in the drug supply and demand chain and that possibly contributes to a reduction in consumer demand.

4.8 Urge the governments of Canada and Ontario to expand and increase the availability of harm reduction options in prisons.

4.9 Establish a community plan supporting the safe disposal of narcotics once a person is deceased.

4.10 Encourage the Government of Canada to increase efforts to educate the Canadian public about the legal consequences of trafficking offences.

4.11 Advocate for publicly funded coverage for alternatives to pain medication such as massage therapy and physiotherapy.

4.12 Establish a resource pool of local service providers to connect primary health care with addiction/ mental health services.

4.13 Urge the Province of Ontario to maintain addiction as an eligible disability under Ontario Drug Disability Program. (ODSP).

4.14 Advocate for the ODSP application and adjudication process to be simplified and updated.

4.15 Encourage an increase in program/case management support for ODSP applicants and recipients.

4.16 Encourage a review of ODSP policies that make sustained housing difficult for ODSP recipients, such as the policy of paying rent in arrears.

4.17 Encourage provincial support for physicians to assist clients of Ontario Works (OW) transfer to the Ontario Disability Support Program.

4.18 Call for increased access to essential local data about unintentional drug overdose rates from the provincial and federal governments.

4.19 Revise ODSP eligibility guidelines for the diagnosis of FASD to rely on indicators other than IQ test scores.

4.20 Encourage the Province of Ontario to increase access to methadone through suggestions found in the Methadone Maintenance Task Force Report, such as supporting the licensing of nurse practitioners and reducing barriers for physicians (College of Physicians and Surgeons of Ontario, 2011).

4.21 Advocate for an increase in social assistance rates from the Province of Ontario.

4.22 Advocate for equivalent housing allowances through OW, the ODSP and the Long-Term Affordable Housing Strategy.

4.23 Advocate for increased emergency utility relief (and funding for programs that provide relief) for low income citizens from the Province of Ontario.



Priority Five

All people in the City of Greater Sudbury have the opportunity for optimal success and health.

The places where people live, work, play, and learn have an impact on their health.

Health results from a complex interplay of 'social and economic factors, the physical environment and individual behaviours and conditions.' (OPHS, 2008). There is no single solution for optimal health, but rather a concerted multi-pronged effort that considers all aspects of where a person lives, works, plays, and learns.

Individual health is impacted by income, social status, education, social supports, social and physical environments, personal health practices and coping skills, child development, biology and genetic endowment, access to health services, gender, culture and language (Sutcliffe, Laclé, Michel, Warren, Etches, Sarsfield & Gardner, 2007; Ontario Ministry of Health and Long-Term Care, 2008). It is well documented that as income rises, so does self-reported health (Sutcliffe et al., 2007).

People who attain higher education levels also report better health. People who are affected by prejudices either because of their gender, race, culture or language report poorer health. Personal practices and the ability to form supportive relationships are often shaped

by the family. Early childhood experiences lay the foundation for life. Changes in any of these factors can enhance the health of an individual and subsequently the health of the community.

Relationships are key to health. Multiple healthy relationships in a person's life translates to a greater support system available during times of difficulty. A close connection to another individual can powerfully shape identity and help a person to thrive.

While this is true across the life course, cultures and context, it is especially true for youth. Healthy relationships give youth the building blocks to become healthy, caring and responsible adults. As a community, creating opportunities for youth to feel connected, engaged, responsible and committed is paramount. Building capacity in our youth will provide a flow of benefits now and in the future, resulting in more resilient society of the future. A resilient community is a healthy community.

Using a community development approach, the Community Drug Strategy will assess local needs along a multitude of indicators and develop structures and plans to respond to those needs according to the community's priorities.

Indicators of Progress

- Secondary School Graduation rates
- Ontario Student Drug Use and Health Survey (OSDUHS) data
- Ontario Student Drug Use Health Survey (Northern Ontario) mental health data
- School absenteeism/school attendance
- Student achievement and success
- Number of children in care of Children's Aid Society
- Length of children's mental health wait lists
- Post-secondary admission rates
- Youth employment rates
- Youth suicide/ attempted suicide and self-harm behaviour rates
- Child/youth poverty rates
- Number of developmental assets
- Attendance at Triple P programs
- Results of Resiliency survey

Actions to Achieve Priority Five

5.1 Community development approach to build capacity and enhance relationships.

5.2 Raise awareness of the need to build developmental assets in youth.

5.3 Support school boards and families to build supportive relationships and developmental assets.

5.4 Support 'readiness for school' strategies with emphasis on building developmental relationships (Best Start Hubs, Welcome to Kindergarten etc.).

5.5 Increase access to early diagnosis and support for children with learning and behavioural disabilities to improve educational outcomes.

5.6 Conduct an environmental scan to identify resources and gaps in parenting supports and programming for families.

5.7 Provide parents with access to current and evidence-based information and education about how to delay or prevent their children from using substances, in easy to understand language.

5.8 Advocate for access to early diagnosis and support for children with learning and behavioural disabilities to improve educational outcomes.

5.9 Develop a community youth strategy based on asset development for incorporation

into the City of Greater Sudbury Strategic Plan.

5.10 Advocated for enhanced and stable financial support for programs to assist at-risk youth and young adults.

5.11 Sustain mentorship programs through long-term funding commitments.

5.12 Examine strategies to increase workplace placements for young people without post-secondary education.

5.13 Encourage community use of schools by the community at large.

5.14 Encourage use of 'Measuring what Matters – People for Education' (People for Education, 2014) to incorporate strength-based approaches that emphasize resiliency, utilize skills training, and provide arts programming (Regent Park Focus Youth Media Arts Centre, 2014).

5.15 Encourage the use of local referral and help resources by educators and other professionals.

5.16 Encourage schools and school boards to develop evidence based alcohol and substance use policies that utilize a restorative justice framework.

5.17 Advocate for the assessment of media and advertising for inadvertent or blatant encouragement of substance misuse.

5.18 Conduct an environmental scan of programming, curriculum and campaigns designed for all students considering relevance to developmental assets and substance misuse.

5.19 Encourage the development of a working group (Town and Gown Association or Safer Ontario Drinking Alliance) to enhance community relations with students in the post-secondary sector.

5.20 Improve the range of treatment options for youth to include off-site, school, community-based, early onset and residential approaches.

5.21 Create a working group to investigate the provision of harm reduction services for youth.

5.22 Examine the feasibility of creating a pool of available and screened trustees for youth that access social assistance allowances.

5.23 Create a registry for community volunteers working with youth who have learning or behavioural challenges.

5.24 Encourage the use of a community development approach in the development of programs.

5.25 Foster an asset-building community.



Priority Six

People who use substances have optimal physical, social, emotional, mental and spiritual health.

Where a person lives, works and plays has a great influence on their overall health.

Some people are born into families with education, steady and well-paying jobs, financial resources, and safe and healthy homes. Many others face fewer opportunities, less support and numerous obstacles that stand in the way of improving their lives.

Supporting people who use substances to improve their situation can increase the health and safety of our entire community.

Drug use and recovery occurs in a continuum. People who use substances may be at various stages of use and in the recovery process. Some are not ready or able to reduce their use or stop using. Some people are ready to make changes, but don't know how to begin. Some people have support and are recovering. Others are not using substances at all or are using far less than they did at previous times in their lives. Substance addiction is now widely accepted as a chronic, reoccurring disease, much like diabetes or heart disease (CAMH, 2014). Like other diseases, whether a person develops a substance addiction is determined by genetics, epigenetics, social environment and personal behaviours.

Treating addiction is as complex as treating a disease such as diabetes. It requires access to medical treatment and an environment that supports the patient to make healthier choices. People with chronic diseases often relapse and so do people with substance addictions. Part of what makes seeking treatment for substance addiction so difficult is the way addiction is viewed in comparison with other chronic conditions.

Poverty is a pressing issue for many citizens of the City of Greater Sudbury. Changes in industry and the economy have led to poor job options for many people. Poverty is clearly linked with substance use-related problems (Rehm, Fischer, Graham, Haydon, Mann & Room, 2004).

Many people who are poor, in ill health, and facing mental health and addiction challenges have a hard time fitting in with their communities. There are numerous practical and psychological barriers that prevent them from getting the services and support they need.

Addiction is not well understood and myths, stereotypes and realities often shape how the community understands substance use. The resulting stigma can affect a person's

ability to recover. Harm reduction services are available in the City of Greater Sudbury on a limited basis and for specific types of substance use.

The Needle Exchange Program (NEP) based on Best Practice Guidelines (Strike, Millson, Anstice, Berkely & Medd, 2006) has seen an increased demand for services, including distribution of supplies, counselling, and/or disposing of used needles. Safe inhalation kits are now available for distribution through NEP.

Many intravenous drug users have experienced a non-fatal overdose in their lifetime.

The City of Greater Sudbury requires a new approach to reduce the deaths and disability that occur as a result of opiate overdose. One of the barriers that prevent drug users from reaching out for emergency help is the fear of arrest for the possession of illicit substances. Medical amnesty programs provide assurance for drug users that if a friend or loved one is overdosing, they can phone for emergency assistance and not be searched and/or charged for possession as a result of calling for help. Medical amnesty programs increase the likelihood that someone will survive an accidental overdose.

Indicators of Progress

- Re-treatment rates
- HIV/AIDS/HEP-C incidence rates
- Number of re-offending occurrences
- North East LHIN (Local Health Integration Network) data on substance use and self-rated health
- Patient satisfaction surveys
- Overdose fatal and non-fatal, accidental and intentional rates

Actions to Achieve Priority Six

6.1 Create an inventory of current community programs and services that provide system navigators, case management providers, and street outreach positions.

6.2 Support the local Homelessness Network.

6.3 Expand crisis response services to address various types of addiction-related crises.

6.4 Ensure adequate primary care providers are available in the community.

6.5 Advocate for better discharge planning for all people leaving correctional facilities and other institutions.

6.6 Encourage community service providers to review their policies to reduce barriers to service for

people receiving Methadone Maintenance Therapy.

6.7 Advocate for a medical amnesty program.

6.8 Provide support to people receiving Methadone Maintenance Therapy to become self-advocates for proper treatment and medical care.

6.9 Support the working group to examine the implementation of overdose prevention such as the provision of Naloxone, overdose education and institution of a medical amnesty program.

6.10 Support distribution of safer inhalation kits.

6.11 Install free-standing outdoor needle disposal bins throughout the City of Greater Sudbury.

6.12 Establish a model based on best practices to support the distribution and pick-up of syringes.

6.13 Advocate and support access to specialized emergency services for people with mental health and addictions issues.

6.14 Form a working group to determine the fit and feasibility of a supervised consumption site.

6.15 Conduct an environmental scan of programming and services for seniors at-risk of or living with addictions.

6.16 Support people who use substances, youth, and people

from marginalized groups to participate on local boards and governing bodies.

6.17 Support the development of local drug user groups to provide opportunity for information exchange, peer support and personal empowerment.

6.18 Encourage and assist the business/commerce sector to increase opportunities for sustainable employment for people recovering from addictions.

6.19 Educate the community about Methadone Maintenance Therapy and the principles of harm reduction.

6.20 Enhance education and placement requirements for students involved in social services, enforcement and health-related programs to include addictions training and outreach experience, including intravenous (IV) drug use education.

6.21 Promote basic training about harm reduction, addictions and IV substance misuse to professionals that interact with community members.

6.22 Support groups who work to support people who use substances and others who work to improve their living situations.

6.23 Advocate for a Needle Hunters program (Ottawa Public Health, 2014).



Priority Seven

People with substance addictions can get well.

Assisting people to get healthy and back to work can increase our municipal tax- base and improve our local economic climate. Many people recovering from substance addictions seek employment opportunities that will help build more stable lives for themselves and their families. People recovering from substance addictions need opportunities to improve their skills and reintegrate into their community.

Many people believe that by attending a course of inpatient treatment, a person with an addiction can be cured. However, just like other chronic conditions, treatment is only the beginning of the recovery process. The goal behind treatment is to stabilize the patient, help the patient develop new skills and connect the patient to supportive resources.

Childcare is a significant barrier for caregivers attempting to access and complete treatment. Providers and funders must examine how to better integrate children and families into the treatment process by helping clients access specialized childcare provisions.

Addiction does not affect a person separately from the rest of their family. Services must be available for the entire family to receive support.

Treatment that addresses the family as a whole reduces the risk and incidence of relapse. Currently, people addicted to opiates in the City of Greater Sudbury have limited treatment options. A full range of options is required for the treatment of opiate addiction that includes short-term detoxification, tapering, in-patient tapering, medical detoxification and home-based, assisted detoxification.

Many programs offer services that only partially meet the needs of vulnerable populations with addictions issues.

Barriers such as hours of operation, length of wait lists for services, location and types of services available create gaps in service, making the most vulnerable people in our community unable to receive services at all.

Upon entering the addictions system, a person should be able to easily access other services.

Methods such as shared consent services, currently used by some addiction service providers in the community, need to be expanded and widely implemented to include other service providers.

Increased integration of the social service sector of City of Greater Sudbury will improve our community's capacity to deal with non-physical emergencies

and relieve the pressure on the Health Sciences North (HSN) emergency department and local enforcement agencies.

Client support needs to be practical and provide real value to the community. Treatment outcome measures and consistent data collection practices must be created and supported to ensure that resources are spent in ways that produce the best outcomes.

Because the City of Greater Sudbury is centrally located, people from both northern and southern communities come here to access treatment. Local people often leave this community to escape their triggers during treatment and beyond. It is not enough to offer treatment services for 21 or 28 days and expect long term success.

Longer term treatment programs increase the likelihood of success. Access to supportive services for an unlimited term, following treatment enhances long term success rates (Pelletier, 2004).

Indicators of Progress

- Re-treatment rates
- Patient exit surveys
- Length of treatment wait lists
- Methadone availability
- Length of time from assessment to treatment
- Cost of treatment for substance misuse
- Availability of childcare

Actions to Achieve Priority Seven

7.1 Advocate for an increase in the range of treatment models available, including longer term residential treatment, day programs, enhanced pre-and post-treatment supports, culturally relevant programming and harm reduction or moderation approaches.

7.2 Support the initiation of a kinship drug and alcohol treatment model such as the Alberta model (Government of Alberta: Children and Youth Services, 2009)

7.3 Advocate for client input regarding the availability of childcare initiatives that support caregivers to access treatment services.

7.4 Improve evaluation of treatment protocols and outcomes.

7.5 Offer pre- and post-treatment medical examinations onsite at treatment centres.

7.6 Advocate to the Province of Ontario to ensure full OHIP coverage for medical exams and administrative costs required to access treatment programs.

7.7 Provide treatment options to people in custody that include methadone maintenance therapy, elements of relapse prevention and withdrawal symptom management.

7.8 Increase the range of detoxification services offered in the city to include residential (in-patient), community basis (out-patient/home detoxification) and youth specific services.

7.9 Create a common, shared process that integrates treatment, social services and other systems to facilitate access and provide more collaborative case management.

7.10 Advocate for enhanced funding for people who need to travel to obtain treatment to get well.

7.11 Advocate for funding for a comprehensive treatment model that will address multiple issues for the client.



Priority Eight

Community members are safe in their neighbourhoods.

The City of Greater Sudbury will continue to invest in community safety and well being.

Crime and substance misuse are closely related. Because many commonly used drugs are illicit or used illicitly, a criminal element exists to address the supply of these substances to meet the demand. Some addicted users may turn to acquisitive crimes including break and entering, theft or violent crime such as robbery for the purpose of obtaining the drugs they use.

Some citizens of the City of Greater Sudbury report that their neighbourhoods experience high levels of loitering, discarded needles, violence and prostitution, creating atmospheres of fear and distrust. When people feel their neighbourhoods are unsafe, they are less likely

to use their environments, encourage their children to play outside and become increasingly disconnected from community (Junction Creek Trail-CPTED, 2012)

The City of Greater Sudbury has historically invested in collaborative community safety and well being initiatives.

A shared and collaborative commitment to community safety and well being is an effective policing model that results in an enhanced level of community safety. This is especially true as it relates to substance use.

Ultimately community and police collaboration will lead to the identification of risk factors and the development and implementation of protective factors to effectively address the harms associated with substance use.

Although the likelihood of contracting an infectious disease from a publicly discarded needle is very slim, needles discarded on streets or in public parks create an atmosphere of fear. Publicly discarded needles and other drug paraphernalia also make the community appear dirty and unsafe for visiting tourists.

Citizens are often unsure of what to do when they find a needle. Outreach workers from Sudbury Action Centre for Youth are frequently called upon to pick up used syringes or provide training regarding disposal of used needles in the City of Greater Sudbury, although this is not their mandate. By reducing the number of publicly discarded needles, fear among the general public will decrease (Thunder Bay Drug Strategy, 2011).



Indicators of Progress

- Perception of connectedness with community
- Perceived happiness/satisfaction with community and services
- Neighbourhood and community involvement
- Number of community volunteers
- Number of volunteer opportunities
- Involvement with Community Action Networks
- Violent crime rate
- Perception of safety
- Property crime rate
- Number of police calls for needle disposal
- Number of impaired driving charges (alcohol and/or drug)
- Publicly discarded needle counts
- Incidents of social disorder

Actions to Achieve Priority Eight

- 8.1** Encourage users to increase their responsibility to safely dispose of needles through the use of incentives.
- 8.2** Increase education to the community about how to safely dispose of needles.
- 8.3** Examine a shared costs model for the recovery and disposal of collected needles.
- 8.4** Provide needle disposal bins at key sites.
- 8.5** Commit to deploy Drug Recognition Experts (DREs) to improve detection of impaired-by-drug driving.

8.6 Improve sentencing outcomes for prescription drug trafficking through increased judiciary education.

8.7 Ensure programming and treatment options are in place for Northern Ontario communities prior to any supply reduction efforts.

8.8 Provide public education about substances, substance use, and legislation about substance use including impaired driving and promote local helping resources.

8.9 Provide opportunities for asset/strength building in families and communities.



Priority Nine

Government, businesses, agencies, neighbourhoods, families and all people work collaboratively and in partnership to build safe and supportive environments.

Together, we can make a difference. Substance misuse is everyone's issue. From infants and children exposed to the harms of substance misuse, youth experimenting with substance use, adults who develop dependence to much needed medications and seniors living in fear of crime, the misuse of substances affects each member of our community.

As community organizations and agencies, government officials, business leaders and people with lived experiences share their expertise, new understandings are developed and innovative responses are advanced.

Working together helps people to understand and appreciate the strengths that each person brings to a situation. These strengths are the assets to the individual and the community. These are the building blocks to increase community capital to cope with internal and external stresses.

Relationships are at the heart of every family, neighbourhood and community. By encouraging open and honest dialogue, relationships are forged. Working together on shared concerns binds people to a common goal. In this case, the goal is improved health, safety, and well-being of all individuals, families, neighbourhoods, and communities in the City of Greater Sudbury by creating a

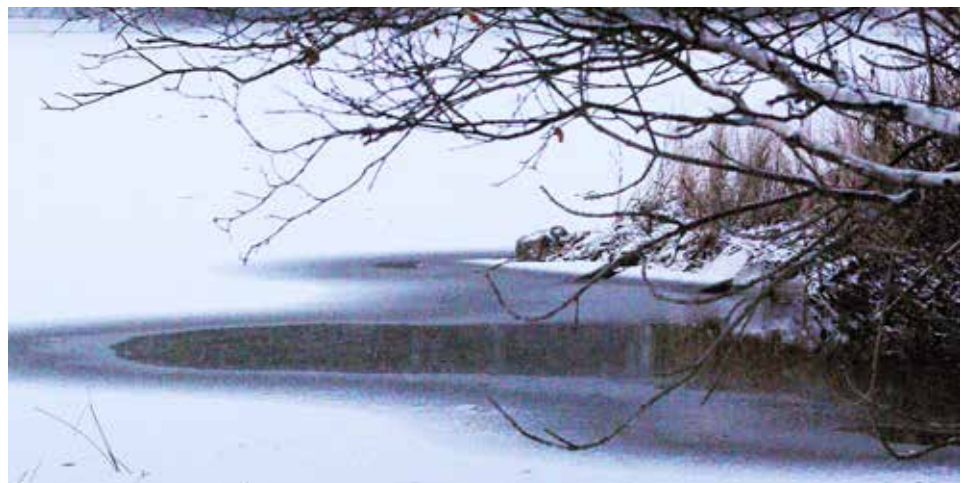
society increasingly free of the range of harms associated with drug use.

Indicators of Progress

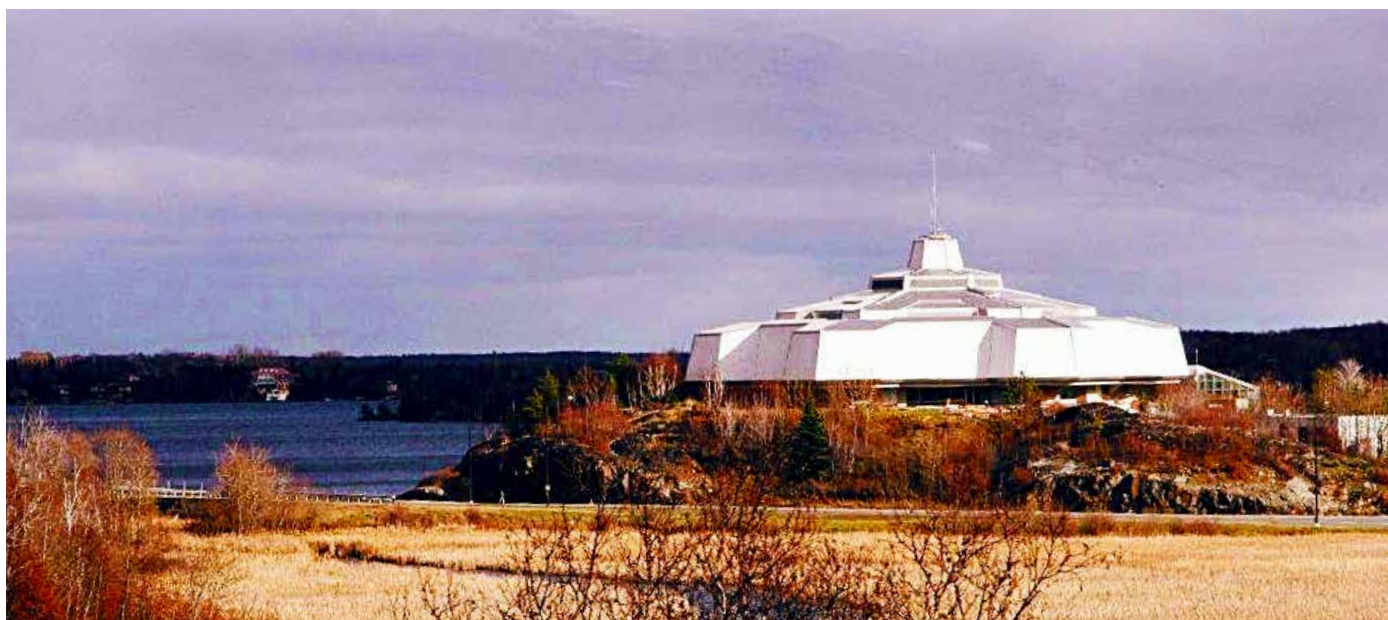
- Community collaborative initiatives
- Appreciation for the various roles and responsibilities in this community, leading to enhanced inter-agency cooperation
- Community Drug Strategy is included in the operational plans of various community agencies and groups
- Partnerships and service agreements reflect the work of the Community Drug Strategy
- Community capacity to create safe and supportive environments
- Community approach to building assets

Actions to Achieve Priority Nine

- 9.1** Create service agreements that encourage a multi-disciplinary response to community issues.
- 9.2** Encourage on-going communication and collaboration between all sectors in the community.
- 9.3** Support new and innovative approaches to reducing the harms related to substance misuse in the City of Greater Sudbury.



In Conclusion



Over the course of the creation of this report, it was clear that all participants – whether private or professional – recognize the magnitude of substance misuse issues and the need for a comprehensive community strategy to fix it. This document is a Call to Action for the City of Greater Sudbury. It marks the beginning of coordinated cross-community efforts to improve drug-related health and safety in our community.

People are ready to roll up their sleeves and take action. This report not only gives the City of Greater Sudbury a place to start, but maps out very concrete actions in nine key priority areas.

The actions contained in this document come from the true experts in our community: citizens and leaders, professionals and youth. They are based on direct knowledge, local needs, and best practice evidence from around the world.

Taken together, these actions have the capacity to dramatically improve the health and safety of Sudburians today and for generations to come.

You are the key:

- Learn about drugs that are commonly misused.
- Talk to your family and neighbours about what you have learned.
- Dispose of any old or unused medications.
- Get involved. Your ideas can help us to find solutions.
- If you are concerned about someone's use of substances, let them know you care.
- Seek professional help for yourself or someone you love.

Together, we can make a difference.

To learn more contact the Sudbury and District Health Unit by phone at 705.522.9200 or email us at drugstrategy@sdhu.com.

Definitions



Acquisitive Crimes

Offences where the offender derives material gain from a crime. This may include domestic burglary, theft of a motor vehicle, theft from a motor vehicle and robbery.

Drugs

Refers to the full range of psychoactive substances used in society including alcohol, prescription drugs, illegal drugs, inhalants, and solvents.

Harm Reduction

Includes the full spectrum of responses including preventing or delaying the use of drugs for people not using them, reducing the harm for people who are using them and ensuring that effective and appropriate treatment is available in a timely manner. It also includes preventing and remedying the harms of drug use experienced by family members, neighbourhoods and the broader community and reducing the economic burden related to drug misuse.

Resiliency

Is the ability to 'bounce back' from difficult situations without resorting to harmful behaviours.

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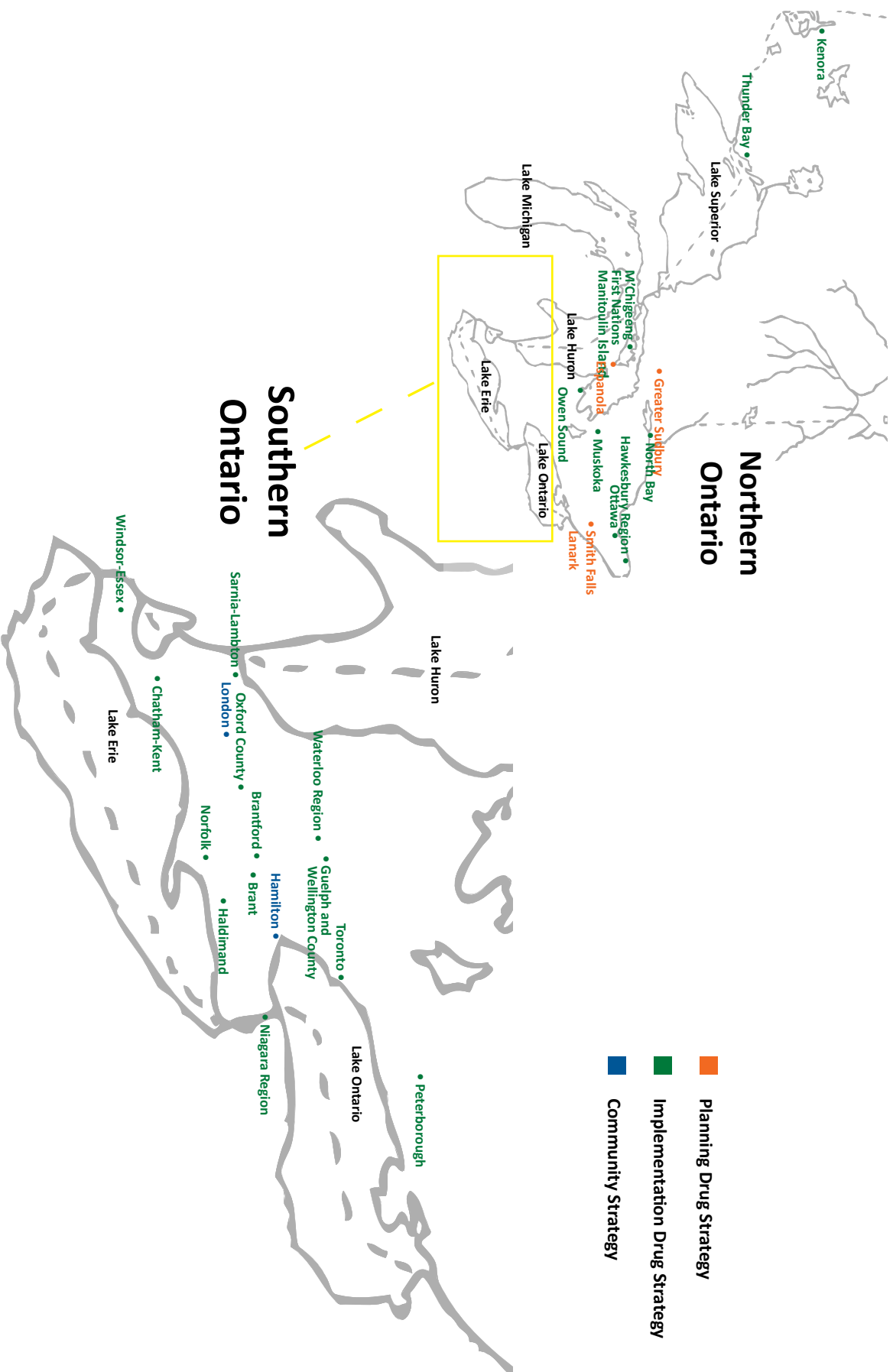
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Appendix A: Drug Strategies in Ontario



Thank you to the following agencies and groups that contributed to the creation of this document:

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| Action Sudbury | Health Sciences North – Withdrawal Management Services | Reseau ACCESS Network |
| Applegrove Methadone Clinic | Inner City Home | Rockhaven |
| Association des jeunes de la rue | Iris Addiction Recovery for Women ASH Program | Sudbury Action Centre for Youth (SACY) |
| Better Beginnings Better Futures | John Howard Society | Salvation Army |
| Cambrian College | Laurentian University | Social Planning Council |
| Centre de santé communautaire | Laurentian University Security | St.Andrews United Church |
| Children’s Aid Society | Legal Aid Ontario | Sudbury Alcohol and Drug Concerns Coalition |
| Church of Christ the King | Methadone Clinic – Larch Street | Sudbury Catholic District School Board |
| City of Greater Sudbury – Emergency Medical Services | Northern Ontario School of Medicine | Victims Crisis Assistance and Referral Service (VCARS) |
| City of Greater Sudbury – Social Services | N’Swakamok Native Friendship Centre | White Buffalo Healing Lodge, Whitefish Lake |
| Corner Clinic | Ontario Aboriginal HIV/AIDS Strategy | Whitefish Lake Police |
| Crown Attorney | Ontario English Catholic Teachers Association | Ministry of Children and Youth Services (MCYS) –Youth Justice Services |
| Sudbury Rainbow Crime Stoppers | Ontario Provincial Police | |
| Everest College | Our Children Our Future | |
| Family Enrichment Centre | PAVIS – Greater Sudbury Police Services | |
| Greater Sudbury Police Services | Rainbow District School Board | |
| Health Sciences North | | |
| Health Sciences North – Outpatient Addictions & Gambling | | |