



The Windsor-Essex County Community Drug Strategy Framework

April, 2008



Acknowledgements

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EXECUTIVE SUMMARY

It is difficult to ignore the realities of drug use and abuse in our community. Drug related crimes and deaths are on the front page of the newspapers.¹ Safety is a concern for children, families and businesses across the region. There is growing recognition that drug use and abuse impacts the whole community. It affects the quality of life in our neighbourhoods and the potential of our children.

Windsor-Essex is known for its spirit and willingness to “pull together” to address community issues and challenges. The issue of drug and substance abuse is no exception. Over the past several years, stakeholders have come together for a number of related initiatives and completed an asset mapping of the services and supports available to address the issue of drug use and abuse in the region.

Each of these activities provided important information and insight, doing much of the groundwork necessary to inform the development of a broader Drug Strategy Framework for the total community.

The Windsor-Essex Drug Strategy Framework builds on the work that has already been completed in the community. And though it leverages the experiences and insights from other communities across Canada who have undertaken a similar process, the Drug Strategy Framework is a ‘made-in-Windsor’ approach and considers the unique characteristics of the region, and the related implications on the issue of drug use and abuse.

Developed out of the work undertaken by participants at the Drug Strategy Forum and the subsequent Validation Forum, The Drug Strategy Framework includes:

- Guiding Principles
- Four Pillars
- Areas of Concern
- Strategies

The process was informed by research, best practices, existing community knowledge and the insight and experience of Forum participants. The Drug Strategy Framework takes the approach that systems and services must be person-centered rather than program centred – they must meet the person where they are. This speaks directly to the understanding that drug use and abuse is an issue for the total community, not simply a problem for some of its residents.

This local initiative links with Canada’s Anti-Drug Strategy, Ontario’s Drug Strategy Framework and a complex array of Federal, Provincial and Municipal legislation, funding, and services. The Windsor-Essex Drug Strategy Framework provides a way for the community to move forward and make positive and lasting change to ensure a safer and healthier community.

¹ **Robberies Surge in City; Police link many holdups to addicts feeding drug habits. The Windsor Star. Trevor Wilhelm. Wednesday, March 19, 2008.**

A COMMUNITY NEED

Background

The Windsor-Essex community is uniquely situated on North America's busiest border crossing.² The local economy is largely grounded in the struggling automotive sector, however, activity in the agri-food, tourism, education and service industries are providing some economic diversification in the region.

The City of Windsor is the fourth most ethno-culturally diverse community in Canada and its citizens reflect an interesting dichotomy. A large population of newcomers join many residents who were born, raised and remain in the same community as their parents and grandparents.

Windsor-Essex is known for its spirit and willingness to "pull together" to address community issues and challenges. The issue of drug and substance abuse is no exception.

The effects of illicit drugs on the Windsor-Essex community are of great concern to its residents. Neighbours, parents, teachers, seniors, business owners, healthcare professionals, pastors, police, politicians, and young people see the consequences of substance abuse and the use of illicit drugs every day. Drug related crimes and deaths are reported on the front page of the newspapers.

There is concern that the problem and its impact in the community continues to grow. People caught in the cycle of substance abuse, poverty, and crime is turning up in places beyond the substance abuse/addictions system. Social service and health systems, food banks, social housing, employment centres, doctors' offices, and hospitals describe an increase in the frequency and severity of illicit drugs and substance abuse.

Something must be done to preserve the community's quality of life, to strengthen the substance abuse treatment and support system, and to protect the community's children from substance abuse and involvement in illicit drug activity. Citizens and community leaders agree that Windsor-Essex needs a drug strategy.

² <http://www.crossingmadeeasy.com/detroit-windsor-tunnel.htm>

"Windsor-Essex is known for its spirit and willingness to "pull together" to address community issues and challenges. The issue of drug and substance abuse is no exception."

A note about language use:

Substance Use

The term 'substance use' within this report refers to the range of uses of illicit drugs, and the misuse of prescription medications, alcohol and other substances. The term 'substance use' was selected because it represents a range of uses as well as a range of individual and community harms associated with that use.

Substance Abuse

The term 'substance abuse' is broadly defined and includes use which decreases the individual's functioning in one or more life areas. It is a broader concept than that used by medical and psychiatric professionals.

Drug

The term 'drug' has been used when referring to specific substances containing properties which may result in an individual's misuse, abuse or addiction to the substance.

The term 'drug' or 'substances' in the context of this document, is inclusive of many different types of substances including: alcohol, marijuana, 'street drugs', misuse of prescription medications and other similar substances. This term was selected for clarity and in attempt to separate the substance and its effects from the individual using the substance.

A Call for Community Action

The Windsor-Essex community recognizes that substance use is an issue for the total community. Substance use affects everyone. It crosses traditional socioeconomic, geographic, and demographic boundaries.

Changes in the type and availability of illicit drugs means individuals using substances have more complex and severe issues. And although, illicit drugs and substance abuse are present in some neighbourhoods more than others, substance use, and its effects, finds a way into every neighbourhood.

The effects extend far beyond individuals using substances, their families, and their friends. Substance use affects business and industry through lost time and resources. It affects children's safety, education, and well-being. For example, children living with parents who use substances, children and youth who have friends who use substances, and children who themselves use substances suffer negative physical, cognitive, emotional, and social consequences.

Substance use affects community health, safety, and quality of life. The issue and its impacts affect the whole community and, therefore, requires the total community to work together to ensure its collective health and well-being. Doing nothing is not an option; the community is calling for a Windsor-Essex Community Drug Strategy.

“Substance use affects everyone. It crosses traditional socioeconomic, geographic, and demographic boundaries.”

Community Drug Strategy Framework

A drug strategy is a comprehensive action plan and framework describing how the community will work together to prevent and reduce the incidence of substance abuse and its impact on the total community, as well as preserve the community's quality of life and future.

“A drug strategy for the Windsor-Essex Community links the complex array of Federal, Provincial, and Municipal legislation, funding, and services to make the broader system work for the community.”

A community-based drug strategy links the unique assets and needs of the local community with Canada's Anti-Drug Strategy and Ontario's Drug Strategy Framework Initiative. A drug strategy for the Windsor-Essex Community also links the complex array of Federal, Provincial, and Municipal legislation, funding, and services to make the broader system work for the community.

Across Canada there is recognition that drug strategies help communities move forward on this complex issue by looking at the way systems are structured and interface with each other. Other communities are developing drug strategies tailored to their local needs.

Regionally, service providers from Sarnia, Chatham-Kent, and Windsor are discussing a Tri-County approach to service coordination. The Erie-St. Clair Local Integrated Health Network (LHIN) is looking at a community service delivery model for addictions services and treatment. Federal and Provincial governments are tying funding and resources to drug strategy frameworks because governments want to make investments where they will make the most difference.

The Windsor-Essex community needs its own, locally developed drug strategy. A strategy that maximizes the region's local assets and opportunities. Simply importing strategies from other communities, will not work for Windsor-Essex. A customized process was needed to leverage existing work, and to engage the total community in the development and implementation of a Community Drug Strategy Framework.

This report outlines the Community's Drug Strategy Framework and the process by which stakeholders came together for this purpose.

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A COMMUNITY PROCESS

“While other communities have had to start from the ground up, Windsor-Essex was able to use the work of treatment providers, community leaders, and others as a basis for the strategy.”

Building on Community Strengths

The Windsor-Essex community has already undertaken much of the needs-assessment and planning work needed for a drug strategy framework. While other communities have had to start from the ground up, Windsor-Essex was able to use the work of treatment providers, community leaders, and others as a basis for the strategy. *Appendix A: Drug Strategy Development Process* illustrates how the Windsor-Essex Community Drug Strategy builds on previous community initiatives.

Significant foundational work in the area of substance abuse and addiction includes:

- The Erie-St. Clair LHIN Addictions Services Map
- The Tri-County Methamphetamine Task Force
- Cracked I Conference
- The Addictions Service Providers Roundtable
Cracked II Conference

These initiatives identified the clear need to develop a “made in Windsor-Essex” community drug strategy framework.

While other communities undertook a multi-year consultation process involving information gathering and community consultation, the Windsor-Essex community was able to engage its broad base of stakeholders, address the issues relevant to the community, and engage in a collaborative, face to face process to develop its Drug Strategy Framework.

However, Windsor-Essex was able to learn from other communities by reviewing Drug strategies from other communities, including: Toronto, Vancouver, Sarnia, London, Ottawa, Edmonton, Alberta, and work in progress toward Ontario’s Drug Strategy. The Government of Canada’s Anti-Drug Strategy was also reviewed as an important guide linking strategies and investments. See reference information for these strategies in *Appendix B: Website Links to Drug Strategies*. Best practice and peer-reviewed literature also contributed significantly to the process, principles, insights, and ideas in the development of the Windsor-Essex Drug Strategy Framework. See *Appendix C: Selected Resources* for a list of selected references regarding drug issues and strategies.

Facilitating a Community Process

Given the extensive work already completed, the Windsor-Essex community determined that developing its Drug Strategy Framework could be accomplished much more effectively by synthesizing existing information and resources in a two day process: *The Windsor-Essex Community Drug Strategy Forum*. The City of Windsor/County of Essex Social Services, City of Windsor Councillor Caroline Postma, and the United Way/ Centraide Windsor-Essex County coordinated and led a *Windsor-Essex Drug Strategy* development process.

“These critical elements provided the foundation for the Framework and will continue to serve as a touchstone, reflecting community values as the

Windsor-Essex Drug Strategy Forum (February, 2008)

The first step was a day-long Forum facilitated by community member, Colleen Mitchell. See *Appendix D: Windsor Essex Community Drug Strategy Forum Agenda* for a description of the process. The Forum provided an opportunity for participants to analyze and synthesize related work completed and underway in the community and to bring people and systems together to work collaboratively.

In addition, participants identified broad Issues and Themes relating to substance abuse and its impact on the community and developed strategies to address them. Issues and Themes were later distilled into a list of Areas of Concern. The Areas of Concern are included in the Community Drug Strategy Framework. For a complete list of Issues and Themes identified by participants, see *Appendix H: Identification of Issues and Themes*.

Participants came from healthcare, substance abuse service provision, social supports, child and youth services, homelessness, law enforcement, advocacy organizations, consumers, and community members. Invitations were sent to all previous participants of the Cracked I, Cracked II, and The Addictions Services Roundtable. This group was invited because of their participation in and knowledge of existing community work in this area and, in some cases, the personal experience of recovery. Participants included individuals from across the Four Pillars of Prevention, Treatment, Harm reduction, and Enforcement. For a list of these individuals, see *Appendix E: Forum Invitees*.

It is important to note that from the outset, community leaders recognized that while a broad section of the community was included in the invitation list, participants may have been over-represented in some areas (service providers) and under-represented in other areas (law enforcement, justice, education). However, this was off-set by the value of participants having the ability to build upon their experiences in previous key substance abuse community initiatives. Further engagement of aforementioned under-represented sectors was identified as a need by Forum participants.

“Further engagement of under-represented sectors was identified as a need by Forum participants.”

Interim Working Group

Prior to the Validation Forum, an Interim Working Group of Forum Participants was established to work with the United Way, in its role as community facilitator, to produce a draft Community Drug Strategy Framework for validation. See Appendix J for a list of the working group members.

Validation Forum (April, 2008)

Participants were reconvened to review the Community Drug Strategy Framework, including:

- Guiding Principles;
- Four Pillars;
- Areas of Concern; and
- Strategies.

Participants reviewed and provided additional Recommendations for consideration as the Community Drug Strategy Framework moved into the development and implementation stage. In addition to the work completed on April 2, a small group was selected by Forum participants to revise the Recommendations for improved clarity and focus.

COMMUNITY ATTRIBUTES & CHARACTERISTICS RELATING TO SUBSTANCE ABUSE

Community Characteristics and Related Implications

Community characteristics such as economic conditions, population demographics, education and employment levels, income, and crime rates are related to substance use. This data is important because it provides a picture of the unique challenges and opportunities facing the community, and helps to illustrate the breadth of challenges the community faces because of the link between community conditions and substance abuse.

For further information about the profile of the Windsor-Essex community, please see Appendix K.

Profile of Substance Abuse

Integral to the development of the Community Drug Strategy Framework was a solid understanding of the Attributes and Characteristics of Windsor-Essex that relate to substance abuse. At the Forum, an over-view of these issues was presented by John Zarebeski, Centre for Addiction and Mental Health. Highlights of the presentation include:

- Costs of substance abuse in Canada (2002) totalled \$39.8 billion.
- Of these costs, 61% (\$24.3 billion) were in indirect costs such as productivity losses.
- The per capita cost of substance abuse in Canada is \$1,267.
- Substance abuse in Ontario remains a substantial public health problem for Ontario and extends beyond those with a psychiatric diagnosis of dependence or abuse.
- Student drug use in the Erie-St. Clair LIHN is significantly higher than the Province.
- Estimated addiction service funding utilized by Windsor-Essex residents on a per capita basis is less than the South West region, especially in non-residential services.
- Substance use is related to educational attainment, income, employment status, and availability of substances.
- In the most recent provincial survey of high school students, substance use was significantly higher than the provincial average for the following substances: Smoking, Daily Smoking, Alcohol, Binge Drinking, Cannabis, Hallucinogens, Ecstasy, Stimulants, Cocaine, Any Illicit Drug, Passenger/Alcohol, Passenger/Drug.

Further information concerning the extent of substance use and its impact on the community can be found in *Appendix G: Forum Presentation: Profile of Substance Abuse*.

WINDSOR-ESSEX COUNTY DRUG STRATEGY FRAMEWORK

Guiding Principles

Guiding principles provide a means of capturing community values and ideals that will guide the development of future strategies and actions. They ensure strategy components balance competing approaches and reflect the needs and opportunities of the total community. During the Drug Strategy Forum, the following Guiding Principles for shaping the Drug Strategy were validated.

| | |
|---|--|
| <i>Person-Centred</i> | Create programs, interventions, and strategies that meet individuals where <i>they</i> are. It is about fitting programs to people, not people to programs. |
| <i>Inclusive</i> | Solutions should be inclusive of all people regardless of societal limitations and perceptions which may have excluded them in the past. |
| <i>Non-Stigmatizing</i> | Services, programs, and approaches reflect a respect for the dignity of individuals and groups. It means not labelling or denigrating people. It is a recognition that there are social, biochemical and physiological components to substance abuse. Approaches based on prejudice and labelling are not productive and stigmatize individuals. In keeping with this principle, <i>The Drug Strategy Framework</i> does not label individuals who are at-risk or may require services. The “target population” is the total community. Solutions will respond to the needs of individuals while respecting their unique assets, abilities, and needs. |
| <i>Build on What we Know</i> | The Windsor-Essex community has already invested significant time and resources in understanding drug issues and programs and services in the community. Local, provincial, and national research provides a good understanding of the extent and consequences of substance abuse. Previous initiatives and research provide the basis for moving forward. |
| <i>Draw on Resources of the Total Community</i> | Substance abuse is a community-wide problem requiring involvement and action of the total community. Substance abuse affects everyone, not just individual users and their families and friends. It affects neighbourhoods, schools, families, health and community resources, employers, the economy and many other aspects of the community. Community resources such as people, associations, organizations, businesses, institutions, and government must work together to maintain and improve the well-being of the Windsor-Essex community. |

*Partnerships,
Collaboration,
Linkages*

The complex nature of drug related concerns requires new and innovative approaches promoting relationships among community members, associations, and organizations. Working together maximizes assets and leverages additional resources.

Best Practices

A wealth of information from across Ontario, Canada, and North America provides models, data, and research to guide informed decision-making. Applying validated research results/outcomes to Windsor-Essex community initiatives improves results. Best practices and evidence based decision-making also include making choices based upon available facts and data rather than individual opinions anecdotes. Within this framework, individual insights and experiences are a valued component of the process. They can be used to generate program ideas, maintain a focus on the person centred approach, and draw upon the local community's many years of experience.

Four Pillars

The *Four Pillar* approach to dealing with the issue of Drug Abuse/Addiction is a best practice model for ensuring a Drug Strategy is comprehensive and coordinated. The *Four Pillars of Prevention, Treatment, Harm Reduction, and Enforcement* are based on best practices outlining the scope of a strategy. See *Appendix F: Characteristics and Attributes of Prevention, Treatment, Enforcement, and Harm Reduction* for a summary of how other Canadian communities describe the Four Pillars.

While most other communities use the *Four Pillar* framework, the Windsor-Essex community's use of a community building approach focuses the *Pillar* attributes in different ways than other communities. *Pillar* characteristics and attributes described within Windsor-Essex build upon the total community's assets and opportunities. The community recognizes some *Pillars* may have become emotionally and politically charged. The community building approach moves *Pillars* away from politics and towards realistic functional improvements through community ownership.

Four Pillars

One of the tasks at *The Forum* was to describe the attributes of each of *The Four Pillars*. Each community determines what attributes are relevant. Following are the attributes of the *Four Pillars* as determined by participants at the Forum.

NOTE: Integration and coordination are key elements within and across the pillars. The community recognizes while some strategies may focus on a specific *Pillar*, most strategies require integration across *Pillars*.

Prevention

Prevention is not limited to specific campaigns and programs. It encompasses a holistic perspective of individuals and the community, including attitudes and conditions (root causes) contributing to substance use. *Prevention* is considered part of a comprehensive approach that may include community building initiatives aimed at strengthening neighbourhoods, developing life skills and positive attitudes, access to recreation and leisure opportunities, education, employment, housing, and providing information about drug use to children, parents, educators, and others.

Treatment

Treatment includes comprehensive, integrated programs and services which improve the physical and psychosocial health of individuals, who currently or previously have misused/abused substances, and their families. Services are person-centred, holistic and meet the diverse needs of individuals, including those based on concurrent medical condition(s), age, ethno-cultural, linguistic, spiritual, lifestyle, family, and geographic needs. Services include a range of options along a continuum, from issue recognition and pre-treatment, to aftercare and continuing support. Timely access to the appropriate level of services and supports is an essential element of treatment. Services utilize best practice models and include medically appropriate care.

Harm Reduction

Harm reduction, at its core, focuses on the strengths and assets of individuals and the community. Approaches work to maximize the functioning of individuals and the community. The goal of *Harm Reduction* approaches is to locate them within a system of services and supports promoting access to appropriate treatment, while reducing some of the negative effects of substance use. Approaches follow best practice standards and evidence based decision-making to ensure positive outcomes.

Enforcement The goal of *Enforcement* is to strengthen community safety by responding to crime and community harms through the law enforcement and justice systems. *Enforcement* must integrally link with other *Pillars* to ensure that the total community is working together to strengthen the community, to contribute to positive social conditions and attitudes and to ensure a safe community. Examples include community policing, increase linkages between treatment providers and enforcement, establishment of drug courts, and targeting specific community risks (e.g. organized crime and drug trafficking).

Areas of Concern

The following *Areas of Concern* are not in order of importance or frequency. Forum participants did not evaluate which areas were most important during this stage. An exception to this is the area of Collaboration. During the Issues and Themes identification process, participants noted that Collaboration was the area with the greatest opportunity for improvement and it was the most frequently identified issue.

I. Collaboration

The way in which the current systems and infrastructure works, does not recognize that an integrated, collaborative approach is needed to address drug issues. Although systems such as justice, law enforcement, health systems, community social services, and recovery groups all work with individuals using substances, they work largely in isolation. Interfaces are limited to points of intersection. Systems largely remain separated. These isolated “silos” are often the result of separation at the systemic and infrastructure level rather than on the part of individuals working at the direct service level within these systems. Protocols and procedures are designed to increase the efficiency of each system rather than looking at the interface between systems.

Lack of collaboration creates barriers to individual and community wellness and recovery. For example, messages to the community are inconsistent across service providers and municipalities resulting in confusion in the community response to the issue of drug use. Opportunities for creative, effective programs and solutions are lost because of a lack of on-going collaboration and coordination. Individuals needing treatment and children at-risk may ‘fall through the cracks’ and opportunities to engage people at the neighbourhood level may be missed.

The Windsor-Essex community recognizes the *Four Pillars of Prevention, Treatment, Harm Reduction, and Enforcement* can not be viewed as separate approaches with little or no overlap. They are filters to ensure and understanding of the multiple aspects of drug issues and the need to involve the whole community in identifying opportunities and solutions. *Collaboration* and *coordination* are essential elements of total a successful Drug Strategy.

II. **Funding**

Limited financial resources affect agencies' ability to deliver programs and services. Financial constraints are caused by the overall lack of available funding, the funding allocation process and systemic rules regarding funding structure. These limit an organizations' capacity to access funding opportunities.

Our region's funding from the Provincial and Federal government which is allocated to substance abuse and addiction treatment, is low in comparison to provincial averages.³ The significance of this discrepancy is even greater given that several of Windsor-Essex's treatment programs serve people from the region and the province. Many individuals outside the community are referred to treatment in Windsor-Essex. While the presence of excellent regional and provincial programs in the community is an asset, additional financial resources are needed to sustain these services.

The funding allocation process also constrains needed funding. Often funding is based on a competitive process which is created for the funder. This process creates competition between agencies, rather than creating collaborative processes where agencies could work together to gain efficiency, increase cost-effectiveness and provide seamless services.

The structure of funding systems also contributes to organizations' ability to cost effectively deliver services and meet client needs. For example, funding has moved from full funding through the Ontario Ministry of Health (MOH) to partial funding from MOH with the remainder of the required funding from private pay, insurance reimbursement, and project funding. These sometimes unpredictable funding sources decrease agencies' ability to plan effectively. When core funding is restructured to other types of funding, organizations do not have the ability to plan programs over longer time periods, in order to effectively respond to the needs of people.

In addition to the funding system, the community's ability to make a case for substance use/addictions programs is a barrier to accessing funding. Many other communities have drug strategies that provide a framework for contextualizing projects and how they fit into the overall

³ EKL DHC Report 1999: An Integrated Plan

community strategy. Linking programs and projects to overall strategies not only utilizes resources more effectively, it also helps funders better understand the impact of investments. The community also identified a need to increase its capacity to describe the impact of substance use and addiction on the total community.

III. Enforcement

The major focus with respect to enforcement is the need to engage law enforcement and the justice system more fully in the Windsor-Essex Community Drug Strategy. As stated earlier, both stakeholder groups were under-represented at The Forum. Preliminary issues identified included concerns that drug offenders may lose access to continued treatment while in the justice system, or may be exposed to an increased access to drugs. The need to distinguish trafficking from possession, and the need to explore creative ways of interfacing systems such as the establishment of a drug court, addictions assessment training for police officers and other community approaches which would integrate systems. This would promote community safety and well-being in both the short term and long term was identified.

IV. Root Causes

The term “root cause” is used to describe this area of concern because it encompasses a broader perspective than traditional prevention approaches. Focus on root cause recognizes that both community level and individual level changes can be made to create a community in which use of substances falls within a range that is healthy, functional, and safe for individuals and the community.

Community conditions and attitudes play a major role in substance abuse and addiction. Peer group pressure, attitudes such as “it’s cool to do drugs,” and attitudes that blame those who abuse substances all contribute to a community where substance use causes significant harm to individuals and the total community. For example, attitudes promoting illicit drugs as ‘cool’, places individuals at an increased risk of harm. Blaming attitudes prevent individuals and communities from building on community strengths to create better neighbourhoods and facilitate appropriate access to services along a needed continuum of services and supports.

Conditions in the community also play a major role in substance abuse and addiction. Social and economic conditions such as limited income, living in unsafe neighbourhoods, and lack of leisure, recreation, job and training opportunities also increase the risk of drug abuse and addiction. Many individuals within the community are at risk because of living conditions, education and employment status, peer relationships, age and health status.

The current system is unable to effectively address the root causes of drug abuse and addiction because although prevention and community efforts are important, they have been constrained by the lack of opportunity for agencies and systems to work collaboratively, and the current view of institutions conceptualizing substance abuse and addiction as “the drug problem” rather than seeing it as a total community problem.

V. Continuum of Services and Supports

The Windsor-Essex community’s current system for assessment, treatment, aftercare, and health is fragmented. The system is structured as a set of individual services, rather than as a continuum of services and support. Service fragmentation creates problems in a number of areas.

The current system places too much focus on the program’s services and not enough focus on the individual’s needs. For example, there is an increased need for appropriate services for individuals with concurrent physiological, psychological and/or social concerns. Examples of physiological concerns relate to HIV/AIDS, disability status, and age. Examples of psychological concerns relate to a history of trauma/abuse, psychological and psychiatric diagnoses, and existing coping mechanisms. Examples of social concerns include family status, ethno-cultural background, gender, sexual orientation, and family violence. Many individuals may face multiple concerns in many areas of which, addiction is one of many issues. For example, an individual from a geriatric population who lives alone due to a recent death of a spouse, may require prescription medications for a physiological condition such a heart disease and arthritis, may be addicted to prescription medications and may be unable to access services and supports due to a lack of awareness of services or they may have no access to these services based on isolation due to geographic location.

Appropriate services and support are also difficult to obtain because accessibility is limited due to awareness, availability and access issues. Individuals may be unaware of appropriate services or lack knowledge about how to obtain them. The current system of waitlists and criteria maintained by individual agencies creates confusion for service providers and individuals. Appropriate services may not be available in the locations and languages individuals need.

Service fragmentation also precludes a truly holistic approach to care. Treatment systems are designed with specific entry points, and at each step; the individual may need to transfer agencies or locations. Available treatment options limit the system’s ability to meet individual needs. For example, an individual may need pre-treatment detoxification and spaces may be full. Some individuals may require

longer residential stays while others require none. Service fragmentation results in less effective and less cost-effective services.

Finally, current treatment systems are focused on individuals with the substance abuse/addiction issue and may not include those he/she affects. For example, unless a child of a parent in treatment is involved with Children's Aid, the child has no supports or service options. The risk of harm to these children is very high. Treatment systems also have gaps in service such as youth treatment and aftercare.

The current system is based on a fragmented approach resulting in barriers to treatment that is appropriate to the unique needs of individuals and their families.

VI. Human Resources

An Area of Concern facing the community is the under utilization of human resources. The community has many individuals with expertise based on training and profession, with experience in business and labour, and the personal experience of recovery. For example, additional medical staff, such as doctors and nurses, is needed in residential treatment and in other aspects of care. Recovering addicts have a wealth of knowledge to share about their experiences and they are underutilized. Business and labour leaders also represent untapped community resources in this area, and may have significant contributions to make in efficiency and in changing public awareness and attitudes.

VII. Education and Awareness

The community's awareness of the extent of substance use, abuse, and addiction issues and understanding that this is a *total community issue* is limited. Those within agencies, organizations, and systems across *The Four Pillars* recognize the issues, however, the general community's lack of awareness and knowledge creates barriers and problems both within the system and within the community. Additionally, as a group, youth are often most at-risk for substance use, abuse, and addiction. Raising awareness and educating youth are key components of *Prevention Strategies*.

Strategies

The Strategies that were developed build upon the community's prior and current work and link with current systems and services, and leverage existing assets. See *Appendix I: Ideas, Strategies, and Action Steps* for a description of *The Forum* process used to develop these *Strategies*. With the exception of collaboration, every Area of Concern contained themes for which Strategies were developed. *Strategies* for collaboration draw upon collaborative elements across the other strategies, and strategy ideas were intertwined in discussions throughout *The Forum*. The following *Strategies* are presented in the same order as the corresponding Areas of Concern in the previous section.

I. Utilize the Windsor-Essex Drug Strategy as Catalyst for Collaboration

The Windsor-Essex County Drug Strategy Forum continued the process of working collaboratively. Earlier initiatives such as Cracked I, The Addictions Services Roundtable, and Cracked II began the process of recognizing the need to work together. *The Windsor-Essex Drug Strategy Forum* and the overall strategy process provides a platform upon which to base collaboration. *The Guiding Principles* outlined in this *Strategy* provide a framework for community collaboration.

The Windsor-Essex Community Drug Strategy Process provided a catalyst for collaboration. The Forum synthesized previous work and positioned the community to move forward. The Drug Strategy then becomes a framework for the community to work together. Presentation of The Drug Strategy Framework to City of Windsor Council Municipal councils is a key element to promote increased collaboration among systems and to ensure the sustainability of the Community Drug Strategy.

In addition to collaboration at a systems level, collaborative and integrative strategies are included in all of the other Strategies and Recommendations. Collaboration and integration are critical components of the community building approach upon which The Windsor-Essex Community Drug Strategy Framework is based. Further engagement of the *education system* and *enforcement and justice systems* will be one of first steps to ensure all systems are involved and support the Drug Strategy Framework.

II. Work together to obtain funding.

The complexity of issues with respect to funding and the competitive nature of the funding process reinforces the need for agencies and organizations to work together to address funding concerns. A first step is to create linkages between agencies and organizations to facilitate information sharing regarding successful strategies for obtaining funding,

“making the case”, and developing action strategies to address system barriers.

III. Engage law enforcement justice systems.

Another critical strategy is to engage law enforcement and justice systems including Local, Provincial, and Federal law enforcement agencies and the Office of the Crown Attorney to provide input and further recommendations on all aspects of *The Windsor-Essex Community Drug Strategy* to ensure seamless coordination between the pillars. Law enforcement and justice systems are essential across all areas of The Drug Strategy.

IV. Work with existing community groups to integrate substance use/abuse issues into neighbourhood improvement projects, public awareness strategies, and community improvement initiatives.

Many community initiatives are developed within service clubs and groups, neighbourhoods, and municipalities. These initiatives present unique opportunities to strengthen the community and ensure substance use and abuse issues are considered within community development projects. When integrated at a grassroots level, root cause(s) of substance use/abuse/addiction can be addressed simultaneously with improving neighbourhoods and the community.

Grassroots approaches are often highly effective in changing community attitudes. To ensure a successful strategy, people at the grassroots level must be engaged.

V. Continuum of Services and Supports

The current system of treatment and harm reduction approaches is fragmented. Working toward creating a continuum of services and supports begins with creating a *service continuum model*. A cross-section of current service providers, the Erie-St. Clair LHIN and other stakeholders need to be involved in the creation of the service continuum. *The continuum* should be based on best practice models, with a focus on person-centred approaches that are inclusive and promote the individual's dignity.

VI. Human Resources

In many cases, Human resources within the community are underutilized. Recovering individuals have valuable perspectives to add to the Drug Strategy process. In particular, they can help to maintain a focus on the *person-centred* model and provide individuals who are abusing substances with hope and a glimpse of a more healthy and

functional life. Strategies for drawing upon other untapped resources include integrating medical professionals more fully into treatment approaches and facilities. Finally, community and labour leader representatives are a community resource with a strong influence on community attitudes.

VII. Education

Additionally, engaging the education system and linking with educational initiatives in The Windsor-Essex Community Drug Strategy process is critical. The educational system plays a key role in raising community awareness and addressing root cause(s), social conditions, and attitudes. The Education System will enable us to reach young people where they are. Engaging the educational system is critical to raising the total community's awareness, knowledge, and understanding that substance use, abuse, addiction, and drug issues are a *total community concerns*.

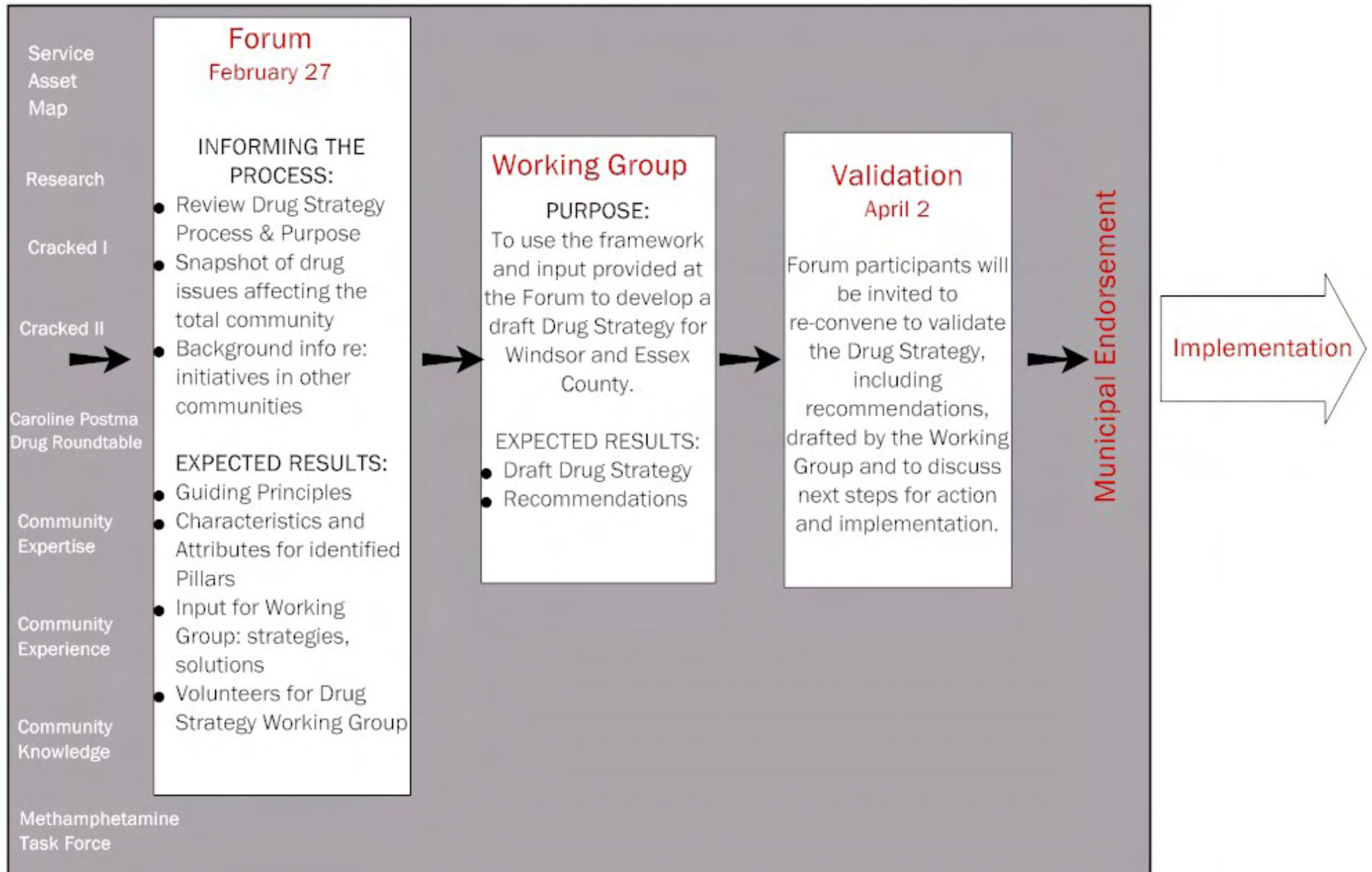
NEXT STEPS

Recommendations and Action Steps for Consideration in Proceeding with the Drug Strategy Framework

The Areas of Concern and Strategies identified and validated during The Windsor-Essex Community Drug Strategy Forum (February, 2008) and the subsequent Validation Forum (April, 2008) provide the context and rationale for changes needed in the community, as well as the need for systems to work together. The following Recommendations must be viewed within the context of the total Drug Strategy Framework. The Guiding Principles define the values underpinning The Recommendations and serve as a guide to their implementation. The Guiding Principles remind us that labeling individuals by characteristics or group membership reinforces stigma and does not ensure individual needs are met. Therefore, referring to The Guiding Principles throughout the implementation process ensures that The Recommendations respond to the unique needs of individuals and the strengths across all populations and demographics within our community.

1. Ensure that the education, law enforcement, and justice systems understand the importance of, and become involved in the *Windsor – Essex Community Drug Strategy Framework*.
2. Establish an Implementation Committee who will develop an overall implementation plan and carry-out *The Windsor-Essex Community Drug Strategy Framework* (e.g. vision, membership, goals, outcomes, etc).
3. Ensure that a cross-section of leaders from all sectors (including but not limited to Business, Labour, Education, Health, Enforcement, Municipal, etc.) of the community form a Working Group to implement *The Drug Strategy Framework*.
4. Determine a safe and appropriate mechanism to involve consumers, as self-defined, in the implementation of *The Framework*. The mechanism will respect *The Guiding Principles*.
5. Develop a communication plan to ensure that the broader public is informed of, and engaged in *The Framework* to promote changes in attitude and action.
6. Establish a mechanism for interagency collaboration to access funding, and to ensure coordination of services and supports which are responsive to the needs of all populations within a holistic, comprehensive framework.
7. Build upon community assets including neighborhood association and service clubs, youth groups, consumer groups, community groups (e.g. homeless coalition), community knowledge (e.g. addictions services asset map), as other community assets.

Appendix A: Drug Strategy Development Process



Appendix B: Website Links to Drug Strategies

Canada: <http://www.nationalantidrugstrategy.gc.ca/nads-sna.html>

Edmonton:

<http://www.edmonton.ca/CityGov/EdmDrugStrategy/ECDSFinalReport.pdf>

Sarnia: <http://www.theunitedway.on.ca/documents/drugstrategyforsarnia-lambton.pdf>

Toronto: <http://www.toronto.ca/health/drugstrategy/>

Vancouver: <http://www.vancouver.ca/fourpillars/pdf/Framework.pdf>

Canadian Centre on Substance Abuse: Drug Strategy Site:

<http://www.ccsa.ca/CCSA/EN/Partnerships/HEP/Strategies.htm>

Appendix C: Selected Resources

Canadian Aboriginal AIDS Network (CAAN)- <http://www.caan.ca/>

Canadian Centre on Substance Abuse- <http://www.ccsa.ca/ccsa/>

Council on Drug Abuse- <http://drugabuse.ca/>

A Drug Prevention Strategy for Canada's Youth:-
[http://www.ccsa.ca/NR/rdonlyres/EC53A270-E4C5-46B0-9650-](http://www.ccsa.ca/NR/rdonlyres/EC53A270-E4C5-46B0-9650-AD137DB63E9F/0/ccsa0115222007e.pdf)

[AD137DB63E9F/0/ccsa0115222007e.pdf](http://www.ccsa.ca/NR/rdonlyres/EC53A270-E4C5-46B0-9650-AD137DB63E9F/0/ccsa0115222007e.pdf)

Essex, Kent & Lambton District Health Council: Concurrent Disorders Planning Report for Windsor-Essex and Chatham-Kent-

<http://www.lhsc.on.ca/isan/communication/reports/dhc/district/essex/finalconcurrentdisorderreport.pdf>

Public Health Agency of Canada: Canadian Street Youth and Substance Use-

<http://www.phac-aspc.gc.ca/sti-its-surv-epi/report07/sum-eng.html>

Public Safety Canada: A Portrait of Sustainable Crime Prevention in Selected Canadian

Communities- <http://www4.psp.gc.ca/en/library/publications/research/portrait/highlight/highlight.html>

The 2007 OSDUHS (Ontario Student Drug Use and Health Survey) Drug Report-
<http://www.camh.net/research/osdus.html>

Appendix D: Windsor-Essex County Community Drug Strategy Agenda

DRUG STRATEGY FORUM

February 27, 2008

| Time | Agenda Item | Presenter/Facilitator |
|-------------------|---|--|
| 8:30 – 9:00 | Registration | |
| 9:00 – 9:05 | Welcome | Sheila Wisdom Executive Director – United Way |
| 9:05 – 9:15 | Purpose of Drug Strategy Drug Strategy process | Caroline Postma City Councillor – Ward 2 |
| 9:15 – 9:40 | Overview of the Day Guiding Principles | Colleen Mitchell Lead Facilitator |
| 9:40 – 10:00 | Snapshot of Drug Issues and Initiatives | John Zarebski Program Consultant, CAMH |
| 10:00 – 11:30 | Describing the Four Pillars for Windsor-Essex County | Colleen Mitchell Small Group Facilitators |
| 11:30 – 12:15 | Report Back on Descriptions of 4 Pillars | Colleen Mitchell |
| 12: 15 – 12:45 | LUNCH | |
| 12:45 – 1:15 | Issue identification and themes | Colleen Mitchell |
| 1:15 – 1:45 | Report back on Issues/BREAK | Colleen Mitchell |
| 1:45 – 2:15 | Solutions – Discussion will be based on themes that are identified | Colleen Mitchell Small Group Facilitators |
| 2:15 – 3:00 | Report Back on Solutions | Colleen Mitchell |
| 3:00 – 3:15 | Wrap up | Caroline Postma |

Appendix E: Forum Invitees

FORUM PLANNING GROUP

Michelle Graham
John Zarebski
Colleen Mitchell
Rebecca Rudman
Caroline Postma
Jenny Stranges

SPEAKERS AND PRESENTERS

Caroline Postma, Member of City Council, City of Windsor
Sheila Wisdom, United Way / Centraide Windsor-Essex County
John Zarebski, Centre for Addictions and Mental Health

LEAD FACILITATOR

Colleen Mitchell

GROUP FACILITATORS

Maureen Curtis
Lauren Fowler
Russ Horrocks
Lorraine Goddard
Adrian McKenzie
Lynn Perreault
Alison Prieur
Rebecca Rudman

FORUM LOGISTICS

Anjana Jacob

ORGANIZATIONS

AIDS Committee of Windsor
Alanon / Alateen
Alcoholics Anonymous
Brentwood
Canadian Housing and Mortgage Corp.
Canadian Mental Health Association
Can-Am Indian Friendship Centre of Windsor Inc.

CAW Local 1498
CAW Local 195
CAW Local 1973

ORGANIZATIONS continued

CAW Local 200
CAW Local 240
CAW Local 2458
CAW Local 444
Centre for Addiction and Mental Health
City of Windsor
Cocaine Anonymous
Committee to End the Abuse of Substances
Community Members
Concurrent Disorders
Conseil Scolaire de Districte des Ecoles Catholiques due Sud-Ouest
Consumers
Crown Attorney's Office
Essex Law Association
Essex Police Association
Glengarda Child and Family Services
Greater Essex County District School Board
Health Centre (St. Clair College)
Hotel-Dieu Grace Hospital
House of Sophrosyne
Inn of Windsor
Leamington District Memorial Hospital
Leamington Police Association
Legal Assistance of Windsor
Local Health Integration Network
Maryvale Adolescent and Family Services
Mental Health Program for Older Adults
Methadone Clinic
Ministry of Long Term Care Southwest Region
Narcotics Anonymous
New Beginnings
Ontario Disability Support Program
Ontario Provincial Police
Parkwood Gospel and Temple
Probation and Parole

Providers of Addiction Treatment Committee for Windsor Essex County (PAT)

ORGANIZATIONS continued

Royal Canadian Mounted Police

Salvation Army

Sandwich Health Unit

Shalom Counselling Services, Leamington

St. Clair College

St. Leonard's House

Teen Health Centre

University of Windsor

W.F.R.S. Windsor

Well-Come Centre

Westover Treatment Centre

Windsor and District Labour Council

Windsor Essex District School Board

Windsor Essex Children's Aid Society

Windsor Essex County Health Unit

Windsor Essex County Health Unit Essex Satellite Office

Windsor Essex County Housing Corporation

Windsor Essex Homeless Coalition

Windsor Police Services

Withdrawal Management Services

Women in Sobriety

YMCA of Windsor Essex County

Youth and Family Resource Network

Youth Connection Association for Academic Excellence Inc.

Appendix F: Characteristics & Attributes of Prevention, Treatment, Enforcement, and Harm Reduction (The Four Pillars)

| Prevention | |
|-------------------|---|
| Vancouver | Involves education about the dangers of drug use and builds awareness about why people misuse alcohol and drugs and what can be done to avoid addiction. A Framework for Action supports coordinated, evidence-based programs targeted to specific populations and age groups programs that focus on the causes and nature of addiction as well as on prevention. |
| Toronto | Interventions that seek to prevent or delay the onset of substance use as well as to avoid problems before they occur. Prevention is more than education. It includes strengthening the health, social and economic factors that can reduce the risk of substance use. This includes access to health care, stable housing, education and employment. Effective programs start with the very young and extend through all life stages. They use a range of health promotion strategies and target policy and legislative change. Examples of prevention include mentoring programs, developing communication and problem solving skills and limiting the sale of alcohol. |
| Sarnia | Programs and services that seek to prevent or delay the onset of substance use as well as to avoid problems before they occur. Prevention is more than just education. It includes strengthening the health, social and economic factors that can reduce the risk of substance use. Effective programs start with the very young and extend through all life stages. Example of prevention may include mandatory comprehensive drug prevention programming extended to all schools and integrated throughout the curriculum at various levels. |
| London | Programs and strategies give people the information and skills to prevent or avoid harmful substance use. Prevention includes efforts to prevent or delay substance use (i.e., abstinence), to reach people in the early stages of substance use before they develop problems, and to give people who choose to experiment with substances the information they need to do so safely. |

| | |
|-----------------|--|
| Ottawa | Strategies that help people understand substance misuse, and the negative health impacts and legal risks associated with substance use and abuse, to encourage people to make healthy choices and to provide opportunities to help reduce the likelihood of substance abuse, including affordable housing, employment training and jobs, recreation, and long-term economic development. |
| Edmonton | Avoid or delay misuse by reducing risk factors, enhancing protective factors and enabling citizens to develop competence and resilience from an early age. |
| Canada | The Prevention Action Plan focuses on equipping those most impacted by the issues, as well as parents, educators, law enforcement, and communities with information and tools, as well as the capacity, to intervene to prevent illicit drug use before it happens. |

| Treatment | |
|------------------|--|
| Vancouver | Interventions and support programs that enable individuals with addiction problems to make healthier decisions about their lives and move towards abstinence. These include detoxification, outpatient counselling and residential treatment, as well as housing, ongoing medical care, employment services, social programs, and life skills. |
| Toronto | Interventions that seek to improve the physical, emotional and psychological health and well-being of people who use or have used substances (and sometimes their families) through various psychosocial and psychopharmacological therapeutic methods. The goal is to abstain from or to manage their use of substances. Effective treatment is evidence-based, easily accessible and has the active involvement of the person being treated. Examples of treatment include withdrawal management (detox), residential and out-patient treatment, counselling and substitution therapies (e.g., methadone maintenance therapy). |
| Sarnia | Interventions that seek to improve the physical, emotional and psychological health and well-being of people who use, misuse or have used substances (and sometimes their families) |

| | |
|-----------------|---|
| | through various methods. The goal is to abstain from or to manage their use of substances. Examples of treatment may include an increase in the range and number of treatment options for individuals with substance abuse issues. |
| London | Programs that encourage people with addiction problems to make healthier decisions about their lives. Treatments, such as withdrawal management, counselling, life skills and methadone maintenance programs, help people manage their addiction. |
| Ottawa | Services that offer to help people come to terms with substance misuse and lead healthier lives, including outpatient and peer-based counselling, methadone programs, daytime and residential treatment, housing support and ongoing medical care |
| Edmonton | Provide access to a continuum of treatment services that help people in the grip of alcohol or other drugs deal with root problems, regain health and avoid recurrence. |
| Canada | The Treatment Action Plan supports innovative and effective approaches to treating and rehabilitating individuals who pose a risk to themselves and the community. |

| Enforcement | |
|--------------------|---|
| Vancouver | In order to increase public order and to close the open drug scene in the Downtown Eastside, more effective enforcement strategies will include a redeployment of officers in the Downtown Eastside, increased efforts to target organized crime, drug houses and drug dealers, and improved coordination with health services and other agencies to link drug and alcohol users to available programs throughout Vancouver and the region. |
| Toronto | Interventions that seek to strengthen community safety by responding to the crimes and community disorder issues associated with the importation, manufacturing, cultivation, distribution, possession and use of legal and illegal substances. Enforcement includes the broader criminal justice system of the courts, probation and parole, etc. Effective enforcement also means being visible in communities, |

| | |
|-----------------|--|
| | understanding local issues and being aware of existing community resources. Examples of enforcement include community policing initiatives and drug treatment courts. |
| London | Programs, such as efforts to target organized crime and to link substance users to treatment services, recognize the need for safety and public order in our community. To be effective, enforcement must be integrated with prevention, treatment and harm reduction. |
| Ottawa | Services target organized crime drug dealing, drug houses, and problem businesses involved in the drug trade and improve coordination with health services and other agencies that link drug users to withdrawal. |
| Edmonton | Increase community health and safety through a broad range of collaborative activities addressing criminal activity associated with misuse of alcohol and other drugs. |
| Canada | To complement drug prevention and treatment efforts, the Enforcement Action Plan bolsters law enforcement efforts and their capacity to effectively combat marihuana grow operations and synthetic drug production and distribution operations. |

| Harm Reduction | |
|-----------------------|---|
| Vancouver | Pragmatic approach that focuses on decreasing the negative consequences of drug use for communities and individuals. It recognizes that abstinence-based approaches are limited in dealing with a street-entrenched open drug scene and that the protection of communities and individuals is the primary goal of programs to tackle substance misuse. A Framework for Action attempts to demonstrate the need for harm reduction by outlining, and drawing upon, other successful programs around the world that have significantly reduced both the negative health and societal impacts and the costs of drug addiction. |
| Toronto | Interventions that seek to reduce the harms associated with substance use for individuals, families and communities. It can include, but does not require, abstinence. The focus is on the |

| | |
|-----------------|---|
| | <p>individual's behaviour, not on the substance use itself. Effective harm reduction approaches are pro-active, offer a comprehensive range of coordinated, user-friendly, client-centered and flexible programs and services and provide a supportive, non-judgmental environment. Examples of harm reduction include needle and condom distribution and maximum blood alcohol limits for driving.</p> |
| Sarnia | <p>Programs and services that seek to reduce the harms associated with substance use for individuals, families and communities. Effective harm reduction approaches are pro-active and client centered. They provide a supportive, non-judgmental environment. Examples of harm reduction may include services such as Needle Exchange program.</p> |
| London | <p>Harm Reduction programs acknowledge that abstinence-based treatments may not be a realistic goal for some drug users, and provide supports such as emergency shelters, food banks, supportive housing that improve health, reduce harm, and provide a gateway to treatment services.</p> |
| Ottawa | <p>Harm Reduction approaches are used to reduce the spread of deadly communicable diseases, prevent drug overdose deaths, increase substance users' contact with health services and drug treatment programs, and reduce consumption of drugs on the street.</p> |
| Edmonton | <p>Recognizing that it is impossible to eliminate all substance use, minimize the resulting harm by addressing pressing health, social and economic challenges.</p> |

Appendix G: Forum Presentation by John Zarebeski, CAMH Profile of Substance Abuse



Costs of Substance Abuse in Canada 2002

Figure 1: Costs attributable to substance abuse by cost category in Canada, 2002

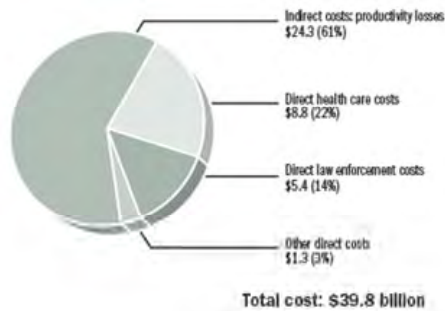
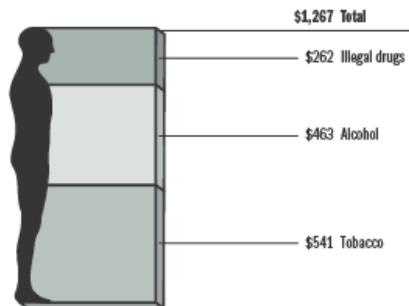


Figure 2: Per capita costs of substance abuse in Canada, 2002



[Note: Numbers may not add up because of rounding]

Costs of Substance Abuse in Ontario 2002

- The abuse of tobacco, alcohol and illegal drugs cost Ontario \$14 billion over a one year period, representing \$1,185 per person in the province.
- The economic burden is comprised of both direct health care and criminal justice costs, as well as the indirect drain on productivity resulting from disability and premature death.

Costs of Substance Abuse in Ontario 2002

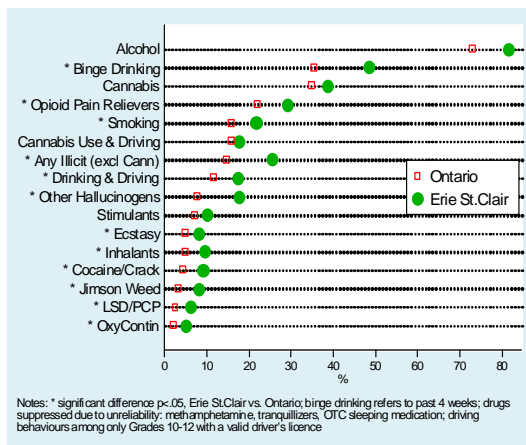
Tobacco use imposes the greatest cost at \$6.1 billion (42.4% of the total cost of substance abuse)

- Alcohol accounts for \$5.3 billion, or 37.2% of the cost
- Illegal drugs cause the relatively lowest economic burden at \$2.9 billion (20.4%).
- Tobacco and alcohol—account for 80% of the cost of substance abuse

Costs of Substance Abuse in Ontario 2002

- Substance abuse remains a substantial public health problem for Ontario, and not just for those with a psychiatric diagnosis of dependence or abuse.
- For example, 50% of the costs of alcohol use and abuse are by people who do not have a diagnosis of alcohol dependence or abuse.

Reported Student Drug Use in Erie St Clair LHIN

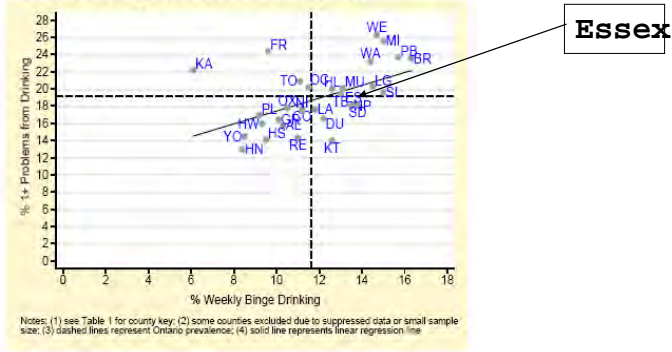


Student Drug Use in Local Health Integration Networks of Ontario (LHIN) – Erie St. Clair

- **Summary of Drug Use Significantly Higher Than the Province**
 - Smoking
 - Daily Smoking
 - Alcohol
 - Binge Drinking
 - Cannabis
 - Hallucinogens
 - Ecstasy
 - Stimulants
 - Cocaine
 - Any Illicit Drug
 - Passenger/Alcohol
 - Passenger/Drug

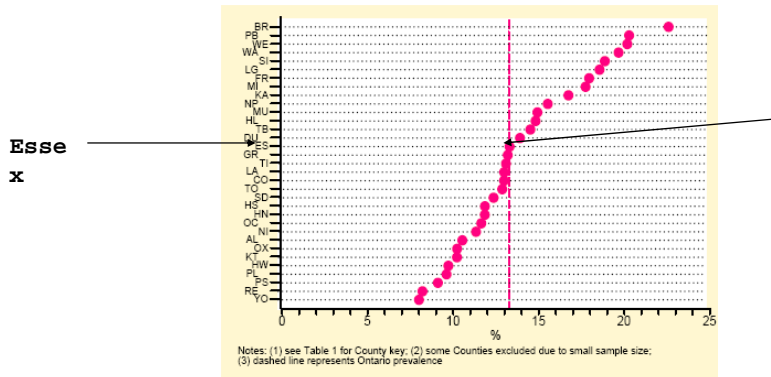
Drinking in Essex

Figure 3. The Relationship Between Weekly Binge Drinking and Reporting 1+ Problems from Drinking, by Ontario County, 2000–2004 CAMH Monitor



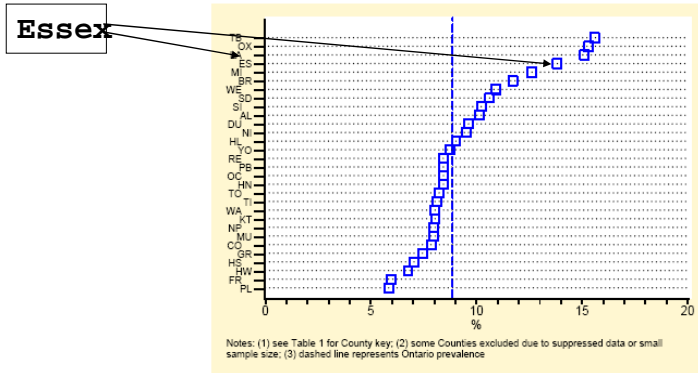
Drinking in Essex

Figure 2. Percentage Reporting Hazardous Drinking by Ontario County, 2000–2004 CAMH Monitor



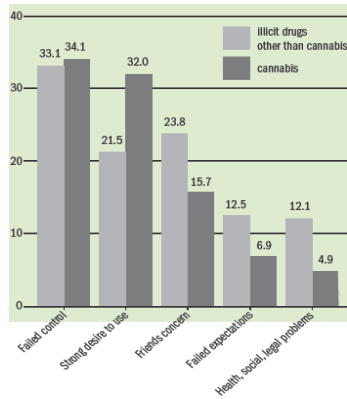
Drinking in Essex

Figure 1. Percentage Reporting Drinking and Driving by Ontario County, 2000–2004 CAMH Monitor



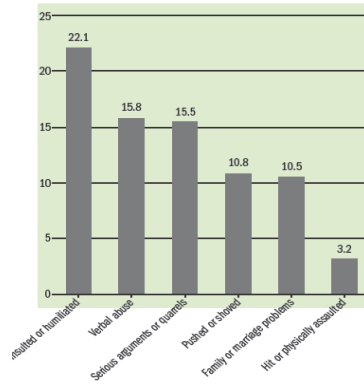
National Monitor 2004

FIGURE 4: Percentage reporting drug use risk indicators (ASSIST) among past-year cannabis and other drug users, age 15+, Canada 2004



National Monitor 2004

FIGURE 2: Percentage reporting harm experienced in the past 12 months resulting from others' drinking, total population age 18+*, Canada 2004



* Due to the sensitivity of some items, harms from others' drinking was asked only of those 18+

Building an Integrated System



Estimated Addiction Service Funding Utilized by Windsor Residents

| | Non residential services-per capita | Residential services-per capita |
|------------------|-------------------------------------|---------------------------------|
| Essex | .72 cents | \$4.66 |
| SouthWest | \$4.01 | \$3.60 |

EKL DHC Report 1999: An Integrated Plan

LHIN Integrated Health Service Plan (Page 132)

- 1856 Essex residents treated in the ESC LHIN for Substance Abuse
- 786 Essex Residents (30%) treated outside of the ESC LHIN

Appendix H: Identification of Themes & Issues

1. Collaboration

- Create a seamless system between 4 pillars
- Link strategies from all pillars to each other as part of everything even if it is primarily within one pillar
- Consistent message across municipalities and service providers
- Collaboration between: agencies, community, those in addiction/recovery
- Consistent messages across municipalities and service providers
- Need to get to action on strategy
- Bring in more key stakeholders (law enforcement, judges, prosecutors, teachers)
- Increase advocacy role
- Create seamless system between four pillars

2. Funding

- Making the case
- More MOH funding
- More stable funding
- Return to fully funded model (no fee for service)
- Increase funds
- Advocacy with funders to receive the proportionate share of resources
- Build upon successful practices that happen now (grant collaboration, creative project funding between agencies)
- Funding system needs to change to increase cooperation between agencies
- Making the case- business plan, stats, need/cost benefit analysis for funding
- Pool resources to develop community strategies

3. Enforcement

- **Judicial system to develop strategies that focus on education instead of punishment, drug court**
- **Incarceration and enforcement is not the solution**
- **Enforcement- distinguishing possession from trafficking**

4. Education (Prevention)

- **Education/prevention starts with primary prevention**
- **Strategies to raise awareness with adults and educators in regards to the need to educate younger children**
- **Greater inclusion of recovering/current users/addicts**
- **Prevention equals life skill building for all ages**
- **Programs for early intervention and education**
- **Programs specific to various populations and compensatory neighbourhoods**

5. Accessibility

- **Breaking down barriers to accessing service at all stages of recovery (e.g. childcare, housing, transportation)**
- **More access to timely accessible services- all services, especially treatment**
- **Access/advocacy for all stages of recovery/addiction**
- **Provide more information to 211/hospitals regarding how to access service (wait list criteria)**
- **Accessing appropriate treatment and services**
- **One point access/entry: 211, addiction yellow pages (knowing beds, eligibility, interim plan, waitlist criteria)**
- **Engaging diverse populations**
- **Multi-faith/cultural barriers**
- **Outreach through other community services- go to where people are**
- **Access to services by individuals**

6. Family Support: Support For Families & Support From Families

- **Let kids come with parents to treatment programs so they stay connected to family**
- **Whole family involvement**
- **Family support- family in recovery**

7. Social and Economic Conditions

- Residential/Safe housing economy
- Jobs training/upgrading
- Local economic situation
- Safe
- Community ownership and involvement
- Recognize unique needs of the community

8. Youth Treatment

- Youth treatment

9. Awareness & Public Education

- Awareness
- Education and community awareness
- Strategies to raise awareness with adults and educators in regards to the need to educate younger children
- Community buy-in of harm reduction
- Public education (public service announcements)

10. Treatment

- Working within LHIN vs. WEC
- Wait times
- Method of communication/existing resources program/treatment/information sharing
- Best practices in managing drug issues
- Acknowledge the existence of abuse in WEC and the need for advanced treatment
- Lack of local facilities
- Need longer residential treatment time- look at research 3 months or more
- Peer counselling (very inclusive)
- Specialized and inclusive

11. Greater Inclusion of Recovering/Current Users/Addicts

- Build support of the total community (bus, government, labour)
- Inclusion of all relevant parties, including users (discourages resistance)

- Use the experience of current in treatment and former users as part of drug strategy

12. Aftercare

- Jobs

Appendix I: Ideas, Strategies & Action Steps

1. Collaboration

- **Create a seamless system between 4 pillars**
- **Link strategies from all pillars to each other as part of everything even if it is primarily within 1 pillar**
- **Consistent messages across municipalities and service providers**
- **Collaboration between agencies, community and those in addiction/recovery**
- **Need to get to action on strategy**
- **Bring in more key stakeholders (law enforcement, judges, prosecutors, teachers)**
- **Increase advocacy role**

2. Funding

- **Making the case**
- **More MOH funding**
- **More stable funding**
- **Return to fully funded model (no fee for service)**
- **Increase funds**
- **Advocacy with funders to receive the proportionate share of resources**
- **Build upon successful practices that happen now (grant collaboration, creative project funding between agencies)**
- **Funding system needs to change to increase cooperation between agencies**
- **Making the case- business plan, stats, need/cost benefit analysis for funding**
- **Pool resources to develop community strategies**

3. Enforcement

- **Judicial system to develop strategies that focus on education instead of punishment, e.g., drug court**
- **Incarceration and enforcement is not the solution**
- **Enforcement- distinguishing possession from trafficking**

- **Drug Court**
- **Explore and find best practice models on police education in regards to addiction issues and implement them at the college level. Have an officer available on each shift to do addiction assessments.**
- **Police need to educate public on what to look for in regards to drug houses and how to document activities (utilize neighbourhood watch volunteers)**
- **Breakdown pillars and create working groups to monitor obtainable objectives**
- **Form community groups around addictions with police**
- **Making information available online so people can make anonymous tips, like crime stoppers**
- **Build on Saul Losenchuk's and Greg Goulin's work on drug courts**
- **Research other communities that have implemented addiction assessment officers and addiction training**
- **Create a public awareness campaign that informs the community about how to spot drug houses**
- **Community, all law enforcement officials, and people in education need to be at the table to work on these issues**

4. Social attitudes and environmental conditions (Root Causes synthesized from the following areas of concern: education, social and economic conditions, and awareness and public education)

a) Education (Prevention)

- **Education/prevention start with primary prevention**
- **Strategies to raise awareness with adults and educators in regards to the need to educate younger children**
- **Greater inclusion of recovering/current users/addicts**
- **Prevention equals life skill building for all ages**
- **Programs for early intervention and education**
- **Programs specific to various populations and compensatory neighbourhoods**
- **Support for kids/families**

b) Social and Economic Conditions

- **Residential/Safe housing/ Economy**
- **Jobs training/upgrading**
- **Local economic situation**

- Safe
- Community ownership and involvement
- Recognize unique needs of the community
- Job availability
- c) Attitudes, Awareness and Public Education
 - Awareness
 - Education and community awareness
 - Strategies to raise awareness with adults and educators in regards to the need to educate younger children
 - Community buy-in of harm reduction
 - Public education (public service announcements)
 - Action Steps include the following: launching of drug strategy, involving key players in pillars/educators, involving the media, holding community meetings and forums to get to the grass roots, and providing education
 - Non-smoking campaign, VIP, recovery groups
 - High school student parliament
 - Community groups
 - Involvement of community leaders

5. Continuum of Services and Support

a. Accessibility

- Breaking down barriers to accessing services at all stages of recovery (e.g., childcare, housing, transportation)
- More access to timely accessible services- all services, especially treatment
- Access/advocacy for all stages of recovery/addiction
- Provide more information to 211/hospitals regarding how to access services (wait list criteria)
- Accessing appropriate treatment and services
- One point access/entry: 211, addiction yellow pages (knowing beds, eligibility, interim plan, waitlist criteria)
- Engaging diverse populations (Multi-faith/cultural barriers)
- Outreach through other community services- go to where people are
- Access to services by individuals
- Peer recovery volunteer task force
- “Help Cards”- multiple languages

- Free discussion groups in neighbourhood and community
- Utilizing people in recovery
- Internet based peer counselling
- Services in yellow pages
- Addiction info- meeting times and locations
- Strengthen Drug Awareness Week
- Drug information in various languages
- Utilize media to highlight issue
- Peer support for ER patients
- A speakers list available to all agencies
- Peer Recovery Volunteer Task Force
- Collect and establish volunteer list from existing providers
- Develop policies in screening, supervision and training for volunteers
- Existing community centres
- Utilize media
- The following people need to be at the table: Executive Directors, support groups, municipalities (community centres), media, family support, law enforcement, diverse community groups, church leaders

b. Family support for families and support for families (the former is stronger)

- Let children come with parents to treatment programs so they stay connected to family
- Whole family involvement
- Family support – Family in recovery
- Central Awareness Network – Single point for family help and support/diagnosis, linking agencies/resources/programs
- Funding what is presently available in Windsor-Essex County
- Working with the family even though the addict presently does not want treatment
- Standard assessment / Intake involves tapping into family dynamics (relationships, support levels within entire family)

- **Address women's safety / childcare issues so they can access treatment (e.g. child involved in single mother treatment plan / program)**
- What existing work can be build upon? What resources are needed to address this theme?**
- **Start from scratch**
 - **Staffing (social workers, peers, recovering addicts, teachers)**
 - **Youth treatment**
 - **Treatment**
 - **Working with LHIN vs. WEC**
 - **Wait times**
 - **Method of communication / Existing resources program / Treatment / Information sharing**
 - **Best practices in managing drug issues**
 - **Acknowledge the existence of abuse in WEC and the need for advanced treatment**
 - **Lack of local facilities**
 - **Need longer residential treatment time – look at research 3 months or more**
 - **Peer counselling are specialized and inclusive**

c. Aftercare / After treatment

- What existing work can be build upon? What resources address this theme?**
- **Utilize Self Help Community: Remove barriers, provide transportation, childcare, multicultural community, rural community, integration of after care programs, LHIN no cost, counselling, family relationship, career, grief, and peer**
 - **Safe housing – recovery community, Ontario works, need to be formalized and system supported. Social housing dedicated to recovery**
 - **Greater inclusion of recovering/current users/addicts**
 - **Build support of the total community (bus, government, labour)**

- **Inclusion of all relevant parties, including users (discourage resistance)**
- **Use the experience of current, in treatment and former user as part of drug strategy**

Appendix J: Working Group Members

| Name | Organization |
|--------------------------|--|
| Diana Bouffard | P.A.T/Mental Health Program for Older Adults |
| Shelley Gilbert | Legal Assistance Windsor |
| Michelle Graham | St. Leonard's House |
| Jillaine Kutyma | University-Community Partnership for Community Development, Training and Research |
| Barb Mann | Cocaine Action Group |
| Sophia Martin | St. Leonard's House/Cocaine Action Group |
| Pat Noonan | Women for Sobriety |
| Dale Richardson | Withdrawal Management Services |
| Domine Rutayisire | Teen Health Centre |
| Judi Wilson | Student Health Services, University of Windsor |
| Barat Wolfe | House of Sophrosyne |

Appendix K: Community Characteristics

Community characteristics such as economic conditions, population demographics, education and employment levels, income, and crime rates are related to substance use. This data is important because it provides a picture of the unique challenges and opportunities facing the community, and helps to illustrate the breadth of challenges the community faces because of the link between community conditions and substance abuse.

The following data was used to assist in synthesizing information gathered at the Forum.

The Windsor-Essex community is located on North America's busiest international border crossing. More than 40,000 truck drivers, commuters and tourists and \$323 million worth of goods pass through the Windsor-Detroit border crossing every day.⁴

Windsor is also a major immigration entry point with 15,165 individual permanent residents landing in Canada between 2001 and 2006.⁵ New Canadians account for 23 % (87,170) of Windsor-Essex County's 393,402 people. Fifty percent of these individuals live in the City of Windsor (216,473) and the rest live in the municipalities ranging from five to nine percent of the County population: LaSalle (7%), Tecumseh (6%), Lakeshore (9%), Leamington (7%), Kingsville (5%), Essex (Town) (5%), and Amherstburg (6%). The population density is high relative to Ontario communities with comparable population sizes.⁶

Sixty one percent of Windsor Essex's population is over the age 30. Individuals from ages 30-54 represent 37% of the population with another 24% of individuals aged 55 or older. The community's youth (10-19) represent 14% of the population and those aged 20-29 represent 13% of the population.⁷ This age distribution is consistent with provincial and national trends describing the "graying" of Canada.

The Windsor-Essex community faces significant workforce development trends. The workforce is aging. Current leading industries are shifting. These leading industries are manufacturing (28%), wholesale and retail trade (15%), health and social service (9%), other services (9%), and accommodation, and food and beverage (7%).⁸ Windsor has the highest auto industry concentration in Canada with one in every seven individuals employed in the auto industry.⁹ Significant declines in the auto industry are leading to a restructuring of the manufacturing base and economic diversification.¹⁰ The tourism industry is also declining as the result of rising gas

⁴ <http://www.crossingmadeeasy.com/detroit-windsor-tunnel.htm>

⁵ Statistics Canada Community Profile 2006

⁶ Statistics Canada Community Profile 2006

⁷ Statistics Canada Community Profile 2006

⁸ Trends, Opportunities, and Priorities Report – 2007: Workforce Development: Our Community – Our People – Our Growth in Southwestern Ontario. Net Success Inc. Diane Soucie. January 2007, p. 3

⁹ Trends, Opportunities, and Priorities Report – 2007: Workforce Development: Our Community – Our People – Our Growth in Southwestern Ontario. Net Success Inc. Diane Soucie. January 2007, p. 6

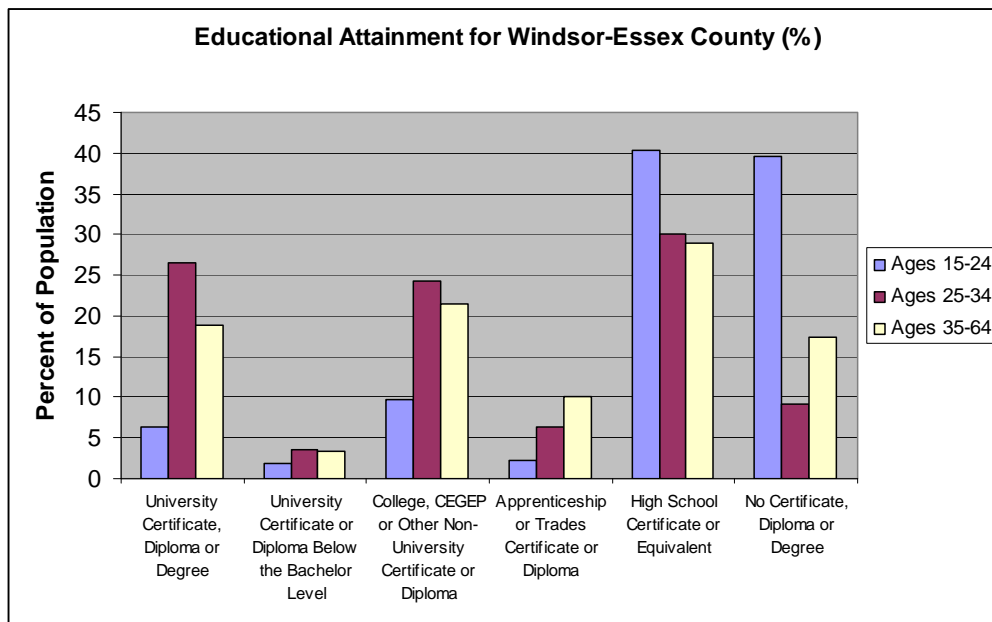
¹⁰ Trends, Opportunities, and Priorities Report – 2007: Workforce Development: Our Community – Our People – Our Growth in Southwestern Ontario. Net Success Inc. Diane Soucie. January 2007, p. 7

prices and a strong Canadian dollar.¹¹ A major community capacity building economic and workforce development projects is focusing on re-growth of the tourism industry through the expansion of Casino Windsor with the addition of convention, hotel and entertainment capacities.¹²

While Windsor-Essex had a high median income, \$64,952 in 2001, in the same year, 45,485 families were living in low income households (\$26,469 or less for a family of 4). Statistics Canada will release updated income data for 2006 in May, 2008. In 2006, eighty people were living on the streets and 2338 individuals accessed short-term or crisis accommodations in Windsor-Essex County.¹³ In March 2007 there were 2163 people wait listed for social housing.¹⁴ Windsor-Essex County has an unemployment rate of 7.9% with the city of Windsor having the highest rate of 9.7%.¹⁵ As of August 2007, 8051 individuals and families were accessing Ontario Works.¹⁶

Education levels in Windsor-Essex County reveal a relationship between labour force activity, income and education. Figure 1 depicts educational attainment by age in Windsor-Essex.

Figure 1: Percentage Educational Attainment by Age



¹¹ Trends, Opportunities, and Priorities Report – 2007: Workforce Development: Our Community – Our People – Our Growth in Southwestern Ontario. Net Success Inc. Diane Soucie. January 2007, p. 8

¹² Trends, Opportunities, and Priorities Report – 2007: Workforce Development: Our Community – Our People – Our Growth in Southwestern Ontario. Net Success Inc. Diane Soucie. January 2007, p. 9

¹³ Homelessness Partnering Strategy Community Plan – Data Tools, 2007 - 2009

¹⁴ Community Plan 2007 – 2009: Homelessness Partnering Strategy

¹⁵ Statistics Canada Community Profile 2006

¹⁶ The City of Windsor: <http://www.citywindsor.ca/001016.asp>

Residents of the community consistently fall below provincial averages for holding a university certificate, diploma or degree. In the community, 6.4% of people aged 15-24, 26.5% of people aged 25-34, and 18.8% of people aged 35-64 in Windsor-Essex graduated from university (Ontario's averages are 7.3%, 32.7%, and 24% respectively). Even though the Windsor-Essex community falls below provincial standards for university level education, there is a considerably higher percentage of residents who have a high school certificate or equivalent. In Windsor-Essex, 40.3% of people aged 15-24, 30.1% of people aged 25-34, and 28.9% of people aged 35-64 have completed high school (Ontario's averages are 38.6%, 23.8%, and 25.4% respectively). Not surprisingly, the community has more high school and less university graduates. Manufacturing, including the automotive sector, is one of the top industries in Windsor-Essex County, an occupation, which, depending on the position, primarily employs high school and college graduates.

Windsor has the ninth highest drug offense rate in Canada at 186 offenses per 100,000 individuals.¹⁷ However, crime involving drugs in the community are under-represented in offense statistics because drug related offenses are considered to be offenses related to the possession, sale, and distribution of drugs. There are, however, other crimes where drugs are used by one or more of the offenders. These offense categories are not included in the count for drug related offenses. In 2007, there were 2,550 violations against the person (homicide, violence causing death, attempted murder, sexual assaults family, sexual assaults non-family, assaults family, assaults non-family, assault peace/police officer, robberies and attempts, criminal harassment, other violent violations). There were 12,418 violations against property (arson, break/enter and attempts, motor vehicle thefts and attempts, theft over \$5000, theft under \$5000, possess stolen goods, fraud, mischief). There were 627 drug offenses and 252 incidences of impaired driving.

¹⁷ **London's Community Addictions Response Strategy Phase One: A plan to improve health outcomes for addicted homeless population and make downtown safer.** Ross L. Fair and W. Murray Faulkner. London Community Service Department and London Police Services. Monday, October 29, 2007

