

To:	Warden Hicks and Members of Grey County Council
Committee Date:	27 January 2022
Subject / Report No:	SSR-CW-02-22
Title:	Community Drug and Alcohol Strategy Presentation Summary Report
Prepared by:	Barb Fedy, Director of Social Services
Reviewed by:	Kim Wingrove, CAO
Lower Tier(s) Affected:	
Status:	

Recommendation

1. That report SSR-CW-02-22 regarding the Community Drug and Alcohol Strategy Presentation from July 22, 2021 be received; and
2. That Grey County Council endorse the identified calls to action through support for on the ground efforts locally, and advocate for policy changes at the Provincial and Federal governments.

Executive Summary

In late summer 2021 Grey County Council received a delegation of community partners outlining the current drug poisoning crisis in Grey-Bruce and Ontario. Presenters provided Council with information about public health concerns related to the drug poisoning crisis, reviewed proven and emerging interventions that are gaining traction across the province and country, and discussed the local response and what actions councils can take to support communities in Grey and Bruce counties. At that time Council endorsed a motion that staff be directed to bring back a report on County and community stakeholder involvement on substance use disorders and supports available. This report summarizes recommendations for local, provincial and federal governments to address the crisis.

Background and Discussion

On July 22nd, 2021, Grey County Council received a delegation from community health partners on the topic of the escalating Drug Poisoning Crisis in Grey-Bruce and Ontario. Statistics showed an escalating problem prior to COVID and have been compounded due to the pandemic. Trends in opioid-related deaths and the local response were shared, with the delegation stating that all levels of government, community partners and the public need to work

together to provide services for those most in need. Overall costs attributable to substance-related harms including healthcare, lost productivity, criminal justice, and other direct costs were highlighted in addition to critical and urgent impacts to individuals and their families.

Substance use disorder was defined as a diagnosable medical condition caused by repeated exposure to substances that changes brain biology especially in areas related to motivation, cravings, and decision-making. It overrides survival instinct in favour of substance-seeking behaviours. Further the delegation highlighted the value of sharing lived experience about living with a substance use disorder and the value of providing anti-stigma training, identifying and responding to an overdose, identifying when someone who might be in withdrawal, and understanding that the need is individual.

The delegation brought forward eight (8) Calls to Action for consideration by Council. This report serves to further operationalize the Calls to Action by positioning Grey County programs and services within the larger provincial and federal policy context.

Calls to Action

The Association of Municipalities of Ontario (AMO) and Ontario's Big City Mayors (OBCM) are calling for a multi-level response to end the drug poisoning crisis. These recommendations involve emergency management and policy reform that acknowledges the root causes of addiction, such as housing related factors, poverty, unemployment, and trauma. *Reference 2019 AMO recommendations attached.*

Local leaders can support on-the-ground efforts by:

1) Working with community partners to expand and enhance harm reduction outreach services.

Evidence-informed interventions that prevent fatal drug poisoning are available in many communities across Ontario. These can include Supervised Consumption Sites, Opioid Agonist Therapy, Safe Supply programs, and mobile harm reduction programs. However, these interventions are not universally available across all communities in Ontario.

The following life-saving harm reduction supports are available to residents of Grey County and Bruce County:

- Opioid Agonist Therapy – Administered by physicians and nurse practitioners in various healthcare settings, including the Grey Bruce Health Services Rapid Access Addiction Medicine Clinic (RAAM).
- National Overdose Response Service (NORS) – National hotline providing 24/7 remote overdose prevention.
- Naloxone Distribution Program – Administered by Grey Bruce Public Health through various community-based partners.
- The Works Needle Syringe Program - Administered by Grey Bruce Public Health through various community-based partners.
- Community-based addiction counselling for adults and youth – Administered by various agencies including Canadian Mental Health Association Grey Bruce and Grey Bruce Health Services.

In addition to these established community programs, a harm reduction outreach pilot project called SOS (Supportive Outreach Service) is underway in Owen Sound and Hanover. The project is a collaboration among various community partners and is operated through in-kind contributions from partner agencies. Grey County Paramedic Services has been instrumental in moving this work forward. The project provides wrap-around health and social services to individuals who experience barriers to accessing traditional health services. The pilot project began in October 2021 and runs until April 2022. Early outcomes show that the project is successfully connecting vulnerable community members to life-saving supports such as addiction medicine (Opioid Agonist Therapy), Naloxone, overdose response education, housing, safer use equipment, addiction counselling and more. Currently, the program operates once a week alternating between two locations. The future state from this pilot project would be to expand to multi-day mobile service provision for increased outreach and to meet people where they are at, similar to programs already operating in other municipalities.

2) Assessing the need for internal harm reduction education and identifying opportunities to incorporate harm reduction into current policies and practices.

The safety and wellbeing of people who use drugs and their community is at the heart of the harm reduction approach. It is founded in health-equity and provides options for people who use drugs to increase their safety and meet their harm reduction needs. Grey County operates a range of social programs that bring staff in contact with people who use drugs and who may be at risk of fatal overdose. This presents opportunities for staff to provide overdose education, offer safety planning and connect clients to appropriate harm reduction supports and services.

Opportunities to incorporate harm reduction into current policies and practices include:

- Offer training to all staff on the basics of a harm reduction approach, drug use stigma, overdose prevention, recognition and response including naloxone administration.
- Develop and implement a policy for drug use on county operated sites. Use a non-punitive and safety-oriented approach that addresses drug use as a health issue.
- Work with Grey Bruce Public Health to examine the possibility of expanding the current role as a Naloxone distribution partner, from Paramedic Services but to also include the Ontario Works and Housing programs as they provide direct services to vulnerable individuals.
- Develop and implement overdose prevention and response plans at county operated housing units. Work towards offering a variety of strategies at each site.
- Involve clients and tenants in the design, operation and evaluation of county harm reduction initiatives.
- Offer grief and loss support for clients, tenants and staff in an immediate and ongoing way. This could include de-briefing following a death or overdose, peer-to-peer support, healing circles or one-on-one counselling.
- Work with applicable Bruce County staff to develop and implement harm reduction policies in recognition of multiple shared and services and public health outcomes

Local leaders can act by advocating to Provincial Leadership for the following:

- 3) That the Ministry of Health appoint a dedicated coordinator focused solely on the provincial response to the emergency and tasked with building partnerships between various sectors and act as a liaison between the government and the sectors.**

The pandemic response demonstrated how public health, community partners, and multiple levels of government can collaborate to address a complex issue. A coordinated, multi-sector, multi-level response that capitalizes on the momentum in combatting Covid-19 and channels efforts to address the drug poisoning crisis is needed. This would include the AMO recommendation that the Ministry of Health works toward a goal of establish and maintaining 30,000 supportive housing units in the province.

Appoint community-based experts from a variety of sectors to a Task Force to advance evidence-informed policy and practice changes, including sub-strategies for specific populations. Provide the Task Force with the authority to recommend immediate policy and practice changes, with investments to implement the recommendations. [From Drug Strategy network white paper.]

- 4) That the Province undertakes an ‘all of government’ effort to develop a comprehensive provincial drug strategy that addresses the opioid overdose emergency, based on a public health approach that addresses the social determinants of health, and that takes a nondiscriminatory approach to overdose prevention and harm reduction. This strategy should cascade down to guide local drug strategy development and implementation with accompanying resources so that municipalities in Ontario have comprehensive, multi-faceted, funded drug strategies in place led by dedicated local coordinators. Further, progress toward implementation should be measured with performance indicators and be evaluated for outcomes achieved. (Recommendation 2 [AMO Opioid Overdose Emergency in Ontario 2019](#))**
- 5) Safer supply initiatives significantly improve individual health by transitioning people from the toxic, unregulated market to pharmaceutical-grade substances within a health care context. Safer supply initiatives can also offer participants case management and other supports to address a spectrum of health and social concerns. These health initiatives have demonstrated exceptionally high client retention rates, and significant reductions in overdose fatalities while simultaneously creating a pathway to health care services for their clients. Additional safer supply initiatives are needed in Ontario and across Canada. ([Safer Supply GBHU BOH Motion 2020-65](#))**

Local leaders can act by advocating to Federal Leadership for the following:

- 6) That the Federal Minister of Health declare the drug poisoning crisis a National Public Health Emergency and that the crisis be met with the same urgency observed in the federal response to the COVID-19 pandemic. (British Columbia has already declared a public health emergency under the Public Health Act, allowing for real time information to be collected, reported and analyzed across the health system to identify immediately where risks are arising and take proactive action.)**

- 7) That the Federal Government urgently adopt a comprehensive, pan-Canadian action plan that addresses the factors that both contribute to harmful substance use and obstruct recovery, such as inadequate housing and social safety nets, with the goal of eliminating overdoses and drug poisoning deaths in Canada.
- 8) That the Federal Minister of Health decriminalize the possession of all drugs for personal use and scale up prevention, harm reduction, and treatment services.
- 9) That the Federal Minister of Health and relevant regulatory Colleges support and fund the provision of safe supply initiatives.

GLOSSARY

Opioid Agonist Therapy (OAT): OAT, also known as opioid substitution therapy (OST), is the standard treatment for opioid use disorder. It involves prescribing long-acting oral or injectable opioids to improve stability and reduce withdrawal symptoms.

Safe Opioid Supply (SOS): A harm reduction approach which involves replacing illegal drugs with pharmaceutical alternatives. SOS combines immediate-release opioids with long-acting opioids to mitigate withdrawal symptoms, improve sleep and functioning, and reduce the likelihood an individual will access the illegal drug supply. Safe opioid supply is often provided with wrap around services such as housing and primary care.

Supervised Consumption Site (SCS): SCS are facilities that have been exempted by Health Canada under section 56.1 of the *Controlled Drugs and Substances Act*. Inside an SCS, people can use their own illicit drugs without being prosecuted for drug possession. In addition to witnessed injection and emergency overdose response, SCS typically offer a range of other support services to clients, including referrals to treatment programs and access to housing supports. Procedurally, establishing a SCS is laborious and time-consuming.

Overdose Prevention Site (OPS): OPS were established as a community-based response to overdose deaths and the slow bureaucracy associated with SCS applications. OPS tend to be peer-run, basic facilities (sometimes consisting of a tent in a public park) where people can use their own illicit drugs, access sterile harm reduction equipment, and receive emergency overdose response as needed. OPS are lower-barrier than SCS and offer the expertise and direct experience of experiential peer workers. OPS may permit modes of consumption that are prohibited in most SCS, such as drug inhalation. In Ontario, OPS are run via a temporary, Province-wide exemption from the federal government.

National Overdose Response Service (NORS): NORS is a peer-run, peer-led overdose prevention hotline. NORS makes overdose support available to Canadians 24/7. People can call the hotline from anywhere in Canada before using for affirming, confidential, respectful support. NORS is a collaborative initiative between people who use drugs, [Grenfell Ministries](#), the [Brave Technology Co-op](#), and Dr. Monty Ghosh.

Legal and Legislated Requirements

None

Financial and Resource Implications

Financial and resource implications are dependent on individual actions approved by Grey County Council. As action plans evolve and are brought to Council for approval, expenditures and relevant sources of funding would be included for each action. The Calls to Action range from agency and organization policy changes to capital and operations expenses for the mobile service delivery program as an example.

Relevant Consultation

- Internal
 - Social Services
 - Housing
- External (list)
 - Community Drug and Alcohol Strategy Coordinator

Appendices and Attachments

[Backgrounder Addressing the Drug Poisoning Crisis Grey County Community Drug Alcohol Strategy 2021](#)

[Slides Addressing the Drug Poisoning Crisis Grey County Community Drug Alcohol Strategy 2021](#)

[AMO Opioid Overdose Emergency in Ontario 2019](#)

[Safer Supply GBHU BOH Motion 2020-65](#)