

Municipality of Chatham-Kent

Health and Human Services

Public Health Unit

To: Mayor and Members of Council
From: Teresa Bendo, Director, Public Health
Date: March 18, 2024
Subject: Chatham-Kent Community Drug Strategy

Recommendations

It is recommended that:

1. Administration be directed to implement the Chatham-Kent Community Drug Strategy (CKCDS).
2. \$150,000 be allocated from the Strategic Development Reserve in each of 2024 and 2025 to operationalize the Chatham-Kent Community Drug Strategy.

Background

In Chatham-Kent (CK), substance use is a complex issue impacting individuals, families, and communities. COVID-19 has intensified the impacts of substance use. Specifically, data shows a substantial increase in opioid-related harms and deaths since the beginning of the COVID-19 pandemic. Additionally, the presence of fentanyl, sedatives, and stimulants in post-mortem toxicology reports of fatal opioid poisonings is also more common, suggesting an increasingly volatile supply of unregulated opioids and other drugs (Friesen et al, 2021). Current data suggests that Chatham-Kent experiences higher rates of opioid-related hospitalizations, emergency department (ED) visits and deaths compared to the province (Chatham-Kent Public Health, 2023). From 2018 to 2022, the number of deaths in Chatham-Kent from opioid poisoning increased from 5 to 37 (Chatham-Kent Public Health, 2023). Problematic use of substances including alcohol, cannabis, and other illicit drugs also contribute to significant health and societal harms in CK.

In March 2019, CK Public Health hosted a community forum where the Opioid Use and Related Harms in Chatham-Kent Situational Assessment findings were shared with approximately 60 partners from various sectors, including but not limited to: substance use, mental health, housing, health care, public health, emergency services, law enforcement, education, children services, Indigenous services, and elected representatives from Municipal Council. At the forum the prevalence of opioid use and related harms in CK were described, factors making the situation better and worse were

identified, and community strengths and opportunities to respond to opioid use and related harms in CK were explored. Partners also engaged in action planning around four priority areas: upstream prevention, crystal methamphetamine, opioid poisonings, and stigma. Finally, through this community forum, the need for the development of a local substance use strategy was identified.

On [August 12, 2019](#), a motion was passed by CK Municipal Council directing Administration to review options to implement a municipal drug strategy in partnership with local agencies and stakeholders and to return to Council with recommendations.

CK Public Health responded to this motion with an information report to Council on [November 18, 2019](#) identifying the operational needs and resources required to establish and implement a municipally-led drug strategy. The annual funding required for a municipally-led strategy was estimated at \$110,000, largely to support the hiring of a dedicated drug strategy coordinator. It was evident at the time and still currently acknowledged, based on the experiences of other communities, that without a dedicated resource, it is challenging to move the strategy and associated work forward.

A motion was passed by CK Municipal Council to receive CK Public Health's report and to include the request for funding for consideration in the 2020 budget. Through the 2020 budget process, Council approved \$110,000 in funding from reserves and directed Administration to coordinate the development of a community drug strategy. Due to the demands of CK Public Health's response to the COVID-19 pandemic, this work was delayed and re-prioritized in 2022 as CK Public Health returned to normal activities.

CK Public Health initiated this work with the selection and hiring of an independent consultant, Collective Results (a consulting firm in Guelph, Ontario), to lead the community consultation process, consolidate local findings, and develop the Chatham-Kent Community Drug Strategy (CKCDS), including recommendations for strategy structure and implementation. From November 2022 to March 2024, CK Public Health worked with the consultant to establish and lead a project steering committee, comprised of multiple community agencies, that guided the development of the CKCDS.

Comments

A four pillar approach was used to develop the CKCDS. This evidence-based approach has been widely used for drug strategy development across Canadian municipalities (Piscitelli, 2017). Table 1 provides a brief description of each of the four pillars.

Table 1. Definitions of the Four Pillars used with the CKCDS

Pillar	Definition
Prevention	Actions that prevent or reduce substance use.
Treatment & Recovery	Actions that seek to improve the physical and emotional well-being of people experiencing difficulties related to substance use.
Harm Reduction	Actions that help reduce risks and challenges related to substance use, drug policies and drug laws.
Community Inclusion & Safety	Actions that focus on peace, public order and safety.

Under the guidance of the project steering committee and with staff support from CK Public Health, the consultant used the following processes to inform the development of the CKCDS:

1. **Local Data Situational Assessment:** A review of existing local data and information related to the four pillar areas occurred.
2. **Community Consultations:** Community partners, community members and people with lived/living expertise (PWLE) of substance use were engaged in surveys and interviews to gather information on current substance use in CK.
3. **Key Findings:** Key findings from the local data situational assessment and community consultations were identified. This information, in addition to best practice evidence, provided a strong foundation to inform the strategy development. Please refer to Appendix 1 for the Executive Summary of the CKCDS Consultation findings.
4. **Setting the Community Vision, Mission, Strategic Goals, Objectives, and Actions:** Five facilitated sessions were hosted to develop the draft strategy, including the following components: vision, mission, strategic goals, objectives, and prioritized actions within each of the four pillars. Individuals that participated in these sessions included community partners and PWLE.
5. **Quality Check:** The consultant surveyed all individuals who participated in the five facilitated sessions to seek feedback and ensure the draft strategy reflected the discussions.

The vision, mission, and strategic goals by pillar for the CKCDS are summarized below:

- **Vision:** A caring, inclusive, and safe community that works together to reduce the harms, stigma and systemic barriers associated with substance use.
- **Mission:** The CKCDS is a collaborative community table with representation from people with substance use lived/living expertise (PWLE), and organizations in the public sector, not-for-profit, and private sectors. Drug strategy partners are committed to a collaborative, inclusive, flexible, and evidence-informed approach to address substance use related harms in the Chatham-Kent community.

Partners work together to implement prioritized community actions structured on a four pillar model focused on prevention, harm reduction, treatment and recovery, and community inclusion and safety. The collaborative partnership allows for the implementation of prioritized actions that require the collective expertise of individuals from diverse backgrounds, organizations, and sectors.

Table 2. Strategic Goals by Pillar

Prevention Goals	Treatment & Recovery Goals	Harm Reduction Goals	Community Inclusion & Safety Goals
<p>Prevent and reduce the harms associated with substance use among youth.</p> <p>Continuously strive to create a community that fosters a sense of belonging among people who use substances.</p>	<p>Provide equitable access to a continuum of person-centred substance use services.</p>	<p>Reduce the harms and risks associated with substance use.</p>	<p>People who use substances are supported through a health and human-centred approach in the community.</p> <p>People who use substances are supported within the justice sector.</p>

Figures 1 – 5 in Appendix 2 provide additional details regarding the CKCDS's goals, objectives, as well as short- and long-term actions.

Recommended Governance Structure

Figure 1 below provides an overview of the structural components and their primary functions that are recommended to guide the implementation of the CKCDS.

Figure 1. Chatham-Kent Community Drug Strategy: Recommended Structure



Full-time Drug Strategy Coordinator

- Ensure the CKCDS is implemented in a consistent and efficient manner.
- Support the ongoing planning, oversight, communications, and coordination of the CKCDS.

Steering Committee

- A co-chair model with the CKCDS Coordinator and an additional community partner is recommended for the CKCDS Steering Committee.
- Oversee and guide the implementation of the CKCDS.
- Appoint chairs for each of the Pillar Focused Action Groups.

Pillar Focused Action Groups and Project Teams

- Establish work plans for their respective pillar.
- Establish Project Teams with an Action Group member as the Project Team lead.
- Project Teams will acquire additional skills and expertise from community partners to execute and implement the established work plan for their specific project/s.

People with Lived/Living Expertise (PWLE) Advisory Group

- Act as an advisory for the CKCDS Steering Committee and provide support to any of the groups in the CKCDS.
- Co-chaired by the CKCDS Coordinator and a PWLE.

- Provide feedback on issues, solutions, processes, or ideas requested by the Steering Committee, Pillar Focused Action Groups, and Project Teams.

Data and Monitoring Group

- Report directly to the CKCDS Steering Committee and overseen by the CKCDS Coordinator.
- Establish and implement a work plan with roles, responsibilities, resources and timelines based on the identified priorities related to ongoing Key Performance Indicators (KPI).

Appendix 2 provides additional details regarding the recommendations for strategy structure and implementation of the CKCDS.

Council Term Priorities

This report supports the following Council Term Priorities:

			
Deliver Excellent Service	Promote Safety & Well-Being	Grow Our Community	Ensure Environmental Sustainability
	2a		

This report aligns with the Promote Safety and Well-Being priority, which is to provide supports for vulnerable community members and emergency preparedness.

The CKCDS supports the three pillars from the [2021 Community Safety and Well-Being Plan](#) (Community Awareness and Integration, Mental Health and Substance Use, Housing and Homelessness) that was approved by Council on June 14, 2021. The CKCDS directly aligns with the mental health and substance use priority focus area and actions:

- Increase health funded community Mental Health and Substance Use supports and services.
- Develop and maintain a municipal drug strategy.

Consultation

The primary purpose of the CKCDS consultations was to gather community-based information to guide the development of the CKCDS.

The four pillar approach (i.e., prevention, treatment and recovery, harm reduction, and community inclusion and safety) was used as a foundation for the community consultation process. The CKCDS community consultations' objectives were focused on gathering and understanding the perspectives of the community (including key community partners, community members, and PWLE of substance use) about perceptions, knowledge, community assets, barriers and gaps, solutions, and readiness. The project steering committee was consulted for their expertise and was involved in all decision-making processes along the way.

A mixed methods approach was used for data collection from April to June 2023. These methods included:

- Community partner survey (112 responses received)
- Community member survey (303 responses received)
- Semi-structured peer-led interviews with 59 PWLE
- Semi-structured interviews with 21 community partners, including municipal partners

The mixed methods design provided an iterative process with results from both surveys informing certain elements of the semi-structured interviews, which led to more robust findings to guide the development of an evidence-based, innovative local drug strategy.

Community consultation methods and tools were created collaboratively with CK Public Health, the CKCDS Steering Committee, PWLE, and the consultant. Public Health Ontario's Research Ethics Board approved the methodology and tools before data collection occurred.

Appendix 1 provides an overview of the community consultation findings.

On January 18, 2023, CK Public Health staff met with the Ontario Health Team (OHT) Steering Committee to provide a high-level overview of the CKCDS. Should Council approve the recommendations identified in this report, the Mental Health and Addictions Transitions committee of the OHT will serve as the steering committee for the CKCDS and Administration will enter into an agreement with the OHT to coordinate the implementation of the strategy.

The OHT has reviewed its budget and determined that it is able to provide up to \$30,000 from its 2023-2024 budget as an up-front investment to the strategy.

Communication

Communication is proposed to be through the inclusion of this report on the Council agenda. In addition, updates will be provided through the Let's Talk Website as appropriate. As actions and initiatives are implemented, engagement and communication mechanisms will be developed to reach the appropriate audiences.

Diversity, Equity, Inclusion and Justice (DEIJ)

A focus on Diversity, Equity, Inclusion and Justice (DEIJ) will continue through the development and implementation of the CKCDS. Substance use does not discriminate. It affects people from all walks of life; however, research shows that risk factors and substance use-related harms (especially stigma) have disproportionate impacts for specific groups. The faces of people experiencing substance use and substance use-related harms are varied and diverse. Those who may be more disproportionately affected include:

- Indigenous Peoples and communities
- Racialized and marginalized populations
- Women
- 2SLGBTQIA+ people and communities
- Individuals living in rural or remote areas
- Individuals experiencing higher rates of poverty, unemployment, and precarious housing
- Individuals living in correctional facilities
- People living with mental health conditions and chronic pain
- Individuals with disabilities
- Individuals with a history of trauma

(Canadian Centre on Substance Use and Addiction, 2023; Government of Canada, 2023; Milaney, K. et al., 2022)

While it is important that the CKCDS work promotes health and well-being for all individuals in our community, it is specifically important to address and support the equity-deserving groups identified.

Financial Implications

Administration is recommending that \$300,000 from the Strategic Development Reserve be used to fund the CKCDS for two years (\$150,000 annually) to support the salary and benefits for the Coordinator position and the associated operating expenses (e.g. computer, telephone, program supplies, data collection, etc.). In addition, the OHT has committed up to \$30,000 from their 2023-2024 budget as an up-front investment to the strategy. The effectiveness of the strategy will be reviewed on an on-going basis. Recommendations regarding the continuance of the strategy and additional required funding will be brought back to Council for further consideration prior to the end of this two-year period.

References

Canadian Centre on Substance Use and Addiction. (2023). Fostering Equity in Virtual Care for Substance Use: What We Heard. <https://www.ccsa.ca/fostering-equity-virtual-care-substance-use-what-we-heard>.

Chatham-Kent Public Health. (2023). *Opioid Surveillance Summary, December 2023*. [OPIOID-SURVEILLANCE-SUMMARY-January-2024.pdf \(ckphu.com\)](https://ckphu.com/OPIOID-SURVEILLANCE-SUMMARY-January-2024.pdf)

Chatham-Kent Public Health. (2019). Opioid use and related harms in Chatham-Kent: Situational Assessment Summary. <https://ckphu.com/wp-content/uploads/2019/07/Summary-Report-1.pdf>.

Government of Canada. (2023). The Canadian Drugs + Substances Strategy. <https://www.canada.ca/content/dam/hc-sc/documents/services/publications/healthy-living/canadian-drugs-substances-strategy-approach-related-harms-overdose-crisis/cdss-report-eng.pdf>.

Friesen EL, Kurdyak PA, Gomes T, et al. (2021). The impact of the COVID-19 pandemic on opioid-related harm in Ontario. *Science Briefs of the Ontario COVID-19 Science Advisory Table*. 2021;2(42). [The-Impact-of-the-COVID-19-Pandemic-on-Opioid-Related-Harm-in-Ontario published 20210908.pdf \(covid19-sciencetable.ca\)](https://covid19-sciencetable.ca/The-Impact-of-the-COVID-19-Pandemic-on-Opioid-Related-Harm-in-Ontario_published_20210908.pdf)

Milaney, K. et al. (2022). A scoping review of opioid harm reduction interventions for equity-deserving populations. *The Lancet Regional Health – Americas*, 12, 1-16. <https://doi.org/10.1016/j.lana.2022.100271>.

Piscitelli, A. (2017). *Learning from Ontario's municipal drug strategies: an implementation framework for reducing harm through coordinated prevention, enforcement, treatment, and housing*. *Journal of Community Safety and Well-Being*, 2(2), 58–62. <https://doi.org/10.35502/jcswb.4>.

Prepared by: Teresa Bendo, Director, Public Health

Reviewed by: Jodi Guilmette, General Manager, Health and Human Services

Attachments:

Appendix 1 Chatham-Kent Community Drug Strategy Community Consultations Executive Summary

Appendix 2 Chatham-Kent Community Drug Strategy Report