Ipsos Public Affairs

LAMBTON PUBLIC HEALTH

Drugs and Alcohol Strategy Research Report

JANUARY 2019 – FINAL REPORT

PREPARED BY IPSOS PUBLIC AFFAIRS

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INTRODUCTION

Background and context

The growing number of overdoses and deaths linked to opioids have become a provincial crisis. In response, the Ministry of Health and Long-term Care is investing $222 million over three years to address opioid addiction. The funding will support improving access to harm-reduction services and addiction treatment, among other initiatives, including broadening the reach of existing harm reduction programs currently offered by Public Health Units.

Lambton Public Health received provincial funding to mitigate the harm caused by opioids including surveillance, naloxone kit distribution, and the development of an opioid overdose response plan and drug strategy. Last year, the community including 20 agencies came together to discuss the development of Lambton County Drug Strategy.

While the opioids crisis is a key driver in the development of the new drug strategy, other substances including illicit drugs and alcohol are also of concern in the community of Lambton County. A drug strategy will provide direction for how the community can work together to mitigate issues related to substance abuse.

The Sarnia Journal (Oct. 29, 2017). “Agencies begin working together to address opioid crisis” http://thesarniajournal.ca/agencies-begin-working-together-to-address-opioid-crisis/

Methodology

Three lines of inquiry were conducted to collect information to inform the development of Lambton County's drug strategy:

1. A **Jurisdictional Scan** to gather information about similar communities on drug and alcohol strategies, including interviews with key informants from each of the four other communities – Huron County, Waterloo Region, Thunder Bay and Windsor-Essex

2. **Stakeholder Interviews (n=8)** among community partners to understand what is currently being done, what progress has been made and to identify gaps

3. **In-Depth Interviews** with those who have **Lived Experience (n=18 with drug users; n=5 with parents)** to understand what should be included in a drug and alcohol strategy that would be meaningful to them

4. **Surveys with organizational representatives (n=16) and their staff (n=16)**

Profile of organizational and staff survey participants

Organization Participants

Bluewater Methadone Clinic / Bluewater Rapid Assessment Addiction Medicine Clinic
Consultant pharmacist
County of Lambton EMS
E'Mino Bmaad-Zijig GamigAamjiwnaang First Nation Health Services
Erie St. Clair Local Health Integration Network
Family Counselling Centre
Lambton Public Health
Ontario Works
Rapids Family Health Team
Sarnia Fire Rescue Services
Sarnia Jail
Sarnia Police Service
Sexual Assault Survivors' Centre Sarnia-Lambton
The Hub
Twin Bridges NP-Led Clinic
United Way of Sarnia-Lambton
Victim Services of Sarnia Lambton

Services offered by staff

Pillar 1: Prevention and Education	8
Pillar 2: Harm Reduction	9
Pillar 3: Recovery and Rehabilitation	7
Pillar 4: Enforcement and Justice	4
Other	2

Staff role in the organization

Direct client support	6
Management	5
Executive	2

Target service users

General public	7
Children (0-12)	2
Adolescents (13-17)	4
Young adults (18-24)	4
Adults (25-64)	3
Seniors (65+)	3
Men	4
Women	4
Pregnant women	4
First Nations	6
Low income	4
Lesbian, gay, bisexual, transgender, queer (LGBTQ+)	3
Incarcerated or detained	1
Clients with mental illnesses	3

Stakeholders Interviewed

Attorney General's Office
Ontario Works
Sarnia Police Services
Bluewater Methadone Clinic and Bluewater Health Rapid Access Clinic EMS
Bluewater Health, CMHA Lambton Kent, Chatham-Kent Health Alliance CMHA
Lambton Community Centre

SUMMARY AND RECOMMENDATIONS

The Pillars of a Drugs and Alcohol Strategy

jurisdictional scan

All units covered in the jurisdictional scan adopt a pillar approach to their drug strategies with most adopting the four pillars of prevention, harm reduction, recovery & rehabilitation and enforcement and justice. The remainder adopt a modified version of the 4-pillar structure with either adding an additional pillar (e.g. housing or an implementation pillar) or rationalizing the pillars.

1. Prevention

- Early intervention and awareness of warning signs.
- Disruption of the repetitive cycle of using drugs and alcohol.
- Effectively addressing underlying issues such as mental health.

2. Harm Reduction

- Creating safe spaces that are away from public view and assured of confidentiality.
- Timely access to, and increased awareness of available services.

3. Recovery and Rehabilitation

- Designing services which take individual needs into account.
- A choice of abstinence and medication treatment models
- A champion who sees individuals through the long course of their recovery.
- Sufficient supports for family members.

4. Enforcement and Justice

- A criminal justice system for drug crimes that is separate, or takes drug addiction into account.
- Building trust with users.
- Police as a community resource.

Guiding principles for a drugs and alcohol strategy

jurisdictional scan

In addition to adoption of pillars, there are a number of other principles to consider:

Vision, Mission or Mission Statements: These typically provide what might be considered "general" or high-level principles for an organization or collaboration. They indicate the kinds of shared values that the stakeholders in the drug strategy hold at the core of its approach, and articulate the basis for recognizing how it is that any successes of the strategy can be assessed as a success.

Social equity concerns: These kinds of concerns incorporated the need for drug policies to attend to concerns regarding social justice. These concerns took the form of:

Access and inclusion — namely, that services need to be accessible to as wide a population as possible, and that the development and overview of the strategy process needed to include those with "lived experience," i.e., current service users, recovered drug users, and family members impacted by addictions issues;

Respect, compassion, and equity — programs that result from the drug strategy need to be person-centred, holistic, and concerned with the well-being of the individual on the whole, not simply as a user of drugs; and,

Social determinants of health — drug strategies need to attend to the broader social contexts of service users and the role of these contexts in driving drug use, rather than seeing service users as solely responsible for their drug use.

Reliance on evidence-based research: Several of the PHUs specifically mention the need for programs and strategies to be based on evidence from the local context: Peterborough HU; Waterloo Region; Thunder Bay District HU; Toronto PH.

Organizational and local concerns: Issues such as building a strengths-based strategy, a collaborative approach, the integration of multiple policy-related stakeholders, organizational transparency, and local relevance were specified

Organizational considerations can shape strategy

jurisdictional scan

Because of the intersectoral nature of collaborations in an integrated drug strategy — not-for-profit service providers; persons with lived experience; law enforcement; the general public; and governments at any or all three levels — drug strategies have also included the establishment of the **internal structure of the collaboration**. This is important not only for figuring out what to do, but also the processes by which actions are developed and taken and the relationships between the stakeholders. Where possible, there is a **dedicated coordinator of drug strategy** in place.

- Shared values in consultation with key stakeholders
- Involvement of persons with lived experience
- Local adaptability and the consideration of pillars
- Political leadership or buy-in, and managing opposition
- Securing resources and organizational needs
- Community consultations and communications
- Evaluation frameworks and accountability

Insights from those with Lived Experience

in depth interviews

Those with Lived Experience were frank about the challenges they face in living with and recovering from their addictions. There were numerous factors for success and barriers identified, both external and internal. Most who we spoke to were in relation to drugs, although there were mentions of alcohol use as part of a larger pattern/lifestyle.

Becoming addicted to drugs does not happen overnight. Most start with either recreational use, or use pills to treat a specific condition, and the use escalates from there – it becomes:

- more frequent – from occasional or as prescribed, to every day, to multiple times a day and the amount being used often increases as well
- more intense – goes from an escape, having a good time, alleviating pain to not being able to function without drugs
- more diverse/harder – they start with pills or marijuana and move to other harder drugs because of increased tolerances, experimentation or using with others.

Recovery also does not happen overnight. Although there were those who considered themselves clean, they would not characterize themselves as fully recovered. It is an ongoing process that usually takes years. Deciding that they need help and one trip to rehab is only the beginning and the addiction is rarely resolved. Each individual needs a working and dynamic solution that takes multiple considerations into account.

Although there are many pockets of hope and programs that are working well within Lambton County, it is apparent that the ideas for and management of recovery lack cohesion, and that a comprehensive strategy to bring all the different agencies, supports and stakeholders together is a need and desired outcome.

Insights from Family Members

in depth interviews

Family Members of those with Lived Experience are heavily invested in the recovery of their loved ones. Many spoke of the emotional, financial, and mental toll that their child's use and addiction have taken on their lives, and the lives of their families. They experience many ups and downs as their child becomes addicted, attempts recovery, relapses, breaks the law, abandons their responsibilities, or becomes dependent on their family members for help. It is a cycle from which there is often no reprieve and little support or help.

Much of the frustration they feel is from a healthcare and social system which is not designed to treat addiction as a disease, or the underlying issues that lead to addiction. They further observe that their children are not treated with dignity or respect, and dismissed as drug users.

Family members are often the sole partner or champion in their child's recovery and navigating the various agencies, healthcare providers, rehab facilities, mental health resources, recovery resources, and therapy and counselling for their children. There is no centralized information or resource and so they are dependent on their own research and persistence to get their child the help they need. Moreover, they lack legal standing to make decisions for their children, who are often incapacitated and unable to make good decisions because of their issues with drugs and alcohol.

Aiding these family members includes not only improved awareness of and access to resources, but providing the caregivers of those with lived experience with support, and leveraging their invaluable experience and ideas in best practices for those with drug and alcohol issues.

Insights from Organizational Representative and Staff

Surveys

Organizational staff generally rate current support provision under the 4 pillars as 'fair' suggesting that there is scope for improvements. The top priorities for the drugs and alcohol strategy identified by staff were:

- more interventions for youth
- improved access to mental health services
- improved access to rehab centres
- better access to affordable housing

Staff also generally rate the provision of their own organizational services as fair or good. The main barriers to better service provision identified were limited resources available to them either in terms of funding for their own services or referral options to the community. Supports staff would appreciate in future include more funding, access to evidence-based resources, community professional development opportunities, networking opportunities and easier access to information.

Most would feel comfortable with administering Naloxone if the necessary training was provided. Staff identified a number of areas for further training: best approach in harm reduction strategies and which ones are appropriate at what point; appropriate language when speaking to those with lived experience; substance use and psychosis; family and caregiver support; information on how to identify signs and referral processes.

We have services, but people aren't accessing them. Need organizational shift from helping people get into treatment to harm reduction and providing service on a continuum. Outreach worker needs access to harm reduction supplies. Do not have capacity to provide the level of aftercare support that is needed. Transitional housing would benefit many people in preventing relapse during that critical time post treatment.

Insights from Stakeholders

in depth interviews

Stakeholders were receptive and welcoming to the development of a drugs and alcohol strategy for the county. There was little recall of the previous strategy developed by the United Way and participants' recommendations for a successful and meaningful strategy included:

- a strategy that is focused on a few clear goals that all partners agree on
- a strategy that dovetails with other existing strategies that affect substance use interventions (e.g. psychotherapy strategy, AMHO documents, Bluewater Health Strategic Plan, Erie St. Clair Addiction strategies)
- a strategy that is supported by a working group where the role of each member of the group is clear and the member has mandate to effect the necessary change in their organizations – participants were generally open to being part of a working group as long as the time commitment wasn't onerous, while there was a view that existing working groups can be leveraged rather than creating a new group as it tends to be the same people involved anyway (e.g. Health Link Strategy)
- leadership by one organization to drive the strategy agenda forward – the public health unit was seen as appropriate to fulfill this role. The expectation was to see representation from the health as well as enforcement sectors.

Recommendations

takeaways and success factors

There are general shifts in philosophy and approach which would optimize success:

- An upstream and disruptive approach to prevention via early interventions, awareness, and continuous support
- Recognition of addiction as an illness that requires sensitivity and training by service providers including law enforcement, medical staff, counsellors and therapists, and others in the community. This will mitigate the broader societal stigma felt by users.
- Treating underlying conditions related to mental health and wellness, stress and anxiety, and psychiatric conditions
- A holistic approach that considers the entire experience and journey to recovery, one that could potentially take several attempts over a number of years
- A personalized approach in treating people with substance use issues and their families, in a process that legitimizes addiction and empowers them to take control over their own recovery and life
- Building relationships and trust with service providers, and pairing individuals with a champion who can provide support and resources. This champion could be a peer who has 'succeeded' in the journey.
- A supportive, community-based and centralized system of support and resources for family members, many of whom dedicate much time and energy to help their loved ones on their path to recovery. Mental and emotional support for these individuals is also needed
- Within Lambton, capacity building in areas of greatest need: local rehab and treatment centres, detox and holdover beds, and mental health services.
- Establishing protocols and streamlining processes for consistency in how providers offer help to those who need it
- Integrate a rural and indigenous community lens within the strategy. Rural specific issues include access to services, social isolation and transportation. Indigenous community specific issues include history of trauma and culture specific practices.

DETAILED RESULTS

PILLAR 1. PREVENTION

PREVENT OR DELAY SUBSTANCE USE

Drug use originated in a number of various contexts

There were a few common themes we heard about how those with lived experience started using drugs and/or alcohol:

- Growing up in a household or environment where drug use was normalized. For example, one interviewee was born addicted to speed (amphetamines) whose mother used intravenous drugs, and there were often others who used drugs present in the household during her childhood.
- Experimenting or "partying" with drugs and alcohol in school, usually with friends or peers, and then moving to harder drugs and/or a more regular occurrence of use.
- As a coping mechanism or to self-medicate for mental health issues, domestic abuse or stress. The drug use can feed into the issues a person might be having and vice versa – for example, someone may use drugs to cope but then the use itself causes a deterioration of mental and physical health and well-being.
- Being prescribed opioid painkillers for surgeries or medical conditions and being ill informed about side effects and the potential for addiction. Because for some the pain is omnipresent, drug use is continuous and long beyond the original prescribed period.

> *[My child] has mental health issues in terms of high anxiety and depression and that... Whether one has started or caused or made the other worse is I think one of the challenges.* ***The more he has anxiety, the more challenges, the more drugs he uses to self-medicate, which has made his mental health deteriorate sort of thing****. - Parent*

The difference between use and addiction happened over time

Use would be manageable at first, then build or change over time. The tipping point was often described as some kind of escalation or extreme behaviour, daily use/dependence and an inability to function without the drugs/alcohol, emotional triggers which cause a change or spike in use, or specific incidents such as becoming violent or breaking the law. This made the person or their loved ones realize there was a larger issue. Inevitably, using by one individual began to affect the whole family – parents described the negative impacts and effects of their child's addiction and a deterioration of their relationship.

The use of drugs generally increased – for example, going from the prescribed number of pills to taking more and more -- and sometimes the types of drugs taken would escalate (i.e. going from marijuana to harder drugs such as cocaine, crack or crystal meth), or their "repertoire" would expand over time.

...I had hurt my arm and couldn't do [my job] anymore... I got a pinched nerve. The doctor had given me Percocet, and the doctor gave it to me right away, I hate to say. It wasn't a build up to it [where I] tried everything else. ***So, after years I've been on it, and of course I realize now it's not working for me because I've gotten used to them and the pain was starting to sneak back. I went in and asked for more,*** *and he gave me morphine for awhile... After the years I find out, I really need these pills and if I didn't have them it was awful, I couldn't function. – Lived Experience*

The whole family was, oh my god, ***we were walking on eggshells. We didn't know what was going to happen next.*** *Everybody kind of withdrew into their little shell. Yeah, it was very unhealthy. – Parent*

Family members were not always aware at first of issues

Often, people who use drugs and loved ones indicated patterns of secrecy and concealing use from others. In particular, parents were unaware of their children's use until there was a drastic change in behaviour, or if the child reached out for help directly or indirectly in some way. In many cases, this led to a lack of early intervention of a problem that might have been mitigated sooner had there been awareness of the issue.

The underlying issue of addiction as a legitimate disease was raised – it is frustrating that it is often treated as a "weakness" and that there is a lack of understanding about it by many loved ones, friends, and healthcare professionals. For those with lived experience, addiction is an endemic and pervasive issue that requires a more open and frank discussion, scientific research, and more understanding by others in order to combat stigma. Their preference would be to increase awareness and prevention as the prevailing strategies, rather than trying to treat addiction much further downstream when it has become a huge problem, and in many cases has caused innumerable negative impacts on their lives.

We weren't aware or saw anything that kind of would've initiated it, and that's one of the challenges, when you've got teenagers, you're not often a confidante. So ... the first time we got a call from the school saying we've got [your child] with some marijuana... ***it was kind of like where did this come from. And so that was kind of an eye opener for us,*** *but it was just something he continued to do as well. – Parent*

...when you're in ***a family that doesn't believe in addiction [as a disease] and you're the only one, you feel like, 'what's wrong with you?*** *What happened to you for you to get off track?' – Lived Experience*

Getting and living drug free often requires multiple attempts

Many of those with lived experience describe a pattern of recurring drug use – they may be drug free for short or long periods and then relapse for a variety of reasons – for example, there might be specific emotional triggers or they might have certain people who they use drugs with, who come in and out of their lives. Prevention of drug use is within these cycles as well, in that if these triggers can be avoided or better coping mechanisms adopted, some feel that they might be better able to prevent a relapse or future use.

For a few, using drugs is part of a lifestyle to which they have an affinity – "partying", instability, mobility, an inability to maintain steady employment, frequent run-ins with the law, and frequent health issues were mentioned as the periods in which drug use was prevalent in their lives. However most find this kind of lifestyle unsustainable in the long term.

Systemic issues that would help to prevent relapses are discussed in the last section of this report.

*...**as soon as I had feelings that I couldn't cope with, I would 'drug them out'.** Or I would distract myself in one way or another, so even when that relationship ended, I would use sex or drugs or both, or all of it, to **numb the feelings and distract from my feelings of not enough, feeling like a failure, overwhelmed**, I didn't even know what the feelings, the correct feelings were to certain needs. – Lived Experience*

*I seem to be more attracted to the drug-world people. **Like the bigger parties, funner parties with cocaine and stuff like that. After a while, then I went downhill** cause I lost my job, quit my job, whatever, and still wanted to party and it got down into, like, some scummy part of London where I was partying with hardly any money and meeting all these druggie f***king down-on-their-luck people and it escalated from there. – Lived Experience*

From the perspectives of organizational staff...

Rating of existing prevention supports	
Very good	3
Good	1
Fair	10
Poor	1
Very poor	3
Don't know	1

Education and better access to support services were the main gaps identified by staff. There were calls for:

- **Targeting youth** with more and update materials; programs to build emotional intelligence and resilience; more frequent
- **Targeting pharmacists** to enable them to support their patients
- **Opioid specific education** for the community
- **Better access to services for help** with issues that may lead to substances misuse e.g. mental health services, programs to deal with stress, anxiety and depression
- **Better linkages between community partners**
- **Prevention programming that addresses the multitude of factors that can potentially lead to substance use** i.e. – basic life skills, social isolation, health promotion
- **Grassroots and flexible programming** that is tailored to the changing needs of the target population

PILLAR 2. HARM REDUCTION

REDUCE THE HARMS ASSOCIATED WITH SUBSTANCE USE

Media alerts are not considered an effective deterrent

Interest in media alerts was mixed to low among those with lived experience, who stated that a media alert would not act as a deterrent for a drug user who is actively seeking their "next high" – knowing that there is an increase in drug overdoses, and/or dangerous drugs in the community would do little to change this behaviour.

For parents although they appreciate the idea of media alerts, their harm reduction and/or treatment needs go far beyond awareness of dangerous drugs in the area. This was especially true given that there is already significant media attention about overdoses and this seems to have done little to deter drug use. Furthermore, for those contending with alcohol, or drugs not affected by a tainted supply, the issue had less personal relevance.

*...they're still an addict and **they still want to get high** [regardless of media alerts]. It's more of a need than anything else. – Lived experience*

*I don't think that [media alerts] would have an impact. Because there's lots of media attention to things right now, about the Fentanyl overdoses and that sort of stuff... **I can't figure how that would help our situation.** – Parent*

Safe injection sites were recognized as helpful to those with lived experience but there were concerns

People who use or have used drugs had mixed reactions to safe injection sites. Although they think that safe injection sites are a good idea in principle, they stated that paranoia about identity and confidentiality would be high. As such, an effective rollout and buildup of trust with people who use drugs would be crucial.

There was also acknowledgment or firsthand experience with open drug use in the streets, contrary to the opinion of stakeholders who stated there is less/none in Lambton. Some did not have an opinion on safe injection sites as they did not use needles and their addiction issues were related to pills or alcohol.

*Chance of it being a bad idea... **people are going to be paranoid**, are there cameras somewhere, is there a record of me being here, people going to be able to identify me. It's all very, **people who do this dope are very, very suspicious. –** Lived Experience*

*I think it would be a good thing if there was no, like it was just public health and no other, like the cops didn't know where it was, or…Like, because an addict doesn't want to go use it if they're afraid that they're going to get arrested... **As long as they know like, nothing's going to happen, I think it's a very good idea...** I guess you just kind of have to go and find out…and then once, you know, you realize it's OK, we'll spread the word. News travels fast. – Lived Experience*

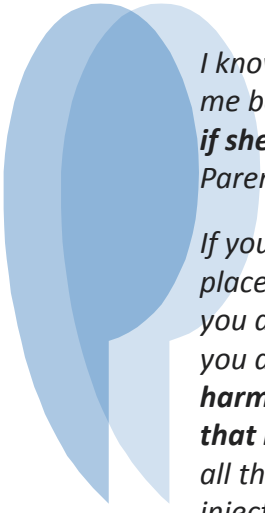
*I see a lot of people and you know they're doing drugs. **There's needles everywhere sometimes**. They put a big fence around the house because the needles were all out... But I think if they have somewhere they can go even, yes. – Lived Experience*

Most family members were opposed to safe injection sites

Opinions of parents were mixed but most were not in favour of safe injection sites. The main concern with a site is that although it provides a safe place, it does not deal with the underlying issues of addiction and is a "band-aid". Including or providing mental health or emotional supports such as counselling in order to help those using the site get clean were suggested.

One parent was deeply concerned that a safe injection site would be tantamount to permission to use drugs freely, and acknowledged that although she has heard they are a good thing, she has an irrational emotional fear of her child using one.

However, one parent who had a lost a child to addiction felt strongly that anything that can be done to reduce the risk of death should be considered.



I know the research says it's good, it saves lives. ***It petrifies me.*** *It petrifies me because I know my [child] was an IV user for opiates and I just think that* ***if she ever gets to a bad place again then I don't know, it's just scary.*** *- Parent*

If you're going to use – which they are going to use – so if I give you a safe place, to clean equipment and if you do happen to overdose I'm there to give you a shot of Narcan, or revive you and bring you back to life. Whereas if you did it on a street corner or alone in your house, you're gone. ***So it is harm reduction and I don't know how I could ever go against anything that has a little bit of harm reduction attached it.*** *Because you hear stories all the time about how many people were brought back to life from a safe injection site. Because they are going to use [anyway] - Parent*

Feedback on safe injection sites from stakeholders was mixed

The idea of a safe injection site received mixed feedback from the various stakeholder groups we spoke to:

- Some stakeholders felt unable to comment in the absence of more information on whether there is a demand for it in the county. Others were more positive based on reports in the media of disregarded needles in the community; further it was acknowledged that safe injection sites often help build trust and eventually lead to the pathway to treatment. Others still had not seen any evidence that would call for a safe injection site.
- Drug use in the country tends to be confined to people's homes unlike in other, more urban centers where there are concentrated pockets of drugs being used on the streets. Further, there were concerns that it may lead to "marginalized neighbourhoods" and may lead to some substance users committing more offences as a result of meeting other users.
- Suggestions were made that capacity building in withdrawal management and non-abstinence based models for recovery and rehabilitation, as well as timely access to these services; there is a need to "bridge the gap" between the "philosophical divide".

> *Typically, the models are around that so it's not really just to provide a safe place to inject their drugs rather than people are slowly becoming familiar with one another,* ***creating some trusting relationships and then often hoping to proceed down the harm reduction path with people.*** *– Stakeholder*

From the perspectives of organizational staff...

Rating of existing harm reduction supports	
Very good	1
Good	4
Fair	7
Poor	1
Very poor	2
Don't know	1

The main gaps identified by staff were:

- **Safe injection sites** and **more needle exchange sites**
- **Harm reduction education for healthcare providers** to enable them to intervene with their patients
- **Harm reduction outreach workers** who visit clients
- **Stable housing and safe house shelters**

PILLAR 3. RECOVERY AND REHABILITATION

IMPROVE THE PHYSICAL AND EMOTIONAL WELL-BEING OF PEOPLE WHO USE OR HAVE USED SUBSTANCES

A desire to change must come from within to be effective

The impetus for treatment was frequently mentioned as a decision that users had to make for themselves – seeking treatment for the sake of others was not as successful as wanting to change and to "do it for myself". Deteriorating or poor relationships with friends and family were motivators to want to change, but this was in and of itself not enough.

Parents in particular spoke of their desperation in trying to find a solution for their children and for all, their lives had been deeply affected in a myriad of ways: one had lost a child to an overdose; one is raising their grandchild without having legal guardianship/standing; most had exhaustively researched treatment options; many had financially supported, spent money on rehab and treatments/counselling etc. or had their child live with them temporarily or permanently. Most notably, the stress and emotional toll of their child's addiction and constantly worrying about his/her well-being was very apparent. There is frustration with the system, and the need for a balance between personal choice/liberty and safeguarding an addict's well-being.

*...**one day I woke up and I decided, I can't live like this,** not eating and breathing; can't sleep right; I can't work, I can't hardly do anything cause I'm so malnutritioned and my throat and my sinus cavities are so infected, I decided to ask my worker about methadone program. **And called the right people and that afternoon was on methadone**. Within about a week I stopped doing 50 pills a day, down to a couple of weeks at that time, or a few a week. And then gradually none. It only took the first month. But I still used methadone as a crutch, but I'm glad I did find it. – Lived Experience*

*I worry a lot, I worry every day, if I don't hear from him, for a you know a short period of time, I worry, **I wonder where he is, I wonder what he's up to, wonder if he's okay. And I just worry that he'll just never really fight it and beat it and that his life is going to be miserable forever.** I worry that his girlfriend will finally say I've had enough and he'll be alone and will get even deeper into a sadness and depression that he may never get out of. **I guess I worry all the time about it.** - Parent*

Treatment is a long process that needs to be individualized

There are few local rehab options available in Lambton County – most of those who went to rehab did so in other areas of the province, sometimes multiple times. Knowing which rehab to choose or go to was sometimes difficult in that there doesn't seem to be any standardized certification, and the style or approach is often different from one facility to another. Wait times and associated costs were also mentioned as challenges.

Once there, experiences were mostly positive although some were less so. In those situations, "failed" rehab had the effect of being extremely damaging to the individual in terms of their self esteem and hope for recovery.

Returning home can be a challenge – depending on the individual situation, there were few supports available to aid in continued recovery and many relapsed more than once. While some returned to rehab, some sought other treatments and programs such as suboxone or methadone, behavioural therapy, or went to AA/NA.

In terms of treatments more broadly, there was mixed to low awareness among people who use drugs as to what might be available in Lambton. Parents were more aware as they had conducted a great deal of research to find options, but the information is not centralized.

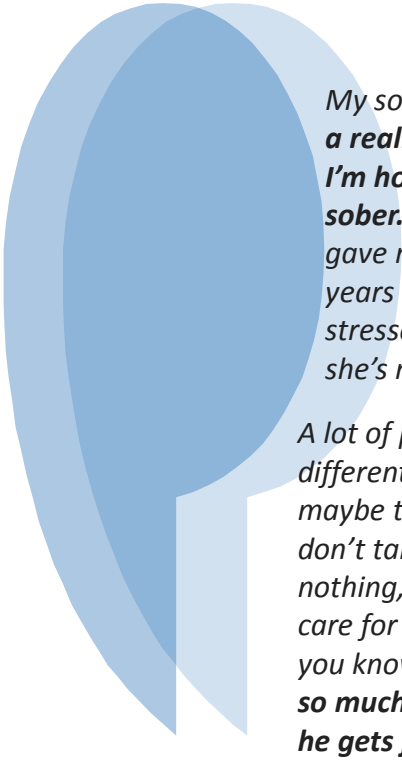
I don't know what all's available [in Lambton]. But I don't know, ***there might be a couple of things that I would use if I knew.*** *– Lived Experience*

It was just such a disjointed system. *We ended up, I don't even know how we ended up on Homewood and Guelph. I probably stumbled upon that in my research because I go crazy on information when I'm looking for something like that. I was my own advocate for her, well I was her advocate really.* ***It felt like no one wanted to take this on and be like, okay, I'm going to help you and assist with this. It was like we were just flailing in the wind with no one sailing the ship.*** *That was what we could manage to do ourselves, you know? – Parent*

Having regular dedicated emotional support is crucial

Of those with lived experience who considered themselves drug free and/or recovered, they often mentioned the idea that they have a champion who has provided the continuous support that they need to aid in their continued success. This is not a friend, family member or lay person but a professional such as a doctor or service provider with expertise in drug and alcohol addiction. Help is provided concretely in accessing services, but also in terms of emotional and mental support.

Finding support or treatment in a hospital setting in Lambton County was generally characterized as a very negative experience. People who use drugs felt that they were treated harshly by staff, especially in the ER department, who they describe as doing little to help them treat their underlying issues of addiction, mental health or other issues. This treatment in turn becomes a barrier for seeking treatment as it can have a negative effect on the person's sense of self-worth. Or, the focus at the hospital is perceived to be about meeting budgets vs. providing care.



My social worker lady, she's been awesome since the start... ***She's a really good caring person... If I phone her with questions, and I'm honest with her all the time, and now that I've chosen to get sober... she told me all the ins and outs*** *about methadone, and gave me the phone numbers for that help, and over the couple years that I've been dealing with her, she's really awesome. Never stresses about appointments or anything and she just seems like she's naturally a caring person. - Lived Experience*

A lot of people judge them, when they were on drugs and looked different, maybe they got sores, maybe they're not clean bathed, maybe they look all dopey, and they try to talk to people, people don't take them seriously. They really don't, they say oh well it's nothing, it's just you. But they just need someone to love them, to care for them, to say hey, you need help, let's see what we can do, you know. ***Like, I feel sorry for a lot of them, you know like there's so much, they have nowhere to really go. Like even [my child] now, he gets judged a lot.*** *- Parent*

There are successful treatment programs in use in Lambton

Mentions were made of specific therapies that have been successful in treating drug addiction. Those with lived experience spoke very positively of these as life-changing.

The methadone clinic in particular was mentioned as being extremely positive and effective on a number of fronts:

- The clinic is run by professionals who are specifically trained in addiction issues and they are empathetic/ non judgmental
- There is continuity of staff
- There is emotional and mental support available in the form of counselling
- Suboxone is effective for those using it

I'd say the counselling and more so the doctors. There's a number of doctors here but there's a few doctors who will give you that counselling factor in your appointment and the education behind it. One of the doctors here who'll sit down and talk to me about the components of the brain and how it affects you. The chemistry in it and why these things happen and why I can't control urges. ***Just the education part and the counseling part are huge. It makes me feel again that I'm not this freak of nature, that I can control some of these things.*** *– Lived Experience*

*They'll sit and talk to me about things. I sat down and I see a doctor, every time I'm here****. So, I think that's the change; the doctors don't look down on you, or the nurses.*** *So, I think that makes a huge difference, you're right. What you need to do is find somebody who'll actually listen to somebody and find out why. Find out why they feel like they need to use and what's going on in their life. – Lived Experience*

Recovery is a long process requiring determination and hope

Ensuring that there is other support available in addition to simply detoxing and maintenance therapies and treatments– for example, those focused on coping or behavioural issues, and not just the addiction to drugs – was mentioned as a crucial factor in success.

Opinions of Narcotics Anonymous and Alcoholics Anonymous were mixed. Some attended meetings and found it to be a valuable support and resource, but a program of this nature in and of itself was not considered by most to be an effective treatment. Those family members attending Al Anon were also mixed on its success in supporting them on their journey.

Most importantly, recovery is a long-term, ongoing process. Participants spoke of a long history of visits to rehab, ongoing therapy and counselling, relapsing and then getting clean for short or extended periods. When asked to characterize the current state of their addiction, although there were those who considered themselves "clean", trying to define or pinpoint this was challenging because of the length of time of their addiction, or the tenuous nature of their recovery. A few were pessimistic that they would ever recover. It was clear that there is no magic formula for success. However, a few saw a brighter future ahead thanks to the treatment they were receiving, and expressed gratitude and hope.

> *Oh I'll **always be in recovery**... I've been trying to fix something that can't be fixed. My analytical mind tries to fix my addiction mind... I've hit the wall for 40 years. – Lived Experience*

> *[M]y brain was always tuned to "take a pill now. Take a pill". I find it's not like that anymore so for the future, **I look at my future, and I see happiness. It took a long way to get here, really. I wouldn't say it was [not] a fight, it was a struggle**, because I wasn't really interested in using them recreationally, I was using them for pain. So, I would countdown the hours and stuff and I don't have to do that anymore. – Lived Experience*

From the perspectives of organizational staff...

Rating of existing recovery supports	
Very good	-
Good	1
Fair	10
Poor	2
Very poor	2
Don't know	1

The main gaps identified by staff were:

- **A more streamlined protocol with established access points** to help individuals when they are ready to seek help
- **A lack of detox, recovery and rehabilitation** programs in the County and waitlists for those used by providers
- **More awareness of existing programs** (e.g. BWH) to the community
- **More after-care or wrap around services** e.g. employment programs, follow-up after hospital releases, drop-in support, more formalized volunteer mentor programs (dealers prey on NA), transportation,
- **Affordable housing**

PILLAR 4. ENFORCEMENT AND JUSTICE

STRENGTHEN COMMUNITY SAFETY BY RESPONDING TO CRIME AND COMMUNITY DISORDER CAUSED BY SUBSTANCE USE

Feedback on relationships with law enforcement was minimal.

When asked about any interactions with police, most of those with lived experience did not indicate any incidents with the law, or they avoided contact for fear of interactions or arrest.

However, their lack of feedback could be attributed to concerns they had about confidentiality or general reluctance to share these experiences.

Most references to run-ins with police were by family members who interacted with police to help them in situations involving their children -- needing them to physically intervene in some way, and in one case pressing charges as a last resort so their child could be institutionalized in a mental health facility.

***I tried to avoid [the police] as much as I could, for obvious reasons**. When I did [interact], they were more just preaching than anything else. – Lived Experience*

***So then we finally had to call the police, and lay charges**. And our hope was that maybe finally with charges laid against him, something will happen where they will confine him, he will get clean, being in jail, cleaned up, they will send him for treatment, for mental health, and in fact, that has happened, he's at the [mental health hospital] right now. **So that was in our desperation. No parent wants to lay charges against their child**, and we love our son, and we want to get help, but it's out of desperation because we're feeling really abandoned by the system, by the hospital and the justice system...- Parent*

Law enforcement stakeholders indicated that drug use is a major underlying cause of crimes in Lambton County.

There was a perception that crystal meth was the most prevalent drug in the County.

Proximity to London is an issue for some drug users in Lambton County. There is easy access to London and different types of drugs available than in Lambton, and a broader range of people who one lived experience participant perceived as being more accepting and open-minded. Interestingly, those interviewees in law enforcement and justice noted that in London there is a separate criminal court system for drug-related crimes and repeat offenders. Rather than punishing drug users, the emphasis is on addressing the root problems -- specifically, treating addiction – this system is in place as it is perceived more effective than conventional models.

The other main area discussed was working with institutions – such as pharmacies and long-term care homes – to ensure that they are taking measures to safeguard their drug supplies.

From the perspectives of organizational staff...

Rating of existing enforcement and justice	
Very good	-
Good	2
Fair	8
Poor	3
Very poor	2
Don't know	1

The main gaps identified by staff related to shifting the focus from punishment to help:

- **More education to police on relationship between mental health and substance use**
- **More partnerships between social work and police**
- **Recovery / rehabilitation programs and psychoeducation** during incarceration
- **Diversion programs** that use support programming as opposed to civilianizing addiction issues
- **Youth outreach** to build longer-term trust between enforcement and communities

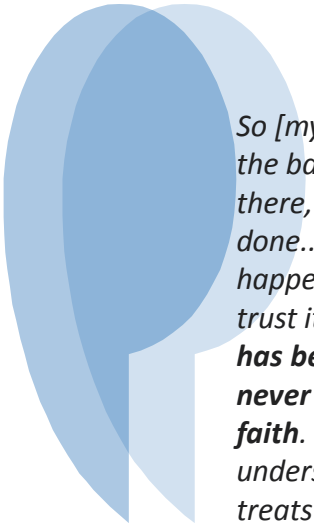
ADDITIONAL SUPPORTS

Supports for those with lived experience go beyond treatment

Many mentions were made in various contexts of supports that would optimize the system for those with lived experience, and their loved ones.

Specific to those with lived experience, they spoke specifically of:

- "Re-integration" into society after rehab and while recovering, as there is no aftercare or follow up
- Building a trusted relationship with someone who will listen to them without judgment
- Alternative or supplemental therapies (behavioural, art therapy, etc.)
- Treatment for broader issues such as dealing with trauma
- General awareness of what other supports are available in Lambton and the ability to individualize treatment, and try others if one is not working



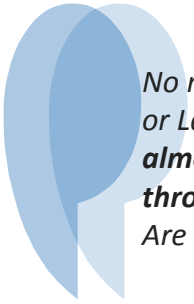
So [my psychiatrist] says, I promise I will not let you down, I will not drop the ball on you. And I said, we'll see, right? So he knew right then and there, if you do not follow through with one thing that you say, this is done... because I watch what your behaviour is. With certain things that happened to me, if your lips don't match what your body is doing, I don't trust it, ever. And your actions have to follow in line with that, and so ***he has been consistent, I've had him since, he has never failed me, he has never dropped the ball. He's continued to show incredible support and faith****. He's always direct, he never underestimates my ability to understand, or learn. So he doesn't infantilize me at all, you know, he treats me with dignity and respect, which I appreciate, and doesn't dumb things down, or thinks I can't handle something. I prefer the truth over lies. – Lived Experience*

Family members would like to access centralized resources

Parents spoke of their challenges in navigating the system, and finding the information they needed in order to support their loved ones at every stage of his or her addiction:

- Prevention resources and education for early identification of issues
- Education on the nature of addiction as a legitimate disease
- Counselling or therapy for coping with a loved one
- Legal guidance in dealing with a child who is behaving criminally
- Finding detox and holdover beds, rehab, methadone/suboxone clinics, and other treatments
- Mental health resources and supports

There were mentions of "one stop shop" for these items which is currently missing. Rather than piecing the above items together ad hoc, parents would ideally have one person who could help them find what they need to help their child. At the moment, much of what they find out is through word of mouth, or trial and error. There was also mention of needing help after normal working/business hours.



No matter what program you go to, whether it's at Bluewater Health, at CAMH or Lambton Public Health unit or whatever you would tend to go to, ***there almost needs to be somebody there who takes their case, navigates them through the whole process*** *and says, you know, 'This is what you have to do. Are you working? If you're working, here's what's available for you.' – Parent*

Stakeholders had many ideas on improved service

In terms of service gaps and opportunities for improvement, suggestions made included:

- More timely access and increasing capacity to mental health services – substance misuse were often seen as intertwined with mental health – and more funding for 'core' services
- Improving access to housing in order to improve outcomes of those on the recovery and rehabilitation pathway
- More timely access and increasing capacity to other support services e.g. finding employment
- Considering other models for service delivery / design e.g. drug courts in enforcement, police + health crisis teams in Chatham & Windsor
- Ensuring there is awareness of what options are available among those who are in a referral capacity (e.g. Ontario Works, family doctors, spiritual community)

Mental health and addiction piece; access to primary care, timely access to mental health and social support services. *You know, there's a good chunk of these folks that are homeless. There's a good chunk of these folks that are unemployed. There's a good chunk of these folks that have got, you know, concurrent mental health issues that aren't being addressed. - Stakeholder*