



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2016 July 21

MIDDLESEX LONDON COMMUNITY DRUG & ALCOHOL STRATEGY

Recommendation

It is recommended that Report No. 046-16 re “Middlesex London Community Drug & Alcohol Strategy” be received for information.

Key Points

- Middlesex-London Health Unit is leading the development of a Community Drug & Alcohol Strategy built upon diverse perspectives, evidence, expertise and existing community strengths and partnerships.
- The Strategy is guided by collaboratively developed vision, mission and guiding principles and was based on British Columbia’s four pillars framework.
- The Strategy is an important step and will require long-term commitment to address the complex and evolving issue of problematic substance use.

Background

Substance use affects individuals, families and communities within Middlesex County and the City of London, whether directly or otherwise through negative impacts on health, personal relationships, safety, crime, and overall community wellness.

Middlesex-London Health Unit (MLHU) is significantly involved in programs and initiatives related to substance use, including the Counterpoint Needle Exchange, The Naloxone Program, the Fentanyl Patch Return Program, and programs and policy advocacy related to reducing alcohol-related harms and substance use prevention initiatives. The Health Unit is also involved in concerted action to address HIV and Hepatitis C in people who inject drugs with the development of a comprehensive HIV strategy. This includes stakeholders who are engaged at the local and provincial levels. Across London and Middlesex there are numerous organizations with programs addressing issues related to substance use and addiction.

In late 2015, MLHU began development of the Middlesex-London Community Drug and Alcohol Strategy (“the Strategy”). The Strategy builds on existing partnerships, and will incorporate diverse perspectives to build a sustainable approach to preventing, reducing and managing problematic substance use.

First Steps

In November 2015 and January 2016, meetings were hosted with the participation of over 80 diverse community stakeholders from both London and Middlesex County. While the extent and value of existing services and resources was fully acknowledged, there was strong agreement that moving forward with a community drug strategy requires a collective and coordinated community effort – one based on a Four Pillar framework of (1) Prevention, (2) Treatment, (3) Enforcement and (4) Harm reduction. It was agreed that the Strategy must reduce silos and prioritize collaboration through shared vision and purposeful policies, processes and plans. In addition to reaching consensus that MLHU is well-positioned to provide leadership to the Strategy, the group provided a clear message that the approach must be truly collaborative for the Strategy to realize short and long-term success. During the stakeholder meetings those in attendance were

invited to share perspectives on current issues of priority, indicate interest in contributing to the drug strategy, identify guiding principles, and begin to form workgroups around the four pillars. Additionally an expression of interest process was proposed and agreed to for the formation of a steering committee.

Current Status

The Steering Committee of the Community Drug & Alcohol Strategy is a broadly representative group that is inclusive of diverse sectors and includes people with lived experience (see [Appendix A](#)). Three meetings, with the initial one being in April 2016, have resulted in the development of a vision, mission, guiding principles and terms of reference. A key early decision of the Steering Committee was the explicit inclusion of alcohol in the Strategy. The Steering Committee is co-chaired by Brian Lester, Regional HIV/AIDS Connection and Muriel Abbott, MLHU. To support the development of the Strategy MLHU is providing additional staff resources including a health promoter, epidemiologist and program evaluator.

Four pillar workgroups - Prevention, Harm Reduction, Treatment and Enforcement - have each had an initial meeting in June. Each group reviewed issues raised at the earlier community meetings, and discussed the need and processes for collecting baseline information regarding current services across Middlesex and London. It was acknowledged that there are several initiatives underway that are relevant to the Drug and Alcohol Strategy.

A comprehensive environmental scan to identify, inventory and map existing services and programs across London and Middlesex is starting, with the goal of completion in Fall 2016. The goal is to identify needs, gaps and areas that can be aligned with the Strategy for enhanced impact and action. This includes urgent issues that require immediate action.

Next Steps

A plan for broader consultation and engagement with the community is being developed to further identify and define issues related to substance use to ensure a comprehensive understanding of issues and priorities. This will guide literature searches, and inform development of recommendations for moving forward. This broader consultation will begin in late 2016.

The compilation of data, evidence and perspectives will result in the need to prioritize interventions to address the multiple and complex issues related to substance use. Based on the comprehensive and prioritized recommendations approved by the Steering Committee, implementation, monitoring and evaluation plans will be developed. A communication platform and plan to keep the community informed of progress will be put in place.

To realize its vision of “a caring, inclusive, and safe community that works collaboratively to reduce and eliminate the harms associated with drugs and alcohol,” the Strategy must demonstrate long-term commitment that embraces the concept of community responsibility and is responsive to the complex issue of problematic substance use while addressing gaps, limiting duplication and meeting emerging needs.

This report was prepared by Ms. Muriel Abbott, Public Health Nurse, Ms. Khalidah Bello, Health Promoter, and Ms. Rhonda Brittan, Manager, Healthy Communities and Injury Prevention Team.



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