Current Priority Issues Regarding Substance Misuse in Grey Bruce and Strategic Directions for Moving Forward

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Purpose and Overview of the Report

The misuse of substances such as alcohol or mood altering drugs can cause harm to the health of individuals, families and communities. There are a complex set of factors that influence patterns of substance misuse and the impacts of associated interventions. Those factors require ongoing assessment and re-assessment. (Centre for Addictions Research of BC [CARBC], 2006, p.5)

In Grey and Bruce Counties individuals and organizations with an interest in substance misuse have worked collaboratively for many years to prevent and reduce the harmful effects of substance misuse. This Report is intended to assist individuals and organizations with that very important work. It includes an assessment of the current priority issues in Grey Bruce and strategic directions for moving forward with action that is based on evidence informed practice.

Substance Misuse: The Magnitude of the Problem

Ontario

The harmful use of alcohol or other drugs in Ontario can have fiscal impacts in areas such as health care costs, law enforcement, property damage and lost productivity due to morbidity and premature mortality. "Even more significant are the human and social impacts associated with harmful alcohol and drug use that can't be measured in a quantifiable way" (Centre for Addiction and Mental Health [CAMH], 2008, p. 9).

Alcohol is the most widely used mood altering substance in Ontario, with about 80% of residents reporting its use. "Of this group over 15% report harmful or hazardous levels of use"(CAMH, 2008, p. 5). The most common illegal substances that are used in Ontario include: cannabis, cocaine, speed, ecstasy, hallucinogens heroin and the non-medical use of prescription drugs such as OxyContin® (CAMH, 2008, p.).

Populations at particular risk for harm from substance misuse include: people with concurrent disorders (a mental illness and substance abuse problem); youth, including street youth; First Nations people; older adults; the homeless, and offenders (Ontario Ministry of Health and Long-Term Care [OMHLTC], 2009; CAMH, 2008).

Risk factors predict early and heavy substance use, and may be individual, environmental, or social (CARBC, 2006, p.12). An analysis of the social determinants of health is an important component of understanding the patterns of substance misuse and developing an effective community response.

Grey Bruce

The 2007 Canadian Community Health Survey[CCHS] (Statistics Canada, 2009) indicates that nearly one in four (24.1%) Grey Bruce residents 12 years and older are heavy drinkers (CCHS definition: Population aged 12 and over who reported drinking 5

or more drinks on at least one occasion per month in the past 12 months). This proportion is statistically higher than Ontario, Canada and like areas in Canada (peer groups). A 2006 Grey Bruce study found that 4% of the new born babies studied were significantly exposed to alcohol while in the womb (Gareri, Lynn, Handley, Rao, Koren, 2008).

Local data regarding the use of other drugs is limited. The Grey Bruce Crystal Meth Task Force's report (Clarke, 2009) conducted in 2007/08 found an increasing prevalence of crystal meth use in Grey Bruce. Community partners participating in a June 2010 consultation (see Appendix E and F) reported that they perceive cannabis to be the illegal substance having a considerable negative impact in Grey Bruce. Other illegal substances of concern identified at that meeting were cocaine /crack and prescription drugs like OxyContin®.

Areas of vulnerability in the Grey Bruce population associated with the social determinants of health include the following:

- Geographic factors of being a rural community and a recreational area can pose risks (e.g., motor vehicle reliance use and recreational activities in combination with substance use). "Youth who dwell in small towns or rural regions are more likely to identify themselves as current heavy drinkers. Additionally, it has been observed that those who live in Canadian rural regions have higher rates of drinking and driving and riding with a drunk driver" (Degano, Fortin, Rempel, 2007, p 11).
- The cultural makeup that includes two First Nations communities and a community of aboriginal people who live off reserve. "Aboriginal communities still endure social and economic inequities relating to the legacies of the colonial experience, and that have considerable impact on problematic substance use" (CARBC, 2006, p. 24).
- Education levels are lower than the provincial norms**.** According to the 2006 Census, 28% of Grey Bruce residents, aged 15 year over, did not complete high-school. These proportions are well above the proportion for all of Ontario (22%) (Statistics Canada, 2007).
- Income levels are lower than the provincial norms. In 2005 the median income for all families in Grey Bruce was well below the provincial median of $69,156. The median income for lone- parent families within Grey Bruce (and Ontario) is well below the overall Provincial median, particularly for female-led lone parent families. (Grey Bruce Children's Alliance [GBCA], 2010, p. 3)
- A lack of employment opportunities for youth. (Grey Bruce Health Unit, Grey Bruce Partners in Health, Youth Roots, 2007, p. 2)
- Long waiting lists for Rent Geared to Income housing and an increase in the number of people, including youth, reporting homelessness as a challenge. (GBCA, 2010, p.4)

Grey Bruce Stakeholder Feedback
Stakeholders reported that:

- The coordination of substance misuse health promotion strategies available through the FOCUS Coalition in Grey Bruce has been extremely valuable.
- Heavy drinking of alcohol and the use of cannabis/marijuana are the highest priority concerns for Grey Bruce. For youth and young adults to age 29, cannabis and other substances are of particular concern and for adults 30 +, heavy drinking is the more prevalent concern. For young women and mothers the impact of alcohol use on a fetus is a concern given the impact of Fetal Alcohol Spectrum Disorder (FASD) on the health and wellbeing of a child.
- There is a peer environment supporting heavy alcohol consumption among youth and adults. Youth express concern about their parents heavy drinking.
- Cannabis use is becoming normalized within the youth population who don't think it is as harmful as alcohol. For youth and young adults there is a particular concern about cannabis being more potent (containing higher levels of the principal psychoactive ingredient THC) than what might have been available in the past and/or being laced by dealers with more potent drugs.
- Ongoing awareness/education and interventions are needed, particularly regarding the negative effects of heavy drinking.
- Facilitated groups that provide peer-to-peer support, for harm reduction and treatment intervention, is needed as this approach has been successful in the past (e.g., youth programs like "What's With Weed", "Challenges, Beliefs and Changes", "SMARTRISK No Regrets", and for adults "Alcoholics Anonymous").
- Decision-makers such as members of Municipal Councils, MPs, MPPs and corporate and community leaders should be engaged to work with the community to develop an appropriate response.

Evidence Informed Practice

Evidence informed practices considered when developing the strategic directions and action options related to the identified prevention and harm reduction priorities include the following.

- Adopt a community systems prevention and harm reduction approach based on collaboration and partnerships among those with an interest in prevention and harm reduction and develop linkages with other related community groups.
- Create a culture of moderation with relation to alcohol consumption emphasizing policy related initiatives such as municipal alcohol policies and addressing the social environment to change attitudes and behaviours.
- Intervene at critical stages or transitions in the development of children, youth and adults (e.g. prenatal, postpartum period; transition to school; adolescence, transition to independence, transition relating to family and occupation including retirement). Utilize youth engagement and peer-to-peer models when working with youth.

- Adopt a comprehensive 'four pillar' approach aimed at integration and coordination across the components of prevention and education, harm reduction, treatment and enforcement.

Recommendations for Moving Forward

Results of this project reinforce the importance of continuing to build on the previous collaborative work in Grey Bruce. The following are recommended strategic directions and options for action.

1. In the context of the new Ministry of Health Promotion Healthy Communities framework, continue to use a collaborative community systems approach to strengthen the network of community partners working on substance misuse issues.

   Options for Action
   - Community partners with an interest in substance misuse issues continue to collaborate and implement evidence informed actions to address priority issues.
   - Identify and engage decision-makers and community champions.
   - Encourage individuals that participated in the information collection process for this project to participate in the network of community partners.
   - The substance misuse prevention and harm reduction network maintain existing links and establish new links with other collaborative groups to enhance awareness of substance misuse priorities, limit duplication of effort, and facilitate opportunities for collective action. These groups include: the Crysal Meth Task Force, the Joint Addictions Advisory Committee and the Human Services and Justice Coordinating Committee, the Children's Alliance and the Community Coalition for the Prevention of Falls in Older Adults.

2. To address the impact alcohol consumption has on injuries and chronic disease and support the development of a culture where moderation is the goal.

   Options for Action
   - Develop and implement a comprehensive strategy to address the need for:
     - establishing a common understanding of what constitutes moderate alcohol use,
     - knowledge transfer among substance misuse community partners to promote the implementation of evidence-based initiatives proven to be successful in reducing substance misuse,
   - Continue to work with municipalities to support the development of comprehensive municipal alcohol policies ensuring that the elements of social responsibility and safety are included and are effectively enforced,

- Continue to work with premises licensed to sell alcohol to support the development of policies, including those regarding staff training, ensuring that the elements of social responsibility and safety are included and enforced,
- Continue to work with individuals, clubs or groups holding events where alcohol is served in accordance with a Special Occasion Permit, to ensure that practices respect the need for social responsibility and safety, and
- Continue to work with parents to discuss the importance of communication, monitoring and role modeling to support their children and youth making informed decisions about alcohol use.

3. To enhance evidence-based interventions for people at risk of harm from substance misuse.

   Options for Action

   - Collaborate with the Youth Engagement strategy by using the guiding principles of youth engagement to actively mobilize youth to take action to address substance and alcohol misuse.
   - Knowledge transfer to encourage the implementation of brief interventions and peer to peer supports.

4. To work towards developing a long-term drug strategy that uses a coordinated and comprehensive effective four pillar approach.

   Options for Action

   - Participation in Municipal Drug Strategy Network (MDSN) to collaborate with partners from across the province on effective development and implementation of local and provincial drug strategies.
   - Continue discussion about the development of an alcohol and drug strategy for Grey Bruce with community decision-makers.

Current Priority Issues Regarding Substance Misuse in Grey Bruce and Strategic Directions for Moving Forward

1. Purpose and Overview of the Report

The misuse of substances such as alcohol or mood altering drugs can cause harm to the health of individuals, families and communities. There are a complex set of factors that influence substance misuse and the impacts of interventions. Those factors require ongoing assessment and re-assessment (Centre for Addiction Research of BC [CARBC], 2006, p.5).

In Grey and Bruce Counties individuals and organizations with an interest in substance misuse have worked collaboratively for many years to prevent and reduce the harmful effects of substance misuse (see Appendix A). This Report is intended to be a directional document to support the community with their ongoing work.

This Report provides an overview of substance misuse in Ontario and presents a current picture of the priority issues in Grey Bruce based on surveillance data, the social determinants of health and stakeholder perspectives. Emphasis is placed on identifying the most vulnerable populations. The Report also considers evidence-informed prevention and harm reduction practices related to the priority issues that have been identified. The Report concludes with four strategic directions for moving forward and offers more specific options for action.

2. The Substance Misuse Picture in Ontario and Grey Bruce Counties

To develop a preliminary picture of the priority issues relating to substance misuse in Grey Bruce, the following information collection and analysis activities were undertaken.

- A review of population health and epidemiological data and reports regarding the risk factors of substance misuse and the magnitude of the problem in Ontario and in Grey and Bruce;
- A review of existing reports regarding Grey Bruce stakeholder perceptions regarding substance misuse issues and the most effective community response; and
- The collection of feedback from stakeholders regarding their perceptions of current priority substance misuse issues in Grey and Bruce and potential strategies to address the priority issues identified.

2.1 The Magnitude of the Problem: Population Health and Epidemiological Data

2.1.1 The Burden of Substance Misuse in Ontario

Substance misuse is not solely related to the legal status of the substance used, but to the amount used, the pattern of use, the context in which it is used and, ultimately, the potential for harm (OMHP, 2010).

The Centre for Addiction and Mental Health [CAMH] (2008) reports that:

> from a fiscal perspective, the harmful use of alcohol or other drugs can significantly impact on direct health care costs, law enforcement, property damage and lost productivity due to morbidity and premature mortality… Even more significant are the human and social impacts associated with harmful alcohol and drug use that can't be measured in a quantifiable way. (p.9)

Alcohol

While illegal drugs create much public concern and discussion, the literature indicates that legal substances such as tobacco and alcohol usually cause the greatest amount of individual and societal harm (CCSA, 2007).

Alcohol is the most widely used mood altering substance in Ontario, with about 80% of residents reporting its use. "Of this group over 15% report harmful or hazardous levels of use" (CAMH, 2008, p.5). A 2009 CAMH survey of Grade 7 -12 students in Ontario found that:

- 58% of all students interviewed report drinking;
- 25% of these students engage in binge drinking (drinking 5 or more drinks on the same occasion at least once during 4 weeks before the survey);
- 12% of students reported drinking and driving.

"There are signals that drinking alcohol has become increasingly normalized in Canada and Ontario and by default, concern about the risks associated with drinking are not of high priority" (Alcohol Policy Network [APN], 2005, p. 2).

The acute and long term effects of alcohol misuse are well supported in the literature. The Ontario Ministry of Health Promotion [OMHP] (2010) lists alcohol use as being related to:

- unintentional injuries such as road and off-road vehicle injuries, falls, drowning and fire related injuries, occupational and machine injuries
- intentional injuries such as suicide or assault (p.10).

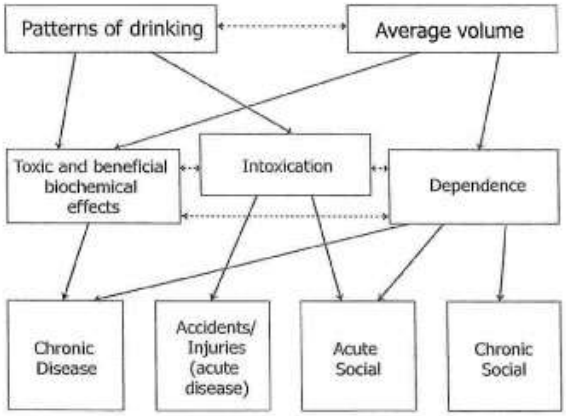
There is also a growing body of evidence linking alcohol use to a variety of chronic diseases including the following:

- Consuming more than 2 standard drinks per day increases your risk for high blood pressure (Xin et al. 2001, p. 1112).
- Heavy drinking and binge drinking increases the risk of:
    - ischemic and hemorrhagic stroke and other cardiovascular diseases such as coronary heart disease;
    - infectious diseases such as TB, HIV/AIDS and pneumonia;
    - cancers such as mouth and oropharyngeal cancer, esophageal cancer, liver cancer, female breast cancer, and colorectal cancer. The more alcohol is consumed on average, the higher the risk for breast cancer, with an increase risk already demonstrated for one drink per day.
    - neuropsychiatric diseases such as alcohol use disorders and primary epilepsy;
    - diabetes;
    - gastrointestinal diseases such as liver cirrhosis and pancreatitis;
    - conditions arising during the perinatal period such as low birth weight and Fetal Alcohol Spectrum Disorder.

    (Baan et al, 2007, p. 292; OMHP, 2010, p.10; Rehm, 2010)

The complex pathways of harmful and beneficial drinking patterns are displayed in the following figure excerpted from work by Rehm et al. (2003) and Babar et al. (2003).

Figure 5: Relations among alcohol consumption, mediating variables and short-term as well as long-term consequences [a]



Source: Rehm et al. (2003c); Babar et al. (2003)

[a] Toxic and beneficial biochemical effects independent of intoxication or dependence.

Other Substances

In terms of burden of disease, the literature indicates that prescription and illegal drug use follow alcohol and tobacco use.

The Centre for Addiction and Mental Health (CAMH) surveys Ontarians, including students, regarding cannabis use. "According to the Ontario data from the 2001 survey…:

- About 34% of adults reported lifetime use of cannabis (used it at least once in their lifetime
- 11% of adults report[ed] use of cannabis in the past year..." (2008, p.5)

According to the 2007 CAMH survey (CAMH, 2008, p.5) of school attending youth:

- over one-quarter (26%) of school attending youth report using cannabis at least once in the year before the survey;
- males are more likely to use cannabis (27%) than females (24%);
- using cannabis at least once increases with each grade from 4% in grade 7 to 45% in grade 12;
- The top five other drugs students report using at least once in the last year: hallucinogens (5.5%) solvents (5.8%), stimulants (6.0%), ecstasy (3.5%)and cocaine (3.4%);
- In the past year, about 2% of all students use Oxy Contin® non-medically, up from the previous survey.

The 2005 Canadian Addiction Survey reports on other drug use by adults in Ontario by grouping the five drugs cocaine, speed, ecstasy, hallucinogens and heroin. The survey reported:

> "in Ontario 14% of adults surveyed report[ed] lifetime use of any of the five drugs. Of these adults:
>
> - Over 22% report harms in their lifetime from drug use;
>
> Just over 2% report use in the past year and of these adults, almost 13% report[ed] one or more harms from their own drug use in the past year."
>
> (CAMH, 2008, p.5):

At Risk Populations for Harm from Substance Misuse

Some populations are at greater risk for harm due to substance misuse than others. These at risk groups include the following:

People with Concurrent Disorders

"There is a close link between mental illnesses and addictions. Many people who have a mental illness, such as depression, bipolar disorder or schizophrenia, will also use substances or gamble in a harmful way – and vice versa." (Ontario Ministry of Health and Long Term Care [OMHLTC], 2009, p.14) "Research shows that more than 50% of those seeking help for an addiction also have a mental illness, and 15-20% of those seeking help from mental health services are also living with an addiction." (Canadian Council on Substance Abuse [CCSA], 2009, p.9).

Youth

"Ontarians between the ages of 15 and 24 are three times more likely to have a substance use problem than people over age 24…Young people are more likely than adults to use stimulant drugs such as ecstasy and cocaine. They are more likely to use prescription drugs for non-medical reasons and to binge drink" (OMHLTC, 2009, p.13).

Street Youth

"Young people who are involved in street life are at high risk for serious problems related to their alcohol and drug use" (CAMH, 2008, p.7).

Workplace

"A typical workplace has a rate of alcoholism and excessive drinking in approximately 10% to 20% of employees and a rate of illicit drug use from 2% to 7%" (CAMH, 2008, p.9).

First Nations

"Alcohol abstinence is more common amongst First Nations people, but so is heavy drinking – 66% report using alcohol in the past year (compared to approximately 80% of adults in the general population as reported in the CAMH monitor). But 16% who drink report consuming 5 drinks or more per occasion compared to 6% in the overall adult

general population survey in Ontario. Twenty-seven percent (27%) used cannabis in the past year – about double the Canadian rate" (CAMH, 2008, p.9).

Older Adults

"Older adults can incur problems at lower levels of alcohol consumption because of age-related physiological changes, declining health and functional status and medication use" (CAMH, 2008, p.9). "Drinking is strongly associated with unintentional falls at home that result in admission to hospital or death." (Kool, Ameratunga, Robinson, Crengle, Jackson, and Maori, 2008. Abstract).

Homeless Population

As cited by CAMH (2008)

"A Toronto study found:

- 33% of homeless people had a substance abuse diagnosis in their lifetime;
- 20% had a current substance abuse diagnosis;
- over 90% of homeless people had used marijuana and many had a diagnosis of abuse or dependence, [and];
- cocaine was used by 65% of shelter users followed by analgesics(41%) tranquillizers (39%), and sedatives (35%)" (p. 8).

Offenders

In 2008, the Centre for Addiction and Mental Health reported that:

> "In Canada the majority of offenders show evidence of some kind of substance abuse problems…Just over 50% of all Canadian offenders report[ed] that substance use and abuse was either directly or indirectly related to one or more of the offences on their present conviction. In a sample of probationers 25 years of age and under in Toronto, 35% reported using alcohol and 53% reported using drugs in the hour before commission of the offenses for which they were on probation (p.7).

2.1.2 Alcohol and Other Drug Use in Grey Bruce

Surveillance data collected and analyzed by the Grey Bruce Health Unit (Leffley, 2009) indicates that heavy drinking of alcohol is a problem in Grey Bruce.

- Results of the Canadian Community Health Survey (CCHS) 2007/08 indicate in Grey Bruce almost one quarter (24.1%) of current drinkers reported (binge drinking). This proportion is statistically higher than Ontario, Canada and peer regions. ('Binge drinking' refers to drinking five or more drinks on one occasion at least once per month in the past year.)
- Overall rates of binge drinking among current drinkers in Grey Bruce increased over the four years from 2003 – 2007.

  2003 – 15.1%
  2005 – 24.9%
  2007– 24.1%

- Binge drinking in 2007/08 was most prevalent among the age group 20 – 34 yrs. (43%), followed by the 35-44 yr age group (39.1%) and 45-64 yr. age group (22.7%).

Local health behaviours surveys (Rapid Risk Factor Surveillance Survey [RRFSS]. 2006) indicate that:

- 40% of the adult population over use alcohol (do not follow the Low Risk Drinking guidelines)
- 4% of those surveyed self-reported drinking & driving and automobile
- 8% of those surveyed self-reported drinking & driving a recreation vehicle

A 2006 Grey Bruce study found that 4% of the new born babies studied were significantly exposed to alcohol while in the womb. (Gareri, Lynn, Handley, Rao, Koren, 2008)

Local data regarding the use of other drugs is limited. Given the illegal nature of the use of some substances (e.g., cannabis/marijuana, crystal meth, cocaine, etc.) and the associated stigma and limited data availability, it is difficult to develop an accurate picture of the magnitude of the problem in Grey Bruce.

A report conducted in 2007/08 in response to concern about the negative health impacts from the use of methamphetamine among residents of Grey Bruce found that there was an increasing prevalence of crystal meth use in Grey Bruce. The age at which young people use the drug is decreasing. Families of 14 year olds are seeking support for their children's drug use (Clarke, 2009, p.12).

Community partners participating in a June 2010 consultation reported that they perceive cannabis to be the illegal substance having the greatest negative impact in Grey Bruce. Other substances identified were cocaine /crack and prescription drugs like OxyContin® (see Appendix E and F).

2.1.3 The Impacts of the Social Determinants of Health on Substance Misuse

An analysis of the social determinants of health is an important component of understanding the patterns of substance misuse and developing an effective community response. Mikkonen and Raphael (2010, p.7) explain that "the primary factors that shape the health of Canadians are not medical treatments or lifestyle choices but rather the living conditions they experience". These social and economic conditions are known as the social determinants of health.

By assessing which population groups can be expected to be more vulnerable to misusing substances, communities can work to address the root causes not only the individual behaviours. "It is increasingly understood that environmental and societal factors increase or perpetuate the vulnerability of certain individuals and groups more than

others. Vulnerability, in turn, limits the extent to which people are capable of making informed decisions about their own health, safety and well being." (CARBC, 2006, p.17)

2.1.4 Social Determinants of Health in Grey Bruce

The social determinants that may be influencing the prevalence of substance misuse in Grey Bruce described above are presented in detail in Appendix C. These areas of vulnerability in the population are summarized as follows.

- ***Geographic Environment:*** Geographic factors of being a rural community and a recreational area can pose risks (e.g., motor vehicle reliance and recreational activities in combination with substance use). "Youth who dwell in small towns or rural regions are more likely to identify themselves as current heavy drinkers. Additionally, it has been observed that those who live in Canadian rural regions have higher rates of drinking and driving and riding with a drunk driver" (Degano, Fortin, Rempel, 2007, p. 11).
- ***Age and Developmental Stages:*** "Harms from substance use may occur at different stages in an individual's life, and may arise from a variety of contributing causes…Evidence emerging from the population health literature suggests [that] particular emphasis should be placed on healthy child and youth development… There is increasing evidence that intervening at critical stages or transitions in the development of children and youth has the greatest potential to positively influence their later health and well-being" (CARBC, 2006, p. 24).
- ***Culture:*** "Aboriginal communities still endure social and economic inequities relating to the legacies of the colonial experience, and that these have considerable impact on problematic substance use and other health behaviours" (CARBC, 2006, p.24). "First Nations, Inuit and Métis families disproportionately experience social and economic circumstances that threaten the health and well-being of their children and youth." (Health Council of Canada [HCC], 2006, p.16). There are two First Nations communities in Bruce County and a community of aboriginal people that live off reserve in Grey Bruce.
- ***Gender:*** **"**The developmental pathways to harm from substance use are different for girls and women than they are for boys and men, and special attention is required to address these differences**"** (CARBC, 2006, p.25).
- ***Education:*** "Health status improves with level of education. Education is closely tied to socioeconomic status, and effective education for children and lifelong learning for adults are key contributors to health and prosperity for individuals" (Public Health Agency of Canada [PHAC], 2008). In 2006, 28% of Grey Bruce adults did not complete high-school. These proportions are well above the proportion for all of Ontario (22%) (Grey Bruce Children's Alliance [GBCA], 2010 (1), p.3).
- ***Income***: "There is strong and growing evidence that higher social and economic status is associated with better health. In fact, these two factors seem to be the most important determinants of health" (PHAC, 2008). "Children in low income households experience a higher risk of health problems throughout their life spans, independent of their later socioeconomic status" (Ontario Physicians Poverty

Working Group, 2008, p.). In 2005 the median income for all families in Grey Bruce was well below the provincial median of $69,156. The median income for lone-parent families within Grey Bruce (and Ontario) is well below the overall Provincial median, particularly for female-led lone parent families. (GBCA, 2010(1), p.3). The limited incomes of persons receiving social assistance contribute to their vulnerability.

- ***Employment***: "Employment has a significant effect on a person's physical, mental and social health" (PHAC, 2008). The downturn in world-wide economy in 2008 and 2009 affected the residents of Grey Bruce. Over the year, December 2007 to December 2008, the number of Grey Bruce residents receiving regular employment insurance as a result of unemployment rose by between 40-54%. (GBCA, 2010 (1), p 3). Youth health is also impacted by their employment opportunities. Youth report that Grey Bruce lacks employment opportunities for their age group. (Grey Bruce Health Unit, Grey Bruce Partners in Health, Youth Roots, 2007. p.2)
- ***Housing:*** "Housing can directly and indirectly impact health. Homelessness is also a health issue… While homelessness can affect a broad range of people, approximately one third of the homeless are between the ages of 16 and 24 years." (Butler-Jone,2008, p. 45). In 2009 an average of 279 families in Grey and Bruce Counties (Grey 224: Bruce 56) were on waiting lists for Rent Geared to Income housing during the period 2006 through 2008 (GBCA, 2010(1), p.4). Homelessness is a challenge for some youth and families in Grey Bruce. The number of people who were homeless or at risk of homelessness, and accessed the YMCA Housing Support Program, has increased substantially. In 2006, 1,179 youth and adults accessed the service. By September 30, 2009, 1,602 people had accessed the service, including 95 youth (GBCA, 2010 (1), p 4).

2.2 Magnitude of the Problem: Stakeholder Feedback

The perceptions of community stakeholders in Grey Bruce were assessed regarding priority substance misuse issues. The following data collection activities were undertaken over the months of May, June and July 2010.

- A review of the feedback from stakeholders regarding the strengths and opportunities associated with the work of the FOCUS Coalition, alcohol use and crystal meth use as reported in other documents. (See Summaries in Appendix A and Appendix D)
- Telephone interviews were conducted with 12 people representing various stakeholder perspectives (See Interview Guide and Summary of Key Informant Feedback in Appendix E)
- A consultation with community partners was held on June 17th (See detailed results in Appendix F)

Below is a summary of that stakeholder feedback.

2.2.1 What are the most important substance misuse issues?

Stakeholders reported the following.

- Heavy drinking of alcohol and cannabis/marijuana use are the highest priority. Other drugs (e.g. crystal meth, prescription drugs like oxycontin, cocaine/crack) are also priority issues, recognizing that the prevalence of their use is smaller but the harmful effects from their use are more significant.
- For youth and young adults to age 29 cannabis and other substances are of greater concern than alcohol misuse with respect to the harmful health impacts.
- For adults 30 + heavy drinking is the more prevalent concern in terms of its prevalence and potential for harm.
- For young women and mothers the impact of alcohol use on a fetus is a concern given the impact of Fetal Alcohol Spectrum Disorder (FASD) on the health and wellbeing of a child.

2.2.2 What appears to be making the substance misuse situation in Grey Bruce better?

Stakeholders reported the following.

- The coordination of substance misuse health promotion strategies available through the FOCUS Coalition in Grey Bruce has been extremely valuable in terms of: cross-sector networking with diversity of members with strong commitments; the skills and knowledge of membership; peer mentorship; collaboration; effective communication; developing a common language and identifying common goals and a history of success.
- Many youth now see heavy drinking as bad and have strategies to reduce harm (e.g. Designated Drivers)

2.2.3 What appears to be making the substance misuse situation in Grey Bruce worse?

Stakeholders reported the following.

- There is a peer environment supporting heavy alcohol consumption among youth and adults.
- Cannabis use is becoming normalized within the youth population who don't think it is as harmful as alcohol
- For youth and young adults there is a particular concern about cannabis being more potent (containing higher levels of the principal psychoactive ingredient THC) than what might have been available in the past and/or being laced by dealers with more potent drugs. Organized crime is involved at the dealer level and their motivation is getting more young people hooked to feed their economic return.
- The use of cannabis interferes with the young person's ability to function in high school. This substance misuse can result in poor outcomes for the youth in terms

of high school completion and scholastic level, as well as increased potential to use other drugs.

- The problem with the acceptance of the Designated Driver concept within the youth population is that the young people consider it acceptable for everyone else traveling in the vehicle to drink heavily.
- Youth express concern about their parents heavy drinking

2.2.4 What possible solutions, interventions and actions that could be taken to deal with the situation?

Stakeholders reported the following.

- Ongoing awareness/education and interventions are needed, particularly regarding the negative effects of heavy drinking
- Facilitated group based peer to peer support based harm reduction and treatment interventions is needed as this approach has been successful in the past. (e.g. youth programs like "What's With Weed", "Challenges, Beliefs and Changes", "SMARTRISK No Regrets", and for adults "Alcoholics Anonymous").
- Recovering Alcoholics should be actively involved in surveillance and intervention planning activities.
- Decision-makers such as members of Municipal Councils, MPs, MPPS and corporate leaders should be engaged to "own the problem" re alcohol and work with the community to develop an appropriate response.
- The research findings that the effect of school based alcohol education is limited were not supported by many stakeholders.
- The value of the policy options outlined as best practices for high risk alcohol use received a mixed reaction. Some stakeholders supported these policy strategies. Others felt they were too intrusive on the lives of Grey Bruce residents (e.g. sobriety check points/random breath testing; lowered Blood Alcohol Concentration limits).

3. Guiding Principles For Taking Action

3.1 Knowledge-Based and Evidence-Informed

There are a number of papers, reports, frameworks, and strategies that have been developed at municipal, provincial, national or international levels that reflect evidence-informed practice related to substance misuse. They offer valuable information for consideration in Grey Bruce. These documents and resources are summarized briefly in Appendix G.

Evidence informed practices were carefully assessed when developing the strategic directions and action options related to the priority substance misuse issues identified in section 2. These practices and their relationship to the existing and needed initiatives in Grey Bruce are summarized below.

3.2 Building Community Capacity

The 2005 Drug Strategy Report developed by the City of Toronto states "it is clear from the experience of other cities that the key starting point to improving the local response to substance use issues is strong leadership and a mechanism to bring the relevant authorities together to co-ordinate efforts… Different governments and institutions are responsible for various aspects of prevention, harm reduction, treatment and enforcement" (p.12).

The paper *Following the Evidence - Preventing Harms from Substance Use in B.C.* (2006) states that "addressing risk and protective factors and the broad social determinants of health requires multi-system, community-wide collaboration" (p.25) and suggests a community systems approach to the prevention of substance misuse as follows:.

> A community systems approach acknowledges that effective prevention involves multiple interventions implemented consistently at multiple levels of society from national regulatory and legislative strategies down to more local interventions delivered in settings such as schools, workplaces and streets. No single intervention, regardless of how effective for its specific target population, can sustain its impact without change at the system level. The community, as a dynamic, self-adaptive social and economic system, provides strategic levers to improve individual health and well being, establish appropriate standards for consumption, and set formal and informal controls on the harmful use of substances. (p. 25)

Healthy Communities Ontario, the current Ontario Ministry of Health Promotion approach to building healthy communities, is intended in part to promote partnerships between health promotion organizations and networks. The Healthy Communities Fund (HCF) encourages organizations to work together to address multiple risk factors to good health, in support of the Ministry's core priorities. Application for this fund is available to

eligible organizations that are taking a holistic and integrated approach to improving health and wellness at the community level. By working in partnership, organizations will have an opportunity to gain new expertise and to reach a broader audience while providing more comprehensive programs to Ontarians in their own communities. (OMHP, 2010)

In 2007 the Public Health Agency of Canada released an evidence-based ***Community Capacity Building Tool*** "for planning, building and reflecting on community capacity in community based health projects" (p. 1). Key components of that approach are outlined as follows

> ***Participation*** is the active involvement of people in improving their own and their community's health and well-being. Participating in a project means the target population, community members, and other stakeholders are involved in project activities, such as making decisions and evaluation…
>
> ***Leadership*** includes developing and nurturing both formal and informal local leaders during a project. Effective leaders support, direct, deal with conflict, acknowledge and encourage community members' voices, share leadership, and facilitate networks to build on community resources. Leaders bring people with diverse skill sets together and may have both interpersonal and technical skills. Finally, an effective leader has a strategic vision for the future...
>
> ***Community structures*** refers to smaller or less formal community groups and committees that foster belonging and give the community a chance to express views and exchange information. Examples of community structures include church groups, youth groups, and self-help groups.
>
> ***Asking why*** refers to a community process that uncovers the root causes of community health issues and promotes solutions. The community comes together to critically assess the social, political, and economic influences that result in differing health standards and conditions. Exploration through "asking-why" helps refine a project to reflect the community needs…
>
> ***Linking with others*** refers to linking your project with individuals and organizations. These project links help the community deal with its issues. Examples include creating partnerships or linking with networks and coalitions…
>
> ***Sense of community***, within the context of a project, is fostered through building trust with others. Community projects can strengthen a sense of community when people come together to work on shared community problems. Collaborations give community members confidence to act and courage to feel hopeful about change.

Community partnerships are essential to accomplish a systems approach to preventing and reducing harm from substance misuse within Grey and Bruce Counties. Community

partners in Grey Bruce have a long history of working together. Through the work of the FOCUS Coalition a strong base of collaborative relationships and partnerships have been developed to address the needs for prevention and harm reduction in the two County area. These relationships form the foundation for the work needed to address the priority issues identified in section 2.

A number of other collaborative groups exist in Grey Bruce that are potential network partners. These include the:

- Grey Bruce Healthy Communities Partnership
- Grey Bruce Joint Addictions Advisory Committee
- The FASD Community Mobilization Committee
- Youth Coalitions;
- Grey Bruce Children's Alliance
- The Community Coalition for the Prevention of Falls in Older Adults
- Grey Bruce Violence Prevention Coordinating Committee
- Human Services and Justice Coordinating Committee
- Grey Bruce Integrated Health Coalition

3.3 Population-Based Approach

Population-based practice reflects the priorities of the community. It begins with identifying those in the population who are at risk. It intervenes with communities, the systems that impact the health of communities, and/or the individuals and families that comprise communities. It also focuses on the entire range of factors that determine health rather than just personal health risks or disease – the social determinants of health.

The *Prevention of Substance Misuse Guidance Document* developed by the Ontario Ministry of Health Promotion (2010, p.10) refers to key developmental periods that are highlighted in the literature as opportunities to enhance protective factors and thus reduce vulnerabilities to substance misuse. They include:

- Prenatal, postpartum period
- Transition to school
- Adolescence and the transition to high school
- Transition to independence (college or entering the workforce)
- Transition relating to family and occupation including retirement

3.3.1 Family and Community Influence

Research has continued to demonstrate that substance misuse and addiction issues should be handled within the context of a young person's family and community.

The Centre for Addiction Research of BC (2006) highlights the need to recognize the importance of a child's relationship to their parents when developing substance misuse prevention strategies.

> A child's relationship with his or her parent is the most enduring and pivotal of relationships. Helping parents to understand their role in how children develop their attitudes and behaviours about the use of substances and providing them with effective strategies for communicating, monitoring and role modeling for their children, is a key part of prevention work. Children learn from their parents and carry these lessons forward in their own lives, including making informed decisions about substance use. This is not to say that they won't use alcohol or other drugs, but that they use in a way that is not harmful to themselves or others. (p.15)

"Parent education is an important prevention strategy for the period immediately following birth through into adolescence" (CARBC,2010, p.25).

The Grey Bruce Children's Alliance undertook an extensive planning project and released a Planning Report in June 2010. The Report identifies several priorities for future action to support the improvement of the health and wellbeing of children, youth, and families in Grey Bruce. There are opportunities for the community partners working on substance misuse issues to collaborate with the members of the Children's Alliance to work with children, youth and families to enhance protective factors and reduce vulnerabilities to problematic substance use in Grey and Bruce Counties.

3.3.2 Building Assets and Youth Engagement

The evidence also indicates that youth engagement is a valuable strategy for preventing and reducing harm from substance misuse as youth transition to adulthood.

> Building assets (U.S. terminology) and resiliency (Canadian terminology) in youth, as well as providing youth opportunities to be engaged, are protective factors that promote positive youth development and prevent youth from engaging in risk taking behaviours. Youth engagement is defined as the meaningful and sustained involvement of a young person in an activity focusing outside the self…Through engagement, youth gain a sense of empowerment as individuals and make healthy connections with others that are associated with reduction of risk behaviours and increased participation in positive activities that contribute to community. (OMHP, 2010)

3.3.3 Peer Influence

Peer-to-peer initiatives can change social and community norms to support risk-reducing behavior. This is an effective approach with youth. Youth relate well to people similar to them in age, background, and interests. Evidence has shown that youth already get a great deal of information from their peers.

In Ontario, the "What's with Weed" Program is an example of a peer led student program that has been tested and evaluated in high schools in both urban and rural settings. It is a program to identify what youth believe problematic marijuana use is, and what can be effective in reducing these problems including local youth treatment. This

information is then passed on to younger students through a peer-education model and school and community supports are promoted. A Stages of Change model is used to pinpoint effective supports for change. (Parent Action on Drugs, 2010)

3.4 Reducing the Harms

3.4.1 Low Risk Drinking

The National Alcohol Strategy Working Group (2007) states that:

> "Moving towards a culture of moderation does not imply that a culture of "immoderation" exists in Canada. Rather, it signals a new way of thinking by the large majority of the population, a way of making choices about alcohol use based on a clearer understanding of when, when not, and how much to drink, and the appropriate motivations and settings for drinking. It also strives to create a better understanding of the different risks involved in drinking, such as acute injuries or chronic diseases, and learning how to minimize these" (p.)

In April 2010, the Grey Bruce Health Unit sponsored a forum called "The Impact and Culture of Alcohol Use in Grey and Bruce Counties". The forum contributed to a valuable dialogue among community partners and members of the public with regard to the need to change the culture of alcohol use in Grey Bruce.

A report, "Changing the Culture of Alcohol Use in Nova Scotia" (2007) states:

> Alcohol is such an accepted part of our culture and society that the harms that can be created by alcohol use are often overlooked. Several factors, including local and provincial policies in the social environment increase the likelihood for an individual to engage in alcohol use…[The] normalization of drinking is to the point where choosing to abstain, either for an event or a longer term, is considered abnormal and in need of justification. (p.1)

Due to the burden of illness resulting from alcohol misuse, the Ontario Ministry of Health Promotion has called for the need to create a culture of moderation with relation to alcohol consumption (2010, p.12).

What has been demonstrated time and time again, by those researching effective alcohol prevention is that it is necessary to take a comprehensive approach to this issue which includes education and awareness, policy and legislation, enforcement and penalties, and modifications to products and the environment (Ontario Injury Prevention Resource Centre, 2008, p.17)

The Ontario Injury Prevention Resource Centre (2008) states that:

> "Research has found that targeted social marketing within a comprehensive approach of educational and policy initiatives is an effective way to impact on

positive attitudes in the public with respect to alcohol use, but may not necessarily lead to behavioural change" (p 20).

Jürgen Rehm (2010) who has worked extensively in this area of research states "School-based alcohol education programs are among the most popular types of prevention programs for policymakers… The effect of education is very limited at best".

The research evidence indicates that polices have the potential to either reduce consumption, modify drinking patterns to encourage lower risk drinking and/or reduce harm associated with alcohol consumption. These policies include the following.

- Minimum legal purchase age – increasing the minimum legal drinking age from 19 to 21 (enforcement is important)
- Government monopoly of retail sales
- Restrictions on hours or days of sale
- Outlet density restrictions
- Alcohol taxes
- Sobriety check points/random breath testing
- Lowered Blood Alcohol Concentration limits (legal limit from 0.08% to 0.05%; zero BAC restriction for all drivers under the age of 21)
- Administrative license suspension
- Graduated licensing for novice drivers
- Brief interventions for hazardous drinkers (anything above 2 drinks which poses risks for chronic disease)

(APN, 2005; OMHP, 2010; Rehm, 2010;)

3.4.2 Early Identification and Brief Interventions

Early identification through screening and brief interventions by health professionals is an evidence informed practice that can be implemented at the local level in communities like Grey Bruce. "Brief interventions have become increasingly valuable in the management of individuals with alcohol-related problems." (Babor, Higgins-Biddle, 2001, p.4)

The National Alcohol Strategy Working Group [NASWG[(2007) states:

> "Brief interventions are short-term or opportunistic interventions that both introduce a patient to the notion that he or she may have issues with alcohol and suggest ways to deal with them…In most cases the patients would not have attended the consultation for the specific or primary purpose of discussing their alcohol consumption" (p.10).

The Ontario Ministry of Health Promotion (2010) outlines:

> "Brief interventions can take place in settings such as primary health care and can be implemented by a variety of trained behavioural and primary health care providers. Brief interventions consist of feedback about personal risk, explicit advice to change behaviour, patient's responsibility for change and ways to affect change (p.31).

As noted earlier, older adults are also vulnerable to harm from substance misuse. Even modest alcohol use in older adults is potentially harmful; as a contributor to falls,

compromised memory, mis-management of medications, inadequate diet, and limitations on independent living. Whether the risks are great or slight, the degree to which older adults are informed about the potential impact of alcohol on their health is one measure of the extent to which they are afforded respect, dignity and choice (Older People and Alcohol, 2004).

Studies have shown that with brief interventions to discuss drinking habits, together with educational information, there can be a reduction of harmful drinking and reduction in risk-related harms. The Community Coalition for the Prevention of Falls in Older Adults and the Grey Bruce Falls Prevention and Intervention Program are working to enhance the prevention of falls in older persons. These are established community networks to collaborate with and support their work on the messaging of alcohol use as a factor for falls.

3.4.3 Social Responsibility and Safer Communities

The evidence also supports initiatives that "modify the drinking environment through:

- Server training, bar policies and alcohol regulation.
- Support enforcement of alcohol service policies and clear penalties for violators.
- Collaborate with community partners to monitor alcohol related violence and other injury related issues.
- Encourage the use of the Safer Bars program.
- Work with municipal governments and others to establish municipal alcohol policy."

(Toronto Drug Strategy, 2005, p. 7)

The evidence supports the positive impact municipal alcohol policies can have on creating a culture of moderation. The National Alcohol Strategy Working Group (2007) states:

> Municipal authorities have considerable scope to implement bylaws and other local ordinances to help manage the availability of, and access to, alcohol within their boundaries. Through municipal alcohol policies, communities can specify where and under what conditions access to alcohol will be permitted in municipally owned facilities. Pursuant to these policies, permits issued to serve alcohol typically contain such elements as roles and responsibilities of management; strategies such as servings to limit intoxication, low alcohol drinks, no last call and enforcement procedures and penalties should rules not be followed.(p.18)

A scan of policies that exist across Ontario, including municipal alcohol policies was commissioned by the Ministry of Health Promotion to inform the transition to the new Healthy Communities Ontario. A summary of the results of that scan for Grey and Bruce Counties is included in Appendix H.

The evidence also recognizes that alcohol is available through social sources. "Social availability of alcohol refers to access through non-commercial social networks, including acquaintances, friends, relatives, and strangers. Social sources may be particularly important for underage youth…Successful strategies to reduce access to alcohol thus need to address both commercial and social availability of alcohol, especially to youth." (Babor et al., 2010, p.)

The National Alcohol Strategy Working Group (2010) states:

> youth and young adult populations learn about drinking (how, where and why) from older adults. Creating a culture of moderation must begin with older adults who fashion the templates for the attitudes and practices of the younger generation. Transition from the status quo to a newly established culture of moderation, for both younger and older adults, would require at least a generation of education, enforcement and advocacy, given our experience with tobacco and impaired driving. (p. 9)

3.5 Comprehensive Four Pillar Approach

The evidence indicates that a 'four pillar' comprehensive approach aimed at integration and coordination of services across four distinct but inter-related components ensures there is a balance between public order and public health in order to create a safer, healthier community. These components include Prevention and Education, Harm Reduction Treatment and Enforcement.

> All four components are needed to effectively respond to substance use issues. Each component has its own distinct characteristics and interventions, but it is essential that they are integrated or co-ordinated to ensure they are complementary. Balance is also needed among the components to ensure the appropriate range of responses is available and that resources are applied equitably. A key feature of this approach is that it balances the health issues of the individual user with the public order issues of neighbourhoods and communities. This helps bridge what historically have been polarized interests. (Toronto Drug Strategy, 2005, p.7)

This comprehensive four pillar approach has been adopted by the Grey Bruce Crystal Meth Task Force. The evidence-based outcomes achieved by these groups when adopting this framework can offer valuable guidance for future substance misuse initiatives in Grey Bruce.

4. Recommendations for Moving Forward

Results of this project reinforce the importance of continuing to build on the previous collaborative work in Grey Bruce. The following are recommended strategic directions and options for action.

1. In the context of the new Ministry of Health Promotion Healthy Communities framework, continue to use a collaborative community systems approach to strengthen the network of community partners working on substance misuse issues.

   Options for Action
   - Community partners with an interest in substance misuse issues continue to collaborate and implement evidence informed actions to address priority issues.
   - Identify and engage decision-makers and community champions.
   - Encourage individuals that participated in the information collection process for this project to participate in the network of community partners.
   - The substance misuse prevention and harm reduction network maintain existing links and establish new links with other collaborative groups to enhance awareness of substance misuse priorities, limit duplication of effort, and facilitate opportunities for collective action. These groups include: the Crysal Meth Task Force, the Joint Addictions Advisory Committee and the Human Services and Justice Coordinating Committee, the Children's Alliance and the Community Coalition for the Prevention of Falls in Older Adults.

2. To address the impact alcohol consumption has on injuries and chronic disease and support the development of a culture where moderation is the goal.

   Options for Action
   - Develop and implement a comprehensive communication strategy to address the need for:
     - establishing a common understanding of what constitutes moderate alcohol use,
     - knowledge transfer among substance misuse community partners to promote the implementation of evidence-based initiatives proven to be successful in reducing substance misuse.
   - Continue to work with municipalities to support the development of comprehensive municipal alcohol policies ensuring that the elements of social responsibility and safety are included and are effectively enforced.
   - Continue to work with premises licensed to sell alcohol to support the development of policies, including those regarding staff training, ensuring

that the elements of social responsibility and safety are included and enforced.
- Continue to work with individuals, clubs or groups holding events where alcohol is served in accordance with a Special Occasion Permit, to ensure that practices respect the need for social responsibility and safety.
- Continue to work with parents to discuss the importance of communication, monitoring and role modeling to support their children and youth making informed decisions about alcohol use.

3. To enhance evidence-based interventions for people at risk of harm from substance misuse.

Options for Action
- Collaborate with the Youth Engagement strategy by using the guiding principles of youth engagement to actively mobilize youth in taking action to address substance and alcohol misuse.
- Knowledge transfer to encourage the implementation of brief interventions and peer to peer supports.

4. To work towards developing a long-term drug strategy that uses a coordinated and comprehensive effective four pillar approach.

Options for Action
- Participation in Municipal Drug Strategy Network (MDSN) to collaborate with partners from across the province on effective development and implementation of local and provincial drug strategies.
- Continue discussion about the development of an alcohol and drug strategy.

Appendix A

FOCUS Grey Bruce
History and Recommendations

A 1. History

In 1998 the Ministry of Health and Long Term Care (MHLTC) began funding the FOCUS Project in the communities of Owen Sound and Brockton. The scope of the project was later expanded to include all 17 municipalities in Grey and Bruce Counties. Each year the Ministry provided funds for community projects for the prevention and harm reduction of injuries and chronic diseases associated with alcohol and other drugs. This funding was expected to match the MHLTC funding on a 1:1 ratio through in-kind contributions.

A Coalition of community partners was established and worked collaboratively to guide the development and implementation of local strategies. A Coordinator was hired with FOCUS funding to support the work of the community partners. The Grey Bruce Health Unit acted as the lead agency for the project.

In May 2009, the Ministry of Health Promotion (MHP) announced the "Healthy Communities Ontario" approach to health promotion programming and redirected funding for substance misuse issues at the community level. Funding for FOCUS Projects like the one in Grey Bruce ended as of March 31, 2010.

At the final FOCUS Coalition meeting in March 2010, a motion was presented to apply to: the MHP for bridge funding, and to the Healthy Communities fund to develop a strategic plan to sustain substance misuse prevention and harm reduction in Grey Bruce. Bridge funding was approved for the period April to July 2010, and Glenda Clarke & Associates was contracted to work with the Grey Bruce Health Unit and community partners to:

- build community capacity through community consultation;
- complete a situational assessment to address and determine what will need to be addressed for the development of an operational plan, and;
- use the MHP guidelines related to healthy community development as a foundation for the next steps.

A 2. Community Partner Recommendations

The following is a summary of a meeting of community partners of Grey Bruce FOCUS on May 22, 2008 to review and determine priorities for a vision in Grey and Bruce to address problems, including injuries and chronic diseases, associated with alcohol and other drug use and abuse.

A 2.1 Common elements for a vision for Grey Bruce FOCUS

- Continual work towards a change in community norms from high-risk behaviour with norms that support healthier lifestyles.
- Advocacy/Policy development
- Full age continuum, with primary focus on youth
- Community focus
- Continuing emphasis on expanding partnerships
- Alcohol & Other Drugs Strategy for Grey and Bruce
- Clarity of message

A 2.2 Identified Strengths and Opportunities

Strengths	Opportunities
• Silo reduction because coalition of many and strong commitment • Skills and knowledge of membership • Link to health unit and sponsorship • Evidence based practice e.g. peer mentorship • Collaboration • Exploring • Finding connections/linking • Thinking "outside the box" • Courage (gall) • Connecting with movers and shakers and grassroots • Optimism • Developing a common language • Identifying common goals • Partnerships • Diverse mix of members and ACTIVE • Organize well • Good leadership • Effective communication • History of success/attempts • No "power struggle" great "team" ship	• Expand membership (FHT) • Link with broader strategies eg. CDP, IP, MH/D prevention • Strategy to be local and homemade right here in Grey Bruce • Create Grey Bruce stats of link with pre-existing survey / agencies (school/Public Health) to gather stats or/and look at existing data • Idea of strategies/frameworks-national filtering down • Climate conducive to development of local strategy • Live in rural setting-closer knit – easier to make connections-easier to find stakeholders • Corporate participation • Idea of healthy lifestyles becoming more important -# of levels of government involved • Geographic coverage-both in services and delivery represented • Resources are "share" able/transferable • Easy to get message out "locally"-good local coverage opportunities • Caring community • Lots of venues for activities

• Ability to move forward quickly	• Innovation-necessity breeds creativity

A 2.3 Initial priorities to continue the work of FOCUS moving forward to prevent problems, including injuries and chronic diseases, associated with alcohol and other drug abuse in Grey and Bruce Counties.

- Expand FOCUS membership/representation (who?)
- Ensure that the solid work of the FOCUS community is transferred/considered by any future program
  -don't want to lose what has worked
  -lessons learned
  -partners
- Develop an evaluation tool specific to Grey Bruce
- In 1st year develop strategy (not implementation) and garner commitment
- Health promotion awareness
- Maintain overall reductions of drug and alcohol use
- Youth engagement
- Population health approach
- Policy/advocacy
- Communicating about FOCUS and creating sustainability for committee
- Preaching to the "non" converted reaching the at risk groups
- Involving youth voices in messages and parents in parent messages
- Expanding existing partnerships of committee to broaden community impact
- Having policy makers feel like our message is their message
- Consistent message to all risk levels and creativity in reaching each level

Appendix B

Substance Misuse Policy Development in the Program Context in Ontario

B.1. The Role of Public Health Units

The Ontario Public Health Standards, 2008, establish requirements for fundamental public health programs and services. (p. 1). The prevention of substance misuse is one of those fundamental programs.

> The ***Prevention of Substance Misuse*** program is intended to address the need to prevent the adverse health outcomes associated with substance use, the illegal use of alcohol and other substances (e.g., preventing alcohol from being served to minors and preventing illegal drug use), and delaying the age of initial use of alcohol and other substances. Prevention efforts would include the implementation of harm reduction strategies (i.e., any program or policy designed to help reduce substance-related harm without requiring the cessation of substance use). (OMHLTC, 2008, p. 22)

The role of Health Units in achieving the goal of reducing the frequency, severity, and impact of substance misuse includes:

- conducting epidemiological analyses of surveillance data, including monitoring trends over time, emerging trends, and priority populations;
- working with community partners, using a comprehensive health promotion approach, to influence the development and implementation of healthy policies and programs, and the creation or enhancement of safe and supportive environments that address substance misuse;
- using a comprehensive health promotion approach to increase the capacity of priority populations to prevent substance misuse by:
  a. Collaborating with and engaging community partners;
  b. Mobilizing and promoting access to community resources;
  c. Providing skill-building opportunities; and
  d. Sharing best practices and evidence for the prevention of substance misuse.
- increasing public awareness of the prevention of substance misuse including:
  a. Adapting and/or supplementing national and provincial health communications strategies; and/or
  b. Developing and implementing regional/local communications strategies.

(OMHLTC, 2008, p. 23-24)

B.2. Ministry of Health Promotion, Healthy Communities Ontario

In May 2009, the Ministry of Health Promotion (MHP) announced the 'Healthy Communities Ontario' approach. This approach to building healthy communities will:

- Improve health and well-being, reduce risks to good health and save health care costs;
- Promote partnerships between health promotion organizations and networks;
- Align provincial, region, and local efforts and leverage joint investments;
- Integrate and transform current Ministry of Health Promotion programs to support the ministry's goals and new directions;
- Make it easier for communities to access services from MHP.

Healthy Communities Ontario has three main components:

- *Healthy Communities Fund* (HCF) – provincial and local community-based organizations can apply for funding to develop and deliver health promotion initiatives in partnership with other organizations
- *Healthy Communities Partnerships* (HCP) – promote coordinated planning and action among community groups to create policies that make it easier for Ontarians to be healthy
- *Healthy Communities Consortium* (HCC) – health promotion resource centres will provide training and support to build capacity for those working to advance health promotion in Ontario, including local partnerships and organizations that apply for funding through the HCF

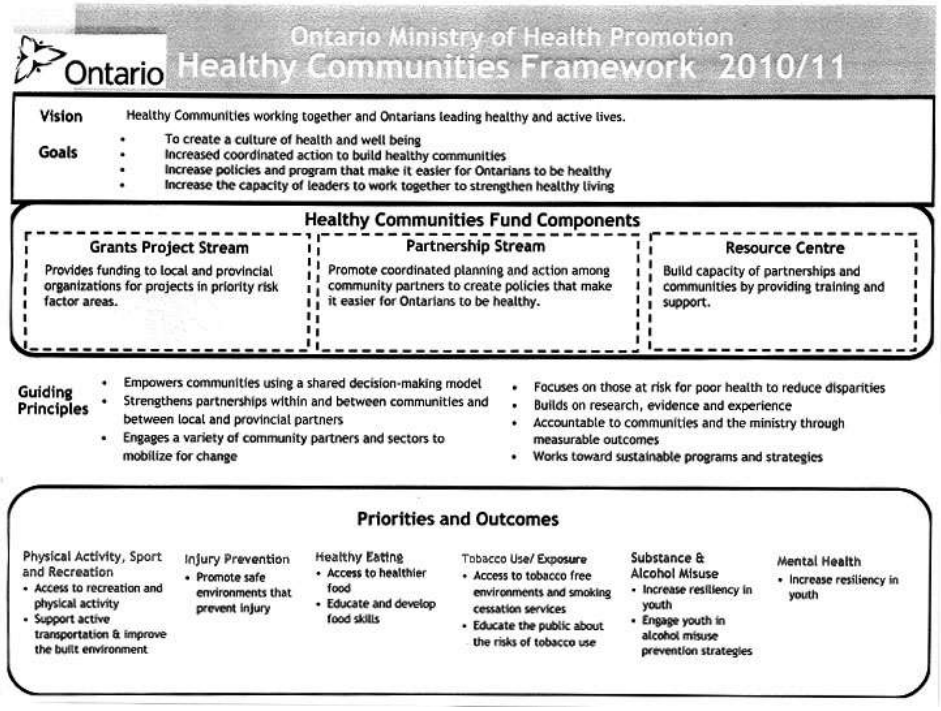
The Healthy Communities Fund

The Healthy Communities Fund is intended to support community partnerships to plan and deliver integrated programs that improve the health of Ontarians. Substance and/or alcohol misuse is one of the priority risk factors along with: physical activity, sport and recreation; healthy eating; tobacco use/exposure; injury prevention and mental health. Healthy Communities Fund projects must address at least two of these priorities.

Healthy Communities Partnerships

With the release of the Healthy Communities Ontario approach, community partnerships under the Ontario Heart Health Program were identified as the starting point for building Healthy Community Partnership which would be responsible for bring partners together to identify health promotion priorities and mobilize change for healthy public policy.

Grey Bruce Partners in Health has played a pivotal role in supporting health promotion initiatives within our communities since 1998. Over time, in keeping with the MHP Healthy Communities Partnership initiative, this partnership will evolve into the Grey Bruce Healthy Communities Partnership to promote coordinated health promotion planning and action among community groups.


Ontario
Ontario Ministry of Health Promotion
Healthy Communities Framework 2010/11
Vision
Healthy Communities working together and Ontarians leading healthy and active lives.
Goals
To create a culture of health and well being
Increased coordinated action to build healthy communities
Increase policies and program that make it easier for Ontarians to be healthy
Increase the capacity of leaders to work together to strengthen healthy living
Healthy Communities Fund Components
Grants Project Stream
Provides funding to local and provincial organizations for projects in priority risk factor areas.
Partnership Stream
Promote coordinated planning and action among community partners to create policies that make it easier for Ontarians to be healthy.
Resource Centre
Build capacity of partnerships and communities by providing training and support.
Guiding Principles
Empowers communities using a shared decision-making model
Strengthens partnerships within and between communities and between local and provincial partners
Engages a variety of community partners and sectors to mobilize for change
Focuses on those at risk for poor health to reduce disparities
Builds on research, evidence and experience
Accountable to communities and the ministry through measurable outcomes
Works toward sustainable programs and strategies
Priorities and Outcomes
Physical Activity, Sport and Recreation
Access to recreation and physical activity
Support active transportation & improve the built environment
Injury Prevention
Promote safe environments that prevent injury
Healthy Eating
Access to healthier food
Educate and develop food skills
Tobacco Use/ Exposure
Access to tobacco free environments and smoking cessation services
Educate the public about the risks of tobacco use
Substance & Alcohol Misuse
Increase resiliency in youth
Engage youth in alcohol misuse prevention strategies
Mental Health
Increase resiliency in youth

B.3. Municipal Drug Strategy Network

This provincial network exists to build and enhance collaborative actions for effective development and implementation of local and provincial drug strategies in an effort to promote health and reduce the harms of alcohol and other drugs for individuals, families and communities.

B.4. Ministry of Health and Long-Term Care – 10-Year Mental Health and Addictions Strategy

In July 2009, the Minister of Health and Long-Term Care released a discussion document called "Every Door is the Right Door Towards a 10-Year Mental Health and Addictions Strategy". The document sets out a framework for a proposed strategy. The proposed continuum of health care services would include population-based health promotion and prevention services include education, policy and community development initiatives that promote healthy lifestyles and prevent mental illnesses and addictions. These services – offered by all parts of the health system and all other sectors – help all Ontarians build resilience and cope with stress. Other components of the proposed continuum of services are:

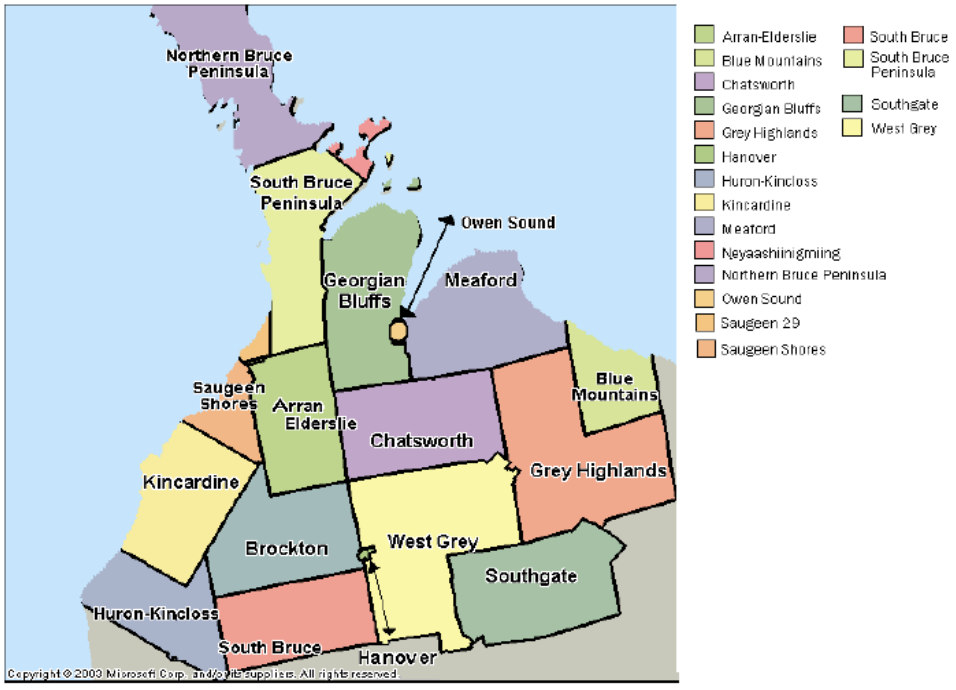
- Early identification and intervention;
- Standardized assessment, treatment planning, supports, and crisis management;
- Mental health and addiction treatment services;
- Specialized, intensive, services.

Appendix C
Population Health in Grey Bruce
The Social Determinants of Health That Can Be Expected To Influence Substance Misuse In Grey Bruce

C.1. Geographic Environment

The two Counties encompass a large geographic area (8,587 square km) and is bounded by Georgian Bay and Lake Huron to the north. Owen Sound is the only city in Grey Bruce and the only community with public transportation. The remainder of the population resides in smaller rural communities dispersed across the two Counties.(See Map 1).

Map1
Map of Municipalities Grey and Bruce Counties



Source: Grey Bruce Children's Alliance 2010 (2) as adapted from OEYC Grey Bruce, 2008

Population health evidence indicates that "rural Canadians are, on average, less healthy than their urban counterparts… health status indicators are inversely related to the degree of rurality or remoteness, such that residents in the most rural and remote regions tend to

have the worst health status." (GBCA, 2010(2) p.17) A rurality index developed by Boris Krajl for the Ontario Medical Association included 10 distinct components that reflect relative degrees of rurality. These rurality measures for communities within Grey Bruce ranged from 26 (low level of rurality) in Owen Sound to over 70 in smaller communities. (former Lindsay Township 72.426; former Elderslie Township 66.637; Meaford 57.417; Hanover 57.055; Chesley 55.715).(Krajl, 2000, p.35;48)

This large geographic area and widely dispersed rural population results in the residents required to use motor vehicles to travel long distances to larger centers, often in hazardous winter weather. These factors increase the risk of harm from substance misuse related to social isolation and motor vehicle crashes.

The proximity to Georgian Bay and Lake Huron, as well as other geographic features makes Grey Bruce a popular recreation area attractive to seasonal residents and visitors. Popular recreational activities, which when combined with substance misuse pose the risk of harm to full time residents, seasonal residents and visitors include: motor vehicle travel to and from the recreational sites, swimming, boating, hiking, skiing, ATV and snowmobile use.

C.2 The People of Grey Bruce

The combined population of Grey and Bruce Counties based on the 2006 Census totaled 157,760 people. In addition to permanent residents, the area includes a number of seasonal residents and visitors attracted to popular tourist centres and resort communities.

The full time residents of Grey Bruce in 2006 included

- 37,045 children and youth 19 years of age and under;
- 22,860 young adults aged 20-34
- 19,630 adult aged 35 – 44
- 48,940 adults aged 45 - 64
- 29,300 older persons aged 65 years or older
- 46,625 households with couples with or without children or lone parents with children
- 15, 995 one person households

(Statistics Canada, 2007)

Children and Youth

> Prevention needs to start early, preferably before a child is conceived and certainly within the family. Women who drink during pregnancy risk an infant born with Fetal Alcohol Spectrum Disorder and other drug use during pregnancy can lead to issues such as newborn drug withdrawal syndrome. Fathers who have alcohol or other drug issues during their partner's pregnancy can also present risks to the child's healthy and safety if that use is out of control and results in abuse, economic instability or other negative impacts. These issues are compounded if the parents are youth, homeless and/or otherwise living in poverty. (Toronto Drug Strategy, 2005, p.17)

> Healthy child and youth development addresses the effect of prenatal and early childhood experiences on subsequent health, well being, coping skills and competence. There is increasing evidence that intervening at critical stages or transitions in the development of children and youth has the greatest potential to positively influence their later health and well-being. (CARBC, 2006, p 14)

Older Persons

Older persons are also identified as a target population at risk of harm from substance misuse, particularly unintentional injuries. Grey Bruce has a higher percentage of seniors than the provincial average. In 2006 the provincial average of persons over the age of 65 was 14%. In that same year Grey County had an average of 19%, and Bruce County had an average of 18% with Northern Bruce Peninsula (28%) and Saugeen Shores (27%) having the largest proportion of their population in this age group. (Leffley, 2007)

C.3 Culture

In 2006 in Grey Bruce:

- almost all residents spoke English at home,
- less than 2% of residents were visible minorities, and
- less than 1% of were recent immigrants.

This cultural profile is very different from that of Ontario as a whole.

"Aboriginal communities still endure social and economic inequities relating to the legacies of the colonial experience, and that these have considerable impact on problematic substance use and other health behaviours." (CARBC, 2007, p. 24) "First Nations, Inuit and Métis families disproportionately experience social and economic circumstances that threaten the health and well-being of their children and youth…Immigrant children and youth are also more likely to live in poverty than non-immigrant children and youth." (GBCA, 2010(2), p.16)

Two First Nation Reserves are located in Bruce County:

- The Chippewas of Nawash Unceded First Nation Neyaashiinigmiing Indian Reserve No. 27, and,
- The Chippewas of Saugeen First Nation No. 29.

A number of First Nations peoples also live 'off reserve' in Grey and Bruce Counties.

There are over 100 families within the Métis Nation of Ontario in Grey Bruce. There are several Mennonite and Amish communities, however, their numbers are difficult to ascertain. (GBCA, 2010(2), p. 16)

The mostly rural aspects of Grey Bruce add to the experience of isolation for culturally diverse families.

C.4 Gender

> Canada's National Longitudinal Survey of Children and Youth (NLSCY) found that "on average boys tend to be more vulnerable than girls due to both cognitive difficulties and behavioural problems… Whether we look at cancer, asthma, birth defects, or learning and behavioural disorders, the boys are often faring worse than the girls. The reasons that boys appear to be at greater risk for these conditions are largely unknown, but several reasons have been suggested, including increased exposure and genetic, hormonal and physiological differences between the sexes. (GBCA, 2010(2), p. 14)

"Lone-parent families headed by women are the only family type where over 50% live in poverty … Children in female lone-parent families have a poverty rate three times that of all children and four and a half times that of children in two parent families." (GBCA, 2010(2), p. 14)

"The developmental pathways to harm from substance use are different for girls and women than they are for boys and men, and special attention is required to address these differences." (CARBC, 2007, p.25)

C.5 Education

"Health status improves with level of education. Education is closely tied to socioeconomic status, and effective education for children and lifelong learning for adults are key contributors to health and prosperity for individuals."(GBCA, 2010(2), p. 12)

In 2006, the table C2 below indicates the percentage of identified age groups who have less than a high school education in Grey and Bruce Counties. These proportions are well above the proportion for all of Ontario.

Table C2
Percentage of Population with less than High School, 2006

Age Category	Grey Bruce	Ontario
25 to 34	14.6%	8.7%
35 to 64	19.3%	15%

Source: A Leffley "Grey Bruce Board of Health Presentation" December 18, 2009

According to the Training Board of Bruce, Grey, Huron and Perth Georgian Triangle (2009) the population aged 25-34 with low educational attainment will experience

significant employment-related concerns particularly employment stability and financial steadiness with a resulting decrease in resiliency.

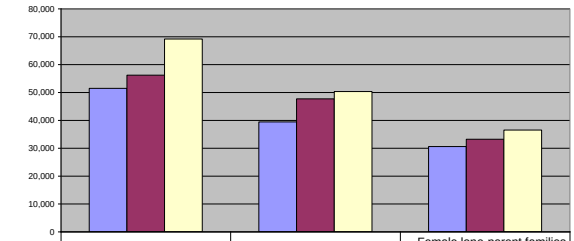
C.6 Income

"There is strong and growing evidence that higher social and economic status is associated with better health. In fact, these two factors seem to be the most important determinants of health." (PHAC, 2010) Social and economic status can be measured by assessing income, occupation, and education. "Children in low income households experience a higher risk of health problems throughout their life spans, independent of their later socioeconomic status." (TOPPWG, 2008)

In 2006 the median income for all families in Grey Bruce was well below the provincial median of $69,156. The median income for lone- parent families within Grey Bruce (and Ontario) is well below the overall provincial median, particularly for female-led lone parent families. (GBCA, 2010(1), p.3)The median income in 2005 for one person households in Grey Bruce was also below the provincial average. (Grey County $21,664; Bruce County $23,220; Ontario $26,473). (Statistics Canada, 2007)

Figure C1

Median Family Income: All Families and Lone Parent Families, Grey Bruce and Ontario, 2005



	All census families ($)	Male lone-parent families ($)	Female lone-parent families ($)
Grey	51,482	39,425	30,605
Bruce	56,190	47,689	33,206
Ontario	69,156	50,339	36,496

Source Statistics Canada ***2006 Community Profiles 2006 Census*** 2007

The 2006 Census indicated that 6.5% of al persons in Grey County and 5.4% of all persons in Bruce County were living on low income, below the proportion for all of Ontario (11.1%). The same data indicates that approximately 2,400 children and youth living in poverty in Grey Bruce. This data is based on Statistics Canada's Low Income Measure which defines persons with low income as those who spend 20% more of their after-tax income on food, shelter and clothing. (Statistics Canada, 2007)

Ontario offers income support programs for eligible residents including Ontario Works and the Ontario Disability Support (ODSP). Ontario Works services are delivered by

Grey County and Bruce County. In 2009 the average number of cases in Bruce County was 553 per month; Grey County was 1,252. (GBCA, 2010(1), p.3
These caseloads represent an increase when compared to the average cases in 2006, 200 and 2008 as outlined in Table C3.

Table C3
Average Monthly Ontario Works Caseloads in Bruce and Grey Counties
2006, 2007, 2008 and 2009

	Bruce	**Grey**
2009	553	1,252
2008	460	969
2007	460	873
2006	524	826

Sources: Bruce County Social Services and Grey County Social Services, January 2010

The average number of cases receiving ODSP in Grey Bruce in 2007 was 3,326 per month. This increased to 3,441 per month in 2008.(Ontario Ministry of Community and Social Services, 2010)

C.7 Employment

> Employment has a significant effect on a person's physical, mental and social health. Paid work provides not only money, but also a sense of identity and purpose, social contacts and opportunities for personal growth. When a person loses these benefits, the results can be devastating to both the health of the individual and his or her family. Unemployed people have a reduced life expectancy and suffer significantly more health problems than people who have a job. Conditions at work (both physical and psychosocial) can have a profound effect on people's health and emotional well-being. (GBCA, 2010(2), p.15)

In 2006 the unemployment rate in Grey (5.2%) and Bruce (5.3%) counties was below the provincial rate (6.4%).The downturn in world-wide economy in 2008 and 2009 is affecting the residents of Grey Bruce. In June 2009, the unemployment rate for Grey Bruce Huron and Perth was 8.5%, again below the provincial rate of 9.6%.Over the year, December 2007 to December 2008, the number of Grey Bruce residents receiving regular employment insurance as a result of unemployment rose by between 40-54%. (GBCA, 2010(2), p.15)

Youth health is also impacted by their employment opportunities. “Entering the labour market is a key transition from adolescence to adulthood. Working during the teenage years can help smooth the transition to adulthood…Educational attainment is also an important factor in the success of this transition. Young people with post-secondary education are much less likely to be unemployed.” (GBCA, 2010(2), p 15)

Youth report that Grey Bruce lacks employment opportunities for their age group. Currently, the retail sector is the largest employer of teenagers while the accommodation and food service sector is the next biggest. Of note is that there is not enough opportunity within either sector to provide for all youth looking for part-time employment in Grey Bruce.(GBHU et al, 2007)

C. 8 Housing

> Housing can directly and indirectly impact health. The term acceptable housing used here refers to housing that is affordable (costing less than 30% of before-tax income), does not require major repairs and is not overcrowded…Homelessness is also a health issue… While homelessness can affect a broad range of people, approximately one third of the homeless are between the ages of 16 and 24 years.
>
> (Butler Jones, 2008, p. 45-46)

In 2006, 88% of Grey county dwellings and 83% of Bruce county dwellings were owned by their residents. These proportions are well above the Provincial average of 71%.(GBCA, 2010(1) p.3)

In 2009, there are 372 Rent-Geared-to-Income (RGI) Housing Units for families in Grey County, and 158 RGI Units for families in Bruce County. Grey County also has 4 Affordable Housing Family Units and 8 Housing Allowance Family Units. An average of 279 families in Grey and Bruce Counties (Grey 224: Bruce 56) were on waiting lists for RGI housing during the period 2006 through 2008. (GBCA, 2010(1) p.3-4)

Homelessness is a challenge for some youth and families in Grey Bruce. The number of people who were homeless or at risk of homelessness, and accessed the YMCA Housing Support Program, has increased substantially. In 2006, 1,179 youth and adult accessed the service. By September 30, 2009, 1,602 people had accessed the service, including 95 youth. (GBCA, 2010(1), p.4)

C.9 Social Networks and Environments

Over the period 2003 – 2008 between 66 - 74 percent of those surveyed in Grey Bruce reported that they felt a sense of belonging to the community. This is a statistically higher percentage compared with those from Canada, Ontario or other health regions with similar demographics. In 2008, 77 percent of youth in Grey Bruce aged 12-19 reported a sense of belonging to the community. (GBCA, 2010(2), p.17)

Moving away from a neighbourhood or a community can disrupt established social networks and contribute to social vulnerability. In 2006, the vast majority of Grey Bruce residents lived at the same residence as they did one year ago (Grey 88 % Bruce 90% and Ontario 86%). (GBCA, 2010(2), p.17)

Appendix D
Stakeholder Perceptions from Alcohol Forum and Crystal Meth Study

D. 1. Participant Feedback at April 22, 2010 Forum "The Impact and Culture of Alcohol Use in Grey and Bruce Counties"

1.1 How is the environment in Grey Bruce supporting heavy/binge drinking?

- Increased availability of alcohol through small town stores
- Media advertising of cheap booze
- Municipalities to strengthen and enforce municipal alcohol policies
- Many community fund raisers that involve alcohol
- There is a peer environment supporting alcohol consumption

1.2 Strategies that support moderate drinking

- Party Pact Program
- Increase no alcohol measures at school dances and community centres

1.3 How do we get alcohol on the agenda of local councils and workplaces?

- Information to Health and Safety Committees of workplaces for them to share with employees and for alcohol policy development
- Media
- Speak to municipal councils – get on the agenda
- More +++ role modeling

1.4 How can we change the culture of drinking in Grey Bruce?

- Increase education in association with other partners
- Increase awareness of implications of alcohol use
- Increase bylaw enforcement and more training for enforcement people

1.5 Is alcohol the new tobacco

- There will need to be a learning curve on an understanding of the risk of alcohol consumptions, just like tobacco
- Increase restriction of access and visibility of alcohol, just like tobacco
- Pressuring alcohol companies to take more responsibility

(Barclay, 2010)

D2 Summary of the Findings of the Grey Bruce Crystal Meth Study and Associated Action

A very disturbing picture was presented in a Report released in March 2009 at a community meeting in Walkerton. The Report was prepared in response to concern about the negative health impacts from the use of methamphetamine in Bruce and Grey Counties. A Steering Committee was established to gather information about the extent and impact of the problem and produce a report to guide future action. Information was collected through: community consultations, key informant surveys, input from families, and client surveys. Family members told the researchers "It is not a drug, it is a poison that is killing our kids. It gets a hold of them before they know it."

The local concerns identified in the Report and confirmed at the community meeting included the following.

- the increasing prevalence of crystal meth use,
- the addictive nature of the drug with long-term negative consequences,
- the profound impact of use on the user and on the user's loved ones,
- the negative impact on the service system and the broader community,
- the lack of parent and community awareness, and,
- the need for the justice system to provide strong deterrents to the production, sale and use of crystal meth.

A Task Force to direct action on the problems related to crystal meth use in Grey Bruce was established and held its first meeting in May 2009. The Task Force has adopted what is considered a best practice model for developing a comprehensive and coordinated drug strategy and address four distinct but inter-related areas requiring intervention: Enforcement, Harm Reduction, Prevention and Education, and Treatment.

The Task Force will guide action on the recommendations identified in the Report. Those actions will involve:

- working with the court system and local police to strengthen enforcement strategies;
- working with first responders (police, fire, ambulance and others) on harm reduction strategies;
- implementing a large scale education, awareness and prevention campaign Grey Bruce wide, and;
- implementing a number of treatment strategies for people affected by crystal meth use.

(Clarke, 2009)

Appendix E
Feedback from Key Informants May – June 2010

E.1 Key Informant Interview Process and Guide

Telephone interviews with 12 people representing various perspectives:
Focus Coalition, OSAID, CAMH, Choices for Change, Youth Probation, Adult Probation, High School; Municipal Council; Media; CMHA, and; police. The following guide was used for all interviews.

Name:
Organization:

As you may know, the Government of Ontario has made changes to its health promotion programming. Unfortunately, the Focus Project, which has been active in Grey and Bruce Counties for over 10 years to support the prevention of substance misuse, has ended.

The Grey Bruce Health Unit is examining substance misuse issues in Grey and Bruce Counties in the context of the new government directions and funding opportunities to support the development of a substance misuse prevention and harm reduction plan.

Substance misuse refers to the harmful use of any substance, such as alcohol, a street drug, an over-the-counter drug, or a prescribed drug.

The ***Prevention of Substance Misuse*** refers to preventing the adverse health outcomes associated with substance use, the illegal use of alcohol and other substances (e.g., preventing alcohol from being served to minors and preventing illegal drug use), and delaying the age of initial use of alcohol and other substances. Prevention efforts would include the implementation of harm reduction strategies (i.e., any program or policy designed to help reduce substance-related harm without requiring the cessation of substance use).

To assist us with this work we are collecting information from key stakeholders. This information will be summarized and presented for discussion at a stakeholder consultation meeting on June 17, 2010.

1. What would you describe as the most important substance misuse issues in Grey and Bruce Counties that could benefit from prevention and harm reduction interventions?
2. What populations/target groups are most affected by the issues?
3. What prevention or harm reduction strategies would you like to see implemented in Grey Bruce to deal with the issues as you see them?
4. What prevention or harm reduction strategies are you familiar with that have been successfully implemented in other communities?

5. What other ideas or suggestions would you like to be considered in the development of a substance misuse prevention and harm reduction plan for Grey Bruce.

E2. Summary of Key Informant Feedback

Includes only those comments that were suggested by two or more Key Informants

2.3.1 ***The most important substance misuse issues in Grey and Bruce Counties that could benefit from prevention and harm reduction interventions?***

- Alcohol (12)
- Marijuana (5)
- Crack Cocaine/Cocaine (3)
- Opiates/Pharmaceuticals (2)
- Crystal Meth (3)

2.3.2 ***What populations/target groups are most affected by the issues?***

- Youth (8)
- Young Adults (6)
- Parents of teens/youth (2)
- Adults (3)
- Person with Concurrent Issues (addiction and mental health) (2)

2.3.3. ***Possible prevention or harm reduction strategies***

<u>Planning and Implementation Process</u>
Take a close look first at best practices (2)
More focused goals/efforts (2)
Work needs a coordinator –someone needs to take a lead role (2)

<u>Strategy Themes:</u>
Policy (5)
Awareness/Education and Intervention particularly regarding negative effects of heavy drinking (6)
Facilitated Group Based Peer to Peer Support (5)
Engage high profile people such as Municipal Councils, MPs, MPPS and corporate leaders to "own the problem" re alcohol (3)

2.3.4. ***Possible Prevention and Harm Education Strategy Ideas***

Based on consultant's review of all ideas from Key Informants, Forum participants and best practices.

- Educate the community in a variety of ways to deliver the message about the magnitude of the problem of heavy drinking and why policy and other responses are needed
- Make presentations to Municipal Councils to both educate, identify champions and encourage policy responses such as:
  - robust municipal alcohol polices re alcohol and municipal properties and associated enforcement
  - Policies re hours of availability to purchase alcohol: (e.g. in convenience stores)
- Youth, including "at risk youth" need to be both a key target population and a part of the strategy development and implementation
- Facilitated harm reduction such as peer to peer support for those with an identified substance misuse problem to provide support and enhance motivation to make or sustain behaviour change
- Focused approach – perhaps one substance – try a couple of strategies and actively measure results pre and post intervention

Appendix F
Stakeholder Perceptions Shared at June 17, 2010
Community Partners Consultation

F1. Participants

CAMH	Donna Beatty
New Directions/CHOICES	Jill MacArthur and Dave Roy
OSAID	Matt Evans
Youth Justice Services	Rosanne Roy
Adult Probation	Anne Stewart
Citizens	Heather Hodgson Schleich
Media	Joan Moore
Bluewater District School Board	Virginia Wiley
Bruce Grey Catholic District School Board	Doreen Rogers
Ontario Provincial Police	Bob Sewell
Healthy Communities Partnership	Crystal Ferguson
Keystone Child Youth & Family Services	Jennifer Sells
Bruce Power	Karen Johns
Grey Bruce Health Unit	Kristi McCracken ,
FASD Mobilization Committee	Margaret Sprenger, Beth Karrow
Board of Health, Provincial Appointment	June Van Bastelaar
Dentist, Port Elgin	Dr. Jim Golem

F.2 Priority Substances

<u>Alcohol</u>

- Kids concerned about parents heavy drinking
- Kids now see heavy drinking as bad and have strategies to reduce harm (e.g. DD) #1 binge drinking for kids (5 drinks) is heavy drinking…others into heavy heavy drinking and are seriously compromised. They have no information about what that does to their blood alcohol. Kids look at their life in the very short term/immediate gratification is important
- The public and service providers need clarity about what alcoholism means. It is a depressive illness. People in AA often also depressed
- Problem with the acceptance of the DD concept is that everyone else can get blasted
- Repeated alcohol consumption leads to people having increased alcohol tolerance and they can still function. For some 5 drinks does not lead to serious impairment (it might need 15 drinks). If BAL legal limit .08 based on 5 drinks, need 3 x that many drinks to feel the same and perhaps experience the degree of impairment
- If we want to address the needs of kids, address dad's alcohol use

- Are people who can drink alcohol without tremendous damage – there is no low risk smoking of tobacco. Alcohol has been around for 4 -5,000 yrs.. Tobacco about 100
- Rarely use the term alcoholic or alcoholism – don't want t argue about the definition
- Science based info indicates that for a 210 lb male the 1st 4 drinks he s going to blow 80 however his level of actual impairment will change over time

Cannabis/Marijuana

- Police at 1 high school daily throughout the week – lots of pot use with high THC levels
- Pot also laced with other drugs
- Current potency different from what parents may have used – not the same
- Becoming normalized – kids don't think it is as harmful as alcohol
- Impaired young people from drinking not as big a problem as pot
- Pot laced (e.g.CM) hooks the kids (the intent of the dealers) and the kids need the information to understand the issues
- Concerned about associated brain damage

Non-Medicinal use of prescription drugs

- Access and prevalence a real concern
- Oxy – often young women – people when they receive a prescription may get 100 and need 10…can be accessed frequently and easily (strategies – pharmacy involvement)
- Kids can access oxy at any house party

Crystal Meth

- Appear to be 1 -2 main dealers
- Is a priority in some communities in Grey Bruce

Kids

- Will not listen, they know!!! Think they can handle substances
- If start using marijuana in grade 8-9 become hooked and perhaps into other substances and then don't complete their education

Saugeen First Nation

- Kids as young as 10 are misusing substances

Prevalence vs Impact

- Are we more concerned about substances that are being misused a lot (more prevalent) or the substances that are having the most significant impact on peoples lives
- Marijuana s having the most significant impact in terms of risk to health status/quality of life

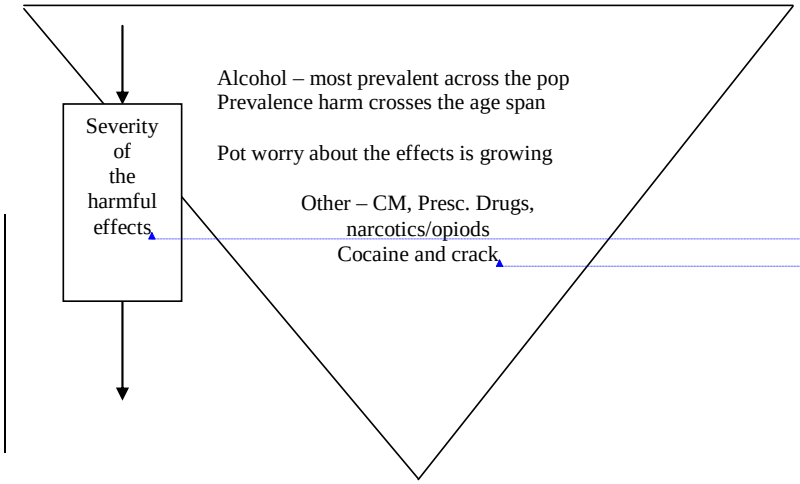
- With mothers – moms of CM babes fewer and babes can do better in terms if the impact on their health status. FASD has the greatest impact on babes

Contributing factors

- People in the general population have gone down 40% in their ability to feel empathy. Extreme self-centredness is the problem

F2. Number of people affected

Although alcohol use is the most prevalent substance use in the negative impacts of other drugs are more significant than those from alcohol as presented in the following diagram.



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The choices of other drugs swings like a pendulum but it is important not to ignore them

F.3 Proposed Strategies

Alcohol

- Don't tell people not to drink tell them why they should be aware of the risks
- If considering the young person presented as an example: treat Dad's alcohol misuse issue and mom's depression
- Alcoholism is not an accusation, but a diagnosis
- Peer to peer strategies are good
- Curriculum based education for kids grade 6 and up
- Best practices emphasize the theme of access: age limits, alcohol taxes etc.
- Random BAL – not supported Unless clearly impaired by alcohol, difficult to prosecute

- Policies emerging as best practices: Board of Health looking to other Health Units for resolutions re alcohol and band together. We need to make alcohol the new tobacco. Board of Health has municipal politicians at the table who can then make changes within municipal policy
- Not sure about random testing – would rather go for peer support versus taking freedoms away
- Always ads in the Globe and Mail for alcohol – should be equal opportunity for those who want to advocate for moderation/no alcohol
- Should pursue opportunity for new low risk guidelines on labels – that would be awesome
- Advocate for change
- Not an either (no drinking) or approach – alcohol not going away as it is too big a money maker
- Look at the culture here – why do we have such high rates of heavy drinking
- Have to accept it to an extent – should focus on harm reduction and change the way people think about it
- Outlet density affected by privatization of liquor outlets making it more accessible in convenience stores. In the shoreline, can leave the parking lot at the Bruce Power and soon after you are at a convenience store which sells alcohol
- More activities that are alcohol free are needed
- Too much focus on policy
- Need some degree of balance in our policies – be respectful of people's choices
- Municipal policies – e.g. Buck and Doe restrictions in Chatsworth – understand the concern that a police officer was hurt three years ago and now can't have a Buck and Doe without security. Don't take too heavy handed an approach or you are a wet blanket
- We need real information about what causes harm
- Coop student – guest writer for Sun Times – article about alcohol in GB – very articulate. Need to address the heavy drinking
- Peer to peer support works – e,g, for adult probation – people who are pre-contemplative – have training program to assist staff to facilitate groups with people who don't want to change
- Alternative solutions need to be presented
- Model in Orange County California – uses peer support strategies that focuses on decision-making and impulse control. More focused that parent mutual aid
- Strengthening Families – has operated for 5 years but no $ available for it now. Skill based approach working with whole family with kids ages 7 -11.Expensive but could offer some pieces
- 200 alcoholics in the area and one of them – a 46 year old who drinks 5-6 cases of beer per week and a bottle of whiskey and all his buddies are drinkers –it's a hell of a struggle if the only treatment is 3.5 hours away
- Need treatment that is effective and appropriate – detox is not treatment
- AA – provides maintenance and peer support
- Statistics in the paper were very good - need more of that kind of information
- Include the social media for young people

- Need people at the table who are going through recovery
- Education about the 5 symptoms of alcoholism
- Acknowledge that alcoholism is a disease
- No treatment centre in GB
- FASD – is a backlog of folks who don't have a diagnosis; have had no assessment. Need to emphasize that ID of FASD is based on the knowledge that mom drank during pregnancy

Marijuana and Other

- OPP focusing on drug id officers with specialized training to be able to ID drugs and associated rug impairment
- Random drug testing in schools didn't work – has to be some reason to "check" a school otherwise any associated charges will be thrown out

Other

- Pharmacists are keen partners – could we work with them to assess options

General

- When people take prevention education to the 10th degree it creates more problems
- Look at preventative education and treatment NOT legislation/policies. Don't try to legislate sobriety by random breath testing
- Need treatment for people with harmful behaviours to avoid them ending up in jail
- Need to be aware of other things
- Need a balance between policy and community education
- Use the media for more education
- (Education) re alcohol and (the associated risks) for chronic disease
- Vancouver police – Tears for April movie – very effective at education
- Start education in the schools in grade 1

Brief Intervention

- There are tools to conduct brief assessment (to assess degree of risk)

Where to focus energy – local, provincial national

- Create pressure on government to make changes

Youth Engagement

- Engage youth including youth at risk

Appendix G
Substance Misuse Frameworks, Strategies, Reports and Resources

G.1 Province of Ontario

1.1 City of Toronto ***The Toronto Drug Strategy A comprehensive approach to alcohol and other drugs*** December 2005

The Toronto Drug Strategy provides a comprehensive approach to alcohol and other drug issues for Toronto and includes actions in the areas of prevention, harm reduction, treatment and enforcement. The report sets out that drug strategy including a policy approach, vision statement, guiding principles, and recommended actions. An Implementation Committee was established to oversee the implementation of the recommendations in the Report. Status Reports were released in 2008 and 2010

Available at http://www.toronto.ca/health/drugstrategy/reportsandfactsheet.htm

1.2 Ontario Heart Health Network ***Collaborative Policy Scan Project Summary Report for Grey Bruce Partners in Health*** March 2010

The Ontario Heart Health Network (OHHN) is the provincial network that supports the OHHP-Taking Action for Healthy Living Community Partnerships across six regions in Ontario. OHHN conducted a scan of policies, including policies at the municipal level. The scan covered policies in Ontario in five areas: 1) access to nutritious foods; 2) access to recreation and physical activity; 3) active transportation and the built environment; 4) prevention of alcohol misuse and 5) prevention of tobacco use The purpose of this scan was to create a baseline inventory of policies that exist at the provincial level based on local data to inform the transition of OHHP-Taking Action for Healthy Living Community Partnerships to Healthy Community Partnerships under the Ministry of Health Promotion's new Healthy Communities Ontario approach to be implemented in 2010.

Available at http://www.hhrc.net/ohhn/policy/index.cfm

1.3 Centre for Addiction and Mental Health ***Alcohol, other drugs & related harms in Ontario; a scan of the environment*** January 2008

This document was developed to support the development of an Ontario Drug Strategy. It includes the following.

- A profile of substance use in Ontario
- An overview of impacts associated with harmful substance use
- A summary of specific impacts, harms and associated costs in Ontario

- Examples or related interventions, strategies and frameworks.

Available at http://www.apolnet.ca/thelaw/policies/AOD_scan.pdf

1.4 Ontario Injury Prevention Resource Centre ***Alcohol Related Injury: Evidence-Based Practice Synthesis Document*** November 2008

The Report includes the following.

- A brief overview of the magnitude of the issue of injuries associated with the use of alcohol and other substance.
- A review of what is known about substance use, primarily alcohol, as a risk factor for injury.
- A synthesis of best available evidence for effective practices to reduce the consumption of alcohol and that have the potential to reduce or mitigate injuries resulting from its use.

Available at http://www.oninjuryresources.ca/Publications/misc/

1.5 Ontario Ministry of Health and Long-Term Care ***Every Door is the Right Door: Towards a 10-Year Mental Health and Addictions Strategy***, A Discussion Paper, July 2009

The Province of Ontario s working to develop a comprehensive mental health and addiction strategy. The Discussion paper was released to outline a proposed approach and seek feedback. The proposed strategy is intended to:

- integrate mental health, problematic substance use and problem gambling services into the same strategy;
- continue to focus on people with serious mental illnesses but also include services for people with mild to moderate symptoms of moderate mental illness;
- include promoting health and preventing mental illnesses and addictions, as well as providing high quality treatment;
- look beyond the specialized mental health and addiction services funded by the Ministry of Health and Long-Term Care and the Ministry of Children and Youth Services, to the other *health* services that people with mental illnesses and addiction use, such as family health care services, home care and long-term care, and;.
- look beyond health to include all the other services used by people with mental illnesses and addictions, which are funded by other ministries, including Health Promotion, Education, Community and Social Services, Citizenship and Immigration, Community Safety and Correctional Services, and the Attorney General.

Available at
http://www.health.gov.on.ca/english/public/program/mentalhealth/minister_advisgroup/pdf/discussion_paper.pdf

1.6 Ontario Ministry of Health Promotion ***Prevention of Substance Misuse Guidance Document*** May 2010

The Ministry of Health Promotion undertook a collaborative process that engaged local public health experts to draft Guidance Documents to assist Boards of Health to implement the new Ontario Public Health Standards. These Guidance Documents are intended to provide a range program and policy evidence based options to local Board of Health staff for the planning and implementation of the program standards for which MHP is responsible. Both the social determinants of health and the importance of mental health are also addressed. One of these Guidance Documents was created to support the implementation of the Prevention of Substance Misuse Program.
The Guidance document includes the following types of information.

- Provincial policy direction, strategies to reduce the burden, and the evidence and rationale supporting the direction.
- Evidence based practices, innovations, and priorities including examples from Ontario or other jurisdictions.
- Crossover areas with other programs.
- Key tools and resources that may assist staff of local Boards of Health.

Available at http://www.mhp.gov.on.ca/en/healthy-communities/public-health/guidance-documents.asp

1.7 Ontario Public Health Association ***Towards Evidence Informed Practice*** 2009

Towards Evidence Informed Practice (TEIP) is a program of the Ontario Public Health Association which aims to increase both the application and the generation of evidence in community-based health promotion and Chronic Disease Prevention (CDP) initiatives. TEIP has developed a set of three field-tested and rigorously evaluated tools and processes to increase capacity for evidence-informed health promotion and CDP: Program Assessment; Program Evidence and Program Evaluation.

Available at http://teip.hhrc.net/

G 2 Province of British Columbia

2.1 Centre for Addiction Research of BC, ***Following the Evidence Preventing Harms from Substance Use in BC*** 2006

This Paper identifies five strategic directions that international evidence suggest will have the most impact on preventing harms from substance use:

- Influencing developmental pathways: different life stages present differing risks and protective factors for harm

- Delaying and preventing alcohol, tobacco and cannabis use during adolescence when problematic patterns of use for these substances can lead to significant harms later in life
- Reducing risky patterns of substance use, emphasizing interventions that can impact those types of substance use that have the greatest likelihood of causing harm
- Creating safer social contexts, which acknowledges that the setting or environment where substance use occurs can affect the risk of harms
- Influencing economic availability through pricing mechanisms

Available at http://www.carbc.ca/HelpingCommunities/HelpingCommunitiesv1/GettingStarted/SubstanceUseCommunityHealth/HarmReduction/tabid/534/ItemId/299/Default.aspx

2.2 Provincial Health Officer British Columbia ***Public Health Approach to Alcohol Policy*** 2008

The Report assesses the impacts of policy changes made in 2002 to increase access to alcoholic beverage products in BC. The report includes recommendations to address the health and social harms from alcohol in BC including:

- Continue to actively monitor consumption patterns and regularly assess the benefit cost ratio of alcohol consumption
- Focus on initiatives that will reduce harmful use by youth and young adults
- Commit to reversing the apparent increasing trend of alcohol impaired driving
- Increase the resources available for Fetal Alcohol Spectrum Disorder prevention, early detection and supports for those born with FASD
- Support communities to create partnerships and implement programs to reduce the harms from alcohol misuse and promote safer communities
- Implement a small levy based on standard drinks and use the proceeds to enhance treatment, prevention and research capacity for addictions

Available at http://www.hls.gov.bc.ca/pho/reports/special.html

G.3 Province of Nova Scotia

Nova Scotia Department of Health Promotion and Protection ***Changing the Culture of Alcohol Use in Nova Scotia*** 2007

Department of Health Promotion and Protection led the development of a strategy based on the identification of harmful alcohol use as an important public health issue in 2004/2005. The Report outlines identified areas requiring a cultural shift and priorities for action. It sets out 5 key directions, each with specific objectives and recommendations for action including:

- Community capacity and partnership building
- Communication and social marketing

- Strengthening prevention, early intervention and treatment
- Healthy public policy
- Research and evaluation

Available at http://www.gov.ns.ca/hpp/publications/Alcohol_Strategy.pdf

G 4 Canada

4.1 The Canadian Centre on Substance Abuse ***National Framework for Action to Reduce the Harms Associated with Alcohol and other Drugs and Substances in Canada***

The Canadian Centre on Substance Abuse has a legislated mandate to provide national leadership and evidence-informed analysis and advice to mobilize collaborative efforts to reduce alcohol- and other drug-related harms.CCSA provides access to a range of information and analysis relating to substance abuse issues, and connects Canadians to a broad spectrum of networks and activities.

The CCSA provided a lead role in a cross Canada, multi-stakeholder consultation process conducted to assess the level of support for jointly developing a National Framework. A lead role was played by The Canadian Centre on Substance Abuse. A National Forum was held in June 2005 where general consensus was reached on a Framework including: vision; principles goals and priorities. He work contributed to specific national projects and workshops and provides an umbrella for multi-partner strategies and supports knowledge transfer. A Second Forum was held in May 2008.

Available at http://www.ccsa.ca/Eng/Pages/Home.aspx

4.2 The Canadian Centre on Substance Abuse ***Reducing Alcohol-Related Harm in Canada: A Culture of Moderation*** April 2007

The Canadian Centre on Substance Abuse working jointly with Health Canada,
And the Alberta Alcohol and Drug Abuse Commission, created an expert working
Develop recommendations for a National Alcohol Strategy. Working with a range of stakeholders, a consensus –based, comprehensive strategy that recognizes the respective roles of all players in addressing alcohol-related harm was developed. The strategy identifies recommendations in four broad areas for action:

- Health promotion, prevention and education;
- Health impacts and treatment;
- Availability of alcohol, and;
- Safer communities

Available at http://www.ccsa.ca/Eng/Pages/Home.aspx

4.3 Public Health Agency of Canada. ***The Community Capacity Building Tool***

The tool was developed using evidence from the theoretical areas of population health, health promotion, community development, and community capacity development. Nine capacity domains were identified. The domains are: participation; leadership; community structures; role of external supports; asking why; resource mobilization; skills, knowledge and learning; links with others, and sense of community.

Available at
http://www.phac-aspc.gc.ca/canada/regions/ab-nwt-tno/downloads-eng.php

G5 Australia

Australian Government ***National Alcohol Strategy 2006 – 2009 Towards Safer Drinking Cultures*** 2006

The strategy was developed through collaboration among governments, non-government and industry partners and released in 2006. Priority areas for coordinated action to develop drinking cultures that support a reduction in alcohol-related harm include:

- Intoxication
- Public Safety and Amenity
- Health Impacts
- Cultural Place and Availability

Available at http://www.nationaldrugstrategy.gov.au/

G6 United Kingdom

HM Government, Department of Health ***Safe. Sensible. Social. The Next Steps in the National Alcohol Strategy*** June 2007

The first Alcohol Harm Reduction Strategy of England was published in 2004. A new strategy was subsequently released emphasizing the following areas of action:

- Sharpened criminal justice for drunken behaviour
- A review of NHS alcohol spending
- More help for people who ant to drink less
- Toughened enforcement of underage sales
- Trusted guidance for parents and young people
- Public information campaign to promote a new sensible drinking culture
- Public consultation on alcohol pricing and promotion
- Local alcohol strategies

Available at
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_075219.pdf

G7 World Health Organization

7.1 Draft Global Strategy to Reduce the Harmful Use of Alcohol

The Draft Global Strategy was released in February 2010 and includes policy options and interventions in the areas of:

- Leadership, awareness and commitment
- Health services response
- Community Action
- Drink-driving policies and countermeasures
- Availability of alcohol
- Marketing of alcoholic beverages
- Pricing policies
- Reducing the negative consequences of drinking and alcohol intoxication
- Reducing the public health impact of illicit alcohol and informally produced alcohol
- Monitoring and surveillance

Available at http://www.who.int/substance_abuse/alcstrategyaftereb.pdf

7.2 Brief Intervention for Hazardous and Harmful Drinking A Manual For Use in Primary Care Babor T.F., Higgins-Biddle, J.C. 2001

This manual is written to help primary care health workers – physicians, nurses, community health workers, and others – to deal with persons whose alcohol consumption has become hazardous or harmful to their health. Its aim is to link scientific research to clinical practice by describing how to conduct brief interventions for patients with alcohol use disorders and those at risk of developing them. The manual may also be useful for social service providers, people in the criminal justice system, mental health workers, and anyone else who may be called on to intervene with a person who has alcohol-related problems.

Available at http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6b.pdf

Appendix H
Scan of Municipal Alcohol Policies

H.1 Background

In 2009 the Ontario Heart Health Network (OHHN) completed a scan of health promotion related policies and generated a baseline inventory of policies in Ontario within local governments (district/region; county; municipality; township), school boards and hospitals as a worksite. Policies related to the prevention of alcohol misuse are included in the inventory. Data was collected by scanning publicly available websites and/or contacting representatives via telephone or email. The results for Grey Bruce are summarized below however it should be noted that the information may not be complete as the approach taken in Grey Bruce was to consider information included in municipality websites.

H.2 Municipal Alcohol Policies

Policy related to alcohol service on municipally owned property or municipally sponsored events. They can provide guidelines for when and where alcohol can be served, the number of staff required at public events, ticket sales, warning signs, insurance requirements and other aspects of safe event planning.

The following 14 municipalities have a Municipal Alcohol Policy in place or under development.

> Bruce County: Town of South Bruce Peninsula, Municipality of Northern Bruce Peninsula, Municipality of Arran-Elderslie, Municipality of South Bruce, Township of Huron Kinloss, Municipality of Kincardine
> Grey County: Municipality of Meaford, Municipality of Grey Highlands, Township of Southgate, Town of Blue Mountains, Town of Hanover, Municipality of West Grey, Township of Georgian Bluffs, City of Owen Sound

The intended populations for these municipal policies are:
General Community (13)
Adults (10)
Youth (5)

The scan results suggest that there are 3 municipalities with no policy.

Policy that allows for special occasion permits (e.g. Oktoberfest events, Film Festival, Civic events not on municipal property)

The following 14 municipalities have a Special Occasion Permit Policy in place or under development.

Bruce County: Town of South Bruce Peninsula, Municipality of Northern Bruce Peninsula, Municipality of Arran-Elderslie, Municipality of South Bruce, Township of Huron Kinloss, Municipality of Kincardine
Grey County: Municipality of Meaford, Municipality of Grey Highlands, Township of Southgate, Town of Blue Mountains, Town of Hanover, Municipality of West Grey, Township of Georgian Bluffs, City of Owen Sound

The intended populations for these municipal policies are:
General Community (14)
Adults (10)
Licensed Outlets (2)
Serving Staff (11)

The scan results suggest that there are 3 municipalities with policy that allows for special occasion permits.

Policy that limits the number of licensed premises (outlet density) within a geographic area

The scan results suggest that no municipalities had an outlet density policy.

Policy that supports Safer Bars training

The following 9 municipalities have policies in place or under development that support Safer Bars training.

Bruce County: Municipality of South Bruce, Township of Huron Kinloss, Municipality of Kincardine
Grey County: Municipality of Meaford, Municipality of Grey Highlands, Town of Hanover, Municipality of West Grey, Township of Georgian Bluffs, City of Owen Sound

The intended populations for these municipal policies are:
General Community (9)
Adults (8)
Licensed Outlets (1)
Serving Staff (8)

The scan results suggest that there are 8 municipalities with no policy that supports Safer Bars training.

Policies to reduce/prevent service to minors or to intoxicated patrons (above the provincial requirements).

The following 14 municipalities have policies in place or under development to reduce/prevent service to minors or to intoxicated persons.

Bruce County: Town of South Bruce Peninsula, Municipality of Northern Bruce Peninsula, Municipality of Arran-Elderslie, Municipality of South Bruce, Township of Huron Kinloss, Municipality of Kincardine
Grey County: Municipality of Meaford, Municipality of Grey Highlands, Township of Southgate, Town of Blue Mountains, Town of Hanover, Municipality of West Grey Township of Georgian Bluffs, City of Owen Sound

The intended populations for these municipal policies are:
General Community (14)
Adults (11)
Licensed Outlets (2)
Serving Staff (11)

The scan results suggest that there are 3 municipalities with no policy to reduce/prevent service to minors or to intoxicated persons.

Are there special occasion permits that allow alcohol to be sold?

The following 14 municipalities have special occasion permits

Bruce County: Town of South Bruce Peninsula, Municipality of Northern Bruce Peninsula, Municipality of Arran-Elderslie, Municipality of South Bruce, Township of Huron Kinloss, Municipality of Kincardine
Grey County: Municipality of Meaford, Municipality of Grey Highlands, Township of Southgate, Town of Blue Mountains, Town of Hanover, Municipality of West Grey, Township of Georgian Bluffs, City of Owen Sound

In 10 of these municipalities there are limits on who receives these permits (e.g. based on # requested in past, past experience with requestor, past breaches)

The scan results suggest indicate that in 3 municipalities it is not known if there special occasion permits.

Are there public documents that provide summary information (i.e. annual statistics on the number and type of such interventions) regarding licensing premises of who have been fined or penalized for over-service?

The scan results suggest that no municipalities have public documents providing summary information.

Glossary of Definitions

Heavy Drinking/Binge Drinking Volume and frequency of alcohol consumption determine risk. 5 or more drinks on one occasion, at least once a month in the past 12 months. All current Canadian professional standards recommend that there is no known safe level of alcohol consumption during pregnancy (OMHP, 2010) .

Substance Misuse refers to the ingestion or administration of any substance that is psychoactive (i.e. alters consciousness). Psychoactive substances include alcohol, tobacco, caffeine, illegal drugs, some medications, solvents and glues (OMHP, 2010).

Mood-altering drugs Drugs that affect chemical reactions in the brain thereby causing changes in mood.

Evidence-Informed Practice is the "best available practice or policy based on available evidence for a specific group". It replaces terms such as 'best practice', 'better practice' or 'recommended practice' to reflect current understanding that effective community-based health promotion and prevention programs must consider local contextual factors. This involves a dynamic process of weighing available evidence against what is known to work in [a] local setting " (Ontario Public Health Association (OPHA), 2009, p.3)

Youth Engagement is the meaningful participation and sustained involvement of a young person in an activity, with a focus outside of him or herself (Centres for Excellence for Children's Well-Being)

Resiliency identifies factors that increase young people's ability to rebound in the face of adversity.

Prevention refers to 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.

Harm reduction refers to 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 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 (Toronto Drug Strategy, 2005, p.12).

Treatment refers to 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).

Enforcement refers to 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 (Toronto Drug Strategy, 2005, p.6).

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