



DEVELOPING THE TIMISKAMING DRUG AND ALCOHOL
STRATEGY (TDAS)
A SUMMARY OF LOCAL WORK

Presenter: Megan McBride
Public Health Promoter, Timiskaming Health Unit
Timiskaming Drug and Alcohol Strategy Coordinator
October 5, 2022

LAND ACKNOWLEDGEMENT

The members of the TDAS Committee and working groups (TDAS members) acknowledge that the work we do occurs on the traditional territories of the Anishinaabe, Cree, Algonquin, and Métis peoples, and the Robinson-Huron treaty territory. We offer our gratitude for their shaping and strengthening of our community, province, and country, and affirm our collective responsibility and commitment to work toward reconciliation.

TIMISKAMING DRUG AND ALCOHOL STRATEGY

PEOPLE WITH LIVED AND LIVING EXPERIENCE ACKNOWLEDGEMENT

We are mindful of those with lived or living experience of substance use and addiction, their individual and collective experiences, and those who have lost their lives as a result. We recognize the expertise of those with lived or living experience, whose insights are invaluable in our efforts to improve the quality and impact of services and resources related to substance use and addiction and reduce the harms that result from it (PWLE Advisory Committee).

TIMISKAMING DRUG AND ALCOHOL STRATEGY

This acknowledgement is used to open each meeting of the TDAS PWLE advisory committee. The TDAS is extremely grateful for their commitment to collaboration and believe it's important to acknowledge.

OBJECTIVES



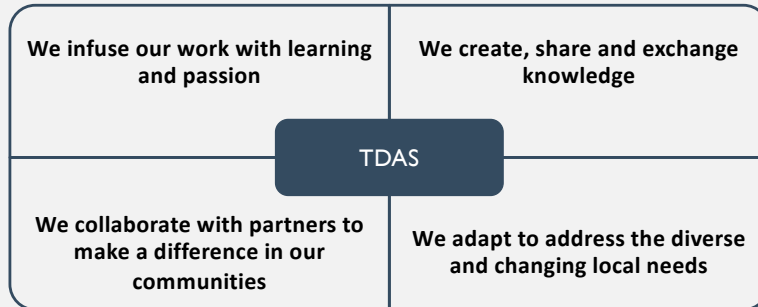
To provide background information on the TDAS and a summary of work thus far



To hear comments, feedback, and answer questions

TIMISKAMING DRUG AND ALCOHOL STRATEGY

THU 2019-2023 STRATEGIC DIRECTIONS



TIMISKAMING DRUG AND ALCOHOL STRATEGY

The work of the TDAS is in alignment with all for of THU's strategic directions seen here and will continue to be through the rest of the planning phase and into implementation.

BACKGROUND INFORMATION

There is a national drug poisoning (overdose) crisis wherein existing policies and interventions are not adequate



Northern Ontario is disproportionately affected by the drug poisoning crisis

Hospitalizations for cannabis-related harms and alcohol-related conditions in Timiskaming were more than double the provincial rate in 2018 ^{2,3}

Opioid-related ED visits in Timiskaming were the highest they have ever been in 2020 with 35 occurring ⁴

Coroner data for Timiskaming district show 26 suspected drug-related deaths occurred between January 2019 and April 2022, all of which were preventable ⁵

TIMISKAMING DRUG AND ALCOHOL STRATEGY

Existing policies and interventions have not been adequate in addressing the crisis, and the harms associated with substance use continue to climb at alarming rates. When trying to understand what we can do to improve the local situation, we need to consider the driving force behind harmful substance use, which is *incredibly* complex. **A collective response needs to be equally matched to this complex issue** – the response needs to be comprehensive, multi-sectoral, and coordinated with a suite of interventions.

TDAS DEVELOPMENT – PURPOSE AND GUIDING PRINCIPLES

Purpose: Build upon the existing efforts in the community in a collaborative and coordinated way to prevent and reduce the harms associated with substance use in Timiskaming.

Trauma and
violence-informed

Evidence-informed

Collaborative

Equity and
accessibility

Locally relevant

Cultural sensitivity, safety,
and competence

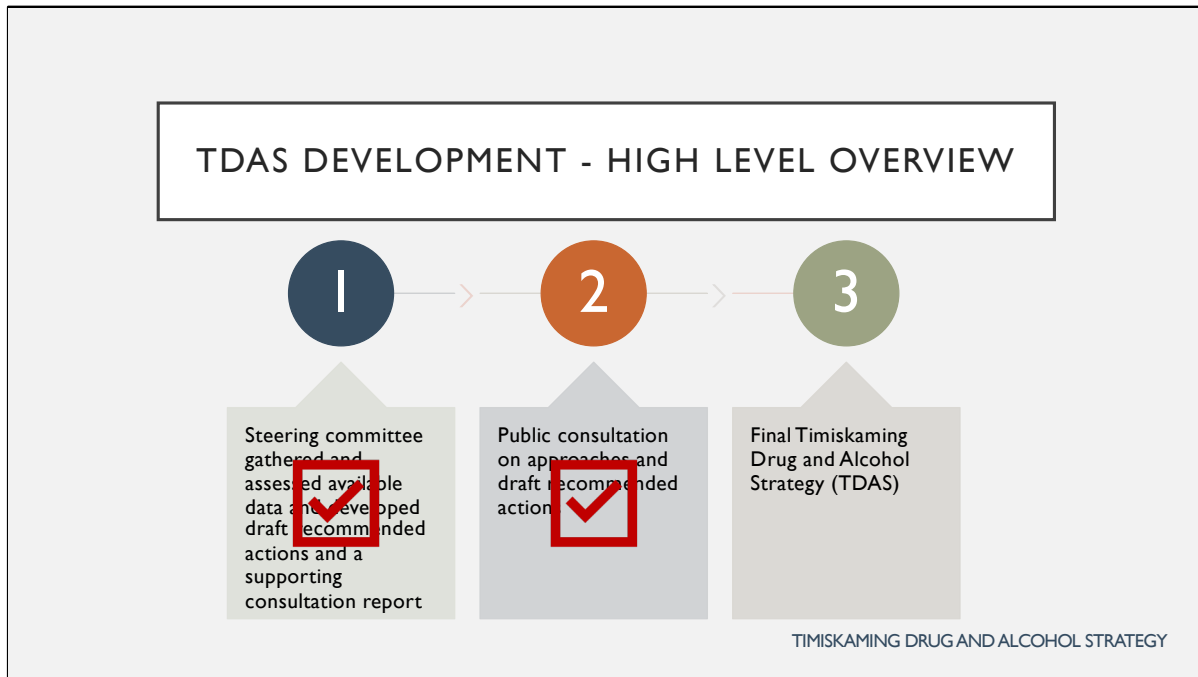
Reconciliation aware

The five conditions for Collective Impact and Collective Impact Practices: a common agenda, shared measurement systems, mutually reinforcing activities, continuous communication, and a backbone support organization¹

Inclusive of people with lived and living experience of substance use, including family and friends

TIMISKAMING DRUG AND ALCOHOL STRATEGY

A drug strategy is a shared effort to mitigate harms related to substance use in a community. The TDAS is not reinventing the wheel but identifying gaps and areas for improvement to create a healthier and safer community. Work is being guided by the 9 principles on this slide.



*check marks appear on 2nd and 3rd clicks

This is a very high-level overview of the development process, which started with gathering and assessing available evidence and information to develop draft recommended actions to take locally. Feedback was sought on those draft recommendations from the community through a public consultation. And now the TDAS is in the very exciting final stages of completing the strategy.

There were many intermediate and supporting steps taken along the way, though, that brought us to this point, including a few additional actions taken as a collective that will be highlighted in the remainder of this presentation.

Early 2021: THU initiates the TDAS

- Assumes Co-Chair Steering Committee (SC) role alongside CMHA-CT
- Provides backbone support

**TDAS DEVELOPMENT
- TIMELINE AND MILESTONES**

TIMISKAMING DRUG AND ALCOHOL STRATEGY

Starting from the very beginning, THU has had a substantial role in the TDAS.

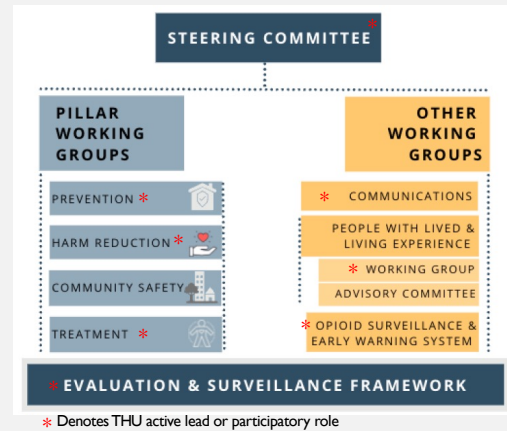
Backbone support provided by THU: hosting the collaborative Microsoft Teams platform where project-related documents are housed and meetings occur; supporting translation needs; hosting the TDAS [webpage](#); employing the TDAS Coordinator and Research, Policy and Planning Analyst (RPPA); and THU communication staff provide support for design features and copyediting.

TDAS TIMELINE AND MILESTONES

Spring 2021: 4-pillar framework is adopted and working groups are formed

- Over 20 community organizations and people with lived and living experience (PWLLE)

Sectors involved: mental health and addictions treatment services, Indigenous services, community members including those with lived experience, social services, family health teams, hospitals, school boards, police, and public health.



* Denotes THU active lead or participatory role

TIMISKAMING DRUG AND ALCOHOL STRATEGY

From early 2021 to springtime, a 4-pillar framework is adopted and working groups are formed – this includes prevention, HR, Tx, and Community Safety. This framework is in alignment with the national drug strategy and 30+ other community drug strategies in Ontario. Four additional working groups have been incorporated into the TDAS structure, seen on the right of the graphic. The entire strategy is grounded in an evaluation and surveillance framework.

The TDAS membership consists of over 20 community organizations and people with lived and living experience (PWLLE).

TDAS TIMELINE AND MILESTONES

August 2021: THU is successful in securing \$150,000 of funds from Public Health Agency of Canada for TDAS



September 2021: RPPA and Coordinator positions are filled



TIMISKAMING DRUG AND ALCOHOL STRATEGY

In August of 2021 THU was successful in their application for funding from PHAC to support human resources for the project: one full-time Research, Planning and Policy Analyst (RPPA) and one full-time Public Health Promoter to act as Project Coordinator.

TDAS TIMELINE AND MILESTONES

October 2021: SC finalizes their Terms of Reference



- Purpose of the committee: provide strategic direction for the planning, development and implementation of a comprehensive community drug and alcohol strategy

Winter 2022: Communications strategy and PWLLE engagement strategy are finalized

- Grounded in best-practice

TIMISKAMING DRUG AND ALCOHOL STRATEGY

The Communications and PWLLE strategies are grounded in best-practice, with the working groups having consulted with other drug strategies to get information on their approach as well as existing literature to create these final versions to move forward with.

TDAS TIMELINE AND MILESTONES

April 2022: TDAS provides a letter with feedback to the Drug Strategy Network of Ontario on their Policy Solutions for Ontario's drug poisoning crisis



May 2022: PWLLE Advisory Committee forms



TIMISKAMING DRUG AND ALCOHOL STRATEGY

In April of 2022, although this action did not directly contribute to the development of the TDAS, the SC critically reviewed a Policy Solutions document created and shared by the Drug Strategy Network of Ontario to combat the drug poisoning crisis in Ontario. Members had the opportunity to submit their thoughts, consensus was reached on recommendations to provide back to the DSNO, and a letter was crafted on behalf of the collective.

Members of the PWLLE Advisory Committee have a variety of experiences with substance use and are from across the district.



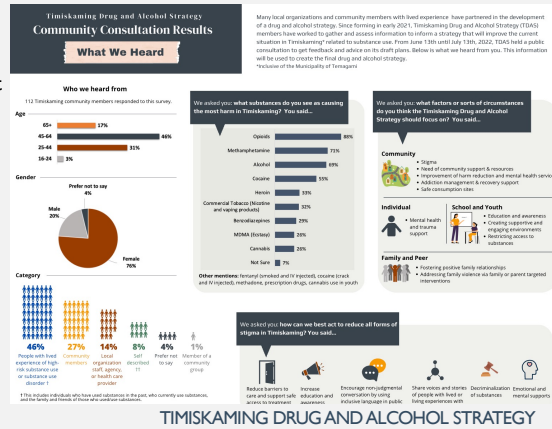
115 responses were received during the community consultation.

In August, the TDAS communications working group created a promotional poster for International Overdose Awareness Day, highlighting local events on August 31st that community members could participate in. This is not directly related to the development of the strategy but illustrates a use of our collective impact to engage with the community and spread awareness of local initiatives.

TDAS TIMELINE AND MILESTONES

October 2022: Consultation Results Community Report

- Infographic (see right) and technical report in development



The TDAS is now working to finalize a report back to the community showcasing what was heard during the consultation. This will consist of two versions – a very visual and plain language infographic (see right) and a more technical report to detail specifics of the process (including methods) and results.

TDAS NEXT STEPS

Complete and share consultation infographic and technical report

1

Planning by Pillar groups and SC based on consultation results and other available evidence

2

Final Timiskaming Drug and Alcohol Strategy (TDAS)



ACKNOWLEDGEMENTS

Amanda Mongeon - THU Manager of
Community and School Health

Kerry Schubert-Mackey - TDAS Co-Chair,
THU Director of Community Health

TIMISKAMING DRUG AND ALCOHOL STRATEGY



COMMENTS OR QUESTIONS

✉ Email: TDAS@timiskaminghu.com

☎ Phone: 705-465-4895

🌐 Website: <https://www.timiskaminghu.com/90558/Timiskaming-Drug-and-Alcohol-Strategy-TDAS>

TIMISKAMING DRUG AND ALCOHOL STRATEGY

THANK YOU!

TIMISKAMING DRUG AND ALCOHOL STRATEGY