

DEVELOPING THE TIMISKAMING DRUG AND ALCOHOL STRATEGY (TDAS)

Background Document for Public Consultation



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A MESSAGE FROM THE CO-CHAIRS

We are pleased to share this first consultation report from the Timiskaming Drug and Alcohol Strategy (TDAS) Steering Committee (herein referred to as TDAS Committee) with recommendations to prevent and reduce harms related to substance use.

The TDAS Committee represents services, agencies, community groups, and community members. Committee and working group members have been active since January 2021, working towards the development of a comprehensive drug and alcohol strategy. This has included assessing local trends; taking stock of available programs, services, and supports; and learning from other communities about prevention, harm reduction, community safety, and treatment.

With this report, the TDAS Committee is recommending actions specific to Timiskaming that can build upon current efforts and address gaps to help prevent and reduce substance use related harms. The work so far and the recommendations incorporate the perspectives of people with lived experience with substances, a trauma and violence informed approach, and are locally relevant and collaborative.

We are grateful for a passionate and diverse group of TDAS Committee and working group members who share their knowledge and wisdom. Each member brings a unique perspective to our collective effort, and has contributed to a rich dialogue that has resulted in this report.

We look forward to hearing and integrating knowledge and wisdom from a broader group of people with lived experience, their friends and family, community members, and organizations across Timiskaming to make sure our drug and alcohol strategy is responsive to local needs. This is a crucial time to align efforts and build a post-pandemic future that prevents and reduces substance use related harms for all types of use and that better meets the needs of people who use drugs.

Sincerely,

Kerry Schubert-Mackey
Tyler Twarowski
Co-Chairs

ACKNOWLEDGEMENTS

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.

We greatly appreciate and thank:

- Public Health Agency of Canada (PHAC) for funding the TDAS Coordinator and Research Analyst positions
- Municipal Drug Strategy Coordinator's Network of Ontario (MDSCNO) for their willingness to offer their support and expertise
- People with lived and living experience of substance use and their friends and family for their expertise on this subject matter
- The TDAS Committee co-chairs, Tyler Twarowski of the Canadian Mental Health Association (CMHA) and Kerry Schubert-Mackey of THU, for their ongoing commitment and leadership to move this work forward

We would like to sincerely thank all members and organizations of the TDAS Committee and working groups for their contributions to this report and continued support of the strategy.

- Beaverhouse First Nation*
- Blanche River Health*
- Canadian Mental Health Association*
- Centre de santé communautaire du Témiskaming*
- City of Temiskaming Shores
- Conseil scolaire catholique de district des Grandes-Rivières
- District of Timiskaming Social Services Administration Board*
- District School Board Ontario North East
- Englehart Family Health Team*
- Keepers of the Circle*
- Mino M'shki-ki Indigenous Health Team*
- Municipality of Cobalt
- North Eastern Ontario Family and Children's Services*
- Ontario Health North*
- Ontario Provincial Police*
- Pavilion Women's Centre
- Salvation Army Kirkland Lake*
- Temagami Family Health Team*
- Timiskaming Health Unit*
- Timiskaming Municipal Association*
- Timiskaming Opioid Poisoning Prevention Task Force*
- Town of Kirkland Lake
- Township of Matachewan

*Steering Committee member who may also participate in one or more working groups.

CONSULTATION

Purpose

This report was created and reviewed by a diverse group of stakeholders to share information about substance use and related harms in Timiskaming. Reference to Timiskaming for the purpose of this report and the TDAS means the District of Timiskaming and the municipality of Temagami. The purpose of this consultation is to gather comments on the proposed approaches and recommended actions included in this report to prevent and reduce substance use related harms in Timiskaming.

Who is this report for?

We are seeking comments from people with lived and living experience; Indigenous Peoples, organizations, communities and leadership; the general public; and organizations, service providers, and community groups in Timiskaming.

How to participate

01 Review the consultation report

02 Provide feedback in one of these ways:

- ◆ **Respond to a survey** at <https://www.surveymonkey.com/r/TDASsurvey>
- ◆ **Email feedback** to TDAS@timiskaminghu.com
- ◆ **Mail feedback** to THU at PO Box 1090, New Liskeard, P0J 1P0
- ◆ **Drop-off written feedback** at one of THU's three locations:
 - 43-247 Whitewood Avenue, Timiskaming Shores
 - 31 Station Road North, Kirkland Lake
 - 63 Fifth Street, Englehart
- ◆ **Request an alternate** submission by calling 705-465-4895

Questions?

Email TDAS@timiskaminghu.com
or call 705-465-4895

All comments must be received before July 13th, 2022. Comments received as part of this consultation will be shared with the TDAS Committee and working group members. This is a report for consultation purposes only. After comments have been reviewed, a final report will be prepared and shared.

BACKGROUND

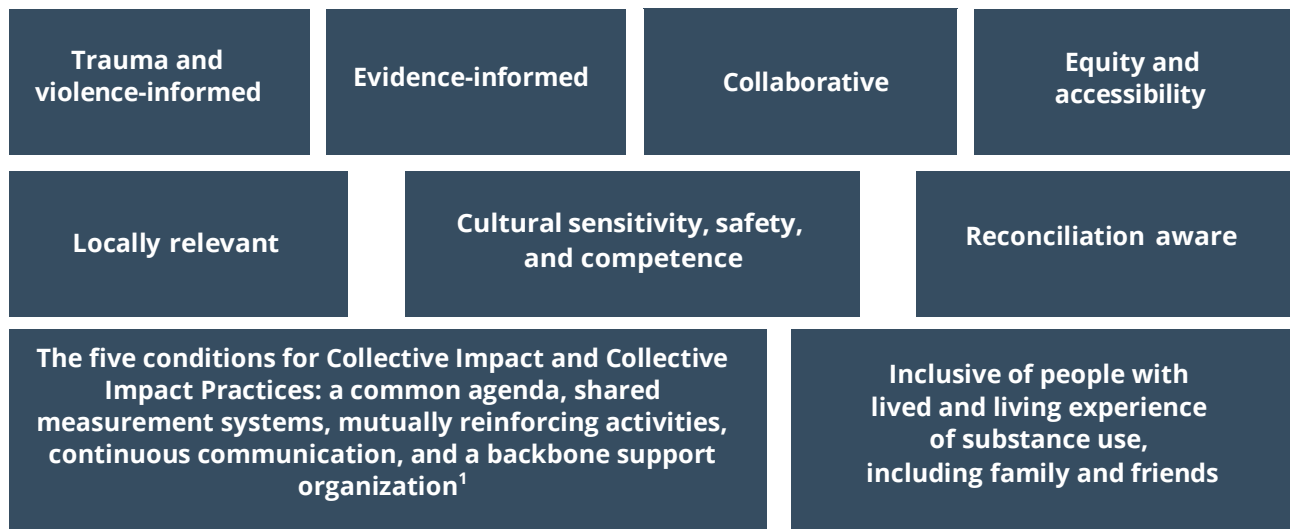
Many people are working hard to prevent and reduce the harms of drug and alcohol use in the community. While much has been done, there is more to do. The TDAS Committee formed in early 2021 to work together to address local issues in ways that will work for Timiskaming. An overview of the current structure is provided in the Appendix.

For the purpose of this report, please note that mention of substances is inclusive of drugs and alcohol.



TDAS Committee purpose and guiding principles

The purpose of the TDAS Committee is to provide coordinated leadership and direction to develop, implement, and evaluate the TDAS.



Current membership

Members represent mental health and addictions treatment services, Indigenous services, community members including volunteers and people with lived experience, social services, family health teams, hospitals, school boards, police, community health agencies, and public health.

The TDAS has established a People with Lived and Living Experience Advisory Committee to learn from the expertise of those with substance use experience. The membership reflects perspectives of people who have used substances in the past, who currently use substances, and the friends and family of those who use or used substances.



Current status

The TDAS has potential to intersect with other local strategies and initiatives such as the Community Safety and Wellbeing Plan and the Indigenous Mental Health and Wellness Strategy. The TDAS Committee aims to identify opportunities to work with others and avoid duplicating efforts.

The TDAS Committee has gathered and assessed available information and developed recommendations to improve the current situation in Timiskaming. To create a strategy that is truly by Timiskaming and for Timiskaming, we are asking for feedback and suggestions.

INTRODUCTION

There are over 30 community drug strategies across Ontario that work to reduce substance use related harms and address substance-related issues faced by communities.² The TDAS Committee has learned from these strategies and drawn from the same internationally recognized four pillars of substance use policy: prevention, harm reduction, community safety, and treatment. These pillars must work together to address community needs and come up with solutions that make sense for Timiskaming.

The actions proposed in this report fall under these four pillars.



Prevention

Preventing high-risk drug and substance use.



Harm Reduction

Reducing the negative consequences of substance use.



Community Safety

Responding to criminal activity and community safety issues associated with substance use.



Treatment

Supporting innovative approaches to treatment and rehabilitation.

WHAT WE KNOW ABOUT SUBSTANCE USE

The Spectrum of substance use

People use substances for different reasons. It could be to relax, have fun, experiment or cope with stress and pain. For some, there may not be any harms related to their substance use, however, for others there may be negative effects on their lives. People can move from one stage of substance use to another, and it is not always in the order of those listed below.

Spectrum of Substance Use³

No use

- No substances used

Beneficial use

- Use that has positive health, social, or spiritual effects (e.g., medication used as prescribed, coffee or tea, ceremonial use of traditional medicines such as ayahuasca or peyote)

Low-risk, casual use

- Informed, decision-based use that understands and lessens the risks involved (e.g., following Canada's Low-Risk Alcohol Drinking Guidelines)

High-risk use

- Use that may have negative health and social effects but does not meet the definition of substance use disorder (e.g., alcohol consumption above low-risk guidelines, impaired driving, etc.)

Substance use disorder

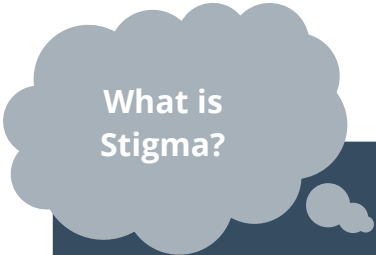
- A manageable medical condition that can include both psychological and physical dependence and negative health and social consequences

While this spectrum includes beneficial and low-risk use, the focus of the TDAS is to prevent and reduce the harms and negative impacts linked with substances.

Harms associated with substances

Substance use is linked to a variety of harms, from mild to severe, that happen with all types of use. Feeling ill, injuries and chronic disease, financial hardship, problems with relationships, legal issues, homelessness, and substance-related disorders are examples of some of the more well-known harms.⁴

Stigma also causes harm to those who use substances. It causes feelings of shame which can lead a person to not access the supports and services available to them in fear of judgement. People may use alone or hide their substance use because of it, which increases their risk of poisoning (overdose). Stigma can be experienced by substance users when they access services and supports, resulting in a lower quality of care.⁵ It is important to understand what stigma is and where it is happening locally so that we can reduce it and the harms that come from it.



What is Stigma?

Stigma is “negative attitudes, beliefs, or behaviours about or towards a group of people because of their situation in life.”⁵

There are three types of stigma:

- **Self-stigma** “happens when someone internalizes negative messages about people who use drugs and apply them to themselves.”⁵
- **Social stigma** is “negative attitudes or behaviours towards people who use drugs or towards their friends and family members.”⁵
- **Structural stigma** is “policies in health and social services that increase stigma, such as not providing services until drug use is better managed.”⁵

We need to better understand the things that influence how likely it is that someone will experience harms from substance use to more effectively prevent or reduce them.

Risk and protective factors

Risk factors make it more likely that someone will have negative effects from substance use and protective factors make it less likely. Both risk and protective factors can happen at the individual, family, school, and community levels. Groups of people and places can have different combinations of risk and protective factors

Some of the more common factors are listed in the table below.⁶

	Examples of risk factors	Examples of protective factors
Individual	Genetic factors, early stress, early age of first use, social skill deficit, poor mental health or mental illness	Resiliency, ability to self-regulate, problem-solving skills
Family & Peers	Violence or mistreatment, family history of substance use, substance use by peers, trauma, peer rejection	Positive parent relationships, parenting competence, network of non-substance using peers
School	Learning disabilities, early school failure, high availability of substances, weak or negative relationships with peers and teachers	Positive teacher, learning, or social connectedness, involvement in healthy recreational activities
Community	Public substance use, exposure to substance use or selling, inadequate economic conditions, lack of available housing, stigma, trauma	Community cohesion, access to positive social activities, community interventions

In addition, risk and protective factors can also occur a broader societal and policy level. This includes social and cultural beliefs and norms and government regulations, policies and laws which can put some groups at a higher risk of substance-related harms because of social and structural factors. For example, colonization, systemic racism, and discrimination have displaced and disconnected Indigenous Peoples from their communities, families, and culture. This has led to Indigenous communities experiencing greater harms from substance use.⁷ For example, the rate of opioid-related deaths in Ontario among First Nations People in 2019 was approximately four times higher than the rate for non-First Nations People.⁸

Policy failures have also led to Black populations in Canada experiencing substance-related legal charges more often than other groups despite not using substances more.⁹ Further, compared to the general population, LGBTQ people are at a higher risk for substance use issues due to the stigma, discrimination, and other stressors they face which are not experienced by people who identify as heterosexual.^{10,11}



At the forefront of the last two years is the COVID-19 pandemic. The public health measures enforced, such as physical distancing and service closures, have reduced access to the services and supports that people who use or have used substances need.^{12,13} This has caused large increases across Canada in emergency department (ED) visits and hospitalizations due to opioids, central nervous system stimulants (excluding cocaine), cannabis, and alcohol.¹⁴ People living in the lowest-income neighbourhoods were most impacted during the pandemic, accounting for over one-third of hospitalizations.¹⁴

An effective and meaningful response to address local community needs related to substance use harms must work to reduce the identified risk and protective factors. This requires an evidence-informed and culturally relevant approach, ensuring that the diverse and unique needs of Timiskaming communities are addressed.

Profile of substance use in Timiskaming - a snapshot

This page contains a sampling of local and provincial data to illustrate what we know about the current situation in Timiskaming related to substance use trends and the associated harms.

Usage

The rate of women in Timiskaming who use substances during their pregnancy has **remained higher than Ontario's rate since 2012**. In 2020, 4% of pregnant women in Timiskaming report using substances, in comparison to Ontario's 1% ¹⁵



42.5% of Timiskaming residents **exceeded the Low-Risk Alcohol Drinking Guidelines** in 2015-16 ¹⁶

Hospitalizations and Emergency Department (ED) visits

Opioid-related ED visits were the **highest they have ever been in 2020**, with 35 occurring ¹⁷



Hospitalizations for alcohol-related conditions in 2018 were **more than double the provincial rate** ¹⁸



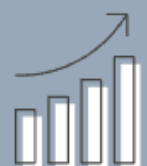
Hospitalizations were **more than double the provincial rate** for all cannabis related harms (82.1/100,000 and 39.8/100,000 respectively) and cannabis-related mental health conditions (82.1/100,000 and 37.5/100,000 respectively) in 2018 ¹⁹

Deaths

Opioid-related deaths have continued to increase from 3/100,000 in 2017 to 21*/100,000 in 2020. **In 2020, opioid-related deaths were the highest they have ever been with 7* occurring** ¹⁷

Deaths from any stimulant (with and without opioids) in Timiskaming were higher than Ontario's rate in 2020: 21*/100,000 in comparison to Ontario's 11.9*/100,000 ²⁰

*Death data for 2020 is preliminary and is subject to change.



Stigma, homelessness, and community concern

Stigma was commonly reported by participants in the Opioids in Timiskaming 2020 study as **a barrier to accessing healthcare**²¹



In the 2021 Timiskaming Counts Homeless Enumeration report, addiction or substance abuse was identified as one of the **leading causes of loss of housing**²²



In the Timiskaming Foundation's 2021 Vital Signs community survey report, **addiction was identified as the most critical issue in Timiskaming**, with 40% of respondents selecting it²³

Usage in Northern Ontario



Tobacco cigarettes, cocaine, and ecstasy (MDMA) usage by students is **higher in Northern Ontario when compared to all of Ontario** in 2019²⁴

Northern Ontario, in comparison to the Greater Toronto Area, Western, and Eastern regions, has **the highest percentage of students in grades 9-12 reporting a drug use problem** at 22%²⁴



Northern Ontario has the highest percentage (14%) of students in grades 7-12 reporting having ridden in a vehicle in the past year with a driver who had been using drugs²⁴

In 2019, about 20% of students in Northern Ontario in grades 9-12 **report hazardous or harmful drinking**, and about 17% in grades 7-12 **report binge drinking** in the past month²⁴

This sample of data shows the need for and value of a local drug and alcohol strategy. It is important that the TDAS uses the above and other supporting evidence, community feedback, and existing efforts in the community to reduce substance use-related harms.

EXISTING POLICIES, PROGRAMS, AND SERVICES IN TIMISKAMING

There are many existing programs, services, and supports available in Timiskaming related to substance use and substance use disorders. Below is a sample of them that are categorized by the four pillars of prevention, harm reduction, community safety, and treatment.

Prevention



Canada's Lower-Risk Cannabis Guidelines An evidence-based resource used to increase awareness about the health risks associated with vaping, edibles, and other methods of use.

Canada's Low-Risk Alcohol Drinking Guidelines (LRADG) An evidence-based resource used to encourage moderation or low risk drinking to support healthy lifestyle choices and reduce short and long-term consequences associated with alcohol consumption. THU has promoted use of these guidelines and supported Municipalities and other organizations who host events and/or serve alcohol to apply the LRADG.

Smoke-Free Ontario Act (SFOA) THU enforces the SFOA across the THU district.

Municipal Alcohol and Cannabis Policies to help mitigate alcohol and cannabis-related harms.

Smoke-Free Multi-Unit Dwellings THU advocates for and supports smoke-free policies in local multi-unit housing buildings by providing resources to tenants and landlords.



Harm reduction

Supply Distribution Harm reduction supplies and services are available from a number of organizations in the Timiskaming, including:

- ◆ Northern Treatment Centre – Kirkland Lake
- ◆ Northwood Recovery Clinic – Haileybury
- ◆ Mino M’shki-ki Indigenous Health Team – Kirkland Lake and New Liskeard offices
- ◆ Temagami Pharmasave
- ◆ Englehart Family Health Team
- ◆ CMHA-CT – Kirkland Lake and New Liskeard
- ◆ Pavilion Women’s Centre – Haileybury and Kirkland Lake
- ◆ THU Kirkland Lake and New Liskeard offices

Supplies include sterile and safer snorting equipment, injecting equipment, and inhalation equipment as well as disposal bins for used equipment.

Sharps Disposal Bins/Needle Drop Boxes are available across the Timiskaming to help reduce the number of improperly discarded needles and promote safe disposal of sharps in public places. Locations include:

- ◆ THU Kirkland Lake and New Liskeard offices
- ◆ BDR Drug Mart, Kirkland Lake
- ◆ Kirkland Lake Pharmacy, Kirkland Lake
- ◆ Drugstore Pharmacy, Kirkland Lake
- ◆ Temagami Pharmasave
- ◆ Earlton Pharmacy, Earlton
- ◆ Marshalls Pharmasave, Englehart
- ◆ Rx Drug Mart, Englehart
- ◆ CMHA-CT Kirkland Lake and New Liskeard offices

Naloxone Distribution Program This program aims to widely distribute naloxone kits, a medication that can counter the effects of an opioid poisoning (overdose). THU, Temiskaming Hospital Emergency Department, Mino M’shki-ki Indigenous Health Team, Pavilion Women’s Centre, CMHA-CT, Doreen Potts Health Centre on Bear Island (Temagami First Nation), Timiskaming EMS, and all pharmacies carry and distribute naloxone to individuals at risk, their family and friends, as well as to community organizations who interact with people at risk.

The Ontario Provincial Police (OPP) first responders carry Naloxone in the event that a poisoning occurs on a call.

Timiskaming Opioid Poisoning Prevention Task Force works to reduce opioid-related deaths by addressing service gaps, strengthening and building safety nets, and increasing protective factors and supports.

Opioid Surveillance and Early Warning Along with community partners, THU is developing an opioid surveillance and early warning system. This will allow response to data that demonstrate an increase in local opioid-related incidents or detection of high-potency or toxic drug supply in our communities. Early warning response includes issuing alerts in the hopes of preventing drug poisonings in our communities.



Community safety

By-Name List An essential tool for ending homelessness in our communities. Data is collected from consenting individuals experiencing homelessness across the entire district of Timiskaming to help connect them with local supports and community agencies specific to their needs.

Good Samaritan Drug Overdose Act (GSDOA) provides legal protection for people who experience or witness an poisoning/overdose and call 911 or their local emergency number for help. Various local organizations promote awareness of the GSDOA.

Community Street Crime Unit (CSCU) The CSCU strengthens the OPP's commitment to ensuring public safety and delivering proactive and innovative policing. This program is designed to tackle community level drug and property crimes.



Treatment

Nicotine Replacement Therapy (NRT) +/- Smoking Cessation Counselling is available through various agencies in Timiskaming.

CMHA's Rapid Access Addiction Medicine (RAAM) Clinics provide timely access to addiction medicine, assessments, referrals, and case management in New Liskeard, Kirkland Lake, and Englehart.

CMHA Cochrane-Timiskaming Branch offers an Outpatient Concurrent and Addictions Services program, which includes:

- Public education and consultation
- Referral to consulting Psychiatrists
- Relapse Prevention and aftercare
- Crisis intervention and planning
- Referrals
- Individualized assessment and treatment planning
- Personal and system advocacy
- Family support and education
- Breaking Free Online

Mino M'ishki-ki Indigenous Health Team (Temiskaming Shores and Kirkland Lake) offers counselling services and both onsite and on-the-land cultural wellness initiatives.

Northwood Recovery Clinic (Haileybury) offers an array of treatment services including a methadone maintenance program, suboxone program, addiction counseling for opioids and alcohol use, medicine man and elders support, psychiatry services, system navigation support, and land-based programming.

Northern Treatment Centre (Kirkland Lake) offers an array of services, including a methadone maintenance program and suboxone, addiction counseling, psychiatry services for program clients, and a Hepatitis-C Treatment Program through Ontario Addiction Treatment Centre (OATC).

TDAS GOAL AND RECOMMENDED ACTIONS

This section of the report details the proposed goal and recommendations for action. The TDAS Committee used a culturally sensitive and safe, reconciliation-aware, and trauma and violence-informed approach when determining the actions. The diverse needs of the community will continue to be at the forefront of planning throughout this consultation phase and into implementation of the TDAS.

Goal

To prevent and reduce the harms associated with substance use to improve the quality of life of all Timiskaming residents.

Recommendations for action

Four strategic directions have emerged from the planning thus far, including:

1. **Enhance collaboration and build or strengthen relationships**
2. **Increase organizational capacity**
3. **Create and demonstrate an impact**
4. **Foster engagement, awareness, and education**

Each strategic direction has a number of draft recommended actions to help achieve it. These actions were identified by one or more pillar groups, as indicated by the icon of that pillar beside it:



As previously mentioned, the success of these actions depends on the pillar groups working together to meet the community needs.

Strategic Direction 1

Enhance collaboration and build or strengthen relationships

By working together and sharing resources, we can improve the opportunities and chances of reducing substance use-related harms and improving the quality of life of Timiskaming residents.



How the TDAS is recommending acting on this:

PILLAR(S)	RECOMMENDED ACTION
	Increase awareness of referral processes and available services, programs and resources among community partners and agencies
	Work with community partners and agencies to have a central place that lists programs, services, and resources available to the community
	Work with community partners to identify and learn about promising practices in other communities to prevent or reduce harms, and consider implementation locally
	Learn from and work with people with lived and living experience of substance use and Indigenous Communities in Timiskaming




Strategic Direction 2

Increase capacities

The ability of workforces, structures, and resources to plan, apply, and evaluate evidence-informed practices is essential to preventing and reducing substance use related harm and achieving positive health outcomes.



How the TDAS is recommending acting on this:

PILLAR(S)	RECOMMENDED ACTION
	Enhance care provider capacity through collaborative training on culturally sensitive and trauma-informed approaches to care
	Review existing processes related to referrals, expand existing programs and services to meet the needs of those using them, and increase the number of services and programs available
	Work with community partners to identify and learn about promising practices in other communities to prevent or reduce harms, and consider implementation locally

Strategic Direction 3

Create and demonstrate impact

Through collaborative efforts and building capacities, new and innovative programs, services, and policies can be implemented to directly target the community needs and improve the quality of life of Timiskaming residents.



How the TDAS is recommending acting on this:

PILLAR(S)	RECOMMENDED ACTION
	Enhance protective factors and reduce risk factors across the lifespan through identified evidence-based policies and programs.
	Develop a strong approach to addressing stigma across all four strategic directions by identifying and implementing targeted actions throughout the community and within care-provider settings
	Increase the number of treatment options in Timiskaming, such as day/evening treatment, safe beds, consumption treatment sites, and aftercare
	Develop a surveillance strategy and public substance-use dashboard




Strategic Direction 4

Foster engagement, awareness, and education

Involving the community is essential to understand, address, and improve the current situation regarding substance-related harms. By raising awareness and educating the community on health information and available resources, programs, and services, these harms can be reduced.



How the TDAS is recommending acting on this:

PILLAR(S)	RECOMMENDED ACTION
	Enhance community education, awareness and knowledge related to the harms associated with substance use, particularly the impact of stigma and how we can reduce it, and the known risk and protective factors of substance use
	Raise awareness of existing policies and resources related to substance use such as the Good Samaritan Drug Overdose Act and the range of services available in Timiskaming
	Work with community partners to identify and learn about promising practices in other communities to prevent or reduce harms, and consider implementation locally

SUMMARY AND NEXT STEPS

The TDAS Committee is consulting with people with lived and living experience; Indigenous Peoples, organizations, communities, and leadership; the general public; and organizations, service providers, and community groups in Timiskaming to incorporate their knowledge for a strategy that is responsive to the needs in Timiskaming.

Feedback received will be incorporated into the final TDAS report. The TDAS Committee and working groups will stay flexible to support implementation, monitoring, evaluation, and reporting at regular intervals. We will continue to seek the local knowledge and wisdom of people with lived and living experience, their family and friends, community members, and organizations across Timiskaming.

Thank you to everyone who took the time to read this report. Your feedback is helpful as we work towards preventing and reducing harms associated with substance use. We appreciate the time you have taken for a safer, healthier Timiskaming.

Please submit feedback through the following methods by July 13th, 2022.

- **Respond to a survey** at <https://www.surveymonkey.com/r/TDASsurvey>
- **Email feedback** to TDAS@timiskaminghu.com
- **Mail feedback** to THU at PO Box 1090, New Liskeard, P0J 1P0
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- **Request an alternate** submission by calling 705-465-4895

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APPENDIX

TDAS Governance Model

The TDAS Committee provides strategic direction for the planning, development, and implementation of the TDAS. Each pillar working group has its own membership which reports to the TDAS Committee and works to ensure the TDAS responds to the continuum of needs in the community. Three other working groups have been formed to support the work of the strategy – a Communications Working Group, Early Opioid Surveillance Working Group, and a Persons with Lived and Living Experience Working Group. The strategy is grounded in an evaluation and surveillance framework.

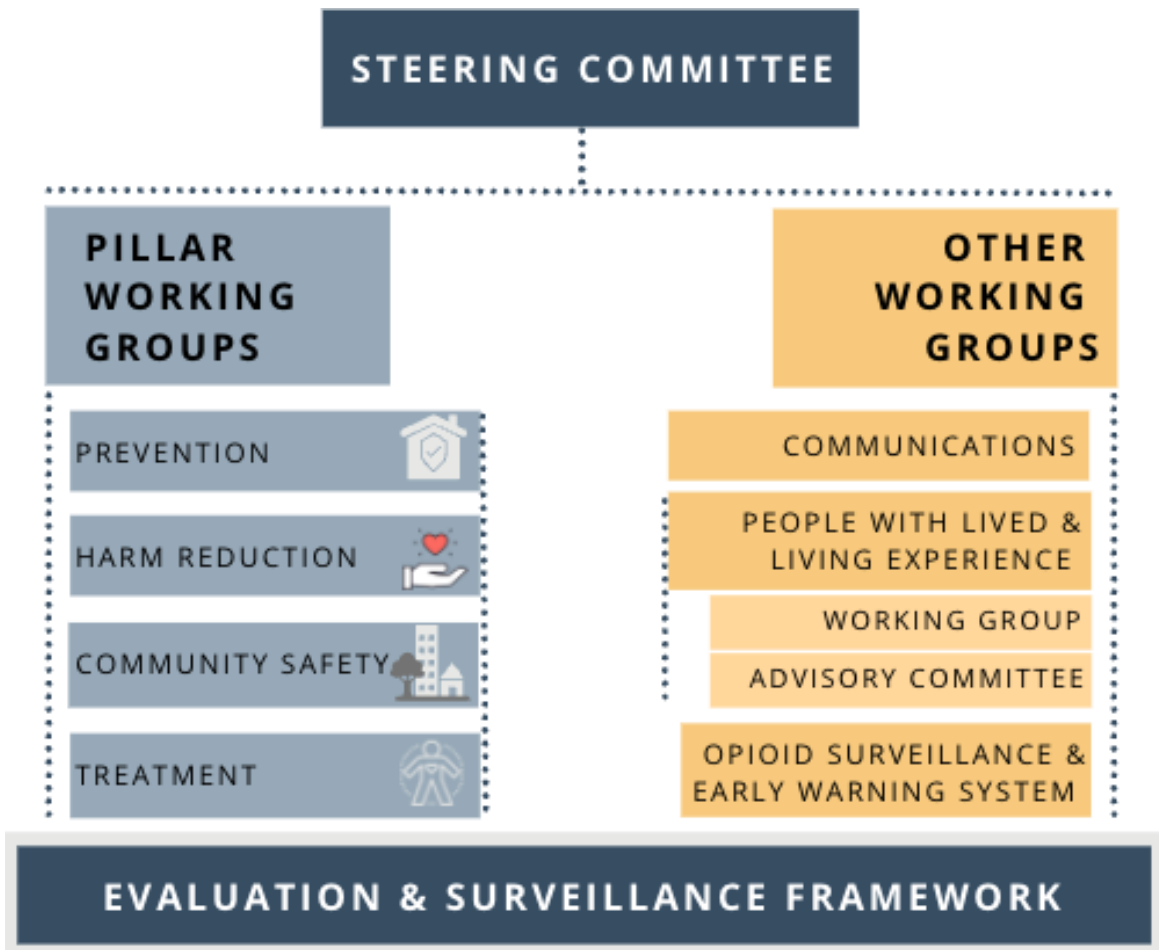


Figure A. TDAS Governance Model