Oxford County Drug Task Force

SITUATIONAL ASSESSMENT MARCH 2010

The Oxford County Drug Task Force would like to thank our funders for funding The Oxford County Drug Task Force's Strategic Plan Development and The Oxford County Situational Assessment report.

United Way of Oxford

OXFORD SMALL BUSINESS SUPPORT CENTRE INC.
A Community Futures Development Corporation

city of Woodstock

County of Ingersoll

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1.0 INTRODUCTION

The Oxford County Drug Task Force contracted Feltracco Consulting to develop a Strategic Plan that will create a comprehensive, integrated strategy to address substance misuse in Oxford County. This effort builds on work done in other communities throughout the world and Canada to develop a coordinated community response to problematic drug use in their communities, including the cities of Vancouver, Toronto, Ottawa and London. This Situational Assessment informs the development of a community response for Oxford County. It provides a comprehensive review of the current substance misuse situation in Oxford County and accepted "best practices" for addressing these issues at the community level.

This Situational Assessment is a multi-phased consultation and research project to understand the extent and nature of problematic substance misuse issues facing Oxford County residents and how they are currently being addressed, while mapping out opportunities to use evidence-based best practices moving forward. Research for the situational assessment took place between February 2007 and October 2008. The result of this research is a report that "paints a picture" of the experiences that individuals face, the community environment, services that are available and best practices for how to organize substance misuse services. The results of this assessment provides the foundation to inform how the Oxford County Drug Task Force should work to address substance misuse prevention, treatment, harm reduction and enforcement in the community.

2.0 METHODS

The consultant developed a research plan to understand Oxford County's experiences with substance misuse and best practices in substance misuse prevention and treatment. This research plan consisted of:

- Input from youth through **surveys and focus groups** to understand youth perspectives on substance misuse and their ideas for what works with youth
- **Key informant interviews** with stakeholders to understand perceptions of the issue and identify existing services, gaps and opportunities
- Review of grey literature including **local community reports** to understand the local community perspective as it pertains to substance abuse
- Review of formal literature to identify evidence-based **best practices**

Each research method cited above is described in the sections below.

2.1 YOUTH SURVEYS AND FOCUS GROUPS

A survey of Oxford County was used to collect information on youth attitudes, use and experiences with substance use. The original intent was to use a web-based survey format and to distribute the survey website link through schools in Oxford County for completion during school time. School communities preferred a paper-based survey distribution process. The one-page, two-sided survey was distributed to public and separate school elementary and secondary school principals in Oxford County in September 2007. School principals were asked to distribute the survey to their students in grades 6 to 12 between September and October 2007. Principals within each school decided whether or not to distribute the survey, but within the school community, the respondent sample was random. In addition to distribution through the schools, partners who worked with youth were encouraged to place the survey link on their websites to facilitate completion of the survey by youth not attending school.

Completed surveys were returned to the Fusion Centre in Ingersoll. To facilitate data analysis and preserve the original focus of the survey, research assistants entered the surveys into a web-based survey program (surveymonkey.com). Results were downloaded into MS Excel for analysis.

2.2 KEY INFORMANT INTERVIEWS

The Task Force identified key informants from the community who were involved in some aspect of substance misuse prevention, treatment, harm reduction or enforcement. Many of the key informants were also members of the Task Force. Sectors represented by key informants were:

- Overall community
- Education
- Enforcement
- Justice
- Prevention
- Social Services
- Treatment
- Workplace
- Youth

An interview guide was developed to facilitate discussions with key informants about existing services, gaps in services, opportunities to better address substance misuse in the County, and potential challenges. In order to maintain anonymity of the key informants in the report, key informants are identified in the citations by a numerical code only.

Key informant interviews were conducted by phone and in person. Most of the interviews were conducted with one or two informants in a single session. Occasionally more individuals were included in a meeting such that the interview became more of a focus group process. The consultant took hand-written notes

during the meeting. Analysis of the key informant interviews identified services available to Oxford County residents and themes about service gaps and the opportunities and challenges for addressing substance misuse in Oxford County.

2.3 Local Community Reports

Oxford County is a vibrant community with numerous community stakeholders who are working to address community issues and concerns. The Oxford County Drug Task Force identified community organizations that have produced relevant data that informed reports on the health and well-being of the community. Community reports produced by community organizations which informed this report included reports by the United Way of Oxford County (UW OC), South West Local Health Integration Network (SW LHIN), Oxford Community Public Health and Emergency Services (OCPHE), Association of Community Health Centes (AOHC), Addictions Services Thames Valley (ADSTV) and the Centre for Addiction and Mental Health (CAMH).

2.4 Best Practices

"Best practices" is a term that is used extensively in health systems to describe a practice or approach which has been identified as effective based on evidence. In Canada and internationally, there are several "best practices" initiatives in health promotion that use expert reviews of interventions and their effectiveness to document best practices and, catalogue them for easy access to the practice community.

Five best practice initiatives have conducted reviews for best practices in substance abuse. These best practices initiatives include:

- The Canadian Best Practices Portal for Health Promotion and Chronic Disease Prevention
- The Effective Public Health Practices Project
- Health-evidence.ca
- The Substance Abuse and Mental Health Services Administration
- The National Registry of Evidence-based Programs & Practices

Each of these web sites were searched for best practices in substance misuse. In addition, reviews of other communities' drug strategy plans were conducted to provide additional insight into best practices for community approaches to addressing substance abuse. These reviews showed a great deal of consensus support for a "four-pillar" model for substance misuse and interventions within each of the model's four areas of focus.

3.0 Oxford County Youth Survey Results

Oxford County is a community with a strong commitment to youth. As an example, The United Way of Oxford County recognized youth as a priority issue through its *Community Priorities Initiative* and the subsequent development of the Oxford County Youth Strategy (OCYS). The OCYS was created in 2007

with a goal of developing a youth driven plan to bring youth issues to the forefront of the community agenda and engage them in planning and decision making process.

A key objective of the Oxford County Drug Task Force's situational assessment was to understand and address youth as a key target population in a community substance misuse strategy. In Oxford County, community stakeholders identified youth as key audiences for addressing substance misuse in the community. Service providers note that children and youth who misuse substances frequently witness substance misuse in the home and are victims of substance misuse related problems. Moreover, the period of adolescence is a natural period of experimentation, which increases their risk for misusing substances.

The Oxford County Youth Drug Survey was an important effort to understand how youth view and experience substance use and misuse in their community. The survey was developed by the Oxford County Drug Task Force and disseminated through schools and community locations.

3.1 SURVEY RESPONDENTS

A total of 3432 youth completed at least one question of the OCDTF Substance Abuse survey. Respondents were evenly divided between males (1678, 48.9%) and females (1700, 49.5%). The average respondent age was 14.6 years (respondents ranged in age from 8 to 23 years[1]). Most survey participants were aged 13-15 (1507, 43.9%), followed by 16-18 (1224, 35.7%) and then 12 and under (593, 17.3%).

Most survey participants reported they were from Woodstock (1492, 43.5%), Ingersoll (880, 25.6%) and Tillsonburg (419, 12.2%). Figure 3.3 shows the municipality of participants considered by municipal population. Youth from the communities of Woodstock and Ingersoll are over-represented when considered proportionate to municipality population in the survey while the communities of Zorra, South-West Oxford and Norwich are substantially under-represented. Tillsonburg, East Zorra-Tavistock and Blandford-Blenheim are fairly well proportionately represented.

[1] There were nine outliers (ages that exceeded the targeted ages for respondents to the focus group) in the age category - the average age is the same with or without these outliers.

Figure 3.1 Oxford County Youth Survey Respondents by Gender, n=3432

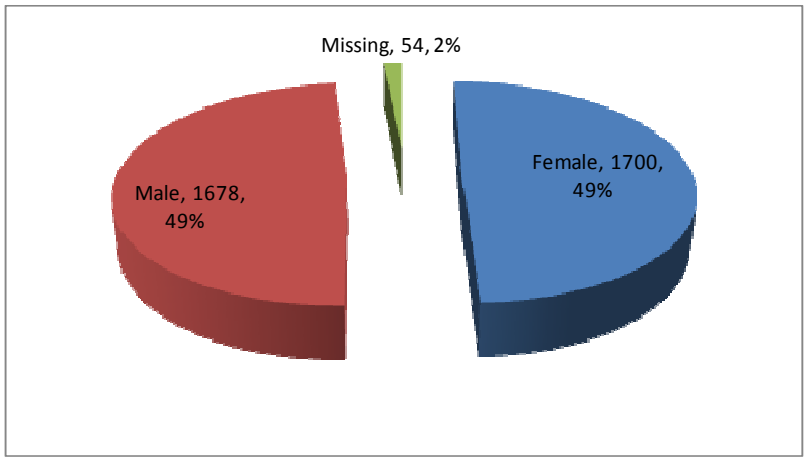


Figure 3.2 Oxford County Youth Survey Respondents by Age, n=3432

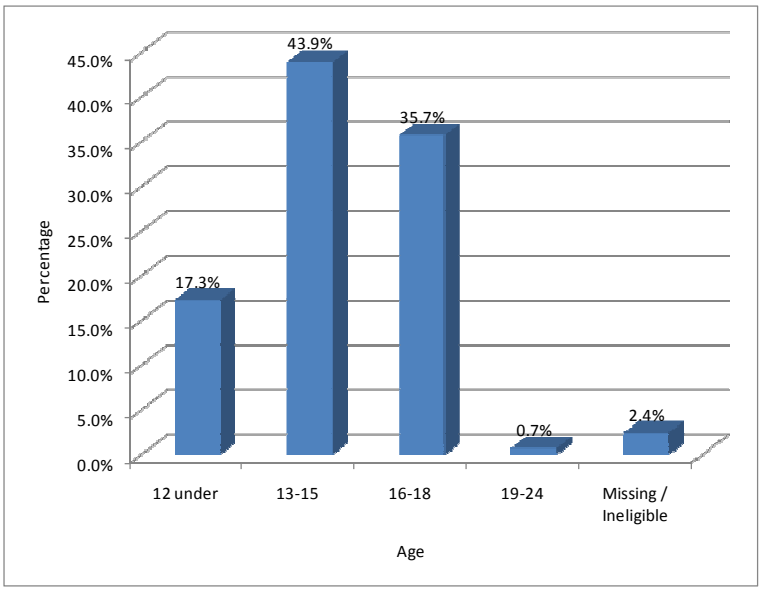
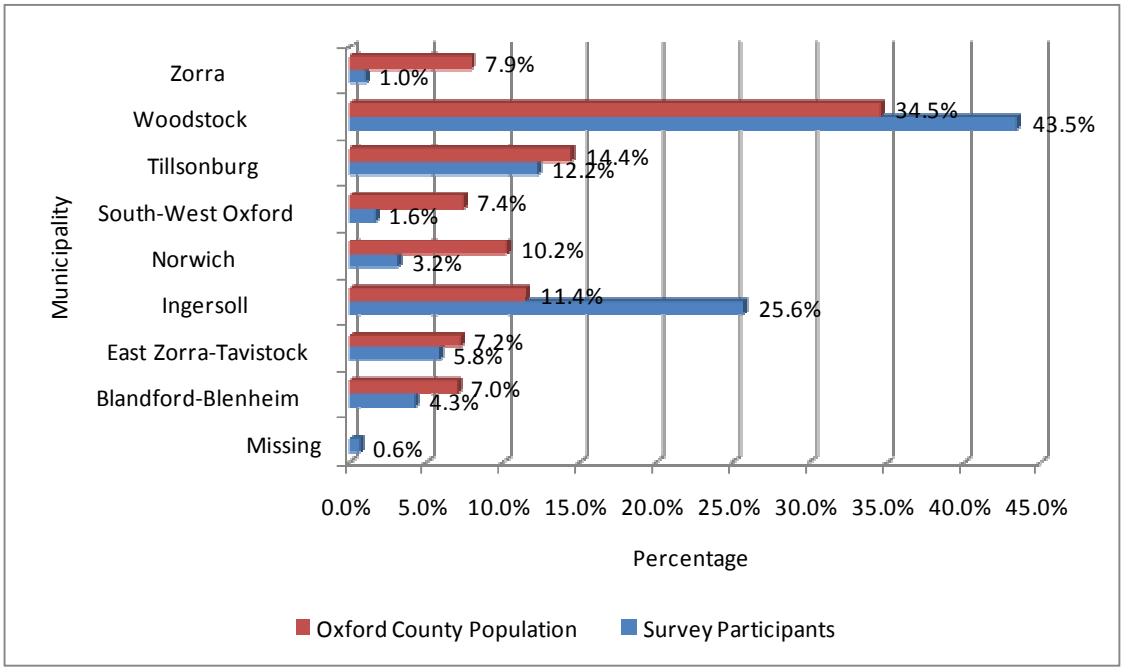


Figure 3.3 Oxford County Youth Survey Respondents by Municipality, n=3432



3.2 Survey Respondents' Exposure and Use

Just over half of the youth survey respondents indicated they saw people using drugs while they were growing up (1839, 53.6%). When considered by gender, slightly more males (934, 55.7%) than females (890, 52.4%) saw drugs being used while growing up. Slightly less than a third of the youth (1113, 32.4%) reported that they had ever tried drugs. Male survey respondents (576, 34.3%) were very slightly more likely than female respondents (526, 30.9%) to have tried drugs. The average age when youth respondents who reported ever trying drugs started was 13.6 for females and 13.2 for males and overall was 13.4 years. Six out of ten (686, 61.6%) of the youth respondents who had tried drugs indicated they no longer used drugs. Broken out by gender, very slightly more females (329, 62.5%) than males (352, 61.1%) reported no longer using drugs.

Figure 3.4 Oxford County Youth Survey Respondents Saw People Using Drugs, n=3432

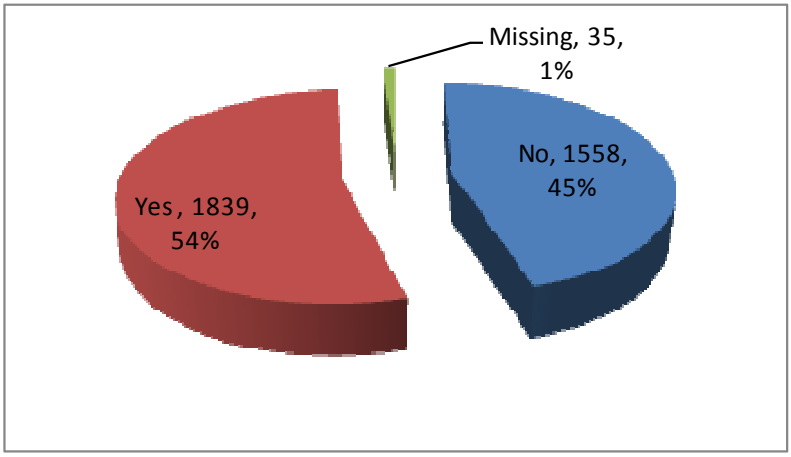
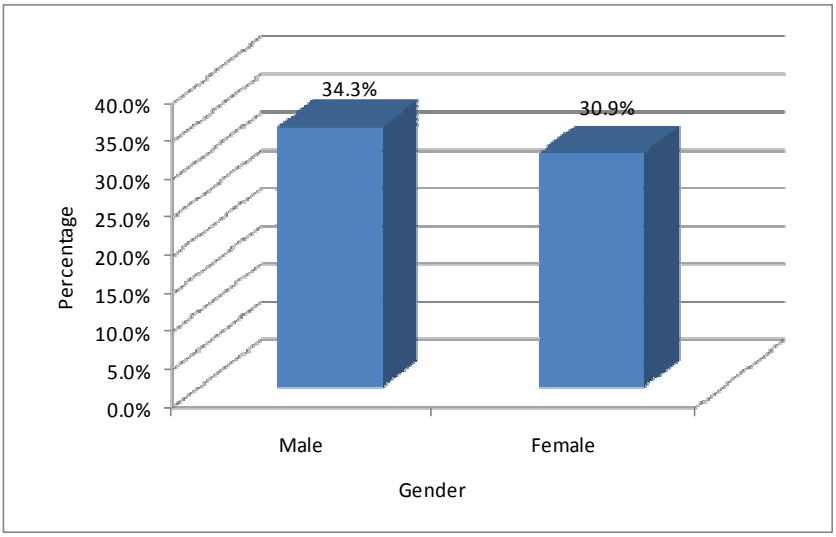
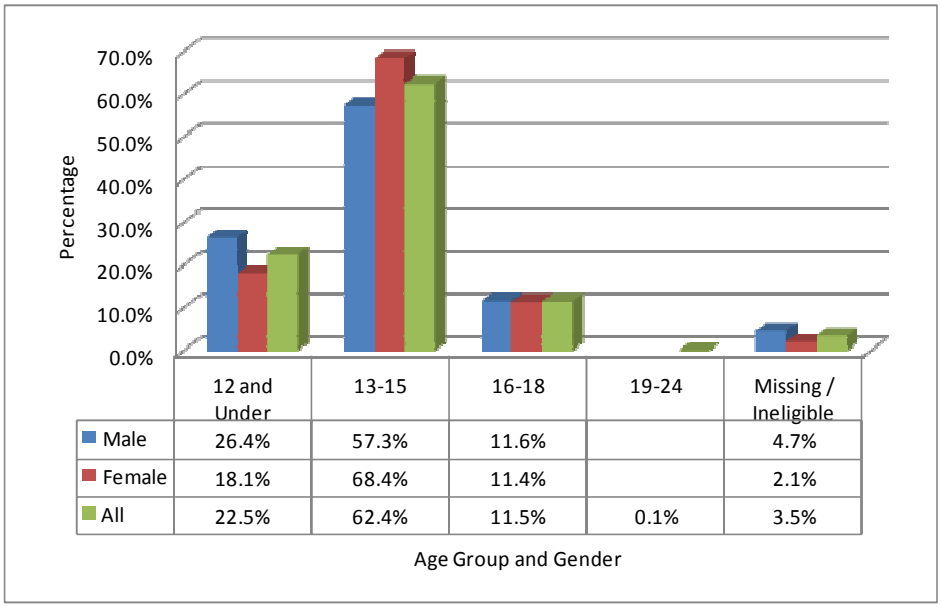


Figure 3.5 Oxford County Youth Survey Respondents by Ever Tried Drugs and Gender, n= 3378*



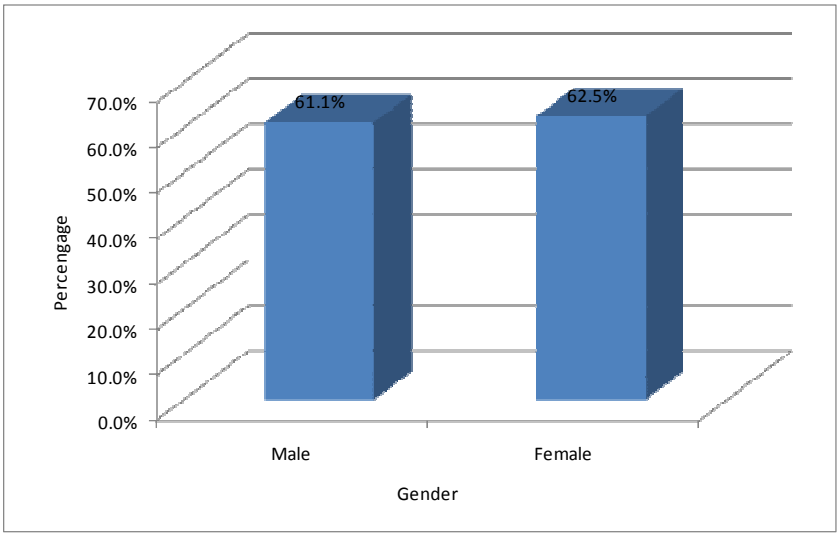
**Missing 11*

Figure 3.6 Oxford County Youth Survey Respondents Age First Tried Drugs by Gender, n=1113



	12 and Under	13-15	16-18	19-24	Missing / Ineligible
Male	26.4%	57.3%	11.6%		4.7%
Female	18.1%	68.4%	11.4%		2.1%
All	22.5%	62.4%	11.5%	0.1%	3.5%

Figure 3.7 Oxford County Youth Survey Respondents by Ever Tried Drugs and Still Using, n=1113*

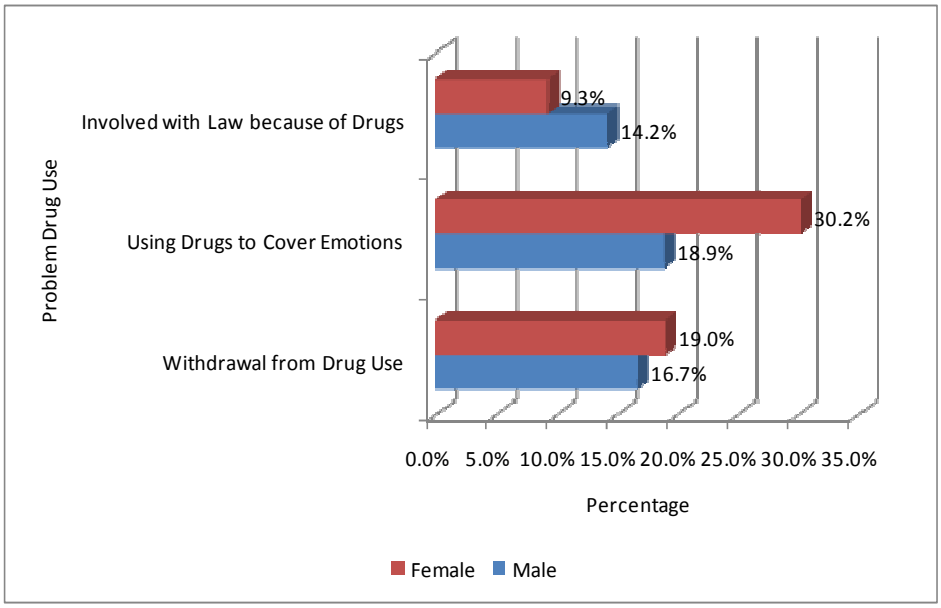


**Missing 26*

Survey respondents were asked about their experiences with three indicators of problem drug use: feeling withdrawals from drug use, using drugs to cover up emotions, and becoming involved with the law because of drug use. Among youth survey respondents who tried drugs (n=1113), very few reported they

had felt withdrawal effects from drugs (198, 17.8%) or gotten involved with the law as a result of using drugs (134, 12.0%). More of the survey respondents indicated that they had used drugs to cover up emotions (271, 24.3%). In Figure 3.8, these results are shown by gender. Substantially more females (159, 30.2%) than males (109, 18.9%) reported using drugs to cover up emotions, while fewer females (49, 9.3%) than males (82, 14.2%) reported becoming involved with the law because of drug use. Slightly more females (100, 19.0%) than males (96, 16.7%) reported feeling withdrawal from drug use.

Figure 3.8 Oxford County Youth Survey Respondents by Ever Tried Drugs and Problem Drug Use by Gender, n=1113*

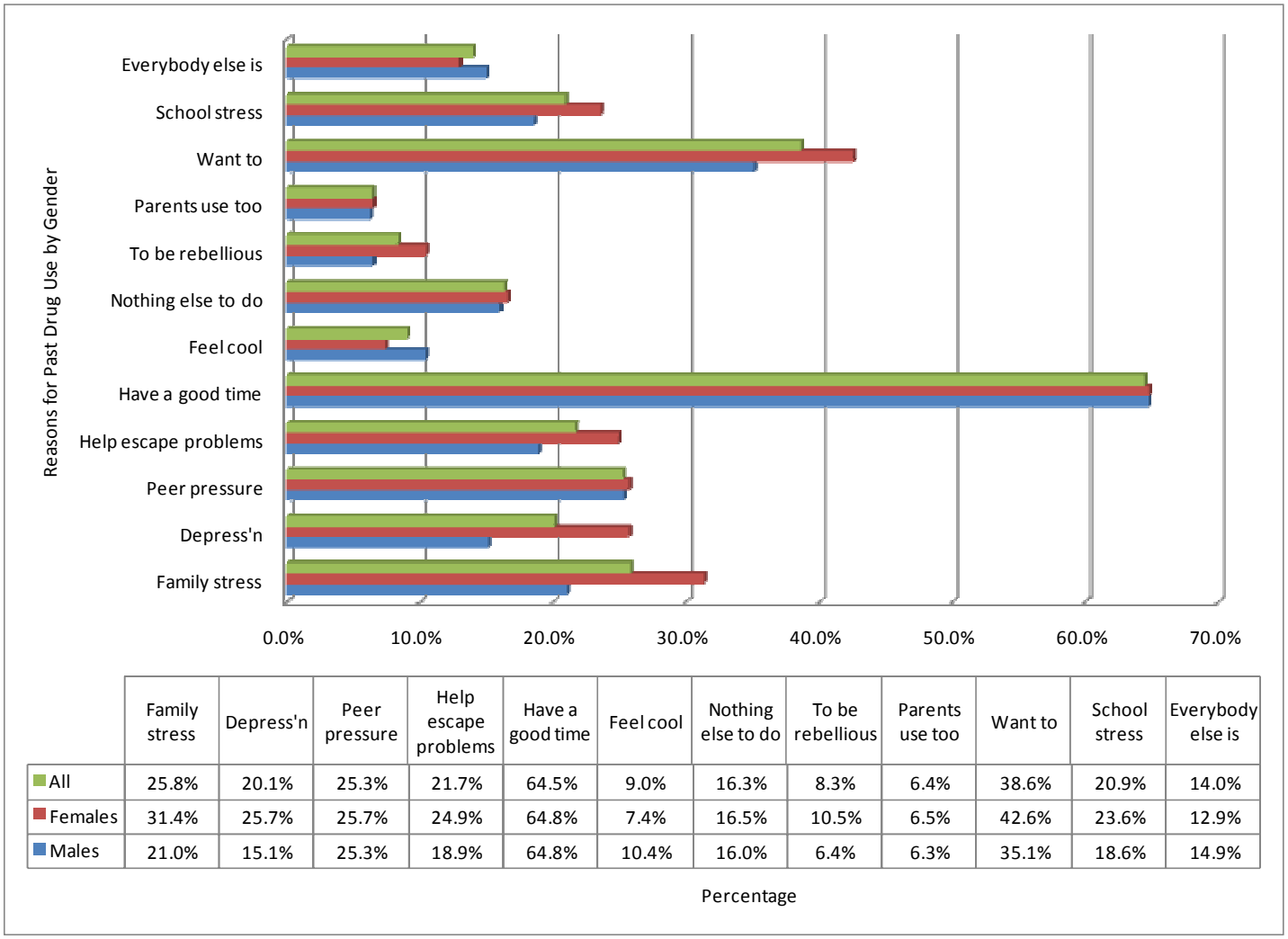


**Missing Involved with Law 11, Using Drugs to Cover 17, Withdrawal 28*

3.3 Survey Respondents and Reasons for Using

Among youth survey respondents who had ever tried drugs, the most frequently cited reason for using drugs was "just to have a good time" (718, 64.5%), followed by "because I want to" (430, 38.6%), "family stress" (287, 25.8%), "peer pressure" (282, 25.3%), "helps me to escape my problems" (282, 21.7%), school stress (233, 20.9%) and depression (224, 20.1%). More females than males reported using drugs because of family stress (females 165, 31.4%; males 121, 21%), depression (females 135; 35.7%, males 87, 15.1%), because they want to (females 224, 42.5%; males 202, 35.1%) and because of school stress (females 124, 23.6%; males 107, 18.6%).

Figure 3.9 Oxford County Youth who Tried Drugs and Reasons for Drug Use, n=1102*

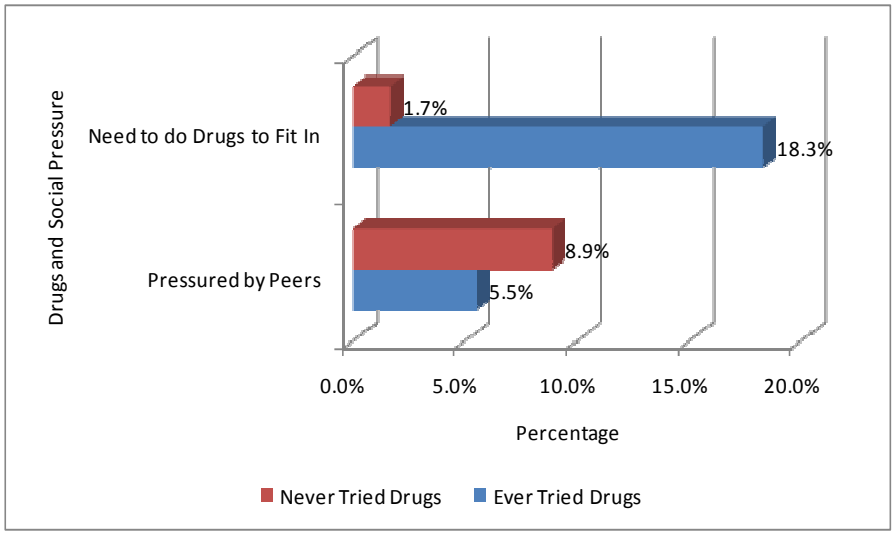


	Family stress	Depress'n	Peer pressure	Help escape problems	Have a good time	Feel cool	Nothing else to do	To be rebellious	Parents use too	Want to	School stress	Everybody else is
All	25.8%	20.1%	25.3%	21.7%	64.5%	9.0%	16.3%	8.3%	6.4%	38.6%	20.9%	14.0%
Females	31.4%	25.7%	25.7%	24.9%	64.8%	7.4%	16.5%	10.5%	6.5%	42.6%	23.6%	12.9%
Males	21.0%	15.1%	25.3%	18.9%	64.8%	10.4%	16.0%	6.4%	6.3%	35.1%	18.6%	14.9%

Percentage

The Oxford County Youth Drug Survey included a question about whether youth felt they needed to use drugs to fit in, or because of peer pressure. Figure 3.10 shows results for youth who reported never using drugs (n=2288) compared to those who reported ever using drugs (n=1113). In this comparison there is a substantial difference between youth who reported ever using drugs and those never using drugs and their perception of "needing to do drugs to fit in." Very few youth who never tried drugs reported that drug use was important socially, while almost two out of 10 youth who reported ever using drugs reported that they felt a need to use drugs to fit in. Conversely, slightly more youth who had never tried drugs felt pressured by peers to use drugs than those who had ever used drugs. Still, the percentage who report feeling peer pressure is quite low, less than one out of 10 youth.

Figure 3.10 Oxford County Youth Feeling Peer Pressure and Pressure to Fit In by Tried Drugs (n=1113) and Never Tried Drugs (n=2288)*

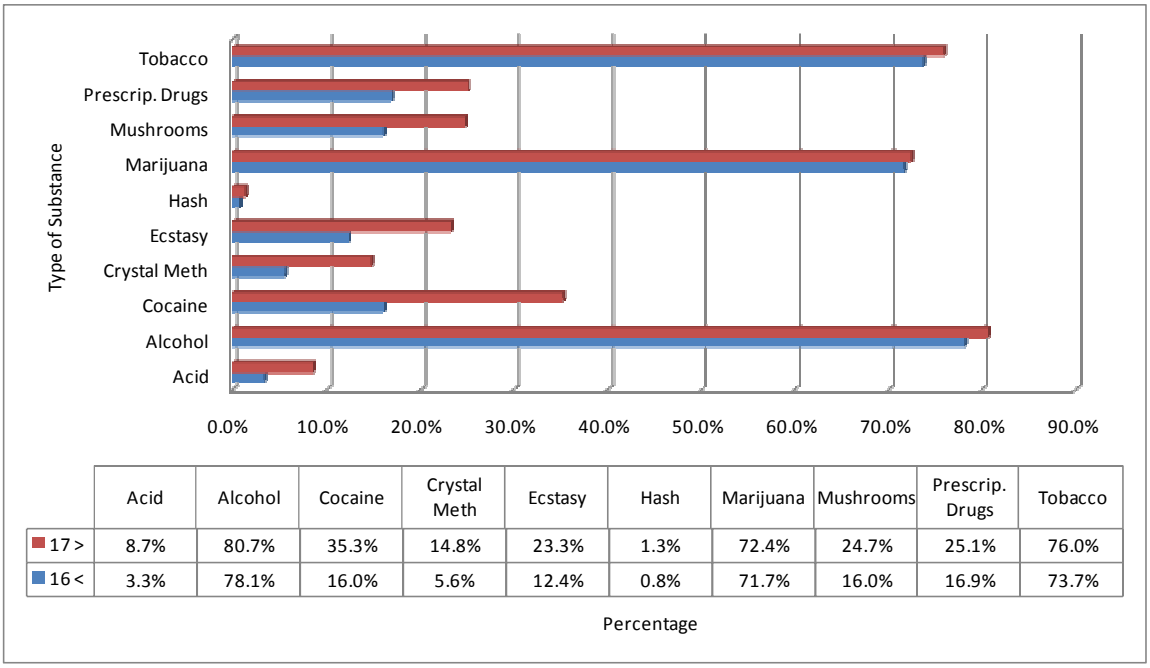


**Missing, Tried Drugs 13, Never Tried 69*

3.4 Survey Respondents and Perception of Substance Misuse and Problems

Youth respondents were asked to report their perception of commonly used substances in Oxford County for those 16 and under and 17 and over, what substances were easy to get, and what substances are "problem" substances in the County. Oxford County youth survey respondents reported that alcohol, tobacco and marijuana were the most commonly used substances by youth both 16 and under and 17 and over, with all substances identified as more commonly used by 17 and over youth than those 16 and under.

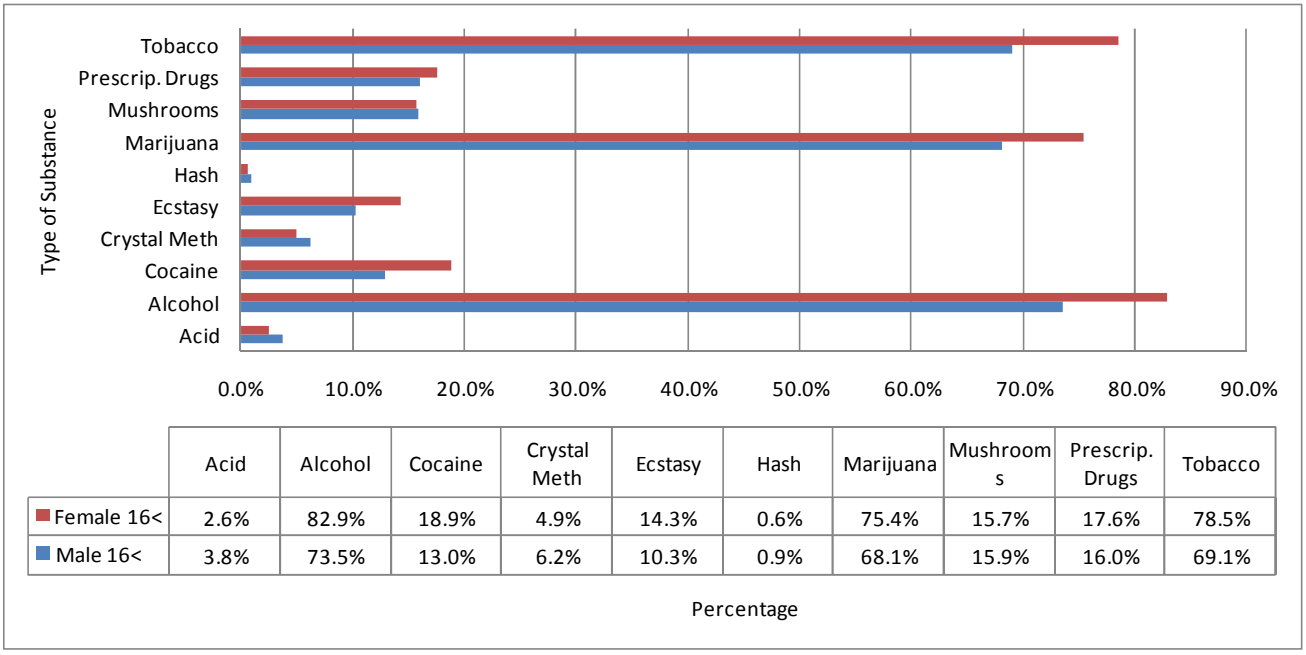
Figure 3.11 Oxford County Youth Reported Most Commonly Used Substances by 16 and Under and 17 and Older, n=3432



	Acid	Alcohol	Cocaine	Crystal Meth	Ecstasy	Hash	Marijuana	Mushrooms	Prescrip. Drugs	Tobacco
17 >	8.7%	80.7%	35.3%	14.8%	23.3%	1.3%	72.4%	24.7%	25.1%	76.0%
16 <	3.3%	78.1%	16.0%	5.6%	12.4%	0.8%	71.7%	16.0%	16.9%	73.7%

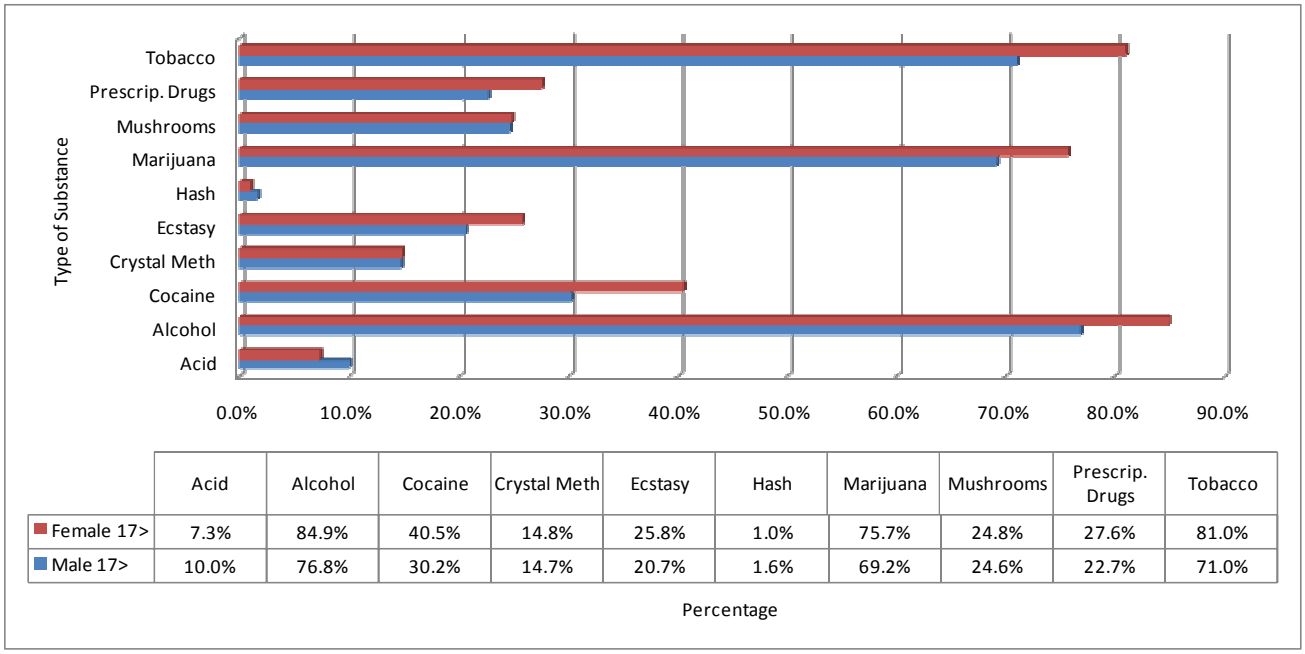
There were some differences in perception of commonly used substances among both substances used by 16 and under and those used by 17 and older by gender. For commonly used substances used by Oxford County youth 16 and under, more female than male respondents reported that alcohol (female 1409, 82.9%; male 124, 73.5%), tobacco (female 1334, 78.5%; male 1160, 69.1%), marijuana (female 1282, 75.4%; male 1142, 68.1%), cocaine (female 321, 18.9%; male 218, 13.0%) and ecstasy (female 243, 14.3%; male 172, 10.3%) were commonly used. This trend continued for perception of commonly used substances by those 17 and older. More female than male respondents reported that alcohol (female 1444, 84.9%; male 1288, 76.8%), tobacco (female 1377, 81%; male 1192, 71%), marijuana (female 1287, 75.7%; male 1161, 69.2%) cocaine (female 688, 40.5%; male 507, 30.2%) and ecstasy (female 438, 25.8%; male 347, 20.7%) were more commonly used.

Figure 3.12 Oxford County Youth Reported Most Commonly Used Substances by 16 and Under by Gender, n=3378



	Acid	Alcohol	Cocaine	Crystal Meth	Ecstasy	Hash	Marijuana	Mushrooms	Prescrip. Drugs	Tobacco
Female 16<	2.6%	82.9%	18.9%	4.9%	14.3%	0.6%	75.4%	15.7%	17.6%	78.5%
Male 16<	3.8%	73.5%	13.0%	6.2%	10.3%	0.9%	68.1%	15.9%	16.0%	69.1%

Figure 3.13 Oxford County Youth Reported Most Commonly Used Substances by 17 and Over by Gender, n=3378

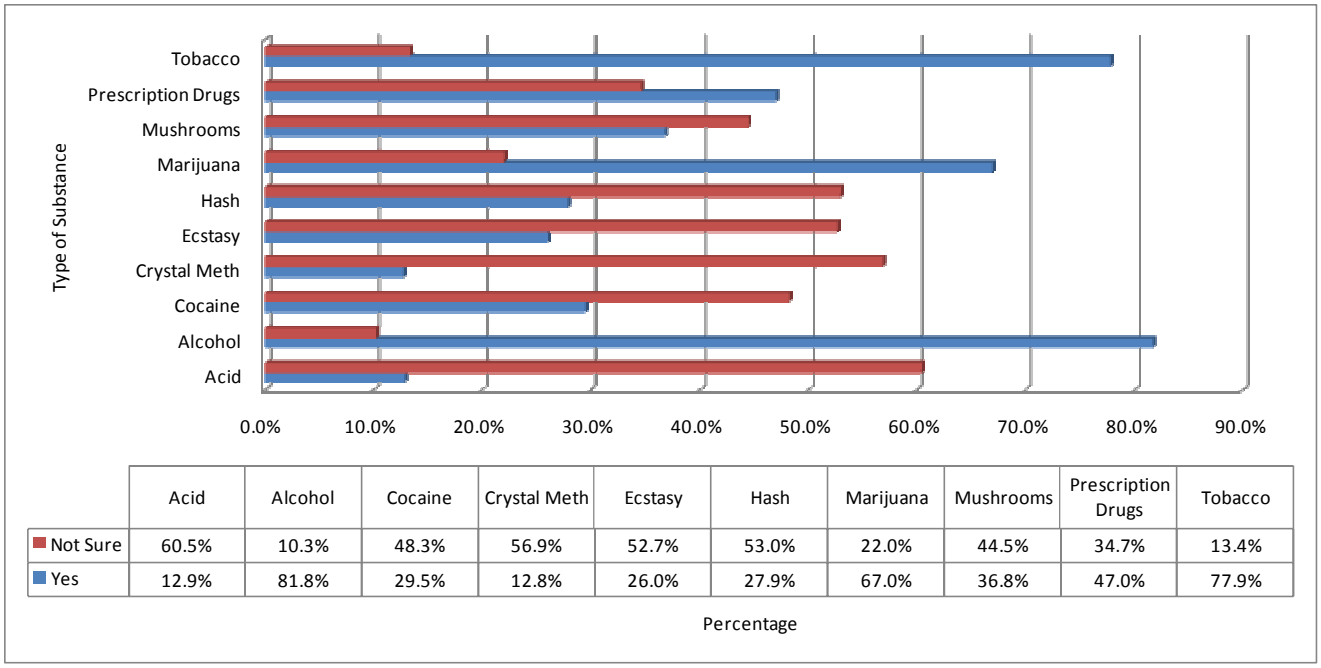


	Acid	Alcohol	Cocaine	Crystal Meth	Ecstasy	Hash	Marijuana	Mushrooms	Prescrip. Drugs	Tobacco
Female 17>	7.3%	84.9%	40.5%	14.8%	25.8%	1.0%	75.7%	24.8%	27.6%	81.0%
Male 17>	10.0%	76.8%	30.2%	14.7%	20.7%	1.6%	69.2%	24.6%	22.7%	71.0%

Oxford County youth who responded to the survey also reported what substances that they believed were easiest to access. "Easy to access" was defined in the survey as being able to get within 24 hours if you had the money to purchase them. Survey respondents reported that the drugs easiest to access were also those that they perceived to be most commonly used – alcohol (2808, 81.8%), tobacco (2672, 77.9%), marijuana (2298, 67%) and prescription drugs (1612, 47%). Although mushrooms were not considered commonly used, Oxford County youth respondents considered them easy to get (1262, 36.8%). Considered by gender, there was little difference between what males and females considered "easy to get."

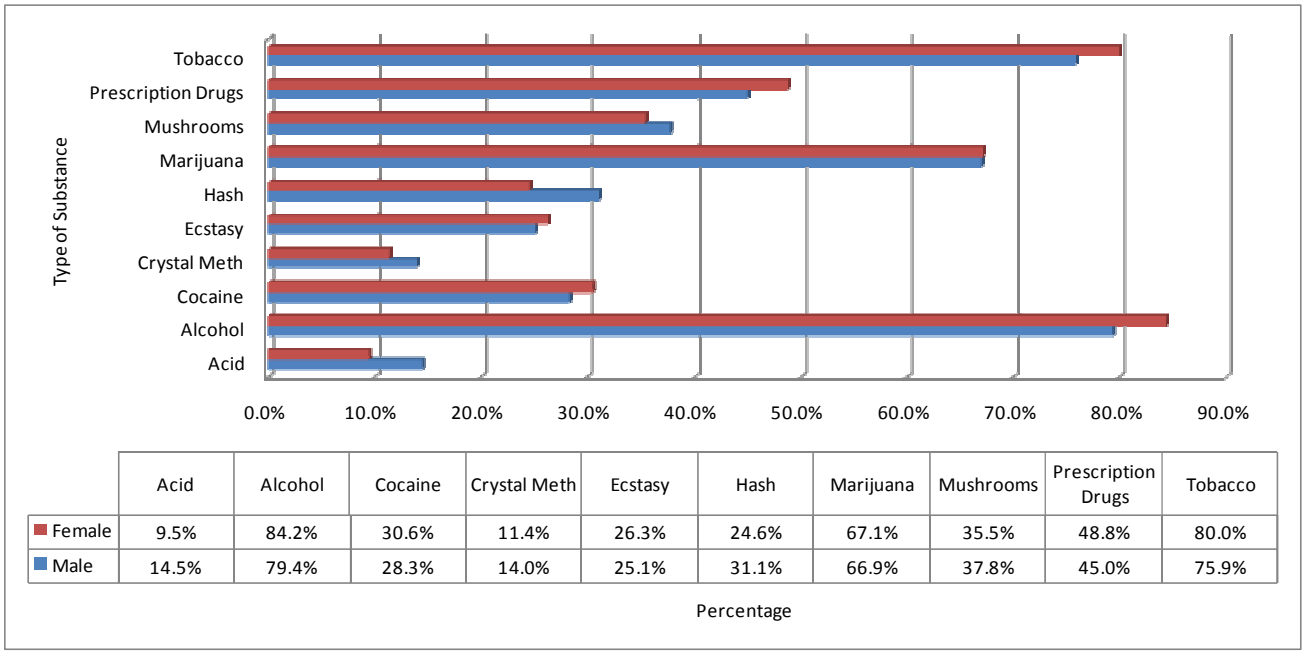
There were some differences in what Oxford County youth considered "easy to get" by municipality. Youth who lived in larger centres like Ingersoll, Tillsonburg and Woodstock generally reported that more illicit drugs – acid, cocaine, ecstasy were easier to access in their communities than those youth who lived in smaller centres like Blandford-Blenheim, East Zorra-Tavistock, South-West Oxford and Zorra. For example, 11.6% (17) Blandford-Blenheim youth, 9.5% (19) East Zorra-Tavistock youth, 8.9% (5) South-West Oxford youth and 7.3% (7) youth in Zorra reported that acid was "easy to get" while 12.3% (108) Ingersoll youth, 14.6% (61) Tillsonburg youth (61) and 12.1% (181) Woodstock youth reported the same. While it may be intuitive that more illicit drugs are more readily accessible in larger communities as opposed to small, the difference in accessibility of illicit drugs cannot be considered significant because of the small sample size among respondents from the more rural communities of Oxford County.

Figure 3.14 Oxford County Youth Reported Substances "Easy to Get", n=3432



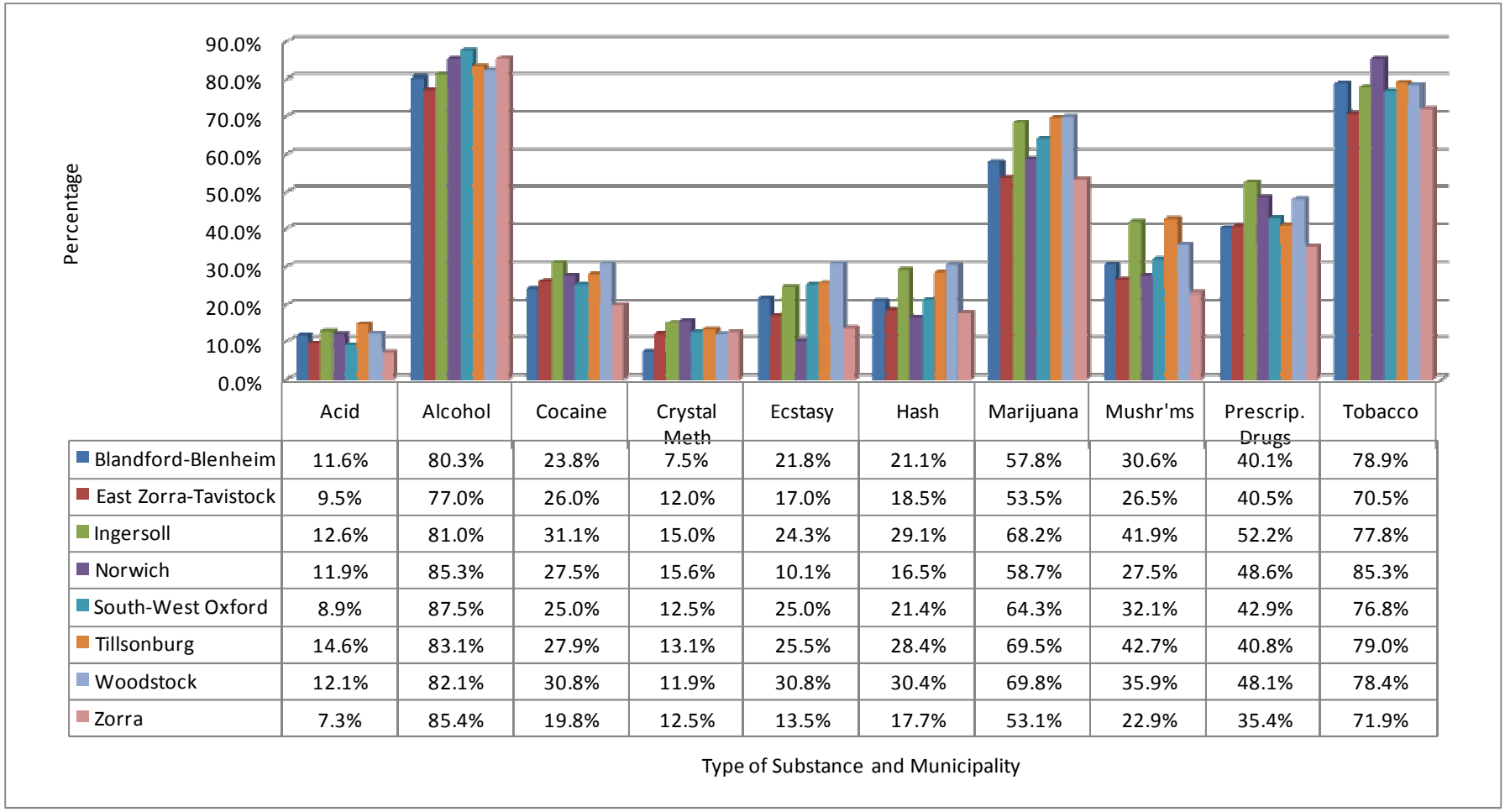
	Acid	Alcohol	Cocaine	Crystal Meth	Ecstasy	Hash	Marijuana	Mushrooms	Prescription Drugs	Tobacco
Not Sure	60.5%	10.3%	48.3%	56.9%	52.7%	53.0%	22.0%	44.5%	34.7%	13.4%
Yes	12.9%	81.8%	29.5%	12.8%	26.0%	27.9%	67.0%	36.8%	47.0%	77.9%

Figure 3.15 Oxford County Youth Reported Substances "Easy to Get" by Gender, n=3378



	Acid	Alcohol	Cocaine	Crystal Meth	Ecstasy	Hash	Marijuana	Mushrooms	Prescription Drugs	Tobacco
Female	9.5%	84.2%	30.6%	11.4%	26.3%	24.6%	67.1%	35.5%	48.8%	80.0%
Male	14.5%	79.4%	28.3%	14.0%	25.1%	31.1%	66.9%	37.8%	45.0%	75.9%

Figure 3.16 Oxford County Youth Reported Substances "Easy to Get" by Municipality, n=3399

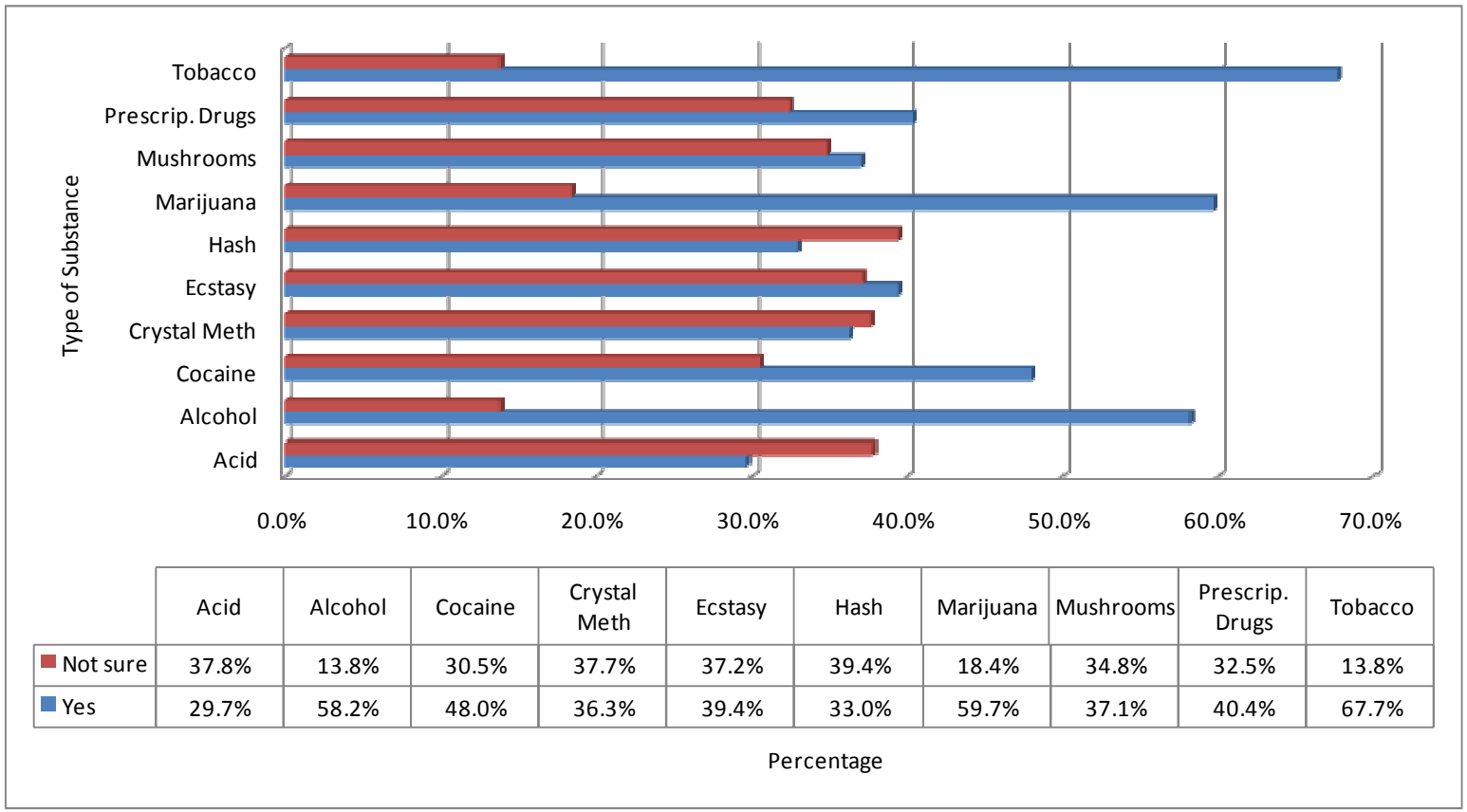


	Acid	Alcohol	Cocaine	Crystal Meth	Ecstasy	Hash	Marijuana	Mushr'ms	Prescrip. Drugs	Tobacco
Blandford-Blenheim	11.6%	80.3%	23.8%	7.5%	21.8%	21.1%	57.8%	30.6%	40.1%	78.9%
East Zorra-Tavistock	9.5%	77.0%	26.0%	12.0%	17.0%	18.5%	53.5%	26.5%	40.5%	70.5%
Ingersoll	12.6%	81.0%	31.1%	15.0%	24.3%	29.1%	68.2%	41.9%	52.2%	77.8%
Norwich	11.9%	85.3%	27.5%	15.6%	10.1%	16.5%	58.7%	27.5%	48.6%	85.3%
South-West Oxford	8.9%	87.5%	25.0%	12.5%	25.0%	21.4%	64.3%	32.1%	42.9%	76.8%
Tillsonburg	14.6%	83.1%	27.9%	13.1%	25.5%	28.4%	69.5%	42.7%	40.8%	79.0%
Woodstock	12.1%	82.1%	30.8%	11.9%	30.8%	30.4%	69.8%	35.9%	48.1%	78.4%
Zorra	7.3%	85.4%	19.8%	12.5%	13.5%	17.7%	53.1%	22.9%	35.4%	71.9%

Oxford County youth respondents also reported substances that they perceive to be a "problem" with use among youth in the County. Consistent with previous questions about substances that are most commonly used and easy to access, youth respondents identified the same three substances as being "problem" substances for youth -- tobacco, marijuana and alcohol. However, where alcohol was the most commonly used substance, and easiest to get, when considered by "problem use", tobacco (2322, 67.7%) was considered more problematic than alcohol (1997, 58.2%) or marijuana (2050, 59.7%). The remaining substances, in rank order from those considered most problematic to least were cocaine (1647, 48%), prescription drugs (1385, 40.4%), ecstasy (1351, 39.4%), mushrooms (1273, 37.1%), crystal meth (1245, 36.3%), hash (1133, 33%) and acid (1018, 29.7%). When considered by gender, females tended to identify tobacco (female 1224, 72%; male 1067, 63.6%), marijuana (female 1076, 63.3%; male 944, 56.3%), alcohol (female 1060, 62.4%; male 908, 54.1%) and cocaine (female 861, 50.6%; male 760, 45.3%) as being a greater problem more frequently than males.

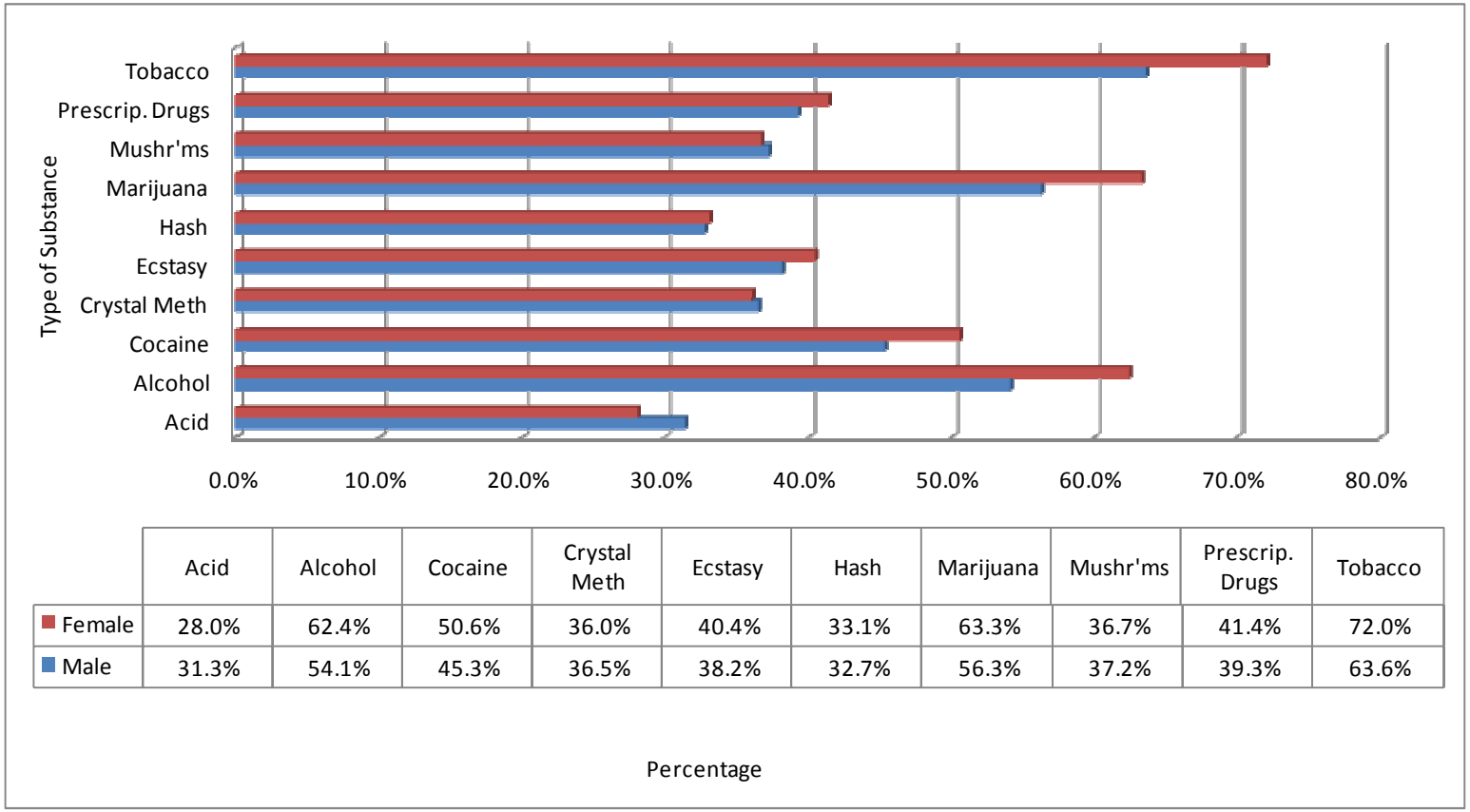
When considered by municipalities, there was a fair degree of variability in the extent to which youth in the community considered each different substance to be "problem use" in Oxford County. In the smaller communities where fewer respondents participated in the survey, the results will be very susceptible to the experiences of those few youth, and thus should be interpreted with caution.

Figure 3.17 Oxford County Youth Reported Problem Use Substances, n=3378



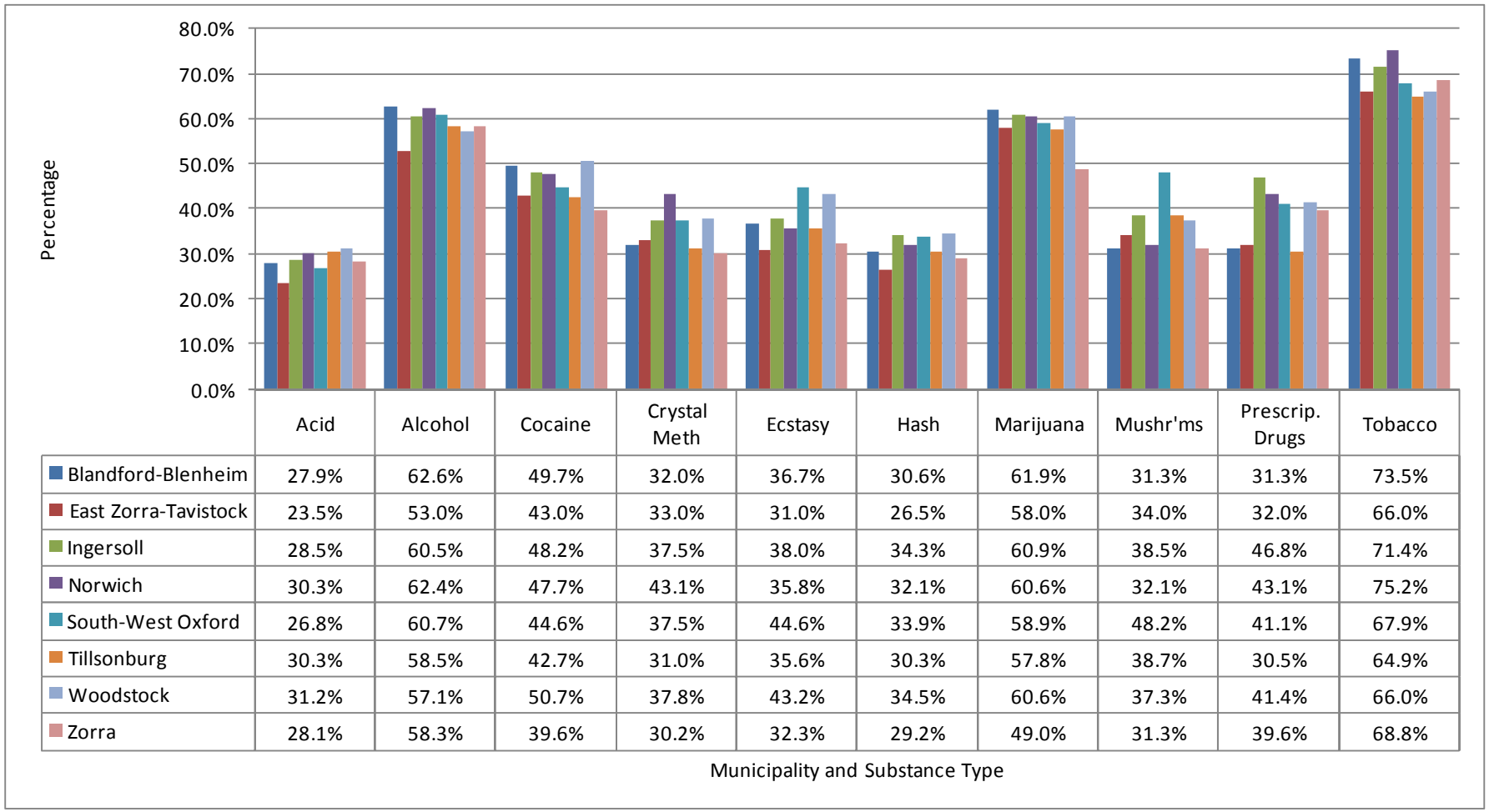
	Acid	Alcohol	Cocaine	Crystal Meth	Ecstasy	Hash	Marijuana	Mushrooms	Prescrip. Drugs	Tobacco
Not sure	37.8%	13.8%	30.5%	37.7%	37.2%	39.4%	18.4%	34.8%	32.5%	13.8%
Yes	29.7%	58.2%	48.0%	36.3%	39.4%	33.0%	59.7%	37.1%	40.4%	67.7%

Figure 3.18 Oxford County Youth Reported Problem Use Substances by Gender, n=3378



	Acid	Alcohol	Cocaine	Crystal Meth	Ecstasy	Hash	Marijuana	Mushr'ms	Prescrip. Drugs	Tobacco
Female	28.0%	62.4%	50.6%	36.0%	40.4%	33.1%	63.3%	36.7%	41.4%	72.0%
Male	31.3%	54.1%	45.3%	36.5%	38.2%	32.7%	56.3%	37.2%	39.3%	63.6%

Figure 3.18 Oxford County Youth Reported Problem Use Substances by Municipality, n=3399



	Acid	Alcohol	Cocaine	Crystal Meth	Ecstasy	Hash	Marijuana	Mushr'ms	Prescrip. Drugs	Tobacco
Blandford-Blenheim	27.9%	62.6%	49.7%	32.0%	36.7%	30.6%	61.9%	31.3%	31.3%	73.5%
East Zorra-Tavistock	23.5%	53.0%	43.0%	33.0%	31.0%	26.5%	58.0%	34.0%	32.0%	66.0%
Ingersoll	28.5%	60.5%	48.2%	37.5%	38.0%	34.3%	60.9%	38.5%	46.8%	71.4%
Norwich	30.3%	62.4%	47.7%	43.1%	35.8%	32.1%	60.6%	32.1%	43.1%	75.2%
South-West Oxford	26.8%	60.7%	44.6%	37.5%	44.6%	33.9%	58.9%	48.2%	41.1%	67.9%
Tillsonburg	30.3%	58.5%	42.7%	31.0%	35.6%	30.3%	57.8%	38.7%	30.5%	64.9%
Woodstock	31.2%	57.1%	50.7%	37.8%	43.2%	34.5%	60.6%	37.3%	41.4%	66.0%
Zorra	28.1%	58.3%	39.6%	30.2%	32.3%	29.2%	49.0%	31.3%	39.6%	68.8%

3.5 Survey Respondents and How to Get Help and Prevent Substance Misuse

The Oxford County Drug Task Force youth survey was also interested in understanding youth's knowledge of where to get help for with substance abuse. Most youth (1991, 58%) reported that they did know where to get help. Considered by gender, more female (1098, 64.6%) than male (1883, 52.6%) knew where to get help for substance misuse. When considered by municipality, overall awareness was generally good although youth from Woodstock (831, 55.7%), South West Oxford (32, 57.1%) and Norwich (63, 57.8%) were least likely to report that they were aware of where to go for help with substance misuse. Given the small sample size for several of the small communities in Oxford County (including South West Oxford and Norwich), results for these municipalities should be interpreted with caution

Figure 3.19 Oxford County Youth Report Knowing Where to Get Help with Substance Misuse, n=3432

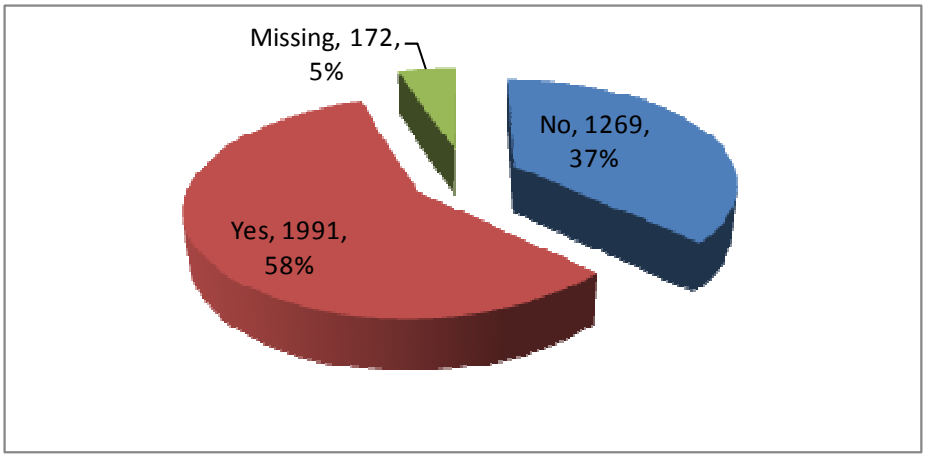
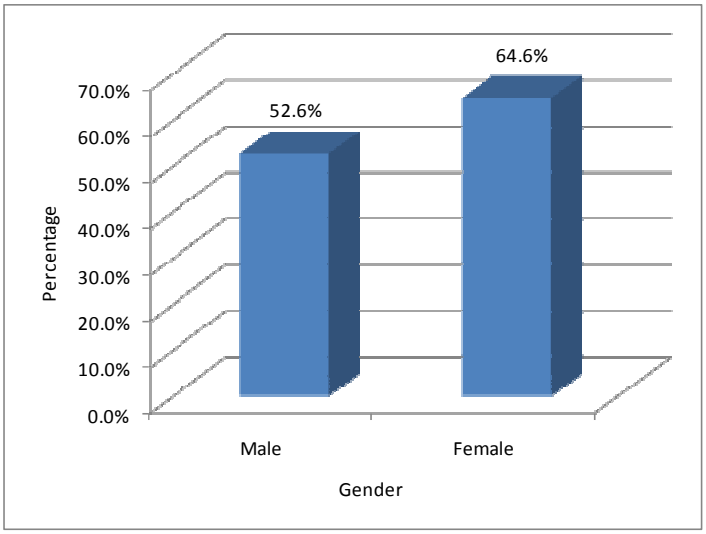
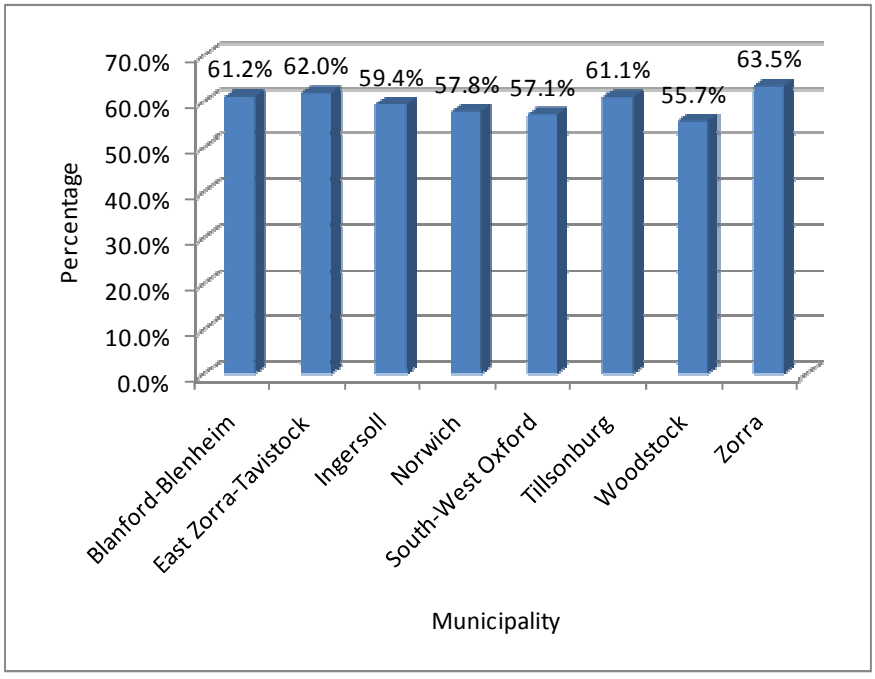


Figure 3.20 Oxford County Youth Report Knowing Where to Get Help with Substance Misuse by Gender, n=3378*



**Missing 133*

Figure 3.21 Oxford County Youth Report Knowing Where to Get Help with Substance Misuse by Municipality, n=3399*



**Missing 168*

Oxford County youth were also asked about what they believed should be done to prevent youth from using drugs. This "open-ended" question allowed youth to provide as many suggestions or ideas as possible. A wide variety of themes emerged from these comments – twenty-nine in total. However, the most commonly suggested action for preventing substance misuse was "education". Youth commented that more education was needed in school and at home, earlier. Youth suggested that education include the impacts of drug use and "real" stories from individuals who had "been there".

Disarmingly, next to education, the most common theme for what to do to prevent substance misuse was "nothing". Youth noted that drug use was "inevitable", a matter of personal choice and part of the youth experience.

Other common themes included banning of sales and production of substances and drug paraphernalia, stronger and more frequent enforcement, particularly of known trouble spots in the community and in particularly at school, specifically at "smoking pits". Some of these comments demonstrated a lack of knowledge – for example, some youth noted that all substances, including the ingredients used to make substances, be banned from Canada, or Oxford County.

While less frequently reported as a whole, youth had numerous ideas for creating an environment in which youth would be less interested to use substances, including providing more programs, activities, clubs and sports for youth in Oxford County (some youth even noted the need for lower costs to access these activities). One youth noted, "i [sic] feel awareness is high already, but ppl [sic] do them out of boredom. we need more things for youth to do that don't require money". Addressing peer pressure ("choosing the people you hang out with" and "hang around with the right crowd") and avoiding exposure to drugs ("teach them to stay away from bad crowds") were common ideas put forward by youth. Other ideas included creating a more positive home and social environment "making sure they [youth] are happy with their lives" and that "allow them [youth] to feel a part of something", and creating supports for youth "making sure kids know where to go when they have a problem". A few youth noted that education might make youth "more aware" of drugs and encourage them to experiment and try.

3.6 YOUTH SURVEY SUMMARY

These results paint a compelling picture of youth perceptions and experiences with substances that youth misuse in Oxford County. Because this survey reports youth perceptions, and is not representative of the county population by municipality, caution is advised in using the data to determine actual usage and exposure to substance misuse. Instead this data powerfully illustrates how youth experience, perceive and understand substance misuse in their community.

Oxford County youth begin experimenting with drugs by the age of 14, and while only a third report continuing to use drugs, several drugs are considered to be very common – among them alcohol, tobacco and marijuana. These substances are easy to access and are also those identified as being problem substances by youth. Youth access drugs for a variety of reasons and have experienced problems associated with their drug use. This data will be useful to inform approaches to substance misuse prevention and treatment in Oxford County.

4.0 BEST PRACTICES

An overall framework for how communities organize services to address substance misuse is an important element of a substance misuse framework best practice. The framework provides the overall structure for how the issue is conceptualized and understood, and interventions planned within a community. The framework creates the fundamental "thinking" about how an issue is viewed and provides a plan for organizing interventions to address the issue. This framework is particularly important because substance misuse impacts on, and is impacted by, multiple sectors.

Models for addressing substance misuse have evolved over the years. In the 1990s, Switzerland and Germany adopted a "comprehensive drug strategy." In 2001, the City of Vancouver articulated this comprehensive approach as a "Four Pillars Model" and the fundamental planning construct to address substance misuse issues in that city. The fundamental philosophy behind this approach is that substance misuse must be addressed comprehensively by communities through prevention, treatment, harm reduction and enforcement. The concept has subsequently been used throughout Canada in communities both large and small. This Four Pillars Model has been successfully used by both large and small communities in Canada. A description of each pillar is outlined below.

Prevention initiatives are aimed at preventing substance misuse altogether or delaying the onset of substance misuse. Prevention programs and strategies give people information and skills to prevent or avoid harmful substance misuse. They frequently target youth or people in the early stages of substance misuse before they develop problems.

Treatment programs are aimed at helping people manage their addictions and to make healthier decisions about their lives. Withdrawal management, counselling, life skills and methadone maintenance programs are examples of key treatment programs.

Harm Reduction programs recognize that for some people with more debilitating and dependant substance misuse issues, mitigating the harmful effects from the substance misuse in the short term may be the only opportunity they have to reach healthier outcomes in the long term. These programs provide supports to help those individuals improve their health, reduce harm and provide a "gateway" to treatment services. These supports can include needle exchange programs, alcohol serve training programs, methadone programs, emergency shelters, food banks and supportive housing.

Enforcement programs are needed to ensure public safety and order. They target organized crime, support treatment and harm reduction opportunities, link people with substance use issues to treatment services and provide alternatives to incarceration where appropriate. Enforcement programs work with other sectors to integrate initiatives with prevention, treatment and harm reduction (City of London Community Services Department, 2007)

4.1 PREVENTION

Research for effective substance misuse prevention programs reveals: it must be comprehensive and intersectoral, focused on health promotion strategies to increase knowledge and awareness, advocate for and build policy, change behaviour, increase community capacity and create supportive environments. (Alberta Alcohol and Drug Abuse Commission, 2004) (Toronto Drug Strategy Initiative, 2005) (Dubois,

2002) (Pat Sanagan Consulting, 2004) To this end, it is helpful to consider the "web of influence" for substance abuse prevention programs articulated by Brounstein and Zeig.

(PJ Brounstein, 1999)

This web demonstrates the inter-connectedness of sectors as it relates to preventing substance misuse. To support this concept, strong evidence indicates that prevention strategies need to be inextricably and explicitly linked to efforts to address social determinants of health (Dubois, 2002) (Pat Sanagan Consulting, 2004), address cultural and social norms (Benard, 1986) (Centre for Addiction and Mental Health, 1999) (Pat Sanagan Consulting, 2004), and target *universal* (whole population), *selected* (those potentially at risk) and *indicated* (those at higher risk or already misusing substances) audiences (Toronto Drug Strategy Initiative, 2005). Moreover, prevention initiatives should place additional focus on youth because of the normal developmental period of experimentation and challenging authority for youth and the association of multiple risk factors in this age group; further, prevention programs must target youth early. (Toronto Drug Strategy Initiative, 2005) (Centre for Addiction and Mental Health, 1999) (Benard, 1986)

Good planning principles -- clear and realistic goals and employ practical principles for action are also important elements of substance (Toronto Drug Strategy Initiative, 2005) (Centre for Addiction and Mental Health, 1999) (Pat Sanagan Consulting, 2004)

Evidence shows that effective substance misuse prevention programming, incorporating the elements articulated above, must be implemented in families, schools and throughout the community as part of an overall strategy to address substance misuse. (Thomas H, 2005) (Skara S, 2003) (Benard, 1986)

There is also some evidence that supports prevention program in workplaces. (Fitzpatrick-Lewis DJ, 2008) For example, in schools, evidence shows that educators, social workers, substance misuse service providers, health promoters and enforcement services must work together to implement comprehensive strategies and integrate programs to prevent substance misuse.

Evidence based elements of school and community based interventions include:

- Both a school and community component (Thomas H, 2005)
- Target audience engagement in program development and implementation (Pat Sanagan Consulting, 2004)
- Programming that reaches beyond the transfer of knowledge, to build skills, change behaviour and social norms and build resiliency among youth (Faggiano F, 2008) **Invalid source specified.** (Thomas H, 2005) (Early TJ, 2001) (Alberta Alcohol and Drug Abuse Commission, 2004)
- Interactive small group learning that includes strategies like role playing and peer mentoring (Thomas H, 2005)
- Building skills and providing tools for healthy decision making and problem solving. (Thomas H, 2005) (Alberta Alcohol and Drug Abuse Commission, 2004) (Dubois, 2002)
- Building resiliency among youth by increasing developmental assets and promote social bonding at all levels and building protective factors to increase self esteem, peer-to-peer relationships, interpersonal functioning and social and familial bonding. (Faggiano F, 2008) (Thomas H, 2005) (Early TJ, 2001) (Toronto Drug Strategy Initiative, 2005) (Benard, 1986) (Centre for Addiction and Mental Health, 1999) (Pat Sanagan Consulting, 2004) (Dubois, 2002)
- Peer-based programming to change social norms and build assets among peers (Toronto Drug Strategy Initiative, 2005) (Benard, 1986) (Dubois, 2002) (Pat Sanagan Consulting, 2004)
- Policy initiatives that reduce supply and demand for drugs at multiple levels (school, municipal, provincial and federal) (Toronto Drug Strategy Initiative, 2005) (Dubois, 2002) (Babor T, 2003)
- Build messages and action on substance misuse prevention at multiple levels of influence – through school, community and home and with individuals and policy makers – so that there is a "snowball" effect for action on substance misuse and so that messages about substance misuse prevention are pervasive and encompassing. (Toronto Drug Strategy Initiative, 2005) (Dubois, 2002)

It is important to note that the evidence documents potential "spill over" from interactive broad-based programs for substance misuse prevention activities to other issue areas – predominantly sexual risk behaviour and behavioural disorders. (Thomas H, 2005) While additional testing of these programs is required, there is potential to build support and resources for substance misuse prevention activities through interaction with these other issue areas.

4.1.1 Education Sector Focus

In the evidence base for substance misuse prevention strategies, particular attention has been paid to the role of the education sector. In the education sector, evidence indicates that prevention programs must be easy to use and marketed to educators so that they are easy to implement. (Thomas H, 2005) (Early TJ, 2001) In addition to interventions within the education sector, a supportive school environment is also critical to substance misuse prevention. (Faggiano F, 2008) (Thomas H, 2005) (Early TJ, 2001) Changing social norms is a critical aspect of creating a supportive school environment. School environments that

destigmatize "asking for help" and normalize access to counseling and social work support are effective in addressing substance misuse prevention and related mental health issues. (Early TJ, 2001) Social marketing campaigns can increase awareness about substance misuse prevention and help to create this supportive environment.

While education is the primary sector for intervention, other sectors of the community play an important function in supporting the school environment. Public health practitioners can be a resource for schools through services such as developing and marketing easy to access evidence based programs (e.g. youth engagement) and training teacher-facilitators on small group facilitation and health promotion behaviour change theory. Easy access to social workers and addictions counseling support within the school can destigmatize the process of "asking for help". Trained social workers, public health and other community members may also inform and support the development of school-based interventions that build skills, change behaviour and build resiliency among youth.

4.2 TREATMENT

Treatment is a term used to describe a wide range of services and supports that help individuals deal with their substance misuse to live healthier lives. Treatment can include a combination of the following components:

- Assessment and referral
- Case management
- Residential treatment
- Residential supportive treatment
- Outpatient and community-based treatment
- Community medical / psychiatric treatment
- Medications

In this section, effective, evidence-based approaches to treatment and types of treatment programs are described. Please note that best practices for clinical interventions are not within the scope of this report. An excellent resource for clinical best practices is the SWLHIN Report *Building the Case for Change: Primary Health Care – Mental Health and Addictions Priority Action Team.*[2]

An ongoing challenge for treatment programs has been the issue of abstinence. Many programs require that clients be drug-free prior to beginning treatment, however this is often challenging for clients. Some treatment services have started to incorporate harm reduction components to their programs. This is important because research shows that when asked, only 10% of substance users would enter treatment if abstinence was required. (Toronto Drug Strategy Initiative, 2005) (Riley D, 1999)

[2] This resource is avaible at http://www.southwestlhin.on.ca/uploadedFiles/1.%20Report%20-%20PHC%20Mental%20Health%20&%20Addictions%20(FINAL).pdf

Two documents provide important, and complementary, frameworks for addictions treatments. The US National Institutes for Drug Addiction identified the following 13 principles for effective treatment programs:

- Addiction is a complex but treatable disease that affects brain function and behavior.
- No single treatment is appropriate for all individuals.
- Treatment needs to be readily available.
- Effective treatment attends to multiple needs of the individual, not just his or her drug addiction.
- An individual's treatment and services plan must be assessed often and modified to meet the person's changing needs.
- Remaining in treatment for an adequate period of time is critical for treatment effectiveness.
- Counselling and other behavioural therapies are critical components of virtually all effective treatments for addiction.
- For certain types of disorders, medications are an important element of treatment, especially when combined with counselling and other behavioural therapies.
- Addicted or drug-abusing individuals with co-existing mental disorders should have both disorders treated in an integrated way.
- Medical management of withdrawal syndrome is only the first stage of addiction treatment and by itself does little to change long-term drug use.
- Treatment does not need to be voluntary to be effective.
- Possible drug use during treatment must be monitored continuously.
- Treatment programs should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis, and other infectious diseases, and should provide counselling to help patients modify or change behaviours that place themselves or others at risk of infection. ((National Institute on Drug Abuse, 2009)

Ontario's Centre for Addiction and Mental Health identified criteria or principles that are core values of the Ontario addiction treatment system. These core values have been developed to increase client access to services that meets their needs, keep clients in treatment and improve the treatment system's ability to function efficiently. These principles are:

- The addiction treatment service system exists to meet the needs of people with addictions, who are clients of the system rather than clients of individual agencies.

- Addiction treatment service agencies, through a coordinated and integrated network of services, will meet each client's individual needs, rather than trying to fit clients into predetermined services.

- The addiction treatment system will reflect and use best practices.

- Clients will receive and appropriate level of assessment that is individualized and tailored to the client's needs, recognizes the importance of previous assessment information, and avoids duplication.

- Clients will be offered the least intrusive intervention that is most likely to help them regain their health.

- Addiction treatment service agencies will adopt a stepped approach to care, placing clients in the least intrusive intervention, which will meet their needs, and then helping them to move easily through the system as their needs change.
- Clients will be continually assessed and reassessed throughout their treatment to ensure that the services they receive match their needs.
- Clients will be referred to residential medical or psychiatric treatment services only when they have serious psychiatric or medical problems and require specialized treatment in a multi-disciplinary setting.
- Services can be provided in a variety of settings (including outside the addiction treatment system).
- Addiction treatment services will be coordinated and avoid unnecessary duplication.
- Addiction treatment agencies will develop common protocols and agreements to ensure that clients can move easily between different levels and intensities of service. (Cross S, 2004) (Cross S, 2004)

Medications and behavioural treatments are two important components of comprehensive treatment processes. The use of medications, like methadone treatment, can ease withdrawal symptoms and help to re-establish normal brain function and prevent relapse in the treatment phase. However it is important to note that medications alone cannot be successful in addressing substance misuse in the long term. (National Institute on Drug Abuse, 2009) (Toronto Drug Strategy Initiative, 2005)

Medication treatment is used in combination with other supports to keep users in treatment and reduce harms associated with addiction. Low threshold methadone maintenance treatment programs are geared to individuals who cannot commit to abstaining from drug use altogether. These programs have shown success in decreasing HIV related risk behaviour, overall use of both alcohol and drugs, reduced illegal behaviours and increased mental health and improved family and social relationships. (Toronto Drug Strategy Initiative, 2005)

Behavioural treatments are focused on engaging people in the treatment process, changing attitudes and behaviours related to drug misuse and increasing their healthy life skills. Research has shown that behavioural treatments can also enhance the effectiveness of medications and keep people in treatment longer. (National Institute on Drug Abuse, 2009) (Toronto Drug Strategy Initiative, 2005) There are two main types of behavioural treatments – outpatient and residential.

Outpatient treatment can include a wide variety of programs and frequently includes individual or group counselling. Other forms of effective behavioural treatment offered through outpatient services can also include cognitive behavioural therapy, multidimensional family therapy, motivational interviewing and motivational incentives.

Residential programs are especially effective for individuals with more severe problems including relatively long histories of drug misuse, involvement in serious criminal activities and seriously impaired social functioning. Individuals live in these Ministry of Health and Long Term care funded “therapeutic communities” typically for 21 days. (Cross S, 2004) In that time, individuals receive treatment to re-

socialize them to a drug-free, and often crime-free, lifestyle. New innovations in residential programs include accommodations to meet the needs of women who are pregnant or have children. There are two such programs in Ontario. (M. Banning, April, 2009.)

Given the individual focus of treatment programs, there are important evidence-based principles for treatment of special groups, including:

- Treatments for women
- Treatments for Aboriginal people
- Treatments for individuals with concurrent disorders
- Treatments for drinking (Toronto Drug Strategy Initiative, 2005)

4.3 Harm Reduction

There is no single, agreed upon definition for harm reduction. The Toronto City Council adopted the following definition during its substance misuse strategy plan development:

Harm reduction is a) holistic philosophy and set of practical strategies that seek to reduce the harms associated with drugs. The aim of harm reduction is pragmatic and achievable for those people for whom abstinence is not a realistic goal. Effective harm reduction occurs when policies and practice are flexible, take a health promotion approach, include non-repressive legislation and when law enforcement is based on community policing within a comprehensive substance abuse strategy. Harm reduction strategies have been used throughout the world to successfully reduce overdoses and overdose deaths, reduce the spread of communicable diseases (HIV / AIDS and Hepatitis C), provide a bridge between individuals with substance abuse issues and health and social service providers, and reduce high risk drug use. (Toronto Drug Strategy Initiative, 2005)

The Ontario Harm Reduction Distribution Program provides the following definition and best practice recommendations:

Harm reduction is a set of principles that can be used to guide policy and program development and delivery, as well as advocacy and individual behaviour. Typically, harm reduction is characterized by:

- *A primary goal of reducing drug-related harm rather than a primary goal of reducing drug-use*
- *Pragmatic strategies and interventions for people who continue to use drugs*
- *A net reduction in drug-related harm*
- *Ensuring drug users are treated with dignity and as full members of society*
- *A focus on realistic and achievable goals* (Strike C, 2006)

Evidence-based strategies for harm reduction include needle exchange/distribution, substitution treatment and peer outreach. In particular the following programs have been demonstrated to be effective.

Needle exchange programs are effective at reducing blood-borne diseases. (Toronto Drug Strategy Initiative, 2005) (Hunt, 2003) An auxiliary impact is that they provide an opportunity for injection drug users to become involved in treatment and prevention programs. (Toronto Drug Strategy Initiative, 2005) Core services of these programs include providing clean needles and syringes and provision of safe

disposal. Most programs typically offer other services as well. (Toronto Drug Strategy Initiative, 2005) (Hunt, 2003)

Drug consumption rooms, or supervised injection or inhalation rooms, are locations where substance abusers can safely consume drugs that they have obtained elsewhere in a safe environment. As part of a comprehensive response to illegal drug use, these facilities aim to reduce problems with open injection drug use and provide a clean and protected environment to reduce the spread of blood-borne diseases. There are strong indications that these facilities are effective at harm reduction, however outcome research is not yet available. There are few of these rooms available in Canada. (Toronto Drug Strategy Initiative, 2005)

Harm reduction strategies for alcohol include strategies that promote responsible drinking policies / programs, alcohol server training and shelter-based alcohol harm reduction programs. (Toronto Drug Strategy Initiative, 2005) (Centre for Addiction and Mental Health, 2000) There is evidence that indicates that providing individuals who misuse alcohol with a choice of goals along a continuum improves feelings of success and increases commitment to treatment. Even when used with youth and young adults, there is strong evidence that alcohol harm reduction programs reduce consumption and consequences from alcohol use. (Toronto Drug Strategy Initiative, 2005) (Marlatt G, 2002)

Peer groups and networks are credible sources of information and referral and act as linkages to social, heath and treatment services for people who misuse substances. They can also be agents of change to make services more responsive to client needs. (Toronto Drug Strategy Initiative, 2005) **Invalid source specified.** In Toronto, individuals who have suffered from misuse of substances conduct program outreach, help to deliver programs and develop training materials for other peer workers. In Australia, peer groups are involved in planning, implementing and evaluating policies and programs for people who have misused drugs or alcohol. (Toronto Drug Strategy Initiative, 2005) **Invalid source specified.**

4.4 ENFORCEMENT

Enforcement is an important strategy to effectively address substance misuse. To do this, enforcement agencies target organized crime, drug dealing, drug houses and problem businesses involved in the drug trade. As part of a comprehensive and effective substance misuse strategy, enforcement programs also need to work with other prevention groups and organizations addressing substance misuse. This includes building an understanding of the community and long-term relationships with residents, knowing what services and resources are available to address harm reduction and substance misuse, coordinating efforts to reduce substance misuse with other agencies. A critical aspect of this effort is to help enforcement agencies be more visible in the community through initiatives like community policing.

One evidence-based enforcement program being implemented in Canada is the Health and Enforcement in Partnership initiative. Based on the Merseyside Model in England, the strategy supports collaboration between health social agencies and the police / justice system. This collaboration included active participation of police on regional health committees, police training on health issues related to substance misuse by local health providers, linking arrested drug users to treatment programs, supporting needle exchange programs and using alternatives to arrest for simple drug possession. (Toronto Drug Strategy Initiative, 2005) (Health Canada, 1999) An example of this type of collaboration is the approach used to deal with marijuana-grow operations. Police in Ontario communities work with government agencies,

community members, insurance companies, utility organizations, banks and lenders, municipal officials, public health and child welfare agencies to address the myriad of health, social service, community, economic and legal issues involved in marijuana grow operations.

Drug treatment courts engage the court, the community and the treatment system to divert substance abusers who have been arrested for non-violent drug offences into a voluntary, court supervised treatment program. The aim of the program is to reduce relapse and related criminal behaviour in a bid to improve social stability. Pioneered in Toronto in 1998, the program provides people who are charged with these offences the opportunity of engaging in treatment in exchange for a non-custodial sentence upon completion of the program. Although there are none locally, the program is considered effective at keeping people engaged in treatment and reducing criminal activities. (Toronto Drug Strategy Initiative, 2005)

5.0 PROFILE OF SUBSTANCE MISUSE

Substance misbuse is a pervasive community problem. It impacts almost all aspects of a community – individual health, community economic health, criminal activity, family and community well being. Substance misuse problems do not recognize boundaries, real or imagined. While there may be parts of a community where more illicit drug use is obvious, there is no corner of a community that is free of the use, or deleterious impacts, of substance misuse.

In this section, we provide a profile of substance misuse and its impacts on a community. To do this, we examine four dimensions of community:

- Health
- Economic
- Criminal
- Familial and community

5.1 IMPACTS OF SUBSTANCE MISUSE

Health impacts

Health impacts of substance misuse are perhaps one of the easiest to understand. There are both immediate and short term (drug overdose, physical injury) and long term (disease, disability) impacts on health. Because the drug trade is unregulated, there are additional health impacts from contamination, adulteration and dosing and/or purity errors. In addition to the direct user, children whose mothers used drugs (including alcohol) feel the impacts of drug use. Moreover, drug use also affects the determinants of health (World Health Organization) – specifically through loss of or unstable housing, stigma and discrimination. (Toronto Drug Strategy Initiative, 2005)

Economic impacts

According to a 2002 study, substance misuse in Canada has an estimated nation-wide economic impact of about $40 billion. This includes costs to government and society as a whole of the use of substance misuse from health care, law enforcement, costs for prevention and research, other direct costs and

indirect costs from productivity losses. According to the same 2002 study, Ontario's portion of those costs is $14.3 billion – with a per capita cost for each Ontario resident of $1,185. If the rate of substance misuse in Oxford County, and the rate of impacts and costs associated with that substance misuse, is the same as for the County as in the rest of Ontario, substance misuse costs for Oxford County would be in the area of $117 million. While this is an imperfect figure at best, it provides a sense of the cost of substance misuse for Oxford County. (Rehm J, 2006) Moreover these costs do not include the immeasurable cost of the loss of potential for people who are incapacitated by their substance misuse.

Crime impacts

In addition to health and economic impacts, there are significant criminal impacts of substance misuse related to decisions to engage in criminal activity while under the influence of substances, the process of obtaining drugs, and the making of illegal substances. (Toronto Drug Strategy Initiative, 2005) A Canadian research study shows a strong relationship between the commission of crimes and the use of alcohol and drugs. (Toronto Drug Strategy Initiative, 2005) (Pernanen K, 2002) In this same study inmates who had committed relatively serious crimes attributed 40-50% of these crimes to their use of psychoactive substances. Moreover, inmates reported that a significant proportion of their crimes were committed in order to obtain drugs. These crimes included thefts (46%), robberies (41%) and breaking and entering (36%). (Pernanen K, 2002)

Family and community impacts

Substance misuse by one individual in a family or community context impacts well more than the single individual. The Canadian Addiction Survey (2008) found that about one third of individuals (32.6% women, 32.9% men) over the age of 18 had suffered at least one harm as the result of someone's drinking and 13.1% of women and 7.7% of men over the age of 18 reported that someone's drinking was responsible for family and marriage problems. (Health Canada, 2008)

Children are particularly vulnerable to the effects of substance misuse. There is a strong link between parents who use substances and the neglect of children. These children suffer from low self esteem, poor school performance and have a higher risk for misusing substances themselves (Toronto Drug Strategy Initiative, 2005) Communities are also impacted by substance misuse. Tenants, residents and business owners are affected by public disorder, illegal drug use and drug dealing and marijuana "grow-ops". There are related issues – such as prostitution and violence -- that also impact on communities.

6.0 Profile of Oxford County and Substance Misuse

To understand how to address substance misuse in Oxford County, it is critical to understand how the community and Oxford County residents experience substance misuse, the context for health in Oxford County as it relates to substance misuse and the services that are currently resourced to address substance misuse issues. While individuals use illicit and harmful substances, they misuse substances, at least in part, as a result of the community environment they live in and their personal circumstances. Reflecting these issues, as well as issues around the accessibility of services for addictions, the new Woodstock and

Area Communities Health Centre planned for development has identified persons with addictions as one of their primary populations to address. (Association of Ontario Health Centres, 2008)

Oxford County is a proud rural community in the heart of southwestern Ontario with a strong agricultural tradition and a significant manufacturing and trucking sector. With three main centres, and many other small towns and villages, the County is close to the larger cities and natural service centres of London and Kitchener-Waterloo. New families moving to Oxford County will largely be responsible for a 10% growth in the County's population from 102,756 in 2006 to 114,100 in 2011. (Association of Ontario Health Centres, 2008)

For the planning and funding of health services, Oxford County is part of the South West Local Health Integration Network (SW LHIN). The SW LHIN is a government agency that is responsible for planning, integrating and funding more than 150 health service providers, including mental health and addictions, in eight counties that comprise the South West region of Ontario, which also includes Oxford County. The SW LHIN is an important data source and comparator for information on the health issues facing Oxford County.

In general, health status indicators show that Oxford County is a healthy and vibrant community. (Maziak, 2007) However there are some important features that are problematic for substance misuse, and some people in Oxford County experience significant challenges regarding the abuse of substances. In this profile of Oxford County, we provide an overview of how Oxford County residents experience substance misuse and report on community factors that are relevant to substance misuse: determinants of health, access to services, transportation and specified risk behaviours.

6.1 Substance Misuse Statistics

Substance misuse statistics are available at the regional, provincial and national levels. Frequently this data is reported by either health planning region (SW LHIN) or the public health planning region (South West region). These regions differ in their geographical borders. In this section, data is provided at the most local level to Oxford County.

- In 2007, more Oxford County residents report being "heavy drinkers" (26.5%) than in Ontario (21.2%) (Association of Ontario Health Centres, 2008)
- Between 2003 and 2005, people living in South West Ontario were more likely to exceed low-risk drinking guidelines than those living in the rest of Ontario. (Centre for Addiction and Mental Health, 2005)
- Drinking and driving was more frequently reported by people living in the South West LHIN planning region (11.1%) than in the rest of Ontario (7.6%). (Centre for Addiction and Mental Health, 2005)
- The Centre for Addiction and Mental Health noted that there was a significant linear increase in people reporting that they used cannabis in the South West region, from 7.6% in 1996 to 11.6% in 2005. (Centre for Addiction and Mental Health, 2005)

- Compared to the provincial average, the rate of drinking five plus in a single sitting weekly was significantly higher among residents from the South West region (14.%). (Centre for Addiction and Mental Health, 2005)
- More Oxford County residents over the age of 12 smoke (31.3%) compared to Ontario residents 12 and over (20.7%) (Association of Ontario Health Centres, 2008)
- Slightly more teens in Oxford County and significantly more young adults aged 20-29 are pregnant than in Ontario. (Association of Ontario Health Centres, 2008)
- Survey respondents from the Oxford County Youth Strategy identified "being stressed out" as the most important priority issue that youth had to deal with, "doing drugs" was the second and "dealing with pressure" from friends third. (Oxford County Youth Strategy, 2007)
- Alcohol was the most frequently used substance by students throughout Ontario in the past year (alcohol – 61%; cannabis – 26%; non-medical use of opioid pain relievers (e.g., codeine, Percocet, Percodan, Tylenol 3) – 21%; and tobacco – 12%). (Centre for Addiction and Mental Health, 2007)
- The use of one drug significantly increased in students between 2005 and 2007 – non-medical use of OxyContin (from 1% in 2005 to 2% in 2007) The OSDUS identified a significant decrease in the percentage of students who had used tobacco (14% in 2005 to 12% in 2007), methamphetamine (2% in 2005 to 1% in 2007), crack use (2% in 2005 to 1% in 2007) and lifetime steroid use (2% in 2005 to 1% in 2007). (Centre for Addiction and Mental Health, 2007)
- A significantly higher proportion of students in the South West LHIN reporting: binge drinking during the past year (46% SW LHIN; 35% Ontario) and being a passenger in a vehicle with a driver who had been drinking alcohol (43% SW LHIN; 30% Ontario) (Centre for Addiction and Mental Health, 2007)

At the local level, we can understand drug use in part based on statistics from Addiction Services of Thames Valley. Based on usage of addictions services provided to residents in Oxford County, alcohol and cannabis (marijuana) are the most frequently used substances for which Oxford County residents receive treatment, but other drugs -- OxyContin, Percocet, cocaine, morphine, crystal methamphetamine are used as well. Tobacco use in Oxford County is higher than the provincial average. (Maziak, 2007)

The statistics below are for the period April 1 2007 to March 31 2008. They reflect addictions service utilization for services offered by Addiction Services of Thames Valley (ADSTV). ADSTV is the identified service provider for addictions services in Oxford County. Not reflected in this data are the individuals who seek treatment outside of the SW LHIN area, and those that seek treatment for concurrent mental health and addictions disorders.

- The main reported problem substances across Oxford County were (in rank order) alcohol, cannabis, crack, prescription opiods and cocaine
- Among clients 16-24, cannabis, alcohol and prescription opiods were the most common substances abused.

- 211 Oxford County residents scheduled intake appointments with ADSTV
- 167 new individuals completed assessment, 114 were 25 or older, 50 were between16-24 and three were under 16.
- 66 clients across Oxford County received case management services
- 131 Oxford County residents received outpatient treatment
- ADSTV received 275 telephone and in-person information requests (Addiction Services of Thames Valley, 2008)

Another component of the addictions services continuum is the methadone clinic and the needle exchange program. As harm reduction programs, these provide important addictions treatment as well. For the calendar year 2007, the Needle Exchange Program reported:

- 614 client visits
- 19,540 clean needles distributed
- The most frequently reported drug used for needle exchange was overwhelmingly OxyContin followed distantly by cocaine and then morphine.
- Most visits were by men (494) and only 120 by women
- The average age of clients using the Needle Exchange Program was 24 (Oxford County Public Health and Emergency Services, 2008)

6.2 Oxford County's Experience

From this data, it is clear that substance misuse is a regular facet of life in Oxford County. To get a more complete picture of substance misuse issues in the County, it is important to understand the community experience with substance misuse. Community reports conducted by local health and social service agencies, key informant interviews and focus groups conducted with community stakeholders, service providers and youth and a youth survey paints a complex and disturbing picture of substance misuse in Oxford County.

Scope of the problem

Oxford Community Police Services and Oxford County OPP indicate that more than a thousand Oxford County residents are known to be engaged – either as dealers or users – in illegal substances. Another estimate of the scope of the problem comes from the Children's Aid Society of Oxford County which estimates that of their 1000 – 1200 families on their caseload, about 60% are struggling with substance misuse. This represents 600 – 700 families in Oxford. (Maziak, 2007) (Oxford County Ontario Provincial Police, Oxford Community Police Service and Children's Aid Society of Oxford County). This likely does not include estimates of legal substance misuse issues (alcohol and tobacco).

Mental health illnesses

It is also important to note that like Ontario on the whole, service providers in Oxford County report that most people who are suffering with mental health illnesses in Oxford also abuse substances. (KIISP-2) (KIISP-1) (KIISP-5) (KIISP-12) From a clinical perspective, service providers identify individuals who are suffering both from mental health illness and substance misuse issues as having "concurrent" disorders. Individuals with concurrent disorders are especially challenging to treat. Many people with concurrent disorders are misdiagnosed because the substance misuse masks the mental health illness. One stakeholder noted that "It is hard to know when someone is stoned versus psychotic; a lot end up in jail because of this." People with concurrent disorders usually need fairly intensive treatment – and some, including withdrawal and residential treatments – are not available locally, and yet these individuals are among the most isolated and unable to access out–of-town treatments on their own. (KIISP-2) (KIISP-5)

Workplaces

Workplaces are also dealing with substance misuse issues, frequently from prescription narcotics. While some workplaces have Employee Assistance Programs and union support for addressing substance misuse issues, many others do not, creating a critical problem for people who are "on the edge" of being disabled by their substance misuse. (KIIW-13) (KIISP-11) People who are trying to reenter the workforce also face issues because of their substance misuse. Experts with the Ministry of Health and Long Term Care estimate that more than 60% of Ontario Works clients in the South West LHIN have substance misuse issues. (Maziak, 2007)

Access to drugs

Drug are both legally and illegally obtained in Oxford County. Prescription drugs like OxyContin and Percocet are being diverted from legitimate prescriptions for illicit use. Youth and community stakeholders report that prescription drugs, prescribed by practitioners for legal and appropriate purposes, are being sold or accessed illegally. (KIISP-7) (KIISP-8) (KIIW-13) (FGE-1) There is a perception among youth that "doctors are handing out" OxyContin and Percocet. (FGE-1) Some service providers reinforce this idea, noting that prescription drugs are "the most available drugs on the street." (KIISP-8) In 2007, 18% of Ontario youth reported getting prescription drugs from their home. (Centre for Addiction and Mental Health, 2007) Another stakeholder notes that changes in prescribing practices – where larger quantities of narcotics at higher concentrations – are creating an opportunity for misuse of these legal drugs. (KIIE-9) Pharmacists lack a province-wide database, available in other provinces, to track prescription activity. (KIIE-9)

Most drug use takes place in the home - and frequently in front of minor children and youth. (FGE-1) (KIISP-3) (KIISP-6) Community stakeholders who work with children identify substance misuse by parents as one of the chief issues they see in the home. In Oxford County, approximately 40% of referrals reported to the Children's Aid Society are a result of addiction issues. Sixty percent of families engaged in ongoing family services with the Society are struggling with substance misuse issues to the extent that it "impairs the ability of the parent to parent". (KIISP-1) The OPP and the Oxford County Children's Aid

Society recently developed a joint report on developing first response protocols for responding to families who are struggling with drug related concerns. (KIISP-7) (Oxford County Ontario Provincial Police, Oxford Community Police Service and Children's Aid Society of Oxford County)

Familial relationship to drug use

Similarly, community stakeholders who works with youth identified parental use of alcohol, tobacco and drugs as a main factor in youth use. (KIISP-3) (KIISP-10) (KIISP-5) (KIISP-8) (FGE-1) (FGW-2) Youth and adults who have misused substances in Oxford County frequently report that their introduction to substance misuse took place in the home – through their parents and family members.[3] (FGE-1) (FGW-2) One community justice group estimates that 70% of the youth they serve come from families where substance misuse is a problem. (KIISP-3) Service providers describe the "generational" implications of substance misuse – parents using substances in front of children which leads to the "normalization" of substance misuse, and increases the likelihood that they too will misuse substances. (KIISP-3) (FGE-1) Because of the impact of substance misuse on parental behaviour, children do not just witness drug use, but frequently are witnesses to, or victims of violence and crime associated with substance misuse. (KIISP-7) (KIISP-1)

Community exposure

However, the harms from drug use extend well beyond the home to every part of the community. Focus groups with youth in senior elementary and high school show that youth are familiar with substance misuse – they have experienced it either as a participant witnessing the substance misuse, and often, as victims. (FGE-1) (FGW-2) Children and youth witness it in public parks and places where youth gather. They easily identify parts of town where drugs are easily accessible, even if they themselves have never used them. They describe how substance misuse activities impact on their youthful activities in public parks and walking to and from school or recreational activities. (FGW-2)

Interviews with community stakeholders and service providers as well as focus groups with youth challenged the image of substance misuse being limited to the "bad" parts of town. (KIISP-7) (KIISP-8) (KIIE-9) In focus groups with youth, they candidly stated that "kids from families that are poor" get involved with drugs because they have "nothing to lose", and kids from "rich families" got involved with drugs because their parents were "too busy to notice." (FGE-1) Stakeholders too reported that substance misuse in Oxford County crossed socioeconomic lines and affected all aspects of community life.

6.3 Oxford County Characteristics

"Determinants of health" is a term used to describe several underlying factors that contribute to health in a community. These determinants of health include education, income, affordable housing (shelter), sense of belonging and crime. As discussed previously, determinants of health are critically important to preventing addiction behaviours. (Pat Sanagan Consulting, 2004) (Toronto Drug Strategy Initiative, 2005) (Dubois, 2002) Education, adequate income, suitable and stable housing, sense of belonging and crime

[3] In the Oxford County Youth Survey, over half of youth respondents (53.6%) reported seeing drugs while they were growing up.

are important elements of a healthy community and strongly related to the misuse of substances. (Maziak, 2007) Through health and community data and key informant interviews, Oxford County service providers and residents revealed problematic factors for substance misuse in the community.

Education

Education is a critical factor that determines the health of a community, and of considerable concern to Oxford County. Compared to Ontario residents, more Oxford County residents have certificate, diploma or degree (29.3% compared with 22.2% of Ontario residents), high school or equivalent (29.7% compared with Ontario 26.8% residents). However, far fewer Oxford County residents reported attending university (8.9%) than Ontario residents (20.5%) (Association of Ontario Health Centres, 2008) and Oxford County has a higher proportion of youth and young adults aged 15-24 not attending school than Ontario and within the SW LHIN. (Maziak, 2007)

The issue of education was reflected in community consultations for the Oxford County United Way's *Community Priorities Initiative Report*. Residents in Ingersoll and South West Oxford identified keeping youth in school as one of the two most important issues facing their community. (United Way of Oxford County, 2005) The Ontario Ministry of Education has identified that a sense of isolation and alienation are two significant predictors of "early school leaving". In a study of rural town youth, the Town Youth Participation Strategy notes that "these predictors are magnified in small communities with few social and recreational outlets outside of school and where transportation is a major barrier." (Town Youth Participation Strategy, 2006)

These issues related to education are underscored through community interviews. In Oxford County, service providers who work with youth note that almost all the youth that they have contact with and who get in trouble with the law are not in school. (KIISP-7) One community, Tillsonburg, does not have an alternative education site increasing drop-out rates for youth who cannot be served through traditional schools. (KIISP-7) Other stakeholders note that the timeframe of transition between senior elementary school, or junior high, and high school appears to be the most critical timeframe for youth – and likely the time when they will become engaged in substance misuse and risk behaviours – regardless of socioeconomic status. (KIISP-10) (KIISP-5)

Low income

While substance misuse clearly is a problem of all socioeconomic groups in Oxford County, it is an important component of a community's health. Data on low income families reveal that fewer Oxford County residents experience poverty than residents in Ontario or the SW LHIN. Oxford County has a lower incidence of low income individuals (5%), and persons under 18 years (5.8%) than Ontario (11.1% and 13.7%, respectively). Within Oxford County, Ingersoll had a significantly higher proportion of children (under 18) living in poverty (9.4%) than either Tillsonburg (6.0%) or Woodstock (4.2%). (Association of Ontario Health Centres, 2008)

Another indication for economic well-being is the percentage of an individual or family's income that is derived from government transfers. Oxford County residents received a greater percentage of income

(11.4%) from government transfers (employment insurance, old age security, CPP and child tax benefits) than Ontario residents (9.8%). (Association of Ontario Health Centres, 2008)

While overall Oxford County residents enjoy a lower incidence of low income than Ontario, there are several pockets of "urban poverty" that are troubling. A rating called the "social risk index" uses a calculation of a series of socio-economic variables to identify communities where residents are at greater risk of socio-economic disadvantage. This rating considers variables including mobility, fluency in official language, low income status, lone parent status, recent immigration, percent of income from government transfer payments, unemployment rate, high school education and home ownership. The AOHCs final report on the use of community engagement fund for the Woodstock and area communities health centre identified the three main urban areas of Woodstock, Tillsonburg and Ingersoll as having the highest social risk index in Oxford County. (Association of Ontario Health Centres, 2008)

Residents in Woodstock perceive poverty and the working poor to be a significant challenge in the community. The United Way of Oxford County's "Community Matters" consultation process as part of the *Priorities Initiative Report* noted that Woodstock residents felt that comprehensive solutions and a need for education regarding poverty issues was an important priority for the community. (United Way of Oxford County, 2005) Moreover, community stakeholders identified cost of youth activities as a critical barrier for keeping youth engaged in community activities and free of drugs. (KIISP-8)

Suitable and stable housing

For people with substance misuse problems, housing is a critical issue. People who abuse substances frequently have unstable housing situations. They lose their homes because they are unable to the mortgage or rent, or because of their behaviour when they are under the influence of substances. (KIISP-12) (KIISP-5) (KIISP-3) (KIISP-8) (KIISP-1) (KIIW-13) Given the nature of addictions, recidivism is common. Some stakeholders report that agencies that do provide temporary housing are unwilling to do so for clients who have "burned them before." (KIISP-8) Subsidized housing and emergency shelter are critical to ensure that people who suffer from substance misuse issues do not fall further into crisis.

In Oxford County, housing is not just a concern for people with substance misuse issues. The United Way *Community Priorities Initiative* Report cited affordable housing as a "major issue" as identified by the community. This was of particular concern to residents in Ingersoll, Woodstock, Tillsonburg and South West Oxford. (United Way of Oxford County, 2005) Another report on the community's health status noted that subsidized housing units in Oxford County have not been increased for at least ten years and that the wait list for affordable housing is one year. (Association of Ontario Health Centres, 2008)

Sense of belonging

A sense of belonging, or attachment, is another important element of the determinants of health, and an important element for preventing substance abuse. A "sense of community belonging" is characterized by people having a strong attachment to, and interaction with the community. It has also been identified as a predictor in youth leaving school.

People with this "sense of belonging" have better health than those who are isolated. In Oxford County, about 8.8% of residents 12 and over describe their sense of belonging as "very weak" which is lower than the Ontario average of 9.2% that felt the same. (Maziak, 2007)

Related to a sense of belonging, is the sense of stigma associated with substance misuse. Youth in focus groups noted that "People judge others… they need to treat people like human beings." (FGE-1) Service providers that reducing stigma associated with substance misuse was an important issue for getting people into treatment.

While a feeling of identifying with the community was weaker in Oxford County, there are important examples across the County of organizations working together in partnerships. This was identified as a key strength of the community. (United Way of Oxford County, 2005) (KIISP-2)

Crime

Crime is also important as a negative determinant of health. It is clear from community consultations that Oxford County residents are concerned about drug crimes and drug use, and particularly drug use by youth. (Maziak, 2007) (KIISP-10) (Association of Ontario Health Centres, 2008) (KIIE-9) (KIISP-7) (KIISP-8) (KIISP-1) (KIIE-9) In addition to being a determinant of health, increased crime is a result of substance misuse issues in a community. People who are addicted to substances steal or engage in illegal acts (e.g., prostitution) to support their addiction, or cause property damage, act violently and commit other crimes while under the influence of substances –affecting the whole community. (KIISP-1) (KIISP-5) (KIISP-8) The top four crimes in Oxford County from 2003 – 2005 are theft under $5,000, mischief to property (under $5,000), break and enter to steal property (2003) and assaults (2004, 2005). Significantly, police in Oxford County estimate that 70% of charges for theft and breaking and entering are connected to the misuse of substances. (OPP Tillsonburg)

6.4 SERVICES

Oxford County residents identified issues related to services for substance misuse in two ways. First, they consistently identified being able to access services, and specifically services for addictions, mental health and in some cases youth, challenging. Some of these challenges are a result of living in a rural community – transportation from rural communities to central service hubs – however, others were related to wait times for services, costs for services and, access to support (like child care) in order to access services They also articulated concerns with the local availability of the types of services required to address addictions. Community consultation processes revealed considerable consistency in the types of services that stakeholders believe are needed to address both the direct and underlying causes of substance misuse in Oxford County.

6.4.1 ACCESS TO SERVICES

In community consultation reports, accessibility to services (including medical physicians and recreation), was consistently raised as "major problems" for communities throughout the County. (Association of Ontario Health Centres, 2008) (United Way of Oxford County, 2005) For the purposes of this report, the

community identified three critical components of access: availability of services, transportation, and access to support.

Availability of services

Community stakeholders reported that there are not enough treatment spaces available for Oxford County residents with substance misuse issues. Stakeholders consistently reported that there were waiting lists for addictions services from a minimum of four to six months. (KIISP-3) (KIIW-13) They noted that wait times for accessing services are particularly problematic for individuals with substance misuse issues who need to take action on their issues while they are in crisis and have a strong desire to take action. (KIISP-1) (KIISP-10) (KIISP-5) There is also a concern for people with substance abuse issues that while waiting for service, they will begin to use again or enter crisis. (KIISP-5)

There was also significant concern that providers – particularly those who are not direct health care providers – are not aware of services that are available. (KIISP-8) (KIISP-11) (KIIE-9) One community stakeholder noted that a challenge to the awareness of addictions services was that the services are provided in the three main urban centres in Oxford County by one full time staff, so services vary by day and time in the county. (KIISP-11)

There is an important disconnect between addictions services that are available and the perception in the community and among non-addictions service providers about the availability of services that can be accessed. While the community consultation showed that there was a persistent and common concern about waiting lists for addictions services, the service provider, Addictions Services Thames Valley reported that there were no wait times for accessing addictions services in Oxford County. (Addiction Services Thames Valley, 2008) This example demonstrates the challenging nature of communication in the County.

Transportation

Transportation is an overarching community issue in Oxford County. This issue was highlighted by the United Way of Oxford County's *Community Priorities Report* and the Association of Ontario Health Centre's Woodstock and Area Communities Health Centre Report. (United Way of Oxford County, 2005) (Association of Ontario Health Centres, 2008) Public transportation is only available in the town of Woodstock. While some specialized transportation services exist, there are no services providing transportation support for people with substance misuse issues or who are mentally ill. (KIISP-2) Many of these specialized services are also provided at a cost, creating an additional service barrier for low income individuals. (KIIE-4)

For addictions services, this problem is compounded by the lack of residential treatment programs in the county. Key informant interviews with service providers, as well as service provider consultations, indicate that based on the Oxford County population, there are a proportionate number of residential treatment beds available for Oxford county residents, however the challenge is access to these residential treatment services. (KIISP-12) (KIISP-2) As noted by one stakeholder, "The issue is NOT the number of beds, but the long distances needed to travel to access the beds!" (KIIE-4)

Access to Support

Community stakeholders repeatedly emphasized the nature of substance misuse as impacting all aspects of an individual's life. At the same time, stakeholders, particularly service providers, noted that people with substance misuse issues needed to have support in order to address substance misuse issues. Support covered a myriad of issues – child care support, mandatory after-care support program, support to provide visitation with children while in treatment, and general emotional support. (KIISP-1) (KIISP-8) (KIIW-13)

Access to support was articulated as a way to provide "stability" for the individual or family involved. Some stakeholders suggested that support programs needed to provide "the extended family" for those where extended family could not provide support. Service providers noted the need for coordinated "wrap around support" for families from all the providers involved in treating the family. (KIISP-8) Providing access to support was also important where waiting lists were in place – to stay "clean" until the program started.

Stakeholders also recognized the incredible role that the environment plays in substance misuse issues. They noted that when people decide to address their substance misuse issues, complete withdrawal or detoxification or return from treatment and are no longer misusing substances, they frequently return to the same environment that they lived in. This makes it terribly difficult to stay "clean" and free of substance misuse issues. Service providers report that the problem is exacerbated when residential treatment is provided outside the community without adequately addressing the local environment. The person returns to the same environment that resulted in their treatment in the first place. (KIISP-3) (KIISP-8) (KIISP-12)

6.4.2 SERVICES PROVIDED

Services for substance misuse treatment are important to Oxford County residents. Through community consultation processes, community members identified treatments for addictions and mental health issues as a priority concern. Service providers in particular noted a concern that "turf" issues might exist between service agencies and that programs will be provided in "siloes" rather than offered in a cooperative and coordinated way. (KIISP-1) (KIISP-11) (KIISP-3) (KIISP-7) Service issues regarding the availability and provision of Mental Health and Addictions were all outlined through the SW LHIN Mental Health and Addictions Priority Action Team. (South West Local Health Integration Network, 2008)

In keeping with the Four Pillar Model for addressing substance abuse, this section considers the issue of services comprehensively – including services for prevention, treatment, harm reduction and enforcement. In the sections below, services provided in each of the pillar areas are summarized and how the community experiences each reported. In some cases, organizations may provide ad hoc services, or auxiliary supports for addiction services, that are not described here. This summary of services focuses on those that are specifically tasked with addressing substance misuse issues, even though, because of the nature of substance abuse, many other organizations may provide a contributing role in addressing the issue in the community. Community input to "what is needed" vis a vis substance abuse services in Oxford County are also identified.

6.4.2a. Prevention

Services available for preventing substance misuse are difficult to inventory because there is no coordinated approach to substance misuse prevention, and because substance misuse prevention crosses many sectors. Organizations that are specifically tasked with providing substance misuse prevention services are Oxford County Public Health and Emergency Services and the Boards of Education. These organizations work on empowerment and engagement strategies for youth and delivering prevention services through the development of awareness, knowledge and skills for living. Each individual school and classroom implements focused substance misuse prevention programming differently linked to curriculum but messaging is different and consistency is not achieved.

Other organizations that work on substance misuse prevention are police services. Both the Oxford County OPP and Oxford Community Police Services work with schools to deliver substance misuse prevention programming within the school environment and through community policing provide one-on-one prevention support. Youth centres like Ingersoll's Fusion Youth Centre, Norwich Upper Deck Youth Centre and municipal parks and recreation departments address substance misuse indirectly by providing alternative activities and supportive environments.

The need for more prevention activities within an overall community prevention plan was identified repeatedly by community stakeholders (FGE-1) (KIISP-5) (KIISP-1) (KIISP-10) and is strongly indicated by best practices for prevention. Needs for prevention programming that were identified by community stakeholders included:

- After school activities for a broader range of youth that are low cost or free (FGE-1) (KIISP-3) (KIISP-8)
- Comprehensive and effective substance misuse programming at all schools and starting at younger grades with age appropriate messaging (FGE-1) (KIISP-10) (KIISP-5) (KIISP-1)
- Prevention efforts that go beyond education to help children "prepare for the moment when have to make that decision" about substance misuse. (KIISP-10)
- Programming for high risk children and youth who experience or are likely to experience substance misuse at home (KIISP-1) (KIISP-10)
- Training for teachers and parents to help them learn to spot issues, capitalize on learning moments with youth and make appropriate referrals was also identified as a need. (KIISP-10) (KIISP-6) (KIISP-3)

6.4.2b Treatment

Community stakeholders most frequently discussed treatment programs when talking about substance misuse programs. In Oxford County, treatment for substance misuse is provided primarily by Addiction Services of Thames Valley (ADSTV). The Woodstock General Hospital (WGH) and the Canadian Association for Mental Health (CAMH) provide services for mental health clients, many of whom also misuse substances.

Within the continuum of treatment services, there are six main types of treatment provided for substance misuse. These treatment areas are identified in the table below by the target audience they serve with the agency responsible for delivering the service, and where that service is located, is listed. Auxiliary supports – organizations that provide support for clients through their own services, but who do not provide treatment services – are also identified.

Table 1 Oxford County Addictions Services by Type

Treatment Service	Addictions Adult	Addictions Youth	Mental Health and Addictions Adult	Mental Health and Addictions Youth	Auxiliary Supports
Assessment and referral	ADSTV – Oxford County	ADSTV – Oxford County	WGH	WGH	
Case management	ADSTV – Oxford County	ADSTV – Oxford County	WGH, CAMH	WGH	
Residential treatment			WGH	WGH	
Residential supportive treatment			WGH	WGH	
Outpatient and community-based treatment	ADSTV – Oxford County	ADSTV – Oxford County	WGH, CAMH	WGH	
Community medical / psychiatric treatment	Local Physicians	Local Physicians	WGH, Local Physicians	WGH, Local Physicians	
Medications	Clinic 461 (methadone treatment support)				

The main treatment provider for addictions services in Oxford County is Addiction Services of Thames Valley. The agency is based in London and provides services in Middlesex, Elgin and Oxford counties in

several locations. The agency has offices in London, Strathroy, St. Thomas, Woodstock, Ingersoll and Tillsonburg. Addictions services offered by the agency includes assessment and referral, case management, outpatient and community-based treatment for both adults and youth. ADSTV does not offer residential treatments or withdrawal management treatments. These programs are offered through other organizations both in and around London, however Oxford County does not have any residential treatment located within the county. In addition to offering direct services, Addiction Services of Thames Valley is one of the main organizations involved in addiction services planning with the SW LHIN.

For individuals with concurrent disorders in mental health and addictions, both the Woodstock General Hospital and the Canadian Mental Health Association provide services. Woodstock General Hospital provides Adult Mental Health and Child Mental Health Services for Oxford County which includes both in-hospital treatment and outpatient treatment. The Canadian Mental Health Association works with individuals who are considered disabled as a result of their chronic mental health illness. They provide ongoing case management and community-based treatment.

The level or amount of service provided for substance misuse treatments provided through Ministry of Health and Long Term Care (MOHLTC) funding is determined based on a funding formula that takes into consideration population size and rate of incidence of the issue. Levels of services available for substance abuse programs are commensurate with the incidence of substance misuse in Oxford County according to MOHLTC standards.

From a treatment services perspective, Oxford County's proximity to larger centres like London and Kitchener Waterloo is problematic. While proximity provides access to some of the best health services in the country, it also means that local services are sometimes not available, since they are offered in relatively local cities. This is reflected in community perceptions of the availability of services. Despite the availability and level of service available in Oxford County, residents and service providers in Oxford County have repeatedly reported that access to counseling services and the lack of addiction services are two critical needs in the community. (KIISP-3) (KIISP-1) (KIISP-5) (KIISP-8) (KIIE-4). Of particular concern to community residents is that there are no residential treatment services, including withdrawal or detoxification, for people with addictions located in Oxford County. Residential treatment services are available in London and other Ontario communities. A withdrawal management program is available in Norfolk County. (KIIE-4) Still, this presents a significant challenge, particularly for people with families and people who are not able to access transportation and for those whose support networks for addressing their concerns are local. (KIISP-2) One service provider noted, "…people want to stay in Oxford County for treatment." (KIISP-12)

Moreover, community stakeholders report that because of the lack of withdrawal treatment services in the county, emergency shelter and residential treatment, hospital beds are used by people who are suffering from substance abuse and in crisis. Frequently, these individuals are also suffering from mental illnesses. They are admitted to hospital in crisis and are treated for illnesses brought on by their substance misuse, but the underlying reason for their admission is not addressed. Because they occupy "medical" beds rather than those identified for addictions, they do not get support from specialized services. (KIISP-12)

An assessment process by the MOHLTC noted that children and youth populations are in particular need of crisis intervention. To serve these populations, crisis intervention programs that include outreach

workers, relationship and life skill development; early intervention for children and high-risk families; programs and initiatives to address anger management, bullying and family violence; wellness programs for children; and a way to serve "transitional youth" who are lost in the system are needed. (Maziak, 2007)

The new Woodstock and Area Communities Health Centre has identified the comprehensive and adequate mental health and addictions services as a gap that can be addressed through their service. Their plan calls for offering comprehensive mental health and addictions services to priority populations in Woodstock and through their two satellite locations. These services include:

- Staff positions for mental health and addictions counseling linked / in partnership with existing services, consulting pharmacist and psychiatrist, patient advocate, case management / system navigation, community outreach workers, community mental health nurses, social workers
- Partnerships with other agencies to provide support for employment, housing, financial and legal issues
- Collaboration with local mental health and addictions agencies to address gaps, develop and enhance program deliveries
- Education for the community to reduce stigma associated with mental health and addictions issues
- Advocate for a long-term addictions treatment centre in Oxford County (Association of Ontario Health Centres, 2008)

Through the OCDTF Situational Assessment community consultation process, it became clear that organizations working with individuals who are misusing substances need to work together in a more integrated way, for example by ensuring that all relevant staff and agencies are trained in consistent screening and assessment tools. This is echoed in the SW LHIN Primary Health Care Mental Health and Addictions Priority Action Teams report. Through more explicit and direct work relationships and coordinated opportunities, service providers can address challenges with communication, service provider training and support each other's efforts to treat and support individuals who are misusing substances in Oxford County. Suggestions for improving treatments in Oxford County included standardized use of addictions screening tools by all services in Oxford County, a "no wrong door" approach to service access, supports to keep families together during treatments, increased training around concurrent disorders, and enhanced support for individuals with substance abuse problems who are seeking to return to work. (South West Local Health Integration Network, 2008)

6.4.2c Harm Reduction

There are two main harm reduction programs in Oxford County. The Oxford County Public Health and Emergency Services provides a Needle Exchange Program that offers clients free sterile needles and other injection equipment including sharps containers for safe return of used needles. Other services include counseling, testing, education and referrals to other health and social service agencies. Education is also provided to the community regarding harm reduction upon request. Clinic 461 is a methadone

clinic providing methadone treatment support. Both of these services are available only in Woodstock. Oxford County Public Health and Emergency Services supports "Smart Serv," a program that is taught at a local college to educate beverage servers about responsible serving. Municipal Alcohol Policies, are also supported by the OCPHES and low risk drinking guidelines education is provided through community presentations.

Overall, very few community stakeholders articulated the concept of "harm reduction". However, community stakeholders did identify the needs to reduce the number of prescription drugs diverted for illicit purposes. Education to people who prescribe medications was one approach for addressing this issue, while another was to advocate for the development of a prescription database in Ontario to track prescription fulfillment. (FGE-1) (KIISP-3) (KIISP-5) (KIISP-8) (KIIE-9) One other harm reduction issue addressed was the need for boards of education to change policies about definitions of "abuse" so that they will notify child enforcement agencies when neglect or emotional abuse is suspected. (KIISP-8)

6.4.2d Enforcement

The area of enforcement includes enforcing policies, rules and laws around substance misuse, how these issues are addressed in the courts or by justice systems and by organizations that support the courts, like alternative justice programs. In Oxford County, there are few organizations involved in enforcement. Police services, including the Oxford County OPP and Oxford Community Police Services and the Community Options for Justice Program are the two main local service providers in Oxford County. School boards, both the Thames Valley District School Board and the London District Catholic School Board, also play a role in enforcement through policies about substance misuse in schools.

Community stakeholders and residents did not express concerns about enforcement of substance misuse issues. Some service providers and youth noted that more alternative and meaningful diversion programs for youth are important. Importantly, enforcement agencies appear to play a strong supportive role and linkage to prevention, treatment and harm reduction services. They work closely with people who misuse substances, support treatment programs and link them to services. Some also provide extensive support for prevention programs. (KIISP-7) (KIISP-8) (KIISP-3) (KIISP-5)

It is clear that while Oxford County has a range of services and service levels commensurate to the rate of addiction in their community as established by the MOHLTC, that community members do not feel this is enough. Community members perceive that they are under-served, and believe that community action is needed. "We are underserviced in many ways – it's the nature of the regionalization of services. The hospital is tapped out, most of the not for profits are tapped, finding dollars or making the case for finding dollars is critical… If the business case is compelling, and we can show the benefits of local services… then we can get services to address the needs of this community." (KIISP-11) The gap in residential services is of significant concern to the community, and community members and to address substance abuse in their community. One stakeholder notes "[the] biggest need is for a continuum of addiction services that includes outreach and links in partnership with existing providers!" (KIIE-4)

7.0 SUMMARY

Oxford County experiences substance misuse in much the same way as other communities in southwestern Ontario, with some disturbing trends in alcohol and cannabis use. Youth are a particular concern to Oxford County, and it is clear that the misuse of substances is a part of their overall life with alcohol, tobacco and cannabis (marijuana) being frequently used, and identified as problem substances. Key stakeholders indicate that drug use within the home has substantive negative impacts on both family life and provides negative role modeling, Substance misuse is not limited to the home environment – its impacts are felt in the workplace, at school, in the use and misuse of hospital beds and in illegal activity throughout the community. Substance misuse is visible in community parks, at schools, recreation facilities and crosses all boundaries of gender, class and income.

Several key community factors both contribute to creating an environment where substance misuse is problematic. Lack of public transportation, affordable and stable housing, a weak sense of belonging, increased number of school leavers and the rural nature of the county, where it is difficult for youth to access community activities and programming, are challenges that need to be addressed.

While substance misuse treatment allocations for Oxford County meet standards set by the Ministry of Health and Long Term Care, there is a persistent sense that the county is under-served when it comes to addictions services. The lack of residential treatment and withdrawal programs within the County are a significant concern, but levels of service are consistent with those in other communities of the same size and situation. Certainly challenges to delivering services – where service centres are spread out across a wide geographic area and no County-wide public transportation – fuels this perception. Moreover, the same challenges that make it difficult to access services for the individual, contribute to barriers in communication between services and organizations.

This environmental scan also provides an overview of best practices and strategies for addressing substance misuse in communities. The use of a four pillar model is strongly indicated. A four pillar model is based on the concept that stakeholders working in each of four “pillars” --prevention, treatment, enforcement and harm reduction work in concert to address problematic substance use in a community. A review of existing services, and the identification of service and communication gaps, will also inform how new investments in targeted areas can best serve the community.

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