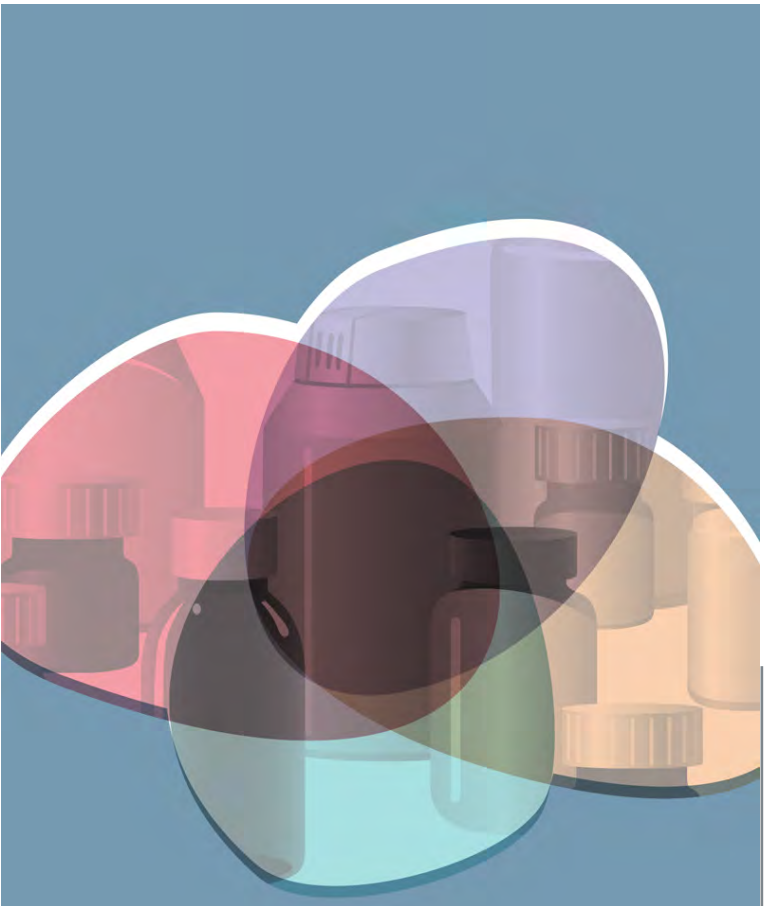

WINDSOR-ESSEX COMMUNITY OPIOID STRATEGY

AN ACTION PLAN
FOR OUR COMMUNITY

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Executive Summary

Last year nearly 2 million people in Ontario filled opioid prescriptions, representing approximately 14% of the overall population, or one out of every seven people (Health Quality Ontario, 2017). These high volumes of opioid being made available in communities across the province have led to higher rates of misuse, abuse and overdose. This is a concern not only for patients who are prescribed opioids but also their family members, and those who obtain these substances on the illicit market. Federal and provincial governments have recently released strategies to address some of these issues however additional action is needed at the local and regional levels.

In December of 2016, the *Windsor-Essex Community Opioid Strategy Leadership Committee* (WECOS-LC) was formed, bringing together leadership and key stakeholders across many sectors to collectively address rising rates of opioid use in Windsor and Essex County. Consisting of stakeholders from public health, emergency services, law enforcement agencies, the Erie St. Clair Local Health Integration Network, the City of Windsor, County of Essex, Windsor-Essex hospitals, addiction and mental health service providers, school boards, pharmacies, and community peer representatives, the WECOS-LC committed to the ongoing development and implementation of the *Windsor-Essex Community Opioid Strategy*.

The strategy was developed by the WECOS-LC in consultation with residents of the community, beginning with an environmental scan of existing community resources and best practices from other regions at the provincial, national, and international levels. This set of strategies was then further refined through a community consultation process involving two community forums and an online community feedback survey. The development process resulted in the following set of recommendations categorized under the Pillars: Prevention/Education, Harm Reduction, Treatment/Recovery, and Enforcement/Justice. Under each recommendation there are a set of short and long-term actions to be implemented by pillar-based working groups to build upon existing community resources, programs and services. The actions are as follows:

- Support peer engagement and meaningful involvement of people with lived experience, as a critical feature for building local capacity.
- Support all healthcare providers to lay a key role, through appropriate prescribing practices, patient education about opioids and overdose prevention and other pain management options.
- Provide early education and prevention about opioids and other substance use.
- Develop a local overdose monitoring and response system.
- Increase access to a variety of harm reduction options for people who use opioids and those affected by people who use opioids.
- Address stigma associated with problematic substance use through the development of supportive polices and education of healthcare professionals, community organizations and the public.
- Work with provincial partners to advocate for increased funding to expand the capacity of the local substance use treatment system.
- Redefine the role for enforcement agencies and other first responders to build “public safety-public health” partnerships for a safer and healthier community.

Glossary

The words we use can impact the way we think and it is for this reason that the Windsor Essex Community Opioid Strategy -Leadership Committee offers the following explanations.

Opioid substitution therapies (OST) (e.g., methadone or suboxone): These are medications to treat opioid use disorder symptoms and cravings.

Non-abstinence treatment programs: Abstinence is defined as the complete cessation or quitting of drug or alcohol use. Non-abstinence programs are a harm reduction approach, and can include the use of opioid substitution therapies.

People with lived experience: People who have experience, either personally or through a friend or family member, with substance use problems and with accessing or trying to access the treatment system. The meaningful participation of people with lived experience in planning and being involved in decisions that impact the services to which they have access, is important.

Peer (Leader): A peer is a person who is of equal standing with another and who belongs to a specific group, and shares distinct characteristics with this group. Peers can provide valuable guidance and connection in a community. A peer leader can use their personal experiences to be a leader to others in their community.

Good Samaritan Law: The Good Samaritan Drug Overdose Act applies to anyone who seeks emergency support during an overdose, including the person experiencing an overdose. The act also protects anyone else who is at the scene when emergency services arrive.

Introduction

Increasing rates of opioid overdose across Canada have prompted action at all levels of government. In addition to the broad increases in opioid-related emergency department (ED) visits, hospitalizations, and deaths noted at the provincial level (Ontario Agency for Health Protection and Promotion (Public Health Ontario), 2017), a recent report identified Windsor-Essex having an increased burden of opioid-related harms (Windsor-Essex County Health Unit, 2017) relative to other regions in Ontario. With increased funding for local public health units to address this issue, an opportunity exists to address opioid overdose in Windsor-Essex with strategies driven by community need and a community focused approach to overdose prevention and harm reduction.

The Windsor-Essex Community Opioid Strategy (WECOS) seeks to address the increases in opioid related harms through a set of best practice strategies tailored through community feedback to address the unique needs of Windsor-Essex residents. Recognizing that no single agency or single activity or action can adequately address an issue as complex as substance abuse, a four pillar approach utilizing Prevention/Education, Harm Reduction, Treatment, and Enforcement has been implemented in similar sized Ontario municipalities and as such will serve as the model on which the WECOS is based.

An initial set of eight interventions plus one foundational step were developed utilizing national and provincial best practices such as those implemented by the City of Toronto (Toronto Public Health, 2017) and the Region of Waterloo (Waterloo Region Crime Prevention Council, 2011), as well as a local environmental scan to determine areas of need specific to Windsor-Essex. These interventions were further refined through community consultations.

The Local Context

Windsor-Essex County is the southernmost county in Canada and consists of one metropolitan area (The City of Windsor) and the seven municipalities of Amherstburg, Essex, Kingsville, Tecumseh, Lakeshore, LaSalle, and Leamington. The majority of the population is located in the City of Windsor. Local data related to overdose-related ED visits, hospitalizations and death pinpoint the downtown core of Windsor with the highest rates of opioid overdose. In addition to the downtown of Windsor, the Leamington downtown is also identified with high rates of opioid related harms. Given that the impact of opioid related harms is concentrated in these two downtown areas they present the greatest opportunity to reduce the overall opioid overdose burden in Windsor-Essex.

The rate of opioid users in Windsor-Essex is the 7th highest in the province. In addition, a recent report (Health Quality Ontario, 2017) describes the Erie-St. Clair LHIN region (in which Windsor-Essex County resides) as having the highest rate of opioid prescriptions in the province. Opioid-related emergency department visits have increased by 3.6 times since 2003. Opioid related deaths in the City of Windsor are significantly greater than the rest of the county, with 19 out of 24 deaths county-wide occurring in the City in 2015. Based on the morbidity and mortality data in this region, the burden of illness for

opioid misuse is disproportionately greater among the working-age (20-64 years-old) population (primarily males) in the City of Windsor (Windsor-Essex County Health Unit, 2017).

A Foundational Step: Windsor-Essex Community Opioid Strategy- Leadership Committee

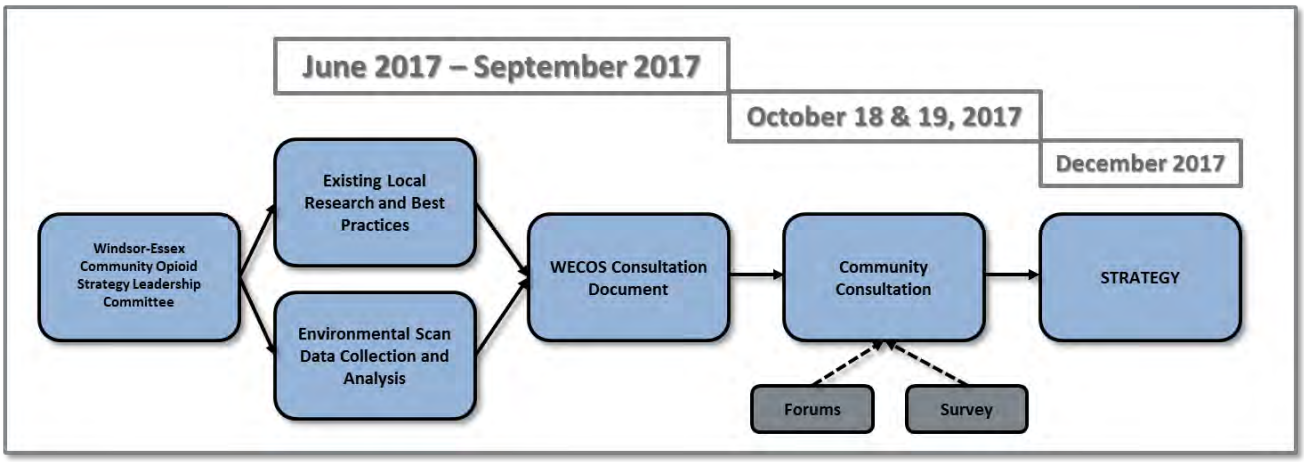
A foundational process necessary to ensure implementation across multiple sectors and address all four pillars of the WECOS, was to mobilize a small group of community leaders representing community organizations from each pillar of Prevention/Education, Harm Reduction, Treatment, and Enforcement. This leadership is tasked with ensuring the feasibility of suggested interventions as well as assisting in the implementation of effective, local and sustainable solutions for opioid use and overdose prevention. Effort was made to include people with lived experience to ensure they have direct input into the high-level planning of the strategy.

The *Windsor-Essex Community Opioid Strategy Leadership Committee (WECOS-LC)* is a collaboration of stakeholders from public health, emergency services, law enforcement agencies (federal drug prosecution, Windsor, LaSalle and Amherstburg Police Services, OPP), the Local Health Integration Network, the City of Windsor, County of Essex, Windsor-Essex hospitals, addiction and mental health service providers/harm reduction agencies, education sector, pharmacy(s), and the community through peer representation.

The WECOS-LC has committed to the ongoing development and implementation of a community based opioid strategy that will reduce the burden of opioid related social and health issues in our community. Members of WECOS-LC are interested in mobilizing individual and shared efforts to encourage collective impact on the health and social issues of problematic opioid use (Canadian Centre on Substance Use and Addiction, 2017).

Strategy Development Process

Strategy development process at a glance…



A Scan of Best Practices for Community Drug Strategies

The first phase of action for the WECOS-LC was to conduct a scan of other community drug strategies (CDS), including both poly-substance and opioid-specific strategies. Common approaches that were considered and incorporated into the WECOS include:

- **Four pillar approach**: 1) Prevention, (2) Treatment, (3) Enforcement, and (4) Harm reduction.
- **Coordinated and comprehensive response**: A response that balances public health with public safety.
- **Leadership structure**: To provide sustainability, coordination, evaluation, and oversight of projects.
- **Front line workers and those with lived experience**: By including these groups in the development process we will learn about and from groups which are at high risk of addiction and overdose.
- **Collective impact framework**: Collective impact theory is based on the idea that complex social issues are best addressed when different sectors of a community work together.
- **Communication**: Consistent communication is needed with the broader community about opioid use and overdose prevention, and among working groups.
- **Evidence-based activities**: Many ideas may come from activities that are part of developing a strategy (e.g., community consultations), but they must be backed by an evidence base to be part of the final strategy.
- **Support of the municipality**: Municipal or regional council endorsement of a CDS can be helpful to moving activities forward and championing the strategy at several levels.

The Windsor-Essex Community Substance Use Programs and Services Survey

An asset and gap analysis of existing services in our community was conducted to identify specific needs of Windsor and Essex County (WEC). The *Windsor-Essex Community Substance Use Programs and Services Survey* (Appendix A) was developed and administered to gain a better understanding about demands, gaps, and barriers to accessing these services, as well as to gather information on how the current system could be improved.

A four pillar approach was utilized to collect and organize responses related to the types of programs offered, whether organizations felt they were able to meet the overall needs of their clients, and challenges or barriers faced by organizations as they related to the opioid use and overdose prevention. It should be noted that the responses were organized in the pillar in which they were provided by the respondent organization, in this sense some comments may apply to more than one pillar.

The survey was disseminated to 53 organizations with a reasonable response rate of 51% (27 organizations) with representation from across each of the four pillars. Organizations which responded to the survey were also asked if they would be interested in collaborating to support the work of

developing and implementing a community opioid strategy. The majority (91%) indicated that this was something they would support.

Responding organizations were asked to identify priority strategies to better address the issues that relate to substance use in Windsor-Essex County. A list of options was provided or respondents could express additional ideas. The top areas identified to be included in a community opioid strategy and ranked in order of importance can be found below:

1. Increasing access to treatment services.
2. Increasing public awareness of opioid misuse, diversion, and overdose prevention.
3. Increasing access to Naloxone/overdose prevention, education, and training.
4. Increasing provider and patient education on managing pain and the risks associated with opioids.

In addition to these priorities responding organizations provided an overview of programs and services, as well as challenges/barriers, and opportunities to address gaps in the opioid/overdose prevention system. A summary of the findings are as follows:

Prevention and Education

Twenty-one of the 27 organizations that responded indicated that they undertook some type of prevention and education activities or services. The most frequent type of program or services offered under this pillar was educational programming (e.g., presentations to schools and community groups) (70%) as well as community events. More than half of the organizations said that funding and resources, such as staffing (52 %) were key challenges they faced in implementing these types of programs. Organizations reported that there are several gaps or needs in Windsor-Essex for prevention and education resources or programming, including lack of early intervention programs, and lack of public awareness of the issues surrounding substance use.

Harm Reduction

Nineteen organizations indicated that they offered programs or services under this pillar. Education about harm reduction approaches was identified as a key programming activity under the harm reduction pillar (47%), as well as programs for methadone and naloxone. Lack of access to harm reduction services (35%, n=6), supplies (e.g., clean needles), and wait times for services (e.g., for residential treatment programs that accept clients on methadone, or other opioid substitution therapies) were some of the main challenges identified with implementing harm reduction programs and services.

Responding organizations also reported that there are several gaps or needs in Windsor-Essex for harm reduction resources or programming. Two of the main gaps related to the need for improved access to these types of services (58%) and increased awareness of what harm reduction is and the need to

reduce the stigma related to this treatment approach (58%). Another key area of concern was access to harm reduction supplies, especially for those living in the county.

Treatment and Recovery

Seventeen organizations reported offering treatment and recovery services and programs. These types of programs or services offered locally aligned with three general categories - counselling services (65%, n=11), life skills education (29%, n=5), and referrals to other community resources (e.g., dental care or primary health care providers, 12 step meetings, or housing supports). Responding organizations reported that there were several significant challenges with implementing these types of services, including an overall lack of treatment and recovery options (69%, n=10), low staffing and capacity due to funding (62%, n=8).

Service gaps identified in Windsor-Essex for treatment and recovery resources included: lack of non-abstinence based programs (46%), the length of wait times to access services, and insufficient support for clients and their families (e.g., lack of outpatient services).

Enforcement and Justice

Nine organizations indicated they provide some form of programming, support, or enforcement activities. Programs and services under this pillar include education programs and outreach (44%), system navigation and referral to other services, such as court-ordered treatment programs (56%), and criminal investigations. One of the main challenges for these organizations outlined, is simply the need to increase awareness of substance use services and programs in this region (50%). Responding organizations reported that they lacked knowledge about what services are available, especially which services are offered outside of the City of Windsor.

The Proposed Action Plan: Windsor-Essex Community Opioid Strategy

Input from local service providers gathered from the *Windsor-Essex Community Substance Use Programs and Services Survey* and best practices from other community drug strategies were incorporated to develop the *Proposed Action Plan: Windsor-Essex Community Opioid Strategy.* The proposed action plan consisted of a set of strategies under each of the four pillars and was anchored by one core strategy related to public health surveillance and monitoring. These strategies were proposed to complement existing services and fill gaps in programming across all four pillars.

The *Proposed Action Plan: Windsor-Essex Community Opioid Strategy* (see *Appendix B*) included the following:

1) Enhance monitoring activities and use of overdose data across sectors.
2) Increase public awareness about opioid misuse, diversion, and overdose prevention through public awareness campaigns.
3) Increase provider and patient education on opioid use and managing chronic pain.

4) Improve overdose prevention education, training, and services.
5) Increase access to naloxone through changes in practice and policy.
6) Develop a local evidence-based harm reduction framework, including increased access to harm reduction services and supplies.
7) Increase treatment options and ensure people can access appropriate services when they need them.
8) Collaborate across law enforcement agencies to develop a consistent approach to address overdose scenes and diversion activities.

Community Consultation Process

In order to capture the diverse perspectives of those most directly impacted, community consultation(s) were used to further refine the proposed action plan. Locations for community consultations were based on the areas in Windsor-Essex identified with the highest opioid use. As such, one consultation was held in downtown Windsor (YMCA) and one in Leamington (Kinsmen Recreation Centre). The proposed action plan (see *Appendix B*) was presented and feedback was collected to be incorporated into the final plan for Windsor-Essex.

Promoting the Community Consultation Process

A media event was hosted by the WECOS-LC at the Windsor-Essex County Health Unit to mark the release of the consultation document and the upcoming community consultation strategy. At the event the co-chairs of the WECOS-LC and other community leaders highlighted the need for a collective community response to the opioid issue in Windsor-Essex and welcomed the community to provide their input on the proposed action that was outlined in the consultation document.

Data Collection Methods

Community Forum Events

Both community conversations were held in the evening in late October 2017. The WECOS-LC members, along with senior municipal officials supported these events and were an opportunity for members of the community, including families and individuals with lived experience, to learn more about the proposed strategy and provide input into potential actions and needs for Windsor-Essex.

Both evening events included an overview of the local opioid picture, a summary of the proposed strategy, and a presentation from the keynote speaker, Michael Parkinson, Community Engagement Coordinator, Waterloo Region Crime Prevention Council.

Following presentations, attendees participated in facilitated table discussions with members of the WECOS-LC. Attendees had the opportunity to provide input on any or all of the four pillars by responding to two questions:

- *Based on what you heard today, what stands out for you the most as it relates to the [PILLAR NAME] pillar?*
- *Are there any points that you thought were missing from the strategy, under the [PILLAR NAME] pillar?*

Community Feedback Survey

The *Windsor-Essex Community Opioid Strategy Feedback Survey* (see *Appendix C*) was also disseminated for those who were not able to attend the forums or who did not feel comfortable providing feedback related to lived experience in a public setting. The survey was primarily disseminated online through WECOS-LC partners' social media accounts, but paper copies of the survey were also available at key organizations which serve people who use drugs throughout Windsor and Essex County. A mixed methods approach was embedded in the survey design. Respondents were asked to indicate the perceived benefit of specific strategies under each pillar and offered the opportunity to provide general feedback in the form of open-ended questions.

Results from the Community Consultation Process

The consultation process generated 89 completed surveys, and approximately 150 attendees offering feedback at the community forum events. The results from the community consultation process are summarized below. A synthesis of the three sources of data by pillar can be found in *Appendix D* (i.e., Community Forum Feedback, Survey Quantitative Results, and Survey Qualitative Results).

Key recommendations under each pillar are identified below, as well as recommendations related to leadership and implementation moving forward. One recommendation that emerged that was relevant across all four pillars was the importance of meaningful involvement of people with lived experience. This theme seems to align with the recommendations initially proposed in the action plan and as a result, the following recommendation should be considered across all pillars.

1) ***Support peer engagement and meaningful involvement of people with lived experience as a critical feature for building local capacity.***

    - **Short-term action:** Identify and establish peer leaders and ensure meaningful involvement in development and implementation of the Windsor-Essex County Opioid Strategy.

PILLAR ONE: PREVENTION AND EDUCATION

Prevention and Education refers to interventions that seek to prevent or delay substance use, and which address root causes of addiction (Waterloo Region Crime Prevention Council, 2011). These interventions may include approaches such as: promoting healthy families, mentoring programs, school and community education, to enhance the knowledge and skills of the community related to substance use.

WHAT WAS PROPOSED TO THE COMMUNITY:

STRATEGY ONE: Enhance surveillance activities and use of overdose data across sectors**.** Collecting and analyzing health-related data is essential in planning, implementing, and evaluating public health programs and interventions. Until recently there has been a lack of accurate data about how many people have overdosed due to opioids in Ontario, and difficulty in the tracking the number of deaths caused by opioid use. The lack of this type of data at the local level has impacted the ability for a timely and comprehensive response.

STRATEGY TWO: Increase public awareness about opioid misuse, diversion, and overdose prevention through public awareness campaigns. Among the best approaches to addressing opioid use is to intervene before it occurs (Hahn, 2011). Education and prevention activities should be implemented to increase awareness of opioid use, associated dangers, and the importance of proper use, storage, and disposal of prescription opioids, as well as the risks associated with possibly contaminated illicit opioids (e.g., bootleg fentanyl).

STRATEGY THREE: Increase provider and patient education on opioid use and managing chronic pain.

A multipronged approach to address problems related to opioid use and overdose through education and prevention must also include educating patients and health care providers about opioid use and chronic pain management. Increased education for health care providers about safe prescribing practices has been identified as a key strategy in Ontario's Strategy to Prevent Opioid Addiction and Overdose (Ministry of Health and Long-Term Care, 2017).

WHAT WE HEARD FROM THE COMMUNITY:

In reviewing the data collected through our community consultation, there was agreement across all sources that there needs to be more education on pain management and appropriate prescribing practices for doctors and others who prescribe opioids. Over 80% of survey respondents saw this as a large or very large benefit, and over 15% of comments from the forum and open-ended survey questions supported this.

"I am concerned about the frequency and reasons local doctors are prescribing opioids and narcotics. My daughter was offered opioids after getting her wisdom teeth out"

–Survey respondent

"Doctor's giving huge prescriptions (70 pills) should give 7-day dose and see them again"

-Community forum participant

The importance of targeting high risk populations, children/youth, parents, and other caregivers with a clear education campaign was also highlighted. Over 90% of survey respondents saw a moderate or greater benefit in a campaign which provides clear information about opioid use and how to help opioid users, along with 37% of survey respondents and several comments from the community forum.

"School-based education for youth as well as teachers and parents is strongly needed. People need to know what to do when a friend or parent thinks a loved one is taking opioids and how to help them. People need to know where to get information"

-Survey respondent

"There is a general lack of knowledge across all demographics. If we could have better educational materials for a wide variety of people, it will increase general community awareness"

-Community forum participant

There was also evidence of support for a real-time overdose surveillance system and additional information for patients receiving opioid prescriptions, including associated risks and access to harm reduction options.

SUMMARY AND RECOMMENDATIONS

There was clear support across all respondents for: 1) supporting improvement of healthcare professionals' practices and knowledge of opioids and other options for pain management; 2) more education on opioid use and how to help opioid users; 3) implementing an overdose monitoring system; and 4) ensuring patients get clear information about opioids, the risks associated with opioids. These themes seem to align with the recommendations initially proposed in the action plan and as a result, the following recommendations should be considered under the *Prevention & Education* pillar:

1) ***Support healthcare providers to play a key role, through appropriate prescribing practices, patient education about opioids and overdose prevention, and other pain management options.***

- **Short-term action:** Develop or adapt existing education resources and partner with local healthcare professionals (e.g., primary healthcare providers and pharmacists) to support dissemination of these resources with patients and clients.

2) ***Provide early education and prevention about opioids and other substance use.***

- **Short-term action:** Collaborate across all four pillars to develop and disseminate education and prevention about opioids and other substance use.

- **Short-term action:** Promote substance use education and prevention programming that incorporates multiple perspectives, including those of peers, police services, health care workers, etc.

- **Short-term action:** Develop and evaluate a public awareness campaign on opioids, including the root causes to inform the community's understanding of addiction.

- **Short-term action:** Work with schools, families and youth to support drug and addiction literacy in young people.

- **Short-term action**: Develop a "shared agenda" between service agencies for prevention and education to maximize resources and minimize duplication. This includes identifying roles and awareness within community providers.

- **Short-term action:** Work with post-secondary institutions, both colleges and university, to support drug and addiction literacy in young people.

- **Short-term action:** Develop a primer document about opioids, other substance use and harm reduction approaches, for journalists and collaborate with local media.

3) Develop a local overdose monitoring and response system.

- **Short-term action:** Establish data sharing agreements between public health, emergency health services, and other community stakeholders to support the development of a local on-line monitoring and response system dashboard.

- **Short-term action:** Develop a communication and emergency response system between public health, emergency health services, and other community stakeholders to be able to use local data to plan and respond promptly.

- **Short-term action**: Analyze and use local data to identify priority populations for rapid intervention and response.

- **Long-term action:** Investigate real-time mapping tools that can be used by first responders, to enhance the quality of the surveillance data that is used to develop response plans and early warning systems.

PILLAR TWO: HARM REDUCTION

Harm Reduction refers to interventions that seek to reduce the harms associated with substance use (Waterloo Region Crime Prevention Council, 2011). These interventions aim to reduce the spread of communicable diseases, prevent overdose deaths, increase contact with healthcare providers, and reduce consumption of illicit substances in unsafe settings.

WHAT WAS PROPOSED TO THE COMMUNITY:

STRATEGY FOUR: Increase access to naloxone through changes in practice and policy.

Naloxone, or Narcan®, is an antidote to opioid overdose. It reverses the effects of opioids by displacing opioids from their receptors, temporarily preventing the opioids from having an effect (Webber, 2016). Naloxone distribution programs have recently been extended to a variety of clinical settings, first responders, and other agencies in some communities (Orkin, 2015).

STRATEGY FIVE: Improve overdose prevention education, training, and services.

Best practice guidelines for harm reduction approaches include training people who use opioids (and their friends and families) on how to avoid overdosing and how to act if they see another person overdosing. Education involves knowing the signs of an overdose, when to call 911, and how to administer naloxone. Existing evidence shows that overdose education and the distribution of naloxone improves people's willingness to intervene in an overdose, reduces mortality and is cost-effective (Strike, et al., 2013).

STRATEGEY SIX: Develop a local evidence-based harm reduction framework, including increased access to harm reduction services and supplies.

The pillar of harm reduction has been restored to the Canadian Drugs and Substances Strategy (Health Canada, 2016), which allows problematic drug use to be primarily recognized as a health issue rather than criminal matter. Yet, there remains work to be done to inform the public and society as whole of the key issues and benefits related to harm reduction approaches and to increase access to harm reduction options and supplies.

WHAT WE HEARD FROM THE COMMUNITY:

In reviewing the data collected through our community consultation there was agreement across sources that there needs to be greater access to harm reduction options for people who use opioids and those most affected by the use of opioids by others. In the survey, 81% of respondents indicated that "take-home naloxone" program sites in acute care, community health centres, and treatment facilities would be a large or very large benefit toward improving harm reduction. Increased access to naloxone for medical/non-medical staff and for first responders was also seen as a large to very large benefit (77.4%). The need and benefit of naloxone was also reflected in the comments (31%) from the community forum indicated under this pillar.

A second area highlighted was the need for needle syringe programs to ensure safe opioid use and safe disposal of needles. Over three-quarters (76.8%) of survey respondents saw large or very large benefit in investigating the expansion of the Needle Syringe Program. Furthermore, 22% of community forum comments mentioned a need for more needle boxes, better communication on accessing and using needle boxes, implementing safe injection sites, and increased access harm reduction supplies.

"Make a place for supervised use of drugs like opioids and meth then doctors can treat overdoses before it is too late"

– Survey respondent

"Windsor and Essex County needs to increase awareness of where people can dispose of used drugs and used needles"

– Survey respondent

"Since a needle box was put at Street Health, I see way more needles around. The problem might be there was no education about the boxes"

– Community forum participant

"I think that needle boxes would help a lot to clean up the city"

– Community forum participant

"People need street outreach at night and on weekends to get access to naloxone, get tested for HIV/AIDS, and get abscess care."

– Survey respondent

Addressing the stigma associated with opioid use through education and the cultivation of more respectful attitudes toward opioid users was also identified. Over 71% of survey respondents saw a large to very large benefit in this approach. Furthermore, survey comments called for more respectful language which will encourage treatment, and this was further reflected in the community forum feedback.

"Reduction in shame felt by addicts will encourage them to seek help and follow through with treatment."

–Survey respondent

"Overall feel there is a stigma. When you seek help or go to the hospital they treat you differently if you are an addict"

-Community forum participant

"[Lack of] housing, trauma, mental illness, dependency, sex trade workers (are all barriers to harm reduction)"

– Community forum participant

SUMMARY AND RECOMMENDATIONS

There was clear support across the community consultation feedback for: 1) enhanced access to harm reduction options (including, but not limited to naloxone); 2) growth of needle syringe programs to ensure safe opioid use and disposal of needles; and 3) reducing the stigma associated with opioid use by educating service providers (e.g., healthcare professionals) and the community in general, on respectful communication and attitudes toward those who use opioids and other substances. These themes align

with, and build upon the recommendations initially proposed in the action plan and as a result, the following recommendations should be considered under the *Harm Reduction* pillar:

1) ***Increase access to a variety of harm reduction options, such as non- abstinence based programs that accept clients using opioid substitution therapies, safer drug use equipment, and mobile outreach activities, for people who use opioids and those affected by people who use opioids.***

- **Short-term action:** Expand the Needle Syringe Program to other areas in Windsor and Essex County.
- **Short-term action:** Reduce the divide in the system between abstinence versus non-abstinence based services (e.g., expanding the Needle Syringe Program to include referrals to treatment, not just offering harm reduction supplies).
- **Short-term action:** Develop better signage and education for existing needle drop boxes and investigate the need and possible locations for additional needle drop boxes.
- **Long-term action:** Continued investigation by Windsor-Essex County Health Unit into the feasibility of Safe Injection Sites in Windsor and Essex County.

2) ***Address stigma associated with problematic substance use through the development of supportive polices and education of healthcare professionals, community organizations and the public.***

- **Short-term action**: Promote respectful language and dialogue on substance use and harm reduction approaches in our community.
- **Short-term action:** Host educational workshops/events for healthcare professionals and other service providers to increase awareness on substance use disorders, as a health condition, and harm reduction approaches.
- **Short-term action**: Continue to expand the distribution of naloxone and promote points of access.
- **Short-term action**: Encourage and provide support to organizations looking to develop organizational policies to support harm reduction approaches (e.g., support to develop policies around naloxone use).
- **Long-term action**: Advocate for more affordable housing, as a social determinant of health that can impact opioid use and risk of overdose.

PILLAR THREE: TREATMENT AND RECOVERY

Treatment and Recovery refers to interventions that seek to improve the physical and emotional well-being of people who use or have used substances (Waterloo Region Crime Prevention Council, 2011). These interventions may include, counselling, residential programs, and community-based withdrawal programs.

WHAT WAS PROPOSED TO THE COMMUNITY:

STRATEGY SEVEN: Increase treatment options and ensure peoplecan access appropriate services when they needthem.

Opioid substitution treatments (OST) are prescribed long-acting opioid medications that have been shown to be the most effective treatment available for opioid dependency. Access to OST (e.g., methadone and buprenorphine) should be made widely available, as it can reduce the risk of overdose deaths, the transmission of HIV, and Hepatitis B. Treatment for opioid use disorder should be provided in the community and where primary care is also available (Centre for Addiction and Mental Health, 2016). A medical model for opioid treatment must also be combined with a community based social services model to be effective in meeting the needs of those experiencing opioid dependence issues (e.g., support with finding housing and other social services).

WHAT WE HEARD FROM THE COMMUNITY:

Feedback from our community consultation showed there was agreement across all sources that greater integration of mental health services with addiction services is needed. In the survey, 83% of respondents indicated that improving the integration of substance abuse treatment services with primary care and mental health services would provide a large or very large benefit to meeting the goals of treatment and recovery.

"The vast majority of people that I work with that have addictions issues also have trauma in their life that has never been addressed…."

–Survey respondent

There was consensus across all sources that more readily available or effective treatment options, especially for those who do not have the insurance or financial resources, are needed. Over half of survey comments mentioned the need for more access to treatment resources for people who use opioids and their families. Community forum participants mentioned a lack of expedient access to treatment for financial/insurance reasons, the absence of needed programs, or absence of qualified professionals. In the quantitative survey results, there was moderate support for increasing funding to expand the capacity of the local treatment system to include non-abstinence based programs (e.g., residential treatment programs that allow clients to continue with opioid substitution therapies, like methadone or Suboxone).

"There are "cash beds -if you have money you can get treatment quicker"

-Community forum participant

"Getting into treatment is impossible (3-6 months) unless you have money to pay. Impossible to get clean waiting to get into treatment…."

– Community forum participant

"OHIP only covers 5 days of detox then you go home and wait for a call from rehab"

– Community forum participant

"There needs to be more beds available for detox and residential treatment so that clients can access the treatment system in a timely fashion as the window of opportunity is often small and if someone has to wait even 24 hours they can change their mind and fall through the cracks"

–Survey respondent

"Can we not have supports before residential treatment? What can be done pre-treatment to keep clients safe (given other stressors, neighborhood, co-morbidities)?"

– Community forum participant

SUMMARY AND RECOMMENDATIONS

There was clear support across the community consultation feedback that: 1) integration of mental health services with addiction services is needed due to the frequent co-occurrence of these conditions; 2) treatment resources need to be more readily available and equally accessible to all people who use opioids regardless of insurance coverage or financial ability; and 3) increased funding for non-abstinence based programs. These themes align with, and build upon the recommendations initially proposed in the action plan and as a result, the following recommendations should be considered under the *Treatment and Recovery* pillar:

1) ***Work with provincial partners to advocate for increased funding to expand the capacity of the local substance use treatment system.***
    - **Short-term action:** Collaborate to develop and promote well-defined pathways for persons and loved ones looking to access substance use services.
    - **Short-term action:** Collaborate to promote and better inform other professionals of the treatment and referral process to access substance use services in the community.
    - **Short-term action:** Work across community agencies to better coordinate services and ensure that there is no wait between detox and treatment and recovery services.
    - **Long-term action:** Work with provincial partners on improving the integration of substance use treatment services with primary and mental health services.
    - **Long-term action:** Work with provincial partners to provide more training for professionals about concurrent issues (both mental health and addictions) and increase staffing to levels that support safety and flexibility to meet client's needs.
    - **Long-term action:** Advocate for a greater number and more equitable access to treatment and recovery programs and services, including a more balanced set of before and aftercare

supports, specialized services for youth, day treatment options, and increased access to OST with supports to taper off these treatments.

PILLAR FOUR: ENFORCEMENT AND JUSTICE

Enforcement and Justice refers to interventions that seek to strengthen community safety by responding to crime and community disorder caused by substance use (Waterloo Region Crime Prevention Council, 2011). Given that police interact frequently with people who use drugs, these interventions aim to increase coordination between law enforcement and health services.

WHAT WAS PROPOSED TO THE COMMUNITY:

STRATEGY EIGHT: Collaborate across law enforcement and first responder agencies to develop a consistent approach to address overdose scenes and diversion activities.

Law enforcement agencies and other first responders are key stakeholder groups that need to be engaged and informed when developing a community response to the opioid and overdose issues in a community. There has been a shift in recent years in how law enforcement agencies are addressing opioid and other substance abuse in their communities. Traditionally, law enforcement efforts have focused on using enforcement actions like arrests and jail to target drug use and distribution.

WHAT WE HEARD FROM THE COMMUNITY:

In reviewing the data collected through our community consultation, there was agreement across all sources that law enforcement needs to not only be visible and accessible in the community, but they also need to consistently interact with people who use opioids in a respectful way that de-escalates tensions and encourages harm-reduction treatment. The majority of survey respondents saw a moderate or greater benefit (89%) in law enforcement establishing a consistent approach in how they respond to overdose scenes. Open-ended responses on the survey added to this, with 29% of comments advocating that law enforcement and other emergency personnel receive training in effective communication strategies that promote safety and the likelihood of effective treatment. Although community forum participants did not focus on effective communication, 26% of comments suggested that law enforcement be more visible and accessible in the community.

"Law enforcement agents need better training on how to de-escalate situations with individuals who may be experiencing substance-related outbursts that other residents are fearful of. Building a rapport and better communication is paramount."

– Survey respondent

Greater security at pharmacies and in other places where opioids are distributed was also highlighted. In the survey, 77% of respondents thought that training pharmacists on how to respond to diversion

activities and providing better security inspections at pharmacies would provide a large or very large benefit. Community forum participants supported this perspective and recommended that law enforcement address the importance of enhancing safety in areas in which opioid use is disproportionately high.

There was also evidence to support harm-reduction and rehabilitative options as preferable to incarceration, for people who use opioids and other substances. The use of naloxone, education, and a drug treatment court that mandates treatment were suggested as options.

SUMMARY AND RECOMMENDATIONS

There was clear support across the community consultation feedback that: 1) law enforcement should build rapport with those that use opioids with the goal of reducing further harm and finding appropriate treatment; 2) places where opioids are distributed (e.g., pharmacies, neighborhoods with higher rates of crime) should be kept safe by increasing security in these respective environments; and 3) system changes that include less harsh penalties for people who are addicted to opioids and those who "traffic" opioids in favour of harm-reduction and rehabilitative options. These themes align with, and build upon the recommendations initially proposed in the action plan and as a result, the following recommendations should be considered under the *Enforcement and Justice* pillar:

1) ***Redefine the role for enforcement agencies and other first responders to build "public safety-public health" partnerships for a safer and healthier community.***

- **Short-term action**: Strengthen community safety through a formalized partnership and a coordinated approach between police, municipalities and municipal leaders, peer leaders and other community stakeholders, to address opioid-related crime and other substance use issues.
- **Short-term action:** Develop a community safety plan to protect those that are not using drugs but that are still directly impacted, including improved communication channels between neighborhood groups (e.g., Downtown Windsor Community Collaborative) and law enforcement.
- **Short-term action:** Raise the profile of enforcement agencies as a "community resource" by:
    - Promoting the "Good Samaritan" law to reduce barriers to accessing emergency services.
    - Increasing public awareness of the community outreach role of law enforcement using social media and face to face presentations.
    - Promoting the COAST program (City of Windsor) and Mental Health Response Units (county) as responders/crisis workers that can help those struggling with addiction.

- **Short-term action:** Increase programs that divert people from the justice system to appropriate health supports, by further incorporating drug related cases into diversion programs.

FUTURE DIRECTIONS

It is clear that changes are required at all levels to tackle the complex issues contributing to the opioid crisis in Windsor and Essex County. Individual agencies will need to work in effective partnerships to develop comprehensive solutions and community-level initiatives to reduce the harms associated with opioid use and enhance the quality and range of services and supports for substance use issues, in this region.

In recent years, successful work has been done to address complex public health issues by forming community partnerships. These projects have shown that there are guidelines and principles that can help begin and maintain effective partnerships, such as trust, good communication and commitment (Morrel-Samuels, 2016). In order to build these relationships across sectors, among a variety of service providers, and between people with lived experience and families, proper preparation, time and supportive structures, such as funding and strong leadership are required for successful outcomes (Addiction and Mental Health Collaborative Project Steering Committee, 2015).

To action the above-mentioned recommendations, four pillar-based working groups will be formed to support change and project implementation in Windsor and Essex County. Working groups will consist of community stakeholders with complementary skills committed to a common purpose and set of activities. In areas where there are good working relationships already in place, activities may progress more quickly, however the collective effort of all groups will be critical in reducing the harms related to opioid use in this region. In all cases, people with lived experience (addicts, family/friends of addicts) should be represented at working group tables.

APPENDIX A – The *Windsor-Essex Community Substance Use Programs and Services Survey*

WINDSOR-ESSEX SUBSTANCE USE PROGRAMS AND SERVICES SURVEY

You are invited to participate in a survey led by the Windsor-Essex County Health Unit on behalf of the Windsor Essex Community Opioid Strategy - Leadership Committee (WECOS-LC). This survey will inform the development and implementation of a comprehensive strategy and series of interventions aimed at addressing increased rates of opioid-related harms in Windsor-Essex. Please identify the most appropriate person(s) to complete one survey on behalf of your organization or community group.

Upon completion of this survey, you will be provided with the option to share/exchange data and/or provide your name and contact information for follow-up or clarification on your answers. You are not required to do so. If you do decide to provide your contact information, it will only be seen by the project lead. If you have any questions or concerns related to this survey or if you wish to receive a summary of the results (in aggregate form) please contact Gillian Stager, project lead, at 519-258-2146 ext. 3213 or email gstager@wechu.org.

CONSENT TO PARTICIPATE

You do not have to participate in the survey. You do not have to answer any questions that make you feel uncomfortable, and there are no consequences associated with not answering some or all of the questions. The survey results will be combined and shared in aggregate form with all members of WECOS-LC (individual responses will NOT be shared). Overall feedback may be used on our website, annual report, a presentation or a publication, but your individual responses will never be made public. You may exit at any time if you no longer want to participate. This withdraws your consent. Once you submit your survey answers it will not be possible to take back your responses.

NOTICE OF COLLECTION

Information in connection with survey responses is stored by FluidSurveys (a service provided by SurveyMonkey), and not by the Windsor-Essex County Health Unit. Information in connection with survey responses is governed by the SurveyMonkey Terms of Use Survey. Data may remain on FluidSurveys servers for up to 12 months. Information on FluidSurveys servers will be subject to the laws of a jurisdiction outside of Canada.

WINDSOR-ESSEX COUNTY HEALTH UNIT
Bureau de santé de Windsor-comté d'Essex

ORGANIZATION INFORMATION/DEMOGRAPHICS

Before you begin the survey, please tell us about you and your organization:

1. Organization name:

2. Your role in the organization:

3. Which substances does your organization provide programs or services for? [SELECT ALL THAT APPLY]

- ☐ Alcohol
- ☐ Tobacco
- ☐ Prescription drugs
- ☐ Illicit drugs
- ☐ All substance addictions
- ☐ Other, please specify... _____

4. In which municipality is your organization/service located? [SELECT ALL THAT APPLY]

- ☐ Amherstburg
- ☐ Essex
- ☐ Kingsville
- ☐ Lakeshore
- ☐ LaSalle
- ☐ Leamington
- ☐ Pelee Island
- ☐ Tecumseh
- ☐ Windsor
- ☐ Other, please specify... _____

5. To residents of which municipalities in Windsor-Essex does your organization provide substance use programs or services? [SELECT ALL THAT APPLY]

- ☐ Amherstburg
- ☐ Essex
- ☐ Kingsville
- ☐ Lakeshore
- ☐ LaSalle
- ☐ Leamington
- ☐ Pelee Island
- ☐ Tecumseh
- ☐ Windsor
- ☐ Other, please specify... _____

6. Does your organization provide any form of assistance or support for individuals looking to access substance use programs or services (e.g., transportation, home visits, translation, etc.)?

Please provide details if possible.

- ○ Yes _____
- ○ No

7. How do people who utilize the services offered by your organization generally hear about these services? [SELECT ALL THAT APPLY]

- ☐ Outreach workers
- ☐ Learn about service/program through posters, advertisements, etc.
- ☐ Suggested by friend or family member
- ☐ Referral from other service or healthcare providers
- ☐ Mandated through the legal system
- ☐ Other, please specify... _____

8. Could access to your organization's programs or services be improved?

- ○ Yes
- ○ No – **skip to question 9**
- ○ Don't know **– skip to question 9**

8(a). How could access to your organization's programs or services be improved?

Please complete the following questions about the types of services offered by your organization. To improve local capacity to prevent and reduce substance use many different sectors of a community must work together. Best practices for developing a community response to dealing with the complex issue of substance use involve a Four Pillar Approach.

The four pillars include:

1. **Prevention and Education**
2. **Harm Reduction**
3. **Recovery and Rehabilitation**
4. **Enforcement and Justice**

PREVENTION AND EDUCATION PROGRAMS AND SERVICES

Prevention and Education refers to interventions that seek to prevent or delay substance use, and that address root causes of problems. This involves more than education and may involve mentoring programs, school and community education, recreation opportunities, etc.

9. Does your organization provide any form of programming, intervention, support, or enforcement activities under the Prevention and Education pillar?

- ○ Yes
- ○ No – **skip to question 10**

9(a). Please list the prevention and education programs or services your organization offers related to substance use? If these services are provided in a language other than English please indicate which language.

9(b). Does your organization provide substance use prevention and education programs or services for the general public or specific target group(s) or both? [SELECT ALL THAT APPLY]

- ☐ General public
- ☐ Children (0-12 years)
- ☐ Youth (13-24)
- ☐ Adults (25-64)
- ☐ Seniors (65+)
- ☐ Men
- ☐ Women
- ☐ Pregnant women or women of childbearing age
- ☐ Low income
- ☐ Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ)
- ☐ Incarcerated or detained
- ☐ Clients with mental health disorders
- ☐ Other, please specify _____

9(c). Considering the prevention and education components of substance use programming, to what extent do you feel able to meet the overall needs of your target group?

- ○ Not at all
- ○ Somewhat
- ○ Sufficiently
- ○ Exceptionally
- ○ Not Applicable

9(d). What challenges, if any, does your organization currently face when implementing prevention and education substance use programs and services? Please list.

9(e). Is there anything that prevents or limits your organization from providing the most adequate prevention and education support for individuals with substance use issues?

9(f). In which areas of prevention and education, if any, do you feel your organization requires additional training to successfully support and engage individuals with substance use issues?

9(g). What are the gaps and/or needs in prevention and education resources or programming within Windsor-Essex County for substance use programs or services?

HARM REDUCTION PROGRAMS AND SERVICES

Harm Reduction refers to interventions that seek to reduce the harms associated with substance use. It can include, but does not require, abstinence (e.g. safer bars, needle exchanges).

10. Does your organization provide any form of programming, intervention, support, or enforcement activities under the Harm Reduction pillar?

- ○ Yes
- ○ No – **skip to question 11**

10(a). Please list the harm reduction programs or services your organization offers related to substance use? If these services are provided in a language other than English please indicate which language.

10(b). Does your organization provide substance use harm reduction programs or services for the general public or specific target group(s) or both? [SELECT ALL THAT APPLY]

- ☐ General public
- ☐ Children (0-12 years)
- ☐ Youth (13-24)
- ☐ Adults (25-64)
- ☐ Seniors (65+)
- ☐ Men
- ☐ Women
- ☐ Pregnant women or women of childbearing age
- ☐ Low income
- ☐ Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ)
- ☐ Incarcerated or detained
- ☐ Clients with mental health disorders
- ☐ Other, please specify _____

10(c). Considering the harm reduction components of substance use programming, to what extent do you feel able to meet the overall needs of your target group?

- ○ Not at all
- ○ Somewhat
- ○ Sufficiently
- ○ Exceptionally
- ○ Not Applicable

10(d). What challenges, if any, does your organization currently face when implementing harm reduction substance use programs and services? Please list.

10(e). Is there anything that prevents or limits your organization from providing the most adequate harm reduction support for individuals with substance use issues?

10(f). In which areas of harm reduction, if any, do you feel your organization requires additional training to successfully support and engage individuals with substance use issues?

10(g). What are the gaps and/or needs in harm reduction resources or programming within Windsor-Essex County for substance use programs or services?

RECOVERY AND REHABILITATION PROGRAMS AND SERVICES

Recovery and Rehabilitation refers to interventions that seek to improve the physical and emotional well-being of people who use or have used substances (e.g. counselling, residential programs, and community-based withdrawal programs).

11. Does your organization provide any form of programming, intervention, support, or enforcement activities under the Recovery and Rehabilitation pillar?

- ○ Yes
- ○ No – **skip to question 12**

11(a). Please list the recovery and rehabilitation programs or services your organization offers related to substance use? If these services are provided in a language other than English please indicate which language.

11(b). Does your organization provide substance use recovery and rehabilitation programs or services for the general public or specific target group(s) or both? [SELECT ALL THAT APPLY]

- ☐ General public
- ☐ Children (0-12 years)
- ☐ Youth (13-24)
- ☐ Adults (25-64)
- ☐ Seniors (65+)
- ☐ Men
- ☐ Women
- ☐ Pregnant women or women of childbearing age
- ☐ Low income
- ☐ Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ)
- ☐ Incarcerated or detained
- ☐ Clients with mental health disorders
- ☐ Other, please specify _____

11(c). Considering the recovery and rehabilitation components of substance use programming, to what extent do you feel able to meet the overall needs of your target group?

- ○ Not at all
- ○ Somewhat
- ○ Sufficiently
- ○ Exceptionally
- ○ Not Applicable

11(d). What challenges, if any, does your organization currently face when implementing recovery and rehabilitation substance use programs and services? Please list.

11(e). Is there anything that prevents or limits your organization from providing the most adequate recovery and rehabilitation support for individuals with substance use issues?

11(f). In which areas of recovery and rehabilitation, if any, do you feel your organization requires additional training to successfully support and engage individuals with substance use issues?

11(g). What are the gaps and/or needs in recovery and rehabilitation resources or programming within Windsor-Essex County for substance use programs or services?

ENFORCEMENT AND JUSTICE PROGRAMS AND SERVICES

Enforcement and Justice refers to interventions that seek to strengthen community safety by responding to crime and community disorder caused by substance use (e.g., drug treatment courts, community policing).

12. Does your organization provide any form of programming, intervention, support, or enforcement activities under the Enforcement and Justice pillar?

- ○ Yes
- ○ No – **skip to question 13**

12(a). Please list the enforcement and justice programs or services your organization offers related to substance use? If these services are provided in a language other than English please indicate which language.

12(b). Does your organization provide substance use enforcement and justice programs or services for the general public or specific target group(s) or both? [SELECT ALL THAT APPLY]

- ☐ General public
- ☐ Children (0-12 years)
- ☐ Youth (13-24)
- ☐ Adults (25-64)
- ☐ Seniors (65+)
- ☐ Men
- ☐ Women
- ☐ Pregnant women or women of childbearing age
- ☐ Low income
- ☐ Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ)
- ☐ Incarcerated or detained
- ☐ Clients with mental health disorders
- ☐ Other, please specify _____

12(c). Considering the enforcement and justice components of substance use programming, to what extent do you feel able to meet the overall needs of your target group?

- ○ Not at all
- ○ Somewhat
- ○ Sufficiently
- ○ Exceptionally
- ○ Not Applicable

12(d). What challenges, if any, does your organization currently face when implementing enforcement and justice substance use programs and services? Please list.

12(e). Is there anything that prevents or limits your organization from providing the most adequate enforcement and justice support for individuals with substance use issues?

12(f). In which areas of enforcement and justice, if any, do you feel your organization requires additional training to successfully support and engage individuals with substance use issues?

12(g). What are the gaps and/or needs in enforcement and justice resources or programming within Windsor-Essex County for substance use programs or services?

PRIORITIES FOR ADDRESSING SUBSTANCE USE AND OVERDOSE

Please complete the section below to identify priority strategies to better address the substance use needs of the community. You may wish to use the following options (cut and paste) or you may express additional needs, in the text box provided.

OPTIONS:

Increase public awareness: Build public identification of opioid misuse, diversion, and overdose as a community issue.

Increase provider education and patient education on managing chronic pain.

Increase diversion control activities: Host unused medication take-back events, which could help build community awareness of the risks of the misuse and abuse of prescription pain medication.

Increased access to Naloxone: Provide access to naloxone for medical and non-medical staff working in community settings where overdoses occur (e.g. shelters), and to other relevant stakeholders.

Improve Overdose Prevention Education/Training: Raise awareness and educate broader community and staff in community settings, on overdose prevention, recognition and response strategies.

Enhance Utilization of Overdose Data: Improve the format of how alerts are shared with community partners and with people who use substance, by providing clear messages about toxins found in illicit drugs.

Increase access to treatment services to meet clients where they are at: Develop or adapt information resources regarding opioid substitution treatment.

13. Please indicate what you see the priorities are for addressing substance use and overdose, in the community:

Priority # 1:

Priority # 2:

Priority # 3:

Priority # 4:

Priority # 5:

COLLABORATION AND DATA SHARING

14. Does your organization collect data related to substance use?

- ○ Yes (Please describe) _____
- ○ No – **skip to question 15**

14(a). Can this data be shared - all or parts of it?

- ○ Yes, all of it can be shared (Please describe and provide contact information): _____
- ○ Yes, parts of it can be shared (Please describe and provide contact information): _____
- ○ No

15. Results from this survey will be used to inform a community strategy. If you or someone from your organization would be interested in collaborating to support this work please indicate if we may contact you about this in the future. Please also indicate if we may follow up with you to clarify any of your responses.

- ☐ Yes, I am interested in collaborating to support this work.
- ☐ Yes, follow up with me to clarify any of my responses.

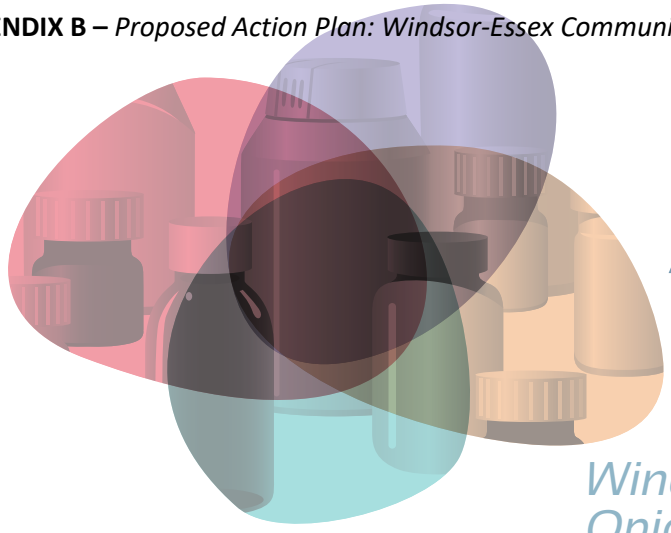
16. Can we contact you if we have follow-up questions or to collaborate? If yes, please provide your contact information:

Name:

Email:

Phone number:

17. If you have any further comments about substance use programs and services in Windsor-Essex County, please list them below.



PROPOSED ACTION PLAN

Windsor-Essex Community Opioid Strategy

1. Enhance surveillance activities and use of overdose data across sectors
2. Increase public awareness through education campaigns
3. Increase provider and patient education
4. Improve overdose prevention, education, training, and services
5. Increase access to Naloxone
6. Develop a local harm reduction framework
7. Increase treatment options and access to services
8. Collaborate across law enforcement and other first responders to develop a coordinated response

WINDSOR-ESSEX COMMUNITY
OPIOID STRATEGY

PREVENTION AND EDUCATION

refers to interventions that seek to prevent or delay substance use, and which address root causes of problems. These interventions may involve promoting healthy families, mentoring programs, school and community education, and a number of other approaches to enhance the knowledge and skills of the community related to substance use.

HARM REDUCTION

refers to interventions that seek to reduce the harms associated with substance use. These interventions aim to reduce the spread of communicable diseases, prevent overdose deaths, increase contact with healthcare providers, and reduce consumption of illicit substances in unsafe settings.

TREATMENT AND RECOVERY

refers to interventions that seek to improve the physical and emotional well-being of people who use or have used substances. These interventions may include, counselling, residential programs, and community-based withdrawal programs.

ENFORCEMENT AND JUSTICE

refers to interventions that seek to strengthen community safety by responding to crime and community disorder caused by substance use. Given that police interact frequently with people who use drugs, these interventions aim to increase coordination between law enforcement and health services.

Source: Waterloo Region Crime Prevention Council, 2011)

APPENDIX C – The *Windsor-Essex Community Opioid Strategy Feedback Survey*

WINDSOR-ESSEX COMMUNITY
OPIOID STRATEGY

Windsor-Essex Community Opioid Strategy Feedback Survey

You are invited to participate in a survey led by the Windsor-Essex County Health Unit on behalf of the Windsor Essex Community Opioid Strategy - Leadership Committee (WECOS-LC). The proposed Windsor-Essex Community Opioid Strategy (WECOS) seeks to address the increases in opioid related harms through a set of best practice strategies and tailored through community input. The purpose of this survey is to seek community input on the proposed strategy.

CONSENT TO PARTICIPATE

This survey is voluntary. You do not have to participate in the survey. You do not have to answer any questions that make you feel uncomfortable, and there are no consequences associated with not answering some or all of the questions. The survey results will be combined and shared in aggregate form with all members of WECOS-LC (individual responses will NOT be shared). Overall feedback may be used on our website, in our annual report, or in a presentation or a publication, but your individual responses will never be made public. You may exit the survey at any time if you no longer want to participate. This withdraws your consent. Once you submit your survey answers it will not be possible to take back your responses.

NOTICE OF COLLECTION

- Information in connection with survey responses is stored by Check Market (a service provided by CheckMarket), and not by the Windsor-Essex County Health Unit.
- Information in connection with survey responses is governed by the Check Market Terms of Use.
- Survey data may remain on Check Market servers for up to 12 months.
- Information on Check Market servers will be subject to the laws of a jurisdiction of Canada.

The proposed Windsor-Essex Community Opioid Strategy (WECOS) seeks to address the increases in opioid related harms through a set of best practice strategies and tailored through community feedback. No single activity or action can adequately address an issue as complex as substance abuse, a four pillar approach has been adopted. The four pillar model consists of the following broad categories of strategies which will be used as the basis for a comprehensive community approach to opioid and overdose prevention in Windsor-Essex:

- Prevention and Education
- Harm Reduction
- Treatment and Recovery
- Enforcement and Justice

In this survey you will be asked to rate the level of benefit for the suggested strategies across each of the pillars in the proposed action plan for Windsor-Essex County.

PILLAR ONE: PREVENTION AND EDUCATION

Prevention and Education refers to interventions that seek to prevent or delay substance use, and which address root causes of problems (Waterloo Region Crime Prevention Council, 2011). These interventions may involve promoting healthy families, mentoring programs, school and community education, and a number of other approaches to enhance the knowledge and skills of the community related to substance use.

Please rate the level of benefit for strategies proposed in the action plan for Windsor-Essex County.

STRATEGY ONE: Enhance surveillance activities and use of overdose data across sectors**.**

1. Improve data sharing between law enforcement, public health, and other community stakeholders to improve response plans and early warning to reduce harms through data sharing agreements.
    - o Very large benefit
    - o Large benefit
    - o Moderate benefit
    - o Little benefit
    - o No benefit

2. Develop "real-time" overdose surveillance/monitoring system for Windsor and Essex to provide consistency and clear messaging alerts about toxins or contaminants found in illicit drugs.
    - o Very large benefit
    - o Large benefit
    - o Moderate benefit
    - o Little benefit
    - o No benefit

STRATEGY TWO: Increase public awareness about opioid misuse, diversion, and overdose prevention through public awareness campaigns.

3. Target high risk populations, youth/parents, and people who use opioids with a mass media campaign to enhance public identification of opioid misuse, diversion, and overdose as a community issue.
    - o Very large benefit
    - o Large benefit
    - o Moderate benefit
    - o Little benefit
    - o No benefit

4. Create a shared communication plan across all service providers to build capacity of organizations to reach their target populations.
    - o Very large benefit
    - o Large benefit
    - o Moderate benefit
    - o Little benefit
    - o No benefit

STRATEGY THREE: Increase provider and patient education on opioid use and managing chronic pain.

5. Provide continuing medical education sessions on pain management, appropriate prescribing, and diversion control, as well as continuing education for pharmacists on diversion and forgery.

- o Very large benefit
- o Large benefit
- o Moderate benefit
- o Little benefit
- o No benefit

6. Provide additional information to patients prescribed opioids to ensure they are aware of the associated risks and access to Naloxone to reverse accidental overdose.

- o Very large benefit
- o Large benefit
- o Moderate benefit
- o Little benefit
- o No benefit

7. Based on the strategies listed above, are there any points that you thought were missing from the strategy, under the prevention and education pillar?

_____
_____
_____
_____
_____
_____
_____
_____

PILLAR TWO: HARM REDUCTION

Harm Reduction refers to interventions that seek to reduce the harms associated with substance use (Waterloo Region Crime Prevention Council, 2011). These interventions aim to reduce the spread of communicable diseases, prevent overdose deaths, increase contact with healthcare providers, and reduce consumption of illicit substances in unsafe settings.

Please rate the level of benefit for strategies proposed in the action plan for Windsor-Essex County.

STRATEGY FOUR: Increase access to Naloxone through changes in practice and policy.

8. Provide access to naloxone for medical and non-medical staff working in community settings where overdoses occur (e.g. shelters), and provide support for the development of organizational overdose policies and protocols.

- o Very large benefit
- o Large benefit
- o Moderate benefit
- o Little benefit
- o No benefit

9. Broaden distribution and ability to use naloxone by first responders (firefighters, police, and paramedics) including the related legal and policy barriers.

- Very large benefit
- Large benefit
- Moderate benefit
- Little benefit
- No benefit

10. Develop "take home naloxone" program sites for at-risk groups and the general public:

- In community health centres and community-based agencies.
- In acute care settings including emergency departments (EDs).
- In substance use withdrawal management and treatment facilities (including Opioid Substitution Treatment clinics).
    - Very large benefit
    - Large benefit
    - Moderate benefit
    - Little benefit
    - No benefit

<u>STRATEGY FIVE: Improve overdose prevention education, training, and services.</u>

11. Educate broader community and target staff in community settings on strategies to prevent, recognize, and respond to overdose.

- Very large benefit
- Large benefit
- Moderate benefit
- Little benefit
- No benefit

12. Develop and target messages to priority populations by implementing promotional campaigns in areas with high visibility (e.g. on bus shelters) or areas where people are likely to use drugs (e.g. public washrooms).

- Very large benefit
- Large benefit
- Moderate benefit
- Little benefit
- No benefit

<u>STRATEGY SIX: Develop a local evidence-based harm reduction framework, including increased access to harm reduction services and supplies.</u>

13. Address stigma through education by promoting a cultural shift toward more positive attitudes towards harm reduction, acknowledging that abstinence is not always possible.

- Very large benefit
- Large benefit
- Moderate benefit
- Little benefit
- No benefit

14. Develop information resources regarding access to opioid substitution treatment and promote to clients in emergency rooms, community health centres, and physicians' offices.

- o Very large benefit
- o Large benefit
- o Moderate benefit
- o Little benefit
- o No benefit

15. Recognize and support the role that people who use drugs have in reaching others at risk of overdose, and support more peer training opportunities.

- o Very large benefit
- o Large benefit
- o Moderate benefit
- o Little benefit
- o No benefit

16. Investigate the expansion of the Needle Syringe Program to areas of need.

- o Very large benefit
- o Large benefit
- o Moderate benefit
- o Little benefit
- o No benefit

17. Based on the strategies listed above, are there any points that you thought were missing from the strategy, under the harm reduction pillar?

_____
_____
_____
_____
_____
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_____

PILLAR THREE: TREATMENT AND RECOVERY

Treatment and Recovery refers to interventions that seek to improve the physical and emotional well-being of people who use or have used substances (Waterloo Region Crime Prevention Council, 2011). These interventions may include, counselling, residential programs, and community-based withdrawal programs.

Please rate the level of benefit for strategies proposed in the action plan for Windsor-Essex County.

STRATEGY SEVEN: Increase treatment options and ensure people can access appropriate services when they need them.

18. Work with provincial partners to advocate for increased funding to expand the capacity of the local substance use treatment system to include non-abstinence based programs.

- o Very large benefit
- o Large benefit
- o Moderate benefit
- o Little benefit
- o No benefit

19. Work with provincial partners on improving the integration of substance use treatment services with primary and mental health services.

- o Very large benefit
- o Large benefit
- o Moderate benefit
- o Little benefit
- o No benefit

20. Increase awareness of treatment services among community and enforcement agencies and understanding of recovery pathways.

- o Very large benefit
- o Large benefit
- o Moderate benefit
- o Little benefit
- o No benefit

21. Based on the strategies listed above, are there any points that you thought were missing from the strategy, under the treatment and recovery pillar?

_____
_____
_____
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_____
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PILLAR FOUR: ENFORCEMENT AND JUSTICE

Enforcement and Justice refers to interventions that seek to strengthen community safety by responding to crime and community disorder caused by substance use (Waterloo Region Crime Prevention Council, 2011). Given that police interact frequently with people who use drugs, these interventions aim to increase coordination between law enforcement and health services.

Please rate the level of benefit for strategies proposed in the action plan for Windsor-Essex County.

STRATEGY EIGHT: Collaborate across law enforcement and first responder agencies to develop a consistent approach to address overdose scenes and diversion activities.

22. Work with law enforcement across the region to establish a consistent approach to how police respond to overdose scenes.
- o Very large benefit
- o Large benefit
- o Moderate benefit
- o Little benefit
- o No benefit

23. Promote the "Good Samaritan" law to reduce barriers to accessing emergency services.
- o Very large benefit
- o Large benefit
- o Moderate benefit
- o Little benefit
- o No benefit

24. Host unused medication take-back events, which could help build community awareness of the risks of the misuse and abuse of prescription pain medication.
- o Very large benefit
- o Large benefit
- o Moderate benefit
- o Little benefit
- o No benefit

25. Provide training to pharmacists on how to respond to diversion activities and have better security inspections of pharmacies.
- o Very large benefit
- o Large benefit
- o Moderate benefit
- o Little benefit
- o No benefit

26. Based on the strategies listed above, are there any points that you thought were missing from the strategy, under the enforcement and justice pillar?

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_____
_____

APPENDIX D – Synthesis of Quantitative and Qualitative Community Data by Pillar

Pillar 1 – Synthesis of Quantitative and Qualitative Community Data

In order to gather feedback from the Windsor-Essex County area on the Windsor-Essex Community Opioid Strategy, both a survey (online and paper format) and two community forums were conducted. A total of 89 individuals completed surveys, and approximately 150 individuals participated in the community forums. The survey provided both quantitative information (level of agreement with specific strategies) and qualitative information (open-ended comments on pillar strategies), whereas the community forums provided open-ended comments from community members.

The following Pillar 1 synthesis first presents a summary of quantitative survey results combined with a summary of the surveys' open-ended comments from Pillar 1. This is followed by a summary of the comments from the two community forums. Finally, an overall summary of Pillar 1 results will be presented.

Survey Results

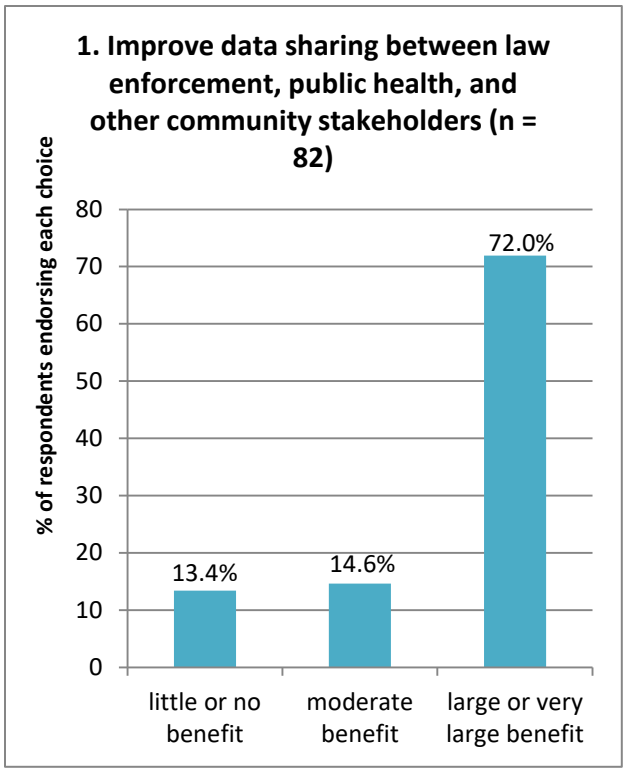
Six questions on the survey asked respondents to rate the level of benefit for three strategies that support the Pillar 1 theme, Prevention and Education. Questions 1-2 address Strategy 1 – "Enhance surveillance activities and use of overdose data across sectors." Questions 3-4 address Strategy 2 – "Increase public awareness about opioid misuse, diversion, and overdose prevention through public awareness campaigns." Questions 5-6 address Strategy 3 – Increase provider and patient education on opioid use and managing chronic pain."

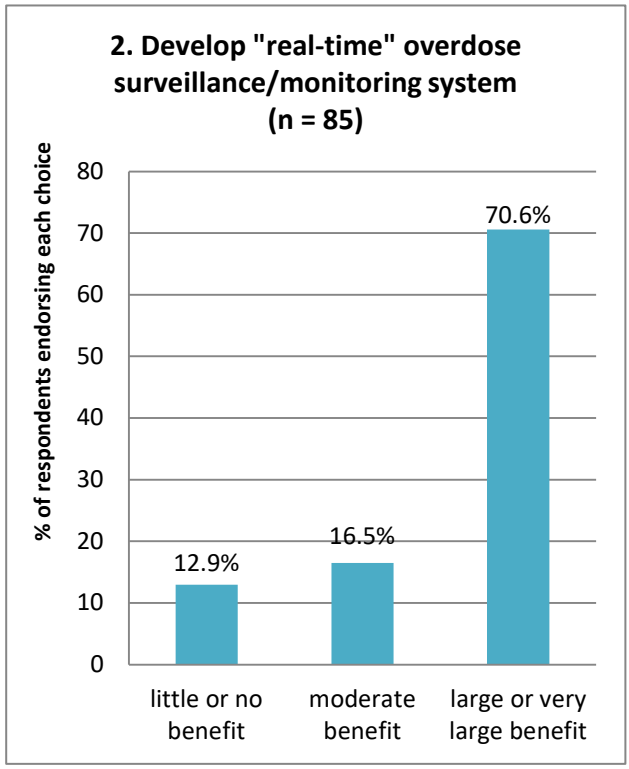
Choices included "no benefit", "little benefit", "moderate benefit", "large benefit", and "very large benefit." For analysis, "no benefit" and "little benefit" were condensed into a bottom level of agreement category, "moderate benefit" was left as a middle category, and "large benefit" and "very large benefit" were condensed into a top level of agreement category.

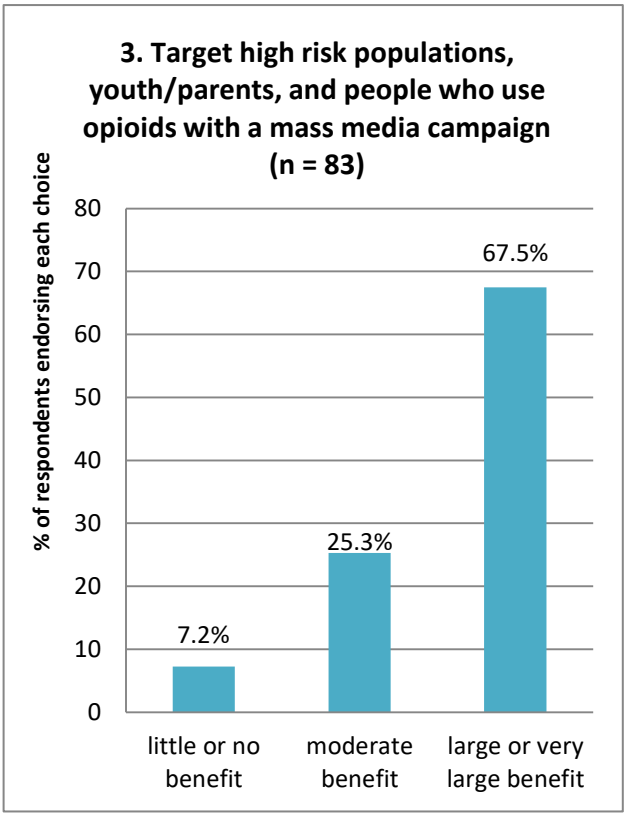
As the graphs on the next two pages show, respondents showed the most agreement (81.6% indicating large or very large benefit) with question 5, which advocates providing medical education on pain management, appropriate prescribing, and continuing education for pharmacists. In contrast, only 65.9% of respondents felt a shared communication plan across service providers to reach target populations (question 4) would provide a large or very large benefit. It is notable, however, that over a third of participants (34.2%) thought the shared communication plan would provide a moderate benefit, with very few (6.1%) thinking it would provide little or no benefit.

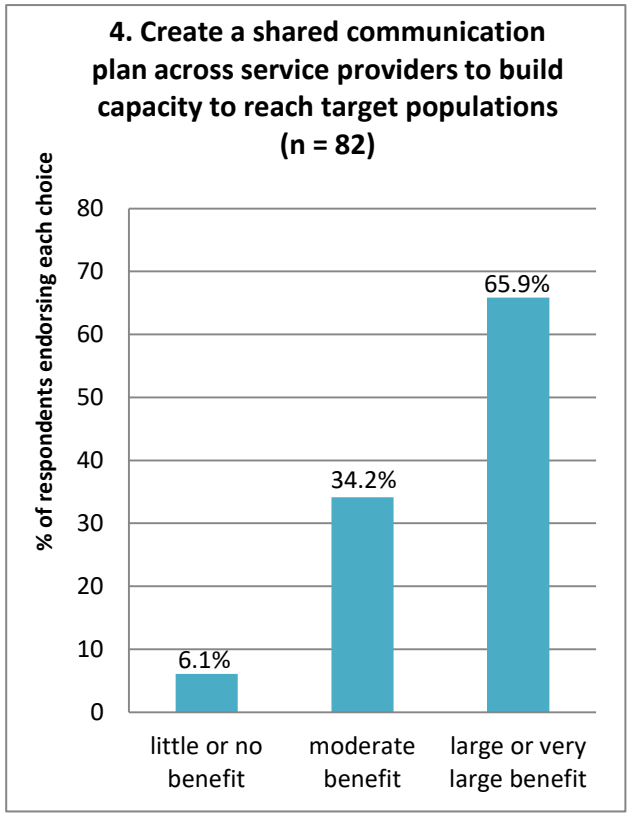
Agreement that the remaining Pillar 1 strategies would provide a large or very large benefit hovered around 70%. Looking at question 3, however, shows that almost 93% of respondents believed targeting high risk populations, youth/parents, and opioid users with a mass media

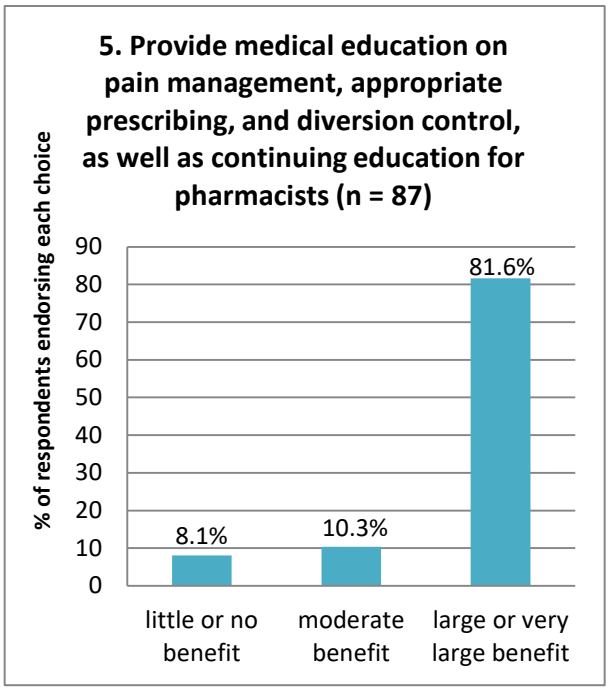
campaign would provide at least a moderate benefit (25.3% moderate + 67.5% large/very large), with only 7.2% saying it would provide little or no benefit.

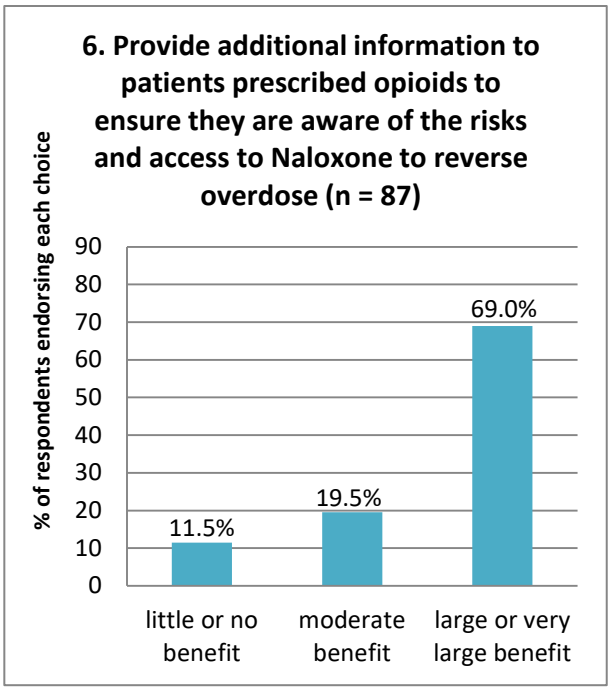

1. Improve data sharing between law enforcement, public health, and other community stakeholders (n = 82)
% of respondents endorsing each choice
80
70
60
50
40
30
20
10
0
13.4%
14.6%
72.0%
little or no benefit
moderate benefit
large or very large benefit


2. Develop "real-time" overdose surveillance/monitoring system (n = 85)
% of respondents endorsing each choice
80
70
60
50
40
30
20
10
0
12.9%
16.5%
70.6%
little or no benefit
moderate benefit
large or very large benefit


3. Target high risk populations, youth/parents, and people who use opioids with a mass media campaign (n = 83)
% of respondents endorsing each choice
80
70
60
50
40
30
20
10
0
7.2%
25.3%
67.5%
little or no benefit
moderate benefit
large or very large benefit


4. Create a shared communication plan across service providers to build capacity to reach target populations (n = 82)
% of respondents endorsing each choice
80
70
60
50
40
30
20
10
0
6.1%
34.2%
65.9%
little or no benefit
moderate benefit
large or very large benefit





Summary of Survey Qualitative Comments

Twenty-eight persons provided open-ended comments to complement the quantitative results from questions 1-6. Because some persons provided more than one unique comment, there were a total of 30 open-ended comments on Pillar 1.

Over a third of comments (11/30 = 37%) focused on the *need for more education in the following areas: 1) helping family who use opioids, 2) addressing mental health issues, 3) identifying alternate methods of pain control, and 4) implementing harm reduction strategies in educational institutions and the community in general*. Illustrative comments included

"The public needs education on what harm reduction is"

"Education in high schools regarding addiction and alternative strategies for dealing with mental illness, anxiety, depression, etc. to combat the underlying causes of drug addiction."

Another 17% of comments (n = 5) stressed the *need for authority figures to help remove the stigma associated with opioid use by educating the public on why people use them*. For example, one respondent wrote, "Stigma around addiction needs to be addressed. There is a lot of discrimination toward people who use drugs. We need to address the stigma when we educate the public." An equal number of comments (5/30 = 17%) recommended that *doctors and pharmacists prescribe fewer opioids, recommend other pain relief options, and have a system for taking extra/used medication back*. For example, one respondent wrote:

"I am concerned about the frequency and reasons local doctors are prescribing opioids and narcotics. My daughter was offered opioids after getting her wisdom teeth out. Medically the focus seems to be more on drugs for pain relief rather than fixing the issue itself that is causing the pain through physio and so on. This concerns me."

Respondents (4/30 = 13%) also recommended that *persons with lived experience should be consulted on how to best inform the public on prevention and education*. One respondent noted that "we need people with lived experience to discuss their experiences and reduce stigma."

Remaining comments focused on the need for more safe houses, pain management centres, services for families, and more immediate treatment after detox, and also a need to recognize mental health issues as a risk factor for substance abuse.

Summary of Community Forum Comments

Two community forums allowed Windsor-Essex county residents the opportunity to comment on the Windsor-Essex Community Opioid Strategy. Approximately 35 individuals attended the Leamington forum, and approximately 120 individuals attended the Windsor forum. These individuals provided a total of 68 comments on Pillar 1. A summary of the themes that emerged from their comments is provided below.

The theme associated with the most comments (20/68 = 29% of comments) was an expressed *need for more extensive education about opioids with patients, parents, teachers, and students*. Many participants (10/68 = 15%) felt that education should focus on children and youth. One participant noted that "education should focus on grade schools and high schools," and another stated that "prevention and education need to start at a very young age." Another 10% of comments advocated education for parents and other caregivers, some going so far as to say "parenting education programs should become mandatory."

Another major theme 14/68 = 21% of comments) was the *large gaps in services and access to treatment for opioid users, their families, and children/youth who are at risk, and also a lack of awareness of services that do exist*. One participant, for example, stated that we "need more treatment/recovery. Kids need to feel valued- more money to programs and workers for youth and families" Another participant offered a different perspective – "Public awareness should focus on raising awareness of services in the community". Other comments focused on the need for parent support programs and more support in the schools.

A third major theme (12/68 = 18% of comments) was a belief that *physicians/dentists/hospitals who overprescribe opioids should be monitored and educated, should educate patients about opioids (including how to dispose of them), and should be open to other pain-relieving treatments*. Examples of comments include "There should be prescription tracking for physicians", and another advocated a "move toward a wellness approach to treatment – we need to take time to actually find out why the patient is in pain rather than just prescribing pills"

Another theme (7/68 = 10% of comments) focused on peer pressure to use opioids, thus advocating that *peer supports and peer-based interventions may be helpful*. One participant felt that there was a "gap in programming for youth under 16 dealing with peer pressure to fit in, whereas others focused on negative peer pressure – ""Peer-based negative learning (leads to) drug addiction and cycle."

Participants (5/68 = 7% of comments) also had strong feelings about the need for *better surveillance data of where opioid use is occurring, including specific tracking of overdoses*. One participant, for example, noted an experience of "misdiagnosis of death related to opioid use" whereas another stressed the need for "real time data to respond."

A final concern was an argument (5/68 = 7% of comments) that *measures must be taken to reduce the stigmatization and blaming of opioid and other drug users, including teachers' stigmatization of minors*. It was notable here that one participant connected education to reduced stigma – "Educate teachers so they don't blame and stigmatize students."

Overall Summary for Pillar 1

Some very clear messages emerged from the synthesis of the quantitative survey data, the qualitative survey data, and the qualitative community forum data. There was agreement across sources that **there needs to be more education on pain management and appropriate prescription practices for doctors and others who prescribe opioids**. Over 80% of survey respondents saw this as a large or very large benefit, and over 15% of comments from each qualitative source supported this. There was also strong agreement that **we need to target high risk populations, children/youth, parents, and other caregivers with a clear education campaign that provides clear information about opioid use and how to help opioid users**. Over 90% of survey respondents saw a moderate or greater benefit in this, with 37% (survey) and 29% (forums) of comments supporting the need for more education.

There was also modest support across two sources (quantitative and community forums) for a **real-time overdose surveillance system**. Also, there was support across the quantitative survey (88.5% saying moderate benefit or greater) and the qualitative sources on the **importance of patients receiving clear information about their opioid prescription, associated risks, and access to harm reduction options**.

Therefore, in summary, the clearest support across data sources was for 1) a better balance of practices/options for pain management, and 2) more education on opioid use and how to help opioid users, with support also for 3) implementing an overdose surveillance system and 4) ensuring patients get clear information about opioids, the risks associated with opioids, and other harm reduction options.

Pillar 2 – Synthesis of Quantitative and Qualitative Community Data

As in the Pillar 1 synthesis, the following Pillar 2 synthesis presents a summary of quantitative survey results, followed by a summary of qualitative comments from the survey. Again, this is followed by a summary of comments from the Windsor and Leamington community forums, with an overall summary of Pillar 2 data at the conclusion to provide some clear take-home messages.

Survey Results

Nine questions on the survey asked respondents to rate the level of benefit for each of three strategies that support the Pillar 2 theme, Harm Reduction. Questions 8-10 address Strategy 4 – "Increase access to naloxone through changes in practice and policy." Questions 11-12 address Strategy 5 – "Improve overdose prevention education, training, and services." Questions 13-16 address Strategy 6 – "Develop a local evidence-based harm reduction framework, including increased access to harm reduction services and supplies."

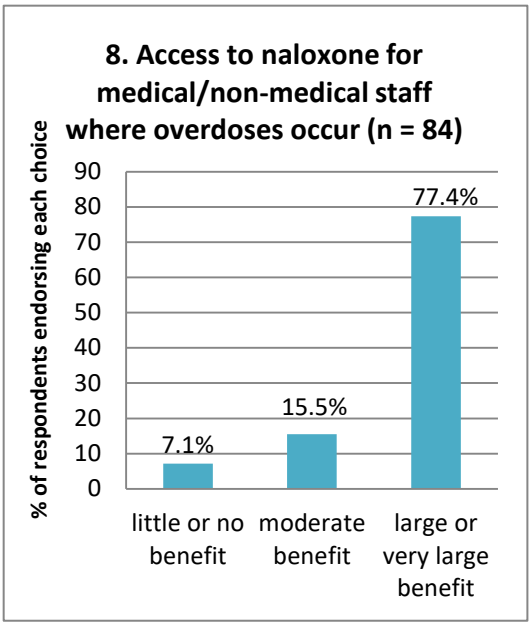
Choices included "no benefit", "little benefit", "moderate benefit", "large benefit", and "very large benefit." As in Pillar 1, for the purpose of analysis, "no benefit" and "little benefit" were condensed into a bottom level of agreement category, "moderate benefit" was left as a middle category, and "large benefit" and "very large benefit" were condensed into a top level of agreement category.

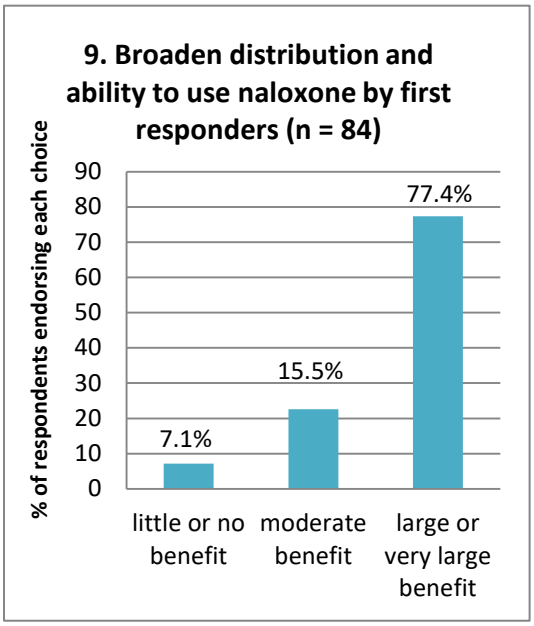
Analysis of the graphs for the nine Pillar 2 questions showed respondents to express the strongest agreement (81% indicating large or very large benefit, and only 2.4% saying little or no benefit) with question 10, which advocates for "take-home naloxone" program sites for at-risk groups and the general public in acute care, community health centres, and treatment facilities. In contrast, only 53.6% saw a large or very large benefit in developing and targeting messages to priority populations by implementing promotional campaigns in areas of high visibility or where people are likely to use drugs (question 12). In addition, almost a quarter (21.4%) of respondents saw little or no benefit in this.

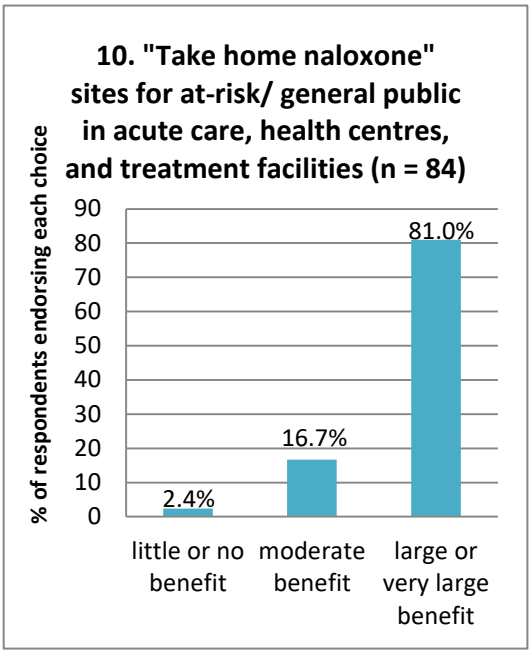
There was also fairly strong support for question 8 (77.4% large/very large benefit, 7.1% little or no benefit), question 9 (77.4% large/very large benefit, 7.1% little or no benefit), and question 16 (76.8% large/very large benefit, 7.3% little or no benefit). Questions 8 and 9 had an identical response, which makes sense given that they both recommend making naloxone more accessible, whereas question 16 advocates for the expansion of the Needle Syringe Program.

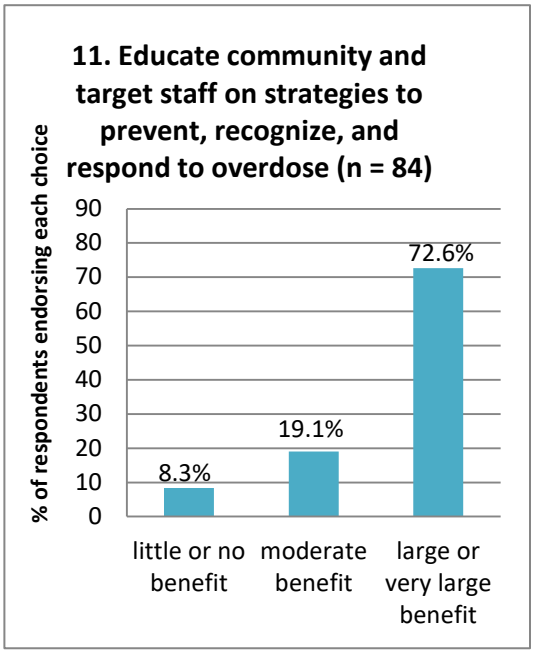
Question 11 (72.6% large/very large, 8.3% little or no benefit), which calls for education on responding to overdose, and question 15 (72.6% large/very large, 9.5% little or no benefit), which calls for including opioid users in helping others at risk both received moderate support.

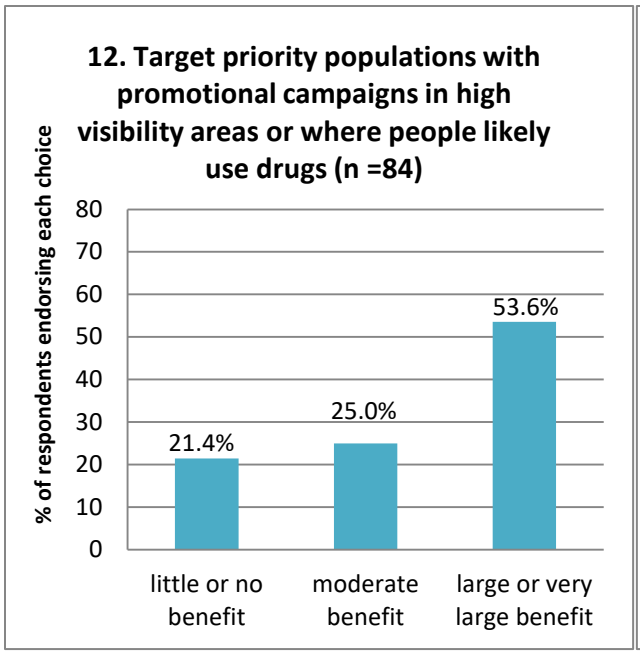
Finally, it is notable that there was moderate support (71.4% large/very large, 11.9% little or no benefit) for addressing stigma through education (question 13). This finding is important in the context of the strong support voiced for this issue in both qualitative sources, which will be discussed in later sections.

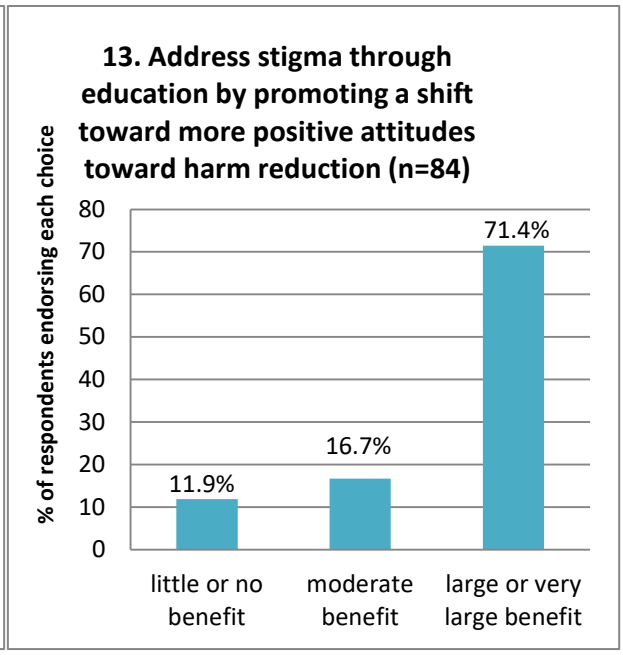


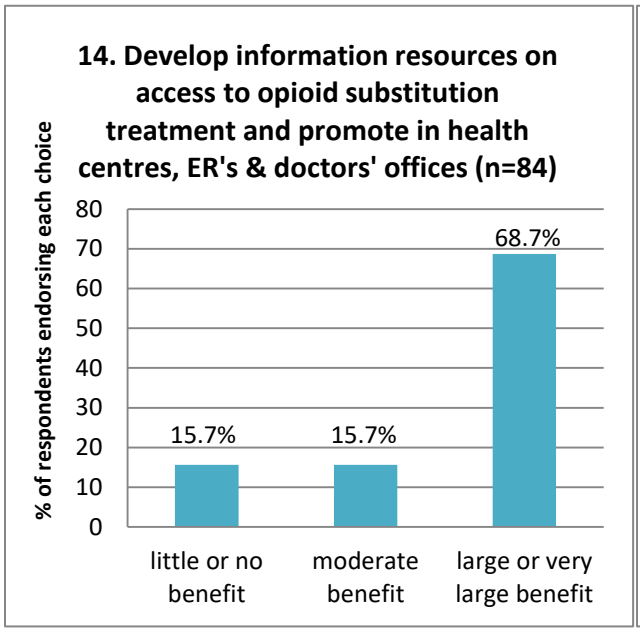


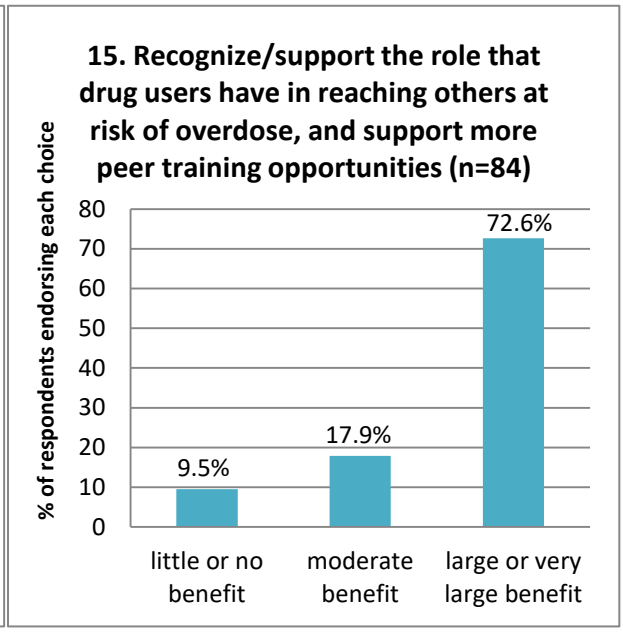


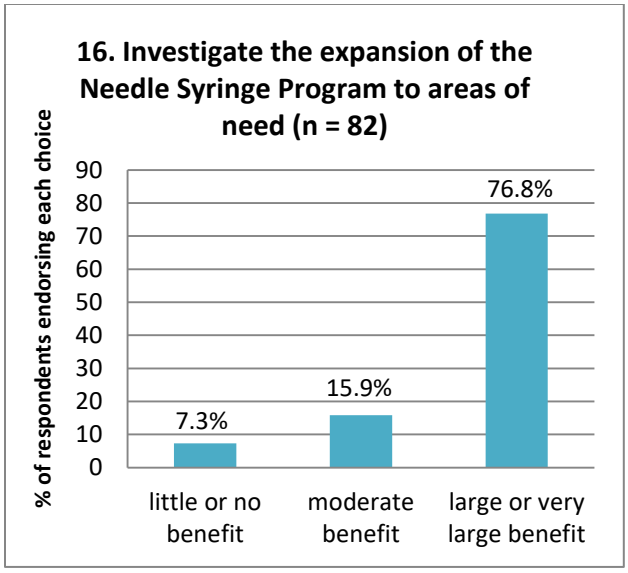



12. Target priority populations with promotional campaigns in high visibility areas or where people likely use drugs (n =84)
% of respondents endorsing each choice
80
70
60
50
40
30
20
10
0
21.4%
25.0%
53.6%
little or no benefit
moderate benefit
large or very large benefit


13. Address stigma through education by promoting a shift toward more positive attitudes toward harm reduction (n=84)
% of respondents endorsing each choice
80
70
60
50
40
30
20
10
0
11.9%
16.7%
71.4%
little or no benefit
moderate benefit
large or very large benefit


14. Develop information resources on access to opioid substitution treatment and promote in health centres, ER's & doctors' offices (n=84)
% of respondents endorsing each choice
80
70
60
50
40
30
20
10
0
15.7%
15.7%
68.7%
little or no benefit
moderate benefit
large or very large benefit


15. Recognize/support the role that drug users have in reaching others at risk of overdose, and support more peer training opportunities (n=84)
% of respondents endorsing each choice
80
70
60
50
40
30
20
10
0
9.5%
17.9%
72.6%
little or no benefit
moderate benefit
large or very large benefit



Summary of Survey Qualitative Comments

Twenty-five persons provided open-ended comments to complement the quantitative results from questions 8-16. Because some persons provided more than one unique comment, there were a total of 38 open-ended comments on Pillar 2.

About a third (12/38 = 32%) of comments focused on *more access to harm reduction options*. Specifically, survey participants called for *more street outreach, mobile units, and outreach coordinators to meet needs (alcohol, sexual health) that often occur together with opioid use* (7/38 = 18% of comments), but also mentioned *harm reduction for families* and *non-opioid treatment options*. Notable comments include:

"We need street outreach with nurses, social workers, and paid peers who can provide sexual health testing services, naloxone, safer drug use equipment, and referrals to community service providers."

"Windsor (especially the county) needs more mobile health units, street outreach, and managed alcohol programs. Mobile health unit that goes from community to community would be the best bet. People need street outreach at night and on weekends to get access to naloxone, get tested for HIV/AIDS, and get abscess care."

"Where is harm reduction for children and family members affected by the user?"

Another common theme 9/38 = 24% of comments) was the *need for more supervised injection sites, needle syringe programs, and needle drop boxes*. Specific comments included:

"We need to increase access to needle syringe programs possibly by using pharmacies as distribution sites, and we also need more needle drop boxes, and a safe injection service"

"Do a feasibility study for a supervised injection site and open a site as soon as possible"

Minor themes included a *call for more education on opioid use and harm reduction strategies for both opioid users and the community in general* (5/38 = 13% of comments) and the *need for those in authority to stop using stigmatizing language, but instead, educate the community about more respectful language that will encourage treatment* (4/38 = 11% of comments). Examples of comments include:

"Do away with the negative stigma that goes with treatment of substance abuse through public education on drug addiction"

"Reduction in shame felt by addicts will encourage them to seek help and follow through with *treatment."*

Most remaining comments (3/38 = 8%) suggested that *doctors should be more educated about opioids, should recognize the role they play in opioid addiction, and should limit the amount of drugs prescribed*. These Pillar 2 comments are notable given that doctors' practices were a major theme from Pillar 1.

Summary of Community Forum Comments

Individuals from the two community forums provided a total of 49 comments on Pillar 2. A summary of the themes that emerged from their comments is provided below.

The theme associated with the most comments (15/49 = 31% of comments) was a *need for easier access to harm reduction options for those affected by opioids (e.g. users, parents, ER patients), including shorter wait times for treatment, and a need for more education on harm reduction (naloxone) availability*. Two participants expressed that we "need a mobile unit available" to provide quicker access to harm reduction options. Another participant noted that "parents don't know where to go to get help." Regarding naloxone as a harm reduction option, comments included:

"(I) feel that Naloxone is very accessible, however not everyone knows where you can get it"

"Pharmacists need training on naloxone. Many don't even know they have the kits and can give them out. They need training and should promote the use of naloxone"

Another major theme (11/49 = 22% of comments) was an expressed *need for more needle boxes, better communication on accessing/using needle boxes, more safe injection sites, more needle exchange sites, and more access to clean supplies*. One participant, for example, noted that "since a needle box was put

at Street Health, I see way more needles around. The problem might be there was no education about the boxes" Most other comments on this theme were simply straightforward requests for either safe injection sites, more needle boxes, or safe needle exchange.

A third theme (7/49 = 14% of comments), also seen in Pillar 1 analyses and Pillar 2 quantitative results, was the call to *reduce the stigma and shame experienced by opioid users*. One participant, an opioid user, stated, "I have to have opioids for pain, but I am addicted. I feel shame sometimes and very judged." As in the survey comments, a forum participant called for the "need for more education to end the stigma." Finally, due to stigma, some participants noted the desire of opioid users to keep their addiction confidential – "In the county kids and families do not want people to know they have a problem."

Other clusters of comments focused on *personal and environmental factors that exacerbate risk for opioid users* (5/49 = 10% of comments), *parents'/youth's need for more education on addiction and mental health issues and where to get help* (4/49 = 8% of comments) and the *need to monitor pharmacies and clinics to ensure they are acting in the best interest of the opioid user's well-being* (4/49 = 8% of comments). Examples include:

"Housing, trauma, mental illness, dependency, sex trade workers (are all barriers to harm reduction)"

"Parents don't know where to go to get help"

"Clinics should be monitored, not all follow safe practices or standards"

Remaining comments (3/49 = 6% of comments) once again called on *doctors to be monitored and educated on the dangers of prescribing opioids to those who are addicted*.

Overall Summary for Pillar 2

As in Pillar 1, clear messages emerged from the synthesis of the quantitative survey data, the qualitative survey data, and the qualitative community forum data. There was agreement across sources that **there needs to be greater access to harm reduction options for opioid users and those affected by opioid users**. In the survey, 81% of respondents indicated that "take-home naloxone" program sites in acute care, community health centres, and treatment facilities would be a large or very large benefit toward harm reduction (question 10). Responses to question 8 (naloxone accessibility for medical/non-medical staff) and question 9 (naloxone accessibility for first responders), each with 77.4% saying large/very large benefit and 7.1% little or no benefit, strengthen this argument for making naloxone more accessible. Survey respondents echoed this in their open-ended comments, with 32% of respondents calling for more harm reduction options. Better access to harm reduction options was also the most common theme (31% of comments), for community forum participants. Although many qualitative comments did not mention the need for naloxone accessibility specifically, there was certainly an expressed need for more accessible options, such as naloxone, that can aid in harm reduction.

A second common theme across sources was the **need for needle syringe programs to ensure safe opioid use and safe disposal of needles**. Over three-quarters (76.8%) of survey respondents saw large or very large benefit in investigating the expansion of the Needle Syringe Program, with only 7.3% indicating this would have little or no benefit. Open-ended survey responses supported this, with 24% of comments expressing a need for supervised injection sites, needle syringe programs, and needle drop boxes. Furthermore, 22% of community forum comments mentioned a need for more needle boxes, better communication on accessing and using needle boxes, more safe injection sites, and more access to clean supplies.

A third common theme across sources was to **address the stigma associated with opioid use through education and the cultivation of more respectful attitudes toward opioid users**. Over 88% of survey respondents saw at least a moderate benefit in this (16.7% moderate, 71.4% large/very large benefit). Furthermore, 11% of survey comments called for more respectful language that will encourage treatment, and 14% of forum comments also called for reduction of stigma.

Therefore, in summary, the clearest support across Pillar 2 data was for 1) greater access to harm reduction options (including, but not limited to naloxone) 2) more investigation of needle syringe programs to ensure safe opioid use, and 3) more effort to reduce the stigma associated with opioid use by educating authority figures and the community in general on respectful communication and attitudes toward opioid users.

Pillar 3 – Synthesis of Quantitative and Qualitative Community Data

The following Pillar 3 synthesis presents a summary of quantitative survey results, followed by a summary of qualitative comments from the survey. As with previous pillars, this is followed by a summary of comments from the Windsor and Leamington community forums, with an overall summary of Pillar 3 data at the conclusion to provide some clear take-home messages.

Survey Results

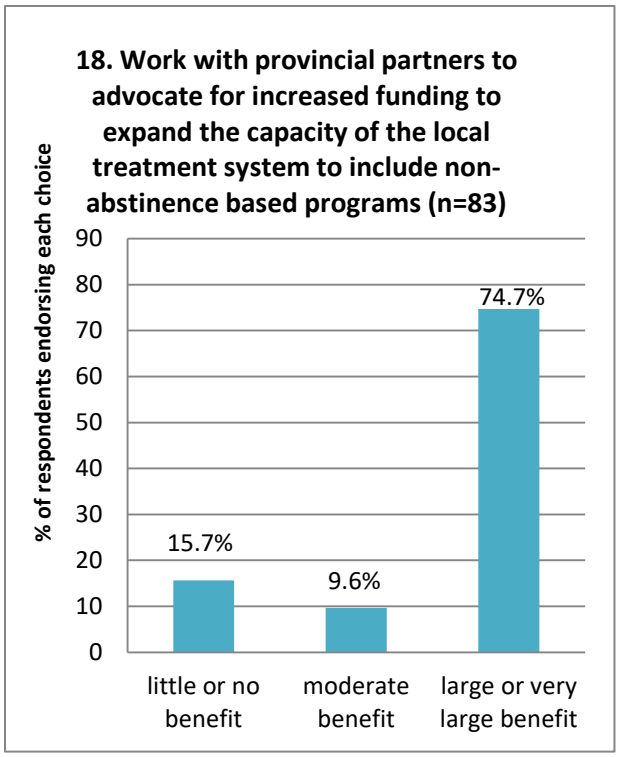
Three questions on the survey asked respondents to rate the level of benefit for each of three practices. These three questions (questions 18-20) all address Strategy 7 – “Increase treatment options and ensure people can access appropriate services when they need them.” Strategy 7 is the only strategy for Pillar 3 – Treatment and Recovery.

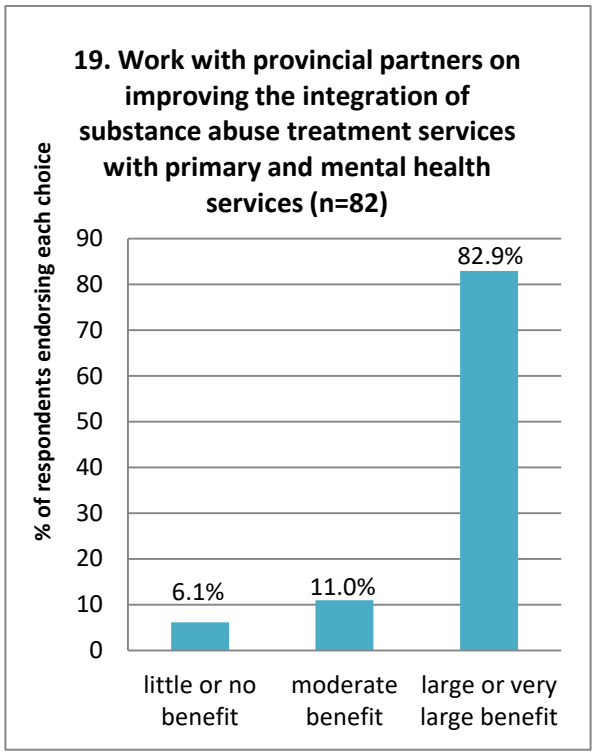
As with previous Pillars, the options of “no benefit”, “little benefit”, “moderate benefit”, “large benefit”, and “very large benefit” were condensed into three categories - a bottom level of agreement category that included “little benefit” and “no benefit, a middle level of benefit that included only the “moderate benefit” option, and a top benefit category that included the “large benefit” and “very large benefit” options.

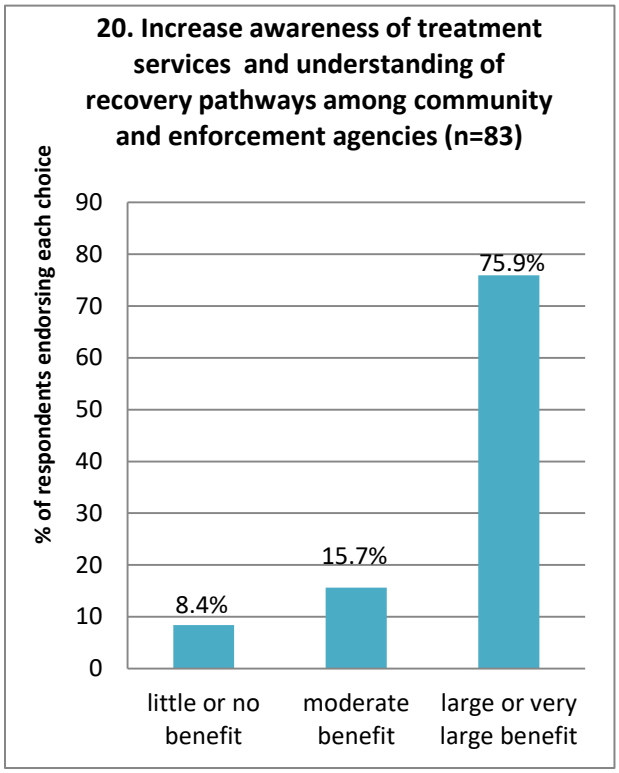
Looking at the graphs on the following page shows that respondents had the most positive response to question 19, which calls for working with provincial partners on improving the integration of substance

abuse treatment services with primary and mental health services. Indeed, 82.9% of respondents saw this practice as having a large or very large benefit, with only 6.1% seeing little or no benefit.

Respondents also responded positively to increasing awareness of treatment services and understanding of recovery pathways among community and enforcement agencies (question 20), with 75.9% seeing this as having a large or very large benefit, and only 8.4% seeing little or no benefit in this practice. Although a similar number of respondents (74.7%) saw large or very large benefit in working with provincial partners to expand the capacity of the treatment system to include non-abstinence based programs (question 18), another 15.7% saw little or no benefit in this, thus somewhat weakening the support for this practice.


18. Work with provincial partners to advocate for increased funding to expand the capacity of the local treatment system to include non-abstinence based programs (n=83)
% of respondents endorsing each choice
90
80
70
60
50
40
30
20
10
0
15.7%
9.6%
74.7%
little or no benefit
moderate benefit
large or very large benefit


19. Work with provincial partners on improving the integration of substance abuse treatment services with primary and mental health services (n=82)
% of respondents endorsing each choice
90
80
70
60
50
40
30
20
10
0
6.1%
11.0%
82.9%
little or no benefit
moderate benefit
large or very large benefit


20. Increase awareness of treatment services and understanding of recovery pathways among community and enforcement agencies (n=83)
% of respondents endorsing each choice
90
80
70
60
50
40
30
20
10
0
8.4%
15.7%
75.9%
little or no benefit
moderate benefit
large or very large benefit

Summary of Survey Qualitative Comments

Twenty-three persons provided open-ended comments to complement the quantitative responses to questions 18-20. Some individuals provided more than one unique comment, which resulted in a total of 27 unique comments for Pillar 3.

Over half of comments (15/27 = 56% of comments) indicated that the *treatment resources available to opioid users and their families are not sufficient to meet the needs of these individuals*. Out of these fifteen comments, nine (9/27 = 33% of all pillar comments) focused on the *programs and services available for opioid users being insufficient to meet their needs*, whereas the other six comments (6/27 = 22% of all pillar comments) on this theme focused on the *difficulties and wait times associated with accessing treatment*. Among these six comments, there was a marked frustration due to opioid users not receiving treatment when they need it. For example, one respondent noted:

"There needs to be more beds available for detox and residential treatment so that clients can access the treatment system in a timely fashion as the window of opportunity is often small and if someone has to wait even 24 hours they can change their mind and fall through the cracks."

Regarding a general lack of needed programs and services, one respondent stated:

"Unfortunately, there are not enough addiction treatment programs to address this issue. The city/county needs more facilities designated to in-depth addiction treatment, and staff to be educated on recognizing the stages of addiction."

A second theme (6/27 = 22% of comments) revolved around the *need for programs and personnel who can competently address both opioid treatment and mental health treatment, as these issues often occur together*. Informative comments included:

"First responders and medical professionals need additional training on how to support individuals with substance abuse disorders and mental health difficulties. Advocacy for provincial funding to address the skill gaps of these professionals will be important."

"The vast majority of people that I work with that have addictions issues also have trauma in their life that has never been addressed, and because of the cost associated with private counseling, will probably never receive this option."

"Hire mental health and addiction nurses to provide outreach to the community."

"Recognize the need to include mental health partners in addiction treatment."

Three comments (3/27 = 11% of comments) called on *doctors and others providing treatment to opioid users to not use negative labels (addict, criminal, low life, alcoholic) with opioid users, as negative labels often are associated with negative treatment*. One respondent summed up these feelings in the following quote:

"What's happening now (in treatment) isn't working because instead of being treated like people we are labeled addicts. We aren't getting fair treatment. We are not being heard. We're treated like criminals or prisoners or low life people when in actuality most of us are good people who made a huge mistake."

Summary of Community Forum Comments

As in the open-ended survey responses, the most common theme (45/76 = 59% of comments) among those participating in the community forums was the *insufficiency of treatment resources for individuals with opioid addiction*. Eighteen of these forty-five comments (18/76 = 24% of all pillar comments) mentioned *problems with wait times, lack of financial resources/insurance coverage, and inadequate transitional services (from detox to long-term treatment) that lead to appropriate treatment not being available when needed*. According to many participants, this can leave opioid users exposed to greater harm while they wait for treatment. One participant, for example, noted that:

"There is a small window for recovery and you need to be ready to respond with services."

Other participants mentioned the need for transitional services:

"OHIP only covers five days of detox then you go home and wait for a call from rehab."

"Can we not have supports before residential treatment? What can be done pre-treatment to keep clients safe (given other stressors, neighborhood, co-morbidities)?"

Nine of the forty-five comments for theme 1 (insufficiency of treatment resources) focused on *the resources and programs that are needed not being readily available* (9/76 = 12% of all pillar comments). Participants said they would "like to see more options for those who are struggling" and that we "need to advocate and lobby the government for more treatment services." Whereas one participant advocated a "focus on community treatment and other services (because) some don't want residential treatment," another directly stated that "we need a residential facility."

Seven of the forty-five comments for theme 1 (7/76 = 9% of all Pillar comments) called for *more addiction coaches, hospital addiction workers, system navigators, outreach workers, and family members to guide those with opioid addiction from intake through to a successful transition back to society*. Illustrative comments include:

"Who is going to follow the person from beginning to end?"

"If addicts do not have a family member to help them navigate and advocate for them, they are (lost)."

"Treatment should include reintroduction back into society and supports long after. There is no one answer for everyone, there are different pathways for each individual"

Other theme 1 comments focused on the *need for more qualified personnel, more facilities, and more primary care support* (6/76 = 8% of comments), the *need for hospital emergency departments to provide education and treatment options (beyond the ED)* (3/76 = 4% of comments), and the need for *mobile treatment resources* (2/76 = 3% of comments).

A second major theme (15/76 = 20% of comments) from community forum comments was a *concern with personal (mental/physical health) and environmental (housing/neighborhood) risk factors that either hinder treatment or are a risk factor for greater harm while opioid users wait for services*. Nine of the fifteen theme 2 comments focused on *poor housing availability and dangerous neighborhoods as risk factors that make opioid addiction more likely to occur and also harder to treat* (9/76 = 12% of all pillar comments). Examples of comments include:

"Housing issues can cause clients to use. Need housing."

"Daughters waiting for treatment living on stress, hopeless/homeless."

Six of the fifteen theme 2 comments focused on *personal risk factors (depression, anxiety) for addiction* (6/76 = 8% of all pillar comments). It should be noted that personal and environmental risk factors occur together (hopeless/homeless), but are separated here to illustrate the importance of each of them. Comments on personal risk factors included:

"Brentwood only deals with the addiction not mental health. This is a problem because there is a reason that people start down this path of addiction and we are not treating those, so you get off the drugs but the reasons are still there and you go back on the drugs"

"Not eating properly – need self-esteem."

A third theme (6/76 = 8% of comments) from the community forums was the *need for greater access to educational resources for youth, drug providers, and others affected by addiction*. Some comments focused specifically on the burden carried by parents of opioid addicts:

"Parents/families end up sicker because they are taking care of their addict and not taking care of themselves."

"Parents and families not trained to be the care provider."

Other comments focused on the need for youth to have access to educational resources:

"We need more education at the school level."

"We need youth education programs."

A final theme (4/76 = 5% of comments) from forum comments was the belief that *doctors should use caution in prescribing opioids to minimize the risk of addiction*. Participants expressed the need for

doctors to “hold methadone users accountable” and to “cut back patients slowly (off of opioids) rather than right off.”

Overall Summary for Pillar 3

Looking across the quantitative data and qualitative sources, clear themes emerged for Pillar 3, Treatment and Recovery. First, there was agreement across sources that **there needs to be greater integration of mental health services with addiction services**. In the survey, 82.9% of respondents indicated that improving the integration of substance abuse treatment services with primary and mental health services would provide a large or very large benefit to meeting the goals of treatment and recovery. Only about 6% of respondents saw little or no benefit in this. In support of this, 22% of open-ended survey comments mentioned the need for programs that can address both addiction and mental health needs. Community forum participants did not directly ask for integration of addiction and mental health services, but 8% of comments did stress that mental health risk factors need to be addressed when treating addiction

The overwhelming consensus across qualitative sources, with some moderate support from the quantitative survey, was the **need for more readily available or effective treatment resources, especially for those who do not have the insurance or financial resources to access needed services when they are needed**. Over 50% of survey comments mentioned the need for more accessibility to treatment resources for opioid users and their families. Furthermore, almost 60% of community forum comments mentioned a lack of expedient access to treatment for financial/insurance reasons, the absence of needed programs, or absence of qualified professionals. In the quantitative survey, there was moderate support (74.7% saying large/very large benefit) for increasing funding to expand the capacity of the local treatment system to include non-abstinence based programs (question 18). To the extent that these non-abstinence based programs can fill in some of the treatment gaps, the these qualitative results support the two qualitative sources.

Although there were clusters of survey and community forum comments that communicated some very important ideas that emerged in previous pillars (*reduce stigma associated with opioid use, caution for doctors prescribing opioids, education for youth and others affected by addiction*), there were two primary take-home messages from Pillar 3 data. First, the community made it clear that there needs to be more integration of mental health services with addiction services due to the frequent co-occurrence of these conditions. Furthermore, the community sent a clear message that treatment resources need to be more readily available to all opioid users, regardless of insurance coverage or financial ability. As responses to the quantitative survey indicate, funding for more non-abstinence based programs may be a first step in filling this gap.

Pillar 4 – Synthesis of Quantitative and Qualitative Community Data

The following Pillar 4 synthesis presents a summary of quantitative survey results, followed by a summary of qualitative comments from the survey. As with previous pillars, this is followed by a summary of comments from the Windsor and Leamington community forums, with an overall summary of Pillar 4 data at the conclusion to provide some clear take-home messages.

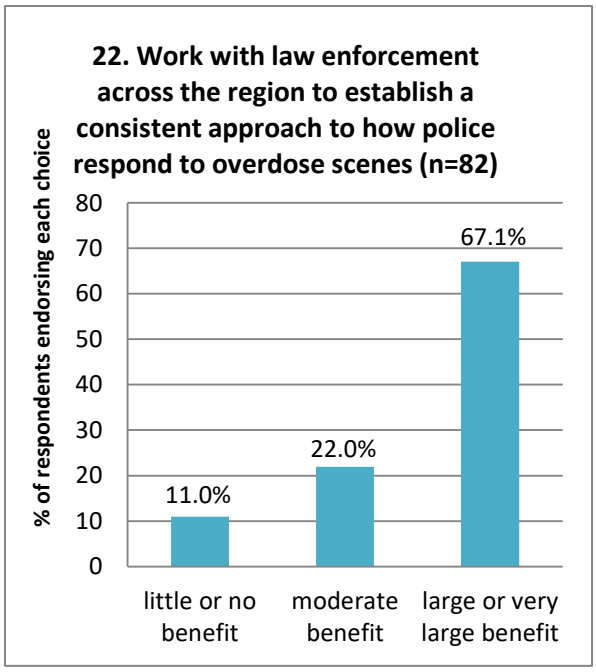
Survey Results

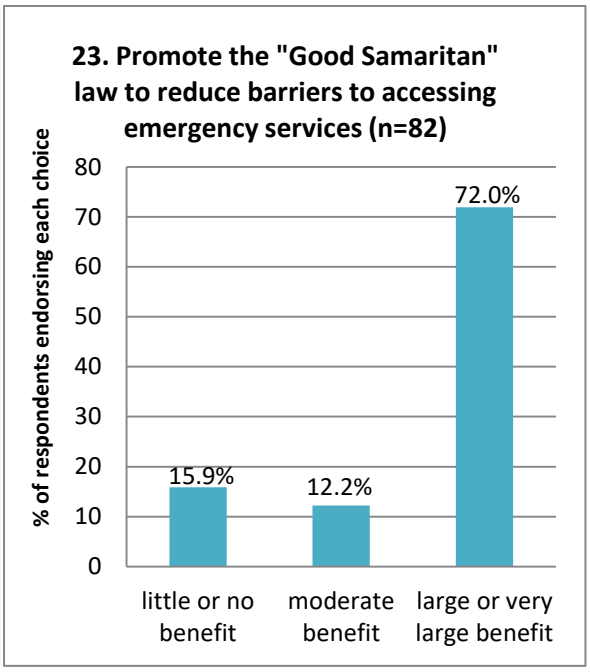
Four questions on the survey asked respondents to rate the level of benefit for each of four practices. These four questions (questions 22-25) all address Strategy 8 – "Collaborate across law enforcement and first responder agencies to develop a consistent approach to address overdose scenes and diversion activities." Strategy 8 is the only strategy for Pillar 4 – Enforcement and Justice.

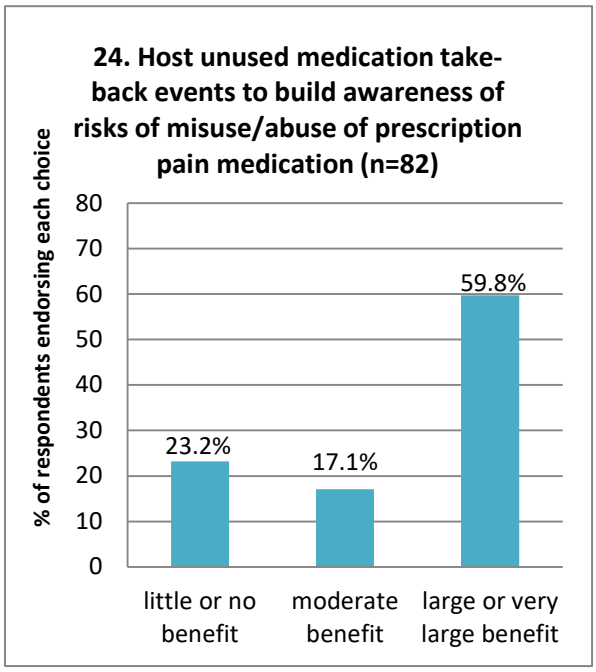
As with previous pillars, the options of "no benefit", "little benefit", "moderate benefit", "large benefit", and "very large benefit" were condensed into three categories - a bottom category that included "little benefit" and "no benefit, a middle level that included only the "moderate benefit" option, and a top category that included the "large benefit" and "very large benefit" options.

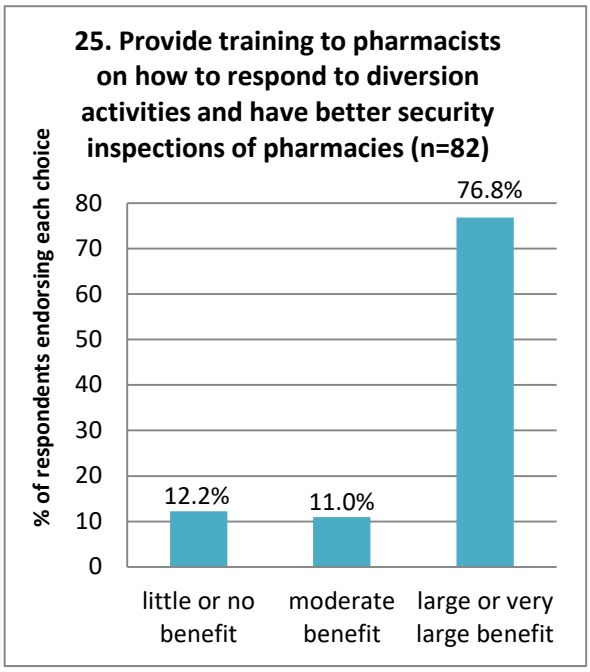
The survey question with the strongest support was question 25 – "Provide training to pharmacists on how to respond to diversion activities and have better security inspections of pharmacies." Over three quarters (76.8%) of respondents saw this idea as having a large or very large benefit, with only 12.2% of respondents seeing little or no benefit for this idea. In contrast, only 59.8% of respondents saw a large or very large benefit in hosting unused medication take-back events to build awareness of risks of misuse/abuse of prescription pain medication (question 24). Furthermore, almost a quarter of respondents (23.2%) saw little or no benefit in the medication take-back events.

The other two Pillar 4 survey questions received moderate support. About 89% of respondents saw at least moderate benefit (67.1% large/very large + 22% moderate benefit) in working with law enforcement to establish a consistent approach to how police respond to overdose scenes (question 22). Only 11% of respondents saw little benefit in this idea. Responses to question 23 (promoting the "Good Samaritan" law to reduce barriers to accessing emergency services) were distributed a bit differently, with 72% of respondents seeing a large or very large benefit in this, but 15.9% seeing little or no benefit. The quantitative averages for responses to these two questions (large/very large benefit = 3, moderate benefit = 2, little/no benefit = 1) are actually identical, suggesting that there is similarly moderate support for each of these ideas.


22. Work with law enforcement across the region to establish a consistent approach to how police respond to overdose scenes (n=82)
% of respondents endorsing each choice
80
70
60
50
40
30
20
10
0
11.0%
22.0%
67.1%
little or no benefit
moderate benefit
large or very large benefit


23. Promote the "Good Samaritan" law to reduce barriers to accessing emergency services (n=82)
% of respondents endorsing each choice
80
70
60
50
40
30
20
10
0
15.9%
12.2%
72.0%
little or no benefit
moderate benefit
large or very large benefit


24. Host unused medication take-back events to build awareness of risks of misuse/abuse of prescription pain medication (n=82)
% of respondents endorsing each choice
80
70
60
50
40
30
20
10
0
23.2%
17.1%
59.8%
little or no benefit
moderate benefit
large or very large benefit


25. Provide training to pharmacists on how to respond to diversion activities and have better security inspections of pharmacies (n=82)
% of respondents endorsing each choice
80
70
60
50
40
30
20
10
0
12.2%
11.0%
76.8%
little or no benefit
moderate benefit
large or very large benefit

Summary of Survey Qualitative Comments

Seventeen persons provided open-ended comments to complement the quantitative responses to questions 22-25. As each person provided only one unique comment, there were a total of 17 unique comments for Pillar 4.

Almost two-thirds (11/17 = 65%) of open-ended comments in the Pillar 4 segment of the survey revolved around the suggestion that *the best way for law enforcement and emergency personnel to help opioid users is to build rapport and help them get treatment, rather than arresting them and putting them in jail*. Five of the eleven theme 1 responses (5/17 = 29% of all pillar responses) suggested that *law enforcement and other emergency personnel need training in effective communication strategies that will keep everyone safe and encourage treatment*. According to one respondent:

"Law enforcement agents need better training on how to de-escalate situations with individuals who may be experiencing substance-related outbursts that other residents are fearful of. Building a rapport and better communication is paramount."

Four of these eleven responses (4/17 = 24% of all pillar comments) focused on *getting opioid users some form of harm-reducing treatment, as opposed to incarceration*. One respondent noted:

"Put more resources into helping and treating the addicts rather than arresting and prosecuting them. Do this as soon as possible before the addict becomes a repeat offender and his/her family wants to keep them in jail in an attempt to keep them off the drugs and alive."

Another respondent suggested there may be a general mistrust of how police will respond to overdose situations:

"Having police respond will only further push the behavior underground. We cannot have people seeking medical treatment have to worry about getting arrested and going through all that entails."

The remaining two theme 1 comments stressed that the "War on Drugs" was not the way to help opioid users. Theme 1 comments, therefore, sent a clear message – build better communication with opioid users to encourage treatment and rehabilitation.

There were no other major themes from the Pillar 4 survey comments, but a few other comments are worth highlighting. Two respondents felt like the survey was asking the wrong questions, with one respondent suggesting that we should "*speak with addicts who have succeeded and failed*." These comments are consistent with question 15 of the survey (from Pillar 2), which suggests we should recognize the role that people who use drugs have in reaching others at risk of overdose.

One final comment on increased security in pharmacies is worth mentioning, especially given strong agreement with question 25 on ensuring better security at pharmacies:

"Pharmacies need more security/protection with the huge rise of robbery in the Windsor area."

Community forum participants also had concerns about safety and security, as will be discussed in the next section.

Summary of Community Forum Comments

Individuals from the two community forums provided a total of 23 comments on Pillar 4. A summary of the themes that emerged from their comments is provided below.

The most common Pillar 4 theme (6/23 = 26% of comments) among those participating in the community forums was the desire that *police be more visible and accessible in the community*. Examples of participants' comments included:

"Want police in neighborhoods including alleys."

"Want officers to monitor the neighborhood."

"Community policing strategy needs to be revisited. Have police park in troubled areas to do reports."

The second major theme (5/23 = 22% of comments), also advocated for more police presence, but included the *specific concern that law enforcement prioritize making dangerous drug-prone areas more safe*. Participants were concerned that "vacant homes are not maintained," and felt that "there needs to be security around when there are needle boxes." Consistent with the first theme, one participant was "not sure if police come once a crime has been reported."

Regarding how to deal with current opioid users and addicts, participants had differing views. Some (5/23 = 22% of comments) felt that *enforcement and justice for opioid addicts and traffickers should be addressed on a broader provincial level through systems changes, legal changes, and greater collaboration across all who are able to help*. Specific comments included:

"Hoping enforcement and justice would involve the provincial level"

"It's a collaborative problem – it needs to be a collaborative solution."

A smaller group (3/23 = 13% of comments) felt that *law enforcement should deal with opioid users and addicts by focusing on education and harm reduction, but not incarceration*. One participant, in the interest of harm reduction, suggested we "look at Narcan for police officers" and another, consistent with the first major theme, said "incarcerating doesn't make sense."

Two participants felt we should deal with opioid users and traffickers by using appropriate (legal) consequences, and that law enforcement should "target traffickers" in their efforts at enforcement and justice.

Overall Summary for Pillar 4

Clear themes emerged across sources for Pillar 4 – Enforcement and Justice. First, there was agreement across sources that **law enforcement needs to not only be visible and accessible in the community, but they also need to consistently interact with opioid users in a respectful way that de-escalates tensions and encourages harm-reducing treatments**. About 89% of survey respondents saw a moderate or greater benefit (67.1% large/very large benefit, 22% moderate benefit) in law enforcement establishing a consistent approach in how they respond to overdose scenes. Open-ended responses on the survey added to this, with 29% of comments advocating that law enforcement and other emergency personnel receive training in effective communication strategies that promote safety and the likelihood of effective treatment. Although community forum participants did not focus on effective communication, 26% of comments suggested that law enforcement be more visible and accessible in the community.

Another theme revolved around **greater security at pharmacies and in other places where opioids are distributed**. On the survey, 76.8% of respondents thought that training pharmacists on how to respond to diversion activities and providing better security inspections at pharmacies would provide a large or very large benefit. Furthermore, 22% of community forum participants recommended that law enforcement make drug-prone areas safer.

Although not addressed in the quantitative portion of the survey, there was some agreement across qualitative sources that **harm-reducing and rehabilitative options are preferable to incarceration for opioid users and addicts**. Almost a quarter (24%) of open-ended survey responses supported this, along with 13% of community forum comments. Use of naloxone, education, and a drug treatment court that mandates treatment were suggested as options.

Considering the overarching themes across sources outlined above, there are three take-home messages from Pillar 4 data. First, law enforcement needs to, as a rule, seek to build rapport with opioid users with the goal of reducing further harm and finding appropriate treatment. Second, in order to keep places where opioids are distributed (pharmacies, dangerous neighborhoods) safe, pharmacists and police should increase security in these respective environments. Finally, although a minority of comments recommended harsh penalties or systems changes to address opioid addicts and traffickers, the majority of comments suggested that harm-reducing and rehabilitative options are more conducive to helping those with opioid addiction.

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This report was prepared by the *Windsor-Essex County Health Unit,* in partnership with the *Windsor-Essex Community Opioid Strategy – Leadership Committee.*

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2018

Windsor-Essex Community Opioid Strategy-Leadership Committee

- AIDS Committee of Windsor
- Amherstburg Police Services
- Canadian Mental Health Association
- Conseil scolaire catholique Providence
- City of Windsor
- Erie-St. Clair Clinic
- Erie St. Clair Local Health Integration Network
- Erie Shores HealthCare
- Essex-Windsor EMS
- Greater Essex County District School Board
- House of Sophrosyne
- Hotel Dieu Grace Healthcare
- LaSalle Police Service
- Ontario Provincial Police
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