In January, the WGDS hosted a presentation by Jean Francois Crepault, CAMH’s Senior Policy Analyst who authored CAMH’s *Cannabis Policy Framework*, released in October, 2014. Attendees were introduced to the exhaustive process that CAMH has undertaken to arrive at the decision to endorse the legalization of cannabis within the context of strict health-focused regulation. This position is taken with the caveat that legislation of cannabis include a number of key, evidence-based restrictions to protect public health. These suggested restrictions include:

- a government monopoly on sales, using a marketing mechanism similar to an LCBO
- setting a minimum age for cannabis purchase and consumption,

   *continued on page 5*

The Wellington Guelph Drug Strategy is a coalition of 30 partner agencies and members of the lived experience community, who are working to implement a **4-Pillars Drug Strategy** in the municipalities of Wellington County and the City of Guelph.

The 4-Pillars include
- Prevention,
- Treatment,
- Enforcement,
- Harm Reduction.

The 4-Pillars strategy recognizes that no one sector can effectively respond to substance misuse in isolation. Our cross-sectoral partnerships acknowledge the integral role that each pillar plays, and in many instances, weave the pillars together in our strategies and responses. In doing so, we have made many successful strides towards our goal of reducing the impacts of substance misuse in our communities.

*Pictured from left to right are: Adrienne Crowder, Manager of the WGDS, Jean Francois Crepault, CAMH’s Senior Policy Analyst and Rita Sethi, WDGPHU, Director of Community Health and Wellness.*
It is my honour to serve alongside Stu Beumer as the Co-Chair of the Wellington Guelph Drug Strategy (WGDS). I have been involved with the WGDS in some capacity since the inception of the committee and am very proud of the accomplishments of the Strategy in our efforts to reduce the impact of substance misuse within our communities. Our successes are testament to the great leadership of our DS Manager, Adrienne Crowder and the dedicated teamwork of all of our community partners.

Speaking of community partners, on behalf of the Drug Strategy, I would like to express our sincere appreciation to those partners who provided in-kind support and resources to our pilot training program on Methamphetamine: Risk and Harm Reduction. The session was very well received by attendees who represented twenty-seven organizations.

The multi-sectoral partnership approach continues to be a very effective way to approach problems and the new LHIN-wide initiatives such as the Welcoming Initiative are reinforcing the benefits of services working collaboratively as local mental health and addiction services explore better ways to address concurrent issues. The Drug strategy is actively engaged in working with this system transformation.

In the Fall, the WGDS will also be partnering with several groups to host training and educational events - namely: Guelph General Hospital, primary care providers, the Wellington Fetal Alcohol Spectrum Disorder Action Group and others. So we look forward to those events as well.

In closing, I would just like to take an opportunity to say a big “Thank You” to Tom Hammond, the Executive Director of ARCH. Tom has served on the WGDS Management Group for the past several years and made a difference in our community through his contributions to the Drug Strategy. Unfortunately, Tom had to resign from the Management Group but we still look forward to working with him in his role on the WGDS Committee.

Gary Male
Community Response to Crystal Meth Working Group

Over the last year, Guelph and Wellington County have witnessed the impact of increased availability and use of methamphetamine (crystal meth) in the drug using community and on local services. In response, Guelph Police Services established **Project Ice**, focusing their efforts on reducing the supply of this drug and holding dealers accountable. Local outreach services report that crystal meth has become the drug-of-choice on the street because of its relatively low cost, the extended high it provides and the ease with which it can be accessed. Emergency services at the hospital have seen increased admissions resulting from the use of crystal meth.

At January’s WGDS Committee meeting, addressing the challenges that crystal meth presents to both clients and services was identified as a priority project for this upcoming year. In March, partners from 15 different organizations met to identify what actionable steps can be taken to assist both clients and service providers to meet this challenge. These included:

- Increasing the awareness, skills and safety of workers whose clients use crystal meth
- Increase community capacity so that services work more effectively with clients who are using meth
- Working to ensure that all people are safe from the impact of meth use and associated crimes and violence.

Since that time, the WGDS has been working with community partners to address the above-noted priorities. In partnership with Guelph Police Services and Stonehenge Therapeutic Community, a Proceeds of Crime grant application was submitted in May, 2015. If successful, this funding will support three key initiatives:

- Piloting an addiction support worker to engage with clients who are attending bail court because of charges related to their meth use,
- Bringing **Meth Watch** to Guelph so that chemical suppliers and pharmacies are aware of “suspicious” purchases that could be connected to making methamphetamine,
- Training front line staff who encounter clients who are using meth to work effectively and safely with this population, and offering specialized training for clinicians who support clients in recovery from meth.

In June, 2015, a WGDS Working Group developed a 2-hour training session for front line workers called “Methamphetamine: Risk and Harm Reduction”. It was piloted in both the City of Guelph as well as in the County. Over 60 attendees representing 27 different organizations attended. Police, treatment, outreach and lived experience perspectives were provided to help front line staff work effectively and safely with clients who are using meth. The pilot was extremely well received, and a process to determine how to replicate this training is currently underway.
Consider the following facts:

- Currently, Ontario has the highest rate of prescription narcotic use in Canada, 2-4 times higher than any other province.
- Opioid-related deaths rates in Ontario increased dramatically from 1991-2010, rising 242%.
- Among young adults (aged 25-34) 1 in 8 deaths results from an opioid overdose.
- The people who are at-risk of accidental overdose include individuals who are taking opioids as prescribed, and those who are using opioids non-medically.
- More than 5,000 Ontarians have died of an opioid overdose since 2000, the vast majority unintentionally.
- From 2006-2011, there was an almost 250% increase in the number of Emergency Room visits in Ontario related to narcotics withdrawal, overdose, intoxication, psychosis, harmful use and other related diagnoses.

In response to this public health challenge, the WGDS, as part of the Municipal Drug Strategy Co-ordinator’s Network of Ontario (MDSCNO), is advocating for a provincial government strategic response similar to that which is in place for other significant causes of accidental death and injury, such as motor vehicle accidents or infectious diseases.

The MDSCNO has representation from over 19 different municipal drug strategies. Since early June, 2015, the MDSCNO has been leading an advocacy campaign to change the laws and practices surrounding naloxone prescribing in Ontario. Naloxone is a short-term opioid antagonist that revives victims of opioid overdose. It is relatively easily administered by both medical and trained non-medical personnel. Someone experiencing an opioid overdose cannot help him or herself. The quick administration of Naloxone can mean the difference between supporting life or the occurrence of a preventable death.

Key recommendations that the MDSCNO is bringing forward to the Province of Ontario, the Federal Government and other parties who play a role in overseeing the distribution and use of narcotics include:

- Add naloxone to the Ontario Drug Benefit (ODB) Plan formulary, so that it is accessible for citizens who are prescribed opioids. Currently over 150 opioid formulations are listed on the ODB Formulary (ODB, General Benefits), but not the essential lifesaver naloxone. In addition, provide formulations of naloxone such as auto injectors (similar to an EpiPen) and intra-nasal sprays which can allow naloxone to be administered without the need for an intra-muscular injection.
- Increase access to naloxone by actions such as co-prescribing naloxone when prescribing opiates so that should an emergency OD situation arise a remedy is more likely to be available and accessible. Increasing access would also mean training non-medical staff who provide outreach, shelter, withdrawal management, addiction treatment or primary care services how to administer naloxone.
- Develop Overdose Policies, including introducing Good Samaritan Legislation and providing guidance for third-party liability concerns so that witnesses to an overdose don’t face

Naloxone is an easily administered and cost effective remedy for opiate-induced ODs

RESPOND to an OPIOID OVERDOSE
You can save a life!

1. Shake the person if possible
2. Call 911
3. Naloxone (in a number of forms)

Continued on next page
• curtailing higher-risk products and formulations and
• implementing harm reduction, research-supported public health strategies.

CAMH’s position recognizes the failure of current policies and processes to limit the use of cannabis. It notes how criminalizing possession of marijuana has led to costly police and court intervention without reducing levels of use. These costs are both financial, incurred by the system overall, and social, incurred by individuals whose criminal record limits their work options and so on.

CAMH’s position is prefaced on the basis that legalizing cannabis would provide increased control over risk factors, such as product quality or supply chain processes, than the alternative options of decriminalizing or maintaining the status quo. The Cannabis Policy Framework clearly notes that any reform of Canada’s system of cannabis control must include a strong focus on education and prevention and a range of interventions to address groups that are known to be at higher risk of harm.

To obtain a copy of the CAMH Cannabis Policy Framework, go to: http://www.camh.ca/en/hospital/about_camh/influencing_public_policy/Documents/

### Prescriptions for Life

barriers if they take action to prevent death, such as by calling 911.

To obtain more information about the MDSCNO’s Prescription for Life, visit: www.drugstrategy.ca, or contact Mdscno@gmail.com.

For more information on this issue and the studies referenced in the article please see:

**Problematic Substance Use and Addictions: Ontario at a Glance, Mental Health and Addictions Unit, Ministry of Health and Long-Term Care, June 2015, p. 22 -25**

**MDSCNO: Prescription for Life, June 1, 2015, p. 1 -2**

What’s happening this fall?

Throughout the Fall of 2015, the WGDS is partnering with a variety of organizations and community groups to offer a series of advocacy and skill development events.

September 9
Fetal Alcohol Awareness Day
On Wednesday, Sept 9th, 4-6 pm, the WGDS together with the Wellington Fetal Alcohol Spectrum Disorder (FASD) Action Group, will co-host FASD Tales and Mocktails. The Bookshelf, located at 41 Quebec Street in Guelph, has generously donated space for this event. Author Linda Rosenbaum will read from “Not Exactly As Planned”, her story of how her family found love, humour, humility, needed services, support and balance when faced with the challenge of Fetal Alcohol Spectrum Disorder. In addition, attendees will be invited to participate in activities related to increasing awareness of FASD. This event is open to the public.

September 24
Prescribing Opioids: Risk Management & Guidelines for Safe Use
On Thursday, September 24, 1:30-4:30pm the WGDS Prescription Drug Working Group is hosting a training to support physicians, nurse practitioners and dentists to understand risks and best practice guidelines regarding prescribing opioids. Presenters from the Canadian Medical Protective Association and TrueNorth Medical Centre Opioid Recovery Centre will offer information and resources, and engage in discussion about this complex practice.

October 1
Motivational Interviewing Training
On Thursday, Oct 1, Dr. Tim Guimond, a clinician and researcher at St. Michael’s Hospital in Toronto, will provide a half day Motivational Interviewing training for Guelph General Hospital staff and community partners. The WGDS Harm Reduction Working Group is hosting this training, in recognition of the number of clients who utilize both acute care emergency and outreach services with addiction-related challenges.

Strengthening Families for the Future
Strengthening Families for the Future’s prevention programming is supported by a Steering Committee with membership from the following organizations: the County of Wellington, Family & Children’s Services, Women in Crisis, the Munt Forest Family Health Team, CMHA WWD, Wellington Dufferin Guelph Public Health Unit and the Guelph Community Health Centre.

Starting in late September, a 14-week evidence based prevention program for families with children aged 7-11 will be offered in the Guelph. Please direct inquiries or referrals to Jane Fawcett at CMHA WWD, jfawcett@cmhawwd.ca.

For More Information Please contact:
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Funding for the WGDSC provided by: