



WGDS

WELLINGTON GUELPH DRUG STRATEGY

**STRATEGIES TO REDUCE THE
IMPACT OF SUBSTANCE MISUSE
IN GUELPH & WELLINGTON
COUNTY**



Table of Contents

Substance Misuse.....	3
The Wellington Guelph Drug Strategy Committee	
Who We Are	3
Our Mission.....	3
Our Vision	3
Our Values	3
Prevention.....	5
Treatment	5
Harm Reduction.....	5
Enforcement	5
Committee Membership	6
Introduction.....	9
The Strategies.....	10
1. TREATMENT	10
2. HOUSING	12
3. OUTREACH.....	13
4. PREVENTION AND EDUCATION	14
5. HARM REDUCTION	14
6. ENFORCEMENT & JUSTICE.....	15
7. MEDICAL CARE.....	15
8. SYSTEM	16
What is Needed to Move Forward	17
Glossary of Terms.....	18
Referenced Reports.....	24

The Wellington Guelph Drug Strategy Committee

Who We Are

The Wellington Guelph Drug Strategy Committee is a cross-sectoral coalition of 30 community agencies and partners, as well as representatives of the lived experience community, who are working together to reduce the impacts of substance misuse in our community.

Our Mission

We are committed to the ongoing development and implementation of a community-based 4-Pillar drug strategy that will improve the lives of residents of the City of Guelph and the County of Wellington.

Our Vision

We envision a life free of harm from substance use for all residents in the City of Guelph and the County of Wellington.

Our Values

- ❖ We value collaboration through both partnership and participation. The meaningful engagement of our members and our community is integral to our success.
- ❖ We work with a client-centred focus. We value the voices of individuals with lived experience, and make every effort to meaningfully engage and include their expertise.
- ❖ Open communication, trust and transparency are essential to each of our processes.
- ❖ We value a knowledge-base in all of our work, whereby best-practices, applied research and evaluation will contribute to the effectiveness of our projects and overall strategy.
- ❖ We will continually demonstrate our accountability, showing both to our funders and to the community that we are committed to the development of a healthier Guelph and Wellington County.

Substance Misuse

People use substances, including alcohol, drugs that are prescribed, and street drugs, for many different reasons. Some of these include:

- As a social activity, such as having a drink with friends, smoking a joint with peers or doing a party drug at a rave;
- Because of a desire to fit in with a group of peers who are using drugs;
- To cope with boredom or isolation;
- To cope with pain, either physical or emotional;
- To cope with strong or intense emotions, both negative and positive;
- To avoid experiencing withdrawal from prescribed or street drugs;
- To manage mental health symptoms, such as attention deficit disorders, as well as feelings of anxiety or depression;
- To feel some relief from life struggles such as poverty, homelessness and trauma.

Many people who use substances do not go on to develop a problem. However, others develop both physical and psychological dependence to the drugs or alcohol that they use. This includes using alcohol and drugs in ways that cause more risk or problems for the person or their friends and family.

Many studies have looked at why some people develop a substance use problem and others do not. We know from this research that many people who develop a problem have a history of some type of trauma in their life. This may include:

- Childhood abuse or neglect;
- Violence or injury to themselves or their friends or family, or
- Grief and loss.

These experiences can heavily affect a person's ability to cope with the ongoing issues that they face.

Substance misuse can have negative impacts on health, personal relationships and overall wellbeing. Some impacts are viewed by society as being more "normal" or "acceptable," such as missing work because of a hangover, or getting drunk at a bar or a work party and embarrassing yourself. Other impacts are seen as more serious or unacceptable, such as overdose, going to jail or losing your home or your children.

The Wellington Guelph Drug Strategy acknowledge that individuals living with addictions deserve to be treated with compassion, dignity and respect. In Guelph and Wellington County, we recognize that we all play an important role in responding to these issues together. It is for this reason that we initially developed our 4-pillars municipal drug strategy. We continue to work together to bring the strategies to life in meaningful ways, trying our best to help those who are impacted and harmed by substance misuse in our community.

The Four Pillars Model

The Four Pillars model recognizes that no one sector can effectively respond to the issue of substance misuse in isolation. Rather, all pillars – Prevention, Treatment, Harm Reduction and Enforcement - must work together to create meaningful change.

Prevention

Many different issues contribute to the incidence of substance misuse. To work well, community prevention efforts should strive to address the broad range of contributing issues. Prevention initiatives can include the promotion of healthy families and communities, preventing or delaying the onset of substance use, strengthening resiliency in families, children and youth, and reducing harm associated with substance use.

Treatment

Treatment services help individuals come to terms with their substance misuse, and make healthy changes that make it possible for them to reach their goals. Treatment services provide options along a continuum of care that support the differing needs of individuals. Services range in both duration and intensity of treatment. Ideally, assessments are completed with the individual struggling with substance misuse so that a shared plan is developed that includes the types of services best-suited to the person's specific needs at that point in time. Services offered may include outpatient and peer-based counselling, methadone programs, daytime and residential treatment, supportive housing services and ongoing medical care.

Harm Reduction

Harm Reduction is a health-centered approach with the goal of reducing the health and social harms related to substance misuse. Harm reduction focuses on reducing the spread of communicable diseases, preventing overdose deaths, increasing a substance user's contact with health care services or treatment programs and reducing consumption of drugs on the street. Harm reduction is not a zero tolerance approach; harm reduction policies and practices take a value-neutral stance on drug use and the drug user. Some examples of harm reduction services include "Smart Serve" programs for restaurants that serve alcohol, needle exchange programs, safe injection sites and methadone maintenance programs.

Enforcement

Drug use can pose a threat to public order and safety. Under current federal legislation, enforcement activities target all hierachal levels, from the street level user to organized crime distributers. Given that police often have a significant degree of contact with individuals who misuse substances, enforcement also serves to improve coordination with health services and agencies that link drug users to the help and support they may need.

Committee Membership

Raechelle Devereaux

Wellington Guelph Drug Strategy
Manager

Heather Kerr, Committee Chair

Stonehenge Therapeutic Community
Executive Director

Stuart Beumer

County of Wellington Ontario Works
Director

Nancy Mykischak

Guelph CHC
Program Director

Pat Allan

Centre for Addiction and Mental Health
Program Consultant, Provincial Services

Tom Hammond

AIDS Committee of Guelph Wellington
Executive Director

Staff Sergeant Patrick Milligan

Guelph Police Services

Staff Sergeant Susan Gray

Wellington County OPP

Lisa Bigam

Trellis Mental Health & Developmental Services
Manager

Jessica St. Peter

Women in Crisis
Public Educator

Yvonne Bowes

Dunara Homes for Recovery
Executive Director

Don Roth

CMHA Grand River Branch
Executive Director

John Wenstrup

Homewood Community Alcohol & Drug Services
Clinical Supervisor

Rita Sethe

Wellington-Dufferin-Guelph Public Health
Director

Julie Bruin

County of Wellington Ontario Works
Addictions Services Worker

Diane Laur

County of Wellington Housing Services
Applicant Services Manager

Don McDermott

Pharma Plus
Pharmacist

Naomi Melnick

Fergus Community Resource Centre
Manager

Jan Klotz

Sanguen Health Centre
Regional Coordinator

Lorrie Curtis

F&CS of Guelph and Wellington County
Supervisor

Debbie Bentley Lauzon

Wyndham House
Executive Director

Suzanne Trivers

Mount Forest Family Health Team
Executive Director

Tara Hyatt

Family Counselling and Support Services

Michael Matte

Lived Experience Member

4 Pillars Management Group

Heather Kerr

Stonehenge Therapeutic Community
Committee Chair, Executive Director

Nancy Mykischak

Guelph CHC
Programs and Services Director

Suzanne Trivers

Mount Forest Family Health Team
Executive Director

Tom Hammond

AIDS Committee of Guelph and Wellington
Executive Director

Inspector Garry Male

Guelph Police Services

Stuart Beumer

County of Wellington Ontario Works
Director

Leadership Advisory Group

Mayor Karen Farbridge

The City of Guelph

Liz Sandals

MPP Guelph-Wellington

Inspector Scott Smith

Wellington County OPP

Don Drone, Director of Education

Wellington District Catholic School Board

Bruce Lauckner, CAO

Waterloo Wellington LHIN

Warden Chris White

The County of Wellington

Chief Rob Davis

Guelph Police Services

Martha Rogers, Director of Education

The Upper Grand District School Board

Dr. Mercer, Medical Officer of Health

Wellington-Dufferin-Guelph Public Health

Wellington Guelph Drug Strategy Committee Structure



Introduction

The impacts of substance misuse are great, whether measured on an individual, family or community level, making it imperative that we work together to effectively respond. This collaborative work can be a complex and challenging task, and is one that spans many sectors in Guelph and Wellington County. However, when looking at the alternative outcomes to our community's health, economic and social well-being should this work not take place, it is apparent that this challenge must be undertaken.

The following Report represents the second phase of the four-phased approach to developing and implementing a comprehensive strategy to respond to substance misuse in Guelph and Wellington County. In review, the four phases include:

- | | |
|-------------------------------|--------------------------------------|
| 1) Complete Needs Assessment; | 3) Strategy Implementation; |
| 2) Strategy Development; | 4) Evaluate/ Monitor Implementation. |

The contents of this document build upon the results of the Wellington Guelph Drug Strategy Committee's (WGDSC) first report entitled *Environmental Scan – Needs Assessment Report*, completed in 2008. That initial document identified the issues, problems, gaps and needs related to drug and alcohol misuse in Guelph and Wellington County. Between June and September 2008, eight sub-committees of the larger WGDSC were formed to develop strategies to respond to the identified areas of need. These sub-committees included: Housing; Medical Care; Treatment; Education/Prevention; Outreach; Harm Reduction Enforcement/Justice; and Systems. The strategies are described in this report under these headings. It is important to recognize that all of the strategies outlined fall within one or more of the four pillars: Prevention, Treatment, Harm Reduction and Enforcement.

In October 2008, the strategies were presented to the Leadership Advisory Group (LAG), comprised of various community leaders. The LAG endorsed the strategies and subsequently supported the WGDSC in moving forward to the implementation stage. Additionally, in December 2008, two community forums were held in Guelph and Fergus respectively, to update community members about the WGDSC's progress, as well as to present the developed strategies and to receive feedback. The strategies have also been endorsed by both Wellington County Council and Guelph City Council.

Some of the strategies will require significant funding, while others will require existing funds to be redirected. Some strategies require no funding, but rely upon philosophical changes in practice. In order for the strategies to be successfully implemented, continued community partnership and collaboration is essential. Many times, the best-laid plans come to end at this juncture. However, if we wish to make a difference in the lives of the thousands of community members living in Guelph and Wellington County who are impacted by substance misuse, we must remain committed to the change that we have started.

The Strategies

1. TREATMENT

Many people who struggle with problematic alcohol and drug use wish to access treatment services. The treatment needs of this population are varied, and as such, the available treatment options must include a continuum of accessible, responsive and flexible services.

1.1 A Comprehensive and Flexible Service Model

To improve accessibility, it is recommended that the service agencies involved in drug and alcohol treatment implement a comprehensive and flexible approach to service delivery. This is particularly important when providing services for the most vulnerable populations, including youth, seniors, those living in rural communities, those who are homeless and those who suffer from concurrent disorders. Such an approach would meet the client where they are at, and more readily respond to all stages of change, including pre-contemplation, contemplation, preparation, action, maintenance and relapse. Ensuring an integration of recovery-based philosophy across the continuum of treatment services is also essential.

1.2 24-Hour Crisis Response for Addictions Issues

It is recommended that a 24-hour support system to assist those experiencing substance misuse-related crises be developed and implemented. To do so, it is recommended that the existing 24-hour mobile mental health crisis service provided by Trellis Mental Health and Developmental Services (Trellis) be enhanced, adding an identified addiction response. This will require that the mobile crisis team be equipped with the required staffing resources and have the necessary addiction expertise. Additionally, it will be essential that partner agencies have the capacity to provide follow up services to individuals during day-time hours. This recommendation has the preliminary support of Trellis; however it is acknowledged that further resources will be required.

1.3 Enhancing Addiction Services for Older Adults

Older adults have unique needs with respect to addiction services, warranting the development of a senior-specific approach to treatment provision. As a starting place, it is recommended that a coordinated community plan to support older adults with addiction issues be developed, which would both enhance existing partnerships and identify areas where service or program development is needed.

1.4 Youth Treatment Resources

All youth in Guelph and Wellington County require access to meaningful and responsive substance misuse services, both in their schools and in the community. In partnership with the respective service providers, a review of the best practices in community-based youth treatment will be completed. Additionally, a provincial, federal and global review will look at the service approaches and respective outcomes from other communities. Through this process, recommendations for evidence-informed service enhancements and potential service expansion will be made for the youth treatment sector.

1.5 Concurrent Disorders Services

The concurrent disorders population refers to individuals who are experiencing any combination of mental health and substance use disorders. This is typically a population that experiences significant barriers when interfacing with the treatment system. There is often competing expectations that they either quit using substances before they are able to access mental health services, or that they address their mental health concerns before being able to access addictions treatment. It is recommended that enhanced partnerships and expanded models of service be developed between the mental health, addiction treatment and community health providers in Guelph Wellington, with a goal to develop a universally accessible treatment and support continuum for those living with concurrent disorders.

1.6 Withdrawal Management Services in Guelph and Wellington County

Barriers can exist when services are provided outside of an individual's community of residence, impacting their capacity to both access and maintain involvement with needed support. Additionally, when an individual requires medical supervision during the course of their withdrawal, access can be further complicated. Currently, the service provider of withdrawal management services for Waterloo-Wellington is located in Kitchener. In collaboration with the Grand River Hospital Withdrawal Management Centre, the capacity to increase our community's awareness of the services provided will be undertaken, taking advantage of opportunities for education and information sharing with Guelph and Wellington County service providers. Additionally, the capacity to expand satellite services in Guelph and Wellington County will be explored and advocated for.

1.7 Intensive Case Management for Individuals Living with Addictions

In recognition of the continuum of services required by individuals living with an addiction problem, it is recommended that intensive case management services for individuals with addictions be considered as a system enhancement in Waterloo Wellington. Intensive case management services could benefit local individuals awaiting residential addiction treatment services, individuals in addiction crisis, as well as drug treatment court participants. These services

would provide more comprehensive, frequent and intensive support than is currently available.

1.8 Accessible Community Day-Treatment Program

Intensive Outpatient Programs (IOPs) are also an important part of the addiction treatment continuum. These programs allow participants to remain in their own communities while obtaining treatment, and can provide comprehensive addiction treatment to individuals without the residential/inpatient component. In order to enhance the treatment continuum in Guelph and Wellington County it is recommended that consistent, accessible addiction day-treatment programs be provided in Guelph and Wellington County.

1.9 Methadone Treatment

Methadone, and more recently, buprenorphine, has been well-documented as effective options in treating opioid dependence. It is recommended that the capacity to expand and enhance methadone services in our community be explored. Enhancing linkages to primary care will also be vital to this review and recommendation process.

2. HOUSING

Homelessness complicated by the misuse of drugs and alcohol is a problem facing many individuals of Guelph and Wellington County. This is further perpetuated when those struggling with mental health and addiction issues secure housing, though due to the absence of necessary support, are unable to maintain their residences. As such, there is a recognized need for supportive housing, providing those living with addictions every opportunity to attain housing stability.

2.1 Develop a Consumer-Centred Housing First Housing Model

Housing First approaches are based on the concept that a homeless individual's first and primary need is to obtain stable housing, and that other issues can be addressed once housing is obtained. A housing committee will be formed to guide the development and implementation of housing options for individuals who misuse drugs and alcohol and who are experiencing persistent homelessness in the City of Guelph and Wellington County. As a starting place, a local, consumer-centred Housing First model will be developed, utilizing best practices and evaluated outcomes from other communities.

2.2 Obtain Community Endorsement and Funding For the Model

The endorsement of community and organizational leaders is imperative to this project's success. Depending on the model that is developed, it may be necessary to obtain both the capital funds to support development as well as

operating funding for both rent subsidies, as well as the supportive model of care for tenants.

2.3 Expand Supportive Housing Services to Include Dry Options

It is recommended that a continuum of supportive housing options be developed and implemented, including substance-free residences. This expansion will be responsive to the broad recovery continuum.

3. OUTREACH

Individuals living with addictions often face considerable barriers when accessing the support they need. Outreach services can act as an immediate source of this support, as well a bridge between the individual, the community and the health and social service agencies therein. Outreach services can also be the support model that best meets the needs of some individuals over the long-term. Thus, flexible outreach services are an integral part of the community's service continuum.

3.1 Enhanced Coordination of Outreach Services

Within Guelph and Wellington County, outreach services are provided by several individual agencies. It is recommended that the community consider mechanisms to enhance the coordination of outreach services in Guelph and Wellington County. This increased coordination should provide increased support for those providing outreach services, enhanced capacity for geographic dispersion and service planning, and most importantly, strengthen the capacity to provide coordinated and comprehensive services to individuals being served at an outreach level.

3.2 Expand Outreach Services

It is recommended that additional outreach services be provided where needs are identified, including in rural communities and in the peripheral urban neighbourhoods.

3.3 Improved Access to Services

It is recommended that point of entry agencies provide walk-in services and/or dedicated appointments for clients who are being served at an outreach level and who wish to seek treatment.

4. PREVENTION AND EDUCATION

A coordinated approach to delivering prevention services must be undertaken in order to ensure that the programs that are available in the community are both evidence-informed and accessible to the populations for whom they are designed.

4.1 Early Identification through Education and Training

It is recommended that core competency training opportunities be provided to social service workers in order to improve their capacity to identify and respond to the needs of individuals and families struggling with substance misuse issues.

4.2 Focus on Evidence-Informed Prevention Programs

A review of the existing drug and alcohol prevention programs in Guelph and Wellington County will be developed, with a focus on their evidence-based effectiveness. Recommendations for expansion of existing programs or the development of new programs will be determined from this process.

4.3 Sustain Prevention Program for Parents and Families

Research indicates that prevention programming that targets parents is 15 times more effective than youth-only initiatives (United Nations, 2009). Thus, it is recommended that accessible, evidence-informed prevention programs for parents and families be consistently offered in the community.

4.4 Develop a Community Prevention Framework

It is recommended that the community be engaged in the development of a coordinated, multi-level approach to delivering alcohol and drug education and prevention programs and activities in Wellington County and the City of Guelph.

4.5 Reduce the Impact of Substance Misuse Through Community Development and Action

Assist communities to respond to the impacts of substance misuse in their neighbourhoods by engaging in community development and action.

5. HARM REDUCTION

Harm reduction is a philosophy that supports policies and programs for people who use drugs, which aims to decrease the adverse health, social and economic harms of drug use without necessarily reducing or stopping the use itself. Examples of harm reduction services include needle exchange programs, overdose prevention programs, methadone maintenance, supervised injection sites, and designated driver programs.

5.1 Provide Education on Harm Reduction Philosophy and Practices

It is recommended that service providers and the wider community be provided with information about harm reduction practices, including the concepts and philosophies as well as their evidence-based outcomes. Education efforts will include information on public misconceptions and myths that surround harm reduction practices.

5.2 Increase Promotion of Existing Harm Reduction Services

It is recommended that existing harm reduction services be promoted to both the individuals who use drugs, as well as the service providers who work with these populations.

5.3 Enhance and Expand Harm Reduction Services

It is recommended that health and social service agencies explore ways in which the provision of harm reduction services can be enhanced and expanded, including the expansion of services to rural communities.

6. ENFORCEMENT & JUSTICE

Police and other enforcement personnel have daily contact with individuals who misuse alcohol and drugs. In addition to protecting communities, police personnel often have the first intervention opportunity to guide individuals towards health, treatment and support services. Recognizing addiction as a health issue, supporting those who come in contact with police as a result of their drug use in getting the help that they need is essential.

6.1 Enhance Partnerships and Coordination

It is recommended that service coordination between police and health and social service agencies be enhanced. These improved partnerships rely on the availability and accessibility of meaningful and responsive services to aid police personnel in linking individuals living with addictions with the help that they need.

6.2 Addictions Liaison Worker

It is recommended that funding be explored for a police addictions liaison worker. This role would encompass offering police-involved individuals with counselling and support to address problematic drug and/or alcohol use.

6.3 Drug Treatment Court

Drug Treatment Courts provide opportunities for those who become involved with the justice system as a result of their drug use to access court-monitored treatment services as an alternative to incarceration. It is recommended that the community capacity for a Drug Treatment Court in Guelph Wellington be explored.

7. MEDICAL CARE

Individuals who are misusing substances often present first in primary health care settings. Because of this, health care practitioners must be comfortable and skilled at assessing and assisting their patients with substance misuse problems, as well as support them in accessing the community services that they may need. Additionally, despite being one of the populations most in need of comprehensive health care options, those living with addictions face considerable barriers when accessing health services, with many individuals being unable to consistently access primary health care.

7.1 Increase Street Health Services

It is recommended that accessible street health services be expanded to provide increased accessible health care options for individuals living with addictions. Additionally, the need and capacity to provide mobile health services throughout Guelph and Wellington County should be explored.

7.2 Expand Brief Intervention Techniques

Brief counselling interventions by health professionals have demonstrated effectiveness in causing a change in behavior related to alcohol and drug intake. In fact, brief interventions have proven to be one of only a few interventions that have a sustained impact on drug and alcohol use. It is recommended that brief intervention techniques be implemented by all health care practitioners in Guelph and Wellington County. To be achieved, the tools, as well as the information necessary to support their use will be distributed. Further training opportunities will also be provided.

7.3 Reduce Prescription Medication Misuse

Like many communities in Canada, Guelph and Wellington County is facing concerns related to prescribed pain medication, pointing to the need for a community-wide response to this problem. To reduce the misuse of opiate-based prescriptions, it is recommended that a continuing education campaign take place with community health care providers and pharmacists. This initiative will broadly share information regarding evidence-informed pain-management practices, as well as guidelines for safely prescribing opiate-based medications.

8. SYSTEM

During the needs assessment process, there were several issues highlighted regarding the overall health and social service system and its response to problematic substance use. System issues are significant when considering how to effectively implement the strategies.

8.1 System Principles

It is recommended that all strategy implementation plans include the following system principles: Coordinated; Integrated; Multi-sectoral; Client-centred; Flexible; Low-barrier; and Community-wide.

8.2 A Central Location

A “central place” or umbrella organization is recommended to “house” or “root” the Wellington Guelph Drug Strategy initiative within the community, with the following functions/roles: implementation, coordination, evaluation, funding, data/research, information and advocacy.

What is Needed to Move Forward

The Wellington Guelph Drug Strategy Committee has begun the implementation phase, the third step of a four step strategic process. In doing so, the Committee is working to implement the many recommendations contained in this Report, envisioning a life free of harm from substance use for all residents in Guelph and Wellington County. As was previously indicated, the implementation of some strategies will require new funding, where evidence-informed program development will respond to identified gaps. Other strategies will require changes or enhancements to existing programs and services, which may mean adjusting the way things currently are done.

A commitment from municipal leaders, health and social service agencies, school boards, businesses and community members is necessary in order for the strategy implementation phase to be successful. The profile of addiction and its impacts in our community must continue to be raised as a paramount priority. At this time, leadership is vital, as is the need to work collaboratively. Together, we can make a difference.

Glossary of Terms

Accountability: Responsible to someone or for some action; answerable. Required or expected to justify actions or decisions.

Adverse: Preventing success or development; harmful; unfavorable.

Advocate: To publicly recommend or support; active support of an idea or cause, especially the act of pleading/arguing in favour of something, such as a cause, idea or policy.

Brief Intervention: A technique to help reduce alcohol misuse. It works in two ways; by getting people to think differently about their alcohol use so that they begin to think about or make changes in their alcohol consumption and by providing those who choose to drink with skills that allow them to consume alcoholic beverages in a safer way.

Capacity: The ability of a person or organization, measured in both quality and quantity.

“Central Place”: See *Umbrella Organization*.

Collaboration/Collaborative: The action of working with another or others on a joint project. Something is produced or created in this way.

Comprehensive: Of large content or scope; wide-ranging. Complete; including all or nearly all elements of something.

Concurrent (Disorders): Concurrent refers to something existing, happening, or being done at the same time. The concurrent disorders population refers to individuals who are experiencing any combination of mental health and substance use disorders.

Continuum of Care: Types of care (acute, respite, outreach, long term, palliative etc.) that respond to a population’s diverse needs by implementing varying degrees of intensities and models of service.

Court-Monitored Treatment Services: An individual is monitored by the court/judge on their substance misuse and treatment progress.

Dispersion: The action or process of distributing things, or people, over a wide area.

Dry Facility: Location where there is no alcohol or drug use permitted.

Endorsed/Endorsement: Declare one's public approval or support for something, such as a project or program.

Enhanced: Intensify, increase, or further improve the quality, value, or extent.

Envision: Imagine as a future possibility; visualize.

Evaluated: To judge or determine the significance, worth, or quality of something, and to assess the results.

Evidence-Based: Relying on the evidence, such as statistics or evaluation results, to decide upon an action.

Evidence-Informed: Using evidence, such as statistics or evaluation results, to inform an action.

Expanded: Enlarging, extending or broadening.

Flexible: Capable of bending easily without breaking. Able to be easily modified to respond to altered circumstances or conditions.

Imperative: Of vital importance; necessary; crucial.

Implementation/Implemented: Put a decision, plan, agreement, etc. into effect.

Incarceration: Captivity: the state of being imprisoned in a prison/jail.

Integral: Necessary to make complete; essential or fundamental.

Intensive Case Management: Intensive community services for individuals with severe and persistent mental illness/substance misuse that are designed to improve planning for their service needs. Services include outreach, evaluation, and support.

Interfacing: Communication or interaction between diverse groups or independent systems.

Juncture: A point of time, especially one made critical or important by a set of circumstances: "At this juncture, we must decide whether to stay or to walk out."

Liaison Worker: An individual who needs to understand either professions or "sides" to some degree. One could call them a "go-between".

Low-Barrier: Next to no restrictions/barriers for a person to run into when trying to acquire a service.

Methadone: Offers very similar effects to most opioids (see Opioids), with a long duration of effect. Oral doses of methadone can stabilize patients by reducing opioid withdrawal syndrome. Higher doses of methadone can block the euphoric effects of heroin, morphine, and similar drugs. As a result, properly dosed methadone patients can reduce or stop altogether their use of these substances.

Misconceptions: A mistaken thought, idea or notion. A misunderstanding.

Multi-sectoral/Cross-sectoral: Work involving individuals or input from more than one agency, sector or Ministry. In the case of the Drug Strategy for example, individuals come together from organizations representing the Ministry of Health and Long Term Care, the Ministry of Community Safety and Correctional Services, the Ministry of Children and Youth Services, the Ministry of Education etc. to work together to develop solutions to reduce the impacts of substance use.

Needle Exchange Programs: A social policy based on the philosophy of harm reduction where injecting drug users can obtain hypodermic needles and associated injection equipment at no cost.

Opiate-Based: Medication with opiates as their base drug.

Opiate: A medication or illegal drug that is either derived from the opium poppy, or that mimics the effect of an opiate (a synthetic opiate). Opiate drugs are narcotic sedatives that depress activity of the central nervous system, reduce pain, and induce sleep. Long-term use of opiates can produce addiction, and overuse can cause overdose and potentially death.

Opioid: Any synthetic narcotic that has **opiate-like** activities but is not derived from opium

Outreach Services: An approach to service delivery that is intended to increase accessibility to resources.

Overdose Prevention Programs: Programs that teach users ways to prevent from overdosing on their chosen substances through education and training.

Peripheral: Situated on the edge or periphery of something. The outermost part or region within a precise boundary

Perpetuated: Make something, typically an undesirable situation or an unfounded belief, continue indefinitely.

Philosophy: A system of principles for guidance in practical affairs.

Preliminary: A type of action or event preceding or done in preparation for something fuller or more important: "preliminary talks".

Prescribing: Advise and authorize the use of a medicine or treatment for someone, in writing.

Recommendations: A suggestion or proposal as to the best course of action.

Recovery Philosophy: A personal and individualized process of growth for which there are multiple pathways. Steps within this philosophy include; developing hope, sense of ones self, supportive relationships, empowerment, inclusion, coping skills, and meaning.

Relapse: With respect to substance misuse, relapse is commonly thought to be the act of engaging in drug use or having a drink after maintaining a period of abstinence. Even though this is a generally accepted definition, the recovery, and drug and alcohol treatment communities generally agree that there is a relapse process that begins long before the actual use has occurred.

Residential/Inpatient Treatment: Programs that last a minimum of 21 days, where a participant willingly enters an inpatient facility in which intensive substance treatment programs make up the days activities. This type of treatment also includes detoxification services.

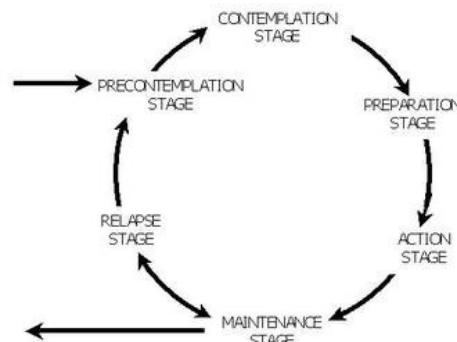
Satellite Services: A smaller location of an organization located in another geographic area.

Subsidies: A sum of money granted by the government or a public body to assist an industry, business or individual so that the price of a commodity or service may remain low.

Stages of Change: A way of describing the process through which people overcome their addiction(s), or behaviors they want to change. There are four main stages, and it is thought that people go through them in sequence, though people can also move between stages. This model provides a helpful way of understanding the process of change and gives a structure to how changes in addictive behaviors can be encouraged and managed.

1. **Pre-Contemplation Stage:** when people are in this stage, they typically do not consider their behavior to be a problem. This may be because they have not yet experienced any negative consequences of their behavior, or it may be a result of denial about the negativity or severity of the consequences they have experienced. They are often not very interested in hearing about negative consequences or advice to quit their substance use. They usually experience their addictive behavior as a positive or pleasant experience at this point. However these consequences eventually affect the individual, and that can be the push into the contemplation stage.
2. **Contemplation Stage:** Refers to the stage at which the person engaging in the addictive behavior begins to think about changing, cutting down, moderating or quitting the addictive behavior. Individuals are more open to receiving information about potential consequences of the addiction and learning about strategies to control or quit the addictive behavior. Typically these individuals benefit from non-judgmental information-giving and motivational approaches to encouraging change. This stage concludes with the decision to change the addictive behavior.

3. **Preparation Stage:** The person has moved forward to plan and prepare for carrying out changes they contemplated. This stage cannot be rushed, even though it will be difficult for everyone involved. Once the necessary preparations have been made, an individual is usually ready to move onto the action stage.
4. **Action Stage:** This is the focus for many people attempting to overcome addiction as it is the stage at which real change (behavioral) starts happening. Typically quite stressful, this stage can also be exciting and gives way to new options through good preparation. For many individuals, this stage takes place at a treatment centre of some sort with trained professionals to support them. A crucial part during this stage is identifying and developing effective ways of coping with stress. This will allow the individual to effectively move on to the next stage without experiencing relapse.
5. **Maintenance Stage:** This stage is concerned with continuing to achieve the progress that began in the action stage, without going into the relapse stage. For people with addictive behaviors this means upholding the intentions made during the preparation stage and the behaviors introduced in the action stage. Usually this means staying abstinent from their addiction, keeping to a reduced level of addictive behaviors and sticking to set limits. One of the most challenging stages; when a period of time has elapsed and the focus on the goal has lost its intensity, people tend to become complacent and may think a small lapse will not make a difference.
6. **Relapse Stage;** Although not always included in the stages, it is here in recognition that a person might have some kind of relapse before maintenance is achieved. The outcome of the Change Model depends entirely on the individual; they may need to relapse a few times to discover what recovery from an addiction means to them, they may be able to have a small amount of their preferred substance/addiction sometimes, or they may need to abstain 100%.



Transparency: Characterized by the accessibility and visibility of information, for example displaying openness regarding decision-making processes or business practices.

Umbrella Organization: An association of institutions, who work together formally to coordinate activities or pool resources.

Utilizing: To use something, or for something to be at its full potential

Warranting: Justify or necessitate a certain course of action.

Referenced Reports

Environmental Scan/Needs Assessment, 2008. Guelph and Wellington County Substance Abuse Strategy Committee.

Outreach Services Report, 2010, Wellington Guelph Drug Strategy Committee.

Prevention Inventory, 2010. Wellington Guelph Drug Strategy Committee.

Residential Treatment Report, 2010. Wellington Guelph Drug Strategy Committee.

United Nations Office on Drugs and Crime, 2009. Guide to Implementing Family Skills Training for Drug Abuse Prevention.