



SARNIA-LAMBTON DRUG STRATEGY

APPROACH TO ALCOHOL AND OTHER DRUGS IN OUR
COMMUNITY

Produced by the United Way of Sarnia-Lambton

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Introduction

Many different approaches have been used to try to address the issues associated with substance use and abuse, some of which compliment each other. The use of substances, whether legal or illegal tends to evoke strong feelings and opinions because it strikes at the heart of our personal values. Too often the interests of the individual user and the interests of the broader community are pitted against each other.

In Canada, we are governed by national and international laws that set out the broad legal framework for how to deal with legal and illegal substances. Federal and provincial legislation and policy guide health and social service responses. Canada's Drug Strategy outlines federal action and funding in the area of substance use and individual provincial ministries have legislation and service plans and funding priorities, as do some municipalities. Yet, substance use and abuse is on the rise, as are the social costs of such.

A complex mix of government, institutions and community-based organizations currently deliver a wide range of substance use programs and services but there is no designated lead for this issue and no co-ordinated plan or approach in Sarnia-Lambton. Over the years different groups have worked on issues related to alcohol and other drugs – some to a greater degree than others. However, it has become clear that Sarnia-Lambton needs a comprehensive, county wide strategy that sets out how we agree to work together to respond in a more effective way.

In April 2007, the United Way of Sarnia-Lambton took leadership on this issue by bringing together key service providers and other stakeholders to identify the needs in our community. As a result, several participants pointed to a need to develop a drug strategy for our community. This report sets out that drug strategy including goals, objectives and recommended actions that will for the first time enable a co-ordinated response to substance use and abuse issues in Sarnia-Lambton.



Why does Sarnia-Lambton need a drug strategy?

We are a drug using society. Throughout history people have used substances to enhance or alter their perception of reality – for both good and ill – and this is not likely to change. People from all socio-economic and cultural backgrounds use both legal and illegal substances. Some people smoke cannabis and drive, some drink and become violent, some share needles for injecting drugs, and some misuse prescribed drugs often by mistake. It is not only the individual who may experience harm. Families, friends and neighbourhood residents can experience trauma, disorder and crime because of substance use and abuse.

Sarnia-Lambton does not have large, concentrated open drug scenes like the Downtown Eastside of Vancouver. In Sarnia-Lambton, substance use is spread throughout the county, often unknown or unseen. People in hard to reach areas tend to be more vulnerable and marginalized because of poverty, homelessness, or mental health issues.

There is broad agreement that alcohol and cannabis are the drugs of most concern for Sarnia-Lambton. However, there are many other substances that have been identified as on the rise in our community, many of which are becoming increasingly easier to obtain and less expensive or even made or grown at home.

We must be proactive and build a co-ordinated response to more effectively prevent the abuse of alcohol and drugs in Lambton County and to reduce the harms associated with these substances. A co-ordinated and integrated approach will allow us to set common directions and priorities, share knowledge and best practices, clarify roles and responsibilities, ensure accountability and identify actions.

We must have commitment to this strategy. As our communities and neighbourhoods change, so may the goals and recommendations within this strategy. It needs to be reviewed and updated every few years to ensure that we are focusing our resources in the most needed areas.



Who was involved in the initiative?

Public Consultations

The United Way of Sarnia-Lambton held one on one consultations with a number of Service Providers and Key Stakeholders in Lambton County. These included Social Service Agencies, Medical Professionals, Government Agencies as well as Enforcement Agencies. Six meetings were held across Lambton County during the fall and winter of 2006.

In April 2007 the United Way of Sarnia-Lambton partnered with the University of Western Ontario Research Park – Sarnia-Lambton Campus to hold a Drug and Alcohol Forum as the first step to an integrated approach. This forum included direct service providers, medical professionals, professional researchers, former substance abusers, provincial justice employees, municipal government employees, school board representatives, police officers, and community volunteers. People brought diverse, thoughtful and passionate opinions to the discussions. It is clear from the response that the issues associated with substance use are important to the citizens of Sarnia-Lambton and they want effective leadership on this issue.

The input from these people has contributed greatly to the Sarnia-Lambton Drug Strategy and is reflected throughout this report. A summary report of the one to one consultations is included in Appendix A of this report and the community forum report is included in Appendix B.



How was the strategy developed?

Our approach in developing the Sarnia-Lambton Drug Strategy was to build on the considerable expertise and experience that already exists in Lambton County. We also integrated current research, statistics and practices to develop a strategy that best meets the needs of people in our community and is realistic to Sarnia-Lambton.

The Sarnia-Lambton Drug Strategy is based on a comprehensive approach that is intended to guide program and funding decisions on substance use and abuse issues. This approach is based on the following four categories of services:

- Prevention
- Early Intervention
- Treatment
- Harm Reduction

Prevention

Prevention refers to programs and services that seek to prevent or delay the onset of substance use as well as to avoid problems before they occur. Prevention is more than education. It includes strengthening the health, social and economic factors that can reduce the risk of substance use. Effective programs start with the very young and extend through all life stages. Examples of prevention may include mandatory comprehensive drug prevention programming extended to all schools and integrated throughout the curriculum at various levels.

Early Intervention

Early intervention refers to programs and services that seek to discourage the continued use of substances as well as to defuse problems before they escalate. It can include, but does not require, abstinence. The focus is on the individual's behavior, not on the substance use itself. Examples of Early Intervention may include counseling and other supports in place to assist students and families who may have alcohol or other drug issues.

Treatment

Treatment refers to interventions that seek to improve the physical, emotional and psychological health and well-being of people who use, mis-use or have used substances (and sometimes their families) through various methods. The goal is to abstain from or to manage their use of substances. Examples of treatment may include an increase in the range and number of treatment options for individuals with substance abuse issues.

Harm Reduction

Harm Reduction refers to programs and services that seek to reduce the harms associated with substance use for individuals, families and communities. Effective harm reduction approaches are pro-active and client centered. They provide a supportive, non-judgmental environment. Examples of harm reduction may include services such as a Needle Exchange program.



Vision Statement

A collective vision of what we are ultimately trying to achieve with the Sarnia-Lambton Drug Strategy is important to ensure we are all working toward a similar outcome.

The vision for the Sarnia-Lambton Drug Strategy is

The improved quality of life of individuals, families, and communities in Lambton County by creating a society free of drug and alcohol use and abuse by working together.

Goals

The following goals represent the key strategic directions needed to achieve the vision of the Sarnia-Lambton Drug Strategy:

1. Prevent the onset of substance abuse.
2. Educate children, families, neighbourhoods, professionals and communities on the issues of legal and illegal substance use and abuse.
3. Co-ordinate programs and services that address substance use and/or abuse.
4. Develop an inventory of services for prevention, early intervention, treatment, and harm reduction that address alcohol and substance use issues within Lambton County. This will include services that may be located outside of Lambton County but still available to Lambton County residents.
5. Co-ordinate programs and services that address substance use and/or abuse and align with other stakeholders so services can be provided as quickly as needed.



Profile of Substance use in Sarnia-Lambton

According to local feedback, consultations and statistics, the profile of substance use in Sarnia-Lambton is as follows:

- alcohol is the most widely used drug; according to the Drug Use Among Ontario Students report, 62% of students in Grade 7 to 12 report using alcohol in the past year
- cannabis use appears to be on the rise; according to the Drug Use Among Ontario Students report, 26% of students in Grade 7 to 12 report using cannabis in the past year
- daily use of cannabis has increased among students – 13% (3% of all students) of users used cannabis daily compared to about 4% (0.5% of all students) during the early 1990's
- according to Life in Sarnia-Lambton Profile, drug offenses increased from 219 in 2003 to 358 in 2005
- the age of drug users is dropping
- alcohol and cannabis generational use is becoming a life style
- “Club drugs” are making a come back
- poly-drug use / multiple drugs taken together – includes prescription drugs as well
- Crystal Meth is on the rise
- the cost of drugs are decreasing and easier to make or grow your own e.g. internet recipies



Recommendations for Action

Significant change on an issue as complex as substance use and abuse will take time and a dedicated commitment of energy and resources. It also requires action at many levels in order to affect the broad system and social change. Action needs to be targeted at a program or service where we know what specific responses are needed and for whom and where our objectives can be achieved. The recommendations below reflect the feedback received and key themes that emerged from the consultation process. They are as follows:

1. Youth
2. Children & Families
3. People who use substances

While the recommendations are not organized according to the three areas of prevention, early intervention, treatment and harm reduction, these components are integrated throughout the theme areas by the following codes:

- “P” for prevention
- “EI” for early intervention
- “T” for treatment
- “HR” for harm reduction

1. Youth

Youth use alcohol and other drugs for many of the same reasons that adults do – for pleasure, to mask pain, to cope with trauma, etc. But, they also use substances to show independence and courage, to fit in with their peers and to satisfy curiosity. Tobacco and alcohol are often viewed as “gateway” drugs to cannabis, which in turn can lead to use and/or abuse of other illegal drugs.

Research is clear that simply educating youth about substance use is not effective. Scare tactics or hard-line approaches have little or no effect as well. Effective prevention strategies begin early in life and continue through adolescence and into adulthood.

Prevention strategies for youth warrant additional consideration because of



the normal adolescent behaviours of experimentation and challenging authority. Youth also tend to engage in several risky activities at once (e.g. drinking and driving). Effective youth prevention works to reduce risks, increase protective factors and build resilience at the individual, family, peer, school and community levels.

There are many existing initiatives and resources that we need to take advantage of and build on to ensure more comprehensive prevention programming is in place.

Recommendation #1

Ensure appropriate, comprehensive substance use prevention and education programming is provided to all students annually across all school boards and include the option for parents to participate where possible. (P, EI, HR)

2. Children & Families

The need for early intervention and family support was an important theme during the public consultation process. This includes both preventing problems before they occur and intervening as quickly as possible when problems arise.

Prevention needs to start early within the family unit. A child's relationship with his or her parent is the most enduring and pivotal of relationships. Helping parents to understand their role in how children develop their attitudes and behaviours about the use of substances and providing them with effective strategies for communicating, monitoring and role modeling for their children is a key part of prevention work.

Recommendation #2

Provide substance programs to residents throughout Lambton County through the school setting and/or community groups with a focus on prevention. A co-ordinated approach will be taken in order to avoid duplication or re-creation. (P, EI, HR)



Recommendation #3

Promote and co-ordinate support groups for family members/significant others of individuals in Lambton County who are using/abusing substances. This may be either in person or an online forum. **(EI, HR)**

4. People who use Substances

The reasons people use substances are as varied and complex as human nature and are influenced by both individual and societal factors. People use alcohol and other drugs for pleasure and to enhance social interactions. Substances like wine are used in religious practice. People use to cover up or mask personal pain and trauma or to cope with chronic or terminal illness. Regardless of the motive, pattern or type of use, it was clear from the public consultations and forum that Sarnia-Lambton is in need of more programs and services as well as information on these services for those who use substances.

Recommendation #4

Create, advertise and keep current and up to date publications and website (including links to resourceful sites) or services for substance use/abuse and make it easily accessible to all service providers and residents of Lambton County. **(EI, T)**

Recommendation #5

Ensure programs and services for substance use and abuse are accessible through the local community health centre in order to service transients and people who don't have a family physician. **(EI, T)**

Recommendation #6

Ensure proper training and information on substance use and abuse, and the misuse of prescribed drugs is provided to staff and or volunteers who manage crisis lines and provide these individuals with information on resources available in our community. **(EI, T)**

Recommendation #7

Provide the Needle Exchange program throughout Lambton County to ensure accessibility to all residents. **(HR)**



Recommendation #8

Provide a local fact, statistic based document identifying the need for resources and services. (Include proposed solutions; social and economic costs associated with addictions). **(P)**

Recommendation #9

Gather local ground level research including real gateway drugs, incidence of drug use (%), what kinds of drugs, which ones are most addictive and most harmful, workplace drug use, patterns of drug use (age), and geographical patterns to help us identify problems and solutions. **(P, EI, T, HR)**

Recommendation #10

Improve wait times for addiction services. **(EI, T, HR)**



Appendix A - Community Consult Notes regarding Addictions in Sarnia-Lambton

First Consult: Ms. Cecilia Dickson – Lambton Shared Services
October 3, 2006

- Meth use is huge in Lambton County and continues to grow
- The use of meth is not specific to geography or demographics – just because you live on Lakeshore does not exclude you or your family from this situation – all ages are included in the addiction
- Pure meth is sold to people the 1st time in order to get them hooked and then cheaper produced meth is used after that
- She is aware of the Meth Clinic which provides a meth drink in order to wean people off their addiction
- She feels there is a need for a Rehabilitation Centre, more drug counseling and Community awareness

Second Consult: Mr. Paul Stebbens, Sr. Counsellor – Addiction Services,
Bluewater Health
October 11, 2006

- He states that clients now have more serious problems, eg. People are using multiple drugs to satisfy their addictions
- This centre serves the more difficult people with heavy addictions
- Cocaine use is on the rise and has been for the past 3-4 years
- Crystal Meth has been on the rise for the past six months
- The use of Meth among adult clients was 1% between April 2005 and March 2006 – this figure is now 6%
- This centre saw 850 new clients in the past year
- He provided some good stats on drug use both among adults and youth (18 and under) as well as gambling addiction stats – all this can be found in the file
- This agency has suffered government cut backs and therefore cannot see as many clients as in the past while at the same time the number of people requiring help is increasing
- He feels that prevention is lacking – kids need prevention services at age 9 because drug use is multi generational
- This agency measures the Life Functioning Areas of their clients at the 3 month stage, 6 month stage and 1 year stage – tools in file



Third Consult – Dr. Dell Donald – Bluewater Meth Clinic

October 12, 2006

- This clinic provides a methadone drink prescription in order to wean clients off their addiction
- The clients are both street addicts and prescription addicts – they also take CAS ordered clients 1 day per week
- The client has up to 40 patients booked some days
- There is currently a 6 week waiting period and they are getting clients from Chatham and Windsor because their waiting periods are even longer
- He has seen a large increase in requests in the last while
- He sees clients who are addicted to Opiates which basically control your life once you are addicted – you need them in order to function in every day life, you can't get out of bed, work or do anything without them – opiates are used for fighting anxiety and depression
- Because these opiates are necessary, people begin to steal in order to support their addiction because they cannot function without them
- Some clients spend \$1500.00 per week on their opiates
- He sees clients that are working in chemical valley with good jobs as well as street level addicts
- This clinic mainly serves adults but have seen clients as young as 16
- The clinic currently has a Crisis Nurse at the clinic 2 times per week but he feels that they need one full time – the doctors are finding themselves spending a lot of their time counseling the clients which leaves less time for them to provide the medical service to as many clients as possible
- He feels that a full time crisis nurse is needed – many times clients come into the clinic in a crisis situation and the underlying factors of their addictions need to be dealt with at the same time that the prescribed medication is being used in order to be more successful
- The clients of the clinic are those who have basically made the first step themselves and want to conquer their addiction



Fourth Consult – Deputy Chief Nelson and Constable Mel Wright, Sarnia Police Services

December 7, 2006

- Drug use is constant in Lambton County – the number one drug use is still alcohol with marijuana and tobacco next
- Police are educating kids in the entire school system in Grade 5 and are hearing about problems with drug use in all demographics, not just low income, poverty ridden areas
- They provided us with statistics on the different drug uses in 2005 amongst kids from Grade 5 to Grade 12 and it is noted that the use doubles between Grade 7 and Grade 9 – these stats can be found in the file
- They said that younger children turn to drugs due to peer pressure, while older kids turn to drugs due to stress and depression. Kids have much more pressure on them in today's society
- They see property crime as well as assaults on the rise due to the use of alcohol and drug related addictions/problems
- They feel that the best investment is in education at a young age because those kids are the future – if we can get to as many kids as possible now, hopefully the problem will reduce in the future
- They suggested that we check out surveys from the United Kingdom, Australia and Great Britain with regards to drug use because they are way ahead of us in this field

Fifth Consult

Mary Ellen Warren and Don Cook, Sarnia Rebound

December 14, 2006

- Mary Ellen reported that the addiction problem is bigger than people know or want to admit, even when faced with the facts
- There are no geographic boundaries to the problem
- In Elementary Schools, kids are being approached in Grade 6, 7 & 8 to try pot
- Most school suspensions (in which the student is usually sent to Rebound) are now drug related instead of assaults and fights as it was in the past. Students are given up to 10 days suspension for possession of drugs and up to 20 days for trafficking drugs (this is determined by the amount found on the student) – unfortunately this may lead to the child falling behind and increasing failure and drop out rates



- Both Mary Ellen and Don are now hearing parents say that pot is okay to use in front of their kids and that their kids are using pot daily with the permission from the parents – these parents believe that it will be legalized soon anyways
- Rebound reported that alcohol and tobacco use is just as huge as pot use in our community, and it has been reported that these may be gateway drugs
- There is an increasing amount of stress on kids today, eg. Traumatic events and images (wars, killings, 911, Columbine shooting etc.), increased standards of school, competition for jobs, more time on their own without parental supervision
- There are more parents acting as their kids ‘buddies’ and not role models
- As for meth use, they reported that 6% of individuals recover after 1 or 2 hits, the other 94% are addicted – Meth use creates many more Mental Health Issues as well as just addictions
- Meth changes the brain chemistry and that is irreversible even if you beat the addiction eg. If Meth makes you become paranoid, you will live with this forever, even if you beat the addiction
- Rebound feels that in order to combat this problem, parents need to become more aware and education is the way to go – Educating proactively, geared to the Adults as well as continuing to run youth education programs as well – Rebound currently runs a Parenting program concurrently with the Rebound youth programs but would like to expand further on the parenting program
- This group suggested that the community should get together all at one table as many groups are trying to tackle the problem without a combined effort
- They suggested that we have a Community Forum in the new year with a number of service providers, educators and other community partners who have an interest in this area
- Discussion took place regarding U-W funding directions for future. It was felt that U-W needs to decide whether they want to fund Prevention, Early Intervention or Intervention programs or a combination of. If it is Prevention and Early Intervention, drug prevention and many other prevention programs would fall under this; if it is Intervention then the focus would be on different types of programs and services.



Sixth Consult

Constable John Reurink, O.P.P.

Thursday, December 21, 2006

- John provided us with drug related statistics over the past three years, which are as follows
- 2004 – 174 Investigations, 84 Charges (19 Young Offenders – 20%)
- 2005 – 213 Investigations, 75 Charges (7 Young Offenders – 10%)
- 2006 – 277 Investigations, 104 Charges (18 Young Offenders – 18%)
- He also reported that they are seeing more Meth Amphetamine investigations and property and fraud related crimes of people in order to support their addictions
- He currently runs the VIP program to Grade 5 students in the county – each county school receives this program
- He feels that increased drug use is in part due to peer pressure, stress, expectations as well as used as a coping method because of the increased pressure on kids today
- He also agrees that many parents today endorse the use of pot and says that pot is known as a stepping stone drug and that most who try pot will try more hard drugs
- He feels that the program that Rebound is trying to run which includes a program for the kids as well as the parents is the right direction to go
- He provided us with more contacts for the Community Forum and agreed that both himself and another officer would be willing to attend
- His other contacts were, Vince George, Acting Chief – Walpole, Karen Lelen, Drug and Alcohol Worker at Walpole Island Health Centre, Duff Bressette, Chief Kettle Point, Wally Kallakoski, Kettle Point and Chris Plain, Band Chief, Aamjiwnaang, Faren Whiteye, Stoney and Kettle Point Police Department

General Comments;

- There seems to be a common belief that marijuana usage is okay, ‘it will soon be legal anyways’, or ‘it’s only marijuana’ – these are common statements by parents
- An alarming number of these children are reported to either see their parents abuse drugs or use drugs along with their parents



United Way of Sarnia-Lambton

Drug & Alcohol Forum
Held April 17, 2007

Report on information gathered



Rising Use

- In general kids are using pot more (daily)
- Age of drug users is dropping
- Pot socially accepted more by general population
- Alcohol is widely accepted by the general population
- Pot & alcohol generational use is becoming a life style
- Functioning addicts are on the increase
- Cost of drugs are decreasing and easier to make or grow your own (internet)
- Harder drugs are easier to get and less expensive
- Peer influence.
- Stress and mental health influence.

New Drugs

- Prescription drugs
- Diet Pills
- Mixing drink (redbull) and drugs
- Methadone (misuse)
- Ritalin at street level
- Crystal meth
- Heroin making, varieties of cocaine, Club drugs making a come back
- Mixing of drugs/multiple drugs taken together

Prominent Drugs

- Alcohol, Pot



Alcohol Usage

- Youth binge drinking
- Big cans of high alcohol beer – Cheap and more available
- Alcohol used in combinations with other drugs
- Very visible/ positive marketing and commercials
- Youth today are better educated about drinking and driving
- Effects decision making and leads to harder drugs
- Alcohol is a gateway drug

Aftermath

- Increased trauma, child abuse and neglect
- Need for more support services
- Job loss/retention
- Abusive situations, family break up
- Physical and emotional complications
- Illegal activities and stealing
- Gateway behavior is not always with criminal intent
- Homelessness
- Cycle

Why

- For survival (staying awake at work)
- Parents being friends not parenting kids
- Kids will try anything
- Minimizing of effects
- Apathy
- Misconceptions / lack of information
- Parents use is increasing
- Segments of population where other drugs are significantly high
 - Street kids
 - Seniors
- Continuing Addictions “once an addict always an addict”
- Wait times for counseling/treatment
- Many people in jail need to be in a treatment centre
- Stigma attached to individual addictions is still there, prevents addict to search treatment



Services - Lacking

- Funding/Investment
- Lack of discharge planning & coordination
- Overall Strategy
- Police services under utilized
- Parent support group/education programs
- Lack of knowledge & understanding across the community of drug addictions
- Lack of children's mental health services
- Lack of professional councilors/bodies
- Lack of coordination between the professional bodies for concurrent disorders
- Lack of local statistics to determine overall strategy and measure success
- Lack of safe and affordable housing
- Lack of positive mentoring/parenting
- Lack of services in rural areas
- Lack of emergency shelters

Missing

- Overall Strategy
- Detox center
- Outpatient treatment for youth addictions
- Youth cessation programs for smoking
- Compassionate medical services for homelessness
- Treat in jail rather than after release

Duplicated

- Assessment information collection
- Pockets of services agencies overlap each other
- Employment services overlap
- Some awareness program/territorial issues



What can we do the address the issues/causes?

- Education and lobby Government for funding
- More development of community groups
 - Churches
 - Gender Specific, Age related
- More cross sharing of information and services
- Identify root cause
- Research other communities for appropriate solutions
- Create and educate public on continuum of care
- Provide info on resources available
- Network of front line workers specific to addictions and related issues
- Earlier and continued intervention and education in school “the hard facts” as early as grade 1-3 include parents in this process
- Have a pool of professional services and former substance abusers
- CHC to provide medical services – specific to transients and people without doctors
- Educate the community as to the economic impact of dollar value invested in addiction treatment – ROI
- Convince the community that the problem exists and make them take ownership
- Parents support groups
- Easier access to services, Example: rural residents
- Develop drug strategy for local area
- United Way to lead effort in community – no territorial issues and possible funding
- Build a “Ray of Hope” detox center
- Keep kids in school
- Creating publications/website of services for addiction and make easily accessible
- Gather local statistics including hard data on root cause

Other Comments

- Worker burnout by service providers
- Develop focus on client’s needs – be flexible and willing to refer
- More bridging between native population and Lambton county
- Support to stay clean
- Sharing information among internal and external communities

