

Community Drug & Alcohol Strategy

A brief introduction to our Community Drug & Alcohol Strategy Presented by Josh Veilleux



What does substance use look like in Haldimand-Norfolk?



Opioids in Haldimand-Norfolk

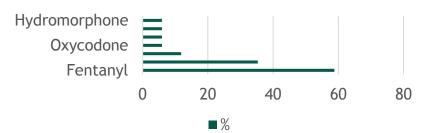
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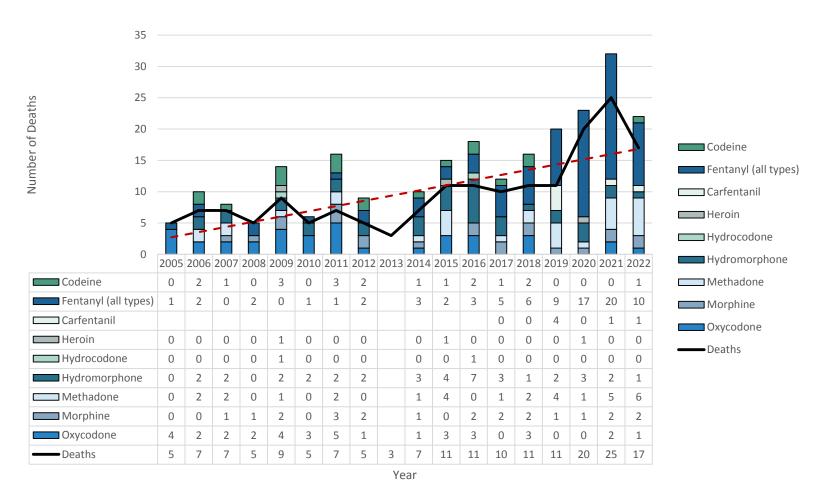
Naloxone doses provided in 2022:

Deaths in 2022 related to opioids.

6500

Type of opioid present at death, Haldimand-Norfolk Health Unit Area, 2022





Data Notes:

- 1. Drug categories are not mutually exclusive; multiple drugs may have been present in a single death. 2. Fentanyl (all types) includes fentanyl carfentanil and other fentanyl analogues.
- 3. Data for carfentanil are only available from 2017 onward. 4. 2013 deaths by drug type were suppressed due to the small number of deaths that year (<5).



Alcohol in Haldimand-Norfolk

ED visits for conditions entirely attributable to alcohol in 2021.

Higher self-reported rate of current drinking than the Ontario provincial average in 2019. (We are the third highest per population in all of Ontario)

Self-reported rate of consuming seven or more standard drinks in the past seven days



Smoking in Haldimand-Norfolk

In an average year for Haldimand-Norfolk region, an estimated:

- 201 deaths
- 763 hospitalizations
- 1,824 emergency departments visits

were attributed to smoking in people age 35 and older.

These smoking attributable outcomes for Haldimand-Norfolk made up:

- 18.1% of deaths
- 9.3% of hospitalizations
- 4.2% of emergency department visits

from all causes in people age 35 and older in Haldimand-Norfolk



Cannabis in Haldimand-Norfolk

55%

higher rate of ED Visits (per 100,000) for cannabis related poisonings than Ontario in 2021.

Haldimand-Norfolk has the

HIGHEST

rate of ED visits for cannabis related poisonings in youth (age 0 to 12) in 2021.





What else do we know?

40.1%

Figure 1. Costs (in billions) and percentage of total costs attributable to substance use in Canada by substance ad cost tupo 2020 NON-USE BENEFICIAL USE LOWER-RISK USE HIGHER-RISK USE ADDICTION (Substance use disorder) Avoiding use of substances Use that can have positive Use that has minimal impact Use that has a harmful and A treatable medical condition (abstinence) health, social, or spiritual to a person, their family, negative impact to a person, that affects the brain and effects friends and others their family, friends and others involves compulsive and continuous use despite Example: No drugs, tobacco negative impacts to a person, or alcohol Example: Taking medication Example: Drinking following Example: Use of illegal drugs, their family, friends and others as prescribed, ceremonial/ the low-risk alcohol drinking impaired driving, binge religious use of tobacco guidelines, cannabis use drinking, combining multiple Example: When someone cannot (such as smudging) according to the lower-risk substances, increasing stop using drugs, tobacco or cannabis use guidelines frequency, increasing quantity alcohol even if they want to

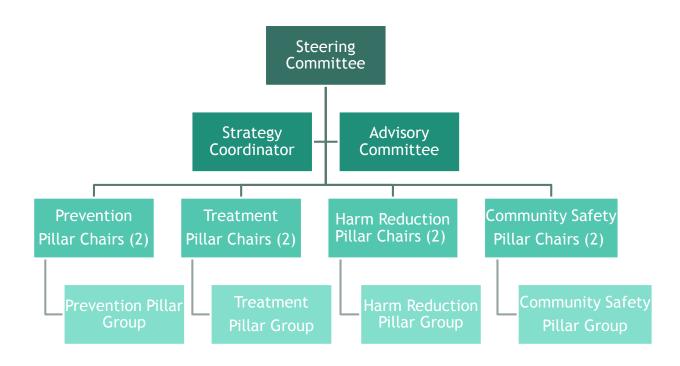
A person may move back and forth between the stages over time

22.7% | 4.9% | 14.4% | 2.8% | 8.5% | 6.2% | 0.5%



Community Drug & Alcohol Strategy - Structure

- Comprehensive
- Community Driven
- Evidence-Based
- Four-pillar Approach
- Fulfills Mandates
- Collective Impact
- Address Local Needs
- Equitable





Community Drug & Alcohol Strategy – The River

Prevention

"Making the people realize they don't need to be near the river through focusing on education and belonging."

atment

swim to shore to get them out of



Harm Reduction

"The river is too dangerov keep those people alive above water."



nment for anyone pushing the ver."



Community Drug & Alcohol Strategy – Four Pillars

Prevention

Preventing or delaying the onset of substance use and addressing root causes of use beginning with youth that fits within a broader context of the social determinants of health.

Treatment

To help individuals with problematic substance use make decisions about their personal health, support recovery as defined by the individual, and move towards decreasing/eliminating problematic substance use.

Harm Reduction

Considered a pragmatic, evidence-based approach to drug use, which seeks to reduce substance userelated harms to individuals and communities, without discontinuing substance use itself.

Community Safety

Addresses the crime and social disorder related to problematic drug and alcohol use. As an integral component of this strategy, human connection is at the core of community safety and is prioritized, in addition to the enforcement components of the broader criminal justice system.



Community Drug & Alcohol Strategy - Committees

Steering Committee

Coordination and overseeing the overall direction and implementation of the drug and alcohol strategy. This oversight includes strategic planning, decision making, support to complete tasks, fostering collaboration between pillars, and ensuring timely completion of actions.



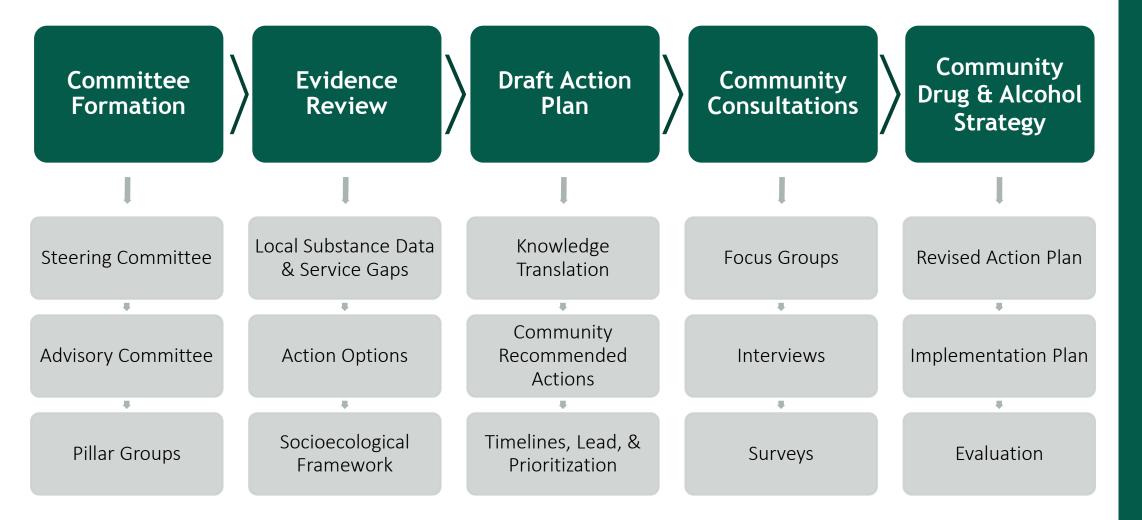
Advisory Committee

Members provide valuable insights, perspectives, and recommendations based on their personal journeys. The primary focus of the group is to ensure that decisions and strategies developed are informed by real-life experiences.





Community Drug & Alcohol Strategy - Development





Thank you for your time and consideration.

We invite any members of the community, representing an organization or not, to reach out to us if they would like to participate in the Community Drug & Alcohol Strategy or have any questions by emailing substanceuse@hnhss.ca.

