

WRCPC Agenda

April 21, 2017

Women's Crisis Services of Waterloo Region

700 Heritage Rd. Kitchener, ON

Large Boardroom, 2nd floor

9:00 a.m. to 11:30 a.m. (8:30a.m. networking)

Chair: Shayne Turner

Recorder: M. Allen

| No | Item | Time | Att(s) |
|-----|---|--------|--------|
| 1. | Welcome and Introductions | 10 min | |
| 2. | Approval of Agenda | | |
| 3. | Declaration of Conflict of Interest | | |
| 4. | Approval of the March 10, 2017 Minutes | | ✓ |
| 4.1 | Business Arising: | | |
| | 4.1.1 CMNCP Face to Face Meeting March 30th and 31st | | |
| | 4.1.2 Legislation and Regulation of the Cannabis Working Group Update | | |
| 5. | Nominating Committee Update – Courtney Didier - for approval | 5 min | |
| 6. | Response to Ontario Opioid Announcement - Michael Parkinson - for approval | 5 min | ✓ |
| 7. | What is this thing called “Prevention”? - David Siladi - for discussion | 90 min | |
| 8. | TRC Working Group – Christiane Sadeler - next steps? | 5 min | |
| 9. | Sector Representation: What is it? - Courtney Didier and Christiane Sadeler | 15 min | |
| | 9.1 Policy Review – Courtney Didier | 5 min | ✓ |
| | 9.2 A Sector Story: Peter Rubenschuh | 5 min | |
| 10. | Knowledge Sharing – Hillbilly Elegy – Jane Mitchell | 10 min | |
| 11. | Adjournment | | |
| 12. | Other Business | | |
| 13. | Next Meeting: May 12, 2017 Waterloo Region Museum | | |

WRCPC Minutes

March 10, 2017

Waterloo Region Museum

10 Huron Rd. Kitchener, ON

Classroom A

9:00 a.m. to 11:30 a.m. (8:30 a.m. networking)

Present: Barry Cull, Barry McClinchey, Carolyn Albrecht, Cathy Harrington, Chris Cowie, Courtney Didier, Denise Squire, Doug Thiel, Helen Jowett, James Gormley, Jane Mitchell, Jennifer Mains, Joe-Ann McComb, Jonathan English, Kathy Payette, Kelly Anthony, Liana Nolan, Liz Vitek, Mark Poland, Michael Beazely, Michelle Sutherland, Richard Eibach, Rohan Thompson, Sarah Shafiq, Sharon Ward-Zeller, Shayne Turner, Peter Ringrose, Trisha Robinson

Regrets: Alison Scott, Karen Spencer, Andrew Jackson, Angela Vanderheyden, Bill Wilson, Bryan Larkin, Mike Haffner, Douglas Bartholomew-Saunders, Carolyn Schoenfeldt, Felix Munger, Irene O'Toole, John Shewchuk, Cheryl Flamenco-Steiner, Mark Pancer, Karey Katzsch, Pari Karem, Peter Rubenschuh, Tom Galloway

Staff and Students: Carlos Luis (student), Christiane Sadeler, Daniel Bader, David Siladi, Dianne Heise, Mary Anna Allen, Michael Parkinson

Chair: Shayne Turner

Recorder: M. Allen

1. **Welcome and Introductions:**

Shayne Turner welcomed WRCPC members and guests and introductions were made. Visiting from Conestoga College were students from the Community Justice Degree program to observe multi-sector collaboration.

On behalf of WRCPC and the newly elected Chair Shayne Turner Christiane Sadeler thanked Chris Cowie for all his work as the Chair of the WRCPC. Chris Cowie in turn thanked the WRCPC for its continued work in the community and shared how the work of restorative justice very much aligns with a crime prevention through social development agenda and how the sector approach is thus a win-win for many sectors including the one he represents.

2. **Approval of Agenda:**

Moved by Kelly Anthony and seconded by Joe-Ann McComb. Carried.

3. **Declaration of Conflict of Interest:**

None

4. **Approval of the February 10, 2017 Minutes:**

Moved by Doug Thiel and seconded by Richard Eibach. Carried

4.1 **Business Arising:**

Canadian Municipal Network on Crime Prevention (CMNCP):

The WRCPC will be hosting the face-to-face meeting of the CMNCP on March 30 and the 31, 2017. An invitation was extended to the WRCPC to attend the meetings but Christiane asked to inform her ahead of time to ensure space, translation equipment and food is available.

Regional Chair Ken Seiling will be hosting a reception for member of the CMNCP on March 30th at the Waterloo Region Museum. WRCPC members are invited to attend. A formal invitation will be sent in the next week.

5. **Approval of the Smart Update (Consent Agenda):**

Jane Mitchell reminded the Council about the event: **Nevertheless, She Persisted** an **International Women's Day** event at Kitchener City Hall Rotunda from 12 noon to 3:00 p.m. A part of this event is the **Writing Names Project**. The names of all the missing and murdered aboriginal women will be written in chalk on **Carl Zehr Square**.

Council members were also encouraged to read about the prevention of substance use among teens in Iceland. This project shows what can happen when a country focuses on upstream efforts.

https://mosaicscience.com/story/iceland-prevent-teen-substance-abuse?utm_source=homepage%20promo

It was announced that Council member Sarah Shafiq has won the **Women Who Inspire Award** from the **Coalition of Muslim Women** for her activism and advocacy.

Moved by Carolyn Albrecht and seconded by Barry Cull. Carried.

6. Budget 2017 - for approval:

The WRPCPC Budget 2017 was brought forward to the WRPCPC for approval. Increases from 2016 to 2017 are due to the cost of living adjustments that are out of the control of WRPCPC staff. Staff had proposed cuts to the budget to meet a targeted percentage decrease but in the final budget approval process none of these cuts were included.

The question was asked what the percentage change was from the previous year. Christiane agreed to look into the exact answer but suggested that it was insignificant.

Moved by Kelly Anthony and seconded by Doug Thiel. Carried.

Post meeting addendum: The budget change from 2016 to 2017 was for a total increase of \$634 or close to 0%.

7. Facilitating Committee Roles and Responsibilities:

The Facilitating Committee functions like an executive committee of Council that works in close collaboration with the Executive Director. Its key role is to provide guidance to the Executive Director about decisions that need to be made between WRPCPC meetings. All significant decisions and decisions that are strategic rather than operational only made by the Facilitating Committee come to Council.

The FC also helps to set the WRPCPC agendas, to resolve disputes and challenges and monitor attendance and other policies as necessary.

The Facilitating Committee consists of Chair (Shayne Turner), Vice Chair (Courtney Didier), Past Chair (Chris Cowie), 4 elected positions (Joe-Ann McComb, Jane Mitchell, Cathy Harrington) and the Regional Administration Liaison (Douglas Bartholomew-Saunders). There was one vacancy on FC and John Shewchuk, as a Lifetime Member, has agreed to step in for the rest of the year. The Vice-Chair of WRPCPC is the chair of the Facilitating committee.

8. Nominating Committee Update:

The Nominating Committee is in the process of exploring an ex-officio opportunity with the Waterloo Wellington Local Health Integration Network (WWLHIN) but no decision has been made. There is also a vacancy for Adult Mental Health sector with Don Roth resigning his position. The Nominating Committee is finally in the process of making some decisions around the Education (Kindergarten to grade 12) sector vacancy. Derek Haime has moved to another community.

The concern was raised that the term “sector representative” could be misleading and implying that someone was chosen from within their sector to represent them. In reality Sector leaders and/or sector representatives are those that:

1. Have an expertise in the area.
2. Bring key understanding to crime prevention through social development from within their area.
3. Have credibility within their sector.
4. Are prepared to take some leadership in advancing the momentum for crime prevention.

Sector representation does not imply representation of a particular organization or for a particular group/community.

The Nominating Committee will seek to fill the two CPC vacancies by the next Council meeting to be held on April 21, 2017.

9. Legalization & Regulation of Cannabis Working Group Update:

The WRPS are committed to having one representative on the working committee of the Legalization & Regulation of Cannabis. Once this has been established arrangements will be made for the group to meet. The working group is committed to developing a draft position on behalf of Council and for Council approval. The working group will focus on the key principles of the issue that aligns most closely with the values and the mandate of Council.

Last week a few members of the Council and staff had the opportunity to participate in a consultation with MP Bill Blair, Parliamentary Secretary to the Department of Justice (and former Chief of Police in Toronto), regarding the legalization and regulation of cannabis. During this consultation it became clear that the Federal government does recognize that there is going to be a significant

impact on the municipal sector and that this will need significant consultations. A draft Bill will be presented to the House of Commons likely by the end of April 2017. It may be late 2018 before we see the legislation enacted.

The WRPCPC members had the opportunity to talk about the importance of prevention, particularly the prevention of early onsets from substance use that can lead to problematic substance use. Christiane shared the article about recreation approaches in Iceland with MP Bill Blair. The article shows the potential for success of universal programs that are sustained over a long time.

10. Sector Story: Peter Rubenschuh: Carried forward.

11. Response: Ontario Opioid Announcement: Michael Parkinson

Michael Parkinson is one of two Community Engagement Coordinators with the WRPCPC. The bulk of his work has been in the area of drugs including alcohol and their connection to crime.

A sub-committee of Council (Cathy Harrington, Felix Munger, Michael Beazely, and Jennifer Mains) had been created to develop a response on behalf of the WRPCPC to the Ministry of Health and Long Term Care on its **Strategy to Prevent Opioid Addiction and Overdose**.

Michael provided the Council with a numbered copy of the proposed response for approval by the WRPCPC.

The Council asked for more time to review the draft document so that they can provide informed feedback. The draft was made available for Council to review and staff agreed to also email out the Province's [Strategy to Prevent Opioid Addiction and Overdose](#) that was announced on October 12, 2016 and the [Backgrounder](#) with the request to provide feedback by March 31st. The revised draft response will then be brought back to Council at the next Council meeting on April 21, 2017 with a request for approval. Conestoga College students were also encouraged to provide their feedback.

12. WRPCPC Orientation items: Carried over

13. Youth Engagement Strategy: David Siladi & Michael Parkinson

In December of 2016, a presentation was made to Council about the findings of a youth engagement strategy research report generated by two WRPCPC students,

Joel Badali and Brandon Hey. Based on that report a funding application for establishing a youth reference group was submitted to the **Canada 150 Grant** for \$100,000 dollars. This funding was to be matched with an anticipated \$40,000 in-kind. The application was unsuccessful.

Michael Parkinson outlined the process envisioned for advancing the development of the **Youth Engagement Strategy** (akin to the Waterloo Region Integrated Drugs Strategy) and David Siladi provided a summary of the research findings and literature review that was shared with Council in December 2016. (PPT presentation is available by contacting the CPC office)

The WRPCPC, staff and guests then participated in focus group discussions and ideas from these discussions will be synthesized by staff in the design of next steps.

14. **Other Business:** The next Council meeting will be on April 21, 2017.
15. **Adjournment:**

Motion to adjourn moved by Helen Jowett. Carried at 11:35 a.m.

The Waterloo Region Crime Prevention Council (WRCPC) has reviewed the Ontario Ministry of Health and Long Term Care's **Strategy to Prevent Opioid Addiction and Overdose** dated October 12, 2016 and provides the following feedback for your consideration

The release of this strategy comprises a critical acknowledgement of what is undeniably the worst drug safety crisis in Ontario's history.

The Provincial approach would greatly benefit from the following:

1. An urgent response
2. A proportional response
3. A collaborative response
4. Clear targets, timelines and dedicated resources
5. A four pillar framework
6. Reducing systemic stigmatization and discrimination
7. Addressing the bootleg fentanyl
8. Actioning the Prescription for Life recommendations
9. Coordinating overdose prevention and intervention

Based on a substantial history of collaborative efforts in the field of preventing problematic substance use, the WRCPC offers the following comments for the consideration of the Ministry of Health and Long Term Care (MOHLTC):

1. An Urgent Response

The urgency of fully addressing Ontario's opioid crisis can not be overstated. One opioid-related death occurs every 13 hours in Ontario, and one (any) drug-related death occurs every 8 hours. By comparison, fatalities on Ontario's roadways occur at a rate of 1 death every 18 hours. The presence of bootleg fentanyl in Ontario has been called the 'crisis within the (opioid) crisis.' The MOHLTC and other stakeholders are well advised to engage in a rapid response that might be typical of collective responses to other important but less common forms of death and injury.

2. A Proportional Response

In total, 44 people died from SARS across Canada. Ontario deaths due to anaphylaxis totalled 92 victims in the 25 year period spanning 1986-2011. Fatalities on Ontario's roadways were exceeded by opioid-related overdoses 5 years ago. Collectively, our response to overdose deaths lags behind in attention and resource allocation that have historically been afforded to other important but less common forms of death and injury.

3. A Collaborative Response

The WRCPC concurs with the U.S. Centers for Disease Control and Prevention, and the Federal Minister of Health Jane Philpott, in calling for a collaborative response. It is widely acknowledged that the opioid-crisis is not a crisis that will be solved unilaterally by any one order of government or sector. WRCPC proposes that much of the expertise on this particular issue lies outside of governments. There is a vast network of untapped expertise in Ontario that exists outside of the traditional pathways of government engagement. The value of this social capital as a line item in a budget would be extraordinary and difficult to dismiss. Based on two decades of collaborative work, WRCPC strongly suggests that a collaborative approach with backbone support is essential to fostering innovation and improving the speed and efficacy of interventions and responses.

4. Clear Targets, Timelines and Dedicated Resources

Unlike national, state and county level opioid strategies in the U.S.A., Canadian agencies with a mandate to protect public health and safety have not adopted targets and timelines. For example, in 2010 the White House collaborated with a variety of partners at the state and local levels, including citizens, to create the *National Drug Control Strategy* that included targets and timelines such as:

- a 15 percent reduction in the rate of youth drug use over five years
- a 15 percent reduction in overdose deaths by 2015

These targets, among others, were supported by significant, dedicated funding in excess of \$1 billion alongside improved coordination and support to interventions at the local level.

Targets, timelines and dedicated resources are features of most private and public sector strategies. Their inclusion into drug-related strategies can only serve to advance identified goals and objectives.

5. A Four Pillar Framework

A strategy framework that aligns with priorities already identified in local communities across Ontario has the best chance to succeed. Ontario is unique for having many municipal/regional and First Nation-based drug strategies already at the implementation stage, and others under development. The four pillar approach has worked well to date

and alignment of the Ontario government's directions with those existing community-based strategies is strongly recommended. Additionally, a four-pillar approach has the additional benefit of aligning with Canada's Federal drug strategy. WRPCPC agrees that any drug policy must be "comprehensive, collaborative, compassionate and evidence-based" (Minister Philpott, June 2016)

The four pillars are:

Prevention: interventions throughout the lifecycle that seek to prevent or delay the onset of substance use. Successful prevention initiatives reduce the downstream human and financial costs currently borne by individuals, communities and both the private and public sectors.

Harm reduction: interventions, programs and policies that aim to reduce the potentially adverse health, social and economic consequences of problematic substance use.

Recovery and Rehabilitation: interventions that seek to improve the physical and emotional well-being of people who use or have used substances with 'treatment on demand' being the aspirational standard.

Enforcement and Justice: interventions that seek to strengthen community safety through collaborative efforts involving police, courts, corrections and community.

Reducing

6. Reducing systemic stigmatization and discrimination

Stigmatization and discrimination exist within the general public and remain significant barriers to health and safety within systems, sectors, and agencies. In WRPCPC's consultations and research, stigmatization consistently ranks as a top issue hindering progress.

Health equity and patient-first approaches are admirable goals also in drug-related policy and programs. With the view to avoid complacency attributable to stigmatization WRPCPC contends that those most affected by drug-related policy and programs be meaningfully and equitably involved in their design and delivery.

7. Addressing the Bootleg Fentanyl

Issues specific to bootleg fentanyl (fentanyl analogues) should be included in future Provincial policy and program directions. The establishment of The Illicit Synthetic

Opioid Provincial Response Advisory Committee is positive though given the paucity of good surveillance data, would greatly benefit from expanded engagement and collaboration with other key stakeholders in Ontario. The presence of bootleg fentanyl requires solutions that, while related to efforts to reduce harms due to prescription opioid use, have distinct characteristics. If Ontario follows the trends in the U.S.A. prescription opioid deaths are likely to decline and deaths due to (bootleg) fentanyl are likely to increase, driving up overall overdose fatalities. In Ontario, deaths due to fentanyl increased from 136 fatalities in 2013 to 203 victims in 2015. Early indications in Ontario are that 2016-17 will see a rise in opioid overdose fatalities attributable to the fentanyl. There is room for improvement, using the promising practices gleaned from colleagues in the U.S.A., in Canada and elsewhere.

8. Actioning the Prescription for Life Recommendations

In June 2015, Prescription For Life was provided to 41 organizations with a significant stake in the opioid crisis, including officials at, and agencies of the Province and Federal levels, all Local Health Integration Networks, colleges for health professionals etc. Prescription for Life was widely endorsed in Ontario – among them, the MDSCNO, the Emergency Nurses Association of Ontario, and the Association of Local Public Health Agencies of Ontario. There has been significant progress on the recommendations of Prescription for Life from the Federal government over the last 15 months and some progress in Ontario (e.g. expanded naloxone access). WRPCPC encourages all stakeholders to consider implementing those recommendations where they are specifically identified. .

9. Coordinating Overdose Preventions and Interventions

Achieving real time overdose monitoring was a recommendation of the WRPCPC in 2008. The establishment of a senior level overdose coordinator is a welcome addition needed to confront the opioid crisis. More by accident than by design, the WRPCPC has over the years fulfilled a province-wide coordinating function through providing strategic advice and support to an extensive list of sectors and systems. This support continues to be provided entirely on local resources and has been an overwhelming and unsustainable experience since 2015.

Given the depth of the crisis and the state of readiness in communities such as Waterloo Region across Ontario, WRPCPC believes that there is high value in directly

providing resources to local community organizations. Local engagement provides capacities and opportunities that can only benefit the current directions in a unique way.

In filling a historic gap WRCP to date has supported the following:

- Bereaved parents, friends and family
- Committees of the House of Commons and Senate of Canada
- Community Health Centres
- Community, Provincial and Federal Agencies
- Community and neighbourhood centres
- Enforcement Services
- Hospital Emergency Department clinicians and staff
- Housing and Shelter providers
- Select LHINs
- MPs, MPPs, elected municipal officials and their staff
- Municipal drug strategies across Ontario
- National organizations, including the federal public service
- Public Health Units
- Researchers, post-secondary
- Toxicologists, coroners, pharmacists, physicians, nurses; addiction clinics
- Unincorporated non-governmental organizations
- Etc.

It would stand to reason that rather than to further exhaust these local efforts, strategic resource support of them would greatly enhance our collective capacity to deal with the current crisis.

Conclusion

We encourage an **urgent, proportional** and **collaborative** response that concurrently works across all levels of prevention. Further, an evidence-based four pillar approach that is comprehensive, compassionate, and collaborative and includes clear targets, timelines and dedicated resources has, in our estimation, the best chance to reach beyond the traditional pathways of engagement. We offer these recommendations based in our extensive local, provincial and national experience and expertise which have resulted in a broad and engaged network that could be rapidly mobilized with modest but dedicated supports **and** form a crucial part of the overall opioid and overdose strategy for the Province of Ontario.

About the Waterloo Region Crime Prevention Council (WRCPC)

The WRCPC is a thirty plus sector collaborative that is a model for municipally based crime prevention through social development. Established in 1996, the WRCPC engages and connects citizens, decision makers and service providers in order to reduce crime, victimization and fear of crime. The WRCPC advances ideas and actions that alleviate the root causes of crime and improved social well-being.

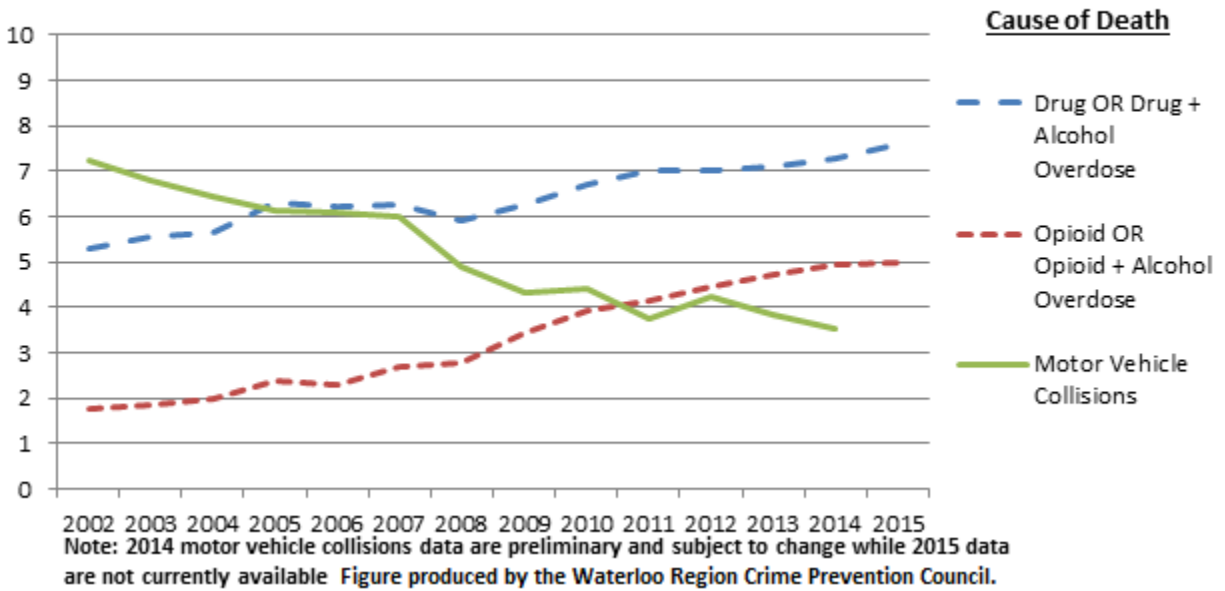
The WRCPC has more than a decade of experience and expertise in planning, engagement, research, knowledge exchange and collaborative policy and program development regarding drug-related issues. The experience on opioid-related challenges specifically, including overdoses, is substantial and widely acknowledged in and outside of the health sector across the Province and beyond. The WRCPC's longstanding collaborative networks locally and across North America continue to strengthen our efforts in Waterloo region, in Ontario and across Canada. This includes work on identifying, and advising on the bootleg fentanyl which WRCPC first noted as an emerging concern in 2008. The first formal Advisory in Canada was issued by WRCPC in 2013.

The preceding feedback is offered in the spirit of improving the overall outcomes sought by WRCPC as well as by the government of Ontario and the Ministry of Health and Long Term Care, namely, improving the health and safety of all Ontarians proportional to the priorities accorded to other important (but less common) forms of death and injury. There is a public as well as a private financial imperative to preventing problematic substance use, and high value in rapid access to new services for affected Ontarians.

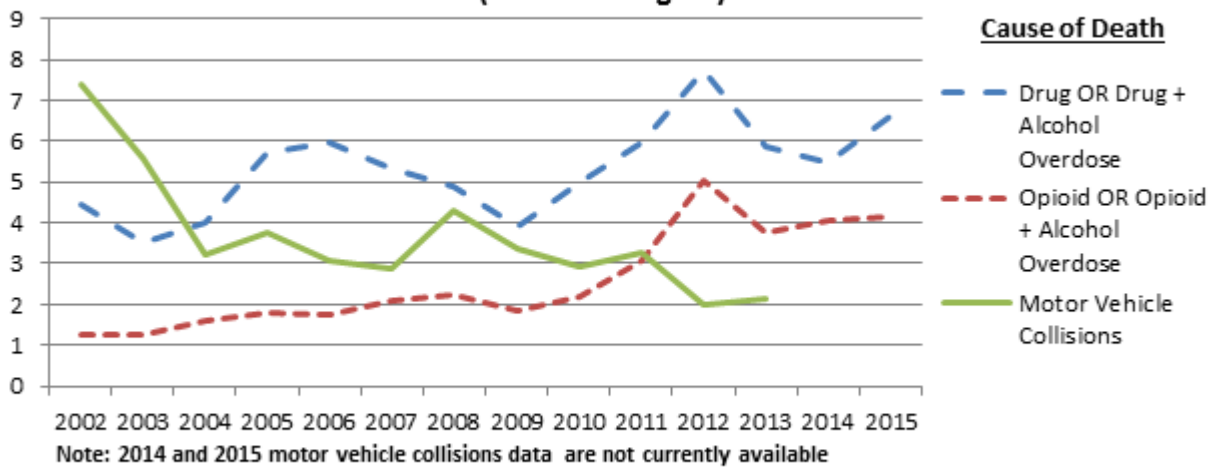
Background

The scale of harms resulting from opioid use is a significant and chronic issue. Fatal opioid-related overdoses reached record-setting levels in 2000 and have seen annual increases every year since. Whether persons are using opioids as prescribed or not the impact has often been devastating and to date more than 7,000 persons have been victims to fatal opioid-related overdoses in Ontario since 2000.

Overdose Deaths per 100,000 Individuals (Ontario)



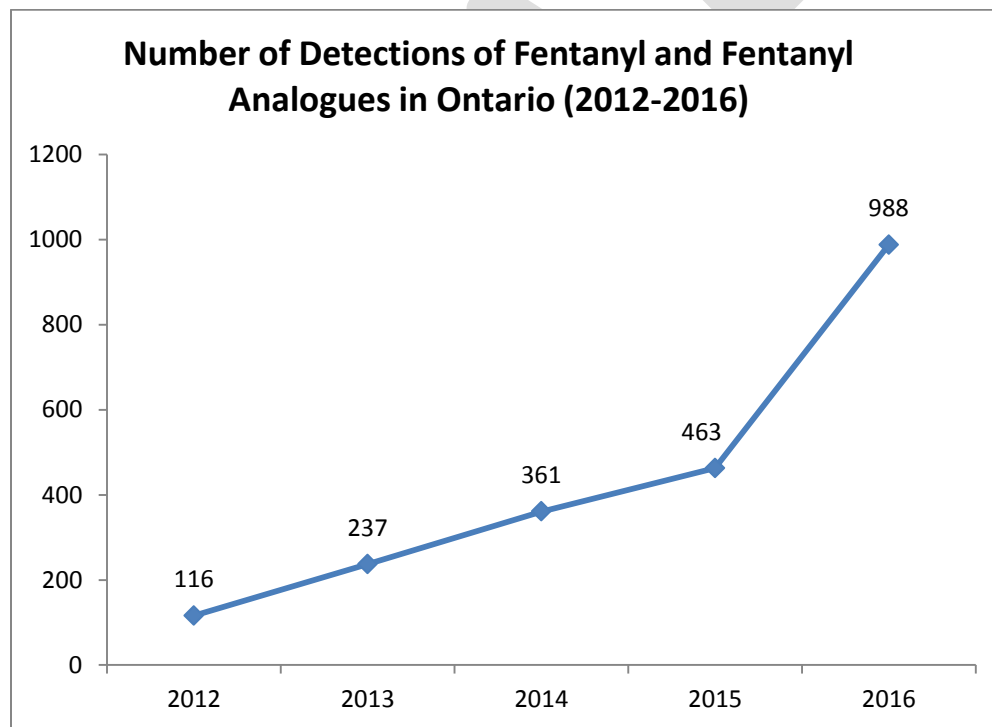
Overdose Deaths per 100,000 Individuals (Waterloo Region)



Source: Figure produced by the Waterloo Region Crime Prevention Council using data from the Office of the Chief Coroner of Ontario and the Ontario Ministry of Transportation.

In 2013, the WRCPC advised that the emergence of the bootleg fentanyls (fentanyl analogues) in Ontario presented a new and significant challenge for drug-related policies and programs. By the end of 2015 and throughout 2016, partner organizations across the province and locally were speaking of the impacts of the bootleg fentanyls for people using substances daily or occasionally. While the time lag in reporting Ontario overdose data has improved, deaths that can be attributed to the fentanyl analogues are a missing source of valuable data. Nonetheless, other indicators gathered by the WRCPC and partners across the Province lead to a second formal Fentanyls Advisory in August 2016 that was issued in collaboration with the Ontario Association of Chiefs of Police.

Data related to seizure samples that were submitted to Health Canada by Ontario's enforcement agencies and provided to WRCPC showed a 115% increase in fentanyl detections in 2016 over the previous year. In Waterloo region, the rise in fentanyl detections in 2016 exceeds the provincial average at approximately 575%.



Health Canada's Drug Analysis Service (DAS) operates laboratories across Canada that analyze suspected illegal drugs seized by Canadian law enforcement agencies. Results are reported for Calendar Year and were extracted on February 10, 2017. A single sample may contain more than one substance.

The WRCPC has deep experience in the development and implementation of community based/municipal drug strategies. The Waterloo Region Integrated Drugs Strategy was facilitated by the WRCPC through coordinating a 26-members Task Force and features 99 recommendations for "preventing problematic substance use and their impacts." Since adoption of the strategy and its release, WRCPC has continued to assist other Ontario communities in the development and implementation of their comprehensive drug strategies. This assistance includes support to public health units, municipalities and non-governmental organizations. In 2008, the WRCPC together with Toronto Public Health founded the Municipal Drug Strategy Coordinator's Network of Ontario. Today, this network has become a valuable asset that is unique in Canada and serves more than 9 million people in more than 155 municipalities and First Nations communities across Ontario. The network is entirely supported through in-kind local resources.

DRAFT

Appendix VIII – Definition of Friends of Crime Prevention, Sector Leaders, Lifetime Membership

Friends of Crime Prevention

Any individual or organization can be a Friend of Crime Prevention. Friends become part of a network for crime prevention through social development in the community or beyond. Friends either directly contribute to the work of the Crime Prevention Council, crime prevention in general or engage as a Friend of Crime Prevention.

Sector Leaders

Members of the Crime Prevention Council represent a sector that impacts one or more of the known risk factors of crime. This representation is either due to their area of expertise in this regards and/or their spheres of influence. Sector leaders do not represent an organization. They are leaders within their sector and communicate with others in their sector to ensure an exchange of knowledge between Council and the sectors. To that end sector representatives from time to time either convene a sector round table or ensure that existing sector round tables are kept abreast of significant developments in crime prevention in Waterloo Region and beyond.

Lifetime Membership

Outgoing members of WRCPC are eligible to be awarded Lifetime Memberships if they meet three criteria:

- (1) they were the Chair of WRCPC at some time during their tenure
- (2) they completed the maximum term of Council (10 years)
- (3) they made a significant contribution to crime prevention through social development.

Lifetime members are eligible to receive all Council materials and may continue to attend all meetings of Council. Lifetime members are not eligible to vote.