



**HKLN**  
DRUG STRATEGY



# Situational Assessment of the Four Pillar Approach to Addressing the Drug Poisoning Crisis

in the County of Haliburton, City of Kawartha  
Lakes and Northumberland County

In partnership with



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## Land Acknowledgement

We acknowledge that the County of Haliburton, City of Kawartha Lakes and Northumberland County are situated on the traditional territory of the Michi Saagiig and Chippewa Nations. This includes the territories of Treaty 20 and Williams Treaties. We respectfully acknowledge that these Nations are the stewards and caretakers of these lands and waters for all time and that they continue to maintain this responsibility to ensure their health and integrity for generations to come. We recognize the many harms done to Indigenous peoples and our collective responsibility to right those wrongs. We are all Treaty people.

# Acknowledgements

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## Disclaimer

In creating the content for this report, the authors employed by HKPR District Health Unit, engaged in research, analysis and synthesis of local data trends from a variety of sources.

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## *Inquiries*

If you have any requests or inquiries concerning this report, please email the HKPR District Health Unit's Harm Reduction Team at [harmreduction@hkpr.on.ca](mailto:harmreduction@hkpr.on.ca).

## Executive Summary

The drug poisoning crisis has been many years in the making and is a growing public health issue. Contributing factors include historic prescription of opioids for clinical use, illegally produced synthetic opioids, numerous contaminants that make the unregulated supply unpredictable, and impacts of the COVID-19 pandemic.

This report provides a situational assessment of the four pillar approach used to address the drug poisoning crisis in the County of Haliburton, City of Kawartha Lakes and Northumberland County. The four pillars are **Prevention and Education**, **Treatment**, **Harm Reduction**, and **Community Safety**. The report describes the situation through various data sources, reviews programmatic actions by organizations working within the four pillars to address the drug poisoning crisis, and identifies recommendations for action.

## Key Points

### Prevention and Education

- Preventing people from using drugs is an important upstream approach and early intervention is key.
- Investment in programs that support families and address youth mental health are critical to reduce the risk of substance use disorders in adulthood.
- There is emerging evidence from several youth substance use prevention programs of their efficacy in stopping or delaying substance use.
- Engagement with schools and school boards increases potential reach and effectiveness of youth interventions.

### Treatment

- Treatment can take place in community or in a residential setting.
- Effective treatment approaches need to consider multiple challenges faced by individuals with substance use disorders, including housing/homelessness and lack of access to health care.
- Comprehensive integrated treatment programs are required. This includes physicians, nurses, nurse practitioners, therapists, pharmacists and connections to social services.
- There are limited treatment options available in this Health Unit region and the availability of some treatment is also limited.

## Harm Reduction

- A range of harm reduction programs and services are needed to address the risks of drug poisoning.
- Many partners play a role in the collaborative delivery of harm reduction supports.
- Multiple levels of jurisdiction determine what can and cannot be provided, and this can present challenges in meeting the needs of people seeking supports.
- People with lived and living experience of substance use must be engaged in the planning and delivery of harm reduction services and supports.

## Community Safety

- Criminalization and the fear of legal consequences is stigmatizing and may discourage people with problematic substance use from seeking assistance and treatment.
- Policing associations nationally and provincially recognize substance use disorder as a public health issue rather than a criminal justice issue, requiring diversion responses that are evidence-based and health-centred.
- Frontline officers play a critical role in any diversion model and can assist individuals into pathways of care.
- Mental Health Engagement and Response Teams (MHEART) and Engagement Mobile Crisis Response Teams (MCRT) are promising practices that could benefit from core funding.



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