

**Submission from the Toronto Drug Strategy Implementation
Panel to the:**

**Minister's Advisory Group on
Mental Health and Addictions**

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Executive Summary

The Toronto Drug Strategy (TDS) Implementation Panel is an intersectoral group that provides oversight and strategic advice on implementation of Toronto's municipal drug strategy. The TDS provides a comprehensive approach to alcohol and other drugs based on the four integrated components of prevention, harm reduction, treatment and enforcement.

This submission to the Minister's Advisory Group includes feedback on the *Every Door is the Right Door* discussion paper, and highlights key actions in the Toronto Drug Strategy that the TDS Implementation Panel recommends be incorporated into the 10-year provincial Mental Health and Addictions Strategy.

Every Door is the Right Door: Towards a 10-Year Mental Health and Addictions Strategy

Every Door is the Right Door provides a high-level overview that effectively captures the range of issues related to mental health and addictions in Ontario. The TDS Implementation Panel supports the seven directions outlined in the report, and while details of how these directions will be achieved are not expected until the release of the final strategy, we would like to comment on key areas, specifically the need to:

- Specify inter-ministerial commitments;
- Strengthen prevention and early intervention;
- Expand and integrate a strengths-based approach;
- Strengthen social determinants of health;
- Clarify definitions and scope;
- Articulate the relationship between addiction and mental health;
- Prioritize the elimination of stigma and discrimination;
- Expand participation of people who use alcohol and other drugs; and
- Integrate services and fund strategically.

Toronto Drug Strategy recommendations for provincial action

The TDS Implementation Panel also urges the inclusion of key Toronto Drug Strategy recommendations that require provincial action into the Mental Health and Addictions Strategy, specifically the need to:

- Expand case management services;
- Invest in 24-hour crisis responses;
- Expand the availability of treatment;
- Expand peer involvement and employment opportunities;
- Support families with substance use issues;
- Recognize addiction as a disability;
- Recruit and train more health care providers;
- Eliminate service barriers; and,
- Support municipal action on mental health and addictions.

The TDS Implementation Panel welcomes provincial leadership on these important health issues for our community, and looks forward to a progressive and ambitious strategy that will significantly improve our collective response to mental health and addictions in Ontario.

Introduction

The Toronto Drug Strategy (TDS) Implementation Panel is an intersectoral group that provides oversight and strategic advice on implementation of Toronto's municipal drug strategy. The TDS provides a comprehensive approach to alcohol and other drugs based on the four integrated components of prevention, harm reduction, treatment and enforcement.

The TDS Implementation Panel includes expertise from a broad range of sectors including health promotion and prevention, education, harm reduction, addiction and mental health treatment, social development, criminal justice, as well as the experience of youth and people who use alcohol and other drugs. We believe that effective solutions come from all sectors working together from an evidence-based approach toward a common goal of improving the quality of life for individuals, families and communities.

This submission to the Minister's Advisory Group on Mental Health and Addictions includes feedback on the *Every Door is the Right Door* discussion paper, and the highlights of key actions the TDS Implementation Panel feel should be incorporated into the 10-year provincial Mental Health and Addictions Strategy. The Panel welcomes provincial leadership on these important health issues for our community, and looks forward to a progressive and ambitious strategy that will significantly improve our collective response to mental health and addictions in Ontario.

Every Door is the Right Door: Towards a 10-Year Mental Health and Addictions Strategy

The *Every Door is the Right Door* discussion paper provides a high-level overview that effectively captures the range of issues related to mental health and addictions in Ontario. The TDS Implementation Panel supports the seven directions outlined in the report, specifically to:

1. Act early;
2. Meet people on their own terms;
3. Transform the system;
4. Strengthen the mental health and addictions workforce;
5. Stop stigma;
6. Create healthy communities; and,
7. Build community resilience.

While the details of how these directions will be achieved are not expected until the release of the final strategy, there are some areas of the paper that the TDS Implementation Panel would like to provide comment on, as follows:

- **Specify inter-ministerial commitments**

The issues associated with mental health and addictions are not specific to any one ministry's mandate or function. The Province legislates, regulates and funds government, institutional and community responses in a number of key areas including public health, primary health, mental health and addiction services, social assistance, education, law enforcement and corrections. We are encouraged to see the breadth and range of provincial ministries listed as

committed to this initiative. It is crucial that the strategic directions and actions contained within in the final strategy are consistent across provincial ministries such that policy, program, and funding decisions of one ministry are reinforced and not undermined by another. For example, if the Ministry of Health & Long-Term Care is committed to ensuring that people with problematic substance use issues have timely access to prevention, harm reduction and treatment services, then it follows that the Ministry of Community Safety & Correctional Services will ensure similar health services are available in provincial correctional facilities for inmates with mental health and addiction issues.

In the final strategy we hope to see concrete and specific details of how each ministry will contribute to ensuring that “every Ontarian enjoys good health and well-being, and that people with mental health and/or addiction issues live and participate in welcoming, supportive communities,” as articulated in your vision for the Mental Health and Addictions Strategy. In addition, we hope to see clear links between this strategy and other relevant provincial action plans such as the Poverty Reduction Strategy.

- **Strengthen prevention and early intervention**

We are pleased to see prevention and early intervention highlighted in the discussion paper. Historically, far too little attention has been paid to up-stream strategies and this must change if we are to create healthier communities. Effective prevention begins early and continues throughout the life span. It includes a variety of strategies such as skill building, engaging youth directly in the development of appropriate messages, and ensuring that environmental supports are in place such as employment, positive school culture, and strong family supports.

Effective legislation and policies are also critical, as evident in the Ontario Tobacco Strategy, which has been successful in reducing the rates and impacts of smoking. The discussion paper could be much stronger on the role of environmental and systemic factors as it relates to prevention. For example, we are looking to the Province to strengthen regulatory legislation and policy regarding access to alcohol, maintaining a strong regulatory framework for alcohol, and implementing stronger enforcement of the *Liquor Licence Act* to reduce the illegal distribution of alcohol, to prevent underage drinking and service to people who are intoxicated. These measures are evidence-based strategies for preventing the harms associated with alcohol for the population as a whole.

Prevention is cost-effective. It is estimated that for every \$1 spent on prevention, \$10 is saved in treatment costs.¹ However, despite broad public support for prevention and early intervention, few government resources are targeted to these strategies. We need significant investment in comprehensive prevention and early intervention if we are to reduce incidents of problematic substance use and mental illness.

- **Expand and integrate a strengths-based approach**

We are pleased to see the focus on building resiliency using a strengths-based approach as a key component of preventing mental health and addiction issues. To be effective this

¹ National Institute on Drug Abuse. (1999). *Infacts: Lessons from Prevention Research*. U.S. Department of Health and Human Services.

approach must be embedded throughout the Mental Health and Addictions Strategy. The application of a resiliency approach must be comprehensive in scope and focused on building both internal (individual) and external (family, peers, school, and community) strengths¹. Strategies must be targeted across these dimensions of an individual's life if we are to be successful in building protective factors and reducing risk factors for children and youth. In addition, promoting resiliency must occur across the lifespan to help prevent and ameliorate mental health and addiction issues among adults.

- **Strengthen social determinants of health**

Issues related to mental health and addiction need to be understood in the context in which they occur. For many people, this context is directly influenced by social determinants of health that include, but are not limited to, income, housing and employment. We are pleased to see social determinants of health highlighted in the discussion paper, and would like to see these strengthened with concrete actions for change articulated in the final Mental Health and Addiction Strategy.

Poverty and the lack of resources to meet basic needs like food and shelter can increase the risk for problematic substance use and mental health issues. People who feel hopeless about their future or who are denied opportunities to succeed may turn to alcohol and other drugs to cope. In Ontario, minimum wage and social assistance rates have risen only slightly over the last decade despite the rising cost of living and significant cuts to social assistance rates in the 90s. We need provincial action to improve incomes for people struggling in poverty, including raising the minimum wage to \$10 per hour, and increasing Ontario Disability Support Program rates by 10% and further, that these rates be indexed to the Consumer Price Index to ensure they reflect economic conditions over the long term. With respect to Ontario Works, rates should ensure the shelter component equals 85% of the median market rent for each local housing market, and the basic needs component should be increased by 21.6% and thereafter increased annually to reflect the findings of the yearly nutritious food basket surveys conducted by local Boards of Health based on protocols established by the Ministry of Health and Long-Term Care.

Stable housing also plays an important role in reducing the health risks of people who use alcohol and other drugs². For many people, all they need is a safe, secure and affordable place to live; others require more support to maintain their housing successfully. We are encouraged by recent provincial investments in supportive housing, in particular for people with addiction issues, to help reduce the risk factors for problematic substance use and to help people stabilize their lives. However, the demand for affordable and supportive housing far exceeds the supply, and more investment is needed, including targeted housing for marginalized populations such as people in conflict with the law.

¹ Resiliency Initiatives. (2001). *Youth Resiliency Framework. Promoting Resiliency Strengths through Resiliency Assessment & Development.*

² A study of homeless individuals housed through the City of Toronto's Streets to Homes Initiative found that 49% decreased or stopped their use of alcohol and 73% decreased or stopped their use of other drugs. There was also a significant reduction in the use of emergency services such as police, ambulance and fire.

Unemployment, especially long-term or chronic unemployment, is a risk factor for substance use and/or mental health issues. Current economic conditions have increased unemployment rates across the province, and created significant stress for many Ontarians. Some people lack the education or skills necessary to compete successfully in the labour market. As a result, more targeted pre-employment, skills development and employment initiatives are needed to help people find or return to work. Access to employment supports and opportunities are important strategies to help prevent, and recover from, mental health and substance use issues.

- **Clarify definitions and scope**

The discussion paper lacks a clear definition of the type of substance use the strategy is intended to address. The terms “addiction” and “problematic substance use” are both used without an adequate definition of either. The spectrum of substance use in our society ranges from beneficial to recreational to episodic, chronic and problematic. Strategies and interventions are different depending on the type of substance use being considered. We encourage the Minister’s Advisory Group to be comprehensive and focus on the full spectrum of substance use to reflect a population health approach.

- **Articulate the relationship between addiction and mental health**

The relationship between mental health and addiction is not well articulated in the discussion paper. While there are overlaps between the two, there are also differences. Not everyone who has a substance use issue has a mental health issue (and vice versa), and policies and programs need to reflect these differences. In addition, the field of addictions is not merely a sub-specialty of mental health but is a distinct discipline on its own. Mental health professionals often do not have the training or expertise to work effectively with people with addictions (and vice versa), and service planning needs to acknowledge and accommodate for this reality.

Some people do have concurrent disorders (both a mental health issue and an addiction), and the needs of this group are not well addressed by our health, social service and correctional service systems. Many service providers will tell people they need to resolve their addiction before they can access mental health services, or to resolve their mental health issue before they can be helped with their addiction. This situation is untenable and more needs to be done to ensure seamless access to services for people with concurrent disorders, including the provision of harm reduction services.

- **Prioritize elimination of stigma and discrimination**

We are pleased to see that stigma is highlighted as a key issue to be addressed in the Mental Health and Addictions Strategy. The TDS Implementation Panel is also concerned about the impact of stigma and discrimination on people who use alcohol and other drugs, and is working to develop strategies at the local level to address this issue. Stigma and discrimination marginalize and isolate people who are labeled as “deviant,” which in turn impedes their ability to fully participate in the everyday life of society such as holding a job, having a home, getting access to needed services, and enjoying mutually supportive relationships with family and friends¹. This effect is particularly true for people who use

¹ Centre for Addiction and Mental Health (CAMH). (1999) *The Stigma of Substance Use: A Review of the Literature*

illegal drugs who are often further marginalized due to the criminal aspect of their use. Discrimination against people who use drugs is historically entrenched in our society, and to affect significant change in this area will require strong leadership from all governments.

- **Expand participation of people who use alcohol and other drugs**

We are pleased to see a strong articulation of the need to involve people with mental health and addiction issues to ensure they are involved throughout the process. To date, the perspective of people with mental health issues seems to be well represented, which is positive. However, the TDS Implementation Panel would like to see stronger participation by people who use alcohol and other drugs, in particular people who are actively using, to ensure a broad perspective is maintained.

- **Integrate services and fund strategically**

We are pleased that a key goal of the provincial strategy is to ‘provide access to a seamless system of comprehensive, effective, efficient, proactive and population-based services and supports.’ Ontario’s health care service system is complex and often difficult to navigate. This is particularly true for vulnerable groups such as youth, or people with multiple needs, addiction and/or mental health issues. Due to the lack of co-ordination and integration across health, social service, housing and other sectors, many people fall between the cracks in the system and end up back in the original situation from which they were trying to escape. This unfortunate result creates additional demand for emergency health and social services as people rely on these “services of last resort.”

However, “transforming the system” will require more than service co-ordination and a shifting of resources. The reality is that mental health and addiction services across the province are not adequately funded. The 2008 Auditor General’s report stresses that addictions funding has been based on historical funding rather than assessed need.¹ This part of the health care system has been neglected in favour of primary health and of problem gambling despite the considerable financial impact mental health and addiction issues have on the service system as a whole. In Ontario, the cost of harmful substance use alone is estimated at \$8.2 billion per year.² Community-based mental health and addiction services in particular have been chronically under-funded despite the cost-effective nature of these investments. The recently produced recommendations for a National Treatment Strategy for Canada provide a useful framework for more strategic planning and funding of addiction services to ensure the most efficient use of resources.³

¹ 2008 Annual Report of the Office of the Auditor General of Ontario.

² J. Rehm, et al. *The Costs of Substance Use in Canada 2002*. (March 2006). Canadian Centre on Substance Abuse. The estimated costs are for alcohol and other drugs in Ontario and include direct health care, law enforcement, corrections, prevention and research, lost productivity (due to injury, disability and death), and other direct costs (e.g., EAP and workplace health promotion programs).

³ National Treatment Working Group. (2008). *A Systems Approach to Substance Use in Canada: Recommendations for a National Treatment Strategy*.

Toronto Drug Strategy recommendations for provincial action

The Toronto Drug Strategy, approved by City Council in December 2005, contains several recommendations that require provincial action in addition to areas discussed in the previous section. We ask the Minister's Advisory Group to integrate these actions into the Mental Health and Addictions Strategy as they reflect issues relevant not only for Toronto but for communities across Ontario.

- **Expand case management services**

Investing in community-based, case management services for people with substance use issues is an easily implemented and cost-effective solution to improving access to health and other services¹. This strategy can also reduce pressure on our already strained emergency service system. There are highly skilled organizations doing this work across the province and we need to build on these efforts. Case management helps people manage the transition between different phases of their addiction – from detox to treatment to housing – helping them get the right level of care at the right time as well as providing ongoing support. Case management services must be tailored to individual needs. Some people need intensive support for a short time while others need help over the longer term.

Case managers facilitate and co-ordinate access to the existing service system, which is critical for people with addictions as they face many service barriers, in particular people who use illicit drugs. Expanding case management services will improve the quality of life for people with alcohol and other drug issues and ensure more effective and appropriate use of Ontario's health care services. This recommendation is supported by other groups in Ontario, including The Partnership².

- **Invest in 24-hour crisis responses**

A key strategy to support people with addiction and/or mental health issues that will reduce pressure on emergency departments is a 24-hour crisis response. This is a key service gap in Toronto as it is in other communities across the province. Some 24-hour support is available for people with mental health issues, but there is nowhere for people to go when they are intoxicated/high and in crisis. This issue is particularly problematic late at night and on weekends, and for people who are homeless or otherwise street-involved.

Police and ambulance staff regularly pick up people with addiction and/or mental health issues because of relatively minor behaviour issues and 911 calls. However, emergency responders often have difficulty finding appropriate referrals for these individuals. Significant time is spent waiting with people in emergency rooms until an assessment can occur, and hospitals are unwilling to admit these individuals to in-patient care unless there are medical reasons to do so. There are withdrawal management (detox) services in Toronto but space is not always available, nor is this necessarily what people want or need. With no

¹ It can cost up to five times less to provide services to a person in the community than it would to keep that person in hospital for the same period of time. Goering, P (2008) *Making a Difference: Ontario's Community Mental Health Evaluation Initiative*.

² *Addressing Emergency Department Wait Times and Enhancing Access to Community Mental Health & Addiction Services and Supports*. (July 2008). Addictions Ontario, Canadian Mental Health Association Ontario, Centre for Addiction and Mental Health, Ontario Association of Patient Councils, Ontario Federation of Community Mental Health and Addiction Programs, and the Ontario Peer Development Initiative.

other options, some people end up back on the street or at drop-ins if they are open, or shelters if space is available.

One of the Toronto Drug Strategy working groups has developed a service delivery model for a 24-hour crisis response in Toronto. In developing the model, the group sought input from potential service users and a broad range of health, social, and emergency service providers. Key crisis service components identified by potential service users include non-judgmental and supportive staff, a 24-hour safe place to stabilize, physical and mental health care supports, and help accessing other services and supports in the community.

Service providers support the need for a 24/7 facility with a “one-stop shop” model of health and other services. Service providers spend a significant amount of their time working with people who are intoxicated/high and in crisis. For example, emergency departments reported spending an average of 32% of their time working directly with this population with an additional 17% of time spent on documentation and follow-up.

Developing and investing in a 24-hour crisis response for people with addictions and/or mental health issues has multiple benefits by providing much needed support to a vulnerable and underserved population, as well as ensuring more effective and appropriate use of emergency health care services, and facilitating linkages into the rest of the service system. This recommendation is supported by other groups in Ontario, including The Partnership¹.

- **Expand the availability of treatment**

There are not enough treatment spaces or options in Toronto, either in the community or in our jails and prisons, where substance use is a significant issue. The 2008 Auditor General’s report found that “the vast majority of Ontario’s population needing addiction treatment services did not receive the required services.”² We need effective treatment in place for people who want it. We also need to expand the range of options including harm reduction psychotherapy, acupuncture, flexible methadone programs, substitution therapies and services appropriate to diverse communities.

In Toronto, there is a high demand for youth treatment. Most youth treatment services have waiting lists, some as long as six months. A serious service gap in Toronto is residential addiction treatment services specific to youth. Recently some residential beds have been established for youth with concurrent disorders, which is a critical step forward, but not adequate to the demand. We need residential treatment options for youth to ensure appropriate care and to reduce the need for youth to travel outside Toronto far from family and support networks. The 2008 Auditor General’s report found that between 2004 and 2007, about 200 youths seeking help for their addiction were sent out of the county for treatment at a cost of \$40,000 each.³ Surely these costs can be lowered and outcomes

¹ *Addressing Emergency Department Wait Times and Enhancing Access to Community Mental Health & Addiction Services and Supports*. (July 2008). Addictions Ontario, Canadian Mental Health Association Ontario, Centre for Addiction and Mental Health, Ontario Association of Patient Councils, Ontario Federation of Community Mental Health and Addiction Programs, and the Ontario Peer Development Initiative.

² *2008 Annual Report of the Office of the Auditor General of Ontario*.

³ *2008 Annual Report of the Office of the Auditor General of Ontario*.

improved by providing services where young people live. In Toronto, it is estimated that 8% of youth aged 15 to 24 (11,500 people) will experience an addiction.¹

The Ministry of Health and Long Term Care restructured withdrawal management (detox) services in Toronto resulting in a loss of 20 residential beds and a shift to community-based options such as home and day withdrawal. Expanding options can help reach more people but it should not come at the expense of existing residential capacity, which is critical for adults and youth who are homeless.

We need significant investment in treatment both in the community and in the corrections system if we are serious about helping people with addictions. This is not only a moral imperative but also an economic one. The 2008 Auditor General's report highlights that every \$1 spent on treatment would result in \$4 to \$7 in savings in health care, law enforcement, social services and other costs.²

- **Expand peer involvement and employment opportunities**

Involving people who use or have used substances in planning, delivering and evaluating policies and programs intended to serve them is vital. In 1991, Toronto Public Health started the first peer group at *The Works* program for injection drug users. This and other harm reduction programs across Toronto continue to support and encourage the involvement of peers to help plan, deliver and evaluate programs.

Some countries fund user groups to deliver programs. Since the late 80s, the Australian government has funded peer groups to deliver needle exchange, provide education on health issues, safer injecting methods, overdose and adverse drug reactions. Peer workers are also used in treatment initiatives, such as the Toronto Drug Treatment Court program. Peer workers are seen as a trusted and credible source of information and referrals, and provide valuable links to social, health and treatment services.

Despite the proven value of peer workers, they tend to be under-paid and receive only small stipends or honoraria. In addition, few resources are available for supervision and ongoing training and development, and this is an issue that should be addressed in the Mental Health and Addictions Strategy. This action would help to build capacity in the service sector, and provide meaningful employment opportunities for people seeking to stabilize their lives. Like other workers, peers need a supportive work environment that enables them to continue building their skills and keep their knowledge current.

- **Support families with substance use issues**

Family-based interventions are needed to prevent and respond to substance use issues. Regardless of who in the family has an issue with their substance use, the whole family may need to be involved in the solutions, including parents, spouses, siblings and children. These interventions need to be flexible, home-based if necessary, and able to deal with the wide variety of issues that families struggling with substance use face. Family dynamics are

¹ Canadian Mental Health Association Ontario, Centre for Addiction & Mental Health, and the Ontario Federation of Community Mental Health and Addiction Programs, *Addiction Fact Sheet*, p.1. This estimate refers to youth in the Toronto Central LHIN area.

² 2008 Annual Report of the Auditor General of Ontario.

highly relevant to an individual's substance use, and therefore, providing more family support services and ensuring integrated treatment is essential.

Some treatment services pose a challenge for parents, especially lone-parent families, who may risk losing their children upon entering residential services. For some parents, usually women, this can be a barrier to seeking help. Protocols between service providers and child welfare agencies need to be established that are supportive of parents and their children. Developing creative treatment options and using additional community supports to promote and sustain a parent's involvement in treatment need to be encouraged. In some circumstances it may be appropriate to remove a child if their safety is in jeopardy. But, apprehension is not always necessary and we need to look at other ways to support parents who want treatment including the provision of on-site childcare at treatment facilities. This is a key area that needs to be addressed in the Mental Health and Addictions Strategy.

- **Recognize addiction as a disability**

The Toronto Drug Strategy recommends that the provincial government reinstate addiction as an eligible disability under the Ontario Disability Support Program. We understand this issue is before the courts at present, and are discouraged that the Province is appealing the Ontario Divisional Court's decision regarding the eligibility of people with addictions for ODSP. As an interim measure, we are pleased the Ministry of Community and Social Services is respecting the Court's decision by agreeing not to apply the addiction exclusion provision for the time being. However, the provincial appeal seems incongruent with the directions articulated in *Every Door is the Right Door* with respect to improving outcomes and the quality of life for people with addictions, and we urge the government to reconsider this action.

- **Recruit and train more health care providers**

There are many health issues associated with the use of alcohol and other drugs, including heart disease, cancer, acute alcohol poisoning, respiratory system disease, brain damage, liver disease, and even premature death. Injuries such as falls, drowning and motor vehicle collisions are more common, and place considerable stress on our health care system. People who use illegal drugs, especially people who inject drugs, are highly susceptible to infectious diseases such as HIV and Hepatitis C as well as respiratory illness, cardiac problems, seizures and death.

Family doctors or emergency room nurses are often in the best position to intervene with someone who is using alcohol or other drugs in a harmful way. The primary health care system is an important entry point into the broader service system. Unfortunately, it is difficult to recruit health care providers to work with people who have serious substance use and/or mental health issues especially if they are homeless or otherwise street-involved and have complex, chronic conditions. As part of the Mental Health and Addictions Strategy, we urge development of a health human resources plan that includes strategies to support organizations in the recruitment and retention of health care providers to work with people with addictions. Providers should include general practitioners, nurse practitioners, Family Health Teams and alternative practitioners.

In addition, training on mental health and addiction issues is needed for existing health and social service providers to help eliminate the discrimination people experience from professionals in the field, as one measure of increasing access to existing health and social services.

- **Eliminate service barriers**

Many people rarely or never come in contact with the service system. There are many reasons people do not use services including individual choice, the way existing services are delivered and the fact that some services are simply not available. There are also many barriers to accessing services including confusion about the treatment assessment and referral process, experiences of discrimination and abuse, language, geographical location, lack of child care, social isolation, transportation and physical challenges. In addition, services based on Western concepts of substance use and family structures often fail to consider that what constitutes a “drug” and that what is appropriate consumption is varied and culturally determined. More needs to be done to take into account cultural differences and to make services more welcoming and accessible to diverse communities.

Ironically, being in treatment itself can be a barrier to getting help. People in methadone maintenance therapy often cannot access other forms of treatment (e.g., individual or group counselling) because they are viewed as still actively using drugs. Furthermore, some individuals have difficulty getting mental health assessments, including people who are in remand custody in the correctional system. This group often experiences developmental delays and/or Fetal Alcohol Spectrum Disorder, which can affect their behaviour. Proper assessments are needed to ensure people can access the mental health services they require, and to help reduce incidents of “self-medication” with alcohol or other drugs as a means of coping with mental health symptoms.

At a minimum, people should be able to access services they are entitled to, and be confident those services will work for them and that they will be treated with respect. We need to be able to provide help to people when they are motivated to make change, and we look to concrete actions in the Mental Health and Addiction Strategy to ensure this will happen.

- **Support municipal action on mental health and addictions**

Many of the impacts of alcohol and other drugs are felt at the local level, and in many respects municipal governments are best placed to respond to its community’s concerns. Many municipalities and community organizations across Ontario have taken leadership to develop and implement comprehensive drug strategies. An Ontario Network of Municipal Drug Strategy Co-ordinators recently formed to facilitate the sharing of knowledge and best practices across the province. In that regard, we are looking to the Minister’s Advisory Group to recommend actions that provide policy, program and funding support to reinforce local efforts to address mental health and addiction issues.

The TDS Implementation Panel has advocated for several years for the Province to develop a comprehensive drug strategy, key components of which we hope will be reflected in the Mental Health and Addictions Strategy. Collective and complementary action is needed by all governments to ensure that efforts are mutually supportive, and to leverage collective efforts toward change. In Canada, this action is even more imperative given the policy shifts

at the federal level away from comprehensive approaches that include harm reduction. We look to the Province of Ontario to provide comprehensive, evidence-based leadership in the area of mental health and addictions, and are committed to working with you in this regard.

Conclusion

This submission to the Minister's Advisory Group on Mental Health and Addictions outlines key areas of feedback with respect to the *Every Door is the Right Door* discussion paper, and highlights key actions the TDS Implementation Panel feel should be incorporated into the 10-year provincial Mental Health and Addictions Strategy. The Panel welcomes provincial leadership on these important health issues for our community, and looks forward to a progressive and ambitious strategy that will significantly improve our collective response to mental health and addictions in Ontario.