

All Party Committee on Mental Health, Substance Use, and Addictions
Virtual Stakeholder Engagement
Meeting Minutes

Day 2: October 2, 2024

Time: 9:00 a.m. – 4:30 p.m.

Attendees:

Committee Members: Bernard Davis, John Abbott, John Hogan, Sherry Gambin-Walsh, Paul Pike, Joedy Wall, Jordan Brown, Jamie Korab, Jim McKenna

Officials: John McGrath, Gillian Sweeney, Niki Legge, Tara Power, David Coffin, Stephanie Wold, Bradley George

1. Welcome and introductions.
2. Presenter #1: Dr. Leslie Manning

Introduction:

- Scope of the problem: approximately 21% of Canadians will meet the criteria for a diagnosis of substance use disorder in their lifetime.
- Death due to accidental acute toxicity accounted for nearly half (46%) of all-cause accidental mortality among youth aged 18-24.
- Concerning local trends include increased:
 - Intravenous use;
 - Use of non-prescription opioids;
 - Fentanyl use as a drug choice due to cost (not just laced in other drugs);
 - Rates of stimulant use and reported experience of contaminated drugs;
 - Use of crack cocaine as opposed to powder cocaine;
 - Rates of Hepatitis C; and
 - Homelessness.
- Dr. Manning also provide an update on home-based detox.

Successes/Improvements Since Towards Recovery:

- Improved access to harm reduction tools, such as naloxone kits and safe supplies.
- Implementation of tools to assist on a day-to-day basis, including Bridge the Gap and Strongest Families Institute.

Current Gaps/Challenges:

- Access to evidence-based medical treatment – often leave without medical supervision; over 90% relapse rate after 6 months.
- Inpatient gaps:
 - Lack of timely access to appropriate detox and difficulty accessing service, including difficulties accessing beds for medically supervised detox
 - Lack of evidence-based medical management at inpatient facilities
 - Limited access to medical management on discharge

- Outpatient gaps: Limited access to medical management, particularly for non-opioid substance use
- Capacity in Addictions Medicine – including infrastructure issues and lack of trained personnel.

Recommendations to the Committee:

- Increased focus on addictions medicine in Undergraduate/Medical School.
- Address inpatient treatment gaps: Access to evidence-based medical treatments in inpatient facilities, starting OAT inpatient facilities.
- Increased detox access and capacity.
- Increased focus on discharge planning.
- Address outpatient gaps:
 - Addictions Medicine Consultation Service.
 - Need focus on provider education on treatment options for Alcohol Use Disorder; need more focus on addition services training across all health professionals.

3. Presenter #2: Lisa Bishop and Jennifer Dorran, Drug Education Centred on Youth Decision Empowerment (DECYDE)

Introduction:

- Discussed Iceland model:
 - Money for families
 - 90% of youth involved in extra activities, investment in rec facilities,
 - Those under age 16 offered summer employment opportunities – morning work and then fun leadership activities in pm, teaching a good work ethic.
- Decide strategy- enhancing social environment, embrace schools as centre, manage scope of solution to scope of problem.
- Exploring ways to engage with parents - Caregiver Café

Successes/Improvements Since Towards Recovery:

- Development and Implementation of Social-Emotional Learning (SEL) Framework for K-12 in NL.
- Provincial Alcohol Action Plan: Reducing Harms and Costs
 - They noted that NL has one of the highest rates of alcohol consumption and the Action Plan looks at the key elements of prevention and promotion.
- Harm reduction as a foundational approach to mental health and substance use (Safe Works, 811 HealthLine, Naloxone kits in the schools)

Current Gaps/Challenges:

- Substance use education/health literacy for school-aged youth. Teachers have also identified that they want professional development around this area.
- Primary prevention for community-level programs and services highlighting the Icelandic Prevention Model – 4 Protective Factors:
 - Schools
 - Family
 - Peers

- Leisure time – invested in recreation facilities with free access.
- Robust Data Collection – collecting data engages and empowers community members to make practical decisions using local, high-quality, accessible data.
- Primary prevention for community-level programs and services.
- Prioritize primary prevention and social change – 5 Guiding Principles of the Icelandic Prevention Model:
 - Enhance the social environment;
 - Embrace public schools as the natural hub;
 - High-quality, accessible data and diagnostics;
 - Team dedicated to solving complex, real-world problems; and
 - Match the scope of the solution to the scope of the problem.

Recommendations to the Committee:

- Provide support for provincial systematic data collection – COMPASS Survey – Need for robust data collection (COMPASS in Waterloo collect Grades 7-12 – a whole health approach to prevention - develop school health profile and make comparisons and customized recommendations).
- Support sustainability of DECYDE to support youth substance use prevention and harm reduction.
- Long-term need to wait for the outcomes.

4. Presenter #3: Dr. Alexander Caudarella, Chief Executive Officer, Canadian Centre on Substance Use and Addiction (CCSA)

Introduction:

- Dr. Caudarella outlined that trends show the reemergence of pills, both illicit and counterfeit.
- Difference exists in what people think they are getting and what they are actually taking.

Successes/Improvements Since Towards Recovery:

- Provincial Alcohol Action Plan: Reducing Harms and Costs – NL has made great efforts to tackle alcohol; a lot of jurisdictions have not been as successful.
- Prioritization of access – access to stepped care, especially in rural areas and communities.
- Interplay/intersectionality with mental health and physical health (e.g., housing).

Current Gaps/Challenges:

- Post-pandemic uncertainty/imbalance between virtual care and in person care.
- Diversity of problems; each community and locale have their own issue – provincially administered programs are not meeting needs due to unique concerns in each area.
- Significant polarization – families are hurting and stigmatization is occurring.

Recommendations to the Committee:

- Need to view substance abuse and addictions as a whole of health/whole of community approach and not as a siloed issues – need to work with municipalities on

- implementation of community-led initiatives, such as healthcare, mobile crisis teams, education, parks and recreation.
- Environments created to help support recovery.
 - However, it is necessary to continue to support individuals after recovery with proper mental health supports. This will help to create a space where a person can choose not to drink/use.
- Despite different approaches used for addictions and recovery, it is necessary to understand that the intention is the same – people want to survive and thrive
- Dr. Caudarella also discussed the approaches used in other jurisdictions to tackle substance abuse in the past:
 - France – to tackle heavy heroin use in the past, this country lifted up its primary health care provides.
 - Switzerland – in tackling public drug usage, Switzerland was able to mitigate public safety issues.
 - Kentucky/West Virginia – these States had a number of community coalitions where people said they were willing to help with the issue. There is a need to build up people and empower local NGOs and concerned citizens. Encouraging collaboration is key.

5. Presenter #4: Michael Cooper, Vice-President, Mental Health Research Canada (MHRC)

Introduction:

- Trends show people are struggling with anxiety and depression. Their ability to function is more impacted – social, family, leisure more than school or work.
- Dr. Cooper presented research results that they are collecting. Approximately 8,600 responses over 4.5 years, reporting on 20 indicators. Last set of indicators for June 2024. Key observations for the research are outlined below:

Anxiety and Depression in Canada: Since COVID, NL anxiety and depression rates are in line with the national average.

1. Anxiety and Depression are similar across the province and are on par with the national average.
2. St. John's residents' ability to function is more impacted compared to the rest of the province.
3. At least three-in-ten Newfoundlanders and Labradorians dealing with mental health issues report disruptions to school/ work or family life.
4. Greater impact of mental health on productivity at school/work in St. John's compared to the rest of the province and the national average.
5. Newfoundland and Labrador is managing anxiety and depression well, but St. John's is struggling.
6. Newfoundland and Labrador has better personal support systems compared to the rest of Canada.
7. Newfoundland and Labrador has lower rates of suicide ideation and attempts.
8. Newfoundlanders and Labradorians are able to bounce back from challenges.

Impacts on Mental Health:

1. St. John's has higher housing concerns than the rest of Newfoundland and Labrador.
2. One-in-three Newfoundlanders and Labradorians worry about providing healthy food for their family.
3. Two-fifth of Newfoundlanders and Labradorians have been negatively impacted by the economic downturn.
4. News and social media continue to have a negative impact on mental health.
5. One-in-ten Newfoundlanders and Labradorians have a harmful relationship with alcohol.
6. One-in-ten Newfoundlanders and Labradorians show signs of cannabis consumption that is hazardous or disordered.
7. Newfoundlanders and Labradorians believe climate change is real and it is having an impact on three-in-ten.
8. Lottery and bingo are more popular in Newfoundland and Labrador compared to the rest of Canada.
9. One-fifth of Newfoundlanders and Labradorians exhibit some degree of risky gambling behaviour, for 7% it is a problem.

Mental Health Supports:

1. Levels of accessing mental health supports in the past year are higher than the national average.
2. Higher access of virtual services among St. John's residents but some would prefer more in-person interactions.
3. Half are aware of the 988-crisis helpline.

6. Adjournment