

Addiction Environmental Scan: Mapping Addictions in the Central East LHIN (CELHIN) - Defining the Gaps and Opportunities Project

For further information please go to:

http://www.health.gov.on.ca/english/public/program/mentalhealth/minister_advisgroup/minister_advisgroup.html

The Addictions Environmental Scan is a priority project of the Central East Local Health Integration Network (CELHIN). The CE LHIN boundaries include all of Durham Region, Kawartha Lakes, the Haliburton Highlands, and Peterborough County. The CE LHIN also contains part of Northumberland County and Eastern Toronto (Scarborough). There are many challenges in planning and delivering addiction treatment services in this area. The report states that the diversity of culture and geography; and the historical under funding of the addiction treatment system in this particular LHIN only compounds the issues.

Some thoughts to ponder:

- Alcohol and illicit drug abuse in the CE LHIN has an estimated economic cost (direct and indirect) of \$915.5 million dollars. This figure includes direct costs arising from health care, law enforcement, research and prevention, and indirect costs from lost productivity.
- The cost of law enforcement is the most substantial contributor to the direct costs of substance abuse in the CE LHIN. The direct cost of alcohol attributable to law enforcement is \$155.5 million and \$134.1 million dollars for illicit drug abuse. Substance abuse in the CE LHIN is also associated with significant direct health care costs, including \$33.2 million dollars for alcohol abuse and \$9.0 million dollars for illicit drug abuse—these figures may in fact be underestimated. **Importantly, these costs represent the value of goods and services that could be directed to other initiatives.**
- Substance abuse is also associated with a significant loss of productivity in the CE LHIN. The long-term disability losses related to alcohol and illicit drug dependence alone amounted to \$520 million dollars and are 1.6 times as large as the total substance-related direct costs. Moreover, the substance-related productivity losses attributable to morbidity are over 10 times as large as those attributable to premature mortality. However, despite the significant social and economic impact of addictions and mental illness, program delivery at the community-level has remained largely unchanged over the past decade.
- While the addiction treatment system in Ontario as a whole has been historically underfunded, the extent of underfunding in the CE LHIN is even more dramatic.

The Report:

The *Addiction Environmental Scan: Mapping Addictions in the CE LHIN - Defining the Gaps and Opportunities Project (2008)* represents a major step toward more fully understanding key issues in this sector. It is a Priority Project of the Mental Health and Addiction Interest Steering Committee and was funded by the CE LHIN.

The purpose of this project was to conduct an environmental scan to map the addictions issues in the CE LHIN and to recognize gaps and opportunities by identifying:

- a) Addiction service needs within communities (important areas are the culturally diverse communities, youth, concurrent disorder, older adults and homeless populations);
- b) Collaboration and integration opportunities among addiction services, community and hospital-based mental health providers and primary care practitioners (FHT, CHC, hospitals);
- c) Needed addiction services in the CE LHIN; and
- d) The burden of illness related to addictions.

The project work was divided into three components:

1. **The *Environmental Scan and Assessment of Addiction Problems and Service Need*** prepared by the Centre for Addictions and Mental Health (CAMH), Health Services Research Unit, and demonstrates population characteristics, prevalence of substance use, problem gambling and mental disorders and treatment seeking activity;

2. **The *Cost of Alcohol and Illicit Drug Abuse and Mental Illness in CE LHIN*** provides an estimate of the economic cost of addictions and mental disorders in the CE LHIN;

3. **The *Assessment of Addiction Problems and Service Needs for the CE LHIN: Defining the Gaps and Opportunities: A Qualitative Report***, uses data gathered from focus groups and an on-line survey. Key addictions issues were identified and the project highlighted gaps and opportunities in addictions services in the CE LHIN. This project component also included an extensive literature search.

Three thematic areas were identified by focus group and survey respondents:

- Gaps in Services,
- Complexity of Presentation, and
- Systems Navigation.



CE LHIN Population Characteristics- Did You Know?

In 2004, the CE LHIN was the second most populous LHIN and accounted for 11.7% of Ontario's population.

The population characteristics of the CELHIN are generally similar to the overall characteristics in Ontario, with some notable differences:

1. the population growth rate for the LHIN was twice that of Ontario's (3.1% versus 1.5%); and
2. it has a rapidly growing population of residents aged over 65 years, which is expected to almost double in size by 2016.

A greater proportion of residents in the CE LHIN were recent immigrants and visible minorities than the overall proportion for Ontario.

There also is tremendous diversity in terms of population density, culture, ethnicity, and language across the CE LHIN. Scarborough was the most populous sub-region, accounting for almost 50% of population of the CE LHIN.

It is characterized by the highest rates of visible minorities, individuals who speak neither English nor French, recent immigrants, and persons living in rented dwellings in the CE LHIN. In contrast, Halliburton Highlands is an ethnically homogenous and rural region with relatively high rates of home ownership and low immigration rates. ***The CE LHIN's diversity is associated with unique demands and challenges that have important implications for addictions service planning***

The Gaps & Issues:

Funding for Substance Abuse Programming:

The report identified that participants in the study had concerns about:

- low and levels of funding into addiction treatment services, and noted that there are parallels with mental health which is also seen as a low priority sector.
- improving access to addictions programming would help decrease the high costs associated with substance use but there remains significant funding inconsistencies for service across the CE LHIN. (For example, there is an inequitable distribution of resources/funding for Scarborough compared to the other regions.)
- The funding gap may be due to the historical funding arrangements to guide allocation rather than assessed needs. The recent Auditor General's report found that per capita funding for addictions across the province's 14 LHIN's for 2007/2008 ranged from \$1.92 to \$40.29.
- The report cited significant funding inequities across Ontario, resulting in clients with similar addictions needs receiving significantly different levels of service depending on where they reside in Ontario. (According to 2007-2008 Ministry of Health and Long Term Care data the average per capita funding for addictions in Ontario is \$11.86 while the CE LHIN per capita funding is \$4.87.)

Gaps in Addiction Services:

- The CAMH data related to system capacity documents a disparity of access to services for those residents of the CELHIN compared to the rest of the province. Provincial
- despite being the 2nd most populated LHIN in the province, the CE LHIN only had 0.2 provincial agencies and 1.2 agency sites per 100 000 compared with 0.5 agencies and 2.9 agency sites per 100 000 in the province.
- The CE LHIN also ranks well below the Ontario average in the number of provincially funded agencies and agency sites providing

***CE LHIN Population Characteristics-
Did You Know?***

***CE LHIN Substance Use and Treatment
Profile***

The overall prevalence of substance use and dependence among adults in the CE LHIN was not significantly different from that of the province.

In 2007, the prevalence rate of substance abuse in Ontario was 6.5% while the prevalence in the CE LHIN was 6.6%.

Similarly, the prevalence of alcohol use in the past 12 months among adult residents (18 years or over) in the CE LHIN was 79.9% compared to the Ontario figure of 80.6%.

The lifetime use of cannabis by adult residents in CE LHIN was 38.1% and not significantly different from 39.8% for Ontario. Overall, alcohol remained the most widely used psychoactive drug in the LHIN, followed by cocaine and crack.

The Gaps & Issues:

services for substance abuse and problem-gambling issues. In particular, the CE LHIN ranked 11th in the number of agency sites per 100 000, which illustrates a poor infrastructure of community-based provincial treatment services for substance and gambling problems.

The treatment gap includes, but is not limited to, the following:

1. Lack of treatment options.
2. Lack of services for people with concurrent disorders.
3. Lack of service for ethno racial/ethno cultural communities
4. Lack of Aftercare services.
5. Lack of 24-hour outreach and basic needs services.
6. Lack of support in primary care settings.
7. Housing. Access to housing options is a priority in the CE LHIN.
8. Case Management

Complexity of Client Population

Service providers are confronted with a client base that continues to be extremely complex and requiring multi-level services.

According to service providers, client treatment ought to include: pre-treatment stabilization, access to timely community-based and residential treatment, and timely access to appropriate mental health professionals. CAMH identifies that one third of individuals who are dependent on alcohol also have a psychiatric diagnosis, while about half of those who abuse illicit drugs also have a mental illness. According to data from the Mental Health Services Information Ontario (MHSIO), 3.1% of its clients with mental health problems suffer from concurrent disorders.

***CE LHIN Population Characteristics-
Did You Know?***

These trends are similar for students (Grade 12 or under). Fewer youth in the CE LHIN reported alcohol use (66%) when compared to the rest of the province (73%). However, the prevalence of binge drinking was higher in the CE LHIN (31%) compared to the province (29%).

The overall rate of treatment seeking for substance abuse among CE LHIN residents was considerably lower than the provincial average. Specifically, the rate of contacts with the Drug and Alcohol Registry of Treatment (DART) by individuals suffering from substance abuse in CE LHIN was 156 per 100,000 versus 193 per 100,000 for Ontario. Notably, CE LHIN ranked 11th among the 14 LHINs in the rate of contacts made for substance abuse treatment in 2007.

The Gaps & Issues:

System Navigation Issues:

Most individuals who present for treatment in the CE LHIN present as selfreferrals; these individuals also express frustration regarding both the scarcity of services and the difficulty of navigating existing services.

include effective case-finding, referral, and recruitment mechanisms, and linking and coordinating services



Recommendations

1. The CE LHIN requires an overall funding investment that would establish a base line of equitable access throughout the LHIN and bring the LHIN up to the provincial per capital funding level. Service access is limited in all areas of the LHIN and key system service capacity is non-existent in Scarborough.
2. The development of new services must reflect ethno-racial/ethno-cultural needs of client population
3. Facilitate information and awareness for those currently accessing services “downtown” that additional service access points in Durham are options for service.
 - Build concurrent disorders capacity of service providers in the Mental Health and Addiction System in the CE LHIN. This should embrace concurrence capacity of practitioners at all points.
 - Increased methadone case management system capacity.
4. Investments in intensive case management services within the addiction treatment system to assist clients requiring system navigators and long term supports a level of intervention that is most appropriate for their needs.
5. Investments in services consider utilizing cross-systems/cross-ministry approaches such as those evident with Methadone Case Management, Ontario Works Addiction Services Initiative and Release from Custody programs.
6. Reduce barriers to access for clients by requiring implementation of organizational policies by mental health service providers that do not exclude active substance users from services i.e. crisis, safe beds, housing, psychiatric care etc.
7. Reduce barriers to access for clients by requiring implementation of organizational policies by addiction health service providers that do not exclude those with mental illness requiring medications from residential treatment options.
8. Implement training in primary and acute health care that would improve the ability of those access points ability to more effectively respond to the needs of the addiction and concurrent disorder population.
9. Invest in housing (short-term and long-term) that embraces an addiction recovery model. This would include longer-term options for those with Concurrent Disorders (serious mental illness and substance abuse) or shorter-term housing support for addiction clients who do not have mental illness.
10. Development of special population programming for youth, women, families, older adults that respond to the unique demographics of the LHINs specific regional diversity.

For more information about our InfoNotes contact Dawn Berry Merriam at 705-743-5915 or email dawnbm@pspc.on.ca.



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