WORKING TOWARDS A

FRAMEWORK for a DRUG STRATEGY
for CHATHAM-KENT

A COMMUNITY IMPACT INITIATIVE

developed under the auspices of

Deputation to Municipal Council
Monday, 2009 SEP 28

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WHAT IS A DRUG STRATEGY?

The Drug Strategy for Chatham-Kent is an integrated framework and action plan which describes how individuals, families and the community at large will work together to prevent and/or reduce substance misuse and its impact on the community.   The Strategy will build on the assets and strengths of the community, mobilize resources to address gaps in service and meet new and emerging needs. The Four Pillars of Prevention, Treatment, Enforcement and Harm Reduction are an integral part of this Strategy.

WHY DO WE NEED A CHATHAM-KENT DRUG STRATEGY?

Often when we think of substance use and misuse, we think of dark dirty areas where crime and poverty flourish. This is not an accurate perception. Substance misuse knows no social barriers and is not always in seedy rooms or areas. People from all socio-economic and cultural backgrounds use both legal and illegal substances.

The harm from misusing drugs or alcohol is not only experienced by the individual who is using but has far reaching effects that extend to families, friends and neighbourhoods. However; the cost of human suffering related to misuse has a ripple effect that cannot be measured monetarily.

The monetary cost of substance misuse in our community is easily spread to each and every one of us. We share the costs in some of the following ways: enforcement, ambulance and fire services, emergency rooms, increased insurance rates, increased costs for merchandise, break and enter and so on.

Chatham-Kent does not have large, concentrated open drug scenes like the Downtown Eastside of Vancouver. In Chatham-Kent substance use is spread throughout the Municipality and in our many communities within. Some areas in our communities are known for illegal drug activity and others are unknown or unseen. Alcohol and cannabis are the most common; however, there are many other extremely devastating substances used and these are rapidly on the rise in our community. These drugs are prevalent and more accessible. The dosage and strengths are higher and more addictive than in the past. Drugs on the rise include methamphetamine and prescription drugs – with the most devastating being crack and methamphetamine for their addictive characteristics.

Substance misuse is so complex and multi-faceted that we need to have a proactive and co-ordinated response - community wide. This Drug Strategy for Chatham-Kent sets direction for our community. It is an integrated approach – working within the Four Pillars of Prevention, Treatment, Enforcement and Harm Reduction.   There must be a strong commitment to this strategy - community wide - that will address our unique needs in Chatham-Kent.   Our citizens deserve no less.   **Marjorie Crew, Municipal Councillor**

OUR COMMUNITY PROFILE

The Municipality of Chatham-Kent (2006 population – 108,177) is a city-status single-tier municipal government in Southern (Southwestern) Ontario, Canada. The municipality is mainly rural and agricultural, with industry in the larger urban areas.   At 2,458 square kilometers, Chatham-Kent is the twelfth-largest municipality by area in Canada and the largest in southwestern Ontario. Over 59,000 of the 110,000 residents live in the former City of Chatham. Other population centres in the municipality include Wallaceburg, Blenheim, Tilbury, Ridgetown and Dresden.

The Lower Thames River runs through Chatham-Kent to Lake St. Clair in the west, while the Sydenham River flows through Wallaceburg and Dresden. The Municipality has several kilometers of shorelines along lakes Erie and St. Clair.

The First Nations Bands of Moravian 47, Caldwell and Bkejwanong (commonly referred to as Walpole Island) border Chatham-Kent.

Chatham-Kent has an increasingly diverse economy, with a base in the agricultural and automotive sectors.

THE COST OF SUBSTANCE MISUSE IN CHATHAM-KENT

Substance	Ontario	Percentage	Chatham-Kent
Tobacco	$ 6.1 Billion	42.4%	$54,352,451
Alcohol	$ 5.3 Billion	37.2%	$47,686,585
Illegal Drugs	$ 2.9 Billion	20.4%	$26,150,708
TOTALS	$14.3 Billion	100.0%	$128,189,744

Per capita costs of substance abuse in Canada (2002) is approximately $1,267 per person of which tobacco accounts for $541, alcohol $463 and illicit drugs $262. Ontario is slightly lower at $1,185 per person or 14 Billion. For the Municipality of Chatham-Kent (with a population of 108,177), the cost of substance abuse is about **$128 million dollars annually**. The economic burden is comprised of both direct health care and criminal justice costs, as well as the indirect drain on productivity resulting for disability and premature death.

The use of substances is associated with negative social, public safety and economic consequences for all survey results published by the Canadian Community Epidemiology Network on Drug Use (CCENDU) 2002 National Report on Drug Trends. Chatham-Kent is significantly higher in high risk drinking compared to the provincial average and nationally with males contributing significantly to the alarming rate of high risk drinking. 39.2% of men and 12.1% of women in Chatham-Kent report consuming 5+ drinks on a single occasion more than 12 times each year. This is considered binge drinking.
The provincial and national average for men is 29% and 11.4% for women. Certain age groups are of particular concern.

- 15-19 age group – 48.9% report drinking 5+ drinks, 12 times each year
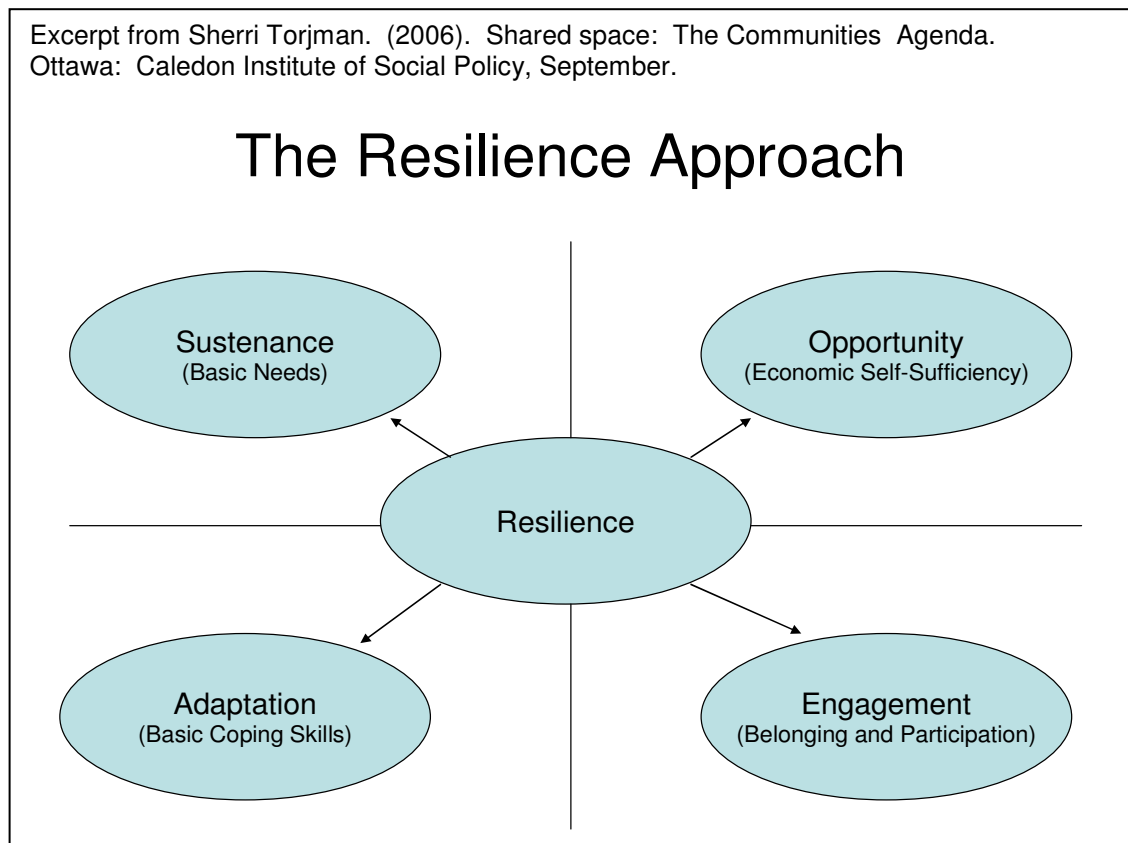- 20-24 age group – 86.1% of males report drinking 5+ drinks, 12 times each year

High risk drinking has the potential to impair judgment and behaviour, predisposing individuals to unwanted or high risk sexual contact, criminal activity, violence, injury and/or death.

(Extrapolation … Canadian Centre on Substance Abuse. (2006). The costs of substance abuse in Canada 2002)

AN OVERARCHING COMMUNITY IMPACT FRAMEWORK
WITH A FOCUS ON RESILIENCY

Sherri Torjman of the Caledon Institute of Social Policy has recently introduced a Framework for Building a Resilient – or Vibrant – Community. We are proposing the adoption of this Framework for a number of initiatives currently underway in Chatham-Kent …

Excerpt from Sherri Torjman. (2006). Shared space: The Communities Agenda. Ottawa: Caledon Institute of Social Policy, September.

The Resilience Approach

Sustenance (Basic Needs)		Opportunity (Economic Self-Sufficiency)
	Resilience	
Adaptation (Basic Coping Skills)		Engagement (Belonging and Participation)

The various strategies in the local Drug Strategy – as we will see highlighted later in this document are included in the "Adaptation" cluster. This group of actions is concerned primarily with basic coping skills and capacities. In the words of Sherri Torjman, "*It would be unrealistic to assume that all personal and societal problems, such as separation and divorce, unexpected job loss, economic recession, personal illness or widespread pandemic, can be entirely avoided. The challenge is to find ways to cope with these stresses and to build the protective factors that help individuals and households face the odds that invariably will come their way – whether through family circumstances or broader social and economic factors.*"

OUR CHRONOLOGY
(in addition to monthly meetings)

2007 NOV	Addiction Network for the Erie St. Clair LHIN is formed
2007 NOV	United Way of Chatham-Kent approached by Westover Treatment Centre to take the lead on the development of a local Drug Strategy
2008 MAY 27	Tri-County Group meets to initiate dialogue at the regional level
2008 AUG 26	Erie St. Clair LHIN Mental Health and Addictions Review
2008 OCT 7-8	Attendance at Methamphetamine Summit in Stratford
2008 OCT 22	Drug Strategy Forum hosted (80 participants)
2008 NOV 13	Municipal Drug Strategy Co-Ordinators Network established
2008 NOV 25	East Side Pride releases Brief Incident Analysis – 2008
2008 NOV 25	Tri-County Group meets to share information
	Local Sub-Groups formed for each of the Four Pillars
	Definitions refined, Research compiled, Strategies proposed and Document prepared
2009 SEP 28	Deputation to Municipal Council

A CHATHAM-KENT DRUG STRATEGY FRAMEWORK
(modeled after the Ontario Drug Strategy Framework)

PURPOSE
- To promote a comprehensive, co-ordinated and balanced approach to health and safety that includes the Four Pillars of Prevention (health promotion), Treatment, Harm Reduction and Enforcement.

- To use a multi-sector perspective to prevent and address the range of harms associated with alcohol and other drugs.

- To provide a common frame of reference when deciding on local priorities.

VISION
That all people in Chatham-Kent live in a society that is increasingly free of the range of harms associated with alcohol and other drugs and supports the health, well-being and safety of individuals, families and neighbourhoods.

GOALS
- To create supportive environments that promote health and safety.

- To reduce the harms associated with alcohol and other drugs to individuals, families and neighbourhoods throughout Chatham-Kent.

GUILDING PRINCIPLES

Promotes health
Addresses underlying risk factors
Supports partnership, collaboraton and co-ordination
Incorporates evidence-based and comprehensive approaches
Builds capacity and sustainability
Prevents and reduces harmful outcomes
Recognizes diversity
Supports participation
Maintains open dialogue
Supports innovation

OBJECTIVES (focused priorities)
1. To strengthen the infrastructure in Chatham-Kent by increasing the support and co-ordination of efforts across the Four Pillars (that address the harms associated with alcohol and other drugs) and across the sectors
2. To reduce, prevent and address alcohol and other drug related issues and harms from high risk alcohol use (binge drinking), inappropriate use of other drugs, injury, chronic disease, infectious disease, addiction and crime
3. To address the unique needs of Chatham-Kent and of diverse populations

DEFINITIONS

THE FOUR PILLARS

The Drug Strategy for Chatham-Kent incorporates the Four Pillars of Prevention, Treatment, Enforcement and Harm Reduction. The four pillars are considered integral to the strategy and reflect the best practice of drug strategy development in Ontario and across Canada.

The Drug Strategy Forum held in October of 2008 with community partners and subsequent meetings helped to create the definitions of the four pillars for Chatham-Kent.

Prevention encompasses a creative and holistic perspective that encourages people to make healthy choices in order to reduce the risk inherent in substance misuse. At home, at work and in the community, this Pillar focuses on investment in programs and services that educate, increase knowledge and change attitudes and behaviours.

Treatment includes *timely* access to programs for those impacted – either directly or indirectly - by addictions. Access to information, assessment and referral, withdrawal management, methadone maintenance, outpatient counselling, residential treatment, continuous care, and self-help are some examples of treatment options.

Enforcement strengthens community safety and public order by responding to the misuse of alcohol and drugs through law enforcement, the legal system, the child welfare system and community resources. Specific activities such as community policing, drug courts, enhanced communication between service providers and targeting specific community risks are designed to integrate with and compliment the other pillars within the drug strategy.

Harm reduction refers to programs and services specifically aimed at reducing the harms of substance abuse for individuals, families and communities. Harm reduction programs are used to reduce the spread of communicable diseases, prevent overdose deaths, provide a doorway to medical and addiction treatment services and reduce consumption of drugs on the street and provide other supports.

STRATEGIC DIRECTIONS AND KEY RECOMMENDATIONS

PREVENTION

1. Conduct situational assessments within a variety of settings (educational, workplace, and community) by:
    - obtaining, reviewing and analyzing local, provincial and national data

2. Assist with the development and review of materials within a variety of settings (educational, workplace and community) by:
    - providing support, resources and programs

3. Increase the capacity of priority populations by:
    - collaborating and engaging community partners
    - mobilizing and promoting access to community resources
    - providing skill-building opportunities
    - incorporating best practices and evidence at a local level
    - creating and enhancing safe/supportive environments and public policy

4. Increase public awareness by:
    - developing, implementing, adapting and/or supplementing national, provincial and/or local communication strategies
    - linking people to community programs and services
    - developing and implementing community activities and events

ENFORCEMENT

1. Increase the presence of drug enforcement officers by:
    - utilizing a Street Team, consisting of Front Line Patrol officers, who report directly to the Intelligence Section and target street level drug problems as well as other community needs as directed by the Intelligence Sergeant
    - assign information directly to each Platoon Commander so that information is being followed up by Patrol officers as well as Drug/Intelligence section members

2. Have drug investigators work more closely with trained uniform members by:
    - seconding uniform officers to the Drug/Intelligence Section for short durations to observe and learn the skills necessary to bring back to the road and implement at a front line level

3. Have Drug Investigators work more closely with the appointed Federal Crown by:
    - implementing a Drug Court concept to deal with crimes of addiction where diversion and treatment are more suitable than punishment

- identifying repeat offenders to be earmarked by the Courts so that more strict conditions of release apply and heavier sentencing is rendered

4. Develop strategies outside of traditional enforcement tactics which dismantle drug activities by:
   - introducing asset forfeiture investigations to take away the profits of drug dealers
   - incorporate Joint Force Operations so that resources are expanded and drug dealer networks are diminished
   - approach drug and drug-related crimes, such as thefts and break-ins, as client-based investigations as opposed to commodity-based investigations

TREATMENT

1. Establish a continuum of treatment services in the Municipality by:
   - developing more withdrawal management options
   - increasing residential treatment capacity
   - providing a quicker assessment/referral process
   - increasing the capacity of outpatient, peer support and aftercare

2. Inform and educate people living in Chatham Kent on options for addiction treatment intervention by:
   - creating information brochures
   - producing a website with a listing of programs available
   - ensure that all Employee Assistance Programs are made aware of the services available in the community
   - establish a Public Media Strategy and alert the community through public education
   - determine how best to engage people without stigmatizing

3. Engage Primary Health Care Providers in the provision of addiction assessment, treatment and support by:
   - providing more information on concurrent disorder (mental health and addiction)
   - offering ongoing education on gambling addiction
   - developing partnerships with addiction services to provide onsite care and support in primary care settings
   - building new capacity to assist people where they live
   - collaborating with Public Health Care providers to work toward client's treatment goals
   - centre strategy around Stages of Change in the process of addiction

4. Determine the best methods of communication to inform helping professionals and the community on addiction treatment by:
   - developing relationships with Primary Health Care Providers (i.e. Nursing Networks – Physician's offices) bringing awareness to ongoing addictions services available in the community

5. Develop partnerships with community agencies that influence the Determinants of Health by:
   - providing secure housing
   - enhancing educational opportunities
   - developing alternatives to traditional employment

6. Engage in advocacy with the Erie St. Clair LHIN to commit to addiction sector investments by:
   - participating in ESC LHIN Community Engagement Process

HARM REDUCTION

1. Build awareness about harm reduction programs with professionals, addicts and our community by:
   - providing training of professionals and front line workers (police, social services, health services)
   - educating about needle exchange programs
   - creating awareness about methadone treatment programs
   - developing sensitivity and stigma training programs
   - conducting community education and awareness programs

2. Expand services to reduce the transmission of HIV, HEP C and STIs in all Chatham-Kent communities by:
   - expanding or improving needle exchange programs
   - distributing harm reduction kits
   - training professionals (police, social services, health services) on universal precautionary measures on transition
   - enhancing access to condoms and other sexual health education
   - improving access to HIV, HEP C, STI and related disease testing with consideration of client's privacy

3. Promote and develop harm reduction programs while providing a doorway to access addiction treatment by:
   - establishing a methadone treatment program in Chatham-Kent
   - involving drug users in the development of programs
   - developing a network of treatment providers and programs
   - providing timely access to treatment
   - developing partnerships to ensure that the best programs are developed and implemented through primary services that are designed to improve health and reduce harm to the person, their

families and their community (eg. social services, shelters, food banks, social housing, etc.)

SOME STRATEGIES CURRENTLY UNDERWAY … AND ALREADY MAKING AN IMPACT!

1. Resources and support are being provided to Chatham-Kent workplaces and businesses related to the effects of alcohol and chronic disease, as well as the Low-Risk Drinking Guidelines

2. A workshop on alcohol and liability and risk management is being planned for golf course staff

3. A community wide contest for the creation of a new and improved 'Drug Awareness Council for Chatham-Kent' logo was conducted and a winner chosen

4. A pamphlet - linking Chatham-Kent residents to community programs and services related to alcohol and substance misuse – is currently being developed

5. 25 new and existing Neighbourhood Watch Programs are operating in Chatham-Kent

6. Increased funding has been received for Police Dogs Program (training police dogs for drug detection) from the proceeds of the Ministry of the Attorney General Crime Fund

7. Kids in Drugs – A Parent's Guide to Prevention Workshop (and pamphlet) is operated by both Moraviantown and Walpole Island Bands

8. A Safe Communities Coalition has been in existence in Chatham-Kent for many years

9. A Street Team of Front Line patrol officers is to begin in the fall of 2009; assigning Platoon Commanders with follow-up information has already begun.

10. Seconding officers to the Drug/Intelligence Section will begin in the fall of 2009.

11. Implementing a local Drug Court has been discussed with Mr. Tim Mathany and the concept has been supported by Police Administration; the strategy to identify and earmark repeat offenders is underway and approved by the Deputy Chief of Police

12. An Asset Forfeiture Investigator position has already been approved and the investigator is to be selected for January 2010; a Joint Forces Operation is already being investigated with the RCMP; a client-based approach is already underway within the Drug/Intelligence Section. *(Note: On the client-based approach … this is simply a way of looking at who is causing a problem, regardless of whether it is a "drug problem" or a "break and enter problem" and dealing with that individual. It is understood by our investigators that crimes such as break-ins are committed to support drug habits. So, with a client-based approach the actual cause, not the offense, is targeted.)*

13. The production of a Community Safety Net "Drug Safety – Smart Choices for Life" booklet, video and interactive DVD game for children and parents – including strategies and tips for staying drug-free and where to get help.

DOING YOUR PART – WHAT INDIVIDUALS CAN DO TO HELP

Individuals can help by modeling the behaviour as outlined in the newly released draft framework for a 10-year mental health and addiction strategy entitled "Every Door is the Right Door" (2009 JUL 14), we wish to pledge our support for the need to integrate mental health and addictions services with other health and social services, recognizing that improving the lives of those with mental health and addictions isn't just about treating a disease, but about increasing well-being. The draft framework speaks to the following seven key directions:

1. **Act Early**: Identify mental health and addiction problems early and interest appropriately
2. **Meet People on Their Terms**: Develop a range of evidence-based, person-directed services
3. **Transform the System**: Provide fast, equitable access to a seamless system of comprehensive, effective, efficient, proactive and population-based services and supports
4. **Strengthen the Mental Health and Addictions Workforce**: Ensure we have the right people with the right skills in the right places
5. **Stop Stigma**: Bring mental illness and addiction out from behind closed doors
6. **Create Healthy Communities**: Fostering supportive communities is a shared responsibility that requires the commitment of all segments of society and co-operation of all government ministries
7. **Build Community Resilience**: Take a strength-based approach to protect people from mental illness and addictions

FOR MORE INFORMATION

To learn more about the Chatham-Kent Drug Strategy or specific programs and services you can call:

United Way of Chatham-Kent at 1-519-354-0430 or e-mail info@unitedway.chatham-kent.on.ca

Once you come into contact with an agency addressing mental health and addictions, their professional staff will connect you with the services you need.

THE LOCAL DRUG STRATEGY GROUP
COMMUNITY PARTNERS INVOLVED IN THIS COMMUNITY IMPACT INITIATIVE

AIDS Support Chatham-Kent
    Christine Legault, Lynda Ruddock-Rousseau, Marilyn Weller
Canadian Mental Health Association
    Fiona Cimolino, Janice Kirkwood
Chatham-Kent ACT Team
    Deb Pickering
Chatham-Kent Children's Services
    Angela Girard, Donna Jaques
Chatham-Kent Drug Awareness Council, Crime Prevention Safety Board of Chatham-Kent and East Side Pride
    Marjorie Crew
Chatham-Kent Health Alliance
    Paula Reaume-Zimmer, Antonia Van Damme
Chatham-Kent Police Services (Municipality of Chatham-Kent)
    Keith Myers, Jeff Schamahorn, Gabe Tetrault
Chatham-Kent Victims Services
    Pamela Fasullo
Chatham-Kent Women's Centre
    Patricia Arango
Centre for Addiction and Mental Health
    John Zarebski
Family Service Kent
    Brad Davis
First Nations Bands
    Brennan Ireland (Delaware Health), Lorne Loulas, Lana Parenteau
Goodwill Future Focus
Municipal Council
    Marjorie Crew
Ontario Works (Municipality of Chatham-Kent)
    Sue Pepper
Public Health Unit (Municipality of Chatham-Kent)
    Sandy Kalabalikis, Jeff Moco, April Reitdyk, Mandy Smith-Grant
The Salvation Army
    Rhonda Dickson
United Way of Chatham-Kent
    Karen Kirkwood-Whyte
Westover Treatment Centre
    Marshall Phinney
… and our community friends:
Jack Haight
Michael Hamilton
Richard Lucid

APPENDIX A

THE SOCIAL DETERMINANTS OF HEALTH

Social determinants of health can be understood as the social conditions in which people live and work. Dennis Raphael defines, "the social determinants of health are the economic and social conditions that influence the health of individuals, communities and jurisdictions as a whole. They determine the extent to which a person possesses the physical, social, and personal resources to identify and achieve personal aspirations, satisfy needs, and cope with the environment. The resources include but are not limited to conditions for early childhood development; education, employment, and work; food security, health services, housing, income, and income distribution; social exclusion; the social safety net; and unemployment and job security.

(Source: RaphaeL, Dennis (Ed) 2004. Social Determinants of Health: Canadian Perspective)

SOCIAL DETERMINANTS OF HEALTH and THE COMMUNITY OF CHATHAM-KENT

The following determinants depict how the demographics of Chatham-Kent have an influence on the health of the community. No one factor alone can predict or determine outcomes for overall population health. Substance misuse is the result of a multitude of factors that affect the healthy development of individuals and the community at large. A comprehensive strategy addressing substance misuse should take into consideration the following determinants of health in relation to the community's current state of assets and challenges.

Income and Social Status

Income and social status show up consistently as critical determinants of health. People at each increasing level of the income scale are healthier and live longer than those at the level below. Personal wealth, as well as its distribution across the population, also has a strong impact on health and well-being. In countries where incomes are more evenly distributed, with a smaller gap between rich and poor, populations show longer life expectancies, a higher quality of life and lower mortality rates. In short, these countries boast a healthier population.

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Median Household Income, 2005 Comparison

Source: Statistics Canada Census of Population, 2006 20% profile, Census Subdivision data

Chatham-Kent: $51,002
Middlesex (CD): $55,435
Lambton (CD): $57,183
Essex (CD): $59,752
Windsor: $50,884
Sarnia: $55,957
London: $53,684
Ontario: $60,455

$46,000 $48,500 $51,000 $53,500 $56,000 $58,500 $61,000

Chatham-Kent:
2005: $51,002
2000: $46,517
1995: $41,066

Ontario:
2005: $60,455
2000: $53,626
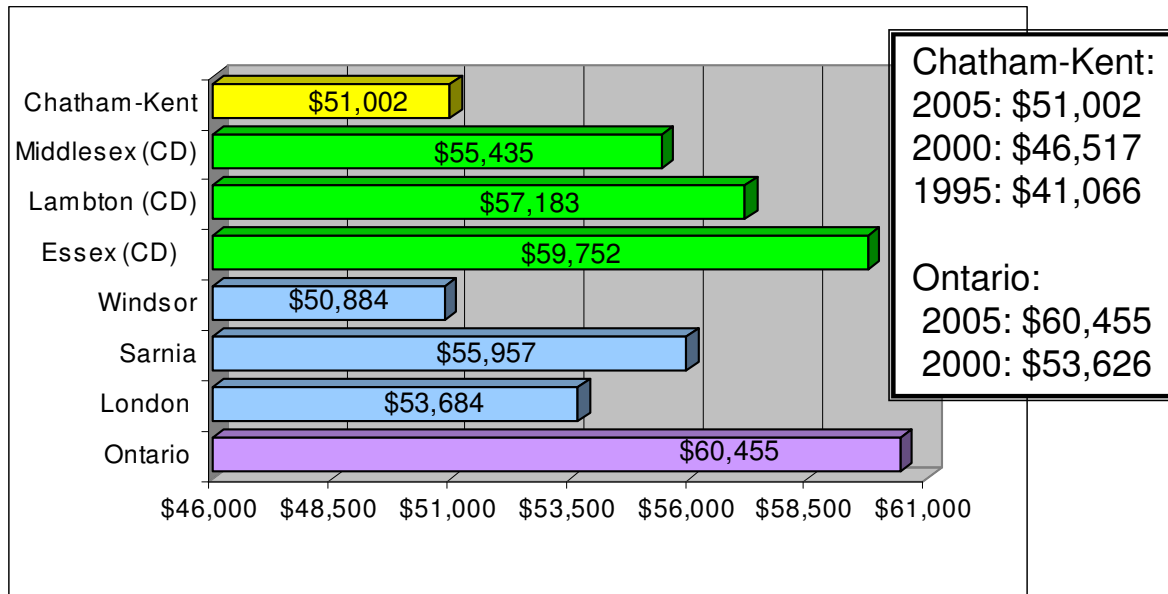
Chatham-Kent has the second lowest median household income in the region.

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Median Household Income, 2005
(Source: Statistics Canada Census of Population 2006, 20% Profile, Dissemination Area Level)

$48,637 Dresden
$43,989 Thamesville
$45,224 Bothwell
$45,033 Wallaceburg
$46,298 Mitchell's Bay
$54,014 Ridgetown
$54,285
$75,354 Pain Court
$52,520
$52,329
$52,329 Blenheim
Tilbury
Chatham
$62,372
$64,046 Merlin
$56,209 Charing Cross
Wheatley

Median Household Income
- ☐ <$50,000
- ☐ $50,001 - $60,000
- ☐ $60,001 - $75,000
- ☐ > $75,000

0 1.5 3 6 Kilometers

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Employment and Work Environment

Employment status and working conditions can contribute to better health or parents and children. People are generally healthier when they are employed, particularly when they have a high degree of control over their work circumstances and a low degree of stress-related job demands. The amount, quality and stability of parental employment can strongly influence the economic opportunities of parents and their children. It can also affect parents' ability to carry out family responsibilities and develop healthy parenting styles.

Unemployment Rate (%) for Population Over 15, Comparison, 2006

Source: *Statistics Canada Census of Population, 2006 20% profile, Census Subdivision data*

Chatham-Kent:	**Ontario:**
2006: 7.2%,	October 2008:6.4%
2001: 8.3%,	2006: 6.4%,
1996: 8.4%,	2001: 6.1%
1991: 9.2%	1996: 9.1%
	1991: 8.5%

Region	Unemployment Rate
Ontario	6.4%
Chatham-Kent	7.2%
Middlesex (CD)	6.1%
Lambton (CD)	6.5%
Essex (CD)	7.9%
London	6.5%
Sarnia	7.4%
Windsor	9.7%
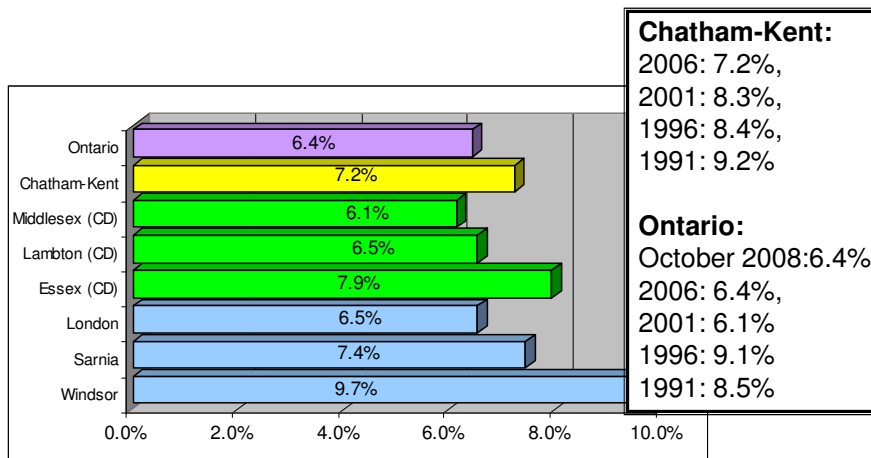
Chatham-Kent's unemployment rate was average for the region in 2006.

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9.5% Dresden

9.4% Bothwell

9.9% Thamesville

8.3% Wallaceburg

14.5% Mitchell's Bay

5% Ridgetown

9.3% Tilbury

2.9% Pain Court

7.5% Chatham

5.5% Blenheim

6% Merlin

5.7% Charing Cross

6.8% Wheatley

Unemployment Rate %
- 2.9% - 3%
- 3.1% - 5%
- 5.1% - 7%
- 7.1% - 10%
- 10.1% - 14.5%

0   2.5   5   10 Kilometers

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Skilled vs. Unskilled Workers in Chatham-Kent and Ontario, 2001 and 2006
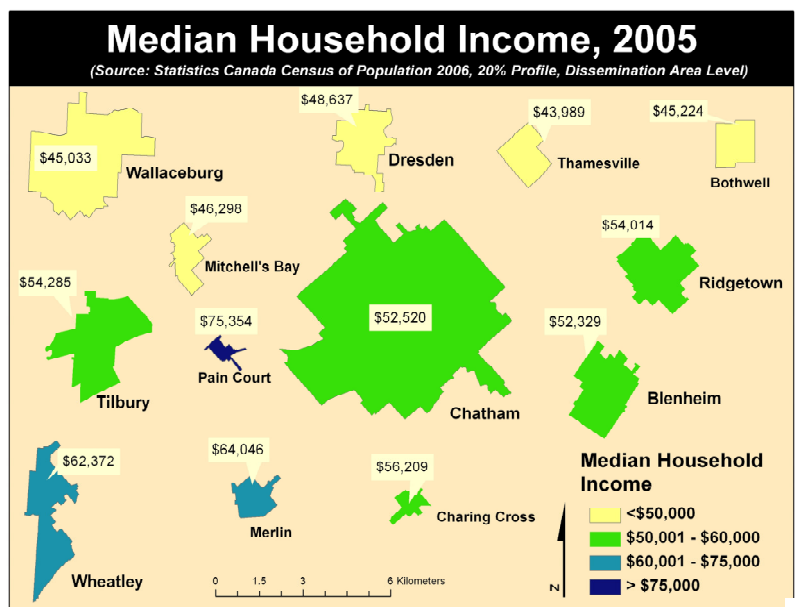
Source: Statistics Canada Census of Population, 2006 20% profile, Census Subdivision data

Chatham-Kent	Skilled	Unskilled	Not Applicable
2001	46.7%	52.0%	1.4%
2006	43.8%	55.0%	1.2%
Difference	-2.9%, -845 Jobs	+3.0%, +2,630 Jobs	-0.2%

Skilled jobs are defined as jobs requiring either university, college or trade/apprenticeship education.

Ontario	Skilled	Unskilled	Not Applicable
2006	53.2%	45.1%	1.7%

The proportion of skilled jobs in Chatham-Kent is about 10% less than the Ontario average.

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Education

Education is a tool for life and health. It equips people with the knowledge and skills needed to get a job, solve problems, gain access to information that can keep them healthy, and have a sense of control over their lives. In general, as education increases self-rated health status improves. People with university

degrees are about half as likely to have high blood pressure, high blood cholesterol, or to be overweight as those who never completed high school.

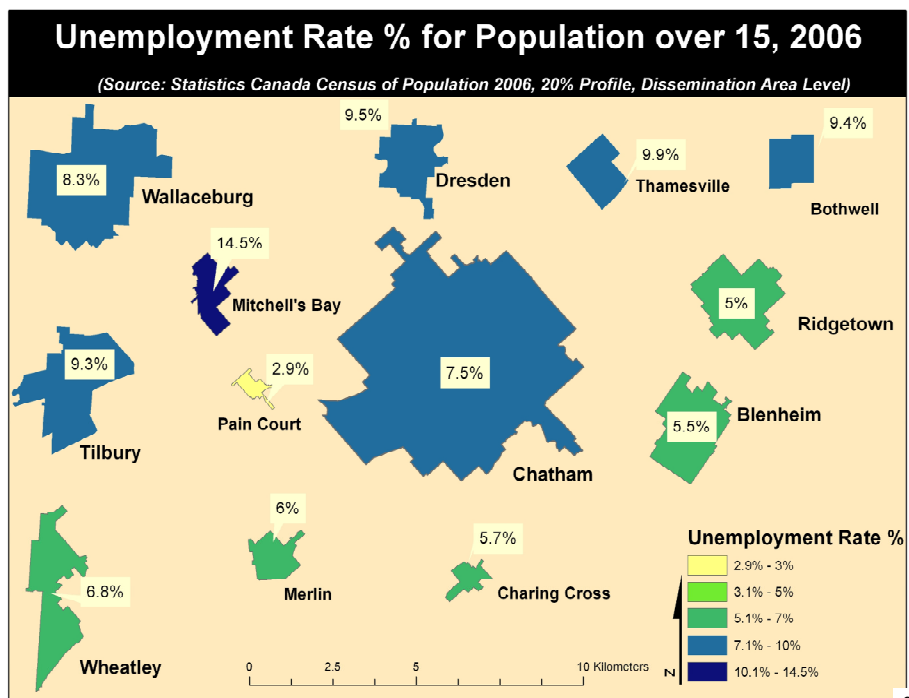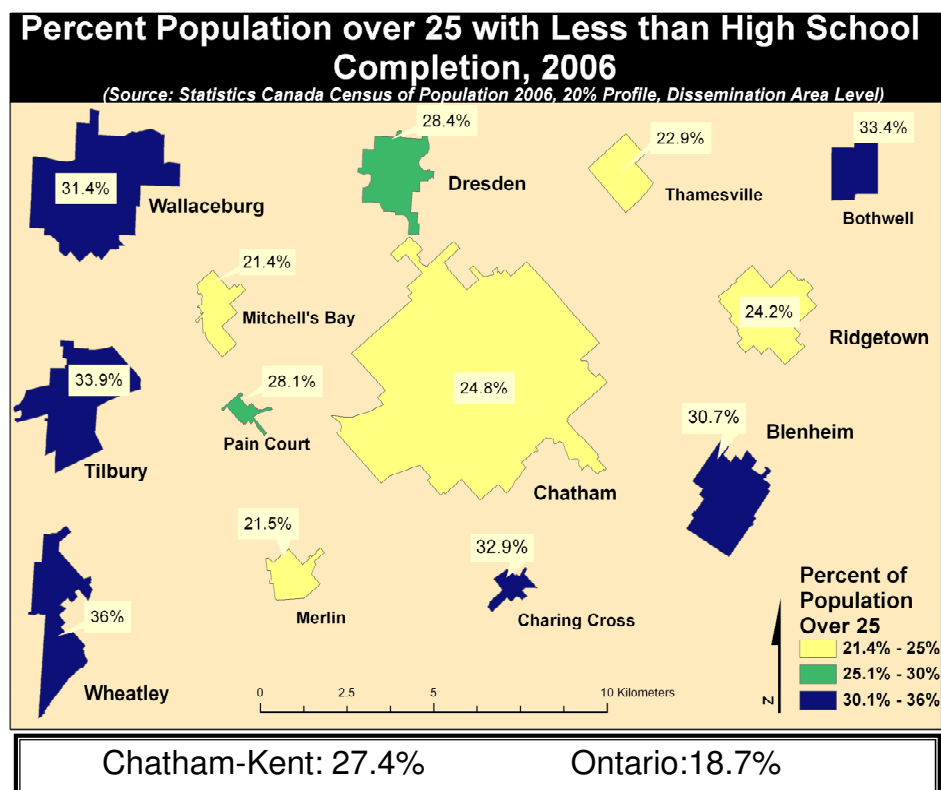## Highest Education Level Achieved (%) for Population Over 25 Comparison, 2006

Source: Statistics Canada Census of Population, 2006 20% profile, Census Subdivision data
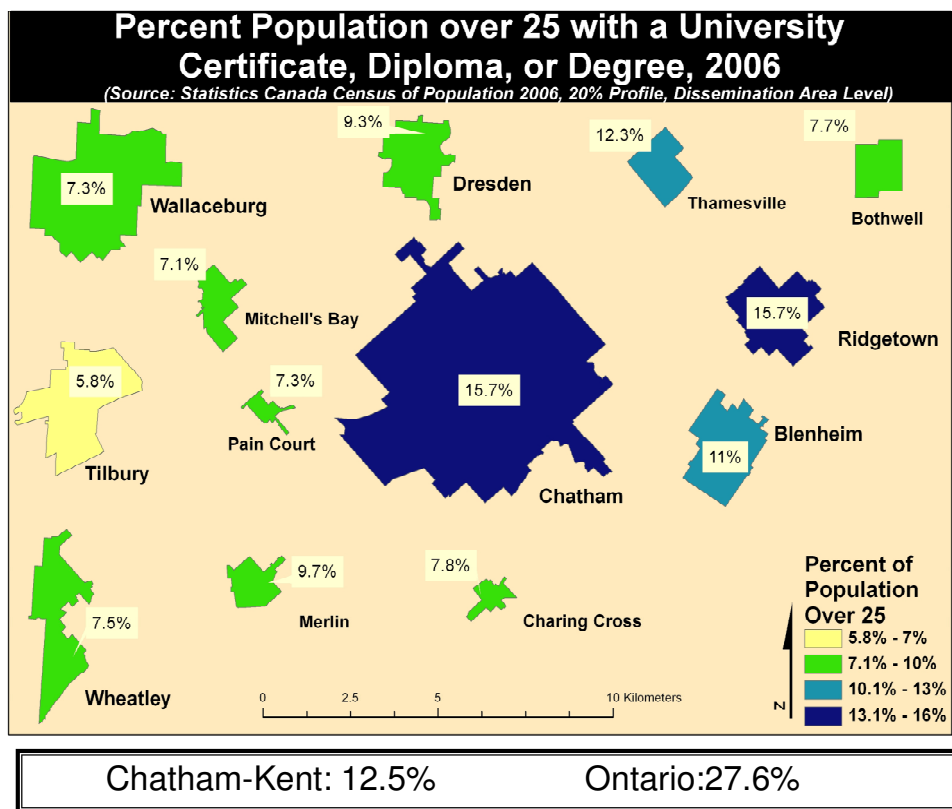
	Total Population Over 25	Less than High School Completion	High School Diploma	Trade or Apprenticeship	College	University Degree	University Certificate Below Bachelors	Post-Secondary (Total)
Ontario	8,194,585	18.7%	24.4%	9.1%	20.1%	23.1%	4.5%	56.8%
Chatham-Kent	72,315	**27.4%**	27.6%	10.0%	22.5%	**9.9%**	2.5%	**44.9%**
Middlesex (CD)	281,270	17.4%	25.6%	9.1%	23.1%	21.3%	3.4%	57.0%
Lambton (CD)	87,525	18.9%	27.1%	14.2%	24.9%	12.0%	2.8%	54.0%
Essex (CD)	261,215	21.0%	27.9%	9.6%	19.8%	18.3%	3.4%	51.0%
London	235,560	16.7%	25.6%	8.7%	22.5%	23.0%	3.6%	57.7%
Sarnia	49,070	17.1%	27.5%	13.6%	24.7%	14.1%	2.9%	55.4%
Windsor	145,445	20.3%	28.2%	8.9%	18.7%	20.2%	3.6%	51.5%

In comparison to surrounding counties and cities, Chatham-Kent has *highest* proportion with **less than high school completion** and *lowest* proportion of **university graduates** and **post-secondary** achievement.

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Percent Population over 25 with Less than High School Completion, 2006
(Source: Statistics Canada Census of Population 2006, 20% Profile, Dissemination Area Level)

28.4% Dresden
22.9% Thamesville
33.4% Bothwell
31.4% Wallaceburg
21.4% Mitchell's Bay
24.2% Ridgetown
33.9% Tilbury
28.1% Pain Court
24.8% Chatham
30.7% Blenheim
21.5% Merlin
32.9% Charing Cross
36% Wheatley

Percent of Population Over 25
21.4% - 25%
25.1% - 30%
30.1% - 36%

0   2.5   5   10 Kilometers

Chatham-Kent: 27.4%   Ontario:18.7%

20

20

Percent Population over 25 with a University Certificate, Diploma, or Degree, 2006
(Source: Statistics Canada Census of Population 2006, 20% Profile, Dissemination Area Level)

9.3% Dresden
12.3% Thamesville
7.7% Bothwell
7.3% Wallaceburg
7.1% Mitchell's Bay
15.7% Ridgetown
5.8% Tilbury
7.3% Pain Court
15.7% Chatham
11% Blenheim
9.7% Merlin
7.8% Charing Cross
7.5% Wheatley

0   2.5   5   10 Kilometers

Percent of Population Over 25
- 5.8% - 7%
- 7.1% - 10%
- 10.1% - 13%
- 13.1% - 16%

N

| Chatham-Kent: 12.5% | Ontario:27.6% |

21

Social Environment

Children grow up surrounded by family, friends, neighbours, schools and communities. Healthy social environments and strong support networks promote the emotional and physical well-being of all children. At the heart of this social environment is the family. The love, affection and attention parents give their children in their early years will often have a great impact on a child's development, influencing language skills, literacy, social adjustment and scholastic achievement. A key requisite for healthy child development is the attachment to an adult who consistently provides direction, understanding and support.

Natural and Built Environments

The physical environment — the houses, buildings, parks, playgrounds, streets and pathways, as well as the air, water and soil that surround these infrastructures - has both direct and indirect influences on health, quality of life and well-being. Children are often more vulnerable to these influences because their biological systems are still developing and they have little or no control over the environment.

Personal Health Practices

People's health practices, including their level of physical activity, eating habits, sexual practices, **use of alcohol and other drugs**, and attention to issues of safety, have a profound impact on their health and well-being. Positive, health-promoting behaviours are a major determinant of child and youth health. Many disabilities and chronic health problems that arise in adulthood can be traced to negative health behaviours entrenched during childhood and adolescence.

Individual Capacity and Coping Skills

Individual capacity and coping skills are those psychological characteristics, such as personal competence and a sense of control and mastery over one's life, that allow an individual to deal with the events, challenges and stresses in their day-to-day lives. These skills, habits and attitudes play an important role in supporting mental and physical health. How people deal with the challenges in their living and working environments can influence their vulnerability to cancer, cardiovascular disease, mental disorders, unintentional injuries, suicide and other health problems. Some coping mechanisms contribute to health and equilibrium (such as physical activity and hobbies such as music and art), while others have a negative impact **(such as smoking and drug and alcohol use).**

Genetic and Biological Factors

The basic biology and the dynamic, organic nature of the human body are fundamental determinants of health. Biological risk factors are those innate or acquired characteristics of the child that place them at risk of poor health. These factors can affect healthy child development at several levels: from the simple biological fact of the sex of the child, to relatively common genetic variants (such as those associated with attention deficit disorder), to brain damage, as the result of an accident.

Health Services and Social Services

Health and social services are designed to promote and maintain optimum well-being. Children's health services include those provided by doctors, nurses, pharmacists, dentists and other health-care professionals, and focus on both their physical and mental health and development. Social services consist of a wide variety of programs, services and supports that address both the basic needs of children (including the need for protection) and aspects of their social and psychological development (such as behaviour and relationships).
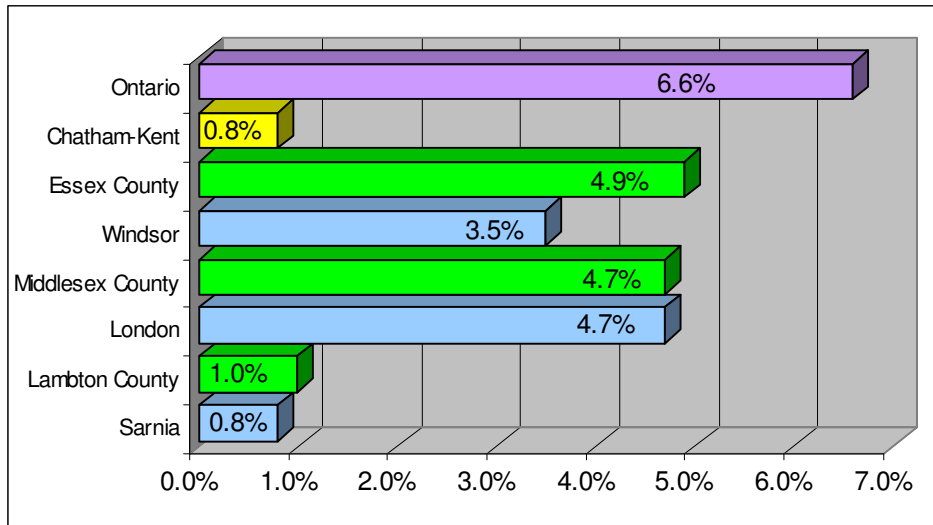
Culture

Although it is often overlooked, culture is an important determinant of health. It refers to a shared identity based on such factors as common language, shared values and attitudes, and similarities in ideology. Some people face additional

health risks due to marginalization, stigmatization and lack of access to culturally appropriate services. Culture-specific practices can also have an impact on the overall health of a population.

Population Increase from 2001-2006

Source: Statistics Canada Census of Population, 2006 100% profile, Census Subdivision data
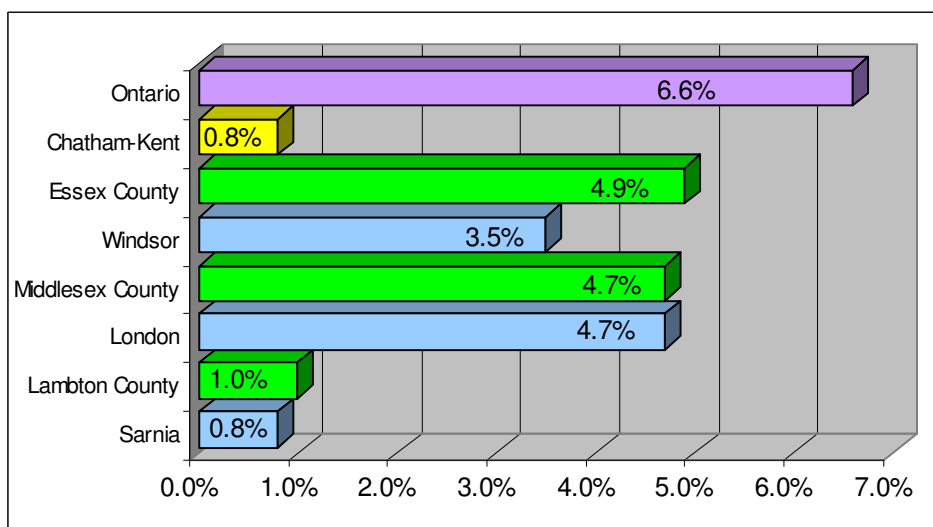
Region	Percentage
Ontario	6.6%
Chatham-Kent	0.8%
Essex County	4.9%
Windsor	3.5%
Middlesex County	4.7%
London	4.7%
Lambton County	1.0%
Sarnia	0.8%

Though Chatham-Kent's population has increased since 2001, many surrounding cities and counties have had their population increase even more.   7

Population Increase from 2001-2006

Source: Statistics Canada Census of Population, 2006 100% profile, Census Subdivision data

Region	Percentage
Ontario	6.6%
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Though Chatham-Kent's population has increased since 2001, many surrounding cities and counties have had their population increase even more.   7
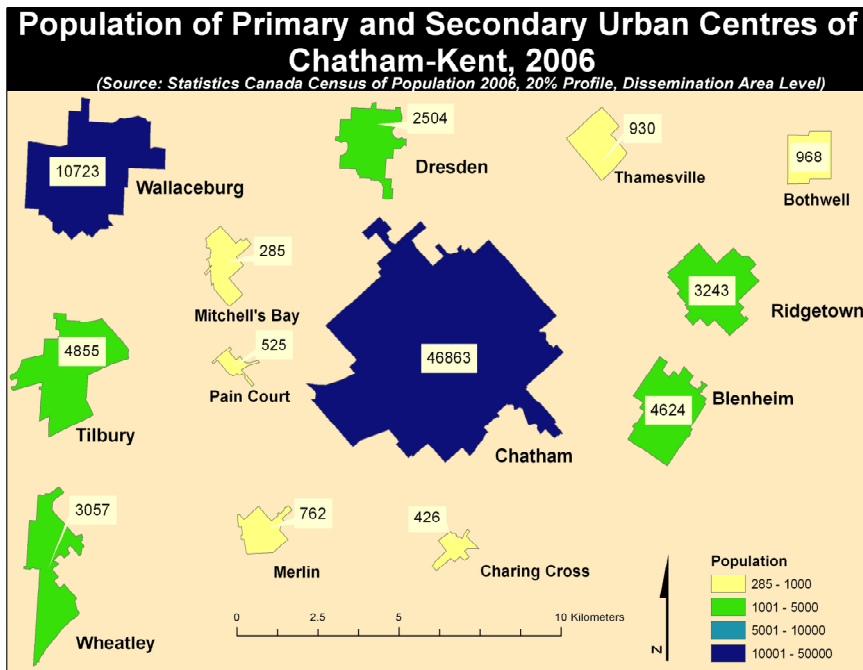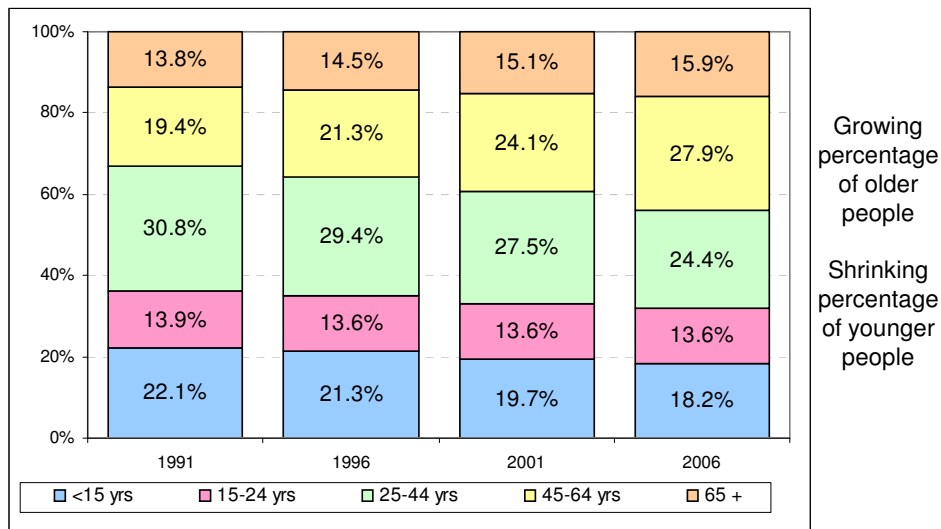
23

Population of Primary and Secondary Urban Centres of Chatham-Kent, 2006

(Source: Statistics Canada Census of Population 2006, 20% Profile, Dissemination Area Level)

Location	Population
Wallaceburg	10723
Dresden	2504
Thamesville	930
Bothwell	968
Mitchell's Bay	285
Ridgetown	3243
Tilbury	4855
Pain Court	525
Chatham	46863
Blenheim	4624
Wheatley	3057
Merlin	762
Charing Cross	426

Population
- 285 - 1000
- 1001 - 5000
- 5001 - 10000
- 10001 - 50000

0   2.5   5   10 Kilometers

N

Total Chatham-Kent population: 74% Urban Centres, 26% Rural area 9

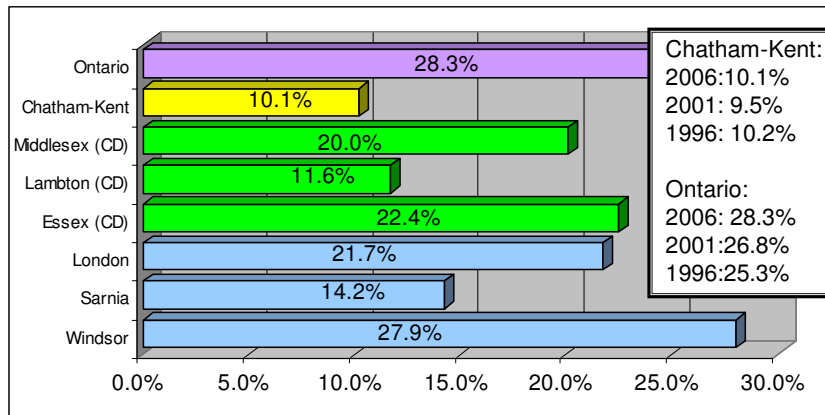## Population by Age Group
Municipality of Chatham-Kent (1991-2006)

**Source:** *Statistics Canada Census of Population, 2001, 2006 100% profile, Census Subdivision data*

Age Group	1991	1996	2001	2006
65 +	13.8%	14.5%	15.1%	15.9%
45-64 yrs	19.4%	21.3%	24.1%	27.9%
25-44 yrs	30.8%	29.4%	27.5%	24.4%
15-24 yrs	13.9%	13.6%	13.6%	13.6%
<15 yrs	22.1%	21.3%	19.7%	18.2%

Growing percentage of older people

Shrinking percentage of younger people

☐ <15 yrs   ☐ 15-24 yrs   ☐ 25-44 yrs   ☐ 45-64 yrs   ☐ 65 +

10

24

% Immigrant Population Comparison, 2006

Source: Statistics Canada Census of Population, 2006 20% profile, Census Subdivision data

Ontario	28.3%
Chatham-Kent	10.1%
Middlesex (CD)	20.0%
Lambton (CD)	11.6%
Essex (CD)	22.4%
London	21.7%
Sarnia	14.2%
Windsor	27.9%

Chatham-Kent:
2006:10.1%
2001: 9.5%
1996: 10.2%

Ontario:
2006: 28.3%
2001:26.8%
1996:25.3%

0.0% 5.0% 10.0% 15.0% 20.0% 25.0% 30.0%

In comparison to surrounding counties and cities, Chatham-Kent has the lowest percent of immigrants. There were *1025 new immigrants (2001-2006)*.

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Percentage of Immigrants by Urban Centre, 2006

(Source: Statistics Canada Census of Population 2006, 20% Profile, Dissemination Area Level)
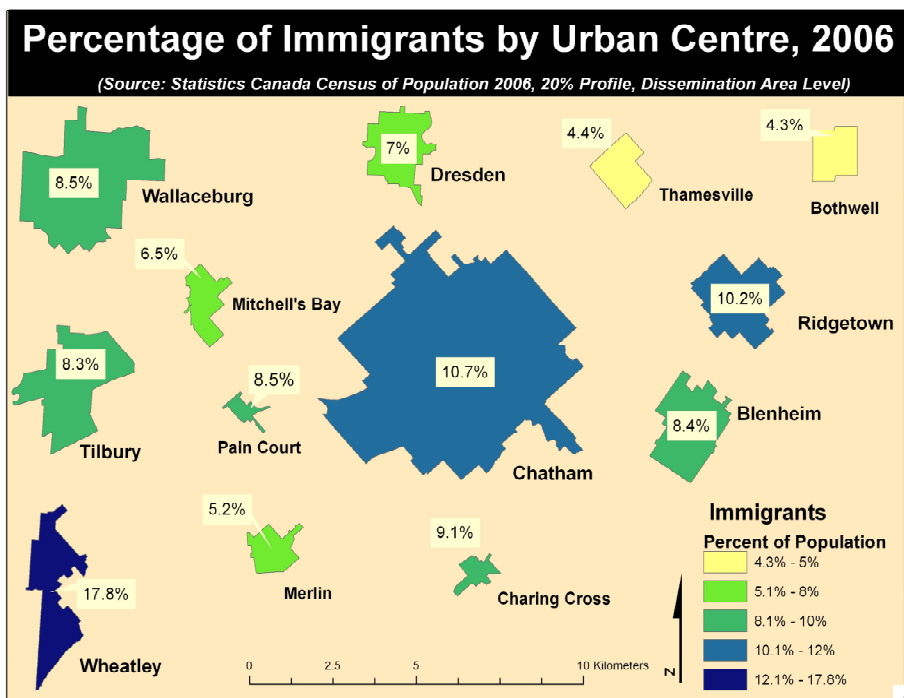
28

Gender

Gender is biologically determined and hormonally regulated, but a person's concept of gender is influenced through the interaction of peers, parents, media and other socio-cultural factors. While gender has a very important biological component, it also includes the array of roles, personality traits, attitudes, behaviours, values, and status that society ascribes to people based on their sex.

APPENDIX B

OUR MUNICIPAL COUNCIL STRATEGIC PLAN – 2007 - 2010

Strategic Direction 1
We will focus on our recreational and cultural opportunities through community engagement.

Goal 1.1   We will invest $2M to enhance recreational amenities to respond to local residents, partners and tourists.

Goal 1.2   We will invest $400,000 to increase cultural and heritage amenities to promote tourism and education placing specific emphasis on our natural and historical assets.

Strategic Direction 2
We will support sustainable growth in business and industry with an emphasis on environmental technologies, knowledge-based industries and agri-business.

Goal 2.1   We will attract $3B in sustainable investment in new and existing next generation energy, environmental industries and related technologies.

Goal 2.2   We will support the creation of 3,000 net new jobs.

Goal 2.3   We will partner with other organizations to create a centre of excellence research campus for alternative energy, environmental industries and related technology.

Goal 2.4   We will implement an Integrated Labour Market Plan.

Strategic Direction 3
We will diversify and grow Chatham-Kent's population by recruiting and retaining recent immigrants, newcomers, young professionals and active retirees from major Canadian centres.

Goal 3.1   We will establish a leadership role in the support of immigrant needs that will directly contribute to a net increase of 1,000 new immigrants and newcomers into our community.

Goal 3.2   We will establish and implement a strategy involving community partners that will attract at least 50 new active retired families to our community.

Goal 3.3   We will conduct market research focused on bringing young professionals and entrepreneurs to Chatham-Kent.

Strategic Direction 4
We will be a Municipality of quality services, effective structure and fiscal responsibility.

Goal 4.1   We will have identified and implemented the agreed upon recommendations of a corporate review.

Goal 4.2   We will have implemented an effective communications and marketing plan.

Goal 4.3   We will have aligned our services, programs and activities with our Strategic Directions and legislation and mandated requirements.

Strategic Direction 5
We will lead the process of bringing partners together to enable a Chatham-Kent Strategic Plan.

Goal 5.1   We will meet with the major community stakeholders to achieve consensus on our next steps of this direction.

APPENDIX C

THE NATIONAL SCENE

Alcohol Use
- 16.9% of the population reported consuming 5 or more drinks (binge drinking) on one occasion, at least once a month in the past year. (1)
- Prevalence: In the 12 months prior to the survey, 76.8% of Canadian women and 82.0% of Canadian men over the age of 15 had consumed alcohol. For each demographic characteristic studied, almost as many women as men reported drinking in the past year. (2)
- Drinkers: Past-year drinking varied with age, province, marital status, education and income adequacy among women. Marital status did not predict past-year drinking among men. (2)
- Frequency vs. Quantity: For both men and women, frequent drinking increased with age, income adequacy and education. They typical quantity of alcohol consumed varied with income adequacy among women, but not among men. As age increased, more Canadians, especially women, reported "almost always drinking alcohol with a meal." (2)
- Risky Drinking: Three quarters of all women and about one half of all men drink in moderation (one to two drinks). With the exception of age, some of the socio-demographics that influence the drinking patterns of Canadian women and men were different. (2)

Tobacco Use
- 21.7% of the population report being current smokers, occasional or daily (O/D) and
17.1% of the population report being current smokers, daily (D) only. (1)
- Overall, approximately 19% of Canadians are daily smokers with 20-24 year olds composing the largest smoking demographic. (Men 28%, Women 23%) (8)
- Approximately 47,000 Canadians die every year due to tobacco related illness with lung cancer and cardiovascular disease being the main culprits. (9)
- The majority of smokers (62% of Men, 58% Women) plan to quit smoking within the next 6 months. Highly educated Canadians are more likely to successful in their quit attempts compared to individuals with lesser education. (8)

Use of Cannabis and Other Illicit Drugs
- Overall, 39.2% of women had tried cannabis in the past year. By comparison, 50.1% of men had tried cannabis, and 18.2% had used it in the past year. For both men and women, the typical age of initiation was 17. (2)

- Of the demographics studied, past-year cannabis use among Canadian women varied with age, province, marital status, income adequacy and location of household. Among men, past-year cannabis use also varied with their level of education. (2)
- About one quarter (25.9%) of women and one third (30.8%) of men who had used cannabis in the 12 months prior to the survey reported that they had sometimes used it to alleviate a medical condition, although this was not their main reason for using it. Among these individuals, about half (47.3% of women and 55.8% of men) reported that they had used cannabis to reduce pain, such as back pain or headaches. The prevalence of women using cannabis to reduce depression was twice that of men (31.6% compared to 15.1%). (2)
- Among women and men, illicit drug use varied with age, province, marital status, education and income. Just over one in every 10 women (12.2%), compared to just over one in every five men (21.1%), reported having used an illicit drug other than cannabis at least once in their lifetime. For both women and men, illicit drug use was higher in Quebec and the western provinces, in particular British Columbia. (2)

Substance Use among Canadian Students

- Overall, 28% of Grade 9 and 10 boys and girls report using cannabis in the past 12 months with no significant gender differences. When asked about their cannabis use in the past 12 months, 8% of boys and 10% of girls report using the drug once or twice, 12% of both genders report using the drug 3 to 19 times, and 8% of boys and 6% of girls report using cannabis 20 times or more in he past 12 months. (3)
- Grade 9 and 10 students were also asked about their use of cannabis in the past 30 days. Overall, 18% of boys and 16% of girls in Grades 9 and 10 had used cannabis in the past 30 days. Six percent of boys and 7% of girls report using the drug once or twice, 8% of boys and 7% of girls report using cannabis 3 to 19 times, and 4% of boys and 2% of girls report using cannabis 20 times or more in the past 30 days. (3)

THE COST OF SUBSTANCE MISUSE IN CANADA 2002

Substance	Total Cost	Hospital Care	Physician Visits	Prescription Drugs
Tobacco	$4.3 Billion	$2.5 Billion	$450 Million	$1.3 Billion
Alcohol	$2.4 Billion	$1.5 Billion	$250 Million	$800 Million
Illicit Drugs	$715 Million	$426 Million	$ 70 Million	$216 Million

(Source: Canadian Centre on Substance Abuse. (2006). The costs of substance abuse in Canada 2002.)

APPENDIX D

THE PROVINCIAL SCENE

Alcohol Use
- 15.9% of the population reported consuming 5 or more drinks (binge drinking) on one occasion, at least once a month in the past year. (1)

Drinking and Driving
- In 2006, the most recent year for which data is available, 232 Canadians were killed in a traffic crash involving a drinking driver in Ontario. (4)
- When asked about driving after consuming any amount of alcohol in the past 30 days, 17.5% of Canadians in Ontario admitted to doing this in 2008. When asked about driving when they thought they were over the legal limit in the past 12 months, 3.9% of Canadians in Ontario admitted to doing this in 2008. (4)
- In 2008, 44.9% of those who drove when they thought they were over the legal limit report doing most of their drinking at the home of a friend or relative; a little over a third (34.3%) report doing most of their drinking at a bar; 12.7% report doing most of their drinking at a party; and, 8.1% report doing most of their drinking in their own home. (4)
- Within the last month, 5.4% of Canadians in Ontario indicated that they had been a passenger in a motor vehicle driven by someone who has been drinking on one occasion, and 4.2% indicated that they had been a passenger on two such occasions. (4)
- Under one third (25.4%) of Canadians in Ontario know of a family member or close friend who has been the victim of a drinking and driving collision that they did not cause. Of those, 58.1% said they know one such victim, and 41.9% said they know two or more victims. (4)
- Of all the road safety issues, drinking drivers were rated as a very or extremely serious problem by 84.2% of Canadians in Ontario – the highest of all road safety issues. The next highest road safety issue rated as a very or extremely serious problem was for drugged drivers (74.2%). (4)

Tobacco Use
- 20.3% of the population report being current smokers, occasional or daily (O/D) and
  15.9% of the population report being current smokers, daily (D) only. (1)
- In 2007, 12% of students report smoking during the past year (about 119,900 students), and about 5% of students smoke on a daily basis. Almost three-quarters (72%) report never trying a cigarette in their lifetime – this is a substantial increase from even a decade ago. (5)

Alcohol Use
- In 2007, about two-thirds (61%) of all students report drinking (excluding sips) during the 12 months before the survey. This represents about

616,300 students in Ontario. Males (62%) and females (61%) are equally likely to be drinkers. Past year drinking varies by grade (increasing from 28% of 7th graders to 83% of 12th graders). (5)

Cannabis Use

- About one-quarter (26%) of students use cannabis, and 30% report trying it at least once in their lifetime. Males (27%) and females (24%) are equally likely to use cannabis. Use increases with each grade, increasing from 4% of 7th graders to 45% of 12th graders. There are no significant regional differences in cannabis use. (5)

Non-Medical Use of Prescription Drugs

- OxyContin is a brand name for a highly addictive prescription painkiller containing the opioid, ocycodone. In 2007, about 2% report using OxyContin during the past year for non-medicinal purposes. The 2007 estimate of 2% is significantly higher than that from 2005 (1%). In 2007 there is no significant difference in use between males and females. Use significantly increases with grade, peaking in grade 11 at 3%. There are no significant regional differences in non-medicinal OxyContin use. (5)

And, in addition …

- Ontario has more than 300 community-based mental health programs offering a range of services and supports that provide alternatives to inpatient services, reduce admissions at psychiatric facilities and support people right in the communities.
- Ontario funds 150 substance abuse treatment programs and provincial initiatives including withdrawal management, community counselling, residential treatment and support services.
- One in every five Ontarians will experience a serious mental health illness or harmful substance use.

THE LOCAL SCENE

Tobacco Use
- 26.6% of the population report being current smokers, occasional or daily (O/D) and
  24.2% of the population report being current smokers, daily (D) only. (1)
- The 2007 Heart Health Survey shows that 18.4% of area residents are daily smokers. (6)
- Thirty-seven percent of students reported they had tried cigarettes and of those who do smoke, 22% smoke everyday, although the number of cigarettes smoked daily is low (24% less than 1 a day, 22% 1 or 2 a day). (7)

Alcohol Use
- The 2007 Heart Health Survey shows that 33% of area residents drink alcohol on a regular basis. (6)
  - 19.2% have one alcoholic beverage a day
  - 7.5% drink two alcoholic beverages a day
  - 6.3% drink three or more alcoholic beverages a day (high risk drinking)
- 12.8% of the population reported consuming 5 or more drinks (binge drinking) on one occasion, at least once a month in the past year. (1)
- Most students (85%) had tried an alcoholic drink and of those who had tried it, approximately one in four drink at special events only (24%) or once a month or less (23%). (7)
- Students most commonly reported they obtain alcohol through friends who buy it for them (26%), while 24% reported it is very easy for them to get alcohol. (7)
- About two-thirds of students (68%) reported they had not been a passenger with a driver who has been drinking alcohol. (7)

Drug Use
- Over one-third of students (37%) had tried Marijuana and 29% indicated most or a few of their friends had tried it. About one in five students reported it would be very easy (21%) or easy (22%) for them to get Marijuana if they wanted it. (7)
- Almost all students (86%-98%) reported they had not used the other drugs asked about in the survey. (7)

Key findings from the Ontario Student Survey of Alcohol and Drug Use (2007) conducted by the Centre for Addiction and Mental Health indicated that **Erie St. Clair reported drug use is significantly higher than the provincial averages in the following indicators:**

INDICATOR	ERIE ST. CLAIR	ONTARIO
Cigarettes	21.6	15.8
Daily Smoking	11.9	7.0
Binge Drinking	48.5	35.3
Glue or Solvents	9.3	4.7
LSD or PCP	6.0	2.4
Hallucinogens	17.7	7.6
Jimson Weed	8.0	3.1
Cocaine or Crack	9.0	4.2
Ecstasy	8.0	4.7
OxyContin	5.1	2.0
Opioid Pain	29.1	22.0
Any Illicit Drug	25.4	14.6
Drinking and Driving	17.4	11.6

Key findings from the Ontario Student Survey of Alcohol and Drug Use (2007) conducted by the Centre for Addiction and Mental Health indicated that **the following indicators are most prevalent in Chatham-Kent:**

INDICATOR	ERIE ST. CLAIR	ONTARIO
Alcohol	81.5	73.1
Binge Drinking	48.5	35.3
Passenger/Alcohol	38.7	29.8

References

(1)   Statistics Canada. Table 105-0502 – Health indicator profile, two year period estimates, by age group and sex, Canada, provinces, territories, health regions (2007 boundaries) and peer groups, occasional, CANSIM (database).
(2)   Health Canada. (2004). Canadian addiction survey: a national survey of Canadians' use of alcohol and other drugs.
(3)   Public Health Agency of Canada. (2006). Healthy settings for young people in Canada: substance use among Canadian students.
(4)   Traffic Injury Research Foundation. (2008). The road safety monitor 2008: drinking and driving: regional.
(5)   Centre for Addiction and Mental Health. (2007). Drug use among Ontario students.
(6)   Chatham-Kent Public Health Unit. (2007). Chatham-Kent 2007 heart health survey.
(7)   Chatham-Kent Public Health Unit. (2007). 2007 Chatham-Kent youth health assessment.
(8)   Health Canada. (2007). 2007 Canadian tobacco use monitoring survey.
(9)   Makomaski Illing E.M., Kaiserman M.J., Mortality attributable to tobacco use in Canada and its regions, 1998. Can J Public Health 2004;95(1):38-44.
(10)   Canadian Centre on Substance Abuse. (2006). The costs of substance abuse in Canada 2002.

CHATHAM-KENT POLICE STATISTICS – REQUESTED COMPLAINT TYPES

Complaint Type	2004	2005	2006	2007	2008
Sexual Offences	100	142	106	140	156
Assaults*	622	681	673	760	736
Aggravated Assaults*	8	9	18	7	15
Robbery	39	40	46	49	34
Offensive Weapons	27	57	55	59	46
Break and Enter (Business)	185	171	317	247	210
Vehicle Theft	374	413	409	333	227
Theft Over	57	27	37	37	29
Theft Under	1502	1843	1986	2221	2277
Fraud**	282	339	346	308	295
Mischief	1205	1253	1335	1385	1243
Impaired	118	112	151	176	210

* from 2004 on, Stats for Assaults only separated by Assault and Aggravated Assault
**from 2004 on, Frauds are not specified – collected as a whole

Based on these statistics, it is apparent that the prevalence of crime in Chatham-Kent has increased on a number of variables. High risk drinking behaviour and criminal activity do not exist in isolation. Although there is no evidence-based research to substantiate the correlation, it is the committee's hope that by reducing the rates of high risk drinking in our community, we will affect positive change in crime statistics in the future.

Key findings from the Ontario Student Survey of Alcohol and Drug Use conducted by the Centre for Addiction and Mental Health (2007) indicated that Erie St. Clair reported drug use is higher than the provincial averages on the following:

Smoking   Daily Smoking
Alcohol   Binge Drinking
Cannabis   Hallucinogens
Ecstasy   Stimulants
Cocaine   Any Illicit Drug

Research published in 2002 by the Heart and Stroke Foundation cited Chatham-Kent as a hotspot for heart disease in Ontario. Further research is underway to determine the reasons for this and other hotspots. Chatham-Kent Public Health launched a campaign in the fall of 2007 to tackle other ailments prevalent throughout the community, including asthma, chronic allergies, sinus problems, many types of cancer, diabetes, inflammatory bowel disease, alcoholism and obesity. The misuse and/or abuse of alcohol or other drugs exacerbates the management of these chronic conditions. Indeed, addiction is also a chronic condition requiring similar management.