

---

## **Appendix F: Public consultation summary**



**Public Consultation  
Spring 2005**

TORONTO  
DRUG  
STRATEGY  
INITIATIVE

SUMMARY REPORT

A REPORT BY ICA ASSOCIATES INC.  
TO THE CITY OF TORONTO

**ICA**  
ASSOCIATES

*facilitating a culture of participation*

**Toronto Drug Strategy Initiative**  
**PUBLIC CONSULTATION**  
**Spring 2005**

**Summary Report**

ICA Associates Inc.  
William Staples, Principal  
August 1, 2005

## Introduction

### *The Toronto Drug Strategy Initiative*

The use of substances such as drugs and alcohol and the associated personal, social and economic harms are a concern for the community, for health and social services, for law enforcement officials, and for the government of Toronto. Many of these harms and costs are preventable.

In January 2004, the City of Toronto began a two-year process to develop a comprehensive municipal drug strategy based on four key areas: prevention, treatment, harm reduction, and enforcement. Toronto has many programs, services and responses that span these four areas. However, there is no unifying framework or strategy to guide or co-ordinate these efforts even though they often share similar goals and objectives. The goal of the Toronto Drug Strategy is to provide an overall framework to co-ordinate and guide effective responses to substance use issues. It also aims to promote an ongoing balanced, integrated and more comprehensive approach to addressing substance use issues in Toronto.

Toronto Public Health leads the Toronto Drug Strategy Initiative on behalf of the City of Toronto in partnership with a broad range of community and institutional stakeholders, including the Toronto Police Service, the Centre for Addiction and Mental Health, community-based coalitions and service providers, school boards, advocacy groups, substance users, as well as representatives from the federal and provincial governments.

Three committees were set up to provide advice: a Community Reference Group, a Council Reference Group, and a Strategic Advisory Team. A project manager was designated to coordinate the activities of the Toronto Drug Strategy Initiative.

Significant work has already been done in Toronto and elsewhere on the issue of substance use. The approach taken by the Initiative was to build on the best thinking and learning on this issue and to draft a strategy that meets the needs of the people of Toronto. The Draft Strategy, consisting of principles, a vision, goals, objectives and action items, was developed by the three reference groups over one year. The next stage of the initiative was to take the Draft Strategy materials out into the community for broader input and feedback. The intention was to be ready with a final strategy for consideration by City Council before the end of 2005.

### *Public Consultation Process*

In broad terms, the three reference groups wanted to use public dialogue to improve and enhance the work they had already done. Specifically, they wanted to determine if the general framework, the four-pillar approach, the vision, and the goals of the draft strategy were representative of a wide spectrum of Toronto perspectives. In addition, the reference groups wanted to enhance and expand the draft action items by engaging citizens in generating creative and effective responses to substance use issues.

### *Methodology*

The consultant met with the reference groups individually to determine their preferred methodology and their interests in the public consultation. After a draft consultation process was designed and target audiences were determined, all three reference groups met together to test and comment on the process.

During the public consultation, opinions, input and advice were sought from three audiences using focus groups, town hall meetings, and anonymous surveys:

- Groups and individuals experienced in substance use issues.
- Groups and organizations with a geographic interest.
- The general public in Toronto.

Fourteen focus groups and town hall meetings were held between March 31 and May 17, 2005 including:

- Six by-invitation sectoral focus groups for service providers, City of Toronto employees, people who use substances, youth, residents, tenant and business groups, and provincial and federal departments.
- Four by-invitation geographic focus groups in the east, west, north and south parts of the city with a mix of the above groups attending.
- Four open town hall meetings in the east, west, north and south parts of the city.

A survey on the Draft Strategy was also administered to participants in the focus groups and town hall meetings and an online survey was posted on the Toronto Drug Strategy Initiative website making it available for anyone to submit.

### *Participation*

Extensive efforts were made to promote attendance at the focus groups and town meetings and to encourage people to complete the survey, through personal invitations, email and fax notices, press releases, and newspaper advertisements. More than 357 people participated in the consultation sessions, representing 154 different groups and organizations as well as interested members of the public. A total of 325 surveys were completed. Of the people who attended the sessions, about 90% stayed for the full three hours of each meeting. Participant evaluations of the sessions revealed an average rating of 4 out of 5 for opportunities to give opinions, the facilitation, the appropriateness of the participants, and the session design.

## Part I. Vision and Goals

The vision and goals of the Draft Strategy were well received by a large majority of the participants during the public consultation (as shown in Table 1). Generally speaking, the participants were satisfied that the reference groups had been able to develop a long range vision. They referred to substance use as a growing problem in all parts of the city and were pleased to see that government and major institutions were ready to work together and to include many other groups in a comprehensive, city-wide plan.

Four specific points, however, were mentioned many times:

- While the vision referred to preventing or delaying use and reducing harms to users, reducing harm to neighbourhoods was not given sufficient profile.
- Although “substance use” is common terminology for professionals, “substance abuse” is commonly used by the public but is not found in the vision or goals.
- The vision and goals use cautious language to straddle compromise positions between institutional stakeholders, rather than unequivocal, motivating language for the public.
- Some people thought the vision should mention reducing the use of specific substances or drugs or stopping it altogether, regardless of whether such a vision is actually attainable.

Table 1: Agreement with the Overall Vision and Goals  
(from 325 survey respondents)

Survey Answer	Strongly Agree	Agree	Disagree	Strongly Disagree	No Answer
<b>Vision and Goals</b> Overall Vision <i>To improve the quality of life of individuals, families and communities in Toronto by creating a society increasingly free of the range of harms associated with substance use.</i>	40%	34%	4%	5%	17%
Goal I: <i>Prevent and/or delay the onset of substance use</i>	49%	35%	10%	4%	4%
Goal II: <i>Improve the physical, emotional, mental and spiritual health and well-being of people who use or have used substances.</i>	68%	22%	4%	3%	3%
Goal III: <i>Improve the quality of life of families and communities affected by substance use.</i>	62%	29%	3%	2%	4%
Goal IV: <i>Co-ordinate and integrate comprehensive policies, programs and services addressing substance use.</i>	62%	27%	4%	3%	4%
Goal V: <i>Establish clear mechanisms for ongoing accountability.</i>	58%	29%	4%	2%	5%

Even though the vision and goals were broadly accepted, there were over two hundred specific comments about the vision in the survey. The most common comment was a validation of the vision and goals, while the next most common comment was that they were vague or unrealistic. Some people were skeptical about the purpose of the strategy, or suspected bias in the survey. There were a small series of comments about decriminalization, about neighbourhoods, and about the use and abuse of specific substances and drugs. Some comments referred to specific actions, rather than to the vision and goals.

## Part II. Issues and Blocks

One of the functions of the consultation was to uncover issues related to the goals, objectives and proposed actions of the Draft Strategy.

Participants were specifically asked, “What is blocking us from realizing our vision and dealing with the problems of substance use? What is, or has been, blocking us from realizing our vision of the future?” They could choose to consider blocks to the Draft Strategy vision or their own personal vision.

In looking at the 539 issues they named, it should be remembered that “substances” and “drugs” may refer to any or all of alcohol, legal or illegal drugs, and that participants were not asked to refer to specific substances in their comments. Therefore, the comments are general.

### *Major Issues*

#### **Reasons and Root Causes of Substance Use**

Peer pressure, family situations, the need for prescription medication for pain, illness and stress, the desire for pleasure, and specific determinants of health such as lack of housing and jobs were considered to be the main root causes of substance use. While many thought that these root causes need to be addressed by the Toronto Drug Strategy as well as by all levels of government, there were some who thought that certain root causes were normal conditions of modern society.

#### **The Person: User or Abuser**

For many, a user’s personal relationship to substances is the main issue. While some people are able to manage their substance use, others cannot and may stray into overuse and sometimes abuse. Participants also view an individual user’s denial that a problem exists as a big issue. Participants highlighted the various harms that an individual’s substance use can have to themselves, their families, their neighbourhoods, and society.

#### **The Stigma Attached to Users**

A key issue raised in the consultation was the stigma of addiction and the associated personal labels of weak, diseased, immoral and criminal. These labels can be intentionally or unconsciously linked, branding all users with undesired attributes and behaviours. The stigma attached to substance users is a major problem because it subverts efforts to deal with root causes and to help users directly. The stigma can be exacerbated by media, religious upbringing, personal experience, and peers, and people often internalize those beliefs. Stigma tends to alienate and marginalize users, and can drive them to further use.

### **The Sources of Drugs**

The medical use of drugs is often necessary but many participants expressed deep frustration with the profit motive that drives most drug sources and perpetuates drug use and abuse. While gangs and large scale dealers are of great concern because they profit from misery and condone criminal activity, there is also concern with large pharmaceutical firms and the profit motive in general, which is seen as the primary driver perpetuating the supply of both legal and illegal drugs. Another issue that was raised is the over-, under-, and incorrect prescription of medication by some health care practitioners.

### **A Shroud of Criminality**

As it relates to illegal drugs, a prominent concern is that current legislation makes criminals out of people who basically need supportive health care. Existing laws condition Canadians to alienate, marginalize and be intolerant of users, not because of anything they have done, but by virtue of the “illegality” of some drugs that they may use. On the other hand, there was concern that gangs, large-scale dealers, and drug profiteers are not successfully prosecuted or given deterrent sentences, while users seem to be targeted by the legal system.

This shroud of criminality descends over all the previous concerns, reinforcing the stigma suffered by users, spotlighting the criminal behaviour of a minority of users, and diverting attention from dealing with the root causes of substance use.

### **Ineffective Interventions**

A recurring issue was the lack of coordination between various institutions that address substance use issues and an inability of major professional stakeholder organizations to cooperate outside their own narrow agenda. Ideological differences, particularly between proponents of enforcement and proponents of harm reduction, and again between proponents of harm reduction and those of prevention are seen to have stalled efforts to work together. Many participants feel there has been insufficient research into best practices used in other jurisdictions. Volunteer and neighbourhood groups do not feel they have access to enough government funding to develop adequate local solutions, and they do not always feel included in the development of community programs in their area. There is also a concern that various neighbourhoods and community-based agencies will work at cross purposes because of disagreements and differing interests in specific interventions.

### **Societal Indifference**

Participants were concerned about the general level of indifference in society to substance use. They highlighted a lack of political leadership, social apathy, and a low priority of funding for addiction services. Many in the general population are not aware of the use and abuse of various substances, are confused about them, or have the not-in-my-backyard (NIMBY) syndrome. It was noted that while long range educational approaches are vital in dealing with societal indifference, education is usually a low priority and not easily fundable.

### Part III. Actions

There was general public agreement in favour of the objectives suggested in the Draft Strategy. However, the public consultation went beyond reaction to the objectives named in the draft strategy and developed dozens of other enhanced approaches, strategies and actions.

#### *Draft Strategy Objectives and Actions*

The scope of the general agreement with the objectives is contained in Table 2. Survey respondents were asked to rate the priority of each of the objectives on a scale of 1 to 10 (with 10 as high priority). They could also choose to disagree with the objective.

Table 2: Participant Rating of Draft Objectives  
(from 325 survey respondents)

Draft Strategy Objective	Average Rating out of 10 (rounded off)	Median Answer (Same count above as below)
Enhance supports to prevent and/or delay substance use	7	8
Support families and communities in preventing substance use	7	8
Address the root causes of substance use	7	10
Strengthen personal/life skills to help people make healthy choices about substance use	8	9
Improve public awareness and knowledge about substance use	7	9
Provide supports to help users stabilize their lives and/or prevent relapse	7	9
Reduce the risk behaviours and negative health impacts of substance use	7	9
Expand emergency services for people who are actively using substances	7	8
Increase range and access to treatment options	8	9
Improve supports that help families/communities deal with substance use	7	8
Reduce the supply and availability of illegal substances	5	7
Reduce drug-related public disorder and crime	6	7
Expand alternative justice measures for people who use substances	7	8
Improve and co-ordinate efforts across health, social and justice systems	7	10
Prevent people from "falling through the cracks" of our service system	7	9
Monitor and evaluate implementation of the Toronto Drug Strategy	7	9
Monitor and evaluate substance use issues on an ongoing basis	7	9

Participants were asked if they disagreed with the actions. Fifteen of the objectives recorded two percent or less disagreement among respondents. Three percent disagreed with "Reduce drug-related public disorder and crime" and eight percent disagreed with "Reduce the supply and availability of illegal substances".

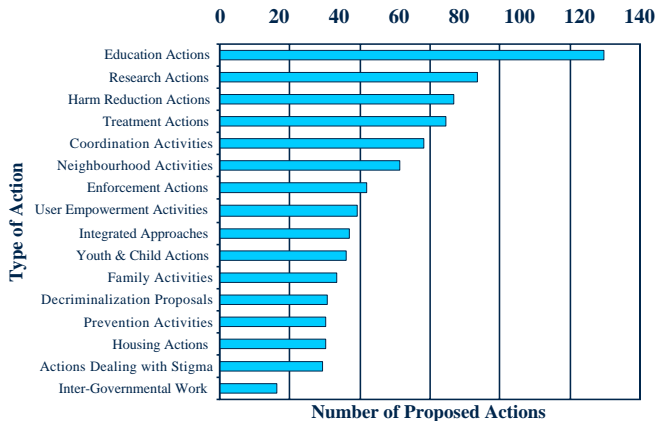
### Participant Ideas for Action

Hundreds of other ideas, suggestions, actions, and proposals were collected during the public consultation. They tend to define the public's interest in four strategic approaches:

- an integrated approach
- strategic populations
- the four pillars (prevention, treatment, harm reduction, and enforcement)
- special action areas

The Draft Drug Strategy is intended to deal with all substances, both legal and illegal. Participant comments referred to the full range of substances from alcohol to illegal and prescription drugs. The suggested action areas discussed below are not broken out by type of substance but rather reflect general ideas.

**Table 3: Participant Proposed Actions and Activities**



## *Strategic Approaches*

### **An Integrated Approach**

There is strong agreement in the consultations that the four pillars of prevention, treatment, harm reduction, and enforcement are all needed to deal with the complexity of substance use in Toronto. Each pillar is a foundation upon which programs, services, interventions and institutions rest, and each relies on unique approaches for dealing with substance use issues. A key theme was the need for the pillars to work together as much as possible.

### **Coordination and Leadership**

The efforts of government, health, social service, and the criminal justice system need to be coordinated. Coordination is also needed between service providers, neighbourhoods and users. Leadership is needed to focus attention on the issues of substance use and to help coordinate partnerships and coalitions.

### **Education**

There is wide community support for education about the underlying reasons for substance use and the related health, social, economic, and criminal impacts. This includes the mental and physical effects of substance use on individuals and families and jobs as well as the potential harms to neighbourhoods and families and the individual user. Education is seen as a long range strategy that needs to target everyone, especially children and youth. While some education needs to be embedded in the formal education system, some should be done in a focused campaign style to reach the general public. Messages must be communicated powerfully to get past stereotypical and ideological preconceptions. Professionals and the general public also need education about effective solutions to substance use issues and about approaches, such as harm reduction, of which there is a lack of awareness or understanding.

### **Research**

Research is needed to better understand the impact of substance use and to verify the effectiveness of programs, especially in the polarized environment between harm reduction, enforcement, prevention and treatment. Research can help determine the efficacy of approaches within communities of interest, ethno-cultural groups, geographical communities, and neighbourhoods. Research topics should include the costs of substance use to Toronto society; substance specific research; best practices; root causes of substance use; and harms caused to individuals, families, neighbourhoods and the broader society. Substance use research will take several years, should take place in stages, and should involve strategic populations in the research effort. Toronto can learn from the experiences of other cities.

## *Strategic Populations*

### **Neighbourhoods**

Neighbourhood groups need to be involved in the plans and activities of the Toronto Drug Strategy. Building connections between neighbourhoods and sharing best practices will help strengthen local responses to substance use involving all four pillars of the strategy. Participants highlighted the difficulty in providing supports for users in a neighbourhood without attracting new users to that area. They also recognized the need to spread services throughout the city to ensure that people who use substances are not concentrated in the downtown area.

### **User Empowerment**

Because many people who use substances have personal or professional experiences that give them important insight into the issues, they should be involved in developing and implementing programs and responses and in communicating success stories. Another role is one of mentorship, both to other people who use and to youth and others who need education on the realities and impacts of substance use. Since the stigma attached to substance use can lead to isolation and greater dependency, more effort is needed to help people who use substances support each other and advocate for themselves. Vulnerable or marginalized users need to be stabilized with proper housing, treatment and employment, and reintegrated into a safe community.

### **Children and Youth**

The young are building patterns that last a lifetime and they need positive role models, options for engagement including diversion projects on schoolyards, and coping skills such as how to safely say “no”. They need accurate information about psychoactive substances of all kinds and how to make good choices about substance use. Education should include strong messages about the possible dangers and consequences of substance use, starting with children in public school and continuing throughout high school. Those young people who are already using or who come from families where substance use is an issue need access to counselling as well as special youth rehabilitation and harm reduction programs. Peer mentoring and job opportunities are seen as important ways to help reduce the risk of substance use for youth.

### **Family**

Families need a variety of tools and supports for recognizing and changing the patterns and behaviours that lead family members to substance use. They need to know how to recognize possible signs of substance use in their children, and they need the skills to deal directly with substance use rather than hiding it. Parents need to know how to talk to their kids and how to help young people deal with their experiences with substance use. Families also need to know where to go to get help when a situation develops that they do not know how to handle. Options should include formal treatment services as well as informal supports, such as peer groups or perhaps the pastor of their church.

### *The Four Pillars of the Strategy*

#### **Prevention**

Effective prevention requires an integrated approach that addresses poverty and other root causes of substance use. A thoughtful system of city-wide prevention programming is needed along with adequate and sustained funding sources. Early intervention can reduce the terrible human and economic toll that can result from the harms of substance use and abuse.

#### **Treatment**

Effective treatment requires a range of options that address each substance in appropriate ways. More treatment centers are needed, and they should be spread throughout the city for better access. Service providers need adequate training, must be able to assess needs and give referrals to address comprehensive health issues such as mental health services.

#### **Harm Reduction**

There needs to be a clear definition of harm reduction and its proven impact to ensure public and political support for it and its effective integration into public policy such as that of the Toronto Drug Strategy. A comprehensive range of harm reduction programs should be available to enable the provision of safe supports for people who are actively using psychoactive substances. These supports should include better outreach strategies and the provision of safer use sites.

#### **Enforcement**

Enforcement plays an important role in keeping neighbourhoods safe. This includes having police available and visible in local communities. Enforcement efforts for illegal drugs should focus not on the individual user but rather on the drug dealers and suppliers; punishment should be increased as a deterrence to those profiting from substance use. Enforcement strategies and policies also need to involve other partners such as neighbourhood groups and community agencies.

### *Special Action Areas*

#### **Housing**

More affordable housing is needed to help stabilize the lives of people whose substance use has led to homelessness. Affordable housing can also prevent distress that can lead some people to substance use. Formalized partnerships with hostels, drop-in centers, and social housing are needed to create integrated housing options for users who are moving through the treatment system.

### **Decriminalization**

The decriminalization of certain substances is not intended to promote substance use, but rather to allow for more effective treatment and harm reduction measures for vulnerable users who may be reluctant to seek help because they are using an illegal drug. There is a range of opinion around decriminalization and legalization. Many participants feel that decriminalization of certain substances is an immediately acceptable way to deal with the stigma of criminality. There is another broadly held opinion that legalization and regulation are the best ways to reduce the harms of certain substances. Some participants feel that illegal drugs should remain illegal.

### **Dealing with Stigma**

Public education campaigns need to address the stigma of addiction along with its associated labels of “weak, diseased, immoral and criminal.” These efforts will help eliminate stereotypes and myths about people who use substances. The current prevalence of substance use needs to be placed within a larger social and historical context, not in order to increase its social acceptance, but rather to promote understanding of its root causes and effects without a stigma colouring the facts.

### **Intergovernmental Cooperation**

Substance use issues are difficult because they cross all borders and jurisdictions. All orders of government need to collaborate in their efforts toward common goals, along with international groups. The City of Toronto needs to flex its multicultural muscle, create tripartite agreements, and promote tri-level coordination and investment, especially in policy development, research and education.

## Summary

Toronto Public Health leads the Toronto Drug Strategy Initiative on behalf of the City of Toronto, in partnership with a broad range of community and institutional stakeholders who participate in advisory committees to the project. The advisory committees prepared draft strategy materials to take out for broader public input.

Overall, the public consultations revealed strong support for the draft strategy. The four pillar approach to deal more effectively with substance use issues is broadly acceptable to the public. Prevention, harm reduction, treatment and enforcement are all seen as key to the success of any city-wide drug strategy involving major institutions and community groups and organizations in the city.

People are ready to share dozens of examples of successful programs, projects and initiatives. Some of these are run by professional organizations and service providers. Many are operated by not-for profit organizations, neighbourhood groups, or religious organizations.

The public consultation showed that there is a wide array of people and organizations within the city who have an interest in the issues associated with substance use. The Toronto Drug Strategy can play a role, not just in making responses more effective, but in supporting the broader community to work together on common issues. With leadership and coordination, people across the city are prepared to work together.

## Acknowledgements

ICA Associates Inc. wishes to extend its gratitude to Liz Janzen, Chair of the Community Reference Group and the Strategic Advisory Team, for regular and deep insight into the requirements of the consultation process, and to Susan Shepherd, Manager of the Toronto Drug Strategy Initiative, for her constant assistance throughout the consultation. We also wish to thank the following people for other forms of support: Julia Janes, Manfred Humphries, Ilona Staples, Noemi Humphries, Catarina von Maydell, Christine Wong, Cara Naiman and facilitators Wayne Nelson, Duncan Holmes, John Miller, Jo Nelson and Leah Taylor.

---

*Production of this report has been made possible through a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.*

