

# The Toronto Drug Strategy

A comprehensive approach to  
alcohol and other drugs





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## Toronto Drug Strategy Advisory Committee

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Councillor Shelley Carroll  
Councillor Frank Di Giorgio  
Councillor Joe Mihevc  
Councillor Michael Thompson

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October 2005

We present this report to Toronto City Council on behalf of the Toronto Drug Strategy Advisory Committee.

The Toronto Drug Strategy provides a comprehensive approach to alcohol and other drug issues for Toronto and includes actions in the areas of prevention, harm reduction, treatment and enforcement, all of which are needed to effectively reduce the harms of substance use.

We have brought together people from diverse perspectives to develop a strategy that we strongly support and recommend. It is the product of thoughtful deliberation and debate both within our Advisory Committee and with members of the public who participated in community consultations held in spring 2005. There was not always agreement. However, we believe this strategy balances both public health and public order interests.

The key recommendation in this report is for a Toronto Drug Strategy Implementation Committee. This group will oversee implementation building on the considerable work done to date and also foster intersectoral collaboration which is so vital to improving our response to substance use issues.

We would like to take this opportunity to thank each member of the Toronto Drug Strategy Advisory Committee for giving so generously of their time and energy to this initiative. We would also like to thank the members of the public who participated in the consultations. You raised important issues and concerns and contributed ideas and solutions and we are confident that you will see those represented in this strategy.

This report is truly a collective Toronto effort and that spirit of collaboration is what is needed to ensure a strong foundation for moving forward on substance use issues in Toronto.



Councillor Kyle Rae (Chair)



Councillor Shelley Carroll



Councillor Frank Di Giorgio



Councillor Joe Mihevc



Councillor Michael Thompson



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*A comprehensive approach to the issues associated with substance use requires prevention, harm reduction, treatment and enforcement responses. Prevention is needed to help people not start or at least to delay their use of substances until they are older as well as to avoid problems before they occur. Harm reduction is needed to reduce the harm for people who use substances as well as for others who may be affected by that use. Treatment is needed for people who want help to stabilize or stop their use. Enforcement is needed to ensure society at large is safe from the criminal harms associated with substance use.*

## **Introduction**

Over the years many different approaches have been used to try to address the issues associated with substance use. Some approaches have complemented each other but others have worked in opposition. It is often philosophical differences that prohibit collaboration or grind co-operation to a halt. Indeed, the use of psychoactive substances, whether legal or illegal, tends to evoke strong feelings and opinions because it strikes at the heart of our personal values. Often views are polarized. Some see abstinence as the only solution while others think we need options for people who can't or don't want to stop using. Too often the interests of the individual user and the interests of the broader community are pitted against each other. Good public policy benefits everyone and what has proven most effective in dealing with the issues related to substance use is a comprehensive approach that includes the full range of responses while balancing public health and public order concerns.

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**We need champions  
for this issue and the  
City of Toronto  
can do this.**

~ Consultation  
Participant

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In Canada, we are governed by national and international laws that set out the broad legal framework for how to deal with legal and illegal substances. Federal and provincial legislation and policy guide health and social service responses. Canada's Drug Strategy outlines federal action and funding in the area of substance use and individual provincial ministries have legislation and service plans and funding priorities, as do municipalities. A complex mix of government, institutions and community-based organizations deliver a wide range of substance use programs and services in Toronto but there is no designated lead for this issue and no co-ordinated plan or approach. Over the last decade different groups have worked on issues related to alcohol and other drugs - some to greater effect than others. However, it has become clear that Toronto needs a comprehensive strategy that sets out how we agree to work together to respond in a more effective way.

In January 2004, the City of Toronto took leadership on this issue by bringing together key partners and stakeholders to develop a comprehensive drug strategy based on the four key areas of prevention, treatment, harm reduction<sup>1</sup> and enforcement. This report sets out that drug strategy including a policy

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<sup>1</sup> Harm reduction in this report is defined as a holistic philosophy and set of practical strategies that seek to reduce the harms associated with substance use without necessarily requiring abstinence.

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approach, vision statement, guiding principles, and recommended actions that will for the first time enable a comprehensive and co-ordinated response to substance use issues in Toronto.

### **...a word about language**

The term “substance use” is used in this report to refer to all types of use. Several issues arise from more traditional terms of “abuse” or “problematic use.” One issue is the lack of consensus on definitions. When is use “problematic” and for whom? When is use abuse? If a person’s use isn’t harmful to themselves or others, is it okay? The term “abuse” also perpetuates social stigma and judgment, which can marginalize and alienate people from the very supports they need. The Toronto Drug Strategy seeks to reduce the harms of substance use for all users – from the person who uses alcohol or other drugs occasionally to someone who has a serious addiction, and therefore the generic term “use” is preferred. In addition, “substance” is used more frequently than “drugs” to better reflect the full range of psychoactive substances the strategy is concerned with including alcohol, illegal drugs, prescription drugs and solvents and inhalants. For some variety in the text, the phrase “alcohol and other drugs” is also used.

### **Why does Toronto need a drug strategy?**

We are a drug using society. Throughout history people have used psychoactive substances to enhance or alter their perception of reality – for good and ill – and this is not likely to change. People from all socio-economic and cultural backgrounds use both legal and illegal substances. Most use is harmless and accepted as part of everyday social interaction; some use even provides health benefits. But, not everyone uses safely or without causing harm. Some people smoke cannabis and drive, some drink and become violent and some share needles for injecting drugs. It is not only the individual who may experience harm. Families, friends and neighbourhood residents can experience trauma, disorder and crime because of substance use. There are violent incidents from patrons leaving bars and clubs and potential safety concerns for residents in neighbourhoods with marijuana grow operations.

Toronto does not have large, concentrated, open drug scenes like the Downtown Eastside of Vancouver or the infamous “needle parks” of Zurich or Frankfurt. In Toronto, substance use is spread throughout the city, often hidden from view. Hidden use can be risky because it is harder to reach people who may need help. Toronto does have pockets of open use, of both alcohol and other drugs, most notably in parts of the downtown core. People in these areas of the city tend to be more vulnerable and marginalized because of poverty, homelessness, mental health issues and prostitution. These conditions can lead people to use substances in back alleys and parked cars with increased risk of harmful practices such as the sharing of needles or drinking toxic substitutes for alcohol.

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Unlike Vancouver and Ottawa, Toronto has not had to declare a health emergency amongst its injection drug using population because of skyrocketing HIV rates. This has in part been attributed to proactive interventions such as Toronto's progressive needle distribution programs that began in 1989. However, we cannot be complacent, nor should we wait for an emergency before we step up our efforts to reduce the harms of substance use. Toronto's HIV and Hepatitis C rates<sup>2</sup> are still unacceptably high, and we know from experience that health and safety issues emerge all the time.

There is broad agreement that alcohol and crack cocaine are the drugs of most concern for Toronto. However, the substances people use and how they use them change. As an example, the use of crystal meth (methamphetamine) is something we need to watch in Toronto. But, the reality is we are not doing enough to respond to the issues associated with crack cocaine, either for the people who use it or the neighbourhoods and communities affected by it. We also continue to ignore the fact that alcohol, a legal drug, has the greatest impact, both in numbers of people affected and costs to society. More needs to be done to reduce the harms of alcohol in Toronto.

We must be proactive and build a comprehensive and co-ordinated response to more effectively reduce the harms of substance use for everyone in Toronto. A co-ordinated strategy will allow us to set common directions and priorities, share knowledge and best practices, clarify roles and responsibilities, ensure accountability and identify concrete actions for intersectoral collaboration.

The Toronto Drug Strategy comes at a time of national change on this issue. The federal government is leading the development of a *National Framework for Action to Reduce the Harms Associated with Alcohol, Other Drugs and Substances* and efforts are underway for a provincial drug strategy. It is both timely and vital that we integrate our efforts with these initiatives because this issue requires the co-operation and action of all governments.

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<sup>2</sup> The HIV infection rate among injection drug users in Toronto is estimated at 5%; the rate of Hepatitis C is 54%. Health Canada. (2004). *I-Track-Enhanced Surveillance of Risk Behaviours among Injecting Drug Users in Canada*. Pilot Survey Report. Estimates can vary depending on selection criteria and sample frames. Other studies have noted HIV infection rates as high as 14%, as noted in Fischer, B., Rehm, J., Brissette, S., Brochu, S., Bruneau, J., El-Guebaly, N., Noel, L., Tyndall, M., Wild, C., Mun, P., Baliunas, D. (in press). Illicit Opioid Use in Canada - Comparing social, health and drug use characteristics of untreated users in five cities (OPICAN study). *Journal of Urban Health*.

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## Who was involved in the initiative?

Toronto Public Health led the development of the Toronto Drug Strategy on behalf of the City of Toronto in partnership with a wide range of stakeholders who participated in the following committees:

- **Council Reference Group** made up of five City Councillors from across Toronto. Councillor Kyle Rae chaired the committee as the designated City Council lead. Other members are Councillors Shelley Carroll, Frank Di Giorgio, Joe Mihevc and Michael Thompson.
- **Strategic Management Team** made up of senior management staff from the City of Toronto, the Centre for Addiction & Mental Health, the Toronto Police Service and representatives from local school boards, the justice system and designated community and substance user groups. Federal and provincial representatives participated in an ex-officio capacity.
- **Community Reference Group** made up of community-based service providers, enforcement officials, ethno-cultural groups, youth and people who use substances.
- **Project Management Team** made up of policy and research staff from the City of Toronto, including the Toronto Police Service, the Centre for Addiction & Mental Health and the community.

These groups were combined into one large Toronto Drug Strategy Advisory Committee during the last eight months of the initiative to better facilitate discussion of the final content for the report. A complete list of committee members is included at the beginning of this report.

## How was the Strategy developed?

### Environmental scan and draft strategy

Our approach in developing the Toronto Drug Strategy was to build on the considerable expertise and experience that already exists in Toronto while also integrating current research and practice to develop a strategy that best meets the needs of people in this city. In the first phase of the project, an environmental scan was prepared, entitled *Substance Use in Toronto: Issues, Impacts & Intervention*. The scan is attached in Appendix E of this report.

Released in March 2005, the environmental scan is a consolidation of current research and provides the evidence-base upon which the Toronto Drug Strategy is built. It includes:

- a profile of substance use in Toronto
- effects and impacts of substance use
- programs and interventions (including best practices)
- international conventions, legislation and policy, and
- examples of how other cities respond to substance use issues.

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Draft drug strategy materials were also developed including a policy approach, vision statement, guiding principles, goals, objectives and actions, to disseminate for broader public discussion.

### **Public consultations**

ICA Associates Inc. facilitated the public consultation sessions based on a consultation plan developed in collaboration with the Toronto Drug Strategy Advisory Committee. Fourteen sessions were held across Toronto in the spring of 2005 including a mix of focus groups and town halls. Over 350 people participated, including people who use substances, youth, students, residents and neighbourhood groups, police, health and social service providers, hospitals, advocates and government officials. A survey was used as a secondary means of gathering public input. A total of 357 people completed the survey either at a consultation session or through a version that was available online.

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**I am strongly in favour of this drug strategy. We need to think of new ways to combat this problem.**

~ Consultation participant

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People brought diverse, thoughtful and passionate opinions to the discussions. It is clear from the response that the issues associated with substance use – both positive and negative – are important to the citizens of Toronto and they want effective leadership on this issue. Overall, there was strong support for the draft strategy vision, goals and objectives. Prevention, harm reduction, treatment and enforcement were seen as key to the success of any city-wide drug strategy. Most of the discussion focused on identifying key issues from the viewpoint of Torontonians, as well as actions to improve our responses to them. With respect to illegal drugs, the range of opinion expressed reflects the polarity of views on this issue – from the need for harsher, more punitive measures to a shift toward more liberal and pragmatic approaches like harm reduction.

Participants were clear that we need to step up our efforts to reduce the harms of legal substances like alcohol and prescription drugs because these are the most commonly used drugs in our society. It is difficult, if not impossible, to disentangle the issues associated with legal and illegal substances because so many people use a combination of these drugs, often at the same time. Therefore, the Toronto Drug Strategy needs actions that can work for people regardless of what substance they use.

The public's input has contributed greatly to the Toronto Drug Strategy and is reflected throughout this report. A summary report of the public consultations is included in Appendix F of this report.

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## **A comprehensive approach**

The Toronto Drug Strategy is based on a comprehensive and integrated approach that is intended to guide City of Toronto policy, program and funding decisions on substance use issues. This approach is comprised of the following four components:

- **Prevention** refers to interventions that seek to prevent or delay the onset of substance use as well as to avoid problems before they occur. Prevention is more than education. It includes strengthening the health, social and economic factors that can reduce the risk of substance use. This includes access to health care, stable housing, education and employment. Effective programs start with the very young and extend through all life stages. They use a range of health promotion strategies and target policy and legislative change. Examples of prevention include mentoring programs, developing communication and problem solving skills and limiting the sale of alcohol.
- **Harm reduction** refers to interventions that seek to reduce the harms associated with substance use for individuals, families and communities. It can include, but does not require, abstinence. The focus is on the individual's behaviour, not on the substance use itself. Effective harm reduction approaches are pro-active, offer a comprehensive range of co-ordinated, user-friendly, client-centered and flexible programs and services and provide a supportive, non-judgmental environment. Examples of harm reduction include needle and condom distribution and maximum blood-alcohol limits for driving.
- **Treatment** refers to interventions that seek to improve the physical, emotional and psychological health and well-being of people who use or have used substances (and sometimes their families) through various psychosocial and psychopharmacological therapeutic methods. The goal is to abstain from or to manage their use of substances. Effective treatment is evidence-based, easily accessible and has the active involvement of the person being treated. Examples of treatment include withdrawal management (detox), residential and out-patient treatment, counselling and substitution therapies (e.g., methadone maintenance therapy).
- **Enforcement** refers to interventions that seek to strengthen community safety by responding to the crimes and community disorder issues associated with the importation, manufacturing, cultivation, distribution, possession and use of legal and illegal substances. Enforcement includes the broader criminal justice system of the courts, probation and parole, etc. Effective enforcement also means being visible in communities, understanding local issues and being aware of existing community resources. Examples of enforcement include community policing initiatives and drug treatment courts.

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All four components are needed to effectively respond to substance use issues. Each component has its own distinct characteristics and interventions, but it is essential that they are integrated or co-ordinated to ensure they are complementary. Balance is also needed among the components to ensure the appropriate range of responses is available and that resources are applied equitably. A key feature of this approach is that it balances the health issues of the individual user with the public order issues of neighbourhoods and communities. This helps bridge what historically have been polarized interests.

This approach is not new; it is used successfully by cities in Europe, Australia and elsewhere in Canada. The City of Vancouver pioneered this approach in Canada and is using it with considerable success throughout their city, most particularly in the Downtown Eastside.

### **Vision statement**

A collective vision of what we are ultimately trying to achieve with the Toronto Drug Strategy is important to ensure we're all working toward a similar outcome. Vision statements tend to reflect ideal rather than realistic outcomes. However, keeping a desirable end result clear and constant in our minds will help to steer us collectively in the right direction.

The vision for the Toronto Drug Strategy is:

**The improved quality of life of individuals, families, neighbourhoods and communities in Toronto by creating a society increasingly free of the range of harms associated with substance use.**

**Reducing harms** includes the full spectrum of responses including preventing or delaying the use of substances for people not using them, reducing the harm for people who are using them and ensuring that effective and appropriate treatment is available in a timely manner. It also includes preventing and remedying the harms of substance use experienced by family members, neighbourhoods and the broader community.

**Substances** refer to the full range of psychoactive substances used in society including alcohol, prescription drugs, illegal drugs and inhalants and solvents. Tobacco is not included because comprehensive policies and strategies are already well established for this substance.

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## **Guiding principles**

Just as a vision statement helps to focus our attention on the desired outcome, principles help define how we get there. The following principles reflect the key values and beliefs that shape and direct the actions of the Toronto Drug Strategy:

- Socially Just** The equality, dignity, rights and choices of individuals, families, neighbourhoods and communities are respected.
- Acceptance** A person's choice to use, or not to use, substances is accepted as fact.
- Diversity** The diversity of people in Toronto is recognized and acknowledged in our responses to substance use issues. Diversity is defined as per the Canadian Human Rights Act and includes race, national or ethnic origin, colour, religion, age, sex, sexual orientation, marital status, family status, disability or conviction for an offence for which a pardon has been granted.
- Access & Equity** Universal access to appropriate and acceptable services and resources city-wide is promoted and ensured and health inequities are addressed.
- Participation** People are involved in a meaningful way in the development, delivery and evaluation of research and programs that are intended to serve them.
- Partnership** All levels of government, the academic, legal and human service sectors, the private sector, and the community share the responsibility to develop and implement strategies and responses.
- Determinants of Health** Strategies address the range of conditions that affect physical, emotional, psychological and spiritual health including safe environment, adequate income, education, appropriate shelter and housing, access to health care, safe and nutritious food, peace, equity and social justice.
- Balance** Balance and equity exist across the areas of prevention, harm reduction, treatment and enforcement with respect to implementation and assignment of resources.

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<b>Comprehensive, Co-ordinated &amp; Integrated</b>	Strategies are comprehensive in nature, reflecting the range of responses needed including prevention, harm reduction, treatment and enforcement. Strategies are not viewed as distinct or separate but rather as complementary elements of a whole.
<b>Evidence-based</b>	Strategies are based on research and practice that demonstrate effectiveness. A full range of evidence sources is accepted including scientific, community-based and user experience.
<b>Innovation</b>	Innovation is supported and encouraged in the development of responses appropriate to Toronto.
<b>Relevant</b>	Strategies and responses are relevant to the needs of individuals who use substances as well as to families and communities affected by substance use.
<b>Legal Context</b>	International and Canadian laws governing the use and distribution of legal and illegal substances are acknowledged.

## **Goals**

The following five over-arching goals represent the key strategic directions needed to achieve the vision of the Toronto Drug Strategy:

1. Prevent and/or delay the onset of substance use.
2. Improve the physical, emotional, mental and spiritual health and well-being of people who use or have used substances.
3. Improve the quality of life of families, neighbourhoods and communities affected by substance use.
4. Co-ordinate and integrate comprehensive policies, programs and services that address substance use.
5. Establish clear mechanisms for accountability to all stakeholders on issues related to substance use.

The goals reflect the comprehensive approach of the Toronto Drug Strategy by including prevention, harm reduction, treatment and enforcement responses throughout. The specifics of how the goals will be met make up the detail of the Strategy and are described in the next section of this report.

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## Profile of substance use in Toronto

What are the trends of substance use in Toronto? The reality is that the majority of our population use psychoactive substances of one kind or another. The type and amount may differ but the majority of people use something – from alcohol to cannabis and other drugs.

According to the latest surveys<sup>3</sup> rates of substance use in Toronto are as follows:

- alcohol is the most widely used psychoactive drug; 78% of adults report use
- cannabis use appears to be on the rise, with 15% of adults now reporting use; about 2% use other drugs such as cocaine and heroin
- alcohol use among junior-high and high-school students has increased in recent years to 62%; binge drinking is reported by 18% of students
- 23% of students have tried cannabis
- use of inhalants (e.g., glue) is more popular among younger students in Grades 7 and 8.

Other types of substance use in Toronto include:

- crack cocaine, which is considered to be the most frequently used street drug in Toronto
- “designer” or “club drugs”, made by chemically altering or combining existing drugs, e.g., ecstasy and crystal meth (methamphetamine)
- misuse of prescription drugs, for example, narcotic pain reliever Oxycodone
- poly-drug use, i.e., using more than one substance at a time.

Of course, some people choose not to use any kind of psychoactive substance. Reasons for this include religious doctrine and negative exposure to substance use in the family. In addition, some people won’t use certain drugs because they are illegal.

The information on the rates of substance use comes from general population surveys. While these are the best data available, there are significant limitations. Population surveys rely on self-reporting and people may not admit to their use, especially of illegal drugs. In addition, high-risk groups such as homeless adults and youth are not represented in these surveys, which are usually administered by telephone.

More detailed information on what, how and why people use substances can be found in the environmental scan prepared as a background report to the Toronto Drug Strategy. The scan is included in Appendix E of this report.

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<sup>3</sup> Data on adult use of substances is from the Centre for Addiction & Mental Health’s CAMH Monitor 2003. Data on student use of substances is from the Centre for Addiction & Mental Health’s report *Drug Use Among Students, Detailed OSUS Findings, 1977-2003*. Additional information is from *Drug Use in Toronto 2004*, Toronto. Research Group on Drug Use, 2005.

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## **Recommendations for action**

Significant change on an issue as complex as substance use will take time and a dedicated commitment of energy and resources. It also requires action at many levels. We need change in legislation and policy to affect broad system and social change. Action also needs to be targeted at a program or service where we know what specific responses are needed and for whom. We also need research to identify or find solutions to unmet needs or issues, to test new approaches and practices and to evaluate responses to ensure they are making a difference. The recommendations below reflect these various dimensions. Each recommendation includes a rationale as to why the action is needed. References for each recommendation can be found in Appendix B.

The recommendations are organized under seven key themes that emerged from the public consultation process:

1. Leadership & Co-ordination
2. Children & Families
3. Youth
4. People who use substances
5. Neighbourhoods & Communities
6. Awareness, Education & Training
7. Research & Evaluation

While the recommendations are not organized according to the four areas of prevention, harm reduction, treatment and enforcement, these components are integrated throughout the theme areas to ensure a comprehensive approach. For cross-reference purposes, and where relevant, the recommendations are designated by one or more of the following codes:

- “P” for prevention
- “HR” for harm reduction
- “T” for treatment
- “E” for enforcement

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## 1. Leadership & Co-ordination

Too often government action plans are written but never acted upon. Implementation of the Toronto Drug Strategy will require a strong commitment from the City of Toronto and the support of federal and provincial governments as well as the institutional and community partners who have a major role to play.

### 1.1 Establish an implementation committee

It is clear from the experience of other cities that the key starting point to improving the local response to substance use issues is strong leadership and a mechanism to bring the relevant authorities together to co-ordinate efforts. In Frankfurt, Germany, an intersectoral committee known as Monday's Round has become a model of collaboration replicated in cities world-wide. This group, which began in 1989, is chaired by the City of Frankfurt and includes representatives from the health authority, the school system, police, the court system, social services and the community-based service sector. The local business community was also involved and funded some of the initial steps to develop Frankfurt's drug aid plan. This collaborative approach has been critical to the success of reducing the harms of substance use in Frankfurt. *Monday's Round* continues to meet to monitor and respond to drug issues, which are an ongoing reality of urban life.

In Toronto, there is no designated leadership or co-ordinating body for substance use issues. Different governments and institutions are responsible for various aspects of prevention, harm reduction, treatment and enforcement. This lack of co-ordination was identified as a major barrier to progress during the public consultations for the Toronto Drug Strategy. Participants were clear that the health, social service and criminal justice systems must work together if we are to make any headway.

The City of Toronto is well positioned to play a leadership role on this issue, bringing City Councillors together with key departments including Toronto Public Health, the Shelter, Support & Housing Administration Division, the Toronto Police Service and partners such as the Centre for Addiction & Mental Health, the federal and provincial governments, school boards, community-based service providers and groups, youth and people who use substances. This type of collaboration has been successful in developing the Toronto Drug Strategy and should be formalized in a way that ensures that action can and will be taken. Combining our efforts will ensure that we acknowledge our own expertise and continue to build on the considerable work already underway in Toronto.

For an implementation committee to be effective, it must have the authority to make decisions and direct actions. Responsibilities of the committee would include developing a work plan to implement the Toronto Drug Strategy, setting up work groups to take on implementation in specific areas

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**We need strong political leadership and commitment to implement this strategy.**

~ Consultation Participant

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and producing an annual progress report. Recommendations for evaluating the Toronto Drug Strategy can be found in section 7.1 of this report.

A capacity for co-ordination will also enable faster and more effective responses to emerging issues. At the moment we have no ability to strategically identify or collectively respond to new issues or trends. A recent example is the concern over the use of crystal meth within the gay club scene and among street youth. There has been confusion and disagreement about how serious an issue it is in Toronto as well as what should be done to respond and who should do it. An intersectoral committee that shares a common approach and has the authority to act will facilitate timely and co-ordinated responses.

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**Recommendation 1** The City of Toronto establish a Toronto Drug Strategy Implementation Committee to oversee implementation of the strategy and to monitor and respond to emerging substance use issues in Toronto.

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The Implementation committee will also need to link with existing groups such as the Research Group on Drug Use (RGDU), which is an intersectoral group of four partners: Toronto Public Health, the Centre for Addiction & Mental Health, the Chief Coroner's Office and the Toronto Police Service. The RGDU plays an important information gathering and dissemination role for health, social service and enforcement workers. In developing its terms of reference, the intersectoral steering committee will need to determine how best to co-ordinate its efforts with groups such as the RGDU.

### **1.2 Dedicate staff for implementation**

Another key lesson learned from other cities is that dedicated staff is essential. Successful implementation of the Toronto Drug Strategy will require a secretariat that can ensure consistent and dedicated support. The key role of staff will be to provide project management, policy and community development support to the Toronto Drug Strategy Implementation Committee, as well as to any associated work groups that are established to facilitate the implementation of recommendations.

Staff will be instrumental in fostering intersectoral relationships and co-operation with government, institutional and community partners and with other jurisdictions. Toronto has much to learn from the experience of others as well as through sharing its own successes. An ongoing exchange is critical to ensuring that Toronto stays current and informed in its response. Around the world, the field of alcohol and drug policy are active and evolving and, as Canada's largest city, Toronto has an important role to play in this area.

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**Recommendation 2** The City of Toronto establish a dedicated secretariat to ensure ongoing implementation of the Toronto Drug Strategy.

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Dedicated staff can also provide a centralized capacity to co-ordinate and support responses across City divisions. Many areas are affected by substance use issues including Public Health, Emergency Medical Services, Shelter, Support & Housing Administration, Social Services, Parks & Recreation and Homes for the Aged.

### **1.3 Co-ordinate with other municipal initiatives**

Several municipal initiatives are underway with potential relationships to the Toronto Drug Strategy including the Community Safety Plan, the Toronto Strong Neighbourhoods Strategy, the Toronto Youth Strategy and the Streets to Homes Initiative. While each of these initiatives has a distinct mandate and focus, they do have areas of intersection and share a collective goal of creating safe, healthy, inclusive and sustainable communities in Toronto. Integrating the policy, research and program efforts of each of these initiatives will strengthen the City's response to community issues and avoid any duplication of effort. For example, the Toronto Drug Strategy has a role to play in promoting community safety by providing a comprehensive response to drug-related issues that may be happening in the neighbourhoods designated by City Council as priority areas for action.

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**Recommendation 3** Implementation of the Toronto Drug Strategy be co-ordinated with related municipal initiatives such as the Community Safety Plan, the Toronto Strong Neighbourhoods Strategy, the Toronto Youth Strategy and the Streets to Homes Initiative.

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### **1.4 Seek intergovernmental collaboration**

Substance use issues are not the sole responsibility of municipal governments. The provincial and federal governments have important roles to play in reducing the harms of substance use in Toronto. They determine the legislation, policy and funding decisions for our primary health care system. The federal government has key responsibility for employment initiatives. The Province also funds and regulates mental health and addiction services, the education system and public health departments and is also responsible for regulating alcohol sales and distribution. Both the provincial and federal governments have a role in the criminal justice system with respect to law enforcement, courts and correctional facilities. The federal government also establishes the legislation that guides our legal response to alcohol and other drugs and is responsible for national and international enforcement efforts.

In Vancouver, a key mechanism to mobilizing action on drug issues has been the Vancouver Agreement. This urban development agreement promotes partnerships among all governments, community groups and business toward a shared goal of making Vancouver a safe, healthy and sustainable city. A first focus of the Vancouver Agreement is improving the health, social and economic conditions of the Downtown Eastside in part by implementing the City of Vancouver's drug strategy.

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**The Vancouver Agreement is transforming traditional "silo-based" approaches ... into a more integrated "horizontal" model based on collaboration and progressive problem solving.**

~Vancouver Agreement:  
The First Four Years

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Substance use issues apply nation-wide and are not specific to any one city, province or even country. Indeed, there is a growing momentum in cities across Canada to work more collectively on legislative and policy issues related to alcohol and other drug use. We need our provincial and federal governments to work with us if we are to effectively reduce the harms of substance use.

The City of Toronto is working with the provincial and federal governments to develop a tri-partite framework agreement to establish a common vision and shared goals for urban sustainability and to facilitate government decision-making and negotiations on complex urban issues. A Canada-Ontario-Toronto Framework Agreement will create a partnership table for all the orders of government, consistent with the New Deal that the City of Toronto is pursuing. Fundamentally the Framework Agreement is about building relationships at the political and senior staff levels through which focus can be brought to specific issues and initiatives.

Many of the Toronto Drug Strategy recommendations will require the co-operation and action of all governments, for example, skills development and employment initiatives, which are critical to the prevention of substance use issues. This type of collaboration is compatible with the inter-governmental table envisioned under the Toronto Framework Agreement.

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**Recommendation 4** The City of Toronto pursue opportunities with the federal and provincial governments to facilitate intergovernmental co-operation and action to reduce the harms associated with substance use in Toronto.

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### **1.5 Advocate for a provincial drug strategy**

At the national level, efforts are underway to renew Canada's Drug Strategy led by Health Canada and the Canadian Centre on Substance Abuse (CCSA). A collaborative approach involving health, education, enforcement, community groups, people who use substances and others, is being used to develop a national framework on substance use. Recognizing the uniqueness of each province and territory, the CCSA has also asked the lead addictions agencies in each province/territory to appoint a Health Education Enforcement Partnership (HEP) co-ordinator to establish an intersectoral network of key organizations to develop a drug strategy for their area. The Centre for Addiction & Mental Health is the lead for this initiative in Ontario. Key organizations in Ontario have been asked to participate and several provincial ministries are involved. However, the provincial government is needed to collaborate as a formal partner.

Currently, the provincial government does not have a co-ordinated policy or strategy on substance use. The Province legislates, regulates and funds government, institutional and community responses in a number of key areas including public health, primary health, mental health and addiction services,

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social assistance, education, law enforcement and corrections. However, provincial ministries rarely co-ordinate their efforts or integrate their policies and programs. An integrated provincial drug strategy would provide an opportunity to more formally collaborate with HEP to develop a comprehensive framework for making policy decisions related to alcohol and other drug issues and also to maximize the use of resources targeted to this issue at a provincial level. Development of such a strategy also needs local input to ensure it meets local needs and therefore should be done in consultation with municipalities, key institutional and community agencies and people who use substances.

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**Recommendation 5** The City of Toronto urge the Province of Ontario to formalize its commitment to collaborate with the Health Education Enforcement Partnership and other key partners to develop a comprehensive drug strategy for Ontario.

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### **1.6 Support development of a national framework**

As noted above, Health Canada and the Canadian Centre on Substance Abuse are working with groups from across the country to develop a National Framework for Action to Reduce the Harms Associated with Alcohol, Other Drugs and Substances. Project staff and advisory committee members of the Toronto Drug Strategy Initiative participated in this initiative. The overall goal of the framework is to provide a collective, national perspective on substance use. It articulates a shared vision, objectives, principles and priorities for action. The National Framework is meant to complement other drug strategies and actions underway and to support collaborative partnerships to plan for effective national responses. Directions in the draft National Framework complement the Toronto Drug Strategy and provide Toronto with an opportunity to leverage broader national action on issues shared by municipalities across Canada. We need to build on the work of the National Framework and identify areas for mutual collaboration and partnership.

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**Recommendation 6** The City of Toronto support development of the National Framework for Action to Reduce the Harms Associated with Alcohol, Other Drugs and Substances and continue to actively participate in national efforts to reduce the harms of substance use.

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## **2. Children & Families**

The need for early intervention was an important theme during the public consultations. This includes both preventing problems before they occur and intervening as quickly as possible when problems arise. Some people have issues with substance use later in life because of traumatic experiences early in life. This can include witnessing chaotic substance use by a parent or suffering the effects of physical, emotional and sexual abuse which can lead to low self-esteem, unhealthy coping strategies, social isolation, and alienation.

Parents or other family members with serious alcohol or drug use issues may lose their job, go to jail or become seriously ill or incapacitated by their substance use, creating both an economic and emotional burden for the entire family. Families also break up because of substance use, the long-term effects of which can be significant for all concerned, especially for children.

### **2.1 Target prevention to families**

Prevention needs to start early, preferably before a child is conceived and certainly within the family. Women who drink during pregnancy risk an infant born with Fetal Alcohol Spectrum Disorder and other drug use during pregnancy can lead to issues such as newborn drug withdrawal syndrome. Fathers who have alcohol or other drug issues during their partner's pregnancy can also present risks to the child's healthy and safety if that use is out of control and results in abuse, economic instability or other negative impacts. These issues are compounded if the parents are youth, homeless and/or otherwise living in poverty.

A child's relationship with his or her parent is the most enduring and pivotal of relationships. Helping parents to understand their role in how children develop their attitudes and behaviours about the use of substances and providing them with effective strategies for communicating, monitoring and role modeling for their children, is a key part of prevention work. Children learn from their parents and carry these lessons forward in their own lives, including making informed decisions about substance use. This is not to say that they won't use alcohol or other drugs, but that they use in a way that is not harmful to themselves or others.

The Centre for Addiction & Mental Health has adapted a successful program called *Strengthening Families*<sup>4</sup>. This 14-week family-based program is designed to improve skills of communication, problem-solving, anger management and other aspects of good family functioning. The program is for at-risk elementary school aged children (ages 7 to 11) whose parent(s) have a

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<sup>4</sup> Strengthening Families was developed by Karol Kumpher at the University of Utah and has been adapted by the Centre for Addiction & Mental Health to work in a Canadian context. It has been implemented and evaluated in several Ontario communities, including Toronto, with good results.

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history of substance use. The goal of the program is to prevent alcohol and other drug issues in at-risk children by reducing risk factors and enhancing protective factors within the family, primarily by providing parents with effective parenting skills and building strong parent-child relationships. We need to promote and expand initiatives like *Strengthening Families* if we are to provide effective prevention programming for children and families.

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**Recommendation 7** Toronto Public Health and the Centre for Addiction & Mental Health work with community-based agencies to expand comprehensive prevention programming for families, such as the Strengthening Families program. (P)

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## **2.2 Provide families with better information**

A key message from the public consultations was that parents don't seem to understand alcohol and other drug issues any better than their children do. Parents may not know the warning signs to look for in their children's behaviour to determine if their child is having an issue with substance use, how best to support their child if they do, or what services are available in Toronto to help. Recommendation 54 in the "Awareness, Education & Training" section of this report which includes education strategies will help to address the information gap for parents. In addition, recommendation 56 will help ensure better provision of information about existing supports and services that can help.

## **2.3 Support families dealing with issues of substance use**

Family-based interventions are needed to both prevent and respond to substance use issues within the family. Regardless of the number of family members that have issues with their use of substances, the whole family may need to be involved in the solutions. This includes parents, spouses, siblings and children. These interventions need to be flexible, home-based if necessary, and able to deal with the wide variety of issues that face families in crisis struggling with substance use including mental health issues, which are often happening at the same time.

Too often substance use is viewed as an individual's problem and only that person is offered treatment. But the reality is that the impact of the family on the person who is using and vice versa can be significant. The dynamics of the family are highly relevant to an individual's substance use. Therefore, providing more family support services and ensuring integrated treatment is essential.

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**Recommendation 8** The City of Toronto urge the provincial government to increase funding for family-based support services to address issues of substance use within the family. (T)

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

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**Recommendation 9** The City of Toronto, in partnership with child welfare agencies, the Centre for Addiction & Mental Health and community service providers develop a range of child custody options to support parents who want treatment, including the provision of on site childcare at treatment facilities. (T)

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### 3. Youth

Youth<sup>5</sup> use alcohol and other drugs for many of the same reasons that adults do – for pleasure, to mask pain, to cope with trauma, etc. But, they also use substances to show independence and courage, to fit in with their peers and to satisfy curiosity. Tobacco and alcohol are often viewed as “gateway” drugs to cannabis, which in turn can lead to use of other illegal drugs such as heroin or cocaine. However, the research does not support the gateway theory.

This is not to say that there aren’t concerns about the use of alcohol and other drugs by youth. Recent research indicates that both volume and patterns of drinking are important and are inter-connected. The Centre for Addiction & Mental Health’s latest survey found that rates of alcohol use by Toronto junior-high and high-school students have grown steadily over the past five years; 62% reported use of alcohol – up 6% from the 2001 and 1999 surveys. Eighteen percent of students reported binge drinking – more than five drinks on one occasion. About 3% of Toronto students had sniffed glue and 8% had used other types of inhalants. Inhalant use occurs mostly among younger students (grades 7 and 8) and usually stops when they get older.

Some youth are more vulnerable to substance use than others, in particular youth who have experienced mental health issues such as depression or anxiety; are living in a household where substance use is a problem and/or are survivors of emotional, physical or sexual abuse. The above statistics don’t capture the experience of youth who are homeless or otherwise street-involved for whom rates of use are higher and the impacts more severe.

The recently released Canadian Campus Survey also found high rates of binge drinking and psychological distress among university students. The study indicated that 32% of undergraduates reported patterns of harmful drinking such as being unable to stop, failing to perform normal everyday activities and needing a drink first thing in the morning. These trends are linked to the environment of universities including promotion of low-cost drinks and lack of enforcement of campus alcohol policies.

While some trends in substance use among youth are of concern, the majority of youth try alcohol and other drugs without becoming frequent or problem users. Research has found that experimentation with drugs and alcohol is in many ways part of normal adolescent development and levels of use usually decline as youth get older and take on adult roles and responsibilities.

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<sup>5</sup> Youth, for the purposes of this report, include young people between the ages of 14 and 24.

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### 3.1 Provide comprehensive prevention programming for youth

Focusing prevention efforts on youth was another key theme of the public consultations for the Toronto Drug Strategy. Participants felt that if we reach youth early in life, give them credible information and good life skills, they will be better prepared to make informed decisions about substance use. Adolescence is an important developmental stage of life. They are learning to be independent from their parents and taking on roles and patterns that will carry them into adulthood. This includes decisions about what substances they use and how they use them. It is unrealistic to think that youth won't try alcohol or other drugs like cannabis. That is why we need to work with youth to perhaps delay their use until they're older and to help them learn safer, more sensible ways to use substances, if they're already using them.

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**When kids are told that illegal drugs, including marijuana, are extremely dangerous and addictive, and then learn through experimentation that this is false, the rest of the message is discredited. Honest drug education is one key to ensuring that individuals know how to make informed decisions.**

—Canadian HIV-AIDS  
Legal Network

The research is clear that simply educating youth about substance use is not effective. We also know that scare tactics or hard-line approaches like zero-tolerance have little to no effect. Effective prevention strategies begin early in life and continue through adolescence and into adulthood thereby reinforcing consistent messages across the life span. It also includes a broad range of health promotion strategies such as skill building, engaging youth directly in the development of appropriate messages, and ensuring that environmental supports are in place, such as employment, positive school culture, and strong family supports. Legislative and policy change is also important, for example, having a legal drinking age.

However, prevention strategies for youth warrant additional consideration because of the normal adolescent behaviours of experimentation and challenging authority. Youth also tend to engage in several risky activities at once (e.g., drinking and driving). Effective youth prevention works to reduce risks, increase protective factors and build resilience at the individual, family, peer, school and community levels. Protective factors help to buffer youth against or reduce the effect of exposures to risks. Having a supportive and caring relationship with an adult is one of most important factors that protect youth, in particular their relationship with their parent(s). A positive attachment to school is also a powerful protective factor in preventing substance use. Since many youth disengage from school because of early experiences of poor academic performance perhaps due to a missed learning disability or because family difficulties are not adequately addressed, prevention efforts must address these issues in a more timely and effective way.

There are many ways to deliver prevention programs for youth, including partnerships among public health, school boards, and community groups. However, the direct involvement of youth is critical for success. There are existing initiatives and resources that we need to take advantage of and build on to ensure more comprehensive prevention programming is in place.

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**Recommendation 10** Toronto Public Health partner with the Centre for Addiction & Mental Health, school boards, community groups and youth to develop comprehensive prevention programming for youth. (P)

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School-based drug prevention programming is not mandatory in all high school grades. Grade nine is the last grade for mandatory drug education within the health and physical education curriculum. Given the importance of substance use issues for youth during this developmental stage of their life, mandatory drug education is one aspect of a comprehensive prevention approach. The skills that need to be developed as part of comprehensive drug prevention programs need to be integrated with other subject areas, not just health and physical education. School policies and culture, including teacher training, extracurricular activities and early intervention programming are also key parts of a school-based prevention program. Provincial changes in the early 90s to the education funding formula meant that schools lost guidance counsellors, social workers and other supports that were available to help students deal with substance use and other issues affecting their lives and school performance.

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**Recommendation 11** The City of Toronto urge the provincial government to ensure that mandatory comprehensive drug prevention programming be extended through all high school grades and integrated throughout the curriculum and school environment. (P)

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**Recommendation 12** The City of Toronto urge the provincial government to provide funding and support to school boards to provide teacher training and dedicated staff time to ensure that early intervention, counselling and other supports are in place to assist students who may have alcohol or other drug issues. (P, HR and T)

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### **3.2 Increase youth employment opportunities**

Meaningful employment has a role in prevention, harm reduction and treatment. Employment keeps youth busy, provides them with an income, helps build confidence, team work and other important life skills. This all helps to reduce the factors that put youth at risk for substance use, drug dealing and other risky behaviours. Employment also has a role to play in stabilizing youth whose lives have gotten out of control because of substance use.

Government alone cannot create enough jobs for our youth; the private sector also has a role. Youth are at a stage in life when they are developing important life skills including employment skills. High-support employment programs, like the Toronto Youth Job Corps, are an important resource for youth, since they provide gradual entry into the workforce combined with comprehensive support. When necessary, they also help youth with personal issues that must be dealt with first, such as finding a place to live. Pre-employment supports are provided to help youth get job ready and support is given during the

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**Toronto's youth unemployment rate is 22.4%.**

~ Statistics Canada, 2001

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employment process to help mediate any issues that arise between the employer and the youth. Subsidies are given to employers to encourage participation.

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**Recommendation 13** The City of Toronto, the Province of Ontario and the Government of Canada increase funding for youth employment programs, including high-support employment programs for diverse youth populations. **(P)**

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Young people who are homeless face many challenges to finding employment. These obstacles increase if they also have alcohol and/or other drug use issues. The Street Involved Youth Program (known as Youth Skills Zone in the community) works specifically with this group of youth and is the only harm reduction employment program in Toronto. The program helps youth stabilize their lives by meeting basic needs (such as housing, food and health care) and includes activities to increase their employability. The second stage of the program helps them find jobs or return to school. It is a model that works for this marginalized group of young people, serving over 100 youth each year. Many participants have stopped using drugs, stabilized their lives and secured good jobs or returned to school. The City of Toronto and the federal government jointly fund the program, but funding is only guaranteed until March 2006.

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**Recommendation 14** The City of Toronto and the Government of Canada provide secure, long-term funding for the Street Involved Youth Program to ensure this successful harm reduction youth employment model can continue. **(HR)**

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### **3.3 Expand harm reduction services for youth**

Historically, it has been easier to develop harm reduction programs for adults than for youth. This is in part because harm reduction is not primarily concerned with stopping a person's use of substances, but rather, working with the person to reduce the harms associated with their use. This may or may not include abstinence. Youth are in the process of developing lifestyles and patterns that may last a lifetime and adults may fear that by not encouraging abstinence, especially of illegal drugs, that we are "giving up" or sending the wrong message to our youth.

Proponents of harm reduction recognize that youth who experiment with alcohol and other drugs tend to be highly resistant to authority figures who try to control their behaviour or tell them what to do. Harm reduction focuses on helping youth make informed decisions about their substance use. This approach is effective in working with youth regardless of where they fit on the continuum of use or personal circumstances. However, it is particularly helpful in working with youth who have multiple risk factors including the risk of contracting infectious diseases such as HIV and Hepatitis C. We know that it is common for youth to engage in several risky activities at one time, such as

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drinking and having unprotected sex. Educating youth on safer practices generally can therefore provide multiple benefits. In addition, if a worker can establish a trusting, non-judgmental relationship with a young person, that connection may be what draws the youth back when they want support to make changes in their lives, including stopping their substance use. Harm reduction is especially needed for the diverse communities of youth<sup>6</sup> who are more vulnerable to substance use issues because of health, social, and economic conditions that are outside of their control.

There are few harm reduction programs specifically for youth in Toronto. Some examples are the Toronto Raver Info Project (TRIP) and the Street Involved Youth Program. Most youth treatment services now work from a harm reduction perspective as the expectations of total abstinence have been shown to be ineffective with youth. We need to build on these efforts and enhance the range of harm reduction programs and services for youth. Because of the philosophical challenges inherent in this area, it is recommended that the Toronto Drug Strategy Implementation Committee strike a work group of local experts and youth to determine what harm reduction services are needed for youth in Toronto. The work group should look to best practices and support the implementation of recommended actions in this area.

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**Recommendation 15** The Toronto Drug Strategy Implementation Committee establish a work group to determine what harm reduction services are required for youth in Toronto. The work group should co-ordinate their efforts with those of existing youth committees, for example, Young Parents No Fixed Address, the Homeless Youth with Concurrent Disorders group, the Youth Shelter Interagency committee, the Streets to Homes Initiative, the Toronto Youth Cabinet and the Toronto Youth Substance Use Treatment Agencies Cluster. **(HR)**

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### **3.4 Expand treatment options and spaces for youth**

There is broad agreement that there are not enough treatment spaces or options available for youth in Toronto; waiting lists are common for the treatment that is available. This includes case management, individual and group counselling and out-patient services. Some types of treatment are non-existent. For example, there are no withdrawal management (detox) spaces specifically for youth. This part of the treatment service sector is in the process of restructuring its services to include community-based day services, which are intended to help reach youth who need withdrawal management support.

There are currently no residential treatment spaces for youth in Toronto. The lack of residential treatment is a long-standing issue and one that was highlighted in

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<sup>6</sup> In an effort to neither exclude nor stigmatize a particular group, the term diverse communities is used in this report to identify the broad range of population groups that may be disadvantaged because of race, national or ethnic origin, colour, religion, age, sex, sexual orientation, marital status, family status or disability. These categories are defined as per the Canadian Human Rights Act.

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the public consultations for the Toronto Drug Strategy. Some youth need the option of residential support, either because of their housing status or because of the nature of their substance use issue. Clearly, if a young person is homeless, access to residential treatment that is targeted to the particular needs of youth is crucial. In addition, similar to adults, youth sometimes want to get away from the environment that is triggering their use of substances (i.e., where and who they are living with). Because the need for residential treatment services for youth is deemed to be such a priority, a separate recommendation specifically for this action is included in the Toronto Drug Strategy.

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**Recommendation 16** The City of Toronto urge the provincial government to increase funding to expand the range and number of treatment options for youth. **(T)**

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**Recommendation 17** The City of Toronto urge the provincial government to allocate increased funding for residential treatment services for youth in Toronto. **(T)**

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### **3.5 Review zero tolerance policy in schools**

A province-wide “zero-tolerance policy” was introduced in 2001, with the introduction of the *Safe Schools Act*. This action was intended to address violence and the use of weapons in schools, some of which involves the use and dealing of illegal drugs. The Act sets out standards for safe learning and teaching in schools with a goal of increasing “respect and responsibility” within the school environment. The Act gives principals and teachers greater authority to suspend and expel students.

Opponents of the *Safe Schools Act* view it as excessively harsh and enforcement oriented, especially compared to the federal Youth Criminal Justice Act, which promotes a rehabilitative approach. Critics feel the Act disproportionately impacts some ethno-cultural groups, especially black youth, and students with learning or behavioural disabilities. Zero-tolerance policies also discourage youth from disclosing substance use issues and therefore alienate them from treatment or other sources of help. The Act came at a time when school-based supports for students were being eliminated such as counselling staff, social workers, school community liaison workers and others.

Suspension and expulsion of marginalized students can have negative and far-reaching effects for the student, his or her family, the community and society at large. It can alienate youth from their school community with no guarantee of an alternative program to provide structure or educational opportunities. Suspension and expulsion is also linked to poor self esteem, loss of education, higher drop out rates and increased criminalization and anti-social behaviour. At the moment, the Ministry of Education does not provide suspended students with remediation, conflict resolution or other alternative programs to mitigate these risk factors.

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Of course there should be consequences for violent or aggressive behaviour in schools. This is important for the safety of all concerned. The issue is the appropriateness of those consequences and the best strategies to reach troubled youth and reconnect them to the education and other support systems, which are so critical to their future success. A provincial review of the Safe Schools Act is underway. The City should advocate with that committee to recommend suspension alternatives to ensure that youth are not excluded from the education or other supports they need.

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**Recommendation 18** The City of Toronto urge the committee reviewing the Safe Schools Act to recommend alternatives to suspension to ensure that youth are not excluded from the education or other supports they need. **(P and E)**

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### **3.6 Expand alternative justice measures for youth**

Where appropriate we need to use alternatives to charging or prosecuting youth for minor drug-related offences. This doesn't mean there wouldn't be consequences for young people who commit crime. Rather, the consequences should take into account the developmental life stage of youth and the longer term implications of those consequences. An arrest or criminal record can be a debilitating legacy for someone who is just starting out in life and we need to ask ourselves if a legacy such as this is truly in the best interests of our youth.

The *Youth Criminal Justice Act* recognizes that in some cases young persons may be held accountable for their actions in ways short of a full criminal trial. The Act therefore provides for and encourages various alternatives to formal criminal prosecution, some of which may require community support or participation. For example, rather than laying a criminal charge the police may refer a young person (with his or her consent) to a community program or agency. Where the young person has been charged and is prepared to take formal responsibility for his or her actions, the prosecutor may agree to divert the young person from the criminal justice system into a program of community service work.

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**Recommendation 19** The Youth Criminal Justice Work Group of the Mayor's Panel on Community Safety be requested to develop supports for alternatives to prosecution for youth charged with offences relating to or motivated by substance use. In addition, a member of the Toronto Drug Strategy Implementation Committee should be appointed to that Work Group to liaise between the two initiatives. **(E)**

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## **4. People who use substances**

As highlighted throughout this report, we live in a drug using society. People of all economic, social and cultural backgrounds use both legal and illegal substances. The reasons people use substances are as varied and complex as human nature and are influenced by both individual and broader societal factors. People use alcohol and other drugs for pleasure and to enhance social interactions. Substances like wine and tobacco are also used in religious and spiritual practice. People use to cover up or mask personal pain, trauma and hardship or to cope with chronic or terminal illness. Some diverse communities are at particular risk for substance use because of health, social and economic conditions that have made them more vulnerable.

Understanding why people use, especially in a chaotic or out of control way, is important if we are to get at the root causes of the issue, as discussed in the Children & Families section of this report. Family chaos and abuse, discrimination and social alienation, mental health issues, residential schools and poverty are all systemic issues that we as a broader society need to address. The Toronto Drug Strategy can't tackle these issues alone but it can contribute to the pursuit of solutions for them.

Regardless of the motive, pattern or type of use, it was clear from the public consultations that Torontonians want us to treat substance use as a health issue. Another clear message was that effective policy, programs and services need the active and meaningful involvement of the people they are intended to serve.

### **4.1 Strengthen alcohol policies**

Alcohol is by far the most frequently used psychoactive drug among both adults and youth. Because alcohol is a legal substance and its use is socially acceptable, we often forget that it is a drug and one that can create serious harms if used in an irresponsible way. According to the latest survey by the Centre for Addiction & Mental Health, 15% of adults in Toronto report drinking at "harmful or hazardous levels."

The research is clear that the best way to manage consumption and reduce the harms of alcohol use is to limit alcohol availability. The most effective measures are taxation, a legal drinking age, blood alcohol content limits and a strong regulatory framework. However, alcohol control strategies are being eroded across Canada including in Ontario, which historically has had fairly strong regulatory control of alcohol through the LCBO and beer stores. Sunday sales are now common throughout the province and the number of sales outlets and hours of sale have been expanded.

Given that alcohol remains the third leading factor in the burden of illness and that rates of binge drinking are still high, it is clear that we need to work at strengthening policies that limit public access to alcohol. We also need

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**We shouldn't forget  
that alcohol is our  
biggest problem.**

~ Consultation  
participant

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stronger enforcement of existing legislation, such as the *Liquor Licence Act* to ensure bars and clubs are not selling alcohol to people who are under the age of majority or selling people alcohol to the point of intoxication.

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**Recommendation 20** The City of Toronto urge the provincial government to strengthen regulatory legislation and policy regarding access to alcohol and maintain a strong regulatory framework. (P)

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**Recommendation 21** The City of Toronto urge the provincial government to implement stronger enforcement of the *Liquor Licence Act* to reduce the illegal distribution of alcohol and to prevent underage drinking and service to people who are intoxicated. (P)

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There is also concern about the high density of licensed establishments and liquor and beer stores in some areas of Toronto. Areas that have high concentrations of bars tend to experience more health and community safety issues. Recent incidents of gun violence from patrons of bars and clubs are vivid reminders of this. Of course, the factors that contribute to gun violence extend beyond substance use but alcohol can exacerbate the behaviour of individual(s) involved. Avoiding high concentrations of bars, clubs and other licensed establishments is an effective way to reduce the harms of alcohol both for patrons and local neighbourhoods. In Ontario, the provincial government is responsible for issuing liquor licences. Business licences are granted by municipalities. Therefore, we need the City and the Province to work together to limit the number of licensed establishments within any given area of the city.

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**Recommendation 22** The City of Toronto work with the provincial government to limit the number of licensed establishments within any given area of the city to reduce the harms of alcohol for individuals and neighbourhoods. (P)

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***Additional recommendations of City Council:***

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**Recommendation 22 (a)** *That the Alcohol and Gaming Commission of Ontario be requested to consult and work closely with the City of Toronto for the purpose of reviewing and approving applications for Liquor Licences (P).*

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**Recommendation 22 (b)** *That the City of Toronto:*

- (i) reaffirm its commitment to develop a protocol to co-ordinate the review, response and approval of Liquor Licence applications by City divisions; and*
  - (ii) undertake a review of its operations with respect to the review of Liquor Licences for the purpose of designating a specific division that will be responsible for the co-ordination of these reviews, and the communication of a response on each application (P).*
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## 4.2 Prevent misuse of prescription drugs

Psychotropic drugs are medically prescribed to deal with a range of physical and mental health issues. However, prescription drugs are also commonly and inappropriately used in combination with alcohol and other drugs, sometimes for their own psychoactive effects but also to counteract negative withdrawal effects of other drugs. This issue was frequently raised during the public consultation process. Participants were frustrated by what they perceived as the profit motive of large pharmaceutical companies that promote medical use of these drugs. There was also concern that some doctors sometimes over, under or inaccurately prescribe prescription drugs which can result in serious harm to patients. Seniors are at particular risk for prescription drug misuse. An estimated 20% of adults age 60 and older use pain relief medication on a long-term basis and many misuse these substances<sup>7</sup>.

The inappropriate use of narcotic pain relievers such as oxycodone has increased in recent years, as witnessed in areas such as Atlantic Canada, which have experienced high rates of OxyContin use especially by youth. OxyContin is a new, longer-lasting form of oxycodone. This drug has also appeared among the newer drug use trends in Toronto. Strategies that have proven successful in reducing prescription drug misuse include tamper proof prescription pads and improving information sharing between pharmacies. If the Toronto Drug Strategy is to be effective, it must also focus on the impact of legal pharmaceutical drugs and the responsibility of the health care system to find solutions to the misuse and diversion of these drugs.

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**Recommendation 23** The City of Toronto urge Health Canada, the Ontario College of Pharmacists, the Ontario College of Physicians and Surgeons, the Ontario Association of Pharmacists, the Ontario Medical Association and the Ontario College of Family Physicians to reduce the misuse of prescription drugs and the diversion of prescription drugs into the illegal drug market. **(P)**

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## 4.3 Decriminalize small amounts of cannabis

A significant area of debate in Canada is the legal status and control of cannabis. While the possession and use of cannabis is still illegal under the federal Controlled Drugs & Substances Act, there are now exceptions under this law. In July 2001, Canada became the first country in the world to legalize the use of cannabis by people suffering from terminal illnesses and chronic conditions. Since 2003, the federal government has proposed several iterations of new legislation for the decriminalization of cannabis. Bill C-38, the Cannabis Reform Bill, died with the dissolution of the government in July 2004. New legislation (Bill C-17) was reintroduced in November 2004. Under this new bill, the possession and use of cannabis would remain illegal, but possession of small amounts (under 15 grams) would be punishable by a fine instead of a criminal charge. Bill C-17 has yet to pass.

<sup>7</sup> Rehm, J., Weekes, J. (2005). Abuse of controlled prescription drugs. In, Substance Abuse in Canada: Current Challenges and Choices. Canadian Centre on Substance Abuse.

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The proposed legislation has met with mixed reviews. Some advocates argue that it doesn't go far enough while others feel it is too liberal. For example, the Canadian Association of Chiefs of Police have voiced support but it is conditional on a many factors including reducing the allowed amount to 5 grams and retaining the discretion to lay a criminal charge.

Supporters of decriminalization in general point to the disproportionate consequences (i.e., a criminal charge and/or record) for simple possession as well as the considerable use of police resources required to enforce existing laws. Cannabis is not a benign drug. Like alcohol and other drugs, there is the potential for health-related harms, especially with heavy or long-term use. However, the question is whether the use of small amounts of cannabis should be a criminal offence or might resources be better spent on prevention, harm reduction and treatment or other enforcement activities.

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**(The) research fails to find that removing criminal penalties for cannabis possession and use results in higher rates of cannabis use.**

~ Simon Lenton in Preventing Harmful Substance Use, 2005

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**Recommendation 24** The City of Toronto support federal legislation to decriminalize the possession of small amounts of cannabis for personal use. This support is contingent upon a commitment from the federal government to ensure appropriate levels of funding for prevention, harm reduction and treatment to minimize the prevalence of cannabis use and its associated harms, especially for youth. **(P, HR and E)**

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#### **4.4 Develop a surveillance system and alert protocol**

Because of the illegal and therefore unregulated nature of the illicit drug trade, numerous health and safety hazards exist for people who use drugs, including the contamination and adulteration of drugs. Because people have no idea of quality of the drugs they are consuming they are at an increased risk of serious illness and overdose. In Toronto, as elsewhere, more drugs are home made and produced by "underground chemists," which increases the risk of drug contamination. Recent incidents of drug contamination in Toronto include strychnine poisoning suspected to be the result of adulterated crack cocaine.

Currently, there is no co-ordinated surveillance system at the local level or a protocol to issue alerts about dangerous or new substances on the street. We also lack a systematic method to gather information on risky drug use practices, such as needle sharing, or of drug-related health issues such as non-fatal overdoses. Harm reduction programs, emergency rooms, ambulance services, police and researchers collect some of this information but there is no systematic way of disseminating it. The police, Coroner's office and Toronto Public Health do issue alerts when they learn about potentially dangerous drugs on the street, but it is done on an informal, ad hoc basis.

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A co-ordinated, system-wide method of gathering and reporting information about dangerous street drugs or unsafe drug use practices would help people in the field to better monitor and identify emerging issues. This could include, for example, a sentinel system that clarifies what information is collected, who is responsible for collecting it and also when and how it is communicated out to people in the field. In addition to identifying local emergent dangers, information about potential antidotes could also be made available through such an information system. Mechanisms for pill testing should also be considered as a way to identify contaminated or adulterated drugs, particularly in the dance and club scene.

Experts in the area of health care, treatment, police, public health and related fields support the idea of creating a surveillance system and an accompanying alert protocol in Toronto. In particular, the Toronto Research Group on Drug Use has advocated for this type of response for many years.

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**Recommendation 25** Toronto Public Health partner with the Office of the Chief Coroner, the Toronto Police Service, hospitals, pharmacies, researchers, community groups and people who use substances to develop a local drug and drug use surveillance system with protocols to issue broad-based alerts about potentially dangerous substances. **(P and HR)**

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#### **4.5 Expand harm reduction outreach**

The need for more and targeted harm reduction outreach strategies was raised during the public consultations. Effective outreach is about connecting people with supports and services that can improve, and in some cases, save their lives. Outreach includes workers trained in substance use and mental health issues who go into the community to find people who may be in need of help. It also includes the provision of health promotion information and supplies for safer drug use, safer sex and other prevention measures so that further harm can be reduced.

In Toronto, there is agreement that the most marginalized drug users are people who use crack cocaine, in particular people who are homeless or otherwise street-involved. This is in large part due to the social stigma and discrimination attached to people who use this drug, reinforced by terms like “crack head,” which have become part of our everyday lexicon. This social stigma has alienated and disconnected these often very vulnerable people from the very supports and services they need. People from all income brackets use crack cocaine, including well off and privileged people. However, that kind of use is largely ignored and rarely profiled.

Community-based harm reduction services in Toronto pioneered the distribution of safer crack use kits in response to growing health concerns for people who use crack. These kits contain various items including mouthpieces, stems and screens to help prevent disease transmission, burns and other crack-

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related harms. There is a theoretical risk of disease transmission with the use of crack stems, in particular Hepatitis C, which is being studied by researchers in Toronto and elsewhere. Initiatives such as safer crack use kits will help with this research. The key point stressed by harm reduction street outreach workers is the role of the kits as a tool to connect with a group of people who are often very difficult to reach. Providing people with something they want enables workers to build trusting relationships, which in turn can link them to health and social services.

The distribution of safer crack use kits is a controversial issue, including within the Toronto Drug Strategy Advisory Committee. Other jurisdictions have made the decision to fund the distribution of safer crack use kits including the Winnipeg Regional Health Authority and the City of Ottawa's public health department. In Toronto, funding is provided through a patchwork of private donors, which is unsustainable and insufficient to meet the demand. Harm reduction street outreach workers and other health and social service providers are looking to the City of Toronto to deliver and fund expanded harm reduction outreach and support including the provision of safer crack kits as well as cookers for injection drug users as part of its commitment to a comprehensive drug strategy for Toronto.

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**Recommendation 26** The City of Toronto expand its innovative harm reduction outreach strategies including the provision of equipment to support safer use of substances, as outlined in this report, to reach marginalized drug users, in particular people who use crack cocaine. **(P and HR)**

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#### **4.6 Develop a 24-hour crisis centre**

One of the ideas to emerge from the public consultations is for a 24-hour crisis centre for people using alcohol or other drugs. In Toronto, there is nowhere for people to go when they are intoxicated or high, where they can get short-term crisis care or support. There are withdrawal management (detox) services but space is not always available, nor is this necessarily what people want or need. The issue is particularly problematic late at night and on weekends and for people who are homeless or otherwise street-involved, such as sex workers. Sometimes all a person wants is a safe refuge from the chaos and dangers of the street; a place where they can receive non-judgmental care and support as well as links to other health and social services.

Police and ambulance staff regularly pick up people with addiction and/or mental health issues because of relatively minor behaviour or health issues. However, hospitals won't take them unless they are in medical crisis, and jail is an expensive, short-term and rarely appropriate option in these situations. Because no other option exists, people end up back on the street or at drop-ins if they're open or shelters if space is available. Homeless services in Toronto have become the de facto support system for people abandoned by every other part of our health and social safety net. This is neither appropriate nor sustainable. Homeless services are not mandated nor resourced to provide

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these services. Crisis services for people with serious substance use and/or mental health issues require highly skilled and trained staff.

We need to think through the most appropriate service model for a 24-hour crisis centre in Toronto to ensure that it meets the needs of people in this city. It could be a mobile service, stand-alone service or capacity that is built into existing services. Planning for this initiative should involve health care providers, police, emergency medical services, community-based services, neighbourhood groups and, most importantly, the people the centre will serve.

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**Recommendation 27** The City of Toronto develop an appropriate service delivery model, including possible sources of funding, for a 24-hour crisis centre for people using legal and illegal substances.  
(P, HR, T, E)

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#### **4.7 Provide more harm reduction in shelters**

Alcohol and other drug use issues are significant among people who are homeless. Sometimes substance use causes homelessness and sometimes it numbs the trauma associated with an experience of homelessness. Therefore, we need a range of responses from prevention to harm reduction and treatment to ensure that a continuum of support exists. Overall, that is what the Toronto Drug Strategy is working toward.

Toronto Hostel Services promotes a harm reduction approach across the shelter system. The recently revised Shelter Standards require that admission and discharge decisions no be based on substance use alone, but on the resident's behaviour. Abstinence-based shelters need City approval of their service model and must ensure that if they can't accommodate someone who is under the influence of alcohol or other drugs, that the person is referred to a shelter which can. Some shelters operate targeted harm-reduction programs such as The Annex managed alcohol program at Seaton House and The Lounge program at Women's Residence.

The need for more harm reduction services in shelters was highlighted during the public consultations for the Toronto Drug Strategy. From a municipal perspective, a key issue is how these services should be delivered and who should fund them. There is a fine distinction between primary health issues, substance use and mental health issues especially for people who are chronically homeless and may have a complex mix of these issues. Shelters are not health care services nor are they addiction services although they often fulfill these functions for people who are homeless. In the absence of funding from the Ministry of Health & Long-Term Care for these services, the City should look at what additional harm reduction services may be needed in Toronto's shelter system as well as how they should be delivered and funded.

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**Recommendation 28** The City of Toronto work with the Ministry of Community & Social Services, the Ministry of Health & Long-Term Care and other relevant ministries, institutions and community groups to determine what additional harm reduction services may be needed within the shelter system and to determine appropriate service models and sources of funding to better respond to the needs of homeless people with substance use issues. **(HR)**

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#### **4.8 Increase case management services**

Case management involves assigning a designated worker to take responsibility for co-ordinating programs, services and resources for an individual who needs a high level of support. This type of support is particularly helpful for vulnerable groups such as youth, or people with multiple health and/or mental health issues. Because of the lack of co-ordination and integration across health and social service sectors, many people have difficulty navigating their way through and can end up lost and alone and fall back into the trap they were originally trying to escape. In the absence of a fully co-ordinated system, case management services are an effective means of helping support people to stabilize and improve their lives. It is important for any new case management services to integrate their efforts with existing services. We need the whole service system to support a case management approach to ensure agencies don't work at cross-purposes with one another. There also needs to be clarity about roles and responsibilities, both of the client and of each agency involved, to ensure the best needs of the client are being met.

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**Recommendation 29** The City of Toronto urge the Ministry of Health & Long-Term Care to increase funding for community-based case management services to provide comprehensive support for people with substance use and/or mental health issues. **(T)**

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#### **4.9 Increase treatment spaces and options**

The treatment system in Toronto is a mix of hospital providers, such as the Centre for Addiction & Mental Health, and a broad range of community-based service providers, some of which are affiliated with hospitals. Treatment services include withdrawal management (detox), assessment and referral, case management, residential treatment and residential supportive treatment. In addition, outpatient and community-based treatment services provide lifestyle and personal and group counselling to help people manage their substance use and related issues. Community medical/psychiatric treatment provides non-residential support for people with concurrent disorders (both a mental health and a substance use issue). Methadone maintenance treatment is also available for people using opiates (e.g., heroin, morphine).

There is broad agreement that there are not enough treatment spaces or options available in Toronto. This was a recurring theme throughout the public consultations. People feel there is a serious lack of public and political support

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for addiction services. The low priority given to addiction services within the health care system is in part due to the belief that people with substance use issues are somehow less deserving of help and that priority in public spending should be given to funding primary health care services. Moral arguments aside, the reality is that injuries and illness related to alcohol and other drug use have a serious financial impact on the primary health care system and therefore must be considered, especially within the context of preventing chronic illness.

Substance use is a health care issue and everyone who is suffering deserves compassion, support and access to health services including treatment. In Ontario, the addiction treatment system hasn't received new funding in over 10 years despite the continued call for "solutions" to alcohol and other drug issues in our communities. Treatment is not a panacea; not all of it works and only about 10% of people will consider using an abstinence-based program. More treatment programs are now using a harm reduction approach in an effort to be more flexible and responsive to the needs of people seeking help. We need effective treatment in place for people who want it. Increasing the range of therapeutic approaches including harm reduction psychotherapy, acupuncture, flexible methadone options, pharmacological supports, substitution therapies and models appropriate to diverse communities will improve the chances for successful recovery. We must also broaden our notions of success. For some people, abstinence may be the desired goal while for others success may be reduced or more manageable use.

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**Mental health and addictions have long been "orphans" in the health care system.**

~ Centre for Addiction & Mental Health, 2005

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Increasing treatment options and spaces also includes the withdrawal management (detox) system. Recently, the Province of Ontario announced restructuring plans for the withdrawal management system in Toronto that included the elimination of 36 residential beds and a shift to community-based options such as home and day withdrawal services. Part of the rationale for these new programs is to reach people who experience barriers to existing services including seniors, people with disabilities, women with children and youth. Trying new ways of delivering withdrawal management in an effort to reach more people is a worthy goal. However, it should not come at the expense of existing effective services. These services are already in high demand and often impossible to access. Of particular concern is the potential impact for homeless people, who require residential forms of treatment. One residential withdrawal management program closed at the end of August 2005. The provincial government has agreed to delay closure of the other program until spring 2006 when the community-based services and the new centralized access system are in place.

In addition, as the new Local Health Integration Networks (LHIN) develop it will be important for the Toronto Drug Strategy Implementation Committee to work with them to identify service barriers and opportunities to ensure health planning acknowledges substance use as a priority area. Integrating the

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planning and delivery of mental health and addiction services was identified as a priority during the consultations for development of the Toronto area LHIN.

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**Recommendation 30** The City of Toronto urge the provincial government to commit new funding and resources to expand the capacity and range of all treatment services in Toronto that reflects the broad diversity of need. **(T)**

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***Additional recommendation of City Council:***

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**Recommendation 30 (a)** *That the Medical Officer of Health be requested to explore the option of adding the opening and promoting of withdrawal clinics and long-lasting abstinence therapies, and report to the Board of Health (T).*

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**Recommendation 31** The Toronto Drug Strategy Implementation Committee work with the Toronto area Local Health Integration Network (LHIN) to ensure the planning and funding of mental health and addiction services in Toronto is addressed as a priority area. **(P, HR and T)**

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**4.10 Increase day programming**

Everyone needs an occupation, something to do with their time. Financially stable people tend to have a wide range of pursuits and activities to occupy their work and leisure time. People who are not working and/or who are struggling on a limited income have fewer resources for such activities to engage their time. There are many different kinds of day programs that offer important opportunities to help enrich and stabilize people's lives in part by giving them something to do.

Some programs provide job-readiness or educational classes and even micro-economic development opportunities that help people build personal and interpersonal skills and confidence. Feeling part of a regular community of friends or co-workers also helps to build confidence and reduce social isolation. In addition to structured day programs, public libraries, community centres and recreation centres also provide important opportunities for reducing social isolation and helping build social connections within the broader community.

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**Recommendation 32** The City of Toronto work with provincial and federal governments, the United Way of Greater Toronto and other funders to increase funding for day programs that provide social, education and vocational support to vulnerable groups including people who use substances. **(P, HR and T)**

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#### 4.11 Address service barriers

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

People with concurrent disorders (both an addiction and a mental health issue) experience significant barriers to existing services. Addiction services often do not have the expertise to work with people with mental health issues and vice versa. Individuals are told to resolve their substance use before they can be seen by mental health workers, or to resolve their mental health issues before they can be helped with their substance use. Historically, these parts of the service sector have not worked together and although this is slowly starting to change it has still not had a significant effect at the street level.

Ironically, being in treatment itself can be a barrier to getting other help. People receiving methadone maintenance therapy often can't access other forms of treatment such as individual or group counselling. Some programs won't admit people receiving methadone as they are viewed as still actively using. People refer to this issue as having “liquid handcuffs” (methadone is given orally in liquid form).

People should be able to access the services that already exist and be confident those services will work for them and that they will be treated with respect. But, we know for example, that many services don't meet the needs of people using crack cocaine who require early and immediate access to services and staff who are skilled at working with this type of substance use. Service barriers exist across the service system and it will take time and a collective effort to address them. This piece of work is a good example of what the Toronto Drug Strategy Implementation Committee should tackle to effect change across Toronto's service system.

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**Recommendation 33** The Toronto Drug Strategy Implementation Committee develop strategies to address service barriers for all people with substance use issues. **(P, HR and T)**

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#### 4.12 Expand services throughout the city

Another issue to emerge from the public consultations was the lack of health and social services in the more suburban areas of the city. The majority of existing services are located in the downtown core of the city. This inequity is not news and surfaces as a common theme in municipal consultations. People across the city of Toronto need access to health and social services in their own communities. There is no question that people in Scarborough, York, East York, North York and Etobicoke have far fewer prevention, harm reduction and treatment services than communities in the downtown core. Consequently, people are forced to travel considerable distances to reach the services they need. We know that proximity is an important predictor of service use and so we need to ensure that services exist where people need them. However, services should not be established by reducing or eliminating existing services in the downtown core.

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**Recommendation 34** The City of Toronto work with appropriate provincial ministries and institutional and community service providers to ensure that prevention, harm reduction and treatment services are available where people need them throughout the city and ensure that this information is available to diverse populations. **(P, HR and T)**

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#### 4.13 Advocate for addiction services in jails and prisons

There are high rates of substance use in detention centres, jails and prisons throughout Canada. Some people come into the prison system as users but others start using alcohol and other drugs while incarcerated. Advocates have been calling for more harm reduction and treatment services in prisons to help reduce the spread of disease and to support people who want to stabilize or stop using.

Health services are inconsistently delivered across the provincial and federal prison system and treatment options are very limited. For example, in the provincial system, other than for pregnant women, methadone maintenance therapy (MMT) is available only to inmates who were already receiving methadone at the time of incarceration. People who want treatment for substance use should receive it regardless of where they live and that includes people in jail or prison who could benefit from MMT. An effective treatment plan must also include a comprehensive release plan that addresses the need for continuing care and follow-up when people are released back into the community.

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**...prisoners come from the community and return to it... what is done or not done in prisons ... has an impact on the health of all...**

~Canadian HIV-AIDS Legal Network

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Health and social advocates are pushing for needle exchange services in prisons in an effort to reduce the spread of HIV and Hepatitis C and other health concerns. The former City of Toronto Council endorsed support for this action in the mid-90s. In August 2005, the Canadian Medical Association passed a resolution calling on the federal government to develop, implement and evaluate at least one pilot needle exchange program in prisons. Research on prison needle exchange programs, which are common elsewhere in the

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world, has concluded that they reduce risk behaviours and the spread of infectious disease. In addition, they do not increase the use of drugs or injection drug use nor do they endanger staff or other prisoners.

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**Recommendation 35** The City of Toronto urge the federal and provincial governments to fund and provide increased harm reduction services, including needle exchange, in all correctional facilities without increasing reliance on volunteer services to deliver those supports. **(HR)**

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**Recommendation 36** The City of Toronto urge the federal and provincial governments to expand and increase the availability of drug treatment options in prisons to include methadone maintenance therapy for any inmate with an opiate addiction. And further, that comprehensive release and follow up care plans be established before people are released back into the community. **(T)**

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In addition, few supports exist in prison with respect to discharge planning, particularly for people serving short-term sentences or who are in remand custody (awaiting sentencing). People can lose their jobs and housing while in jail and consequently have a difficult time stabilizing their lives after their release. This is especially true for people with substance use or other health issues. The consequence for far too many people is homelessness. Other institutions, such as hospitals, also discharge people with “no fixed address” to shelters or even on to the street. Discharge planning helps people stay connected to housing, services and social networks and requires co-ordination among health, mental health, housing and social service systems. The City’s Streets to Homes initiative has taken some preliminary action on this issue and we need to build on those efforts.

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**Recommendation 37** The City of Toronto continue to work with the Ministry of Health & Long-Term Care, the Ministry of Community Safety and Correctional Services and relevant community groups to improve discharge planning for people leaving hospitals, courts, jails and other institutions. **(P, HR and T)**

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#### **4.14 Improve income security for vulnerable groups**

Ensuring people have access to decent jobs that pay an adequate wage is an important determinant of good health. Poverty and the lack of resources to meet basic needs such as food and shelter, can increase the risk for many negative consequences including issues related to substance use. People who feel hopeless about their future or denied opportunity sometimes turn to alcohol and other drugs to cope. The resulting combination of poverty and addiction and/or mental health issues make people more vulnerable to substance use and to engaging in prostitution, drug dealing and other crimes in order to support their drug use.

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In Ontario, the minimum wage has not significantly changed in over 10 years despite the rising cost of living. The current government has made a commitment to incremental increases over the next few years, which is a welcome decision but levels do not reflect increases in the cost of living. Improving the standard of living for people who depend on minimum wage jobs to survive is an important contribution toward preventing substance use and other issues. It is also critical to the successful recovery of people trying to stabilize or stop their substance use.

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**Recommendation 38** The City of Toronto urge the provincial government to increase the minimum wage to reflect increases in the cost of living. **(P and T)**

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Some people with serious substance use issues have trouble finding and keeping stable employment and may need social assistance, at least in the short term. In 1995, the provincial government reduced social assistance rates by 21.6%. The resulting rise in poverty and homelessness is well documented in Toronto and elsewhere in Ontario. The provincial government has made an incremental increase to social assistance rates – 3% in 2005. However, this is nowhere near enough to ensure an adequate standard of living for people receiving social assistance benefits. The provincial government should also reinstate addiction as an eligible disability under the Ontario Disability Support Program to increase the level of support available for people struggling with alcohol and other drug issues.

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**Recommendation 39** The City of Toronto urge the provincial government to increase social assistance rates to recognize Toronto's high cost of living and to compensate for increases in the cost of shelter, food, transportation, employment supports and other basic needs since the 21.6% rate reduction in 1995. **(P and T)**

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**Recommendation 40** The City of Toronto urge the provincial government to reinstate addiction as an eligible disability under the Ontario Disability Support Program. **(P and T)**

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Trusteeship programs help people who have difficulty managing their income. Often these services are directed to people who are homeless and/or people with mental health and substance use issues for whom housing instability can be an ongoing challenge. Under these voluntary programs, people entrust management of their finances to a support worker who ensures bills such as rent and food are paid. Clients also learn strategies to better manage their money. This type of support has proven successful for people with substance use issues who may be tempted to spend what little income they have on alcohol and other drugs. Similarly, trusteeship programs help people recovering from substance use issues to stabilize their lives and thereby minimize the risk of relapse. There are trusteeship programs in Toronto but more are needed. In addition, funding needs to be stable; many programs are only funded as pilots or on a short-term basis.

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**Recommendation 41** The City of Toronto urge the provincial government to provide long-term and increased funding for voluntary trusteeship initiatives. **(P and T)**

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#### **4.15 Expand employment opportunities**

As discussed above, people need adequate incomes to provide them with security and meaningful work so they can thrive and succeed. Unemployment, especially long-term or chronic unemployment, is a risk factor for substance use and/or mental health issues. However, some people lack the education or skills necessary to compete in today's labour market. Additional targeted pre-employment, skills development and employment initiatives are needed in Toronto to help people find or return to work. In addition to its role in prevention, access to employment supports and opportunities are important for successful recovery from substance use and/or mental health issues. Boredom is rarely a positive motivator for change. People need and want activity to give meaning and purpose to their day and a focus for their future.

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**Recommendation 42** The City of Toronto urge the provincial and federal governments to increase funding for pre-employment, skills development and employment programs. **(P and T)**

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#### **4.16 Increase housing options**

Research has shown that stable housing, along with other important social supports, has a key role to play in reducing the health risks of people using alcohol and other drugs. This includes reducing the amount a person uses, as well as reducing the risk for serious health consequences such as drug overdose. For many people all they need is a safe, secure and affordable place to live. Others need more support to help them to maintain their housing and to stabilize their lives. This may include supportive housing in which support services are available on site. In other situations it may include housing in which the supports are provided by an outside agency or group. In these cases supports could include mediation with landlords, assistance in financial management, links to treatment, education, employment and social/recreational resources in the community to strengthen social connections. The City of Toronto's "Streets to Homes" initiative is demonstrating the value of providing dedicated outside supports to help vulnerable people both find and maintain their housing.

Under the new affordable housing initiative, the provincial government has announced it will provide funding for people requiring mental health supports. However, for people with alcohol or other drug issues, there is a need for more programs that provide both on site and off site supportive housing services.

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**Recommendation 43** The City of Toronto urge federal and provincial governments to fund flexible supportive and affordable housing initiatives that include the opportunity to develop both on site and off site supports to help people with alcohol or other drug use issues to maintain their housing. **(P and T)**

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When a person loses their housing, it can be difficult to find another place to live. Someone who has been evicted or is suspected of using drugs will often be hard pressed to find another home. Harm reduction housing is one way to increase the range of viable housing options for people who are actively using substances.

In Vancouver, PHS Community Services operates affordable housing programs for traditionally “hard to house” people who have substance use and/or mental health issues. They provide a range of on site support services to their tenants and maintain a “no eviction” policy. Their housing management model has been successful in stabilizing the lives of very vulnerable people most of whom have exhausted every other form of private and public housing. In Toronto, there are people who are homeless because of serious addiction and/or mental health issues. For many people it is simply not realistic to give up drinking or using drugs in order to get or stay housed. Given the new investment of federal funding for affordable housing that allows for rent supplements and other options, the City of Toronto’s new Affordable Housing Office should develop harm reduction housing options appropriate for Toronto.

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**Recommendation 44** The City of Toronto’s Affordable Housing Office develop harm reduction housing options appropriate for Toronto. **(HR)**

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## 5. Neighbourhoods & Communities

In addition to individuals and families, neighbourhood residents and businesses directly experience the impact of alcohol and other drug use. Problems occur in local neighbourhoods when intoxicated people leave local bars and clubs. While the majority of people may at worst be loud and obnoxious, others may vandalize property or become physically violent with each other or with bystanders. Residents of neighbourhoods with concentrations of illegal drug use and drug dealing, such as those in the downtown core of Toronto, sometimes feel unsafe and angry about the crime and disorder that is happening in their communities. This includes related crime such as prostitution, property theft, violence and vandalism. In addition, residential areas in outer areas of the city are experiencing health and safety issues because of the rise in marijuana grow operations, which are frequently located in these areas.

### 5.1 Support neighbourhood-based solutions

An important theme in the public consultation process was that neighbourhood and resident associations want to be involved in the Toronto Drug Strategy and to be part of developing solutions to substance use issues in their areas. They want to have a voice in the issues that affect their everyday lives. Many residents and tenants associations have come together to strategize on how to improve the community safety in their neighbourhoods. Residents are the eyes and ears on the street and so they are well placed to identify problems before they get out of hand. Some of this work is already happening, often initiated by residents groups themselves, and we need to build on these efforts. For example, some neighbourhood groups do late night “community walks” with local police officers and community agencies.

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**Please remember to focus energy and attention on members of the community who are impacted by people with substance abuse problems.**

~ Consultation Participant

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The City of Toronto needs to do more to promote neighbourhood solutions to these issues. Options for consideration include the provision of seed money to residents associations to develop solutions that work for the whole community. These efforts could also include promoting partnerships between neighbourhood groups, community-based service providers, police, local schools and faith communities as well as people who are using alcohol or other drugs in those neighbourhoods. Developing neighbourhood responses that will be effective must be done in a comprehensive way that includes evidence-based prevention, harm reduction, treatment and enforcement responses. They also need to be done in a way that takes into consideration the impacts to the rest of the city. Too often, efforts to address localized problems such as drug dealing end up simply displacing it to another neighbourhood.

A key component of the City’s Community Safety Plan is neighbourhood action planning, which is viewed as key to strengthening at-risk neighbourhoods. Neighbourhood action in the Community Safety Plan neighbourhoods of Malvern, Jamestown, Jane-Finch, Kingston-Galloway, Lawrence Heights, L’Amoreaux and Markham & Eglinton is integrating

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neighbourhood service delivery for youth. City and community stakeholders are coordinating and collaborating on these services and programs. This approach is proving successful in promoting community safety at a neighbourhood level. We should build on this work and look to adapting it to neighbourhoods that are affected by drug issues, such as the downtown core.

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**Recommendation 45** The City of Toronto, including the Toronto Police Service, schools and other partners work with neighbourhood groups that support a comprehensive and inclusive approach to substance use issues to develop locally-based strategies to reduce alcohol and other drug related crime. **(P, HR, E)**

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### **5.2 Address drug-related crime in rental housing**

Some landlords and residents in Toronto are struggling with drug issues in their own apartments and housing properties. Violence or public disorder issues resulting from alcohol or illegal drug use and/or dealing can make other tenants feel unsafe, especially children. Drug-related crime and violence has been an issue in both social housing and private rental housing and landlords are looking for help from police and other municipal officials. Enforcement options such as blanket trespass orders that allow police to act on behalf of landlords should be considered to enable police to better assist landlords.

The City of Toronto's Community Safety secretariat is working with the Toronto Community Housing Corporation to develop responses to community safety issues in their properties. This is an ideal area for collaboration between the Community Safety Plan and the Toronto Drug Strategy. However, the City of Toronto needs to do more to support the Toronto Community Housing Corporation to more effectively address the health and safety issues for tenants in housing across the city that result from drug use and dealing. The City also needs to work with other non-profit and co-operative housing providers, private sector landlords, rooming house operators and others, to develop solutions appropriate for them.

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**Recommendation 46** The City of Toronto, including the Toronto Police Service, work with public and private sector landlords, including the Toronto Community Housing Corporation, to develop strategies to address drug-related crime and disorder in rental housing. **(P and E)**

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### **5.3 Support police efforts to enforce drug laws**

Generally speaking, drug strategies focus on both reducing the demand for drugs and reducing the supply of drugs. In Toronto, drug dealing happens throughout the city and tools such as cell phones and the internet help to keep much of it out of sight. Some areas of the city have more visible and active areas for dealing, especially in the downtown core. However, the dealers are not necessarily from downtown communities; many come from areas outside of the core. Buyers also come downtown from all over Toronto to "shop" for drugs. Drug dealing is not a victimless crime. In addition to the potential for

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exploitation of users by dealers, people living in neighbourhoods where drug dealing is done openly sometimes fear for the safety of themselves and their families. As witnessed in Toronto this summer, links between organized crime and drugs have resulted in serious gun violence affecting many innocent bystanders.

In Canada, the Controlled Drugs & Substances Act controls the importation, traffic and use of narcotics and other illicit substances while allowing for their medicinal use where appropriate. The Toronto Police Service is responsible for enforcing our drug laws at the local level and they need the support of the community to do this. The police have taken a tiered approach to tackling illegal drug issues in Toronto with an emphasis on street-level trafficking. Efforts are also targeted at middle and high end drug traffickers often in joint forces operations with the RCMP, the OPP and regional police forces in York, Peel and Durham.

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**Recommendation 47** The City of Toronto support the Toronto Police Service to increase enforcement efforts through partnerships with local, regional and national law enforcement agencies targeting high-level drug traffickers, importers and producers of illegal substances. (E)

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***Additional recommendation of City Council:***

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**Recommendation 47(a)** *That the City of Toronto work with the Toronto Police Service and appropriate community groups and service providers to develop strategies to prevent and stop the use of children as ‘runners’ for drug dealers in our communities; and further, that the federal Minister of Justice be requested to review the Criminal Code with the view to strengthening sentences for offences where children/youths are being exploited by adults engaged as ‘runners’ for drug dealers (P and E).*

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#### **5.4 Reduce illegal drug production**

As a large urban centre, Toronto is a “user” market with illicit drugs coming in for consumption. It is also a large “trans-shipment” hub with supplies of drugs moving through the city to other parts of the province and the country. However, it is impossible to determine with any accuracy the amount of drugs coming into or through Toronto at any given time.

Illegal drugs are not only imported into the city; some are also produced locally, for example, in marijuana grow operations, many of which are located in residential areas. Marijuana grow operations can pose serious health and safety threats to the communities they are located in and to the police who work to dismantle these operations. Potential threats include fire resulting from growing practices and violence from the growers and dealers involved in the operation. In addition, adults and children who live in grow op houses face health risks from the mould that is sometimes associated with marijuana cultivation, and from the chemicals that are used to foster plant growth.

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The Toronto Police Service and other municipal services continue to try to shut down marijuana group operations in Toronto, most of which are located in the outer suburban areas of the city. This issue was raised in the Scarborough area public consultations as a concern for neighbourhoods in that community. However, police do not have the resources to adequately respond to the rise in marijuana grow operations and more support is needed.

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**Recommendation 48** The City of Toronto ensure resources are available for municipal agencies to effectively respond to illegal drug production operations such as marijuana grow operations. These agencies include the Toronto Police Service, Toronto Public Health, Toronto Hydro, Toronto Fire Service and Municipal Licensing and Standards. (E)

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**Additional recommendation of City Council:**

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**Recommendation 48 (a)** *That the federal government be requested to: stiffen the penalties for both those convicted of operating grow houses and the owners of the properties who carry on these operations, with a view to imposing a 10-year jail term for those convicted; institute a ban on conditional sentencing (house arrest) for serious drug crimes; and impose higher fines for drug dealers and producers (E).*

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**5.5 Reduce drug-related litter**

An outcome of street-level drug use is the discarding of paraphernalia such as needles and crack pipes. Some neighbourhood areas and city parks are struggling with ways to deal with this litter, which can cause health and safety concerns for children and adults who want to use these public spaces. Needle exchange programs have helped reduce the number of discarded needles in Toronto as drug users have access to methods for proper disposal. But, additional strategies need to be put in place to ensure the safe disposal of drug-related equipment.

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**Recommendation 49** Toronto Public Health re-convene the Get the Needles off the Street Committee to ensure City divisions and external organizations have co-ordinated policies and procedures in place to reduce the volume and ensure proper disposal of discarded needles and other drug using equipment. (P and HR)

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**5.6 Prevent violence in licensed establishments**

There is a strong link between alcohol and violence, stronger than for other drugs. Most people do not become aggressive when they drink and even those that do have this tendency won't be aggressive every time they drink. However, studies have shown that people who are heavy drinkers or who drink excessively and to intoxication are more likely to be aggressive.

Much of our social drinking happens in licensed establishment such as restaurants, bars and clubs. Staff in these establishments are well placed to both moderate and intervene with people whose drinking has gotten out of hand. The

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Centre for Addiction & Mental Health has developed a successful model called the Safer Bars Program, which helps owner/managers to identify and reduce environmental risks for aggression (bar rules, etc) and also provides a three-hour training course for staff and managers on how to manage problem behaviour. Initial results from the program evaluation are encouraging and support is needed to promote this training in licensed establishments in Toronto. Consideration should also be given to including the Safer Bars Program as a mandatory element of the municipal licensing requirements and advocating for the Alcohol and Gaming Commission to do likewise.

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**Recommendation 50** Toronto Public Health work with the Centre for Addiction & Mental Health to actively promote the Safer Bars Program to prevent alcohol-related violence in licensed and other establishments and to review the potential to include this training as a mandatory element of the municipal licensing requirements. **(P and HR)**

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***Additional recommendation of City Council:***

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**Recommendation 50(a)** *That the Province of Ontario be requested to review the legislative provisions applicable to licensed establishments so that they would be required to show proof yearly that the requirements of the Safer Bars Program are met, and that licences be suspended until such time as it can be demonstrated that these requirements have been met (P).*

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### **5.7 Promote alternatives to incarceration**

As highlighted throughout this report, it was clear from the public consultations that Torontonians want us to treat substance use as both a health issue and a criminal issue. This is not to say that there shouldn't be meaningful consequences for drug-related crimes. Rather, that if the primary issue related to the crime is the person's substance use then prison may not be the most effective or appropriate response.

Examples of alternatives to incarceration include therapeutic residences (treatment), community supervision orders and drug treatment court. Established in December 1998, the Toronto Drug Treatment Court provides voluntary, court-supervised treatment for non-violent accused persons whose criminal conduct is driven by addiction. Rather than incarceration, offenders receive a non-custodial sentence upon successful completion of the program. Close ongoing collaboration between the court, the community, and the treatment system is a hallmark of this program. By helping people to stay engaged in treatment, the program aims to reduce relapse rates for substance use and related criminal behaviour, and to improve social stability. Toronto's Drug Treatment Court has received international attention and other countries, such as Jamaica, are basing their programs on this model.

As with other responses, drug treatment courts don't work for everyone. However, the Toronto Drug Treatment Court has proven successful for some

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drug users. This program is underutilized and more referrals are encouraged to make the best available use of this program.

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**Recommendation 51** The City of Toronto urge officials in the criminal justice system to make more referrals to the Toronto Drug Treatment Court as an alternative to incarceration for non-violent drug offences. **(T and E)**

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Toronto should also look at alternative approaches used by police in other jurisdictions that have proven effective and appropriate for people with substance use issues. For example, the Merseyside model in England, which involves police “cautioning” individuals, found using illegal substances as opposed to automatic arrest. Police refer drug users who are arrested to treatment services and support the work of needle exchanges by limiting surveillance of these programs and not prosecuting for possession of needles. Police focus on drug trafficking but rely on cautioning and diversion for simple drug possession.

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**Recommendation 52** The Toronto Drug Strategy Implementation Committee explore alternative enforcement strategies employed by police in other jurisdictions to determine if any policies or practices are appropriate for Toronto. **(HR and E)**

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### **5.8 Explore alternative community justice measures**

Crime inflicts harm and therefore justice should repair the harm in order to help restore the relationship between the offender, victim(s) and the community. Community or restorative justice measures enable victims and others affected by crime to be heard and to have input into developing more meaningful consequences for the person who committed the crime, that may also serve to deter further criminal behaviour.

Alternative community justice measures include mediation tribunals, which have proven effective for some types of criminal offences. Another example is community service orders, where the convicted individual makes a meaningful contribution back into the community affected. These types of approaches may be appropriate for drug-related crimes and warrant further consideration in Toronto. We should also look to the experiences of other jurisdictions and tailor any appropriate options for Toronto.

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**Recommendation 53** The Toronto Drug Strategy Implementation Committee bring together police, other criminal justice officials, community agencies and groups and residents associations to explore alternative community justice approaches appropriate for Toronto. **(E)**

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## **6. Awareness, Education & Training**

It was clear from the public consultations for the Toronto Drug Strategy that people don't feel they have enough accurate information about the issues associated with substance use as well as what can be done to effectively address them. This also applies to people who are working in the health, social service, education and criminal justice system, including peer workers. Current training is inadequate in the areas of substance use and mental health. We also need to address the social stigma and discrimination toward people who use alcohol and other drugs if we are to reconnect people to the supports and services that they may need. And, we need to promote the awareness of overdose prevention strategies among people who use substances.

### **6.1 Develop strategies to inform the public**

The need for more and better education was a popular theme during the public consultations. Education is sometimes viewed as a panacea – if only people knew the possible dangers of alcohol and other drug use they would “just say no.” But, the research is overwhelming; education alone does not work. Effective prevention requires comprehensive programming that can include education but is much broader in scope. It must involve legislative and policy change as well as strategies aimed at building protective factors and personal resiliency to help buffer people against risks such as substance use. The Toronto Drug Strategy takes this comprehensive approach and prevention actions are integrated throughout the report.

Consultation participants felt that the general public is largely uninformed about the various substances that are available as well as their potential benefits and/or harms. New drugs and new drug combinations appear all the time and the way people use them changes over time. Many people also forget that alcohol is a drug and in fact is the most harmful drug in terms of the number of people affected and the costs to society.

People need good information to make informed decisions about whether or not to use a particular substance and, if they choose to use it, what they can do to minimize the risk of harm to themselves or others. Good information is accurate and not fear-based and must acknowledge the positive as well as the negative aspects of substances and substance use. This includes the potential impact their use of alcohol and other drugs can have on others such as family members, friends as well as neighbourhoods and communities. Many organizations in Toronto do provide this information. However, more needs to be done to co-ordinate and improve these efforts.

Consultation participants also felt that the general public doesn't really know what works with respect to prevention, harm reduction, treatment and enforcement responses. In particular, more information is needed about the role and effectiveness of harm reduction because it is a new concept for many people. Needle distribution programs are probably the most familiar example

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of harm reduction but the field has expanded considerably over the years. Participants felt that if the public were better informed about the role and effectiveness of harm reduction, they may be more supportive of this approach.

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**Recommendation 54** The City of Toronto, in partnership with the Centre for Addiction & Mental Health and community groups, develop comprehensive strategies to inform the public about substances and substance use issues. Specific areas to include:

- accurate information about the benefits and harms of substances and substance use
  - impacts of substance use on neighbourhoods and communities
  - potential risks such as driving under the influence of alcohol, cannabis, etc
  - the role and effectiveness of prevention, harm reduction, treatment and enforcement responses. **(P, HR, T, and E)**
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## 6.2 Address stigma and discrimination

Addressing the stigma and discrimination against people who use substances, especially illegal drugs, was another key theme to emerge from the consultations. As members of society we know and may even have experienced the profound impacts of discrimination. Over the years, advocates have worked hard to undo the myths and stereotypes of marginalized groups including people with mental health issues or physical disabilities and members of certain ethno-cultural communities. Society often vilifies people who use alcohol or other drugs, especially if it is done in a public or visible way. They are viewed as weak, responsible for their own misfortune and therefore not deserving of our compassion or support. This view is not only untenable but exacerbates the very problems we want to alleviate.

The concept of stigma originates in early Greek society when slaves were physically branded to indicate their status in society. Branding can also be done with words and has serious consequences for the health and well-being of the individual affected. Branding grants license to people to treat their fellow citizens without care or respect and even to deny them their rights, including the right to proper health care. People who are stigmatized typically internalize these perceptions, causing them to withdraw even further from social norms and to lose hope for positive change. It is a vicious cycle. The more marginalized people become because of social rejection, the more society condemns them, which in turn fuels their marginalization.

Social alienation disconnects people, from their personal support systems and from the very health and social services that are intended to help them. Discrimination has led to the creation of often impenetrable barriers to these services and also the chronic under-funding of both addiction and mental health services despite the considerable impact these conditions have on families, communities, workplaces, health and social services, the criminal justice system, let alone on individuals. People need to be aware of and responsible for personal and social harm that may result from their use of

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**Stigma will only cease to exist when people are valued for who they are, when they have educated and understanding social relations...**

– Christina Martens

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alcohol or other drugs. But, we need to focus on the person's behaviour that is harmful and unacceptable, not brand them with negative labels that can have a harmful lifelong effect.

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**Recommendation 55** The City of Toronto, in partnership with the Centre for Addiction & Mental Health and community groups, develop strategies to address stigma and discrimination toward people who use substances. **(P)**

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### **6.3 Provide better information on where to get help**

Where can people go for help? This was another key theme of the public consultations. Many are not aware of the prevention, harm reduction and treatment services that are available in Toronto or how to access them. This can be a particular challenge for newcomers who may experience language barriers because information is only available in English. New immigrants may also be unfamiliar with addiction services if they are coming from countries where substance use issues are not talked about openly or these types of services are non-existent. Newcomers also need access to information about services that provide culturally-specific support as they may be more comfortable approaching this type of service for help.

The Drug & Alcohol Registry of Treatment (DART) provides province-wide information and referrals to addiction treatment services. DART has plans to expand its service to include mental health services by 2006. However, many people seem unaware of this service. Toronto 211 also provides information and referral services to all community services including health, mental health and social services, but obviously not everyone is aware they can get information from this service. Improving access to information does not require new systems but rather better ways of communicating what already exists.

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**Recommendation 56** Toronto Public Health work with the Centre for Addiction & Mental Health, Community Information Toronto and the Drug & Alcohol Registry of Treatment to provide clear, accessible, multi-lingual information to the all members of the community about the full range of substance use programs and services and how to easily access them. **(P, HR, T and E)**

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### **6.4 Expand overdose prevention strategies**

An unintended consequence of the prohibition of illegal drugs is the increased likelihood of overdose because of the lack of control or regulation of the quality or potency of drugs people consume. Overdose can also happen when people take dangerous combinations (alcohol, prescription drugs, illegal drugs, etc) and/or amounts of drugs. These issues can be further exacerbated if people are using in unsafe places or with contaminated equipment. This is part of the rationale for supervised injection sites, as one measure to prevent overdose.

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Research shows that most illegal drug users experience nonfatal overdoses, almost as a matter of course. Of course for some people the overdose is fatal. The most current data on overdose deaths in Toronto is for 2001 in which there were 25 heroin-related deaths and 19 cocaine-related deaths.<sup>8</sup> It is impossible to know how many non-fatal overdoses occur as they largely go unreported. Illegal drugs are not the only cause of overdose. People also overdose on prescription drugs. People also become seriously ill and die from alcohol poisoning and prevention strategies need to focus on legal substances as well.

Prevention strategies need to focus on helping people reduce the risks that may lead to an overdose as well as strategies to intervene during an overdose. Often a friend or peer is in the best position to provide help when someone is in trouble. There are overdose prevention initiatives in Toronto. For example, Toronto Public Health's "Party in the Right Spirit" program for high school youth includes training on the signs of alcohol and other drug overdose as well as how to respond. Toronto Public Health is also developing training for service providers and service users on overdose prevention and response.

Innovative overdose prevention strategies are also used in other cities. The community-based Chicago Recovery Alliance has developed a peer-based overdose prevention program. In the first two years of operation, this project recorded 115 reversals of opiate-involved overdoses. In Vancouver and some Australian cities, police have adopted a policy not to automatically respond to overdose 911 calls; ambulance and/or paramedics attend only. This change in policy has resulted in more calls from people in medical distress who previously didn't call 911 because they feared arrest for using illegal drugs. Toronto needs to build on existing overdose prevention initiatives and also to look at other approaches to strengthen its response in this area.

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**Recommendation 57** Toronto Public Health, in partnership with relevant institutions and community groups, expand overdose prevention strategies for all substances. **(P and HR)**

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## **6.5 Recruit more health care providers**

There are a myriad of health issues associated with alcohol and other drug use. Long-term alcohol use can lead to serious health problems such as hypertension, heart disease, cancer, acute alcohol poisoning, respiratory system disease, brain damage, liver disease, and even premature death. Most common are injuries such as falls, drowning and motor vehicle collisions. People who use illegal drugs, especially people who inject drugs, are highly susceptible to infectious diseases such as HIV and Hepatitis C as well as respiratory illness, cardiac problems, seizures and death. Women who drink during pregnancy risk an infant born with Fetal Alcohol Spectrum Disorder and other drug use during pregnancy can lead to newborn drug withdrawal syndrome.

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<sup>8</sup> Office of the Chief Coroner, 2001.

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Family doctors or emergency room nurses are often in the best position to intervene with someone who is using alcohol or other drugs in a harmful way. The primary health care system is an important entry point into the broader health, mental health and social service system. Unfortunately, it is difficult to recruit health care providers to work with people who have serious substance use and/or mental health issues. This is especially true for people who are homeless or otherwise street-involved who may have multiple and long-term issues.

In Toronto, Seaton House has developed successful partnerships with St. Michael's Hospital and the medical residency program at the University of Toronto to deliver effective and innovative health care services to the homeless men who use their shelter. We need to encourage more partnerships like this across the health, social service and even correctional systems if we are to improve health care for vulnerable and marginalized substance users.

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**Recommendation 58** The City of Toronto urge the provincial government to develop a health human resources plan including strategies to support organizations in the recruitment and retention of health care providers to work with people who use substances. Providers should include general practitioners, nurse practitioners, the new Family Health Teams and alternative practitioners. **(P, HR and T)**

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### **6.6 Improve training and support for service providers**

Many professionals, including health care providers, police officers, criminal justice officials, social service workers, housing support workers and even front-line street outreach workers receive little formal training on substance use and mental health issues although they may work with people who experience these issues every day. Understanding the complexity of issues and the needs of people from the diverse groups who use substances as well as giving workers concrete skills for how best to help or intervene is critical to providing effective and supportive care. Training must also include opportunities for people to become more aware of their own personal values and beliefs about substance use to ensure they always act professionally.

The field of substance use is continually changing. Research is challenging traditional views and bringing new evidence to bear on what approaches actually work. In Toronto, we want to ensure that all sectors that work with people who have substance use issues have access to the best knowledge and training. This includes health, mental health, social services, police and the broader criminal justice system. Education and training should be comprehensive and based on evidence about what actually works in the area of prevention, harm reduction, treatment and enforcement. It should be integrated into the educational curriculum for these disciplines and also be made available as part of ongoing professional development. For example, advanced training in proper pain management for physicians. Substance specific training needs to be integrated into overall strategies for each of the

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sectors affected and not be viewed as a one-time only event. Understanding each sector's mandate and approach as well as how they support, or run contrary to, working with people with substance use issues must also be part of this training.

An effective way to spread knowledge and practice throughout an organization is the train-the-trainer model. Toronto Public Health's Harm Reduction Train-the-Trainer program has successfully trained police, health and community service workers in Toronto and elsewhere in Canada. Trainees then share their knowledge and skills with others in their organization. Job shadowing, mentoring, exchanges and secondments are also effective learning opportunities. We need to build on these models and expand opportunities for cross-training between sectors.

Front-line workers also need adequate supervision and professional support to increase job satisfaction and reduce incidents of burnout, which is common in this field. We need to keep the experience and expertise within the sector.

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**Recommendation 59** The City of Toronto work with partners, such as the Centre for Addiction & Mental Health, universities, colleges, educators and training centres to ensure that comprehensive education and training on substance use and mental health issues is included in the educational curriculum of enforcement, health, mental health and social service workers as well as part of ongoing professional development. **(P, HR, T, E)**

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### **6.7 Increase peer involvement and training**

Involving people who use or have used substances in planning, delivering and evaluating policies and programs intended to serve them is vital. As highlighted above, this was a key theme during the public consultations for the Toronto Drug Strategy. Groups and networks of users have been formed to provide people with a stronger voice to affect change. The two active peer networks in Toronto are Finally Understanding Narcotics and the Toronto Harm Reduction Task Force Peer Network.

Peers, as they are called, also deliver services such as outreach. In 1991, Toronto Public Health started the first peer group at *The Works* program for injection drug users. This and other needle distribution programs across the city support and encourage the involvement of peers to help deliver programs. Some countries fund user groups directly to deliver programs. Since the late 80s, the Australian government has funded peer groups to deliver needle exchange, education on health issues, safer injecting methods, overdose and adverse drug reactions. Peer workers are seen as a trusted and credible source of information and referral by other users and provide valuable links to social, health and treatment services.

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**Peer work is about improving your understanding of drug use, extending that knowledge back out into the community and using your past experiences in a positive, pro-active way.**

~Toronto Harm Reduction Task Force, Peer Manual

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Despite the proven value of peer workers, they tend to be under-paid and receive only small stipends or honoraria. In addition, few resources are available for supervision and ongoing training and development. Like other workers, peers need a supportive work environment that enables them to continue sharpening their skills and keep their knowledge current.

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**Recommendation 60** The City of Toronto develop strategies to promote more opportunities for peer workers to effectively and meaningfully work in and deliver programs. **(HR and T)**

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**Recommendation 61** The City of Toronto urge the provincial government to make funding available for ongoing supervision, training and skill development of peers working in health and social services. **(HR and T)**

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**Recommendation 62** The City of Toronto support the development of a “drug users group” to undertake a range of activities, including advocacy for the rights of people who use illegal drugs, harm reduction initiatives, education, community development and consumer representation. **(HR)**

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## **7. Research & Evaluation**

Research is being done in Toronto and around the world that is challenging traditional views about substance use and providing good evidence about what really works in the areas of prevention, harm reduction, treatment and enforcement. The Toronto Drug Strategy is grounded in this research. However, we also need to keep adding to our knowledge and continue evaluating what we're doing to be sure it is making a difference in the lives of people affected by substance use issues. This need for research that broadens our understanding and verifies the effectiveness of programs was a key theme of the public consultations for the Toronto Drug Strategy. Participants also want to see more research partnerships with the people who are directly affected including people who use substances as well as residents of local neighbourhoods and communities.

### **7.1 Evaluate the drug strategy**

Evaluation is an important and responsible part of any action plan. We need to be able to demonstrate to Toronto City Council and the general public that the Toronto Drug Strategy commitments are being met and the recommended actions have been taken. This will require an independent evaluation to ensure an objective assessment. Results can then be used to strengthen and modify the strategy.

It is also important to find out if the actions taken are making a difference in the lives of individuals, families, neighbourhoods and communities who are affected by substance use. In this way Toronto can also contribute to national and international drug policy and research by providing evidence on effective interventions. It may be that some of the actions have negative consequences or may not be effective. Whatever the outcome, we need to know and continue to use that knowledge to develop better policy and service responses to substance use issues. The evaluation plan needs to be in place from the start of implementation to ensure that the data that is collected is relevant.

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**Recommendation 63** The City of Toronto secure funding to independently evaluate the implementation and effectiveness of the Toronto Drug Strategy.

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### **7.2 Increase practice-oriented research**

More resources need to be targeted to practice-oriented research, which is research that can be directly applied to program and service responses and in this way make a real difference for people whose lives are affected by substance use. There is always a tension between doing research and delivering tangible, concrete responses. But, in this area it is fair to say that more is needed for both. We also need research in all four areas of prevention, harm reduction, treatment and enforcement. Just because "this is the way we've always done things" doesn't mean we should keep doing it that way, especially if those approaches don't work.

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We need to study new approaches and implement those that can demonstrate effectiveness. Often research requires boldness and the courage to try new things. We won't know if they work until we try them. We need to look at alternative approaches and do it within a Toronto context. In the area of treatment, for example, new therapies are being tried all the time, both in Canada and around the world. Of particular interest to Toronto is some of the work being done for crack cocaine. Cocaine is one of the hardest drugs to treat and there is no known substitution therapy, such as methadone, which has proven successful with heroin. One potential substitution therapy that warrants further study is the drug Dexadrine, which provides a similar but less harmful stimulant effect than cocaine. Another approach used successfully in South America is coca leaves; chewed or drunk as a tea. This therapy may also work with crystal meth.

For people with very severe and long-term alcohol use, an option worth further study is methadone maintenance therapy. Under this treatment, people are converted to an opiate addiction. While this may sound counter-intuitive, the individual concerned suffers far less harm in terms of liver damage and the potential for eventual withdrawal may improve.

In the area of alcohol we need to look at better ways to prevent alcohol-related problems in bars and clubs, especially violence and crime. We also need to stretch our understanding about the meaning, ways and circumstances in which people use alcohol and other drugs in our society. Substances, their legal status, social acceptability and forms of use change over time. This has influenced how we respond to these issues in both a negative and positive way. It would also be helpful to learn more about what promotes or discourages more controlled and less harmful use of alcohol and other drugs.

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**Recommendation 64** The City of Toronto work with the Centre for Addiction & Mental Health and other institutional and community-based researchers to ensure efforts are targeted toward practice-oriented research in the areas of prevention, harm reduction, treatment and enforcement. (P, HR, T and E)

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### **7.3 Conduct a needs assessment and feasibility study for supervised consumption sites**

Most people who use alcohol and other drugs use them recreationally and function perfectly well in society. They have families, they go to work and they “contribute to society.” However, for some people, their use is out-of-control, sometimes in a very public way and visible way and that contributes to disruption in local neighbourhoods. Conditions such as homelessness, mental health issues and incarceration can also contribute to and exacerbate this type of use. Chaotic use in unhygienic or unsafe places can lead to harmful or dangerous practices such as sharing needles and other equipment and injecting too quickly or incorrectly. This behaviour is not uncommon in Toronto, in particular, in parts of the downtown core.

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A recent study of injection drug users in Toronto<sup>9</sup> identified a number of risk behaviours that warrant concern. Twenty-four percent of users surveyed always inject alone, which presents a danger in cases of overdose. Twenty-one percent inject on a daily basis, 24% injected with previously used needles/syringes during the previous six months and 32% injected with other types of shared equipment. Among injection drug users in Toronto an estimated 5% are infected with HIV and 54% are infected with Hepatitis C.

One of the most controversial measures to help reduce the harms of injection and other drug use are drug consumption rooms. Drug consumption rooms (supervised injection sites or inhalation rooms) are legally sanctioned low-threshold<sup>10</sup> facilities that allow the consumption of pre-obtained drugs under supervision in a non-judgmental environment. Consumption rooms evolved from efforts to reduce public nuisance associated with open injection drug use and to provide a clean and protected environment for users to reduce the transmission of blood-borne viruses and the risk of overdose. They are often characterized as a “middle ground” between public health and public order concerns as they have played an important role in the management of open drug scenes and the provision of harm reduction services. Some consumption rooms are part of multi-service centres that offer a range of health and social supports including medical aid, counselling, methadone maintenance therapy, needle and condom distribution, drop-in services and even overnight shelter. As with any other approach, supervised consumption rooms are not “the answer”; rather they are viewed as one part of a comprehensive, effective response to drug use.

There are about fifty legal supervised consumption sites around the world, located in Australia, Austria, Germany, Luxembourg, the Netherlands, Norway, Spain and Switzerland. These sites are not sanctioned by the International Narcotics Control Board (INCB), which is a quasi-judicial body that enforces compliance with international drug conventions. In September 2003, Canada joined Europe and Australia in facing open hostility from the INCB for holding a contrary opinion of its responsibilities under international treaties and granted support and funding for the first North American supervised injection site, which was opened in Vancouver as part of a research trial. Victoria and Ottawa have also initiated feasibility studies to determine if supervised injection sites are appropriate for their cities.

<sup>9</sup> Health Canada. (2004). I-Track-Enhanced Surveillance of Risk Behaviours among Injecting Drug Users in Canada. Pilot Survey Report. Ottawa: Health Canada. Other studies have noted HIV infection rates as high as 14%, as noted in Fischer, B., Rehm, J., Brissette, S., Brochu, S., Bruneau, J., El-Guebaly, N., Noel, L., Tyndall, M., Wild, C., Mun, P., Baliunas, D. (in press). Illicit Opioid Use in Canada - Comparing social, health and drug use characteristics of untreated users in five cities (OPICAN study). *Journal of Urban Health*.

<sup>10</sup> While abstinence is usually the main goal of high-threshold facilities, low-threshold programs seek to keep users in treatment and work towards reducing the harms associated with drug use. These programs have few admission criteria and do not expel people who continue to use drugs.

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Research from Europe and Australia suggests that these programs reduce the risks and harms associated with injection drug use (e.g., needle sharing) and help reduce public order issues (e.g., open drug use). Preliminary research from Vancouver's site has found similar results, including reduced injection drug use in public and increased safe syringe disposal. In Frankfurt, officials have attributed reductions in drug overdose deaths and crimes such as theft and assault at least in part to the introduction of supervised injection sites.

Does Toronto need a supervised consumption site? This question has received the most media attention and the most controversy during the development of the Toronto Drug Strategy. There is by no means consensus on this issue; people on both sides of the issue have strong feelings. One consideration is whether drug consumption rooms would work in Toronto because of our profile of illegal drug use, which is primarily of crack cocaine (both injected and smoked). It has been argued that supervised injection sites won't work for people who inject cocaine, especially crack cocaine because of the high frequency of injection (the effects of cocaine are relatively short). However, a recent study from Vancouver found that daily crack cocaine users do use the site, as often as six times a day. And, people are learning safer practices, which they then carry outside the facility and share with other users. Another perspective is that because of the prevalence of crack smoking in Toronto, an inhalation room may be a more appropriate harm reduction measure.

The reality is we don't know if Toronto needs a supervised consumption site. But, we need to find out and that requires targeted research to see if people would use it, if there is sufficient community and political support for it, and also what type of service model would be most appropriate for Toronto. Because drug use is decentralized in Toronto, it may be better to have several, small programs integrated into existing services that are already well-used. The federal government has a rigorous application process and eligibility criteria that must be met before they will grant an exclusion under the federal *Controlled Drugs & Substances Act*, which is a legal requirement to operate such a program. There is open drug use and unsafe drug use in Toronto as well as neighbourhoods that have become overwhelmed by street level drug dealing. A needs assessment and feasibility study will help us determine if supervised consumption sites are an appropriate response for the people of Toronto.

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**Recommendation 65** The City of Toronto conduct a needs assessment and feasibility study for supervised consumption sites taking into account the decentralized nature of drug use in Toronto. (P and HR)

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**Amendment of City Council to Recommendation 65:**

And, that such a study include information on the effects of drug use in Toronto on:

- neighbourhoods and communities, including proximity to schools where young people congregate
- commercial and industrial businesses
- crime patterns in geographic areas, and
- property values in surrounding areas.

Further, that City Council reaffirm that no consumption sites will be established unless the protocol is followed, which requires that federal, provincial, municipal and police approval be given prior to the establishment of such a facility, and during the feasibility study, the issue of neighbourhood impacts be specifically addressed, the ward Councillors be surveyed for residential groups that would be interested, and staff seek the input of those residential groups on this matter prior to the completion of the feasibility study.

Further, that an assessment of the operation of a supervised consumption site, such as the Vancouver facility, be conducted on site by a team comprised of representation from the Toronto Police Service, City Council and City staff. And, that an in-depth examination be done of the Mobile Safe-Use Unit program in service in Berlin.

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**7.4 Improve dissemination of research**

In addition to more targeted research, we also need to improve how research is disseminated to make sure it is available to all parties who may have an interest. It is not enough for researchers to share their findings with each other. We need to ensure this information makes its way to the decision makers, policy makers, front-line service providers, and the general public who are personally affected by substance use issues in ways that are understandable and useful for them.

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**Recommendation 66** The City of Toronto and the Centre for Addiction & Mental Health ensure that broad dissemination plans are developed for research they fund or conduct to expand the knowledge and understanding of substance use issues in the community.

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### **8. Additional Council Recommendations**

At its meeting of December 14, 2005, Toronto City Council adopted The Toronto Drug Strategy and its recommendations with an amendment to recommendation 65, as noted in section 7.3 of this report. Council also passed additional recommendations, which have been integrated throughout the recommendations section. Additional recommendations that do not fit within the Toronto Drug Strategy subject headings are listed below.

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**Recommendation 67** *That the City Manager, in consultation with the Medical Officer of Health, be requested to report to the Policy and Finance Committee on implementation and budgetary issues; and that this report be submitted for consideration during the 2006 Operating Budget process.*

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**Recommendation 68** *That a copy of the report, entitled "Toronto Drug Strategy Report – A Comprehensive Approach to Alcohol and Other Drugs in the City of Toronto," dated October 2005, be forwarded to the Association of Municipalities of Ontario (AMO), the Federation of Canadian Municipalities (FCM) and all municipalities in the Greater Toronto Area.*

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## Priorities for Implementation

The Toronto Drug Strategy sets out a comprehensive approach to more effectively address the harms of alcohol and other drug use through a broad range of prevention, harm reduction, treatment and enforcement responses. This approach is intended to provide an evidence-based framework to guide municipal policy, program and funding decisions. There are 66 recommendations in this report. While all are needed to ensure a comprehensive response, many will require time to implement and some are contingent upon the willingness of other governments and parties to act. However, the Toronto Drug Strategy Advisory Committee has identified several actions as priorities for implementation.

### Structure

The first priority of implementing the Toronto Drug Strategy is to establish a workable structure that will provide the foundation to move ahead, specifically:

- **Recommendation 1**, which calls for a **Toronto Drug Strategy Implementation Committee**. This is the linchpin to making change on substance use issues in Toronto. We need to bring the key decision makers together to co-ordinate efforts across the areas of prevention, harm reduction, treatment and enforcement. This committee will also provide a capacity to both monitor and respond to new and emerging issues in Toronto.
- **Recommendation 2**, which calls for a **secretariat** to provide consistent and dedicated support to the Implementation Committee and work groups struck to implement the recommendations.

### Initiatives

Recommendations designated as priority areas for action in the Toronto Drug Strategy are those that meet one or more of the following criteria:

- build on existing efforts
- have resources available and in place
- focus on areas of greatest need
- reflect the spectrum of need
- pioneer new approaches

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Based on these criteria the following recommendations are designated as priorities for implementation in Toronto. Full details and rationale for each recommendation can be found in the main body of this report.

- Recommendation 5** Advocate for a provincial drug strategy
- Recommendation 7** Expand comprehensive prevention programming for families
- Recommendation 10** Develop comprehensive prevention programming for youth
- Recommendation 17** Advocate for residential treatment services for youth
- Recommendation 22** Limit the density of licenced establishments in the city
- Recommendation 25** Develop a surveillance system and alert protocols
- Recommendation 26** Expand harm reduction outreach strategies
- Recommendation 27** Develop a service delivery model for a 24-hour crisis centre
- Recommendation 30** Advocate for more treatment services and options
- Recommendation 36** Advocate for addiction services in jails and prisons
- Recommendation 45** Work with neighbourhood groups to develop local strategies
- Recommendation 50** Prevent alcohol-related violence in licenced establishments
- Recommendation 56** Provide better information on where to go for help
- Recommendation 63** Evaluate the implementation and effectiveness of the Toronto Drug Strategy
- Recommendation 65** Conduct a needs assessment and feasibility study for supervised consumption sites taking into account the decentralized nature of drug use in Toronto.

### **Timeline**

The Toronto Drug Strategy Implementation Committee should provide a progress report to Toronto City Council within 18-months of its inception.

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## **Conclusion**

The Toronto Drug Strategy provides a comprehensive approach to alcohol and other drug issues for the City of Toronto and includes actions in the areas of prevention, harm reduction, treatment and enforcement, all of which are needed to effectively reduce the harms of alcohol and other drug use. Significant work has already been done in Toronto and elsewhere on the issue of substance use. Our approach has been to build on existing initiatives, expertise and evidence-based research from our own communities in Toronto, across Canada and around the world.

The Toronto Drug Strategy is the product of considerable collaboration and co-operation. City Councillors and staff, with lead support from Toronto Public Health, worked in partnership with the Toronto Police Service, the Centre for Addiction & Mental Health, school board officials, community-based service providers, youth, people who use substances and representatives from the federal and provincial governments. In addition, over 350 members of the public participated in the community consultations for this initiative contributing their issues and solutions, which have been instrumental in shaping this drug strategy.

The Toronto Drug Strategy provides a collective vision and a shared approach to more effectively deal with substance use issues in Toronto. The key recommendation in this report is for a Toronto Drug Strategy Implementation Committee, which will facilitate intersectoral collaboration, oversee implementation of the strategy's recommendations and ensure a strong foundation for moving forward on substance use issues in Toronto.

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## **Acknowledgements**

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Several representatives of the Toronto Drug Strategy Initiative made research site visits to Frankfurt, Germany and Vancouver, British Columbia to meet with a broad range of people responsible for drug policy development, research and program delivery in these cities. We met with politicians, municipal staff, health, social service, education and enforcement officials, researchers, community-based service providers, advocates and people who use substances. We would like to acknowledge the time, knowledge and expertise that each person shared with us. This municipal exchange significantly contributed to the content of the Toronto Drug Strategy and has established invaluable linkages as we move on to the implementation phase of this work. In particular, we would like to thank:

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## **Appendix A: Glossary of Terms**

### **Community**

The term community refers to people who identify as belonging to a particular geographic area (e.g., Scarborough) or to a group that shares a common bond (e.g., gay, lesbian, bisexual and transgendered).

### **Diverse communities**

In an effort to neither exclude nor stigmatize a particular group, the term diverse communities is used to identify the broad range of population groups that may be disadvantaged because of race, national or ethnic origin, colour, religion, age, sex, sexual orientation, marital status, family status or disability. These categories are defined as per the Canadian Human Rights Act.

### **Neighbourhood**

The term neighbourhood refers to a localized geographic area that is self or historically identified (e.g., Riverdale). This term is used in addition to “community” to acknowledge the traditional view of Toronto as a “city of neighbourhoods.”

### **Reducing harms**

Reducing harms refers to the full spectrum of responses including preventing or delaying the use of substances for people not using them, reducing the harm for people who are using them and ensuring that effective and appropriate treatment is available in a timely manner. It also includes preventing and remedying the harms of substance use experienced by family members, neighbourhoods and the broader community.

### **Substance**

Substance refers to the full range of psychoactive substances used in society including alcohol, prescription drugs, illegal drugs and inhalants and solvents.

### **Substance use**

The term substance use refers to all types of use – from the person who uses alcohol or other drugs occasionally to someone who has a serious addiction.

### **Youth**

Youth are defined as young people between the ages of 14 and 24.

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## Appendix B: References

The Toronto Drug Strategy is based on the research documented in the environmental scan, which is attached in Appendix E of this report. Policy and research documents used as reference for specific sections of the Toronto Drug Strategy are listed below.

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### Recommendations for Action

#### 1. Leadership & Co-ordination

##### 1.1 Establish an implementation committee

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MacPherson, D. (2001). *A Framework for Action: A Four Pillar Approach to Drug Problems in Vancouver*.

##### 1.2 Dedicate staff for implementation

Federation of Canadian Municipalities. (2004). *FCM Municipal Drug Strategy Phase III Report: A Summary Evaluation of Pilot Projects*.

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##### 1.4 Seek intergovernmental collaboration

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## 2 Children & Families

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### 2.1 Target prevention to families

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### 2.3 Support families dealing with issues of substance use

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## 3 Youth

Bachman, J. G., Wadsworth, K.N., O'Malley, P.M., Johnston, L.D., & Schulenberg, J.E. (1997). *Smoking, drinking and drug use in young adulthood: The impacts of new freedoms and new responsibilities*. Mahwah, NJ: Lawrence Erlbaum Associates.

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### 3.1 Provide comprehensive prevention programming for youth

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### 3.3 Expand harm reduction services for youth

Paglia, A. and Room R. (1999) Preventing substance use problems among youth: A literature review & recommendations. *Journal of Primary Prevention*, 20:3-50.

### 3.4 Expand treatment options and spaces for youth

Research Group on Drug Use (RGDU). (2005). *Drug Use in Toronto 2004* Toronto: Research Group on Drug Use.

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3.5 Review zero tolerance policy in schools

Paglia, A. and Room R. (1999) Preventing substance use problems among youth: A literature review & recommendations. *Journal of Primary Prevention*, 20:3-50.

**4. People who use substances**

4.1 Strengthen alcohol policies

Babor, T. , Caetano, R., Casswell, S., Edwards, G., Giesbrecht, N., Graham, K., Grube, J., Gruenewald, P., Hill, L., Holder, H., Romel, R., Österberg, E., Rehm, J., Room, R. & Rossow, R. (2003). *Alcohol, No Ordinary Commodity: Research and Public Policy*. Oxford: Oxford University Press.

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4.2 Prevent misuse of prescription drugs

Rehm, J., Weekes, J. (2005). Abuse of controlled prescription drugs. In, *Substance Abuse in Canada: Current Challenges and Choices*. Canadian Centre on Substance Abuse.

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4.4 Develop a surveillance system and alert protocol

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#### 4.5 Expand harm reduction outreach

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#### 4.7 Provide more harm reduction in shelters

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#### 4.9 Increase treatment spaces and options

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#### 4.11 Address service barriers

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#### 4.13 Advocate for addiction services in jails and prisons

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#### 4.14 Improve income security for vulnerable groups

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#### 4.16 Increase housing options

City of Melbourne. (2004). *Drugs Action Plan 2004-2006.* Melbourne City Council.

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### **5.1 Support neighbourhood-based solutions**

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### **5.4 Reduce illegal drug production**

Criminal Intelligence Service of Ontario, Ministry of Community Safety & Correctional Services. (2004). *Green Tide: Indoor Marihuana Cultivation and its Impact on Ontario*.

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5.6 Prevent violence in licensed establishments

Haines, B. and Graham, K. (2005). Violence Prevention in Licensed Premises, in *Preventing Harmful Substance Use: The Evidence Base for Policy and Practice*, Ed. T. Stockwell, P.J. Gruenewald, J.W. Toumbourou and W. Loxley.

5.7 Promote alternatives to incarceration

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**6. Awareness, Education & Training**

6.1 Develop strategies to inform the public

Agic, B. (2003). Health Promotion Programs On Mental Health/Illness And Addiction Issues in Ethno-Racial/Cultural Communities: A Literature Review. Toronto: Centre for Addiction & Mental Health.

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6.2 Address stigma and discrimination

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Ethnoracial Coalition: Access to Addiction Services. (2003). *Addiction Trends in the Afghan, Pakistani, and Russian Communities.* Toronto: Ethnoracial Coalition.

6.4 Expand overdose prevention strategies

Chicago Recovery Alliance. Document available at [www.anypositivechange.org](http://www.anypositivechange.org)

Fischer, B., Brissette, S., Brochu, S., Bruneau, J., el-Guebaly, N., Noël, L., Rehm, J., Tyndall, M., Wild, C., Mun, P., Haydon, E. (2004). Prevalence and determinants of overdose incidents among illicit opiate users in five cities across Canada. *Canadian Medical Association Journal*, 171(03): 235-239.

Riley D. (2003). *An Overview of Harm Reduction Programs and Policies around the World: Rationale, Key Features and Examples of Best Practice.* 2nd International Policy Dialogue on HIV/AIDS, Warsaw, Poland.

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## 6.7 Increase peer involvement and training

Riley D. (2003). *An Overview of Harm Reduction Programs and Policies around the World: Rationale, Key Features and Examples of Best Practice*. 2nd International Policy Dialogue on HIV/AIDS, Warsaw, Poland.

Toronto Harm Reduction Task Force. (July 2003). *Peer Manual: A guide for peer workers and agencies*.

## 7. Research & Evaluation

### 7.3 Conduct a feasibility study for supervised consumption sites

British Columbia Centre for Excellence in HIV/AIDS. (2004). *Evaluation of the Supervised Injection Site: Year One Summary*.

Canadian Centre on Substance Abuse. (2004). *Supervised Injection Facilities FAQs*.

Fischer, B., Rehm, J., Kim, J., & Robins, A. (2002). Safer injection facilities (SIFs) for injection drug users (IDUs) in Canada: A review and call for an evidence-focused pilot trial. *Canadian Journal of Public Health*; 93, 5:336-338.

Frerichs, P. (2001). "The Frankfurt Monday's Round: A Decade of Interdisciplinary Co-operation in Local Drug Policy", in *Co-operation and Community Consensus – The Multi-Agency Approach to Effective Local Drug Policies*. S. Schardt. Ed., European Cities on Drug Policy.

Health Canada. (2002). *Application for an exemption under Section 56 of the Controlled Drugs and Substances Act for a scientific purpose for a pilot supervised injection site research project*. Interim Guidance Document.

Kimber, J., Dolan, I., Van Beek, D., Hedrich, D., & Zurhold, H., (2003). *Drug Consumption Facilities: An Update since 2000*.

Millson, P., Leonard, L., Remis, R., Strike, C., and Challacombe, L. (2005). *Injection Drug Use, HIV and HCV Infection in Ontario: The Evidence 1992 to 2004*.

MSIS Evaluation Committee. (2003). *Final Report of the Evaluation of the Medically-Supervised Injecting Centre (MSIC)*. Sydney, Australia.

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Wood, E. Kerr, T., Small, W., Li, K. Marsh, D., Montaner, J. S.G. and Tyndall, M. Changes in public order after opening of a medically supervised safer injecting facility for illicit injection drug users. *Canadian Medical Association Journal*. Sept 28, 2004; 171 (7).

Wood, E. Tyndall, M., Li, K., Lloyd-Smith, E., Small, W., Montaner, J. S.G. and Kerr, T. Do Supervised Injecting Facilities Attract Higher-Risk Injection Drug Users? *American Journal of Preventative Medicine*. 2005; 29 (2).

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## **Appendix C: Summary of Recommendations**

### **1. Leadership & Co-ordination:**

#### Recommendation 1

The City of Toronto establish a Toronto Drug Strategy Implementation Committee to oversee implementation of the strategy and to monitor and respond to emerging substance use issues in Toronto.

#### Recommendation 2

The City of Toronto establish a dedicated secretariat to ensure ongoing implementation of the Toronto Drug Strategy.

#### Recommendation 3

Implementation of the Toronto Drug Strategy be co-ordinated with related municipal initiatives such as the Community Safety Plan, the Toronto Strong Neighbourhoods Strategy, the Toronto Youth Strategy and the Streets to Homes Initiative.

#### Recommendation 4

The City of Toronto pursue opportunities with the federal and provincial governments to facilitate intergovernmental co-operation and action to reduce the harms associated with substance use in Toronto.

#### Recommendation 5

The City of Toronto urge the Province of Ontario to formalize its commitment to collaborate with the Health Education Enforcement Partnership and other key partners to develop a comprehensive drug strategy for Ontario.

#### Recommendation 6

The City of Toronto support development of the National Framework for Action to Reduce the Harms Associated with Alcohol, Other Drugs and Substances and continue to actively participate in national efforts to reduce the harms of substance use.

### **2. Children & Families:**

#### Recommendation 7

Toronto Public Health and the Centre for Addiction & Mental Health work with community-based agencies to expand comprehensive prevention programming for families, such as the Strengthening Families program. (P)

#### Recommendation 8

The City of Toronto urge the provincial government to increase funding for family-based support services to address issues of substance use within the family. (T)

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#### Recommendation 9

The City of Toronto, in partnership with child welfare agencies, the Centre for Addiction & Mental Health and community service providers develop a range of child custody options to support parents who want treatment, including the provision of on site childcare at treatment facilities. (T)

### **3. Youth:**

#### Recommendation 10

Toronto Public Health partner with the Centre for Addiction & Mental Health, school boards, community groups and youth to develop comprehensive prevention programming for youth. (P)

#### Recommendation 11

The City of Toronto urge the provincial government to ensure that mandatory comprehensive drug prevention programming be extended through all high school grades and integrated throughout the curriculum and school environment. (P)

#### Recommendation 12

The City of Toronto urge the provincial government to provide funding and support to school boards to provide teacher training and dedicated staff time to ensure that early intervention, counselling and other supports are in place to assist students who may have alcohol or other drug issues. (P, HR and T)

#### Recommendation 13

The City of Toronto, the Province of Ontario and the Government of Canada increase funding for youth employment programs, including high-support employment programs for diverse youth populations. (P)

#### Recommendation 14

The City of Toronto and the Government of Canada provide secure, long-term funding for the Street Involved Youth Program to ensure this successful harm reduction youth employment model can continue. (HR)

#### Recommendation 15

The Toronto Drug Strategy Implementation Committee establish a work group to determine what harm reduction services are required for youth in Toronto. The work group should co-ordinate their efforts with those of existing youth committees, for example, Young Parents No Fixed Address, the Homeless Youth with Concurrent Disorders group, the Youth Shelter Interagency committee, the Streets to Homes Initiative, the Toronto Youth Cabinet and the Toronto Youth Substance Use Treatment Agencies Cluster. (HR)

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#### Recommendation 16

The City of Toronto urge the provincial government to increase funding to expand the range and number of treatment options for youth. (T)

#### Recommendation 17

The City of Toronto urge the provincial government to allocate increased funding for residential treatment services for youth in Toronto. (T)

#### Recommendation 18

The City of Toronto urge the committee reviewing the Safe Schools Act to recommend alternatives to suspension to ensure that youth are not excluded from the education or other supports they need. (P and E)

#### Recommendation 19

The Youth Criminal Justice Work Group of the Mayor's Panel on Community Safety be requested to develop supports for alternatives to prosecution for youth charged with offences relating to or motivated by substance use. In addition, a member of the Toronto Drug Strategy Implementation Committee should be appointed to that Work Group to liaise between the two initiatives. (E)

### **4. People who use substances:**

#### Recommendation 20

The City of Toronto urge the provincial government to strengthen regulatory legislation and policy regarding access to alcohol and maintain a strong regulatory framework. (P)

#### Recommendation 21

The City of Toronto urge the provincial government to implement stronger enforcement of the Liquor Licence Act to reduce the illegal distribution of alcohol and to prevent underage drinking and service to people who are intoxicated. (P)

#### Recommendation 22

The City of Toronto work with the provincial government to limit the number of licenced establishments within any given area of the city to reduce the harms of alcohol for individuals and neighbourhoods. (P)

#### *Additional recommendations of City Council:*

##### *Recommendation 22 (a)*

*That the Alcohol and Gaming Commission of Ontario be requested to consult and work closely with the City of Toronto for the purpose of reviewing and approving applications for Liquor Licences (P).*

##### *Recommendation 22 (b)*

*That the City of Toronto:*

- (i) reaffirm its commitment to develop a protocol to co-ordinate the review, response and approval of Liquor Licence applications by City divisions; and*

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*(ii) undertake a review of its operations with respect to the review of Liquor Licences for the purpose of designating a specific division that will be responsible for the co-ordination of these reviews, and the communication of a response on each application (P).*

**Recommendation 23**

The City of Toronto urge Health Canada, the Ontario College of Pharmacists, the Ontario College of Physicians and Surgeons, the Ontario Association of Pharmacists, the Ontario Medical Association and the Ontario College of Family Physicians to reduce the misuse of prescription drugs and the diversion of prescription drugs into the illegal drug market. (P)

**Recommendation 24**

The City of Toronto support federal legislation to decriminalize the possession of small amounts of cannabis for personal use. This support is contingent upon a commitment from the federal government to ensure appropriate levels of funding for prevention, harm reduction and treatment to minimize the prevalence of cannabis use and its associated harms, especially for youth. (P, HR and E)

**Recommendation 25**

Toronto Public Health partner with the Office of the Chief Coroner, the Toronto Police Service, hospitals, pharmacies, researchers, community groups and people who use substances to develop a local drug and drug use surveillance system with protocols to issue broad-based alerts about potentially dangerous substances. (P and HR)

**Recommendation 26**

The City of Toronto expand its innovative harm reduction outreach strategies including the provision of equipment to support safer use of substances, as outlined in this report, to reach marginalized drug users, in particular people who use crack cocaine. (P and HR)

**Recommendation 27**

The City of Toronto develop an appropriate service delivery model, including possible sources of funding, for a 24-hour crisis centre for people using legal and illegal substances. (P, HR, T, E)

**Recommendation 28**

The City of Toronto work with the Ministry of Community & Social Services, the Ministry of Health & Long-Term Care and other relevant ministries, institutions and community groups to determine what additional harm reduction services may be needed within the shelter system and to determine appropriate service models and sources of funding to better respond to the needs of homeless people with substance use issues. (HR)

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#### Recommendation 29

The City of Toronto urge the Ministry of Health & Long-Term Care to increase funding for community-based case management services to provide comprehensive support for people with substance use and/or mental health issues. (T)

#### Recommendation 30

The City of Toronto urge the provincial government to commit new funding and resources to expand the capacity and range of all treatment services in Toronto that reflects the broad diversity of need. (T)

#### *Additional recommendation of City Council:*

##### *Recommendation 30 (a)*

*That the Medical Officer of Health be requested to explore the option of adding the opening and promoting of withdrawal clinics and long-lasting abstinence therapies, and report to the Board of Health (T).*

#### Recommendation 31

The Toronto Drug Strategy Implementation Committee work with the Toronto area Local Health Integration Network (LHIN) to ensure the planning and funding of mental health and addiction services in Toronto is addressed as a priority area. (P, HR and T)

#### Recommendation 32

The City of Toronto work with provincial and federal governments, the United Way of Greater Toronto and other funders to increase funding for day programs that provide social, education and vocational support to vulnerable groups including people who use substances. (P, HR and T)

#### Recommendation 33

The Toronto Drug Strategy Implementation Committee develop strategies to address service barriers for all people with substance use issues. (P, HR and T)

#### Recommendation 34

The City of Toronto work with appropriate provincial ministries and institutional and community service providers to ensure that prevention, harm reduction and treatment services are available where people need them throughout the city and ensure that this information is available to diverse populations. (P, HR and T)

#### Recommendation 35

The City of Toronto urge the federal and provincial governments to fund and provide increased harm reduction services, including needle exchange, in all correctional facilities without increasing reliance on volunteer services to deliver those supports. (HR)

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**Recommendation 36**

The City of Toronto urge the federal and provincial governments to expand and increase the availability of drug treatment options in prisons to include methadone maintenance therapy for any inmate with an opiate addiction. And further, that comprehensive release and follow up care plans be established before people are released back into the community. (T)

**Recommendation 37**

The City of Toronto continue to work with the Ministry of Health & Long-Term Care, the Ministry of Community Safety and Correctional Services and relevant community groups to improve discharge planning for people leaving hospitals, courts, jails and other institutions. (P, HR and T)

**Recommendation 38**

The City of Toronto urge the provincial government to increase the minimum wage to reflect increases in the cost of living. (P and T)

**Recommendation 39**

The City of Toronto urge the provincial government to increase social assistance rates to recognize Toronto's high cost of living and to compensate for increases in the cost of shelter, food, transportation, employment supports and other basic needs since the 21.6% rate reduction in 1995. (P and T)

**Recommendation 40**

The City of Toronto urge the provincial government to reinstate addiction as an eligible disability under the Ontario Disability Support Program. (P and T)

**Recommendation 41**

The City of Toronto urge the provincial government to provide long-term and increased funding for voluntary trusteeship initiatives. (P and T)

**Recommendation 42**

The City of Toronto urge the provincial and federal governments to increase funding for pre-employment, skills development and employment programs. (P and T)

**Recommendation 43**

The City of Toronto urge federal and provincial governments to fund flexible supportive and affordable housing initiatives that include the opportunity to develop both on site and off site supports to help people with alcohol or other drug use issues to maintain their housing. (P and T)

**Recommendation 44**

The City of Toronto's Affordable Housing Office develop harm reduction housing options appropriate for Toronto. (HR)

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## **5. Neighbourhoods & Communities:**

### **Recommendation 45**

The City of Toronto, including the Toronto Police Service, schools and other partners work with neighbourhood groups that support a comprehensive and inclusive approach to substance use issues to develop locally-based strategies to reduce alcohol and other drug related crime. (P, HR, E)

### **Recommendation 46**

The City of Toronto, including the Toronto Police Service, work with public and private sector landlords, including the Toronto Community Housing Corporation, to develop strategies to address drug-related crime and disorder in rental housing. (P and E)

### **Recommendation 47**

The City of Toronto support the Toronto Police Service to increase enforcement efforts through partnerships with local, regional and national law enforcement agencies targeting high-level drug traffickers, importers and producers of illegal substances. (E)

#### *Additional recommendation of City Council:*

##### *Recommendation 47 (a)*

*That the City of Toronto work with the Toronto Police Service and appropriate community groups and service providers to develop strategies to prevent and stop the use of children as 'runners' for drug dealers in our communities; and further, that the federal Minister of Justice be requested to review the Criminal Code with the view to strengthening sentences for offences where children/youths are being exploited by adults engaged as 'runners' for drug dealers (P and E).*

### **Recommendation 48**

The City of Toronto ensure resources are available for municipal agencies to effectively respond to illegal drug production operations such as marijuana grow operations. These agencies include the Toronto Police Service, Toronto Public Health, Toronto Hydro, Toronto Fire Service and Municipal Licensing and Standards. (E)

#### *Additional recommendation of City Council:*

*Recommendation 48 (a) That the federal government be requested to: stiffen the penalties for both those convicted of operating grow houses and the owners of the properties who carry on these operations, with a view to imposing a 10-year jail term for those convicted; institute a ban on conditional sentencing (house arrest) for serious drug crimes; and impose higher fines for drug dealers and producers (E).*

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#### Recommendation 49

Toronto Public Health re-convene the Get the Needles off the Street Committee to ensure City divisions and external organizations have co-ordinated policies and procedures in place to reduce the volume and ensure proper disposal of discarded needles and other drug using equipment. (P and HR)

#### Recommendation 50

Toronto Public Health work with the Centre for Addiction & Mental Health to actively promote the Safer Bars Program to prevent alcohol-related violence in licensed and other establishments and to review the potential to include this training as a mandatory element of the municipal licensing requirements. (P and HR)

#### *Additional recommendation of City Council:*

##### *Recommendation 50 (a)*

*That the Province of Ontario be requested to review the legislative provisions applicable to licensed establishments so that they would be required to show proof yearly that the requirements of the Safer Bars Program are met, and that licences be suspended until such time as it can be demonstrated that these requirements have been met (P).*

#### Recommendation 51

The City of Toronto urge officials in the criminal justice system to make more referrals to the Toronto Drug Treatment Court as an alternative to incarceration for non-violent drug offences. (T and E)

#### Recommendation 52

The Toronto Drug Strategy Implementation Committee explore alternative enforcement strategies employed by police in other jurisdictions to determine if any policies or practices are appropriate for Toronto. (HR and E)

#### Recommendation 53

The Toronto Drug Strategy Implementation Committee bring together police, other criminal justice officials, community agencies and groups and residents associations to explore alternative community justice approaches appropriate for Toronto. (E)

### **6. Awareness, Education & Training:**

#### Recommendation 54

The City of Toronto, in partnership with the Centre for Addiction & Mental Health and community groups, develop comprehensive strategies to inform the public about substances and substance use issues. Specific areas to include:

- accurate information about the benefits and harms of substances and substance use
- impacts of substance use on neighbourhoods and communities

- 
- potential risks such as driving under the influence of alcohol, cannabis, etc
  - the role and effectiveness of prevention, harm reduction, treatment and enforcement responses. (P, HR, T, and E)

#### **Recommendation 55**

The City of Toronto, in partnership with the Centre for Addiction & Mental Health and community groups, develop strategies to address stigma and discrimination toward people who use substances. (P)

#### **Recommendation 56**

Toronto Public Health work with the Centre for Addiction & Mental Health, Community Information Toronto and the Drug & Alcohol Registry of Treatment to provide clear, accessible, multi-lingual information to the all members of the community about the full range of substance use programs and services and how to easily access them. (P, HR, T and E)

#### **Recommendation 57**

Toronto Public Health, in partnership with relevant institutions and community groups, expand overdose prevention strategies for all substances. (P and HR)

#### **Recommendation 58**

The City of Toronto urge the provincial government to develop a health human resources plan including strategies to support organizations in the recruitment and retention of health care providers to work with people who use substances. Providers should include general practitioners, nurse practitioners, the new Family Health Teams and alternative practitioners. (P, HR and T)

#### **Recommendation 59**

The City of Toronto work with partners, such as the Centre for Addiction & Mental Health, universities, colleges, educators and training centres to ensure that comprehensive education and training on substance use and mental health issues is included in the educational curriculum of enforcement, health, mental health and social service workers as well as part of ongoing professional development. (P, HR, T, E)

#### **Recommendation 60**

The City of Toronto develop strategies to promote more opportunities for peer workers to effectively and meaningfully work in and deliver programs. (HR and T)

#### **Recommendation 61**

The City of Toronto urge the provincial government to make funding available for ongoing supervision, training and skill development of peers working in health and social services. (HR and T)

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#### Recommendation 62

The City of Toronto support the development of a “drug users group” to undertake a range of activities, including advocacy for the rights of people who use illegal drugs, harm reduction initiatives, education, community development and consumer representation. (HR)

### **7. Research & Evaluation:**

#### Recommendation 63

The City of Toronto secure funding to independently evaluate the implementation and effectiveness of the Toronto Drug Strategy.

#### Recommendation 64

The City of Toronto work with the Centre for Addiction & Mental Health and other institutional and community-based researchers to ensure efforts are targeted toward practice-oriented research in the areas of prevention, harm reduction, treatment and enforcement. (P, HR, T and E)

#### Recommendation 65

The City of Toronto conduct a needs assessment and feasibility study for supervised consumption sites taking into account the decentralized nature of drug use in Toronto. (P and HR)

#### *Amendment by City Council to Recommendation 65:*

*And, that such a study include information on the effects of drug use in Toronto on:*

- *neighbourhoods and communities, including proximity to schools where young people congregate*
- *commercial and industrial businesses*
- *crime patterns in geographic areas, and*
- *property values in surrounding areas.*

*Further, that City Council reaffirm that no consumption sites will be established unless the protocol is followed, which requires that federal, provincial, municipal and police approval be given prior to the establishment of such a facility, and during the feasibility study, the issue of neighbourhood impacts be specifically addressed, the ward Councillors be surveyed for residential groups that would be interested, and staff seek the input of those residential groups on this matter prior to the completion of the feasibility study.*

*Further, that an assessment of the operation of a supervised consumption site, such as the Vancouver facility, be conducted on site by a team comprised of representation from the Toronto Police Service, City Council and City staff. And, that an in-depth examination be done of the Mobile Safe-Use Unit program in service in Berlin.*

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**Recommendation 66**

The City of Toronto and the Centre for Addiction & Mental Health ensure that broad dissemination plans are developed for research they fund or conduct to expand the knowledge and understanding of substance use issues in the community.

*Additional recommendations of City Council:*

**Recommendation 67**

*That the City Manager, in consultation with the Medical Officer of Health, be requested to report to the Policy and Finance Committee on implementation and budgetary issues; and that this report be submitted for consideration during the 2006 Operating Budget process.*

**Recommendation 68**

*That a copy of the report, entitled "Toronto Drug Strategy Report – A Comprehensive Approach to Alcohol and Other Drugs in the City of Toronto," dated October 2005, be forwarded to the Association of Municipalities of Ontario (AMO), the Federation of Canadian Municipalities (FCM) and all municipalities in the Greater Toronto Area.*

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## **Appendix D: Recommendation Index**

For ease of reference, the Toronto Drug Strategy recommendations have been organized into the following categories listed alphabetically:

### **Alcohol**

#### **Awareness, Education & Training**

#### **Cannabis**

#### **Centre for Addiction & Mental Health**

#### **Children & Families**

#### **Crack Cocaine**

#### **Emergency Services**

#### **Enforcement**

#### **Harm Reduction**

#### **Heroin**

#### **Housing**

#### **Income & Employment**

#### **Jails and Prisons**

#### **Leadership & Co-ordination**

#### **Neighbourhoods & Communities**

#### **People who use substances**

#### **Prescription Drugs**

#### **Prevention**

#### **Research & Evaluation**

#### **Schools**

#### **Toronto Police Service**

#### **Treatment**

#### **Youth**

### **Alcohol**

<b>Rec #</b>	<b>Description of Recommendation</b>	<b>Page</b>
20	Strengthen alcohol regulatory legislation and policy re: access to alcohol.	28
21	Strengthen Liquor Licence Act to reduce illegal distribution of alcohol and underage drinking.	28
22	Limit concentration of licenced establishments within any area of Toronto.	28
22a	Alcohol and Gaming Commission of Ontario be asked to work with the City of Toronto to reviewing and approve applications for liquor licences.	28
22b	Develop a protocol to co-ordinate the review, response and approval of liquor licence applications by City divisions.	28
45	Develop locally-based strategies to reduce alcohol and other drug related crime.	44
50	Expand the Safer Bars Program.	47

Rec #	Description of Recommendation	Page
50a	Licensed establishments be required to show proof yearly they have met the requirements of the Safer Bars Program.	47
57	Expand overdose prevention strategies for all substances.	52

### **Awareness, Education & Training**

Rec #	Description of Recommendation	Page
54	Develop strategies to inform the public about substances and substance use issues.	50
55	Develop strategies to address stigma and discrimination against people who use substances.	51
56	Provide clear, accessible, multi-lingual information to the community about existing substance use programs and services.	51
57	Expand overdose prevention strategies for all substances.	52
58	Develop plan to recruit and retain health care providers to work with people who use substances.	53
59	Ensure comprehensive education and training on substance use for range of professionals.	54
60	Develop strategies to promote opportunities for peer workers to work in and deliver programs.	55
61	Increase funding for supervision, training and skills development for peer workers.	55
62	Support development of a drug users group.	55

### **Cannabis**

Rec #	Description of Recommendation	Page
24	Support federal legislation to decriminalize possession of small amounts of cannabis.	30
47	Increase enforcement efforts targeting high-level drug traffickers, importers and producers.	45
48	Ensure resources to respond to illegal drug production such as marijuana grow-ops.	46
48a	Stiffen the penalties for those convicted of operating grow houses and the owners of the properties who carry on these operations, institute a ban on conditional sentencing (house arrest) for serious drug crimes; and impose higher fines for drug dealers and producers.	46
57	Expand overdose prevention strategies for all substances.	52

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## Centre for Addiction & Mental Health

Rec #	Description of Recommendation	Page
1	Establish multisectoral implementation committee.	13
7	Expand prevention programming for families.	18
9	Develop child custody options to support parents who want treatment.	19
10	Develop comprehensive prevention programming for youth.	22
50	Promote the Safer Bars Program.	47
54	Develop strategies to inform the public about substances and substance use issues.	50
55	Develop strategies to address stigma and discrimination against people who use substances.	51
56	Provide clear, accessible, multi-lingual information to the community about existing substance use programs and services.	51
59	Ensure comprehensive education and training on substance use for range of professionals.	54
64	Target efforts toward practice-oriented research in area of harm reduction.	57
66	Ensure broad dissemination plans for research on substance use issues.	60

## Children & Families

Rec #	Description of Recommendation	Page
7	Expand prevention programming for families.	18
8	Increase funding for family-based supports to address substance use in the family.	18
9	Develop child custody options to support parents who want treatment.	19
47a	Develop strategies to prevent and stop the use of children as 'runners' for drug dealers.	45

## Crack Cocaine

Rec #	Description of Recommendation	Page
26	Expand harm reduction outreach including provision of equipment to support safer use of substances.	32
47	Increase enforcement efforts targeting high-level drug traffickers, importers and producers.	45
57	Expand overdose prevention strategies for all substances.	52
65	Conduct needs assessment and feasibility study for supervised consumption site(s).	59

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## Emergency Services

Rec #	Description of Recommendation	Page
25	Develop co-ordinated surveillance system and alert protocol.	31
27	Develop service model for 24-hour crisis centre.	33
28	Expand harm reduction services in the shelter system.	34

## Enforcement

Rec #	Description of Recommendation	Page
18	Recommend alternatives to suspension in Safe School Act.	26
19	Develop alternatives to prosecution for youth charged with drug-related offences.	26
24	Support federal legislation to decriminalize possession of small amounts of cannabis.	30
27	Develop service model for 24-hour crisis centre.	33
45	Develop locally-based solutions to reduce alcohol and other drug-related crime.	44
46	Work with public and private sector landlords to reduce drug-related crime in rental housing.	44
47	Increase enforcement efforts targeting high-level drug traffickers, importers and producers.	45
47a	Develop strategies to prevent and stop the use of children as 'runners' for drug dealers.	45
48	Ensure resources to respond to illegal drug production such as marijuana grow operations.	46
48a	Stiffen the penalties for those convicted of operating grow houses and the owners of the properties who carry on these operations, institute a ban on conditional sentencing (house arrest) for serious drug crimes; and impose higher fines for drug dealers and producers.	46
51	Encourage more referrals to the Toronto Drug Treatment Court.	48
52	Explore alternative policing policies and practices in other jurisdictions.	48
53	Explore alternative community justice approaches appropriate for Toronto.	48
54	Develop strategies to inform the public about substances and substance use issues.	50
56	Provide clear, accessible, multi-lingual information to the community about existing substance use programs and services.	51
59	Ensure comprehensive education and training on substance use for range of professionals.	54
64	Target efforts toward practice-oriented research in area of enforcement.	57

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**Harm Reduction**

Rec #	Description of Recommendation	Page
12	Fund teacher training and dedicated staff in schools to provide early intervention, counseling and other supports for students with alcohol or other drug issues.	22
14	Provide secure funding for Street Involved Youth Program.	23
15	Determine what harm reduction services are needed for youth in Toronto.	24
24	Support federal legislation to decriminalize possession of small amounts of cannabis.	30
25	Develop co-ordinated surveillance system and alert protocol.	31
26	Expand harm reduction outreach including provision of equipment to support safer use of substances.	32
27	Develop service model for 24-hour crisis centre.	33
28	Expand harm reduction services in the shelter system.	34
31	Work with the Local Health Integration Network to ensure planning and funding of mental health and addiction services is addressed as a priority.	36
32	Increase funding for day programs that provide social, education and vocational supports.	36
33	Develop strategies to address service barriers.	37
34	Ensure services are available where people need them and that information is available to diverse populations.	38
35	Provide harm reduction services such as needle exchange in jails and prisons.	39
37	Improve discharge planning for people leaving jail/prison and other institutions.	39
44	Develop harm reduction housing appropriate for Toronto.	42
45	Develop locally-based solutions to reduce alcohol and other drug-related crime.	44
49	Ensure proper disposal of discarded needles and other drug using equipment.	46
50	Promote the Safer Bars Program.	47
50a	Licensed establishments be required to show proof yearly they have met the requirements of the Safer Bars Program.	47
52	Explore alternative policing policies and practices in other jurisdictions.	48
54	Develop strategies to inform the public about substances and substance use issues.	50
55	Develop strategies to address stigma and discrimination against people who use substances.	51

Rec #	Description of Recommendation	Page
56	Provide clear, accessible, multi-lingual information to the community about existing substance use programs and services.	51
57	Expand overdose prevention strategies for all substances.	52
58	Develop plan to recruit and retain health care providers to work with people who use substances.	53
59	Ensure comprehensive education and training on substance use for range of professionals.	54
60	Develop strategies to promote opportunities for peer workers to work in and deliver programs.	55
61	Increase funding for supervision, training and skills development for peer workers.	55
62	Support development of a drug users group.	55
64	Target efforts toward practice-oriented research in area of harm reduction.	57
65	Conduct needs assessment and feasibility study for supervised consumption site(s).	59

### Heroin

Rec #	Description of Recommendation	Page
26	Expand harm reduction outreach including provision of equipment to support safer use of substances.	32
47	Increase enforcement efforts targeting high-level drug traffickers, importers and producers.	45
57	Expand overdose prevention strategies for all substances.	52
65	Conduct needs assessment and feasibility study for supervised consumption site(s).	59

### Housing

Rec #	Description of Recommendation	Page
43	Fund flexible supportive and affordable housing with on or off-site housing supports.	41
44	Develop harm reduction housing appropriate for Toronto.	42
46	Work with public and private sector landlords to reduce drug-related crime in rental housing.	44

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## **Income & Employment**

<b>Rec #</b>	<b>Description of Recommendation</b>	<b>Page</b>
13	Expand youth employment programs.	23
14	Provide secure funding for the Street Involved Youth Program.	23
38	Increase minimum wage to reflect cost of living.	40
39	Increase social assistance benefit rates.	40
40	Reinstate addiction as a disability under the Ontario Disability Support Program.	40
41	Increase long-term funding for voluntary trusteeship programs.	41
42	Increase funding for pre-employment, skills development and employment programs.	41

## **Jails and Prisons**

<b>Rec #</b>	<b>Description of Recommendation</b>	<b>Page</b>
35	Provide harm reduction services such as needle exchange in jails and prisons.	39
36	Provide alcohol and other drug treatment options to people in prison.	39
37	Improve discharge planning for people leaving jail/prison and other institutions.	39

## **Leadership & Co-ordination**

<b>Rec #</b>	<b>Description of Recommendation</b>	<b>Page</b>
1	Establish multisectoral implementation committee.	13
2	Dedicate secretariat for implementation.	13
3	Co-ordinate Toronto Drug Strategy with other related municipal initiatives.	14
4	Facilitate intergovernmental co-operation and action.	15
5	Urge Province to collaborate with HEP to develop a comprehensive drug strategy for Ontario.	16
6	Support development of the National Framework for Action to Reduce the Harms Associated with Alcohol, Other Drugs and Substances..	16

## **Neighbourhoods & Communities**

<b>Rec #</b>	<b>Description of Recommendation</b>	<b>Page</b>
45	Develop locally-based solutions to reduce alcohol and other drug-related crime.	44
46	Work with public and private sector landlords to reduce drug-related crime in rental housing.	44

Rec #	Description of Recommendation	Page
47	Increase enforcement efforts targeting high-level drug traffickers, importers and producers.	45
48	Ensure resources to respond to illegal drug production such as marijuana grow operations.	46
49	Ensure proper disposal of discarded needles and other drug using equipment.	46
50	Promote the Safer Bars Program.	47
51	Encourage more referrals to the Toronto Drug Treatment Court.	48
52	Explore alternative policing policies and practices in other jurisdictions.	48
53	Explore alternative community justice approaches appropriate for Toronto.	48

### People who use substances

Rec #	Description of Recommendation	Page
20	Strengthen alcohol regulatory legislation and policy re: access to alcohol.	28
21	Strengthen Liquor Licence Act to reduce illegal distribution of alcohol and underage drinking.	28
22	Limit concentration of licenced establishments within any area of Toronto.	28
23	Reduce misuse of prescription drugs and their diversion into the illegal drug market.	29
24	Support federal legislation to decriminalize possession of small amounts of cannabis.	30
25	Develop co-ordinated surveillance system and alert protocol.	31
26	Expand harm reduction outreach including provision of equipment to support safer use of substances.	32
27	Develop service model for 24-hour crisis centre.	33
28	Expand harm reduction services in the shelter system.	34
29	Increase funding for community-based case management services.	34
30	Increase funding to expand the capacity and range of treatment services that reflects the broad diversity of need.	36
31	Work with the Local Health Integration Network to ensure planning and funding of mental health and addiction services is addressed as a priority.	36
32	Increase funding for day programs that provide social, education and vocational supports.	36
33	Develop strategies to address service barriers.	37

Rec #	Description of Recommendation	Page
34	Ensure services are available where people need them and that information is available to diverse populations.	38
35	Provide harm reduction services such as needle exchange in jails and prisons.	39
36	Provide alcohol and other drug treatment options to people in prison.	39
37	Improve discharge planning for people leaving jail/prison and other institutions.	39
38	Increase minimum wage.	40
39	Increase social assistance benefit rates.	40
40	Reinstate addiction as a disability under the Ontario Disability Support Program.	40
41	Increase long-term funding for voluntary trusteeship programs.	41
42	Increase funding for pre-employment, skills development and employment programs.	41
43	Fund flexible supportive and affordable housing with on or off-site housing supports.	41
44	Develop harm reduction housing appropriate for Toronto.	42

### Prescription Drugs

Rec #	Description of Recommendation	Page
23	Reduce misuse of prescription drugs and their diversion into the illegal drug market.	29

### Prevention

Rec #	Description of Recommendation	Page
7	Expand prevention programming for families.	18
10	Develop comprehensive prevention programming for youth.	22
11	Ensure mandatory prevention programming in all high school grades and integrated throughout curriculum and school environment.	22
12	Fund teacher training and dedicated staff in schools to provide early intervention, counseling and other supports for students with alcohol or other drug issues.	22
13	Increase funding for youth employment programs.	23
18	Recommend alternatives to suspension in Safe School Act.	26
20	Strengthen alcohol regulatory legislation and policy re: access to alcohol.	28
21	Strengthen Liquor Licence Act to reduce illegal distribution of alcohol and underage drinking.	28

Rec #	Description of Recommendation	Page
22	Limit concentration of licenced establishments within any area of Toronto.	28
23	Reduce misuse of prescription drugs and their diversion into the illegal drug market.	29
24	Support federal legislation to decriminalize possession of small amounts of cannabis.	30
25	Develop co-ordinated surveillance system and alert protocol.	31
26	Expand harm reduction outreach including provision of equipment to support safer use of substances.	32
27	Develop service model for 24-hour crisis centre.	33
31	Work with the Local Health Integration Network to ensure planning and funding of mental health and addiction services is addressed as a priority.	36
32	Increase funding for day programs that provide social, education and vocational supports.	36
33	Develop strategies to address service barriers.	37
34	Ensure services are available where people need them and that information is available to diverse populations.	38
37	Improve discharge planning from jails, prisons and other institutions.	39
38	Increase minimum wage.	40
39	Increase social assistance benefit rates.	40
40	Reinstate addiction as a disability under the Ontario Disability Support Program.	40
41	Increase long-term funding for voluntary trusteeship programs.	41
42	Increase funding for pre-employment, skills development and employment programs.	41
43	Fund flexible supportive and affordable housing with on or off-site housing supports.	41
45	Develop locally-based solutions to reduce alcohol and other drug-related crime.	44
46	Work with public and private sector landlords to reduce drug-related crime in rental housing.	44
49	Ensure proper disposal of discarded needles and other drug using equipment.	46
50	Promote the Safer Bars Program.	47
54	Develop strategies to inform the public about substances and substance use issues.	50
55	Develop strategies to address stigma and discrimination against people who use substances.	51

Rec #	Description of Recommendation	Page
56	Provide clear, accessible, multi-lingual information to the community about existing substance use programs and services.	51
57	Expand overdose prevention strategies for all substances.	52
58	Develop plan to recruit and retain health care providers to work with people who use substances.	53
59	Ensure comprehensive education and training on substance use for range of professionals.	54
64	Target efforts toward practice-oriented research in area of prevention.	57
65	Conduct needs assessment and feasibility study for supervised consumption site(s).	59

### Research & Evaluation

Rec #	Description of Recommendation	Page
63	Evaluate the implementation and effectiveness of the Toronto Drug Strategy.	56
64	Target efforts toward practice-oriented research in prevention, harm reduction, treatment and enforcement.	57
65	Conduct needs assessment and feasibility study for supervised consumption site(s).	59
66	Ensure broad dissemination plans for research on substance use issues.	60

### Schools

Rec #	Description of Recommendation	Page
1	Establish multisectoral implementation committee.	13
10	Develop comprehensive prevention programming for youth.	22
45	Develop locally-based solutions to reduce alcohol and other drug-related crime.	44

### Toronto Police Service

Rec #	Description of Recommendation	Page
1	Establish multisectoral implementation committee.	13
25	Develop co-ordinated surveillance system and alert protocol.	31
45	Develop locally-based solutions to reduce alcohol and other drug-related crime.	44
46	Work with public and private sector landlords to reduce drug-related crime in rental housing.	44
47	Increase enforcement efforts targeting high-level drug traffickers, importers and producers.	45

Rec #	Description of Recommendation	Page
47a	Develop strategies to prevent and stop the use of children as 'runners' for drug dealers.	45
48	Ensure resources to respond to illegal drug production such as marijuana grow-ops.	46
65	Conduct needs assessment and feasibility study for supervised consumption site(s).	59

### **Treatment**

Rec #	Description of Recommendation	Page
8	Increase funding for family-based supports to address substance use in the family.	18
9	Develop child custody options to support parents who want treatment.	19
12	Fund teacher training and dedicated staff in schools to provide early intervention, counseling and other supports for students with alcohol or other drug issues.	22
16	Increase funding to expand range and number of treatment options for youth.	25
17	Increase funding for residential treatment for youth.	25
27	Develop service model for 24-hour crisis centre.	33
29	Increase funding for community-based case management services.	34
30	Increase funding to expand the capacity and range of treatment services that reflects the broad diversity of need.	36
30a	Medical Officer of Health to explore the option of adding the opening and promoting of withdrawal clinics and long-lasting abstinence therapies.	36
31	Work with the Local Health Integration Network to ensure planning and funding of mental health and addiction services is addressed as a priority.	36
32	Increase funding for day programs that provide social, education and vocational supports.	36
33	Develop strategies to address service barriers.	37
34	Ensure services are available where people need them and that information is available to diverse populations.	38
36	Provide alcohol and other drug treatment options to people in prison.	39
37	Improve discharge planning for people leaving jail/prison and other institutions.	39
38	Increase minimum wage.	40
39	Increase social assistance benefit rates.	40

40	Reinstate addiction as a disability under the Ontario Disability Support Program.	40
41	Increase long-term funding for voluntary trusteeship programs.	41
42	Increase funding for pre-employment, skills development and employment programs.	41
43	Fund flexible supportive and affordable housing with on or off-site housing supports.	41
51	Encourage more referrals to the Toronto Drug Treatment Court.	48
54	Develop strategies to inform the public about substances and substance use issues.	50
56	Provide clear, accessible, multi-lingual information to the community about existing substance use programs and services.	51
58	Develop plan to recruit and retain health care providers to work with people who use substances.	53
59	Ensure comprehensive education and training on substance use for range of professionals.	54
60	Develop strategies to promote opportunities for peer workers to work in and deliver programs.	55
61	Increase funding for supervision, training and skills development for peer workers.	55
64	Target efforts toward practice-oriented research in area of treatment.	57

## Youth

Rec #	Description of Recommendation	Page
10	Develop comprehensive prevention programming for youth.	22
11	Ensure mandatory prevention programming in all high school grades and integrated throughout curriculum and school environment.	22
12	Fund teacher training and dedicated staff in schools to provide early intervention, counseling and other supports for students with alcohol or other drug issues.	22
13	Increase funding for youth employment programs.	23
14	Provide secure funding for Street Involved Youth Program.	23
15	Determine what harm reduction services are needed for youth in Toronto.	24
16	Increase funding to expand range and number of treatment options for youth.	25
17	Increase funding for residential treatment for youth.	25
18	Recommend alternatives to suspension in Safe School Act.	26
19	Develop alternatives to prosecution for youth charged with drug-related offences.	26