

TORONTO STAFF REPORT

January 6, 2006

To: Board of Health

From: Dr. David McKeown, Medical Officer of Health

Subject: Appointment of 2006 Review Panels for AIDS and Drug Prevention Community Investment Programs

Purpose:

To seek Board of Health approval to appoint the individuals listed in Appendices 6 and 7 to the 2006 Review Panels for AIDS and Drug Prevention Community Investment Programs and to follow up on City Council's requests for information following the 2005 Drug Grant allocations.

Financial Implications and Impact Statement:

There are no financial implications resulting from this report.

Recommendations:

It is recommended that the Board of Health:

- (1) appoint the individuals listed on Appendix 6 to the AIDS Prevention Community Investment Program Review Panel for 2006;
- (2) appoint the individuals listed on Appendix 7 to the Drug Prevention Community Investment Program Review Panel for 2006;
- (3) approve the amended Terms of Reference for the AIDS and Drug Prevention Community Investment Program Review Panels; and
- (4) the appropriate City Officials be authorized and directed to take the necessary action to give effect thereto.

Background:

Toronto Public Health has established Review Panels for the past seventeen years to bring citizen expertise and participation to the allocation of funds that are invested in community-based projects for AIDS and Drug Prevention. The Review Panels work with staff to review each application and make recommendations to the Board of Health. The Review Panels include City Council members, Board of Health members, informed citizens, and, in the case of AIDS Prevention, people living with HIV and AIDS. In addition to this, the Medical Officer of Health has endeavoured to ensure representation from across the City. The Board of Health is unique among Municipal Partnership and Investment Programs in including citizens in the review of applications, carrying on a long-standing practice of citizen participation.

At its June 14, 2005 meeting, Council requested that the Medical Officer of Health “conduct a review of the drug grants allocation process, in consultation with the Corporate Grants Coordinator; and report to the Board of Health on “(i) imposing a requirement that all individuals hired by organizations receiving drug grants be required to undergo drug testing and be subject to a police background check; (ii) the success of the Drug Prevention Grants program as it relates to the status of prescription drug abuse in the City of Toronto.” These reports are provided in Appendices 3, 4 and 5.

The MOH was also requested “to prepare, for each Member of Council, a list of grant recipients within their wards.” A list of grants recipients for each ward is provided to Members of Council yearly (in January) by the Community Partnership and Investment Program.

Comments:

The Terms of Reference for the Review Panels for the AIDS and Drug Prevention Community Investment Programs are attached (Appendices 1 and 2).

The Terms of Reference for the Drug Prevention Community Investment Program Review Panel has been revised to require at least one member with expertise in drug treatment, drug use prevention, or harm reduction. This change will strengthen the capacity of the Review Panel to evaluate applications.

To recruit potential members for the 2006 Review Panels, a flyer was distributed to agencies across the City and was posted on the City’s website. Staff also consulted with Councillors and others to ensure representation from equity seeking groups, as well as representation from diverse neighbourhoods across the City. The names brought forward represent the result of that outreach and consultation, balanced by a need to maintain some continuity on the Review Panels. Collectively, the AIDS and Drug Prevention Review Panels represent the diversity of the City, in addition to the specialized expertise required for effective decision making.

Individuals recommended for the 2006 AIDS Prevention Community Investment Program Review Panel are provided in camera in Appendix 6. Individuals recommended for the 2006 Drug Prevention Community Investment Program Review Panel are provided in camera in

Appendix 7. These individuals have all confirmed their interest in participation on the Review Panels.

Conclusions:

The appointment of the individuals named herein achieves a mix of City Councillor and community representation for the 2006 Public Health Community Investment Program Review Panels.

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List of Attachments:

- Appendix 1: AIDS Prevention Community Investment Program Review Panel
– Terms of Reference
- Appendix 2: Drug Prevention Community Investment Program Review Panel
– Terms of Reference
- Appendix 3: Drug Prevention Community Investment Program Allocation Process Review
- Appendix 4: Prescription Drug Abuse in Toronto and the Drug Prevention Community Investment Program
- Appendix 5: Criminal Background Checks and Mandatory Alcohol and Drug Testing: Implications for Drug Prevention Community Investment Program Grantee Agencies

- Appendix 6: AIDS Prevention Community Investment Program Review Panel
– Recommended Membership (confidential)
- Appendix 7: Drug Prevention Community Investment Program Review Panel
– Recommended Membership (confidential)

Appendix 1
AIDS Prevention Community Investment Program Review Panel
Terms of Reference

Purpose:

Toronto Public Health has used Review Panels for more than sixteen years to bring citizen expertise and participation to the allocation of funds that are invested in the allocation of funds for the AIDS Prevention Community Investment Program (APCIP). The Review Panel works with staff to review each application and make recommendations to the Board of Health.

The Review Panel includes City Council members, Board of Health members, informed citizens, and people living with HIV and AIDS. In addition, the Medical Officer of Health has endeavoured to ensure representation from across the City.

Appointment to the Review Panel are made by the Board of Health following a public call for potential members, consultations with City Councillors and others to ensure representation from equity seeking groups, as well as representation from diverse neighbourhoods around the City. The Medical Officer of Health shall ensure the AIDS Prevention Community Investment Program Review Panel receives the staff report for information to assist in the review process.

Membership:

- (a) Up to three members of City Council;
- (b) A minimum of one member of the Board of Health;
- (c) At least two persons living with HIV, who are residents of the City of Toronto;
- (d) A minimum of four persons from diverse ethno-racial communities, who are residents of the City of Toronto;

Membership will be representative of the diverse neighbourhoods from across the City. The Review Panel will elect a Chair and Vice Chair at its first meeting.

Quorum:

A quorum for decision making will be 50% of the review panel membership.

Role of the AIDS Prevention Community Investment Program Review Panel:

The role of the APCIP Review Panel is as follows:

- (a) Review and evaluate AIDS Prevention proposal submissions.
- (b) Make allocation recommendations to the Board of Health with the assistance of Public Health staff.
- (c) Submit recommendations for AIDS Prevention allocations to the BOH, for approval by City Council.

- (d) Attend program training and information session(s).
- (e) Attend all program application review meetings as required.
- (f) Attend all program application appeal hearings as required.
- (g) Declare all potential and real Conflict of Interest, i.e. membership, employment and other affiliations with the AIDS Prevention Community Investment Program.

Term of Service for the Review Panel:

One year

Time commitment for the Review Panel:

Minimum of 5 to 7 days per year, including training, review/assessment of applications, hearing of appeals and/or debriefing and community consultation. This includes a minimum of 8 – 10 hours of independent review of applications.

Appendix 2
Drug Prevention Community Investment Program Review Panel
Terms of Reference

Purpose:

Toronto Public Health has used Review Panels since 1990 to bring citizen expertise and participation in the allocation of funds for the Drug Prevention Community Investment Program (DPCIP). The Review Panel works with staff to review each application and make recommendations to the Board of Health.

The Review Panel includes City Council members, Board of Health members and informed citizens. In addition, the Medical Officer of Health has endeavoured to ensure representation from across the City.

Appointments to the Review Panel is made by the Board of Health following a public call for potential members, consultations with City Councillors and others to ensure representation from equity seeking groups, as well as representation from diverse neighbourhoods across the City. The Medical Officer of Health shall ensure the Drug Prevention Community Investment Program Review Panel receives the Program Staff Report for information to assist in the review process.

Membership:

- (a) Up to three members of City Council;
- (b) A minimum of one member from the Board of Health;
- (c) A minimum of one expert member in the field drug prevention, drug treatment and/or harm reduction;
- (d) At least two persons who have developed or been part of drug prevention activities, who are residents of the City of Toronto; and
- (e) Up to four persons from diverse ethno-racial communities, who are residents of the City of Toronto.

Membership will be representative of the diverse neighbourhoods from across the City. The Review Panel will elect a chair and vice-chair at its first meeting.

Quorum:

A quorum for decision making will be 50% of the review panel membership.

Role of the Drug Prevention Community Investment Program Review Panel:

That the role of the DPCIP Review Panel is as follows:

- (a) Review and evaluate program proposal submissions.

- (b) Make allocation recommendations to the Board of Health with the assistance of Public Health staff.
- (c) Submit recommendations for Drug Prevention funding allocations to the BOH, for approval by City Council.
- (d) Attend program training and information session(s).
- (e) Attend all program application review meetings as required.
- (f) Attend all program application appeal hearings as required.
- (g) Declare all potential and real Conflict of Interest, i.e. membership, employment and other affiliations with Drug Prevention Community Investment Program applicants.

Term of Service for Drug Prevention Community Investment Program Review Panel:

One year

Time commitment for Drug Prevention Community Investment Program Review Panel:

Minimum of 5 to 7 days per year, including training, review/assessment of applications, hearing of appeals and/or debriefing and community consultation. This includes a minimum of 8 to 10 hours of independent review of applications.

Appendix [3](#)
Drug Prevention Community Investment Program Allocation Process Review

On June 14, 2005 the Consolidated Clause in Board of Health Report 5 was amended with the request to “conduct a review of the drug prevention grants allocation process, in consultation with the Corporate Grants Coordinator, and submit a report to the Board of Health”.

In consultation with Drug Prevention Community Investment Program management, the Corporate Grants Coordinator, the City Clerk, the Chair and Vice-Chair of the allocations review panel were invited to provide feedback on the allocation process as described in this report. Their comments have been incorporated into the body of this report and are listed as contributing authors. It is their opinion that Drug Prevention Community Investment Program is working within the set guidelines established by the Community Partnership and Investment Program (formerly the Corporate Grants Committee).

Drug Prevention Community Investment Program (DPCIP), formerly known as the Drug Prevention Grants Program, provides funding opportunities for non-profit organizations to address illicit drug use within the City of Toronto. The mandate is to build community capacity that will support local drug prevention and/or harm reduction initiatives. Community Investment in Drug Prevention is part of a comprehensive strategy under Toronto Public Health’s substance abuse prevention programming.

DPCIP funding is for up to one year, with an option of multi-year assessment (but annual approval) for established agencies.

Annually, in December DPCIP informs and distributes application materials to potential applicants utilizing an outreach strategy which includes contacting past applicants, contacting self-identified new applicants, conducting outreach through networks, facilitating a community forum and eight grant writing workshops across the City. Application packages are made available on CD-ROM, floppy disc, e-mail and online PDF. DPCIP will also offer non-funded groups and new applicants’ one-on-one consultation with a public health staff. A broader outreach strategy includes making program information and the application available on the internet. Workshop flyers and outreach materials are also distributed. All promotional materials include staff contact names and telephone numbers.

A set due date in February is published in all distribution material. Substantially incomplete or late applications will not be reviewed.

Applications are reviewed according to pre-determined eligibility criteria set out by the City’s Community Partnership and Investment Program. The applicant’s organizational governance review is in accordance with City mandated policies on access, non-discrimination, anti-hate policies and other equity standards. Organizations must also submit audited financial statement demonstrating financial accountability; financial capacity, and analysis of unrestricted reserves in order to be considered. Documentation tools are used to confirm an applicant’s eligibility and to assess the applicant’s ability to meet investment program priorities.

Once organizational eligibility is established by DPCIP staff, the application project proposal is then reviewed by two public health staff. A copy of all eligible applications and a summary sheet of staff recommendations is forwarded to Review Panel members. The summary sheet prepared by staff includes the following:

- (a) organizational eligibility
- (b) administrative history of the applicant's organization
- (c) funding history with DPCIP
- (d) the amounts requested and recommended
- (e) summary of the proposed activities
- (f) staff comments of the applicant's proposal
- (g) staff recommendation for funding
- (h) any conditions for funding
- (i) budget sheet breakdown of costs

DPCIP utilizes a Review Panel to bring citizen expertise and community knowledge to the assessment process. The Review Panel is made up of City Council members, Board of Health members and informed citizens with expertise in drug prevention and/or harm reduction strategies. Recommendations for appointments to the Review Panel is made by the Medical Officer of Health following a public call for potential members, consultations with City Councillors and others to ensure representation from equity seeking groups, as well as representation from diverse neighbourhoods around the City.

The Review Panel members are approved by the Board of Health early in the new year and adhere to the roles and responsibilities outlined in the attached Terms of Reference, as well as the Board of Health and City Council's procedural by-laws. The City's conflict of interest policy is strictly adhered to, with the City Clerk present to document all declared conflicts and all decisions made by the Review Panel. Where a conflict has been declared on an application, members are requested to refrain from discussing the application or to participate in any discussion and are requested to leave the room. The Review Panel at its first meeting will elect a chair and vice-chair to moderate the proceedings of the review process.

The Review Panel utilizes a documented and participatory approach where all members have an equal say in funding allocations. The grant review and appeal sessions are open to the public to attend. All applicants are notified of the meeting dates.

The Review Panel members review each application in detail and work with staff to make final recommendations to the Board of Health for funding. Allocation recommendations are made after careful review of the applicants. In addition to the eligibility criteria and funding priorities, the Review Panel also takes into consideration the following:

- (a) past performance of the applicant
- (b) project effectiveness based on best practice
- (c) sustainability of the applicant and funded activities
- (d) on-going management and operations of the applicant

- (e) short-term goals and impacts
- (f) project end deliverables
- (g) the capacity of the applicant to manage the project
- (h) efficient use of funds
- (i) geographic distribution across city

Prior to the discussion on funding recommendations, an amount of the allocation budget is set aside for appeals. The appeals budget has generally averaged 3 to 4 percent of the total allocation budget in previous years.

Applicants are notified about their recommended allocation and given notice of the appeals meeting to allow applicants time to review the suggested recommendation and determine if they wish to appeal. Rationale is provided in the letter of notification to applicants not recommended for funding. Recommended services and allocation amounts are provided to applicants recommended for funding. All applicants have an opportunity to appeal the allocation recommendation to the Review Panel. Applicants are encouraged to contact the City Clerk's office to book their appeal time and obtain more information on the procedures for making a deputation to the Review Panel. Applicants interested in attending the appeal process are also encouraged to contact DPCIP staff for more information on the rationale and Review Panel recommendation. Applicants are notified they have 5 minutes to make their deputation to the Review Panel. Following the appeals session, applicants are notified about their appeals decision.

A final report outlining the allocation recommendations from the Chair of the Review Panel is submitted to the Board of Health in June, and thereon to City Council for approval. Information about the allocations context and decision-making factors are made available both to applicants and the public. The Board of Health report and Council meeting minutes are posted on the City website. A list of applicants recommended for funding are also posted on the DPCIP web-page. Annually, the City of Toronto Community Partnership and Investment Programs will forward to all Councillors a list of organizations approved for funding in their wards.

DPCIP has an ongoing procedure, continuously working to improve the grant process; to build community organizational capacity as well as individual resiliency. DPCIP helps communities draw on their own talents and resources to develop appropriate programs and services. In addition, investment programs help leverage other resources from the community, business and other levels of government.

The Drug Prevention Community Investment Program is administered in a manner consistent with Council approved program standards for City of Toronto Community Partnership and Investment Programs and the City's Conflict of Interest guidelines.

Contributing Authors:

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Appendix 4 Prescription Drug Abuse in Toronto and the Drug Prevention Community Investment Program

On June 14, 2005 the Consolidated Clause in Board of Health Report 5 was amended with the request “to report to the Board of Health on the success of the Drug Prevention Grants Program as it relates to the status of prescription drug abuse in the City of Toronto”.

Drug Prevention Community Investment Program (DPCIP), formerly known as the Drug Prevention Grants Program was initially established in 1990 by City Council following a high-profile death of a youth from an illicit substance. DPCIP provides funding opportunities for non-profit organizations to address illicit drug use within the City of Toronto. Since the inception of this program, 960 projects have been implemented in Toronto communities to address illicit drug prevention and/or harm reduction initiatives.

The abuse of prescription drugs is described or also known as the non-medical use of prescription drugs, the recreational use of prescription drugs and also the illicit use of prescriptions drugs.

The DPCIP mandate is to build capacity that will support local drug prevention and or harm reduction initiatives. The mandate has evolved beyond drug awareness and providing information about specific drugs. It does not include prevention, treatment or policy work around prescription drugs and their regulations. Our resources are directed to specific areas to achieve the most strategic impact. DPCIP funds projects that build resiliency in youth, which helps to prevent all types of drug use, including abuse of prescription drugs.

Resiliency is the ability of individuals and systems (families, groups, communities) to cope with adversity or stress in ways that are effective and will enhance one’s ability to respond constructively to future adversity. The concept of resiliency has emerged from studies of factors contributing to risk-taking behaviours among youth. As such, resiliency is viewed in terms of protective factors that minimize high risk behaviours such as substance abuse.

Decisions to fund projects that enhance resiliency is based on community needs and research. “A Compendium of Best Practices: Substance Use Problems Among Young People” prepared by the Canadian Centre on Substance Abuse and the office of Canada’s Drug Strategy highlighted some key principles in youth programming (Health Canada, 2001). To build a strong framework is to address protective factors, risk factors and resiliency.

Community Investment in Drug prevention is just one component of a comprehensive substance abuse prevention program. Prescription drug abuse is a broader health care issue that Toronto Public Health cannot address on its own. The Toronto Drug Strategy recommends that “the City urge Health Canada, the Ontario College of Pharmacists, the Ontario Association of Pharmacists, the Ontario Medical Association and the Ontario College of Physicians and Surgeons to reduce the misuse of prescription drugs and the diversion of prescription drugs into the illegal drug market.”

Evidence of prescription drug abuse in Toronto is difficult to quantify. Data is limited because the health system doesn't collect or report this type of information. Generating this data requires a targeted study. Despite the limited statistical information, there is evidence of prescription drug abuse. The Toronto Research Group on Drug Use is a partnership of more than 20 agencies including Toronto Public Health, The RCMP, Toronto Police Services, The Office of the Chief Coroner of Ontario and the Center for Addictions and Mental Health. Its mandate is to monitor and report regularly on illicit drug use, including prescription drug abuse, through the Drug Use in Toronto Report.

The "2004 Drug Use in Toronto Report" findings indicate: among the general population, cocaine powder, oxycodone, and methamphetamine are emerging drugs of concern.

Oxycodone, a prescription drug, is a narcotic pain reliever, frequently prescribed for the relief of moderate to severe pain. An increase in illicit oxycodone use in Toronto has been identified in a number of local sources. Methamphetamine, a powerful stimulant is produced in underground laboratories from over-the-counter decongestants. This drug has become more popular in the gay dance club scene and among street youth.

Other studies in Ontario indicate the use of sedatives, barbiturates, and tranquilizers for non-medical purposes among Ontario students have declined to between 1% and 3%. The use of methamphetamine is 3% and LSD is 2% (CAMH, 2003).

In order to prevent substance abuse and reduce the harms associated with substance abuse, it is important to understand why individuals use or abuse drugs. People use different drugs for different reasons at different times in their lives. "The reasons are as varied and complex as human nature and include individual and broad societal factors" (Substance Use in Toronto: Issues, Impacts & Interventions, 2005).

For example, high proportions of homeless youth are found to have experienced early family chaos, high rates of physical, mental and sexual abuse, and neglect. These results may be associated with the high levels of reported drug use among street youth.

DPCIP funds projects to specifically address the varied reasons why people take drugs; the context within which the drug abuse happens as well as the societal factors that lead to drug abuse. The communities where drug use occurs have the opportunity to define and address the drug related harms they are experiencing.

All funded projects are required to indicate success factors linked to project objectives according to the council approved Program Standards Workgroup.

Conclusion:

The strategies for preventing prescription drug abuse are similar to all illicit drug prevention strategies. By enhancing the resiliency of young people and families, high risk drug taking behavior will be minimized whether it is illicit drugs or prescription drugs. This is particularly

important given the emergence of designer drugs, poly drug use and the changing trends in drug use.

Drug Prevention Community Investment Program is only one component of a comprehensive strategy under Toronto Public Health's substance abuse prevention programming. The Toronto Drug Strategy is a comprehensive approach for all substance use including prescription drug use.

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Appendix 5

Criminal Background Check Information and Mandatory Alcohol and Drug Testing: Implications for Drug Prevention Community Investment Program Grantee Agencies

Investing in community is a guiding principle of the Drug Prevention Community Investment Program (DPCIP) and is a key component of Toronto Public Health's comprehensive strategy on Substance Abuse Prevention. The integration of DPCIP with city delivered programs is critical to ensuring responsiveness to emerging trends and access to program-specific expertise.

Consideration of conducting criminal background checks and mandatory alcohol and drug testing of DPCIP recipients requires balancing safety needs against federal and provincial codes of human rights of employees and volunteers of recipient organizations.

In addition, TPH also must balance the need for collaborative community partnerships, providing support to the funded agency, and ensuring quality assurance through the City of Toronto's Risk Management Framework. This must be done without alienating agencies that can reach the most high risk populations. People with a past involvement with drugs and or the legal system have an important contribution to make and their expertise is valued. Undue burdens placed upon an agency may upset this balance given that reporting mechanisms are presently in place. Community Health Officers working with the funded groups use their skills and expertise supporting the agency and the projects. Dictating and monitoring drug testing and criminal background checks would interfere with their mandate.

Project staff that carry out the funded activities in community agencies are hired and supervised by the community agency. Staff who could be impaired while carrying out the TPH funded activities would be subject to discipline as per their agency's policies that would also be subject to the Canadian Human Rights Act, as in any other workplace. Inability of an agency to carry out funded activities would be reported to TPH (as per reporting guidelines established through Letters of Agreement). Payments would be held or have to be returned if agencies fail to meet their commitments. Under the Risk Management Framework funding can also be pulled if it is discovered that either an agency or their staff is involved in illegal activities.

The purpose of mandatory alcohol and drug testing is to ensure the safety of employees and the work environment, particularly in safety-sensitive positions. At present, Toronto Public Health does not require mandatory alcohol or drug testing of its employees doing similar drug prevention activities. Further, pre-employment drug and alcohol testing, random drug testing, and random alcohol testing of employees in non-safety -sensitive positions is unacceptable under the Canadian Human Rights Act. Safety-sensitive positions are those where the volatile materials, dangerous equipment, or vulnerable people is a part of regular work duties. It should be noted that alcohol testing can indicate actual impairment of ability to perform job duties, where as drug testing only detects the presence of drugs, but not impairment.

Existing alcohol or drug dependency is considered a disability under the Canadian Human Rights Act. Whether it is a disability or a perceived disability on the part of an employer, discrimination based upon chemical dependence violates the Canadian Human Rights Act.

Where employees or applicants believe they have been dismissed, disciplined, or treated negatively as a result of testing positive on a drug or alcohol test, the Human Rights Commission will accept the employee's complaint. Workplace alcohol or drug testing policies containing discriminatory elements may also be the subject of complaints.

The intent of criminal background checks is to protect vulnerable individuals such as children from others who may do them harm based on a history of criminal activities. At present, most TPH employees are not required to have a criminal background check. There are two types of criminal background checks. The Canadian Police Information Centre (CPIC) check is also referred to as the superficial criminal background check. This check misses most non-criminal summary or less severe charges such as domestic violence, thefts, indecent acts, public disturbance, prostitution, harassment, intimidation, immigration warrants, mental health records, and pardoned sex offenses. Therefore the CPIC provides insufficient information to make decisions about the criminal background concerning a prospective employee or volunteer. A full-disclosure Criminal reference check includes the CPIC and a check of local police records is more thorough. The length of time required for this more thorough type of testing would interfere with short term projects and may deter some organizations from applying, particularly organizations targeting high- risk, hard to reach populations.

Given that criminal reference checks and mandatory alcohol and drug testing have legal implications regarding issues of privacy and discrimination and that such checks are not required for City of Toronto authorities and TPH employees it would be unfair to dictate this requirement to organizations that are already under-funded, under staffed, and may be marginalized.

Toronto Public Health recommends that the Drug Prevention Community Investment Program not require criminal background checks or mandatory alcohol and drug testing for organizations that have applied for/and received funding.

Contributing authors:

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