

Toronto  
Drug  
Strategy  
Status Report  
2014

## Toronto Drug Strategy Status Report 2014

Toronto Drug Strategy Implementation Panel

City of Toronto, ON

September 2014

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# Letter from the Chair

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September 2014

On behalf of the Toronto Drug Strategy Implementation Panel, I am pleased to present the *Toronto Drug Strategy Status Report 2014*. This report is part of our public accountability on actions taken to implement the recommendations in our Council-approved drug strategy.

Implementing this strategy is a collective effort that involves many different community members, service providers, institutions and governments. I would like to thank the members of the Toronto Drug Strategy Implementation Panel for their leadership as well as our working groups and ad hoc committees for their generous commitment of time, expertise and resources. Thanks also to the many researchers, policy experts, service providers and community members who have contributed in other ways to help implement the Toronto Drug Strategy recommendations.

I look forward to continuing our collective work to reduce the harms of substance use for individuals, families and neighbourhoods in Toronto.

Sincerely,

A handwritten signature in black ink that reads "Gord Perks". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Councillor Gord Perks  
Chair, Toronto Drug Strategy Implementation Panel

## **Toronto Drug Strategy Implementation Panel**

Gord Perks (Chair)	City Councillor, Board of Health
Joyce Bernstein	Chair, Research Group on Drug Use
Diane Buhler	Executive Director, Parent Action on Drugs
Diana Capponi	Chair, Stigma & Discrimination Working Group
Denise Cassibo/Kathy Pinheiro	Representative, KAPOW!
Frank Crichlow/Butch Silver	Representatives, Toronto Drug Users Union
Rose D'Alimonte	Chief of Social Work, Toronto District School Board
Mary Hogan	Madam Justice, Ontario Court of Justice, Toronto Region
Claudette Holloway	Director, Toronto Public Health
Greg Khaymov/Lori Kufner	Youth representative/Coordinator, TRIP!
Amber Kellen	Director, John Howard Society of Toronto/Chair, Criminal Justice Working Group
Peter Leslie	Representative, Toronto Harm Reduction Alliance
Dennis Long	Executive Director, Breakaway Addiction Services
Howard Page	Staff Inspector, Toronto Police Service, Drug Squad
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Zoe Dodd	Representative, Toronto Drug Users Union
Mark Dukes	Representative, Finally Understanding Narcotics
Lydia Fitchko	Director, Social Development, Finance & Administration
Randy Franks	Staff Inspector, Drug Squad, Toronto Police Service
Robert McKay	Peer Representative, Toronto Harm Reduction Task Force
Stephanie Venneri	Intern, Masters of Social Work, York University

Please see [Appendix A](#) for membership lists of Toronto Drug Strategy groups and committees.

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# Introduction

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City Council approved the Toronto Drug Strategy (TDS) in December 2005. The TDS provides a comprehensive approach to alcohol and other drug<sup>1</sup> issues in Toronto based on the integrated components of prevention, harm reduction, treatment and enforcement.

This report provides an update on action taken to implement TDS recommendations since the last status report was issued in 2012. It is important to note that the drug strategy does not have a dedicated program budget. Action taken to implement TDS recommendations has been supported by leveraging existing resources and securing external funding, where possible. The results achieved to date are thanks to the collective effort and commitment of many groups, organizations and individuals across Toronto, most of which are provided on an in-kind or volunteer basis. The TDS has helped to leverage over \$3 million in federal and provincial funding to implement new and innovative community-based programming in Toronto for a wide range of initiatives related to substance use.

## Summary of highlights

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Details on the progress of implementing TDS recommendations over the last two years are described throughout this report; some highlights include the following:

- Continued to provide leadership on issues related to alcohol and other drugs in Toronto.
- Refreshed the list of priority recommendations for implementation to take action in new areas, including housing and overdose prevention.
- Advocated for evidence-based action by provincial and federal governments on diverse issues, including the provincial mental health and addiction strategy, caffeinated energy drinks, health services within the correctional system, and expanded access to naloxone.
- Collaborated with the Taylor Massey Mental Health & Harm Reduction Work Group to explore prevention initiatives in that neighbourhood.
- Supported ongoing implementation of *Strengthening Families for the Future*.
- Supported expanded delivery of *Strengthening Families for Parents & Youth*.
- Provided input into key City strategies and initiatives, including the Toronto Youth Equity Strategy, the George Street Revitalization Project (including redevelopment of Seaton House), and City's updated Municipal Alcohol Policy.

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<sup>1</sup> The term “drugs” refers to the full range of psychoactive substances the TDS is concerned with, including alcohol, illegal drugs, prescription drugs and solvents and inhalants.

- Collaborated with Toronto Public Health programs and the Toronto Cancer Prevention Coalition on strategies to reduce alcohol-related harm.
- Endorsed the national *Low Risk Alcohol Drinking Guidelines*.
- Co-hosted a *Prescription Drug Drop Off Day* with the Toronto Police Service.
- Developed and piloted an online tool – *ReportBadDrugsTO.ca* – where people can anonymously report unusual reactions to illicit drugs in Toronto.
- Created a brochure for prisoners on how to get health services while in custody.
- Coordinated development and delivery of *Treatment 101* information sessions for judges and crown attorneys.
- Supported efforts by the John Howard Society of Toronto and other partners to open a Reintegration Centre for people discharged from the new Toronto South Detention Centre.
- Developed and delivered workshops about stigma and discrimination related to substance use, including a three-part series entitled, *Understanding Drug-Related Stigma*.
- Delivered an information session for City Councillors about Methadone Maintenance Treatment.
- Began work with housing providers to increase housing options and stability for people with substance use issues.
- Supported the Gerstein Substance Use Crisis Service to expand services to reach more individuals seeking help with substance use-related crises.
- Held an event for bar owners, staff and security entitled, *Protect Yourself, Protect Your Customers*, on strategies to identify and respond to drug-related issues in licenced establishments.
- Provided input into an updated Electronic Dance Music protocol for Exhibition Place.
- Delivered presentations to broad range of audiences to promote evidence-based approaches to substance use issues.
- Developed the *Supervised Injection Services Toolkit*, to assist organizations considering whether to provide these services in Toronto.
- Participated in research initiatives, including experiences of cocaine overdose and witness responses to overdose situations.

# Progress on Recommendations

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This section of the report describes highlights of action taken to implement TDS priority recommendations since the 2012 status report.

## 1. Leadership & Coordination

Leadership and co-ordination are critical to improving our collective response to alcohol and other drug issues. Through the TDS, the City of Toronto has taken on this leadership role recognizing that success depends on effective collaboration and co-operation among all stakeholders.

### **Toronto Drug Strategy Implementation Panel – Recommendation 1**

The TDS Implementation Panel is a multi-sectoral group that provides leadership and oversight to ensure TDS recommendations are being implemented, and to respond to emerging issues in the community. The Panel is chaired by a City Council member from the Board of Health with diverse membership from the areas of prevention, harm reduction, treatment and enforcement as well as representation from youth and people who are former and/or active users of alcohol/other drugs (See [Appendix A](#) for the membership list). The Panel forms working groups to implement specific TDS recommendations. Details on the status and progress of these groups are described throughout this report.

In September 2013, the Panel refreshed the list of TDS priority recommendations for action (see [Appendix B](#)). Some recommendations from the previous list of priorities had been implemented or were well underway. It was therefore an appropriate time to look at new areas for action. New priorities include establishing a Restorative Justice Working Group, expanding overdose prevention efforts, and increasing the ability of people who use alcohol/other drugs to access and maintain housing.

A key role for the Panel is to champion TDS priorities that require federal and provincial action as well as to advocate on emerging drug policy issues affecting people in Toronto. Highlights of Panel advocacy related to TDS recommendations are described throughout this report.

### **Provincial drug strategy - Recommendation 5**

The TDS Implementation Panel has advocated for many years about the need for a comprehensive drug strategy for Ontario that includes prevention, harm reduction, treatment and enforcement. In 2011, the provincial government released their mental health and addictions strategy entitled, *Open Minds, Healthy Minds*. This plan proposed a more



coordinated, client-centred service system across Ontario, over 10 years. The strategy recognized the range of responses required, including prevention, treatment, harm reduction, housing, income, employment, addressing stigma and discrimination, etc. The first three years of implementation focused mainly on children's mental health. The strategy is now moving into its second phase of implementation. In the spring of 2014, the Panel sent a letter to the Minister of Health & Long-Term Care acknowledging their government's efforts to improve children's mental health while also urging a new focus on adults and substance use as they move into the next phase of their work.

### **Municipal Drug Strategy Coordinator's Network of Ontario**

Staff in the TDS Secretariat co-founded the Municipal Drug Strategy Coordinator's Network of Ontario, believed to be the first of its kind in Canada. Currently, 21 municipalities and communities from across Ontario participate in the Network. Drug strategy coordinators and leaders meet regularly by teleconference to collaborate on advocacy efforts and to share evidence, information and resources on diverse issues related to substance use. The capacity-building that has resulted from this sharing process is a strength consistently recognized by Network members. The Network operates with in-kind contributions from its members.



Over the last two years, a key priority for this group has been advocating with the Province of Ontario to expand the distribution of naloxone across Ontario (naloxone is a drug administered to reverse an opiate overdose). As of October 2013, public health needle distribution programs and community organizations under contract with public health units have been given access to naloxone and overdose prevention kit supplies.

### **National drug policy**

In 2012, the manager of the TDS Secretariat was invited to join the Canadian Public Health Association's Illegal Psychoactive Substances Working Group. This national group advised on the development of a CPHA discussion paper - [\*A New Approach to Managing Illegal Psychoactive Substances in Canada\*](#) - released in May 2014. The paper is intended to identify options and stimulate discussion toward a public health approach to drug policy in Canada

The TDS manager is also a member of the Canadian Drug Policy Coalition's Supervised Injection Services Group, which fosters a national dialogue and knowledge exchange on this topic across Canada.

## 2. Children and Families

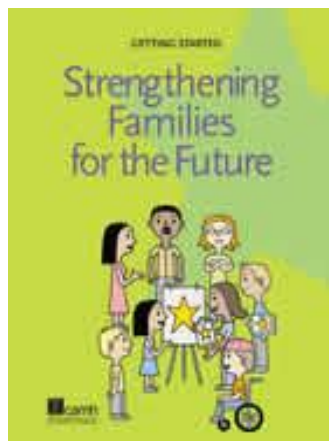
A key priority for the TDS is early intervention and prevention with children and their families. Fostering strong, resilient children is the best way to prevent substance use issues later in life. Recent action in this area is outlined below.

### **Prevention Working Group - Recommendations 7 and 10**

The Prevention Working Group (PWG) is a subcommittee of the TDS Implementation Panel charged with expanding comprehensive prevention initiatives for children, families and youth. This diverse group includes representatives from the areas of prevention, harm reduction, treatment and enforcement (see [Appendix A](#) for membership). The group is focused on initiatives that promote resiliency in children and youth. In 2013, the PWG began a collaboration with the Taylor Massey Mental Wellness & Harm Reduction Work Group to explore substance misuse prevention initiatives that best meet the needs of parents and youth in this Toronto community. Highlights of other PWG initiatives are described in the next sections of this report.

### **Strengthening Families for the Future - Recommendation 7**

*Strengthening Families for the Future (SFF)* is a Centre for Addiction & Mental Health (CAMH) prevention program for families with children between the ages of 7 and 11 who may be at-risk for substance misuse and school failure. SFF has been cited by Health Canada and others as one of the best interventions of its kind. SFF has been offered in communities across Toronto, and the PWG continues to promote this program. Since 2007, 16 cycles of the program have been



delivered reaching 172 families. The program is made possible through partnerships with a variety of community agencies. Staff from Toronto Public Health's Substance Misuse Program helped facilitate some of the sessions.

Activity since 2012 has been reduced over that of previous years, largely due to a shift in the role of CAMH's GTA Regional Team who traditionally takes a lead with the program. CAMH has delivered two SFF facilitator trainings, which has equipped 28 service providers to deliver the program. CAMH hosted one cycle of the program at its Queen Street site between November 2012 and February 2013.

Partners in the program included FAME, Four Villages Community Health Centre, Liberty Village Family Health Team, CAMH's Family Addiction Service and CAMH's Child, Youth and Family program. Families from diverse cultural backgrounds participated. They had a variety of needs and concerns, but all shared a desire to find ways to make their families stronger. Community agencies in Toronto continue to deliver the SFF program.

### 3. Youth

The TDS recommends several actions related to prevention, harm reduction, treatment and enforcement initiatives for youth. A summary of recent progress on youth-specific priorities is described below.

#### **Strengthening Families for Parents & Youth (SFPY) – Recommendation 10**

*Strengthening Families for Parents and Youth (aged 12-16)* is a Parent Action on Drugs (PAD) program. The program began as a collaborative PWG project funded by Health Canada. PAD led the project, which involved adapting an existing 14-week program to eight weeks, and adjusting it to a Canadian context (it was developed in the U.S.). Eight trials were conducted in a variety of service settings. Evaluation results were very positive with significant improvements in the parents' skills, family environment and family resilience. The PWG continues to support expanded delivery of the SFPY program.



PAD is wrapping up two years of funding from Toronto Public Health's Drug Prevention Community Investment Fund to expand delivery of SFPY across Toronto. Programs were delivered at the Griffin Centre (North York), the YMCA (Vanauley Street and The Academy locations), and Native Child & Family Services (Life Centre in Scarborough). New cycles are set to begin at Falstaff Community Centre and Breakaway Addiction Services.

PAD recently secured Health Canada funding to expand delivery of SFPY in high-risk and remote/rural populations in Toronto and across Ontario. PAD is also translating the program into French, and will introduce the SFPY model to francophone communities in Toronto and the rest of Ontario.

#### **Engaging parents and youth together**

One family participated in SFPY every week despite many challenges that could have prevented them from coming to the program. Donna and her daughter Meaghan (age 12) attended, with four siblings in the childcare part of the program. This family had come to other programs at the centre, but it was rare for Donna or Meaghan to be all that engaged. However, during Strengthening Families for Parents and Youth, Donna gradually became more comfortable sharing her stories in the parent sessions, and was very attentive with Meaghan during the family sessions. The family particularly seemed to enjoy the 'Teen Time' exercise. This activity allowed Meaghan (who is the oldest child) to spend some quality time with her mom, which she appeared to really enjoy and respond well to. Facilitators overheard Meaghan say, "This was fun, do we get to come back next week?" with a large grin on her face.

### **Caffeinated energy drinks – Recommendation 10**

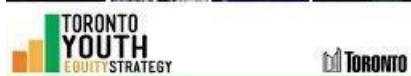
The PWG raised concerns about the harms associated with the growing use of caffeinated energy drinks, in particular by children and youth. Physical and behavioural harms can result from the excessive consumption of energy drinks. A related concern is the consumption of caffeinated-alcoholic beverages, which is common among young adults. The stimulant effect of the caffeine masks the sensation of impairment leading an individual to believe they are less intoxicated than they really are.

Health associations and networks across Canada were advocating with the federal government for action on this issue. The PWG brought the following motions to the TDS Implementation Panel, which were subsequently approved by the Board of Health in February 2013:

- Urge Health Canada and the Province of Ontario to develop a regulatory framework for the advertising and promotion of energy drinks to children and adolescents;
- Urge Health Canada to require the addition of a warning label to energy drink packaging that states: “Energy drinks are not recommended for use during exercise or to rehydrate following exercise;”
- Urge the Province of Ontario to require the addition of a warning label to all pre-mixed caffeinated-alcoholic beverages packaging that states: “This product contains alcohol and caffeine. Consuming alcohol and caffeine together may increase your risk of injury;” and,
- Urge Health Canada to promote evidence-based education on the full range of health and safety risks associated with the use of caffeinated energy drinks.

### **Toronto Youth Equity Strategy – Recommendation 10**

Toronto City Council adopted the Toronto Youth Equity Strategy (TYES) in February 2014. The strategy is based on the premise that youth who are "most vulnerable to involvement in serious violence and crime do not have equitable access to the comprehensive supports they need to change their lives for the better." The TYES recommends actions by City agencies to improve



access to services and supports for these youth. Diverse partners, including TDS Secretariat staff, participated in the development of this strategy, and TPH staff will support implementation over the next several years.

The TYES includes a recommendation for the City to "advocate for increased trauma-informed mental health and substance use treatment services for youth, including youth most vulnerable to involvement in serious violence and crime." There continues to be a lack of residential substance use treatment services for youth in Toronto. The only dedicated beds are at CAMH in their Youth Addiction & Concurrent Disorders Service (12 beds).

## 4. People who use Substances

In addition to actions targeted specifically to children, families and youth, the TDS recommends a broad range of prevention, harm reduction, treatment and enforcement actions more generally. This section documents progress made in this area over the last two years.

### **Alcohol policy - Recommendation 20**

TDS Secretariat staff continued to deliver presentations on preventing alcohol-related harm at the local level. Staff also participated in the Toronto Cancer Prevention Coalition's Alcohol Working Group. This group has focused efforts on increasing awareness of the links between alcohol and cancer, as well as advocating for evidence-based alcohol policy more generally. As part of its contribution, the TDS Secretariat is working with Toronto Public Health's Substance Misuse Program to help colleges and universities develop or strengthen on- and off-campus alcohol policies to help reduce health and social harms for students and the broader community.

The TDS Secretariat has also provided input into the City of Toronto's Municipal Alcohol Policy, which was updated by Toronto Public Health, in consultation with other City divisions. This policy outlines the health and safety requirements for events held on City property that involve alcohol service. City Council approved the revised policy in July 2014.



### **Low Risk Alcohol Drinking Guidelines - Recommendation 20**

In March 2013, the TDS Implementation Panel endorsed the National Low Risk Alcohol Drinking Guidelines (LRADG) based on a recommendation brought forward by the PWG. The LRADG are the first national guidelines developed for Canada. The guidelines provide drinking limits for men and women to reduce immediate and long-term harms as well as to promote a culture of moderation. Public health units, including Toronto Public Health, actively promote these guidelines as part of their prevention programming. The Canadian Centre for Substance Abuse led the development of the LRADG as well as companion documents on alcohol and youth, alcohol and women, and alcohol and cancer.

### Prescription Drug Drop Off Day - Recommendation 23

On May 11, 2013, the Toronto Police Service and Toronto Public Health hosted a *Prescription Drug Drop Off Day*. This was the first such event in Toronto and coincided with a national day with similar events held across the country. Members of the public were encouraged to turn in expired or unused medications at five locations across Toronto. Almost 200 kilograms of medications were collected at the event.

This initiative was part of a larger effort to reduce the harms of prescription drugs. Misuse of prescription drugs by youth is a growing concern in Toronto as it is in other communities. The 2013 Ontario Student Drug Use & Health survey found that young people who use these drugs recreationally often get them from their parent's medicine cabinet. Regularly disposing of



unused or expired medications helps reduce the potential for misuse as well as the risk of accidental consumption by children. The event also encouraged safe disposal instead of flushing drugs down the toilet or throwing them loose in the garbage, which can damage the environment.

This was intended as a single event as new legislation in Ontario requires pharmacies to offer free medication disposal to the general public.

While this is happening more frequently, event organizers did hear from the public that some pharmacies are still refusing to accept drugs for disposal. The TDS Implementation Panel has advocated with the Ministry of the Environment for stronger monitoring for compliance with the new legislation.

### Drug surveillance and alerts – Recommendation 25

Surveillance systems provide data so that health authorities can monitor potential threats to health based on up-to-date information, and make decisions accordingly. Toronto Public Health and TDS Secretariat staff continue to participate in the Canadian Community Epidemiology Network on Drug Use (CCENDU) to share information about local and national issues, including drug adulteration and health hazards.

There are ongoing challenges with the availability of meaningful, real-time data related to the content and reactions to unregulated drugs. Providing information about adulterants in drugs could prevent serious illness and save lives. In 2013, in response to this gap, TDS staff worked with a group of community partners to develop and pilot an online tool - [ReportBadDrugsTO.ca](http://ReportBadDrugsTO.ca) - where people can anonymously report unusual or unexpected negative reactions to illicit drugs

in Toronto. There have been 18 reports to date of reactions to crack cocaine, ketamine and a range of other substances. Reactions ranged from sharp pains to skin conditions/rashes to



headaches and other symptoms. The reports submitted will provide valuable information about potentially dangerous substances that can inform neighbourhood and/or city-wide harm reduction services.

Toronto Public Health and TDS staff work with community partners to monitor ongoing issues such as contaminated drugs causing health problems. Alerts are occasionally issued on particular issues, such as toxic heroin. In 2012 and 2013, alerts were issued about cocaine adulterated with Levamisole, which is a veterinary de-wormer. Over the last few years this contaminant has caused serious illness for people in Toronto and throughout North America. Two types of alerts were released, one for health service providers and one for people who use drugs. Both are posted on the Toronto Public Health website at [www.toronto.ca/health](http://www.toronto.ca/health).

### **Substance use crisis service – Recommendation 27**

Several years ago, the TDS Crisis Model Working Group developed a model for a 24-hour crisis service where someone ‘under the influence’ could go as an alternative to a hospital emergency department. The Toronto-Central LHIN funded part of this model to build the capacity of the Gerstein Crisis Centre to work with people who use alcohol/other drugs, using a harm reduction approach. This initiative allowed the Gerstein to expand services to help people in crisis to stabilize (i.e., phone and mobile support and six residential beds). The Gerstein has operated this Substance Use Crisis Service since October 2010.

Over the 2013-2014 year, this crisis service exceeded its targets to help people seeking support for crises related to substance use/concurrent disorders, as follows:

- 631 unique individuals called the phone line for help. About two-thirds of these callers had their crisis resolved on the phone.
- 199 unique individuals were helped by the mobile crisis team.
- 180 people engaged short-term crisis management support, with support being provided for about 45 days on average.
- 63 people were supported in designated substance use crisis beds, with an average length of stay of 37 days.

A key component of the TDS Crisis Model Working Group's original model that not been implemented is a service where people could go while high or intoxicated to stabilize, 'chill out', or 'sleep it off.' TDS Secretariat staff are working with the Gerstein Crisis Centre and other community partners to develop this concept further and make it a reality.

### **Moving beyond crisis**

Jamal has a long history of chaotic substance use. He gets anxious and depressed. As a child, he was a victim of sexual abuse. Jamal has been in treatment a few times. Recently, withdrawal management staff referred him to the Gerstein Substance Use Crisis Team. Jamal did not have a place to live or a family doctor. During his stay in the Gerstein crisis service, he worked with staff and completed a housing application, found a family doctor and made connections to the substance use team staff at the same hospital. Jamal also connected with wellness and recovery programs, including one for male survivors of sexual abuse. He still goes through periods of feeling low and isolated. However with support, Jamal has come to understand his mental health issues better; the programs have had a big impact on him. He is back in treatment and is expected to have housing when he's discharged.

### **Criminal Justice Working Group – Recommendations 35, 36, 37 and 53**

The Criminal Justice Working Group (CJWG) is a subcommittee of the TDS Implementation Panel (see [Appendix A](#) for membership). The group was charged with taking action on recommendations related to people with substance use issues in the criminal justice system, including: expanding treatment and harm reduction programs in prisons; improving discharge planning; and, exploring alternative justice measures. Since its formation in 2011, the group has examined research and best practices in these areas, and identified initiatives for action that are discussed in the following sections of this report.

As many of the CJWG issues fall under provincial jurisdiction, the group has worked with the TDS Implementation Panel to advocate with the Ministry of Community Safety & Correctional Services on the need for health services for people in custody including, withdrawal management, treatment system assessments, and effective discharge planning. Efforts have included meetings with the Minister to press for treatment system assessments and transition support planning, which could be provided by community services.

CJWG initiatives that are in the preliminary stages of implementation include the following:

- Exploring options to include criminal justice and corrections issues in the college and/or university curriculum for health and social service workers. A potential collaboration is being pursued in this area; and,



- Exploring the potential for research about the accessibility of prison-based substance use and mental health services for people in custody, particularly people on remand (waiting for court hearings with no disposition in their case). TDS Secretariat staff and CJWG members have supported a local researcher on a grant proposal to explore some of these areas.

### **Prison health service brochure – Recommendations 35, 36 and 37**

The CJWG created a brochure for prisoners about how to get health services while in provincial custody, for distribution through community service agencies. An example of a health issue for people incarcerated in provincial prisons is timely access to Opioid Substitution Treatment (OST). Inmates may start OST while incarcerated if they can demonstrate that they were using opiate/opioids before entering custody. Timely access to OST remains an issue within the prison system.

### **Treatment 101 for courtroom decision makers – Recommendations 36**

The CJWG recommended that information be provided to courtroom decision makers about the substance use treatment system. The presentation was developed and facilitated by staff from Breakaway Addictions Services, the Toronto Drug Treatment Court and the TDS Secretariat. CJWG members, people who use drugs and treatment providers gave input into the presentation. A pilot session was held for judges at Old City Hall in 2013, followed by two sessions for Provincial Crown Attorneys. These sessions were well-received and efforts are underway to expand delivery in the future. The content introduced the spectrum of treatment service models and approaches noting the importance of assessments as the first step to entering the service system.



### **South Etobicoke Reintegration Centre – Recommendation 37**

The John Howard Society of Toronto has worked with a group of community service partners to open a Reintegration Centre outside of the new Toronto South Detention Centre in south Etobicoke. This new facility will act as a 'triage' hub for men being released from custody. It is expected that one-third of these men will be homeless and have significant needs, including those related to substance use issues. John Howard received a grant from the Urban Land Institute to assist with real estate, planning and design. Staff and students from Humber College and Ryerson University have also been involved in various aspects of this project. A location has been found for the Reintegration Centre, and partners are working on start up issues, including building renovation. TDS Secretariat staff have supported this work as part of efforts to improve discharge planning for people leaving correctional facilities.

### **Housing access and options – Recommendations 43 and 44**

A new TDS priority is to help increase housing options for people who use alcohol/other drugs, including supportive, affordable and harm reduction housing. People who use drugs often face barriers to finding and maintaining housing. The main focus of TDS efforts on this issue is to work with housing providers on strategies to increase access to housing that is available in Toronto as well as strategies to help avoid eviction. An ad hoc committee of the TDS Implementation Panel and the TDS Secretariat has begun working with the City's Social Housing Unit and Toronto Community Housing Corporation on these issues. Initiatives underway include training for housing management and staff on substance use and mental health issues, and possible supported housing projects.

TDS Secretariat staff are also providing input into the redevelopment of the Seaton House men's shelter, led by the City's Shelter, Support & Housing Division, that will include housing options.

## 5. Neighbourhoods & Communities

The TDS is concerned with the impact of alcohol and other drugs on neighbourhoods and communities across the city. Several TDS recommendations focus on addressing negative impacts in neighbourhoods; recent progress is discussed below.

### Toronto Safer Nightlife Committee – Recommendation 50

The Toronto Safer Nightlife Committee (TSNC) is a multi-sectoral group chaired by the manager of the TDS Secretariat with representation from community programs, youth, CAMH, Toronto Public Health, bar operators, Business Improvement Associations, and the Alcohol & Gaming Commission of Ontario (see [Appendix A](#) for membership). The group works on strategies to prevent substance use-related harms to help improve the safety and well being of patrons and staff in licenced establishments as well as members of the surrounding community.



In November 2012, the TSNC held an event for bar owners, staff and security at a downtown club. The event entitled, *Protect Yourself, Protect Your Customers*, focused on illicit drug use in bars and clubs. Presentations at this forum included the following:

- Current drug use trends in Toronto's nightlife scene;
- Signs and effects of drugs use, and alcohol/other drug interactions;
- How to recognize and respond to an overdose;
- Legal responsibilities under the Liquor Licence Act; and,
- Strategies for monitoring the bar/club environment.

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*"Very informative forum, keep up the conversation."*

~ Workshop participant

In May 2013, TDS Secretariat staff delivered a presentation on the collaborative approach used by the TSNC at the international Club Health conference. The session profiled the range of prevention initiatives implemented by the committee over the past several years. These included legal liability and bar policy workshops as well as targeted forums on topics such as violence, sexual assault, pre-drinking, illicit drug use, and harm reduction. The session also discussed lessons learned about effective collaboration across sectors that traditionally have not worked together to help inform initiatives in other communities.

### **Electronic dance music events – Recommendation 50**

In the summer of 2014, the TDS Secretariat provided input into an updated Electronic Dance Music Protocol for Exhibition Place to ensure prevention and harm reduction strategies related to substance use were included. Staff also participated in meetings of the Exhibition Place Board of Governors on the issue of whether to allow electronic dance music events at this location. A City Council decision ensured that such events will continue to be allowed on municipal property, including Exhibition Place, to help reduce the potential for health and other harms if these events are driven underground.



### **Ontario Safer Bars Partnership – Recommendation 50**

TDS Secretariat staff continued to participate in the *Ontario Safer Bars Partnership*, which is a province-wide network of individuals, groups and coalitions working on safer bar initiatives in their communities. The network provides an opportunity to learn about effective strategies from a broad variety of jurisdictions as well as to identify areas for joint advocacy.

### **Restorative justice - Recommendation 53**

The TDS Implementation Panel agreed to create a new working group to explore restorative justice options appropriate for Toronto. This group will be set up in the near future. TDS Secretariat staff continue to participate on advisory committees for two related initiatives; a Rittenhouse pilot project exploring conflict resolution and restorative justice with people who use drugs; and the Community Advisory Committee for the Toronto Drug Treatment Court.

### **Student contributions**

The TDS Secretariat promotes an active learning environment by offering practicum placements for graduate students from universities across Toronto. In 2013, Stephanie Venneri completed her York University Masters of Social Work practicum with the TDS. Stephanie made many significant contributions to the drug strategy, including help developing the Supervised Injection Services Toolkit, and the Methadone Maintenance Treatment Session for City Councillors.

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

People need information on resources available in the community to help with alcohol and other drug issues. There is also a need for more evidence-based education about substance use. Recent efforts in this regard are described below.

### **Education about substance use issues – Recommendations 54, 59 and 66**

In addition to the workshops discussed elsewhere in this report, staff in the TDS Secretariat regularly deliver presentations to promote evidence-based information about substance use issues. Over the last two years, TDS staff delivered 19 presentations to about 1,000 people, often in partnership with community groups and agencies.

Presentations were delivered to the following groups:

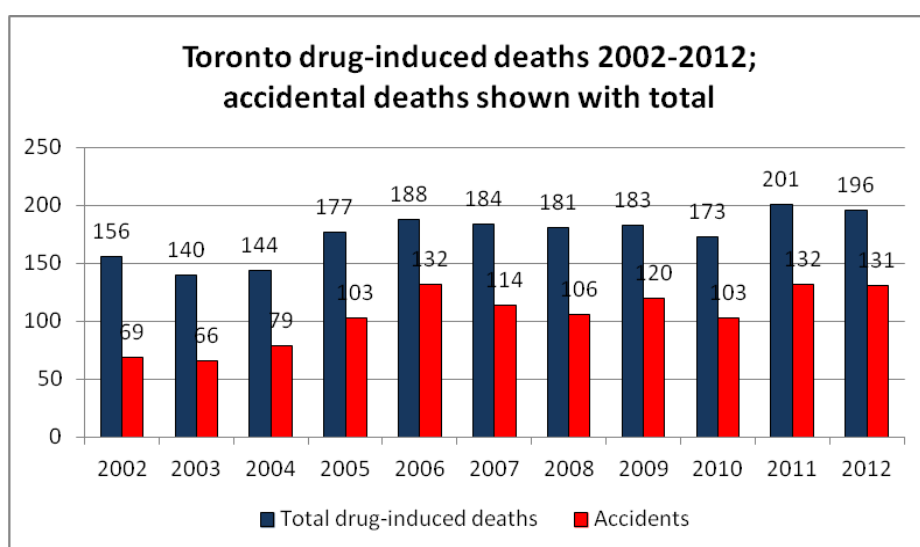
- Addictions Ontario
- Canadian Community Epidemiology Network on Drug Use
- University of Toronto, Graduate Studies Programs
- University of Toronto, Community Knowledge Exchange
- Centre for Addiction & Mental Health, Opiate Webinar
- The Ontario Public Health Convention
- Canadian Association for HIV Research, Satellite Session
- Hastings & Prince Edward County
- Ontario Association of Chiefs of Police
- Canadian Centre on Substance Abuse, Board of Directors
- Drug Policy Alliance, New York
- Club Health International Conference
- Toronto Housing & Homelessness Services Network
- MASS LBP Resident Reference Panel
- Shelter, Support & Housing Administration Division
- Delegation of municipal officials from China

Presentation topics included the following:

- Alcohol policy and interventions
- Prescription drug misuse
- Substance use trends in Toronto
- Substance use treatment system
- Stigma, discrimination and substance use
- Municipal drug strategies
- Supervised injection services
- Safer nightlife initiatives
- Harm reduction and housing

## Deaths related to substance use - Recommendation 54

The Office of the Chief Coroner for Ontario provides Toronto Public Health with access to data about drug-induced deaths among Toronto residents. TDS Secretariat staff worked with other TPH staff to analyze this information, and a summary report will be released soon. This data only includes people who died directly from toxicity caused by alcohol or other drugs, whether it was accidental, suicide, or an undetermined death type. Between 2002 and 2012, the average age of death among this group was in the mid-forties. About two-thirds of these individuals are male, and one-third female. About half of deaths were caused by a single substance, and about half were caused by toxic combinations. The drugs most frequently causing death were opiates/opioids. While the data from 2011-12 have not been fully analyzed, the number of accidental deaths continues to rise.



Preliminary data only.

Source: Office of the Chief Coroner for Ontario, compiled by Toronto Public Health

## Stigma & Discrimination Working Group – Recommendation 55

The Stigma & Discrimination Working Group (SDWG) is tasked with implementing recommendations from the TDS Implementation Panel report entitled *Stigma, Discrimination & Substance Use*. The group includes diverse representatives from the areas of prevention, harm reduction and treatment. Over half of the group members are people with lived experience (see [Appendix A](#) for membership).

The focus of the group's recent work has been on training for health and social service providers. In April 2013, the SDWG delivered a workshop on drug-related stigma and discrimination at The Ontario Public Health Convention. The workshop was done in partnership with the Toronto Harm Reduction Task Force and featured an overview of the types and impacts of drug-related stigma, and personal narratives from the Task Force's digital storytelling project. Additional SDWG initiatives are highlighted in the following sections of this report.

### **Methadone information session for City Councillors – Recommendation 55**

In February 2013, the SDWG hosted an information session for Toronto City Councillors about Methadone Maintenance Treatment (MMT). The session was intended to provide Councillors and their staff information about the role and effectiveness of MMT as well as resources to help respond to questions from residents about methadone clinics in local neighbourhoods. Presenters included a physician/methadone prescriber and a woman who sought methadone treatment for issues related to prescription drug misuse.

A fact sheet was developed specifically for City Councillors with additional information and resources. This resource was adapted into a more generic fact sheet that has proven helpful in responding to questions from the general public on this topic. The information session was well received. A total of 23 individuals attended, representing 16 Councillors' offices.

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*"Very helpful in dealing with constituents who oppose clinics in their area."*

*"Thank you for putting this together, it was very worthwhile."*

~ Participant feedback

### **Destigmatizing methadone maintenance treatment – Recommendation 55**

In 2012/2013, the Toronto Harm Reduction Task Force led a provincial "community of interest" focused on destigmatizing Methadone Maintenance Treatment (MMT). TDS Secretariat staff participated on this group, which included diverse representatives from across the province. The initiative was in response to ongoing community and political opposition to methadone clinics in local neighbourhoods. The group worked with a Toronto filmmaker to create a short, dynamic video aimed at dispelling myths about MMT as well as highlighting the important role MMT plays for people struggling with opiate issues. The video was promoted widely, and is available online at <http://www.youtube.com/watch?v=nwOKE1W53L4>. At the time of the writing of this status report, the video had logged over 5,288 views.

## Overdose prevention – Recommendation 57

On International Overdose Awareness Day, August 31, 2011, *The Works* at Toronto Public Health launched the POINT program (Preventing Overdose in Toronto). People using opioids/opiates are prescribed naloxone to be used during an overdose situation. Naloxone can reverse the effects of opiate overdose for up to 45 minutes. Nurses at *The Works* can prescribe naloxone to anyone using opiates/opioids who agrees to take training along with the prescription.



Medical professionals reviewed and provided input into the program structure, including the College of Physicians & Surgeons of Ontario, the College of Nurses of Ontario, the College of Pharmacists of

Ontario, Toronto EMS, and Rescu, a St. Michael's Hospital research partnership. As of August 2014, 1157 naloxone prescriptions have been issued. A total of 171 naloxone administrations have been reported back to *The Works*. This number is likely low as it only includes incidents reported to *The Works* staff when a refill prescription was sought.

In 2013, the TDS Implementation Panel joined other advocates across the province calling on the Minister of Health & Long-Term Care to increase access to naloxone, both in Toronto and across Ontario. Naloxone is now being provided in more communities through public health units, and community agencies under contract with health units to prescribe this life-saving drug.

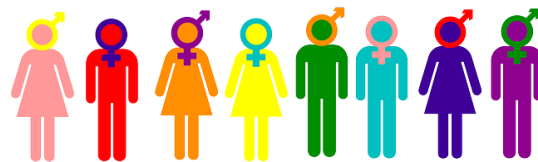


## Understanding Drug-Related Stigma workshop – Recommendation 55

In 2013, the TDS Secretariat received funding under the Homelessness Partnership Strategy (administered by the City's Shelter, Support & Housing Administration Division) for an anti-stigma workshop. The SDWG planned and delivered a three-part workshop, which included two full day and one half-day session. Participant feedback indicated that because the sessions were staggered over six months it kept the issue top of mind for an extended period.

The workshop was targeted to front line health, social service and housing workers as well as trainers/educators who work in the field of substance use. Several managers and students also attended. There was a high demand for this workshop, which filled up within a few days of being advertised.

The purpose of the workshop was to increase workers' knowledge and awareness of drug-related stigma to facilitate better access to services by people who use drugs. The sessions were designed to be dynamic and interactive, building on the principles of effective adult learning. The content was evidence-based and focused on the practical application to the work of participants. Presenters and facilitators included international experts in the field, local service providers, and people who use/have used drugs.



A total of 124 people participated in the workshop; 53 attended all three sessions. The results of the workshop evaluations were very positive, as follows:

- 100% would recommend this workshop to a colleague;
- 98% said the workshop met their learning goals;
- 96% of front line workers said they would integrate content into their practice;
- 100% of trainers said they would integrate content into their training; and,
- 100% said they were confident in challenging drug-related stigma going forward.

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*"I saw substance use as something immoral, but my perspective has changed drastically."  
"As a manager, I wanted to see whether or not we may be 'allowing' stigma in our work."  
"I've been adding these topics to our team meetings, and policy and procedure reviews."*

~Participant Feedback

## 7. Research & Evaluation

The TDS recognizes the need for ongoing research to expand the evidence base on how best to address the harms of alcohol and other drugs. Recent progress related to recommendations in this area is presented below.

### **Overdose research: Witness responses to overdose – Recommendation 57**

Partners from the Research Group on Drug Use (RGDU) are conducting research to explore witness responses to overdose. This research fills a gap in local knowledge, and the findings will be used to inform local responses to overdose prevention training and advocacy. The project includes both surveys and focus groups. The Canadian Centre on Substance Abuse funded this project, as the RGDU is a partner in the Canadian Community Epidemiology Network on Drug Use. Results of the research will be released in winter 2014.

### **Overdose research: Cocaine overdose – Recommendation 57**

In 2013, partners from the RGDU completed surveys with people who use cocaine to capture their experiences of and responses to cocaine overdose. Questions focused on negative symptoms associated with cocaine use. There has been little research exploring the experience of cocaine overdose outside of medical treatment, and none in the Toronto context. This report will be used to inform local responses to cocaine overdose, including training and advocacy. The final report of this research will be released in winter 2014.

Key themes that emerged in the study included the following:

- Adulterants: People believed that in recent years cocaine has become less 'pure' than in the past, and that contaminants are a factor in negative symptoms caused by cocaine use.
- Safety: People were constantly worried about being arrested, which contributes to feelings of paranoia and chaos. Experiences of stigma also contributed to feelings of paranoia.
- People recognized that doing too much cocaine directly causes negative symptoms such as paranoia, cardiac problems, disruptive/aggressive behaviour, and seizures/convulsions.
- People frequently noted that calming responses are vital in de-escalating situations where someone has 'overdosed' on cocaine.

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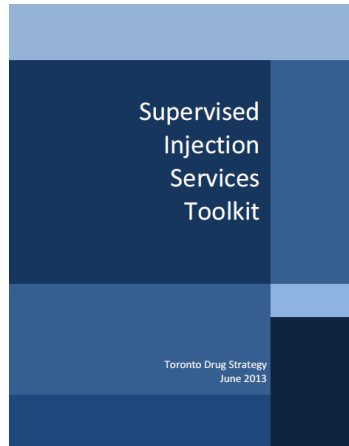
*"It's not the same as it used to be, the dope. The quality's not the same. It can have everything in it."*

*"People who have had heart attacks and stuff are getting hurt by the cuts..."*

~ Study participants

## Supervised Injection Services Toolkit – Recommendation 65

In September 2012, the TDS Implementation Panel formed a Supervised Injection Services Working Group charged with identifying challenges and solutions related to the implementation of supervised injection services (SIS) in Toronto (see [Appendix A](#) for membership). This action



followed the release of the [Toronto & Ottawa Supervised Consumption Site Assessment Study](#) in April 2012, which recommended multiple SIS for Toronto.

The working group fulfilled its mandate in developing a [Supervised Injection Services Toolkit](#), which the TDS Implementation Panel endorsed and released in July 2013. The purpose of the toolkit is to provide information and resources to assist organizations considering whether to provide SIS in Toronto. The toolkit is intended for use by decision makers, potential service providers, and other community stakeholders. The content draws on relevant policy and research as well as input from diverse stakeholders and experts in Toronto and Vancouver. Topics addressed in the toolkit include: demonstration of local need; program and clinical service design; community engagement; police protocols; communications; and performance measures.

In July 2013, the Medical Officer of Health submitted a report, entitled [Supervised Injection Services for Toronto](#), to the Board of Health. This report, approved by the Board of Health, called on the provincial Ministry of Health & Long-Term Care to fund supervised injection services on a pilot basis in Toronto.

## **C o n c l u s i o n**

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The Toronto Drug Strategy represents an important commitment from the City of Toronto and its community partners to a balanced, evidence-based approach to alcohol and other drugs in Toronto with the goal of reducing harms for individuals, families, neighbourhoods and communities. The TDS provides a policy framework for municipal decision-making on this issue and functions as a catalyst for action in the community. Just as the City of Toronto needs complementary drug policies at the provincial and federal levels, the community sector needs supportive, evidence-based drug policies at the municipal level.

The TDS implementation team recognizes that alcohol and other drug issues are complex and require a comprehensive response. Substance use will not end tomorrow nor is that necessarily a desirable goal. Not all substance use is negative or problematic. We need to focus our efforts on preventing and addressing the harms that do exist, working from a thoughtful and evidence-informed position. This is the commitment of the TDS implementation team moving forward, in collaboration with our community, institutional and government partners.

# **A p p e n d i x A : TDS committee membership**

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## **Toronto Drug Strategy Implementation Panel**

- Toronto City Councillor (Chair)
- Toronto Public Health
- Breakaway Addiction Services
- Centre for Addiction & Mental Health
- Chair, Prevention Working Group
- Chair, Stigma and Discrimination Working Group
- Chair, Criminal Justice Working Group
- Chair, Supervised Injection Services Working Group
- John Howard Society of Toronto
- KAPOW!
- Ontario Court of Justice
- Parent Action on Drugs
- Toronto Drug Users Union
- Toronto Harm Reduction Alliance
- TRIP!
- Research Group on Drug Use
- Social Development, Finance & Administration, City of Toronto
- Toronto District School Board
- Toronto Police Service
- Women's Harm Reduction Program, South Riverdale Community Health Centre

## **Prevention Working Group**

- Toronto Public Health (Chair)
- Centre for Addiction & Mental Health
- Hospital for Sick Children
- LOFT Community Services
- Parent Action on Drugs
- Toronto Catholic District School Board
- Toronto District School Board
- Toronto Police Service
- Substance Misuse Prevention, Toronto Public Health
- YMCA of Greater Toronto

### **Criminal Justice Working Group**

- John Howard Society of Toronto (Chair)
- Community members
- Drug Treatment Court, CAMH
- Elizabeth Fry Society of Toronto
- Ministry of Community Safety & Correctional Services
- PASAN (Prisoners' HIV/AIDS Support Action Network)
- Public Prosecutions Service of Canada (ex-officio)
- Streets to Homes, City of Toronto
- Toronto Drug Users Union
- University of Toronto PhD Candidate

### **Stigma & Discrimination Working Group**

- Centre for Addiction & Mental Health (Chair)
- Black CAP
- Breakaway Addiction Services
- Empowerment Council
- Community Action for Families
- Community Members (6)
- Jac's Voice
- KAPOW!
- Ontario HIV & Substance Use Training Program
- South Riverdale Community Health Centre
- Streets to Homes, City of Toronto
- Toronto Drug Users Union
- Toronto Employment & Social Services
- YMCA of Greater Toronto, Youth Substance Abuse Program

### **Supervised Injection Services Working Group**

- TDS Implementation Panel (Chair)
- Toronto Drug Users Union
- Canadian HIV/AIDS Legal Network
- Toronto Police Service
- Community member
- St. Michael's Hospital
- Toronto Public Health
- Youth representative

- Breakaway Addiction Services
- Toronto Harm Reduction Task Force
- Registered Nurses Association of Ontario
- Centre for Addiction & Mental Health

### **Toronto Safer Nightlife Committee**

- Centre for Addiction & Mental Health
- Municipal Licencing & Standards, City of Toronto
- Alcohol & Gaming Commission of Ontario
- Social Development, Finance & Administration, City of Toronto
- Parkdale Village Business Improvement Area
- Substance Misuse Prevention, Toronto Public Health
- Toronto Entertainment District Business Improvement Area
- Owner, Licenced Establishments and Security Company
- Young adult representatives
- TRIP!

## **A p p e n d i x B : TDS priority recommendations**

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(Updated September 2013)

### **Ongoing Priorities:**

<b>Recommendation #</b>	<b>Description</b>
7	Expand prevention programs for families
10	Expand prevention programs for youth
17	Increase funding for youth residential treatment
20	Strengthen alcohol policy and legislation
23	Reduce misuse/diversion of prescription drugs
25	Develop surveillance system/alert protocol
30	Increase treatment services
35	Provide harm reduction services in jails/prisons
36	Provide treatment options to people in prison
37	Improve discharge planning for people leaving jail
50	Promote safer bar initiatives
55	Develop strategies to address stigma/discrimination

### **New Priorities:**

<b>Recommendation #</b>	<b>Description</b>
28	Expand harm reduction services in the shelter system
43	Increase access to affordable/supportive housing
44	Develop harm reduction housing options
53	Explore alternative community justice approaches
57	Expand overdose prevention strategies



