

Toronto	2012 STATUS REPORT
Drug	
Strategy	



The Toronto Drug Strategy Status Report 2012

Toronto Drug Strategy Implementation Panel

City of Toronto, ON, June 2012

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Letter from the Chair

June 2012

On behalf of the Toronto Drug Strategy Implementation Panel, I am pleased to present the *Toronto Drug Strategy Status Report 2012*. This report is part of our accountability to Torontonians on action taken to implement the recommendations of our municipal drug strategy.

Implementing our drug strategy is a collective effort that involves community members, service providers, institutions and governments. I would like to take this opportunity to thank the members of the Toronto Drug Strategy Implementation Panel as well as our working groups and ad hoc committees for their commitment of time, expertise and resources. Thanks also to the many researchers, policy experts, service providers and community members who have given so generously of their time and expertise to help implement the Toronto Drug Strategy.

I look forward to continuing our work together on this important issue. The commitment of our TDS implementation team is to provide a balanced, evidence-based approach to substance use issues in Toronto.

Sincerely,

A handwritten signature in black ink that reads "Gord Perks". The signature is written in a cursive, flowing style 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)	<i>City Councillor, Board of Health</i>
Joyce Bernstein	<i>Chair, Research Group on Drug Use</i>
Diane Buhler	<i>Executive Director, Parent Action on Drugs</i>
Diana Capponi	<i>Chair, Stigma and Discrimination Working Group</i>
David Collins	<i>Representative, Toronto Harm Reduction Task Force</i>
Rose D'Alimonte	<i>Representative, Toronto Catholic District School Board</i>
Zoe Dodd/Frank Crichlow	<i>Representatives, Toronto Drug Users Union</i>
Mark Dukes	<i>Representative, Finally Understanding Narcotics</i>
Lydia Fitchko	<i>Director, Social Development, Finance & Administration</i>
Randy Franks	<i>Staff Inspector, Drug Squad, Toronto Police Service</i>
Curtis Handford	<i>Chair, Supervised Consumption Site Reference Group</i>
Mary Hogan	<i>Madam Justice, Ontario Court of Justice, Toronto Region</i>
Jann Houston	<i>Director, Toronto Public Health, and Chair of Prevention Working Group</i>
Lori Kufner/Greg Khaymov	<i>Co-ordinator and youth representative, TRIP!</i>
Amber Kellen	<i>Director of Community Initiatives, Policy & Research, John Howard Society of Toronto, and Chair of Criminal Justice Working Group</i>
Dennis Long	<i>Executive Director, Breakaway</i>
Robert McKay	<i>Peer Representative, Toronto Harm Reduction Task Force</i>
Jim O'Neill	<i>Director, St. Michael's Hospital</i>
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Please see Appendix A for membership lists of all Toronto Drug Strategy groups and committees.

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I n t r o d u c t i o n

City Council approved the Toronto Drug Strategy (TDS) in December 2005. The TDS provides a comprehensive approach to alcohol and other drug¹ issues based on the integrated components of prevention, harm reduction, treatment and enforcement.

This report provides an update on the status of implementing the TDS recommendations, in particular, progress achieved since the last status report was issued in May 2010. It is important to note that the drug strategy does not have a dedicated project budget; efforts have been supported by leveraging existing resources and securing external funding. Results achieved thus far are thanks to the collective effort and commitment of many groups, organizations and individuals across Toronto, often provided on an in-kind or volunteer basis. The Toronto Drug Strategy has also helped to leverage about \$2 million in federal and provincial grants to implement new and innovative community-based programming in Toronto for a wide range of initiatives related to substance use.

S u m m a r y o f h i g h l i g h t s

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

- Provided leadership on substance use issues in Toronto.
- Updated the list of priority recommendations for implementation.
- Established two new working groups – the Stigma and Discrimination Working Group and the Criminal Justice Working Group.
- Advocacy on issues including the Psychiatric Patient Advocacy Office, the Review of Social Assistance in Ontario, the National Anti-Drug Strategy, and mandatory minimum sentencing legislation.
- Leveraged \$2 million in federal and provincial grants for community-based programming related to substance use.
- Expanded delivery of the CAMH *Strengthening Families for the Future*.
- Successful completion of the PAD *Strengthening Families for Parents & Youth* project with plans to expand implementation.
- Successful completion of the Canadian Training Institute's *Youth Worker Training Initiative*.
- Production of a multi-language resource for parents on promoting resiliency in youth.
- Continued operation of the Gerstein Centre's Substance Use Crisis Service.
- Developing training to educate courtroom decision-makers about treatment services.
- Exploring alternative justice options.
- Advocating for expanded access to harm reduction and treatment options in prison and improved discharge planning.

¹ 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.

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- Developing an online resource about stigma and discrimination associated with substance use.
 - Developing and delivering workshops for service providers on addressing stigma and discrimination of people with substance use issues.
 - Advocating with funders for involvement and appropriate compensation of peer workers.
 - Expanded delivery of overdose prevention initiatives and training.
 - Successful completion of Jane-Falstaff neighbourhood project.
 - Developed and hosted a successful safer nightlife forum for youth and bar operators.
 - Released first in series of *Alcohol and Other Drug Use in Toronto* research summaries.
 - Continued to host interactive *Build on Your Strengths* workshops for frontline workers.
 - Released the *Toronto and Ottawa Supervised Consumption Assessment Study*.

P r o g r e s s o n r e c o m m e n d a t i o n s

This section of the report documents progress implementing current TDS priorities, primarily action taken since the last status report was issued in May 2010. All TDS reports are available at www.toronto.ca/health/drugstrategy.

1. Leadership & Co-ordination

Leadership and co-ordination is key 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 an intersectoral group that provides leadership and oversight to the implementation of the Toronto Drug Strategy. The Panel is chaired by Councillor Gord Perks and has a 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 and other drugs. The Panel has set up working groups to implement specific TDS recommendations. Details on the status and progress of each group are summarized throughout this report.

In November 2010, the Panel refreshed the list of priority recommendations for implementation. Some recommendations on the original list of priorities have been implemented or were well underway. It was therefore an opportune time to look at new areas for action. Appendix B provides a list of the current priorities. Central to the new areas of focus were the creation of two new working groups – the Stigma and Discrimination Working Group and the Criminal Justice Working Group.

A key role for the Panel is to champion TDS priorities that require federal and provincial action and to advocate on relevant drug policy issues that impact people in Toronto.

Advocacy related to specific TDS recommendations is discussed throughout this report. Highlights of additional Panel advocacy efforts of the Panel include the following:

- In July 2011, the Panel forwarded a motion to the Board of Health with a request to urge the Ministry of Health and Long Term Care to establish the **Psychiatric Patient Advocacy Office** as an independent advocacy office. This came in response to a provincial announcement that the office was being transferred to the Canadian Mental Health Association, which was viewed as a conflict of interest. The Province subsequently revoked that decision.
- In September 2011, the Panel made a submission to the **Commission for the Review of Social Assistance in Ontario**. Key areas addressed in the submission included: adequacy of benefits, program accessibility, employment services, treatment services, and stigma and discrimination. The full document is available at: http://www.toronto.ca/health/drugstrategy/pdf/social_assistance_review_submission_sep2011.pdf
- In December 2011, the Panel sent a letter to the Prime Minister to provide input into the federal government's review of their **National Anti-Drug Strategy**. The submission highlighted positive aspects of the strategy such as increased investments in community-based prevention and treatment initiatives. However, concerns were also expressed on a range of issues including: the removal of harm reduction from Canada's federal drug strategy; a costly, fear-based public education campaign for youth not based on prevention evidence; and, a singular focus on illicit drugs when alcohol is the drug that creates the most harm in our society.

The Panel also expressed concern about the **mandatory minimum sentencing** for drug crime provisions in the Omnibus Crime Bill, which has subsequently been passed into law. Detailed Panel submissions to federal committees on the proposed legislation for mandatory minimum sentencing are available at: www.toronto.ca/health/drugstrategy.

Provincial drug strategy - Recommendation 5

The TDS Implementation Panel has advocated consistently for a comprehensive drug strategy for Ontario that includes prevention, harm reduction, treatment and enforcement. Advocacy efforts have included meetings with the Minister of Health and Long-Term Care, the Ministry of Health Promotion and a submission to the Minister's Advisory Panel on Mental Health and Addictions, which was created to lead development of a provincial strategy.

In June 2011, the provincial government released *Open Minds, Healthy Minds*, as its comprehensive mental health and addictions strategy. The plan intends to create a more coordinated, client-centred system across Ontario over the 10 years. The strategy recognizes the range of responses required, including prevention, treatment, harm reduction, housing, income, employment, addressing stigma and discrimination, etc. The wide scope of the strategy is encouraging. The first three years of implementation will focus on mental health initiatives for children and youth. Attention to early intervention and investments in this part of the service system are urgently needed. However, it was disappointing that there was no new action on initiatives for adults, and little on substance use issues for youth. The current substance use treatment system is overburdened, with too few service options, and there has been no indication from the Province as to when this system will see a substantial investment.

With the release of the strategy, the Province announced it would establish an intersectoral Mental Health and Addictions Advisory Council of leaders from "health, adult, and child/youth community-based mental health, education, justice, municipal sectors and consumers" to advise key ministries such as Health and Long Term Care and Community Safety and Correctional Services. Co-ordination and collaboration across ministries has the potential to address important issues for people with substance use issues, including increased access to health and treatment services for people in prisons, and more effective discharge planning. The Council is to report out on progress every two years.

Municipal Drug Strategy Co-ordinator's Network of Ontario

TDS staff co-founded the Municipal Drug Strategy Co-ordinator's Network of Ontario, believed to be the first of its kind in Canada. Twenty municipalities and communities participate in the network from across Ontario. Drug strategy co-ordinators and leaders meet regularly by teleconference to collaborate on advocacy efforts and to share best practices and key learnings that can be applied to other communities. 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. The group is seeking funding to hire a coordinator to provide administrative and policy support to better leverage the capacity and opportunities of this diverse group.



2. Children & Families

A key priority for the Toronto Drug Strategy is a focus on early intervention and prevention with children and their families. Fostering strong, resilient children is the best way to prevent alcohol and other drug issues later in life. Recent efforts to expand comprehensive prevention programming for children and families are described below.

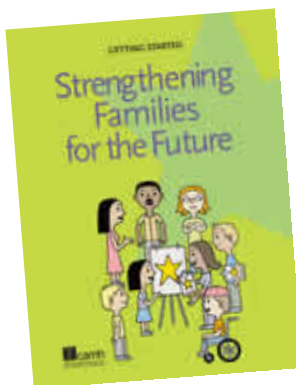
Prevention Working Group - Recommendations 7 and 10

The Prevention Working Group is a subcommittee of the TDS Implementation Panel charged with developing strategies to expand comprehensive prevention initiatives for children, families and youth. This diverse group includes representatives from the areas of prevention, harm reduction, treatment and enforcement, and the community at large (see Appendix A for membership). The group's work plan is focused on initiatives that promote resiliency in children and youth. Highlights of recent progress achieved by the Prevention Working Group are described in the next two sections of this report.

Strengthening Families for the Future - Recommendation 7

Strengthening Families for the Future (SFF) is a 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. The Centre for Addiction & Mental Health (CAMH) continues to expand delivery of this program in Toronto.

The Prevention Working Group promoted delivery of this program in communities across the city. Toronto Public Health also contributed staff to help facilitate some of the sessions. Since March 2010, a total of 54 facilitators from 13 different agencies have been trained in the delivery of this program.



Each program has a host agency with referrals into the program coming from a wide range of partner agencies. Since May 2010, *SFF* programs have been delivered in the following Toronto communities:

- Parkdale in 2010 (with 15 families)
- Kingston/Galloway in 2010 (with 9 families)
- Dufferin/Bloor (with 9 Portuguese-speaking families) in 2011
- Jane/Finch (with 11 Spanish-speaking families) in 2012
- Malvern in 2012 (with 9 families)

The Prevention Working Group will continue to promote opportunities to expand implementation of *SFF* in Toronto.

3. Youth

The Toronto Drug Strategy 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 – Recommendation 10

The Prevention Working Group, with leadership from Parent Action on Drugs (PAD), developed a collaborative proposal for *Strengthening Families for Parents and Youth (aged 12-16)* that was funded by Health Canada's Drug Strategy Community Initiatives Fund. The goal of this project was to adapt the existing 14-week program to eight weeks and to a Canadian context as the program was developed in the United States. The project had a diverse advisory committee, including representatives from the Prevention Working Group, the TDS Secretariat and the Centre for Addiction and Mental Health.

The project involved implementing and evaluating the adapted curriculum in eight different trials, including a school social work program, a children's mental health centre, an adolescent medicine program, a community agency in an at-risk neighbourhood, and an addiction and mental health facility. Program facilitators included staff from the host agency, PAD, and Toronto Public Health. In total, 28 facilitators were trained in the delivery of this program.

A total of 69 families participated in the trials. The results of the evaluation were very positive with significant improvements in the parents' skills, family environment and family resilience. All of the parenting outcomes and family outcomes were significant. The positive changes in the youth's behaviours were particularly noteworthy in the risk factor areas most important in reducing later substance misuse. Seven of eight (88%) of the youth outcomes were significantly improved, specifically: aggression, social skills/competencies, concentration problems or reduced Attention Deficit Disorder, depression and hyperactivity.



“Open communication was the biggest thing I will take with me. My teen and I have a completely new way of communicating.” - Parent

“I feel like I have a better understanding of my parent's feelings and vice versa.” - Youth

SPFY has been implemented by other community agencies in Toronto and in Guelph. Plans are also underway to implement this new program in the Barbados. PAD recently secured two years of funding from Toronto Public Health's Drug Prevention Community Investment Fund to expand delivery of the program in Toronto. The Prevention Working Group will continue to promote opportunities to expand implementation of SPFY.

Youth Worker Training Initiative - Recommendation 10

The Prevention Working Group, with leadership from the Canadian Training Institute (CTI), developed a collaborative proposal for a *Youth Worker Training Initiative* that was funded by Health Canada's Drug Strategy Community Initiatives Fund. This two-year project, completed in Spring 2011, involved development and implementation of evidence-based training on drug prevention for frontline staff that work with youth between the ages of 13 and 24. The training focused on knowledge and skills needed to engage youth in conversations about drugs. The project included an accompanying DVD, implementation manual, and website.



Over the course of the project, training was delivered to 1058 youth workers across Toronto, representing over 70 agencies and organizations. The evaluation of the project found it was successful in shifting the knowledge, awareness and skills in youth workers with respect to illicit drugs. Participants enjoyed the training, felt better about identifying and facing challenges presented by youth and more competent in their skills to integrate the “stages of change” model in their work with youth.

CTI presented this project at the 2011 Addictions Ontario Conference, and continues to seek funding opportunities to expand implementation. Currently, CTI offers this training on a fee-for-service basis.

“It’s a great initiative. Service providers need to be on top of the changing cycles and the popularity of these drugs and having regular training is one way of keeping us informed.”

“I am definitely more thoughtful in the questions I ask youth. I spend more time thinking before asking to ensure that my question will not close [the] lines of communication.”

Young Moms 2 Young Moms (YM²) – Recommendation 10

TDS staff participated on an advisory committee for the *Young Moms 2 Young Moms (YM²)* project, which was a partnership between the Jean Tweed Centre, Parent Action on Drugs and Breakaway. This project was funded by the Health Canada Drug Strategy Community Initiatives Fund and was highlighted as supporting implementation of TDS prevention recommendations.

This three-year project focused on helping to prevent or delay substance use and associated health and social impacts among pregnant and parenting women 13 to 21 years who attend alternative schools in Young Parent Resource Centres in Toronto. The project engaged youth ambassadors who were parents themselves. The youth were trained and then developed and delivered curriculum to prevent substance use through building confidence and resiliency among other young parenting women.

This peer-to-peer strategy resulted in the development of a series of resources for young pregnant and parenting women, and those who support them. The resources are available online at <http://youngmoms2youngmoms.ca> along with 'The Tool Kit' so that other young women can continue to benefit from this project. The Tool Kit includes the peer ambassador manual, and group activities information in addition to posters and a pamphlet. These materials can be downloaded, or printed copies can be ordered. The evaluation of this project showed that the young women who participated in this initiative gained skills, including an increased capacity to avoid drugs, development of communication and cooperation skills, and improved self-confidence.

Building Resilient Youth – Recommendation 10

Through the Prevention Working Group, Toronto Public Health and Parent Action on Drugs developed a pamphlet for parents with practical strategies for promoting resiliency in their youth. Research shows that resilient youth are less likely to have problems related to alcohol, tobacco and other drug use, gang participation, gambling, gaming or other potentially harmful behaviours.

Building Resilient Youth is available in English, French, Chinese, Bengali, Farsi, Russian, Spanish and Tamil. This resource is being distributed widely and is available at: <http://www.toronto.ca/health/injuryprevention/parenting/resilientyouth.htm>



"I make big mistakes, not little ones. When I do, I need my parents to help me learn from my mistakes, not judge or punish me." – 17 year old girl

Residential treatment for youth - Recommendation 17

The TDS Implementation Panel continued to advocate with the provincial government for investments in residential treatment services for youth in Toronto. The Centre for Addiction and Mental Health will soon be opening 12 in-patient beds for youth (aged 14-18) with concurrent disorders (substance use and mental health issues together) as part of the CAMH redevelopment project. These represent the only such beds in the GTA.

4. People who use substances

In addition to actions targeted specifically to children, families and youth, the Toronto Drug Strategy 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 and legislation - Recommendation 20

In June 2011, TDS staff prepared a Board of Health report for the Medical Officer of Health entitled, *Action on Alcohol Policy*. The purpose of this report was primarily to seek endorsement of recommendations in the Toronto Cancer Prevention Coalition (TCPC) report, *Alcohol, Cancer & Other Health Issues: An Action Plan for Prevention*, and to make accompanying recommendations to advance healthy public policy with respect to alcohol.

The TCPC report called on the Province of Ontario, public health officials and others (academia, non-governmental agencies) to take action on alcohol to prevent associated harms including cancer, other chronic diseases, acute illnesses and injuries. The report stressed that evidence on the link between alcohol and health harms is stronger than ever before, that alcohol consumption continues to rise and yet there has been limited action with respect to prevention or effective policy. The TCPC recommendations serve to promote a "culture of moderation" for alcohol with actions that reflect current evidence on strategies to reduce alcohol-related harm and provide a comprehensive framework for a population-wide approach to alcohol.

The report also proposed measures the Board of Health could take to help mobilize collective action on the TCPC recommendations, identified areas for advocacy with the provincial government, including providing leadership and strengthening regulatory controls on alcohol, and proposed action at a municipal level, including updating the City's municipal alcohol policy and establishing indicators to measure and monitor alcohol-related harms. The Board of Health endorsed the report and its recommendation, which is available at: <http://www.toronto.ca/legdocs/mmis/2011/hl/bgrd/backgroundfile-38336.pdf>.

Misuse of prescription drugs - Recommendation 23

TDS staff prepared a Board of Health report for the Medical Officer of Health in March 2012 to highlight potential health implications arising from the removal of OxyContin™ from the market, and to outline action being taken by Toronto Public Health and other stakeholders to help mitigate the impacts of this policy change.



On March 1, 2012, Purdue Pharma stopped distributing the brand name opioid formulation OxyContin™ into the Canadian market and replaced it with OxyNEO™, a tamper-resistant tablet. At the same time, the Ministry of Health and Long-Term Care implemented procedures restricting access to OxyNEO™. Physicians are required

to apply through the Exceptional Access and the Facilitated Access to Palliative Care Drugs programs in order for it to be funded under the Ontario Drug Benefit Program. This provincial decision came in response to significant increases in the rates of addiction and overdose deaths related to prescription opioids in Ontario.

The Board of Health report acknowledged provincial action is needed to reduce the harms of prescription drug misuse. However, it also flagged potential negative impacts of this policy change, including increased demand for withdrawal management (detox) and other treatment services; increased overdoses as people transition to other, potentially more harmful, drugs; and, increased rates of crime as the street price of opioids rise in response to the lack of OxyContin™ in the illicit drug market.

In addition to supporting overdose prevention strategies, including expanding peer-based naloxone programs, the Board of Health report urged advocacy with the Minister of Health and Long-Term Care to make Suboxone more available through the Ontario Drug Benefit Program. Specifically, to remove Suboxone from the Exceptional Access Program to help expedite access to this treatment option. Suboxone contains a combination of buprenorphine and naloxone. Buprenorphine is an opioid similar to methadone but produces less euphoric effects and is considered to be less addictive and easier to withdraw from. The Minister of Health & Long-Term Care has reduced the turnaround time for Suboxone applications to three days but it remains on the Exceptional Access Program. The Minister has also convened an Expert Advisory Panel on these issues, which is expected to report on recommendations soon.



With respect to other action on this issue, the TDS Secretariat, in partnership with the Toronto Central LHIN, convened an intersectoral meeting in March 2012. Participants agreed that significant impacts had yet to emerge in Toronto. This may be due to the larger illicit drug market in Toronto, which provides more opioids options than markets in smaller communities across the province. However, impacts are expected in Toronto eventually and the group will continue to monitor the situation and reconvene to strategize on solutions as required.

Drug surveillance system and alert protocol - Recommendation 25

Surveillance systems collect data from multiple sources for health authorities to provide complete, up to date information to guide decision-making about possible threats to health. Toronto Public Health and TDS staff continued 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.

TDS staff also worked with the Research Group on Drug Use to explore options for a system to collect data about drug-related health issues, including contaminated drugs. The compiled data will provide a basis for systemic alerts to be issued to warn people about health issues associated with drugs in Toronto. Currently, warnings are issued on an ad hoc basis by Toronto Public Health and/or community agencies, to inform people about potential hazards.



In 2011, Toronto Public Health and TDS staff worked with community partners to develop and issue alerts about cocaine adulterated with Levamisole, a veterinary dewormer. This contaminant caused serious illness for people in Toronto and throughout North America. Alerts were released for health providers and people who use drugs, both of which are available at:

http://www.toronto.ca/health/professionals/pdf/alerts/levamisole_alert.pdf

http://www.toronto.ca/health/drugstrategy/pdf/levamisole_alert_winter_2012.pdf.

TDS staff will continue to monitor and share information about this ongoing issue locally and across Canada.

Crisis service for people with substance use issues - Recommendation 27

The Crisis Model Working Group developed a comprehensive model for a 24-hour service for people experiencing crises related to substance use, as outlined in the TDS Status Report 2010. In the spring of 2010, the Toronto-Central LHIN issued a \$500,000 call for proposals to provide a comparable crisis service. TDS staff and partners supported the Gerstein Crisis Centre in submitting a successful proposal to this call. The Gerstein Substance Use Crisis Service has been operating as a pilot project in Toronto since October 2010.

The project builds on the Gerstein's existing crisis response services, including 24-hour telephone and mobile support, beds, and dedicated staff to help people through case management services from a few days to a few weeks. Some short-term residential beds are provided in conjunction with University Health Network and Eva's Satellite. While this service does not represent the full model developed by the TDS Crisis Model Working Group, it has helped to fill an important gap in services for people with substance use issue who are in crisis.

Over the 2011 fiscal year, this project helped 565 individuals for whom substance use was their presenting issue, a 60% increase over the previous year. These data do not include support provided through the crisis phone line for which numbers are not available. St. Michael's Hospital Centre for Research on Inner City Health is conducting research to look at the project model and outcomes. The Gerstein Centre, TDS staff and community partners continue to seek opportunities to expand the existing pilot project. It is unknown whether funding for this project will continue after June 2012.



Substance use treatment services - Recommendations 30 and 36

The Toronto-Central LHIN and substance use treatment service providers are working together to develop a new system that coordinates access to LHIN-funded services in Toronto. TDS staff participated on the Steering Committee for the development phase of this project. St. Michael's Hospital Withdrawal Management Services is working with partner agencies to develop a system that will help people to obtain information and direct program referrals into treatment services. People who call the new 'Coordinated Access to Treatment' line will be offered information about the most appropriate services for them, and direct referrals if requested. Ultimately, Toronto-Central LHIN funded programs will have software that will help service providers make referrals and track whether or not the individual was successful in receiving the service.

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

The new Criminal Justice Working Group was charged with implementing several TDS recommendations as they relate 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 some initiatives for action.

As many of the issues fall under provincial jurisdiction, the group is working with the TDS Implementation Panel to advocate with the Ministry of Community Safety and Correctional



Services on the need for **health services for people in custody** such as assessments, treatment and withdrawal management services, and more effective discharge planning. An example of a treatment issue for people incarcerated in provincial prisons is timely access to methadone maintenance therapy. Inmates can now start methadone therapy while incarcerated; previously this treatment was only available to people who were already receiving it prior to going to prison. While allowing access to methadone for people in prison is progress, timely access on request is an ongoing issue with this new program.

The group is also developing a training session to **educate courtroom decision-makers** about the treatment system, with a key focus on how these services impact the justice system. The training will be based on input from people who use drugs as well as treatment providers.

The group is also exploring **alternative justice options**. There are several models that vary considerably by jurisdiction and population. An example is restorative justice in which the lawbreaker, the victims, and impacted community members come together to work out a solution to address the harms involved in the crime. Other models feature justice reinvestment strategies, in which funds which would have incarcerated people are put into programs that provide training and education.

Stigma and Discrimination Working Group - Recommendation 55

The new Stigma and Discrimination Working Group was charged with implementing recommendations from the TDS report entitled, *Stigma, Discrimination & Substance Use*. This report is available at www.toronto.ca/health/drugstrategy. The actions were based on input from people who use alcohol and other drugs in Toronto and include: training and education for health and social service workers; storytelling and peer initiatives; support and education for family members; and, promoting expanded delivery of health services in community-based settings. Since its formation in 2011, the group has examined research and best practices in these areas and identified some actions, as outlined below.

Initiated by the Working Group, the TDS Implementation Panel undertook **advocacy with funders** on the need to include peer components in any funded substance use programs as peer workers and support is widely recognized as a key component of effective service delivery. This advocacy also sought to reinforce the need for peer workers to receive adequate and appropriate compensation, training and supervision.

The group is in the process of developing an **online resource** that will be added to the TDS website on stigma and discrimination related to substance use. The goals of the project are to help service providers create more inclusive and welcoming programs so they are more accessible to people who use substances, to provide information/resources to peer workers and promote the value of this role, and to provide information to family members about the stigma and discrimination associated with substance use and links to supports and resources. Information and resources may include types and impacts of stigma, human rights, education and training, community services and supports, narrative/storytelling initiatives, and current research.

The Working Group had a workshop abstract accepted to the **Addictions Ontario conference** in May 2012. Three members of the group will present on research about the types and impacts of stigma and discrimination experienced by people who use alcohol/other drugs, strategies that service providers can implement to address stigma and discrimination, and personal narratives, including a slam poetry performance.

In May 2012, the Working Group co-hosted a **stigma and discrimination workshop** in partnership with the Toronto Harm Reduction Task Force targeted to municipal staff in a range of departments. The workshop featured personal narratives from the Task Force's new digital storytelling project (see next section), and facilitated small group discussions. The session was rated highly by the 33 participants, with 93% rating it as excellent or good. Plans are underway to hold more workshops.

"Addiction is not the problem – pain is the problem."

"All teams in the City need a viewing and discussion of these stories."

Digital storytelling project - Recommendation 55

As part of its support in helping to implement the Toronto Drug Strategy, the Toronto Harm Reduction Task Force implemented a digital storytelling project focused on addressing stigma and discrimination. Working with the North York Community Centre's Digital Storytelling Program, seven individuals who were current or former users of alcohol/other drugs learned to produce their own digital stories that showed how substance use is indicative of social issues like poverty and abuse, the impact of stigma and discrimination on people who use substances, and how harm reduction measures help people mitigate risks. The project produced a DVD that was launched at the end of January 2012. The group is developing an accompanying discussion guide that will be used to facilitate dialogue about the stigma and discrimination associated with substance use.

Overdose prevention – Recommendation 57

Toronto Public Health (The Works), the TDS Secretariat and the Toronto Harm Reduction Task Force have collaborated on a number of overdose prevention initiatives. In 2011, The Works launched the **POINT (Preventing Overdose in Toronto) Program** as part of a comprehensive plan to reduce overdose deaths. POINT is a peer-based program in which people who use drugs are trained to administer naloxone during an opiate overdose. To date, about 230 peers have been trained in this program and naloxone has been administered with positive outcomes over 15 times. An additional 275 staff from community agencies have been trained in this program.



Naloxone is an opioid antagonist that works by displacing opioids from their receptor sites. Naloxone can reverse the effects of overdose immediately if used within a short period following an opioid overdose. In Canada, naloxone is a prescription drug most commonly used by paramedics and hospital health care providers. Evidence has demonstrated the effectiveness of naloxone used in a community setting to prevent overdose deaths.

In spring 2012, based on a request by the Ontario Harm Reduction Distribution Program, The Works created educational webinars on peer-based naloxone training, prescription and distribution. These webinars were viewed by staff at community health centres, hospitals, prisons, First Nations communities and methadone programs across Ontario. Training and consultation were also provided for agency administrators. This action came in response to concerns about the potential impact of OxyContin™'s removal from the market in Ontario. Specifically, concerns of an increased risk of overdose as people transition to other, potentially more harmful opiates such as fentanyl.

In addition, The Works and the Toronto Harm Reduction Task Force (THRTF) partnered to produce a short film, entitled [*The First 7 Minutes*](#), which promotes developing and implementing overdose protocols at agencies that serve marginalized populations. The video is used in combination with a broader peer-based overdose prevention training curriculum in trainings with peer workers, people who use drugs, and frontline workers. Eight trainings have been conducted since spring 2010 with a total of 223 participants.

"I have often thought that we should have a plan in case of overdose in our drop-in. This film will help us sort out what we need to consider making one."

"I can't believe we never thought of this before! Of course overdose is more likely than a fire, and we have to be prepared!"

The THRTF is working on a second short video about the benefits of naloxone in preventing opioid overdoses, and programs that train and empower people who use opioids to save lives using this intervention.

Did you know Toronto Public Health promotes diversity and access for everyone? The Toronto Drug Strategy Secretariat strives to create an inclusive environment free of stigma and discrimination for all. We do this by:

- Ensuring diverse groups are represented on the TDS Implementation Panel and its working groups, including youth, ethnoracial and cultural groups, aboriginal people, people who use alcohol/other drugs, trans-gendered people and representatives from other marginalized groups.
- Ensuring input from diverse groups in project planning and implementation.
- Ensuring all staff receive the City's Diversity and Human Rights training.
- Advocating for better accessibility at our building facility for people with mobility challenges.

5. Neighbourhoods & Communities

The Toronto Drug Strategy 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.

Neighbourhood strategies - Recommendation 45

The TDS Neighbourhood Strategies Working Group developed a model in which staff would be dedicated to communities, with their work driven by community member input. The group recommended a project to work with local community members on issues related to community health, well-being and safety, specific to their communities. Working from this project idea, the John Howard Society of Toronto, with support from TDS staff, developed a collaborative three-year proposal, which was funded by the Ontario Trillium Foundation. The target communities for the project were Jane-Falstaff and Bloor-Lansdowne as neighbourhoods with distinct but significant community needs.

The project began in 2009, with the hiring of a project coordinator who worked with advisory committees in both neighbourhoods. In Jane-Falstaff, the project was supported by community partners, including Doorsteps Neighbourhood Services. Key outcomes of the project in Jane Falstaff included:

- A successful youth leadership program (L.I.M.E., Leaders in Motion Everywhere), which ran weekly, engaging youth in programs toward their secondary school community service hours.
- A successful women's mentorship group was established that undertook various activities and workshops.
- Education and assistance from the John Howard Society in helping community members obtain pardons (now record suspensions).

A key challenge for the project was breaking down cultural barriers to engage Somali women in the community. Future outreach efforts will need multilingual resources to help build participation among ethnoracial and ethnocultural groups.

The Bloor-Lansdowne neighbourhood part of the project was unable to proceed due to issues with participation and engagement. In addition, despite the interest and support of York University's Centre for Education and Community, the project was not successful in securing funding for research and evaluation.

Toronto Safer Nightlife Committee - Recommendation 50

The Toronto Safer Nightlife Committee is an intersectoral group chaired by the manager of the TDS Secretariat with representation from community programs, youth, CAMH, Toronto Public Health, Municipal Licensing & Standards, Business Improvement Associations and the Alcohol & Gaming Commission of Ontario. The group works on strategies to prevent substance use-related violence and harms with a view to improving the safety and well being of patrons and staff in licenced establishments and members of the local community.

In summer 2010, TRIP! surveyed youth about their substance use and views on health and safety issues in Toronto bars and clubs. The survey was developed with input from the Toronto Safer Nightlife Committee. Key findings included:

- Youth are pre-drinking before going out and using illicit drugs in bars and clubs.
- Youth are using a range of harm reduction and safety strategies while out clubbing.
- Key safety issues for youth include being approached to buy drugs, physical and sexual assault and mistreatment by security staff.
- Other issues include being denied access to free drinking water, and being treated badly after becoming ill due to their substance use.
- Positive practices in bars include access to free water and safer sex/drug use information, chill out and medic rooms, and help from bar staff during illness/overdose.

In November 2011, the committee held a forum targeted specifically to youth and bar/club operators and staff. The event was moderated by a well known actor/film maker/entertainment lawyer. The session opened with a presentation from TRIP! on the results of the youth survey. There was also a diverse panel of youth, bar owners and security, and a CAMH researcher with expertise in violence prevention in bars. Information tables were available from TRIP!, the Toronto Police Service, Toronto Public Health, the Alcohol & Gaming Commission of Ontario, and the CAMH Safer Bars program. The event was highly interactive with participants engaged in topics such as harm reduction outreach in bars, sexual assault, pre-drinking and illicit drug use. Ninety-seven percent of participants rated the event as good or excellent.



“These types of forums definitely need to continue so that options for nightlife participants and bar owners can improve.”

The TDS Secretariat is also a member of 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.

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 and training on issues related to substance use. Recent efforts in this regard are described below.

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

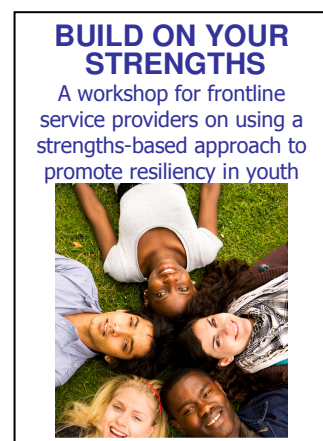
The TDS Secretariat compiles and reports on information and data related to substance use in Toronto. Information is sourced from academic, institutional and community-based research. In January 2011, the Secretariat released the first in a series of research summaries entitled, [Alcohol and Drug Use in Toronto](#). The first issue focused on substance use among youth. The next edition will focus on drug-related deaths in Toronto, using data from the Office of the Chief Coroner for Ontario.

TDS Secretariat staff also participated on an advisory committee to develop a four-day training course on concurrent disorders offered in partnership with George Brown College and the Toronto-Central Local Health Integration Network (LHIN). This four-day training was developed and coordinated by the Concurrent Disorders Support Services partnership, led by Fred Victor. The training is targeted to a variety of sectors ranging from drop-in centres and shelters to treatment services and hospitals. The training has been offered twice since 2010 with a total of 71 individuals trained. The training is in demand; in 2011 they received three times as many requests as they could accommodate.

Build on Your Strengths workshop - Recommendations 10 and 56

In 2010, the Prevention Working Group developed an innovative workshop for frontline service providers on using a strengths-based approach to promote resiliency in youth. The workshop has run several times, most recently in May 2011. Over 130 service providers have participated in this training to date.

This half-day workshop included an interactive presentation on resiliency models and how they can be used with youth, their peers, families and communities. A panel of youth and service providers talked about the value of using a strength-based approach with young people. The sessions began with a screening of *The Resiliency Project*, a short video of youth speaking about what helps them be resilient, created for the workshop by the Regent Park Focus Youth Media Arts Centre. The workshop also included facilitated small group discussions for participants to learn and share strategies for applying a strengths-based approach to their work with youth.



"[I learned] we need to focus on the strengths of youth rather than the risks." – Participant

Evaluations from the May 2011 session found 97% of participants would recommend the workshop to colleagues, 89% had a better understanding of resiliency models, and 92% had more ideas of how to promote resiliency in their work with youth.

Non-palatable alcohol

In response to issues raised by the City's Shelter, Support & Housing Administration Division, TDS staff worked with The Annex program at Seaton House and the Toronto Harm Reduction Task Force to develop a workshop on non-palatable alcohol use for frontline service providers. Non-palatable alcohols are toxic substances that contain alcohol but are not intended for human consumption (e.g., hand sanitizer, mouthwash, rubbing alcohol).

The workshop included a presentation on the pharmacology and associated health harms of non-palatable alcohol that was developed and delivered by a pharmacology intern from the University of Toronto. The session also included an overview of strategies for service providers who have clients that consume non-palatable alcohol. Demand for the workshops was high. Three sessions have been held since fall 2010 with 141 participants.

"Workers need to know that people are using this stuff, and users need to know how dangerous some of these things can be, and that harm reduction can make a difference."

TDS and Toronto Public Health staff also developed a fact sheet on non-palatable alcohol use available at: http://www.toronto.ca/health/drugstrategy/pdf/fs_alcohol_use.pdf.

7. Research & Evaluation

The Toronto Drug Strategy 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 outlined below.

Speaking Engagements:

*TDS staff delivered **28 presentations** to over **1,000 participants**, including:*

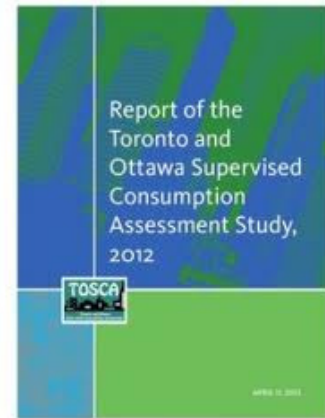
- *Community residents*
- *Municipal, provincial and federal representatives*
- *Health and social service providers*
- *Students and youth*
- *Police*
- *Aboriginal people*
- *Mental health and addictions service providers*

Topics included information about the Toronto Drug Strategy, substance use in Toronto, prevention, harm reduction, crisis services, drug policy, safer nightlife, stigma and discrimination.

Supervised Consumption Site Study - Recommendation 65

The Toronto Drug Strategy recommended a needs assessment and feasibility study for supervised consumption sites (injection and smoking), taking into account the decentralized nature of drug use in the city. Supervised injection and smoking sites are legal facilities where pre-obtained drugs are consumed under supervision of staff trained to provide education, referrals, first aid, CPR, etc. The main goals of these programs include: reducing drug-related risks (transmission of HIV, hepatitis B and C), etc.; decreasing overdoses; minimizing public order issues (including public drug use); and improving access to health and social services.

Dr. Ahmed Bayoumi (St. Michael's Hospital) and Dr. Carol Strike (University of Toronto) led a multi-disciplinary research team for this study. In April 2012, they released the final report of this study entitled, "*The Toronto and Ottawa Supervised Consumption Assessment Study (TOSCA)*." The study examined the potential impact of supervised consumption facilities on the health outcomes of people who use drugs (e.g., overdoses, HIV and hepatitis C infections). It also explored attitudes of stakeholders (residents, police, service providers, drug users, etc.), optimal service models, and the cost-effectiveness of this health intervention. The full TOSCA study is available at www.toscastudy.ca.



The report, considered to be the most comprehensive study of its kind, makes six recommendations, as follows:

1. Toronto would benefit from three supervised injection facilities.
2. The optimal model is a fixed facility that is integrated into an existing organization that currently provides services to people who use drugs.
3. A strong evaluation plan is key and should include impacts at individual and community levels.
4. Facilities should have clear rules that balance the needs of clients and the surrounding community.
5. There is insufficient evidence to support a supervised smoking facility.
6. The process to establish a facility should be part of a comprehensive drug strategy.

Following the release of the TOSCA study, the Toronto Drug Strategy Implementation Panel agreed to establish a short-term, diverse working group to identify challenges and solutions related to implementing supervised injection services in Toronto.

Crystal Methamphetamine – Recommendation 64 and 66

In response to concerns raised by community agencies, TDS staff, Toronto Public Health, the Shout Clinic and the AIDS Committee of Toronto worked with Dr. Carol Strike and associate researchers from the University of Toronto to study the harms associated with smoking crystal methamphetamine. In Toronto, this psychoactive stimulant is used primarily by street-involved youth, men who have sex with men, sex workers, and youth in the party scene.

Five focus groups were held to determine health problems, associated risk behaviours (including pipe sharing and unprotected sex), and possible contents of a 'safer crystal meth smoking' kit. Key health concerns associated with smoking crystal methamphetamine are the potential for transmitting hepatitis C through blood remaining on a shared smoking implement, and the possible link between use of this drug and risky sexual behaviours.

Highlights of the study findings include:

- A high prevalence of sharing crystal methamphetamine smoking implements, and a casual attitude towards this practice. Sharing appeared to be a natural part of the smoking experience for both practical and social reasons.
- It is unclear whether crystal methamphetamine kits would be used at all and/or for the intended purpose of reducing sharing. With the exception of homeless youth, many participants were hesitant to say a kit would lead to changes in their behaviour.
- Injuries to the mouth (e.g., cuts and burns) and the tooth decay (i.e., meth mouth) were not as much of a concern, as popularized in the media.
- Some notions about personal risk and assumptions about the disease status of others that emerged in the focus groups were troubling. These findings indicate a need for more awareness about prevalence of infectious diseases and the promotion of safer sex among people who smoke crystal methamphetamine.

The results of this study were shared with relevant health and social services to help inform program planning and delivery. A research article was also published in the *Harm Reduction Journal* and is available at: www.harmreductionjournal.com/content/9/1/9.

C o n c l u s i o n

The Toronto Drug Strategy represents an important collective commitment to a balanced, evidence-based approach to alcohol and other drugs with the goal of reducing harms for individuals, families, neighbourhoods and communities in Toronto. The TDS provides a policy framework for municipal decision-making on substance use issues and also 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 provides this important policy anchor.

The TDS implementation team recognizes that just as alcohol and other drug issues are complex so must our solutions be. Substance use will not end tomorrow, nor is that 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.

Appendix A: TDS committee membership

Toronto Drug Strategy Implementation Panel

- Toronto City Councillor
- Toronto Public Health
- Social Development, Finance & Administration, City of Toronto
- Toronto Police Service
- Centre for Addiction and Mental Health
- Toronto Harm Reduction Task Force
- Toronto Catholic District School Board
- Breakaway
- Parent Action on Drugs
- John Howard Society of Toronto
- Finally Understanding Narcotics
- TRIP!
- Peer representative, Toronto Harm Reduction Task Force
- St. Michael's Hospital
- Research Group on Drug Use
- Toronto Drug Users Union
- Chair, Supervised Consumption Site Study Reference Group
- Chair, Stigma and Discrimination Working Group

Prevention Working Group

- YMCA of Greater Toronto
- Toronto Police Service
- Hospital for Sick Children
- Youthlink, Youth Skills Zone
- Toronto Catholic District School Board
- Aboriginal Legal Services
- LOFT Community Services
- Toronto Public Health
- Centre for Addiction and Mental Health
- Parks, Forestry & Recreation, City of Toronto
- Canadian Training Institute
- Toronto District School Board
- Parent Action on Drugs (PAD)
- JACS Jewish Support Services
- Finally Understanding Narcotics

Criminal Justice Working Group

- Toronto Police Service
- Streets to Homes, City of Toronto
- Operation Springboard
- Elizabeth Fry Toronto
- Toronto Drug Users Union (TDDU)
- Drug Treatment Court
- Community member (2)
- Community Justice Coalition
- Ministry of Community Safety and Correctional Services
- City of Toronto, Social Development, Finance and Administration
- Student, volunteer prison chaplain
- Empowerment Council
- John Howard Society of Toronto
- Criminal Lawyers' Association
- Public Prosecution Service of Canada (Ex-officio member)

Stigma & Discrimination Working Group

- Centre for Addiction & Mental Health
- Ontario HIV & Substance Use Training Program
- Toronto Employment & Social Services
- Mental Health & Addiction Youth Network and East Metro Youth Services
- Scadding Court Community Centre
- Community Members (4)
- Empowerment Council
- Toronto Police Service
- Centre for Addiction & Mental Health
- Toronto Harm Reduction Task Force
- Breakaway Addiction Services
- Woodgreen Community Services
- South Riverdale Community Health Centre
- Four Villages Community Health Centre
- Toronto Drug Users Union
- Native Men's Residence

Supervised Consumption Site Study Reference Group

- St. Michael's Hospital
- Emergency Medical Services
- Safer Crack Use Coalition/South Riverdale Community Health Centre
- Canadian Harm Reduction Network
- College of Physicians and Surgeons of Ontario
- Community member
- Toronto Drug Treatment Court
- Toronto Harm Reduction Task Force
- Parkdale Business Improvement Area
- Ontario Aboriginal HIV/AIDS Strategy
- Canadian HIV/AIDS Legal Network
- Seaton House, City of Toronto
- Street Health

Additional TDS-related committees:

Toronto Safer Nightlife Committee

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

Appendix B: Updated TDS Priority Recommendations

Ongoing Priorities:

#	Recommendation
7	Expand prevention programs for families
10	Expand prevention programs for youth
17	Increase funding for youth residential treatment
22	Limit concentration of licenced establishments
25	Develop co-ordinated surveillance system and alert protocol
27	Develop model for 24-hour crisis service
30	Increase capacity and range of treatment services
50	Promote the CAMH Safer Bars Program
65	Conduct needs assessment and feasibility study into supervised consumption site(s)

New Priorities:

#	Recommendation
20	Strengthen alcohol regulatory policy and legislation
23	Reduce misuse and diversion of prescription drugs
35	Provide harm reduction services in jails and prisons
36	Provide treatment options to people in prison
37	Improve discharge planning for people leaving jail
53	Explore alternative community justice approaches
40	Reinstate addiction as a disability under ODSP
55	Develop strategies to address stigma and discrimination