

Four Pillars Across Canada - Quarterly Update

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Congratulations to Ontario municipalities for their initiative in forming an Ontario four-pillars network. As you'll read below, 15 Ontario municipalities and counties participated in the November meeting, resulting in a new, province-wide network. Thanks to Michael Parkinson for submitting a description of the meeting to let others know about this new group. I'm sure Michael, and others in the group, we keep us updated on its progress. Thanks as well to everybody who submitted articles for this edition of the newsletter. It's exciting to see how four-pillar style drug strategies are growing and developing across Canada and, as you'll note in Donald MacPherson's submission, attracting interest in the United States.

--Jennifer Gray-Grant, Communications
City of Vancouver, Drug Policy Program
jennifer.gray-grant@vancouver.ca

Municipal Drug Strategy Coordinators Network of Ontario

In November 2008, drug strategy coordinators/leads from 15 Ontario municipalities and counties, plus the coordinator responsible for drafting a provincial drug strategy, convened in Kitchener, Ontario to share their experiences and expertise and explore establishing an on-going Ontario-wide network. The draft mission for this new network is "to build and enhance collaborative actions across Ontario for effective development and implementation of local and provincial drug strategies that promote health and reduce the harm of alcohol and other drugs for individuals, families and communities".

Members support a comprehensive approach to alcohol and other drug issues that includes, at a minimum, core components of prevention, harm reduction, treatment and enforcement-justice. Participants continue to teleconference and work has begun to establish a network infrastructure.

Michael Parkinson, Chair, MDSCNO
michael.parkinson@region.waterloo.on.ca

Toronto

Susan Shepherd: sshephe1@toronto.ca
www.toronto.ca/health/drugstrategy

The Toronto Drug Treatment Court (TDTC) operates out of Toronto's Old City Hall Courthouse and the Centre for Addiction and Mental Health (CAMH). The

first court of its kind in Canada, it was established in December 1998 as a joint partnership between Justice, CAMH and the DTC Community Advisory Committee (CAC). There are now eight DTCs across Canada.

The Toronto program provides court-supervised addiction treatment to cocaine- and heroin-dependent individuals who have been charged with drug offences and other crimes. It is a voluntary program open to non-violent offenders who are charged with a variety of crimes including prostitution, non-commercial drug trafficking, theft, shoplifting, and other offences that are being committed to support their drug habits. The goal of the program is to decrease recidivism to both drug abuse and crime by providing an opportunity for offenders to achieve social stability defined in terms of education and/or employment, housing and abstinence from crack/cocaine and heroin.

Program highlights include the following:

- The formation and maintenance of collaborative partnerships with community stakeholders, which is a major pillar of the DTC model. For almost 10 years, the CAC has helped to co-ordinate the provision of services to DTC clients and maintains a strong advisory role for TDTC policies and program priorities.
- Dedicated partnerships that ensure a continuum of housing options for clients upon release from custody and as they progress through treatment - i.e. John Howard Society, Ecuhomes, Salvation Army/Maxwell Meighen, Nazareth House.
- A gender responsive stream utilizing relational approaches to working with females; staged release from custody made possible by partnerships with Women's Own Withdrawal Management, Breaking the Cycle, Elizabeth Fry Society and the support of CAMH Women's program, Jean Tweed, the Homestead, and On-Track for Women.
- The creation of a Peer Support Worker role; acknowledging the important role that program graduates/alumni play.
- The investment in the development of partnerships that will provide vocational assessment for clients and connect them appropriately to education, employment and/or income assistance.

The TDTC celebrated it's 10-year anniversary last December: for more information visit www.tdtc.ca.

Central Okanagan

Christene Walsh: Christene.Walsh@cord.bc.ca

In my role as the Central Okanagan's Drug Policy Coordinator (DPC) I serve as a liaison with government, community and local agencies providing enforcement, education, harm reduction, prevention and treatment services. Our target population is persons impacted by substance abuse who may also be homeless, at risk of homelessness, physically and/or mentally ill, prolific offenders and/or compromised in other ways. The intent of the DPC is to promote community health and wellness by assisting with partnership building between existing services. We also help to strengthen programs as well as to encourage, facilitate and support the development of new initiatives geared to help our at-risk population and the community at large.

Here are some highlights from 2008:

- We resurrected and utilized the 2005 document, [*Central Okanagan Framework for Action*](#) detailing a Four Pillar approach and community-based solutions for addressing problematic drug use and related issues.
- A background paper and subsequent proposal for establishing a *Sobering Centre* in the Central Okanagan was published.
- The Drug Policy Advisory Committee was formed: it developed a mapping process of local community addiction services.
- I provided resource and support to local recovery homes and homeless shelters by offering employee training on addictions to six community recovery homes and also assisted with the development of policies and protocols for opening of a new, non-faith-based recovery home.
- The DPC supported and assisted several organizations with funding proposals.
- I served as a community liaison, advocate, mediator and support for local community service providers as well as a resource for media, local government and the general public.
- The DPC participated on advisory and other committees/groups such as Partnerships for a Healthy Downtown, the Mental Health Stakeholders Committee, the Stimulant Abuse Task Force, the Ministry for Children and Family Development Youth Advisory, Partnership In Community/Collaborative Care and Community table (Building Healthy Families),

This year, we plan to expand the DPC's community development role and support and assist community services providers, government and others who help those impacted by addiction and related issues. I'll also maintain my advisory and group participation and continue to assist local organizations with the implementation of new youth programs. We'll maintain efforts to support progress on the 28 actions from our *Framework for Action*, focusing somewhat on a Sobering Centre. I'll continue to serve as a resource to the community for education, advocacy and assistance on substance abuse and related issues. We also plan to help the community with efforts to acquire a Criminal Court diversion program for those who are mentally ill, addicted and/or brain injured

and accused of a crime. I plan to co-author a recovery home sustainability paper with recovery home service providers and assist three new/pending community housing initiatives with preparing public relations materials.

Waterloo Region

Michael Parkinson: michael.parkinson@region.waterloo.on.ca

The Community Safety and Crime Prevention Council (CSCPC) is leading the development of the drug strategy for Waterloo Region (which includes three municipalities and four townships). Recently, we concluded "In The Mind's Eye 2008", which drew more than 2,000 people and has led to several new initiatives, including planning for an Overdose Prevention and Intervention program that will likely include, for people dependent on opiates, the provision of Naloxone/Narcan.

In December, the CSCPC unanimously passed a motion calling on the Province of Ontario to "provide immediate financial assistance to support the development and implementation" of drug strategies across the province. The resolution also requests the Province to develop a comprehensive evidence-based, province-wide strategy for alcohol and other drugs based on the four pillars. This strategy would be integrated across Ministries and enable municipalities to develop and implement suitable context-specific strategies.

The CSCPC and the Integrated Drugs Strategy Task Force will continue to concurrently develop a strategy and implement new initiatives throughout 2009.

London

Steve Giustizia: sgjustizia@london.ca
www.london.ca/cares

London's Community Addiction Response Strategy (London CAREs) continued its development and roll-out of services in partnership with local community agencies.

On November 24, London's Municipal Council received its first interim report on the London CAREs strategy reflecting the initial program successes, including the recruitment, training, and active work of nine street outreach workers. Over 30 peers are working side-by-side with trained staff mentors focusing on needle recovery and exchange and personal development.

Last December, the fourth and final London CAREs Safe Haven opened its doors. These high-tolerance community centre locations (providing supports

and leisure activities) are seeing up to 85 individuals each per day. Our mobile outreach van and 24-hour phone service are also operational.

On December 5th, the community launch of the CARES initiative was hosted by the Covent Garden Market in downtown London. Hundreds showed up and heard words of support from business and neighbourhood associations, police and, most importantly, those we serve.

We are pleased with the progress and services to date and also challenged to ensure that we are adjusting for changing seasonal needs. Data is gathered in each service interaction to measure program outcomes and intensify learnings related to addictions and homelessness in London.

Regina and Area

Gordon Braun: gordon.braun@rqhealth.ca

<http://www.reginadrugstrategy.ca>

There's some smashing and trashing going on in a Regina building, but it's all for a great cause. We're just in the interior demolition phase of a renovation of an existing building so that we can create our new Addiction Treatment Centre. The need for improved addiction treatment facilities was one of the key priorities the Regina and Area Drug Strategy (RADS) identified.

Now, the Regina Qu'Appelle Health Region (RQHR) is working with Regina Recovery Homes and other partners to develop the centre. There has already been a range of public consultations with business and residents where response to the project was very positive. The centre will provide an integrated range of programs intended to help people recover from alcohol and drug addictions. This will include:

- **Adult Addictions Counselling Services:** assessment, individual and group counselling services, as well as specific addictions treatment programs, with 15 addictions professionals. Day programming will include a three-week program supporting skill building, education and group treatment.
- **Visiting Health Care and Other Services:** the centre will include examination rooms for visiting primary health care professionals, and multi-purpose space for visiting elders and staff from other agencies. Some of these might include nurse practitioners, mental health workers, psychiatric nurse, and financial assistance workers.
- **Brief Detoxification Services:** a one-to-three-day program, with capacity for up to 20 clients on a 24-7 basis, will include beds, showers, medical supervision, a clothing exchange, and help with basic needs and follow up services.

- **Social Detoxification Services:** a comprehensive 10-14 day program with 25 single rooms, including addictions assessment, physician visits, optional AA meetings and services from visiting professionals.
- **Case Management Services:** case management services in all the above programs will include the development of community case management plans for individual clients for ongoing services, support to acquire housing, and financial support.

All of the capital funding and operating budget approvals are in place and we expect that the centre will open next year.

Vancouver

Donald MacPherson: donald.macpherson@vancouver.ca
www.vancouver.ca/fourpillars

I just returned from New York City where I participated in New Directions for New York: A Public Health and Safety Approach to Drug Policy, a conference hosted by the New York Academy of Medicine and the Drug Policy Alliance. With Democratic control in both chambers of the state legislature, a Democrat as governor and a Democratic president, organizers felt it is time to look at ways to shift away from the extremely punitive Rockefeller Drug Laws of 1973 to a more public health oriented approach, statewide. They wanted to hear more about how a four pillar strategy includes enforcement but embraces more of a public health approach. They were also very interested in hearing how the Four Pillars Drug Policy was implemented in Vancouver and Toronto and how politicians were able to embrace more of a public health strategy without being accused of being too soft on crime. Listen to our February 5 [podcast](#) to hear more about this event.

Last month, the Drug Policy Program (DPP) received the [external evaluator's report](#) (scroll down the page to the Dec. 2008 Four Pillars Supported Employment Project report) on the second phase of the DPP's supported employment project. The project, which is organized by the City's Drug Policy Program and funded by the Vancouver Agreement, gives people who are in recovery from substance use work experience with the City of Vancouver. The report outlined the achievements and challenges associated with the project; it also outlined nine recommendations for the next phases. The DPP has already started planning for the next phase of the project, which will take place this spring and summer. The February edition of the [Four Pillars News](#) will include an update on the project.

On March 25, the DPP will present, along with a broad-based coalition, a day-long event focusing on prevention of harm from substance use. The idea is to initiate a movement towards creating a culture of prevention in Vancouver. This event will provide a platform to profile current prevention work in the

community, facilitate discussion on current critical issues in prevention and offer a forum for dissemination of recent research and findings. The aim is to build public awareness and support for prevention in Vancouver. The work stems from a recommendation in the DPP's 2005 report, [Preventing Harm from Psychoactive Substance Use](#) calling for the strengthening of prevention efforts in Vancouver. Vancouver Mayor Gregor Robertson (elected last November and a strong proponent of the Four Pillars Drug Strategy) will open the March 25 event, followed by presentations from various leaders in the field of prevention. For more information, please contact Zarina Mulla, Drug Policy Program, 604-871-6481, e-mail zarina.mulla@vancouver.ca.

We are poised to post the February edition of the [Four Pillars News](#), including stories on the 10th anniversary of the Vancouver Area Network of Drug Users, our web-based animation illustrating three harm-reduction stories, the first year of Onsite (the detox and transitional housing facility located above Insite, Vancouver's supervised injection site), and a round-up of three stories of harm reduction efforts in Toronto. Also, I hope you'll find some time to listen to our bi-weekly [podcast](#). The podcasts are all under 10 minutes. In the past few months, we've presented podcasts highlighting former Mayor Sam Sullivan's thoughts as he wound down his term as mayor, the 10th anniversary of the Vancouver Area Network of Drug Users, a 15-year-old student's thoughts about teens and substance use prevention efforts, the first year of Onsite, and BC's first long-term residential treatment centre.