

# Four Pillars Across Canada - Quarterly Update

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This is our first edition of our new newsletter for Drug Policy Programs across Canada that take a four-pillars approach to municipal drug policy. The group includes: Vancouver, Victoria, Central Okanagan, Red Deer, Edmonton, Regina (and area), London, Ottawa and Toronto. Windsor has just adopted a four-pillars strategy; [click here](#) to view its April report.

The intent of this informal newsletter is to keep drug policy programs informed of related activities in each of the other cities. Please feel free to share it with others. We hope that it will help readers to stay informed about drug policy developments, activities and initiatives in other cities. Group members have said they'd like to do a quarterly exchange of information so I'll send out a reminder a few weeks ahead of our anticipated publishing date, accept all of your submissions, compile them into one document and then forward the newsletter to the group.

Please feel free to comment on the newsletter format, content, approach etc. As you can see, we didn't spring for a graphic designer or fancy logo but we hope that the information will be so valuable you won't mind the stripped-down approach! A few people were unable to contribute this time because of holidays but I'm sure we'll hear from them in subsequent issues. We really hope you find this communications tool valuable in your daily work.

--Jennifer Gray-Grant, Communications  
City of Vancouver, Drug Policy Program  
[jennifer.gray-grant@vancouver.ca](mailto:jennifer.gray-grant@vancouver.ca)

## Central Okanagan

Christene Walsh: [Christene.Walsh@cord.bc.ca](mailto:Christene.Walsh@cord.bc.ca)

The Drug Policy Coordinator (DPC) role in Central Okanagan was created approximately 10 months ago. As the role is still in its early states, any feedback, comments, suggestions and support on the development and integration of this community drug policy role is welcome and appreciated.

In Central Okanagan, the DPC acts as a liaison with local agencies providing enforcement, education, harm reduction, prevention and treatment services for persons identified as chemically dependent, at risk of problematic substance abuse and related issues --such as homelessness/at risk of homelessness, etcetera. The intent of the DPC is to advocate and promote partnerships between existing services 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. This role is evolving

with the support of the Regional District of Central Okanagan and the Drug Policy Advisory Committee.

Using the four pillars as a guide, the DP Advisory Committee recently completed a mapping process of available adult and youth addiction and related services in the Central Okanagan: this will be used as a guide when identifying priority actions/activities for this role.

The Drug Policy Coordinator is a member of over 12 community committees formed to address public safety, health, challenging substance use and other community concerns. One noteworthy initiative derived from [The Central Okanagan Framework for Action](#) is the 'Sobering Centre' concept. The intent of the sobering centre is to offer a brief 'safe haven' for 12 vulnerable individuals identified in the community as under the influence of alcohol and/or other drugs, and considered to be at risk of receiving and/or causing further harm to self or others. This centre is intended to replace 'default' expensive community resources such as RCMP cells and/or, Kelowna General Hospital Emergency Department, typically accessed when there is no place else to go.

The goal is to provide entry level, low barrier, first stage engagement, assessment and basic treatment (mats/shower/food/basic medical) for those challenging individuals, often homeless, who seldom voluntarily access mainstream services yet clearly require support. The objective is to provide essential next step linkages to services for those who indicate a readiness to engage. The estimated annual operational budget is \$576,000 and about \$250,000 capital dollars for renovation costs.

## **Ottawa**

**Nancy Greenfield:** [Nancy.Greenfield@ottawa.ca](mailto:Nancy.Greenfield@ottawa.ca)

Last month, Ontario Premier Dalton McGinty announced \$5.5 million in provincial funding for addictions services in the Ottawa area. This includes:

- \$2.4 million in annual operating funds for two treatment facilities for youth aged 13-17 (a 15-bed English facility and a five-bed French facility).
- \$250,000 in annual funding to enhance school based addictions outreach and counselling programs. This funding will be matched by both the City and the local school boards
- \$250,000 in annual funding for addiction workers in shelters to help individuals access addiction services
- \$800,00 in annual funding to support the development of 48 supportive housing units in Ottawa this year.
- \$1.8 million in capital funding to support the Ottawa Withdrawal Management Centre to relocate to a new community-based setting.

In addition to a commitment of operating funds, a Capital Fund Raising Steering Committee has been launched to raise the capital funding required to build/renovate the treatment facilities, as well as establish an endowment fund in support of a Prevention and Early Intervention Program. The United Way, the LHIN, the Premier's Office, the Mayor's Office, Community and Protective Services Department, Ottawa Police and the Regional Group make up the steering committee. Assurances were given from the Ottawa Senators Foundation at the funding announcement that they would make a significant contribution.

## Toronto

Susan Shepherd: [sshephe1@toronto.ca](mailto:sshephe1@toronto.ca)

The recently released [Toronto Drug Strategy: Status Report 2008](#) provides an update on progress implementing the Toronto Drug Strategy (TDS). While the TDS does not have a dedicated project budget, progress is being made through the leveraging of existing resources and the seeking of external funding. Over 160 municipal, institutional and community representatives from across Toronto are working together to implement TDS priority recommendations, most on an in-kind and voluntary basis.

Examples of achievements to date include the following:

- Establishment of an inclusive implementation structure comprised of an intersectoral leadership committee - the *Toronto Drug Strategy Implementation Panel*, diverse *working groups* to implement specific TDS recommendations, and dedicated staff support - the *Toronto Drug Strategy Secretariat*.
- Support for expanded delivery of the Centre for Addiction and Mental Health's (CAMH) *Strengthening Families for the Future* program for families with children aged 7-11 in several of Toronto's priority neighbourhoods.
- Submission of several collaborative funding proposals, specifically:
  - Parent Action on Drugs is the lead for a proposal to re-adapt and deliver the *Strengthening Families Program for Parents and Youth aged 12-16* in four different service settings.
  - The Canadian Training Institute is the lead for a proposal to develop and implement a drug prevention training initiative for youth workers who engage with young people across Toronto, many of whom are thinking about or starting to experiment with alcohol and other drugs.
  - The John Howard Society of Toronto is the lead for a "Neighbourhood Teams" pilot project to "improve civility and safety on the street" in neighbourhoods affected by substance use and other related issues. This pilot will involve all neighbourhood stakeholders to develop responses using a four pillar approach.

- The TDS Crisis Model Working Group has done a needs assessment and other research as part of their work to develop a 24-hour crisis response for people using alcohol and other drugs in Toronto
- In May 2006, Toronto Public Health began distribution of safer crack use kits through its fixed and mobile sites, and has also contracted with 24 community agencies to deliver the program across the city. Toronto Public Health and the Toronto Police Service have also delivered joint training for front-line police officers to help support successful delivery of the program.
- The Toronto Harm Reduction Task Force and Toronto Public Health have conducted overdose prevention and CPR training with 106 drug users. This initiative has already resulted in saved lives.
- The TDS Secretariat, Toronto Public Health, the Alcohol and Gaming Commission of Ontario and the Toronto Police Service have co-hosted seminars for bar/club owners on alcohol liability, bar policy development and the CAMH *Safer Bars* program to help reduce alcohol-related violence.
- The TDS Implementation Panel continues to advocate with the federal government on a wide variety of drug policy issues, most recently calling on the government to revise their *National Anti-Drug Strategy* to include harm reduction. In March 2008, the Panel co-hosted a community forum with the Toronto Harm Reduction Task Force and the Harm Reduction Action Group to share community perspectives on the federal government's strategy.
- The TDS Implementation Panel also continues to advocate for a four pillar drug strategy for Ontario, and new provincial investments in prevention and treatment. A key issue for Toronto is the absence of residential treatment beds for youth.

The TDS is the first comprehensive drug strategy for Toronto. It represents an important collective commitment to a balanced, evidence-based approach to reducing the harms of alcohol and other drug use. In addition to providing the policy framework for municipal decision-making on this issue, it also functions as a catalyst for action in other parts of the community. The TDS implementation team remains strongly committed to driving implementation forward at a municipal, provincial and national level.

## London

Steve Giustizia: [sgjustizia@london.ca](mailto:sgjustizia@london.ca)

London's City Council passed the London Community Addiction Response Strategy (London CARES) earlier this year. London CARES is an integrated strategy to address the needs of individuals suffering effects of poverty, homelessness, addiction, mental health and the communities in which they live. Its goal is to improve the health outcomes of the addicted homeless, thereby, reducing incidence of homelessness and improving the quality of life and business prosperity in the downtown/priority areas. Community concerns

have focused on the number of homeless, the presence of drug dealers, increased criminal activity, needles left in parks, streets and on private property, evidence of prostitution-related activities and fears for public safety.

The community identified the need for improvement in the delivery of addictions services. For example, the wait list to get an addictions treatment bed is six-eight months, the only youth addictions treatment facility in Ontario is in Thunder Bay, there are few day treatment options, there is a lack of integration of addiction and mental health services, there is little street outreach to provide diversion alternatives for police and there are few safe haven options. Further, there was an identified need to bolster commitment to, and the delivery of, harm reduction services; it was noted there are no low-threshold, damp, or wet shelters in London.

In London, there is a growing use of opioid-based prescription drugs such as OxyContin, Percocet and to Ritalin. There is also a significant increase in intravenous injection of substances. The homeless population is increasing. The City serves as the regional centre for social services, mental health and justice services. There are about 1,500 homeless on a given day and the city's 360 shelter beds are typically at capacity so many sleep in downtown or in the river valley. Meanwhile, addiction among the homeless is increasing: about 40 percent of shelter users are addicted. There were 18 overdose deaths among the homeless this year. Up to 150 young women drawn into prostitution to fund drug addiction.

Council's approval of London CARES brought an investment of \$1.2 million in several key program areas including: the integration with street level policing focused on illegal activities associated with prostitution and drug dealing; street outreach to the homeless in London's downtown, including expanded needle distribution and used needle pick up; emergency and crisis response service; expanded day "safe haven" spaces; expansion of Ontario Works services for special populations; development of a "streets to homes" program - Housing First, which is a particular focus of the program. It also led to \$300,000 in one-time federal funding.

London CARES next goals include the following:

- Securing federal and provincial support for London CARES, affordable housing, addictions and treatment, and drug enforcement from senior levels of government.
- Recruiting two resident and two business representatives from neighbourhoods within priority area to build a London CARES community stakeholder group.
- Working with outreach service providers to help direct individuals to appropriate services and minimize the use of emergency rooms using the London CARES number or agency contacts.

- Continuing to build safe neighbourhoods and communities within London and engaging businesses, agencies, government, and marginalized populations.

## Vancouver

Donald MacPherson: [donald.macpherson@vancouver.ca](mailto:donald.macpherson@vancouver.ca)

Over the past few months, the Drug Policy Program (DPP) has been involved as one of the leading partners in a major effort called the Collaboration for Change. This process, initiated by the City of Vancouver and chaired by its Civil City Commissioner Geoff Plant, has brought together a broad range of Vancouver's institutional and community stakeholders who are committed to addressing the urgent situation facing some of Vancouver's most vulnerable citizens: those with mental health and addictions problems who are also homeless or living in substandard conditions.

The Collaboration started early in the year, with meetings of an Oversight Committee and an Expert Working Group, populated by a broad range of key government, community, business and non-profit organizations committed to improving the lives of this population. On April 28 the Collaboration hosted a public meeting, featuring an address by Mental Health Commission of Canada Chair Michael Kirby. Speakers also included the president of the Vancouver Area Network of Drug Users, the mother and sister of a long-term drug user and a First Nations woman who told her story of recovery from addiction.

On April 29, Vancouver Mayor Sam Sullivan and Victoria Mayor Alan Lowe co-hosted a one-day Mayor's Forum for invited attendees, representing government, community, business and non-profit organizations. For more information on this process, please visit Vancouver's [Project Civil City](#) website and click on the presentations or notes from the forum, listed in the blue box in the upper right-hand side of the website. You could also visit the [Collaboration for Change](#) website.

I attended the May 11-15 International Conference on the Reduction of Drug Related Harms in Barcelona, Spain where I, along with Mark Haden, clinical supervisor of addiction services at Pacific Spirit Community Health Centre in Vancouver, offered a presentation titled: Beyond Prohibition: Controversy and Tensions Within Harm Reduction. I spoke about how the political and institutional obstacles were overcome to allow the call for regulation of drug markets within a public health framework to become incorporated into the official drug policy for the City of Vancouver. On my way back to Vancouver, on May 29 I [addressed](#) the House of Commons Standing Committee on Health, which was examining harm reduction issues.

The DPPs Planner Zarina Mulla is working on the next stage of the Four Pillars Supported Employment Project for people in recovery. The first phase took place in 2007 and while a civic strike played havoc with the plans, the pilot was completed and evaluated late last year. This summer, seven people in recovery are sharing four, 26-week positions with the City in Water, Sewers and Streets. Please note earlier stories in the *Four Pillars News* on the pilot in the [March 2008](#) and [June 2007](#) editions of the newsletter. Those who are interested could also view the pilot's [evaluation report](#).

Meanwhile, the DPP has started offering a bi-weekly [podcast](#) offering audio reports highlighting issues related to the Four Pillars Drug Strategy. You can listen online to the podcasts or subscribe to them, for free, through iTunes.

Last October, the DP presented its [report](#) on Drug Substitution and Maintenance Treatment to Vancouver City Council. The report provides an overview of the status of current local and international substitution treatment programs and research for opiates and stimulants. It provides an update on the North American Opiate Medication Initiative (NAOMI) and includes information on the Inner Change Society's Chronic Addiction Substitution Treatment (CAST) program.

Finally, there continues to be a lot of discussion about the recent BC Supreme Court Decision where, on May 27, 2008 the Honourable Mr. Justice Ian Pitfield released his ruling permitting Vancouver's Supervised Injection Site to remain open for another year, while the federal government rewrites a key section of the Controlled Drugs and Substances Act. Pitfield said the law currently governing illicit substances violates the Constitution. [The full decision](#) is available on the front of the Drug Policy Program's website, under Latest News.