

# The Toronto Drug Strategy

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STATUS REPORT 2008



**The Toronto Drug Strategy: Status Report 2008**

**This report was prepared by the Toronto Drug Strategy Secretariat, and approved by the Toronto Drug Strategy Implementation Panel.  
March 2008, Toronto, Ontario.**

**Additional copies of this report or *The Toronto Drug Strategy: A comprehensive approach to alcohol and other drugs* can be ordered or downloaded at [www.toronto.ca/health/drugstrategy](http://www.toronto.ca/health/drugstrategy).**

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## Acknowledgements

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Implementing the Toronto Drug Strategy is a collective effort. We would like to thank everyone who has contributed their time and energy to this work, in particular the Toronto Drug Strategy Implementation Panel for their leadership and strategic advice. Thanks also to the members of the Toronto Drug Strategy working groups and ad hoc committees for their creative ideas, time and energy.

Thanks also to the many researchers, policy experts, service providers, and community members who have so generously contributed their time and expertise to the Toronto Drug Strategy. We continue to learn from each other and from cities across Canada and throughout the world. These collaborative efforts and networks will continue to grow.

Special thanks to Walter Cavalieri, Cindy Reardon and Anne Stoeber for their help with the preparation of this report.

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### **Toronto Drug Strategy Implementation Panel**

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TBA, *51 Division, Community Police Liaison Committee*

**160+**  
Over 160 people across  
Toronto are working to  
implement the Toronto  
Drug Strategy

*“The Toronto Drug  
Strategy has facilitated  
partnerships among  
agencies and  
organizations.”*

~TDS working group member

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## Introduction

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City Council approved the Toronto Drug Strategy (TDS) in December 2005. The TDS provides a comprehensive approach to alcohol and other drug<sup>1</sup> issues based on the integrated components of prevention, harm reduction, treatment and enforcement. It is the first comprehensive municipal drug strategy for Toronto and an important policy tool to guide decision-making.

This report provides an update on the status of implementing the TDS. 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 external funding. Implementation of the TDS is still in the early stages. However, the shared effort and commitment of many people have produced results. Municipal, institutional and community groups have contributed significantly to the TDS, primarily on an in-kind or volunteer basis.

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## Summary of highlights

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Details on the progress of implementing the TDS recommendations are described in this report, highlights include the following:

- Established 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*.
- Advocated for a provincial drug strategy for Ontario, and new provincial investments in prevention and treatment.
- Advocated with the federal government to revise their National Anti-Drug Strategy to include harm reduction, and address the harms of legal drugs such as alcohol.
- Supported expansion and delivery of the Centre for Addiction & Mental Health’s (CAMH) *Strengthening Families for the Future* program for families with children 7-11.
- Submitted a funding proposal to implement the *Strengthening Families Program for Parents and Youth 12-16*.
- Submitted a funding proposal to develop a training initiative for youth workers in Toronto on drug prevention.
- Conducted a needs assessment and other research as part of developing a 24-hour crisis response for people using alcohol and other drugs.
- Submitted a funding proposal for a Neighbourhood Teams pilot project to “improve civility and safety on the street” in neighbourhoods affected by substance use and other related issues.

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

- Distributed safer crack use kits through The Works, Toronto Public Health, and 24 contracted community agencies.
- Toronto Public Health and the Toronto Police Service delivered joint training for police officers on the safer crack use kit program.
- Conducted overdose prevention and CPR training to 106 drug users.
- Organized seminars for bar/club owners to provide information on alcohol liability and promote the CAMH *Safer Bars* program, with a first focus on bars in the Entertainment District.
- Held a community forum to share community perspectives on the federal government’s National Anti-Drug Strategy.

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## Progress on priority recommendations

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The TDS is a long-term, comprehensive plan to address issues related to alcohol and other drugs in Toronto. Of the strategy’s 68 recommendations, 17 were designated as priorities for implementation. Some recommendations depend on action by provincial and federal governments; others on institutional or community stakeholders. This section describes the progress achieved related to the priority recommendations. For a complete list of TDS recommendations, please refer to the drug strategy report at [www.toronto.ca/health/drugstrategy](http://www.toronto.ca/health/drugstrategy).

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### 1. Leadership & Co-ordination

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The need for leadership and co-ordination on alcohol and other drug issues was a key theme during the development of the TDS. The City of Toronto has taken this leadership role recognizing that success depends on effective collaboration and co-operation among all stakeholders.

#### Toronto Drug Strategy Implementation Panel

This leadership committee was struck in July 2006 to provide oversight and strategic advice during implementation of the drug strategy. The Panel is co-chaired by Councillor Kyle Rae and Councillor Gord Perks, and has diverse membership with expertise in the areas of prevention, harm reduction, treatment and enforcement (see Appendix A for membership).

The Panel set up the following working groups to implement specific priority recommendations:

- Prevention Working Group
- Crisis Model Working Group
- Neighbourhood Strategies Working Group
- Supervised Consumption Site Study Reference Group

Terms of reference and work plans were developed for each working group. Minutes are kept and reports are made regularly to the Panel. Details on the progress of each working group are summarized later in this report.

**Recommendation #1**  
**Establish an intersectoral leadership committee**

*“The TDS Panel has served as a forum to discuss issues related to the organization of addiction services, alcohol policies, drug policies and prevention efforts.”*

~TDS Panel Member

A key role for the Panel is to champion TDS priorities that require federal and provincial action. Efforts include advocacy with the Premier of Ontario on the need for a comprehensive provincial drug strategy and for increased investments in prevention and treatment.

The Panel also communicated its concerns to the Prime Minister about the shift in federal drug policy direction as set out in their National Anti-Drug Strategy. While it contains some welcome new investments in prevention and treatment, the federal strategy eliminates harm reduction from its approach and focuses only on illicit drugs despite the overwhelming research indicating that alcohol creates far more health, social and economic harms.

In March 2008, the Panel co-hosted the *Community Forum on the National Anti-Drug Strategy*, along with the Toronto Harm Reduction Task Force and the Harm Reduction Action Group. An estimated 250 people attended the forum to discuss their views on the federal strategy. Many attendees signed a resolution for presentation to the Parliament of Canada urging the government to “develop a comprehensive strategy for all drugs, including alcohol and the non-medical use of prescription drugs, and that this comprehensive approach include evidence-based prevention, harm reduction, treatment and enforcement strategies.” People from across Canada also signed an online version of the resolution.

Additional TDS Implementation Panel actions are noted throughout the report as they relate to specific recommendations.

### **Toronto Drug Strategy Secretariat**

In July 2006, Toronto City Council approved funding to set up a small staff team dedicated to support implementation of the TDS. Situated in Toronto Public Health, the team consists of a Manager (hired November 2006), a Policy Development Officer (hired January 2007), and a Support Assistant (hired June 2007). The TDS has also benefited from the contributions of several students from Masters of Social Work programs at The University of Toronto and Ryerson University.

The Secretariat provides project management, policy, research and administrative support to all TDS committees, and leads the implementation of non-working group related recommendations. A key role of the TDS Secretariat staff is to foster relationships and collaboration with the broad range of community, institutional and government stakeholders needed to advance the TDS. The Secretariat also continues to build and strengthen networks at local, provincial, national and international levels to reinforce efforts to promote evidence-based and comprehensive approaches to alcohol and other drug issues.

*“The TDS has enhanced the City’s ability to respond to policy initiatives such as the National Anti-Drug Strategy, and to bring together community groups and organizations as happened at the Community Forum on the National Anti-Drug Strategy.”*

~ TDS Panel member

**Recommendation #2  
Dedicate staff for  
implementation**

**13**  
**TDS staff shared experience and  
advice with 13 other municipal  
and provincial drug strategy  
initiatives across Canada.**

### **Advocating for a provincial drug strategy**

The TDS Implementation Panel has advocated strongly for a comprehensive drug strategy for Ontario that includes prevention, harm reduction, treatment and enforcement. Advocacy efforts have been targeted to the Premier and relevant provincial ministers, as well as to all party leaders in the fall 2007 election. An integrated and comprehensive provincial drug strategy is needed to provide a framework to inform policy, program and funding decisions for alcohol and other drug issues.

TDS and other Toronto Public Health staff sit on the Health, Education & Enforcement Planning and Advisory Committee, which is chaired by the Centre for Addiction & Mental Health. This province-wide network is working to develop a provincial drug strategy for Ontario. The group continues to try to secure a commitment from the provincial government to participate.

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## **2. Children & Families**

The need for more emphasis on early intervention and prevention was a strong theme emerging from the public consultations to develop the Toronto Drug Strategy. Efforts to expand comprehensive prevention programming for children and families are described below.

### **Supporting delivery of Strengthening Families**

*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 use issues, depression, violence, delinquency and school failure. It has been cited by Health Canada and others as one of the best interventions of its kind. The Centre for Addiction & Mental Health (CAMH) secured funding to expand delivery of this program in Toronto and elsewhere in Ontario. In addition, CAMH, in partnership with the Jean Tweed Centre, secured funding to deliver SFF to families involved with the child welfare in Toronto.

The TDS Secretariat has supported CAMH in finding community partnerships to deliver the SFF program with a focus on the City's 13 priority neighbourhoods. In addition, Toronto Public Health staff are facilitating some of the SFF sessions.

SFF ran successfully in Lawrence Heights in 2007 and another session is being planned for that community. Plans are also underway to run the program in the Black Creek and Eglinton East/Kennedy Park communities this spring. CAMH and the Jean Tweed Centre have also partnered with Native Child & Family Services to run a program for their clients in 2007 with another session scheduled for this fall. Each SFF session accommodates about eight families.

**Recommendation #5  
Advocate for a provincial  
drug strategy**

*“In addition to funding, we need a provincial drug strategy and co-ordination between all concerned parties – government, health and the general public.”*

~ TDS working group member

**Recommendation #7  
Expand comprehensive  
prevention programming  
for families**

*“The Toronto Drug Strategy is just one piece of a puzzle. Many recommendations require participation from other levels of government.”*

~TDS working group member

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### 3. Youth

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

**Recommendation #10**  
**Develop comprehensive prevention programming for youth**

#### Prevention Working Group

This working group has met monthly since December 2006 to develop strategies to expand comprehensive prevention programming for youth, children and families. The group is diverse and includes representatives from the areas of prevention, harm reduction, treatment and enforcement as well as members of the community at large (see Appendix A for membership).

Members of the Prevention Working Group collaborated on two proposals that were submitted to the federal Drug Strategy Community Initiatives Fund in February 2008.

- One proposal is to implement *Strengthening Families for Parents and Youth 12-16*. The proposal involves revision of the current 14-week program to eight weeks to see if a shorter version (which may be more appealing to families) is still effective. Parent Action on Drugs is the lead agency for this proposal, in partnership with CAMH, Toronto Public Health, the Hospital for Sick Children, the Griffin Centre and the Toronto Catholic District School Board.
- The second proposal, led by the Canadian Training Institute, is to develop training for youth workers to increase their knowledge about drugs and drug use by youth, enhance their skills to support youth to make positive choices/change, and to connect youth with relevant community services. Youth workers are well positioned in the community to identify and intervene with youth who are thinking about or beginning to use drugs and therefore have an important prevention role to play. Collaborating partners on this proposal include Youthlink, Aboriginal Legal Services and CAMH.

*“The TDS structure has allowed us to widen our advocacy network especially with respect to a collective Toronto voice to the provincial and federal governments.”*

~ City of Toronto staff

The Canadian Centre on Substance Abuse is developing national standards for prevention programs and the Prevention Working Group has asked to participate in this initiative. In 2007, the federal government allocated \$10 million over two years for a national awareness campaign on illicit drugs. While more funding for prevention is critical, research shows that education campaigns alone have little to no effect.

#### Advocating for residential treatment for youth

There is a high demand for youth treatment in Toronto and most youth treatment services have waiting lists, some as long as six months. It is also alarming to realize that there are no residential treatment services for youth in Toronto. As a result, parents are forced to send their children elsewhere in Ontario, to other provinces in Canada, or even to the United States if they need residential treatment.

**Recommendation #17**  
**Advocate for residential treatment services for youth**

The TDS Implementation Panel and its working groups continue to advocate for provincial funding for residential youth treatment services in Toronto. Unfortunately, efforts have been unsuccessful to date.

### **Substance Use by Toronto Students (Grades 7-12)**

Over the past year, students reported use of alcohol and other drugs included the following:

- 55.1% used alcohol
- 22% reported binge drinking (more than 5 drinks on one occasion); 45%
- 21.8% used cannabis
- Of particular concern is that 18% reported using opioid pain relievers for non-medical reasons. Most youth got these prescription drugs from home.

*Source: E. Adlaf & A. Paglia. (2007) Drug Use Among Ontario Students: 2007 Ontario Student Drug Use and Health Survey. Centre for Addiction & Mental Health.*

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## **4. People who use substances**

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In addition to actions targeted to children, families and youth, the Toronto Drug Strategy also recommends a broad range of prevention, harm reduction, treatment and enforcement actions for adults who use alcohol and other drugs. This section of the report documents progress made in this area.

### **Advocating for more treatment**

Treatment of problematic substance use is a provincial health care responsibility. The TDS Implementation Panel and its working groups continue to advocate for more funding to increase the number and range of treatment options in the community and in our jails and prisons. As part of these efforts, the Panel is organizing a presentation on the withdrawal management (detox) system to the City's Community Development & Recreation Committee in spring 2008, and is proposing recommendations to address challenges in this part of the treatment system.

In July 2007, the Province announced \$2 million in new funding for methadone maintenance therapy across Ontario. In September 2007, they announced a further \$6.3 million to improve access to substance use services. These are welcome announcements and the first in many years for addiction services. However, the increase is minor (3% to the base budget for each treatment provider) and therefore unlikely to improve access to services. Significant investment in treatment, both in the community and in the corrections system, is needed to ensure that people have access to treatment when and how they need it.

In 2007, the federal government announced \$32 million (nation-wide over two years) for treatment as part of its National Anti-Drug Strategy. Details of how this funding will be allocated have not been released.

**Recommendation #30  
Advocate for more  
treatment services and  
options**

**Recommendation #36  
Advocate for addiction  
services in jails and  
prisons**

*“Existing service systems  
are fragmented and poorly  
co-ordinated.”*

~ TDS working group member

**Recommendation #26**  
**Expand harm reduction**  
**outreach strategies**

*“The Toronto Drug Strategy has normalized many aspects of harm reduction and this has supported me as a harm reduction worker... it is part of City policy.”*

~ Community worker

**Recommendation #27**  
**Develop a service delivery**  
**model for a 24-hour crisis**  
**centre**

*“We need to address the inter-relationship between mental health and substance use.”*

~ TDS working group member

**Recommendation #22**  
**Limit the density of**  
**licenced establishments in**  
**the city**

**Expanding strategies for people who smoke crack**

Crack cocaine is widely viewed as the illicit drug of most concern in Toronto. People from all socio-economic backgrounds use crack cocaine. However, people who are homeless or otherwise street-involved are more marginalized and have a greater need to connect with health and social services. The distribution of safer drug use supplies to people who smoke crack helps foster connections with outreach workers while providing supplies intended to prevent disease transmission through the sharing of equipment and use of makeshift pipes or other unsafe materials.

Toronto Public Health (The Works) began distribution of safer crack use kits in May 2006 to respond to the health needs of this group. Since that time, 24 community-based agencies have come under contract with the City of Toronto to increase accessibility to the program. The main goals of the program are to establish relationships with this marginalized group of drug users, and help connect them with health and social services, as well as to help reduce the spread of communicable diseases such as HIV/AIDS and Hepatitis.

The Toronto Police Service worked with Toronto Public Health to develop in-service training for police on the safer crack use kit program. The police and Public Health began these training sessions with divisional officers in February 2008.

**Crisis Model Working Group**

This working group has met regularly since December 2006 to develop a model for a 24-hour crisis response for people using alcohol or other drugs. The group is diverse and includes representatives from the areas of prevention, harm reduction, treatment and enforcement as well as members of the community at large (see Appendix A for membership).

The need for a 24-hour crisis service was identified by a broad range of stakeholders, including people who use drugs, community service providers as well as police and ambulance workers.

In developing the model, the group has researched diverse service models in the United States, Europe, Britain and Australia. The group has also undertaken a needs assessment. Input has been sought from potential service users and existing service providers. The group is creating a “service map” of services that currently work with this population, and has reviewed literature for relevant research. Once the needs assessment is complete, the group will develop recommendations for a 24-hour crisis service for Toronto, including potential funding sources.

**Limit density of licenced establishments**

Due to limited resources within the Toronto Drug Strategy Secretariat, action has not been taken on this recommendation. Options to advance this activity will be pursued in the future.

### **Developing a drug surveillance system and alert protocol**

The Research Group on Drug Use (RGDU) and the TDS Secretariat share the lead for this recommendation to develop a local surveillance system with protocols to issue wide spread alerts about potentially dangerous (e.g., contaminated, adulterated, or of high purity) drugs in Toronto. The RGDU is chaired by Toronto Public Health with representatives from CAMH, the Toronto Police Service, and a broad range of institutions and community agencies.

The RGDU has reviewed surveillance systems in Canada and the United States, and a small group has been formed to investigate options for how such a system could work in Toronto. Members include representatives from Toronto Public Health, the Toronto Police Service, St. Michael's Hospital/Ontario Poison Control Centre, Queen West Community Health Centre, the John Howard Society of Toronto, the TDS Secretariat and Emergency Medical Services.

More research is underway, including investigating data, information and alert systems at Health Canada, the Coroner's Office, and the Centre for Forensic Sciences. Knowledge of how data is captured by ambulance, police and hospital systems is also needed. Consultations with people who use drugs will also take place to determine what information they need and how and in what form it should be communicated.

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## **5. Neighbourhoods & Communities**

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The Toronto Drug Strategy is concerned with the impact of alcohol and other drugs on neighbourhoods and communities across the city. Several priority recommendations focus on reducing negative impacts for neighbourhoods and progress in these areas is discussed below.

### **Neighbourhood Strategies Working Group**

This working group has met regularly since November 2006, charged with the task of developing local strategies "to reduce alcohol and other drug related activity and crime." The group is diverse and includes representatives from the areas of prevention, harm reduction, treatment and enforcement as well as the community at large (see Appendix A for membership).

The group gathered information on a range of topics from Canada, Britain, Europe and Australia. The result of their deliberations is a "Neighbourhood Teams" pilot project to be implemented in two distinct Toronto neighbourhoods. The John Howard Society of Toronto is the lead agency for a funding proposal that has been submitted for this project. Local stakeholder groups in the Bloor-Lansdowne and the Jane-Falstaff neighbourhoods have agreed to participate in this pilot, the main goal of which is to "improve civility and safety on the street."

**Recommendation #25**  
**Develop a drug surveillance system and alert protocols**

*"Harm reduction agencies need more support and advocacy from the City of Toronto to the federal government as positive outcomes of the TDS are being undermined by the new federal drug strategy agenda."*

~ Community worker

**Recommendation #45**  
**Work with neighbourhood groups to develop local strategies to address drug-related activity and crime**

*"Excellent discussions and learning from the experience of others has led to a well thought out approach to community engagement."*

~TDS working group member

**Recommendation #50  
Prevent alcohol-related  
violence in licenced  
establishments**

If the funding application is successful, each neighbourhood will have two staff directed by an advisory committee of local representatives and partners. All stakeholders will be engaged including residents, businesses, drug users, police, and community agencies to work from a comprehensive approach (prevention, harm reduction, treatment and enforcement). Activities may include regular walkabouts, community audits, connecting drug users to services, engaging enforcement bodies and conflict resolution. The pilot will be evaluated, and if successful, could be replicated in other neighbourhoods.

This working group also forwarded a motion to Toronto City Council calling on the City to reconvene its Problem Property Teams to promote a co-ordinated enforcement approach. Council approved the motion, and Municipal Licensing & Standards is directed to proceed with this initiative.

**Promoting the Safer Bars program**

*Safer Bars* is an evidence-based CAMH program shown to reduce alcohol-related violence in bars, clubs and other licenced establishments. The program involves a bar risk assessment, the provision of information on alcohol liability and the law, and violence prevention training for bar management and staff.

Since fall 2006, an ad hoc group with representatives from the TDS Secretariat, Toronto Public Health, the Toronto Police Service, the Alcohol & Gaming Commission of Ontario, the City's Community Safety Secretariat and CAMH have met to develop strategies to promote *Safer Bars* with a first focus on the Entertainment District.

The group has hosted two seminars for bar and club owners in Toronto. Robert Solomon (Law Professor, University of Western Ontario) presented on the "rising tide" of alcohol-related liability, and strategies to minimize risk. Larry Grand from CAMH gave an overview of the *Safer Bars* program, and the need for well thought out and enforced bar policies as part of a comprehensive violence prevention approach. Over 60 people participated in these sessions, including bar owners, managers, staff and security guards.

More events are being planned for 2008, including workshops for bar owners on how to develop and enforce policies. The *Safer Bars* group will continue to strategize on how to promote *Safer Bars*, including collaborating with local business groups and associations.

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## 6. Awareness, Education & Training

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The public consultations for the Toronto Drug Strategy found that people want more information about resources available in the community for people struggling with alcohol or other drug issues. Efforts in this regard are described below.

### Providing information on where to go for help

Toronto Public Health and the Prevention Working Group developed a guide entitled *Resources for Youth with Substance Use Issues*, which provides contact information for prevention, harm reduction and treatment services for youth in Toronto. The guide has been distributed through the diverse networks of Prevention Working Group members and Toronto Public Health to other City divisions such as Parks, Forestry & Recreation; Shelter, Support & Housing Administration; and, Social Development, Finance & Administration as a resource for their staff that work with youth. The guide has also been distributed to the Toronto District School Board and the Toronto Catholic District School Board.

The Toronto Drug Strategy website ([www.toronto.ca/health/drugstrategy](http://www.toronto.ca/health/drugstrategy)) features a “Need Help?” button that links to community resources for people seeking help for alcohol- or other drug-related issues. Resources from the youth guide noted above are also listed.

In addition, Toronto Public Health staff have participated in a CAMH initiative to develop culturally-based information on low-risk drinking guidelines in a number of different languages. These resources have been broadly distributed and are available on the CAMH website at [www.camh.net](http://www.camh.net).

**Recommendation #56**  
**Provide better information**  
**on where to go for help**

### 52

TDS staff delivered 52 presentations on the drug strategy and other related topics to over 2,000 people including service providers, police, government representatives, residents' associations, and other community groups.

Presentations have also been delivered to international delegations from China, Russia and Brazil.

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## 7. Research & Evaluation

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The Toronto Drug Strategy emphasized the need for ongoing research to expand the evidence base on how best to address the harms of alcohol and other drugs.

### Evaluating the Toronto Drug Strategy

Due to the lack of financial resources required to do a thorough evaluation of the Toronto Drug Strategy, this recommendation has been deferred to a future date. However, each of the TDS working groups has completed a process evaluation as part of its work plan.

Key themes that emerged from the evaluations include:

- The ongoing dialogue at the working group tables and in other TDS initiatives is a tremendous strength of this process.
- Participants have increased their knowledge and awareness about prevention, harm reduction, treatment and enforcement.
- The TDS has built bridges and supported new collaborations among diverse sectors and with City departments that did not exist prior to TDS implementation.
- Membership of the groups requires ongoing review to ensure representation is diverse. Attendance has been an issue at times as members struggle with conflicting time pressures.
- A key challenge has been the lack of dedicated project funding to create and implement initiatives developed by the working groups.
- It will be difficult for many TDS initiatives to achieve ultimate success without the participation of other levels of government.
- The fragmented nature of service systems, in particular mental health and addiction treatment services, is a key challenge. Services are not well coordinated and have too few resources.

### Research on supervised consumption site(s) for Toronto

Dr. Ahmed Bayoumi (St. Michael's Hospital), Dr. Carol Strike (CAMH) and Dr. Peggy Millson (University of Toronto) are Principal Investigators for a Research Team that was struck to do a needs assessment and feasibility study regarding supervised injection and/or inhalation site(s) in Toronto. The Research Team includes a diversity of experts from across Canada (see Appendix A for membership). In addition, a Supervised Consumption Site Study Reference Group was set up as a working group under the TDS Implementation Panel to provide a community reference point and perspective to the Research Team (see Appendix A for membership).

The Research Team has submitted proposals to several funding bodies for this study. To date, some initial funding was granted from the Ontario Ministry of Health & Long-Term Care to undertake a literature review and secondary analysis of existing data. Funding for the full study has yet to be secured.

**Recommendation #63**  
**Evaluate the implementation and effectiveness of the TDS**

*“The working group has brought together a wide range of stakeholders and provided us with the time, space and support to fully explore the issues that surround substance use.”*

~TDS working group member

**Recommendation #65**  
**Conduct a needs assessment and feasibility study for supervised consumption site(s) taking into account the decentralized nature of drug use in Toronto**

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## Progress in other areas

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While the main focus of implementation has been the priority TDS recommendations, progress has also been made in other related areas.

### Supporting the National Framework for Action

Toronto Drug Strategy representatives actively contributed to the *National Framework for Action to Reduce the Harms Associated with Alcohol, Other Drugs and Substances*. Led by the Canadian Centre on Substance Abuse and Health Canada, this plan represents the shared priorities of communities across Canada based on the four components of prevention, harm reduction, treatment and enforcement. Toronto City Council endorsed the National Framework in Spring 2006.

TDS representatives continue to participate in National Framework initiatives to advance action in our priority areas. Several of the priorities fit with those of the TDS, including the promotion of violence prevention initiatives like the CAMH *Safer Bars* program. In addition, the TDS Implementation Panel has endorsed a national alcohol strategy detailed in the document *Reducing Alcohol-Related Harm in Canada: Toward a Culture of Moderation*.

### Coordinating efforts with other City of Toronto initiatives

The TDS is based on an integrated approach and emphasizes the need to collaborate with other related municipal initiatives. Toronto City Council has identified 13 priority neighbourhoods in Toronto, and implementation of the TDS has considered those communities while also recognizing that other neighbourhoods are significantly affected by drug use and crime.

Staff from several City divisions and agencies are active in TDS working groups and initiatives including Shelter, Support & Housing Administration; Social Development, Finance & Administration; Parks, Forestry & Recreation; Toronto Police Service; and Toronto Public Health. Opportunities for collaboration are also being pursued with related initiatives such as the Mayor's Community Safety Plan.

### Expanding overdose prevention efforts

Toronto Public Health (The Works) partnered with the Toronto Harm Reduction Task Force to develop and implement a peer-based training initiative on overdose prevention. To date, 106 people have been trained in overdose prevention and CPR. Peer workers and people who use drugs have found this initiative to be invaluable, noting that several lives have been saved due to their efforts.

Work is also underway to investigate possible distribution of naloxone in Toronto. Naloxone prevents or reverses the effects of opioids. The project would involve the provision of naloxone to people who use drugs so they can intervene in opiate overdose incidents. This strategy has been effective in reducing overdose deaths in other jurisdictions in Canada and the United States.

**Recommendation #6**  
Support development of a national framework for action on alcohol and other drugs

**Recommendation #3**  
Co-ordinate implementation of TDS with related municipal initiatives

**Recommendation #57**  
Expand overdose prevention strategies

**Recommendation #49  
Reconvene the Get the  
Needles off the Street  
Committee**

**Reducing drug-related litter**

In an effort to ensure a comprehensive approach to reducing drug use related litter, the Toronto Discarded Sharps Coordinating Committee was struck in June 2007. The role of this committee is to co-ordinate policies, procedures and communications regarding the collection and disposal of discarded needles and other drug use equipment on public and private property.

The committee includes a broad range of City divisions and external bodies such as the school boards (See Appendix A for membership). The committee has clarified roles and responsibilities regarding the collection and disposal of discarded sharps on public and private property. Future plans include improving the availability of information on safe handling and disposal for the public and for City staff.

**Recommendation #44  
Develop harm reduction  
housing options**

**Supporting efforts to expand harm reduction housing**

TDS staff participate on an advisory committee to assist the Fred Victor Centre in conducting a review of its affordable housing facilities. This review includes consideration of a range of housing models to best support marginalized, socially isolated people living on low incomes, including people with alcohol or other drug issues. Harm reduction models are among the options being considered.

**TDS staff have presented and/or attended the following conferences (with bursary support):**

- Issues of Substance 2005, Canadian Centre on Substance Abuse
- Issues of Substance 2007, Canadian Centre on Substance Abuse
- Canadian Congress on Criminal Justice 2007
- AIDS 2006
- International Harm Reduction Association conference
- 2<sup>nd</sup> National Conference on Methamphetamine, HIV and Hepatitis
- DPA (Drug Policy Alliance) International Drug Policy Reform Conference
- Beyond 2008: Regional Consultation for United Nations Special Assembly on Narcotic Drugs
- 5<sup>th</sup> annual Alcohol: No Ordinary Commodity Forum

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## Moving forward

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The Toronto Drug Strategy is the City's first comprehensive municipal drug strategy. It represents an important collective commitment to a balanced, evidence-based approach with the ultimate goal of reducing the harms of alcohol and other drug use for individuals, families, neighbourhoods and communities.

The TDS provides a policy framework for City decision-making on drug issues and also functions as a catalyst for action in other parts of the community. Just as the City of Toronto needs complementary drug policies at the provincial and federal levels, the community sector needs supportive drug policies at the municipal level. The TDS provides this important policy anchor.

Although implementation of the TDS is still in the early stages, important progress has been made. An inclusive and intersectoral implementation structure has been established, which provides a strong foundation for working together. The TDS Implementation Panel has taken leadership on alcohol and other drugs issues. The working groups have developed creative and relevant proposals for action. Pending funding approvals, a number of concrete projects are set to begin in Toronto in the areas of prevention and neighbourhood strategies.

A key challenge for implementation has been the lack of project funding. All of the TDS initiatives have struggled in the absence of dedicated resources. However, progress is being made and the groups will continue to advocate for more resources and apply for funding that is available. Provincial and federal governments must make alcohol and other drug issues a priority and actively participate in funding and supporting evidence-based solutions.

Alcohol and other drug issues are complex and solutions require sustained investment and commitment to action. The TDS implementation team will continue to drive implementation forward working at local, provincial and national levels as part of our commitment to improving the quality of life for all Torontonians.

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## **Appendix A: TDS committee membership**

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### **Toronto Drug Strategy Implementation Panel**

- Mayor's Designate
- Toronto City Councillor
- Medical Officer of Health's Designate
- Deputy City Manager
- Deputy Chief of Police
- Executive Vice President, Centre for Addiction & Mental Health
- President, Toronto Harm Reduction Task Force
- Social Worker, Toronto Catholic District School Board
- Executive Director, Breakaway
- Executive Director, Parent Action on Drugs
- Executive Director, John Howard Society of Toronto
- Drug User Representative, Finally Understanding Narcotics
- Co-ordinator and youth volunteer, Toronto Ravers Information Project
- Peer representative, Toronto Harm Reduction Task Force
- Resident Association Representative, 51 Division Community Police Liaison Committee
- Program Director, Inner City Health Program, St. Michael's Hospital
- Chair, Research Group on Drug Use
- In addition, the chairperson of each working group also sits as a member of the Panel.

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### **Prevention Working Group**

- Toronto Public Health
- Griffin Centre
- Parent Action on Drugs
- Dejinta Beesha
- Hospital for Sick Children
- JACS Jewish Support Services
- Community member
- Youthlink, Youth Skills Zone
- Toronto Catholic District School Board
- YMCA Youth Substance Abuse Program
- Finally Understanding Narcotics
- Aboriginal Legal Services
- LOFT Community Services
- Centre for Addiction & Mental Health
- Parks, Forestry & Recreation, City of Toronto
- Toronto Police Service
- Canadian Training Institute

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### **Crisis Model Working Group**

- Breakaway
- Central Toronto Community Health Centre/Safer Crack Use Coalition
- Dixon Hall
- Emergency Medical Services, City of Toronto
- Toronto Police Service
- Interested Individuals (2)
- Fred Victor Centre

- Centre for Addiction & Mental Health
- 416 Drop-in
- Ontario Works Branch, Province of Ontario
- Aboriginal Legal Services
- Syme Woolner Neighbourhood & Family Centre
- Centre for Addiction & Mental Health, Empowerment Council
- Hostel Services, City of Toronto
- University Health Network
- Toronto Public Health
- Toronto East General Hospital, Withdrawal Management
- Jean Tweed Centre
- Streets to Homes, City of Toronto
- Parkdale Activity & Recreation Centre
- Eva's Satellite

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### **Neighbourhood Strategies Working Group**

- 519 Church Street Community Centre
- Garden District Residents Association
- 51 Division Community Police Liaison Committee
- Community Development, City of Toronto
- Streets to Homes, City of Toronto
- Mainstay Housing
- North/West Toronto Resident
- Substance Abuse Program for African Canadian & Caribbean Youth (CAMH)
- John Howard Society of Toronto
- Toronto Police Service
- Elizabeth Fry Society of Toronto
- Seaton House, City of Toronto
- South Riverdale Resident
- St. Michael's Hospital
- South Riverdale Community Health Centre
- Finally Understanding Narcotics
- Scarborough Addiction Services Partnership
- Safer Crack Use Coalition

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### **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
- Community member
- Toronto Drug Treatment Court
- Toronto Harm Reduction Task Force
- 51 Division Community Police Liaison Committee
- Ontario College of Physicians & Surgeons
- Parkdale Business Improvement Area
- Ontario Aboriginal HIV/AIDS Strategy
- Canadian HIV/AIDS Legal Network
- Seaton House, City of Toronto
- Street Health

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## **Additional TDS-related committees**

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### **Supervised Consumption Site Research Team**

- St. Michael's Hospital
- Centre for Addiction & Mental Health
- University of Western Ontario
- University of Toronto
- Toronto Drug Strategy Secretariat
- Toronto Public Health (The Works)
- University of Victoria
- University of Ottawa
- Hospital for Sick Children

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### **Safer Bars Group**

- Toronto Drug Strategy Secretariat
- Toronto Public Health
- Toronto Police Service
- Alcohol & Gaming Commission of Ontario
- Community Safety Secretariat, City of Toronto
- Centre for Addiction & Mental Health

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### **Toronto Discarded Sharps Co-ordinating Committee**

- Toronto Public Health (Toronto Drug Strategy Secretariat, The Works, Healthy Environments, Toronto Health Connection, Sexual Health Hotline)
  - Solid Waste Management
  - Parks, Forestry & Recreation (Parks, Recreation, By-Law Enforcement)
  - Municipal Licensing & Standards
  - Facilities & Real Estate
  - Toronto District School Board (Employee Services)
  - Toronto Catholic District School Board
  - Toronto Police Service
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