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welcome from the Chair of Waterloo Region Crime Prevention Council

Greetings,

On behalf of the Waterloo Region Crime Prevention Council, it is my pleasure to invite you to read and consider the recommendations contained within the Waterloo Region Integrated Drugs Strategy. The recommendations are just that—for now. Implementing them will require continued efforts from within and beyond the Waterloo Region community.

The Crime Prevention Council aims to bring together the wisdom of community and the research base in an effort to prevent and reduce crime, victimization and fear of crime. We are confident that the Integrated Drugs Strategy Task Force — comprised of 26 volunteers who met over the course of 2.5 years—has done both. We deeply appreciate their contribution towards a healthy and safe community for all citizens of Waterloo Region.

What will become of these recommendations? That is the challenge before us now. The success of this plan is dependent on the commitment of community members and service providers to move the plan into action; funders to provide the necessary resources to facilitate the movement towards health and safety; and government and others to consider policy changes that will enable a smart approach to issues of substance use and addiction.

On our part, the Crime Prevention Council is committed to facilitating the implementation of the Drugs Strategy. But we cannot do it alone. If it takes a community to raise a child—and it most certainly does—it will surely take a community of concerned and committed people to realize the recommendations before you now.

We hope you will join us in a smart approach to issues of substance use and to issues of crime and victimization. Together, we can make a difference for our community, in our community.

Sincerely,



John Shewchuk
Chair, Waterloo Region Crime Prevention Council

welcome from the Chair of the Waterloo Region Integrated Drugs Strategy Task Force

Shortly after I joined the Waterloo Region Crime Prevention Council (WRCPC) in 2003, a police officer mentioned that it was his opinion that the vast majority of non-violent “simple crime”—break and enters, thefts, etc.—were the result of an addiction. It is no secret that when it comes to violence in the home or after the bars closed, substance use—alcohol in particular—is a significant contributor. Survey after survey highlighted the role of problematic substance use as a factor leading to residence in one of Canada’s prisons. As an addictions counsellor and pastor, I knew that approximately 80% of Canadians have a neighbour, family member, co-worker, or friend with a profound addiction issue but often remained silent and co-dependent. I was more than interested in a fresh approach to an old problem.

A lot has happened since then. A WRCPC committee was formed to tackle issues of stigma and discrimination, among others. We established the film + forum series “In The Mind’s Eye”. Networks were started. And so much more. And now, in 2011, another committee of WRCPC—the Waterloo Region Integrated Drugs Strategy Task Force—is submitting this, our final report, after more than two years of intense collaboration.

The Integrated Drugs Strategy Task Force is diverse and includes 26 representatives from the prevention sector, the criminal justice system, the recovery and rehabilitation sector, and finally, harm reduction services. They are urban and rural residents, senior citizens, mental health and addiction professionals, police officers, attorneys, child protection staff, public health staff, social work staff and more. Collectively, they have brought the wisdom of their experience, their knowledge of the evidence base and a passion for resolving issues of substance use in creating this final report. I am grateful for their efforts to improve the health and safety of all citizens of Waterloo Region.

But this is not a report for someone else —there are recommendations for everyone. How can you personally reduce stigma faced by those who struggle with an addiction? How can we find funding for additional rehabilitation and recovery programs? When will we provide adequate addictions training for staff in our schools, counselling agencies and human resources offices? How do we nurture all our children so they feel loved? Can we prevent trauma and shame, so our children and youth will not resort to addictive substances to alleviate emotional pain? Can we improve pain management so that older persons —and others—do not become addicted to and/or overdose from opioid prescriptions?

To have a safer and healthier community, we must work together to address the plethora of issues that occur in a society in which many use, if not celebrate and encourage the use of, psychoactive substances. We are all affected, directly or otherwise.

As the work of this Task Force nears completion, I know each member of the Task Force is looking to you and others to get involved in implementation and to be part of the solution. Let’s take ownership, provide the resources, and work together so that all people can live healthier.

Sincerely,



Brice H. Balmer,
Chair, Waterloo Region Integrated Drugs Strategy Task Force

acknowledgements

The Waterloo Region Integrated Drugs Strategy was informed and guided by the Waterloo Region Crime Prevention Council, the Waterloo Region Integrated Drugs Strategy Task Force, and consultation with more than 300 citizens and service providers.

This report was a collaborative community effort and presents primary recommendations from that effort. The views and content contained herein do not necessarily reflect the views of the contributing agencies of the Waterloo Region Crime Prevention Council or the Regional Municipality of Waterloo.

The Waterloo Region Crime Prevention Council (WRCPC) acknowledges the hard work and dedication of the members of the Waterloo Region Integrated Drugs Strategy Task Force and so many others who contributed to the development of the strategy.

The Task Force, a subcommittee of the WRCPC, was established in June 2009. Members of the Task Force at some point in the development process include:

Pat Allan

Centre for Addiction and Mental Health

Craig Ambrose*

Waterloo Regional Police Service

Brice Balmer (Chair)*

Wilfrid Laurier University – Waterloo
Lutheran Seminary

Dr. Michael Beazely

University of Waterloo School of
Pharmacy

Stephen Beckett*

Waterloo Regional Police Service

Marian Best

Cambridge Shelter Corporation

Catrina Braid†**

Public Prosecution Service of Canada

Scott Buchanan

Waterloo Regional Police Service

Susan Collison

Formerly with Waterloo Regional
Withdrawal Management Centre

Lesley DeYoung

Formerly with Grand River Hospital
Mental Health and Addictions Program

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Reaching Our Outdoor Friends

Chris Harold*

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Amanda Kroger

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George Mastrapa

Mosaic Counselling and Family Services

Pam McIntosh

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John Howard Society of Waterloo-
Wellington

Karen Verhoeve

Region of Waterloo Public Health

Harry Whyte

Ray of Hope

**Also indicates Steering Committee member at some
time in the process*

*** Resigned from WRIDS Task Force in June 2011*

**** Resigned from WRIDS Task Force in September 2011*

† Did not participate in formulating recommendations

A special thank you is due to a number of individuals for their contributions to project management, research and writing support in the development of the strategy. In particular we wish to acknowledge Michael Parkinson and Jacinda Clouthier of the Waterloo Region Crime Prevention Council and David Siladi, Meghan Randall and James Lane of Region of Waterloo Public Health. Additional thanks to Theresa Pero (forum coordination), and Aimee White (graphic design) of Region of Waterloo Public Health. Many thanks are also due to the Ontario Network of Municipal Drug Strategy Coordinators..

The recommendations included in this report were generated from participation in a series of surveys, focus groups and community forums by a variety of community members who volunteered their experience and expertise to inform this Strategy. The Waterloo Region Crime Prevention Council offers a sincere thank you to everyone.

a note about language

Some years ago, the Centre for Addiction and Mental Health estimated that most people with an addiction never seek assistance because of the stigma, stereotypes and discrimination associated with addiction. Issues of stigma, stereotyping and discrimination were strong themes throughout our work. Inherent in resolving these issues is our use of language. Is dignity and respect present in the language we use? Are we making assumptions and passing judgement? Is the language we use more a reflection of our personal bias than is actually the case? Does our language help or hinder those we purport to serve?

In this report we have made an effort to use language that is respectful, non-pejorative and accurate. You won't see "crack addict" for the same reason most people don't use "paranoid schizophrenic": such terms are negative labels that ignore the totality of a person — and are very much barriers to health and well-being. People are very sensitive to labels, and for those who have been through human services over months or years, the sting of pejorative labels is not helpful. Included in the following table is a list of suggested language; it is not intended to be exhaustive or prescriptive.

Commonly Used Language	Suggested Language
Substance Abuse	Substance Use
Drug addict, alcoholic, junkie	People who use drugs
Homeless, vagrant	Street-involved
Prostitute, sex trade worker	Sex worker
Front-line worker	Direct Support Worker

The title of this project is the Integrated Drugs Strategy. For our purpose, drugs refer to alcohol, prescription medication and illicit substances. That some drugs are legal and others are not seems to have little bearing on their burden to society. Note also that we have pluralized drugs to indicate that many people use multiple substances. We want to be sure that poly-drug use is captured in efforts to prevent and/or address issues of problematic substance use.

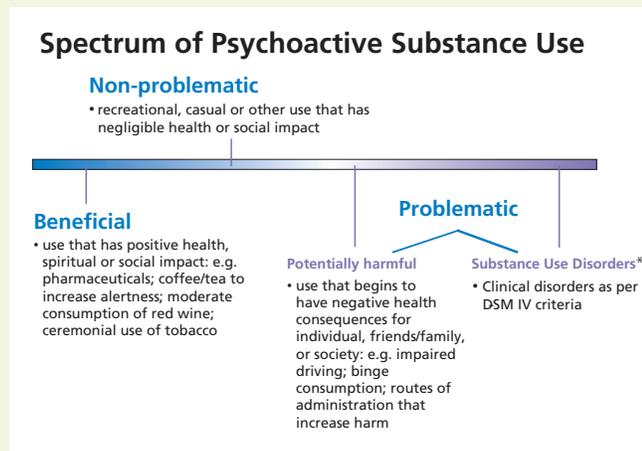
Spectrum of Psychoactive Substance Use

Substance use occurs along a spectrum from beneficial, to non-problematic or casual use, through to problematic or harmful use. Problematic substance use includes episodic or binge use that can have acute, negative health consequences and chronic use that can lead to dependence and related disorders.¹

The primary focus of this strategy is on problematic substance use, on those individuals or population groups that are vulnerable to problematic substance use, or use substances in ways that cause harm to themselves and/or others.

The figure to the right illustrates the spectrum of psychoactive substance.

Source: Every Door is the Right Door: A British Columbia Planning Framework to Address Problematic Substance Use, 2004. Adapted with permission from the British Columbia Ministry of Health.



*At Substance Use Disorders stage, use is actually harmful.

executive summary

We are not the first community in Canada to initiate the development of a comprehensive plan to manage drug-related issues, but this plan is a first for Waterloo Region (Appendix D). The Waterloo Region Integrated Drugs Strategy represents a road map of where we want to go and how we plan to get there. It is a strategy whose success is dependent on the involvement and support of the full breadth of our community citizens, service providers, all orders of government and funders.

This strategy is concerned with three kinds of substances: alcohol, prescription medication and illicit drugs. While alcohol, after tobacco, is the drug with the most severe burden on society, the rise in opioid prescribing has presented a whole new set of issues in recent years.

Our vision of the Waterloo Region Integrated Drugs Strategy is to make Waterloo Region safer and healthier. Our mission is to prevent, reduce or eliminate problematic substance use and its consequences.

Citizens, neighbourhoods, businesses and a wide variety of service providers are among those who grapple with the problematic aspects of substance use. There is a clear need for structural and policy change to address issues at individual, neighbourhood and systems levels. Local research supports this need, providing a snapshot of substance use in Waterloo Region.

Everyone is affected by issues of substance use, sometimes positively, sometimes negatively and sometimes both. Where negative financial, health and/or social impacts are experienced, potential solutions go beyond the capacity of any one organization or system. The Waterloo Region Integrated Drugs Strategy presents an opportunity to address crucial issues of substance use across multiple sectors, amongst various populations and locales, throughout Waterloo Region.

The strategy draws on a framework that incorporates five approaches:

- prevention at multiple layers, throughout the lifespan
- harm reduction
- recovery and rehabilitation
- the criminal justice system
- integration and collaboration

Ten guiding principles are presented on page 14, representing the core values that will shape and direct the actions of the Waterloo Region Integrated Drugs Strategy. These guiding principles are common to all recommendations and will be considered, to the extent possible, in the development and implementation of all initiatives related to the strategy.

The strategy outlines 99 recommendations, primarily calling for action at the local levels in the areas of:

- leadership
- coordination and implementation
- collaboration
- programs and services
- awareness, education and training
- monitoring, research and evaluation

Additional recommendations call for attention at the provincial and federal levels.

Collectively, these recommendations address the broad range of opportunities to prevent, reduce and eliminate problematic substance use in Waterloo Region.

The strategy is a locally designed approach to working through issues of problematic substance use, providing a plan for improving the health and safety of our community.

It is rooted in expertise and experience. We hope that you will join us on the road ahead.

what is the waterloo region integrated drugs strategy?

For thousands of years, humans have used a wide variety of psychoactive substances for a variety of reasons including pleasure, health, pain management, religion, dependency and more. Sometimes this use is beneficial, sometimes problematic, sometimes both and sometimes somewhere in between.

In the 100 years since Canada and other nations criminalized certain substances, a multi-trillion dollar global marketplace has evolved.² Annually, the global drug trade is estimated in excess of \$300 billion, with less than 1% of this value seized and frozen.³ The socio-economic costs related to illegal substance use are reputed to be twice as high as the illicit income generated by trafficking.³ A variety of mechanisms adopted by governments and regulatory agencies around the world have sought to reduce the negative impacts of psychoactive substance use, and in some cases, the use of certain substances completely. Despite best efforts locally and beyond, both supply and demand remain robust.

The negative impacts from supply markets, demand, unsafe use and intoxication from substance use are far-reaching, whether you are a person with an addiction or you live with someone addicted to substances; whether you are a police officer patrolling the bar district on a Saturday night or a family affected by someone charged with impaired driving; whether you are a victim of break and enter or you find yourself living in a neighbourhood with a large number of individuals who use substances.

The Waterloo Region Integrated Drugs Strategy aims to prevent, reduce or eliminate problematic substance use and its consequences by applying the rich, local experience and expertise available, and encouraging governments, service providers and others to identify

and remedy systems weaknesses in an effort to improve the quality of life for all citizens and service providers in Waterloo Region.

Root causes of, and responses to, the problematic use of licit and illicit psychoactive substances are often complex, counter-intuitive and cross multiple jurisdictions, borders, sectors, locales and service systems. Effective responses start with dialogue. The Waterloo Region Integrated Drugs Strategy offers a shared vision of where we want to go and how we plan to get there.

The Waterloo Region Integrated Drugs Strategy is the first local attempt at creating and implementing a strategy that includes prevention, harm reduction, recovery and criminal justice initiatives. The strategy addresses the broad range of concerns related to substance use in Waterloo Region through recommendations calling for:

- Actions to prevent and/or delay the onset of substance use;
- Actions to reduce harm to individuals and communities;
- Increased availability and accessibility of treatment and supports for people affected by substance use; and,
- Actions to improve the application of criminal justice initiatives including enforcement of the law related to the illegal use, trafficking, cultivation and production of substances.

Vision: To make Waterloo Region safer and healthier.

Mission: To prevent, reduce or eliminate problematic substance use and its consequences.



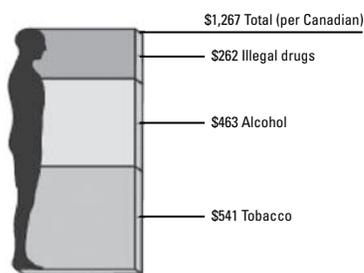
The strategy is in alignment with related initiatives, including *Waterloo Region Crime Prevention Council Violence Prevention Plan* and the *Region of Waterloo Social Services Homelessness to Housing Stability Strategy*.

The strategy also addresses the human element of problematic substance use. It paints the picture of substance use in Waterloo Region and how each and every citizen is affected. It presents a rationale for why we need an integrated drugs strategy, and offers 99 recommendations that aim to prevent, reduce or eliminate problematic substance use and its consequences.

why does waterloo region need an integrated drugs strategy?

Service providers, citizens, neighbourhoods and others across Waterloo Region have told us that issues of problematic substance use are a persistent factor affecting the health, safety and quality of life for citizens. Insufficient treatment options, lengthy wait times, and ad hoc (and too often) unsuccessful early intervention initiatives, among other barriers, have created frustration among a variety of service providers at the ineffectiveness of programs and services, where any existed at all. Collectively, they have identified a clear need to address structural and policy changes, and to develop a community-based plan that would begin to remedy health, social and financial issues at individual, neighbourhood and systems levels.

Everyone is affected by substance use. Potential solutions to this issue go beyond the capacity of any one organization or system. The Waterloo Region Integrated Drugs Strategy represents an opportunity to address crucial issues of substance use across multiple sectors, including community, in Waterloo Region.



Adapted from the Costs of Substance Abuse in Canada 2002, Canadian Centre on Substance Abuse, March 2006.

Adverse Effects of Problematic Substance Use

Primary Health Effects

Problematic substance use is associated with a number of adverse health effects that extend beyond the individual to their families and to the community-at-large. Accidental overdoses often cause significant harm, including death, to people who use substances. Between 2004 and 2007, Waterloo Region experienced an annual average of 26 overdose deaths and almost two overdose incidents reported to health or coroner staff each day.⁴ Data from a 2011 Coroner's Inquest revealed that in Ontario in 2006, opioid-related deaths were equivalent to the number of drivers killed in car collisions⁵. Furthermore, unsafe substance use practices such as sharing needles and other drug materials place people who use substances at a higher risk for contracting and transmitting infectious diseases such as HIV/AIDS, hepatitis B and C viruses, and sexually transmitted infections (STIs).^{6, 7, 8}

Fortunately, awareness of the dangers of sharing needles is well known among persons who use injection drugs in Waterloo Region; however, sharing of non-injection drug materials (e.g. pipes) continues to occur frequently.⁷ The 2008 *Baseline Study of Substance Use, Excluding Alcohol, in Waterloo Region* also revealed other health care issues (e.g. mental illness, poor dental health, inadequate nutrition) and barriers to accessing services in general among individuals who use illicit drugs.

Profile of Substance Use in Waterloo Region

In 2008, crack, cocaine and marijuana, as well as prescription opioids, were the most commonly used illicit drugs in Waterloo Region.⁷

Excluding marijuana, crack cocaine is sometimes described as one of the most accessible illicit drugs in Waterloo Region. Frequent use of crack does not seem to be limited to any one demographic group.⁷

Adults in Waterloo Wellington have significantly higher averages of hazardous drinking and alcohol-related problems compared to the province.⁹

In 2009, 52.1% of students in grades 7–12 in Waterloo Region reported consuming alcohol in the past year, while 23.3% of students reported binge drinking.¹⁹ In 2009, 72.1% of high school students report consuming alcohol in the past year.¹⁰

Misuse of prescription drugs is said to be particularly prevalent amongst seniors, with high usage rates of benzodiazepines (e.g. psychoactive drugs used to treat anxiety and insomnia) and opiate analgesics (e.g. painkillers) among this population.⁷

why does waterloo region need an integrated drugs strategy?

Social Effects

In addition to the health effects associated with problematic substance use, there are numerous social effects. Often, there are stigmas associated with individuals who use substances and many are from already stigmatized populations (e.g. previously incarcerated, street-involved, mentally ill, low income). Local data revealed there is often reluctance among people who use substances to access services because of fear that they will face criminal or other sanctions or be labelled a drug user and /or face stigmatization and discrimination.⁷ Additional social effects include, but are not limited to: issues related to isolation, victimization, difficulty accessing services, and housing.

Both substance use and drug trafficking occur throughout Waterloo Region, and are not limited to any one demographic sub-group.⁷

“Addiction is a health issue, not a moral issue. If we as a community spend our time judging those with addictions as being unworthy of quality health care, the substance use problems of our youth, spouses and parents will continue to get worse and the health of our families and community will decline.”

—Pam McIntosh, House of Friendship, Addiction Services



Financial Effects

There are also significant financial impacts associated with problematic substance use. Problematic substance use represents a significant drain on Canada's economy in terms of both its direct impact on the health care and criminal justice systems, and its indirect impact on labour productivity as a result of premature death and ill health. A globally renowned study by the Canadian Centre on Substance Use estimated that the overall social cost of substance abuse (including alcohol, illegal drugs, and tobacco) in Canada in 2002 was estimated to be \$39.8 billion. Excluding tobacco (the drug with highest burden), alcohol and illegal drugs accounted for \$14.6 billion; 64 per cent of which was attributable to alcohol, while illegal drugs made up the remaining 36 per cent.¹¹ (Note: prescription drugs were not included in this calculation). The impact on publicly funded services can be seen, for example, in the criminal justice system, where half of costs of police, courts, and corrections are related to licit and illicit drugs.¹¹

There is a clear financial imperative to take a different approach in the health care system. National data indicates the average lifetime financial cost for one patient with hepatitis C without a liver transplant is \$100,000; whereas, the average cost of a liver transplant is upwards of \$250,000. These costs are comparable to lifetime costs associated with HIV infection. When these costs are combined with costs due to loss of productivity, they rise to \$1 million per person from diagnosis to death.¹²

Service providers have noted that prescription opioids are the primary reason people seek assistance from local methadone clinics.⁷

Misuse of prescription pills is often overlooked by those who use them and other community members as they are not commonly recognized as addictive substances.

Notwithstanding some benefits, many individuals, families, neighbourhoods and communities in Waterloo Region are negatively affected by substance use. The profile of substance use in Waterloo Region is clear. The time to act is now.

how was the strategy developed?

Strategy Development

The recommendations that make up the strategy were developed through a three phase process. The strategy synthesizes findings from several sources, including:

- Research reports
- A system assessment survey
- Public consultations.

Research

In the first phase of the project international and national evidence and local research reports were reviewed, including *A First Portrait of Drug-Related Overdoses in Waterloo Region* (2008); *Baseline Study of Substance Use, Excluding Alcohol, in Waterloo Region* (2008); and *Hepatitis C Services in Waterloo Region: A Situational Assessment* (2010). The reports provided background information on the local context related to substance use and insight into the issues, gaps and barriers in our community and opportunities for the Waterloo Region Integrated Drugs Strategy.

System Assessment Survey

In the second phase, a system assessment survey was conducted in the winter of 2010 to identify key issues and system needs related to substance use in Waterloo Region. A survey was completed by 42 representatives from local agencies and the community. The information captured from this survey served as a starting point to identify key issues and priorities to address through the drugs strategy. For a brief synopsis of survey findings, see appendix B. A web link to the final report, *Waterloo Region Integrated Drugs Strategy: System Assessment Survey Report* is provided in Appendix B.



Public Consultations

The final phase of the project served to validate and further explore the issues identified through the system assessment survey via key informant consultations, including focus groups and forums in the spring of 2011. Nine focus groups, involving 62 people, were completed with individuals who currently use or formerly used substances, individuals who have been affected by a friend or family member's substance use, and youth who do not use substances. For a full report on the focus groups, including methodology, ethics, discussion guide and participant demographics, refer to the *Waterloo Region Integrated Drugs Strategy: Focus Group Summary*.

In consulting with key informants, four forums were held, representing four pillars of the strategy development framework. The forums represented an opportunity to discuss issues related to substance use and make recommendations. In total, more than 250 participants attended the forums, including people who use/used substances, youth, health and social service providers, police, criminal justice personnel, school board representatives, hospital administrators, and government officials. At each forum, participants heard presentations on a variety of topics related to substance use and the pillar of focus. Speakers shared their experience and expertise and generated discussion to engage participants through their presentations. Following presentations, participants broke into smaller groups and were guided through a facilitated discussion to generate recommendations for the strategy. For more information on the forums, including areas of focus and speakers, refer to Appendix C.

The input of survey, focus groups and forum participants were significant to the development of the Waterloo Region Integrated Drugs Strategy. Participants brought a diverse range of perspectives, opinions and expertise, and offered thoughtful and constructive input, which is reflected throughout the strategy.

how was the strategy developed?

In developing the Waterloo Region Integrated Drugs Strategy, the Task Force worked to build on the expertise and experience that exists in our community, and incorporated current and emerging evidence and practice to develop a strategy that meets its mission of reducing the consequences associated with problematic substance use. The Task Force initially adopted the widely accepted four pillar approach for its planning framework; however, it discovered a much more integrated approach was necessary as there is significant overlap between the four pillars.

Framework: A (modified) Four Pillar Approach

There are four essential pillars (or components) to drug strategies: prevention; harm reduction; recovery and rehabilitation; and enforcement and justice.

Prevention refers to interventions throughout the lifecycle that seek to prevent or delay the onset of substance use and that address root causes of underlying problems. Prevention is grounded in the notion that addressing substance use before problems begin is more favourable than waiting until problems are present. Effectively addressing substance use requires getting to the root of the problems by taking into account broader social forces. Thus, goals of prevention include addressing underlying causes of substance use (e.g. unresolved trauma) along with individual and social determinants of health such as life skills, social support and networks (e.g. family support), housing, education and employment.

Levels of Prevention:

Primary: Occurs **before** a person begins to use substances. The goal is to prevent or delay the onset of substance use.

Secondary: Occurs **after** a person has **experimented** with substances. The goal is to prevent more frequent or habitual substance use.

Tertiary: Occurs **after** substance use has become **problematic**. The goal is to reduce harm associated with substance use or complete recovery.

“No mass disease or disorder afflicting humankind has ever been eliminated by attempts at treating individuals... Primary prevention is an approach to reducing the future incidence of a condition through proactive efforts aimed at groups, or even a whole society.”

—George Albee’s Prevention Mantra (1990)

Harm reduction in everyday life.

Consider the risks involved in driving a car, an inherently dangerous activity. Harm reduction measures reduce the risks to all members of society through speed limits, traffic signals, and drinking and driving laws. Other techniques to reduce harm at the individual level include a plethora of safety features in cars, from seat belts and engine design to airbags and windshields.

Harm Reduction refers to interventions, including programs and policies, that aim to reduce the potentially adverse health, social and economic consequences of problematic substance use, and can include (but does not require) abstinence from substances. Harm reduction is much more than a set of materials and policies. Inherent in the approach is a way of working with people that “meets people where they are at” in a client-centred, non-judgemental, pragmatic way, regardless of whether they are using substances or not. The approach in philosophy, policies and programs is about building a trusting relationship, a bridge to an improved quality of life for all.

Recovery and Rehabilitation refers to interventions that seek to improve the physical and emotional well-being of people who use or have used substances.

Treatment is one part of recovery and rehabilitation.

The goal of treatment is to improve quality of life and individual functioning and to optimize health, while addressing substance use. For individuals with addiction issues, other supports such as housing, vocational rehabilitation, trauma-informed counselling, leisure opportunities, ongoing support, and other social determinants of health, are paramount in helping the individual maintain the lifestyle changes they have made.

how was the strategy developed?

Enforcement and Justice refers to interventions that seek to strengthen community safety by responding to crime and community disorder caused by substance use, including (but not limited to) police, courts, and corrections. Enforcement and justice interventions address criminal behaviour associated with substance use, while facilitating coordination with health and social service agencies to connect people who use substances with appropriate programs and services.

Integration (the fifth pillar)

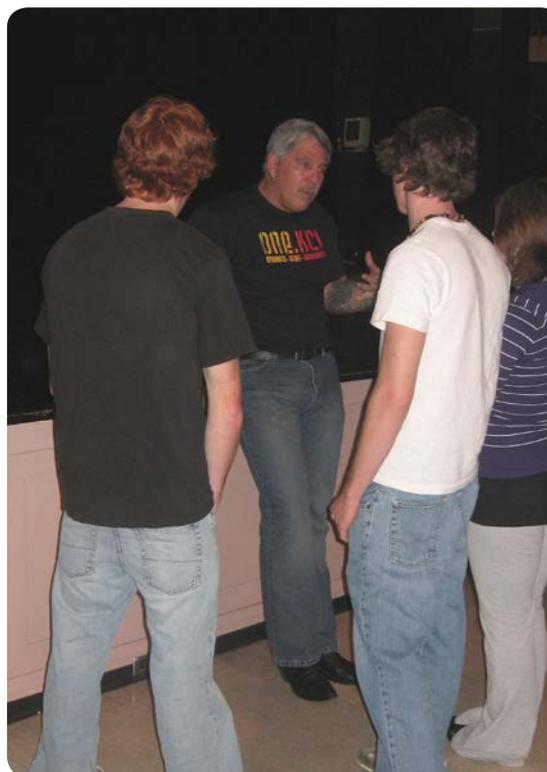
No one pillar can independently address the issues associated with problematic substance use. Further, many of substance use-related issues cross-over between pillars. All four components are necessary, as each has its own characteristics and responses to address substance use; however, the solution to problematic substance use involves collaborative action by all pillars. As a result, the Task Force adopted a fifth pillar to ensure the final strategy is integrated, comprehensive and coordinated. Integration is an essential addition to the four pillar approach as a means to move beyond silos and sectors associated with each discipline towards a cohesive strategy where all community members can create change. An integrated plan balances all areas and involves a collaborative, multi-system response.

Success Story: One KCI



In response to numerous calls for police service, issues with youth in the local neighbourhood, gang related activities, and provincial testing results among the lowest in the region, Kitchener-Waterloo Collegiate and Vocational School (KCI) embarked on a journey to make community partners a part of the school community in an effort to create change by addressing the social determinants of health. Over five years, the program saw dramatic improvements to the school climate, including:

Measure of School Climate	2005	2010
Per cent of students that feel safe at school	54%	90%
Per cent of students that feel safe in their community	37%	89%
Per cent of students participating in intramural activities	39%	58%
Number of suspensions	302	171
Number of expulsions	6	1
Number of violent incidents reported	82	12



Rick Osbourne, former resident of several Canadian Penitentiaries, speaks with youth at an “In The Mind’s Eye” event hosted by Waterloo Region Crime Prevention Council.

guiding principles

The vision of the Waterloo Region Integrated Drugs Strategy is to make Waterloo Region safer and healthier.

The strategy's mission is to prevent, reduce or eliminate problematic substance use and its consequences.

To help steer the strategy towards this vision, guiding principles have been developed, based on feedback gathered in the public consultation process. Guiding principles represent the core values that will shape and direct the actions of the Waterloo Region Integrated Drugs Strategy.

The following guiding principles are common to all recommendations contained in the strategy and will be considered, to the extent possible, in the development and implementation of all initiatives pertaining to the strategy.

Accessible	The strategy will ensure that programs and services are accessible and appropriate to meet the diverse needs of our community. This includes addressing inequities by reducing service and system level barriers, including transportation, child care, and cost.
Collaborative	A collaborative, community approach is needed to address issues related to substance use in Waterloo Region. The strategy will encourage intersectoral collaboration and foster partnerships between citizens, community groups, service providers and all orders of government.
Comprehensive	Actions of the strategy will take into consideration the uniqueness of various forms of psychoactive substance use, including illicit drugs, alcohol, prescription medications, and poly-substance use.
Determinants of health	The strategy recognizes and will address the range of personal, social, economic and environmental factors that influence the health of individuals and our community, including early childhood development, education, employment, income, housing, and social supports.
Evidence-informed	Sound decision-making incorporates evidence from multiple sources, including scientific research, community-based practice and experience of persons who use substances. Actions of the strategy will be informed by various forms of evidence of best and promising practices.
Inclusive	The strategy will be inclusive of all populations across Waterloo Region regardless of age, gender, culture, income, and mental, cognitive or physical ability. Where necessary, actions will be tailored to meet the unique needs and circumstances of distinct populations.
Innovative	Innovation encourages an environment of leadership, excellence, and creativity. Implementation will remain open to new and creative ideas to achieve the goals of the strategy.
Locally relevant	The Waterloo Region Integrated Drugs Strategy is a community strategy. Actions will take into consideration the uniqueness of, and the local context found within all municipalities in Waterloo Region.
Participatory	The strategy will employ a participatory approach, involving people with lived experience in a meaningful way in all aspects of implementation of the strategy.
Socially just	We strive towards equality and solidarity in Waterloo region, and place a high value on the rights and dignity of all community members. All actions of the strategy will be free from stigmatization and discrimination of individuals who use substances or are affected by substance use.

recommendations 1–3

Leadership, Coordination and Implementation

Successful implementation of the Waterloo Region Integrated Drugs Strategy is dependent on strong leadership, planning and coordination. Dedicated resources, including staff support and funding, are essential to bringing the recommendations in this report to action.

Recommendations:

1. The Waterloo Region Crime Prevention Council facilitate the initiation of a Steering Committee to oversee implementation of the Waterloo Region Integrated Drugs Strategy.
 - a. The Steering Committee work to appropriately resource strategy implementation.
2. The Waterloo Region Integrated Drugs Strategy Steering Committee facilitate the initiation of Coordinating Committees (i.e. working groups based on area of expertise) to address and support implementation of initiatives of the Waterloo Region Integrated Drugs Strategy.
3. Develop an implementation plan for the Waterloo Region Integrated Drugs Strategy that directly addresses funding of strategy initiatives.
 - a. Request the Waterloo Wellington Local Health Integration Network fund strategy initiatives that align with the Integrated Health Service Plan.
 - b. Request that local funders and organizations increase emphasis on prevention, including incorporation of prevention efforts via organizational policies, and dedication of a portion of organizational budgets and resources toward the prevention of substance use amongst clientele, and/or employees, and/or volunteers.
 - c. Develop a strategy to engage the private sector in assisting with implementation of the Waterloo Region Integrated Drugs Strategy, both as a resource to support implementation efforts and to address issues of substance use within the sector.
 - d. Identify and implement opportunities to better leverage existing resources.



recommendations 4–12

Collaboration

Collaboration is a fundamental element of an integrated strategy. There is a role for citizens, community groups, service providers and government. By enhancing access to, and effectiveness of, programs and services for clients, collaboration within and across sectors can result in greater impacts than might be achieved by one agency or sector acting alone. Feedback gathered throughout the consultation process highlighted various opportunities for increased collaboration, listed in the recommendations below.

The impact of the social determinants of health means that no one agency can do it alone.

—Ione Clapham, Family and Children's Services Niagara, Key Informant Forum Speaker

Recommendations:

4. Improve referral systems for existing programs, services, supports, resources, and research related to substance use.
5. Increase collaboration between primary care providers and organizations to enhance services and improve treatment for persons with infectious diseases associated with substance use (e.g. HIV, hepatitis C).
6. Include the Waterloo Regional Police Service in work groups to address misuse of psychoactive substances without interfering with the care of individuals requiring treatment. This may include collaboration with the Ontario College of Pharmacists, Ontario Pharmacists' Association, College of Physicians and Surgeons of Ontario, Ontario Medical Association, and the Ministry of Health and Long-Term Care.
7. Enhance collaboration between the mental health and addiction treatment and support sectors.
8. Enhance partnerships with local universities and colleges to collaborate on the design and implementation of research and evaluation activities related to strategy initiatives.
9. Promote greater collaboration between Waterloo Regional Police Service and community organizations in order to more effectively provide health and social services to individuals who use substances.
 - a. Recognize the unique training and mandates inherent to health, social services and police.
10. Expand integration of Waterloo Regional Police Service activities with health and social service agencies to create an appropriate circle of care to support the process of developing long-term solutions that improve the health and safety of individuals, and surrounding neighbours.
11. Increase the number of schools with substance use prevention programs that involve family-school-community partnerships.
12. Enhance partnerships between the community, elementary, secondary and post-secondary education institutions in order to provide substance use prevention-related programs and policies directed at students transitioning between different stages of education (e.g. primary to secondary, secondary to post-secondary).



recommendations

Programs and Services

The bulk of recommendations in WRIDS relate to programs and services to be maintained, improved, or created. Themes drawn from consultations include issues of access and capacity, collaboration between service providers and others, support services and more. Housing was a very significant theme throughout the WRIDS process.

Access and Capacity

Barriers to accessing programs and services can be the result of a number of factors, including reduced availability or capacity of services to meet demand, lack of awareness of services, the type and way existing services are delivered, as well as personal barriers (e.g. transportation, child care, cost).

Enhancing access to and capacity of programs and services related to substance use means that people who engage in problematic substance use receive the help they need when they are ready to receive it and without delay.

Average Wait Time for Residential Addiction Treatment Services across Ontario Local Health Integration Network (LHIN) jurisdictions (September 2008–August 2009)

LHIN	Average Wait Time (days)
Provincial Average	41
Central East	42
Champlain	24
Hamilton Niagara Haldimand Brant	32
Mississauga Halton	60
North East	4
North West	54
South East	41
Toronto Central	41
Waterloo Wellington	96

Source: Wellington Guelph Drug Strategy Committee Residential Addiction Treatment Report, March 2010. Data originally accessed through ConnexOntario.

Success Story: Strengthening Families

The Strengthening Families Program (SFP) is a nationally and internationally recognized parenting and family strengthening program. SFP is an evidence-informed family skills training program found to significantly reduce problem behaviours, delinquency, and substance use in children while improving social competencies and school performance.

Family and Children's Services Waterloo Region (FACS) runs the SFP in partnership with various neighbourhood groups across the region. Data collected 12 months after successful completion of the program shows zero per cent of children being admitted to care and only ten per cent who have had subsequent referrals to FACS.

Feedback from participating parents is very positive:

"The program went above and beyond my expectations"

"I enjoyed getting more knowledge on coping with pressures of life on the road of journey with children"

"Everything that we learned helped me, but strategies on how to deal with issues was most helpful"

In the more than two decades since its development, SFP has been reviewed by researchers and rated as an exemplary, evidence-based program.

recommendations 13–23

Recommendations:

13. Create a one-stop-shop for programs and services related to substance use in a variety of community locations (e.g. schools, community centres).
14. Ensure timely access to primary care.
 - a. Expand personal identification registration programs.
15. Increase the capacity of the treatment sector to ensure timely access to recovery and rehabilitation services.
 - a. Increase staffing in treatment services to levels that ensure quality, safety and flexibility to meet client needs.
 - b. Establish additional day treatment programs for men and youth.
 - c. Increase the number of residential treatment spaces.
 - d. Increase capacity of withdrawal management services, including community-based services.
 - e. Increase the number of psychiatrists that provide assessment and treatment to persons who use substances and/or provide street outreach in Waterloo Region.
 - f. Provide timely and low or no cost mental health assessment and treatment services.
 - g. Explore the use of technology and innovative approaches in recovery and rehabilitation (e.g. online treatment programs, text messaging support services).
 - h. Offer rehabilitation options to youth who use substances and who are in conflict with the law.
 - i. Facilitate the transportation of individuals to treatment upon release from custody.
16. Establish *holistic* pain management services and resources (e.g. psycho-social and physical supports).
17. Promote and expand prescription drug management programs for persons who require trusteeship of prescribed medications. For example, establish programs where prescription medications can be distributed to clients on a daily basis.
18. Increase accessibility and affordability of counselling for substance use.
 - a. Enhance counselling and other support programs for family members of persons who engage in problematic substance use.
 - b. Increase counselling and other harm reduction services for individuals and families involved in the child welfare system.
 - c. Expand counselling services that are available on a drop-in basis.
19. Expand the availability of long-term trauma-informed counselling and residential programs in Waterloo Region, including education and support for affected family and friends.
20. Enhance treatment services to provide access for individuals on methadone maintenance therapy and individuals using antipsychotic or other medications.
21. Expand services for older adults to include addiction treatment.
22. Expand peer-based support groups to a variety of settings across Waterloo Region.
23. Explore options that allow people to more easily meet bail conditions (e.g. tracking devices, urine screens).



You have to grab them exactly when they ask for help because if you wait even an hour you might lose them.

—Focus group participant

recommendations

Housing Stability

Housing is a necessity for healthy living, and more than a roof over your head. Housing must be accessible, safe, adequately maintained, of suitable size, affordable, continuous, and considered acceptable by the individual. Citizens also need the opportunity to access the supports when required, to help them live as independently as possible and connect to others in meaningful and healthy ways.

Ending homelessness is a shared responsibility – all orders of government, businesses, not-for-profits, groups, landlords and residents of Waterloo Region have a role to play. In the absence of central governance in the area of housing stability, All Roads Lead to Home: The Homelessness to Housing Stability Strategy¹⁶ was developed by the local housing stability system as one response to the need for a collective voice, calling for a shift in thinking and doing to end homelessness by ensuring that everyone can experience housing stability over the long term, fully participate in the community and create a home for themselves.

Housing stability refers to ideal living circumstances where people with a fixed address are able to retain adequate housing over the long term. To have housing stability, people must have three key resources: adequate housing, income and support. Each resource is defined further below:

Adequate housing provides security of tenure and is desirable, affordable, safe, adequately maintained, accessible and a suitable size.

Adequate income provides enough financial resources to meet and sustain minimum standards for housing (rent or mortgage expenses and utilities) and other basic needs (e.g., food, clothing, child care, transportation, personal hygiene, health/medical expenses, recreation, communication and education).

Adequate support (informal and/or formal) provides enough personal support for living as independently as desired and connecting to others in meaningful ways.

Housing stability for everyone, in a community that is designed to be inclusive, creates the conditions necessary to ensure Waterloo Region remains resilient over the long term.

Success Story: SHOW

Supportive Housing of Waterloo (SHOW) is a non-profit organization with a mandate to build and operate permanent, affordable, supportive housing for people experiencing persistent homelessness in Waterloo Region. SHOW was founded by a compassionate community concerned about the number of people using the “Out of the Cold” program in Kitchener and Waterloo. After seven years, their first project was completed in June 2010 and is included under the umbrella of STEP Home (support to end persistent homelessness). It includes a five story apartment complex with 30 self-contained units.

The Housing First and harm reduction approach offered at SHOW provides an opportunity to maintain stable housing, regardless of any issues that people are dealing with. Tenants have experienced a number of positive outcomes including reconnection with family members, completion of their education, and a reduction or end to problematic substance use issues.

One SHOW tenant shares: “My body has been addicted to opiates for 25 years, and it doesn’t want to give it up. Yet, now that I live here, I feel like I can try. SHOW provides me with a safe, secure, and affordable place to call home, and a support team to help when I need it.”

Overall, tenants have indicated they are more positive about their current life circumstances and are hopeful for the future.

The Substance Use Services Continuum in the Context of Housing (refer to Appendix E) includes six levels of housing options, from dry and damp housing where no substance use occurs on site, to wet housing where substance use is permitted on site. *The Medical Services Continuum in the Context of Housing* (refer to Appendix E) provides options for medical services provided through a range of housing options. The form of support and services offered varies along both continuums to meet the housing and medical needs of individuals at all stages of substance use.

recommendations 24–28

Need suitable housing out of jail and rehab because it is hard to find. It is a big issue. If you put them out on their own again they will gravitate back to individuals that are the same, they don't know how to make connections with non-addicts. To have someone check in on them, make sure they are eating. This should be available post treatment and [post incarceration].

—Focus group participant

Recommendations:

24. Increase availability and variety of longer-term housing stability program options that offer Level 1–4 support on the *Substance Use Services Continuum in the Context of Housing* (Appendix D) and also consider options along the *Medical Services Continuum in the Context of Housing* (Appendix D).
25. Establish a local managed alcohol program (Level 5 on the *Substance Use Services Continuum in the Context of Housing*) (Appendix E) and also consider options along the *Medical Services Continuum in the Context of Housing* (Appendix E).
26. Explore options for improved and coordinated community response for residences where people are engaged in problematic substance use.
27. Explore the capacity within the existing service system (e.g., police services, withdrawal management, fixed street outreach/drop-ins, emergency shelter) to offer a safe temporary space where people under the influence of alcohol and/or drugs who have encountered service restrictions from all other agencies can stay and/or become sober.
28. Refer the following housing stability recommendations to be considered within the update of the local *Homelessness to Housing Stability Strategy*:
 - a. Increase availability and variety of longer-term housing stability program options for people experiencing persistent homelessness with complex issues (e.g., mental health, substance use, physical health.).
 - b. Increase availability and variety of longer-term housing stability program options for youth.
 - c. Further explore and expand harm reduction services within the existing emergency shelter programs.
 - d. Ensure consistent approach and messaging related to length of stay based on individualized plans within emergency shelters.
 - e. Further explore the need for time-limited housing options that incorporate a harm reduction approach.

Just Us

Several years ago, a single address with a large number of people using alcohol, illicit substances and/or mental health concerns was becoming a hotspot in calls for service for enforcement, health and social services. Using a harm reduction approach, and with the cooperation of the property owner, health and social agencies brought their services into the building, selective enforcement was undertaken and a church group, among others, assisted with basic needs provisions for residents.

Rather than disperse people throughout the region without addressing root issues, this approach enabled residents to access services directly, build community and take an active role in the quality of life of their building, their neighbours and the surrounding neighbourhood.

The Ontario Association of Chiefs of Police recognized the Just Us project that included the Waterloo Regional Police Service in partnership with the Regional Concurrent Disorder Committee Waterloo Wellington with a 2010 Crime Prevention award for an innovative approach that offered the promise of improved health and safety for all, and which forms the basis for recommendation number 26.

recommendations 29–31

Supports

Supports refer to a range of benefits, programs and services that play a role in prevention, harm reduction, and treatment of substance use. Many supports may not appear to be directly related to problematic substance use, yet they provide protective factors to prevent an individual from engaging in risk taking behaviours, including starting or continuing to use substances. Once substance use has been established, supports are continuously needed at all stages, including pre, during, and post treatment, to ensure that individuals receive the appropriate care and assistance they require.



Recommendations:

29. Develop a management system (e.g. focus on individual plans of care) for people with addictions (including those participating in drug treatment court), both pre and post treatment, to ensure they are formally supported throughout the recovery process.
30. Implement a comprehensive set of before and aftercare supports for individuals seeking, receiving and transitioning between treatments.
 - a. Increase availability of post-treatment support groups.
 - b. Establish appropriate housing options for people after a treatment program has been completed.
 - c. Ensure income assistance programs provide funding and support for individuals with post-treatment plans.
31. Encourage local school boards to consider alternatives to expulsion and suspension to ensure that youth are not excluded from education and supports.

For certain priority populations a universal approach to preventing and addressing issues related to problematic substance use is not effective, and specialized support programs and services are required. This may include individuals who have a high risk of engaging in problematic substance use as a result of their life experiences and/or circumstances, whose substance use is already problematic, and/or who face social, economic or environmental barriers to accessing support services.

Substance-related call volume for emergency medical services can be dramatically skewed by a small number of individuals. In 2010, one patient was transported by ambulance 119 times. The same individual's call volume dropped to nil when a dedicated case worker was assigned to daily visits, but returned to high use once the case worker was reassigned.

—John Prno, Region of Waterloo Emergency Medical Services

recommendations 32–38

Recommendations:

32. Identify and increase supports for pregnant women or women planning a pregnancy who use substances.
 - a. Explore the need for the establishment of, or increased capacity within, residential facilities for pregnant and post-partum women.
 - b. Include a harm reduction alternative for this population.
33. Provide opportunities that increase safety and support for women and men involved in the street-level sex trade (e.g. 24 hour access to a safe place, bad date lines, victim supports).
34. Enhance discharge planning and programming to ensure individuals leaving custody have proper identification, housing, referrals and other supports where required.
35. Enhance support services for victims of physical, sexual, and emotional abuse to include specialized services for males.

Beyond a pay cheque, meaningful employment provides income, a sense of identity and self worth, and helps to structure day-to-day life. For youth, it can reduce the likelihood of engaging in substance use. Similarly, employment can assist individuals in the recovery process and can help to maintain a lifestyle free from problematic substance use. Conversely, unemployment can lead to material and social deprivation, psychological stress, and the adoption of health-threatening coping behaviours, including substance use.

As children grow, family connectedness is rated in the literature as the highest protective factor for later substance use. The early years are critical!

—Carol Perkins, RN, Region of Waterloo Public Health

Recommendations:

36. Expand employment opportunities for marginalized populations, including street-involved and at-risk youth.

Early childhood and parental supports offer early intervention to prevent problems associated with substance use before they occur or intervene as quickly as possible when problems arise. Parents and children who are connected with each other and their communities, and who possess resiliency and coping skills, are less likely to engage in risk taking behaviours, including substance use.

Recommendations:

37. Expand early childhood services and parental supports including programs for home visiting and early childhood education in the community and through schools.
38. Expand positive parenting programs along with supports and resources to build skills and resilience of parents in order to prevent or delay onset of substance use among their children.
 - a. Encourage workplaces to institute flexible working hours for parents.

29,225 High School Students in Waterloo Region:

- 21,071 students have drunk illegally
- 14,759 students have used illicit drugs
- 9,907 students were a passenger in a car whose driver was under the influence of alcohol
- 11,047 students have used cannabis
- 6,137 students have used opioid pain relievers for recreational use

Sources: Centre for Addiction and Mental Health. (2009). Ontario Student Drug Use and Health Survey and enrollment data from Waterloo Region District School Board and Waterloo Region Catholic District School Board.

recommendations 39–44

Harm Reduction Programming

Harm reduction refers to specific programs and policies that seek to reduce the harms associated with substance use. Effective harm reduction programs and services are proactive, user friendly, client-centred, flexible, supportive, non-judgmental and offer a comprehensive range of coordinated services. Abstinence may be an end goal of harm reduction, but it is not a requirement. Harm reduction offers individuals who use substances options for safer use of substances to reduce disease transmission and minimize the risk of overdose and death. Programs link individuals with other services that offer the opportunity for improved health and safety for both individuals and the broader community.

Recommendations:

39. Expand harm reduction programs and services.
 - a. Ensure existing harm reduction programs include a range of comprehensive services such as referral, vein care, immunization, addressing the social determinants of health, promotion of safer use of substances, and overdose prevention strategies.
 - b. Engage local agencies to increase the number of organizations and mechanisms in Waterloo Region that distribute harm reduction materials.
 - c. Increase availability of drop boxes for used substance use materials in the community.
 - d. Research and subsequently initiate a range of harm reduction initiatives that support individuals who inject and/or inhale substances.
40. Encourage organizations to develop organizational policies in support of harm reduction.
41. Develop and implement a unified regional outreach plan including mobile outreach services.
 - a. Ensure mobile services offer harm reduction education, materials, access to primary health care services, and referral to all related services.
 - b. Encourage the Waterloo Wellington Local Health Integration Network to fund mobile health services for the Waterloo Region community.

42. Expand Safer Bar programming and related policies in Waterloo Region.
43. Explore alternatives to non-palatable alcohol (e.g. hand sanitizer, mouthwash) for persons engaging in this form of drug use.

Recreation and Leisure Programming

Participation in meaningful recreation and leisure activities provides more than just health benefits, including, for example, a sense of engagement and belonging. At any age, participation in extracurricular activities and the resulting effects of social inclusion can prevent or delay substance use, while there are also benefits during recovery from substance use. In order to reach all members of our community, it is important that a diverse range of activities be made available that are of interest and that these programs are accessible by all.

Recommendations:

44. Expand recreation and leisure programming in a variety of community locations in Waterloo Region.
 - a. Offer diverse recreation and leisure programs at low or no cost.
 - b. Provide resources to, or establish, youth drop-in centres that are age appropriate.
 - c. Ensure citizens, especially youth, are involved in the design and delivery of recreational programs.
 - d. Provide supports and resources to neighbourhoods and neighbourhood associations to enhance neighbourhood capacity.

Extracurricular activities would have taken my mind off of being bored, might have prevented me from starting [to use drugs].

—Focus group participant

recommendation 45

Awareness, Education and Training

The need for awareness, education and training related to substance use was a common theme that emerged through public consultations. Efforts need to be made to reduce stigmatization and discrimination of persons who use substances and increase acceptance of innovative initiatives to address substance use issues. Education and training related to substance use is lacking, both for students and for service providers, among others, working in health, social service, education, and criminal justice systems.

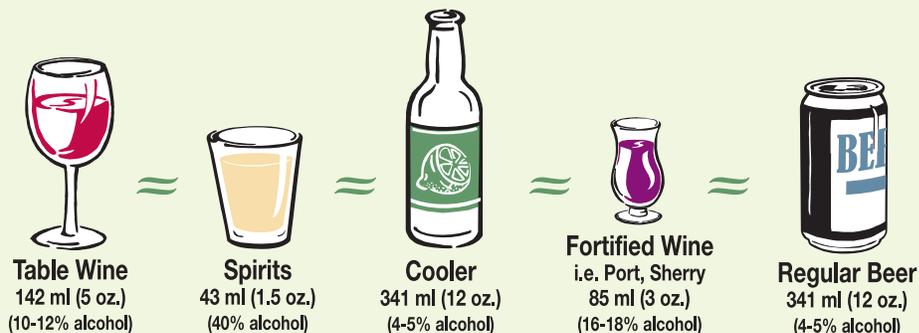
Non-interactive programs that focus on increasing knowledge and attitudes about alcohol, drugs, and smoking inspired by Nancy Reagan's 'Just Say No' initiative and Project DARE (Drug Abuse Resistance Education) do not work. Programs that are interactive and incorporate refusal skills training are far more effective than those that focus on knowledge and attitudes.

—Dr. Geoff Nelson, Wilfrid Laurier University, quoting West and O'Neal, 2004; Tobler et al., 2000.

Recommendations:

45. Increase public awareness of:
 - a. Substance use, misuse, and addiction
 - b. Harm reduction, including its role as a public health and community safety strategy
 - c. Low-Risk Drinking Guidelines
 - d. Factors that increase risks associated with using substances
 - e. Available programs, supports, services and resources related to substance use through media, information fairs and health care providers
 - f. Stigmatization and discrimination associated with substance use
 - g. Evidence-informed practices across the four pillars

Low-Risk Drinking Guidelines: Maximize Life, Minimize Risk



0 – 2 – 9 – 14

0 drinks = lowest risk of an alcohol-related problem

No more than 2 standard drinks on any one day

Women: up to 9 standard drinks a week

Men: up to 14 standard drinks a week

(One Standard Drink = 13.6 g of alcohol)

Source: Centre for Addiction and Mental Health (CAMH). Revised guidelines from CAMH are pending.

recommendations 46–52

They [certain health care providers] see the track marks and they are very judgmental. They should be taught as nurses to be non-judgmental and not form opinions and they definitely do there. I ended up going to a [different location to receive care] because the [first location] called the police and said I was only there for pain pills. They treat you like you are just there for drugs even though you have a legitimate reason to be there. I have told them before I am not looking for pain medication. I am looking to have the problem fixed. I was there 5 times in one week.

—Person who uses drugs, Baseline Study

46. Develop or adapt a campaign aimed at shifting social norms and perceptions regarding social acceptability of substance use, including (over)drinking.
 - a. Promote action for change and alternatives to using substances.
 - b. Engage youth in campaign development and implementation.
47. Increase awareness, knowledge, competency and skills related to harm reduction throughout organizations, including at the Board of Director level.
 - a. Include information on insurance, risk and liability for organizations that engage in harm reduction practices.
48. Educate funding agencies regarding harm reduction and what to consider in funding applications with substance use components.
49. Expand addictions awareness and wellness programs in the workplace to provide employers with skills and resources to create supportive environments for employees experiencing substance use issues.
 - a. Encourage workplaces to include policies that support employees with substance use issues as part of their occupational health frameworks.

50. Develop and implement a prevention-specific strategy for the health care sector that:
 - a. Increases health care practitioner knowledge and skills related to substance use prevention, including brief intervention and alternative approaches to pain management
 - b. Increases health care practitioner knowledge of prevention-related resources, services and supports in the community
51. Develop and implement a harm reduction-specific strategy for the health care sector that:
 - a. Increases health care practitioner knowledge and skills related to harm reduction
 - b. Increases health care practitioner client referrals to harm reduction services
 - c. Improves health care service provision for persons who use substances
 - d. Reduces stigmatization and discrimination for persons who use substances seeking health care services
52. Develop and implement a treatment-specific strategy for the health care sector that:
 - a. Increases health care practitioner knowledge and skills related to substance use, stages of change, and motivational interviewing
 - b. Increases health care practitioner awareness of local availability of treatment services
 - c. Improves health care service provision for persons who use substances
 - d. Reduces stigmatization and discrimination for persons who use substances seeking health care services

There certainly is a reluctance to access medical care, [...], because of the attitude that they are likely to get. Some will say 'I would have to be half dead'. Last week I saw someone who had [a serious injury]. And there was no way he was going to the hospital. No way.

—Health care provider, Baseline Study

recommendations 53–61

53. Increase awareness among service providers regarding available programs, supports, services and resources related to substance use and its prevention.
54. Promote substance use education and prevention programming that incorporates multiple perspectives, including those of peers, police services, health care workers, etc.
 - a. Include persons with lived experience, and those in the target population, in the design and delivery of prevention programs.
55. Ensure access to alternative education and supports are provided and tailored to youth affected by problematic substance use at home, and/or in transition from home to another dwelling.
56. Enhance and/or develop and implement universal programs that promote life and coping skills, self-identity and resiliency.
 - a. Include programming related to developing interpersonal skills, stress reduction, problem solving, and goal setting.
 - b. Provide above programming and supports to all age groups including through childcare institutions, preschools, elementary, secondary and post-secondary education institutions.
57. Enhance alcohol education and programming on university and college campuses in Waterloo Region.
58. Expand Fetal Alcohol Spectrum Disorder (FASD) education programs focused on preconception, especially those targeted to primary care providers.
59. Develop or modify educational, training or workplace programs to recognize related life experience as a qualification for entry into such programs.
60. Encourage educational institutions to modify entrance requirements or create special programs that would enable individuals with lived experience to gain or further their educational credentials.
61. Enhance hepatitis C education and training in order to increase risk factor education among individuals infected, affected or at risk for hepatitis C and increase skills and knowledge of service and care providers regarding hepatitis C.



Fetal Alcohol Spectrum Disorder

Drinking alcohol in pregnancy can cause permanent brain damage and birth defects. In fact, prenatal exposure to alcohol is the leading known cause of preventable brain damage in Canada. Children with brain damage may have serious difficulties with learning and remembering, understanding cause and effect, and getting along with others. While there are interventions to help children with Fetal Alcohol Spectrum Disorder (FASD), it is a life-long problem. Teens or adults with FASD often experience depression, trouble with the law, substance use issues, difficulty living on their own, difficulty keeping a job, and difficulty understanding how their behaviour affects others.

The Public Health Agency of Canada estimates the incidence of FASD in Canada is 1–2 per cent. However, experts working in the field feel suggest rate is much higher as most people affected by FASD are never diagnosed, due to a lack of diagnostic services and a lack of awareness in health and social service providers.

Due to a lack of funding, the Waterloo Region FASD Diagnostic Team is only able to see 10 children and youth per year.

recommendations 62–70

62. Encourage local universities and colleges to include substance use (e.g. harm reduction, addictions, drug policy) in curriculums, particularly in health, social service and justice related programs.
63. Provide ongoing training to teachers and youth workers on issues of social determinants of health, substance use prevention, trauma and addiction.
64. Explore strategies to enhance staff retention and training opportunities among service providers who work with persons who use substances.
65. Provide ongoing trauma and post-traumatic stress disorder education and training for all service providers who work with persons who use substances.
66. Increase pre-treatment and post-treatment training and employment opportunities and supports.
67. Provide training to direct service providers to perform initial steps of crisis response, in issues of trauma, substance use, mental health and addiction.
68. Provide training for correctional staff to recognize and support individuals experiencing symptoms of withdrawal.
69. Provide training to provincial and federal judges on substance use and harm reduction.

Quick Stats:

- Sixteen per cent of the general population will experience problematic substance use or substance dependence during their lifetime. This rate is higher among individuals with mental illness.¹³
- The rate of marijuana use among 15–64 year olds in Canada is among the highest in the world at 16.8 per cent. This compares to 6.1 per cent in the Netherlands¹⁴.
- Eighty-eight per cent of Waterloo Region residents believe substance use and addiction are better managed through a combination of health and criminal justice approaches over one sector acting alone¹⁵.
- Funding for Canada's National Anti-Drug Strategy, 2007–08: enforcement (70%), treatment (17%), coordination and research (7%), prevention (4%), harm reduction (2%).¹³
- *One week in hospital for an overdose victim can cost upwards of \$100,000.* —Dr. Mark Tyndall, Chief and Chair of the Infectious Diseases Division, Ottawa Hospital.¹⁶

Monitoring, Research and Evaluation

Several of the recommendations that resulted from the strategy development process are exploratory in nature. That is, further information is required to determine the feasibility or necessity of making changes to existing systemic structures, policies or programs, or of investing in new initiatives. Ongoing monitoring, research and evaluation is essential to keeping informed on our local context, measuring the progress and effectiveness of the strategy and what works in substance use prevention, harm reduction, treatment, enforcement, courts and corrections.

Recommendations:

70. Develop a comprehensive local drug and drug use data/surveillance system to:
 - a. Enhance local evidence on substance use, including meaningful crime statistics and drug-overdose related incidents, injuries and fatalities
 - b. Inform substance use-related program planning and development
 - c. Issue alerts about dangerous and/or new substances
 - d. Evaluate the effectiveness of local interventions in prevention, harm reduction, treatment, enforcement and justice services

recommendations 71–80

71. Expand research and evaluation (including longitudinal studies) on effectiveness of existing programs and services.
72. Utilize research and evaluation findings/evidence to promote existing programs, policies, and services with demonstrated success.
73. Evaluate the effectiveness of the Waterloo Region Drug Treatment Court and provide resources and supports to enhance effectiveness where appropriate.
74. Explore the appropriateness and capacity to increase availability of Waterloo Regional Police Service School Resource Officers.
75. Review the regional emergency response tiered protocol in overdose incidences.
76. Explore the feasibility of using Proceeds of Crime to help support funding of community organizations and projects as well as supporting victims of crime and treatment of offenders who use substances.
77. Explore the use of alternatives to court, including restorative justice approaches.
78. Explore and consider using trained workers with addiction and mental health specialties to provide supportive options to persons charged with crimes related to drug dependency.
79. Explore strategies to prevent and reduce domestic violence and expand support services for affected individuals. Ensure these strategies are in alignment with the *Waterloo Region Crime Prevention Council Violence Prevention Plan*.
80. Explore the feasibility of a 24-hour crisis response for individuals experiencing trauma and/or persons who use substances.
 - a. Ensure trauma-informed services are offered to families in crisis.
 - b. Ensure trauma-informed services are available to families after the crisis has passed.

Community Profile: Waterloo Region Drug Treatment Court

The Waterloo Region Drug Treatment Court was established in February 2011 with a mission to eliminate criminal activity for a non-violent offender who is committing crime to support an addiction to an illicit drug. The 12–18 month program is limited to approximately eight clients at a time. It is an important step to addressing addiction as a key root cause of crime.

The court is a collaborative initiative between a number of community agencies who provide assistance with housing, mental health and addiction treatment, among other supports. To graduate from the court, a participant must be test free of drugs, including alcohol, for 3–4 consecutive months, be involved in paid and/or volunteer work, have found stable housing, ceased committing crimes and disengaged from criminal associates. Support for transitioning to a new life path such as resolving past trauma, family issues, and other stressors is available through the court.

Supporters of the local court maintain that increasing the number of participants who complete the program will help reduce the cost of incarceration, health care and other social costs. Given the history of innovative and collaborative initiatives in Waterloo Region, this is an opportunity to improve upon drug court success rates found elsewhere.

recommendations 81–88

Beyond a Regional Perspective

Throughout the public consultations, a number of opportunities were identified that extend beyond Waterloo Region and the sphere of influence of the Waterloo Region Integrated Drugs Strategy. While there is a local role in implementing these recommendations, there is also a need for encouragement of, and action by, the federal and provincial governments and other organizations to create change that will have an impact in Waterloo Region and beyond.

Similar to other recommendations in the strategy, several of the recommendations that call for advocacy at the federal and provincial level have the potential to influence many areas related to problematic substance use, including prevention, harm reduction, treatment, and criminal justice. These recommendations may be referred to by other orders of government as they work to implement provincial and national strategies, including the *National Anti-Drug Strategy and Ontario's Mental Health and Addiction Strategy*.

All citizens, regulatory bodies, community organizations and orders of government need to be aware of these barriers and the importance of working to reduce them if we are to truly achieve the mission to prevent, reduce or eliminate problematic substance use and its consequences.

Addiction treatment and/or custody are not appropriate responses to FASD.

—Glynis Burkhalter, Ray of Hope



Recommendations:

81. Request the Government of Canada, the Government of Ontario, and local governments increase funding and support for local communities to undertake evidence-informed programming in prevention, harm reduction, and treatment services.
82. Request the Government of Canada and the Government of Ontario provide funding and support for local communities to develop and implement comprehensive local plans or strategies to address issues of substance use.
83. Request that the Government of Canada and Government of Ontario provide funding and support to school boards to provide dedicated resources to ensure that early intervention, counselling, and other supports are in place to assist students who use substances (or at risk for using substances), students affected by problematic substance use by family members, friends and/or students with mental health issues.
84. Request the Government of Ontario develop and fund a strategic plan/framework to guide provincial, regional, and community efforts to address Fetal Alcohol Spectrum Disorder (FASD) specifically planning for prevention, assessment and support for both persons with FASD and their caregivers.
85. Request the Government of Canada evaluate the effectiveness of Canadian drug policies.
86. Request the Government of Ontario increase social assistance rates for Ontario Works and Ontario Disability Support Program (ODSP) recipients.

Two recommendations call for advocacy to the Ontario government and have the potential to prevent or delay the use of substances.

87. Request the Government of Ontario strengthen the regulatory framework related to access, distribution and sale of alcohol. For example, pricing and taxation, decreasing marketing, physical availability and hours of sale.
88. Request the Government of Ontario include substance use and prevention programming in The Kindergarten Program, The Ontario Curriculum: grades 1-8, and The Ontario Curriculum: grades 9-12.

recommendations 89–99

The following recommendation recognizes the effectiveness of substance use therapies and calls for increased access to current and future agents used in recovery, treatment and emergencies related to problematic substance use.

89. Request the Government of Ontario expand the Ontario Drug Benefit Program to include agents used in recovery, treatment, and emergencies (e.g. Campral, Ibogaine, Naloxone, Naltrexone and Suboxone).
 - a. Encourage the use of current and relevant literature for future decision-making surrounding substance use substitution and related addiction therapies.
 - b. Ensure access to substance use substitution and related addiction therapies for those not covered under the Ontario Drug Benefit Program.

As the criminal justice sector is largely directed by federal and provincial mandates, several of the recommendations related to this area lie outside of the realm of influence of the Waterloo Region Integrated Drugs Strategy and have the potential to impact communities far beyond Waterloo Region. Many of these recommendations call for programs and services to be offered within provincial and federal correctional facilities to provide necessary supports to individuals serving jail sentences to reduce harm and access treatment services for problematic substance use.

90. Request the Government of Canada and the Government of Ontario provide funding and support to undertake innovative evidence-informed programming within the criminal justice sector—police, courts, and corrections—that reduces or eliminates drug-related crime and recidivism.
91. Request the Government of Canada review research surrounding the efficacy of mandatory minimum sentences for drug offences.
92. Request the Government of Canada and the Government of Ontario provide funding for diversion programs that address drug related issues.
93. Request the Government of Canada and Government of Ontario designate and train judges specifically for young offenders.

94. Request the Government of Ontario provide training to probation and parole workers on identification and referral of individuals with problematic substance use and/or trauma related issues.
95. Request the Government of Canada and the Government of Ontario establish withdrawal management units at correctional institutions.
96. Request the Government of Ontario and Government of Canada provide peer-based support services for individuals serving jail sentences.
97. Request the Government of Ontario and the Government of Canada expand rehabilitation opportunities within provincial and federal prison systems, with appropriate treatment and supports for individuals with mental health and/or substance use issues (concurrent disorders).
98. Request the Government of Ontario and the Government of Canada implement and/or improve harm reduction and other services in prisons in an effort to remove incarceration as a significant risk factor for infectious diseases.
99. Request the Government of Ontario provide access to addiction and related services while in custody, regardless of sentence length.



next steps

The recommendations in this document are the initial step to completing a comprehensive drug strategy for Waterloo Region. They were created by a Task Force of community representatives based on feedback provided through an extensive consultation process. These recommendations are meant to be directional rather than prescriptive in nature and serve as a road map about where we want to go and how we plan to get there.

Upon approval of this document, the next planning stage (implementation) will be initiated. This will include the establishment of a steering committee to guide the implementation of the strategy and working groups to

address and support the implementation of the various initiatives. These groups, which will be comprised of representatives from various sectors and pillars, will determine if and how each recommendation can be implemented based on available resources, their feasibility and having appropriate approvals. The groups will also set priorities. Some recommendations may not be implemented. In line with the guiding principles, the strategy will be participatory in nature and include persons with lived experience in all stages of the process. Strategy implementation will commence in 2012.

glossary

Abstinence: The act of refraining from the use of substances, including alcohol, licit, and illicit drugs.

Addiction: Repeated use of a psychoactive substance or substances, to the extent that the person shows a compulsion to take the preferred substance (or substances), has great difficulty in voluntarily ceasing or modifying substance use, and exhibits determination to obtain psychoactive substances by almost any means. Typically, tolerance is prominent and a withdrawal syndrome frequently occurs when substance use is interrupted. Daily living may be dominated by substance use to the virtual exclusion of all other activities and responsibilities.

Addiction is any behaviour that has negative consequences but a person continues to crave it and relapse into it, despite those negative consequences.

–Dr. Gabor Maté, Physician and author

AIDS (Acquired Immunodeficiency Syndrome): The final stage of the HIV disease. Once HIV infects and destroys blood cells, your immune system can no longer defend your body from infections, diseases or cancers that can kill you.

Antipsychotic drugs: A class of medicines used to treat psychosis and other mental and emotional conditions. Examples include: clozapine, haloperidol, risperidone. Psychosis is a symptom or feature of mental illness typically characterized by radical changes in personality, impaired functioning, and a distorted or nonexistent sense of objective reality.

Bad Date Line: An anonymous telephone reporting system for individuals in the sex trade who are victimized.

Best practice: On the evidence available, the best intervention to produce improved outcomes for an identified issue. See also *Promising practice*.

Collaboration¹⁷: Collaboration is a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals. The relationship includes a commitment to mutual relationships and goals; a jointly developed structure and shared responsibility; mutual authority and accountability for success; and sharing of resources and rewards.

Community Inclusion¹⁶: An inclusive community ensures that everyone can participate in community life. Community inclusion does not mean that everyone must assimilate or conform. It means that participation in community life is accessible to everyone and the community is designed to support people in their efforts to be included – regardless of their level of personal resources or their economic status relative to other community members. Inclusive communities intentionally support people to feel “at home” by providing opportunities for creating a sense of belonging to a shared space.

Concurrent disorder: a condition in which a person has both a mental illness and a substance use problem.

Damp housing: No alcohol and/or drugs are permitted on-site. However, residents are generally allowed to return to the program under the influence of alcohol and/or drugs.

Determinants of health: The spectrum of personal, social, economic and environmental factors that influence the health of individuals and communities. Examples include healthy early childhood development, education, employment, income, housing, and social supports.

Diversion program: A component of the criminal justice system designed to enable alleged criminal offenders to avoid charges and a criminal record. Successful completion of diversion program requirements often will lead to a dropping or reduction of the charges while failure may bring back or heighten the penalties involved.

Drug: In the context of the Waterloo Region Integrated Drugs Strategy, ‘drug’ refers to a substance that produces psychoactive effects, including alcohol, prescription drugs and illicit drugs.

Dry housing: No alcohol and/or drug use is permitted on-site and residents are not permitted to enter the building if under the influence of alcohol and/or drugs.

Emergency shelter¹⁶: Shorter term residential programs designed for people with no fixed address. Locally, programs meet the immediate needs of three groups of people: adults, families and unaccompanied youth living without a fixed address; unaccompanied children 12–15 years of age who are not living at home and not currently under the guardianship of Family and Children’s Services; and women fleeing abuse, with or without dependents. Unlike Time-Limited Residence programs, people who access Emergency Shelter programs do not require a planned intake. Unlike Affordable Housing and Supportive Housing, Emergency Shelter programs do not offer permanent housing and their programs are not covered under the *Residential Tenancies Act, 2006*.

Evidence-informed practice: The application of the best available knowledge gained from scientific research and professional expertise towards decision making.

Fetal Alcohol Spectrum Disorder (FASD): A range of disabilities that result from consumption of alcohol by pregnant women. The brain and the central nervous system of the unborn child are particularly sensitive to prenatal alcohol exposure. Damage to the fetus varies with the volume of alcohol ingested, timing during pregnancy, peak blood alcohol levels, and genetic and environmental factors.

Harm reduction: Interventions (including programs and policies) that aim to reduce the potentially adverse health, social and economic consequences of substance use without requiring abstinence.

glossary

Hepatitis C: A chronic liver disease caused by the hepatitis C virus (HCV). HCV causes inflammation of the liver, which can progress to cirrhosis (extensive scarring that can affect the normal function of the liver). HCV is spread through contact with infected blood.

HIV (Human Immunodeficiency Virus): A virus that is primarily sexually transmitted. It can also be transmitted by blood to blood contact with contaminated drug paraphernalia. HIV is a chronic infection for which there is currently no cure. If left untreated, HIV can eventually lead to AIDS.

Holistic: A comprehensive view of health that includes not only individual physical wellness, but also the social, emotional and cultural well-being of a whole community. In order to achieve whole-of-life, culturally appropriate and relevant health outcomes, holistic health care may include traditional cultural practices alongside curative or treatment services.

Housing First¹⁶: An approach that recognizes community programs in general are more effective when provided to people who have adequate housing. That is, adequate housing comes first, regardless of what is happening in the person's life. Housing is not a "reward" for programmatic success, adherence to treatment or advancement through a continuum of support. Rather, the focus is on increasing access to adequate housing. Once housed, people may need to have access to additional income and support, or other community resources, where needed and desired to support them to maintain housing stability over the long term.

Housing Retention and Re-Housing¹⁶: Programs that provide people with support and/or financial assistance to retain their current adequate housing and/or find and/or establish more adequate housing. Support is designated to the person (if a person moves, the support will follow). Depending on the nature of the program, support can take a variety of forms on three main continuums: from less intensive to crisis intervention, from shorter to longer term and/or from less to more frequent. In addition, support may be provided either directly and/or be coordinated among various formal community programs, informal connections and/or privately funded sources. Financial assistance includes grants, loans and other financial benefits as well as housing subsidies designated to a person.

Ibogaine: A hallucinogenic substance used to treat addiction to opiates, methamphetamines and other drugs.

Illicit drug: A drug whose production, sale or possession is prohibited. 'Illegal drug' is an alternative term.

Infectious diseases: Disease caused by a pathogen which enters the body and triggers the development of an infection. Infectious diseases have a range of causes and are considered contagious, meaning that they can be passed from person to person. Examples include hepatitis B, HIV, influenza.

Integrated Health Service Plan: A three-year plan of the Waterloo Wellington Local Health Integration Network that includes priorities, strategic directions and local strategies.

Intersectoral collaboration: A recognized relationship between different sectors of society which has been formed to take action on an issue to achieve health outcomes in a way that is more effective, efficient or sustainable than might be achieved by one sector acting alone.

Local Health Integration Network (LHIN): The province of Ontario is divided into 14 regions or Local Health Integration Networks whose main roles are to plan, fund and integrate health care services locally. The LHIN representing Waterloo Region is the Waterloo Wellington Local Health Integration Network.

Low-Risk Drinking Guidelines: Developed by a team of medical and social researchers from the University of Toronto and the Centre for Addiction and Mental Health, the Low-Risk Drinking Guidelines indicate the maximum recommended number of alcoholic beverages to consume per day and per week for men and women of legal drinking age and who do not have a pre-existing condition as defined in the guidelines (<http://www.lrdg.net/guidelines.html>).

Mental health: A crucial component of overall health and an essential resource for living, influencing how we feel, perceive, think, communicate and understand. Without good mental health, people can be unable to reach their full potential or actively participate in everyday life. Traditionally, a person was considered to have good mental health simply if they showed no signs or symptoms of a mental illness. In recent years, however, there has been a shift towards a more holistic approach to mental health, and today we recognize that good mental health is not just the absence of mental illness.

Mental health assessment: Provides an overall picture of how well an individual feels emotionally and how well they are able to think, reason and remember in order to diagnose mental health illness and plan for an individual's treatment and care.

Methadone: An opioid used medically as a maintenance or replacement therapy for use in patients with an opioid addiction.

Naloxone: A drug used in the emergency treatment of opiate overdose. It is distributed under the trademarks Narcan, Nalone and Narcanti.

glossary

Naltrexone: A drug used primarily in the management of alcohol and opiate dependence.

Non-palatable alcohol: Toxic substances that contain alcohol but are not intended for human consumption (e.g. hand sanitizer, mouthwash, rubbing alcohol).

Ontario Disability Support Program (ODSP): A social assistance program provided by the Government of Ontario which provides income and employment supports to people with disabilities who are in financial need.

Ontario Drug Benefit (ODB) Program: A program of the Ministry of Health and Long-Term Care that covers most of the cost of prescription drug products listed in the ODB Formulary, as well as some exceptional cases. Ontario residents belonging to one of the following groups are eligible for drug coverage under the ODB Program:

- people 65 years of age and older;
- residents of long-term care homes;
- residents of Homes for Special Care;
- people receiving professional services under the Home Care program;
- Trillium Drug Program registrants.
- individuals receiving social assistance (Ontario Works or Ontario Disability Support Program assistance)

Opiate: The generic term applied to alkaloids (naturally occurring chemicals) obtained from the opium poppy (*Papaver somniferum*). Technically, the term opiate applies only to those chemicals from the opium poppy such as morphine and codeine, however the term is often used interchangeably with “opioid” (see below).

Opioid: An opioid is a chemical that activates opioid receptors in the brain and has “morphine-like” effects. Opioids may be naturally-occurring compounds such as morphine or codeine, they may be semi-synthetic compounds such as heroin or oxycodone, or synthetic compounds such as meperidine (Demerol). Opioids such as endorphins are also produced naturally in the brain.

Overdose: The use of a drug or drugs in an amount that causes acute adverse physical or mental effects. Overdose may produce transient or lasting effects, and can sometimes be fatal.

Participatory approach: An approach that involves active participation of stakeholders and those whose lives are affected by the issue, in all phases for the purpose of producing useful results.

Poly-substance use: The use of two or more psychoactive substances simultaneously or at different times.

Post-traumatic stress disorder (PTSD): A condition that is classified as an anxiety disorder and usually develops as a result of a terribly frightening, life-threatening, or otherwise highly unsafe experience.

Prevention: Interventions throughout the life cycle that seek to avoid or delay the onset of substance use and that address root causes of problems.

Primary health care: The health services offered by providers who act as a principal point of contact for patients within the health system. Such providers include primary care physicians, a general practitioner or family physicians, or a nurse practitioner.

Problematic substance use: Problematic substance use refers to use which could either be dependent (e.g. addiction) or recreational (e.g. binge drinking) with negative consequences. It is not necessarily the frequency of drug use which is the primary ‘problem’ but the effects that substance use have on a person’s life (i.e. experience of social, financial, psychological, physical or legal problems as a result of substance use).

Proceeds of Crime: Any property, benefit or advantage that is obtained or derived directly or indirectly as a result of criminal activity.

Promising practice: Interventions that have not been evaluated as rigorously as “best practices”, but that still offer ideas about what works best in a given situation.

Psychoactive substances: Chemicals that alter mental functioning with effects on mood and/or altered states of subjective reality. This includes illicit drugs, some prescription drugs, and alcohol.

Recovery: The stage where individuals are no longer using substances. Recovery can result from treatment or a decision to quit.

Regional emergency response (also referred to as tiered protocol): A plan of action for the efficient deployment and coordination of services, agencies and personnel, including ambulance, fire and police, to provide the earliest possible response to an emergency.

Residential treatment: Refers to live-in treatment programs that provide recovery and rehabilitation for problematic substance use.

Restorative justice: An alternative to the traditional court system that engages both the offender and victim in post-offence mediation.

School Resource Officers: A dedicated position within the Waterloo Regional Police Service with the primary goal of facilitating crime prevention and fostering positive relationships between the police and youth within schools.

Street Involved¹⁶: People who are street involved spend a significant amount of their time on the street, in public spaces or outdoors for a variety of reasons. For example, they may: be experiencing homelessness or at-risk of housing loss; be involved in street-based work; and/or have an informal support network that is largely street-involved.

Street Outreach¹⁶: Programs designed to serve people who are street-involved. There are two main types of programs: general (serve everyone who is street-involved and provide a variety of resources to meet people’s basic needs and specialized (serve a particular population or provide a specific resource). There are also two main delivery models: fixed (programs located at physical sites in the community at certain times) and mobile (programs that are not tied to a particular location or time frame; initial contact with people often takes place out in the community and where there is flexibility to respond to people’s emerging needs).

glossary

Stigmatization: The assignment of negative attitudes and perceptions towards individuals on the basis of perceived difference from the population at large which often results in stigmatized individuals becoming alienated and disconnected from society.

Suboxone: A trade-name for buprenorphine, a semi-synthetic opioid used to treat opioid addiction in higher dose preparations.

Supportive housing¹⁶: Permanent housing complemented with a support program designated to a unit, building or neighbourhood (may also include subsidy). Supportive Housing programs are designed to meet the needs of people who require support to maintain housing stability over a longer period of time (e.g., people who are unable to live independently because they have a disability, they are recovering from serious trauma, they need specialized medical support and/or they have limited skills oriented to housing stability).

Time-Limited Residence¹⁶: Shorter term residential programs designed for people in transitional situations. These programs offer support that is tailored to specific transitional circumstances in order to increase capacity to maintain housing stability over the long term. Unlike Emergency Shelter programs, Time-Limited Residence programs require a planned intake. Unlike Supportive Housing programs, Time-Limited Residence programs generally expect people to transition from the program within a certain time frame and the programs are typically not covered under the *Residential Tenancies Act, 2006*.

Tracking devices: Ankle bracelets that make use of global positioning system (GPS) technology to allow criminal offenders to be tracked around the clock to make sure that the rules set down for the probation period are consistently followed.

Waterloo Region Crime Prevention Council: An advisory committee to Waterloo Regional Council that works with community partners to reduce and prevent crime, victimization and fear of crime.

Waterloo Region Harm Reduction Network: A community-based network of service providers and community members who work to reduce the harms associated with substance use; facilitate improvements to, or creation of, services serving people who use substances; and create awareness and education around issues pertaining to harm reduction and substance use.

Wet housing: Housing of this type is often targeted to specific groups (e.g., people experiencing persistent homelessness) with the goal to provide a safe and secure environment for people who are not ready or able to stop using substances and who are likely to have other complex needs (e.g., mental or physical health issues). Substance use services are offered unconditionally in the same way that all other services are provided (e.g., medical care). In their efforts to help tenants maintain housing stability, providers focus their efforts on assisting with the management of problems that interfere with meeting tenancy obligations (e.g., nonpayment of rent, disruptive behaviour, use of illegal substances on the premises). Providers also use harm reduction strategies to reduce the negative impacts and consequence of substance use. In so doing, they provide ongoing opportunities for people to address their substance use issues through abstinence, reduced or even managed use.

Withdrawal management: A collective of medical and psychosocial interventions directed at controlling the symptoms that occur after stopping or dramatically reducing consumption of psychoactive substances after heavy and prolonged use.

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appendix A

Appendix A: Waterloo Region Integrated Drugs Strategy Development Timeline

The Waterloo Region Crime Prevention Council (WRCPC) has been a model for crime prevention throughout Canada since its inception in 1994. The WRCPC is an advisory committee to Regional Council that works with community partners to reduce and prevent crime, victimization and fear of crime by addressing the root causes via a social development approach.

Responding to concerns, interest and requests at community and system levels, several initiatives began to emerge and were facilitated by the WRCPC, among them:

- The establishment of a committee of Council to provide education and training opportunities, develop systems approaches, address myths, stereotypes, stigma and discrimination surrounding issues of addiction, develop potential solutions, address gaps in services, ineffective or non-existent services, and pursue strategic planning options.
- The establishment of the Waterloo Region Harm Reduction Network, comprised of almost 20 members with a practical interest in reducing drug (including alcohol) related harms, in evidence based research and in sharing approaches to promote health and safety
- The establishment of “In The Mind’s Eye: Issues of Substance Use in Film + Forum”, a unique and inclusive series that seeks to engage, inform and inspire citizens and service providers in issues of substance use.
- WRCPC membership engaged in a focussed discussion on substance use in December 2005 that identified several issues related to problematic substance use, including:
 - The significant link between (problematic) substance use, crime and victimization
 - The use of a punitive approach to address health and social issues
 - The limits of the criminal justice system to affect the supply (black market) and demand for illicit substances
 - Systems-wide inertia, integration and/or indifference to achieve a reduction in the economic, health and social burden
 - Lack of horizontal and vertical systems integration
 - Lack of evidence based prevention efforts
 - Issues of stereotypes, stigma and discrimination for those affected by addiction
- The establishment of the “Drug Users” group in 2006, a safe forum for people who use drugs to engage with others in dialogue about issues and solutions to improve health and safety.
- In May 2006, WRCPC hosted a forum for more than 30 (addiction) service providers to inform the Waterloo Wellington Local Health Integration Network (WWLHIN), providing important information about service gaps, challenges and opportunities.
- In October 2006, WRCPC facilitated a forum on Substance Use, Crime and Municipal Integrated Drug Strategies with experts from Ottawa and Toronto.
- In November 2006, an invitation from WRCPC was extended to area township, municipal and regional leaders to meet with Senator Larry Campbell – former police officer, B.C. Coroner and Vancouver mayor – to discuss municipal drug strategies.
- Later that month the Substance Abuse Committee recommended: “That the WRCPC consider undertaking a Waterloo Region Integrated Drug Strategy”. This motion was approved by WRCPC unanimously.

Since that time, WRCPC and community partners have been completing background work in preparation for the development of an Integrated Drugs Strategy. Among the key milestones:

- The release of WRCPC’s Violence Prevention Plan, based on input from 60 service providers, which identified problematic substance use as a component of preventing violence, and named the Integrated Drugs Strategy as a key component to preventing violence in Waterloo Region.
- A one day forum for 70 service providers and community members on elements of drug strategies and recommendations to inform development locally.
- In June 2008, Region of Waterloo Public Health completed a study initiated by the WRHRN called “Baseline Study of Substance Use, Excluding Alcohol” that attempted, for the first time, to gather baseline data on aspects of local illicit drug use.
- In September 2008 the WRCPC published two reports on drug-related overdoses, the first providing a look at the extent and typology of overdoses locally via secondary data. The second report identified North American overdose prevention and intervention programs.
- In November 2008, WRCPC facilitated and hosted the first meeting of drug strategy specialists from across Ontario, with more than 15 municipalities and counties represented. The Network continues to this day with 19 members.
- In December 2008, a draft Terms of Reference for an Integrated Drugs Strategy Task Force were approved by WRCPC and recruitment of task force members began.
- In June 2009, a Task Force of 26 members met for the first time, and did so once a month for the next 2.5 years. Their mission was to create an Integrated Drugs Strategy. Members were selected based on their commitment to crime prevention through social development, familiarity with the elements of a Municipal Drug Strategy, their ability to provide strong linkages to community and service systems with a long-term region-wide strategic focus.

It is expected the Waterloo Region Integrated Drugs Strategy Task Force will be disbanded at the end of 2011, to be replaced by a Steering Committee responsible for implementation of the recommendations.

appendix B

Appendix B: WRIDS System Assessment Survey Findings In Brief

The survey was conducted to identify key issues and needs with respect to substance-use related system (i.e. services, programs, activities, resources and supports) in Waterloo Region.

- The most prominent themes in the survey referred to the following:
 - limited system capacity and the need for funding and resources;
 - the issue of stigma and the need for increased substance use-related education and awareness; as well as
 - the importance of environmental supports (e.g. housing) and system integration and planning.
- The social network map constructed from participants' responses on their partnerships appeared to suggest that links between substance use-related organizations and services in Waterloo Region are relatively well-established. In addition,
 - organizations involved in multiple pillars, found to be prominent due to their range of connections and central location in the network, may serve as key partners in implementation of WRIDS, and
 - further network development could be achieved by increasing the number of links at higher levels of integration (especially between harm reduction and other pillars).
 - Lack of time, funding and resources as well as differing mandates, priorities and philosophies were identified as main barriers to linking and interaction between organizations.

- A common theme observed with respect to the Four Pillars related to effectiveness of substance-use interventions and the nature of approach taken.
 - The stated need for effective and evidence-informed approaches to *prevention* may warrant addressing broader social forces and health factors as well as adopting a comprehensive, long-term approach to prevention of substance use issues.
 - Lack of acceptance of *harm reduction* despite demonstrated effectiveness underscores the tension between ideology, values and evidence.
 - Capacity and access issues of *recovery and rehabilitation* pillar may warrant an approach that involves a combination of improved system effectiveness, responsiveness and coordination as well as funding for expansion and creation of services and resources.
 - A more balanced approach and range of interventions to substance use issue could be employed within the *enforcement and justice* pillar while also ensuring a balanced approach across the pillars overall.
- Overall, the survey findings pointed towards a need for integration of substance use-related services, programs, activities, resources and supports in Waterloo Region.

Contact Waterloo Region Crime Prevention Council for more information about this survey.

appendix C

Appendix C: Waterloo Region Integrated Drugs Strategy: Key Informant Forum Summary

As a component of the public consultation phase of the Waterloo Region Integrated Drugs Strategy development, four key informant forums were held, representing four of the pillars of the strategy. The purpose of the forums was to bring together community stakeholders with experience or interest in the field of substance use to develop recommendations that will make Waterloo Region safer and healthier for everyone by preventing, reducing and/or eliminating problematic substance use and its consequences.

In total, more than 250 participants attended the forums, including people who use/used substances, youth, health and social service providers, enforcement and criminal

justice representatives, school board representatives, hospital administrators, and government officials. At each forum, participants heard presentations on a variety of topics related to substance use and the pillar of focus. Speakers shared their experience and expertise and generated discussion to engaged participants through their presentations. Following presentations, participants broke into smaller groups and were guided through a facilitated discussion to generate recommendations for the strategy.

Forum Details:

Pillar	Date	Number of Participants
Harm Reduction	Thursday, April 21, 2011	65
Enforcement and Justice	Wednesday, April 27, 2011	65
Prevention and Education	Monday, May 2, 2011	65
Recovery and Rehabilitation	Monday, May 9, 2011	60

Areas of Focus:

Harm Reduction	<ul style="list-style-type: none"> • Improve our collective understanding of harm reduction • Discuss access to harm reduction services (scope, strengths, challenges, barriers) • Address values-based issues • State of harm reduction in Waterloo Region
Enforcement and Justice	<ul style="list-style-type: none"> • Effects of drug addiction/use on the community • Pre-trial issues (includes bail, diversion, and drug treatment court) • Court stage issues • Post-sentence issues
Prevention and Education	<ul style="list-style-type: none"> • Scope and complexity of prevention • Evidence-informed effectiveness of prevention and education approaches/ methods • Root causes / risk factors for substance use • Role of supports and social determinants of health (e.g. income, education, housing) • Access to prevention-related services and supports
Recovery and Rehabilitation	<ul style="list-style-type: none"> • Current services (capacity, local context, gaps) • Barriers to getting to treatment • Appropriateness and effectiveness of services • Continuum of care

appendix C

Speakers:

Forum	Speaker	Affiliation
Harm Reduction	Susan Shepherd	Toronto Public Health
	Dr. Liana Nolan	Region of Waterloo Public Health
	John Prno	Region of Waterloo Emergency Medical Services
	Sandra Ball	Waterloo Region Bail Program
	Cathy Middleton	YWCA Kitchener-Waterloo
	Natalie Basaraba	AIDS Committee of Cambridge, Kitchener, Waterloo and Area
	Mike Vanderstoep	Speaker with lived experience
Enforcement and Justice	Chief Matt Torigian	Waterloo Regional Police Service
	Ross Swainson	Waterloo Regional Police Service
	Conny Muhic	John Howard Society of Waterloo-Wellington
	Sandra Ball	Waterloo Region Bail Program
	Lynette Fritzeley	Waterloo Region Drug Treatment Court
	Justice Paddy Hardman	Ontario Court of Justice
	Stephanie Krug	Defense Counsel
	Catrina Braid	Public Prosecution Service of Canada
	Kevin McIntyre	Probation & Parole Offices, Ontario Ministry of Community Safety and Correctional Services
	Doug Dalgleish	Maplehurst Correctional Complex
	Scott Brush	Ray of Hope
	Heather Kerr	Stonehenge Therapeutic Community
Prevention and Education	Dr. Geoff Nelson	Wilfrid Laurier University
	Carol Perkins	Region of Waterloo Public Health
	Jay Fewkes	Public speaker with lived experience
	Chris Sadeler	Waterloo Region Crime Prevention Council
	Cath Done	Families and Schools Together (FAST) program
	Darcy Edwards	High On Life program
	Viola Fodor	Life Process Counselling®, The Wellness Centre
	Katie	Speaker with lived experience
Recovery and Rehabilitation	Ione Clapham	Family and Children's Services Niagara
	Glynis Burkhalter	Ray of Hope
	Lila Read	Kitchener-Waterloo Collegiate and Vocational School, Waterloo Region District School Board
	Penny MacLean	Vanier Centre for Women
	Stephen Gross	Kitchener Downtown Community Health Centre
	Pam McIntosh	House of Friendship, Addiction Services

appendices C + D

Breakout Session Discussion Guide:

To facilitate consistency across the four forums and lead discussion towards the development of recommendations, breakout groups for each pillar followed a similar structure and questions based on the focused conversation method.

Facilitated Discussion Questions

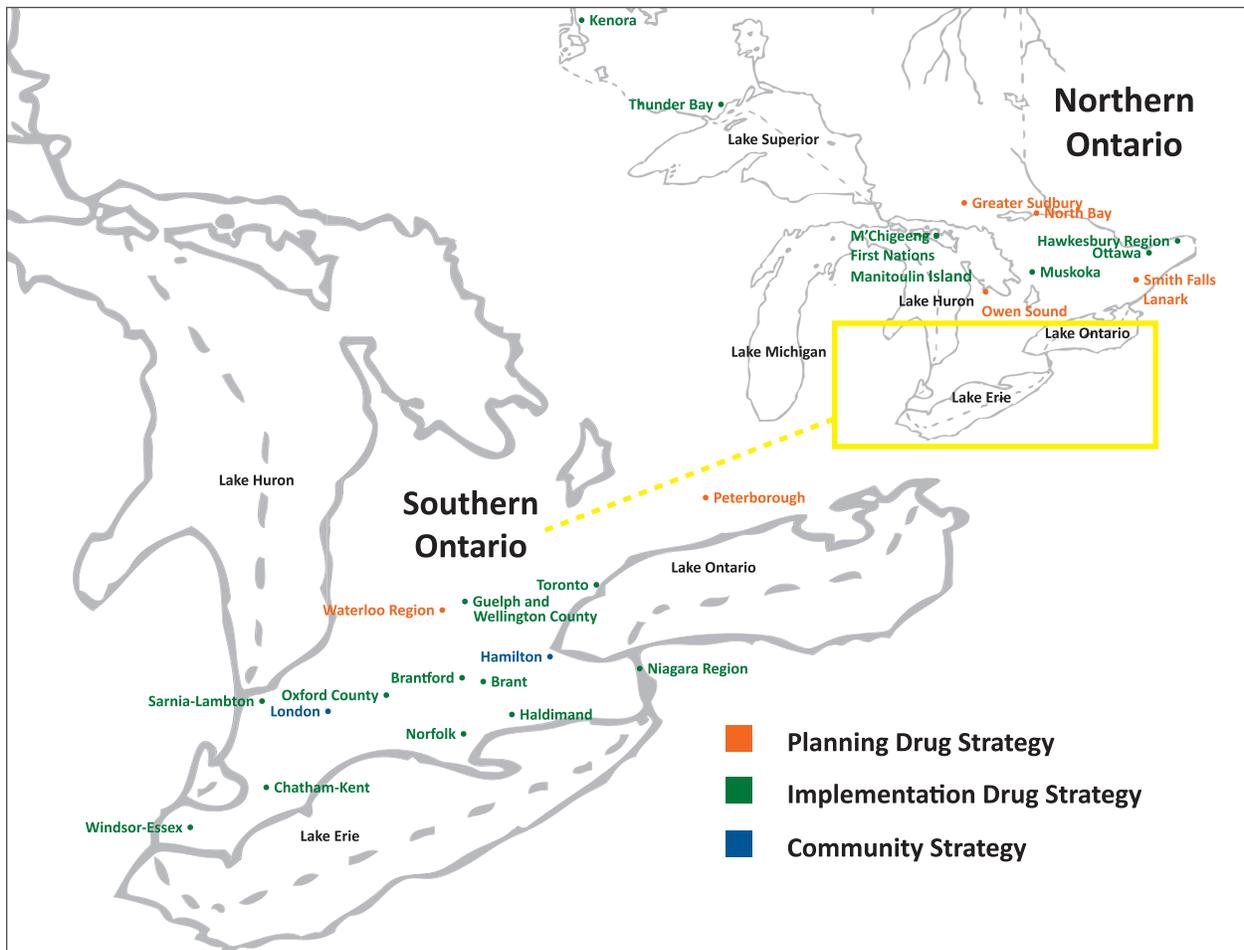
1. Based on what we heard today, what stood out for you the most?
2. What didn't you hear? What's missing?
3. Is this issue significant? Are certain issues more significant than others (i.e. priorities)?
4. Is this an issue that we can impact at the local level? If not, at what level can we act?
5. What action is needed to address these issues in our community?
6. What does this mean for collaborating with other pillars?

Facilitation

Breakout groups were facilitated by Region of Waterloo Public Health Planners whose role was to guide the group through the process of reviewing issues discussed during speaker and panel discussions and the development of recommendations for the Waterloo Region Integrated Drugs Strategy. Facilitators were briefed on the WRIDS background and pillar-related information and were present and took notes during keynote speaker and panel discussions. Facilitators were responsible for guiding participants through the discussion questions, ensuring discussions were focused and geared towards recommendations, and making sure that they had a clear understanding of the points that group members made so that the information provided could be used in the development of the strategy.

The input of forum participants contributed greatly to the development of the Waterloo Region Integrated Drugs Strategy. Participants brought a diverse range of perspectives, opinions, and expertise and offered thoughtful and constructive input, which is reflected throughout the strategy.

Appendix D: Drug Strategies in Ontario



appendix E

Appendix E: Continuums of Support for People Experiencing Persistent Homelessness with Active Substance Use Issues in the Context of Housing¹⁸

Substance Use Continuum in the Context of Housing

LEVEL 1: DRY

- No substance use on site (i.e., “dry”)
- Typically not allowed access if under the influence

LEVEL 2: DAMP

- No substance use on site
- Allowed access if under the influence

LEVEL 3: ACKNOWLEDGMENT

Acknowledge (formally or informally) use on site

LEVEL 4: SUPPORT

Various forms of support to reduce harm

WET: Use on site

LEVEL 5: MANAGED ALCOHOL USE

Providing and administering safe beverage alcohol on site

LEVEL 6: MANAGED DRUG USE

Offering supervised injection and/or direct support for non-injection substance use (e.g., inhalants)

Medical Services Continuum in the Context of Housing

NON- MEDICAL

- No on-site or visiting medical services available to the program
- May or may not support adherence to prescribed medication

PARTIAL MEDICAL

- Some on-site and/or visiting medical services available to the program
- Support adherence to prescribed medication

COMPREHENSIVE MEDICAL

- Some level of 24/7 medical services (e.g. physicians, psychiatrists, nurses) on-site and/or visiting
- Regular visits from other healthcare professionals
- May or may not provide palliative care

Social Planning, Policy and Program Administration. (2011). We'll leave the lights on for you: Housing options for people experiencing persistent homelessness who use substances (alcohol and/or drugs). Waterloo, ON: Regional Municipality of Waterloo.

the waterloo region crime prevention council

More and more, municipalities are adopting innovative, prevention based approaches to complex issues such as crime, victimization and fear of crime. In Waterloo Region, we have a history of innovation and collaboration.

The Waterloo Region Crime Prevention Council brings a wide range of services and citizens together to build healthier and safer communities. Our multi-disciplinary and multi-sectoral community-based council includes representatives from the social, health, and education sectors, as well as, enforcement, urban and rural centres, planning, child and family well-being, youth and more. Together, these members act as a resource and an advisory body for local communities and the Region of Waterloo.

In our experience so far, we have come to learn that the role of a crime prevention council is not to 'do for' the community, but to 'do with' the community.

The role of a crime prevention council is to be a catalyst for action, an educator, a connector, a researcher, a resource and support. WRCPC is actively engaged in *social change oriented crime prevention* through:

- Education
- Outreach
- Capacity Building
- Community Dialogue
- Research
- Communication
- Community Engagement
- Partnership Building

Since 1994, WRCPC has worked collaboratively on smart approaches that prevent crime and victimization by getting to the root causes of crime. From neighbourhood engagement, training and education, to research and developments that improve services for citizens, the work of WRCPC is rooted in the best available evidence and promising innovative practice.

WRCPC works to close the gaps between service silos and to identify new directions for reducing and preventing crime, victimization and fear of crime by bringing together individuals, neighbourhoods, organizations, agencies and all levels of governments. This multi-disciplinary approach is at the heart of prevention efforts in Waterloo Region and has been upheld across Canada as an effective model for municipally-based crime prevention.

To learn more about our approaches and work, visit www.preventingcrime.ca
www.smartoncrime.ca

