

BEST PRACTICE RESEARCH:

Exploring Community Responses Illicit Substance Use



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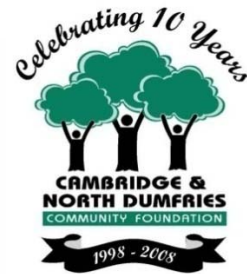
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of the City
of Cambridge



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Social Planning Council
of Cambridge and North Dumfries

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INTRODUCTION

The issue of illicit substance use places a strain on social and economic development at both the local and regional level. Partnerships across all sectors are needed to provide the necessary infrastructure for policies and services that address specific community concerns. The substance use action plan should reflect the availability of services, regional priorities, and be applicable to municipalities within the region. As outlined in the *Baseline Study of Drug Use, excluding alcohol, in the Waterloo Region*, the use and trafficking of illicit drugs is occurring throughout the Waterloo region. The above-mentioned report identifies the need to assess gaps in service and identify the impact of substance use across the region. The development of a substance use action plan is necessary for establishing solutions for this important issue within the region.

BACKGROUND

In November 2007 the Social Planning Council of Cambridge and North Dumfries (SPC-CND) was approached by the Corporation of the City of Cambridge and the Cambridge & North Dumfries Community Foundation to facilitate a meeting with local human service agencies to develop a better understanding of illicit substance use in the community. During this meeting, the Cambridge Action Plan on Substance Use Steering Committee was formed to address the concerns that were brought forward.

The steering committee then pursued funding partnerships with the Region of Waterloo, the Corporation of the City of Cambridge and the Cambridge & North Dumfries Community Foundation to move forward with the project. The identification of illicit substance use concerns within our community makes the research and the design of this project both relevant and timely.

PURPOSE OF THE REPORT

This best practice research is an important first step in the progression of this research initiative, as it will help inform the development of evidence-based indicators to determine how to best address the community's needs. This report will gather and highlight the important literature and resources available to inform a local drug action plan for Cambridge.

BEST PRACTICE SCOPE

There is no universally agreed upon definition of “best practice” research in the human service field. The term has changed from its original milieu of scientifically defensible studies, to comparison and review of “soft” research (Leavey et al., 2000, p. 5). Best practices research in some professional circles has become synonymous for a generic method of reviewing or

researching literature. For the purposes of this report, the review of the literature on illicit substance use was undertaken to identify key themes and activities which have proven successful in developing or informing local drug strategies or action plans. Literature from scholarly journals and articles, provincial government archives, non-profit research reports, and local municipality strategies were thoroughly researched and examined. The best practice research involved engaging data on a municipal, provincial, national, and international level to gather a diversity of materials to analyze.

For the purposes of this project the following research questions were asked:

- What is current research documenting about illicit substance use?
- What impact does illicit substance use have on communities?
- What have other municipalities done about illicit substance use?

HOW TO USE THIS REPORT

This report is designed to survey recent literature and provide critical analysis on best practices regarding illicit substance use through drawing connections to local issues represented in the Waterloo Region catchment area. Community residents, social service providers, and local government can use this document to easily find the important information needed before developing a drug strategy or action plan for their community. The literature review provides brief highlights of each article, and analysis of local implications of the material. This report concludes by synthesizing all the material into six best practices areas emerging from the research. This report is not intended to be a stand-alone document, but builds on recommendations and findings in the *Baseline Study of Substance Use, Excluding Alcohol, in Waterloo Region* (June 2008) and is connected to three other reports in this research project.

A WORD ABOUT LANGUAGE

How we use words and express ourselves is very powerful, especially when our choice of language has the possibility of oppressing or offending others. Illicit substance use is a controversial topic with many different language choices to describe the problem. In order to maintain coherency, we have not altered the language used in the articles in the “literature review section” of this report. However, in our analysis we have chosen to use phrases such as: problematic substance use, illicit substance use, and substance use interchangeably to describe people who use drugs. Wherever possible, we have purposefully avoided words like: addiction, drug addict, and drug abuse because of their affiliated negative connotations.

LITERATURE REVIEW

The breakdown of the literature review is separated into 8 different categories:

- **Background:** examines research reports documenting baseline statistical analysis, four pillar drug strategy blueprints, national research of the scope of substance abuse, and broad strategic directions for drug policy.
- **Planning and Engagement:** focuses on overall approaches that communities have developed to lessen harms associated with substance use, by looking at specific vulnerable at-risk populations, as well as mainstream populations.
- **Drug Strategy:** looks at various municipal and provincial drug strategies that demonstrate attempts to address community concern, through action with either a 4 or 3 pillar strategy.
- **Prevention:** outlines the various research and best practice in prevention campaigns that communities have used in hopes of decreasing substance use.
- **Harm Reduction:** highlights the research and best practice principles in harm reduction strategies and models of practice that aim to lessen the harmful effects of substance use.
- **Treatment and Rehabilitation:** focuses of the research and best practice principles that address the various different treatment needs of specific populations.
- **Enforcement:** outlines research and best practice principles of how communities have addressed the need for public order and safety.

Best Practices Report

- **Evaluation:** frameworks presenting models of practices to evaluate outcomes, goals, and objectives of drug strategies.

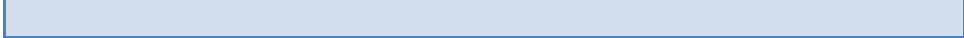
SECTION ONE: BACKGROUND

Stronger Together: A Provincial Framework for Action On Alcohol and Other Drug Use

| | |
|-------------------------------|---|
| AUTHOR | Alberta Alcohol and Drug Abuse Commission |
| PUBLISHING INFORMATION | Government of Alberta, 2005 ISBN 0-7785-3905-9 |
| AVAILABILITY | http://www.aadac.com |
| OVERALL AIM | The article outlines a framework for a coordinated, community-based approach to reduce the harms associated with alcohol and other drug use. |
| CONTENT | <ul style="list-style-type: none"> • Review of alcohol and drug use trends in Alberta. • No single group or organization can address all the issues on its own. But by fostering a collective, community-based approach to alcohol and other drug problems, the strategy can unite a wide variety of groups at all levels under a single vision. • Core Elements: prevention, treatment, harm reduction, and policing and enforcement— all ensure a balanced and multi-faceted approach. • Enforcement agencies collaborate with licensing authorities, the hospitality industry, health and social services and schools to develop initiatives that reduce alcohol and other drug problems. • Policing and enforcement have an impact on the success of prevention and harm reduction initiatives. • Action should be comprehensive, collaborative, coordinated, sustainable, and evidence-based. • Focus on leadership and accountability, partnerships and community capacity, information and research, continuum of service, legislation and regulation. • Roles and responsibilities of regional authorities, business and industry, communities, and individuals and families in the strategy. |
| THEORIES REFERENCED | Evidence Based Practice; Four Pillar Drug Strategy. |
| IMPLICATIONS | Increases knowledge for decision makers on the municipal level through identifying research gaps and priorities, promoting multidisciplinary research, and monitoring and evaluating objectives to reduce harms associated with substance use through extensive community engagement. |

Every Door is the Right Door: A British Columbia Planning Framework to Address Problematic Substance Use and Addiction.

| | |
|-------------------------------|--|
| AUTHOR | Government of British Columbia |
| PUBLISHING INFORMATION | British Columbia Ministry of Health Services, Mental Health and Addictions, 2004 ISBN 0-7726-5127-2 |
| AVAILABILITY | http://www.housing.gov.bc.ca |
| OVERALL AIM | The report seeks to ensure a comprehensive, compassionate, and effective response to addictions and problematic substance use. It recognizes addiction as a chronic condition often linked to concurrent mental illness. |
| CONTENT | <ul style="list-style-type: none"> • The population health approach considers the influence of living and working conditions, social environments, culture, and access to health services as determining factors of the well-being for groups of people. • A community capacity-building philosophy collaborates with faith-based organizations, community centres and schools, citizen and cultural associations, business associations, social service agencies, municipal governments, and the police to determine the community assets. If these key stakeholders are organized and work together towards mutually accepted goals of preventing or reducing problematic substance use in the community, drug strategies can be sustainable. • A comprehensive continuum of services includes health promotion, prevention, harm reduction, early identification, treatment; long-term rehabilitation and re-integration support are explored in detail. • The model addresses substance use disorders as chronic diseases and incorporates British Columbia's Expanded Chronic Care Model. • Roles and responsibilities of the service providers are explain in terms of building system capacity for problem drug users. • Critical factors for success: Client-centered, de-stigmatizing, gender and diversity sensitive, evidence-based, balanced continuum of response, coordinated, cost-effective. |
| THEORIES REFERENCED | Community Capacity; Evidence Based Practice; Population Health Model; Chronic Care Model; Systems Theory; Client Centred Therapy; Anti Oppressive Practice. |
| IMPLICATIONS | The article advocates for a continuum of care and response to substance use by challenging traditional stigmas and stereotypes of viewing drug use as a disease. Collaboration and coordination of services are essential to respond effectively to the needs of the drug user. |



A Compendium of Resources to Support Municipal Drug Strategies in Canada

| | |
|-------------------------------|---|
| AUTHOR | Canadian Centre on Substance Use |
| PUBLISHING INFORMATION | Federation of Canadian Municipalities, 2000 ISBN 0-9 9080-88-4, Publication # 3556 |
| AVAILABILITY | www.fcm.ca |
| OVERALL AIM | This compendium is the result of a search for the best resources to support Canadian municipalities addressing substance use. The search centered on Canadian and, to a lesser extent, international resources published since 1985. Prevention and treatment resources were the primary focus. Because the primary interest of this municipal drug strategy development initiative is illicit substances, alcohol-related initiatives were included only when they are part of a broader strategy involving illicit substances. |
| CONTENT | <p>The report is broken down into three major sections, and 16 sub-categories:</p> <ul style="list-style-type: none"> • Policy: task force reports or municipal strategy blueprints focusing on broad strategic directions for municipal action; • Community Organization: focusing on the overall approaches which municipalities/communities may adopt to implement a strategy; • Specific interventions: focusing on specific measures that a municipality may implement or support • Early childhood education, parenting and families, schools, youth agencies, neighbourhoods, media, faith communities, workplace, street services, housing, police and courts, methadone maintenance, needle exchange, overdose prevention, safe injecting measures, and treatment. • The search for resources was conducted through selected databases (CCSADOCS, CANBASE, ETOH, IDA) and the Internet, focusing on key national, provincial/state and municipal sites. |
| THEORIES REFERENCED | Four Pillar Drug Strategy; Best Practice Research. |
| IMPLICATIONS | This compendium has extensive resources that accurately synthesize relevant illicit substance use research pertaining to development of a municipal drug strategy. |

Baseline Study of Substance Use, Excluding Alcohol in Waterloo Region

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|-------------------------------|--|
| AUTHOR | Centre for Community Based Research |
| PUBLISHING INFORMATION | Region of Waterloo Public Health, June 2008 |
| AVAILABILITY | www.region.waterloo.on.ca |
| OVERALL AIM | The study purposes to develop a detailed description of drug use in Waterloo Region, to determine if existing programs and services are meeting the needs of persons who use illicit drugs, and to understand challenges faced by service providers who work with this population. |
| CONTENT | <ul style="list-style-type: none"> • The report explores five objectives: <ul style="list-style-type: none"> - To better understand illicit substance use geographically. - Identify areas where people use illicit substances in order to develop effective outreach strategies. - Document service needs through analyzing over laps and gaps in service provision. - Identify barriers to accessing services. - Understand challenges faced by local service providers. • Outlines methodology of data gathering, interviewing, research design, and conducting focus groups • Analysis of data according to age, socio-economic status, ethno-cultural identity, geographical location, experience using services, type and method of using illicit substances. • Summarizes research findings through development of recommendations to address the problem within Waterloo Region. • Outlines the written materials used in focus groups, interview question guide, consent forms, ethical review and design, engagement of participants, and survey development. |
| THEORIES REFERENCED | Rapid Assessment Response Guide; Harm Reduction |
| IMPLICATIONS | This report describes the basic identifying features of illicit drug use in the Waterloo region. Research findings contribute to policy development, and inform program planning and evaluation. |

National Framework for Action To Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada

| | |
|-------------------------------|---|
| AUTHOR | Health Canada and Canadian Council of Substance Abuse |
| PUBLISHING INFORMATION | Health Canada, December 2005 |
| AVAILABILITY | www.nationalframework-cadrenational.ca |
| OVERALL AIM | The report summarizes a consultative, multi-stakeholder process to gauge the level of support for the joint development of a National Framework for Action on alcohol and other drugs. |
| CONTENT | <ul style="list-style-type: none"> • Outlines vision, principles, and goals for national action on substance use. • Defines strategic priorities and directions that allow coherent planning, delivery and evaluation of activities. • Define and clarify the roles, responsibilities and accountabilities of the different jurisdictions and stakeholders. • Outlines a framework for how multi-partner strategies can be developed and receive funding. • Includes a reference list and detailed list of contributors. |
| THEORIES REFERENCED | Substance Involvement Screening Test; Strategic Planning. |
| IMPLICATIONS | This framework outlines how Health Canada is conceptualizing and defining substance use among Canadians. Their approach is based on extensive consultation with service providers, which informs their approach to social planning, policy development, and strategic planning to address the issues around substance use. |

Canadian Addiction Survey: Highlights And Detailed Report

| | |
|-------------------------------|---|
| AUTHOR | Health Canada, Canadian Executive Council on Addictions |
| PUBLISHING INFORMATION | Canadian Centre on Substance Use (CCSA), August 2007 ISBN 1-896323-35-9 |
| AVAILABILITY | www.ccsa.ca |
| OVERALL AIM | To provide statistical analysis on substance use among Canadians to assist decision-makers in governmental sectors in allocating financial and human resources to the social service providers. |
| CONTENT | <ul style="list-style-type: none"> • Highlights the prevalence, incidence and frequency of alcohol and other drugs use in the Canadian population aged 15 and older. • Measures the extent of harms that are associated with those individuals who use alcohol and other drugs. • Asses the context of use and identifies the risk and protective factors related to the use and consequences of alcohol and other drug use. • Measures public opinion, views and knowledge regarding existing and potential addiction policies, and to identify emerging policy issues. • Provides baseline data for future evaluations of the effectiveness of Canada’s Drug Strategy and other efforts to reduce the harm associated with alcohol and other drug use. • Gives provincial data and compares alcohol and drug use amongst age and geographic locations, highlights similarities and differences between regions. |
| THEORIES REFERENCED | Canada’s Drug Strategy. |
| IMPLICATIONS | The report highlights the current information about prevalence, trends, and changes or gaps in the addiction support system. Their findings impact how policy is developed to meet the needs of drugs users in Canada, and how service providers can respond through program development. Health Canada measures their funding interventions based on the trends represented in this data. |

Geographical Variation in the Prevalence of Problematic Substance Use in Canada

| | |
|-------------------------------|---|
| AUTHOR | Scott Veldhuizen, Karen Urbanoski, and John Cairney |
| PUBLISHING INFORMATION | Research supported by Canadian Institutes of Health Research |
| AVAILABILITY | La Revue Canadienne De Psychiatrie, Vol. 52, No. 7, Juillet 2007, pp.426-433 |
| OVERALL AIM | To demonstrate the pattern of geographical disparity with regards to the prevalence of substance-related problems |
| CONTENT | <ul style="list-style-type: none"> • Modeled different geographic patterns using spatial analysis. • Data collected from Canadian Community Health Survey. • Discusses findings/patterns pertaining to different regions in Canada. • Findings Include: The pattern of large-scale differences is consistent with existing research and is probably part of a larger disparity among regions of Canada. The persistence of variation after adjustment for covariates suggests the influence of unmeasured, geographically varying factors, of which there are several candidates, including latitude and immigrant's settlement patterns. |
| THEORIES REFERENCED | |
| IMPLICATIONS | This research provides knowledge of the root causes of certain drugs used within particular regions of Canada. The findings allow for further development as to what impact geographical indicators have on the type of drug strategy that would be most successful within a certain region. |

National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs And Substances In Canada “Answering The Call”

| | |
|---|---|
| AUTHOR | Health Canada and Canadian Centre on Substance Abuse |
| PUBLISHING INFORMATION | Ottawa, Ontario Drug Strategy and Controlled Substances Programme, Health Canada, First Edition, Fall 2005 |
| AVAILABILITY | http://www.nationalframework-cadrenational.ca |
| OVERALL AIM | This report aims to mobilize national action to reduce harms associated with substance use through creating supportive environments that promote the health and resiliency of persons in order to prevent use and reduce harms. |
| CONTENT | <ul style="list-style-type: none"> • Statistical information pertaining to substance use within Canada. • Outlines information collected from participants, highlighting how to obtain, discuss and compile research from drug users. • Highlights the goals of the National Framework on Substance Use. • 13 priorities outlined in 3 categories: <ul style="list-style-type: none"> - To address specific issues <ul style="list-style-type: none"> ○ Increasing awareness and understanding of problematic substance use ○ Reducing alcohol-related harms ○ Preventing problematic use of pharmaceuticals ○ Addressing enforcement issues ○ Addressing Fetal Alcohol Spectrum Disorder (FASD) - To build supportive infrastructure <ul style="list-style-type: none"> ○ Sustaining workforce development ○ Improving quality, accessibility and range of options to treat harmful substance use including substance use disorders ○ Implementing a national research agenda and facilitating knowledge transfer ○ Modernizing legislative, regulatory and policy frameworks - To address the needs of key populations <ul style="list-style-type: none"> ○ Focusing on children and youth ○ Reaching out to Canada’s North ○ Supporting First Nations, Inuit and Métis people in addressing their needs ○ Responding to offender-related issues • Vision, outlines, principles, and priorities are described. • Explanation of the governance of the National Framework. • Partnerships for Action, ideas and document use moving forward into community action are outlined. |
| THEORIES REFERENCED IMPLICATIONS | This report provides a national framework with context and perspective for the |

development of a drug strategy.

The Roots of Addiction in Free Market Society

| | |
|-------------------------------|--|
| AUTHOR | Bruce K. Alexander |
| PUBLISHING INFORMATION | Canadian Centre for Policy Alternatives, April 2001 ISBN 0-88627-274-2 |
| AVAILABILITY | www.policyalternatives.ca |
| OVERALL AIM | This paper argues that social dislocation is the necessary precursor of addiction, and uses examples from Canadian and Scottish History to show how a free market based society inevitably provides widespread dislocation among the poor and the rich. |
| CONTENT | <ul style="list-style-type: none"> • Four pillar initiatives are advancing effective policy towards addiction– however further analysis needs to be done on the root causes and how to effectively address them. • The four pillar approach only focuses on illicit drugs and overlooks other addictions that could be just as dangerous (money, power, material goods, food, sex, work, etc). • Addiction defined is a compulsive lifestyle that people adopt as a desperate substitute when they are dislocated from the community. • Eric Erikson depicted a life-long struggle to achieve “Psychosocial Integration”, a state in which people flourish simultaneously as individuals and as members of their culture. Erikson believed that psychosocial integration is essential for every person in every type of society as it makes life bearable, even joyful at its peaks. • People who persistently fail to achieve genuine psychosocial integration eventually construct lifestyle that substitutes for it. • The media, politicians, and even some addiction professionals widely publicize that crack is irresistibly addictive. No matter what drug one uses, it is difficult to separate addictiveness of the drug and how severely dislocated an individual is before their addiction ensued. |
| THEORIES REFERENCED | Four Pillar Drug Strategy; Adam Smith – Free Market Society; Harm Reduction; Substitute Lifestyles; Eric Erikson – Life Cycle. |
| IMPLICATIONS | Attempts to treat or prevent addiction that ignore the connection between free markets, dislocation, and addiction are not addressing the root causes. Addressing the problem of addiction will require fundamental political and economic changes in society. |

SECTION TWO: PLANNING AND ENGAGEMENT

Seeking a Sustainable Approach: The Final Report of the Edmonton Community Drug Strategy Task Force

| | |
|-------------------------------|---|
| AUTHOR | Edmonton Community Drug Strategy Task Force |
| PUBLISHING INFORMATION | Edmonton Community Drug Strategy (2007) |
| AVAILABILITY | www.edmonton.ca/drugstrategy |
| OVERALL AIM | To build awareness of the coalition’s successes and strengths by illustrating the need to continue this effort in a sustainable way. |
| CONTENT | <ul style="list-style-type: none"> • The success and sustainability of community initiatives are influenced by dedicated resources for coordination and administration. • Greater integration within the municipal framework capitalizing on multi-partner commitments provides closer alignment with community values, increasing the likelihood that the initiative will be sustainable. • Used Four Pillars Drug Strategy approach. • Multi-stakeholder collaboration included representatives from health sector, insurance industry, business, real estate, utilities, police, social services and government. • The drug strategy was coordinated through the Edmonton Stop Marijuana Grow Ops coalition. • The greatest opportunity for success lies in stronger collaboration between the many independent agencies, community groups and concerned citizens. • Developed toolkits for marginalized parents, grandparents, guardians and youth—translated into 10 languages for the project. |
| THEORIES REFERENCED | Four Pillar Drug Strategy; Multi-Partner Collaboration. |
| IMPLICATIONS | The Edmonton Drug Strategy sought to develop a community based intervention that captured the voices from all social sectors. Their recommendations provide critical insight into the importance of “phases of engagement” and “seeking sustainability” that were overlooked in their initiative in order to address immediate need/concerns. |

Evidence-Based Practices for Effective Community Coalitions

| | |
|-------------------------------|--|
| AUTHOR | Center for Prevention Research and Development |
| PUBLISHING INFORMATION | Center for Prevention Research and Development, Institute of Government and Public Affairs, University of Illinois. 2006 |
| AVAILABILITY | http://www.cprd.uiuc.edu |
| OVERALL AIM | To describe best practices for the development of community coalitions in order to mobilize communities to address complex issues such as substance use. |

CONTENT

- The main goals for coalitions are to broaden the mission of member organizations, develop more comprehensive strategies, and develop wider public support for issues and action.
- Most health issues, including drug misuse are complex, multi-layered problems that require sophisticated solutions at the community level.
- Research on the effectiveness of coalitions is still in early stages of development.
- Essential characteristics of effective coalitions include planning, inclusiveness, leadership, resources, and ongoing professional development.
- The steps of coalition development are: formation, capacity building, implementation, sustainability, reflection and outcomes.
- Both parents and youth should be involved in coalitions.

**THEORIES
REFERENCED
IMPLICATIONS**

Community Capacity Building; Inclusive Community Practice; Prevention

Community Coalitions provide an excellent avenue for addressing substance use within the community because they mobilize residents to respond to issues of concern.

Municipal Drug Strategy: Sustaining Community- Based Initiatives

| | |
|-------------------------------|--|
| AUTHOR | Federation of Canadian Municipalities |
| PUBLISHING INFORMATION | Federation of Canadian Municipalities, 2003 |
| AVAILABILITY | http://www.fcm.ca |
| OVERALL AIM | This pamphlet summarizes the evaluation of the Federation of Canadian Municipalities (FCM) Municipal Drug Strategy Pilot Project. The study identified the following factors contributing to the sustainability of these projects: community mobilization, the connections between people’s behaviour and their social contexts, and the processes through which private concerns become public community issues. |
| CONTENT | <ul style="list-style-type: none"> • Complex problems like poverty, unemployment, homelessness and substance use require more fundamental social changes, which usually take more time and resources to achieve. In general, they require a concerted effort over time rather than a one- time project or program. • Key Questions for sustainability: <ul style="list-style-type: none"> - What are we trying to achieve? - Is the issue meaningful to members of the local community? - Have collaborative community partnerships been established? - Is there “buy- in” by key community leaders? - Is there evidence that something has been accomplished? - Is a communication plan in place? - Are the necessary resources available to sustain the community initiative? - Is there a shared community vision that outlines common goals and objectives? - Has coordination and administration received sufficient attention? - Is there a strategy that supports evidence-based planning and decision-making? |
| THEORIES REFERENCED | Community Collaboration; Evidence Based Practice; Strategic Planning; Program Evaluation. |
| IMPLICATIONS | This pamphlet is an excellent resource for communities considering implementing a drug strategy because it captures important questions that could influence how the strategy is conceptualized and developed. |

Raising Public Awareness about Addictions: Creating Momentum for Action

| | |
|-------------------------------|---|
| AUTHOR | Anne M. Lavack |
| PUBLISHING INFORMATION | University of Regina, April 2005 |
| AVAILABILITY | www.uregina.ca |
| OVERALL AIM | To create an attitudinal shift in society by reporting on the following: accurate and current information regarding the prevalence of addictions, understanding of the demographic / psychographic profile of persons with addictions, better understanding of the root causes of addiction, better understanding of the impact of addiction (monetary impact as well as human impact), better understanding of solutions to the problem and the payoffs for applying the solutions. |
| CONTENT | <ul style="list-style-type: none"> • Given the enormous costs associated with substance use, the need for prevention and treatment becomes clear. A number of studies show the cost effectiveness of treatment. For example, in the United States, domestic drug enforcement costs 4 times as much as treatment for a given amount of user reduction. A dollar spent on cocaine treatment yields societal cost savings of \$7.48. • Dependence or addiction is not caused by moral weakness, or lack of self-control or willpower. It is the shame and negative consequences associated with dependence that lead to a significant stigma being attached to substance use. • An estimated 10% of American adults are either suffering from an addiction problem or are in recovery. • In spite of the widespread prevalence of addictions, and the many people who are affected by the addictions of others, a strong stigma still exists against people in addiction recovery. For example, employers are less likely to hire a job candidate if that person is in recovery from drug or alcohol addiction. • Highlights de-stigmatising campaigns from all over the world and summarizes their effectiveness |
| THEORIES REFERENCED | Disease Model; Medical Model; Social Marketing; Risk Analysis; Anti-Oppressive Practice. |
| IMPLICATIONS | Convincing the public of the extensive impact of substance use on the community requires powerful informative reports and communication strategies that help raise the social consciousness of the community. |

SECTION THREE: DRUG STRATEGY

The Toronto Drug Strategy: A Comprehensive Approach To Alcohol And Other Drugs

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|-------------------------------|--|
| AUTHOR | Toronto Drug Strategy Advisory Committee |
| PUBLISHING INFORMATION | City of Toronto, December 2006 |
| AVAILABILITY | http://www.toronto.ca |
| OVERALL AIM | The City of Toronto developed a comprehensive drug strategy based on four key areas: prevention, treatment, harm reduction and enforcement. The strategy includes policy approach, vision statement, guiding principles, and recommended actions for a comprehensive and coordinated response. |
| CONTENT | <ul style="list-style-type: none"> • Toronto differs from Vancouver in that substance use is spread throughout the city, often hidden from view. Hidden use may increase risk and make it harder to reach people. • Unlike Vancouver and Ottawa, Toronto has not had to declare a health emergency because of skyrocketing HIV rates among injection drug users. This is attributed to proactive interventions such as needle distribution programs. • Guiding Principles include social justice, diversity, access and equity, participation, partnership, determinants of health, evidence based practice and comprehensiveness. • Determinants of health include safe environment, adequate income, education, and appropriate shelter and housing. • Goals of the strategy: <ul style="list-style-type: none"> - Prevent or delay onset of substance use. - Improve physical, emotional, mental and spiritual health and well-being of people using substances. - Improve quality of life of families, neighbourhoods, and communities affected by substance use. - Coordinate and integrate policies, programs and services. - Establish mechanisms for accountability to all stakeholders. • Includes a profile of substance use in Toronto. • Themes for action: 1) Leadership and coordination, 2) Children and families, 3) Youth, 4) people who use substances, 5) neighbourhoods and communities, 6) Awareness, education and communities, and 7) Research and evaluation. • Priority is establishing a drug strategy Implementation committee. |
| THEORIES REFERENCED | Determinants of Health; Four Pillar Drug Strategy; Evidence Based Practice; Comprehensive Strategy. |
| IMPLICATIONS | The Toronto Drug Strategy describes a four pillar drug strategy conceptualized with the local community in mind. Differentiating itself from the Vancouver strategy, Toronto is able to creatively contextualize current research for addressing community concerns. |

A Community Guide: Strategies and Interventions for Dealing with Crystal Methamphetamine and other Emerging Drug Trends

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|-------------------------------|---|
| AUTHOR | Monica Jobe-Armstrong |
| PUBLISHING INFORMATION | Fraser Health Authority Addictions Services, June 2005. Fraser, B.C. |
| AVAILABILITY | http://www.fraserhealth.ca |
| OVERALL AIM | To provide clear information to communities to help them discuss, plan, and implement strategies relating to the use of crystal methamphetamine by youth and adults. |
| CONTENT | <ul style="list-style-type: none"> • Overview of methamphetamine, including reasons for use, effects and consequences, comparison of methamphetamine with cocaine. • International, national, provincial and local meth use patterns. • Methamphetamine use within the continuum of care, including prevention, harm reduction, withdrawal, treatment and drug treatment courts. • Methamphetamine use and key at risk groups, including youth, individuals with mental health issues, queer population, pregnant women, women with small children, and drug endangered children. • Information and resources for first responders including police, emergency room personnel, general practitioners, correctional workers. • Describes methamphetamine production and enforcement issues relating to community safety. |
| THEORIES REFERENCED | Four Pillar Drug Strategy; Medical Model |
| IMPLICATIONS | Crystal methamphetamine use is a growing concern within Waterloo region. This article gives excellent insight and recommendations of how to organize and mobilize community action against substance use by targeting specific at-risk populations. |

Oxycontin/Narcotic Abuse Task Force- City of Greater Sudbury

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| AUTHOR | Oxycontin/Narcotic Abuse Task Force |
| PUBLISHING INFORMATION | Greater Sudbury Police Services, 2005 |
| AVAILABILITY | http://www.police.sudbury.on.ca |
| OVERALL AIM | To develop proactive strategies to limit the abuse of narcotics, and to provide a framework to educate the community. The strategies are based on the four pillars: harm reduction, prevention, treatment, and enforcement. |
| CONTENT | <ul style="list-style-type: none"> • Outlines the nature and extent of the problem. • Gives perspectives on harms created by misuse of oxycontin and narcotics, from the perspectives of the police, physicians and pharmacists. • Highlights the growing problem of youth and prescription drug misuse, through analysis of school board reports. • The police have concerns about the connection between oxycontin use and criminal behaviour e.g., property crime, break and enter, robbery, theft, and fraud. • In Sudbury the police have noticed a growing number of sudden deaths related to oxycontin and pain relieving medication misuse. • Developed prevention strategies specifically targeting youth in high schools and pre-teens in grade 7 and 8. The strategy was developed with support from local physicians and pharmacists, the general public, and people addicted to narcotics. • Local detoxification and treatment resources have been developed to specifically address narcotic misuse. • “Target Hardening” policing strategy for reducing pharmacy break-ins. |
| THEORIES REFERENCED IMPLICATIONS | <p>Four Pillar Drug Strategy</p> <p>Oxycontin and other prescription drugs are a growing substance of choice for drug users, especially among youth. Understanding how the scope and impact of this type of drug use differs from illicit substances may have important implications for the development of an integrated drug strategy for Waterloo region.</p> |

A Framework for Action

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|-------------------------------|---|
| AUTHOR | Donald MacPherson |
| PUBLISHING INFORMATION | City of Vancouver, Drug Policy Program, 2001 |
| AVAILABILITY | http://www.city.vancouver.bc.ca/fourpillars |
| OVERALL AIM | <p><i>A Framework for Action</i> establishes the four pillars approach for Vancouver’s drug policy. It’s overall aim is to:</p> <ul style="list-style-type: none"> - Provide a framework for action that compels the provincial and federal governments to take responsibility for issues within their jurisdiction. - Show which levels of government are responsible for actions to achieve the framework’s goals. - Clarify Vancouver’s drug problems and establish appropriate, achievable goals and actions. |
| CONTENT | <ul style="list-style-type: none"> - Four main partners at the community, municipal, provincial and federal levels of government are responsible for coordination and implementation of the Four Pillar Drug Strategy. - The Four Pillars Coalition— a community partnership of more than 60 organizations dedicated to the four pillars approach in the City of Vancouver —has guided the drug strategy since 1997. - Four Goals: <ul style="list-style-type: none"> - Provincial and Federal Responsibility - Public Order - Public Health - Coordinate, Monitor and Evaluate - Outlines substance use trends within municipality, dilemmas, perceptions, etc. - Cost analysis vs. Risk Analysis. |
| THEORIES REFERENCED | Four Pillar Drug Strategy; Risk Analysis; Community Coalitions |
| IMPLICATIONS | <p>The drug strategy developed to address the specific needs in Vancouver demonstrates a superior model of practice that is applicable to other communities. The model demonstrates measurable outcomes and goals that other municipalities could contextualize for their specific needs.</p> |

A Strategic Plan for Crystal Meth and Other Amphetamines in Saskatchewan

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| AUTHOR | Saskatchewan Health |
| PUBLISHING INFORMATION | Government of Saskatchewan, 2005 |
| AVAILABILITY | http://www.health.gov.sk.ca/crystal-meth-strategy |
| OVERALL AIM | To integrate and strengthen the services that help to prevent and treat addiction and to coordinate and intensify efforts to reduce access to and use of crystal methamphetamine and other drugs, thus reducing the harms associated with the use of these drugs. |
| CONTENT | <ul style="list-style-type: none"> • The plan identifies four key areas of strategic focus: prevention; treatment; education; and reducing the drug supply. • It outlines 25 key actions for each of the four areas and provides examples of initiatives currently underway throughout the province. Each pillar is identified in-depth with thorough analysis of goals and outcomes. • Key Points: <ul style="list-style-type: none"> - Additional youth stabilization services are needed to provide a safe place where youth can withdraw from alcohol and drugs and stabilize physically, emotionally and socially. - More "brief" detox services that provide safe places for short-term stays to stabilize from serious drug use. - Mobile treatment operations to meet the needs of northern communities. - Community outreach centres to meet the needs of "street youth" and families with children who have serious substance use issues. - A media campaign to raise public awareness. - Each Pillar is presented with initiatives going forward. |
| THEORIES REFERENCED | Anti-Oppressive Practice |
| IMPLICATIONS | This article specifically addresses the needs of marginalized groups who are using drugs including: youth, aboriginal peoples, "street involved" individuals, and northern residents in Saskatchewan. The theories used to engage the marginalized groups are important for consideration in developing an inclusive strategy. |

The Regina and Area Drug Strategy Report

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| AUTHOR | Carolyn Laude |
| PUBLISHING INFORMATION | Drug Strategy Reference Committee, 2003 |
| AVAILABILITY | http://www.rqhealth.ca |
| OVERALL AIM | A framework for coordinated and integrated response that reduces drug-related harm through a multi-sector drug strategy. |
| CONTENT | <ul style="list-style-type: none"> • Discusses issues and potential solutions with community representatives and sector organizations. • Outlines community consultations; a multi-sector visioning exercise; review of strengths, weaknesses, opportunities, and threats, and focus group sessions. • Identified four strategic priorities: prevention, healing continuum, capacity building, and sustaining relationships. • Improve access to information on available resources for addressing addiction issues. • Comprehensive community education and awareness strategy. • Develop youth stabilization and programming components, which link to other sector services. • Monitored increased use of methadone and subsequent impacts on births and deaths. • Review treatment services and pathways for different groups like youth, adults, families, dual diagnosis, homeless, women, solvent abusers and other populations that are at risk. • More localized programming and service delivery, options for neighbourhood initiatives. • Volunteer use, opportunities and support in the addiction field. • Coordination between addiction treatment centres. • Form a working group from the enforcement, health, and social support sectors to discuss shared issues and solutions. • Representatives of levels of government and sector funding organizations work together. |
| THEORIES REFERENCED | Four Pillar Drug Strategy |
| IMPLICATIONS | This report provides additional research into developing an integrated holistic drug strategy that is owned and directed by the community. The Regina drug strategy is critical of solely adopting a four pillar drug strategy model because it does not typically include important aspects of community engagement, capacity building, and critical thinking about treatment services and the needs of drug users. This report indirectly challenges municipalities to incorporate |

other important aspects into their drug strategies.

Process For Developing An Alcohol & Drug Strategy For Nanaimo

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| AUTHOR | Nadac Strategy Working Group |
| PUBLISHING INFORMATION | Nanaimo Alcohol & Drug Action Coalition, 2006 |
| AVAILABILITY | http://www.nanaimo.ca |
| OVERALL AIM | To describe the nature and impact of substance and alcohol use by outlining goals for comprehensive, long-term, community-based strategy for Nanaimo to reduce the harms associated with substance use. |
| CONTENT | <ul style="list-style-type: none"> • Goals & Objectives of the strategy: <ul style="list-style-type: none"> - Enlist the support of major players to ensure the implementation of the strategy. - Ensure current resources are evidence-based and gaps and duplications are eliminated. - To prevent and reduce harms related to alcohol and other drug use in Nanaimo. - Sustain and enhance current safe, affordable, supportive housing for youth (and adults) at risk. - Explore the use of innovative criminal justice measures for those harmfully involved with alcohol or other drugs. • Phase 1 focus on youth. |
| THEORIES REFERENCED | Harm Reduction; Evidence Based Practices |
| IMPLICATIONS | This strategy represents a community-based strategy that focuses mainly on interventions for youth substance users. The plan describes the first phase, to be completed over five years with extensive community engagement and mobilization to address the specific needs and barriers to treatment that are facing youth. |

London Cares: London's Community Addictions Response Strategy – Phase One

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| AUTHOR | City of London |
| PUBLISHING INFORMATION | City of London, 2007 |
| AVAILABILITY | www.london.ca |
| OVERALL AIM | A plan to improve the health outcomes of the addicted and homeless population in the city of London, by making the downtown a safer and more vibrant place. |
| CONTENT | <ul style="list-style-type: none"> • London's strategy is built around the four pillar approach: prevention, harm reduction, treatment, and enforcement. • Past efforts to address substance use have failed because they have not addressed the many complex, inter-related factors that make people susceptible to substance use or to becoming dependent on substances. • Outlines the five particularly vulnerable populations: out-of-the-mainstream youth, people who are homeless, aboriginal people, sex trade workers, people with mental health problems, and older people and people with workplace injuries. • Substance use among the homeless impacts residential and business areas. Business owners worry about losing customers who have been approached by dealers or sex trade workers, or observed individuals injecting substances or behaving erratically. • Abuse of alcohol, marijuana, and cocaine remain the three biggest areas of concern. However there is a significant increase in methamphetamine use, opioid-based prescription pain killers, oxycodone, and concerns related to methadone maintenance treatment. • Outlines critical success factors for a drug strategy: <ul style="list-style-type: none"> - An integrated foundation of policy, legislation, funding and action to support the four-pillar model. - Shared ownership by different levels of government, the community, and service sectors: health, mental health, social services, education, and policing. - A single group or entity accountable for coordinating implementation and monitoring the process. - Community engagement to involve the public in planning, delivering and supporting comprehensive integrated services. • Gives detailed information about how funding and services will be delivered throughout the project. • Advocates for community education to decrease the negative stigma's associated with drug use that continue to isolate and alienate people from society. |

**THEORIES
REFERENCED**

- Outlines some theories on the root causes of addiction and what occurs in the body.

Four Pillar Drug Strategy; Health Communities Model; Determinants of Health

IMPLICATIONS

The London Drug Strategy incorporates business and residential community members concerns. They have successfully connected community concern with mobilization against negative harms associated with drug use. Their model incorporates a successful funding model that would be useful for other municipalities to review.

SECTION FOUR: PREVENTION

Preventing Substance Use Problems Among Young People

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| AUTHOR | Canadian Ministry of Health |
| PUBLISHING INFORMATION | Health Canada (2001) Coordinated by the Canadian Centre on Substance Abuse for the Office of Canada's Drug Strategy |
| AVAILABILITY | http://www.hc-sc.gc.ca ISBN 0-662-30636-8 |
| OVERALL AIM | To outline a compendium of best practices highlighting resources that address the following areas: <ul style="list-style-type: none"> • Preventing substance use problems among young people; • Effective programs to reduce harm for youth already using substances; • Canadian programs that demonstrate creativity and innovation to reduce substance use harms. |
| CONTENT | <ul style="list-style-type: none"> • Substance use issues are seen within the context of child and adolescent psychological development in order to respond most effectively. • In order to be credible with participants, be aware of the way in which young people view the benefits and risks associated with substance use. • Young people are seen as their own best resources for preventing and minimizing harmful effects of substance use. • Outlines an inventory of resources focusing on youth issues |
| THEORIES REFERENCED | Best Practice; Adolescent Development; Evidence Based Practice. |
| IMPLICATIONS | Developing a strategy to reduce harms associated with substance use requires keen attention to marginalized populations. Youth needs and issues can be unique and require different interventions than the mainstream population. This report provides detailed information for developing substance use prevention strategies for youth. |

Best Practices In Community-Based Prevention For Youth Substance Reduction

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|-------------------------------|---|
| AUTHOR | Jeong Woong Cheon |
| PUBLISHING INFORMATION | Journal of Community Psychology, Vol. 36, No. 6, pp. 761–779 (2008) |
| AVAILABILITY | www.interscience.wiley.com |
| OVERALL AIM | Examines 12 selected community-wide and school-community partnership based programs that are “strongly effective” in preventing youth substance use. The paper discusses the importance of community based prevention and adopting a strengths-based approach, youth engagement and healthy youth development. |
| CONTENT | <ul style="list-style-type: none"> • Review of 12 “strongly effective” prevention programs. • Programs targeted youth 10-18, substance use including alcohol and tobacco. • Prevalence of substance use among youth. • School-based programs are traditional but need to be supplemented by school-community partnership and community-based approaches. • Programs targeted: a) onset of substance use and b) suspending already initiated use. • “Strengths Perspective” deemphasizes pathology, and does not stigmatize youth. • Incorporate positive youth development approaches: provides a sense of belonging, being valued, caring and connectedness, and opportunities for meaningful engagement. • Adapt policies to integrate best practices. • Youth participation (engagement) in policy development. |
| THEORIES REFERENCED | Strengths-Based Practice; Health Communities Model; Community Capacity Building; Community-Based Model. |
| IMPLICATIONS | Integrating best practice literature into developing a drug strategy is critical to success. This article highlights ways to engage youth participants in community-based prevention programs and policy development through emphasizing healthy development over pathology. |

Alcohol and Drug Prevention Programs for Youth: What Works?

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|-------------------------------|---|
| AUTHOR | Centre for Addiction and Mental Health |
| PUBLISHING INFORMATION | Centre for Addiction and Mental Health, 1999 |
| AVAILABILITY | http://www.camh.net |
| OVERALL AIM | To present the most recent research on drug prevention programs for youth highlighting successes and challenges. |
| CONTENT | <ul style="list-style-type: none"> • Explores trends in youth substance use. • Presents strategies to prevent substance use. • Outlines education and skill development approaches • School programs. “Truly effective prevention programs in schools are difficult to implement.” • The Social Influence Model is a promising approach to prevention. • Unsuccessful approaches are those that simply provide information about substances, or that only provide information on health risks and consequences, or that focus exclusively on personal problems such as poor self-esteem, social skills, or values. • Family-based approaches involve parents. Teach parenting skills and parent-child communication. • Mass media campaigns are most effective at increasing knowledge and awareness, but less effective in affecting attitudes and behaviour. • Multi-level community approaches more promising than single preventative strategies. Participation from schools, families, workplaces, churches, governments and mass media is important. • Policy approaches are effective when combined with other educational and community approaches. • Harm reduction. Zero tolerance and other hard line approaches do not work, and may increase risk of serious problems. • Be realistic with goals. Goal is to prevent or reduce harms as opposed to preventing use completely. • Special programs designed to target at-risk youth, as well as general programs for broader population. • Capitalize on youth’s strengths. Involve young people in program planning and implementation. • Continue to evaluate progress to determine what works. |
| THEORIES REFERENCED | Prevention; Harm Reduction; Social Influence Model; Family-Based Approach; Participatory-Action Research. |
| IMPLICATIONS | This article highlights the importance of creative practice when working with the youth population by taking risks with how prevention programs are developed and implemented. |

What Works for Preventing and Stopping Substance Use in Adolescents

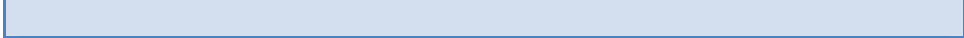
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| AUTHOR | Tawana Bandy and Kristin A. Moore. |
| PUBLISHING INFORMATION | Child Trends. Washington, D.C., 2008 |
| AVAILABILITY | http://www.childtrends.org |
| OVERALL AIM | This fact sheet synthesizes the lessons learned from experimentally evaluated programs and interventions targeting adolescent and youth substance use. This synthesis suggests findings related to both prevention and cessation-based programs. |
| CONTENT | <ul style="list-style-type: none"> • Multi-component programs generally work: a variety of different approaches, such as school, family, community, outside social activities and media campaigns. • Programs that address all forms of drug use in combination generally work – impacts on initiation of alcohol, tobacco, marijuana, and/or illicit drug use. • Increasing knowledge of the health consequences of substance use increases the likelihood/success of stopping use of alcohol and other substances. • Programs tailored to particular populations, such as those defined by developmental age, gender, and ethnicity, tend to work. • Peer teaching works when combined with adult facilitation. • Programs that emphasize drug resistance and reinforcement of anti-drug attitudes appear to work. • Ongoing research on the factors contributing to program success is still needed. |
| THEORIES REFERENCED | Evidence Based Practice; Prevention; Community Based Programming; Multi-Component Collaboration. |
| IMPLICATIONS | Developing programs that aim to prevent substance use among youth is difficult and often falls short of stated goals. A critical piece of an integrated drug strategy is prevention, especially among youth. This article articulates a synthesis of prevention programs by highlighting the successes and challenges of their goals and outcomes. |

“Nothing About Us Without Us” Greater, Meaningful Involvement of People Who Use Illegal Drugs: A Public Health, Ethical, and Human Rights Imperative

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| AUTHOR | Ralf Jürgens |
| PUBLISHING INFORMATION | 2005 Canadian HIV/AIDS Legal Network |
| AVAILABILITY | http://www.aidslaw.ca |
| OVERALL AIM | This paper examines why it is important to increase meaningful involvement of people who use illegal drugs in the response to HIV and Hepatitis C (HCV), and how this can be done. The goal is to promote respect for the human rights of all people living with or vulnerable to HIV/AIDS, and to promote and protect the health of people who use drugs. |
| CONTENT | <ul style="list-style-type: none"> • Historically, people who use drugs have rarely been included in discussions of issues that affect their lives. • People who use drugs have been marginalized because of their drug use and other factors, such as homelessness, mental health needs, or social exclusion. • People living with HIV and drug users have demanded a say in the development of policies and the delivery of services. • The HIV/AIDS epidemic has prompted the development of organizations of people who use drugs and a greater demand for involvement in HIV/AIDS policy, programs and services. • Canadian and international examples of consulting and involving drug users and people living with HIV. • Discusses ethical and human rights issues. • Provides recommendations for consulting and involving drug users and people living with HIV. • Examples from the Vancouver Area Network of Drug Users (VANDU). • Resource: “A Pyramid of Involvement” • Resource: “Consulting with People Who Use Drugs: Do’s and Don’ts” • Resource: “Policy Position: Drug User Organisations” Adopted by the Australian Injecting & Illicit Drug Users League (AIVL) • Resource: “How to Become Involved in the Establishment of a User Organization: 10 steps.” |
| THEORIES REFERENCED | Anti-Oppressive Practice; Community Capacity Building; Drug User Groups |
| IMPLICATIONS | This report outlines how to recruit and engage drug users in developing strategies to lessen the harm associated with drug use. Involving drug users in the interventions and strategies is essential to developing relevant and appropriate plans of action for the community. |

What Works: Effective Public Health Responses to Drug Use

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| AUTHOR | Office of National Drug Control Policy |
| PUBLISHING INFORMATION | The White House Office of National Drug Control Policy, March 2008 |
| AVAILABILITY | http://www.whitehousedrugpolicy.gov |
| OVERALL AIM | This booklet highlights research-tested demand reduction initiatives that have proven successful in the United States, and which may be applicable to other countries. Focuses on proven initiatives and government policies. |
| CONTENT | <ul style="list-style-type: none"> • Media campaigns work at reducing youth substance use. Keys to a Successful Anti-Drug Media Campaign include: <ul style="list-style-type: none"> - Strong legislative support - A strong scientific and research base - Free advertising created in conjunction with private partners - Participation by leading media corporations as well as civic, volunteer, youth-serving, education, prevention, public health, and multicultural organizations • Drug problems vary from community to community and require local solutions. In the United States, the formation of Drug Free Communities (DFC) coalitions has proven to be an effective catalyst for reduced drug use among youth and increased citizen participation. • Drug Testing in Schools and in the Workplace. Student drug-testing programs are non-punitive. They are designed to: <ul style="list-style-type: none"> a) Deter students from initiating drug use, b) Help identify students who have just begun to use drugs before a dependency begins, and c) Help identify students with a dependency so that they may be referred to appropriate treatment. • Screening, Brief Intervention, and Referral to Treatment- A number of standard screening tests have been developed for use by healthcare professionals. They are designed to help doctors and counsellors determine the full spectrum of drug use. • Improving Access to Treatment and Recovery-Increases flexibility of treatment and closes gap between screening and treatment access. • Drug Courts. For nonviolent drug offenders whose underlying problem is substance use, drug treatment courts combine the justice system with effective treatment services to break the cycle of criminal behaviour, alcohol and drug use, child abuse and neglect, and incarceration. |
| THEORIES REFERENCED | Evidence Based Practice; Best Practice. |
| IMPLICATIONS | This article provides an American model of dealing with substance use in their communities. Very helpful for decision makers to review, to compare and contrast what has worked in other countries to address substance use. |



SECTION FIVE: HARM REDUCTION

Peer Networking For The Reduction Of Drug-Related Harm

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| AUTHOR | D. Allman, T. Myers, J. Schellenberg, C. Strike, R. Cockerill, and W. Cavalieri |
| PUBLISHING INFORMATION | International Journal of Drug Policy 17, pp. 402–410 (2006) |
| AVAILABILITY | www.sciencedirect.com |
| OVERALL AIM | To discuss community organizing among people who use drugs to be involved in collaborative participatory research process involving with other stakeholders. This article explores a peer-based approach to reduce drug-related harm by promoting a socially-inclusive community-based response to a growing public health issue. |
| CONTENT | <ul style="list-style-type: none"> • Criminalized status of many drugs in Canada creates challenges for peer networks. • Peer-based networks for health promotion and prevention are beneficial for knowledge transfer, community building. • Participation of drug users in treatment improves their capacity by empowering them to assume a position of leadership. • Peer based approaches are a community-based response to the need for education, prevention and harm minimization. • Peer based approaches are inclusive of the socially marginalized while promoting health. |
| THEORIES REFERENCED | Peer- Networking; Harm Reduction; Community development; Collaborative Participatory Research; Peer- Based Approach; Anti-Oppressive Practice. |
| IMPLICATIONS | This article captures an innovative model of practice of working with drug users to empower drug users. The philosophy promoted within this research re-orientates power and influence to drug users, in order to reduce harms associated with drug use, thereby making communities safer. |

Harm Reduction: What's in a Name?

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| AUTHOR | Beirness, Douglas; Jesseman, Rebecca; Notarandrea, Rita; Perron, Michel. |
| PUBLISHING INFORMATION | Canadian Centre on Substance Abuse, July 2008 ISBN 1-897321-72-4 |
| AVAILABILITY | www.ccsa.ca |
| OVERALL AIM | The report examines the concept of “harm reduction” and seeks to bridge the gap between opposing philosophical positions, so as to maximize the benefits of programs for drug users and minimize the harm created through misperceptions of what constitutes “harm reduction”. |
| CONTENT | <ul style="list-style-type: none"> • “Harm reduction” refers to any program, policy or intervention that seeks to reduce or minimize the adverse health and social consequences associated with drug use. • Gives arguments about harm reduction and how the beliefs can be polarized by extremes. These arguments are ultimately unimportant because they do not focus on the creditability of scientists, practitioners, and researchers of harm reduction. • Outlines 6 key principles outlined by the CCSA National Policy Working Group (1996) on harm reduction: <ul style="list-style-type: none"> - Pragmatism – containment and amelioration of drug- related harms is a feasible option. - Humane Values – no moralistic judgement is made about an individual’s decision to use substances, regardless of level of use or mode of intake. - Focus on Harms – the first priority is to reduce harms related resulting from drug use, not extent of the problem. - Balancing Costs and Benefits – Comparing the costs/benefits of intervention focusing on priority issues. - Priority of Immediate Goals – Immediate needs receive priority. • Gives seven examples of harm reduction programs: needle exchange programs, supervised injection sites, methadone maintenance, drug substitution, peer-administered naloxone, street outreach, and safer crack pipe kits. • Concludes with examples of terminology for harm reduction programs and encourages the reader to see beyond the controversy of “harm reduction” to the evidence based practice. |
| THEORIES REFERENCED | Harm Reduction; Evidence-Based Practice |
| IMPLICATIONS | Through defining and extensively outlining the continuum of harm reduction practices, this article successfully debunks the controversy that influences the public against endorsing any harm reduction practices. |



Supporting Mental Well-Being and Decreased Substance Use and Abuse

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| AUTHOR | Saskatchewan Health |
| PUBLISHING INFORMATION | Saskatchewan Health, January 2005 ISBN 1-55157-023-8 |
| AVAILABILITY | www.health.gov.sk.ca |
| OVERALL AIM | To explore programs and initiatives aimed at helping people make successful healthy choices regarding substance use. Discusses the importance of addressing not only individual behaviour, but also the environmental conditions influencing it. In many cases, it is the environment, not the individual that is most in need of change. |
| CONTENT | <ul style="list-style-type: none"> • Population health promotion takes into account the broader determinants of health including income and social status, education, social support networks, healthy child development, physical environment, working conditions, personal health practices and coping skills, health services, gender and culture. Population health promotion is about removing the barriers that make it harder for some people to be healthy than it is for others • Health promotion occurs at three levels: individual (knowledge, skills, commitment, and resources), organizational (commitment, resources, structures, and culture), and environmental (public opinion, political will, resources, supportive organizations) • To gain a better understanding of the problem, the question of “why” must be asked in a helpful and insightful way that aims to discover the underlying or roots of the problem • Population health promotion guiding principles include: removing barriers, ensuring meaningful participation, developing partnerships, using multiple strategies, focusing on upstream to address root causes, and basing decision on evidence-based practice. • The health promotion continuum is based on a promotion/prevention, lifestyle/behaviours, and treatment/intervention (three pillar approach) • Includes a detailed graph and model of how a strategy could be implemented and designed |
| THEORIES REFERENCED | Population Health Promotion; Mental Health Promotion; Determinants of Health |
| IMPLICATIONS | This article explores how to develop interventions to decrease substance use from a population health promotion perspective. Their approach loosely incorporates a three pillar strategy and advocates for a strong public health presence in developing and authoring the drug strategy. |

A Survey of Zanzibari Heroin Users

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| AUTHOR | Susan Beckerleg, Ahmed Sadiq, and Maggie Telfer |
| PUBLISHING INFORMATION | Drugs and Alcohol Today: Mar 2008; 8, 1: ProQuest Nursing & Allied Health Services |
| AVAILABILITY | www.pavpub.com |
| OVERALL AIM | <p>Reports on a survey done of 300 heroin users in Zanzibar town. The hope is to highlight the need for wider recognition of the extent of heroin use in East Africa as well as the urgent need to provide harm reduction and treatment services. The main objectives:</p> <ul style="list-style-type: none"> • To assess the pattern and spread of heroin use within Zanzibar • Estimate the proportion of female heroin users • Estimate the proportion of heroin users who are part or current injectors • To collect data on reported injecting behaviour |
| CONTENT | <ul style="list-style-type: none"> • Many injectors reported hiding their needles and syringes and almost half of them had shared their equipment during the previous four weeks. • Heroin has been a street drug in East Africa for the last 25 years • Heroin injectors were in the minority in this study, finding approximately 38% of respondents reported ever injecting heroin, and 42 % as current injectors • The current injectors reported that they shared their equipment (17%) and use with another person (26%) • A majority of respondents (78%) reported using a syringe for one to three days before replacing it. While most of the other would hide their syringes between use. • Respondents who reported being sexually active were not using condoms. These behaviours favour the spread of HIV. • The survey results highlight the urgent need for both harm reduction initiatives and treatment programmes in Zanzibar. |
| THEORIES REFERENCED | Harm Reduction; Rapid Assessment Model. |
| IMPLICATIONS | This report highlights a local community's experience of drug use with only the enforcement as a part of a drug strategy. The community did not have the influence of drug prevention, drug treatment, and harm reduction as of part of their drug strategy. This research provides valuable insight into what Canadians communities could look like if enforcement as the only part of our drug strategy. |

SECTION SIX: TREATMENT AND REHABILITATION

Setting The Course: A Framework for Integrating Addiction Treatment Services in Ontario

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| AUTHOR | Ontario Ministry of Health and Long-Term Care |
| PUBLISHING INFORMATION | Ontario Substance Abuse Bureau, January 1999 |
| AVAILABILITY | http://www.recoveryconnections.ca |
| OVERALL AIM | The document describes the treatment system as it existed in the late 1990's and the problems and gaps it faced then, and to some extent still today. The aim of the framework document is to lay out steps for improving the quality of addiction services, to increase the capacity of the system, to co-ordinate services and to make more effective use of addiction resources. It describes strategies for planning a client-centred approach to addiction treatment and to provide a more coordinated, efficient system of treatment services. The framework advocates for a stepped approach to care, which will ultimately give clients more choice and make it easier for them to get the right service, to manage their addiction and to recover their health. |
| CONTENT | <ul style="list-style-type: none"> • “Where we are now” – a brief summary of Ontario’s Addiction Services. • Creation of Centre for Addiction and Mental Health. • Better integration. Clients who are in need of a number of different addictions services as well as other health and social services are asking for better co-ordination of services. They want more integration among different addiction services, and better integration between addiction services and other health, housing, social and employment services. • Lessons learned – results of province wide consultations. • Using Evidence-Based practices. • Streamlining the Assessment Process. • Developing Standard Admission and Discharge Criteria. • Establishing Roles and Responsibilities. • Residential treatment services. • Promoting harm reduction strategies. |
| THEORIES REFERENCED | Harm Reduction; Evidence Based Practice; Client- Centred Model |
| IMPLICATIONS | This report provides an excellent snap shot into the addiction service field and how programs and services are delivered. By highlighting the gaps and changes in the system it refines service delivery to meet drug users’ needs. |

Best Practices - Treatment and Rehabilitation for Women with Substance Use problems

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| AUTHOR | Janet C. Currie |
| PUBLISHING INFORMATION | Health Canada, 2001. ISBN 0-662-29772-5 |
| AVAILABILITY | http://www.hc-sc.gc.ca |
| OVERALL AIM | Identifies best practices in treatment and rehabilitation of women. Describes best practices for client outreach, contact and engagement, treatment principles, specific approaches and methods, client retention, treatment organization and duration, adjunctive services, and measuring outcomes. |
| CONTENT | <ul style="list-style-type: none"> • Patterns of use: <ul style="list-style-type: none"> - Women more likely than men to use medications, i.e., sleeping pills, tranquilizers and anti-depressants. Heaviest use reported in age groups 45- 54 and 65+. - Marijuana and hashish are the most common drugs used. - Use decreases with age and is almost non-existent after age 45. - Cocaine, crack, LSD, amphetamines and heroin are used primarily by sub-group populations (e.g. street involved women). - In 1995, there were 804 drug related deaths in Canada. 108 (13%) were women. • Obstacles and barriers to treatment unique to gender: <ul style="list-style-type: none"> - Fear of losing children and lack of family support. - Social stigma. Society views women who misuse substances more harshly than men. - Lack of reliable, low cost child care. - Ethno-cultural minority women face barriers, including cultural beliefs and language barriers. • Best Practices principles of treatment: <ul style="list-style-type: none"> - Family focused - Building competency and empowerment - Community based - Multidisciplinary, comprehensive, coordinated. - Addressing practical non-treatment needs. - Individually tailored and long term - Continuum of care |
| THEORIES REFERENCED | Best Practice; Anti-Oppressive Practice; Community Capacity Building |
| IMPLICATIONS | This article provides excellent research into the unique needs of women in lessening the negative harms associated with drug use. |

Best Practices: Early Intervention, Outreach and Community Linkages for Women with Substance Use Problems

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| AUTHOR | Canadian Ministry of Health |
| PUBLISHING INFORMATION | Health Canada, 2006 |
| AVAILABILITY | <p>http://www.healthcanada.gc.ca ISBN: 0-662-42819-6</p> |
| OVERALL AIM | To present best practice guidelines related to early intervention, outreach and community linkages for women with substance use problems. |
| CONTENT | <ul style="list-style-type: none"> • Extensive literature review, interviews with key experts, focus groups. • Detailed descriptions of best practices gathered. • Women have unique challenges related to substance use. Onset of substance use often sudden and heavy, following traumatic events. • Issues of relationships and families are intricately connected with women’s substance use. • Impact of children – women may postpone treatment because of childcare issues. Fears of losing custody if addiction is revealed. • Early interventions – incorporate solution focussed and strengths based strategies to empower change. Utilize workplace health programs. • Increase access to services – outreach services provided through drop in programs, mobile treatment, street contacts, and flexible hours of operation. Child care services. • Collaboration and coordination among service providers– maximize use of limited resources. • Increase collaboration by developing service agreements/protocols for interagency referrals and treatment. • Basic needs including adequate housing and food should be addressed alongside other strategies. • Rural settings – local support groups, help lines, internet services help women connect. • Accessibility issues crucial for women who are street workers, homeless, or injection drug users. |
| THEORIES REFERENCED | Strengths Based Model; Harm Reduction; Medical Model; Best Practice |
| IMPLICATIONS | The report highlights the importance of community linkages to develop protocols for interagency collaboration to increase service accessibility for women with children and rural women. |

Substance Abuse Treatment: What Works for Homeless People? A Review of the Literature.

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| AUTHOR | Suzanne Zerger |
| PUBLISHING INFORMATION | National Health Care for the Homeless Council, 2002 |
| AVAILABILITY | http://www.nhchc.org |
| OVERALL AIM | A summary of peer-reviewed published literature on substance use treatment and homeless persons. The intent of the report is to help identify gaps between research and practice in health care for the homeless. |
| CONTENT | <ul style="list-style-type: none"> • A gap exists between scientific research and clinical practice. • Substance use can be both a precipitating factor and a consequence of homelessness. • Homeless people with substance use disorders— particularly dually-diagnosed— pose a substantial challenge to the treatment community. • Homelessness often translates directly into a relapse issue. Dropout rates of two-thirds or more represent challenge of keeping in treatment. • Reviews literature related to: <ul style="list-style-type: none"> - Prevalence of substance use and mental health issues in homeless. - Treatment philosophy, mandatory treatment, defining success. - Engaging homeless clients in treatment. - Specific modalities: Inpatient treatment, outpatient treatment. - Gender specific treatments. • Most common inpatient treatment for homeless persons is hospital detoxification. Most common outpatient treatment is a 12-step program. • Treatment programs should not only focus on the addiction. Address tangible needs, i.e. housing, income support and employment. • High dropout rates show need for flexible, low demand, interventions. • Positive outcomes diminish over time: need longer-term interventions. • Aftercare to address not only maintenance of sobriety, but client material needs and social isolation. • The underlying assumption that outcome “success” resides in the individual obscures the social and economic causes of homelessness. • Review of literature reveals significant deficits in the research literature. |
| THEORIES REFERENCED | Evidence- Based Practice |
| IMPLICATIONS | This article provides an excellent summary and analysis of the unique needs of people experiencing homelessness who are also drug users. The homeless population are typically stereotyped as largest consumers of addiction services. It is critical to understand the specific needs of those who are homeless. |

Review of Best Practice the Women’s Substance Abuse Treatment System in Ontario

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| AUTHOR | Gates Consulting Inc. |
| PUBLISHING INFORMATION | Canadian Centre on Substance Abuse, July 2006 |
| AVAILABILITY | www.ccsa.ca |
| OVERALL AIM | The report assesses the degree to which the system is implementing the Guidelines set out by Best Practices in Action. It describes successes, challenges, and issues affecting implementation and innovative strategies and activities from Ontario and other jurisdictions that have the potential for broader application in substance use treatment for Ontario women. |
| CONTENT | <ul style="list-style-type: none"> • Ontario’s substance use treatment system is undergoing profound shifts in its understanding of best practices and its approaches to women’s substance use treatment. The review identified six key areas: <ul style="list-style-type: none"> - Greater attention to women’s treatment issues and to gender-specific and gender-appropriate programming. - Increased awareness of the inter-relationship of trauma and substance use and the implications for treatment. - Efforts to broaden admission policies and build expertise to meet the needs of women who have co-occurring mental health problems. - Increasing acceptance of Methadone Maintenance Therapy (MMT) as an essential treatment option for some women. - Successes and ongoing efforts to build collaborative relationships with allied sector services. - Development of Early Childhood Development (ECD) Addiction programs that meet the unique service needs of pregnant and parenting women. • The review identifies supportive factors for promoting positive change: <ul style="list-style-type: none"> - Targeted funding (such as ECD Addictions funding) has catalyzed the development of new approaches in areas where significant change is required. - MOHLTC interest and support has leveraged uptake of emergent best practices approaches such as MMT. - Leadership from agencies providing specialized services has helped to profile the importance of best practices-based services for women. - Funding to stabilize and regenerate core services in the substance use treatment system has had a significant impact on practices wherever it has been made available. |
| THEORIES REFERENCED | Best Practice; Drug Treatment Court |
| IMPLICATIONS | This report provides an excellent analysis of the needs of women in drug |

treatment centres in Ontario. This resource can inform how drug strategies can be formed with the unique needs of women's treatment in mind.

SECTION SEVEN: ENFORCEMENT

Canada's 2003 Renewed Drug Strategy– an Evidence-Based Review

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| AUTHOR | Canadian HIV/AIDS Legal Network |
| PUBLISHING INFORMATION | Canadian HIV/AIDS Policy & Law Review Volume II, Number 2/3, December 2006 |
| AVAILABILITY | www.aidslaw.ca |
| OVERALL AIM | A critical discussion on the resources of Canada's Drug Strategy directed towards enforcement- related efforts, despite a lack of scientific evidence to support this approach and little evidence of the impacts of this investment. |
| CONTENT | <ul style="list-style-type: none"> • Reviews the effectiveness of the Strategy in light of current scientific evidence pertaining to the reduction of drug-related harm. • In 2004, 269 000 people reported using needles to inject drugs, over 20% of all newly recorded HIV infections were associated with drug use. • The medical costs of HIV infection among injection drug users in the city of Vancouver was estimated to be in excess of 215 million. Nationally, direct healthcare costs attributed to illicit drug use were estimated to be 1.13 billion for 2002. • 23 percent of all criminal charges processed through Canadian courts in 2002 were attributed to illicit drugs (costing 330 million dollars). • Intensified police enforcement strategies have been found to destabilize drug markets and disperse concentrated drug scenes into surrounding areas, which separates drug users from health and prevention services, including needle exchanges and treatment programs. Which leads to increased theft and property crime, shift from smoking to injecting drugs. • Instead of guiding illicit drug users towards health and treatment services, enforcement based practice routinely result in an increased number of drug users entering correctional facilities, despite evidence indicating that incarceration is associated with HIV infection among drug users. |
| THEORIES REFERENCED | Harm Reduction; Evidence-Based Practice; Drug Treatment Courts; Four Pillar Drug Strategy. |
| IMPLICATIONS | This article provides a critical examination of enforcement practices and their impact on drug users and how they access services. An excellent resource to consider in the planning stage when developing a drug strategy. |

The Drug Interventions Programme (DIP): Addressing Drug Use of Offending Through 'Tough Choices'

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| AUTHOR | Sara Skodbo, Geraldine Brown, Sarah Deacon, Alisha Cooper, Alan Gall, Tim Millar, Jonathan Smith, and Karen Whitham |
| PUBLISHING INFORMATION | Home Office England, November 2007 ISBN 978-1-84726-548-7 |
| AVAILABILITY | www.drugs.homeoffice.gov.uk |
| OVERALL AIM | To develop and integrate measures for directing adult drug misusing offenders into drug treatment and reducing offending behaviour. |
| CONTENT | <ul style="list-style-type: none"> • Report outlines a governmental programme called "Tough Choices" which is a semi-coercive approach to improve engagement and treatment in drug programmes. • Drug users are mandated to attend an assessment with a professional, and demonstrate an ability to lower with attrition level through treatment. • Outlines statistical information demonstrating a significant decrease in re-offending behaviour with success in receiving treatment. • Offers a methodology that is using semi-coercive approaches to reduce criminal behaviour, and provide successful rehabilitation from drug misuse. |
| THEORIES REFERENCED | Criminal Rehabilitation; Community Policing. |
| IMPLICATIONS | This article provides an international example of how England has addressed the connection drug users and the law. The program they have developed is currently lessening the number of repeat criminal offences involving drugs with certain populations. |

SECTION EIGHT: EVALUATION

Four Pillars, Four Years. Where To Now?

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| AUTHOR | Four Pillars Coalition |
| PUBLISHING INFORMATION | Drug Policy Program, City of Vancouver, 2005. |
| AVAILABILITY | Error! Hyperlink reference not valid. |
| OVERALL AIM | Points to the main successes and challenges related to implementation of drug policy during the four years following implementation of the 2001 “Framework for Action”. |
| CONTENT | <ul style="list-style-type: none"> • Youth prevention initiatives include economic development, employment and skills training. • Develop policies for policing around the safe injection site. • Non-market housing targeting homeless, people at risk, low income seniors, those with dual diagnoses ad low-moderate income families. • Work with police to implement overdose prevention program: without police presence more drug users phone 911 for overdoses. Police no longer attend overdoses unless requested by ambulance. • Distributing crack pipe mouthpieces to reduce the spread of disease. • Continuum of supportive housing to stabilize drug users, as well as drug free housing/shelter for individuals in recovery. • Expand and decentralize needle exchange. Provide needle exchange in clinics, hospitals, pharmacies, and through non-profit and user groups. • Urban aboriginal homeless program includes support services, education, training and counselling. • Integrated, culturally safe, mental health and addictions programs for aboriginal people with strong focus on women and victims of violence. • Increase beds for withdrawal management, and support recovery services. Day detox programs with youth focus. • Outreach to sex trade workers. • Drug treatment courts. • Increased enforcement where drugs and stolen property are exchanged. |
| THEORIES REFERENCED | Four Pillar Drug Strategy; Harm Reduction |
| IMPLICATIONS | The Vancouver drug strategy has become a model of best practice in addressing substance use in communities. The recommendations presented in this report are excellent resources for persons interested in developing a community drug strategy. |

FCM Municipal Drug Strategy Phase III Report: A Summary Evaluation of Pilot Projects

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| AUTHOR | Tullio Caputo |
| PUBLISHING INFORMATION | Federation of Canadian Municipalities |
| AVAILABILITY | http://www.fcm.ca |
| OVERALL AIM | This evaluation report marks the conclusion of the third and final phase of the FCM Municipal Drug Strategy Pilot Project. This report outlines the results of Phase III, the evaluation phase of the project, and assesses the experiences of the nine participating communities. |
| CONTENT | <ul style="list-style-type: none"> • Describes steps communities took to establish a local drug strategy. • The communities identified a range of accomplishments related to their strategy, including: <ul style="list-style-type: none"> - Raising awareness about drug problems in the community - Securing endorsement from municipal officials - Coordinating action plans - Executing needs assessments and resource inventories - Establishing community partnerships. • Identified six themes for sustainability: <ul style="list-style-type: none"> - Stakeholder involvement - Political involvement - Clear goals and objectives - Continued active communication with front-line agencies. - Importance of evidence-based planning and decision making. - Need for dedicated resources. • Lessons learned from the pilot project include: <ul style="list-style-type: none"> - Hiring the right person as the project coordinator. - Have someone with skill to manage a large and diverse group. - The importance of partnerships. - Keep the process simple and take short, manageable steps. - Short term, visible successes are important. - Build on existing relationships, such as inter-agency committees to avoid duplicating efforts. |
| THEORIES REFERENCED | Evidence Based Practice; Four Pillar Drug Strategy; Community Capacity Building. |
| IMPLICATIONS | This report is an excellent synthesis of pilot projects outcomes and success. The materials presented in this report are essential for a development of a successful integrated drug strategy. |

Evaluation Framework For Municipal Drug Strategies

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| AUTHOR | E.G.Thiessen |
| PUBLISHING INFORMATION AVAILABILITY | Federation of Canadian Municipalities (FCM), 2002 http://www.fcm.ca |
| OVERALL AIM | The evaluation framework was developed to help municipalities design methods for determining whether a drug strategy is achieving its intended results. To encourage use of a consistent method that facilitates comparison across municipalities. It is intended as a practical tool, useful to municipal officials who are not experts in evaluation. |
| CONTENT | <ul style="list-style-type: none"> • Describes two main areas for evaluation: Outcomes and process. Evaluators should consider the following questions related to outcomes: <ul style="list-style-type: none"> - The degree to which intended results have been achieved. - The degree to which these results are sustainable with the resources available. - Factors which contributed to success. • Evaluators should consider the following questions related to process: <ul style="list-style-type: none"> - The extent to which agencies and community partners are cooperating with one another. - The extent of support and cooperation from different levels of government. - The degree of involvement of beneficiary groups in the design and implementation of the strategy. • Describes use of program logic models for short-term, medium and long-term results, and provides examples. • Responsibility for data gathering and analysis. |
| THEORIES REFERENCED | Program Logic Model; Outcome Indicators. |
| IMPLICATIONS | This article provides excellent resources for measuring and producing feasible outcomes for a drug strategy for the purposes of evaluation. |

Evaluation Framework for the Regina and Area Drug Strategy

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|-------------------------------|--|
| AUTHOR | INNOVA Learning |
| PUBLISHING INFORMATION | INNOVA Learning, October 2004 |
| AVAILABILITY | http://www.rqhealth.ca |
| OVERALL AIM | The framework document is designed to guide the evaluation of the Regina and Area Drug Strategy and provide recommendations and “learnings” from the strategy. |
| CONTENT | <ul style="list-style-type: none"> • The evaluation framework focused on three areas to understand: <ul style="list-style-type: none"> - The community development process (establishes an evaluation framework for the early stages of the drug strategy and reviews the processes that resulted in the Regina and Area Drug Strategy Report and its recommendations) - The nature of the collaborative partnership (looks at how well the partners in the drug strategy work together, and examines the communication processes that support the drug strategy) - The action plans (and their outcomes) which were drawn from the strategic priorities (focuses on activities undertaken by the partnership and each work group, how these activities can be monitored and evaluated, and results determined.) • The document provides examples of questions and processes that can be evaluated in a drug strategy. Gives working tables examples and provides detailed description of how to evaluate the strategy |
| THEORIES REFERENCED | Program Logic Models; Community Capacity Building |
| IMPLICATIONS | This article provides excellent resources for measuring and producing feasible outcomes for a drug strategy for the purposes of evaluation. |

SECTION NINE: ANALYSIS OF RESEARCH THEMES

BACKGROUND ANALYSIS

The root causes of addiction are an area of research that is highly debated among scholars, professionals, and community members (Alexander, 2001). There is growing concern throughout Canada about the significant impact of substance use on our society (Alexander, 2001). The strategies and services offered to people who are experiencing problematic substance use have recently come under media scrutiny with Vancouver's supervised injection site receiving wide criticism. This attention is pressuring both the federal and provincial government to reconsider which harm reduction interventions should be provided by the human services sector.

Substance use in communities throughout Canada is becoming an increasingly important political issue. Politicians are discussing the merits of service delivery to substance users and calling for information assessing the scope and prevalence of the problem in Canada. The federal, provincial, and municipal governments all share the responsibility of addressing illicit substance use by coordinating and complimenting one another's policies and programs to ensure the greatest impact for Canadians.

The Canadian federal government responded to growing public concern about problematic substance use through initiating the Canadian Addiction Survey (CAS). This survey is intended to be a helpful resource by capturing important trends regarding the prevalence of alcohol and illicit substance use across Canada (Health Canada, 2005, p. 5). The CAS raw data has been analyzed and categorized into three different specialized reports entitled: *A Focus on Gender- A National Survey of Canadians' Use of Alcohol and other Drugs- Canadian Addiction Survey (CAS)*, *Public Opinion, Attitudes and Knowledge- A National Survey of Canadians' Use of Alcohol and other Drugs- Canadian Addiction Survey (CAS)*, and *Substance Use by Canadian Youth- A Nation Survey of Canadian's Use of Alcohol and other Drugs- Canadian Addiction Survey (CAS)*. This statistical information provides the national baseline data which Health Canada uses to determine any interventions impact. The CAS gathered their sample through randomly selected telephone surveys all across Canada. Their sampling included statistically significant representation from each province. This data is integral for comparing and contrasting local data with national data.

The CAS research is limited by the requirement that survey participants have a landline telephone and understand either English or French. These limitations may exclude people who primarily use a cell phone, or do not have the financial resources to have a landline, those who are too remote for household telephone access, or who just moved into a residence. The

survey respondent sample tends to under-represent respondents who have never married and had some post-secondary education and over-represents respondents who were married and have a university degree. The CAS concludes that although the survey may have excluded some households from participating, those people unable to participate do not represent a statistically significant sample to alter the results.

The CAS data is particularly important for the Waterloo region because it situates the local data contained in the *Baseline Study of Substance use, Excluding Alcohol, in Waterloo Region* within the Canadian national context, providing a clear statistical portrait of substance use within the community. With this information, decision makers and community residents can accurately address the specific issues facing the Region of Waterloo and connect it with national data.

FOUR PILLARS MODEL

The literature highlighted in this report covers essential knowledge and fundamental frameworks for understanding illicit substance use. Among these, the four pillars model is highly regarded and referenced as an excellent framework for addressing illicit substance use (MacPherson, 2001). Evolving from “comprehensive drug strategies” conceptualized and developed in Switzerland and Germany in the late 1990’s, the Four Pillars Model was formalized by the City of Vancouver “*Framework for Action*” (MacPherson, 2001).

The Vancouver four pillars model is regarded both nationally and internationally as a best practice resource for addressing illicit substance use (MacPherson, 2001). The four pillars model aims to balance the tensions between public health concerns and the need for public order (MacPherson, 2001). Therefore a strategy that combines purposeful efforts in prevention, harm reduction, treatment, and enforcement is critical in successfully addressing problematic substance use (Edmonton Community Drug Strategy Task Force, 2007). Currently within Canada a number of municipalities already have four pillars models in effect, including: Vancouver, Edmonton, London, Sudbury, Regina, Toronto, the Central Okanagan Region, and the Sunrise Health Region in BC (London CARES: London’s Community Addictions Response Strategy, 2007).

- **PREVENTION PILLAR:** Initiatives attempt to prevent or delay the onset of substance use through specifically targeting at-risk populations alongside general public education interventions. Successful prevention efforts aim to give people the information to make informed healthy decisions about substance use understanding the physical, emotional, spiritual, and mental implications of partaking.
- **HARM REDUCTION PILLAR:** Accepts that abstinence-based treatments may not be a realistic goal for some drug users, particularly in the short-term. Research affirms that an achievable, pragmatic approach to supporting users may lead to a healthier

outcomes in the mid to long-term for drug users (Beirness, Jesseman, Notarandrea & Perron, 2008). Harm reduction interventions are varied and range from street outreach to supervised injection sites to methadone maintenance. The first priority of harm reduction interventions is to address the immediate harms resulting from drug use, not to assess the extent of the problem (Beirness, Jesseman, Notarandrea & Perron, 2008).

- **TREATMENT PILLAR:** Encouraging and supporting people with problematic substance use behaviours to make healthier decisions about their lives. Treatment programs aim to give people the resources needed to manage their illicit substance use through interventions such as: counselling, withdrawal management, life skills development, and resident treatment. The goal is to decrease preventable deaths, illnesses and injuries and increase social interactions.
- **ENFORCEMENT PILLAR:** Recognizes the need for safety and public order in our community, and acknowledges that to be effective, enforcement must be integrated with actions emanating from other pillars. Enforcement is not just about policing but also about seeking justice. The role of policing within the four pillar model provides the context for creative enforcement including the police fulfilling non-traditional roles with drug users.

CREATE COMMUNITY BASED PLAN

- Local Relevant Action Responding to Community Needs
- Assess Nature and Scope of Community Substance Use
- Assess Community Strengths and Resources

The analysis of the literature on best practices emphasizes the importance of community-based responses to problems related to substance use. Action planning is more successful when it is developed to match the needs and resources of the community (Federation of Canadian Municipalities, 2003).

Literature reviewed shows how communities interpret broader frameworks, such as the four pillars and harm reduction approaches by responding to the local situation. Communities that adopted harm reduction initiatives and interventions decided to do so by understanding the extent of substance use problems, highlighting specific at-risk populations and groups, and knowing the consequences of doing nothing specifically to reduce harms associated with substance use (Beirness et al, 2008).

Community-based planning reflects priorities specific to local conditions, at municipal or neighbourhood level. The Vancouver four pillars *Framework for Action* (2001) is perhaps the best known and most extensively cited strategy. It was developed in response to an increase of overdose deaths and rapidly increasing HIV and hepatitis C rates among injection drug users in Vancouver's Downtown Eastside (MacPherson, 2001). The *Toronto Drug Strategy*, although similar in design to Vancouver's strategy, reflects differences in the nature and scope of substance use problems experienced in Toronto (Toronto Drug Strategy Advisory Committee, 2006). Toronto's existing needle distribution programs restricted the rapid spread of HIV and Hepatitis C and the illicit substance use was not concentrated in one area, as it was in Vancouver (Toronto Drug Strategy Advisory Committee, 2006, p. 3). However, as drug use was more evenly spread throughout the city and therefore less visible, it was harder to reach people using substances (Toronto Drug Strategy Advisory Committee, 2006, p. 2). Other communities have decided to include priorities that include building capacity and strengthening inter-agency relationships, providing affordable supportive housing, and focusing on youth in their strategies (Laude, 2003, p. iii; Nanaimo Alcohol & Drug Action Coalition, 2006, p. 5).

Community-based planning can also target specific drug types, such as addressing increased crystal methamphetamine or oxycontin use (Jobe-Armstrong, 2005; Oxycontin/Narcotic Abuse

Task Force, 2005). Community-based planning allows strategies to be founded on locally relevant knowledge (MacPherson, p. 22). In order to develop a comprehensive community-based plan it is essential to know the following:

- The scope and impact of substance use;
- The conditions under which substance use occurs; and
- The available strengths and resources for implementing local solutions

This information should be gathered through community surveys, needs assessments and resource inventories (FCM Drug Strategy, 2003, p. 8). Substance use is a complex and multi-layered problem that requires participation from a range of community agencies and institutions. Schools, families, workplaces, churches, government and the media can all be critical sources of information and resources for developing approaches (Centre for Addiction and Mental Health, 1999, p. 5).

Effective community-based plans result in a comprehensive approach to addressing illicit substance use. A comprehensive approach to substance use will integrate actions on health, prevention, enforcement, and harm reduction through including interventions aimed at both the general population as well as targeted groups.

MOBILIZE COMMUNITY STRENGTHS

- Increase Community Awareness and Ownership of Substance Use Problems
- Reduce Stigma Associated with Substance Use
- Consultations With Multiple Stakeholders and Diversity

Mobilizing community action and increasing public awareness are effective strategies for responding to the substance use and its associated harms.

Engagement and mobilization have been shown as critical factors contributing to success (Federation of Canadian Municipalities, 2003 p. ii) as communities develop effective ways to involve the public in planning, delivering, and supporting services. (London CARES, 2007, p. 12). As community groups and organizations mobilize to share their strengths and work together in partnerships they are able to contribute to the ongoing sustainability of interventions. (Edmonton Community Drug Strategy Task Force, 2007, p. 26; Federation of Canadian Municipalities, 2003).

Changing how people think about substance use and increasing their awareness of its scope and impact on their community is an initial step toward making the issue meaningful to the local community (Federation of Canadian Municipalities, 2003). The literature reviewed describes the critical role awareness plays in transforming how what are perceived as “private issues” into becoming “public community issues” (Federation of Canadian Municipalities, 2003, p. ii). Reframing public awareness of substance use as a health issue contributes to the shifting of public attitudes, which increases motivation for action (Lavack, 2005, p. 1). Public perceptions of substance abuse may not reflect the reality of the nature, scope and characteristics of those who use illicit substances. For example, some perceive substance use as limited to a relatively a small number of “street people” and “hard-core addicts” in downtown cores. In order for the negative stigma that exists around substance use to change, the general public needs to understand that illicit substance use is a problem that occurs everywhere and directly impacts their workplaces, neighbours, families, and friends. Increasing

public awareness about the harmful realities of substance use can directly and indirectly transform a community's motivation to mobilize in order to address illicit substance use (Lavack, 2005, p. 1).

A variety of intervention strategies will be needed to tap into the community's strengths and resources in order to effectively address substance use. Communities often hold public meetings to mobilize for action (Federation of Canadian Municipalities, 2003, p. ii). Consultations with multiple stakeholders help to assess the potential for cooperation and collaboration between organizations (Laude, 2003, p. iii).

Communities that draw on the resources provided by service agencies, community groups and concerned citizens by fostering more collaboration between these groups experience more successful substance use initiatives (Edmonton Community Drug Strategy Task Force, 2007, p.23). In Edmonton, a group working to reduce marijuana grow-ops included a broad range of community stakeholders in its membership, including representatives from business, the insurance and real estate industries, health services, police, as well as social services and government (Edmonton Community Drug Strategy Task Force, 2007, p 24). The Oxycontin task force in Sudbury engaged local physicians and pharmacists to help control access to the drug and to educate the public around its negative effects (Oxycontin/Narcotic Abuse Task Force, 2005, p. 14).

Communities should also include representatives from groups outside the traditionally involved stakeholders. Members from groups targeted by substance use programs, or affected by substance use have unique needs and experiences that contribute to planning, development and implementation. (Center for Prevention Research and Development, 2006, p.4). People who use substances should be included in developing action plans that are relevant to the user community (Jürgens, 2005, p. 52). An increasing number of organizations of people who use drugs have been formed, and these have been influential in the development of community strategies and how services are delivered (Jürgens, 2005, p.ii). Studies outline the unique needs faced by women who use substances, and the obstacles they experience in accessing treatment, how these can be considered in developing initiatives (Currie, 2001, p. 24). Youth and parents are often included in coalitions planning substance prevention programs (Center for Prevention Research and Development, 2006, p. 4). Programs should capitalize on youth's strengths, including their ability to identify issues and suggest solutions, and how they can be effective messengers to their peers. (Centre for Addiction and Mental Health, 1999, p. 7; Canadian Ministry of Health, 2001, p. 22).

ESTABLISH EFFECTIVE INTERAGENCY PARTNERSHIPS

- Coalitions of Service Providers, Community Groups and Citizens.
- Develop Protocols for Information Sharing and Joint Decision Making.
- Provide Administrative, Coordinating and Technical Supports.

Developing sustainable community partnerships is a key strategy for mobilizing a response to substance use. The literature reviewed shows the importance of building relationships among key players for organizing, planning and delivering comprehensive policies and programs at many levels (Edmonton Community Drug Strategy Task Force, 2007 p. 16; Center For Prevention Research And Development, 2006, p. 3). In many communities, collaborative efforts for solving community problems take the form of coalitions of service agencies, community groups and concerned citizens (Center for Prevention Research and Development, 2006, 2). In the United States, Drug Free Communities (DFC) coalitions have been shown to be effective at working for reduced substance use (Office of National Drug Control Policy, 2008, p. 9). Coalitions help agencies and organizations work more effectively together to broaden their own missions, plan comprehensive approaches, and increase public support for action. Working together strengthens the ability of community organizations to influence policy development and helps organizations make more effective use of existing community resources (Center For Prevention Research And Development, 2006, p. 2; Caputo, p. 8).

Coalition membership should represent a broad range of relevant players crossing political, economic and social boundaries, and include shared ownership by different levels of government, service organizations and community residents (Center For Prevention Research And Development, 2006, p. 4; London CARES, p.12).

As organizations redefine their mandates and improve their capacity to work together, they need to develop protocols for increased inter-agency cooperation and information sharing and strengthen abilities to engage in joint decision making and resource sharing (Center For Prevention Research And Development, 2006, p. 2; FCM, 2003, p. 5).

An important task for the coalition is to develop an action plan, and set goals for solutions that are achievable, measurable, sustainable and local (FCM, 2003, p. 6). Achievable goals are

established around actions that can be accomplished using existing community resources. Although most communities could identify the need for expensive new facilities and resources, this may not be a realistic expectation. In order to receive substantial new funding for addiction services, a community will need to develop a long term advocacy plan to lobby the government for new funding (FCM, 2003, p. 8). Focusing on achievable actions has the advantage of providing early success that shows the community that something can be done about substance use problems (FCM, 2003, p. 6).

Bringing together a diverse group of individuals and organizational stakeholders requires administration and coordination. A consistent theme in the best practices review was the need for resources to be dedicated to coordinating, monitoring, and supporting the community strategy (FCM 2003, p. 8). Strategies called for a single entity to coordinate the collaborative process, to provide for evaluation, and to oversee balanced implementation of the four pillars model (London CAREs, p. 12; MacPherson, 2001, pg. 66). Project management, policy and community development support are other important roles requiring dedicated staff (Toronto Drug Strategy Advisory Committee, 2006, p. 13). Coordination and administrative support is usually assigned to a specific agency or government office. In some cases a community agency taking a lead role in the strategy provides staff resources. In other cases, the support role may be provided by municipal offices and departmental staff (Caputo, p. 12). Most municipalities surveyed in the Federation of Canadian Municipalities pilot project expressed willingness to contribute to a coordinator position (FCM, 2003, p. 8).

The role played by municipal government can be a significant factor in the success of community coalitions on substance use. Municipal governments provide leadership for action on substance use, and facilitate environments in which service providers work more effectively together (Caputo, p. 15). By providing staff resources and space for the strategy, municipalities help confer legitimacy on the effort in the eyes of the public (Caputo, p. 7). In some cases, coalitions working on substance use benefit from in-kind resources such as office supplies, telephones, computers and email access provided by the municipality (Caputo 12). Along with coordination and administration, community coalitions benefit when they are able to access technical assistance in support of decision making, program development, or building management capability (Laude, p. 21).

Effective partnerships engage in long term planning and address the need for the sustainability of community efforts on substance use (FCM, 2003, p. ii). They continue to focus on maintaining coalition relationships (Edmonton Community Drug Strategy Task Force, 2007, p. 26), and improving their own organizational capacity to plan, implement and evaluate the success of actions on substance use (Center For Prevention Research And Development, 2006, p. 2).

Evaluating the progress of the coalition's efforts is important for demonstrating to the public that actions on substance use are working. Evaluation also provides evidence on which to base future initiatives. Evaluations of community health initiatives are often formulated based on a long-term, medium and short-term goals and objectives, using a program logic model (Thiessen, 2002, p. 3). The evaluation of outcomes seeks to demonstrate the degree to which intended results have been achieved, and factors which contribute to success (Thiessen, 2002, p. 2). It is equally important to evaluate the process, i.e. the how well agencies and community groups are working together, and the involvement that target groups had in developing the action plan (Thiessen, p.2). It is recommended that the evaluation plan be established at the front end of the strategy planning process, and that a single agency be designated as responsible for gathering and analyzing data on each activity (Thiessen, p. 15).

FOCUS ON DETERMINANTS OF HEALTH

- Implement a Harm Reduction Philosophy and Approach
- Focus On 13 Key Determinants of Health
- Address Stigma Associated with Substance Use

The use of illegal drugs is a serious public health and social problem in Canada, accounting for 1,695 deaths and 352,121 hospital stays (Beirness et al, 2008, p.2). The public health impacts associated with injection drug use is of high concern because of its associated health impacts of the transmission of blood-borne pathogens (HIV and Hepatitis C) and high-risk health complications (diabetes, cardiovascular, poisoning) (Beirness et al, 2008, p.2). The overwhelming economic costs associated with medical treatment of these illness and other substance use related issues is estimated at 8.2 billion dollars in 2002 (Rehm et al., 2006).

Harm reduction is a practice that is highly contentious because it is easily sensationalized by frequent media coverage leading to misunderstanding of what exactly constitutes “harm reduction”. Harm Reduction can mean any program, policy or intervention that seeks to reduce or minimize the adverse health and social consequences associated with substance use (Beirness et al, 2008, p.2). Harm reduction has become controversial because of some “radical” approaches including supervised injection sites. However, it does a great disservice to substance users and the public to only associate harm reduction intervention efforts with “radical” approaches. Beirness et al (2008) finds this ideological argument; “... unproductive and threatens the credibility of scientist and practitioners and, more importantly, hinders the implementation of well intentioned and effective policies, supports, services, interventions, and treatments aimed at protecting all people from the adverse health and social consequences associated with drug use” (p. 3). Harm reduction programs should not be judged according to sensationalized media coverage, but on the basis of their interventions being effective and verified through evidenced- based practice.

The federal government department of Public Health Agency of Canada has researched and gathered thirteen determining factors contributing to the individual quality of life:

- Income and Social Status

- Social Support Networks
- Education and Literacy
- Employment/Working Conditions
- Social Environments
- Physical Environments
- Personal Health Practices and Coping Skills
- Healthy Child Development
- Biology and Genetic Endowment
- Health Services
- Gender
- Culture

(Public Health Agency of Canada)

Research has demonstrated a strong connection between all of these factors and how they contribute to individual health. The undeniable connection between substance use and the determinants of health is critical to examine when developing a drug strategy (MacPherson, 2001). As a best practice, other communities have prioritized some health factors and incorporated them into a comprehensive, holistic drug strategy (London CARES). For example, the London CARES model has adopted a “housing first policy” recognizing the need for a positive physical environment away from the “downtown drug area” where people can live while addressing substance use issues. Examining the determining factors of health provides the necessary broad spectrum changes and policy development that supports other direct service interventions of substance use strategies.

Being a substance user carries with it a tremendous amount of negative stereotypes and societal stigma. This heavy burden can leave substance users feeling isolated, devalued, and silenced in the community. The literature reviewed highlights the importance of reframing the substance use issues in the community from a personal deficit approach to a community health model. We are all affected by substance use and scientific research showing genetic physiological pre-dispositions to substance use has de-bunked the previous understanding of substance use as resulting from a personal moral deficit. When the problem of substance use is seen through the determinants of health lens, it changes the focus from individual stigma associated with it to one of public health, for which the whole community shares responsibility.

DEVELOP PREVENTATIVE ACTIONS FOR REDUCING SUBSTANCE USE

- Harm Reduction Approaches to Prevention
- Target Efforts On Specific Demographic Groups
- Strength Based and “Healthy Development” Approaches for Youth.

Community strategies on substance use prevention seek to reduce harm by preventing or delaying the onset of substance use, reducing use in those who are already using substances, and where individuals continue to use substances, help them to do so more safely. Prevention efforts will usually involve providing people with information about substances and developing skills for avoiding or reducing substance use (London CARES, p. 11).

The harm reduction approach to prevention is based on setting realistic goals. Programs for preventing or reducing harms associated with use are more realistic than attempting to prevent use entirely. From this perspective, any reduction in use, or delay in starting to use substances is considered a positive outcome. Reviews of the best practices indicate that “zero tolerance” and other hard line approaches are ineffective, and may actually result in increased risks (Centre For Addiction And Mental Health, 1999, p.7).

Prevention programs are more effective when they are developed with specific target populations in mind, i.e., age group, gender, or ethnicity (Bandy, & Moore, 2008, p. 1.). Focusing efforts on young people is an obvious strategy for preventing the initiation of use, and a considerable number of reviews of best practices for youth are available. Prevention programs directed at youth should be developed with an understanding of the implications of psychosocial development of this age group. Success also depends on developing credible messages that take account of how young people themselves view the issues surrounding substance use (Canadian Ministry of Health, 2001, p. 22).

Strengths-based approaches aimed at healthy development and involving youth in program planning are effective at preventing and reducing substance use (Woong, 2008, p. 773).

Capitalizing on youth strengths by including them in planning and implementing prevention efforts helps young people see themselves as a valuable resources for reducing substance use problems (CAMH, 1999, p. 7; Canadian Ministry of Health, 2001- pg 22). Prevention activities that support healthy youth development provide youth with a sense of belonging, and of being valued, cared for, and capable (Woong, 2008, p. 771).

Prevention programs for youth should include approaches targeted at the general youth population, as well as programs specially designed to reach youth at risk (CAMH, 1999, 7).

Multi-component programs that use a variety of different approaches are more effective than those that focus on one strategy for prevention (Bandy, & Moore, 2008, p. 1). Programs that only provide information about substances, only teach about health risks, or that only address self-esteem or social skills are not effective. These should be included as part of a comprehensive strategy that includes school, family, and community based efforts (CAMH, 1999, pg. 3; Woong, 2008, p. 762).

Mass media campaigns are a valuable part of a comprehensive prevention strategy. Media campaigns aimed at increasing the public's knowledge about the health consequences of using substances, are effective at stopping substance use (Bandy & Moore, 2008 p. 1). Media campaigns are recognized as being most effective at increasing awareness and knowledge; however they are less effective at changing people's behaviour and attitudes around substance use (Centre For Addiction And Mental Health, 1999 p. 4).

INCREASE ACCESSIBILITY AND FLEXIBILITY OF EVIDENCE SUPPORTED TREATMENT SERVICES

- Coordination to Maximize Use of Limited Resources
- Relocate Services to Increase Access By Service Users
- Recognize Unique Treatment Needs of Diverse Groups

Treatment covers a range of programs such as counselling, withdrawal management, methadone maintenance and life skills training. The harm reduction approach considers the role of treatment as programming that helps people manage their addiction, and encourages them to make healthier decisions about their lives and whether or not they maintain sobriety. (London CARES, p. 11)

A goal of community action plans on substance use is to maximize use of limited treatment resources through collaboration and coordination among service providers. Addiction treatment services may develop service agreements facilitating interagency referral and treatment (Canadian Ministry of Health, 2006, p. 89) or work to broaden their mandates (Laude, p. 23). Better integration between treatment services and other health, housing and social services improves services to people with substance use problems who often have a need for a number of different services (Ontario Ministry of Health and Long-Term Care, 1999, p. 11)

Increasing access to treatment is an important goal for communities. Relocating services to areas closer to target populations, or developing localized programs at a neighbourhood level is an effective strategy for ensuring improved access to treatment (Laude, 2003 p. 19). The challenge presented by providing services to more remote areas of rural communities may be met through use of local support groups, help lines or web-based approaches (Canadian Ministry of Health, 2006 p. 3). It is important to identify and reduce obstacles and barriers that some people face in accessing treatment. Providing outreach services, mobile treatment and drop-in services in accessible locations and with flexible hours of operation may be particular importance for street involved youth, women street workers or the homeless (Canadian Ministry of Health, 2006, p. 5). Communities should have decentralized services such as needle

exchange programs in order to include a wide variety of clinics, hospitals, pharmacies and non-profit groups (Four Pillars Coalition, 2005, p. 12).

Maximizing availability and accessibility of existing treatment resources involves the recognition of the diverse treatment needs of different groups of people like youth, families, women, and the homeless. Youth need a safe place to go to withdraw from drugs (Jobe-Armstrong, 2005). Homeless people tend to have high dropout rates, indicating a need for flexible services that place reduced demands on this vulnerable population (Zerger, 2002).

Women's experience of substance use is unique, and women face unique obstacles and barriers to treatment. Increased stigma may limit women's willingness to attend treatment, as society tends to view women who use substances more harshly than men. Lack of reliable, low cost child care is a barrier, and ethno-cultural minority women face barriers including cultural beliefs and language barriers (Currie, p. 14). Children and family issues should be considered in planning treatment for women, as these can present barriers to treatment. Women may postpone treatment because of fears of losing custody if their addiction becomes known (Canadian Ministry of Health, 2006). Addressing practical needs of women for transportation and child care can help facilitate women making contact with treatment programs (Canadian Ministry of Health, 2006 p. 47; Currie, p. 40).

Treatment and aftercare programs that address material needs — for housing, employment, and income support, as well as addiction, are important factors in helping clients maintain the gains made in treatment (Zerger, 2002).

CONCLUSION

Understanding the need for a community response to addressing illicit substance use is critical for its success. The literature review included diverse sources and a wide variety of perspectives and insights into how the problem can be understood. As illicit substance users continue to carry a negative stigma for their behaviour and its associated risk factors, communities need to learn how to be more proactive with their responses. The negative stigma associated with drug use can be a major barrier for people to access service, because they are afraid of the societal ramifications. Within Waterloo Region there is a growing concern about the illicit substance use going on within the community. Therefore it is critical that a community-wide drug strategy be developed that would consider the best practice recommendations listed within this report. The literature reviewed was carefully analyzed and considered through the development of the recommendations.

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