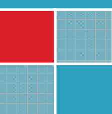
2009

Understanding Illicit Substance Use in Cambridge: An Exploratory Community Research Assessment

Social Planning Council of Cambridge and North Dumfries



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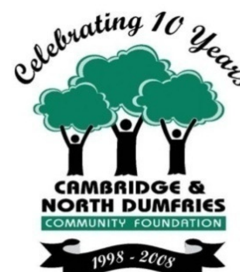

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EXECUTIVE SUMMARY

This report was written to provide important research and offer recommendations to address the needs of illicit substance users in Cambridge. The strengths and needs documented within this report represent the beginnings of important community based research for improved social service delivery to the public. There is general acknowledgement within the community that illicit substance use impacts people locally but little understanding of how to actually address the complex issues.

The Cambridge Action Plan of Illicit Substance Use Steering Committee initiated this research project to follow up on previous research that documented illicit substance use concerns in Cambridge (Baseline Study of Substance Use, excluding Alcohol, 2008.) This research further explores the nature and depth of illicit substance use in Cambridge. This report represents the forth and final instalment of this research initiative. The recommendations generated by this research initiative are as follows:

DEVELOP PREVENTATIVE INTERVENTIONS – "Multi Layered Strategy"

- Increase Community Awareness and Perceptions of Drug Interventions;
- Integrate Harm Reduction Philosophy into Prevention Programming and/or Interventions for Illicit Substance use Providers.
- Increase Preventative Educational Programming for Youth and Young Adults within the School System;
- Address the Negative Stigmas Associated with Substance Use Through Research, Public Awareness and Educational Campaigns;

COORDINATED COMMUNICATION STRATEGY – "No Wrong Door Approach"

- Develop a Coordinated Communication Strategy that Outlines all Social Services Available and How to Access them:
  - Protocols for Information Sharing and Joint Decision Making Between Human Service Providers;
  - Consistent Information Given to Service Users about all Illicit Substance Use Services Provided by Human Service Providers;
  - Plan for a Systematic Approach to Accessing the Spectrum of Services Available.
- Encourage Coalitions and Interconnections between Service Providers that meets Regularly to Address Gaps and Inconsistencies in Service Provision

INCORPORATE RESPONSIVE FLEXIBLE PROGRAMMING – "Unique Needs of Service Users"

- Increase capacity of counseling services to be available on drop in basis

  - Develop NA and mental health and addiction self help groups
- Hire a street outreach worker focused solely on people who use drugs
  - 24 hour access to Harm Reduction Materials Available community wide;
  - Develop a safe drop in location available community wide during the day
- Link Pre and Post Treatment Services for Illicit Substance Users with Aftercare Supports;
  - Expand transportation services to and from Treatment options;
- Develop a Spectrum of Housing with Supports
- Expand the Regional Withdrawal Management Services and Include Medical Detoxification

SECTION 1: INTRODUCTION

BACKGROUNDER

The Social Planning Council of Cambridge and North Dumfries (SPC-CND) was approached in November 2007 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. The Cambridge Action Plan on Substance Use Steering Committee was formed to address the concerns that were brought forward in the meeting.

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. This is the final instalment of three previous reports: *Best Practice Research: Exploring Community Responses to illicit Substance Use, Waterloo Region Inventory of Substance Use Services, and A Community Toolkit: Forming an Action Plan Addressing Illicit Substance Use.* The project began by undertaking best practice research, developing a listing of relevant social service resources, designing a community resource tool kit, and finally conducting a Cambridge-specific needs and resource assessment relating to illicit substance use.

The research conducted and the design of the project are both relevant and timely to the identified illicit substance use concerns within our community. Problematic substance use does not occur in a vacuum. The larger community provides a context for understanding the factors that contribute to or inhibit the implications of substance use. This report contains a focus on community health, and the key factors which influence the health as set forth by the Public Health Agency of Canada. Health is, "determined by complex interactions among individual characteristics, social and economic factors and physical environments (Ontario Healthy Communities Coalition). Problematic substance use is a health issue for a diverse range of individuals. Although the relationship between problematic substance use and contextual elements is not linear, an overview of these elements may point to a potential interaction. The following report will explore Cambridge community demographics, resources, and social supports, and discuss the themes emerging from the research.

At both a local and regional level, the issue of illicit substance use places a strain on the social and economic development of a given geographic area. Partnerships across all sectors are needed to provide the necessary infrastructure to support policy and services in order to address specific community concerns. The substance use action plan should reflect the availability of services, the priorities of the region, and be adequately applicable to

municipalities within that area. 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 region. Identified in the above-mentioned report is the need to assess gaps in service and identify the impact of substance use, as well as develop an action plan to ensure that solutions are established to address this growing concern.

PURPOSE OF THE OVERALL RESEARCH INTIATIVE

The purpose of this research initiative is:

- To conduct a detailed examination of literature relating to how communities have mobilized around addressing local illicit substance use, including researching community drug strategies, action plans, task forces, special initiatives, etc;
-
- To compile an inventory of related services and problems available within the region for people who use drugs;
- To design a community resource guide/ tool kit for addressing illicit substance use locally.
- To provide a research report that documents the unique needs and challenges faced in Cambridge regarding service provision.
- To document and highlight the strengths of service provision in Cambridge;
- To identify gaps in service provision in Cambridge and provide recommendations of possible approaches to assist substances users;
- To develop recommendations applicable to the local community of key principles that are critical in orchestrating a community response to illicit substance use;

SOURCES OF INFORMATION

This research report represents a fundamental progression from the best practice research initially completed. Therefore this final report weaves research information from all four reports to present a comprehensive portrait of illicit substance use in Cambridge. This research initiative relies on information from a variety of sources including: scholarly research, survey participant's responses, key informant interview responses, and the Cambridge Action Plan on Substance Use Steering Committee feedback and direction.

SECTION 2: RESEARCH FRAMEWORK

RESEARCH TEAM

The project was managed by the Cambridge Action Plan on Substance Use Steering Committee and all research activities were carried out by the Social Planning Council of Cambridge and North Dumfries (SPCCND). The research activities and report writing were guided by feedback and input from the steering committee which represents a diverse grouping of people, including representation from government, enforcement, social services, and community researchers. The committee designed the development of research findings and community recommendations.

RESEARCH METHODOLOGY

Given the exploratory nature of this intiative, a flexible research method was selected to guide the process. Flexible methods provide an avenue to systematically engage in empirical inquiry intended to define, explore, or map the nature of emergent, complex, or poorly understood phenomena (Anastas, 1999, p. 55). Given that the nature of illicit substance use in Cambridge has not been thoroughly researched or understood, a flexible method study is an appropriate fit for this research. In flexible method research, unstructured data is used in order to capture the phenomena of interest in the words or actions of those who embody them in order to capture the the actual context as closeas possible (Anastas, 1999, p. 57). The emphasis was on gaining knowledge and understanding of the impacts of illicit substance in the Cambridge community, and therefore we relied heavily on qualitative research methods including key informant interviews and survey responses.

RESEARCH DESIGN

The research was divided into five phases:

- **PHASE 1** involved a thorough analysis of the available literature to identify elements of best practice and inform the development of the interview guide and survey questions.

- **PHASE 2** involved applying the identified best practice principles to the development of a community resource guide including designing a focus group and interview guide, survey questions, community engagement strategies, program and service inventory, and a resource bibliography.

- **PHASE 3** involved the bulk of the data gathering and collection. Face-to-face interviews were conducted with various key informants within the Cambridge community. Aonline survey questionnaire was also conducted in an attempt to give alternatives for people that we were not able to personally interview an opportunity to have their voice heard.

- **PHASE 4** involved telephoning and informally interviewing community stakeholders who provide services and/or supports to people who use illicit substances. The informationgathered willhelp further describe the phenomenon.

- **PHASE 5** involved data analysis and the development of the final report outlining the recommendations for the Cambridge community.

DATA GATHERING

Three methods were used: individual interviews with key informants, an online survey, and telephone calls to community stakeholders. Please refer to the Appendix for an example of the survey, generalized interview guide, informal data sources for the research tools used in the data collection process. Recruitment of the participants varied depending on the method, and will be described below.

KEY INFORMANT INTERVIEWS

A total of 14 key informant interviews were conducted with people from the following fields: frontline social service workers, politicians, enforcement personnel, outreach workers, human service executive directors, medical professionals, business professionals, and community researchers. The interviews were conducted by the SPCCND research team over a one month time period. Before each interview, participants were asked to complete a consent form outlining the research project, its intended outcomes and goals, how their information will be used, and if they agreed to participate and be audio taped (Please see the Appendix for the consent form). Audio tapes were used in most interviews and brief hand written notes were taken and later amplified with greater detail. All interview transcripts were transcribed and sent back electronically to the interview participants to ensure that their thoughts and opinions were interpreted correctly. The transcripts were analyzedto identify themes from the data collected. Direct quotations have been used throughout this report to illustrate these themes and to capture the voices of the research participants.

RECRUITMENT

The steering committee drafted a list of potential key informants that could be recruited to participate in the project. The recruitment process was strategically designed to cover a wide variety of people representing different sectors within the community. The participants were recruited through a personalized email, asking if they were interested in participating in a research interview (Please see the Appendix for a copy of the invitation to participate in interview). A total of 18 invitations were sent out for research interviews and 14 people participated.

DEMOGRAPHICS

Table: Gender Distribution of Interview Participants

Gender	Frequency
Male	8
Female	6
Total	14

Table: Interview Participants Primary Employment Activities Related to Illicit Substance Use

Direct Involvement	Frequency
Yes	8
No	6
Total	14

Table: Survey Respondents Involvement in Substance Use Services (personally or professionally)

LEVEL OF INVOLVEMENT	RESPONSE PERCENTAGE
Frequent Involvement	9.5%
Regular Involvement	38.1 %
Some Involvement	33.3 %
Limited Involvement	12.3%
Other	4.8%

There was no representation from people who identify as illicit substance users due to the scope and nature of this research project. However, for the purposes of this research we relied on the research from *The Baseline Study of Substance Use, Excluding Alcohol, in Waterloo Region* (2008) was recently published, and does include substance users as participants; therefore, these findings will be cited and utilized within this research. *The Baseline Study of Substance Use, Excluding Alcohol, in Waterloo Region* reports that persons who use illicit substances are less visible in the community, and due to their marginalization can be a difficult population to willingly identify to participate in research endeavours (2008, p. 7). Therefore, engaging with substance users is a delicate task that requires a substantial time investment, for which this project's timeframe did not accommodate.

SURVEY PARTICIPANTS

An online survey was designed to provide an additional opportunity for community stakeholders (i.e. residents, drug users, professionals, etc.) to give their feedback on illicit substance use in Cambridge. Widespread dissemination was achieved through forwarding a hyperlink to the survey. The dissemination strategy of the online survey followed a snowball method. The hyperlink was initially forwarded to approximately 100 people, and was further forwarded to other personal networks. The survey was designed by the research team and approved by the steering committee. The survey was piloted for one week, prior to going live for community responses. The online survey was available for approximately one month for participants to respond to the questions. In total, 24 valid surveys were collected.

RECRUITMENT

The survey was sent electronically to approximately 100 community members through the SPCCND newsletter list. The invitation to participate in the survey asked the reader to forward to their interested networks; therefore it is difficult to estimate how many people received the invitation to participate (Please see Appendix for the email survey invitation).

INFORMAL SOURCES CONSULTED

After the surveys and key informant interviews were completed the research team proceeded to collect oral testimonials, written personal statements, and statistical program information about the services provided to substance users in the community. This information will be woven into the report to supplement the research findings. A total of 11 informal sources of information were consulted.

Table: All Sources of Information Observed

Stakeholder Type	Number of Respondents
Survey Respondents	24
Key Informant Interviews	14
Articles Reviewed	44
Informal Sources of Information	11
Committee Members	8
Total Sources	101

RESEARCH LIMITATIONS

The research methods used within this endeavour reflect a cost-effective means of collecting data in a time-sensitive fashion. The data collected is not representative of the diverse general population of Cambridge, and therefore the findings of this report are limited in their scope, transferability,and generalizability.

The data collected in this study relied on a convenient sample that was easily accessed to participate. The small sample size of this research project reflects an important first step in research for understanding illicit substance use in Cambridge, but should not be regarded as conclusive. Therefore, due to the time-sensitive nature of this research project, the necessary resources needed to engage difficult-to-access populations was not possible. The research team would have liked to incorporate direct field observation, and engage the community more to participate in the online survey. However, this was not possible, and would be an excellent endeavour for future community based researchers to incorporate into their proposals.

SECTION 3: CAMBRIDGE DEMOGRAPHICS

Cambridge is located in the heart of southern Ontario, nestled right beside the Grand River. The City of Cambridge is a relatively new community being created on January 1, 1973 representing a merger of the towns of Preston, Hespeler, and the city of Galt.

POPULATION

The population in Cambridge was last measured in the 2006 Census. Cambridge was designated as an urban growth centre under the Province of Ontario's Proposed Growth Plan for the Greater Golden Horseshoe. In 2006, Cambridge's population continued to grow with a total population of 120,371, representing an increase of 10,000 people in the last 5 years (Community Trends in Cambridge and North Dumfries June 2008). The Region of Waterloo projects that by 2031 the population of Cambridge will reach 174,175 people (Community Trends in Cambridge and North Dumfries June 2008). A breakdown is provided below which accounts for gender, aboriginal, immigrant, visible minority, and age related populations. Cambridge's median age is 36.4 years, representing a slightly younger population then Ontario as a whole (39 years).

Table 2.1: Cambridge Population Composition

Population and dwelling counts	**Total**	**Male**	**Female**
Population in 2006	120,370	59,055	61,320

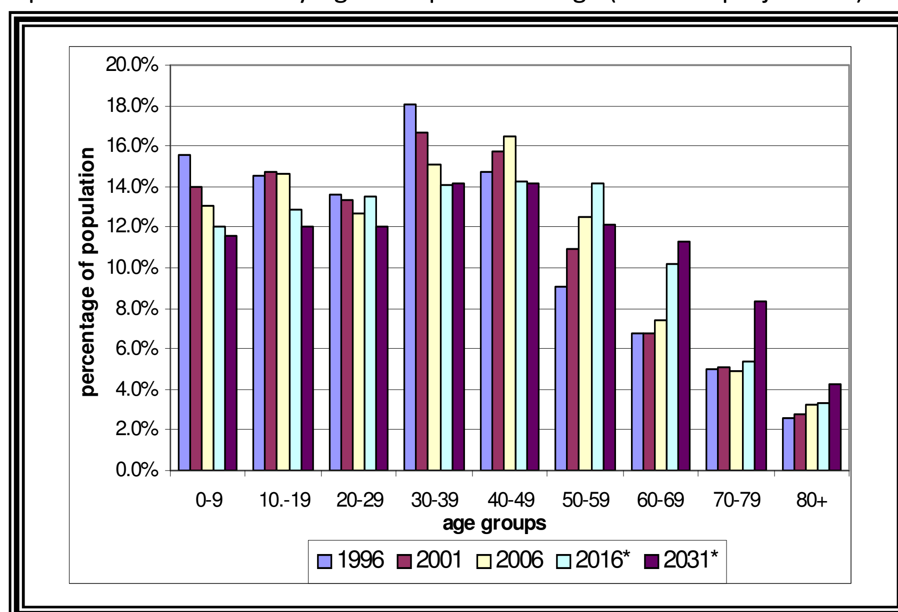
Population diversity	**Total**	**Male**	**Female**
Population in 2006	120,370	59,055	61,320
Aboriginal Population	1275	580	695
Immigrant Population	25255	12170	13055
Visible Minority Population	13350	6690	6655

Adapted from Statistics Canada, 2006 Community Profiles, Cambridge

In 2006, the most common household size in Cambridge continues to be two persons (30.7% of all households, an increase of 0.7% from 2001). When comparing these figures to those of the 2001 Census, the size of households has remained relatively the same. As in many other communities across the country, the average number of persons per household has been decreasing over the years (from 2.83 in 1996 to 2.8 in 2001 and 2.7 in 2006).

One's mother tongue is the first language learned at home and still understood. English remains the dominant mother tongue in Cambridge (79.4%). The top 5 non-official languages are: Portuguese (6.1%), German (1.1%), Spanish (1.1%), Polish (0.9%), and Punjabi (0.86%). Similar to 2001 Census data 21% of Cambridge's population in 2006 were immigrants with 2.4% of the population having immigrated between 2001 and 2006 (SPC, 2008, *Community Trends in Cambridge and North Dumfries*).

Table 2.2: Population Distribution by Age Group – Cambridge (includes projections)



Source: Community Trends in Cambridge and North Dumfries June 2008

FAMILIAL AND RELATIONAL CONTEXT

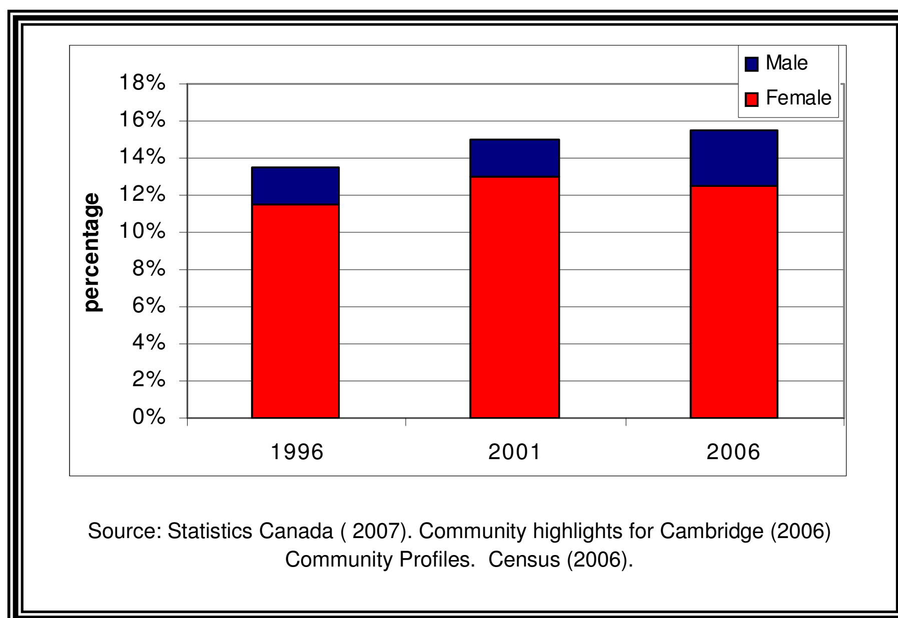
The size of households is shrinking and differs depending on urban or rural context. In 2006, the average household size was 2.7 persons in Cambridge. It is expected that this trend will continue.

Table 3.1: Common-Law/Legal Marital Status Characteristics, Cambridge

Relationship Composition	Total	Male	Female
Total population 15 years and over	95,785	46,605	49,180
Never legally married (single)	29,260	15,730	13,530
In a common-law relationship	8,050	4,005	4,050
Legally married (and not separated)	50,630	25,320	25,310
Separated, but still legally married	3,745	1,630	2,115
Divorced	6,750	2,945	3,805
Widowed	5,395	975	4,420

Adapted from Statistics Canada, 2006 Community Profiles, Cambridge

Table 3.3: Lone parent families as a percentage of all families in Cambridge



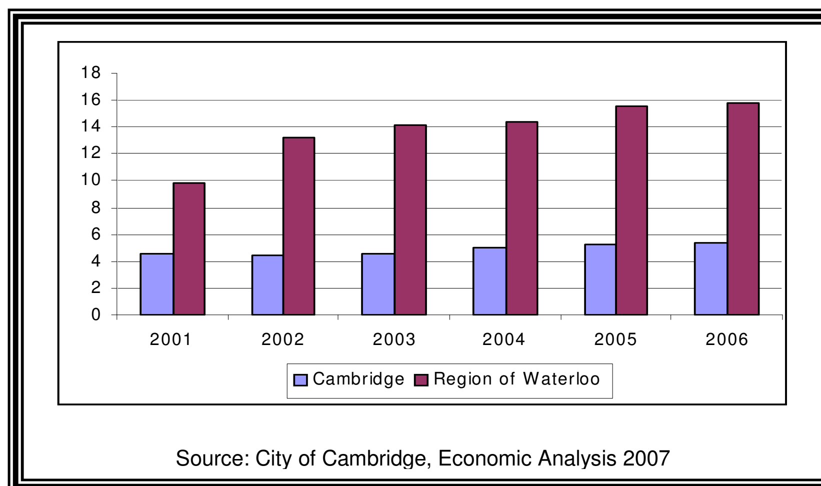
Source: Statistics Canada (2007). Community highlights for Cambridge (2006) Community Profiles. Census (2006).

It appears that the percentage of lone parent families has only slightly increased in Cambridge in 2006. The 2001 Census indicated lone-parent families represent 15.6% of all Cambridge families, an increase of 2% since 1996. Interestingly, male lone-parent families have slightly increased, the percentage of "traditional" families continues to decline.

ECONOMIC ACTIVITY AND EMPLOYMENT

Economic factors such as individual earnings and employment status directly relate to individual social status and resource opportunities. Although problematic drug use is not limited by income bracket, the availability of financial resources may play a role in contributing to or inhibiting the health status of an individual as related to problematic drug use.

Table 5.1: Gross Domestic Product ($Billion), Cambridge

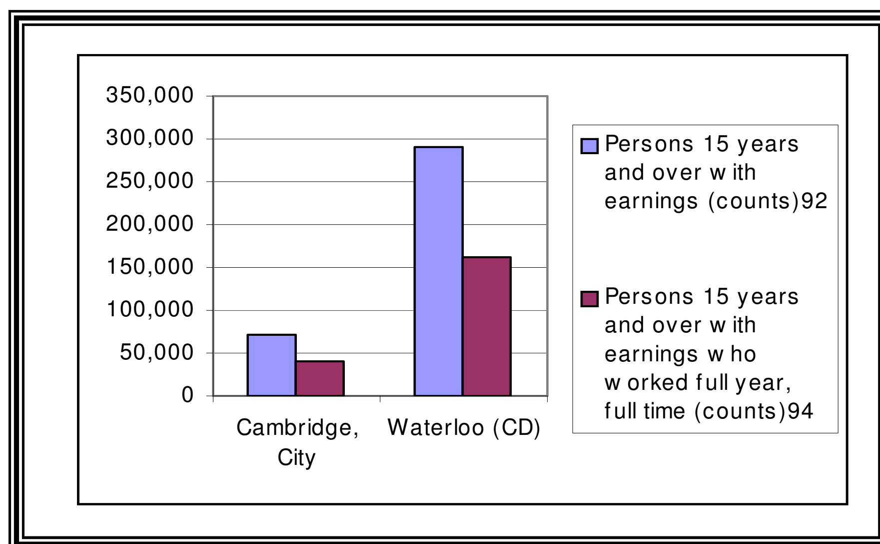


Source: City of Cambridge, Economic Analysis 2007

With an estimated GDP of $5.338 billion in 2006, the City of Cambridge produced 25% of the estimated GDP of the entire region. Since the 2005, the number of businesses in Cambridge has increased from 6606 to 6764 (increase of 158). There were 25 business bankruptcies in Cambridge in 2006 (this is one more than in 2005, and 8 less than the 10-year average of 33).

In Cambridge, out of total income from a household, 81.9% comes from earnings. This is slightly higher than Waterloo region of 80.7%. Persons 15 years and over with earnings includes persons who didn't work in 2005 but reported earnings.

Table: Earning in 2005, Cambridge



Source: Statistics Canada, Census -2006

Construction values are tracked across all the sectors (residential, industrial, commercial and institutional) and the residential portion was 41% in 2006, comparatively higher than other sectors. The value of building permits in Cambridge was $248.3 million in 2006, which is the median amount since 2000 and higher than both 10 and 20-year averages.

Cambridge continues to have a healthy, diversified economy with slightly more manufacturing and transportation/communication relative to the rest of the Region and the Province.

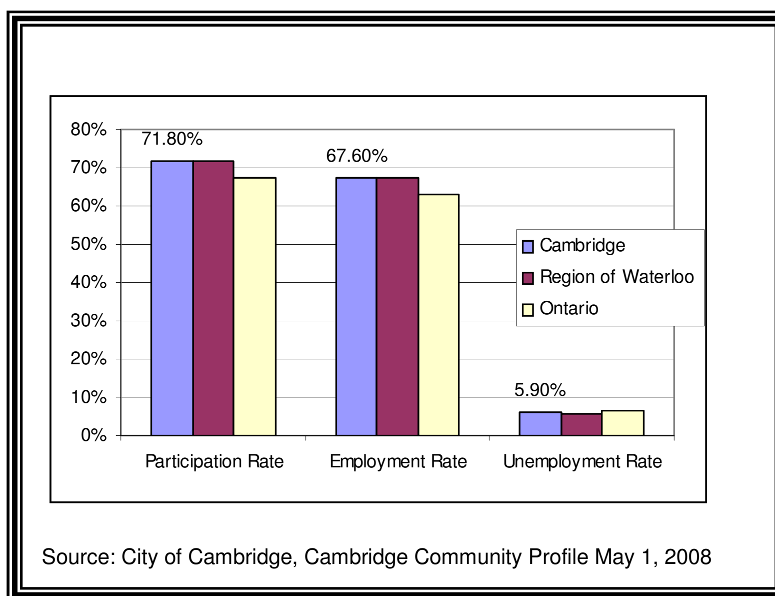
Table: Business by Industry Sector

Industry Sector	Distribution		
	Cambridge	Region of Waterloo (Excluding Cambridge)	Ontario
Primary Industries	1%	5%	5%
Manufacturing	9%	7%	6%
Construction	13%	13%	12%
Transportation/ Communication	7%	5%	6%
Trade	17%	15%	15%
Finance / Real Estate	13%	15%	14%
Public Administration	5%	5%	5%
Other Services	35%	33%	38%

LABOUR FORCE PARTICIPATION

Cambridge has a labour force of 67,225 workers and the surrounding Region has a workforce of 269,265 including an excellent pool of skilled workers (SPC, 2008, *Community Trends in Cambridge and North Dumfries*). Over 1/4 of the labour force is employed in manufacturing sector (SPC, 2008, *Community Trends in Cambridge and North Dumfries*). The employment participation rate is measured by the total labour force aged 15 and over.

Table 5.2: Labour Force Indicators, Cambridge



Source: City of Cambridge, Cambridge Community Profile May 1, 2008

There has been an increase in the unemployment rate to 5.9% (4,005 individuals) in 2006 from 5.3% in 2001. Both participation rate and employment rate have also increased slightly in 2006

and are consistent with that of Waterloo Region and Ontario (6.4%)(SPC, 2008, *Community Trends in Cambridge and North Dumfries*).

The Waterloo-Wellington area has experienced significant loss in the manufacturing sector through plant closures and consequently job losses. As of September 2007, there was an 11% decrease (from 64,000 to 57,000 workers) in employment levels in manufacturing sector from the previous year (WWTAB, 2008, TOP Report). In December 2007, the Ontario government designated $40 million dollars to provide skills development and rapid re-employment services to laid-off workers across the province. Employment Ontario (MTCU) is facilitating the creation of new action centres in this area to help displaced employees find new jobs. However, there is growing concern over the demand for increased skill levels among entry level occupations. Employers are demanding higher levels of certification and/or post-secondary education for jobs which previously did not require that skill level (WWTAB, 2008, *Strong Foundation, Strong Future – Literacy Service Plan for 2008-2009).* This trend is already having an impact in our community due to the significant number of labourers (aged 45 or older) who have high school education or less (SPC, 2008, *Community Trends in Cambridge and North Dumfries*).

The labour force continues to be diversified with many new immigrants settling in Cambridge every year. This is demonstrated by the significant demand for immigrant services (as evidenced by the increase in services requested by clients of the YMCA Cross Cultural and Immigrant Services). There is recognition that our immigrant workforce is under-employed and has challenges entering the local labour force (particularly because their foreign credentials are not always recognized). Cambridge and North Dumfries residents are fortunate to have services in the community which help to address these issues and needs, as this need will continue to grow in the future (SPC, 2008, *Community Trends in Cambridge and North Dumfries*).

EMPLOYMENT SHORTAGES

According to the *2008 Labour Market Profile* (WWTAB, 2008, Region of Waterloo Social Services Employment and Income Support) there are some interesting trends occurring within our community:

- there is still a shortage of welders (44% of employer survey respondents noted vacancies);
- 73% of employers identified finding skilled trade workers difficult in 2007.

EMPLOYMENT SUPPORTS

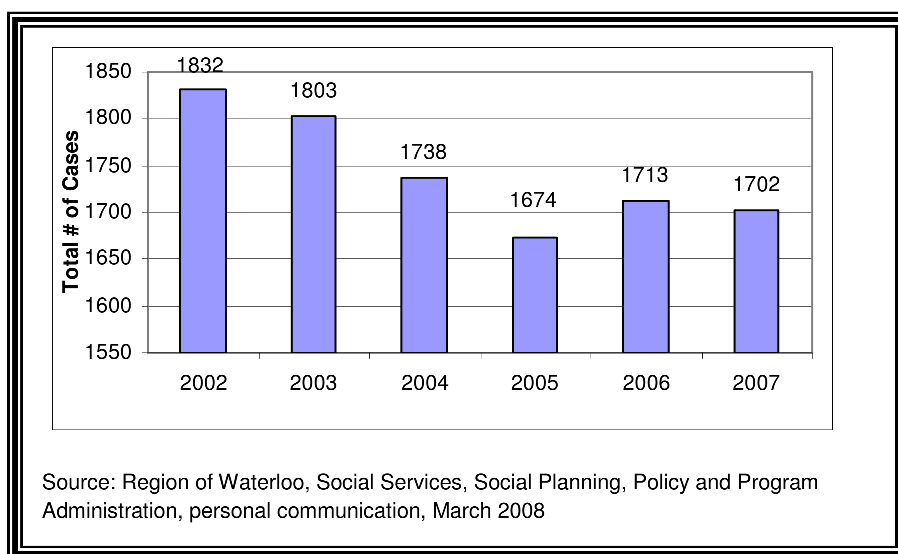
Cambridge Career Connections provides free employment and training services which are available to all youth in Cambridge and North Dumfries. In 2007/2008 there were 9364 visitors to Cambridge Career Connections' Resource Centre and 1151 people who participated in information sessions, workshops and other events. Another employment resource in the community is Lutherwood's Cambridge Employment Services. They offer small group workshops, employment advisors, and specialized supports and services for internationally-

trained professionals and apprentices (Community Trends in Cambridge and North Dumfries June 2008).

- From January to December 2007, Lutherwood's Cambridge Employment Services Department served 900 new clients (those who were registered).
- There were 5700 visits to their Resource Centre.
- 71% of their registered clients (639 people) found employment after attending the program.

Source: Community Trends in Cambridge and North Dumfries, June 2008.

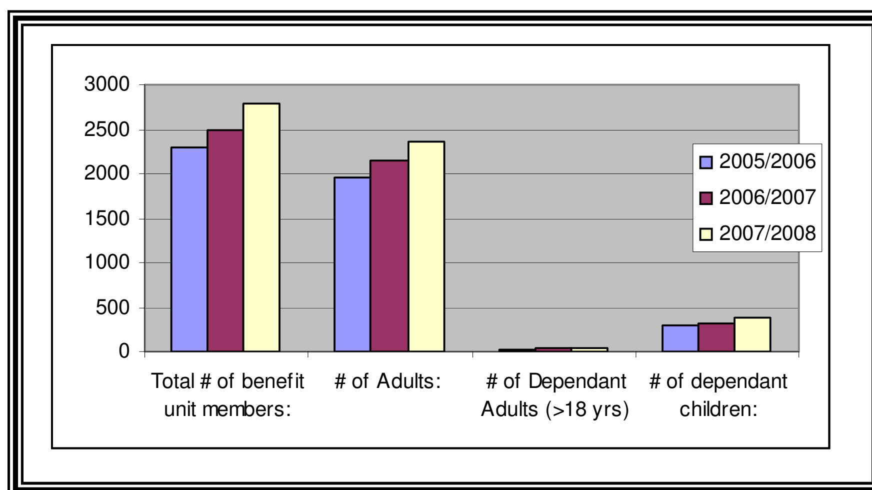
Table 5.6: Total number of social assistance cases, Cambridge and North Dumfries



Source: Region of Waterloo, Social Services, Social Planning, Policy and Program Administration, personal communication, March 2008

The Ontario Works Caseload in Cambridge and North Dumfries has decreased 7.1% from 2002 to 2007. This decrease is consistent with the decline in the number of households receiving Ontario Works Region-wide. (Caseload number represents the total number of cases, or heads of household. Spouses, dependent adults and dependent children are not included in these numbers).

Table: ODSP Income Support Caseload

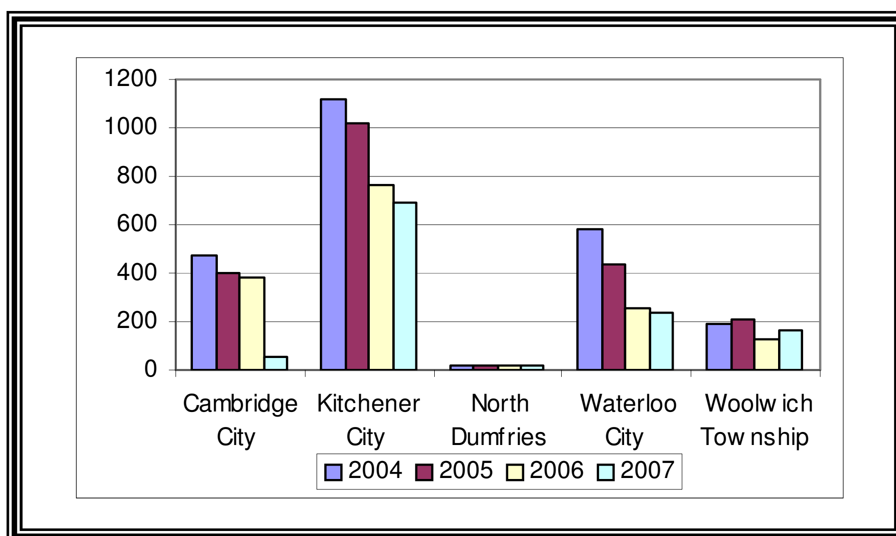


Source: Ministry of Community and Social Services, ODSP Income Support, personal communication, March 2008

In 2007, 2777 Cambridge and North Dumfries residents relied on Income Support from Ontario Disability Support Program (ODSP), which shows an 11% increase as compared to the 2493 cases in 2006/07. Out of the total 2,777 beneficiaries, approximately 1.6% are dependent adults (i.e. adult child), 13.4% are dependent children, while the remaining 85% are adults who are living with a disability and spouses in the benefit unit.

HOUSING MARKET AND AFFORDABILITY

Table: Single Detached Units- Housing Starts



Source: Canada Mortgage and Housing Corporation (2008). Housing Now, Kitchener: First Quarter, 2008

In 2007, there were a combined total of 344 housing starts in Cambridge (down by 55% from 2006), comprised of 53 single detached units and 291 multiple units.

Over the past 6 years, the average residential resale prices in Cambridge and North Dumfries have increased by $12,597 dollars annually. This trend continues as the average price in 2007 was $242,752 dollars.

Table: Average Residential Resale Price

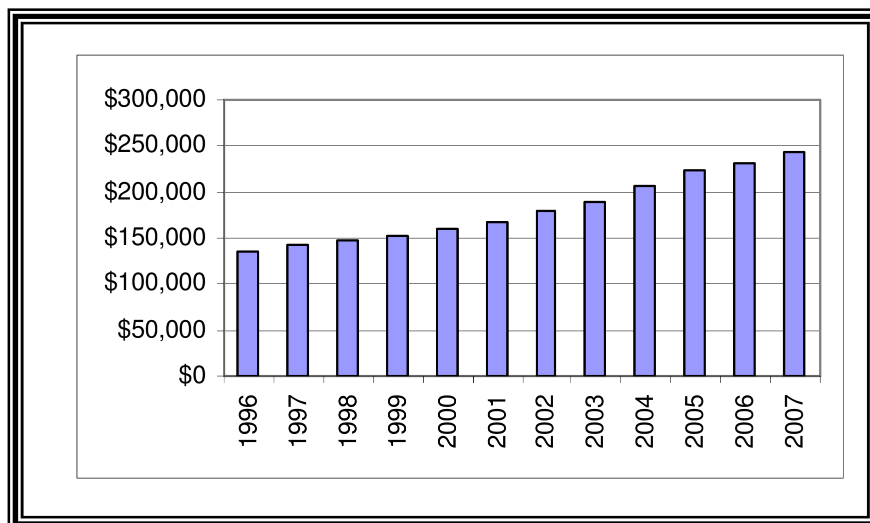
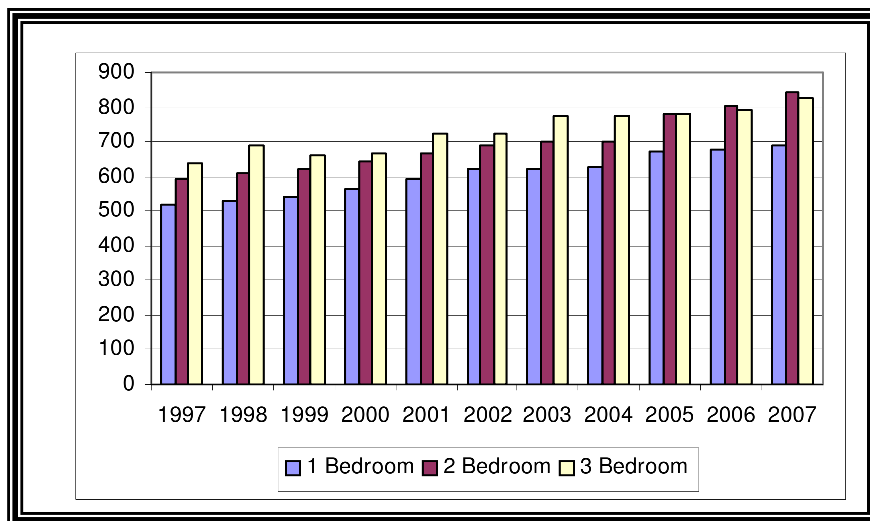


Table: Average Monthly Rent for Apartments, Cambridge



Source: Canada Mortgage and Housing Corporation (2007). Rental Market Report 2007

The 2007 data is unavailable for bachelor apartments and 3 bedroom apartments. (One and two-bedroom units are 93% of the private rental apartment market). The demand for rental

accommodations in the City of Cambridge softened this year as the overall vacancy rate moved higher to 3.6 %. The Canada Mortgage and Housing Corporation consider a 3% or greater vacancy rate in a community to be healthy. Since 2002 the average monthly rent for apartments in Cambridge has increased on average 11.25% for a one bedroom, 20.37% for a two bedroom, and 6.58% for a three bedroom. The average annual guideline for rent increase in the last five years was 2.4% (SPC, 2008, *Community Trends in Cambridge and North Dumfries*).

SUBSIDIZED HOUSING

The number of households on the Community Housing Waiting List is constantly fluctuating. In 2007, the average number of households on the wait list was 747. The most common household type on the Cambridge Community Housing Waiting list is “single, non-senior”.

Unit Type	Average Time of Wait List
1 Bedroom	4-6 years
2 Bedroom	2-3 years
3 Bedroom	6 mts- 1.5 years
4 Bedroom	3-4 years
Senior	2-3 years

There are a number of factors that affect an individual’s time on the wait list including the number of geographic sites selected and the accessibility of the site. The Community Housing Access Centre is experiencing an increased demand for 4-bedroom units, partly due to the increasing immigrant population.

EDUCATION AND LITERACY

HIGH SCHOOL EDUCATION

The number of individuals who have completed high school represents a benchmark for the community for educational attainment. “High school certificate or equivalent” includes those who have graduated from a secondary school or equivalent but does not include any post-secondary achievement. The 2006 Census data from Statistics Canada indicates the following:

- In Cambridge, 28,035 people or 30% of the population aged 15 and over have only obtained a high school certificate or equivalent.

Source: Statistics Canada. 2007*. Cambridge, Ontario* (table). *2006 Community Profiles*. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Relea*sed March 13, 2007.*
http://www12.statcan.ca/english/census06/data/profiles/community/Details/Page.cfm?Lang=E&

POST SECONDARY EDUCATION

- In Cambridge, 40,770 people or 43% of the population aged 15 years and over have some post- secondary education.

Source: Statistics Canada. 2007*. Cambridge, Ontario* (table). *2006 Community Profiles*. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007.
http://www12.statcan.ca/english/census06/data/profiles/community/Details

Locally, the Waterloo office registered 2025 new apprentices from April 2007 to March 2008. The apprenticeships include Kitchener, Waterloo, Cambridge, Guelph, North Wellington and surrounding areas. The registrations for this geographical area increase every year.

Source: Employment Ontario, Ministry of Training, Colleges and Universities (MTCU), e-mail communication, May 2008.

LITERACY NETWORK WATERLOO-WELLINGTON

Level 3 literacy is the desired minimum level of English to effectively cope with rapidly changing skill demands in a knowledge-based economy. Results from the Adult Literacy and Life Skills Survey (2005) indicate that 20% of Canadians were at the lowest level of literacy in the "prose" and "document use" domains (skills areas). In addition, across Canada, one-third of youth (ages 16-25) are at literacy levels 1 and 2. It also states that over half of unemployed Canadians have document literacy scores below Level 3.

On a local level, in both Waterloo and Wellington Region, 24% of adults (16 years and over) are found in the lowest level of literacy (Statistics Canada International Adult Literacy Survey, 1994). The most recent literacy survey results (2005) have not been released on a local level. It is estimated that local figures for literacy levels have improved slightly (as is the case for Canada in general). In Waterloo and Wellington Region, 19.8% of the employed workforce has not completed high school. Region of Waterloo Social Services has identified 40% of Ontario Works clients as having literacy issues, and 50% of clients have less than Grade 12 education (SPC, 2008, *Community Trends in Cambridge and North Dumfries*).

The Cambridge community is fortunate to have a number of agencies that work to address the need for education services in this community such as: Conestoga College (Cambridge campus), The Literacy Group of Waterloo Region, St. Louis Adult Learning Centres (Waterloo Catholic District School Board), and the Waterloo Region District School Board provide Literacy and Basic Skills (LBS) training in the communities of Cambridge and North Dumfries.

Source: *Strong Foundation, Strong Future – Literacy Service Plan for 2008-2009*, Project READ, 2007

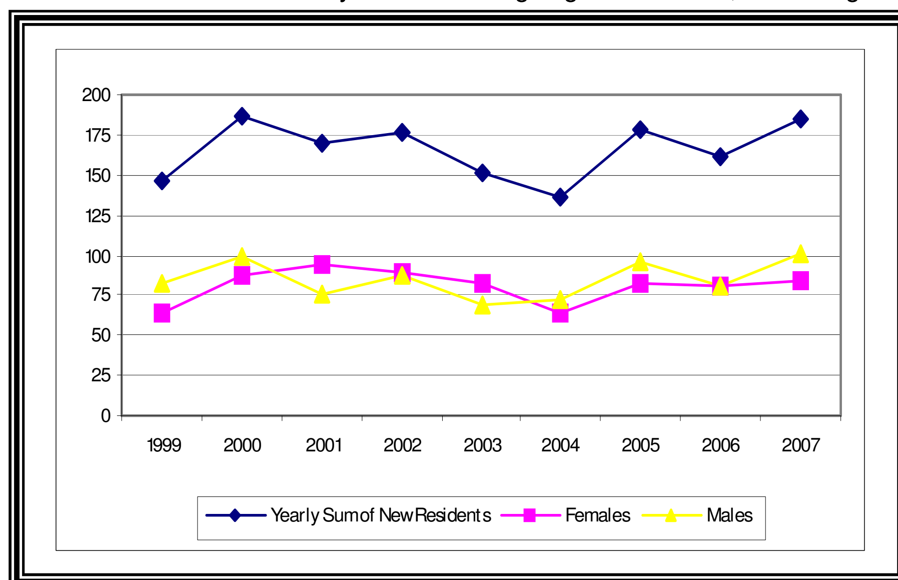
SECTION FOUR: COMMUNITY RESOURCES

Social indicators provide quantitative measures that are a valid and reliable avenue to represent the social conditions of a community over a period of time. Over the past two centuries, governmental bodies at the federal, provincial, and municipal levels have become increasingly reliant on statistical measures to assess a community's level of overall social health. The ultimate hope of measuring social indicators is to provide research that communities can use to understand both the strengths and challenges they face more effectively. Choosing the social indicators that will be measured is an imperfect subjective process. For the purposes of this report, the social indicators were selected from: *Community Trends in Cambridge and North Dumfries*, 2008 and Baseline User Study, (2008). These indicators highlight information from agencies who service Cambridge-specific clients or agencies that are located outside of Cambridge but have a mandate or offer satellite services in Cambridge.

ARGUS RESIDENCE FOR YOUNG PEOPLE

Argus Residence for Young People provides emergency shelter to homeless youth between the ages of 16-24. Argus provides the essential services of food, shelter and 24-hour staff support with a comprehensive life-skill acquisition program which works to mobilize youth toward health and viable community integration.

Table 6.7: Number of youth accessing Argus residence, Cambridge



Source: Community Trends in Cambridge and North Dumfries, June 2008.

Argus has experienced an increase in the number of youth accessing their services, which can be attributed to the following:

- In 1998, Argus expanded their services to young men and opened an 8-bed shelter that further expanded to 9 beds several months after opening.
- In 2001, a third shelter was opened in response to Out of the Cold's announcement that they would not serve youth under the age of 18.
- In 2003/4, the male shelter was demolished, but service to young men continued by combining services at the Argus Residence for Young Women. In order to accommodate both men and women, occupancy had to be reduced by 20%.
- On February 2004, a new 10-bed shelter was opened.

CONNECTION WITH ILLICIT SUBSTANCE USE

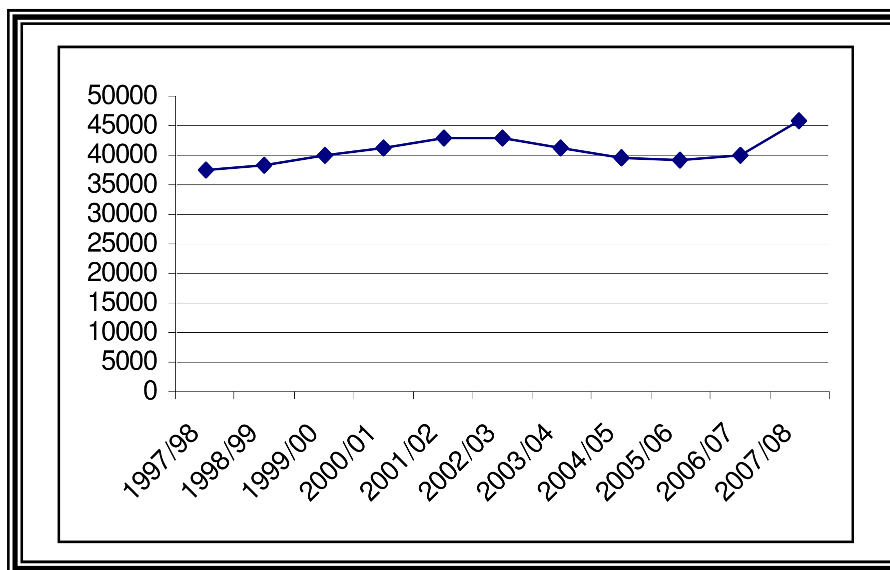
"From 2002 to 2007, 33% of young people that accessed Argus identified substance abuse issues or addiction (including cigarette smoking, alcohol consumption, and illicit drug use). The primary substances identified included nicotine, alcohol and marijuana. In fewer cases, crack cocaine heroine and ecstasy were acknowledged. However, staff observations suggest that there is some discrepancy between substance abuse (including episodic misuse) and dependence; the former typically affecting behaviour which prevents a young person from achieving goals relating to productive activity, positive social interaction and successful discharge." (Personal communication with Executive Director, 2008.)

CAMBRIDGE MEMORIAL HOSPITAL

The overall health of a community can be reflective of the health supports available. Access to hospital services, family doctors, and mental health supports are important contextual indicators to document. Cambridge Memorial Hospital is a thriving 180-bed community hospital that provides a full range of acute care services to Cambridge and North Dumfries. Its dedicated team of 1, 200 health care professionals, modern medical equipment and strong community partnership enable the hospital to deliver excellent medical care.

This year, there was an over 14% increase in the total number of emergency room visits from last year. Emergency room visits for 2007/08 totalled 45,937 and was the highest rate in the last 10 years. Reasons for such a drastic increase include population growth in the region, the number of residents without a family doctor, and limited access to walk-in clinics.

Table 9.3: Total number of emergency room visits



Source: Community Trends in Cambridge and North Dumfries, June 2008.

CONNECTION TO ILLICIT SUBSTANCE USE

From 2004-2008 Cambridge Memorial Hospital had a total of 858 patients visit the emergency room for an overdose incident (Bell & Parkinson, 2008, p. 13). Of the total number of patients, 505 were identified as being female and 353 were male (Bell et al, 2008). Females represented 59% of the majority of overdose patients while were 41% identified as being male (Bell et al, 2008). Females who experienced an overdose incident tended to be younger than their male counterparts. For example, the average age of a female overdose patient was between the ages of 11-20 years, while males were between 21-30 years old (Bell et al, 2008).

The pattern of overdose incidents for the last four years across all the three regional hospitals demonstrate similar trends (Bell et al, 2008). Patients at Cambridge Memorial Hospital overdose more frequently from drugs on the X61 code (intentional self-poisoning and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism, and psychotropic drugs, not elsewhere classified) (Bell at al, 2008).

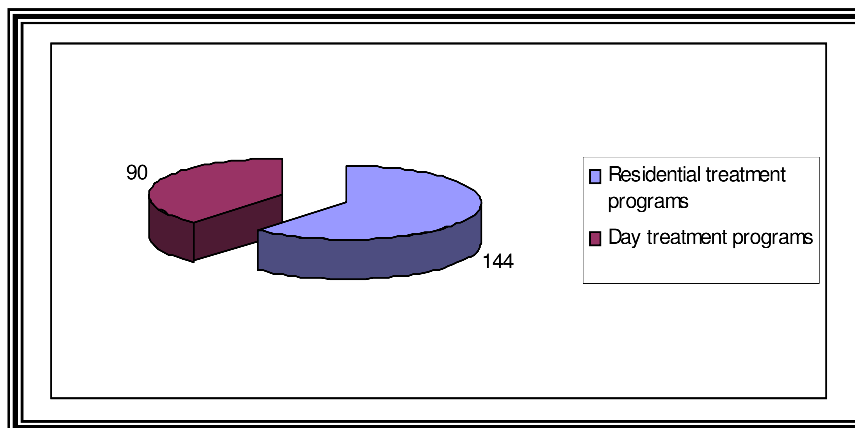
Cambridge Memorial provides direct services to many illicit substance users within our community through emergency room visits. Overdoses resulting emergency room visits are one of the avenues that medical professions come into contact with people who use illicit substances. Although there is no exact statistical information outlining how many patients that Cambridge Memorial treats regarding illicit substance use, the above information about ER visits, and the frequency of overdoses are important indicators in order to understand the scope of the situation.

GRAND RIVER HOSPITAL

The withdrawal management centre offers services for both males and females who are abusing alcohol, illicit drugs, solvents, and/or experiencing symptoms of withdrawal. It is a non-medical supportive environment and provides education and referral to the treatment of the client's choice. Individuals must be intoxicated, in withdrawal, or in a crisis situation related to substance abuse in order to qualify for service. The individual must be agreeable to and suitable for non-medical detoxification and all house rules in order to be admitted.

A total number of 234 referrals were made to treatment programs by Grand River Hospital's Withdrawal Management Centre in 2007 (SPC, 2008, *Community Trends in Cambridge and North Dumfries*). Of them, 39% were referred to the centre's two-week day program, it is estimated that approximately 30 clients will complete the program each month in 2008.

Table 9.5: Number of referrals to treatment centres



Source: Community Trends in Cambridge and North Dumfries, June 2008.

CONNECTION TO ILLICIT SUBSTANCE USE

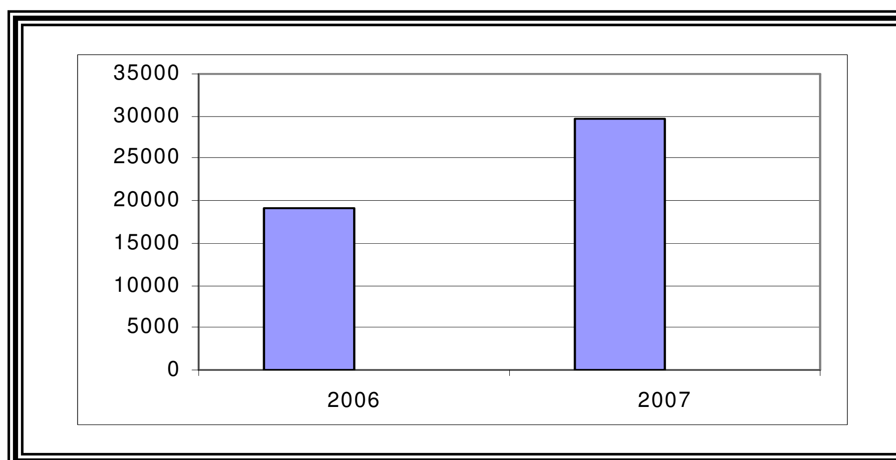
Grand River Hospital Withdrawal Management Centre provides services to the entire Region, therefore Cambridge residents are included in their program statistics. The services they provide are critical to people who use illicit substance use

CAMBRIDGE SHELTER CORPORATION

Cambridge Shelter Corporation provides emergency shelter to homeless individuals and families in Cambridge. The Bridges has 40 emergency shelter beds for men and women who are homeless, and three family shelter units for homeless families. There are also 20 bachelor apartments in The Bridges that are administered by Cambridge Kiwanis Village Non-Profit Housing.

Cambridge Shelter Corporation also runs a drop-in centre, called "Welcome Aboard" that is open Monday to Friday from 7:00 a.m.– 11:30 a.m. At Welcome Aboard, homeless clients and those living in poverty can access a wide variety of services and programming.

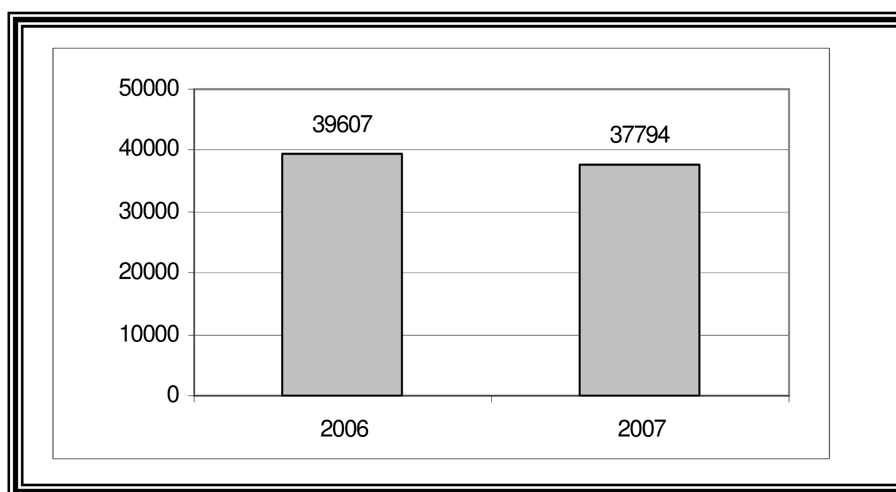
Table: Welcome Aboard Drop-In Visits



Source: Cambridge Shelter Corporation Statistics (2007).

The Welcome Aboard program has existed within The Bridges since 2005. Comparative data is available for the past two years only. Welcome Aboard had a 55% increase of visits from 2006 to 2007.

Table: Number of Meals Served by Cambridge Shelter Corporation



Source: Cambridge Shelter Corporation 2007 Annual Report

Cambridge Shelter Corporation's outreach team spend most of their time working with clients who have addiction issues. With their vast network of partners at addiction treatment centres all over Ontario, the outreach workers have able to take between 200 and 300 people to

treatment each year. They have also begun to provide aftercare for clients returning from addiction treatment with their Relapse Prevention Group, Anger Management, and two 12-Step Groups.

CONNECTION TO ILLICIT SUBSTANCE USE

The Bridges has started a new service with the support of the John School (a program to rehabilitee men who procure services from prostitutes), working with women who are incarcerated at Vanier Correctional Facility in Milton. All of these women identify as using illicit substance and have supported themselves with some form of prostitution. The goal is to help women exit this lifestyle by assisting access to treatment, followed by community supports to a healthier lifestyle.

In our local community, the Waterloo Regional Police report for the following trends related to prostitution:

Table: Other Criminal Code Violations – Prostitution

Prostitution	2007 Offences	2007 Cleared	Clearance Rate (%)	2006 Offences	Difference
Procuring	1	2	200 %	2	-1
Prostitution under 18	2	2	100 %	1	1
Other Prostitution	98	99	101 %	48	50

Source: Waterloo Regional Police Service: 2007 Annual Report

According to the Executive Director of the Bridges Program, the need for adequate supports and housing to facilitate successful recovery is paramount. “We have two full-time staff who are working with addicted clients. We have excellent connections to drug and alcohol treatment facilities all over Ontario and take over 200 people each year to treatment. We also have five aftercare groups – two 12 Step Groups, two Cocaine Anonymous Groups and a Relapse Prevention Group. 70% of the clients that we take to treatment are not clients of the shelter, but are referred here from the community. We also have a clean needle exchange program for those who are not ready for treatment. We do not track substance use on entry to the shelter. But I would estimate that over 60% of those staying here, suffer from addiction. Many of them come here, because of our wide range of program services for them. The only stats we track are those accessing treatment and those suing the needle exchange program. We lack many services for those struggling with addiction. Individual counselling, stabilization beds, and pre and post treatment housing are the main ones. Crack cocaine is the most prevalent addiction among our clients. It is fairly cheap and easy to get. We have not seen too much crystal meth in Waterloo Region, but it is on the rise in communities all around us and it is

only a matter of time before we see more of it here. Substance abuse destroys lives and affects everyone around the abuser- family, friends, employers, and the community. No one sets out to become a drug addict, an alcoholic a sex addict or a gambler. Rehabilitation takes a great deal of time, and a strong personal commitment on the part of the client. It is a lifelong struggle to remain sober. We have to realize that when a person finishes treatment, that is only the beginning. If supports and safe housing are not available, the chances of relapse are very great."

Source: Personal Communication, Executive Director of The Bridges

Table: Stabilizations and Post Treatment Number of Referrals

Supportive Stabilizations	Post Treatment Beds (out of Area)
15	22

Source: Cambridge Shelter Corporation 2007 Annual Report

Table: Addiction Referrals Number of Clients

Length of Program	# of Clients Attending	Completed
Detox- Kitchener, Toronto, Sudbury, Kingston, Brampton, Owen Sound, London, Hamilton, Simcoe	122	N/A
21- Day Program	41	40
3-5 Months	11	11
6 Months	7	6 completed, 1 current
One to Two Years	3	2 completed, 1 current
3 Year Stabilization Program	2	2 current
St. Thomas Concurrent Disorders Program	5	5

Source: Cambridge Shelter Corporation 2007 Annual Report

Table: Needle Exchange Program Statistics 2007

Service	Numbers
Condoms Distributed	4, 500
Clean Needles	12, 000
Unique Clients	41

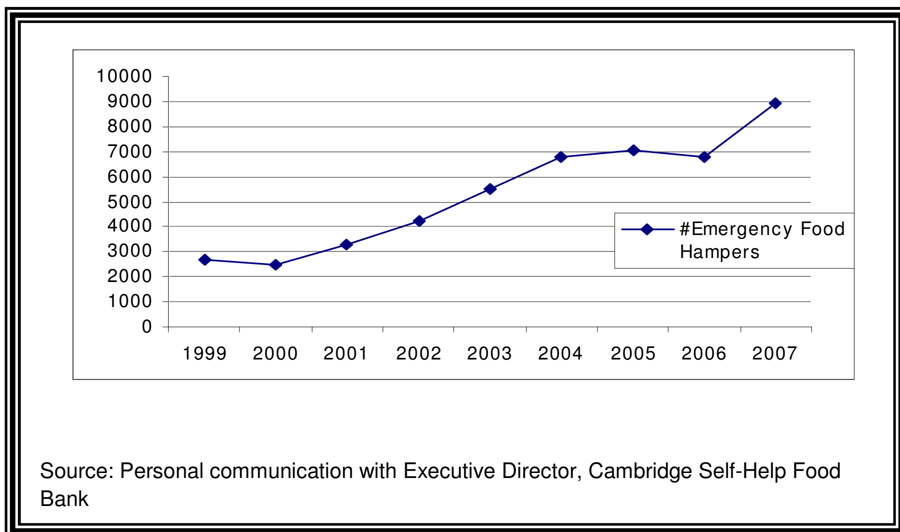
Source: Cambridge Shelter Corporation 2007 Annual Report

CAMBRIDGE SELF-HELP FOODBANK

The Cambridge Self-Help Food Bank provides food assistance to those living below the poverty line in Cambridge and North Dumfries. They assist people through the provision of emergency food hampers and a member hamper program.

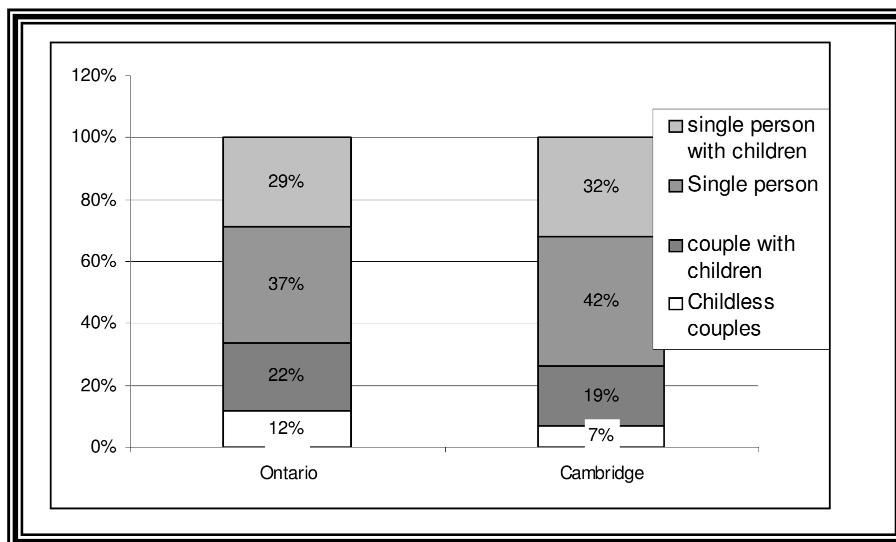
Their mission is to dispel the societal attitude that people who access food banks are "not good enough" and are "less than" everyone else. They desire to have everyone walking out of their facility feeling better than when they came in. They work to foster self-reliance by offering educational opportunities, job training and one-on-one emotional support.

Table: Emergency food hampers distributed by the Cambridge Self-Help Food Bank



Source: Personal communication with Executive Director, Cambridge Self-Help Food Bank

Table 6.12: Family composition of food bank users (2007)



Source: Community Trends in Cambridge and North Dumfries, June 2008.

Although the Foodbank does not provide illicit substance use support programs, their clientele is impacted by addiction. The Cambridge Self Help Foodbank recently received funding for an outreach worker that will be working with the community, including illicit substance users.

Canadian Mental Health Association - Grand River Branch (CMHA-GRB)

Centre for Mental Health, Cambridge

The *Centre for Mental Health* provides: information, education, referral and support services to the community at large, individuals who experience a mental health issue and their families. Support Services, including Long- term Intensive Support Coordination is provided to individuals experiencing a significant mental health issue so that they may be assisted in their recovery and fully participate in their community.

CMHA-GRB offers Support Services to individuals who can be described as having a concurrent disorder as well, meaning they have both a mental health and an addiction issue. Although they support people with concurrent disorders they frequently refer to regional addiction treatment agencies to address illicit substance use concerns.

Presently the *Centre for Mental Health, Cambridge* employs two outreach workers whose primary function is to connect individuals who experience a mental health or concurrent disorder to resources in the community.

- From April 1, 2008 to September 30, 2008, 32 out of 82 new proactive contacts were referred to addiction supports (outcome of referral not necessarily tracked)
- From April 1, 2008 to September 30, 2008, 11 out of 18 people in formal support were referred to addiction supports (outcome of referral tracked)

Although people receiving Long-term Support Coordination Services experience a significant mental health issue, not all who use illicit substances would identify as having an addiction.

- Out of 51 people who are currently receiving support in Long-term Support Coordination through the *Centre for Mental Health* in Cambridge:
  - 15 people identify themselves as "using drugs" and do no want addiction referrals made
  - 6 people identify themselves as having a concurrent disorder and have been referred to addiction supports
  - 2 people identify themselves as being in recovery
  - 1 person continues to access the services of AA/NA
  - While the others do not want continued addiction support and have been clean and/or sober for years.

CMHA-GRB also operates the Crisis Services of Waterloo Region, which runs the Distress Line (supportive listening) the Crisis Line (crisis intervention). Both lines run 24 hours a day, 7 days a

week, 365 days a year. The Mobile Crisis Response Team can be dispatched for crisis intervention in the region as needed.

- Between April 1, 2007 – March 31, 2008, Crisis Services responded to 146 calls where problems with substance abuse/addiction was listed as the presenting issue
- Between April 1, 2008- September 30, 2008, Crisis Service responded to 92 calls with addiction as the presenting issue.

In terms of the Distress Line:

- ❖ Between April 1, 2008 – September 30, 2008, 271 callers identified problems with alcohol/drugs as an issue; of that number 138 callers identified it as the primary reason for their call.

FAMILY COUNSELLING CENTRE OF CAMBRIDGE & NORTH DUMFRIES

The Family Counselling Centre provides support services to the communities of Cambridge and North Dumfries through its main office in Cambridge and satellite office in Ayr. The Cambridge office offers support groups and professional counselling for a variety of issues including credit counselling, separation and divorce, family issues, addiction, family violence and sexual abuse.

The Family Counselling Centre does not purposely collect statistical data about the prevalence of illicit substance use among their clientele. However they estimate that a large portion (50%) of the men who access their PAR group have used illicit substances at the time of their offence, report ongoing addiction issues, or suffer from a concurrent disorder. Also, the presenting issue(s) in individual counselling may not be identified as an addiction but could unfold more clearly after intake and once a client has been assessed.

The Family Counselling Centre provides counselling and support to people who struggling with addictions, however they do referral to other agencies in the community that specialize in treating addiction. They have one therapist onsite that specializes in addiction interventions. Currently the Family Counselling Centre has a waiting list for most daytime and evening appointments. It is very difficult to estimate the accuracy of the waiting list because appointments become available on short notice and if a person is available then they will be booked in.

Currently there is a:

- 1-3 week waiting list for daytime appointments
- 3-6 week waiting list for OW/ODSP clients who want an evening appointment
- 4-8 week waiting list for HSO (Doctor referred) clients
- No waiting list for EAP clients

- No waiting list for clients who are not subsidized

Source: Personal Communication with Family Counselling Centre of Cambridge and North Dumfries, 2008.

NARCOTICS ANONYMOUS

Narcotics Anonymous provides a recovery process and support network inextricably linked together. One of the keys to NA's success is the therapeutic value of addicts working with other addicts. Members share their successes and challenges in overcoming active addictions and living drug-free productive lives through the application of the principles contained within the Twelve Steps and Twelve Traditions of NA. These principles are the core of the Narcotics Anonymous recovery program. Principles incorporated within the steps include:

- Admitting there is a problem
- Seeking help
- Engaging in a thorough self-examination
- Confidential self-disclosure
- Making amends for harm done
- Helping other drug addicts who want to recover

NA is operating three different meetings in Cambridge:

- Together We Can – Tuesday and Thursday 7:30 pm at Preston Mennonite Church (791 Concession Road)
- Clean Times- Saturday 7:30 pm at Trillium United Church (450 King Street)

Source: http://www.orscna.org/english/area_meetings.php?id=3

ONTARIO ADDICTION TREATMENT CENTRE

Ontario Addiction Treatment Centre (OATC) primary role is to provide Methadone Maintenance Treatment Programs (MMTP). Methadone has been heralded as one of the most successful means of treating an opiate addiction. It is appropriate for individuals dependent on heroin, methadone, Percocet, Oxycontin, opium, morphine, Dilaudid, Codeine, Demerol, Fentanyl, etc. Methadone is a long-acting opioid medication (lasting 24-36 hours per dose) that is an effective and legal substitute for heroin or other narcotics. It helps to stabilize the lives of people who are dependent on opiates and reduce the harm related to drug use.

The Methadone program is not a "quick fix". Methadone is part of a long-term and comprehensive maintenance program for opiate-dependent clients. The immediate goal is to stabilize the substance user's methadone dose, promote a sense of well-being and prevent physical withdrawal symptoms. Methadone will significantly decrease drug cravings, and contribute to eliminating drug use entirely.

Methadone maintenance treatment works best when combined with other services and interventions. As part of OATC, a client will be able to freely access addiction counselling, crisis intervention and management, as well as various medical services.

Methadone is taken orally and is diluted with orange juice. When a client first starts the program, they will be asked to drink the methadone medication at the pharmacy daily. As the person stabilizes they may be eligible for some "carries", or take-home doses.

There is no exact length of time that a person has to remain on methadone. Rather, this is highly variable for each patient. However, some key factors seem to be helpful in predicting successful methadone tapering and maintaining a drug-free lifestyle.

These include:

- Successful stabilization, opiate abstinence, and maintenance on the methadone program for at least one to two years.
- Lifestyle modification/changes, such as a stable family life, steady employment, fewer financial and legal difficulties, and social support from non drug-using partner, family and friends.

Once these goals have been reached, the decision to taper off methadone is made by the patient, with support of the treating physician. When methadone is taken as prescribed, and in conjunction with a comprehensive treatment program, it is a safe and effective medication that patients can take for many years to both achieve and maintain a drug-free lifestyle.

OATC located in Cambridge currently has 220 active clients, with a 1-2 week waiting list to receive an assessment for service.

Source: Information about services taken directly from www.oatc.com. Personal Communication, 2008.

REGION OF WATERLOO PUBLIC HEALTH

NEEDLE EXCHANGE SERVICES

Region of Waterloo Public Health is responsible for ensuring that harm reduction supplies such as needles, syringes, cookers, alcohol swabs, tourniquets, sterile water, vitamin C and filters are provided in a community where there is a demonstrated need. Currently, they operate from two Regional office sites (Waterloo and Cambridge) and two community sites (ACCKWA in Kitchener and Bridges in Cambridge). Public Health provides all supplies with the assistance of the Ontario Harm Reduction Distribution Program to all sites. They do not place limits on the amount of supplies clients receive nor require clients to bring supplies back for new equipment. Public Health staff encourages clients to take sharps containers to dispose of used equipment. They also offer free testing for Sexually Transmitted and blood borne infections (such as HIV,

hepatitis B and C). They are also a part of the Ontario Needle Exchange Network and our local Harm Reduction Network to ensure that we stay current on the issues affecting those we provide services to as well as for information.

Public Health also facilitates several drop-off sites where community agencies or services have identified a need for safe sharps disposal. They currently have 10 such sites located around the Region at locations such as gas stations, community kitchens and shelters. These sites do not offer sterile equipment, just a place for people to dispose of their used equipment.

"The challenges that we face constantly include lack of other community agencies willing or able to become a fixed site as well as funding constraints within our current economic state. The demand for more supplies and services rise every year and it has become almost difficult to meet those needs. We've also identified that fixed site services are limited to the operating hours of the hosting agency. It has been identified in the community that mobile services that offer services during off hours will assist in meeting demands for service and supplies."

Source: Personal Communication with Public Health, 2008.

Table: Clean Need Distribution in Waterloo Region

	2007 – Full Year	2008- First Half
Number of Unique Clients	1,217	676
Number of Needle Distributed	158, 032	124, 975
Number of Needles Returned	43, 356	49, 802

Source: Region of Waterloo Public Health, personal communication, 2008

There has been an increase in demand for needle exchange services in Waterloo Region with a 132 percent increase of needle distribution in 2007 (ROWPH, September 9, 2008).

HIV TRANSMISSION / HEPATITIS B VIRUS

In 2007 there was 15 (3.02 per 100,000) new HIV cases reported to the Medical Officer of Health in Waterloo Region, representing a slight decrease from 2006 (3.25 per 100,000).

- Over two-thirds (11) of those testing HIV positive had heterosexual contact as the predominant risk factor.
- Over one-half (8) were born in an endemic country where the predominant means of transmission is heterosexual contact.
- Almost two-thirds (9) were female and of those, three tested HIV positive through prenatal HIV screening. This reinforces the need for prenatal HIV screening with each

pregnancy. There were no prenatal-acquired HIV infections. 96.8 % of women in Waterloo Region received an HIV screening test.

Table: New HIV Cases in Waterloo Region, 2003-2007

Year	2003	2004	2005	2006	2007
Cases	9	18	11	16	15

Source: Integrated Public Health Information System (iPHIS), Region of Waterloo Public Health, extracted Feb 2008

Based on cases of acute Hepatitis B and HIV case in 2005–2006 among injection drug users, a short-term screening clinic was held in the community to identify blood-borne infections. 37 clients attended the clinic. There were 17 Hepatitis B tests and 23 hepatitis C tests performed. Staff administered 24 doses of Hepatitis A and/or B vaccine. 25 HIV tests were performed. One client was identified as having been exposed to Hepatitis C. Ongoing health promotion activities targeted towards youth, men who have sex with men, ethno-cultural groups and other vulnerable populations are being planned for upcoming years.

Source: ROWPH AIDS/STF Program Update 2007

HEPATITIS C VIRUS

The three most common known risk factors for acquiring Hepatitis C virus were: injection drug use; being a recipient of blood products; and tattoo/acupuncture or body piercing.

- From 1995 to 2004, the incidence rate of Hepatitis C virus in Waterloo Region has remained consistently lower than the Ontario incidence rate.
- Between 1995 and 2004, the number of cases of Hepatitis C virus in men (between the ages of 25 and 59 years) is almost double the number of cases in females.
- Individuals aged 25 to 59 years account for more than 80% of all cases of Hepatitis C between 1995 and 2004.

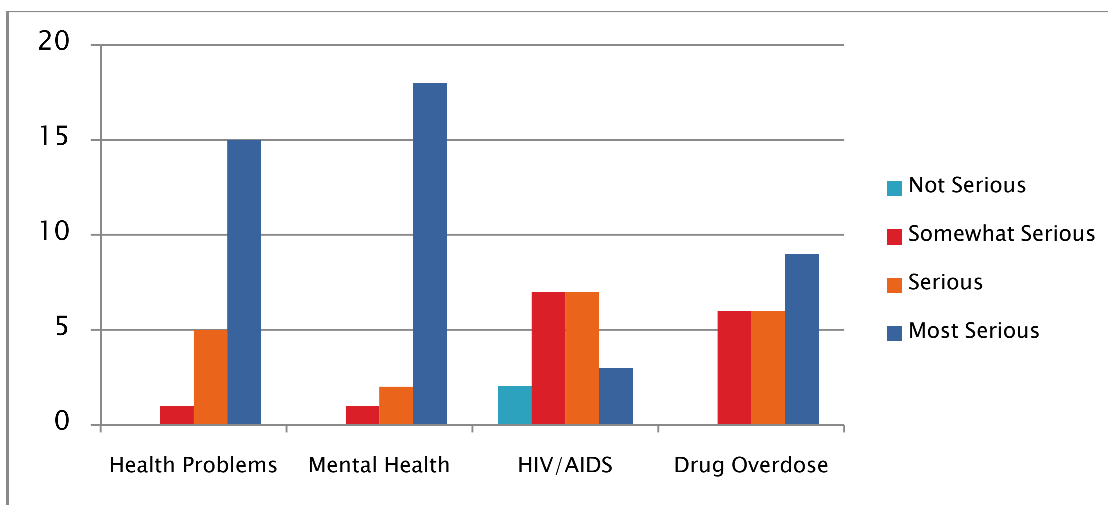
Injection Drug Use is the most reported risk factor for Hepatitis C virus transmission, and some studies estimate that 55% of active injection drug users in Canada are infected with the Hepatitis C virus (ROWPH, 2006). In Waterloo Region it has been estimated that there are approximately 1,470 injection drug users in Waterloo Region, though local data on this population is limited, particularly with the number Hepatitis C virus resulting from injection drug use (ROWPH, 2008, p. 11). The *Baseline User Study* (2008) cites the Outcome Evaluation Report Waterloo Region (OERWR) study of injection drug users, 90% of participants in the study had received an HIV test in the past year and none had tested positive for HIV. However, of the 87% who had received tests for Hepatitis C in the past year, 50% had received a positive result (ROWPH, 2008). This represents a significant health risk amongst injection drug users.

Harm reduction programs represent an avenue to reduce the negative effects on the economic, physical and social well being of illicit substance users without requiring abstinence (low threshold interventions). This type of therapeutic intervention can reduce the transmission rate of the Hepatitis C virus infection because it increases the accessibility and availability of appropriate services, and reduce stigma associated with drug use. Injection drug user populations face a variety of social stigmas that may inhibit their ability to access appropriate health care (ROWPH, 2006). Education and awareness programs can work to reduce discriminatory messages and beliefs that currently exist. With respect to public safety, evidence suggests that harm reduction programs (such as needle exchange programs and safe injection facilities) have not increased drug use or increased drug dealing where these programs operate.

As Hepatitis C is a preventable virus, investments in prevention strategies could reduce the growing medical and economic costs associated with the disease. Local data on the economic impacts of Hepatitis C virus infection are not readily available; however, national data indicates that the lifetime cost for one patient costs between $100,000- $250,000 (ROWPH, 2006).

Source: ROWPH, A Glance at Hepatitis C in Waterloo Region, 2006.

Table: Survey Respondents Ranking Problems Associated with Drug Use and Health



ST. MARY'S COUNSELLING SERVICES

St. Mary's Counselling Service provides outpatient services for individuals in the Region of Waterloo who are concerned about alcohol, drugs, or gambling. Professional counsellors help individuals review their lifestyle, identify changes they might like to make, and help them develop the necessary skills to make those changes. Referrals to residential treatment programs or community programs are provided. Consultation is also available for family members or friends of individuals who have issues with alcohol, drugs, or gambling. Services

are free of charge. Funding for the programs is provided by the Ministry of Health and Long-Term Care, Addictions and Mental Health Branch.

St. Mary's Counselling Service operates a Cambridge satellite office. In 2007 they serviced 910 residents of Cambridge with their identified substance use concerns; resulting in 650 treatment admissions. The wait times to receive service fluctuate monthly depending on the number of referrals, non-attendance for first appointments, staff vacation, etc. Average wait time is 1 to 2 months for adults and 1 month for youth.

The following information represents the following services: assessment/referral, individual counselling, group counselling (Changes Group, Relapse Prevention Group) or the Alcohol and Drug Awareness Seminar for those in a pre-contemplative stage of change and non-treatment readiness.

Source: St. Mary's Counselling Services, Personal Communication, 2008, www.smgh.ca

GENERAL CLIENT CHARACTERISTICS (October 1, 2007–September 30, 2008)

Table: Origin of Mandated Service Referrals

None	40%
Choice between treatment or jail	3%
Condition of probation/parole	25%
Child welfare authority	12%
Condition of employment	4%
Condition of school	0%
Condition of family	8%
Other	7%
Unknown	3%

Source: St. Mary's Counselling Service, Personal Communication, 2008.

Table: Percentage of Non-Medical Intravenous Drug Users

Never injected	90%
Injected prior to one year ago	3%
Injected in the last 12 months	4%
Unknown	2%

Source: St. Mary's Counselling Service, Personal Communication, 2008.

Table: Percentage of Relationship Status

Married/partnered/common-law	30%
Single (never married)	50%
Widow(er)	4%
Separated or divorced	16%

Unknown	<1%

Source: St. Mary's Counselling Service, Personal Communication, 2008.

Table: Employment Status

Employed full time	42%
Employed part time	10%
Unemployed (looking for work)	25%
Student/retraining	6%
Disabled	11%
Not in labour force (i.e. homemaker)	3%
Retired	<1%
Unknown	<1%

Source: St. Mary's Counselling Service, Personal Communication, 2008.

PROGRAM STATISTICS: DRUG AND ALCOHOL COUNSELLING

Table: Drug and Alcohol Counselling– Education Status

No formal schooling	1%
Some primary school	1%
Primary school	1%
Some secondary school	45%
Completed secondary school	22%
Some college	15%
Completed college	7%
Some university	4%
University degree	3%
Unknown	<1%

Source: St. Mary's Counselling Service, Personal Communication, 2008.

Table: Drug and Alcohol Counselling– Income Source

Employment	46%
Employment Insurance	4%
ODSP	6%
Disability Insurance	4%
Other Insurance	1%
Ontario Works	17%
Retirement Income	1%
Other	3%
None	7%
Family Support	9%
Unknown	1%

Source: St. Mary's Counselling Service, Personal Communication, 2008.

Table: Drug and Alcohol Counselling– Legal Status

No Problem	42%
Awaiting trial or sentencing	14%
Probation	37%
Parole	<1%
Incarcerated	<1%
Other	3%
Unknown	2%

Source: St. Mary's Counselling Service, Personal Communication, 2008.

Table: Drug and Alcohol Counselling– Ethnicity

Canadian	89%
Polish	2%
Portuguese	2%
Arab	1%
East Indian	1%
English	1%
Italian	1%
German	1%
Punjabi	1%
Ukranian	1%

Source: St. Mary's Counselling Service, Personal Communication, 2008.

Table: Drug and Alcohol Counselling– Presenting Issues at Admission (client can choose more than one)

Accommodations	<1%
Addiction/Substance Abuse by Other	<1%
Addiction/Substance Abuse by Self	1%
Alcohol	32%
Anger/Aggressiveness/Violence by Self	<1%
Child Welfare Involvement	5%
Drugs	37%
Eating Disorder	<1%
Emotional/Mental Health of Self	2%
Family	<1%
Financial	8%
Gambling	1%
Legal	5%
Parenting/Child	<1%
Physical Health	<1%
Sexual Abuse Victim	<1%
Social Isolation	<1%
Spousal/Partner	<1%
Work/School	5%
Not Specified	9%

Source: St. Mary's Counselling Service, Personal Communication, 2008.

Table: Drug and Alcohol Counselling– Problem Substances (client can choose more than one)

Alcohol	38%
Amphetamines/stimulants	<1%
Barbiturates	<1%
Cannabis	21%
Cocaine	17%
Crack	9%
Ecstasy	2%
Methamphetamines	1%
None	3%
Other psychoactive drugs	<1%
OTC Codeine	<1%
Prescription opioids	4%
Tobacco	<1%
Unknown	4%

The "unknown" or "not specified" category means that the individual chose not to disclose personal information.

Source: St. Mary's Counselling Service, Personal Communication, 2008.
Source: www.smgh.ca

WATERLOO REGIONAL POLICE SERVICE

A sense of safety and security is a basic human need. The following overview of perceived personal safety in Cambridge reflects where, when and how Cambridge (division two) citizens feel safe. Drug-related offences do not reflect the amount of drug use in any one given geographical area. However, the level of priority that is assigned to drug activity does reflect the importance of the issue as it affects the community as a whole.

Table 10.1: Personal Safety during the Day by Municipality

Personal Safety during the Day by Municipality

Location	***Very Safe***	***Somewhat Safe***	***Somewhat Unsafe***	***Very Unsafe***	***Not Applicable***
Residence					
Cambridge	*77%*	*19%*	*3%*	*1%*	*0%*
Kitchener	*78%*	*20%*	*3%*	*0%*	*0%*
Waterloo	*85%*	*14%*	*0%*	*2%*	*0%*
Local Mall or Plaza					
Cambridge	*62%*	*33%*	*4%*	*0%*	*1%*
Kitchener	*64%*	*30%*	*3%*	*1%*	*3%*
Waterloo	*74%*	*21%*	*2%*	*1%*	*2%*
Public Building					
Cambridge	*67%*	*31%*	*2%*	*0%*	*0%*
Kitchener	*67%*	*28%*	*2%*	*1%*	*3%*
Waterloo	*74%*	*19%*	*2%*	*0%*	*5%*

Downtown					
Cambridge	*35%*	*42%*	*1%*	*6%*	*6%*
Kitchener	*18%*	*43%*	*19%*	*9%*	*12%*
Waterloo	*46%*	*37%*	*9%*	*2%*	*6%*
Walking in Neighbourhood					
Cambridge	*71%*	*26%*	*3%*	*0%*	*1%*
Kitchener	*69%*	*25%*	*5%*	*1%*	*1%*
Waterloo	*74%*	*23%*	*2%*	*0%*	*2%*
Walking in Parks					
Cambridge	*44%*	*32%*	*12%*	*3%*	*9%*
Kitchener	*35%*	*44%*	*9%*	*1%*	*11%*
Waterloo	*50%*	*34%*	*5%*	*2%*	*10%*
Using Public Transit					
Cambridge	*24%*	*9%*	*3%*	*0%*	*64%*
Kitchener	*18%*	*17%*	*4%*	*1%*	*60%*
Waterloo	*19%*	*15%*	*2%*	*0%*	*65%*

Personal Safety at Night by Municipality

Location	***Very Safe***	***Somewhat Safe***	***Somewhat Unsafe***	***Very Unsafe***	***Not Applicable***
Residence					
Cambridge	*71%*	*24%*	*5%*	*0%*	*0%*
Kitchener	*68%*	*27%*	*4%*	*1%*	*0%*
Waterloo	*71%*	*28%*	*1%*	*0%*	*1%*
Local Mall or Plaza					
Cambridge	*38%*	*43%*	*13%*	*1%*	*6%*
Kitchener	*42%*	*37%*	*13%*	*1%*	*6%*
Waterloo	*50%*	*38%*	*13%*	*2%*	*6%*
Public Building					
Cambridge	*45%*	*41%*	*7%*	*1%*	*7%*
Kitchener	*37%*	*41%*	*7%*	*2%*	*12%*
Waterloo	*48%*	*25%*	*5%*	*1%*	*12%*
Downtown					
Cambridge	*7%*	*33%*	*32%*	*15%*	*13%*
Kitchener	*4%*	*27%*	*24%*	*31%*	*14%*
Waterloo	*18%*	*43%*	*16%*	*12%*	*9%*
Walking in Neighbourhood					
Cambridge	*37%*	*31%*	*23%*	*3%*	*7%*
Kitchener	*30%*	*34%*	*22%*	*8%*	*6%*
Waterloo	*42%*	*32%*	*18%*	*2%*	*6%*

Walking in Parks					
Cambridge	*12%*	*19%*	*24%*	*29%*	*16%*
Kitchener	*6%*	*23%*	*20%*	*33%*	*19%*
Waterloo	*17%*	*29%*	*19%*	*17%*	*19%*
Using Public Transit					
Cambridge	*9%*	*15%*	*9%*	*1%*	*66%*
Kitchener	*5%*	*15%*	*11%*	*6%*	*63%*
Waterloo	*9%*	*16%*	*9%*	*2%*	*65%*

Source: Waterloo Regional Police Service, 2007 Citizen Survey Results

Table 10.4:

REGIONAL POLICING PRIORITIES		
Column1	**2007 RESULTS**	**2003 RESULTS**
1	Drugs	Speeding/Aggressive Driving
2	Youth Behaviour and Gangs	Residential Break and Enter
3	Speeding/Aggressive Driving	Drugs
4	Drinking and Driving	Youth Behaviour
5	Residential Break and Enter	Property Damage/Graffiti

Source: 2007 WRPS Annual Report

Table 10.5:

Cambridge Priorities		
Rank	**Priority Issue**	**Frequency**
1	Speeding/Aggressive Driving	34%
2	Residential Break and Enter	31%
3	Drugs	23%
4	Youth Behaviour	17%
5	Motor Vehicle Thefts	11%

Source: 2007 WRPS Annual Report

Table10.6:

CONTROLLED DRUGS AND SUBSTANCES ACT (CDSA)	OFFENCES
Possession	**1,193**
Heroin - Possession	4
Cocaine - Possession	224
Other CDSA - Possession	110
Cannabis - Possession	855
Trafficking	**211**
Heroin - Trafficking	2
Cocaine - Trafficking	105

Other CDSA - Trafficking	47
Importation and Production	**38**
Cocaine - Importation and Production	0
Other CDSA - Importation and Production	2
Cannabis - Importation and Production	36

Source: 2007 WRPS Annual Report

Table 10.7:

CONTROLLED DRUGS AND SUBSTANCE ACT (CDSA)	OFFENCES
Possession	336
Trafficking	57
Importation and Production	6

Source: 2007 WRPS Annual Report

SECTION FIVE: RESEARCH THEME AREAS

PUBLIC AWARENESS

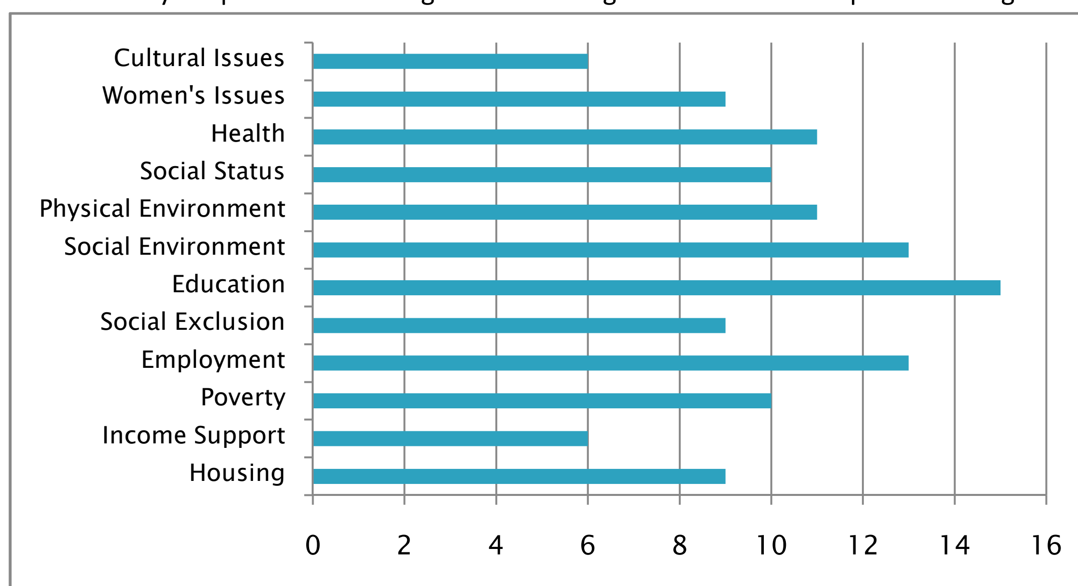
All of the research methods used within this project point to similar conclusions. Importantly, the sense that the general public is not aware of the extent that illicit substances are used in Cambridge emerged. Interview participants highlighted the stereotypes that people believe that drug use is primarily limited to those in low socio-economic brackets, the homeless, street involved youth, single mothers, prostitutes, and racialized communities. However, they are not aware that illicit substance use extends to their neighbours, family members, and friends. One participant stated,

> "...I don't think that the general public tends to think about drug use really at all... I don't think they know it is crack- they only see the homeless users, they are not aware of their neighbourhoods, people with jobs, cars, and homes do it too..." (Research participant)

Individual awareness of drug use is often connected with personal or familial experiences and/or knowledge of addiction services and the people that access them. The general public would not necessarily know any information about illicit substance use without personal involvement. However one research participant challenges people to:

> "...We need to educate ourselves about the issues. For example we have Anne Tinker from the Bridges come and give presentations about her work and the shelter... Letting people know about addictions and that the Bridges is not a 'flop house'..." (interview participant).

Table: Survey Respondents Ranking Factors Having a "Considerable Impact" on Drug Use



Some respondents perceived the general public's apathy towards understanding the experience of someone who has a drug addiction to be a serious barrier in community life. There is a need to reduce the negative stigma surrounding addiction and encourage more people to seek treatment and support. One respondent suggested that people are penalized for seeking treatment because society views the problem as a "self control issue". They affirm that communities need to change our perceptions of drug addiction and allow people the time to change.

> "...people think drug users have a choice – but many are addicted. Those on the outside looking in are sometimes judgemental and intolerant..." (interview participant).

> "What I am hearing from the business community, social services, food bank, and the shelter is that the public doesn't know (about drug use). The media doesn't write about it..." (interview participant).

NATURE AND SCOPE OF THE PROBLEM

Illicit substance use in Cambridge is difficult to precisely assess because it is not a visible problem throughout the entire community. Participants expressed that there were pockets of visible drug use typically isolated in downtown core areas, especially in Galt. However, there is a substantial amount of invisible drug use that occurs in private (i.e. in the home).

> "Where a person lives, how accessible the substance is to get and who the person hangs around would play a large role. No one is immune of course, but I would have to believe that if it's easier to get there would be less of a chance to think twice about it" (survey respondent)

> "In Cambridge, the drugs are not out on the street, not in your face. But it is there." (interview participant)

> "...when people are hanging out in hallways, and other people's apartments they are not where outreach workers can find them.... This contributes to the 'invisibility' of the problem. People are located in 'pockets' all over the place. People are not standing around out in the public..." (interview participant)

The illicit substances that the WRPS have confiscated show that the purity level of drugs are increasing (2008, personal communication). They report that approximately 30 % of all drug tips come from Cambridge residents.

Galt

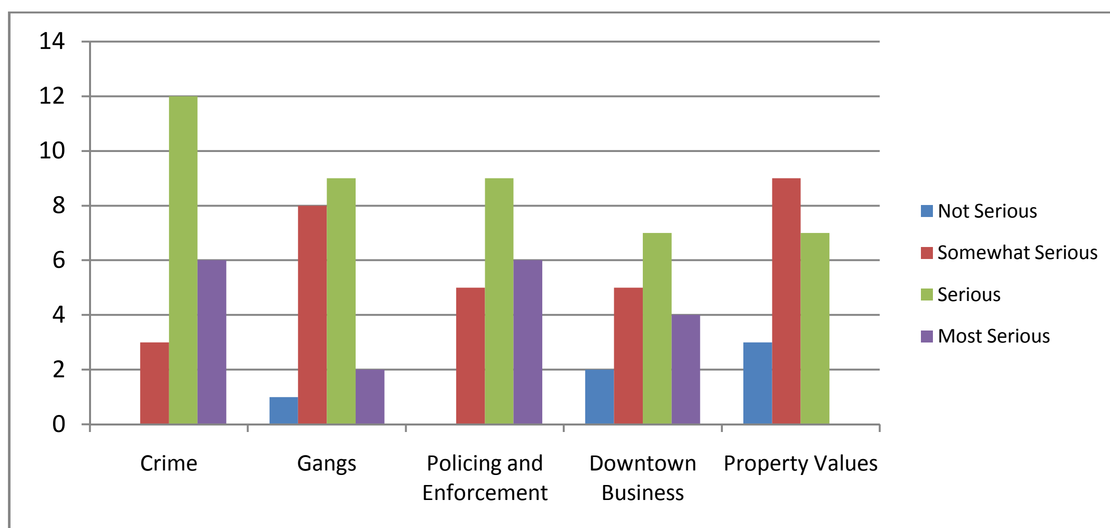
Frequently within the research participants expressed that the geographic location of Galt was particularly impacted by illicit drug use. Galt is described by some research participants as where most drug users and dealers are located.

> "...people with drug problems come to Galt, because that is where all the resources are..." (interview participant)

> "...especially in Galt – the business owners see drug deals taking place, and there are well known crack houses which draw the undesirables into the downtown core areas" (interview participant)

There was a sense from the research participants that some people are generally concerned with the saturation of illicit substance use services mainly being located in Galt. This also a concern because people wanting to access treatment services in other parts of Cambridge need to travel into Galt to receive service, which can act as a barrier.

Table: Survey Respondents Ranking Problems Associated with Drug Use and the Environment



"Business Watch" is a new program by the BIA, and downtown Galt is the pilot project. The project was implemented in October 2008. The program is similar to "Neighbourhood Watch" and consists of street captains and a coordinator. Business Watch has a direct line to Cambridge City Hall and a report is made up each week and sent to the police.

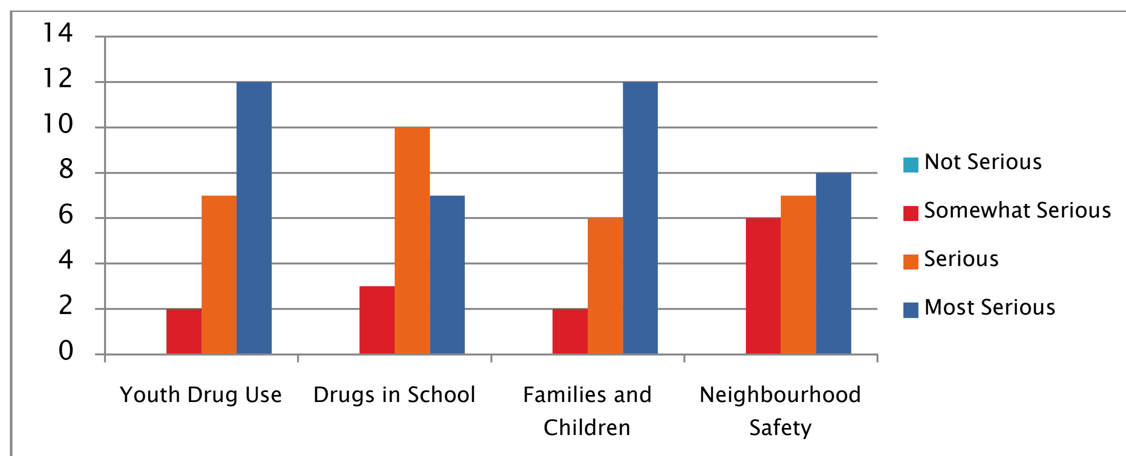
Youth Illicit Substance Use

The most common illicit substance use by youth is marijuana, followed closely by cocaine and opiate use (WRPS, Personal Communication, 2008). One research participant noted that there has been a dramatic increase of young people (in their late teens and early 20's) seeking treatment assessment for their opiate addiction. Young people who are employed have additional disposable income that can be used to purchase drugs more easily without parents being aware (survey respondent).

> "...the trends for youth substance use are dangerous unknown..." (interview participant)

The Ontario Student Drug Use Health Survey provides statistical information about high school students' illicit substance use. In 2007, they reported that 21.8% of local students surveyed reported using cannabis at some point in the last 12 months (provincially the rate was 25.6 %). 18.3% of respondents stated that they had tried opiates for non-medical purposes, whereas 11.4% identified as smoking cigarettes in the last 12 months. Cocaine use is recorded at 3.9%, with 1% reported to use crack. This health survey was conducted on publicly funded high schools.

Table: Survey Respondents Ranking Problems Associated with Youth Drug Use



Sex Trade

There is a growing concern in Cambridge around the sex trade. Service providers are noting there is a need for the more specific programming providing services to both female, male and transgendered sex trade workers. One respondent suggested that prostitution in Cambridge is often combined with "heavy" crack use. They suggested that there should be a community-wide educational campaign demystifying the negative stigmas of prostitution. To reframe the problem and decrease the judgement and stereotypes placed on sex trade workers and encourage a health approach of seeing the problem.

> "There is prostitution in Cambridge. I have worked with two clients who are engaged with prostitution and have heavy cocaine use. Sometimes I see those clients in the Galt area." (interview participant)

Crack/Cocaine Use

The Waterloo Regional Police Service (WRPS) report that cocaine/ crack is the street drug of choice in Cambridge. Drug dealers and intermediate dealers have historically been successfully prosecuted by the WRPS. The geographic location of Cambridge provides close proximity to the 401, which gives drug dealers access in and out of the city easily through the use of cars and public transit. A substantial amount of the prosecuted drug traffic occurs from the Greater Toronto Area (GTA).

Cocaine/crack has high addiction levels and has been associated with organized crime and gang violence. Cocaine powder is considered to be less addictive then crack (in solid or liquid forms). The usage for both drugs has stayed relatively the same within the region for the past couple of years (WRPS, Personal Communication).

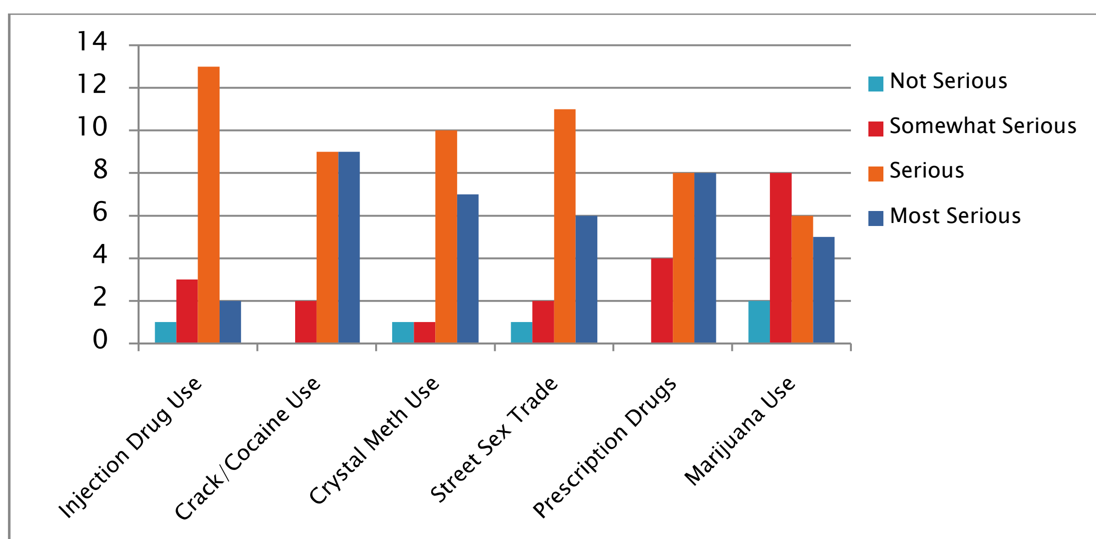
> "Probably in the last 4 years... I have seen a lot of people not within the homeless community that are using crack cocaine like mothers, grandmothers, and fathers. I see crack cocaine as one of the biggest problems in our area..." (Interview participant)

Business owners have also expressed concerns to WRPS about drug deals taking place in the downtown cores, and “crack houses” visible in their neighbourhood.

> “The cores can attract the ‘undesirables’ (homeless, drugs dealers, etc.) especially when the Royal Hotel was open...” (interview participant)

The high availability and frequency of crack/cocaine use within Cambridge has been documented within the Baseline Study of Substance Use (2008, p. 14), and further elaborated and confirmed through this research. In 2006-2007, the second and third highest percentage of people seeking treatment for drug addictions, identified their presenting problem to be associated with crack (22%) and cocaine use (22%) (ROWPH, 2008, p. 19).

Table: Survey Respondents Ranking Problems Associated with Specific Drug Use



> “Methadone clinics are overwhelmed and when user seeks help with methadone they are told there is a 6-to-8-week waiting period or they currently not accepting new patients” (Research participants)

Cannabis, Marijuana Oil, Hashish Use

Cannabis is the most commonly used drug in Cambridge (ROWPH, 2008). Cambridge resident usage rates are similar to the rest of the region. The impact of marijuana use does not manifest the same as other street drugs. Marijuana use is the highest among individuals ages 15-38 years old and affects mainly their school and work performance and productivity (WRPS, 2008, personal communication).

The WRPS have prosecuted fewer Cannabis grow operations in past year than in previous years. This could be attributed to the decrease in new housing starts for this year. The WRPS has noticed that there can be a relationship between the increase of new housing developments with an increase of marijuana grow operations within those neighbourhoods. When

neighbourhoods are new, the people often do not know one another, which is an environment that drug dealers can utilize because it provides a certain level of anonymity.

Prescription Opioid Use

Some research participants suggested that the misuse of Oxycotin and other prescription opiate drugs has dramatically increased in the last 2 years. They commented that there is no formalized program within the region to deal with the misuse of prescription medication.

One research participant suggested that a key objective in addressing the recent influx of opiate users is to develop a protocol with health professionals around their prescription pads and tighter security to avoid theft and fraud. Also greater collaboration with pharmacists around reporting and monitoring misuse of prescription medication.

> "So many people are being prescribed drugs that are highly addictive and potentially dangerous (i.e. Endocet). I have seen situations in which a family doctor denies a pain medication for physical pain and then the psychiatrist approves it. This is a huge issue and better controls must be in place." (Research participant)

Heroin Use

The WRPS report that heroin usage is not frequent in Cambridge and that there is more of a problem in Guelph then within the region (Personal Communication, 2008). Heroin use has not been a visible problem within Cambridge and there are a limited number of people seeking treatment or accessing social services. The WRPS report that used needles found in the community are more likely from crack/cocaine injections then heroin (Personal Communication, 2008).

Club Drug Use

"Club drugs" such as ecstasy, GHB are at low levels in Cambridge. They are most frequently used in by people who are between the ages of 15-30 years old for recreational purposes. The factories and clubs that could have been previously used to do the drugs are all now closed, and therefore has lessened the supply and demand (WRPS, personal communication, 2008).

STRENGTHS AND RESOURCES

In general, research participants described Cambridge addiction resources as supportive and collaborative. Many participants noted that St. Mary's Counselling Service and Family Counselling Centre of Cambridge and North Dumfries both try very hard to keep their waiting list low, and to see people as quickly as possible. They also commented that neighbourhood associations, city council, and local churches provide informal supports that compliment services provided by the Bridges.

The following list represents the strengths and resources that participants identified in Cambridge:

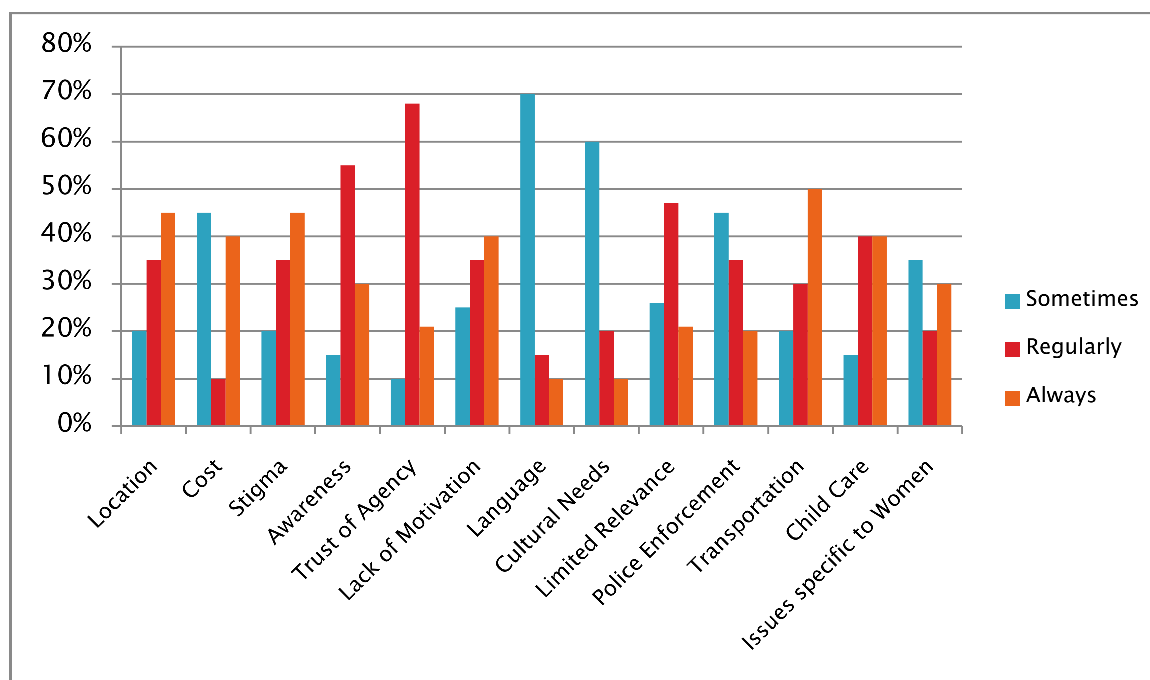
- St. Mary's Counselling Service
- Family Counselling Centre of Cambridge and North Dumfries
- Cambridge City Council – the Mayor
- The Bridges
- Neighbourhood Associations/Organizations
- Human Services Committee
- John Howard Society
- Argus Residence for Young People
- Outreach workers – The Bridges, Foodbank, CMHA
- Harm Reduction Network
- Cambridge & North Dumfries Community Foundation
- Social Planning Council of Cambridge and North Dumfries
- Waterloo Regional Police Service
- Citizen's Advisory Committee
- Lutherwood
- Regional Services provided at 150 Main street – Ontario Works
- Community Justice Initiatives
- Local Churches
- Regional Concurrent Disorders Program

Many participants expressed that social service agencies in Cambridge network and collaborate very well with one another, and that they know what is happening in the community.

BARRIERS PREVENTING ACTION

The most common barriers preventing action or receiving service noted be research participants are the following: availability and accessibility of treatment services, unique challenges facing people with a concurrent disorders, continuum of care services, awareness of services, and legibility requirements.

Table: Survey Respondents Ranking "Barriers to People Accessing Services"



Stigma

Research participants commented that the stigmas associated with drug use can be a significant barrier to accessing services and integrating back into the community. Some of their comments included:

> "Who is going to hire them, and work with them? There needs to be the forgiveness of the community..." (Research participant)

> "People think that drug users have a choice but many are addicted. Those on the outside looking in are judgemental and intolerant." (Research participant)

> "People are penalized, because of society's view that addictions are a 'self control' issue. We are only just starting to change this perception. It's a long process to change." (Research participant)

Some research participants suggested that the stigmas associated with drug use inhibit people from accessing treatment because they are fearful of being judged and isolated.

Research participants listed the following as barriers for illicit substance users to access programs and services that offer support:

- Medical detoxification is not available in the Region.

  "…For 'tapering of' opiates, you need to go to CAMH in Toronto. It can take 4-5 months to access Toronto..."

  "...hospitals do not want to be used as medical detox so you need to go to Toronto..."

- Safe place to drop in during day where you can access supports

  "…Drop in centre filled with educational resources, support group (12-step) access, employment supports…"

  "…Proper hygiene impacts a person's functioning. If you are not staying at Bridges, then there is no place available to shower…"

- Personal counseling available immediately– i.e. drop in support that requires no intake

  "...Lack of immediacy... People want to fix their drug issue right now, but services are not immediately available (and the opportunity passes)..."

  "…Some are ready now but appointment is set for two weeks later and they no show. People are very engaged in intake especially with face to face walk in clients. Need to plant the seed when the motivation is there…"

- Housing supports for illicit substance users that prefer to live independently

  "…Finding housing and maintaining housing is very difficult…people who are coming out of treatment have lost their own social network, and really need support…"

  "…The biggest struggle that I hear from people coming out from treatment is that they need support establishing themselves again. They don't have an apartment and have to go to a shelter, and sometimes shelters are not safe places for people very new into recovery…"

"…Need supportive housing for people with addictions. How do we expect someone to stay straight when they are discharged to homelessness? Need low threshold housing (i.e. wet housing)."

- Pre and post treatment services for drug users in transition. There are few services geared towards relapse prevention or stabilizing drug users.

"We don't have strong addiction services in Cambridge, in terms of treatment centers, NA isn't that strong in the area, and we have the Bridges here with groups– relapse prevention. And good for certain population of people but… not all people are comfortable at the Bridges because of the stigma. Plus there are people that are recovering from substance use there, and because they fear that there is a lot of drug use at the Bridges they don't want to go there…"

"…People coming out of treatment need support both socially and financially as they get clean and lost their social network and friends there is a large risk for relapse…"

- Mandatory abstinence periods before admissions into treatment programs

"…Abstinence period of 7 days before getting into treatment can be a barrier…"

- Consistent information about all regionally located illicit substance services given to all service providers (police, counselors, outreach workers, politicians, etc)

"…There are different places to go– and people don't know where to go– we do not currently have a 'no wrong door' approach."

"…The bureaucracy is running things— and we lack the control and feedback into the system to have a say in how it is being run. Territorial argument within the Region and it takes a lot of time to do anything related to Cambridge because of resistance…"

"…You also have difficulty getting into the programs that are available here. There is help, but do people know about it? Is it available to you? How long will it take to get in?"

- Employment supports offered pre and post treatment

"…People with addictions have difficulty getting and holding jobs. Addicted have difficulty getting employment support. Employment services and support for addict is a gap…"

- Transportation to and from social services

  "Who covers transportation costs to and from treatment?"

  "The barrier of transportation itself to access some programs in Kitchener may be enough to stop people from accessing services. Cambridge needs to have integrated, comprehensive services available in Cambridge in order to have an meaningful impact on substance use."

- 24-hour access to harm reduction materials

  "We need the knowledge of where people can go to do needle exchange and get safe crack smoking kits. If it's out there, they should know about them – because we don't…"

  "A big piece is safer inhalation equipment, needle exchanges are now accepted as good practice, and however we are behind on the issue of safe smoking."

- Lengthy waiting lists for services

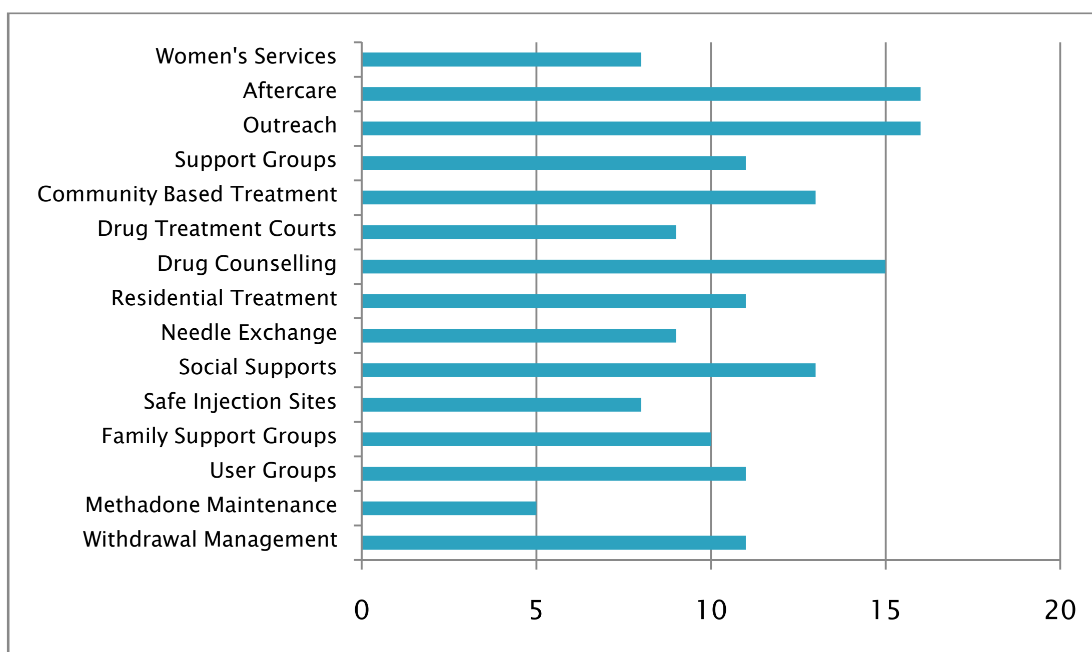
  "…Region needs a drug addiction treatment centre- because I hear from the Bridges that it is difficult to get people into treatment because there isn't enough beds, transportation to and from, treatment facilities being too far away, and there can be long waiting lists. We end up sending people far away…"

  "…Waiting list is discouraging. Service very often needs to be immediate..."

ADDENDUM: COMMITTEE RECOMMENDATIONS

This section reflects the synthesis of all the data collected during this research endeavour. It became clear from this research initiative that the community is passionate about addressing the impacts that illicit substance use has on Cambridge. All research participants were asked to give recommendations and/or solutions to address the effects that illicit substance use has.

Table: Survey Respondents Ranked "Most Important" Services for Cambridge Drug Users



The steering committee reviewed all the information in the four research reports and developed the following mission statement that incorporates the three underlined overall recommendations. Please observe below:

"TO DEVELOP A MULTI LAYERED STRATEGY THAT EMBODIES A 'NO WRONG DOOR APPROACH' AS IT SEEKS TO ADDRESS THE UNIQUE NEEDS OF SERVICE USERS"

Legend

Four Colours to identify what the process is of these recommendations

Red – No known action

Yellow – Minimal discussion around action

Green – In progress

Gray- No information available on progress

DEVELOP PREVENTATIVE INTERVENTIONS - "Multi Layered Strategy"

- Increase Community Awareness and Perceptions of Drug Interventions;
- Address the Negative Stigmas Associated with Substance Use Through Research, Public Awareness, and Educational Campaigns;
- Increase Preventative Educational Programming for Youth and Young Adults within the School System;
- Integrate Harm Reduction Philosophy into Prevention Programming and/or Interventions for Illicit Substance Use Service Providers.

COORDINATED COMMUNICATION STRATEGY – "No Wrong Door Approach"

- Develop a Coordinated Communication Strategy that Outlines all Social Services Available within the Region and How to Access them:
    - Protocols for Information Sharing and Joint Decision Making Between Human Service Providers – i.e. between outreach workers throughout the entire Region;
    - Consistent Information Given to Service Users about all Regionally Located Illicit Substance Use Services Provided by Human Service Providers;
- Encourage Coalitions and Interconnections between Service Providers, Community Groups, Residents, and Substance Users;
- Develop a Committee of Human Service Providers that meets Regularly to Address Gaps and Inconsistencies in Service Provision
- Plan for a Systematic Approach to Accessing the Spectrum of Services Available.

INCORPORATE RESPONSIVE FLEXIBLE PROGRAMMING- "Unique Needs of Service Users"

- Develop a Safe Drop Inn Location During the Day Where Service Users Can Access Supports (i.e. When the Bridges closes after breakfast, people go to the Trinity Table or Welcome Abroad for lunch – but have no where to go in the afternoon. Having a drop-in centre that would provide hot/cold beverages, light refreshments, comfortable sitting

areas, laundry and shower facilities, 24-hour washroom access, and have staff and volunteers that would provide support, housing and employment information available, community information, and referral services.)

"The Bridges is not available during the day. People go to the library, and other public places, but are asked to leave. A safe place is needed..." (research participant)

- Increase Capacity of Counselling Services to be Available on a Drop In Basis (i.e. Develop programs and services that are responsive to small windows of opportunity that are present when people who use drugs are seeking support.)

    - Increase the Community Presence of Self Help Groups like: Narcotic Anonymous (NA) and Dual Diagnosis Self Help Groups;

- Hire a Street Outreach Worker for Cambridge to Specifically Develop Connections with People Who Use Illicit Substances (i.e. worker could be modeled after the outreach program in Kitchener. The outreach worker would carry with them harm reduction materials, personal hygiene and would embody the characteristics that the Baseline User Study recommended.

    - 24 Access to Harm Reduction Materials Available on an as Needed Basis;

- Link Pre and Post Treatment Services for Illicit Substance Users with Aftercare Supports; (i.e. there are no stabilization beds available for people entering pre or post treatment interventions within the Region).

  "The biggest struggle that I hear from people coming out from treatment is that they need support establishing themselves again. They don't have an apartment and have to go to a shelter, and sometimes shelters are not safe places for people very new into recovery" (research participant)

  "People who are coming out of treatment have lost their own social network, and really need support..." (research participant)

    - Provide Transportation to and from Treatment Services

- Expand Withdraw Management Services to Include Medical Detoxification within the Region:
    - Minimize Confusion of How to Navigate the Social Service System;
- Develop a Spectrum of Housing Supports Offered to Illicit Substances Users that Include Services That are Both “wet” and “dry” (i.e. Low threshold housing (similar to Lincoln street apartments in Kitchener), supportive semi-independent housing, and independent housing outside of geographic areas where drugs are typically available. Having a variety of housing options available that offer different supports would empower people who use drugs to choose the type of housing and/or that is best for achieving their goals.

CONCLUSION

The overall purpose of this research endeavour was to explore illicit substance use in Cambridge. Information from a variety of sources was consulted and reviewed to complete this report. The topics and themes discovered and explored demonstrate a small sampling of the information available about illicit substance use in Cambridge. Further research and planning is needed to adequately address the barriers and gaps in service identified. In the sharing of this report, the challenges identified are been adequately articulated for which action will hopefully take place. It is hoped that this research is only the beginning of addressing the needs of illicit substance users in Cambridge which will create opportunities for change and growth.

"The focus of the problem needs to be on the people directly involved. We have to stop just trying to do things for them and start getting them involved directly in their own treatment. We have to help people to help themselves." (research participant)

"A strategy would be great but it needs to be followed through and enforced with stability. People need to know they can count on something/someone to be there no matter what." (research participant)

APPENDIX ONE: INTERVIEW QUESTIONS
Generalized Key Informant Interview Questions:

1. What is the extent/nature and scope of the drug use issue in Cambridge? Do you notice any trends?

2. Who in the local community is most impacted by drug use? (characteristics, age, population demographics)

3. What are the strengths (resources, services, community support) available in Cambridge for reducing the problems associated with drug use?

4. What role does your agency/organization/council play in addressing substance use in the Cambridge community?

5. What are the barriers or obstacles to addressing the drug use problem? (local, regional, provincial, or national)

6. If your agency/organization/council had an unlimited budget to address drug use in Cambridge what programs/services/policies would you develop to address drug use in our community?

7. What is the public awareness of drug use in the community? Is it accurate or not? What are some misconceptions?

8. In your opinion what should the community's top 5 priorities or actions be for addressing substance use in Cambridge?

9. What is your perception of the effectiveness harm reduction approaches to address substance use in our community? Are they helpful or not? What would you change?

10. Anything else you would like to add?

APPENDIX: INTERVIEW CONSENT FORM

EXAMPLE OF INFORMATION CONSENT FORM FOR AN INDIVIDUAL INTERVIEW

This form describes the *Substance Use Action Plan- Preliminary Research Project*, the types of questions we will be asking and what it will mean to participate in the interview. Please ask additional questions if you are unclear about any of the details.

What is the project about?

This project is meant to explore and gain a deeper understanding of how drug use is impacting our community. As outlined in the *Baseline Study of Drug Use, excluding alcohol, in the Waterloo Region,* (a publication by the Region of Waterloo Public Health) the use and trafficking of illicit drugs is occurring throughout the Waterloo region. This report identified a need to assess gaps in service and identify the patterns of substance use across the region. The need for a substance use action plan is necessary to ensure that solutions surrounding substance use within our community will be established.

How will the information be gathered and used?

The research team will be conducting one-on-one interviews with service providers, governmental officials, and community residents. The information gathered will be analyzed and synthesized into a report capturing a snap shot into the extent of substance use in our community. The information you provide will serve as the qualitative piece of the report, highlighting your specific expertise and knowledge about the substance use problem in our community. Your responses will be incorporated into a publication(s) that could be read by the general public.

You will be asked questions about the following:

- Information about the prevalence of substance use
- Your knowledge about services and programs offered
- What you see as the greatest challenge(s) with addressing substance use in our community?
- Who do you think is most at-risk in our community?
- Where is the greatest need?

Your participation in context

The interview will take approximately 30-45 minutes to complete through either face to face contact or over the telephone. Due to the specific information we are collecting, you may be identified in our report, presentations resulting from this research. The questions that will be asked will be sent to you ahead of time to prepare.

If you are agreeable, the interview will be audio taped; as this helps the research team ensure that your information is accurate and comprehensive. If you do not want to be audio taped, the researcher will simply write notes. You can ask to see these notes at any time during the interview. The notes and audio tapes made of your interview will only be handled by the Social Planning Council of Cambridge and North Dumfries.

The Social Planning Council of Cambridge and North Dumfries guarantees that it will not distort, alter, or misuse any information that you have supplied for this research project. We will send you the transcribed copy of the interview notes for approval before any analysis is done. The participant will have 7 days to give feedback on the interview notes before they will be finalized. When the final research report is produced each participant will be sent a copy to review, before it is made available to the general public.

Are there any risks if I participate?

- The questions are about drug- related issues in within our community. This kind of information is of sensitive nature and you could become uncomfortable discussing these issues.

What are the benefits if I participate?

- Your information will serve to inform the planning and possible implementation of further actions addressing drug use within our community. You could be helping people who want support become connected with resources available in our community, which can lead to improved services.

Who to contact with questions, comments, or concerns?

You can call:
Amber Robertson, the lead researcher, 519-623-1713 or
Linda Terry, Executive Director of Social Planning Council of Cambridge and North Dumfries

I have read or had read to me the information that is included in this consent form
___ Yes ___ No
Is it okay if the research team audio tapes the interview?
___ Yes ___ No
Would you like to participate in this interview?
___Yes ___No

I understand the above form and, agree to participate in an interview with the understanding that I can withdraw at any time and for whatever reason.

Participant Name ________________________________ Date____________________
Participant Signature ______________________________
Researcher Name_________________________________ Date____________________

Researcher Signature ______________________________

APPENDIX: INVITATION TO PARTICIPATE IN AN INTERVIEW

General Information Letter

Date

Dear [Potential Participant]:

The Social Planning Council of Cambridge and North Dumfries is working with Cambridge Action Plan on Substance Use Steering Committee and other concerned citizens in the community to gain information about local drug use (e.g. which drugs are being used, where they are being used, what is the scope of the problem, and what needs to be done about it in our community). **We will also be looking at the various services and programs available within the community and what needs are and are not being met.**

We would like to interview you to gain further knowledge and insight about drug use and what you see as the challenges within the community. As someone with knowledge and insight about drug related services and programs, we are interested in hearing from you about your experience and your organizations challenges in meeting the needs in our community.

If you agree to participate, **the interview should take approximately 30-45 minutes** and can occur **either in person or over the phone**, whatever is most convenient for you and your schedule. **We value your time and will greatly appreciate your contributions in this important research for our community**.

One of the research team members will follow up with you within a week to answer any questions and to hear your participation decision. **The interviews will take place at the beginning of this November**. If you have any questions in the meantime, **please feel free to contact Amber Robertson or Rudy Essegern at 519-623-1713.**

Sincerely,

The Research Team
Social Planning Council of Cambridge and North Dumfries
In partnership with Cambridge Action Plan on Substance Use Steering Committee

APPENDIX: INVITATION TO PARTICIPATE IN ONLINE SURVEY

The Social Planning Council of Cambridge and North Dumfries is inviting your participation in our survey on substance use in Cambridge.

The survey, along with an explanation of the research study can be accessed by clicking on this link:

http://www.surveymonkey.com/s.aspx?sm=zMSWFgVmiBRj2cOfBmV0rg_3d_3d

If you are unable to click on the link, you can copy the link and paste it into your web browser. All responses are confidential.

Sincerely,

The Research Team

Social Planning Council of Cambridge and North Dumfries

In partnership with Cambridge Action Plan on Substance Use Steering Committee

APPENDIX: ONLINE SURVEY EXAMPLE

The Social Planning Council of Cambridge and North Dumfries is working with the Cambridge Action Plan on Substance Use Steering Committee to gather information about Cambridge drug use and what needs to be done about it in our community. We are inviting you to participate in this survey about the challenges presented by drug use in Cambridge. We are interested in the knowledge, insight and opinions you and your organization have about the drugs being used, the scope of the problem, services available to address the issue of substance use, and how to generate an effective response to substance use problems in Cambridge.

Participation: If you agree to participate, this questionnaire should take you approximately 10 minutes to complete. Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at any time without penalty. If at any point you do not wish to continue, simply click “Exit this survey” in the top right corner of any page. Only data from completed surveys will be analyzed. You have the right to omit any questions you choose.

How will the information be used? The responses to this on-line survey will be analyzed and synthesized into a report on issues related to substance use in Cambridge. Your responses and personal identity will remain completely anonymous. There is no way of pairing an individual’s contact information with their survey responses and at no point during interpretation or analysis of responses will you be personally identified. By completing and submitting this questionnaire you acknowledge permission for your responses to be analyzed by the research team. Responses will be incorporated into a publication that could be read by the general public.

Are there any risks if I participate? The questions are about drug-related issues in our community, which is a sensitive subject for some people. As a result, there is a slight chance that you may feel uncomfortable when responding to a few questions.

What are the benefits if I participate? Your responses will be used to inform the planning and possible implementation of further actions addressing drug use in Cambridge. Your responses could help people who want support become connected to resources and could result in improved services.

Contact Us. We value your time and greatly appreciate your contribution to this important research for our community. If you have questions at any time about the study or the procedures, please feel free to contact Amber Robertson or Rudy Essegern at 519-623-1713.

1. I have read and understand the above information and I agree to participate in this study.

Yes
No

NO - Thank you for considering participation in this research.
If you change your mind, you can return to this link at a later time to complete the survey. The purpose of the study is to learn about issues related to drug use in Cambridge. Participants who work or reside in Cambridge will be able to continue answering questions in this survey.

2. Indicate if you live and/or work in Cambridge by selecting all that apply.

Yes. I live in Cambridge
Yes. I work in Cambridge
No. I do not live or work in Cambridge

The purpose of the study is to learn about issues related to drug use in Cambridge. The answers on this page will give us information about participants' level of awareness and involvement with substance use services for Cambridge.

3. Indicate which statement most accurately describes your level of involvement in the issue of substance use, either personally or as part of an organization.

Frequent - Involvement with direct services or programs dealing with substance use,(i.e. treatment, prevention) is a primary
activity.

Regular - Primary activity is with services or programs indirectly dealing with substance use, and which may include some
direct services.

Some - Some involvement with services or programs indirectly dealing with substance use, but this is not a primary focus.

Limited - Aware of the issues of substance use in our community but not involved providing direct or indirect services.

Other (please specify)

Select "N/A" to indicate if you have no opinion, or if you do not know, or if the item is not applicable.

4. The following are problems associated with drug use. Please indicate your perspective about how serious a problem each item is for Cambridge.

	Not serious	Somewhat Serious	Serious	Most Serious	N/A
Youth Drug Use					

Street Sex Trade

Impact on Families and Children

Drugs in Schools

Impact on Policing and Enforcement

Health Problems for Users

Mental Health Complications

Impact on Neighbourhood Safety

HIV/AIDS

Crime

Injection Drug Use (i.e. heroin)

Marijuana Use

Property Values

Crack/Cocaine Use

Drug Overdose

Misuse of Prescription Drugs

Gangs

Crystal Meth Use

Downtown Business

Questions on this page deal with the impact of social and economic factors on drug use.
Select "N/A" to indicate if you have no opinion, or if you do not know, or if the item is not applicable.

6. How much impact do you feel the following factors have on drug use in our community?

Negligible impact **Some impact** **Considerable impact** **Most impact** **N/A**

Inadequate Housing/Shelter

Lack of Income Support

Social Exclusion

Physical Environments

Social Environments

Ethnic/Cultural Issues

Lack of Health Knowledge

Poverty

Social Status

Education

Women's Issues

Employment

7. Additional comments on social factors impacting substance users.

The questions in this section are about awareness and accessibility of services for people in Cambridge who are seeking services for substance use. Base your answers on your understanding and perspective on the issues.
8. Based on your understanding of substance use in Cambridge, please indicate whether your level of agreement or disagreement with the following statements.

Strongly disagree Disagree Neutral Agree Strongly Agree

Services for drug use/ addiction problems are readily available and accessible to the people who need them.

People are able to find the additional services, supports and resources they need, after completing programs.

Drug users/clients know about the services and resources available for substance use problems.

The general public know about the services and resources for substance use problems.

Providers of substance use services know about other services and resources for substance

use problems.

Drug abuse is a big city problem that doesn't really affect Cambridge.

The questions in this section deal with the availability and accessibility of services for people living in Cambridge. Select "N/A" to indicate if you have no opinion, or if you do not know, or if the item is not applicable.

9. How important is it that the following services be accessible to people living in Cambridge who are seeking help with substance use?

Not important Somewhat Important Very Important Most Important N/A

Withdrawal Management

Methadone Maintenance

User Groups/Peer Networking

Family Support Groups

Safe Injection Sites

Social Supports

Needle Exchange Programs

Residential Treatment

Drug Counselling

Drug Treatment Courts

Community Based Treatment

Support Groups (i.e., Narcotics Anonymous)

Outreach

Aftercare/Continuum of Care

Women's services

10. Additional comments on importance of services.

11. What is the degree of accessibility of the following services for people living in Cambridge who are seeking help with substance use?

None Some, but inadequate Adequate Good Accessibility N/A

Withdrawal Management

Methadone Maintenance

User Groups/Peer Networking

Family Support Groups

Safe Injection Sites

Social Supports

Needle Exchange Programs

Residential Treatment

Drug Counselling

Drug Treatment Courts

Community Based Treatment

Support Groups (i.e., Narcotics Anonymous)

Outreach

Aftercare/Continuum of Care

Women's services

12. Additional comments on the availability or accessibility of services.

13. To what extent do the following limit or act as barriers to people accessing services for substance use?

Never a Barrier Sometimes Regularly Almost Always a Barrier N/A

Location of Services

Cost of Services

Stigma Surrounding
Services

Awareness of Services

Trust of Agency/Service
Provider

Lack of Personal
Motivation

Language and/or
Communication Barriers

Cultural Needs
Limited Relevancy or
Appropriateness of
Services

Police Enforcement
Policies

Lack of Transportation

Lack of Child Care

Issues Specific to Women

14. Additional comments to barriers faced by people in Cambridge seeking services for substance use.

A number of communities have responded to substance use by developing community wide, comprehensive drug strategies, or action plans. The questions in this section deal with developing a community action plan on substance use for Cambridge.
Select "N/A" to indicate if you have no opinion, or if you do not know, or if the item is not applicable.

15. Select the position that most accurately reflects your opinions on a community drug strategy for dealing with substance use in Cambridge?

Cambridge already has a good strategy for dealing with substance use problems.

A drug strategy would be an important part of dealing with drug use in our community.

Developing a drug strategy should be an immediate priority.

Additional comments on community responses to substance use.

16. Rate the following items in order of their priority as parts of a Cambridge drug strategy.

	1 (lowest) 2 3 4 5 (highest) N/A
Prevention/education	
Harm reduction	
Enforcement/Policing	
Treatment	
Social Economic needs (i.e., housing, income support)	
It would not help	

17. From the following list, select which groups you consider the highest priority for including in planning and developing a community drug strategy in Cambridge.

Police

School Officials

Medical Community (i.e., doctors, pharmacists)

Multi-Cultural and Faith Groups

Drug Users

Municipal Politicians

Business or Industry

Social Service Agencies

Youth, Parents and Families

This question deals with the ability of the community to respond to problems related to drug use in Cambridge. Select "N/A" to indicate if you have no opinion, or if you do not know, or if the item is not applicable.

18. Indicate your rating of the following community strengths and areas for improvement in dealing with substance use as they relate to Cambridge.

Weak or absent	Needs work	Good	Major Strength	N/A
Public Knowledge and Awareness of Drug/Addiction Issues.				

Community Involvement and Cooperation in Dealing with Drug Use.

Community Interest and Commitment to Responding to Drug Use.

Agencies, Organizations Collaborate to Provide Services. (i.e. Protocols, Referrals, Information Sharing)

Comprehensive Approaches to Drug Use that Include Prevention, Harm Reduction, Treatment an Enforcement.

Populations Affected by Drug se are Involved in Planning.

Support from Municipal Officials and Politicians.

Police Support and Cooperation with Substance Use Services.

19. Do you have any additional comments related to this survey?