The Regina and Area Drug Strategy Report

"To improve the quality of life for all citizens, and provide a healthier and safer community by reducing the impact of addictions."

June 2003

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- Community Initiatives Fund
- Department of Corrections and Public Safety
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- Qu’Appelle Valley Schools
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- Regina Public Schools
- Regina Qu'Appelle Health Region
- Saskatchewan Community Resources and Employment

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Drug Strategy Reference Committee
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Secondly, we would like to acknowledge the approximately four hundred stakeholders that participated in the Drug Strategy Consultation and offered their time and energy to this process. This breadth of experience and knowledge ensured that participants' contributions in the discussion groups were both lively and informative. We hope the report has done a credible job of reporting what we heard you say during the consultations. Without your thoughts and perspectives, we would not be where we are today with the Drug Strategy.

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Finally, the Reference Committee is particularly appreciative of the hard work of the administrative staff that supported the project, Linda McIntosh, Linda Smuk, Lorraine Hill, Marsha Siller, and especially Melissa Rosom for all her extra effort and work.

Foreword

The city of Regina is fortunate to have a Crime Prevention Commission, which is made up of senior managers from a number of organizations and a number of community representatives. The Mayor chairs the Commission. It was during a meeting in the spring of 2001 that a member first suggested that addiction was one of the areas the Commission should set as a priority. It took no discussion or explanation for members to acknowledge the significant impact that substance abuse and the dynamics of addiction was having in each of their professional areas, in their communities, and in some cases, among their friends and families. The impact of substance abuse on our crime rate was quite obviously only one of many other impacts. The Commission agreed to include addictions as one of their priority areas, beginning in 2001.

The relationships among human service organizations in Regina are well established, and it has become increasingly common for leaders in various organizations to approach each other and explore joint approaches to issues, which cut across mandates and programs. As a result, we were well prepared to develop a collective response to the issue of addictions. A small ad hoc committee organized a conference of interested people from affected areas. This group endorsed the idea of a broad analysis and the development of a strategic approach for Regina and surrounding area. A larger reference group was formed, funding was identified for some focused staff resources, and the work began last summer.

As I reflect on this process of developing the Drug Strategy over the past 11 months, it is one of many processes, which are common in our city and our province. Often, when we have a challenge to face, we look for solutions, which allow for the participation of the people who are interested, involved, and affected by the issue. This is what we have done with the Regina and Area Drug Strategy. Looking back, I am proud of the efforts of my friends and colleagues who have supported and led this work. I recognize the role of the initial ad hoc committee, the working committee, the reference committee, and the hundreds of people who participated in the consultations and workshops. Every contribution was important.

I'm also confident that we will take the information and ideas, we will explore them further, we will find the best ways to strategically connect them to related initiatives, and ultimately we will, as our vision states, "increase the quality of life for all our citizens . . . by reducing the impact of addictions" in our communities.

The Regina and Area Drug Strategy is an important development for Regina, the surrounding area, and for the province. It has been a privilege to be a part of this effort.

Dave Hedlund, Chair
Regina and Area Drug Strategy Reference Committee

Executive Summary

The health and well-being of Regina residents has a major impact on the overall social and economic health of our community. Yet as a society, we are not making the investments necessary to ensure the health and well-being of all of our residents when it comes to addictions. Addressing these issues requires change at multiple levels across the community – from service delivery, to policy and funding priorities, to community resources, and more basically to the behaviour and attitudes of Regina's residents.

Drug problems result in great personal, social, and monetary losses. Examples of these problems stare us in the face on a daily basis. Risk-taking behaviours associated with problem drug use often lead to negative and potentially serious health consequences. National, provincial, and local data reflect the severity of the issue.

The health of addicted persons encompasses prevention and treatment of disease, behavioral and social elements, safety issues, social relationship, self-esteem, education, and life skills. A combination of approaches is needed to make progress in reducing the impact of addiction issues in the community.

The Drug Strategy provides a framework toward a coordinated and integrated response that reduces drug-related harm. It presents recommendations and strategies to move sector policy and program development in the four directions of prevention, healing continuum, capacity building, and sustaining relationships. Intertwined within these strategic priorities is the four-pillar framework that reflects the sector agencies "way of doing business" through the application of prevention, treatment, enforcement, and harm reduction approaches.

In the spring 2001, the Regina Crime Prevention Commission recommended that the issue of addictions be prioritized for action. A small committee was organized, and in February 2002 the Regina Forum on Alcohol and Other Drug Addictions was held. The forum participants resolved that the development of a multi-sectoral Drug Strategy was the next step in working toward addressing addiction issues in Regina and area.

In developing a comprehensive strategy, it was important to discuss local addiction issues and potential solutions with community representatives and sector organizations. In addition to a review of the literature, a series of consultations were conducted that included a multi-sector visioning exercise; multi-sector strengths, weaknesses, opportunities, and threats exercise; eleven sector consultations; and seven focus group sessions.

The results from the community consultation process identified four strategic priorities: prevention, healing continuum, capacity building, and sustaining relationships.

Prevention

Many of the health and social problems today may be averted through early intervention. Investment in effective prevention and intervention strategies may lead to increased public education and awareness on addictions. It is also important to provide ongoing information and networking opportunities for all sectors, both community representatives and service providers, to increase knowledge and information on the issues and the programs and services available in the community.

Goal: To increase education and awareness on addictions.

Healing Continuum

Healing continuum is defined as a range of interventions and supports that enable individuals to deal with their addiction problems. The supports should include early intervention, treatment, and aftercare services for people affected by drug use, and their families. These should have strong links to all health, human service, and community development systems. Additionally, the services should be sensitive to family and culture, ensure a continuum of care, and strengthen the ability to attract and retain drug users in treatment early in the course of problem drug use.

Goal: To provide addiction resources that are holistic and family-based.

Capacity Building

Capacity building is a continuing process that creates an enabling milieu with the appropriate policy and legal framework in place. In addition to training, it is a combination of ways and means to improve a community's performance in relation to its mission, culture, resources, and sustainability.

Goals:

- To increase the network of qualified and motivated staff and community members in the addictions field.
- To initiate legal and/or regulatory changes to enhance capacity for organizations, institutions, and agencies at all levels and in all sectors.
- To provide financial stability for community and sector organizations impacting addiction issues.
- To effect resource funding changes for addiction issues.

Sustaining Relationships

Interest groups, organizations, communities and regions search for effective ways to create and sustain needed change through trust, inclusion, communication, and constructive engagement in order to achieve a broader common purpose of reducing the harm caused by addictions. Developing closer working relationships and partnerships between the community, sector organizations, and all levels of government is an important part of relationship building at the community level.

Goals:

- To fortify all sector disciplines working and interacting cohesively and collaboratively, and to create greater accountability and efficiencies.
- To strengthen relationships among and within all sector stakeholder groups and senior levels of government.

This report presents background information on addictions and on the development of the strategy. It also discusses four strategic priorities and outlines recommendations concentrating on ten areas: education and awareness; treatment; programming and aftercare; governance and accountability; policy changes; networking and communication; integration, collaboration, and coordination; resources; human resource development; and community problem solving. Although the core recommendations cut across many health and social issues, more focused effort may be needed in some areas to see marked improvements in outcomes for addiction issues.

As you read the information on the strategic priorities and recommendations, the Drug Strategy Reference Committee hopes that some stand out as particularly relevant to your work. We recognize that some of the readers will be coming from a community-based perspective and will be assessing the contents in terms of its relevance to their specific client groups and communities. Others may be involved in governance work at the municipal, provincial, federal or tribal council levels in policy, program administration, funding, or research. Regardless of your perspective or your role, it is the hope of the committee that you will come away with at least one "action item" for future implementation. The action item may be something small – easily implemented by a single individual or organization, or it may be something larger and more ambitious that requires collaboration, funding, or policy change.

We recognize that time and resources are limited and hope that the Drug Strategy promotes a practical approach engaging a broad matrix of stakeholders in moving the addictions agenda forward to better support the residents of Regina and area.

Introduction

In 2001, Regina Crime Prevention Commission members recognized the profound impact of addictions in all their areas of responsibility. To confront addiction issues, the City of Regina partnered with the Regina Crime Commission and received funding to help develop a "Municipal Drug Strategy". Regina is one of nine pilot sites in Canada developing a local drug strategy.

The Regina Qu'Appelle Health Region, Regina Police Service, Department of Community Resources and Employment (formerly Saskatchewan Social Services) and the Regina Intersectoral Committee (RIC) joined the partnership. In February 2002, a public forum was held to discuss ways of improving alcohol and drug related services in Regina and area. Upon concluding the Regina Forum on Alcohol and Other Drug Addictions, participants resolved that the next step was to develop a multi-sectoral drug strategy for Regina and the surrounding area. Additional funding was secured in June 2002 for a Drug Strategy Project Coordinator and other related needs.

The Drug Strategy Reference Committee consulted with community representatives and sector organizations to develop a comprehensive strategy. A series of consultations were organized, including a multi-sector visioning exercise; a multi-sector strengths, weaknesses, opportunities, and threats exercise; eleven individual sector consultations; and seven focus group sessions. The community consultation process provided opportunities for participants to discuss all addictions. However, the strategy concentrates primarily on alcohol and other drugs, licit or illicit.

Other steps taken to develop the strategy include, a review of national, provincial and local data on addictions; a review of drug strategy plans and relevant information from other countries; interviews with key stakeholders and groups; and presentations of the information and findings to community and sector stakeholders.

The strategy is a framework to begin addressing the issues identified, based on a strategic approach incorporating four areas of priority: prevention, healing continuum, capacity building and sustaining relationships. Intertwined within these strategic priorities is the four-pillar framework reflecting the organizational "way of doing business" through prevention, treatment, enforcement, and harm reduction approaches.

The Drug Strategy Reference Committee, the Working Committee, and the Drug Strategy Coordinator devoted eleven months to mobilizing the community, gathering multiple perspectives, synthesizing the information, and planning the logistics associated with the drug strategy. The goal was to create a comprehensive, strategy that could be realistically implemented. The strategy is meant to provide an agenda for stakeholders to use in reducing the negative impact of addiction issues in Regina.

The Drug Strategy is a partnership of the following organizations:

- City of Regina
- Department of Corrections and Public Safety
- File Hills Qu'Appelle Tribal Council
- First Nation Inuit Health Branch, Health Canada
- Human Resource Development Canada
- Métis Addictions Council of Saskatchewan
- Qu'Appelle Valley Schools
- R.C.M.P.
- Regina Catholic Schools
- Regina Crime Prevention Commission
- Regina Intersectoral Committee
- Regina Police Service
- Regina Public Schools
- Regina Qu'Appelle Health Region
- Saskatchewan Community Resources and Employment
- Saskatchewan Health
- Treaty Four Urban Services Inc./Regina Treaty Status Indian Services
- United Way of Regina.

Understanding the Impact of Addictions

Regina and the surrounding communities experience individual and community problems related to alcohol and other addictions. They affect economic prosperity, population health, and social cohesion. Addiction issues often underlie a number of other health and social issues, including crime, health status, unemployment, poverty, violence, and the capacity to learn.

The health and well-being of residents impact the social and economic health of our communities. Addressing addiction issues requires change at multiple levels across the community – service delivery, policy and funding priorities, community resources, and the behaviour and attitudes of residents.

The Drug Strategy supports a coordinated and integrated response to reduce addiction related harm in Regina and area. A cooperative effort is required between all levels of government, community-based organizations, aboriginal communities, housing authorities, food security services, employment professionals, business and industry, health professionals, educators, law-enforcement authorities, alcohol and drug users, and the wider community.

The development and implementation of the Drug Strategy requires the collaborative effort of all jurisdictions in the community. This collaboration should be consistent in its approach to policy and program development, and yet flexible enough to allow individual jurisdictions to pursue specific priorities.

A Critical Issue

Problems with addictions result in great personal, social, and monetary losses. We often hear about someone or some event involving addictions, which has negative consequences. A solvent abuser carelessly discards a cigarette, and the fumes from lacquer thinner ignite, burning the house to the ground. The costs associated with this particular scenario exceeded $60,000 and affected businesses, family members, other individuals, and agencies from across sectors. It is one example of many more.

Addiction causes people to take risks often leading to negative and potentially serious health consequences. National, provincial and local data reflect the severity of the issue. Alcohol continues to be the number one problem. The most recent (1992) national cost estimates found on substance abuse indicate that the total economic costs attributed to alcohol were $7.5 Billion.[1] This includes productivity losses and law enforcement, health care, and other related costs.

Additional research indicates the following:

- One in 10 Canadian drinkers experienced problems with alcohol use.[2]
- Among clients seen provincially by Alcohol & Drug Services in 2001, 89% had problems with alcohol (50% had an alcohol problem only and 39% abused alcohol in combination with other drugs).[3] Drinking and driving continues to be an issue in Saskatchewan. It is estimated that on average, persons who drink and drive will do so at least 200 times before being caught.
- From 1997 to 2001, admissions to Regina's hospital-based programs for drug and alcohol related diagnoses increased by 63%.[4]

Provincially, 9,548 Saskatchewan people accessed some type of formal recovery service for addictions between 1995 and 2001 (inpatient, outpatient facilities, detox centres and long term residential centres).[5] Among these people approximately 44% had been admitted previously to recovery programs during the preceding two years, and 18% had been admitted two or more times.[6]

Illicit drug use is rising and has become a serious health and social issue for larger urban communities across Canada. In 1992 before the increase in HIV and hepatitis C infections associated with injection drug use, the economic costs were estimated at $1.37 billion, or $48 per person. [7] Most statistics include law enforcement costs of $400 million and direct health care costs of $488 million. A study estimated that the direct and indirect costs of HIV/AIDS attributed to injection drug use would be $8.7 billion over a six-year period if trends continued.[8] Medical costs to treat people with hepatitis C are expected to exceed those for HIV/AIDS.

Additional information on illicit drugs indicates the following:

- Provincially, drug problem only clients seen in regional clinics increased by 79% between 1995 and 2001.[9]
- 971 or 10% of clients reported current injection drug use in 2001. [10]
- Many injection drug users do not present themselves for formal services.
- From the Seroprevalence study (2000):[11]
  - Estimates for the Regina Health District suggest that there were 1000-2000 intravenous drug users, representing almost 1% of the population.
  - Among the study's respondents, 31.8 % of the intravenous drug users were supporting children.
- Regina's Neonatal Intensive Care Unit reports that 67 babies were born addicted in each of the past 2 years (this is the equivalent of more than one addicted birth per week).

From the 9,548 people using regional recovery services between 1995 and 2001, drug problem only clients increased from 589 to 1055 clients. Among injection drug users who disclosed current use, 37% used Talwin and Ritalin, 29% used morphine and

Demerol, and 25% used cocaine. Among the clients that visited treatment services, as noted in the Saskatchewan Health, Alcohol and Drug Centre Client Profile, the number of injection drug users increased by 70% during the period 1995 to 2001. Of interest is the significant increase (127%) in female users. There was also a large increase in use among persons aged 40 and over.

Regina's addicted client population is growing, especially in areas where the needs are the greatest. The current client profile in Regina indicates that 74% are under aged 40, 15% are under aged 20, equal numbers of male and female, and 50% are of Aboriginal ancestry.[12] Provincially, the client profile is approximately 67% male, on average aged 32 years, and 55% Aboriginal ancestry.[13]

Engaging People

It is important to engage people in the community when building solutions around issues. Individuals and organizations want to be heard, understood, and considered. They want to have a sense that their involvement can make a difference. People want direct contact with the issues and problems concerning and affecting them. Most of all, they want a sense of community – a feeling that we are in this together.

The Drug Strategy:

- engaged and empowered people at a number of levels;
- provided them with a more active role and voice on the community's drug issues;
- built a new community culture around addictions; and
- developed a renewed sense of community on a difficult and complex topic.

The process demonstrated that a collaborative approach is more than simply sharing information and knowledge, and more than a relationship that helps partners to achieve their individual goals. Its purpose is to create a shared vision and joint strategies to address concerns that go beyond the limits of any particular individual, group, organization, or sector.

The Drug Strategy Process

The drug strategy design involved four stages: getting ready, articulating the vision and values, community mobilization, and agreeing on priorities.

1. Getting Ready

The initial point of any project is the getting ready phase. Assessing readiness involves determining whether partners are truly committed to the effort, and whether they are able to devote the necessary attention to the initiative. In this phase, the Working Committee completed a series of tasks that identified:

- planning process outcomes and issues;
- readiness to plan;
- participation in the planning process;
- agency profiles – (federal, provincial, and municipal); and
- an information-gathering plan.

The committee identified specific desired results within each of these elements. For example, the committee wanted to accomplish the following in the planning process outcomes and issues:

- A drug strategy that builds on existing strengths and increases capacity to prevent and reduce the impact of addictions in Regina and surrounding area.

- Input processes that engage the communities in discussing the nature and extent of local addictions problems, as well as available resources in Regina and area to address these problems.

- The process should result in practical, achievable goals, and actions based on a four-pillar approach of prevention, enforcement, treatment, and harm reduction.

- A comprehensive, integrated, and balanced response on addiction issues from community individuals; agencies and groups; and various orders of government.

- A planning forum that encourages community commitment to implement the evidence-based recommendations resulting from the process.

- An increased level of awareness and understanding at the community level concerning substance abuse issues.

- A common definition and vision from the multiple stakeholder groups on substance abuse and addictions.

- A framework that embodies flexible, inclusive, and accessible services and resources meeting the needs of community members from the Regina Qu'Appelle Health Region area.

- The safer and healthier communities in Regina and area.

Other efforts, which assisted in the planning process, were ensuring that the right players were included; identifying stakeholders to increase the knowledge base and commitment to the plan; ensuring that the committee was operating from the same knowledge base about organizational information; and using reliable data and information to make informed decisions.

Eleven sectors were identified as important partners in this initiative: aboriginal; business and industry; community-at-large; education; employment; enforcement; government; health; housing, homelessness and food; religious; and social support.

2. Articulating the Vision and Value Statements

The Committee initiated the drug strategy by developing a vision and a set of key values to be used during the consultations and to help guide the other activities of the drug strategy process.

The Vision

> *"To improve the quality of life for all citizens, and provide a healthier and safer community by reducing the impact of addictions"*

The drug strategy's vision is future-oriented. It proposes an idea of what dealing with drug and alcohol problems should entail. Because the issue of addictions knows no boundaries, the vision focuses on community involvement, which includes consumers, service providers, grassroots representatives, and policy makers in problem solving processes. The vision asserts improved knowledge facilitated by well structured inter-sectoral and sector recommendations and action-orientated options. Additionally, the vision links to population health by implementing a multi-sector strategic framework that addresses identified addiction issues, barriers and service gaps across sectors with the ultimate purpose of improving health status and an individual's quality of life.

Values

Inclusiveness
Build partnerships to engage and include the whole community when implementing the strategy.

Sensitivity and Acceptance
Preserve an individual's rights to compassionate care, to be treated with dignity, and to be free from harassment and discrimination.

Fairness
Value people equally and ensure their basic rights regardless of race, gender, age, ability, religious belief, cultural outlook, sexual orientation, or citizenship.

Cultural Assurance
Validate and respect people's cultural rights, values, and expectations by providing programs and services of equal quality and outcomes irrespective of cultural background.

3. Community Mobilization

The drug strategy project was introduced to the community over a two-month period. A series of meetings were held with sector organizations and stakeholders to determine the types of forums that should take place at the community level. At each meeting, information was provided on the project, including background context, project components, status, future direction, the Working Committee's desired outcomes, and the stakeholder fit in the process.

Additionally, stakeholders were requested to consider the following three questions and share their thoughts so that a more inclusive process might be designed.

- What role can you or your organization play in the community consultation process?
- Whom do we need to bring to the table for the community consultation sessions?
- What are the best forums to speak to your clients or other target groups in the consultation process?

Community consultations were conducted from November 2002 to February 2003. They included a multi-sector visioning exercise; multi-sector strengths, weaknesses, opportunities and threats exercise; eleven individual sector consultations; and seven separate focus group sessions. Approximately four hundred people shared their perspectives during the consultations.

4. Assessing the Core Priorities

The final element in the drug strategy process was to assess and prioritize the information collected from the consultation sessions into recommendations. Recommendations were developed and prioritized, in part, by considering how frequently the sectors mentioned each item. The information was sorted into core priorities, medium priorities, sector specific suggestions and general suggestions.

Our Challenge

The challenge is to ensure that all community residents have the support required to be free from or exposed to problem addictions. Meeting this challenge will require significant improvements to population health, service systems, and community-level support systems.

Past policies and current approaches that ignore the multi-dimensional needs and assets of residents are unlikely to produce significant changes. Practice patterns and outcomes vary widely in the community, and gaps in persist in our systems and the care

we deliver. However, if the community works together to address the social, cultural and economic factors that shape drug abuse and addictions, there is tremendous potential to improve the health of our residents.

Strategic Priorities and Recurring Themes

The World Health Organization defines health as a state of "complete physical, mental, and social well-being." This broad definition is particularly relevant when dealing with the drug addiction issues. The health of addicted persons encompasses not only prevention and treatment of disease, but also behavioural and social elements, safety issues, social relationship, self-esteem, education, and in some cases the need to develop skills. To reduce the impact of addiction issues in the community, a combination of approaches is needed.

The results from the community consultation process identified these four strategic priorities: prevention, healing continuum, capacity building, and sustaining relationships.

Prevention

Many health and social problems in society today may be averted through early intervention. Investment in effective prevention and intervention strategies may lead to increased public education and awareness on addictions. It is also important to provide ongoing information and networking opportunities for all sectors, both community representatives and service providers, to increase knowledge and information on the issues and the programs and services available in the community.

Goal: Increase education and awareness on addictions.

Healing Continuum

Healing continuum is defined as a continuum of interventions and supports that enable individuals to deal with their addiction problems. The supports should be a range of early intervention, treatment, and aftercare services for people affected by drug use, including families. These should have strong links to all health, human service, and community development systems. Additionally, the services should be sensitive to family and culture, ensure a continuum of care, and strengthen the ability to attract and retain drug users in treatment early in the course of problem drug use.

Goal: Provide addiction resources that are holistic and family-based.

Capacity Building

Capacity building is a continuing process that creates an enabling milieu with the appropriate policy and legal framework in place. It is a combination of ways and means to improve a community's performance in relation to its mission, culture, resources, and sustainability.

Goals:

- Increase the network of qualified and motivated staff and community members in the addictions field.
- Initiate legal and/or regulatory changes to enhance capacity for organizations, institutions, and agencies at all levels and in all sectors.
- Provide financial stability for community and sector organizations impact addiction issues.
- Affect resource funding changes for addiction issues.

Sustaining Relationships

Organizations, interest groups, communities, and regions search for effective ways to create and sustain change through trust, inclusion, communication, and constructive engagement to achieve a broader common purpose for reducing the harm associated with addictions. Developing closer working relationships and partnerships between the community, sector organizations, and all levels of government is an important part of relationship building at the community level.

Goals:

- Fortify all sector disciplines working and interacting cohesively and collaboratively in a manner to create greater accountability and efficiencies.
- Strengthen relationships among and within all sector stakeholder groups and senior levels of government.

Moving Forward: Core Recommendations

Prevention

Prevention agendas need to consider both developmental factors and social and health determinants. This is necessary to maximize the protective factors and minimize the risk factors at life cycle stages in order to both prevent and delay drug use. It is also important to concentrate prevention efforts on harmful use, and use in less harmful circumstances.

Drug and alcohol prevention programs are vital and should link closely with other lifestyle and health enhancement programs, including crime prevention, suicide prevention, food security, violence reduction, life skills, mental health prevention, and many others. These social issues share not only a number of common "root causes", but have similar target groups, activities, and settings.

A broad range of integrated policies and programs are required to deal with the variety of drugs used, factors influencing their usage, and the likelihood of this leading to harm.

The consultation results of the Drug Strategy gave priority to preventing drug and alcohol-related harm and intervening at the earliest possible opportunity both during children's development and during drug use.

Recommendation 1

Design user-friendly information access sources for clients and service providers to enhance awareness of addiction and human service resources available for addressing addiction issues.

Rationale

Providing information and knowledge to community residents and service providers about existing addictions programs and services was an overwhelming response across sectors.

Suggestions from community consultations

Work cooperatively with the Regina Intersectoral Committee partners to explore options for an on-line community service directory and other resources that provide information on programs and services.

Ideas included:
Treatment database like Ontario's DART system; 911 phone for addiction assistance; Drug Information @ Your local library project; flyers listing drug and alcohol services – roles and responsibilities; newsletter about local drug-related activities and resources; private online self-assessments and tips on what to look for in different settings and appropriate next steps; database of addiction related initiatives – best practices, including those that didn't work; the Regina Police Service database of human services system; community resource fairs; develop local service provider list; common definition for community on addictions; organizational flowcharts for service providers; and referral guides for common addiction issues.

Recommendation 2

Develop a comprehensive community education and awareness strategy to accomplish the following:

- Raise community awareness of drug issues, causes and impacts.
- Coordinate action on drug issues at local, regional and provincial levels.
- Expand and promote closer working relationships between community and government by integrating resources in prevention-based responses.
- Increase attention on education and prevention, in places such as schools, the workplace, and community drug education programs.
- Create better links between funding programs and initiatives.
- Measure and evaluate the effectiveness of resources.

Rationale

Information is required to change attitudes and increase knowledge around addiction issues, and the "spider web" effects of addiction. This should include creating an understanding on the various addiction indicators, general tips on what to look for in different settings, and appropriate next steps for dealing with the addiction issue. In addition, facts and programming must be adapted to reach a variety of target audiences, including the public; multi-sector service providers; business and industry; politicians and civil servants; professionals; lawyers and judges; youth; families; and teachers and students. An informed and knowledgeable community will help reduce the impact of addiction issues.

Suggestions from community consultations

Create a partnership with members from existing sector organizations involved in prevention and treatment intervention work to jointly plan and implement prevention activities for Regina and area.

Ideas included:
Curriculum development for schools; community meetings on key issues; community and sector agency forums that use agency personnel as resources; focus group sessions with employers; local training programs for organizations; community events to promote treatment services; targeted advertising; promotion of healthy lifestyles; community and sector panel forum discussions on abstinence and harm reduction topics; use existing resources in school systems for delivery of prevention activities; peer education; mentoring in schools; communicate the Drug Strategy findings and accomplishments to a variety of target audiences; awareness workshops; Lion's Quest programming; education and awareness at youth social/recreational functions; defining the role that schools can play in prevention and intervention; drug assessments that are accessible to guide counsellors; mentoring programs; involve youth in planning and decision-making; awareness campaigns; information week, media blitz; resource libraries; profile injection drug use; consult with youth on Drug Strategy recommendations and activities; involve clients in school program; advocate key addiction issues in the workplace; train and develop leaders from all levels of government and the community to speak about addictions; educational literature; and testimonials in schools by persons recovering from addictions.

Healing Continuum

The appropriate mix of health services can make a critical difference for persons seeking assistance for an addiction. Treatment options are required that create greater linkages across sector agencies and with the Regina Qu'Appelle Health Region. Specialized services are necessary for children and youth, families, women, First Nation and Métis persons, and individuals with concurrent mental health and addiction problems.

Recommendation 3

Develop a resource from new and/or existing infrastructure(s) that includes youth stabilization and programming components, which link to other sector services.

Rationale

All sectors acknowledge the need to increase youth programming, services and facilities for treatment. Currently, youth go to in-patient facilities for treatment and participate in adult programming, which does not meet their treatment needs. There are also concerns about potentially abusive situations that can result when mixing youth with such a diverse mix of adult clients.

Suggestion from community consultations

Initiate the development of a proposal and a business case for youth stabilization and programming components.

Recommendation 4

Have the Drug Strategy Reference Committee submit a formal request to the Saskatchewan Alcohol and Drug Services Provincial Working Group to conduct a review of alcohol and drugs services resulting in recommended actions for change within treatment and detoxification facilities across the province. The review should consider the following:

- using common assessment tools and screening and intake processes;
- policy issues regarding bed vacancy management, client mix, wait list timeframes, admission requirements, dual diagnosis, and individuals requiring medication to remain stable; and
- improving communication, networking and partnership opportunities.

Rationale

Concerns ranged from the difficulty of accessing treatment because individuals must be drug free before entering a facility, to the need for including family in the treatment process. Current policies and criteria for entering treatment programs must be reviewed because they may be creating wait lists and other negative impacts on the addicted person's recovery program.

Suggestions from community consultations

- Review and discuss the use of common assessment tools and screening and intake processes.

- Evaluate and review policy issues relating to bed vacancy management, client mix, wait list timeframes, admission requirements, dual diagnosis and those individuals requiring medication to remain stable.
- Identify activities that improve communication, networking and partnership opportunities between provincial treatment and detoxification facilities.

Recommendation 5

The Regina Qu'Appelle Health Region in conjunction with the College of Physicians and Surgeons of Saskatchewan more closely monitor increased use of methadone and the subsequent impacts on births and deaths, provide sufficient education and support for clients and others, and locate services within an appropriate institutional setting with prescriptions as necessary.

Rationale

Realigning harm reduction program delivery is a priority. It directly relates to the numerous entry points in the critical pathways of care for different clients, and the fact that people are falling through the cracks in the methadone maintenance program and other health care needs. It would be helpful to the community if the monitoring process were more transparent.

Suggestions from community consultations

- Review policy on dosages and practices.
- Implement accountability frameworks for adherence to provincial guidelines.
- Monitor and evaluate the program for linkages to complementary health, social, and addiction services and for increased use and abuse and subsequent impacts to clients and others that resulted from mismanagement of medication.

Recommendation 6

Review existing treatment services and treatment pathways. Recommend modifications to existing services and/or the development of new treatment modalities for different groups like youth, adults with chronic addictions, families, dual diagnosis, homeless, women, solvent abusers and any other target populations that are at risk.

Rationale

There is a need for more innovative outreach and programming in the community in order to reach more clients with drug problems. There are concerns over confidentiality and in some cases, a lack of experience in negotiating complex health systems. People with addictions need to be able to access health care from multiple entry points, in community-based centers, physicians' offices, hospitals and through other means.

The types of options identified for treatment modalities and programming include:

- *24-hour drug free shelter and crisis/drop-in centers*
- *Home-based detoxification*
- *Sobering up stations/diagnostic screening centers – walk-in counselling programs and sobering-up stations can serve as an entry point for individuals to begin to think about treatment. It also provides an opportunity for case managers to recruit individuals and help them connect with existing services.*
- *Safe havens*
- *Programs that provide detoxification, transitional and extended care, and independent housing with enhanced treatment programs that include drug-free work therapy and program-managed drug-free housing*
- *Post-detoxification stabilization services*
- *Housing - transitional housing, low-demand (wet) housing, supported housing and permanent housing – some of which is alcohol and drug-free*
- *Family in-patient treatment, family-based interventions and detoxification programming*
- *Physician supervised detox centre*
- *Medical Centre for fast tracking people with addiction related trauma issues as an alternative to using hospital Emergency Rooms as holding areas*
- *Renovate the detox centre so that it can safely accommodate clients in extreme states of intoxication*
- *Explore and develop models such as Winnipeg's – Main Street Project that offers addicts different levels of care and accommodates multiple needs within a community setting and Alpha House in Calgary*
- *24 hour a day services that run 7 days a week*
- *Mattress detoxification*
- *Safe injection sites*
- *Outreach services*

- *Inhalant abuse services*

Suggestions from community consultations

- Establish a working group of the reference committee.
- Assess the pathways to treatment (direct and indirect).
- Provide recommendations for modifying existing services and or developing new treatment modalities for different groups - youth, adults with chronic addictions, families, dual diagnosis, homeless, women, solvent abusers and other at risk target populations.
- Conduct risk analysis and assessment for each option identified.

Recommendation 7

Develop a strategy and action plan, which will result in more localized programming and service delivery, options for neighbourhood initiatives.

Rationale

Community plays a critical role in promoting health and well-being for residents in both the community and home settings. These settings must provide residents with a wide range of options to support health while also offering growth and development opportunities through education, recreation, skill development, and social interactions with people. Recent developments in primary health care, in collaboration with others, such as the City of Regina, may support and reinforce these approaches.

Some options include:

- Life skills offered through community associations
- Youth friendly sites that are safe and provide structure with a range of activity choices
- Increase access to community facilities through school gyms and other public spaces for children and families.
- Train groups of parents to deliver community parenting education.
- Homemaking and nutrition skills
- Social support mechanisms within the community and client's home-setting
- Family education
- Peer support groups and counselling for individuals, family, and friends on overcoming the cycle of shame, guilt, and the sense of failure if relapse occurs, and other topics related to addictions

- Accessible and affordable recreational and extracurricular activities as a means of prevention and intervention
- Youth mentoring

Suggestions from community consultations

- Develop strategies for outreach, transportation, incentives, and stipends based on local needs to attract youth and families who are least likely to participate.
- Fund and support expansion of programs and activities for youth and families during non-school hours.
- Improve the supply of programs in areas of greatest need.

Capacity Building

In today's rapidly changing world, communities face the dilemma of coping with complex and often interconnected issues. The challenges of economic, social, and health issues are pressing concerns that merit attention. In any development process, the community partners need to be better equipped to confront these matters. Building the necessary skills and capabilities for individuals, organizations, and communities is challenging.

At the most basic level and within the context of the Drug Strategy, "capacity building" refers to the ability to get things done. The community consultation results defined it as the equipping of organizations with the resources, skills, and systems necessary for completion of work. The focus builds on the sectors and agencies playing a central role in reducing the impact of addiction issues through these six criteria:

- A long-term development strategy that will shape the community's actions with respect to drugs and alcohol, and guide future program development and operations.

- A broadly based and active committee that will effectively link the strategy with the community and its wider environment.

- Competent staff in each of the sectors, possessing leadership and core competencies on addictions that match the scale and complexity of the Drug Strategy's vision.

- An ability to establish and maintain effective community and sector relations, including communication with other essential interests in the wider environment.

- Adequate and predictable core funding

- The ability of sector organizations to attract and use technical assistance to increase development of management capabilities and to enhance program and organizational decisions.

Recommendation 8

Implement and maintain a “Skills Inventory” database of the human services that will provide ongoing access to local expertise for capacity building opportunities within the community.

Rationale

The community has many talented and skilled individuals working in the human service system. Taking stock of the skills and resources within this sector will identify what the members bring to the community as far as skills needed to accomplish major tasks, skills needed to motivate and maintain groups and processes, and the personal inputs from experiences, expertise, personal contacts and other resources. All employees have special talents and make unique contributions to their organizations or communities.

Suggestions from community consultations

Investigate human resource software options and costs; licensing implications and planning, and develop budgetary requirements associated with providing this multi-sector service to the community.

Recommendation 9

Continue expanding the influence and diversity of volunteering, building volunteering infrastructure, increasing participation, and raising the standard of volunteer management in the addiction field.

Rationale

The need to recruit and maintain the volunteer base at the community level for working with addicted persons was identified. This was particularly true for some of the Church organizations that continue to struggle with maintaining mentors and volunteers. The other issue raised was the view that professionals do not recognize or value the volunteer base for their work with addicted clients.

Suggestions from community consultations

- Initiate a multi-sector partnership that will plan, operate and source financial resources to support new volunteer programs specific to the addiction field.

- Conduct a study that identifies the training and development needs of the existing volunteer base in the addiction field. Use the study results to develop a professional development strategy to enhance skill development.
- Explore, develop, and implement aftercare programming and volunteer recruitment with the religious sector, retirees using Elder Hostel Programming and the Canadian Association of Retired People, and the private sector.
- Initiate a "Volunteer Addiction Counsellors Training Program" that focuses on the selection, training, and supervision of volunteer counsellors to respond to the immediate and long-term needs of clients with drug related problems.
- Review an "Addicted to the Future Program" that focuses on partnerships between a charity or volunteer organization and treatment facilities. In the example cited for this program, the charity wanted to broaden their audience of volunteers and use their resources to benefit people locally. The other partner found it tough for their residents to return to 'normal' life and was looking for suitable stepping stones to reintegrate residents into society.
- Peer Mentoring Program that consists of a "warm line" phone service, which provides a place for mental health or addicted consumers to call and chat in non-emergency situations. The program design should also provide persons with an opportunity to become involved in community-based mutual help activities.
- Provide incentives for employers to employ recovering addicts in positions with opportunities for skill development.
- Designate funding to expand programs that promote community service and service learning.
- Build a network of entry level helpers; paid peers helping peers; and agencies engaging and recruiting professionals to work on further developing "good corporate" citizens from private sector.
- Leadership development and role model opportunities for persons recovering from an addiction.

Recommendation 10

Develop and implement a joint professional development and training strategy for both Regina Qu'Appelle Health Region staff members and other sector organizations, aboriginal and mainstream, that are directly and indirectly involved with addicted, acquired brain injured, and persons with physical or intellectual disabilities, and mental health consumers.

Rationale

Building capacity amongst service providers is important to meet the demands and pressures of addiction issues. Initiating work that results in developing joint training strategies will maximize local expertise and sector resources. Additionally, cross training opportunities across sectors and amongst professionals on addiction issues, harm reduction, methadone program, and other related topics is a way to increase the number of multi-skilled employees in the human services and addiction fields. There is a growing need amongst sector providers to increase their knowledge on addictions and other related topics that will help them deal with clients more effectively.

Suggestions from community consultations

- Research and determine joint training requirements.
- Develop a plan of action and a budget.
- Monitor the development of accredited training modules.
- Ensure implementation of the training strategy.

Training topics and tools include recovery; intake and screening processes; implications of how treatment approaches and biases can be barriers to treatment and recovery for clients; harm reduction approaches – methadone and other methods; emergency medical and emergency medical response training for nurses, mental health workers and others; video learning; cross training for addiction and mental health workers; knowledge on the different counselling models and approaches; “Train the Trainer” forums on addictions and mental health issues; professional development for physicians on drug therapy; training for physicians on addiction assessment; job exchanging and shadowing opportunities; and practical training components on addictions within the University.

Recommendation 11

Initiate a meeting between the addiction treatment centers, discuss a number of issues such as assessment and screening practices, wait list issues, treatment approaches and length, programming for youth and families, admission criteria, client mix, restrictions on re-admission policies and programming for clients with dual diagnosis.

Rationale

The systems responsible for providing addiction services may often not coordinate or communicate on common areas of need or

interest. Currently, facilities and services are lacking for a variety of target groups, such as woman, youth, and families. The issue is compounded by the length of time someone must wait to get into treatment for an addiction. In-patient treatment policy should consider individual client needs because the current twenty-eight day programming cycle for each client may not be adequate. Also, the restrictive policy criteria for in-patient and re-admission may be other factors that limit an individual's healing and recovery.

Recommendation 12

Representatives from the enforcement, health, and social support sectors form a working group to discuss and develop shared solutions in the following areas:

- Client assessment for drug and alcohol problems prior to sentencing
- Shared policies on the application of harm reduction and abstinence based philosophies across systems including judicial, corrections and policing systems
- Mandated treatment by the court system
- Shared case plans
- Probation conditions enforced by the courts

Rationale

The courts have no way of knowing whether a victim or an offender has a drug and/or an alcohol problem. Pre-screening and assessment are important tools for the justice system to use when dealing with clients with addiction issues.

Access to in-patient services needs to be more timely. Formal assessments can take two weeks or more to complete before people are admitted to treatment, making client eligibility an issue. The time taken to access treatment may make clients ineligible for the in-patient program. For example, the courts remanded a client for over 10 days and this made the client ineligible. Reviewing and aligning policies and joint case planning between sector agencies will eliminate these pressures on the system.

Sector agencies need a common goal or vision on harm reduction and abstinence based philosophies and approaches. The lack of a common vision conveys mixed messages to clients.

Recommendation 13

Representatives of levels of government and sector funding organizations involved with addiction issues work collectively to develop a shared plan of action on these topics:

- Alternative revenue generation
- Identification of potential funding sources
- Review funding commitment timeframes.
- Review program funding guidelines and policy.
- Opportunities for funding collaboration requirements
- Mobilize resources funding for human, financial and training requirements.

Rationale

Long-term financial resources are required to deal with the ongoing shortage of program funding. The funding formula between the provincial and the federal government needs to be examined as it currently creates difficulty for community-based organizations delivering services. For example, treatment centres turn down short term provincial funding to maintain longer term federal funding.

Suggestions from community consultations

- Determine alternative revenue generation sources that will provide new resources for the initiatives of the Drug Strategy.
- Identify potential funding sources through gambling proceeds and revenues derived from crime for the ongoing coordination and implementation of the Drug Strategy.
- Review the funding commitment time frame to establish longer term funding cycles that exceed the year-to-year budgeting process.
- Review and implement change to existing program funding guidelines and policy that lessens competition between community-based organizations.
- Discuss opportunities for funding collaboration in the addiction field that will provide new financial resources for sector programs and human resource requirements.
- Implement a coordinated approach for planning and funding addiction services between public agencies and community-based funders.

Recommendation 14

Representatives of the government and sector partners review technology used for joint management of information.

Rationale

Millions of dollars are invested to maintain the health and human service system. These systems are only as good as the information technology connections between them. There are gaps in most health and human service programs. In most cases, the needs of a single person are cared for by numerous agencies, each with its own staff, mandate, and policies. Each agency has separate information technology structures. Databases exist with no single department or agency able to obtain a complete view of individuals and the requirements to meet their needs. Coordinating information among agencies within the framework of legislation will allow agencies to operate more efficiently and offer more effective service to the clients.

Suggestions from community consultations

Specific areas of concentration could include:

- Pharmacy information management software for hospitals that links to a central set of databases
- A secure computer network with software linking all Saskatchewan community pharmacies to a central set of databases and providing information on patient medication histories, drug information, drug to drug interaction information, patient demographic information, and historical patient claims information
- A common electronic health record for agencies actively working on integrated case files through web-based technology
- A centralized database using web-based technology that is accessible by sector agencies for intake of clients
- Review existing policies and legislation that limit opportunities for information sharing and collaboration and make specific recommendations for change if required.
- Create mechanisms at the community and provincial government levels to authorize departments/agencies to change statutes.
- Review regulations to improve coordination and effectiveness of programs and systems involved with addictions.
- Use local coordinators to promote best practices and coordinated approaches to addictions by disseminating information to policy makers and practitioners, convening

stakeholders, serving as liaisons to the Province and sector agencies, and participating in policy development.

- Investigate British Columbia's pharmacy software called Pharmanet; and Microsoft web-based technology applications.

Sustaining Relationships

Building and sustaining relationships is an investment process between parties, whether it involves a community partnership that looks at solving a range of social, health, or economic issues locally or other smaller neighbourhood issues. People form social systems to provide for a range of needs not met through other means. These systems recognize that the whole is more than the sum of its individual parts and provide networks of mutual responsibility, care, concern, interest, accountability, and trust, which advance co-operation and collaboration for mutual benefit known as 'social capital'.

A social capital framework supports learning through interplay, and requires the development of networking paths that are both across agencies and sectors (horizontal) and from agencies to communities to individuals (vertical). Fostering networks and communication in a community is important to attain collective action on unmet needs and support social and organizational environments, which are ready to adapt and change.

The Drug Strategy is a critical piece in building these necessary relationships to achieve collective action; mutual aid; information flows; and the cohesion of broader community and sector identities that reduce the harms associated with drug problems in the community.

Recommendation 15

Establish regular inter-agency network forums that include both aboriginal and mainstream agencies. These communication forums should expand in the future to include clients and the broader community as well.

Rationale

Networking is the process of building links and relationships facilitating the flow and use of information. Information refers to data, facts, figures, studies, research findings, best practices, and experiences, which may be agency, business, institutional, provincial, national, or regional in nature.

Networking and exchanging information, experience, and best practices are critical factors in providing services to reduce the impact of addiction issues.

Suggestions from community consultations

- Increase understanding and knowledge of sector roles and responsibilities with respect to addictions.
- Undertake planning activities that encourage education and training opportunities on addictions related topics and issues.
- Develop a common language on addictions.
- Communicate with the addicted population to define program design.
- Establish consistent policies on addictions in sector organizations.
- Develop and maintain an inter-agency web-based resource library with information on best practices, case studies, and successful pilot or project initiatives that have been used by other communities or organizations when resolving addiction problems.
- Promote a culture among service providers in which collaboration is the norm so that more service providers meet on a regular basis, apply for funding jointly, coordinate their services, and maintain referral relationships.
- Develop ongoing partnerships so that programming is delivered in a continuum of care.

Learning topics include cultural sensitivity and awareness training, understanding bias among cultures, strategies for relationship building with aboriginal organizations, methadone maintenance program and other harm reduction programming, and differences and similarities in aboriginal and mainstream treatment methods.

Recommendation 16

Develop a common vision for Regina and area, which affirms both harm reduction and abstinence-based philosophies and approaches.

Rationale

Currently, these approaches are viewed in a polarized manner, creating conflict across and within sectors. Sector agencies need to consider the models as a continuum of services that individuals can access. This requires dialogue and discussion in order to balance positional attitudes that result from personal experiences

and the need to preserve one's value and belief system. Balancing harm reduction and abstinence-based philosophies and approaches across the community will provide clients with consistent messaging. Furthermore, creating an environment of open-mindedness to other approaches will ensure that client needs are met.

Suggestions from community consultations

- Host a multi-sector forum that includes management and frontline staff to discuss and develop policy for application and implementation of harm reduction and abstinence-based philosophies and approaches within sector organizational contexts.

Recommendation 17

Evaluate the strategic directions of all programs and services impacting on addiction and mental health issues that are offered or funded by the Regina Qu'Appelle Health Region.

Rationale

Formal evaluations help to improve the degree to which a program is making a difference, and indicate whether or not the program is cost-effective. They provide an opportunity to step back and decide what to do with existing programs: which to grow aggressively, which to discontinue, which to change dramatically, and which to spin off to independent status or to another organization. Program planning needs to look to the past to learn whether programs have had the desired impact, and to the future to assess future needs, funding opportunities, and emerging new ways to meet needs.

Suggestions from community consultations

Establish an in-house committee that includes management, frontline staff, physicians, and community based organization representatives to evaluate the assessment of program, including inputs, implementation, outcomes, and impacts.

Recommendation 18

The Regina Qu'Appelle Health Region physicians and psychiatrists in conjunction with representatives from the College of Physicians and Surgeons of Saskatchewan and the Saskatchewan Pharmacists formulate policy that will reduce the possibility of double doctoring, over prescribing of Ritalin, prescription drug

abuse, and better use of drug plan information to flag previously prescribed medication history for patients.

Rationale

Accountability is required to bring greater responsibility for actions and resource use when dealing with addictions. To properly integrate prescribing and dispensing, policies and systems must ensure that physicians receive clinically relevant feedback on their prescribing in a timely manner. Decisions must be made on how pharmacists, physicians, and others would create these linkages.

Suggestions from community consultations

- Develop or revise policy to reflect the necessary changes.
- Communicate the policy changes to the appropriate stakeholders.

Recommendation 19

The Regina Intersectoral Data Committee facilitate a review of current data collection and tracking processes and practices within the sector organizations involved with addictions.

Rationale

Data analysis is essential to achieve many of the recommendations in this plan. It can be used to raise awareness of addiction and health issues, to plan program and service delivery, and to formulate policy at the provincial, regional, and local levels. Although the volume of data generated through research, evaluation, and program monitoring is tremendous, several issues limit the use of these data. Generally, the data elements collected by different agencies and programs are not comparable, which makes it difficult to accurately determine addicted persons' needs, the extent of the drug problem, and the impact to programs and policies.

Finally, there is much room to improve the use of existing data. At both the provincial and local levels, data often remains buried in databases, reports, or research articles rather than being brought to the attention of policymakers and community practitioners. To more effectively shape program and policy decisions, data must be presented in clear and compelling formats that the public, practitioners and policymakers can understand.

Suggestions from community consultations

- Establish benchmarks that mirror the requirements from the Canadian Community Epidemiology Network on Drug Use (CCENDU) for data collection purposes.
- Offer recommendations for changes that may be required when tracking addiction-related information in Regina and area.
- Develop mechanisms for presenting data findings.
- Explore data integration opportunities across sectors that will include addiction information.

Recommendation 20

Sector networks provide ongoing advocacy efforts on public health issues relating to addictions.

Rationale

Public health advocates have a responsibility to lobby for government policies, funding, and programs to improve population health and reduce harms associated with addictions for the residents of Regina and area.

Suggestions from community consultations

- Improve the determinants of health by building awareness.
- Make addictions a priority at all levels of government and community.
- Increase political decision-making on addictions.
- Increase awareness of the impact on addictions and social conditions that contribute to addiction issues.

Recommendation 21

Sector partners establish an advisory group to coordinate implementation of the drug strategy. This multi-sector body would incorporate a community-based approach that involves and engages all sectors and the grassroots throughout the implementation phase. Additionally, developing a defined accountability framework will guide and lead the group during the implementation phase.

Rationale

An advisory group is a focal point for local action on reducing harms associated with drug use. The community will look to this group to lead effective partnership between the Health Region, City

of Regina, the Regina Intersectoral Committee, and many other key sector agencies that plan and provide services aimed at drug misuse. They should lead and coordinate local action, drawing on the advice received from the community, and ensure delivery of addiction services in line with the Drug Strategy.

Suggestions from community consultations

- Involve and engage all sectors and the grassroots throughout the implementation phase.
- Formulate a Terms of Reference for the group.
- Develop an accountability framework to guide and lead the group during the implementation phase.
- Identify common agency needs, investigate options, and formulate an action plan complete with budgetary requirements for addressing these items.
- Conduct joint program evaluations with all sector programs and services involved with addiction and mental health issues that assesses inputs, implementation, outcomes, and impacts.
- Identify opportunities to support service integration.
- Develop a shared vision.
- Conduct inventories of addiction related programs and funding streams.
- Identify successful practices in service integration at the regional, provincial, and national levels.
- Share financial resources.
- Identify opportunities for interdepartmental and agency coordination and key barriers to change. This process should involve top-level administrators, build in incentives to increase participation, and reduce competition and fear of change.
- Investigate ways to incorporate the School Plus initiative and Kid's First as part of the integrated services.
- Evaluate the merits of establishing a central agency to coordinate case management activities to set up one critical pathway of care for different client groups affected by addictions.
- Consider an interdisciplinary case management approach comprising – housing, employment, social support, education, health, and any other sectors as required that decentralizes services and puts the resources in local neighborhoods.
- Expand use of strategies for care coordination such as "one-stop shopping," family resource centers, school-based health centers, and a continuous medical home concept.

- Create administrative and fiscal incentives for local demonstration projects and other innovative efforts in coordination and collaboration.
- Assist local agencies to develop accounting procedures that enable them to blend funding while providing accurate financial reports for separate funding source.
- Evaluate the merits of establishing one critical pathway of care for different client groups affected by addictions.
- Develop short (annual) and long-term (3-year) operating plans and budgets that reflect the recommendations.
- Evaluate both the planning process and the planning documents.
- Monitor and update the Drug Strategy (annually).
- Implement integrated school-linked programs and services through provincial government inter-departmental activities like Kids First, Population Health Promotion Strategy, Primary Health Care Initiative, School Plus, and others.
- Use schools as centres for piloting initiatives, such as drug and alcohol counsellors from other sector organizations working in conjunction with the Fresh Start Program.
- Consider a centralized location and facility for comprehensive treatment, education and follow-up.
- Create common goals and value statement for all sectors.
- Regina Qu'Appelle Health Region work more closely with government and community based organizations to implement more community development activities.
- Regina Housing Authority lead one of the integration initiatives.
- Use a team approach to assessment that includes physicians, counsellors, social workers, nurse practitioners, psychiatrists, and psychologists working together.

Recommendation 22

Establish a permanent Drug Strategy Coordinator position to coordinate the implementation of the recommendations and to assist in further development of the strategy. The position would report to an advisory group representative of the sectors comprising the Reference Committee and others.

Rationale

A coordinator is required to coordinate the day-to-day activities of implementing the Drug Strategy recommendations, build connections between the agencies so that the network stays in

place, develop a collaborative voice to continue the process, and communicate the results.

Suggestions from community consultations

- Oversee and coordinate implementing the recommendations and other related activities.
- Report to an advisory group representative of the sectors and other target group populations.

Other Community Suggestions:

This portion of the document is suggestions from specific sectors, as well as general suggestions.

Aboriginal Sector

- Expand on partnership opportunities between mainstream and aboriginal partners for future training and development of youth that will result in enhanced leadership competencies and labour market participation.

- Increase partnership and joint strategy development between the federal, provincial, and municipal governments and First Nation and Métis governance structures when dealing with addiction issues.

- The Federation of Saskatchewan Indian Nations, the provincial government, sector organization representatives, corporate Saskatchewan, and Human Resources Development Canada continue working together to develop joint retention strategies to keep aboriginal students and graduates in Saskatchewan.

Business and Industry Sector

- The private sector businesses in Regina develop policies on drugs and alcohol that facilitate early intervention for employees with addictions.

Education Sector

- Research "best practice" initiatives or models in other jurisdictions to develop new programs in the education sector for dealing with addictions. This might include programs such as the private sector' Employee Assistance Program.

- Investigate and research the feasibility of delivering competency-based curriculum within the school system.

- The education sector in partnership with other sectors work toward developing and implementing a system wide policy on addictions.

- The education sector, with the involvement of Saskatchewan Learning, develops policies on drugs and alcohol to implement in the school systems. Furthermore, the School Boards should formulate and submit recommendations to the appropriate

body regarding any changes that may be required to the Education Act in order to support the new drug and alcohol policies.

- The Regina Public Schools, the Regina Catholic Schools and the Qu'Appelle Valley Schools review current policy on mandatory intervention in the school systems with respect to student behaviour and recommend changes to update the policies.

- Provide more culturally-based resources and materials in the schools.

- Increase the networking opportunities between staff members from the Regina Public Schools, the Regina Catholic Schools and the Qu'Appelle Valley Schools. Furthermore, the information gathered from these sessions should be shared back through the school system and out into the community.

- The education sector and the physicians association in Regina meet to discuss and share their perspectives on the issues and impacts associated with diagnosis of syndromes and disorders in children that result from addictions.

- Agencies that deliver addictions services consider decentralizing and/or reallocating resources, human and other, so that primary prevention is occurring in the school system and can be linked more closely with the School Plus initiative.

Enforcement Sector

- Initiate discussions between the health and social support sectors, the Regina Police Service, the RCMP, education, housing, and the federal and provincial justice systems that will work toward achieving consensus on the following topics:
    - Dealing with the application of "whole family" treatment requirements jointly
    - Pre and post-treatment programming requirements in halfway houses
    - More prevention and harm reduction programming in jails
    - Alternate sentencing through a Drug Court and offering treatment options or charges
    - Streamlining policy between the court system and the in-patient treatment services regarding the access of services
    - Developing departmental or organizational action plans that articulate each agency's role that will result in a comprehensive response to drug treatment.

- The Regina Police Service initiate and convene a meeting with the community-based organizations to discuss ideas on eliminating barriers that restrict their ability to work together more effectively.
- Justice, probation services, enforcement, and the harm reduction programs should meet to discuss opportunities for greater collaboration amongst these parties on common issues.

Government Sector

- Health Quality Council, Saskatchewan Health Region Epidemiology Departments, and Saskatchewan Health conduct research on addiction. The following are suggestions for research:

  a) Basic Health Services Effectiveness Research:
     - Effectiveness of drug abuse treatment programs and systems
     - The role of treatment processes in drug abuse treatment service outcomes
     - Research that advances the introduction of proven innovations in service delivery efficiency and effectiveness; therapeutic and business practices; and outreach, access, and retention in treatment

  b) Economics and Financing
     - Economic evaluations of well-defined public and private managed care systems on quality, access, outcome service delivery
     - The costs and benefits of drug abuse services within criminal justice settings
     - Estimations of component unit service costs and full costs of drug abuse services
     - Improving methodologies of cost-benefit, cost-effectiveness, and cost-utility analyses
     - The economics of drug abuse treatment, including financing, reimbursements, and cost containment strategies
     - The cost-effectiveness and cost-benefits of drug abuse treatment and related health and social services

  c) Organization Management
     - Service delivery models, including models of service mix and service integration; organizational linkages between abuse treatment and other medical, psychiatric, and social services; and models of treatment that span multi-abuse treatment episodes and providers
     - Development and validation of models of prevention and treatment service delivery explaining how services inform business practices and therapeutic processes
     - Studies of ways that various management models effect the capacity of treatment organizations to use resource changes in programs, systems, or environments

  d) Special Context and Populations
     - Special populations such as drug abusers with multiple disorders, adolescents, women, the homeless, and those involved with the criminal justice system

    - Models and explications of service delivery in special contexts: therapeutic community settings; criminal justice settings; drug courts and adolescent treatment settings
    - Models and explications of service delivery that address service-related factors resulting in disparate treatment of women, children, and other ethnic minorities; delivery of social work services and the development of drug abuse health services research infrastructure

- All levels of government conduct more local and sector consultations when undertaking policy development on health and safety issues related to addictions. This will ensure that policy/legislation not only protects and respects people's rights but also provides sector jurisdictions with enough authority to implement organizational policy that deals with safety issues in their respective environments.

- A review of funding criteria by Saskatchewan Learning on Fetal Alcohol Syndrome and Fetal Alcohol Effect programming is required to ensure flexibility in meeting a student's educational requirements whether there is a formal diagnosis or not.

- The provincial government conduct research to determine the following items: the extent of problem gambling in Saskatchewan; the component unit service costs and full costs of gambling services and an impact analysis on specific target groups like youth, women, disabled and senior citizens. Furthermore, review the current provincial policy on gambling and issue recommendations for change accordingly.

- The Province of Saskatchewan review existing legislation from Manitoba and other provinces that prevents organized crime and gangs from being visible and doing business in the community.

- The provincial government continue implementing initiatives that monitor and track children not in school, ultimately working toward a more positive outcome for at-risk children.

- The provincial government identifies addictions as a priority in terms of policy, legislation and funding.

- Funding agencies and government undertake cost benefit analysis to look at the long-term costs associated with not addressing addictions.

- All levels of government react and respond to the Drug Strategy's recommendations by investing in the directives through the provision of resources, policy changes, and or new protocols that support the community's efforts to reduce the impact of addiction issues.

- The community develops and adopts a strategy to deal with any effects of racism.

Health Sector

- The Regina Qu'Appelle Health Region consider the following special resource and programming requirements for pregnant women, babies, dual diagnosis, fetal alcohol syndrome and emergency room triage when dealing with addiction cases.

  a) Dual Diagnosis
  Research and develop treatment models that incorporate a modified version of the 12-step approach and the Self-Management and Recovery Training (SMART). The latter uses the cognitive/behavioral therapy methods of Rational Emotive Behavior Therapy (REBT) modified for use with groups, treatment and community self-help.

  b) Addicted Babies
  Research other treatment and service delivery models. This should include analyzing the physical and human resource requirements of the neo-natal intensive care unit, different treatment modalities, training and development requirements for staff and parent programming needs.

  c) Fetal Alcohol Spectrum Disorder
  Develop specialized services for diagnosing and working with FASD clients and the parents of these individuals.

- Develop a provincial database to track harm reduction program activities and clients jointly with other sector organizations in enforcement, justice, and health.

- Develop a slate of day and evening programs for employed persons and less intrusive treatment modalities for all client groups based on best practices. Other treatment modalities would include treating the individual in their own context; individualizing treatment programs to meet client needs that include prevention and enforcement; longer intervention periods; family-based applications; client centered planning and more services in correctional facilities.

- The Regina and Qu'Appelle Health Region continue with program and system integration of Mental Health and Addiction Services. The Health Region should consider establishing an integration and transition committee with representatives from the two units, both management and staff, to further investigate and formulate recommendations for implementing joint intake, screening, assessment, treatment and case conferencing options. Furthermore, cost efficiencies or additional budgetary requirements need to be identified as part of this process.

- Create more networking and learning opportunities between the Regina Qu'Appelle Health Region staff members - physicians, ER nurses, addiction services, mental

health, psychiatrists department and other treatment services and harm reduction programs on the following topics: programs and services; mandates; working relationships; and facility tours.

- Initiate discussions between the Regina Qu'Appelle Health Region, NNADAP Treatment Centers, and other community based and social support organizations involved with addictions. The purpose would be to determine standard recruitment criteria as well as to discuss training requirements and qualifications for employment opportunities in the addiction field.

- Saskatchewan Health in conjunction with the Health Regions consider sponsoring a series of provincial conferences to commence discussions on the following topics: cost and production of drug treatment services; cost-effectiveness and cost-benefit analysis; financing and managed care and alternative delivery systems.

- The Regina Qu'Appelle Health Region continues monitoring the use of emergency room services by patients with addiction issues.

- The Regina Qu'Appelle Health Region begins a consultation in the rural areas similar to the drug strategy process conducted in Regina to determine addiction issues, service gaps and barriers and potential solutions.

- Develop complementary addiction services within existing walk-in medical clinics and health centres located in the community neighbourhoods. These centres should provide a clear point of entry and easy access where addiction service requirements can be coordinated for additional referral to other agencies that provide services as part of a continuum of care.

- The Regina Qu'Appelle Health Region in conjunction with the Saskatchewan Pharmacists Association look at cost barriers associated with drug coverage for methadone or other harm reduction treatment approaches where applicable.

- Establish a Career Development Committee for addictions with representatives from employment, health, and education sectors. The mandate would be to profile addiction careers, initiate career preparation for future generations, and encourage institutions to offer applicable and credible addictions curriculum in the post-secondary system.

- The Saskatchewan Pharmacists Association encourages pharmacists to participate in consultation sessions like the Drug Strategy.

- The Saskatchewan Pharmacists Association hosts a forum to discuss streamlining practices and policies between pharmacies that diminish the misuse of drugs.

- Include life skills training with treatment intervention and ongoing programming for clients.

Religious Sector

- The religious sector explores means for greater involvement with other sector agencies in the healing element of addiction issues whether through day programming, counselling, or aftercare supports.

Social Support Sector

- Healing program models include family, work, traditional approaches and community as part of programming and aftercare services.

- Integrate traditions, customs and cultural and spiritual beliefs into addiction programs and services while also ensuring that these elements do not exclusively determine the program. Furthermore, have the clients define the culture and ensure the programs have multi-cultural components.

General Suggestions

- Continue to develop a diverse workforce within sector organizations that is adequately trained and educated regarding traditions, practices, and cultural beliefs of the different customers served.

- Continue to implement representative workforce programs within private sector, government, and non-governmental organizations.

- Increased support and recognition by management across sectors for frontline staff involvement in inter-agency networking opportunities.

- Establish a committee representative of the federal, provincial and community funding agencies to coordinate and jointly review all funding applications related to addiction programs and any new initiatives.

- Decision making should consider including consumer, youth, grassroots and people of diverse origins in formal and informal planning processes in order to increase ownership of the problems; commitment to the solutions; involvement in the process and needs identification.

- City services such as Regina Transit should be aware of emergency services.

Conclusion

It is clear today that Regina and area now has knowledge of areas for improvement and can commit to an investment in promoting the adoption and use of the Drug Strategy's findings and recommendations. This commitment focuses on demonstrating that the solutions identified locally are achievable in daily practice when new tools, practices, and ways of doing business are developed and implemented.

The Drug Strategy Project process is but one phase in the cycle toward reducing the associated harm of drug use in our community. Ongoing planning and solution building will still be required on addiction issues to move the community forward in the future.

Afterword

Given the magnitude and complexity of the addiction issues confronting Regina and area it is easy to feel overwhelmed and it may be difficult to know where to begin. For those who devote their time, either personally or professionally, to working directly with addicted persons or are involved in dealing with addiction problems, simply managing the existing workload can be a struggle. Organizations within the human services system are typically working with limited resources often stretched to the breaking point just to cover the basic services they provide. As the community attempts to move forward to realize the vision of reducing the impact of addictions in our community, we must be selective and realistic, recognizing organizational and financial constraints.

As you read the information on the strategic priorities and recommendations outlined in this plan, the Drug Strategy Reference Committee hopes that some stand out as particularly relevant to your work. We recognize that some of the readers will be coming from a community-based perspective and will be assessing the contents of this plan in terms of its relevance to their specific client groups and communities. Others may be involved in governance work at the municipal, provincial, federal, or tribal council levels, whether it is policy, program administration, funding, or research. Regardless of your perspective or your role, it is the hope of the Committee that you will come away from this strategy with at least one “action item” for future implementation. The action item may be something small easily implemented by a single individual or organization, or it may be something larger and more ambitious that requires collaboration, funding, or policy change.

We recognize that time and resources are limited and hope that the Drug Strategy promotes a practical approach that engages a broad matrix of stakeholders in making a contribution, however small, to move the agenda forward on addictions and to better support the residents of Regina and area.

Participants in the Community Consultation Process

- Anchorage Rehabilitation & Counselling
- Campbell Collegiate
- Career Enhancement Programs SIAST
- College of Nurses, Native Access to Nursing
- Community Action Coop Ltd.
- Community Services Branch
- Corrections Services Canada
- Family Services Regina
- First Nations Employment Centre
- Gabriel Dumont Institute
- Health Quality Council
- Human Resources Development Canada
- Martin Collegiate
- Neil Squire Foundation
- Paul Dojak Youth Centre
- Regina Alternative Measures Program
- Regina Open Door Society
- Regina Parole Office
- South Saskatchewan Independent Living Centre
- Saskatchewan Justice Adult Probation Services
- Saskatchewan Health – Program Support Unit C
- Saskatchewan Health Region
- South Saskatchewan Independent Living Centre
- Thom Collegiate
- University of Regina – Counselling Services
- Volunteer Regina/United Way of Regina
- Atoskata Program
- Canadian Mental Health Association
- Catholic Family Services
- City of Regina
- Connaught Community School
- Cornwall Alternative School
- Department of Community Resources and Employment
- Government Relations and Aboriginal Affairs
- Miller High School
- Peyakowak
- Regina Catholic Schools
- Regina Housing Authority
- Regina Indian Community Awareness
- Regina Intersectoral Committee
- Regina Police Service
- Regina Public Library
- Regina Public Schools
- Saskatchewan Abilities Council
- Saskatchewan Government Insurance
- Saskatchewan Health – HEPSUB Program
- Saskatchewan Learning
- Saskatchewan Responsible Gaming Association
- Sports and Recreation Branch
- St. Francis Elementary School
- Treaty Four Urban Services Inc.
- Youth Voice Regina Health District Regina Friendship Centre, Healing Program
- Winston Knoll Collegiate

Participants in the Community Consultation Process Continued

- IPSCO
- Arcola East Community Association
- SIAST, Wascana Campus
- Corrections and Public Safety
- Regina Housing Authority
- Saskatchewan Health
- Saskatchewan Centre, Youth and Recreation
- Saskatchewan Housing
- City of Regina, Community Services Department
- Regina Qu'Appelle Health Region – Working Together Towards Excellence Project
- Regina Qu'Appelle Health Region – Addiction Services
- Randal Kinship Centre
- Métis Addictions Council of Saskatchewan
- Regina Qu'Appelle Health Region – Mental Health Clinic
- Saskatchewan Association of Health Organization
- Department of Justice
- Regina Anti-Poverty Ministry
- Rainbow Youth Centre
- Kids First Program
- Families First
- Food Bank
- Transition House
- Dales House
- Phoenix Residential Society
- Silver Sage Housing
- Dales House
- Regina Housing Authority
- University of Regina
- Buffalo Plains School Division
- Saskatchewan Liquor and Gaming Authority, Policy
- Four Directions Community Health Centre
- Cornwall Alternative School
- Pine Lodge Treatment Centre
- Saskatchewan FAS Network
- Y.M.C.A.
- Social Services Transitional Planners
- Mobile Crisis Services Inc.
- Regina Detox Centre
- Recovery Manor
- The Salvation Army – Waterston Centre
- Carmichael Outreach
- File Hills Qu'Appelle Tribal Council
- Harm Reduction Methadone Program
- ACCAR/Safety Services
- RQHR - Child and Youth Services
- RQHR - In-Patient, Mental Health
- New Dawn Valley Treatment Inc.
- Shopper's Drug Mart
- Lakeshore Pharmacy Ltd.
- Moffitt's Pharmacy
- Lorne Drugs
- College Avenue Drugs
- All Nation's Hope
- Parole Services, Oskana Centre
- Saskatchewan Pharmaceutical Association
- Provincial Correctional Centre
- Regina Integrated Drug Unit
- College of Physicians and Surgeons

Participants in the Community Consultation Process Continued

- Canadian Red Cross Society
- Early Learning Centre
- Epilepsy Regina
- Girl Guides of Canada
- John Howard Society
- REACH
- Regina Association for Community Living
- Regina Big Brothers
- Regina Home Economics For Living Project
- Regina Native Youth and Community Service
- Regina Senior Citizen's Centre
- Pasqua Hospital – Primary Care
- Anti-Poverty Ministry
- Lutheran Church Canada Central District Office
- Regina Public Schools
- Community Based Health Services
- Ranch Ehrlo Society
- Sherwood Credit Union
- Schizophrenia Society of Saskatchewan
- Regina Fire Department
- Circle of Life
- Canadian Paraplegic Association Regina Transition Women's Society
- Regina Work Preparation Centre
- Saskatchewan Deaf and Hard of Hearing Service
- SCEP Centre – Coronation Park School
- Scott Infant Care Centre
- Scouts Canada
- SOFIA House Inc.
- St. John's Ambulance
- Street Culture Kidz Project Inc.
- Street Workers Advocacy Project
- Y.W.C.A, of Regina and Big Sisters
- RQHR – Wascana Rehabilitation Centre
- Ehrlo Community Services
- Regina Qu'Appelle Health Region – Public Health Services
- Can-Saskatchewan Career and Employment Services
- R.C.M.P.
- Circle Project Association Inc.
- Early Childhood Intervention Program
- St. Mathews Anglican Church
- Resurrection Parish

Appendix A: Sector Consultation Results

All consultation results may be found on both the City of Regina and Regina Qu'Appelle Health Region's websites:

http://www.cityregina.com/content/info_services/social_devel/crime.shtml

http://www.reginahealth.sk.ca/programs/drug_strategy/index.shtml

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