



CSART

Community Substance Abuse Response Team

HARM REDUCTION - EDUCATION - ENFORCEMENT - TREATMENT

The Lethbridge Drug Strategy

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Introduction

In Canada, we are governed by national and international laws that set out the broad legal framework for how to deal with legal and illegal substances. Federal and provincial legislation and policy guide health and social services responses. Canada's Drug Strategy outlines federal action and funding in the area of substance use and individual and individual provincial ministries have legislation and service plans and funding priorities, as do municipalities.

A complex mix of government, institutions and community-based organizations deliver a wide range of substance use programs in services in Lethbridge but there is no designated lead for this issue and no coordinated plan or approach. Over the last decade different groups have worked on issues related to alcohol and other drugs – some to greater effect than others. However, it has become clear that Lethbridge needs a comprehensive strategy that sets out how we agree to work together to respond in a more effective way.

In October 2004, the City of Lethbridge and Alberta Alcohol and Drug Abuse Commission (AADAC) took leadership on this issue by bringing together key partners and stakeholders to develop a comprehensive community plan based on the four key areas of education and prevention, treatment, harm reduction and enforcement. This document sets out the Community Plan including a vision statement, guiding principles, and action plans for the next year that will for the first time enable a comprehensive and coordinated response to substance use in Lethbridge.

Why does Lethbridge need a drug strategy?

We are a drug using society. Throughout history people of all socio-economic and cultural backgrounds have used alcohol and other drugs and this is not likely to change. Most use is harmless and this is not likely to change. Most use accepted as part of everyday social interactions. But, not everyone uses safely or without causing harm.

Lethbridge is located on the southern corridor connecting British Columbia and Saskatchewan as well as the U.S. Border and Calgary. Lethbridge is also a growing community and associated with the growth is an increase in the diversity of the population. The substances of most concern in Lethbridge include alcohol, cannabis and crack cocaine. Lethbridge has several substance use programs, services and responses but no unifying strategy to guide these efforts. The Lethbridge Drug Strategy will, for the first time, enable a comprehensive, proactive and coordinated response to substance use in the Lethbridge community.

Profile of Substance Use in Lethbridge

The reality is that substance use is prevalent in our community. Hard to estimate, illicit drug use and substance use becomes difficult to calculate as people are reluctant to



self-disclose. In fact, some researchers estimate that approximately 40% of the population has some form of habitual behaviour that influences one's ability to carry out daily activities or maintain adequate health in relation to substance use.

In Lethbridge, AADAC reports their most recent numbers. *Clients entering treatment indicated that:*

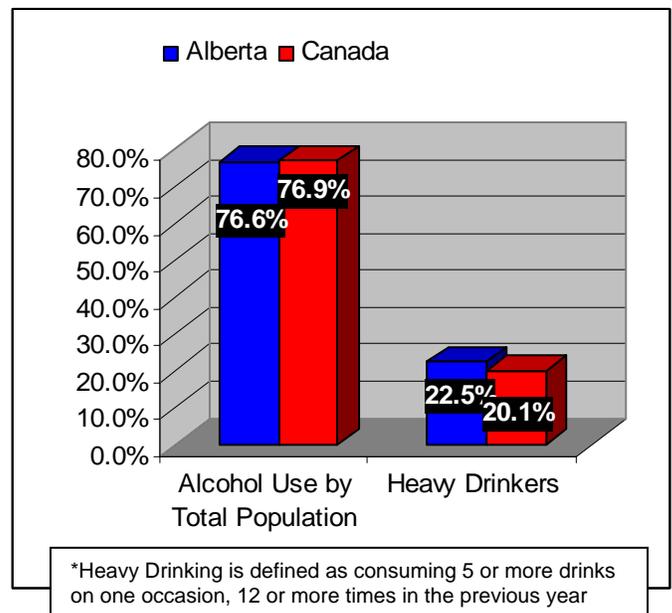
- 👉 89% had used Alcohol
- 👉 73% are using Tobacco
- 👉 58% use Marijuana
- 👉 43% use Cocaine
- 👉 *8% use Crystal Methamphetamine

*Lethbridge AADAC notes clients seeking treatment for crystal methamphetamine use had risen from 1% in 2005 to 5% in 2006.

With such high percentages, a logical conclusion also illuminates that a number of clients are using multiple substances.

¹ A Quick Look at Alcohol - Social and Chronic Use

76.6% of the population between 2000 and 2001 (in Alberta) had consumed at least one drink in the previous year. Although this statistic is 0.3% lower than Canada's national average, our province's percentage of heavy drinkers exceeded the rest of Canada.



What's the concern?

Notes about Drug-Related Deaths

- 👉 Tend to be under-reported. Not all deaths are investigated by the Medical Examiner
- 👉 Primary cause may be recorded as secondary (ie: suicide method not overdose)
- 👉 Drugs can be contributing factors to death (ie: vehicle collision) and listed as the primary cause of death
- 👉 Deaths related to illicit drug use can be Intentional or unintentional

(ADAAC, 2003)

Out of the 17 regions, Chinook Health Region authorities report this region ranks the highest for alcohol related deaths.

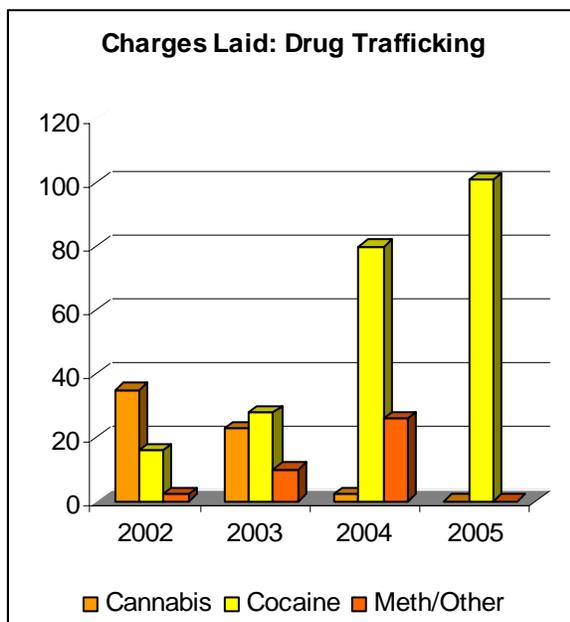
This Region also ranked 9th for impaired driving and failure/refusal to provide a breath sample in 2001. 20.6% of fatality collisions were attributed to alcohol in the Chinook Health Region that same year.

¹ All Statistical information adapted from AADAC's *Alberta Profile 2003*, 6th Edition



Illicit Drugs and Lethbridge

- 🔥 The most prevalent drugs found in our community are Cannabis and Cocaine.
- 🔥 The newest addition to the illicit drug industry is Crystal Methamphetamine.
- 🔥 Its use is on the rise.
- 🔥 In 2001, Lethbridge's population was approximately 67, 374. There were .04% deaths per thousand population, 15 and older (AADAC, 2003).
- 🔥 Assuming the rate of use remains the same each year. This means that approximately 2.7 people in our community die each year of drug overdose.

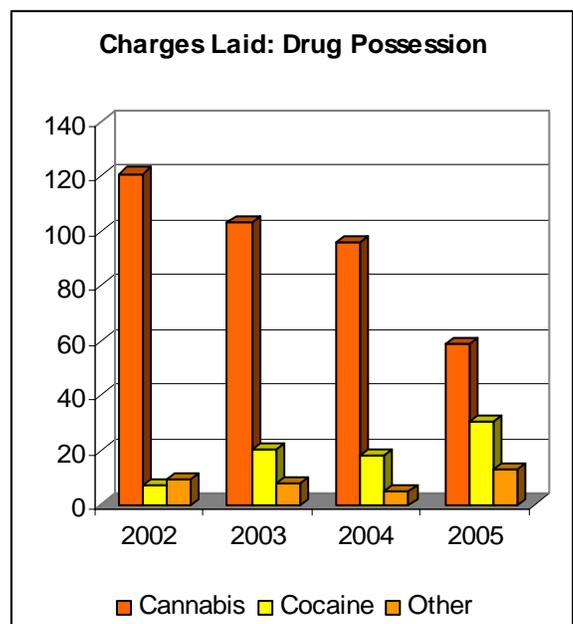


The Lethbridge Regional Police Service (2006) notes that charges for cocaine trafficking and possession have been steadily increasing since 2002. While it may appear that other types of drug trafficking and possession are decreasing, the fluctuation in numbers is a result of concentrating policing efforts on the “harder drugs”, such as cocaine.

While possession of drugs mainly resulted in arrests and charges for cannabis, cocaine possession has more than tripled since 2002.

A Glance at Marijuana Use

The Canadian Community Health Survey reports that over 10 million people have tried cannabis at least once. This constitutes 41.3% of our population aged 15 and over.



Cannabis possession accounted for just over half of all drug offences in Alberta in 2001. Predominantly low, Lethbridge ranked 22 out of 27 other AADAC service areas in Alberta for reported offences related to Cannabis. Lethbridge had 2.36 offences per 1000 of our community's population. This reflects 159 offences in 2001.



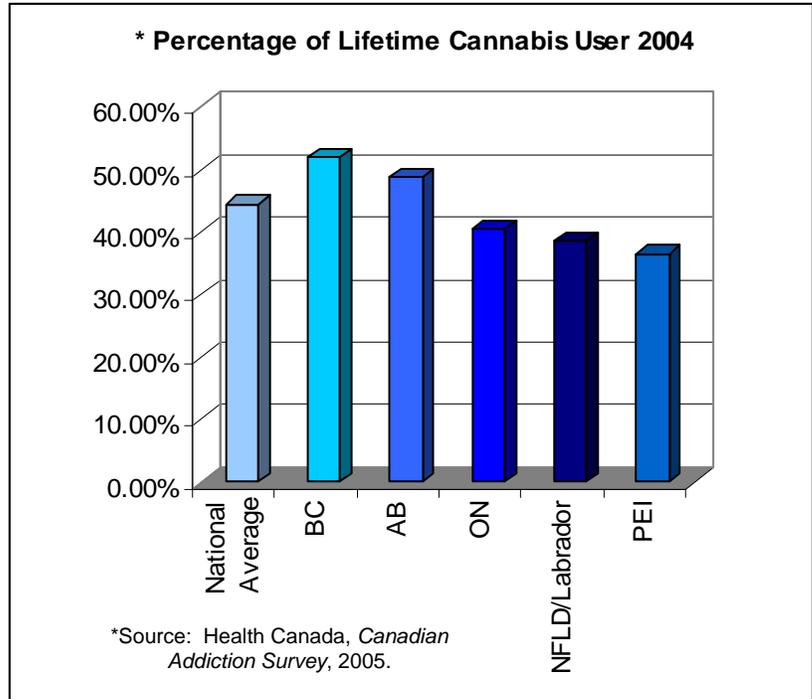
What's the concern?

In 2003, Alberta ranked 2nd with the highest amount of lifetime users of cannabis in comparison to British Columbia. 1 in 20 Canadians report a cannabis related concern. One third of lifetime users report a failure to be able to control their use.

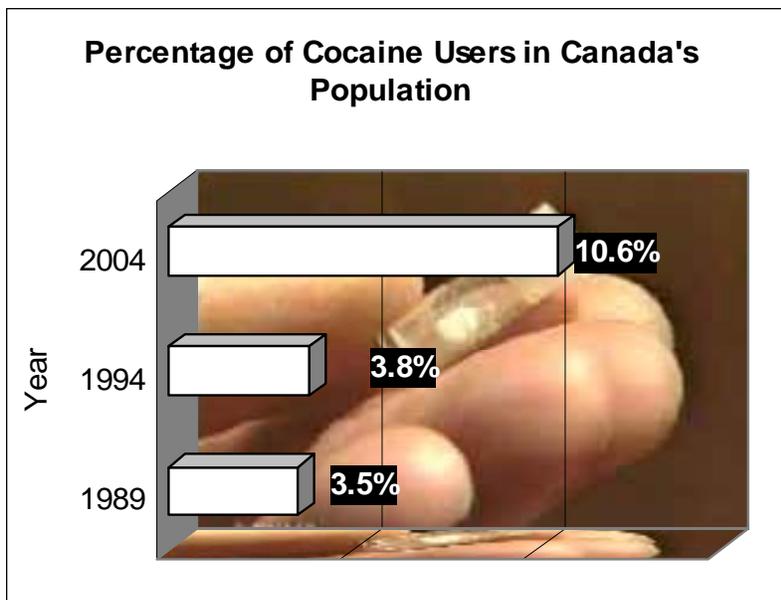
A Glimpse into Cocaine and Methamphetamine Use

Reported incidences of other illicit drugs such as cocaine/crack, hallucinogens, speed and heroin are relatively low. In 2004, 2.4% of the Alberta population was using cocaine compared to the national average of 1.9% (Health Canada, 2005).

Quebec and British Columbia were the only two provinces slightly exceeding our numbers. However, the physical effects and addiction rates of such drugs are increasingly adverse. As reported by the Canadian Addictions Survey (Health Canada, 2004), physical harm was the predominant category of all harms associated with illicit drug use by lifetime users.



What's the Concern?



Since 1989, the Canadian Addictions Survey has reported sharp increases in the use of cocaine. (Health Canada, 2005)

Today, it is considered to be the most frequently used street drug in Lethbridge.



Our Youth – The Future of Tomorrow!



Methamphetamine use by Alberta's youth is on the rise. A relatively newer drug, methamphetamine or speed, has been used by 6.1% of population aged 15 or older (AADAC, 2006). For youth in grades 7 to 12, The Alberta Youth Experience Survey reported that 1.2% of students had used methamphetamine in the year prior to the survey. (TAYE, 2005). The survey encompassed over 4,000 students and is a continuation of the youth survey conducted in 2002. The difference between the 2002 and preliminary survey results of 2005, is that methamphetamine was a specific area of inquiry.

The anticipated publication of the 2005 Alberta Youth Experience Survey will provide current information about the use of methamphetamines in Lethbridge.

Our Partners

AADAC and the City of Lethbridge are working in partnership with many individuals and the following community groups and institutions to develop and implement the Lethbridge Drug Strategy:

-  AADAC
-  Blood Tribe Liaison Program
-  Chinook Health Region
-  City of Lethbridge
-  Crown Prosecutor
-  Education Sector
-  Family Centre
-  Foothills Detox Centre
-  Harm Reduction Network
-  Lethbridge HIV Connection
-  Lethbridge Regional Police Service
-  McMan Youth Services
-  South Country Treatment Centre
-  Southwest AB Child & Family Services Authority
-  TRAC Youth Outreach
-  University of Lethbridge
-  Wood's Homes

How was the Drug Strategy Developed?

In the fall of 2004 a consultation session with AADAC, Lethbridge Regional Police, the Chinook Health Region, the City of Lethbridge, local treatment centres and other key stakeholders was held to identify the issues. A Community Workshop was held to review best practices throughout the province and to determine next steps for Lethbridge. In the spring of 2005 a strategic planning session was held and the Steering Group, Harm Reduction, Education, Enforcement and Treatment working groups were initialized. Our approach is to build on the existing expertise in Lethbridge while also integrating research and best practices in Canada and around the world to develop “made-in-Lethbridge” solutions.



A Comprehensive Approach

Lethbridge needs a coordinated, practical, effective and sustainable strategy that addresses reduction of both supply and demand. This strategy must also provide adequate services to those affected by narcotics, illicit drugs and controlled substances and the abuse of alcohol and prescription drugs. The strategy will also maximize resources and ownership across all public and community sectors in Lethbridge.

A four-pillar model identifying practical, effective and sustainable community actions to reduce the harm caused by substance use and addictions in Lethbridge. These include:

- 👉 Education & Prevention
- 👉 Treatment,
- 👉 Harm Reduction and
- 👉 Enforcement.

Education & Prevention – refers to interventions that seek to prevent or delay the onset of substance use as well as to avoid problems before they occur. Prevention is more than education. It also includes strengthening the health, social and economic factors that can reduce the risk of substance use. This includes access to health care, stable housing, education and employment. Effective programs start with the very young and extend through all life stages. They use a range of health promotion strategies and target policy and legislative change.

Harm Reduction – refers to interventions that seek to reduce the harms associated with substance use for individuals, families and communities. It can include, but does not require, abstinence. The focus is on the individual's behaviour, not on the substance use itself. Effective harm reduction approaches are pro-active, offer a comprehensive range of coordinated, user-friendly, client centered and flexible programs and services within a supportive, non-judgemental environment.

Treatment – refers to interventions that seek to improve the physical, emotional and psychological health and well-being of people who use or have used substances through various psychosocial and psychopharmacological therapeutic methods. Their goal is to abstain from or to manage their use of substances. Effective treatment is evidence-based, easily accessible and has the active involvement of the person (and sometimes family) being treated.

Enforcement – refers to interventions that seek to strengthen community safety by responding to the crimes and community disorder issues associated with the importation, manufacturing, cultivation, distribution, possession and use of legal and illegal substances. Enforcement includes the broader criminal justice system of the courts, probation and parole. Effective enforcement also means being visible in the community understanding local issues and being aware of existing community resources.



Our Vision

All citizens of Lethbridge have the opportunity to live their lives free from any harmful impacts of alcohol and substances abuse

Our Mission

CSART is an overarching collaborative community group focused on developing a community voice, community awareness and engagement. The purpose of CSART is to coordinate initiatives and resources to reduce the harm caused by substance use and addictions in Lethbridge and in coordination with communities in South West Alberta.

Our Guiding Principles

1. Sustainability is achieved through enhancing/strengthening existing community resources and programs
2. Community needs and best practice solutions are evidence based and utilized in the coordinated programs and initiatives.
3. Foster inclusion and collaboration on all levels of community and government to plan and respond to community need
4. A balanced and comprehensive approach:
 - 👉 Education and Prevention
 - 👉 Treatment
 - 👉 Harm Reduction
 - 👉 Enforcement

Our Goals

1. To educate children, youth, families and community of the impact of substance abuse and addictions in a coordinated, effective, practical manner
2. To empower the community to take ownership of the substance abuse and addiction related issues in their neighbourhoods, businesses and community
3. Increase the number of coordinated, collaborative efforts
4. To strengthen and increase substance abuse and addictions treatment and community support systems
5. Decrease in the risk factors associated with substance abuse and addictions and increase the protective factors in the Lethbridge community
6. Create a community voice to advocate and lobby
7. To implement prevention strategies based on root causes



Our Roles & Responsibilities

Steering Committee:

Roles & Responsibilities

- 👏 Provide community leadership, direction, and accountability for the implementation of the Community Drug Strategy.
- 👏 Ensure effective stakeholder membership is maintained at the Steering Committee level.
- 👏 Support, enhance, and oversee implementation of the Lethbridge Drug Strategy
- 👏 Oversee and provide support and leadership to the 4 pillar groups; Education and Prevention, Treatment, Harm Reduction and Enforcement.
- 👏 Provide representation and liaison at the provincial and federal tables
- 👏 Conduct annual evaluation of the Drug Strategy and Committee
- 👏 Keep informed of current initiatives programs and legislation that impacts the effectiveness of the Community Drug Strategy.

2006-7 Work Plan

- 👏 Develop a Social Marketing Campaign
- 👏 Organize and participate in public awareness campaigns throughout the year (National Addictions Awareness Week, Family Fest, etc)
- 👏 Research Grant and other funding options to further support and strengthen CSART
- 👏 Explore Options for Community Protocols

Education & Prevention:

Roles & Responsibilities

- 👏 Create awareness and provide accurate information for parents regarding substance use and abuse
- 👏 Create awareness and provide accurate information for community members regarding substance use and abuse
- 👏 Create awareness and provide accurate information for students and staff at schools regarding substance use and abuse
- 👏 Provide information regarding access to community resources and services
- 👏 Promote healthy and balanced lifestyle choices
- 👏 Provide monthly updates to the CSART committee
- 👏 Actively promote involvement with the Education sub-committee
- 👏 Members of the Education sub-committee are expected to maintain an active role



- 👉 Provide a financial plan to CSART outlining the needs of the Education sub-committee for planned activities
- 👉 Actively work with community members to plan and implement educational events

2006-7 Work Plan

- 👉 Be involved in Healthy Living Fair in GR Davis school (grades 4-7) in Fort Macleod on April 13th, 2006
- 👉 Assist with planning of a one-day conference with other CSART committee members
- 👉 Recruit two youth to participate in the Education sub-committee
- 👉 Have the involvement of an individual in recovery as part of the Education sub-committee
- 👉 Assist with National Addictions Awareness Week planning for November 2006
- 👉 Create a workshop to provide to local schools

Treatment:

Roles & Responsibilities:

- 👉 Create awareness and provide accurate information for professionals about treatment services in Southern Alberta.
- 👉 Create awareness and provide accurate information for community members about treatment services in Southern Alberta.
- 👉 Provide information regarding access to community resources and services.
- 👉 Foster collaboration to support local needs and initiatives
- 👉 Provide monthly updates to the CSART committee
- 👉 Actively promote involvement with the treatment sub-committee
- 👉 Members of the treatment committee are expected to maintain an active role.
- 👉 Advocacy as per terms of reference

2006-7 Work Plan

- 👉 Create an information package on treatment services in Southern Alberta
- 👉 Deliver presentations to interested community professionals on continuum of treatment services available.
- 👉 Promote awareness of treatment services through participation in special events
- 👉 Expand the nature and scope of treatment committee to include new services in community.



Enforcement:

Roles & Responsibilities:

- 👉 Through collaboration with other committees, ensure that basic principles, practices and proposed programs of CSART fall within the guidelines of our Justice System, as well as Policies and Procedures of agencies involved.
- 👉 Ensure the needs of the Community Victim and Offender are considered fairly and empathetically in resolution of matters involving Criminal Investigations and/or Prosecutions.
- 👉 Act as a resource for other committees to assist in developing Best Practices and creating public awareness.
- 👉 Encourage, research, develop and share of Best Practice information regarding the investigation and reduction of illegal substance use and distribution.
- 👉 Encourage, research, development and sharing of best practice information in relation to the sentencing of offenders inclusive of treatment options.

2006-7 Work Plan

- 👉 Engagement of the partners, Crown Prosecutor, Corrections and other Police forces to fulfill the objectives.
- 👉 Identify substance use trends in the community
- 👉 Identify Best Practices and drug interdiction strategies.

Harm Reduction:

Roles & Responsibilities:

- 👉 The Community Harm Reduction Network provides coordinated, collaborative population health approaches to the delivery of Harm Reduction services within the Chinook Health Region
- 👉 Membership will include agencies, community-based organizations and individuals representative of populations and sub-populations at risk for, affected by and/or infected with HIV/HCV.

2006-7 Work Plan

- 👉 Increase community networking among agencies, individuals, families and caregivers as it relates to prevention, care and support and harm reduction
- 👉 Identify community needs, set priorities and advocate for community action to meet those needs
- 👉 Oversee, through the Community Planning Sub-Committee, the Alberta Community HIV Fund Project Review process, assisting agencies in proposal development as it relates to HIV prevention, care and support.



 Act as advocates for an improved community-based response to HIV/HCV and harm reduction

Conclusion

The Lethbridge Drug Strategy is the product of considerable collaboration and cooperation. The Lethbridge Drug Strategy provides a comprehensive approach to substance use issues for the City of Lethbridge. It includes proposed actions required in the areas of education and prevention, harm reduction, treatment and enforcement; all of which are needed to effectively reduce the harms related to substance use. Significant work has already been done in Lethbridge. Our approach is to strengthen existing initiatives, expertise and evidence-based research from our community and elsewhere as well as building community capacity through participation and engagement.



References

- AADAC. (2002). *Summary Report: The Alberta Youth Experience Survey 2002*. Edmonton, AB: Government of Alberta.
- ADAC. (2003, November). *Alberta Profile: Social and Health Indicators of Addiction*. (6th ed.). AADAC Policy & Business Planning: Sandy Goatcher and Christy Nickerson.
- AADAC. (2005). *Methamphetamine: What We Know, What We're Doing About It*. Edmonton, AB: Government of Alberta. Retrieved November 10, 2006, from http://corp.aadac.com/other_drugs/the_basics_about_other_drugs/crystal_meth_resources.asp
- AADAC (Lethbridge). (2006). Personal Communication: client entering treatment, statistical data.
- Doweiko, Harold E. (2002). *Concepts of Chemical Dependency* (5th ed.). Pacific Grove, CA: Thomson Learning INC.
- Health Canada. (2005). *Canadian Addictions Survey*. Ottawa, ON: Canadian Centre on Substance Abuse. Retrieved November 9, 2006, from http://www.hc-sc.gc.ca/ahc-asc/pubs/drugs-droques/fs-fi/survey-enquete_e.html
- Lethbridge Police Service. (2006). Interagency Correspondence with City of Lethbridge. Obtained November 15, 2006.
- Statistics Canada. (2004, July). Use Of Cannabis and Other Illicit Drugs. *Health Reports*, 15(4), 43-48. Retrieved November 9, 2006, from <http://www.statcan.ca/english/freepub/82-003-XIE/0040382-003-XIE.pdf>
- Statistics Canada. (2006). *Adult Criminal Court Survey, Number of Convicted Cases by Type of Sentence, Annual*. Retrieved November 10, 2006, from http://cansim2.statcan.ca/cgi-win/cnsmcqi.exe?Lang=E&RootDir=CII/&ResultTemplate=CII/CII_pick&Array_Pic k=1&ArrayId=2520017

