
DRUG STRATEGY REPORT FOR THE SUNRISE HEALTH REGION AREA

*“To reduce tobacco, alcohol and drug use and the harm it causes
in the population, especially in children and youth.”*

MAY 2007

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Acknowledgements

Between June 2005 and May 2007 the Sunrise Health Region conducted a series of community consultations, with professionals and community members, both adult and youth, to discuss topics related to substance use in their communities. The purpose of the consultations was to invite community input to help shape an overall Drug Strategy for the region. The Sunrise Health Region took a leadership role in the development of the consultation sessions and the production of the Drug Strategy Report. Future leadership will be jointly shared by Sunrise Health Region and the community partners.

This consultation process would not have been possible without the assistance of a number of individuals and organizations throughout the region. Over four hundred stakeholders participated in the Drug Strategy Consultation process offering their expertise and valuable input to help form the recommendations for the strategy. Both professionals and community members met at eight sites throughout the region to discuss the current issues they are experiencing in their specific communities. Four questions were posed to the discussion groups. The answers to these questions form the basis for the recommendations. The recommendations focus on achievable, practical goals based on the Four Pillar approach: Prevention, Enforcement, Treatment, and Harm Reduction.

The Decreased Substance Use Working Group, a Steering Committee for the Drug Strategy, has been actively involved behind the scenes in setting the direction for the Drug Strategy. Working Group members include community members, school officials, RCMP, Corrections and Public Safety, Yorkton Tribal Council, Parkland Regional College, ministerial representation, Sunrise Health Region and Saskatchewan Health. The commitment and perseverance of the members on this committee should be commended.

It is my hope that this report has accurately captured the responses of those who were involved in the consultation process. Without the input from community members and various professionals we would not be where we are today, in a position to move forward toward our goal of decreasing the use and abuse of substances throughout our region.

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Introduction

In 2003, Saskatchewan Health held consultations across the province with the various health regions and their intersectoral partners regarding the Population Health Promotion Strategy for Saskatchewan. The purpose of these consultations was to work with community partners to identify what issues communities were facing and which issues the partners were willing to work on collaboratively. The four priority issues identified were:

- Mental Well-Being
- Accessible Nutritious Foods
- Active Communities
- Decreased Substance Use/Abuse

Beginning in November 2004, the Decreased Substance Use Committee was formed for the Sunrise Health Region area. This committee was made up of various stakeholders representing organizations and communities throughout the Region. The committee focused on the provincial Population Health Promotion Strategy by investigating approaches to work with communities to develop healthy public policy, create supportive environments and strengthen a community's ability to take action on issues to remove or reduce barriers that make it harder for some people to live healthier.¹

The Decreased Substance Use Committee planned to develop a Regional Drug Strategy. The goal of the Drug Strategy is:

“to reduce tobacco, alcohol and drug use and the harm it causes in the population, especially in children and youth.”

To achieve this goal, there are some guiding principles that need to be followed. These include: removing barriers, ensuring meaningful participation, developing partnerships, using multiple strategies, basing decisions on evidence and focusing upstream to address root causes.

The community consultation phase of the Drug Strategy was a planning process that brought together community members and sector stakeholders to discuss local alcohol and drug issues. These consultations looked at existing services, service gaps and potential solutions. They were also intended to strengthen community action. Strengthening community action involves enhancing the ability of individuals and their communities to participate and take action on various issues that can

¹ Healthier Places to Live, Work and Play: A Population Health Promotion Strategy for Saskatchewan, Saskatchewan Health, June 2004.

affect their health. Effective community action begins with community-identified needs and is enhanced by consistent leadership.²

The Decreased Substance Use Committee planned for an extensive needs assessment to be completed to enable individuals, organizations and communities to come together to identify what they see as the issues and potential solutions for their communities. An initial agency consultation was held in Yorkton on June 16, 2005. That consultation was well attended with seventy-six individuals and served as a starting point in the Drug Strategy process. The purpose of the agency consultation was to get input about drug use from the various agencies and professionals that serve the public throughout the Sunrise Health Region area.

From Mid-November to December 2005, consultations took place in eight communities throughout the region: Kamsack, Melville, Langenburg, Esterhazy, Foam Lake, Canora, Yorkton, and Ituna. Each community consultation started with a panel discussion involving local school representatives, RCMP and addiction workers. The purpose of this discussion was to highlight local trends in alcohol and drug use.

In total, input was received from one hundred and eighty participants involved in the initial eight consultations. The contributions from both the agency and community consultations were equally important in moving forward with the Drug Strategy. These consultations generated extensive dialogue regarding the substance abuse problems in each community, as well as possible solutions. Although all communities throughout the region are unique and diverse in their makeup, there were many common themes.

During the months of April to June 2006, members of the Decreased Substance Use Committee returned to the eight communities to present the results of the initial consultation and to look for possible solutions and recommendations to decrease substance use in the community. During this process, discussions were held regarding youth involvement in the Drug Strategy process.

From November 2006 until May 2007, a youth engagement process was developed. In order for the strategy to be meaningful, it is essential there be youth involvement in the process. Youth from three communities, Langenburg, Melville and Yorkton, played an integral role in the development of the Drug Strategy recommendations. It is expected that youth will continue to work with communities to implement the recommendations.

² Healthier Places to Live, Work and Play: A Population Health Promotion Strategy for Saskatchewan, Saskatchewan Health, June 2004.

A Comprehensive Approach

The Regional Drug Strategy is based on a comprehensive and integrated approach that is intended to guide the various communities, organizations and individuals to become involved in decreasing substance use in their community, through a “best practice” approach.

The goal of the Strategy is:

“to reduce tobacco, alcohol and drug use and the harm it causes in the population, especially in children and youth”.

This goal will be achieved by developing a framework that focuses on a comprehensive, intersectoral approach. The framework will also contribute to the well-being of individuals, families and communities through development of healthy public policy, community development and population health. To be successful, a comprehensive approach to the issues associated with substance abuse requires a “Four Pillar” approach. The Four Pillars are **Prevention, Treatment, Enforcement** and **Harm Reduction**.

Prevention is more than just education and awareness. Using a Population Health Promotion approach, it includes strengthening the health, social and economic factors in the community that contribute to substance abuse.

Treatment is needed for those who want help to stabilize or stop their substance use. It refers to interventions that improve the physical, emotional and psychological well-being of those who have used or are currently using substances. These interventions can include detoxification, in-patient treatment, out-patient treatment and after care services.

Enforcement is needed to ensure that communities are safe from the criminal harms associated with substance abuse. Enforcement involves the traditional criminal justice system including R.C.M.P., Courts, Corrections and Public Safety but it also links with non-traditional enforcement agencies such as health services, Aboriginal agencies and other community organizations. Effective enforcement can lead to supply reduction and a reduction in demand for substances which can have a direct correlation to a reduction in crime in the community. Enforcement also includes alternatives to incarceration and providing treatment for offenders.

Harm Reduction refers to the reduction of harm for those who are using substances as well as others who are affected by their use including families and communities. Harm reduction also focuses on reducing the transmission of blood borne diseases, preventing fatalities caused from overdoses and increasing the individual's contact with health care and social services. It can include, but does not require, abstinence.

The Impact of Addictions

The Sunrise Health Region is located in east-central Saskatchewan. The Region is bordered by the Qu'Appelle Valley in the south, the Manitoba boundary in the east, the boreal forest in the north and extends west towards Regina and Saskatoon. The total population of the Region is roughly 58,000. Of this number, approximately 40,000 live in the cities, towns and villages, 16,400 are rural residents and 1,600 live in First Nations communities. Of the 58,000 residents, approximately 7,544 are youth between the ages of 10 and 19.

Problems such as underage drinking, impaired driving and criminal activity related to substance abuse are common to all communities throughout the Sunrise Health Region. These problems are similar to those faced by other communities throughout Saskatchewan and Canada.

There have been many studies that examine the impact of substance abuse on Canadian society. A recent study (2006) estimates the impact in terms of death, illness and economic costs caused in whole or in part by the abuse of tobacco, alcohol and illegal drugs in Canada are huge. In economic terms, **abuse** occurs when substance **use** imposes costs on society that exceed the costs to the user of obtaining the substance. These costs are designated as “social” costs. Measured in terms of the burden on services such as health care and law enforcement, and the loss of productivity in the workplace or at home resulting from premature death and disability, the overall social cost of substance abuse in Canada in 2002 was estimated to be \$39.8 billion. This overall cost represents a cost of \$1,267 to every man, woman and child in Canada.³

Saskatchewan has the highest rate of alcohol dependence (4.0% or approximately 31,000 aged 15+) and alcohol abuse (8.5% or approximately 64,000 aged 15+) among all provinces.⁴ The Canadian Centre on Substance Abuse found that the annual cost of alcohol abuse in Saskatchewan totals \$266 million. This includes direct health care costs of \$40.2 million.⁵

Drinking five or more drinks on at least one occasion in the past twelve months is considered “heavy/binge drinking” by Statistics Canada. This category of drinking is seen as most hazardous and is related to significant substance abuse costs. 18.3 % or approximately 6700 people in the Sunrise Health Region fall into the category of heavy/binge drinkers. Of particular concern, for females aged 12 – 19, the provincial rate of heavy/binge drinking is 29.3% and for Sunrise Health Region this rate is 34.2%.⁶

³ The Cost of Substance Abuse in Canada 2002, Canadian Centre On Substance Abuse, 2006

⁴ Canadian Community Health Survey, Mental Health and Well-Being- Statistics Canada, 2002

⁵ Canadian Centre On Substance Abuse

⁶ Health Status Report 2002, Sunrise Health Region

Recurring Themes

Participants in the community consultations were asked four questions:

- What are the addiction issues in our Region?
- What are the strengths in our community?
- What are the barriers or gaps that stand in the way of dealing with addiction issues in our Region?
- What can we as a community do within the next year to tackle the issue of addictions?

These questions were asked to over four hundred participants, both adult and youth, and produced a wealth of anecdotal information. Although each community is unique, there were many recurring themes brought up in the eight communities. The following is a summary of these themes.

What are the addiction issues in our Region?

Underage Drinking

Underage drinking was seen as one of the common issues that community members and other agencies have witnessed. Many participants discussed how youth drinking has become more socially acceptable. The age of “first use” is becoming younger and increasing numbers of youth are becoming addicted to alcohol. Reports of intoxicated students at school and dances were common themes, as was use of alcohol by youth sport teams (football, hockey, etc.). Many parents work shift work and may not be able to supervise their children. One school official commented that one of the most vulnerable times for youth is the time after school while parents are at work. Safe Grad was discussed and questions were raised regarding the type of message that is being sent to youth by endorsing alcohol use, albeit supervised, during grad parties. Parents buying alcohol for their children was also a common theme. Truancy and decreased marks in school were also attributed to youth drinking or substance use. Youth reported many weekend activities they attend involve alcohol use.

Marijuana Use

Participants believe the use of marijuana is on the increase throughout the Region. This was seen as not a “regional phenomenon”, but more of a norm provincially and nationally. Marijuana use has become more socially accepted in communities. Questions arose regarding “decriminalization” and “legalization” of cannabis and uncertainty over what the laws dictate. Societal attitudes are now more liberal regarding the use of marijuana, as many believe that marijuana is not harmful to the user. Every consultation group acknowledged that marijuana is used in their community. Much discussion revolved around the need for more

education regarding the dangers of this drug. Some youth claim that the first drug they tried was marijuana, not alcohol.

Deterioration of Families

Deterioration of families was a common theme. In many families it is not unusual for the parents to use substances around youth, who in turn grow up believing this is the norm. Many reported that substance use by a partner or a child has led to relationship problems. Domestic violence and substance abuse were also closely linked. Parents who are using alcohol or drugs can often have periods of absence from the home and tend to be less involved with their children. This contributes to the deterioration of family life and may be a factor in substance use by the children. Participants also expressed concerns that more children are being put into care because of parental substance abuse and addiction issues.

Decreased Physical and Mental Health

There is common belief that many people do not feel that substance abuse is harmful to an individual's health and well-being. Fetal Alcohol Spectrum Disorder (FASD) is also considered to be a major health and social issue resulting from substance use. An increase of chronic diseases such as HIV and Hepatitis C were attributed to increased injection drug use in the Region. For some, unwanted pregnancies can be an indirect consequence of substance abuse. The decreased physical and mental health of a substance abuser has also led to an increased strain on the health care system.

Crime

Crime is a common issue related to substance use. RCMP indicate they assign more officers to weekend shifts when criminal activity related to substance abuse is more prevalent. A high percentage of inmates in correctional facilities are dependant on substances. Participants also related that violence is sometimes more prevalent when substances are used, as it is quite common to witness fights at bars, parties, etc. Youth reported assaults, rape, theft and vandalism at various functions they attend where alcohol is consumed.

Poverty

Some families with addiction problems spend family income on drugs and alcohol rather than on necessities. Individuals with substance abuse problems are more likely to have high absenteeism from work or may have difficulty in finding employment. The Sunrise Health Region's average personal income is \$4000

less than the provincial average. In addition, Sunrise Health Region has the second lowest average income when compared to regions of similar size.⁷

Accessibility of Substances

Participants believe that substances have become more readily available. RCMP noted that there are drugs being sold in every community. Emergence of “hard drugs” (cocaine, methamphetamine, etc.) was also a common theme. Prescription medication abuse was seen as becoming more common as well. Underage drinking is partially linked to the easy accessibility of alcohol for youth.

Impaired Driving

Many participants discussed the negative effects of impaired driving. Despite awareness campaigns focusing on drinking and driving, the number of youth charged with impaired driving has actually risen in the past few years. Youth stated that they are given mixed messages when it comes to drinking and driving. They state that they are told not to do it, yet they witness many adults in the community who drive while impaired.

What are the strengths in our community?

Schools

Activities in schools throughout the Region were seen as strengths. The involvement of more school counselors and social workers in the school setting has created a safe environment for students to talk about problems. Schools are seen as working closely with other community partners. Addiction programs have been added to some schools. The education system is highly valued and respected throughout the Region.

RCMP

Many communities discussed the benefits of having a local RCMP detachment in their community. Many detachments are getting involved with the schools by having an RCMP Liaison Officer working in the schools. This is beneficial as it may deter some youth from dealing drugs out of the school and may also build positive relationships between youth and the police. In many communities, the RCMP have been running the DARE (Drug and Alcohol Resistance Education) program which is also seen as beneficial. Youth report a strong relationship with RCMP officers who have been involved with Students Against Drinking and

⁷ Health Status Report 2002, Sunrise Health Region

Driving (SADD), and the PARTY program (Prevent Alcohol and Risk Related Trauma in Youth).

Interagency Collaboration

Agencies that work closely together to serve clients are seen as having the greatest impact. Participants felt that many of these agencies are active participants in the community. The willingness of agencies to share supports and resources was also seen as positive. Many agencies have common goals, and by working closer together, are able to enhance their services and be more efficient and effective.

Community Champions

The participants reported that there is a core group of people throughout the Region who are making positive changes in their respective communities. These individuals along with other organizations and agencies are vital to community change. Agencies included RCMP, City and Town Councils, Victim Services, DCR (Department of Community Resources), Corrections, schools, SIGN (Society for the Involvement of Good Neighbors), School Community Councils and Sunrise Health Region. Some noted that many families have strong family values, and this can also be a contributor to strengthening communities.

Addiction Programs

Outpatient addiction programs in the community were seen as a strength. Programs that involve not only the individual with the addiction problem but also family members are seen as most beneficial for treatment. Wait times to see an addiction professional in the Region were not seen as barriers to access services. Education, awareness programs and community meetings regarding addiction issues were seen as beneficial to both adults and youth.

Community Committees

Community-based committees such as the Child Action Plan, Problem Gambling Committee, Parent Drug Awareness Committee, Canora Leadership Committee and Community Action Team were seen as community strengths. These committees take a collaborative approach which is seen as most beneficial.

Healthy Community Activities

Participants discussed the importance of the support given to the community through service clubs, businesses, etc. Churches being active in the community

were seen as a benefit. Healthy activities included minor sports programs, school sports and clubs, cadets, Aboriginal Cadet Corps, Big Brothers and Big Sisters, Boys and Girls Club and self-help groups. Healthy programming for youth was seen as a need in all the community forums as it provides an alternative to substance use. Many participants talked about a sense of community pride, and wanting to make positive changes throughout the community. Smaller communities felt their size enabled them to more effectively address community problems.

What are the barriers or gaps that stand in the way of dealing with the addiction issues in our region?

Lack of Education on Addictions for Individuals, Communities and Professionals

Every consultation stated the need for more public education and awareness regarding addiction issues. Increased education and awareness may help to lessen “denial” of addiction problems in communities and lead to earlier intervention. Many believe that presentations to both youth and their families are more effective than presentations to youth alone. Participants felt that many individuals in the community did not see some substance use as problematic, mainly because they did not know many of the dangers involved in substance use. Parents and other adults frequently supply alcohol and a location for minors to drink, as it is sometimes seen as less harmful than driving while intoxicated. Emergency room staff sometimes feel ill-prepared to deal with the effects of the newer and more uncommon drugs such as crystal meth, ecstasy, etc. Educators indicated the need for more professional education regarding addictions. Participants felt that more addictions education for students may help prevent substance use. Some participants stated that court systems and judges need more information on addictions. More education and public awareness can lead to earlier intervention. Access and referrals for addictions treatment needs to be enhanced in a number of areas including self referrals and referrals through physicians, hospitals and schools. The public gets most information regarding addictions from the media and believe that some of the information may not be totally accurate. Youth report that there could be more education on life skills at all grade levels as most education is done through Health and Wellness classes and focuses solely on the dangers of drug use.

Community Denial

Denial by individuals, families, schools and communities as a whole is seen as a barrier to dealing with addiction issues. One common view is that there is a lack of “community ownership” when it comes to addictions. Youth alcohol use is accepted and seen as a “rite of passage” into adulthood. There is a stigma

associated with addictions, and many may feel that it is easier to deny that a problem exists than to deal with it.

Lack of Partnership between Aboriginal and Non-Aboriginal Sectors

Participants noted that Aboriginal and non-Aboriginal sectors need to be working more closely together. By working together, there is greater potential to decrease the use and abuse of substances in our Region. There is also a need for more partnership opportunities for training of all professionals.

Long Distances for Services

Some participants stated that some clients have to travel too far for services. Many clients may not have transportation or the funds to travel to get help for their problems. Lack of outpatient services in rural areas of the Region was frequently mentioned. This may cause people not to seek help for their addiction problems. Participants stated that detox and treatment centres are too far away, and would like to see these services closer to home.

Lack of Resources

Participants felt that a lack of human and financial resources can be a barrier in dealing with addiction issues. As many of the resources are presently used for treatment, additional resources should be allocated to preventative and educational services. Participants felt that the lack of inpatient and detox treatment beds and the long waiting times to access these services may discourage some individuals from seeking help. The lack of youth detox beds for those under sixteen years of age was also seen as a problem. Community members feel the RCMP are under resourced and would like to see a stronger presence in the community.

Current Laws

Participants noted that the RCMP are sometimes unable to deal with substance users as well as they could because of their legal/procedural requirements. RCMP and addictions staff need to work more closely together. Instead of incarceration or fines, many would like to see alternative measure approaches where users can access treatment. This may help to lessen recidivism rates. Interestingly enough, many adults felt there was a poor relationship between youth and the RCMP yet many youth felt they had a good relationship with the RCMP. The *Youth Criminal Justice Act* is seen as not adequately addressing addiction issues.

Lack of Prescription Drug Enforcement

Participants noted that prescription drug abuse is on the rise. They report that it is quite common for users to move from doctor to doctor looking for medication. Physicians need to be made more aware of patients who are “double doctoring”. Physicians and pharmacists need to work closer together to ensure this does not occur.

Lack of Cooperation and Communication between Agencies

More needs to be done to promote interagency collaboration regarding addictions. There were discussions about taking an “umbrella approach”, where agencies work closely together, are able to make appropriate referrals and work collaboratively with addiction services. One significant barrier to this approach is privacy legislation. Methods need to be devised to allow agencies to share information without violating client confidentiality. Many agencies have their own policies and mandates, but there needs to be a more uniform approach to dealing with addiction problems. There must be cooperation and closer working relationships from municipal, provincial and federal agencies, sector organizations and communities.

What can we, as a community, do within the next year to tackle the issue of addictions?

Public Education and Prevention

Every community discussed the need for more education and prevention measures to help reduce substance use and abuse. Education and prevention must be done at the individual, professional, family and community levels. Presentations should be age appropriate and start at younger ages. It would be beneficial to have parents present with their children during presentations as it may open up the lines of communication between adults and youth when discussing drug use, as well as give parents valuable information. Prevention should go beyond presentations to include community development, population health promotion and program implementation.

Work Collaboratively With Other Individuals, Agencies, and Communities

The Drug Strategy operates from the premise that addictions are not only a health concern, but a community concern. Participants noted that in the next year we could build on the partnerships that are already in place, as well as develop

new partnerships. We need to enhance interagency referral systems. There were discussions about having addictions more involved with the school system and focusing on curriculum development with teachers and administrators. This may involve more classes focusing on life skills and addictions. Working with schools to focus on Chem-Free Graduation celebrations instead of alcohol related parties would be beneficial. There is a need to work with School Division administrators to develop policies regarding substance use in schools, and to enhance referral systems to addiction services. Promotion of “Drug and Alcohol Free Zones” around the schools was also discussed as a possible option.

Improve/Create More School Supports for Youth

Participants discussed the need to improve after-school supports for youth, where there are structured, supervised activities. Youth report that they would like to be involved in decision making when program development takes place. Youth also indicated a need for more evening/late night programs to be available. There were discussions of developing DARE and PARTY programs in all schools throughout the Region, as well as exploring the idea of presenting DARE to younger ages. Youth mentoring programs were also seen as something positive that can be started in the schools. Many of our communities have recreational centres, and efforts should be made to attract more youth to these centres.

Prepare a Community Resource Directory

Many participants were unaware of programs available in the Region. There is a need for a community resource directory which can be easily accessed by the public.

Development of Community Groups

It was suggested that there be a community group to advocate for appropriate legislative changes where required. This group must have representation from many different sectors of the community. This group could also advocate for funding to go towards the Drug Strategy, local treatment centres, local detox, etc.

Localized Human Resources

Participants discussed the need to have more addiction services available within their communities. There needs to be efforts made to examine what resources are available and find ways to better utilize them. This may mean more human resources are required.

Youth

There is a need to work more closely with youth on a variety of issues including decision making and program delivery. Youth should be involved in all program decisions including the development of the Drug Strategy. Youth reported that they would like to work closely with decision makers in the community. They stated that they feel they do not have a voice in the community.

Recommendations

After reviewing the input received from the communities and the stakeholders, and exploring best practice approaches, the following recommendations are made to help decrease substance use in our communities. The recommendations are placed under the Four Pillars: **Prevention, Enforcement, Harm Reduction and Treatment**. Each community in the Sunrise Health Region has different strengths and faces different challenges. It is the hope of the Decreased Substance Use Committee that communities establish their own priorities from the following recommendations.

Recommendation 1

Enhance partnerships and relationships between Aboriginal and non-Aboriginal organizations with the common goal of decreasing substance use in the community.

Rationale:

Enhancing partnerships and relationships between Aboriginal and non-Aboriginal organizations allows communities and organizations to work more closely together to address the social, cultural and economic issues that form the basis for drug abuse and addiction. To effectively create change and build on these relationships, there must be high levels of trust, communication and inclusion.

Prevention

Recommendation 2

Development of a comprehensive education and awareness strategy focused on:

- Raising awareness in communities regarding local drug issues and their root causes,
- Developing professional education on substance abuse issues,
- Integrating drug abuse prevention and life skills throughout all grades of the school curriculum and in the school environment, and
- Continuing educational and interactive programs for youth and families reaching all ages. i.e. PARTY and DARE.

Rationale:

Community members reported that there needs to be more education at the community level on local substance abuse issues. The presentations should target a variety of audiences including the public, minor sports programs,

business and industry, politicians, youth and families. This may aid communities in earlier detection of substance abuse problems.

Many professionals including police officers, nurses, mental health workers, teachers, corrections workers and community resources workers receive very little formal training on addictions. Professionals stated that there is a need for formalized training to enhance their skill level.

Presently, the Good Spirit School Division, Christ the Teacher School Division and Horizon School Division offer alcohol and drug education through various classes such as Health, Psychology and Wellness. There is a need for a more comprehensive approach at all grade levels to include issues such as assertiveness, refusal skills, communication skills and development of positive relationships.

Recommendation 3

Development of a Youth Speakers Bureau on Addictions

Rationale:

Youth report that the most effective speakers are individuals who have had a history of substance abuse problems and are close to the same age as the youth. Therefore, youth speaking to youth may be the most effective way to reach this audience. It is important that youth presenters are involved in a personal recovery program. A Speaker's Bureau would also involve adult role models/mentors who utilize best practices approaches to assist youth in developing facilitation skills, group skills and communication skills.

Recommendation 4

Develop/enhance partnerships between community members, both adult and youth, and organizations that serve the community to improve after-school, evening and weekend programming for youth and families.

Rationale:

Throughout the youth engagement sessions, youth have stated the importance of developing more youth-focused programming in the community. In order for such programs to be successful, youth need to take a lead role in its development. Young people need to see themselves, and to be seen by others, as their own best resource for minimizing any harm associated with substance use.⁸ Youth report a lack of safe and healthy late night activities available on the weekends and evenings. Youth stressed the importance of music, arts and cultural activities

⁸ Preventing Substance Use Problems Among Young People: A Compendium of Best Practices, Health Canada, 2001.

being developed in the community, as many times the focus is solely on sports. Although many communities have a wide range of recreational activities for community members, many have a user fee. Youth expressed a need for more low fee/no fee/subsidized activities in the community as many are unable to afford a user fee.

Recommendation 5

Work to “denormalize” substance use in the community by developing community wide policies promoting responsible alcohol use in collaboration with Municipal Officials, Service Clubs and facility users.

Rationale:

Alcohol is often available at community events, including those sponsored by sporting groups, service clubs and private individuals. Often these events are held in municipally-owned facilities. Such occasions are an important opportunity to socialize, celebrate and fundraise, but are not without risk for alcohol-related problems. Municipal Alcohol Policies promote responsible alcohol use and help to not only decrease the number of alcohol related problems, but “denormalize” alcohol use in the community. Municipal Alcohol Policies have been shown to reduce the number and the severity of problems such as public intoxication, drinking in unlicensed areas, impaired driving, underage drinking, vandalism, assaults and injury or death. They also minimize the potential for lawsuits (municipalities and users of their facilities can be held jointly and individually liable), convictions and fines, repairs and maintenance due to vandalism, loss of liquor license privileges, loss of rental revenues, negative community reputation, increased insurance premiums, loss of insurance coverage and increase of taxes which are sometimes necessary to pay for damages.⁹ These healthy public policies create and encourage an environment that supports health. People are more likely to be healthy if they live in surroundings where it is easy to make healthier choices.¹⁰

⁹ The Municipal Alcohol Policy Guide, Centre for Addiction and Mental Health, 2003.

¹⁰ Healthier Places to Live, Work and Play: A Population Health Promotion Strategy for Saskatchewan, Saskatchewan Health, June 2004.

Enforcement

Recommendation 6

Establishment of a working group of RCMP, Addiction Services, Corrections and Public Safety, Aboriginal agencies, Municipal Officials, Justice and other interested individuals to develop shared solutions in respect to:

- Alternative measures approaches for offenders with substance abuse problems,
- Client assessment prior to sentencing, and
- Shared case plans.

Rationale:

Often crime is committed by individuals who have substance abuse/addiction problems. Identifying these problems prior to sentencing and having a plan to address them may help to reduce the rate of recidivism. Often, courts do not know whether or not an offender has a substance abuse problem. Pre-screening and assessment are integral tools that the justice system could utilize when dealing with addicted individuals.

Harm Reduction

Recommendation 7

Explore the possibility of implementing a comprehensive Needle Exchange Program within the Sunrise Health Region.

Rationale:

A needle exchange program is intended to reduce the sharing of unclean needles/syringes among injection drug users. Evidence shows that effective needle exchange programs:

- *Can reduce transmissions of HIV, Hepatitis C and other blood borne infections. Needle-sharing accounts for a large proportion of both HIV and Hepatitis C transmission. For instance, research indicates that injection drug use accounts for at least 60% of Hepatitis C transmission in Canada.¹¹*
- *Provide a link for injection drug users to other important health and social services including drug treatment, counseling services and other support services.*

¹¹ Needle Exchange Programs, Canadian Centre on Substance Abuse, 2004

- *Decrease the incidence of discarded needles found in the community by encouraging the return and safe disposal of used needles.*

Injection drug users experience interpersonal difficulties and social isolation, causing relationship problems with friends and family, have lower educational attainment leading to employment problems and low income, experience stigmatization and stereotyping as a “drug addict” thereby further entrenching social isolation and marginalization and rely heavily on health and social service agencies.¹²

Recommendation 8

Development of working partnerships in the community to enhance Designated Driver Programs and Server Training to reduce the incidence of impaired driving.

Rationale:

In order to successfully address the issue of impaired driving, there needs to be enforcement strategies, education/awareness and a strong partnership between the public sector and private businesses such as drinking establishments and taxi services. Server training needs to cover such topics as:

- *Recognizing and preventing intoxication,*
- *Dealing with patrons who are intoxicated, and*
- *Understanding legal obligations of servers and drinking establishments.*

Treatment

Recommendation 9

Review existing outpatient treatment services to determine if there is a need to enhance services and treatment modalities to reach all target audiences.

Rationale:

There is a need for more innovative outreach services and programming in the Region. Many communities feel they needed increased addiction services. To ensure earlier intervention, it is also important to simplify and facilitate referral methods to Addiction Services.

¹² Needle Exchange Programs, Canadian Centre on Substance Abuse, 2004

Recommendation 10

Establishment of a working group dedicated to examining the possibility of detoxification services in the Region.

Rationale:

Many community members and professionals experience difficulty when trying to refer a person to detoxification services. The difficulties primarily include wait times for services and a lack of transportation to services.

Recommendation 11

Establishment of a working group dedicated to developing integrated/shared case management protocols and earlier entry points for intervention.

Rationale:

Agencies have stated a need to work together to best meet the needs of the client. Reviewing and aligning joint case planning between sectors may be effective in decreasing recidivism and duplication of services. Joint case planning may also lead to earlier interventions for those experiencing substance abuse problems.

Conclusion

This Drug Strategy provides a comprehensive approach focusing on attainable, practical and evidence-based solutions to decrease substance use by applying the Four Pillar approach. This approach focuses on building upon existing resources, initiatives and best-practices that are available in the community, province and country. The recommendations that have been identified are achievable actions that all communities can embrace.

The Drug Strategy provides a collective vision and an interagency approach to decrease substance use in our communities. Over four hundred individuals representing various sectors and communities, both adult and youth, were involved in developing this strategy. It is the knowledge, experience and dedication of these individuals that directs us into a healthier future for our communities, families and individuals.

Appendix A: Participants/Organizations Involved in the Consultation Process

- Aboriginal Family Violence Program
- Big Brother's and Big Sister's of Yorkton
- Boys and Girls Club of Yorkton
- Canadian Cancer Society
- Canadian Centre for Substance Abuse: Health, Education and Enforcement Partnership
- Canadian Mental Health Association
- Canadian Red Cross Society
- Canora Child Action Plan
- Canora Composite School
- Canora Junior Elementary School Community Council
- Canora R.C.M.P.
- Career and Employment Services
- Christ the Teacher School Division
- City of Melville Council
- City of Yorkton Council
- Community Members
- Corrections and Public Safety
- Crestview Ambulance Services
- Davison School
- Department of Community Resources
- Dr. Brass School
- Dream Builders
- Eaglestone Lodge
- Esterhazy Central High School
- Families and Schools Together Program
- Foam Lake Composite School
- Foam Lake R.C.M.P.
- Fort Livingstone School
- Good Spirit School Division
- Horizon School Division
- Ituna R.C.M.P.
- Ituna School
- Kamsack Community Services
- Kamsack Comprehensive Institute
- Kamsack Hospital
- Kamsack R.C.M.P.
- Kamsack Town Council
- Kids First
- Langenburg High School
- Langenburg R.C.M.P.

- Langenburg Town Council
- Lloydminster Drug Strategy Coordinator
- Louck's Pharmacy
- Melville Comprehensive School
- Melville R.C.M.P.
- Minister of Healthy Living
- Moose Jaw-South Central Drug Strategy Coordinator
- Orcadia Youth Residence
- P.J. Gillen School
- Parent Pre-School Education Program
- Parkland Alcohol and Drug Abuse Society (now part of Sunrise Health Region Addiction Services)
- Parkland Regional College
- Parkland Victim Services
- Primary Health Care Committee
- Regina and Area Drug Strategy Coordinator
- Regional Intersectoral Committee
- Sacred Heart High School
- Saskatchewan Aboriginal Women Circle Corp.
- Saskatchewan Health
- Saul Cohen Family Resource Centre (now part of Sunrise Health Region Addiction Services)
- Schools Plus
- Shelwin House
- SIGN Adolescent Group Home
- Society for the Involvement of Good Neighbours
- St. Andrew's United Church
- Sturgis Child Action Plan
- Sunrise Health Region Addiction Services
- Sunrise Health Region Medical Health Officer
- Sunrise Health Region Mental Health Adult Community Services
- Sunrise Health Region Mental Health Child and Youth Services
- Sunrise Health Region Primary Care
- Sunrise Health Region Public Health
- Town of Canora Council
- Town of Canora Leisure Services
- Town of Ituna Council
- Victoria School
- Yorkdale Central School
- Yorkton Child Action Plan
- Yorkton FASD Committee
- Yorkton Friendship Centre
- Yorkton R.C.M.P.
- Yorkton Regional High School
- Yorkton Regional High School SADD Members
- Yorkton Tribal Council

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