

**THE MOOSE JAW-  
SOUTH CENTRAL REGION**

**DRUG STRATEGY  
2006-2009**

*Building a Framework for  
the Right Action at the Right Time*

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**Table of Contents**

**TABLE OF CONTENTS.....3**

**MISSION STATEMENT.....5**

**GOAL.....5**

**ACKNOWLEDGEMENTS.....6**

**FOREWORD.....7**

**EXECUTIVE SUMMARY.....8**

**1.0. INTRODUCTION - DRUG STRATEGY.....11**

    1.1. BACKGROUND .....11

    1.2. OVERVIEW.....13

        1.2.1. *Prevention*.....14

        1.2.2. *Harm Reduction*.....14

        1.2.3. *Healing Continuum*.....15

        1.2.4. *Community Justice*.....15

**2.0. ENVIRONMENTAL SCAN .....15**

    2.1. NATIONAL, PROVINCIAL AND REGIONAL DRUG STRATEGIES .....16

    2.2. SUBSTANCE ABUSE/ADDICTION IN THE REGION .....17

        2.2.1. *What is Substance Abuse/Addiction?*.....17

    2.3. DEMOGRAPHIC PROFILE OF THE REGION.....20

        2.3.1. *Moose Jaw*.....20

        2.3.2. *The Moose Jaw-South Central Region*.....21

    2.4. ADDICTION AND RELATED SERVICES IN THE REGION .....22

    2.5. CRIME AND DISORDER IN THE REGION.....24

    2.6. COMMUNITY AND STAKEHOLDER FEEDBACK .....25

        2.6.1. *Prevention*.....25

        2.6.2. *Harm Reduction*.....26

        2.6.3. *Healing Continuum*.....27

        2.6.4. *Community Justice*.....28

**3.0. MOVING FORWARD – STRATEGIC PRIORITIES.....29**

*Strategic Priority # 1* .....30

*Strategic Priority # 2* .....30

    3.1. PREVENTION .....30

*Strategic Priority # 3* .....30

*Strategic Priority # 4* .....31

*Strategic Priority # 5* .....31

*Strategic Priority # 6* .....32

    3.2. HARM REDUCTION.....32

*Strategic Priority # 7* .....32

*Strategic Priority # 8* .....33

*Strategic Priority # 9* .....33

*Strategic Priority # 10* .....33

    3.3. HEALING CONTINUUM .....33

*Strategic Priority # 11* .....33

*Strategic Priority # 12* .....34

*Strategic Priority # 13* .....34

*Strategic Priority # 14* .....35

*Strategic Priority # 15* .....35

    3.4. COMMUNITY JUSTICE.....36

**MOOSE JAW-SOUTH CENTRAL REGION DRUG STRATEGY**

*Strategic Priority # 16* .....36  
*Strategic Priority # 17* .....37  
*Strategic Priority # 18* .....37  
*Strategic Priority # 19* .....37  
*Strategic Priority # 20* .....38  
*Strategic Priority # 21* .....38

**4.0. APPENDICES** .....**39**  
APPENDIX A: THE COMMUNITY CONSULTATION PROCESS.....39  
APPENDIX B: BIBLIOGRAPHY .....41

## **Mission Statement**

To develop a Drug Strategy which builds on existing strengths to provide capacity that will prevent and reduce the impact of substance abuse and addictions in the Moose Jaw-South Central Region.

## **Goal**

To develop a strategy for the Moose Jaw-South Central Region which will reduce substance abuse and enable communities to solve their local issues by focusing on:

- **Prevention**
  - education
  - public awareness
  - creating a supportive environment
- **Harm Reduction**
  - removing barriers
  - engaging high risk populations
  - reducing immediate harms associated with substance abuse/addiction
- **Healing Continuum**
  - early intervention
  - continuum of accessible formal treatment services
  - holistic community services to reintegrate recovering people
- **Community Justice**
  - supply reduction
  - alternative measures
  - safe communities

## Acknowledgements

The development of this Strategy would not have been possible without the contributions, support and participation of numerous persons, organizations and agencies. Firstly, the Moose Jaw-South Central Regional Intersectoral Committee, which is mandated to facilitate the working together of human service agencies to develop and promote human service programs in the Moose Jaw-South Central Region, recognizes the funding partners. In particular, we are appreciative of the assistance from the Government of Canada's National Crime Prevention Strategy's Community Mobilization Program; the Regional Intersectoral Committee's Prevention and Support Grant and the in-kind contributions, such as office services or meeting rooms, from the Five Hills Health Region; Prairie South School Division; Community Corrections; Adult Probation; Mental Health and Addiction Services; A. E. Peacock Collegiate and the Moose Jaw Police. The Angus Campbell Detox Center is acknowledged for providing important administrative support to the project.

Secondly, the assistance of the Co-ordinator of the Regina Drug Strategy was invaluable in structuring the process for, and the direction of, the Moose Jaw Strategy. Thirdly, the Committee thanks the members of the Drug Strategy Steering Group for their commitment and guidance during eleven months of community consultation and the subsequent construction of the Drug Strategy. Fourthly, the Committee thanks all of those who contributed directly and indirectly to this important Strategy. Some provided data while others gave their time to review draft material, discuss the issues and offer valuable feedback to improve the Strategy. We particularly acknowledge the Drug Strategy Management Team<sup>1</sup> who took the time, in addition to their regular employment, to oversee the ongoing operations of the project and work extensively "behind the scenes." Fifthly, we acknowledge the approximately six hundred representatives of our communities, community organizations, groups, government departments and non-government agencies that shared their time and energy to participate in the essential consultation to establish a sound Drug Strategy. Although the issues discussed were sometimes sensitive and personal, all contributions were critical and instrumental in recognizing areas for action. The creation of this Strategy would not have been possible without their participation.

Finally, the Coalition is appreciative of the dedication and commitment of the Drug Strategy Coordinator, Annette Fraser, who promoted the project, conducted interviews, facilitated focus groups, researched and consolidated information and then prepared the final document.

Terry Hutchinson & Jim Kleckner - Co-Chairs  
Regional Intersectoral Committee

28 June 2006

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*1 These representatives include Sharon Erickson - Program Coordinator Mental Health and Addiction Services; Chief Terry Coleman - Moose Jaw Police; Deputy Chief Dale Larsen - Moose Jaw Police; Don Mitchell - Coordinator Regional Intersectoral Committee; and Terry Hutchinson - Regional Director of Mental Health and Addictions Five Hills Health Region; Kim Dushinski - Executive Director The Angus Campbell Centre; Jim Kleckner - Regional Manager, Community Corrections.*

## Foreword

In October 2004, Chief Coleman of the Moose Jaw Police Service brought concerns about substance abuse and addiction issues to a meeting of several human service agencies. The discussion at that inaugural meeting identified concerns about alcohol and other drug abuse that ranged from early adolescents to senior citizens. The decision to move forward with the establishment of a drug strategy was overwhelmingly supported by all of those present. When our Coordinator met later with individuals, agencies and focus groups, it was evident that our concerns were shared by many people in communities across our region.

The Moose Jaw-South Central Regional Intersectoral area has well established relationships and partnerships in the human services organizations. The Drug Strategy, which has resulted from the approximately one year of work, is yet another example of a collective response to a serious threat to the health and well-being of our community members.

The framework for the “Right Action at the Right Time” includes a broad spectrum of strategies based on prevention, harm reduction, healing continuum and community justice. The next steps involve taking the information and ideas forward, acquiring the necessary resources, implementing programs to assess and address emerging problems and then evaluating the outcomes of the various strategies and activities.

Sharon Erickson - Chair  
Moose Jaw-South Central Drug Strategy

28 June 2006

## Executive Summary

In the fall of 2004, the Moose Jaw-South Central Regional Intersectoral Committee identified the need to develop a strategy to address addictions and substance abuse that would build on existing strengths and increase capacity to prevent and reduce the impact of substance abuse and addictions in the Moose Jaw-South Central Region. A Drug Strategy Coalition Steering Committee was organized, and, in June 2005, a project coordinator was hired to begin the work of community consultation and environmental assessment for the purpose of developing the Drug Strategy for the Moose Jaw-South Central Region.<sup>2</sup> An open community forum was held later in June 2005 to introduce the project to the communities.

The goal of the Strategy is:

*to significantly reduce substance abuse and addiction and their behavioral, health, social and environment consequences by giving communities tools to prevent substance abuse and addiction.*

Substance abuse and addictions have a significant adverse impact on our communities. Whether this becomes apparent through personal behaviour and attitudes, physical health, mental health, social functioning, the ability to work, to be able to care for dependents, to form relationships or through criminal and/or anti-social behavior, it is of serious concern to all. Identifying, and then addressing these issues, requires changes at all levels across our communities – from the establishment of funding priorities to implementing the appropriate policies, to relevant service delivery models and to ensuring sufficient community resources.

During the planning process, it was important to discuss regional issues and potential solutions with community representatives from all levels across the Region. A series of community consultations were, therefore, conducted which focused on four groups of strategic priorities: **prevention, harm reduction, healing continuum and community justice**.<sup>3</sup> It was learned during this process that, while successful programs were in place around the Region, there were still substantial gaps in services that required addressing in the interests of community wellness. Resulting from a wide ranging scan of our environment as well as of the existing issues and available services, the Moose Jaw-South Central Region Drug Strategy<sup>4</sup> is based on a comprehensive and integrated approach that is intended to guide policy development, program design and funding decisions.

Having assessed the existing services and programs and considering the substantial feedback from the numerous stakeholders as well as concerned members of our communities, the **following strategic priorities** were identified as being necessary if the communities across the Region are to take the impact of substance abuse/addiction on our communities seriously and make a positive difference:

1. *To implement the Moose Jaw-South Central Region's four pillar Drug Strategy as an integrated services strategy to reduce drug related harm.*

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2 Hereafter referred to as "the Region."

3 These are similar "pillars" to those used in Canada's Drug Strategy.

4 Hereafter referred to as "the Drug Strategy" or "the Strategy."

## MOOSE JAW-SOUTH CENTRAL REGION DRUG STRATEGY

2. *To ensure that comprehensive education and training of first responders about substance abuse and addiction issues is included as part of the professional development of police service employees, health workers, educators, mental health workers and social service workers.*
3. *To ensure that comprehensive drug/abuse school prevention programming is extended through all school grades and integrated throughout the curriculum and school environment.*
4. *To enhance support to school boards to provide teacher training and dedicated staff to ensure that early intervention, counseling and other supports are in place to assist students who may have alcohol and other drug abuse issues.*
5. *To ensure a comprehensive population health promotion approach is used to reduce substance abuse/addiction that:*
  - *develops programs and resources that address root causes of substance abuse;*
  - *coordinates action on drug issues at local, regional and provincial levels;*
  - *increases attention to education and prevention, in places such as schools, and the workplace through community drug education programs;*
  - *measures and evaluates the effectiveness of education and awareness in addressing substance abuse/addiction;*
  - *develops user-friendly and accessible community education and awareness programs to enable clients, service providers and the public to increase their knowledge of addiction and human services resources.*
6. *To provide families with information and education that will help to address the information gap for parents and ensure provision of information about existing supports and services.*
7. *To establish a common vision for Moose Jaw-South Central Region that affirms both harm reduction and abstinence-based philosophies and approaches.*
8. *To develop strategies and implement programs to ensure the appropriate possession and use of prescription medications by seniors in both the urban and rural contexts.*
9. *To develop strategies and implement programs to engage high-risk users that are based on urgent response and are not necessarily abstinence based.*
10. *To establish a Moose Jaw Needle Exchange Program that is accessible and thus is used by those requiring its services.*
11. *To develop a strategy and action plan to establish localized programming and service delivery options through neighborhood initiatives.*
12. *To establish a policy with the physicians of the Five Hills Health Region, in conjunction with representatives of the College of Physicians and Surgeons of Saskatchewan, the Saskatchewan Pharmaceutical Association and the Regina Qu'Appelle Health Region, that will reduce the incidence of "double doctoring," the over prescription of drugs such as sedatives and Ritalin, the abuse of prescription drugs, and make use of drug plan information to "flag" previously prescribed medication.*

## MOOSE JAW-SOUTH CENTRAL REGION DRUG STRATEGY

13. *To develop a resource from new and/or existing infrastructure(s) that will provide voluntary youth stabilization and programming with links to other sector services.*
14. *To develop strategies and programs through a partnership between Mental Health, Addiction Services and the community to address the stigma and discrimination of people who abuse substances, especially those with a dual diagnosis.*
15. *To establish services and/or treatment modalities for “at risk” groups such as youth, adults with chronic addictions, families, those with dual diagnosis, pregnant women and chronic intravenous drug users.*
16. *To establish a working group of police, health, corrections and public safety representatives, as well as representatives from other social support sectors as necessary, to develop shared solutions with respect to:*
  - *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 courts;*
  - *shared case plans;*
  - *enforcement of community sentences such as probation orders and conditional sentences.*
17. *To establish and resource strategies and programs to reduce the supply of illicit drugs to the Moose Jaw and South Central Region.*
18. *To work with the community and the appropriate agencies to establish and deliver education/awareness programs with respect to substance abuse/addiction and its affects on the abuser, the abuser’s family and friends, as well as how it affects the communities in general, from the perspective of being charged with a drug/alcohol related offence.*
19. *To work with the community and the appropriate agencies to establish strategies and programs that will reduce the number of substance abusers/addicted persons in the Region rather than merely displacing their activity to another community.*
20. *To work with the community and the appropriate agencies such as S.G.I., SADD, MADD and Mental Health and Addictions to establish and deliver education/awareness programs specifically targeting the risks associated with operating equipment and vehicles while impaired by alcohol or drugs.*
21. *To work with the community and the appropriate road safety agencies, such as S.G.I. to develop enforcement strategies and programs to increase the detection of impaired drivers and provide a deterrence to those who might otherwise drive while impaired by alcohol or drugs.*

The purpose of the Drug Strategy, and these identified Strategic Priorities, is to stimulate community initiatives while recognizing the different opportunities/challenges and stages of development across the communities in the Region. The framework established by the strategic priorities allows for a broad range of initiatives that can be customized to the specific communities within the Region and, as such, identifies what is necessary for a coordinated and integrated response that will reduce the harms associated with the abuse of alcohol and other drugs.

The successful execution of this Drug Strategy is practical and, most of all, it is achievable through the dedication and the sharing of expertise, experience, ideas and perspectives. Crucial to the successful implementation of the recommendations and the sustainability of subsequent programs and services will be the active involvement and support of all levels of government. In particular, the endorsement of, as well as tangible resources from, municipal governments is essential to provide a solid base to move forward. The true value of the Strategy will be measured by how the communities and stakeholders use it to improve existing services in the community and contribute to the health of community members and the wellness of the community as a whole.

## **1.0. Introduction - Drug Strategy**

### **1.1. Background**

Although substance abusers and those who are addicted often try to conceal their problems from family and friends, it is no secret that addictions/substance abuse, in its various manifestations, “destroys” lives, negatively affects our economy and drives crime and social disorder in our communities. Individuals, their families, their friends, their workplaces and their extended contacts are all inevitably adversely affected. The Moose Jaw-South Central Region is no exception. However, substance abuse, whether it involves legal drugs such as alcohol, prescription drugs and over-the-counter medications, or involves illegal drugs, is more than just an enforcement issue. It is a social issue that requires the integrated response of numerous agencies such as health, justice, education, police and social services as well as the community in general.

In recognition of this serious social issue, in October, 2004 the Moose Jaw-South Central Regional Intersectoral Committee<sup>5</sup> invited human services partners to participate in the establishment of the Drug Strategy Coalition Steering Committee for the Moose Jaw-South Central Region. This Steering Committee includes the following partners:

- Angus Campbell Center
- Badlands Recreation Association
- City of Moose Jaw
- Connecting as Neighbours Co-operative
- Department of Community Resources
- Department of Correction and Public Safety – Adult and Youth
- Five Hill Health Region – Mental Health and Addictions
- Holy Trinity Catholic School Division
- Human Resources Skill Development Canada
- Southern Plains Métis Local #160 Inc.
- Moose Jaw Police Service
- Prairie South School Division
- Primary Health Care – Central Butte

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*5 The Moose Jaw-South Central Regional Intersectoral Committee is a partnership of provincial government human services departments, federal government departments, human service agencies and organizations to facilitate and support community based initiatives which respond to the needs of children, youth, families and communities and adhere to the objectives and principles of the Human Services Integration Forum. It works in partnership to develop, enhance and coordinate the integrated delivery of human services and programs in the Moose Jaw South Central Region of Saskatchewan.*

## MOOSE JAW-SOUTH CENTRAL REGION DRUG STRATEGY

- Regional Intersectoral Committee
- Regina Health Authority Mental Health/Addictions Advisory Board
- Royal Canadian Mounted Police
- Saskatchewan Health
- Saskatchewan Institute of Applied Science and Technology Palliser Campus

The mandate of the Committee was to develop a 3 to 5-year drug strategy which would facilitate the integrated planning, and the subsequent delivery of appropriate services to prevent and reduce the impact of substance abuse and addictions in the Region. It was intended that this strategy would be built on existing strengths with respect to both programs and services already in place across the Region as well as to capitalize on the existing strong relationships between stakeholder organizations and agencies. As a result, based on multi-agency data, a proposal for funding was submitted to the National Crime Prevention Centre to hire a coordinator/facilitator who could engage the communities in consultation and then work with the Coalition to establish the 3 to 5-year Strategic Plan. This funding was approved in early 2005 and the coordinator started work in June, 2005.

To launch the important initiative and to provide an opportunity for the community to learn about the proposed Drug Strategy, the community was invited to participate on June 3, 2005 in a Community Forum facilitated by Kim Dushinski, Executive Director, Angus Campbell Centre. The response to the invitation was immediate and gratifying. Approximately 60 members of the community attended and took part in discussion about the scope of the problem and what would help to reduce the incidence of alcohol and other drug abuse. Presenters at the Forum included Constable Rick Johns, Moose Jaw Police; Constable Dan Donison, Moose Jaw RCMP; Dr. Mark Vooght, Medical Health Officer - Five Hills Health Region; Sharon Erickson, Addiction Services Coordinator; Barry Guy, Regina Drug Strategy Coordinator; and Laura Burgart, Student Supervisor, Vanier Collegiate.

In the ensuing eleven months, the Coordinator met with approximately 600 persons across the Region. This was achieved between July 1, 2005, and May, 2006 by conducting 150 meetings and facilitating 22 focus groups in Moose Jaw, Craik, Eyebrow, Central Butte, Chaplin, Mossbank, Gravelbourg, Lafleche, Assiniboia, Coronach, Avonlea and Mortlach.

Participants were asked to identify the strengths, the opportunities and the challenges within their communities with respect to the supply and abuse of drugs/alcohol. For the purpose of planning, and the subsequent design and delivery of the appropriate services and programs, the planning process consciously sought to include the perspectives as well as the experiences of as many community organizations, service providers, groups and citizens as possible. Interviews and meetings were structured to identify the existing services and the services necessary to address the identified issues. The “gap” between the two is the basis for the Strategic Priorities identified in this Strategic Plan.

The meetings with community members, organizations and service providers, whether formal or informal meetings, provided participants the opportunity to express their opinions about community concerns and issues. Of note is that the process to develop the Drug Strategy has been an important community development process in, and of, itself. It has not only raised awareness about the extent of the problem and the need for additional resources and services but it has facilitated communication and the cooperation that will be necessary to move forward.

## 1.2. Overview

The purpose of establishing the Drug Strategy is to stimulate community initiatives, while recognizing the different opportunities/challenges and stages of development across the communities in the Region. The goal of the Strategy is:

*To significantly reduce substance abuse and addiction and their behavioral, health, social and environment consequences by giving communities tools to prevent substance abuse and addiction.*

This will be achieved by developing a comprehensive, integrated and balanced framework for action to address identified substance abuse and addiction issues. The Strategy will support the establishment of practical and achievable intersectoral goals and the resources necessary to enable these actions. These actions will contribute to the maintenance of public order and the enhancement of public health. It will result in improvement of the quality of life for people, and healthier and safer communities in our Region in which to live, work and play.

Our Strategy has evolved out of the strengths, opportunities/challenges, ideas and efforts of the people in the communities of the Moose Jaw-South Central Region. The vision is future-oriented. Because the issue of addictions knows no boundaries, the vision focuses on community involvement by all sectors in problem solving processes. Additionally, it links to population health by implementing a multi-sector strategic framework that addresses identified addiction issues, barriers and service gaps across sectors based on a community of shared vision, mission, principles and values for coordinating future innovative ideas to mobilize the community and improving health status and an individual's quality of life. The vision is open to the full range of necessary interventions from health promotion through prevention, education, treatment, enforcement and harm reduction activities.

The Strategy, while focused and based on direct consultation and data available from the agencies involved, is sufficiently broad to allow individual communities, or groups of communities, to establish their own priorities within the Strategy in the furtherance of their quest for healthy and safe communities. The overall goal of our strategic planning process was to identify the means to reduce substance abuse and addiction in the communities of the Region. This has been achieved by the development of a strategy that is based on the core areas which are similar to those used in Canada's Drug Strategy:

- ***Prevention;***
- ***Harm Reduction;***
- ***Healing Continuum; and***
- ***Community Justice.***

The use of similar "pillars" as those used in the national drug strategy, and hopefully in our provincial strategy, will facilitate linkages of strategies, programs and services by using common language. It is the intent that plans based on the foundation of prevention, harm reduction, healing continuum and community justice will significantly reduce substance abuse and addiction levels and thus reduce the negative behavioral, health, and social consequences associated with addiction and substance abuse. Because each "pillar" has its own distinct characteristics and appropriate interventions, all four must be assessed, and then addressed, in concert to effectively respond to substance abuse and addiction issues. That is, each of the "pillars" is mutually dependant on the others and, therefore, they must all be considered together when identifying and designing programs and services, acquiring resources and taking action.

## 1.2.1. Prevention

Prevention, which is a vital part of a drug strategy, is more than education. *Prevention* is about taking a proactive approach that includes interventions which seek to prevent the onset of substance use. It includes strengthening the health, social and economic factors that can reduce the risks of substance abuse and addictions. It must be embraced not just with words but also with tangible steps to ensure it is put in place adequately, consistently, and with the conviction necessary to sustain it over the long term. It is important to provide information, networking opportunities, strategies and interventions that help prevent “problematic” or harmful substance abuse to all sectors, including community representatives and service providers, that will increase knowledge and information about issues and the program/services available in the community. Prevention agendas must consider developmental factors as well as social and health determinants.

Strategies and programs designed to reduce the abuse of drugs and/or alcohol are vital and should link closely with other lifestyle and health enhancement programs, such as those of crime prevention, suicide prevention, food security, violence reduction, life skills, and mental health programs. These social issues share not only a number of common “root causes,” but have similar target groups, activities, and settings.<sup>6</sup>

The likelihood of substance abuse and addiction will be reduced by encouraging people to make healthy choices and by the application of strategies and programs to help people understand substance misuse and the risks associated with substance abuse/addiction.<sup>7</sup> A broad range of integrated policies and programs are required to deal with the variety of drugs used, the factors influencing their usage, and the likelihood of this leading to harm. This can be achieved by:

- education about the dangers of alcohol and drug abuse;
- the delivery of effective programs targeted at people of all ages but, in particular, the very young;
- creating public awareness about why people misuse alcohol and drugs; and
- creating a supportive environment for those who may be vulnerable.

Successful prevention programs **reduce the demand for harmful drugs.**

## 1.2.2. Harm Reduction

*Harm Reduction* is about reducing the harm to individuals and communities that results from the abuse of either legal or illegal drugs. It is about reducing the spread of potentially fatal communicable diseases, preventing deaths due to drug overdose, increasing the contact of substance abusers with health care services and treatment programs and reducing the consumption of drugs “on the street.” This can be achieved by:

- removing barriers and focusing on decreasing the negative consequences to communities and individuals occasioned by drug abuse;
- engaging high-risk populations through awareness programs and projects that tackle substance abuse to protect communities and individuals;
- reducing societal impacts and the costs of substance abuse by creating a peer support network and outreach initiatives.

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<sup>6</sup> *Population Health Promotion Decrease Substance Abuse and Mental Well Being. Saskatchewan Health.*

<sup>7</sup> *Population Health Promotion Decrease Substance Abuse and Mental Well Being. Saskatchewan Health.*

## 1.2.3. Healing Continuum

*Healing Continuum* consists of interventions and support programs that enable people with addiction and substance abuse problems to make healthier decisions about their lives and move towards abstinence. This can be achieved by:

- early intervention, treatment, and aftercare services for people and their families affected by an addiction;
- ensuring continuum of formal treatment services that are sensitive to family and culture and also strengthen the ability to attract and retain people in treatment;
- establishing patterns of healthy living by helping people come to terms with substance abuse/addiction and thus lead healthier lives, by offering them access to services such as outpatient and peer-based counseling, drug programs, daytime and residential treatment, housing support, and ongoing medical care, employment services, social programs, and life skills programs.

## 1.2.4. Community Justice

*Community Justice* is about taking action to ensure public order and safety in our communities by targeting criminal activity, including the sale or use of illicit drugs, and/or the criminal activity that results directly or indirectly from the abuse of drugs. This requires a coordinated approach by all elements of the justice system including police as well as health services and other agencies that are able to link drug and alcohol abusers to withdrawal management (detox), treatment, counseling and prevention services. This can be achieved by:

- integrating services and strategies to disrupt the importation, production and supply of illicit drugs;
- using alternative measures, such as a “drug court,” when appropriate, to promote health and social well-being;
- establishing safety strategies to reduce drug related harm to individuals and communities;
- providing support to police agencies, as well as community-based organizations, in their efforts to address substance abuse and addictions to reduce the supply of illicit drugs; and
- ensuring the consequences to those who commit criminal offences resulting from substance abuse/addiction are appropriate under the circumstances.

Community justice initiatives can **result in supply reduction** through enforcement and the disruption of the illegal drug supply network. They can also **reduce demand** by providing a disincentive through enforcement as well as the appropriate sentencing and/or referral to agencies which can assist with resolving substance abuse/addiction issues.

## 2.0. Environmental Scan<sup>8</sup>

Key to the establishment of a sound and practical strategy is a comprehensive assessment of the environment that is affecting drug/alcohol abuse in the Region – an Environmental Scan. This environmental scan, therefore, sought to provide an overview across the Region of the strengths of the organizations and service providers, as well as an assessment of challenges to service access and delivery. The opportunities to provide different or improved services as well as the threats, both real and perceived, to service delivery are, therefore, also included.

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<sup>8</sup> *An environmental scan is an ongoing process of gathering and analyzing information to establish the foundation on which plans can be established and strategic direction determined.*

Some of the information for the Environmental Scan came from the numerous meetings and focus groups conducted with the communities and the various stakeholders. Further information came from public records as well as the records and experiences of the stakeholder organizations. It is important to note, that while many issues are common to both the rural and urban areas of the Region, some issues diverge because of the different accessibility to services in some instances as well as the sometimes different social factors.

The preparation of this Environmental Scan involved extensive community consultation, which included interviews with members of our communities, service providers, both government and non-government, focus groups and stakeholder organizations. The structured assembly of research and information was imperative to enable an understanding of the rural and urban demographics, the environmental factors, existing services, service deficiencies, as well as the strengths, opportunities and challenges in the respective communities with respect to substance abuse and addiction. The Moose Jaw-South Central Drug Strategy is consequently based on a comprehensive and integrated approach.

### **2.1. National, Provincial and Regional Drug Strategies**

#### **Canada's Drug Strategy:<sup>9</sup>**

Canada's Drug Strategy is the federal government's response to the harmful use of substances. Its ultimate goal is to see Canadians living in a society increasingly free of the harms associated with substance use. The Strategy uses a balanced approach to deal with both the demand for, and supply of, drugs based on four key pillars:

- **prevention** - to teach about the dangers of harmful substance use and to provide information on how to adopt healthy behaviours;
- **enforcement** - to prevent the unlawful import, export, production, distribution and possession of illegal drugs;
- **treatment** - for those with an unhealthy dependency on substances, and
- **harm reduction** - to limit the secondary effects of substance use, such as the spread of infectious diseases like HIV/AIDS and Hepatitis C.

The Government of Canada has reinforced the strong, balanced foundation provided by the four pillars, and has broadened its commitment to the Drug Strategy by investing in four areas of activity:

- **leadership** - to ensure coordination, consultation and accountability among the federal partners in the strategy and to reach out to other stakeholders as partnerships bring the best results;
- **research and monitoring** - to better understand substance abuse problems in Canada, and ensure effective decision-making;
- **partnerships and intervention** - to support community-based education and prevention initiatives to discourage and treat harmful substance use and to address marijuana grow operations and clandestine laboratories used to manufacture illegal substances; and,
- **modernized legislation and policy** - to ensure legislation and policy reflect the current views of Canadians.

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<sup>9</sup> *Canada's Drug Strategy. Health Canada. 2003, Available [http://www.hc-sc.gc.ca/a-hc-asc/activit/strateg/drugs-drogues/index\\_e.html](http://www.hc-sc.gc.ca/a-hc-asc/activit/strateg/drugs-drogues/index_e.html).*

Ongoing collaboration with all levels of government and other key partners, enhanced enforcement measures as well as education, prevention, and health promotion activities are an integral part of this commitment.

Canada's Drug Strategy is a federally coordinated initiative to reduce the harm associated with the use of narcotics and controlled substances and the abuse of alcohol and prescription drugs. Working with the Department of Justice Canada, Canada Customs and Revenue Agency, the Department of Foreign Affairs and International Trade, the Solicitor General of Canada, other federal partners, and provincial and territorial governments, as well as addictions agencies, non-governmental organizations, such as the Canadian Centre on Substance Abuse, professional associations, police agencies, the private sector and community groups, Health Canada provides leadership and national coordination for the Strategy.

This Strategy addresses underlying factors associated with substance use and abuse. It includes education, prevention and health promotion initiatives as well as enhanced enforcement measures. The Strategy aims to have all Canadians live in a society increasingly free of the harms associated with substance abuse by **reducing both the demand for, and supply of, drugs**. The Government of Canada will invest \$245 million over five years to this end.

### **Saskatchewan Drug Strategy:**

While Canada recently renewed the national drug strategy, the province of Saskatchewan is just embarking upon the establishment of a provincial strategy.

### **Regina Drug Strategy:**

In 2003, Regina established a drug strategy, which is now being operationalized through working committees. The impetus for the Moose Jaw Drug Strategy was the establishment of the Regina Strategy. The Moose Jaw Strategy was designed to be complementary to the Regina Strategy because Moose Jaw can be considered to be in the same drug and crime “trading area” as Regina. Uncoordinated activities in Regina and Moose Jaw can facilitate the displacement of the problem from one of these communities to the other community. The assistance of those involved with the Regina Strategy has been invaluable.

## **2.2. Substance Abuse/Addiction in the Region**

### **2.2.1. What is Substance Abuse/Addiction?**

It is useful to first discuss what it is that we mean by *substance abuse* and *addiction*.

#### **The Diagnostic Criteria for Substance Abuse:<sup>10</sup>**

- A. *A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring over a 12 month period:*
  - 1) *recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home;*
  - 2) *recurrent substance use in situations in which it is physically hazardous.*
  - 3) *recurrent substance-related legal problems;*

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<sup>10</sup> *Diagnostic and statistical manual of mental disorders: fourth edition. 1991, 15–17.*

- 4) *continued substance use despite having persistent of recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.*
- B. *The symptoms have never met the criteria for substance dependence for this class of substance.*

**The Criteria for Substance Dependence:**

*A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period:*

- 1) *Tolerance, as defined by either of the following:*
  - a) *need for markedly increased amounts of the substance to achieve intoxication or desired effect;*
  - b) *markedly diminished effect with continued use of the same amount of the substance.*
- 2) *Withdrawal, as manifested by either of the following:*
  - a) *the characteristic withdrawal syndrome for the substance (refer to Criteria A and B of the criteria sets for withdrawal from the specific substances);*
  - b) *the same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms;*
- 3) *The substance is often taken in larger amounts of over a longer period than was intended.*
- 4) *There is a persistent desire or unsuccessful efforts to cut down or control substance use.*
- 5) *A great deal of time is spent in activities necessary to obtain the substance (e.g., visiting multiple doctors or driving long distances), use the substance (e.g., chain-smoking), or recover from its effects.*
- 6) *Important social, occupational, or recreational activities are given up or reduced because of substance use.*
- 7) *The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., current cocaine use despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption).*

***With physiological dependence:*** *evidence of tolerance or withdrawal (i.e., either Item 1 or 2 is present)*

***Without physiological dependence:*** *no evidence of tolerance or withdrawal (i.e., neither Item 1 nor 2 is present).*

Substance abuse is the inappropriate use of any drug, including alcohol, or mood-altering substance, which can result in personal, family, health, social, legal and financial problems. Substance abuse can lead to physical and psychological dependence or addiction which can affect a person's health such as their ability to function emotionally, psychologically and physically. People's behavior under the influence of a drug can also vary depending on factors such as age, gender, biology, personal beliefs and expectations and social context. Therefore, these problems must be addressed as specific issues rather than as just symptoms of problems. Because the health and well-being of residents affect the social and economic health of their communities, addressing addiction and substance abuse requires changes at multiple levels across the community. For example, service delivery, policy, funding priorities and community resources must all be addressed.

Substance abuse is a devastating health problem with negative social, public safety and economic consequences for all Canadians. The Canadian Centre on Substance Abuse has estimated that, even in 1992, the costs associated with substance abuse in Canada totaled \$9B annually for areas including health care, law enforcement, prosecution, and incarceration. Public security is also threatened as the use, production and movement of illegal substances is a principle source of revenue for organized crime. For example, there are an estimated several thousand marijuana grow operations in the Lower Mainland of British Columbia and the Greater Toronto area is estimated to have approximately the same number. Of Canada's 125,000 injection drug users, approximately 30% have HIV and a further 60% have Hepatitis C (2001 FPT report on Injection Drug Use). Substance abuse among prison inmates and among youth is increasing and the average age of first use is decreasing.<sup>11</sup>

Substance abuse/addiction concerns us from the perspectives of both individual health and community wellness. Harmful use of substances (mostly psychoactive substances including alcohol) has been related to a wide variety of social and health issues, which include HIV/Aids, Hepatitis C, homelessness, family violence, crime, child abuse and neglect, as well as the spread of potentially fatal communicable diseases, and death due to a drug overdose. It is, therefore, imperative that we increase the contact of substance users with health care services and drug treatment programs, as well as reducing the supply and consumption of illegal drugs.

The World Health Organization (WHO) defines health as a state of "complete physical, mental, and social well-being."<sup>12</sup> This broad definition is particularly relevant when dealing with the substance abuse/drug issues. The health of addicted persons encompasses not only prevention and treatment of disease, but also behavioral 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 a community, a combination of approaches is required. One of these is to **reduce the demand** for drugs/alcohol by proactively educating our communities and providing the **necessary services** to those affected by substance abuse/addiction. The second is to **reduce the supply of** drugs/alcohol to those who require them to sustain their pattern of abuse/addiction. Both approaches are necessary and must work in concert with each other.

According to a 1996 study by the Canadian Centre on Substance Abuse, based on 1992 data the most frequently abused substances in Saskatchewan were alcohol and marijuana. At that time, Saskatchewan had the highest rate in Canada of hospitalization for alcohol-related disorders.<sup>13</sup> Moreover, the Canadian Centre on Substance Abuse placed the costs associated with alcohol

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11 *Ontario Student Drug Use Survey, 2001.*

12 *Regina Drug Strategy – Strategic Priorities and Recurring Themes, 11.*

13 *The Costs of Substance Abuse in Canada, 1996.*

abuse in Saskatchewan at \$266 million or \$265 per capita. This included \$40.2 million in direct health care costs, \$62.4 million in direct policing costs, \$0.5 million in direct losses in the workplace, and \$139.6 million in indirect productivity losses. Today, those costs are higher, and will continue to rise without action to reduce problematic substance use and its impact on individuals, families and communities.<sup>14</sup> For example, a 2002 study by the Canadian Centre on Substance Abuse determined the cost attributed to alcohol in Saskatchewan for 2002 was \$508 million or \$503 per capita and the cost with respect to illegal drugs was approximately \$269 million or \$265 per capita. Of note is that the population of Saskatchewan remained relatively constant between 1992 and 2002. The study also found that of all deaths in Canada, 0.8% (1,695) resulted from the use of illegal drugs. The report also noted that alcohol was a greater problem across Canada in 2002 than in 1992 and that the use of illegal drugs had seen a substantial increase.<sup>15</sup>

### **2.3. Demographic Profile of the Region**

#### **2.3.1. Moose Jaw**

According to Saskatchewan Health, the 2005 population of Moose Jaw was 34,857.<sup>16</sup> However, it should be noted that this is based on those eligible for health insurance benefits whose permanent address is Moose Jaw. Others who live in Moose Jaw, such as members of the Canadian Armed Forces, RCMP officers and those who are covered by federal health care or do not meet the residency requirement of Saskatchewan Health are not included. This includes some of the approximate 1,500 students attending the SIAST Palliser Campus in Moose Jaw. After adjustment for these factors, the actual population of Moose Jaw is thus greater than 34,857. Furthermore, Moose Jaw services an immediate trading area of over 50,000 (and a secondary trading area of 260,000). Diverse and expanding tourist attractions contribute to Moose Jaw being a destination for travelers.

The available workforce in Moose Jaw is over 20,000 and in the Moose Jaw regional economic development area (REDA) the available workforce is over 26,000. Unemployment in Moose Jaw in 2004 was approximately 7% and approximately 15,500 residents participate in the labour force.<sup>17</sup>

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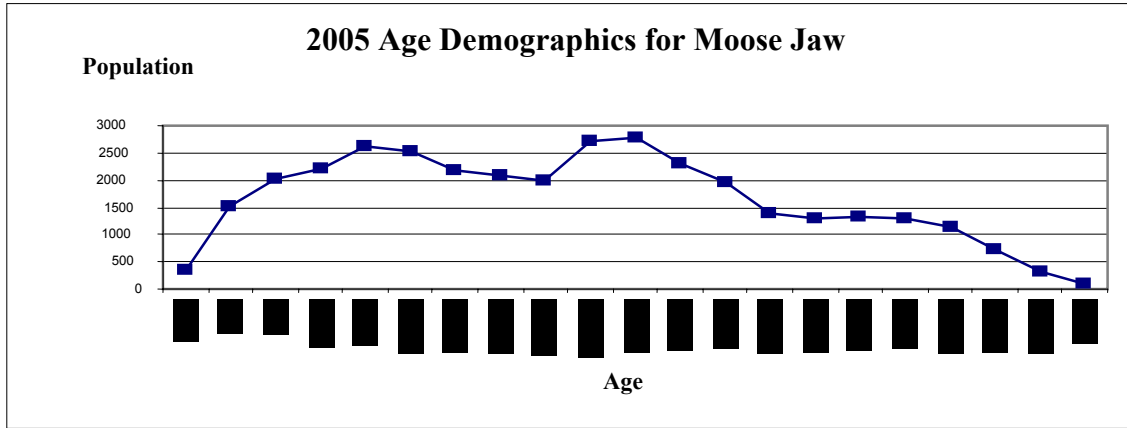
*14 Healthy Choices in a Healthy Community. A Report on substance abuse, prevention and treatment services in Saskatchewan, June 2005.*

*15 The Costs of Substance Abuse in Canada, 2002.*

*16 Saskatchewan Health's 2005 Covered Population.*

*17 Moose Jaw REDA Taking Flight – 2004.*

**Figure 1:**<sup>18</sup>



The high birth rate of the “Baby Boom,” i.e., persons born between 1947 and 1966 has been followed by the low birth rate “Baby Bust” generation, i.e., persons born between 1967 and 1985. The net result of the decreased fertility rate, combined with the impact of increased life expectancy, will be that older Canadians will comprise a much larger percentage of the total population. The aging “Baby Boom” generation comprised 13% of the national population in 2000 and will be 25% of the population by the year 2030. A significant proportion of the older “Baby Boom” generation will be single, or widowed, women living alone. Human service agencies will be impacted in that the “Baby Boom” generation has been a generation that has demanded, and has been used to, a high level of public services.

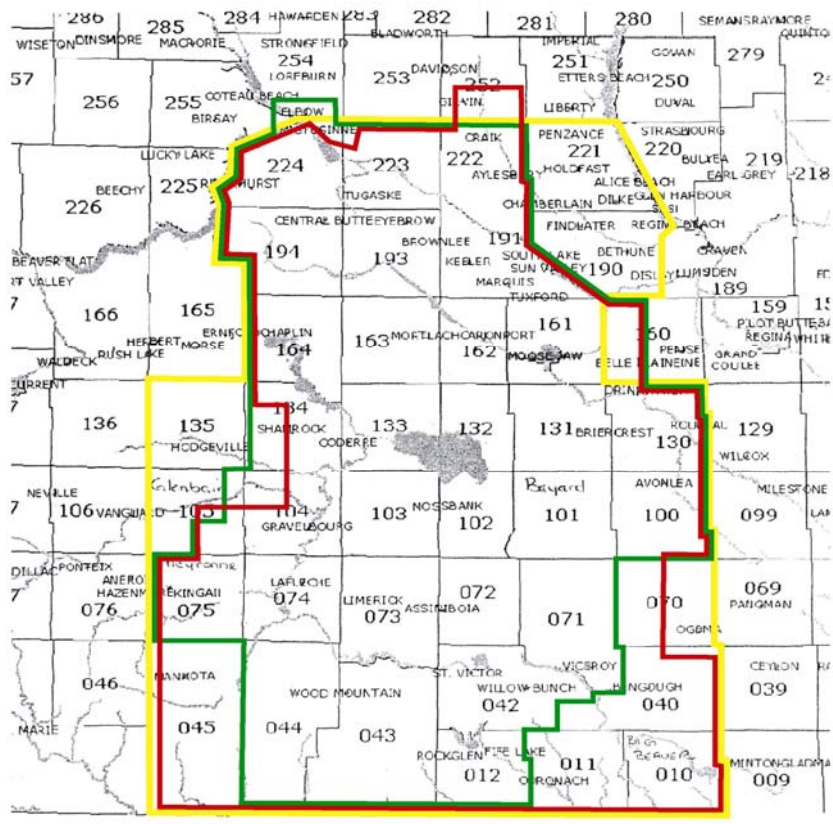
**2.3.2. The Moose Jaw-South Central Region**

The population of the Five Hills Health Region, which is almost contiguous with the boundary of the Moose Jaw-South Central Region, is approximately 55,000. This includes the Prairie South School Division which has a 2005-2006 student enrollment of 7,828. It also includes part of the Holy Trinity Roman Catholic Separate School Division, which extends beyond the boundary of the Moose Jaw-South Central Region. The 2005-2006 student enrollment of this School Division in Moose Jaw alone is 1,593.

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*18 Based on data from the Five Hills Regional Health Authority.*

# MOOSE JAW-SOUTH CENTRAL REGION DRUG STRATEGY



**Moose Jaw-South Central Region**

■ RIC and DCR     
 ■ FHHR     
 ■ Prairie South

RIC – Regional Intersectoral Committee  
 DCR – Department of Community Resources  
 FHHR – Five Hills Health Region  
 Prairie South – Prairie South School Division

### **2.4. Addiction and Related Services in the Region**

Saskatchewan has the highest rate of alcohol dependence (4.0% or approximately 31,000 persons aged 15+ years) and alcohol abuse in Canada (8.5% or approximately 64,000 persons aged 15+ years) amongst the provinces.<sup>19</sup> In 2002 - 2003, approximately 16% of admissions to alcohol and drug services were for youth under the age of 19 years. Saskatchewan Health 2003 - 2004 statistics for the Five Hills Health Region show that 1,492 people accessed services. Of these, 289 persons or 19%, were youth under the age 19 years, and 1,203 were adults. These statistics with respect to youth are slightly higher than the provincial average of 16-17%. Eighteen percent of people receiving services in the Five Hills Health Region were injection drug users, of whom 108 were new users in 2003 - 2004.

<sup>19</sup> Canadian Community Health Survey, Mental Health and Wellness, 2002.

## MOOSE JAW-SOUTH CENTRAL REGION DRUG STRATEGY

Direct service providers in the Region with respect to substance abuse/addictions are:

- (1) **Angus Campbell Detox Center, Moose Jaw**  
While situated in Moose Jaw, the Centre services clients from across Saskatchewan and not just from the Moose Jaw – South Central Region.
- (2) **Five Hills Health Region - Mental Health and Addictions**  
Outpatient services had a total of 756 admissions in 2003 – 2004. The Canadian Community Health Survey – Cycle 1.1, 2000 – 2001 indicates the probability of alcohol abuse at 2.4% and of alcohol dependence at 2.9% or 1,341 for the population of Five Hills Health Region over 15 years. In the Canadian Community Health Survey – Cycle 2.1, 2003, lifetime illicit drug use was reported as 31.1% which is higher than the provincial average of 28.9%.<sup>20</sup>
- (3) **Sun Country Addictions Services**  
Sun Country provides services to a small area of the southeast of the Moose Jaw-South Central Region. The majority of its services are provided to clients outside of the Region.
- (4) **Five Hills Health Region - Public Health**  
A harm reduction program (including a needle exchange program) for injection drug users was established by Public Health in August, 2002. It includes appropriate immunizations, serological testing, counseling and referrals to addictions, social services, physicians, etc. As of April 2006, there were 35 clients, ranging from age 30 years to over 50 years, who were using this service in Moose Jaw. Thirteen of these were new clients in 2005.

The Regina Needle Exchange Program also reports that they have numerous Moose Jaw clients. For instance, from April 1, 2004 to March 31, 2005, approximately 50,000 needles were distributed to users from Moose Jaw by the Regina Program. Feedback during the consultations was that Moose Jaw residents were reluctant to use the Moose Jaw Needle Exchange either due, in part, to its location or users found the hours of operation were inconvenient. Even if this is based on user perception, this is a barrier that must be addressed.

In 2002, the incidence of Hepatitis C in Saskatchewan was 902 cases (88/100,000). The incidence in the Five Hills Health Region was 27 cases (48/100,000) in 2002, 15 cases (27/100,000) in 2003, 14 cases (25/100,000) in 2004 and 11 cases (20/100,000) in 2005. In Saskatchewan, between 1998 and 2000, 70% of the new cases had HIV drug use (IDU) as a risk factor, whereas in Five Hills Health Region, at least 37% of those who tested positive for Hepatitis C were intravenous drug users. Risk factors could not be determined for some patients.

Indirect service providers can be considered to include emergency medical services (ambulance service). Moose Jaw and District Emergency Medical Service provides service to Moose Jaw and an area within an approximate 30 mile radius of Moose Jaw. They report that of the 4000 service calls they responded to in 2005, an estimated 500 of these were alcohol/drug related and of those 500, 40 calls were related to a drug overdose. While rural ambulance services report that the majority of calls they respond to are in some way alcohol related, a concern is the increase in

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*20 Mental Health, Alcohol and Drug Services Problem Gambling and Acquired Brain Injury Program Review, September 2005.*

2004 and 2005 of the drug-related incidents they responded to and the situations which involved both alcohol and drugs. A factor that might contribute to this increase is possibly the attitude in some areas, including rural areas, that alcohol consumption is acceptable by all age groups.

During community consultations, strong feedback was received about the need in the Region for a “quick reference” guide of service providers and resources with respect to substance use. However, this “quick reference” guide is already available through the Connecting as Neighbours Cooperative.

### **2.5. Crime and Disorder in the Region**

The links between substance abuse/addiction and criminal activity are significant.<sup>21</sup> By factoring in several indicators (substance dependence, intoxication at the time a crime is committed, and the need to obtain money to buy alcohol or drugs), it is estimated that 40-50 per cent of crime can be attributed to the abuse of at least one substance. Acquisitive crime such as fraud, theft and break and enter is driven by the need to obtain cash, or items which can easily be converted to cash, with which to buy drugs/alcohol to satisfy an addiction. Moreover, violent crime often results from assaults committed by those who behave irrationally due to drugs/alcohol use or when assaults occur during disputes over illicit drugs and/or the payment for same.

Canadian studies estimate that approximately 40 - 50 per cent (dependant on where the study was conducted) of offender populations are alcohol and/or drug dependent. This is a substantially higher rate than in the general population of Canada. More than 50 per cent of offenders reported being intoxicated when committing the most serious crime of the current sentence for which they were imprisoned, and approximately 12 per cent of federal inmates tested positive for prohibited substances in random testing. Surveys conducted by Correctional Services Canada indicate that 34 per cent of offenders have used injected drugs, with 11 per cent admitting injection drug use while incarcerated. Not surprisingly, data of the Canadian Centre on Substance Abuse indicates that the rate of HIV and Hepatitis C infection in inmate populations is greater (one to seven per cent) than in the general population.<sup>22</sup>

Although, when compared to some Saskatchewan communities, Moose Jaw can be considered to have a relatively low crime rate, this state is fragile. Moose Jaw does not exist in a vacuum unaffected by the greater environment. Since the late 1990s, Moose Jaw has seen an increase in the presence of members of street gangs. Intelligence suggests that, although they used to visit and stay in Moose Jaw briefly to “lay low,” they are now becoming more involved in the distribution of drugs and thus are driving “acquisitive crime” and influencing crimes of violence. The experience with street gangs in cities, such as Regina and Winnipeg, from which most of the street gang members checked in Moose Jaw are from, is that these groups are violent and quickly expand their activities from drug distribution to other activities such as prostitution, intimidation and assaults. In addition to the phenomena of the emergence of street gangs in Moose Jaw, Moose Jaw is always vulnerable to displacement of crime from Regina to Moose Jaw due to enforcement activities in Regina as well as the migration of crime from Regina to Moose Jaw as a result of real or perceived opportunities for successful criminal activity in Moose Jaw. This is compounded by being situated on the Trans-Canada Highway with easy access to those traveling criminals and street gangs from Regina, Brandon and Winnipeg to name only the three most frequent sources.<sup>23</sup>

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<sup>21</sup> *Proportions of Crimes associated with alcohol and other drugs in Canada, 2002.*

<sup>22</sup> *Ibid.*

<sup>23</sup> *Moose Jaw Police Service Corporate Plan, 2005 – 2006.*

The Moose Jaw RCMP report that the majority of seizures by the Moose Jaw RCMP Detachment are directly related to the Trans-Canada Highway which continues to be a major conduit for the transportation of drugs. Criminal interdiction remains a priority for the RCMP because narcotics are noted to be the prime commodity of organized crime. For example, the RCMP Drug Interdiction Team works out of the Moose Jaw Detachment. Feedback from the rural RCMP detachments in the Region was that an attitude prevails in their communities that “alcohol is ok.” Given, the staffing situation and large geographic areas to cover, police officers in the rural areas find it difficult to devote time and resources to drug issues; in particular, the targeted drug enforcement necessary to reduce supply.

Overall, the enforcement of drug legislation, and thus actions taken to address the issue of drug supply, is problematic in the Moose Jaw-South Central Region. RCMP detachments are not staffed to provide dedicated drug enforcement to their communities and the Moose Jaw Police has insufficient personnel and financial resources to be effective in this regard. While the Moose Jaw Police engages in some low level drug enforcement, they rely on assistance from the Regina Integrated Drug Enforcement Unit for more complex investigations. However, due to the demands on this Unit in the Regina area it is often difficult to get sufficient assistance in Moose Jaw. Feedback received during community consultations was clear that police, with resources currently at their disposal, are currently ineffective in reducing supply or providing a disincentive to the possession and/or sale of illicit drugs.

### **2.6. Community and Stakeholder Feedback<sup>24</sup>**

The feedback received from the numerous community contacts, whether they were “one-on-one” contacts or more structured meetings and focus groups, have been broken down under the four “pillars” that form the foundation for this Strategic Plan. Following is a summary of the significant and/or frequent issues that were raised during the consultations:

#### **2.6.1. Prevention**

##### **Common**

- drug awareness education must be part of the health curriculum in schools beginning at elementary level;
- prevention awareness should include the use of reality scenarios, i.e., real people sharing their experiences and stories;
- graphic messages about acquired brain injury from alcohol and drug use should be targeted at all age groups;
- schools should be used as a base for a wide array of addiction related programs, from health promotion, public awareness and prevention;
- more on site counseling should be provided in schools;
- require ongoing prevention and integrated programs on addictions;
- require programs about leading a healthy lifestyle to be targeted at youth.

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*24 The feedback with respect to each “pillar” has been summarized into three groups. **Common** – which reflects the concerns and feedback from both urban and rural respondents; **Rural** – which reflects feedback considered as somewhat unique to rural communities; and **Urban** – which reflects feedback somewhat unique to urban areas in the Region.*

## Rural

- drug education should be included in school curricula and be supported by the community;
- parental involvement is lacking in community programs. Parents must be actively engaged in education and awareness;
- rural areas should have access to victim services' programs as a key to first-line intervention;
- must change the perception that alcohol is acceptable and that drinking too much is socially acceptable;
- communities must work cooperatively to build the self-esteem of their communities;
- community involvement in the implementation of strategies is necessary for healthy lifestyles of youth in the community.

## Urban

- innovative practices must be identified and evaluated for prevention and treatment;
- community services must be strengthened and high profile partnerships established;
- establish a facility/center designed for social interaction of youth and adults. It is required for all ages and cultures;
- establish positive structured day programs which focus on the abuse of alcohol and drugs for youth who are not in school;
- community awareness is necessary to remove the barrier of "tunnel vision" that Moose Jaw does not have a drug/alcohol problem;
- the communities at all levels must take ownership of the drug strategy and support the resulting programs and services.

## 2.6.2. Harm Reduction

### Common

- must remove barriers and focus on decreasing the negative consequences of drug use for people and communities;
- must engage and target high needs substance abusers and addicts to increase their trust so that they will attend awareness programs;
- must offer a range of coordinated, user-friendly, client centered and flexible programs and services and provide a supportive, non-judgmental environment;
- must reduce societal impacts and the costs of substance use by creating a peer support network and outreach initiatives;
- must establish programs to address the concern that some seniors, for a variety of reasons, are improperly using prescription medication;
- some communities identified the attitude in their communities that alcohol and marijuana use is acceptable. This causes people to take risks which often lead to negative and potentially serious consequences.

### Rural

- more parent involvement and attendance is required in the programs which are offered in the schools and communities on alcohol and drug issues.

### Urban

- must make the Moose Jaw needle exchange program more accessible to protect the health of users by ensuring they have a clean supply of needles;

- current location of the Needle Exchange Program at the Davies Building is not being used to potential because of where it is situated and the limited hours it is open;
- establish a safe place to stay for “runaway” youths;
- address the uninformed perception that Moose Jaw does not have a problem with drug abuse;
- the community at all levels should take ownership of the drug strategy and support the resulting programs and services.

### 2.6.3. Healing Continuum

#### Common

- early intervention, treatment, and aftercare services is required for people and their families affected by addiction;
- create environments responsive to individual needs and ensure a continuum of formal treatment services sensitive to family and culture;
- strengthen the ability to attract and retain those requiring treatment in the early stages of their addiction;
- establish patterns of healthy living by offering people access to services that help them come to terms with substance abuse and addictions and lead healthier lives, including out-patient and residential treatment, peer-based counseling, drug court programs, withdrawal management (detox), housing support, and ongoing medical care, employment services, social programs, and life skills;
- provide a “quick reference” resource guide in the languages of our respective communities. The guide should include how seniors can access available services and resources;
- recognize the strong link between mental illness and addictions and offer programs that integrate these services;
- provide more long-term treatment;
- provide more education about people who are encountering human suffering as a result of a dual diagnosis of mental illness and an addiction;
- reduce the long waiting period for addiction counseling and treatment;
- provide residential treatment and supportive living for young youth;
- promote self-help groups for addicted teens;
- provide community education to assist those with a dual diagnosis (mental illness and addiction) to get back into the workplace.

#### Rural

- addiction services should go into the home setting so that they can understand the environment of the substance abuser/addicted person and then customize the programs;
- currently, those from a rural area who are attending treatment are away from their local environment and support systems
- expand current detox treatment and day programs to include family;
- provide ongoing education and awareness for parents and educators on how to identify and recognize the signs of substance use, alcohol use or a combination of both.

#### Urban

- provide additional counseling in schools and communicate a clear understanding of the counselor’s role;
- provide culturally-based treatment for all age groups;

- remove employment barriers for people with addictions so that they can re-enter the work force – society needs to show hope and contribute to a person’s well-being;
- provide more education about mental illness and addictions (dual diagnosis) to change the perception and the stigma of mental illness;
- identify and evaluate best practices for prevention and treatment;
- require an integrated continuum of care and support for community-wide healing to take place;
- currently there are too many “band-aid” fixes;
- address the root causes with parent involvement and appropriate counseling;
- addiction services has insufficient resources;
- remove the barrier of “tunnel vision” that Moose Jaw does not have a substance abuse problem;
- the community at all levels must take ownership of the drug strategy and the consequent necessary actions;
- provide more immediate intake assessments and direct referrals to Mental Health and Addiction Services;
- provide addiction comfort phone lines which are available evenings and week-ends;
- establish a residential detox and treatment centre for those under 16 years of age;
- provide crisis intake at schools;
- establish longer term treatment programs for persons with an acquired brain injury due to alcohol and drug abuse so that they can be bridged back into the community;
- engage elders in the development of treatment and prevention programs to re-connect aboriginal people with traditional values and culture;
- engage, establish trust and target those with high needs to encourage them to attend programs on substance abuse and addictions;
- establish alcohol and drug counseling/support groups for teenagers. Teenagers feel uncomfortable in an adult group setting;
- provide training programs for police personnel and first responders to recognize the help a person may require and the level of care needed. Furthermore, provide training on how to deal with a dual diagnosis person; e.g., a methamphetamine user who also abuses alcohol;
- establish a community youth service in a downtown location for easier accessibility for students who will not go to the hospital;
- because addiction services is now in a hospital location, it is not utilized as much as when it was in the downtown location. Comments:
  - “should be in an accessible but discreet location”;
  - “no privacy”;
  - “not client friendly”;
  - “too far to walk for some clients”;
- need to address dysfunctional workplaces which result from a home environment impacted by drugs and/or alcohol;
- when implementing the drug strategy, should consider involving Employee Family Assistance Programs, which are in place in some organizations.

### **2.6.4. Community Justice**

#### **Common**

- due to the lack of personnel, there are insufficient enforcement activities to disrupt the production and supply of illicit drugs;
- there are none, or very minimal, consequences to being charged/convicted;

## MOOSE JAW-SOUTH CENTRAL REGION DRUG STRATEGY

- there are limitations on police to be able to enforce and act on information;
- there is a fear of reporting crime or information about drug/alcohol abuse;
- reduce the availability of drugs and alcohol for youth;
- should look for alternatives to punishment. For example, establish a drug court;
- enforcement interventions are required that include the broader criminal justice system - courts, probation and parole, etc.;
- there are insufficient justice resources to deal with drug dealers and manufacturers.

### Rural

- staffing levels of the RCMP are viewed as problematic with respect to community safety;
- it is viewed as labour intensive for police and prosecutors to lay charges;
- there is a perception that it is not a risk to bring drugs into town;
- police dogs should be used on a regular basis in schools to check student lockers to detect drugs;
- seniors are afraid to report suspicious activity in their community due to lack of policing presence;
- some communities feel threatened because of very few police officers;
- schools should have access to breathalyzers;
- stronger messages must be sent to the population on the consequences of “breaking” the law.

### Urban

- there is a perception that police services, legislation and related systems are ineffective as drug issues do not appear to be immediately addressed;
- require an improved transition of services for youth to adult services;
- require longer probation terms;
- should restore justice, instead of just applying punishment;
- establish a Neighborhood Watch program;
- establish a local integrated drug enforcement unit;
- staffing levels of the Moose Jaw Police and the RCMP are seen as problematic with respect to community safety;
- establish partnerships with businesses to identify and share information about sales of the “precursors” used for the manufacture of illicit drugs;
- create police/justice programs targeted at the risks associated with substance abuse;
- provide training for first responders in how best to deal with substance abusers and addicted persons;
- establish, or ensure, ready access to an integrated drug investigation unit;
- there is a commonly held perception that there is not a substance abuse/addiction problem in Moose Jaw. This is a barrier that requires addressing by public education;
- the communities at all levels must take ownership of the drug strategy and support the resulting programs and activities.

### 3.0. Moving Forward – Strategic Priorities

After analyzing and considering the feedback from the communities and the numerous stakeholders consulted during this process, as well as analyzing the available data, research and innovative practices, the following recommendations are made by applying the collective substantial subject-matter expertise of the members of the Coalition.

Having taken a comprehensive approach to the determination of what is necessary (the “to be” situation) as well as assessing the “as is” situation, these Strategic Priorities do not simply address the immediate issues surrounding substance abuse and addiction but also target the multiple causes that affect a community. That is, the Strategy is designed to address the problems rather than the symptoms.

In recognition of the differing strengths, opportunities/challenges and stages of development of the communities in the Region, the Strategic Priorities are designed to allow communities to establish their own priorities within a broad Strategic Priority.

Crucial to the successful implementation of the recommendations and the sustainability of subsequent programs and services will be the active involvement and support of all levels of government. In particular, the endorsement of, as well as tangible resources from, municipal governments is essential to provide a solid base to move forward.

### **Strategic Priority # 1**

*To implement the Moose Jaw-South Central Region's four pillar Drug Strategy as an integrated services strategy to reduce drug related harm.*

#### **Rationale:**

It was clear during the extensive consultations that an integrated strategy(s) and consequent programs are necessary to deal with the issues of substance abuse/addiction in both rural and urban areas of our Region. Research suggests that successful drug strategies across Canada are those which are adopted and endorsed by the municipal governments and, furthermore, use the support of an integrated multi-agency task force that functions through working groups.

### **Strategic Priority # 2**

*To ensure that comprehensive education and training of first responders about substance abuse and addiction issues is included as part of the professional development of police service employees, health workers, educators, mental health workers and social service workers.*

#### **Rationale:**

Many professionals, including health care providers, police officers, educators, criminal justice officials, social service workers, housing support workers and even front-line outreach workers receive little formal training on substance use and addiction issues although they may work with people who frequently experience these issues. Understanding the complexity of issues and the needs of people from the diverse groups who abuse substances as well as giving workers concrete skills for how best to help or intervene is critical to providing effective and supportive care. Training must also include opportunities for people to become more aware of their own personal values and beliefs about substance use to ensure they always act professionally.

### **3.1. Prevention**

### **Strategic Priority # 3**

*To ensure that comprehensive drug/abuse school prevention programming is extended through all school grades and integrated throughout the curriculum and school environment.*

### **Rationale:**

Currently drug and alcohol prevention education is introduced in grade four health classes and is optional in grades six and seven. High schools need a more discrete course on drug and alcohol prevention including life skills education. According to feedback from the communities that which currently exists in the school curricula is insufficient.

### **Strategic Priority # 4**

*To enhance support to school boards to provide teacher training and dedicated staff to ensure that early intervention, counseling and other supports are in place to assist students who may have alcohol and other drug abuse issues.*

### **Rationale:**

Clinical services are currently provided in a limited number of schools within Prairie South School Division and the Holy Trinity School Division. Several schools are not receiving services. Early intervention, consistent education of students and in-service training for educators is apparently lacking across both school divisions.

### **Strategic Priority # 5**

*To ensure a comprehensive population health promotion approach is used to reduce substance abuse/addiction that:*

- *develops programs and resources that address root causes of substance abuse;*
- *coordinates action on drug issues at local, regional and provincial levels;*
- *increases attention to education and prevention, in places such as schools, and the workplace through community drug education programs;*
- *measures and evaluates the effectiveness of education and awareness in addressing substance abuse/addiction.*
- *develops user-friendly and accessible community education and awareness programs to enable clients, service providers and the public to increase their knowledge of addiction and human services resources.*

### **Rationale:**

Information is required by the members of our communities to change attitudes and increase knowledge about addiction issues and the “spider web” effects of addiction. This should include creating an understanding of the various addiction indicators, general advice on what to look for and the appropriate next steps for dealing with addiction issues. While substance abuse/addiction affects all aspects of our communities, employers have concerns about the affect of substance abuse and addiction in the workplace. For example, substance abuse/addiction often leads to “stress” leave and absences from work and, even in some cases, termination of the employee for safety reasons. The cost to the employer can be substantial and negatively affects their business and/or the service they are trying to provide in the community. Relevant information and prevention/awareness 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; youth; families and students. An informed and knowledgeable community will help reduce the impact of addiction issues and facilitate earlier intervention.

### **Suggestions from community:**

Community meetings on key issues; focus group sessions with employers; local training programs for organizations; targeted advertising; promotion of healthy lifestyles; using 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; education and awareness at youth social/recreational functions; defining the role that schools can play in prevention and intervention; mentoring programs; involve youth in planning and decision-making; awareness campaigns; information week, media blitz; resource libraries; consult with youth on Drug Strategy recommendations and activities; places with social interaction for youth and adult that are abstinent based; assist parents in developing knowledge and skills to address substance abuse; concentrate education at community level to change perceptions of acceptable use and extent of the problem; 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.

### **Strategic Priority # 6**

*To provide families with information and education that will help to address the information gap for parents and ensure provision of information about existing supports and services.*

#### **Rationale:**

A key message of the public consultations was that parents do not seem to understand alcohol and other drug abuse issues. Parents often do not know the warning signs to look for with respect to their children's behaviour to determine if their child is having an issue with substance use, how best to support their child if they do, or what services are available in the Moose Jaw-South Central Region. It was clear that across sectors there was an overwhelming necessity to provide information and knowledge to community residents and service providers about addictions programs and services in the languages of the respective communities.

#### **Suggestions from community:**

Drug information at the local library; 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, community resource fairs; common definition for community on addictions; and referral guides for common addiction issues.

### **3.2. Harm Reduction**

#### **Strategic Priority # 7**

*To establish a common vision for Moose Jaw-South Central Region that 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 better met.

#### **Suggestions from community:**

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

## **Strategic Priority # 8**

*To develop strategies and implement programs to ensure the appropriate possession and use of prescription medications by seniors in both the urban and rural contexts.*

### **Rationale:**

Although we tend to think of substance abuse/addiction in terms of alcohol as well as the use of illegal drugs such as cocaine, marijuana and “crystal meth,” the problem is much greater. That is, based on community consultation, the misuse and abuse of prescription and over-the-counter drugs is also a problem. It was found this was particularly prevalent with some of our senior population. The feedback was that this is a neglected issue which is often left to concerned family members to deal with. The problem is compounded when considering that many seniors do not have their family living in the same community.

## **Strategic Priority # 9**

*To develop strategies and implement programs to engage high-risk users that are based on urgent response and are not necessarily abstinence based.*

### **Rationale:**

High risk users do not normally respond to traditional service providers. When they decide to seek help there is a very small window of opportunity to respond. This population while small in number has a significant impact on the community.

## **Strategic Priority # 10**

*To establish a Moose Jaw Needle Exchange Program that is accessible and thus is used by those requiring its services.*

### **Rationale:**

Substantially more needles are being exchanged in Regina by Moose Jaw residents than in Moose Jaw because there is resistance to using the current Moose Jaw service. This is due primarily to the location and the hours of operation. Needle exchange programs are intended to reduce the sharing of unclean needles/syringes among injection drug users and, therefore, to prevent the transmission of HIV/AIDs and other blood borne pathogens. The evidence shows that an effective Needle Exchange Programs can:

- reduce transmission of blood borne infections like HIV and Hepatitis C;
- provide a bridge for linking injection drug users to other important health care and social services including drug treatment, risk reduction counselling and support services;
- decrease the number of discarded needles that create a hazard in our community;
- increase the number of clean needles and syringes in circulation; and
- encourage the return and safe disposal of used needles.

### **3.3. Healing Continuum**

## **Strategic Priority # 11**

*To develop a strategy and action plan to establish localized programming and service delivery options through neighborhood initiatives.*

### **Rationale:**

The community should play a critical role in promoting health and well-being for members of their community whether that takes place in the community in general or in home settings. Regardless of the settings, community members must be provided 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 municipal governments, should support and reinforce these approaches.

### **Suggestions from community:**

- 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;
- increase homemaking and nutrition skills;
- social support mechanisms within the community and client's home-setting;
- family education;
- peer support groups and counseling for individuals, family, and friends on overcoming the cycle of shame, guilt, and the sense of failure if relapse occurs.

### **Strategic Priority # 12**

*To establish a policy with the physicians of the Five Hills Health Region, in conjunction with representatives of the College of Physicians and Surgeons of Saskatchewan, the Saskatchewan Pharmaceutical Association and the Regina Qu'Appelle Health Region, that will reduce the incidence of "double doctoring," the over prescription of drugs such as sedatives and Ritalin, the abuse of prescription drugs, and make use of drug plan information to "flag" previously prescribed medication.*

### **Rationale:**

From the community consultations, it was evident there is a continuing concern about substance abuse and the inappropriate prescription of prescribed drugs. Concerns included the need to prevent the incidence of "double doctoring" and the "over prescription of medication." The consensus was that accountability is required to bring greater responsibility for actions taken and the use of resources when dealing with addictions.

### **Strategic Priority # 13**

*To develop a resource from new and/or existing infrastructure(s) that will provide voluntary youth stabilization and programming with links to other sector services.*

### **Rationale:**

All human service sectors acknowledged the need to increase services for youth including the provision of residential, outpatient and supportive living services. Currently, there is not a detox facility in the Region for youth under 16 years. The enactment of the Youth Detox and Stabilization Act in April 2006, has increased the urgency to deal with this matter.

### **Strategic Priority # 14**

*To develop strategies and programs through a partnership between Mental Health, Addiction Services and the community to address the stigma and discrimination of people who abuse substances, especially those with a dual diagnosis.*

#### **Rationale:**

Society often views those who abuse alcohol/drugs as well as having a concurrent disorder<sup>25</sup> as weak, responsible for their own misfortune and, therefore, not deserving of our compassion or support. This view is not only untenable, but exacerbates the problems we want to alleviate. This group often has a difficult time using existing services. Integration of services is critical to ensure this high-risk group of people do not continue to fall through the cracks. When dealt with by the same program, these services will ensure that the individual receives a consistent explanation of illness/problems and a coherent prescription for treatment rather than contradictory messages from different providers.

### **Strategic Priority # 15**

*To establish services and/or treatment modalities for “at risk” groups such as youth, adults with chronic addictions, families, those with dual diagnosis, pregnant women and chronic intravenous drug users.*

#### **Rationale:**

There is a requirement for innovative outreach and programming in the community in order to reach those “at risk” persons with substance abuse/addiction issues. Abusers are apparently concerned about confidentiality due to the location of out-patient services. Even if this is only a perception rather than a reality, it is a barrier to use. In some cases, abusers have had a poor experience in negotiating what is seen to be complex health systems. People with addictions must be able to access health care from multiple entry points and in community-based centers such as physicians’ offices and hospitals.

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

- 24-hour drug free shelter and crisis/drop-in center;
- home-based detoxification;
- programs that provide detoxification, transitional and extended care, and independent housing with enhanced treatment programs that include work therapy and program-managed housing;
- post-detoxification stabilization services;
- family in-patient treatment, family-based interventions;
- extended service hours;
- outreach services by addiction counselors;
- positive structured day programs focusing on alcohol and drugs for youth who are not in school;
- increased resources for addiction services;
- addiction crisis phone lines available evenings and week-ends;
- residential detox and treatment services for under 16 years of age;
- the engagement of Elders in the development of treatment and prevention programs to re-connect aboriginal people with traditional values and culture;

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<sup>25</sup> *People with concurrent disorders have both an addiction and a mental illness.*

- ensure the continuation of school programs which emphasize early intervention;
- ensure the location of service delivery is such that it does not create barriers to out-patient treatment.

### **Suggestions from community:**

- establish a working group;
- 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, women and other at risk target populations;
- conduct risk analysis and assessment for each option identified;
- provide additional communication and education to the communities that clearly defines identified issues and the treatment required for those with a mental illness as well as addiction;
- ongoing education is required for mental health staff about addiction and ongoing education of addiction services staff is required with respect to mental illness;
- on-going education for mental health staff about the addiction mandate and ongoing education for addiction services staff on the mental health mandate;
- remove barriers and competing perspectives resulting from separate training and development in the two fields of mental health and addiction.

### **3.4. Community Justice**

#### **Strategic Priority # 16**

*To establish a working group of police, health, corrections and public safety representatives, as well as representatives from other social support sectors, as necessary, to develop shared solutions with respect to:*

- *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 courts;*
- *shared case plans;*
- *enforcement of community sentences such as probation orders and conditional sentences.*

#### **Rationale:**

Acquisitive crime, and sometimes violent crime, is often committed by those with substance abuse/addiction problems. On that basis, a reduction of those with a drug/alcohol dependency is likely to reduce criminal activity and thus reduce victimization. Furthermore, the needs of people with acute withdrawal while incarcerated must be addressed. Linking people to services while involved with the justice system facilitates early intervention and interagency case management.

Without the provision of expert information, the courts have no way of knowing whether an offender has a drug and/or an alcohol problem. Pre-screening and assessment are thus important tools that the justice system should utilize when dealing those who are addicted. Access to services must be timely. However, formal assessments can take two weeks or more to complete before people are admitted to treatment. Reviewing and aligning policies and joint case planning between sector agencies would eliminate pressures on the system. Sector agencies require a

common goal or vision with respect to harm reduction and abstinence-based philosophies and approaches. The lack of a common vision conveys mixed messages to clients and is thus less effective and efficient than it could be.

### **Strategic Priority # 17**

*To establish and resource strategies and programs that will reduce the supply of illicit drugs to the Moose Jaw-South Central Region.*

#### **Rationale:**

Police in the Region, including the Moose Jaw Police Service, do not have sufficient personnel and financial resources to focus on, and adequately respond to, drug related issues to effectively address supply reduction in the Region. Feedback from the community during consultations was clear that the police, from the perspective of the community, are ineffective in reducing supply or providing a disincentive to the possession and/or sale of illicit drugs with the resources currently at their disposal.

### **Strategic Priority # 18**

*To work with the community and the appropriate agencies to establish and deliver education/awareness programs with respect to substance abuse/addiction and its affects on the abuser, the abuser's family and friends, as well as how it affects the communities in general, from the perspective of being charged with a drug/alcohol related offence.*

#### **Rationale:**

While this awareness and education approach may appear similar to Strategic Priority #5, this initiative is intended to focus on educating our communities on the consequences of being charged with a criminal offence such as impaired driving and/or possession or the trafficking of illegal drugs. Relevant information and prevention/awareness 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; youth; families and students. A community which is informed and knowledgeable about the justice process will help reduce the impact of addiction issues and facilitate earlier intervention.

### **Strategic Priority # 19**

*To work with the community and the appropriate agencies to establish strategies and programs that will reduce the number of substance abusers/addicted persons in the Region rather than merely displacing their activity to another community;*

#### **Rationale:**

Traditionally, drug enforcement has been reasonably successful at making an environment uncomfortable for those using and/or selling illicit drugs. This often results in the dislocation of a network but some, or all of those targeted often relocate to an area of perceived lower risk of being charged with a criminal offence. That is, the problem moves with little attempt by agencies such as police, health and addiction services and/or social services to address the real problem. In the case of the Moose Jaw-South Central Region, this is true with respect to displacement of substance abuse/addicted persons from the Moose Jaw-South Central Region as well as similar displacement to the Moose Jaw-South Central Region from other communities such as Regina.

### **Strategic Priority # 20**

*To work with the community and the appropriate agencies such as S.G.I., SADD, MADD and Mental Health and Addictions to establish and deliver education/awareness programs specifically targeting the risks associated with operating equipment and vehicles while impaired by alcohol or drugs.*

#### **Rationale:**

To successfully address the issue of driving while impaired requires both education/awareness as well as enforcement of the respective federal and provincial statutes. The delivery of appropriately designed educational/awareness programs to both youth and adults is essential.

### **Strategic Priority # 21**

*To work with the community and the appropriate road safety agencies, such as S.G.I., to develop enforcement strategies and programs to increase the detection of impaired drivers and provide a deterrence to those who might otherwise drive while impaired by alcohol or drugs.*

#### **Rationale:**

While education and awareness is a powerful tool to decrease the incidence of driving or operating equipment while impaired, it also requires companion enforcement strategies and programs to remove offenders from our roads and provide a tangible deterrence to would-be offenders. Although the number of arrests made/charges laid for impaired driving is a poor indicator of the extent of the problem because this data is directly proportional to the resources police agencies dedicate to enforcement, indicators in Moose Jaw, at least, are that the frequency of driving while impaired might be on the increase.

## 4.0. Appendices

### ***Appendix A: The Community Consultation Process***

From July 2005 to April 2005, the construction of the 2006 Drug Strategy involved extensive community consultation in the Moose Jaw-South Central Region. The goal of this important component was to not only provide information to the respective communities but, more importantly, in the context of building a Drug Strategy, to seek information about community trends, opportunities, challenges/barriers and community priorities with respect to substance abuse/addiction.

This consultation process included community focus groups, meetings with representatives from various sectors and agencies, including government and non-government agencies, business representatives, numerous stakeholder groups, provincial government departments, regional health authorities, educators, students and education administrators, community groups, addictions workers, municipal authorities, police officers and addictions groups as well as those with substance abuse/addiction problems and their families.

- Saskatchewan Community Corrections & Public Safety, Youth and Adult Services
- Prairie South School Division
- Phoenix Academy, Moose Jaw's Interagency Learning Program
- SIAST (Saskatchewan Institute of Applied Science and Technology) Health Services
- Angus Campbell Centre
- Five Hills Health Region Mental Health and Addiction Services
- Moose Jaw Police
- Five Hills Health Region, Public Health Services
- Saskatchewan Department Community Resources
- The John Howard Society of Saskatchewan
- Canadian Mental Health Association
- Aboriginal Association
- Mayor – City of Moose Jaw
- City Manager – City of Moose Jaw
- Chief of Police – Moose Jaw
- Hunger in Moose Jaw
- Valley View
- Moose Jaw Holy Trinity Roman Catholic Separate Schools
- Moose Jaw and District Victim Services
- Moose Jaw Transition House
- Moose Jaw RCMP
- Coronach RCMP
- Assiniboia RCMP
- Gravelbourg RCMP
- Avonlea RCMP
- MFSP (Military Family Services Program) – 15 Wing
- Connecting as Neighbors Co-operative
- Moose Jaw Family YMCA
- Moose Jaw and District Chamber of Commerce
- Moose Jaw Diversified Services
- Moose Jaw Fire Department
- The Moose Jaw Housing Authority

## MOOSE JAW-SOUTH CENTRAL REGION DRUG STRATEGY

- Canadian Pacific Railway
- Regina Drug Awareness Service - “F” Division
- Moose Jaw Multicultural Council
- The Salvation Army Community & Family Services
- AIDS Programs South Saskatchewan
- All Nations Hope AIDS Network Inc.
- Southern Plains Métis Local #160 Inc.
- Wald Ambulance Service, Assiniboia
- Five Hills Health Region, Youth Adolescent Program
- Five Hills Health Region Psychiatrist
- Five Hills Health Region Primary Health Care
- Five Hills Health Region, Acquired Brain Injury Program
- Moose Jaw and Rural Pharmacists
- Raider Industries, Moose Jaw
- Legal Aid, Moose Jaw
- Citizens All
- Moose Jaw and District Emergency Medical Service
- Providence Place For Holistic Health Inc.
- Regina Drug Strategy Coordinator
- Badlands Recreation Association Inc.
- Group Home for Mental Health
- The Weekly Bean
- A retired judge
- Prince Albert Drug Strategy Coordinator
- Lafleche Recreation Board
- Assiniboia Ministry
- Yorkton Drug Strategy Coordinator
- Town of Gravelbourg & Economic Development Authority
- Moose Jaw Board of Police Commissioners
- Assiniboia Youth Drop-In Centre
- Lafleche Seniors Drop-in Centre
- Numerous members of our community, including those directly and indirectly affected by addictions

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*Healthy Choices in a Healthy Community - A report on substance abuse, prevention and treatment services in Saskatchewan.* Graham Addley, MLA, Saskatoon Sutherland, Legislative Secretary on Substance Abuse, Prevention and Treatment, 2005

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