

---

# **PARTNERS IN ACTION**



## **HARM REDUCTION STRATEGY FOR GREATER VERNON**

**2010 -2013**

**Harm Reduction Action Team:**

North Okanagan Youth and Family Services  
RCMP Safe Communities Unit,  
City of Vernon Community Policing  
North Okanagan Restorative Justice Program  
Interior Health: Public Health,  
Mental Health and Addictions, Primary Care Centre  
Social Planning Council for the North Okanagan

**FOR MORE INFORMATION:**

SOCIAL PLANNING COUNCIL FOR THE NORTH OKANAGAN  
3205 31<sup>ST</sup> AVENUE  
VERNON, BC V1T 2H2  
TELEPHONE: (250) 545-8572  
FAX: (250) 545-0091  
E-Mail: [info@socialplanning.ca](mailto:info@socialplanning.ca)

**TABLE OF CONTENTS**

---

**INTRODUCTION** ..... 4

**BACKGROUND** ..... 4

    PARTNERS IN ACTION..... 4

    DEFINITION OF HARM REDUCTION..... 5

    PROCESS TO CREATING A STRATEGY..... 7

**HARM REDUCTION STRATEGY** ..... 11

**NEEDS ASSESSMENT** ..... 19

    COMMUNITY READINESS ..... 10

    INVENTORY OF SERVICES..... 19

    GAPS..... 19

**NEXT STEPS** ..... 24

## **INTRODUCTION**

---

The following strategy was spearheaded by the Partners in Action Committee and includes input from over 150 individuals from various non-profit, business, and government agencies. Focus groups were also conducted that included people who are currently addicted or recovering from an addiction.

The Partners in Action Committee initially created a Harm Reduction Action Team in the Spring of 2008 to assist the Street Clinic, run by North Okanagan Youth and Family Services (NOYFSS), in its transition from a clinic model to an outreach model. The Harm Reduction Action Team committed to assisting NOYFSS in developing a needs assessment and community readiness report.

It became clear that a wider community harm reduction strategy was needed to address some of the issues faced by the Street Clinic Program. In the fall of 2008, the Action Team committed to the year long process of creating a community based strategy for harm reduction in Vernon and area. This included hosting a series of community meetings including an initial consultation, a series of focus groups and a final strategy session.

## **BACKGROUND**

---

### ***Partners in Action***

---

The Partners in Action Committee is a solution-oriented, community driven committee that addresses crime prevention through social development (CPSD). CPSD is a proven approach that focuses on strengthening the foundations of a community (for example, adequate housing, recreation, childcare etc) thereby preventing crime at its root cause and increasing the overall health of the community.

#### **Vision Statement:**

A safe, healthy and crime-free environment in which to live, work and grow.

#### **Mission Statement:**

To identify and implement manageable solutions to the root causes of crime in our community by coordinating and mobilizing community based action teams

#### **Goals:**

- Identify, describe & analyze specific community problems
- Coordinate action teams to address the problems (goals & objectives)
- Support action teams to implement solutions (resources and support)
- Monitor & evaluate the results (determine impact on community)

## ***Community Profile***

---

The North Okanagan region is situated between three lakes in the northern area of the Okanagan Valley basin approximately 5 hours northeast of Vancouver BC. Incorporated in 1965, the main population centres of the North Okanagan are Armstrong, Spallumcheen, Enderby, Lumby, Coldstream and Vernon.

The Greater Vernon geographical area incorporates the City of Vernon, The District of Coldstream, Electoral Areas B & C and the Okanagan Indian Band Reserve No. 1 & No. 6. Physically, the community sits at the head of Okanagan Lake and is bordered to the northwest by Swan Lake and Kalamaka Lake to the southeast. Highway 97 connects the Greater Vernon area to the north and south and Highway 6 runs east towards the Kootenays.

The area is traditional territory for the Okanagan Indian band and has a rich history of orcharding, logging, mining and ranching. The global economic downturn in 2009 was felt in the community when several large employers shut down their manufacturing plants and the logging industry was severely impacted by the recession in the United States.

According to the 2006 census the total population for the area was 55,418 The median age being 45. The forecast for Greater Vernon, according to the City of Vernon Official Community Plan, is that by 2031 there will be a 26% increase in persons over 65 and that the population under 30 will decrease at a similar rate.

As with many communities affordable housing poses a great challenge in the Greater Vernon area, where the rental vacancy rate is one of the lowest in the province at 3.1%. While the rate is the highest it has been since 2001, affordability is still problematic.

The Greater Vernon area is a diverse tapestry of communities coming to terms with unprecedented growth. This evolution has forced a transition from viewing the area from a "small town" perspective to a growing urban area. The impact of increasing demands on housing, transportation, the labour market, healthcare and in the social services community has resulted in community based action to address the challenges of growth.

## ***Definition of Harm Reduction***

---

The following definition is from the Ministry of Health website:  
[www.health.gov.bc.ca/prevent/pdf/hrcommunityguide.pdf](http://www.health.gov.bc.ca/prevent/pdf/hrcommunityguide.pdf)

The International Harm Reduction Association (2002) describes harm reduction as:

*Policies and programs which attempt primarily to reduce the adverse health, social and economic consequences of mood altering substances to individual drug users, their families and communities, without requiring decrease in drug use.*

Harm reduction is a pragmatic response that focuses on keeping people safe and minimizing death, disease and injury associated with higher risk behaviour, while recognizing that the behaviour may continue despite the risks. At the conceptual level, harm reduction maintains a value neutral and humanistic view of drug use and the drug user. It focuses on the harms from drug use rather than on the use itself. It does not insist on or object to abstinence and acknowledges the active role of the drug user in harm reduction programs.

At the practical level, the aim of harm reduction is to reduce the more immediate harmful consequences of drug use through pragmatic, realistic and low threshold programs. Examples of the more widely known harm reduction strategies are needle exchange programs, methadone maintenance treatment, outreach and education programs for high risk populations, law enforcement cooperation, medical prescription of heroin and other drugs, and supervised consumption facilities.

There are many reasons why people engage in higher risk behaviour and not all people are able to make the immediate changes necessary to refrain from such behaviours. Harm reduction is a set of non-judgmental policies and programs which aims to provide and/or enhance skills, knowledge, resources and support that people need to live safer, healthier lives. It encourages people to build strengths and to gain a sense of confidence.

Harm reduction can help move a person from a state of chaos to a state of control over their own life and health. For some people, abstinence is the most feasible way to reduce harm. Interventions that aim for abstinence and for safer drug use both have a place within harm reduction. The key is to balance abstinence-based programs with those that reduce harm for people who continue to use drugs.

Harm reduction saves lives and improves quality of life by allowing drug users to remain integrated in society. The alienation and marginalization of people who use drugs often compound the reasons why they engage in unsafe drug use. Harm reduction also reduces health care costs by reducing drug-related overdose, disease transmission, injury and illness, as well as hospital utilization.

Harm reduction benefits the community through substantial reductions in open drug use, discarded drug paraphernalia, drug-related crime, and associated health, enforcement and criminal justice costs. It lessens the negative impact of an open drug scene on local business and improves the climate for tourism and economic development.

## ***Process to Creating a Strategy***

---

The Harm Reduction Action Team has been using a document created by the Ministry of Health to create the community based harm reduction strategy. This guide is available in PDF format on the British Columbia Ministry of Health website:

[www.health.gov.bc.ca/prevent/pdf/hrcommunityguide.pdf](http://www.health.gov.bc.ca/prevent/pdf/hrcommunityguide.pdf)

The members of the *Partners in Action - Harm Reduction Action Team* include 15 individuals from NOYFSS, the City of Vernon, IH and the Social Planning Council. The group decided to conduct the needs assessment, community readiness and strategy development with three different phases of community consultations.

To begin with, the Harm Reduction Action Team facilitated a wider community consultation to assess community awareness and introduce the concept of a harm reduction strategy. The meeting was held in October 2008 and over 80 individuals attended. This included representation from service providers, faith based organizations, IH, City of Vernon, business associations and the street entrenched population. It was clear from the overwhelming response to the initial consultation that the community was interested and engaged in the process.

From October 2008 until May 2009, the Harm Reduction Action Team followed the steps outlined in the Needs Assessment and Community Readiness Tool Kit. Focus groups were created with input from each community (Vernon, Lumby, Armstrong and Enderby). Forty people took part in the interview process representing a wide variety of sectors (non-profit, health, education, business, clients).

In June 2009, the wider community was invited to the strategy session. Approximately 70 individuals attended and were divided into groups. Each group worked on a broader goal (identified in the community readiness stage) and created action items to achieve the goal. The end result is a community driven harm reduction strategy.

<b>ACTIVITIES</b>	<b>TIMELINE</b>	<b>PARTICIPANTS</b>
<b>STAGE ONE</b> Bring Key Stakeholders Together	May 2008	Partners in Action Committee
<b>STAGE TWO</b> Create a Leadership and Organizational Structure	May 2008	Harm Reduction Action Team

<p><b>STAGE THREE</b> Identify Key Community Partners</p>	June 2008	Harm Reduction Action Team
<p><b>STAGE FOUR</b> Conduct Needs Assessment and Inventory of Local Services</p>	November 2008 – May 2009	Harm Reduction Action Team
<p><b>STAGE FIVE</b> Develop a Locally-Driven Harm Reduction Strategy</p> <ul style="list-style-type: none"> <li>○ Introduction Session</li> <li>○ Focus Groups</li> <li>○ Strategy Session</li> </ul>	<p>October 2009</p> <p>April 2009</p> <p>June 2009</p>	Harm Reduction Action Team and Representatives from Various Community Groups
<p><b>STAGE SIX</b> Mobilize the Community and Implement the Strategy</p>	2010 - 2013	Partners in Action Committee
<p><b>STAGE SEVEN</b> Monitor Implementation and Adjust Course if Needed</p>	2010 - 2013	Partners in Action Committee
<p><b>STAGE EIGHT</b> Communicate Results</p>	2010 - 2013	Partners in Action Committee

## **PARTICIPATING ORGANIZATIONS**

The following organizations participated in one or more of the Harm Reduction Community Consultations. In many cases, there was more than one representative present:

- Alcoholics Anonymous
- Association of BC First Nations Treatment Programs
- Boys and Girls Club
- Brain Trust Canada
- Canadian Mental Health Association
- Chamber of Commerce
- Community Futures – North Okanagan
- Connections Career Centre
- City of Vernon – By-law Department
- City of Vernon – City Council
- City of Vernon - RCMP Safe Communities Unit
- City of Vernon – Vernon Community Policing
- Downtown Vernon Association
- First Nations Friendship Centre
- Forensic Outreach Worker
- Gateway Shelter
- Global Education Class – Clarence Fulton Secondary School
- IH Mental Health and Addictions
- IH Primary Care Services
- IH Public Health
- Interested Citizens and Consumers
- Job Wave
- John Howard Society
- Ministry of Children and Family Development
- Ministry of Housing and Social Development
- Neighbourlink
- North Okanagan Employment Enhancement Society
- North Okanagan Restorative Justice Program
- North Okanagan Youth and Family Services
- People with Addictions/Mental Health Issues
- Pharmacist
- Probation
- Psychiatrist
- RCMP
- Salvation Army
- School District No. 22
- Social Planning for the North Okanagan
- The Junction Youth Centre
- Transition House
- Vernon Alliance Church
- Vernon and District Women's Centre Society
- Vernon Youth Safe House
- Whitevalley Community Resource Centre
- UBC - Okanagan
- Upper Room Mission

**Community Readiness**

---

The Harm Reduction Action Team used a community readiness tool (developed by IH) to assist the team in assessing the level of community readiness for harm reduction strategies. The results from Vernon indicated that this community is ready for the *pre-planning/preparation stages* which fit into developing a community wide strategy. Results for Enderby, Armstrong and Lumby were not conclusive as the team did not feel that enough input was gathered from these communities. Initial results indicate a *vague awareness* of the need for harm reduction strategies but more consultation is needed. As a result, North Okanagan Youth and Family Services is engaging in further consultation with these communities.

<b>Stage of Readiness</b>	<b>Goals</b>
<b>No awareness in the community</b>	Raise awareness of the issue
<b>Denial and resistance</b>	Raise awareness that the problem or issue exists in this community.
<b>Vague awareness</b>	Raise awareness the community can do something
<b>Pre planning</b>	Raise awareness with concrete ideas to combat condition
<b>Preparation</b>	Gather existing information with which to plan specific strategies
<b>Initiation</b>	Provide community specific information
<b>Stabilization</b>	Stabilize efforts and programs
<b>Confirmation and expansion</b>	Expand and enhance services
<b>High level of community ownership</b>	Maintain momentum and continue growth

**HARM REDUCTION STRATEGY**

<b>Identify and Implement Prevention Strategies in Schools</b>					
<b>Action Item:</b>	<b>How we will accomplish this:</b>	<b>Resources</b>	<b>Who's Involved</b>	<b>Timeline</b>	<b>Indicator of Success</b>
Increase youth and family friendly activities	Have meeting where youth identify activities Form a committee to implement planning of activities Lobby for funding to make activities accessible Section in newspaper on volunteer activities for youth	Facilitator for consultation Advertising materials Transportation to get to schools	School Counselors; School District Staff; Parent Volunteers; Boys & Girls Club; NOYFSS; Big Brothers and Sisters; Sports Groups, Global Ed, City of Vernon, Youth Committee	2010 – 2013 Ongoing	Increased number of activities in our community accessed by youth
Ensure youth and families know what activities/ supports are available to them	Create a resource guide Approach organizations to research what does exist, how accessible are services Create and distribute guide(s) Approach Vernon Tourism and Morning Star	Funding for printing and updating	School Counselors; School District Staff; Parent Volunteers; Boys & Girls Club; NOYFSS; Big Brothers and Sisters; Sports Groups; Welcome Wagon; Library	Spring/ Summer 2011	Resource guide for youth Increase of youth participation in activities

Expand prevention strategies in the schools to include information about supports for coping rather than just on impacts of drug use	Organize a meeting between schools and stakeholders  Focus on elementary level as well	Facilitator  Meeting Room	School Districts IH Aboriginal Services	Spring/ Fall 2010	Programming that focuses on coping/supports for children/youth at risk  Policy and curriculum that includes harm reduction initiatives
Provide community service opportunities for youth caught using in school	Restorative Justice is currently an alternative  Link Restorative Justice program more closely with School District	Facilitator	School Districts Restorative Justice Aboriginal Services	Spring 2010	Increased referrals to Restorative Justice program

**Identify and Implement Strategies for the Prevention of Communicable Disease**

<b>Action Item:</b>	<b>How we will accomplish this:</b>	<b>Resources</b>	<b>Who's Involved</b>	<b>Timeline</b>	<b>Indicator of Success</b>
Expand needle exchange and recovery program (includes other items such as crack pipes)	Create a resource guide for business and service providers on how to install sharp boxes in washrooms  Promote resource guide as an occupational health issue (keeping Janitorial staff safe)	Funding for creation and printing of guide	Harm Reduction Action Team  Toilet Action Team	Spring 2010	Increase in number of sharp boxes in business/public washrooms

Increase education and awareness of communicable disease	Meeting with IH Public Health to identify how to further promote existing material in the community at large and not just the hard to reach population	Facilitator	Public Health Harm Reduction Team	Spring 2011	Public Health materials available at double the locations
--	--	-------------	-----------------------------------	-------------	---

**Provide Treatment Programs and Services for People with Mental Health/Addictions**

<b>Action Item:</b>	<b>How we will accomplish this:</b>	<b>Resources</b>	<b>Who's Involved</b>	<b>Timeline</b>	<b>Indicator of Success</b>
Establish detox services in Vernon	Create an action team to clarify what these services would look like in Vernon Gather stakeholders to create a plan	Facilitator Funding for local services	IH – MH&A; Social Service Agencies Harm Reduction Team	Begin planning in Spring 2010	Vernon residents have access to detox services in their own community.
Increased second stage housing, in particular for women	Connect with Partners in Action Committee – they currently have an action team in place to address this issue	Facilitator and Action Team Funding	Partners in Action Team Members: IH, SPCNO, Women's Center, Transition House, CMHA, Friendship Centre, Howard House	Business plan is completed. Timing depends on funding availability through BC Housing	10-12 bed complex for supported housing for women with addictions

Increased access to long term recovery programs	Create an action team to clarify what these services would look like in Vernon  Gather stakeholders to create a plan	Facilitator and Action Team  Funding	Partners in Action Team that includes key stakeholders and service providers	Begin planning in Spring 2010	Vernon residents have access to long term recovery services in their own community.
<b>Increase Community Coordination and Collaboration</b>					
<b>Action Item:</b>	<b>How we will accomplish this:</b>	<b>Resources</b>	<b>Who's Involved</b>	<b>Timeline</b>	<b>Indicator of Success</b>
Create MOU between Service providers regarding information sharing	Round table awareness meeting with service providers  Start with non-profits  Come up with form or parameters  Present to Government Agency	Extra time for meeting and preparation  Utilizing BC's policy and procedure act	Stakeholders  Community agencies	Spring 2010	Signed MOU  Better served and satisfied clients
Create one intake form for residential treatment centres	Letter of proposal to treatment centres  Feed back form  Collect that data  Propose form based on feed back	Drug Counselor  Street level Workers  Managers	IH Mental Health  Probation  MHSD	Fall 2011	One form  Easier access for clients  Save time and effort

Create protocol between hospital and community regarding discharge plan from the hospital	Connect with Partners in Action Committee – they currently have an action team in place to address this issue	Facilitator	Hospital Staff; Service Providers; Outreach workers	Completed by December 2009	Written protocol Increased support and after care for people who are homeless
Increase coordination of health services so people know where to go for testing/needle exchange	Connect with Partners in Action Committee – they currently have an action team in place to address this issue	Home for resource list	Hospital; Downtown Primary Care; NOYFSS; Service Providers; Outreach workers	Completed by December 2009	Resource list that clarifies mandates and hours of operation
Host an annual meeting of service providers to update changes within funding/ programs	Contact IH to see if this can be connected to their annual meeting with service providers		IH, MCFD, MHSD, SD 22, Service Providers, Drs Office	2010 - 2013	Annual Meetings with Evaluation Forms

**Increase Community Awareness/Education**

<b>Action Item:</b>	<b>How we will accomplish this:</b>	<b>Resources</b>	<b>Who's Involved</b>	<b>Timeline</b>	<b>Indicator of Success</b>
<p>More education for service providers who come in contact with people with MH &amp; A</p>	<p>Series of newspaper articles written by a Social Worker/Nursing student in collaboration with someone on the street – a “day in the life” including resources available Develop a template for interview</p>	<p>Student Budget to meet over a meal.</p>	<p>Social Worker – Approach an agency that has a student working with them – and/or talk to the university in the fall about prospective students</p>	<p>Fall 2010</p>	<p>Newspaper agrees to run the articles Feedback from the community i.e. letters to the editor.</p>
<p>Educate community on methadone</p>	<p>Use community television or a write up for newspaper: 3-4 part series Develop a documentary that educates Determine who are target population; (community at large community leaders) Clarify the usage of methadone</p>	<p>Funding for Film maker/Writer</p>	<p>Service provider to host project Doctors Pharmacist Consumer Nurse Student</p>	<p>Fall 2010</p>	<p>Increased discussion through response from Letters to Editor Increased understanding of the use of methadone</p>

Create a card for people on the street to be folded to fit in the pocket	Connect with Debbie Schiller at The Junction about what she can offer and funds – cost of printing.  Developed by those who would be using it  Updated at least quarterly	Funding	Action Team to work with Debbie and clients	Spring 2010	Number of cards handed out to clients  Service providers tracking use of the card
--	---	---------	---	-------------	---

**Coordination of Enforcement**

<b>Action Item:</b>	<b>How we will accomplish this:</b>	<b>Resources</b>	<b>Who's Involved</b>	<b>Timeline</b>	<b>Indicator of Success</b>
Educate the enforcement community re: MH and Addictions	Identify which areas need more education (resources, FASD, MH etc)  Compressed series of presentations  ID ongoing resource contacts to maintain connection  On-line training  Web info/database	Funding for Curriculum  Facilitators and presenters	IH – Mental Health and Addictions, CMHA, By-laws, RCMP, Street Outreach Workers, Probation; Nurses; Judiciary; First Responders (Fire, ambulance, Crisis Line, Emergency)	Fall/Winter 2010	Increased understanding of MH &A issues amongst enforcement officers  Increase in referrals to community resources

<p>Create an integrated response team e.g. RCMP, By-laws, Outreach, Street Nurse</p>	<p>Create an integrated team Define roles and responsibilities Create protocol for integrated response</p>	<p>Resource List Facilitator to assist with Protocol</p>	<p>IH; MHSD; RCMP; By-laws, Forensic Psych; Probation; Street Clinic; PHC Youth Probation; School District, Outreach Workers</p>	<p>Spring 2010</p>	<p>Reduction of arrests of people with mental health and addictions Referrals from enforcement officers to agency supports Reduction of time spent by enforcement officers dealing with MH&amp;A clients</p>
--	--	--	--	--------------------	--

## **NEEDS ASSESSMENT**

---

### ***Inventory of Services***

---

#### **See Vernon Survival Guide (brochure provided)**

#### **Additional Resources Include:**

The main inventory of services is contained in a brochure entitled the Vernon Survival Guide (brochure provided). Additional Resources Include:

Aboriginal Infant and Early Development Center; 2904-29<sup>th</sup> Avenue; 250-542-7578

All children 0-6 and their families are welcome. All programs are free.

Prenatal Nutrition Program; 2902-29<sup>th</sup> Avenue; 250-542-5448

A free and confidential service to help moms have a healthy baby.

Young Parents Program; 3100-32<sup>nd</sup> Avenue; 250-545-3572

Counselling, information and support for pregnant and parenting teens.

Outreach Service Worker; 005-3402 27<sup>th</sup> Avenue; 250-542-1185

Offering counseling, support and referrals to women and their dependent children who have experienced violence, abuse and threats from an intimate partner.

Family Resource Center; #201-3402 27<sup>th</sup> Avenue; 250-545-3390

Offers programs that support and promote the well being of individuals and families.

Aboriginal Outreach Worker; 2913-B 29<sup>th</sup> Avenue; 250-540-2524

Outreach Probation Officer; Vernon Probation; 250-307-3796

In the community and offers a Substance Management Program for those on probation.

Outreach Worker for Ministry of Employment and Income Assistance; 250-307-0296

FASD Key Worker Program; 2802-34<sup>th</sup> Street; 250-549-1281

Services for families of children with Fetal Alcohol Spectrum Disorders.

Mental Health and Addictions Emergency Services (formerly known as Community Response Team); Vernon; 250-260-7893

Offers emotional support, assistance to victims of crime and referrals to community resources.

Vernon Community Policing Office; 101-3334-30<sup>th</sup> Avenue; 250-260-5833

Recruits and trains volunteers from the community in various areas of crime prevention.

Round Lake Treatment Centre; 200 Emery Louis Road, Armstrong;  
250-546-3077

Alcohol and drug abuse treatment facility with a focus on holistic healing and First Nations Culture.

Vernon Immigrant Services; Suite 100-3003 30<sup>th</sup> Street; 250-542-4177

Homeless Outreach Provider, John Howard Society; 2307-43<sup>rd</sup> Street; 250-938-4929

Appointments arranged in the community to assist those persons looking for a place to rent.

Alcohol and Drug Outreach Workers; Interior Health; Adult: 250-549-5737,  
Youth (250) 260-8012

Outreach services available for those persons unable to access the Health Unit. Appointments are arranged on a case by case basis.

Restorative Justice Coordinator; #101-3334 30<sup>th</sup> Avenue; 250-260-5276

Vernon Alcohol & Drug Services Programs; 1440-14<sup>th</sup> Avenue; 250-549-5737

Substance Affected Group: first Thursday of every month from 1-5pm at the Health Unit.

Maintenance Group: every Wednesday from 12-1pm at the Health Unit. Continuous intake format.

Time to Change Group: four Wednesday evenings in a row at the People Place.

Drop in: Monday to Thursday afternoons from 1:15 to 3 pm. Clinicians are assigned to clients for service.

Mothers in Recovery; First Nations Friendship Centre, 250-542-1247

## **Gaps**

---

The following gaps were identified by participants in the focus groups and the final strategy session. In order to be respectful of the feedback process, the action team made a decision not to summarize this section. The comments that have been italicized are the direct comments from people currently experiencing an addiction or recovering from one. The actions that were created in the strategy address many of the gaps that were identified below.

### **Prevention: Strategies**

- Gone fishing theory (provide a fish and a person eats, teach them how to fish and they can eat forever)
- *Preventative work in the schools - more about ill coping rather than just about drug use because ill coping is what gets people to see*
- *Preventing spread of disease through clean needles:*
  - *Have boxes like the parking meter fine ones that can take needles.*
  - *Needle exchange clinic to have better hours and better communication about when they have their hours*
  - *Night time driving around services with clean needles and pipes. (that go right to the crack shacks like they do in other towns)*
- Providing positive activities for prevention
  - Awareness of this, also alternatives
  - Make sure they are accessible and fee or low cost as well
- Communication between landlords/tenants/services about people who cause problems
- Programs/services more accessible e.g. Phone numbers with real person answering – not just web sites
- Stronger/more consistent sentencing of repeat offenders of extreme crimes
- Prevention programs in prisons e.g. needle exchange
- Levels of education around harm reduction based on age & where people are at
- Better awareness of testing opportunities

### **Treatment: Programs and Services**

#### **A. Mental Health Support**

- Concurrent disorders treatment
- Mental health treatment
- *Longer stays at the psych ward and have direction and follow up afterwards. Longer hours for CRT. More follow up, check on people.*

#### **B. Alcohol and Drug Support**

- Supported treatment and detox
  - Residential treatment services
- Locate of treatment where it is accessible - downtown
- Concurrent disorders treatment
- Separate detox and supported treatment

- Methadone doctors: shortage of doctors: no program attached to the clinic: support, life skills, prevention and coaching
- Detoxification Program
- Rehabilitation Program
- *Extra programs, instant detox and local)*
  - Outreach program that dispenses methadone
  - Methadone Clinic that provides all aspects of support, testing, treatment
  - Family treatment houses
  - Timely treatment
- Drop in Program for transition stage
- Get treatment focused people in a room to discuss:
  - Best Practice
  - What we have
  - What we need
- More day treatment programs for addictions
- Understanding of what treatment services are
- Accessibility and availability to programs – Time & duration

### **C. Life skills and Housing Support**

- Methadone doctors: shortage of doctors: no program attached to the clinic: support, life skills, prevention and coaching
- Second stage housing for male and female (none for females' currently)
- Financial management of money (while in recovery)
- *2<sup>nd</sup> stage housing for recovery - affordable housing for persons with mental health and addiction issues with outreach services coming to the homes.*
- Lack of support belongings when they do locate a place to live
- Affordable Housing
- Transitions between Youth-Adult Services
- Transparency

### **D. Social Network supports**

- More realistic qualification for people (MCFD) working with teens; i.e. in schools
- Involvement of business with regards to being involved in the process
- Ways to invest in business i.e. staff, crime, education etc.
- More services for people with head injury/FAS
- More services for teens
- Outreach counselor to support person moving forward
- How to break the cycle...behaviors of survival, using friends, accepting support, re-connecting with family and friends, confidence building, basic living / life skills
- Support to effective family members (none using)
- Family treatment houses

### **Community Supports: Coordination and Collaboration**

- Continuum of care with all links including affordable housing
- N.B.- there is NOT a continuum of services
- Hospital-based supports

### **Community Awareness: Education and Promotion**

- Knowledge in schools
- *Give every addict a card size sheet with info about where they can dispose of needles and get medical assistance*
- *People who work in the business to be better educated about addictions*
- Doctors & RCMP not aware of community resources

### **Enforcement: Policies and Coordination**

- *Have the cops know where the crack houses are and control it in one area that would be away from residential homes. City needs to have good control over crack houses and constantly checking them out.*
- *Safe places to go during the day with proper policing so it doesn't turn into area where drugs get sold*
- *Have a designated tenting area*
- Community Policing – safety presentations that promote personal safety and agency policy
- Connection RCMP;SW & Street Nurse to respond together
- After hours response
- Education of members re: MH, FASD, Mental Illness – resources in community
- Judicial System – non congruent with local enforcement = “back on the street” and lack of treatment centres
- “Dry” Shelter
- Short Term employment during/after recovery
- Casual labour poor

## **NEXT STEPS**

---

The Partners in Action Committee is dedicated to “housing” and implementing the Harm Reduction Strategy and will be focusing on completing the remaining stages over the next three years:

### **STAGE SIX**

Mobilize the Community and Implement the Strategy

### **STAGE SEVEN**

Monitor Implementation and Adjust Course if Needed

### **STAGE EIGHT**

Communicate Results

**Based on the action items identified in this session, the Partners in Action Committee will be creating “teams” to implement each action. We will be recruiting from throughout the community. Anyone with the time, skills, energy and resources is welcome to join the teams.**

**Thank you to everyone in the community who took part in this process!**