



SEEKING A SUSTAINABLE APPROACH

THE FINAL REPORT OF THE EDMONTON
COMMUNITY DRUG STRATEGY TASK FORCE
JULY 2007

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*THIS REPORT HAS BEEN MADE POSSIBLE THANKS TO THE GENEROUS FUNDING
OF HEALTH CANADA AND ALBERTA LOTTERY FUND*

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The aim of this report is to highlight the many accomplishments of the Edmonton Community Drug Strategy Task Force partners from 2003-2007. It outlines the coalition's evolution, successes and strengths. It also makes the case for continuing this innovative community effort to support young Edmontonians and their families in the fight against drugs and addictions.

Since its inception, the Edmonton Community Drug Strategy has aimed to prevent and reduce the harmful impacts of alcohol and drug use among young Edmontonians up to the age of 24. Its aims include: increasing common understanding of the issue of addictions, establishing a leadership structure for coordinated community response and developing and implementing a sustainable plan for action.

During the past 4 years, the multi-sectoral partners gathered at the coalition table have laid a strong foundation for change and collaborative action that speaks to these goals. The ECDS has received attention not only from other Alberta communities, but from municipalities across Canada, for its innovative projects and attempts to coordinate community prevention initiatives on a city-wide scale.

ECDS partners have been modern day pioneers in addressing the complex issue of addictions in a collaborative and creative way.

Many lessons have been learned in the process about working together, sharing successes and having a focus on action. Since 2004, the ECDS has:

- ~ *Carried out a professional literature review of the issue of addictions in Edmonton as part of its initial needs assessment;*
- ~ *Built strong partnerships for coordinated action through a common Steering Committee and 3 sub-committees;*
- ~ *Developed and supported a variety of innovative projects involving youth and addictions; and*
- ~ *Accessed over \$400,000 from various funders and equally significant in-kind resources from key civic partner agencies.*

In May 2007, the ECDS Task Force submitted its action plan for 2007-08 to Health Canada. Health Canada's positive response to extend funding until March 2008 will provide the coalition with time and resources to establish a truly sustainable platform for partnership. This new framework within the municipal sphere will provide an ongoing base of support and connection from which the Edmonton Community Drug Strategy coalition can continue its good work and tangible projects in the area of addictions and youth.

"Collaborative partnerships ensure a coordinated and comprehensive effort in which various partners contribute what they can to address a locally identified problem or need. In meeting their own mandates, the various partners can help a community achieve some of its collective goals."

Municipal Drug Strategy
Federation of Canadian Municipalities

The harmful effects of alcohol and drug misuse affect everyone, either directly or indirectly. Substance misuse ravages personal health and well-being, family and social relationships, school performance, workplace productivity, and community safety. It is linked to crime, bullying, violence, gangs, school dropout and more. Each of those outcomes diminishes human potential. Each increases the competition for resources and public dollars.

This is Edmonton's issue, and the statistics confirm it. More than half our youth drink; that percentage escalates to 75% in Grade 10. Nearly 200 Capital Health Authority deaths were attributed to alcohol and drug use in 2000 alone. Cocaine use is more prevalent here than elsewhere in Alberta. Overall, our use of alcohol and other drugs ranks in the top third of Canadian provinces. (Source: Alberta Drug Strategy). We all own the problem, and every person, neighbourhood, government and business has a role to play in preventing harm from occurring, and minimizing its effects should it happen regardless.

Numerous agencies are already hard at work in this field: the Alberta government through the Alberta Alcohol & Drug Abuse Commission (AADAC) and the Solicitor General; Health Canada; the Edmonton Police Service (EPS); the Royal Canadian Mounted Police (RCMP); the City of Edmonton through Safedmonton; the school boards and numerous social service agencies, to name but a few. The need, however, always outstrips the available energy. In such an environment, it is crucial that all parties talk in order to avoid service gaps and unnecessary overlaps, collaborate on initiatives, and pursue innovative solutions.

The Edmonton Community Drug Strategy Task Force (ECDS) is that vehicle. Launched by the City of Edmonton out of concern for troubling trends in 2002, the Strategy has brought to the table varied partners with a common aim: to prevent alcohol and drug misuse and reduce harmful impacts, with particular focus on the city's youth.



The work of this Coalition, supported by the City of Edmonton and City Council since 2003, has provided a place for us to talk to each other and a framework for working together. It provides an evidence-based, balanced, pragmatic way to unite in reducing the harmful impacts of alcohol and illegal drugs while maximizing resources and ownership across public and community sectors. It is comprehensive, offering preventive education campaigns for those still unaffected, treatment for those afflicted, harm reduction for those at great risk, and enforcement for those breaking the law.

In the few years since the ECDS took shape, Edmonton has gained acclaim as one of the leaders in municipal drug strategies, learning from others while teaching a great deal itself. The accomplishments of this Coalition, from its inception through to the Task Force conclusion, reflect a coming together of all three orders of government and the community for action. This report has the goal of documenting lessons learned, successes achieved and keeping this vital momentum flowing. Thanks to the Edmonton Community Drug Strategy, we're in this together. We applaud all who have supported the Strategy in its early stages who continue to see the strength in collaboration and building common ground to tackle a complex issue facing young Edmontonians.



The Edmonton Community Drug Strategy (ECDS) is a call to action to all citizens to prevent and reduce the harmful impacts of alcohol and illicit drug use on young people in Edmonton.

OUR MISSION – to develop an Edmonton community drug strategy targeting young people up to 24 years of age with emphasis on preventing and reducing the impacts of alcohol and illicit drug use and abuse.

OUR VISION – we believe that all young people in Edmonton should have the opportunity to live their lives free from the harmful impacts of alcohol and illicit drugs.

THE ECDS – consists of a Task Force with Edmonton City Council, a strategic planning group, communications framework, and working groups that assist to facilitate its objectives.

OUR OBJECTIVES – to set priorities that will build on existing community resources and strengths, be evidence-based and sustainable. ECDS is founded on the four pillars: **prevention, harm reduction, treatment and enforcement.**



The ECDS Task Force includes representation from:

- Alberta Alcohol and Drug Abuse Commission | Alberta Education | Alberta Solicitor General
- Capital Health | Citizens-at-Large | City of Edmonton Youth Council
- Edmonton Aboriginal Urban Affairs Committee | Edmonton and Area Child and Family Services
- Edmonton Catholic Schools | Edmonton Chamber of Commerce | Edmonton Police Service
- Health Canada | HIV Edmonton | Safedmonton | Salvation Army

Funding for this poster has been provided by Health Canada



**EDMONTON
COMMUNITY DRUG
STRATEGY**
www.edmonton.ca/drugstrategy

It is impossible to quantify drug misuse accurately in Edmonton. The reasons are many: multiple-use drugs, hidden users, low self-reporting, low sample sizes, vested interests among those gathering data. What's more, drug use data ends up in disparate systems that record slightly different activities and do not connect to each other. Think of all the agencies gathering this data: AADAC, Capital Health, Canadian Community Epidemiology Network on Drug Use (CCENDU), the City of Edmonton, the RCMP "K" Division (i.e., Alberta), Health Canada, the Office of the Chief Medical Examiner, the Government of Alberta, and frontline agencies like Streetworks. One of the ECDS goals, in fact, is facilitating improved access to timely and comprehensive information, difficult as this may be.

CCENDU is our best ally in pursuing this objective. This network, which includes an Edmonton site hosted by the University of Alberta Addiction and Mental Health Lab, collates information from various systems. Many of the statistics we have are based on Dr. Cameron Wild's work with this network, particularly the documents Literature Review on Alcohol and Other Drug Use among Edmonton Youth and Young Adults (2005) and Drug Use in Edmonton (2001-02). Current data shows a very consistent pattern of alcohol and other drug use among young Edmontonians.



ALBERTA YOUTH – OUR PRIMARY FOCUS

Alcohol and illicit drug misuse is particularly disconcerting among Alberta youth. The vast majority use alcohol and more than 26 % have used cannabis in the past year. The most often used illegal drug in both Canada and Alberta is marijuana.

A Positive Perspective

While examining statistics, it is important to note up front those statistics that reflect young people making healthy and positive choices. The Alberta Youth Experience Survey (TAYES) 2005 also noted the following good news stories:

- 36.6 % of all students are non-drinkers
- 73.3 % of all students did not use cannabis in the last 12 months
- 91 % of students report not using hallucinogens in the past year

When it comes to adolescents and substance abuse, AADAC has done extensive research into

both the risk and protective factors associated with this issue. Risk factors are life events or experiences that are associated with an increase in behaviours like alcohol and drug use. Some risk factors include: alienation, parental substance abuse, ineffective parenting skills, academic failure and poor social skills.

Protective factors are life events or experiences that reduce or moderate the effect of exposure to risk factors. Some protective factors include a positive sense of self, social skills, high parental expectation and clear rules and monitoring, a caring school environment and positive peer group activities. A caring and supportive community is another protective factor.

What the Numbers Tell Us

Youth consistently report alcohol as their most frequently-used drug. AADAC's Alberta Youth Experience Survey (TAYES) 2005 was undertaken in the fall of 2005 to measure alcohol, tobacco and illicit drug use and gambling activity among Alberta students in grades 7 through 12. A total of 3,915 students participated and the survey provides some concerning and revealing insights into attitudes. Here are a few highlights:

Alcohol

- 63.4 % of students had consumed alcohol in the last 12 months
- Current drinkers increase by grade
- Overall 31.3% of all students report incidents of binge drinking

Cannabis

- 26.7 % of students used cannabis in the last 12 months
- More high school students (34.5%) than junior high students (12.1%) used cannabis in the last year
- Both lifetime and past-year use of cannabis increases with age

Illicit Drugs

- The most commonly used illicit drugs are hallucinogens, with 9% of students reporting use in the past year
- More females (31.7%) report ever using illicit drugs than males (25.5%) with more females (28.7%) reporting higher past-year illicit drug use than males (21.8 %)
- 1.1% of all students report using crystal meth in the last 12 months

Attitude is Important

The Alberta Youth Experience Survey (TAYES) 2005 noted some significant attitudes among young Albertans that give us insight into use :

- *With the exception of alcohol, most high school students perceive substance abuse among their peers to be higher than actual reported use*
- *Current users are more likely than non-users to perceive access to alcohol, tobacco and cannabis to be easy or very easy*
- *Students find it easier to obtain substances from their two closest friends rather than from their parents, regardless of member use status, with the exception of alcohol*
- *Overall, students in all user groups showed higher levels of disengagement than students in non-user groups*

"Alcohol and other drug problems affect all Albertans. They are not contained by geography, social or economic status, ethnicity, gender or age."

Alberta Drug Strategy

A Provincial Framework for Action on Alcohol and Other Drug Use

Let's look more closely at a few of these issues: the use of alcohol, the use of other drugs and the illicit indoor cultivation of marijuana (grow-ops).

Alcohol

Alcohol is the most widely used drug across our continent. This is also true in Edmonton where beverage alcohol use stands at 84.9% (versus 83.3% in Alberta as a whole).

According to Statistics Canada Albertans consumed 8.7 litres per person in the year ending March 2002, compared to 7.7 litres across Canada. Most people who use alcohol avoid serious, persistent alcohol-related difficulties: less than 15%

demonstrated a pattern of problem use in a 2001 survey. A 2002 survey found 3.5% of Albertans alcohol dependent, compared to 2.6% across Canada.

Yet alcohol is the greatest contributor to morbidity and mortality in the region. One in every five (21%) drivers involved in fatal collisions in Alberta had consumed alcohol before the crash. Fully three-quarters of the people seeking addiction treatment report alcohol as their drug of abuse. More than one in five Capital Health Authority residents reports heavy episodic drinking; that is, they consume five or more drinks in quick succession at least once a month.

Just 3% of problem drinkers in a 2001 study had ever received treatment. Of greater hope, 23.2% of the region's problem drinkers express an interest in self-help.



The Beat of Boyle Street Hip Hop program is a great example of a positive way to engage the energies and creativity of young Edmontonians

Drug Misuse

Cannabis is our most widely used illicit drug. The Alberta Addiction Survey indicated that 15.4% of Edmonton adults used cannabis, or marijuana, in the year prior to being surveyed. Use among Edmonton youth is nearly twice that figure, or 31.1% (27.6% across Alberta).

Marijuana Grow Operations

The presence of a marijuana grow house can significantly impact a neighbourhood, serving as a magnet for other unsavory activity. They also pose safety issues: non-code wiring raises the threat of fire while fumes and mould produced by heat and humidity create health hazards.

contaminating water and soil. Often fortified with weapons and booby traps, grow houses are often operated by organized crime groups to fuel other criminal activities.

In 2004, about \$30 million of marijuana was seized from grow ops in the Edmonton region.

Grow-ops also have a financial impact: mortgage fraud, insurance fraud and water and energy theft are common among grow operations, and the damage listed above can dramatically affect property values. Fertilizers, insecticides and fungicides are often improperly disposed,



"The past 30 years have seen more access than ever before to more potent and cheaper drugs as well as the rise of injection drug use. And we know that Alberta's drug of choice is still alcohol. As an educator, I see these problems and the serious impacts of addictions on the children, young adults and parents I work with daily at Edmonton Catholic Schools."

Dr. Bob Ritter – Founding Co-Chair,
Edmonton Community Drug Strategy

The Edmonton Community Drug Strategy (ECDS) grew from a mutual desire to build synergy among the agencies and individuals already addressing drug and alcohol misuse, with the aim of catalyzing coordinated action and effective advocacy.

From Concept to Collaboration

Much progress has occurred since November 2003, when then-Mayor Bill Smith called key stakeholders together to ponder ways to better address the needs raised by drug misuse. At stakeholder workshops in spring and summer 2004, participants confirmed the need for a community drug strategy and committed to collaborative action. That discussion spawned a Steering Committee co-chaired by the Mayor and Catholic School Board Principal of Operations Dr. Bob Ritter, along with a project management team.

A comprehensive community workshop in September 2004 drew 240 stakeholders who expressed strong commitment to action and equally strong interest in supporting grassroots community involvement. Given the complex continuum of services available in Edmonton, they saw a definite need for coordination and united advocacy. Together, participants outlined a balanced blueprint for action.

The Edmonton Community Drug Strategy draws heavily on a Model Municipal Drug Strategy developed by the Federation of Canadian Municipalities and on national and

provincial frameworks for action. Those models take a comprehensive approach to substance misuse that includes four key pillars: prevention, treatment, harm reduction, and enforcement. The models recognize prevention as the most cost-effective (if complicated) intervention, consider stakeholder participation as paramount and seek to reduce both supply and demand.



Key Partner Support

From the beginning, key stakeholders supported Edmonton's strategy with dollars and in-kind support. AADAC provided a half-time coordinator and research support for a year. Health Canada's Drug Strategy Community Initiatives Fund provided over \$300,000 in support over the past several years for strategy development and specific projects. The City of Edmonton has provided both facility space and project

management support for the duration. Capital Health has provided research support.

In 2006-2007, Health Canada was again the major funder, matched by Alberta Community Initiatives (the Lottery Fund) and with some contributions from AADAC for specific project support. The City of Edmonton continues to be the major in-kind provider, offering office infrastructure for the ECDS staff.

In May 2007 Health Canada has again provided an extension of funding for 2007-08 based on a renewed action plan and the solid foundation of accomplishments to date.

Communication, Coordination & Advocacy

To foster coordination and communication, the ECDS developed a communications framework, a website and an electronic newsletter. Recognizing the need for a strong information base to inform action and build credibility, the Steering Committee also commissioned a workshop summary and literature review by the University of Alberta's Dr. Cameron Wild, a researcher with the Edmonton site of the Canadian Community Epidemiology Network on Drug Use.

With those documents in hand, in March 2005 a governance working group affirmed the strategy's core business as fostering multi-sectoral networks at all levels with particular focus on two key areas: advocacy and coordination. Linkages built through the ECDS, they noted approvingly, were already spawning new initiatives and spurring advocacy for improved legislation, treatment protocols and resource allocation.

Municipal Task Force Formation

Building on that foundation, the Steering Committee held a special meeting on governance in May 2005. The attendees recommended that ECDS become a time-limited, flexibly-structured, community-owned, results-oriented task force led by the City of Edmonton. Linking the Strategy to existing municipal infrastructure, participants believed, would lend legitimacy and enhance the potential for long-term sustainability and success. The group envisioned an expanded task force involving key stakeholders from all four pillars as well as several community members (including youth and Aboriginal representatives) who have no direct ties to service providers. Participants also recommended forming two working groups addressing the two key areas for action: Coordination and Advocacy.

City Council affirmed those recommendations in September 2005 by passing the Edmonton Community Drug Strategy Task Force Bylaw - Bylaw 14096. As part of the process, Council directed that the Task Force incorporate the Edmonton Stop Marijuana Grow Ops Coalition, which began as a separate initiative.



The Edmonton Stop Marijuana Grow Ops Coalition

Concern about escalating numbers of marijuana grow operations prompted Councillor Karen Leibovici to convene a meeting in April 2005 to hear from key stakeholders. Participants included the Edmonton Green Team (RCMP and Edmonton Police Service members who investigate illegal grow sites and track related trends) as well as representatives from health, industry, real estate, energy and government. Agreeing that collaborative community action is the only effective means to address the proliferation of marijuana grow operations, those present formed the Edmonton STOP Marijuana Grow Ops Coalition.

Chaired by Councillor Leibovici, this coalition aims to prevent and eliminate marijuana grow operations in Edmonton through the combined expertise of all involved. Initial research included information sharing with the Stop Grow Ops Calgary Coalition, which had formed following the first RCMP conference on illegal marijuana grow ops in 2004.

The Edmonton coalition set four goals:

- *Identify opportunities to share information and network among stakeholders and citizens;*
- *Create awareness surrounding the hazards of grow operations in our community;*
- *Coordinate actions and approaches among stakeholders; and*
- *Advocate for necessary legislative change at the municipal and provincial levels.*

The coalition addresses prevention and enforcement, two of the four ECDS pillars. Much of its work is accomplished through two subcommittees: Communications and Commercial/Legislation. The latter began as two committees that have since combined. The coalition became a working group of the Edmonton Community Drug Strategy in September 2005, with Councillor Leibovici continuing as chair.



The ECDS Task Force

As established by Bylaw 14096, the Edmonton Community Drug Strategy Task Force has been a committee of City Council with a three-year life span. It has had a two-part mandate:

1. To oversee and facilitate the initiatives of by the ECDS;
2. To present a final report to City Council, prior to disbanding in June 2007, recommending action plans "for the three orders of government and the Edmonton community to ensure the ongoing sustainability of the Edmonton Community Drug Strategy."

Receiving status as a City-sponsored task force has given the Strategy added credibility and profile as it seeks the funding, commitment and resources required for long-term sustainability.

Intentionally inclusive, the Task Force has had more than 20 individuals representing these spheres:

The Mayor of Edmonton
Community Services, City of Edmonton
Safedmonton
Edmonton Police Service
Alberta Education
Edmonton Public School Board
Edmonton Catholic School District
Capital Health Authority
City of Edmonton Youth Council
Edmonton Chamber of Commerce
Edmonton City Council
Health Canada
AADAC
Edmonton & Area Child and Family Services
Alberta Solicitor General and Public Security]
HIV Edmonton
Salvation Army
Edmonton Aboriginal Urban Affairs Committee
Three citizens at large
A complete Task Force membership list can be found in Appendix 3

"This task force framework reinforces our municipal commitment to building a safe and healthy community by tackling the complex problem of addictions together."

Mayor Stephen Mandel - Founding Co-Chair,
Edmonton Community Drug Strategy Task Force

By tradition, the Task Force is co-chaired by a municipal elected official and a community representative. For the initial 2005-06 period, Mayor Stephen Mandel and Dr. Bob Ritter of the Edmonton Catholic School District served as co-chairs; in 2006-07, the ECDS was headed by Councillor Janice Melnychuk and Gary Nelson, who is a teacher with the Edmonton Public School Board and the representative from Safedmonton Advisory Committee of the City of Edmonton.

Five new members were added to the task force in 2006. Three citizens at large were selected through the City of Edmonton's board and committee recruitment process; they were joined by a City of Edmonton Youth Council representative and a member of the Edmonton Aboriginal Urban Affairs Committee. Augmented by the Grow-ops Coalition, the task force now has several working groups: Coordination, Advocacy and Stop Marijuana Grow Ops.

Health Canada continues in 2007-08 to fund a project coordinator and part-time administrative support, with assistance from Alberta Lottery's Community Initiatives program. Civic support includes time, office equipment, space and other in-kind resources.

The Edmonton Community Drug Strategy Task Force serves as a leadership forum for dialogue and action. Facilitative rather than governing, it aims to enhance collaboration, avoid duplication and find innovative solutions – not to dictate what partners must do.



Vision: Children and young people up to 24 years of age are able to make informed and responsible choices, including the choice to be free from the harmful effects of drugs and alcohol. Youth experience reduced harmful effects of alcohol and drug use.

Mission: To develop and implement a strategy targeting children and young people up to 24 years of age with an emphasis on preventing and reducing the harmful impacts of alcohol and drug use.

Guiding principles

1. *Actions will build on existing community resources, services and synergies that address the issues, ensuring sustainability and reducing duplication. Efforts will be linked to the existing infrastructure of the City to enhance long-term sustainability.*
2. *Actions will be based on solid information, best practice solutions, opportunities for innovation and the Four Pillars approach.*
3. *The strategy will encourage collaboration on all levels of community and government to plan and coordinate responses to recommended actions.*
4. *The strategy will focus on coordination rather than delivering direct services. It will facilitate a diverse range of innovative and coordinated community efforts related to alcohol and drug misuse.*
5. *Community perspectives and voices will be represented and heard through ongoing involvement and recognition. The strategy will emphasize participation among Aboriginal and culturally diverse communities as well as children and young people up to 24 years of age.*

Strategic directions

1. *Foster multisectoral collaboration, building relationships among key players, to address alcohol and drug misuse. Engage key stakeholders to address their interests and enlist their support.*
2. *Advocate for increased public awareness and education on issues and priorities related to alcohol and drug misuse.*
3. *Encourage citizen participation, particularly among children and young people up to 24 years of age, and their advocates, in the Edmonton Community Drug Strategy. Recognize their contributions.*
4. *Coordinate access to information and best practice models for alcohol and drug misuse prevention, harm reduction, treatment and enforcement.*
5. *Advocate for comprehensive best practice approaches to prevention, harm reduction, treatment and enforcement related to alcohol and drug misuse.*
6. *Be a catalyst for effective policies or legislation on alcohol and drug misuse, supported with sustainable resources.*

Four Pillars

Effective drug strategies around the world stand on a comprehensive base addressing four pillars: prevention, treatment, harm reduction and enforcement. Edmonton also pursues this balanced and multi-faceted approach.



1. Prevention:

Avoid or delay misuse by reducing risk factors, enhancing protective factors and enabling citizens to develop competence and resilience from an early age.



3. Harm Reduction:

Recognizing that it is impossible to eliminate all substance use, minimize the resulting harm by addressing pressing health, social and economic challenges.



2. Treatment:

Provide access to a continuum of treatment services that help people in the grip of alcohol or other drugs deal with root problems, regain health and avoid recurrence.



4. Enforcement:

Increase community health and safety through a broad range of collaborative activities addressing criminal activity associated with misuse of alcohol and other drugs.

“The ECDS, like all Community Drug Strategies across Canada, supports a four pillar model. We know that, to be effective, we have to come at this problem from all angles: access to treatment, strong law enforcement, prevention and harm reduction.”

Gary Nelson, Co-Chair
Edmonton Community Drug Strategy

From the beginning, the Edmonton Community Drug Strategy set out to address a crucial community need by maximizing resources and ownership across all public and community sectors. The strategy's core foci are reflected in its working groups: Advocacy, Coordination and Grow-Ops. Each working group can point to specific accomplishments, as noted below. The ECDS as a whole made those initiatives possible by building a strong foundation.

One key foundation stone is the strategy's ability to access the support of its partners, both through financial and in-kind contributions. Important sponsors include Health Canada, Alberta Lottery Fund, AADAC, the City of Edmonton and community partners. Such funding, particularly from Health Canada, has enabled the ECDS to flesh out its umbrella strategy and support significant new initiatives tied to drug use and addictions.

Increasing Knowledge and Community Capacity

The ECDS dedicated significant energy to building a knowledge base and developing communication vehicles. Thanks to work commissioned from Dr. Cam Wild at the University of Alberta, we now know more about alcohol and drug misuse in the Edmonton region – and we have a clearer sense of the gaps that need filling. The ECDS network now links hundreds of community partners and a website (www.edmonton.ca/drugstrategy) gives us a dynamic platform to profile local issues, success stories, new initiatives and collaborative projects.

The Strategy also brought the best grassroots intelligence to light through its kick-off

conference, community engagement forums and other networking opportunities. Youth involved in two community meetings in June 2005, for example, told us they want to hear real talk from peers – and they want quicker access to treatment that is extensive enough to be more than stop-gap.

Building Bridges of Collaboration

Another strong feature built strong links with numerous multi-sectoral initiatives that are doing excellent work in related areas, including Safedmonton, Responsible Hospitality Edmonton and the Community Solution to Gang Violence.

In keeping with its intention to advocate for needed services, the ECDS was among the voices supporting Edmonton's successful proposal to host an innovative Drug Treatment Court. This joint federal Justice and Health initiative, which already had sites in Toronto and Vancouver, aims to reduce crime committed as a result of drug dependency through court-monitored treatment and community service support for offenders with drug addictions. It also aims to reduce substance abuse costs, estimated at \$9 billion a year across the country for law enforcement, prosecution, incarceration and other services. Drug Treatment Court participants attend counselling, get medical attention and are subject to random drug tests. They work with community partners to access safe and affordable housing, stable employment and job training. Successful participants may see their criminal charges stayed or receive a non-custodial sentence rather than jail. Chosen in July 2005, Edmonton is one of four new sites across Canada.

In June 2005, ECDS accessed Health Canada funding to support two unique local projects. The first, Operation SNUG (Integrated Community Response to Prostitution), was initiated by Safedmonton and the Edmonton Police Service to provide a circle of timely support and service to women arrested by police for prostitution. This new, coordinated action by existing community agencies proved successful in helping women take steps away from addictions, homelessness and poverty.



The second project, also in collaboration with Safedmonton and community groups, attracted money to fund 400 more Safe Needle Disposal Toolkits that offer Edmontonians practical and accessible information about drug and needle use and safe needle disposal.



Sharing Best Practices with Other Drug Strategies

The strategy makes a priority of sharing experience and best practice solutions with other communities:

Members attend gatherings of the Provincial Network of Drug Coalitions, quarterly meetings of Edmonton-region drug strategies and a significant number of conferences at the local, provincial and federal level.

The Grow-Ops Coalition's brochure on how to spot a marijuana grow-op was translated into French by the Surete du Quebec, the Quebec provincial police force. In exchange, the ECDS was offered credit for the brochure design and use of the French copy.

The drug strategies of Edmonton, Vancouver, Toronto and Regina will be presenting a talk at the Issues of Substance annual conference, which is organised by the Canadian Centre on Substance Abuse and will be held in Edmonton in November 2007.

The ECDS has given presentations before community agencies, police forces and government officials at conferences organised by Justice Canada and Health Canada

Recognising that municipalities face very similar challenges at the provincial level, the Edmonton and Calgary Grow-Ops groups have cooperated several times in calling legislative attention to the needs of enforcement officials.

Advocacy Working Group

Chaired by Task Force member Deborah Jakubec, Executive Director of HIV Edmonton, the Strategy's Advocacy working group is focusing on closing gaps for young adults with both mental health and addictions issues (a situation known as dual diagnosis or concurrent disorders).

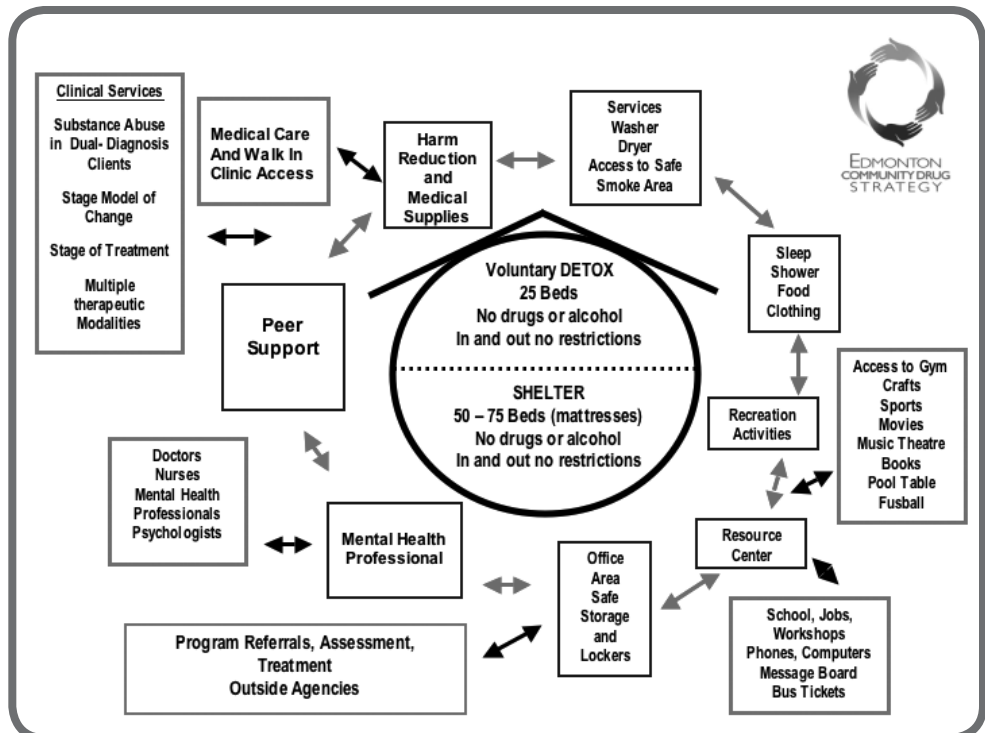
The 2004 workshop highlighted the need for suitable affordable housing for people with addictions, particularly those entering or exiting addictions programs. Priorities for advocacy also include addiction services for street youth as well as youth-specific treatment slots and detoxification beds.

Advocacy Working Group members are especially concerned about young adults in transition from youth facilities to adult shelters. Those between 18 and 24 with concurrent disorders are particularly vulnerable, as a lack of shelters for this age group leaves them no choice but to enter adult shelters. In June 2005, the group decided to advocate for tolerant shelters for young adults with dual diagnoses between the ages of 18 to 24.

In January 2006, the group hired a consultant to assess needs and assist in developing a tolerant shelter model to 18- to 24-year-olds. Along with the ECDS coordinator, the consultant held focus groups involving this age group at the Old Strathcona Youth Co-op, the Boyle St. Co-op and the Multicultural

Health Brokers. Working group members also went to Vancouver, where they attended a conference and visited tolerant shelters. Youth in both cities spoke of a need for shelters with mental health support and safe, secure environments – places where they can build positive relationships, improve their quality of life and make healthier lifestyle choices.

Drawing from that research and other sources in Edmonton, the group formulated a ideal tolerant shelter model for young adults between 18 and 24 with concurrent disorders. Open 24 hours a day, this shelter would have 50 to 75 mattresses and a voluntary detoxification with 25 beds. The shelter would meet basic needs, offering food and clothing, a safe place to sleep, a shower, locked storage, medical and hygiene supplies, a mental health professional, access to addiction related services, peer support and recreational activities. No drugs or alcohol would be permitted on the premises.



Two Advocacy working Group members presented the shelter model to the Task Force in June 2006. Health Canada funded this presentation as well as the consultant's work.

The next step was converting this model into a discussion report that could be circulated to key decision-makers, a step again generously funded by Health Canada. That report, published in June 2007, will be a critical tool in making the case to community partners and government agencies for a tolerant shelter. The report can be read at www.edmonton.ca/drugstrategy.

The Advocacy Working Group also developed a pocket folder for youth and young adults up to age 24 who need resources, shelter or support. With the message "Because We Care" on the front and a list of resources on the back, the folder contains two bus tickets to help youth reach shelter or support. Funded by Health Canada with some support from the Alberta Lottery Fund, the pocket folders were distributed through partner agencies.

Advocacy Group Members:

- *HIV Edmonton*
- *Edmonton Community Drug Strategy (ECDS)*
- *Prostitution Awareness and Action Foundation of Edmonton (PAAFE)*
- *City of Edmonton Community Services*
- *Native Counselling*
- *Streetworks*
- *Youth Advisor*
- *Directions for Wellness (Consultant)*
- *Old Strathcona Youth Coop*
- *Young Men's Christian Association (YMCA)*
- *Edmonton Coalition on Housing and Homelessness (ECOHH)*
- *Boyle Street Co-op*
- *Inner City Youth Housing Project (ICYHP)*
- *Health Canada/ECDS*
- *Boys & Girls Club*
- *Restorative Justice*
- *White Elephant Connection*
- *Clean Scene*
- *Edmonton Police Service*
- *George Spady*
- *Nechi, Training & Research Division*
- *Market Drugs Medical*
- *Elizabeth Fry Society*
- *Willingdon Treatment Centre*
- *University of Alberta*
- *Canadian Mental Health Association (CMHA)*

Coordination Working Group

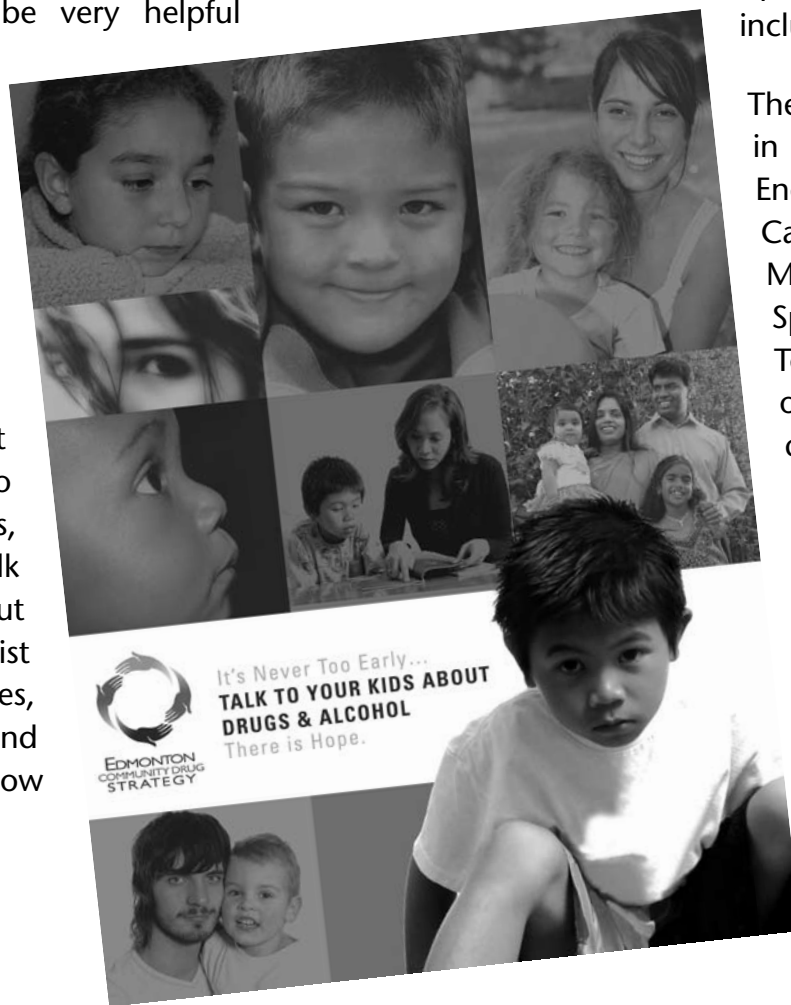
Chaired by Bob McKim of Capital Health, the Coordination working group has as its focus parent education, one of the top priorities for coordination of services identified at the 2004 workshop. In June, 2005, the group agreed to spearhead two projects. The first was a toolkit for hard to reach parents and other adults with children 12 years of age and under, while the second was a pocket folder for those with children 24 years and younger containing a positive message plus two bus tickets for use in travelling to community resources.

The tools are intended for parents and other caregivers who are marginalized due to factors such as poverty, general health, age, previous or present addictions, culture, colour, gender, sexuality, religion, sexuality, inadequate housing, lack of transportation, isolation, family violence or language.

Besides parents, the tools are targeted for guardians, grandparents, mentors, coaches, extended family members or other adults who are significant in the life of a child or youth.

Supported by Health Canada, the group hired consultants to help develop the two projects. With the ECDS coordinator, the consultants facilitated focus groups with parents and community workers at the Unity Centre, Abbottsfield Recreation Centre, Community Services Clareview Site, Multicultural Health Brokers, KARA Family Support Centre Society, McCauley After School Care Fair and ASSIST Community Services Centre.

Participants indicated that a toolkit in various languages would be very helpful to parents from different cultures whose English is limited. They said the toolkit should illustrate what various drugs look like, give their street names, describe their effects, point out what to do after finding drugs, suggest ways to talk with children about drugs and alcohol, list community resources, build self esteem and let all parents know that there is hope.



The resulting toolkit includes a letter to the parents, a personal story of hope, an AADAC pamphlet titled "Getting Help for Your Son or Daughter Who is Drinking, Using Other Drugs or Gambling" and a parenting sheet from the Family Centre titled "Helping Children to Be Resilient." The toolkit also contains resources developed with Cole's Kids Association and Edmonton Police Service: a drug reference guide, descriptions of drug paraphernalia and tips on proper handling of discovered drugs. There are also two optional sheets: a gang prevention sheet from the Community Solution to Gang Violence and a sheet on spotting and responding to marijuana grow operations from the Edmonton STOP Marijuana Grow Ops Coalition. All toolkits include a feedback form.

The toolkits are available in 10 languages: English, French, Arabic, Cantonese, Cree, Hindi, Mandarin, Somali, Spanish and Vietnamese. Toolkits in languages other than English do not include the parenting sheet, since each cultural agency has its own parenting information. Nor do those toolkits include the AADAC pamphlet and the optional sheets, which are only available in English.

The toolkits were launched in a large media event in November 2006, presided over by Co-Chairs Gary Nelson and Councilor Janice Melnychuk with speeches from Mayor Mandel, Chief Mike Boyd of the EPS, AADAC CEO Murray Finnerty and Yvonne Chiu of the Multicultural Health Brokers Co-operative. The event drew coverage from television, radio and print media and was an excellent start for the toolkits. The toolkits are being distributed via support workers and social workers, who have discretion to determine which of the available materials to offer the families they are helping.

The innovative nature of this project was recognized in May 2007. The City of Edmonton Diversity Leadership Team presented an award to Edmonton Community Drug Strategy Task Force staff for the multi language Parent Resource Toolkit.

"In the Steering Committee's considered opinion, the greatest opportunity for success lies in stronger collaboration between the many independent agencies, community groups and concerned citizens who are currently committed to helping children and youth achieve healthy and safe futures, free from the harms of alcohol and illicit drugs."

Councillor Janice Melnychuk, Co-Chair
Edmonton Community Drug Strategy

The second project, a pocket folder containing bus tickets for those with children 24 years of age and younger, also was translated into many

languages. Each cultural group involved chose a message for the outside of the folder from the following four options: "Be Aware Because You Care," "Protect Our Children," "There is Hope" and "Keep the Circle Strong." Due to cost restrictions, only one message could be printed in each language. Inside the folder are two bus tickets to help people reach community resources. All folders contain this message as well: "It's never too Early... Talk to your Kids About Drugs and Alcohol. There is Hope." Community resources are listed on the folders' reverse side.



Health Canada funded much of the work, with support from Alberta Lottery Fund (pocket folders and toolkits) and AADAC (toolkits and translation).

Working Group members:

- Capital Health
- KARA Family Resource Centre Society
- Inner City Youth Housing Project
- City of Edmonton Community Services
- Edmonton Police Service
- AADAC Youth Services
- Edmonton Catholic Schools
- AADAC Henwood Treatment Centre
- Catholic Social Services
- Millwoods Welcome Centre for Immigrants
- Restorative Justice
- Bissell Centre
- Elizabeth Fry Society
- Abbottsfield Youth Project
- Partners for Kids and Youth
- Cole's Kids Association

Edmonton Stop Marijuana Grow Ops Coalition

Spearheaded by Councillor Karen Leibovici, this multi-stakeholder collaborative launched April 2005 in response to Edmonton's documented increase in marijuana grow operations. Members include representatives from the health sector, the insurance industry, business, real estate, utilities, police, social services and government. The coalition and its subcommittees work closely with RCMP and EPS members, known as the Edmonton Green Team, who address illegal grow sites and related crime.

In September 2005, the same month that it became part of the Edmonton Drug Strategy, the coalition launched a brochure aimed at equipping citizens to spot and report grow ops. The brochure also points out health hazards, neighbourhood and personal safety concerns and economic implications posed by grow houses. Financed and designed by the Edmonton Real Estate Board and sponsored by the City of Edmonton, EPS and Douglas Printing, the brochure was distributed by EPCOR, the Edmonton Real Estate Board, the

Edmonton Police Service, the City of Edmonton and Capital Health. Thanks to these partners, the brochure went out to 300,000 homes, businesses and community agencies across the city. It is also available on partner websites, including that of the ECDS (www.edmonton.ca/drugstrategy).

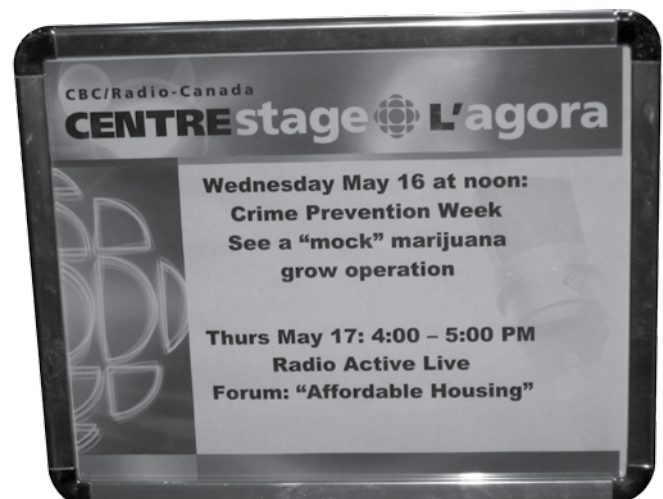


The coalition's Communication Subcommittee also developed PowerPoint presentations, toolkit materials, fact sheets and a newsletter article to help spread awareness of grow ops within and beyond Edmonton. The coalition has presented to colleagues in Leduc and Wetaskiwin and welcomes other invitations to build synergy. Jurisdictions across Canada have also requested grow op brochures and related information.

Green Team members reported early on an increase in tips to Crimestoppers about suspected marijuana grow houses. The work of this group and continuing media coverage of the concern have led to greater public awareness and interest in identifying possible grow operations in the community.

Besides sharing information, facilitating connections and sounding public alerts about grow ops, the coalition advocates for legislative change. The coalition reviews legislation and recommends and advocates for change in legislation when the need is identified.

In June 2006, the coalition joined counterparts in Calgary in being nominated for the Minister's Awards for Municipal Excellence.



In keeping with its prevention message, the Stop Marijuana Grow Ops Committee held a highly publicized community forum on CBC Radio Centre Stage in May 2007 during Alberta Crime Prevention Week. Entitled "How to Spot a Grow Op", the downtown mall venue attracted over 200 visitors during its lunchtime show, complete with a "mock" grow-up set up by the Green Team.

Working Group members:

- Councillor, City of Edmonton
- EPCOR
- Real Estate Council of Alberta
- Edmonton Police Service
- Edmonton Real Estate Board
- City of Edmonton
- Capital Health
- RCMP
- Insurance Bureau of Canada
- ATCO Gas

"The strength and support of the stakeholders within the Edmonton community has generated this collaborative community partnership to solve a community problem."

Edmonton STOP Marijuana Grow Ops Coalition
Award Submission, Municipal Excellence Network



This Final Task Force Report is aimed at bringing forward to City Council , our stakeholder partners and to the community at large, the many accomplishments of the Edmonton Community Drug Strategy from 2003-2007. We hope it will build awareness of the coalition's successes and strengths and that it will illustrate the need to continue this effort in a sustainable way to support our young people in the fight against drugs and addictions.

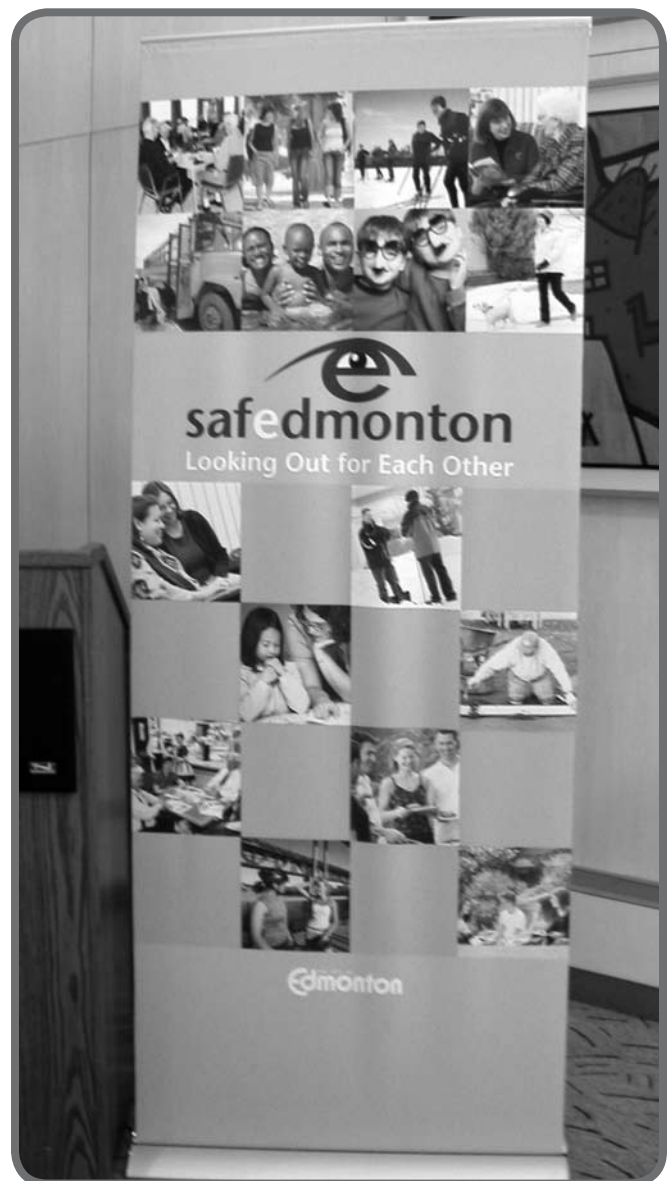
In May 2007, the ECDS Task Force submitted its action plan for 2007-08 to Health Canada. Their response to extend funding until March 2008 will provide the coalition with time and resources to seek a truly sustainable funding mechanism and partnership, while continuing in 2007-08 to work on projects that speak to helping youth and parents understand, prevent and address the harms of addictions.

Identifying and establishing a sustainable home base and source on ongoing resources and support for the Edmonton Community Drug Strategy is a key priority at this time. Greater integration within the existing municipal framework, multi-partner commitments to support and closer alignment with other city-wide initiatives are seen as offering the most potential for a sustainable solution and support for this vital collaboration.

The ECDS Action Plan for 2007-08 provides vision, principles and strategic directions for 2007-08 focusing on actions against drugs and to support youth in Edmonton. It will guide the ongoing work of the the committee and working groups in the year ahead. In 2007, the ECDS partnership will continue to build a strong leadership team and linkages with other initiatives that will provide solid ground for continued work on the on the complex issue of drugs and alcohol among youth.

"Among the most important factors influencing the success and sustainability of community initiatives are dedicated resources for coordination and administration."

Municipal Drug Strategy
- Federation of Canadian Municipalities



Strategic Objective #1: Collaboration

These actions foster multi-sectoral collaboration, building relationships with key players to address alcohol and drug misuse. The action engages key stakeholders to address their interests and enlist their support. It also encompasses a focus on aligning with other Edmonton initiatives to a greater degree in order to build a sustainable governance and funding platform for actions to fight addictions in Edmonton.

- ~ *To become a hub or centre of excellence around community drug strategies*
- ~ *To continue to support innovative pilot projects related to addictions and youth*
- ~ *To reach out with information and educational materials and presentations*

Strategic Objective #2: Advocacy and Awareness

These actions focus on advocating for increased public awareness and education on issues and priorities related to alcohol and drug misuse, which may include changes to policies or legislation. Communication is used as a tool.

- ~ *To advocate for a Tolerant Shelter model for high risk young adults with concurrent disorders*
- ~ *To develop Phase II of the Pocket Folder for high risk youth*
- ~ *To advocate for new and innovative approaches to support young people struggling with addictions and to address service gaps*

Strategic Objective #3: Coordination

Actions focus on coordinating access to information and best practice models for alcohol and drug misuse utilizing the four pillars: prevention, harm reduction, treatment and enforcement. Communication is used as a tool. Participation is encouraged.

- ~ *To continue to share and showcase the 10 language parent resource toolkit*
- ~ *To develop and distribute the Toolkit in 3 additional languages*
- ~ *To develop Phase II of the Pocket Folder*
- ~ *To share local success stories, showcasing learnings and accomplishments of the ECDS and maintaining a comprehensive web site for Edmontonians*
- ~ *To reach out to include young Edmontonians in the work around addictions and prevention*

Strategic Objective #4 Edmonton Stop Marijuana Grow Ops Coalition

The Edmonton Stop Marijuana Grow Ops Coalition will continue to build on its key areas of action in 2007-08:

- ~ *Public education and awareness about grow ops and how to report them*
- ~ *Advocacy for legislative and policy change around grow ops*
- ~ *Coordination with other agencies, partners and communities to build bridges and connections among systems*

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APPENDIX 1 | EDMONTON COMMUNITY DRUG STRATEGY TIMELINE

November 2003

Key stakeholder collaboration: Mayor Bill Smith meets with AADAC, Edmonton Police Service, Edmonton Public and Catholic schools. Steering committee formed, co-chaired by Mayor Smith and Bob Ritter of the Catholic School Board.

Feb-March 2004

Expanded Think Tank: partners agree to collaborate; AADAC commits half-time coordinator and research support for a year.

Mid-2004

Strategy development: Health Canada’s Drug Strategy Community Initiatives Fund contributes \$112,500 over two years.

September 2004

ECDS Community Workshop: 240 stakeholders outline a balanced blueprint for action at a kick-off conference sponsored by Health Canada, Capital Health Authority, Edmonton Chamber of Commerce, City of Edmonton, Safeway Canada.

Spring 2005

Commissioned work: Drug strategy commissions a workshop summary and literature review by Dr. Cameron Wild and develops communication tools. March 2005 Governance: ECDS Governance Work Group identifies core business activities as advocacy and coordination; proposes two action groups.

May 2005

Steering Committee recommends ECDS become a time-limited task force led by the City of Edmonton and owned by the community.

June 2005

Edmonton Stop Marijuana Grow Ops Coalition forms, led by Councillor Karen Leibovici and involving numerous partners.

June 2005

The ECDS provides funding from Health Canada to assist Project SNUG, a collaborative Edmonton program offering services to those involved in prostitution at the time of their arrest.

July 2005

Edmonton Drug Treatment & Community Restoration Court receives federal funding to pilot new approaches to drug offenders.

September 2005

City Council Bylaw creates Edmonton Community Drug Strategy Task Force with a three-year mandate. Edmonton STOP Marijuana Grow Ops Coalition becomes an initiative of the new task force.

2006-2007

Renewed Health Canada funding is matched by the Alberta Community Initiatives Program (Alberta Lottery Fund). City of Edmonton support also continues.

February 2006

New representatives join ECDS Task Force: three citizens-at-large, and representatives from the youth and urban Aboriginal sectors.

Spring 2006

Grow Ops Coalition commissions presentation, toolkit materials and a brochure to help citizens identify and respond to marijuana grow operations.

April 2006

Task Force endorses the National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada

Summer 2006

Task Force accepts report from Advocacy working group calling for new detox, shelter and treatment facility for those aged 18-24 and afflicted with concurrent disorders.

November 2006

Parent Education Toolkits, the Coordination working group project, is launched at City Hall by Mayor Mandel and representatives of the police, treatment and community worker communities.

Winter 2006-07

The Strategy continues research into treatment shelter: Health Canada provides funding for a consultant to conduct the business planning process.

February 2007

ECDS again provides part of its Health Canada funding to continue the support of Project SNUG.

March 2007

The ECDS is invited to give presentations on its successes and findings at the federal Department of Justice Roundtable on Youth Crime as well as the Health Canada Showcase for the Drug Strategy Community Initiatives Fund.

May 2007

The ECDS submits a plan of action for 2007-08 to Health Canada and receives extended funding for the period ending March 31, 2008.

June 2007

ECDS Task force explores greater alignment with the Safedmonton Initiatives of the City of Edmonton, in the search for a sustainable and more integrated approach.

July 2007

Task Force submits Final Report to Edmonton City Council, including recommendations for the ongoing sustainability and success of the Edmonton Community Drug Strategy and its efforts.

APPENDIX 2 | REFERENCES

THE FOLLOWING DOCUMENTS ARE REFERENCED IN THIS REPORT. VISIT WWW.EDMONTON.CA/DRUGSTRATEGY FOR MORE INFORMATION

- Edmonton Drug Strategy Project Research – Dr. Cameron Wild, et al, March 25, 2005
- Alberta Drug Strategy: Stronger Together, A Provincial Framework for Action on Alcohol and Other Drug Use, October 2005
- National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada, 2005
- Edmonton Community Drug Strategy Task Force Bylaw 14096
- The Alberta Youth Experience Survey (TAYES) 2005, Summary Report
- Reducing Alcohol - Related Harm in Canada: Toward a Culture of Moderation, Recommendations for a National Alcohol Strategy, April 2007
- Developing an Alberta Alcohol Strategy, Background Information, May 2007

APPENDIX 3 | EDMONTON COMMUNITY DRUG STRATEGY PARTNERS 2005-07



The Edmonton Community Drug Strategy Task Force is made up of partners from many sectors of our community. Through the ECDS, all three levels of government, community agencies, youth representatives and citizens at large come together to address the harms of addictions.

ECDS Task Force Steering Committee 2005-2007

- | | |
|---|--|
| Alberta Alcohol and Drug Abuse Commission
– Allan Aubry, Cindy King, Marilyn Mitchell,
Jill Mitchell | Edmonton and Area Child and Family
Services (Region 6) – Cheryl Diebel, Sharon
Long, Gary Kearns |
| Alberta Education – Tom Walton, Sandi
Roberts | Edmonton Catholic School District – Helen
Matsuba, Laurie Pelkie, Bob Ritter |
| Alberta Solicitor General – Kathy Collins | Edmonton Chamber of Commerce – Kim
Nishikaze, Lori Farquharson |
| Capital Health – Bob McKim | Edmonton Police Service – David Korol,
Darryl da Costa, Tom Grue, Mike Bradshaw |
| City of Edmonton – Stephen Mandel, Janice
Melnychuk, Kathy Barnhart, Judy Walz, Norm
Dueck, Elaine Betchinski | Edmonton Public School Board – Carol
Symons, Fred Buffi, Kevin Stevenson |
| City of Edmonton Youth Council – Ella Henry,
Pauline Voon, Naeem Ladhani, Lilliam Lim,
Avnish Nanda | Health Canada – Lynne Waring |
| Citizens at Large – Percy Odynak, Michael
Chalk, Carla Clark | HIV Edmonton – Deborah Jakubec |
| Edmonton Aboriginal Urban Affairs
Committee – Derek Chewka, Carla Elder | Salvation Army – Brian Venables, Karen
Diaper, Larry Brown |
| | Safedmonton – Gary Nelson |
| | ECDS Staff Support – Laurie Park, Michael
Chalk, Cheryl Klassen, Lorna Mills, Kate Gunn |

Advocacy Working Group

Chair: Deborah Jakubec

Beatrice McMillan

Carla Clark

Cindy King

Dania Kochan

Dave Hill

Dawn Hodgins

Gary Nelson

Gord and Karin Daniher

Irene Kerr-Fitzsimmons

Jackie McGowan

Karen Bruno

Karen Leighton

Lorette Garrick

Lynne Waring

Marg Milicevic

Marliss Taylor

Meagan Miciak

Melinda McNie

Michael Chalk

Paul Madra

Percival Odynak

Rick Cole

Suzana Rymak

Coordination Working Group

Chair: Bob McKim

Barry Greenspan

Carla Clark

Cathy Backewich

Christine Stevens

Dave Hill

Gary Nelson

Glenn Walmsley

Helen Rusich

Irene Stone

Jordan Head

Josh Kilb

Kim Turcotte

Linda Stiefel

Lynne Waring

Melinda McNie

Michael Chalk

Michelle Merchant

Nancy Douglas

Pat Moffat

Patty Violette

Rick Cole

Shanneen Goszulak

Shaukat Ali

Susan Jamieson

Tim Starko

Tracey Bink

Vivien Lam

Z'Anne Harvey-Jansen

Edmonton Stop Marijuana Grow Ops Coalition (ESMGOC)

Chair: Councillor Karen Leibovici

Adrian D. Marr

Craig King

Darren Derko

David Aitken

Debbie Heberling

Derek Ramage

Doug Downs

Glen Stalker

Glenn Jenkins

Greg Alcorn

Ian Gillan

Irvin Roth

Jim Rivait

John Byron

John McWilliam

Jon Hall

Kathy Barnhart

Ken Dong

Larry Bartsoff

Madeline Sarafinchan

Pat Rudiger

Peter Jackson

Ron Hutchinson

Sharon Copithorne

Note: ECDS Co-Chairs are ex officio members of all working groups.



EDMONTON
COMMUNITY DRUG
STRATEGY

edmonton.ca/drugstrategy

Funding provided by Health Canada and Alberta Lottery Fund
July 2007