

Enhancing Our Community's Response to Addiction Services

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Key Terms

Addiction - the state of being enslaved to a habit or practice or to something that is psychologically or physically habit-forming, such as narcotics, to such an extent that its cessation causes severe trauma

Addiction Treatment Professional - an addiction focused professional who works to enhance the health and recovery of individuals, families and communities involved in substance abuse

Community - For the purpose of this project, community refers to the Peterborough city and county

Drugs - In the context of the Peterborough Drug Strategy Task Force, includes all substances except tobacco (illicit drugs, alcohol, medications, etc.)

Drug strategy - An integrated framework and action plan to describe how individuals, families, communities and institutions will work together to prevent and/or reduce the negative effects of substance use

FOURCAST – Four Counties Addiction Services Team

Four Pillars - A drug strategy model, based on the collaboration between four approaches: prevention, harm reduction, treatment and enforcement.

Harms associated with drug use - The range of negative consequences for individuals, families, peer groups and communities associated with drug use. These harms can be psychological, physical, emotional, economic or otherwise in nature.

Harm reduction - Refers to a range of pragmatic and evidence based public health policies and approaches designed to reduce the harmful consequences associated with drug use.

PARN - Your Community AIDS Resource Network - A community based agency providing support and health promotion for people HIV-infected and HIV-affected. PARN provides education for people at risk for HIV and awareness of AIDS issues to the broader community.

Peterborough Drug Strategy Task Force (PDSTF) - PDSTF was formed from a collective community concern about drug issues in Peterborough. It is a collaboration of representatives from the fields of Harm Reduction, Prevention, Treatment and Enforcement, working together to reduce the harm associated with substance use in Peterborough City and County.

PLCPS - Peterborough Lakefield Community Police Services

Risk factors - Personal or environmental factors that make a person more likely to engage in problematic substance use, such as age, psychological disorders and family modeling of substance use.

Substance misuse - For the purpose of this report, the term ‘substance misuse’ refers to instances of harms associated with excessive drug use.

Abstract

Substance use and addiction are key issues in the community of Peterborough City and County. Substance use affects health, crime, safety, family strength, and community wellness. The purpose of the present project is to study the need for and feasibility of co-locating a Four Counties Addictions Services Team staff person with PLCPS by researching this topic and providing answers to the questions that the PDS proposed above. A literature review was conducted on existing addictions professional and police partnerships across Canada, as well internationally, and the best practices from these studies were taken to develop a program for an addictions services and police co-location in Peterborough.

It was found that an integrated approach is the best way to deal with substance abuse and crime. Partnerships between police units and addiction specialists allow for training of the police staff, and provide resources for addicted individuals in the criminal justice system. An addictions professional and police partnership would be the most beneficial method for reducing the negative impact of substance use-related crime in Peterborough. Further research is required to determine if the need for such a partnership is great enough to put valuable resources towards it.

Keywords: Peterborough, addictions professional, police co-location

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Peterborough Drug Strategy

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Introduction

Community members and organizations of Peterborough City and County, as well as in other communities across the province, consistently report that substance use and addiction are key issues in the community (1). Substance use affects health, crime, safety, family strength, and community wellness (1). All people in Peterborough are affected by substance use and its harmful effects, whether by their own substance use, or by that of a loved one, neighbour or co-worker. It is clear that we live in a substance using and abusing society, but the issue is there is still such a high level of judgement towards drugs and those that use them. This stigma is a huge barrier to efforts to reduce substance related harms and discourages individuals to seek and accept help. As stated in the Peterborough Drug Strategy's strategic plan in 2012, the residents of Peterborough have expressed that substance use is the most concerning issue regarding crime and policing (1). Addiction is often closely related to criminal behaviour, and it is important to understand the link between the two (2).

There are three types of drug-related crimes. Alcohol and drug-defined crime concerns violations of laws prohibiting or regulating the possession, use, distribution, or manufacture of alcohol or illegal drugs (3). Alcohol and drug-related crime concerns violations of laws as a result of being under the influence of alcohol or drugs, or trying to get cash to pay for alcohol or drugs (3). Alcohol and drug-using lifestyle crime concerns violations of laws as a result of living a lifestyle where a person may not have a job or source of income and is exposed to situations and individuals that encourage crime (3).

In the past, Anti-Narcotic Laws were designed to reduce the negative social and medical consequences associated with drug abuse (2). Addicts who violated these laws are treated as

prisoners deserving punishment rather than as patients needing treatment (2). The result was often prompt relapse on discharge, with a vicious circle of other violations and prison confinements (4, 5). In the past two decades, the number of adults involved in the criminal justice system in the United States has quadrupled, due largely to prosecutions of drug-related crimes and drug-addicted offenders (6). In 2007, the rate of drug-related offenses in Canada reached its highest point in 30 years (7). Criminal offenders have rates of substance abuse and dependence that are more than four times that of the general population in the USA (6). Drug abuse and crime continue to be linked; and although addiction is recognized as a chronic, relapsing disease, offenders are still not getting the treatment they need, such as rehabilitation or medical assistance (2, 8).

Chronic drug abuse causes long-lasting brain changes that contribute to an addicted person's compulsion to seek and use drugs despite the consequences (2). These brain changes persist long after drug abuse ends, leading to high rates of relapse and the need for continuing treatment to help an individual achieve recovery (2).

Research suggests that treatment can significantly improve the lives of drug abusing offenders by preventing relapse and reoffending, even when it is entered involuntarily (2). Forced abstinence during incarceration is not equivalent to treatment. Failure to receive needed treatment or access to services often leads to relapse and re-arrest, usually during the first 12 months after release (4, 5). Longitudinal studies show that treatment begun in the criminal justice system and continued in the community leads to lasting reductions in criminal activity and drug abuse (2). Providing treatment is cost-effective, saving between \$2 and \$6 for every \$1 spent, which in part reflects reductions in criminal behavior and re-incarceration (2, 9). In Canada alone, \$95 is spent on incarceration of drug users for every \$5 spent on drug rehabilitation (7).

What can be taken from the studies mentioned above is that treatment works, is cost-effective, and can help end the vicious cycle of drug abuse and criminal recidivism, yet it is still not a common option for drug abusing criminal offenders. It is important to introduce options for treatment and recovery to drug abusing offenders throughout the criminal justice system process.

Over the past decade in Ontario, municipal strategies for addressing drug and alcohol misuse have been expanding and improving due to the increasing problems associated with alcohol and other drug issues at the local level (10). There is a shifting opinion that a drug policy focused on enforcement, criminalization and the judicial system may not be as effective as other policies that are focused on a more comprehensive approach, such as the “Four Pillar” approach (10). Most of the municipal strategies are focusing around the “Four Pillar” approach which is a drug strategy model based on the collaboration between prevention, harm reduction, treatment and enforcement (1). These approaches are gaining credibility and are being recognized as a successful, effective method for responding to drug and alcohol misuse issues and improving the quality of life for individuals and communities across Ontario (10). In 2011, there were two cities in Ontario with a developed drug strategy, 12 cities in the process of implementing a drug strategy, and 6 cities in the process of planning a drug strategy (10). Peterborough was one of the cities in the process of planning a drug strategy.

In 2008, the Peterborough Lakefield Community Police Service (PLCPS) identified drugs as the foremost concern of the community based on a customer satisfaction survey (1). The PLCPS decided to look into the four pillar approach as a method to address the substance use concerns. The PLCPS collaborated with the local agencies FOURCAST, Peterborough County-City Health Unit, and PARN, and formed the Peterborough Drug Strategy Task Force (PDSTF) in 2009 (1). The PDSTF determined that a comprehensive plan to reduce the negative impacts of

substance use is necessary to reduce fragmentation, limit duplication of services and ensure community activities are well informed (1). The PDSTF developed into the Peterborough Drug Strategy.

Peterborough Drug Strategy (PDS) is a collaboration of prevention, enforcement, treatment and harm reduction organizations, working to reduce the negative impacts of substance use in the Peterborough City and County (11). PDS's vision is to improve the health, safety and well-being of all citizens by working together to reduce the harm caused by substance use (11). PDS's mission is to develop a comprehensive drug strategy, including legal and illegal drugs, except tobacco, for the City and County of Peterborough that reflects the needs of our community and demonstrates the strength gained from working together (11).

The PDS works closely with several partner agencies, including the Four Counties Addiction Services Team (FOURCAST). FOURCAST is a community addiction treatment agency offering professional counselling services for anyone concerned with substance use or problem gambling, whether it is for them or a loved one (12). FOURCAST's goal is to support their clients by empowering individuals to make their own choices in an open, non-judgmental atmosphere, focusing on encouraging positive change (12). FOURCAST's mission is to provide counselling, education and community leadership with the highest level of competence in the areas of substance use and gambling (12). Their vision is for organizational growth and development in response to community needs, while maintaining the agency's core values and service excellence (12). These organizations both deal closely with addiction and the impacts that it has on addicted individuals, their families, and the rest of the community.

Peterborough Drug Strategy is interested in determining if hiring an addictions professional to work with the PLCPS would be an effective avenue in the collaborative approach to reducing the negative impact of substance abuse in the Peterborough City and County. The addiction treatment professional would be based at the police station and would be available to train and provide knowledge to the police staff, as well as respond to service calls that are drug and/or alcohol related. When responding to the call, the addiction professional would make an assessment of the individual and determine whether they are at risk of alcohol or drug related harm and what resources or treatment is needed to provide help to these individuals in recovering from their substance abusing lifestyle. PDS has three questions they need answered in order to determine if this addictions professional/police co-location would be a good use of resources and useful to the community:

- What current literature is available that focuses on exploring and researching addictions treatment/police partnerships?
- Are there any police units that currently have an addictions professional located at the detachment for addiction support?
- What are the recommended best practices from any existing addictions treatment/police partnerships?

The purpose of the present project is to study the need for and feasibility of co-locating a Four Counties Addiction Services Team staff person with PLCPS by researching addictions professional and police co-locations and providing answers to the questions that the PDS proposed above. The project is necessary because there is such a close link between crime and substance use. If the research from this project determines that there is a need for and it is

feasible to bring in an addiction treatment professional to work alongside the police, it will have a huge impact on the outcome of individuals involved in crime related to substance use by giving these individuals options for getting the help they need to stop abusing drugs or alcohol. This project does not seek to solve the whole issue of substance use and its harmful effects, but it is one step in the comprehensive approach to deal with the issue. More research will be needed regarding quantitative data from statistics and the police NICHE database.

Methods

The goal of my research for the present study is to determine the need for and feasibility of co-locating a Four Counties Addiction Services Team staff person with the Peterborough Lakefield Community Police Services. The first step was to determine my research questions and my research strategy. Three research questions were developed based on the questions proposed by the Peterborough Drug Strategy. The first question will determine what current literature exists that focuses on exploring and researching addictions treatment/police partnerships. The second question will determine whether there are any police units that currently have an addictions professional located at the detachment for addiction support. The third question will determine the recommended best practices from any existing addictions treatment/police partnerships.

When designing my research strategy I had to keep in mind the limited timeframe and the availability of sources. Data research from the PLCPS Niche database was considered as the method for obtaining information, but due to the time it would take to look through the extensive amounts of data, and the unorganized and inconsistent format in which the data was recorded, this idea was discarded and a new approach was created. I decided to use a theoretical literature-based approach to gain the information needed to answer my research questions.

To determine the need for the co-location of an addictions professional, I researched statistics from 2005 to the present for drug and/or alcohol involvement in criminal offenses, both in Peterborough and in Canada as a whole. I used Statistics Canada, the Parliament of Canada website, and the Peterborough Drug Strategy Discussion Paper from 2011 to find this information. To determine the feasibility of co-locating an addictions professional with the

Peterborough Police, I conducted research to find existing programs where an addictions professional is co-located with police services. I used the search engines Google, Google Scholar and Scholars Portal to find articles and reports on existing programs. I used the following keywords for my literature searches: addiction professional, addiction specialist, police service call, and police co-location.

After finding other similar programs, I was able to study their best practices and determine if such a program could be implemented in Peterborough. No programs currently exist in Ontario where an addictions professional is co-located with a police unit, so it is necessary to look across Canada and internationally to obtain this information. There are, however, examples of co-locations of mental health specialists with police departments in Ontario, including Peterborough. These co-locations can be examined as well, since they show that this type of model is effective in Peterborough and other communities, and can be used as a model for developing an addictions colocation program. After a brief preliminary search, where I found that the majority of the literature was from British Columbia and the United Kingdom, I decided to spend some time narrowing my focus to those two locations. I narrowed my searches to Scotland and Vancouver/Victoria and surrounding areas. I examined the literature to determine if police and addiction services partnerships were successful and effective, and I looked at these case studies to see if their procedures and best practices could be reproduced for the development of a co-location in Peterborough.

Findings

In order to better organize my findings and ensure that the research questions are all thoroughly answered and discussed, I have divided the findings into sections for each of my research questions where I will explain the findings of my research and discuss what they mean and how they relate to the original questions and purpose of this project.

Research Question 1 - What current literature exists that focuses on exploring and researching addictions treatment/police partnerships?

During the literature review for this project, I found that there are very few existing addictions specialist/police partnerships at this time, both in Canada and internationally. There are, however, numerous mental health worker/police partnerships, including one in Peterborough. With these mental health worker/police partnerships, I found that some of them include dealing with addiction under the duties of the mental health worker, while the others do not. The duties of the mental health worker in the Peterborough co-location do not cover addiction. I found many articles that discussed the issue of drug-related crime, and in most of these they recommended enhancing addiction services and developing partnerships with local agencies focused on dealing with addiction to improve the ability to deal with drug-related crime. These recommendations have been proposed in reports across the country, as well as internationally, since as early as 1996 (13-19).

My literature review confirmed that there is a distinct lack of research exploring addictions treatment/police partnerships. Few programs that exist that specifically co-locate an addictions professional with a police unit, and it is more common to have a mental health worker co-located

with a police unit. This suggests that, since dealing with addiction is often covered under the duties of a mental health worker, these agencies do not consider it necessary to hire an addictions specialist as well. With the mental health worker/police partnerships, the majority of the focus is on mental illnesses and disorders, so addiction is not high in their priorities. It is important that individuals with addiction and substance abuse problems are given the appropriate support and resources to promote their treatment and recovery. In order for them to get this support, it is necessary to have an addictions professional on staff who is solely dedicated to this area of focus.

Most articles and reports concerning drug or alcohol abuse and its relationship with crime recommend partnerships with local agencies to improve the ability of police forces to deal with drug related crime. This widespread recommendation suggests that the partnerships between police forces and addictions services are the most effective methods for reducing the negative impact of substance use-related crime and would be a useful approach for Peterborough to develop as well.

Research Question 2 - Are there any police units that have an addictions professional located at the detachment for addiction support?

I found a small number of existing addictions professional/police partnerships, as well as some organizations that work closely with the police though they don't specifically have a co-location of staff. I have split up the results of my research for this question into sections based on 7 case studies of organizations or locations that have existing addiction professional and police partnerships. For the mental health worker/police partnerships that do cover addiction as well as mental disorders, I have included them as an existing addictions professional/police partnership.

Ontario Case Studies

Chatham-Kent Police Force/Chatham-Kent Health Alliance and Mental Health and Addictions Program

In the 2013 Chatham-Kent Addictions Awareness Conference, the link between trauma and substance abuse was explored. Chatham-Kent is a municipality in Southwestern Ontario with a population of just over 100 000. It is located between the two major urban centres of Detroit, MI and London, ON. The director of community health and transformation at Chatham-Kent Community Health Centres stated that Chatham-Kent is similar to most areas in Ontario when it comes to substance use and abuse locally (13). There are many harm reduction, prevention and outreach programs that already exist in this region, along with most other regions in Ontario, but the speakers at the conference encourage a holistic approach to addiction recovery, since it is important to treat both the trauma and the substance abuse (13). A key speaker at the conference was Chief Dennis Poole from the Chatham-Kent Police Force. Poole stated that police find themselves dealing with the effects of substance abuse when it comes at the extreme end of the spectrum (13). It is difficult to know how to deal with those situations without the proper knowledge and resources. The Chatham-Kent Police Force has a good working relationship with Chatham-Kent Health Alliance and Mental Health and Addictions Program (13). This allows them to gain the training needed to deal with substance abuse criminal cases and provides resources to help the substance abusing offenders get the treatment needed. Specially trained officers have the expertise needed to help diffuse situations and they share their knowledge as much as possible within the ranks of the police service (13).

Other Canadian Case Studies

Delta Police Community Health Intervention Partnership

The Delta Police Services serves the Delta Region in British Columbia, which has a population of just under 100 000 and is located just south of Richmond, BC. Delta is a part of the Greater Vancouver Region. The Delta Police Services found that there was an increased need to employ more innovative and creative police strategies in an effort to address the varied issues within the community (14). They believe strongly in the effectiveness of community partnerships. As such, they developed the Community Health Intervention Partnership (CHIP), which involves a full-time police officer and mental health and addictions professionals dedicated to the program (14). The objectives of CHIP are to reduce the risk of harm to those suffering from mental illness in crisis, to offer support and resources to the mental health client and their families, and to enhance public and officer safety (14). These objectives are more focused on mental health, but they encompass addiction as well. CHIP offers a variety of services in order to fulfil these objectives. They respond to and assist persons in the community dealing with mental health and addiction related conditions and provide on-site risk and mental health assessments (14). CHIP provides additional resource information and external agency contacts for clients to ensure they have as many options and resources as possible available for their help (14). CHIP assists with outreach regarding mental health and addiction related calls received by Delta Police (14). They have developed response plans for mental health and addiction situations that the Delta Police encounter (14). CHIP also coordinates with other related services, such as substance abuse counselling, for further support and follow up with their clients (14). CHIP also provides enhanced training on mental health conditions and addiction to

ensure that the police and the community are properly prepared to deal with any situations involving such individuals (14).

Proposed Service Delivery Model for Hard to Reach Individuals in Victoria, BC

Victoria is a city with a population of approximately 80 000 and is a part of the metropolitan region of Greater Victoria, which has a population of about 350 000. Victoria is the capital of British Columbia. In 2012, the City of Victoria developed a model to support hard to reach individuals and ensure the safety of the public (15). Hard to reach individuals can be defined as those individuals who are homeless, addicted and/or mentally ill who have not been reached by the existing services (15). In the report, they recommend an integrated approach to policy and service delivery. The major contributor to this model is VIHA, the Victoria Island Health Authority, an organization that provides hospital and community services through a network of clinics and facilities (15). VIHA deals with mental health and addiction services, public health, and primary care (15). The main focuses of the proposed service delivery model for hard to reach individuals are homelessness/unstable housing, chronic/persistent mental illness or disorders, severe non-adaptive social or behavioural patterns including substance abuse, and chronic, difficult, multi-system users (15). The objectives of this model are to improve health and social outcomes for the target population, decrease public health risk, decrease cost to health and social systems, and enhance the community's experience (15). One of their major recommendations is to enhance addiction services.

International Case Studies

United Kingdom - Extra Funding for Mental Health Workers Working with Police and Courts

The United Kingdom (UK) is a region in Europe including England, Scotland, Northern Ireland, and Wales. The population of the UK is just over 63 000 000, with over 83% of the population residing in England. In the UK, at the beginning of January, 2014, £25 million was allotted for extra funding for mental health professionals to work with police stations and courts so people with mental health and substance misuse problems can get the right treatment as quickly as possible (16). This helps reduce re-offending and the cost associated with placing these individuals in the criminal justice system (16). The majority of people who end up in a UK prison have a mental health problem, substance abuse problem, or a learning disability, and one in four has a severe mental illness (16). These individuals need the right support and treatment as early as possible. The result of this extra funding for mental health professionals working with the police is they can identify when someone in a police station or involved in a court proceeding has mental health or substance use problems and can be referred to the appropriate services (16). When people with mental illnesses, substance misuse problems, and learning disabilities that are suspected of committing an offence and come into contact with the police, they will have an assessment of their health needs. This assessment will be shown to the police and the courts to ensure that decisions made regarding their charging/sentencing take their needs into consideration (16). The result of this early contact with mental health and addiction professionals is that individuals can get treatment right away which improves the chance that they will complete treatment and reduces the likelihood of re-offending (16).

Road to Recovery: Tackling Scotland's Drug Problem

Scotland is a part of the United Kingdom, and has a population of just over 5 000 000. Scotland has had a long-standing, serious drug problem across the country. In 2008, the Scottish Government developed a strategy to tackle this problem (17). The central premise of this strategy is to tackle problem drug use based firmly on the concept of recovery (17). Recovery is defined as a process through which an individual is enabled to move-on from their problem drug use towards a drug-free life and become an active and contributing member of society (17). The Government believes that the best way to reduce drug-related crime and re-offending is to get problem drug users into the appropriate treatment and support services (17). They do this by providing opportunities at all stages of the criminal justice system for people to access treatment to promote recovery from drug addiction (17).

The Development of Australia's Alcohol and Other Drug Workforce Development Strategy

Australia has a population of over 23 000 000, which is mostly centered in urban areas. The urban areas of the country are where the alcohol and drug issues have become problematic. Law enforcement agencies in Australia play a fundamental role in preventing, reducing and responding to alcohol or drug (AOD) related harms (18). Police often have to respond to the outcomes of AOD-related crimes, including street and domestic violence, anti-social behaviour, serious crime and road trauma (18). The police recognize that enforcement is only a part of the solution, and needs to be supported by a range of other strategies and initiatives in order to address these AOD related problems (18). The government of Australia developed an alcohol and other drug workforce development strategy in 2013, in which they call for policing organizations to reduce the impact of AOD-related harm by continuously improving education, awareness and enforcement strategies, developing innovative approaches with 'at-risk' groups,

continuing to work with communities and partners on harm reduction, and strengthening these relationships (18). By working with community partners, such as addiction agencies and substance abuse treatment services, the police will have a much larger wealth of knowledge for how to respond to AOD-related issues, and they can share this knowledge with other police officers and with the community to increase awareness of the impacts of AOD-related harm on the individuals and the community. In order to develop the knowledge of the police officers, the strategy calls for addiction agencies and other partners to provide more training, and start the training earlier in the officers' careers (18). They also recommend training tailored to specific police roles and training at much higher levels than has been provided to-date (18).

Bridging the Gap in San Francisco: The Process of Integrating Harm Reduction and Traditional Substance Abuse Services

San Francisco, California, is a city with a population of just over 800 000. It is the leading financial and cultural center of Northern California and the San Francisco Bay Area. In 1996, the mayor and board of supervisors of San Francisco demonstrated its commitment to public safety and health by resolving to provide treatment on demand (TOD) substance abuse services for substance abusing members of the community (19). The existing treatment services were not sufficient to resolve the substance abuse issue in San Francisco. In order to improve and hopefully resolve this issue, the existing treatment system must be integrated with innovative harm reduction strategies (19). Harm reduction strategies work to minimize the harmful effects of drug use rather than ignore or condemn them (19). In harm reduction strategies, drug users have a voice in the creation of programs and policies designed to serve them, and the strategy seeks to strengthen the capacity of drug users to reduce the harms associated with their drug use (19). Drug use is a complex, multi-faceted phenomenon that encompasses a continuum of

behaviours from severe abuse to total abstinence, and with harm reduction strategies, the criteria for successful intervention and policies are the quality of life and well-being, not necessarily the complete cessation of drug use (19). The main goal is to bridge the gap between traditional substance abuse treatments and harm reduction strategies in order to provide the best care and treatment to those individuals involved in substance abuse (19). The major parties involved in this initiative are the Department of Public Health and the San Francisco Police.

Case Study Summary

Based on these case studies, it is clear that an integrated approach is the best way to deal with substance abuse and crime. Partnerships with addiction specialists allow for training of the police staff, and provide resources for addicted individuals in the criminal justice system. Partnerships between the police and addiction specialists both in Canada and internationally have shown positive effects for cities and countries of all sizes and demographics. The City of Peterborough has a population of just under 80 000, and including the surrounding counties it has a population of about 120 000. Peterborough has comparable demographics to Delta, BC, Victoria, BC, and Chatham-Kent, ON. Due to the similar demographics, it can be assumed that the programs from those cities' case studies would likely be effective if similar methods were developed in Peterborough. The mental health worker/police partnerships are also very effective and can be used as a model for developing an addictions specialist/police co-location since addiction and mental health are closely related and often are linked together.

Research Question 3 - What are the recommended best practices from these existing addictions treatment/police partnerships?

All the programs and articles that I found during my research had one thing in common; they all recommended partnerships between the police and local agencies for substance abuse treatment and addiction services, along with other community agencies, and they recommend that the best way to prevent re-offending of drug abusing criminal offenders is to focus on recovery rather than punishment. A partnership between the police and an addictions specialist will provide training of the police staff to enable them to better deal with situations involving addiction and substance abuse, and the addictions professional will be available to make assessments and provide resources for treatment and recovery for addicted individuals in the criminal justice system (12, 14, 16, 18).

Based on the best practices of the case studies mentioned above, the objectives of a potential addictions specialist and police partnership would be to reduce the risk of harm to those suffering from addiction and substance abuse problems involved in criminal activity, to offer support and resources to the addicted individual and their families, and to enhance the safety of both the public and the police officers. In order to fulfill these objectives, the addictions professional would work with the police to develop response plans for mental health and addiction situations police officers might come across and provide enhanced training on addiction and how to deal with it to ensure that the police and the community are properly prepared to deal with any situations involving substance abusing individuals. The addictions professional would respond with the police to service calls involving substance use and provide on-site risk and health assessments. They would also be a source for additional resource information and external

agency contacts for substance using criminal offenders to ensure they have as many options and resources as possible available for their help.

Issues and Limitations

There is a distinct lack of recent statistics for Peterborough regarding drug and/or alcohol related crime rates. Due to the out-of-date statistics, and the lack of statistics in general, it is difficult to conclude whether there is the need in Peterborough for an addictions professional/police partnership. In addition, the available data on existing addictions professional/police partnerships for many of the case studies examined cannot be compared to Peterborough, as they are programs in cities or countries with very different size and population distribution characteristics. In order to conclusively determine if an addictions specialist/police co-location is necessary in Peterborough, further research is needed to gather quantitative data from statistics and from the PLCPS NICHE database.

Recommendations

1. Complete further research to obtain quantitative data on Peterborough's drug and crime relationship using statistics and the PLCPS NICHE database
 - This will determine if the need for a co-location of the police and an addictions professional exists, and whether it is great enough for the allocation of valuable resources
2. Develop and implement objectives and services for the proposed addictions professional and police co-location based on the addictions and mental health specialist partnerships examined in this report
 - To reduce the risk of harm to those suffering from addiction and substance abuse problems involved in criminal activity
 - To offer support and resources to the addicted individual and their families
 - To enhance the safety of both the public and the police officers
 - Work with the police to develop response plans for mental health and addiction situations they might come across and provide enhanced training on addiction and how to deal with it to ensure that the police and the community are properly prepared to deal with any situations involving substance abusing individuals
 - Respond with the police to service calls involving substance use and provide on-site risk and health assessments
 - Be a source for additional resource information and external agency contacts for substance using criminal offenders to ensure they have as many options and resources as possible available for their help.

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