Key Factors Contributing to Political Adoption of Municipal Drug Strategies: a Review of Three Canadian Cities

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I am inspired by leaders with courage and bravery to suggest new ways of doing things that appear controversial but are rooted in deep acceptance of humanity and the need for joy, comfort and belonging, no matter how obtained.

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Executive Summary

Introduction

In 2001, the City of Vancouver imported an approach to addressing problematic substance use in their city based on approaches to municipal drug policy used in some European cities. The idea was to engage people and organizations in coming up with policy that could incorporate multiple approaches to the problem of substance use. The resulting policy would serve as a guide for the City and for the community to enact recommendations to reduce harm associated with substance use.

As Vancouver began to share their strategies and successes at conferences and in publications, they inspired other Canadian communities to adopt similar approaches. Many formed drug strategy committees, but only a few had drug strategies formally ratified or accepted as official municipal plans to address substance use (Federation of Canadian Municipalities, n.d.)

Canadian municipalities have varying degrees of documentation about their own drug strategy development process. In Ontario, an informal network of municipal drug strategy coordinators meet on a regular basis via teleconference to discuss practical and theoretical issues related to the creation and implementation of municipal drug strategies. Additionally, knowledge exchange occurs in an informal context between coordinators across the country about issues related to overall process, stumbling blocks and committee development, and other considerations.

This report outlines the findings of a qualitative study of the process of municipal drug strategy in Vancouver, Toronto and Thunder Bay, all of whom have drug strategies that have been adopted by their municipalities and resourced with dedicated municipal staff. The research aims to uncover common processes, structures or factors that contribute to the political acceptance and municipal support of a community-specific municipal drug strategy. By doing so, the findings may be useful to other communities wishing to create a politically accepted drug strategy for their community.

Methods

Qualitative research was conducted using a critical case sampling strategy. The analysis follows a comparative case study approach (Campbell, 2010), conducting an analysis of the history and critical components of each community's path to a municipally supported drug strategy. Each community was studied independently of one another and then common elements were drawn using grounded theory analysis.

In consultation with the client (the Canadian Drug Policy Coalition), cities were chosen for inclusion in data collection using purposeful, critical case sampling based on the criteria of a city having a current or previously politically ratified drug strategy. Patton (2002, p. 236) presents critical case sampling as being able to provide logical generalizations based on the evidence generated from sample cases that share similar features.

Using that logic, Toronto, Thunder Bay and Vancouver were selected because they are three cities in Canada that have or have had city council endorsed municipal drug strategies as official city plans to manage substance use, combined with dedicated full-time coordination. These key dimensions make these three cities unique and suggest that findings from the selected cases can be somewhat generalized, a consideration that Patton (2002, p. 236) says lends support to using critical case sampling.

In Vancouver and Toronto, the current or former drug strategy coordinator provided names of potential interview subjects. In the case of Thunder Bay, I contacted interview subjects were directly as until 2012, I was the Thunder Bay Drug Strategy Coordinator and had direct knowledge of drug strategy participants.

Key informant interviews were conducted with drug strategy participants in each of the studied communities. An effort was made to include members from the enforcement, treatment, prevention and harm reduction pillars, along with a political leader and substance user involved in the strategy development. This range of sampling was not feasible in two of the communities. Current or former political leaders were available in only two of the three cities. Self-identified substance user participants were available for interview in only two of the communities.

Interviews were held with both current and past participants in Thunder Bay and Toronto, however Vancouver no longer has an active municipal drug strategy so all interviews were with former participants. Current or past coordinators provided interviews for all three cities. As the former drug strategy coordinator and author of the Thunder Bay Drug Strategy, my personal knowledge of the Thunder Bay Drug Strategy process was embedded in that city's case study.

All three communities shared their drug strategy documents. Other documentation was only available from Toronto and Thunder Bay. The documents were reviewed for a general chronology of the work, strategy group and stakeholder composition and for analysis on the impetus for strategy development.

Data gathered through mixed sampling allowed for the construction of case studies and assisted in identifying overlapping practices and themes that emerged through the comparative case analysis process.

Findings

The influence and necessity of committed political leadership, stable coordination with dedicated resources to the project, and an education and communication plan that includes community engagement and consultation were three critical components that appeared across all three cities as indicators that led to municipal adoption of a drug strategy. All three cities demonstrated policy mobility was in action through evidence of the strong influence of other cities with drug strategies. Influence on policy came from as far away as Europe, and spread to the other Canadian cities under study, first with Vancouver.

All three cities featured strong, committed political and bureaucratic leadership throughout the development process of their respective drug strategies. Critical components to success

included political commitment, bureaucratic supports both from a fiscal and philosophical perspective, and strong, stable coordination.

Support from the enforcement sector is critical. In particular, having the support of the police chief was mentioned several times across sites as being essential to strategy acceptance. Police Chiefs' willingness to endorse the strategies in principle despite disagreement with certain actions was cited as pivotal in fostering the trust of the community and political actors.

All three cities spoke about the critical need for ensuring sufficient financial resources to hire and retain a dedicated coordinator who possesses strong mobilization, facilitation, analysis and writing skills. Some cities had more than one staff member focused on drug strategy development.

All three cities held consultations and all included travel to visit other locations or attend conferences. Drug strategy coordinators facilitated the development of consultations, wrote or directed reports and ensured evaluations were conducted. The resources required to facilitate the work were available to all three cities, whether through dedicated budget lines or grant monies specifically awarded for the work.

Respondents from each city highlighted the essential components of education and communication. The process of creating the strategy was integral in providing education for community and stakeholders, including municipal politicians. Communication through media or in other forms proved essential in keeping engagement high and increasing community support and acceptance.

Ensuring the education of City Council about substance use was deemed critical in obtaining subsequent support for drug policy acceptance. Respondents from all cities talked about various methods their group provided education for councillors about the work and content of the strategies. Presentations to Council were made formally through briefings and updates, but equally important was the less formal educational opportunities that included small group or one-on-one conversations.

The process of community consultation offered each respective coordinator and committee the opportunity to learn about the specifics of substance use issues in their city. Although slightly differing in their approach, each city used a draft document to consult with their community, which then underwent revisions based on resulting findings and comments. The consultations were highlighted as critical to demonstrating community acceptance to municipal politicians.

Relationships between participants, the coordinator and political leaders were cited as a key component of drug strategy development success. When change occurs in the drug strategy group membership, whether through work re-assignment, resignation or retirement, the new stakeholder must not only learn about the work, but must also develop trust, knowledge and personal relationships with other stakeholders. The nature of personal relationships in the work of drug strategy development is significant as new governance requires long-term

commitment on behalf of individuals who can then commit to personal relationships with other stakeholders (Walti and Kubler, 2003, p. 518).

The influence of individual actors on policy outcomes was clearly evident in the Vancouver case study. With a change in political leadership and the exodus of a long-standing champion for the importation of the four-pillar strategy, the future of the Vancouver Four Pillar Strategy stood on shaky ground. Although the City of Vancouver dedicates a web page to the Four Pillar Strategy that offers basic information, there are no longer dedicated employees allocated to four-pillar strategy work. The majority of the respondents from Vancouver were not clear about the current status of the Vancouver drug strategy status. The lone respondent that is an employee of the City offered the perspective that changing interests and priorities of city leaders had resulted in a decreased focus on the Four Pillar Strategy.

Respondents from all three sites discussed strong opposition from neighbourhood groups, business owners, enforcement leaders, and treatment support groups. Stereotypes about people who use substances, and a moral opposition to harm reduction practices were cited as the foundation for the opposition. A groundswell of citizen negativity about harm reduction should not be underestimated, as this narrative can grow and undermine drug strategy efforts. Opposition to drug strategy development by enforcement professionals or special interest groups is also a risk to the development and political acceptance of a four-pillar strategy. Strategies to reduce resistance focused on continual education through multiple channels including media, presentations to interest groups, boards and other stakeholders, and a strong communication plan.

Recommendations

The development of a municipal drug strategy is a process that is political, public, strategic and collaborative. From the analysis of the three cities that have developed drug strategies that have been municipally adopted or ratified by their City Council, the following recommendations emerge:

1. Design a clear process with guiding principles that can provide a philosophical and practical framework for the group.
2. Ensure strong political champion (s) from the beginning of the process.
3. Ensure decision makers are involved at the senior strategy table.
4. Engage with law enforcement senior officials early and often to ensure their support.
5. Hold comprehensive community consultations.
6. Ensure people who use or have used substances are involved at the decision-making level.
7. Develop a comprehensive communication plan.
8. Secure adequate funding for at least one full-time coordinator.
9. Offer multiple education opportunities to a wide group of stakeholders.
10. Engage in early discussions with municipal bureaucracy about long-term strategy coordination

Table of Contents

1.0 Introduction

1.1 Project Client

In 2009, the Centre for Addictions Research of British Columbia (CARBC) released a paper entitled 'One Step Further' which outlined the need and rationale for creating a Canadian Drug Policy Consortium, calling for "drug policy, legislation and institutional practice based evidence, human rights, social inclusion and health" (Reist and Dyck, 2009, p. 2). The statement became the vision of the eventually named Canadian Drug Policy Coalition (CDPC).

The CDPC is a coalition that brings together organizations and individuals who work to bring change in Canadian drug policy. The Executive Director of the coalition is Donald MacPherson, internationally renowned for his pivotal role in drug policy influence and development in Canada. MacPherson was the drug strategy coordinator for the City of Vancouver for twelve years and the author of the *Four Pillars Drug Strategy* (Vancouver), released in 2000 (CDPC website, 2013). The CDPC is hosted at the Centre for Applied Research in Mental Health and Addictions at Simon Fraser University in Vancouver, and is led by a 15 member Board of Directors (CDPC website, 2013).

1.2 Project Problem

Canadian municipalities have varying degrees of documentation about their own drug strategy development process. In Ontario, an informal network of municipal drug strategy coordinators meet regularly via teleconference to discuss practical and theoretical issues related to the creation and implementation of municipal drug strategies. Knowledge exchange also occurs in an informal context between coordinators across the country. The inherent differences between municipalities such as resource availability, political climate, leadership, and capacity influence the process of creating and ratifying a strategy with broad community support.

The question of what factors contribute to municipal adoption of a drug strategy is of importance to the client, as many Canadian municipalities struggle to create cohesive plans that lead to municipal, philosophical, political and fiscal support. A detailed analysis of factors that are commonly present in Canadian cities with municipally ratified drug strategies will support the education and mentorship role the organization offers to Canadian municipalities, by ensuring. This research will contribute to an evidence-based framework that can enable communities to move forward in a confident, cost-effective and politically astute manner.

1.3 What is a municipal drug strategy?

A municipal drug strategy is a community-developed plan that addresses locally specific substance use problems with a set of goals or actions (Caputo & Kelly, 2000; MacPherson, 2001). A drug strategy does not typically include action plans for the goals, objectives or actions contained within the document, but rather, is a compendium of suggested actions that each requires its own action plan to implement.

Drug strategy documents often propose actions that are rooted in harm reduction, social justice or community development principles that contradict long-standing beliefs and dogma

about the harms of substance use. As each community differs in terms of political landscape, resource availability and leadership, municipal drug strategies can differ greatly in their scope.

1.4 Project Objective

The key objective of this research project is to examine common factors that contribute to the creation and political adoption of municipal drug strategies.

Through analysis of municipal drug strategy development in three Canadian cities (Toronto, Vancouver, Thunder Bay) that have municipally adopted and supported drug strategies, this research aims to uncover common processes, structures and factors that contribute to the political acceptance and municipal support of a drug strategy.

1.5 Key Research Question

The key research question to be answered by this investigation is:

What factors contributed to the formal adoption of the Thunder Bay, Toronto and Vancouver drug strategies by their respective City Councils?

Sub-questions

- Can the development and municipal ratification be considered a form of New Public Governance?
- Are there key approaches to municipal drug strategy that create a greater likelihood of community support?
- How were members of the community involved and informed about the process?
- How does engaging people affected by substance use contribute to the development and municipal adoption of a drug strategy?
- Can municipal drug strategies be sustained over time? What factors contribute to a sustained municipal drug strategy?
- Does the adoption of drug strategies by municipal councils increase the likelihood of implementation of actions or recommendations within the document?
- What strategies were sustained or not sustained and why?

1.6 Background

Some Canadian communities have been moving towards using municipal drug strategies to increase collaboration among organizations in addressing substance use. Vancouver was the first municipality in Canada to adopt the ‘four pillar’ approach, proposing actions in the ‘four pillar’ areas of prevention, harm reduction, treatment and justice (MacPherson, 2001). Vancouver as a forerunner in Canadian municipal drug strategy development has provided knowledge transfer across the country about the benefits of a four-pillar approach, contributing to municipal acceptance of drug strategies by the City of Toronto and the City of Thunder Bay, both in Ontario. These three cities are the only cities in Canada that have four pillar drug strategies that have been ratified by their respective city councils.

Canadian municipalities have varying degrees of documentation about their own drug strategy development process. In Ontario, an informal network of municipal drug strategy coordinators meet on a regular basis via teleconference to discuss practical and theoretical issues related to the creation and implementation of municipal drug strategies. Additionally, knowledge exchange occurs in an informal context between coordinators across the country about issues related to overall process, stumbling blocks and committee development, and other considerations.

Some of the struggle exists due to the inherent differences that exist between municipalities such as resource availability, political climate, leadership, and capacity. Factors such as these have influence on the process of creating and ratifying a strategy with broad community support.

Municipalities have often pushed for local solutions that are rooted in the realities and political climate of their own communities and this locally determined, solution focused lens has resulted in some actions and projects that conflict with federal policy, particularly in the case of harm reduction actions.

The impetus for this research stems from my role as coordinator and author of the Thunder Bay Drug Strategy, which was unanimously ratified by Thunder Bay City Council in 2012 and continues to serve as the municipal drug strategy.

To create the Thunder Bay Drug Strategy, I consulted with a variety of sources to find practices that would increase the likelihood of community and city council acceptance. The information about drug policy was scattered, and there was no central repository or toolkit of resources. However, one report from Regina produced outlined recommended practices for various aspects of drug strategy development (Regina and Area Drug Strategy, 2006). The Federation of Canadian Municipalities (2002) also conducted some environmental scans and produced a set of general guidelines. Although both useful, it was clear that no set of principles or practices that led to political adoption had been compiled as of yet.

A thorough analysis of practices specific to cities with municipally ratified strategies will offer Canadian communities a foundation of likely practices that can increase their success in creating a drug strategy that will foster political support and a greater likelihood of sustainability.

2.0 Literature Review

2.1 Introduction

Substance use related problems are complex and the problems and solutions span multiple sectors, bureaucracies, legislative bodies and social institutions. It could be argued that improving the health and social functioning of communities through effective drug policy represents a 'wicked problem'. This review will offer insight from researchers on the background and definition of what a wicked problem is and how it might apply to dealing with problematic substance use.

The process of intersectoral collaboration to create municipal policy that improves health and social functioning of communities has been documented and is included in this literature review, however literature that examines factors that specifically contribute to political acceptance of municipal drug strategies is not plentiful. Municipal drug policy may seem unique in that it addresses behaviours that are often illicit, stigmatized or not well understood, but it shares similarities in other intersectoral policy development for equally complex issues.

New Public Governance is a term that refers to an approach of policy development through collaboration with multiple stakeholders. New Public Governance involves participatory approaches and engagement of multiple players and networks (Torfing & Triantafillou, 2013, p. 10). Intersectoral collaboration in drug policy development is a representative sample of a New Policy Governance approach.

Integrative public leadership is also an area of analysis that has particular relevance to municipal drug policy development. Leadership in the three cities under analysis spanned many sectors and individuals, with both institutions and people offering leadership that contributed to the political acceptance of the policies. Leadership is found not only among policy makers and professionals from various sectors but also from among community members for which the policy is intended. Although seemingly logical, involving service users can be difficult especially in a paradigm that is designed for participation by those paid to participate in the course of their jobs.

Following the New Public Governance model in seeking true intersectoral collaboration with diverse stakeholders, many participatory approaches advocate for the inclusion of service users (Beresford, 2013, p. 7). This review addresses the call for service user inclusion (and substance users fall within that category) and the findings about both the process and effectiveness of service user engagement and participation.

2.2 Is problematic substance use a wicked problem?

What is a wicked problem? What defines a wicked problem and can a wicked problem be solved?

The term 'wicked problem' refers to a difficult and intertwined public policy problem that has intertwined issues, solutions and is not easily solved. Wicked problems are ones that shift constantly, are highly dependent on political, social and policy components, and ones for which

answers are not simple or singular (Wexler, 2009, p. 532). According to Wexler (2009), the risks associated with addressing wicked problems include moving too quickly on solutions that may not be helpful or safe, and falsely reassuring the community or stakeholders of a solution. He argues that groups working on wicked problems avoid the temptation to offer panaceas to the community and stay focused on the persistent aspects of the wicked problem.

Drug related problems in communities could well be defined as a wicked problem, given that Canadian drug strategies offer recommendations for alleviating substance that fall across multiple jurisdictions, including realms controlled by organizations, and multiple levels of governance (municipal, provincial and federal).

Solving wicked problems requires a new approach that brings together stakeholders from broad sectors and layers of government. A number of researchers have highlighted the benefits of collaborative problem solving through networks when trying to affect change on a wicked problem (Ferlie, Fitzgerald, McGivern, Dopson, & Bennett, 2011). Ferlie et al. (2011) suggest that one such benefit of addressing wicked problems using a network approach is the avoidance of unintended consequences when a single agency introduces an intervention for one aspect of a problem. An example of such a lopsided solution might be found in the seizure of drug related paraphernalia by enforcement officials. Although this may seem like a logical solution to reduce substance use from the perspective of the enforcement sector, reducing clean supplies can increase unsafe substance use consumption through the use of contaminated implements, ultimately increasing rates of population level blood borne disease.

2.3 Intersectoral Municipal Policy Development

Although not specific to drug strategy development, research has been conducted on intersectoral collaboration for community public health that provides insight about how to strengthen community collaboration.

A study entitled ‘Healthy Cities from the Coordinators Perspective’ (Boonekamp, G. M. M., Colomar, Concha, Tomas, Aleix, Nunez, 1999) highlighted the significant role that interpersonal relationships play in not only the design but the also the implementation of locally developed policy. Boonekamp et al. (1999) argue that interpersonal relationships that develop through the process of policy development are also critical in the implementation stage, in ensuring that organizations can move projects from theory to action through shared understanding and personal trust built through the policy development stage.

Literature on collaborative policy development highlights the need for intersectoral partnerships to determine shared values, goals and vision as a way to guide the work (Center for Prevention Research and Development, 2006; Federation of Canadian Municipalities, n.d.; Lenihan, 2009; Plamping, Gordon, & Pratt, 2000). Despite the importance of determining a shared vision and value set, shared values can be difficult to achieve and maintain. Delaney and others indicate that equally important to continued collaboration are the interpersonal relationships that develop through the opportunity to work on a policy challenge together (Center for Prevention Research and Development, 2006; Delaney, 1994).

Many communities attempt to create drug strategies without dedicated coordination. Managing an intersectoral policy group is challenging and requires a dedicated coordinator that is not pulled away from the task of ensuring stakeholders and process stay on track (Caputo & Kelly, 2000; Delaney, 1994; Regina and Area Drug Strategy, 2006; Social Planning Council of Cambridge and North Dumfries, n.d.).

2.4 Is Canadian Drug Strategy Development influenced by the New Public Governance model of policy development?

According to Torfing & Triantafillou (2013), New Public Governance rests on principles of coordination, participation, negotiation and the "active engagement of relevant stakeholders," with each expected to contribute knowledge and expertise based on their perspective and training.

Torfing & Triantafillou (2013) argue that the basis of New Public Governance is that of empowered participation and collaboration; two components also emphasized in drug policy development literature as important to keeping stakeholders engaged and motivated to advance drug strategies in their organizations and communities (Federation of Canadian Municipalities, 2002; Kubler & Walti, 2001; Walti et al., 2004).

Osborne (2006) argues that New Public Governance has evolved from New Public Management and that it features both multiple stakeholders and multiple processes that contribute to policy making, moving away from the realm of bureaucracy controlled policy development. Osborne (2006, p. 384) further argues that the success of New Public Government paradigm rests on the the relationships that develop between organizations that rely on the foundations of trust, shared capital and formal and informal contracts.

The idea of needing collaboration to address wicked problems in collaboration is raised by (Sørensen, E., & Waldorff, 2014, p. 4-5) in their analysis of the potentials and problems of collaborative policy development. They argue that collaborative policy making as found in the New Public Governance model allows for the potential of innovative solutions, particularly if politicians participate in the governance structures. Sørensen & Waldorff offer caution and highlight the challenges of political involvement, however in three points. First, they suggest highly competitive structure of partisan politics creates difficulty in engagement with stakeholders for politicians. Secondly, they argue that perception of politicians as visionary leaders (and their own belief in this role) can reduce collaboration and innovation when it comes from other stakeholders. Finally, they note that the political arena is not structured for politicians to have sincere connections with stakeholders, and therefore leaves politicians without the infrastructure or impetus for policy innovation.

Many features present in the development of municipal drug strategy appear to reflect the model of New Public Governance policy development. Specifically, the use of diverse stakeholders to create and champion drug strategies and the value they create for communities in the community suggests the adoption of a New Public Governance model.

2.5 Integrative Public Leadership: Leading Across Sectors

What is the importance of leadership in the successful adoption of a municipal drug strategy? What conditions and what characteristics of leadership must be present for a municipal drug strategy to be politically accepted and supported by the community?

Crosby & Bryson (2010, p. 12) discuss integrative public leadership as that which allows for diverse sectors and groups to work on complex public problems. They argue that such problems benefit from a collaborative approach that can lend itself to increased innovation and sharing of resources, necessary to make any progress.

Leadership style in intersectoral policy development is an important consideration in moving network policy development forward. Leadership occurs at organizational or personal levels, and in the case of drug policy development both are necessary. Crosby & Bryson (2010, p. 218 - 228) note that numerous conditions preface integrative public leadership. First they note that leaders are more willing to try integrative approaches in turbulent times. This certainly is true in drug strategy development, which is also often driven by community turbulence or crisis that surrounds or is contributed to by substance use. They also note that leaders from organizations are more likely to consider intersectoral collaboration when they realize the problem spans several sectors and cannot be addressed alone. The research by Crosby & Bryson also highlights the importance of stable representation, trust building opportunities and the ability for leaders to determine how to manage conflict in a manner that shares decision making power.

Silvia & McGuire (2010, p. 275) hypothesize that leadership skills for a leader of networks are different than those that might be used in a single organization. Their findings confirmed their hypothesis that network leaders use a different set of skills than might be expressed from a leader within an organization. The leader of networks tended to “approach network members as equals, share information across the network, share leadership roles, create trust, and be mindful of the external environment to identify resources and stakeholders.”

In the case of municipal drug strategy, the need to structure deliberation requires leaders to act collaboratively. Page (2010, p. 249) argues that leaders must be able to clearly state their perspectives, consider others’ perspectives and then be able to work towards joint solutions. He outlines the need to take time in order to seek solutions that allow for shared learning, input from other stakeholders, and ensure that process for participation are fair and equitable to maximize contributions.

It is clear that leadership occurs not only in the obvious roles of coordinator and politician, but also that each stakeholder representing their respective organization must demonstrate collaborative and leadership skills both at the strategy table and when advocating within their own organization for acceptance of the strategy.

2.6 Municipal Drug Policy Development in Canada: Best or Promising Practices

Examining knowledge specific to drug policy development in Canada, one finds a limited body of research that supports the theory that it largely follows a New Governance Model of policy

development, and that municipalities are well situated to offer leadership in stimulating the collective action needed to address problematic substance use.

McCann (2008) suggests Vancouver has acted as a change agent for drug policy in Canada, and the Vancouver model of the four pillars has come to be used across the country by other municipalities. Knowledge exchange provides communities insight about what practices are working in other locations, what features of drug policy have contributed to measurable outcomes and spurs a sort of global competition and emulation (McCann, 2008, p. 12).

Wodak (2006, p. 84) asserts that municipal governments could be ideally situated to respond to issues of substance use and policy development in relation to those issues. He argued that municipal politicians have far more contact with their constituents than those at other levels and the experience of listening to personal, street-level stories make local politicians less likely to believe in or support idealistic approaches that tout a drug-free world.

The Federation of Canadian Municipalities (2002, p. 5) suggests that municipal leadership is an ideal locator for the coordination of drug strategies, as municipalities exist outside of approach-specific mandates such as enforcement or prevention, and can provide balanced leadership. The Federation provided an overview of characteristics that lead to a greater likelihood of successful municipal drug strategy development in nine pilot Canadian cities. This review captured drug strategy development in various stages depending on the community of analysis. The report stressed the need for dedicated coordination and administrative resources, a shared vision, strong collaboration from community partners and a good communication plan.

The Regina and Area Drug Strategy also provides some suggestions for municipalities embarking on creating a municipal drug strategy (Regina and Area Drug Strategy, 2006). The report provides detailed findings or 'best practices' about practicalities such as types of committees, number of participants on committees, decision making protocols, the need for shared vision, community consultation strategies and moving from planning to implementation. The document is a good guide for communities in the 'start up' phase of committee formation and planning. However it does not provide a political lens or approach to guide communities in moving strategies forward for political acceptance. Their website does provide links, however, to other useful tools that include their evaluation framework, and documentation from various community consultations and presentations.

The four-pillar strategy that is considered the Vancouver model borrows extensively from the Swiss model of four-pillar drug strategy. The Switzerland experience with four-pillar drug policy development could inform Canadian cities working towards similar policy. Savary, Hallam and Taylor (2009) propose that the four-pillar strategy (now law) was accepted by and voted for by citizens because of four key features. The first feature is the concept that four-pillar policy is a political concept that draws diverse partners together to focus on integration and collaboration. Secondly, the Swiss approach was gradual, stemming from grass roots efforts, community outreach and localized innovation to address substance use, which in turn allowed for citizens to become aware of the benefits of an integrated approach and more controversial but effective methods of harm reduction. Thirdly, the 'bottom up' diffusion of drug policy

development from cities to cantons facilitated the development of law at the national level. Finally, the researchers suggest that openness to an evolving model assists in the model to adjust to ever-changing political, economic and cultural landscapes (Savary, Hallam, & Bewley-Taylor, 2009, p. 11).

Walti, Kujbler, & Papadopoulos (2004) analyzed just how democratic a collaborative approach to drug policy was in Switzerland. They looked at the Swiss process to address both *deliberative criticism* (that policymaking is extracted from the public sphere) and *participatory criticism* (that governance limits citizen participation, thereby negatively affecting community building. Through their data analysis of drug strategy development mechanisms in nine large Swiss cities, they find that by and large, drug policy created through a network can address both deliberative and participatory criticism by allowing for collaboration to overcome singular interests, enhance collaboration, and provide forums for mutual learning. They point to the need for the process to remain tied to 'traditional routines of legitimization' which can be interpreted in the Canadian municipal lens as connected to standardized manners of policy making such as deputations, ratifications and the like through a formal city council process. They argue that governance structures that are collaborative, and include community and stakeholders, can protect communities and citizens from drug policy development that may be specific to a particular interest of a council or politician in power (Walti et al., 2004).

Drug policy developed through coalitions or committees represents a new governance model for policy making that complies with a movement towards increased citizen involvement (Walti & Kubler, 2003, p. 500). Analysis of drug policy in Swiss cities demonstrates many of the features, struggles and successes that we see in the three Canadian cities under study in this research. Walti and Kubler (2003, p. 502) point out that despite the differences in the Swiss cities they examined, the structure of the commissions were very similar, with representation from both public and private sector, and many supported and coordinated by 'state agencies' who have been given 'the task to draft a platform' that addresses steps and actions to address substance use problems in their area.

Drug policy in of itself has been analyzed through a multitude of lenses and for numerous purposes at federal or international levels. But the development of Canadian municipal drug policy has not received adequate evaluation rigour, perhaps due to its relatively new appearance in the realm of Canadian public policy development. This research will serve the purpose of examining municipal drug policy as an example of New Public Governance that employs an integrative leadership approach, and offer some suggestions from communities that have successfully created a politically accepted municipal drug strategy.

2.7 Involving system users in policy and program design

A large and vocal movement of substance users has arisen globally in drug policy development to ensure that substance users are actively involved in shaping policy that affects their lives. 'The Nothing About us Without Us' movement in Canada is intertwined with activism work conducted by people living with HIV/AIDS and people who us substances and rests on the premise that people should have the right to be involved in decisions that affect their lives. This right is affirmed in a number of international agreements including the 1994 Declaration of the

Paris AIDS summit, the 2001 Declaration of Committent on HIV/AIDs (UN) and the UN International Guidelines on HIV/AIDS (Jurgens, 2005, p. 30).

Despite these high level appeals for the involvement of people who use substances to be actively involved in policy development that affects them, many barriers are in place that prevent full, or even partial participation. These barriers to including people who use substances have been studied by Ti, Tzemis, & Buxton (2012). Ti et al. found that despite the international bodies calling for the inclusion of people who use substances in program and policy development, little research has been conducted that addresses the barriers that restrict their particpation. Ti et al. determined that further research was required to identify ways to reduce stigma that people who use subtances face that affects their capacity to participate in policy and program development that affects them.

According to Osborn & Small (2006, p. 70 - 72), it was through the continual pressure of drug user group VANDU that mobilized drug policy in Vancouver. He notes that it was a director on the Health Authority that was a substance user who pressed at each meeting for action on the health issues that substance users in the Downtown Eastside were facing, and this pressure was relentless, leading to the eventual funding for VANDU, the network of drug users. Osborn & Small note that one outcome of self-advocacy was positive sense of self, and that through that increased self-esteem, a concrete sense of capacity to influence change led to an action plan that guided the work of VANDU.

Research conducted by Patterson, Weaver, & Crawford, (2010, p. 84) offers caution when thinking of user groups as the ideal solution to ensuring appropriate and broad user representation. They note that many user groups face problems with sustainability, and that power structures between user groups and agencies that fund user groups can lead to conflict and instability. They find that sometimes this structural deficiency is attributed to the inability of people who use substances to form effective groups. They suggest that user groups may not be the only or best way to illicit user engagement in policy development.

Van Hout & McElrath (2012) echo the findings of Patterson, Weaver & Crawford and note that despite the wealth of research that suggests the value of including substance users in planning programs and policy, significant flaws remain that prevent full and sustained participation. They suggest that engagment by substance users is low, but can be promoted throug the use of existing support groups and use of internet forums. Van Hout & McElrath join (Diamond, Parkin, Morris, Bettinis, & Bettesworth, 2009) in noting that a lack of resources hampers the capacity of user engagement groups to sustain themselves with any degree of autonomy.

Perhaps the most comprehensive resource exploring barriers and solutions to service user participation is the report produced by Beresford (2013) that reflects the responses of 232 service users. The barriers to involvement that he presents are not dramatically different from those discussed above. However, he suggests that in addition to addressing infrastructure and resources for user groups, respondents highlighted ensuring equitable access to participation opportunities and support for full participation as critical to meaningful engagement.

2.8 Conclusion

Although the literature that is specific to drug strategy development is not voluminous, the work shares commonalities with other policy development created through the new governance public governance style of integrative public leadership. Substance use related problems fits within the wicked problem definition, and the research that addresses how to alleviate wicked problems (for they cannot be solved completely) indicates that cross-sectoral approaches offer the best likelihood of success. In addition, having service users participating in integrative policy development is valuable, but more attention must be given to how their participation can be gained in a meaningful, equitable and respectful way.

3.0 Methodology and Methods

3.1 Methodological Approach

Qualitative research was conducted for this analysis. A mixed purposeful sampling strategy was employed, allowing for different methods of sampling given the heterogeneous group of individuals involved with the program (Patton in Coyne, 1997, p. 627). The analysis follows a comparative case study approach (Campbell, 2010, p. 175-177), conducting an analysis of the history and critical components of each community's path to a municipally supported drug strategy.

Each community was studied independently of one another and then common elements were drawn using grounded theory analysis. Grounded theory analysis allows for systematic rigor in data analysis, by progressing through steps that include data description, ordering and theorizing and is characterized by an effort to reduce bias in analysis (Patton, 2002, p. 489-490). Glaser (1965, p. 437) suggests that simply coding first, and then analyzing according to the established code would not be sufficiently flexible enough to analyze data in a situation where new hypotheses are being formed. So instead, a constant comparison approach allows for a blend between the two approaches of coding first or theory development first. It proposes joint coding and theory development to generate theory systematically while allowing for the flexibility in analysis required to generate new theory. Following the grounded theory approach and constant comparison method, interviews were first transcribed and then each transcription was reviewed line-by-line to uncover themes, with each one entered on a separate line in an Excel database. As themes continued to emerge, data was continually re-assessed and arranged into broader categories to reflect emerging theory. In some cases, categories were expanded as thematic boundaries were stretched, while other categories were merged as similarities became apparent.

Using critical case sampling, Toronto, Thunder Bay and Vancouver were selected because they are the only three cities in Canada that have created a municipal drug strategy that is politically accepted by municipal leaders and has experienced sustained municipal coordination. Using critical case sampling in this research allows for in-depth analysis of relevant cases. Patton (2002, p. 236) suggests that through the use of critical case sampling, logical generalizations can be made from data rich samples that have a great capacity to develop knowledge in the area of study. All three cities provided rich data found in the knowledge shared by key informants, especially from each city's drug strategy coordinator, a valuable informant due to his or her central role in the policy process.

Each city was able to provide at minimum their original drug strategy. Toronto and Thunder Bay both had additional documents available for review, including Board reports, project flow charts and evaluations. Case studies and chronological timelines were augmented through online searches that uncovered media reports. For chronology, dates and key occurrences were recorded.

3.2 Data Sources

3.2.1 Key Informant Interviews.

Primary data used in this research comes from one-on-one interviews conducted in person or over the phone with 17 members of drug strategy working groups across all three cities. In Vancouver and Toronto the drug strategy coordinator (current or past) was asked for names of participants that might be willing to provide an interview and were contacted by email. If the candidate for interview was willing to participate, the research overview and consent form was emailed and a phone interview was scheduled at a mutually convenient time. For participants outside of Thunder Bay, signed consents were returned by fax or by email as a scanned attachment.

In Thunder Bay, requests for interviews were sent by email to 25 potential participants all who had been on the Drug Strategy Steering Committee at the time it was municipally ratified. Five participants responded without further prompting. Two additional respondents representing specific under-represented sectors were reminded once more about the opportunity to participate. The resulting seven participants were emailed the research overview and consent, and an in-person meeting was scheduled with each person. Meetings took place at worksites, coffee shops and in one case, at a personal residence.

An interview guide with specific questions was used for each respondent. The question guide is provided in Appendix I. The questions were asked in the same order, however not all respondents answered all questions. Some respondents gave lengthier answers to questions, meaning that time ran out before all questions were asked. In some cases, responses to one question answered several further questions. In some cases, respondents could not answer certain questions.

Current or former elected officials were available in only two of the three cities (Thunder Bay and Vancouver). Respondents with the specific role of representing substance users on a committee were available in only two of the communities. All three communities included interviews with people who were no longer involved in their respective drug strategy. Vancouver no longer has an active drug strategy, meaning all informants were former drug strategy participants. One Vancouver informant was a municipal employee who had been engaged when the drug strategy was developed. The drug strategy coordinators from Vancouver and Toronto provided interviews, and the coordination perspective from Thunder Bay was added through recollection.

3.2.2 Key Documentation Review.

Documents reviewed included each municipality's drug strategy document at a minimum, and a range of reports provided from two of the three cities. In total, 14 documents were reviewed (5 from Thunder Bay, 8 from Toronto, and one from Vancouver). Documents besides the drug strategy were not available from Vancouver. The only informant that still worked for the City of Vancouver did not have access to historical documentation related to the strategy development, nor could any other Vancouver informants provide documentation.

Figure 1. Documentation Review

City	Document Type	Quantity
Thunder Bay	City Corporate Report	1
Thunder Bay	Drug Strategy Report	1
Thunder Bay	Evaluation Reports	2
Thunder Bay	Environmental Scan	1
Toronto	Board of Health Reports	3
Toronto	Fact Sheet	1
Toronto	Drug Strategy Report	1
Toronto	Environmental Scan	1
Toronto	Consultation Report	1
Toronto	Flow Chart	1
Vancouver	Drug Strategy Report	1
	Total	**14 documents**

The document review provided data that helped fill out the case studies, giving historical context and enhanced chronology to the verbal data collected from participants. The document review also helped to determine if written accounts varied greatly from information gained in the verbal interviews, in some cases, allowing for confirmation of emerging themes.

3.3 Methodological Limitations

3.3.1 Stakeholder selection challenges.

The loss of knowledge and disengagement of stakeholders was most prominently a problem for collecting data from Vancouver. From the Vancouver cohort of invitees, only four stakeholders were willing to provide an interview. Some respondents from across all three sites had difficulty recollecting parts of their involvement or process. Despite efforts to ensure variety of sector representation in the sample for each city, respondents were self-selected, meaning others with different perspectives or experiences could have excluded themselves from the research.

3.3.2 Loss of documentation.

The loss of documentation presented challenges in fully understanding some sites' bureaucratic processes and historical path. Vancouver presented the greatest challenge in this regard. That city's four pillar drug strategy is available online and a section of the City website

is dedicated to an overview of the strategy, however there is no longer a dedicated coordinator nor anyone who could locate board reports, council meeting minutes or other documentation.

3.3.3 Limitation of review to successful cases.

This research used critical case sampling as described in the methods. In doing so, only cities that were successful in creating a municipally ratified drug strategy were included in the research. Findings do not illustrate struggles or barriers to the municipal adoption of a drug strategy from the perspective of communities that do not have municipal ratification of a drug strategy, or are lacking a strategy whatsoever.

3.4 Analysis

3.4.1 Interview analysis.

Each interview was tape recorded either in person (Thunder Bay) or over the telephone and then transcribed. The transcriptions were completed as soon as possible after the interview, and then re-read for clarity and identification of key themes. As the transcripts were reviewed, notes were made in the margins, highlighting responses, phrases or key points that stood out from the text.

Line by line, each transcript was reviewed and lines of text extracted, entered into a Microsoft Excel sheet and given a theme code. The coding process was an iterative one, Coding was revised in an iterative process as further findings changed the categories and helped defined subtle distinctions in intent.

As more text was entered and themes across the cities and respondents began to emerge, the codes were sometimes divided, combined or renamed as needed. The themes formed the basis for the data analysis. Patton (2002, 452-53) notes that by analyzing the contents of the data gathered through case study for emerging themes and patterns, consistencies and meanings arise and help form the understanding of commonalities or divergences that exist across the collected data or cases.

Thematic analysis moves beyond examining specific words and phrases towards identifying ideas that are captured in the data (Guest, MacQueen, Namey, 2012, p. 7).

The codes that represented the themes were assigned in an Excel database, allowing for rapid sorting and grouping. The data and themes were reviewed continuously, and themes were renamed, combined, or split apart as the data emerged and shaped the categories.

3.4.2 Documentation analysis.

The documentation from each city was reviewed to establish timelines and procedures related to each location's process. Documentation was requested from city employee contacts. Only Thunder Bay and Toronto could provide documentation beyond the drug strategy document.

An online search was also conducted for relevant and supporting news articles that could flesh out each city's case study. News articles were sought that could augment collected data and

provided context for the bureaucratic and historical process of creating or accepting a drug strategy in each respective city.

The documentation available for each city added to the chronology and understanding of the process for each respective city.

4.0 Conceptual Framework

A naturalistic enquiry of drug strategy development process was conducted using an interpretivist paradigm and constructionist epistemology. A naturalistic enquiry is described as a "discovery oriented approach" in which observation does not include manipulation of any aspect of the setting or other phenomena under study, and does not limit findings to a number of measurables (Guba in Patton, 2002, p. 39). A naturalistic inquiry stands in contrast to a controlled experiment design where researchers are seeking to control variables to isolate and standardize findings (Guba in Patton, 2002, p. 40). Naturalistic inquiry worked well when observing drug policy development in three cities with significant differences in approach and history. Choosing specific measurable outcomes or findings would not have been possible when analyzing policy development from such different periods of time, geography or political landscapes. In addition, manipulating the setting or other phenomena is not possible in a retrospective analysis.

A hermeneutic theoretical approach informed the analysis of this research, which suggests that through discussion and clarification of the data with the participants, reality or understanding will be constructed and filtered through both researcher and participant perspectives and context (Patton, 2002, p. 115). By analyzing each community's approach to and progress through drug strategy development, each community's process can be assessed from the perspective of key stakeholders, using a comparison of common and divergent approaches.

The underlying epistemology of the research is that of constructionism. Crotty (2003) states that a key concept in constructionism is that no object can be described in isolation of the conscious being describing it. A constructionist epistemology will allow for exploration of the varied perspectives on what contributes to a municipally adopted drug strategy unique to each city, and identify similarities across communities that are uncovered through the research. Much of the data is generated through interviews that rely on memory; essentially reconstructing the time and process of his or her respective community's drug strategy development. Constructionism means that findings are not generalized over space and time but common themes that emerge across case studies point to strategies for other communities (Patton, 2002, p. 546).

The literature review suggests that municipal drug policy development borrows extensively from the new public governance model, made evident in its collaborative policy making approach. But this research seeks to be specific in examining what features are common across the three cities with municipally ratified drug strategies. The research will also examine if the features of integrative leadership are at play, such as the ability to encourage collaboration across sectors and professions (Crosby & Bryson (2010, p. 12).

This research will seek to also uncover components of creating a municipally ratified drug strategy that present challenges to success, but also to sustaining the policy over time.

The main question that this research intends to answer is the commonalities that exist in municipally adopted drug strategies. By examining each city under study, and then comparing common and diverging findings, a set of guiding principles will be offered that provide cities with a template that can offer the best chance of successful and sustainable drug policy development.

5.0 Findings/results

The three communities under study, Vancouver, Toronto and Thunder Bay are presented as case studies. Each case study provides a historical overview, examines policy mobility at play in the impetus for the drug strategy work, looks at factors that contributed to council and community acceptance, and finally, presents the current status of the strategy. The case studies are presented in the order that the drug strategies were developed in Canada.

The second component of the analysis will review emerging themes that highlight probable factors that contributed to the political acceptance of each drug strategy in their respective city. The findings will also illustrate identified common challenges to drug strategy development highlighted by the data.

5.1 Vancouver

5.1.1 Historical overview.

Vancouver is the original importer of the four-pillar strategy concept from Europe to Canada in the late 90s (McCann, 2008, p. 9-11). The four-pillar drug strategy development in Vancouver arose from a 'perfect storm' that included the ingredients of a substance use crisis, a politically courageous Mayor, and a dedicated municipal bureaucrat.

In 1999, Donald Macpherson, then a Social Planner with the City of Vancouver, wrote a paper after attending the International Harm Reduction Conference in Geneva outlining Swiss and German approaches to drug use and related social problems (MacPherson, 1999).

Stemming from his work and observation of the lack of services, poor health and terrible living conditions that substance users faced in the Downtown East Side of Vancouver, Macpherson was a passionate advocate for trying new approaches to dealing with this longstanding situation.

MacPherson worked closely with then city manager to create a paid drug policy coordinator position. With a dedicated budget and three staff people, MacPherson and his team developed an initial draft document entitled 'A Framework for Action: A Four Pillar Approach to Drug Problems in Vancouver' (MacPherson, 2000). The strategy highlighted the high rate of overdose deaths, increases in HIV and Hepatitis C[1] infection rates and increased perception of crime in the city at the time of the document, and offered recommendations for actions that could be taken in one of each of four pillars: harm reduction, treatment, enforcement and prevention.

5.1.2 Influence of policy mobility.

Although political support to work on a four-pillar strategy was not unanimous, the work went ahead. Some stakeholders including municipal employees and politicians travelled to other

[1] Hepatitis C is blood borne disease that is intertwined with the issue of substance use due to its high percentage of victims who contract the disease through intravenous drug use.

countries to learn about harm reduction and alternative drug policy implemented in Geneva, Frankfurt, Bangkok and Hong Kong. This travelling was memorable to the one respondent, who recalled the effect meeting substance users in other countries had on him.

> "…And I've done some travelling in the project in Bangkok with (coordinator). And then just, talking to the addicts themselves. When we were in Hong Kong, we often talked to the addicts." (Respondent)

This transfer of ideas from other countries is a demonstration of what McCann (2008) calls urban policy mobility. He suggests that Vancouver not only used global circuits of policy knowledge but then providing transfer of knowledge throughout municipalities in Canada, which he refers to as the "Vancouver model" (McCann, 2008, p. 1).

McCann (2008) suggests that travel, first-hand experience and face-to-face connections in policy transfer are important because it allows participants to gain truth and stories that form a narrative that assists in policy transfer.

Travel was not the only manner which urban policy mobility took place. The mayor of Sydney, Australia visited Vancouver and met with Mayor Philip Owen, offering advice and encouragement for the idea of opening a safe injection site. This visit inspired the work of creating a drug strategy and introduced the idea of implementing a safe injection site, despite potential legal challenges it might face.

> "The Lord Mayor of Sydney, Australia came and visited twice, this is now, at the beginning of my turn, 96 or 97, just when we were in the middle of all this, trying to put this together. And he tried to open a supervised injection site in Sydney, Australia and got blown away, and police all upset and so on. And he went to court and got approval and it went, the case went all the way to the Supreme Court of Australia, and he won. And they have supervised injection sites." (Respondent)

5.1.3 Facilitating council acceptance.

The education of Vancouver City Council members was an important component of gaining political acceptance of the Four Pillar Strategy. Council members were introduced to alternatives and approaches that had demonstrated positive outcomes in other parts of the world.

> "So I founded sort of an educational campaign of sort trying to bring our politicians up to speed that there were; actually were solutions that were successful in other places and I wanted them to meet the people who had implemented those types of programs. And so I made sure everyone came to Vancouver and met the mayor and met as many city councilors as possible and did a public session and met with people in the community including the drug user groups, NGOS etc. So they got a really good sense of the problem and were able to affirm some of the things that we were thinking about

> which were things like safe injection sites and heroin prescription programs." (Respondent)

Education of Council was intensive. After one particularly difficult presentation on the drug strategy, the drug policy coordinator and the Mayor had to regroup and determine how they could work with a council that had a high degree of opposition to the idea.

> "The next day we picked ourselves up and made a commitment to those councillors that we would meet with every one of them and find out what their concerns were and we'd just work it. And we did. It took an extra couple of months, and the Mayor got his way in the end." (Respondent)

Hearing the experiences of people who use substances was a strong influencer for political leadership. Consultations were held in the Downtown Eastside with people who use substances. The mayor held meetings and met with members of the drug user community. One respondent said that the personal stories were particularly motivating and influenced his acceptance of a four-pillar strategy approach.

> "Donald had put me in touch with a lot of people around, particularly with a guy…who was a heavy heroin user and I really wanted to know what's going on. And I had a couple of tea parties in the downtown eastside… And the stories just got flowing and that is what got me sucked in." (Respondent)

5.1.4 Facilitating community acceptance.

The coordinator and Mayor used the strategy to facilitate several months of community consultations. Over 2000 people offered feedback on the document. The responses from the consultations resulted in revised and new actions that were incorporated into the final drug strategy, released in 2001, holding the same title as the draft, but indicating that it was revised on the cover.

In addition to the consultations, the City of Vancouver used a robust communications strategy to facilitate community and political discussion and stimulate support. Reporters were invited to attend consultations, and advertisements were purchased to promote drug strategy messaging. As one respondent noted, the advertisements included comprehensive information about the recommendations in the strategy.

> "We had previously put full page ad info, what do you call them? Advertisement info things like ah, you know a two page fold out in the Vancouver Sun which was in partnership with the Four Pillars, sort of saying what it was, all 36 recommendations, etc., so it was a bit of publicity around it." (Respondent)

Because Chinatown is geographically close to the Downtown East Side, some of the communications were translated. The Chinese community was vocal in their opposition to the Drug Strategy, in particular many of the harm reduction actions. Besides ensuring that written

material was translated, city employees used a coordinated approach to monitor Chinese media, and correct information that invariably got mixed up in the translation. Even with translation, conflict continued between the Chinese community and the nearby community of substance users, especially as work on one of the Strategy's most controversial actions, the safe injection centre went ahead. The conflict was sometimes marked by public protest.

> "In 2002…there was a big, big demonstration in Chinatown with 2000 people with cards saying, 'No more drugs, drugs is killing Chinatown' and then the user group Vandu, they will be out in the street carrying a coffin saying, you know, 'People are dying!'" (Respondent)

One respondent noted that one of the more gratifying aspects of her role with the drug strategy development was witnessing the education and eventual support of the Chinese community for harm reduction and the safe injection site, especially after the site opened.

> "I remember years ago, when we have the four, five community leaders in Chinatown, with the front page of the Chinese media newspaper media saying that they are against drugs, you know all harm reduction strategy and they have press conference saying all these things against it. Until we were able to convince them and work through a process to, um, in a way, they wouldn't say they support the supervised injection site, but their language was that they did not opposed to it. And then actually a couple others afterwards said that, yes after the supervised injection site was open, they noticed some you know, changes in the Chinatown area, whereby you see less of people sitting in back alley shooting up, because folks are being asked to go into the supervised site. So actually bring a sense of, you know, the peace and calmness, you know within the Chinatown area. So, they can also see how things have changed." (Respondent)

5.1.5 Current status.

As the leadership changed over time in Vancouver, so too did the priorities. The Four Pillars Strategy started under the leadership of Philip Owen survived three more mayors. However with the election of Mayor Gregor Robertson in 2008, priorities changed and the Four Pillars Strategy took a back seat to the issue of homelessness and housing. The Four Pillar strategy lost staffing, funding and momentum. One respondent shared regret that the focus was not maintained on the strategy.

> "It would have been much better to have each mayor hammer away at the four pillars and keep the train rolling. So the train got sort of sidelined here and there as the Mayor took their foot off the gas and focused on other things." (Respondent)

Communication to the community partners and stakeholders diminished. Without communication about a formal conclusion or reformation, some respondents were confused about the status of the Four Pillar Strategy.

> "The communication's just dropped off dramatically, I think partly because they don't have assigned staff perhaps." (Respondent)

Despite the inactivity of the Vancouver Four Pillar Strategy, the work of Vancouver has inspired urban policy mobility across Canada with many communities in various stages of four pillar drug policy development, adoption and implementation. Vancouver is well regarded for its work internationally and remains an inspiration for cities seeking collaboration and innovative approaches to problematic substance use.

5.2 Toronto

5.2.1 Historical overview.

As knowledge about the benefit of four pillar drug strategies began to spread into other parts of Canada, Toronto embarked on the work to create their own municipal drug strategy. One respondent commented about the Vancouver influence on the momentum to create a Toronto Drug Strategy, lending credence to the idea of policy mobility in Canada.

> "The other thing I think was an impetus for us was that we saw Vancouver's drug strategy. We heard about it, we went out and some people had been talking to people out in Vancouver, and they came through and talked to us and we thought, geez, maybe we could do something like that. Because certainly from what we had seen, there was some momentum and actually having some impact." (Respondent)

Toronto Public Health led the way in initiating the work. On April 28, 2003, Dr. Sheela Basrur (Basrur, 2003) presented a report to the Board of Health outlining the value of harm reduction programs in the City of Toronto. The report stemmed from political concern about the Annex Harm Reduction Shelter, a managed alcohol program that provided dosed alcohol and cigarettes to chronic alcoholic men who had experienced long-standing homelessness. Dr. Basrur concluded the report by recommending that work be initiated to create a four-pillar strategy and bring cohesion to the work of preventing harms associated with substance use. The Toronto Board of Health adopted the report and recommended that a further report be submitted that would outline a process and sources of funding to begin the development.

A project structure and funding sources were recommended that could support the framework development (Commissioner of Community and Neighbourhood Services & Medical Officer of Health, 2004). The officials recommended that a political lead be appointed, and that this lead along with staff select other municipal politicians to participate on a council reference group (Figure 2., pg. 25). Further, the document suggested a draft policy framework document be compiled using best practices and evidence, and be used to conduct stakeholder and community consultation.

The creation of the Council Reference Group was strategic and purposeful in an effort to ensure political relevance. A lead politician would chair the group and appoint political peers. Senior City staff would form a Project Advisory Team to support the Council Reference Group.

Finally, a Project Management team comprised of representatives from multiple sectors in the city would guide the community consultation process and content development of the strategy. Some respondents felt that the process and structure was too complex.

> "I think the process might have been a bit cumbersome, so it got in the way; the various committees, important though they were, overlapped an enormous amount, so I couldn't really tell why I was at which committee, and you know what I mean? So I think there was a big overlap, a big bureaucratic overlap, was a stumbling block." (Respondent)

Like Vancouver, Toronto supported the work of the drug strategy development with dedicated financial and human resources.

Two years of salary and project costs were funded by a grant awarded through the Ontario Works (OW) 2005/05 Incentive Fund. Additional staff resources from the Social Development and Administration Division of Community and Neighbourhood Services, Toronto Public Health, the Centre for Addiction and Mental Health and the Toronto Police Service were contributed for policy and research support (Commissioner of Community and Neighbourhood Services & Medical Officer of Health, 2004).

The final document was left to approval of the Council Reference Group. As one respondent pointed out, this group had the job of convincing Toronto City Council to formally adopt the strategy.

> "And we did have um, you know a process that says, the final decision will be the Council reference group, because they will be the ones that will bring it forward. We are working from consensus, but at the end of the day, that's the group that makes the decision to bring it forward to Council." (Respondent)

5.2.2 Influence of policy mobility.

Policy mobility took a Canadian turn in the case of Toronto. Representatives from Toronto visited Vancouver to learn from that city's process and leaders. And just as in Vancouver, learning from witnessing harm reduction in action particularly influenced decision makers.

> "And one of things that was really good is that some members of the City Council, of the executive of this committee, of public health, visited Vancouver. And one of the people that went along with them; which was a man totally opposed any sort of harm reduction, and he came back with a noticeable shift. So it shows that education is really, really important." (Respondent)

The influence of politicians from Vancouver was important. One respondent talked about the strong influence that hearing from Senator Larry Campbell had on the group.

> "…probably the very first speaker was Larry Campbell. You know, I forget, but he was buddies with our mayor at that time, and so, ah, yah, the mayor introduced him, and Larry Campbell got up, and he gave his spiel about being a cop on the beat in Vancouver, and that stuff…And I think that sealed the deal." (Respondent)

5.2.3 Facilitating council acceptance.

Having enforcement support can be pivotal in the development of a drug strategy that includes harm reduction elements. The Toronto Police were an early partner, holding a position on the Project Management Team and participating in working groups. The reluctance of some law enforcement members to embrace harm reduction was seen as a roadblock or challenge to the work. However the Chief of Police was seen as an asset to the process, despite concerns of his staff. His support was noted as pivotal in the acceptance of the work by the community and by City Council.

> "And I think honestly, the other thing that helped us was that we had (name) as the police chief. And although he had, he was unwilling to agree to every recommendation, he was willing to stay at the table and come forward and say I support this drug strategy except for these three. Yeah. He didn't walk away from the table. If he had been the kind of Chief who said, look if you don't take these things out, I cannot support this drug strategy, we would have been dead in the water." (Respondent)

Like Vancouver, Toronto used a draft policy to stimulate community consultations and feedback from citizens and stakeholders. Led by Toronto Public Health, a consultant group was hired to conduct the consultations using focus groups, town halls and anonymous surveys. Fourteen focus groups and town hall meetings were held with 357 people who participated. 325 surveys were completed (ICA Associates, 2005).

The community consultations were important to demonstrate to City Council that citizens supported the strategy. One respondent highlighted the consultation process as pivotal in demonstrating to Council that the strategy had the support of communities.

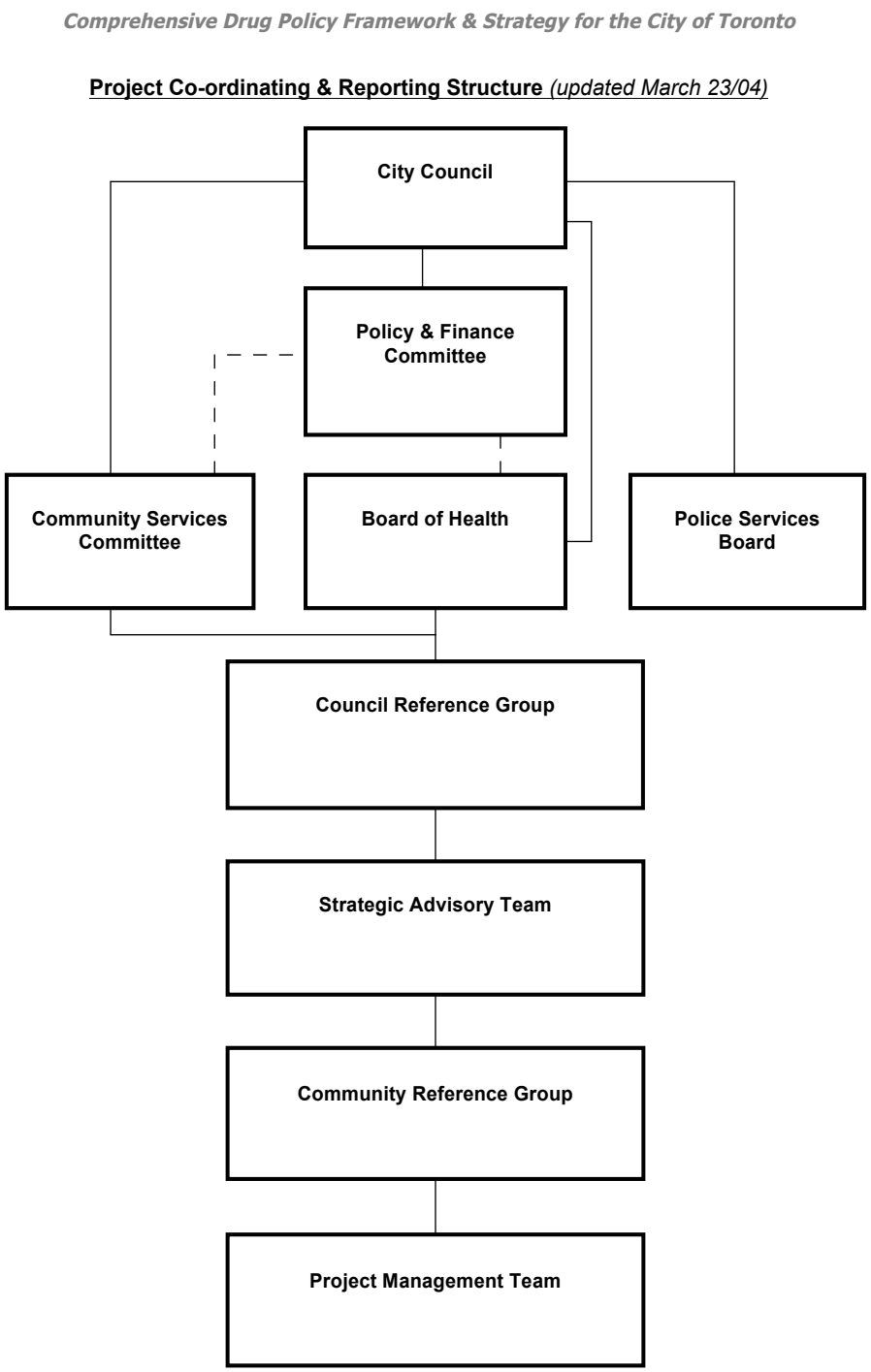
> "I think the other thing that was important was our community consultation process, without that, we would have had a really hard time getting it through council, even though we had all these other pieces." (Respondent)

Other respondents highlighted the perception of neutrality as a factor that influenced Council support. Using external consultants to conduct a robust consultation led was seen as leading to greater Council acceptance of the strategy.

> "Yeah, yeah, that was key to getting acceptance at Council, and if we had, and a part of it that was politically key as well was that it was not us running the consultations. We hired a company to run it." (Respondent)

Selecting a political champion that was supportive to the work was seen as critical. Political leadership was sought from a Councillor with an ability to allow for diverse opinions and perspectives. One respondent shared that the preferred politician to lead the strategy development was well versed in the issues that intersect with substance use.

Figure 2: Toronto Drug Strategy Project and Reporting



"So, we knew we wanted a political steering committee, and we had a, already early on, picked out a, when I say we, I mean public health, we had a political champion in mind, (name), because he had been, he had a long history of working with public health and HIV issues, and he had some interest in substance use issues as well." (Respondent)

The structure of the Toronto Drug Strategy intentionally built a political leadership component. Political support from the lead Councillor and the Council Reference Group were credited as key to the philosophical and fiscal support of the Drug Strategy. As the work of creating and adopting the Drug Strategy progressed, politicians joined and left the Council Reference Group, but leadership remained constant. This consistency was credited as key to the stability and acceptance of the Drug Strategy at a community and political level.

> "I think that having a City Council steering committee of those five people was key, um, and having a very strong, articulate Councilor as advocate, who was, you know chairing it." (Respondent)

5.2.4 Facilitating community acceptance.

The Toronto Drug Strategy process included people who use substances and who strongly advocated for inclusion of harm reduction actions. The Toronto Drug Strategy development process served to bring together a variety of organizations and groups working on substance use from a variety of issues, and those working on harm reduction approaches viewed the Toronto Drug Strategy as an opportunity for adding pressure for increased services and supports for substance users.

> "We also had a lot of pressure from the community to deal with illicit drugs from this perspective: an advocacy group, who wanted us to take a much stronger stance on harm reduction with respect to crack pipes. So safer use of crack pipes, er, safer use of crack, because we had already been the lead around needle exchange many, many years ago." (Respondent)

The challenge of representing a varied body of drug users with limited voices was noted by one respondent who served in that role. His perspective was that it is difficult to represent a wide and varied group of people that are from a diverse set of circumstances, united in some cases only by the nature of consuming substances. He felt that even though his voice could not possibly represent all substance users' lives and issues, it was important that substance users shared ownership in policy development that would influence and affect their lives.

> "But we as, ah, users, there were five or six of us, brought a significant amount of expertise to the table. We brought stuff that was practical, that needed to be done, that needed to be said, that needed to be addressed." (Respondent)

The need to have people affected by drug policy involved at the table was a theme that resonated from all the Toronto respondents. Whether because of the education for other stakeholders, to ensure that policies were reflective of the needs of substance users, or to incorporate language and themes that underscore the terrible cost of stigma, the value of including people with lived experience resonated throughout all the interviews.

> "They have to see the stories of that. They have to see these people as real people, not weak people but brave people. People that are doing the best they can under the most

> adverse conditions, because they've never been able to get the help that they need because they are not seen as worthy." (Respondent)

The Toronto Drug Strategy also experienced opposition to the process in general, but also to harm reduction based actions. Some citizens expressed concerns about an approach they described as enabling substance use. On respondent commented on her perception of this opposition.

> "There were also these awful 'residents' (and put the word residents in quotes) who don't want to hear of anything that would make, make their lives different, ah, make the lives of people who use drugs different, but just keep them where they are so they can beat up on them." (Respondent)

Opposition was also evident from some politicians. One respondent summarized the reasons for the oppositions as being related to a waste of time and money.

> "There were people on the City Council who opposed this. They thought it was a waste of time and money, and really didn't, didn't really want it. I think they were afraid, they may have wanted it, but they didn't want the direction they felt it was going to go in." (Respondent)

Another respondent said political opposition stemmed from a desire to leave the work of substance use action to the police.

> "And then Councillors, and there were also Councillors who also felt that, you know, things like drug strategies weren't Council's business, its, you know, we should just support the police, and we shouldn't be dealing with illegal drugs other than in enforcement ways." (Respondent)

Despite the pockets of resistance, the support of the Toronto Police Chief was credited as a large component in generating political and community support. Says another respondent:

> "Yeah. He didn't walk away from the table. If he had been the kind of Chief who said, look if you don't take these things out, I cannot support this drug strategy, we would have been dead in the water." (Respondent)

The strategy process was not without conflict. The process brought out opposition at many different stages including during the development, community consultations and at the political ratification process. The group worked to ensure that all stakeholders remained a part of the process.

> "I mean sometimes we felt like the community consultation was about to go off the rails, that was, a couple of times we had really tough conversations in the community

> reference group and some people were going to leave the table and we had to try to get them to stay at the table."(Respondent)

The Toronto group used political and enforcement leadership as one way to resolve conflict. The group allowed leaders to endorse in principle the drug strategy without committing to all recommendations contained in the document. This approach was pivotal in ensuring continued engagement and an authentic document that addressed multiple perspectives, while retaining key stakeholder and political support.

> "And I think honestly, the other thing that helped us was that we had (name) as the police chief. And although he had, he was unwilling to agree to every recommendation, he was willing to stay at the table and come forward and say I support this drug strategy except for these three." (Respondent)

5.2.5 Current status.

Respondents are proud of their involvement in the Strategy development and feel that the work has led to an improvement in how the City of Toronto addresses substance use. The Strategy is still funded through the City of Toronto. Respondents felt that a strategy helped to unify the organizations and individuals working on the issues of substance use, and provided a direction and framework for the work.

> "Well I think it, really, um solidified what kind of things we needed to work on. I think it really solidified for us as a health unit, but also as a city, um, how important it was to have everybody, have a mass, a majority of people supporting you and doing it within a framework." (Respondent)

The Strategy was credited for providing cohesiveness in an approach to managing substance use related issues, and facilitating movement and action in the community.

> "I mean, certainly a number of the actions that have come out of it have, wouldn't have happened otherwise." (Respondent)

Despite significant changes in political leadership, the Toronto Drug Strategy has maintained its funded positions and contributed research and continued support for allied organizations. Part of the ongoing effort to sustain community and political support is a commitment to regular updates on progress. The Secretariat has released reports on progress every two years from 2008. The Secretariat has also conducted and produced research and reports on the effect of stigma, alcohol use by youth, and most recently, released a toolkit to assist the community to examine the feasibility of establishing supervised injection sites in the City of Toronto.

5.3 Thunder Bay

5.3.1 Historical overview.

In 2007, Thunder Bay fell under the influence of urban policy mobility. At a luncheon for community leaders about Hepatitis C and its connection to substance use, Senator Larry Campbell shared Vancouver's four-pillar strategy and highlighted his conviction that alleviation of substance use problems required a four-pillar approach. Following his presentation, the City of Thunder Bay appealed to the Thunder Bay District Health Unit (TBDHU) to help with the creation of four-pillar drug strategy for Thunder Bay.

The Health Unit agreed to seek opportunities for 100% funding that could ensure that the project would not place demands on the tax supported operating budget that the Board oversees. In 2008, TBDHU submitted an application to the Drug Strategy Community initiatives fund specifically to fund the process of creating a Four Pillar Drug Strategy.

Health Canada officials sent the grant proposal back to the Health Unit planner for refinement. Citing that Canada Drug Strategy would no longer support the pillar of harm reduction, the grant coordinator asked that the application be revised to meet the criteria. The application was revised to remove references to harm reduction and refer instead to a community specific development process. With those changes, the grant was awarded, and salary and project expenses were funded for a three-year period. One respondent noted that the three year window gave the project a strong foundation despite the lack of clarity about how to sustain it beyond the grant term.

> "We knew we had that base funding that was going to take us to the three years. But then after that, how were we going to manage this, and how are we going to do this, how is it going to happen, knowing that that was just the base to get this whole thing in place, and we knew we had to go beyond that." (Respondent).

Stakeholders recalled the severity of the issue of public intoxication and the appeal by enforcement for a collaborative and health-based response. Recounts one respondent:

> "I think the biggest key thing for everybody to understand was that the police were being… forced to be doing medical work. And so that's not what we're there for." (Respondent)

Another respondent recounted the challenges on incarcerating intoxicated people in jail cells given the high degree of public intoxication.

> "Some of my colleagues who were also watch commanders in charge of the station would say to me, in our conversation, would say, 'Look at this. We've got 20 cells, all full and all full of intoxicated people. This is not the hospital.' And you know, when somebody's come in that's been arrested for a serious criminal offence you've got to move somebody out of the intoxicated cells. I mean, that's how bad it is." (Respondent)

Thunder Bay was also seeing increasing problems related to opiate use ("New oxy pill poses new risks - Thunder Bay - CBC News," n.d.). Private methadone clinics were being established to provide treatment to growing numbers of patients, creating heightened concern in the community about both the opiate problem and methadone treatment (Lundmark, 2010). One respondent recalled the opiate problem escalation.

> "I think what I recall most is the issues around just the rampant use, particularly of Oxycontin in our region and how much it set our region apart even from other regions, just how much more of the problem was escalating in our community and particularly in our first nations reserve communities where it was really an epidemic and there was a desperate need to move forward." (Respondent)

Both the opiate use increase and the public intoxication rates provided a rallying force to bring diverse stakeholders together. One respondent highlighted the unifying aspect of the crisis.

> "The most important thing is, it really did galvanize the community. It was an issue that galvanized the community is the best way that I can say it." (Respondent)

The Thunder Bay Drug Strategy was complete and ratified unanimously in April of 2012. Upon conclusion, presentation of the strategy development process across the province allowed for dissemination of the document and feedback from other communities. Stakeholders heard from experts such as Donald MacPherson, Canadian Drug Policy Coalition Executive Director, who travelled to Thunder Bay to offer congratulations and advice for next steps.

5.3.2 Influence of policy mobility.

By the time that Thunder Bay began the work on their drug strategy development, writing was available on promising practices for drug strategy development. The Federation of Canadian Municipalities produced a document outlining sustaining practices for community led drug strategy initiatives (Caputo & Kelly, 2000). A best practices guide in mobilizing community for drug strategy development was also available from Regina (Regina and Area Drug Strategy, 2006). Both documents highlighted the value of ensuring political leadership, clearly stating mission and values at the outset, and ensuring multi-sectoral participation, especially focusing on ensuring enforcement collaboration.

The drug strategy coordinator approached a number of municipal politicians that could potentially lead the project. One respondent commented about the influence of learning from other communities with drug strategies.

> "Well I would say to absolutely to have a conversation with you…and other communities who have adopted a drug strategy, not just in Canada but in other jurisdictions to learn what went well and what didn't go well." (Respondent)

5.3.3 Facilitating council acceptance.

The city councillor that accepted the role of the Chairperson was seen as a strong and effective leader, with the respect of the community. Her influence with stakeholders across the city was seen as an asset to the process, according to the following respondent.

> "We didn't have to sell that, cause they were part of the drafting of those original documents so, and ah, (name), she's part of every movement that matters in this city. I really think. And when you don't have to sell it to her, when she embraces it, I mean she is a firebrand for taking the message forward, so that was great." (Respondent)

Respondents spoke about the need for strong coordination combined with a broad knowledge of substance use issues and policy.

> "Plus, I think you need the right; you can't be too timid, you can't be too bowled over by anything. You gotta have a little moxie, or you can't sell this thing." (Respondent)

> "You need to have the people who are in a coordinating function, they have to be passionate, they have to be well versed in the community, they have to understand its strengths and limitations, you really, they need to be leaderful people." (Respondent)

Another respondent pointed to having diverse perspectives and professions involved as being critical to the political success of a strategy.

> "We had all kinds of professionals on the committee, and I think the City was very, they looked at us and they said, 'This is very, ah, this is, what's the word there, this is real.' You know? 'And this is something that has been researched very, very well, and there's a lot of knowledgeable people on the panel.'" (Respondent)

The Thunder Bay Drug Strategy held 26 focus groups with diverse stakeholders including youth, seniors, people who use substance, people in treatment and more.. The taped sessions were transcribed and analyzed, and the resulting report was shared with the steering committee (Newton Taylor, 2010). The community consultation report was seen as useful in shaping public discourse and influencing decision makers, as it provided hard evidence about the nature of the issue in Thunder Bay.

> "And just showing the numbers, the facts, those focus groups that we did. Those things don't lie, you're showing, giving some evidence to city council." (Respondent)

The Thunder Bay participants said that people with lived experience were essential members and contributors to the strategy.

> "And I think having people who had lived experiences on the strategy, and seeing both their functionality, their creativity, their intelligence, their vibrance, I think that really changed for a lot of people too." (Respondent)

The full involvement of law enforcement officials was seen as a critical component of political support. One respondent shared the essential component of senior enforcement support.

> "Well, I think our Chief at the time, did a lot of; stressed with the City Council and the police force what a big issue this was. So any time a leader of an organization makes it known this is a really serious issue, then it's taken more seriously." (Respondent)

Ultimately, City Council ratified the drug strategy with unanimous support. One respondent noted that some political lobbying went into the decision:

> "The Council were interested in saying, "we will support the strategy," which took a little bit of time to get there. So the Council, they thought this was the step to go. It took a little bit of lobbying behind the scenes to get them all to support it but it was unanimously supported in the long run." (Respondent)

5.3.4 Facilitating community acceptance.

In Thunder Bay, quite a bit of time was spent agreeing on the values, vision and mission of the work. The values were what some respondents said provided the structure to debate actions for inclusion. One respondent commented on the work the group did to clarify the scope of the project.

> "So, first in processes, and I recall and again this was at the health unit, was having the conversation about what's this all about. Like the vision, the values, what's really important; I'm not sure what terminology we used, but we really wanted to nail down, what do we want to achieve. And I, I think, I'm sorry, I can't remember what the vision is, but I think we were trying to be careful that it wasn't um, health and well being for the entire world." (Respondent)

Respondents spoke about the personal, professional and community education that resulted as part of the process of developing the strategy, and how increased knowledge in the community contributed to the ratification of the strategy and the support for various actions.

> "And they know that their constituents… may not like people who have substance use. And just want them all at the LPH (former mental hospital) with the doors locked. So there's a balance for them as well. And I think that is important just to be absolutely aware of, this is, this is difficult work and the um, the change, the change, you could put in all the resources you want, but unless we include in that, facilitating people's thinking, and their values, their attitude, well the road's rougher." (Respondent)

Because stakeholders represent a number of agencies and mandates, the shared education was seen as essential to ensuring a level field and ensuring the strategy represented evidence-based and current information about substance use.

> "And to take the time to educate people that are involved in the strategy, because even with professionals, there's so many, ah, false notions and misunderstandings and people think they know and they don't." (Respondent)

The education to community was also highlighted as a beneficial outcome and integral to the acceptance of the strategy. One respondent shared her perspective that education contributes to greater influence across sectors and groups.

> "It influences people, right? And they may not even realize that it did. They overheard it, they were at a presentation or something, and they think, ''Where did I learn that, I'm not sure," but its affecting…" (Respondent)

5.3.5 Current status.

The Thunder Bay Drug Strategy remains active. The implementation panel (formerly the steering committee) meets quarterly and is facilitated by the original political chairperson. The coordinator is an employee of the City of Thunder Bay. The municipality has a funding arrangement with several organizations that contribute towards the program cost.

The Thunder Bay Drug Strategy provides regular communication to the community of Thunder Bay through reports, media releases and information sessions. But some respondents suggest that Drug Strategy actions are not clearly identified when implemented by partner agencies and has the potential to jeopardize continued drug strategy support.

> "…I believe there's very good work going on, and I also believe it needs to tie back to the drug strategy. It would have happened anyway, but it's almost like this coordinating body, oversight, not coordinating, to say, 'This all ties into the drug strategy,' but I'm not getting the loop back. And maybe it's happening but I'm not getting it." (Respondent)

Despite concerns that some actions are not linked to the drug strategy, other respondents said the strategy contributed to funding and programming successes for new approaches by providing a collaborative call to action.

> "Another fall out of the Drug Strategy is funded services. I am not 100% sure the expansion of the (org) would have happened without all those people coming together with recommendations to say this is something that we need." (Respondent)

One respondent went as far as to credit the drug strategy for providing the framework for all of the positive changes in the community related to substance use.

> "All of the main changes, the most positive changes that have taken place in this community in respect to helping improve the lives of people who use substances have occurred as a direct result of the drug strategy." (Respondent)

The Thunder Bay Drug Strategy continues to be coordinated through the City of Thunder Bay using the collaborative funding model noted above. Funding has been extended to 2017 and a number of actions have been implemented in partnership with agencies across the city.

6.0 Discussion

6.1 Contributing factors to the Political Adoption of the Thunder Bay, Toronto and Vancouver Drug Strategies

Common factors were uncovered across all three cities that likely contributed to the formal political adoption of each city's respective drug strategy. Pivotal to all three sites was the idea of policy mobilization, or 'global circuits of knowledge' (McCann, 2008, p. 1) where each community ideas and approaches from another city. Three other critical factors emerged as critical to the success of a municipal drug strategy process. These factors were identified as stable coordination with dedicated resources to the project, committed political leadership, and a commitment to community consultation and education.

6.1.1 Policy mobility.

In Canada, four-pillar drug strategy development has drawn extensively from the drug policy development process that Vancouver undertook in the late 90s. Both Toronto and Thunder Bay respondents spoke frequently of the influence of the Vancouver work and made mention of key Vancouver stakeholders, including coordinator Donald MacPherson and Senator Larry Campbell. Both the players and the city were cited as pivotal in influencing the movement (political and bureaucratic) and the process (four pillar, community consultations) in their respective work.

Vancouver respondents cited numerous cities and countries as influential to their city's process; specifically, the efforts in Frankfurt, Germany and Switzerland were highlighted as significantly influential. Respondents spoke about not only reading about the work of these cities, but further noted the importance of travel that some stakeholders, politicians and bureaucrats undertook to visit with political leaders and stakeholders in these cities and countries with a four pillar policy.

> "And it was because partly of the work of the city that (names) travelled to Europe and they brought back reports on those areas." (Respondent)

McCann (2008, p. 8) writes about the importance of travel and personal connections with policy agents in other locations in the spread of public policy ideas and says that it is in these 'continual repetitions of truths and stories about the best places and best practices' that allow policy to spread. McCann says that through interaction with policy players and advocates from other communities, policies and best practices spread across oceans in the form of presentations, slide shows and handouts.

But policy mobility did not stop in Vancouver. Vancouver's Four Pillar Strategy success was amplified throughout Canada in much the same way that they received their new approach: through amplification in presentations, news report and research documents. Toronto respondents talked about the influence of the work in Vancouver as pivotal to the support for the development of a Toronto Drug Strategy. Travel to Vancouver was an important

component in the spread of policy. Actors from the political, bureaucratic and public health realms visited Vancouver to meet and witness the work.

One delegate from Toronto was opposed to harm reduction prior to the visit, and according to the respondent, came back with a different perspective.

> "And one of things that was really good is that, um, some members of the City Council, of the executive of this committee, of public health, visited Vancouver. And one of the people that went along with them, which was a man totally opposed any sort of harm reduction, and he came back with a noticeable shift." – Toronto Respondent

The Thunder Bay drug strategy coordinator attended the 2009 Drug Policy Alliance Reform Conference held in Albuquerque, New Mexico. Exposure to international advocates for drug policy reform allowed policy mobilization through learning about projects, approaches and research that occur in other cities across the globe. It also allowed for professional connections with actors in drug policy across North America. McCann (2008, p. 10) points to travel as important for the sharing of information through other means than direct contact. Attendance at conferences, meetings and other events allows for policy transfer to happen between political activists, non-profit organizations and other 'actors' through presentations and sharing of research.

Equally important was the policy mobility that happened between political peers, according to the following respondent:

> "So before I got up, right at the very beginning, probably the very first speaker was Larry Campbell. You know … he was buddies with our mayor at that time, and … Larry Campbell got up, and he gave his spiel about being a cop on the beat in Vancouver, … and I think that sealed the deal." (Respondent)

Thunder Bay stakeholders benefited from the experience of other cities through the facilitation of engaging speakers who could share information and policy success. The idea of the Thunder Bay Drug Strategy was initiated through community leaders upon hearing from Senator Larry Campbell at a local conference about Hepatitis C. One respondent noted the importance of the ability to learn from other communities with a coordinated drug strategy at sessions such as this one.

> "Well I would say to absolutely to have a conversation with…other communities who have adopted a drug strategy, not just in Canada, but in other jurisdictions to learn what went well and what didn't go well." (Respondent)

6.1.2 Political commitment and leadership.

All three cities featured committed political and bureaucratic leadership throughout the development process of their respective drug strategies. Respondents felt that the critical components to success included political commitment, bureaucratic supports both from a fiscal

and philosophical perspective, and strong, stable coordination. One could argue that in Vancouver, the City took the lead as an organization, while in Toronto and Thunder Bay, it was the public health agencies that provided the organizational leadership. Morse (2010, p. 239) suggests that organizations that provide integrative leadership in this manner are enabling institutions and play an important role in moving collaborative policy initiatives forward.

Having early and visible political leadership that provided influence on council and led the way for community acceptance was pivotal according to almost all the respondents across all three cities. A political champion was seen as essential to engage other community leaders and to stimulate community support.

> "We didn't have to sell that, cause they were part of the drafting of those original documents so, and ah, (name), she's part of every movement that matters in this city, I really think. And when you don't have to sell it to her, when she embraces it, I mean she is a firebrand for taking the message forward, so that was great." (Respondent)

Political leadership was noted as important to influence other politicians who would need to support the strategy to make it official policy. Respondents talked about the need to ensure that politicians not only led the work, but also participated in the strategy development.

> "Well I think from the initial get go, just from our Chair (name) being there, it was very visual, and the presence of different city councillors being there … having council members on the strategy, made a difference for sure, because I'm sure there was, like more information getting out to the rest of council about it." (Respondent)

Choosing the right politician was important. One community approached a political champion with known perspectives. Another city secured a politician that had an excellent track record of community involvement but less knowledge about substance use. In this case, the politician was committed to understanding the issue and took every opportunity provided to learn about the various aspects of the issues before the committee.

> "The first thing that I really – I've never forgotten it, was a phone call saying would I be interested in working with the drug strategy, and I really didn't know anything about a drug strategy and I didn't know anything about drugs, and I thought it would be a good learning experience for me." (Respondent)

The Federation of Canadian Municipalities (n.d., p. 12) in a review of nine Canadian city pilot sites demonstrated that political leadership was important in municipal drug strategy development to both provide legitimacy for the process and facilitate access to resources, whether financial, human or in-kind. All three cities echoed the need for strong political leaders at the front of the process, citing the engagement of community partners, resource dedication and political support for the developed strategy as key outcomes associated with strong political leadership. Having a politician with strong leadership skills and high degree of community respect who could rally colleagues on Council and ensure the work was supported in the community was highlighted as pivotal to Council endorsement.

> "And at the end of the day I think it was because of the strong political leadership, ah, gave enough them, the middle of the road people the confidence that this was the right way to go." (Respondent)

Some community partners who were skeptical of political players expressed emerging trust for political leadership. But in the end, the political leadership was seen in all communities as pivotal in building trust in community members for the process and direction of the strategy.

> "I began to trust and respect to the degree possible, ah the political person involved in it; not ever totally, because he was a politician." (Respondent)

6.1.3 Dedicated coordination and resources.

Respondents from all three cities spoke about the essential nature of a dedicated, skilled coordinator. Strong coordinator skills were defined as possessing courage, excellent written and oral communication skills, and having an ability to get consensus, combined with a good understanding of the community.

Coordination needs to be skilled to balance the competing priorities and agencies that often were in direct competition for resources. Bringing agencies together with competing priorities can be a challenge and without skilled coordination, organizations can actually begin to form alliances with one another and exclude other partners, defeating the goal of creating greater social capital collaboratively among all partners (Kubler & Walti, 2001, p. 517). As another respondent noted, the ability to seek and gain consensus among a disparate group of stakeholders was a necessary skill.

> "…the person in charge was very good. She's very good at getting consensus. Very well thought out, she had a very well thought out way of working. And she was genuine. So she worked for consensus. (Respondent)

Good coordinators must be skilled at integration, noting opportunities to address gaps, build links, and determine when the process and resources are constricted by organizational rules and interpersonal boundaries (Crosby & Bryson, 2010, p. 218).

6.1.4 Bureaucratic support.

All three cities discussed the need for city administration to be onboard and supportive of the work of creating a drug strategy. In Vancouver and Toronto's case, given that the department responsible for drug strategy development fell under the City umbrella, the support was evident in the dedication of resources and in the physical location of Strategy staff within the offices of the City.

> "I remember actually the city manager in particular was a real champion right from the get go. He really was, I think the driving force from the municipality's perspective in terms of making sure this happened. He just got it, you know?" (Respondent)

In the case of Thunder Bay, the public health unit facilitated the initiation and development of the drug strategy at the request of the City. Bureaucratic support was evident early on from both organizations and continued as the strategy transitioned to the City of Thunder Bay for the implementation stage. One respondent recalls the strength of the partnership that led to the eventual transition.

> "And we had that partnership with the City and created that, and then eventually the coordinator position moved over to the city." (Respondent)

Crosby and Bryson (2010, p. 219) note that partnerships across sectors are more likely to succeed when linking mechanisms exist that provide the cohesiveness required for sustained collaboration. They note that the existence of powerful sponsors or champions, or existing networks are in place at the commencement of the collaboration contribute to a higher likelihood of success for an intersectoral approach. Crosby and Bryson (2010, p. 222-223) also suggest that success is also linked to the existence of committed sponsors who can champion the network and provide formal and informal leadership.

6.1.5 Law enforcement support.

All sites talked about the necessity of having support from the enforcement players. In particular, having the support of the police chief was mentioned across sites as being essential to gaining the trust of the community and of council. In Victoria, Australia, it was through an enforcement led promotion for drug diversion that created positive community response for drug policy change (Hughes, 2009, p. 434)

Law enforcement leaders are often seen as trusted authority figures by a variety of stakeholders. Involving law enforcement is supported by the finding by Crosby and Bryson (2010, p. 2190220) about the valuable influence and credibility that champions and key influencers play in legitimizing the potential and work of an intersectoral collaboration.

One respondent noted that seeing the Chief of Police emphasize with City Council the need for a drug strategy was critical to an increased political understanding of the issue.

> "Well, I think our Chief at the time, did a lot of; stressed with the City Council and the police force what a big issue this was. So any time a leader of an organization makes it known this is a really serious issue, then it's taken more seriously." (Respondent)

The ability of the Chief of Police to disagree on specific items but to endorse the strategy in principle helped one city move forward while retaining enforcement support and participation.

> "And I think honestly, the other thing that helped us was that we had (name) as the police chief. And although he had, he was unwilling to agree to every recommendation, he was willing to stay at the table and come forward and say I support this drug strategy except for these three." (Respondent)

Even tacit approval was seen as helpful, demonstrating the utmost importance of enforcement participation, even at the most passive levels, to gaining political support of a drug strategy. This respondent shared the relief of not having to manage enforcement opposition.

> "So although the chief may not be 100% behind it, but at least we were able to not have him stand up and speak against it." (Respondent)

6.1.6 Communication and education.

Respondents from all three cities discussed the essential and intertwining roles of education and communication planning. Learning from one another was cited in all three cities as a positive outcome, and one that led to stronger and more comprehensive strategies. Respondents talked about how education helped them understand the issues of substance use from multiple perspectives, contributing to better group cohesion.

> "Certainly we had the opportunities through working groups and the implementation steering committee to have people come in and do presentations. They were always very enlightening. And often it was about bringing people in from other sectors who had a particular focus or a particular area that they were working on, whether it be housing or what have you, there was something that we could use within the development of our own strategy, to shift or change or to come up with new ideas." (Respondent)

For one respondent, being able to interact with people actively using street substances helped him understand the issue from a new perspective:

> "(Name) had put me in touch with a lot of people around, particularly with a guy named (name) who was a heavy heroin user and I really wanted to know, 'What's going on?'" (Respondent)

Respondents from all cities talked about the need to ensure politicians understood substance use issues. Respondents from all communities spoke about providing presentations to Council, but also talked about less formal education that included small group or one-on-one conversations, such as offered by this respondent.

> "So after it was released for council we offered a briefing to Council to say, 'Hey happy talk it through, tell you everything about it…" (Respondent)

These more informal conversations were highlighted by another respondent as important when things were not well understood or received by particular politicians.

> "...the next day we picked ourselves up and made a commitment to those councillors that we would meet with every one of them and find out what their concerns were and we'd just work it. And we did. It took an extra couple of months, and the Mayor got his way in the end." (Respondent)

The education of citizens was also seen as pivotal in ensuring the base of support that would make politicians comfortable in their role of ratifying or accepting a four-pillar strategy. Battling stigma and discrimination of substance users was part of the aim of the education, especially for actions that focused on harm reduction efforts. One respondent shared that his belief that ongoing community communication led to greater influence of perceptions about substance use by citizens.

> "…It influences people, right? And they may not even realize that it did. They overheard it, they were at a presentation or something, and they think, ''Where did I learn that, I'm not sure…" (Respondent)

The ability to learn from one another is a critical component to addressing the wicked problem of substance use that has experienced chronic policy failure (Ferlie et al., 2011, p. 309).

6.1.7 Community consultations.

All three cities held community consultations either prior to drafting a strategy, with a draft strategy presented for feedback, or both. Respondents from all sites noted that they found the community consultations were essential in demonstrating to politicians that broad community support was present for their respective strategies.

> "And just showing the numbers, the facts, those focus groups that we did. Those things don't lie, your showing, giving some evidence to city council." (Respondent)

One respondent noted that the consultation process gave politicians the ability to believe that the community accepted the drug strategy:

> "The other thing, the councillors would say; 'We have a high degree of confidence in that this is what the community wants.' " (Respondent)

6.1.8 Including people with substance use experience.

Beresford (2013, p. 9 -11) notes that involving people with lived experience is critical to designing a plan that is responsive to the actual community needs. Beresford notes that by removing barriers, genuine participation can be fostered and tokenistic representation avoided. Common barriers to participation include:

- childcare
- transportation
- equitable compensation for participation
- reduced jargon and oral presentations
- friendly and accessible locations rather than bureaucratic spaces

Respondents from all sites noted the importance of ensuring that the voices of people who use or have used substances be involved in the strategy development process. The need to include people who use substances at all stages was seen as necessary to ensure the strategy was reflective of the needs, strengths and perspectives of substance users, and to help educate the

committee and community, reducing stereotypes in the process. The quote below reflect the perspective that including the voices of people who use substances added positively to community understanding of the issues.

> "And I think having people who had lived experiences on the strategy, and seeing both their functionality, their creativity, their intelligence, their vibrance, I think that really changed for a lot of people too." (Respondent)

However, identifying how to engage substance users, and who definitively represented substance users was revealed as challenging by a number of respondents. For example, one respondent raised the issue of compensation for participation as potentially motivating.

> "But even like offering money, even 20 bucks, for people to participate in this, and getting the word out there, in a way that you know addicts are going to get it. So as soon there's some cash, that's like a motivator for addicts to come participate, right?" (Respondent)

One respondent noted that the contributions of substance users were practical, necessary and addressed themes or topics that might not have been uncovered without their participation.

> "But we as, ah, users, there were five or six of us, brought a significant amount of expertise to the table. We brought stuff that was practical, that needed to be done, that needed to be said, that needed to be addressed." (Respondent)

The tension between people who currently use substances, those who are now abstinent and those who use substances but do not identify as problematic substance users was highlighted in many of the interviews. In particular, one respondent noted the tension of her involvement in an approach that included harm reduction as it was at odds with the abstinence philosophy of her support group:

> "And then we decided that it went against our traditions and our concepts, so, but then there was nothing excluding me from being there as an addict, as a community member, so…" (Respondent)

Although risk of exposure given the stigma of substance use was worrisome for one participant with lived experience, through her involvement, she was able to break down stereotypes given that she did not fit the perception of what citizens and colleagues perceived as a substance user:

> "I think that its important, that it needs to be heard, and like even though there was a lot of fear around, for me, coming out about it, because I still have this whole other life; I have my children to think about, their lives, my family, work, like I did a piece on CBC radio and coming into work, and people, a lot of people didn't know that I was an addict. Some did, and even stuff I've done advocating for say (organization), some of

> the people that were there for the town hall meeting to oppose (organization) moving to (location) worked with me, and they were there to oppose it because it was their neighbourhood, and they were like, 'Wow'. Like they totally changed their tune about it because they worked with me for the last couple of years, and they were like, 'I had no idea.'"(Respondent)

This same participant noted that being involved in her city's drug strategy was a way she could give back to her community.

> "It was part of my healing journey being on that, cause I was on the other side of things, I guess. Like I had a different, it was a way to make amends, almost, to the community to be able to contribute in a positive way, everything that I had gone through." (Respondent)

One respondent noted that not being the only participant on a steering committee who uses/used substance was valuable.

> "Well the fact that there were more than one of us helped a lot." (Respondent)

Another respondent noted that on his committee, he felt his contribution helped the group to broaden their perspective and understanding of substance use and approaches to reduce harm. He noted that despite a number of people who use substances that were involved, his participation added another perspective.

> "Putting my ideas forward for drug, for people who use drugs. I mean being ah, an objective outside voice for the ah, people who use drugs, although there were plenty of them at the table, but sometimes, they were ah, their vision was narrow, and I would be able to be there to help them expand that vision." (Respondent)

This comment highlights the risk of tokenization when selecting a participant to represent a particular behaviour or lifestyle. Substance use occurs across different socio-economic sectors, and expresses in ways that range from recreational to severely problematic. Selecting one or even a few people who use substances as representatives for such a diverse group can lead to a false sense of consultation. While highlighting the value of substance user participation, one respondent alluded to this challenge:

> "While I don't speak here, while I don't ah, profess to be representative of all drug users in downtown Toronto, it certainly gives me a chance to give some input into the process, and I think that was really important." (Respondent)

6.2 Risks: What can set a community back?

6.2.1 Change in organizational representatives on committee.

The relationships that develop between participants and with the coordinator and political leaders are key to moving the work forward. When change occurs whether through job change, resignation or retirement, the new agency representative must not only learn about the work, but must also begin the process of developing trust and relationship building with the other stakeholder representatives. Personal relationships play a significant role in the work of drug strategy development and implementation as policy development using a new governance approach requires long-term commitment on behalf of individuals who can then commit to personal relationships with other stakeholders (Walti & Kubler, 2003, p. 518)

> "That to me is what's, what's the, is the fact that the community has bought into this strategy in so many ways, whether it's the funding, whether it's the commitment of individuals, whether it's the commitment by organizations, the City, ah, it's huge. And I think that's what's really done it is the partnerships, the relationships that have been built." (Respondent)

Organizations that have high turnover or a less stable workforce affect what (Ferlie et al., 2011 p. 310) refer to as 'organizational memory'. In other words when stakeholder representatives change in a policy network, the representative takes with her the knowledge she has gained. Often the replacement representative does not represent the agency with the same collective understanding gained through network education opportunities. This memory loss can set back momentum and sometimes jeopardize consensus on recommendations or actions.

Change in the collaborative structure is noted by Crosby and Bryson (2010, p. 224) as a risk to successful and sustained intersectoral work. They suggest that good leadership practice includes ensuring a succession plan that allows for minimum disruption in stakeholder representation on the group.

6.2.2 Change in leadership.

The most obvious city to suffer setbacks was Vancouver. With a change in political leadership and the exodus of the long-standing champion for the importation of the four-pillar strategy, the work stood on shaky ground. The status now is at a stand-still, and although the city has a web page with basic information about the four-pillar strategy, it is clearly not a priority of the municipality as does not have dedicated leadership nor links to any documentation online. No updates have been provided and respondents were unclear (except from one employee at the City) about where the work stands. The quote below demonstrates the lack of communication about the strategy now:

> "The communication's just dropped off dramatically, I think partly because they don't have assigned staff perhaps." (Respondent)

Changing interests and priorities of city leaders was also deemed to be at play in the decreased focus on a drug strategy in Vancouver.

> "...the city manager, she's a doctor by training. So she's a physician. She's actually a blood specialist. She's a hematologist. So she's, it's obvious interest, but maybe her interest is more from the treatment side..." (Respondent)

Toronto changed leadership in 2010. The newly elected Mayor Rob Ford had come out publicly against prevention, treatment and harm reduction (Russell, 2013), so staff of the drug strategy felt concern about the future of the drug strategy under his leadership. Ford as a city councillor in 2005 was completely opposed to the Toronto Drug Strategy.

> "And I think politics is key, of course. I mean if you have a really good strategy and the winds change fundamentally, then you struggle to keep that strategy going. Because even if you come back and say, 'Well you agreed to it,' they are like, 'Well we didn't agree to it.'" (Respondent)

Change in coordination was also highlighted as a risky time for strategy continuation. Good coordination was seen as pivotal in moving strategy development forward, so change in coordination was perceived as a time where strategy momentum could be lost. This makes sense when one considers that much of the work of strategy development is balancing relationships and re-engaging stakeholders time and again to stay engaged and contributing to their fullest.

This finding is supported by the observation of Crosby and Bryson (2010, p. 222-223) about the importance of establishing leadership that features vision and long-term commitment to provide the stability and structure for the group. They note that work should be continual in the efforts to have a leadership succession plan.

The nature of personal relationships in policy development is understated in the literature, but the expressed fears make sense as each change in leadership requires the formation of often new relationships; representing at best a pause in the work.

> "I think that a lot of it comes down to actual people. And you wonder about when if those significant people, if they leave or make changes, how that will impact, but so, I think the guidance provided by our strategy and our implementation council right now has to do a lot with the people who have a lot of experience and are very capable and hopefully, when, if there's a changeover around that, that won't affect the place of the strategy and um, and its solidity. That's my only concern." (Respondent)

6.2.3 Opposition to drug strategy or harm reduction.

Opposition to the drug strategy development by enforcement, special interest groups or to the full inclusion of harm reduction as a pillar is a risk to the acceptance of a four-pillar strategy by council. Communities discussed vocal opposition that stemmed from neighbourhoods and business owners, enforcement leaders, citizen groups and treatment support groups. The strategies to combat the resistance were continual education via multiple channels, including

media, focused presentations to interest groups, boards and other stakeholders, and a well-formed communication plan that offered regular access to information.

The Vancouver group in particular spoke about the friction with the Chinese community that borders on the East Hastings area where much of the substance use problem is visible and focused. The use of regular media updates and monitoring to ensure correction especially in Chinese language media was one way the group ensured information going out was accurate and factual.

> "…And then also so anytime we monitor the Chinese media, the information is not true, we correct it right away…" (Respondent)

> "I remember years ago, when we have the four, five community leaders in Chinatown, with the front page of the Chinese media newspaper media saying that they are against drugs, you know all harm reduction strategy and they have press conference saying all these things against it. Until we were able to convince them and work through a process…" (Respondent)

Vancouver also provided materials translated into Chinese, as reporters often did not translate complex concepts accurately.

> "And we also try to translate all our materials, because sometimes in the Chinese community, the reporter comes and goes. And like for the mainstream, like the Vancouver Sun, you have the same reporter that works there for 20 years, 30 years, or someone who has followed, you know, civic matters for the last five years. So with the Chinese media it is a little bit different… Ah for example, 'drug policy coordinator', people don't, can't translate it, don't understand what is a drug policy coordinator. And the translation comes out that he's a pharmacist, he's a pharmacist. Because he's dealing with drugs, right?" (Respondent)

Thunder Bay experienced opposition mainly from 12-step and abstinence focused groups. Having a stakeholder involved that understood the 12-step community and could advocate for the work and benefit of a four-pillar drug strategy was important.

One respondent from Thunder Bay spoke about her ability to represent herself at the committee level but also communicate back to her recovery community; something she thought reduced opposition and fear about the four- pillar approach. She noted that her involvement had to be as an individual, and not a member of the 12 step group to which she belonged.

> "Then we decided that it went against our traditions and our concepts, so, but then there was nothing excluding me from being there as an addict, as a community member, so." (Respondent)

One Toronto respondent noted that opposition from enforcement representatives was evident, and focused mainly on recommendations related to harm reduction.

> "And of course the police were the same. 'Yes, lets develop a drug strategy. Our drug strategy should be, 'just say no'.' And, ah, so there was the opposition. An opposition to change." (Respondent)

Another Toronto respondent noted that some enforcement professionals were strongly opposed to harm reduction as demonstrated by their practice of seizing and destroying harm reduction supplies like safe inhalation kits.

> "So then of course we had the problem with the police. Because you know in their eyes you take the crack pipe from the guy with the pipe and you smash it." (Respondent)

The enforcement opposition to the inclusion of harm reduction in Toronto influenced politicians, demonstrating the earlier point about the critical nature of having police support in place.

> "And then Councillors, and there were also Councillors who also felt that, you know, things like drug strategies weren't Council's business, its, you know, we should just support the police, and we shouldn't be dealing with illegal drugs other than in enforcement ways." (Respondent)

All three cities featured some resistance to including representatives that did not reflect the general direction of a four-pillar approach. Walti and Kubler (2003, p.523) note that the new governance structure of intersectoral policy making committees can result in exclusion of partners that do not comply with the dominant paradigm, and that associations could be influenced to please public agencies rather than represent their particular interests or constituents.

6.2.4 Stigma and discrimination.

Respondents from all three cities talked about the stereotypes and stigma people who use substances face and how it negatively affects participation. Negativity from citizens about harm reduction, either from a moral or practical standpoint, is a risk that should not be underestimated, as the narrative can build and undermine strategy momentum. The following quote demonstrate one such situation.

> "There were also these awful residents, and put the word residents in quotes, who don't want to hear of anything that would make, make their lives different, ah, make the lives of people who use drugs different, but just keep them where they are so they can beat up on them." (Respondent)

Stigma and discrimination can also affect participation by substance users, as publicly representing a group with negative stereotypes can personally affect an individual's standing in the community. The stigma can silence participation and shut people out from the process. The

stigma also creates an artificial divide between those that are there to represent the substance user or person with lived experience, and those that are there as professionals. This divide is often false, as other participants have often personally experienced problematic substance use, or known someone who has. Beresford (2013, p. 36) in his study on service user involvement in planning or service reviews notes that stigma prevents people from getting involved through fear of stereotyping, loss of standing in the community, and of being treated in a demeaning or degrading manner.

7.0 Recommendations

7.1 Key recommendations that contribute to successful municipal adoption of a drug strategy

The development of a municipal drug strategy is a process that should be political, public, strategic and collaborative. Communities must be ready to seek collaboration and stakeholders must share a sense of urgency related to issues that intersect with substance use. From the analysis of the three cities that have developed drug strategies that have been municipally adopted or ratified by their City Council, the following recommendations emerge:

1. *Design a clear process with guiding principles that provides a philosophical and practical framework for the group.*
    a. Ensuring that the group has agreed on a shared vision, mission and values can help manage decision-making when consensus becomes more difficult. It can also support stakeholders in offering rationales for aspects of the strategy that their host agency may not support in part or in full.

2. *Ensure strong political champion (s) from the beginning of the process.*
    a. It is best to ensure that at minimum, a municipal politician chairs the committee. Ensuring that political advocacy is present from the beginning of the process will allow for the lead politicians to gain valuable knowledge that will be useful in convincing their peers as the work moves forward. Politicians can also use their political capital to engage key stakeholders from a senior level to be involved.

3. *Engage with law enforcement senior officials early and often.*
    a. The critical nature of law enforcement support cannot be underestimated. Their presence offers a legitimacy to drug strategies for both citizens and politicians. Their engagement in the process can be the difference between the success and failure of a drug strategy to receive political approval.

4. *Ensure decision makers are involved at the senior strategy table.*
    a. Engagement of stakeholders from multiple levels can be achieved through working groups or consultations, however to move the strategy forward, people at the strategy table must have the authority to approve or offer change suggestions without the need for extensive approval mechanisms.

Consider the manner that smaller, non-bureaucratic agencies can participate with impunity from pressure from larger, public sector agencies or funders.

5. *Hold comprehensive community consultations.*
    a. Whether it is at the outset of developing the strategy, or it is with a draft document in hand, ensure opportunities for citizens to ask questions and provide feedback. This process lengthens the work, but adds credibility with politicians. Including community members also builds goodwill towards the strategy recommendations.

6. *Ensure people with substance use experience are involved at a decision-making level.*
    a. Seek engagement from people affected by substance use that come from a variety of perspectives, and ideally are the chosen representative of a group.
    b. Pay participants that are not receiving payment as part of their professional role. The cost of participation such as transportation and/or child care can present barriers to engagement. Payment should be equitable, and reflect at least the minimum wage amount.
    c. Try to break down barriers between people who are open about substance use, and those that are not. Provide education about the continuum of substance use and the role that socioeconomics plays in the social acceptability of substance use.

7. *Develop a comprehensive communication plan.*
    a. Make sure the community knows what the committee is doing through media or other means of information sharing. The more communication, the better the community education process, and the higher the likelihood of citizen support.
    b. Ensure communication about the strategy process is ongoing for stakeholders and decision makers. Make a commitment to record keeping and distribution, updates and ensure information is provided with enough advance time for absorption before decisions need to be made.

8. *Secure adequate funding for at least one full-time coordinator.*
    a. It is not feasible to do this amount of work 'off the side of the desk'. Without full time coordination, time is not available to do the research, writing and relationship building that is pivotal to the successful creation of a four pillar strategy.

9. *Offer multiple educational opportunities.*
    a. If feasible, support travel to other cities and drug policy conferences. Travel facilitates policy mobility opportunities and the development of national and international contacts.

b. Build in time for stakeholder education. Plan regular opportunities for committee members to hear speakers from all four pillars. Bring in speakers, take members on site tours or allot education time at the beginning of each meeting. Shared learning will facilitate a much better chance for consensus building as participants build a common understanding of substance use.
c. Schedule and host community education opportunities. Hold town halls, film nights or discussion groups that offer citizens an opportunity to learn about the multi-faceted issue of substance use.

10. *Engage in early discussions with the municipal bureaucracy about long-term strategy coordination.*
    a. Facilitate early conversations and municipal engagement to ensure commitment for implementation once the policy is complete.

7.2 Further research recommendations

This research focused on the factors that lead to municipal drug policy adoption. It did not focus on the implementation stage of municipal drug policy, and it did not analyze factors associated with any failed attempts to implement a municipally ratified drug strategy.

Future research is needed that examines communities that have not been able to create a municipally ratified drug strategy. By looking at barriers in those communities, a greater understanding of what how political, financial and community resources affect a community's capacity to collaborate on the development and acceptance of a politically adopted drug strategy.

This research also focused on larger municipalities and did not include examination of drug strategy work conducted in smaller communities, unorganized territories, or communities that have rural or regional governance structures, including First Nations communities. Larger municipalities often have more resources than smaller communities, and examining drug policy development work in smaller areas would provide insight about how smaller communities can move forward.

A municipally ratified strategy does not guarantee implementation of strategy recommendations or actions. Research is needed on mechanisms associated with the implementation of a drug strategy. Such research would be particularly valuable if it included quantitative research on substance use related outcomes associated with drug policy implementation.

8.0 Conclusion

This research was conducted to look at the factors that contributed to municipal ratification of a drug strategy across three Canadian cities. The goal of the research was to identify common practices or processes that could be used in other communities seeking to create and implement their own community specific drug strategy.

Seventeen respondents across three cities participated, provided interviews and answered questions about their involvement and perspective on the drug strategy development process in their community. Every respondent was proud of his or her contribution and shared enthusiasm and spirit of gratitude for being involved in the process. Each had unique insight about the project from both a personal and often an organizational perspective.

The data collected from the interviews did highlight practices that were common across all three cities. These practices were offered as critical in each community's progress, and across all three sites, lend credibility to some foundational practices that can increase the likelihood of political support for a municipal drug strategy. These practices include at a minimum, resources that support dedicated coordination, strong and early political leadership and ensuring the engagement of people who use substances in a meaningful manner.

Respondents also spoke about challenges, and themes for caution arose from across the cities. Participants spoke about challenges that can stall the progress and risk the political acceptance of a drug strategy and factors that can lead to committee dissolution or municipal commitment to continue drug strategy coordination. One of the most significant challenges that was identified in this research is the loss of knowledge and interagency relationships posed by agency representation changes. Other challenges included periods of leadership change (political, coordinator) and change in agency representation that disrupted relationships and set back a shared understanding of substance use issues gained through group education.

Although all three cities under study have populations of 100,000 or higher, some of the findings may be of value to smaller, more remote or more spread out communities, at least in the initial planning stages. More research is required, however, to determine factors that contribute to new governance style policy development in smaller or regional communities.

The process of developing policy is often fraught with concern that the work will be for naught; that the resulting report will sit on a shelf and collect dust and implementation will never happen. It is a great relief to say that the participants, coordinators and stakeholders from all three cities noted that their strategies served to create meaningful change in services for their respective communities and citizens.

Perhaps this research will serve to instill hope for change that collaboration can bring; no matter how slow, no matter what size. It is the hope for a healthier and safer community that drove the work in all three communities, and that kept the stakeholders engaged throughout the process.

"It is the foundation that leads up into today with all the issues dealing with homelessness, all the issues dealing with drugs and mental health. I think the four-pillar drug strategy actually is the foundation piece." (Respondent)

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10.0 Appendices

10.1 Research Interview Questions

1. What do you recall about the beginning of the project?
2. What was your initial concept of the work you were undertaking?
3. Did your understanding of that work change over time?
4. What did you perceive as a key benefit of participating in the drug strategy development? (personal/professional)
5. Did you have strong support from your organization?
6. What was the nature of the opposition, if any?
7. What would you say was a major contributor to receiving the support/acceptance of the report by City Council?
8. What were some of the stumbling blocks you experienced during the development of the Strategy?
9. How did you resolve conflict about Strategy actions or recommendations for inclusion?
10. Was education provided for your group or for Council about substance use?
11. How did you ensure that you were representing the perspective of your individual organization?
12. Were there processes or approaches that you would reconsider if you did it all over again?
13. What advice would you give for a municipality who is interested in adopting a drug strategy?
14. Has a municipal drug strategy added value to your community? If so how?
15. What is the status of your drug strategy now?
16. What has contributed to its continuation or conclusion?