

TORONTO STAFF REPORT

July 4, 2000

To: Board of Health
From: Dr. Sheela V. Basrur, Medical Officer of Health
Subject: Drug Prevention and Harm Reduction in regard to Raves

Purpose:

This report outlines the drug prevention and harm reduction strategies of Toronto Public Health, in regard to raves and responds to specific recommendations pertaining to Toronto Public Health from the Inquest Touching the Death of Allen Ho.

Financial Implications and Impact Statement :

There are no financial implications stemming from this report.

Recommendations :

It is recommended that:

- (1) The Ministry of Health and Long Term Care organize a network of public health units throughout Ontario to develop educational strategies targeted at the drug use problems in the community;
- (2) Toronto Public Health continue to support vehicles for peer-based interventions for promoting safe, healthy practices at raves, including the Toronto Raver Info Project and the Toronto Dance Safety Committee as outlined in the Protocol for the Operation of Safe Dance Events;
- (3) The Board of Health include rave health education as a priority for the Drug Abuse Prevention Grants Review Panel, with a contribution in 2001 from the City of Toronto Consolidated Grants Budget, Public Health Line, of \$20,000, and further contributions of funds from the promoters of each rave, based on the size of the rave, in lieu of the \$.50 per ticket surtax suggested by the Inquest;

- (4) Toronto Public Health develop culturally appropriate print, radio, television, and Internet health promotion materials to promote safe, healthy practices at raves, in partnership with the Centre for Addictions and Mental Health and the private sector, as part of its ongoing substance abuse strategy;
- (5) The Ministry of Health and Long Term Care support and finance blood testing in drug overdose cases reported to emergency departments in order to add to the accuracy of reporting on the pattern of drug use in the community; and support hospital emergency departments to implement systems that would make it easier to extract information on drug overdoses from their records and make that information available to public health units;
- (6) This report be referred to City Council for consideration at its meeting of August 1, 2, and 3, 2000; and
- (7) That the appropriate City officials be authorized and directed to take the necessary steps to give effect thereto.

Background:

City Council at its meeting held on May 9, 10 and 11, 2000 adopted a motion requesting the newly established Substance Abuse Sub-Committee of the Board of Health to deal with drug-related issues at rave parties and to make recommendations to Council, through the Board of Health, around drug prevention and harm reduction. A second motion requested the Medical Officer of Health to submit a report to the August 1, 2, and 3, 2000 meeting of City Council, through the Board of Health, on how to deal with illegal drug use at raves and other related parties. A third motion requested a report from the Chief, Toronto Police Services.

Staff from Toronto Public Health consulted with the Substance Abuse Sub-Committee of the Board of Health at its inaugural meeting held on May 12, 2000 and received direction in the development of this report. In addition, the Inquest Touching the Death of Allen Ho delivered its Jury Verdict and Recommendations on June 1, 2000, with Recommendations 10a, 10b, 10c, 10d, 11, and 12, 14a, and 14b pertaining to the Board of Health and Toronto Public Health (Appendix 1).

Comments:

Since 1990, Toronto Public Health has sought to reduce the demand for and harm from drug use, while recognizing the role of enforcement in promoting community safety. Over that ten-year period, Toronto Public Health has been co-ordinating the Research Group on Drug Use (RGDU) to monitor trends of drug use in Toronto and to present those trends in an annual report, "Drug Use in Toronto". RGDU is a partnership between Toronto Public Health, the Office of the Coroner of Ontario, Toronto Police Services, the Centre for Addiction and Mental Health, and others. "Drug Use in Toronto" uses information from surveys, data from the police on seizures and purity, plus deaths related to drugs, as key indicators. On June 21, 2000, RGDU announced ten-year trends, which have a bearing the issue of drug use at raves.

- (1) Drug use has been volatile over the ten-year period (1990 – 2000), with indicators of use, seizures, and purity rising for various drugs at various times, including cocaine, heroin, crack-cocaine, and ecstasy. The pattern involves the commercialization of the drug by organized crime, through rising purity rates and declining prices; then the rollback of purity and the increase in price, followed by a pattern of seizures as the street activity increases.
- (2) Cannabis use among students, an indicator of the effectiveness of drug prevention strategies, has been trending upward in the late nineties, from 9% in 1993 to 26% in 1999. Cannabis use stabilized in the late eighties and early nineties, when there was a great focus on drug use issues generated by the Inquest Touching the Death of Benjamin Hayward. However, when interest began to wane in the mid-nineties, with the concomitant reduction in resources, use began to increase again.
- (3) Drug-related deaths and HIV transmission rates, indicators of harm reduction strategies, are far lower than rates in comparable North American cities. RGDU attributes the low rates of drug-related deaths to the introduction and widespread availability of methadone programs in Toronto. The low HIV transmission rates are attributed to the effectiveness of Toronto's needle exchange program, The Works.

“Drug Use in Toronto” provides annual benchmark indicators on drug use to guide planning and measure program effectiveness.

According to the Centre for Addiction and Mental Health, Ecstasy (MDMA) made its first appearance in Canada in 1989. According to RGDU, ecstasy use among students has been steadily increasing from 0.6% in 1993 to 7% in 1999; seizures increased from 6 in 1997 to 99 in 1999; charges have risen from 10 in 1998 to 104 in 1999; and, of the 9 MDMA-related deaths in Ontario in 1999, 4 occurred in Greater Toronto Area.

The use of ecstasy has been associated with raves. According to the Protocol developed by the Toronto Dance Safety Committee, “a rave is a public, all ages, commercial electronic music event in a special event venue attended by ticket or pass holders and generally extending into hours when entertainment venues are usually closed.” (Appendix 2) According to a study of student drug use by the Centre for Addiction and Mental Health in 1997, “although rave attendance is not prevalent, experienced drug users are attracted to raves, as earlier generations of drug users were attracted to rock concerts.” It is estimated that as many as 10,000 people in Toronto attend raves each week.

Just as public attention was focussed on drug use by the Inquest Touching the Death of Benjamin Hayward in 1988, wide spread interest emerged during the Inquest Touching the Death of Allen Ho in 2000. Mr. Ho tragically died on October 10, 1999 after taking ecstasy and attending a rave. The Coroner's Jury submitted its verdict and recommendations on June 1, 2000 (see Appendix 1). Recommendations 10a, 10b, 10c, 10d, 11, and 12, 14a, and 14b pertain to the Board of Health and Toronto Public Health, largely focussed on drug prevention and harm reduction in regard to raves.

Toronto Public Health has developed multi-faceted drug prevention and harm reduction strategies over the last ten years through extensive consultation with partners locally, nationally, and internationally. Before responding to each of the recommendations from the Ho Inquest, this report will outline Toronto Public Health's drug prevention and harm reduction strategies, along with the health promotion strategy in regard to raves.

DRUG PREVENTION

Drug prevention is a priority area for public health programs in schools, in the community, and among at-risk risk groups. The strategy works in an environment of building healthy public policy and improving the social and physical environment to support prevention. The focus is to build resilience among young people, including those at-risk, by strengthening individual, family, and community protective factors through multi-faceted interventions.

In the schools, employing a variety of experiential activities and discussion, students develop personal, social and decision-making skills to enhance their school experience and relationships with peers, teachers and parents, as well as gaining knowledge of specific drugs and adverse consequences. Toronto Public Health has been providing community grants since 1990 to create community capacity for local initiatives to build resilience among young people through a variety of activities. Since 1990 over \$5,000,000 has been committed to this process by City Council. Among at-risk groups, Toronto Public Health has created structures such as the Ambassador Program and One-on-One Mentoring to enable vulnerable young people to have opportunities to build self-esteem, gain knowledge and skills, and remain connected to their families, peers, and communities. Toronto Public Health Best Practices in Drug Prevention and Harm Reduction are contained in Appendix 3.

HARM REDUCTION

As a public health strategy, harm reduction was adopted by Canada's National Drug Strategy in 1987. The strategy was developed in Europe in the late eighties, largely as a response to the spread of HIV/AIDS, and led to the establishment of needle exchange programs, including the one in Toronto. Harm Reduction strategies strive to decrease the personal, family, social, and community consequences of substance abuse. The strategies have moved beyond an AIDS prevention focus to include organizing self-help groups, doing extensive outreach to devise ways of minimizing the health risks of substance abuse, and sponsoring dialogues between users, agencies, and residents in downtown communities to begin to break down barriers to communication. The Annex, a facility for alcohol users affiliated with Seaton House, is a good example of a successful harm reduction strategy in Toronto. The Report on the Mayor's Task Force on Homelessness contains several recommendations regarding harm reduction strategies, recognizing the need for further piloting in the area.

RAVES

Toronto Public Health has used both drug prevention and harm reduction strategies to deal with raves, largely working through peer-based groups which have access to the scene.

Toronto Raver Info Project (TRIP) has received grants from the Drug Abuse Prevention Program since 1997. TRIP has received over \$19,000 to support the development of volunteers to carry out health education at raves and to co-ordinate inter-agency sessions and collaboration. Since 1996 TRIP has received \$86,164 from the AIDS Prevention Program to do the actual outreach into raves. Over the last two years, the focus with TRIP has shifted from AIDS to Drug Prevention. Over the last nine months, the inter-agency information sessions began to identify the need to create a stronger dialogue with the City of Toronto. TRIP approached the RGDU and staff from the Drug Prevention Centre to help develop better communications between the rave community and City staff. At the end of August, 1999, the first meeting took place. As the group formalised it became the Toronto Dance Safety Committee.

Toronto Dance Safety Committee is a large group made up of City Council members, staff from various City departments, promoters, security providers, ravers, lawyers, and others. The committee quickly turned its focus to developing a Protocol for the Safe Operation of a Rave (Appendix 2). The protocol outlines requirements for the venue, density, water, toilets/portolets, fresh air, food, smoking, security, paid duty officers, ambulance services, drug/health education, and communications. This is one initiative of the city's co-ordinated multi-agency response to community problems. The Protocol for the Safe Operation of a Rave was adopted by City Council at its meeting in December, 1999.

RGDU sponsored a forum on raves, attended by representatives of emergency departments of the downtown hospitals. As a result of this meeting, St. Michael's Hospital agreed to a special study, carried out by a University of Toronto medical student, to look at the case files of recent visitors to their emergency department who had attended raves.

There continues to be the need for rave health education to ensure safe, healthy conditions for raves. The Drug Abuse Prevention Grants Review Panel has recognized this need over the last five years by providing grants to TRIP. The Inquest Touching the Death of Allen Ho also recognized this need and proposed that rave health education be supported by a surtax on each ticket sold. While this mechanism may not be feasible, the concept of the City and the rave community supporting rave health education has merit.

RESPONSE TO THE RECOMMENDATIONS OF THE HO INQUEST

Among the 19 Recommendations of the Inquest Touching the Death of Allen Ho, some pertain to Toronto Public Health and the Board of Health. The jury recommended that:

(10a) "public health departments throughout this province that work locally and regionally with all health care practitioners (especially those working in emergency departments), police, school boards and representatives of the youth at risk, develop educational strategies targeted at the drug use problems present in the community."

Since the Inquest Touching the Death of Allen Ho, Toronto Public Health has been approached by health units from across the province for information and advice about raves and the use of drugs at raves. Toronto Public Health has organized an informal e-mail and telephone network

to share information with a growing number of health units. This networking should continue and deepen, involving other health care practitioners, police, school boards, and youth at risk, but because it is a provincial matter, the leadership and financial support should come from the Ministry of Health and Long Term Care.

(10b) “educational strategies in addition to “Just Say No” should include and support “Harm Reduction” as promoted by the Toronto Harm Reduction Task Force and the Toronto Raver Info Project (TRIP); the later provides harm reduction at raves by volunteers at booths approved and/or requested by the promoters.”

Toronto Public Health has been working with the Harm Reduction Task Force and the Toronto Raver Info Project (TRIP) since the mid-nineties to develop innovative approaches to drug prevention and harm reduction at raves. Since 1996 TRIP has received \$105,164 from the AIDS Prevention and Drug Abuse Prevention grants programs to train and place volunteers as peer health educators at raves, as well as develop the network which led to the Toronto Dance Safety Committee. TPH recognises the importance of culturally appropriate information with any target group.

(10c) “a \$.50 surtax be added to admission to raves, the proceeds of which shall be handed over to the rave community-based harm reduction projects. This is not intended to reduce or replace government funding for such programs.”

In 1990 the Board of Health established the Drug Abuse Prevention Grants Review Panel, comprised of citizens and members of City Council, to review annual allocations for drug prevention projects. At the same time, Toronto Public Health created the capacity to receive annual applications from groups and agencies, analyse them, support the Review Panel in decisions on allocations, monitor projects in the field, and evaluate their effectiveness. Since 1997, harm reduction has been one of the priority areas. In 2000 the Drug Abuse Prevention Grants Review Panel allocated additional harmonization funds of \$30,600 from the 2000 Public Health Line of the Consolidated Grants Budget to “projects that provide services City-wide and offer innovative harm reduction approaches to drug prevention.” The Grants Panel recommended to the Board of Health on June 26, 2000 that TRIP receive a base grant of \$20,000 in the 2000 cycle, along with a harmonization allocation of \$21,951 to expand their program.

In 2001 the Board of Health could allot \$20,000 from the Public Health Line of the Consolidated Grants Budget to prioritize rave health education. In the process of establishing a licensing procedure for raves, a mechanism could be established for rave promoters to contribute funds from each rave (based on the size of the rave) for rave health education, to be administered by the Drug Abuse Prevention Grants Review Panel.

(10d) “educational strategies for “ravers” take into account the unique situation of a rave party. They consist of long overnight hours, prolonged and energetic dancing, propensity for dehydration, high temperatures inside the venues and that some attendees will be exposed to and may take MDMA (ecstasy) or other party drugs.”

Toronto Public Health, in co-operation with the AIDS Committee of Toronto and TRIP, developed a “ravestyle” card to indicate strategies to assist those who might overdose on either ecstasy or GHB. 100,000 cards have been printed and over 50,000 distributed to date. The same information is posted on the City of Toronto website. Toronto Public Health has been in talks with TRIP and the Dance Safety Committee to develop a unique Internet portal, with drug prevention, harm reduction, and health education information, as well as further publicizing the Protocol for Raves.

(11) “the City of Toronto and the Province of Ontario consider funding (or where funding is provided increases in funding) for community groups such as the Toronto Harm Reduction Task Force and the Toronto Rave Info Project to facilitate their contact with, and increase their abilities to provide information to, youth at risk.

As mentioned above, the Drug Abuse Prevention Grants Review Panel has doubled the capacity of TRIP to train volunteers and place them in raves by recommending an allocation in 2000 of a base \$20,000, with an additional \$21,951. The Toronto Harm Reduction Task Force received a Drug Abuse Prevention Grant in 1998, but did not apply in 1999 or 2000.

(12) “the City of Toronto and the Province of Ontario fund the creation of a video, a website and other educational materials that will realistically portray the risks of ecstasy and other party drugs – for use in schools and for the edification of parents and the community.

Toronto Public Health is co-operating with TRIP, the Toronto Dance Safety Committee, the Centre for Addiction and Mental Health, an independent film company, and an advertising agency to develop a mass market public service announcement which will portray the risks of ecstasy and other party drugs, along with “ravestyle” cards which will be passed out at raves in the City. Toronto Public Health, as mentioned above, is also pursuing the establishment of a health-based website for ravers, in collaboration with TRIP and the Toronto Dance Safety Committee.

(14a) “illicit drug use, as diagnosed by a physician, become a reportable disease so that public health departments can detect changing patterns of drug use. This information should respect the confidentiality and privacy of the patients.”

Toronto Public Health does not support Recommendation 14a as stated by the Inquest. This approach would inhibit drug users from seeking medical attention and place physicians in a potential conflict between the health needs of the client and the reporting needs suggested by the recommendation. Instead, TPH recommends that hospital emergency departments implement systems that would make it easier to extract information on drug overdoses from their records and make that information available to public health units and that the Ministry of Health and Long Term Care support this.

(14b) “those working in hospitals and its emergency departments be informed of changes in pattern of drug use in the community.”

Toronto Public Health supports Recommendation 14b and would also support strengthening this recommendation by requesting that the Ministry of Health and Long Term Care support and finance blood testing in cases reporting to emergency departments, adding to the accuracy of reporting on the pattern of drug use in the community.

Conclusions:

The Board of Health and Toronto Public Health have been actively involved with drug prevention and harm reduction over the last ten years. The focus in the last twelve months has been to develop the capacity to deal with the risks of ecstasy, especially as it relates to the mass phenomenon of raves. The Board of Health and Toronto Public Health have been able to develop strategies, which evolved over the last ten years in collaboration with local, provincial, national, and international partners, to deal with the current risks. The Inquest Touching the Death of Allen Ho has drawn considerable public attention to the risks of ecstasy and made significant recommendations, some of which involve the Board of Health and Toronto Public Health. This report is a positive response to those recommendations.

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List of Attachments:

- Appendix 1: Jury Verdict and Recommendations
Inquest Touching the Death of Allen Ho
- Appendix 2: Protocol for the Safe Operation of a Rave
- Appendix 3: Toronto Public Health Best Practices in Drug Prevention and Harm Reduction

Appendix 1

JURY RECOMMENDATIONS CONCERNING THE DEATH OF ALLEN HO

We express sympathy to the family of Allen Ho and hope that our recommendations may be helpful in preventing further tragedies at raves and similar dance events.

The following recommendations are not presented in any particular order of priority

Rationale: We the jury, agree that there is a need for safe venues for raves and severe restrictions on rave promoters will defeat the intent of these recommendations.

(1) We the jury recommend that the City of Toronto continue its collaborative efforts with all departments of the City, including Fire, police and ambulance services to ensure that all municipal bylaws and codes are met and if not, that the premises be closed prior to a rave event taking place.

(2) We the jury recommend that city-owned properties in Toronto as well as private venues be made available for raves subject to a licensing/permitting system based on the Toronto Dance Safety Committee Protocol and with adoption by all parties including the Toronto City Council. We further recommend that access to UNLIMITED DRINKING WATER at each venue must be part of this agreement to alleviate the effects of prolonged dancing and subsequent dehydration in some ravers in a warm or high temperature environment.

(3) We the jury recommend that the licensing/permitting system includes provisions restricting admission to raves to those aged 16 and over.

(4) We the jury recommend that the licensing/permitting system includes advertising guidelines for raves forbidding explicit or suggestive depiction of drugs and drug use.

(5) We the jury recommend that ticket agencies which contract to print and/or sell tickets for raves be required to indicate the following:

(a) the location of the event on each ticket. Failure to do so may indicate that they are condoning an illegal, underground event.

(b) the event as 'drug free' with information relating to searches and the consequences of the discovery of illicit drugs

(c) the minimum age of 16 admission.

(6) We the jury recommend the following policy on 'searches.'

(a) Search areas should be clearly indicated by either a sign or a poster which includes a warning that anyone found in possession of an illicit drug will not be admitted, will be removed from the premises and possibly arrested. Without exception, those found in possession of an illicit drug will be removed or refused admittance.

(b) Security guards working at raves should be specifically directed to refuse to admit and remove from the site any person found to be in possession of an alleged illicit drug.

(c) A pay duty uniform police officer should be stationed at the entry to any event holding a rave for the purpose of supervising the search procedure. This will ensure that any person who is alleged to have committed an indictable offence will be arrested and charged accordingly.

(7) We the jury recommend that the ratio of pay duty officers per patron at raves should be the subject of general regulatory guidelines. These guidelines should be flexible and allow for both an increase and decrease in the number of both uniform and undercover pay duty officers as warranted. As much as possible, the issue should be resolved by the local police service responsible for the area where a rave is to be held and the rave promoters and/or the property owners.

(8) We the jury recommend that the power to inspect and close a rave should be part of any legislation passed by the provincial government and any municipal government. The provisions set out in section 6 and 7 of the **Raves Act 2000** should be used as a model for the power to close a rave party which poses a threat to public safety.

(9) We the jury encourage the Provincial Legislature to consult with all parties that may be affected by the passage of the **Raves Act 2000** including the rave community, rave promoters and others who conduct business interests in this area, municipalities, law enforcement agencies, public health education officials, the Coroner's office and all other legitimately interested parties.

Rationale: Evidence has been heard at this inquest that some youth of this province take illicit drugs and at different setting including raves. The drugs which appear most prevalent at raves include marijuana, ecstasy, GHB and ketamine but prevalence of drug use in all settings changes continuously. Therefore, it is very important to educate youth about the risks associated with these and other drugs.

(10) We the jury recommend that:

(a) public health departments throughout this province that work locally and regionally with all health care practitioners (especially those working in emergency departments), police, school boards and representatives of the youth at risk, develop educational strategies targeted at the drug use problem(s) present in the community.

(b) educational strategies in addition to "Just Say No" should include and support "Harm Reduction" as promoted by the Toronto Harm Reduction Task Force and the Toronto Rave Info Project (TRIP); the latter provides harm reduction information at raves by volunteers at booths approved and/or requested by the promoters.

(c) a \$.50 surtax be added to admission to raves, the proceeds of which shall be handed over to the rave community-based harm reduction projects. This is not intended to reduce or replace government funding for such programs.

(d) educational strategies for "ravers" take into account the unique situation of a rave party. They consist of long overnight hours, prolonged and energetic dancing, propensity for dehydration, high temperatures inside the venues and that some attendees will be exposed to and may take MDMA (ecstasy) or other party drugs.

(11) We the jury recommend that the City of Toronto and the Province of Ontario consider the funding (or where some funding is provided consider increases in funding) for community groups such as the Toronto Harm Reduction Task Force and the Toronto Rave Info Project to facilitate their contact with, and increase their abilities to provide information to, youth at risk

(12) We the jury recommend that the City of Toronto with the Province of Ontario fund the creation of a video, a web site and other educational materials that will realistically portray the risks of ecstasy and other party drugs – for use in schools and for the edification of parents and the community.

(13) We the jury recommend that this verdict including all recommendations be sent to the Minister of Education for the Province of Ontario. We the jury request that the minister forward the verdict to appropriate representatives in the school boards throughout his province so that they are aware of some of the drug related issues identified at this inquest. This may help with planning future curricula related to illicit drug use.

Rationale: Evidence has been heard at this inquest that currently there are no satisfactory mechanisms in place to allow public health departments to collect and centralize information regarding use of illicit drugs in the community. As an example, there is no mechanism in place for public health officials to learn about hospital emergency department visits where patients present themselves with the toxic effects of drug use. As such:

(14) We the jury recommend that:

(a) illicit drug use, as diagnosed by a physician, become a reportable disease so that public health departments can detect changing patterns of drug use. This information should respect the confidentiality and privacy of the patients.

(b) those working in hospitals and its emergency departments be informed of changes in pattern of drug use in the community.

(15) We the jury recommend that the Government of Canada re-establish and sufficiently fund Canada's Drug Awareness Strategy by providing training and materials to law enforcement agencies and education to all Canadians regarding the costs and effects of drugs in our society.

(16) We the jury recommend that Federal and/or Provincial funding be made available to police agencies in Ontario in order to train some police officers as DRE's (Drug Recognition Experts). These officers could then support frontline officers in establishing whether a person was under the influence of drugs, type of drug and the need for medical attention.

(17) We the jury recommend that judges involved in the administration of justice recognize the need for meaningful sentences to those who traffic to young people and are involved in the exploitation of the vulnerable most often at the profit of organized crime.

Rationale: Recognizing that certain illicit drugs are manufactured in clandestine laboratories in the province and that certain chemical precursors (substrates) would appear to have limited if any other purpose, i.e. (MDP2P)

(18) We the jury recommend that the Government of Canada through, Health Canada and the Minister of Justice, consult law enforcement agencies, public health departments, the Centre of Forensic Science and other stakeholders to consider amending the schedule of prohibited chemical precursors to include those substances which are a present and realistic concern in the illicit drug trade.

(19) We the jury recommend that the Chief Coroner for Ontario provide a progress report on the status of implementation of the recommendations approximately one year after the conclusion of this inquest.

It is the unanimous opinion of this jury that, as in our opening remarks expressing the need for safe rave venues, all of these recommendations are intended to foster safe, licensed raves.

Appendix 2

**TORONTO DANCE SAFETY COMMITTEE
PROTOCOL FOR THE OPERATION OF SAFE DANCE EVENTS**

1. Venue

Organizers will provide to the Municipal Licensing and Standards Division (MLS), Urban Planning and Development Services Department, a list of commonly-used venues. The Department will co-ordinate checks of these locations to ensure that they are appropriately zoned. This will be communicated to the operators.

For new venues, organizers will be required to submit to MLS details of any proposed location. MLS will undertake to check zoning, and the organizers will be advised of the results within two days of the date of notification.

Upon confirmation of appropriate zoning, the organizer must submit a report from an architect or engineer that the venue complies with applicable Building Code requirements. No report will be required for venues already legally zoned and used for Assembly Occupancies.

Fire Services will verify compliance and confirm occupant load.

Organizers are cautioned that they must build sufficient lead time into their own process to recognize that some locations submitted for review will not be appropriate for various reasons.

There will be a fee for individual venue review, in the order of \$125.00.

2. Density

The safe occupant load, as determined by the above noted review, will establish the “cap” on ticket sales. Organizers agree not to sell tickets or admit participants over the number allowed by the occupancy permit.

3. Water

Organizers will make arrangements so that patrons will have unrestricted access to a supply of running water, at no charge.

4. Toilets/Portolets

Organizers agree to provide toilets as per existing legislation.

5. Fresh Air

Organizers agree to provide adequate ventilation as per existing legislation.

6. Food

If food is served, it will be served as per existing legislation.

7. Smoking

No smoking as per existing legislation.

8. Security

One bonded and OPP licensed security for every entrance location (secure the site) and one for every 100 patrons.

9. Paid Duty Officers

As a guideline, for raves in excess of 500 patrons, there will be a minimum of two Paid Duty Officers (PDO's), and a ration of one per 500 patrons. Based on a review of the location and availability of private security, the commander of the appropriate police division may amend this guideline.

10. Ambulance Services

For raves with more than 1,000 patrons, the promoter will contract with Ambulance Services for the provision of paramedical services during peak hours (minimum four hours).

11. Drug/Health Education

All organizers will provide space for community-based drug and health education projects. The specific project to provide services will be at the discretion of the organizer. Organizers agree to donate a portion of profits to non-profit drug/health education projects of their choice. This contribution is not intended to replace adequate city funding of drug/health education projects.

12. Communications

Organizers will communicate to appropriate city authorities the confirmed location and the estimated maximum number of patrons for an event at least one week in advance of the event. This will, in turn, be communicated by MLS to the offices of those Ward Councilors who have requested such notification.

13. Definition of a Rave

A rave is a public, all ages, commercial electronic music event held in a special event venue attended by ticket or pass holders generally extending into hours when entertainment venues are usually closed.

14. Review of Requirements

These standards will be reviewed periodically. Such a review will include organizers of various-sized events, patrons, and other key stakeholders such as security companies, venue owners, and health projects and will include options such as licensing of rave organizations.

Appendix 3

TORONTO PUBLIC HEALTH BEST PRACTICES IN DRUG PREVENTION AND HARM REDUCTION

DRUG PREVENTION

Parents: Programs are offered to parents that focus on building good parent-child communication, positive role-modelling, assertive parenting skills and strategies on prevention of drug use among their children. Parents in the program can also provide support to other parents in the community around parenting and family issues.

Ready or Not! is a program for parents of children 8-12 years of age in the west, north, and south regions of the City. Developed and evaluated by Health Canada, the program is designed to promote parent-child communication and prevent substance abuse. The series of six weekly sessions help parents to develop and refine parenting and communication skills, with a special focus on helping parents apply these skills to prevent substance abuse.

Parent to Parent in the east region was developed in partnership with The Toronto District School Board and Toronto Public Health. This program aims to equip parents with the helping skills needed to provide support to other parents in the community around parenting and family life issues. Parents are trained in Peer Helping skills and volunteer their time talking with other parents and supporting them in the prevention of alcohol and other drug abuse by their children.

Kids Have Stress Too! is a three-part program designed to help parents better understand stress and to help them teach their children ways to manage it. This program was developed and evaluated in partnership with the Psychology Foundation of Canada for parents with children between the ages of four and nine years of age. Children without effective strategies to deal with stress can experience problems ranging from poor health to poor relationships with friends and family to difficulty in school. The series teaches parents to recognize signs and symptoms of too much stress, prevention strategies, as well as different stress-management strategies.

Elementary and Junior schools: Toronto Public Health is currently harmonising and restructuring its substance abuse prevention program as a result of amalgamation and the changes in the standards in the Mandatory Health Programs and Services Guidelines outlined by the Ministry of Health. School-based programs are provided to Toronto schools that support the Grade 1-8 curriculum on Substance Use and Abuse under the Healthy Living strand of the Health and Physical Education Curriculum.

Substance Free Means a Responsible Tomorrow (SMART) in the east region and *Stations* in the north provide students in grade 4-6 an opportunity to learn facts about drugs, consequences of drug use, media influences, peer refusal techniques and healthy alternatives through interactive and skills building stations. From January to May, 2000 over 2,000 students in 15 schools were reached through the *SMART* program. During Drug Awareness Week in November, Toronto Public Health encourages elementary schools to organize awareness events. In 1999, over 3,000 students participated city-wide.

One-on-One Mentoring is an in-school prevention program that matches a caring and supportive adult (a mentor) with a child (aged 5-12 years). The goals are to improve the self-esteem of at-risk children and to support their problem-solving skills. In 2000, 61 mentors are matched with 61 children in ten junior schools throughout the City.

Secondary Schools: School-based programs are provided to Toronto schools that support the secondary school curriculum on Substance Use and Abuse under the Healthy Living strand of the Health and Physical Education Curriculum.

Safer Graduation - Party in the Right Spirit is a city-wide annual workshop for secondary school students and staff that focuses on liability, host responsibility and the prevention of alcohol and drug-related problems associated with graduation celebrations and parties by helping students raise awareness, develop decision-making skills and safety strategies. Partners include the Toronto District School Board (TDSB) and the Toronto Catholic District School Board (TCDSB). This year, 39 schools were reached.

Opening Doors is an in-school program for at-risk students in their first year of high school, developed by The Centre for Addiction and Mental Health (CAMH). CAMH delivers the program in partnership with Toronto Public Health and community agencies. Students participate in 17 one-to-two hour sessions over a ten-week period. Employing a variety of experiential activities and discussion, students develop personal, social and decision-making skills to enhance their school experience and relationships with peers, teachers and parents, as well as gaining knowledge of specific drugs and adverse consequences. Parents of the students are invited to join a concurrent 5-session program. The parent program fosters a home environment in which parents actively support and reinforce the positive experiences their children are having in the student program. In 1999-2000, the program operated in five schools in Toronto. In 2000-2001, Toronto Public Health will support 1-2 sites in each of its four regions by providing a staff person to co-facilitate the program.

Out-of-school: Youth who are not in the school system are at-risk of not receiving adequate social and health support to prevent drug use.

The Ambassador Program is a school re-entry program for street involved youth, established in 1990 as a partnership between Toronto Public Health, youth-serving agencies, and the Toronto District School Board. Each year, fifteen youth attend an alternative classroom in the morning and, in the afternoon, learn communication, presentation, and leadership skills. They are trained to deliver drug and violence prevention "Speaks" to students in grades 7 and 8. Over 150 Ambassadors have moved through the program, stabilising their lives, gaining academic credits, and having a positive influence over their younger peers through the Speak program.

Community-based: Toronto Public Health supports the work of community groups, partnerships and coalitions in the areas of drug prevention through community development, community capacity building, advocacy, co-ordination and implementation of drug prevention activities.

The Drug Abuse Prevention Program (DAPP) has been providing community grants since 1990 to create community capacity for local initiatives to build resilience among young people through a variety of activities. Since 1990 over \$5,000,000 has been committed to this process by City Council. Since 1997, Grants have also supported harm reduction projects. In 2000, 85 community groups will receive \$656,000 to carry out drug prevention and harm reduction projects. The programs reach over 50,000 young people in high-risk situations in every region of the City.

Population-based: One of the key factors in preventing drug use and reducing harm is to provide accurate, timely information about drug use in Toronto.

The Research Group on Drug Use (RGDU) was established by Toronto Public Health in 1990 as a partnership with the Centre for Addiction and Mental Health, Toronto Police Services, the Office of the Chief Coroner of Ontario, the University of Toronto, and other agencies. RGDU produces an annual report on Drug Use in Toronto, and monthly editions of Fax on Drugs. The group meets regularly to co-ordinate special projects and to share ideas concerning issues of local importance, related to drug use. This networking of local experts with a wide range of specialisation has served as a model for the development of parallel groups in other Canadian cities. The group also serves as the Toronto site for the Canadian Community Epidemiology Network on Drug Use (CCENDU), a project co-ordinating drug use monitoring in multiple Canadian sites.

HARM REDUCTION

The Toronto Harm Reduction Task Force is an alliance of individuals, community organisations and neighbourhood groups which has been working together since 1995 to reduce the harm associated with drug use and distribution of drugs and alcohol in Toronto. Toronto Public Health has been an active member and the group has received grants from DAPP. The youth subcommittee of this taskforce developed strategies for youth. In the past, they have hosted several information sessions on the rave scene for frontline workers to increase awareness of the TRIP project and its work.

The Toronto Drug Awareness Coalition is a partnership of agencies and groups which organises the annual Drug Awareness Week. Through a DAPP grant, the coalition is sponsoring discussion forums to promote and educate parents, community, and professionals on drug related issues. Forums have included discussions on raves, marijuana, partying and substance use.

The Works is Toronto Public Health's needle exchange program, established in 1989. The program offers a comprehensive range of services such as the methadone access program, the needle exchange program and referral to drug treatment and other health and social services. Since 1989, over 150,000 client visits have been made to the program. Approximately 20,000 client visits are made annually. From 1989 to 1998, 1,494,539 used syringes have been returned. In 1999, 170 clients sought treatment assistance from staff.

The Drug Treatment Court (DTC), established in 1998, is the first initiative in this area in Canada. *DTC* is a court specifically designed to supervise cases of drug dependant offenders who have agreed to accept treatment for their substance abuse. The court forces the offender to deal with and accept responsibility for his or her addictions. *DTC* is premised on the belief that drug dependency is not simply a law enforcement/criminal justice problem, but an overriding public health and societal concern.