President’s Message....

Report from Walter Cavalieri, President, Board of Directors of the Toronto Harm Reduction Task Force at its Annual General Meeting on 1 December 2003

It is a pleasure to give you a brief overview of the thrust of the work of the Task Force this year and next.

The Board chose early in the year to put our energy especially into three areas:
- the problems being generated by crack cocaine in Toronto;
- reinforcing the position of community experts, or peers; and
- the production of a video to promote the Toronto Harm Reduction Task Force.

The video, titled *Transmission*, is dedicated to the memory of Ewen McCuaig, who was our first Vice President. It will be used as an introduction to the Toronto Harm Reduction Task Force at educational events and as part of our advocacy efforts. It was directed by Toronto film maker Jessica Rose.

Regarding crack cocaine – we have been working closely this year with Safer Crack Use Committee (SCUC). One of the fruits of this is the *Safer Crack Use T-Shirt* that is now appearing on the street. The shirt was put together with extensive consultation – one might say obsessive consultation – with quite a number of people, including people who use crack, to get a message out that is meaningful to them – and in a manner that is useful to them as well. We had the generous help of Professor Wendy Wong, of the Design Department of York University, who displayed remarkable patience with us. We are looking forward to building on our relation with Wendy and her students next year, when the development of the Task Force’s public image will be a class project.

Our work with peers has included monthly support meetings for outreach and peer workers. And also the production a peer written *Peer Manual - a Guide for Peer Workers and Agencies*. The demand for the manual has been just short of overwhelming, and people from quite unexpected places all over the world have asked for it. Copies have been requested from all over the U.S. and the U.K., and from as far away as Indonesia, Viet Nam and Pakistan. The *Peer Manual* is now available on the net on the site of the Canadian Harm Reduction Network (http://www.canadianharmreduction.com/), on the “iCHIP” page.

There have been other peer manuals in Canada - and in Europe too. However, this seems to be the first Canadian manual written by peers. We are justly proud of this.

Currently, the Toronto Harm Reduction Task Force is organising a peer support network, with funding from the City of Toronto. You can get more information about this by contacting Toronto Harm Reduction Task Force directly.

Collaboration with people with lived experience of drug use has been very important to the Toronto Harm Reduction Task Force. And, I add, to me personally. These are the people who have ranked and continue to rank among my best teachers.
Last December in Seattle, I attended the 4th North American Harm Reduction Conference. It was organised by the Harm Reduction Coalition in the US and was titled “Taking Drug Users Seriously”. At that conference, I was cited by drug users of North America as a “consistent, loving and active ally in upholding the humanity of drug users”. This was inscribed on a beautiful glass vase, made, incidentally, by a drug user. The inscription moves me each time I read it.

I found it strange to be honoured simply for taking Harm Reduction seriously, and for being in meaningful and respectful relationship with the people I have the good fortune to work with. It is the drug users, I believe, who should have been honoured for taking me seriously!

While at the conference in Seattle I was able to thank many users for this honour, including Edith Springer of the New York Harm Reduction Educators and Donald Grove, of the Harm Reduction Coalition, both of whom have given me inspiration, guidance and support through the years I have been working in Harm Reduction. There have been, as well, a number of people here in Toronto whom I can never thank enough for being such generous teachers and mentors. I want to thank four in particular – Raffi Balian, Debbie Clarke, Calvin Henschell and Beth Wolgemut – who have been particularly important in helping me develop my concept of Harm Reduction and how to do yir work.

Why I bring this up is to emphasise that Harm Reduction is about people. Sure, Harm Reduction saves money – but more important than that, it saves lives. Sometimes this message gets lost as we strive for validation in the face of opposition and when we grovel for funding. We cannot let this happen. It is very hard to develop a movement based primarily the idea that what we do has long-term financial gain. It is hard to feel passionate about this.

We must never put our passion aside. We must always be “consistent, loving and active allies in upholding the humanity of drug users”. It is not so difficult as you might think. And it is not lonely.

Recently at the Canadian AIDS Society Skills Building Symposium in Calgary, I met with some civil servants from Health Canada about the issue of Harm Reduction. More recently, in Toronto, I met with some others regarding Hepatitis C. Two messages came forward in our conversations: The first is that Harm Reduction has to happen. The second was that many civil servants care as deeply and are as passionate and committed as we are and don’t want relationships with us based solely on cutting cheques. They want to be our allies in bringing about many of the changes we see as necessary ... and to save lives.

Passion about Harm Reduction, and commitment to it because it is just and right, are what must drive our work as individuals and organisations ... and what I believe drives the Toronto Harm Reduction Task Force. This is especially important to consider today – which is World AIDS Day (certainly Harm Reduction can prove its viability in terms of slowing the spread of AIDS). Our passion and commitment will be especially important over the next year, in light of the transitions taking place at all levels of government – and the opportunities these transitions present.

I invite you to join us in keeping high the passion, maintaining and broadening alliances, without compromising our vision ... and making Harm Reduction happen, in Toronto, Ontario, Canada and the world.

The release of atomic energy has not created a new problem. It has merely made more urgent the necessity of solving an existing one.

Albert Einstein (1879 - 1955)
Still looking for the perfect Christmas gift?!

All Saints Church Community Centre has recently teamed up with a local coffee roaster as part of a fundraising project. They are selling fair-trade, organic, shade grown and most importantly great tasting coffee for $15.00 per pound. All Saints keeps $3 per pound sold.

Certified fair-trade coffee means that an international monitoring agency makes sure that farmers producing the coffee are paying the indigenous pickers a fair and decent wage, almost double what the regular coffee farmers pay. Presently, coffee is the second highest pesticide-treated crop on the market. Coffee plantations literally dump a white powdery chemical all over the coffee bushes. This is a cheap and efficient way of dealing with insects and fungus that attack coffee plants. Unfortunately the trees, and more specifically the beans soak up a lot of these dangerous chemicals. And workers are adversely affected, too! In order to be organically certified, which by the way is a long and painstaking process, a coffee grower must have gone at least 7 years without using any sort of chemical pesticides on their land. The coffee you are probably drinking now also comes from a clear cut coffee plantation. Cutting down forest in order to plant coffee trees is a common practice throughout the third world. It is cheap and allows for the coffee to ripen a lot faster. Shade grown coffee takes longer to produce, but I’m sure you will agree that it is much more environmentally friendly. Finally, and what many may say, most importantly, the coffee tastes great! It is fresh roasted, and packaged in specially sealed bags that keeps the coffee fresh and the flavour oils intact. You won’t find a better tasting cup of coffee anywhere!

It’s not too late to order some of this wonderful coffee for Christmas. For a useful gift that gives not once, not twice, but three times, contact Aaron Taylor at 416-368-7768 or aaron@allsaintstoronto.com

The Toronto Harm Reduction Task Force is an alliance of individuals and agency representatives working together to reduce the harms associated with drug use in Toronto. We welcome and value your input and feedback, and invite you to become a member. Please feel free to contact us on any matter related to harm reduction or if you would like additional copies of this newsletter. We can be reached at 647-222-420 or at torontoharmreduction@lycos.com or by regular mail: 100 Lombard St., Ste. 205, Toronto, M5C 1M3.

**Membership Application**

Individual [ ] Organization [ ]

Name/Name of Organization: _________________________________

____________________________________________________________________________

mailing address

____________________________________________________________________________

telephone __________________ fax __________________ email ________________

Members are entitled to vote at meetings of the Task Force, including Annual General Meetings. Organizational members are entitled to only one vote.

My signature below indicates that I/we agree to subscribe to the objectives and of the Toronto Harm Reduction Task Force.

Name: ___________________________ Signature: ___________________________ Date: ___________

PLEASE FAX completed form to: 416-364-7815
On Peer Work Too- Impatience is a Virtue –Greg Lebelle

My grand-father is 91, a seasoned, salty old fellow who spent his life fishing and farming the rugged north shore of New Brunswick. I learned a lot from him as a kid, a lot from a man whose education went to grade 3. 'Red in morning, sailors take warning, red at night, sailors delight', referring to the sky colour of the dawn or dusk, and how it would relate to water conditions the next day. Thin skins on an onion, or apples that fall early from the tree means a mild winter, while if wasps nest on your homes' eaves, get ready for a cold winter. Even how the seaweed would wash up on the beach during the spring thaw gave him hints as to where the best fishing grounds would be once the season started! None of these tidbits were taught to him in school, but after Gramps thumped a pumpkin and listened to the sound it made, he would invariably be correct in forecasting the type of weather we would have that year.

I learned those things thirty years ago, and every year, when I was in a position to note one of those 'signs', I would; and test its accuracy with the coming winter. None of it was very scientific, but invariably, those signs were right. Society could learn a lot from those who are experienced and whose wisdom didn't come pre-packaged in a book.

In the last newsletter, I wrote a section On Peer Work. It was honest, and based on my experiences working in the drug using, homeless community. In that piece I tried to present some differences and the difficulties between being a service provider schooled in social work, or, like myself, entering the profession as a 'peer', and taking it from there.

The biggest advantage in hiring peers is the peers’ own disadvantage. For what else can it be called to hire an employee based mostly on his/her marginalization and certain isolation from the community's general standards of a norm? As we said in the peer manual, the peer possesses insider information, directly related to his/her status in the 'using' community. That community is underground, illegal, street-wise... and I am hard-pressed to imagine very many 'professional' health care providers being able or willing to enter that community experiencing the same familiarity and acceptance that a member of that community c/would.

This insider information is much like all of those things I learned from my grandfather; tested through repetition, experience, and hand-me-down information. The 'science' of it may be fuzzy, but the results are tried and true. The best drug quality on the street; good vs bad dealers; un/healthy practices at the street level with the methods of substance consumption; and much more of this kind of information is brought to an agency's table by the peer worker. A good example of the benefits of peer outreach successes are more often anecdotal, and oftentimes very difficult to quantify. Similar to my Grandfathers' predictions! As a peer worker and a service provider, I remember the great satisfaction I had when handing out Safer Crack Kits, and putting the recipient 'through the hoop' by asking him/her if s/he knew why we were doing it, then getting the correct response: "because sharing (pipes, needles, paraphernalia) puts me at risk for disease (Hep C, HIV, TB, etc.)" As an outreach worker, I knew much of this street savvy came from our own efforts to educate and to provide clean supplies for these individuals, AND because the word spread on the street itself as users communicated the peer workers information to others in similar lifestyles!

I can share two examples of this type of information-sharing with you:

In the late eighties, I was very involved with the IV drug using community, and, as my twin brother was one of the first people in Canada diagnosed with HIV, I was probably a little more aware of the disease than most in my peer group (this was long before I did any type of outreach work, or had the information that is now available to us all, AND HIV information was much more prevalent in the Gay community, rather than the IV drug using community). I was at a friend’s apartment in the west end where many people gathered to shoot up, mostly junkies, with one person who used only cocaine. One guy there always waited till all others were finished shooting their junk before he would take his hit, and I really didn't take much notice of it for quite some time.

Finally I realized why...after everyone would inject, he would squirt what was left from everyone else's
syringes (including, of course, the ‘flag’, the blood in the syringe that told the user s/he was correctly in the vein) into his own mash for his hit! With only an educated guess; the bare minimum of health and HIV information; I suggested to this guy that what he was doing probably wasn't good for him, and used the example that people of certain blood-types can only receive blood from certain donors who match their own blood-type. So, because of this, I figured sharing other peoples blood wasn't really good for him. Very soon after, he stopped this practice, I assume, after doing his own research into the subject. One user expressing his/her own personal knowledge (however inaccurate, faulty, or incomplete it may have been) may have changed that other 'users' life forever.

Example 2: In that same apartment, many smoked rock, or 'base' as it was known then within that 'group'. The coke user generally injected powder (cocaine), but some chain of events ( I can't remember the exact details) at that time prevented him from getting his regular supply of the powder. We all knew our basic 'illicit substance chemistry', knew 'base' was a form of cocaine, and, to make a long story short; and after watching him get real 'sick' after a couple of injection attempts with the crack cocaine, finally stumbled on the 'magic' substance that would render the crack injectable... White vinegar!

Most of us there had smoked base before, and all of us knew a little (between all of us) as to how it was prepared. The key ingredient in crack besides the cocaine was the baking soda, and someone in our group remembered a science experiment in school where a make-shift fire extinguisher was made from the foam that resulted in mixing baking soda and vinegar; and that the process involved 'neutralized' the baking soda as a base substance to a neutral 'salt'! From there, and trial and error, the cocaine injector formulated for himself how to inject the crack.

My point here, perhaps a little veiled, is simply this: long before health care agencies were involved with 'crackheads', 'junkies', or 'speed freaks' (generally uncomplimentary terms most of society called the substance users), we had been 'practicing' harm reduction on our own, to the best of our ability, avoiding oftentimes the harsh judgments that health care and other professionals placed upon our lifestyle. I think that bias still exists among many service providers, funders, and users, specifically; in terms of the type of substance used and the means of consumption. (Case in point: SCUC (Safer Crack Use Coalition) is still having tremendous difficulties receiving funding and support from local/provincial/federal public health related agencies and programs because of public bias against crack smokers!) .

Many things that a peer brings to an agency can potentially be the peers own fall from grace within that agency. His/her association with the underground, ILLEGAL community, including 'drug dealers'; the peers’ own acquisition and using of substances; the type of substance; his/her potential involvement within the community that the agency itself is providing service for ( I touched on these in the last THRTF issue, article titled 'On Peer Work') just to name a few. That is the disadvantage that makes the peer worker such a valuable, yet expendable, commodity for the service provider.

Today, unfortunately, there still seems to be lines in the sand between the agency and peers that are quite easily crossed one way, but can be severely punished when crossed the other. And the punishment comes from the point of power; obviously not the peer, but the hiring agency. For example, I can think of several (many) examples where the peer is solicited by people working in an agency to provide either contacts, or illicit drugs for employees at the agency. The peer knows the community, the market, and is in a perfect position to do this for his/her co-worker, and I suspect many peer workers would comply. Within the using population, in my experience, that is a basic tenet of harm reduction. If a peer’s friend came here from Vancouver, and needed some heroin, I believe a peer would provide for him the contact or the substance, rather than putting him in the position to get ripped off on the street, or to get nailed by a narc (cop), or watching him/her get dopesick going without. S/he would not only be vouching for the contact, but oftentimes would be vouching for the quality of the drug. In the same spirit, a co-worker asking the 'peer' for a drug/drug-contact follows that same tenet: and lets face it: that peer worker in your agency wants to be on good terms with his/her co-workers, so if requested to provide drugs, my (educated) guess is s/he probably would.
But what if that peer got caught by the police, or the E.D of the agency (assuming it wasn't the E.D requesting the drug) doing this, before or after delivering the product to his/her co-worker? Where would the employer/co-worker stand on the behaviour of the peer? I would suggest that a) the peer would probably lose his/her job, b) the co-worker would get only a slight reprimand, and c) the peer would do the time (if caught by the police)! This is a real situation, the results very realistic, yet so obviously unfair. We often speak of personal bias in relation to doing our good work in the community, but realistically, that power dynamic still exist in parts of this profession.

Another example I know of with regards to this skewed power dynamic is where an Executive Director clandestinely requested a meeting with her peer worker. Her 'neighbor' had found a suspect baggie containing white powder in her building, and wanted the 'peer-worker' to figure out what this powder was. Of course, the peer complied; after all, it was his ED, the one who signed the paychecks! Later, in hindsight, that peer worker realized his own Executive Director put him in a very compromised position; and a very dangerous one. What if he had been stopped by the police, and arrested for (at the very least) possession, or trafficking? Even more simply, what if the worker was trying to kick, and was then offered, by his own E.D., this substantial amount of his own drug of choice? The E.D. put her own peer at risk! Ironically, a few months later this 'peer-worker' was fired from the agency for being involved in a drug deal that inadvertently, and to his surprise, involved a client from the agency he worked at. (After work, he had set up a deal with his long-time dealer, and when he went to pick-up, the agency's 'client' was his dealers new girlfriend that had just moved in with him, who then mentioned this transaction to another worker at the agency, where it trickled down to the E.D.). The reason for dismissal: he had (inadvertantly) put a client of the agency at risk by involving said client in a drug deal!

As I co-writer for the peer manual, I was quite happy for the most part with the finished package, but did take issue with a one minor editorial addition added after the original four writers submitted their text. In the prelude to the manual, the definition of peer was, in my opinion, an antiquated one, and one that de-valued the importance of peers to someone who may only volunteer their expertise, or be paid only a modest honorarium for their valuable contributions to an agency. This editorial, in my opinion, (and speaking as only one of the co-writers) may have slightly altered the voice and the spirit of the Peer Manual.

I hope with the creation of the Peer Manual, and it being a prelude to a consolidated peer networking organization, that the value of the peer worker may be given more substance, credibility, and equality within the whole of the service provision system. And more protection. Societal and systemic change; from the emancipation from slavery, to womyns rights, to Aboriginal rights, now to substance-user rights...all of these reforms are and have taken much too long to incorporate. When it comes to basic human rights, and systemic change, impatience is a virtue.

Users of the world, UNITE! After all, how many people do you know who don't use substances...coffee, tea, nicotine, alcohol, chocolate, lemon-merengue pie (mmmmmm), sugar.....

Harm Reduction: Community meetings: The Safer Crack Use Committee (SCUC) meets monthly. Please contact Lorie Steer at StreetHealth, 416-921-8668 ext. 232 for more information. The Harm Reduction Network meets every second Wednesday; call Lorraine Barnaby at 416-703-8482 ext. 122 for details. The West End Harm Reduction Coalition meets regularly. Contact Heidi Dickson at 416-656-8025 ext. 539 for further info.
**Donna's Story**  
from the National Film Board of Canada

**Abstract**  
An intimate portrait of a fiercely determined survivor, *Donna's Story* profiles a Cree woman who left behind a bleak existence on the streets. She has re-emerged as a powerful voice counselling Aboriginal adults and youth about abuse and addiction.

Donna Gamble was raised in foster homes, addicted to drugs and caught up in prostitution by the age of 13. The camera unravels her exhilarating and tumultuous journey: her motivation to turn her life around, her work to keep others off the streets and the renewal of personal relationships with her family and children. With courage and candour, Donna also reveals an ongoing struggle with addiction, exposing the rage and pain of abuse that can haunt even the strongest person.

Doug Cuthand's absorbing documentary also introduces Donna's mother and daughters. With extraordinary purpose, these women hope to shatter the cycle of addiction and abuse that has affected generations of their family.

**Director**  
Doug Cuthand

**Producer**  
Graydon McCrea, Jerry Krepakevich

**Images**  
George Hupka

**Editor**  
Harley Michailuck

**Music**  
Ross Nykiforuk

**Sound**  
Thomas Hale, Lanny Westgard, Serge Boivin, Downy Karvonen, Jean Paul Vialard

**Producers**  
National Film Board of Canada  
For more information visit  
www.nfb.ca

---

**Toronto’s Emerging Peer Network**

This year, the Toronto Harm Reduction Task Force has begun to foster the development of a network or coalition for peer workers. This project is being facilitated by Andrew Nolan, and the group has already met several times to begin setting out ground rules, formulate a structure and set goals. Response from community members has been extremely encouraging, and we look forward to publishing a fuller report on the progress of this project in the next edition of the newsletter. Anyone who would like further information about the peer network is invited to contact Andy at torontopeerproject@lycos.com
Marijuana possession charges dropped for 4,000 Canadians

By Kim Lunman
The (Toronto) Globe and Mail

Ottawa -- The Canadian government is making it a green Christmas for 4,000 people -- it plans to stay thousands of charges of pot possession as a result of legal battles over medicinal marijuana.

The decision will apply to every person in Canada charged with possession of marijuana between July 31, 2001, and Oct. 7, 2003, Justice Department spokeswoman Pascale Boulay said.

The Justice Department intends to cease prosecutions on the cases because of a court ruling in 2000 that found medicinal-marijuana users had the right to possess less than 30 grams of pot.

The judge delayed that ruling's effect for one year in the hope the federal government would introduce a medicinal-marijuana law.

But the government did not. Instead, the Cabinet issued regulations for access to medicinal marijuana one day before the yearlong grace period ended in 2001. The Ontario ruling created a legal loophole, effectively invalidating Canada's marijuana possession law as unconstitutional because it failed to provide an exemption for medical use.

"We estimate there are about 4,000 pending files," Boulay said. However, she said that criminal charges of marijuana possession will still be prosecuted today as a result of the government's announcement yesterday that it will not appeal the medicinal-marijuana case to the Supreme Court.

"It still constitutes an offense and (anyone caught with marijuana) would face charges." The federal government recently introduced legislation to decriminalize the possession of small amounts of marijuana.

Possession of marijuana now carries a maximum penalty of six months in jail and a fine of up to $1,000.

Rethink on homeless drug use

By Carol Nader, from www.theage.com

The stereotype of the dysfunctional "street kid" junkie has been questioned by the latest work of Melbourne researchers.

Melbourne University academics have found that a significant portion - 40 per cent - of young homeless people do not take drugs.

The revelation is based on three years of interviews with 674 young homeless people in Melbourne. It belies the conviction that street kids commonly use drugs to dull their pain.

The research director of "project i", Shelley Mallett, said many homeless youth using drugs were actively trying to stop. "I think it's particularly encouraging to know that young people are taking these positive steps in their life," she said.

The findings were disputed by Open Family, whose outreach workers are in direct contact with homeless children.

Chief executive Nathan Stirling said the report was misleading, as it used a broader definition of homelessness that included people in temporary accommodation.
"That figure would certainly not apply to young people living on the street," he said. "I can assure you 100 per cent that most of the kids living on the street are using hard drugs."

But the figures sounded accurate to the Salvation Army.

"If they are still connected to their peers, then they're quite likely not to get involved in the drug scene," said spokesman John Dalziel.

"It's only when they gravitate to the city, under the influence of other people, that they start taking drugs. Homeless kids otherwise are like other kids."

The study identified four pathways into homelessness driven by family conflict. In only one of those pathways the child's drug use initiated the conflict. In the other instances, the drug use followed the conflict.

"As everyone struggles to come to terms about roles and relationships and responsibility, an increased number of young people turn to drugs or actually leave home," Dr Mallett said. The study also found that isolated young men were more likely to experience chronic homelessness, and that 23 per cent of homeless youths have a mental illness as well as drug dependency. Alarmingry, more than a quarter had shared a needle in the previous three months. Alcohol and marijuana, neither considered hard drugs, were most commonly used, followed by amphetamines. The report was launched this week at a forum on young people and homelessness at the St Kilda Town Hall. Council to Homeless Persons youth policy officer Meg Mundell said homeless children were a diverse group who had different reasons for being on the streets.

"A common assumption is that all young homeless people are heavy drug users, but this report proves otherwise," she said.

**ALERT!** Toronto Public Health is currently investigating a case of tuberculosis (TB) in an individual who spent the past two and a half months in the Seaton House shelter. The individual did not acquire TB at the shelter. He is from a TB endemic country and recently arrived in Toronto.

Toronto Public Health has set up TB screening clinics at Seaton House for staff, residents and volunteers who may have spent prolonged periods of time with the individual.

"As with all TB cases in Toronto, we are tracking and testing anyone who was in close contact with this individual to ensure the illness is not transmitted. Early identification of contacts can help prevent the illness, and with proper treatment, TB is curable," said Dr. Barbara Yaffe, Associate Medical Officer of Health.

Information is being sent to all emergency rooms, shelters, drop-in centres and homeless care providers alerting them of this case, and reminding them to test any patients from these settings who present symptoms suggestive of the disease.

There are about 350 to 400 cases of TB in Toronto every year. [www.toronto.ca/health](http://www.toronto.ca/health)
ONTARIO’S NEW “PLAYERS” (a handy reference list)

George Smitherman
Toronto Centre--Rosedale
Minister of Health and Long-Term Care
Queen's Park
Ministry of Health and Long-Term Care
80 Grosvenor St, 10th Flr, Hepburn Block
Toronto ON M7A 2C4
Fax / Téléc : 416-326-1571
Tel / Tél : 416-327-4300
Constituency Office
410 Sherbourne St, Main Flr
Toronto ON M4X 1K2
Fax / Téléc : 416-972-7686
Tel / Tél : 416-972-7683      email / courriel: george_smitherman-mpp@ontla.ola.org

Monique Smith
Nipissing
Parliamentary Assistant, Minister of Health and Long-Term Care
Queen's Park
Ministry of Health and Long-Term Care
80 Grosvenor St, 10th Flr, Hepburn Block
Toronto ON M7A 2C4
Fax / Téléc : 416-326-1571
Tel / Tél : 416-327-4300
Constituency Office
1-374 Fraser St
North Bay ON P1B 3W7
Fax / Téléc : 705-474-9747
Tel / Tél : 705-474-8340      email / courriel: Monique_Smith-MPP-CO@ontla.ola.org

Michael Bryant
St. Paul's
Attorney General
Minister Responsible for Native Affairs
Queen's Park
Ministry of the Attorney General
720 Bay St, 11th Flr
Toronto ON M5G 2K1
Tel / Tél : 416-326-2220
Constituency Office
803 St. Clair Ave W
Toronto ON M6C 1B9
Fax / Téléc : 416-656-0875
Tel / Tél : 416-656-0943      email / courriel: Michael_Bryant-MPP@ontla.ola.org

Monte Kwinter
York Centre
Minister of Community Safety and Correctional Services
Liz Sandals
Guelph--Wellington
Parliamentary Assistant, Minister of Community Safety and Correctional Services
Queen's Park
Ministry of Community Safety and Correctional Services
25 Grosvenor St, 1st Flr
Toronto ON M7A 1Y6
Fax / Téléc : 416-325-4926
Tel / Tél : 416-325-0737
Constituency Office
173 Woolwich St
Guelph ON N1H 3V4
Fax / Téléc : 519-836-4190
Tel / Tél : 519-836-4190  email: Liz_Sandals-MPP-CO@ontla.ola.org

Kevin Flynn
Oakville
Chair, Standing Committee on Justice and Social Policy
Queen's Park
Rm 345, Main Legislative Building
Toronto ON M7A 1A4
Fax / Téléc : 416-325-0779
Tel / Tél : 416-325-0737
Constituency Office
2330 Lakeshore Rd W
Oakville ON L6L 1H3
Fax / Téléc : 905-827-3786
Tel / Tél : 905-827-5141  email: Kevin_Flynn-MPP-CO@ontla.ola.org

Sandra Pupatello
Windsor West
Minister of Community and Social Services
Queen's Park
Ontario Women's Directorate
900 Bay St, Mowat Block, 6th Flr
Toronto ON M7A 1C2
Fax / Téléc : 416-314-0247
Tel / Tél : 416-314-0300
Ministry of Community and Social Services
900 Bay St, Macdonald Block
### T-shirt, anyone?

The Task Force has produced a great t-shirt about safer crack use; it highlights safer practices on a user-friendly (pun intended) white on black T available in three sizes. The info is printed upside-down on the front of the shirt (so one can read while wearing) and right-side-up on the back, so others can see it from behind.

Most of these are being distributed to users throughout the GTA; however, a limited number are available to staff and outreach workers in exchange for a $20 donation. This will help cover costs and allow us to print more of these wearable resources! For more info or to place an order, contact us at torontoharmreduction@lycos.com or 647-222-4420.

---

**Calendar:** the first issue of the THRTF 2004 event calendar will be forwarded over the holiday season...watch for it in your email box. Have a safe and happy Holiday!