



# PREVENTING HARM FROM PSYCHOACTIVE SUBSTANCE USE



CITY OF VANCOUVER

**Drug Policy Program**

November 2005

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Preventing  
Harm from  
Psychoactive  
Substance  
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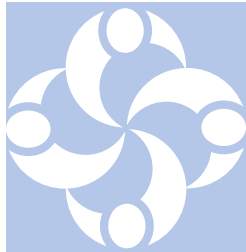
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*Acknowledgements*



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## Executive Summary

When *A Framework for Action: A Four Pillar Approach to Drug Problems in Vancouver* was adopted by City Council in 2001, Vancouver committed to developing a comprehensive plan based on the best evidence available to address harmful drug use in the city. In public meetings across the city, citizens called for a more focused, coordinated and sustained approach to addressing drug related issues. Since that time, our understanding of the issue has grown. This plan highlights both the complexity and centrality of prevention in any discussion of a comprehensive Four Pillar approach to harmful drug use.

There is no magic prevention bullet, no inoculation that allows us all to avoid harmful substance use from developing. Instead, this plan draws on a number of approaches to prevention – ranging from population health models to community-based, legal and regulatory approaches – and recommends strategies that have shown the strongest evidence for success. The plan recognizes that factors such as adequate housing and employment are as important to keeping people healthy as is access to health care systems. These perspectives direct the prevention priorities as they introduce promising and sustainable ways to prevent harm from substance use.

The prevention plan acknowledges that the use of psychoactive substances is a part of our society and can occur along a spectrum of use that ranges from beneficial use, including medications, to use that is relatively non harmful, moving to problematic or harmful use and finally, to chronic dependence. This plan is predominantly concerned with problematic and dependent substance use, or use that has clear harmful effects on individuals and society. The primary focus is preventing and reducing harm from substance use.

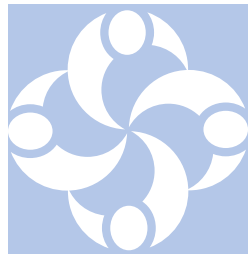
*Preventing Harm from Psychoactive Substance Use* seeks to expand awareness, understanding and discourse around prevention. The intended outcomes for this prevention plan are:

- Reduced individual, family, neighbourhood and community harm from substance use
- Delayed onset of first substance use
- Reduced incidence (rate of new cases over period of time) and prevalence (number of current cases at one time in a population) of problematic substance use and substance dependence, and
- Improved public health, safety and order.

With such a comprehensive prevention plan in place, we would expect neighbourhoods and communities to be secure, vibrant places to live and work.

This plan is based on a synthesis of international reviews of research and evaluation evidence, examples of successful programs from other jurisdictions, a Vancouver-based community dialogue process on prevention, and a public review of the draft prevention plan.

Throughout the research, dialogue and public review processes that led to this plan, it was apparent that Vancouver does not currently have sufficient or coordinated prevention infrastructure in place. The capacity to coordinate efforts and disseminate information, commit funding to prevention programs and research, and better monitor substance use and harm within Vancouver and the region is central to, and the first step towards, the implementation of effective prevention initiatives. (See pages 4 and 5 for recommendations)



## Executive Summary



Recommendations fall under five key prevention priorities: reducing risk factors and increasing protective factors across the life course, community centred prevention, addressing impacts on communities, legislative and public policy change and regulated markets. In each priority, specific areas of action are identified. Taken together, these prevention priorities, areas of action and recommendations form an integrated response to preventing harm from substance use. Vancouver-specific responses are prioritized for the general population and for higher risk and vulnerable populations. Gender, culture, sexual orientation, age, socioeconomic status and exposure to substance use are acknowledged as important considerations in determining risk and protective factors and in developing effective responses.

Substance use exacts considerable financial, health, social, crime and other costs to our system, mostly associated with alcohol and tobacco use. While focus is often placed on the most controversial drugs and users, it is important to recognize that it is often lower risk individuals who collectively contribute to the bulk of preventable illness in the community due to their greater numbers. In order to prevent the most harm, it may be necessary to focus on the majority who are not as seriously involved in harmful substance use while continuing different interventions for the minority of high risk users.

When considering Risk and Protection Across the Life Course, the first prevention priority, the goal is to minimize the risks for developing harmful drug use behaviours and to maximize those factors that offer protection from this use. An array of initiatives are needed to achieve this goal including support for the best early childhood care and learning programs and for families, particularly vulnerable families, of young, preschool-aged children. There is strong evidence that these kinds of programs contribute to significantly better outcomes later in life.

Adolescence is a time of transition when experimenting with substance use is most likely to begin. Engaging young people in meaningful activities, creating healthy school environments and supporting parents are key prevention strategies. We know that youth engagement in community and society is strongly associated with positive health outcomes, including less likelihood of using alcohol, tobacco and other drugs. Prevention initiatives can also be directed throughout adulthood as individuals move through life transitions. Older adults, in particular, are vulnerable to problems from alcohol and pharmaceutical drug use.

Community Centred Prevention, the second prevention priority, attempts to build capacity for individuals and organizations to engage at the local level in prevention. This plan calls for the strengthening of support systems around prevention issues. The strategies in this priority address assisting vulnerable populations through employment, housing and services, and strengthening community capacity through information sharing, networks, coalitions and engagement. It also explores spirituality, healing and alternative practices such as meditation as important aspects of prevention.

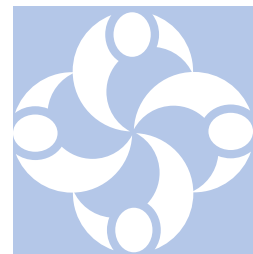
The third priority area of Addressing the Impacts on Communities considers the health and safety of the broader community. It recommends actions to address neighbourhood disorder from licensed establishments and entertainment districts and suggests measures to reduce the environmental threats to safety posed by drug production labs, grow-ops and discarded syringes.

Yet even with the best prevention strategies anywhere in the world, there is a limit to what can be done unless there are changes to the laws that control psychoactive substances. Prevention priority four, Legislative and Public Policy Change summarizes evidence that the current system of prohibition for illegal drugs has failed in its goal to reduce the availability of illegal substances and to prevent harm from their use. Prohibition leaves governments unable to adequately address harm by restricting their ability to intervene or regulate the production, sale and consumption of these substances. It also ensures that the production and sale of drugs will remain in the hands of organized criminals. This plan recommends that the Federal Government adopt a legal framework to deal with currently illegal substances – one based on public health principles, and on the relative toxicity of each substance and its potential for creating dependency.

The last prevention priority, Regulated Markets, discusses the array of regulatory options that can and have been used for legal substances such as alcohol, tobacco and pharmaceutical drugs. Regulations, when aligned with other actions across the community, can have a powerful impact on preventing harm. In the case of tobacco, regulatory controls, combined with public education on health related harm, helped significantly reduce tobacco use. The plan suggests that further work is needed in the area of tobacco and alcohol.

This priority also explores how regulations could influence the production and use of illegal drugs, such as imposing strict controls on the chemicals used to produce methamphetamine. It suggests regulatory possibilities for currently illegal substances, particularly marijuana, that would have the goals of increasing our ability to prevent harm to individuals and communities from substance use and of eliminating the involvement of organized crime in these drug markets.

Developing and implementing a plan to prevent harm from substance use is a complex undertaking that will require a coordinated, integrated and sustained effort over many years. There are, however, pressing priorities that can be tackled right away. The biggest barrier to prevention has been the failure so far to implement a comprehensive and sustainable plan at any level of government. The recommendations in *Preventing Harm from Psychoactive Substance Use* highlight the need to put prevention of harmful drug use front and centre in the next phase of implementing the Four Pillars Drug Strategy.



## Recommendations

### STRENGTHENING LOCAL PREVENTION INFRASTRUCTURE

- 1 That the Mayor, on behalf of Council write to the Premier, Province of British Columbia urging the Provincial Government to explore funding options for the creation of a Municipal Prevention Institute fund that would support municipalities and increase municipal capacity to engage in partnerships with the addictions research community, local health authorities, prevention organizations and community partners in addressing problematic drug use AND urging the Premier to convene municipal leaders from across the province, the addiction research community and local health authorities to explore a municipal/provincial partnership that focuses on the development and implementation of sustainable and evidence-based prevention initiatives at the local and provincial levels.
- 2 That the City of Vancouver establish a Prevention Task Force with diverse representation through the Four Pillars Coalition to assist in the ongoing development and implementation of the City's Prevention Plan.
- 3 That the Provincial Government enhance the abilities of organizations that collect data on substance use and related harms such as the Centre for Addictions Research, the McCreary Centre Society, the Institute for Safe Schools, health regions, enforcement agencies and other organizations to pool their information in order to provide to the public and policy makers information on related health, social and environmental harm, trends in drug use, purity of illicit drugs and other issues related to substance use that will assist in evaluating current drug policies, regulatory mechanisms, and health and enforcement interventions.

### PREVENTION PRIORITY 1: RISK AND PROTECTION ACROSS THE LIFE COURSE

- 4 That Vancouver Coastal Health, the Province of British Columbia and Health Canada make it a priority to support early childhood development and learning initiatives for vulnerable families with newborn babies and children who are making the transition to primary school and to support the development of comprehensive support systems for families with children in Vancouver.
- 5 That the City of Vancouver partner with Vancouver Coastal Health, addiction prevention organizations, health education agencies and parenting organizations to develop and implement a multi-layer plan for parent/family education that increases parents' knowledge and skills for prevention and intervention concerning substance use.
- 6 That the City of Vancouver partner with the Vancouver School Board, Vancouver Coastal Health and the Vancouver Police Department to implement a comprehensive prevention strategy for school-aged children and youth, parents and professionals such as teachers and community nurses working with children and youth.
- 7 That the City of Vancouver, in partnership with Vancouver Coastal Health, Health Canada, local community serving organizations and researchers develop a component of the prevention plan that specifically focuses on seniors and problematic substance use, including the use of pharmaceuticals.
- 8 That the Provincial Government fund the development of social marketing and mass media marketing campaigns for tobacco, alcohol, cannabis, methamphetamine, pharmaceuticals and other drugs that seek to influence attitudes and norms surrounding substance use and provide accurate information on substance use and the relative harm of each of these drugs, and pay specific attention to the differences in harms associated with gender and cultural diversity.
- 9 That the City of Vancouver develop a local media advocacy strategy that heightens the profile of substance use and related issues in the community by connecting media, including non-English language media, to prevention service providers, researchers and others in the prevention field.
- 10 That the City of Vancouver, in partnership with the Vancouver Public Library, Vancouver Coastal Health and the Centre for Addictions Research of BC (CARBC) develop and implement a public education campaign based on best evidence to deepen awareness of the harm from drug use in the community.

### PREVENTION PRIORITY #2: COMMUNITY CENTRED PREVENTION

- 11 That the City of Vancouver partner with the Vancouver Agreement to support individuals in recovery from substance use through the Four Pillars Job Literacy and Supported Employment Pilot Project which would include a training component delivered through the Hastings Institute and a one-on-one support towards job search and employment delivered through a case coordination position.
- 12 That the City of Vancouver urge the Federal and Provincial Governments to give high priority to the provision of funding for 3,200 supportive housing units and 600 transitional housing units, as identified in the City's Homeless Action Plan and that the Provincial Government provide funding for services to support individuals and families in these units.
- 13 That the Vancouver Agreement partners, housing providers, employers and community serving agencies work towards ensuring the availability and integration of low threshold health, housing, employment and other support services for drug users and drug using members of groups such as women and Aboriginal people.

- 14 That the City of Vancouver in partnership with Vancouver Coastal Health, the Centre for Addiction Research of BC and the Provincial Government Methamphetamine Strategy Coordinator work with the Methamphetamine Response Committee to develop and articulate a methamphetamine strategy that includes a research component on methamphetamine use in Vancouver, is based on best available evidence, builds upon current initiatives, includes a broad-based prevention strategy that focuses on the individual, family, peer group and community and includes a continuum of services that addresses the range of individual needs with appropriate prevention initiatives including harm minimization strategies, treatment and after care.
- 15 That the City of Vancouver convene an annual prevention summit in partnership with the Four Pillars Coalition that invites local community serving organizations, prevention service providers, drug users, funders, researchers, members of the public and other levels of government to determine key directions for Vancouver's plan to prevent harm from psychoactive substance use.
- 16 That the City of Vancouver in partnership with Vancouver Coastal Health, Vancouver Agreement partners and local organizations develop further dialogue with Vancouver's diverse ethno-cultural communities regarding the development of prevention strategies that take into account the unique issues relevant to these communities.
- 17 That the City work closely with Vancouver Agreement partners to develop a consultation process that engages the Aboriginal community in the planning and development of prevention initiatives and acknowledges the importance of Aboriginal leadership in this process.
- 18 That the City of Vancouver support the initial development of a youth engagement strategy in the implementation of the prevention plan in close consultation with Vancouver Coastal Health, Vancouver School Board, Vancouver Board of Parks and Recreation, Health Canada, the Centre of Excellence for Youth Engagement, Ministry of Children and Family Development and youth organizations across the city to develop partnerships and a proposal for sustainable funding for youth engagement.
- 19 That the City of Vancouver work with Vancouver Coastal Health, Health Canada, Vancouver Agreement partners and other relevant stakeholders including Faith Communities to support communities, especially the Aboriginal community by facilitating exploration, study and application of traditional medicines and rituals and of evidence-based alternative approaches towards the prevention of, and healing and recovery from, problematic substance use.

### **PREVENTION PRIORITY 3: ADDRESSING THE IMPACTS ON COMMUNITIES**

- 20 That the City of Vancouver partner with the Centre for Addictions Research of BC, the Vancouver Police Department, health professionals and the Alliance of Beverage Licensees (ABLE) to implement a Safer Bars Pilot Program in Vancouver bars and clubs.
- 21 That the City of Vancouver work together with law enforcement, environmental health, front line responders and other community and government stakeholders to address the potential threat of illegal grow operations and clandestine methamphetamine labs including the development of remediation protocols to clean up and remove toxic materials.
- 22 That the City of Vancouver in partnership with Vancouver Coastal Health, local business improvement associations, community serving organizations and neighbourhood organizations develop a comprehensive city-wide syringe recovery system in order to minimize the number of discarded syringes found in the city's streets and parks.

### **PREVENTION PRIORITY 4: LEGISLATIVE AND PUBLIC POLICY CHANGE**

- 23 That the Federal Government implement further legislative changes to create a legal regulatory framework for cannabis in order to enable municipalities to develop comprehensive cannabis strategies that promote public health objectives, include appropriate regulatory controls for cannabis related products, and support the development of public education approaches to cannabis use and related harm based on best evidence.
- 24 That the Federal Government initiate a process of reviewing Canada's legislative, regulatory and policy frameworks governing illegal drugs with regard to their effectiveness in preventing and reducing harm from problematic drug use and their effectiveness in enabling municipalities to better address the harm from the sale and use of these substances at the local level AND establish a process with broad participation to consider regulatory alternatives to the current policy of prohibition for currently illegal drugs.

### **PREVENTION PRIORITY 5: REGULATED MARKETS**

- 25 That the City of Vancouver enact by-laws that restrict the display of tobacco products in retail outlets, limit the number of stores selling tobacco products in Vancouver and refuse to issue new business licenses for outlets selling tobacco located within 150 metres of an elementary or secondary school.
- 26 That the City of Vancouver, in partnership with Vancouver Coastal Health, the Vancouver Police Department, the business community, community organizations and the prevention research community proceed with the development and implementation of a comprehensive alcohol strategy that includes enforcement, public education and community mobilization interventions.
- 27 That the City of Vancouver advocate for stricter regulation of precursor chemicals that are necessary for the manufacturing of large quantities of methamphetamine and for increased capacity by the Federal and Provincial Governments to enforce these regulations.

*Preventing Harm from Psychoactive Substance Use:*

**Table One ❁ Prevention Priorities, Areas of Action and Recommendations**

**Strengthening Local Infrastructure**

- Prevention Task Force through the Four Pillars Coalition
- Municipal Prevention Institute for assistance with programs and research
- Monitoring and evaluation function established by the Province of British Columbia

PRIORITY	1	2	3	4	5
	<b>Risk &amp; Protection Across the Life Course</b>	<b>Community Centred Prevention</b>	<b>Addressing the Impacts on Communities</b>	<b>Legislative and Public Policy Change</b>	<b>Regulated Markets</b>
<b>AREAS OF ACTION</b>	Interventions from birth to old age  Advocacy and awareness in the general population	Strengthening support systems  Community capacity and engagement  The spiritual dimension	Neighbourhood safety  Environmental harm	Emerging trends in drug policy for Canada  Modernizing drug laws with appropriate legal responses	Regulation of legal substances  Regulation and illegal substances
<b>RECOMMENDATIONS</b>	Early childhood development and learning for vulnerable families  Parent/family education plan  School-aged child and youth prevention  Seniors prevention  Social marketing  Media advocacy strategy  Public education campaign	Job literacy pilot project  Homeless action plan  Low threshold services  Meth strategy  Annual prevention summit  Ethno-cultural dialogue  Aboriginal process  Youth engagement strategy  Traditional and alternative approaches	Safer Bars pilot program  Safe clean-up of production labs and grow-ops  City-wide syringe recovery system	Comprehensive cannabis strategy  Federal drug law reform	Tobacco by-laws  Municipal alcohol strategy  Strict regulation of meth precursors

## Introduction

On May 15, 2001, Vancouver City Council unanimously endorsed the *Framework for Action: A Four Pillar Approach to Drug Problems in Vancouver*. In doing so, City Council supported a comprehensive and evidence-based strategy to reduce harm from the sale and use of illegal drugs in the city and committed itself to work with all levels of government to implement the pillars of prevention, treatment, harm reduction and enforcement.

The seeds of this prevention plan were sown in the original public consultation on the Four Pillars Drug Strategy in 2001. In meetings with residents, city staff and politicians heard the call for a more focused, coordinated and sustained approach to prevention to stop the serious problems associated with substance use, especially in Vancouver's Downtown Eastside.

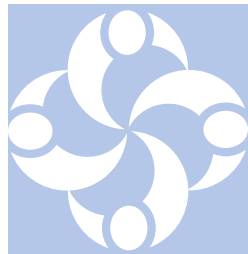
This plan deals with psychoactive substances. The term 'psychoactive substances' refers to both legal and illegal drugs or chemicals that alter consciousness. For the purposes of this plan, psychoactive substances include alcohol, tobacco, pharmaceuticals, cannabis and other psychoactive drugs, both legal and illegal. Throughout the plan we use 'drugs' and 'psychoactive drugs' interchangeably with 'psychoactive substances' and 'substances'. The term 'problematic' drug use is used interchangeably with harmful drug use. We have chosen to use 'illegal drugs' rather than 'illicit drugs' in this discussion because we wish to focus on the relationship between drugs and the law. Illicit is a broader term and can be used to describe cultural norms and values other than the law, suggesting a moral or social aspect as opposed to a legal rationale for prohibition.

The discussion of prevention is broadened in this plan beyond the relative harm of any one substance to an understanding of our relationship as a society to psychoactive drugs. We consider the wider social determinants of health, such as housing and employment, which affect individual risk for problematic substance use, as well as other factors that protect individuals and communities against harmful use.

This plan is based on a synthesis of international reviews of evidence on prevention, the results of a symposium on the prevention of problematic drug use held in Vancouver in November 2003, material from a growing body of literature calling for an alternative to the present system of prohibition, and the results of a series of community dialogues during the spring and summer of 2004. The plan also incorporates the feedback received from the public review of the draft plan in the summer and fall of 2005, and individual strategies will continue to develop through ongoing public consultation. (More information on the public review can be found in Appendix B)

The plan has five priority areas. Recommendations are considered within the current areas of responsibilities and levers for action that are available to local governments. As a result, the recommendations reflect the need for strong partnerships in the community and between levels of government. The discussion also suggests some changes to laws that would be made by senior levels of government that would significantly increase the success of local prevention efforts by establishing evidence-based policies governing the manufacturing, production and the context of use of these substances.

The first priority area, Risk and Protection Across the Life Course, is based on the belief that prevention must be considered across all ages and at all stages of human development. This priority recognizes that different life stages and the transitions between them have specific influences on an individual's likelihood in engaging in harmful drug use.





## Introduction

The second priority area, Community Centred Prevention, emphasizes the importance of strong support systems for housing, employment, and addiction services. It also considers the importance of building capacity at the community level that can support prevention efforts over time, and explores the role of spirituality, healing, and alternative practices in prevention.

The priority area of Addressing the Impacts on Communities considers the health and safety of the broader community. It discusses ways in which it is possible to reduce harm to the community that results from active use, in terms of both neighbourhood disorder and environmental harm.

Legislative and Public Policy Change, the fourth priority, outlines how the current system of prohibition produces a range of harm that flows from our current legislation and policies on psychoactive substances. Laws and policies also restrict local government efforts to address harm at the community level and provide organized criminal elements with “free market” opportunities to engage in the illegal drug business.

Regulated Markets, the final priority area, considers interventions in markets for legal and currently illegal substances. It proposes that there are improvements that can be made to regulations for tobacco and alcohol, and the materials used to manufacture illegal drugs. It further suggests that regulation will help control the production, sale and use of currently illegal substances if recommended changes to current laws are put in place. These regulatory frameworks would also encourage the creation of strong social norms regarding non-use and safer substance use.

### **PURPOSE AND SCOPE**

The purpose of this plan is to guide and support the efforts of the City of Vancouver and its partners in preventing and reducing harm from psychoactive substance use.

The plan outlines key prevention concepts, a vision for prevention, required municipal infrastructure, five strategic prevention priorities, areas of action and recommendations that we believe will be most effective in the Vancouver context. A summary of recommendations grounded in the roles and responsibilities of the City and its partners concludes the plan.

Taken together, the recommendations within this plan provide immediate and long term actions based on a variety of approaches. Progress is well underway in some areas and just beginning in others. Some recommendations might be implemented within two years, while others are paving the way for significant structural and policy changes. All recommendations have been chosen to support the development of a sustainable prevention movement in Vancouver while tackling immediate community prevention priorities.

## **Community Dialogues**

Between June and August 2004, the City of Vancouver, in collaboration with the Simon Fraser University's Wosk Centre for Dialogue, conducted a series of 50 dialogue sessions with local communities on the topic of prevention of problematic substance use. The purpose of the dialogues was to invite community input to help shape this prevention plan.

Several communities took part, representing different life stages, sexual orientations, ethnicities, vulnerable populations and service providers. (See Appendix A for list of communities) Each community held two dialogues with up to 20 participants which were facilitated by two community members. Fifty facilitators were trained to conduct the sessions and they, in turn, recruited volunteer participants from their respective communities. Youth held 20 dialogue sessions with 10 different youth communities organized through the Youth Outreach Team at the City of Vancouver.

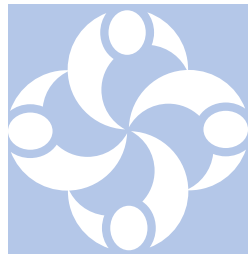
The sessions generated considerable dialogue about drug use problems in each community and possible solutions. Each session had its own flavour, its own share of poignant stories and its distinct vision for achieving a healthy community. But there were also many similarities in what participants saw as the underlying causes and risk and protective factors for harmful substance use. The rich discussion generated by the community dialogue sessions has informed the development of this prevention plan. A summary of recurrent themes from the community dialogues follows.

### **PREVENTION AT ALL AGES**

Community dialogue participants wanted prevention to focus on more than just youth or school programs. Participants repeatedly discussed the importance of strengthening factors in early childhood which, when ignored, become precursors to problems at a later stage in life. Parents of addicted offspring recounted stories of grief, stigmatization and helplessness about their child's addiction which, for many, turned into resourcefulness. Advocacy and support groups were seen as key to finding solutions.

Young people said they wanted to be engaged. Youth felt that being engaged in meaningful ways, such as through sports, arts and music, provided a good alternative strategy to drug and alcohol use. Participants called for more youth focused and youth driven community and recreation centres, youth specific employment programs, networks, more youth workers and community outreach by peers.

Seniors talked of alcohol as the drug of choice for many experiencing low self-esteem and loneliness. Support networks were described as key to dealing with problematic substance use.



## Community Dialogues

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### PREVENTION ACROSS DIVERSITY

Aboriginal participants in the dialogue process spoke of hopelessness and loss of dignity caused by cultural uprooting as leading causes for problematic drug use. Poverty and a lack of support systems for Aboriginal people were described as risk factors. It was strongly felt that the renewal of lost tradition through a revival of native languages and revitalization of cultural roots would help to restore balance to the community. This was seen as crucial to addressing drug problems. Educational and recreational opportunities for youth and adults alike were recommended. Talking to each other at meetings and through support groups was also emphasized as a beneficial factor.

In ethno-cultural communities, cultural differences between generations and linguistic barriers to information were highlighted as concerns. Solutions focused on addressing the communication gap between parents and their Canadian raised children. Young people expressed confusion between the values that parents taught them and information given at school. For some communities, trauma associated with dislocation from the homeland was also seen as a leading cause of drug use. Prevention programs for new immigrants were recommended.

Gay men in the dialogues talked about homophobia, a lack of equality for opportunities, HIV/AIDS, insecurity, and the normalization of drug use in the gay culture as reasons for drug use. Immigrant gay populations faced double discrimination – from society at large and from their own communities. Drug education at gay parties, more community dialogues, intergenerational connections, mentorship programs, educating parents of gay

children, and validating gay culture through events and the media were forwarded as solutions. The lesbian community spoke of similar reasons, including homophobia, as reasons for drug use. Recommendations included mentorship programs, a lesbian targeted website about drugs and drug education in bars. The transgender community spoke of overall societal discrimination, including accessing services, and in employment opportunities. A need was voiced for a transgender friendly detox, a transgender sex worker drop-in centre and a resource centre for the community.

### SUPPORTING VULNERABLE POPULATIONS

Treatment, employment and affordable housing came up in the dialogues as particular concerns. Treatment services were found to be lacking by many participants. They also articulated their frustration at the length of current treatment programs, which they considered too short. Some expressed the need for language specific programs for non English speakers. Participants in the dialogue from the Downtown Eastside talked about the need for other medical support services for their community, which had high rates of HIV and Hepatitis C.

Some drug users are also dual or multiple diagnosed – in addition to the addiction, they have mental health problems like schizophrenia or suicidal tendencies – which are often a precursor to drug use. Participants in the dialogue with a drug user group and parents of addicted children expressed their concerns about the lack of attention paid to mental health issues and their early detection.

Employment was described as a protective factor against problematic drug use. Former and current drug users expressed a strong need for post-incarceration or post-treatment life skills training and employment.

Lack of secure housing was seen as a risk factor for harmful drug use. Participants discussed the strong link between homelessness or inadequate housing and decreased health, harmful drug use and criminal justice issues. Availability of affordable housing was also perceived to be an important post-treatment component to help newly stabilized individuals reintegrate into society and to prevent relapse.

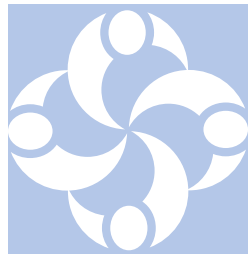
#### **PUBLIC EDUCATION AND INFORMATION**

Participants expressed a strong need for reliable information on the nature of alcohol and drug use, addiction and the impacts on individuals, families and communities. Parents in general, and new immigrants in particular, felt inadequately informed. They referred to the AIDS awareness campaigns and the role public education played in mitigating fear and stigma and dispelling myths. A public education strategy or a social marketing campaign could be effective tools in providing information, increasing risk perceptions and de-stigmatizing addiction. It would also provide information to the public on prevention policies, programs and services within the city. Dialogue participants asked for culturally and linguistically relevant information.

#### **REGULATION**

Some dialogue participants felt that cannabis prohibition was ineffective and that prohibition itself actually added to the problem. Effective regulation of cannabis as a policy option was suggested.

While much of the public input on prevention has come from diverse Vancouver communities, including age, ethno-cultural and risk specific groups, the recommendations in *Preventing Harm from Psychoactive Substance Use* apply, for the most part, to all communities, with a few exceptions. The effects of psychoactive substance use are different for each community, and there is a danger to oversimplify the complexity of each community's experience. The community dialogues and outreach that the City has undertaken in the development of the prevention plan is only a starting place. More consultation is clearly needed, in particular with Aboriginal communities, to help the communities themselves coordinate prevention work underway and develop community specific prevention strategies through government, non-profit and community organizations.



## Levels of Psychoactive Substance Use



Substance use exacts considerable financial, health and other costs from our system, mostly related to alcohol and tobacco use. Substance use has been estimated to account for 24 per cent of all premature death and disability in BC: 12 per cent from tobacco use, 10 per cent from alcohol and 2 per cent from illegal drugs (BC Ministry of Health, 2001). Combined, alcohol and tobacco use cause 90 per cent of all deaths, illnesses and disabilities related to substance use in BC.

Tobacco is responsible for the highest costs to the Canadian system, followed by alcohol and illegal drugs, (Single et al, 1998). Tobacco cost the system almost seven times as much as illegal drugs.

However, Vancouver, and the province as a whole, has seen a significant decline in students who smoke cigarettes. Greater Vancouver youth attending school are more likely to be non-smokers compared to students in other parts of the province. The number of youth attending school who say they are current smokers has gone down in Vancouver from 12 per cent in 1998 to six per cent in 2003 (McCreary, 2004).

The costs to the system from alcohol are the second highest of all substances. When one considers costs for health care, law enforcement, morbidity, premature death, lost productivity, crime, fire damage and traffic accidents, the total yearly avoidable cost from alcohol in BC has been estimated at \$944 million (Single et al, 1996). In Canada, tax revenues from the sales of alcohol and tobacco in 2004 accounted for 2.5 per cent of all tax revenues (Thomas, 2004).

Almost 80 per cent of British Columbians 15 years and older say they have drunk alcohol in the past year. So-called 'light drinkers' make up about two-thirds of the BC population, about seven per cent are abstainers and about 13 per cent are classified as heavy drinkers (Buxton, 2005). In the 2004 Canadian Addiction Survey, over 35 per cent of British Columbians reported that alcohol use by others had harmed them during the past year (CCSA, 2005).

In Vancouver, the per capita alcohol consumption for one year between 2002 and 2003 was 62 litres. Vancouver residents spent \$588 per capita on alcohol, more than what was spent in other areas of the province (Buxton, 2005). Within Vancouver itself, there is a wide variation in rates of alcohol related deaths, with the Downtown Eastside being much higher than the provincial rate and Vancouver South and Westside much lower in 2003. It is important to note that although men may be heavier drinkers, the impact of drinking on women's health is significant.

The 2003 Adolescent Health Survey III shows that alcohol use among youth has decreased in recent years and young people say they are waiting longer to try alcohol (McCreary Centre Society, 2004). Vancouver students are less likely to drink alcohol than youth in other areas of BC: 44 per cent of Grade 7-12 students from Vancouver said they had ever drunk alcohol, considerably less than 57 per cent province-wide. In Vancouver, 12 per cent of students who have used alcohol reported engaging in binge drinking on three or more days in the past month (five or more alcoholic drinks in a couple of hours); overall in BC, it was 20 per cent.

The pervasive and increasing use of cannabis represents another important trend. The use of illegal drugs is now mostly limited to cannabis. Among 15 to 19 year olds in BC, occasional and regular use of cannabis is actually higher than is tobacco use. The lifetime use of cannabis in BC for those 15 and over is 52.1 per cent, the highest in Canada (CCSA, 2005).

There is a wide range of cannabis use among past year users: about one-fifth of users do not report using during the past three months; about one-quarter report use once or twice in the past three months; 16 per cent report use monthly; about 20 per cent weekly and 18 per cent daily (CCSA, 2005).

Amongst youth, as with alcohol, the proportion of boys and girls saying they ever used cannabis was similar. Boys, however, are more likely to be heavy users, with 18 per cent of boys who had ever used cannabis having used it 20 or more times in the past month compared to 8 per cent of girls (McCreary Centre Society, 2004). The 24 per cent of students in Vancouver who said they had ever used cannabis was again lower than the 37 per cent province-wide.

Many of these trends in substance use are overshadowed in the media by continuing reports focusing on high rates of illegal drug deaths, especially in the Downtown Eastside (DTES) of Vancouver. While these rates are still high (over 50 a year), there has been a dramatic drop in the number of illegal drug deaths in both Vancouver and BC since 1998. The number of illegal drug deaths in Vancouver in 2003 was nearly a quarter that of 1998 (Buxton, 2005). Harm related to injection drug use has a considerable cost in Vancouver. A recent study estimated the costs of HIV among injection drug users (IDUs) in the DTES to be \$215,852,613 (based on 4,700 IDUs in the DTES, with an HIV prevalence of 31 per cent and a lifetime treatment cost per person of \$150,000) (Kuyper, et al. 2004).

There has been considerable focus on rising levels of methamphetamine use. Use in high schools has been found to be higher in other parts of British Columbia than Vancouver. Past year use in Vancouver was found to be 2 per cent, while in the interior it was 5 per cent and in the North, 7 per cent (McCreary Centre Society, 2004). These statistics suggest that use is not as prevalent as it has been reported in some media stories.

An increase in methamphetamine related deaths in the province reported by the BC Coroners Service remains a concern. Thirty-three deaths were reported in the province in 2004, up from three in 2000. It is important to note, however, that just because methamphetamine is present at the time of death, it is not necessarily the cause of death. The vast majority of these deaths were amongst men and 12 were residents of Vancouver

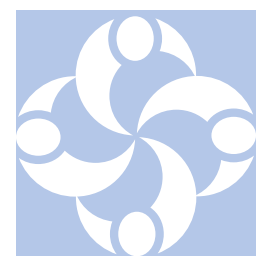
(Buxton, 2005). An unusual trend is that girls and women appear to be using this drug at comparable rates.

Club drugs have also caused concern, particularly among some sub-populations such as the LGBT community (lesbian, gay, bisexual, and transgender). A study of Grade 9-12 students from Vancouver and Victoria showed that those who self-identified as gay or bisexual had significantly increased rates of using crystal methamphetamine and ecstasy in the previous year (Lampinen et al., in press). And in Vancouver the proportion of students using all other illegal drugs is lower than their counterparts around the province: for example, 2 per cent had tried amphetamines in 2003 compared to 4 per cent in the province overall.

Despite these trends, the use of illegal drugs in Canada remains small. Although about one in six Canadians has used an illegal drug other than cannabis in their lifetimes, rates of illegal drug use other than cannabis in the past year are generally 1 per cent or less (CCSA, 2005).

Another harm, and cost, from substance use comes in the form of crime. The overall rate of drug offences has shown an upward trend since 1993, driven mostly by increases in cannabis possession, production and importation offences. The cannabis offence rate has risen almost 80 per cent between 1992 and 2002, mostly due to increased numbers of possession offences. Trafficking offences actually declined during the same period. Whereas in BC cannabis made up 73 per cent of drug crimes, in Vancouver it was linked to 36 per cent with 47 per cent of crimes in Vancouver being cocaine related (Buxton, 2005).

While numbers are only one part of the picture, trends help support policy options and highlight areas of emerging concern. They are also an important reminder that our perceptions about substance use may not match what the economics and health data tell us.



## A Case for Prevention

Preventing  
Harm from  
Psychoactive  
Substance  
Use

A strong case can be made for the need for prevention based on cost savings, effectiveness, and its ability to save lives. Of the four pillars, only prevention reduces the incidence of problem substance use.

Costs to the government related to problem substance use and problem gambling are significant. We could project that almost 10 per cent of BC's provincial budget is spent dealing with problem substance use and problem gambling. These costs take a toll in the criminal justice, education and health systems, among others. Costs appear in the form of lost productivity and higher insurance rates. Perhaps the highest costs, however, are in terms of human suffering – broken families, neglected and abused children, domestic violence or lives shattered by impaired drivers.

Prevention has been shown to be effective and to save lives. Sustained and intense health promotion and population health approaches have produced significant shifts in societal norms and improved knowledge and skills in a number of areas. We see this in Canada with tobacco use which has been reduced almost by half in the last 50 years. We also see it with seat belt compliance rates which went from 11 per cent to 80 per cent in a five year span. And drinking and driving charges have dropped by almost half in 20 years. Evaluations of alcohol, drug and tobacco education programs report that most school programs influence knowledge and attitudes (key elements for future behaviour change) and that some programs were capable of reducing the start of substance use itself (Tobler, N. 1997). One study found that students who began a prevention program in junior high, by high school, reduced their use of various substances by between 20 to 30 per cent compared to those without the program (Pentz et al. 1989).

Of the four pillars, prevention has the greatest ability to reduce the need for more costly interventions. Economic evaluations show that prevention is cost effective when compared to treatment and coping with harmful substance use and dependence after it develops. It has been estimated that for every dollar spent on drug use prevention, communities can save four to five dollars in costs for drug treatment (Alcohol and Other Drugs Council of Australia, 2003).

Prevention is cost efficient. Canadian and other research has found a \$15 savings on every dollar spent (benefit cost ratio of 15:1) on drug abuse prevention (Kaiserman, 1998; Kim et al., 1995). Cost savings from prevention are echoed in a European cost benefit analysis of school health programs. Every \$1 spent on preventing tobacco use was shown to save \$19 in treatment costs for the consequences of smoking; and every \$1 spent on preventing alcohol and drug use can save \$6 in treatment costs related to the consequences of that behaviour (St. Leger, et al., 2000).

Prevention is not only cost effective, it also seeks to avert a problem before it begins and/or intervene at the earliest stages. There is good evidence to indicate that if we intervene early to prevent problems emerging or reduce the risk of problems compounding, we make significant inroads into building a healthier and safer society.

## ❁ Key Concepts in the Prevention Discussion

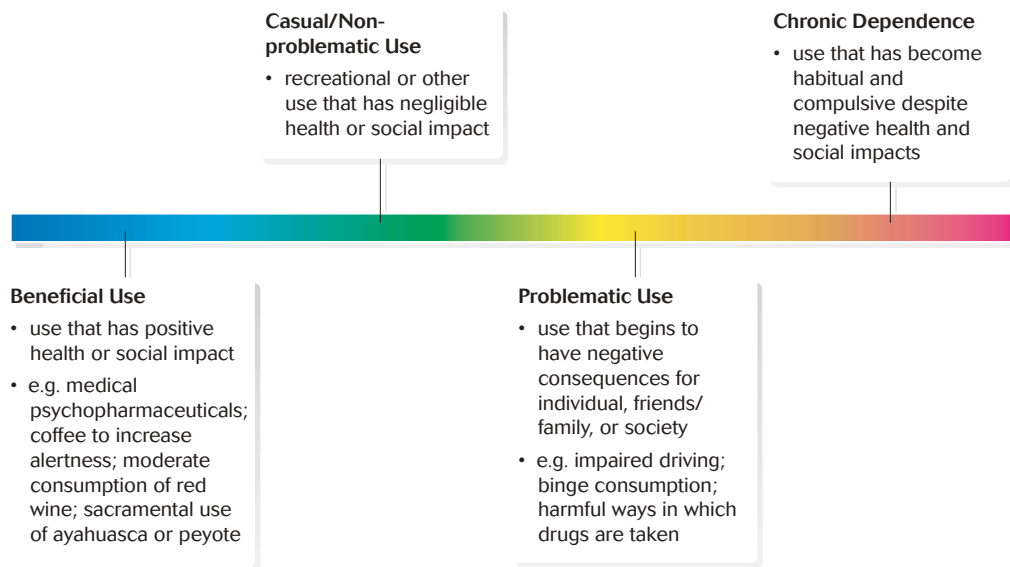
A meaningful discussion of prevention recognizes that substance use occurs along a spectrum from beneficial to dependent use. It also acknowledges that there are important benefits and harm associated with both substance use and the legislative and policy frameworks that govern the production, sale and use of substances. Prevention is a complex concept best understood within the inter-related concepts of population health, health promotion and reducing harm to community and individuals.

### SUBSTANCE USE

Substance use occurs along a spectrum from beneficial, to non-problematic or casual use, through to problematic or harmful use. (See Diagram 1) Problematic substance use includes episodic or binge use that can have acute, negative health consequences and chronic use that can lead to dependence and related disorders (BC Ministry of Health Services, 2004).

Key Concepts  
in the Prevention  
Discussion

**Diagram 1: Spectrum of Psychoactive Substance Use**



### Psychoactive Substance

Any substance that when taken directly alters the mood or the functioning of the brain. Legal psychoactive substances include alcohol, tobacco, caffeine and prescription medicine. Illegal psychoactive substances are drugs like heroin, cocaine, crystal meth, etc.

Adapted from BC Ministry of Health Services, Every Door is the Right Door: A British Columbia Planning Framework to Address Problematic Substance Use and Addiction, 2004.

## ❁ Key Concepts in the Prevention Discussion

Preventing  
Harm from  
Psychoactive  
Substance  
Use

While some people choose to abstain from use, most people use some substances and abstain from others. It is important to emphasize that while abstinence is a healthy lifestyle choice, many people who use alcohol, tobacco, and cannabis do not develop serious problems because of this use (BC Ministry of Health Services, 2004).

One of the most common uses of psychoactive substances historically has been for ceremonial or spiritual purposes. The use of wine as a sacrament appears in Judeo-Christian texts (Fuller, 2000). Tobacco has a long history of ceremonial use by Aboriginal peoples in North and South America who receive it as a gift from the creator (BC Ministry of Health, 2001). Peyote was used by Aboriginal people in Mexico and is used today as a sacrament in the Native American Church (Smith and Snake, 1996). Ayahuasca, a psychoactive tea made

from plants indigenous to the Amazon, has been studied for its healing and other uses (Grob et al., 1996; Shanon, 2002; Tupper, 2002). On the spectrum of substance use, these uses may be considered beneficial.

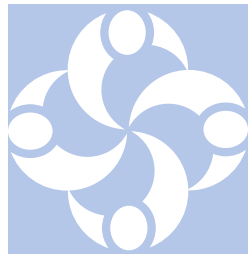
Substance use may begin at one point on the spectrum and stay there, or move either slowly or quickly to another point. People may use one substance in a non-harmful way and another substance in a harmful way. This plan is not concerned with beneficial or casual use on the spectrum, but with problematic or harmful use and chronic dependence.

One way to view substance use is according to a breakdown of benefits and harm. The Health Officers Council of British Columbia (2004) identifies the following individual and community level benefits and harm from psychoactive drugs such as alcohol, tobacco, prescription medications and illegal drugs:

Table Two ❁ **Benefits and Harm of Psychoactive Substances**

Benefits			
Physical	Psychological	Social	Economic
Pain relief Sleep assistance Decreased risk of cardiovascular disease and stroke Increased endurance Pleasure	Relaxation Stress relief and anxiety Increased alertness and creativity Assistance in coping with daily life Mood alteration Pleasure	Facilitation of social interaction Religious or ceremonial use	Wealth and job creation Industrial activity Employment Agricultural development Tax revenue generation

Harm			
Physical	Psychological	Social	Economic
Death Toxic effects Dependency Communicable diseases Injury Violence, including drug-related sexual assault Fetal damage Neurological damage	Depression Psychosis Impaired thinking Learning disabilities	Family breakdown Social system breakdown Political instability Crime	Black markets Lost government revenue (untaxed trade) Enforcement costs Lost productivity Workplace incidents Adverse economic impacts on businesses and neighbourhoods Unemployment



## ❁ Key Concepts in the Prevention Discussion



### PREVENTION: A MULTI-FACETED APPROACH

The approaches to prevention taken by this plan are strongly indebted to research from Australia, in particular the monograph, *The Prevention of Substance Use, Risk and Harm in Australia* (Loxley et al., 2004). This work represents a comprehensive and exhaustive study of prevention research in Australia and around the world.

Generally, prevention refers to measures that promote healthy families and communities, protect healthy child and youth development, prevent or delay the start of substance use among young people, and reduce harm associated with substance use. Successful prevention efforts aim to improve the health of the general population and reduce differences in health between groups of people.

Prevention responses can be separated into different categories depending on need. Primary prevention tries to reduce risks and prevent new cases. Secondary prevention is directed towards the early stages of a condition in order to limit harm, and tertiary prevention attempts to reduce greater harm for the individual and others as a condition gets worse. It is also possible to look at how much risk a condition poses to different groups. Here, different sorts of interventions are used. Interventions can apply to the whole population who is at average risk (universal interventions) or to groups at above average risk (selected interventions). They can also target people who have emerging problems (indicated interventions).

An alternative prevention direction, the community systems approach, emphasizes the importance of influencing the relationship between individuals and their environments, including family, school and work settings. Here, the emphasis is on changing individual substance use behaviour, as well as the social, economic and legal environments in which substance use occurs. In this case, prevention strategies are most effective when focused on both the community-at-large and the individual. Without change at the system level, it is argued,

individual interventions cannot sustain their impact (Stockwell et al., 2005).

### RISK AND PROTECTIVE FACTORS AND RESILIENCE

In the past, many prevention efforts focused on the drug use and the user in an attempt to discourage young people from drug use. These efforts assumed lack of information, naïveté or low self esteem as some of the causes of the problem. Although this approach did result in some behavioural change, the focus was determined to be too narrow (Australian Drug Foundation, 2002).

Recent research indicates that the reasons that young people use substances and that some end up developing problems while others use drugs in a casual/non-problematic way are far more complicated. The term “risk and protective factors” is often used to explain this. Risk factors predispose an individual to future problems and protective factors lessen those risks. Examples of risk factors include parents who abuse drugs or suffer mental illness; lack of strong parent-child attachments in a nurturing environment; inappropriate classroom behaviour, poor social skills, affiliation with deviant peers, etc. Problematic drug use arises from a complex interplay of risk and protective factors over time, within important settings in a person’s life, such as family, peer, school, workplace and community. The more risk factors one is exposed to, the more one becomes susceptible to harmful substance use. These risks can be offset by the strengths an individual possesses and other protective factors such as involvement of parents in a child’s life, successful school performance, employment, etc., thereby increasing individual resilience, or the ability to cope in the face of adversity. Resiliency, in other words, refers to the assets individuals have to combat the risks they are exposed to. Prevention strategies which target several risk and protective factors in multiple settings and which focus on building resiliency have proven to be more effective than narrowly focused ones (Roberts, 2001).

## **PUBLIC HEALTH PERSPECTIVES: POPULATION HEALTH, HEALTH PROMOTION AND HARM REDUCTION**

Health approaches are central concepts guiding this plan's strategic priorities.

A **population health** perspective holds that sufficient income, employment, housing and social support are as important in keeping people healthy as is access to health care services.

Research shows that people with more resources – knowledge, power, money, and social connections – live longer and healthier lives than those with fewer resources. This is still true even with improved medical support and no matter where an individual falls on the spectrum of substance use described earlier (Health Canada, 1994).

Individual characteristics and broader social and economic factors combine to influence the health of groups of people. Here, the focus is both on the health of the general population and population sub-groups, such as Aboriginal people. The social, economic, and environmental conditions over which individuals have only limited control and which influence health are known as the determinants of health. (See sidebar) These go beyond simple lifestyle choices and influence individual and collective behaviour.

**Health promotion**, conversely, emphasizes the importance of increasing individual and community control over factors that affect health. It enables people to engage in and sustain safer and healthier lifestyles. A health promotion approach creates supportive environments which facilitate healthy choices (BC Ministry of Health Services, 2004). For health promotion to be effective, we need to build healthy public policy, create supportive environments, strengthen community action, develop personal health and coping skills, and re-orient health services beyond an exclusive focus on treatment (Health Canada, 1996).

**Harm reduction** is both a philosophy and practice that seeks to lessen the harm associated with substance use without requiring abstinence. Harm reduction seeks to keep people as safe as possible while supporting educated decision-making for those who continue to actively use substances (BC Ministry of Health Services, 2004).

Harm reduction strategies try to reduce harm at both the individual and community levels for problematic substance users. References to harm in this plan can include harm to child, youth and family development, physical and mental health, personal and public safety, and environmental health. Harm results from the potential toxicity and purity of the particular substance (e.g. overdose deaths), from unsafe modes of administration (e.g. disease resulting from unsterile injection equipment) and from hazardous production methods (e.g. toxic and highly inflammable chemicals from meth labs).

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*Key Concepts  
in the  
Prevention  
Discussion*

### **Social Determinants of Health**

These are the social and economic conditions that have an impact on the health of individuals, communities and jurisdictions as a whole. While there is no definitive list of determinants, the Public Health Agency of Canada includes: income, social status, social support networks, education/literacy, employment, working conditions, social environments, housing, physical environments, personal health practices, healthy child development, biology, genetics, health services, gender and culture. These determinants also establish the extent to which a person can cope with challenges in life.

## ❁ Key Concepts in the Prevention Discussion



### REGULATED MARKET

This plan also takes into account the laws and policies that determine how society treats the production, sale and use of substances. A regulated market is a legal market for psychoactive substances with regulations that intervene to prevent open access to drugs. Regulated markets are only possible when the substance is no longer prohibited under law. Laws also determine which regulatory tools can be used to influence markets.

The term 'legalization' is not used in this paper to refer to changes in laws for currently illegal drugs. The preferred language is 'regulation and control of substances through the creation of legal regulated markets for psychoactive substances.' The term 'legalization' can be misleading as it brings to mind current practices around alcohol and tobacco and the heavy promotion of these substances by private corporations. The intent of creating regulated markets for currently illegal substances is to better control their public availability. Regulated markets support the idea that "No drug is made safer left in the hands of organized criminals and unregulated dealers." (Transform, 2005).

Alcohol, tobacco and pharmaceutical products such as morphine and methadone are examples of substances that are legal and regulated. Quality controls, price controls, taxes, required prescriptions and restrictions including a minimum age of purchase, advertising and the conditions of sale are designed to reduce the potential harm from these substances.

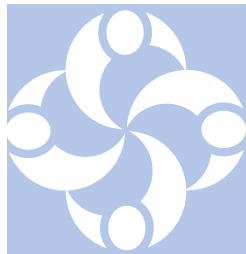
Regulated markets, this plan argues, are the most practical way to control markets for psychoactive substances. They ensure that the substances themselves are produced according to established standards, whereas in the current environment substances have unknown strengths, levels of purity and toxic additives. Regulated markets reduce, as much as possible, the existence of black markets and the influence of organized crime by making the supply of psychoactive substances a legitimate, albeit controlled, activity. Regulations can control access to psychoactive substances, and the conditions of sale and consumption for youth, dependent users and the population at large. They would also allow for vastly improved monitoring and surveillance of the production, sale and consumption of currently illegal drugs.

In an unregulated illegal market none of these controls are possible. (See Table Three) Regulated markets are therefore a potentially effective, some would argue the most effective, measure for reducing drug-related harm. (See Prevention Priority 5 for further discussion of Regulated Markets)

**Table Three** 🌸 **A Comparison of Unregulated and Regulated Markets**

Aspect of the Market	Unregulated Market (Prohibition)	Regulated Market
<b>Price and Profit</b> <ul style="list-style-type: none"> <li>• government revenue</li> <li>• profit to sellers</li> <li>• profit supports criminal organizations</li> <li>• laundered profits create instability</li> </ul>	uncontrolled none uncontrolled yes yes	controlled possibility for taxation could be controlled no no
<b>Purity/Strength</b> <ul style="list-style-type: none"> <li>• addition of toxic additives</li> </ul>	uncontrolled uncontrolled	controlled no additives
<b>Availability/Access</b> <ul style="list-style-type: none"> <li>• youth engaged to buy and sell</li> </ul>	uncontrolled, open yes	controlled no
<b>Conditions of sale</b> <ul style="list-style-type: none"> <li>• location of sale</li> <li>• appearance of product</li> <li>• violence used to control buyers and sellers</li> <li>• health information provided to consumer, including warning labels</li> <li>• volume purchase restrictions</li> <li>• assessment by a health care worker</li> <li>• location of consumption restricted</li> </ul>	uncontrolled uncontrolled uncontrolled uncontrolled no no no	controlled controlled controlled does not occur yes controlled maybe maybe
<b>Policing Costs</b>	high	lower
<b>Production</b> <ul style="list-style-type: none"> <li>• lab or grow-op dangers</li> </ul>	uncontrolled uncontrolled	controlled minimal/controlled

Key Concepts  
in the  
Prevention  
Discussion



## A Vision for Prevention



### A FIVE YEAR VISION

Five years from now, this plan's vision is that:

It is acknowledged that the use of psychoactive substances is part of human behaviour. Public discourse reflects an understanding that substance use is a complex social, cultural, health, and economic issue. Social norms promote safety and safer substance use. Appropriate regulatory mechanisms exist for all substances. Civic responses to psychoactive substance use focus on preventing and reducing harm. As a result, Vancouver's individuals, families, neighbourhoods, and communities experience less problem drug use, crime and related harm.

### GOALS

- 1 Citizens and residents engage in critical discourse on substance use
- 2 Individuals, families, neighbourhoods and communities make healthy, informed decisions about substance use
- 3 Legislation, regulations and public policies promote non-use and safer substance use, reduce harm from substance use and mitigate any unintended consequences
- 4 Living, working and social environments promote non-use and safer substance use, reduce harm from substance use and mitigate any unintended consequences, and
- 5 People with problem substance use and substance dependence get the care and treatment they need.

### OUTCOMES

- Reduced individual, family, neighbourhood, and community harm from substance use
- Delayed age at which substances are first used
- Reduced incidence (rate of new cases over period of time) and prevalence (number of current cases at one time in a population) of problematic substance use and substance dependence
- Improved public health and safety and public order, and
- Secure and vibrant neighbourhoods and communities as places to live and work.

### GUIDING PRINCIPLES

This plan identifies principles that provide the ethical basis for decision-making and are intended to stimulate public discussion of substance use issues. Grounded in principles of biomedical ethics, they ensure a sound, pragmatic and compassionate approach to preventing harm from substance use:

- Respect individual autonomy
- Promote the welfare of all in the community, but recognize the disproportionate burden of harm experienced by people on the basis of age, gender, culture, socioeconomic status, and other societal factors
- Do no harm by anticipating the negative consequences of actions and identifying ways to lessen the harm that may result, and
- Ensure people are treated with fairness, equality, and impartiality (Beauchamp et al, 2001).

## IMPLEMENTATION CHALLENGES

The “Prevention Paradox” describes how often it is lower risk individuals who collectively account for most preventable illnesses in the community due to their greater numbers. In order to prevent the most harm, so the argument goes, it may be necessary to focus on the majority who are not as seriously involved in harmful substance use, as well as on the smaller proportion of high risk users (Loxley et al., 2004). Different strategies are needed to address high and low risk populations.

The primary challenge for implementing the prevention plan will be the need to prevent and reduce the most harm from substance use, for the most people, given limited resources. At the same time, the disproportionate impact of substance use and related harm on certain communities must be addressed keeping considerations of gender, culture, sexual orientation, age and social disadvantage in mind.

Another prevention challenge is to gain the commitment from governments for a long term and sustained effort. Whereas treatment, harm reduction and enforcement initiatives can provide measurable short and medium term results, prevention influences individual and community health over time. The success of prevention initiatives is harder to measure. Results happen slowly, over the long term, and are often affected by factors beyond the control of a particular prevention policy or program.

This plan also challenges us to examine our relationship to psychoactive substances and to develop a new regulatory approach that will enable us to more effectively manage the production, sale and use of psychoactive substances. The aim is to encourage a reasoned debate based on what evidence tells us is the best way to achieve the optimum regulatory system. It will take courage for those in authority to allow this discussion to take place as part of a possible move towards a regulatory system which could itself help to prevent and reduce harm from psychoactive substance use.



## *Strengthening Local Prevention Infrastructure*



This plan relies on the development of a sound prevention infrastructure and sustained funding to support the ongoing implementation of prevention initiatives throughout the Vancouver region. Prevention infrastructure includes organizations at the municipal or neighbourhood levels that can engage drug users and communities in developing prevention initiatives, linkages between researchers, policy makers and practitioners, systems to monitor patterns of drug and alcohol use and sales, and an organized body that helps with the development and implementation of local strategies.

There is a strong municipal role within the prevention pillar. Municipalities routinely deliver information services to the public, advocate healthy community strategies for their citizens and support community capacity building initiatives. Municipalities also work in partnership with health authorities, police services and other community partners that deliver prevention and public health and safety programs to citizens.

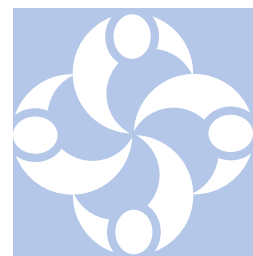
This plan proposes that municipalities work with the Provincial Government to create a Municipal Prevention Institute that addresses problem drug use and problem gambling. The Institute would create a partnership between participating municipalities, the addictions research community through the Centre for Addictions Research of BC (CARBC), prevention organizations and community-based initiatives. It would focus on municipal policy issues and provide:

- Program development, applied research and evaluation resources to municipalities mounting prevention initiatives
- Investigation into the most promising community-based prevention interventions
- Facilitation of knowledge transfer of research findings to municipal officials
- Linkages that connect municipalities to a wide range of research disciplines and the dissemination of strategies with the greatest evidence of success
- Monitoring of patterns and trends in substance use within different localities

- Research on the impact of land use policies on substance use and the drug trade
- Evaluations of current municipal systems for preventing and reducing harm from substance use including by-laws, permitting processes, enforcement and policing strategies
- Leadership in defining research, treatment and policy systems to best address problematic substance use across the lifespan
- Education and training opportunities for municipalities and local organizations.

The Municipal Prevention Institute would be governed by an independent board of directors with representatives from participating municipalities, local health authorities, school districts, police, community serving organizations, the prevention community and addictions research organizations. Two-thirds of revenues would be directed towards an endowment fund, the Municipal Prevention Trust, and one-third of the funds would go towards immediate prevention program and research needs. Funds would be directed into the endowment until such a time as the Municipal Prevention Institute is self-sustaining. The Board of the Trust would set investment guidelines, distribution policies and funding priorities. The Board could include:

- Three to six representatives from contributing municipalities
- One representative from the Health Authorities
- One representative from School Boards
- One representative from the police
- Up to three representatives from the research community, and
- Three representatives from community-based organizations.



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**1 Recommendation:** That the Mayor, on behalf of Council write to the Premier, Province of British Columbia urging the Provincial Government to explore funding options for the creation of a Municipal Prevention Institute fund that would support municipalities and increase municipal capacity to engage in partnerships with the addictions research community, local health authorities, prevention organizations and community partners in addressing problematic drug use AND urging the Premier to convene municipal leaders from across the province, the addiction research community and local health authorities to explore a municipal/provincial partnership that focuses on the development and implementation of sustainable and evidence-based prevention initiatives at the local and provincial levels.

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The second component of a municipal infrastructure that this plan recommends is the creation of a Prevention Task Force. The implementation of the prevention plan is highly dependent upon partnerships with other governments, agencies, and community members. The Prevention Task Force would ensure broader community participation, draw on existing expertise of those who have experience with and important roles to play in prevention, and generate momentum and guidance for the City and the community. The Four Pillars Coalition, as a group of cooperative and interested stakeholders could help establish and support the Prevention Task Force.

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**2 Recommendation:** That the City of Vancouver establish a Prevention Task Force with diverse representation through the Four Pillars Coalition to assist in the ongoing development and implementation of the City's Prevention Plan.

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A third infrastructure requirement is the enhancement of capacity at the provincial level to track the use of psychoactive substances, collect data on the sales of legal substances and illegal drugs, and quantify levels of harm related to substance use. Currently, our best information

is compiled by the Canadian Community Epidemiological Network on Drug Use (CCENDU) which publishes a report annually with a focus on Vancouver. While there is significant information on substance use in the CCENDU report, it is often out of date by the time reports are published. This problem is created both by a lack of funding for CCENDU's work and the incompatibility of data among data collecting organizations. The CCENDU reports are also only focused on Vancouver at this time.

This plan recommends that the Provincial Government ensure that organizations that collect data concerning psychoactive substance use and related harm to individuals and communities have the capacity to better coordinate and pool data. Currently organizations such as the Centre for Addiction Research, the McCreary Centre Society, the Institute for Safe Schools, health and enforcement agencies and universities collect data. If these organizations were resourced adequately data could be pooled and would provide much better and more timely information on substance use in BC. This data could include an early warning system to detect significant changes in drug trends, sudden changes in toxicity of illegal drugs, drug-related hospital utilization, and other indicators that assist decision makers in planning responses. It could also integrate women's health indicators and allow for sex and gender based analysis in order to better understand how substance use affects males and females differently.

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**3 Recommendation:** That the Provincial Government enhance the abilities of organizations that collect data on substance use and related harms such as the Centre for Addictions Research, the McCreary Centre Society, the Institute for Safe Schools, health regions, enforcement agencies and other organizations to pool their information in order to provide to the public and policy makers information on related health, social and environmental harm, trends in drug use, purity of illicit drugs and other issues related to substance use that will assist in evaluating current drug policies, regulatory mechanisms, and health and enforcement interventions.

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# FIVE PREVENTION PRIORITIES



The five prevention priorities that follow form an integrated response to preventing and reducing the harm from substance use. They address individual development and substance use behaviour over the life course, community-centred prevention, addressing the impacts on communities, legislative and public policy change, and regulated markets.

Each priority provides an overview, explores key issues which summarize what the research evidence and community have to say, outlines areas for action, provides examples of model practices and recommends actions for the City and its partners.

## Prevention Priority 1

### Risk and Protection Across the Life Course

#### OVERVIEW

This prevention priority focuses on risk factors for harmful substance use and protective factors that mediate individual risk across one's lifetime and at key transition points. It identifies strategies that are supported by evidence that prevent harm from use through mutually reinforcing change at the individual, family and community levels. These strategies, which include support for non-use and safer substance use, target both the general population and specific groups at increased risk of harm.

#### Key Issues

Substance use is part of human behaviour. It occurs across the life course and, consequently, prevention efforts should be an ongoing consideration for all age groups and at key developmental transitions in life. Prevention efforts must strive to reduce individual risk factors and maximize protective factors that mediate risk.

At the same time, we need to make sure we support non-use and safer use options as a primary way of preventing harm from substance use, especially for children and youth. Delaying the beginning of substance use can reduce the likelihood that a person will develop harmful substance use and related health problems from such use later in life.

Many young people use substances, such as alcohol, tobacco and cannabis, as a part of their development, either on an experimental or sustained basis. Knowledge, skills and support for safer use of drugs and alcohol, therefore, are keys to preventing and reducing the harm from substance use.

There is also significant evidence that sex and gender shape the motivation, nature and impact of substance use for all addictive substances. For example, psychoactive substances are often taken by girls for different reasons than boys, and these substances pose more severe health risks for girls and young women than for boys and young men (Poole, 2004).

Individuals experience a series of developmental phases across the life course marked by key transition points.

The ability to successfully navigate these transitions is critical. The inability to do so exposes an individual to risk factors which accumulate over time. These phases and transition points offer opportunities for effective interventions (Spooner, 2001). Intervening early in life may be an effective way to reduce the accumulation of risk at many levels (Cashmore, 2001).

This means that prevention efforts need to be flexible, age-appropriate and gender-specific. They must consider the stresses that individuals experience as they move from one developmental phase to another and negotiate key transitions, such as moving from school to work, entering or leaving marriage and retirement.

#### Area of Action 1:

#### Life Stages – from Pre-Natal to Older Adulthood

##### A. Pregnancy and Fetal Development

Pregnancy is a vulnerable time for both the mother and the developing fetus. Exposure to alcohol during pregnancy can have significant negative impacts on the fetus. The seriousness of these impacts is related to factors in the mother's environment, including timing of alcohol use, amount of use, combination with other substances, genetic factors, nutrition and other variables.

Tobacco has also been shown to be associated with significant health harm for developing fetuses, including

#### Expecting to Quit

The BC Centre of Excellence for Women's Health produced *Expecting to Quit: A Best Practices Review of Smoking Cessation Interventions for Pregnant and Post-partum Girls and Women*. The document identifies best practices, intervention elements, the specific supports needed for sub-populations and suggested delivery methods and formats that have provided the basis for a number of programs and initiatives designed to assist pregnant women to stop using cigarettes (Greaves et al., 2003).

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impaired lung development and functioning, low birth weight and other neurological damage. Research indicates that use of illegal drugs may also have negative effects on the developing fetus.

The Provincial Fetal Alcohol Spectrum Disorder (FASD) Strategy describes six key components necessary to address FASD in British Columbia:

- Community development, health promotion, and public awareness strategies to raise awareness of FASD as a lifelong disability and of the risks associated with alcohol and substance use during pregnancy
- Early identification and intervention/support with all pregnant women who use alcohol and their partners/support systems
- Focused intervention with high risk pregnant and parenting women and their partners/support systems
- Timely diagnosis, assessment and planning for children, youth and adults affected by FASD
- Comprehensive and lifelong intervention and support for children, youth and adults affected by FASD and their families/support systems, and
- Leadership and coordination of FASD initiatives at the community, regional, provincial and national levels (British Columbia Ministry of Children and Families, 2004).

While the City does not have a direct role to play in the prevention of FASD, it has the ability to bring together researchers and service providers to disseminate information on best practices. (See Prevention Priority 2 for information about building community capacity)

#### **B. Childhood (birth to 11 years)**

The early years of life are a critical time in the development of a healthy individual. Early childhood experts refer to social and environmental circumstances that set an individual on a path which determines health and competence later in life. Family income, parental education, quality of parenting, access to good child care, neighbourhood safety and social cohesion all influence early childhood development.

Economic insecurity at birth and during early childhood, for example, may affect how ready a child is for school by contributing to learning and language skill development problems. This may in turn create academic disadvantage and difficulty in social interactions, which may later lead to behaviour problems in school, dropping out of school, involvement in criminal activities, teenage pregnancy, and/or harmful use of tobacco, alcohol and other drugs (Hertzman, 2000).

The Australian National Drug Research Institute (2004) has identified risk factors in early childhood that predict harmful drug use later in life including poverty, lone parenting, exposure to environmental tobacco smoke, and child abuse and neglect.

These factors, however, can be altered through social action and public policy. For example, a comprehensive early childhood development program with universally accessible early childhood education, parenting and care-giving support, and child care, would create a common starting point for developing strategies to prevent harmful drug use (Hertzman, 2000).

Australian research has shown that in addition to universal child care and parent and care-giver supports, there are a range of prevention approaches for vulnerable families with young children that can increase protective factors and reduce risk factors for harmful drug use.

These include:

- Home visits to support mothers, before and in the first two years after birth, providing assistance, referrals and access to services
- Support programs that focus on drug using mothers, and
- Parent education and support for parents within drug treatment settings.

In Vancouver's Downtown Eastside, Crabtree Corner provides emergency short-term child care and support programs for single mothers. It also houses the SHE-WAY Program, which works to identify would-be parents who are at risk for drug and alcohol problems and provides outreach and drop in services. While Crabtree

and SHEWAY are considered successful local models of early childhood support, more services are needed to develop a comprehensive support system.

**4. Recommendation:** That Vancouver Coastal Health, the Province of British Columbia and Health Canada make it a priority to support early childhood development and learning initiatives for vulnerable families with newborn babies and children who are making the transition to primary school and to support the development of comprehensive support systems for families with children in Vancouver.

There is also evidence that supporting high risk families and their children in making the transition to primary school contributes to improvements in school performance and, later in life, a lower incidence of drug use and teenage pregnancy, lower risk of high school drop out, and increased likelihood of employment and reduced reliance on welfare (Loxley et al., 2004).

**Perry Pre-School Project:**

In a tough neighbourhood of Detroit, 18 months of high quality child care and a parenting program for parents of children between the ages of three and four and a half years, led to large reductions in teenage and young adulthood drug use and criminality. Multiple arrests were reduced five fold by age 27 (Schweinhart, 1993).

If we are to be successful in reducing harmful drug use in our communities, it is clear that the best early childhood support and learning programs must be prioritized. Families with young children, particularly vulnerable families, must be supported while children are in their early years.

To borrow a phrase from former Provincial Medical Health Officer, John Miller, we can choose to “pay now or pay later”. We can pay now with significant investments in the early years of life and support for families, or pay later through our health care system as it attempts to address the serious damage from harmful drug use.

**C. Adolescence (12 – 18 years)**

Adolescence is the phase in life when most drug use starts. This is a dynamic and often stressful time in a young person’s life with the physiological and hormonal changes of puberty and social changes brought on by the transition from elementary to high school. These changes are different and take place at different times for girls and boys, and not surprisingly, girls and boys face different issues and consequences related to adolescent drug use.

Adolescence is also the time when many young people come into direct contact with tobacco and alcohol, with illegal drugs such as cannabis, methamphetamine and cocaine, and with a range of pharmaceutical drugs, such as benzodiazepines. Interventions that decrease the risk factors for harmful substance use and increase the protective factors during this phase may be effective in preventing harmful drug use later on.

Delaying the age at which substance use is first started has also been shown to protect against the development of harmful drug use later in life. For young people who choose to use substances, accurate information and appropriate support for low risk substance use must be available. Young people who choose to abstain from substance use need support as well.

The family has an important role to play and has been described as “the single most important risk and protective factor for drug abuse” (Mitchell et al., 2001). Harmful illegal drug use has been closely linked to family disintegration (Mentor Foundation, 2002).

Research shows that a strong sense of belonging and meaningful relations within the family (and in other settings such as school, peers and community) have increasingly emerged as a strong protective factor adding to the resiliency of an individual when faced with adverse life situations, including addictive behaviour (Kaiser Youth Foundation, 2001). Since parents are strong influences in early childhood and can strongly





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impact factors associated with early use, an effective prevention plan should consider parent education as one of its strategies.

Most parents who participated in the City's community dialogue sessions felt they had insufficient information about drugs and were unprepared when problems of addiction surfaced in their families. There is promising evidence that well designed parent education programs can contribute to an increased ability to deal with the problems surrounding harmful drug use (Loxley et al., 2004).

**5. Recommendation:** That the City of Vancouver partner with Vancouver Coastal Health, addiction prevention organizations, health education agencies and parenting organizations to develop and implement a multi-layer plan for parent/family education that increase parents' knowledge and skills for prevention and intervention concerning substance use.

Currently the Vancouver School Board is working with Vancouver Coastal Health, the Vancouver Police Department and the City of Vancouver to develop a comprehensive school-based prevention strategy that will enhance prevention infrastructure to prevent and delay substance use and prevent substance use problems. Using a 2004 consultation with students, school staff, administrators and parents, an inter-sectoral working group is developing an action plan to implement the following:

- Enhancing the capacity of VSB staff and administration to deal with substance related incidents
- Increasing student awareness, knowledge and skills to avoid problematic substance use, and
- Increasing parents'/caretakers' knowledge and skills to prevent and intervene in substance using situations.

The consultation also calls for dedicated prevention services distributed equally across the city and available to consult with schools and other professionals.

Research indicates that school based prevention efforts can show promising results in reducing the use of tobacco, alcohol and cannabis if carried out in a com-

prehensive manner that is reinforced by other actions at the community level. These include social marketing, community mobilization and parent education (Loxley et al., 2004).

**6. Recommendation:** That the City of Vancouver partner with the Vancouver School Board, Vancouver Coastal Health and the Vancouver Police Department to implement a comprehensive prevention strategy for school-aged children and youth, parents and professionals such as teachers and community nurses working with children and youth.

#### D. Early Adulthood (19 – 29 years)

Early adulthood includes transitions from school to work and from living at home to more independent living. This is also a time when young people are exposed to a myriad of societal influences and become marketing targets, particularly for alcohol and tobacco. We know that frequent drug use in late adolescence is a risk factor for drug related harm in adulthood (Loxley et al., 2004).

Alcohol has perhaps the most immediate potential for harm among this age group. Binge drinking, impaired driving, out of control house parties, street fights and unintended and unwanted sexual activity are all serious risks associated with harmful alcohol use.

Young people involved in the community dialogues revealed that they take drugs for a variety of reasons: to have fun, to escape reality, because they are bored, curious or depressed, to seek attention, to relax, as a social lubricant, because of peer pressure, to seek revenge on parents, to self-medicate, to make up for low self-esteem and to lose weight.

Recent Australian research indicates that young drug users rarely regard drugs themselves as risky. Instead, it is the way in which the drug is used, the context or setting in which it is used, and its use in combination with other substances that young people perceive as risky. Studies also show that young drug users are concerned about their own safety and seek out reliable information

about the risk associated with their drug use. Users, however, remain deeply suspicious of information seen to be distributed by government (Duff, 2003).

This suspicion is particularly connected to information regarding cannabis. Young people experience mixed messages about the harm and consequences of cannabis use. The factual information on the health related harm of cannabis is often overshadowed by the negative rhetoric surrounding the potential harm of using cannabis. Furthermore, the harm attributed to cannabis use is most likely taken from research on heavy or chronic use and not the more usual recreational or occasional use. “While most scientific studies focus on the neurological effects of long term regular use of cannabis, the fact remains that most individuals who consume cannabis do so intermittently, often socially and in relatively small amounts.” (Duff, 2003).

Because of the confusion surrounding the health related harm from cannabis use and the lack of official acknowledgement that cannabis use is, in fact, a part of the contemporary cultural use of psychoactive substances for a significant segment of the population, we have developed very poor social norms or community standards around its use. Because cannabis remains in a criminalized context, it has been difficult to mount credible and evidence-based educational programs about potential health related harm from use.

#### **E. Adulthood (30 – 64 years)**

As individuals mature they become a part of a society that has a wide range of attitudes and behaviours regarding psychoactive substance use. The contexts of alcohol and tobacco use are well defined through regulatory mechanisms, social customs and community standards. The harm associated with legal drugs tends to be better publicized than for many illegal drugs and research on the harmful effects of alcohol and tobacco is often spread through media.

The contexts of illegal drug use are much less understood and use takes place within subcultures where information on the relative risks of various illegal sub-

stances may not be available. Also, the quality and purity of most drugs in the illegal drug market are not known, which increases the risk of taking unknown or highly toxic substances.

During this life phase, individuals often decrease their involvement in harmful drug use; in other cases, patterns of harmful drug use that have been formed earlier persist throughout adulthood (Loxley et al., 2004). Often, there is an increase in prescription drug use as well.

Prevention efforts should highlight increased risk factors in adulthood such as unemployment, family break-up, and financial pressure. Efforts need to be integrated into other broad-based approaches that include health promotion strategies, disease prevention, health education, depression prevention, and mental health promotion (Loxley et al., 2004).

#### **F. Older Adulthood (65+ years)**

Older adults are particularly at risk of developing problems with a range of drugs, primarily alcohol and pharmaceutical medications, as they enter their senior years.

Retirement and loss of work identity, social isolation and loss of partners, loneliness, boredom, decreased mobility, disconnectedness to community, and failing physical or mental health all contribute to problematic substance use among seniors. Some research indicates that problematic drinking emerging in the elderly is a continuation of high levels of non-problematic social drinking earlier in life (Loxley et al., 2004). In terms of gender differences, men consume larger quantities of alcohol, and women may be more likely to become dependent on prescription medications (Health Canada, 2002).

Problematic substance use among older adults contributes to health risks such as liver disease, injury due to falls, heart disease, mismanagement of medications, poor diet, poor memory, and other mental health conditions such as dementia (Health Canada, 2002). It also increases risk factors, as “in old age even modest use of alcohol can have a significant impact on health and well





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being. This is a largely hidden and unacknowledged problem. It remains so in part because of public perception and public policy associating harm – for example disease, disorder or addiction – with excessive drinking. But most older people do not drink at levels associated with a ‘drinking problem’; it is just that the physiological and lifestyle changes that come with ageing can reduce tolerance and amplify risk factors” (Clough et al., 2004).

Participants in the seniors’ dialogues echoed this finding, describing seniors as a large, growing and hidden population at risk of problematic substance use. Alcohol is the drug of choice for many seniors, participants said, and low self-esteem often becomes the focus.

Most participants felt that there was usually an underlying cause for drinking problems in seniors that needed to be addressed. The use of alcohol often masks physical and emotional pain:

”

*My husband was an alcoholic. I thought that if you can't beat him, join him. It was not only physical pain but also emotional abuse. The emotional abuse got me to the point where I was a nobody. I used alcohol to cover it up and put a smile on my face. I covered up by drinking, always pretending to be happy.*

”

Loneliness and isolation from family and community creates the constant possibility for developing problems. According to one participant:

”

*Seniors get lonely, depressed, angry at the family for not taking care of them, hating the way that the world is run. It's hard not to have a drink with that lifestyle.*

”

However, many participants felt that their lives had changed for the better as a result of support networks.

”

*I've never had a better reason to drink than I do now, but I've also never been further from alcohol in my life. It's because of my support system and being convinced that I can't take that first drink.*

”

Seniors often enter the health care system with problems that could be related to problematic substance use such as loss of memory or dementia, but are instead treated as problems of ageing. An informed physician, therefore, is a key resource for prevention discussions and possible interventions.

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**7. Recommendation:** That the City of Vancouver, in partnership with Vancouver Coastal Health, Health Canada, local community serving organizations and researchers develop a component of the prevention plan that specifically focuses on seniors and problematic substance use, including the use of pharmaceuticals.

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## Area of Action 2: Information and Awareness in the General Population

### A. Social Marketing

Mass media-based social marketing is aimed at preventing the harm from substance use at the population level. Campaigns have had promising results in relation to tobacco use, especially when accompanied by policy changes. There is some evidence for the effectiveness of social marketing for alcohol use when combined with other initiatives such as enforcement of impaired driving legislation. Mass media campaigns targeting illegal drug use need more research (Loxley et al., 2004).

Mass media marketing of substance-related health issues is not a recent phenomenon. However, prior to the 1970s, mass media campaigns focused on the general population and were limited to reinforcing existing social attitudes and norms. They mostly influenced knowledge and had little impact on behaviour with the exception of anti-smoking campaigns (Loxley et al., 2004).

Today, social marketing campaigns have been one critical component in reducing tobacco consumption. (See sidebar) Effective campaigns have targeted specific age groups and used the stages of change model to increase the likelihood that smokers would consider quitting. Evaluation of these campaigns recommends updating of campaign strategies, target populations and key messages (Loxley et al., 2004). Unless accompanied by other tools such as price increases, restrictions on access and municipal smoking by-laws, however, social marketing campaigns alone have a very limited impact.

In recent years, mass media marketing to prevent harm from alcohol use has been used as part of larger, successful community-based prevention programs. The strength of this approach has been to reinforce community awareness of the harm associated with alcohol use and prepare the ground for specific interventions (Loxley et al., 2004).

The main components of an effective media-based social marketing campaign include:

- A well defined and researched target group
- Key messages that build on the target group's current knowledge
- A focus on beliefs that interfere with change towards the desired behaviour, and
- Long term commitment (Hawks et al., 2002).

Effective campaigns also emphasize the benefits of change in the target behaviour, rather than negative consequences. In one successful campaign, girls were shown to be more attracted to boys who were in control of their social drinking than to those who were not in control (Loxley et al., 2004).

Some media tactics do not work when it comes to illegal substances (Hawks et al., 2002). For example:

- Warnings about physical dangers, particularly for people who view dangerous behaviour as a positive attribute
- Labelling illegal substances as 'bad' when legal substances may be equally harmful but widely promoted
- Implying experimentation leads to problem use when large numbers of people use without problems
- Focusing on dangers of self-medicating with illegal substances when there is as much misuse with legal substances and prescription medications
- "Just say no" messages which are patronizing and imply an easy solution, and
- Messages that are moralistic, judgmental or use fear tactics.

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### Social Marketing

This strategy borrows the principles and techniques of conventional marketing - consumer research, advertising, message design and media strategy and planning - and uses them to achieve change in the social determinants of health and well being, e.g. targeting individuals to change their behaviour around harmful alcohol and drug use by providing information and persuasion.

## Prevention Priority 1

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PRIORITY:



Preventing  
Harm from  
Psychoactive  
Substance  
Use

**8. Recommendation:** That the Provincial Government fund the development of social marketing and mass media marketing campaigns for tobacco, alcohol, cannabis, methamphetamine, pharmaceuticals and other drugs that seek to influence attitudes and norms surrounding substance use and provide accurate information on substance use and the relative harm of each of these drugs, and pay specific attention to the differences in harms associated with gender and cultural diversity.

#### B. Media Advocacy

Media advocacy is a companion strategy to social marketing. It highlights a particular public health issue using mass media. Advocacy promotes healthy public policy by influencing decision-makers to accept the merit of policies or structures that provide the population with a health advantage.

Media advocacy to prevent harm from substance use can take many forms, such as:

- Heightening the profile of a substance-related problem by using research findings
- Publicly opposing or questioning the actions of members of the alcohol or tobacco industry when those actions are likely to increase harm, or
- Calling for more resources to address substance-related harm (Loxley et al., 2004).

Social marketing and media advocacy are most effective when they form part of a broader prevention plan that includes other activities such as community development and mobilization, school and community education, health promotion, policy development, coalition building, political lobbying, leadership development, and public participation (Loxley et al., 2004).

**9. Recommendation:** That the City of Vancouver develop a local media advocacy strategy that heightens the profile of substance use and related issues in the community by connecting media, including non-English language media, to prevention service providers, researchers and others in the prevention field.

#### C. Information and Awareness

The provision of accurate, unbiased and non-judgmental information about substance use is one of the first steps towards building the capacity of the community to engage in successful harmful drug use prevention. It can seek to influence community attitudes and norms. Relevant information on substance use may include the nature of psychoactive substances, risky patterns and contexts of use, harm from use, and resources available within the community to address harmful use.

Tools include media-based social marketing campaigns, public lectures, conferences, information resource centres, clearinghouses, resource directories, health fairs, information lines, and an annual awareness day or week.

A well-informed community is likely to be more compassionate, less judgmental, and sensitized to issues of stigma and discrimination. Many participants in the community dialogues identified stigma and discrimination, and its corollary, social exclusion, as major causes of harmful substance use. A well designed public education campaign would help alleviate stigma and discrimination and promote understanding about the complexity of the issues.



*There is a big stigma when you have a child with a drug addiction and that makes us reluctant to make new friends. I lost an important relationship because my friend couldn't handle it.*



Transgender, gay and lesbian participants spoke of discrimination as a leading cause of their drug use. The most important issue facing the transgender, or trans, community was lack of understanding, acceptance or assistance by the larger community or government. This drives individuals to escape rather than face an unresponsive society.

”

*Why should I deal with my issues if I can spend 10 bucks and have it all go away?*

”

The trans community also noted how discrimination was pervasive and severely limiting when seeking services or employment.

”

*If you are a trans, sex trade work is the only way you can get enough money to live.*

”

Participants in the lesbian dialogues drew the link between their unique experiences with sexual identity and discrimination that may lead to alcohol use. A participant noted:

”

*When you 'come out' the only place to go is a bar.*

”

Similarly, in the gay men's dialogues participants spoke of social exclusion and homophobia as leading to harmful substance use.

”

*The way many gay men learn to be social is not in high school, but in bars.*

”

Another awareness issue was raised by participants who pointed out that many parents with English as a second language do not have appropriate information in their native languages about drugs or available services. One suggestion was to develop parent education campaigns using local language newspapers, radio and TV programs:

*“Parents are not aware that drug problems can exist in their family. A good way to make them aware is to publish a story or article in the community newspaper like ‘how to know if your kids are doing drugs.’”*

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**10. Recommendation:** That the City of Vancouver, in partnership with the Vancouver Public Library, Vancouver Coastal Health and the Centre for Addictions Research of BC develop and implement a public education campaign based on best evidence to deepen awareness of the harm from drug use in the community.

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## Prevention Priority 2

### Community Centred Prevention

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*Sometimes there is a lot of inequality because the family does not have any money, parents cannot find a job, and [there is a] lack of opportunities and then alcohol becomes a resource to avoid problems.*

”

Community Dialogue Participant

“

*We should think about what we can do as a community. We always expect the government to do something but we have to start finding a way to have an active participation, instead of waiting to see what another will do for us.*

”

Community Dialogue Participant

#### Population Health

A population health perspective holds that sufficient income, employment, housing, social support and other social determinants of health are as important in keeping people healthy as is access to health care services.

#### OVERVIEW

This prevention priority focuses on the community as the primary site of intervention in preventing the harm from substance use. Improving the long term health of the population (See sidebar) is increasingly regarded as a promising and cost-effective strategy for the prevention of harmful substance use. (See sidebar) This priority acknowledges that harmful drug use is influenced by broad social determinants of health, including housing and employment. The strategies in this

priority address assisting vulnerable populations through employment, housing and low threshold services, and strengthening community capacity through information sharing, networks, coalitions, engagement, and community-based prevention planning. This priority also acknowledges the role of spirituality as a protective factor in the prevention of harmful drug use and in relapse prevention.

#### KEY ISSUES

There is a clear relationship between unemployment, low income and insecure housing and health damaging behaviours, including harmful substance use. Secure housing and employment are protective factors that reduce the effects of risk factors which contribute to harmful drug use. While socioeconomic status does not necessarily predict involvement in potentially harmful patterns of drug use, low socioeconomic status may increase the risk of experiencing harm related to drug use.

Overall, the evidence suggests that policymakers and service providers need to plan and implement a wide range of interventions that provide support to vulnerable populations, facilitate networks to promote community capacity and knowledge, encourage communities and youth to get involved in the process and take ownership, and support individuals and communities in their quest towards spiritual healing.

#### Area of Action 1: Strengthening Support Systems

##### A. Employment

Employment is a protective factor that promotes resilience, or the ability to resist harmful behaviours, especially for vulnerable populations who are at risk for harmful substance use due to social disadvantage. Employment is also an important piece in the post treatment care of users to reintegrate into society. In the community dialogues on preventing harmful drug use,

former and current drug users spoke of the need for support once they had been through a treatment program or were in recovery from dependent drug use.

”

*When people return from treatment, there is no support for them. A three month detox course should have housing and job possibilities after. That would make a huge difference. It would make me feel good about myself.*

”

They spoke of holding on to some type of work as a form of drug prevention.

”

*I am working five hours a week . . .  
Being occupied for at least a few hours  
a week prevents you from taking drugs.  
This for me is prevention.*

”

Unemployment tends to cluster geographically, creating concentrations of unemployed and poor neighbourhoods. This has a potential downward spiral as residents are likely to follow the lead of their unemployed neighbours and become less likely to succeed at job searches, with the possibility of being drawn into substance use and/or criminal behaviours (Spooner, 2001).

The Brisbane City Council's Working On program, is a successful model to employ youth in recovery from drug use. (See text box)

### **Brisbane City Council Youth in Recovery Program: Working On**

Working On is a program of the Brisbane City Council. The initiative is based on a close working relationship between drug rehabilitation agencies, a community youth employment group, and Brisbane City Council that provides a package of assistance for 15-25 year olds in recovery from drug use. The package includes work preparation, work experience and job matching to traineeships in Brisbane City Council, other government departments and private sector employers, with on the job support and case management throughout the traineeship.

Traineeship has an 80 per cent success rate. "Our annual target is to prepare and place 40 young people into traineeships each financial year, expanding to 60 over the next two years as more employers participate." Traineeships have been undertaken in horticulture, business administration, information technology, water treatment operations, construction and libraries.

A wide range of factors have been identified as relevant to drug use, including unemployment and social isolation. Youth in Recovery Traineeships remove these two factors. As young people move away from their drug using behaviour, the cost of fighting and preventing crime is reduced for the community. There is a strong correlation between illegal drug use and crime, particularly property crime.

*Source: Brisbane City Council*

Prevention

Priority 2:

Community

Centred

Prevention



PRIORITY:



Preventing  
Harm from  
Psychoactive  
Substance  
Use

## Prevention Priority 2

### Community Centred Prevention

In Vancouver, the Vancouver Agreement (See sidebar) is one key avenue for intervention. The Vancouver Agreement Employment Strategy (VAES) Case Coordination Service is a new initiative designed to provide pre and post employment supports to 450 long term unemployed residents of the Downtown Eastside over three years. The service provides one-to-one support to help clients obtain and retain employment, linking people to employment-related services and emerging jobs in the community. The VAES requires that residents are receiving income assistance from the provincial Ministry of Employment and Income Assistance.

In Vancouver, programs and services that help connect people with employment include job search support, job placement, education and academic upgrading, pre-employment training, life skills and employment counselling and training, work experience and on the job training, and supported employment. But for the most part, these programs and the VAES program described above are available only for clients of the Ministry of Human Resources or the federal Department of Human Resources and Skills Development, making them inaccessible to many active and recovering users. Recognizing this gap and inspired by the models described above, the Drug Policy Program is proposing a multi-phased pilot project in consultation with the Vancouver Agreement and City of Vancouver's Equal Employment Opportunity Program, the Hastings Institute and Engineering Services.

The Four Pillars Job Literacy and Supported Employment pilot project would be targeted towards recovering drug users willing to explore their potential for job readiness. The target group would be recruited according to eligibility criteria by a case coordinator through existing VAES networks. Participants would start by undergoing a Four Pillars Job Literacy Training which would include topics such as work ethic, job related life skills, high school completion and more. This training would be designed in consultation with, and delivered through,

the Hastings Institute (of national and international acclaim and recipient of seven awards between 1995 and 2005 for its Generation Y (see below) and Vancouver Municipal Workplace Language Programs). Simultaneously, participants will receive hands-on working experience during a six-month, part-time, low-threshold job within the City of Vancouver (and other appropriate settings), a stepping stone towards the real world of employment. The case co-ordinator will assist the participant on a one-to-one basis during literacy and job training, develop a longterm employment plan with each individual, help in identifying and applying for suitable long term employment, provide support for six months after leaving the project and also provide assistance to the employer with job retention issues.

#### Generation Y Program

Another model of successful collaboration is the award winning Generation Y (Gen-Y) program supporting hard-to-employ youth. In 1995, the City of Vancouver's Hastings Institute, a training arm of the City's Equal Employment Office, partnered with BC Buildings Corporation (BCBC) to help young people improve social skills and work ethics. Generation Y recruits 8-10 youth for a six month term that includes classroom training for life skills and literacy and a paid work experience in horticulture, recycling and heating, ventilation or air conditioning. The program is currently managed by a contractor in partnership with the Hastings Institute.

#### Vancouver Agreement

The Vancouver Agreement is an urban development agreement between Canada, British Columbia and Vancouver to promote safe and healthy communities in the City of Vancouver through economic, social and community development.

**II Recommendation:** That the City of Vancouver partner with the Vancouver Agreement to support individuals in recovery from substance use through the Four Pillars Job Literacy and Supported Employment Pilot Project which would include a training component delivered through the Hastings Institute and a one-on-one support towards job search and employment delivered through a case coordination position.

## B. Housing

Homelessness or inadequate housing is often both a cause and a result of substance use. Lack of secure housing is considered a risk factor for developing substance use problems. Those who are homeless often do not have the means or stability to access services and supports, perpetuating a cycle of helplessness that could lead to harmful substance use as a means for coping. A third of shelter users in BC have substance use issues (Kraus & Serge, 2004).

But conversely, problematic drug use can also increase the risk of homelessness, since the individual is less able to earn a steady income or to pay rent. Often family support has dwindled, leaving the drug user isolated and vulnerable. In addition, research shows that people with both mental health and addiction problems are disproportionately at risk of homelessness (Kraus & Serge, 2004).

A recurrent theme through many community dialogue sessions was the need for safe, secure and affordable housing. The lack of affordable housing and inadequate numbers of transition houses, support recovery beds, and family support units is particularly acute for at-risk youth, women, Aboriginals and user groups.

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*Once they get cleaned up they have to come back down here [Downtown Eastside] because there is no housing! We need housing for the people. They have to live in a hotel and then they're right back where they started.*

”

The City's Homeless Action Plan estimates the number of street homeless at between 500 to 1200 on any one night. At least two-thirds of the street homeless in Vancouver have severe addictions to drugs and/or alcohol. The estimated number of people at risk of home-

lessness in the city is approximately 40,000. These are people living in places that are not safe, secure or affordable (e.g. householders spend 50 per cent or more of their income on shelter). At-risk households are typically made up of single persons living alone, Aboriginals and children under 15 living in lone-parent families (City of Vancouver, 2004).

The Homeless Action Plan identifies three key priorities in the areas of income, housing and support services where actions would have the most impact on reducing homelessness. The plan calls for 8,000 more subsidized units over the next 10 years. Subsidized units include social housing plus private sector apartments where renters receive a supplement. In addition, the plan estimates the need for 3,200 new supportive housing units, 600 new transitional units, and the continued purchase and renovation of single room occupancy (SRO) hotels to accommodate low income residents (City of Vancouver, 2004).

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**12 Recommendation: That the City of Vancouver urge the Federal and Provincial Governments to give high priority to the provision of funding for 3,200 supportive housing units and 600 transitional housing units, as identified in the City's Homeless Action Plan and that the Provincial Government provide funding for services to support individuals and families in these units.**

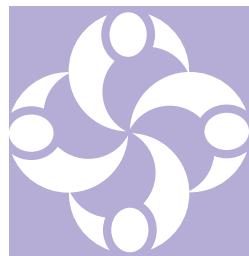
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## C. Access to Low-threshold Services

Threshold refers to the eligibility criteria for entrance into programs and the state of readiness of individuals to participate in and meet the demands of the programs. Low-threshold programs have the fewest requirements and work towards engaging participants while reducing drug-related harm. These programs do not require abstinence as a condition of admission, participation or completion. Low-threshold programs also direct participants to more demanding, abstinence-based programs once they are stabilized. Low threshold services are an important part of a comprehensive, community-based support system.

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Evidence from Switzerland indicates that comprehensive and highly integrated low threshold programs are most effective in ensuring optimal uptake of services among drug users. In the mid 1980s, the Swiss had a system of abstinence-based, drug treatment. These services attracted no more than 20 per cent of all active drug users. In the early 1990s, Switzerland implemented a broad range of low threshold harm reduction, health and social welfare services. Today, over 65 per cent of active drug users are in some form of drug treatment and the remainder are in contact with harm reduction programs.

Needle exchanges and the supervised injection site are the most common examples of low threshold services in Vancouver. Equally important, but less available, are low threshold drug treatment, housing, skills training, employment and other support programs. This prevention plan calls for increased availability and integration of low threshold services for drug users.

**13 Recommendation:** That the Vancouver Agreement partners, housing providers, employers and community serving agencies work towards ensuring the availability and integration of low threshold health, housing, employment and other support services for drug users and drug using members of groups such as women and Aboriginal people.

#### Area of Action 2: Community Capacity and Engagement

##### A. Coalitions and Partnerships

At the very core of a community centred prevention strategy is the community itself. A community's assets, including existing knowledge, skills and resources, are defined as community capacity. Capacity building is often described as the way in which these community assets are strengthened to allow a community to engage in meaningful decision-making and action (CDC, 1997).

One way to build community capacity is to reinforce information and knowledge through an effective public education campaign. Another way is to promote understanding through discussion in public settings such as dialogues and forums. Yet another possibility relies on developing well coordinated coalitions or networks working cohesively to create change.

Over the past four years, community involvement through public discussions focusing on the many issues surrounding psychoactive drug use and related individual and community harm has been critical in moving the Four Pillars Drug Strategy ahead.

Vancouver's Four Pillars Coalition is the foundation upon which the City can build support for community centred prevention efforts. Over 60 Vancouver-based organizations with broad geographic, sectoral and community interests are committed to addressing harmful drug use within the city. Currently, Coalition members are helping to define drug policy priorities for the next four years across all the pillars. Supporting the implementation of this prevention plan will be a significant piece of this work.

Keeping the Door Open: Dialogues on Drug Use, is another example of a coalition serving as a catalyst for reform. Coalition membership represents service providers, drug users, health authorities, research centres, government, business and media. Through periodic public discourses and a speakers' series, KDO promotes an exchange of information on cutting edge strategies from across the world (KDO, 2005).

Partnerships, as seen through groups such as the Methamphetamine Response Committee (MARC), have also been formed to respond to issues of emerging concern. MARC mobilized public health, police, housing, community serving and school agencies to inform the public about methamphetamine use and to investigate methamphetamine prevention and treatment programs

in order to identify gaps and provide strategy direction. Regionally, The Western Summit on Methamphetamine in 2004 drew together multiple stakeholders and a document detailing areas for action was released in spring of 2005.

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**14 Recommendation:** That the City of Vancouver in partnership with Vancouver Coastal Health, the Centre for Addiction Research of BC and the Provincial Government Methamphetamine Strategy Coordinator work with the Methamphetamine Response Committee to develop and articulate a methamphetamine strategy that includes a research component on methamphetamine use in Vancouver, is based on best available evidence, builds upon current initiatives, includes a broad-based prevention strategy that focuses on the individual, family, peer group and community and includes a continuum of services that addresses the range of individual needs with appropriate prevention initiatives including harm minimization strategies, treatment and after care.

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A few examples of innovative and successful community driven projects in Vancouver are mentioned below. There are many more such examples in the city, providing fertile ground for creating prevention networks and strengthening community capacity.

The I Can Choose, We Can Choose program operating in the Collingwood/Renfrew area, brings together local community organizations, Vancouver Coastal Health, the Vancouver School Board and Collingwood Neighbourhood House to develop and implement annual prevention initiatives in elementary and high schools. The program demonstrates how leadership training and prevention education can be combined with a model that relies on youth taking central leadership roles.

Another innovative local effort is Watari Research Society's Inner-city School Prevention/Education Project. Working for the past five years with grades 5-7 in Vancouver's Eastside, classroom sessions currently delivered to 12 schools encourage children to have conversations about safe and risky situations, active and passive communication, finding allies in peer groups and understanding what responsibility means. The project then presents substance use issues in a realistic and safe manner and with gender specific components.

Successful prevention initiatives have also sprung from the experiences of parents and families. From Grief to Action, a Vancouver-based support group for parents and families of addicted offspring, produced a coping kit for families to assist in navigating the often bewildering journey of coping with addiction.

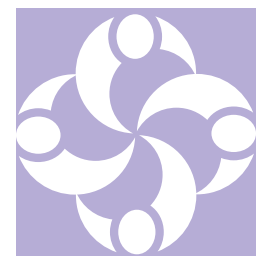
Community centred prevention works by targeting at-risk groups. The Vancouver Gay Men's Harm Reduction Initiative delivers information via its web site, [www.buz-zcode.org](http://www.buz-zcode.org), and through printed materials. The initiative seeks to decrease the incidence of overdoses and negative consequences of drug use in the gay party scene and reduce the incidence of unsafe sex among men using party drugs.

As well, community-based prevention works by providing prevention education and training around substances to BC schools. Alcohol and Drug Education Service conducts parent workshops in BC communities and delivers workshops to teachers, school counsellors, nurses, school liaison officers, prevention workers, and administrators.

The City's Drug Policy Program has recently completed a project to map drug prevention activities in Vancouver. The project revealed that a missing element in Vancouver's prevention landscape has been a network for prevention service providers. The goal of the mapping project has been to strengthen awareness of current prevention activities in Vancouver and to build prevention coordination and momentum through discussions of critical issues among prevention organizations. The mapping project identified a number of themes

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### Community Centred Prevention

concerning the state of prevention services and areas of needed action:

- a notable lack of capacity for prevention, including a need for cohesion, communication and collaboration in the prevention community
- a current lack of commitment to prevention both politically and financially
- the need for training, education, knowledge transfer and evaluation in the prevention field
- crisis and “fix it” approaches that stifle and overwhelm prevention
- the need for concerted and sustained action to create public awareness, and
- the important role the City of Vancouver has to play in the building of the prevention community.

Many of the recommendations that came out of the mapping project are important components of this prevention plan. The recommendations focus on building partnerships and public understanding, collaborating across levels of government and the community, emphasizing the importance of regulatory measures (see Prevention Priority 5) and building the capacity to enable a coordinated and integrated action on prevention.

As part of the Four Pillars Coalition, the City’s Drug Policy Program is well positioned to bring prevention stakeholders together and build community capacity to implement this prevention plan in partnership with all levels of government. Identifying the infrastructure needed to deliver sustainable prevention interventions at the community level will be central to this discussion.

**15 Recommendation:** That the City of Vancouver convene an annual prevention summit in partnership with the Four Pillars Coalition that invites local community serving organizations, prevention service providers, drug users, funders, researchers, members of the public and other levels of government to determine key directions for Vancouver’s plan to prevent harm from psychoactive substance use.

#### B. Population Specific Prevention

The community dialogues, Four Pillars Coalition meetings and other consultations made it apparent that psychoactive substance use affects each community in vastly different ways. Women are prescribed more pharmaceuticals than men, ethno-cultural communities, including the Aboriginal community, have histories and cultural contexts that influence their struggle with harmful use, the LGBT communities have obstacles specific to their patterns of use and the homeless face vastly different challenges than do working professionals.

The communities around which prevention efforts can be centred involve different ethnicities, sexual orientations, ages, genders, substance user groups and those with different socioeconomic status. The input from dialogues and consultations emphasized and affirmed the need for community and context specific interventions.

The City of Vancouver recognizes that these communities, and not public officials, are best equipped to understand their specific configurations of harm. It is therefore counterproductive for the City to take on the development of actions and strategies specific to all of Vancouver’s diverse communities when it is the communities themselves who best understand their needs.

The City can, however, act as a catalyst for change within specific communities by providing good information about prevention and evidence for what strategies are the most effective, engaging in and creating an ongoing dialogue between different prevention practitioners, interest groups, stakeholders and public officials, brokering information exchanges to increase communities’ and the City’s understanding of the dynamics of prevention, and consulting with communities to assist in the development of supports and services that have had proven results.

The City feels it is important to defer to each community’s understanding of its specific challenges and needs, and also recognizes that prevention initiatives that are undertaken, designed and supported by the communities themselves have the greatest potential to create mean-

ingful changes in the levels of harm they experience. The City does not have the capacity to develop comprehensive strategies for each community, but recognizes that it has an important role to play. The City is in a position to consult around and support processes that uphold a number of principles of community development around prevention, including:

- substantive, sincere involvement and engagement of youth and other stakeholder groups
- challenging myths associated with drug use and traditional notions of the causes of substance use, and
- consumer (user group) involvement in development processes.

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**16 Recommendation:** That the City of Vancouver in partnership with Vancouver Coastal Health, Vancouver Agreement partners and local organizations develop further dialogue with Vancouver's diverse ethno-cultural communities regarding the development of prevention strategies that take into account the unique issues relevant to these communities.

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Aboriginal participants in the public review of the prevention plan strongly suggested that a separate process be designed for the Aboriginal community and that this process be led by an Aboriginal person or organization. Aboriginal Peoples in Canada are disproportionately represented across a number of critical risk factors that contribute to the development of problematic drug use including poverty, child poverty, unemployment, poor housing, homelessness and high school completion, to name a few. Few argue that the consequence of this has been a similar disproportion of Aboriginal people in statistics that focus on harmful substance use. According to the Provincial Health Officers report, The Health and Well Being of Aboriginal People in British Columbia, there are a number of areas with regard to substance use where indicators are in fact deteriorating such as alcohol related deaths and death due to HIV/AIDS. On the other

hand progress is being made in some areas where trends are showing a decrease in harm from certain substance use patterns. Smoking attributable deaths are declining in the Aboriginal population and drug induced deaths are in decline. Engaging Aboriginal people in Vancouver in the development of prevention initiatives is an important element of the prevention plan.

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**17 Recommendation:** That the City work closely with Vancouver Agreement partners to develop a consultation process that engages the Aboriginal community in the planning and development of prevention initiatives and acknowledges the importance of Aboriginal leadership in this process.

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### C. Youth Engagement

The engagement of youth in Vancouver is a key component of this plan and critical for its success. By engagement we mean actively involving youth in the planning and implementation of the plan.

Youth engagement also refers to “the meaningful and sustained involvement of a young person in an activity focusing outside of the self” such as music, art, sports, politics or volunteer work. Research points to a strong correlation between youth engagement and positive health and educational outcomes. Youth who participated in extra-curricular activities were less likely to use alcohol and tobacco, as well as amphetamines, cocaine, heroin, LSD and inhalants (Centre for Excellence in Youth Engagement, 2003).

Young people were initially engaged through the youth-specific dialogue sessions facilitated by the City's Youth Outreach Team in 2004. As noted in a recent report to City Council by the City's Child and Youth Advocate, young people in the dialogues were clear that many current prevention messages did not relate to them.



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The dialogues revealed that young people felt strongly that it is possible to address harmful drug use by creating healthier communities. The following themes emerged:

- **Health** – The need to have access to healthcare for all, promotion of healthy lifestyles, and free access to community centre fitness programs
- **Housing** – Homelessness was seen as unacceptable, the location of housing was considered important and support for women and marginalized groups in society was called for
- **Income** – Adequate income was seen as important and welfare cutbacks hurt people and contributed to increased crime. The importance of supporting youth employment initiatives was emphasized
- **Education** – Teaching youth about caring for themselves and for others was strongly supported. Caring for young people who were at risk as well as their parents was emphasized. Breaking down cultural and gender stereotypes and embracing immigrant populations were seen as key. Drug and alcohol awareness that reduces the stigma for addicted people was deemed essential
- **Power and Authority** – There was a clear distrust of government and mainstream institutions, including the media, which were seen as responsible for misinforming people and creating hopelessness. A strong sentiment was expressed that institutions needed to seriously engage young people in building healthier communities
- **Police** – Marginalized youth at the dialogues were particularly skeptical of the police and said they were unwilling to use the police for assistance
- **Crisis Intervention** – The importance of increasing organizational ability to intervene and assist youth in crisis was emphasized, and
- **Recreation and Culture** – Improved access to recreation and actively celebrating our diverse cultures were seen as ways to strengthen community.

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*It would be nice if there were programs more specific to First Nations, so that we had a community to go to. We need... to feel like we have an identity and recover from the negative past.*

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Youth engagement will be a crucial component of the development of a youth-specific component of the City's prevention plan.

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**18 Recommendation:** That the City of Vancouver support the initial development of a youth engagement strategy in the implementation of the prevention plan in close consultation with Vancouver Coastal Health, Vancouver School Board, Vancouver Board of Parks and Recreation, Health Canada, the Centre of Excellence for Youth Engagement, Ministry of Children and Family Development and youth organizations across the city to develop partnerships and a proposal for sustainable funding for youth engagement.

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### Area of Action 3: The Spiritual Dimension

As seen in the previous sections of this priority, fundamental to the prevention of harmful substance use is the strengthening of the physical, mental and emotional capacities of individuals and communities. Yet another dimension in a holistic approach towards community centred prevention is the spiritual health of individual and communities.

Clinicians and researchers have become increasingly interested in the link between spirituality and problematic substance use. The topic of spirituality is expansive and subjective with a wide-ranging significance to different individuals and cultures; hence any attempt to define it in a few words would run the risk of being incomplete and even problematic. However, in attempting a definition, the term 'spirituality', among other things, can refer to the "human longing for a sense of meaning and fulfillment through morally satisfying relationships between individuals, families, communities, cultures, and religions" (Waters, 2005). A recent review based on 265 published books and papers on spirituality and addiction has identified 13 conceptual components of spirituality as defined or described in the literature:

- Meaning and purpose in life
- Interpersonal relationships
- Recognition of a transcendent power
- Humanity
- Inner force/soul
- Truth
- Importance and worth of values
- Holistic wellness
- Self-knowledge
- Consciousness and awareness
- Creativity

- Non identification with religion, and
  - Non-materiality
- (Cook, 2004)

This section attempts to highlight the significance of the spiritual dimension and its benefits as testified through the experiential wisdom of some cultures in the prevention and treatment of problematic substance use.

#### A. Alternative Practices and Medicine

Spirituality, like the use of psychoactive substances, is intrinsic to human culture. The quest towards self-knowledge and awareness, sometimes leading to altered states of consciousness (ASC) through prayer, meditation, rituals, ceremonies or ethnomedicine has been present in every culture for as long as history has been recorded. According to research on spiritual ASC, the brain responses produced by them are similar to the dynamics of addiction, "enabling spirituality to affect the biological dynamics of addiction" (Winkelman, 2001). Natural ASC inducing practices like shamanistic circles, meditation, drumming, etc., have been used traditionally and recognized as a "prophylactic against drug abuse, as well as a potential treatment for addiction" (Winkelman, 2001).

One such example, a time-tested form of meditation practice called Vipassana which goes back to the historical Buddha has been incorporated in the programs of some recovery centres with successful results.

In the framework of this ancient practice, addiction of any sort is understood as a fundamental problem of the psyche revolving around a never-ending cycle of craving, the substance causing the craving playing only a secondary role. The craving gets rooted in the deepest levels of the mind and the unconscious. Thus, the work of removing the cause of craving can only be achieved effectively by going to its very root within oneself through a guided practice of inner investigation and not just by changing outer circumstances or by simply willing it away (Scholz; Studer, 2001).



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A 400-page report commissioned by the Swiss Federal Office of Justice highlights the results of a case study based on Start Again, a therapy centre for drug addiction in Zurich. Considered as an “innovative trial model” Start Again incorporates in its program a 10-day course of Vipassana meditation (in conjunction with other therapeutic interventions). Empirical evidence from the study suggests that participating in a 10-day course indicates a “markedly lower risk of heavy relapse” and continuous practice after attending one or two courses is associated with positive therapeutic results (Studer, 2001).

The Cyrenian House Programme in Western Australia also incorporates Vipassana meditation as therapy (along with yoga, relaxation, sports, drama, group therapy and individual counselling). Cyrenian House is one of an umbrella group of organizations guided by the Western Australia Council on Addictions which is directed by Vipassana meditators and where 80 per cent of the staff has taken at least one 10-day Vipassana course. Nearly all the counselors at Cyrenian House are ex-users who have passed through the program themselves, providing excellent examples of successful role models to the clients. Clients in this program who complete Vipassana courses show encouraging results (Hammersley).

Yet another powerful therapeutic tool used over centuries to this day by some indigenous cultures towards self-knowledge and as a vaccine and treatment for ailments including addiction is the beneficial use of plant medicines. Ayahuasca, a non-addictive psychoactive tea made from the *Banisteriopsis caapi* vine, has been used for centuries by the natives of the Amazon basin as a means to open the human awareness to spiritual realms and as a treatment for a variety of ailments. Ayahuasca use has recently spread to other parts of Latin America, including Brazil, where it is used as a sacrament by the União do Vegetal (UDV) and the Santo Daime churches

(Macrae, 2004). That ayahuasca may have therapeutic applications for the treatment of problematic substance use has been documented by a biomedical study of the UDV. When consumed within a socially and legally sanctioned, ritualistic context such as the UDV church, the regular use of ayahuasca “may result in profound, lasting and positive behavioural and lifestyle changes.” (McKenna, 2004) A dramatic example of this was the finding that as a result of regular sacramental use of ayahuasca, many UDV church members had recovered from previously unhealthy lifestyles including problematic substance use, domestic violence and other detrimental behaviour patterns (Grob et al., 1996). There is a growing interest among North American scientists and the public in the healing properties and spiritual benefits of these “psychointegrator plants” as described by Dr. Michael Winkelman (McKenna, 2004). A BBC radio documentary has reported on the successful use of ayahuasca towards cocaine addiction in a Peruvian clinic ([http://news.bbc.co.uk/2/hi/programmes/crossing\\_continents/3243277.stm](http://news.bbc.co.uk/2/hi/programmes/crossing_continents/3243277.stm) as cited in McKenna, 2004). For a variety of reasons, modern Western medicine is only now becoming interested in ayahuasca. There is, however, a definite need to follow up these encouraging preliminary clinical studies with more rigorous clinical trials to provide further evidence of the therapeutic properties of ayahuasca as a treatment for addictions (McKenna, 2004).

Aboriginal communities in southern parts of North America have long known similar powers of yet another plant medicine, the peyote cactus. This psychoactive substance is legally administered as a ritualistic sacrament by the members of the Native American Church as an antidote to alcoholism. Dr. Charles Grob is a professor of psychiatry at the UCLA School of Medicine and one of the few researchers in the US to be given the permission to investigate the beneficial uses of hallu-

cinogens (Hill, 2001). In discussing the therapeutic effects of the peyote cactus on the culturally devastated Native Americans driven to alcoholism, Grob quotes Carl Menninger, one of the most esteemed names of the 20th century in the field of American psychiatry: "Peyote...is beneficial, comforting, inspiring, and appears to be spiritually nourishing. It is a better antidote to alcohol than anything the missionaries, the white man, the American Medical Association and the public health services have come up with" (as quoted by Grob in Hill, 2001). For some members of the Native American Church who have struggled with chronic drug addiction, the ritual use of peyote has been an important element of treatment and rehabilitation (Smith & Snake, 1996). New research shows that such long-term sacramental use of peyote does not produce psychological or cognitive harms (Halpern et al., 2005).

## **B. Aboriginal Healing**

The causes of problematic drug use are many and varied as attested to by the various participants in the community dialogues on prevention in Vancouver. Identified by the Aboriginal participants as one of the most significant causes specific to their community was a loss of cultural identity arising from a history of colonization and the imposition of an aggressive free market society diametrically opposed to the traditional Aboriginal way of life. This cultural dislocation is the strongest precursor, or the very root, of problematic substance use in the Aboriginal population (Alexander, April 2001).

Participants in the community dialogues and the public review process talked about spiritual healing as an antidote to substance use. Healing was broadly understood as anything that addressed the loss of culture and heritage whether it be through language, art, family, tradition, ceremony, guidance of Elders, counselling, life skills and more. Any of these elements of healing was perceived as helping towards the prevention of problematic drug use, disease transmission, teenage pregnancy or suicide. The self-esteem and identity reconstituted through the healing process was seen as providing a long term and effective protection factor. Traditional approaches like talking circles, vision quests, brush-downs with cedar branches, sweats, smudges and including Elders and traditional healers in service delivery were cited as examples of culturally appropriate elements that could be incorporated in prevention and treatment programs for the Aboriginal population.

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**19 Recommendation:** That the City of Vancouver work with Vancouver Coastal Health, Health Canada, Vancouver Agreement partners and other relevant stakeholders including Faith Communities to support communities, especially the Aboriginal community by facilitating exploration, study and application of traditional medicines and rituals and of evidence-based alternative approaches towards the prevention of, and healing and recovery from, problematic substance use.

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## Prevention Priority 3

### ✿ Addressing the Impacts on Communities

#### OVERVIEW

This prevention priority focuses on addressing the impacts from problematic and dependent substance use on the community. It is based on the need to keep community neighbourhoods and the environment as safe and healthy as possible within the context of active substance use. This priority outlines initiatives that can reduce the impacts of harmful use in public places, on individuals in potentially high-risk situations, and on neighbourhoods. The focus is on individual well being, public safety and order, the social and economic health of communities, and the environment.

#### KEY ISSUES

The idea of a context of use refers to physical environments where substance use occurs such as the home, school, street, workplace, entertainment venues, and correctional facilities. These contexts predispose individuals to certain kinds of harm, such as violence. Context of use also refers to the reasons why people use substances and the meaning they attach to substance use and the cultural settings of use. Settings in which drugs are taken can influence decisions made by the user and their resulting behaviour.

Police have a critical role to play in the preservation of public order and safety. The Vancouver Police Department has undertaken a number of initiatives to address street level harm from drug use. It is important to note that enforcement efforts can strategically focus on the areas where they will have the greatest impact.

Environmental harm occurs during the production and manufacture of substances, as in the cases of methamphetamine labs and cannabis grow operations, and when syringes and other injecting equipment is discarded by people using substances in public spaces.

#### Areas of Action 1:

##### Neighbourhood Safety

###### A. Licensed Premises

Drinking to the point of intoxication is a major contributor to short term harm from alcohol. In the context of licensed venues, self regulation of venues to prevent discounting of drinks, service to minors and overservice to intoxicated individuals without traditional law enforcement has been shown to be ineffective (Stockwell, 2001). Where restrictions on these practices are regulated by law, enforcement is generally necessary to create compliance. Since the liquor market is highly competitive it is often profitable to violate regulations (Loxley et al., 2004).

A policy that has worked well focuses on partnership approaches that include industry consultation in program design, in conjunction with legal frameworks that deter the breaking of regulations. Efforts may be best devoted to the small minority of licensed premises associated with the majority of incidences of alcohol-related harm (NDRI, 2004) (Loxley et al., 2004).

A Toronto-based program has shown success in reducing harm associated with licensed premises. The Centre for Addiction and Mental Health (CAMH) developed a Safer Bars Program to reduce aggression and injury in licensed premises. The program addresses the following public safety concerns:

- Fights involving weapons such as broken bottles, chairs, knives and guns
- Illegal drug use and sales
- Sexual assaults initiated through the administration of drugs to unsuspecting patrons
- Vandalism and damage to bar property and adjacent neighbourhood property outside the bar
- Public intoxication, noise and public mischief, and
- Neighbours who feel the safety of residents is jeopardized.

“We need to face the fact that not all illegal drugs can be kept off the street, not all drug use can be prevented, not all drug users are susceptible to our present treatment options and no amount of wishing it were otherwise will make it so.”

Perry Kendall, Provincial Health Officer, BC, March 2005

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### 🌱 Addressing the Impacts on Communities

In this program bar staff learn techniques for preventing and managing aggression in customers during a three hour training program. A risk assessment workbook assists bar owners and managers to identify and change environmental and social factors on their premises that increase the risk of aggression. The program also distributes a brochure, written for bar staff, on the law and related liability associated with aggression in bars and the use of force by bar staff to intervene with aggressive customers.

The program has been scientifically evaluated in the Toronto area and has shown excellent results. In bars and clubs that received the Safer Bars Program there was a 28 per cent reduction in the number of nights when moderate to severe physical aggression was observed; aggression actually increased in the control or non-participating bars during this time. The research concluded that violence can be reduced in bars and that even small decreases “could result in significantly less risk of injury for patrons, staff and even persons in the community who come into contact with bar patrons” (Graham et al., 2004).

**20 Recommendation: That the City of Vancouver partner with the Centre for Addictions Research of BC, the Vancouver Police Department, health professionals and the Alliance of Beverage Licensees (ABLE) to implement a Safer Bars Pilot Program in Vancouver bars and clubs.**

#### B. Enforcement

The Vancouver Police Department (VPD) plays a crucial role in preserving public order and safety. In the context of the Four Pillars approach, the VPD has undertaken a number of initiatives that focus on reducing harm from drug use as part of the enforcement pillar. For example, the VPD, in consultation with the health authority, ambulance services and user representatives, initiated an overdose prevention protocol in 2003 to change the way police respond to routine overdose ambulance calls.

Recent changes to the licensing requirements and operating hours of bars and clubs in Vancouver have resulted in increased violence, particularly in areas where the concentration of licensed establishments is high, such as Vancouver’s Granville Mall. The VPD has responded by developing special units to address increased public disorder and safety issues in these neighbourhoods.

It is important to note that in the case of illegal drugs, enforcement efforts may be most effective if their focus is on developing strategies to reduce the infrastructure of the illegal drug trade. Policing can also have a significant impact on preventing illegal drug markets from becoming established in communities. Effort must be undertaken early in a growing epidemic of drug use before the market to supply this use becomes well established. Once illegal drug markets become well established, the “drug market’s distribution chain is robust, with many lateral linkages. Removing one wholesaler or breaking one link has little effect” (Caulkins, 2002).

Dealing with problem premises and businesses directly and indirectly involved in the trafficking of illegal drugs can prevent or disrupt the establishment of illegal drug markets. The VPD and provincial ministries have coordinated efforts in recent years to target the infrastructure of the illegal drug markets through the Vancouver Agreement. This work, along with increased policing for the Downtown Eastside through the City-wide Enforcement Team Initiative to minimize open drug markets, has resulted in more problem premises in downtown neighbourhoods being targeted and a streamlined process with City Council to suspend business licences.

The City also has responsibility for creating and upholding by-laws and can tailor them to target problematic behaviour, such as the recently enacted Anti-Fighting By-law (City of Vancouver, 2004). It is critical that the City and the Vancouver Police Department are able to adequately enforce these by-laws.

Prevention  
Priority 3:  
Addressing the  
Impacts on  
Communities





## Prevention Priority 3

### ✿ Addressing the Impacts on Communities

Some dialogue participants suggested that police should focus more on enforcing Canada's drug laws. There was a perception that police are not taking action enough against drug users or drug dealers. Others felt that the courts are too lenient in sentencing drug dealers, and that stiffer penalties are the only deterrence option.

While buyers and street dealers are more easily apprehended, as they are more visible than other participants in drug markets, allocation of enforcement resources that target individuals and organizations further up the supply chain creates more significant disruptions in established drug markets.

Unfortunately, disruption of markets for illegal substances is the most that one can expect from enforcement efforts. Elimination of these markets is rarely achieved except in relation to very specific geographical areas in the city. Most often illegal drug markets are merely displaced from one neighbourhood to another as drug dealers respond to local enforcement efforts (Dandurand et al., 2004). For example, an evaluation of the largest heroin seizure in Canadian history indicated that there were no measurable public health benefits on the Downtown Eastside with respect to change in heroin use after the seizure. (Wood et al., 2003).

#### Area of Action 2: Environmental Harm

##### A. Drug Production Operations

Environmental impacts present another category of harm. Environmental harm is seen in the destruction of housing stock associated with cannabis grow operations as well as the contamination of houses and neighbouring environments from clandestine laboratories that contain toxic chemicals for manufacturing methamphetamine.

The number of houses, warehouses, and other buildings used to manufacture drugs is significant in Vancouver. Recent estimates indicate that 7000 illegal grow operations are currently active in Vancouver. While this number represents a significant reduction in the number of grow operations in previous years, which were estimated at 15,000, drug production operations create serious fire and health hazards and expose those in their surroundings to serious risks (Vancouver Police Department Media Liaison Unit, 2004).

In the case of cannabis grow operations, inappropriate wiring of lamps and irrigation facilities create significant fire hazards. High levels of moisture and humidity give rise to toxic moulds that can cause serious respiratory problems and illness in current and future residents.

Methamphetamine labs create a different environmental harm. The chemicals used to produce methamphetamine are highly toxic, and are rarely stored or disposed of properly. These chemicals, and methamphetamine production processes can be highly volatile, and create a high risk of chemical explosion.

In all cases, action needs to be taken to ensure that illegal production labs are dealt with as safely and efficiently as possible.

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**21 Recommendation:** That the City of Vancouver work together with law enforcement, environmental health, front line responders and other community and government stakeholders to address the potential threat of illegal grow operations and clandestine labs, including the development of remediation protocols to clean up and remove toxic materials.

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## **B. Needle Exchange and Syringe Recovery**

Discarded syringes, litter, water bottles and other injection drug use equipment have a negative effect on public spaces.

Needle exchange initiatives are a critical part of a comprehensive approach to injection drug use. A World Health Organization review of research concludes that the evidence to support the effectiveness of needle exchanges in substantially reducing HIV must be regarded as overwhelming (WHO, 2004). More importantly, needle exchanges provide an entry point for drug users to access services such as drug treatment, health care and housing. They also provide a safety net for those who relapse from drug treatment programs and need to access sterile injection equipment.

Vancouver is home to one of the longest operating and highest volume needle exchange programs in North America. The goal of the needle exchange services funded by Vancouver Coastal Health (VCH) is to eliminate the spread of blood borne diseases through the sharing of injection equipment. To meet this goal, VCH has expanded and decentralized needle exchange services to all community health centres across the city. There is currently 24-hour-a-day access to clean needles through peer-based, mobile and primary health care services.

Recent trends, however, suggest a decreased return rate of used syringes and an increase in the number of syringes discarded in city streets and parks. Between July 2003 and July 2004, the needle exchange program in Vancouver gave over 2.3 million syringes to individuals with over 1.7 million used syringes returned. The return rate was about 80 per cent (Small, 2005).

The current volume of discarded syringes requires that local authorities take concerted action. There is an urgent need for a comprehensive city-wide syringe management plan for Vancouver. The priorities for syringe management efforts involve:

- Establishing a clear syringe management structure and plan, including monitoring and evaluation activities
- Improving awareness of syringe recovery efforts among the general public and injection drug using population
- Maximizing safe disposal in community settings, and
- Collecting inappropriately discarded syringes in a timely fashion.

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**22 Recommendation:** That the City of Vancouver in partnership with Vancouver Coastal Health, local business improvement associations, community and neighbourhood organizations develop a comprehensive city-wide syringe recovery system in order to minimize the number of discarded syringes in the city's streets and parks.

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*Prevention*  
*Priority 3:*  
*Addressing the*  
*Impacts on*  
*Communities*





## Prevention Priority 4

### ✿ Legislative and Public Policy Change

#### OVERVIEW

The previous sections focus on risk and protective factors, community centred prevention and addressing impacts on communities as an integrated way to prevent the negative effects of psychoactive substance use. However, we believe there is a ceiling to what can be achieved through prevention efforts without changes to the ways that psychoactive substances are treated under the law.

Prohibition is the current legal approach to psychoactive substances, with the exception of tobacco, alcohol and pharmaceutical medications that are available by prescription. The objective of prohibition is to eliminate the consumption of certain psychoactive substances by preventing access to them. There is little evidence that prohibition has achieved this objective as markets for illegal drugs continue to flourish. Prohibition as a policy also restricts governments' ability to intervene, influence, or regulate the production, sale, and consumption of these substances. The result is an underground market for illegal substances that unnecessarily further endangers users and creates serious social and economic problems for the community. Prohibition prevents the possibility of controlling access to these substances and the circumstances surrounding their use. It means we cannot regulate or control the production, sale, and use of these substances, and therefore how they impact our communities, except through enforcement.

Our understanding of the problems that result from psychoactive substances use is changing. Many now identify drug use as a public health rather than a criminal issue. To address harm from psychoactive substance use in a proactive, preventative way it is important to create a context, through legislation and law-making, that enables a more appropriate and nuanced response than the simple prohibition of these substances. The focus of this section, therefore, is the reduction of policy-related harm through the creation of public health-centred and evidence-based legal responses to psychoactive substances.

#### KEY ISSUES

##### Prohibition of Psychoactive Substances

The prohibition of psychoactive substances represents the belief that criminal sanctions are the most appropriate way to signal that the production, supply, and use of certain drugs is unacceptable. Prohibition has been enshrined in the United Nations Drug Conventions of 1961, 1971 and 1988, which are signed into the domestic laws of 150 states, including Canada.

The drug trade is an international network, linking producers, dealers and consumers across national boundaries. Indeed, the United Nations Office of Drug Control indicates that the global illegal drug industry is worth about eight per cent of total international trade (UNODC, 2003). Policies in one jurisdiction, therefore, have the potential to affect markets in another.

In Canada, psychoactive substances are legislated under the Controlled Drugs and Substances Act and the Contraventions Act. The restrictions of psychoactive substances reflect a combination of historical, moral and political influences that are based on both perceived and real dangers of illegal drugs and the harm created by their production, sale and use (Giffen et al., 1991).

The Health Officers Council of British Columbia (HOCBC) has this to say of prohibition:

*"This argument accepts that criminal sanctions are needed to reduce the risk of harm to self and others. It accepts that the harm demonstrated from the criminalization of illegal drugs such as inadvertent overdoses resulting in death, and infections such as HIV, Hepatitis C and Hepatitis B, are necessary to protect others. It implies that use is not a choice to be made in an informed manner, but one only to be proscribed. That this approach has been unsuccessful in stopping drug supply, distribution and use and has resulted in many unnecessary deaths; and that many individuals have had personal freedoms curtailed even to the point of incarceration, seems to be acceptable to those who support prohibition as the most effective option" (HOCBC, 2004).*

The penalties associated with prohibition (See sidebar) are meant to discourage the production, sale and consumption of psychoactive substances. However, while “laws may provide a general degree of deterrence to the population that is not engaged in drug use, there is little evidence of specific deterrence of existing users” (Loxley et al., 2004). Incarceration rates from drug-related offences continue to rise, indicating that prohibition’s ability to deter is questionable.

Prohibition makes it very difficult for governments and enforcement agencies to use a full range of measures to reduce the problems created by harmful drug use. Because of the illegal status of a number of psychoactive substances, governments and enforcement agencies:

- Relinquish their ability to regulate psychoactive substance markets, making it impossible to control the quality of substances and the condition of production, sale, and consumption
- Require significant enforcement resources for less harmful practices, including simple possession and small scale production
- Give up the control of market forces to unregulated dealers and organized crime groups
- Make it difficult to assess the effectiveness of existing policies against evidence, since governments keep relatively little data on indicators related to illegal psychoactive substances
- Place a disproportionate emphasis on illegal substances, even though the greatest and most costly harm from psychoactive substance use is from alcohol and tobacco, and
- Require that local governments design policy and program frameworks that reflect the position of prohibition, with a disproportionate allocation of resources for enforcement.

Prohibition also places restrictions on governments’ ability to lessen the impacts of the entrenched markets for illegal substances. Illegal drug markets provide an opportunity for organized crime to capitalize on the efficiency of a lucrative commodity market that is unregulated, untaxed, robust and entrenched.

British Columbia’s experiment with prohibition towards the end of the First World War was an unmitigated disaster, resulting in higher levels of corruption, crime and health problems from the production, sale and consumption of unregulated black market liquor. In the 1920s, the provincial government realized that the unintended consequences of prohibition were more damaging than alcohol itself and instead moved to a system of regulation and control (Hamilton, 2004).

Perhaps more famously, the United States prohibited alcohol from 1920 to 1932. The effects of alcohol prohibition south of the border were equally disastrous:

The ‘noble experiment’ lost the support for the public almost immediately, and in the 13 years before its repeal the illegal trade led to an escalating criminal culture of corruption and violence, and established organized crime and the mafia in the US (Transform, 2004).

The results of alcohol prohibition and the current pervasiveness of drug-related harm demonstrate that prohibition has little control over the production, supply and use of illegal substances. There is no indication that prohibition reduces the prevalence or incidence of drug use, decreases drug traffic or stops the production of illegal substances. Around the world, drug purity and strength is generally increasing, while price continues to decline (US Office of National Drug Control Policy, 2004).

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*Prevention*  
*Priority 2:*  
*Legislative and*  
*Public Policy*  
*Change*

### Prohibition

This refers to a policy that criminalizes the cultivation, production, fabrication, sale possession and use of certain drugs. Prohibition has been enshrined (integrated into Laws or Constitution) in the United Nations Drug Conventions of 1961, 1971 and 1988 which are signed into the domestic laws of 150 states, including Canada.



## Prevention Priority 4

### ✿ Legislative and Public Policy Change

#### Policy Related Harm of Prohibition

The Transform Drug Policy Foundation (2004) distinguishes between “harms that result from drug misuse and the harms that are a result of policy, specifically the enforcement of prohibition.” A wide range of policy related harm results from legal frameworks that are not based on evidence of effectiveness and do not account for substance-specific patterns of use.

This policy related harm includes:

- **Creation of Five Types of Crime**, including international organized criminal groups, local criminal gangs, money raising crime by low-income dependent drug users, street sex workers (created by low-income female and male problematic drug users), and prohibition crimes (associated with production, supply, and possession of drugs), including corruption
  - **Crisis in the Criminal Justice System and Prisons** seen through unacceptably high incarceration rates, the discretionary nature of drug enforcement efforts, and the economic and social costs of the conviction of non-problematic users
  - **Wasted Expenditure and Lost Tax Revenue** because of the ineffectiveness of some enforcement practices, and lost government tax revenues from criminal profits totalling billions of dollars annually
  - **Undermining Public Health and Maximizing Harm** by leaving the control of drug production and supply to criminal networks, maximizing risks to users related to substance strength and purity, contaminants, and disease and producing insufficient health and safety information
- **Destabilizing Producer Countries** where economies are linked to substance production and transit and whose social, economic and political fabric is affected by corruption and the funding of paramilitary, guerrilla and terrorist groups, and
  - **Undermining Human Rights** by exacerbating social exclusion, arbitrary criminalization of a significant portion of the population, executions for drug offences in violation of the UN Charter of Human Rights, criminalization of ceremonial uses of psychoactive substances, and the disproportionate effect of drug enforcement on peasant growers, drug ‘mules’ and problematic users.

#### Organized Crime

Economic modelling from black markets in other commodities suggests that in the short term prohibiting a substance causes a substantial increase in its price (Loxley et al., 2004). Without regulations, operations run efficiently. Organized crime groups capitalize upon the lucrative opportunity created by prohibition.

According to the Criminal Intelligence Service of Canada (CISC), drug trafficking remains a principal source of revenue for most organized crime groups operating in Canada (CISC, 2003). Italian, Asian, Columbian, Eastern European, outlaw motorcycle gangs, other organized crime groups and organized crime at marine ports play significant roles in the production, supply and trafficking of drugs to the Canadian market.

Strategic targeting of these groups is a high priority for a number of enforcement agencies.

Research indicates that law enforcement against organized crime groups, particularly that which targets principal organizers and members, has had a big impact on their ability to maintain their activities. However, these operations have not had any noticeable impact on the operation of the market as a whole, with little evidence of reduced availability (NDRI, 2000).

This means that any void in the market created by the dismantling of one network is taken up easily by other players. Drug “crackdowns” are therefore unlikely to have beneficial long term effects or to disrupt significant parts of the drug trade.

The move towards better controlling the market for psychoactive substances would not eliminate the involvement of organized crime in the business of drug dealing, but would likely significantly reduce the grip that criminal elements have on the production and distribution of potentially dangerous substances.

### **Area of Action 1: Emerging Trends in Drug Policy for Cannabis**

The international context of psychoactive substance use and control is characterized by different, and often conflicting, attitudes about the most appropriate path for legislators. Governments around the world use a variety of legislative and regulatory measures to control the production, sale and consumption of tobacco and alcohol. These have varying degrees of success in managing harm.

Recent shifts in attitudes toward the control of illegal substances have resulted in small changes to prohibitionist legal frameworks. In many cases, criminal sanctions are being replaced with civil or administrative penalties, such as fines or treatment referrals. These changes are predominantly addressed at the control of cannabis.

Some jurisdictions are either implementing alternative systems for controlling cannabis, or are considering their implementation, including Australia and many countries in Western Europe and Latin America. The Netherlands has already been practicing some degree of cannabis regulation for the last three decades.

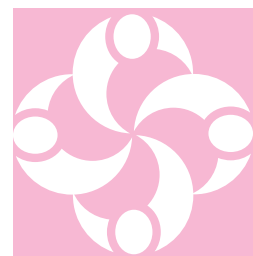
In Canada, the control of drugs, and cannabis in particular, has been an issue since the LeDain Commission in 1972, which stated that: *“Our basic reservation at this time concerning the prohibition against simple possession for use is that its enforcement would appear to cost far too much, in individual and social terms, for any utility which it may be shown to have”* (Canadian Government Commission of Inquiry into the Non-Medical Use of Drugs, 1972).

To date, extensive national consultations, research and analyses of changes to prohibition have been completed by government committees, academics and policy makers. The House of Commons Special Committee on the Non-Medical Use of Drugs looked at drug policy generally and recommended, among other things, the decriminalization of cannabis under Canadian law. The Senate Special Committee on Illegal Drugs focused more specifically on cannabis and called for the outright legalization of the drug in order to provide a regulated market. Their report also provides general guiding principles for a legal framework for psychoactive substances.

Public policy on psychoactive substances must be structured around guiding principles respecting life, health, security and rights and freedoms of individuals, who, naturally and legitimately seek their own well-being and development and can recognize the presence, difference and equality of others (Senate Special Committee on Illegal Drugs, 2002).

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Prevention  
Priority 4:  
Legislative and  
Public Policy  
Change





## Prevention Priority 4

### ✿ Legislative and Public Policy Change

In its proposed cannabis legislation, Bill C-17, tabled on November 1, 2004, An Act to Amend the Contraventions Act and the Controlled Drugs and Substances Act, the current Federal Government would continue to prohibit cannabis, but it would:

- depenalize the possession of small and intermediate amounts of cannabis, through designating such possession as a contravention under the Contraventions Act; and
- depenalize the production of three cannabis plants or fewer and reform punishment in relation to other offences of producing cannabis (Government of Canada, 2004).

This proposed legislation (commonly referred to as the marijuana decriminalization legislation) marks a small, positive first step in the movement away from prohibitionist legal frameworks in Canada. However, it does not allow for any regulation of cannabis markets and fails to address other substances. It is therefore unlikely to have much impact on the black market. Another drawback is that the smaller the quantity of cannabis that is depenalized for cultivation and possession, the more times a user must enter the illegal market to obtain cannabis.

**23 Recommendation:** That the Federal Government implement further legislative changes to create a legal regulatory framework for cannabis in order to enable municipalities to develop comprehensive cannabis strategies that promote public health objectives, include appropriate regulatory controls for cannabis related products, and support the development of public education approaches to cannabis use and related harm based on best evidence.

#### Legal Definitions of Different Control Regimes

**Prohibition** refers to a legal stance that criminalizes the cultivation, production, fabrication, sale, possession, and use of specific drugs.

**Depenalization** outlines a modification of the sentences provided in criminal legislation for a particular behaviour.

**Decriminalization** involves the removal of a behaviour or activity from the scope of the criminal justice system. Decriminalization concerns only criminal legislation, and does not mean that the legal system has no further jurisdiction in this regard; other, non-criminal laws may regulate a behaviour or activity that has been decriminalized. Decriminalization can be enacted through de jure decriminalization, which means an amendment to criminal legislation, and de facto decriminalization, which refers to an administrative decision not to prosecute acts that remain against the law.

**Legalization** refers to a regulatory system allowing the cultivation, production, marketing, sale and use of substances. Legalization can take two forms: without any state control (free markets) and with state controls (regulatory regime) (Government of Canada, 2004).

## Area of Action 2:

### Modernizing Drug Laws with Appropriate Legal Responses

The City of Vancouver's struggle with open drug use, drug-related crime, alcohol-related neighbourhood disturbances, organized crime and gangs is influenced by its ability to manage local issues within the legal parameters set by senior levels of government. At present there is limited flexibility to act, despite significant momentum for public health focused interventions. Any measures aimed at the reduction of harm have been created through criminal exemptions to existing legislation or by de facto decriminalization. (See box: Legal definitions of Different Control Regimes under Canadian Law) The supervised injection site for injection drug users in the Downtown Eastside, for example, was made possible by a Section 56 exemption to the Controlled Drugs and Substances Act. This provides criminal exemptions for medical and scientific use of controlled substances. Another example is the Vancouver Police Department, which allows a de facto decriminalization of the possession of contaminated injection apparatus to permit the operation of needle exchanges.

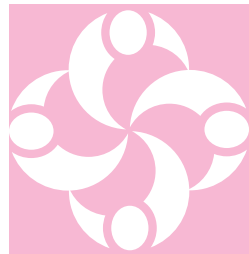
It is critical that the City of Vancouver work with its senior government partners towards the common goals of reducing individual, family, neighbourhood and community harm from drug use, as well as policy-related harm arising from current drug laws. The City is well positioned to propose, through its own experience implementing the Four Pillars Drug Strategy, more appropriate and effective approaches than currently exist.

#### A. Characteristics of Appropriate Legal Responses

A growing number of drug policy experts suggest that non-prohibitionist legal frameworks to control the production, sale and use of illegal drugs would be more effective at reducing their associated harm (Bertram, 1996; Eldredge, 1998; Fish, 1998). Such a policy discussion should take into account the following issues:

- Arguments that apply to the most appropriate control regime of one drug need not and often do not apply to others
- Drug policy should be crafted to account for the different patterns of use and types of harm caused by specific drugs
- Arguments about the consequences of drug use should be separated from arguments about morals
- Any policy should recognize the changing nature of the drug problem and be able to change with it
- Options should be evaluated on the basis of evidence of damage
- Discussion of policy options should specify which harm they are intended to reduce, and
- The harm caused by the control regimes themselves should not outweigh the harm prevented by them (NDRI, 2000).

Prevention  
Priority 4:  
Legislative and  
Public Policy  
Change





## Prevention Priority 4

### ❁ Legislative and Public Policy Change

Alongside a legal framework, a set of policies based on evidence and penalties for contraventions of the legal framework will provide clarity around regulatory goals. They will support the position that the harm created by regulation should not outweigh the harm they intend to address. Appropriate policies and penalties would:

- Clearly outline the rights and responsibilities of those involved in cultivation, refinement, manufacture and distribution of psychoactive substances
- Allow for consistent enforcement of drug laws across geographic regions and populations
- Prioritize interventions to allow for effective use of enforcement and treatment resources
- Include criminal exemptions to permit the production and sale of prohibited substances in exceptional cases, including for medicinal and ceremonial use
- Specify which harm a given policy is intended to address, and account for different contexts and patterns of use as well as the kind of harm caused by specific substances
- Ensure that penalty severity is based on evidence of its ability to reduce the prevalence of use
- Measure the effectiveness of laws against performance indicators
- Include dedicated taxes on the sale of psychoactive drugs and direct them towards programs and research that will further reduce harm from use, and
- Work to stigmatize high risk behaviour (e.g. Drinking-Driving Counter-attack) to maintain social norms that reinforce the potential harm of psychoactive substance use.

#### **B. Public Health Approach to Psychoactive Substances**

A public health approach to psychoactive substance use recognizes the limitations of prohibition. It counters the moral position that supports the need to prohibit certain psychoactive substances with the argument that it is immoral to tacitly accept unnecessary human suffering, death and harm to society maintained by prohibition-based policies.

A recent discussion paper from the Health Officers Council of British Columbia, entitled “A Public Health Approach To Drug Control in Canada” contains a more in-depth discussion of what a public health approach would look like in the Canadian context. A public health approach to psychoactive substances marks a clear departure from the traditional prohibitionist framework. The broader consideration of the benefits and harm of substance use central to a public health approach is an essential component of any control regime that seeks to prevent and reduce negative consequences of use.

#### **C. Coordinated Policy Frameworks**

A review from the Australian National Drug Research Institute (NDRI) Monograph indicates that a “systems” approach to drug prevention is most effective. A systems approach acknowledges the many levels of society in which there are influences on patterns of drug use and harm, the multiple levels at which interventions are possible, and the importance of consistency across diverse levels (Loxley et al., 2004). The study also emphasizes the “local community as one of the primary levels for integrating and coordinating planning within a Protection and Risk Reduction Approach to Prevention” (Loxley et al., 2004).

The importance of local contexts has significant implications for the City of Vancouver. The City needs to work within the legal parameters set by senior levels of government, yet the municipal level of government is closest to the ground where the effects of psychoactive substance use are apparent. The City is therefore well placed to challenge current approaches to legislation and to offer alternatives such as public health focused legal structures.

While it is impossible to predict all the impacts of serious legislative reform related to psychoactive substance use, there is a strong likelihood that positive changes will result from legislative reform. These changes could include:

- Legal flexibility to develop appropriate regulatory structures for psychoactive substances (See Prevention Priority 5)
- A reduced prison population and lower rates of property crime
- Less opportunities for organized crime and declines in prohibition-related corruption
- Increased tax revenue with increased allocation for drug treatment, education, research and support
- Reallocation of enforcement resources and improvements in police-community relations
- Less social exclusion related to drug use
- Renewal of urban neighbourhoods, and
- More realistic and scientifically informed information reaching youth.

There are a number of important issues and questions to address in moving toward a more regulated approach. These include:

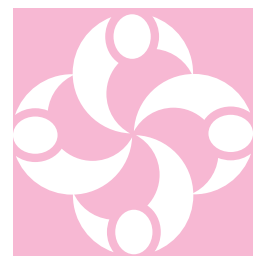
- Costs related to enforcement of regulations and the carrying out of inspections related to production, sales and use of psychoactive substances
- Bans on advertising and promotion of substances may be difficult given that industry lobby groups could be formed to pressure governments
- The black market could be significantly reduced but realistically will not be eliminated. It will continue to be a source of harm to individuals and communities
- Moving towards regulation may be perceived as a move to a more liberal approach, which could affect societal norms regarding substance use. Use of potentially harmful substances may increase, and
- Current laws may have had success in preventing some harm from substance use the degree of which is difficult to determine.

The move towards creating a new regulatory approach for currently illegal drugs must take place in a reasoned and methodical fashion that addresses the many concerns and unanswered questions that will arise. This prevention priority argues that changes to the existing legal framework that governs psychoactive substances will provide a starting place for us to move towards a more rational approach to psychoactive substance use based on public health principles and scientific evidence.

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**24 Recommendation: That the Federal Government initiate a process of reviewing Canada's legislative, regulatory and policy frameworks governing illegal drugs with regard to their effectiveness in preventing and reducing harm from problematic drug use and their effectiveness in enabling municipalities to better address the harm from the sale and use of these substances at the local level AND establish a process with broad participation to consider regulatory alternatives to the current policy of prohibition for currently illegal drugs.**

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## Prevention Priority 4

### ✿ Legislative and Public Policy Change

#### D. Addressing Barriers to Change

Changing prohibition laws is a complex task given historical and political pressures to maintain them. Relaxing the prohibition of some controlled substances would directly contradict the direction of US drug policy, and may be considered an affront to the US 'War on Drugs'. Canada is also signatory to the United Nations Drug Treaties that "provide that the use of all drugs (under control) must be limited to medical and scientific purposes. Any use other than that provided by the Conventions, in particular recreational use, may be deemed a violation of international law" (European Monitoring Centre for Drugs and Drug Addiction, 2005). Clearly, there are potential repercussions for Canada's international relationships, its current border security agreements with the US, and trade relationships. However, the limited latitude provided by current UN treaties may allow nations to accumulate evidence that will suggest that broader systemic change is needed (Bewley-Taylor, 2003). Indeed, Portugal decriminalized the possession and use of all drugs for anyone caught with less than 10 daily doses in 2001 (Transform, 2004). Russia did the same in 2004.

Domestic resistance to changing drug legislation will also play a role. Public perceptions that removing prohibitionist policies may lead to more problems could create significant barriers for politicians. While research and experience from other countries does not support this belief, it will be important to demonstrate how a public health approach will deal with this concern in Canada (HOCBC, 2004).

Concern will also arise that removing prohibition will "send the wrong message," particularly to youth. However, in a post prohibition environment, it will be possible to tell the truth about drugs: that they are prevalent and that use can be harmful. Laws that more accurately reflect the context of drug use in society will permit the promotion of greater respect for the law, since prohibition, combined with widespread use, has created a paradox that undermines the law itself.

There may also be resistance to change from those with vested interests in maintaining the status quo. Those whose careers are dedicated to the management and enforcement of prohibition may be reluctant to systematically change our approach to currently illegal drugs. However, the end of prohibition would allow, for example, for the reallocation of scarce enforcement resources to currently under-policed segments of the law. This would enhance and add more meaning to the contribution of police and justice workers (HOCBC, 2004). Under a regulated system, the nature of enforcement's role may change, but it will remain a crucial part of any approach to psychoactive substances.

There is no doubt that the transition from prohibition-based drug policies to public health approaches for psychoactive substances will be controversial, complex and drawn out. This does not, however, mean that we cannot begin immediately to consider how to best achieve this goal within Canada. Creating a new way of dealing with currently illegal psychoactive substances will be a task that requires courage, leadership and a long term commitment to improving public health and eliminating policy related harm to individuals and communities across the country.

## Prevention Priority 5

### Regulated Markets

#### OVERVIEW

As discussed in Prevention Priority 4, the laws that control psychoactive substances influence drug markets and the behaviour of those that participate in them. Laws also determine which regulatory mechanisms are available to control the production, sale and use in drug markets. For example, alcohol, tobacco and pharmaceuticals are legal psychoactive substances that all levels of governments control through regulations and taxes.

This priority describes ways in which it is possible to regulate the production, sale and use of psychoactive substances. It offers a range of regulatory options to explore possible controls in anticipation of future changes to the laws for currently prohibited substances. The City of Vancouver in no way advocates a free market system for any psychoactive substance. These options aim to ensure that drugs are not bought and sold without appropriate regulatory controls.

When balancing policy related harm against the relative harm of use, it becomes apparent that some drugs are more toxic than others. The City advocates a regulatory regime based on the particular health and social harm related to each substance. This priority also discusses ways to influence market forces that reduce the harm created by illegal drug markets, and explores some substance-specific regulatory strategies.

#### KEY ISSUES

Drug markets exist and are common because there is a consumer demand for them and suppliers that respond to that demand. While individuals use substances for many reasons, their production, distribution and consumption are aspects of an economic system driven by profit motive, operational efficiencies and competition.

When considering regulations, it is possible to blend both economic and population health objectives when working to reduce impacts and harm. Isolating particular market actors, such as the wholesaler, distributor or consumer, allows regulations to target specific harms and contexts of use.

As discussed earlier, the Federal Government is proposing legislation to depenalize the cultivation and possession of small amounts of cannabis. The proposed legislation will not introduce regulations that would control the quality or potency of cannabis produced, how cannabis products are to be bought and sold or how cannabis is to be produced in a safe and regulated manner. Under the proposed legislation, cannabis users are still forced to participate in illegal markets to obtain cannabis products and society is still at risk from harm associated with unregulated production through illegal grow-ops.

If senior levels of government change prohibition laws, some substances may in fact still remain prohibited because of their toxicity. It is important to note that fewer options are available for strategies that address illegal substances than those that address legal ones. As pointed out by Dr. Alex Wodak, Director of Alcohol and Drug Service at St. Vincent's Hospital in Sydney, Australia:

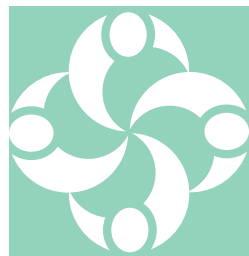
*"A regulated legal market, which realistically will never completely suppress an illegal element, will be a more effective and sustainable way of responding to currently illegal drugs. Just as democracy is, in Churchill's words, the least worst form of government, regulation is the least worst option for managing mood-altering drugs"* (Wodak, 2002).

#### Regulatory Options

Alcohol, tobacco and some pharmaceuticals are currently legal psychoactive substances regulated by governments. Relatively successful prevention efforts, such as tobacco control in BC, are characterized by the alignment of policies and actions across all levels of the community, including incentives and disincentives, education, pricing, advertising, regulation and treatment options. This has not yet happened for alcohol and illegal drugs (Kendall, 2004).

Measures are intended to control access, promote responsible sale and use, reduce demand, regulate the location and conditions of sale and mitigate negative

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impacts from use, particularly for vulnerable populations. Regulatory measures are most effective when designed and monitored with the participation of multiple sectors, including all levels of government, enforcement agencies, industry associations and community organizations. Together, they promote a coordinated integrated response.

Evidence examining alcohol and tobacco regulations (Loxley et al., 2004) indicates that positive results have been achieved by:

- price controls and the restriction of sales to minors and intoxicated people
- control of physical availability, including the number of outlets, hours of sale, and controls on outlet density
- education about, and punishment and/or deterrence of, endangering behaviour, such as driving under the influence
- public education campaigns, including consumption guidelines, health risks and standard labelling to deliver health messages
- structural policy changes at the local level, such as higher restrictions on trading (retail) and availability in high-risk communities
- support and control of regulations by local communities, including Aboriginal communities, and
- integrated policy development and planning across levels of government.

The regulatory frameworks for alcohol, tobacco and pharmaceuticals identify measures that can be used to control and influence the markets for other psychoactive substances. These measures can be adapted to suit the evolving legal frameworks for currently illegal drugs, according to markets and contexts of use.

We must proceed with caution, however, taking particular care to avoid the mistakes that were made with alcohol and tobacco. Marketing and promotion of psychoactive substances by corporations will continue to be a source of concern for those interested in strengthening

prevention efforts. Control, and possible prohibition of these activities will be a critical part of any regulatory system for currently illegal substances.

Table Four was adapted from a number of sources (City of Vancouver, 2004; Haden, 2004; Loxley et al., 2004; Babor et al., 2003). It represents a sample of the sorts of regulations that would be available if the legal structures that control psychoactive substances were changed. As is the case with alcohol and tobacco, formal regulations would be imposed and upheld across different sectors, and would be combined with broad public education, which would:

- Highlight the potential harm from use
- Promote awareness of the harm of involvement in the criminal justice system
- Promote codes of conduct and social responsibility, and
- Deter, and where appropriate, punish endangering behaviour, such as driving under the influence.

### Separation of Drug Markets

It is commonly thought that drugs, such as alcohol and cannabis, are gateway substances leading to more serious 'hard' drug use later. Indeed, dialogue participants noted that problematic substance use often begins with alcohol:

*"The youth that I work with, their issues are much different. They are doing crack, crystal meth – but they all started to drink first. It's not just shooting or snorting – alcohol is a big issue. There are certain people that just can't drink or do drugs, and I was one of them."*

However, in the case of cannabis, research suggests that it is not cannabis itself, but cannabis prohibition that causes the 'gateway effect' by forcing cannabis into the same illegal drug marketplace as other hard drugs. Australian research suggests that those purchasing cannabis in the black market were exposed to other drugs (NDRI, 2000). Separating 'hard' and 'soft' drug markets makes buyers less vulnerable to aggressive pushing of hard drugs by dealers.

Table Four 

The following generic regulations can be tailored to specific substances:

Market Actor Regulation	Wholesaler	Distributor/ Retailer	Consumption Facilities	Consumer
<b>Product Quality Controls</b>	•		•	
<b>Price Controls</b>	•	•	•	
<b>Sales/Purchase Restrictions</b>				
• age of purchaser	•	•	•	•
• sales to intoxicated patrons			•	•
• volume rationing				•
• proof of dependence/need				•
• required training/registration/ licensing of users/purchasers				•
• tracking consumption habits				•
<b>Tax at Point of Sale</b>				•
<b>Product Restrictions</b>				
• availability based on potency/toxicity	•			
• limits on locations for use			•	•
<b>Advertising Restrictions</b>	•	•	•	
<b>Business/Distribution Licenses that:</b>				
• restrict hours/days of sale		•	•	
• have different licenses for different operations (e.g. extended service hours)		•	•	
• regulate discounted sales		•	•	
• increase fees to support increased enforcement costs		•		
• include conditions to reduce neighbourhood impacts		•	•	
• stagger closing times		•	•	
• include a licensee code of conduct			•	
• include measures for efficient revocation			•	
• share responsibility between provider and consumer		•	•	
<b>Zoning Regulations that:</b>				
• control location of outlets		•	•	
• dictate the type/size of outlets		•	•	
• control outlet density		•	•	
• consider neighbourhood issues		•	•	
<b>On-Premise Controls</b>				
• security measures, such as metal detectors, cameras, ID scanners		•	•	
• reasonable occupancy loads		•	•	
• mandatory server/security training		•	•	
• on-site drug purity testing		•	•	
• impact reduction strategies, such as revised management procedures, control of lines			•	
• strategies to deal with patrons causing disorder		•	•	

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A study in the *American Journal of Public Health* comparing San Francisco to Amsterdam, where a regulated cannabis market is completely separate from the hard drug trade, showed that cannabis users in Amsterdam were far less likely than those in San Francisco to use cocaine, opiates, amphetamines or ecstasy (Reinarman, Cohen and Kaal, 2004). Typically, when consumers had access to a regulated market they chose the weaker form of a product (e.g. cannabis with lower THC content). In the Netherlands, the number of people addicted to hard drugs is considerably lower than in France, UK, Italy, Spain and Switzerland. Dutch rates of drug use are lower than US rates in every category (Drug Policy Alliance, 2005). This suggests that there are potentially significant benefits to separating drug markets.

#### Area of Action 1: Regulation of Legal Substances

One of the intentions of the Prevention Symposium held in Vancouver in November 2003 was to highlight the broad range of psychoactive substances and to learn where best to focus our prevention efforts to reduce overall harm from these substances. The following discussion of substance specific regulations considers the relative toxicity of a substance, policy-related harm and contexts of use. Tobacco and alcohol regulations are discussed to highlight the importance of focusing prevention efforts where they will have the most impact. While significant headway has been made to control markets for legal substances, further measures could be taken to reduce the harm from their use.

#### A. Tobacco

Tobacco use is the single most preventable cause of morbidity (illness) and mortality (death), and accounts for an estimated \$125 million in direct costs to Vancouver Coastal Health and \$300 million in indirect costs to the region annually (VCH, 2004). While the provincial government brings in nearly \$500 million in

tobacco taxes annually, it commits about \$6.5 million each year to protection, prevention and cessation programs (VCH, 2004).

Combined prevention efforts involve policies and regulatory measures across all levels of the community, including restrictions on sales to minors, controls at the point of sale, taxes, regulated pricing, education, advertising restrictions and treatment options. Prevention efforts for tobacco use have had measurable success rates with the prevalence of smoking declining steadily over the past 10 years in the VCH region.

However, prevalence rates continue to increase in certain demographic groups, with particularly alarming rates among female youth (VCH, 2004). Further action to address the issues specific to these groups will be needed if a universal decrease in prevalence rates is to be achieved.

Vancouver Coastal Health has released a tobacco reduction strategy that outlines comprehensive measures for tobacco prevention, protection and cessation (VCH, 2004). A Tobacco Reduction Coordinator works to ensure that school-based prevention and cessation programs are available, as well as programs for higher risk populations.

The Province of British Columbia has also been working aggressively to reduce tobacco use. The BC Strategy's key objectives include:

- to stop youth and young adults from starting tobacco use, and
- to encourage users to quit, with a focus on three groups with the highest rates of use – youth ages 20-24, adults 25-45 and Aboriginal populations.

There is also a strong emphasis on protecting British Columbians from exposure to second-hand smoke and on creating smoke-free environments in the workplace, in homes and in other places (BC Ministry of Health Services, 2004).

Health Canada brought in a new Federal Tobacco Control Strategy in 2001 with 10 year measurable tar-

gets. The Federal Government also has a “Go Smoke Free!” anti-smoking campaign that focuses on stopping smoking and promoting smoke-free environments. The City supports these efforts and urges the Federal and Provincial Governments and VCH to continue efforts to reduce smoking and related harm. Given the level of harm associated with tobacco smoking and second hand smoke, goals would include all schools adopting smoke-free policies (in-doors and out) and all public and work places being smoke free areas.

The City of Vancouver has enacted by-laws that ensure facilities are smoke-free and implemented protective second-hand smoke regulations. There are still some designated smoking rooms in the city’s restaurants and bars. In addition, there are further measures that can be taken to reduce incentives for the purchase of tobacco products, especially for youth.

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**25 Recommendation: That the City of Vancouver enact by-laws that restrict the display of tobacco products in retail outlets, limit the number of stores selling tobacco products in Vancouver and refuse to issue new business licenses for outlets selling tobacco located within 150 metres of an elementary or secondary school.**

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## **B. Alcohol**

The federal and provincial governments both tax purchases of and control advertising for alcohol. The provincial government further regulates alcohol through the enforcement of blood alcohol content for drivers, graduated licensing schemes, the sale of alcoholic beverages, the sale of alcohol for on-premise consumption, minimum purchase age, and days and hours of sale (Thomas, 2004). The municipal government controls business licences for retail outlets and on-site consumption facilities and the density and location of premises. The police monitor neighbourhood disruptions linked to the use of alcohol.

In December 2002, the BC Government changed provincial liquor laws, including significant changes to cate-

gories of liquor licensed establishments, which opened the door to longer hours of liquor service (City of Vancouver, October 5, 2004). The City has responded to these changes by developing a new licensing system for businesses that serve alcohol. The City is currently reviewing how the provincial and municipal changes have affected alcohol use patterns and related harm.

Impact reduction measures to prevent and reduce harm exacerbated by these regulatory changes were explored by the City with the participation of Permits and Licenses, the Housing Centre, the Drug Policy Program, Social Planning, Engineering, Vancouver Fire Services, the VPD and VCH. This team brought forward an Alcohol Impact Reduction Strategy in September of 2005. The strategy includes measures to improve safety for patrons and staff, including increased training, security measures, first aid capacity and reduced overcrowding, and will be implemented in the coming months.

In addition to work underway at the municipal level to respond to changes in alcohol policy, Perry Kendall, BC’s Provincial Health Officer, has made recommendations to maximize benefits and minimize harm for provincial authorities and municipalities. Kendall recommends that the changes to liberalize alcohol sales be accompanied by:

- Monitoring of public health and safety impacts of policy changes (e.g. rates of traffic crashes, crime, and chronic health problems)
- Increased prevention programming with a focus on children and youth and on modifying risky drinking behaviours
- Rigorous monitoring and enforcement of laws relating to sales to underage and intoxicated consumers
- An enhancement of the addictions treatment system
- Evaluation of prevention policies and programs, with reduction of drinking-related harm as the main criterion of effectiveness
- Involvement of public health experts in the planning of future changes to alcohol policy.

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By working in partnership, the different levels of government, government departments, service agencies and community organizations can reduce the harm from alcohol consumption.

**26 Recommendation:** That the City of Vancouver, in partnership with Vancouver Coastal Health Authority, the Vancouver Police Department, the business community, community organizations and the prevention research community proceed with the development and implementation of a comprehensive alcohol strategy that includes enforcement, public education and community mobilization interventions.

#### Area of Action 2: Regulation and Illegal Substances

Municipal governments are restricted in their ability to regulate currently illegal substances. However, it is important to examine the ways that regulations can help address the harm caused by illegal drugs. This can happen in two ways: first, it is possible to influence the production of some illegal drugs by regulating chemicals that can be used to make them (as in the case of methamphetamine). Second, as laws for illegal substances evolve, it is important to explore how regulations can be used to reduce harm related to use, including environmental and policy related harm (as in the case of cannabis). The City has not outlined what a regulatory framework would like for all substances, but rather emphasized a couple of examples where regulations could make significant headway in reducing the harm from use.

#### A. Cannabis

The debate on cannabis has continued in Canada since the LeDain Commission in 1972. The use of cannabis is common in Canadian society and it continues to be the “most widely produced, trafficked and consumed illegal drug worldwide” (UNODC, 2004).

The most recent Canadian Addiction Survey by the Canadian Centre on Substance Abuse (CCSA) indicates that almost 45 per cent of Canadians report using cannabis at least once, and about 14 per cent report use during the 12 months before the survey (CCSA, 2004). The same survey indicates that 70 per cent of respondents between 18 and 24 years reported having used cannabis at least once in their lifetime.

Some dialogue participants identified the need for regulated environments for cannabis and suggested that a distinction be made between different kinds of use:

*“A distinction [needs to be made] between harmful use and recreational use. There should also be tolerance. Cannabis in a social way . . . is very different from hard drugs. Once you are addicted to them [hard drugs], you harm yourself, your family and every person around you.”*

Others wanted to separate cannabis from illegal drug markets:

*“We need different places such as a café to smoke pot or buy joints as opposed to the hard drug use. Is there a place where the youth can go use their pot in a normal environment?”*

Cannabis use in Vancouver is particularly prevalent and is widely accepted. However, there are a number of potential health harms related to long term and heavy use of cannabis, including:

*“Respiratory damage, impairment of physical coordination, delayed fetal and post-natal development, reduced memory and ability to learn and links to some mental disorders such as schizophrenia have been associated, in varying degrees, with heavy cannabis use. Long term effects can include increased risks of chronic cough, bronchitis and emphysema. Cannabis dependence can occur, but is not a likely consequence of the usual patterns of social use” (CCSA, 2004).*

There is other harm from cannabis use, including both environmental harm from illegal cannabis grow operations and policy related harm such as the criminalizing of recreational users and lost revenue from an untaxed and widely consumed product.

Despite this potential for harm, the societal costs of enforcing prohibition are disproportionately high compared to the harm from use. A regulated cannabis market has the potential to cause less harm than the current illegal, unregulated market. The City, however, is bound by the current federal laws for cannabis that require significant enforcement resources be directed to relatively less harmful practices and individuals.

The City recognizes that decriminalization is an important first step along the path toward a more evidence-based, pragmatic legal structure for cannabis. However, the proposed legislation still has potentially negative impacts for municipal operations. A preferable situation would be a legal structure that allows for the full regulation of the cannabis market.

The basis of a regulatory system for cannabis already exists under the Marijuana Medical Access Regulations, introduced in 2001 by Health Canada. These regulations allow access to cannabis for Canadians with specified medical problems under certain conditions (Senate Special Committee on Illegal Drugs, 2002). This allowance, combined with the current proposed legislation before the House of Commons to depenalize the cultivation and possession of small amounts of cannabis, recognizes a change in the social standards around use. It also poses a serious policy challenge for the City.

Other jurisdictions that have decriminalized cannabis, including some in the United States and Australia, have not noticed an increase in use and have reduced enforcement costs (Single et al., 2000). However, cannabis under the proposed legislation will remain an illegal substance and there will continue to be a significant draw on police resources. Public perceptions of a “relaxed” stance on cannabis control may create new challenges such as public cannabis smoking, commercial operations that endorse cannabis consumption or tacitly accept cannabis sale on their premises, and a further increase in the number of grow operations in Vancouver. This will require ongoing enforcement and pose serious safety and fire hazards.

The high level of cannabis use in Vancouver, combined with issues arising from the proposed decriminalization legislation, places the municipality in an awkward position. On the one hand, the nature of cannabis use will change based on changing public attitudes. On the other hand, the law maintains that cannabis is illegal and requires the dedication of scarce enforcement resources to manage the changes in use patterns. The challenge, therefore, is to maintain a firm stance on the sale of cannabis while allocating enforcement resources appropriately to reduce any unintended harm and promote public health and safety.

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## Prevention Priority 5

### 🌱 Regulated Markets

A control regime for cannabis, including regulations for all of the production, sale and consumption of cannabis could include the regulations outlined in Table Five.

Full cannabis regulation would be a positive step towards taking control of illegal drug markets and reducing policy-related harm. A regulatory regime for cannabis would allow:

- Separation of cannabis markets from those for other illegal substances
- Movement of supply of cannabis away from large-scale, criminal suppliers
- Enforcement efforts to focus on reducing the involvement of organized crime groups
- Increased revenue from taxation and price controls
- Dedicated tax revenue for prevention and treatment efforts
- Controls on the production, sale and consumption of cannabis
- Facilitation of medicinal and ceremonial uses
- Systematic public education and prevention at the point of sale (e.g. health warnings, education materials and trained staff used as prevention resources), and
- Allocation of funds currently spent on enforcement toward long-term prevention interventions.

Transition from an unregulated market to a regulated one will not be seamless or fast. Because organized crime groups are heavily involved in the illegal cannabis trade, grow operations are extremely common and lucrative, and cannabis is easily accessed, it will take time for the cannabis market to move into a controlled regulatory regime. However, potential benefits to public health and safety warrant an attempt to make this transition.

#### B. Methamphetamine

The growing concern surrounding the use of methamphetamine underscores some of the issues that regulatory agencies must face when there is a demand for highly

toxic stimulants such as crystal methamphetamine. Methamphetamine is an example of an illegal drug whose production can be influenced by regulations on the chemicals that are used to produce it.

Currently, federal regulations allow a significant amount of control over the precursors (substances necessary for the manufacture of crystal methamphetamine) and many in the field support further strengthening regulations governing the precursor materials. In 2002, Health Canada strengthened regulations for the major precursors for the production of methamphetamine - ephedrine and pseudoephedrine. Business operators are now required to have a licence to import, export, manufacture and distribute ephedrine and pseudoephedrine. Monitoring of the effectiveness of these changes is an important aspect of the ongoing regulatory environment when it comes to dangerous products.

The ability to monitor compliance with regulations, enforce infractions, and develop sound information systems that lead to timely action are all challenges that must be addressed if regulatory approaches are to be successful. At the recent Western Canada Methamphetamine Summit in 2004, concern was expressed over both the adequacy of the current regulations to control meth precursors and the actual capacity to monitor and enforce the new regulations. Since methamphetamine is of growing concern in Vancouver, and throughout the western provinces, it would appear prudent to revisit the current regulations and protocols.

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**27 Recommendation:** That the City of Vancouver advocate for stricter regulation of precursor chemicals that are necessary for the manufacturing of large quantities of methamphetamine and for increased capacity by the Federal and Provincial Governments to enforce these regulations.

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#### C. Other Illegal Drugs

The relative harm of prohibition for other illegal substances is also significant: demand for, and supply of, these substances is well entrenched and harm to

Table Five 🌿 Options for Cannabis Controls

Wholesaler	Distributor or Retailer	Consumption Facility	Consumer
<p>Controls on drug purity and potency to keep THC levels within reasonable limits</p> <p>Price controls to reduce incentives for involvement of organized crime</p> <p>Strict restrictions on advertising, promotions, sponsorship and branding (outright ban)</p> <p>Labelling requirements that do not promote use and to include health and safety warnings</p>	<p>Price controls and limits to purchase quantities</p> <p>Business licences that restrict hours and days of sale, charge fees for enforcement, have impact reduction measures, control conditions of sale, and disallow hard drugs on premises</p> <p>Licensee code of conduct</p> <p>Strict age limits for purchase and entrance to premises</p> <p>Zoning regulations that consider community goals, dictate type and size of outlets, control outlet density</p> <p>Ban on commercial advertising</p> <p>Mechanisms to revoke business licences at any point with cause</p>	<p>Same regulations as for distributors</p> <p>On premise controls, including security measures and promotion of responsible consumption</p> <p>Environmental improvements, including food services and entertainment options</p>	<p>Age restrictions for purchase and admittance to distributor, retail, or consumption facilities</p> <p>Guidelines for use, similar to alcohol consumption</p> <p>Social marketing campaigns that promote codes of conduct, social responsibility, stigmatize endangering behaviour such as excessive use, impaired driving and use during pregnancy</p> <p>Taxes at point of sale as disincentive for individual use</p>

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## Prevention Priority 5 🌱 Regulated Markets

individuals and communities is widespread. Contrary to public perception, much of the harm that results from heroin use, for example, is actually driven by its prohibition rather than its toxicity. Heroin is a relatively non-toxic substance chemically that is highly addictive for some individuals. Those addicted to heroin must navigate a criminal market to obtain a product with an unknown purity often containing toxic additives. Because heroin is illegal, users often put themselves at great risk of overdose by using the drug while alone. They risk developing infections through unsterile equipment. Stigma is increased. Developing a full regulatory mechanism that can adequately address the need for heroin within a small segment of society could significantly reduce individual and community harm.

The North American Opiate Medication Initiative (NAOMI) project provides an example of moving a substance, heroin, from the black market economy into a regulatory system within a medical context. In essence, this kind of project is attempting to separate the issues of substance use and addiction from the criminalized context where both the heroin user and supplier operate outside the law.

NAOMI, which began recruiting up to 157 participants in Vancouver this year, is a clinical trial that seeks to determine whether medically prescribed heroin can successfully attract and retain chronic street heroin users who have not benefited from other forms of treatment. Half the participants will be randomly selected to receive pharmaceutical grade heroin and the other half will receive methadone and the pharmaceutical opiate dilaudid as well as other supports such as counselling. The study, also being conducted in Montreal, will try to answer whether heroin maintenance therapy can help to reduce the use of illegal drugs and drug-related crime. It will take up to two years to complete in both cities.

Clinical trials and programs that provide users medical access to heroin have been in existence in Switzerland, the UK and the Netherlands. Prescription heroin trials are underway in Germany and Spain. The evidence of the effectiveness of these programs in reducing individual and social harm is promising, with trials reporting improved health status of users, decreased use of illegal drugs, significant reductions in criminal activity and increased employment (CIHR, 2004). According to Provincial Health Officer Perry Kendall, the science clearly and unequivocally supports a role for heroin maintenance in Switzerland and Holland (Kendall, 2005).

Changes in regulatory frameworks will be most effective if they are accompanied by public education efforts and community engagement in establishing clear social norms regarding the appropriate and inappropriate use of drugs within the community.

Movement towards a regulated approach should proceed cautiously, one drug at a time, and be based on the best evidence that is available about each substance and the potential for creating regulated markets. Each psychoactive substance will present specific challenges to regulatory systems depending on their toxicity, the level of demand and the substances' potential for dependency. Many drugs will presumably remain as controlled substances within a health care context. Some drugs, such as crystal methamphetamine, may continue to be prohibited.

Recommendation 24 in the previous prevention priority, Legislative and Public Policy Change, suggests that consideration of regulatory alternatives to the current policy of prohibition and non-regulation for currently illegal drugs be part of the Federal Government's process of reviewing current legal, regulatory and policy frameworks.

## A Municipal Framework for Prevention

*Preventing Harm from Psychoactive Substance Use* calls for a coordinated and integrated approach to prevention that includes governments, service agencies, researchers, non-governmental organizations and community groups. In particular, the division of responsibilities between levels of government and agencies such as Vancouver Coastal Health and the Vancouver Police Department makes it difficult for any single organization or entity to effectively address the harm from substance use. All must participate, and each has particular authority, jurisdiction and resource capacities that can be mobilized to help implement the recommendations in this prevention plan.

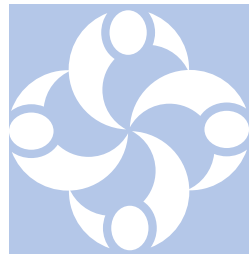
This section briefly outlines the roles and responsibilities of the municipal, provincial and federal governments in the context of prevention.

### **MUNICIPAL GOVERNMENT – THE CITY OF VANCOUVER**

It is important to note that prevention is not traditionally an area for which municipal governments hold responsibility. However, the research, consultation and experiences of Vancouver that have shaped this prevention plan emphasize both that the local level is a crucial site for action, and that the City of Vancouver has a number of important roles to play in prevention efforts. These may include the following:

- Building Community Capacity
- Supporting Vulnerable Populations
- Facilitation of Programs and Services
- Facilitating Communication, Dialogue and Education
- Providing Advocacy and Political Leadership
- Developing and Enforcing Regulations and By-laws
- Acting as a Role Model

Many of the prevention plan's recommendations fulfill more than one of these roles, but a general outline of the plan's recommendations in terms of municipal roles is outlined below.



## A Municipal Framework for Prevention



### Building Community Capacity

The City's role in community capacity building may be as a facilitator, funding source, liaison, coordinator or educator. This is a crucial step in moving towards a community-based and community-driven approach to prevention that is fully supported by local government. Prevention recommendations that fulfill this role include:

- **1 Recommendation:** That the Mayor, on behalf of Council write to the Premier, Province of British Columbia urging the Provincial Government to explore funding options for the creation of a Municipal Prevention Institute fund that would support municipalities and increase municipal capacity to engage in partnerships with the addictions research community, local health authorities, prevention organizations and community partners in addressing problematic drug use AND urging the Premier to convene municipal leaders from across the province, the addiction research community and local health authorities to explore a municipal/provincial partnership that focuses on the development and implementation of sustainable and evidence-based prevention initiatives at the local and provincial levels.

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- 2 Recommendation:** That the City of Vancouver establish a Prevention Task Force with diverse representation through the Four Pillars Coalition to assist in the ongoing development and implementation of the City's Prevention Plan.

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- 3 Recommendation:** That the Provincial Government enhance the abilities of organizations that collect data on substance use and related harms such as the Centre for Addictions Research, the McCreary Centre Society, the Institute for Safe Schools, health regions, enforcement agencies and other organizations to pool their information in order to provide to the public and policy makers information on related health, social and environmental harm, trends in drug use, purity of illicit drugs and other issues related to substance use that will assist in evaluating current drug policies, regulatory mechanisms, and health and enforcement interventions.

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- 5 Recommendation:** That the City of Vancouver partner with Vancouver Coastal Health, addiction prevention organizations, health education agencies and parenting organizations to develop and implement a multi-layer plan for parent/family education that increase parents' knowledge and skills for prevention and intervention concerning substance use.

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- 10 Recommendation:** That the City of Vancouver, in partnership with the Vancouver Public Library, Vancouver Coastal Health and the Centre for Addictions Research of BC (CARBC) develop and implement a public education campaign based on best evidence to deepen awareness of the harm from drug use in the community.

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## Supporting Vulnerable Populations

The City has a key role to play in supporting vulnerable populations through outreach, targeted programs and initiatives, advocating on behalf of them and by promoting awareness and action on issues specific to vulnerable populations.

- 4 **Recommendation:** That Vancouver Coastal Health, the Province of British Columbia and Health Canada make it a priority to support early childhood development and learning initiatives for vulnerable families with newborn babies and children who are making the transition to primary school and to support the development of comprehensive support systems for families with children in Vancouver.
- 7 **Recommendation:** That the City of Vancouver, in partnership with Vancouver Coastal Health, Health Canada, local community serving organizations and researchers develop a component of the prevention plan that specifically focuses on seniors and problematic substance use, including the use of pharmaceuticals.
- 11 **Recommendation:** That the City of Vancouver partner with the Vancouver Agreement to support individuals in recovery from substance use through the Four Pillars Job Literacy and Supported Employment Pilot Project which would include a training component delivered through the Hastings Institute and a one-on-one support towards job search and employment delivered through a case coordination position.

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12 **Recommendation:** That the City of Vancouver urge the Federal and Provincial Governments to give high priority to the provision of funding for 3,200 supportive housing units and 600 transitional housing units, as identified in the City's Homeless Action Plan and that the Provincial Government provide funding for services to support individuals and families in these units.

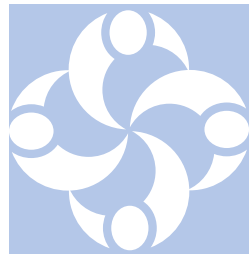
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13 **Recommendation:** That the Vancouver Agreement partners, housing providers, employers and community servicing agencies work towards ensuring the availability and integration of low threshold health, housing, employment and other support services for drug users and drug using members of groups such as women and Aboriginal people.

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17 **Recommendation:** That the City work closely with Vancouver Agreement partners to develop a consultation process that engages the Aboriginal community in the planning and development of prevention initiatives and acknowledges the importance of Aboriginal leadership in this process.

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## A Municipal Framework for Prevention

Preventing  
Harm from  
Psychoactive  
Substance  
Use



### Facilitation of Programs and Services

The City facilitates programs and services on a regular and ongoing basis, and in some cases is also involved directly in program delivery. Prevention recommendations that reflect this role are:

**6 Recommendation:** That the City of Vancouver partner with the Vancouver School Board, Vancouver Coastal Health and the Vancouver Police Department to implement a comprehensive prevention strategy for school-aged children and youth, parents and professionals such as teachers and community nurses working with children and youth.

**18 Recommendation:** That the City of Vancouver support the initial development of a youth engagement strategy in the implementation of the prevention plan in close consultation with Vancouver Coastal Health, Vancouver School Board, Vancouver Board of Parks and Recreation, Health Canada, the Centre of Excellence for Youth Engagement, Ministry of Children and Family Development and youth organizations across the city to develop partnerships and a proposal for sustainable funding for youth engagement.

**19 Recommendation:** That the City of Vancouver work with Vancouver Coastal Health, Health Canada, Vancouver Agreement partners and other relevant stakeholders including Faith Communities to support communities, especially the Aboriginal community by facilitating exploration, study and application of traditional medicines and rituals and of evidence-based alternative approaches towards the prevention of, and healing and recovery from, problematic substance use.

**20 Recommendation:** That the City of Vancouver partner with the Centre for Addictions Research of BC, the Vancouver Police Department, health professionals and the Alliance of Beverage Licensees (ABLE) to implement a Safer Bars Pilot Program in Vancouver bars and clubs.

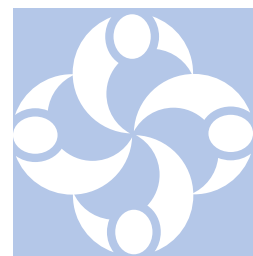
**22 Recommendation:** That the City of Vancouver in partnership with Vancouver Coastal Health, local business improvement associations, community serving organizations and neighbourhood organizations develop a comprehensive city-wide syringe recovery system in order to minimize the number of discarded syringes found in the city's streets and parks.

### Facilitating Communication and Dialogue

The City often plays a significant role in facilitating communication, dialogue, education and knowledge exchanges with organizations and residents on significant issues. This prevention plan maintains that an engaged public will be more informed participants and supporters of prevention-based initiatives.

This prevention plan therefore recommends that:

**8 Recommendation:** That the Provincial Government fund the development of social marketing and mass media marketing campaigns for tobacco, alcohol, cannabis, methamphetamine, pharmaceuticals and other drugs that seek to influence attitudes and norms surrounding substance use and provide accurate information on substance use and the relative harm of each of these drugs, and pay specific attention to the differences in harms associated with gender and cultural diversity.



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**9 Recommendation:** That the City of Vancouver develop a local media advocacy strategy that heightens the profile of substance use and related issues in the community by connecting media, including non-English language media, to prevention service providers, researchers and others in the prevention field.

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**15 Recommendation:** That the City of Vancouver convene an annual prevention summit in partnership with the Four Pillars Coalition that invites local community serving organizations, prevention service providers, drug users, funders, researchers, members of the public and other levels of government to determine key directions for Vancouver's plan to prevent harm from psychoactive substance use.

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**16 Recommendation:** That the City of Vancouver in partnership with Vancouver Coastal Health, Vancouver Agreement partners and local organizations develop further dialogue with Vancouver's diverse ethno-cultural communities regarding the development of prevention strategies that take into account the unique issues relevant to these communities.

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#### **Providing Political Leadership and Advocacy**

Much of the City's ability to act is limited by the sharing of responsibility between municipal and other governments – some of the actions that the City would like to take are the responsibility of other levels of government. The City therefore advocates for change with these other levels of government and service agencies. This prevention plan recommends that:

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**14 Recommendation:** That the City of Vancouver in partnership with Vancouver Coastal Health, the Centre for Addiction Research of BC and the Provincial Government Methamphetamine Strategy Coordinator work with the Methamphetamine Response Committee to develop and articulate a methamphetamine strategy that includes a research component on methamphetamine use in Vancouver, is based on best available evidence, builds upon current initiatives, includes a broad-based prevention strategy that focuses on the individual, family, peer group and community and includes a continuum of services that addresses the range of individual needs with appropriate prevention initiatives including harm minimization strategies, treatment and after care.

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**21 Recommendation:** That the City of Vancouver work together with law enforcement, environmental health, front line responders and other community and government stakeholders to address the potential threat of illegal grow operations and clandestine labs including the development of remediation protocols to clean up and remove toxic materials.

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**23 Recommendation:** That the Federal Government implement further legislative changes to create a legal regulatory framework for cannabis in order to enable municipalities to develop comprehensive cannabis strategies that promote public health objectives, include appropriate regulatory controls for cannabis related products, and support the development of public education approaches to cannabis use and related harm based on best evidence.

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## A Municipal Framework for Prevention



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**24 Recommendation:** That the Federal Government initiate a process of reviewing Canada's legislative, regulatory and policy frameworks governing illegal drugs with regard to their effectiveness in preventing and reducing harm from problematic drug use and their effectiveness in enabling municipalities to better address the harm from the sale and use of these substances at the local level AND establish a process with broad participation to consider regulatory alternatives to the current policy of prohibition for currently illegal drugs.

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**27 Recommendation:** That the City of Vancouver advocate for stricter regulation of precursor chemicals that are necessary for the manufacturing of large quantities of methamphetamine and for increased capacity by the Federal and Provincial Governments to enforce these regulations.

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### **Developing and Enforcing Regulations and By-laws**

The City regulates many activities through the creation of by-laws, licensing conditions and requirements for specific kinds of development. For the purposes of preventing drug-related harm, the City recommends that:

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**25 Recommendation:** That the City of Vancouver enact by-laws that restrict the display of tobacco products in retail outlets, limit the number of stores selling tobacco products in Vancouver and refuse to issue new business licenses for outlets selling tobacco located within 150 metres of an elementary or secondary school.

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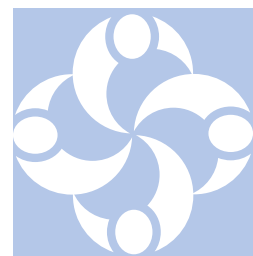
**26 Recommendation:** That the City of Vancouver, in partnership with Vancouver Coastal Health, the Vancouver Police Department, the business community, community organizations and the prevention research community proceed with the development and implementation of a comprehensive alcohol strategy that includes enforcement, public education and community mobilization interventions.

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### **Acting as a Role Model**

Municipalities can become role models in how to address a wide variety of issues from housing, transportation, cultural life, architecture and liveability to name a few. The Four Pillars Drug Strategy has become a model for other jurisdictions across Canada. Action at the municipal level on problematic drug use is increasing across Canada. Municipalities have traditionally looked towards provincial and federal authorities to provide policy frameworks and to fund health services and criminal justice interventions that respond to drug use and the drug trade. Increasingly cities are taking the lead in working with other levels of government and their local communities to develop approaches that work best at the local level.

While there is no recommendation that corresponds with this municipal role, we feel that it is important to emphasize the crucial role that municipalities can play in shaping responses to the harm from psychoactive substance use.



## PROVINCE OF BRITISH COLUMBIA

Provincial responsibilities include a broad range of prevention-related issues, such as health, housing, income support, education, employment, child and family development, and public safety. The Province also plays an important role in regulating substances, in particular the restriction of advertising, access and commercial activities related to alcohol and tobacco. The recommendations in this prevention plan outline a significant partnership role for the Province in the following areas:

- Creation of a Municipal Prevention Institute
- Annual prevention summit
- Monitoring and evaluating the sale, use and harm related to psychoactive drugs
- Assistance with social marketing materials and media strategies
- Safer Bars Pilot Program
- A comprehensive alcohol strategy, and
- Monitoring and assessment of current drug control policy, including alcohol policy

## VANCOUVER COASTAL HEALTH

Vancouver Coastal Health delivers a wide range of health and related services. Many recommendations in this plan involve a direct role for VCH. In particular, VCH's partnership will be crucial for:

- Home visits for vulnerable families with children during the transition from home to school
- School based prevention project
- Plan for parent/family education
- Public education campaign
- Seniors' prevention work, and
- Annual prevention summit

## GOVERNMENT OF CANADA

The Federal Government plays two particularly important roles in relation to this prevention plan. First, it sets the broad legislative framework for controlled drugs and substances, which affects the ability of all levels of government to control psychoactive substances. Second, Health Canada plays a significant role in funding the development and testing of innovative health services, such as the supervised injection site and prescription heroin clinical trial.

The Federal Government is central to the recommendations on drug law reform and the development of a comprehensive cannabis strategy. Their participation through the Vancouver Agreement to develop an evaluation and monitoring body will likewise be an important contribution. The Federal Government will also play a role in:

- Drug law reform and movement to regulate all substances
- Stricter regulation of the precursor chemicals that are used to manufacture methamphetamine
- Monitoring and assessment of current drug control policy, including alcohol tobacco and cannabis policy
- Prioritization of support for vulnerable families with children in the form of home visits (Health Canada), and
- Enforcement of drug related crime through the RCMP

## Conclusion



The prevention pillar is perhaps the most difficult of the four pillars to develop and implement: it is a long term proposition requiring interventions at multiple levels among many actors over considerable periods of time. We know that successful and sustainable prevention outcomes will not be achieved without firm funding commitments from all levels of government to support adequate prevention infrastructure. The challenge becomes even more daunting if we consider the political courage required by our local, provincial and federal leaders to question the current system of prohibition and begin to move towards a more rational approach to psychoactive substance use based on scientific evidence and public health principles.

If this commitment towards preventing and reducing harm from the use of drugs is achieved, Vancouver will experience reduced individual, family, neighbourhood and community harm from substance use, less problem substance use and dependence, increased public health and safety and a significant reduction in drug related crime.

Within the five strategic priorities in this plan – prevention across the life course, community centred prevention, addressing impacts on communities, legislative change and regulated markets – recommendations work together to achieve outcomes, providing the City of Vancouver with a leading role in building the Four Pillar Drug Plan's prevention pillar. Through strengthening the municipal infrastructure to participate in prevention efforts at the local and regional levels, building community capacity for implementation of prevention initiatives, supporting services for those who continue to use drugs, and addressing legislative and regulatory frameworks, there is much immediate work the City can do to begin this process.

Vancouver has become known across the country as a municipality that is on the cutting edge, using pragmatic and innovative drug policies to tackle problems at the municipal level. The development and implementation of this prevention plan is simply another contribution to this growing reputation. Given the serious levels of harm from problematic drug use that continue to occur in our community, this is not the time for half measures but for bold directions and committed follow through.

This plan's recommendations highlight the need to put prevention front and centre in our city's approach to the use of psychoactive substances. As well as being the most complex, many believe it will be the most significant pillar in the City's Four Pillar Drug Strategy. Most importantly, it is essential that as a community we work together with the common objective of creating prevention initiatives that are concerted, repetitive and pervasive in Vancouver. The city's innovative harm reduction initiatives, such as the supervised injection site and treatment trials such as the NAOMI project, have demonstrated that new ways of approaching drug related issues are possible.

We hope, and expect, that this plan will stimulate discussion and assist us as a community to implement a vigorous effort to prevent harm from drug use in the city.

*Appendix A:*  **Populations taking part in Dialogues on Prevention of Problematic Substance Use in Vancouver (June-August 2004)**

**COMMUNITY DIALOGUES**

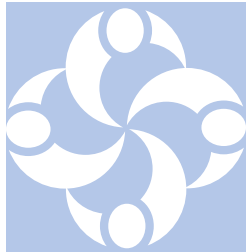
Chinese  
Drug User Groups  
Filipino  
First Nations  
First Nations User Groups  
First Nations Youth  
Gay Men  
Hispanic  
Hispanic Downtown Eastside (DTES)  
Parents of Addicted Youth  
Punjabi  
Queer Women (Lesbian & Bi)  
Seniors  
Service Providers  
Sex Workers in DTES  
Trans People  
Vietnamese

**COMMUNITY DIALOGUES (YOUTH)**

Britannia Community Centre  
Broadway Youth Resource Centre  
Douglas Community Centre  
Girls Group  
Gordon House  
Immigrant Services Society  
Queer  
Strathcona Community Centre  
Street Youth Services  
YouthCo Aids Society

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*Appendix A*



## Appendix B: 🌸 **Public Review of Preventing Harm From Psychoactive Substance Use – Draft Plan**



*Preventing Harm from Psychoactive Substance Use* was presented to Vancouver City Council on June 14, 2005. At that time, Council approved the recommendation to refer the draft plan for public review and develop a revised version with a final report back to Council.

In the summer and fall of 2005, Drug Policy Program staff presented the plan to diverse groups and gathered feedback from a range of stakeholders, including governments, service providers, community organizations and citizens. It should be noted that the timeline for the public review did not permit a full consultation of all the groups that had been identified for providing feedback. The review did, however, highlight the importance of having an ongoing dialogue and discussion with a wide range of individuals, groups, and organizations. This has been built into the revised plan.

The following provides a summary of the highlights of the public review process, and outlines key themes that arose from the feedback on the prevention plan.

### **FOUR PILLARS COALITION MEETING Italian Cultural Centre – June 15, 2005**

The day following the presentation of the report to City Council, a meeting of Vancouver's Four Pillars Coalition was held to review and discuss the draft prevention plan. Seventy-four participants were present. This meeting was the first step in the City's public review of the draft prevention plan.

The meeting started with a welcome by Mayor Larry Campbell followed by a presentation on the prevention plan by Donald MacPherson. Ten speakers, who are either members of the coalition or individuals involved in prevention programs, were invited in advance of the meeting to review the plan and provide their comments.

The speakers comments offered valuable input to staff on the plan. Major themes that arose included:

- **Comprehensive Plan** – Participants commented widely on how comprehensive and thought-provoking the plan was. Two speakers suggested that the plan may be a little too comprehensive and that, through further discussion, the plan might be more focused in its recommendations
- **Long-term Process Requiring Intervention at Multiple Levels** – Some participants appreciated the long-term focus of prevention over the lifespan of an individual. One suggestion was to be more specific about age groups and create tighter categories (for instance, defining youth as 16 – 20 and 21-30)
- **Creating Dialogue** – Task Force and Summit - Most participants noted that the process proposed for engaging in community dialogue about prevention was a positive development
- **Housing** – Several participants said they appreciated the recognition of housing as an important part of prevention
- **Population-specific information** – A few participants noted the inclusive nature of the community dialogue process. Others, however, said that they felt that there was a lack of commentary in the plan about specific populations, including youth, women, minority and Aboriginal communities. They emphasized that this needed to be addressed as the discussion on the plan's implementation moved forward
- **Funding and Cooperation from other Governments** – Speakers also noted that the success of the plan would require involvement of other levels of government, who should provide long-term funding for prevention. These participants suggested that the province needed to look at its social service and public health policies in light of this plan

- **Four Pillars** – A few participants said that there needed to be a higher level of integration of the Four Pillars now that the prevention pillar was under discussion.
- **Regional Issue** – One speaker noted the regional nature of the issues under discussion and wondered how a prevention strategy would work without the cooperation and participation of other municipalities. They felt that other municipalities needed to be brought to the table.

The speakers also emphasized the importance of public education, support for youth and families, the need for strategic partnerships.

The meeting was then opened to the floor for general discussion. It concluded with Donald MacPherson providing direction on the “next steps” in developing the plan and Mayor Larry Campbell offering his final comments.

#### **VANCOUVER AND AREA WOMEN’S ADDICTIONS SERVICE PROVIDERS NETWORK Vancouver Women’s Hospital – September 21, 2005**

The participants of this consultation came from diverse backgrounds and organizations, and were involved in a range of services, including lesbian and LGBT specific support groups, female youth counseling services, health services for women and pregnant women with HIV/AIDS, battered women support services, parenting supports for women, recovery homes and services for women in the justice system, transitional housing, supportive housing, and women’s crisis shelters.

The discussion focused on how women’s precursors for problematic substance use are different, especially in regards to violence and housing. The group discussed the impacts of substance use on parenting and the difficulties encountered when dealing with the Ministry of Child and Family Services. It talked about the impacts of current service delivery models on women and some of

the obstacles these models create. It also explored women-specific issues related to the over-prescription of pharmaceutical drugs, specifically benzodiazepines. There was a general call to better support women who face multiple problems linked to substance use.

#### **Women and Violence**

The group expressed that it is difficult to separate harmful substance use and abuse; physical violence and problematic use often go hand in hand. There was a general call to better address women’s safety during crisis situations, including increasing emergency housing that does not require a mandatory period of abstinence, which often leads to people hiding substance use from service providers. It was also noted that it is important to disperse crisis services throughout the city and not concentrate them in neighbourhoods that are dangerous or perceived to be dangerous.

#### **Women and Housing**

Adequate transitional, supportive, and social housing were identified as key determinants of health for women and a huge factor in preventing women’s harm from psychoactive substance use. The women identified general and alarming trends, including overloaded transition houses, lack of support recovery beds and a lack of safe and adequate housing generally. They called for support units that are dispersed and not concentrated in low income buildings or areas, women-only housing, support services that are linked to job training, physically accessible housing for those with disabilities and transitional housing that is able to deal with individuals who face multiple issues including trauma, sexual abuse, violence and substance use.



## Appendix B: Public Review of Preventing Harm From Psychoactive Substance Use – Draft Plan



### General Feedback

The feedback received noted a general lack of women specific information, ranging from the community dialogue summary to data on levels of substance use for women and the need for any monitoring body to integrate women's health indicators and to break down statistics by sex. Another gap identified by the group was the lack of discussion about over-prescription and harmful use of prescription medication and how this trend affects women differently and more commonly than men.

It was also noted that in the second prevention priority, Community Centered Prevention, that any job readiness and training program should include supports such as child care and transportation. The discussion and recommendation referring to housing should include references to how to address the housing needs of women. In addition, it was noted that there is little mention of income support for those for whom work is not a realistic goal.

In the prevention priority on Addressing the Impacts from Use, there was general support for the report's recommendation for more low threshold services, but this support was coupled with a call to address gender-specific needs such as birth control, safety from violence, exiting the sex trade, etc. It was also suggested that the plan recommend free nicotine replacement treatment for low income smokers to ensure that the purchase of cigarettes does not replace the purchase of other necessities such as food for families.

In many cases where foreign evidence is used, the group pointed out local and Canadian examples of best practices. These and other suggestions have been integrated into the prevention plan where possible.

### YOUTH CONSULTATION

#### Youth Outreach Team – September 2005

The City of Vancouver Drug Policy Program partnered with the Youth Outreach Team to develop and deliver youth friendly consultations with young people to elicit meaningful feedback on the prevention plan. Building on the partnership and expertise established in the initial round of community consultation in 2004, the Youth Outreach Team (YOT) conducted two interactive and youth friendly focus groups with 54 youth, conducted three one on one interviews with young people, and elicited directed feedback from two youth staff members at youth serving organizations.

The feedback gathered from youth participants outlines a clear and coherent vision of youth prevention in the City of Vancouver. Four major themes emerged from the consultation that directly support recommendations outlined in the draft plan.

#### Housing

Young people overwhelmingly identify safe and affordable housing as a strong protective factor that shelters youth from circumstances that lead to the development of problematic substance use.

#### Family

Young people also identified family as one of the most important loci of support and, in turn, a powerful protective factor. Family education and policies that support families to be healthy emerged as consistent themes throughout the consultations. This consistency suggests that the plan could place a greater focus on actions that strengthen and support the family unit.

#### Information and Awareness

Youth participants also reflected on the tremendous importance of providing unbiased information (including harm reduction information) about substance use that reduces the stigma associated with use within a school

setting and in the community at large. Young people identified the need for population specific education, for information published in a variety of languages, and for providing holistic prevention education that locates prevention within the larger context of creating healthy communities. For example, education that fosters positive cultural awareness of ones own community and of diverse communities and raises awareness of the variety of issues faced by different people were suggestions of education approaches that foster healthy communities.

### **Youth Engagement**

Finally, youth participants echoed and emphasized the importance of youth perspectives and the approach already instituted by the City of Vancouver in their strong support for youth engagement and the need to actively engage young people and respect youth voice in the further development of prevention activities.

In addition to these four themes, two other pieces of feedback emerged consistently throughout the consultation.

Young people supported prevention activities that are peer based and identified the need to locate safe sharps disposal boxes in alleys and parks. Young people also vocalized a need for increased recreational opportunities, particular in the evening, as an important component of providing a range of positive activities for young people to be engaged in. The need for recreational opportunities and the positive impacts of participating in physical activity has come up repeatedly in youth consultations on prevention and is well supported in the literature on youth engagement.

## **ABORIGINAL CONSULTATION**

### **Vancouver Aboriginal Friendship Centre – September 28, 2005**

A half day Aboriginal consultation on the prevention plan was held at the Vancouver Aboriginal Friendship Centre. Approximately a dozen people attended, with another nine community members providing feedback during the following week. A number of themes emerged from these discussions.

#### **Aboriginal Content of the Plan**

Participants spoke of the high Aboriginal population in the Downtown Eastside and levels of drug misuse. They believe the draft strategy does not include current Aboriginal facts and statistics, and does not adequately propose ways to reduce substance misuse by Aboriginal people. There was strong concern for ensuring adequate consultation and a culturally appropriate strategy for reducing drug misuse.

#### **Need for Expanded, Culturally Appropriate, Low Threshold Services**

Some were struggling with the notion of developing prevention strategies with long term objectives given current crisis levels of service and treatment needs and lack of available services.

Creative ideas emerged, including a 'no-threshold' access point for Aboriginal people from outside of the Downtown Eastside to safely connect with Aboriginal family, clan or nation members currently involved in drug use in the Downtown Eastside. A related recommendation is to increase the linkages from the Downtown Eastside to rural Aboriginal communities, and reserves outside of Vancouver. Stronger Aboriginal linkages would enable rural community workers, family or friends to assist or provide prevention or interventions to their family or community members.

There is a need for increased Aboriginal access to, and supply of prevention services.



## Appendix B: 🌸 **Public Review of Preventing Harm From Psychoactive Substance Use – Draft Plan**



Barriers to prevention services were also identified and accompanied by a request for support in removing them. Federal and provincial jurisdictional restrictions and issues are a common source of acute stress and frustration for Aboriginal people and service providers. It was expressed that these obstacles are little understood outside of the Aboriginal community.

### **Cultural Practice**

Barriers to cultural practice were noted as something concrete that the city could assist in reducing, thus encouraging traditional and cultural preventative practices. The group made a strong recommendation for traditional cultural content in prevention services such as the holistic approach to addressing mental, spiritual, physical and emotional needs.

### **Partnership Building**

Finally there was a recommendation for increased partnership building between the City and the Aboriginal community in regards to poverty, racism and inequality, and a recommendation for increased information sharing around the prevention strategy.

### **BC CRIMINAL JUSTICE ASSOCIATION BC Centre for Criminal Justice – October 11, 2005**

A full morning session was held with representatives from organizations across Greater Vancouver. Attendees included several deputy chiefs of police, officials from provincial and federal corrections departments and service providers for individuals involved in the justice system. Drug Policy Program staff presented an overview of the prevention plan followed by a facilitated discussion. Responses to the plan were varied, and a number of themes arose from the discussion.

### **Shifts in Perspective and Approach**

Attendees commented on the need for a general change in culture at all levels of government if substantial, structural change was to take place in the way society

approached substance use. Such change could not take place without the partnership of other governments, and a task force with coordination between levels of government and departments would help build these partnerships. The report was recognized as an important first step, and an important recognition that jails and other traditional approaches are not solutions to drug related issues.

It was also commented that the report could help shift the focus that is placed on the Downtown Eastside to the rest of Vancouver, and that harm from substances is a local, national, and international issue. Many attendees were glad to see alcohol included in the plan, and it was suggested that particular attention should be paid to poly-substance users.

### **Regionalism**

A need for a regional approach and a coordinated regional strategy was also identified, and suggestions were made to initiate discussions with other municipalities and other levels of government operating in the region. Asking other municipalities to respond to the plan would help build a broader discussion about the issue.

### **Funding**

There were a number of questions raised about funding the initiatives outlined in the plan. Concerns were around whether or not proposed funding formulas would be sufficient. The importance of developing stable funding was also emphasized.

### **Broad Community Involvement and Consultation**

The community centered approach of the prevention plan was examined. Attendees emphasized that ongoing consultations should involve all ethno-cultural groups, First Nations, faith-based groups, the mental health community, those that work with FASD, youth, service provider groups, etc. Many suggestions were made about potential partners, including the voluntary sector, charitable organizations and service clubs. Developing a mechanism for engagement will be important to successful involvement.

### Regulated Markets

A discussion around the recommendations for legal change and regulated markets for psychoactive substances included strong support for the plan's recommendations, questions about whether or not legalization is the best way to proceed and whether it would make a significant difference in the level of harm. It was emphasized that abstinence is a goal that should still be pursued, and that those with addictive personality traits will still require treatment, regardless of drug control laws.

### Implementation Priorities

The attendees were asked to prioritize the recommendations. Support was expressed for moving forward on initiatives that the City could do without senior government partnership in the short term, such as the Safer Bars project and the syringe recovery program, and at the same time moving forward on longer term strategies. A number of individuals expressed support for the youth and early childhood aspects of the plan, public education, the prevention summit and the recommendations contained in priorities 2 and 3 (Community Centered Prevention and Addressing the Impacts on Communities).

### General Recommendations

Other general comments and recommendations from the group included:

- the need to implement all four pillars of the Four Pillars drug strategy at the same time in a coordinated, integrated way
- the importance of clarity around the roles and responsibilities of each level of government
- not relying solely on government to do prevention work and incorporating the valuable work of NGOs
- putting a human face on addiction to help create cultural change around the issue
- placing emphasis on the importance of personal responsibility, and
- incorporating the value of adversity as a process and a place of growth for individuals.

### PUBLIC CONSULTATION

#### Collingwood Neighbourhood House – October 11, 2005

Drug Policy Program Staff presented an overview of the prevention plan and held an open discussion with members of the Renfrew Collingwood Drug and Alcohol Committee and other members of the neighbourhood. There were approximately 15 people in attendance.

Questions focused on the funding arrangement in the recommendation for the Municipal Prevention Institute, the development and implementation of regulations for both legal and illegal substances, the areas of the plan that address the most marginalized communities, and the complex issue of stigmatization of both smokers and other drug users.

They included the need to recognize and work with existing community infrastructure, including community centres, neighbourhood houses, schools, recreation centres, and churches. They also emphasized the importance of schools as vehicles for messages about health promotion and developing resilience among students.

#### MAYOR'S PUBLIC FORUM

#### Mount Pleasant Community Centre – October 15, 2005

Mayor Larry Campbell held a public forum to have a discussion and elicit feedback on *Preventing Harm from Psychoactive Substance Use*. There were approximately 80 people in attendance. The mayor gave opening remarks, drug policy program staff gave an overview of the prevention plan, and attendees gave commentary and asked questions. Then, smaller groups chose a priority to focus on and provided feedback on the priority's recommendations.



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A diverse range of opinion was represented by those that attended the mayor's forum. Some themes arising from the discussion included:

- **Support for legal and regulatory change** – there was a general consensus that recommendations to advocate for change are a step in the right direction. Frustration was expressed at municipal governments' limited ability to make these changes
- **Community capacity building** – relationship building and building a network for drug user groups was identified as a part of building support for users
- **Harm from addiction** – the need for accurate, comprehensive data about the harm for addiction was emphasized, and it was suggested that there be medical community involvement in the gathering, interpretation and dissemination of this data
- **Concerns about enforcement** – a couple of speakers expressed their disapproval of the prosecution of end user groups rather than suppliers, as well as the funding levels for enforcement activities
- **Youth prevention** – there was support for fact based youth education and the promotion of protective factors among children and youth, and
- **Debate about methamphetamine** – there were different opinions expressed about methamphetamine; one individual indicated that there is no way to do harm reduction with meth users, and another suggested that regulating meth precursors will just cause chemists to change recipes and make more unstable compounds.

Specific feedback was given on the plan's call to strengthen prevention infrastructure and each of the five prevention priorities. A summary of this feedback follows:

### **Strengthening Local Prevention Infrastructure**

It was suggested that while the recommendations are appropriate to the goals of this area, the funding formula of 10 per cent of gaming money going towards a municipal prevention institute invites criticism of the overall strategy, and that it may be preferable to fund the institute from general revenues. The funding strategy was applauded, nonetheless, by another group. All of the recommendations were considered priorities, although the groups acknowledged that the recommendation to create a prevention task force would probably be the first to be implemented. Other comments included a suggestion to improve outreach to the media and dissemination of information about the City's work and of accurate information about substances, and to give prevention a higher profile in the print media. The need to work closely with other municipalities in the GVRD was also recognized, as was the need to monitor local levels of harm in order to generate an appropriate, local response. It was also suggested to have ongoing forums for service providers with an emphasis on strong health promotion around wellness and self care.

### **Risk and Protection across the Life Course**

This priority was identified as well placed, and it was appreciated that risk and protection were broadly defined. It was suggested that the recommendations should focus on all age groups, not just school age children and seniors. It was also suggested that there should be more emphasis on transition periods in people's lives. The groups identified a need for prevention efforts that are evidence-based for each phase of development, as the message differs for each group depending on their age and context. One group added that there should be more emphasis on the teaching of life skills, and another recognized that there is a portion of the population that will never respond to traditional interventions. Other suggestions included working to delay early onset of use and creating positive role models as part of the youth education process. As part of broader public education, it was suggested that

programs add cultural and historical info about where drugs come from, include information about what substances are used for particular contexts, and that education programs should involve training educators and including participatory education models incorporating feedback and assessment.

### **Community Centered Prevention**

Feedback on the second prevention priority emphasized support for increasing the supportive and affordable housing stock of the city. It was also suggested that a focus be placed on housing for youth, and that supported housing should be connected and supported by community in livable and sustainable communities. Commentary included calls for neighbourhoods to develop prevention activities appropriate to their needs with funding from all levels of government, including services that provide opportunities for social recreation and art and creativity focused activities. The recommendation on developing a methamphetamine strategy was considered too narrow, or perhaps misplaced, and one group mentioned the creation of a Substance Abuse Response Committee. Groups emphasized the need to use fact based information in the public education campaign and asked that information on responsible use should be included in the campaign.

### **Addressing the Impacts from Use**

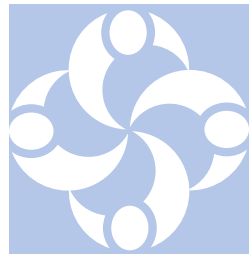
There were a number of suggestions for the recommendations included in the third prevention priority. These included having metal detectors at doors and restricting alcohol advertising as part of the safer bars program, increasing fines to retailers who sell tobacco to minors, developing a plan for safer cannabis production and increasing the number of disposal containers for sharps. Strong support was expressed for ensuring the availability of low threshold services, and it was suggested that policing and enforcement should focus on violent crimes and not on non-victim crimes such as possession.

### **Legislative and Public Policy Change**

The groups that focused on priority four acknowledged that the biggest challenge is to generate federal movement and leadership on this issue. They added that the municipal government can generate pressure at the federal level through continued advocacy, positive pressure, and getting the message out across the country. Other comments asked for the consideration of licensing pot cafes, which would allow harder drug users to substitute with cannabis use, funding for local groups to do drug testing to improve user safety, and partnering with other municipalities, including US municipalities, to create international networks.

### **Regulated Markets and Market Intervention**

The group pointed out that the recommendations for regulated markets seem very limited, because they only address alcohol and crystal meth, and acknowledged the fact that the regulation of all drugs is only possible if there is a change in federal policy. The group therefore focused on areas the city could control without the input of the federal government. Their comments noted that there is very little regulation of alcohol promotion, which was felt should be treated as seriously as tobacco. It was also noted that the recommendation on meth precursor chemicals begs the question of whether or not legal drugs should be more strongly regulated, and that common chemicals that have legitimate uses should not be restricted. It was added that there should be a discussion around non-alcoholic beverages in bars, and maximizing options for people who choose not to drink.



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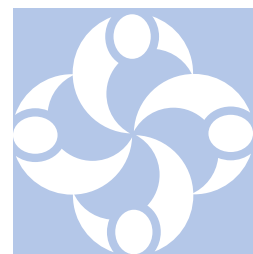


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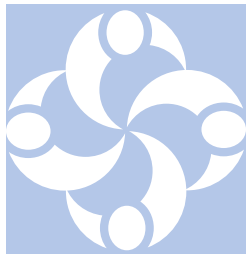
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